Health needs assessment LGBT+ people: Transgender and non-binary supplementary report

FINAL REPORT

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Abbreviations

ADHD	Attention Deficit and Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
BMI	Body Mass Index
GGC	Greater Glasgow & Clyde
GIC	Gender Identity Clinic
GRS	Gender Reassignment Surgery
LGB	Lesbian, gay and bisexual
LGBT+	Lesbian, gay, bisexual, transgender and non-binary and all other non-heterosexual and non-cis identities
NHSGGC	NHS Greater Glasgow & Clyde

Contents

Abbreviations 1
1. Introduction 4
The Research 4
This Supplementary Report 5
Notes on the Presentation of Survey Findings 6
2. Survey: Respondent Profile 7
Identity Groups 7
Age 7
Deprivation 8
Locality 8
Home Tenure and Living Situation 9
Employment Status 10
3. Social Health 11
Being Out 11
Loneliness and Isolation 13
LGBT+ Inclusive Social Spaces 15
Community Involvement 15
Volunteering and Activism 16
Belonging to Clubs and Associations 17
Discrimination and Negative Attitudes 17
Role of the LGBT+ Community 19
Experience of Crime 20
Feeling Safe or Unsafe 20
4. Relationships and Caring 22
Relationships 22
Caring 23
5. Physical Health 24
General Health 24
Experience of COVID and Shielding 25
Conditions and Illnesses 25
Quality of Life 28
6. Neurodiversity 29
ADHD 29
Autism/Asperger's/ASD 30

Dyslexia 31
7. Mental and Emotional Wellbeing 32
General Mental Health, Depression and Anxiety 32
Feeling in Control 37
Self-Harm 38
Eating Disorders 39
Suicidal Thoughts and Behaviours 41
What helps mental health? 42
8. Behaviours Impacting Wellbeing 43
Smoking 43
Alcohol 43
Drugs 46
Physical Activity 47
Online Activity 51
9. Financial Wellbeing and Homelessness 56
Financial Wellbeing 56
Selling Sex 57
Gambling 57
Homelessness 58
10. Experience of Health Services and Other Services 59
Use of Services 59
GP Services 59
Mental Health Services 61
Sexual Health Services 62
Transgender People as Hospital Inpatients 63
Cervical Screening 63
11. Gender Identity Clinics and Trans Health Care 65
Waiting Times 65
Accessing Support when Waiting for GIC Access 68
Accessing Cross-Sex Hormones 68
Withholding Information from the GIC 69
Views of GIC Services 70
12. Concluding Comments 75

1. Introduction

The Research

NHS Greater Glasgow & Clyde (NHSGGC) and NHS Lothian recognised that there are gaps in knowledge about the health and wellbeing of LGBT+ groups. In order to better inform approaches to public health for LGBT+ people, they commissioned a comprehensive health needs assessment of LGBT+ people in both health board areas, differentiated for each of seven groups:

- Lesbian and gay women
- Gay men
- Bisexual women
- Bisexual men
- Trans women
- Trans men[1]
- Non-binary people

The health needs assessment was initially planned to be conducted in three stages:

1. A literature review
2. Qualitative engagement with LGBT+ people and with staff directly involved in providing services for LGBT+ people
3. Health and wellbeing survey of LGBT+ people

The literature review and qualitative engagement were conducted in 2019. The findings are presented in separate reports:

- The literature review focussed on published and grey literature from the previous 10 years in the UK with a particular emphasis on Scotland. The review included measures of health and wellbeing outcomes, determinants of health and wellbeing and experiences of engaging with health services for LGBT+ people. The literature review can be found at http://hdl.handle.net/11289/580318.

- The qualitative research findings which included engagement with 175 LGBT+ people and services and staff supporting LGBT+ communities can be found at https://www.stor.scot.nhs.uk/handle/11289/580258.

The third stage, a national survey of LGBT+ people, was curtailed by the COVID pandemic. Moreover, it was recognised that the pandemic had significantly changed the lives and experiences of LGBT+ people and therefore additional qualitative work was undertaken in October 2020 to explore the effects of the pandemic and lockdown on LGBT people.

[1] During a stakeholder event between the literature review and the qualitative research, guidance from the community was to change the group 'trans men' to 'trans masculine' as this is a common term used by the community themselves. The group 'trans masculine' used in this report (and other reports from the Health Needs Assessment) includes those who identify as male and trans, or either 'trans men' or 'trans masculine'.

- The qualitative research findings from 2020 focussing on the effects of the pandemic with 32 LGBT+ people can be found at: https://www.stor.scot.nhs.uk/handle/11289/580300

The final stage of the health needs assessment was the postponed Scottish nationwide survey of LGBT+ people, conducted in 2021.

A full report of the findings from the 2021 national survey with 2,358 LGBT+ people, together with the learning from the earlier components of the needs assessment (which includes details of the survey methodology and the questionnaire) can be found at:

https://www.stor.scot.nhs.uk/handle/11289/580332

This Supplementary Report

This supplementary report presents the findings from all stages of the health needs assessment which specifically relate to transgender and non-binary people. This includes:

- All relevant findings from the 2019 literature review which relate to trans and non-binary people
- The views and experiences shared by 17 trans women, 18 trans masculine and 29 non-binary people in the 2019 qualitative research via focus groups and interviews
- The views and experiences shared by 5 trans women, 4 trans masculine and 8 non-binary people in the 2020 qualitative research focusing on the effects of the pandemic
- The responses from the 2021 LGBT+ health survey which included 521 trans and non-binary respondents (see below).

Note on survey respondents included in this report

The survey findings reported here are from 126 trans women, 152 trans masculine and 243 non-binary people who responded to the LGBT+ health survey in 2021. NB: The non-binary respondents included here are a subset of the non-binary group reported in the main findings report. This report focuses on those who were non-binary (i.e. identified as 'non-binary' or used terms other than male or female to describe their gender) **and** who considered themselves a trans person/had a trans history or had been referred to the Gender Identity Clinic (GIC).

In addition, the findings from the 2019 literature review have been augmented by consideration of the findings from:

- *"There needs to be care throughout": Exploring the access of non-binary people, trans men and trans women to sexual health services in Scotland*, Oceana Maund, Ruth McKenna and Oliver Wain, Produced by Waverley Care and Scottish Trans in 2020[2]

- *Trans People and Work* survey report by LGBT Health and Wellbeing in 2021[3]

[2] https://www.waverleycare.org/application/files/3616/0992/0702/There_needs_to_be_care_throughout_DIGITAL_Dec20.pdf

[3] https://www.lgbthealth.org.uk/wp-content/uploads/2021/08/Trans-People-and-Work-Survey-Report-LGBT-Health-Aug-2021-FINAL.pdf

Please see the literature review report for all sources used. The additional two sources cited above are respectively referred to as 'the Waverley Care/Scottish Trans report' and 'Trans People and Work' in this report.

Authorship

This report has been prepared by Traci Leven of Traci Leven Research who conducted the literature review, qualitative engagement, follow-up Covid qualitative engagement, and undertook the analysis of the LGBT+ quantitative survey.

Notes on the Presentation of Survey Findings

All survey findings presented in Chapters 4-11 are reported as a percentage of all respondents who gave a response, and bar charts show the percentage for each of the three trans and non-binary groups (trans women, trans masculine and non-binary). **Only findings which showed a significant difference ($p \leq 0.05$) between gender groups are reported.**

A note on rounding and interpreting percentages

Findings are reported to the nearest whole percentage. Due to rounding, not all responses will necessarily appear to add up to the quoted overall figure. For example, in Chapter 3 the overall proportion who agreed that they belonged to the local area is 26%, comprising 6% who strongly agreed and 19% who agreed. The two categories appear to total 25%, but this is due to rounding. In fact, 6.3% strongly agreed and 19.3% agreed, giving a total of 25.6% overall who agreed.

Columns and bars presented in charts are built with statistics to one decimal place, but the figures on the charts are usually rounded to the nearest whole number.

Some questions, for example Q48 which asks about the perpetrator of discrimination (reported in Figure 3.7), allow the respondent to select more than one category, so total responses can add up to more than 100%.

Where figures in charts are listed as '0%' this means exactly zero. Where the proportion is less than 0.5% but more than zero, this is annotated as '<1%'.

Where fewer than five respondents gave a response, this is listed as '<5'.

Unless otherwise stated, the reporting of a proportion who gave a response exclude 'don't know' and 'prefer not to say' responses.

2. Survey: Respondent Profile

Identity Groups

The LGBT+ identity groups, categorised for the purpose of analysis are shown in Table 2.1

Table 2.1: LGBT+ Identity Groups

Group	Number of respondents	% of respondents	Notes
Trans women	126	24%	Includes all who identified as female (or trans woman) and as a trans person/trans history.
Trans masculine	152	29%	Includes all who identified as male, trans masculine or trans man and as a trans person/trans history
Non-binary	243	47%	Includes those who used any term other than male, female or trans male/female to describe their gender (this included non-binary, agender, genderflux, genderqueer, bigender, demi-gender, gender fluid and intersex) **and** who identified as a trans person/trans history or had been referred to the GIC
Total	521	100%	

Additional Note: Where respondents identified as **both** 'trans masculine' and 'non-binary', they have been coded as 'trans masculine' for the purposes of classification.

The breakdown of all respondents by their sexual orientation is shown in Table 2.2.

Table 2.2: Sexual Orientation of Respondents

Sexual Orientation	Number of respondents	% of respondents
Heterosexual/straight	33	8%
Gay/lesbian	113	22%
Bisexual/pansexual	233	45%
Prefer not to say/no answer	16	4%

Age

The age profile of all the trans and non-binary survey respondents is shown below. Four in five (81%) were under the age of 40.

Table 2.3: Age of Respondents

Age	Number of respondents	% of respondents
16-19	132	27%
20-24	115	23%
25-29	73	15%
30-39	76	16%
40-49	34	7%
50-59	36	7%
60-69	20	4%
70+	<5	1%

Base: All those who specified their age band: N= 490

Deprivation

There were 308 respondents who gave their full postcode, allowing categorisation by SIMD (Scottish Index of Multiple Deprivation). These were fairly evenly spread across each of the SIMD quintiles, as Table 2.4 shows.

Table 2.4 : Scottish Index of Multiple Deprivation (SIMD) Quintiles

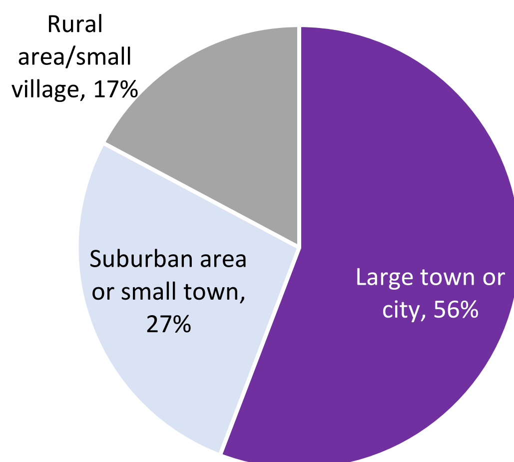
SIMD Quintile	Number of respondents	% of respondents
1 (Most deprived)	71	23%
2	55	18%
3	72	23%
4	56	18%
5 (Least deprived)	54	18%

Base: All respondents who gave a postcode (N=308)

Locality

When respondents were asked to describe the place they live, more than half (56%) said they lived in a large town or city, while 27% lived in a suburban area/small town and 17% lived in a rural area or small village.

Figure 2.1: Type of Locality



Together, Greater Glasgow and Clyde and Lothian health board areas accounted for 55% of all survey respondents, as Table 2.5 shows.

Table 2.5: Health Board Areas

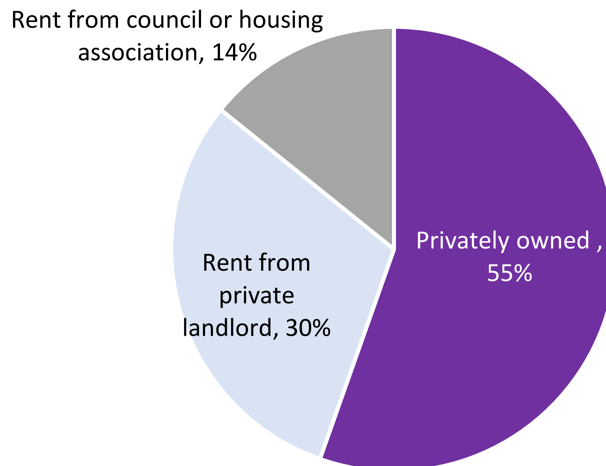
Health Board	Number of respondents	% of respondents
Ayrshire and Arran	14	4%
Borders	8	2%
Dumfries and Galloway	7	2%
Fife	17	4%
Forth Valley	15	4%
Grampian	26	7%
Greater Glasgow & Clyde	114	29%
Highland	27	7%
Lanarkshire	25	6%
Lothian	101	26%
Tayside	28	8%
Others: Orkney, Shetland and Western Isles	7	2%

Base: All respondents who specified their Health Board: N=389

Home Tenure and Living Situation

Just over half (55%) of trans and non-binary respondents lived in owner-occupied homes, while 30% rented privately and 14% lived in social housing.

Figure 2.6: Tenure



One in four (25%) respondents lived alone. A further one in four (24%) lived with their partner (including those who lived with their partner and children), and 41% lived with their parent(s).

Table 2.6: Living Situation

Living Situation	Number of respondents	% of respondents
I live myself	94	25%
With partner	78	21%
With my children	<5	<1%
With partner and children	12	3%
In student accommodation	6	2%
With parents	157	41%
With friends	30	8%

Base: All respondents who specified their living situation

Employment Status

Two in five respondents were employed either full time (27%) or part-time (12%). Including those on zero hours contracts and the self employed, 45% were in paid employment. There were 28% of respondents in full-time education.

Table 2.7: Employment Status

Employment Status	Number of respondents	% of respondents
Employee in full-time job (35+ hours per week)	106	27%
Employee in part-time job (less than 35 hours per week)	48	12%
Employed on a zero hours contract	9	2%
Self-employed – fully or part-time	15	4%
Unemployed and available for work	41	10%
Full-time education at school, college or university	112	28%
Wholly retired from work	9	2%
Looking after the family/home	5	2%
Permanently sick/disabled	39	10%

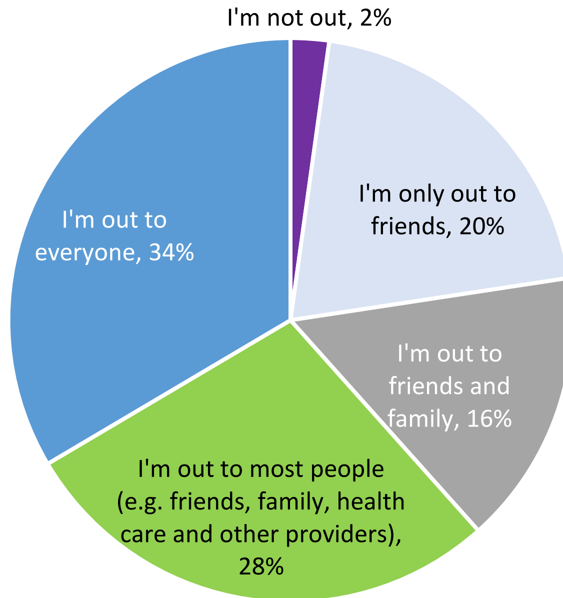
Base: All respondents who specified their employment status: N=393

3. Social Health

Being Out

Only a third (34%) of the trans and non-binary survey respondents said that they were 'out' about their identity to everyone[4]. Just over one in five (22%) said they were not out at all or only out to friends.

Figure 3.1: How 'out' are you?



Base: N=499

Non-binary people were much less likely than trans women or trans masculine people to be out about their identity. Nearly a third (31%) of non-binary people said they were not out or only out to friends, compared to 17% of trans masculine and 13% of trans women.

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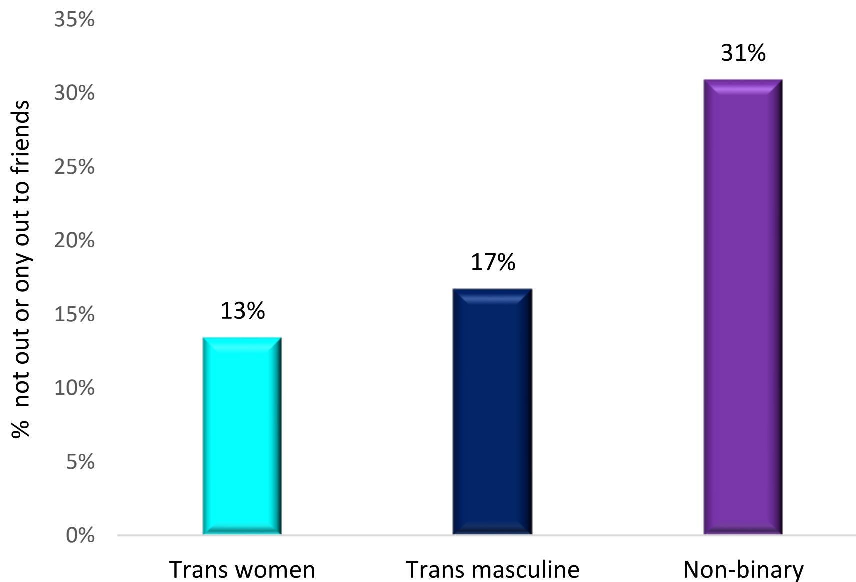
[4] The question was simply "*How 'out' are you?"* – this did not distinguish between being out about trans/gender identity or sexual orientation.

Figure 3.2: Proportion Not Out or Only Out to Friends by Gender Group



The fact that most trans women and trans masculine people were largely out reflects the lived experiences described in the qualitative research that changing gender was an unescapably public life event - coming out was not optional, but a necessity as they changed their appearance, name and gender identity. For many trans people in the early stages of transition or who felt they did not pass as cis, being 'out' was not entirely optional either:

> *"I don't go out of my way to tell people I'm trans, but by most people's standards I'm not passing (as a woman), so when I introduce myself as (female name) people get the gist, there's no need to say more about it… it's not really possible to be an in-the-closet trans person".*
>
> Trans woman

The higher proportion of non-binary people who were not out about their identity may reflect the experiences expressed by many of the non-binary people in the qualitative research that it was difficult to be fully out as non-binary people because there was a lack of awareness and understanding of non-binary identities, and assumptions would be made about binary identities. Non-binary people often described having to choose between the tiring prospect of being 'perpetual educators' or having to accept being misgendered.

> *"Being out is a multi-layered thing. Functionally you have to come out to everyone you meet because of being perceived as being binary – it's assumed you are one or the other. So with strangers – with people I meet the first time, I don't really care how they address me, but if it's someone I'm going to be meeting again then I'll probably correct pronouns. But I don't really talk about being non-binary with people unless they're really close to me. To all intents and purposes, the vast majority of people I encounter will probably think of me as a trans woman. I'm not really bothered by it, but it's interesting. Being non-binary – for someone to know about it requires me to have a conversation with them".*
>
> Non-binary

Table 3.1 shows the proportion of trans and non-binary people who said their employer and each type of service provider knew about their trans or non-binary status. Non-binary people were much less likely than trans women or trans masculine people to say that each one knew about their gender status.

Table 3.1: Proportion Who Said Each of The Following Knows about Their Trans or Non-Binary Status by Gender Groups

	Trans women	Trans masculine	Non-binary
GP	92%	75%	39%
Employer	75%	47%	33%
Education provider	52%	64%	38%
Housing provider	55%	38%	20%
Care provider	45%	48%	28%

Note: excludes all 'don't know' 'prefer not to say' and 'not applicable' responses.

Loneliness and Isolation

The literature review pointed to evidence of the prevalence of loneliness and isolation among LGBT+ people, with trans people the most likely to feel isolated.

The qualitative research highlighted loneliness and isolation among trans and non-binary people. The lack of opportunity to engage with other LGBT+ people contributed to feelings of isolation for some. The subsequent Covid research in 2020 demonstrated that while the pandemic may have led to feelings of isolation and loneliness throughout the general population, trans and non-binary people may have been particularly affected where they lost the ability to connect with the LGBT+ community.

> *"I live alone. I didn't see anybody* (during lockdown)*. For me, I have built this social support network with affirming LGBT friends– because I basically started a whole new life three years ago when I started living as me. Between that and all the gender clinic stuff stopping and all transitional health care basically stopping, it felt like the most enormous step backwards. Because all of the support went – all the things that I did to stop myself going mad. I was basically left on my own with the voices in my head. So it was a pretty dramatic difference for me".*
>
> Transgender woman in 2020

More than four in five (85%) trans and non-binary survey respondents said they ever felt isolated from family and friends. Although levels of isolation were high for all groups, non-binary people were the most likely to indicate they felt isolated, as Figure 3.3 shows. When asked whether this had changed due to COVID, most (75%) said it had changed for the worse, but 5% said it had changed for the better and 20% said there had been no change.

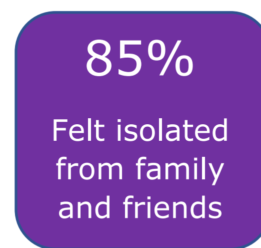
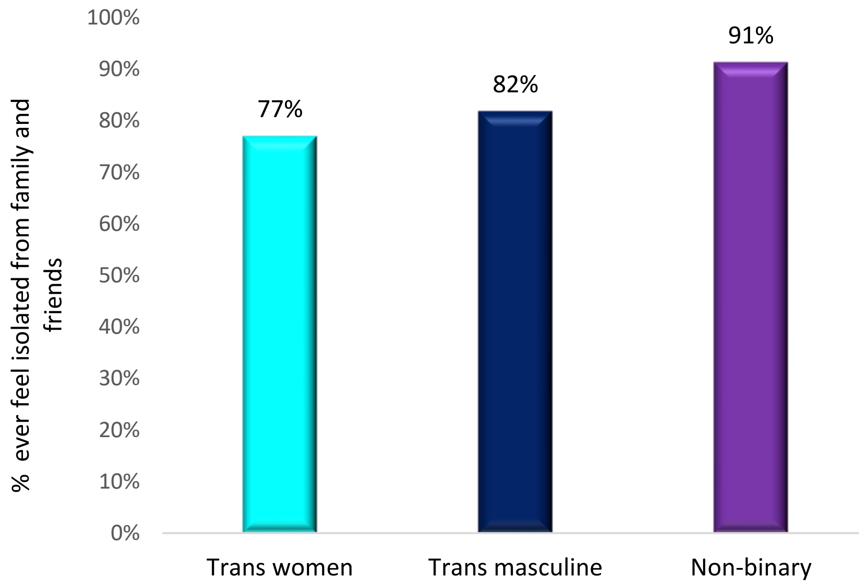
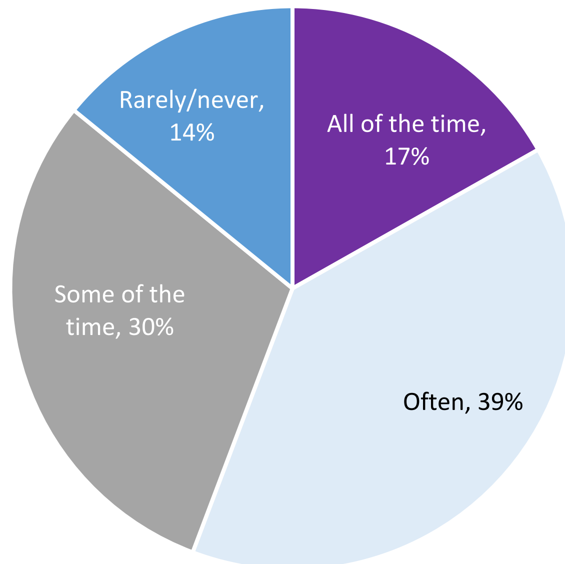


Figure 3.3: Proportion who ever Felt Isolated from Friends/Family by Gender Group



More than half (56%) of trans and non-binary people said they had felt lonely all of the time or often in the previous two weeks. This compares to 25% of cis gay/lesbian women and cis 28% of gay men. The Scottish Health Survey in 2020 which showed that just 19% of adults in Scotland had *ever* felt lonely in the previous two weeks (compared to 86% of trans and non-binary people in the LGBT+ survey).

Figure 3.4: How often have you felt lonely in the past two weeks?



Base: N=475

LGBT+ Inclusive Social Spaces

Survey respondents were asked how they would rate their area for LGBT+ inclusive spaces. Just over one in five (22%) trans and non-binary people rated this positively – either very good (4%) or good (19%), while 38% said it was poor and 39% said very poor.

Community Involvement

Belonging and Feeling Valued

Only a quarter (26%) of trans and non-binary people either strongly agreed (6%) or agreed (19%) that they felt they belonged to their local area. A further 34% said they neither agreed nor disagreed, 25% disagreed and 16% strongly disagreed. Trans and non-binary people were much less likely than cis LGB groups to feel they belonged to their local area (e.g. 50% of gay/lesbian women and 48% of gay men agreed they felt they belonged to their local area).

26%

Felt they belonged to their local area

Just one in eight (13%) trans and non-binary survey respondents either strongly agreed (3%) or agreed (9%) that they felt valued as a member of their community. A further 35% neither agreed nor disagreed, 33% disagreed and 20% strongly disagreed. By comparison, one in three (33%) gay men and women felt valued as a member of their community.

Feeling of belonging and feeling valued were more common for trans women than for trans masculine and non-binary people, as shown in Figures 3.5 and 3.6

Figure 3.5: Proportion who Agreed/Strongly Agreed that they Feel They Belong to their Local Area by Gender Group

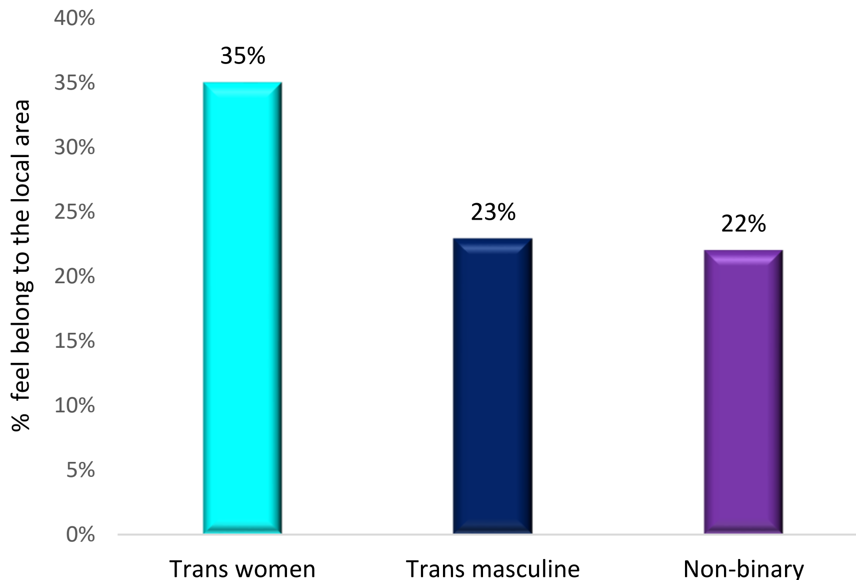
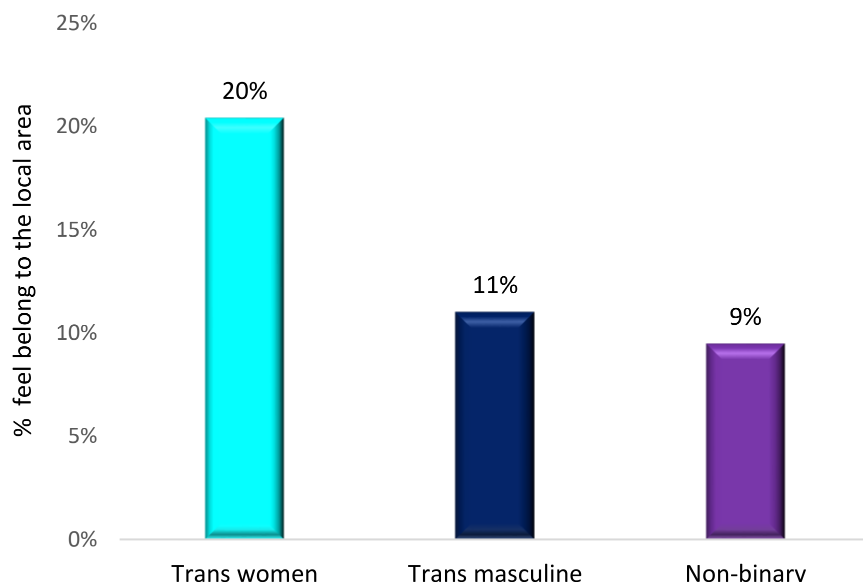


Figure 3.6: Proportion who Agreed/Strongly Agreed that they Feel Valued as Member of Their Community by Gender Group



Working Together
Survey respondents were asked the extent to which they agreed with the statement '*By working together, people in my neighbourhood can influence decisions that affect my neighbourhood'*. Two in five trans and non-binary people (42%) agreed with this – either strongly agreed (10%) or agreed (32%) while 28% neither agreed nor disagreed, 18% disagreed and 12% strongly disagreed.

Reciprocity and Trust
Survey respondents were asked the extent to which they agreed with these statements:

"This is a neighbourhood where neighbours look out for each other"; and

"Generally speaking, I can trust people in my local area".

The first statement is a measure of reciprocity and the second is a measure of trust. One in three (33%) trans and non-binary people had a positive perception of reciprocity and a similar proportion (31%) had a positive perception of trust.

Local Friendships
Just under two in five (38%) trans and non-binary people said they agreed (29%) or strongly agreed (10%) that the friendships and associations they have with other people in their area mean a lot to them.

One in four (26%) said they agreed (22%) or strongly agreed (5%) that if they have a problem there is always someone to help them.

Volunteering and Activism
Existing evidence showed high rates of volunteering among LGBT+ people, with the vast majority of voluntary activity centred on LGBT+ services or campaigning for LGBT+ issues.

The qualitative research revealed that the motivations for volunteering, particularly in LGBT+ services were:

- Being involved and included in the LGBT+ community, making friends and socialising with LGBT+ people
- Helping young LGBT+ people ('being the person I needed when I was younger')
- Giving back to the community and/or a particular organisation who had helped them
- Political or social activism to improve lives of LGBT+ people.

Benefits which LGBT+ people reported they had received from volunteering were the development of skills, improvement to self-esteem, less isolation and a sense of belonging to the community.

The 2020 research showed that some LGBT+ people were unable to continue in their established volunteering roles when the COVID restrictions were introduced, and this contributed to feelings of isolation and disconnect from the LGBT+ community. However, several participants had found new ways of volunteering during the pandemic.

46%

Did voluntary work

The survey showed that nearly half (46%) of trans and non-binary people had given up any time in the previous 12 months to help any clubs, charities, campaigns or organisations in an unpaid capacity.

Two in four (39%) trans and non-binary survey respondents said that in the last 12 months they had taken any actions in an attempt to solve a problem affecting people in their local area (e.g. contacted a media organisation, council, councillor, MSP or MP; organised a petition, etc). Levels of activism did not vary significantly by gender group.

Belonging to Clubs and Associations

Nearly two in five (38%) trans and non-binary survey respondents said they belonged to any social clubs, associations, church groups or anything similar. Although they showed higher levels of loneliness and isolation, trans and non-binary people were more likely than cis LGB survey respondents to attend clubs, associations or groups.

Discrimination and Negative Attitudes

General Exposure to Discriminatory and Negative Attitudes

A common theme in the interviews and group discussions in 2019 was while society had become more accepting of same sex relationships, attitudes towards trans people, particularly trans women, had taken a 'backward step' in recent times, largely attributed to a very negative narrative around trans identities widely reported in the media and particularly social media, often in reference to the campaign around the Gender Recognition Act. Many felt that inflammatory media reporting had a measurable impact on how trans and non-binary people were treated in public:

> *"The massive media attack on the trans community has had a drip-down effect on the general public. They believe it – the public are becoming visibly more hostile. I have had people sit at my table (on a train), realise I'm trans, and then get up and leave. That's a new thing, and it's totally down to the toxic reporting in the media".*
>
> Non-binary

The 2020 research on the impact of the pandemic also highlighted the view among participants that social media, and even mainstream media, had become more sated with anti-LGBT+ (particularly anti-trans) comments since the start of lockdown, and this was particularly impactful at a time when people were feeling vulnerable and isolated.

Non-binary people felt that there was a lack of understanding about non-binary gender identities and constantly battled against ignorance and insensitivities.

Targeted Discrimination

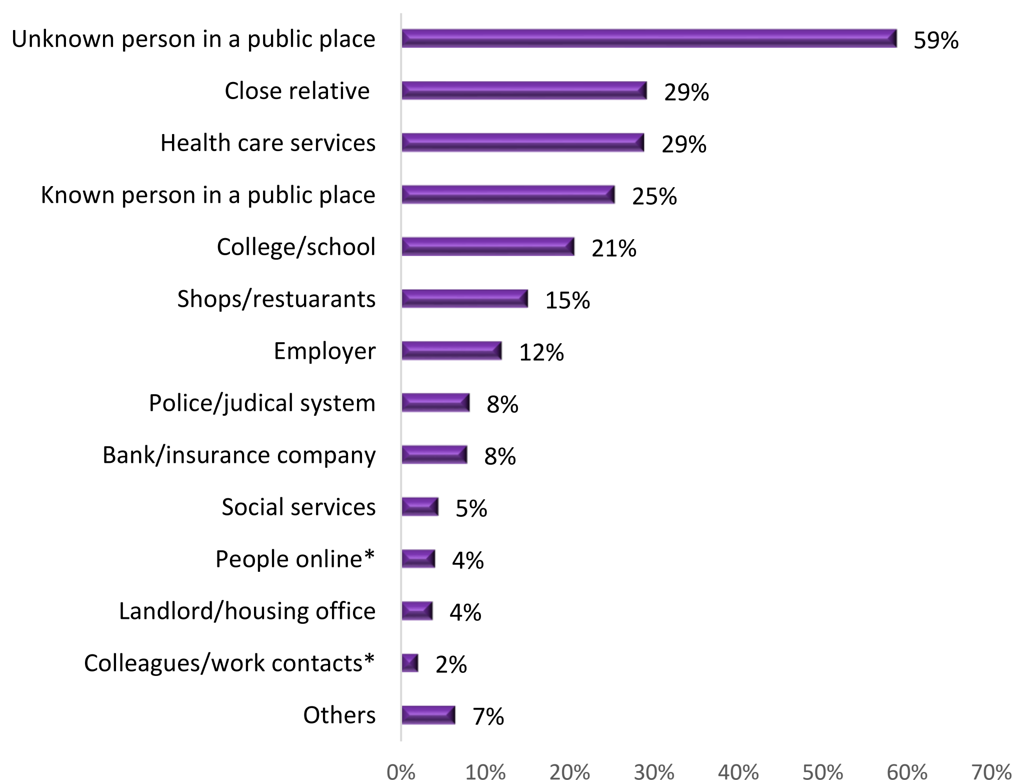
More than three in five (63%) trans and non-binary survey participants said they had been discriminated against in the last year for any reason – either occasionally (35%) or on several occasions (27%). Trans and non-binary people were twice as likely as cis LGB groups including gay men (32%) and gay/lesbian women (34%) to have been discriminated against in the last year.

63%

Had experienced discrimination in the last year

Those who had experienced discrimination were asked who discriminated against them in the last year. The most common responses were unknown person in a public place (59%), close relative (29%) and health care services (29%).

Figure 3.7: Who Discriminated Against You in the Last Year?



* denotes responses which were not in the list on the questionnaire, but which were described by >5 respondents who answered 'other' and specified the noted response.

Base: All those who had experienced discrimination in the last year and described who had done so (N=291).

Of the 290 respondents who had been discriminated against in the last year and who gave a reason, the most common reasons for discrimination were trans or non-binary identities. Of those who had experienced discrimination, 90% of trans masculine, 87% of trans women and 46% of non-binary people said their trans identity was the reason for being discriminated against, and 59% of non-binary people said their non-binary identity was the reason for the discrimination.

Trans People at Work (see chapter 1) found that 40% of trans and non-binary people felt their trans identity had a negative impact on their job prospects. Barriers to gaining jobs included fear of applying due to expectations of prejudice and feeling unable to be out about their trans identity when applying. Interview panels were felt to have a lack of awareness of trans identities or to be transphobic. Job application forms which excluded non-binary identities were also a barrier. The experience of trans and non-binary people in work suggests a need for improved policies and strategies to ensure workplaces are more trans inclusive and ensuring these policies are implemented. A majority (60%) of trans and non-binary people had experienced harassment at work including misgendering, transphobic statements, verbal abuse and discrimination.

Role of the LGBT+ Community

In the qualitative research, many LGBT+ people of all identities stressed the importance of being part of the LGBT+ community on their wellbeing. Being part of this community provided them with support, validation and a sense of belonging. Nonetheless, there was also much discussion about the negative aspects of the LGBT+ community and how this could be detrimental to mental wellbeing. For example, the LGBT+ community itself was not felt to be fully inclusive, and LGBT+ participants talked about issues including transphobia from within the LGBT+ community as well as discrimination and lack of access for disabled people and discrimination on the basis of race and/or religion.

Newly emerging divisions

Although this was not an issue the 2021 survey directly covered, free text responses at various stages in the questionnaire highlighted an emerging division between sections of the LGB community (particularly cis women) and trans people, particularly trans women. While the 2020 qualitative research had highlighted a heightened period of anti-trans rhetoric on social media, causing distress among the trans community during lockdown, survey responses suggest that some trans people felt an increasing sense of victimisation from within the LGBT+ community. On the converse side, numerous lesbians/gay women felt that the LGBT+ community had now become intolerant or unwelcoming to lesbians. More information about these differences is provided in the main report.

On the part of trans people, their free text responses frequently called for more understanding and acceptance of trans people from both within and outside the LGBT+ community including in governmental policies and public figures where they felt victimised by 'radical feminism' and other anti-trans rhetoric.

Some advocated work to resolve the divisive and damaging debate. For example, another response to what they would like to see for LGBT+ people as society recovers from COVID was:

> *"More dialogue between moderate individuals to counterbalance the confrontational and destructive voices of recent years in the gender critical*

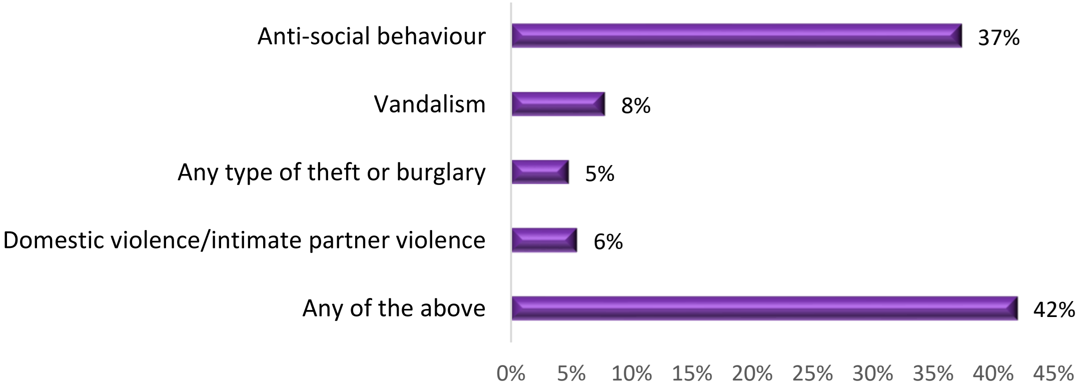
radical feminist vs. trans activist debate. Recognition that the vast majority of trans people are very private individuals who just wish to operate under the radar and have nothing whatsoever in common with domestic abusers, sexual predators or paedophiles".

Experience of Crime

The literature review highlighted evidence of high levels of hate crime perpetrated against trans and non-binary victims. Many trans and non-binary people who participated in the qualitative research recounted incidents where they had been threatened or intimidated because of their identity – but they rarely viewed incidents such as being shouted at in the street or name calling as 'hate crime', and did not report them to the police. Some mentioned recognising some incidents as hate crime only some months or years after the event. There were, however, some who had experienced incidents which were very serious and unambiguously hate crimes. There were also incidents of being followed and threatened which had been frightening. Two trans women who had been the victim of intimidating behaviour both said that they had reported the incident to the police, not because they expected the perpetrator to be caught, but because they felt it was important that transphobic crimes were recorded and counted.

The survey asked respondents whether they had been the victim of four particular types of crime in the last year. These did not cover assault (other than domestic violence) or hate crimes. The crimes included were anti-social behaviour, theft or burglary, vandalism and domestic violence/intimate partner violence. Overall, 42% of trans and non-binary respondents had been a victim of at least one of these crimes in the last year. The most common was anti-social behaviour.

Figure 3.8: Proportion who had been the Victim of Four Types of Crime in the Last Year



Feeling Safe or Unsafe

In the qualitative research, most trans and non-binary people said that they largely felt safe. However, most also acknowledged that there were certain situations in which they would avoid– e.g. in certain areas or late at night in case of transphobic abuse.

Exposure to negative opinions and stories in the media, particularly social media had an effect particularly on how safe trans women felt. Many trans women spoke about how media reports affected their anxiety and feelings of safety:

"The online stuff has an effect in the real world. For example, I was invited to a conference on promoting equality for women in (my industry). *I didn't know how 200 women would feel with a trans woman turning up. You think is this the night I'm going to get yelled at? It's because I'm reading online about the abuse other people are being exposed to".*

Trans woman

4. Relationships and Caring

Relationships

Relationship Status

Just under half (45%) of trans and non-binary survey respondents indicated that they were currently in a relationship – either having a regular partner (36%) or being married/in a civil partnership (8%).

Those who were in a relationship were asked whether the quality of their relationship changed due to COVID. A majority identified a change to the quality of the relationship – 34% said that it was more positive than negative, 23% said that it was more negative than positive, and 43% said that the quality of their relationship was much the same.

Abusive Relationships

Several LGBT+ participants in the 2019 qualitative research described a history of abusive and violent relationships and sexual encounters, and some groups felt particularly vulnerable to falling prey to abusive and unhealthy relationships. These included trans women who often felt that their 'potential pool' of partners was small so they were reluctant to leave abusive relationships, and they also felt they could be fetishised for being trans. Other groups shown by both the qualitative research and the survey to be vulnerable to abusive relationships were disabled and autistic people – as shown in Chapters 5 and 6, trans and non-binary people were more likely than others to have a disability and/or autism.

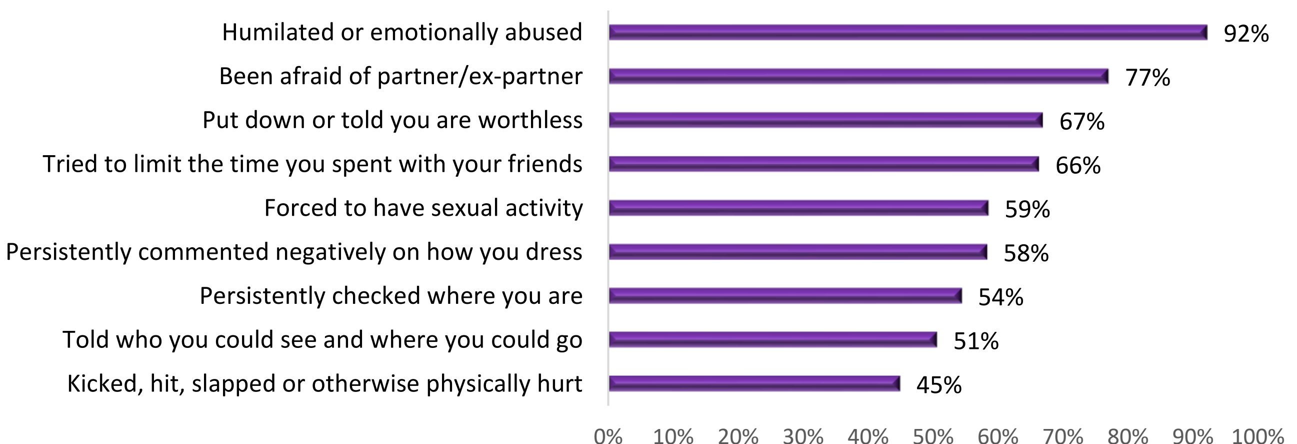
The survey asked whether respondents had ever experienced an abusive relationship. Of the 404 trans and non-binary people who answered, nearly half (47%) said they had.

47%

Had been in an abusive relationship

Those who said they had experienced an abusive relationship were asked about the nature of abuse experienced in relation to current and previous partners. Responses are shown in Figure 4.1.

Figure 4.1: Types of Abuse Experienced (of those who had experienced any abusive relationship)



Base: Those who had experienced abusive relationships and answered for each type of abuse (N=176 to 180).

There were only 26 trans and non-binary respondents who indicated that they had been in an abusive relationship during lockdown, but 12 of these (i.e. 46%) said that the abusive aspects of their relationship increased during lockdown.

The qualitative research found a perceived lack of services who could help LGBT+ victims of abusive relationships or sexual violence. The survey asked those who had experienced an abusive relationship whether they had accessed any help or support with domestic abuse. Just 14% of trans and non-binary people who had been in an abusive relationship had accessed any help or support.

Caring

One in six (17%) trans and non-binary survey respondents said they were carers[5] and a further 1.5% said they had been a carer but had to stop due to COVID.

The prevalence of caring was similar to that measured by the Scottish Health Survey in 2020, which was 19%. However, caring measured by the Scottish Health Survey was more prevalent among those aged 45 and over, and the differing age profiles of the two surveys distort the comparison. When limited to under 50s, 17% of trans and non-binary people were carers which compares to 12% of those aged 16-44 in the Scottish Health Survey.

Among carers, two in three (66%) said their caring responsibilities had increased due to COVID, while 5% said they had decreased and 29% said their caring responsibilities were much the same.

Carers were asked how their caring had affected their mental and emotional wellbeing. Only a small proportion of trans and non-binary carers (7%) said that their caring had affected them more positively than negatively, while 63% said more negatively than positively and 30% said their caring had affected them equally positively and negatively.

[5] Caring was defined as looking after, or giving any regular help to support family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age (excluding any caring that is done as part of any paid employment or formal volunteering).

5. Physical Health

The literature review highlighted that LGBT+ people (particularly trans and non-binary) appear to be more likely than others to have an illness or disability.

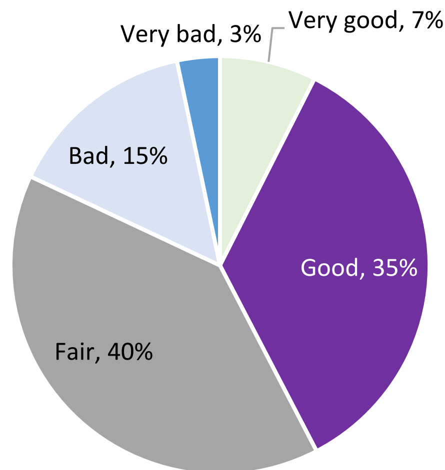
General Health

Only a minority (42%) of trans and non-binary survey respondents rated their general health positively – either very good (7%) or good (35%).

42%

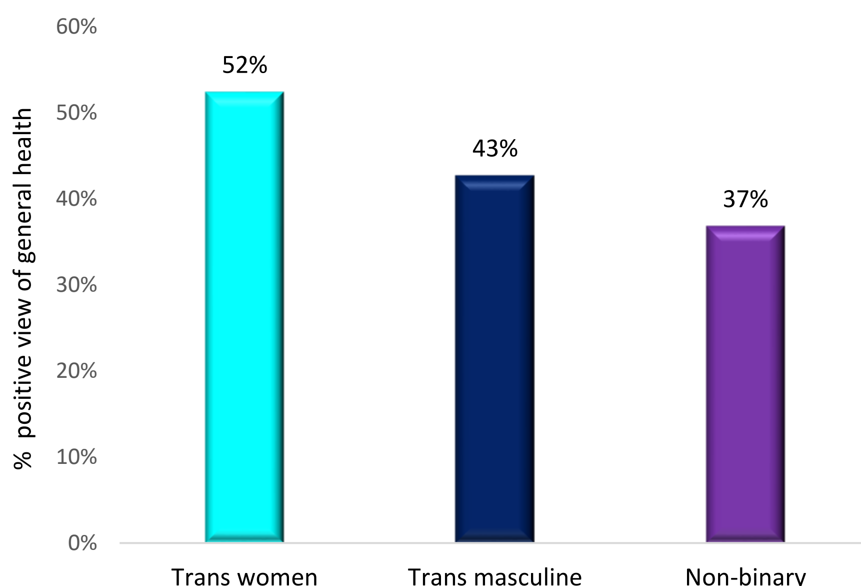
Rated their health positively

Figure 5.1: How is your health in general?



The proportion who rated their general health positively varied by gender group, with trans women more likely than trans men or non-binary people to have a positive view of their health. However, all trans and non-binary groups were less likely than cis LGB groups to have a positive rating of their health – for example, 71% of gay men and gay/lesbian women had a positive view of their health. Although the age profiles are somewhat different, as an indicative comparison 43% of trans and non-binary people aged under 50 described their general health as very good or good, compared to 88% of those aged 16-44 in the Scottish Health Survey in 2020.

Figure 5.2: Proportion who Rate their General Health Positively by Gender Group



Experience of COVID and Shielding

COVID

Seven in ten (72%) trans and non-binary survey respondents were able to say they had not had COVID; 8% said they did not know and 13% said they had not been diagnosed with COVID, but suspected that they had had it. Six percent of respondents had been diagnosed with COVID.

Shielding

One in seven (14%) survey respondents lived in a shielding household – either being on the shielding list themselves (5%) or living with someone on the shielding list (9%).

Conditions and Illnesses

The literature review highlighted that physical ill-health and disabilities may be particularly prevalent for trans people, with one cited survey from 2017 showing that 42% of trans people considered themselves disabled compared to 17% of cis LGB respondents. Another study from 2012 found that 58% of transgender people said they had a disability or chronic health condition. A 2016 study found that half of non-binary people (with a sample with a young age profile) considered themselves disabled or to have a long term health problem.

47%

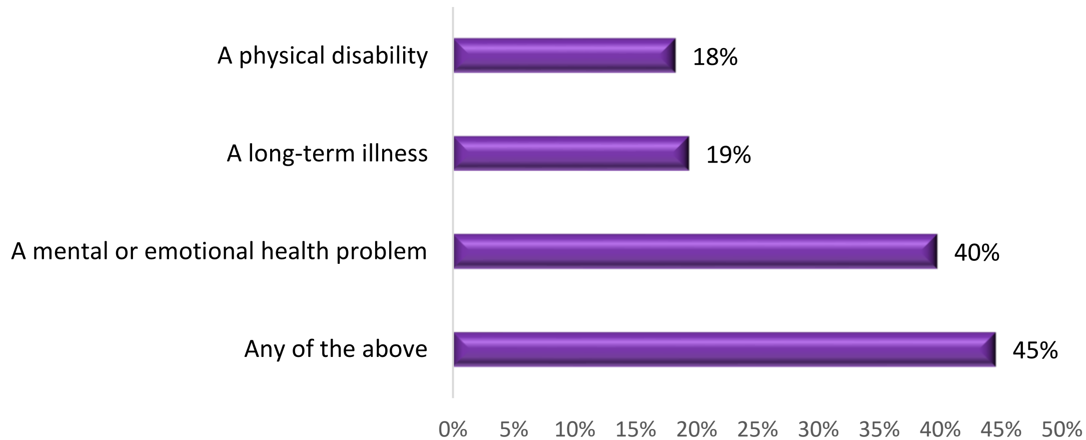
Had a limiting condition or illness

Nearly half (47%) of all trans and non-binary survey respondents said they had a long-term condition or illness that substantially interfered with their day to day activities. This was much higher than the proportion of cis gay men (25%) or gay/lesbian women (27%).

Again with the caveat of different age profiles, 21% of adults aged 16-44 in the Scottish Health Survey in 2020 said they had a limiting condition or illness, which compares to 47% of trans and non-binary people aged under 50 in the LGBT+ survey.

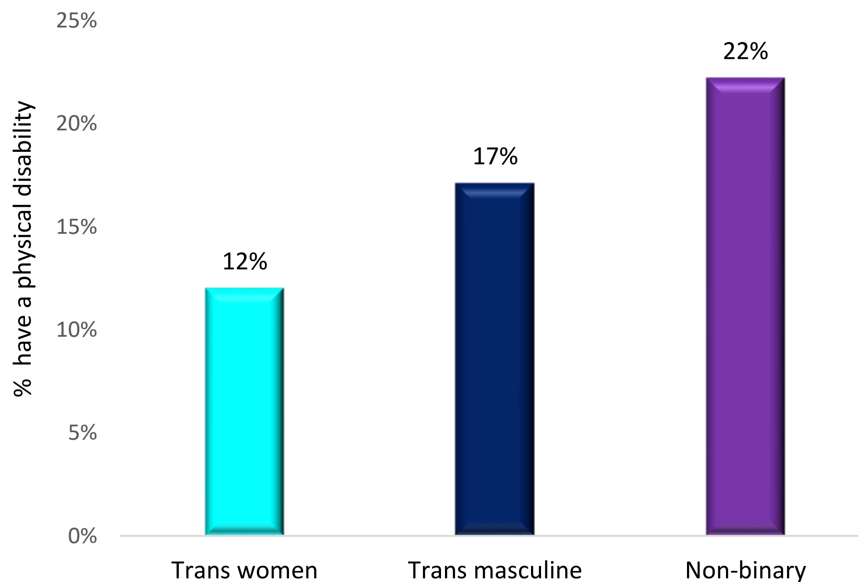
Two in five (39%) trans and non-binary respondents said they had a mental or emotional health problem; 19% had a long-term illness and 18% had a physical disability. Overall, nearly half (45%) at least one of these types of condition.

Figure 5.3: Proportion who Had Each Type of Condition



Non-binary people were the most likely to have a physical disability, as Figure 5.4 shows.

Figure 5.4: Proportion who Had a Physical Disability by Gender Group

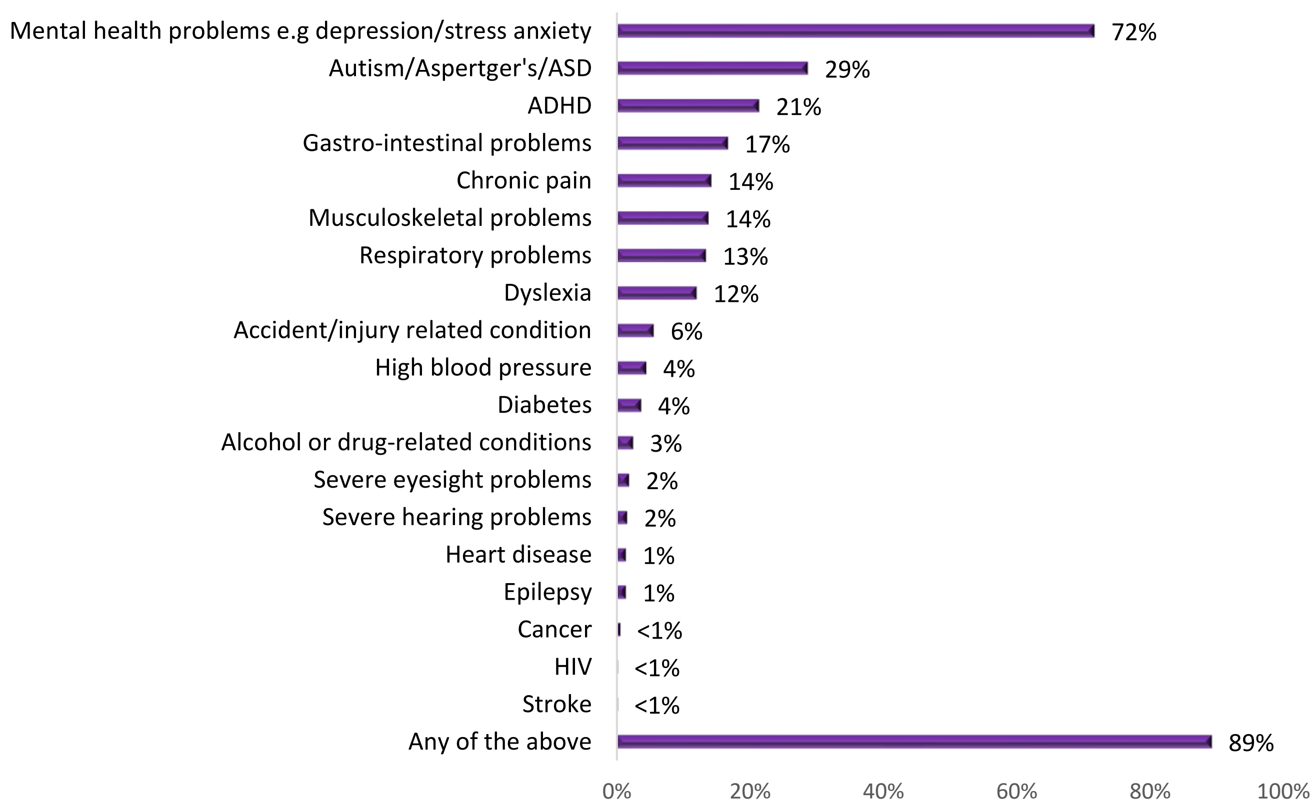


There were additionally significant differences for the prevalence of limiting mental/emotional health problems across LGBT+ groups – these are described in Chapter 7.

Figure 5.5 shows the proportion of respondents who had specific conditions. Overall, nine in ten (89%) had at least one of the listed conditions. By far the most common was mental

health problems (e.g. depression/stress anxiety) – 72% of respondents said they had this condition[6].

Figure 5.5: Proportion who Had Each Listed Condition



Chapters 6 and 7 explore differences in neurodiversity and in mental health indicators by gender groups. For physical conditions, the following differences are significant:

- Non-binary people were the most likely to have chronic pain (19% non-binary; 11% trans masculine; 9% trans women).
- High blood pressure was most common among trans women (12% trans women; 3% trans masculine; 2% non-binary).
- Trans masculine people were the most likely to report respiratory problems[7] (19% trans masculine; 13% non-binary; 8% trans women).

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[6] The 72% who said they had a mental health condition is different to the 40% in the previous question who said that they had a mental or emotional health problem that substantially interfered with their day to day activities.

[7] This finding may well be indicative of the effects of chest binding on lung function – see, e.g. https://thorax.bmj.com/content/71/Suppl_3/A227.1

Quality of Life

Just under two in five (39%) trans and non-binary survey respondents rated their overall quality of life positively – saying it was either very good (7%) or good (32%). A further 43% described their quality of life as fair, 15% said it was bad and 3% said very bad.

39%

Rated their quality of life positively

Trans and non-binary people were much less likely than cis LGB people to give a positive rating of their quality of life – for example 79% of gay/lesbian women and 75% of gay men rated their quality of life positively.

Respondents were asked whether their quality of life had changed during COVID. One in five (20%) trans and non-binary people said their quality of life was much the same, 12% said it had improved and 68% said it had deteriorated.

6. Neurodiversity

The literature review highlighted evidence that LGBT+ people may be more likely to have learning or developmental differences including dyslexia, Autistic Spectrum Disorder (ASD)/Asperger's and Attention Deficit Hyperactivity Disorder (ADHD). There was particular evidence for a higher prevalence of ASD among transgender young people.

The qualitative research included participants with these conditions. Having these conditions, particularly ASD, made it difficult for LGBT+ people to meet people and socialise. This was compounded by the fact that many queer spaces (gay clubs etc) are too noisy, busy and over-stimulating, meaning they are often not accessible to those with ASD. Therefore autistic LGBT+ people were often especially isolated, having few opportunities to engage with the LGBT+ community or meet potential partners.

Those with autism and other neural differences appeared to be particularly vulnerable to abusive or unhealthy relationships.

Trans and non-binary people with ASD and other conditions which affected their socialiation and communication, often found it difficult to articulate their feelings around their gender dysphoria or how they identified or wanted to present. This caused difficulties when accessing the GIC, and on the part of the GIC, it made it difficult to diagnose dysphoria or identify appropriate interventions.

Not only could ASD or other conditions make gender dysphoria diagnosis difficult, this could also work in reverse, with the identification of autism being made more complex for trans people:

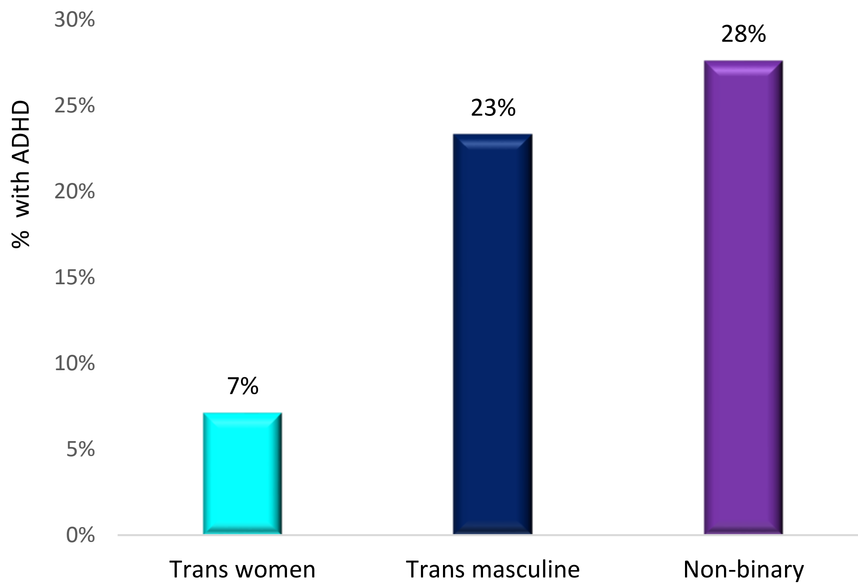
> *"Autism diagnosis can be tricky when you're transgender. Whether you're trans or have autism obviously you're going to feel different from most people. So when you're getting a diagnosis they have to make sure that you feel different because of autism, and not because of your gender or your identity or whatever. When you're in an assessment for autism, they basically have to rule out everything. Like is it your trans status that's having an impact on how you socialise or is it autistic traits? You're likely to be kind of isolated because of your identity and it can give you anxiety. So it can make diagnosis harder, and I think it takes longer. I think it's more likely to go missed if you're trans".*
>
> Trans masculine

For those with any of these neurodiverse conditions, there was a common expression of the difficulties of being "doubly different" relating to both their condition and their trans or non-binary identity, making it particularly difficult for them to feel that they fit in.

ADHD

As the previous chapter showed, 21% of trans and non-binary survey respondents overall said they had ADHD. However, as Figure 6.1 shows, trans masculine and non-binary people were much more likely than trans women to have ADHD.

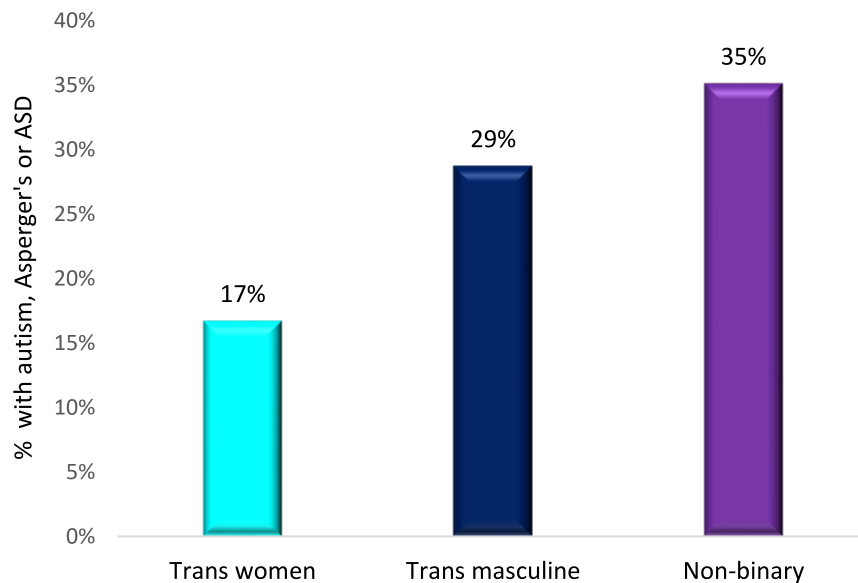
Figure 6.1: Prevalence of ADHD by Gender Group



Autism/Asperger's/ASD

As the previous chapter showed, 29% of survey respondents said they had autism, Asperger's or ASD. As with ADHD, prevalence of autistic conditions was highest for trans masculine and non-binary people, but was also much more common among trans women than cis LGB men and women (for example, 5% of cis gay/lesbian women and 4% of gay men had autistic conditions).

Figure 6.2: Prevalence of Autism/Asperger's/ASD by Gender Group



Dyslexia

Overall, 12% of trans and non-binary survey respondents said they had dyslexia. This slightly higher than national estimates of 10%[8], and higher than the cis LGB survey respondents (6% gay men, 7% gay/lesbian women).

Findings from analysis for the main LGBT+ health and wellbeing report shows that neurodiversity was associated with poorer wellbeing indicators, including social health, mental wellbeing, and experience of abusive relationships.

[8] Source: Dyslexia Scotland

7. Mental and Emotional Wellbeing

General Mental Health, Depression and Anxiety

The literature review identified a wealth of evidence which indicated that LGBT+ people in Scotland are at much higher risk of mental health problems, and transgender people were at particular risk. For example, a 2018 study found that 77% of Scottish trans people reported having experienced anxiety in the last year. A 2012 UK study found that in the last year 88% of trans adults had experienced depression, 80% had experienced stress and 75% had experienced anxiety.

The literature review showed that studies have linked mental health problems with minority stress, but have also highlighted that mental health problems are compounded by experiences such as bullying, discrimination, hate crimes and social isolation. This was also apparent from the qualitative research in which the issues around social and mental health were clearly interlinked. Other people's attitudes and actions clearly had a direct effect on mental health:

"I've had a lot of issues with anxiety and stress for pretty much as long as I can remember. It was made worse by people not accepting me, especially the two long-term partners I had before – they would just deny whenever I tried to bring up my identity. That's kind of shattered my self-esteem to the point..I guess the anxiety of how people are going to view me – that worry is always in the back of my mind".

Non-binary

"You become hyper-aware of the possibility of being judged. For 40 odd years I was told people like me were sick, perverted. You internalize that, and you have guilt and shame".

Trans woman

Most trans and non-binary people in the 2019 qualitative research indicated that they had suffered from both depression and anxiety.

A common theme for all LGBT+ identities was the struggle to work out their sexual orientation and/or their gender identity, and the toll which their period preceding their self-discovery took on their mental health. Coming out was not always an immediate facilitator of improved mental health, and it often depended on how people around them reacted to their identity. Coming out was often problematic or traumatic for trans and non-binary people, as they often faced a lack of understanding (particularly for non-binary people) and had to consider and implement how they presented in their new identity. Confusion around their gender identity could often be compounded by confusion around their sexual identity, and it was not uncommon for young trans and non-binary people to identify in a number of different ways before they reconciled both their gender and sexual identity:

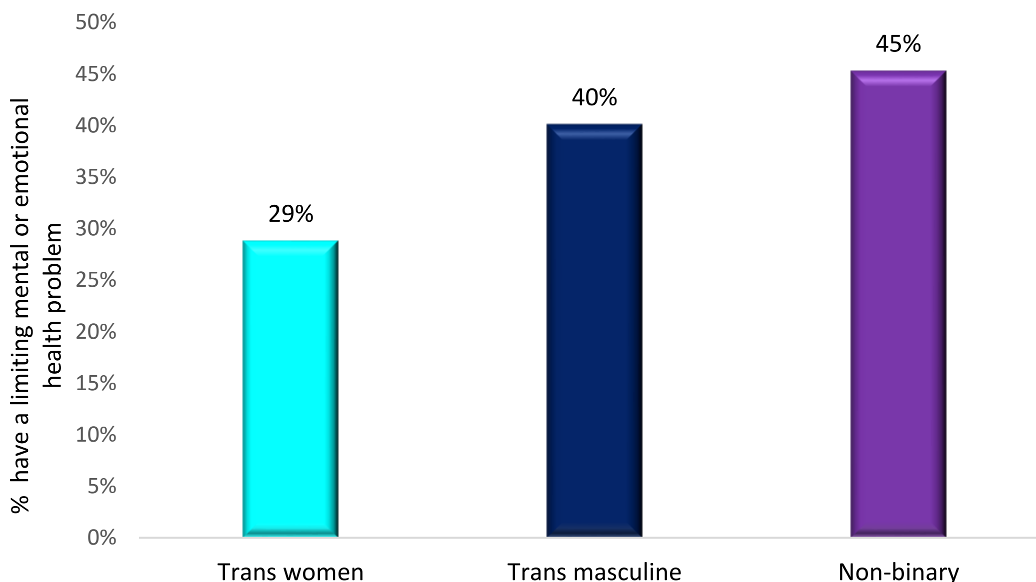
"I went the full circle. I came out as bisexual, then as a lesbian, then as a straight man. Then I realised that trans men can be gay as well, and realised: that's me – I'm a gay trans man".

Trans masculine

The decision to transition usually marked a period of resolution and an improvement in mental health for trans people, but mental health problems could subsequently be significantly exacerbated by the lengthy waiting period to access the services at Gender Identity Clinics which itself caused both depression and anxiety as trans people felt in limbo and unable to proceed with their medical transition. Moreover, trans people frequently said they avoided seeking help for mental health problems for fear that this would be used as a reason for refusing or delaying access to medical transition.

As shown in Chapter 5, the survey findings showed that 40% of trans and non-binary respondents had a current long term limiting mental or emotional health problem. This compares to 16% of cis gay/lesbian women and men. Non-binary and trans-masculine people had particularly high rates of mental or emotional health problems.

Figure 7.1: Proportion who Had a Limiting Long-Term Mental or Emotional Health Problem by Gender Group

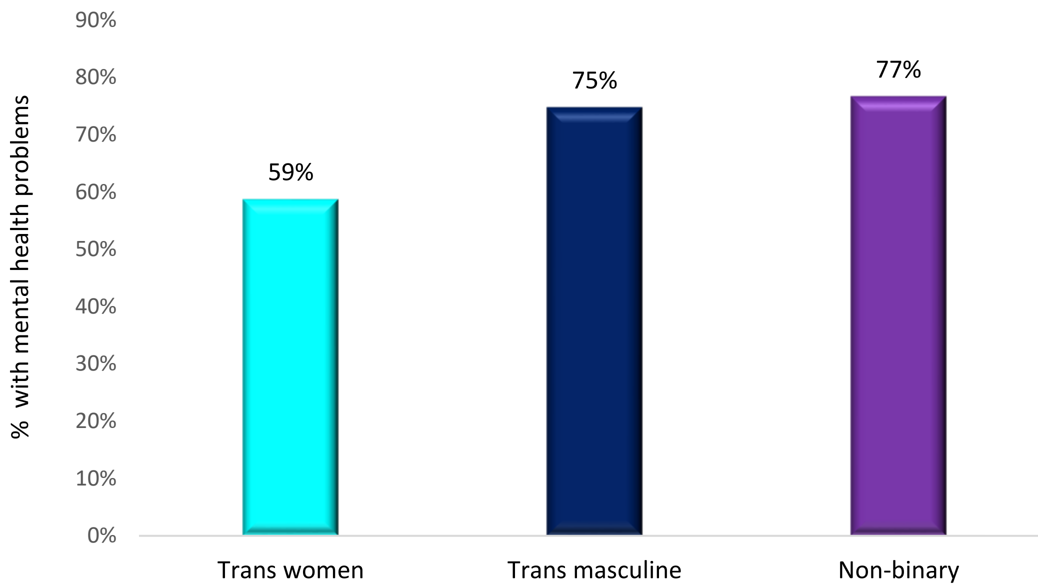


Also, as shown in Chapter 5, when presented with a list of conditions, 72% of respondents said they had mental health problems e.g. depression, anxiety, stress. This compares to 38% of cis gay men to 40% of cis gay/lesbian women (although there was a high prevalence of mental health problems among cis bisexual women - 61%). Again, non-binary and trans masculine were more likely than trans women to have a mental health problem.

72%

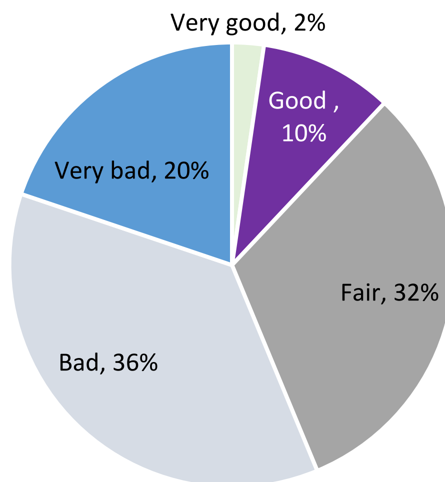
Had a mental health problem

Figure 7.2: Proportion with a Mental Health Problem (e.g. depression, stress, anxiety) by Gender Group



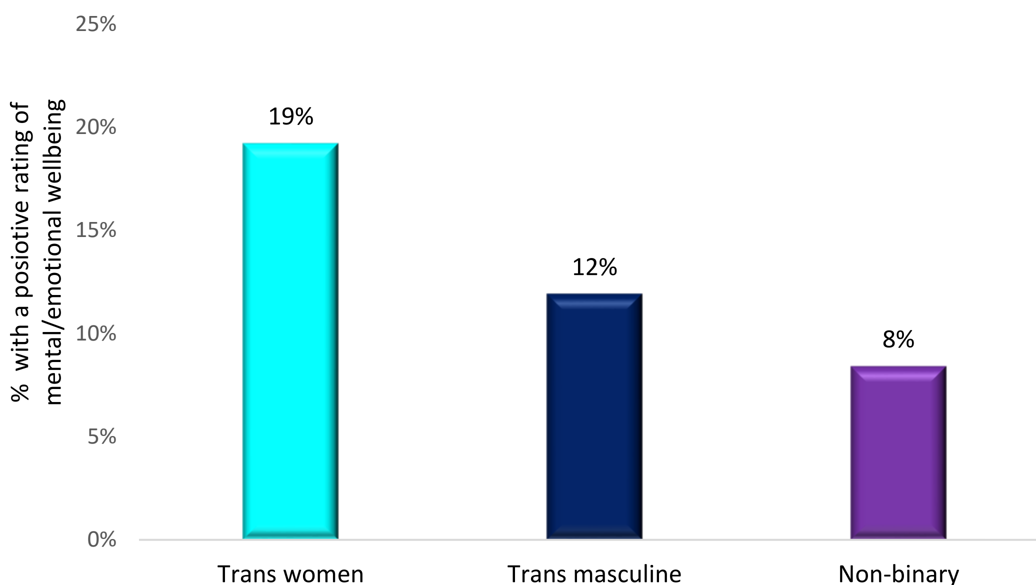
Only one in eight (12%) survey respondents rated their general mental and emotional wellbeing positively – either good (2%) or very good (10%). This compares to 37% of cis gay men and 36% of cis gay/lesbian women.

Figure 7.3: How would you describe your general mental and emotional wellbeing?



Only a small minority across all trans and non-binary groups rated their mental/emotional wellbeing positively, but the proportion was lowest of all among non-binary people.

Figure 7.4: Proportion with a Positive Rating of their Mental/Emotional Wellbeing by Gender Group



Respondents were asked whether their mental or emotional wellbeing had changed due to COVID. Responses from trans and non-binary people showed that:

- 17% said their mental/emotional wellbeing was much the same;
- 7% said their mental/emotional wellbeing had improved due to COVID;
- 76% said their mental/emotional wellbeing had deteriorated due to COVID.

The qualitative research in 2020 highlighted multiple reasons for deteriorating mental health during the pandemic including:

- **Financial pressures and/or job insecurity**
- **Bereavement**
- **Lack of access to usual support networks and activities to boost mental health:** Those who had a history of mental health problems had often found ways of managing or boosting their mental health including visiting social venues, gyms or exercise classes, support groups or less formal friend groups etc, and they felt cut adrift from these and mentally vulnerable when lockdown was imposed.

"I've definitely struggled more with anxiety and depression and feeling quite isolated. I was relying quite heavily on the CAMHS groups and LGBT groups I was attending once a week, and seeing my friends each week. I had a routine at the gym and had all these coping mechanisms in place to manage my mental health. When the gyms closed I started to feel more depressed because I was isolated and then the lack of structure hit me quite hard, especially because I live alone".

Trans Masculine

"I always got support from my Village Family – they counteracted all the negativity. You've got all the negativity in your own head, your doubts about transition, and all that kind of stuff – and you go onto social media which is an absolute cesspool for trans people. Prior to lockdown, I had a

correction for all that in going out as me and spending time with my affirming friends who have only ever known me as (name). *So to lose all that, to be taken from the positive validation that you have in your life and all the opportunities to just go through the world as you, was very significant. I certainly doubted the whole transition thing much more during that period than I have ever done in my life. Previously I felt that things were really positive and moving forward and everything was going well, and now it's just like being stuck in a room by yourself and going 'oh my God, everyone on the internet hates us, why am I doing this?".*

Trans woman

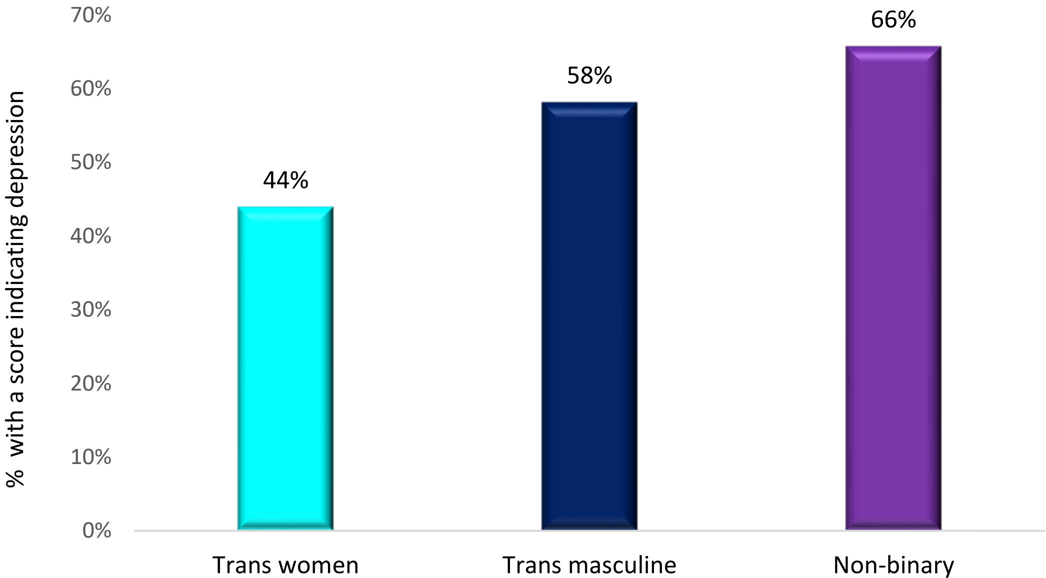
- **Bombardment of news:** Many participants talked about feeling overwhelmed and anxious when watching, reading or listening to the news during the pandemic and felt that over-exposure to the news was detrimental to mental health. Also, social media appeared to become more sated with hateful anti-trans comments since the start of lockdown.
- **Fear and anxiety about the spread of the virus and its dangers**
- **Lack of things to do:** Some felt bereft of positive activities such as work or study during the pandemic period, which was detrimental to mental health.

The survey included two questions which form the PHQ-2[9] measure of depression. Responses to these questions show that 58% of trans and non-binary respondents had a score which indicates they were depressed. Although a significant proportion of all LGBT+ people had scores indicating depression, trans and non-binary people were more likely than cis LGB people to have such scores (e.g. 32% of cis gay men and 34% of cis gay/lesbian women had scores indicating depression.

Consistent with other measures of mental health, it was the non-binary group who had the highest proportion with scores indicating depression.

[9] http://cqaimh.org/pdf/tool_phq2.pdf

Figure 7.5: Proportion who Had PHQ-2 Scores Indicating Depression by LGBT+ Group

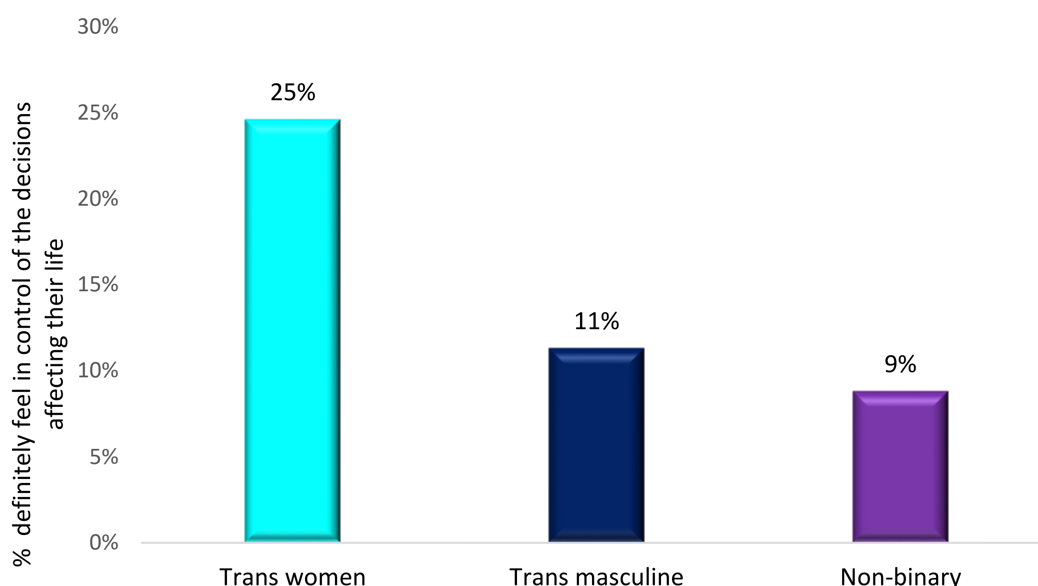


Feeling in Control

Survey respondents were asked whether they felt in control of decisions that affect their life, such as planning their budget, moving house or changing job. Just one in eight (13%) said they definitely felt in control of these types of decision, half (51%) did to some extent and 35% said they did not feel in control of these decisions.

Trans masculine and non-binary people were half as likely as trans women to say they definitely felt in control of the decisions affecting their life. By comparison, 38% of cis gay men and gay/lesbian women definitely felt in control.

Figure 7.6: Proportion who Definitely Feel in Control of the Decisions Affecting Their Life by Gender Group7



When asked whether their feeling of control of these decisions had changed due to COVID:

- Just under half (45%) said it was much the same
- 5% said it had improved
- 49% said it had deteriorated.

Self-Harm

The literature review highlighted the prevalence of self-harm among LGBT+ people, particularly young people. This included a 2018 survey which found that 35% of non-binary people and 31% of trans people in Scotland had deliberately harmed themselves in the previous year.

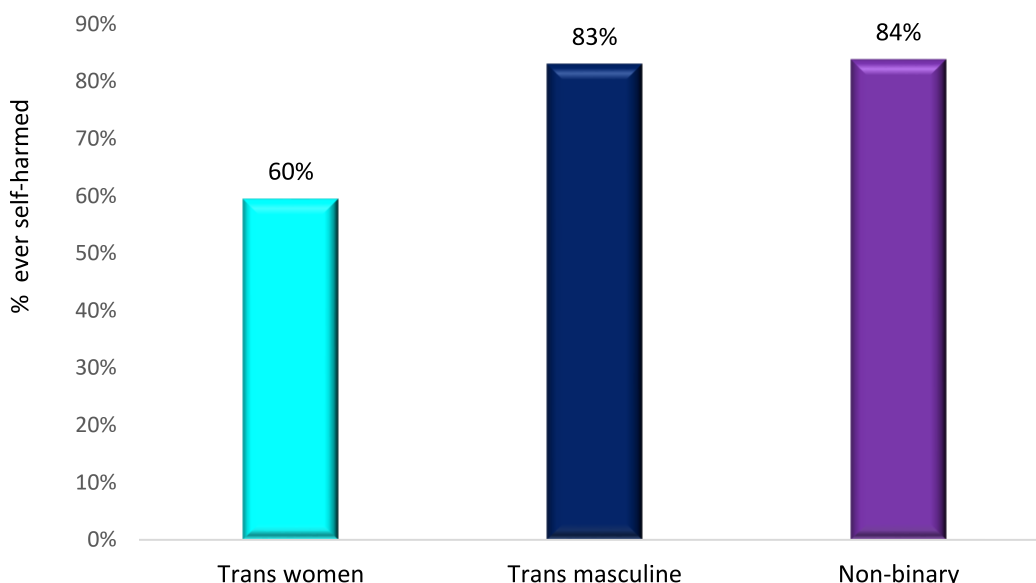
The high prevalence of self-harm was supported by the interviews and group discussions in 2019 where non-binary and trans people were among those who more frequently mentioned self-harming, and this was often linked to their gender dysphoria or hatred of their body, and was also recognised by some as a form of release from their feelings of anxiety, turmoil or overwhelm and was often (but not always) linked to their struggle to reconcile their identity or difficulties with relationships.

The survey findings showed that more than three in four (78%) trans and non-binary respondents had ever self-harmed. Of these, 59% had done so in the last year, with 17% having done so in the last week.

Trans and non-binary people were much more likely than cis gay men (30%), bisexual men (43%) or gay/bisexual women (49%) to have self harmed, but it is noteworthy than cis bisexual women also showed high levels of self harm (70%).

As Figure 7.7 shows, non-binary and trans masculine people were more likely than trans women to have a history of self harm.

Figure 7.7: Proportion who had Ever Deliberately Harmed Themselves by Gender Group



Eating Disorders

The literature review highlighted the 2012 UK survey of trans people which found that nearly one in four trans adults felt they had experience of having an eating disorder.

In the qualitative research, a few LGBT+ people mentioned they had a history of eating disorders, and many more described a 'difficult relationship with food' rather than a recognised or diagnosed eating disorder. Many referred to either over- or under-eating when they were depressed or anxious. Eating disorders among trans and non-binary people were sometimes linked to their gender dysphoria. Service providers spoke about trans men and women deliberately delaying puberty by not eating. Trans men and women spoke about either over or under eating in a deliberate attempt to change their body shape in a way they perceived was more in accordance with their preferred gender.

> *"I'm quite particular about my diet. It has gone through periods where I've been super strict with my diet and cut out a lot of stuff. I still keep close tabs on what I eat, and maybe I'm a little bit obsessive – keep very tight wraps on my food. In part it's to do with anxiety and wanting to feel in control of stuff - but I'm already quite tall and quite broad shouldered, and I'm wanting to stay in the window of where I can still get nice women's clothes and feel attractive, which isn't something I do a lot of the time".*
>
> Trans woman

The follow-up qualitative research in 2020 highlighted that the circumstances of the pandemic could be conducive to relapse among those with a history of eating disorders, where controlling food intake was a mechanism for exerting control at times when many aspects of life were uncontrollable.

The survey findings showed that among trans and non-binary people:

- Three in ten (31%) had ever eaten and made themselves sick;
- Seven in ten (71%) had ever restricted food or binged on food;
- Nearly all those who had eaten and made themselves sick had also restricted food or binged on food (93%);
- Altogether, 73% of respondents had one of these signs of an eating disorder (either eating and making themselves sick, or restricting or binging on food).

73%

Reported behaviours indicative of eating disorders

Three in five (60%) of those who had ever eaten and made themselves sick had done so in the last year, and 11% had done so in the last week. Four in five (81%) of those who had ever restricted or binged on food had done so in the last year, and 36% had done so in the last week.

As the two following figures show, the prevalence of both eating problems was higher for trans masculine and non-binary people than for trans women.

Figure 7.8: Proportion who had Ever Eaten and Made Themselves Sick by Gender Group

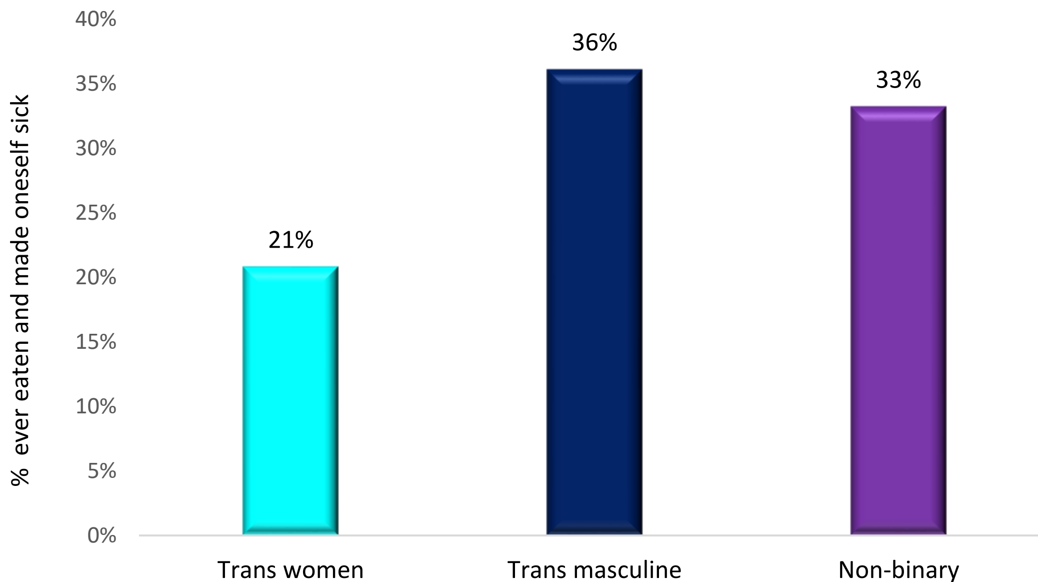
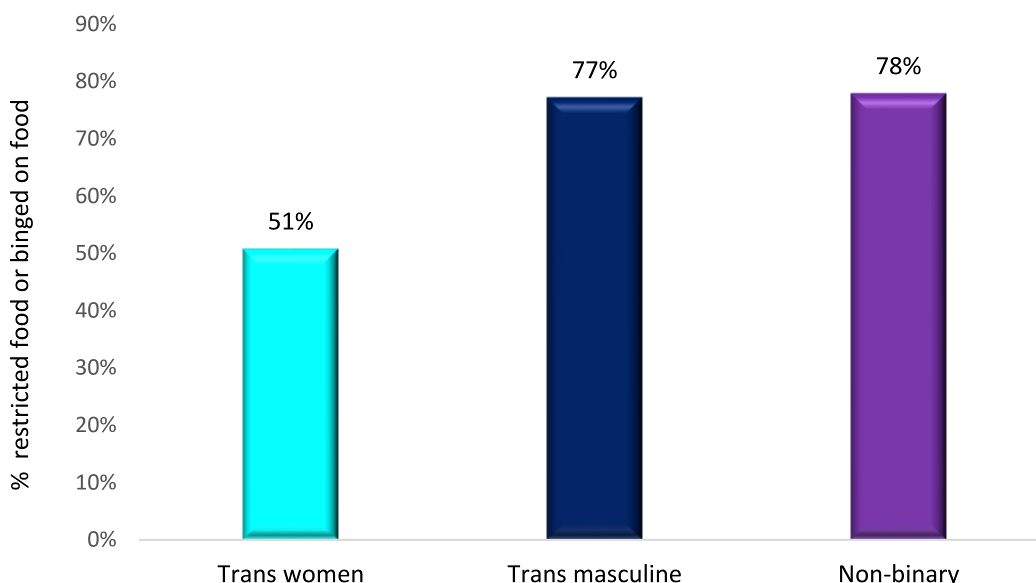


Figure 7.9: Proportion who had Ever Restricted Food or Binged on Food by Gender Group



Suicidal Thoughts and Behaviours

The literature review included many sources which demonstrate a high prevalence of suicidal thoughts and behaviours among LGBT+ people and particularly for trans and non-binary people. For example, a 2018 survey showed that 52% of Scottish trans people had thought about taking their own life in the last year.

Indeed, many of those who engaged with the qualitative research had contemplated or attempted suicide. Trans and non-binary people were particularly likely to speak about suicidal thoughts, although these tended to subside after transition.

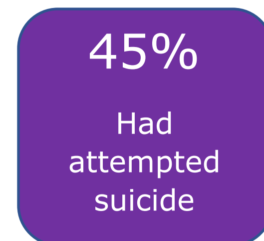
"When I was just starting to transition I still had a short back and sides, and I wasn't totally comfortable wearing women's clothing yet and I didn't really know how to put a male body into women's clothes and stuff. That was turbulent in terms of my mental health. My thoughts were very dark and I was thinking get out, end it all".

Trans woman

"I would say it was a good 15 months of my life that I pretty much lost to depression dealing with all of this. I'm very fortunate that though interventions I did not succeed in either of my suicide attempts. The fear of the initial responses of some people, the expectations of rejection, the fear of change, not wanting to embrace it. For me it got as dark as it possibly could".

Trans woman

Of the trans and non-binary people who answered the question in the survey (N=472), nearly half (45%) said that they had ever made an attempt to end their life. Of those who had attempted suicide, 41% said that they had made an attempt in the last year.



Trans and non-binary survey respondents were more likely than cis LGB people to have attempted suicide – e.g. 21% of cis gay men and 24% of cis gay/lesbian women had attempted suicide.

What helps mental health?

The qualitative research showed that having supportive family and friends was seen as one of the most important factors contributing to good mental health. Support from the LGBT+ community and having LGBT+ friends ("finding my tribe") was also seen as crucial by some, and this made a huge difference to the mental health of those who had previously felt depressed, anxious and/or isolated.

Some had struggled for some time to work out how they identified, and a key facilitator of improved mental health was the point at which they were able to identify and name the sexual and/or gender identity which described them ("finding my label").

Although there were huge frustrations at the long waiting times for mental health services and concerns about the appropriateness of some mental health services, appropriate counselling and medication were also felt to be very beneficial for improved mental health.

A comment from a survey respondent (answering about the impact of the wait for GIC services) showed the dramatic improvement on mental health for a non-binary person after accessing appropriate transition services:

> *"I grew increasingly more depressed until the end of 2019 where I attempted suicide. I was offered my first appointment to the GIC in February 2020 and began (transitioning) in September 2020. Waiting such a long time for something that I feel is a life saving service, really brought me to such a low point. Since getting my first appointment back in 2020, my mental health has completely changed by 180 degrees. Just that communication gave me hope and since starting (transition), I have been in the best mental place in my entire life. I can see myself 30+ years in the future, where before getting that appointment, and the never ending waiting list, I couldn't see myself 24-48 hours into the future".*
>
> Non-binary survey respondent

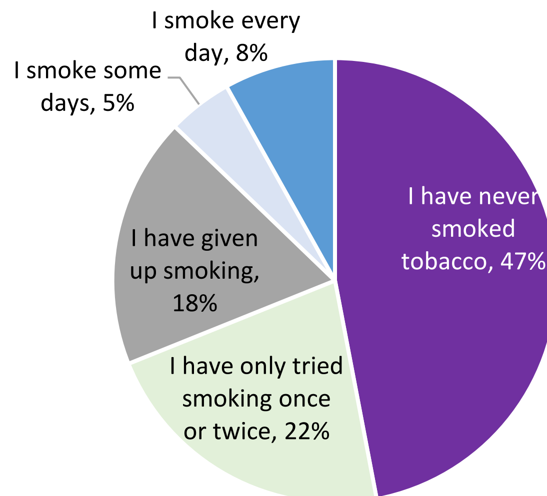
8. Behaviours Impacting Wellbeing

Smoking

The literature review showed many sources which showed that smoking rates were higher for LGBT+ people than for straight cis people. Many of those who engaged with the qualitative research were smokers. Some linked this to mental health (e.g. using smoking as stress relief), and it was felt that depression and other mental health problems were not conducive to a successful attempt to stop smoking. Many felt that smoking cessation was not a top priority for them when they had other problems to deal with such as mental health problems, relationships with family or partners, etc.

One in eight (13%) trans and non-binary respondents to the survey were current smokers – smoking every day (8%) or some days (5%). More than half (53%) had some history of smoking – having tried it, given up or were currently smoking. The prevalence of smoking did not vary significantly by gender group.

Figure 8.1: Smoking Status



Base: N=443

The survey suggests that smoking prevalence may be higher among trans and non-binary people than others. The Scottish Health Survey in 2020 showed that 9% of adults in Scotland were current smokers.

Those who were current smokers were asked whether they intend to stop smoking – 43% said yes, 23% said no and 25% said they did not know.

Alcohol

The literature review cited numerous sources which show that LGBT+ people are more likely to drink alcohol at high or problematic levels. This was substantiated by the qualitative research, with many interviews and group discussions involving much discussion around alcohol as an issue for many LGBT+ people including trans and non-binary groups. Some used alcohol at problematic levels, and some had a history of addiction to alcohol.

One of the common reasons for using alcohol excessively was 'self medication' and as a coping mechanism to deal with depression, anxiety and stress.

> *"I didn't think I was depressed but I now realise that I was. I spent most of my 20s and early 30s having severe problems with alcohol – I was self medicating and pretty much drunk all the time. I realise that was a symptom of other things going on".*
>
> Trans woman

One non-binary person described how they used alcohol not only to cope with depression but also to facilitate self-harm:

> *"I drink to drown my sorrows. I don't have non-binary friends that I can go to, to hang out with – I don't have that social connection, so I drink on my own, and self-harm comes into it, because alcohol numbs the skin for when you go to self-harm – it makes it easier".*
>
> Non-binary

Alcohol was also used by many as a means of losing social and sexual inhibitions. LGBT+ people commonly said that they only felt able to be themselves and be out about their identity in social settings when they had drunk alcohol.

> *"Because of social anxiety stuff, alcohol tends to calm that down because I'm just not thinking any more. I don't think I've ever come out to anyone sober, thinking about it, because the anxiety is just too much. When I realised alcohol reduced anxiety, I realised it was helpful".*
>
> Non-binary

Many also acknowledged that they were much more likely to have sex if they had been drinking alcohol and were also less likely to practice safe sex.

Three in four (74%) survey respondents said that they drank alcohol, at least sometimes. One in six (18%) said they drank alcohol twice a week or more.

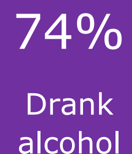
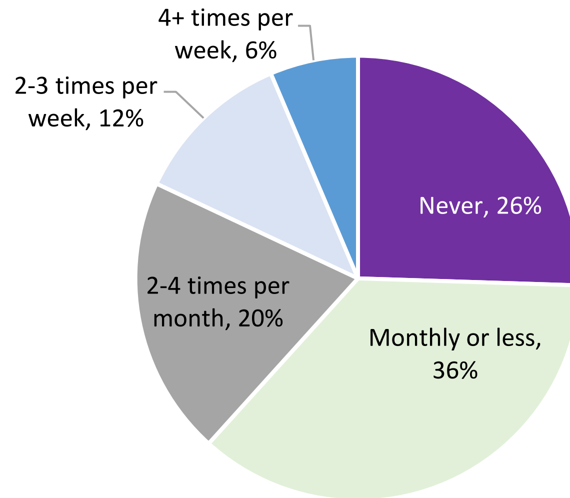


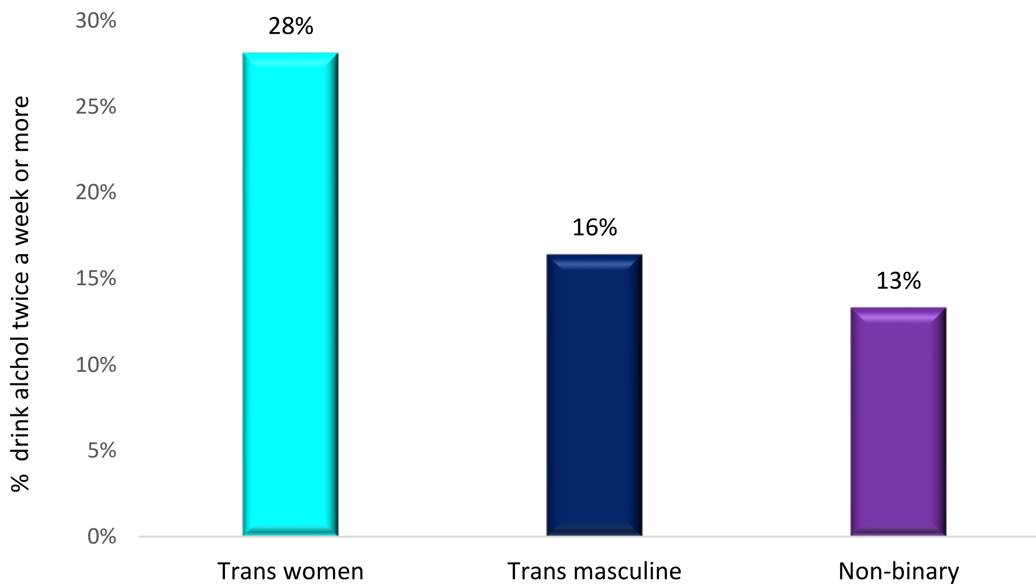
Figure 8.2: How often do you have a drink containing alcohol?



Base: N=439

Trans masculine and non-binary people were less likely than trans women to drink alcohol twice a week or more.

Figure 8.3: Proportion who Drink Alcohol Twice Per Week or More by Gender Group



The survey included the AUDIT tool[10], developed by the World Health Organisation and widely used to measure levels of risk of alcohol related harm. Of the survey respondents who

10 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684823/Alcohol_use_disorders_identification_test__AUDIT_.pdf

answered all questions enabling an AUDIT score to be calculated (N=362), 82% had a score indicating low risk, 16% were at 'increasing risk', 1% were at higher risk and <1% had a score indicating possible dependence.

Drugs

In the qualitative research, use of illegal drugs and legal highs were not reported to the same extent as alcohol, but a significant proportion of LGBT+ people who engaged with the research spoke of using drugs either historically or currently. Use of drugs was often linked to mental health problems – both as a consequence and cause of mental health problems; while drugs were used to alleviate feelings of anxiety and depression, they were also seen as ultimately exacerbating these problems. The consequences of behaviours that occurred when under the influence of drugs could also be the cause of regret and lead to poorer mental health.

43%

Had used drugs

The survey findings show that 43% of trans and non-binary respondents who answered the question (N=424) said they had used drugs.

Those who had ever taken drugs were asked which drugs they had ever taken, and which they had taken in the last 12 months. Of the 184 trans and non-binary respondents who had taken drugs and who answered the question, the most common drug was cannabis (79% had used it, and 41% had used it in the last year). The other more common drugs were amyl nitrate (30% ever and 10% in the last year), ecstasy (27% ever and 6% in the last year), cocaine (27% ever and 8% in the last year), MDMA (22% ever and 9% in the last year) and amphetamines (22% ever and 4% in the last year).

In the qualitative research, some trans and non-binary people felt they relied on drugs to the point of being addicted, but like those addicted to nicotine, addressing their drug addiction was not necessarily a priority for them as they were dealing with other problems:

> *"I definitely am addicted to weed. I tried a couple of weeks ago to go a full week without smoking weed and I couldn't. I feel like it's not a high priority for me – there are a lot bigger fish to fry in terms of what's making my life worse, so weed makes it easier in the short to mid-term. It will be a medical problem at some point probably, and it's obviously not great at improving my mental health. It maybe limits me in getting better, but it also stops me from getting really bad. So it's a stabiliser almost. I just don't feel my addiction is that significant a problem next to everything else".*
>
> Non-binary

In the survey, those who used drugs were asked whether they would like to cut down or stop their substance use. Of those who answered (N=173), just 14% said they wanted to cut down or stop, 80% said they did not and 5% said they did not know.

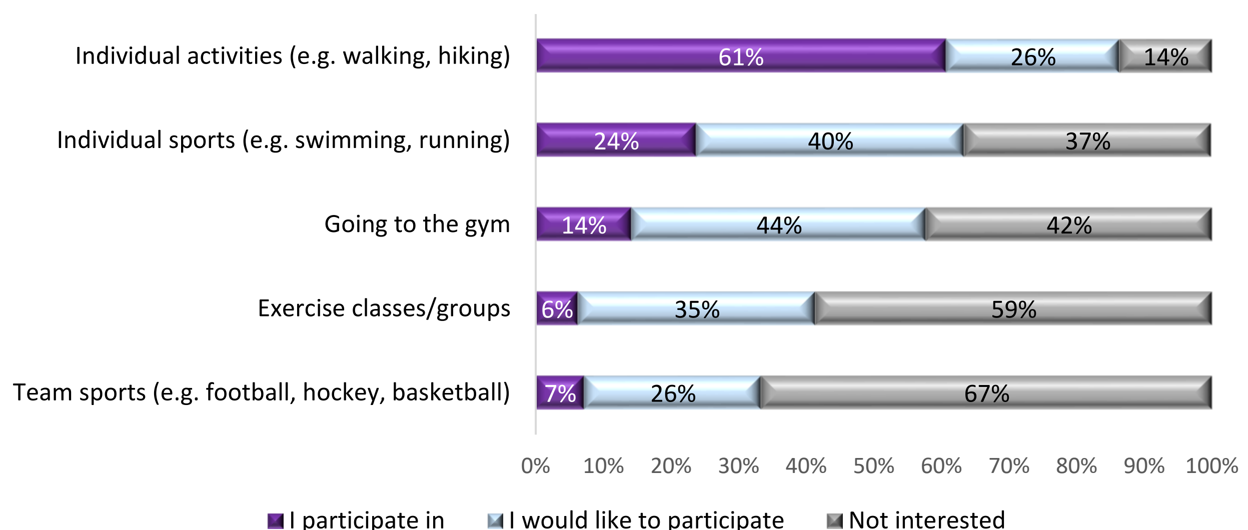
Physical Activity

The literature review pointed to studies which found that changing rooms and gyms were among the most avoided places for trans and non-binary people due to fear or discomfort, and this was a barrier to participation in physical activity and sport.

The qualitative research highlighted a large degree of variation in the extent to which people were physically active, ranging from those who were completely inactive to those for whom sport/physical activity was an important part of their daily lives. Some pointed to a clear link between physical activity and mental health, noting that when they were depressed they did not feel like being active, but also that being active boosted their mental wellbeing.

The survey gauged participation and interest in five types of activity. The findings are shown in Figure 8.4. The most common activities participated in were individual activities such as walking or hiking (61%). For each type of activity, there were large proportions of respondents who said they would like to participate but currently did not. Overall, respondents were much more likely to say they would like to participate than actually participate in individual sports, going to the gym, exercise classes or team sports.

Figure 8.4: Which of the following activities do you generally participate in or would like to participate in?



The following table shows how participation and desire to participate in each type of activity varied for each of the gender groups.

Table 8.1: Proportion who Participate In, and Would Like to Participate In, Activities by Gender Group

		Trans women	Trans masculine	Non-binary
Individual activities	Participate	57%	63%	61%
	Would like to participate	30%	21%	26%
Individual sports	Participate	24%	23%	24%
	Would like to particate	32%	42%	43%
Team sports	Participate	4%	8%	9%
	Would like to participate	18%	27%	31%
Exercise classes/ groups	Participate	6%	5%	7%
	Would like to participate	39%	30%	36%
Going to the gym	Participate	5%	23%	14%
	Would like to participate	37%	40%	49%

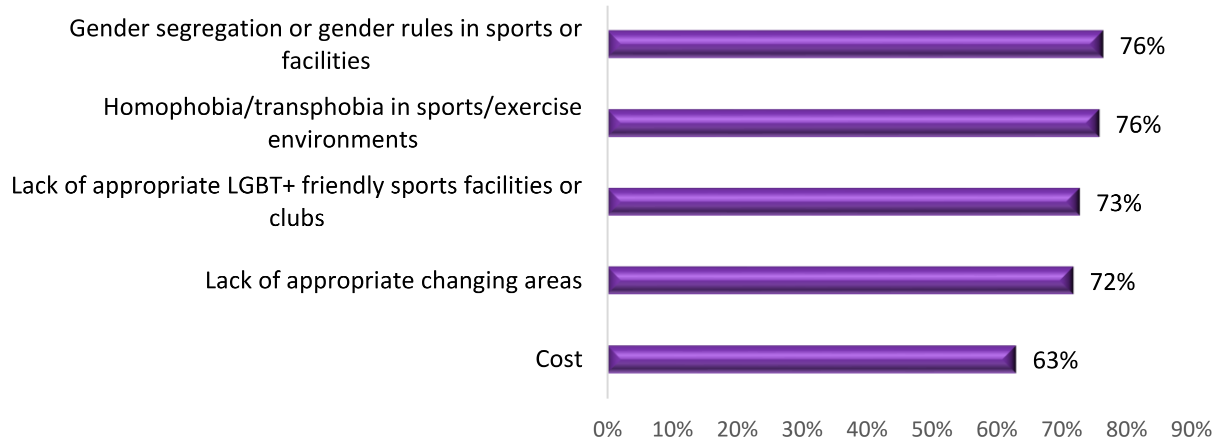
Barriers to Physical Activity

The qualitative research highlighted a number of barriers to participation in sport and exercise for trans and non-binary people. There were practical and emotional barriers to participation in sports and physical activity, including communal or gender-segregated changing rooms at gyms and other sports venues which caused high levels of anxiety or were deemed completely inappropriate. There were also very practical considerations around what to wear for sports and exercise, particularly for those who had not surgically transitioned, and many trans people said they would feel too self-conscious exercising in any way with other people around. Many trans and non-binary people spoke about doing exercises such as yoga alone at home rather than in a class setting because they did not feel they could participate with others. One trans woman described how she went to the gym at 2am because the gym was almost empty at that time and she was also able to use the disabled changing cubicle. A trans man said he could only use the gym if he changed at home.

Some trans people spoke about sports which they felt they had had to give up after transition. For example, some trans men and trans women had given up swimming due to not feeling comfortable presenting in a swimming costume. Some trans women spoke about having given up sports which they did not feel were in keeping with their feminine identity. Gender segregation in sports and strict rules around gender were also barriers to trans and non-binary people who were interested in participating competitively.

Survey respondents were asked whether any of five factors (other than COVID) prevented them or put them off taking part in physical activity. Responses are shown in the figure below. All barriers were identified by a large proportion of trans and non-binary respondents.

Figure 8.5: Proportion who Identified Each Factor as Preventing Them or Putting Them Off Participating in Physical Activity



Gender segregation or gender rules in sports or facilities were identified as a barrier by a majority of respondents in each gender group, but were more common among non-binary (82%) and trans masculine (77%) than trans women (65%).

The qualitative research did, however, highlight some examples of good practice and inclusivity including a number of LGBT+ sports clubs and teams. Most of these were felt to be inclusive of all LGBT+ identities, and for those interested in the sports, these clubs offered a much sought-after opportunity to connect and socialise with other LGBT+ people away from 'the scene'. Roller derby was also mentioned several times as an inclusive mainstream sport.

Impact of COVID on Physical Activity

The follow-up qualitative research in 2020 found variation across individuals regarding the impact of the pandemic on levels of physical activity – with some reporting increased physical activity and others reporting a decrease.

For some, reasons for increased physical activity during the pandemic included:

- Making the most of the few permittable reasons for leaving the house including physical activity
- Having more time to devote to exercise and physical activity
- Finding accessible opportunities for fitness classes online

A number of participants spoke of taking up cycling or rediscovering cycling as a form of exercise in lockdown. The reduction of traffic on the roads also facilitated this.

However, others spoke about their physical activity levels declining due to the closure of gyms, exercise classes and sports facilities.

"I think, like a lot of trans guys, I like going to the gym, because it makes me feel good about myself and helps me a lot with managing dysphoria. When the gyms closed and I couldn't access a gym for six months, it was really hard on me. And like everyone else, I tried doing the home workout thing, but it wasn't feeling like it did when I went to the gym- I like using heavy weights and exhausting things, so when I go home I feel exhausted

but really good about myself. So not having had that for a really long time had a profound impact on my mental health and I think my physical health as well, in terms of how fit I am and how good my circulation is and all that stuff".

Trans masculine

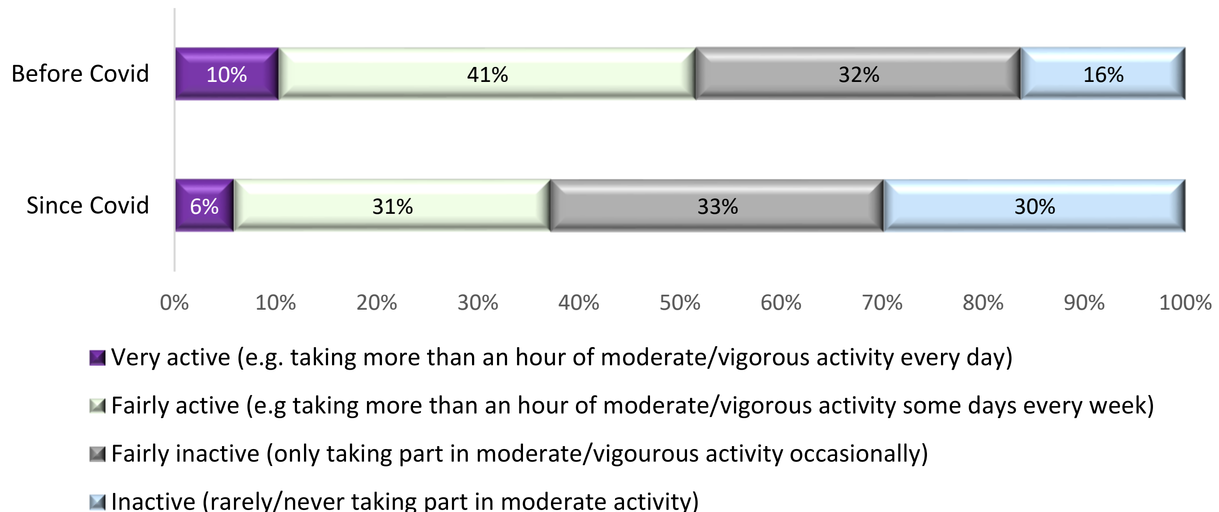
Feeling too uncomfortable or self-conscious to exercise in public continued to be a barrier for some during the pandemic, despite a desire to be active:

"A few people in my area when I was out walking the dog were doing Couch To 5K. I needed to feel healthier within myself, but a set-back for that has been my self-awareness about myself when I've been out- I'm uncomfortable in my clothes for a start. Intensive exercise makes me really aware of my body and how it is compared to how I wish it was. But I did notice that when I was out exercising I was feeling better- coming home feeling really positive usually. But then sometimes it would be a bad workout and wouldn't go so well because I'm over thinking things".

Trans masculine

The survey asked respondents how active they were before COVID, and how active they had been since COVID. Overall, levels of activity fell, with the proportion of trans and non-binary people describing themselves as inactive doubling from 16% to 30%, as the following chart shows.

Figure 8.6: How active would you say you were before COVID and Since COVID?



Overall, 43% of trans and non-binary respondents gave responses which showed they had become less active since COVID, but 38% showed no change and 19% had become more active since COVID.

Online Activity

Evidence from the Qualitative Research (Pre-COVID)

The qualitative research in 2019 highlighted that some trans and particularly non-binary people often used online gaming as a means of interacting in a non-gendered way, or trying out genders in a virtual environment. Among those who did this, this was largely felt to be positive on their mental health. Online gaming allowed people to experiment playing as characters of different genders, characters with no gender, or adopt avatars that presented in ways they identified (before beginning their own transition). Online gaming was also felt to be an activity which could relieve stress and was seen as a much more positive alternative to destructive options such as drug use or self-harming.

> *"I often find* (online gaming) *good for escapism – especially when my mental health has taken a bit of a nose dive, I'll lose myself in video games. Kind of regardless of what gender you are, there's a lot of anonymity so sometimes they'll be able to hear your voice, sometimes not – sometimes it will just be texting. So there's none of the gender performance that you sometimes have to jump through. You don't have to think about it anymore – you become a faceless character. That's sometimes just a lot easier. Then there's the idea that can lead to exploring yourself – what kind of character you choose – you can change your presentation a lot easier and a lot quicker than (real life) – one day you can be male, the next female".*
>
> Non-binary

However, it was recognised that gaming could become addictive or people could be compelled to spend longer on these types of activities than they felt they should. As a result, some had taken action to try to limit their online gaming activity.

Among GIC professionals, there was some concern that people were accessing the service who spent much of their time online gaming and that they had not spent sufficient time socialising in the real world in their preferred gender.

Social media was largely viewed as a very good way for people to connect to other LGBT+ people, particularly those in more rural areas and those with minority identities. Social media was used to connect to people, make friends, access online groups and online support. Social media and digital dating apps were also used to connect to potential partners. However, it was also recognised that social media could be very detrimental to mental health and self-confidence where negative messages and attitudes relating to trans people were prevalent. There was much discussion about the current discourse on social media against trans people, particularly trans women.

Some trans and non-binary people took action to ensure they were not too exposed to negative online content, including blocking people, limiting the time they spent on social media and ensuring they only linked to their friends on some platforms rather than having sight of wider activity.

Digital Lives Since COVID

The 2020 research showed that as the pandemic period forced people to spend more time connecting to others online when they could not meet in person, the harmful aspects of online activity could become magnified. 'Doom scrolling' was a term used by several participants to describe their behaviour of browsing through social media, and becoming overwhelmed by

the stream of either bad news relating to the pandemic, or hateful comments directed at trans communities. It was recognised that 'doom scrolling' was harmful to their mental health.

> *"I use a lot of social media in my down time and professionally. And I became semi-addicted to 'doom scrolling'- constantly checking what's been happening in the last 20 minutes that was terrible. It took me a while to realise that this was a bad headspace I was putting myself in. But when you can no longer socialise in the same way, you automatically default back to social media and it's primarily how we're getting our news on everything. I noticed that I needed to change what I was consuming because it was having a negative impact on how I was starting my day".*
>
> Non-binary

The trans community had been particularly affected during the pandemic period by the high level of social media activity centred around the consultation on the Gender Recognition Reform (Scotland) Bill. While the 2019 research had already highlighted the effects of negative discourse on trans women in social media, this became heightened in 2020 when people were feeling particularly vulnerable and isolated and the social media rhetoric intensified. Some found it impossible to escape from this, particularly when it was repeated and discussed in mainstream media:

> *"I can't not be online, because I need to be for my job. (Anti-trans social media content would be) repeated across 25 different mainstream news articles – all the reactions from all the other websites. You just can't get away from social media. All the bigots were in lockdown too and had time on their hands. I feel that I need to be online for my job but by going online I'm practicing self-harm – it really does feel like that, and I don't know what I can do about it".*
>
> Transgender woman

> *"Before coronavirus I'd stopped looking at the BBC, because they kept having articles that were really transphobic, and it's really traumatic to me to come across. I had stopped looking because it was constantly overwhelming. But now I've had to go back to looking there, because I'm not sure where else to get information- like what the current rules are for the virus. So every time I want information about coronavirus, at the same time I run the risk of getting triggered or reading stuff that's really upsetting".*
>
> Non-binary

Some had taken steps to cut back on their exposure to harmful social media contact particularly in the lockdown period.

However, several participants spoke about the positive aspects of social media, particularly connecting with people with similar identities or people with similar interests.

> *"My online activity has exploded outwards, but I've found through online communities that I've built a nice network of people that I might not otherwise have got to know, which has been really helpful. Mostly because- well, you can't see friends, so what are you gonna do? Make more friends! Which has been surprisingly fun, perhaps because we're all in the same*

boat, so we all share the same sort of feeling for the outside world right now, and so we collectively understand each other, which is rather nice".

Non-binary

There were sections, particularly among non-binary people, who preferred online interactions to 'real world' socialising and engagement with services, and they welcomed the move to much more widespread online interactions, and were in fact anxious about returning to 'normal' when more face-to-face interactions might be expected of them:

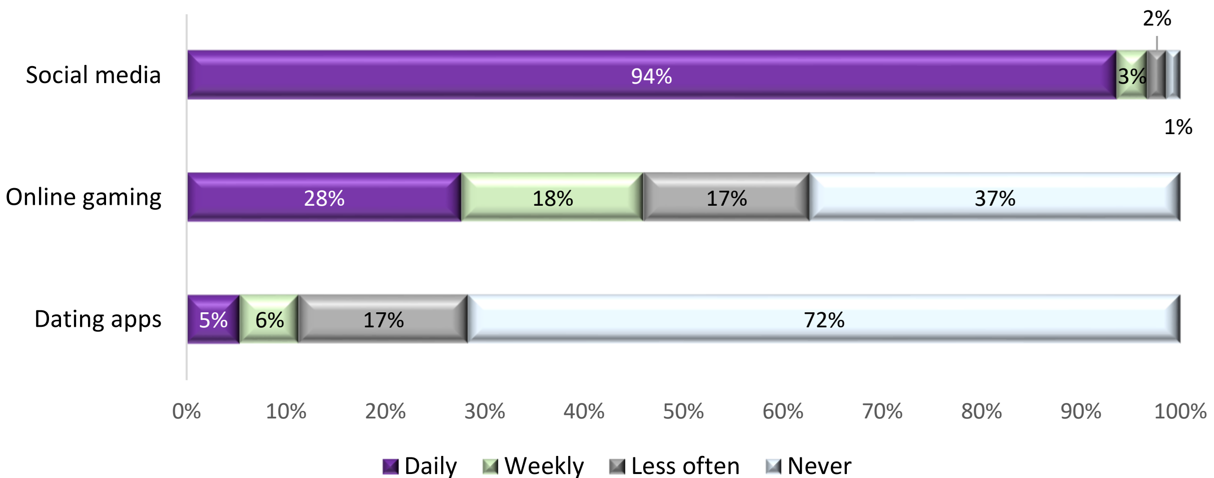
"My mental health doesn't let me go out easily anyway. So in some ways my links with the non-binary group and things like this have got much easier because I can cope with Zoom, but I can't cope with physically going out. I'm also quite aware that I don't know how long things like this- that let me connect to my community- how much that will abruptly disappear when Coronavirus gets more sorted out. I know that's the opposite of what a lot of other people are experiencing. I have more community now than I did before, but with an unstable sense of whether or not that will be there later".

Non-binary

Survey Findings

Survey respondents were asked how often they used social media, online gaming and dating apps. Responses are shown in the figure below. Nearly all trans and non-binary people (94%) used social media daily[11]. More than three in five (63%) participated in online gaming at least sometimes, and 28% used dating apps.

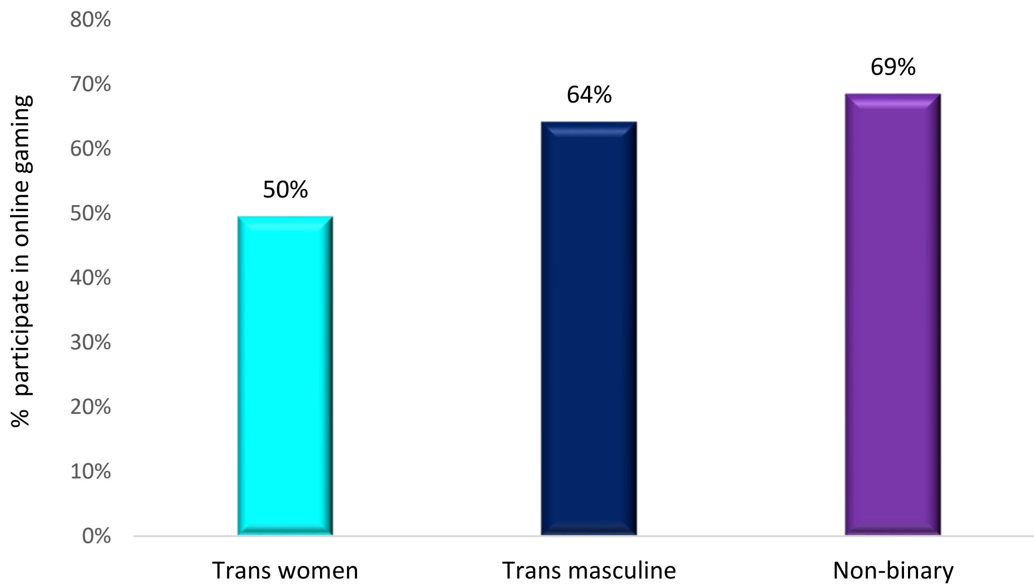
Figure 8.7: How often do you use the following things online?



[11] The survey link was shared widely on social media, being the main method of survey recruitment.

Non-binary and trans masculine people were more likely than trans women to participate in online gaming.

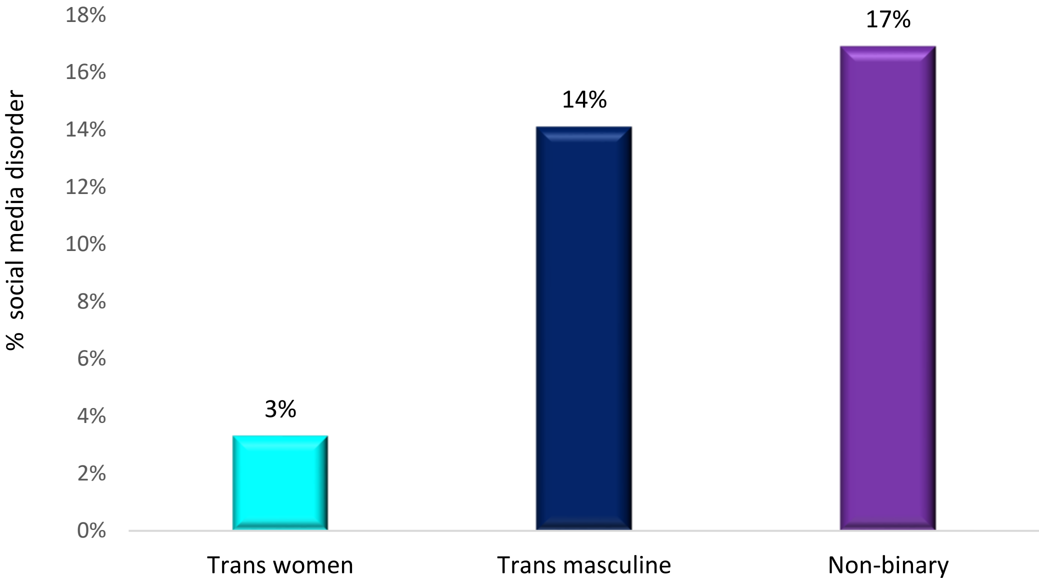
Figure 8.8: Proportion who Ever Participate in Online Gaming by Gender Group



The survey included a set of questions which comprise the Social Media Disorder Scale[12] which is used to diagnose a disorder of social media use. Overall, one in eight (12%) trans and non-binary respondents who answered all questions for the scale (N=325) had scores which indicated a social media disorder. Scores indicating a social media disorder much more common among non-binary and trans masculine people than trans women.

[12] https://www.psytoolkit.org/survey-library/social-media-disorder-scale.html

Figure 8.9: Proportion who have a Social Media Disorder Scale Score Indicating a Disorder by Gender Group



Respondents were asked how they thought their online use affects their life. Responses were mixed. Half (47%) said it was equally positive and negative; 35% said it was more positive than negative; 18% said it was more negative than positive.

9. Financial Wellbeing and Homelessness

Financial Wellbeing

The qualitative research revealed significant financial impacts which were directly or indirectly related to trans and non-binary identities:

- Due to either lack of access or long waiting times for NHS treatment, many LGBT+ people felt forced or compelled to access private treatment, particularly for counselling and private treatments for gender transition.

> *"I'm still on the waiting list for the* (GIC). *I've still not got a date for my initial appointment and I've waited 22 months, so I'm temporarily seeing a private specialist and got my diagnosis of gender dysphoria and prescribed hormones. That is having a huge financial impact, and that's been one of my biggest worries. I had some savings and they've been depleted to zero. I think I can continue to have the private treatment until the end of the year, but if I haven't transferred to the NHS by then I'll have to sell my flat".*
>
> Trans woman

- All NHS GRS is performed in England and although travel expenses are reimbursed, they have to be paid upfront by patients and this caused financial difficulties for some.

- Some young people did not feel able to come out to parents until the point they were leaving or had left the parental home. In some cases, this led to young people moving out of the parental home before they may be otherwise ready either emotionally or financially, and they could struggle to meet living costs.

- The difficulties faced by LGBT+ people living in rural areas and small towns compelled LGBT+ people to migrate to cities where living costs could be higher and where they did not have financial support from family. Also, moving to a new city (e.g. as a student) often represented a 'new beginning' for LGBT+ people where they lived openly in their identity for the first time, but this also meant they were less likely to return to their family home or place of origin to live after their studies, and this could also have a financial impact.

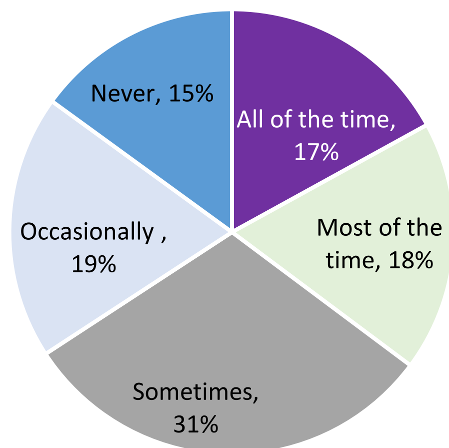
- The cost of travel to use health services, third sector support services and LGBT+ social groups was a financial burden for those in rural or outlying areas.

- There was also a significant financial impact of addictions or use of drugs, alcohol and cigarettes.

Financial Worries

Survey respondents were asked whether they currently had any financial worries. Only 15% of trans and non-binary people said they never had any financial worries. More than one in three (35%) said they had financial worries all or most of the time.

Figure 10.1: Do you currently have any financial worries?



Base: N=412.

Food Insecurity

One in four (26%) trans and non-binary respondents said that during the last 12 months there was a time when they were worried they would run out of food because of a lack of money or other resources. This compares to 13% of cis gay/lesbian women and men.

26%

Had faced food insecurity

Overall, 27% of trans and non-binary people aged under 50 had experienced food insecurity in the last 12 months. The closest comparable data is from the 2020 Scottish Health Survey which asked the identical question and found that 12% of those aged under 45 had experienced food insecurity in the last 12 months.

Selling Sex

The qualitative research included anecdotal evidence of trans people selling sex to fund treatment. One young trans woman spoke of an extended wait for the GIC and resorted to self medicating with hormones bought from the internet, and without parental support (she appeared to have been aged under 16 at the time), she resorted to sex work to pay for the hormones. At the time of contributing to the research she had waited 18 months but had not been seen by the GIC and she was arranging a large loan to pay for private surgery.

Overall, one in nine (11%) trans and non-binary people in the survey said that they had ever had sex in exchange for money, goods, food, drugs or somewhere to stay.

11%

Had sold sex

Gambling

Overall, 14% of trans and non-binary survey respondents said they ever spend money on gambling – most commonly monthly or less (11%), but 2% did so two to four times per month, and 1% did so twice a week or more.

Homelessness

The literature review pointed to a disproportionately high number of homeless people having LGBT+ identities. A number of those who engaged with the qualitative research had experienced homelessness, and reasons included:

- Breakdown of family relationships after coming out, forcing young people away from the parental home, or preventing return in times of hardship
- Escaping an abusive relationship
- Migration from rural areas to cities, where people would sofa-surf
- Addictions including alcoholism and gambling addiction which led to eviction

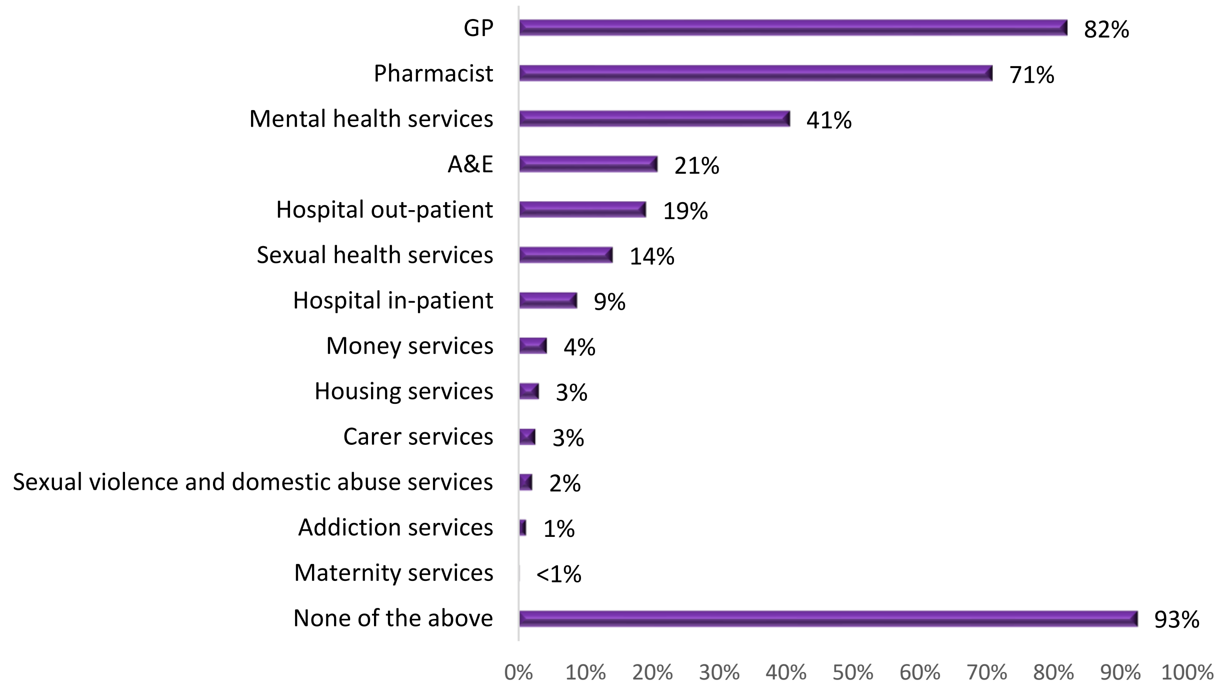
Overall, 15% of trans and non-binary survey respondents said they had ever been homeless.

10. Experience of Health Services and Other Services

Use of Services

Survey respondents were asked whether they had used particular services in the last 12 months. The services most commonly used by trans and non-binary people were GP (82%) and pharmacist (71%). All responses are shown in Figure 10.1.

Figure 10.1: Proportion who had Used Each Service in the Last 12 Months



GP Services

The qualitative research found that overall, most were happy with the care they received from their GP and most of those who were out to their GP had positive experiences. However, there were also issues around GPs misdiagnosing people through assumptions made about their gender identity, inadequate knowledge about some identities, and some concerns around confidentiality. A number of trans men and women asserted there was a tendency for GPs to attribute medical ailments to the effects of hormone therapy, and therefore misdiagnose causes and conditions. Often trans people felt they were immediately diverted from general practice to gender services for conditions unrelated to their trans status or their use of hormones:

"I'd gone to the GP with back pain I'd had for a few weeks. The GP was like, 'I see you're on hormones so it's probably that, so I'm not going to do anything – the (GIC) *should be taking over your healthcare'. Firstly, I'm on the waiting list for the GIC but won't be seen for ages; secondly, they don't see you for back pain! I persisted with the back pain and then went back and saw a better GP who has referred me to physiotherapy".*

Trans woman

"Whenever you go to the GP about anything, the GP is always like, 'it's your hormones'. They say that for everything. I went to the doctor because my eyebrow was falling out in patches. He said it might be because of testosterone – no, my eyebrow doesn't fall out because of testosterone! I had alopecia, and it did grow back – but they could try looking into things instead of automatically assuming everything is due to hormones".

Trans masculine

Non-binary people felt that data collection and forms in healthcare settings include GP surgeries very often did not allow them to express their gender identity, which made them feel excluded, invalidated and anxious about speaking to healthcare professionals about how they identify.

"In my doctors they used to have this thing that when you signed in it was on a screen and you had to select in front of everyone in the waiting room whether you were male or female. Even that half a second just breaks my brain every time and I'm like, I kind of don't want to go to this appointment now".

Non-binary

One trans woman expressed concern that her records were 'stamped' with her trans status and this could be widely shared:

"One thing I did note that I was a bit concerned about – I spoke to my GP at my previous practice and said that I was getting cervical screening letters just so you know, and when I got to my new practice I did notice when they brought up my patient records there was a big red box appeared over the notes that said 'this person is transgender'. I thought, how widely are these notes being shared? It's fine for the doctor to have it, because I'm constantly bouncing between doctors, but I wouldn't necessarily want everyone who is checking my notes to know".

Trans woman

However, others recognised that it may be important for medical professionals to know about trans histories in various circumstances:

"It's a balance where confidentiality is concerned – because if you were to pitch up with symptoms that could be prostate cancer but your GP didn't know you had a prostate…it's a balance between letting enough people know, without it being blazoned all over the place".

Trans woman

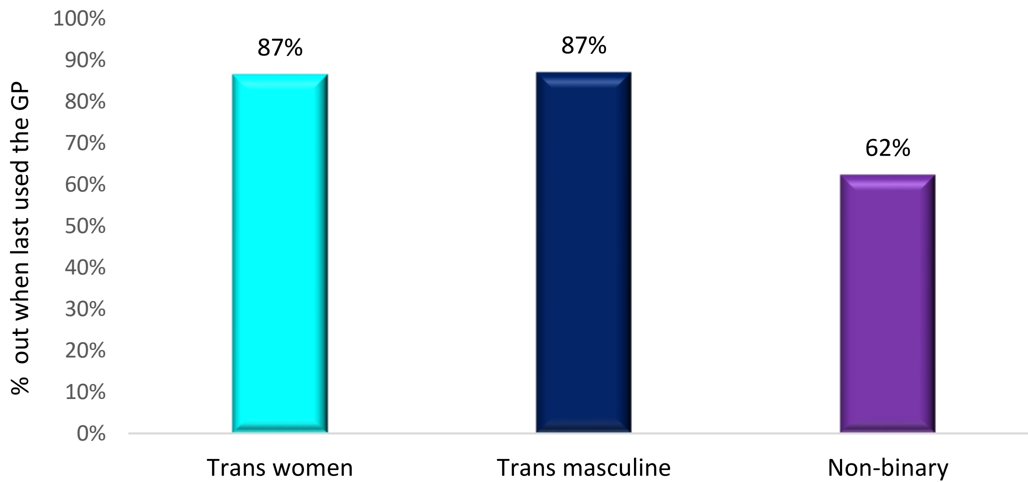
Some trans and non-binary people felt that GPs did not have enough awareness and knowledge of trans issues, and felt that they had to act as educators for GPs. Some also pointed to inconsistencies in experiences for trans patients – for example, some GPs were willing to share care with the GIC and prescribe hormones while others were not.

In the survey, of the trans and non-binary people who were able to answer about the most recent time they used their GP:

- 76% were out to their GP (from N=319)
- 80% said it was a positive experience (from N=276)
- 59% said the staff showed an appropriate understanding of LGBT+ uses (from N=202)
- 12% said they were treated unfairly due to their LGBT+ status (from N=262).

Non-binary people were much less likely than trans masculine or trans women to have been out about their identity the last time they used their GP, as shown below:

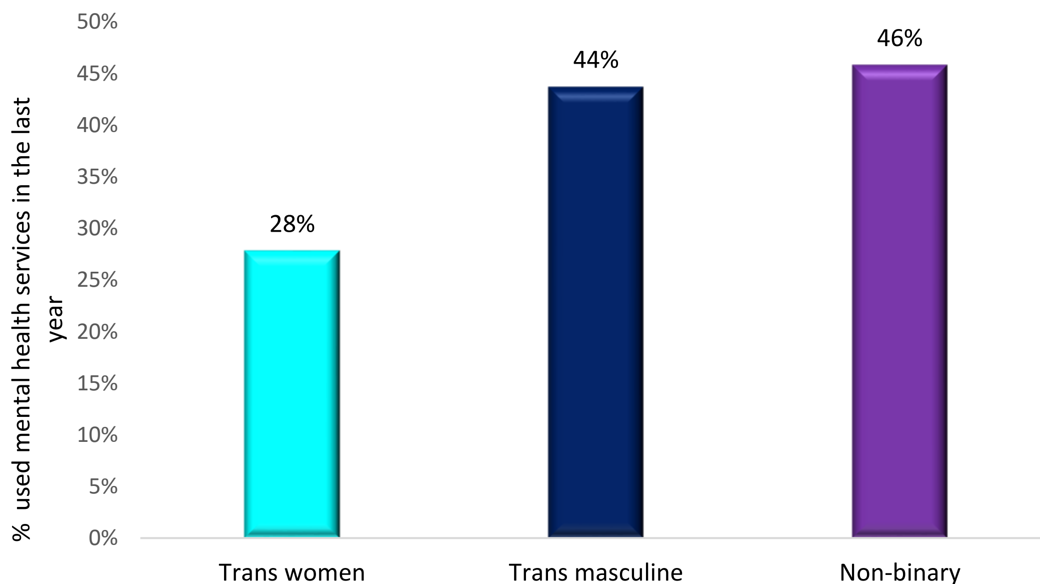
Figure 10.2: Proportion who were Out the Last Time they Used Their GP by Gender Group



Mental Health Services

Trans masculine and non-binary people were the most likely to have used mental health services in the last year.

Figure 10.3: Proportion who had Used Mental Health Services in the Last 12 Months by Gender Group



In the qualitative research, there was huge frustration at the long waiting lists for mental health services, with waiting times themselves seen as hugely detrimental to mental health. The lack of early-intervention services for mental health was also decried. Across all LGBT+ groups there was much reliance on third sector providers for counselling and support, many of which were dedicated LGBT+ services. Also, many had used private mental health services.

An LGBT+ service provider spoke about the shortcomings of mainstream mental health service provision for LGBT+ people (not limited to trans people):

> *"What people tell us – there is a huge desire for specialist services, not because people particularly want to focus on their LGBT identity, but they want that to be understood. What people tell us is that when they go to mainstream services that often one of two things happen– either the service provider will really focus in on their LGBT identity as somehow being the cause of their mental health issues (that's particularly true for trans people, but not only so), or there will be an attitude of 'this is not an issue for this service' and they'll skirt over it rather than saying ok, you're LGBT what does that mean for your relationships with your family, what does that mean for your intimate relationships, what does that mean for your employment, your relationship with your neighbours, are you the victim of hate crime – all of these things that we absolutely talk about daily and understand within the LGBT context".*
>
> Service provider

In the survey, of the trans and non-binary people who answered about the most recent time they used mental health services:

- 82% were out to mental health service staff (from N=165)
- 65% said it was a positive experience (from N=145)
- 54% said staff showed an appropriate understanding of LGBT+ issues (from N=120)
- 20% said they were treated unfairly due to their LGBT+ status (from N=131).

Sexual Health Services

As Figure 10.1 showed, 14% of trans and non-binary people had used sexual health services in the last year. This did not vary significantly across gender groups.

Trans men and women and non-binary people in the qualitative research often expressed confusion about which sexual health services they would use, and felt that generally there was not enough information and advice around trans sexual health.

The Waverley Care/Scottish Trans Report (see Chapter 1) identified a number of barriers to engagement with sexual health services that trans people face:

- Fear and anxiety
- Difficulty interpreting gendered sexual health information
- Misgendering from service providers
- A lack of professional knowledge of trans people's sexual health needs
- Limited access to accurate and reliable information.

The report found that non-binary people in particular, when using sexual health services, were likely to experience being misgendered and unlikely to feel the clinic was inclusive towards trans/non-binary people.

Transgender People as Hospital Inpatients

A number of trans and non-binary people in the qualitative research had experience of being inpatients in hospitals and often recounted problems with hospitals not knowing which ward to place them on where wards were gender segregated, and some of those who had not been hospitalised expressed anxiety about the thought of being an inpatient for this reason. In most cases, trans patients said that they had not been consulted at all about what ward may be most appropriate for them. Some examples where trans people had encountered difficulties with hospitalisation were

- A trans woman who was placed in a private room 'for her own comfort' when she would have preferred to be on a ward with other women, but she was sure she had been treated differently in case other women were concerned or complained about her being on the ward
- A trans man who was given a private room in the gynaecology ward (which he was happy with), but who was consistently misgendered by some of the staff who explained that they were used to women on the ward and were unapologetic
- A trans woman who was admitted in an emergency situation with no wig (with male pattern baldness) or makeup and staff were confused that her presentation did not match her medical records and therefore spent a lot of time trying to resolve this, causing the patient some distress
- A trans non-binary person who spent 12 hours in A&E because 'they didn't know where to put me' and was eventually moved to a private ward in Intensive Care because the hospital was unable to place them in a ward more appropriate for their condition.

In the survey, of the 64 trans and non-binary people who had been a hospital inpatient in the last year and who answered, 46 (72%) said they were out about their identity as a hospital inpatient. One in four (24%) said their experience as an inpatient was not positive, and a third (34%) said that the staff did not show appropriate understanding of LGBT+ issues. One in eight (13%) said they felt they had been treated unfairly as an inpatient due to their LGBT+ status.

Cervical Screening

For all transgender people who engaged with the qualitative research, it was very important to them that their CHI number and gender marker was changed on their NHS records. However, this meant that NHS systems could initiate invitations to attend screening appointments based on their gender identity but not their anatomy (e.g. trans women being invited for cervical screening). Moreover, trans men and women were not always being invited to attend screening appropriate to their anatomy, and the perception was that the onus was on the patient to remember to specifically ask for it[13]. Trans people recognised the importance of having screening tests, but were concerned they would not remember to ask

[13] Since June 2015, trans people who have updated their CHI number to male should still automatically by invited for cervical screening.

for them, and also had anxiety about having tests/procedures which were discordant to their gender identity.

> *"Having smears is always a bit stressful. I have them at my GP surgery- the nurse practitioner does them. I have to remember when I last had one, because I don't get screening letters anymore because of being registered as male. It's easy to forget. They've always been good about it and done their best to make sure it's ok. But I'm very self-conscious about my genitals being different, and I wonder what they think really".*
>
> Trans masculine

The survey included 21 transgender women who had been invited for a cervical screening appointment (19 of whom did not attend the appointment). A third of trans masculine and non-binary people who said they had been invited for cervical screening did not attend.

Of the 28 trans masculine people who had attended a cervical screening appointment and answered the question, 18 (64%) said they were out about their identity at their appointment. Of the 34 non-binary people who had attended a cervical screening appointment and answered the question, 16 (47%) were out about their identity when they attended.

11. Gender Identity Clinics and Trans Health Care

Waiting Times

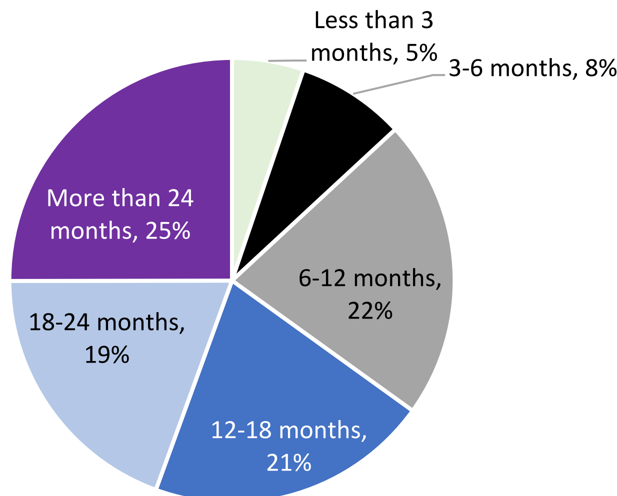
The qualitative research in 2019 highlighted huge frustration and dissatisfaction with the GIC in both Glasgow and Edinburgh. Waiting times for an initial appointment at that time were around 18 months. For those who had made the decision to medically transition, this was a long and difficult wait during which they largely felt unsupported. Many opted to seek private treatment for hormones or buy hormones on the internet. GIC staff also spoke about the problems caused by demand for their service greatly exceeding their capacity. Provision of services at the GIC was further constrained by a lack of specialists in gender dysphoria meaning that if any member of staff left or was on extended leave for any reason, there was a significant impact.

By the time of the 2021 survey, waiting times for the GIC had increased to approximately three years.

There were 271 trans and non-binary survey respondents who said they had ever been referred or self-referred to the Gender Identity Clinic (GIC). Of those who had ever been referred or self-referred, 46% were on the waiting list, 33% were currently attending the GIC, 17% were no longer using the service and 4% said their appointment had been cancelled due to COVID. Of those who had ever been referred, 28% had been referred more than 5 years ago, 51% had been referred within the last five years and 21% had been referred within the last year.

Of the 252 respondents who said how long they waited or have been waiting for a first appointment, nearly two in three (65%) said they waited or had been waiting for over a year, as shown below.

Figure 11.1 : How long did you wait or have been waiting to get a first appointment at the GIC?



Base: N=252

Those who had been waiting six months or more were asked to describe the impact this had on them. Descriptions echoed the accounts from the qualitative research, with mental health impacts by far the most commonly described. Many spoke of anxiety, depression and anguish caused by the prolonged wait and continued dysphoria. Some mentioned suicidal thoughts and self-harm. Examples are:

- *I constantly feel like I'm in limbo, it's very harrowing to feel myself ageing but not able to progress in my life. Every single day I regret not referring myself to a GIC when I first felt a discord between my physical body and gender as a young teen. But I couldn't have because I didn't know they existed until I was in my 20's. I see other trans people flying through their transitions, both here and abroad, and I'm still stuck in stasis. It's literal torture. I know where I need to be but the services operate at such a slow pace that it feels like I will never ever get there.*

- *It's been really tough. It took me enough time to fully understand myself, and now I face a long time to access the care I need. I am a person who menstruates, and every menstruation causes significant mental distress, often to the point of experiencing suicidal ideation as a result.*

- *I transitioned many years ago when the waiting times for a first GIC appointment were much shorter (I waited about 7 months). Even that shorter wait had a negative impact on my levels of depression, anxiety, self-harm and suicidal ideation. Getting to access a GIC and start on hormones was life saving for me, not just life enhancing. I don't think I would have managed to survive a 3 year wait like trans people currently face.*

- *I feel bad, I feel I'm in limbo with my life. I feel unsupported. I feel let down by the system . Gender dysphoria/ incongruence has got worse. Depression/low moods are more frequent. Anxiety levels have increased so much. I feel I am not getting access to advice I need - I am self medicating on estradiol and may be damaging my optimal chances of positive feminisation, but I could not wait on the snail pace of the NHS… My loneliness and isolation have got worse as I feel I cannot go out dressed as a woman as I need medical intervention. Sometimes I feel my life is not worth living. Having taken decades to act of life-long feelings being a woman internally, then deciding to act on it, only to be let down by hellishly long waiting lists... it takes a toll on your mental health and sense of purpose, ones quality of life. I am also gaining weight.*

- *Waiting for the NHS GIC has been debilitating to my physical, mental and financial well-being. I have had to seek alternative care from a private GIC and private surgeon, waiting for up to 3 years for a single first NHS appointment would have had the potential to end my life and I have zero doubt that it has ended the lives of many others.*

Other impacts included the severe financial impacts of seeking private treatment:

- *I essentially bankrupted myself paying for private treatment to keep me alive while I waited.*

- *I paid privately for surgery, which reduced my savings and has meant I am unable to put down a deposit on a home.*

- *I'm about £2,000 into private health services to make up for the absolute failure of the GIC. I absolutely cannot afford this and it is pushing me into debt. It makes me feel like I'm subhuman.*

- *I'm doing my best on my own but it's costing me thousands of pounds for hair removal and counselling. My savings are gone and I'm having to consider selling possessions because access to GICs is so poor, not to mention how poor my mental health is as a result of gender dysphoria.*

- *Considerable financial cost due to going private. I'm frightened for those without that opportunity. I don't know how I could live if I didn't have access to private trans healthcare given the lack of NHS support.*

- *I had to sell my car to access private GIC services. I was seen within 6 months and after three appointments prescribed hormones which has made a huge difference both mentally and physically.*

- *I have been waiting almost 3 years and have been told I will have to wait another 2 before getting my first NHS GIC appointment. I have gone private for diagnosis, treatment, and recently my GRS. This has cost me around £25,000.*

- *I now buy my hormones online without medical supervision and I have had to crowdfund to pay for private surgery. I am constantly incandescent with rage about this for myself and everyone I know in the same position.*

There were also some physical health impacts:

- *Physically, my binders are causing me pain but I can't stop wearing them because foregoing them feels even worse mentally and emotionally. I need top surgery but it's possible I have another 10 year wait, by which time, my ribs will probably be permanently misshapen.*

- *I have been unable to progress with my transition. I am often viewed as my assigned sex which causes me a great deal of anxiety and emotional stress. I have been binding for over 5 years now and the physical strain is starting to take toll on my body.*

- *I have felt frustrated because I can't even discuss whether or not being non-binary will allow me to access NHS treatment for top surgery. 2 years was my initial anticipated waiting time which I think is outrageous to access a service and seek advice. This waiting time has increased due to Covid leaving me feeling like I will never be seen. If I am, then I know that top surgery operations have also been postponed due to Covid and I understand why but this will only have exasperated the problem that already existed with these waiting times. I have been experiencing back issues due to wearing a binder which I am desperate to be free of.*

Accessing Support when Waiting for GIC Access

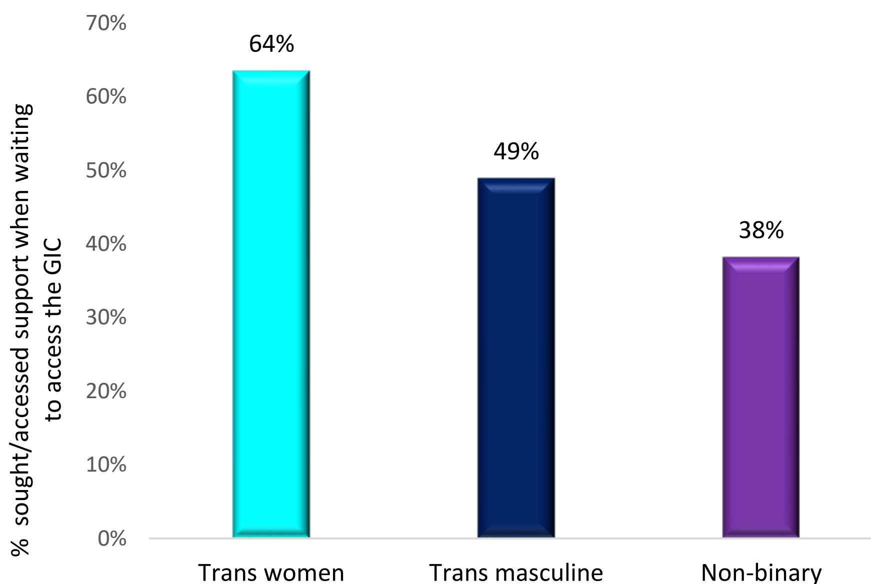
The qualitative research in 2019 showed that waiting time for specialist counselling service at the GIC was even longer than the wait for an initial appointment, and this too caused considerable distress and many trans people sought private counselling.

51%

Accessed support while waiting for a GIC appointment

In the survey, half (51%) of those referred to the GIC said that they sought or accessed support from any organisations or services when waiting to access the GIC. Trans women were the most likely to have sought or accessed support and non-binary people were the least likely.

Figure 11.2: Proportion Who Sought/Accesses Support When Waiting to Access the GIC by Gender Group



The most common places where people sought/accessed support when waiting to access the GIC were LGBT Health and Wellbeing, LGBT Youth Scotland, private gender clinics and mental health services.

Accessing Cross-Sex Hormones

The qualitative research found that trans people waiting to use GIC services had often sought alternative means to access hormones while they awaited NHS treatment.

In the survey, among those who had ever been referred/self-referred to the GIC:

- 15% had accessed cross-sex hormones online (not prescribed);
- 18% had accessed cross-sex hormones via a private prescription from a health professional.

Withholding Information from the GIC

The qualitative research found that among those who had accessed the GIC, there were often accounts of trans people hiding relevant information for fear that it would prevent access to hormone therapy and/or surgery. Most commonly, this included mental health problems, including depression, anxiety, self-harming and suicidal thoughts or attempts. Not only did trans people hide mental health problems from professionals at the GIC, they often did not seek help elsewhere because they expected or feared that the information would be shared with the GIC.

> *"I got diagnosed with an anxiety disorder, but I was seeing a uni therapist and he said that if I got diagnosed with depression or something like that, then that would mess up my transition because then the NHS could turn round and say that you're not in your right mind to be able to decide to go through the process. So even people I know who really need help, they don't reach out for it in case they get a diagnosis and then later on the gender clinic says you can't go through the process because of the diagnosis, and then you'll wait years and years longer again, to try and prove that you are trans."*
>
> Trans masculine

> *"Two of my three near misses with suicide occurred when I was under the care of the gender clinic. These are not things you can tell the gender clinic. I was terrified if I mentioned it they would refuse surgery".*
>
> Non-binary

Non-binary people who had accessed the GIC also hid their non-binary identity. The GIC service has stated that they are accepting of, and will facilitate transitions for, people with non-binary identities, but the perception of non-binary people themselves was that they had to present as if wishing to fully transition to a binary gender.

> *"I have never said anything about being anything other than a binary trans woman to the GIC or to anyone else in the NHS. I've been seeing a non-NHS therapist and I wouldn't say anything to her either. It's just the paranoia of it getting back to the* (GIC). *It's easier to pretend I'm binary".*
>
> Non-binary

In the survey, among those who had used the GIC, some had withheld information from GIC staff about:

- Self-harm (22%)
- Mental health issues (21%)
- Suicide attempts (18%)
- Their sexual orientation (10%)
- Their preferred gender identity (8% - nearly all of whom were trans masculine or non-binary).

Some survey respondents who had not hidden such information from GIC staff felt that full disclosure had not been beneficial:

> *"I tried to give honest information about my gender identity, sexual orientation and sexual status. However, the clinician made it clear I was giving the 'wrong' answers and I felt pressured to present as having a more binary and traditional hetero male identity".*
>
> Non-binary

> *"I was TOO open about my history of self harm and suicide and found my appointments being delayed due to fear from the medical staff".*
>
> Trans woman

The qualitative research identified some who had experience of having their GRS denied or postponed on mental health grounds, but it was felt that having surgery denied was itself of huge detriment to their mental health. Some felt that gender dysphoria as a *cause* of mental health problems was not appreciated enough and that often the most effective treatment was to proceed with medical and surgical transition.

> *"I was basically denied surgery because of my mental health –I was just told I wasn't mentally stable enough for surgery. I thought – in what way is withholding necessary healthcare going to improve anybody's mental health ever?"*
>
> Non-binary

Views of GIC Services

The qualitative research in 2019 showed that not only was there a long waiting time for initial consultation, but also additional frustration and distress caused by:

- Very long waits between appointments
- Long waits for appointments notes to be transcribed and letters sent
- Long waits for referrals, or referrals not being made
- Correspondence being addressed to previous name/gender identity, even after repeated corrections
- Being given inaccurate information/expectations of waiting times
- Various other clerical inefficiencies and errors

Some trans women were dissatisfied with the extent to which the GIC was able to provide services such as hair removal and wigs. It was felt that the courses of electrolysis available on the NHS were insufficient, and many had supplemented these with private treatment. A further complaint was that consultations for electrolysis involved having to go the clinic to be photographed with several days hair growth on their face, forcing some to be housebound for a period as they would not be seen in public with facial hair, and also causing considerable anxiety having to go to the clinic. Trans women felt that they should be able to submit their own photographs for this purpose. Some trans women also felt that it was unfair that wigs were not available on the NHS for those who had male pattern baldness:

> *"I enquired about getting a wig from the NHS and the doctor was like yes, absolutely – other women with hair loss would get one. A letter came back that said this is for natal females only. I have challenged that. It's another thing I have to self-fund. A colleague of mine who has hair loss – she gets it – but I don't. That's discrimination. But if I try to do*

something about that – I use the NHS for so many other things, you don't like to make too much of a fuss and don't want to be seen as a troublemaker when I'm so dependent on the gatekeeping of the GIC for everything else".

Trans women

A further issue of concern which was raised by service providers as well as trans people was the perception that rules around Body Mass Index (BMI) imposed by the GIC were unfair and unnecessary, where the GIC would prevent GRS if BMI was above a certain threshold. There was a suspicion that this was 'gatekeeping' and a means of cutting down the number of GRS patients.

Geographical constraints of GIC services were also an issue, with those living in rural areas having to travel large distances to use the GIC. There was a perception of inequality in service provision between Glasgow and Edinburgh, with those in Edinburgh feeling that the GIC in Glasgow offered a wider range of services. The lack of any GRS in Scotland meant that trans people had to travel to England not only for surgery but also for pre- and post-operative consultations.

"There are only two top surgeons in Manchester and they've obviously got the whole trans male community in Scotland to deal with. You have to go all the way down for them to look and say 'yeah, we'll give you surgery', and then you go all the way back down to get bloods and swabs taken. And then you go back down for your surgery. And then you go back two weeks later and they say 'yeah, it looks fine'. Surely some of that can be done locally even if the surgery is in Manchester[14]".

Trans masculine

The follow-up research in 2020 found that many trans and non-binary people had been impacted by the halt to the GIC services during the initial lockdown and some had had GRS cancelled or postponed, causing severe anxiety and uncertainty. A particular frustration was the lack of communication and the lack of clarity around expected timescales for accessing GIC services:

"Even before the pandemic, communication from the gender service was abysmal. As in maybe you get a letter when you're first referred if you're lucky and then maybe you get a letter confirming your appointment, but in that long two year wait, there's nothing- to update you on how you're moving up on the waiting list, or any updates about your likely wait time, no communication and there's never been a lot, and now the pandemic has made it worse so it's getting to a point where it's actually getting unbearable".

Trans masculine

"I ask my doctor occasionally, now we're finally getting a referral for GRS what sort of timescale realistically are we looking at, and her answer is just everything is taking so long now – that's not really helpful. As a patient, I

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[14] Patients now have a choice of providers outside of Manchester, but all trans surgery is still only available in England.

would like an indication of like which decade I will get a procedure in! Because that enables me to then say ok, am I willing to wait that long or do I need to find a way of financing this privately. It feels that I get no information, no respect".

Transgender woman

Communication about appointments and treatment appeared particularly chaotic during the pandemic, with many people saying they had to be very pro-active to seek information, and those who did not feel capable of pushing for information felt somewhat adrift.

"I had my top surgery with Manchester in December. I was supposed to have my 6 months follow up in June. I had to look for the information myself because I knew going down to Manchester wasn't possible in lockdown. Eventually I found some information saying 'they'll just phone you' but I knew they didn't have a mobile number for me, just a landline which can't do video calls. I managed to get a different number to them so I could do the video call, but the actual contact from them, was just that on the day, an hour before the original appointment time, they said they were going to be calling in an hour to do a video call. If I hadn't managed to find all that info myself, I wouldn't have known what was happening at all. I might have even assumed that they wanted me to be in Manchester. They hadn't said it was cancelled or changed or told me anything about it".

Trans masculine

"My gender treatment has reached a plateau in terms of I'm on hormones, I'm waiting for surgery, that was due to happen this summer, hasn't happened, but I'm not seeing anyone at the gender clinic right now and haven't seen anyone since February, so I actually feel kind of adrift from them right now. I've seen my GP a couple of times, but with the gender clinic I haven't had so much as a phone call. I was seeing them quarterly, which felt like enough to keep me tied into them without being over the top. I appreciate that it might not seem like it's necessary for me to be seeing someone, but at the same time it's quite frightening suddenly being cast adrift from a service that is there to help you along and guide you in the right direction. I have real issues with phoning people. But I might try to phone them just to see if I'm still on their books. Because I don't want to be cast off and then have to go back into the waiting system again".

Non-binary

When the GIC services began offering video appointments, service users felt this worked well. They had been satisfied with the process, the quality of service provision provided remotely, and the outcomes of consultations.

One non-binary participant spoke of a perceived change in attitudes of GIC staff who would previously (pre-pandemic) try to persuade them to spend more time physically interacting outside the home:

"I've noticed that the expectations of the medical people around me has changed, and for me that's been much easier. They've stopped trying to force me to go out to do things. That meant I wasn't having to fight that battle, and then I could put those spoons (mental energy) *back into my life*

at home. So I was able to do more craft stuff and other things that make me feel better. It's something I tried to explain to them before, but they didn't really get and I expect they still don't. But it's been a relief to finally be allowed to put my energy into the things that are most useful. I think they (medical professionals) *will have a lot more people* (post-COVID) *who have difficulty going out and it'll be more prevalent and I suspect that will change their perception from it* (going out) *being something that I shouldn't find as difficult or must do to be ok, to a thing that's more generally a thing people find hard".*

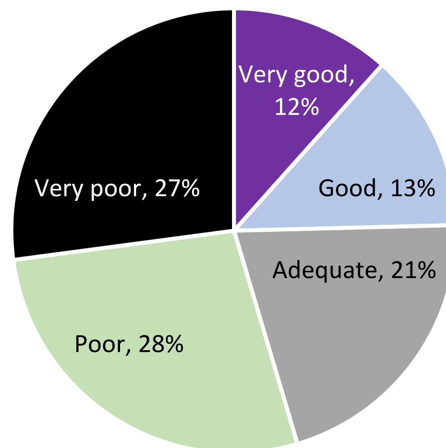
Non-binary

The survey asked those who had been referred to the GIC how they would rate their experience at the GIC. Just one in four (25%) rated their experience as good or very good.

25%

Rated the GIC positively

Figure 11.3: How would you rate your experience at the GIC?



Base: N=207

Overall, many trans and non-binary people asserted huge frustration in the waiting lists and services offered by the GIC, and a common feeling overall was that trans healthcare was not fit for purpose, and it was common for qualitative research participants and survey respondents to use terms such as 'dehumanising' to describe how their attempts to access treatment made them feel. Comments made in the survey included:

- *I feel as if I am in limbo, constantly waiting. Moreover, I have zero confidence in the GIC process if I ever do get through the waiting list. This does not feel like a system designed to help trans people but rather to wear us down.*

- *Having lived bi gendered for many years and finally feeling that I can finally live as the female version of myself and so knowing the direction I want to proceed surgically but needing the validation of professionals who are out of reach and inaccessible is frustrating. Knowing the waiting lists are at least 44 months to get an initial appointment before support to transition will even be offered is highly depressing and*

then seeing the hurdles that will then be presented will mean a further 12-24 months on HRT before GCS will even be considered is heart breaking. The lack of communication and ability to self determine is a realisation that although society is becoming more accepting there is still a long way to go before the access to treatments we need to be the real US are considered normal.

- *My GP is under a delusion that the GIC in Glasgow is functional and I have to buy my medication online due to the utter lack of support the GIC has. Even if I got there, the procedures for HRT seem so outdated from what I've heard that I'd rather trust my own research than an actual doctor.*

- *I was given no support, no assistance, and no idea when or even actually if I would ever be seen. The waiting process was utterly horrendous, hence why I started taking HRT bought online. When I told my doctor about this and asked for a bridging prescription - as was somewhat their duty of care - they agreed to do blood tests, but refused to provide the requested prescription; whenever I get blood tests taken, I also get given a lecture on why I shouldn't take hormones I bought online, but with them refusing to prescribe and no idea when the GIC will even get around to me, I have no actual choice. These are vital life-saving medicines for me, and I don't feel I am asking too much when I request actual real support and not platitudes or lectures.*

- *I'm about £2,000 into private health services to make up for the absolute failure of the GIC. I absolutely cannot afford this and it is pushing me into debt. It makes me feel like I'm subhuman, like the system could not give a f*** about me in the slightest.*

- *I've been extremely frustrated and feel as though the NHS doesn't care that much. I believe the ethos is 12-16 weeks any patient should see a specialist service and this hasn't happened for me and my expected wait time is 3 years plus, then work up tests etc so would like be 3.5-5 years before I was able to access surgical or HRT options.*

- *It's been horrible, I've had to go private because the NHS waiting lists are 3+ years. It's absolutely pathetic. I've had to do all of this own my own with the help of my GP I've had to spend money that I didn't have because the NHS has failed me. And even if I do get an appointment, the way it all works is wrong we as trans people shouldn't have to prove to anyone that we are trans and we shouldn't have to sit in front of a board of strangers just so we can be recognised as who we are.*

The need for an overhaul of trans health care and a more equitable heath care system was stressed by trans people in the 2020 qualitative research:

> *"You need to have a certain amount of political bravery which says trans people deserve the same quality of healthcare as cis people do. There's no reason why we should have a separate system of healthcare that takes years to get an initial assessment".*
>
> Transgender woman

12. Concluding Comments

The main report which sets out the full health needs assessment of LGBT+ people concludes with a set of 41 recommendations. These are based on the findings from all components of the health needs assessment and were developed at a stakeholder event with 160 attendees from across Scotland in March 2022. These recommendations are grouped under nine headings:

1. LGBT+ spaces for socialising without a focus on alcohol
2. LGBT+ education in schools
3. Training for health and other staff
4. Mental health waiting lists and appropriate services
5. Improvements to the GIC
6. More services being visibly LGBT+ inclusive
7. Support for LGBT+ victims of domestic abuse and sexual violence
8. Provision of inclusive facilities and opportunities for sport and physical activity
9. Provision for asylum seekers.

These recommended areas for improvement and the detailed recommendations set out in the main report are all relevant to improving the lives of transgender and non-binary people, and the recommendations around improving the GIC are specific to this group.

The Scottish Government has committed to improving Gender Identity Services through to 2024, and as part of this commitment, the NHS Gender Identity Services Strategic Action Framework was published in December 2021. A National Gender Identity Healthcare Reference Group has been established to oversee the commitments set out in the Framework. This supplementary report on the findings specific to trans and non-binary people from the wider LGBT+ health needs assessment has been funded by the Scottish Government in order to inform the work of the Reference Group. Indeed, the commissioning of this report was one of 17 commitments detailed in the Framework. The Reference Group will consider the findings presented here, together with other evidence, in order to inform gender identity healthcare reform.