

**Derbyshire Friend in partnership with
Derby City PCT and Derbyshire County PCT**

**Lesbian Gay Bisexual & Trans
Health and Well-being Needs
Assessment**

Introduction

This survey was carried out by Derbyshire Friend working in partnership with Derby City PCT and Derbyshire County PCT in order to try and gain local data on the health and well-being of Lesbian, Gay, Bisexual and Trans people across the county. This was in response to data from other research such as Stonewalls' Gay Men's Health Survey (2012) and Prescription for Change (2007) which shows health inequalities for these groups of people. The survey offered an opportunity to see if these inequalities exist for local LGBT people and to gain data that could be used for the development of health services.

These findings are quantitative data from the survey, which gained a total of 331 respondents. The survey was available electronically online and in paper format at the 2012 pride events and other community events.

Main findings

Demographics

Geographical Spread

The survey had respondents from across Derbyshire, with 47% from Derby City, and the rest spread across the County. There were a notably high number of respondents from Amber valley (15.5%) and a low response rate from Bolsover and the High Peak areas.

Age/gender differences

The age of respondents ranged from 13 to 70 years. Just over a third was young people aged below 25. The lowest respondent age group was the over 65's with under 3 % (9) respondents.

| | |
|-----------------|-----|
| Under 16 | 17 |
| Under 18 | 55 |
| 18-24 | 60 |
| Under 25 | 115 |
| 25-34 | 50 |
| 35-44 | 63 |
| 45-54 | 62 |
| 55-64 | 25 |
| 65+ | 9 |

Sexual orientation

The sexual orientation of the respondents was well spread, although there were a higher number of heterosexual respondents than expected; this can be used to compare health and well-being issue amongst respondents but should not be thought of as representative of the general population.

| | |
|--------------------------|-------------|
| Lesbian/Gay woman | 84 (26.8%) |
| Gay man | 113 (36.1%) |
| Bisexual | 51 (16.3%) |
| Heterosexual | 65 (20.8%) |

Gender identity

44 respondents identified as Trans with their gender at birth and the gender they consider themselves differing. Of these 15 identified as Trans Men and 28 identified as Trans women and 1 identifying in another way.

Long-term illness, health problem or disability

22% of those that completed the survey said they had a long-term illness, health problem or disability and of these 27% were registered as disabled.

Marital status

For the majority of the respondents they defined their marital status as single (51%), with 21.7% being married or in a civil partnership and 16% described themselves as living with someone.

Carers

Of those who answered (326) 29.6% have some caring responsibility as they look after, give help and support to family members or friends. 42.5% of these were caring for someone due to physical or mental health or disability and 35% due to problems related to old age.

Children

19% of survey participants have children with 27% of parents being Lesbian and 17% Gay men. A further 17% of respondents plan to have children in the future – the sexual orientation of those being: Lesbian 41.2%, Gay men 19%, and Bisexual 27.5%.

General Health and Well-being

The majority (63.5%) of people described their health as either very good or good, and only 8.9% reporting it to be poor or very poor.

Body Mass Index

The Survey responses show that the Body Mass Indexes of LGBT people are increased at the extremes, with Gay men being nearly four times more likely to have a BMI of less than 19 which is considered to be underweight, the survey revealed increased rates in this category for Lesbians and Bisexuals too. At the other end of the scale there are higher rates of BMI's considered obese and morbidly obese. It is important to mention that these are not accurate BMI scores as individuals were required to estimate their height and weight to calculate their BMI.

| | Under 19 | Healthy | Over weight | Obese | Morbidly obese | Obese including morbidly obese |
|----------------------------|-----------------|----------------|--------------------|--------------|-----------------------|---------------------------------------|
| General population | 2.3% | 36.4% | 38.3% | N/A | N/A | 23% |
| All (222) | 17 (7.6%) | 89 (40%) | 61 (27%) | 45 (20%) | 10 (4.5%) | 24.5% |
| Bisexual | 2 (4.7%) | 19 (45.2%) | 14 (33.3%) | 7 (16.7%) | 0 (0%) | 16.7% |
| Gay men | 10 (10%) | 35 (35%) | 29 (29%) | 23 (23%) | 4 (4%) | 27% |
| Lesbian / Gay women | 5 (6.3%) | 35 (44.3%) | 18 (22.8%) | 15 (18.9%) | 6 (7.6%) | 26.5% |

Aging

Over 40% of people had concerns about aging, with being alone, isolated or lonely (58%) and Poor health (61%) being the things that concerned people the most.

5 a day

When asked about the frequency of eating the recommended 5 portions of fruit and vegetables per day: 45.8% of Lesbian women reported eating 5 a day on four or more days a week, whilst 27.7% of Lesbian women are only eating the recommended amount once a week or less.

Gay men state that 40% are eating 5 portions of fruit and vegetables a day on four or more days a week, whilst nearly a third (32%) of them are eating the recommended amount once a week or less.

45% of Bisexual respondents are eating 5 portions of fruit and vegetables a day on four or more days a week, and of particular concern over a third (37%) of Bisexuals are eating the recommended amount only once a week or less.

Over 23% of participants' state they rarely or never eat the recommended 5 portions, with Gay men least likely too, followed by Bisexuals and then Lesbians to most likely to.

Exercise

Participants were asked to specify how often they exercised the recommended minimum of 30 minutes on 5 or more days a week; 55% of Lesbians stated they sometimes, rarely or never meet the minimum. With less than a quarter (22.9%) reporting they do every week.

Gay men indicated that 51% of them sometimes, rarely or never exercised the recommended minimum and only a third (31%) stating they meet this every week.

Bisexual respondents revealed that 58% of them sometimes, rarely or never exercise the recommended minimum and 28% achieve this every week.

Smoking

A large proportion of the survey participants were smokers (54.5%), which is more than double the national average. Lesbian women, Gay men and Bisexuals smoking rates are higher than average with Gay men having the highest rate. 10% of Gay men said they smoked over 20 cigarettes a day as did 6% of Bisexuals.

| | Never smoked | Smoke | Smoker 20+ per day |
|--------------------------|--------------|-------------|--------------------|
| All participants | 45.5% (148) | 54.5% (109) | 4.3% (14) |
| Lesbian/Gay women | 50.6% (42) | 27.6%(23) | 0% |
| Gay Men | 44.5% (49) | 39% (43) | 10% (11) |
| Bisexual | 46% (23) | 30% (15) | 6% (3) |

Alcohol

Alcohol consumption frequency shows that Bisexuals again show higher rates of more frequent drinking habits.

| | 4 or more times a week | 2-3 times a week | 2-4 times a month | Monthly or less | Never |
|--------------------------|-------------------------------|-------------------------|--------------------------|------------------------|--------------|
| All participants | 27 (8.3%) | 72 (22.2%) | 91 (28%) | 85 (26.2%) | 50 (15.4%) |
| Under 18's | 3 (5.6%) | 4 (7.5%) | 23 (43.3%) | 13 (24.5%) | 10 (18%) |
| Bisexual | 5 (9.8%) | 13 (25.5%) | 10 (19.6%) | 11 (21.5%) | 12 (23.5%) |
| Gay men | 11 (9.7%) | 24 (21.2%) | 35 (30.9%) | 27 (23.8%) | 16 (14.1%) |
| Lesbian/Gay woman | 5 (6%) | 21 (25%) | 22 (26%) | 26 (31%) | 10 (11.9%) |

Drugs

Surprisingly low drug use compared to other studies of lgbt with the majority of people claiming never to have taken the drugs listed in the survey.

42% of participants reported having tried cannabis at least once and 3.6% use it on a regular basis

For Amyl nitrate (poppers) 29% reported having taken it at some point and 9.2% use it at least occasionally.

The survey may not give a representative view of drug use by the LGBT population as we feel those most likely to have reported regular drug use may not have taken part or have been honest about this, due to possible consequences. In order to gain a more accurate picture we would recommend a more targeted survey be carried out.

Mental & Emotional Health

Emotional well-being

Trouble sleeping - Overall a third of participants reporting having trouble sleeping either very often or often, this was considerably higher for Bisexuals at 55%. A further 28.4% of participants say they sometimes did had trouble sleeping.

Feeling down, worried or overwhelmed – over a quarter of participants feel down worried or overwhelmed either often or very often. This was considerably higher for Bisexuals at 43.7%.

| | Never | Rarely | Sometimes | Often | Very often |
|--------------------------|------------|------------|-------------|------------|------------|
| All | 30 (10.1%) | 76 (25.6%) | 114 (38.4%) | 48 (16.2%) | 29 (9.8%) |
| Lesbian/Gay woman | 7 (8.5%) | 21 (25.6%) | 35 (42.7%) | 14 (17.1%) | 5 (6.1%) |
| Gay man | 12(11.4%) | 25 (23.8%) | 43 (41%) | 16 (15.2%) | 9 (8.6%) |
| Bisexual | 2 (4.2%) | 7 (14.6%) | 18 (37.5%) | 10 (20.8%) | 11 (22.9%) |

Panic attacks - Following the same trend Bisexuals reported much higher rates of panic attacks at 21.2% either often or very often. This compares to 8.8% for Lesbian and Gay women, and 5.8% for Gay men.

Feeling lonely – Overall 21.5% participants reported feeling lonely or wished they had someone to talk to either often or very often. This rate was double this for Bisexuals at 43.2% and lower for Lesbian and Gay women at 14.8%.

Mental health condition

Participants reported varying rates of diagnosed mental health conditions with Gay men (23.6%) slightly below the national average of 25% but Lesbian and Gay women were above at 37.9%, and Bisexuals were at almost double the national average at 48%. Those who identified as Trans reported that 26% of them had been diagnosed with a mental health condition; this compares lower than other research has shown.

Suicidal thoughts

The rates of suicidal thoughts for participants in this survey were worryingly high, with Bisexuals reporting the highest levels overall.

| | No, never | In the last 12 months | Yes , over a year ago |
|--------------------------|------------------|------------------------------|------------------------------|
| All | 151 (50%) | 58 (19.2%) | 93 (30.8%) |
| Lesbian/Gay women | 37 (46.3%) | 15 (18.8%) | 28 (35%) |
| Gay men | 55 (50.5%) | 18 (16.5%) | 36 (33%) |
| Bisexuals | 16 (32.7%) | 15 (30.6%) | 18 (36.7%) |
| Trans | 19 (44%) | 11 (25.6%) | 13 (30.2%) |

Suicide attempts

The reported rate of individuals attempting to take their own lives was higher than figures for the general population and reflects national research of LGB people. In particular the rates for Bisexual people were very high at 34% having attempted to take their own life at some point and 14% having done this in the last year.

| | No, never | In the last 12 months | Yes , over a year ago |
|--------------------------|------------------|------------------------------|------------------------------|
| All | 236 (77.4%) | 15 (4.9%) | 54 (17.7%) |
| Lesbian/Gay women | 62 (77.5%) | 1 (1.3%) | 17(21.3%) |
| Gay men | 88 (80%) | 3 (2.7%) | 19 (17.3%) |
| Bisexuals | 33 (66%) | 7 (14%) | 10 (20%) |

Self harm

A similar picture is indicated for self harm, with LGB people displaying increased rates at 22.6% compared to the rates of the general population of 0.4%. Of the Lesbian and Gay women who responded 43% had self harmed at some point in their lives, 19% of Gay men had and 57% of Bisexual people. For those identifying as Trans 32% had self harmed in their lives.

| | No, never | In the last 12 months | Yes , over a year ago |
|--------------------------|-------------|-----------------------|-----------------------|
| All | 197 (65.4%) | 40 (13.3%) | 64 (21.3%) |
| Lesbian/Gay women | 45 (57%) | 8 (10.1%) | 26 (32.9%) |
| Gay men | 89 (80.9%) | 9 (8.2%) | 12 (10.9%) |
| Bisexuals | 21 (42.9%) | 14 (28.6%) | 14 (28.6%) |
| Trans | 38 (67.8%) | 9 (16%) | 9 (16%) |

Feelings about yourself

Most people reported feeling happy either often or very often 67.9%, with 27.6% sometimes and only 3.7% rarely or .9% never.

| | Very Often | Often | Sometimes | Rarely | Never |
|--------------------------|------------|-------------|------------|-----------|----------|
| All | 94 (30.8%) | 117 (38.4%) | 81 (26.6%) | 10 (3.3%) | 3 (1%) |
| Lesbian/Gay Women | 23 (28.7%) | 32 (40%) | 21 (26.3%) | 3 (3.8%) | 1 (1.3%) |
| Gay men | 33 (29.7%) | 44 (39.6%) | 32 (28.8%) | 2 (1.8%) | 0 |
| Bisexuals | 14 (28.6%) | 14 (28.6%) | 15 (30.6%) | 4 (8.2%) | 2 (4.1%) |

Pride

50% of participants were often or very often proud of themselves or something they had done, whilst 15.8% reported rarely feeling this way and 2.2% never feel this.

| | Very Often | Often | Sometimes | Rarely | Never |
|--------------------------|------------|------------|------------|------------|-----------|
| All | 69 (22.7%) | 91 (29.9%) | 92 (30.3%) | 45 (14.8%) | 7 (2.3%) |
| Lesbian/Gay Women | 17 (21%) | 26 (32%) | 24 (29.6%) | 12 (14.8%) | 2 (2.5%) |
| Gay men | 22 (20%) | 35 (32%) | 38 (34.5%) | 15 (13.6%) | 0 |
| Bisexuals | 12 (24.5%) | 10 (20.4%) | 12 (24.5%) | 10 (20.4%) | 5 (10.2%) |

Confidence

When participants were asked if they ever stop themselves doing something because of a lack confidence: overall 37.4% stated they did this often or very often, this was higher for Bisexuals at 47.8%. Those that rarely or never stopped themselves doing something because of a lack of confidence were 29.2% of all participants but just 12% of Bisexuals.

| | Very Often | Often | Sometimes | Rarely | Never |
|--------------------------|-------------------|--------------|------------------|---------------|--------------|
| All | 34 (11.4%) | 73 (24.5%) | 100 (33.6%) | 75 (25.2%) | 16 (5.4%) |
| Lesbian/Gay Women | 6 (7.9%) | 18 (23.7%) | 26 (34.2%) | 21 (27.6%) | 5 (6.6%) |
| Gay men | 13 (11.7%) | 24 (21.6%) | 41 (36.9%) | 29 (26%) | 4 (3.6%) |
| Bisexuals | 9 (18.8%) | 14 (29%) | 19 (39.6%) | 5 (10%) | 1 (2%) |

Lesbian and Gay women reported the highest levels of confidence to do everything they wanted at 40.8% although nearly a quarter still reported rarely or never feeling confident enough to do everything they want to do. The group showing the lowest levels of confidence to do everything they want to, were Bisexuals at 40.8% either rarely or never feeling confident enough.

| | Very Often | Often | Sometimes | Rarely | Never |
|--------------------------|-------------------|--------------|------------------|---------------|--------------|
| All | 47 (15.5%) | 73 (24%) | 100 (32.9%) | 66 (21.7%) | 18 (5.9%) |
| Lesbian/Gay Women | 14 (17.3%) | 19 (23.5%) | 28 (34.6%) | 16 (19.8%) | 4 (4.9%) |
| Gay men | 14 (12.7%) | 26 (23.6%) | 44 (40%) | 22 (20%) | 4 (3.6%) |
| Bisexuals | 5 (10.2%) | 10 (20.4%) | 14 (26.8%) | 12 (24.5%) | 8 (16.3%) |

Body & eating

Worry about eating

Many lgbt people worry about what they eat; 65% Bisexuals, 54.3% of Lesbian and Gay women and 46.4% of Gay men report concern.

At least a quarter of LGBT people are concerned that they cannot control their eating, with Bisexual people most worried at 40.8%, followed by Lesbian and Gay women (32%) and then Gay men (27.9%).

Participants reported diagnosed rate of eating disorders at 16.3% for Bisexuals, 4.5% for Gay men and 1.3% for Lesbian and Gay women these rates are much higher than for the general population.

Nearly a third of people have been told they have a problem with eating by someone else, and this is higher for Bisexuals at 52%.

44.8% people have been told they have a weight problem by someone else, of these 15.9% had been told this by their GP, although nearly as many (13.3%) had been told it by a family member. Bisexuals reported that 50% of them had been told this, 23.9% by their GP and 13% by a family member.

Body image

When asked if participants were happy with their height and weight 34.4% agreed or strongly agree, whilst 47.4% disagree or strongly disagree. Again Bisexuals showed least satisfaction with their height and weight with 32.8% strongly disagreeing and a further 26.5% disagreeing.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--------------------------|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| All | 51 (16.7%) | 92 (30%) | 58 (19%) | 73 (24%) | 32 (10%) |
| Lesbian/Gay Women | 13 (16%) | 25 (31%) | 16 (19.8%) | 18 (22%) | 9 (11%) |
| Gay men | 13 (11.7%) | 32 (28.8%) | 24 (21.6%) | 31 (28%) | 11 (10%) |
| Bisexuals | 16 (32.8%) | 13 (26.5%) | 7 (14.3%) | 8 (16.3%) | 5 (10.2%) |

Ratings for how happy individuals were with the way they look followed a similar pattern to the previous question.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--------------------------|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| All | 37 (12%) | 84 (27.5%) | 65 (21.2%) | 101 (33%) | 19 (6.2%) |
| Lesbian/Gay Women | 7 (8.6%) | 26 (32%) | 17 (21%) | 24 (29.6%) | 7 (8.6%) |
| Gay men | 11 (10%) | 28 (25.2%) | 26 (23.4%) | 40 (36%) | 6 (5.4%) |
| Bisexuals | 13 (26.5%) | 15 (30.6%) | 8 (16.3%) | 12 (24.5%) | 1 (2%) |

Over half of participants wished their physical difference was different, the highest being Gay men and Bisexuals at 58% and 59.2% respectively.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--------------------------|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| All | 25 (8.2%) | 51 (16.7%) | 69 (22.5%) | 113 (37%) | 48 (15.7%) |
| Lesbian/Gay Women | 6 (7.5%) | 15 (18.8%) | 19 (23.8%) | 30 (37.5%) | 10 (12.5%) |
| Gay men | 7 (6.3%) | 16 (14.3%) | 24 (21.4%) | 51 (45.5%) | 14 (12.5%) |
| Bisexuals | 5 (10.2%) | 4 (8.2%) | 11 (22.4%) | 15 (30.6%) | 14 (28.6%) |

Many participants were dissatisfied with their body and when asked 63.8% of Bisexuals, 62.8% of Gay men and 51.3% of Lesbians and Gay women wished their body was different.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--------------------------|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| All | 32 (10.6%) | 46 (15.2%) | 53 (17.5%) | 114 (37.7%) | 57 (18.9%) |
| Lesbian/Gay Women | 8 (10%) | 17 (21.3%) | 14 (17.5%) | 31 (38.8%) | 10 (12.5%) |
| Gay men | 9 (8.2%) | 12 (10.9%) | 20 (18.2%) | 50 (45.5%) | 19 (17.3%) |
| Bisexuals | 6 (12.8%) | 3 (6.4%) | 8 (17%) | 12 (25.5%) | 18 (38.3%) |

Lesbian women reported higher rates of dissatisfaction with their face and hair at 60.4% followed by Bisexuals at 57.2% and then Gay men at 52.7%.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--------------------------|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| All | 41 (13.5%) | 60 (19.7%) | 65 (21.4%) | 101 (33.2%) | 37 (12.2%) |
| Lesbian/Gay Women | 12 (14.8%) | 19 (23.5%) | 22 (27.2%) | 21 (25.9%) | 7 (8.6%) |
| Gay men | 12 (10.2%) | 17 (15.5%) | 23 (20.9%) | 46 (41.8%) | 12 (10.9%) |
| Bisexuals | 4 (8.2%) | 6 (12.2%) | 11 (22.4%) | 16 (32.7%) | 12 (24.5%) |

The pattern of poor body image continued when participants were asked if they considered themselves to be good looking with over a third of people stating they did not feel this to be true and around a fifth feeling able to agree with this statement.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--------------------------|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| All | 49 (16.1%) | 59 (19.4%) | 131 (43.1%) | 54 (17.8%) | 11 (3.6%) |
| Lesbian/Gay Women | 8 (9.9%) | 23 (28.4%) | 35 (43.2%) | 13 (16%) | 2 (2.5%) |
| Gay men | 13 (11.7%) | 22 (19.8%) | 52 (46.8%) | 20 (18%) | 4 (3.6%) |
| Bisexuals | 17 (35.4%) | 2 (4.2%) | 19 (39.6%) | 9 (18.8%) | 1 (2.1%) |

Sexual Health

STI testing

62% of Lesbian and Gay women said they'd never been tested for a sexually Transmitted infection, this seem to reflect the reported misconceptions that this group of women do not need testing. Of Bisexuals 31% said they had not been tested and 27% Gay men have not been.

When asked why they had not been tested 70% said they did not think they had put themselves at risk. This was followed by the reason of never having been offered a test at 23.9%.

HIV tests

When asked of participants had ever been tested for HIV 57.9% reported they had never been tested, and 6.6% having had more than 5 tests. For Gay men the rate was lower for having never been tested, at 36.7% and 17.4% reporting having had 3-5 tests and 14.7% having had over 5 tests. Over half (56.35) of Bisexuals reported having never had a HIV test.

For those that had never been tested were asked why with over a third stating they had never been offered a test and 60.5% stating they didn't think they had put themselves at risk. Only 3.3% said they didn't know where to go to get tested and 2% said they were too embarrassed. For Gay men, only 16.2% said they had never been offered a test but 8.1% said they don't know where to get tested. Bisexual respondents' reported that 52.2% had never been offered a test and 47.8% not thinking they had put themselves at risk.

Of those tested 75.8% said they had been tested as part of regular sexual health screening, however 22.6% were tested due to unprotected sex. 6.1% were tested as they had had unprotected sex with someone whose status they did not know, these were all Gay men, this could imply they knew the person they had sex with was HIV positive.

Very few people answered the question on whether they knew what PEP was, with just 7 people saying they did know and 22 people stating they did not know. The reasons for not answering this question could include embarrassment about not knowing what PEP was, a lack of understanding of what was being asked or that the question was missed in the survey for some reason.

Women

Just over half (55.5%) of the women asked had had a cervical smear test, and of those who had not been tested 80% stated this was because they were under the age of 25 when testing is routinely offered. However, only 58.5% of Lesbian and Gay women saying they had not been tested because they were under the age of 25,

They gave other reasons such as didn't think I needed a test because of my sexual orientation (17.6%) too. Over a fifth of Lesbian and Gay women also reported embarrassment as their reason for not going for a cervical smear test.

When asked about breast checks, most women reported that they do check themselves for lumps and changes, although under a third (32.6%) are checking every month as recommended. Only 7.4% reported not checking their breasts at all currently.

Bowel cancer

For those over the age of 60 only 12.9% had been screened for bowel cancer.

Men

When asked if they regularly check their testicles for lumps or changes, a quarter reported checking monthly and 6.5% don't currently check at all.

Accessing services

Overall 97.2% of Participants were registered with a GP and of those 48.2% were out to him or her. 42% reported a positive response from their GP when they came out and 1.5% reported a negative response. Some concern is raised by the reported 56.4% who felt their GP was indifferent in their response.

76.8% of participant's accessed healthcare services in the last year and of these 89% felt they were treated with dignity and respect, 77.1% were offered choice about treatment and place of treatment, and 81.8% felt informed and supported to be as involved as they wished to be in their diagnosis and decision about care.

However, 24% felt they had had a negative experience in the last year and 25.7% of those said it was related to their sexual orientation or gender identity. Of those who reported a negative experience 44.4% complained and of these 62.5% did not think their complaint had been dealt with respectfully or efficiently.

In last year 24.4% had discussed their sexual orientation or gender identity with a healthcare professional. Of those who had not discussed this 82.2% stated it was because they did not think they needed to. Only 4.7% didn't because they thought they'd get a negative response. Of those who had discussed their sexual orientation or gender identity half felt the professional's response was positive and 87.1% felt it was acknowledged and appropriate language was used.

Trans

18 Trans people answered the questions specifically for Trans participants, this represents 5% of respondents.

Half of these felt their GP gave them information relevant to their gender identity. 27.8% said their GP did not give them information relevant to their gender identity and a further 22.2% said relevant information was given some of the time.

The majority (83.3%) had been referred to services or treatment related to gender identity, whilst 27.8% had been refused services or treatment relevant to gender identity at some point.

Encouragingly 61.1% of Trans respondents rated health services they receive in relation to their gender identity as either good or very good. 16.7% still rated these services as poor though.

General Experience

Participants made many comments about what was working well in health care services, in particular, access, referrals by GP's, and information were mentioned more than once. Specific centres and practices have been named as places of particular good care; further research could investigate what makes the care and services at specific places better experiences for individuals. Full responses can be viewed in appendix I.

The most mentioned things participants felt could be improved in healthcare services were access to GP's, Mental Health support, waiting times, healthcare staff listening to patients and assumptions about peoples sexual orientation or gender identity.

Summary

This needs assessment has shown that the LGBT population Derbyshire has increased needs in a number of health areas as reported previously in research of similar groups. In particular the needs of Bisexuals have been repeatedly higher in a number of health areas.

The Body Mass Index of LGBT people are more likely to be at the extreme ends of weight, with increased rates of being underweight and obese. Further work needs to be done to gain more accurate measures of the LGBT population in Derbyshire. Monitoring of LGBT people by healthcare services could provide a clearer picture.

There is work to be done relating to healthy lifestyles, with between 27-37% of LGBT people reporting they are only eating the recommended minimum of 5-a-day only once or less a week. Over half of LGBT people report doing the recommended minimum for exercise only once or less times a week and overall 69% are not meeting the minimum recommendations. In addition to this the smoking rates for

LGBT people were higher and in some cases double that of the general population. Targeted programmes and services may increase healthy lifestyles for these groups.

The self confidence, emotional well-being and body image of LGBT people could be greatly improved, in particular for those identifying as Bisexual.

Lesbian and Gay women and Bisexuals reported poor mental health rates, further research in to the reasons for this need to be carried out.

The rates of suicidal thoughts, suicide attempts and self harm are greatly increased in the LGBT respondents, in particular for Bisexual respondents.

High levels of poor body image were reported by LGBT respondents; further work needs to be carried out to see if this is linked to other areas such as healthy lifestyles, BMI, emotional or mental health.

The area that failed to replicate that of national studies was around drug use, this may have been for a number of reasons and the respondents gained in this survey; more specific research needs to be carried out in this area to gain a more representative view.

Over a third of Gay men taking part in the survey report never having been tested for HIV.

There is further education required relating to checking breasts or testicles on a regular basis.

There is still work for healthcare services to do in ensuring people do not have negative experiences when accessing healthcare services because of their sexual orientation or gender identity.

Over a quarter of Trans people do not feel their GP gives them information relevant to their gender identity, this may be to a lack of knowledge or awareness; training for GP's could help improve this. Good practice from centres of excellent service should be shared.

When LGBT people accessing healthcare services discuss their sexual orientation or gender identity with a healthcare provider there is the opportunity for people to feel the response they get is more positive.

Healthcare providers need to improve the response for LGBT people accessing healthcare services who discuss their sexual orientation or gender identity.

Further work needs to be carried out to accurately access the needs of older LGBT people in Derbyshire as the response rate for this group was low.

Appendix I

Full responses to the questions on what is working well and what could be developed in healthcare services.

What is working well in healthcare services?

| |
|---|
| GP is supportive |
| Its free |
| Access to an understanding GP |
| They make people feel well again |
| Main hospital services |
| Everything for me |
| Considering government cuts to funding, many staff still trying to do their best |
| I rarely attend health services |
| Quick appointments available. Good telephone consultation. Individual GP always understanding. |
| Open to changes to services. |
| Better GP access |
| Referrals to hospital for tests or treatment by GPs Treatment in hospital |
| Professionalism and confidentiality |
| MS Clinic at North Staffs Hospital are generally good, put always seem pushed for time. |
| What works very well within the healthcare services, is when you come across GP's who treat you like a human being! To initially approach anyone regarding your gender identity is difficult, so speaking to someone who takes the time to listen and also makes the effort to research your situation is vital! For the GP's who do this, I would say that they are what is working well in the healthcare services! |
| Referrals from GP to another professional |
| Great care |
| Access health care out of Derby, re: sexual health at Gay sauna, HIV /Hep c treatment in London, even though I live in Derby |
| Professionalism |
| Diabetes treatment. Physiotherapy. |
| Choice and control |
| Access |
| Access to GP appointments at my surgery Quick referral to Hospital services if necessary |
| The breast institute at Nottingham City hospital was excellent |
| Confidentiality |
| Complete acceptance by virtually all health professionals. Admittance to appropriate gender ward without any request or intervention from me. Staff use appropriate pronoun |
| Access |

Range of services available including health promotion are all generally very good and cater for individuals regardless of gender, sexual orientation. Campaigns to support individuals to seek access to health and screening services are essential, however, the message given by these campaigns is crucial to support individuals to access services and not potentially be scared of the impact of accessing (i.e. sexual health screening etc) as often individuals understand the need to be screened however the fear of the test result etc may prevent some people from accessing. Also the provision/location of services is important to promote wider than just the immediate area - for my own sexual health screenings I prefer to go to Derby opposed to Chesterfield where I live and know of others who do similar approaches.

That it is still largely free (watch this space)

People - staff

People who listen and understand

Generally universal services for all

I am disabled and have fantastic Physio's. Also have a fantastic GP.

Patient involvement in making decisions about treatment. Explanations regarding condition and how patients can help themselves. Being able to refer yourself for certain services e.g. Physiotherapy.

I find my GP surgery very supportive.

Good face to face interaction with NHS personnel.

Time and appointment keeping

Not much

I think that generally healthcare services are not doing too badly.

Much more aware of equality and diversity then in years before

I think health care workers do an excellent job with the resources that are available to them.

Registered with doc easily, got quick appointment when needed.

Easy to access.

My hospital care for my on going health condition has been very good

Relatively easy to get an appointment Friendly, understanding, sensitive staff, in general

Gay men's and young people's services are working okay

Im happy in the way things have been working.

Good access to same day GP, GUM

I am now able to be out as a Trans person with my GP. When I raised this issue at my last GP I was given a prescription for iron tablets.

Being referred by my GP for further tests at Hospital. Waiting for these appointments have been relatively short (although I expect this to change with current cutbacks), and follow up have been good.

My own GP never batted an eyelid and i felt would listen to sexual orientation issues i have known him a long time though and this helps,

The level of understanding within the staff teams has increased, more friendly and approachable

THE WAY I'M TREATED IS VERY POSITIVE IN HEALTHCARE SERVICES.

Open to everyone

| |
|---|
| Everything, big fan of the NHS, never had a problem myself. |
| Posters and leaflets in some clinics an surgeries saying that they are LGBT friendly |
| Quick turn around |
| The availability of the services |
| More information available like NHS Direct and leaflets. |
| The NHS seems to be very good regarding surgical procedures. NHS Direct is a very useful service. Local A and E was excellent (Darley Dale) when I fell on ice and hit my head. The local GP surgery is very good, very efficient and short waiting times. |
| Training staff to have some understanding around Gay issues |
| I find it hard to get to see my GP |
| Not a lot. |
| The medication & services are very helpful & some doctors & nurses are nice. |
| Quick appointment system |
| Contact i.e. phone |
| The NHS community team @ Gay pride |
| Open + honest + friendly environment |
| GP |
| Quick booking time |
| Providing joined up care. |
| I have a good GP I have a good psychiatrist |
| Accessibility |
| Emergency services |
| As a Lesbian i do not interact very much at all with health services as i don't really believe that they understand my needs as an out Lesbian woman |
| My experience has been when I have needed health care - i.e. A visit to A&E, to visit the dentist & to travel nurse the service I have received has been excellent. |
| I have a brilliant relationship with my GP as he takes time to listen and have a real conversation. |
| General access to services, improved choice of services |
| Sexual orientation is now on the agenda |
| In my experience my sexual orientation has made absolutely no difference to the care that I have received - it's been irrelevant which I think is great. I also think that the availability of sexual health screening in Derby is brilliant. The staff at the clinic are also great. |
| Good GPs and doctors clinics with good prompt appointment booking |
| Friendly staff |
| There is no discrimination based on who someone is |
| Helpfulness and support confidentiality |
| The care |
| They give good treatment |
| Get listened to |
| Arthritis Private provider for psychologist |
| Unknown, haven't had reason to use any. |

| |
|--|
| Youth groups to help |
| Better it was fews years ago |
| Accessibility and information given |
| All my support workers disculding gender clinic |
| Diagnosis + accessibility |
| Speed of referrals |
| I feel that i can confide in health care professionals |
| Just had surgery - excellent service |
| Triage system at GP allows me to see nurse for non-urgent things if appropriate, meaning can be seen sooner. |
| Being able to choose where you go for treatment/help. |
| Everything |
| Most things but sti services in derby in my view are poor |
| They take things further if you want to |
| Lots of services available |
| Range of doctors |
| I never really visit Doctor |
| Treat you well |
| They are able to help and listen |
| Haven't had much experience |
| They are able to help |
| Treat you well |
| Able to help |
| Work well and caring |
| It is hard to tell underneath all the too faced bull shit and lies what goes on etc etc. |
| Quick action taken when problem is established |
| Nothing |
| The personalities of the workers |
| Don't know, don't access healthcare often enough |
| I have heard they give high support |
| All things |
| GP Drop-in clinics |
| Everything |
| GP + Prescriptions |
| A&E |
| Bad knowledge on Gay health issues |
| Open minded people |
| GP Practices |

What could be improved in healthcare services?

| |
|---|
| Better gender identity services |
| Greater compassion and understanding |
| Greater patient involvement in local patient groups and greater input from LGBT specialists organisations to help support those that are not out |
| Work faster to solve the problem, be less rude, put patient care first ... |
| More pro-active testing |
| More funding, concerns over cuts from people who need treatment |
| Give me the choice as to who sees me |
| Fertility treatment for same sex coupled should be available on NHS. |
| To be realistic that different people, including different Trans people, may have different needs. |
| Improved GUM services Improved mental health services for LGBT people |
| Some attitudes amongst some GPs - I think a few of them (my complaint was about a female doctor) are really quite ignorant and homophobic - and they think because they enjoy a certain level of power they can get away with it. |
| Ability to get an appointment feedback from test results |
| Allow more time for each patient? |
| Waiting times are the biggest issue I have come across so far. There does not seem to be any consistency in the Gender Clinics you are referred to. Having now spoken to people who attend Nottingham's Clinic and also The Porterbrook at Sheffield, it appears there is a lot of differences in their approach to how they treat you. Having spoken directly to the Nottingham clinic, their waiting times are between 8 and 10 weeks, with their only need for a referral to come from your GP. For the Porterbrook, you have around a 6 to 8 weeks wait for a psychiatric assessment to get a referral and then you go onto their waiting list! There is no communication from them to let you know you are on the waiting list and you are pretty much left in Limbo, not knowing where you stand! |
| Mental health assistance could be easier to access as I found I had to do all the work to get where I had been advised to go by my GP. |
| More money spent by the government on drugs needed |
| Joined up services re HIV and Hep c co infection, out of hours care service providers should be able to access patient notes. |
| Speed of delivery |
| Accessibility |
| Getting an appointment at GP |
| More information available |
| GPs in particular could be better educated about external health services incl. Voluntary organisations |
| My daughter who is Transgender was treated appallingly at QMC in Nottingham. We complained and heard nothing about it. |
| Speed of appointments made |
| Consultants at Derby hospital who insisted on use of wrong pronoun and walk away when challenged. |
| Information - communication - |

As referred to above the need to give supporting messages around accessing health services that re-enforce a message of not having to be afraid of testing etc but support the need to access. Possibly case study style format of positive experiences of those fearful of accessing who then went on to have a good experience.

Supportive councillors

Care of the elderly

Nothing i can say...all good

Equality of access patient choice in who they access Education of health care providers in sexual health screening for Lesbian women Health providers providing the whole range of shand Contraception services for all patients HPV vaccine to be available to all men who have sex with men (not just Gay men) as this eliminates Bisexual men

Bring back Old NHS!!

The assumption made by many healthcare professionals that everybody is heterosexual and is comfortable with the binary gender identity.

Make LGBT people feel more comfortable to access services through engagement within the community

Access to GPs should be more readily available. Some access to appointments too long.

Availability of appointments/ information other than that of leaflets around the health centre (they need to get a larger target audience)

Easier access to GP's and GP's who actually listen to you when your telling them something my GP last time I was ill did not either care or know how to make me well when all I had was an infection that needed antibiotics his stupidity cause me weeks of agony and cost the health service thousands of pounds

More appointments for GP's, faster referral times, staffing issues need to be addressed.

Easier to get appointments and home visits

I wish that you didn't have to push so hard to get treatment. Take for example my depression, the first GP I saw was practically useless: "have you considered a holiday?". However, on returning two years later and seeing a different GP, that doctor was incredibly helpful. I was offered a course of tablets to help me cope with the negative feelings. However, the long term treatment in terms of counselling was, I felt, very lacking and not really suited to me needs.

Diy smear tests!

They could be promoted a bit more, so that people know what exists.

GP's Receptionist being nosey when trying to make appointments

Better access to health services outside of working hours More inclusive/well-trained around issues of sex and sexuality e.g. Not coming to the 'heterosexual assumption' when seeing women for smear tests or other gynaecological issues.

Fair, inclusive and equal treatment to all

When admitted to hospital recently it seems the first appointment generates lots of follow up appointments. Usually these are never kept to or wasted appointments. Don't give out appointments on an automatic basis based simply on someone's admittance/illness

Long waiting times and poor provision for mental health

The level of support offered to Trans people is woeful. I would most probably have taken my own life last year had my employers not had a telephone counselling service. There is little understanding of Trans people and the care pathways for gender reassignment. When I came out to my GP I was first of all referred to CBT counselling service, then I had to see a private counsellor to get appropriate counselling, when I went back to my GP they tried to directly refer me to the GIC in Sheffield and only after they told them what to do did I get referred to the local CMHT for the compulsory diagnosis by a psychiatrist. A few weeks ago I phoned the Porterbrook to see when my appointment was likely to be next Spring after 18 months of waiting for an appointment and was told their is such a backlog that they couldn't tell me when I would be seen. The backlog, I was told, was because Derbyshire PCT gives Trans people low priority. I was given the number of someone at East Midlands NHS Commissioners to speak to but they were on holiday and have never called back as I requested. I had to be told by another Trans woman that there are waiting times of only 8 - 10 weeks at Nottingham GIC and when I spoke to a doctor there they told me they have told the Porterbrook to advise patients that they can have quicker appointments at Nottingham but this is not done. I have spoken to the Derbyshire Sexual Health Promotion Services about setting up a volunteer led Trans support group and health and wellbeing workshops but they have said that whilst they are very supportive on a personal level they cannot offer any support such as a room for Trans people to meet because we are considered 'low priority' by the PCT. There is no support for Trans people outside of Derby City and it is not always possible for us to travel there, especially late at night.

Maintain 2009 level of expenditure to keep up the standards.

The appointment system at surgery should be take a ticket and wait never having to tell the receptionist what's wrong at the desk surgery open all hours or available in supermarket annual check up to avoid health issues piling up email access to GP and or information that relates to us as individuals i.e. e-leaflets ability to manage our own health choices i like to go to a gym £6 a wk this keeps me fit and i often can't afford it but it benefits my health so why can't I have help from my GP to go as it keeps at bay my bad back which must cost lots when I'm off work and tablets. I have found nhs direct to be useless, so scrap it and have the workers in a visible drop in service i work with the elderly that neglect going to GP home visits are a necessity to someone with dementia as the carer frazzled bring back community hospitals and put surgeries in them or vice versa

Access to services and choice of what and where to access, also can be seen as to be beyond reproach needs to be a simpler way to raise concerns, put in complaints and influence policy and for that to be followed up promptly and positive action taken.

Quicker

Quicker times to c specialists

Availability of Gum Clinics, times wise.

Getting staff to remember that not everyone is straight or even straight or Gay forever. Training for staff on LGBT issues in particular Trans. Stop making assumptions about how we have sex or that we are straight unless we tell you otherwise or that Gay people look 'Gay'.

Better care for older patients

I like how the nhs is ethnically diverse but occasionally I have had issues with drs

being too religious and looking disgusted because of my gender or sexual orientation. More training needs to be given.

Getting an appt in evenings because of work commitments

Communication between the trusts

For GPs to have more time allocated to patients. Very often you feel rushed and the surgery is running late. It takes a long time to be referred to the correct professionals. Think NHS staff are very pushed for time as well. Sometimes you feel like you are left in limbo land because it may be that you see a different doctor every time - no continuity.

Not enough time for GPs to get to know patients or for patients to feel fully listened to. If you have more than one concern there is not enough time in a normal appointment to address it.

More specific services directed towards the Gay community and specifically at Gay men.

Local GP service, getting to make an appointment, this seems to take a while to arrange i.e. have to wait up to 2 weeks!

Better access to GP

Staff in the children's hospital should be more aware of mental health problems, rather than treating patients with them problems as though they don't deserve to be there. Everything moves too slow in hospitals, and staff are rude and moan when they have to sit with you on a one-to-one.

The amount of time for waiting lists, equality, nice nurses & doctors,

None (in my experiences)

More regular communication

Shorter waiting time

More GPs working in clinic more often

Possibly to make health care centre staff a bit more diversity aware

More Investments

Joined up services - I had a range of blood tests on record at my GP but had to have them repeated in order to access hospital services

Appointments for GPs

Somewhere to go that is Lesbian or Bi sexual women's health specific, with the opportunity to talk to a health care professional that gets where i am coming from

Nothing as a direct result of my experiences, other than it clear how hard NHS staff work & the pressures they face, and that it is understandable they cannot always deliver to expectations - i.e. You might have to wait, there are not the resources available etc.

Average GP appointment times don't really cater for this, which means he is often running late! 8 minutes is not enough time to have a meaningful conversation about health. I have also had horrible experiences of inpatient care, as doctors and nurses have no time whatsoever to treat you as an individual, you are just a body which needs maintenance. I also have complex health conditions, which aren't well understood.

Heterosexism - general assumptions about gender of partner. Patronising healthcare professionals.

Faster turnaround on blood tests e.g. HIV you shouldn't have to wait two weeks for the result!!!

| |
|---|
| Nothing specific springs to mind |
| Mental health services are very poor. Need to look after people better. |
| Punctuality and reliability of service |
| Time to be treated |
| Faster treatment |
| Being able to go in on your own not with mum |
| Less waiting time more holistic approach |
| Unknown, haven't had reason to use any. |
| Lgbt doctors because generic doctors do not understand |
| More local area vol group support group for mental health |
| Do away with gate keeper and best practice? |
| More GP to improve appointment time |
| Services available in more areas - consistency |
| GP's decision making seems to go round the houses! |
| Triage get it wrong - on one occasion I should have seen my GP and had to rearrange the appointment, meaning I had to make two trips to the surgery |
| Communication with Deaf people. |
| Having doctors who know the local area and services only. |
| Making health professionals more aware of current issues and struggles |
| They can sometimes neglect every possibility |
| More walk-in centres that doesn't require registering |
| Listening |
| Immediate access to a professional (GP) |
| Long wait |
| More availability |
| More time to listen |
| Sometimes they take ages |
| Take more time to listen |
| Not judging when in hospital when attempting suicide |
| Stop the dangerous too faced underhanded too faced bull shit and lies and re-manipulation of facts |
| Appointment times |
| Local group in my area |
| More of them stationed around derby |
| Advertise gltb support |
| Nothing I know of |
| Reduced expense for dental and optical services |
| Each time I see a psychiatrist it's a different one so you never get to know them. |
| Change of govt |
| Extended recovery and G.P. services |
| More services more funding more works |
| Better Hospital Staff |