LGBTQIA+ Health in Hackney

**Community Voice
Focus Group**

18 January 2024

healthwatch Hackney

COMMUNITY VOICE

NHS
North East London

Contents

Introduction

This report follows on from the December online Community Voice LGBTQIA+ Public Forum held for City & Hackney residents, providing detailed insights from members of the LGBTQIA+ community who attended a focus group meeting. The forum highlighted the unique healthcare challenges faced by the LGBTQIA+ community, emphasising the need for a more inclusive and understanding healthcare system.

This focus group, held online on January 18th, conducted by the Community Voice team, aimed to delve deeper into people's individual experiences, further informing the development of London Borough of Hackney's Equality Plan by capturing firsthand accounts of healthcare interactions, with a further focus on mental health, within the LGBTQIA+ community in Hackney.

Executive Summary

Key Findings:

1. **Accessibility and Service Provision Challenges:**

   - Instances of discrimination reported, particularly for trans women and undocumented individuals, leading to healthcare avoidance.

   - Lesbian women face excessive questioning about their sexual lives, impacting their mental health and willingness to seek care.

   - Fear of deportation and language barriers further hinder access to healthcare for transgender Latino Americans and migrant communities.

2. **Diverse Experiences and Training Needs:**

   - Mixed experiences in healthcare noted, including insensitivity during bereavement.

   - Necessity for LGBTQIA+ specific training in public services emphasised.

   - Concept of 'chosen family' and burden of educating healthcare workers on LGBTQIA+ issues highlighted.

3. **Stigma and Institutional Challenges:**

   - Stigma and apprehension within LGBTQIA+ community about being judged in healthcare settings.

   - Need for 'zero tolerance' towards discrimination and effective enforcement of policies underscored.

   - Call for training to distinguish between sex and gender, and for tailored risk assessments for the LGBTQIA+ community.

4. Community Resilience and Belonging:

- Importance of creating inclusive, sober safe spaces for the LGBTQIA+ community outside of nightlife discussed.

- Efforts to establish sober, daytime community spaces for Latin American and trans communities highlighted.

- Challenges with current LGBTQIA+ social spaces, such as loud environments, affecting individuals with disabilities and older members of the community.

5. Mental Health Challenges:

- Significant shortcomings in NHS mental health services reported, including crisis management issues and somewhat rigid approach lacking personalisation.

- Impact of impersonal treatment on mental health noted, alongside positive experiences of proactive psychological support offers.

- Challenges in accessing NHS therapy and disparities in mental health services across regions discussed.

6. London Borough of Hackney Consultation - Best Practice:

- Need for a mix of group and individual discussions in consultations identified, with focus on actionable outcomes and broader institutional actions.

- Importance of Healthwatch's role in ensuring follow-through on raised issues and challenges posed by opposing groups.

- Participants called for Hackney Council to be more proactive in informing community about investments and initiatives, emphasising need for sustained investment and resources provided to back up initiatives.

Accessibility and Service Provision

Healthwatch Hackney emphasised the critical need for LGBTQIA+ individuals to feel heard, understood, and not judged in health care settings, underscoring the necessity for training and appropriate resources provided by the Council for frontline staff.

A participant from a gender-based violence support organisation shared experiences of LGBTQIA+ individuals, particularly trans women and undocumented migrants, facing discomfort and discrimination in accessing healthcare in Hackney. They expressed concerns about fears of deportation and insensitivity in treatment, leading many to seek care outside the borough.

"We work with gender-based violence, we are a trans-inclusive, women's aid (…) based in Hackney (…) and they don't feel comfortable. Most of them come to me saying that they are not seeking health advice, not seeking any support with their health issues due to not feeling comfortable sharing their experiences."

"Some of them are trans women trafficked into sexual exploitation. And they also fear a lot the NHS sharing their immigration status, and their work and or intersectionalities with the Home Office or with the police. So there's also a fear of deportation, of being incarcerated, which is happening a lot within the trans community."

"I have to refer them to CliniQ, which is out of Hackney, and is basically the only place they feel comfortable." (https://cliniq.org.uk)

They then provided an example of the lack of comfort and discrimination faced by LGBTQIA+ individuals in Hackney healthcare settings, sharing an incident involving a trans woman from Brazil who, after being trafficked, faced refusal from healthcare providers to acknowledge her gender identity. This included using her 'dead name' and not treating her as a trans woman, leading to her completely disengage from local health services due to discomfort and perceived transphobia.

"When she went to her GP, they refused to call her by her name, they were using her dead name. And they were refusing to treat her as a trans woman. So for her, that was an immediate No, and she refused any access to any health services in Hackney."

"…I think there were some elements of transphobia with the receptionist as well. Because of the name on her document and her actual name."

A participant discussed the differential treatment faced by lesbian women during medical procedures like smear tests, citing excessive and intrusive questioning about their sexual lives. This invasive approach has reportedly led to fear and avoidance of healthcare services among these women, significantly impacting their mental health and contributing to a broader apprehension about being open about their identities in healthcare settings.

"…they were asking her too many questions, very private questions about her sexual life with her partner, intrusive questions that they actually don't have to ask. I'm a lesbian woman, I do smear tests as well. Some of the questions are just not needed."

"The impact is the fear and avoidance of seeking health care. Also, there's a huge impact on mental health. Because you start to be afraid of being yourself. All of us in the LGBTQ+ community, we know how big of an impact this can have on our mental health."

The discussion went on to highlight the profound fear of deportation among transgender Latino American communities, affecting their access to healthcare. This fear is rooted in experiences of incarceration and mistreatment, especially in the prison system, creating a barrier to seeking medical help due to concerns about sharing immigration status with authorities. The impact is a widespread reluctance to access healthcare, compounded by a collective trauma of institutional mistrust.

"They ask us a lot of times, "is the NHS going to share my immigration status with the Home Office?" And I have to tell them, well, it's a risk, but they usually don't. So this is a barrier we have identified."

"Most of the women whom we support have an insecure immigration status (…) there is a huge collective trauma of institutions (…) When for instance, they are raped or they

were physically assaulted, and we tell them you need to go to the hospital, it's one of the first questions. "No, because of my immigration status, they're going to share my immigration status". Also, not only the fear of deportation, but the NHS charges. Yes, the NHS has been wrongly charging lots of migrants from our community."

Another significant barrier discussed was the language obstacle faced by migrant communities. The difficulty in communicating with healthcare providers, due to lack of interpreter services, poses a major challenge in accessing necessary medical care. This results in many migrants struggling to register with or convey their health concerns to doctors, further exacerbating their hesitation to seek healthcare services.

"…we have also had several cases where they go to the GP, and they can't communicate with the receptionist and the GP practice does not offer an interpreter. It's really difficult for them to register [and] talk to the doctors. There are some good cases where the GP offers an interpreter, but most of the time it's a struggle to get appropriate interpreting services."

One participant shared a mixed experience with healthcare provision in Hackney. While they had had mostly positive experiences, a significant exception was encountered during the bureaucratic process of registering his late husband's death. This involved repeated visits to the GP, highlighting the emotional and administrative challenges faced during bereavement. This experience underscored the varying levels of sensitivity and understanding within different aspects of the healthcare system.

"…because my late husband had quite a complicated medical history, they sent me back four times to the GP to get the death registration redone. And the GP ended up ringing the registrar in my presence and saying, you don't seem to realise you're dealing with a bereaved husband who's having to cope with someone's death, and also having to deal with all the bureaucracy."

"I ended up discovering that I could register a death in any London borough. And although the work would be done by Hackney Council, my dealings would be with the borough I chose. I ended up going back to Camden, where we'd actually got married and dealing with them. Because I found the service centre near the [Hackney] Town Hall, just incredibly Kafkaesque and bureaucratic and completely different to Camden's."

Healthwatch Hackney inquired about considerations for LGBTQIA+ specific training in public services, particularly in the context of registering the death of a partner. The participant highlighted the multifaceted challenges faced during such times, including dealing with executor duties and potential lack of support networks. They emphasised that LGBTQIA+ individuals might not have the same family support as others, which should be taken into consideration.

"...some LGBTQ people don't have quite the support networks other people do. I mean, are they wanting children? In my case, both of my parents were dead, my brother and sister were quite a long way away (...) there can be a bit of estrangement or distance from family and other support networks. And maybe LGBTQ+ people might not have quite the same support networks to tap into, that other people do."

One participant reflected on the importance of listening skills, noting that these are not unique to the LGBTQIA+ community but should be a universal standard. They emphasised the need to avoid framing LGBTQIA+ individuals as requiring special treatment, advocating for inclusivity in standard care practices.

"I think what can sometimes feel like a challenge, and this is what further exacerbates the situation for us, is the idea that we're seeking specialist treatment, or that people have to put in more work to work with our community."

The participant also discussed the concept of the *'chosen family'* and the importance of healthcare workers understanding the varied support networks

within the LGBTQIA+ community. He highlighted the issue of healthcare workers expecting LGBTQIA+ individuals, particularly trans patients, to educate them, which can be invasive and burdensome. The participant stressed that negative healthcare experiences often get shared within the community, impacting overall trust and expectations.

"...we often talk within our community about 'chosen family' and the makeup of our support network. That would be the case for anyone who goes along with someone else to an appointment, you should scope out who that is to them and how they matter to them, and how they can support them."

"...a lot of the feedback I've had from members of the community that I supported before (...) is often healthcare workers were expecting trans patients to educate them on what it means to be trans. And that's really invasive (...) And when you are having to put all of that pressure and weight on yourself and then you go to that service and get let down. That's even worse."

"...to protect our own community we will say "actually, I had a really shitty experience at this GP". And what can then be felt is that is going to be the standard for all GPs. So once we're let down, it's really hard to build that back up and to outline what it is that you need to be supported in that process (...) Unfortunately, it feels like our expectations are lower than maybe other people's about what the quality of care is going to look like. Which feels really sad."

One participant addressed the issue of stigma and apprehension within the LGBTQIA+ community about being judged in healthcare settings. They highlighted the importance of recognising the wider societal context, particularly the challenges faced by the trans community in the media and online. The participant emphasised that this isn't just sensitivity or paranoia but a reaction to real-world experiences.

"...often you're being told that we live in a far more liberal and tolerant world than we ever have. And I don't think that's true (...) if we look at the way that the trans community are being treated online, in the media, and as they navigate the world. It's not sensitivity, it's not paranoia."

"...unfortunately, a lot of services are very binary. And going back to the earlier point, that if you have certain documents labelled in a certain way, that shouldn't restrict you from being treated with respect in the same way that if I asked you to call me [name], rather than [name], you would respect that. But why wouldn't you respect a trans person who says, "actually, this is my name?"

Healthwatch Hackney enquired as to how Hackney Council could improve on this and in response, a participant suggested that they should demonstrate 'zero tolerance' towards transphobia, homophobia, and bi-phobia and actively address these issues. They emphasised the importance of not only having policies against discrimination but also enforcing them effectively. The participant highlighted the need for respect and acknowledgment of basic human rights for LGBTQIA+ individuals, particularly in leadership and policy-making roles.

"...there has to be something at the very core, not only do you have a policy or a statement, but you follow that through, this is what we mean by being let down (...) when someone has to fight for basic human rights, of acceptance and acknowledgement (...) there are a lot of consultations that happen as well. And I think sometimes this is why there is a lower attendance of trans or non-binary people is just getting the basics right first, like treat me with respect before you consult me."

A participant added to the previous comments by emphasising the importance of considering family dynamics in healthcare assessments for the LGBTQIA+ community. They noted that family members might not always be a protective factor and could instead pose a risk. This highlights the need for healthcare providers to be sensitive to the fact that some LGBTQIA+ individuals may not have family support in health crises.

"[When] talking about your network of care, I think it's also important to always keep in mind the family members, but it might not be a protective factor for our community, quite the opposite. It might present a risk factor for us. So when assessing health care, it's important to understand if

healthwatch
Hackney

something happens, you might not be able to call a family
member, or another person."

A participant highlighted a lack of understanding in healthcare regarding the differences between sex and gender, leading to assumptions about sexual orientation in transgender individuals and called for training that clarifies these distinctions. They also pointed out the inadequacy of current risk assessments, which do not cater to the specific experiences of violence and domestic abuse in the LGBTQIA+ community, suggesting that tailored risk assessments based on factual characteristics are necessary for this group.

"...there's a lot of assumption when the trans women that I
support go to access health care, sexual health care,
because they are trans women people immediately assume
that they are attracted to men, which might not be the case
(...) I might be whatever I want to be."

"...there is no risk assessment focused on the LGBTQ+
community (...) [it] should be different because we have
different characteristics of experienced violence, for instance
domestic violence (..) I think the current and generic risk
assessment doesn't cover the whole needs (...) of the LGBTQ+
community (...) So different risk assessments, based on facts.
I think it's something that the borough could look into."

One participant discussed the need for healthcare providers to focus on treating the person, not just the condition, stressing the importance of personalised care. This approach, he argued, leads to better outcomes as it involves patients making informed decisions about their care, potentially reducing the severity or complexity of their condition.

"I don't think the phrasing is right on that slide, that the
priority is being listened to rather than the outcome. I think as
a result of being listened to, you're going to have a greater
outcome of care. And personalised care means that the
individual is making an informed decision about what they
do or don't want to do with their care."

"I've definitely seen it where if someone's informed about how
to maintain their health condition and use medication or

healthwatch
Hackney

holistic support for support with that, they're less likely to present again. So I think in terms of costs to the system, and costs to the individual as well, personalised care is a really simple principle, which is just that, being listened to, actually creating a care plan, saying 'Yes, this is what I'd like to do'."

Community Resilience and Belonging

Healthwatch Hackney then discussed the importance of creating safe, inclusive spaces for the LGBTQIA+ community, especially those not centred around nightlife or alcohol. One participant highlighted the historical context of LGBTQIA+ social spaces emerging as safe havens and the need to foster such environments for better mental health.

"...as a community, we've had to find one another during a time of not having safety. When it was illegal to be gay in this country, this whole notion of 'speakeasy' bars, they were underground spaces. And we had our own language that we had, to communicate with one another, so we weren't arrested. There's so much history that has gotten lost."

"...for the LGBTQ+ community, there's a bigger legacy there (...) really important to form in the intergenerational context, particularly for an older LGBTQ+ community (...) the social isolation was further exacerbated by a lot of us living through our first pandemic, of the AIDS pandemic (...) we lost a large proportion of our community and our friends and our networks, and trying to navigate that and support one another, and finding one another, was really hard. And so naturally, we've recreated those spaces, like the LGBTQ+ nightclubs. It's not to say that there's any issue with those spaces at all. I think it's about creating additional spaces and opportunities to come together."

"...when I first sought my diagnosis, for mental health, my self-esteem was so low, and I thought I couldn't have a social connection with other people. And what helped me was finding a book club and a run club, because that was then the sole topic of conversation, it wasn't about my value."

He suggested that community-led initiatives and funding are vital for sustainable, inclusive spaces, and emphasised the importance of safe environments where LGBTQIA+ individuals can be themselves without the pressure of societal expectations or personas.

"...there needs to be a real consultation to understand whether people actually want to socialise within the borough itself, or whether they've found their community elsewhere. Because what we don't want to do is invest in something and then because it doesn't work out, we've lost that opportunity to further invest. I think it's about sustainability of those spaces. So there has to be funding. And it has to be community led."

"...it's about coming together and finding ways to connect with people, knowing that you're doing it in a safe space (...) you're able to slowly peel back those layers to feel like yourself, and that you hold value as a person rather than how other people perceive you. What's really hard sometimes as an LGBTQ+ person, is you want to find acceptance, and sometimes you question your value to other people."

"...often we have to have different personas in a way to be accepted or to make other people feel comfortable (...) then when you're in a safe space where you can truly be yourself, you're not thinking about what that is. That's what further exacerbates our mental health, because of those expectations we think other people have of us."

Another participant discussed their organisation's efforts to create a safe, sober daytime space for their LGBTQIA+ community, particularly focusing on the Latin American and trans communities in the UK. They emphasised the importance of these spaces for sharing experiences and information, reducing feelings of isolation, and providing a supportive environment where individuals can exchange valuable information about healthcare services, immigration, and other relevant topics. This initiative is aimed at fostering community connections and support.

"...we are finding that they feel very isolated, the Latin American people in this country are part of the community. So we've been discussing a lot how to create a safe space in

the daytime, a sober space as well (…) it's something that we are also planning to do at our office (…) we're going to try a pilot, once a month for migrant, trans people focused on the trans community, but open for any anyone from the LGBTQ+ community."

"When you share experiences, you don't feel that isolated, you feel "oh, okay, I'm not the only one experiencing this and that." (…) We're hoping this to be a space for sharing information as well. "Oh, this GP was not nice with me that GP was better. Go through this, go that way, go through via this pathway", and sharing information on immigration and everything else."

Another participant recalled the London Lesbian Gay Centre and its daytime availability, reflecting on the recent initiatives providing warm places during the austerity crisis. He shared personal experiences of feeling potentially unwelcome in certain spaces and the importance of having inclusive, comfortable daytime spaces for the LGBTQIA+ community. The participant, who disclosed a sight and hearing impairment, noted the challenges with loud and alcohol-oriented LGBTQIA+ social spaces and emphasised the value of comfort and common interests in creating welcoming environments for diverse sub-communities.

"I've had a sight and hearing impairment. And I find a lot of LGBTQ+ social spaces, like the one that you mentioned, they're very alcohol oriented. They're very loud, there's not many places to sit down. And as you get a bit older, those kinds of things are more important. You start to value comfort a little bit more over style. As [participant] was saying, places geared around common interests might be just as relevant as places that are geared for a particular sub-community. A feeling, welcoming place; having special places that are designed for people like you…"

Mental Health Challenges in the LGBTQIA+ Community

Healthwatch Hackney then asked the focus group about their experiences of seeking mental health support from the NHS. The question explored whether community members considered seeking help, their reasons for not doing so (if not), and if they sought help elsewhere.

A participant responded by sharing personal and professional experiences, highlighting significant shortcomings in NHS mental health services, including crisis management issues, long waiting times, and an overly rigid, box-ticking approach that lacked personalisation.

"No support at all with mental health through the NHS, unfortunately. The crisis services are really bad, they ask you a lot of questions before getting to talk to you. And when you are in immediate crisis, you're not in a state of answering questions, such as your postcode and your address, and all that: you're in crisis, you need to talk. Also, some of them have a waiting time on the phone, and you have to wait on the phone to get to talk to someone. And then, as we all know, huge waiting lists for mental health support."

"I found it very difficult, I'm from a country where mental health is not a taboo. And my personal experience and my personal view is that the NHS still deals with mental health with a lot of taboos. It's a lot of ticking the box, as [participant] was saying it's not personalised, it's just ticking boxes. And some of them (in Homerton hospital) even asked me "if you're not happy in London, why don't you go back to [country]"? And I was like, "that's not my issue"."

They also expressed dissatisfaction with the approach taken by GPs towards mental health, particularly in prescribing antidepressants. They shared an example of a partner discussing perimenopause with a GP and being offered antidepressants, which they deemed inappropriate. This issue has also been observed with their clients, where GPs prescribed antidepressants without adequate follow-up, reflecting a lack of personalised care and understanding in addressing moderate mental health needs within the mental health care system.

"I've also seen GPs giving away antidepressants like water (…) my partner, she went to the GP to discuss her perimenopause. She was feeling a bit down and they offered her antidepressants. I don't think that's appropriate. And also with my clients, GP offering, prescribing antidepressants, and not following up. And in the first few weeks, they get really down…"

Healthwatch Hackney inquired about the potential impact on people of what was perceived as an impersonal approach. The above participant described the impact as negative, feeling unable to be honest with their psychiatrist due to fears of being sectioned or incorrectly referred. This experience led to a deterioration in their mental health situation, as they felt compelled to give *right* answers rather than express their true feelings and concerns.

"…it was really, really bad. Really bad. It actually got worse, because I felt that I couldn't talk to my psychiatrist and that I had to give the right answers. Otherwise, through the ticking of the boxes I could be sectioned or referred to… (…) So I felt that "Oh, I can't be honest here. I have to follow the procedure". So it wasn't helpful at all."

On a positive note, one participant shared their experience of being offered psychological support following a prostate cancer diagnosis. He appreciated this proactive offer from healthcare providers, despite not opting for it. This experience was seen as positive, particularly as the offer of support was made without the participant having to request it, indicating a thoughtful approach to patient care in situations where a psychological impact is likely.

"When I was diagnosed with prostate cancer, I was asked about how I was feeling in myself about it, and if any sort of psychological help would be useful. I didn't avail myself of it. And there might have been an element, as [participant] was saying, of box-ticking there. But I felt pleased to have been offered that without having explicitly sought it. In a context like a cancer diagnosis, one would expect there to often be a

psychological dimension to it. So having had that offer, I thought, was really positive."

Another participant discussed the challenges faced in accessing NHS therapy by the LGBTQIA+ community, noting a significant lack of support and trust in these services. This has led to LGBTQIA-friendly therapists reducing their rates to accommodate the community's mental health needs, placing additional financial pressure on these therapists. The participant expressed concern about the fairness of this situation, highlighting the need for more effective and accessible mental health support within the NHS for the LGBTQIA+ community.

"I just wanted to mention, when it comes to accessing therapy, that I've noticed the lack of support, or access to NHS therapy, and a lack of trust in it is great. The situation is now where LGBTQ-friendly therapists are lowering their rates just to be able to accommodate the community with the mental health support they need. Again, we can circle back to putting more pressure on the LGBTQ+ community, because now the therapists in the community have to lower their rates to accommodate where NHS therapy is lacking. And when I look at the big picture, it doesn't feel fair."

One participant shared their mixed experience with mental health support, initially accessing it through their employer and later through their GP. He found employer-provided in-person support affirmative but faced challenges with NHS services, including resistance to their request for antidepressants and ineffective online CBT.

"I think there's something about recommendations for employers about what their health care package looks like. I think a lot of them buy 'off the shelf'. And often it's this kind of telephone Counselling support, which can feel quite detached. And so I think there are maybe some more novel ways of looking at it, like every employee gets, I don't know, a £200 healthcare budget, and they spend it how they want to, and then that allows people to navigate what health care looks like for them."

"I went to my GP and said, "I really need a diagnosis. I definitely feel like I'm depressed, and I need antidepressants".

healthwatch
Hackney

And I was told no, I'm not. That's not the right thing for me, do online CBT, and I got worse. I went back two weeks later and basically had to be in tears and pleading to get that. And then I also felt this worry before taking the medication about how that would impact me."

The participant also highlighted the disparity in mental health services across different areas, akin to a 'postcode lottery,' and the need for systemic changes in the mental health system, including better support for those on waiting lists. They emphasised the importance of understanding and addressing the unique mental health needs of LGBTQIA+ individuals without pathologising their experiences.

"...there is something about navigating the world as what it means to be a man and what it means to be a gay man. And you're often told about the binary oppositions, like what it means to 'man up' versus 'gay men are effeminate and they're able to express their emotions' So you're told different things about yourself and how you should navigate the world. So then finally getting the diagnosis was really important to me."

"I'd been accessing Counselling in Manchester, then during COVID I moved to Oxford, but I was told that as soon as I register for an Oxford GP, I would have to stop accessing the counselling service and get back on a new waiting list (...) whereas sexual health is billed back, so you can go anywhere in the country, and they would then bill back your local authority for accessing their sexual health service. And I think that that's what we need for mental health reform."

"I've also accessed counselling before where I've been pathologised, where it's like "do you have poorer mental health because you're an LGBTQ+ person? Or did something happen based on you being a gay man that then meant that you feel low about yourself?" And that is not affirmative care. So I think that often there's a misunderstanding of how to talk to us about some of our experiences."

One participant discussed the structural changes needed in the mental health system, emphasising the lack of support for people on waiting lists. They highlighted

the seriousness of this waiting period and its potential impact on employment and relationships.

> *"I think there's just a lot, structurally, that needs to be changed within the mental health system. And then the other thing is, we've still not figured out what to do to support people who are on waiting lists. I think there's a sense of relief when you know that you're on a waiting list to receive a diagnosis or to receive support. But further than that, you're waiting on that waiting list and you can get worse in the meantime."*

> *"...it doesn't necessarily need to be a mental health organisation that supports you whilst you're waiting. I think it probably goes back to that social isolation and feeling like you're the only one that's going through it. And it tells you that you're not good enough to navigate the world, it runs that risk of unemployment, of the breaking down of relationships and connections with people. I think people don't understand how serious it is, that waiting period. It certainly put me in a shitty situation."*

Healthwatch Hackney inquired about alternatives sought during the wait, and the participant suggested that services could offer resources or group suggestions while waiting.

> *"I know there's like a suicide prevention strategy within the Council. But I think there's something about broadening out. It's not just mental health services. It's a sense of community connection..."*

Another participant agreed, suggesting regular check-ins from GPs during the wait and highlighting the effectiveness of Homerton Hospital's 'Crisis Café' as a supportive space for those awaiting mental health services.

> *"...it could even be a phone call from your GP every two weeks. You know? Just to follow up with you about how you're feeling (...) I also want to share a nice experience that I had in*

Homerton Hospital. They run the 'Crisis Café and it was very helpful for me when I was waiting, so this could be a good example. It works, it's in a safe space in the hospital, you can go and it's mainly people in crisis as well. And I found that really helpful, more helpful than the phone calls and all that."

Healthwatch Hackney agreed on the importance of human contact and updates on waiting list progress. One participant identified trauma as a recurring and overarching theme in LGBTQIA+ mental health, emphasising the need for trauma-informed care.

"I think a lot of it ties into trauma. And I think that there's a lot of work that still needs to go into what we mean by trauma-informed care, of not really traumatising us in explaining what's happening to us or trying to make someone understand the veracity of our claim."

They noted the impact of various experiences like people trafficking, xenophobia, hate crimes, and persistent societal negativity, stressing the cumulative effect of these experiences on mental health and the challenge of constantly rebuilding resilience. The discussion highlighted the complexity of trauma and the necessity for comprehensive care, even without a formal PTSD diagnosis.

"…what [participant] is saying about people being trafficked, migrant communities that face racism and xenophobia, LGBTQ+ people seeing a rise in hate crime, the media. I think when you're constantly told by other people about who you are, and that you're 'less than', I don't think people can understand how much that can break you down."

A participant discussed the significant impact of trauma in developing internalised homophobia, noting that many clients struggle with guilt and self-doubt due to their identity.

"I think that traumas have a huge influence on building internalised homophobia. When [participant] talks about

*how we start to doubt ourselves. I see a lot of clients with
some level of internalised homophobia, and feeling guilty for
being who they are."*

They highlighted a lack of understanding about abuse in LGBTQIA+ relationships, with misconceptions such as the belief that women cannot abuse other women. The participant also emphasised the severe traumas faced by asylum seekers and trafficked individuals within the community, particularly relating to corrective rape and exploitation, underscoring the deep-rooted trauma linked to gender identity and sexual orientation.

*"...there's a huge lack of understanding of what abuse is in
same sex or LGBTQ+ relationships. And there's a lot of "No, I'm
not being abused. This is not a trauma response from abuse,
because a woman cannot abuse another woman". Or "I don't
need a psychiatrist" because it's easy for the community to
just get on. "I'm just going to get on [with it]" and there's a lot
of 'making up', trying to avoid the traumas, trying to avoid the
issue. That's the most common mental health issue that we
see and a lot of trauma because of abuse."*

*"I have a lot of clients who are asylum seekers fleeing
[country], because they've been raped for corrective rape: "I'll
show you how to be a woman", because they're lesbians. And
as I was saying before, a lot of trans women being trafficked
into sexual exploitation, so a lot of trauma, because of their
gender identity and sexual orientation."*

A participant highlighted that people can feel undeserving of support and care, especially in situations like chemsex-related sexual assault. They highlighted the internal conflict individuals face, feeling responsible for their situations, and the lack of self-worth this can engender.

*"...people can often feel that they're not deserving of
support and care, because they shouldn't have found
themselves in that situation. So I think chemsex is a really
good example of that. "Well, I was sexually assaulted while
I was under the influence, and maybe I was kind of asking*

for that because I went to a sex party, or because I sex work, I've chosen to put myself in that situation"."

The participant also addressed the diversity and fractions within the LGBTQIA+ community, emphasising that not all spaces with a rainbow flag are necessarily safe or free from bigotry. They suggested the implementation of an LGBTQIA+ business charter to ensure truly affirmative and safe spaces, referencing initiatives like the LGBT Foundation's 'pride in practice' as examples of effective community support frameworks.

"...we're not a homogenous community (...) unfortunately, there are fractions within our own community, it's not always a safe space: just because it's got a rainbow flag on it doesn't necessarily mean that that owner isn't bigoted and isn't transphobic."

"...one of the things I've seen work well before is an LGBTQ+ business charter or something. So there's a way of ensuring what we mean by a 'safe space' for people? Like do they address discrimination? (...) 'LGBT Foundation' have a scheme called 'pride in practice', which includes training (...) They've done training to domestic abuse charities, to psychotherapists. So I think there's ways that you could have particular things in place to ensure that when we say that's an 'affirmative space', it's a truly affirmative space to a very diverse community, a very intersectional community."

Healthwatch Hackney agreed on the importance of a trauma-sensitive approach in mental health care, focusing on understanding a person's experiences rather than just diagnosing and medicating. One participant shared their personal journey, highlighting the limitations of medication and the value of psychotherapy in addressing underlying traumas.

"...I am on meds right now. I don't feel the pain, but the hole in my chest is still here, it doesn't hurt anymore because the meds don't allow it to hurt. But the hole is still there. I pay for private psychoanalysis. It's very expensive, I pay for someone in [country] online. And this is exactly what is really treating

my traumas, my own experiences, with the support of the meds."

They emphasised that while medication can be helpful in managing symptoms in the short term, long-term healing often requires exploring and addressing the root causes of one's mental health issues.

"I think medication is something for you to rely on for a certain period of time, not forever, and for you to be able to heal you need to talk and investigate where all this is coming from and how you can better control it or how you can address it, and not rely on medication forever."

"...meds sometimes it's something that people need to get through some crisis, to get you back to work or out of bed, depending on the diagnosis, of course. But it's not something that mental health services should rely on completely. It should be used together with another more holistic treatment or psychoanalysis or a psychotherapist. I don't think Behaviour Therapy is also something for the long term. It was something that helped me to control my crisis. But for the long term of my mental health, no."

LBH Consultations best practice

In a final question, Healthwatch Hackney asked the focus group for feedback on the format of the discussion, seeking to optimise future consultations for Hackney Council (as requested by London Borough of Hackney). One participant appreciated the sense of unity and shared experience the format provided. They noted the need for a mix of group and individual discussions due to the sensitive nature of topics.

"I think offering that mix of focus groups and one-to-ones, because of some of the topics that we're trying to discuss (…) I think there's probably also something about understanding the extent that you can lean on the Council to address some of those issues that have been raised as well. So I think also being able to say, "it's great that you're listening, but what actions are you going to take to ensure that that doesn't happen again?"."

This participant also emphasised the importance of actionable outcomes from such discussions, especially for underrepresented groups like the trans community, and stressed that responsibility should not solely fall on community members but also on broader institutional actions.

"We have to speak to trans people's experiences because they're often underrepresented, but over-impacted by a lot of these issues. So it's got to go beyond a listening exercise. And I know that [the Council] understands that. But it also shouldn't be an expectation of me as a member of our community to address that within the Council, it needs to be the Council as a whole."

Healthwatch Hackney then asked about the practicalities of ensuring accountability within power structures, especially regarding the Council's actions. A participant reflected on the difficulty of holding powerful entities accountable, especially as individuals or small organisations.

"I think this is a hard thing. What does accountability look like in a power structure? I know that we're here coming from organisations but we're also here as individuals. And as individuals, we don't hold much power over the Council."

They suggested the importance of Healthwatch Hackney's role in ensuring follow-through on issues raised, highlighting the need to identify patterns and communicate them to relevant authorities.

"This is maybe where Healthwatch comes into it more, around how do you see something through? We've heard some of those instances, we've heard where they've occurred in specific institutions. Who are the contacts that need to hear that and have they done anything about it? In the meantime, is there a common thread here? Is there something that the commissioners have heard about? It's feeling that these things aren't lost or said in vain."

The participant also touched upon the challenges posed by opposing groups, like those with transphobic views, and how such resistance can hinder affirmative care for marginalised groups like the trans community.

"It's sometimes like inaction out of fear of pushback from another group. We talked earlier about transphobic people; often, the pushback that comes from them prevents affirmative care for trans people, which is insane. Affirmative care for trans people does not impact on the care of anyone else. It's not like you can only support trans people."

Healthwatch Hackney summarised the importance of a dual approach in consultations, combining group discussions for shared experiences with one-to-one interactions for individual comfort. Additionally, the need for actions beyond mere formalities was emphasised, ensuring that consultations are not just procedural but lead to tangible changes.

One participant echoed these sentiments, expressing a desire to see real commitment and accountability in Hackney, highlighting a discrepancy between stated values and actual implementation, and calling for structures to ensure that commitments to change are fulfilled.

"Presently I'm missing a little bit about seeing the commitment. I work in Hackney, and we go around saying that we're committed to this change, as a borough. We're committed to all these things, but in reality, I don't see it. We have these real examples of what's happening, and then we collectively say "yeah, it shouldn't be happening", but it is happening, but then nothing's happening [in response]! I would like to see some structure in place to keep people accountable for this commitment. Because in Hackney we are proud of having these values, but where are they [applied]?"

One participant went on to highlight the lack of investment in LGBTQIA-specific spaces and events in Hackney, despite its significant LGBTQIA+ demographic. They pointed out the absence of initiatives like 'Hackney Pride' and dedicated funding, suggesting a legacy of neglect leading some to seek support elsewhere.

"It's also about investment. It's like what we said about sustainability (…) we have one of the highest LGBTQ+ demographics in the whole of the UK. And we don't have these spaces. We don't have a 'Hackney Pride'. We don't have specific pots of funding or bodies that we can go to. And I know (…) the funders have struggled before, when they do set the funds or actually have enough LGBTQ+ organisations or individuals applying for the funding. And maybe (…) some people have felt it's too late, so they've set up camp in another borough."

"I was in a meeting the other day and people were generating ideas and (…) then someone else interjected from the Council and said, "we have to be really honest with you, there's no money in the system" and (…) I thought (…) "why have you been consulting people? If you have nothing to invest in, give back to them for their time. Don't do it, don't

bother. Because when you come back and do that consultation again in three years' time say and the hate crime is at the same level and x is the same thing. We're not going to say the same thing again. We're just not going to respond".

The participant emphasised the importance of sustained investment and resource backing in developing effective strategies, criticising consultations without actionable outcomes or financial support, and called for matching community investments to institutional levels to avoid creating hierarchies.

"…the development of the strategy has to have backing in resourcing, capacity building, training. All of those things alongside have (…) to have investment. It can't be a one-year thing. It's got to run for the whole duration of that strategy to see it through. And if not, then don't have it as a bullet point, don't put it as an action. Because that means you're not investing in it (…) you have to replicate that model for communities that you want to see flourish and invest in their community. If you want to devolve to the community, you need to devolve to the same level of investment that you would have within your own institution."

In a final comment, one participant expressed agreement with the need for Hackney to be more proactive and vocal in informing the community about the investments and initiatives being undertaken. They emphasised the importance of raising awareness and providing clear information on where and how to access resources, suggesting a more assertive and *proud* approach.

"I completely agree. I think also Hackney could be a bit more loud, make sure that people know that this is being done. Make sure that people know that the investments are being made, where and how to access them. Be a bit more 'loud and proud'."

Recommendations

1. **Enhanced Training for Healthcare Providers:**

   ➢ Training programs for healthcare staff, focusing on LGBTQIA+ awareness, sensitivity, and inclusion.

   ➢ Include modules on importance of respecting gender identities, understanding concept of the 'chosen family', and avoiding invasive questioning.

2. **Improving Access and Communication:**

   ➢ Improve access to interpreting services to address language barriers faced by migrant LGBTQIA+ communities.

   ➢ Guarantee access to healthcare services for undocumented individuals and ensure confidentiality regarding immigration status.

3. **Tailored Healthcare Assessments:**

   ➢ Revise and develop healthcare assessments and risk evaluations that are specifically tailored to the unique experiences of the LGBTQIA+ community.

   ➢ Training to better understand and respect diverse family dynamics within LGBTQIA+ community, recognising traditional family support may not always be present.

4. **Community Engagement and Safe Spaces:**

   ➢ Support for voluntary organisations to access funding to deliver safe, inclusive spaces for the LGBTQIA+ community not centred around nightlife or alcohol.

   ➢ Support community-led initiatives and programs that foster a sense of belonging and resilience, especially for marginalised sub-groups within the LGBTQIA+ community.

healthwatch Hackney

5. Supportive Practices in Mental Health:

➤ Encourage GPs and mental health professionals to work with Social Prescribers and Community Navigators to regular check-ins and support LGBTQIA+ individuals on waiting lists for mental health services.

➤ Explore the implementation of supportive spaces like the 'Crisis Café' model to provide assistance to those on waiting lists.

6. LBH Council - Accountability and Continuous Feedback:

➤ Establish mechanisms for ongoing feedback from the LGBTQIA+ community to monitor effectiveness of new policies and practices.

➤ Encourage accountability with impact reviews of implemented changes.

7. Education on LGBTQIA+ Diversity:

➤ Educate healthcare providers on the diversity and complexities within LGBTQIA+ community, including issues related to intersectionality, gender identity, and sexual orientation.

8. Partnership with LGBTQIA+ Organisations:

➤ Foster partnerships with LGBTQIA+ organisations for better community outreach and tailored project development.

healthwatch
Hackney

Conclusion

This report, informed by the December Community Voice LGBTQIA+ Public Forum and January focus group, underscores the multifaceted healthcare challenges and needs of the LGBTQIA+ community in Hackney. The insights shared by members of the community reveal a need for more inclusive, sensitive, and understanding healthcare practices, underpinned by a commitment to respect and dignity.
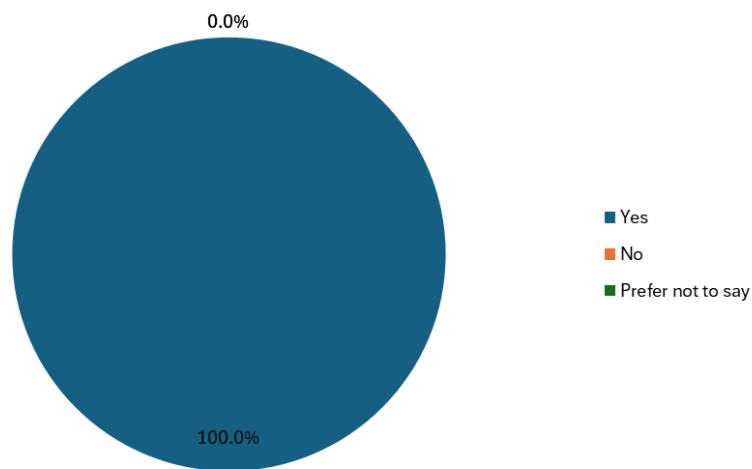
The recommendations provided aim to support collaboration between London Borough of Hackney, North-East London NHS, East London Foundation Trust and the LGBTQIA+ community, ensuring that empathy, inclusivity, and cultural competence are embedded in Hackney's healthcare system.

As Hackney Council moves forward in developing its Equality Plan, we hope these findings and recommendations will serve as valuable input into creating a borough where every LGBTQIA+ individual feels valued, understood, and supported.
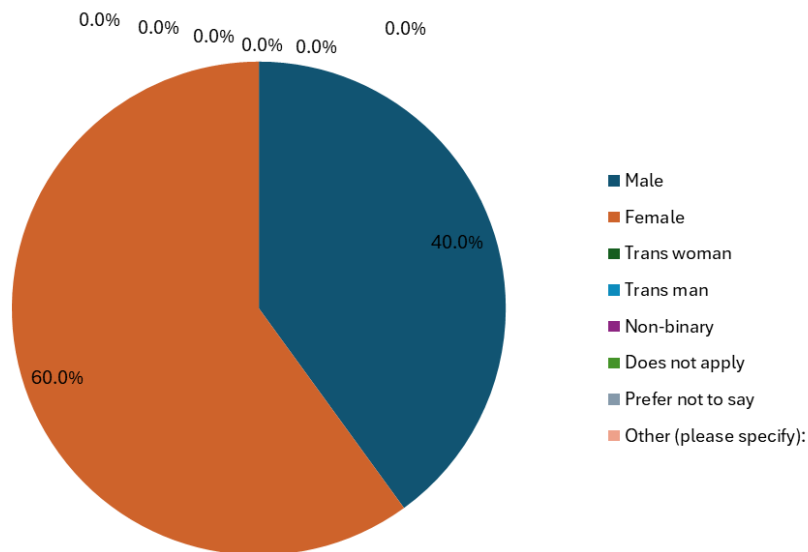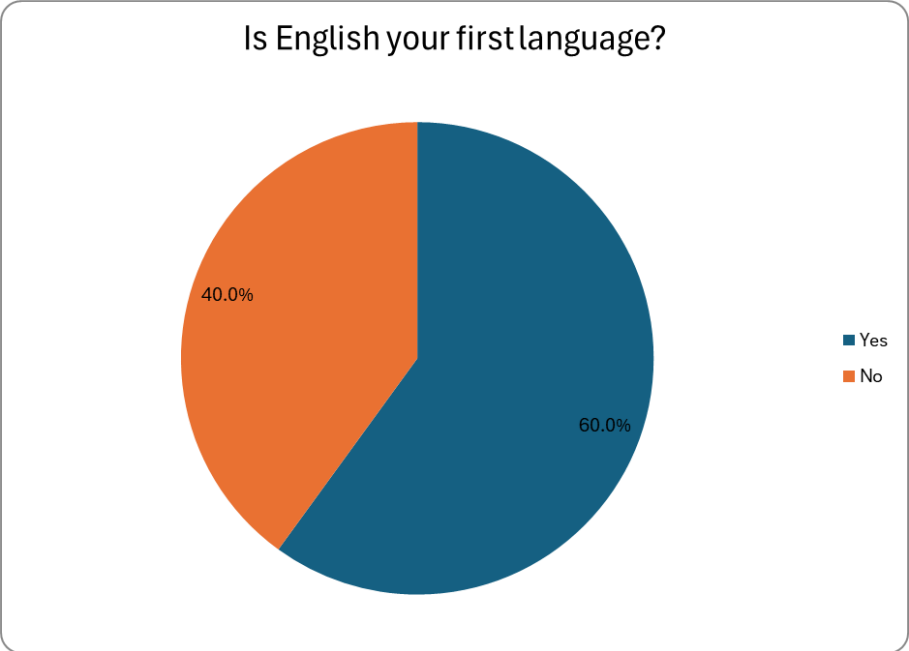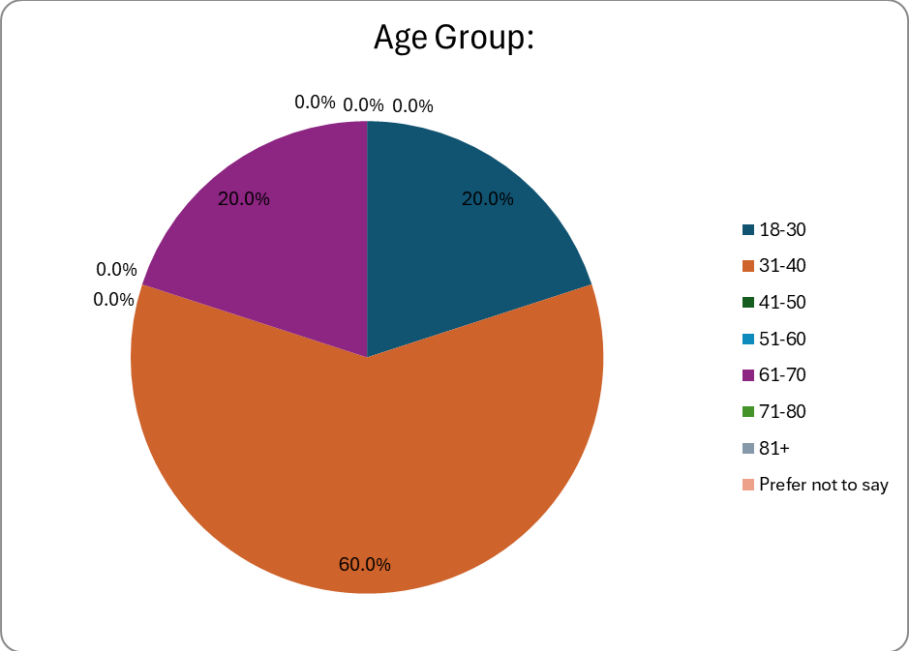
Appendix

Demographics of participants

Is your gender identity the same as the sex you were assigned at birth?

0.0%

100.0%

- Yes
- No
- Prefer not to say

How do you currently identify your gender?

0.0% 0.0% 0.0% 0.0% 0.0% 0.0%

40.0%

60.0%

- Male
- Female
- Trans woman
- Trans man
- Non-binary
- Does not apply
- Prefer not to say
- Other (please specify):

Age Group:

Legend:
- 18-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81+
- Prefer not to say
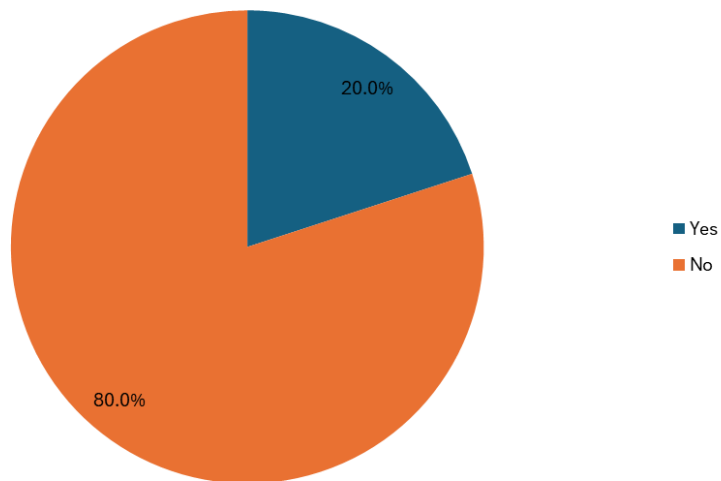
Is English your first language?

Legend:
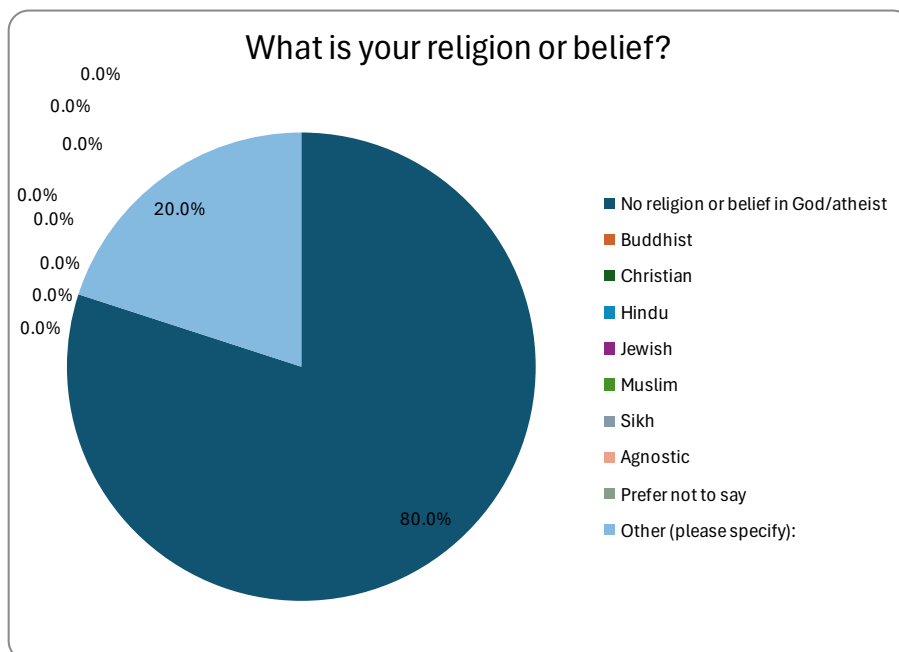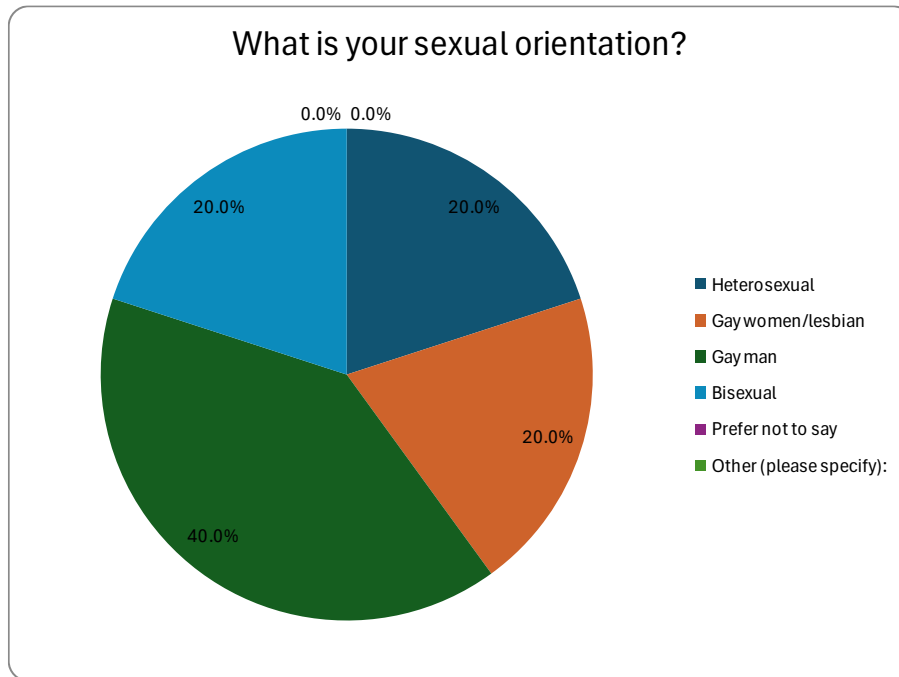- Yes
- No

Do you consider yourself disabled?
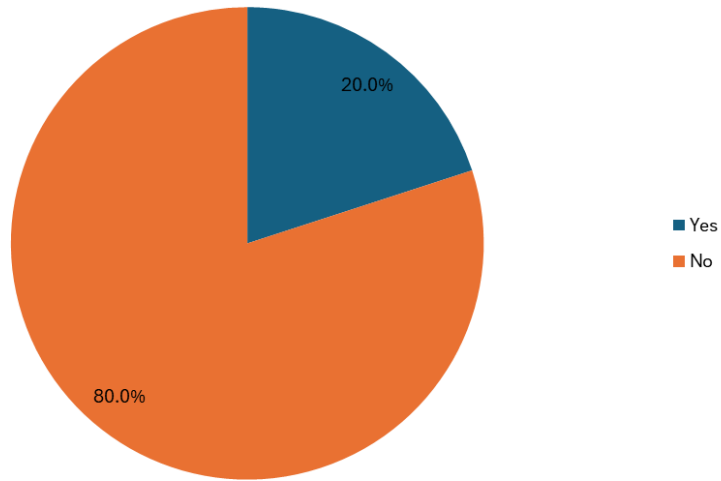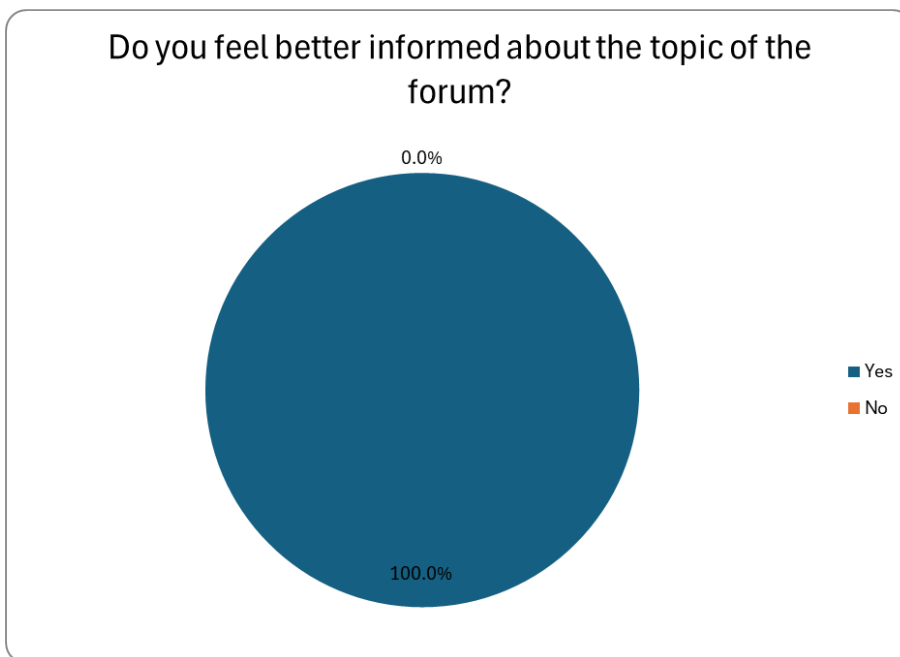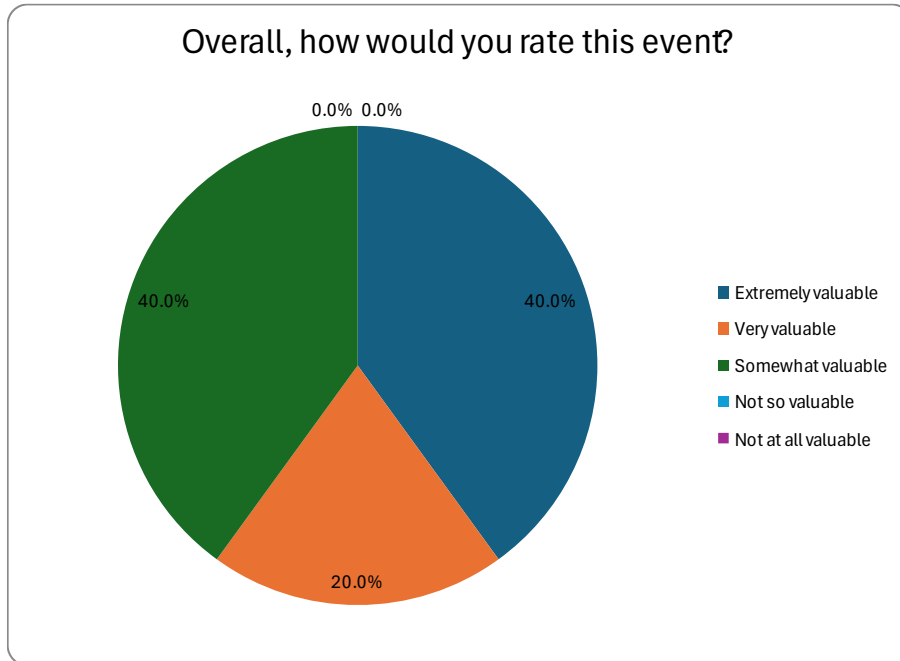

Do you have any caring responsibilities?

Ethnicity:

Of the five survey respondents, two identified as 'White British', one as 'White', one as 'White European' and one as 'Latin American'.

What is your sexual orientation?

- ■ Heterosexual
- ■ Gay women/lesbian
- ■ Gay man
- ■ Bisexual
- ■ Prefer not to say
- ■ Other (please specify):

What is your religion or belief?

- ■ No religion or belief in God/atheist
- ■ Buddhist
- ■ Christian
- ■ Hindu
- ■ Jewish
- ■ Muslim
- ■ Sikh
- ■ Agnostic
- ■ Prefer not to say
- ■ Other (please specify):

Forum evaluation

Overall, how would you rate this event?

0.0% 0.0%

40.0%

40.0%

20.0%

- Extremely valuable
- Very valuable
- Somewhat valuable
- Not so valuable
- Not at all valuable

Do you feel better informed about the topic of the forum?

0.0%

100.0%

- Yes
- No

There were no further comments left by participants who responded to the forum evaluation survey.

healthwatch
Hackney

Healthwatch Hackney
1st floor, Block A
St Leonard's Hospital
Nuttall Street
London, N1 5LZ

www.healthwatchhackney.co.uk
t: 0808 164 7664
e: info@healthwatchhackney.co.uk

@HWHackney
Facebook.com/Healthwatch Hackney
@healthwatchhackney
@healthwatchhackney2587

NHS
North East London