

# The Health and Wellbeing of Lesbian, Gay, Bisexual and Trans Londoners

Dr Justin Varney

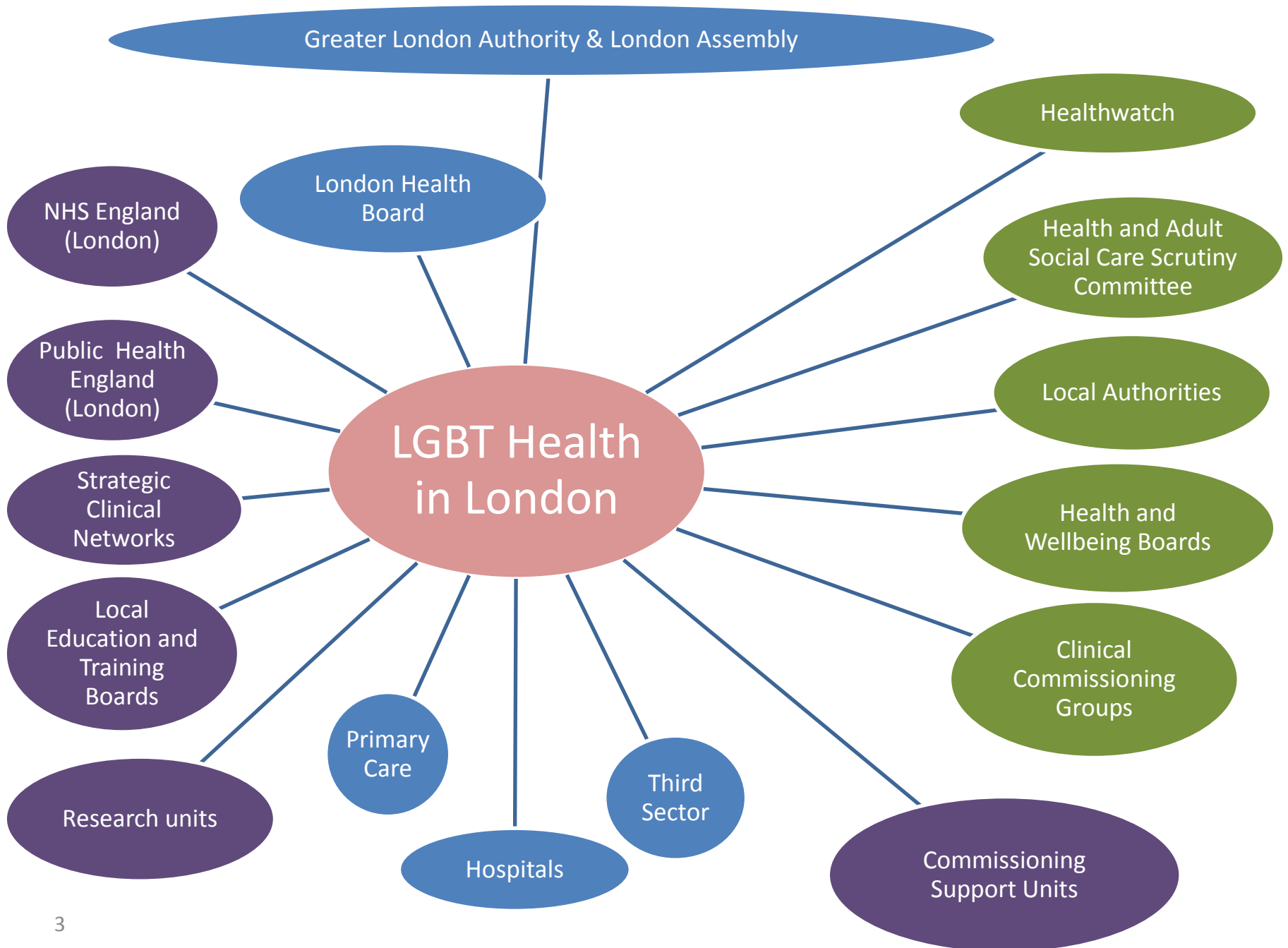
Consultant in Public Health Medicine

Co-Chair Southwark LGBT Network

[chair@southwarklgbtnetwork.com](mailto:chair@southwarklgbtnetwork.com)

Understanding  
the new world  
of Health and  
Social Care





# Understanding who's responsible for what

Local Authority	Clinical Commissioning Group	NHS England (London)	Public Health England (London)	Healthwatch
Sexual health services, including prevention	Abortion services	HIV care support services	National screening programmes	Voluntary sector engagement & voice at Health and Wellbeing Boards
Local Public Health services e.g. Smoking services, Obesity & Weight Management services	Local community health services	General Practice & Primary Care contracts e.g. dentists, pharmacists	National disease registries	
NHS Health Checks	Local hospital services	Specialist commissioning - e.g. gender reassignment services	National public health campaigns e.g. Change 4 Life	
Healthy Child Programme – 5-19yrs	Mental Health services	Healthy Child Programme 0-5yrs	Health Protection & Public Health Observatory functions	

# Key levers at a local level

## Key Documents

- Joint Strategic Needs Assessment
- Health and Wellbeing Strategy and Action Plan
- Equality Impact Assessments

## Key people

- Chair of the Health and Wellbeing Board
- Director of Public Health
- Chair of Clinical Commissioning Group
- Chair of Healthwatch

# Drivers

National outcomes frameworks:

- Public Health Outcomes Framework - [www.phoutcomes.info](http://www.phoutcomes.info)
- Adult Social Care Outcomes Framework –  
<https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>
- NHS Outcomes Framework –  
<https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

LGB& Companion to PHOF is now published and available at:

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/par/E12000004/ati/102/page/7>

Or directly at [www.lgf.org.uk/phof](http://www.lgf.org.uk/phof)

# National evidence of LGB&T Health Inequalities



“Given as a health system we are serious about our mission to address health inequalities, one group that must demand our attention is the lesbian, gay, bisexual and trans community. ...sets out a broad range of research that shows that LGB&T people experience significant health inequalities compared to the wider population, from higher rates of physical and emotional bullying, and risk of homelessness in childhood, through significantly higher rates of suicide and self harm, substance misuse and smoking in adulthood and social isolation and extreme vulnerability in old age.”

*Duncan Selbie, Chief Executive of Public Health England*



# Physical Health

- Cancer
  - Cervical cancer affects lesbians but uptake of screening is patchy and lesbians are less likely to take up cancer screening.
  - HIV is associated with increased incidence of cancer.
- Sexual Health
  - HIV and sexually transmitted diseases are more common in men who have sex with men.
  - About half of lesbian and bisexual women have never had a sexual health check up despite evidence of risk irrespective of partner's gender.
  - 3 in 10 gay and bisexual men have never had an HIV test.

# Mental Health

- Over half of LGB young people, and three quarters of trans people, have deliberately self-harmed themselves.
- 2 in 5 lesbian women, 1 in 3 gay men and 1 in 4 bisexual men have experienced negative or mixed reactions from mental health professionals.
- Nearly a third of trans people who accessed mental health services felt their trans status was regarded as a symptom of mental illness.
- There is a two fold increase in suicide attempts amongst LGB people and 5% of lesbians, bisexual women and men have attempted in the last year and 3% of gay men.
- 84% of trans people have considered suicide with over half making an attempt.

# Health risk behaviours

## Smoking

- Two thirds of LGB have smoked compared to half of the general population.
- 32% of trans people are current smokers.

## Alcohol

- Binge drinking is high across all genders, ages and sexual orientations in the LGB group, with 34% of males and 29% of females reporting binge drinking at least once or twice a week.
- 62% of trans people may be dependent on alcohol.

## Drugs

- Across all age groups, LGB people are much more likely to use drugs, with 35% of LGB people having taken a drug in the last month.
- LGB people are 7 times more likely to be using a recreational drug than the general population, with between 4-13% meeting the threshold for clinical misuse.
- 24% of trans people have used drugs in the last 12 months, with 10% meeting the criteria for clinical misuse.

# Wellbeing and Wider Determinants

## Education

- Over half of 2ndry school pupils are victims of homophobic bullying, and 2 in 5 LGB pupils who experience homophobic bullying skip school because of it.
- 1 in 4 trans young people experienced physical abuse at school.

## Workplace Health

- Nearly 1 in 5 LG people experienced homophobic bullying in the workplace in the last five years.
- 3 in 10 LGB people have missed work in the last 12 months due to stress and 7% have missed a month or more.

## Homelessness

- 22% of LGB&T people have been homeless at some point in their lives.

## Social Isolation

- LGB people over 55yrs are more likely to live alone than heterosexual people of the same age.

# Crime and Violence

- Half of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16yrs compared to 17% of men in general.
- 1 in 4 lesbian and bisexual women have experienced domestic violence in a relationship, two thirds of those said the perpetrator was a women.
- 80% of trans people have experienced abuse from a current or former partner based on rejection of their trans identity, 64% had experienced domestic violence.
- 4 in 5 LGB people who experienced domestic violence never reported incidents to the police and of those that did less than half were happy with the way it was handled.
- 1 in 5 LGB people have experienced a homophobic hate crime in the last three years and 1 in 8 in the last year.
- 3 in 4 victims did not report the hate crime.
- Gay men are two and a half times more likely to be a victim of physical hate crime than lesbians, and BME LGB people are twice as likely to experience physical assault than the general LGB population.
- 19% of trans people have been physically attacked and 38% have been physically threatened because of their gender identity.

# Minorities within Minorities

Compared to the general LGB&T community and the wider population, minority LGB&T populations have:

- Significantly higher rates of suicide, self harm and mental ill health.
- Higher rates of reported domestic violence.

Specific evidence was found to show:

- Higher rates of smoking amongst BME LGB people.
- Higher risk of cardiac disease, diabetes and cancer amongst BME lesbian and bisexual women.
- Fewer LGB disabled people are accessing health and social care services they think they need, and fewer were out to their GP.
- Smoking and drug use was higher amongst disabled LGB men.
- 58% of trans people in one survey had a disability or chronic health condition.
- Bisexual men and women are at increased risk of eating disorders and alcohol abuse and there is some evidence that bisexual men are less likely to test for sexually transmitted diseases.

# London specific evidence of LGBT&T Health Inequalities



# Local Data

- Patchy local LGB&T needs assessments, no standard methodology or question set so very difficult to extract data.
- Funding was often from police not health so focus was hate crime with health as an add on.
- No London specific data on trans experiences.



# Stonewall Gay Men's Health Survey (2012)

- 71.5% had smoked a cigarette – Highest in Lambeth, lowest in Redbridge
- 26.2% were currently a smoker – Highest in Haringey, lowest in Kingston-upon-Thames
- 59.4% had used a recreational drug in the last year – Highest in Hackney, lowest in Kingston-upon-Thames
- Most obese were in Bromley and most underweight were in the City of London
- The largest proportion reporting bad self-assessment of health were in Merton and the largest proportion reporting Very good health was in Kensington and Chelsea
- Highest reported suicide attempt in the last year was in Southwark.
- Self-reported severe depression and deliberate self-harm was highest in the City of London.
- Redbridge had the highest level of reported lifetime occurrence of abuse, over 60%.
- Self-reported diabetes prevalence was highest in Lewisham (28.6%)
- 15.6% had never tested for a sexually transmitted disease, but this rose to 31.3% in Croydon, 17.9% had never tested for HIV and this was highest in Redbridge 38.9%.
- 32.3% had had a negative experience of healthcare.

[http://www.healthyives.stonewall.org.uk/includes/documents/cm\\_docs/Complete/London.pdf](http://www.healthyives.stonewall.org.uk/includes/documents/cm_docs/Complete/London.pdf)

# Stonewall Lesbian and Bisexual Women's Health Survey (2007)

- 26.4% were current smokers, with rate highest in Barnet (36.8%) and lowest in Sutton & Merton (7.4%)
- 6.3% drank alcohol every day in last 7 days, with the proportion highest in Richmond.
- 41% had used drugs in the last year, Highest in Enfield and lowest in Greenwich.
- 45.9% had never tested for an STD, with over 60% never having tested in Richmond and less than 33.6% in Hackney and the City of London.
- Just over 29% had slept with both men and women in the last five years.
- 14% of eligible women had never had a cervical cancer screening test, with the lowest uptake in Sutton and Merton and the Highest in Hammersmith and Fulham.
- 3.5% had attempted suicide in the last year, and 18% had self-harmed in the last year with the rate highest in Bromley.
- 20.4% had experienced domestic violence, with the highest reported rate in Newham.
- Only 23.1% rated their health as excellent, with the highest proportion being in Wandsworth and the lowest in Lewisham.
- Over 18% were obese or very obese, and over 3% were underweight, the most underweight borough was Westminster and the most obese was Bromley.
- 56.6% had had a negative experience of healthcare in the last year.

[http://www.healthyives.stonewall.org.uk/includes/documents/cm\\_docs/2012/l/london.pdf](http://www.healthyives.stonewall.org.uk/includes/documents/cm_docs/2012/l/london.pdf)

Issues,  
challenges  
and  
opportunities



# Issues

Lack of visibility in local and regional strategic documents

Lack of coherent engagement at local level

Poor history and experience of third sector LGB&T commissioning

Inconsistent experience and expectation across the NHS

## Challenges

2013 is a transition year, lots of new people, new jobs and new organisations – loss of memory and lack of clear responsibility

Lack of infrastructure in LGB&T third sector

Lack of monitoring

## Opportunities

New people, new politics and less 'baggage'

Healthwatch should provide voice and seat at Health and Wellbeing Board for direct challenge of commissioning plans and action

# Things to consider/discuss

- At London level
  - How will the London Health Board consider LGB&T need, especially in context of mental wellbeing where evidence is very strong?
  - What support will Public Health England give to local areas to help them understand LGB&T needs and the evidence base?
  - Should there be a London template for LGB&T health needs assessments?
- At Borough level
  - If LGB&T population is not present in current JSNA and Health and Wellbeing Strategy, what can you do?
  - How is equality impact assessment being used?