

A critical review of the mental health needs and barriers facing the UK's Transgender community

Approximately 1% of the UK's populations are thought to be trans or non-binary (Stonewall, 2015). Public Health England (2017) identified increased levels of anxiety, depression and stress in trans people, they were also more likely to face discrimination and marginalisation, with additional inequalities identified for ethnic minority and disabled LGBTQ people.

It is highlighted that trans people also seek counselling for psychological issues that are unrelated to gender or identity (Snow et al., 2019). However, the distress in many surrounding gender non-conformity, societal perceptions and barriers highlighted in this poster presentation, indicate that there are indeed specific needs for this group.

Needs, Barriers & Statistics

A YouGov survey commissioned by Stonewall explored the attitudes of 2,500 Health & Social Care staff in patient facing roles; including receptionist and porters. The Unhealthy Attitudes (2015) report found that:

- **1 in 5** staff members had overheard patients making negative comments regarding trans people
- **1 in 10** were aware of trans staff experiencing poor treatment
- **1 in 14** would be uncomfortable working with a trans person
- Importantly, **24%** were unconfident in their abilities to deal with the needs of trans people and **25%** of staff had not received any form of Equality & Diversity training.
- Trans Mental Health Study (2012) found that 33% of trans people had attempted suicide more than once and 11% had contemplated in the previous year.

The literature reviewed identified 3 emergent themes as barriers in accessing effective mental health support and therapeutic treatment.

1. Fear of being pathologized and stereotyped

Whilst transgender as a mental health disorder became declassified by the World Health Organisation in 2018 and the DSM-5 removed Gender Identity Disorder - some expressed that they felt the psychotherapist saw transgenderism as a disorder requiring treatment.

Fear of discrimination and stigmatization - and the initial exploration of gender were identified as significant barriers to trans people seeking mental health support (Hunt, 2014).

- Previous negative experiences with mental health care
- Not wanting to participate in group interventions
- Not wanting to divulge personal information or their private life
- 40% questioning the results and efficacy of the treatment

(Snow et al., 2019)

2. Incompetence from practitioners, lack of knowledge & understanding

- Ignorance of trans issues, instances whereby the mental health practitioner required education on the cultural and medical aspects of trans people
- Feeling misunderstood by the therapist, all of which led to distrust or feeling a lack of respect which is essential to client – patient relationship
- Unnuanced approach - not exhibiting subtleties, lacking in awareness
- Some felt frustrated that the focus was on gender identity not the core issues that the person sought help for on the other hand some felt it was dismissed. Which ultimately led to disengagement from the process (Hunt, 2014).

3. Affordability & Accessibility

- Hunt (2014) UK study 31% saw affordability as a barrier – infers sought specialism with many seeking private mental health support and added waiting time of clinics.
- Adams et al. (2013) found cost was a major barrier in accessing appropriate mental health support and highlighted a lack of cultural safety – which is described as the ability to provide and deliver a service that appropriately recognises culture and diversity. Important to include study as relevance can be applied to UK regarding cultural competence.
- Gender Identity Clinics (GICs) experiences were problematic as 46% felt that they had experienced difficulties accessing appropriate treatment and assistance
- Excessively long waiting period with 32% on a list 1-3 years & 10% waiting over 3 years (Ellis et al., 2015).

The Gender Recognition Act (2004) reviewed in Sept 2020 concluding that a medical diagnosis of Gender Dysphoria is still required in England & Wales prior to obtaining a gender recognition certificate.

- Administration fee removed

- Aim to reduce waiting times with the opening of 3 new GIC's

(Whittle & Simkiss, 2020)

The term 'trans' relates to people who feel their individual experience of gender is different from how gender is typically viewed in society. For example, those assigned 'female' at birth can identify as male & those assigned 'male' at birth can identify as female (Ellis et al., 2015).

Findings on experiences appear to substantiate the initial statistics

Culture & Postcolonialism Theory

Historically, and in some present cultures trans people were revered in society. During the Mughal period and as far back as the 13th Century, Hijra people were highly regarded, respected and important figures in India. However, after Britain colonises India there is a shift in public attitudes and perceptions, with reference to Hijra people being described as morally indecent - which is still effecting trans people today who are viewed as societal outcasts and face major discrimination. Ancient mythology written in Sanskrit and the Satapatha Brahmana - a Hindu sacred text, refers to the Hijra people as having heroic and almost spiritual qualities (Konduru & Hangsing, 2018).

Clash of Western & Eastern ideals

Britain in contrast at the time revered objectivity and rationalism, known as the 'Enlightenment era' whereby science began replacing religion as the primary source of knowledge (Fernando, 2010). Importance of the spiritual aspect not understood or disregarded.

Cultural imperialism = enforcing or imposing cultural beliefs on a less politically powerful society, creating unequal relationships

Review & Recommendations

Understanding on a wider level via:

Education, Training, Holism and Communication – specifically in employment settings, especially health and mental health settings & government.

Emphasis for treatment:

- I. Evidence indicates a requirement for individualistic or sociological approach dependant on specific needs, empathetic and non-judgemental with the importance of active listening
- II. Specialism & expertise on gender dysphoria, trans issues - training culturally competent practitioners
- III. Increasing access on a wider scale, currently only two Gender Identity Clinics in England for specific mental health needs relating to gender and identity

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