

Mermaids' Response to the Department of Health and Social Care's 'Women's Health Strategy' Inquiry

Mermaids (Registered charity no.1160575) has been supporting trans children, young people up to the age of 19 (inclusive) and their families since 1995.

Mermaids is grateful for the opportunity to respond to this Inquiry within this context. Mermaids would welcome the opportunity to give oral evidence to this inquiry should that be of assistance to the Committee.

Please note that we use 'trans' as an umbrella term for those who are transgender, non-binary, genderqueer, genderfluid, agender, are of non-Western gender identities, and those who have a trans history.

Our Response

1. Introduction

- 1.1. We believe it is vital that the Government ensure that the voices and experiences of trans young people are sought out and listened to, in order to take into account their views around what the Government has titled 'Women's Health Strategy' ("**Strategy**").
- 1.2. There must be explicit recognition by the Government that this Strategy will also include the experiences of those individuals who do not identify as a woman, but whose experiences will resonate with the topics listed within the call for evidence. For example, fertility and pregnancy, endometriosis, menopause, womb and ovarian cancers, menstrual health etc. are all health issues which are not exclusive to those who identify as 'women'. Trans boys and men, non-binary individuals and other gender diverse people's specific experiences with these topics need to be further explored and accounted for within the Strategy.
- 1.3. Moreover, the Strategy should be clearly inclusive of *all* women including trans women and girls who will have specific experiences in accessing healthcare due to their trans status.
- 1.4. As the ministerial forward states, when groups of people are under-represented in clinic trials, and in research and data gathering, it can 'create troubling gaps in data and understanding'. If this Strategy hopes to account for and address this problem, to ensure instances of poor advice, misdiagnosis, that can lead to ill health and worse outcomes, due to a lack of understanding around a person's trans status or gender diversity do not continue, the Government needs to ensure that trans people's experiences of the healthcare system, and access to healthcare are also engaged with, understood and included in the advancement of provision.

1.5. We hope to use this opportunity to outline to the Department of Health and Social Care (DHSC), what we see, in our experiences of support trans young people and their families, as some of the key issues regarding healthcare and access to healthcare for trans young people (this list is non-exhaustive).

2. Access to Gender-Affirmative Healthcare

2.1. We have seen the average waiting times for trans young people trying to access the gender-specialist medical support pathway, namely the Gender Identity Development Services (GIDS), increase significantly since 2016. The average waiting time has increased from between 14-18 months (in 2018), to an average of 24 months or more, prior to the pandemic. During the pandemic, the waiting times have increased to 33-36 months on average. Shocking when you consider that the NHS Constitution has a maximum 18 weeks waiting time for non-emergency treatment.

2.2. We see when working directly with trans young people that for those that need it, without access to gender-affirmative care, (which has been found to drastically reduce mental ill health for Trans young people^{1 2 3}), that such extensive waiting times simply elongate the mental distress felt by many trans young people.

2.3. Due to the lack of education, training and awareness-building for healthcare professionals and other services outside of this gender-specialist pathway, including mental health services such as CAMHS, on how to support trans young people, there is an extreme demand and reliance on GIDS. This not only means that young people are forced to wait extensive periods of time for often life-saving support - the Children's Rights Alliance England ([2016](#)) found, is that 'whilst waiting for treatment [trans] children said they often struggled with depression, self-harm and self-destructive behaviours and had nowhere to turn for support. Nearly 50% attempt suicide' – young people are unable to access the health care support they need anywhere else in the meantime.

2.4. This lack training and awareness of the issues trans young people face is evidenced in a number of ways:

2.4.1. [Stonewall \(2018\)](#) found that **41 per cent** of trans people said that healthcare staff lacked understanding of specific trans health needs when accessing general healthcare services.

¹ Van der Miesen et al. (2020) Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers. *Journal of Adolescent Health*, 66 (6), pp. 699-704.

² Turban et al. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*, 145(2)

³ de Vries et al. (2014) Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment, *Pediatrics*, 134 (4) 696-704

2.4.2. As a recent [study](#) has shown, CAMHS has often imposed outdated gender stereotypes on both trans binary and non-binary young people, in ways which act to undermine and dismiss these young people's gender identity. Many of the trans young people we support have specifically sought our help, following the discrimination and prejudice they have faced from their GP or CAMHS.

2.4.3. Trans young people accessing general healthcare is often described to us by our service users as a 'postcode lottery', with many GPs unsupportive or unwilling to provide care for trans young people or refer them to specialised services where they can receive that care. *Stonewall (2018)* found that 7 per cent of trans people said they had been refused care because they are LGBT, while trying to access healthcare services.

2.4.4. Examples of such conduct includes young trans people being misgendered, their incorrect name being used, and being told they are confused around their sexuality rather than their gender identity. Rather than supporting them in alleviating their mental ill health, their experiences of such services exacerbates mental ill health, which contradicts the objective of healthcare: first, do no harm.

2.5. Even if trans young people are able to access GIDS, a recent [study](#) has shown that the GIDS service itself lacks awareness around young non-binary people's experiences, with many young non-binary people saying they were fearful of presenting as themselves, and felt they had to present in a binary version of gender to access help. This illustrates the critical need for further training and awareness to be updated even amongst GIDS clinicians so that support is available for non-binary trans young people.

2.6. We recommend the following:

2.6.1. Generalised healthcare service professionals, with emphasis on primary care providers, need appropriate and comprehensive training to ensure they are aware of how to support trans young people, so that trans young people are not overly reliant on gender-specialised care which is often inaccessible.

2.6.2. Further training and awareness of non-binary trans identities needs to be given to all medical professionals that support trans young people, to avoid perpetuating harmful gender stereotypes that act as a detrimental barrier from trans young people obtaining the support they need.

2.6.3. Gender-specialist healthcare services must receive better funding from the government to ensure they have the means to meet the demands from service users to a high standard and reduce waiting lists.

2.6.4. Decentralised gender-affirmative care and treatment for trans young people so that trans young people can access desperately needed support outside of often inaccessible specialist care clinics, reducing some of the barriers trans young people face in accessing care, the most obvious being extensive waiting times.

3. ***Mental Ill Health***

3.1. We are aware from our work in supporting trans young people, that many trans young people experience disproportionate levels of mental ill health, and that is for a number of reasons. One of those reasons being, as we've referenced above, the inaccessibility of healthcare support, including a lack of mental health support.

3.2. CAMHS professionals often lack training and awareness of trans young people's experiences with mental ill health, and we hear directly from our services users that often CAMHS professionals are 'unable' to support trans young people, and refer them to GIDS, which currently means young people waiting years for mental health support. On the other hand, CAMHS has been felt by some to have exacerbated trans young people's mental health through instances of misgendering, making harmful assumptions, and failing to provide trans young people with the care they need, or failing to refer them to those who can support them. To be clear, we do not suggest the problem only lies with CAMHS, this lack of awareness is an institutional problem.

3.3. Other factors include, the general lack of support of trans young people and their gender identity in everyday life, whether in school, at home, accessing services and so on. Stonewall's *School Report*, published in 2017, found that:

3.3.1. More than two in five trans young people (**45 per cent**) have attempted to take their own life;

3.3.2. More than four in five trans young people (**84 per cent**) have deliberately harmed themselves at some point; and

3.3.3. Nine in ten trans young people (**92 per cent**) have thought about taking their own life.

3.4. These statistics are devastating and unacceptable, especially when there are numerous studies that show that many trans young people's mental ill health can be alleviated when they are accepted and supported by family members

and wider society^{4 5 6 7}. We should be developing mechanisms to support all young people and offer access to healthcare in a timely way, so to give every young person the opportunity to thrive.

- 3.5. It is also important to note that access to gender-affirmative medical care and interventions, for example in the form of hormone blockers, have also been shown to reduce mental ill health for many trans young people, especially with regard to reducing suicidal ideation and suicide amongst this demographic of young people⁸. However, because of the difficulties of accessing of gender-affirmative medical care, many trans young people cannot access hormone blockers at the recommended early stages of puberty, and therefore, are only able to access such care at later stages, which is shown to be not as effective in reducing mental ill health⁹.
- 3.6. Furthermore, in the last year or so, we have seen an extremely hostile discourse taking place within the UK media and in wider society more generally around trans healthcare, specifically in relation to trans young people. We have also seen the way this hostility has greatly exacerbated trans young people's mental ill health. The Trevor Project in their [National Survey](#) (2020) found that "86% of LGBTQ youth said that recent politics have negatively impacted their well-being".
- 3.7. This open hostility in the media acts to influence wider society, and as we can see from a study published in 2018¹⁰, trans young people who are exposed to transphobic discrimination, either by an individual, or witnessed in the media, often exhibit negative mental health outcomes, which can in turn cause internalised transphobic, aggravating such mental ill health.
- 3.8. In addition, due to the pandemic, trans young people have been further isolated from physical interaction with supportive friends or family members, and often rely on social media for interaction. However, much of this transphobia takes place on social media platforms, leaving trans young people even more isolated and unable to find the support they need. If they are also living in an

⁴ McConnell, (2016). Families Matter: Social Support and Mental Health Trajectories Among Lesbian, Gay, Bisexual, and Transgender Youth. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 59(6), 674–680.

⁵ Russell et al. (2018) Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. *Journal of Adolescent Health*. 63(4):503-505

⁶ Simons et al (2013). Parental support and mental health among transgender adolescents. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 53(6), 791–793

⁷ Horton C (2020) Thriving or Surviving? Raising Our Ambition for Trans Children in Primary and Secondary Schools. *Front. Sociol.* 5:67.

⁸ Sorbara et al. (2020). Mental Health and Timing of Gender-Affirming Care. *Pediatrics*.

⁹ Ibid.

¹⁰ Chodzen et al. (2019). Minority Stress Factors Associated With Depression and Anxiety Among Transgender and Gender-Nonconforming Youth. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 64(4), 467–471.

unsupportive, or even hostile household, the transphobic content they see in the media or on social media, can have an even more detrimental effect on their mental health.

4. *Lack of Research and Data in the UK*

4.1. As the Minister of State in the DHSC has stated, 'in order to tackle taboos and ensure that women's voices are heard, I firmly believe that the provision of high-quality information and education is imperative'. We have already explained above about the harm caused by the lack of training and awareness of gender-affirmative care for healthcare professionals, and would urge the DHSC to produce national guidance for health care professionals across the country on how to support and care for trans young people. We would further ask that this guidance is produced collaboratively with the community stakeholders to ensure it is informed by lived experience.

4.2. There is also a huge gap in the research undertaken and data collected around trans young people's experiences of health care and accessing health care in the UK. Especially, trans young people who belong in other marginalised groups, for example, Black, Asian and other racialized trans young people, disabled trans young people and those from poorer communities and areas. Many of the studies referenced in our response are studies published in international or US-based journals. Alternatively, much of the current research or data gathering is undertaken and funded by LGBTQ+ charities and organisations, who are already hugely underfunded and overstretched.

4.3. To ensure the voices of trans young people are heard, the Government must engage with the trans community, and organisations such as Mermaids who support trans young people, to ensure their experiences of health are heard and accounted for in any Government strategy around health.

5. *In Conclusion*

5.1. As we outlined in our Introduction, the topics we have discussed above are non-exhaustive, and there are many other areas of health that must be addressed with regard to Trans young people within the Governments 'Women's Health Strategy', in order for it to be fully inclusive.

5.2. We would also encourage the Government to discuss these areas of health directly with Trans young people as part of this process of developing a 'Women's Health Strategy'.

5.3. Mermaids would be keen to organise a roundtable with the Committee and trans young people so that you can hear directly from them.

26th May 2021

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