Healthcare Issues for Transgender People Living in Northern Ireland

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Executive Summary

This report examines healthcare issues for transgender people living in Northern Ireland. It highlights the social factors impacting transgender individual’s sense of well-being as well as their experiences of healthcare service provision. The findings presented in the report were gathered through a series of focus groups and interviews conducted with members of Northern Ireland’s transgender community as well as with health professionals that work with transgender service users. Although not comprehensive in its scope, the report highlights a number of important issues of relevance to policy makers in relation to ensuring that equality in healthcare service provision is assured and in the continuing improvement of the overarching standard of gender identity services.

Health concerns for transgender people

Individuals that identify as transgender commonly do so because they come to associate, either intermittently or permanently, with a gender identity that is alternative to their assigned birth gender. This report found that many transgender respondents experience mental health concerns at some point in their life, with depression being the most frequent problem discussed. Poor mental well-being among interviewees was intimately linked to adverse social experiences, which included: social stigma, high levels of prejudice and discrimination, alienation from family and friends and social isolation. The combination of these social factors is often detrimental to transgender people’s self-confidence and self-worth and has left many in the transgender community feeling marginalised from wider society because of their gender identity.

Healthcare experiences

Transgender people access a range of healthcare services for a variety of reasons. A number of respondents reported experiencing inappropriate and even prejudicial treatment when accessing some healthcare services, which included health staff: using inappropriate pronouns, using and displaying old names in front of other patients, offering inappropriate services, providing inaccurate advice, and refusing service provision. Such experiences were found to heighten respondent’s emotional vulnerability, infringe upon their right to privacy and confidentiality, and act to delay access to appropriate therapeutic support. This evidence shows that there are urgent health equality issues for transgender people in Northern Ireland.
that must be addressed by the DHSSPS.

**Healthcare best practice**

Despite interviewees reporting a number of incidents characterised by inappropriate behaviour some did note experiences that represent examples of good working practice, these included health staff: asking service users which pronoun they would preferred to be referred in, using service users’ preferred name, seeking accurate information of where to signpost service users to (if previously unaware of the appropriate channels of care), and not letting personal views or beliefs prevent them from their care of duty. Health staff were said to be in a unique position to help improve transgender individual’s self-confidence and self-worth simply by taking the time to listen and talk to service users in a non-prejudicial manner.

**Lack of awareness and the importance of training**

Almost universally respondents felt that health staff lacked awareness of gender identity issues and transgender people in general. This lack of awareness was seen to be the cause of inappropriate working practices and was linked to the systematic exclusion of transgender issues in professional training. Training was seen by both transgender individuals and healthcare professionals as vital for increasing awareness of gender identity issues and as a way of dispelling myths about transgender people among health staff. Undertaking training would empower health staff by increasing their awareness of good working practices and by providing them with a forum in which to challenge misconceptions that they might hold. Respondents felt that it was important that training included the participation of transgender people in order to facilitate reciprocal engagement.

**Experiences of gender identity services**

Individuals that identify as transgender may undergo gender transition and come to live permanently in a gender identity other than their assigned birth gender. In Northern Ireland there is one regional gender identity clinic (GIC) based in the greater Belfast area. Overall, the majority of respondents were satisfied with the services provided at the GIC feeling that it had improved their self-image and their mental health and well-being. On the whole, interventions were found to be timely, person-centred and designed in relation to the perspective of service users and their relations. Despite general satisfaction, a number of respondents had complaints regarding the limited number of staff at the GIC and difficulties
in accessing the service for those who lived outside the greater Belfast area. Accessibility issues were found to prevent some from accessing the innovative non-statutory peer-support group that has been established under the auspices of the GIC. This peer-support group as well as a family support group initiative reveals the on-going attempts by the GIC to improve the services afforded to service users within tight budget constraints.

**Emerging issues – gender variant children and transgender youth**

This report highlights some important issues in relation to the healthcare provision for gender variant children and transgender youth. Gender variant children and transgender youth are highly vulnerable to social alienation and transphobic bullying and require robust statutory support. Although far from comprehensive in its scope, this report suggests that there is a lack of awareness of gender dysphoria in individuals under the age of eighteen among some service providers. The experiences of one family reveals that this lack of awareness can have damaging consequences for the entire family and lead to the denial of appropriate therapeutic support for the child involved. Therefore, there is a need for the DHSSPS to ensure that there is a an overarching service framework in place to meet the needs of gender variant children and transgender youth.

**Recommendations**

1. Equality and diversity training, which focuses on gender identity issues, should be offered to existing members of health staff on a priority basis.

2. Basic awareness training in gender identity issues should be made a mandatory requirement of the most common professional qualifications, including medicine, nursing and counselling.

3. Increased funding should be provided to the GIC in line with the increasing number of referrals to the service. This increased funding should be used to meet staffing shortfalls.

4. The Department of Health should develop a comprehensive service framework for gender variant children and transgender youth.

*The full version of the report is available at: www.conflictresearch.org.uk*

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