Unequal treatment: the experience of LGBT people in the UK today

Research from the charity Stonewall reveals the extent of the prejudice lesbian, gay, trans and bi people encounter from nurses and other healthcare professionals.

LGBT people face continued discrimination from healthcare staff, including nurses, while their specific health needs are often overlooked, a study revealed.

The charity and campaign group Stonewall surveyed more than 5,000 LGBT people about aspects of their lives, including mental health and well-being, as part of a wider research series.

The resulting analysis, LGBT in Britain: Health Report, exposes poor mental health among many LGBT people, as well as hostility and unfair treatment from health services.

Almost one in four respondents said they had witnessed discriminatory or negative remarks against LGBT people by healthcare staff, while one in seven have avoided treatment for fear of discrimination.

Likened to a paedophile
Nurses were among those displaying prejudice. One survey respondent said: ‘An NHS nurse asked about my recent gender reassignment surgery and then went on to compare me to a being a paedophile, as if being trans is the same thing.’

‘Being LGBT should not mean you’re at higher risk of unequal treatment’
Paul Twocock, pictured, Stonewall director of campaigns, policy and research

Another said: ‘I got sectioned after a suicide attempt and the nurse said my mental health problems were due to allowing Satan in my soul. If I just accepted my true gender then God could forgive me.’

Launching the report, Stonewall director of campaigns, policy and research Paul Twocock said: ‘Simply being lesbian, gay, bi or trans shouldn’t mean you’re at higher risk of experiencing poorer mental health or should have to expect unequal treatment from health services in Britain today.

‘Unfortunately, this report shows that for many, it still does.’

Body of evidence
The Stonewall analysis is not an isolated example of research that exposes concerns about the way some LGBT people are treated when using health services. In July, the UK government published the results of its National LGBT Survey, which drew more than 108,000 responses.

Almost 40% of trans respondents who had accessed general healthcare reported a negative experience as a result of their gender identity.

One woman who identified as queer said: ‘Healthcare providers often just make an assumption of heterosexuality. If you say “my partner” when discussing something, I always get the GP/mental health worker/counsellor/nurse saying “he” in their response, automatically assuming it is a man, when it is a woman.’

And RCN research in 2016 showed that nursing staff were often ill-equipped to meet the health needs of transgender adults and children. The college’s survey of 1,200 nursing staff found that although three-quarters of respondents had encountered transgender patients in their work, 78% had undergone no specific training to support such patients. Just 1% said their pre-registration training had covered transgender issues, despite a steep rise in transgender patient numbers.

Prejudice directed at LGBT people would appear to pervade many areas of healthcare. The Last Outing, a project report on the end of life care experience of older LGBT people, was published in 2015 and funded by Marie Curie. It said 26% of survey respondents reported discrimination relating to their sexual orientation or gender identity from health and social care professionals.

‘Healthcare providers often just make an assumption of heterosexuality’
Stonewall research participant

‘Straight assumptions’
As with the National LGBT Survey, ‘heteronormativity’ – an assumption of heterosexuality – was a key issue identified by respondents to the Marie Curie survey.

RCN diversity and equalities coordinator Wendy Irwin says the extent of inequity revealed in the Stonewall report fits with current trends.
‘Discrimination in all its forms seems to be rising,’ she says. ‘We’ve seen it in relation to race, we’ve seen the persistence of gender inequality in the workplace, so sadly it comes as no surprise that it is also reflected in the experience of LGBT patients.

‘We’re living in an environment of tacit and sometimes overt hostility towards people who are different. We saw, for example, that immediately after the Brexit vote there was a sharp spike in recorded hate crimes.’

But why are some nurses apparently intolerant of difference? After all, it places them in contravention of both their professional code and the law if their actions breach the 2010 Equality Act.

**Staff are under pressure**

Pressure is a factor, Ms Irwin suggests.

‘I think what’s happening is that people are working in systems that are under significant stress. We know there aren’t enough staff, we know there isn’t proper funding, we know demand is rising.

‘When you have those conditions, people do not perform their best.’

Lack of leadership and inadequate training are compounding factors, Ms Irwin suggests. ‘I don’t necessarily feel this is a problem of will. I think there would be very, very few nurses who would treat patients in a way that is openly homophobic or transphobic.

‘But I do think there is possibly an issue around skill and the extent to which organisations such as Health

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Education England, the NHS Leadership Academy, the Nursing and Midwifery Council, and nursing degrees, prepare our nurses, pre and post-registration, to deliver the best form of care for patients who identify as L, G, B or T.

Stonewall head of policy Laura Russell agrees that better education is required.

‘One of the things we would like to see is good investment in inclusion and diversity training for all nurses and healthcare staff,’ she says.

‘And thankfully the government has recognised that health inequality and discrimination in healthcare settings is a particular issue for the LGBT community, which is why they’ve introduced the new post of LGBT adviser.’

Reducing inequalities
This new UK national adviser role, announced in the summer, is intended to lead improvements in LGBT healthcare, with a focus on reducing the health inequalities faced by LGBT people.

Ms Russell says: ‘We’re hoping that, through the adviser, there will be consideration given to the kind of investment in training that healthcare professionals need in order to understand people’s identities – how to respect and ask questions and give people the best possible care, which is what all healthcare professionals want to provide.’

For some LGBT people, notably those with dementia, it is not prejudice that is the primary issue, but invisibility, says Dementia UK consultant Admiral nurse Julia Botsford.

‘One has to look very hard to find targeted services for older LGBT service users,’ she says. ‘But I think it’s more about lack of thought. It’s similar in some ways to issues facing other minority communities where services have grown up with the majority need to the forefront.’

She echoes the call for better training and leadership in relation to diversity but says services must do more to welcome people from different backgrounds.

‘If we truly want to be person-centred, we really need to embrace all aspects of the individual and recognise some people might be reticent because of past experiences or other concerns.’

Progress in providing more inclusive services has been slow, Dr Botsford says. Even so, she is positive about the future.

‘Discrimination seems to be rising. We’ve seen it in relation to race, persistent gender inequality in the workplace, so it is no surprise it is reflected in the experience of LGBT patients’

Wendy Irwin, pictured, RCN diversity and equalities coordinator

‘It’s disappointing there are examples where abuse and discrimination are taking place. ‘But I’m optimistic things will improve because slowly and surely these topics are being talked about and addressed.’

Read Stonewall’s report, LGBT in Britain tinyurl.com/Stonewall-health

Simple steps to help you offer more sensitive care

Avoid assumptions ‘Anyone may be lesbian, gay, bisexual and trans, so always keep an open mind,’ says Aimee Linfield, Pride in Practice coordinator for the LGBT Foundation

Make it visible Be proactive about creating an inclusive culture. ‘For example, putting up LGBT-affirmative posters or being able to signpost to LGBT specialist services can make a patient feel recognised and valued,’ Ms Linfield says

Use open language ‘Make sure you use gender-neutral language – partner, rather than boyfriend, girlfriend, wife,’ says Stonewall head of policy Laura Russell. ‘All those little nods demonstrate that you’re considering LGBT people’

Be patient-centred ‘Give patients opportunities to disclose information,’ Ms Linfield says. ‘Asking “How would you like me to refer to you?” not only gives trans people an opportunity to let you know what pronouns they use, but people may prefer to be known by their first name or they may prefer to be addressed by a title like Mr, Mrs, Ms or Mx. Trans patients may be particularly apprehensive about being on gendered wards, so make sure the patient is part of the conversation’

Check the notes The NHS collects demographic information, including sexual orientation and gender identity. Ms Linfield advises that nurses can use these to gain a broader, person-centred picture of a patient and improve understanding, empathy and care

Don’t worry about slip-ups ‘People may inadvertently say the wrong thing,’ says Ms Linfield. ‘Avoiding assumptions will minimise this risk but mistakes may still happen. If someone points it out, simply apologise and carry on’