brighton and sussex medical school

Trinity College Dublin

Inequalities in Healthcare & Education:

understanding needs and influencing change

17th April 2023 - TCD – Student Event

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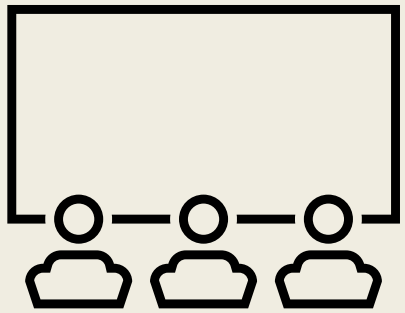
Overview



1. Introduction and background to LGBTQ health needs and health inequalities

2. Case-based learning to illustrate specific examples:

- Gender-identity
- PrEP for HIV
- Sex and health

3. Introduce active bystandership and allyship

Session principles

1. Language matters – but we are here to learn.
2. We are not experts – and we won’t have all the answers
3. We can’t claim lived experience
4. Kindness and collaboration, especially in giving and receiving feedback

LGBTQI?

Stands for ‘lesbian, gay, bisexual, transgender, queer and intersex’

- Covers approximately 5-7% of the UK population.

- So a surgery with a list size of 10,000 patients will have 500-700 LGBT+ patients

- Various other abbreviations used too (e.g. LGBTQIA+) but the intention is to be inclusive of all people who do not identify as heterosexual or cis-gendered

Why worry about LGBTQI health?

Greater health needs, and poorer health outcomes:

- 52% of LGBT people in Britain experienced depression in the past year. Another 10% think they might have done.

- 3 in 5 experienced anxiety.

- One in eight (13%) LGBT people aged 18-24 said they've attempted to take their own life in the last year.

- Almost half of trans people have thought about killing themselves in the past year

For context, NHS Digital report that fewer than 1% of the general adult population attempted suicide in the past year, and 5% had thoughts of it.

Stonewall: LGBT in Britain – Health (2018). https://www.stonewall.org.uk/lgbt-britain-health

Specific health needs – which may not be met

- 1 in 7 LGBT people have avoided seeking healthcare for fear of discrimination from staff
- 1 in 8 have experienced some form of unequal treatment from healthcare staff because they are LGBT
- 1 in 4 have witnessed healthcare staff make discriminatory or negative remarks about LGBT people.
- One in 10 LGBT people have been outed without their consent by healthcare staff in front of other staff or patients.
- One in 20 have been pressured to access services supposed to change or suppress their sexual orientation and/or gender identity whilst accessing healthcare services.

Stonewall: LGBT in Britain – Health (2018). https://www.stonewall.org.uk/lgbt-britain-health

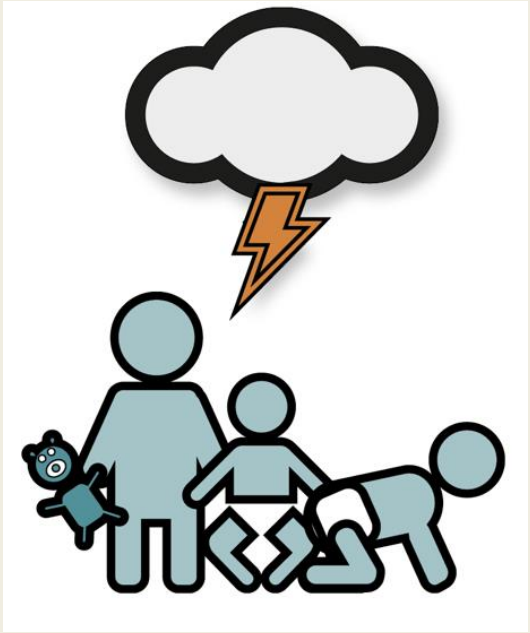
RCGP NI Guidelines: https://www.rcgp.org.uk/policy/rcgp-policy-areas/lgbt.aspx

Why might the LGBT community experience a greater rate of mental illness compared to heterosexual cisgendered people?

The LGBTQ+ community experience more childhood ACEs

Adverse Childhood Experiences ('ACEs')

- Abuse(s)
- Neglect
- Family disruption
- Substance abuse



Impact on brain development

4+ ACEs = association with 2 x chronic disease and mental illness

- In school
  - 75% harassment
  - 35% physical abuse
  - 12% sexual assault
- Family
  - Dysfunction
  - Neglect
  - Intimate partner violence

(Schnarrs et al, 2019; Craig et al, 2020; APA, 2022)

The community is still not safe in the UK

CURRENT AFFAIRS

Brighton falls victim to rush of LGBT attacks

REISS SMITH | MAY 27, 2019 | SAVE FOR LATER

Calls for protection of LGBTQ+ people after spate of hate crimes in Cardiff

Homophobic murder of a consultant psychiatrist in July 2021 was among several crimes recorded at that time

UK news

This article is more than **5 months old**

Spate of attacks across UK sparks fear among LGBTQ+ community

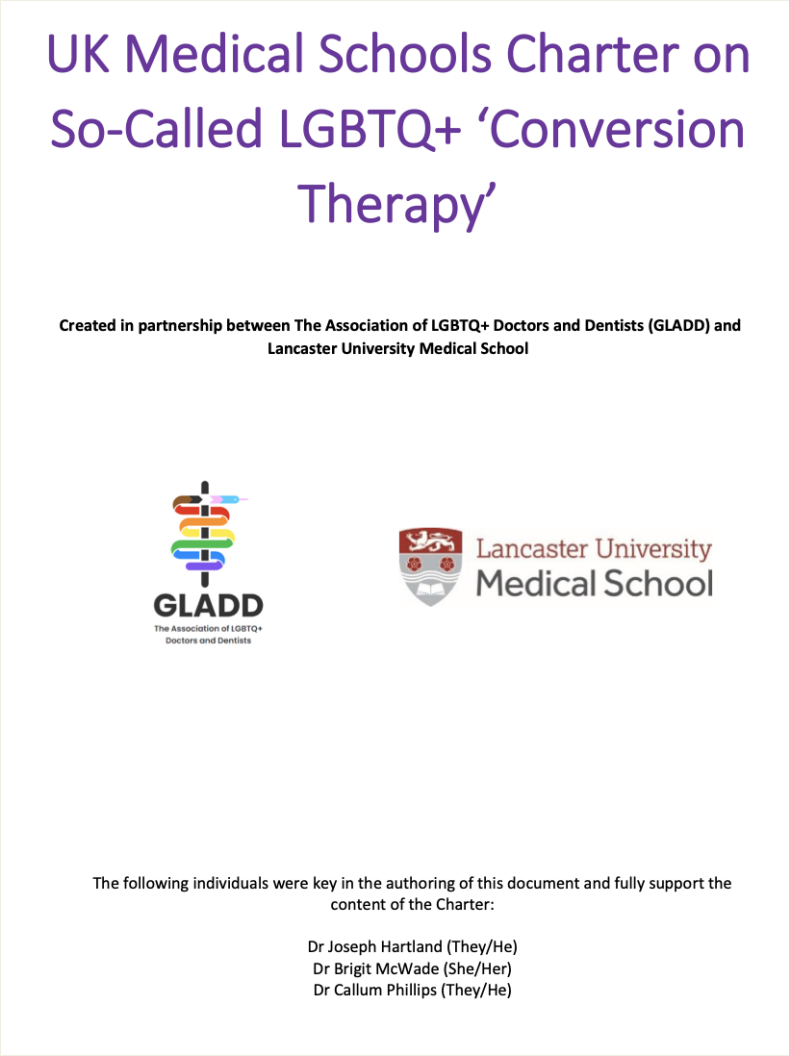
Hate crimes related to sexual orientation and gender identity have increased year on year since 2015

Libby Brooks *and* Jessica Murray

Sun 29 Aug 2021 12.24 BST

‘His sexual proclivities were to be his undoing. By engaging in that activity he rendered himself hopelessly vulnerable and was an easy target’

How consultations may be affected



UK Medical Schools Charter on So-Called LGBTQ+ 'Conversion Therapy'

Created in partnership between The Association of LGBTQ+ Doctors and Dentists (GLADD) and Lancaster University Medical School

GLADD
The Association of LGBTQ+ Doctors and Dentists

Lancaster University Medical School

The following individuals were key in the authoring of this document and fully support the content of the Charter:

Dr Joseph Hartland (They/He)
Dr Brigit McWade (She/Her)
Dr Callum Phillips (They/He)

We know that people who experience childhood trauma:

- Greater rate of chronic illness
- Delayed presentation
- Multiple, complex, intersecting problems
- Mistrust

Patients from the LGBTQ+ community may

- Fear judgement or 'outing'
- Have been pressured into conversion 'therapy'

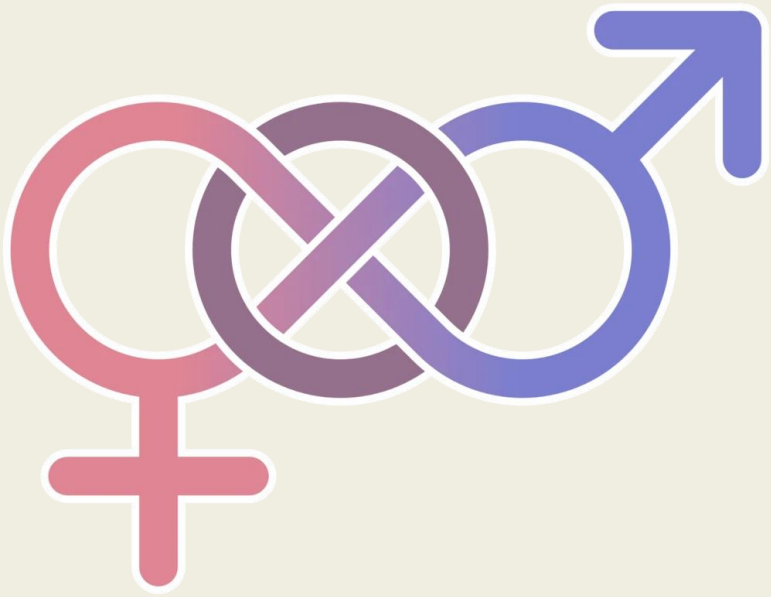
Inclusive practices

- Consider environment
- What implicit signals of heteronormativity are there

Allyship

- Active bystander
- Reflective of privilege
- Use it to support and platform others

Case 1: Gender identity



Learning objectives:

- Management of the initial consultation
- Language
- GIC referral

Case 1: Chris

Pre- consultation info available:

62 year old natal male
PMHx of anxiety and depression
Infrequent consultations – last seen 6 months ago.
On atorvastatin, amlodipine and sertraline
Collects repeats. No previous mental health team input.

Consultation:

‘I think I am trans….and I cannot live like this anymore’
‘Can you tell me how I can access gender identity services’?

Image from: https://edition.cnn.com/style/article/transgender-older-adults-portraits/index.html

A note on language

Sex – refers to biological development and is judged on genital appearance at birth.

Gender identity – A culturally-bound, socially constructed internal psychological identification as man/woman, boy/girl or neither.

Gender expression – Outward manifestation of gender identity.

Transgender/Trans – An umbrella term used for people whose gender identify and/or gender expression differs from the sex assigned to them at birth. Trans people may or may not decide to alter their bodies hormonally and/or surgically.

Transsexual – A desire to live and be accepted as a member of the opposite sex. Usually accompanied by a wish to have treatment to make one's body as congruent as possible with one's preferred sex.

Cisgender/Cis – Used to describe anyone who is not transgender. i.e where sex appearance and gender identity are congruent.

Trans man – A natal female, identifies as male

Trans woman – A natal male, identifies as female

Enby / NB / Non-binary / Gender Diverse – where someone's gender identity does not fit into a categorical notion of one type of masculinity or femininity,

Considerations

Hormonal therapy

Self-sought, bridging prescriptions, monitoring

Screening

Tissue-based, registers and recall

Lifestyle and wellbeing

Smoking, substances, relationships, housing, occupation

Mental health

Specific support, MDT, affirming therapies (inc. SALT)

Contraception

Fertility, reversibility, relationships & sexuality

Case 2: Pre-Exposure Prophylaxis (PrEP)

Learning objectives:

- Risk and intersectionality within LGBTQI community
- HIV prevention and management
- PrEP availability and considerations

Case 2: Pash

Pre- consultation info available:

27 year old female.
PMHx of asthma and eczema, not currently using medication
Infrequent consultations – last seen 11 months ago.

Consultation:

‘I am a bit worried about HIV and wondered if I can get a test’
‘I am non-binary and am in a polyamorous pansexual relationship’

Image: https://www.hopkinsmedicine.org/health/wellness-and-prevention/lesbian-and-bisexual-womens-health-issues

Intersectionality and risk

- We know that within some marginalized communities (e.g. LGBTQIA+) there are some who are at even greater risk of poorer health outcomes.

- This is especially true for people who are Trans and Gender Diverse as well as people who are bisexual (and bisexual women even more so).

- This is thought to be in part due to differential access: many queer spaces are more oriented towards gay men, so others may not feel as comfortable there.

- Age (older adults currently have the greatest rate of HIV transmission in the UK)

Stonewall (2017) LGBT in Britain: Health Report

HIV Prevention and Management

- Treatment can suppress the virus to the point of undetectability
    - Undetectable = Untransmissible
    - Normal life expectancy
- PrEP = Pre-Exposure Prophylaxis, provided ‘on’ the NHS by Sexual Health Services (no prescription charge)
    - Truvada (Emtricitabine/Tenofovir disproxil)
    - Event based dosing: 2 tablets 2-24hrs before, and then 1 tablet 24hrs after (OD)
    - Regular dosing: 1 a day
    - For people of all genders, licensed in adults only

Gains et al (2016) Stockholm Statement, and www.prepster.info

Considerations with PrEP

- Licensed for use as PrEP for adults who are HIV negative
    - Event based dosing is off-license mode of use
- Monitoring of renal function (done by sexual health services, usually annually)
- Regular STI screening (3 monthly)
- Implications for bone mineral density uncertain
- Be aware of interactions
    - PPIs
    - NSAIDs
    - Safe alongside hormonal treatments

Case 3: Sexual Practices

Learning objectives:

- Common sexual practices and risks
- Patient concerns & shame sensitive care
- Myths and busters

Case 3: Lex

Pre- consultation info available:

19 year old man
Previous history includes acne, taking lymecycline
Last consultation 9 months ago

Consultation:

‘I have been bleeding from my bum’

‘I am a bit embarrassed because I think it’s my fault’

Image: https://unsplash.com/s/photos/gay-men

Sexual Practices

- Penetrative versus non-penetrative
    - With or without condoms
- Oral, anal, vaginal, all
- Top (insertive) and Bottom (receptive) roles
- Toys (varying sizes) and other body parts (e.g. fisting)
- Should not hurt or bleed
    - Natural mucous production and muscle relaxation
    - Lubricant (silicone, water based, hybrid)
    - ‘Poppers’ (nitrates)
- ChemSex: swallowing, snorting, smoking, injecting…. (www.avert.org = good resource)

Image: https://www.aidsmap.com/news/jun-2020/quarter-gay-men-report-casual-sex-during-uk-lockdown

Patient Concerns

- Some genuinely fear judgement and blame
- Worry treatment may interfere with sex-life and disrupt relationships
- Concern of permeant damage or changes
- Important to check
    - Pressure and coercion
    - Pain or injury – was the sex consensual, do they feel safe?
    - ‘Epidemic’ of intimate partner violence, sexual assault

Rolle et al (2018) Front. Psychol. 21st Aug

How can we make things better?

Understand how your privilege positions you…

…blind spots

…immunity

…power to speak up

You don't see what you don't shine a light on!

Your own characteristics, such as age, race, gender dis/empower you to speak up and be vocal about harassment – especially when you are not the target or representative of the target group

Active Bystanding…

Direct action…

Distraction…

Delay…

Delegation…

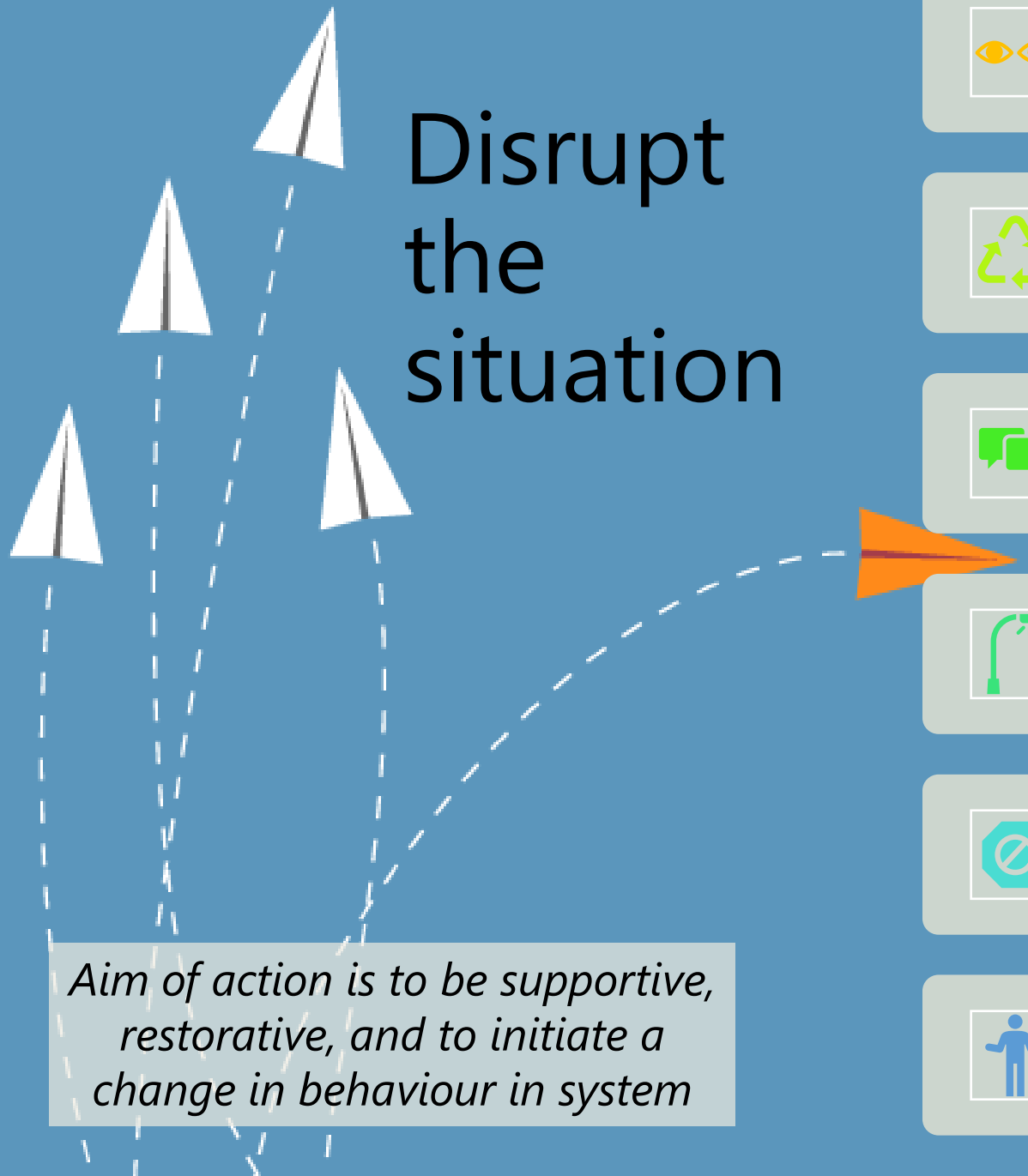
…in daily practice

Recognizing a potentially harmful situation or interaction and choosing to respond in a way that could positively influence the outcome

- Being an ally does not mean jumping in
- Psychological and physical safety is paramount
- What action would be helpful?
- When would it be most constructive?

Aim to be supportive, restorative to victim, and to initiate a change in behavior in system

Disrupt the situation



If you witnaess bullying, teasing, hazing…

Can you distract the harasser? (ask to pass something, ask them directions?)

Insert yourself into their interaction?

Can you fall into step with them – ‘ease in’ to conversation and then steer it elsewhere…

Interrupt the harasser and ask them a question about a patient, or clinical problem?

Pretend to know the person (apologise for ‘being late’?)

Aim of action is to be supportive, restorative, and to initiate a change in behaviour in system

Micro-affirmations

Small acts that convey positive regard and inclusion for the person as they are, in that moment:

- Ask and respecting pronouns
- Asking how to get name right
- Demonstrate understanding and compassion
- Visibility and platforming

(Roberts, 2021)

Caution needs to be taken, though, as some microaffirmations may become tokenistic:

Visibility of allyship (e.g. rainbow lanyards)

The concept of thriving (or languishing) in positive psychology would suggest that for every negative emotion, a person needs to experience three positive ones.

(Fredrickson et al, 2011)

Q & A

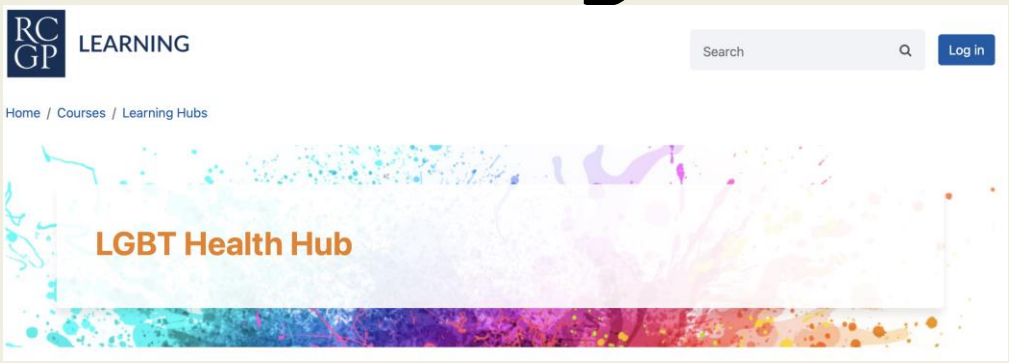
Sources of support:

- Mermaid Foundation: www.mermaidsuk.org.uk
- The Clare Project: https://clareproject.org.uk
- MindOUT: https://mindout.org.uk
- LGBT Switchboard: www.switchboard.org.uk
- Also worth noting that both the GIDS (https://gids.nhs.uk) and GIC (https://gic.nhs.uk) have pages with very good summaries of evidence and information too.

- All About Trans has a directors of support organisations: https://allabouttrans.org.uk/about/support-organisations/

- The Terrence Higgins Trust also offers a lot of different services, advice, and guidance to people from the LGB and T community/ies.

Further Training and Learning



RCGP LGBT Hub: https://elearning.rcgp.org.uk/course/view.php?id=584

RCGP – Allyship: https://elearning.rcgp.org.uk/enrol/index.php?id=559

RCP Gender Identity Healthcare credentials: https://www.rcplondon.ac.uk/education-practice/courses/gender-identity-healthcare-credentials-gih

World Professional Association for Transgender Health (WPATH) https://www.wpath.org

LGBT Foundation (especially Pride in Practice training): https://lgbt.foundation/howwecanhelp

Resources

RCGP NI Guidelines: https://www.rcgp.org.uk/-/media/Files/RCGP-faculties-and-devolved-nations/Northern-Ireland/2017/RCGPNI-Trans-Patient-Guidelines-for-GPs-2017.ashx?la=en

RCGP position statement: https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-position-statement-providing-care-for-gender-transgender-patients-june-2019.ashx?la=en

NHS Gender Identity Clinic: https://gic.nhs.uk

I Want PrEP Now: https://www.iwantprepnow.co.uk/about/

Stonewall (2018) Health Report: https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf