HEALTH REPORT 2023

LIFE in SCOTLAND for LGBT YOUNG PEOPLE

LGBT YOUTH SCOTLAND

CONTENTS

FOREWORD 3

EXECUTIVE SUMMARY 4

INTRODUCTION AND RESEARCH CONTEXT 8

HOW LGBTQ+ YOUNG PEOPLE EXPERIENCE HEALTH SERVICES 11

SYSTEMS, PROCEDURES AND WAITING LISTS 11

UNDERSTANDING AND CARE 14

RESPECT AND AGENCY 19

DISCLOSURE, RISK AND UNCERTAINTY 23

SPECIFIC TYPES OF HEALTHCARE 27

GENDER IDENTITY SERVICES 27

MENTAL HEALTH SERVICES 29

SEXUAL HEALTH SERVICES 34

RECOMMENDATIONS 37

GENERAL RECOMMENDATIONS 37

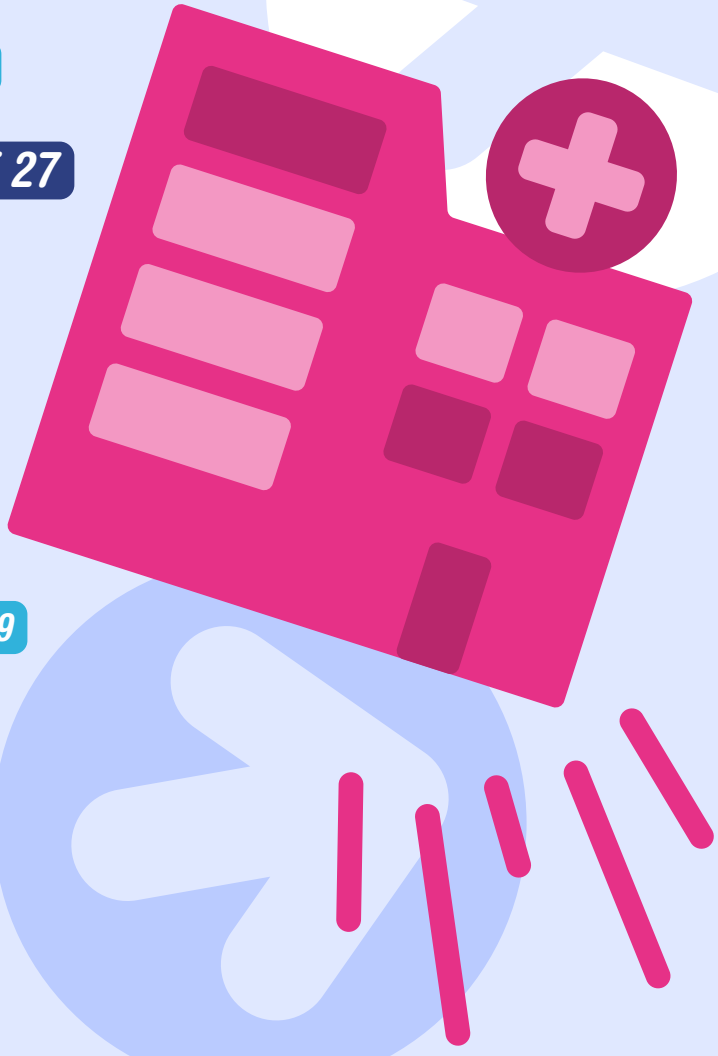
SERVICE-SPECIFIC RECOMMENDATIONS 39

METHODOLOGY 43

TERMINOLOGY 44

REFERENCES 45

ACKNOWLEDGEMENTS 47



FOREWORD

In producing this report in May 2023, we recognise that the NHS is currently undergoing a period of crisis, with increased waiting times for patients and as a result, poorer experiences. This is something that has been felt by the LGBTQ+ community for a long time and is exacerbated by the current circumstances. The Scottish Government has been clear that the NHS is under more pressure than it has been, including at any point during the pandemic. We are therefore pleased to see a commitment from the First Minister, Humza Yousaf, to increase investment in NHS services. We also recognise the tireless efforts of staff to support patients, often in incredibly difficult circumstances.

This report builds on our *Life in Scotland for LGBT Young People* research (2022), which is the biggest piece of research undertaken on LGBTQ+ young people living in Scotland to date. We received almost 1,300 responses to our survey, which covered a range of issues such as health, education, work, and many more. This meant that we were data rich in qualitative feedback, and this data deserved meaningful analysis, given the time and commitment made by young people. Sadly, the findings are stark: young people have often faced long waiting times to access health services, and couldn't access treatment when they needed it most. Young people also reported that some staff lacked in understanding regarding LGBTQ+ identities, and this often had an impact on the care provided to them. At times they also experienced prejudice and discrimination from staff, and the systems and processes they experienced created barriers to accessing services.

This report identifies clear recommendations for NHS boards and the Scottish Government, including a review of procedures, and investment in LGBTQ+ specific training for staff as well as the LGBT Youth Scotland LGBT Charter programme. The specific needs of LGBTQ+ young people need to be considered in sexual health and mental health services, and it is vital that waiting times are reduced for gender identity services.

It is clear from the research findings that LGBTQ+ young people continue to experience significant health inequalities and face real barriers to accessing healthcare. It is therefore essential that whilst work is undertaken to move the NHS on from crisis and redevelop services, the specific needs of LGBTQ+ young people, and other minority groups, are not deprioritised.

Dr Mhairi Crawford
Chief Executive
LGBT Youth Scotland

EXECUTIVE SUMMARY

This research forms part of the LGBT Youth Scotland *Life in Scotland for LGBT Young People* research project, which has been running for fifteen years, with surveys being undertaken to find out what life is like in Scotland for LGBTQ+ young people every five years. A full research report was published in April 2022 following analysis of 1,279 responses to our most recent survey, making this the biggest piece of research on this demographic to date. Following this, we have begun producing supplementary topic-specific reports diving deeper into qualitative responses given by participants. The first of these, our *Education Report*, was published earlier this year and this *Health Report* is the second of these publications.

In our full report, participants were asked about five health services: GPs; Accident & Emergency; Gender Identity Clinics; Mental Health Services; and Sexual Health Services. Across all five services, we noted that the percentage of participants telling us they felt safe and supported was lower than when we last ran this survey in 2017. This prompted us to further explore the ways in which participants believe health services can improve LGBTQ+ young people's experiences. Analysis of qualitative responses relating to health services produced four key themes describing how participants currently experience health services. These are:

SYSTEMS, PROCEDURES AND WAITING LISTS

Young people's experiences are affected and shaped by standardised procedures currently in use by healthcare staff, which often do not allow space for LGBTQ+ young people to express themselves authentically. They also experience lengthy waiting lists, delaying their access to care, frequently finding that there is a lack of communication whilst on these lists which can increase the distress and anxiety experienced before accessing care.

UNDERSTANDING AND CARE

When describing their experiences in healthcare settings, many participants focused on the extent to which they felt understood and cared for by healthcare professionals. Participants felt that it is important that healthcare staff have a clear understanding of LGBTQ+ identities, and that currently many staff members do not have this understanding. Some respondents described experiencing prejudiced attitudes towards the LGBTQ+ community from staff and the negative impact this had on them. On the other hand, many felt that they could trust the health service as they perceived the people working there as caring and empathetic.

RESPECT AND AGENCY

The need to have agency in decisions about healthcare and to be heard by healthcare providers was of clear importance to participants. Responses to the survey indicated that LGBTQ+ young people expected healthcare providers to offer them this respect and agency, both when accessing services and when agreeing to treatment plans. They also expressed a strong need to access healthcare in a non-judgemental space and where accurate, respectful language is used by all staff.

DISCLOSURE, RISK AND UNCERTAINTY

Disclosing an LGBTQ+ identity to healthcare staff was seen by certain participants as important, but was also seen by some as an action that could leave them vulnerable. Many told us that they weighed up the potential pros and cons of coming out to healthcare staff before choosing whether or not to do so, with a fear of prejudice putting some participants off. Many felt that the promise of confidentiality was of critical importance in their decision about how honest to be with healthcare staff. Some participants felt that they would prefer staff to offer opportunities to come out through the use of direct questions; others felt that this needed to be balanced with a respect for personal boundaries and that they should not be required to come out to healthcare staff.

Based on these four themes, we have produced a set of recommendations for health services. These recommendations fall into two categories: general recommendations applicable across all healthcare services; and recommendations for individual healthcare services, based on more specific feedback given by participants who have used them. These recommendations should be considered by NHS Boards, the Scottish Government, wider organisations and decision-makers in the field of health across Scotland.

Our general recommendations focus on a need for the NHS to review paperwork and procedures for appointments, to ensure that they are LGBTQ+ inclusive. We also recommend that LGBTQ+ awareness training for healthcare staff is in place. This should include transgender identities and needs as one of the key points of focus, and another on supporting LGBTQ+ young people through inclusive language and person-centred approaches. The LGBT Youth Scotland LGBT Charter for Organisations programme provides a strong basis for this work, and should be considered for use across healthcare settings.

Further recommendations are made in relation to waiting lists and transition points within services. We recommend that national guidance should be updated to ensure that all patients who are on waiting lists that do not adhere to national 'Referral to Treatment' targets receive a clear timeline for treatment, regular updates and, where possible, suitable alternatives for support. In addition to this, clear guidance, support and regular communication should be given at transition points from youth to adult services across NHS services.

Service-specific recommendations are made for the following health services:

GENDER IDENTITY CLINICS

The current average waiting time for a first appointment with a GIC in Scotland varies by location from around two to five years, and **42%** of participants told us they had accessed support elsewhere when waiting for an appointment with a GIC. We therefore recommend that action should be taken to substantially reduce lengthy waiting times for first appointments at NHS gender identity services as a matter of urgency, including for children and young people. We also recommend that current work to transform gender identity services should prioritise piloting new models of service delivery that better meet trans young people's needs. Standards of care should be regularly reviewed to ensure they adhere to developing expertise in this area, and non-binary service users should be consulted with in order to understand how the service can best support their needs and improve their confidence in accessing services. Finally, services should be adequately funded to provide comprehensive support, now and into the future.

MENTAL HEALTH SERVICES

88% of participants told us they experience one or more mental health condition or related behaviour, with this figure rising to **94%** for trans participants. However only **56%** of participants think they have enough information about mental health. We therefore make a number of recommendations specifically relating to mental health services which are of clear importance to LGBTQ+ young people.

We recommend that tailored training and guidance should be produced for mental health services to support LGBTQ+ young people, with specific content on avoiding pathologising[1] LGBTQ+ identities and supporting LGBTQ+ young people to come out to staff should they wish to do so. We also recommend that LGBTQ+ young people are consulted with meaningfully in the design of this training.

We make specific recommendations to the Scottish Government, namely that targeted work should be funded and delivered for LGBTQ+ young people within mental health improvement and suicide prevention programmes. Funding is also needed to increase capacity within CAMHS and to reduce waiting times for treatment within this service.

Relating to CAMHS, we recommend that support for those young people who do not meet the threshold for treatment be funded, provided and clearly signposted. Young people also require support in choosing when to transition from young people's services to adult services, bringing an end to automatic transition at the age of 18.

1. Assuming LGBTQ+ are unwell due to their sexual orientation or gender identity rather than the prejudice they experience, or other causes.

SEXUAL HEALTH SERVICES

Under half of participants (**46%**) told us that they believe they have sufficient information on sexual health, and just one third (**35%**) would feel comfortable talking about sexual health issues with their doctor. We therefore recommend that sexual health policies, standard procedures and available resources should be reviewed to ensure they are relevant and accessible to LGBTQ+ young people. Staff should receive enhanced training on LGBTQ+ identities and in particular the specific needs of LGBTQ+ people within sexual health services. The language used within consultations should be gender-neutral, and questions asked should be inclusively framed, allowing LGBTQ+ young people to set boundaries around the level of disclosure they are comfortable making to staff.

This report makes evident that LGBTQ+ young people continue to face significant barriers to accessing healthcare, and that further training and redevelopment is needed within healthcare services to ensure LGBTQ+ inclusivity is achieved. The needs of LGBTQ+ young people must be considered and met as services are redeveloped and made fit for purpose.

INTRODUCTION AND RESEARCH CONTEXT

This report has been developed as part of the LGBT Youth Scotland *Life in Scotland for LGBT Young People* research project, a nationwide survey of LGBT young people between the ages of 13 and 25. This research has been running for over fifteen years, with surveys carried out every five years, with the number of young people participating almost doubling each time surveys have been conducted.

This time, 1,279 young people participated, making this the largest piece of research involving LGBTQ+ young people in Scotland to date. *The Life in Scotland for LGBT Young People* research has had a huge impact already, being quoted in the Scottish Parliament and referenced in academic papers, and the findings are being used to influence policy and decisions which improve the experience of accessing public services and education for young people.

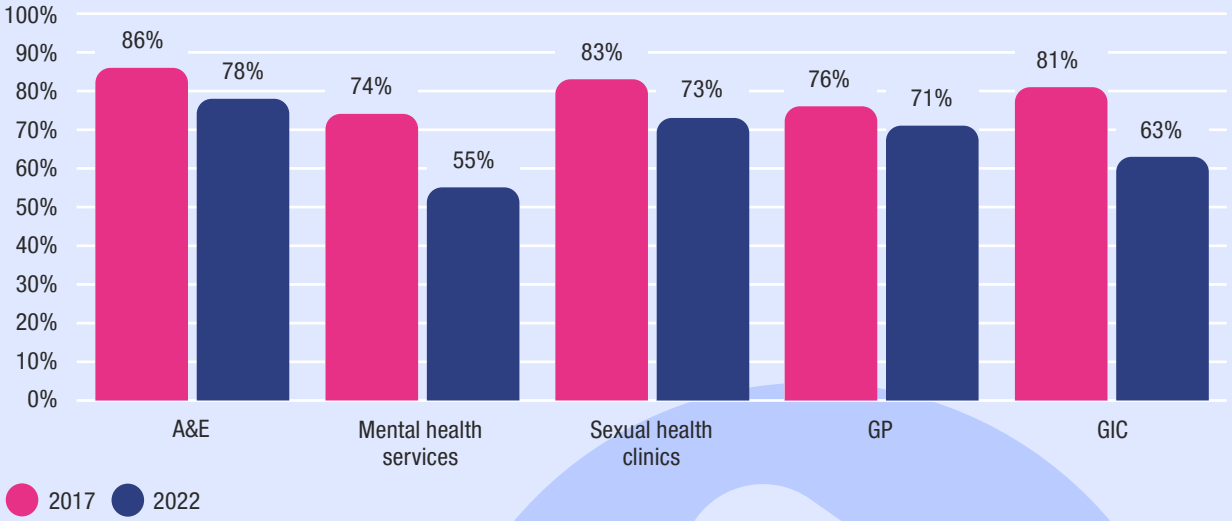
Following its launch, we are developing a set of reports which explore key topics from the *Life in Scotland for LGBT Young People* research in more depth. This report is the second in a set of 'deep dives' into topics that were of significant importance to young people. The first of these focused on LGBTQ+ young people's experiences of education and was launched in February 2023. This Health Report focuses on participants' experiences of accessing healthcare. It explores good practice, barriers to inclusion, and ways in which young people believe the experience could be improved in order to make them feel safer and more supported. It is important to note that at the time of data collection and writing this report, the NHS is under unprecedented pressure as it recovers from the additional strain placed on it by the COVID-19 pandemic and ongoing funding and staffing crises. We acknowledge that it is an incredibly difficult time for NHS staff, however this report focuses on the needs and experiences of young LGBTQ+ people, who should be given adequate consideration in the development of NHS services.

What do we already know?

- LGBTQ+ people experience poorer physical and mental health than the heterosexual/cisgender population, and are more likely to experience a poorer healthcare outcome or to experience a long-term illness or disability (Saunders, 2022).
- Lesbian women are less likely than heterosexual women to see a GP (Urwin & Whittaker, 2016).
- Lesbian and bisexual women in the UK report lower levels of trust and higher levels of dissatisfaction with medical consultations than heterosexual women (Varney & Newton, 2018).
- Over 1 in 10 LGBT people, and 1 in 4 trans people, in Scotland have been treated unequally by healthcare staff due to their LGBT status (Bridger et al., 2018).
- The 2018 LGBT in Scotland Health Report found that 23% of LGBT people had experienced inappropriate curiosity from healthcare staff because of their sexual orientation and/or gender identity (ibid.).

Our *Life in Scotland for LGBT Young People* research shows participants reporting mixed experiences and multiple challenges to engaging with health services in Scotland. In addition to this, our research found that between 2017 and 2022, the percentage of participants responding to our survey reporting feeling supported and respected by health services fell in all areas, as shown below in Figure 1.

Figure 1: Percentage of all participants who feel supported/respected by each health service they have used [2]



2. n = A&E n = 482, mental health services n = 571, sexual health clinics n = 286, GP n = 791, GICs n = 171

Noting the downward trend in feelings of support/respect, we explored the qualitative responses supplied by participants relating to engaging with health services in greater detail. In doing so, we wanted to find out:

1. ***How are LGBTQ+ young people experiencing health services in Scotland, and what are the challenges and successes they encounter?***
2. ***What could be done to improve the healthcare experience for LGBTQ+ young people?***

In response to our first question, this report begins by exploring four key themes developed in this research which describe how LGBTQ+ young people experience health services in Scotland. These four key themes are:

SYSTEMS, PROCEDURES AND WAITING LISTS

UNDERSTANDING AND CARE

RESPECT AND AGENCY

DISCLOSURE, RISK AND UNCERTAINTY

The report then explores responses given by participants in relation to three frequently mentioned specific types of healthcare: mental health services; sexual health services; and gender identity clinics.

Finally, in response to our second question, the report concludes with a set of recommendations for policymakers and researchers in order to suggest ways in which the experience for engaging with health services could be improved for LGBTQ+ young people in Scotland.

HOW LGBTQ+ YOUNG PEOPLE EXPERIENCE HEALTH SERVICES

SYSTEMS, PROCEDURES AND WAITING LISTS

POLICIES

Many young people mentioned policies which protect them from discrimination as having a positive impact on their experience of seeking out healthcare. Some of the policies identified were national or legal requirements for NHS staff to act in a non-discriminatory way, and others were local agreements on LGBTQ+ inclusivity within the healthcare setting. The need for protection from discrimination felt by participants was not restricted only to their LGBTQ+ identity; others mentioned other protected characteristics such as age, saying things like:

> ***"I feel safe because I'm a child and they couldn't legally hurt me mentally or be homophobic."***

Some focused on the LGBTQ+ specific protection offered by these policies, and emphasised the need to be reassured that the system would not tolerate individual staff members practising in a discriminatory way.

> ***"I feel that the odds of a healthcare professional being blatantly homophobic are fairly slim since they would get referred to the GMC, but I worry that they might privately become biased against me because of my sexuality, or that I might experience subtler forms of discrimination (e.g. them questioning if I'm really asexual or panromantic if birth control came up, for example)."***

INDIVIDUALS WITHIN THE SYSTEM

Related to this, many participants told us that they felt that an individual staff member's behaviour was often the defining factor affecting their success in engaging with healthcare services.

> ***"Patient-facing experiences of the health service can vary so widely depending on nurse attitudes towards the patient, their appearance, and the nurse's perceptions of what a patient in pain or distress should look like."***

For many participants this theme related to finding sympathetic individuals within an unforgiving system.

> ***"I feel rejected and neglected by the GICs and the NHS on an institutional level. But my GP has been kind and referring me when I requested. They weren't able to prescribe me HRT but that's normal and I didn't expect them to. They offered me their continued support which is all I can ask for."***

PROCEDURES

An unforgiving system was experienced particularly by participants encountering standardised forms, procedures and scripts within health services. Previous research has found that non-binary people in particular are often unable to have their gender recognised within healthcare settings (Valentine, 2016). This continues to be the experience for many participants in our research. Many noted that forms do not include appropriate gender options for them to select, and that more generally there was a lack of understanding around non-binary identities.

> ***"I feel unsafe/unsupported when forced to out myself on patient intake forms, because there are no gender options that include me."***

Other participants met with resistance when updating the way they are addressed and named on their medical records:

> ***"My GP has refused to change my name on my NHS records without a deed poll, when I know that one is not legally necessary for that."***

ACCESSIBILITY AND TRANSPARENCY

A non-inclusive environment was not the only barrier participants told us they had encountered when seeking healthcare. Many young people told us they felt that they had to fight for the healthcare they received, and that success was not guaranteed.

> ***"Long wait lists, sudden cancellations, easy to fall through the cracks. I feel like I've fought for everything I have, and it's nowhere near enough."***

Those who had good experiences often attributed this to knowing where in the system to look for the help they needed and the availability of information when they needed it. Being able to navigate the healthcare system and having the knowledge on how to do this efficiently was a key factor in participants' success in receiving the care they needed.

> ***"Services being offered and talked about openly, not having to be the one to ask for them, just to know that they are there and are offered."***

In order to help with navigating the system, participants suggested that healthcare staff could actively signpost to appropriate services and sources of information, linking them into the correct areas of the service or external services where appropriate.

> ***"I have been to GP in past who has directed me to mental health services and charity support and support lines which I find helpful."***

WAITING LISTS

One of the biggest concerns for participants was the prospect of being held on waiting lists for long periods of time before they could access the healthcare service they needed. The time spent on these lists was described as distressing and, in many cases, left participants feeling helpless.

> ***"I think the wait lists make people feel like they don't matter. After I left CAMHS cause I turned 18 I have had a full year of waiting with no real help and only got worse."***

In addition to the length of time spent waiting, participants also felt strongly that a lack of communication during the waiting period exacerbated the distress they experienced. Some participants were left feeling unsure whether they were still on the list or had been lost in the system, whilst others felt that not knowing if they would be seen and when they would be offered an appointment was stressful or made them feel unimportant.

> ***"I tried to kill myself in August, I was referred to a mental health team in May but they never got back to me. After my attempt I was referred, it's October now and I'm meant to have my first phone consultation today but I don't know if they'll actually call. This didn't make me feel very supported. (I've called them multiple times after my first and second referral and they always say they'll phone back and they never do)."***

UNDERSTANDING AND CARE

When describing their experiences in healthcare settings, many young people focused on the extent to which they felt understood and cared for by healthcare professionals. Participants felt that it is important that healthcare staff should have a clear understanding of LGBTQ+ identities but that currently, many staff members do not have this understanding. The negative impact of meeting staff with prejudiced attitudes towards the LGBTQ+ community was described by many participants. On the other hand, many felt that they could trust the health service as the people working there had chosen to go into a profession that, first and foremost, exists to care for people regardless of their identity.

Understanding of LGBTQ+ identities

Many participants told us that their experience of healthcare is largely determined by the level of understanding their provider has of their LGBTQ+ identity, and how this might affect the issue they are seeking help with.

> ***"When accessing mental health support, I have found depending on the person the understanding of how sexuality and mental health interact can vary wildly. I have had one great therapist, but the others have I assumed I am straight and asked about boyfriends/men, have not known how to talk about it when I have mentioned it, or have not understood how homophobia and being closeted has impacted on my mental health."***

Experiences in this area varied, with some young people finding that staff lacked in understanding whereas others found that staff were either well prepared to discuss LGBTQ+ identities or at least willing to try their best to support them.

LABOUR OF EXPLAINING YOUR IDENTITY

Some participants expanded on this, and told us about the additional labour involved in explaining LGBTQ+ terminology and information about LGBTQ+ identities to staff who didn't already have an understanding of these, and how this could be a barrier to feeling supported by health services.

> ***"Mental and sexual health professionals are still often very ignorant to trans issues, which makes interacting with them emotionally taxing as they have to "walk on eggshells" around my identity or I have to take the time to educate them on topics that all healthcare providers really should be in the know about."***

Some participants felt that this additional labour was simply exhausting, whereas others felt that it impacted the extent to which they were able to be honest with healthcare staff, or that it limited the standard of care they received from these staff members.

> ***"I've been treated like I'm either confused or confusing. This doesn't foster an environment which makes me feel able to discuss things with them honestly."***

PATHOLOGISING LGBTQ+ IDENTITIES

Some young people feared that a lack of understanding of LGBTQ+ identities might lead to staff members pathologising aspects of their identity. A number of asexual participants in particular described experiencing this.

> ***"While I have not been directly affected as I am not out to my GP I am afraid that coming out as asexual will instead get me labelled with a hormone disorder and that I will not be taken seriously... Asexuality is still treated as a disorder especially when patients are not aware of the term."***

The effects of this pathologising were far-reaching, with some participants stating that it made them feel like their identity was not respected, or that they felt invalidated by the treatment they received.

> ***"Psychologist in CAHMS told me my asexuality and sex repulsion "would go away once I had a husband" this invalidated the fact that I might not ever get married and even if I do could have a wife. It made me feel broken like something was wrong with me not wanting to have sex and that I needed to be fixed. It still makes me feel like no one will ever want to be with me or love me if I don't want to have sex with them and still sometimes makes me think I'll die alone because there's something fundamentally wrong with me as a person."***

Prejudice

Prejudice from staff towards the LGBTQ+ community was a concern for many participants. Some described personal experiences of discrimination or being treated differently to cisgender/heterosexual people within healthcare settings. Others described a heteronormative/cisnormative environment, where assumptions were made about their lives, sometimes resulting in a lack of appropriate care due to healthcare staff not picking up on important information about a young person's identity and experiences.

STEREOTYPES, PREJUDICE AND HOMOPHOBIA, BIPHOBIA AND TRANSPHOBIA

Many young people described experiencing discrimination or meeting prejudiced attitudes from healthcare staff when accessing care. Homophobia, biphobia or transphobia affected the care they received and the way they felt about the experience. Some felt that their needs were neglected due to this discrimination:

> ***"In A&E I was forced to wait longer and was treated like rubbish for my appearance. They said If I could dress the way I do then I don't need a carer, and my dress code is in accordance to my identity and it felt like it was being attacked."***

Others felt that this discrimination affected the way they felt about themselves following the experience:

> ***"CAMHS has in the past made invalidating/dangerous comments toward my gender identity. Once suggesting that my anxiety could be due to the fact that cis people could see me as a threat in public bathrooms, which is a very worrying thing to hear."***

A large number of participants described feeling that staff members' personal opinions affected the way they treated LGBTQ+ people in their care:

> ***"My CAHMS therapist told me on multiple occasions that bisexuality does not exist and that all of my mental health problems come from being confused and being unable to pick a side."***

Previous research has produced similar findings, with participants in the LGBT Foundation's 2017 study finding that 1 in 5 participants (**21%**) reported homophobia, biphobia or transphobia when accessing healthcare services, with trans and non-binary participants experiencing a higher level of discrimination (LGBT Foundation, 2017).

BEING TREATED DIFFERENTLY AS AN LGBTQ+ PERSON

Related to this, some participants described experiences that they did not class as homophobia, biphobia or transphobia, but that still resulted in them being treated differently to heterosexual or cisgender people. This echoes previous findings that over 1 in 10 LGBTQ+ people in Scotland (**13%**) reported feeling that they had been treated unequally by healthcare staff due to their LGBTQ+ identity. This figure rises to 1 in 4 (**26%**) for trans people (Bridger et al., 2018).

> ***"Some professionals have suddenly stopped taking issues seriously when they found out I don't identify as straight. I have since gotten round this by simply making sure they don't know but that should obviously not be necessary."***

Many participants told us that this discrimination, or the fear of being discriminated against, put them off seeking treatment.

> ***"I am actively deciding not to contact my GP for multiple health issues due to being scared of direct discrimination, being a laughing stock, being misunderstood, and not taken seriously."***

CIS/HETERONORMATIVITY AND ASSUMPTIONS BEING MADE

Some participants felt that their experience was not discriminatory as such, but that assumptions were often made about them that affected the way they were treated by healthcare professionals. These related to their relationship and LGBTQ+ status and their gender identity. These assumptions can lead to incomplete understandings of an individual, and potentially a lack of care, particularly within sexual health services.

> ***"Nobody has ever asked me whether I'm a woman that has sex with women. I've been given healthcare as though I only have sex with men."***

Many participants told us that the procedures and standard questions used by healthcare staff reinforced heteronormative or cisnormative assumptions, and didn't address their LGBTQ+ identity, either missing information that would be critical to them receiving appropriate care, or resulting in them experiencing the healthcare setting as a non-inclusive environment.

> ***"When trying to access help at a sexual health clinic they couldn't help with what I needed as I didn't "fit" their criteria because of my gender identity and sexual orientation. They basically needed me to say what "they needed to hear" so they could provide care for my specific need, as under their criteria, I wasn't "at risk"."***

Support/care

A key theme in participants' descriptions of accessing health services was the extent to which they felt that staff actively supported them. Some reported experiences of staff engaging with them in a supportive and caring manner, offering acceptance and friendly healthcare. Others however felt that their experience was of being turned away without sufficient support in place.

ACTIVE SUPPORT/CARE OR BEING TURNED AWAY

Participants tended to describe feeling safe and supported when staff actively showed that they were invested in caring for them. This might be providing additional resources following treatment, or directing young people to further sources of support.

> *"My new gender doctors are both quite understanding, they've shown great care in under-standing and believing me and have my reassessment as easy and painless as they could have while also referring me to other relevant services for issues with my sexual health."*

Other ways in which staff might show active support might be regular communication or checking in on their patients in follow-up appointments.

> *"I like it when they follow queries up and pay close attention to you. Behave like they really care about you and your health. That's all you can really ask for."*

On the other hand, a large number of participants described feeling unsupported. Many felt that they had been turned away with an insufficient level of care being provided, or care being refused entirely.

> *"I have had no support with mental health problems, despite being suicidal for roughly ten years. The only time I managed to build up the courage to ask for help, my GP dismissed my depression completely and I was left feeling frustrated and embarrassed. It has made me very wary of trying to ask for help again."*

ACCEPTANCE, INCLUSIVITY AND FRIENDLINESS

Some of the most positive reports of healthcare given by participants related to those staff who indicated that they were accepting of LGBTQ+ identities and who aimed to practise in an inclusive way.

> *"I've found myself rather lucky insofar as all of the doctors/nurses that I have spoken to about my gender have been very accepting. I feel as though they perhaps are unsure of how to handle it sometimes, though they do their best from what they know."*

For some participants, this improved the extent to which they felt they could be honest with healthcare staff, and for some this improved the quality of the healthcare that they were provided with. A few participants went further, saying this offered them a safe space within the health service that they would not have access to elsewhere:

> *"I have always felt safe speaking to medical professionals and feel I am able to be open and honest. When I first came out to my mum she drove me straight to the GP in some distress and told the GP what I had told her and the doctor ignored my mother and turned to me and said "that is completely normal, and I am really happy for you", which was the first good coming out experience I had got, as everyone else I had told reacted badly."*

In addition to a focus on LGBTQ+ inclusivity, participants reported that they felt most comfortable with staff who were more generally open, friendly and warm towards them, saying that they sought out:

> ***"Good friendly staff that can break down barriers and make it feel less awkward."***

ABLE TO TRUST STAFF/THEY ARE THERE TO HELP

Another key concern for participants was the extent to which they felt they could trust the person supporting them, particularly in relation to respecting their LGBTQ+ identity. For some participants, losing this trust was hurtful and damaged their relationship with the professional in question:

> ***"Finding out a professional you trusted was misgendering you behind your back hurts."***

For others, the need to be able to trust the person working with them went further, and losing this trust posed a risk to them receiving appropriate care:

> ***"I don't know if I would be putting my health at risk if I was honest with a doctor about my gender, e.g. the possibility of being taken off birth control pills because they're a transphobe that believes I'm taking it for the wrong reasons."***

Although some participants felt cautious trusting staff working within the healthcare service, others felt that they could put their faith in these people simply due to the fact that they had chosen to enter a caring profession and were therefore in their role because they wanted to help.

> ***"Most health service people do the job because they care about people."***

RESPECT AND AGENCY

The need to have agency in decisions about healthcare and to be heard by healthcare providers was of clear importance to participants. Respecting a young person's views and taking these seriously is an important part of ensuring their well-being, so much so that it is enshrined in Article 12 of the UN Convention on the Rights of the Child (United Nations 1989). Participants in our research were clear that they wanted healthcare providers to offer them this respect and agency when accessing services.

Respectful staff

JUDGEMENT/LACK OF JUDGEMENT

One of the key themes within participant responses was an appreciation of staff members who created a non-judgemental atmosphere within their service.

> ***"I've never felt judged by a doctor when talking to them about anything, whether to do with my sexual, physical, or mental health – even when the topic at hand is a typically taboo one."***

Feeling judged was described not only as an uncomfortable experience for participants, but also an experience which affected how honest they would choose to be with healthcare staff and how much personal information they'd feel comfortable disclosing, and which in some cases would affect whether or not they would choose to re-engage with the service in future.

> ***"I was referred to CAMHS last year (only for one session) and the session lasted an hour but I didn't feel able to mention anything about my sexual and gender identity because she was a bit judgemental."***

RESPECT FOR YOU AND YOUR IDENTITY

Related to this, some participants felt that, regardless of the personal views of staff members, they would expect healthcare professionals to act respectfully and not make them feel uncomfortable.

> ***"Even if they don't support I would like it if they respect LGBTQ."***

In addition to respect for LGBTQ+ identities, it was also felt that there should be a general respect offered to anyone accessing these services, and that staff should be:

> ***"Respectful, well-trained, empathetic, compassionate people who care about the person, not the body."***

This was important to participants not only as part of professional conduct, but also in ensuring an atmosphere where they could feel comfortable sharing personal information with staff who would treat it with the dignity that it deserved.

MISGENDERING, NAMES AND PRONOUNS

Staff can show respect for LGBTQ+ young people by addressing them correctly, avoiding misgendering and calling the person by the name they ask them to use.

> *"I feel safe when a doctor uses my correct name and pronouns and doesn't skirt around the topic."*

Many participants told us about experiences of being addressed incorrectly, and the effect this had on their engagement with health services. For some young people, being addressed incorrectly led to them choosing to disengage with this service:

> *"My CAMHS worker refused to use they/them pronouns when referring to me which led to me stopping attending those appointments."*

For these young people, staff failing to address them correctly resulted in them missing out on healthcare. For others, however, disengaging was not an option, and instead they were forced to accept care in which their identity was invalidated throughout:

> *"As I'm disabled I've had to go to hospital multiple times and have doctors appointments almost once every week. I never get called my preferred name or pronouns making it distressing and making it a struggle to feel comfortable getting the help I need."*

Previous research has found that trans people in the UK frequently encounter negative experiences in this area. McNeil et al. 2012 found that many participants had encountered staff using an incorrect pronoun for them, sometimes accidentally (**55%**) and sometimes on purpose (**26%**) (McNeil et al., 2012). Although McNeil's study was conducted over a decade ago, our research suggests that many trans young people continue to experience being misgendered today.

ACCURATE AND RESPECTFUL USE OF LANGUAGE

In addition to being addressed correctly, participants felt strongly that the accurate use of LGBTQ+ related terminology was a key determiner in how comfortable they felt during appointments. The inaccurate use of language was seen as a sign of a lack of awareness and understanding.

> *"Total lack of education surrounding trans issues, this means that the language used was usually out-dated or inappropriate and I didn't feel able to speak openly about my gender and the impact that it was having on me, as I spent most of the time educating the team that worked with me. It felt that in order to access support, I had to support them first to understand me."*

In a similar way to being addressed incorrectly, the incorrect use of language related to sexual orientation or transgender identity was a barrier to LGBTQ+ young people feeling comfortable accessing a service, and would put many off seeking help from the practitioner in question in the future.

Agency and being trusted to know yourself

Young people were clear in their responses that they felt that it was important they were listened to and taken seriously during appointments, and that the needs and concerns they expressed were treated as valid and authentic.

BEING TAKEN SERIOUSLY AND BEING LISTENED TO

In addition to being addressed correctly, participants felt strongly that the accurate use of LGBTQ+ related terminology was a key determiner in how comfortable they felt during appointments. The inaccurate use of language was seen as a sign of a lack of awareness and understanding.

> ***"What has made me feel safe in the past has been people who have listened and taken my issues seriously."***

Many felt that this would greatly increase their feelings of being safe and supported within health services, whilst many of those who had not experienced being genuinely listened to felt that this would put them off from engaging with the service in the future.

> ***"I feel like they don't listen enough and don't take what you're saying seriously sometimes. They'll tell you you're technically fine but there's still something wrong. I don't go to the doctors unless absolutely necessary."***

Some participants felt that aspects of their identity could affect the likelihood of being listened to and taken seriously by practitioners. Gender identity, mental health conditions and neurodivergence were all mentioned as factors that might affect this.

> ***"Actually listen to me instead of insisting I'm wrong because I'm autistic."***

BEING BELIEVED

In addition to being heard, participants expressed a need to be believed, to be trusted to know who they are and to have their concerns treated as valid. Many reported experiences of practitioners not believing them, attributing their feelings to being 'just a phase' or dismissing them as 'just' a young person:

> ***"I only ever mentioned my thoughts on my sexuality once and they told me I was too young to know if I was queer and I needed to "change my language". I wasn't a lesbian, I was just experiencing passing feeling of same sex attraction. If I didn't already feel like I had nobody to talk to I definitely did now."***

Others reported that they had not been believed and made to feel as if they were attention-seeking, or that their identity put them at risk of not being trusted by practitioners.

> ***"GP had harmful views about my being trans and believed harmful stereotypes and thought being trans was some kind of play for attention."***

BEING DISMISSIVE OR PATRONISING

For some young people, the barrier faced was not that of a failure to be heard or believed, but that practitioners dismissed their concerns as trivial, or not important enough to merit the practitioner's time.

> ***"I am never taken seriously regarding my issues and am always told regardless of the problem to just lose weight and then leave without any help or I'm referred to a website and given breathing exercises when I have been extremely suicidal."***

Others felt rejected on the grounds that the healthcare system did not have the capacity to support them.

> ***"Feeling like I'm constantly being rushed out the door/forced to hurry up due to understaffing and lack of support."***

Participants also felt that some practitioners would discriminate against them by dismissing their health concerns on the basis of their identity.

Others felt that, whilst their concerns were not dismissed entirely, they had experienced patronising behaviour from staff, again resulting in them feeling that they had not received the care they sought.

> ***"I tried to reach out to my GP regarding mental health, and it's something I usually struggle to talk about and explain properly. I felt really patronised by my GP and was referred to a website."***

NON-BINARY IDENTITIES AND BEING TRANS 'ENOUGH'

Non-binary participants in particular felt that health services were not inclusive of their identities in many areas. This theme linked strongly to experiences within gender identity services. There was a strong feeling for some participants that expressing their non-binary identity would not be understood, and that they felt pressure to express their gender differently in order to jump through the hoops placed in front of them by practitioners.

> ***"I feel like I have to prove to be transgender enough, aka binary enough, to get the treatment I need. The GICs don't seem to be flexible in their approaches or treatment plans, for example by viewing top surgery without going on hormones strange and suspect."***

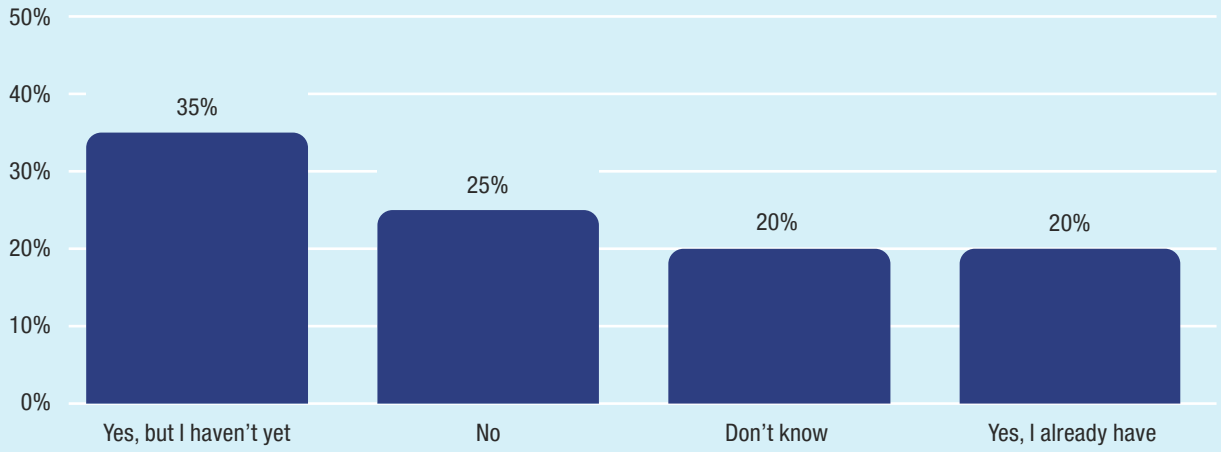
These findings align with previous research suggesting a lack of progress in this area. A survey of trans and non-binary people within sexual health services in the UK found that just **36%** of non-binary participants felt that the clinic was inclusive of non-binary people, **44%** were misgendered by staff, and just 2 in 5 (**41%**) were addressed using the correct pronouns by staff (Maund, Mckenna & Wain, 2020). Additionally, Valentine's 2016 study of non-binary people in the UK found that **60%** of participants 'never' felt comfortable sharing their identity within the health service, and **80%** felt that they had to pass as either male or female to be accepted within services more generally (including health services, police and others) in the UK (Valentine, 2016).

DISCLOSURE, RISK AND UNCERTAINTY

The final key theme addressed by participants was disclosure, risk and uncertainty. Disclosing their LGBTQ+ identity to healthcare staff was seen by certain participants as important, but was also seen by some as an action that could leave them vulnerable.

We asked participants whether or not they would feel comfortable coming out to their doctor. Just over half (**55%**) said 'Yes', they would, however only **20%** had already done so.

Figure 2: Would you feel comfortable coming out to your doctor?



The percentage of participants feeling comfortable to disclose this information to their doctor was fairly consistent across most demographics, however it was notable that a lower percentage of asexual participants would feel comfortable (**44%**), and also that this figure varied between participants in rural and urban areas, with **50%** of rural-based participants feeling comfortable as compared to **67%** of urban-based participants.[3]

There was also a difference noted between trans and cisgender participants reporting that they had already come out to their doctor, with **29%** of trans participants having come out as compared to just **11%** of cisgender participants.

Feeling comfortable to come out to your doctor can make a real difference to an LGBTQ+ person's experience of healthcare. The LGBT Foundation's 2017 Primary Care report found that a higher proportion of those who came out to their GP reported feeling that their needs were met than those who did not. The same survey also found that gay and bisexual men were more likely to disclose this information than lesbian and bisexual women, and that around half of those who disclosed received a positive response from their GP (LGBT Foundation, 2017).

3. n = 1165

Disclosure

Young people told us that disclosing information about their LGBTQ+ identity to staff was a concern for them when deciding if and how to seek healthcare.

CHOOSING IF/WHEN TO COME OUT

Relating closely to the theme of agency, many participants felt that being able to choose whether and when to come out during appointments was important. For some participants, however, this was not an option:

> ***"At my point in my transition, I am required to come out to healthcare services and have little choice, as refraining could negatively impact my healthcare."***

For those who were able to make this choice, factors affecting their decision included the possibility that this would affect the level of care they were offered, or that they would be the victim of homophobia, biphobia, transphobia or other discriminatory behaviour.

> ***"I would never feel safe disclosing my sexuality or gender identify in a mental health setting because they use it against you."***

For some young people, their LGBTQ+ identity does not seem relevant to engaging with healthcare and therefore they choose not to come out in this situation.

> ***"I am not going to the doctor as an ace person or a panromantic kinda gal. I am going to my health professional as a human being who needs help. That is enough."***

PRESSURE TO COME OUT/STAY CLOSETED

In general participant responses suggested that coming out was a decision young people had to make, depending on the situation they found themselves in. Some participants told us that they felt that unsolicited advice either to come out or to remain closeted was offered by staff as part of the care they received. For all participants who reported this, the advice was unwelcome.

> ***"I was once told to "just come out to my mum" via a mental health support hotline. However I never actually mentioned wanting to come out to her. I felt very disturbed by the talk and the fact that the person on the phone thought coming out to my mum would solve my mental health problems. I feel very unsafe when I think about coming out to my family and my safety should be the most important aspect."***

CONFIDENTIALITY

Maintaining confidentiality was, for many participants, a critical factor in them feeling safe and supported within the health service.

> ***"Having doctor patient confidentially makes me feel like I am safe to discuss anything."***

Confidentiality was seen as particularly important for participants for whom being outed to family, carers or other significant figures in their life was perceived as dangerous or uncomfortable. Many participants told us that this risk made them less likely to come out to healthcare staff, or that the fear of being outed made doing so an intimidating experience.

> ***"I wish they'd make it clear what their policy on LGBTQ+ identity handling is during the first session with a doctor. I never felt comfortable enough sharing feelings related to my gender or orientation because I didn't want them to share it with my carers."***

As one participant noted, this risk could be greater for those participants living outwith urban areas:

> ***"It's probably more of a personal issue. Growing up in a tiny rural community means everyone knows everyone's business."***

For participants who were unable to attend appointments without family or carers being present, being unable to disclose their identity in front of them presented particular barriers to being treated appropriately. Others however felt that they were unable to advocate for themselves without an adult present, leaving them with the choice between struggling to be heard on their own or having to out themselves to the adult accompanying them.

> ***"Because I'm young I feel my struggles are always going ignored and being brushed over, whenever I make an appointment they never take me serious unless I'm with an adult which means I then need to open to/come out to a family member where it may not be safe for me to do so."***

DIRECT QUESTIONS AND OPENNESS

To alleviate the pressure to come out to staff and initiate conversation around their identity, some participants suggested that they would prefer it if practitioners asked questions which allowed them to come out directly and naturally as part of the appointment process, should they wish to do so. Many felt that this would make them feel more comfortable and less anxious about initiating this conversation.

> ***"The one thing that is most supportive in my opinion is simply asking me outright about sexuality and gender identity as a routine question. This allows me the space to answer without worrying about bringing it up later."***

Those who proposed this as an approach suggested that it might reduce the number of assumptions made about patients.

> ***"GPs often have a habit of assuming saying you're heterosexual when talking about sexual health. It would be nice if they asked beforehand!"***

On the other hand, some participants emphasised the need to have their boundaries respected and not to be asked intrusive questions where this is not relevant to the health issue being discussed.

> ***"I have had to disclose far more about my sexual history preferences than a straight person would, in order to get access to sexual health services."***

Risk and uncertainty

Within many participant responses there was a sense that accessing healthcare was a risky endeavour. This relates to many of the themes outlined above including *Disclosure, Prejudice* and *Being taken seriously* in particular. Many participants told us that in deciding to access the health service, they weighed up whether or not to go ahead and how much to disclose based on how risky they perceived the process to be.

A HIT-AND-MISS EXPERIENCE, OR I DON'T KNOW IF I'LL BE SAFE AS AN LGBTQ+ PERSON

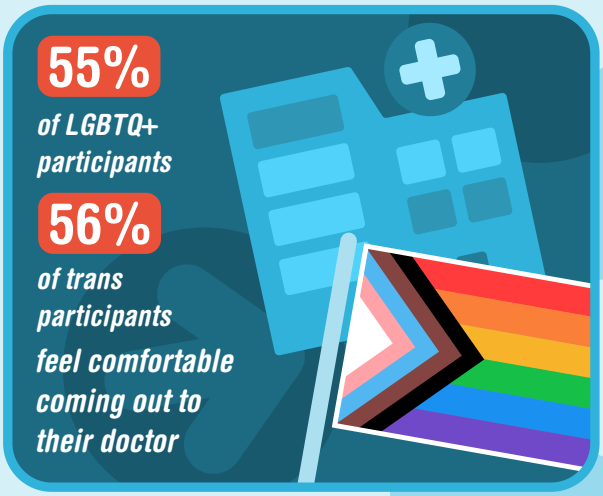
For some, the unknown factor in accessing healthcare was the possibility that the staff member they met might either hold prejudiced views or alternatively might be a supportive ally to the LGBTQ+ community. The risk of facing hostility or unequal treatment was, for some, a reason to withhold information about their identity from practitioners. For others, the risk was not that staff would be deliberately discriminatory, but that they would not have enough understanding to be able to support an LGBTQ+ person during the process.

> ***"Some doctors/nurses know what they're talking about, others don't. It's so stressful going into a doctors appointment not knowing if being trans is even on my file, whether they'll ask me uncomfortable questions, whether I'll leave feeling okay or completely invalidated."***

SERVICE REPUTATION

When considering the level of risk posed in choosing to access health services, some participants relied on reports other LGBTQ+ young people had given of their experiences. Some participants believed that the health service's current reputation would put them off seeking help in the future, should they require treatment:

> ***"I am cautious around mental health services as I have heard things that they are very dismissive of LGBT issues and mental health."***



SPECIFIC TYPES OF HEALTHCARE

GENDER IDENTITY SERVICES

What do we already know?

- **The current average waiting time for a first appointment with a GIC in Scotland varies by location from around two to almost five years (Scottish Trans, n.d.).**
- **Scottish Trans's 2016 research into non-binary people's experiences of gender identity services found that:**
  - **only 1 in 4 (25%) of non-binary participants had 'always' felt comfortable sharing their non-binary identity when using gender identity services, and around 1 in 3 (29%) had 'never' felt comfortable doing so.**
  - **42% of non-binary participants had felt pressured by gender identity services to do things they did not want to do, such as change their name or undergo a particular treatment (Valentine, 2016).**
- **ScotPCN's 2018 *Health Care Needs Assessment of Gender Identity Services* reported agreement among participants that long waiting times for a GIC appointment can negatively affect both physical and mental health for service users, and can also negatively affect the clinician–patient relationship (Thomson, Baker & Arnot, 2018).**

An area of healthcare mentioned frequently by participants in our survey was gender identity services. **16%** of non-binary participants and **48%** of participating trans girls/women and boys/men were referred to a Gender Identity Clinic (GIC). The findings presented in this section are based on responses only from those participants within these groups.[4]

63% of trans participants who have accessed a GIC reported that they felt supported and respected by this service in terms of their sexual orientation and/or gender identity.[5] However, a large number of participants also told us about unsatisfactory and, in some cases, distressing experiences they had encountered when engaging with or attending a GIC.

We invited participants to write in more detail about their experiences with GICs. Some of the themes developed during analysis of these accounts relate to the key themes outlined earlier in this report. In particular, the experience of long waiting lists and a lack of communication during the waiting period was a theme that resonated strongly with participants attending or waiting to attend GICs. The current average waiting time for a first appointment with a GIC in Scotland varies by location from around two to almost five years (Scottish Trans, n.d.).

4. Non-binary participants n = 348, trans girls/women and boys/men n = 220
5. n = 171

We asked participants whether or not they had accessed support elsewhere whilst on the GIC waiting list. 42% of respondents said 'Yes', they had, with a variety of other sources of support being mentioned including private therapists; private gender identity services; mental health services; GPs; school and university counsellors; and other trans people within their social group.

> ***"The long waiting times are potentially life-threatening to people with unrelated mental health issues. if I hadn't been with CAMHS at the same time, I'm not sure I would be here still."***

Another theme developed during analysis was named 'An impersonal experience/jumping through hoops'. For many participants, engaging with GICs involved considerable effort to navigate gatekeeping behaviour. Others perceived staff to be unaccepting of non-binary identities or non-stereotypical gender presentations, and some reported a belief that mentioning other health concerns would stall their progress within the service.

> ***"Gender identity clinics have given me a difficult time in the past as I'm gender nonconforming – and the pervasive idea that being trans is somehow more real if you're straight has led to some situations with gender services that made me uncomfortable."***

Again, previous research has found similar themes within experiences of GICs (Leven, 2019). At the time of writing this report, the Scottish Government has a plan to reform the NHS gender identity services to improve access and experiences. Our research however finds that, at present, many LGBTQ+ young people are still receiving a poor experience with these services, and that many of the barriers to accessing GICs reported by previous research have not been removed.

Some participants, however, described having an overall positive experience at their GIC. These positive descriptions mainly focused on individual staff members being supportive and pleasant, often in the face of strict procedures and policies which were the basis of the 'hoops' to jump through referred to above.

> ***"On the positive side, the doc I saw initially and even still was always delightful to see. He was honest about how things were but still took what I said into account."***

MENTAL HEALTH SERVICES

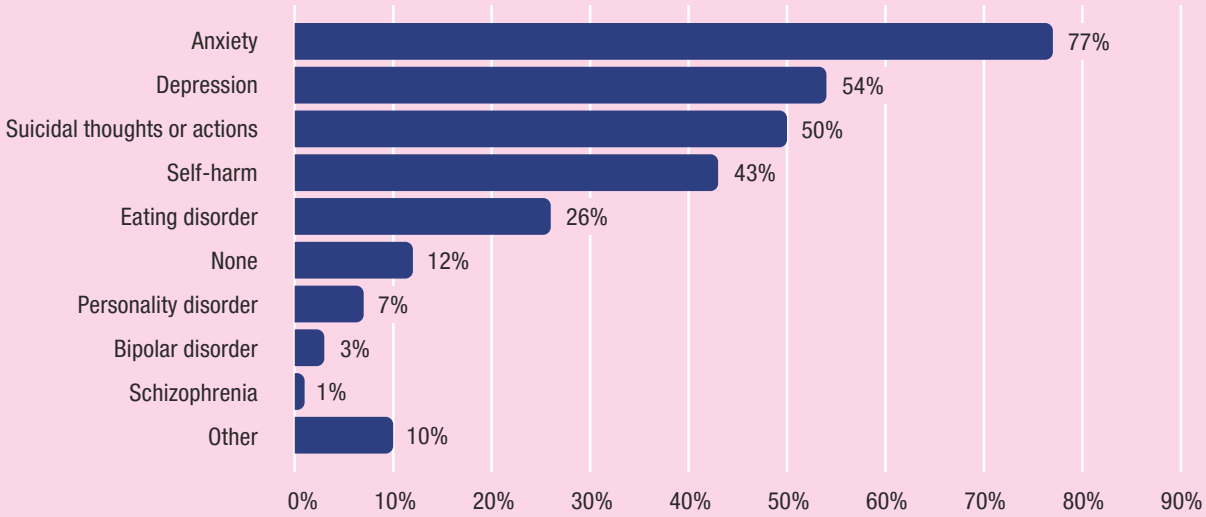
LGBTQ+ young people report being affected by depression, self-harm, suicidal thoughts/actions and general poor mental health at significantly higher rates than cisgender and heterosexual young people. Despite this, research finds that LGBTQ+ young people "underutilise mental health services, do not access them until crisis point and often find them unhelpful" (McDermott et al., 2021).

What do we already know?

- 1 in 4 people in the UK will experience a mental health problem each year (Mind, 2017).
- LGBTQ+ people experience poorer mental health than the heterosexual/cisgender population (Saunders, 2022).
- Stonewall's 2018 *LGBT in Britain Health Report* found that:
  - Half of LGBT people (52%) said they had experienced depression in the last year.
  - 3 in 5 (61%) LGBT participants had experienced anxiety within the last year.
  - 7 in 10 LGBT young people aged 18–24 had felt that life was not worth living at some point over the last year.
  - Almost half of LGBT young people aged 18–24 reported harming themselves deliberately, compared to 6% of adults in general who said they had self-harmed in the last year (Bridger et al., 2018).
- Just Like Us's 2022 *Growing Up LGBT+* research found that 68% of LGBT+ young people reported that their mental health had got worse since the pandemic, as compared to 49% of non-LGBT+ young people (Cibyl, 2021).

As shown in Figure 3, a large majority of our participants (**88%**) told us that they experienced at least one mental health condition or related behaviour. Participants also reported very high rates of anxiety and depression: **50%** stated that they experienced suicidal thoughts or actions and **43%** had self-harmed.

Figure 3: Percentage of participants experiencing mental health conditions or related behaviour



On closer inspection, there was a clear difference in experience in this area between trans and cisgender participants. **94%** of trans participants selected one or more conditions or behaviours, and a higher percentage of trans participants than cisgender participants reported experiencing each of the conditions/behaviours listed.[6] In particular, it was noted that the percentage of trans participants reporting suicidal thoughts and/or actions or self-harm was almost double the percentage of cisgender participants reporting these. These findings align with a recent Health Needs Assessment carried out by NHS GGC, NHS Lothian and Public Health Scotland that indicated that trans people were more likely to experience poor mental health including anxiety and depression and to attempt suicide than cisgender participants (Leven, 2019).

Mental health/related behaviour	Trans participants (%)	Cisgender participants (%)
Anxiety	**81%**	**73%**
Suicidal thoughts and/or actions	**66%**	**34%**
Depression	**62%**	**45%**
Self-harm	**58%**	**28%**
Eating disorder	**31%**	**20%**
Other (Please specify)	**12%**	**7%**
Personality disorder	**9%**	**5%**
No	**6%**	**18%**
Bipolar disorder	**4%**	**2%**
Schizophrenia	**2%**	**1%**

6. n = 1147

We also noted a difference between over- and under-18-year-old participants. A higher percentage of over-18s reported experiencing depression, whereas a higher percentage of under-18s reported experiencing suicidal thoughts and/or actions or self-harm.[7]

Mental health/related behaviour	Under 18	Over 18
Depression	**50%**	**60%**
Suicidal thoughts and/or actions	**55%**	**42%**
Self-harm	**49%**	**33%**

We asked participants how much information they had received about mental health, and how relevant the information received was to them:

- **75%** of participants knew where to go to get information and help with mental health.[8]
- **56%** thought that they had enough information about mental health.[9]
- **57%** of participants had received formal classes on mental health.[10] Of those who had received these lessons, just **19%** saw LGBTQ+ topics discussed as part of the class.[11]

Qualitative responses relating specifically to mental health services were grouped into two main themes: *LGBTQ+ specific aspects of mental health*; and *the conflation of gender identity and mental health.*

LGBTQ+ SPECIFIC ASPECTS OF MENTAL HEALTH

Many of our participants felt that mental health services did not fully consider the effect that their LGBTQ+ identity had on their experience of mental ill health. Some participants felt that the experience of coming out or hiding their LGBTQ+ identity from others in their life were important topics which were often not addressed by mental health practitioners.

> ***"I also feel that there is no acknowledgement from mainstream services that LGBT may have gone through trauma and/or need extra support due to being in the closet, homophobia, family acceptance and other issues like this. There is no general support services for these things even though they can be quite stressful. I am worried about when I turn 26 and am no longer eligible for support from LGBT youth Scotland about where I would go if I needed support with these things."***

Some participants felt that addressing their sexual orientation or gender identity would be an important part of mental healthcare, but in their experience this aspect of their identity had not been addressed. For some of these participants this had resulted in care which had not fully met their needs.

> ***"Mental health and sexual orientation can go hand in hand and yet during my experience with CAMHS I have never been asked about it. And furthermore, I cannot bring it up myself as CAMHS insists on a parent being present."***

7. n = Under 18s n = 707, over 18s n = 440
8. n = 1160
9. n = 1159
10. n = 1036
11. n = 590

CONFLATION OF AN LGBTQ+ IDENTITY AND MENTAL HEALTH CONCERNS

On the other hand, many participants told us that they had experienced difficulties with mental health practitioners who had invalidated any concerns they had about their mental health, and attributed this directly to their LGBTQ+ identity.

> ***"I had an appointment with the local mental health nurse and she told me I couldn't be seen by an NHS psychologist because I was on the GIC waiting list. Even though my mental health issues were not gender related."***

Some participants felt that gender identity in particular was often seen by practitioners as the cause of their mental health issues, and that this delayed their access to mental healthcare.

> ***"Many mental health services, such as CAMHS, have in the past implied that all of my issues link back to my trans identity and that if I fully transition they will no longer be an issue for me. This is a misunderstanding and has caused me many frustrations when trying to access services."***

CAMHS

A large number of participants who told us about their experiences of accessing mental health services spoke specifically about Children and Adolescent Mental Health Services (CAMHS). CAMHS is the NHS mental health service for children and young people aged between 5 and 18 and their parents or carers.

The majority of responses referring to CAMHS described negative experiences, and many suggested that they would not trust CAMHS to support them as an LGBTQ+ young person. All responses aligned with one or more of the key themes explored earlier in this report, however there were two groups of themes in particular that were most frequently highlighted in relation to CAMHS: *Active support/care or being turned away*; and *Respect for you and your identity/understanding of LGBTQ+ identities.*

ACTIVE SUPPORT/CARE OR BEING TURNED AWAY

Many participants felt that they had not been offered sufficient care by CAMHS, and that staff had dismissed their level of distress.

> ***"CAMHS make you feel like your feelings are irrational and that they can easily be washed away by baths and a little fresh air."***

Long waiting lists were also mentioned as a contributing factor in feeling unsupported by CAMHS, and some participants reported being discharged from CAMHS before they felt their treatment was complete. One participant reported being discharged without being notified that their treatment had ended.

> ***"I got referred to CAMHS but they only gave me one session then discharged me. I don't think there is any help out there."***

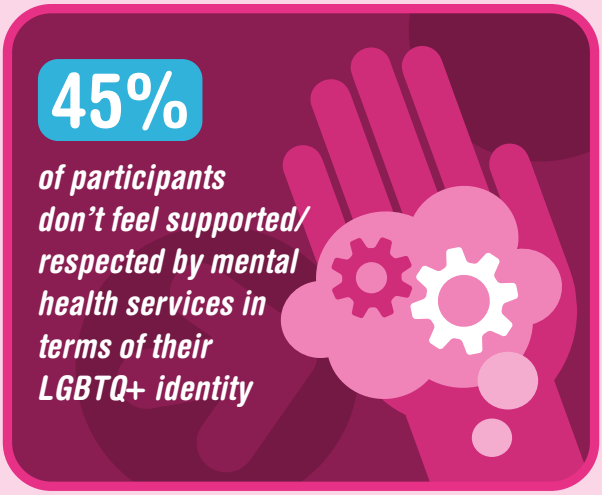
RESPECT FOR AND UNDERSTANDING OF LGBTQ+ IDENTITIES

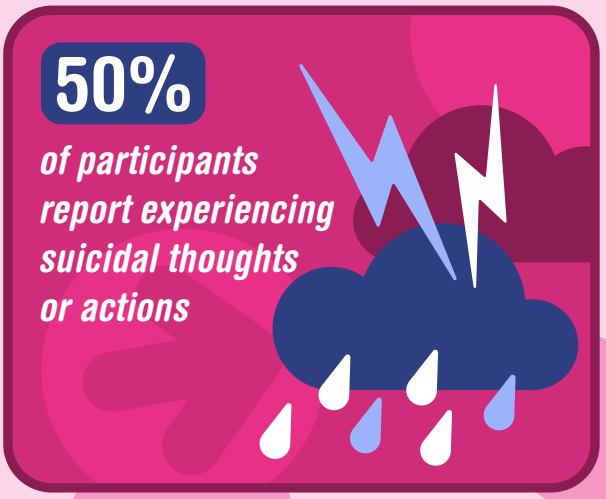
Another recurring theme was the lack of understanding and respect for LGBTQ+ identities shown by CAMHS staff. Many participants reported staff misgendering them or in some cases refusing to acknowledge their identity at all. This experience was reported more frequently for CAMHS than for other health services mentioned by participants.

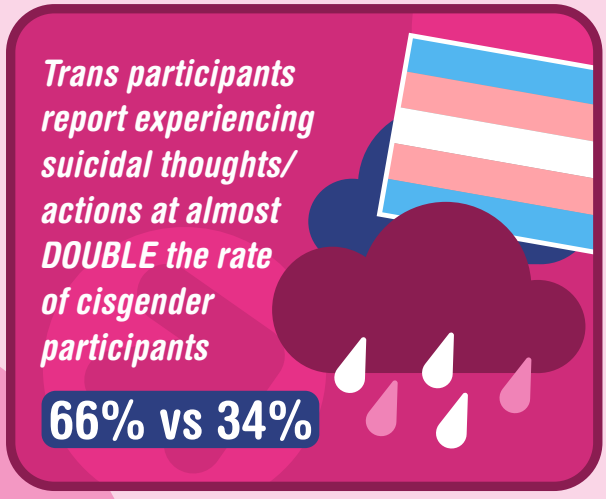
> *"I was constantly misgendered and my patient notes say things like "She has told me that she identifies as trans and uses they/them pronouns, she presents in a masculine manner"."*

Others felt that staff failed to take their LGBTQ+ identity into account when they felt personally that discussing this would be a useful part of their treatment.

> *"I was seen by CAMHS after going to Sandyford GIC in order to confirm that my mental health issues weren't impacting my gender identity. My gender/time at Sandyford was very briefly discussed at the beginning of one session, but then ignored for the rest of my time there. I was not respected, and despite knowing them, my correct name and pronouns were not used."*







SEXUAL HEALTH SERVICES

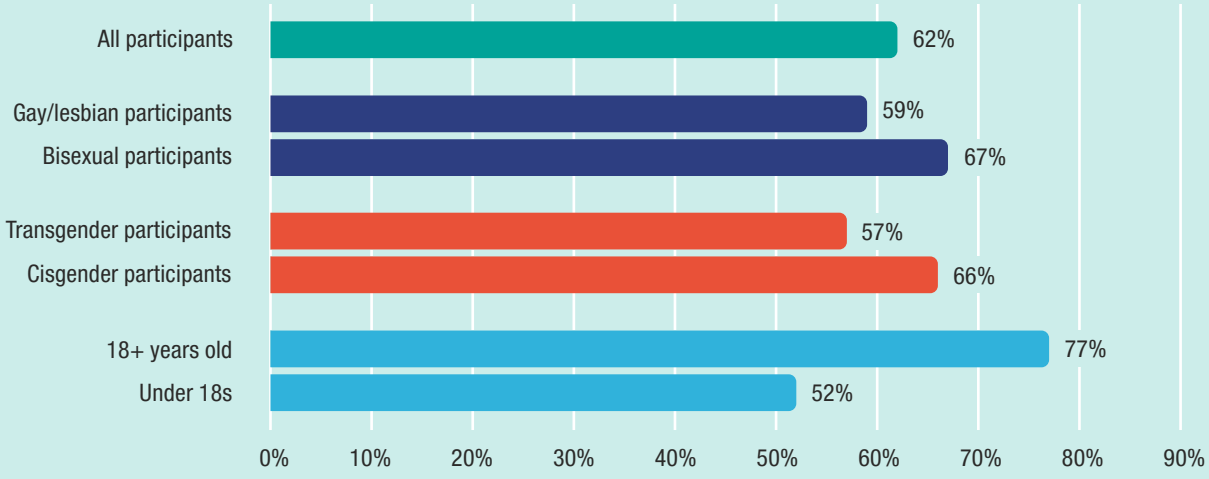
What do we already know?

- **People aged under 25 in Scotland experience STIs at higher rates than those aged 25+, but are also less likely to perceive STIs as a risk (Waverley Care, 2022).**
- **The LGBT Foundation's *COVID-19 and LGBT Sexual Health: Lessons learned, digital futures?* research found a sharp increase in participants' intentions to access testing for HIV/STIs following the pandemic (Garcia-Iglesias, 2021).**
- **Living in a rural area can lead to accessing STI testing less frequently – Waverley Care's Pride 2022 Survey report found that 1 in 5 men who have sex with men living in remote and rural Scotland had never accessed STI testing (Waverley Care, 2022).**

We asked participants whether or not they knew where to go for information and help with sexual health. Over one third of participants (**38%**) responded 'No', they did not know where to access this support.

We also found that a lower percentage of younger participants were aware of where to go to access information and help with sexual health. As shown in Figure 4 below, around half (**52%**) of under-18-year-old participants reported knowing where this information could be found, as compared to over three quarters of over-18s (**77%**).

Figure 4: Percentage of participants who know where to go for information and help with sexual health [12]



12. All participants n = 1160, bisexual n = 360, gay/lesbian n = 402, cisgender n = 557, transgender n = 585, 18+-year-olds n = 443, under-18s n = 717

We also asked participants whether or not they thought they had enough information about sexual health. Under half of participants (**46%**) believed they had sufficient information on this topic. Two thirds of participants had received formal sexual health classes, however just **25%** of those who had received these classes saw LGBTQ+ topics discussed within the lessons.

Just one third (**35%**) of participants would feel comfortable talking about sexual health issues with their doctor. We therefore wanted to find out specifically why this experience might be uncomfortable for participants. Qualitative responses on this topic suggested that again, the key themes of Procedures and Understanding of LGBTQ+ identities discussed earlier in this report all aligned with participants' experiences of sexual health services. However, participants noted one of this report's key themes was of particular importance in relation to sexual health services: *Cis/heteronormativity and assumptions being made.*

CIS/HETERONORMATIVITY AND ASSUMPTIONS BEING MADE

Many participants reported that staff did not show an understanding of how their LGBTQ+ identity might affect their needs within sexual health services. There was a strong feeling within qualitative responses that sexual health services frequently did not take a person's sexual orientation or gender identity into account when providing care, and that this often meant that the care provided was inappropriate.

> ***"In a sexual health clinic, it was assumed that I was having heterosexual sex and I was not asked about my partners. When I finally offered the information (without prompting) of my same-sex partners, I sensed she felt uncomfortable and perhaps didn't know the different kinds of queer sex between AFAB people."***

In addition, many felt that assumptions were often made by staff based either on the way someone presented or based on their sex assigned at birth.

> ***"Sexual health clinics treat me like a man, with some apologies if I'm lucky."***

For some participants, a staff member's lack of understanding of LGBTQ+ issues led not only to a lack of appropriate care, but also to feeling uncomfortable or distressed during treatment.

> ***"I have had to attend several gynaecology appointments in the past year and one gynaecologist refused to listen to how my gender issues affect my preferred treatment and tried to push me into a treatment I had clearly said made me uncomfortable... This was a very upsetting experience as I felt I was not being offered the right treatment as she did not want to listen to my concerns."***

25%

of participants who received formal sexual health classes saw LGBTQ+ topics discussed

38%

of participants don't know where to go for info and help with sexual health

48% *under 18*

23% *over 18*

35%

of participants would feel comfortable talking about sexual health issues with their doctor

RECOMMENDATIONS

GENERAL RECOMMENDATIONS

SYSTEMS, PROCEDURES AND WAITING LISTS

Young people told us that standardised procedures and experiences of lengthy waiting lists presented barriers in receiving appropriate and timely care. We therefore recommend:

- NHS Boards must review paperwork and procedures for initial appointments to ensure they are LGBTQ+ inclusive. For example, ensuring there are non-binary gender identity options on intake forms, and questions in initial consultations should not assume sexual orientation or gender identity.
- National guidance to be updated to ensure that all patients who are on waiting lists that do not adhere to national Referral to Treatment targets receive a clear timeline for treatment, regular updates and, where possible, suitable alternatives for support.

RESPECT AND AGENCY

Participants expressed a need for agency in decisions made around their care, and to be respected during engagement with health services. We therefore recommend:

- NHS services must take a children and young people's rights approach when supporting LGBTQ+ young people, and they should be supported to realise these rights. Including, but not limited to the following:
  - All staff (including both practitioners and support staff) must ensure that young people are listened to, their concerns are taken seriously and their choices are respected when care is provided.
  - Clear signposting to be put in place, indicating to young people that they have a right to access services in privacy.
- Clear guidance, support and regular communication should be given at transition points from youth to adult services across NHS services.

UNDERSTANDING AND CARE

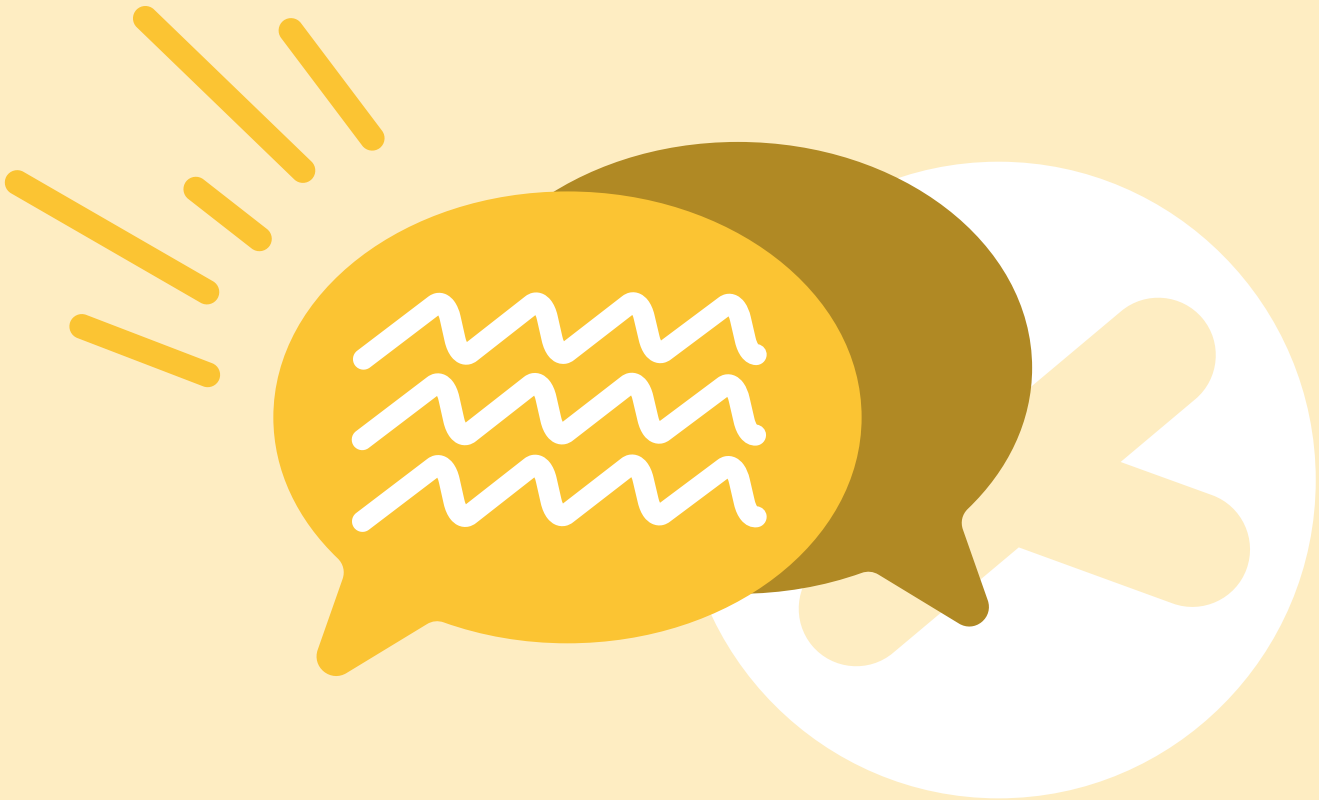
Young people expressed a need to be understood by, and to feel cared for by, healthcare providers. We therefore recommend:

- Mandatory LGBTQ+ awareness training to be in place for healthcare professionals, including primary care and frontline non-medical staff, and adequate funding to be provided for this work. When developing this training, transgender identities and needs to be a particular point of focus.
- NHS Boards must consult with LGBTQ+ young people to improve patient experience and invest in methods for meaningful engagement. Future research and engagement with young people to follow a co-production model, including but not limited to using youth commissions.

DISCLOSURE, RISK AND UNCERTAINTY

Participants' decisions about disclosing their LGBTQ+ identity within healthcare settings were clearly affected by the potential pros and cons of doing so, and the risks involved in coming out to staff. We therefore recommend:

- Health services must commit to long-term work focusing on creating an inclusive culture for LGBTQ+ young people. This work should focus on changes to practice and policy. The LGBT Youth Scotland LGBT Charter for Organisations programme provides a strong basis for this work, and should be considered for use across healthcare settings.
- Guidance must be issued to practitioners on supporting and including LGBTQ+ young people through the use of inclusive language and a person-centred approach.



SERVICE-SPECIFIC RECOMMENDATIONS

Gender Identity Services

Within responses relating to Gender Identity Services, we identified the following barriers being experienced by participants to adequate care:

WAITING LISTS

Many participants described distressing experiences on lengthy waiting lists, receiving little or no communication between referral and their first appointment. We therefore recommend:

- Action must be taken to substantially reduce lengthy waiting times for first appointments at NHS gender identity services as a matter of urgency, including services for trans young people.
- Scottish Government and NHS Boards should work together towards meeting Referral to Treatment Standards across all services, including NHS gender identity services, in the longer term.
- The work to deliver the commitments of the 'NHS Scotland gender identity services: strategic action framework', which is currently centrally funded, should be evaluated once completed with a major focus on impact on waiting times. Further ongoing centralised crisis intervention funding should be considered if enough progress has not been made.
- Interim support and signposting must be available for trans young people whilst waiting for their first appointment.
- Longer term, gender identity services must receive adequate funding to provide comprehensive support to trans young people and to address and maintain waiting times.

"AN IMPERSONAL EXPERIENCE/JUMPING THROUGH HOOPS"

For many participants, engaging with gender identity services involved considerable effort to navigate gatekeeping behaviour. Others perceived staff to be unaccepting of non-binary identities or non-stereotypical gender presentations. We therefore recommend:

- Current work to transform gender identity services should prioritise piloting new models of service delivery that better meet trans young people's needs, taking a person-centred approach that is delivered by a range of healthcare practitioners depending on the person's individual circumstances.
- Non-binary service users should be consulted with to understand how the service can best support their needs and improve their confidence in accessing services, and treatment pathways should clearly include non-binary people.
- Standards of care should be regularly reviewed to ensure they meet the needs of trans young people and align with developing expertise (for example, by aligning with the recently updated World Professional Association for Transgender Health, Standards of Care).

Mental Health Services

Within responses relating to mental health services and CAMHS, we identified the following barriers to receiving appropriate care for LGBTQ+ young people:

RESPECT FOR AND UNDERSTANDING OF LGBTQ+ IDENTITIES

Participant responses contained many reports of staff lacking understanding of LGBTQ+ identities, misgendering young people or in some cases refusing to acknowledge their identity, causing them distress. We therefore recommend:

- Tailored training and guidance to be developed for mental health services, including frontline CAMHS staff, regarding supporting LGBTQ+ young people and disclosures of LGBTQ+ identities. In particular:
  - Practitioners must be careful to avoid pathologising LGBTQ+ identities.
  - Frontline mental health practitioners should be trained to support young people to come out within services should they wish to do so, using a person-centred approach.
  - Content on trans identities and the avoidance of misgendering trans young people.

LGBTQ+ SPECIFIC ASPECTS OF MENTAL HEALTH

Many of our participants felt that mental health services did not fully consider the effect that their LGBTQ+ identity had on their experience of mental ill health. We therefore recommend:

- The Scottish Government must fund and deliver targeted work for LGBTQ+ young people within mental health improvement and suicide prevention programmes. These programmes should be reviewed to ensure that they:
  - Are LGBTQ+ inclusive.
  - Reflect the varying risks and needs of particular demographic groups such as trans young people and others.

CONFLATION OF AN LGBTQ+ IDENTITY AND MENTAL HEALTH CONCERNS

Some participants told us that they had experienced difficulties with mental health practitioners who had invalidated any concerns they had about their mental health, and attributed this directly to their LGBTQ+ identity. We therefore recommend:

- Needs and experiences of LGBTQ+ young people with lived experience of using mental health services to be centred through meaningful research and direct engagement with young people. This includes:
  - A new Mental Health Youth Commission to examine the needs of LGBTQ+ young people and make recommendations regarding service responses.
  - Research into the particular needs of LGBTQ+ mental health services users, using a co-production model.

BEING TURNED AWAY

The experience of not being offered sufficient care or being placed on lengthy waiting lists caused many of our participants distress. We therefore recommend:

- Funding and capacity for Child and Adolescent Mental Health Services (CAMHS) must be increased to reduce waiting times for treatment.
- Support for young people who do not meet the threshold for a referral to CAMHS to be provided. Young people should be clearly signposted to alternative services, and these services should be adequately funded.
- Young people must be supported to choose when they transition from young people's services to adult services (within a reasonable timeframe), bringing an end to automatic transition at the age of 18.

Sexual Health Services

The key theme relating to sexual health services was *Cis/heteronormativity and assumptions being made.* Participant responses suggested that their experience of sexual health services could be improved through the avoidance of assumptions and open and neutral framing of questions and procedures. We therefore recommend:

- Sexual health resources must be reviewed to ensure they are relevant and accessible to LGBTQ+ young people.
  - LGBT Youth Scotland has developed a set of Good Sex Guides relating to individual LGBTQ+ identities which could be used as a basis for future resources or promoted more widely within sexual health services.
- Policies and standard procedures must also be reviewed to ensure they are inclusive of LGBTQ+ identities. Lived experience should be centred during this review, to ensure that any new guidance, policy and/or public-facing materials are appropriate and inclusive.
- Staff within sexual health services must receive training on:
  - LGBTQ+ identities and inclusive practice.
  - The specific needs of LGBTQ+ people within sexual health services.
- The language used and questions asked in initial consultations must be inclusively framed, gender neutral, provide a supportive space for LGBTQ+ people to come out, should they wish to, and/or provide LGBTQ+ relevant information about their sexual health.

METHODOLOGY

A full outline of the methodology and ethical considerations for the *Life in Scotland for LGBT Young People 2022* research can be found in the full report. The methods used in preparing this supplementary report are broadly similar to those used in the main report, however additional qualitative analysis was carried out to explore participants' experiences relating to this topic in more depth. We will therefore set out the analytical procedure used in preparing this report below.

ANALYSIS

Quantitative analysis was carried out initially using R & RStudio, and a dashboard was then created using Power BI for use in further analysis. Statistics were generated using the 2022 data and the results were then compared to the 2017 and 2012 figures.

During data collection, it became apparent that a high number of responses was being collected (almost doubling the previous study's sample size), and in addition to this, the quality and length of the qualitative responses being written by participants were resulting in more qualitative data being collected than predicted. A decision was therefore taken to analyse the data using a philosophically pragmatic Applied Thematic Analysis (Guest, MacQueen & Namey, 2012).

This process involved:

- Initially grouping the sets of qualitative questions by theme in order to separate out data pertaining to health for this report
- An initial read-through of the health-specific data set
- A thematic analysis of the data set
    1. Reading and rereading the data
    2. Developing initial codes from shared patterns of meaning across data units
    3. Coding the data set
    4. Generating themes from the code list/coded data set

The resulting themes and codes are presented as section headings throughout this report, supported by sets of representative quotes to illustrate the data contained within each. Quotes appearing in this report appear in the participants' own words; the only amendments made have been to correct spelling or punctuation errors to increase legibility or to remove additional punctuation which appeared in some quotes when downloading the data file from the survey software.

TERMINOLOGY

LGBTQ+ stands for lesbian, gay, bisexual, trans, queer and questioning, and the positive '+' aims to represent and respect everyone within the LGBTQ+ community. We have previously described our community as 'LGBT' and 'LGBTI', and both are still valued acronyms.

We want the term 'LGBTQ+' to be interpreted in the inclusive way it is meant. At LGBT Youth Scotland, we welcome the full diversity of the LGBTQ+ community and include intersex, asexual and non-binary people within this umbrella, whilst also being mindful that people can have multiple identities that intersect.

LGBT Youth Scotland is informed by the views of young people in consultation with young people. As part of a consultation to inform our 2023–2028 Strategy, young people revealed that they feel LGBTQ+ is the best way to describe their community. In accordance with this, although the *Life in Scotland* survey used the acronym 'LGBTI', in this report we have replaced this with 'LGBTQ+'. More information on the terminology and the language used in the original survey can be found in the full report *Life in Scotland for LGBT Young People* (2022).

REFERENCES

Bridger, S., Snedden, M., Bachmann, C. & Gooch, B. (2018). *LGBT in Scotland: Health Report.* Stonewall. https://med-assets-docs.s3.eu-west-2.amazonaws.com/resources/EDI/stonewall-lgbt-in-scotland---health-report.pdf

Cibyl. (2021). *Growing Up LGBT+: The impact of school, home and coronavirus on LGBT+ young people.* Just Like Us. https://www.justlikeus.org/wp-content/uploads/2021/11/Just-Like-Us-2021-report-Growing-Up-LGBT.pdf

Cronie, K. (2022). *Life in Scotland for LGBT Young People.* LGBT Youth Scotland. https://www.lgbtyouth.org.uk/media/2712/life-in-scotland-for-lgbt-young-people-2022-e-use.pdf

Garcia-Iglesias, J. (2021). *COVID-19 and LGBT Sexual Health: Lessons learned, digital futures?.* LGBT Foundation. https://dxfy8lrzbpywr.cloudfront.net/Files/c424269f-39bc-48c7-bfcc-27684a42516f/LGBT014%2520COVID19%2520and%2520LGBT%2520Sexual%2520Health%2520Lessons%2520learned%2c%2520digital%2520futures%2520v4.pdf

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied Thematic Analysis.* SAGE Publications, Inc.

Leven, T. (2019). *Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: Literature Review.* NHS Greater Glasgow & Clyde and NHS Lothian. https://www.stor.scot.nhs.uk/handle/11289/580318

LGBT Foundation. (2017). *Primary Care Survey Report.* https://dxfy8lrzbpywr.cloudfront.net/Files/f7a0343c-67ee-4777-8882-739a44d41a70/LGBT%2520FOUNDATION%25202016-17%2520Primary%2520Care%2520Survey%2520Report.pdf

Maund, O., McKenna, R. & Wain, O. (2020). *'There needs to be care throughout': Exploring the access of non-binary people, trans men and trans women to sexual health services in Scotland.* Waverley Care & Scottish Trans. https://www.scottishtrans.org/wp-content/uploads/2023/03/There_needs_to_be_care_throughout_DIGITAL_Dec20.pdf

McDermott, E., Eastham, R., Hughes, E., Pattinson, E., Johnson, K., Davis, S., Pryjmachuk, S., Mateus, C. & Jenzen. (2021). *Explaining effective mental health support for LGBTQ+ youth: A meta-narrative review.* SSM – Mental Health, 1. https://doi.org/10.1016/j.ssmmh.2021.100004

McNeil, J., Bailey, L., Ellis, S., Morton, J. & Regan, M. (2012). *Trans Mental Health Study 2012.* https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf

Mind. (2017). *Mental health facts and statistics.* https://www.mind.org.uk/media-a/2958/statistics-facts-2017.pdf

Saunders, C. (2022, October). *LGBT+ health: what our research tells us so far.* Cambridge Research Methods Hub. https://www.phpc.cam.ac.uk/pcu/lgbt-health-what-our-research-tells-us-so-far/

Scottish Trans. (n.d.). *Scottish Gender Identity Services.* Retrieved 24 April 2023 from https://www.scottishtrans.org/healthcare/scottish-gender-identity-services/#:~:text=The%20waiting%20time%20for%20a%20first%20appointment%20is%20currently%20around,1pm%2D4pm%20Monday%2DFriday

Thomson, R., Baker, J. & Arnot, J. (2018). *Health Care Needs Assessment of Gender Identity Services.* Scottish Public Health Network. https://www.scotphn.net/wp-content/uploads/2017/04/2018_05_16-HCNA-of-Gender-Identity-Services-1.pdf

United Nations. (1989). *The United Nations Convention on the Rights of the Child.* A/RES/44/25. https://undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F44%2F25&Language=E&DeviceType=Desktop&LangRequested=False

Urwin, S. & Whittaker, W. Inequalities in family practitioner use by sexual orientation: evidence from the English General Practice Patient Survey. *British Medical Journal*, Open 2016 ; 6 : e011633. https://doi:10.1136/bmjopen-2016-011633

Valentine, V. (2016). *Non-binary people's experiences in the UK.* Scottish Trans. https://www.scottishtrans.org/wp-content/uploads/2016/11/Non-binary-report.pdf

Varney, J. & Newton, E. (2018). *Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women.* Public Health England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/723557/improving_health_and_wellbeing_LBWSW.pdf

Waverley Care. (2022). *Why Scotland Needs a National STI Postal Testing Service: Evidence Briefing* https://www.waverleycare.org/application/files/6916/7388/4713/Why_Scotland_Needs_a_National_STI_Postal_Testing_Service_Evidence_Briefing.pdf

ACKNOWLEDGEMENTS

LGBT Youth Scotland would like to thank all the young people for completing the survey, and we also extend our thanks to Scottish Trans, SAMH, Inclusion Scotland, and the University of Strathclyde for their support in carrying out this research.

To reference this research: Cronie, K. (2023). *Life in Scotland for LGBT young people: Health Report, 2023.*

The research officer for this project was Dr Kathleen Cronie.

ABOUT LGBT YOUTH SCOTLAND

LGBT Youth Scotland is the national charity for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+) young people. LGBTQ+ young people face unique and additional barriers to realising their potential and that is why LGBT Youth Scotland exists. We believe Scotland can be a place where all young people can thrive and flourish, and we work alongside young people to remove those barriers, supporting young people individually and amplifying their collective voices to influence change. For further information, help or support, please visit our website at www.lgbtyouth.org.uk

START YOUR LGBT CHARTER JOURNEY TODAY

An ambitious, affordable and achievable Equality Award which demonstrates authentic LGBT inclusion within your organisation.

"Outstanding... we would highly recommend other organisations sign up to the LGBT Charter."
– South Lanarkshire College

lgbtyouth.org.uk/charter
lgbtcharter@lgbtyouth.org.uk

WHAT IS THE LGBT CHARTER?

The LGBT Charter is an Equality Accreditation which supports you to undertake training, review policies and improve practice, to make sure that your organisation is as inclusive as it can be.

HOW LONG DOES IT TAKE?

Across 18 months, you will be guided through the programme by your own dedicated Charter Manager.

HOW MUCH DOES IT COST?

We have an affordable, tiered pricing structure to ensure voluntary, public and private sector organisations can all access the Charter. The sign-up fee is dependent on the size of your organisation and the level of award you choose to work towards.

WHY SHOULD WE DO IT?

The LGBT Charter enables you to send a positive, confident message that your organisation is a champion of LGBT inclusion and that equality and diversity are at the heart of your organisation.

For more info please email lgbtcharter@lgbtyouth.org.uk or scan the code to download our brochure.

LGBT YOUTH SCOTLAND

LGBT CHARTER

"I only ever mentioned my thoughts on my sexuality once and they told me I was too young to know if I was queer and I needed to "change my language". I wasn't a lesbian, I was just experiencing passing feeling of same sex attraction. If I didn't already feel like I had nobody to talk to I definitely did now."

"Mental and sexual health professionals are still often very ignorant to trans issues, which makes interacting with them emotionally taxing as they have to "walk on eggshells" around my identity or I have to take the time to educate them on topics that all healthcare providers really should be in the know about."

lgbtyouth.org.uk

@lgbtys

LGBT Youth Scotland is a company limited by guarantee (No. 244805) and a registered charity (SC024047)

Design: www.createpod.com

LIFE in SCOTLAND for LGBT YOUNG PEOPLE

LGBT YOUTH SCOTLAND