

SUPPORTING TRANS AND NON-BINARY PEOPLE

Best practice guidance for health and wellbeing practitioners

“Healthcare professionals who have taken the time to sit with me, find out answers together, and support me with everything from referrals, hormones, surgery, and the everyday realities of transitioning gender have been, and continue to be, the most fundamental cornerstone of why my NHS experience has been life-changing, but crucially, not faultless. The NHS still has many areas to improve, but driven with support from clinicians who take responsibility and ownership for ensuring trans, non-binary and gender diverse people get the care they need, are ones who give me huge hope for an even stronger, more inclusive NHS in the future. I hope this guide will encourage all services and practitioners to strive for best-practice” – Trans man, aged 31, Bristol

Introduction

Thank you for taking the time to read this booklet!

The purpose of this booklet is to provide you and other health professionals with guidance to help you when working with or supporting trans and non-binary people, their families and carers. Whilst using the terms trans and non-binary for ease of reference, please note this guidance embraces the full spectrum of gender diverse identities.

More and more trans and non-binary people are reaching out and are comfortable in expressing themselves and this is something to be celebrated. They represent a significant proportion of our community (recent studies suggest up to 1% but acknowledge that this is significantly under-reported). You are likely to encounter gender diversity in all aspects of your life.

You may lack confidence or even feel uncomfortable due to the lack of information and training available on this subject. This booklet is an educational tool rather than anything prescriptive and is designed to improve general knowledge and understanding and to help you deliver the best care and support for trans and non-binary people. It contains important medical information based on research evidence as well as the most up-to-date guidelines and recommendations.

After reading this booklet I am confident that you will feel much better equipped to respond to the needs of trans and non-binary people in your day-to-day work and personal lives. This document will be held online and will be updated regularly to reflect any changes to trans and non-binary healthcare provision.

There is a wealth of other resources available and there are suggestions for further reading within this guidance.

We would like to thank all those who took part in making this guidance a reality, including a wide range of stakeholders; local health specialists, LGBTQ+ specialists and service users, without whom this would not have been possible.

Dr. Daniel Hodgson,
Consultant Psychiatrist and Medical Lead,
Bristol Mental Health
(Avon & Wiltshire Mental Health Partnership).

“This is an excellent resource and I thoroughly recommend it. As a trans woman based in the South West it is reassuring to know that health professionals have access to guides like this”
 Trans woman, Bristol

“I think this document is excellent and so pleased to see this topic being taken seriously”
 – Trans woman, Bristol

“This document provides good, clear information about terms, the broad range of trans identities, how Trans/ Non-Binary people often find accessing physical and mental health care at present, and why the healthcare professional’s awareness, consideration, dignity and respect are important in making sure the best healthcare is delivered to the patient. It provides positive and achievable ways they can make themselves better professionals in this area”
 – Trans woman, Bristol

Glossary of Terms

The language used to describe trans people has been evolving rapidly. The terms defined here represent the current most popular definitions, but please be aware that terms may change, and that not everyone uses them in the same way. In addition, while many people are happy to be included under umbrella terms such as “trans” or “non-binary”, others may prefer to use a term that described them more precisely. Some people who have undergone gender transition say that they are no longer trans, they are simply men and women. Some people from non-Western backgrounds prefer to use terms that are common in their culture rather than Western terms such as trans which may have subtly different meanings.

Someone is transgender, or trans, if they identify as a gender different to that assumed to be in alignment with their sex assigned at birth. Some undergo medical treatment to make changes to their bodies with hormones and surgery. Others only have limited medical treatment, or none at all. This is widely accepted as having a *gender identity* that is different to that they were assigned at birth.

Gender Identity: a person’s individual understanding of whether they are a man, woman, non-binary or something else.

Cisgender: a person whose gender identity aligns with the sex that they were assigned at birth. The term ‘cis’ originates from the latin term which means ‘same side of’, with trans meaning ‘other side of’.

Gender Expression: how people express their gender

Sex: Assigned by medical practitioners at birth based on observed physical characteristics. Sex-based physical characteristics include hormones, chromosomes, genitalia, internal sex organs and secondary sex characteristics (breasts, facial hair, etc., mostly acquired at puberty).

Gender: This is largely considered to be a social construct and not just behaviour related to people being as either masculine, feminine, or something else.

Intersex: An umbrella term for people who are born with a diversity of sex-based physical characteristics. Many different variations exist.

through clothing, hairstyles, accessories, mannerisms and so on.

Trans/Transgender: an umbrella term for people whose gender identity and/or gender expression diverges in some way from the sex they were assigned at birth.

Non-Binary: an umbrella term for people whose gender identity and/or expression is neither male nor female.

Gender Non-Conforming: an umbrella term for people whose gender identity is usually the same as the sex they were assigned at birth, but whose gender expression does not conform to social expectations for someone of that sex. Some trans people can also be gender non-conforming if their gender expression doesn’t match their gender identity or role.

Trans Man: a person who has transitioned, or is in the process of transitioning, from female to male. The abbreviation FTM is sometimes used for “female to male” but it is important to acknowledge that not all trans and non-binary people use this phrase.

Trans Woman: a person who has transitioned, or is in the process of transitioning, from male to female. The abbreviation MTF is sometimes used for “male to female”.

Genderqueer, Genderfluid, Agender: other terms used to define gender identity, particularly by non-binary people.

Questioning: a person who is currently unsure what gender and/or sexuality suits them best.

Please note that these definitions are not always understood and/or accepted. For example, a non-binary person may not identify as trans because, in their view, being trans is strongly associated with a medical transition process that they have no interest in. Some gender non-conforming people strongly identify as not trans, while some may be on a journey towards transition.

Reasons Why People May Need Support

“We support transgender and non-binary individuals’ equal rights to live their lives with dignity which includes the right to equal access to healthcare. We oppose discrimination of all kinds and are committed to ensuring universal access to healthcare for all on the basis of clinical need.” - Dr Helena McKeown, Chair of the BMA

“Been in and out of therapy since I started coming out as a teenager. As you can imagine there was little in way of pro-trans help back in the nineties.”
– Trans woman, aged 36-40, Bristol

“I’ve found it hard to access basic health care, which isn’t gender related, for example during asthma clinic, as a practitioner said to another colleague “oh and she wants to be a man” which then deterred me from accessing any health services due to fear of experiencing this again.”
21 year old Trans male

In the past people were deemed to be “mentally ill” for all sorts of social transgressions, from being gay to becoming pregnant outside marriage. We no longer stigmatise people in this way, and from July 2018 the World Health Organisation officially stated that trans people are not mentally ill, removing the term “transsexualism”, replacing it with the term “gender incongruence” and removing it as being listed as a mental disorder.

Nevertheless, trans and non-binary people may need the help of medical professionals. In some cases that is to access hormones and surgery in relation to their transitioning, but can also be with other medical needs, including support with their mental health.

For those trans people who experience an extreme disconnect between their idea of self and their physical bodies, life prior to transition is very stressful. This is described as **gender dysphoria**. The good news is that the treatments provided by gender clinics (or recommended to be delivered by primary or secondary care) are highly successful in making trans people happier in themselves.

Some people may experience a range of challenges based on other people’s worries or challenges about their identity. Trans people worry about losing friends, family and

jobs. They worry about whether they will be accepted as themselves, and some may have been subject to conversion practices. Wider society is not always understanding of trans people and their lives. A 2012 Study by Sheffield Hallam University found that trans people had many mental health issues, and that these were often impacted by discrimination.

Issue	Prevalence
Diagnosed with depression	55%
Have self-harmed	53%
Had considered suicide	84%
Had attempted suicide	48%
Had experienced problems at work due to being trans	52%
Believed they had a problem with drug use	18%
Had been homeless at some point	19%
Described parents as “not at all supportive”	17%

Finally, some trans people do have poor mental health, just like everyone else in society. It is important not to assume that if someone has a recognised condition, this is somehow a symptom of, or caused by, their being trans or non-binary.

Sadly many trans people avoid seeking help for mental health issues because they fear being discriminated against.

★ **66% of respondents** reported that they had used mental health services for reasons other than access to gender reassignment medical assistance – Sheffield Hallam University study

★ **Over half of the respondents** felt that they had been so distressed at some point that they had needed to seek help or support urgently. When asked for more information about their experiences, 35% of those individuals had avoided seeking urgent help due to being trans or having a trans history. – Sheffield Hallam University study

Reference: Sheffield Hallam University Trans Mental Health Study (2012): https://www.scottishtrans.org/trans_mh_study/

The Trans Pathway

“If your patient requests treatment for gender dysphoria, referring them to a Gender Identity Clinic (GIC) or gender specialist without delay will likely be the best option.” – GMC website²

There are a number of Gender Identity Clinics in the UK that specialise in the treatment of trans people. The nearest to Bristol is The Laurels in Exeter or the new Welsh service based in Cardiff. Some local people may be using clinics elsewhere in the country including accessing private healthcare at considerable personal expense.

Not everyone who is referred to a GIC requires physical gender transition. For some people a social transition is enough, for example changing the name/pronouns they use and gender expression without taking hormones or surgery. However for many individuals over time it becomes clear that these alternatives would not be sufficient and that some degree of bodily change via gender-affirming interventions are not only seen as highly desirable but an essential component for longer-term wellbeing.

The gender clinic will undertake a holistic assessment of the patient to see if they are someone who will benefit from being provided with medical help with transition. While such checks are a standard part of the process, the most significant indicator of suitability is that the patient has asked for a referral. Given the level of discrimination they see others facing, trans people tend not to come out until they are very determined to proceed.

Because of the lengthy waiting lists, many trans people will begin the transition process independently. Some will manage this either through a private provider, or by self-medicating. However, the private route is financially inaccessible to many.

Having accepted someone onto their programme, the clinic will require the patient to undergo a process by which they come to be recognised as the person they know themselves to be in all aspects of their day-to-day life. Many individuals choose to take hormones (gender-affirming hormone treatment) to make them feel and appear more comfortable in their bodies. In addition the hormonal changes in their bodies and consequent physical changes, they can have psychological effects similar to those experienced during puberty.

With the support of services individuals report an improvement in their gender comfort and the intention to continue to live exclusively in a gender role that matches (is congruent) with their gender identity. At this point in time gender-affirming surgery options are considered including genital reconstructive surgery.

Many trans people will undergo more than one surgical process. In particular trans men may undergo several different operations. However, some patients have no surgery at all. Patients may need support while going through the process of deciding what surgery to have, and dealing with questions of what treatments are available through the NHS versus what they can afford privately.

“The mental health care available does not have enough experience in Trans issues. The greatest help was a private counsellor [who is] an expert in the field with over 30 year’s experience”- Trans woman, Bristol

“Coming out as Trans at any age is a massive step” – Trans woman, Bristol

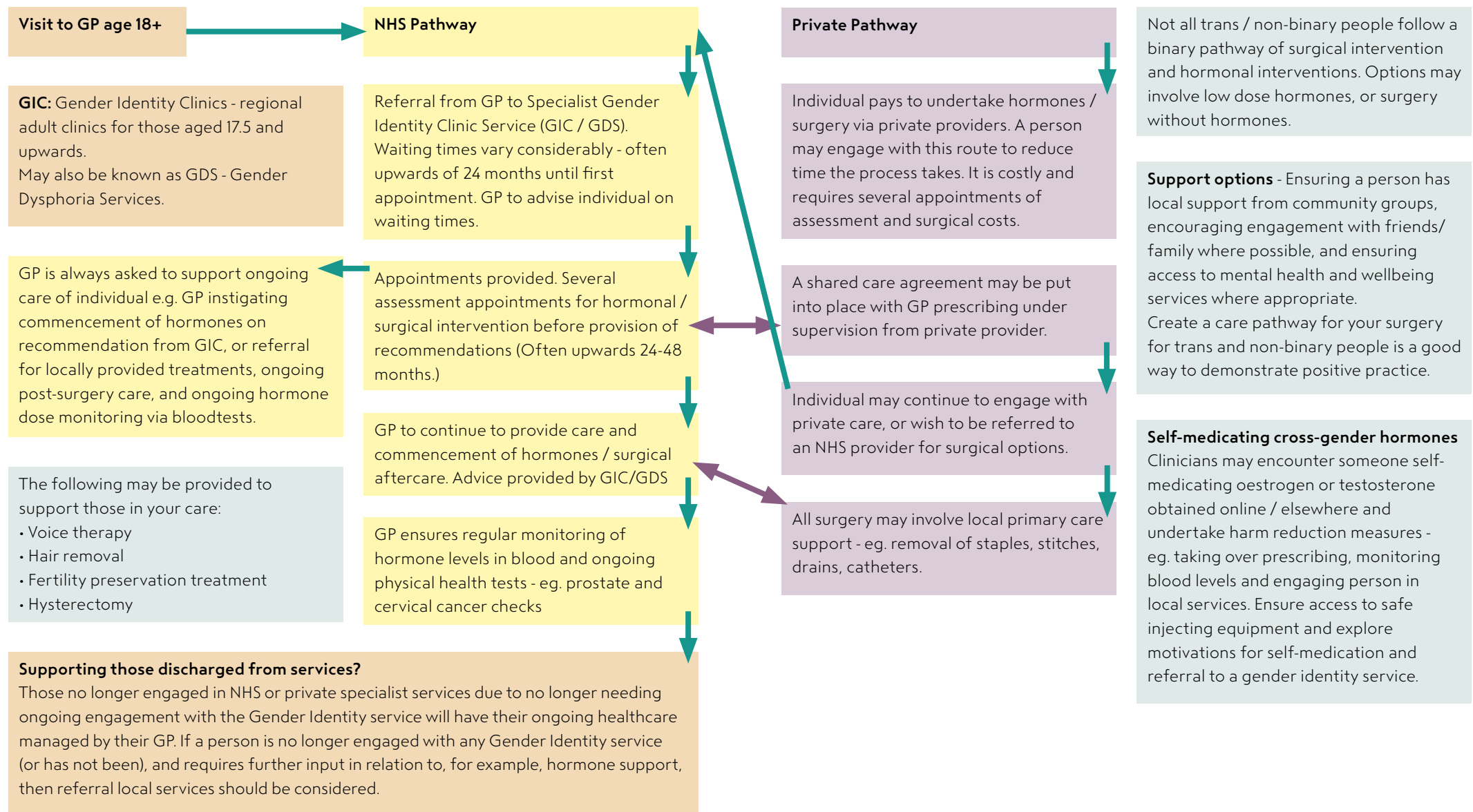
“The whole process took over 10 years!” – Trans woman, aged 61–65, Devon

References:

GMC Ethical Guidance: <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare>

“Hormonal therapy and sex reassignment: a systematic review and meta-analysis of quality of life and psychosocial outcomes” (Murad, et al. 2010): <https://pubmed.ncbi.nlm.nih.gov/19473181/>

Adult Pathway Flowchart



The Pathway for Young People

Young people are exploring, identifying and recognising their gender in many different ways. Some young people identify broadly as trans or transgender; with a strong sense of a binary identity, for others, they may question or be still thinking about their gender. Others may feel a disconnect or ambivalence to their gender, sex and sense of self. There is no textbook answer. Regardless of how a young person identifies, or their age at the time, they should be treated with dignity and respect.

For people under the age of 18, referral must be through the new young person's Gender Identity Clinics (GICs), which will be a separate service from the adult clinics.

The Tavistock clinic, named the Gender and Identity Development Service (GIDS), was launched in 1989 to help people aged 17 and under struggling with their gender identity. The NHS has decided to close this clinic and replace it, over time, with new local clinics to help young people with gender dysphoria. These changes were agreed after an independent review, led by Dr Hilary Cass, who said the Tavistock clinic needed to be transformed.

She said the current model of care was leaving young people "at considerable risk" of poor mental health and distress, and having one clinic was not "a safe or viable long-term option". The new centres - one based in London and the other in the northwest of England - should be fully open in spring 2023 and will run in conjunction with leading children's hospitals, including Great Ormond Street and Alder Hey.

They will aim to help support young people under the age of 18 who are struggling with their gender identity, and be linked to mental health care and GP services where relevant.

"The creation of new specialist regional centres in London and Manchester next year, with more to follow, will go some way to addressing the strain experienced by having just a single, centralised service." – Stonewall, 2022

Presently in the UK, cross-sex hormones are not normally prescribed to children under 16 years of age. Gender-related surgery is not normally permitted until the person is 18 or over. This has attracted media attention in recent times as some people think that all young people are offered irreversible interventions very early that may later lead to regret or harm. In fact, these decisions are made very carefully by the gender experts in collaboration with the individual and their family or guardians with close monitoring and lots of support in place.

There are certain circumstances where young person's GICs may prescribe puberty blockers to delay the effects of puberty in the patient. These drugs have been in regular use for many years for treatment of precocious puberty in very young children. The primary reasons using blockers are to alleviate the distress caused by body changes during puberty, and potentially to avoid surgery to reverse those effects.

Delaying puberty also allows the patient extra time to think through their situation before undergoing any irreversible treatment. In recent years this has been a topic of controversy and is subject to review.

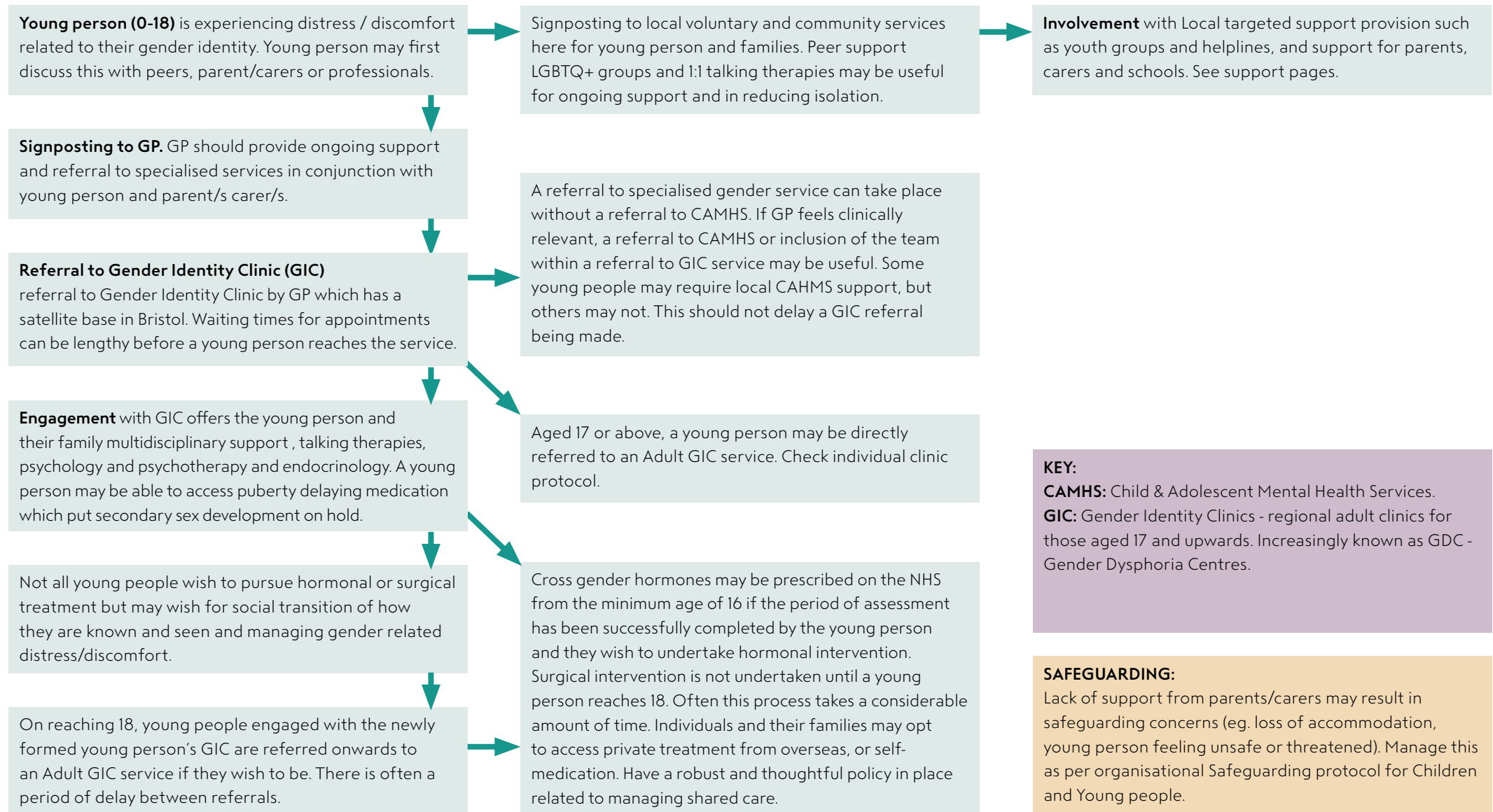
Some young people do go on to transition permanently to a gender different to their assigned birth sex. Other young people may explore their gender but not go on to transition. All young people need access to information, advice and support at the earliest opportunity to explore all options available to them.

"I recently went to a health appointment, and they used my deadname on the record. I felt really uncomfortable with this and became withdrawn, the practitioner asked me if I was okay, and when my dad explained the situation they changed the name straight away, just like that!" 13 Year Old Non-binary Young person

"It's been helpful to have my name updated on the system once I legally changed by name, but it took a while and I kept getting letters just addressed to my surname, it would be great if the updates automatically transferred to all letters too" 21 year old Trans male

"more support accessing appropriate medical services would improve my mental health" 14 year old Trans feminine/ Non-binary

Young People's Pathway Flowchart



KEY:
CAMHS: Child & Adolescent Mental Health Services.
GIC: Gender Identity Clinics - regional adult clinics for those aged 17 and upwards. Increasingly known as GDC - Gender Dysphoria Centres.

SAFEGUARDING:
 Lack of support from parents/carers may result in safeguarding concerns (eg. loss of accommodation, young person feeling unsafe or threatened). Manage this as per organisational Safeguarding protocol for Children and Young people.

Issues for Young People

Social, information and community spaces are often crucially important to trans, non-binary and gender diverse young people. These may be within their youth groups or schools. Spaces and places to meet others in a safe, supportive and social environment can provide opportunities for young people to access friendship, information and advice, and additionally, in some services, for parents/carers to meet.

Young people who have not yet started with the young person's GIC, or do not wish to, may seek support with worries around development and puberty: menstruation, hair growth, etc., alongside other everyday health issues. Young people may also flatten their chest tissue or tuck genitalia. Issues around body image and eating disorders are higher in trans young people. These issues need to be managed, and supportive information provided, so as to reduce potential harm, regardless of whether referral to GIC is warranted or chosen in the future.

Young trans and non-binary people may still need support with health, relationships, wellbeing, exercise etc. This should be tailored to their bodies and experiences.

Young trans people may have decisions to make about fertility which are difficult things to think about at such a turbulent time in life. However early discussions are always welcomed and helpful. Fertility preservation can be considered and so a conversation around how this could be organised in line with potential gender-affirming hormone treatments is always recommended.

For young people, parental or carer consent is normally required before a GIC referral, and also for issues such as changes of name.

**Nearly
1 in 10
trans pupils
(nine per cent)
are subjected to
death threats at
school.**

**More than
4 in 5
trans young
people (84 per
cent) have self-
harmed.**

**More than
2 in 5 trans
young people (45
per cent) have
attempted to take
their own life.**

– Stonewall School Report, 2017]

Parents & Carers

Young people and their parents and carers can be confused or worried if they are unsure of support options available if their gender identity is causing them distress, worry or concern. Often young people may face stigma from those around them or a lack of understanding of how they feel or recognise themselves to be. Parents and carers may feel they are lacking in knowledge, have their own worries, and turn to health, education and social care agencies for support.

Research shows supportive environments improve young people's reported wellbeing and mental health outcomes considerably. Good mental health support is critical for trans youth, and may also be necessary for parents, carers and siblings.

Practitioners can use Fraser Guidelines to make a referral without parental consent if they consider that young person is at risk of harm to themselves or someone else. Also, if the parent/carer behaviour is non-supportive, the practitioner should consider whether the young person needs assistance to feel supported and safe.

References:

Mental health Outcomes in Transgender and Nonbinary Youths receiving Gender-Affirming care (Feb 2022): <https://www.acamh.org/research-digest/affirmative-care/>

"Mental Health of Transgender Children Who Are Supported in Their Identities", (Kristina R. Olson, et al. 2016) <https://pubmed.ncbi.nlm.nih.gov/26921285/>

“Socially transitioned transgender children who are supported in their gender identity have developmentally normative levels of depression and only minimal elevations in anxiety, suggesting that psychopathology is not inevitable within this group.” – Olson et al

“My Mum not supporting me and my gender – she ignores it most of the time- makes me feel like she just doesn't understand. I go to my local sexual health clinic and talk to the nurses there about how I feel as it helps me. They also suggested I go to my LGBTQ+ youth group where I have met lots of friends and heard other people's stories.”

Treatment

Given the high level of discrimination that trans people face, you may wonder why anyone would undergo gender transition. The answer is that trans people are mostly happier in themselves after transition, despite exposing themselves to that discrimination.

Studies that have been done on trans people post-transition show significant levels of satisfaction, both with surgical outcomes and with quality of life.

Newspaper articles on trans issues often focus on people who have undergone transition and later regretted it. However, the number of cases of genuine regret is very low, and will hopefully continue to fall as treatment protocols improve. Recent studies at two UK clinics put the de-transition rate at around 1%. Those who leave the programme often do so for practical reasons and resume transition once they are able.

The acceptance of non-binary genders, rather than thinking that all patients need to undergo full binary transition if they wanted any treatment at all, has made a big difference as there is no expectation to take high doses of hormones or have surgery unless this is really needed.

Outcomes are also improved, particularly in the case of young people, if family support can be secured. Support for families during the transition process is thus very important.

References:

Cornell University Literature Review: <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>

"Gender Identity 5 Years After Social Transition" (Olson, et al. 2022): <https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2021-056082/186992/Gender-Identity-5-Years-After-Social-Transition>

"Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment" (de Vries, et al. 2014) <https://pubmed.ncbi.nlm.nih.gov/25201798/>

"Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada" (Bauer GR, et al. 2015) <https://pubmed.ncbi.nlm.nih.gov/26032733/>

“The participants were also asked if hormones had changed how satisfied they were with their overall lives. Of 398 people, 82% reported greater levels of life satisfaction than pre-hormones. As before, only 2% were less satisfied. – Sheffield Hallam University Mental Health Study

Hate Crime

Transphobic hate crime is any incident perceived to be motivated by prejudice towards an individual because of transgender identity. It can happen to people perceived to be trans or who are associated with trans people.

Hate crime takes many forms including: verbal abuse, physical violence, teasing, intimidation, bullying, online abuse, and damage to property. The impact can be catastrophic with serious mental health repercussions including self-harm (including substance abuse) and at worst suicide.

SARI and **Bristol Hate Crime & Discrimination Services (BHCD)** now has a dedicated LGBTQ+ caseworker and works collaboratively with OTR **Bristol's Freedom Service** and the **Diversity Trust**, and encourage anyone who suffers hate crime in Avon & Somerset area to report it. They offer free, **confidential advice** and can open a case to support victims further. For more info, call 0800 171 2272 or visit www.sariweb.org.uk.

If the victim or anyone else thinks an act was hate motivated, it should be recorded as a hate crime or incident by the agency you report to. In an emergency call the police on 999 or contact them on 101 or online for less serious incidents.

“I was verbally assaulted, called a ‘tranny’, ‘shim’, he/she, ‘pussyboy’, groped and had someone try to yank my binder outside a nightclub and this was all on the same night.”
– Sean, 23 (South West), Stonewall 2017 Report]

41%
of trans people
suffered a hate
crime or incident
in the past 12
months

12%
of trans employees
were physically
attacked by a
colleague or
customer in the
last year

- Stonewall 2017 Report

Legal Issues

The two pieces of UK legislation that deal specifically with trans and non-binary people are the Gender Recognition Act (GRA, 2004) and the Equality Act (EA, 2010). The EA is by far the most important as it deals with day-to-day issues and gave rise to the Public Sector Equality Duty (PSED, 2011).

Gender Reassignment is one of the nine Protected Characteristics in the EA. Anyone with that characteristic is entitled to equality in the provision of goods & services, including healthcare. Under the PSED, health services have a duty to eliminate discrimination, advance equality of opportunity, and foster good community relations.

A person acquires the Protected Characteristics of Gender Reassignment from the moment that they propose to undergo such treatment. They do not need to have started treatment, nor do they need to have changed any legal documentation.

A person is also protected if they are discriminated against because they are assumed to have a Protected Characteristic.

For specific issues regarding admission to single-sex facilities, see the section on Crisis Management.

Many issues that trans people face when accessing the NHS are a result of interacting with other patients rather than direct discrimination by NHS staff. See the section on the Service Environment for suggestions.

The GRA is currently undergoing reform. However, it deals only with matters of legal gender. In almost all cases trans people's protections under the EA apply regardless of whether they have changed their legal gender or not.

- ★ For advice on changing trans people's records within the NHS, see: <https://www.gp.brightonandhoveccg.nhs.uk/changing-nhs-records>
- ★ For specific issues regarding data protection and trans people, see: "CPS Transgender Equality Management Guidance", Crown Prosecution Service
- ★ For the impact of the GRA on NHS records see Section 7 of the PDS NHAIS Interaction Procedure Guide

“The NHS is letting down trans people: it is failing in its legal duty under the Equality Act.” – House of Commons Women & Equalities Committee Report on Transgender Equality, 2016

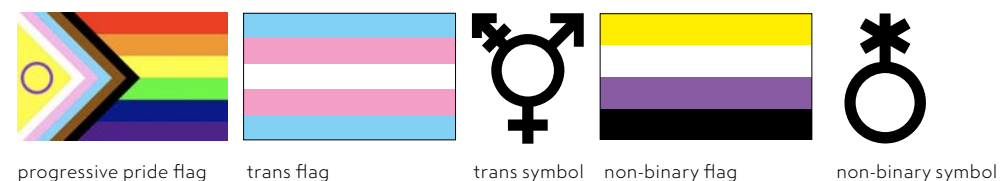
Service Environment

The environment that trans and non-binary people are presented with when they seek treatment has a major influence on how much they trust the practitioners that they meet. If that environment feels unduly hostile they may fail to disclose important details relating to their care, or even just leave.

Avoid requiring anyone to state their gender in public. For example, do not have separate registration lines for men and women, or use sign-in machines that ask for gender in a very visible way.

Talk to patients about how best to announce and/or display their name when they are being called to be seen.

Have posters or leaflets on display showing that your service is trans inclusive. While a rainbow flag is a good means of indicating LGB inclusion, it may not speak to trans people. It is better to use the trans flag and/or symbol.



The increasing number of people identifying as non-binary poses a particular issue in a service that traditionally has catered only to two genders. Providing ways to cater for these people is therefore an urgent priority. Such provision may also help some binary-identified trans people, particularly when they are just starting transition and may be very nervous of how they will be received by others.

Ensure that discriminatory behaviour by other patients towards trans people is dealt with firmly. Holding a belief or opinion that is perceived to be discriminatory is legally accepted, but voicing or acting on it in a manner which causes distress to someone else could be discriminatory or hateful.

Tips for Interacting with Trans & Non-Binary People

“I work in the NHS. And have done for over a decade. My status is still whispered about in corners, I am misgendered and wrong-pronounced on a daily basis.” – Trans woman, aged 36–40, Bristol

- ★ The most important thing to remember when interacting with trans and non-binary people is to accept them as who they are. Use the name and pronouns that they ask you to use. This simple act of acceptance will go a long way towards earning their confidence.
- ★ Terminology can be a minefield, even for trans people. Try to worry less about the precise meanings or words, and more about what individual patients mean by them.
- ★ Everyone makes mistakes. However, if you are genuinely sorry, and make that clear in your apology, most trans people will be happy with that. Don't get defensive or try to blame someone else. Don't make a big show of apologising as this will only embarrass the person you have upset. The best thing to do is say sorry, explain that you are learning and then move on.
- ★ Try to use inclusive language, especially when people's genders are unknown to you. Use "partner" instead of "husband" or "wife". Use "person" instead of "man" or "woman".
- ★ Do not ask trans people for details of their treatment unless it is relevant to the work you are doing with them..
- ★ Don't assume that you know what the needs and preferences of a trans person are. Even if someone is presenting very obviously as one binary gender, they may be afraid to be placed in a single-sex facility.

- ★ Try to make sure that patients have some means of support outside of the health services. Trans people can be very lonely and isolated. Offer support to friends and family if that will help.
- ★ In situations where a patient lacks capacity, it is important to ensure you involve the right people in the decision making. Acknowledge importance of family support but be mindful that not all family members are understanding and accepting of trans people and some maybe even be hostile or hateful. Remember to consider independent advocacy options and safeguarding issues.
- ★ Involve trans people in your process design and feedback systems. Also involve them in recruitment and service development.

More tips are available in the following sections. For tips around workforce inclusion for trans and non-binary people, visit the Stonewall site: <https://www.stonewall.org.uk/workplace-trans-inclusion-hub/getting-started-trans-inclusion-your-workplace>

“My experience with my GP was positive although she freely admitted that I was the first Transgender Patient that she had. She asked me to write to her setting out my life experience of gender dysphoria. My GP referred me to the [Gender Identity Clinic] in Exeter but had no idea of the huge waiting list” – Trans woman, Bristol

Care Planning

The Care Programme Approach provides a framework for managing the care of service users. Service users are entitled to a care coordinator, key nurse and a care plan for a continuity of care and prevent the loss of contact with mental health services.

The care plans should be followed by all the nurses and worked on in collaboration with service users. The key nurse should also review them regularly for any changes and if they are still working for the service user. Care plans could include how to manage risks around gender on mental health units; personal care, one-to-one's, de-escalation, pronouns, preferred names and so on. The plan can also include guidance on how to deal with family who may be unaware of or hostile to the service user's gender identity. Additional support and resources are available, including from the care coordinator and gender champions within both Bristol Mental Health and Avon & Wiltshire Mental Health Trust.

The main aim is to provide patient-centred and compassionate care led by the individual with the support of the health professionals. To establish this, it is good to have a frank and honest discussion at the earliest possibility. Don't be afraid to say you are learning and have limited knowledge. Ask politely and privately. Listen to what the patient says, and respect their understanding of their identity.

In particular, ask what name, pronoun and identity description a trans person prefers to use in written and verbal communication. Do this politely and in private.

It is vital that staff seek feedback from trans service users about the quality of their care and take action to make any required improvements.

Reference:
The Care Programme Approach: <https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/care-for-people-with-mental-health-problems-care-programme-approach/>

Monitoring

Good quality data is essential for making a business case to provide better services to a particular community and can mean people feel heard. However, trans people may be very reluctant to share information about themselves, especially if the questions seem inappropriate.

Often questions are not asked at all so this leaves trans and non-binary people and their needs invisible.

Do's	Don'ts
Do give people the opportunity to identify as non-binary.	Do not ask people if they are lesbian, gay, straight or trans. Being trans is not a sexuality.
Do give the option to use Mx as a title as well as adding non-binary to the gender question.	Do not ask people if they are female, male or trans.
Do include a free text box for "other". It isn't easy to analyse, but it does make people feel wanted.	Don't try to include every gender you have heard of. There will always be more. The more options you have, the more likely it is that people whose identities are not listed will be upset.
Always give the option to decline to answer.	Don't ask for "legal gender." This has a specific meaning and is not relevant to providing health care.
Ask about intersex people separately.	Most intersex people don't identify as trans. Don't assume they are trans.
Ask separately about trans status.	Some trans people will cease to identify as trans after their treatment is completed. Don't assume or guess.

Suggested questions

Gender:

- ★ Male (including trans male)
- ★ Female (including trans female)
- ★ Non-Binary
- ★ Other [text box]
- ★ Prefer not to say

Do you identify as intersex:

- ★ Yes
- ★ No
- ★ Prefer not to say

Is your gender different from the sex you were assigned at birth:

- ★ Yes
- ★ No
- ★ Prefer not to say

Crisis Management

“I had to go to casualty once and when the doctor discovered I was trans she asked to see my genitals and show them to another colleague.” – Trans man, aged 36–40, North Somerset

Trans and non-binary people may present in acute emotional crisis that may be brought on by gender dysphoria, or another reason. Trans people can have mental health difficulties completely unrelated to their gender identity. Do not assume that these are related, as they may not be!

If a person is in crisis it is even more important to make sure you acknowledge that person correctly and respectfully. Failure to do so will deepen the crisis that the person is suffering.

If a trans person is to be admitted to hospital you should carry out a risk assessment, taking into consideration known higher risks such as deliberate self-harm, harassment and transphobia.

Forcing a trans person to use a single-sex ward that does not conform to their gender identity is likely to have an effect on their emotional wellbeing. Where to place a trans patient should always be a case by case decision. Ask and involve the patient rather than making decisions for them and speak to your managers and supervisors in order to make a multi-disciplinary decision with clear documentation demonstrating efforts to support the individual as much as possible.

Providing education to other service users in a ward to prevent ignorant or transphobic comments is, if successful, a better solution than having to protect or isolate the trans service user, but please note that disclosing that someone is transgender without their consent may be unlawful. Always

seek further advice if you are unsure about information sharing.

There may be no ideal solution. Weigh up risks and benefits of each possibility. Make sure any decisions are made after consulting the patient fully. Ask for help from senior managers if difficult decisions need to be made.

There may be some circumstances where it is lawful under the Equality Act to provide a different service or exclude a trans person from their preferred treatment or inpatient facility. This is justifiable provided that it is a proportionate means of achieving a legitimate aim. You need to balance the needs of the trans person and the detriment to them if they are denied access etc. versus managing risk safely.

Remember, trans people present no greater risk to other people's safety than any other person – in fact, evidence shows trans people are far more at risk of being harmed by others due to discrimination and hate than they are to cause harm to others. Risk assessing trans people should be done in a comparable way to how you risk assess all service users. Don't let bias impact on how you risk assess trans people.

In situations where a patient lacks capacity, be mindful who you involve in the decision making. Family members are sometimes hostile to trans people or lack understanding and acceptance. Speak to your managers and make decisions as a team. Ask advice from local LGBT+ champions and don't be afraid to ask for help if you are not sure what to do.

“What prevents me from accessing services is not knowing how staff members will react, and how much knowledge about trans issues they will have.”

Staff Issues

Policies, Training and Continuous Personal Development (CPD)

Your organisation will have equalities, LGBT+ or trans-specific policies. Staff are expected to read, understand and comply with them. These policies can help staff to understand in more detail the diversity of trans healthcare and terminology. Staff should also be aware of other associated policies, including:

- ★ Acceptable Behaviour
- ★ Concerns and complaints
- ★ Whistleblowing

Your organisation should have mandatory equalities training including face-to-face training at induction with e-Learning refreshers either annually or every other year.

Each service should have an equality, diversity and inclusion champion(s) and it is recommended that champions attend face-to-face trans awareness training to support their role.

Practitioners are encouraged to discuss equalities issues in relation to clinical practice during clinical supervision and to access the support of equality leads for guidance and advice.

Interacting with trans employees

Staff should act fairly and compassionately, treating trans colleagues with the same dignity and respect as any other colleague. The guidance above for interacting with trans patients applies equally to trans colleagues.

Services should offer a person who identifies that they are, or wish to transition a workplace support plan which could include transition timeframes, how the staff member wishes to be supported, and how they wish to manage communication to colleagues.

Any repeated or deliberate misgendering/use of previous names ('deadnaming') undermines trans people's identity, constitutes harassment and should be reported to a line manager or alternative person. Staff should never inappropriately disclose a colleague's personal history relating to their gender identity as this is a criminal offence under the Data Protection Act 1998 and the Gender Recognition Act 2004, Section 22.

Training

Research suggests that most problems that staff have when interacting with trans and non-binary patients is a result of ignorance rather than malice. With increasing visibility of trans people in the media, more people have an opportunity to educate themselves. Unfortunately, this visibility has given rise to anti-trans campaigns in certain parts of the media that spread misinformation.

Good quality trans awareness training for all staff is invaluable, especially if it involves actual trans people who are able to tell their own stories. Training should be given at all levels. There is no point in clinical staff being well trained if trans patients are put off by interactions with receptionists, and vice versa.

Training Resources

E-Learning courses on best practice for working with trans people are available from GIRES: <https://www.gires.org.uk/e-learning/>.

Opportunities for training on best practice for working with trans people can be part of Continuous Professional Development schemes include:

- ★ AWP Champions
- ★ Shadowing or advice from gender specialists.
- ★ Royal College CPD modules.
- ★ GMC CPD modules.

External organisations providing in-depth, face-to-face training on trans issues include:

- ★ Gendered Intelligence: <http://genderedintelligence.co.uk/>
- ★ The Diversity Trust: <https://www.diversitytrust.org.uk/>
- ★ Off the Record: <https://www.otrbristol.org.uk/>
- ★ SARI: <https://www.sariweb.org.uk/>

The SARI training is available through Bristol Mental Health and regular courses are scheduled.

“Sometimes a bad attitude can undermine what little self-confidence a person has. Everyone here and in the NHS needs trans inclusivity training.”

Other Resources

Mental health support

VitaMinds. Run by Vita Health, VitaMinds is a free service that people with a Bristol, North Somerset or South Gloucs GP can self-refer into.

<https://www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/bristol-north-somerset-and-south-gloucestershire/>

<https://switchboard.lgbt/> (phone, web, email 10am-10pm) 1:1 support staffed by LGBTQ+ volunteer listeners

<https://mindlinetrans.org.uk/> (Mondays and Fridays 8pm - Midnight staffed by trans, non-binary and gender diverse volunteer listeners)

External Resources

<https://genderkit.org.uk/> - website offering resources and guidance to help people with the steps that can be taken when transitioning

<https://www.akt.org.uk/> Housing support and information for anyone LGBTQ+ experiencing homelessness, insecure housing or living in a hostile environment

www.depend.org.uk/ Offering free, confidential advice, information and support

to all family member, spouses, partners and friends of trans people in the UK

Priory Hospital Bristol – Centre of support for individuals, couples and families facing a wide range of mental health challenges. A team of psychiatrists and therapists, trained on supporting the trans community, provide recovery focused therapies and evidence-based treatments in a calming therapeutic environment. www.priorygroup.com.

Books

Transgender Health: A Practitioner's Guide to Binary and Non-Binary Trans Patient Care, Ben Vincent PhD, Jessica Kingsley Publishers, 2018 (short, accessible and practical)

Understanding Trans Health, Ruth Pearce, Policy Press, 2018 (more academic)

Guides

Guidance for GPs, other clinicians and health professionals on the care of gender variant people, NHS, 2008

Transgender Guide for NHS Acute Hospital Trusts, Royal Free

Hampstead NHS Trust, 2010
Good practice guidelines for the assessment and treatment of adults with gender dysphoria (CR181), Royal College of Psychiatrists, 2013

Fair care for trans patients, Royal College of Nursing, 2017
Supporting & Caring for Transgender Children – American College of Osteopathic Pediatricians, American Academy of Pediatrics, Human Rights Campaign (2016)

Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents – The Royal Children's Hospital, Melbourne (2018):

Supporting transgender and gender-diverse people – The Royal College of Psychiatrists (2018)

Studies

Trans Health, Care and Wellbeing, The Diversity Trust (April 2018)

Experiences of health care in Sheffield's trans community, Healthwatch Sheffield (March 2019)

Trans Inclusion Policies

Morecambe Bay NHS Trust
https://www.uhmb.nhs.uk/files/3115/1067/2200/UHMB_Transgender_Care_Policy_V1.1.pdf
South London & Maudsley NHS Trust
<https://www.slam.nhs.uk/media/409809/trans%20guidance.pdf>

Support Groups

Beaumont Society – A national self-help support group in the UK run by, and for the trans community. This includes support sub-groups for partners as well as parents of trans young adults
<https://www.beaumontsociety.org.uk>

Mermaids – A national support group for trans young people and their families: <https://www.mermaidsuk.org.uk/>

Freedom Youth – social information, advice and support offering 1:1 and group work for young people across Bristol and South Glos. Working with those 11-25, and supporting their schools and communities. <http://www.otrbristol.org.uk/> and <http://www.freedomyouth.co.uk>

www.offtherecord-banes.co.uk/
Off the Record BANES - Off the Record Bath and North East Somerset (OTR) provides a range of free services including counselling, listening support, youth participation, advocacy and specialist groups, support for care leavers and a LGBTQ+ focused youth group. <https://www.offtherecord-banes.co.uk/>

FFLAG – a national organisation for the friend and families of LGBT+ people. Useful for families where the trans person is no longer a child: <https://www.fflag.org.uk/>.

There are also many local support groups throughout the UK that can offer more localised support, advice and socialisation opportunities for trans people.

“Make sure all staff are appropriately trained so that they can talk openly about sexuality and gender, ask the right questions in a sensitive way and be aware of pronoun use.” - Non-binary identity, aged 25–30, Bristol



**STAND AGAINST
RACISM & INEQUALITY**

This document would not have been possible without the contributions of trans and non-binary people, specialist agencies and local advocates



with support from
St Mungo's
Ending homelessness
Rebuilding lives

