



LGBTQ COMMUNITIES EXPERIENCE AND OPINIONS ABOUT THE WELLBEING SERVICE



The LGBT Health and Inclusion Project

Brighton and Hove NHS Clinical Commissioning Group (BH CCG) and Brighton and Hove City Council (BHCC) have commissioned the LGBT Health and Inclusion Project at Brighton and Hove LGBT Switchboard to conduct a series of consultation and engagement activities with local lesbian, gay, bisexual, trans and queer people (LGBTQ) people. The aim is to use the information gathered to feed into local service commissioning, planning and delivery.

Please note, the following report presents information about the consultation and engagement work conducted by LGBT HIP, and should not be taken as a position statement of Brighton and Hove LGBT Switchboard or of any participating organisation.

1. INTRODUCTION

The Clinical Commissioning Group (CCG) has asked LGBT HIP and other Health Engagement Organisations to carry out a consultation into how Community and Voluntary Sector organisations can complement the new Wellbeing Service, which will be operational from April 2017. This report contains an analysis of our consultation into LGBTQ people's experiences of and opinions on the Wellbeing Service.

1.2 Background

CCGs are required to have IAPT (Improving Access to Psychological Therapies) services in place for adults. The service supports adults with mild or moderate mental health problems aged 18 and over who are registered with a Brighton and Hove GP. The service treats patients experiencing common mental health disorders such as depression, panic disorder, generalized anxiety disorder, simple phobias, post-traumatic stress disorder, health anxiety, social phobia, body dysmorphic disorder and obsessive-compulsive disorder. The adult IAPT will be one contract within the re-procurement for Wellbeing Services in 2017.

The Practitioner Service that the CCG is seeking to commission is not a nationally mandated service. It supports people who neither meet the criteria for IAPT services or local secondary mental health services. Currently the service supports adults only. Through this re-commission the CCG will be extending the scope of this service to support children and young people.

2. METHOD

2.1 Survey

An online survey was developed by LGBT HIP based on questions supplied by the Clinical Commissioning Group. The survey was conducted over a period of two weeks in April 2016. The survey was open to workers or volunteers in the LGBT sector. It was also open to workers and volunteers who work with a high proportion of LGBT service users such as sexual health services. One person from each service responded on behalf of the group or organisation.

The survey was hosted on SurveyMonkey and promoted independently via email to the LGBT HIP Mailing list & Organisations mailing list. Seven groups and organisations responded to the survey consisting of four LGBT groups and three HIV/ sexual health organisations.

2.2 LGBT HIP Focus Group

The focus group was advertised on the LGBT Switchboard Facebook page, twitter, and the LGBT HIP mailing list and a ten-pound incentive was offered for participants.

The facilitator supported the group to establish a group contract to ensure that participants felt safe to participate. Participants were asked to complete monitoring forms at the end of the focus group.

2.3 Additional Allsorts Youth Project Focus Groups

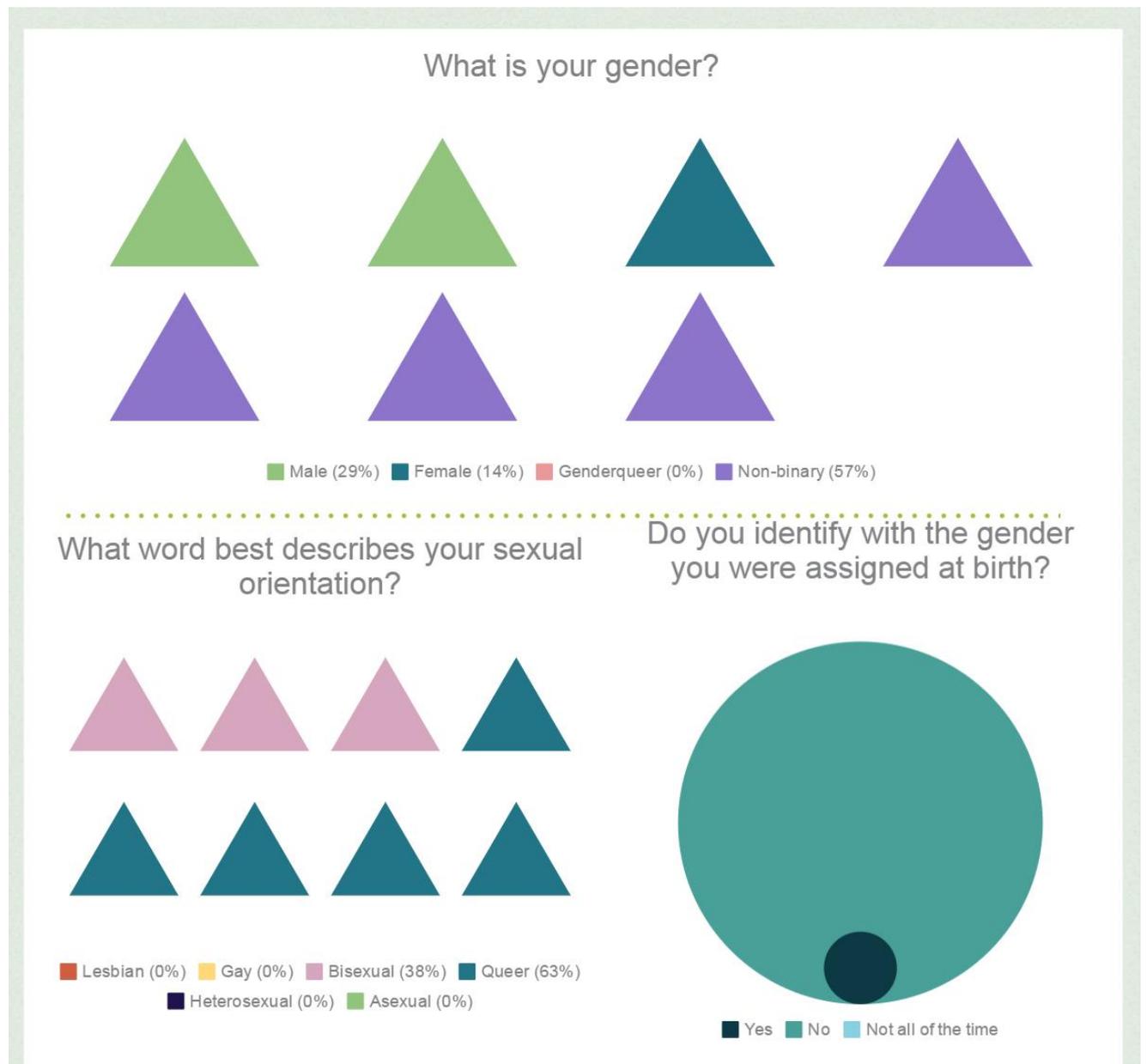
An additional focus group was held at Allsorts Youth Project, facilitated by Youth Support Workers. Allsorts Youth Project volunteered to undertake these focus groups to ensure that the voices of young people were heard in this consultation.

The notes from the focus groups were shared with HIP and the LGBT HIP Project Manager developed these into a summary of discussions.

3. LGBT HIP FOCUS GROUP DEMOGRAPHICS

Six participants attended the focus group. Most participants identified as non-binary and one participant stated that they identified as the gender they were assigned at birth. All participants identified as either queer or bisexual. One participant identified as more than one gender identity and two participants identified as more than one sexual orientation.

There was a fairly even spread across the age ranges, but there was no representation from people aged 35-49 or 65 and over. 67% of participants stated that they have disabilities.

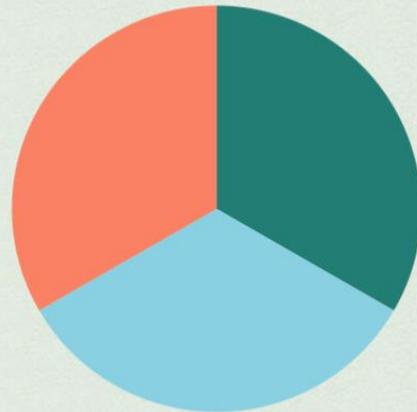


What is your ethnicity? (Please select all that apply.)



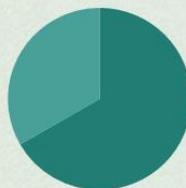
- White British (33%) ■ White Irish (0%)
- White Traveler of Irish... (0%) ■ White other (67%)
- Asian or British Asian- Indian (0%)
- Asian or British Asian-... (0%)
- Asian or British Asian-... (0%)
- Asian or British Asian-... (0%)
- Asian or British Asian Other (0%)
- Black or Black British-... (0%)
- Black or Black British-... (0%)
- Black or Black British- Other (0%) ■ Mixed (0%)

What is your age?



- 18-24 (33%) ■ 25-34 (33%) ■ 35-49 (0%)
- 50-64 (33%) ■ 65-79 (0%) ■ 80+ (0%)

Do you consider yourself to have a disability?



- Yes (67%) ■ No (33%)

4. FINDINGS

4.1 LGBT HIP FOCUS GROUP

The LGBT HIP Manager facilitated the focus group and started with introductions and an explanation about the Wellbeing Service, supplied by the CCG.

General discussion about the Wellbeing Service

Following the introduction to the Wellbeing Service, two participants disagreed with the explanation. One participant stated that they had been signposted to voluntary sector, as their needs had not met the threshold for the Wellbeing Service and so did not feel that it supported people with 'mild or moderate mental health problems.'

Participants also discussed how Wellbeing Services have signposted people back to voluntary services instead of offering direct services. Participants were concerned that with the continued cuts, this could place increasing pressure on the voluntary sector as service delivery decreases.

Several participants felt they had been referred to voluntary services that could not support them, due to a lack of funding. Another participant said that their appointment had been cancelled three times and that they had been signposted by the Wellbeing Service to the service that they actually run. This raised concerns from other participants as some had been inappropriately referred to voluntary services by the Wellbeing Service, when they actually needed specialist mental health support. Participants suggested that if the Wellbeing Service referred someone to a voluntary sector group, they could work with that group to make sure they could meet the needs of the person.

Participants felt strongly that voluntary and community organisations and peer support are an addition to the Wellbeing Service, but should not replace specialist mental health intervention.

Another participant was keen to include their frustration at the current referral system between services, and they felt that information was not shared between the referring GP and other services including the Wellbeing Service.

How LGBTQ people see the role of the voluntary sector in providing information about mental health and wellbeing

One participant stated that the voluntary sector is good, but that it needs more funding. There was general confirmation from other participants that the voluntary sectors service is of a high standard and reflects good practice. Helplines were noted as a good resource for providing information about the wellbeing service and other support, but funding cuts effect the service and there is a noticeable deterioration in services in general.

Participants were familiar with the principals of the Five Ways to Wellbeing and felt that voluntary sector organisations have a role to play in providing information about this- however it was noted this was not useful for people who have more complicated mental health needs.

Participants discussed the possibility the wellbeing service supplying a pack of mental health resources, which could be given out by voluntary sector organisations.

How LGBTQ people see the role of the voluntary sector in supporting people to look after their mental health and wellbeing

A number of participants spoke about how a lack of awareness about gender identity had proved a barrier to accessing generic counselling and other mental health support for them. One participant

said that their counsellor had focussed on their gender identity and referred them to Trans* support groups, when they were seeking support around a mental health diagnosis.

There was agreement amongst the participants that they felt more comfortable accessing mental health support through LGBT support organisations and groups – especially counselling. Participants spoke about the counselling services at the Clare Project and LGBT Switchboard as examples of LGBT-affirmative therapy.

Peer support groups were praised as an example of how the voluntary sector supports people with mental health and wellbeing. There was a wider discussion about how peer support volunteers risk being overwhelmed if too much pressure is put on them and about how this service needs to be carefully managed and supported.

Participants also spoke about the advocacy service provided by MindOut and the TAPA worker at Allsorts Youth Project as examples of good practice about how voluntary organisations can support people to look after their mental health and wellbeing.

There was a further discussion about the limitations of support offered by voluntary sector organisations. Often services are available during the working day and it is not always possible to access support in the evenings/ weekends. Furthermore, there are a limited number of LGBT counsellors offering affordable therapy, and they work in a relatively small community. This means some participants felt they could not access the service due to a conflict of interest (for example, if their partner was already seeing the same counsellor).

One participant suggested that LGBT community groups need to work together and a ‘feedback’ type meeting where groups could work together to talk about issues that affect mental health and wellbeing in LGBT communities.

How LGBTQ people see the role of the voluntary sector in supporting people to access specialist services

Several participants cited negative experiences that they, or others had been through with the Wellbeing Service including being misgendered or having to ‘educate’ their practitioner about gender identity which meant they would be reluctant to recommend this service to friends.

Four of the participants in the group volunteer for local peer support groups and a key theme in the focus group was that they would be reluctant to signpost people to the Wellbeing Service as they were not confident that practitioners would be LGBTQ aware.

Participants spoke about how the Wellbeing Service should work with LGBTQ groups to ensure that their practitioners are training in LGBTQ awareness and understand how to promote an LGBTQ-inclusive practice. Participants stated that if wellbeing practitioners have received Trans* awards training in particular, this should be promoted as it may reduce barriers to access.

There was a general discussion about what is missing from the Wellbeing Service, and how voluntary sector organisations offer support by sharing skills and knowledge to improve the service. In particular, participants identified the need for specialist counselling to support people transitioning, experiencing bereavement, supporting people with complex problems and counselling for young people who are estranged from their families. The participants also felt that their needs to be more awareness of intersectionality in generic services.

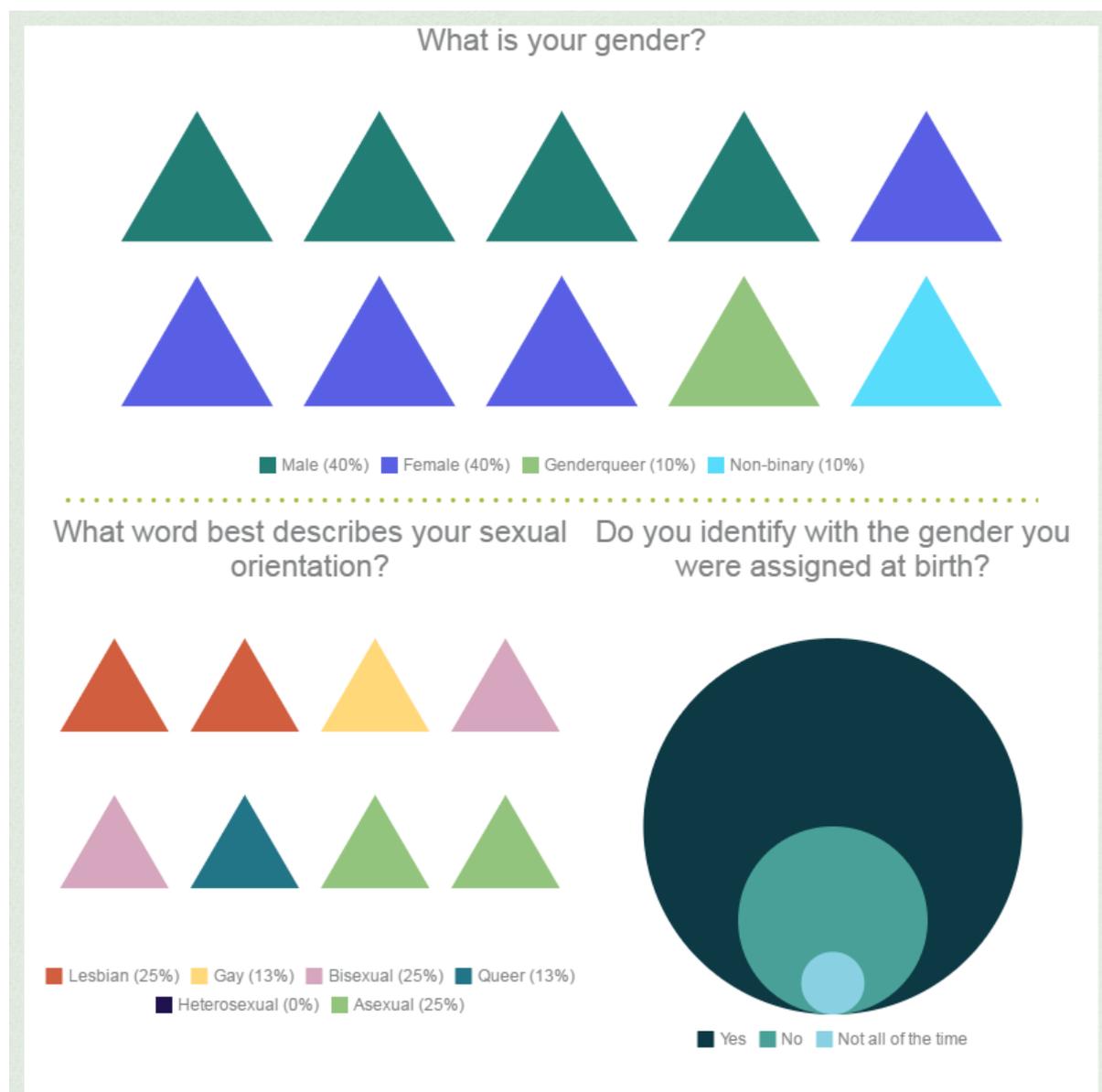
How LGBTQ people think LGBTQ/ HIV groups can work with the larger providers to promote what is available for LGBTQ people in the voluntary sector to ensure that professionals working with people with mental ill health are aware of what is available and know how to access LGBTQ services in the voluntary sector

Several participants felt quite strongly that the Wellbeing Service should take responsibility for their own training and learning around LGBTQ needs, as peer groups are already overburdened. Participants spoke about the need for practitioners to have a deeper understanding of LGBTQ communities, which includes a diverse population and numerous sub-groups. Several participants spoke about the need for practitioners to educate themselves on issues of intersectionality, including race, cultural and LGBT identities.

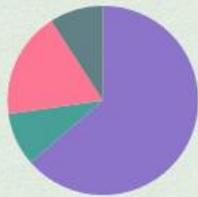
4.2 ALLSORTS YOUTH PROJECT FOCUS GROUP

11 young people participated. There was a fairly even mix across gender identities and 60% of participants identified as the gender they were assigned at birth. Participants identified with a range of sexual orientations: lesbian, bisexual and asexual identities had slightly higher representation.

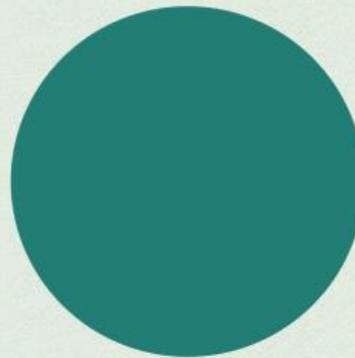
All participants were aged between 18-24 and 30% of participants considered themselves to have a disability.



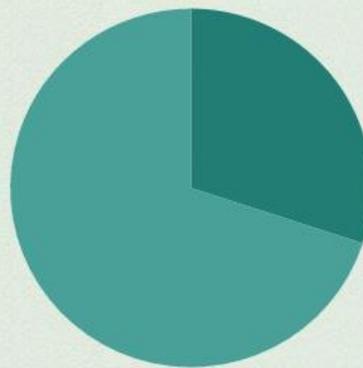
What is your ethnicity? (Please select all that apply.)



What is your age?



Do you consider yourself to have a disability?



How LGBTQ people see the role of the voluntary sector in providing information about mental health and wellbeing

Participants in the focus group discussed how the voluntary sector is vital in providing information about wellbeing services

"I don't think I'd otherwise come across information about services/support"

A number of participants felt that GPs are more likely to offer medication than refer to wellbeing services.

"If you go to other places they try to medicate you, but here they get you more specific help."

However at least two participants had been referred to counselling at the YPC through their GP.

"I don't think the doctor just throws pills at you - I was referred to counselling at the YPC"

One participant also noted the limitations of voluntary sector providing information about mental health and wellbeing services.

"It would be good if there was more information about a wider range of stuff, different mental health problems, not just stress."

How LGBTQ people see the role of the voluntary sector in supporting people to look after their mental health and wellbeing

One of the ways identified, in which the voluntary sector can support young people is by offering one-to-one support to young people while they are on the waiting list for specialist support.

"If you're on a waiting list, Allsorts could offer weekly sessions until you get seen"

Participants also suggested that voluntary services could play a role in making services more accessible to LGBTQ young people by 'interpreting' the support on offer into youth-friendly language.

How LGBTQ people see the role of the voluntary sector in supporting people to access specialist services

Participants suggested that voluntary services may have a role in accompanying young people to access wellbeing services for the first time.

"Allsorts could go with the YP to other organisations... going on your own is scary..."

A key theme of this discussion, was the need for education for practitioners, participants suggested that this could be done through workshops or training.

As with the LGBT HIP focus group, participants felt it was important that if practitioners had been received training on LGBT issues, this should be promoted and communicated with potential clients.

"Give them little cards saying 'This is a safe space' once they've had the training. If you want to talk about something and you see the card you'd know you could."

There was also a discussion around how some young people may feel threatened when trying to access therapy and that steps should be taken to make sure that the process is welcoming and friendly for LGBT young people.

As with the LGBT HIP focus group, one participant highlighted that therapists can assume that sexual orientation/ gender identity is the root of all a person's problems, or the main presenting issue, when this is not necessarily the case.

There was also a discussion around helplines and participants suggested that there was a need for developing more online support with instant messaging.

“Hotlines – by the time you’ve got the courage to ring them, you’ve calmed down”

“An instant messaging crisis thing that was also anonymous would be good”

4.3 ORGANISATIONAL SURVEY FINDINGS

Seven representatives from voluntary sector organisations responded to the survey, comprising of four LGBTQ organisations and three HIV organisations. Responses have been anonymised and key themes have been identified.

How LGBTQ/ HIV groups and organisations see the role of the voluntary sector in providing information about mental health and wellbeing

Six out of seven respondents identified the role of the voluntary sector in:

- Promoting the 5 ways to wellbeing to LGBTQ people
- Providing information about mental health and local support services
- Providing information about accessing the Wellbeing Service through their GP
- Developing and sharing specific mental health information for LGBTQ people

One respondent skipped this question.

In addition to these points, one respondent highlighted the role that the voluntary sector has in adapting materials to make them accessible for their target audience.

“Making information children and young people friendly and inclusive... making it accessible and engaging.”

In addition to providing information to LGBTQ people, one respondent identified the role that LGBTQ/ HIV groups have in ‘informing non- LGBT mental health services and providers about the specific mental health issues and higher incidence of poor mental health experienced by LGBT people.’

Two respondents identified the ‘early intervention’ role that LGBTQ/ HIV groups often have in responding to mental health needs.

“We [provide information] through our advice and information service, our advocacy service, our online service and website. A high proportion of our clients come to [us] as a first point of access for information, i.e. they have not been to primary care or accessed any other services about their mental health issues.”

“Offering informal wellbeing events and services which will offer help to people and reduce the need for formal referral”

How LGBTQ/ HIV groups and organisations see the role of the voluntary sector in supporting people to look after their mental wellbeing

All seven respondents highlighted the role that LGBTQ/HIV groups and organisations have in delivering frontline services to support LGBTQ people with mental health needs (Helpline, casework, counselling and advocacy). One respondent listed services offered by them as peer support, workshops, course advocacy and information.

In addition to this, six of the respondents identified the roles of providing and promoting peer support and planning and delivering workshops/ groups for LGBTQ people to support wellbeing

As in the first question, the need to raise awareness about LGBT issues was raised:

“Supporting other non LGBT mental health services and providers to be better informed about LGBT issues and therefore better able to support LGBT peoples' mental health”

How LGBT/ HIV groups and organisations see the role of the voluntary sector in supporting people to access specialist services

All seven respondents agreed that they saw the role of LGBT/ HIV groups as:

- Providing expert advice to larger providers about working with LGBTQ people
- Helping LGBTQ people to access services provided by Sussex NHS Partnership Foundation Trust / the future adult IAPT /practitioner service
- Consulting with LGBTQ communities to identify barriers to accessing services

One respondent elaborated:

“We have been offering LGBTQ Affirmative Practice training to mental health and substance misuse providers for the last 15 years. Our advocacy service provides one-to-one support to people accessing specialist services. We support people to take forward issues of collective concern, in partnership with Healthwatch. We run an LGBTQ focus group with SPFT to enable people to raise issues regarding the quality of services. Group and individual advocacy gathers LGBTQ community issues with regards to specialist services, as does our partnership with ICAS on NHS complaints.”

In addition to supporting people to access specialist services, there was a strong theme identified in the responses that groups and organisations see their role as delivering specialist services.

“...providing our own specialist services - this question suggests that IAPT is the only specialist service - there are many LGBT specialist services within the community and voluntary sector that support LGBT people with their mental health and are more accessible to LGBT people - as well as understanding their issues, experiences and needs better than many mainstream non LGBT services do”

In addition, the role to provide training on working with LGBTQ people was identified, in particular working with LGBT children and young people.

How LGBTQ/ HIV groups can work with the larger providers to promote what is available for LGBTQ people in the voluntary sector to ensure that professionals working with people with mental ill health are aware of what is available and know how to access LGBTQ services in the voluntary sector

A key theme identified by several respondents is the need for larger providers to access LGBTQ awareness training and take responsibility for connecting with the voluntary sector and what services are available.

Two respondents highlighted the need for larger providers and commissioners to recognise the work that LGBTQ/ HIV groups deliver for people with a wide range of mental health difficulties including severe mental health needs.

“Often the LGBT specialist services are better able to meet the client's needs or could meet the client's needs in partnership with some of the larger providers.”

Three respondents highlighted the training packages that they can provide and how larger partners can utilise this expertise in order to raise awareness about working with LGBTQ people.

Two respondents suggested that LGBTQ/ HIV groups and larger providers could work together to develop a directory of services in order to make referral pathways clear and accessible.

Two respondents identified clear communication between partners and utilising networking events to ensure that larger providers know how to access services in the LGBTQ sector.

“Use the MH meetings as opportunities mutually to explain and give out leaflets about our services ensure all mutually linked on social media CEO/CEO liaison”

Finally, two respondents stated the need for voluntary groups and organisations to have sufficient funding to respond to referrals from larger partners.

“Community + voluntary sector services need to be financially resourced enough to provide these services and to work with the larger providers.”

Additional comments and feedback

Respondents were asked to share any additional comments at the end of the survey:

“Developing closer working relationships with wellbeing services and LGBT sector to be able to help client’s access timely support is key. I also feel that continued investment in LGBT specialist services and projects that all support wellbeing and mental health needs to be a priority”

“The current commission does not include LGBT community and voluntary sector mental health and wellbeing services - this makes it difficult for LGBT specialist services to work with and build capacity within non-LGBT services to better respond to LGBT service users. I wonder whether the commissioned services are currently able to access opportunities to build up their own knowledge and awareness of LGBT issues and as such have enough of an understanding of the specific mental health challenges faced by LGBT people.”

“I hope this has been useful information. We provide a well-known and well-used first point of contact for LGBTQ people across the range of mental health issues. We work to engage wider LGBTQ communities in improving wellbeing and reducing mental health stigma. All of our work is co-produced, designed and developed with service users, all our work is run by and for LGBTQ people with lived experience of mental health issues.”

“How vital it is that MH services, especially to LGBT children and young people, are delivered within a community context where they can be. How great the TAPA service is especially with the LGBT TAPA worker based in the same location as us and how important it is that generic MH services engage with us so we can assist them to respond in the best possible way if and when LGBT children and young people do have to access their services - something we are often told by our service users they find difficult.”

“The value of low level services and events to PREVENT the need to access formal services has been missed - as many people with wellbeing issues do not and will not identify with the for all process until it's becomes a critical issues whereas they will engage in voluntary groups early in the process and likely avoid escalation of issues.”

5. RECOMMENDATIONS

These recommendations have been developed out of the findings of the online survey and the focus group. It is hoped that the following recommendations may act as a guide for the CCG:

1. The CCG should ensure that community and voluntary sector organisations can access funding opportunities in order to deliver services that can form part of the wellbeing package of support.
2. The Wellbeing Service should consider working with LGBT and other community groups to develop a pack of resources that people can access to support their mental health and wellbeing. This may include a comprehensive online directory of groups and support available. Any resources should include information as to whether services are equipped to support LGBT clients.
3. The Wellbeing Service should commission training on sexual orientation and gender identity for practitioners to ensure they are equipped to support LGBTQ people.
4. The Wellbeing Service should consider developing a scheme for LGBT people to easily identify practitioners that have been trained to support LGBT people. This might be in the form of posters, stickers, certificates or an online symbol.
5. The Wellbeing Service should work with voluntary sector organisations to develop LGBT-specialist practitioner roles, and community-based services to better meet the needs of LGBT people.
6. The Wellbeing Service should work closely with voluntary sector organisations to ensure that any information is accessible for key groups such as LGBT people and young people.

Key Contacts

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