

Single sex spaces: trans and non-binary service users' experiences of single sex wards in mental health settings in England

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National Survivor
User Network



Contents

Page 2 - Executive summary

Page 6 - Introduction

Page 8 - Aims and methods

Page 10 - Policy analysis

Page 18 - Stakeholder conversations

Page 19 - Survey analysis

Page 33 - Recommendations

Page 36 - Resources for (self) advocacy, glossary

Page 40 - Bibliography

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Executive summary

Within mental health services, there is a **growing call for single sex wards**, as part of the push for the **modernisation of the mental health estate**. This follows recommendations in the **Independent Review of the Mental Health Act** to ensure wards are “genuinely” single sex. The **White Paper on the Reform of the Mental Health Act** was released in April 2021 with a clear call for single sex spaces:

“The definition of single sex accommodation should be tightened up to ensure a genuinely single sex environment with separate access to any shared daytime space.” (Reforming the Mental Health Act, 2021).

Through desk-based research and a survey, led by a trans and non-binary researcher, we have asked the question: **what are trans and non-binary people’s experiences of single sex spaces in mental health settings in England?**

We have asked this question in order to centre the experience of trans and non-binary service users on single sex wards and to better understand what needs to change to make mental health settings safer places for trans and non-binary people experiencing mental distress.

Findings

Trust policy

- There is significant variation in trust policies relating to trans and non-binary service users. This can include variation within trusts.
- No matter how inclusive policies may be on paper, there are many internal and external factors that can negatively impact their potential

to limit harm. These can include working culture in individual trusts and the wider politicisation of trans rights.

- Gaps exist between trust policies and the experiences of trans service users that indicate a serious need for monitoring, training, and a better standard of care for trans and non-binary service users.
- There is a lack of collaboration with trans-led organisations and centring of trans experiences in trust policy.
- Policy can reflect a legal requirement regarding a protected characteristic, however this does not mean that a trust is trans-inclusive or that practice will be sufficiently changed by addressing the legal status of a group.

Experiences in care settings

- Trans and non-binary service users face discrimination and harm within care settings from staff and other service users.
- Hiding your gender identity, not requesting use of your pronouns or name where that differs from those on paper, indicate that healthcare settings are perceived as unsafe places to express gender that differs from that assigned at birth.
- Experiences of trans service users include deadnaming, misgendering, outing, invasive and inappropriate lines of questioning, and a general lack of support in maintaining gender presentation.
- Experiences of trans and non-binary service users are linked to a broader feature of inpatient mental health services which is that privacy and dignity may become secondary to practices of continuously monitoring service users.
- Support for maintaining your gender presentation in hospital may not be available or accessible.
- Access to gender-related care whilst an inpatient in a mental health setting can be restricted, which can mean that service users miss out on appointments, gender affirming surgeries, and other care related to their transition. This kind of care can often take a significant amount of time to access in the first place.

Recommendations

We have made a series of recommendations stemming from our research and survey analysis

Key recommendations

- Recognise that single sex wards are not the best standard of care for all service users, in particular, trans and non-binary service users, and take steps to assess and mitigate possible negative impact.
- Locate the problem in services, not in service users: ask how services and practice can change to support and include trans and non-binary service users.
- Name the political nature of trans health in policy, education and practice, and the ways in which the needs of trans and non-binary service users may be being neglected or undermined in services.
- Set out how gender-affirming care and physical health needs of trans patients in mental health inpatient settings will be met with emphasis on not being an obstacle to gender-affirming care.

Policy

- Evaluate trust policies in the wider context they sit in to understand if trans inclusion is a thread that is picked up across trust policies or if it only features in trans-specific policies.
- Develop policies and monitoring processes in partnership with local and national trans and LGBTQ+-led organisations.
- Produce documents with clear input from trans and/or non-binary service users in the policy.
- Seek to understand the experiences of trans service users and monitor the effectiveness of policies accordingly.

Practice

- Support staff to lead by example, set out clear expectations for staff behaviour and staff roles in ensuring the dignity and safety of trans and non-binary service users.
- Provide supervision for staff to develop inclusive practice and to identify where their ways of working and norms may be exclusionary.

Process

- Develop transparent processes for reporting failures in care and pathways for remedy.
- Ensure that service users have access to advocates who are aware of relevant Trust policies.
- Embed trans inclusion into other equalities areas, for example, consider how resources such as the Patient Carer Race Equality Framework (PCREF) can address the needs of trans and non-binary people of colour.

Introduction

We know that trans and non-binary people experience significantly poorer mental health than the general population, with a **2018 report from Stonewall** finding that 46% of trans people had thought about taking their own life in the past year, and 41% of non-binary people saying they had self-harmed in the past year. Research also shows that trans and non-binary people face a range of barriers to accessing healthcare. 40% of trans people had experienced at least one negative experience when accessing or trying to access public healthcare services (**Government Equalities Office, 2018**), and 89% of trans people admitted to hospital were not consulted on what gendered ward to be placed on (**Switchboard, 2016**).

Within mental health services, there is a **growing call for single sex wards**, as part of the push for the **modernisation of the mental health estate**.

However, the call for single sex wards can, both inadvertently and deliberately, harm and exclude trans and non-binary service users:

“As a survivor of sexual violence myself, I can empathise with the need for single-sex spaces: I often feeling unsafe in mixed environments. However, as a non-binary person, I also know the struggle that single-sex environments bring. Every day, the prospect of deciding what bathroom to use, or where to get changed when I go to the gym, fills me with anxiety. The thought of having to choose between two gendered hospital wards while in a mental health crisis fills me with dread - and the more likely prospect being that the choice would be taken from me is almost unbearable to think about. Transgender and non-binary people like myself face many challenges in single-sex spaces, ranging from the emotional impact of these spaces to the very

real threat to our safety within them.” (“Charlie”, 2019: **Can we aim higher than single-sex mental health wards?**, Mental Health Today)

There is a widespread lack of awareness around how these issues might impact on trans and non-binary service users, as well as a fear of touching what is seen in many mental health circles as a toxic and divisive subject.

A focus on single sex wards also over-simplifies and de-contextualises wider issues relating to safety on wards - for example, the importance of relationships and respect. It inaccurately focuses on safety as issues pertaining to sexual violence against cisgender women, rather than the range of abuse (including emotional, financial, physical) which can take place on wards, single sex or not, towards all genders, by staff and other service users. These issues are particularly pertinent for people who find themselves detained for longer periods on mental health wards or forensic wards.

While there is NHS guidance on this issue, in practice there is a wide variety in how trans, non-binary and intersex service users experience detention, and few, if any, resources or examples of best practice for practitioners, commissioners or policy makers.

Aims and methods

Aims

With this work we aim to 1) examine how existing policy approaches the safety and dignity of trans and non-binary service users in mental health settings in England and 2) centre the experiences of trans and non-binary people who have experience of single sex wards to better understand how policy can be improved.

Methods

Research for this project was undertaken in several stages. We conducted a survey, carried out desk research, including reviewing and analysing policies from London mental health trusts, and we produced a series of recommendations based on our findings.

Desk research: background

In the desk research phase of this project we reviewed literature, reports and data relevant to trans and non-binary people's experiences in (mental) health care and single sex wards. To situate this research we spoke to several individuals working for trans and LGBTQI+ charities about their knowledge and perceptions of trans healthcare and its interaction with the growing push towards single sex spaces.

Desk research: policy analysis

We contacted representatives of several London mental health trusts to better understand policies and practice at a trust-specific level. This included contacting representatives of staff LGBTQI+ networks. Our analysis covers three policies from two London mental health trusts, ELFT and CNWL.

Survey

We designed and launched a survey for trans, non-binary and intersex service users to better understand experiences of single sex spaces in mental health contexts in England. We also contacted key stakeholders in the LGBTQI+ sector to discuss the current context and understanding of issues surrounding accessing and experiencing care for trans and non-binary service users. Our survey was designed and led by a trans non-binary researcher. We carried out a thematic analysis, drawing out key themes in the responses and anchoring them in the broader context of this work. We did not receive any responses from intersex individuals that were related to the experience of being a single sex ward so this was excluded from our analysis.

Producing recommendations

Finally, we have produced a set of recommendations drawing on all stages of this project and addressing difference aspects of care, including policy and training.

Policy analysis:

policy relevant to trans and non-binary service users in inpatient settings

Relevant legal frameworks for trans and non-binary service users include the Gender Recognition Act 2004, Equality Act 2010 and General Data Protection Regulation (Data Protection Act 1998).

Under the **Equality Act**, protections are specific to gender reassignment (transition). **Individuals are protected if they have a gender identity that differs from their gender assigned at birth.** There are no further requirements to be considered under this legislation and the protections are not time bound.

Trust policies relating to trans and non-binary service users often cite one or more of these Acts and how they relate to practice. For example, one policy clearly states: “Inappropriate disclosure of information about the gender history of a person using a Trust service with a gender recognition certificate is a criminal offence for which staff members can be prosecuted.”

Law is translated into policy whose role, on paper, is to shape practice. According to our survey and preceding work in this area, such as the **Trans Mental Health Study (2012)**, Stonewall’s **Unhealthy Attitudes report (2015)**, the LGBT Health and Inclusion Project’s **Consultation Report on Trans People’s Experiences of Hospital Care (2015)** and TransActual’s **Trans Lives Survey (2021)**, practice often violates the rights and dignity of trans and non-binary people who use mental health services. This can be in spite of relevant policy. We found this to be true in carrying out our survey. We received responses that indicated widespread harmful practices and behaviours, despite

trust policies outlining behavioural expectations and correct approaches to ensure the appropriate standard of care is achieved for trans and non-binary service users.

Policy has a social and political context that influences the direction of travel, e.g., the push towards single sex spaces in inpatient settings. In the case of trans and non-binary service users, this can mean that policies covering issues like *Privacy and Dignity* or *Sexual Safety* can produce a mixed and potentially contradictory picture. Meaningful trans inclusion cannot be limited to a single policy alone but needs to be considered across the board in all policies relating to service user experiences and protections.

In addition, protections for trans people may be included in policies on paper but not spoken about as part of professional development or training, for example in training related to the Equality Act or basic education for health and allied professionals more generally.

Cisnormativity, i.e., the assumption that people are cisgender by default, experiencing gender in a way that matches their gender assigned at birth, and that trans people make up an insignificant proportion of the population, contributes to such omissions from training and development.

Institutional and informational erasure are two frameworks used to understand trans exclusion in healthcare, developed by **Bauer et al.** These frameworks help us to understand the pathways and processes that lead to poorer outcomes and experiences for trans people in health settings.

Informational erasure describes a “lack of knowledge regarding trans people and trans issues and the assumption that such knowledge does not exist even when it may”. Cisnormativity in research contributes to informational erasure, part of this is the notion that trans people are rare, which leads to a lack of research or interest into issues affecting people whose experiences are impacted by intersecting experiences, for example, trans people of colour, trans migrants, and trans sex workers.

Institutional erasure “occurs through a lack of policies that accommodate trans identities or trans bodies, including the lack of knowledge that such policies are even necessary. This form of erasure is actualised in several ways. The possibility of trans identities can be excluded from the outset in bureaucratic applications such as texts and forms. This is most often apparent on referral forms, administrative intake forms, prescriptions, and other documents.”

The frameworks of institutional and informational erasure inform our review of policies at the trust level, as well as our thematic analysis of our survey. Practices of erasure occur both inside and outside the trusts we reviewed. For example, there is wider national erasure of trans people’s identities through the current absence of a legal right to self-identification or self ID. Self ID in the UK context refers to allowing people to self-identify as their chosen gender by signing a legally-binding declaration, without providing a medical diagnosis of gender dysphoria. Self ID has been politically contentious in recent years, leading to the **scrapping of proposed reforms in 2020**. The absence of self ID makes trans people’s genders less legible and more vulnerable to erasure in other contexts, like healthcare settings. The lack of governmental leadership in this policy area is connected to the challenges trans people face within the contexts of trusts responsible for their care in having their gender identity seen as legitimate on an interpersonal and administrative level.

Trust level policy

We contacted several London mental health trusts and requested copies of relevant policies to trans and non-binary service users. We received three policies during the research stage of this project. In our analysis presented below, we review East London Foundation Trust (ELFT)’s **Transgender Inpatient policy**. We also review Central and North West London Trust (CNWL)’s **Supporting Transgender Service Users policy** and **Transgender (Recognition and Response) policy**. Both are mental health trusts covering large areas of London and neighbouring regions.

"I was not given an option of which gender ward I would prefer despite having a Trust policy for trans patients." Survey respondent

In our survey, one respondent noted that despite a policy for trans patients, their needs were not addressed in accordance with the policy. This is a further example of an implementation gap, where staff training, knowledge, and numbers can impact whether policies actually improve the experiences of trans and non-binary service users. Policies and practices that don't acknowledge and seek to understand such gaps and draw on existing knowledge made available by trans-led organisations and trans advocates may lead to missed opportunities to make substantive change.

Policy review: East London NHS Foundation Trust's Transgender Inpatient Policy

East London NHS Foundation Trust or ELFT is a mental health trust covering the London boroughs of Hackney, Newham, Tower Hamlets, and the City of London as well as Bedfordshire and Luton. The [ELFT policy](#) we review here covers i) the legal context surrounding trans inpatients, ii) admission to single sex wards and ii) staff behaviour, as well as a glossary of terms. The policy is publicly available.

Its authorship includes several Experts by Experience. It was recently approved, with a review date scheduled in three years. The policy does not appear to be co-authored or developed in partnership with trans or LGBTQ+-led organisations.

The policy clearly sets out the context of trans health and inclusion including socio-political factors, marginalisation, and informational and institutional erasure. The stated aim of the policy is to enable inpatient settings to send a positive and welcoming message to transgender service users and create a safe environment with high-quality care.

The policy sets out the legal context (including the relevant Acts under which trans and non-binary people are protected), guidance on

admission to single sex wards, and guidance on staff behaviour, including suggestions on how to develop inclusive practice and challenge biases.

Guidance on admission:

- Sets out that admission to a single sex ward is a point of care that can go wrong for trans service users.
- Addresses the mismatch between ‘dichotomous gender’ models found in healthcare and the comfort of trans service users, especially those earlier on in their transition.
- Provides guidance around meeting physical health needs and gender related care, with emphasis on facilitating and not being a hindrance to accessing gender related care.
- Places emphasis on managing and containing risks to trans service users whilst supporting their preferred ward preference.

The policy does not include:

- How it will be evaluated and monitored and at what frequency (beyond the three year review period).
- What channels are available to trans and non-binary service users if they are being mistreated on wards.
- How this policy corresponds to any policies covering *Privacy and Dignity and Sexual Safety*.
- Resources for staff to follow up on the recommended actions.

Policy review: Central and North West London NHS Foundation Trust

Central and North West London NHS Foundation Trust or CNWL is a mental health trust covering a wide area spanning London, Milton Keynes, Surrey and beyond. It has two relevant policies: **Transgender (Recognition and Response)** and **Supporting transgender service users**. Both policies are publicly available.

Transgender (Recognition and Response) is a management-oriented policy that covers both staff and service users. It was written in 2016 and originally due for review in 2022 (now extended to 2023). The

policy addresses “the sensitive and appropriate responses that are expected of CNWL staff with regard to the employment of transgender people, the management of transgender staff undergoing gender re-assignment and the health-care of transgender service users”. It was led by the Head of Equalities and Diversity.

Supporting transgender service users is oriented towards staff (clerical, clinical and volunteers) and managers who have direct contact with trans and non-binary service users that aims to “provide staff and managers with a framework to successfully support transgender patients receiving CNWL services.” It is led by the Co-Chair of Pride@CNWL Staff Network, developed alongside a Trans Service User Representative, and the Pride@CNWL Trans Lead and Non-binary Lead and was reviewed by a trans policy consultant. The policy is subject to annual audit and sets out the legal context as well as guidance around providing care and carrying out physical observation. The policy also provides a **list of resources** for staff to reference that includes major LGBTQ+ organisations as well as smaller user-led groups.

The Recognition and Response policy uses language that is outdated and may be considered offensive, it also includes information that is not factually correct and may be confusing. For example, the policy consistently uses the term ‘transsexual’ whilst the supporting trans service users policy names that ‘transsexual’ is a term that many consider pejorative. It also describes trans as an umbrella term, using a definition that includes terms that go beyond the protected characteristic of gender reassignment.

What indicators show a policy to be of a good standard?

- Authorship: clear input from trans and/or non-binary service users in the policy, consultation with trans-led organisations or health advocates, references to trans-led resources.
- Naming the political nature of trans health and the ways in which the needs of trans and non-binary service users may be being neglected or undermined in services.

- Setting out how the physical health needs of trans patients in mental health inpatient settings will be met with emphasis on not being an obstacle to gender affirming care
 - “On admission, transgender service users will be offered a comprehensive physical health assessment which, besides the requirements set by the Trust physical health policy, will include particular attention to the following: i) Pre/post-operative care or follow up as necessary ii) Enabling any pre-booked medical appointments related to gender reassignment iii) Hormone replacement therapy iv) Liaison with the relevant gender reassignment clinic v) The obstacles to the transgender medical transition are long waiting times and poor communication between service users and gender identity clinics. Trust staff liaison with gender identity clinics must never hinder the progress of an individual’s transition” (from ELFT's policy).
- Setting out clear expectations for staff behaviour and responsibilities in ensuring the dignity and safety of trans and non-binary service users including concrete examples: “Examine your own language use and social behaviour for heteronormative assumptions” (ELFT).
- Going beyond legal responsibility and rights: emphasising how staff can personally resist transphobia and contribute to the safety and wellbeing of trans and non-binary patients. For example, the ELFT policy encourages staff to “speak up” against transphobia and to “look for and create opportunities” for learning to improve inclusion.
- Providing resources and signposting opportunities for further training for individuals and teams.

Policies should be reviewed for:

- Pejorative, outdated and/or inaccurate language.
- Input from trans and non-binary service users.
- Including the rights and needs of trans and non-binary staff alongside service users.
- Clear examples of transphobia and discriminatory practice that arise in care settings.

- Cohesive approaches across relevant policies.
- Clear indications of data and monitoring practices linked to the evaluation of the policy's effectiveness and identification of training needs.

In this policy review, a recurring theme was the difference between policies that appear to be conforming to legal requirements to treat those with protected characteristics to a certain standard and policies that went further, outlining the marginalisation of trans people and the personal responsibility and accountability of staff in fighting transphobia.

Stakeholder conversations

In conversations with colleagues in the LGBTQI+ sector working to support trans communities, there were several themes that emerged regarding access to services and ways to improve mental health services. These are themes that we found to be echoed in survey responses and in our policy analysis:

- **Trans and non-binary patients need to be understood and receive services on a case-by-case basis because all trans and non-binary people have different needs.**
- **There is deep-rooted mistrust of the NHS and mental health systems among trans and non-binary patients.**
- **Trans and non-binary people often turn to community-based support rather than NHS support due to prior mistreatment or general mistrust.**
- **Trans and non-binary people of colour experience additional access barriers to services compared to their white peers due to racism.**
- **Trans and non-binary people struggle to access affirming care in both medical and mental health spaces.**
- **It is challenging to find providers and staff members who understand the needs of trans and non-binary patients. More training for NHS providers and staff is needed to help improve this understanding.**
- **It can be challenging for trans and non-binary patients to receive their existing affirming medical care (i.e. Hormone Replacement Therapy, laser hair removal, etc.) while placed on a mental health ward.**

Survey analysis

This section considers the responses to the NSUN survey that went live in July 2022. It remained active for several weeks and was circulated by partners in the LGBTQI+ sector. The survey asked the following questions to establish respondents' eligibility and relevance:

1. Are you transgender, non-binary, or intersex?
2. Have you previously been placed on a single-sex ward in mental health services?
3. Were you placed on a single-sex ward in England?
4. What is your gender? (Trans/transgender/Non-binary/Intersex)
5. Where in England did you use mental health services?

People who did not meet the criteria were not eligible for the survey and were not able to complete it.

Regarding personal experiences, participants who did meet the eligibility criteria were asked the following questions:

1. What were your experiences like on a single-sex ward as a trans, non-binary, and/or intersex person?
2. Do you feel your experiences were different from those of your cisgender peers on the ward? If so, how?
3. What could a facility do to support you as a trans, non-binary, and/or intersex person, thinking about how facilities are organised and/or how programming is run?
4. What could staff or clinicians on a ward do to support you as a trans, non-binary, and/or intersex person, thinking about how interactions with institution staff or clinicians could be different?
5. Is there anything else you would like to add?

All questions were open responses, providing participants space to write long-form answers about their experiences. Thirty-four people attempted to take the survey and eighteen respondents met all criteria, giving around sixteen responses per question. Respondents' genders were recorded in a format that allowed participants to select more than one gender, showing 11 non-binary respondents and 10 trans/transgender participants. Whilst the survey's scope did include individuals who are intersex, we did not include these responses in our analysis as they were primarily concerned with the validity of intersex experiences being considered under a trans umbrella and did not relate directly to the question at hand, i.e., experiences of service users in mental health settings in England.

Service users also shared where they used services in England, distributed in the following regions:

- London
- East England
- East Midlands
- South East
- South West
- North West
- Yorkshire and the Humber

Respondents' answers were analysed thematically and generated the following themes:

1 - Problems begin with the fundamentals: respecting names, pronouns and privacy

2 - Simple requests from trans patients are problematised

3 - Harassment and bullying from staff and patients

4 - A lack of privacy impacts trans and non-binary patients feeling comfortable and safe on single sex wards

5 - Staff lack the knowledge, confidence or will to support trans

patients, even where there are relevant policies in place

6 - Gender affirming care and considerations are overlooked or mishandled in mental health inpatient contexts

7 - Trans and non-binary service users changed their behaviour to mitigate the impact of transphobia on the ward - including hiding their gender identity for safety reasons

8 - Transphobia in psychiatry has a past and a present: gender diversity can be and is still considered pathological by some clinicians

9 - The state of funding, waiting lists and staffing levels in the NHS impacts the possibility and willingness to provide trans-inclusive care

Overall, respondents painted a picture of widespread transphobia in mental health settings with a small number of instances reported of correct pronoun and name use, indicating that this is often the exception and not the rule. Respondents reported deadnaming—the act of referring to someone by the name they used before they transitioned—and a lack of accommodations for the privacy, dignity, and gender identity of trans and non-binary patients. Service users reported experiencing transphobia in trusts where there are specific policies to meet the needs of trans patients. A lack of staff confidence or willingness to care for and support trans patients was linked by some respondents to unchallenged transphobia by patients in care settings.

One respondent made the link between the state of NHS services and the experiences of trans and non-binary service users with tackling transphobia and queerphobia ‘low on the list of priorities’ in a context of austerity and chronic underfunding.

Drawing on prior research in trans health care and outcomes e.g. **Bauer et al. 2009**, we can use concepts like cisnormativity and institutional and informational erasure to understand the context behind respondents' experiences.

In our **survey analysis** below, we examine each of the identified themes in greater detail, sharing testimony from our survey respondents that details their experiences as well as what could have been done differently to improve their experiences in care settings.

1 - Problems begin with the fundamentals: respecting names, pronouns, and privacy

Survey respondents raised issues with deadnaming, incorrect pronoun use and asking invasive questions, including about surgery, genitals, and sexual history.

“The staff were inexperienced using my pronouns and almost none of them got it right”.

“When I was put in ligature resistant clothing, it was pink clothing and clearly designed for women.”

“[staff] continued to treat me and refer to me as my sex assigned at birth, despite being cis-passing in my gender identity.”

What would make a difference?

“Be respectful when asked to use preferred name and pronouns”.

“Actually getting my pronouns right, not asking me intrusive questions about whether I had had genital surgery or not or about my sex life”.

“Understanding of trans people and things like pronouns and knowing to not use a deadname. Also giving options of which ward/corridor is preferred, I would likely opt for the womens’ ward given the choice even though that would cause difficulties I would still feel safer there but others wouldn’t”.

“More mixed wards! Asking people which single sex ward they want to be on rather than doing it automatically based on assigned sex at birth.”

“Gendered, single sex terms of address should be avoided at all times.”

Overall the survey painted a picture of difficulty in having even simple needs or requests met. Despite trust policies detailing the protections afforded to trans people and the behavioural expectations to meet these standards, experiences shared with us reflect a lack of basic understanding in health settings.

There appears to be a widespread issue with a lack of baseline (in practice, not in theory) for staff behaviour in terms of supporting trans patients which in turn impacts how other service users treat trans and non-binary people on wards.

2 - Simple requests from trans patients are problematised

Survey respondents raised issues with deadnaming, incorrect pronoun use and asking invasive questions, including about surgery, genitals, and sexual history.

“All staff refused to use my preferred name and pronouns stating that it would make other patients uncomfortable”.

This is in contrast with the experience of a cisgender woman on a single sex ward around names:

“One of the girls with me asked to be referred to by her middle name and everyone accommodated that immediately”.

What would make a difference?

One respondent gave an example of a thoughtful accommodation around underwear:

“I once arrived on a ward with no underwear - a member of staff went to buy me some from the shop and made sure to consult me on what style I would prefer. That was a good experience.”

The contrasting examples reflect how experiences differ when staff are aware and adaptable to the needs and dignity of trans patients. In the example involving underwear, we see a member of staff asking and not assuming what would be appropriate. They are taking steps to support someone in their gender presentation as part of the duty of care. In the examples given to us regarding naming, we see how differences in how basic requests are dealt with can reflect a culture in which transphobia is not challenged, and staff behaviour collectively fails to support trans service users. Actively refusing to use a trans and/or non-binary service user’s preferred name contravenes equalities legislation. Here we see

that protections and basic duty of care that exist in theory can be flouted with impunity, to the detriment of the safety and wellbeing of trans and non-binary service users.

3 - Harassment and bullying from staff and patients

Survey respondents gave examples where deadnaming and misgendering were used as part of a programme of harassment from either staff, patients, or both.

“They often asked me inappropriate questions, and the consultant attributed my mental health issues to my trans identity rather than my experience of trauma”.

“The consultant also asked me inappropriate questions about my sex life under the guise of asking me about my gender identity. As someone who has experienced sexual violence from an older male in a position of power, this made me feel uncomfortable.”

“I was in fact unlawfully sectioned and repeatedly assaulted and locked in the conservatory by a cis male nurse. Plus the wards had issues with bullying. I honestly noticed that misogyny was a big issue, because I was seen as a woman and “mad” (someone repeatedly lied and said I was diagnosed with something I wasn't) I was treated with contempt and dismissed.”

“All the issues I encountered are universal to the services, deeply abusive staff, withholding of tribunal paperwork/ access to hospital manager hearings. But I did notice that staff were far more respectful to the cis men on the men's ward next door when I was in one ward than they were to anyone on the women's ward”.

“Assumptions and derogatory comments were made about me during the process of finding me a bed. My preferred name was changed on the system without my permission and in doing so this outed me to my family before I was ready.”

What would make a difference?

Our survey respondents highlighted how their experiences of wards included general issues with bullying, with two respondents citing differences in how service users were treated on women’s versus men’s wards. In a system where staff often hold significant power over service users, including the ability to restrict their movement and access to the outside world, extra attention is needed to address the harm that can arise from such dynamics. For example, in the context of staff supervision. If the starting point is a lack of safety and oversight, with staff at all levels behaving in a transphobic manner, then the problem may also be down to a lack of leadership at any level and a deep cultural problem.

Providing access to support and advocacy whilst in inpatient care (including accessible pathways to inform trusts of experiences so that standards of care can be improved and staff training needs can be identified and met) would be a key practical step towards improving experiences.

4 - A lack of privacy impacts trans and non-binary patients feeling comfortable and safe on single sex wards

Privacy was cited several times as a relevant and necessary accommodation in single sex wards.

“With more privacy I would have thought it would have been possible to be on a female ward”.

“Being on 1:1 or 2:1 was hard as I don't feel that good about my body and the lack of privacy being on a level.”

What would make a difference?

“In facilities with private rooms I felt much more comfortable being on a single sex ward than on wards with shared dormitories.”

In the policies we reviewed, examples of supporting people’s privacy and gender presentation included providing gender neutral toilets. Practices around safety on mental health wards— for example, removing toilet doors with the view to prevent self-injury— can act to violate service user’s dignity. In this context, supporting a trans service user in their gender presentation may come in with conflict with ward practices that are about risk management.

5 - Staff lack the knowledge, confidence or will to support trans patients, even where there are relevant policies in place

A lack of staff competence and confidence in supporting trans and non-binary patients was reported by survey respondents. Institutional and structural transphobia is a problem that pervades health— staff responses are symptomatic of this.

“Some staff were supportive, but most were disinterested in my gender identity”.

“I was not given an option of which gender ward I would prefer despite having a Trust policy for trans patients.”

What would make a difference?

“Much more awareness of transgender issues and more training for staff.”

“Better training for staff in trans awareness. Better protections in place, and ways of which patients can be protected from and report transphobia from other patients.”

“Being strong and consistent with use of pronouns - leading by example.”

“Policies for trans patients that are stuck to.”

A recurring theme in the survey was around the lack of staff confidence and know-how in supporting trans service users. Deadnaming, misgendering, harassment, and bullying were cited. Trusts are aware of their legal duties to support those with protected characteristics, which is why there are policies in place specific to trans service users. However, it appears that the practice is distant from what is set out on paper and that there is a clear implementation gap where the quality of care is in some cases significantly compromised by staff being ill-equipped to meet a minimum standard.

6 - Gender affirming care and considerations are overlooked or mishandled in mental health inpatient contexts

“They could be comfortable with prescribing my HRT, which they really struggled with.”

“After years of waiting I got a surgery date and happened to be on a section 3 at the time. This led to the urology department once they found out immediately discharging me. It has taken over 18 months to get back onto the surgery waiting list and I am now stuck at the back of said list.”

What would make a difference?

“There should be clothes available for those who are admitted without possessions suitable for a range of body types and gender presentations.”

“There should be access to professionals/services which/who check in with people as to needs relating to their sex/gender/presentation/transition as these can often be intrinsically linked to someone's mental health and wellbeing.”

Several responses were given regarding gender-specific aspects of care that mental health services were not equipped to handle. These ranged from providing appropriate clothing, acknowledging the potential for certain items to make people dysphoric, to challenges with accessing Hormone Replacement Therapy (HRT) and communications with departments relevant to gender affirming surgery.

Survey responses illustrate the implementation gap between trans inclusive policies and experiences of care. Some policies for trans patients reviewed by NSUN clearly state that services should not get in the way of gender-affirming care and act to facilitate continuity of physical health care, which includes any gender-related care. However, examples from our survey and in existing research reviewed for this work demonstrate that being in an inpatient mental health setting can mean gender related care becomes inaccessible. This is where institutional transphobia meets the disconnect between mental health care and other forms of healthcare which are often unavailable to inpatients in mental health settings and contribute to poor physical health outcomes for those living with mental distress.

7 - Transphobia in psychiatry has a past and a present: gender diversity can and is still considered to be pathological by some clinicians

“My more feminine gender presentation was considered as part of my manic state”.

“I was also really disturbed by leaflets they had on electroconvulsive therapy and tried to express that the history of its use in anti-LGBT conversion therapy made it potentially a very sensitive topic.”

“I was placed onto a mixed sex ward where I was subjected to 15 minute checks (for the duration of my 9 month stay) on the basis of my identifying as transgender.”

“I’m pretty sure if I had told them I’m non-binary, that like my diagnosed physical disabilities, dietary issues [...], that it would have been assigned to my supposed illness and dismissed.”

What would make a difference?

Staff at all levels must be given a clearer understanding of what constitutes transphobia and how they can actively make their care gender inclusive (for example, providing training by a trans-led organisation as a necessary component of CPD), and there must also be genuine support and pathways available to service users for reporting mistreatment and abuse on wards.

8 - Trans and non-binary service users changed their behaviour to mitigate the impact of transphobia on the ward - including hiding their gender identity for safety reasons

“I felt uncomfortable and apprehensive. I stayed in my bed as much as I could. I felt invisible to the authorities.”

“I saw other patients also be abused. I think people not being aware I'm NB [non-binary] protected me from worse abuse.”

What would make a difference?

Trans and non-binary service users who hide their identity e.g. by altering their gender presentation to avoid possible transphobia or not disclosing pronouns will only feel comfortable not doing so if they are able to have a level of trust in the environment they are in and the ability of those responsible for that environment to maintain a safe that is safe for trans people. This must be evidenced by policies, the way staff treat trans and non-binary service users, the way staff respond to transphobic incidents on wards and the support that is available. There is an urgent need for a change of culture in inpatient settings, which includes the need for better trust policies and better staff practice that ensure the safety and dignity of trans and non-binary service users.

9 - The state of funding, waiting lists and staffing levels in the NHS impacts the possibility and willingness to provide trans inclusive care

“I was initially sectioned in an NHS hospital, where they were really stretched for staff and things were generally quite adversarial between patients and staff. I didn't get to see many staff or clinicians”.

“[The] issues I had with them were more part of broader problems - I think improving LGBTI issues would have been pretty far down on the list of priorities.”

What would make a difference?

Staffing levels must go beyond “adequate”, and there must be a shared understanding of safety on wards that includes the need for people to feel safe in their chosen gender presentation.

Alongside the issue of single sex spaces, the safety, privacy and dignity of people using services are live issues within mental health estate in general. Reports cite the need for repairs and modernisation to the NHS estate at a cost of £1bn. The number of beds has halved in the past thirty years ([King's Fund, 2022](#)) and ongoing staff strikes and poor retention rates give us a snapshot of the unsustainability of current conditions for NHS staff and service users.

Recommendations

The following list of recommendations is not intended to be exhaustive. There are many ways in which mental health settings in England can and must change to better support trans and non-binary service users amidst the current push towards single sex spaces.

In providing recommendations, we must also acknowledge the state of play in mental health settings in England, where violations of dignity and grave, even fatal, errors on the part of staff are all too common.

Key recommendations

- Recognise that single sex wards are not the best standard of care for all service users, in particular, trans and non-binary service users, and take steps to assess and mitigate possible negative impact.
- Locate the problem in services, not in service users: ask how services and practice can change to support and include trans and non-binary service users. For example, examining language used to address people, garments, items around personal care and practices around observations.
- Name the political nature of trans health in policy, education and practice, and the ways in which the needs of trans and non-binary service users may be being neglected or undermined in services.

- Set out how gender-affirming care and physical health needs of trans patients in mental health inpatient settings will be met with emphasis on not being an obstacle to gender-affirming care.

Policy

- Evaluate trust policies in the wider context they sit in to understand if trans inclusion is a thread that is picked up across trust policies or if it only features in trans-specific policies.
- Develop policies and monitoring processes in partnership with local and national trans and LGBTQ+-led organisations.
- Produce documents with clear input from trans and/or non-binary service users in the policy.
- Seek to understand the experiences of trans service users and assess the success of policies accordingly.

Practice

- Set out clear expectations for staff behaviour and responsibilities in ensuring the dignity and safety of trans and non-binary service users including concrete examples: “Examine your own language use and social behaviour for heteronormative assumptions”.
- Provide supervision for staff to develop inclusive practice and to identify where their ways of working and norms may be exclusionary.

Process

- Develop transparent processes for reporting failures in care and pathways for remedy.
- Ensure that service users have access to advocates who are aware of relevant Trust policies.
- Embed trans inclusion into other equalities areas, for example, consider how resources such as the Patient Carer Race Equality Framework (PCREF) can address the needs of trans and non-binary people of colour.

Resources for (self) advocacy

Nobody teaches you how to be a patient, TransActual

“This resource was written and produced by neurodivergent, disabled and chronically ill trans and non-binary people living in the UK. It aims to highlight the strategies that we employ to overcome the additional barriers we face in accessing care, as well as draw attention to those challenges.”

Glossary

There are several glossaries available that cover terms related to gender identity such as [Stonewall’s list of LGBTQ terms](#) and [The Trans Language Primer](#). Here we’ve primarily used [TransActual’s Glossary](#), terms from alternative sources are cited.

Cisgender/cis

Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Cisnormativity ([The Trans Language Primer](#))

The normalizing of being cisgender; regarding being transgender as an abnormality. This concept applies to behaviors as well as bodies.

Deadnaming

Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Gender

Gender is often used interchangeably with sex in UK law. It is a person’s actual, internal sense of whether they are a man, a woman, non-binary, agender, or something else. Assumptions about a person’s gender are often made on the basis of a person’s primary sex characteristics.

Gender dysphoria

Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.

Gender expression

How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

Gender identity

A person's innate sense of their own gender, whether male, female, non-binary, agender or something else. Gender identity may or may not correspond to the sex someone was assigned at birth.

Gender reassignment

Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010, and it is further interpreted in the Equality Act 2010 approved code of practice. The term is controversial and some trans people feel it is outdated and should be reviewed.

Gender recognition certificate

This enables trans people to be legally recognised in their affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you currently have to be over 18 to apply for one in the UK. You do not need a GRC to change your gender markers at work or to legally change your gender on other documents such as your passport.

Informational erasure (Bauer et al. 2009)

Informational erasure encompasses both a lack of knowledge regarding trans people and trans issues and the assumption that such

knowledge does not exist even when it may. It is manifest in research studies, curricula, and textbooks and in the information learned by or readily accessible to health care providers and policy makers.

Institutional erasure ([Bauer et al. 2009](#))

Institutional erasure occurs through a lack of policies that accommodate trans identities or trans bodies, including the lack of knowledge that such policies are even necessary.

Non-binary

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Outed

When a lesbian, gay, bi or trans person's sexual orientation or gender identity is disclosed to someone else without their consent. It is important not to share the fact that someone is LGBT without their consent — in some circumstances, being outed can put an LGBT person in danger.

Passing

If someone is regarded, at a glance, to be a cisgender man or cisgender woman. Cisgender refers to someone whose gender identity matches the sex they were 'assigned' at birth. This might include physical gender cues (hair or clothing) and/or behaviour which is historically or culturally associated with a particular gender.

Pronoun

Words we use to refer to people's gender in conversation, for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Trans

An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms including transgender, transsexual,

gender-queer (GQ), gender-fluid, non-binary, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

Transitioning

The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

Transphobia

The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

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