

Written submission from TransActual UK (MRS0022)

Covid-19 unequal impact

Gender Identity Clinics

Understandably, all NHS attention is being directed towards coping with Covid-19 and all non-urgent appointments are being cancelled if they cannot be done over the phone. This is understandable but it does have a negative impact on trans people who are on the already incredibly long waiting lists for their initial appointment with a Gender Identity Clinic. We understand that whilst some Gender Identity Clinics are offering phone appointments for routine check-ins, they're not using phone or even Zoom appointments for initial assessments or consultations. We do recognise that GIC staff may be temporarily redeployed and again recognise why this is the case. However, this means that the waiting lists are essentially on hold for at least 3 months, but in all likelihood 6 months. The waiting lists are regularly cited as contributing factors towards trans people's mental ill health, so anything that lengthens those lists risks exacerbating that.

Gender Confirming Surgery

Trans people on waiting lists for surgery are in a similar situation to those waiting for appointments with the Gender Identity Clinics, in that the lists are now effectively on hold. Once again, the reasons for this are completely understandable. However, it is important to recognise the levels of distress that this causes. People who had been managing to cope with their dysphoria knowing that gender confirming surgery was a matter of months away are now having to suddenly cope with that wait being increased by an as yet undetermined length of time. Trans men who had begun the three stage process of phalloplasty, which already has a wait of 10-12 months between each stage of surgery (because the NHS has only commissioned one surgical team), are now finding that they will be left at an "in between" stage for longer. Again, this feeling of being in limbo is psychologically very hard to cope with. For this reason, delays to accessing surgery place trans people's mental well-being at risk.

Social Isolation

Many trans people experience social isolation as a result of having been rejected by family and friends since transitioning. This means that trans people are at risk of social isolation in normal circumstances. However, trans focussed support groups do a lot to mitigate against this social isolation. With social distancing, trans people are not able to go to support groups and so miss out on that support and social contact. Again, lack of support and lack of social contact is known to have a negative impact on mental well-being.

Housing

The impact of transphobic discrimination means that trans people are often on a lower income than their cisgender peers. Trans people often have higher expenses such as paying

privately for hormones and taking out loans to cover surgery. For trans people unable to carry out their jobs during social distancing, receiving only 80% of their pay will result in financial difficulty and they may struggle to pay their bills or rent. Some trans people are sex workers – this is for many reasons but can include the fact that it can be harder for trans people to find other work as a result of transphobia. Because sex workers are not recognised as self-employed the only recourse to public funds sex workers have at this time is Universal Credit. This decreased income would again result in financial difficulty, meaning that sex workers would struggle to pay their bills or rent. Whilst we welcome the move to prevent landlords evicting their tenants over the next three months, it is not clear what support will be given to tenants if they are expected to pay back rent arrears. There is a risk that even if people on low incomes are not made homeless now, they may become homeless in the future as a consequence of reduced earnings during the outbreak.

Homelessness

Due to social inequalities relating to workplace and housing discrimination as well as family hostility, trans people are more likely to be homeless. Homeless people have been less able to social distance or self-isolate and are often also struggling to cope with other types of trauma too. Many homeless trans people also have disabilities and are more vulnerable to illness, however it is much harder to self-isolate when you do not have a home. The relaxing of the rules around death and burials means that homeless trans people are more likely to be buried under the wrong name or having their identity erased at their funeral.

Hostile family situations

Many trans people hide their trans identity from their family for fear of rejection and in some cases, for fear of becoming homeless or subject to abuse. In the case of those who still live with their family, afraid to come out as trans, they will face significant difficulties. For example, a trans person in that situation might be able to visit a trans support group or go out with their friends and take that opportunity to express their gender identity through the name and pronouns that people use for them or through their clothing and appearance. Whilst practicing social distancing at home with a family whose reaction they are scared of, they will not be able to do this. This will have a negative impact on their experiences of gender dysphoria and general mental well-being. It is notable that the people most affected by this situation are likely to be trans young people.

Suggested mitigating actions

Over the next 3 months:

1. It is clear that during this time, a number of factors will contribute to the development or exacerbation of mental ill health for many trans people. Fund the expansion of existing trans focussed mental health services that trans people can access mental health support over the phone or online.

2. Most trans focussed support groups are completely unfunded apart from member contributions at the start of each meeting. Offer funding and training so that trans focussed support groups are able to use digital tools such as Zoom to continue to hold support group meetings, with the potential for them to develop supportive websites. This funding should include those groups that support trans children and young people.
3. Offer financial support for those unable to pay their rent.

Over the next 6 months:

1. If the Gender Identity Clinic staff can be freed to return to their usual roles, but social distancing is in place then consider encouraging them to carry out initial appointments and assessment appointments via Zoom. If all has returned to normal, consider the levels of funding and staffing given to Gender Identity Clinics to help them reduce the waiting times.
2. Consider encouraging GPs to offer bridging prescriptions of cross-sex hormones for trans people on the waiting list for the Gender Identity Clinic.
3. Continue to fund mental health support for trans people, as the GIC and surgical waiting lists will remain incredibly long for some time even with increased staffing and funding.
4. Ask the NHS to consider commissioning additional surgical teams to conduct gender confirming surgery. Especially in the case of phalloplasty, where there is only one surgical team commissioned.

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