



count me in too community summary

Health issues & LGBT lives

The Count Me In Too General Health report explored the experiences and opinions of LGBT people with regard to a variety of health issues. The research contended that LGBT health issues are concerned with more than sexual health, and examined various aspects of physical health, and identities that have been 'medicalised': trans health (also chapter 9); deaf identities and experiences (also chapter 10); living with physical disability and long term health impairments (also chapter 10). These were included due to their histories and contemporary place within health services.

The report covers:

- Smoking (chapter 3);
- Physical activity (chapter 4);
- Sex, and sexual health and knowledge (ch. 5 & 6);
- Living with HIV (chapter 7);
- Sex work and taking payment for sexual acts (ch. 8);
- GP services and a Health Living Centre (chapter 11);
- Monitoring and future services (chapter 12).

Separate community summaries are dedicated to Deaf LGBT lives, Disability & LGBT lives, and Trans lives.

Most respondents rated their overall health as good or very good, although this was lower than comparable general population figures. Some groups were less likely to rate their health as good or very good, including those who identified as trans, deaf, disabled/long-term health impaired or HIV positive, who were older, on low incomes, in temporary/council housing or who had mental health difficulties. More detailed information on general physical health is provided in chapter 2.

A quarter of those who wanted to quit smoking said that an LGBT-specific service would encourage them to do so. A third of LGBT respondents said that they smoked cigarettes. Men were more likely to smoke than women.

Most LGBT respondents wanted to be more physically active. 10% of men wanted men-only space for physical activity, and 22% of women desired women-only space. 11% suggested a lack of LGBT-specific facilities was a problem.

7% of respondents were HIV positive, and did not necessarily identify as disabled or long-term health impaired. HIV positive LGBT respondents had specific needs, and were more likely to use voluntary support services in a time of crisis than other LGBT people.

Although a key health issue, sex was not only examined in the context of sexual health. The majority of respondents had had sex in the past three years, and of those who had not, more than a half consciously chose not to. 65% of those who had not had sex in the past three years said that not having sex was not respected in LGBT culture.

Most young LGBT respondents reported some anxiety regarding sex. It could be difficult for young LGBT people to access appropriate sex education.

One in ten respondents had taken part in sex work at some point, and over the past five years 4% have made themselves available for sex in order to have somewhere to stay

Although 71% of respondents thought that information on sexual health was readily available, around half did not agree it was appropriate to their sexual practices and/or their sexual and gender identity. The report indicated that diversification is needed to cater more fully for the breadth of LGBT people.

A quarter of LGBT respondents had never had a sexual health check-up, but those who are the most sexually active are the most likely to have had one.

The vast majority of respondents wanted an LGBT healthy living centre in Brighton & Hove, to provide a range of health and community services.

'I mean it's the biggest gay community in Europe and we don't have what you might call our own place'

However, an LGBT healthy living centre, or LGBT specialist GPs, should not lead to ghettoisation where LGBT people are segregated from using mainstream services.

'You need specialist centres that can do the research and carry things forward and advise the frontline people, but the frontline service should be able to cater for everyone'

The LGBT-friendliness of GPs was a key health issue. 60% of respondents said that they were out to their GPs, but fewer than half were sure of not being discriminated against by them. Those who identified as disabled, who were isolated or who had mental health difficulties were more likely than others to want an LGBT-specific GP service.

'anything from mental health to physical health to social activities, they're all in one place so that there's an interest in me being a gay man, rather than having to go somewhere and tell them who I am and then [they] try and engage with me'

The analysis group recommended that:

- Relevant findings and recommendations from this research be built into the individual (and proposed city-wide) Single Equality Scheme LGBT action plans being developed by the NHS Trusts and Brighton & Hove City Council (BHCC).
- Continued funding be provided by Brighton & Hove Teaching Primary Care Trust (PCT) and BHCC for key LGBT services and groups.
- All primary care related services obtain knowledge and understanding of LGBT lives and issues through their continuing professional development.
- The PCT should support an LGBT healthy living centre, to address health in a broad range of contexts and support those who are most marginalised in LGBT communities.
- Services should understand that LGBT health is not simply located in sexual health, and that discrimination can occur through the association of sexuality with sex.

To find out more details about the results of the research and recommendations the full report can be downloaded for free from :

www.countmeintoo.co.uk