***Falling through the cracks: Non-binary people’s experiences of transition related healthcare***

In 2014 Action for Trans Health did research into non-binary people’s experience of accessing transition related healthcare.

More than half of our participants had tried to access or were currently trying to access transition related treatment [fig. 1].

Non-binary people’s **biggest concern** around seeking treatment was **fear of treatment being denied.**

40% of non-binary people had accessed NHS gender identity services, 17% used a combination of NHS and private services and less than 1% exclusively used private services.

Just over half of respondants were **out as non-binary** when using NHS gender identity services. The majority of those non-binary people had **mainly negative** experiences when accessing NHS services [fig. 2].

70% of respondants **presented as binary** when accessing private healthcare services. 60% reported **mainly positive experiences**, with 20% reporting mixed experiences and 20% reporting mainly negative experiences.

20% of our respondants disclosed that they had **self medicated** or were currently self medicating with hormone replacement therapy, while 15% chose not to say whether they had or hadn’t self medicated.

Over 72% of non-binary people reported **positive experiences** of self medicating, while 28% reported mixed experiences. No participants reported negative experiences of self medication [fig 3].

**Informed consent** is a model of healthcare in which a patient who is fully informed of the positive and negative consequences of a treatment chooses for themselves whether or not to have that treatment. The informed consent model of trans healthcare seeks to depathologise trans people and **centres trans people’s bodily autonomy and choice**. We recommend the informed consent model of care because we believe that a system which **allows non-binary people to be open and honest** with clinicians about what medical and surgical interventions are right for them will be **better able to meet the health needs of non-binary people**.

**Recommendations**

1. The NHS should monitor gender identity so that data on trans and non-binary people’s experiences and healthcare inequalities can be collected.
2. Change diagnostic criteria so that a service user consistently identifying a particular treatment as desirable and/or necessary holds more weight than the words they use to describe their identity.
3. Gender identity services should make information about treatment options available to service users clearly and accessibly.
4. ‘Real Life Experience’ should be removed as part of diagnostic evaluation.
5. As a transitional measure, ‘Real Life Experience’ should be measured in more flexible ways to account for non-binary people’s needs.
6. Clinicians and administrative staff should have specialist training on non-binary issues.
7. Service users should be offered a more flexible and person centred approach to treatment options, i.e. allowing someone to have top surgery without HRT first.
8. GPs should follow RCPsych Good Practice Guidelines and routinely offer bridging prescriptions to trans people who are self-medicating.
9. GPs should routinely provide blood tests to trans people who are self-medicating.
10. Clinicians and administrative staff should have cultural competency training for issues around race, misogyny, non-binary, intersex and disability.
11. Gender identity services should undertake an impact assessment to see how disabled people’s experiences of trans healthcare can be improved.
12. Local gender identity services (or “satellite” services) should be introduced to reduce travel times.
13. A review of communication processes between gender identity services and patients should take place, and where necessary, extra staff should be taken on.

Read the full report at <http://actionfortranshealth.org.uk/resources/for-trans-people/non-binary-research-2015/>