Space Youth Project

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2024/2025

We asked our SYP members/team and families about Health inequalities

Case study 1

Whilst working with young people who have wanted to or have been socially transitioning, it has been very apparent that this has not been easy in all aspects of transitioning.

One aspect is changing name and pronouns, pronouns are how we identify ourselves and affirm our identity. Using correct pronouns and names help to create a welcoming and tolerable environment, it shows respect and validation. Using the correct pronouns can support young trans and non-binary people to feel safe and support their mental health and well-being. Misgendering young people by using the wrong pronouns can be upsetting, invalidating and make them feel unsafe.

It takes a lot of courage for young people to ask people to use their correct pronouns and name and it can at times be a slow process. When changing their name and pronouns with NHS services there have been some struggles, and it is not an easy straightforward process. When a person who has recently got married and changed their name, the process is fairly easy, they present their marriage certificate, and they update their records. If a parent wants to change their child's name again then the process is fairly easy, if the name has been changed by deed poll they take in the deed pole, generate a new NHS number and update the records. They are also able to change name to know as and this will go alongside their legal name on their records.

We have had many young people who have wanted to take this step in their transitioning journey, however they have come up against many barriers and attitudes. Young people who had followed information regarding having their names and gender markers changed, have been told that it is not possible or told they need to provide evidence such as deed poll or gender recognition certificate. They will not be able to have a gender recognition certificate until they are 18 and not everyone has changed their name by deed poll. This has also made young people concerned about the transfer of their medical records as they have been told by receptionists that this is not possible. Young people have spoken about how they have been made to feel uncomfortable by the attitude of the receptionists and unvalidated.

To support these young people and make sure they have been treated fairly and respectfully, I have assisted them in taking the steps again and asking for their names and gender markers to be changed. They have been supported in asking for their names and gender markers to be changed, they have explained that they do not have a deed poll and that they do not need one, they have explained they do not have a gender recognition certificate and do not need one. I have witnessed firsthand the attitude and response that they have received. They have been told that it is not possible if they do not have this evidence and they have been told that they do not know if they can do that for them, or that it is not possible.

This is where I have then stepped in and advocated for the young person by explaining that they do not need the evidence that they are asking for, that changing gender marker is possible as this is different from Legal gender and the change is very much possible. I have gone on to explain that their records need to be transferred to the new NHS number the same way they do this when someone has been adopted. There have still been forms for them to fill out and this does not happen overnight, they will also then have to contact all NHS services as the changes do not always filter through the system quickly.

Case study 1 (continued)

Unfortunately, the obstacles do not stop there. Young people who have changed their gender markers will no longer receive the regular reminders for routine check-ups that relate to their birth gender. The responsibility to request and remember is put on the person themselves. This is something that can affect their dysphoria and their mental health. It becomes invalidating either demasculating or defeminising. This is something that young people have to really consider and ensure that when they are of an age that they remember to book an appointment as they will not receive them from their GP. There does not appear to be anything on the NHS database that can identify trans females and males, so that they will automatically generate the routine check reminders, so that they can book the appointments without questions being raised and having to possibly answer questions that make them feel uncomfortable and dysphoric

Case study 2

YP has been accessing our services for nearly 3 years, they access Space Family Day along with Mum and attend T+ Group when they can. They have been on puberty blockers while we have been working with them and YP has found them incredibly helpful by allowing them the time to explore their gender identity without the severe dysphoria from a natal puberty. YP initially came to us identifying as a transgender man but now identifies as non-binary, describing this as "she/her feeling horrible, he/him feels okay in different situations but they/them makes their tummy 'fizz' in a good way."

YP was accessing puberty blockers through a private subscription and Mum has struggled numerous times to secure this prescription for her YP.

Since the implementation of the puberty blocker ban, they are very quickly being forced to make a decision between natal puberty or going on testosterone. They are finding this decision incredibly difficult as they don't identify with male or female, but this ban is making them have to choose which puberty they would rather go through, putting even further pressure on them to make that decision and quickly. They still do not know what to do as neither option feels validating to themselves, their identity, or their mental health.

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Case study 3

Young person “X” joined Space 2019.

X identified as a Trans man and was struggling with accessing Health Care as their GP had told them they were unable to refer them until they had lived in their acquired gender for 2 years.

YW was made aware of this and suggested they should look to getting signed on to a new GP, this took them some time and when a new GP had been signed on to, only then was a referral made, at this point X had been studying the news closely, watching the general feelings that were prevalent in the news, X came to realise that the prospects of getting Puberty blockers were slight if not impossible.

X was referred in 2022 and was shocked to learn the waiting list was so long that they would be an adult by the time they got their first appointment.

X became very depressed as this was a difficult time for them, working with them on the occasions they would turn up at group was very stressful as there was little, we could do to help apart from mental health chats and making sure they felt supported.

X’s parent had originally been very dismissive but seeing positive changes in their child after the social transition and how they were thriving despite the adversity they faced, decided to be more proactive and together with X they embarked on the private route.

Speaking with X before Xmas 24, they were very upbeat, they have a strong social life and were all smiles when they informed me, they were now on Testosterone and were approaching the 6-month anniversary.

We spoke about how life had changed for them since going private, He stated Mum was now an ardent supporter. He realises how lucky he was to be able to go private and vows to pay Mum back as soon as he is able.

X has mixed feelings about the NHS, stating he knew they were tied in so much that they could do, but he felt his original GP was either misinformed or biased against Trans people. He feels his private clinicians treat him with care and dignity, something he felt was missing from the NHS care he had experienced.

He feels his future is bright and full of possibilities, recalling his time at SYP with fondness, he is now flying high, he promises to keep in touch with me and was very interested in being involved with a “where are they now” part of the website.

Case Study 4

I feel this report is as good as an individual case study as it involved all the YP and three areas of inequality. The subject of Deadnaming Deb took forward to Laurence Lagrue at Dorchester County Hospital. Everything was done anonymously and she took out the 2 YP names before forwarding it. They were there just to make sure she had captured what they had said correctly.

7 young people attended.

Access to mental health care.

Areas for concern focussed primarily on access to mental health services and the experience of receiving them. Anthony and Jarvis shared their experiences of the CAMHs service which had not been positive for either. They both felt that they could not develop a rapport with the counsellors they had been allocated but because the allocation of sessions/time is so limited they felt they had to accept what they were given. They both said that they did not feel comfortable to share some of the things which were actually important to them. However, having said that, the abrupt end of CAMHs involvement had been difficult to manage as there were no transition services to help with this.

Both said they had experienced episodes of suicidal ideation, and one euphemistically made reference to (what I understood to be) a self-harming attempt which had led to a hospital presentation but not admission.

Access to antidepressants was difficult for one. Prescriptions given during CAMHs treatment were stopped at age 16 when he left the service, and he was told he could not have any more until he was 18.

Counsellors at College seemed to be better liked and trusted.

A suggestion was made that group counselling may be more helpful than one-to-one. This was thought possible, especially as an introductory ramp into one-to-one sessions.

Deadnaming.

Both the trans young men had repeated incidences of healthcare professionals using their birth names and refusing to accept their chosen name despite being told it and asked to use it. This is a very distressing experience and, particularly in circumstances relating to mental health crises, very unhelpful.

“Sensibilities”.

The girls in the group shared concerns that the appreciation by healthcare professionals of feelings relating to male health providers, doctors in particular, could be problematic. For some healthcare issues male attention was felt to be repugnant.

In actuality, the young people present did not seem to have had much interaction with primary care. They said they very rarely visited a GP. However, this may exacerbate their feelings of alienation when they do need to see a healthcare professional.