



Health and Social Security Scrutiny Panel

Assessment of Mental Health Services

Witness: Liberate Jersey

Wednesday, 9th January 2019

Panel:

Deputy M.R. Le Hegarat of St. Helier (Chairman)
Deputy K.G. Pamplin of St. Saviour (Vice-Chairman)
Deputy C.S. Alves of St. Helier
Deputy T. Pointon of St. John:

Witness:

Vic Tannery Davy, Honorary Chief Executive Officer, Liberate Jersey
Stuart Barette, Member, Liberate Jersey

[14:14]

Deputy M.R. Le Hegarat of St. Helier (Chairman):

Good afternoon and Happy New Year to everybody. This is the first panel meeting for Health and Social Security Scrutiny Panel. Today we have Liberate with us and welcome and thank you very much for coming. We will introduce ourselves first for those that are listening to the live broadcast and the members of the public that have come along this afternoon. I am Deputy Mary Le Hegarat for St. Helier District 3 and 4 and I am the chairman of the panel.

Deputy C.S. Alves of St. Helier:

I am Deputy Carina Alves. I am a member of the panel. I am Deputy for St. Helier District 2.

Deputy T. Pointon of St. John:

I am Trevor Pointon. I am the St. John Deputy, a member of the panel.

Deputy K.G. Pamplin of St. Saviour (Vice-Chairman):

I am Deputy Kevin Pamplin of St. Saviour District 1, and vice-chairman of this panel.

Deputy M.R. Le Hegarat:

I will ask Liberate to introduce themselves as well, if you would not mind, please.

[14:15]

Honorary Chief Executive Officer, Liberate Jersey:

I am Vic Tannery Davy, and I am the honorary C.E.O. (chief executive officer) of Liberate.

Member, Liberate Jersey:

I am Stuart Barette, just coming as a member.

Deputy M.R. Le Hegarat:

Thank you very much for coming this afternoon. You will notice in front of you that as this is a Scrutiny Panel it is being live broadcast, however it does work under the guise of parliamentary privilege, as if we were sitting in the States. What we are going to do is Liberate have provided us with a set of slides and those will be made available to anyone who is watching the live broadcast. What we will do is, is we are going to ask some questions and if the gents opposite wish to refer to any of those slides, they are welcome to do so. Could you please describe the current pathway to care for a transgender person in Jersey who is seeking hormone therapy or other treatments?

Honorary Chief Executive Officer, Liberate Jersey:

At this point, I will refer to the slides. So this is the pathway that was given to us in 2014 when we started this work. As you can see, it is quite a complicated pathway. If you go privately it is a slightly different pathway from if you go through the public health service. If I just break down the public bit, because that is the bit we are really concerned with here, not the private side of things. Your transgender patient goes to see their G.P. (general practitioner), that is the first port of call. Their G.P. will refer them into mental health services on the Island. All of this is in Jersey at the moment. At that point, the mental health services practitioner may decide that it is appropriate that they refer them into the N.H.S. (National Health Service), and this is the point at which we cross borders and we head off to the gender identity clinics in the U.K. (United Kingdom) and we get referred into there. Obviously, there is a cost associated with that, a cross-charge from Jersey to the U.K. Then at that point the gender identity clinic in the U.K., through the N.H.S. may decide that it is appropriate that the transperson starts on hormones, at which point that will come back to Jersey. We would go and see the Endocrinology Department in the States of Jersey Health Service and the Endocrinology Department will work with either our mental health professional or our G.P. to provide the hormone

therapy. If we want to go for surgery, which usually comes after hormone therapy, then again the process starts all over again, so we go back into the mental health services, they then assess whether we are sufficiently capable to decide that we want surgery, at which point they will refer us into the N.H.S. gender identity clinic again, at which point there will be a cost associated with that. At the point at which your gender therapist decides that you and he are ready to go for surgery, you will get surgery on the N.H.S.

Deputy M.R. Le Hegarat:

So you are saying they have to start that process again if they want surgery?

Honorary Chief Executive Officer, Liberate Jersey:

Yes.

Deputy M.R. Le Hegarat:

Is it the same timescale?

Honorary Chief Executive Officer, Liberate Jersey:

At the moment we are looking at timescales between seeing your G.P. and getting hormone therapy of about 18 months. So from that first G.P. appointment to the first appointment with the gender identity clinic and the N.H.S. is about 18 months. Surgery, same again.

Deputy M.R. Le Hegarat:

Another 18 months?

Honorary Chief Executive Officer, Liberate Jersey:

So you are starting off again.

Member, Liberate Jersey:

That is best-case scenario.

Honorary Chief Executive Officer, Liberate Jersey:

Stuart will fill you in on some of the not so good bits of the system. That is the system at the moment and that is how it works currently.

Deputy M.R. Le Hegarat:

What are the problems with this pathway, in your view?

Honorary Chief Executive Officer, Liberate Jersey:

In terms of where we are at, the World Health Organisation did classify gender dysphoria, which is what transgender people have, the technical term for what you feel. That was declassified in June 2018 as a mental health condition. So it is not seen as a mental health condition now. It has for many, many years been seen as that, which is why historically it has been pushed through mental health services. There are considerable waiting times to get in to see people not just on the Island through mental health services but then again in the gender identity clinics in the U.K. The other problem that we are seeing is that because this is causing some distress in patients, G.P.s on the Island are beginning to get round the system by prescribing hormones themselves. That is not a particular problem inasmuch as if the G.P. feels confident, but if you are a G.P. who has a patient in front of you, and you do not feel confident with gender therapy and with hormones, then you have a problem there as to how you best treat that person. You may be seeing quite a lot of distress in that person. Those are the 3 main problems that we perceive to be in play with the system as it currently stands.

Deputy M.R. Le Hegarat:

What impact does that pathway have on the individuals, do you think?

Honorary Chief Executive Officer, Liberate Jersey:

Stuart might be better to answer this one.

Member, Liberate Jersey:

Well, quite frankly, in most of them, it results in extreme stress and quite a lot of suicidal ideation, which means they then get referred back to acute mental health services to deal with them. But ultimately nothing is going to change until we get the treatment that we need. So it is just them trying to keep the person afloat until such time they get to the front of the queue.

The Deputy of St. John:

The reason for mental health services being involved has all changed because it was that they considered gender dysphoria to be possibly ...

Member, Liberate Jersey:

Yes.

Deputy M.R. Le Hegarat:

What sort of impact then will this pathway have on Jersey's mental health services?

Honorary Chief Executive Officer, Liberate Jersey:

The pathway, as it currently stands, you are pushing people through acute mental health services, you do not need to go through acute mental health services. A transgender person presenting to their G.P. at the point at which they have decided to transition may have underlying acute mental health, which would be appropriate then to put them through mental health services. But most people will not. They might want a bit of talking therapy just to check that their reading of the situation is right. That is not acute. That is a counselling-type environment. Or they may not. They may be coming new to the Island and they may have had a lot of therapy already in the U.K. They may not want any therapy at all. They may need to go straight from their G.P. into hormone therapy. It is going to be different for each individual case.

Deputy M.R. Le Hegarat:

Do we have the statistics? Do you have statistics in relation to numbers?

Honorary Chief Executive Officer, Liberate Jersey:

In terms of the number of transgender people in the Island, we are about the same as any other population. So about 0.02% of the population will be transgender. That was when I started doing this work in 2014. You are talking about on an island population of 100,000, 25 people. It is not that now. We have seen a massive increase, particularly with young people examining their gender, asking questions about their gender. Not necessarily going all the way and transitioning but certainly wanting to have those kinds of talking therapies where they are talking about it. I would say we probably doubled that in the last 4 years.

The Deputy of St. John:

Give us an impression of where the gender dysphoria begins for an individual? At what stage in a person's life would they become conscious about they are not in the boots, as it were?

Honorary Chief Executive Officer, Liberate Jersey:

Stuart will give you one answer and I will give you another answer probably.

Deputy M.R. Le Hegarat:

Can I just interrupt both of you before, please help yourselves to water if you need it because I was conscious that you might ...

Honorary Chief Executive Officer, Liberate Jersey:

For me, I cannot really tell you when. I mean I probably felt differently about my gender age 5 or 6, was aware of it around that age. But did not do anything about it until my late-30s because I had not got the knowledge, I had not got the words, I had not got the architecture to put around what I was feeling until I had done a lot of work on myself. Stuart will be different.

Member, Liberate Jersey:

Only slightly. So I knew when I was about 3 or 4 and then it was exacerbated when I hit puberty the first time round. But obviously I am now 45 and at 39 I made the decision to transition but up until that point I did not have the information available to me that I could do something about it. When I was 39 it got to crisis point that I had to transition.

The Deputy of St. John:

You both talked about beginning to believe that you were in the wrong body at a very early age. What is the proportion of people that will go through that very early age feeling that they are stable and they are in the right place, and then suddenly at 14, 15, 16 begin feeling they are in the wrong place?

Honorary Chief Executive Officer, Liberate Jersey:

I do not know what the proportion is. It will hit people at different ages. There is no particular age where people transition. If I go back to the stats from 2014 when I started doing this work, then the average age for somebody to transition was around 40. That is the U.K. average. Now I think we are seeing that average come way, way down, and I think we are looking at a lot younger age where people are beginning to realise that this is possible. Because I think the internet, television programmes, have all opened up the conversation about it, so a lot younger people are realising that exploring gender is a possibility for them; whether they transition or not, that is another matter. I think it is a conversation that has been opened up and so there are a younger group of people now bringing that average age down.

Deputy M.R. Le Hegarat:

Do you think there are any benefits to the current pathway?

Honorary Chief Executive Officer, Liberate Jersey:

I suppose it is quite rigid. I suppose from a States point of view in terms of knowing what we have to do with this person, which is I suppose because of the small numbers we are talking about, it is not something that is going to come across your desk every day. I suppose there is that positive to it.

Member, Liberate Jersey:

The team in the N.H.S. that we are dealing with do have plenty of experience with transgender people because obviously that is all they do all day; deal with transgender people. So they have plenty of experience and that is a useful ... but they do also do quite a lot in terms of training and sharing best practices around the world.

Deputy M.R. Le Hegarat:

So we go into a particular pathway into the N.H.S.?

Honorary Chief Executive Officer, Liberate Jersey:

The N.H.S. pathway is just about as rigid and it is not that different from what Jersey has put in place. Somebody in the U.K. wanting to transition would also go and see their G.P., would also have to go through mental health services, would also then be referred into the gender clinic. It is not hugely different if you were in the U.K.

Deputy M.R. Le Hegarat:

Are the waiting times similar?

Member, Liberate Jersey:

Exactly the same because we all go on the same list. Also the people from the Republic of Ireland do not have any services there either, so they do the same as we do and buy in N.H.S. services. So all the people from Ireland also go in the queue along with everyone else. It is quite a lot of people in the queue.

The Deputy of St. John:

So when Brexit comes things might get better?

Member, Liberate Jersey:

Potentially, because the Irish ones might go elsewhere, I suppose.

The Deputy of St. John:

My line of questioning earlier was really about the involvement of mental health services because in the possible solution that you have outlined in your submission, you suggest that including mental health services in the Island could be scrapped altogether.

Honorary Chief Executive Officer, Liberate Jersey:

I think for some patients it could be. For some transgender Islanders you would not have to touch mental health services at all. For others, it might be at a very low level and then for others it may be that the current pathway is entirely appropriate. But what we are trying to say is that it should not be for everybody because you are pushing everybody through critical mental health services, which we know are overstretched. Why would you want to put extra people through them?

The Deputy of St. John:

I think the problem the psychiatric services would have is that the psychiatrist is the only person who can take a decision about whether a person has a mental illness or not, at this point in time. Others may recognise a mental illness or otherwise, but would have to refer to. We have spoken to people who suggest that the psychiatrists are their biggest allies because they do not consider there to be a mental health problem. There are positives to being involved with psychiatrists. What I am concerned about is that there will be a small group - infinitely smaller in Jersey I am sure - who have become sick in teenage years, not because of gender dysphoria but because of other problems, and that perhaps they need to be identified or discounted before the process proceeds.

Honorary Chief Executive Officer, Liberate Jersey:

Yes, and I think that is where I see the G.P.'s role being. You go to your G.P. and if you have a mental health condition they are the first port of call for you. Whether you get referred in is up to your G.P. If they are looking at you and saying: "Yes, I think there is ...", if they are a good G.P. they will recognise it and they will say: "Yes, this is not something I can do as a G.P. This is something that needs to be referred in." I think it is exactly the same for transpeople. If they are presenting with a mental health condition refer them in. If they are not presenting with a mental health condition then: "How can we assist your transition?" It is making that decision at the G.P. level, I think. Bringing it back to primary healthcare.

The Deputy of St. John:

I was really alluding to the idea that late onset psychosis could involve delusional material that is about: "I am in the wrong body."

[14:30]

For a very small number of people that is a possibility and that is the serious group of people or individual would need to be identified very quickly. The rest can go their merry way. They may be anxious and depressed about the fact things are not moving forward ...

Honorary Chief Executive Officer, Liberate Jersey:

One would hope that in that case their G.P. has their background, has done the work and would recognise that that is a serious one that needs to go straight into that higher level.

Deputy C.S. Alves:

What other potential alternatives to the current pathway that is in place here in Jersey?

Honorary Chief Executive Officer, Liberate Jersey:

We touched on it a bit but if I go to the slide that has an alternative, which is one that we would prefer, I suppose. We touched on it really, with answering Trevor's questions there, around putting the G.P. at the centre. Your G.P. holistically knows all about you and so putting the G.P. at the centre makes a lot of sense for us. Their decision then is around whether they refer you to a psychiatrist because that is appropriate, because there is some serious mental health condition there that needs that, or whether they refer you to a therapist or whether they refer you straight to endocrinology or straight for surgery, depending on what stage you are at and what you are asking for. You will see that on this diagram, the therapist is no longer a U.K. therapist. We are suggesting that we can do this on the Island. We have a number of therapists now trained up in terms of being aware of gender therapy practice, and they are all very keen and very happy to be dealing with this. It is just making sure that we have them on the map and on the pathway so that we can get G.P.s to refer to them. I think the other thing to mention is that it would be ideal if we had a G.P. in every practice trained up with gender therapy. That is one of the things that Liberate are hoping to do this year, is to get the funding to be able to do that for every G.P.'s practice, so that they have gender therapy skills as well. Not so that they can offer gender therapy but so that they can recognise the signs that they are looking for in order to refer to the right place. Then the other thing that I think will need to be looked at in terms of the pathway that I am proposing here is around surgery. Because surgery for transpeople at the moment is very specifically the N.H.S. like to have surgery recommendations coming from a gender identity clinic in the N.H.S., within the system. They do not want surgery referrals from just anybody. It is a very specific and very tight pathway that they want to get those referrals from. I think we would need States of Jersey to look at how we refer into the N.H.S. for surgery. We must be referring to the N.H.S. for other surgeries like brain surgery, for example, that we cannot do on the Island. There must be a kind of a pathway there already within the health service, and it is about how do we access that as transpeople and how do we make sure that the N.H.S. in the U.K. accept those referrals for transgender surgery, and just change that pathway a little bit for Islanders. But that is what we would see as being the alternative pathway.

Deputy C.S. Alves:

You have touched on a couple of benefits already, taking the pressure off the current mental health service. Are there any others that you would identify with this pathway?

Honorary Chief Executive Officer, Liberate Jersey:

That is the aim. That is what we would like to try to achieve with the new pathway. So correctly classifying and treating gender dysphoria rather than just saying blanketly it is a mental health condition. Being self-sufficient from the N.H.S., as far as we can be on the Island. We are never going to be self-sufficient as far as surgery is concerned. It is far too specialist and there are far too many surgeries as well that we are talking about. Reducing the waiting times for treatment for Islanders, enabling those cost savings that we have talked about with the costs charges, flights, et

cetera, and the duplication I think of going through the system. There are so many duplicated consultations that a transperson goes through. You tell your story over and over again to a different person. Then freeing up the skilled and valuable time of our mental health professionals who are working at the highest level and should be working with those people who really need them rather than doing a tick-box exercise for somebody just coming through the system.

Deputy C.S. Alves:

What impact would this have on transgender people if you were able to put this into place?

Honorary Chief Executive Officer, Liberate Jersey:

I think it is about reducing waiting times and then you are immediately having a benefit to mental health ironically.

Member, Liberate Jersey:

Perhaps it would also help if I explain what happens when you get to the G.I.C. (gender identity clinic). In the best-case scenario, so you obviously said 18 months for your first referral. For me it was 3 years that I had to wait for my first referral. The G.I.C. have a policy where if you are coming from any of the places like Jersey or Ireland or whatever, your first appointment is with a junior consultant who is not certified yet to give you a diagnosis of anything or do any first sign-off. They are basically the person who will read out people who need to be referred off elsewhere. If you are on the U.K. you do not get a one-to-one. If you are a mainland U.K. person you get a group session with this person. There can be up to 20 people in a group. So we are better off because we have this first one-to-one weeding out session. Then because of the timescales you have to wait a further year for your next appointment with the actual consultant who can start the process of giving you a diagnosis. That first consultant you then have that one and they say you are a straightforward case, they give you your first sign off for diagnosis but they need 2 sign-offs for diagnosis from 2 separate clinicians in order to approve you as having a diagnosis. You then have to wait a further year for that second appointment with another clinician who will then give you your formal diagnosis. They will not allow you to start on hormones until you have your formal sign-off from your second one, so you then get referred on for another appointment, a further year down the line, with their endocrinologist who then approves whether you can go on hormones. So obviously we are talking some number of years wait here. Then you have to have been on hormones for at least a year before they will allow you to refer into the surgical pathway.

Deputy M.R. Le Hegarat:

What you have described then is 7 years.

Member, Liberate Jersey:

Yes, pretty much. So for me, I was at the point where I could not wait 3 years to start the process, 4 years to start my diagnosis, year 5 I would have my diagnosis, and I would not have started on hormones yet. That will be due in 2 weeks' time when I have my next appointment. Then obviously I would not be able to then get a surgical referral for a further year on from that. I took the route of going privately with the same clinicians that are in that gender clinic who do their own private practice as well, and got a diagnosis and hormones and got all that within a 6-month period and started on hormones, and I have been on hormones for 2 years. By the time I got to the front step for the ... so I still had to go through the junior consultant who could not approve you for anything and then I got the second one and that person did the first sign-off for surgery for me and I have had the second sign-off for surgery now, so I am now in the surgical queue waiting for my turn for that. But obviously if I had not have speeded up my process from what I was able to afford myself I would not have started on hormones yet. You can imagine the waiting time there and how that would impact. That is their own individual policy within the G.I.C. about the waiting times and how it affects people but also that they will only do one thing, you have to have this weeding out one, then you have one, then you have another appointment with another one, then you have to have that completed and formally written up before you can start on the hormones, then you have to be on the hormones for a year. The other thing that will affect you starting on the hormones is they insist that you must have lived at least 6 months as in your real-life situation. For me, I had to have lived as Stuart in my normal day-to-day life for at least 6 months before they would allow me to have hormones. That is reduced from 12 months. But obviously if you had not started that step yet then that would obviously add on to the ...

Deputy C.S. Alves:

So potentially how much time are we talking this pathway that you are proposing, this alternative pathway, could save in the situation?

Member, Liberate Jersey:

Years.

Honorary Chief Executive Officer, Liberate Jersey:

Assuming that Jersey's health service does not become over burdened any more than it currently is today then, yes, you would save huge amounts of time.

Member, Liberate Jersey:

I would say probably you would spend, say, 6 months to a year, even if there was a really slow waiting time, and you would be on hormones.

Honorary Chief Executive Officer, Liberate Jersey:

Yes, I reckon.

Member, Liberate Jersey:

Maximum if we did it here with the number of people that we have and all the rest of it, based on 6 years for the N.H.S. to go publicly for me.

Honorary Chief Executive Officer, Liberate Jersey:

I think it is quite critical from what Stuart said there, about the difference between going publicly and going privately. You see exactly the same people whether you go privately or whether you go publicly. Yet, if you go privately they do not insist on all of these points of the pathway. If you go privately and you are prepared to pay, then you can get it done quicker. You do not have to necessarily do the real-life test. You do not have to go through mental health services. You can go straight to a gender therapist in the U.K., who works in the N.H.S. on his other days, and you can see him and he will see you straight ... you do not even need a referral from your G.P. You can just make an appointment with his clinic.

The Deputy of St. John:

So the structure is just about managing the numbers really?

Honorary Chief Executive Officer, Liberate Jersey:

Yes, I suspect so. Also probably about ticking the boxes because you are dealing with the public purse, so there is probably a feeling that we need to make sure we tick these boxes.

Deputy C.S. Alves:

That process that you described that was potentially 7 years, are there people along that process that get to a point that just think it is not worth going through this?

Member, Liberate Jersey:

Yes, but they are people that I have known who go: "It is not worth going through this" are not people who stop transitioning. They are the people who did not stay alive to continue their transition. Because I run a support call. It is a global support call but I have a lot of people that join in both locally and especially in the U.K., and obviously we try and support those people. Ours is around employment but obviously people's transition and waiting times, and what not, affects their mental health and subsequently their employment, whereas previously they would not have had a mental health condition in a lot of the cases.

Deputy K.G. Pamplin:

Firstly, you look great for 45, and that is coming from a man who is in denial about being in his 40s. I thought I would just start with that point. Can I just dig in a little bit to the emotional side of it, what it is like? You talked about the practical side of what you went through but your highs and lows, what impact has it had on you? Because obviously this is about we are looking at mental health. I would imagine through that process you were hitting walls and ... take us a little bit inside, if you could, to what you were going through internally in terms of your own mental health, going through this journey you have just described.

Member, Liberate Jersey:

Prior or while I am waiting for something to happen?

Deputy K.G. Pamplin:

Start at the beginning of what you went through.

Member, Liberate Jersey:

Thankfully, I had had some really good support from mental health services in the past. I also have a form of high-functioning autism and I had a great psychologist over here who gave me some really good coping strategies. That has helped me on my journey. For me, I made my decision to transition in November 2014. I went to see my G.P. 23rd December 2014 who referred me to Adult Mental Health Services. I had my appointment with them on 7th February, which considering is over Christmas and New Year is pretty good, so we were very slick on our side of things. They did my referral straightaway. At that point, I decided ... I knew I was going to have lived as my real self, so I did my legal paperwork, name change, et cetera, and I transitioned socially at work. That helped me feel calmer to a degree but there were also other aspects. For example, I happen to have a very large chest and obviously that is not quite optimal for a guy, so while I am in the surgical queue ... I have had one surgery, I am waiting for my top surgery next year. So to be able to cope with going out of the house, which is important for buying food, having a job, all the usual things, I have to wear 2 very tight compression vests to squash things down. Okay, that is not too bad in this kind of weather. What happens in the summer when obviously you are at risk of heat stroke, so then that brings another health aspect. So there is that aspect.

[14:45]

There are things like coping with periods and that was traumatic. I found it difficult to even leave my house when that was the case. My G.P. came up with a good solution on how to manage that. She has been really good. But a lot of these things, it is about how I have been helped to manage this mentally because it has been incredibly depressing being stuck without being able to move forward, especially for such a long time and you are waiting for something to happen. As well as the fact that

at the time, when I went to see Adult Mental Health Services, Charing Cross Gender Identity Clinic was saying to Adult Mental Health Services: "We have a 6-month waiting list for your first appointment." Six months. So they said it will be 6 months' time, okay, I am prepared for that. A year came. Okay, no sign of anything. Another year came. They do not send you a letter to say: "You are on the waiting list but it is going to be a while, we will write to you when you ..." you just hear nothing. I thought that they had forgotten me and then eventually, 3 years down the line, a letter turns up. For me, trying to manage that situation. So I focused on being able to have practical solutions, things like the binders, et cetera, documenting all the different things. Things like the first time I went to the barbers, transitioning at work, all the different things that helped me feel more me in a book so that on the days when I felt very depressed I could go back to that and look and go: "I have gone a bit further than I thought", like I think I have at this point. But look at how far I have come rather than look at how far there is to go and the never-ending waiting. If you were told: "You will have an appointment, it will be in 3 years' time" it would be a bit easier than to not know when that is going to be as well because it is the unknown that is difficult. I think also the level of anxiety around a lot of aspects about that as well because one of the things that also made me want to go and save up to be able to go privately for the hormones is the fact that as a person who prior to hormones - I have now been able to grow sideburns, I can grow a beard, my voice has broken, all those kind of things - it helps me to feel a bit safer. Whereas prior to that, you transition socially so you are using the men's toilets, for example, but you do not necessarily look the most manly, your personal safety can be at risk. Not usually during, but if you are in a ... or you are walking home at night-time, all these kinds of things, and you are always mindful of that, that you are even more at personal safety risk. This is even more of the case for the transwomen than it is for transmen who tend to have a slightly easier ride in that respect. But it is very difficult and obviously trying to manage that, especially over a long period of time, brings up the amount of anxiety. Once I started on the hormones that also helped to manage some of the emotions that I had within me. Although there is a certain amount of waiting in order to progress on with the surgical aspects and things, I found that things are a lot calmer and I can feel progress. As I have seen the changes in myself things seem more manageable. My anxiety has reduced. I have the odd day where I go: "Oh, feel a bit down today" but it is once in a blue moon rather than like most of the week. The anxiety, I do not really get anxious now. Or just things like normal people would in front of ... like before a big speech or something. So it is all quite manageable now, whereas obviously when you are in that position of waiting, it is a very difficult time.

Deputy K.G. Pamplin:

But your strength is you are here and telling the story to us, which is full credit to you. What was the defining moment through the whole process? Was there a defining thing that was said to you that you have hung on to that you would share with people who are right at the very beginning of this

process to pass over and say: "Okay, I am at this end of the journey, you are just here, here is the one thing that has stood out for me the most"?

Member, Liberate Jersey:

Yes, there was something that when I told ... he is one of my closest friends. He is a cisgender guy, so a non-transgender person and he is a teacher in the U.K., and he said to me: "Well, it looks to me like there will be times when life will be difficult along this journey. It is not going to be the easiest as it is difficult along many different journeys. But how you react to something will make it easier or more difficult for yourself. For example, when people misgender you ... so earlier on - I do not get misgendered anymore - but before I could grow the natty sideburns I used to get misgendered quite a lot and being called "madam" when obviously you have changed your name to Stuart and you have done all the rest of the things, and what not, is quite disheartening. He said that if you focus on that ... those people are just learning to cope with that change, just like they would with any other kind of change, and you just manage that change for them and try and take the emotion out of it, it will ... because people will make a mistake, just like they would any procedural thing or whatever. You will make the situation less traumatic for yourself. He was very right. He helped me reframe a lot of things along my journey so that I saw them in a slightly different way and it helped take that emotion out of it and keep me feeling a little bit more calm and balanced.

Deputy K.G. Pamplin:

Awesome, and I am sure that will be shared as well via this. So thank you, that was awesome. I have just got some general questions. Have you been approached by the Director of Community and Adult Services, Derek Law, who is in an interim position from last year as part of the One.Gov and they are connecting up with community groups, health-based charities?

Honorary Chief Executive Officer, Liberate Jersey:

No, we have not. But I am familiar with his name. So he is on my list.

Deputy K.G. Pamplin:

Thought he might be. We know he is in an interim position, we are waiting to see if he is confirmed as full-time but just wanted to ask that. The other thing, we met with a group of young people at the "Yes" project. It is fair to say that young people now are starting to come through and grasp their responsibilities because of the changing world we are now in, so when people talk about ... when everybody goes: "Oh, the stigma has lifted" and stuff, from how you perceive it, what is the true reality when we are talking about stigma and young people as they are going into their heads and thinking about what sexuality they are and what body, what is the reality, do you feel, of where we are right now?

Honorary Chief Executive Officer, Liberate Jersey:

I think it is very easy for those of us sitting around the table who are 40-plus to say: "All the young people, they have all this down pat. They get it. They are all very cool about gender and sexuality." My experience of talking to groups is that within a group of young people, within a group of old people, I have spoken to the W.I. (Women's Institute), I have spoken to Highlands College students. You will have about 10% of your audience who probably are not on the same page and about 90% who are. Some of the most amazing conversations I have had about gender have been with the W.I., with the over-80 year-olds. So I think it is very easy to say: "All young people are cool with this." I think probably a young transperson or a young genderqueer person probably has as much stigma to deal with as those of us who are older. I think it is probably an easy cop-out to say they are cool with it.

Deputy K.G. Pamplin:

The point about mental health, which is what we are referring to with the pathways, you go and see your G.P. as your first person, like you go and see your parent or your teacher to help, and the first thing you get back is: "You have a mental health problem" All that build up that person has got, which is, we all know, a huge moment, to get that brick wall could send them rearing backwards. On a larger scale, are we getting better as a society, as an Island? We seem to be about openly talking.

Honorary Chief Executive Officer, Liberate Jersey:

Yes, I think we probably are getting better as an Island. Certainly in our professionals. I do not get many reports back of bad G.P. reactions. Now I suspect that probably 15, 20 years ago you would have had quite a number of reports coming back of G.P.s who had not handled it terribly well. Your contacts as well, whether you get any bad G.P. reports.

Member, Liberate Jersey:

I have not had any bad ones. I have had some where they did not really know how to support us and were not really sure but I think that the young people or the people that I have spoken to, I have given them a copy of the pathway and a copy of this book that the gender clinic wrote about healthcare for transpeople. It is also for G.P.s and things and gone: "Right, take this in and tell them to read this and then we will come back next week and then we can all move on." If you go in and you know this is the situation, here is the stuff that you need to help you to know what to do, then they are okay. My G.P. surgery is really good. There is a list that you can subscribe to. My G.P. and a back-up one from my surgery are the only ones on the list but you can put your trans-friendly G.P.s on this list so that transpeople can look up and go: "These ones already look after transpeople so we know that they are an easy win and they know how to care for us", and we are not having to

reinvent the wheel every time and stuff. So that helps. But if we did G.P. training we could have more of those, which would be good.

Deputy K.G. Pamplin:

The other health-based charities, mental health charities, you obviously have a good relationship. Are you hearing the same sort of things and are people getting better at sharing and coming to you saying: "We count on this"?

Honorary Chief Executive Officer, Liberate Jersey:

I have done a lot of talks for various States departments who work with mental health and a lot of talks about health charities. They are keen to get that extra tool in their toolbox, to be able to support gender where it comes in to somebody who is presenting with other stuff. It may not be that they have come to them for that reason but it comes up in conversation and they want to have that tool in their toolbox to be able to go: "Okay, I know what you are talk about now. Yes, I can help." I think one of the things that Stuart's telling of his story brought up for me there was around the idea of following up on requests for appointments. If we are not going across borders to follow up on requests for appointments and we are doing it within the health system in Jersey, I think there is also probably a benefit there around being able to write to the person concerned and say: "Have you forgotten about this person?" Whereas if you are trying to get into the N.H.S. to try and find the right person to write to you are going to struggle probably.

Member, Liberate Jersey:

Yes, because they do not give you an email address or a telephone number to ring for the G.I.C. You have to do everything in writing. The administration is slightly better now than it was when I first started dealing with them, but you can still expect to wait at least 6 months for a reply to any letter, if you are lucky and get one.

Deputy K.G. Pamplin:

You touched about a self-help group. Can you just expand on what it is and how that works?

Member, Liberate Jersey:

This particular one is one that when I transitioned in the workplace we did not have one for ... I worked for HSBC at the time, and we did not have anything for the transpeople within HSBC to talk about their experiences and share best practices and point people in the direction of where they can go for support, and guidance for their line manager, and all that kind of stuff. I wrote some transition guides, and what not, and set this call up for HSBC people. That became for HSBC people globally and then we kind of just opened it up to other financial institutions and then they said: "Oh, can we bring our friends? They work for Transport for London" or whatever and then we just went: "Does

not really matter. The issues are the same, does not matter what industry you are in.” Generally it is around having the confidence to come out, having a trusting relationship with your line manager and having some suitable policies and transitioning guide to give you some tips. So we had some draft ones that we could just send out. So it was a set of U.K. ones that adhere to U.K. policy. We have got a set of local ones that adhere to local stuff and ones for all different countries round the world. We just shared those for smaller companies that did not know, so that they have got a starter for 10 if they did not already have one.

Deputy K.G. Pamplin:

It sounds brilliant. How many people do you think it is reaching now?

Member, Liberate Jersey:

Currently we have got just over 500 people that attend - it is a monthly call - that join the call. Not all of them speak, quite a few of them just lurk in the background and even then getting your word in edgeways with 500 of us. We have also got an online group where we can message each other and what not in between the calls and things. Also, whenever I went on a trip anywhere, I told all the people who were based in that area: “Do you want to come and meet me?” Then they get to know each other, so they could then attend different things together and what not.

[15:00]

We had a mix of people, people who had gone through their main transition period and what not, who provided mentoring to some of the others that were just coming out in the workplace and things. Also, we were able to join up people where there were other transpeople in their workplace that they did not know. We would ask that they were okay to, if they gave their permission, share their details and introduce them to each other, so they could support themselves within their company as well. Dealing with those sorts of things and at least those people, especially if you were in a small place in the middle of nowhere, having somebody where you could talk to people who knew how you felt and that no matter how nervous you were about coming out in the workplace or whatever, you knew you could ring these people and they would go: “Yes, it is okay, we are here for you” and stuff. That helps to balance and help improve their mental health, I guess, because some of these things are what people do while they are doing their social transition and while they are waiting to get to the front of the queue. One of the other ladies from that has worked with Mind in Bristol and got like a Mind line set up that is staffed by transpeople, a bit like the Samaritans but for transpeople. That runs twice a week on a Friday and a Saturday evening, they run that and they also run it on key days like New Year’s Day and Christmas Day, where that can also be quite difficult because there are a lot of transpeople who do not have any more contact with their families. I am lucky my family

are supportive. I think your family is supportive as well. We are in a lucky position but not everyone is.

Honorary Chief Executive Officer, Liberate Jersey:

It is probably fair to say we are in a minority within the trans community, that when you transition at some point you will lose somebody in your family, you will lose somebody who is near and dear to you.

Deputy K.G. Pamplin:

Yes, and that is that waiting time again where that becomes critical and we talked about crisis, as you mentioned earlier. Those moments are when that ...

Member, Liberate Jersey:

Yes, because you need that support to help you through those times and then you, potentially, lose that. For me, I told my line manager at work before I told any of my family or my friends because that was the only place where, by law, they had to support me, she had to be fine about it and I could guarantee the outcome or otherwise there was a recourse for me to go to H.R. (Human Resources) and say: "Make her be fine with it." Whereas I could not obviously guarantee that of my wife or my family or my friends and things, so it was a tricky experience. The other thing, that seems to have picked up a bit more speed over the last, I do not know, 18 months or so, which also has a bearing on people's mental health, is the fact that when you look in pretty much any of the U.K. mainland newspapers there is always some sort of headline or some sort of article bashing transpeople or objectifying us in some way. This is on a daily basis in the U.K. newspapers. Obviously for me, as an older person, I have learnt some coping techniques for dealing with these kinds of things, which is just ignore them. But for maybe a young person who has not quite come to terms with their gender and what not, walking past through the newsagents and seeing these kinds of headlines saying we are lesser people and we are abominations and all the rest of it, and some of the things that they have printed in there has been appalling, obviously that has a knock-on effect to how you feel about your situation.

Honorary Chief Executive Officer, Liberate Jersey:

Yes, I think online for youngsters, probably going back to your previous question, Kevin, about youngsters, online abuse, I think, probably is quite prevalent for trans youngsters and genderqueer youngsters.

Deputy K.G. Pamplin:

It is interesting because you have talked in a positive way about an online model about connecting people. But the problem that we have got as a society is the evolution of social media and it has

grown so quickly. Where, at some stage, you can see some beautiful Instagram inspiring, that groups people together, then under the current of that you see the trolling or whatever. At that moment if that person is on their own, like you say on Christmas Day, and they see something, that can have such an impact. I am guessing you are seeing that as well with young people; it finds all of us really.

Honorary Chief Executive Officer, Liberate Jersey:

Yes, Stuart's had it online. I have had it online because it is a fairly prominent position that we have in the community and ...

Member, Liberate Jersey:

Yes, I was the face of gender-neutral titles for HSBC and when we did that campaign I got quite a few death threats. But I used some coping techniques from our psychologist, which was look into the details and see that these people, to come over to Jersey in the height of summer, to fly over from where they were they would have to get a boat over to mainland and then fly over and then obviously it would be unfair to expect to stay with me for free, so they would have to obviously have accommodation and all the rest of it. It was going to cost them at least £1,000 to come over to kill me off, so the likelihood of that happening was probably reasonably remote. But obviously ...

Deputy K.G. Pamplin:

I will bear that in mind in the future.

Member, Liberate Jersey:

Yes.

Deputy K.G. Pamplin:

In this job that could be helpful.

Member, Liberate Jersey:

But obviously if I was someone who did not have that technique, then it could have been a bit more disturbing. To be fair, the police had obviously dealt with all those because I had reported them all and it turned out that all of the people who did the death threats were all outside of Jersey. Our police did not have to do a thing, we got the U.K. police to round them all up, so that was fine. But there were 89 death threats and that was not the ones just saying that I was an abomination and all the rest, that was solely the ones wanting to kill me.

Deputy K.G. Pamplin:

That is the very tip of it, I mean you hear that as a human being, as a person you just think it is abysmal. But it is the sort of undercurrent that bubbles along when you see letters into newspapers locally and you see messages on social media, there is still an out-bursting spitting of this. It makes me feel angry and very sad when you see that sort of spitting up but how does it make you feel?

Member, Liberate Jersey:

I think on the days when life is tough, I do not always feel very safe about going out of the house. But on the days when I am feeling pretty bright, I can manage to offset that with I know how to keep myself safe, I can see things for what they are. People who do not know anybody, so they are frightened and they come out with this sort of thing. I am sure if they knew me they would be a bit better but they do not; they are just scared to find out about it. I think it is tricky and I think that I am lucky that I have got some good coping techniques for managing these things. But it does make me very worried for some of the younger people and I do quite a bit of guidance and mentoring for some of our younger transpeople. Because they do not tend to go on the hormones straightaway, they have to wait, so they go on puberty blockers, which will reduce the amount of surgery that they would have to have. If they change their mind at the end of it, then that is fine, they just stop taking them and they have puberty as normal or, alternatively, at the end of that they can then go on to cross-sex hormones. With those people I do quite a lot of work on the stuff where we have to wait a long time in the queue, they are obviously having the same wait but until they get of age to be able to start their pathway. I do a lot of that, teaching them those same techniques as I have but obviously they are in that vulnerable stage for longer and I worry for them. I do get quite a few messages saying: "I am having a really tough day today. I saw such-and-such in the paper or so-and-so said this or these ones have been mean online and things" and it is difficult.

Deputy K.G. Pamplin:

Is it not curious because that connects all of us because we all go through that?

Member, Liberate Jersey:

Yes.

Deputy K.G. Pamplin:

In reality we all do not know what is going on, all of our faces if we walk down the street. Everybody is fighting their own personal battles, big, large, small, whatever they are. If we just took a moment to stop and realise that we would probably be a better place but we are definitely getting there and because of the things that you are doing, and thank you for speaking so openly and honestly today.

Honorary Chief Executive Officer, Liberate Jersey:

I think one of the things we should probably touch on is children and young people and the pathway for them. We are not suggesting really any fundamental change in terms of the safeguarding that happens for young people because it is a pathway that is very careful and very caring, as far as young people are concerned. As youngsters under 18, we cannot go privately in the U.K. You see all sorts of stories coming from the U.S. (United States) where any money will buy you anything but in the U.K. you cannot, as an under-18 year-old, go privately for any kind of transitioning. It is, as Stuart said, a kind of a holding pattern until you reach 16, at which point you can go on to full hormone therapy or when you reach 18 you can have surgery because you are an adult then; you can decide what you want to do anyway. We are not suggesting that there will be a change too to the pathway for youngsters, although we are saying that we should be able to do this in the Island for youngsters, that it is no more a specialist skill for youngsters than it is for adults, so it is not something we would need to push off to the U.K.

Deputy M.R. Le Hegarat:

Thank you very much. It was very beneficial, I think, to have an understanding of what you do and thank you for the slides as well because that means that we can go back and refer to them again, so thank you very much indeed.

Member, Liberate Jersey:

Thank you.

Deputy K.G. Pamplin:

If you have got anything for us or if you walk away from here today and go: "I knew that was what I was going to say", obviously go through Tom and let us know or if you have got any questions for us today about anything, feel free.

Honorary Chief Executive Officer, Liberate Jersey:

Thank you.

Member, Liberate Jersey:

Thank you.

Deputy M.R. Le Hegarat:

Thank you.

The Deputy of St. John:

You might see the presentation on ITV News tonight, take it off the feed.

Deputy K.G. Pamplin:

Yes, well done.

Honorary Chief Executive Officer, Liberate Jersey:

Yes, we are grateful to Channel Television for having done their little piece. I think some of you saw when I wrote in because I think that, in a nutshell, kind of encapsulated the problems that we encounter with the system as it is.

Deputy M.R. Le Hegarat:

Thank you.

[15:12]