



LGBT+ Health Evidence Review: Evidence Submission by NCCH

Written evidence submitted on behalf of the [National Centre for Creative Health \(NCCH\)](#) by our Research and Policy Manager.

Introduction to NCCH and our reason for submitting evidence

The National Centre for Creative Health is a registered charity that champions 'creative health' - the use of arts and creativity to benefit health and wellbeing, including both activities and approaches. We advance good practice and research, inform policy, and promote collaboration, helping foster the conditions for creative health to be integral to health and social care and wider systems.

We believe that creative health is a vital method of supporting LGBT+ health and wellbeing, and we wish to use our expertise in this area to summarise the evidence that informs our position.

Short Summary of Our Evidence

LGBT+ communities face significant health inequalities, with many avoiding healthcare due to discrimination. Creative health offers trusted, culturally relevant alternatives – through hubs, festivals, peer-led programmes, and therapeutic practices – that reduce isolation, support mental health, and improve engagement with care. Evidence shows benefits across conditions such as respiratory illness, cardiovascular disease, and chronic pain, while queer-led initiatives highlight the need for intersectional, co-produced approaches. Greater visibility, investment, and integration into NHS and public health plans are vital to meet LGBT+ health needs.

1. Creative Hubs as Alternative Health Spaces for LGBT+ People

Evidence shows that LGBT+ people continue to face significant barriers in accessing mainstream healthcare. [Stonewall \(2018\)](#) report that one in seven LGBT+ people avoid medical treatment altogether for fear of discrimination. This points to a profound trust deficit, where traditional services do not always feel safe or inclusive.

Creative hubs can act as alternative, trusted spaces where health and wellbeing are explored through cultural connection, creativity, and co-production. Rather than replicating clinical environments, these hubs operate on different terms: they invite

LGBT+ people into spaces designed around identity, belonging, and community, often opening routes into support for those who might otherwise disengage.

However, the creation of such spaces must attend to complexity within the LGBT+ community itself. Research from the [Race Equality Foundation \(2016\)](#) highlights that trans and non-binary people of colour experience extreme barriers to healthcare, while large-scale studies such as [Llewellyn et al. \(2023\)](#) show bisexual people face “double discrimination” both within and outside LGBT+ spaces. This raises the question: *what hubs are specifically designed with these intersections in mind?* An example is [BollyQueer](#), a creative health group that reclaims Bollywood dance as a genderless, identity-affirming practice. It reflects the power of creative health to meet intersectional needs – by offering cultural relevance, inclusivity, and safety that mainstream services often fail to provide.

The National Centre for Creative Health (NCCH) has contributed evidence on this through our research into “acute minority stress” and its impact on mental health. In our article [The Place of Creative Health in LGBTQIA+ Personalised Care](#), we documented how queer activities and spaces promote mental wellbeing by:

1. Reducing isolation
2. Connecting people to a shared culture
3. Supporting self-awareness and queered life narratives
4. Providing sober, safe alternatives to nightlife
5. Allowing LGBT+ people to be visibly seen and valued in public life

These findings are mirrored in wider research:

- [Rainbow Mind Randomised Control Trial \(2020\)](#): An 8-week creativity-infused “Radical Self-Care” course for LGBTQ+ people demonstrated significant mental-health improvements, providing high-quality evidence for creative interventions.
- ['A New Queer London' report \(2024\)](#): Found that 61% of LGBT+ people in London wanted access to non-nightlife LGBTQ+ spaces at least monthly, showing a strong demand for sober hubs that prioritise health and wellbeing.
- [Studio Voltaire's Queer Care Camp \(2021\)](#): Showed how arts spaces can double as experimental health settings, encouraging visitors to share strategies of care and co-design new models of wellbeing through collective creativity.

What is needed next is visibility and infrastructure.

QueerCircle’s mapping of LGBT+ creative health services across London demonstrates best practice in making creative, LGBT+ affirming, and health-promoting spaces more visible to the individuals and communities that need them.

To realise the full potential of creative hubs as alternative health access points, greater recognition, funding, and signposting are required, ensuring that LGBT+ people across diverse identities can find spaces where they feel safe, affirmed, and supported.

2. Creative Approaches to Health Promotion and Engagement

Previous policy briefings on how [arts and culture can be used as a public health asset](#) look at the role of creativity in health promotion. There are many great examples of how this can be applied in the context of LGBT+ health outcomes. Here are some examples of best practice:

- [NIHR SPHR “Moving Spaces” Zine \(2025\)](#) – Co-produced with LGBTQIA+ young people to redesign physical-activity spaces as joyful and safe; the zine functions as a creative brief for place-makers and service leads. This is important as [studies suggest](#) that non-heterosexual young people are more at risk of Obesity and Type 2 Diabetes, due to low engagement in physical activity. Further studies suggest that £157 million is saved annually, thanks to how movement and dance reduce the risk of developing Type 2 diabetes.
- [The Creative Mental Health Framework project \(2023\)](#) - a multi-disciplinary programme of creative initiatives led by UCLan students, academics and partners created a peer-to-peer mental health framework to support more than 300 LGBTQ+ students, and improved the use of mental health services by LGBT+ students. This is meaningful as [studies show](#) LGBT+ university aged individuals are at higher risk of depression and suicide than their peers.
- [The Love Tank \(CIC\)](#) – is a lived-experience organisation that promotes health & wellbeing of underserved communities through education, community building, research, events, outreach, communication and design. Creative health approaches and activities have included roleplay, podcasting, exhibition, and [BEAU magazine](#) (a project produced and developed by and for gay, bi & queer men from the beautiful HIV community). Outcomes from their projects include the [uptake of PrEP](#) in communities at risk of HIV. This example is particularly relevant to this inquiry, as [studies show](#) HIV is more prolific in gay, bisexual and other men who have sex with men (GBMSM) and transpeople than their heterosexual or cis-female counterparts, despite HIV incidence declining rapidly across the UK as a whole. Some reasons for this include perceived HIV stigma in clinical settings and LGBT+ communities.
- [Out and Wild](#) – is just one example of how festival formats can be used to target LGBT+ audiences. Festivals has shown to be great methods of health promotion, as demonstrated through Out and Wild’s dedication to wellness activities, physical exercises, and the exploration of identities.

What is needed next is dedicated investment into LGBT+ creative health promotions.

By taking a creative and LGBT+ affirming approach to health promotion, health leaders are able to prevent unhealthy behaviours and health inequalities, improve engagement with clinical services, and impact the wellbeing of LGBT+ communities.

This will require dedicated investment from Local Authority Public Health and NHS teams (including ICBs and NHS Trusts), aligning these creative programmes with clinical targets and workstreams.

3. Creative Activities that Support Health Conditions

A growing evidence-base demonstrates a wide variety of benefits that creative activities and approaches can have on clinical health conditions. Here, I outline just a selection of examples that are particularly relevant to LGBT+ patients.

COPD and Asthma: There is a [higher prevalence of smoking](#) in the LGBT+ community, which increases risk of respiratory health conditions such as COPD and asthma. Here are some highlights of how creative activities impact these conditions:

- Singing support for COPD and asthma has led to a [23% decline in A&E admissions and a 21% decline in GP appointments](#), six months after referral
- Expressive writing for adults with moderate asthma [improves lung function by 14%](#), due to reductions in physiological stress
- Music therapy lessens paediatric patients' asthma symptoms, and [improves medication compliance, pulmonary function, and quality of life](#)
- Dance-based exercise for COPD improves [postural stability and balance scores, pulmonary function, and peripheral muscle strength](#)

Cardiovascular Disease and Hypertension: Take the higher incidence of smoking, couple it with the [higher stress levels](#) (including acute [minority stress](#)) and greater [intake of drugs and alcohol](#) - also associated with LGBT+ populations - and together these behaviours lead to greater risk of CVD (including stroke and diabetes) and hypertension. Creative health interventions can help these conditions in a variety of ways:

- Studies note a [40% reduction in GP appointments](#) from patients using a social prescribing service which focuses on CVD risk and mental health
- People who dance have a [46% lower risk of cardiovascular death](#)
- Longitudinal data shows those with low social and [cultural participation](#) have an increased risk of coronary heart disease
- Drama performance and/or singing interventions have been shown to have a positive effect on the [development of new neural pathways](#) following a stroke
- Dance therapy reduces the [systolic/diastolic pressure](#) of people with high blood pressure
- Viewing figurative art in a museum setting has been indicated to [decrease systolic blood pressure](#)
- British Heart Foundation encourage blood pressure checks in [unconventional spaces](#), to aid hypertension case finding. Community/ arts centres are great locations for this.

Musculoskeletal + Chronic Pain Conditions: Persistent stress, and the resulting prevalence of [mental disorders](#) in LGBT+ cohorts, can also lead to greater risk of [Musculoskeletal + Chronic Pain](#) Conditions. Creative health can support this in a number of ways:

- [Community gardening](#) modifies risk factors for musculoskeletal conditions through increases in physical activity, [fruit and vegetable intake](#), and reductions

in stress. [Queer farm club](#) is a great example of how gardening is being applied in LGBT+ communities.

- 80% of studies in a review of [dance interventions for chronic pain](#) note reduced chronic secondary musculoskeletal pain
- [Music therapy/ music-based interventions](#) for those with fibromyalgia alleviate pain, relieve depression, improve quality of life and self-esteem, and provide coping strategies
- Active and passive engagement with creative arts stimulates parts of the brain linked to [emotional processing and regulation](#)

What is needed next is NHS integration.

NHS systems can follow best practice examples such as Gloucestershire ICB, which has embedded creative health into clinical pathways and developed a data dashboard to identify disengaged or hard-to-reach groups.

This ICB has demonstrated that creative health provisions can deliver some of the most impactful outcomes for a fraction of the cost of traditional clinical services. Dedicated investment and replication of such models across ICBs would enable creative activities to support health conditions more systematically and equitably.

4. Alternative Views on “Healthcare”

The [Queering Creative Health](#) evaluation of Queercircle’s Health and Wellbeing Programme demonstrates that LGBT+ communities often conceptualise health in ways that resist conventional biomedical framings. Rather than treating health as a linear path towards cure or restoration of a normative state, participants described wellbeing as relational, care-full, and non-linear. Health was understood as something co-created through relationships, safe spaces, and collective vulnerability, rather than a fixed outcome delivered to individuals. Creative spaces like Queercircle thus became not simply venues for art, but ecologies of care in which people could rest, grieve, question, and imagine otherwise.

This perspective is then advanced in [Structural Distress: LGBTQ+ Communities in Creative Health and the Limits of Care](#). The chapter cautions the application of “creative health” in mainstream policy, as it risks reproducing top-down notions of best practice and sidesteps the hostile socio-political environment that actively harms queer communities. The authors contend that queering creative health means disrupting these policy orthodoxies, foregrounding ethics of care, and recognising structural injustice as central to health itself.

This is where tools like the [Creative Health Communication Framework](#) become important. By offering a structure for aligning mental health services more closely with the lived realities of those who use them, the framework provides practical means of ensuring that future LGBT+ health initiatives are genuinely co-produced rather than

imposed. Used in tandem with queer research methods, it can help health services move beyond one-size-fits-all approaches and instead adapt to diverse needs, identities, and cultural contexts.

Finally, the act of “queering” healthcare is not confined to external community hubs – it also enters more conventional therapeutic spaces. Julie Tilsen’s *Queering Your Therapy Practice* shows how narrative therapy can be reframed through queer theory, encouraging practitioners to dismantle heteronormative assumptions and co-create new stories of identity with clients. Similarly, *Creative Arts Therapies and the LGBTQ Community: Theory and Practice* illustrates how creative modalities – including art, music, drama, dance – can be reshaped to affirm queer experiences, offering safe and expressive routes through trauma and distress. These approaches embody “queering” not only as identity-affirmation but as a method of unsettling rigid frameworks, allowing healthcare itself to be re-imagined as a dynamic, culturally responsive, and ethically grounded practice.

What is needed next is a recognition that LGBT+ health may not be fully addressed within rigid, top-down models of care.

Evidence from the Queering Creative Health report and Structural Distress chapter shows that LGBT+ communities conceptualise wellbeing as relational and non-linear. Future NHS and public health planning should embed co-produced, queer-informed approaches – using tools like the Creative Health Communication Framework – to ensure services align with lived realities. By adopting these alternative views, healthcare can become more culturally responsive, ethically grounded, and genuinely inclusive of LGBT+ communities.