



(IN)VISIBLE Launch Event: Key Messages

19 May 2026, 12-1pm

Welcome and Introductions

Tejesh Mistry, VHS Chief Executive, opened the session, welcoming the 80+ attendees.

He highlighted that:

- VHS is a national membership organisation focused on health inequalities and health creation
- The report builds on VHS's history of research and engagement with the third sector
- Recent publications (e.g. the Public Health Scotland [Women's health in Scotland evidence briefing](#)) reinforce the importance of addressing avoidable and socially patterned inequalities.

Presentation of the Report

Sarah Latto, Policy and Public Affairs Lead at VHS, shared a summary of the findings:

Overview and Purpose

- She explained the title “(IN)VISIBLE” reflects how gender-related health inequalities are often poorly understood, under-recognised, and experienced as invisibility within the health system
- She emphasised that the report is not comprehensive but provides “snapshots” of experiences, combines qualitative lived experience with academic and population data and draws heavily on third sector insight.

Methodology

- Survey responses (approx. 20 participants)
- Two workshops (17 participants)
- Written submissions and interviews
- Over 50 contributors in total

Physiological Differences and Research Gaps

- Significant differences in health experiences between sexes, often poorly understood
- Persistent male bias in clinical research, including pre-clinical testing
- Women more likely to experience dismissal of symptoms, misdiagnosis, and treatment delays
- Lack of evidence on trans healthcare and long-term impacts of gender-affirming treatments.

Health Infrastructure

- NHS systems operate largely on a binary gender model, excluding trans and non-binary people
- This can lead to missed screenings, access barriers, and avoidance of care
- Structural gaps include long waiting times (e.g. gender identity services) and lack of appropriate facilities
- Wider infrastructure also reinforces gendered health inequalities, specifically those systems that create economic insecurity
- Women are more likely to experience economic insecurity, affecting health outcomes
- Evidence of hidden homelessness and poverty linked to caring roles
- Young men increasingly vulnerable to “deaths of despair” (suicide, substance misuse).

Health Workforce

- Evidence of misogyny and bias within the healthcare system (described as “institutional gaslighting”)
- Women and trans people feel dismissed or not believed
- Lack of continuity of care was a key issue
- Community link workers play a vital positive role.

Societal Norms and Stigma

- Women disproportionately take on unpaid caring roles, impacting their health
- Men are less likely to seek help, especially for mental health
- Stigma contributes to gendered inequalities in outcomes (e.g. suicide rates).

Intersectionality

- Inequalities are compounded by factors such as disability, race, and sexuality
- Strong qualitative evidence exists but limited quantitative data
- The third sector is a crucial source of insight in this space.

Recommendations

Sarah stressed that these are high-level due to the complexity and scale of the issue. She also highlighted that VHS are not the experts, and that VHS members often hold specific expertise on particular aspects of gendered health inequalities. She outlined six broad recommendation areas:

- Policy
- Research and data
- Workforce development

- Systems and infrastructure
- Public awareness
- Recognition of the third sector

Panel Discussion

Panel Members:

- Alice Struthers (Neurological Alliance of Scotland)
- Rebecca Hoffman (LGBT Health and Wellbeing)
- Tracey McFall (Scottish Recovery Consortium)

Motivations for Participation in the Research

- Alice Struthers highlighted the strong relevance to neurological conditions, noting many disproportionately affect women and are increasing in prevalence.
- Rebecca Hoffman emphasised long-standing inequalities affecting LGBTQ+ communities, linked to stigma and discrimination.
- Tracey McFall noted growing momentum in Scotland to examine policy through a gender lens but highlighted significant gaps in research and implementation.

Reflections on the Report

- Rebecca Hoffman emphasised the importance of intersectional analysis and lack of quantitative data.
- Alice Struthers described feelings of “injustice,” highlighting evidence that women are less likely to receive appropriate treatments and may need to demonstrate more severe symptoms before being taken seriously.
- Tracey McFall highlighted the importance of lived experience and stigma, particularly in the drug and alcohol sector, stressing that “people recover in communities, not systems.”

Priority Recommendations

- Tracey McFall: Stronger policy leadership and accountability
- Alice Struthers: Improved research and data on sex and gender differences
- Rebecca Hoffman: Need for research to inform policy, with a focus on inclusive, intersectional approaches.

Q&A Discussion

Unpaid Carers

Fiona Collie (Carers Scotland) asked about supporting carers’ health.

Responses:

- Sarah Latto: Noted growing recognition but insufficient system capacity; highlighted potential of carers’ right to short breaks
- Alice Struthers: Emphasised need for clear healthcare contacts and better information access
- Rebecca Hoffman: Highlighted importance of recognising diverse family structures in the provision of care

- Tracey McFall: Stressed carers require support in their own right, not only as carers.

System Change and Collaboration

Lucy Hughes (Engender) asked about opportunities for change.

Responses:

- Sarah Latto: Highlighted policy levers including the Women's Health Plan, Population Health Framework, and Realistic Medicine
- Tracey McFall: Emphasised the need to share and scale good practice across Scotland
- Rebecca Hoffman: Stressed cross-sector collaboration and responding to community needs
- Alice Struthers: Noted opportunities in the shift towards community-based healthcare models.

Men's Health

A question from Sue Brooks raised concerns about men's health outcomes as a contributor to male violence and violence against women and girls (VAWG).

Responses:

- Tracey McFall: Emphasised early intervention and recognising men's needs
- Sarah Latto: Highlighted links between socioeconomic disadvantage and gendered outcomes, with women experiencing socio-economic disadvantage at greater risk of VAWG
- Alice Struthers: Added evidence of links between physical and mental trauma, including traumatic brain injuries, and engagement in criminal activity.

Trans and Non-binary Health

Several questions raised about the current challenges to trans rights, and the impact on health.

Responses:

- Rebecca Hoffman: Reported increasing levels of mental health need and suicidality in trans communities and emphasised the need for safe, inclusive services
- Sarah Latto: Highlighted structural barriers caused by binary NHS systems, and opportunities for reform through digital systems

Closing Remarks

Tejesh Mistry closed the session by:

- Thanking Sarah Latto for leading the research and engagement process
- Acknowledging contributions from partners and stakeholders
- Encouraging dissemination and continued collaboration

He emphasised that the report marks the start of an ongoing process of engagement and action.