



What works to support LGBTQ+ young people's mental health?

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Evidence – prevalence



- LGBTQ+ young people experience higher rates of depression, self-harm, suicide and poor mental health compared to cis/heterosexual young people
- E.g. analysis of 12 UK population surveys:
 - LGB under 35 twice as likely poor mental health (Semlyen et al 2016)
- E.g. attempted suicide compared :
 - Trans young people x 6 more likely
 - Bisexual young people x 5
 - LG young people x 4 (Di Giancomo et al. 2018)



Evidence – prevalence (longitudinal)

Irish et al. (2018) *Lancet*

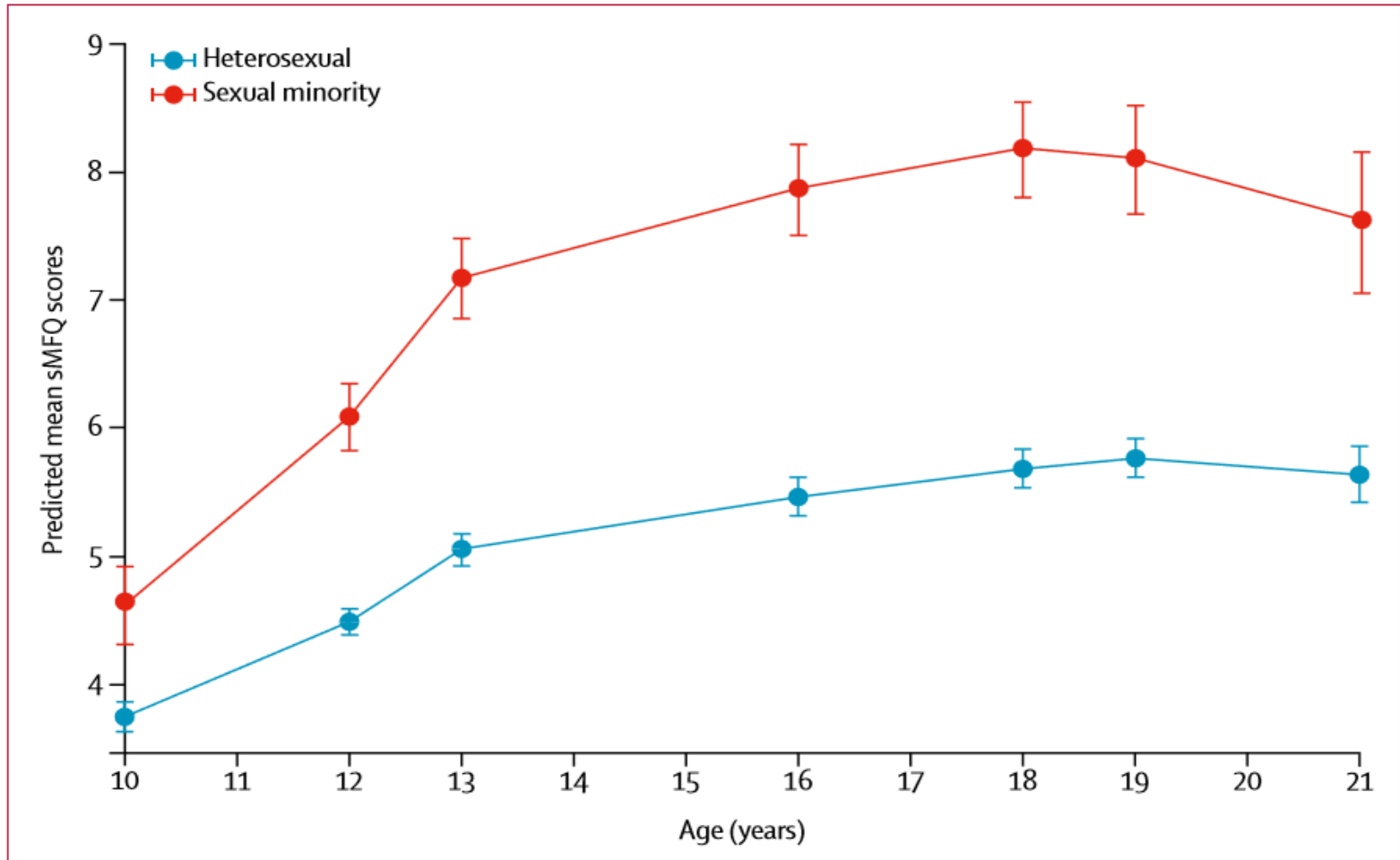


Figure: Predicted mean sMFQ scores over time

Mean sMFQ scores are from the final linear multilevel model (n=501 for sexual-minority adolescents; n=3384 for heterosexual adolescents). Bars indicate 95% CIs. sMFQ=short Mood and Feelings Questionnaire.





Evidence - risk factors



Homo/bi/transphobic discrimination

Being unable to share sexual or gender identity

Cis-heteronormativity

Identifying as LGBTQ+ at an early age

Being gender diverse

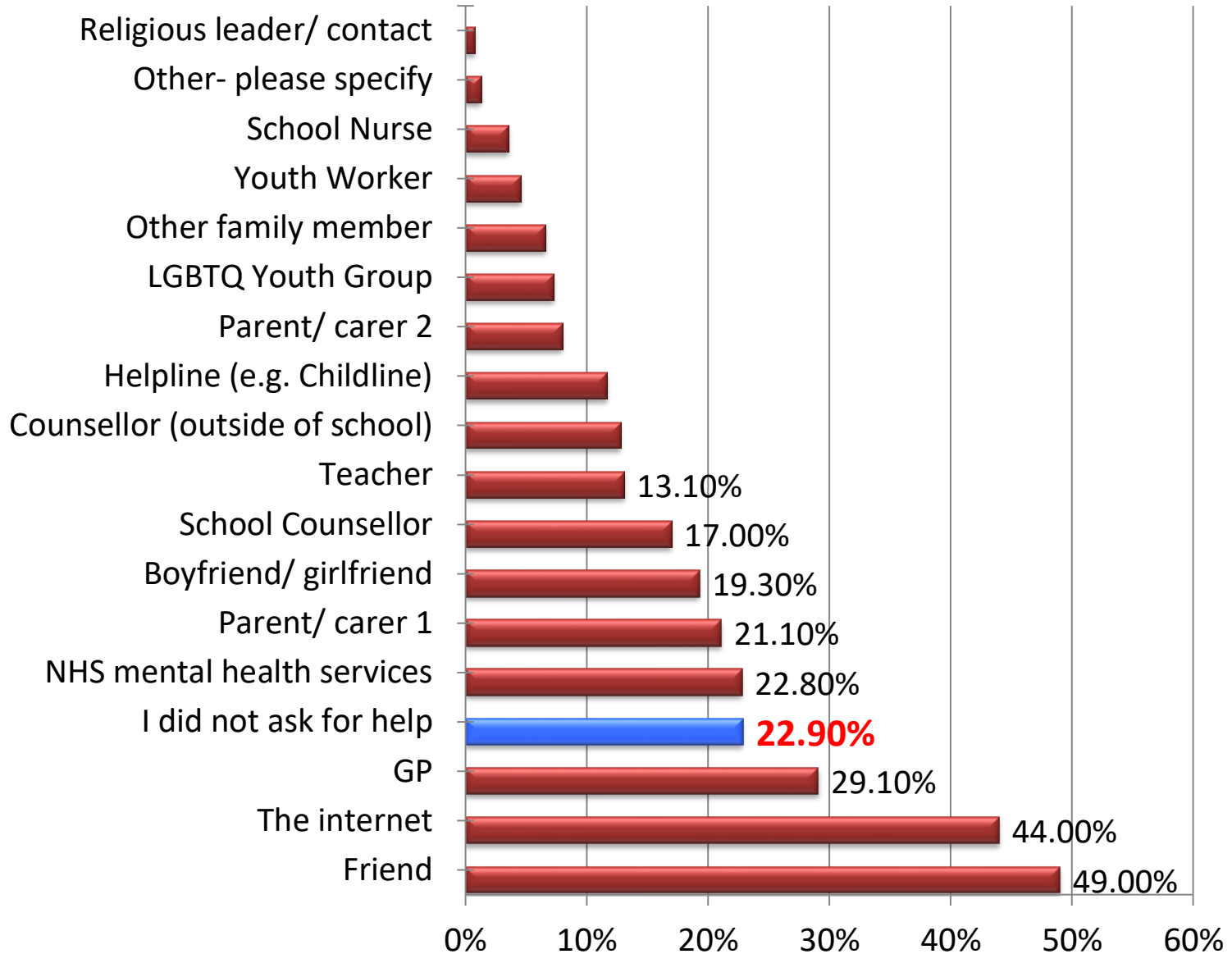
Conflict with family or peers about sexual or gender identity

Social isolation

(Bochicchio et al, 2021; McDermott et al, 2016; Haas, 2010)

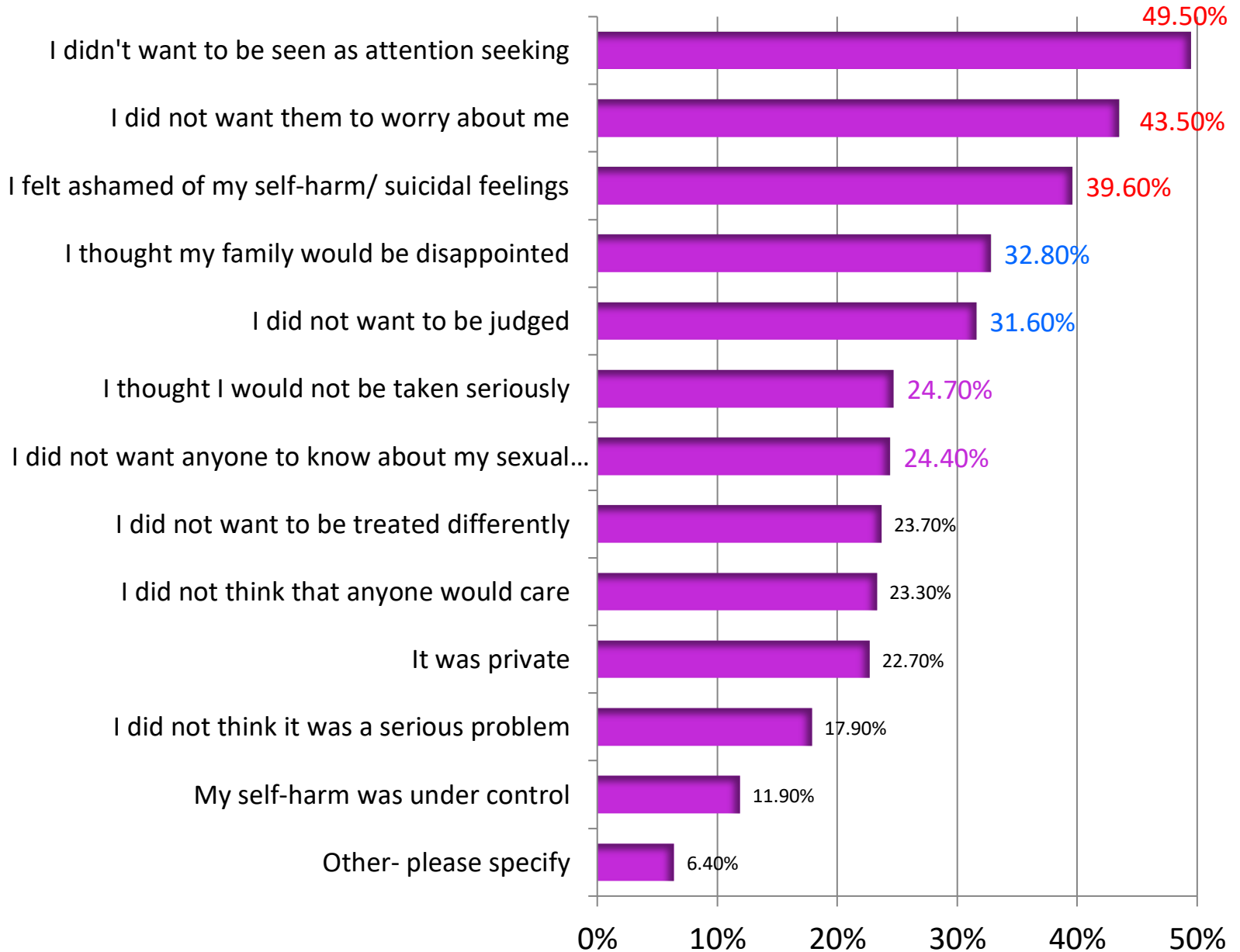


Who did they ask for help?



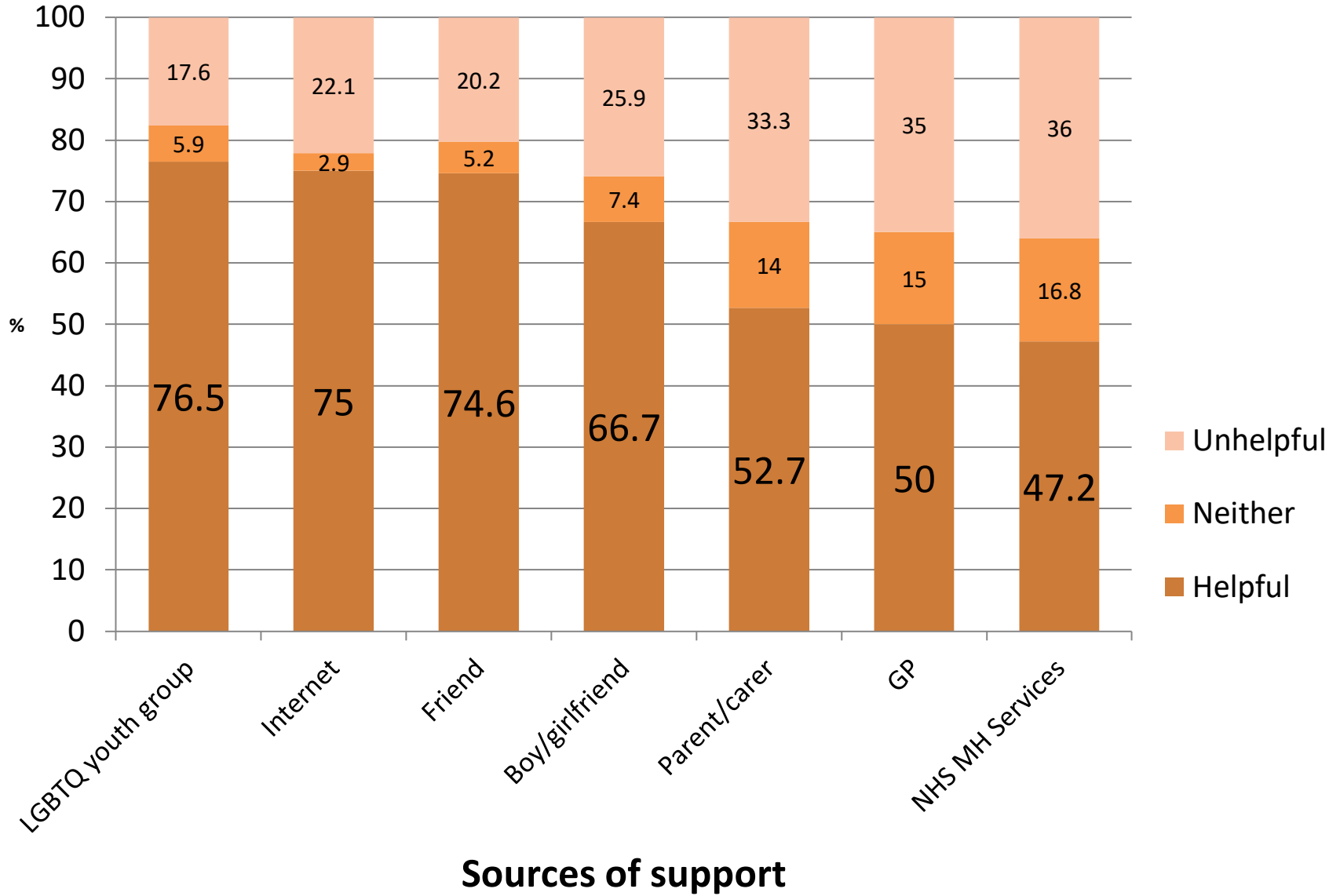


Why did they *not* ask for help?





How helpful was the support?





Queer Futures 2 study:



To improve the provision of mental health early intervention support to LGBTQ+ young people in the UK.



To determine ‘what works best?’ for supporting LGBTQ+ young people aged 12-25 with common mental health problems.



Overview of method

Phase 1: Systematic review
Output: Prototype model for 'what works best'



Phase 2: Service mapping
Output: Database of LGBTQ+ youth early mental health services



Phase 3: Case study evaluation

Output : Theoretical model of best types of mental health support for LGBTQ+ young people

LGBTQ+ young people involved in the project throughout.





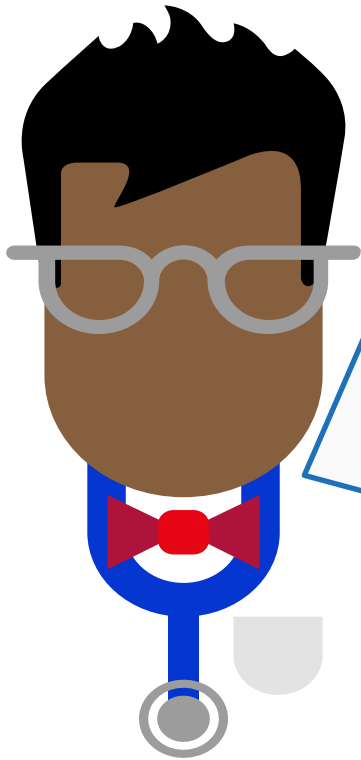
Spotlight on – Phase 2 service mapping



1. Majority of LGBTQ+ youth mental health support in charity sector organisations
2. Examples of collaborative model between CAMHS and charity sector organisations
3. Absence of mainstream NHS support that specifically addresses LGBTQ+ youth mental health
4. Distinct difference in the approach of different types of service
 - affirmation of LGBTQ+ identities pivotal NOT 'treating everyone the same'



NHS Service recognition of need?



Limited NHS LGBTQ+ specific mental health support due to misunderstanding:

- i. the higher risk of poor mental health for LGBTQ+ young people
- ii. the reasons for this higher risk
- iii. the 'underuse' of mental health services by LGBTQ+ young people
- iv. LGBTQ+ young people have poor experiences of support



Phase 3 case study method

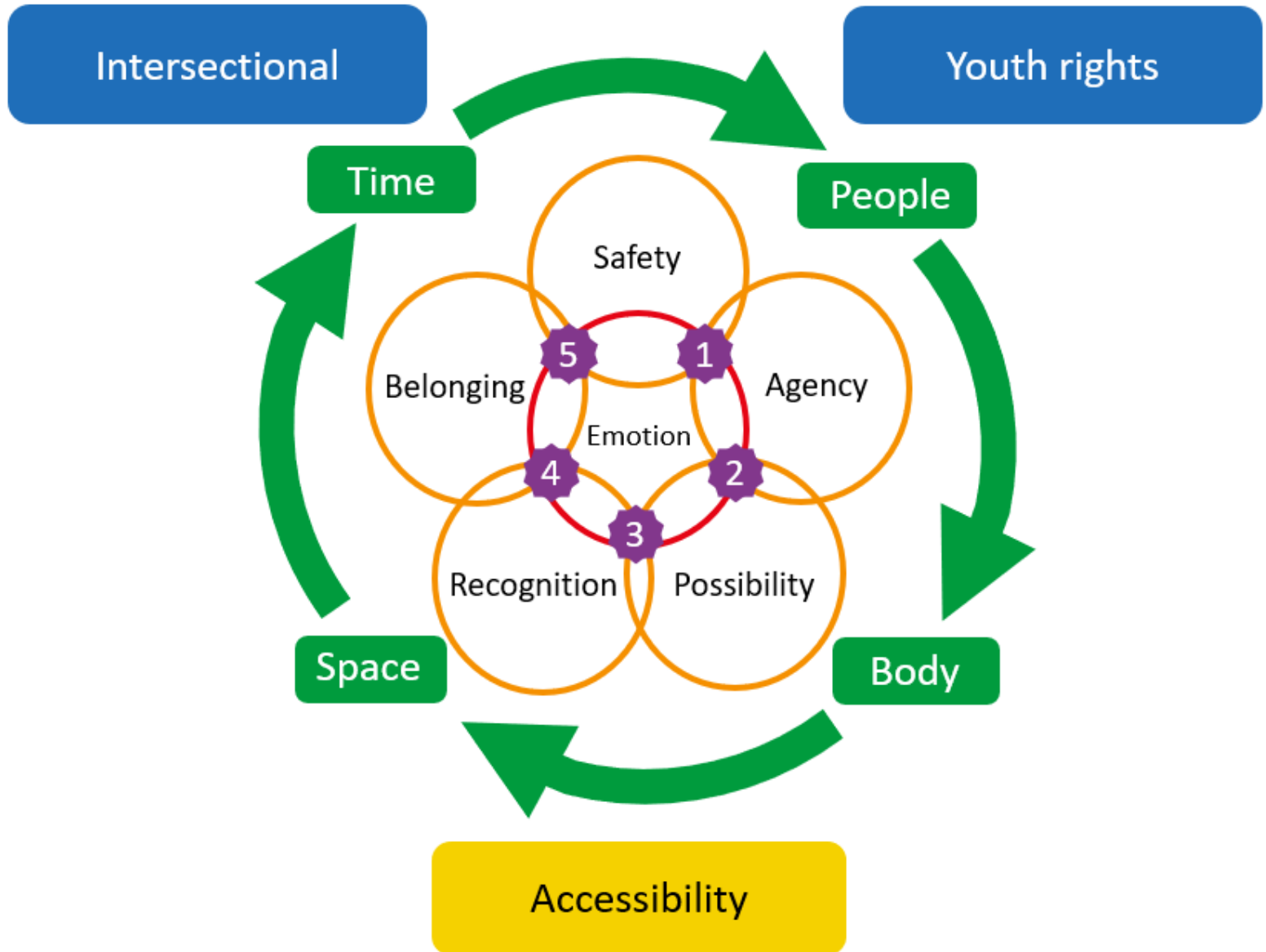


Aim: To determine ‘what works best?’ for supporting LGBTQ+ young people aged 12-25 with common mental health problems.

How? Across 12 case study sites – online interviews with LGBTQ+ young people, family members and staff (n=93), documentary analysis, non-participant observation and cost survey

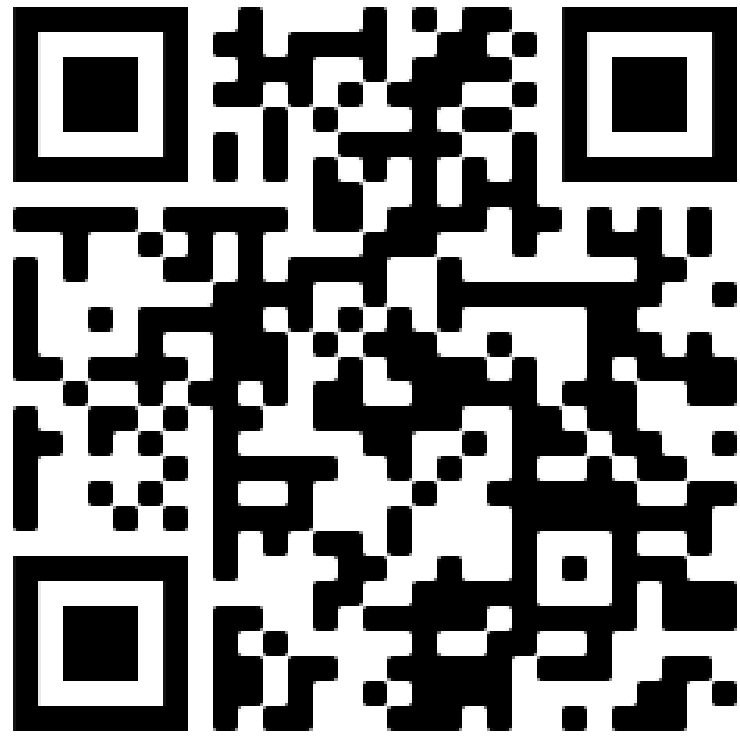
LGBTQ+ young people involved in the project throughout.

Model for 'What works?' in mental health support for LGBTQ+ young people

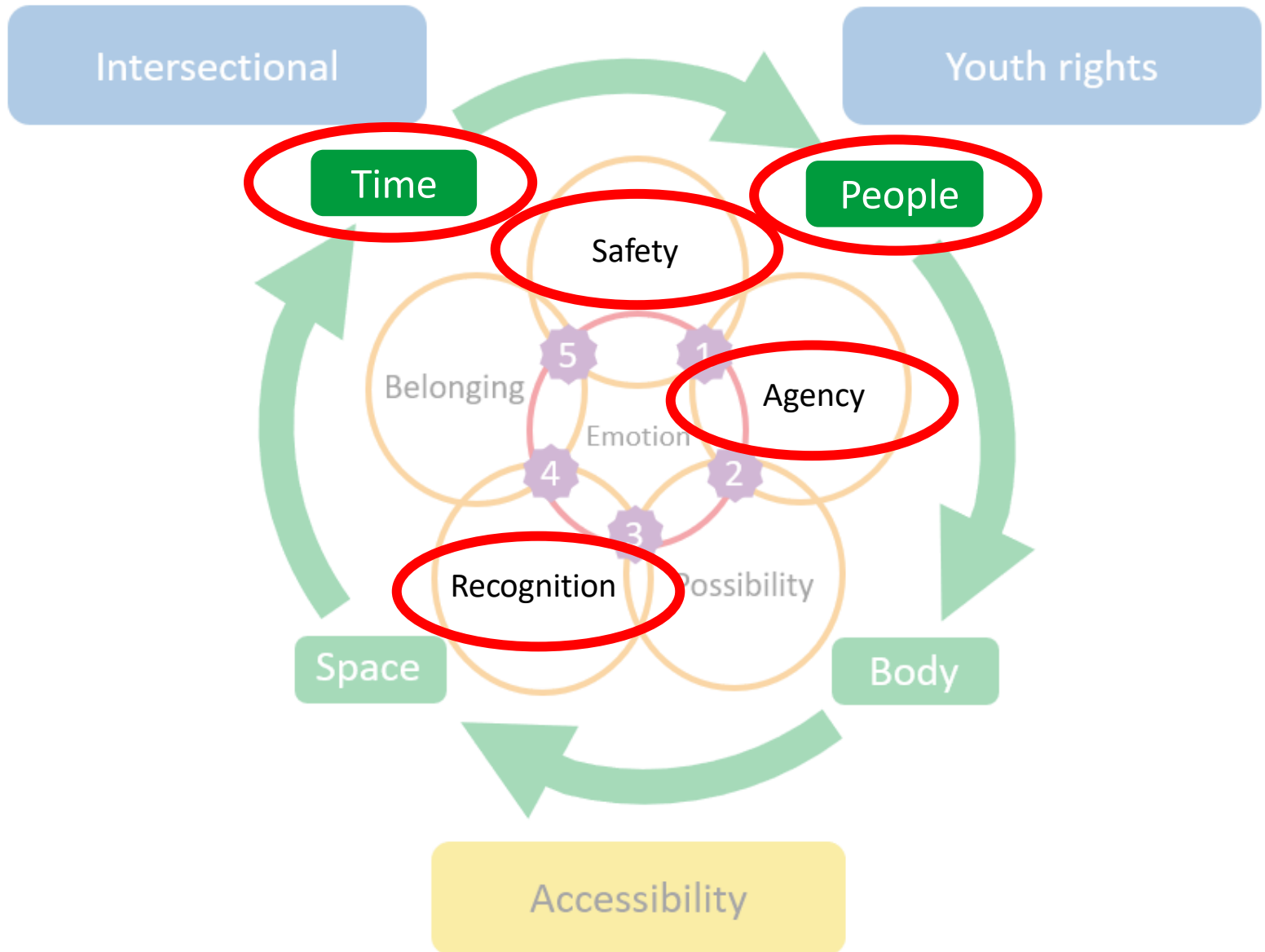




Queer Futures 2 – interactive model



Model for 'What works?' in mental health support for LGBTQ+ young people





Exercise 1 – Defining Principles

For each definition, select the corresponding principle



Scan QR code **OR** use
the following link:

https://tinyurl.com/y_e2am26v

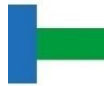




**Post any questions
or thoughts in
chat box**

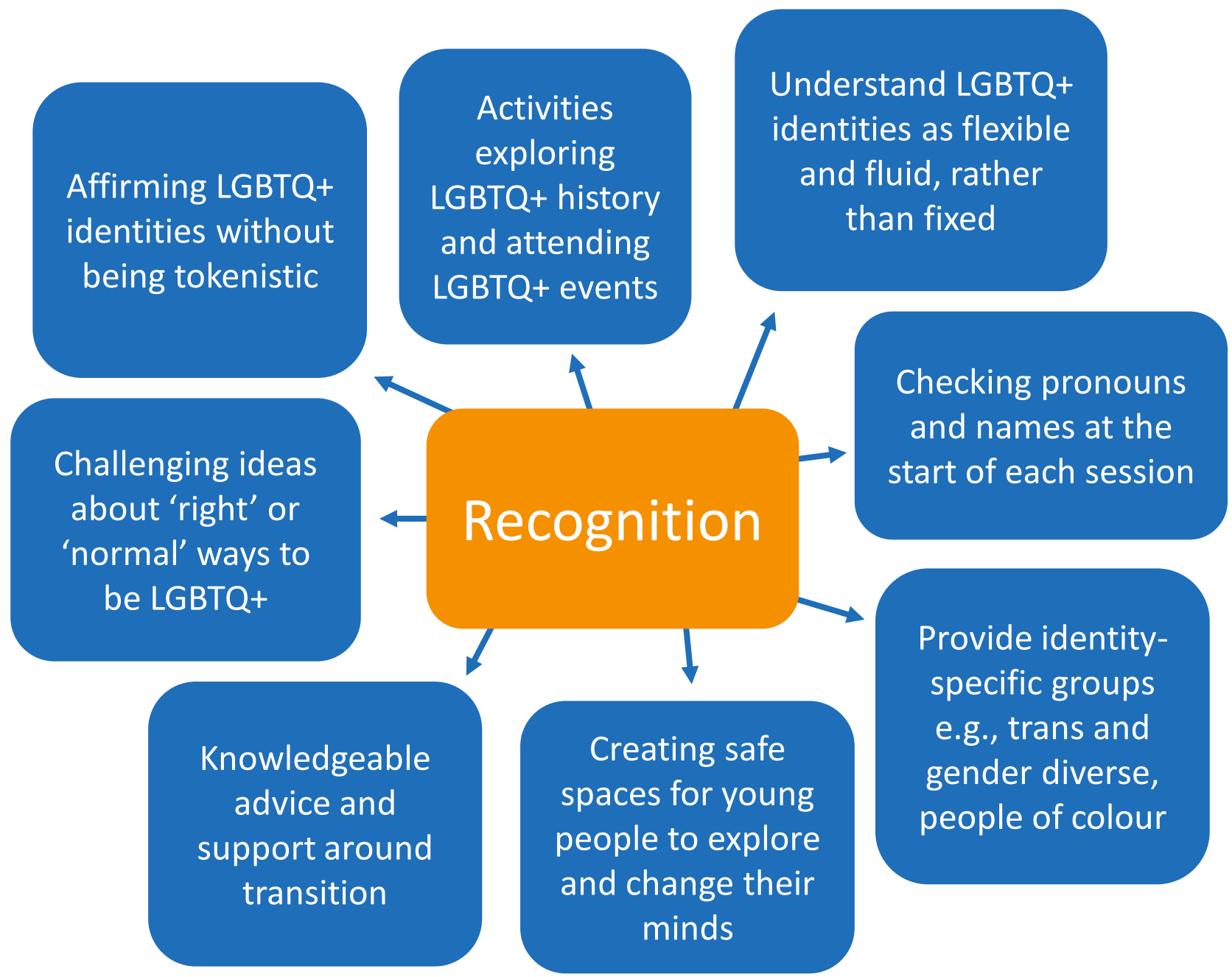


Principles in practice

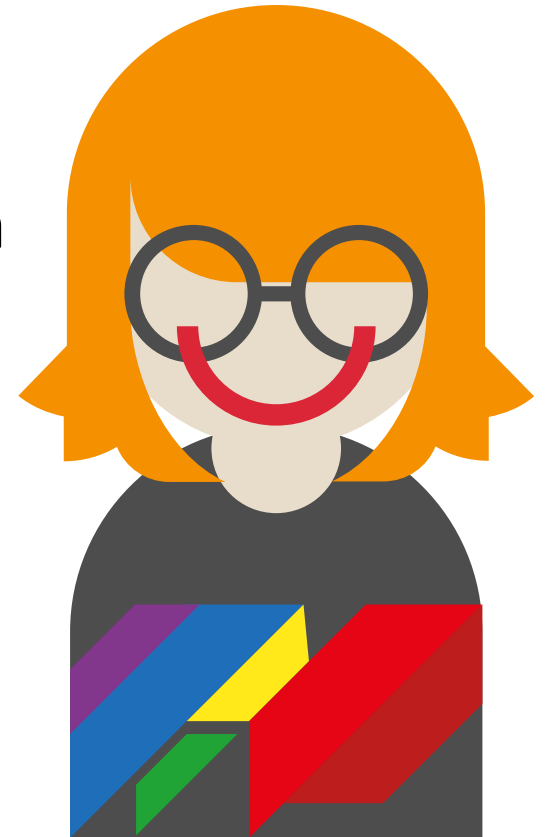


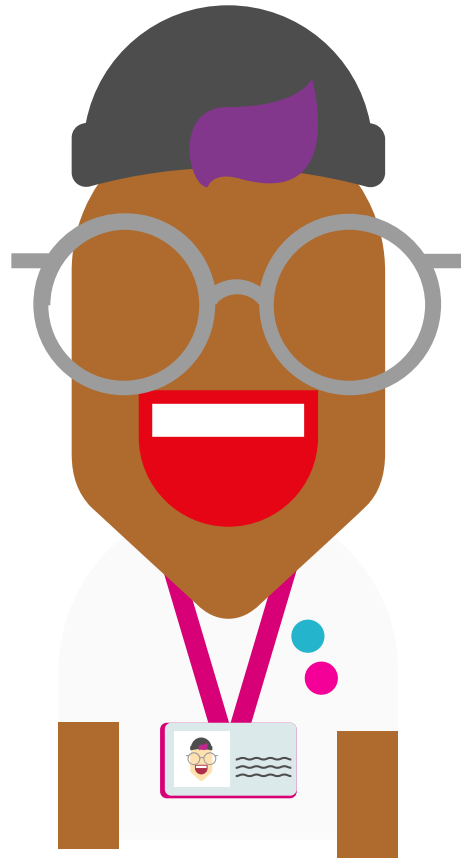
What would it look like to uphold the principle of
‘Recognition’ in practice?

“There is no one fixed way to be or become an LGBTQ+ person, and support should actively affirm diverse LGBTQ+ identities and recognise the harms of this affirmation being denied.”




Val* (young person) said “You don’t have to be a stereotypically masculine trans man or feminine trans woman, you can be whoever you are without judgement. You can use whatever name and pronouns. For many its the only space they can use the name and pronouns they identify with.”





Cal* (staff member) said “I may be the only adult in that young person’s life that celebrates their queer identity openly and unashamedly, unabashedly. Most of the stories they tell us, not all, but most of the stories they tell are of ignorant adults in their lives and I think it weighs on them.”

Principles in practice: What we found...



Agency
GP champions
Advocacy
Informed decision-making

Belonging
LGBTQ+ youth groups
Residential
Social/fun activities

Body
Inclusive sports sessions
Clothing swaps
Gender affirming
resources

Emotion
Psycho-educational
sessions/resources
Emotion-centred language

People
Diverse staffing
LGBTQ+ lived experience

Possibility
Visits from LGBTQ+ adults
Trips to LGBTQ+ events
Volunteering/ involvement
opportunities

Recognition
Visible LGBTQ+ inclusivity
in promotional materials

Safety
Safeguarding transparency
Confidentiality
Group agreements

Space
Spaces co-designed with
LGBTQ+ young people
Hosting appointments

Time
Bridging support
Support for young people
waiting to access gender
affirming care



Thank you!

For more info and **Interactive ‘What works?’ model**



Access our **Guidance for NHS commissioners**, visit our website at www.queerfutures2.co.uk

Or follow us on Twitter for updates **@queerfutures_2**

Any queries, comments or suggestions email:
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