

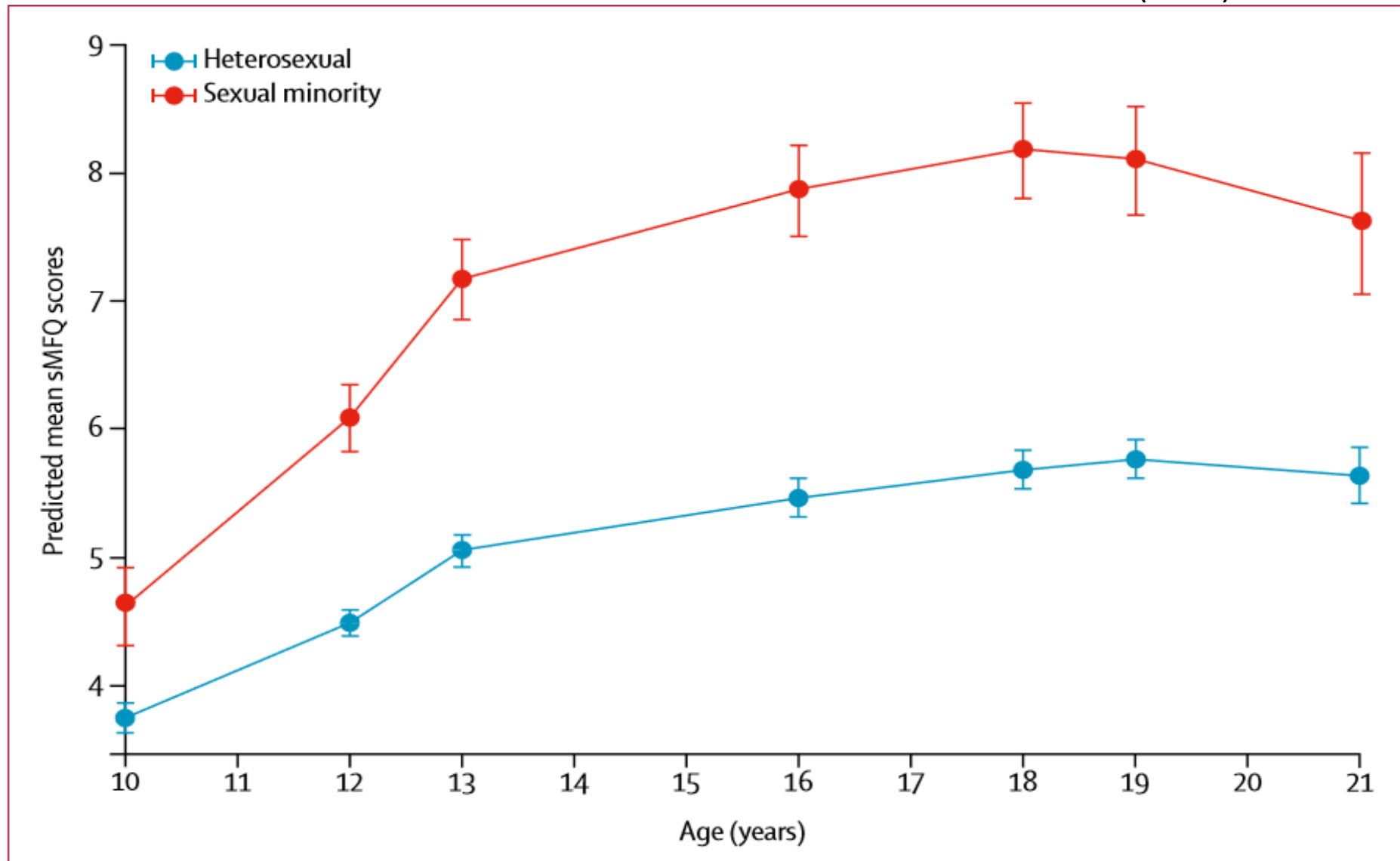
# QUEER FUTURES 2

## Supporting LGBTQ+ Young People's Mental Health: What Works?

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Lancaster University

# Substantial Prevalence Evidence

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



**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 victimization and discrimination
- Cis-heteronormativity
- Gender atypicality
- Identifying as LGBTQ+ at an early age
- Conflict with family or peers about sexual or gender identity
- Being unable to disclose sexual or gender identity
- Social isolation

(McDermott et al, 2016; Haas, 2010)

WHO

WHAT

WHY

GET INVOLVED

HELP

RESOURCES

# QUEER FUTURES



We're here to

## UNDERSTAND

the reasons why young LGBTQ people do risky things, harm themselves or think about suicide.



Queer Futures is a national study investigating the self-harm and suicide of lesbian, gay, bisexual, trans, queer and questioning (LGBTQ) youth.

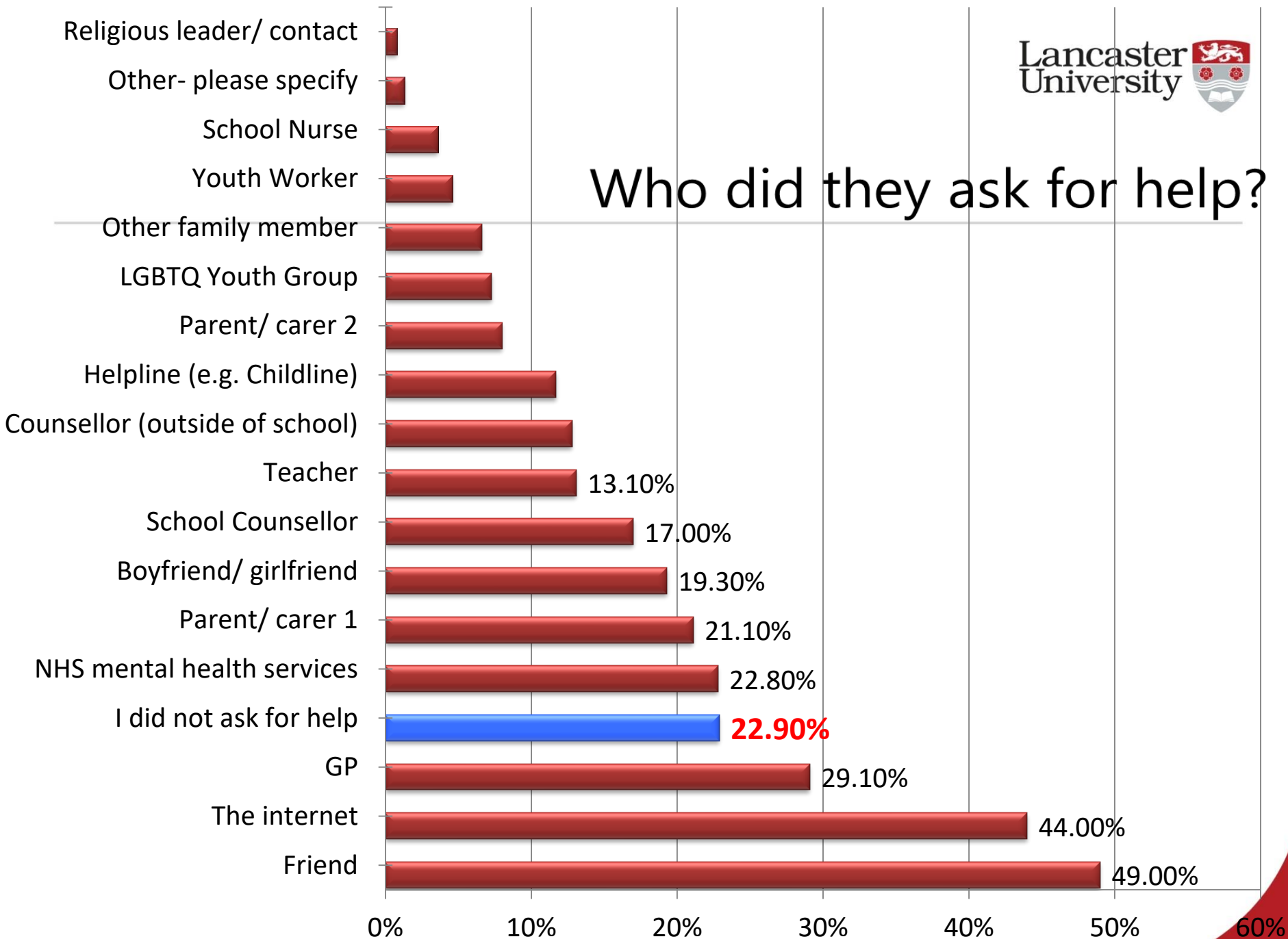
[MORE ABOUT THE STUDY](#)

NEED  
SUPPORT?

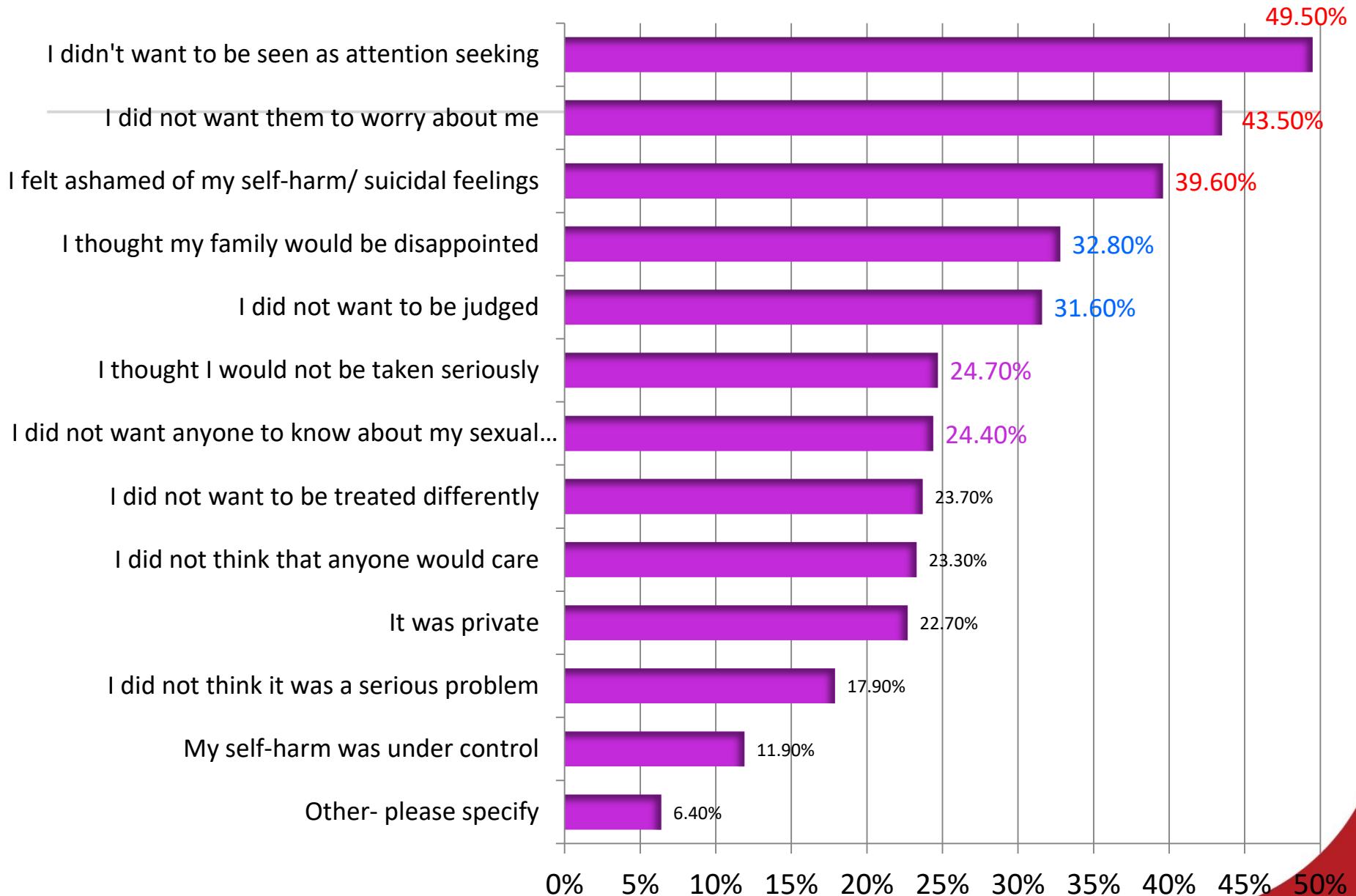
MEET  
OUR TEAM

GET  
INVOLVED

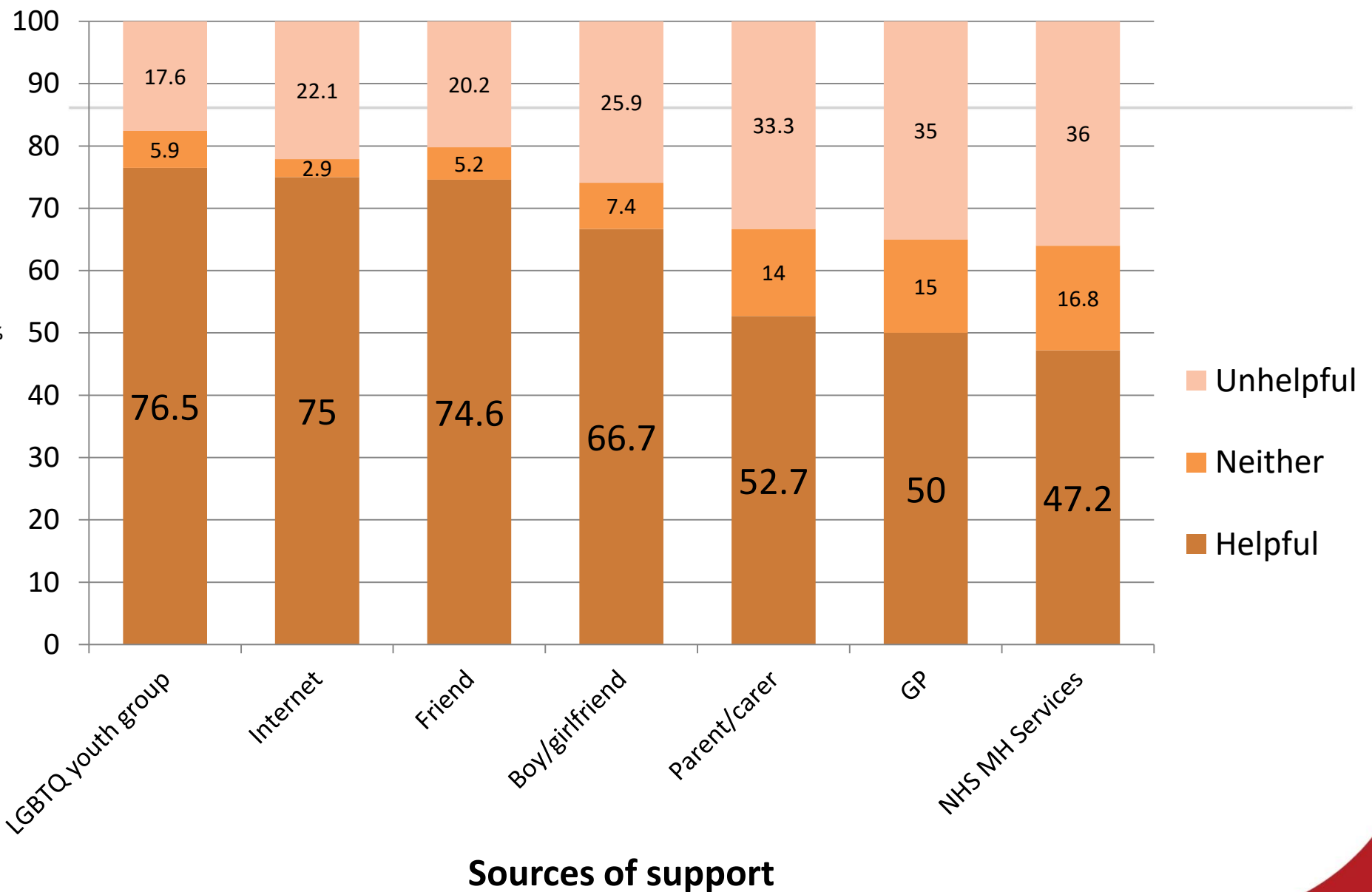
# Who did they ask for help?



# Why did you \*not\* ask for help?



# How helpful was the support?





# QUEER FUTURES 2

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AIM: To improve the provision of mental health early intervention services and self-care 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.

3 stages:

- 1. Systematic review
- 2. Service mapping
- 3. Case study service

LGBTQ+ young people involvement

# Mapping services - findings

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1. Majority of LGBTQ+ youth mental health support in voluntary organisations.
2. Emerging service model of collaboration between CAMHS and community/voluntary organisations
3. Absence of mainstream NHS support that specifically addressed LGBTQ+ youth mental health
4. Distinct divergence in approaches of services
  - affirmation of LGBTQ+ identities pivotal
  - NOT 'treating everyone the same'

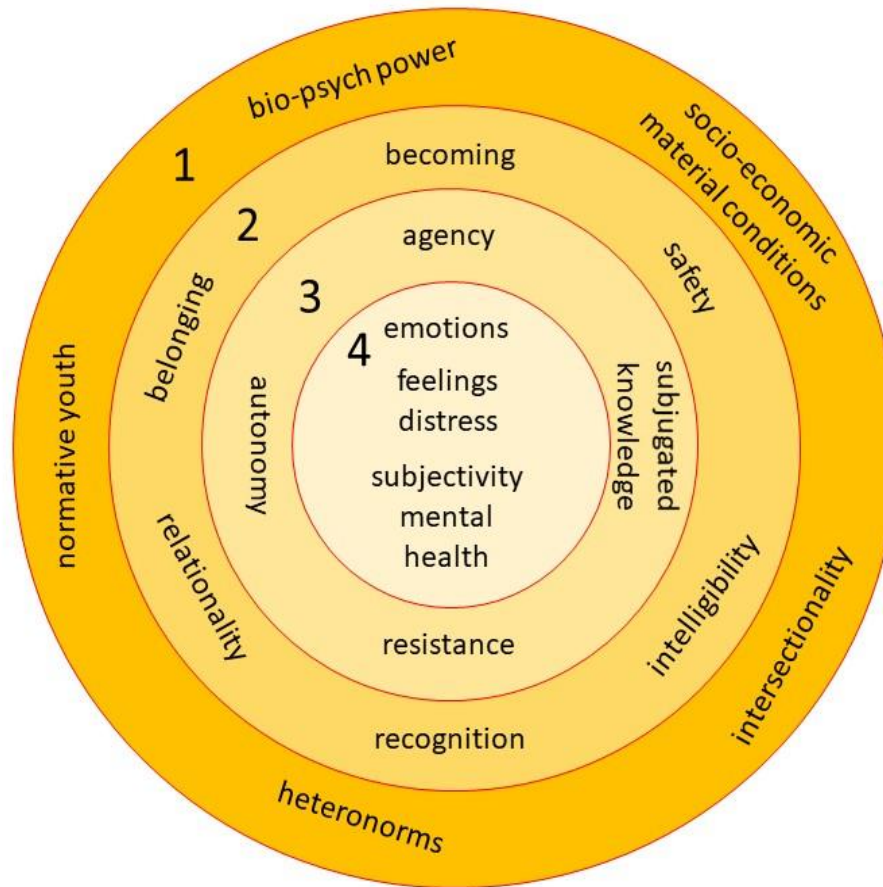
# NHS Service recognition of need?

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The dearth of mainstream NHS specific mental health services due to misunderstanding of:

- i) the heightened risk of poor mental health in this population group;
- ii) the reasons for this elevated psychiatric morbidity;
- iii) the underutilization of mental health services by LGBTQ+ youth;
- iv) LGBTQ+ youth poor experiences of mental health support.

# What might work to improve support?



Theoretical non-pathologizing framework for providing mental health support to LGBTQ+ youth (McDermott et al. 2021)

# What might work to improve support?

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- **Recognition** – affirmation of gender/sexual self-definition. Foster a positive identity where individual is understood and accepted.
- **Relationality** - Connections with peers /trusted adults may be more effective at reducing poor mental health. Family difficulties.
- **Belonging** - LGBTQ+ youth should feel like they ‘fit in’ the support service. Support non-judgemental and inclusive, encouraging coping and trust.

# Queer Futures 2 progress

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- Data analysis across 12 UK case study sites

## Priority outputs:

- NHS commissioning guidelines
  - Practitioner guidance
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Thank you for listening!

For more information on the study, and to sign up for newsletter and future events [www.queerfutures2.co.uk](http://www.queerfutures2.co.uk)

Or follow us on Twitter [@queerfutures\\_2](https://twitter.com/queerfutures_2)