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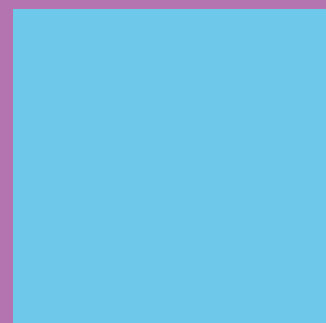
LGB&T Partnership

The Mental Health of Young LGB&T People

A Research Review from the
National LGB&T Partnership

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Introduction

- 1 Young LGBTQ+ people have higher rates of poor mental health, self-harm and suicide than their non-LGBTQ+ counterparts. LGBTQ+ people under 35 are twice as likely to report a mental health problem. This has been confirmed by recent research and a combined meta-analysis of 12 UK population health surveys based on a sample of 94,000 (Semlyen et al. 2016). These young people have specific support needs in developing and recovering good mental health.
- 2 The available research on young LGBTQ+ people's mental health has not previously been compiled and summarised as it is in this paper.
- 3 Commissioners and providers have stated that a lack of data and knowledge has been a barrier to providing appropriate support.
- 4 The National LGB&T Partnership was established in early 2010, in order to reduce health inequalities and challenge homophobia, biphobia and transphobia within public services. The Partnership combines the expertise of eleven key LGB&T organisations across England. The partners have a long history of service delivery, working with LGBT people both locally and nationally. The Partnership is a strategic partner of the Department of Health, Public Health England and NHS England, collaborating with a wide range of organisations as part of the Health and Wellbeing Alliance. It has experience of successfully influencing policy, practice and actions of Government, statutory bodies, and others.
- 5 This document is designed to provide the data, information and recommendations required to support improved service provision. It should be used by decision makers at national and local levels to evidence the needs of these communities. We expect this review and its recommendations to be of particular use to those designing and planning CAMHS and youth services, as well as those working in and with schools.
- 6 This document may also be of use to organisations applying for funding to support LGBTQ+ young people. Where local data on young LGBTQ+ people is available, it may be useful to use the data to make comparisons. Where no local data is available, this national data can be used to evidence need.

- 7 'LGBTQ+' stands for Lesbian, Gay, Bisexual, Trans, Queer and/or Questioning and other related identities. A YouGov study conducted in 2015 found that only 49% of young people identified as heterosexual. The ONS Sexual Identity Project found that young people suggested that additional categories (to L,G,B, and heterosexual/straight) should be included such as 'unsure', 'questioning' and 'queer' when asking about sexual orientation. Sexual orientation (LGBQ+) and gender identity (TQ+) are different elements of a person's identity. The research reviewed below sometimes groups LGBQ+ and trans young people together, and sometimes addresses their issues separately. The National LGB&T Partnership uses LGB&T, but LGBTQ+ is used in this document to reflect the terms used by young people and researchers in the referenced material.
- 8 'Trans' is used to describe a person whose gender identity is not the same as the gender given to them at birth.
- 9 'Cisgender' is used to describe a person whose gender identity is the same as the gender given to them at birth.
- 10 'Young People': most research considered young people to be aged from 15 to 25.
- 11 'Risk': factors which increase the likelihood of one experiencing poor mental health, and engaging in self-harm, suicidal ideation or suicide attempts.
- 12 'Resilience' is described in RaRE¹ as "the capacity of people to cope with stress and adversity", it is also considered as one's ability to 'bounce back'. It is usually understood as a process and ability (which can be developed) rather than a trait one has or doesn't have.
- 13 'Self-Harm' describes intentionally harming oneself. The research discussed below did not use an expanded definition, which might include self-negligence, but some discussion was made of the other behaviours which might arise through poor mental health and could be self-injurious, such as smoking, drinking and binge eating.
- 14 'Suicide attempt'/ 'suicidal behaviour' describes taking action to harm oneself with the intent to die/kill oneself. This differs from 'suicidal ideation', discussed in the Youth Chances report (see below), where no attempt was necessarily made.

¹ Nodin, N., Peel, E., Tyler, A. & Rivers, I. 2015. The RaRE Research Report: LGBT Mental Health - Risk and Resilience Explored. London: PACE – Project for Advocacy Counselling and Education

Background

- 15 This review and summary of existing research into young LGBTQ+ people's mental health is timely because:
- 15.1 In January of this year (2017), the Prime Minister made a commitment to improving mental health provision for young people. This includes a joint green paper between the Department of Health and the Department for Education.
 - 15.2 NHS England and the Department of Health published Future in Mind in 2015, which articulated a clear consensus about the way in which they planned to make it easier for children and young people to access high quality mental health care when they need it. Future in Mind presented a model for wider system reform, using Local Transformation Plans to bring agencies together to build resilience, promote good mental health and make it easier for children and young people to access high quality care. The Five Year Forward View for Mental Health (FYFVMH) builds on these foundations by making children and young people a priority group and increasing funding for young people's mental health support. The FYFVMH calls for significant inequalities in access to be addressed. In response to the FYFVMH, Public Health England is working with partners on the Prevention Concordat for Mental Health, which includes an aim to enable local areas to use data to plan and commission the right provision for local needs.
 - 15.3 Public Health England has identified the prevention of LGBT youth suicide as an important issue, and worked with the Royal College of Nursing to develop briefings, published in 2015.
 - 15.4 Recommendations made in these reports should be considered in light of the information and recommendations presented below.
- 16 As underscored by the findings of a commissioners' survey conducted by Metro Charity², information and data on the needs of young LGBTQ+ people are useful in developing appropriate services, but there is a lack of awareness of such research.
- 17 This paper is also situated within the context of wide LGBT sector reduction, including the closure in January 2016 of PACE which worked since 1985 to provide support services for the LGBT+ community – including counselling, advocacy, training, youth work, research and mental health support services, and the announcement in April 2017 that Brighton LGBT Switchboard will no longer be providing a counselling service, representing between them a significant loss of both capacity and knowledge. This is in addition to several local councils reducing young people's services, particularly specialist services, which can not only provide a response to poor mental health in young people, but help to develop resilience, as is outlined below.
- 18 RaRE also noted that it is important to be conscious of the socio-political context for LGBT people – perhaps most pertinent of which is the continued shadow of section 28 (of the 1988 Local Government Act) which stated that councils should not "intentionally promote homosexuality or publish material with the intention of promoting homosexuality" in its schools or other areas of their work. Also relevant is the ongoing stigma around HIV which affects the whole LGBTQ community, and the historic and ongoing pathologisation of LGBTQ+ identities by some therapeutic/clinical bodies, including the use of conversion/reparative therapy – now widely condemned by all major counselling and psychotherapy bodies and the NHS.

² Metro. 2016. Youth Chances: Integrated Report. London: METRO Charity

Context and Methodology

- 19 The research referenced draws from three main kinds of data: primary research with young people with experiences of poor mental health, primary research with adults with prior experience of poor mental health as young people, and population health surveys. RaRE (see below) also conducted a comprehensive literature review, which is referenced where appropriate.
- 20 The research was conducted by academics from several Higher Education Institutions and those working in the LGBTQ+ voluntary and community sector, working in partnership. Some data referenced is from ONS household surveys, and therefore conducted by ONS researchers.
- 21 The research was conducted between 2011 and 2015, and published between 2015 and 2016. The meta-analysis of population health surveys drew on data from 2008-2013 and was published in 2016, and the London Assembly report was published in 2017.
- 22 Youth Chances and RaRE (see below) include both LGBTQ+ and non-LGBTQ+ respondents in the research, thus being able to provide comparisons between the two groups. While comparison data isn't provided for every element within the research referenced, these data should be useful for understanding differences between LGBTQ+ & non-LGBTQ+ young people at a national level, and between available local and national LGBTQ data.
- 23 The studies & reports referenced are as follows:
 - 23.1 QF: McDermott, E., Hughes, E., & Rawlings, V. 2016. Queer Futures, understanding lesbian, gay, bisexual and trans (LGBT) adolescents' suicide, self-harm and help-seeking behaviour WHERE?
 - 23.2 YC: Metro. 2016. Youth Chances: Integrated Report. London: METRO Charity
 - 23.3 RaRE: Nodin, N., Peel, E., Tyler, A. & Rivers, I. 2015. The RaRE Research Report: LGBT Mental Health - Risk and Resilience Explored. London: PACE – Project for Advocacy Counselling and Education
 - 23.4 Semlyen, J., King, M., Varney, J., Hagger-Johnson, G. 2016. Sexual Orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. BMC Psychiatry – '(Semlyen et al)'
 - 23.5 LA: London Assembly Health Committee. 2017. LGBT+ Mental Health. London: London Assembly

Findings

- 24 YC found that 52% of LGBTQ young people had self-harmed, compared to 35% of heterosexual, non-trans participants. 44% of the LGBTQ participants had thought about suicide, compared to 26% of the heterosexual, non-trans participants.
- 25 RaRE found that 73% of LGB young people had thought about self-harming, compared to 46.4% heterosexual young people, and 57.1% had self-harmed, compared to 38.3% of their heterosexual counterparts. 92.6% of trans young people had thought about self-harming, compared to 63.5% cisgender young people, and 85.2% had self-harmed, compared to 47.4% cisgender young people. 69.9% of LGB and 48% of heterosexual young people had thought about suicide, with 33.9% LGB and 17.9% heterosexual young people attempting at least once. 88.9% of trans and 59.4% of cisgender young people had thought about suicide, and 48.1% of trans and 26.2% of cisgender young people had attempted suicide. It should be noted that trans young people are more likely to identify as having an LGB or 'other' sexual orientation, and also that 'other' was excluded from the analysis of LGB vs heterosexual participants, while the 'cisgender' category will include LGB respondents.
- 26 QF found that trans or 'unsure' participants were 1.75 times more likely to have self-harmed and 1.63 times more likely to have planned or attempted suicide than cisgender participants.
- 27 The research found that LGBTQ+ young people are reluctant to access services – particularly CAMHS, NHS and support in schools. LA notes that “the route to accessing mental health services starts at [LGBT+ people’s] local doctor’s surgery. But a worrying number of LGBT+ people report that they are uncomfortable disclosing their sexual orientation or gender identity to their GP, or that they have had a negative experience when they do so.”
- 28 YC found a 29% incidence of domestic or familial abuse for LGBTQ young people, and QF a 31.3% incidence. 79% of the 18% of young people who declared some form of sexual abuse in YC had not received any help or support.
- 29 The respondents in RaRE described “a lack of adequate [eating disorder] support targeted to men, especially sexual minority men.” YC found that 59% of female respondents and 44% of male respondents reported thinking that they are overweight. Unfortunately, this data was not presented broken down by LGBTQ vs. heterosexual and non-trans. Current young people’s mental health policy focus includes eating disorders, but this is targeted towards women & girls.
- 30 It is important to note that ‘young LGBTQ+ people’ is not a homogenous group. Semlyen et al found that bisexual identity was slightly more associated with increased risk of poor mental health symptoms when compared to heterosexuals than lesbian/gay identity, and the same study found that a number of participants selected ‘other’, and this group “contained the highest proportion of ethnic minorities, high levels of longstanding illness/disability and tended to be older.” Suggesting that not only is there diversity within the group, but that the profile within each part of the community may differ.

31 While studies do not appear to have been done into causality, in line with other research, QF found that “participants who were trans or unsure were 2.23 times more likely to indicate that they had a disability/chronic illness/impairment compared to cisgender participants.” As trans & unsure young people are also more likely to have poor mental health it is important to consider the relationship between mental and physical health, and perhaps also help-seeking behaviours, as it affects this cohort.

Risks

32 The RaRE Literature Review found that “to a large extent risk seems to rise from exposure to external (i.e. societal) factors, while resilience may derive from a combination of supportive environment, the acceptance of oneself and the attachment to the LGB&T community.”

33 The combined research identifies the following areas as risk factors for poor mental health in LGBT young people:

33.1 Bullying or Homophobic/Biphobic/Transphobic abuse doubled the odds of planning or attempting suicide (QF) and over half took place in schools. The literature review conducted as part of RaRE found that students who bullied others were also more frequently likely to engage in suicide ideation. As YC surveyed both LGBTQ+ and heterosexual non-trans young people it was able to identify that HBT bullying doesn't only affect LGBTQ+ young people, but any young people who are perceived to be LGBTQ+.

33.2 Sexual & gender norms cause young LGBTQ+ people to constantly have to make decisions about when and where to be open, and cause young people to feel negative about their sexual orientation and/or gender identity.

33.3 The experience of ‘coming out’ was a key time for respondents in both RaRE and YC needing emotional support, and an event which often negatively impacted their mental health.

33.4 Young LGBTQ+ people also feel unable to talk about their problems, and experience isolation, in large part because of the previous points. RaRE found that “a perception of being less able to talk with family members about problems was associated with an increased likelihood of having self-harmed.”

33.5 Low self-esteem, which for young LGBTQ+ people may be associated with shame-proneness and greater internalised heterosexism and cisgenderism, was found to be a significant predictor of suicide attempt and self-harm ideation and experience.

34 School is also one of the places (after religious places of worship and sport) that young people feel most pressure to hide their sexual orientation/gender identity ‘most or all of the time’ (73.6% of respondents in QF).

35 RaRE noted that as well as suicide and self-harm, the above risk factors for poor mental health could lead to: drinking, truancy, smoking, and binge-eating, all issues which have the potential to have an adverse effect on young people's health and wellbeing.

36 The RaRE Research Report noted that “Alcohol misuse has been identified as a suicide risk factor in sexual minority young people” (Hatzenbuehler, 2011). A diagnosis of alcohol use disorder is associated with a high-risk for multiple suicide attempts and research highlights the need to target this group with prevention initiatives (Boenisch et al., 2010). Additionally acute alcohol intoxication has been found to be associated with increased lethality of suicide attempt (Sher et al., 2009).”

Seeking Support

- 37 QF noted that “LGBT young people most commonly looked for support when they were at crisis point.” The most common reason that they did not ask for help was that they ‘didn’t want to be seen as attention seeking’ with young people also being concerned that they didn’t want to be doubly stigmatised, as both gay and depressed, for example.
- 38 All of the research found that support from medical and professional staff was inadequate at best and harmful at worst. While 42% of LGBTQ respondents to YC report going for medical help for anxiety or depression (compared to 29% of heterosexual non-trans respondents), all but one of the interviewees in RaRE found the medical or professional response they received after their suicide attempt inadequate. The results in QF were slightly better, with half of those who’d accessed a GP finding the experience helpful, and 35% indicating it had been unhelpful, but no interview participants found their experiences with CAMHS positive. Cisgender participants were more likely to have found services helpful than those who were gender diverse.
- 39 QF found that young people experienced distress due to the long waiting times experienced when trying to access gender identity services, which they often attempted to access at a point of crisis. As well as the waiting times, the requirement to repeatedly ‘justify’ their trans identity, and the feeling that they needed to define their gender in a specific way in order to be allowed access to the treatments that required, left young people feeling powerless, and some described this experience as resulting in them feeling suicidal.
- 40 The research shows that many participants report school to be a difficult environment in which to seek help. YC found that 65% of LGBTQ young people thought their school supported its pupils badly in respect of sexuality or gender identity, and QF found that school was the place young people were least likely to seek help. For those who sought help at school, the most useful staff young people approached were teachers (65.2%), followed by school counsellors (50.8%) and then school nurses (32%).
- 41 RaRE found that for LGB+ young people “lower levels of family support in decision making were associated with an increased likelihood of making a suicide attempt.” This was not the case for non-LGBT young people.
- 42 The research found that overwhelmingly, LGBTQ+ young people use informal sources of support, with YC finding that “young people most commonly draw on their friends for information and support, often without turning to close family.” QF found that individuals were most likely to ask for help from LGBT individuals or youth groups, and least likely to ask for help from school/teachers and family. It found that few young people sought out help from youth workers, but of those who did, 65.6% found them helpful.
- 43 QFs found that it was most common for young people accessing GPs or NHS mental health services to have been encouraged by someone else. “Barriers, both real and perceived, to disclosing intimate matters, particularly their sexual orientation, sometimes tempered the engagement with...structured sources of support.”

Increasing Resilience

- 44 Many of those interviewed for RaRE stated that “finding help was not an easy process”.
- 45 Resilience factors were largely linked to support from family and significant others, but a sense of belonging to the LGB&T community was found by the RaRE study to be protective against suicidality, by strengthening individual identity. The same was not true for belonging to local or religious community. However, the gay and lesbian scene is heavily based around the consumption of alcohol, and the research has found that the factors affecting LGBTQ+ young people may already make them more likely to drink unhealthily. The ‘scene’ is also age-restricted by virtue of largely being based in bars and clubs, and LGBTQ+ youth and social spaces outside of this are not always readily available.
- 46 The RaRE literature review found that “in the US a growing number of schools have established a gay-straight alliance (GSA), and growing evidence suggests this may somewhat protect LGB&T students from suicidality (Poteat, Sinclair, DiGiovanni, Keonig & Russell, 2012). It has also been associated with an increased sense of high school belonging, decreased victimisation, depression and psychological distress, providing a safe space for LGB&T students and enabling them to challenge homophobic behaviour (Heck, Flentje & Cochran, 2011; Mayberry, Chenneville & Currie, 2013).”
- 47 RaRE also found that “positive interventions and responses from medical and professional staff are crucial to help young people recover more quickly after a suicide attempt”.
- 48 “Findings [from RaRE] indicate that resilience can be developed throughout the person’s lifespan, whether as preventative or as part of an intervention to distress and harm.” Relatedly, “findings suggest that greater awareness and interventions to boost young people’s self-esteem might [still] play an important role in the prevention of emotional distress both during younger ages and later in life.”

Needs of Commissioners and Suppliers

- 49 Findings from YC suggested the importance of effective dissemination of data on young LGBTQ+ people’s needs to evidence this need and support monitoring and evaluation, commissioning process and practice, and service planning.
- 50 Recently the NHS has agreed to sexual orientation monitoring for those 16+. The Sexual Orientation Monitoring Information Standard is expected to be published in June 2017, and the Improving Access to Psychological Therapies Dataset will require data to be returned on sexual orientation from 2018. This means we will soon be able access mental health service data for 16-25 by sexuality. Sexual orientation and gender identity are however not collected in national school pupil datasets or young people's health and wellbeing surveys.
- 51 LGBT training has been found to increase service providers’ confidence, and support improved provision of care. However, while 60% of those surveyed (by QF) had received training for self-harm or suicide prevention, only 35.4% had received training on LGBT awareness. ‘Mandatory awareness training for staff’ was chosen by the most participants (service providers) as the best way to include LGBT youth in mental health services.

- 52 YC noted that “commissioners indicated local leadership, young people’s involvement and the implementation of diligent commissioning processes, including an evidence base, as the key drivers for improving policy.” LA also stated “LGBT+ people need to be more directly involved in shaping services that meet their needs.”
- 53 Obstacles identified by providers in YC were lack of funding, lack of awareness of LGBTQ+ youth needs, and problems with access to schools. The YC commissioners survey found no evidence of national policy drivers influencing commissioning with LGBTQ+ young people, and none of the respondents rated their district as excellent.
- 54 LA stated that “LGBT+ people are often overlooked in needs assessments and consequently in commissioning decisions because of a lack of specific data and poor consultation.” But that “generalist services are failing to meet current need”.
- 55 There is some evidence of good practice. The publishing of the early results of the Youth Chances research led to increased intention to commission LGBTQ+ youth services. QF found a small number of examples of specific LGBTQ+ mental health work:
- 55.1 Placing CAMHS services in LGBT youth groups e.g. self-harm support groups, individual counselling, gender identity groups
 - 55.2 Placing a CAMHS funded trans youth worker in a LGBT youth group
 - 55.3 Funding specialist LGBT youth mental health practitioners to work for CAMHS
 - 55.4 CAMHS or Early Intervention services employing outreach LGBT mental health practitioners
 - 55.5 Provision of online LGBT mental health support. This is currently provided by LGBT voluntary organisations such as MindOut (Brighton), LGBT Foundation (Manchester)
 - 55.6 Training LGBT youth group workers in crisis intervention.

System Wide

- 56 As stated in LA “The responsibility for mental health needs to move from sitting solely with health and social care to other relevant policy areas, including housing, community, employment, income and education.”
- 57 There is a need to develop public health policy which works to prevent poor mental health, self-harm and suicide in young LGBTQ+ people through addressing the risk factors and building resilience.
- 57.1 Bullying: The GEO have recently begun an anti-HBT bullying programme, and this, or similar, should be rolled out comprehensively across the country.
- 57.2 Sexual and gender norms: Schools need LGBTQ+ diversity training for staff and students and content on sexuality and gender which highlights diversity in the curriculum.
- 57.3 Coming out: support services for young people (youth services and groups, school counsellors, CAMHS) need diversity training for staff and should consider how to signpost their subsequent inclusivity and support for LGBTQ+ young people.
- 57.4 Unable to talk: mental health services should provide LGBTQ+ training for their staff in clinical and non-clinical roles, and should seek ways to make their services welcoming to LGBTQ+ young people, including considering specific services for LGBTQ+ young people.
- 57.5 Low self-esteem: young people need mental wellbeing support & support around confidence building. This is best delivered in the context of LGBTQ+ youth groups. Support for LGBTQ+ young people in schools also needs to be made available and more visible, and partnerships with local LGBTQ+ groups should be considered.
- 58 LGBTQ+ training should be provided for all health and other support-providing professionals, and diversity training, including LGBTQ+ issues, should be a funding requirement in young people’s services.
- 59 Development of NHS services is required to make them more suitable for addressing the needs of LGBTQ+ young people.
- 60 Gender Identity Services require significant overhaul in order to make them accessible to those with existing mental health needs and to prevent development of poor mental health by those who experience barriers to access.
- 61 Support for young LGBTQ+ people is needed outside the clinical environment, including online and through specialised youth workers and young people’s spaces.
- 62 There is a need for non-alcohol focused LGBTQ+ social spaces for both young people and adults – LA suggested a LGBT centre, and where these already exist, more could be done to make these spaces accessible to young people.
- 63 Work needs to be done to create better media representation of LGBTQ+ people, including young people. This should also include consideration of how representation affects body image and family support.

- 64 Further research is suggested as follows:
- 64.1 The RaRE Literature Review noted that there is a significant lack of research into LGB&T young people of colour, and that these young people “may be at risk of being doubly oppressed”.
 - 64.2 QF suggested more formal research assessing the impact of LGBT training on health care practice and the people using the services.
 - 64.3 Research into the impact of initiatives implemented to address the issues raised.

Local Provision

- 65 Support for young LGBTQ+ people is needed outside the clinical environment, including online and through specialised youth workers and young people’s spaces.
- 66 There is a need for local provision of LGBTQ+-specific support. This has been successful in some areas, as evidenced in the good practice examples above.
- 67 There is a need for non-alcohol focused LGBTQ social spaces for both young people and adults.
- 68 Support is needed for school anti-HBT bullying and LGBTQ+ society/’Gay-Straight-Alliance’ work.