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Tackling LGBTQ+ youth mental health inequality: Mapping mental health support across the UK

ORIGINAL RESEARCH

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ABSTRACT

Young people who identify as lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) experience higher rates of mental health distress than reported in the general population, yet are far less likely to seek support services. Factors such as homophobia, biphobia and transphobia, cis-heteronormativity, fear of judgement and lack of staff awareness of LGBTQ+ identities are barriers to help seeking. This paper reports on the first stage of a study that investigated and mapped current LGBTQ+ youth specific mental health service provision across the UK. An online and offline service mapping exercise was undertaken to locate services. 111 services were identified across the search strategies, the majority in urban settings in England. There were three significant characteristics of LGBTQ+ child and adolescent mental health UK provision. Firstly, there was an absence of mainstream NHS support that specifically addressed the needs of LGBTQ+ young people. Secondly, the majority of LGBTQ+ youth mental health support was provided by voluntary/community organisations. Thirdly, there was a rare model of service based on collaborative working between NHS trusts and community/voluntary organisations. The results of this mapping exercise suggest that there is a reliance on the voluntary/community sector to provide mental health provision for LGBTQ+ young people. Furthermore, there was a distinct divergence in the approaches of the support provided by the voluntary/community sector and those from within the NHS. The affirmation of LGBTQ+ identities that is pivotal to the support provided by voluntary/community services contrasted with the 'treating everyone the same' approach prevalent in mainstream service provision. NHS mental health services must recognise that to tackle LGBTQ+ youth mental health inequality, statutory mental health support must address specifically the mental health needs of LGBTQ+ young people.

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BACKGROUND

Lesbian, gay, bisexual, transgender and queer/questioning (we use LGBTQ+ to refer collectively to sexual minority and gender diverse identities) young people face significant mental health inequalities, experiencing higher rates of poor mental health and worse mental health outcomes than their heterosexual counterparts. (1–5) In a pooled analysis of twelve population surveys, LGB identified people under 35 years old were twice as likely to report symptoms of poor mental health compared to heterosexual people of the same age. (3) Trans and non-binary people were also found to have higher rates of poor mental health, suicidality and experiences of victimisation than the levels found in the general population. (6) Moreover, there is evidence to suggest LGBTQ+ mental health disparities start as young as age 10. (5) The prevailing model that offers an explanation of this disparity is 'minority stress'. (7) The experience of stigma, prejudice, and discrimination create a hostile and stressful social environment that leads to mental health problems. Development of the minority stress model posits that being LGBTQ+ locates young people outside the social norms of cis-heteronormativity i.e. the assumption that being heterosexual and cisgender (non-transgender) are the norm. These norms marginalise young people with LGBTQ+ identities through silence and a lack of mainstream visibility, in addition to the discrimination, (micro)aggression, bullying, and victimisation they experience. (8, 9) More recently, this inequality has been exacerbated by the COVID-19 pandemic and the impact of national and regional lockdowns. There is emerging evidence that lockdowns have led to the high levels of stress and depressive symptoms reported by LGBTQ+ people; especially those in the youngest age category examined by this study (18 – 24 years), and trans and gender non-conforming people. (10)

Despite the disparities in mental health outcomes for LGBTQ+ young people, this population also have elevated unmet mental health needs compared to their cis-heterosexual peers and underuse mental health services. (11-15) Findings from a UK study, indicated that in a sample of 789 LGBTQ+ young people, only one fifth of participants had sought help for their mental health difficulties. (14) Through interviews and survey data, the study found that LGBTQ+ young people were reluctant to access statutory or third sector mental health services because of experiences of homophobia, biphobia and transphobia; cis-heteronormativity (fear their sexual orientation or gender identity would be scrutinised or blamed for their mental health problems); difficulties disclosing their sexual and/or gender identity; fears of being misunderstood or judged by adults because they were young; and stigma related to having mental health problems. (14-18) Importantly, studies show that LGBTQ+ youth tend to seek mental health help online and from peers (13, 15) and prefer accessing LGBTQ+ organisations for mental health support. (14, 19)

In addition to the hesitancy to seek help, research suggests LGBTQ+ youth have a poor overall experience of mental health services and support. (6, 8, 11, 12, 16, 20) Problems highlighted are the limited staff understanding of LGBTQ+ issues and minority stresses, fear of being 'outed', and exclusion from the decisions made about their care. (11, 13, 21) Research suggests the competence of health care staff to provide appropriate care to LGBTQ+ young people is a vital factor in ensuring access. For example, an EU study found that the barriers to healthcare for LGBTQ+ people are exacerbated by two related assumptions held by healthcare professionals. Firstly, the assumption that patients are heterosexual and cisgender and, second, the assumption that LGBTQ+ people do not experience significant problems due to their LGBTQ+ identity, and therefore, LGBTQ+ identity is mainly extraneous to the delivery of appropriate healthcare. (22)

Despite the recognition that LGBTQ+ youth are less likely to access mainstream mental health services, and often do not find those services helpful, the evidence base examining LGBTQ+ youth's mental health support needs and service preferences is very limited. A recent systematic review of international qualitative evidence found that existing research is more likely to focus on barriers to access rather than factors that enable and facilitate engagement with services. (23) The current study (www.queerfutures2.co.uk) aims to address this knowledge gap by examining 'what works best?' for supporting the mental health of LGBTQ+ young people with common mental health problems at an early stage. We report here on the first stage of the study that sought to map existing LGBTQ+ youth mental health support in the UK. The aim of this stage was to both identify the type of service provision available and to generate a critical appreciation of the current landscape of service provision available for LGBTQ+ young people seeking early intervention mental health support. This stage of the study specifically addressed the research question: What type of service models for mental health early intervention and supported self-care to LGBT young people are currently provided?

MATERIALS AND METHODS

This stage of the study drew on the successful mapping methods used in Pryjmachuk et al.'s children and young people mental health self-care research. (24) Between February 2019 and February 2020, we employed systematic online and offline search strategies to identify services of various types e.g. self-care, peer-support, digital support, clinical; in a range of service settings e.g. health, local authority, third sector. The services identified were tested against inclusion criteria in the information extraction phase and a final typology was generated to describe service provision across the UK.

Search strategy

Online and offline searching was performed by two independent reviewers (members of the research team; RE, EP) to identify services in the UK where youth, sexuality or gender identity, and mental health were a focus. All services located were recorded on a single spreadsheet for comparison. During online searching, Google (the internationally most used search engine) and Bing (the default search engine for the respective organisation's I.T systems) were used to locate websites of interest using the following search phrases:

• LGBTQ+ Young People Mental Health Services [ADD GEOGRAPHICAL AREA]

• LGBTQ+ CAMHS [ADD GEOGRAPHICAL AREA]

• LGBTQ+ Youth Group [ADD GEOGRAPHICAL AREA]

These search phrases were selected and piloted with LGBTQ+ young people and service providers, to ensure they reflected the type of search term used when looking for mental health support for themselves or a service user. The rationale for this search strategy was that current active services would need to be discoverable to potential service users in a basic web search and therefore these phrases should illuminate most of the available service options. The first ten sites yielded through these search terms were checked for available services. Information about the service and provision offered was also gathered through specific websites, forums, and blogs; and relevant social networking sites. Online searches were also conducted for local Children and Adolescent Mental Health Services (CAMHS) transformation plans, which were likely to detail current and planned services for LGBTQ+ young people. In addition, searching for LGBTQ+–associated charter marks (e.g. Stonewall Champions, The Rainbow Flag Award to identify potential school services) was undertaken. The online search was supplemented by standard systematic search strategies including expert informants (academics and service providers) and subject-specific hand searching of print media (March 2019 issues of DIVA, Attitude, and Gay Times). (25)

In addition, we undertook a Freedom of Information (FOI) request directly to all NHS trusts delivering CAMHS in the UK (n=79) to enquire about any LGBTQ+ youth specific mental health service provision as CAMHS have a minimal online presence, and we were unable to obtain service information. FOI request contained the following questions:

1. Does your trust provide a specific mental health service for LGBTQ+ young people?

2. Are your staff offered LGBTQ+ awareness training?

3. Do you deliver the training in house or is it provided by an external partner?

4. Do you have a specific policy for working with LGBTQ+ people?

Trusts were asked to provide contact details for a staff member who would be able to provide more information about any services identified.

Inclusion/exclusion of services

The identified services were considered against inclusion and exclusion criteria. Determining whether services meet the inclusion criteria was an iterative process, dependent on the information available through the website and informal conversations with expert informants and the services directly. The inclusion/exclusion criteria are detailed in Table 1.

Table 1: *Mapping inclusion and exclusion criteria*

Domain	Inclusion Criteria	Exclusion Criteria
Mental health	Provide support for common mental health condition e.g. depression, anxiety, self-harm	Crisis services No mental health provision
Age	Targeted to 12 – 25 year olds	Services for exclusively under 12 years old Services exclusively for over 25 years old
Sexuality gender	Targeted to LGBTQ+ young people Youth mental health support within gender identity services	No LBGTQ+ youth provision Gender identity services (physical health services)
Service operation	Moderated by an agent e.g. service staff member Active during Feb 2019 – Feb 2020 Delivered in the UK (England, Scotland, Wales, Northern Island)	Services where no agent/staff were involved e.g. self-help apps Not active between 1st Feb 2019 – 31st Dec 2019 Delivered exclusively outside the UK

Information extraction

Detailed information about the operation of the eligible mental health services was collected using the service website, online resources, key contacts, and direct contact with the service via telephone or email. The following information was extracted:

• Service name

• Service provider

• Target group

• Sexual orientation target group

• Gender identity target group

• Mental health conditions addressed

• Theoretical approach

• Mode of deliver

• Tools/techniques used

• Duration service has been running

• Specific commissioning information

• Self-care element

• Support element

• Setting

• Rural/urban

• Average length of contact

• Average frequency of contact

• LGBTQ+ training offered

• LGBTQ+ policy available

• Facility adaptions

• Country/County

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Typology generation

The typology of early intervention mental health service/support for LGBTQ+ young people was developed by five members of the research team. After reviewing the services located in the mapping exercise that met the inclusion criteria, the research team identified a simple typology that identified the type of service provision available in the UK.

RESULTS

The service mapping identified 111 services in the UK that offer early intervention mental health support for LGBTQ+ young people with common mental health problems (see Figure 1). The majority (82%) of the services operated in England (n=92), followed by Scotland (n=7), Northern Ireland (n=5) and Wales (n=4), and a small number of services operated UK-wide (n=3). Services were predominantly based in urban settings (n=84), focused around cities or towns, with only 13.5% providing for both urban and rural areas (n=15), and 11% providing services in an exclusively rural area (n=12).

The main service provider of early intervention mental health services for LGBTQ+ young people were the community/ voluntary sector (n=81), followed by Local Authority services (n=13), education/school-based services (n=10), and a small number of services being provided directly by the NHS (n=4). Three services were provided by a voluntary sector service in partnership with the local CAMHS. There was a variety of age ranges targeted by the services, with the largest number (n=40) aimed at young people ranging from under 16 years up to 25 years, 22.5% of services were aimed at under 16 years to 19 years (n=25) and 19.8% were aimed at all ages (n=22). A smaller number of services had more specific age ranges such as under 16 years only (n=5) and over 18 years only (n=10).

Figure 1: *Service Mapping by Descriptive Categories*
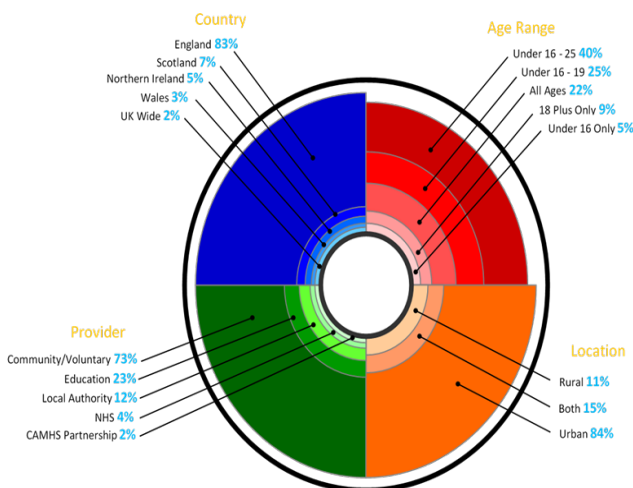

Service Typology

The aim of developing a typology was to define groups of service models with a similar set of characteristics. The typologies identified will then be used to inform the sampling of case studies in the Queer Futures 2 project to ensure that these represent the range of services across the UK. A simple typology of service provision was generated as there was very little LGBTQ+ youth mental health provision identified within the NHS, and services appeared to be located mainly in the community and voluntary sector in response to a demand for mental health support for LGBTQ+ young people. Thirdly, although some of these services offered an online service component, we identified no exclusively online mental health support for LGBTQ+ young people . Finally, obtaining detailed information about LGBTQ+ mental health services within an educational setting proved especially difficult. The typology overview categories are presented in Table 2.

	Typology category	Definition	Number (n=)
1	LGBTQ+ youth specific	Mental health provision provided by LGBTQ+ youth specific organisations (all service type providers).	51
2	LGBTQ+ specific youth inclusive	Mental health provision for all young people provided by LGBTQ+ organisations (all service type providers)	31
3	Integrated youth	Mental health provision provided for all young people with an LGBTQ+ specific component (all service type providers)	14
4	NHS	Any Mental health service provided by NHS e.g. CAMHS, sexual health providers.	5
5	Education	Mental health service provided by schools, further & higher education	10

Table 2: *Typology of LGBTQ+ young people's early intervention mental health and self-care support services*

Only 12.6% (n=14) of the services identified in the mapping process were specifically targeted to give early intervention and prevention mental health support services for trans and gender-diverse young people. Overall, 98% of the services offered primarily face-to-face services with two services offering a telephone only service. A high number of the services offered one to one support (66%, n=73) where a young person could talk in private to a staff member or youth worker, and peer support (77%, n=86) which was primarily in the form of youth group activities. A smaller number of services focused on professional therapies (37%, n=41) such as counselling or Cognitive Behavioural Therapy; wellbeing activity sessions (47%, n=52) which were usually one-off sessions rather than regular activities; and self-care resources (50%, n=56) such as leaflets or online resources were offered by half of the services.

Figure 2: *Service Mapping By Support Type*
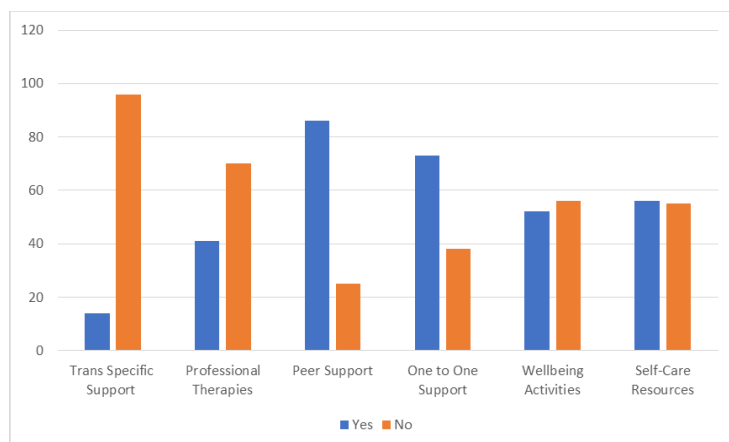
DISCUSSION

This mapping stage of the study suggests three significant characteristics of current LGBTQ+ child and adolescent early intervention mental health provision in the UK. Firstly, there is an absence of mainstream NHS support that specifically addresses the needs of LGBTQ+ young people. Secondly, the majority of LGBTQ+ youth mental health support in the UK is provided by voluntary/community organisations reliant on charity and non-statutory funding that is often precarious. Thirdly, there is a rare model of service that is based on collaborative working between NHS trusts and community/voluntary organisations.

The dearth of mainstream NHS-specific mental health support for LGBTQ+ young people in the UK is a significant concern. Our view is that this is due, in part, to the lack of recognition of the necessity for adolescent mental health services to specifically address LGBTQ+ needs to tackle LGBTQ+ mental health inequality. Some NHS Trusts explicitly stated in their FOI responses that it was not necessary to offer LGBTQ+ specific mental health support, and this may even exclude young people. There were also examples of NHS Trusts conflating providing the 'same' service to everyone, as equitable service provision. This indicates a misunderstanding of i) the heightened risk of poor mental health in this population group; ii) the reasons for this elevated psychiatric morbidity; iii) the underutilisation of mental health services by LGBTQ+ youth; iv) LGBTQ+ youth poor experiences of mental health support. However, some NHS Trusts, despite not currently having a LGBTQ+ specific mental health service, reported their efforts towards developing inclusive support for LGBTQ+ young people. These service developments included, for example, funding and support for community/voluntary sector organisations to provide LGBTQ+ youth mental health support, collaborating with key stakeholders and LGBTQ+ young people to improve services, and LGBTQ+ visibility and staff training.

These developments in mainstream statutory services are to be welcomed but the majority of LGBTQ+ youth mental health support remains located within the charity and voluntary sector. These services were often developed in response to the absence of mainstream mental health services as attempts at meeting the demand from LGBTQ+ young people who often had poor experiences of NHS mental health support. (14) Our concern here is that the services in this sector are reliant on non-statutory and charity funding, which means the services are vulnerable to the instability of funding availability from a range of external sources. During the mapping exercise, there were instances where charity-provided services had to dramatically reduce their service provision or even close all together due to loss of funding. However, within the voluntary and community organisations was the expertise to provide appropriate and effective mental health support to LGBTQ+ young people. This was clearly orientated upon an understanding for services to generate an environment that affirmed marginalised sexual and gender identities (LGBTQ+) and were cognisant of the ways LGBTQ+ young people can encounter hostility, discrimination and victimisation, and feel like they do not 'fit in' within wider societal cis-heteronorms and how this may impact on adolescent mental health.

The examples of collaborative working between mainstream statutory health services and voluntary organisations was an encouraging initiative. Three services highlighted a potential model for bridging the gap between the knowledge of the voluntary/community sector and the stability of the statutory sector, through a CAMHS partnership model. These services offered a collaborative approach that involved, for example, funding support and CAMHS practitioner support within charity/voluntary LGBTQ+ youth settings. This type of service encouraged knowledge sharing, facilitated safe and inclusive environments for LGBTQ+ young people, and began developing a 'one stop shop' approach advocated by Future in Mind guidance, (26) and addresses some of the barriers LGBTQ+ young people face when seeking mental health support. (12, 13, 15)

Enhanced understanding of the needs of the LGBTQ+ community within a multi-level health equity framework could provide a platform for further development of new and existing LGBTQ+ mental health services. (27, 28) The results of the mapping stage of this study highlighted promising pockets of service provision development in healthcare and education settings across the UK. This included expanding staff LGBTQ+ knowledge, addressing practical issues such as monitoring forms and gendered toilets, as well as including LGBTQ+ youth in the design and evaluation of new and existing service provision. However, provision remains limited mainly to non-statutory LGBTQ+ specific mental health services in urban settings which presents a clear barrier to access, suggesting those living in rural areas may have to travel sizable distances to reach appropriate services. Similarly, the small number (12.6%) of services that offered a trans or gender diverse-specific mental health support illustrates the increased difficulty for trans and gender-diverse young people in accessing mental health services with appropriate training and knowledge.

Limitations

There were certain limitations to the use of online search strategies as it restricted the search to services with an established online presence, potentially missing smaller services with less informative or developed websites, or statutory services provided by the NHS, local authorities or schools, that were less likely have their own online presence. It is also worth noting that although the search

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strategy was detailed it was time restricted, meaning the findings do not necessarily illustrate provision in development or provision adaptions due to the COVID-19 pandemic. Additionally, there was a range of views on what constituted mental health support as a service might employ a youth work lead approach and/or interpreted mental health as meaning formal medical interventions. Further clarification was often necessary to ensure that self-care, peer support and less medicalised approaches were considered early intervention and prevention mental health support.

Conclusions

Children and young people's mental health is a national priority that has intensified because of COVID-19 restrictions, (29) and LGBTQ+ young people have been recognised as a particularly high-risk group. (26, 30-32) NHS England have identified the importance of providing access to high-quality mental health services to LGBTQ+ youth who have a greater vulnerability to mental health problems but find it more difficult to access help. (26) The results of the analysis and classification of LGBTQ+-specific mental health services in UK reported in this paper demonstrate that we are a long way from fulfilling the ambition of national policy statements and NHS guidance. The importance of developing services that are appropriate for LGBTQ+ young people is even more crucial given the detrimental impact of COVID-19 on adolescent mental health. There exists, in urban setting particularly, supportive LGBTQ+ youth specific mental health services but these are under-resourced and exist on precarious funding from the charity sector. While mainstream services such as CAMHS have started to recognise LGBTQ+ youth mental health needs, the mapping exercise found few NHS specific examples. The results of this mapping exercise are the first stage in the Queer Futures 2 study (www.queerfutures2.co.uk) that aims to examine appropriate mental health early intervention provision for this vulnerable group and tackle LGBTQ+ young people's mental health inequality.

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