Improving Mental Health Support for Young LGBTQ+ People: findings from the Queer Futures 2 research

Mental Health Network
NHS Confederation

We will begin shortly.

If you wish to ask any questions to the speakers, please use the 'Q&A' box.

Sarah Kendrick
Clinical Director

- Our mission: to use pioneering technology to ensure that everyone in the UK has access to the digital mental health services that they need

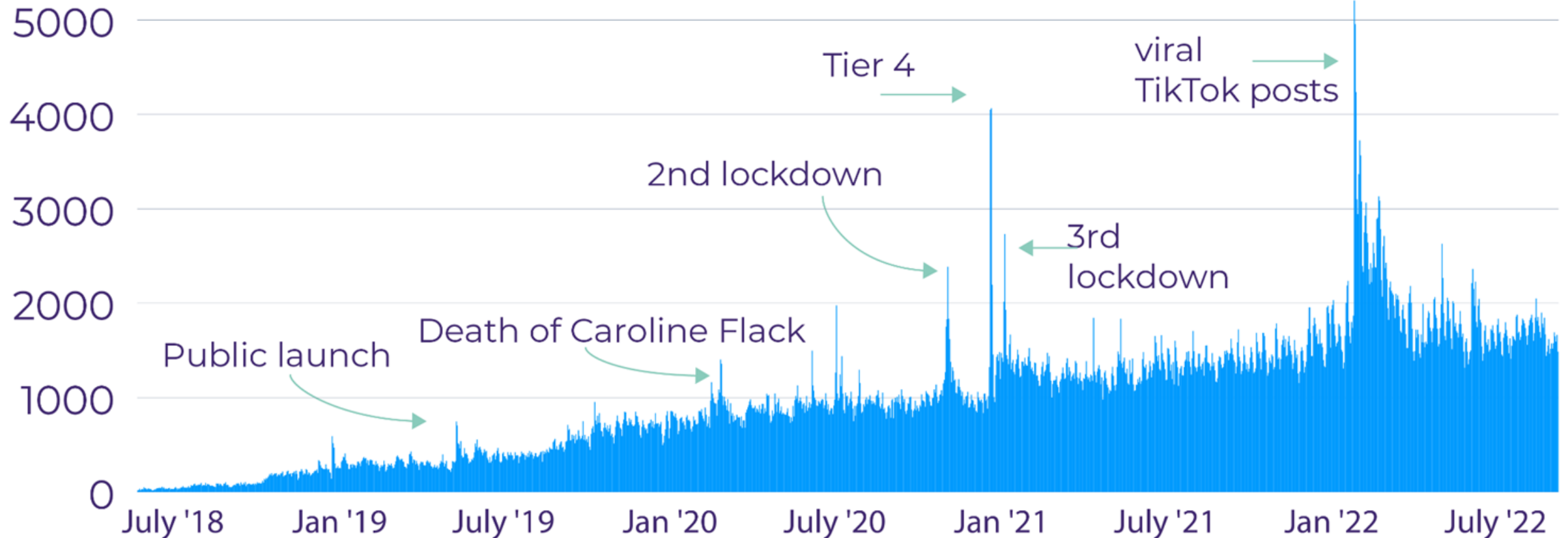**DATA-DRIVEN ANALYSIS**   **CLINICAL EXPERTISE**   **DIGITAL INNOVATION**

- Our first product Shout has reached national service status in just 3 years
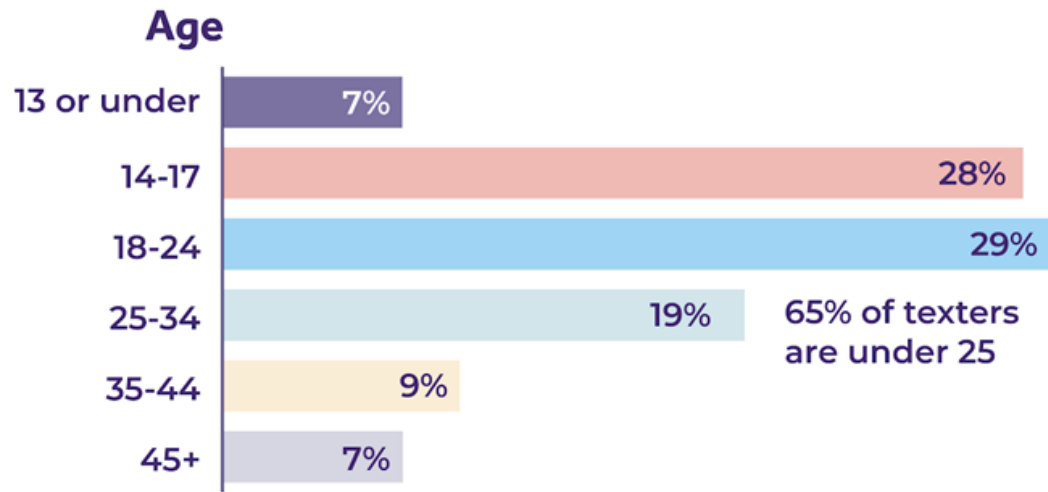
About Shout

- Shout is the **UK's first and only free 24/7 text messaging mental health support** service for anyone struggling to cope

- **1.5 million conversations with 540,000 people** in distress

- Powered by trained **volunteers in the UK and New Zealand** and supported by a **dedicated team of clinicians and coaches**

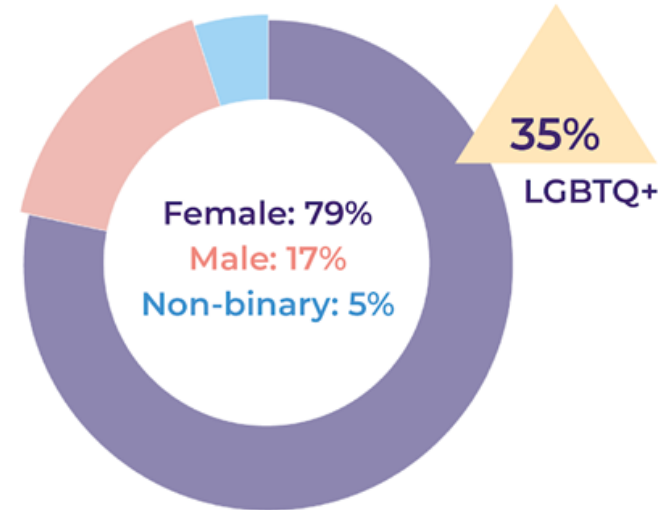Delivering incredible value through digital, at £10 cost per conversation

Texter demographics

Age
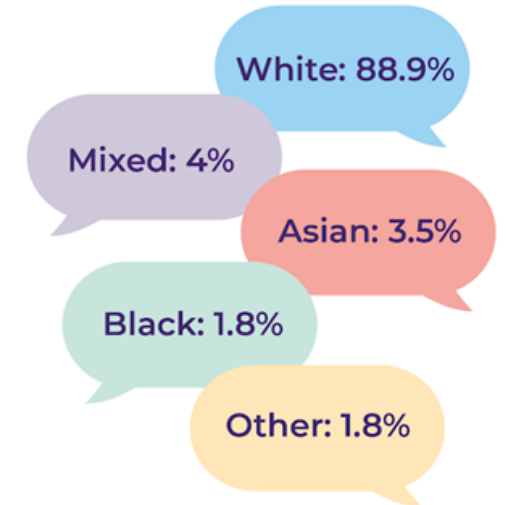
- 13 or under: 7%
- 14-17: 28%
- 18-24: 29%
- 25-34: 19%
- 35-44: 9%
- 45+: 7%

65% of texters are under 25

Sexuality and gender

Female: 79%
Male: 17%
Non-binary: 5%

35% LGBTQ+

Ethnicity

White: 88.9%
Mixed: 4%
Asian: 3.5%
Black: 1.8%
Other: 1.8%
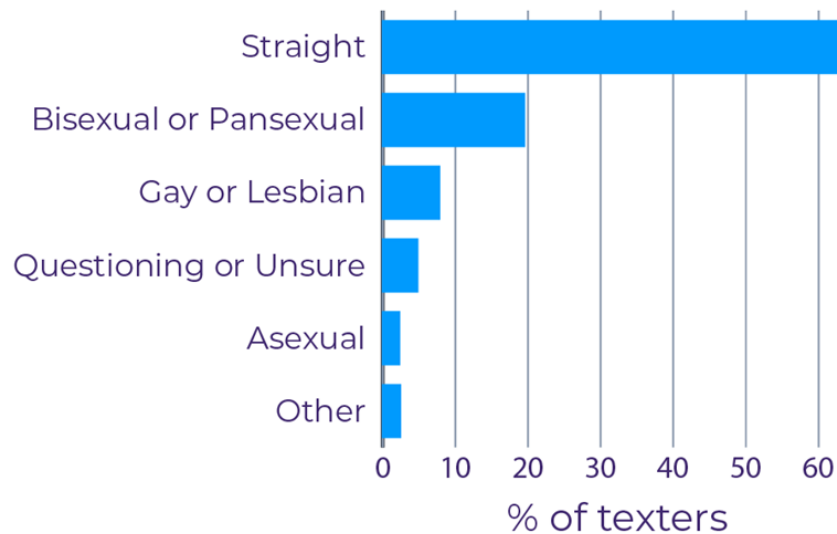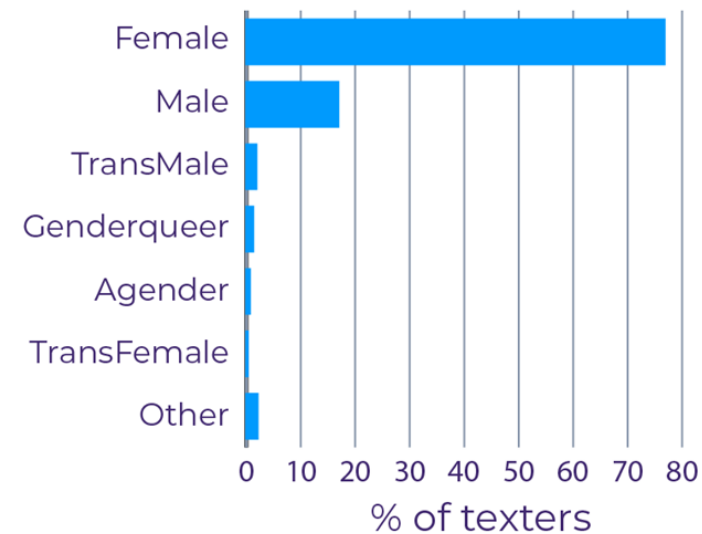
- Reach throughout the UK

- 26% of school-age texters get free school meals

- Underserved groups such as texters with Autism (7%) and deaf texters

- For the purposes of this presentation LGBTQ+ texters have been aggregated, but we collect data at a more granular level. The general conclusions presented here largely hold for these individual groups, although in some cases the datasets are small.

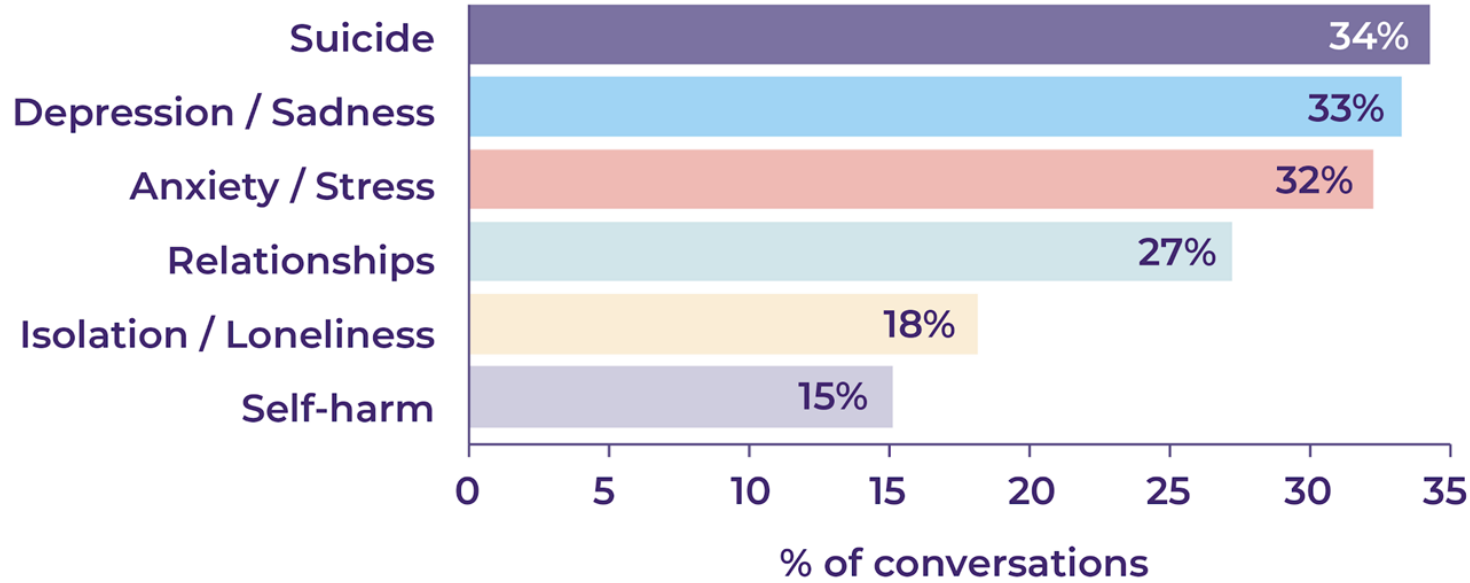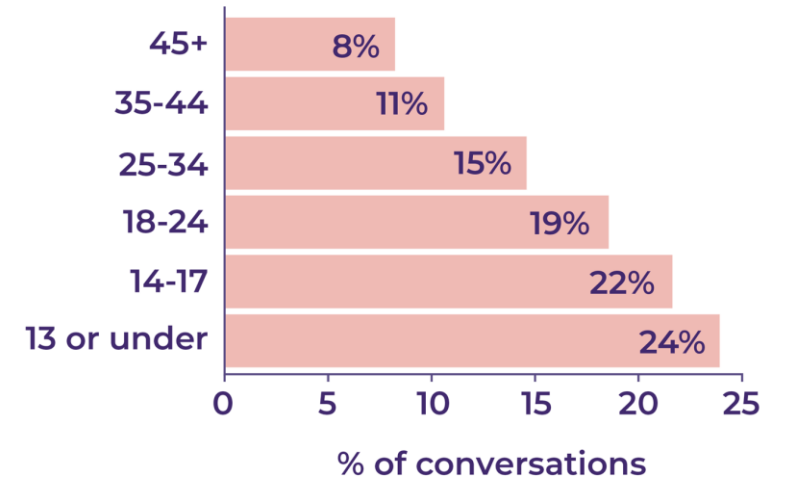Sexual orientation — % of texters. Categories (top to bottom): Straight, Bisexual or Pansexual, Gay or Lesbian, Questioning or Unsure, Asexual, Other.

Gender identity — % of texters. Categories (top to bottom): Female, Male, TransMale, Genderqueer, Agender, TransFemale, Other.

LGBTQ+ texters
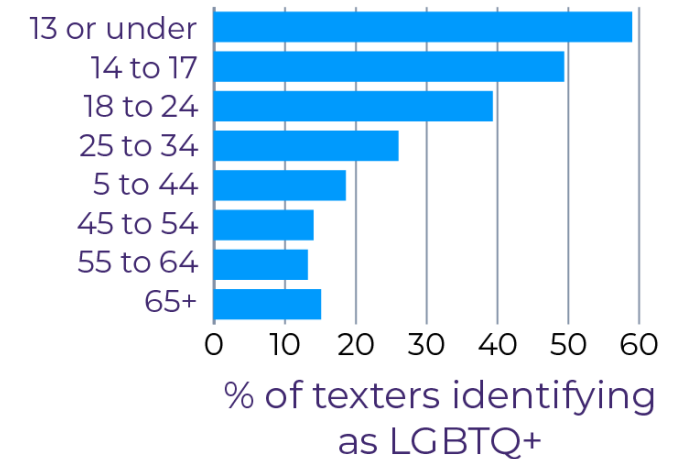
- People who identify as LGBTQ+ are highly over-represented amongst Shout texters, particularly children and young adults

  - **37% of texters identified as LGBTQ+**

- We believe this likely indicates **increased need** for mental health support for several reasons:

  - The service is not specifically promoted to LGBTQ+ people (although we have a small number of relevant keyword partnerships)

  - 35% of texters who found us on Google (i.e., were actively searching for support rather than being made aware of the service by others) identified as LGBTQ+

  - Texters who identify as LGBTQ+ may be slightly more likely to complete our survey (typically around 20%), but this does not account for the large over-representation
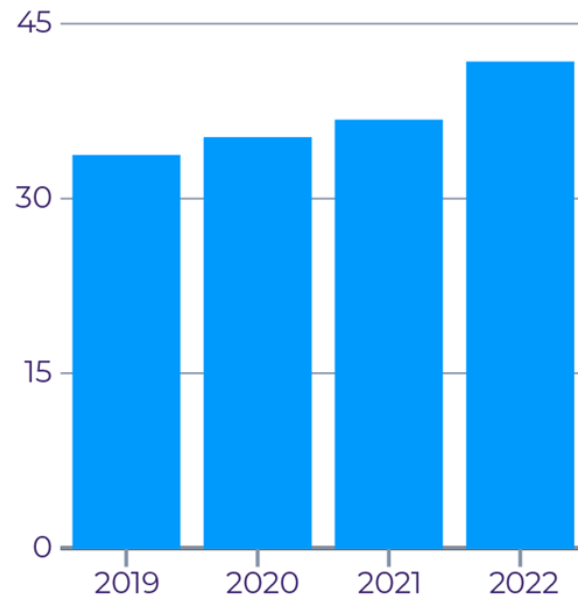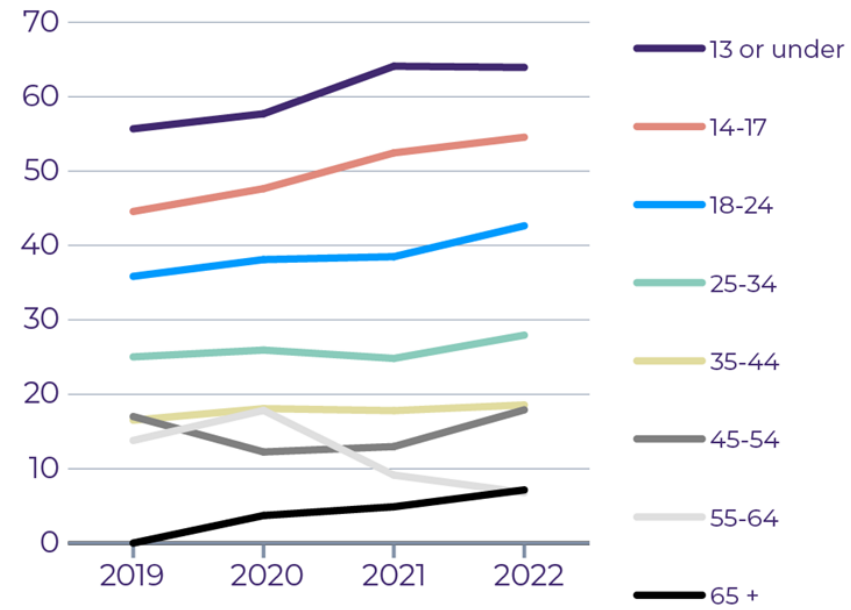
Texter age

13 or under
14 to 17
18 to 24
25 to 34
5 to 44
45 to 54
55 to 64
65+

0   10   20   30   40   50   60

% of texters identifying as LGBTQ+

Why did they contact us?

shout 85258

MENTAL HEALTH INNOVATIONS

Bar chart showing "% of texters" for each reason:

- I'm more comfortable texting than speaking about how I feel — ~60
- I wanted to talk to someone who doesn't know me — ~52
- I don't have any friend, family or trusted adults I can talk to — ~41
- I don't have access to other mental health support services — ~21
- I usually contact or visit a friend, family member or trusted adult (e.g. teacher), but they weren't around — ~9
- Other — ~12

% of texters

Summary
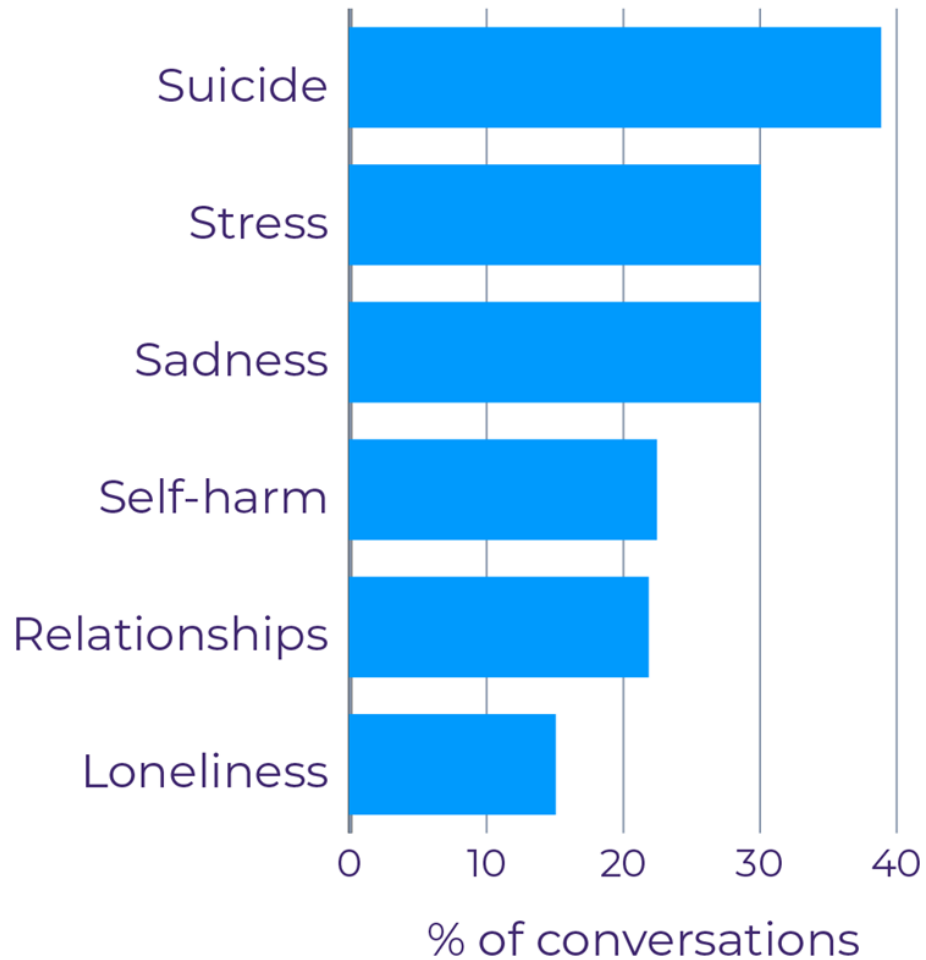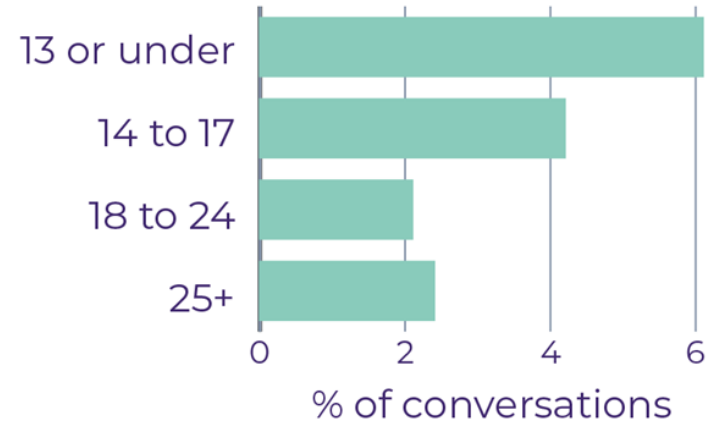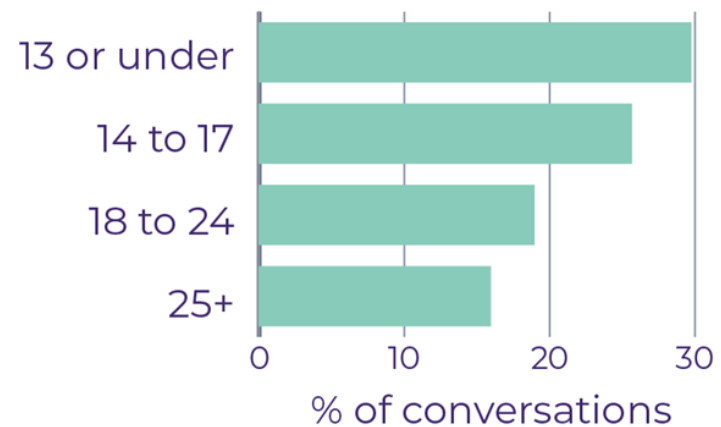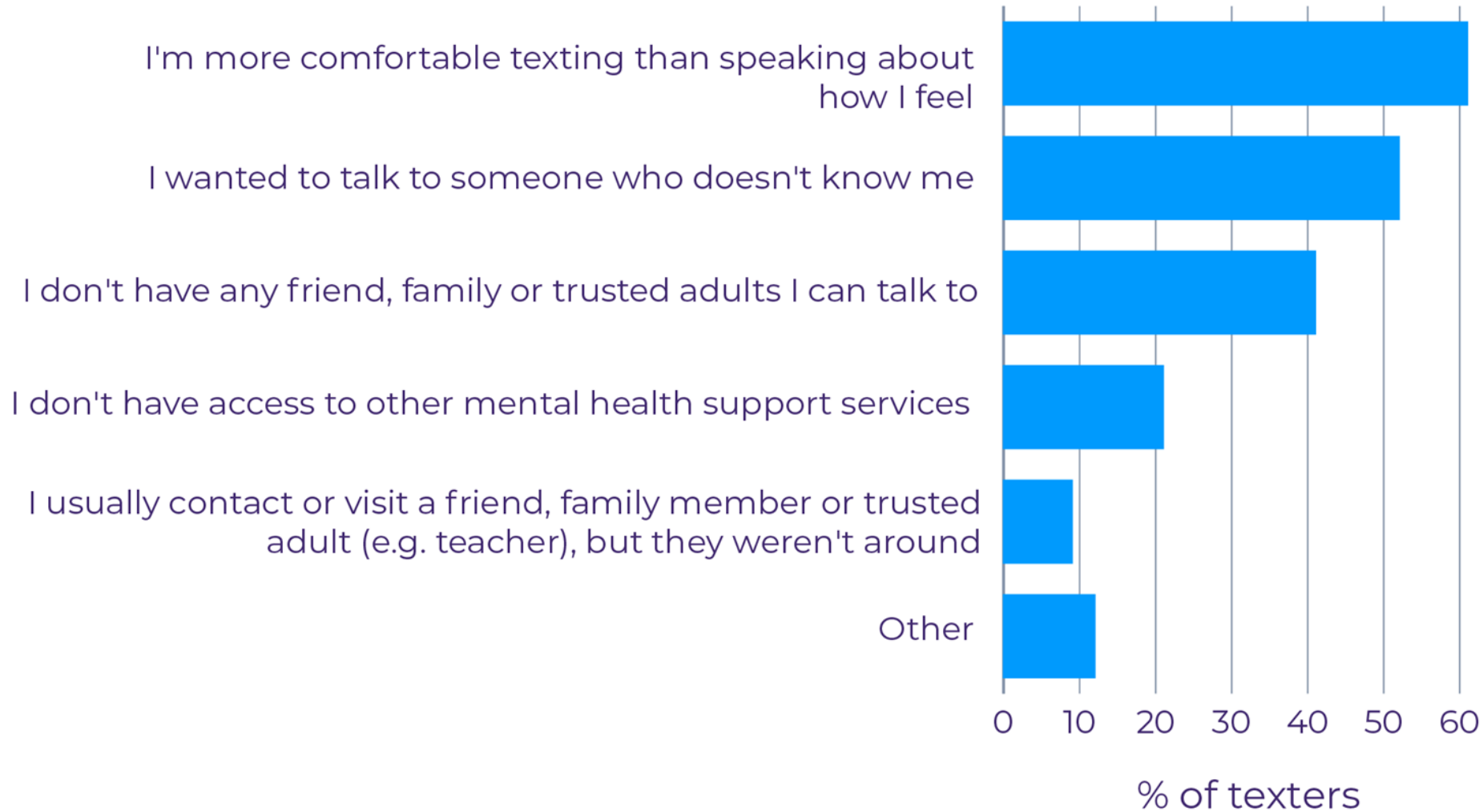
- People who identify as LGBTQ+ are highly over-represented amongst Shout texters (37%)

- Younger texters are more likely to identify as LGBTQ+

- Need for the Shout service amongst LGBTQ+ texters appears to be growing

- The most common issues are thoughts about suicide, stress, sadness, relationships, loneliness, & self-harm (which declines with age)

  - They are not predominantly contacting us about gender identity or sexual orientation (but, when they do, dominant themes include the impact on relationships with family & friends and distress around gender dysphoria)

- Reasons for contacting us include the text-based nature of the service, wanting to text with someone they didn't know, not having trusted adults/friends, or access to other support

Thank you

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

Professor Elizabeth McDermott
(e.mcdermott.1@bham.ac.uk)
Dr. Felix McNulty (f.mcnulty@lancaster.ac.uk)

Evidence – prevalence

- LGBTQ+ youth higher rates of depression, self-harm, suicidality and poor mental health

- Pooled analysis of 12 UK population surveys:
  - LGB under 35 twice as likely poor mental health
    (Semlyen et al 2016)

- Meta-analysis attempted suicide compared to cisgender and heterosexual youth:

  - Trans x 6 more likely

  - Bisexual x 5

  - LG x 4   (Di Giancomo et al. 2018)

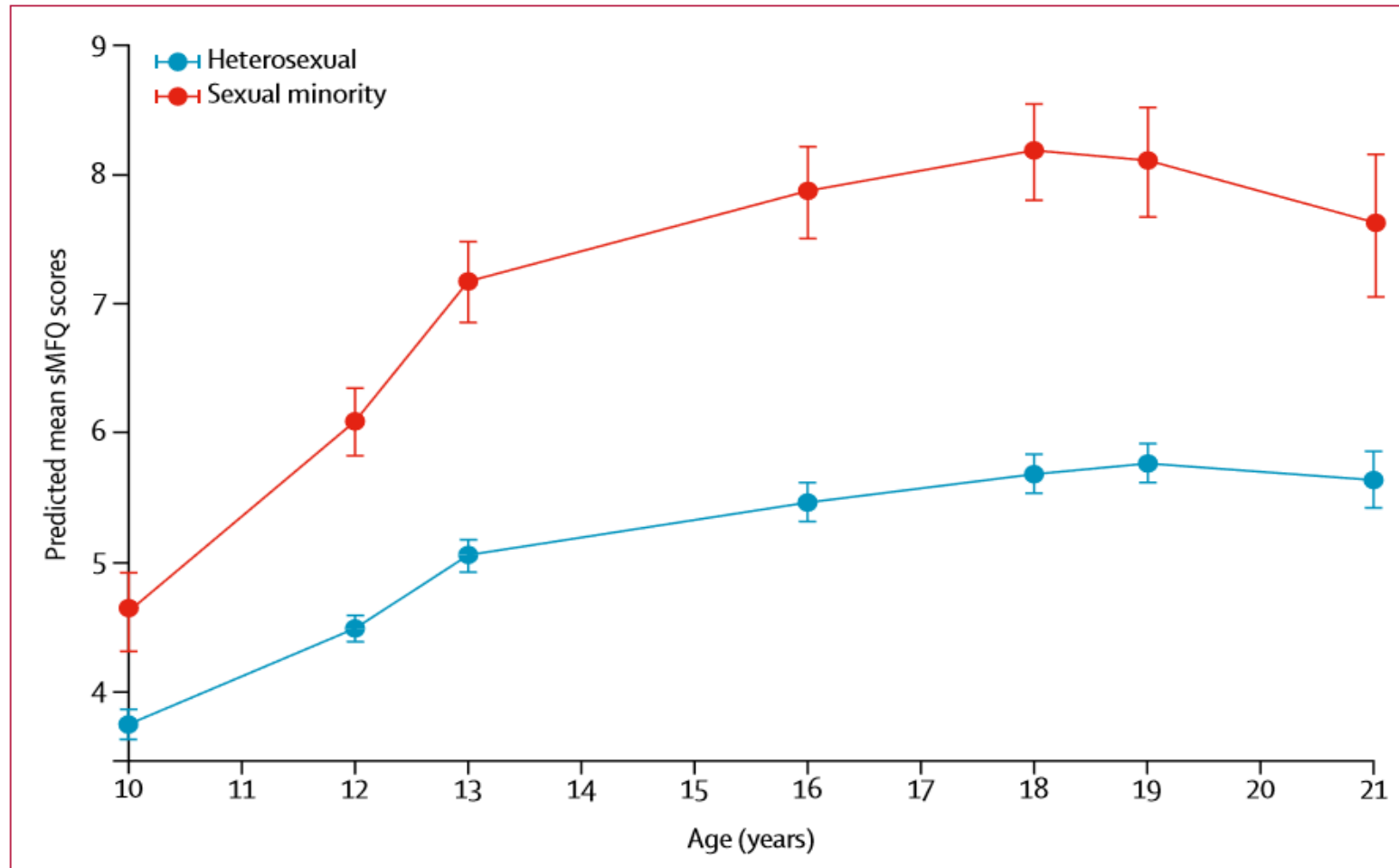# Evidence – prevalence (longitudinal)

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 victimisation and discrimination

Being unable to disclose sexual or gender identity

Cis-heteronormativity

Identifying as LGBTQ+ at an early age

Gender atypicality

Conflict with family or peers about sexual or gender identity

Social isolation

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

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
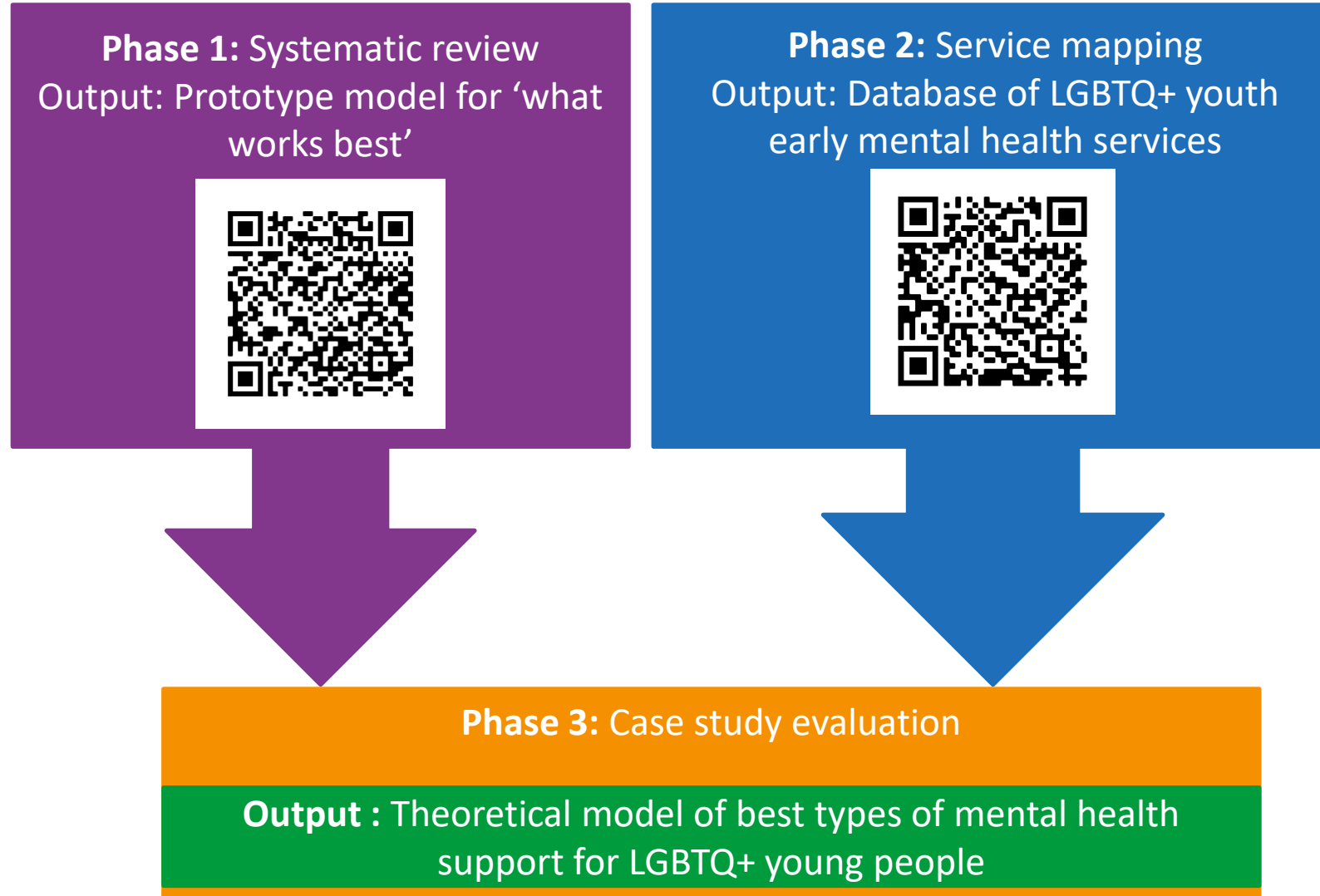
LGBTQ+ young people involved in the project throughout.

Spotlight on- Phase 3 case study method

1. To develop understanding of how, why and in what context mental health early intervention works for LGBTQ+ young people

2. To increase understanding of access to and navigation of these services

3. To generate commissioning guidance about early intervention mental health services

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

LGBTQ+ young people involved in the project throughout

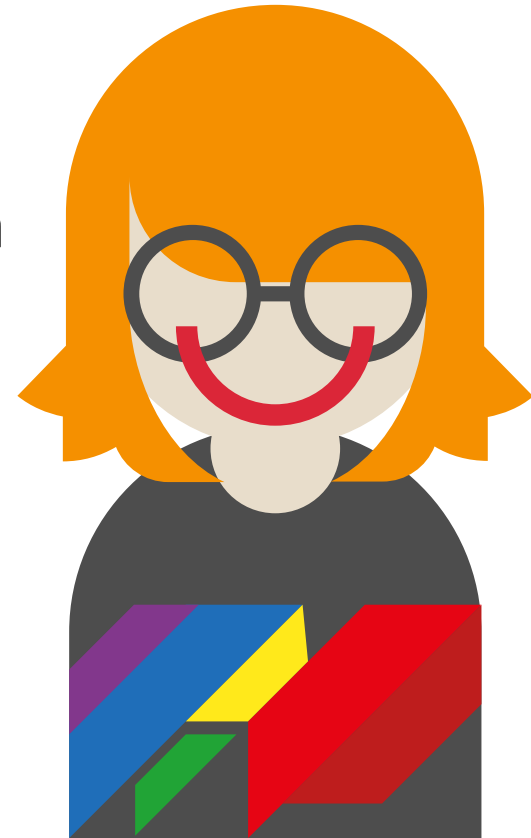# Model for 'What works?' in mental health support for LGBTQ+ young people
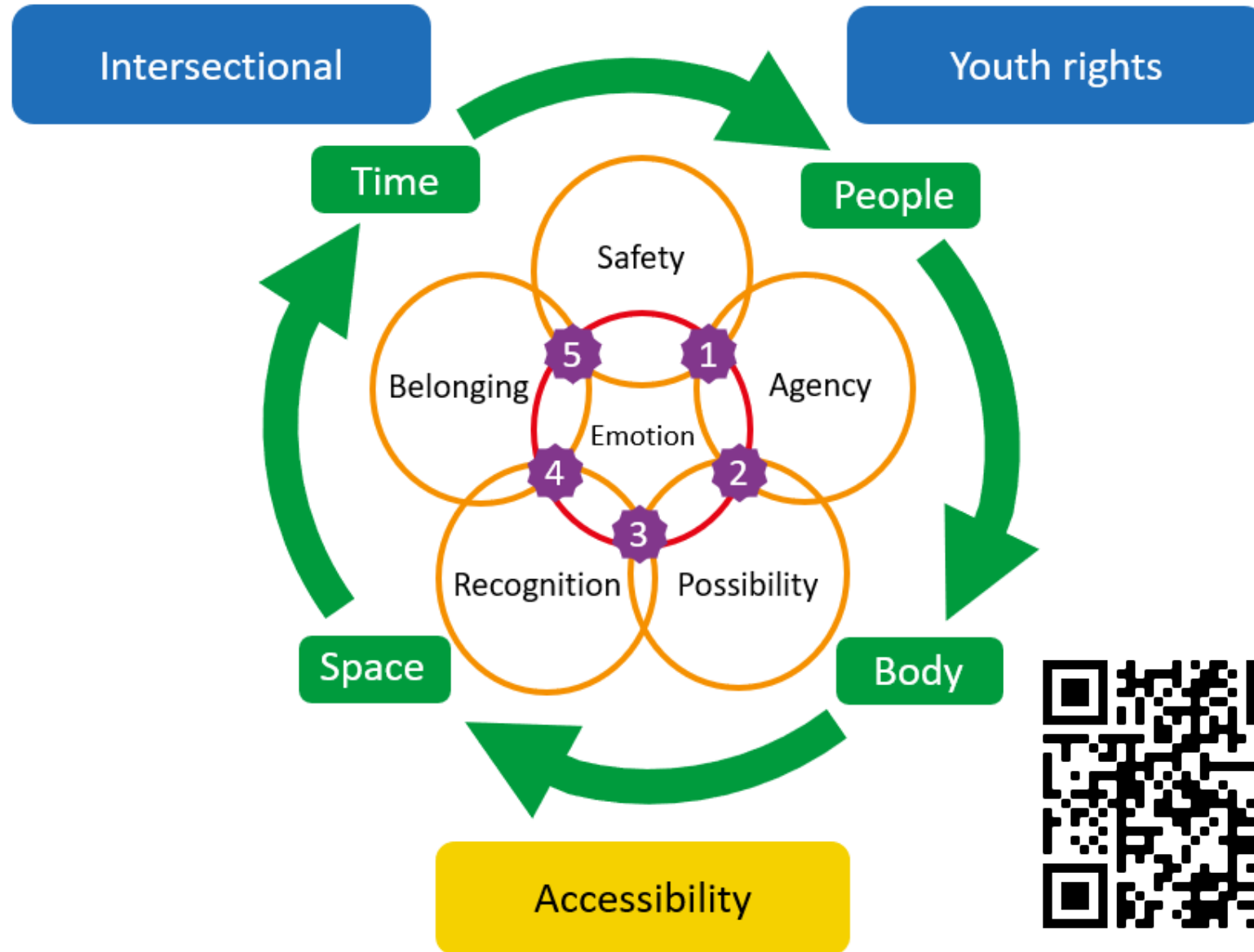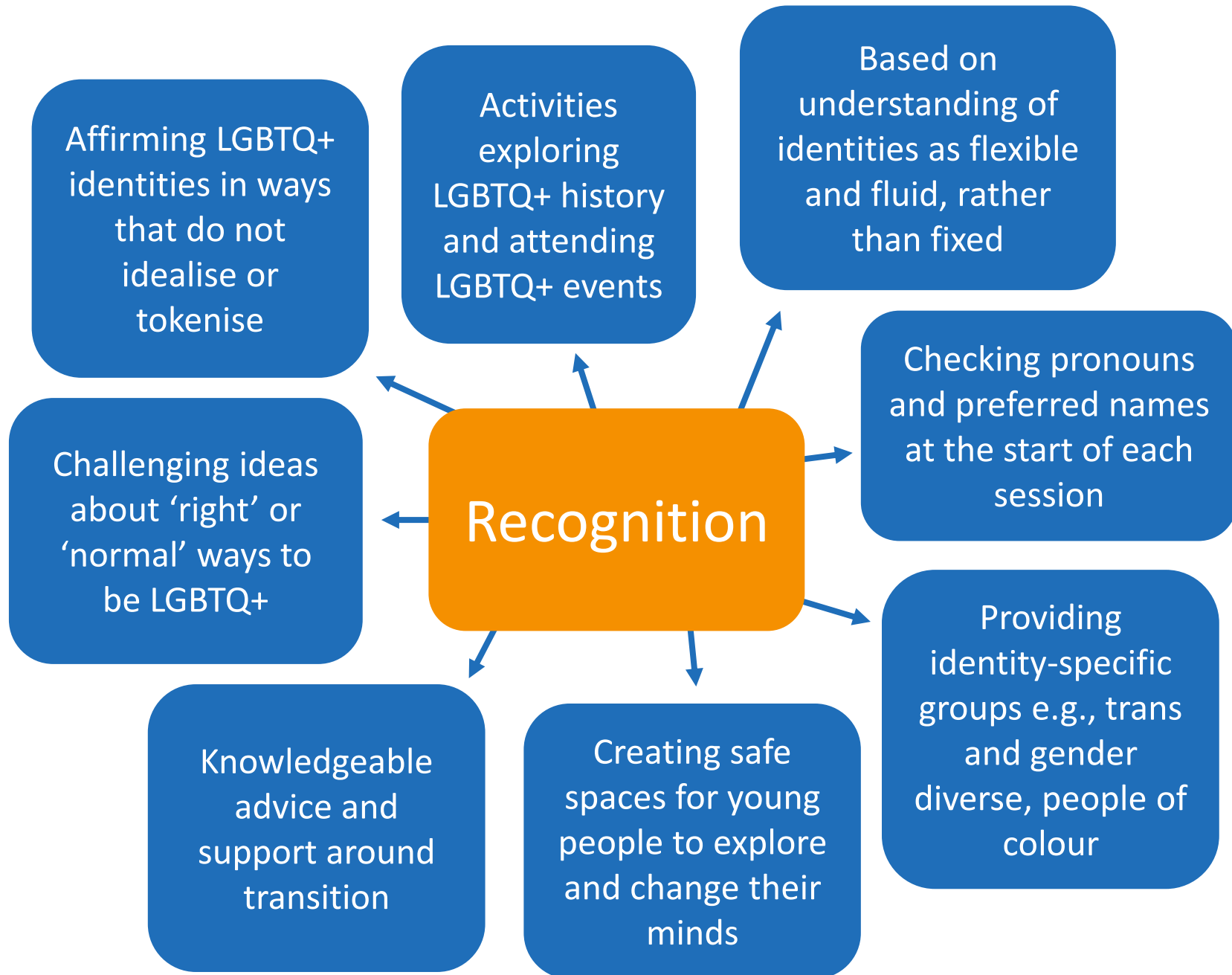
Val* (young person) said "You don't have to be a stereotypically masculine trans man or feminine trans woman, you can be whoever you are without judgement. You can use whatever name and pronouns. For many its the only space they can use the name and pronouns they identify with."

Principles in practice: What we found...

Agency
GP champions
Advocacy offers
Informed decision-making

Belonging
LGBTQ+ youth groups
Residentials
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
LGBTQ+ adult visits
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

Queer Futures 2 Commissioning Guidance

What?

Guidance for NHS commissioners on applying the QF2 'What works?' model across all stages of commissioning

When?

The guidance will be completed by the end of November 2022 – to receive updates on when it is available, sign up to our mailing list at https://queerfutures2.co.uk/ (scroll to the bottom of the home page for the sign up form)

Who?

The QF2 team wrote the guidance in collaboration with an advisory group of current and former NHS commissioners who met to contribute to development in June, August and October 2022

Queer Futures 2 Commissioning Checklist

Our commissioning guidance includes a checklist that breaks down each of the key principles into specific actions

While the guidance and checklist are aimed at commissioners, they can be used by service providers, practitioners, policy makers, and those working across other settings such as education and the third sector

You can access the checklist now at: **https://tinyurl.com/QF2ChecklistPreview**

Queer Futures 2 Checklist:
What works to support LGBTQ+ young people's mental health?

☐ **Accessibility** – Have specific steps been taken to identify and remove barriers and ensure that the service is accessible for LGBTQ+ young people?

☐ **Intersectional** – Does the service recognise and pay attention to different experiences and needs among LGBTQ+ young people? Have specific steps been taken to identify those young people who may be being excluded or overlooked?

☐ **Youth rights** – Are LGBTQ+ young people's human rights centred and upheld within the service?

☐ **Agency** – Does the service educate and empower LGBTQ+ young people to make informed decisions about their treatment and lives?

☐ **Belonging** – Does the service foster belonging and connection for LGBTQ+ young people?

☐ **Body** – Does the service support LGBTQ+ young people in bodily wellbeing and self-expression?

Any questions or thoughts?

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:
queerfutures2@lancaster.ac.uk