



**Mental Health
Network**
NHS Confederation

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

We will begin shortly.

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

shout

85258



Sarah Kendrick
Clinical Director

MENTAL
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- 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

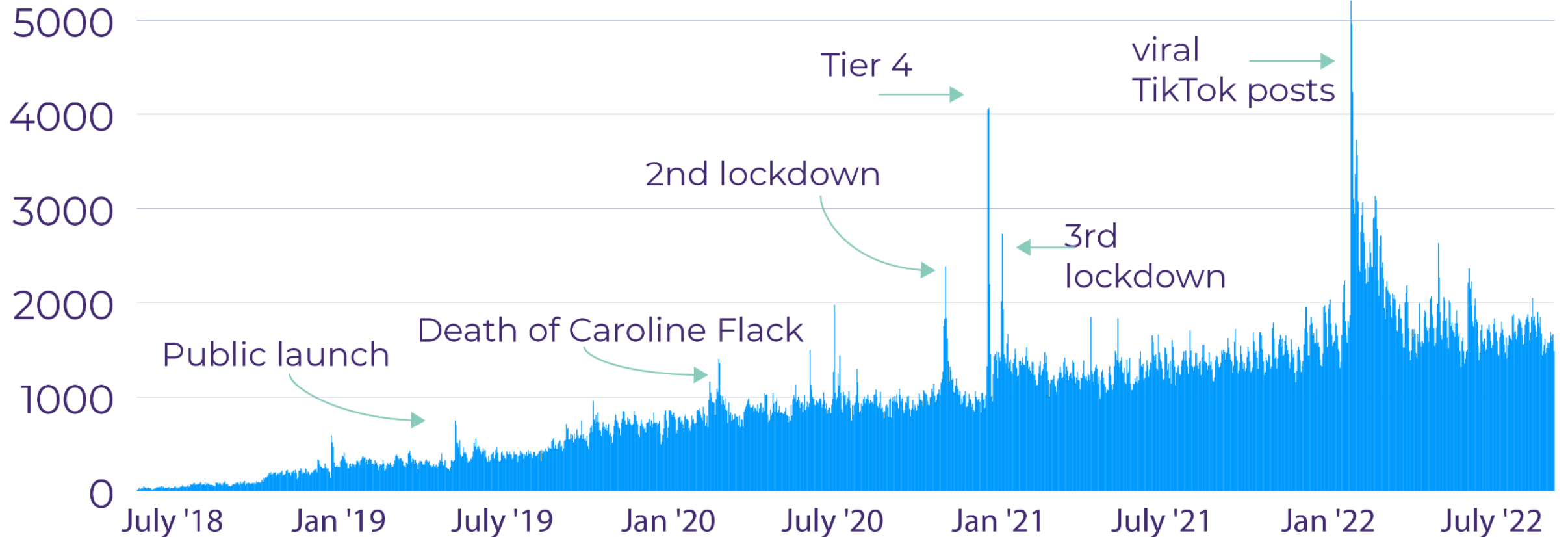
- Shout is the **UK's first and only free 24/7 text messaging mental health support** service for anyone struggling to cope
- **1.5 million conversations with 540,000 people** in distress
- Powered by trained **volunteers in the UK and New Zealand** and supported by a **dedicated team of clinicians and coaches**

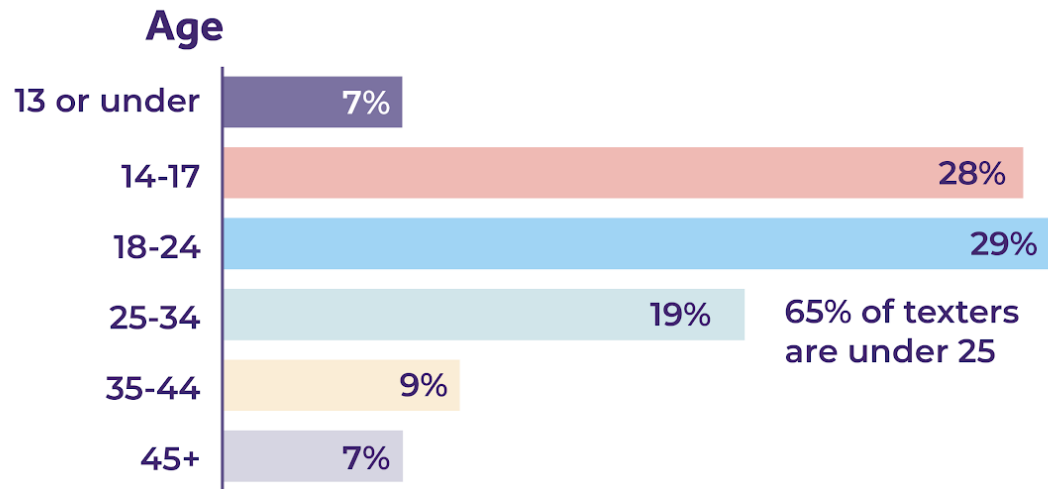
Delivering incredible value through digital, at £10 cost per conversation

Our History

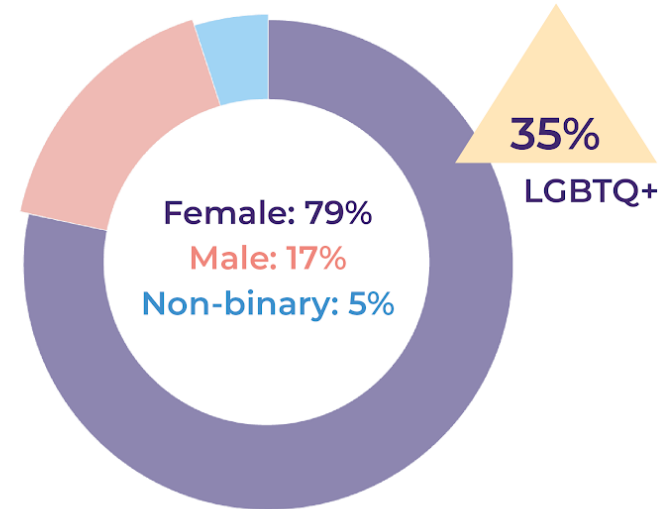


Conversations (daily totals)

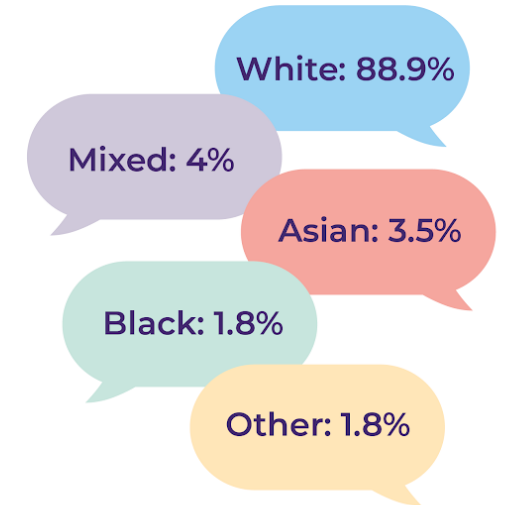




Sexuality and gender



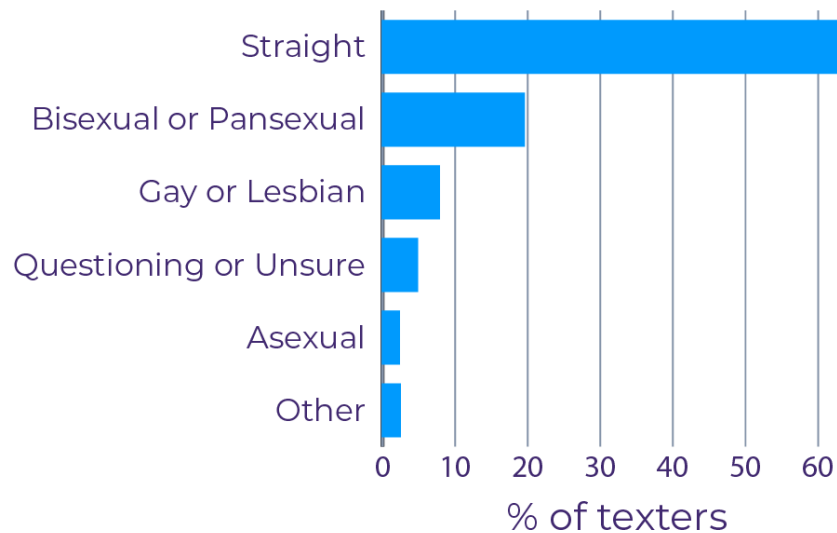
Ethnicity



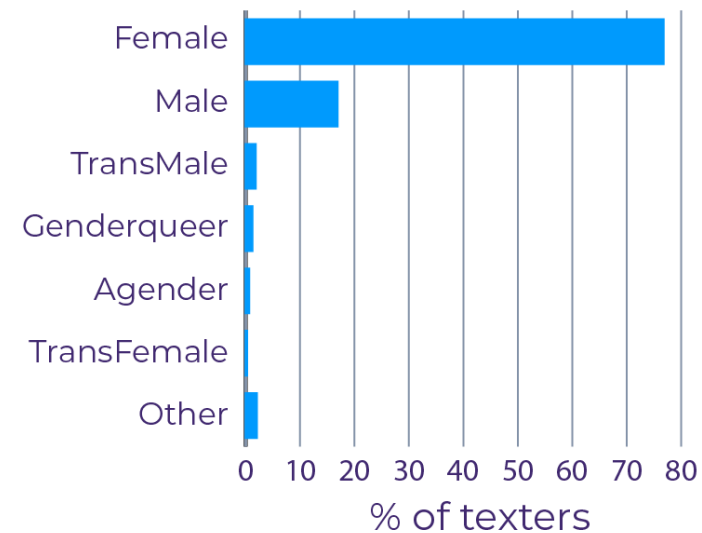
- Reach throughout the UK
- 26% of school-age texters get free school meals
- Underserved groups such as texters with Autism (7%) and deaf texters

- 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.

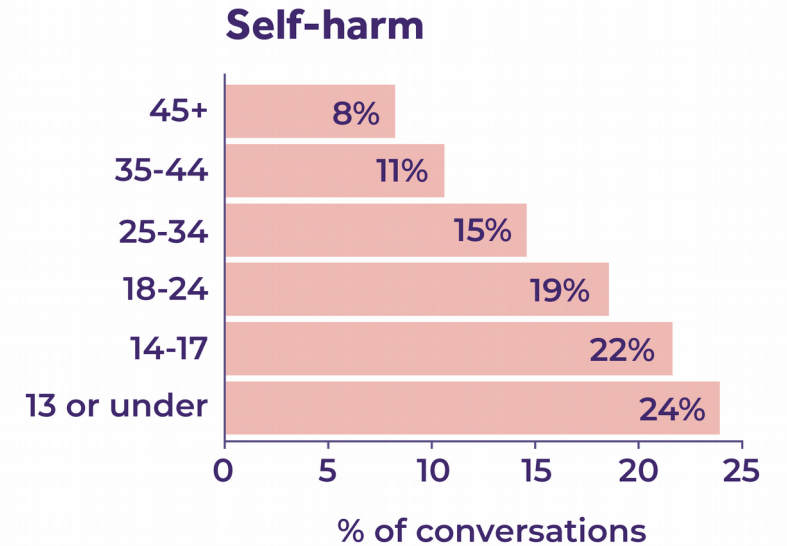
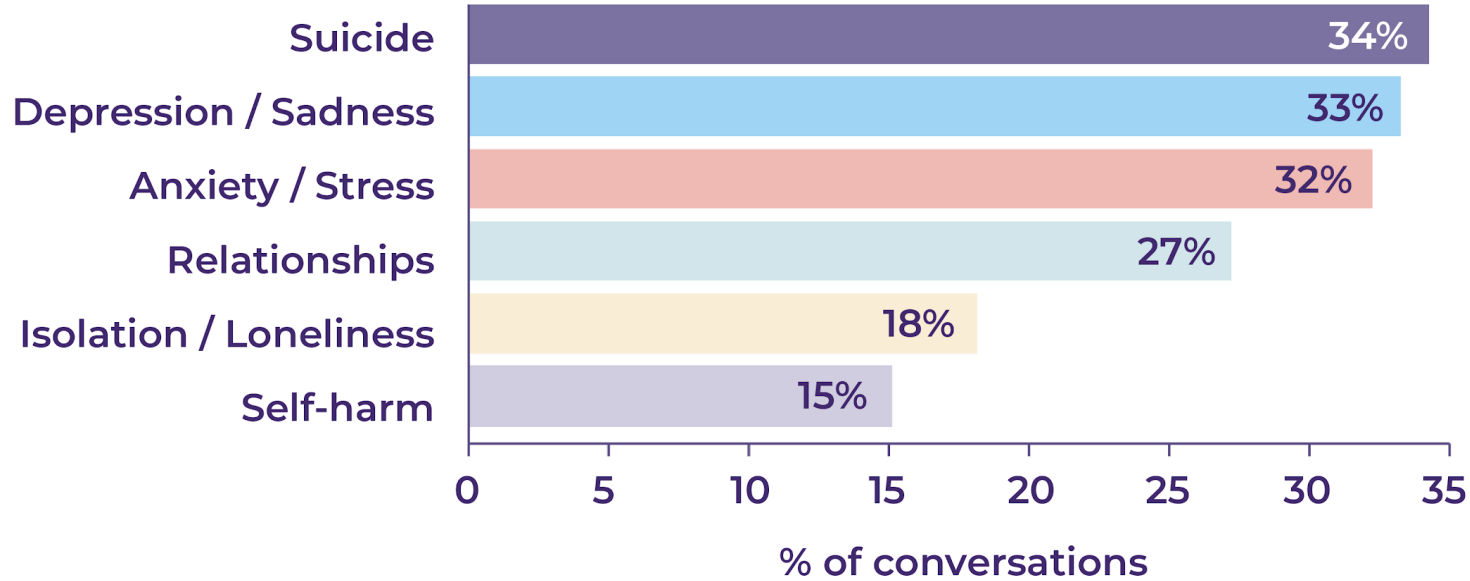
Sexual orientation



Gender identity



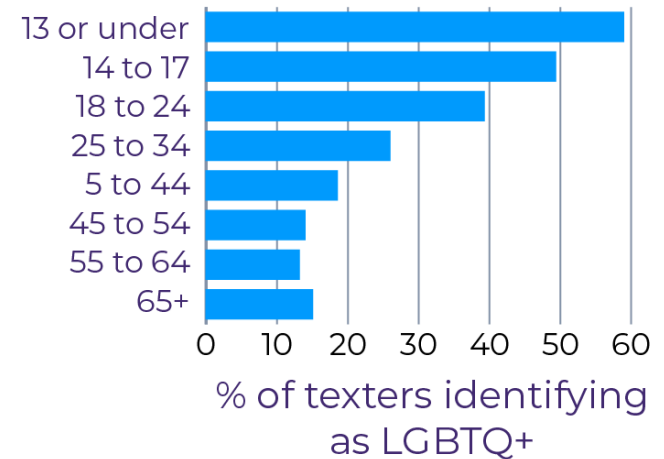
Six most common issues



- People who identify as LGBTQ+ are highly over-represented amongst Shout texters, particularly children and young adults
 - **37% of texters identified as LGBTQ+**

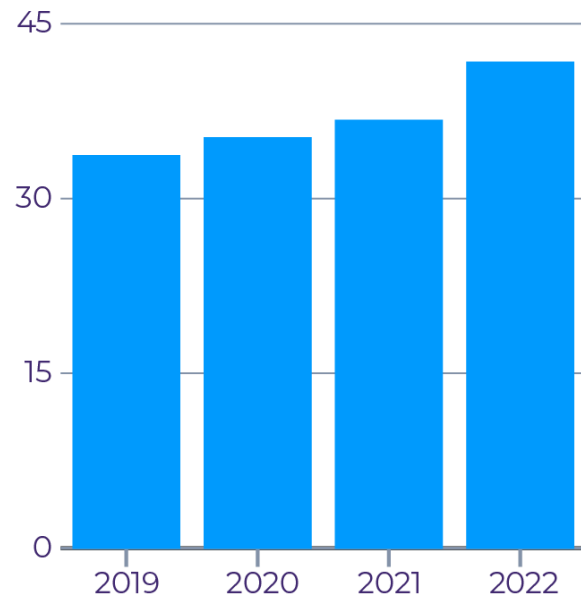
- We believe this likely indicates **increased need** for mental health support for several reasons:
 - The service is not specifically promoted to LGBTQ+ people (although we have a small number of relevant keyword partnerships)
 - 35% of texters who found us on Google (i.e., were actively searching 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

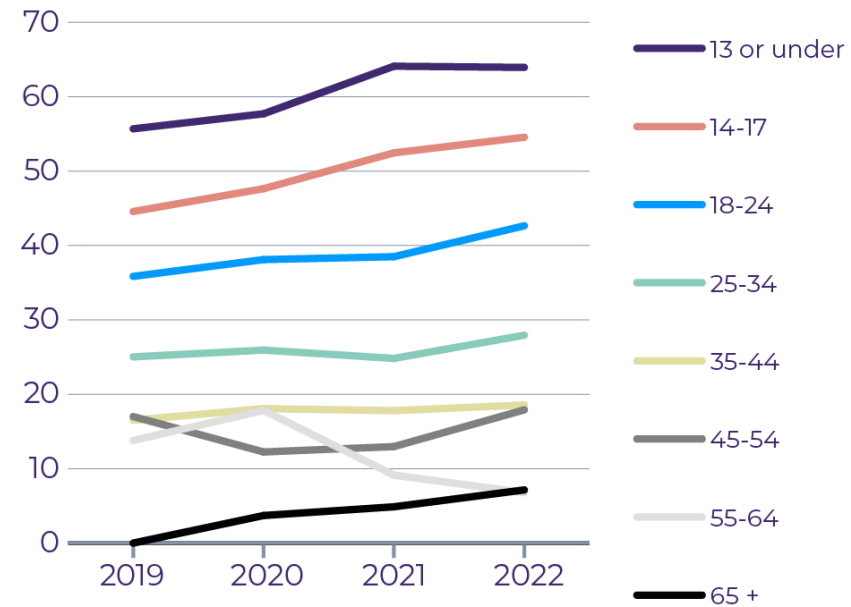


- Demand from texters that identify as LGBTQ+ appears to be gradually increasing (based on those that found us via Google), particularly amongst younger texters

% of texters identifying as LGBTQ+

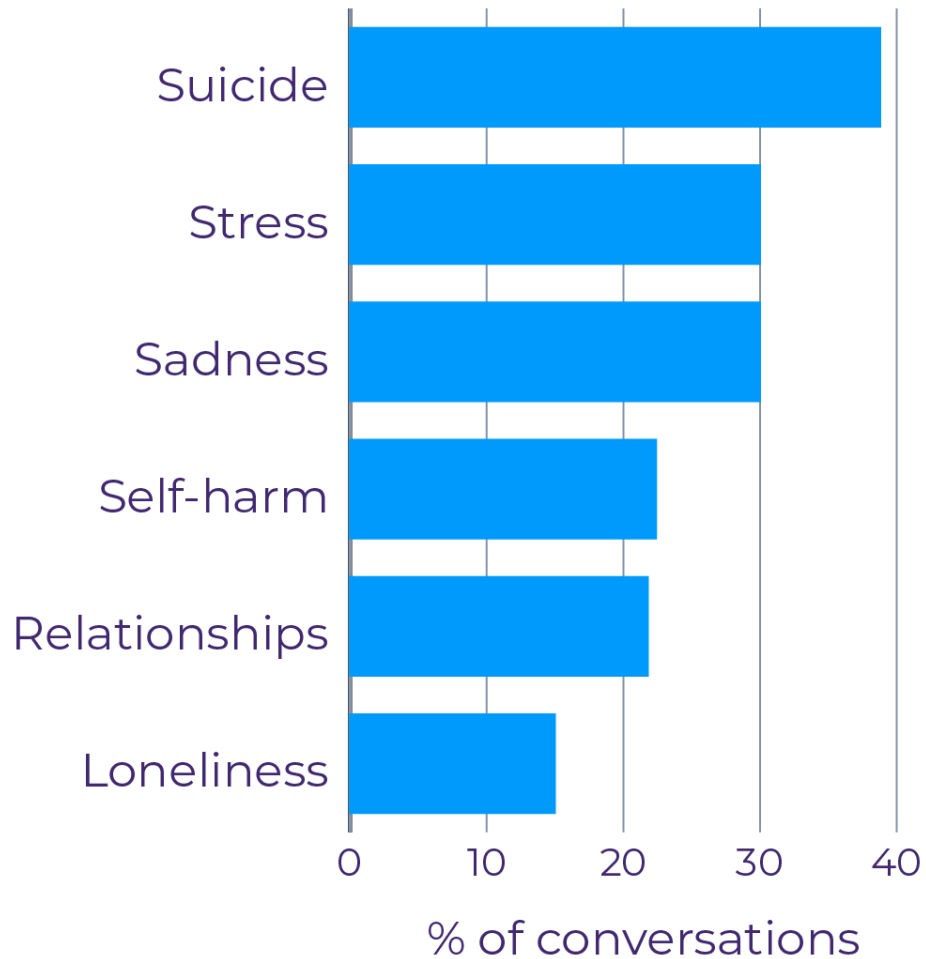


% of texters identifying as LGBTQ+ by age

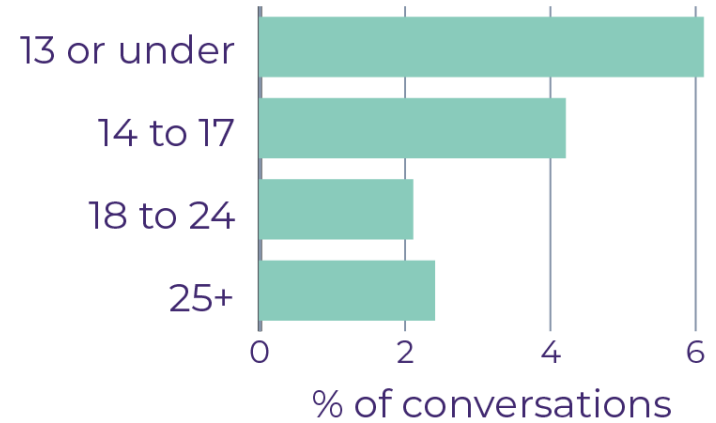


What do LGBTQ+ texters contact us about?

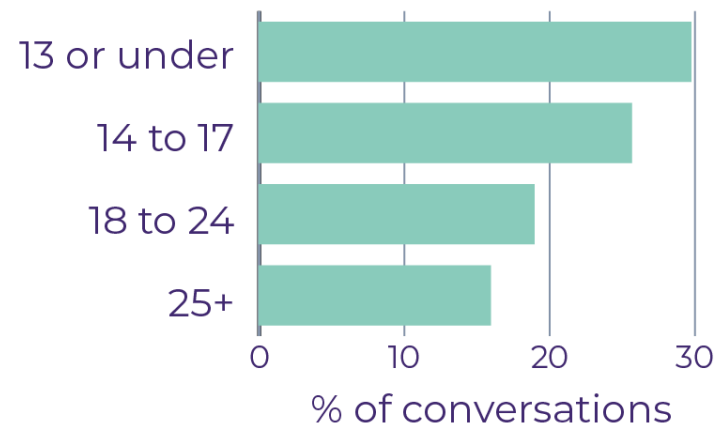
Main conversation issues



Gender / sexuality



Self-harm



Why did they contact us?



- 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



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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*

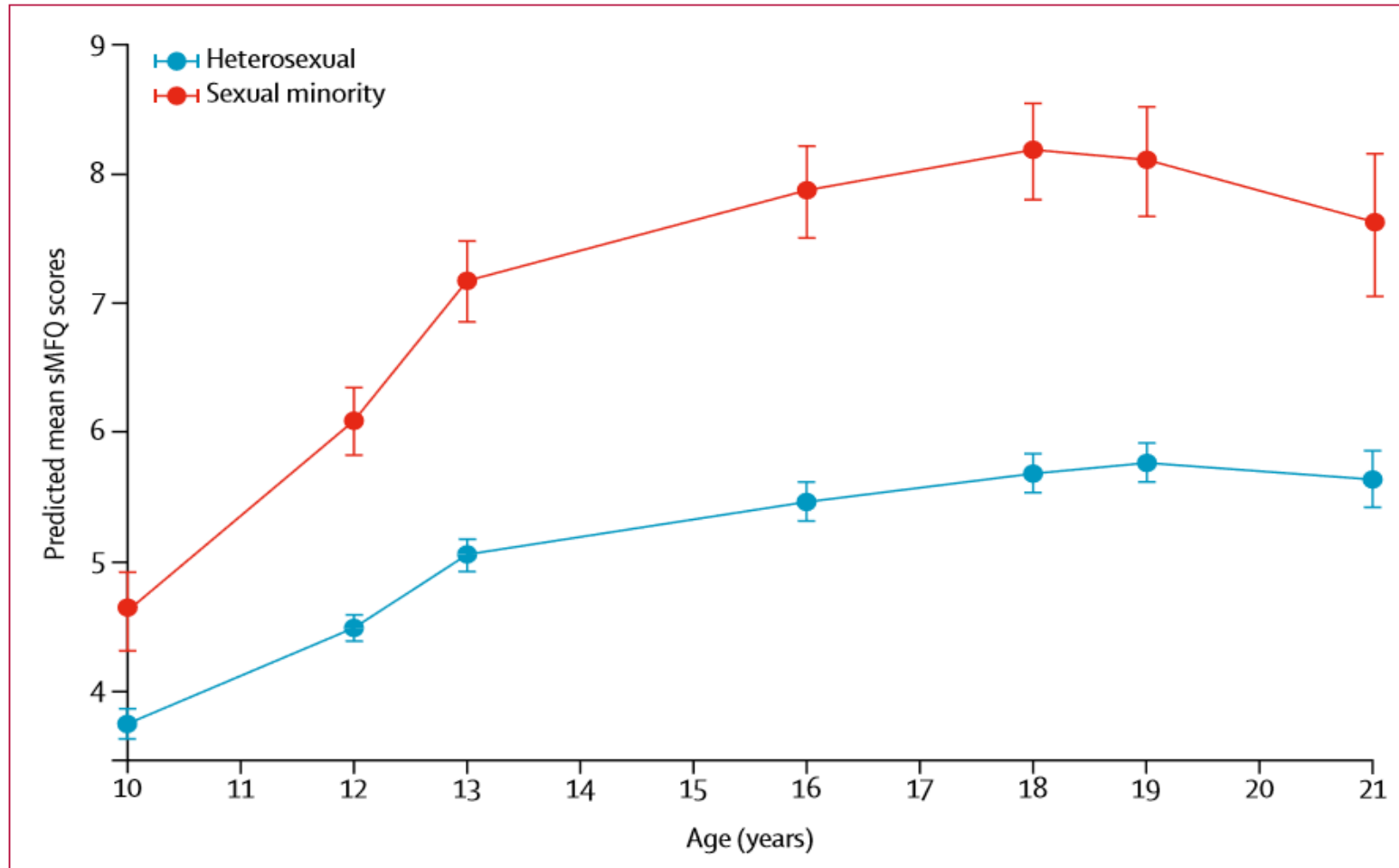


Figure: Predicted mean sMFQ scores over time

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

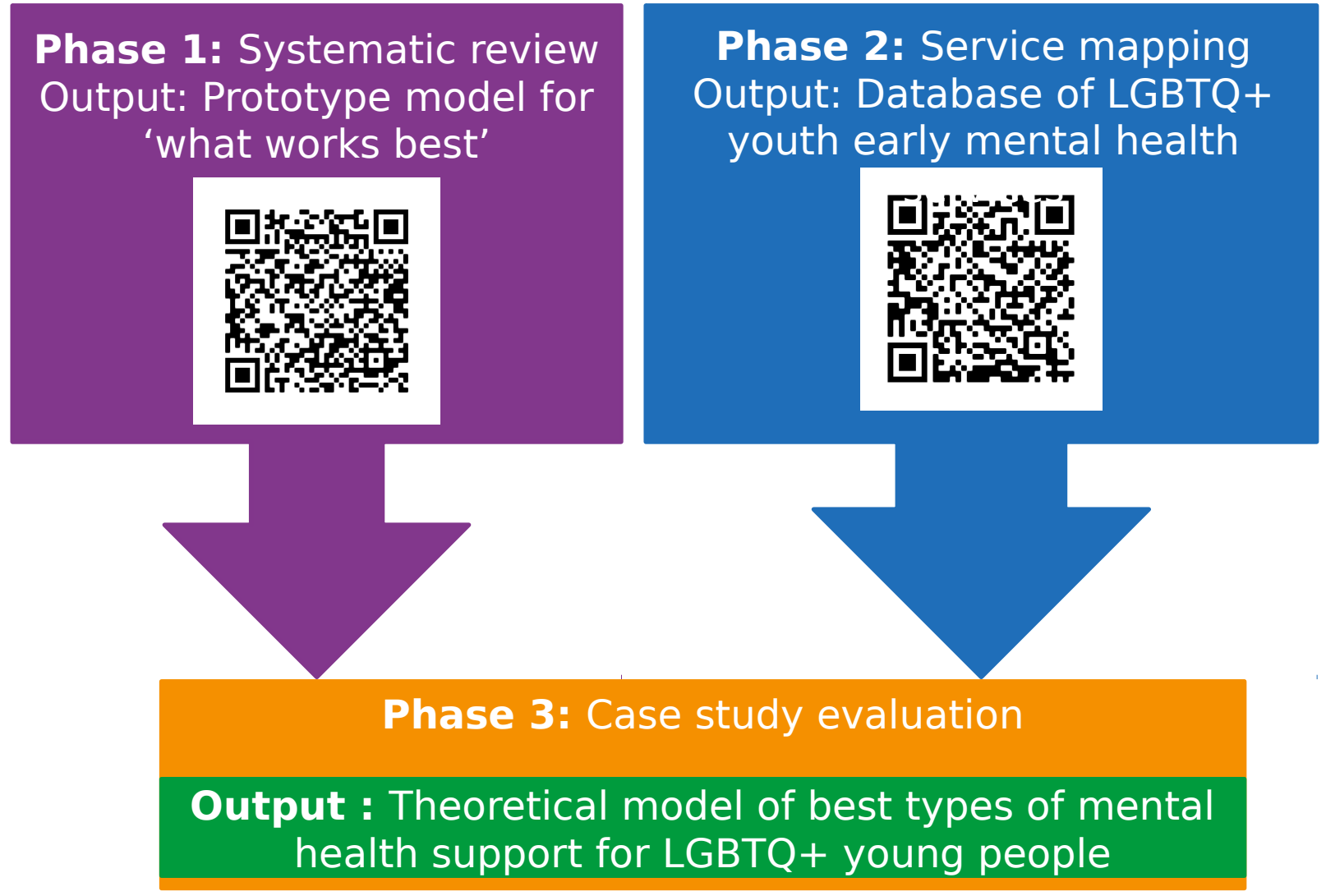
Conflict with family or
peers about sexual or
gender identity

Social isolation

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



Overview of method



LGBTQ+ young people involved in the project throughout



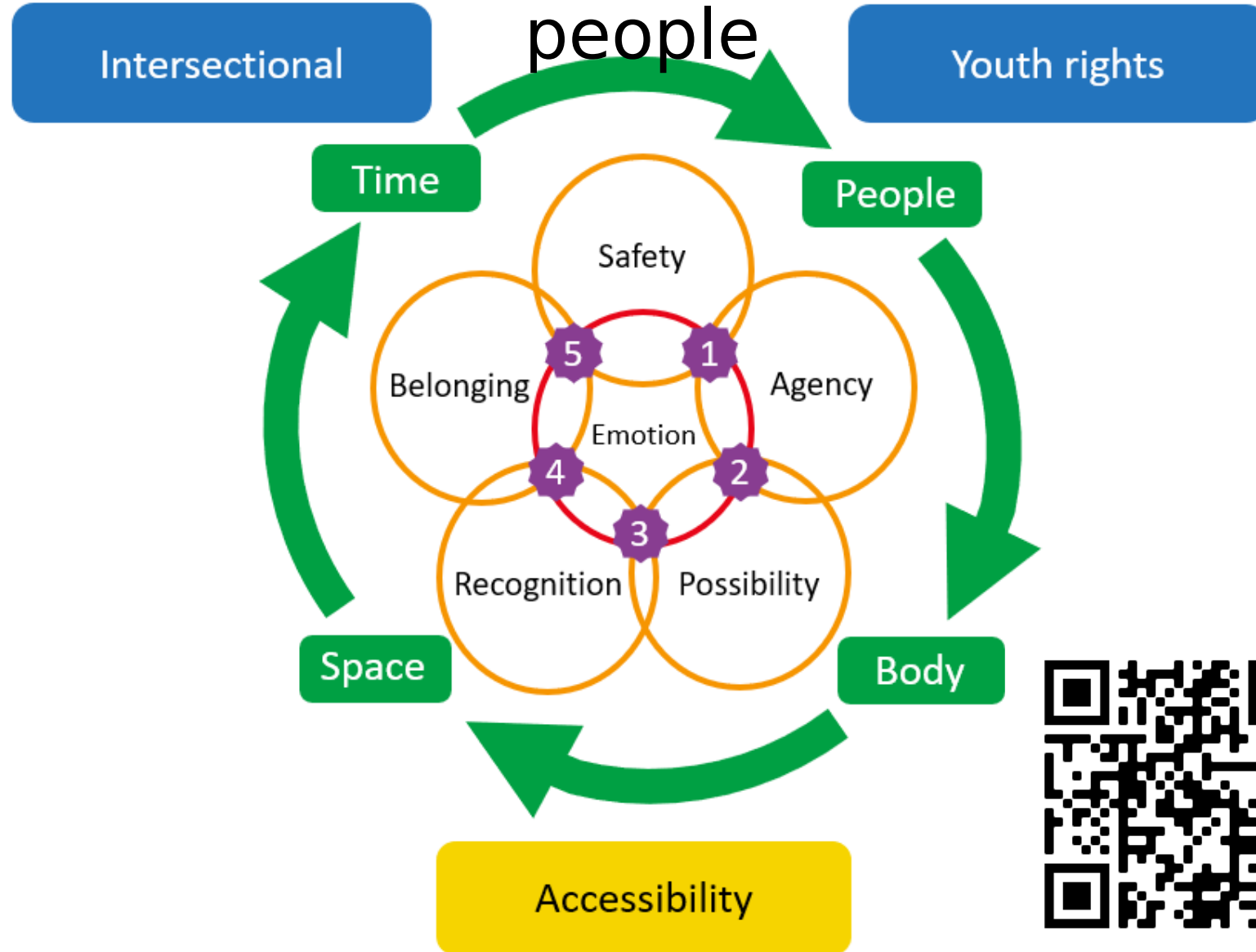
Spotlight on- Phase 3 case study method

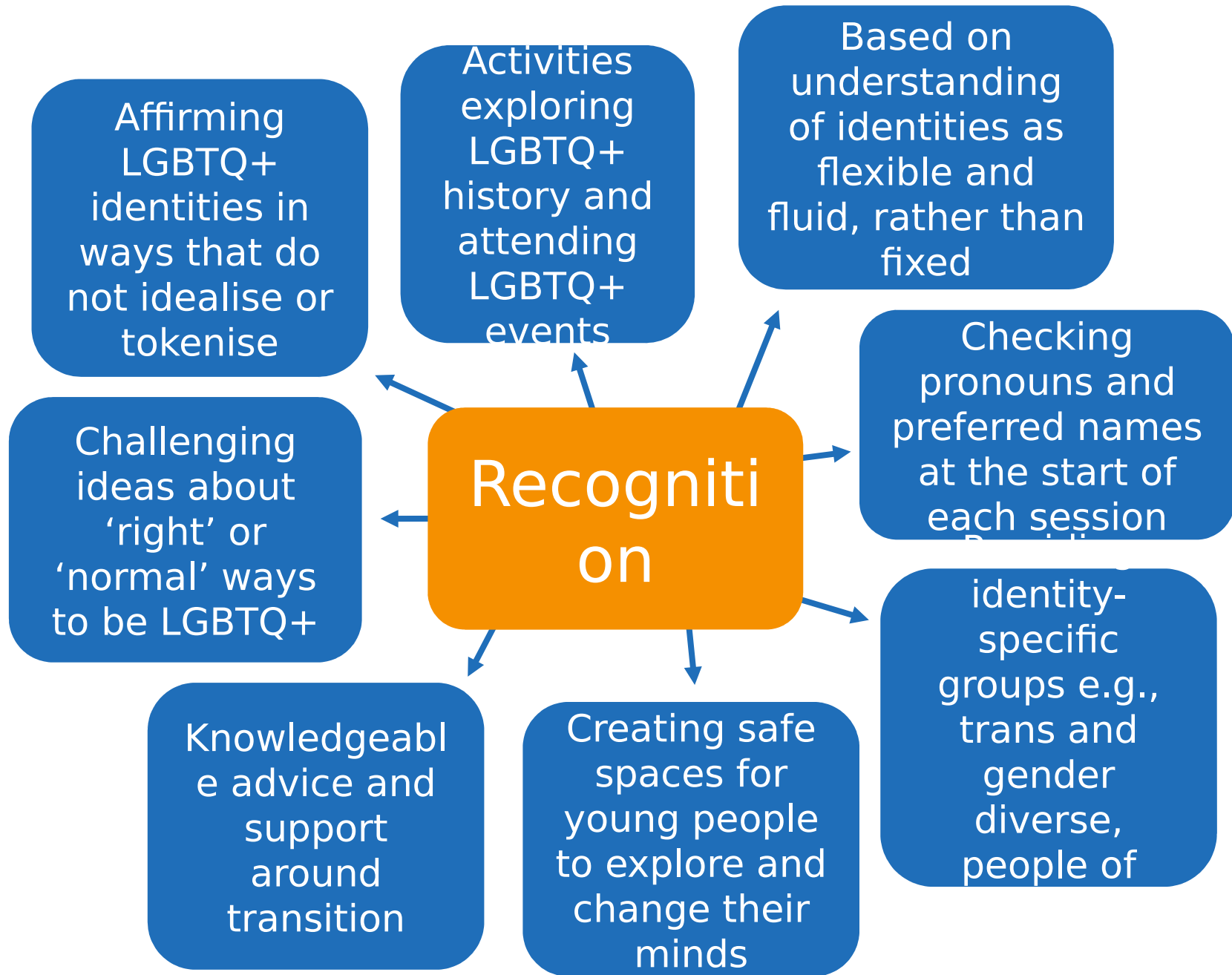
1. To develop understanding of how, why and in what context mental health early intervention works for LGBTQ+ young people
2. To increase understanding of access to and navigation of these services
3. To generate commissioning guidance about early intervention mental health services

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



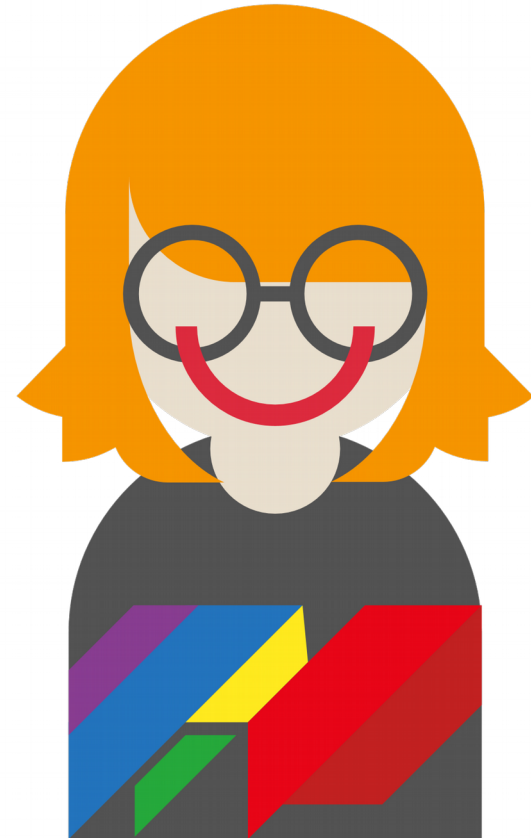
Model for 'What works?' in mental health support for LGBTQ+ young people







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

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



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

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?’**



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: