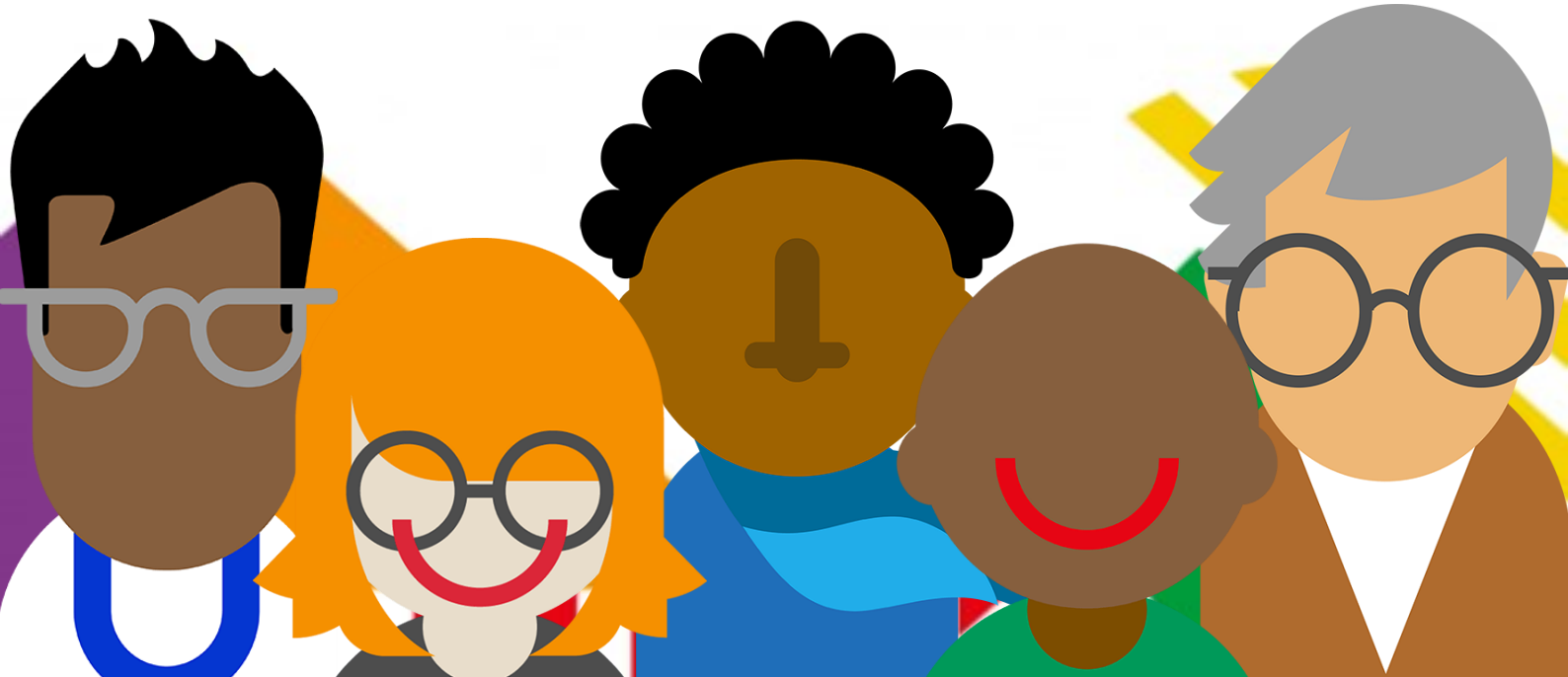
QUEER FUTURES 2

What works in early intervention mental health support for LGBTQ+ young people?

Guidance for NHS commissioners



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This guidance was prepared by an advisory group including NHS and local authority commissioners, providers of mental health support for LGBTQ+ young people, and members of the Queer Futures 2 research team.

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Key messages

Commissioners have three key problems to address:

1. LGBTQ+ young people have poor mental health outcomes—marginalisation, isolation and hopelessness are major factors that contribute to this inequity.
2. LGBTQ+ young people underuse mental health services due to a lack of trust in services, fear of being judged, and past experiences of discrimination.
3. LGBTQ+ young people have poor experiences when using mental health services, including LGBTQ+ identities being dismissed or treated like a 'problem', having staff use discriminatory and derogatory language about LGBTQ+ people, and having to educate those providing them with support about the needs of LGBTQ+ young people.

NHS services are currently not equipped to support LGBTQ+ young people experiencing mental health problems. Queer Futures 2 sought to find out 'what works best' in early intervention mental health support for LGBTQ+ young people by conducting research with 12 existing services.

Here's what we found:

What works best?

To **reduce poor mental health for LGBTQ+ young people**, develop services that support **connectedness**, **self-expression** and **hope for the future** on young people's own terms.

To **increase access to mental health services for LGBTQ+ young people**, ensure that the service is **safe, knowledgeable** and **affirming,** and that it **fits into LGBTQ+ young people's lives.**

To **improve LGBTQ+ young people's experiences of using mental health services**, ensure that young people feel **ownership of the support space** and can **trust the people providing support**. Services should **support LGBTQ+ young people's informed decision making** and **centre their feelings rather than focus on diagnosis** when offering support.

Designing and developing early intervention services that uphold the key principles included in the Queer Futures 2 model for 'What works?' is crucial to tackling poor mental health for LGBTQ+ young people, increasing LGBTQ+ young people's access to mental health services, and ensuring that LGBTQ+ young people do not have poor or harmful experiences when using mental health services.

1 Introduction

Lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) young people experience significant mental health inequalities. Despite this, NHS support services and specialist care pathways specifically addressing the needs of LGBTQ+ young people are scarce, and the majority of early intervention mental health services for this population are based in the voluntary and community sectors.

This guidance is based on research conducted by Queer Futures 2 with 12 UK early intervention mental health services for LGBTQ+ young people. The study was funded by the National Institute for Health Research. The service recommendations result from an evaluation of what works best across these 12 services. Quotations are taken from interviews conducted with LGBTQ+ young people accessing mental health support services and with the staff and volunteers delivering these services.

All the names used in this guidance are pseudonyms; the people interviewed have been anonymised to protect their privacy and confidentiality. The guidance was developed by an advisory group including NHS and local authority commissioners, providers of mental health support for LGBTQ+ young people and members of the Queer Futures 2 research team.

We use LGBTQ+ to refer collectively to sexual minority and gender diverse identities. This abbreviation was decided upon in consultation with young people, who contributed to defining terms at the start of the Queer Futures 2 study.

1.1 Aims and objectives of this guidance

The key aims of this guidance are:

- To provide commissioners with up-to-date evidence on mental health support for LGBTQ+ young people;
- To showcase exemplary existing services and service models;
- To highlight gaps in current provision;
- To provide clear guidance and implementation strategies for the commissioning of *new* services;
- To provide clear guidance and implementation strategies for improving *existing* services, or adding an LGBTQ+ strand to an existing service.

1.2 Why is this important?

1.2.1 LGBTQ+ young people's mental health

In 2003, findings were published for the first large-scale UK study examining mental health and quality of life for lesbians and gay men living in England and Wales. These findings highlighted **greater levels of psychological distress among lesbians and gay men** compared to heterosexual women and men respectively, across age brackets, including young people aged 16-24 (4).

> "A sense of community. It sounds so simple, but it honestly means the world when you feel just that little bit less alone. Especially in today's society, it's so easy to feel detached, but the service is there to provide young people with both a community and the feeling that someone is there for them." (*Georgie, aged 19*)

This mental health inequality continues to be reported in subsequent research. In a 2016 pooled analysis of 12 UK population surveys, **lesbian, gay and bisexual identified people under the age of 35 were twice as likely to report symptoms of poor mental health** compared with heterosexual peers (5). In 2019, analysis of online survey data from 677 UK participants aged 16-25 years old in the 'Youth Chances' community study highlighted **higher rates of poor mental health, suicidality and experiences of victimisation among trans and non-binary young people** than in the wider population (6). Prominent mental health concerns (which we refer to collectively as 'common' mental health problems for LGBTQ+ young people) are depression, anxiety and panic attacks, self-harm, and suicidal ideation and attempts (7, 8).

Despite these mental health disparities, **LGBTQ+ young people also have unmet mental health needs compared to their cisgender and/or heterosexual peers**, and underuse mental health services (9-13). In addition to hesitancy to seek support, research suggests that LGBTQ+ young people have a poor experience of mental health services and support when they do use them (6, 12-16). These negative experiences, which LGBTQ+ young people identify as having a detrimental impact on their mental health, include:

- Buildings and infrastructure that are inaccessible e.g., no all gender toilets;
- Being treated as clinical 'curiosities' and asked inappropriate questions;
- Having their LGBTQ+ identity pathologized e.g., LGBTQ+ identity being framed as a 'presenting factor' or as a symptom;
- Feeling responsible for educating those providing the service about LGBTQ+ identities, racism, ableism and other forms of oppression;
- Young people's identities being dismissed or undermined e.g., being told that they are 'confused' about their identity;

- Being discouraged from accessing LGBTQ+ specific services;
- Service staff not using the young person's correct name, pronouns or other gendered language.

In this guidance, we draw upon existing evidence and original research from the Queer Futures 2 study to outline the challenges facing LGBTQ+ young people and what solutions are available to those commissioning support.

1.2.2 Early intervention mental health support

According to the Early Intervention Foundation, the central principle of early intervention is effectively identifying and providing early and preventive support to children and young people who are at a heightened risk of poor outcomes (17). This strategy has been emphasised further in light of Covid-19 and the impacts on children and young people's mental health since the first UK lockdown in early 2020 (18-20).

The importance of early and preventive support for the long-term development of young people is included in the UK government Health and Social Care (HSC) Committee's 2021 report into children and young people's mental health, which advocates for radical action to focus mental health provision on early intervention and prevention (18). Drawing on research conducted by the National Children's Bureau and UCL (8) and by the charity Stonewall (21), the HSC committee affirms the need for targeted strategies to increase protective factors for LGBTQ+ young people.

Early intervention may be situated across a range of different settings and take a variety of forms, as is reflected in the Queer Futures 2 typology of early intervention services for LGBTQ+ young people. This guidance can be adapted for implementation across different support settings and contexts.

In this guidance, we use 'early intervention' to refer to mental health services that LGBTQ+ young people can access before reaching crisis point. While the focus of the Queer Futures 2 project was young people aged 12-25, there is evidence that mental health inequalities for LGBTQ+ young people start as early as age 10 (22).

1.3 Who is this guide for?

This guidance is for:

- any commissioner who wants to gain a better understanding of how to provide effective early intervention mental health support for LGBTQ+ young people;

- early intervention mental health support providers across all settings, including the NHS, Local Authorities, schools and colleges, and the voluntary and community sectors;
- Integrated Care Boards (ICBs), NHS Boards, Health Boards, and Local Commissioning Groups (LCGs) with responsibility for commissioning early intervention mental health support for LGBTQ+ young people across England, Scotland, Wales and Northern Ireland;
- the Office for Health Improvement and Disparities (OHID), Public Health Scotland, Northern Ireland's Public Health Agency (PHA), and Public Health Wales as a resource of direct relevance to the reduction of health inequalities for LGBTQ+ young people.

1.4 How to use this guidance

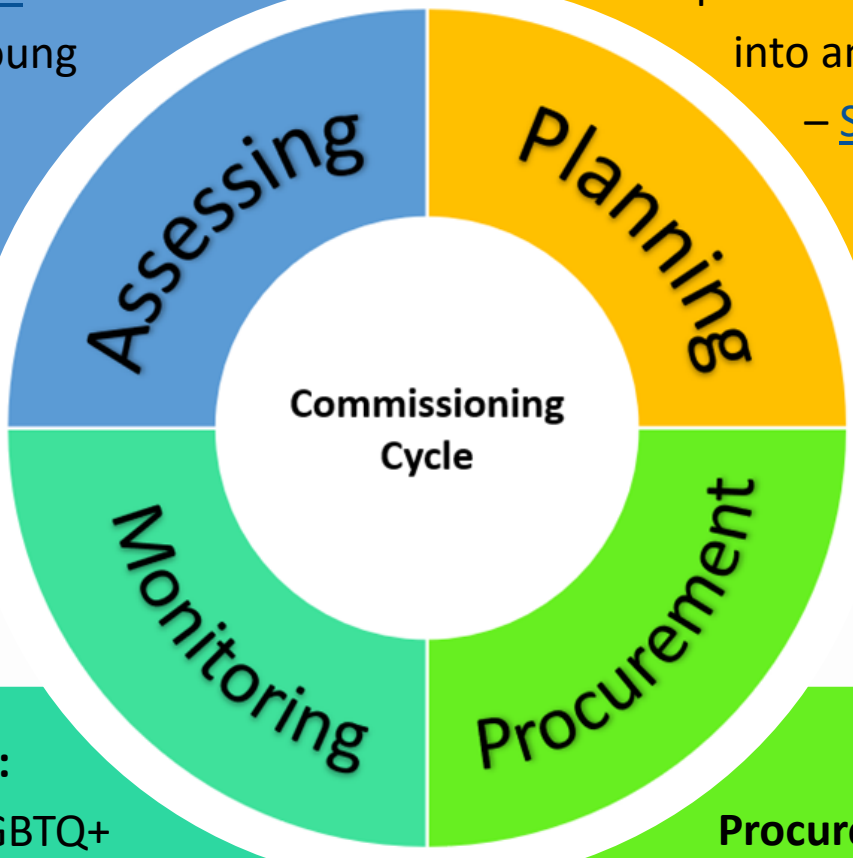
This guidance is designed to be used across different commissioning levels, stages and contexts. While the primary audience is NHS commissioners, it will also be of use to those commissioning in other settings such as Local Authorities and education.

Queer Futures 2 has identified key principles underpinning the best types of early intervention mental health support for LGBTQ+ young people. The sections of this guidance explain these principles as solutions to three key problems facing commissioners, with case study examples illustrating the principles in practice. This guidance should be used to **develop understanding of the need for services for LGBTQ+ young people**, **inform what these services should look like and who should provide them**, and **feed into planning, designing and developing services**.

To navigate to sections of this guidance that relate to the commissioning cycle, head to page 8.

Assessing: Supporting equality needs assessment and expressing the needs of LGBTQ+ young people – Section 4.1 and Section 8.2
Relevant legislation, policy and human rights covenants – Section 2.4
Involving young people – Section 8.2

Planning: Involving LGBTQ+ young people in service planning – Section 8.2
Planning new services and adapting/enhancing existing services – Section 7
Embedding LGBTQ+ acceptance and access into any service – Section 3.2



Monitoring:
Involving LGBTQ+ young people in service evaluation – Section 8.2
Monitoring and evaluating LGBTQ+ young people's experiences – Section 8
Monitoring demographics in an LGBTQ+ sensitive way – Section 8.1

Procurement:
How LGBTQ+ young people can be involved in service procurement – Section 8.2
Benefits of working with established LGBTQ+ third sector providers – Section 7.1

2 What support exists for LGBTQ+ young people?

2.1 What kind of support is needed?

Despite knowing that LGBTQ+ young people are less likely to access mainstream mental health services, the existing research evidence regarding LGBTQ+ young people's mental health support needs and service preferences is very limited. Overwhelmingly, research has focused on the identification of barriers to access rather than facilitators to encourage engagement with services (23).

The Queer Futures 2 review of evidence regarding mental health support for LGBTQ+ young people highlighted the fact that **LGBTQ+ young people benefit most when providers are able to offer informed and affirming support** that neither under- nor overemphasises the role of being LGBTQ+ in relation to mental distress. The review identified the importance of understanding the ways in which LGBTQ+ young people live in a world that continues to either explicitly degrade LGBTQ+ identities or to marginalise LGBTQ+ lives. Young people must be supported to exist within and resist the harmful effects of these difficult environments.

2.2 Existing UK provision

The Queer Futures 2 mapping study identified 111 services in the UK offering early intervention mental health support to LGBTQ+ young people. The distribution and support type of these services across different settings are shown in *Figure 1* and *Figure 2* below.

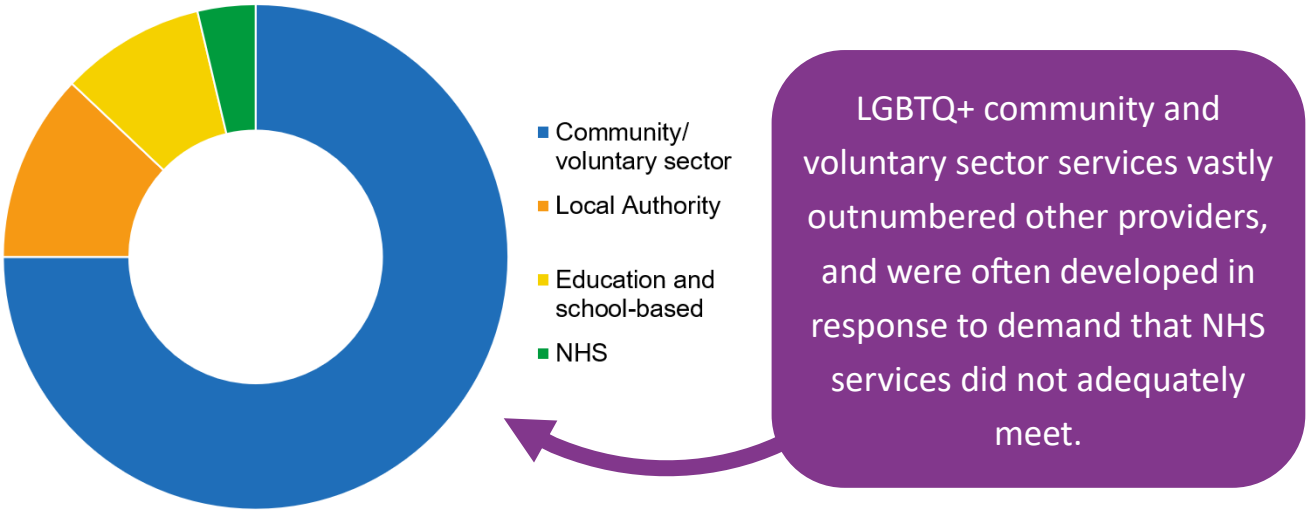


Figure 1 - Breakdown of providers of early intervention mental health services for LGBTQ+ young people by type

The majority of services were face-to-face, with a small number operating via telephone only. In response to the pandemic, many services developed online and remote support offers, some of which have been kept to support access.

Figure 2 - Types of early intervention mental health support offered for LGBTQ+ young people

2.3 Gaps in service provision

As illustrated in the Queer Futures 2 typology of services, **NHS support that addresses LGBTQ+ young people's needs specifically is largely absent**, with only 5 NHS services identified. This is because mainstream services have not understood the need for services specific to LGBTQ+ young people. LGBTQ+ youth mental health inequality cannot be tackled without specific service provision for LGBTQ+ young people (24). Equitable service provision is sometimes conflated with providing 'the same' service to everyone. This indicates misunderstanding of the following key factors:

- That LGBTQ+ young people have a heightened risk of poor mental health;
- The reasons for this elevated risk, namely marginalisation, exclusion and stigmatisation;
- The underutilisation of mental health services by LGBTQ+ young people;
- LGBTQ+ young people's experiences of judgment, discrimination, and prejudice when using mental health services.

The majority of mental health services for LGBTQ+ young people are provided by the LGBTQ+ voluntary and community sector services. These services are reliant on non-statutory and charitable funding, making them vulnerable due to funding instability. In addition, these services are limited by their authority and capacity to be involved in some aspects of LGBTQ+ young people's support (e.g., safeguarding interventions and multidisciplinary team (MDT) meetings) in comparison to statutory services.

A further gap in services is that the majority of provision is located in urban settings, presenting a barrier to access for those living in rural areas and who may need to travel

considerable distances to access appropriate services. Some existing services provide online groups and resources (alongside face-to-face support) as a means to increase access for LGBTQ+ young people in rural areas or for LGBTQ+ young people who find online support more accessible. Similarly, the small number of services (12.6%) offering trans-specific mental health support creates difficulties for trans and gender diverse young people seeking access to appropriate mental health support.

2.4 Legislative landscape for LGBTQ+ specific services

Commissioner responsibilities to tackle health inequalities span national and international covenants and legislation. Under the International Covenant on Economic, Social and Cultural Rights, to which the UK is a signatory, Article 12 establishes the right of every person to the **highest possible standard of physical and mental health** (25). The UN and the WHO identify the fundamental relationship between human rights and mental health. UNICEF (UK) argue that 'it is key that local government, services and professionals frame good mental health as a basic human right, one all children and young people are entitled to' (26).

The United Nations Convention on the Rights of the Child (UNCRC) outlines the rights of children and young people to **good mental health and mental health services** (Article 24), alongside rights to **non-discrimination** (Article 2), and **identity** (Article 8). While the integration of youth rights into law, policy and practice worldwide has been slow and inconsistent (27), international human rights commitments for children and young people are emphasised in the public facing and online presence of the children and young people's commissioners for Scotland, Wales, and Northern Ireland.

Under Section 149 of the Equality Act 2010, public sector services have duties to eliminate discrimination and advance equality of opportunity between groups who

Centring human rights

At the time of this guidance being written, LGBTQ+ young people are facing active legislative and policy attacks on their human rights; the UK was identified alongside Hungary and Poland in a 2021 Council of Europe report condemning attacks on LGBTQ+ human rights, particularly for trans people (1). Legislative attacks have placed young people's access to gender affirming healthcare at risk (2, 3), and trans and gender diverse young people have been excluded from the development of legislation banning conversion practices. In addition to ongoing attacks on LGBTQ+ young people's rights, the long-term legislative and policy implications of major political developments such as Brexit on LGBTQ+ rights remain uncertain. **Within this uncertain landscape, it is more important than ever to centre and uphold children and young people's human rights in service commissioning and delivery.**

share a protected characteristic (including gender reassignment and sexual orientation) and those who do not share this characteristic. The Health and Care Act 2022 further emphasises Integrated Care Board (ICB) responsibilities to address health inequalities across access to and outcomes from health services (26).

Between nations

While legislation such as the Equality Act 2020 applies to all four UK nations, there are also significant legislative and policy differences across Northern Ireland (NI), Scotland, Wales and England. The Scottish government is, at the time of writing, publicly affirming and taking steps towards a self-declaration legal model of gender recognition, alongside embedding human rights throughout legislation more broadly. Scotland has become the first country in the world to commit to embedding LGBTQ+ inclusive education across all schools. Access to gender affirming healthcare is particularly difficult in NI, where young people must be referred to CAMHS before further referral can be made to the Knowing Our Identity (KOI) service. Service backlogs and waiting lists are a major issue for young people trying to access gender affirming healthcare across the UK, but due to this referral process, these difficulties are particularly acute in NI.

NHS England GIDS Interim Service Specifications

Rapid and substantive changes to the landscape of care and rights for trans and gender diverse young people in the UK make the creation of guidance challenging. At the time of writing, public consultation is ongoing regarding interim service specifications for two new gender identity development service (GIDS) regional centres. **These specifications undermine Queer Futures 2 findings with regard to LGBTQ+ young people's mental health**, particularly in the areas of: framing transness and gender variance as a 'phase'; discouraging social transition and implying that it is harmful to affirm young people as they develop understanding of their own gender; and implementing pre-referral clinical-only gatekeeping processes that exclude young people from decisions about their care. **It is likely these changes will make delivery of effective mental health support more difficult for providers and increase barriers to support, underpinning the urgent need for commissioners and services to uphold the human rights of trans and gender diverse young people.**

3 What are the foundations of a good service?

In the Queer Futures 2 model for 'What works' in early intervention mental health support for LGBTQ+ young people (*Figure 3*), the 13 key principles are organised to show the interconnected nature of the key factors underpinning effective support. An interactive version of the model, where you can click on individual principles to learn more from our evidence, can be accessed by clicking here.

In this section of the guidance, we explain the overarching **intersectional youth rights approach** and **accessibility**. In Section 4, Section 5 and Section 6, we explain the other 9 principles in the model as they relate to the following three key problems:

1. LGBTQ+ young people have poor mental health outcomes.
2. LGBTQ+ young people underutilise mental health services.
3. LGBTQ+ young people have negative experiences of using mental health services.

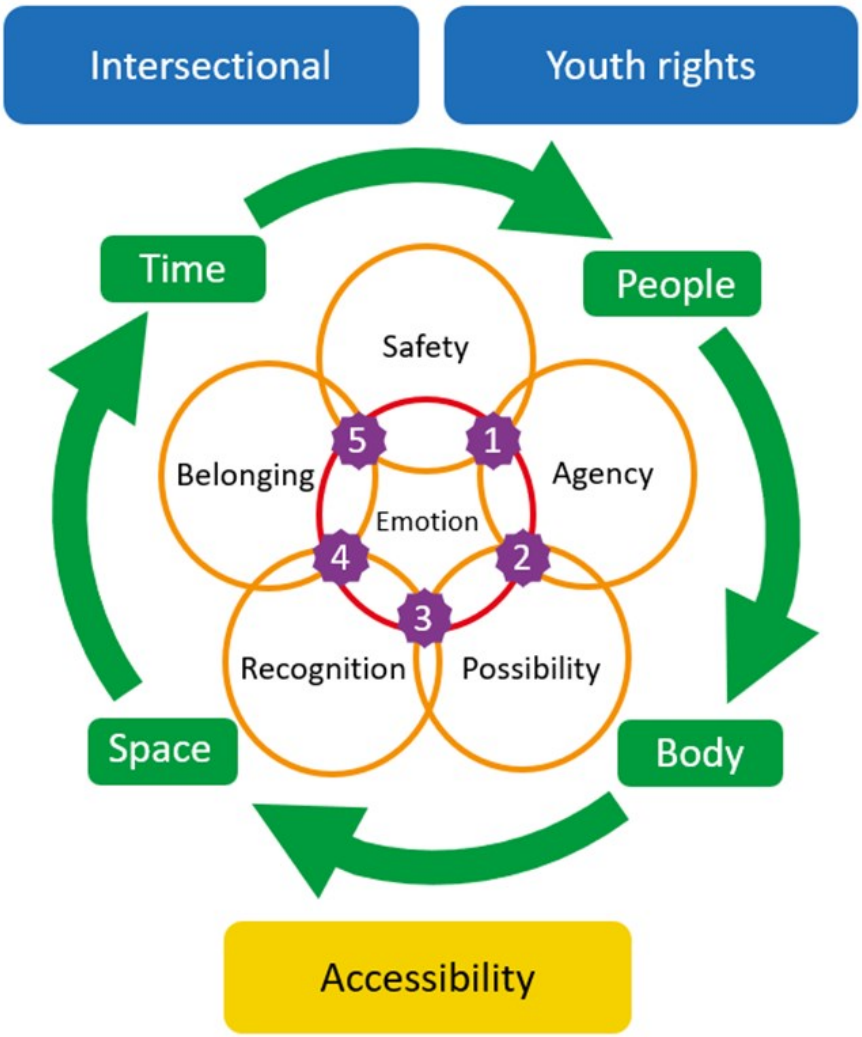


Figure 3 – 'What works' in early intervention mental health support for LGBTQ+ young people

3.1 An intersectional youth rights approach

This model has an intersectional youth rights approach. A **youth rights** approach to mental health provision sees **young people as rights holders independent of their parents or carers, and underlines the need for services and support providers to meet and uphold these rights**. A rights-based approach recognizes the human dignity of each young person and provides a framework to examine the reasons that children's rights might not be met (28).

An **intersectional approach is crucial to upholding the right to non-discrimination (UNCRC Article 2) on the basis of age, sexual orientation, gender identity, ethnicity, social class, and disability**. When thinking about the experience and impacts of oppression, identity categories are often conceived as fixed and separate from each other. The centrality of race, including the privilege of whiteness, is frequently overlooked. LGBTQ+ identities are often represented in ways that don't recognise the many differences between LGBTQ+ experiences. LGBTQ+ young people may be framed as an undifferentiated group whose experiences are the 'same' (and who are often assumed to be white, middle class, and non-disabled). This means that the needs of some LGBTQ+ young people are side-lined.

Doing intersectionality in mental health support services requires critical reflective practice to identify how to work in anti-oppressive ways. This requires active effort to consider and address:

- The systems of operation of the service (who/how they privilege and exclude);
- The culture, norms and stereotypes that may be reinforced or challenged by the service (who/how they privilege and exclude);
- Structural aspects such as physical accessibility, location, opening times, financial support (who/how is privileged and excluded).

3.2 Accessibility

LGBTQ+ young people occupy a marginalised position in society. Fear of judgment and service unsuitability means LGBTQ+ young people often delay help-seeking until they reach crisis point.

Access for LGBTQ+ young people operates across the four key areas of **structure**, **systems**, **culture** and **interpersonal practices**, as illustrated on pages 15 and 16.

Structural

This includes **infrastructural factors** such as where the service is located, referral pathways, and opening hours, as well as **discriminatory social systems** like racism, ableism and heterosexism.

Queer Futures 2 case study services support structural access by doing the following:

- Running regular drop-in hubs at a range of locations and at different times through the week, and offering both sign-up and drop-in access options;
- Offering online as well as face-to-face support e.g., online groups, webchat support (online support should not replace in-person; flexible hybrid structures offer the best chance of meeting most young people's needs, most of the time);
- Ensuring that all gender toilets are available;
- Reimbursing travel expenses;
- Awareness and implementation of 'top down' anti-oppressive working e.g., LGBTQ+ senior leadership, services by queer, trans and intersex Black people and People of Colour (QTIBPOC) for QTIBPOC.

Cultural

Services must actively demonstrate an **(LGBTQ+) inclusive culture**, and ensure that it is clear that a multiplicity of identities is welcome and deserving of support e.g., QTIBPOC, young LGBTQ+ people of faith, disabled LGBTQ+ young people, intersex young people. This can be demonstrated through in-service and public-facing resources and service information, and should be reflected in staff diversity, policy, and the activities and opportunities available to LGBTQ+ young people through the service.

Queer Futures 2 case study services support cultural access by doing the following:

- Co-design inclusive resources with LGBTQ+ young people;
- Prominently displaying information and resources related to LGBTQ+ identities and experiences in online and print service information;
- Recruiting staff with diverse experiences and supporting staff to inform cultural accessibility in meaningful ways;
- Working effectively across support strands e.g., interlinked working between LGBTQ+ specific and young People of Colour service strands;
- Actively addressing stereotypes e.g., about bisexual identities, assumptions that being LGBTQ+ is incompatible with being a person of faith.

Systems

Service systems must not **place demands on** or **exclude** the young person. Demand occurs when the process of accessing the service is burdensome and forms are hard to complete, or if diagnosis is required in order to access support. Exclusion occurs when systems frame being LGBTQ+ as pathological ('wrong') or 'less than' e.g., when LGBTQ+ identity is included as a 'presenting factor' for mental health assessment.

Queer Futures 2 case study services support system access by doing the following:

- Creating young person friendly online content, including easy ways to self-refer;
- Providing brief and accessible explanations of confidentiality, privacy and information sharing policies as part of online or print self-referral/sign-up forms;
- Ensuring that service form sexual orientation and gender identity options reflect the diversity of LGBTQ+ young people's identities;
- Creating easy ways for changes of name and/or pronouns to be recorded, and keeping track of whether different names and pronouns are used with people outside of the service, to ensure a young person is not 'outed' by accident.

Inter-personal

Access demands **comfort via a 'proof of suitability' of the service for LGBTQ+ young people**, such as there being evidence within the service of (lived) experience with/as LGBTQ+ people, identities and experiences. The emotions of the LGBTQ+ young person should be intentionally managed through careful facilitation to help ease anxieties and fears e.g., when they are attending for the first time. 'Being comfortable' cannot be underestimated for access and engagement.

Queer Futures 2 case study services support interpersonal access by doing the following:

- Featuring diverse service staff in online content such as videos celebrating Pride;
- Providing service walk-throughs online that show what the service building and spaces are like, how to get to the service, and what to expect the first time a young person attends;
- Offering buddy systems for LGBTQ+ young people attending for the first time.

4 Key problem 1: LGBTQ+ young people have poor mental health outcomes

4.1 What's the problem?

- **LGBTQ+ young people are more at risk of poor mental health and worse mental health outcomes than their cisgender and heterosexual peers (5, 8, 22, 29-31).**
- **These inequalities start as early as age 10, increasing throughout adolescence and peaking between the ages of 13 and 19 (22).**

The most prominent model explaining these inequalities is 'minority stress' (32), whereby **experiences of stigma, prejudice and discrimination create hostile environments, leading to mental health problems**. Being LGBTQ+ means young people do not conform to expectations or 'norms' i.e., being heterosexual and cisgender. **LGBTQ+ young people are marginalised through lack of mainstream visibility, discrimination, (micro)aggression, bullying, and victimisation** (14, 33). Even within LGBTQ+ communities, young people may come up against assumptions and pressures about the 'right', 'normal' or 'best' ways to be LGBTQ+, such as stereotypes about bisexual people, or what it means to be 'trans enough'.

Among peers and in places like school or college, stigma can result in social isolation; a quarter of the LGBTQ+ young people surveyed for Stonewall's 2017 School Report experienced being ignored and isolated as a pattern of bullying (21). Young people may also experience the erasure of their identities within service settings and in their interactions with adults i.e., where it is not considered that they could be LGBTQ+ and cis-heterosexuality is presumed.

Mental health inequalities faced by LGBTQ+ young people have been **exacerbated by COVID-19** and the impact of national and regional lockdowns, with evidence emerging that lockdowns have led to high levels of stress and depressive symptoms reported by LGBTQ+ people, especially young people (7, 34). Among 1,140 LGBTQ+ young people surveyed for research commissioned by the charity Just Like Us, **68% reported that their**

> "I had one [support worker] at uni that didn't at all believe in me being trans and tried to say it might be a bigger issue from something else, and said things like 'I see a confused man in front of me who's very lost with their identity' and I get their thought process but like I know I'm trans I've known for years and it really doesn't help especially when I'm feeling really vulnerable."
> (*Isobel, aged 20*)

mental health worsened during the pandemic. 55% reported worrying daily about their mental health, rising to 65% for Black LGBTQ+ young people, trans and gender diverse young people, and disabled LGBTQ+ young people (7).

4.2 What works to reduce poor mental health for LGBTQ+ young people?

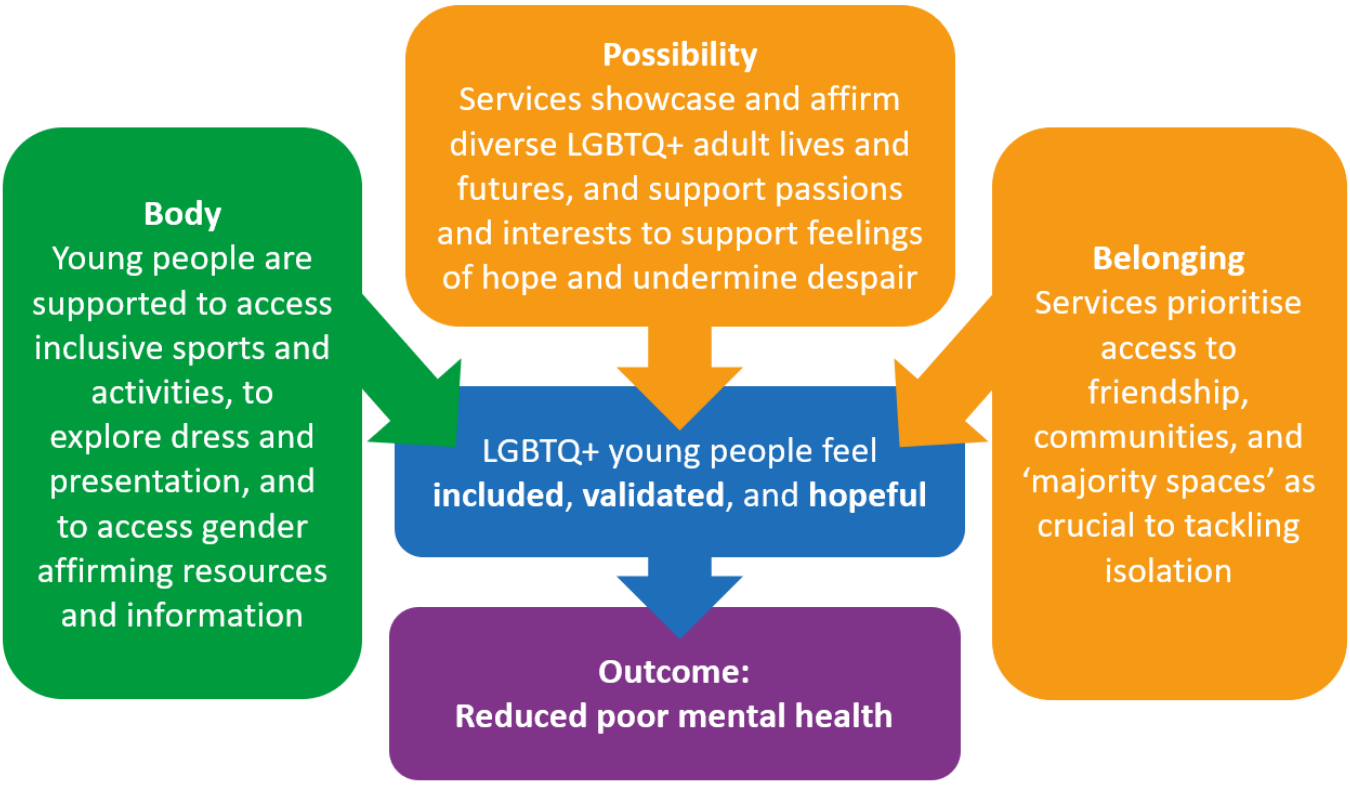


Figure 4 – What works to reduce poor mental health for LGBTQ+ young people

Feeling connected to wider community enables LGBTQ+ young people to feel less alone, and to experience a sense of collective care and respect. To uphold the principle of **Belonging** in support services can:

- Provide or facilitate access to LGBTQ+ youth groups across different age ranges and identities;
- Connect LGBTQ+ young people with wider communities and community histories;
- Help to form friendships and build bonds with peers.

"It's good to know that you aren't alone and other young people are feeling the same way about things. You feel supported, together, cared for, respected." (*Ari, aged 16*)

The principle of **Possibility** relates to LGBTQ+ young people's ability to imagine happy and fulfilled futures for themselves on their own terms. This works to counteract the feeling of 'failing' to meet expectations around what or who they 'should' be (which they

"The service gave me a place to feel welcomed in my identity. I remember after my first session feeling like I could do anything I wanted to because I knew who I am isn't a bad thing it's something to be celebrated." (*Tomi, aged 14*)

may face in other areas of their lives). Services can:

- Make sure LGBTQ+ young people can see their own experiences reflected in the adults providing support;
- Support LGBTQ+ young people to explore their passions and interests.

Support related to the **Body** centres LGBTQ+ young people's bodily health and wellbeing, and their ability to express themselves e.g., in dress, make up, hairstyles, body hair and so on. Self-expression can support mental health. Services can:

- Facilitate access to LGBTQ+ specific sports or activities such as climbing or swimming (NOTE: it is vitally important that young people are not pressured into these activities – implying that young people will feel better if they 'go for a walk' or lose weight can also be harmful);
- Provide safer spaces in which young people can explore their self-expression and presentation. This may be facilitated through clothing swaps, and the provision of make-up, clothing or gender affirming resources for young people to use.

"In the early days I had real issues with how I felt I may look compared to other 'normal' people and the person I was talking to helped me to focus on picking out the things that I like about myself rather than focus on what I don't, which I really needed to hear." (*Jess, aged 18*)

4.3 Supporting a young person's identity

Hopelessness and isolation are crucial components of poor mental health among LGBTQ+ young people. The services involved in Queer Futures 2 prioritised addressing these factors in their delivery of support.

The following case study examples show how support can uphold the service principles of **Belonging**, **Possibility** and **Body** to improve the mental health of LGBTQ+ young people.

Case study spotlight 1: Gendered Intelligence residential camps

Gendered Intelligence (GI) is a trans-led LGBTQ+ youth specific support service for trans, non-binary, gender diverse and gender questioning young people. Alongside regular groups, GI runs a popular trans only annual summer residential, where trans young people can build community, make friends, experience a trans only space and have fun. **Cont. on page 20.**

Cont. from page 19. The organisation's youth group TPOCalypse runs a separate annual residential specifically for trans, gender variant and questioning young People of Colour.

GI's groups and residentials foster **Belonging** by creating safer spaces within which young people can socialise and form friendships. **Body** and **Possibility** are also supported through provision of affirming environments away from transphobic pressures and expectations about how young people 'should' express or present themselves, and facilitating access to activities such as trans only sports and activity sessions. Being in safer spaces such as these enable young people to understand their gender identity and build confidence in expressing themselves in the ways that feel best.

Case study spotlight 2: YPAS and GP Champs

The Young People's Advisory Service (YPAS) is an integrated youth service with a specific LGBTQ+ strand of support and a skilled team of LGBTQ+ staff. The service offers therapeutic support such as counselling, as well as a specific LGBTQ+ team that deliver one-to-one support, an LGBTQ+ group (GYRO) and a group for young people aged 12-18 who identify as trans or gender non-conforming (Trans Health Education – THE). LGBTQ+ workers are also able to provide advice and support to young people with issues such as how to come out at school, co-authoring GIDS or GIC referrals in some cases, or facilitating support from 'GP Champs'. GP Champs operates at YPAS and provides GP support and advocacy for young people facing delays or obstruction from their own GPs.

Building connections with primary care makes it possible to provide support for the **Body** in multiple ways, such as access to gender affirming healthcare. Offering advice and resources around social and medical transition also upholds the principle of **Possibility** for young trans and gender diverse people, by helping them to make informed decisions about their own lives and futures.

Case study spotlight 3: 42nd Street – developing young people

Manchester-based 42nd Street provides mental health support for young people, and has an LGBTQ+ specific group called Q42. LGBTQ+ resources are clear across 42nd Street's online presence, and the service staff includes many 'out' LGBTQ+ adults. The overall focus of Q42 is peer support, contributing to a sense of **Belonging** for the young people who attend. Q42 also supports **Possibility** as it emphasises development of new skills e.g., LGBTQ+ young people produce online resources such as a dedicated website and a podcast. Through the 'Change Ambassadors' scheme at 42nd Street, young people can take on more active roles in advocacy and campaigning at local, regional and national levels, and have greater influence on the development of 42nd Street's own services.

4.4 Recommendations for service provision to improve LGBTQ+ young people's mental health

- Acknowledge **isolation** and **hopelessness** as major factors impacting LGBTQ+ young people's mental health.

- Develop services that support **connectedness**, **self-expression**, and **hope for the future** on young people's own terms.
- Addressing isolation can look like:
  - ⇒ Providing LGBTQ+ groups or signposting to trusted LGBTQ+ youth groups;
  - ⇒ Connecting LGBTQ+ young people with wider communities in safe ways, such as hosting LGBTQ+ guest speakers or organising group attendance at Pride events.
- Supporting self-expression can look like:
  - ⇒ Providing resources for young people to dress and present themselves in ways they want to, and to be called by the names and pronouns that feel best;
  - ⇒ Facilitating access to inclusive sports and activities and support around sleep, without framing exercise, weight loss or diet changes as 'cures' or obligations.
- Addressing hopelessness can look like:
  - ⇒ Modelling diverse LGBTQ+ lives and futures, whether directly (through visits or staff's own lived experience) or indirectly (through partnership working with LGBTQ+ specific services or organisations);
  - ⇒ Supporting LGBTQ+ young people's skills and interests and providing or signposting to development opportunities.

5 Key problem 2: LGBTQ+ young people underutilise mental health services

5.1 What's the problem?

LGBTQ+ young people are reluctant to seek support, particularly from mainstream services or authority figures. Findings from a 2015 UK-based study indicated that in a sample of 789 LGBTQ+ young people, just over a fifth of the sample had not sought help at all when they were self-harming or feeling suicidal (9). When they do seek support, LGBTQ+ young people tend to seek mental health help online and from peers (9, 11) and prefer accessing LGBTQ+ organisations for mental health support (10, 35). Experiences with 'mainstream' healthcare and mental health services are variable; helpfulness rating for GPs and mental health services are low in comparison to friends, the Internet and LGBT youth groups (10).

Studies have found that LGBTQ+ young people are reluctant to access mental health support services because of (9, 10, 15, 36):

1. Actual or anticipated experiences of homophobia, biphobia and transphobia;
2. Cisgender and heterosexual norms, including fear that their sexual orientation and/or gender identity would be scrutinised or blamed for their mental health problems;
3. Difficulties disclosing their sexual orientation and/or gender identity due to fear or lack of options for LGBTQ+ identities on forms;
4. Fear of being misunderstood or judged by adults due to being young;
5. Stigma related to having mental health problems.

5.2 What works to increase LGBTQ+ young people's use of mental health services?

To uphold **Safety** services can:

- Implement clear and robust policies around discrimination and bullying;
- Ensure that LGBTQ+ young people are able to see clearly that a service is safe for them to access, and feel confident they will not face prejudice, discrimination or stigma within it;
- Ensure that it is clear in online information that LGBTQ+ identities and experiences are affirmed and welcomed.

"Some of my friends attended the service and told me about it and I decided to go along with them to see what it was like. They told me that it was inclusive and a safe space to talk to people." (*Ellie, aged 17*)

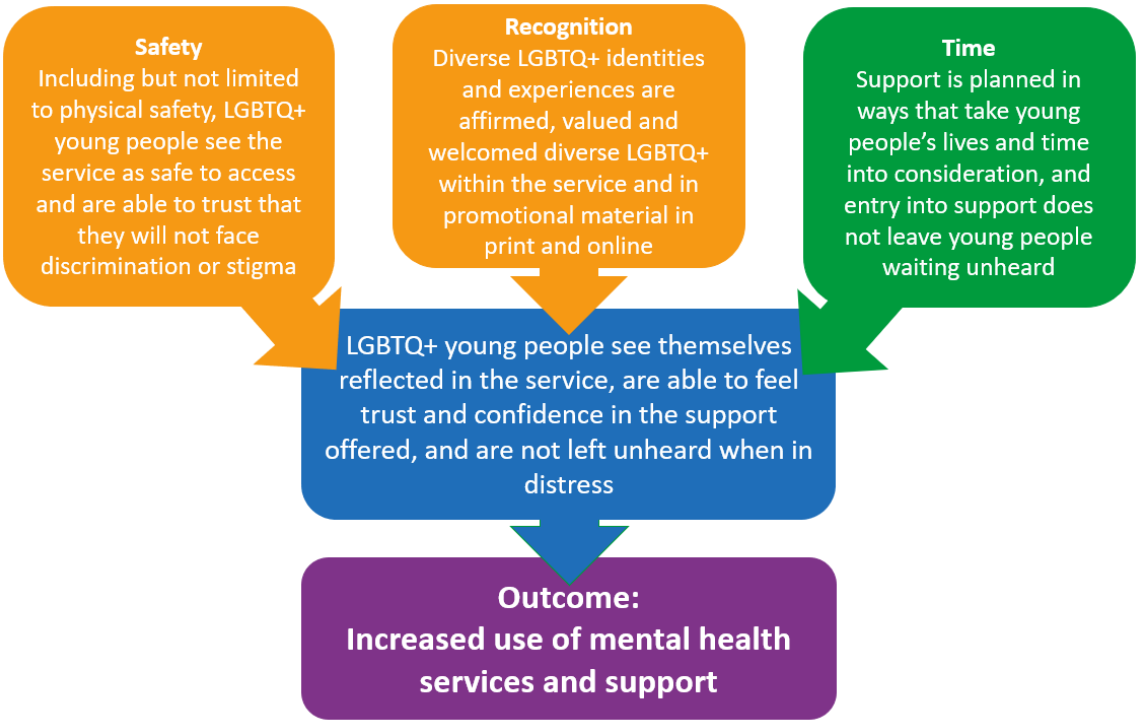


Figure 5 – What works to increase LGBTQ+ young people's use of mental health services

"There was not a referral process or waiting really, it can feel like a long time between sessions but it's definitely not that long and you can always contact a youth worker if you need to talk to someone sooner." (*Val, aged 19*)

The way that **Time** is organised and structured within service delivery should centre LGBTQ+ young people's lives and needs. It is crucial that young people not be left ignored and unheard while in distress. Services can:

- Ensure that there is always support and a response of some kind accessible. This could be online or via telephone, or through the provision of groups and non-clinical one-to-one support;
- Ask for LGBTQ+ young people's input on the frequency, pace, timing and duration of support.

Recognition is concerned with the fundamental sense of being valued, respected and affirmed within a service. Services should:

- Make it clear across in-service and promotional materials that diverse LGBTQ+ identities are respected, affirmed and valued;
- Work collaboratively with LGBTQ+ young people to ensure that the service is inclusive and safe for them;
- Invest in staff knowledge and development to support LGBTQ+ young people.

"I think seeing the pictures they had of groups and pride made me more comfortable contacting them! Sort of seeing people living their life and enjoying a space was something I really needed at that time and it looked like the service was doing that." (*Ben, aged 19*)

5.3 Care pathways and referrals

A crucial starting point in establishing early intervention support pathways is **ensuring LGBTQ+ young people do not need a mental health diagnosis** before they can receive support for their mental health. Subjective assessment of mental health needs by an LGBTQ+ young person themselves should be sufficient to access support. **Given the reluctance of LGBTQ+ young people to seek support from mainstream services or figures such as teachers, parents or school/college counsellors, access to care should not rely exclusively on referral pathways facilitated by adults.**

Referral can also be supported through the development of 'one-stop-shop' services based in the community, as advocated for by Future in Mind guidance (36). Referral to services with waiting lists can be supported by complementary offers of group spaces and informal one-to-one support 'while you wait'.

The following case study examples show how support can uphold the service principles of **Safety**, **Recognition** and **Time** to improve the mental health of LGBTQ+ young people.

Case study spotlight 1: Off the Record (OTR) – self-referral and CAMHS Triage collaborations

Off the Record (OTR) is an integrated mental health social movement for young people aged 11-25 in Bristol, South Gloucestershire and Somerset. A group programme called Freedom works specifically with LGBTQ+ young people. OTR's other groups include Project Zazi for young People of Colour, and specific groups relating to body image. Affirmation and awareness of diverse LGBTQ+ identities is clear across OTR's website and online content, supporting **Recognition**, and the organisation's social movement approach explicitly recognises the impacts of discrimination and marginalisation on mental health.

LGBTQ+ young people can self-refer to Freedom and OTR's other groups using a simple sign-up form online, and there are no diagnostic thresholds for accessing support. Multiple drop-in sessions at different 'hub' locations run through the week where young people can attend without needing to sign up or make an appointment. These hub drop-in sessions accommodate for young people's lives and **Time**. **Safety** is also supported by OTR's NHS collaborations. Five Engagement Workers at OTR work alongside NHS clinicians to support young people who have been referred to CAMHS. Youth Transitions Workers are also embedded in local community mental health teams to support young people aged 16-25 moving from CAMHS into adult mental health services.

Case study spotlight 2: Sandyford service, Glasgow

The Sandyford service is an NHS service comprising three streams: a youth service for anyone under 18 years old, a gender service for anyone seeking support around gender identity, and the Steve Retson Project, a service designed specifically for men who have sex with men. **Cont. on page 25**

Cont. from page 24 The clinicians and counsellors in the service provide a wide range of support techniques for LGBTQ+ young people in the Glasgow area via counselling, CBT and wellbeing support services. Sandyford operates as a one stop shop for health and support needs, and provides referral pathways to other NHS services such as GIDS and CAMHS. There are also multiple referral pathways and entry points into mental health support for LGBTQ+ young people, through Sandyford's sexual health service or gender support service for example. Online information about the services available for young people supports **Recognition** by explicitly stating that services are for LGBTQ+ young people, and trans pride symbols are included in service information videos.

Case study spotlight 3: Allsorts – visual LGBTQ+ presence

Allsorts is an LGBTQ+ youth specific service in the South of England (Sussex) that supports LGBTQ+ young people to navigate the challenges of being young and being LGBTQ+, questioning, and unsure. The service offers a combination of inclusive LGBTQ+ and exclusive trans and gender questioning youth groups, one-to-one emotional support, and an advocate service. **Recognition** is embedded throughout Allsorts' approach, and a range of resources covering different LGBTQ+ identities and experiences is available for young people to download from the Allsorts website.

5.4 Recommendations for increasing LGBTQ+ young people's use of mental health services

- LGBTQ+ young people are more likely to access mental health support when they can see clearly that the service is **safe**, **knowledgeable** and **affirming**, and when the support offered **fits into their lives.**
- Providing a **safer** service can look like:
  - ⇒ Transparent policy around confidentiality and safeguarding, communicated in young person-friendly ways e.g., providing reassurance that no young person will be 'outed' without their consent;
  - ⇒ Seek regular feedback from LGBTQ+ young people on the service's safety.
- To ensure that young people feel **recognised**, **respected** and **affirmed**:
  - ⇒ Service providers should have a demonstrable track record of working with and understanding LGBTQ+ young people's identities and experiences;
  - ⇒ Ensure facilities are accessible and inclusive e.g., providing all gender toilets.
- To ensure that the service **fits within LGBTQ+ young people's lives**:
  - ⇒ Provide rapid response to initial contact from LGBTQ+ young people, as well as 'while you wait' support;
  - ⇒ Seek feedback from LGBTQ+ young people on the frequency, pace, timing and duration of support;
  - ⇒ Provide drop-in as well as sign-up support sessions.

6 Key problem 3: LGBTQ+ young people have poor experiences of mental health services

6.1 What's the problem?

Those LGBTQ+ young people who do access support services have an overall poor experience due to: limited staff understanding of LGBTQ+ issues and minority stressors among service staff; fear of being 'outed' to parents/carers, other service providers, or other young people; and being excluded from decisions about their care (11, 12, 38). A 2020 EU study found that barriers to healthcare for LGBTQ+ people are exacerbated by two related assumptions held by healthcare professionals. First, that patients are heterosexual and cisgender and, second, that LGBTQ+ people do not experience significant problems related to their LGBTQ+ identity, meaning that LGBTQ+ identity is viewed as incidental or irrelevant to the delivery of appropriate healthcare (39).

While it is unhelpful (and harmful) for the importance of LGBTQ+ experience to be dismissed, it is also damaging for support practitioners to overemphasise LGBTQ+ identities in pathologizing ways. **When staff have limited understanding and awareness about LGBTQ+ identities this can manifest as the attribution of mental distress and poor mental health exclusively to a young person's being LGBTQ+, particularly when the young person is trans or gender diverse** (14, 16).

6.2 What works to improve LGBTQ+ young people's experiences of using mental health services?

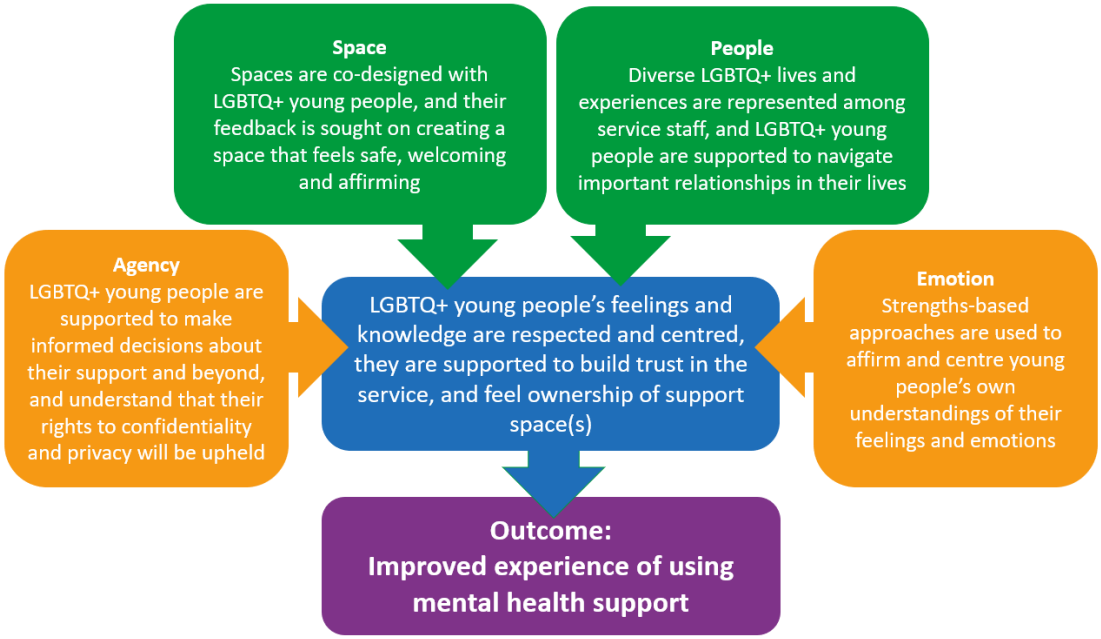


Figure 6 – What works to improve LGBTQ+ young people's experiences of using mental health services

LGBTQ+ young people usually navigate **Space** that is defined by adults and in which being cisgender or heterosexual is assumed. Having access to affirming spaces that centre LGBTQ+ young people is invaluable in supporting mental health and building LGBTQ+ young people's confidence to explore the world around them. Services should:

- Create LGBTQ+ only spaces that centre the experiences and needs of LGBTQ+ young people;
- Seek LGBTQ+ young people's input on the design, decoration and layout of support spaces.

"I'd never been in an in-person space with that many trans people, and I felt like I could be me without having to hide anything. I tried rock climbing after some youth workers encouraged me to and joined the climbing group at my uni." (*Blue, aged 22*)

"The service has helped me open up more, because of the human connection and experiences that my practitioner has had. I've opened up due to that connection and the safety I feel." (*Bea, aged 19*)

Trusting relationships with service staff, peers and other important **People** are crucial in supporting LGBTQ+ young people. Services should:

- Pay attention to LGBTQ+ young people's ability to form trusting connections both with other young people and with the adults providing them with support;
- Recruit staff whose experiences LGBTQ+ young people can relate to (e.g., LGBTQ+ staff, QTIBPOC staff);
- Support LGBTQ+ young people to navigate relationships e.g., school, family (including chosen family), work.

Services uphold **Agency** when LGBTQ+ young people are actively involved in decisions about their own support. The idea that 'adults know best' can mean that LGBTQ+ young people's distress and experience may be minimised. To best support LGBTQ+ young people, services can:

- Facilitate and encourage independent decision making;
- Position young people as experts of their own experience;
- Provide respectful options-based approaches to support LGBTQ+ young people where there may be gaps in their experience due to age.

"They gave me a list of things and what those types of support would do and let me choose, they didn't keep anything from me or make me feel like I wasn't in control of the decision. They would advise me on what they think might be best but still let me choose." (*Devon, aged 15*)

"Most of the time when things are happening with me, I don't enjoy advice. I prefer comfort or a distraction. This is exactly what they would do. They know what each individual needs and adapt to make sure that's what they get."
(*Alix, aged 16*)

Approaches that centre **Emotion** move away from the usual position of deficit in which something is 'wrong' with an LGBTQ+ young person, to focus instead on developing skills and trust in communicating about feelings. Services should:

- Validate LGBTQ+ young people's distress as a logical response to marginalisation and stigma;
- Support the development of emotional resilience.

6.3 Youth work and peer support

Youth work is unique in centring engagement with young people's cultures and communities, and using asset-based philosophies to develop young people's strengths and wellbeing (40). **Youth work frameworks are more likely to have anti-oppressive practice, non-pathologizing and rights-oriented principles as foundations. These fundamental principles can counteract the kinds of exclusion and discrimination that may accompany experiences of mental distress** (40), alongside the marginalisation that LGBTQ+ young people may be facing in relation to their sexuality and/or gender identity.

In addition to youth work principles aligning well with Queer Futures 2 principles for early intervention mental health support for LGBTQ+ young people, youth work service delivery is also often premised upon combinations of (non-clinical) one-to-one support and group support. The provision of targeted groups for LGBTQ+ young people is an ideal setting for the facilitation of peer support.

Youth work expertise and approaches are crucial in the development of integrated mental health support services for LGBTQ+ young people, but are overlooked in mainstream NHS approaches to the commissioning of early intervention mental health

Case study spotlight 1: Proud Trust – peer support

The Proud Trust, based in Manchester and working across Greater Manchester boroughs, is an LGBTQ+ youth specific service, one of the largest and longest-running in the UK. The Proud Trust was founded by long-term youth workers and operates upon youth work principles of voluntary participation, youth empowerment, and youth leadership. The organisation supports LGBTQ+ young people's relationships with other **People** through groups and other activities designed to make young people feel good and make friends, rather than focusing exclusively on mental health topics. **Cont. on page 29**

Cont. from page 28 LGBTQ+ young people are also able to access peer support training. This includes formal training in order to join the Proud Trust's Peer Support Project and informal training for all young people, to assist them in being welcoming and supportive of other LGBTQ+ young people, such as new attendees at youth groups.

Case study spotlight 2: OTR – a social movement for young people's mental health

Off The Record (OTR) is unique in identifying as a social movement for supporting the mental health of young people. Upholding the principle of **People**, the Freedom project is defined as a gender and sexuality social action project, emphasising community building and collective resilience. Support is offered in varied and creative ways, including therapeutic support (LGBTQ+ specific counselling), wellbeing practitioners, drop-in hubs, and peer support. **Emotion** is centred in the language used across OTR's projects and website, with options for LGBTQ+ young people to click through for more information if they are struggling with anger, panic, anxiety or low mood. The connections between emotions and events in the wider world are acknowledged explicitly.

OTR's CAMHS partnership means that accessing other types of mental health support can happen in a more young person friendly way, supporting **Agency**. OTR's online sign-up form also opens with an explicit assertion of privacy and confidentiality, and a short, accessible explanation of safeguarding processes.

Case study spotlight 3: Cara Friend – non-clinical approaches to support

Cara Friend is an LGBTQ+ youth specific service in Northern Ireland that centres **Emotion** and **People** by offering group and one-to-one support that is distinct from 'formal' mental health support. Instead, Cara Friend supports young people to access the types of help they may need and offers a listening ear, personal development sessions, and hosts mental health professionals to run workshops. In service resources such as Cara Friend's *Mental Health Guidance for LGBTQ+ Young People*, a destigmatising and non-pathologizing approach is taken, encouraging an understanding of feelings (including negative ones) as 'normal' responses to life experiences. The service covers a large area and works hard to maintain contact, sending a mail out every day during COVID-19.

6.4 Equality and diversity at every point

Given the evidence highlighting LGBTQ+ young people's reluctance to seek help from mainstream mental health services (10), **tackling mental health inequalities requires proactive effort, drawing on the longstanding expertise of community and voluntary sector organisations, especially (LGBTQ+) youth workers**. It is also clear that **LGBTQ+ young people feel safe to access a service when they can see diverse LGBTQ+ identities and experiences among the staff**.

There is no single LGBTQ+ experience, and evidence indicates that, among LGBTQ+ young people, common mental health problems occur at higher rates for young people who are

Black or People of Colour, trans or gender diverse, intersex, or disabled (7, 41). **Equalities and equity are ongoing processes, and bidders for a service should be able to demonstrate long-term planning and development around ensuring their service is reflective of diverse LGBTQ+ young people's needs and tackle these inequalities**.

Intersex LGBTQ+ young people

'LGBTQ+' was the term chosen by young people advising Queer Futures 2; 'plus' in this instance refers to other lived experiences and identities within the spectrum of gender, sex and sexuality, including intersex. While purposive recruitment of intersex LGBTQ+ young people was not conducted as part of Queer Futures 2, it is important for services to be cognisant of the mental health needs of intersex young people.

As an umbrella term, intersex refers to variations in physical sex traits or anatomy that are present at birth or emerge later in life. While UK-based research with intersex young people is lacking, research conducted in the US by the Trevor Project found that in a sample of 1,132 intersex young people aged 13-24, 98% reported LGBQ identities and 58% identified as trans, non-binary or gender questioning (41). This study also highlighted disproportionately high rates of anxiety, depression, self-harm and suicidality. Alongside the kinds of discrimination and marginalisation outlined throughout this guidance, intersex young people are particularly vulnerable to 'conversion' practices and isolation.

It is vitally important that services are knowledgeable about intersex variations and the experiences that intersex young people may have had, such as non-consensual medical intervention in infancy or young childhood, or attempted conversion. The principles Queer Futures 2 has produced are translatable across sectors, and are designed to be inclusive of diverse experiences of gender, sex and sexuality.

UK-specific organisations and resources include:

- Intersex Equality Rights UK
- dsdteens
- YoungMinds – 'Differences in sex development/intersex'

The case study examples that follow highlight Queer Futures case study service responses to the experiences and needs of QTIBPOC, trans and gender diverse young

people, and disabled LGBTQ+ young people. Additional organisations and resources include:

- Colours Youth Network
- UK Black Pride
- Mermaids

Case study spotlight 1: Gendered Intelligence – tailoring group provision to young people's experiences

Gendered Intelligence (GI) runs youth group sessions covering different age groups, and provides specific groups for young trans People of Colour – TPOCalypse – and trans feminine young people. TPOCalypse is designed to remove barriers to accessing support for young trans and non-binary people of colour by addressing the additional exclusions that they may be facing due to the intersection of trans or gender diverse experience with racism or colourism. TPOCalypse is run by youth workers who are also People of Colour.

GI's Transfemme Group is for trans women, trans girls and young transfeminine people aged 13-25, with all youth workers, volunteers and visitors also identifying as transfeminine or as trans women. The provision of the Transfemme Group as a closed space addresses the specific ways in which misogyny and sexism intersect with trans experience and gender variance.

Case study spotlight 2: SAYiT – developing support for LGBTQ+ young people with special educational needs

SAYiT (Sheena Amos Youth Trust) is an LGBTQ+ youth specific service based in Sheffield which can arrange for young people to have counselling for free through one of their LGBTQ+ affirmative counsellors either at the service or off site. This is funded by a legacy fund (The Noah Lomax Fund) that was established in response to the death of a local LGBTQ+ young person. The organisation runs the groups Fruitbowl (for 11-17 year olds) and Prism (for 18-25 year olds).

SAYiT has done specific work around developing support for LGBTQ+ young people with special educational needs, especially in relation to autism, and produced a video with autistic and disabled LGBTQ+ young people discussing their experiences. The SAYiT centre has a sensory calm area, as well as a hardship fund to support young people to attend or access other support.

Case study spotlight 3: Allsorts – consultation work and emergency support

Allsorts runs a specific group for LGBTQ+ young People of Colour, which is led by youth workers who are also People of Colour. This provision is underpinned by long-term consultancy; the staff team includes an anti-racist consultant whose role is to support young people attending Allsorts, assist youth workers, and create resources celebrating the visibility of LGBTQ+ young People of Colour such as the Unboxing Our Identities and Allsorts of Visibility resources. An anti-racism section on Allsorts' website outlines the resources and support available, as well as directly addressing ongoing problems and work still to be done. **Cont. on page 32**

Cont. from page 31 Allsorts also offers urgent need advocacy supporting LGBTQ+ young people to access emergency support such as food parcels and financial aid, and has resources to download for young LGBTQ+ people facing homelessness and young LGBTQ+ people of faith.

6.5 Recommendations for improving LGBTQ+ young people's experiences of using mental health services

- LGBTQ+ young people have better experiences of using mental health services when they feel **ownership of the support space** and are able to **build trust with the people providing support.**
- Experiencing mental health support that **supports informed independent decision making** and **centres emotions** also improves LGBTQ+ young people's experiences of mental health support.
- To create **spaces** that centre LGBTQ+ young people:
  - ⇒ Services should have a demonstrable track record in offering LGBTQ+ focused spaces, or should be able to demonstrate robust signposting or referral pathways to LGBTQ+ specific spaces;
  - ⇒ Detailed space planning and costs should demonstrate clear LGBTQ+ inclusion e.g., through the provision of all gender toilets.
- To foster **trusting relationships**:
  - ⇒ Advocacy support can help LGBTQ+ young people to navigate important relationships in their lives e.g., at school or work, with family or caregivers, or with peers.
- To develop agency and **informed independent decision making**:
  - ⇒ Options-based support that upholds young people's rights to be heard and to autonomy;
  - ⇒ Policy and service specification that prioritises LGBTQ+ young people and ensure that they will be included in decisions about their care.
- To centre **asset-based emotional support**:
  - ⇒ Ensure that services have demonstrable expertise and understanding of LGBTQ+ young people's emotions when seeking support, such as fears around being 'outed' to parents, carers, peers or other services without their consent;
  - ⇒ Centring words relation to emotions and feelings in service materials e.g., sadness, panic, fear, anger, hopelessness.

7 Developing providers to deliver the best types of mental health support for LGBTQ+ young people

7.1 Funding streams and partnership working

The cost of health inequalities is difficult to establish, especially as data on marginalised groups is patchy or absent. The 2010 Marmot Review drew on evidence indicating the cost-benefit value of interventions tackling health inequalities, suggesting that the savings produced by reducing the need for crisis and acute services through early and effective intervention could amount to as much as £5 billion per year (42).

In the current landscape of service provision for LGBTQ+ young people, the overwhelming majority of services are provided by voluntary and community organisations of varying sizes, which are vulnerable to funding instability (24). While some case study sites received council and NHS funding to deliver partial or full services, the sources of funding included charitable trusts and funds such as Children in Need, training and consultancy income, grant funding, individual donations and legacies, corporate sponsorship, and crowdfunding.

Guidance from the National Youth Agency (NYA) identifies the third sector as a vital marketplace for commissioners. Within this landscape, small- and medium-sized organisations have great potential to have significant local and regional impact, and are less likely to be engaged with bidding processes or tender frameworks. **Developing knowledge of and relationships with LGBTQ+ organisations puts commissioners in a strong position to engage these providers** (40).

Funded partnerships between statutory services and LGBTQ+ organisations are preferable to signposting, as they combine the expertise of community and voluntary providers with statutory funding streams and involvement in important processes such as MDT meetings. Multiple examples of partnership service models are included throughout this guidance, whereby community-based providers with expertise in providing support to LGBTQ+ and/or young people receive CAMHS, NHS and/or Local Authority funding for part or all of the service delivery. These models include:

- The largest proportion of **Off the Record**'s funding is from Avon and Wiltshire CAMHS, and OTR has extensive NHS collaborations;
- **SAYiT** is contracted for its work supporting LGBTQ+ young people by Sheffield City Council;

- **YPAS** is a member of the Liverpool CAMHS Partnership, and receives funding from Liverpool CAMHS and Liverpool City Council – the LGBTQ+ group GYRO is funded by Liverpool City Council, while Trans Health Education (THE) is funded by Liverpool CAMHS;
- **Allsorts** has been funded by West Sussex and Brighton & Hove commissioning groups and city councils, and has most recently been funded by NHS Sussex to run a GIDS pilot project for young trans people aged 11-17;
- **The Intercom Trust** receives critical funding for its Help Support and Advocacy service from councils, commissioning groups, and police and crime commissioners across Cornwall, Devon and Dorset;
- **The Proud Trust** works in partnership with and has previously been funded by multiple CCGs across Greater Manchester that have now been combined under the Greater Manchester Integrated Care Partnership, including West Cheshire CCG, Heywood, Middleton and Rochdale CCG, and Bolton CCG.

Funded partnerships can provide appropriate support and resources while also legitimating the role of non-statutory LGBTQ+ services and providers. Service navigation requires support directed at LGBTQ+ young people **and** LGBTQ+ inclusive and experienced networks and partnerships that ensure LGBTQ+ young people are directed to services offering the best types of mental health support for their needs.

7.2 Staff diversity

NHS responsibilities under the Equality Act include staff diversity and ensuring workplace inequalities are addressed. As highlighted in the principles presented in this guidance for 'What works', **a diverse workforce with openly LGBTQ+ staff is a huge benefit when providing mental health support to LGBTQ+ young people**. The ability to identify with the personal experiences of the staff and volunteers providing a service supports LGBTQ+ young people's ability to build trust and openness more easily, enabling them to get the most out of the support offered.

It is vitally important for services to be attentive to the differences between LGBTQ+ young people's lives and needs, which are informed by background, life experiences, and other marginalised identities that a young person may have. Across LGBTQ+ experiences, there are disproportionate vulnerabilities to poor mental health outcomes, and many people experience prejudice, discrimination or exclusion *within* LGBTQ+ communities and spaces on the basis of, for example, race, disability, and socioeconomic

background.

In research conducted by Stonewall, 51% of those surveyed who were People of Colour faced discrimination from wider LGBTQ+ communities, rising to 61% for Black people (43). One in eight LGBTQ+ people of faith and one in four LGBTQ+ disabled people had also encountered prejudice from wider LGBTQ+ communities, alongside a third of trans people. **If service staffing consists of primarily white, non-disabled and cisgender adults from affluent backgrounds, then those young people most needing support will continue to face barriers in accessing services and/or experience prejudice and harm within them**.

7.3 Staff development

Key barriers to accessing support include not knowing about the services available, fears of not being understood or not taken seriously, fear of judgement, and fear of LGBTQ+ phobia (10). Lack of training and experience among service providers and practitioners compound these issues with access (10, 44). Mental health service staff have identified inadequate access to skills training and inadequate support and supervision from their organisations as key problems impacting their ability to support LGBTQ+ young people (10). **Failing to develop staff knowledge and understanding is a major factor in services falling short in meeting equality duties**.

While diversity within staff bodies is vital in terms of diverse lived experiences and input, **training and development commitments are also crucial to address gaps in knowledge around different forms of discrimination and to identify exclusions that may be being overlooked**, as well as ensuring that the burden of education does not fall on marginalised or minority members of staff (45).

Case study spotlight 1: YPAS – Liverpool CAMHS partnership

As a member of the Liverpool CAMHS partnership, YPAS supports the mental health and emotional wellbeing of children, young people and their families and carers across Merseyside. This partnership legitimates YPAS' work and provides it with greater funding stability, and also means that CAMHS can benefit from the expertise in working with LGBTQ+ young people developed through the GYRO and THE services.

YPAS works with professionals and practitioners to develop skills and competencies across other services, illustrating how integrating community sector expertise into commissioning can strengthen staff development across services more widely.

Case study spotlight 2: Hugh Baird College – staff development

Hugh Baird's College's 'The POD' is a support offer within an educational setting that offers a 'one stop shop' for the needs of students through financial, academic, wellbeing and mental health support within the college building. Although the service is not specifically designed for LGBTQ+ young people, the staff have received specific training and the service hosts LGBTQ+ specific events and workshops to meet the needs of LGBTQ+ students, such as pride and awareness activities, diversity events, and specific support for trans students. The POD also uses the experiences and voices of students to further develop the service and the wider college, by planning and developing specific events and providing appropriate training and information for staff and students to make the college a welcoming, safe place.

7.4 Recommendations for developing providers

- Build relationships with LGBTQ+ community and voluntary service providers who may not be linked into tendering processes to create opportunities to support and benefit from existing experience and expertise in the provision of support to LGBTQ+ young people;
- Integrated service models connect community-based expertise and experience with more stable funding and more established roles in safeguarding processes and MDT meetings;
- Monitoring and reporting on workforce diversity across all levels is crucial to establishing where and how different groups are underrepresented in service delivery. This can impact profoundly upon which young people feel safe or not to access support;
- Commitment to ongoing development and adequate training are vital in equipping support providers across different settings with the skills and knowledge they need to support LGBTQ+ young people with a wide range of different experiences, identities and needs.

8 Monitoring, co-production and evaluation

8.1 Suitable and sensitive monitoring strategies

Although NHS England established the Sexual Orientation Monitoring (SOM) Information Standard in 2017, implementation of the monitoring of sexual orientation and trans status across health services remains inconsistent. **Effective monitoring is vital to addressing health inequalities, improving services, and improving understanding of the needs and experiences of LGBTQ+ communities** (46). Embedding meaningful monitoring systems across health services better enables commissioners to identify areas of unmet need, and to develop strategies to address gaps in provision and access. This is essential to delivering on Public Sector Equality Duty obligations.

The following resources provide guidance on how and where to collect information about LGBTQ+ identities:

- Good practice guide to monitoring sexual orientation and trans status 2021 (LGBT Foundation, 2021)
- Monitoring and Data Capture: Gender-Related Options (Gendered Intelligence, 2021)
- Data collection and publication guidance: Sexual Orientation (Scottish Government/ Riaghaltas na h-Alba, 2022)

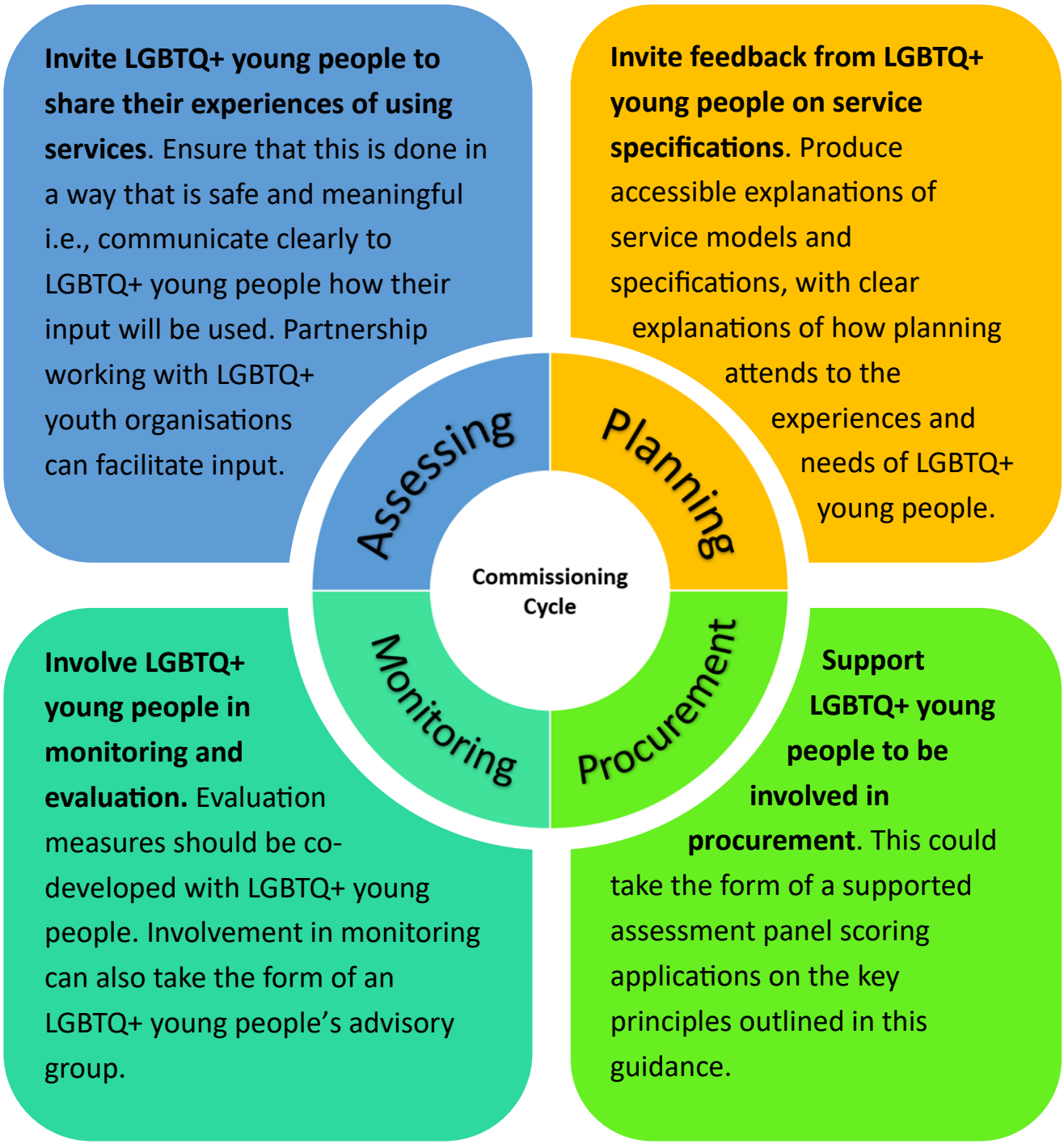
While monitoring can be an effective tool to support service development and improvement, the ways in which health service sexual orientation and trans status information will be used should be planned in advance. **Transparency around what personal information will be used for helps people to feel comfortable and confident when answering monitoring questions. Information that is not required for use in developing the service should not be collected.**

Context is also key; within services, **flexible and responsive approaches to monitoring are essential to ensuring safety and confidentiality for LGBTQ+ young people**. The Manchester-based service 42nd Street, for example, does not ask young people about sexual orientation or gender identity at the point of entry into the service in order not to put pressure on the young person when a parent or carer may be present and they may not feel safe or comfortable to answer. Instead, 42nd Street displays LGBTQ+ inclusivity in other ways e.g., resources. Services may also develop internal systems within which

names, pronouns, sexual orientation and/or gender can be easily changed to ensure that young people's records accurately reflect them.

8.2 Co-production and feedback mechanisms

Organisations have **statutory duties** to **include service users and community members** in the **design and commissioning of services** in meaningful ways across the UK. These duties are covered by statutory guidance on working in partnership with people and communities in England, the Public Bodies Act 2014 in Scotland, the Social Services and Well-being Act 2014 in Wales, and Northern Ireland's 10-year Health and Wellbeing 2026 action plan.



Across the Queer Futures 2 case study sites, LGBTQ+ young people's leadership and involvement in the services was central. Co-production ranged from young people leading the design and focus of LGBTQ+ groups, to co-designing the physical support spaces, to the development of structured leadership pathways to upskill young people within and beyond the service.

LGBTQ+ young people's participation in service planning and delivery took the following forms across the case study services:

- LGBTQ+ youth steering groups, youth voice panels, youth committees, and youth representation on the board of trustees;
- Structured ambassador and leadership programmes including examples where LGBTQ+ young people are paid as consultants;
- Including LGBTQ+ young people on interview panels for new staff, including senior management.

Do not assume that there 'aren't any' LGBTQ+ young people needing services in your area(s). In the Queer Futures 2 mapping study it was apparent that NHS trusts widely misunderstood the need for services specific to LGBTQ+ young people. In some cases staff told us that there was 'no need' as there was no local population of LGBTQ+ young people. A lack of trust in services can mean that LGBTQ+ young people become 'hidden' as a population.

In the first instance, commissioners should establish whether there are any local LGBTQ+ youth groups or if localities are covered by regional LGBTQ+ young people's groups or services. If this is the case, commissioners should seek to work in partnership with these groups to invite LGBTQ+ young people's participation. When doing so, it is important to bear in mind that the capacity and resources of such groups are likely highly limited as they are usually charity sector services. Commissioners must take this into account when building relationships by allocating sufficient resources (funds, staff, etc.) to facilitate participation, and by recognising the expertise and knowledge of these providers.

Where no local groups or organisations are apparent, commissioners should instead seek to work with organisations that have national reach e.g., LGBT Youth Scotland. Investing in these partnerships can be a first step in working to build LGBTQ+ young people's trust in services where this is low, and creating safer conditions in which co-production activities can be conducted.

Case study spotlight 1: Proud Trust and 42nd Street – co-designing spaces

The Proud Trust and 42nd Street, both of which work across Greater Manchester, represent two examples of services whose buildings and support spaces have been co-designed with young people. The Proud Trust's new centre, The Proud Place, which opened in 2022, was co-designed with LGBTQ+ young people. At 42nd Street, which is a therapeutic service co-designed with young people, care has been taken to ensure that the space does not feel clinical and design decisions have been led by young people.

Case study spotlight 2: LGBT+ Notts – collaborative service design

LGBT+ Notts is an LGBTQ+ specific youth service, focusing on youth groups and activities to reduce isolation, provide information and build social structures. The service is interlinked with TalkZone, which provides mental health support with two specific counsellors delivering the LGBTQ+ service. The youth group activities are designed in collaboration with LGBTQ+ young people through regular planning meetings, as well as via less formal means such as suggestion boxes and group discussion.

8.3 Evaluation

Evaluation plays a vital role in assessing the impact and efficacy of a service. As is the case for other aspects of service delivery, it is crucial that LGBTQ+ young people are involved in the collaborative establishment of key performance indicators and service outcome measures.

Some of the ways that case studies involved LGBTQ+ young people in evaluation included:

- Ambassador and youth committee roles with specified input into service evaluation;
- User-led evaluation and steering groups;
- Ongoing feedback mechanisms e.g., forms, suggestion boxes, surveys.

As the Queer Futures 2 principles represent key facets of the best early intervention mental health support for LGBTQ+ young people, the checklist included in this guidance can be adapted for use as an evaluation tool. The checklist and principles may also provide the basis for LGBTQ+ young people-led evaluations i.e., by working with LGBTQ+ young people to establish what they would consider principles such as Safety, Belonging, Recognition etc. to mean in the service in question.

8.4 Recommendations for monitoring, co-production and evaluation

- Develop detailed plans for monitoring sexual orientation and gender identity, drawing upon existing guidance around appropriate question format;

- Be transparent around the implementation of monitoring, ensuring that it is clear how and why this information will be used to inform service design and delivery and that this is communicated to people you are asking to participate;
- Engage LGBTQ+ young people in the development, design and evaluation of services;
- Where trust in services is low and LGBTQ+ young people do not feel safe to engage, work in partnership with LGBTQ+ organisations to draw on existing knowledge and experience, facilitate co-production and build trust.

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

A standalone version of this checklist can be found here.

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

☐ **Intersectionality** – 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 acknowledged explicitly in service policy and information? Are these rights upheld for LGBTQ+ young people in the service?

☐ **Agency** – Does the service educate and empower LGBTQ+ young people to make informed decisions about their treatment and lives? Are LGBTQ+ young people meaningfully involved in the design and evaluation of services at all stages?

☐ **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?

☐ **Emotion** – Does the service use an emotion-centred approach to LGBTQ+ young people's feelings?

☐ **People** – Does the service support LGBTQ+ young people to navigate important relationships in their lives (without assuming what these are), including: support staff; peers; LGBTQ+ adults; family; school or college; work?

☐ **Possibility** – Does the service support LGBTQ+ young people to imagine and work towards futures on their own terms?

☐ **Recognition** – Does the service recognise, affirm and value diverse LGBTQ+ identities and experiences?

☐ **Safety** – Is the service safe for LGBTQ+ young people, in ways that extend beyond immediate physical safety? Are LGBTQ+ young people involved in defining what safety means for the service?

☐ **Space** – Does the service prioritise a sense of definition and ownership of support space(s) on young people's terms? Are LGBTQ+ young people involved in decisions about the design, layout and use of support space(s)?

☐ **Time** – Is the service timing, frequency, duration and pace organised in a way that reflects and makes sense in the context of LGBTQ+ young people's lives?

10 Glossary

Affirmed gender: This term describes a person's lived gender (for example, after transition), rather than the gender assigned to them at birth.

Being 'outed': This refers to a person's LGBTQ+ identity or identities being disclosed without their consent. This disclosure could be to parents/carers or other family, to other services or practitioners, or to other young people. Consequences of 'outing' a person can include material impacts e.g., a young person being made homeless, and psychological and emotional impacts e.g., loss of trust and fear of talking openly about LGBTQ+ experiences in case these are shared again without consent in future.

Cisgender or cis: This term describes people whose gender identity is the same or mostly the same as the gender assigned to them at birth i.e., non-transgender people.

Community mental health team (CMHT): CMHTs support or treat people with mental health problems in community rather than psychiatric settings. These teams can include community nurses, psychologists, occupational therapists, counsellors or community support workers, and social workers.

Diagnosis: This refers to clinically defined mental health problems, assessed according to standardised measures rather than subjective self-assessment. Diagnoses emphasise impairment in cognition, emotional regulation or behaviour as these relate to a person's day-to-day life.

Direct discrimination: This describes discrimination whereby a person is treated less favourably than others on the basis of having a protected characteristic, including sexual orientation and gender reassignment e.g., staff in a service using LGBTQ+ phobic slurs or making derogatory jokes about LGBTQ+ people.

Distress: This term describes intense feelings of anxiety, sadness, or emotional pain, which may be impacting upon a person's day-to-day life. Queer Futures 2 uses this term as an alternative to diagnostic language; this aligns with an understanding of common mental health problems among LGBTQ+ young people not as pathological, but as logical responses to experiences of marginalisation and discrimination.

Early intervention: Queer Futures 2 uses 'early intervention' to refer to services that LGBTQ+ young people can access to receive mental health support before reaching crisis point. While our focus is young people aged 12-25, early intervention more broadly covers all stages of a child's development from birth onwards.

Gender affirming healthcare: Also referred to as medical transition or 'gender reassignment', this refers to medical and/or surgical interventions that enable trans, non-binary and gender variant people to feel safer and more comfortable in their bodies.

Gender reassignment (protected characteristic): Gender reassignment protections include people who are gender fluid and non-binary, and are not restricted to those who have undergone, are undergoing or plan to undergo medical transition, as established in the 2020 *Taylor v Jaguar Land Rover* case ruling.

Heterosexual/'straight': This term refers to men who have romantic or sexual attraction towards women, or to women who have romantic or sexual attraction towards men.

Integrated Care Boards (ICBs), Integrated Care Systems (ICSs), Integrated Care Partnerships (ICPs): These refer to the structural organisation of NHS England following the passage of the Health and Care Act (2022). There are now 42 ICSs across England, representing partnerships of organisations to plan and deliver integrated health and care services. ICBs are statutory NHS organisations replacing prior Clinical Commissioning Groups (CCGs) and are responsible for planning to meet the health needs of the area population, managing the NHS budget, and commissioning health services in the ICS area. ICPs are statutory committees formed between ICBs and Local Authorities, and are responsible for producing integrated care strategy for meeting the health needs of the area population.

Indirect discrimination: Practices, policies or rules are applied to every person accessing a service, but disadvantage some people.

LGBTQ+: Lesbian, gay, bisexual, trans and queer/questioning plus; 'plus' in this context indicates the multiplicity of identities and experiences in the spectrum of gender, sex and sexuality and the unfixed nature of individual terms. There are numerous different acronyms used to refer to sexual orientation and gender identity diversity. The acronym

LGBTQ+ was decided upon in consultation with young people, for whom this was the preferred term. Other acronyms, such as LGBTQIA+ or QUILTBAG make explicit reference to intersex, asexual and aromantic, and unsure experiences. For definitions of individual identities, please see Stonewall's glossary of terms.

LGBTQ+ phobia: An umbrella term for discrimination against, fear of, or dislike of LGBTQ+ people (including those perceived to be LGBTQ+). Definitions of biphobia, homophobia, lesbophobia, transphobia and microaggressions are included in MindOut's glossary of terms.

Marginalisation: Encompassing social exclusion, this refers to the treatment of a person or group as insignificant and/or unimportant, with implications for how much influence and power that person or group is able to hold. This can manifest as barriers to accessing institutions, opportunities, and services, and gaps in service provision.

Multidisciplinary team (MDT): MDT meetings bring together health and practitioners and other professionals in order to assess, plan and manage an individual's care e.g., MDTs may meet to assess safeguarding concerns and strategy for a young person.

Minority stress: Developed by Ilan H. Meyer, this explanatory framework argues that experiences of stigma, prejudice and discrimination create hostile environments, leading to mental health problems. Rather than seeing mental distress as inherent, minority stress highlights conditions producing common mental health problems that can be changed.

Norm(s): We use this term throughout to refer collectively to the pressures, expectations and standards placed upon LGBTQ+ young people about who or what they should be or achieve. These may relate to: sexuality or gender identity i.e., the assumption that people are cisgender and heterosexual; age i.e., assumptions about young people's understanding of themselves and ideas that 'adults know best'; and the future i.e., pressure to 'perform well' in narrow ways, such as through academic success.

QTIBPOC: Queer, Trans and Intersex Black people and People of Colour.

Stigma: This refers to negative perceptions or stereotypes about a characteristic or personal trait e.g., stigma related to being LGBTQ+, or to having mental health problems.

Subjective self-assessment: This refers to an individual's own perception of their mental health and support needs.

Transition: All processes or actions undertaken to enable an individual to feel safer and more affirmed in their gender. This can cover: social transition i.e., steps taken to be affirmed by others such as 'coming out' and using a different name and/or pronouns; legal transition i.e., steps taken to change legal and identifying documentation to reflect a person's lived gender such as changing the gender marker on medical records or other documents; medical transition i.e., medical and/or surgical interventions undertaken to enable a person to feel safer and more comfortable in their body and to alleviate dysphoria. It is important to note that transition will look different for different people e.g., some people will not 'come out' in the same way as others for their own safety, some do not desire or cannot access medical transition, and some do not desire or cannot access legal transition.

UNCRC: United Nations Convention on the Rights of the Child – an international human rights treaty granting all children and young people aged 17 and under a comprehensive set of rights. The UK is a signatory to this treaty.

References

1. Ben Chikha F. Combating rising hate against LGBTI people in Europe. Strasbourg: Council of Europe; 2021.
2. Walsh RJ. A blow to the rights of transgender children: British Psychological Society (BPS); 2020 [Available from: https://www.bps.org.uk/psychologist/blow-rights-transgender-children.
3. Siddique H. Appeal court overturns UK puberty blockers ruling for under-16s: The Guardian; 2021 [Available from: https://www.theguardian.com/society/2021/sep/17/appeal-court-overturns-uk-puberty-blockers-ruling-for-under-16s-tavistock-keira-bell.
4. King M, McKeown E, Warner J, Ramsay A, Johnson K, Cort C, et al. Mental health and quality of life of gay men and lesbians in England and Wales: Controlled, cross-sectional study. British Journal of Psychiatry. 2003;183:552-8.
5. Semlyen J, King M, Varney J, Hagger-Johnson G. Sexual orientation and symptoms of common mental disorder or low wellbeing: Combined meta-analysis of 12 UK population health surveys. BMC Psychiatry. 2016;16 (1):67.
6. Rimes KA, Goodship N, Ussher G, Baker D, West E. Non-binary and binary transgender youth: Comparison of mental health, self-harm, suicidality, substance use and victimization experiences. International Journal of Transgenderism. 2019;20(2-3):230-40.
7. Milsom R. Growing up LGBT+: The impact of school, home and coronavirus on LGBT+ young people. London: Just Like Us; 2021.
8. Patalay P, Fitzsimmons E. Mental ill-health at age 17 in the UK: Prevalence of and inequalities in psychological distress, self-harm and attempted suicide. London: Centre for Longitudinal Studies; 2020.
9. McDermott E. Asking for help online: Lesbian, gay, bisexual and trans youth, self-harm and articulating the 'failed' self. Health. 2015;19(6):156-77.
10. McDermott E, Hughes E, Rawlings V. Queer Futures: Understanding Lesbian, Gay, Bisexual, Trans Adolescents' Suicide, Self-harm Help-seeking Behaviour. 2016.
11. McDermott E, Hughes E, Rawlings V. Norms and normalisation: Understanding lesbian, gay, bisexual, transgender and queer youth, suicidality and help-seeking. Culture, Health & Sexuality. 2018;20(2):165-72.
12. Williams KA, Chapman MV. Comparing health and mental health needs, service use, and barriers to service among sexual minority youths and their peers. Journal of Health and Social Work. 2011;36(3):197-206.
13. Williams KA, Chapman MV. Unmet health and mental health need among adolescents: The roles of sexual minority status and child-parent connectedness. American Journal of Orthopsychiatry. 2012;82(4):473.
14. McDermott E, Roen K. Queer Youth, Suicide and Self-harm: Troubled Subjects, Troubling Norms. Houndsmills, Basingstoke, Hampshire; New York: Palgrave Macmillan; 2016.
15. Fay V. Getting It Right: What Lesbian, Gay, Bisexual and Trans (LGBT) Young People in Greater Manchester Want and Need. Manchester: The Proud Trust; 2020.
16. Ellis SJ, Bailey L, McNeil J. Trans people's experiences of mental health and gender identity services: A UK study. Journal of Gay Lesbian Mental Health. 2015;19(1):4-20.
17. EIF. Realising the Potential of Early Intervention. London: Early Intervention Foundation; 2018.
18. HSCC. Children and young people's mental health: Eighth Report of Session 2021-22. Health and Social Care Committee. London: HM Government; 2021.
19. EIF. Spending Review 2021: The case for early intervention to support levelling up and Covid recovery. London: Early Intervention Foundation; 2021.
20. Wilson H, Waddell S. Covid-19 and early intervention: Understanding the impact, preparing for recovery. London: Early Intervention Foundation; 2020.
21. Bradlow J, Bartram F, Guasp A, Jadva V. School Report: The experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017. London: Stonewall; 2017.
22. Irish M, Solmi F, Mars B, King M, Lewis G, Pearson RM, et al. Depression and self-harm from adolescence to young adulthood in sexual minorities compared with heterosexuals in the UK: A population-based cohort study. The Lancet Child Adolescent Health. 2019;3(2):91-8.
23. Wilson C, Cariola LA. LGBTQI+ youth and mental health: A systematic review of qualitative research. Adolescent Research Review. 2020;5(2):187-211.
24. Pattinson E, McDermott E, Eastham R, Hughes E, Johnson K, Davis S, et al. Tackling LGBTQ+ youth mental health inequality: Mapping mental health support across the UK. The British Student Doctor. 2021;5(3):20-9.

25. UN. International Covenant on Economic, Social and Cultural Rights. Treaty Series. 1966;993:3.
26. UNICEF. Children's Rights in the New Normal: Mental Health. London: UNICEF UK; 2021.
27. Lundy L, Kilkelly U, Byrne B, Kang J. The UN Convention on the Rights of the Child: A study of legal implementation in 12 countries. Belfast: Queen's University Belfast; 2012.
28. Byrne B, Lundy L. Children's rights-based childhood policy: a six-P framework. The International Journal of Human Rights. 2019;23(3):357-73.
29. Amos R, Manalastas EJ, White R, Bos H, Patalay P. Mental health, social adversity, and health-related outcomes in sexual minority adolescents: A contemporary national cohort study. The Lancet Child Adolescent Health. 2020;4(1):36-45.
30. Chakraborty A, McManus S, Brugha TS, Bebbington P, King M. Mental health of the non-heterosexual population of England. The British Journal of Psychiatry. 2011;198(2):143-8.
31. Marshall MP, Dietz LJ, Friedman MS, Stall R, Smith HA, McGinley J, et al. Suicidality and depression disparities between sexual minority and heterosexual
youth: A meta-analytic review. Journal of Adolescent Health. 2011;49(2):115-23.
32. Meyer IH. Resilience in the study of minority stress and health of sexual and gender minorities. Psychology of Sexual Orientation and Gender Diversity. 2015;2(3):209.
33. Riggs DW, Treharne G. A novel approach to accounting for stress arising from the effects of ideology and social norms. Journal of Homosexuality. 2017;64(5):592-605.
34. Kneale D, Becares L. The mental health and experiences of the discrimination of LGBTQ+ people during the COVID-19 pandemic: Initial findings from the Queerantine Study. 2020.
35. Johnson K, Faulkner P, Jones H, Welsh E. Understanding suicidal distress and promoting survival in lesbian, gay, bisexual and transgender (LGBT) communities. Brighton: University of Brighton; 2007.
36. LaSala MC, Fedor JP. "A Victim is a Victim": LGBT Blindness among Victim Assistance Workers. Journal of Qualitative Criminal Justice Criminology. 2020.
37. DoH. Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. London: Department of Health, HM Government; 2015.
38. Brown A, Rice SM, Rickwood DJ, Parker AG. Systematic review of barriers and facilitators to accessing and engaging with mental health care among at risk young people. Asian Pacific Psychiatry. 2016;8(1):3-22.
39. McGlynn N, Browne K, Sherriff N, Zeeman L, Mirandola M, Gios L, et al. Health professionals' assumptions as barriers to LGBTI healthcare. Culture, Health & Sexuality. 2020;22(8):954-70.
40. NYA. A guide to commissioning outcomes for young people. Leicester: National Youth Agency; 2019.
41. The Trevor Project. The Mental Health and Well-being of LGBTQ Youth who are Intersex. West Hollywood, California: The Trevor Project; 2021.
42. Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M, et al. Fair Society, Healthy Lives: The Marmot Review. 2010.
43. Bachmann CL, Gooch B. LGBT in Britain: Home and Communities. London: Stonewall; 2018.
44. Vance SR, Halpern-Felsher BL, Rosenthal SM. Health Care Providers' Comfort With and Barriers to Care of Transgender Youth. Journal of Adolescent Health. 2015;56:251-3.
45. Newman CE, Prankumar SK, Cover R, Rasmussen ML, Marshall DA, Peter. Inclusive healthcare for LGBTQ+ youth: Support, belonging, and inclusivity labour. Critical Public Health. 2020;31(4):441-50.
46. LGBT Foundation. If We're Not Counted, We Don't Count: Good practice guide to monitoring sexual orientation and trans status 2021. Manchester: LGBT Foundation; 2021.