

MENTAL HEALTH IN THE LGBTQ+ COMMUNITY

A REPORT ON FINDINGS
FROM OUR HELPLINE



A charity registered in
England and Wales: 1161379

Author: Richard Euston

Aims of this Report

This report aims to draw together statistical data and experiential learning to provide a holistic overview of effective mental health provision for the LGBTQ+ community. It would be too big in scope for this report to identify rates of mental ill health within the LGBTQ+ community, or attempt to outline the root causes of mental health issues, though these will be addressed in brief where relevant or where statistical data allows. This report, instead, shall aim to draw together our approach to supporting the mental health of our community, and understand what proved effective and why. For those more interested in understanding the rates of mental health issues within the LGBTQ+ community, or the root causes of those issues, we recommend consulting the references and further reading provided at the end of this document.

About the Author

Richard Euston
CEO, Chester Pride

Richard has been working for Chester Pride since 2018. In that time he has expanded the role of the charity from its annual Chester Pride event, to one that supports and advocates for its community throughout the year. In his time with the charity he has developed several support services, often in co-production with the community itself.

Contents

Background.....	2
Statistics.....	5
Analysis.....	9
Case Studies.....	12
Community Surveys.....	17
Identified Needs.....	20
Our Solutions.....	21

1. Background

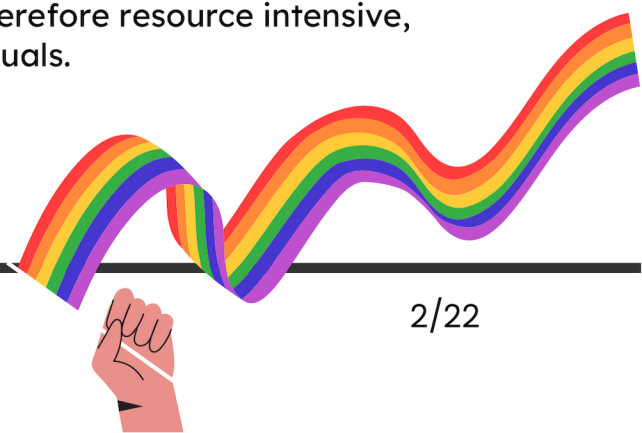
Around the end of 2019 we began to look at extending our support for the LGBTQ+ community to include a more generalised offer. The aim, initially, was to act as a signposting service that referred any service users to an appropriate and inclusive support service provided by an external partner. The external partner was verified as providing support that met the specific needs of an LGBTQ+ individual. However as we were developing the service the Covid pandemic necessitated a shift in our strategy as the needs of the community shifted and the acuity of their needs significantly increased.

Beginning in March 2020 the Just Ask helpline service was designed to offer a wrap-around person centred approach to supporting service users in accessing existing services, or providing holistic support where their needs could not be met. The focus was on addressing the two main issues arising from the pandemic, that of poor mental health and social isolation. Through regular contact sessions, online or over the phone, and face to face when permitted, we sought to provide connection to the community where it otherwise would be lacking. Although the concept of the service was to primarily signpost, it became quickly apparent that for many LGBTQ+ people ours was the only service which met their complex needs, or provided a touchstone to their relationship with a community they otherwise would struggle to access.



Even as restrictive Covid measures have eased back, we have found that the community remains fundamentally changed and their needs around mental health have, seemingly, not reduced from the acute need that arose from the pandemic. Through our time operating the helpline we have been able to deeply understand the needs of the community, and the underlying factors that affect their mental health. This ‘coalface’ connection to the LGBTQ+ community has also provided solutions to these factors, with the community themselves reporting back on the services they feel they would benefit from accessing.

The main caveat to our reporting, however, is that much of our work through the helpline was dominated by a small number of highly complex, and therefore resource intensive, individuals.



The intersectional nature of our community was reflected in many of the service users that made contact with our helpline, these included those who were neurodivergent, economically disadvantaged, faced issues resulting from religious or cultural family or community backgrounds, or would carry with them traumas or emerging serious mental illnesses. These cases resulted in higher volumes of contacts to these individual service users and, therefore, resource intensive approaches to support them. Often we became more trusted to these individuals than the statutory or third sector services that were supporting them due to our connections to their LGBTQ+ community.

This, overall, highlights the main finding of our time operating the Just Ask helpline. LGBTQ+ people face varied and multiple oppressions, and struggle to engage with a world that is still ostensibly made for heterosexual and cisgender people. As a community they face the same challenges as others in accessing support for their mental health, but they also require connection with their own community.

Both of these may be provided through specific services made for, and led by the community, but the reality of statutory and VCSE resourcing and capacity means that it is not feasible to provide an LGBTQ+ specific variation of every service. Instead of providing complimentary services that address mental ill health and social isolation, providing connection to the LGBTQ+ community is where our helpline sought to step in.

What became apparent, however, was that the acuity of need was too much for our resources. Almost from day one the helpline faced challenges in managing our capacity whilst providing appropriate services. The demand on our helpline was staggering, especially in light of the aforementioned complexity of many of the presenting service users' needs. Thus it became necessary for us to change our ways of working, to build a sustainable and scalable new service model that incorporates elements of the helpline, whilst reducing the amount of resource required.





Thus, as of September 2023, the Just Ask helpline ceased operation as we began our transition to our new service model.

This report gives comprehensive analysis of our local LGBTQ+ community, drawing insights from the helpline's work. In the subsequent sections we will examine the demographics of the helpline's service users, study cases of how our services made a difference, before concluding our examination of our proposed model for future service delivery. Additionally, we offer insights into how alternative approaches may address our diverse community's needs.

JUST ASK? CHESTER PRIDE

Just Ask opened in March 2020, largely as a response to the Covid Pandemic.

Service users could get in touch via phone call, text, WhatsApp and email. Service users would receive a reply using the same medium with which they made contact, though often face to face meetings or phone calls were arranged as part of initial triage.

Each service user's specific needs were identified, and personalised support offered, through referrals or direct interventions provided by ourselves.

The helpline employed one part time staff member and they were supported by other staff members, creating a 1.5 full time staff equivalent being allocated to the helpline.

The helpline operated for a total of 31 months, operating until September 2023 as the final recurring service users were transitioned into other services.

2. Statistics

The following statistics are from the 31 months operating our Just Ask helpline (March 2020 - Sept 2023):



14,339 **Contacts**

the number of enquiries we dealt with

average per month



463



319 **Referrals**

the number of people that generated those contacts

average per month



10



7%

Returning Referrals

percent of service users that returned within six months after sign off from our service



Long-Term Referrals

10%

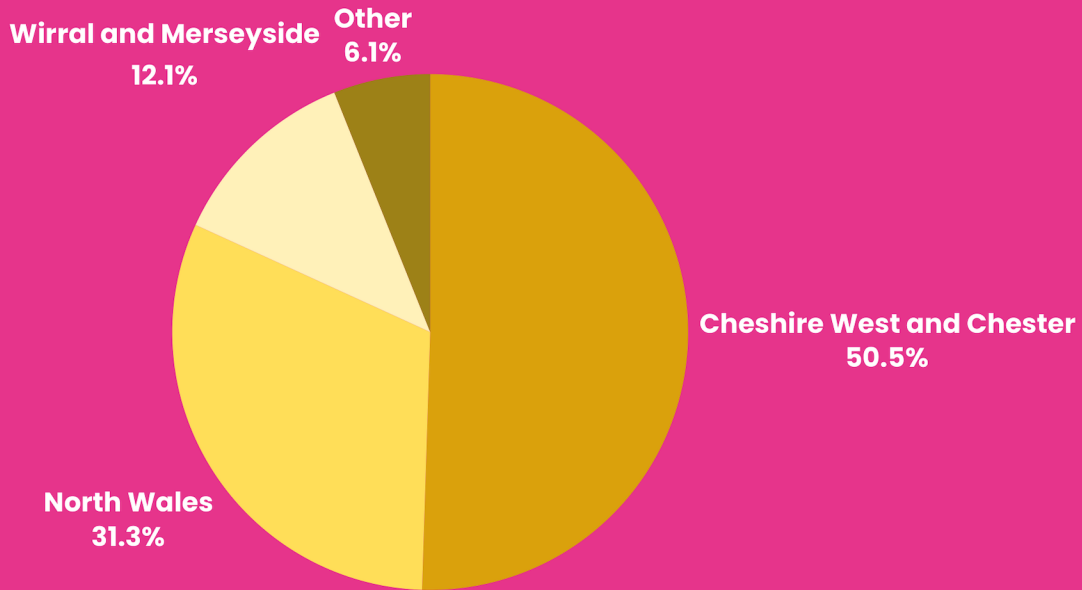
the percentage of service users who required support and interventions lasting longer than 12 weeks

2b. Demographics

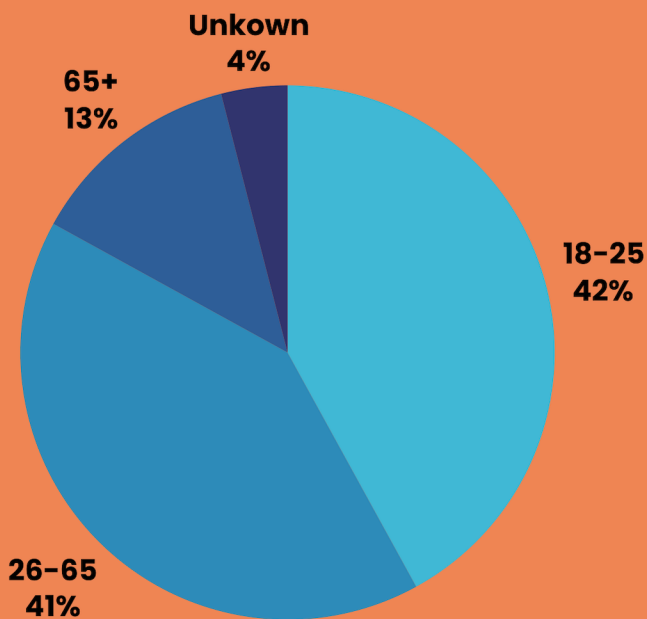
The following statistics are from the 31 months operating our Just Ask helpline (March 2020 - Sept 2023):

Location

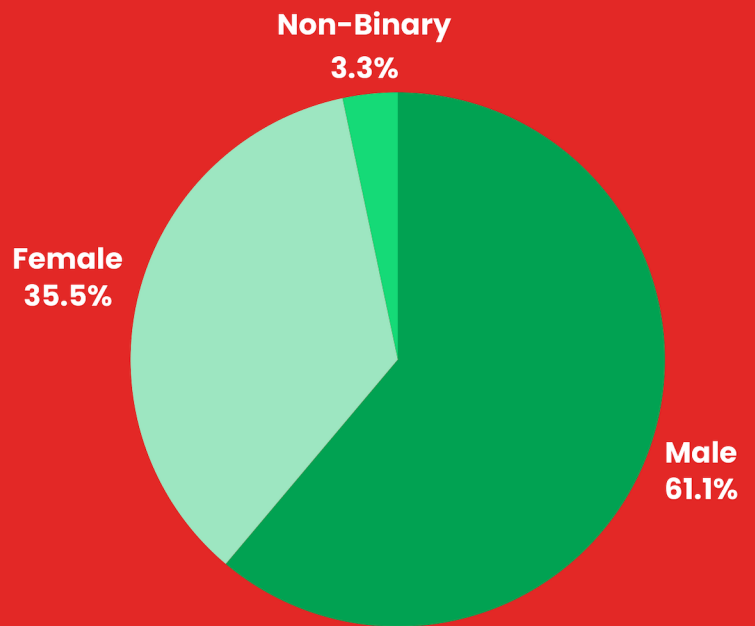
Where our service users live



Age



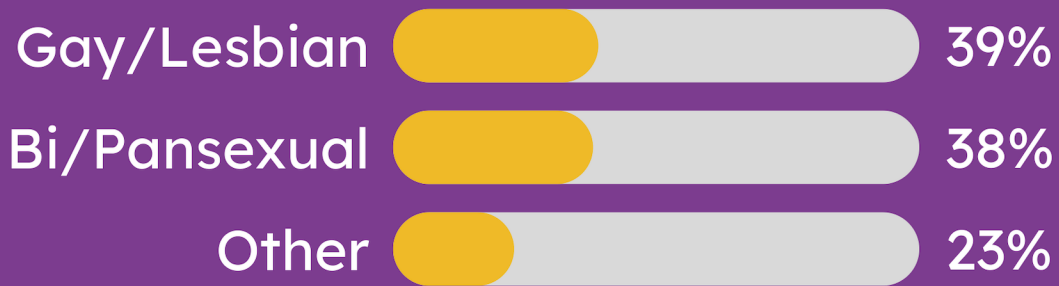
Gender Identity



Cis/Trans Identity

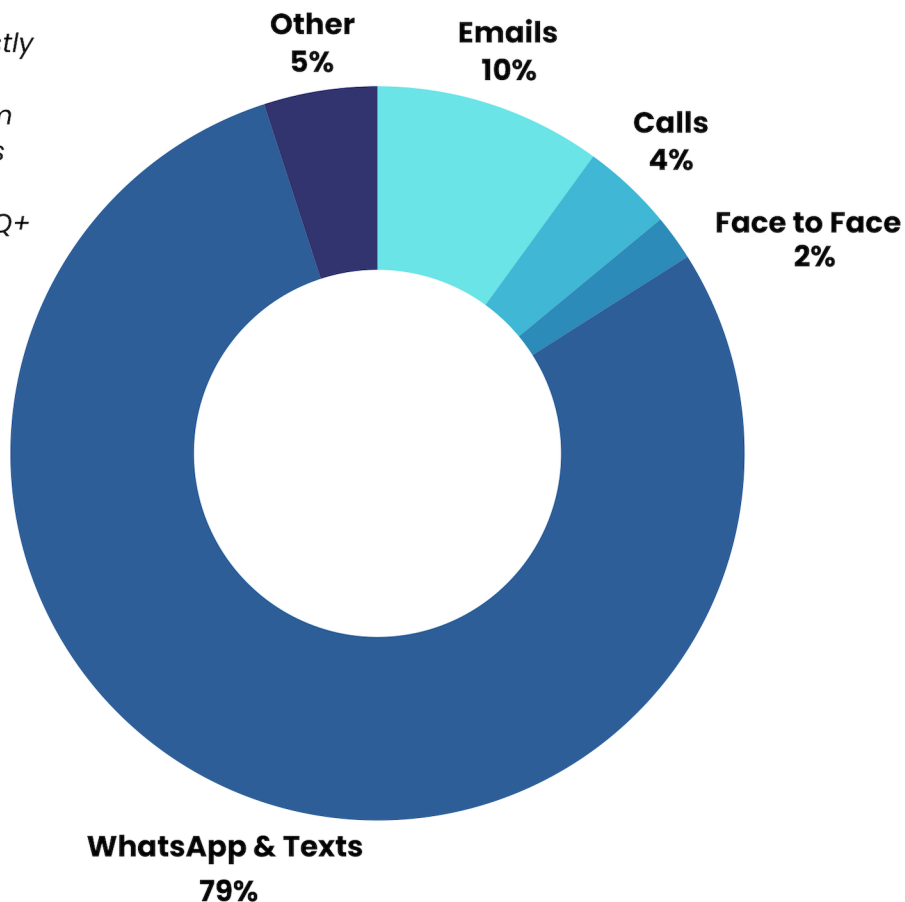


Sexual Orientation



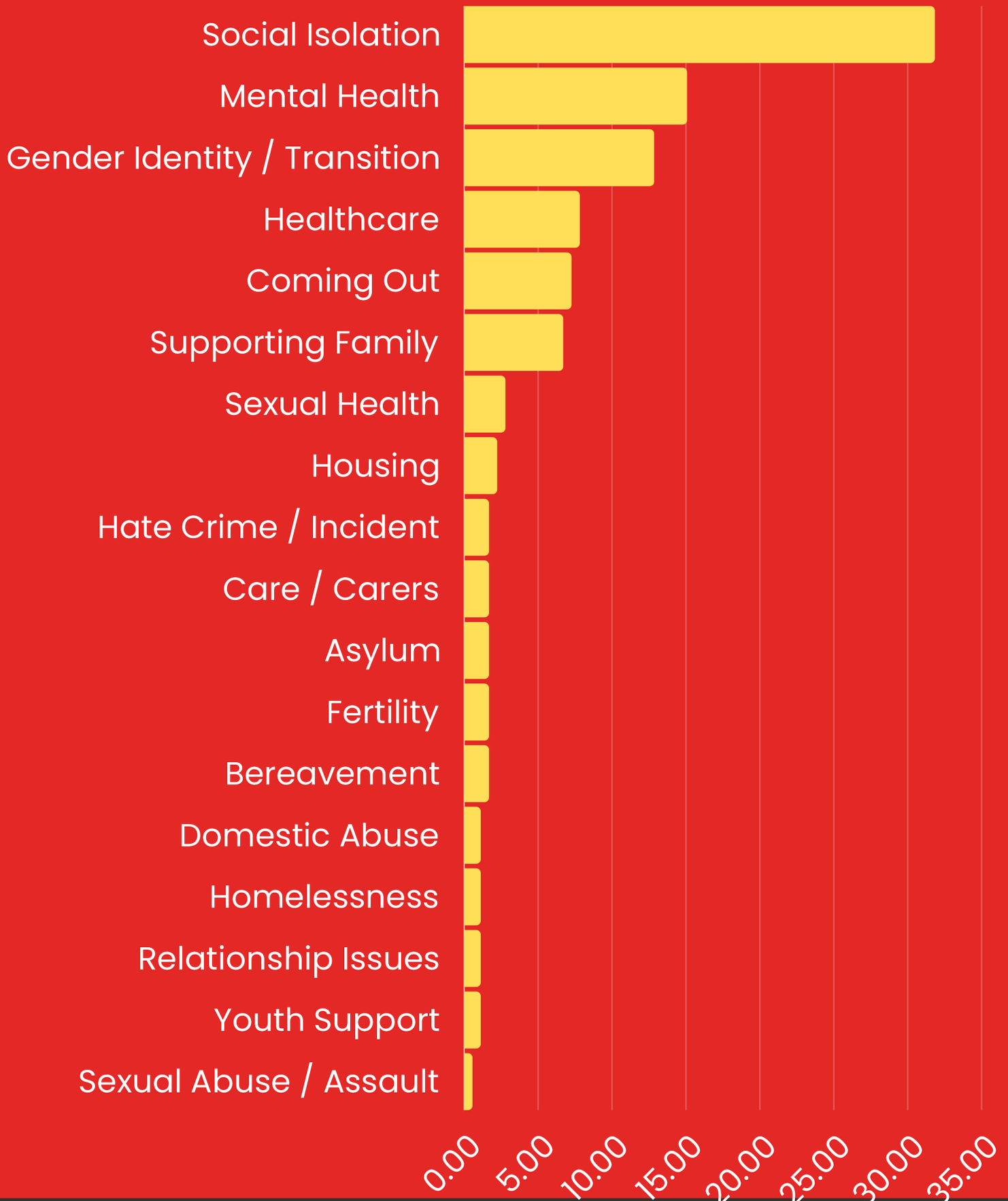
Method of Contact

Other. This refers mostly to indirect contacts, such as enquiries from external organisations seeking advice on supporting their LGBTQ+ service users



Presenting Issues

■ Percent of Referrals



3. Analysis

Based on both the data above and our experience in service delivery, several conclusions regarding the state of mental health within the LGBTQ+ community can be made.

Mental health is a significant factor across all cases. Though the helpline received calls for a variety of presenting issues, the mental health of almost every service user was impacted by their particular situation. Consequently, it became apparent that while a referral to an external agency could address the main issue, continued support or community outreach is necessary to adequately address the mental health needs of our service users.



The cases managed through the helpline tended to be complex, often involving individuals who identified with multiple intersectional identities or experienced various forms of discrimination. With an average of 44 contacts per service user, the needs presented typically required sustained support to ensure positive outcomes when accessing external services.

Our wrap-around service proved effective in addressing the social needs of the LGBTQ+ community, as a means of achieving better mental health outcomes. With a low return rate of 7% evidencing this for many of our service users. This highlights the positive impact of connecting members of the community together. However, our data lacks information on the return rate to external services as we cannot ascertain whether service users may have returned to the services we referred them to independently, without first re-accessing Just Ask.

Non-Crisis adult services are perceived as lacking, and represent the most acute need among the community. We received no contacts from any person under-18, but did receive contacts from adults seeking support to, in turn, support their LGBTQ+ children. A total of 83% of our contacts came from those aged 18 - 65 looking for support for their issue before it developed into a crisis or SMI state. Within LGBTQ+ adults there is a perception of lack of general options available to support their mental health and wellbeing.



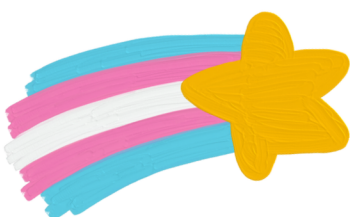
Community plays a pivotal role in the mental well-being of LGBTQ+ individuals, as social isolation is a common issue that leads to general mental health concerns. Unfortunately, the Covid pandemic has disproportionately impacted the LGBTQ+ community, with several safe spaces being closed or transitioning to online platforms. Given that many LGBTQ+ individuals live alone or have been estranged from their families, it has been challenging for our community to remain connected and support one another. Our wrap-around support has been crucial in bridging this gap, providing the much-needed community connection that non-LGBTQ+ services lack, and leading to better outcomes.



Inclusivity in service provision is an essential step towards supporting the LGBTQ+ community.

However, it is not sufficient on its own. We have collaborated with numerous services that offer inclusive support to LGBTQ+ individuals and advocate for the community's rights. Nonetheless, we observed that some service users felt hesitant about accessing the services without assurance of inclusivity. Furthermore, even after accessing the services, some service users desired LGBTQ+ specific support or community engagement. Given the diverse range of presenting issues, creating services that cater exclusively to the LGBTQ+ community is not feasible. However, offering additional services such as social groups, community activities, or providing regular contact with an LGBTQ+ person, such as a case worker, can fill the gap and encourage continued engagement with non-LGBTQ+ specific services.

Transgender individuals have unique needs and are more vulnerable than other groups. While only 1% of the population identifies as gender non-conforming or transgender, approximately 35% of cases we handled involved gender diverse individuals. This underscores the pressing need for services catering to the transgender community. However, societal factors such as limited access to healthcare, hostile media coverage, and anti-trans government policies, compound the problem. Our experience with transgender service users has revealed that their cases tend to be more complex, with multiple issues affecting their mental health. These cases often require referrals to external services, but in some cases, such referrals are not possible, such as when a service user's GP denies gender-affirming healthcare.



Individuals who identify as Bi/Pan or sexually diverse are often more vulnerable as they face additional forms of discrimination. In many cases, individuals who identify as something other than Gay or Lesbian, such as Bisexual or Pansexual, not only encounter obstacles related to workplace or familial acceptance but also struggle to connect with the wider LGBTQ+ community due to the exclusive focus on single-sex attraction in services and social spaces.

Despite the availability of LGBTQ+ inclusive services, there persists a palpable fear or uncertainty among members of the community regarding engagement with these services. Many service users who contacted our helpline were seeking referrals to services, having trusted our organization to have verified the inclusivity of these services for LGBTQ+ individuals. Moreover, we maintained contact with users post-referral to advocate for them in case their specific needs were not met. This advocacy was particularly essential for members of the gender-diverse community as government directed policies for statutory services increasingly exhibit hostility or lack of provision towards this community. This reinforces the LGBTQ+ community's desire for services that are exclusively for and led by the community itself, to create acceptance and alleviate fear of engagement.



4. Case Studies

To support our quantitative data gathering, we have also produced several case studies of service users journey through our service. These cases best demonstrate the principles highlighted in our analysis above, and are some of the more complex cases that we managed.

The complexity, or specificity of need, left most of these service users isolated from the LGBTQ+ community, or outside of established support services.

This resulted in our service being the only one these service users felt able to access, and the support solutions we delivered reflect the person centred approach of the helpline.

Certain personally identifying details have been changed, but where possible gender identity and sexual orientation remain unchanged.



4a. Case 1 - Aled

Age: 50s

Sexual Orientation: Gay

Gender: Cisgender Male

Aled approached Just Ask for support as he had just come out as gay after over 20 years of marriage. He was in conflict with his ex-wife and children, was socially isolated and felt that life was intolerable.

Aled was initially living in the spare room of the family home, and felt unable to use other parts of the home because of the hostility he was facing. We held weekly 'walk and talk' meetings after work hours, to give him the opportunity to offload his feelings, ask questions, and spend time away from the toxic environment at home.

Aled's remaining parent died during this period, so he didn't have the option to move back to their home. Aled was neglecting himself so meetings began to be held over a meal, to ensure that he ate properly at least once a week.

Aled was supported through the stresses of the divorce, bereavement and the sale of the family home and purchase of a home of his own. He was able to link with others in the LGBTQ+ community, access relevant sexual health information and work on retaining links with his adult children. He is now settled into his new home, is happy to identify as gay and attended his first Pride event this year.

4a. Case 2 - Lucas

Age: 20s

Sexual Orientation: Gay

Gender: Cisgender Male

Lucas is a 24 year old cisgender gay man. He first contacted our helpline early in the first Covid lockdown. At that time he was living at home, with a parent who was not fully accepting of his, and his sister's, sexuality. He had also suffered a homophobic assault a few months before his initial contact with us, and was accessing therapy for support. Lucas was in a desperate situation with his mental health following the disappearance of a community he would regularly access for validation and support due to lockdown.

The lack of access to a community was a common issue during Covid lockdowns, but for Lucas the issue was compounded as he struggled with his NHS therapist. He felt that she was not fully understanding of his sexuality, and therefore he was not fully comfortable discussing the circumstances of his assault.

Our support consisted of providing peer support to Lucas whilst we worked with him to arrange access to alternative mental health support. We worked with Lucas as he self-referred to alternative provision, and kept in touch with him after the fact to ensure we did not need to advocate for his care with the new service.

Lucas's journey was a positive one, and led to him feeling more confident,

supported, and leading to a positive outcome for his mental health. He even arranged to undertake some work experience with us as part of his university course.

However, before he undertook the above work experience, Lucas became one of our returning referrals as he was the victim of a sexual assault that set his mental health progress back. He returned to our service to receive support, and we offered one to one peer led befriending, allowing him to talk through his issues as a compliment to his accessing support from a victim support organisation. We worked with Lucas to help him understand his trauma, and outlined methods, and mood management tools, he may use to manage his mental health.

We were able to reach an end to our regular support for Lucas after several months, having worked with him as a complement to his other support, until he reached a point where he felt confident and able to use the tools developed through the joint interventions to better deal with his mental health and traumas.



4a. Case 3 - Casey

Age: 20s

Sexual Orientation: Lesbian

Gender: Cisgender Female

Casey is a cisgender White British female in her twenties who identified as lesbian, but was not comfortable with that identity. She contacted the service as she was experiencing severe and persistent low mood. She was extremely socially isolated, with no local family, friends or interests, and she was struggling to understand a situation at work which was making her unhappy.

Before her involvement with Just Ask, Casey was a young professional struggling to deal with her new job, the impact of the pandemic and the loss of the friendship network she had built while she was a student. She had a level of insight into the causes of her low mood and lack of motivation, but no idea how to turn her situation around. She was so hesitant to approach an LGBTQ+ support service that she had created a new email address and a pseudonym so that any contact with our service could not be traced to her actual identity.

Since her involvement with this service, Casey has grown in confidence, her mood has improved and she has expanded her range of social contacts and activities. She has identified the sexism and homophobia underlying the issue she has had at work, is aware that the problem lies with the perpetrator not her, and knows that she would have the support of her union if the situation recurred.

She has started volunteering for a national charity and joined a local sports team which is open to the LGBTQ+ community, so she has found a community where she feels that she belongs, and she attends social activities with them outside of the training sessions. She has also joined a LGBTQ+ network and took part in a fundraising 'Pride Run' with some of the members, and was confident enough to give her consent for a photo of this which featured her to be published in a national LGBTQ+ magazine.





4a. Case 4 - Sam

Age: 20s

Sexual Orientation: Not Disclosed

Gender: Non-Binary

When Sam contacted the Just Ask helpline, they were at the start of their gender journey. They initially were seeking advice over gender identity and transition as they were not sure if they identified as non-binary. We provided regular chats and resources to help them navigate their gender identity.

Following on from our conversations Sam felt confident in coming out as non-binary, but unfortunately, they faced significant opposition from their parents, particularly their mother, who did not understand Sam's identity. Sam is neurodivergent and was struggling to assert their independence and find work and accommodation that would enable them to leave home and live independently.

Sam began to call into the helpline regularly as their mental health began to decline and they faced a potential crisis developing. We assisted Sam in self-referring for counselling support and helped them with understanding their employment and housing options.

Since then, Sam has received help for their mental health, and benefitted from counselling that has reinforced their non-binary identity. They have successfully found employment and found independent accommodation allowing them to leave their toxic home environment. We have continued to support Sam through our Trans Social group that they now enjoy being a part of.



4a. Case 5 - James

Age: 20

Sexual Orientation: Gay

Gender: Cisgender Male

James is a neurodivergent, 20 year old, gay cisgender man. At the time of original contact he has a social worker, support worker, and PA. However, he approached Just Ask seeking support around dating and sexual health as he did not feel comfortable discussing this with his female support workers. Due to past related trauma and parental abuse, James is slow to trust, and it was clear that support would be needed over a long period of time and would need to be highly tailored to suit his additional needs.

Our first support sessions focused on one to one discussions around safe relationships, and safe sexual practices. Eventually James trusted us enough to go to with us as a chaperone to the sexual health clinic to receive further advice, vaccinations, and PrEP. Beyond this, however, it became apparent that James's living arrangements were causing him stress and negatively affecting his mental health, as his grandparent was not accepting of his sexuality and would be verbally aggressive and abusive towards James.

Building on the trust we had engendered with James we started to offer befriending and regular check-ins over messaging, phone, and face to face. With regular support from ourselves we have been able to

advocate on his behalf with his support workers, making their work more inclusive of his specific needs as an LGBTQ+ person. We have also been able to raise concerns around his safeguarding, and discuss this with his social worker, who have now carried out at home checks, and are looking for supported living for James.

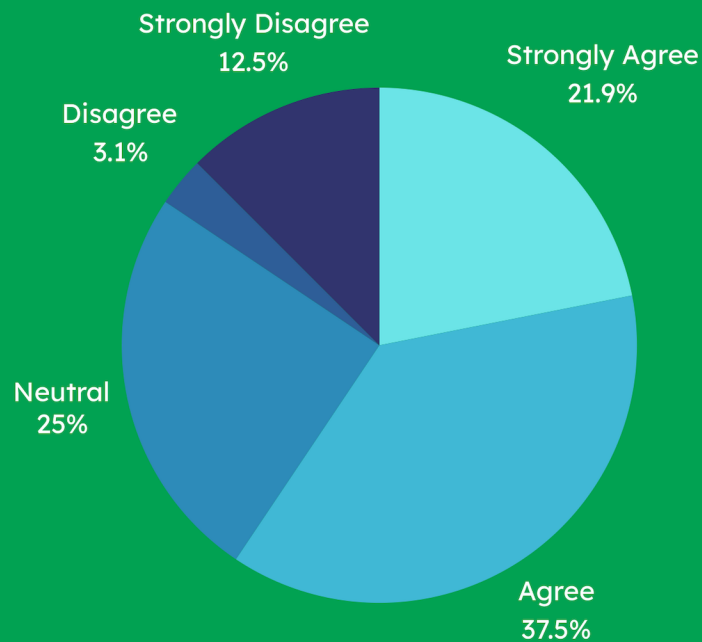
Our support and advocacy has resulted in James feeling more supported and his identity validated; being more confident in going out; and developing independence in some ways, for example now being capable of traveling on the bus without a support worker. We have also helped address his mental health issues, supporting him as he accesses NHS medical support and treatment. With the umbrella of support we provided, James is engaging in a stronger way with these services, as we are able to intervene to encourage his continued access to the service when he becomes frustrated with it, or disengages due to his living situation.

James has also developed greater links to the LGBTQ+ community attending our own Pride events, and others in Cheshire, openly and proudly. He has been able to date, and engage with sexual partners in a safe manner.

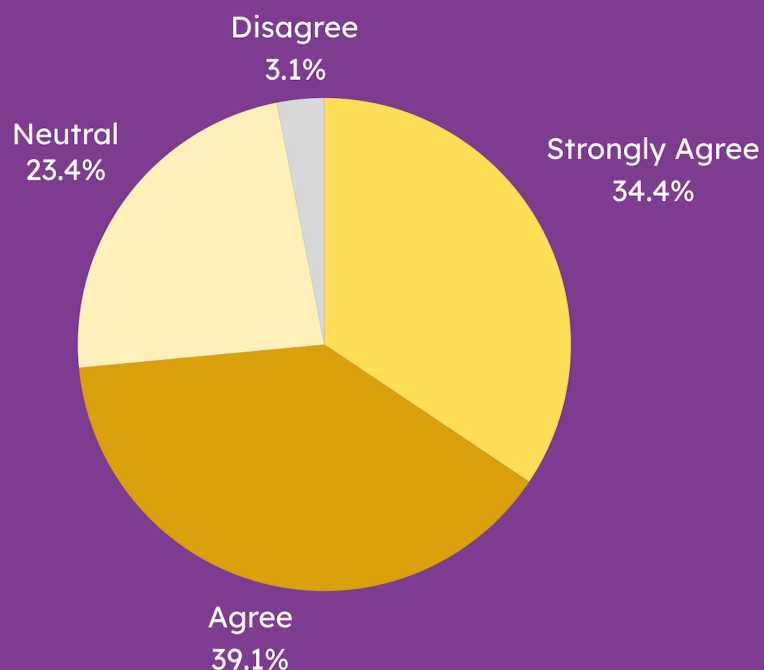
5. Community Surveys

Throughout the time running the Just Ask service we surveyed the wider community to try and understand the wider picture around mental health in our community. The following statistics have been compiled from several surveys conducted between 2021 - 2023.

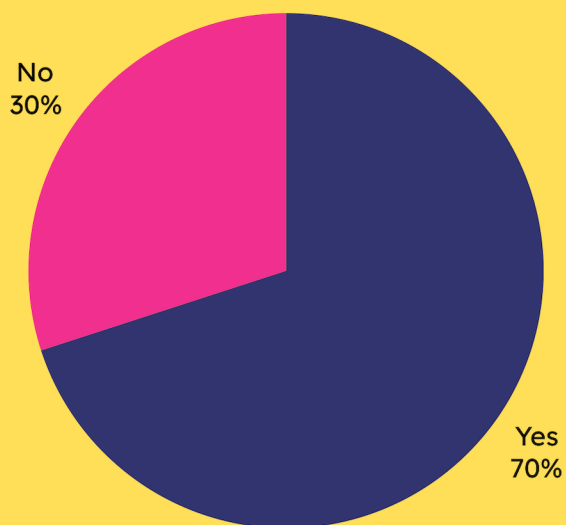
Q. I am aware of LGBTQ+ inclusive support services in my area



I would be more likely to access a support service if I knew it would be LGBTQ+ inclusive, or only for LGBTQ+ people



Have you ever sought help for your mental health?

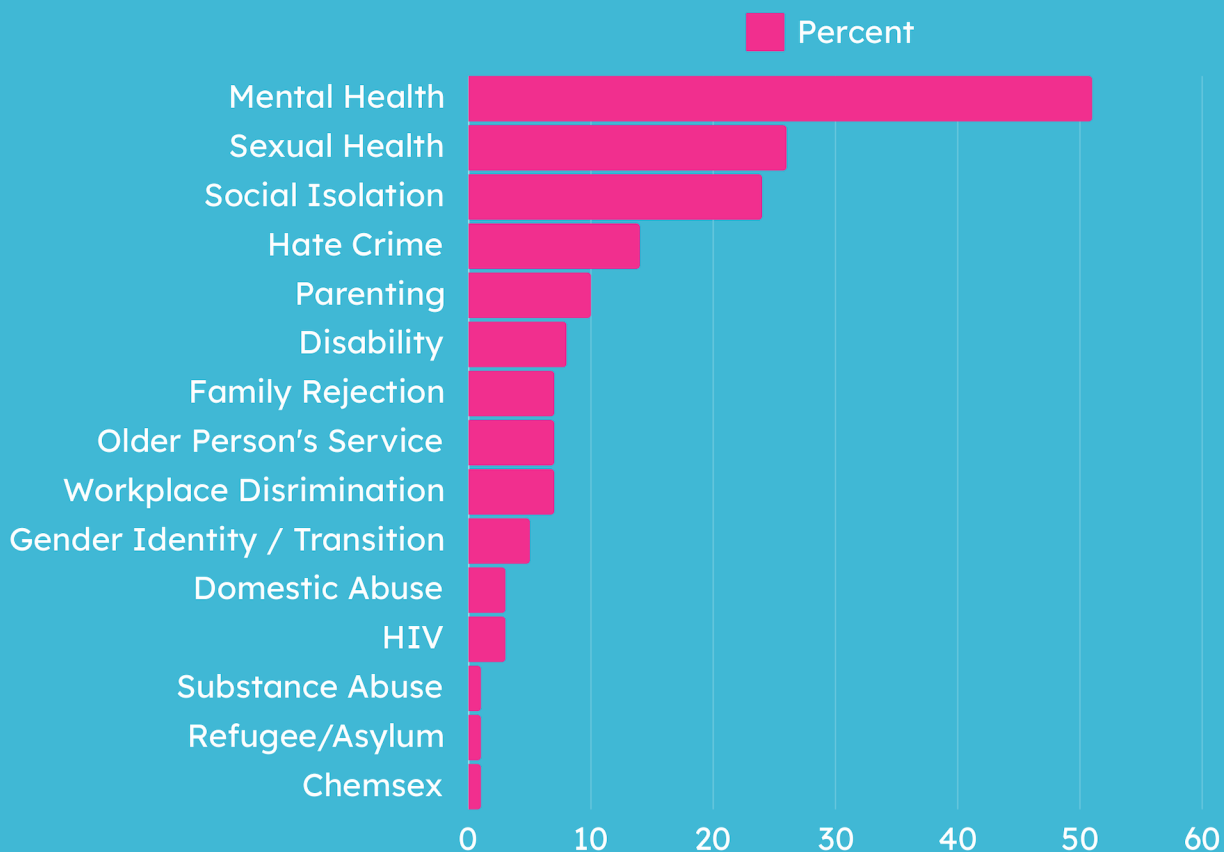


What's stopped you from seeking help with your mental health?

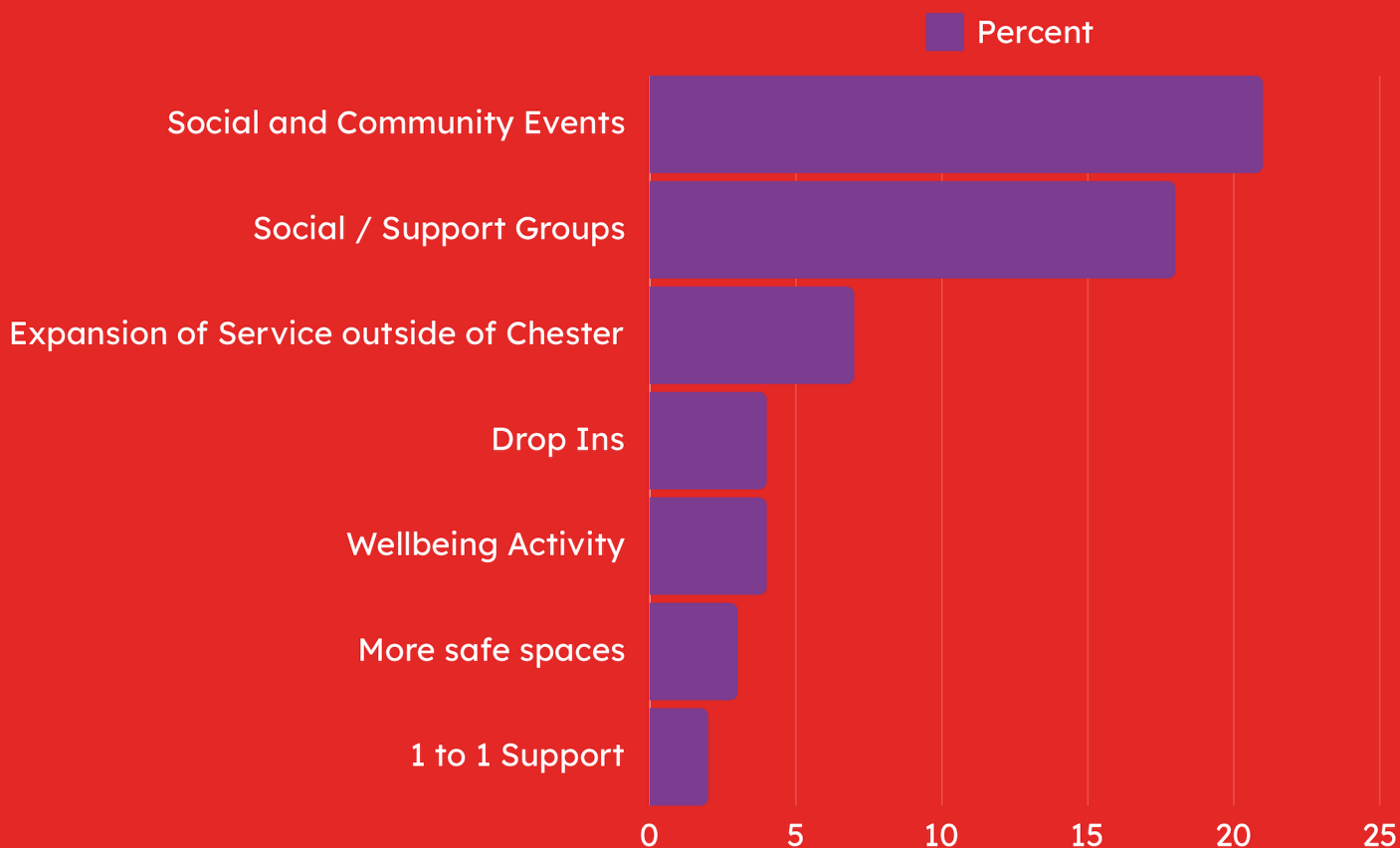
Paraphrased groupings of most common themes from written feedback

- Prefer to not to seek help
- Stigmas around mental health
- Barriers or uncertainty around access
- Fear of discrimination
- Lack of understanding of LGBTQ+ issues
- Long waits

If you were going to access an LGBT+ focused or inclusive support or advice service, please select up to three issues that would be most important to you.



What sort of support services would you like to see?



5b. Analysis

The surveys conducted on the wider community produce a set of intriguing outcomes, which both corroborate and conflict with the statistics and experiential knowledge discussed in the previous sections. As a result of this supplementary information, we can deduce the following conclusions:

- Social and community connections are the most desired interventions, quite possibly as a direct outcome of the recent pandemic
- While most of the community has sought support for their mental health, the percentage of those who haven't is notable.
- There exists a blend of rationales for not pursuing mental health assistance, including both broader societal factors and community-specific concerns.
- The wider community may not require services exclusively tailored to them. However, they may be more inclined to participate if a service is inclusive of and sensitive to the needs of the LGBTQ+ community.
- The prioritisation of mental health among individuals over social isolation, along with the proritisation of hate crimes, implies that there may be a significant level of under-reported daily discrimination or disadvantage experienced by the community.

6. Identified Needs

Drawing together our analysis and experiential learning, we can identify several priority needs, within the LGBTQ+ community in the area we serve, that when properly addressed may improve the overall mental health of the community:

Social and Community Activity

The community feel disconnected from each other, and most desire safe spaces in which they can find shared experience and connection with other LGBTQ+ people. For effective engagement with LGBTQ+ service users, or for better outcomes, social engagement with LGBTQ+ people must be part of a support offering

Complex Cases

Although individuals might seek support based on their priority need, they often face multiple discriminations, deprivations or challenges, and as such require multiple solutions to address their complex issues. The community is also more likely to be intersectional and hold multiple protected characteristics, compounding the complexity of their mental health needs

Inclusive Support & Lived Experience

There is not necessarily a need for all services to be replicated and be exclusive to the LGBTQ+ community, however to provide support that it truly inclusive of LGBTQ+ people it must be shaped, in some way, by the lived experience of LGBTQ+ service users

Barriers to Access

The LGBTQ+ community face many barriers to access that are systemic and experience by most trying to access mental health support, e.g. wait times, lack of capacity. However with many expressing fear over their specific needs an an LGBTQ+ person being met, or even being actively discriminated against, more must be done to boost the inclusivity of services, and advertise these to the community

Early Intervention

With the LGBTQ+ community facing multiple deprivations and discriminations, and the lack of community connections, more must be done to offer non-crisis early support to avoid issues developing into complex and acute needs, or serious mental illnesses



7. Our Solutions

The Just Ask helpline may have closed, but we are utilising the insights gained from its operation to develop new services. Based on the data, we are currently designing programs that address the community's primary needs, with emphasis on mental health support and social isolation.

Social Groups

With social isolation being one of the top identified needs, we are provisioning a range of social groups that will provide the opportunity to those with shared identities or issues to come together.

Our current social groups are:



For gender diverse adults, 18+



A social space for gender diverse under 18s, and their parents



A social action group for 13 - 25s



A creative social group for 13 - 25s



Regular and Irregular meetings for LGBTQ+ families



An informal and chilled social craft space for adults

Short Projects

Whilst we focus on building up our new services we want to simultaneously work on creating short six to twelve month projects that present the opportunity to pilot activity, or focus on one key issue at a time.

This will allow us to scale our capacity and find sustainable solutions, whilst addressing the identified priority needs and offering a range of additional volunteer opportunities.

Advocacy and Collaborations

As a trusted voice for our community, we have begun to use our position to advocate for them, and be the representative voice of lived experience in shaping the offering of statutory and third sector services.

We will build upon what we have started, and advocate for services to address, and be inclusive of, the specific needs of the LGBTQ+ community. Furthermore we aim to build on already established partnerships that will allow us to collaborate on projects, service delivery, and new ways of working.



Buddies and Befrienders

Our Buddies and Befrienders will be able to offer regular one to one support to individuals.

This programme will connect volunteers with service users, the volunteers having undergone rigorous training to ensure they are trained enough to offer support for the complex issues that are likely to be presented. Each volunteer will be trained in mental health first aid, safeguarding, and similar skills, and be provided with knowledge of existing support services so they can point their service users towards the appropriate support.

Befriending also can be used to coach the service users, working with them to achieve goals related to their wellbeing and mental health.

External Development

We know that as a specialised organisation it would be infeasible for us to develop services to address every need of our community.

Instead we will work with external organisations to understand how we can support them in better serving the LGBTQ+ community, become more inclusive of their needs, or deliver LGBTQ+ specific services.

This has already seen success in a project between three Cheshire Hospices and ourselves.

Mental Health in the LGBTQ+ Community Report 2023

Released by Chester Pride

All images copyright Chester Pride 2023 and their respective creators

Images take, and kindly supplied by:

Nik Bryant

Brendan McPhillips

Unless otherwise stated this work is licensed under [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/)



You are free to:

Share – copy and redistribute the material in any medium or format

Adapt – remix, transform, and build upon the material

The licensor cannot revoke these freedoms as long as you follow the license terms.

Under the following terms:

Attribution - You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.

NonCommercial - You may not use the material for commercial purposes.

ShareAlike - If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original.

No additional restrictions - You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits.