



Exploring LGBT youth self-harm, suicidal feelings and help-seeking:

Results

Background

Previous research from around the world has shown that LGBTQ youth (under 25 years old) are at much higher risk of suicide and self-harm compared to heterosexual and cisgender young people. Research over the last four decades shows that LGBT youth rates of suicide attempts can be between four and seven times those of their heterosexual and cisgender peers. So far, there haven't been any studies in the UK that examine why this gap exists. There also haven't been any studies that have explored the help-seeking behaviours of LGBTQ young people when they are self-harming, or the types of help that they would choose to use. The lack of this information makes it difficult to address the higher rates of LGBT youth self-harm and suicide.

LGBT youth rates of suicide attempts can be between four and seven times those of their heterosexual and cisgender peers

Aims of the study

This study was conducted to understand why LGBTQ young people in England experience higher rates of self-harm and suicidal feelings and to gather evidence about how, when and why they seek help (or do not seek help). By better understanding these things, people that design or implement policies or practices will be more able to help LGBTQ youth who are self-harming or having suicidal feelings.

Method and sample of the study

It was important for us that the perspectives and experiences of LGBTQ young people were at the heart of this research. We started by doing 29 interviews with gender and sexually diverse young people from around England. Half of these were online (n=15) and half were face to face (n=14). Using what they told us, we created an online questionnaire. 789 young people took part in this questionnaire. This sample was diverse in terms of age, gender identity and sexuality, and included people with different religions, ethnicities and cultural backgrounds. Some key numbers:

- 789 participants aged between 13 and 25, with a mean age of 18.6
- 43.5% (n=343) were trans or unsure about gender identity
- The identity that the largest proportion of participants identified with was Bisexual (24.7%, n=195), followed by Gay (16.2%, n=128), Pansexual (15%, n=118), Lesbian (13.1%, n=103), Queer (12.1%, n=95), Asexual (4.3%, n=34), Questioning (4.2%, n=33), Heterosexual (straight) (4.1%, n=32), Other (3.3%, n=26) and Unsure (3%, n=24).
- Ethnicities: White British (83%, n=655), Black or Minority Ethnic (BME) (9%, n=71), White (other) (8%, n=63)
- Disability: Disabled participants made up 25.2% of the sample (n=199)

- 88.8% (n=701) of participants had harmed themselves in some way, while 97.8% (n=772) had experienced suicidal thoughts or feelings. 58% (n=458) of the sample had planned or attempted suicide at some point.

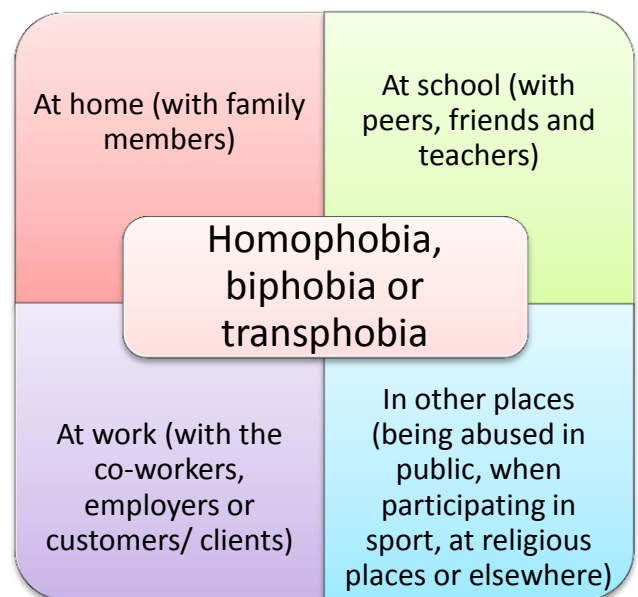
Key findings: Why do some LGBTQ youth self-harm or have suicidal feelings?

Our results indicated that there are many reasons that LGBTQ young people feel distressed enough to self-harm or have suicidal feelings. These include:

1. Experiences of homophobia, biphobia or transphobia

Over 70% of young people in this study experienced discrimination, bullying, rejection, physical and verbal violence, threats and/ or other forms of marginalisation related to their sexual orientation and gender identity.

Those who experienced abuse or negative interactions related to their sexual orientation/ gender identity were 1.55 times more likely to plan or attempt suicide than those who had not. Those who reported feeling affected by abuse related to their sexual orientation and gender identity were 2.18 times more likely to plan or attempt suicide than those unaffected.



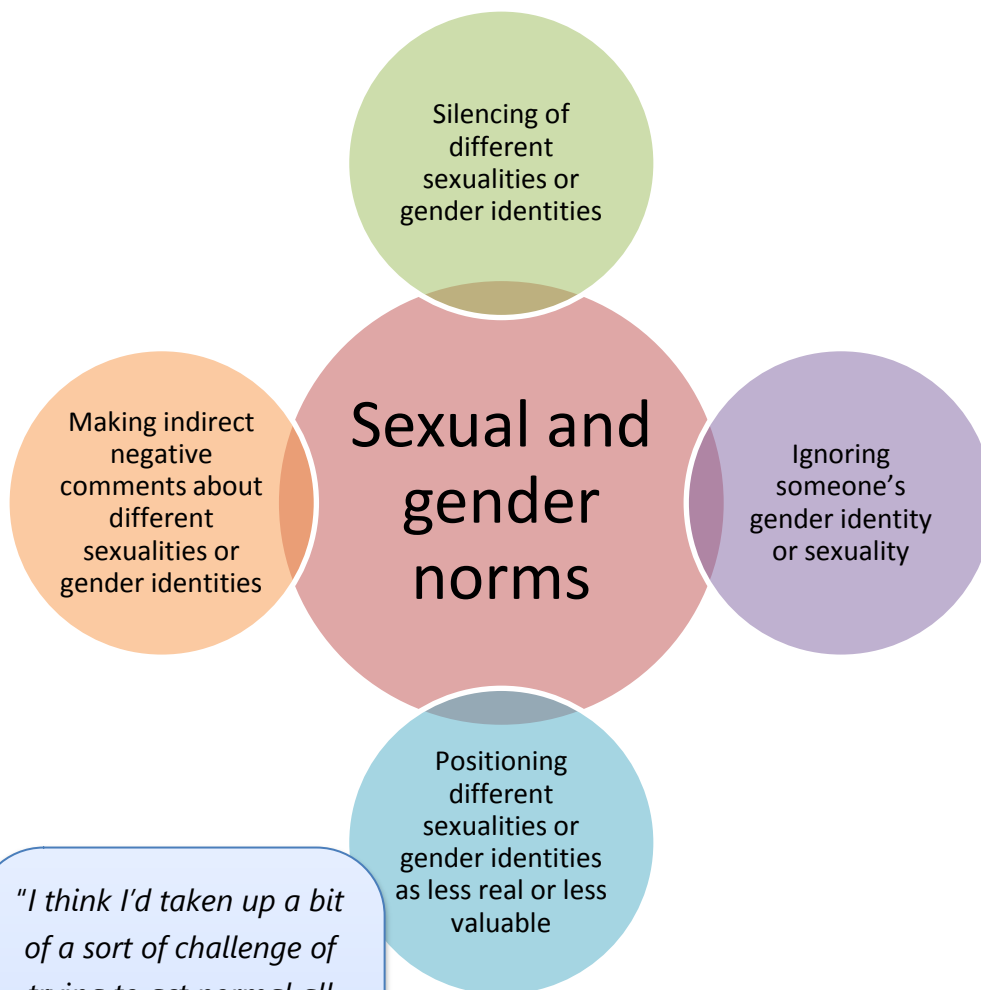
"... he was saying... trans people aren't real and that you can never truly be a man or a woman if you don't have the ability to either like to impregnate a woman or the reverse obviously to have a child [...] he was just so rude about it and I ended up just hanging up on him and crying a lot, and like I self-harmed then because, yeah, that was a horrible night. [...] But it just kind of felt really, really awful, like to kind of be betrayed by a family member who I was so sure who would accept me for that."

Ryan (15, gay, trans male, White British)

2. Sexual and gender norms

Sexual and gender norms work alongside homophobia, biphobia and transphobia. They communicate that heterosexual and cisgender identities are accepted and expected, and that any difference from these could result in negative personal, familial or social outcomes. These norms can cause people to feel ashamed of their sexual orientation/ gender identity even if they are not experiencing homophobia, biphobia or transphobia.

35% of participants said that their sexual orientation/ gender identity either 'very much' or 'completely' affected by their self-harm or suicidal feelings, while 25% responded that their sexual orientation/ gender identity did not affect them. Those who did feel their sexual orientation and gender identity strongly impacted on their self-harm and suicidal feelings were more likely to plan or attempt suicide.



"It's distressing when it [realization of sexuality/ gender identity] first starts happening because obviously you want to deny it because, no matter how much everyone says it's okay, part of you is always going to think: But it's a minority, therefore it's not as normal, and all this negative stuff could happen to me..."
Matthew (17, unsure gender and sexuality, White British)

"I think I'd taken up a bit of a sort of challenge of trying to act normal all the time and obviously no-one can sort of, erm, choose to act completely different and act that way 100 per cent of the time, so it still sort of came through [...] and I think I wanted so hard, or tried so hard to sort of (laughing) not do that, and that was quite distressing that I had to put so much effort in to fit in, I suppose."
George (19, pansexual, cis male, White British)

3. Managing sexual orientation and gender identity across multiple life domains

The operation of sexual and gender norms, combined with the threat or reality of homophobia, biphobia and transphobia, made many participants feel that they could not be open about their sexual orientation/ gender identity in various environments. Young people had to negotiate partial disclosures to certain people, or multiple parties with different awareness' of their identities, or altered their identity between various environments.

81.2% of participants hid their sexual orientation/ gender identity to some degree, and the majority of young people found hiding their sexuality and gender identity distressing. Gender diverse participants were 3.63 times more likely to feel distressed about this compared to cisgender young people, while bisexual participants were significantly less distressed than other sexual identity groupings.

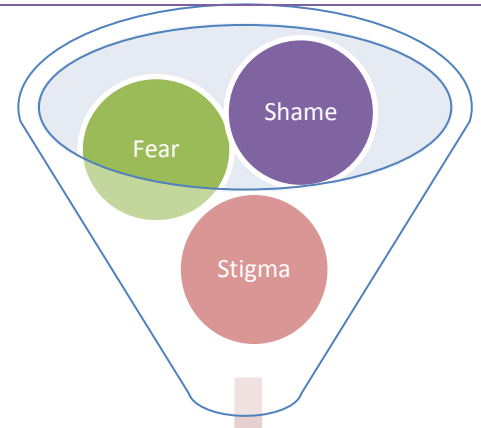
Those who found hiding their sexual orientation and gender identity distressing were 1.72 times more likely to self-harm. Young people who reported that keeping their sexual orientation/ gender identity a secret strongly affected their self-harm and suicidal feelings were significantly more likely to attempt or plan suicide. These findings show that not being able to openly share sexual orientation/ gender identity without shame, stigma or fear significantly impacts upon the wellbeing of LGBT youth, and is linked with self-harm and suicidality.

4. Being unable to talk

Participants experienced difficulties when attempting to talk about their distress, emotions, self-harming, suicidal feelings and sexuality or gender. 10% of the young people indicated they had not told anyone about their sexual orientation or gender identity, and 82.9% had not told everyone they needed to about their sexuality and gender. Participants most frequent reasons for concealing their identities were because they were afraid of being treated differently, rejection, and disappointing their family. Two fifths of respondents were pretending to be straight/cisgender, which prevented them from telling some people about their sexual orientation and/ or gender identity.

Almost three quarters of participants indicated that not being able to talk about their feelings or emotions influenced their self-harm and suicidal feelings either

'very much' or 'completely'. This also had significant relationships with self-harm and suicidal feelings. Participants that had planned or attempted suicide were more likely to indicate that their self-harm and suicidal feelings were strongly affected by not being able to talk about feelings or emotions. This has important



81% of participants hid their sexual orientation/ gender identity to some degree

"I did not talk to anyone [about] it nor did I try to get help. I did not want to feel like I was weak by talking because to everyone else I was appearing so strong and independent and together, however I was actually feeling the complete opposite."

Luce (24, gay, cis female, White British)

implications for policy and practice- young people often do not feel able to seek help.

5. Other life crises

There were a range of factors unrelated to sexual orientation and gender identity that impacted participants' emotional distress, self-harm and suicidal feelings.

These included financial demands, bereavement, academic pressures, friendship or relationship problems, physical or mental health problems and experiences of

Financial difficulties

Bereavement

Academic pressures

Friendship or relationship problems

Physical or mental health problems

Experiences of violence/abuse

• (including previous physical and sexual assaults)

96.4% of participants experienced at least one other reason for distress

violence/abuse including previous physical and sexual assaults. 96.4% of participants revealed that they experienced at least one other reason for distress. From these additional factors, participants indicated most often that bullying, previous experience of abuse, their own illness and disability, and death of a friend strongly influenced their self-harm and suicidal feelings.

These incidents and environments were difficult to deal with on their own, but they also complicated the management of sexual orientation and gender identity, creating additional strain for young people.

"I hallucinate in the house when I get in states, I hear things, I can't go out, I've always got to rely on my dad for things. And like... there's money problems at home where, when my mam died, all the money went. When I left school, we lost the child benefit and the tax credit, so it's just my dad's pension we live off, and by the time he does the rent, the gas, the light, the essentials, there's hardly enough money to even get food. [...] I can't do public transport, he can't afford the payments, and if that car goes I can't see any way of getting out and I feel like a prisoner in that house."

Evie (17, straight, trans female, White British)

Key findings: LGBTQ youth and help-seeking

There were many difficulties that LGBTQ young people faced when thinking about asking for help. These difficulties stemmed from their isolation, fear and shame that had developed from their experiences of homophobia, biphobia or transphobia, sexual and gender norms, managing their sexual and gender identity across life domains, being unable to talk and other life crises.

Over three quarters of participants had asked for help from at least one source, but nearly a quarter had not asked for help from anyone, online or offline. Results indicated that LGBT young people most often looked for help when they were at crisis point; i.e. when they felt that they were not coping, or could not go on with how they were feeling.

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"I suppose the turning point for me is the realisation that I would die if I didn't decide to get better. I decided I didn't want to feel like this for the rest of my life and wanted to achieve something in life."

Leigh (17, trans male, pansexual, White British)

"Last year I ended up going to hospital for a self-inflicted head injury (I claimed that I had hit my head on a loft beam) and ended up with concussion. I knew that I needed to find a better way to deal with my emotions."

Luce (24, gay, cis female, White British)

The most commonly chosen reason for not asking for help was 'I didn't want to be seen as attention seeking' (49.5%), followed by 'I did not want them to worry about me' (43.5%). Just under one quarter of participants selected 'I did not want anyone to know about my sexual orientation/ gender identity'. The strongest predictor of asking for help was whether the participant had self-harmed.

Where is help sought?

Help was sought most frequently from friends and the internet. Only just under a third of participants had accessed their GP, and a fifth had sought help from NHS mental health services. NHS services had higher rates of access than other 'informal' sources like parents or boyfriend/girlfriend. Accessing friends, the internet, boyfriend/girlfriend and helpline were almost always self-motivated. GPs, mental health services, counsellors, school counsellors and school nurses were more often motivated by someone else.

Internet use and suicide

99.5% of questionnaire participants indicated that they used the internet when they were self-harming or experiencing suicidal feelings.

Internet was used for distraction, information, connecting with friends and community, to find out about their feelings and to get support

These experiences online were a mixture of both positive and negative, however only 6.5% of participants responded that the internet was unhelpful.

"I use the internet to reach out to others, and to find a community. I have some friends online (mostly all lgbt) who I talk to regularly. They have always been really great if I've been in a bad place and needed to talk or support. We tend to be there for each other. This was really great because none of my friends or family are lgbt, so finding people online definitely helped me feel less alone and isolated."

Briana (19, pansexual, cis female, White British)

Experiences of support and help

Most participants had positive experiences when asking for help online or from friends. LGBT youth groups also had a high satisfaction rating. GPs and NHS mental health services had poorer ratings of helpfulness. Only half of those who accessed a GP indicated that they had found the experience helpful, while 35% indicated that it had been unhelpful. This compared similarly with NHS mental health services. Young people's experiences with CAMHS were poor; they felt practitioners did not 'connect' with them; that the staff had limited knowledge and understanding of LGBT issues, and they felt as if they lost their agency when engaging with service providers. Cisgender participants were more likely to indicate that NHS Mental health services were 'helpful' when compared to participants who were trans or unsure.

"I've been assessed several times at Gender Identity Clinics as well, which is always an experience... I have to tell the same story over and over again: I am trans, I'm not lying, I promise."

Jeremy (24, gay, trans male, White British)

Parents were seen as helpful approximately half the time, as were school counsellors. Teachers and youth workers had slightly higher ratings. Some of the trans young people had utilised gender identity clinics or specialist trans consultants. Some of the participants complained about waiting times, which often meant they sought alternative avenues of support through private health care, the internet and overseas health care. In addition, being tested and having to 'pass' placed an additional amount of stress on young trans individuals, as they had to brace themselves for invasive questions.

Preferred sources and modes of help

Young people responded that they would be most likely to ask for help from LGBT individuals or youth groups, followed by mental health professionals and peers. They were least likely to ask for help from schools/ teachers. The largest proportion of participants would prefer to access help through the internet, followed by face-to-face and mobile (SMS/texting) forms of support. Talking on the phone was the least preferred option.

82.3% of participants indicated that they would be 'likely' or 'very likely' to choose online help

Key findings: Mental health service staff questionnaire

Mental health service staff had a good level of knowledge about LGBT youth and self-harm and suicide

Those who had received training with a focus on self-harm were significantly more likely to agree that they felt confident in their ability to work effectively with young people who self-harm. They were also less likely to find it frustrating when young people did not take their advice about self-harm.

Compared to those that had not received training on LGBT awareness, those that had were significantly more likely to feel that their organisation was supporting them, and that they had access to adequate skills training that supported their work with self-harming or suicidal LGBT youth.

There were significant differences between responses that related to participants' ability to support young people and participants' training experiences.

I think health staff need to be educated to understand why self-harm and suicide in this group is a significant risk indicator, and then what practitioners can do to best support/treat this group more effectively

Mental Health Staff Questionnaire participant

Half of participants did not believe that they had access to adequate skills training that supported their work with LGBT youth who were self-harming or having suicidal feelings. Almost half did not feel that they had adequate support and supervision from their organisation to work with LGBT youth.

When asked about the best way to engage LGBT youth in the services, the largest proportion of the sample chose 'mandatory awareness training for staff'. This was re-affirmed by other results, which demonstrated that training about self-harm and LGBT awareness had significant impacts on the routine discussion of sexual orientation/ gender identity,

confidence of working with young people who self-harm, levels of frustration with self-harming young people, and feelings of support at work to work with LGBT youth who are self-harming or suicidal.

Implications

This project sheds light on the reasons that LGBTQ youth experience greater levels of self-harm and suicidal feelings than heterosexual and cisgender young people. In particular, it indicated the circumstances that lead to increased emotional distress, and the behavioural consequences of these. It also revealed some of the ways that LGBTQ youth look for help, and the facilitating and constraining forces on these actions.

Results showed that 80% of participants experienced homophobia, biphobia or transphobia at school. Confronting gender and sexuality based bullying in schools, colleges and higher education institutions must be a priority for future initiatives that focus on the prevention of self-harm and suicidal feelings in LGBTQ youth. Making schools, colleges and HE institutions safe and supportive environments for gender and sexually diverse young people is critical, and can also improve the health and wellbeing of non-LGBTQ students. Education about mental health that promotes awareness of self-harm and suicide will also help both those who are self-harming or suicidal, and their friends or family who may need to provide support.

Young people found LGBT youth groups very helpful. They are safe and supportive environments for those who are gender or sexually diverse, they build self-esteem, enable social connections, reduce isolation and allow young people to envisage a future. Improved funding and support for these groups is vital, and could enable further developments and innovations in their services, for example an online component that works in tandem with face-to-face support work.

This study also revealed that the family is a risky environment for LGBTQ youth to disclose their sexual orientation/ gender identity. While families can be supportive, young people are at risk of losing their support in a range of ways, including emotional support, finances, home, safety, warmth, food, internet etc. There is a requirement support of other services when family does not support the young person.

LGBTQ young people favoured online mental health support over other modes of receiving help. The access, anonymity, control and lack of judgement were all highlighted as important to their successful assistance. For this reason, the development of online mental health support is a priority.

LGBT specific support was chosen by young people as their favoured form of support. The development of services outside the clinical environment may encourage young people to seek help.

Finally, evidence from this study suggests that training in LGBT awareness and young people's self-harm and suicide across the sector is a vital first step. Specifically, mental health service organisations need to support staff working with young people, and ensure adequate training on LGBTQ awareness, self-harm and suicide. While GPs fared better than mental health services, most were not helpful to the young people. This may point to the need for GPs to develop greater knowledge of the challenges that young people with diverse sexual orientations and gender identities may face and the various resources that are available to them. Gender identity clinics were also criticised for waiting times, and testing clinical environment. Improving these outcomes may significantly impact upon the health and wellbeing of gender diverse young people.

Future research

More research is needed on the ways that help can be provided and specifically designed for LGBTQ young people. Prevention initiatives that engage with all young people, particularly in schools and educational environments, require more research. Further research is also needed on how the internet can prevent or reduce suicide and self-harm. While young people would prefer to use the internet for support, we still do not know what type of support or how this could be enacted.

Mental health services were in the main found to be unhelpful. Further research investigating why this is and how the services can be improved is vital.