



## Exploration of peer support models to support LGBTQ+ people with their mental health

Authors: Jess Borthwick, Arbutus Collective  
Lara Jaffey, Arbutus Collective  
Juliet Snell

Published: 2020

### Introduction

NHS England's Five Year Forward View refers to peer support as one of the 'slow burn, high impact' interventions that should be seen as 'essential' to the future of the NHS. This document provides insight and guidance about the potential need for, and experience of, mental health peer support to Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) people.

The aim is to help Health Education England in its wider consideration of peer support roles, to review how, for LGBTQ+ communities, there is a particular interest in how to ensure both life experience and mental health experience can be used in a positive way to support others.

These recommendations are informed by a desk review, and by the expert input of 16 people. Thanks go to: Five members of the community with lived experience, amongst whom were people identifying as Black, Asian, Minority Ethnic (BAME), neurodiverse, HIV positive, trans, non-binary, lesbian, gay, and bisexual, and those working as peer supporters.

Professional input was from: David King, Peer Involvement and Volunteer Coordinator for Positively UK; Emily McMullen, Senior Peer Support Worker for CPFT; Justin Mahboubian-Jones, Digital and Social Engagement Officer for LGBT HERO; Kate Webb, Deputy CEO for MindOut; Liz Sacre, Mental Health lead for ELOP; Michael Brady, National Advisor for LGBT Health, NHS England and NHS Improvement; Rossella Nicosia, Mental Health Lead for LGBT+ Foundation; Sally Carr, Operational Director for The Proud Trust; Sam Martin, psychologist and researcher into trans health in young people; Serana Hicks, Peer Mentor Lead for Spectra; Sharon Gilfoyle, Head of Inclusion for CPFT and Peer Support Lead.

## Mental health needs and the LGBTQ+ community

### Prevalence

We know that LGBTQ+ people are disproportionately affected by mental ill-health, across the spectrum of LGBTQ+ identities and the range of mental health problems. In one study, half of LGBTQ+ young people had experienced suicidal thoughts and actions, and 43% had self-harmed (Dennell *et al.*, 2018).

#### *Lesbian, gay and bisexual people*

- LGB people are more likely to report symptoms of poor mental health (Semlyen *et al.*, 2016) and to be diagnosed with disorders. They are at higher risk of suicidal thoughts and acts, self-harm and alcohol/drug dependence (Chakraborty *et al.*, 2011)
- LGB people have around 1.5 times higher prevalence of depression and anxiety disorders than heterosexual adults (Semlyen *et al.*, 2016)

#### *Trans people:*

- Studies indicate very high rates of mental health problems among transgender people, with 88% of respondents showing symptoms of depression and 75% of anxiety, compared with 20% of people in the UK general population (McNeil *et al.*, 2012)
- 96% of trans young people felt that they had experienced a mental health problem or associated behaviour, with high rates of anxiety (84%), stress (72%), and depression (74%) (Dennell *et al.*, 2018)
- 35% of trans people have attempted suicide at least once and 25% had done so more than once; this compares with 7% of adults in England making a suicide attempt at some point in their life (McNeil, *et al.*, 2012)
- 66% of trans people had used mental health services, indicating a much higher uptake than from the general population (Ellis *et al.*, 2015)
- 53% of trans people had self-harmed (including 11% currently self-harming); this compares with 7% of people in England reporting self-harming at some point in their life (McNeil, *et al.*, 2012)

#### *Intersectionality:*

- LGBTQ+ people aged 18-24 from BAME backgrounds are more likely to experience depression (Stonewall, 2019)
- LGBTQ+ people in lower income households are more likely to experience depression than those in higher income households (Stonewall, 2019)
- LGB people aged 55+ showed twice the prevalence of poor mental health (Semlyen *et al.*, 2016)

This heightened risk of mental ill-health is compounded by and may result in social isolation, higher risk of drug and alcohol misuse, poor education and work outcomes, and poverty.

- LGB adults are at high risk for substance use and substance use disorders (Marshal *et al.*, 2009)
- Homophobic and transphobic bullying affects educational performance through feelings of isolation from the school community, and impacts attainment and attendance (Scottish Evidence Review, 2012).

## Risk and resilience

Factors increasing the risk of mental ill health for the LGBTQ+ communities include:

- Higher than average experiences, including during childhood, of **discrimination, bullying, phobic behaviour, and hate crime**. 5% of non-heterosexual people reported having experienced discrimination because of their sexual orientation in the past twelve months, compared with 2% in the heterosexual group (Chakraborty *et al.*, 2011). LGB stress events may begin early in life, when pressure to conform to heterosexual norms reaches its peak, and when any deviations from those norms are punished by teasing, bullying and perhaps other forms of victimisation (Marshall *et al.*, 2009). LGBTQ+ people are at greater risk of being victim to hate crimes compared to heterosexual people (Hudson-Sharp *et al.*, 2016).

With experience of bullying, phobic behaviour, and hate crime comes the expectation of these events, which is more prevalent amongst LGBTQ+ people (Hudson-Sharp *et al.*, 2016).

These experiences of ‘minority stress’<sup>1</sup> represent significant trauma with lasting effects. Rates of depression are higher among LGBTQ+ people who have experienced a hate crime based on their sexual orientation and/or gender identity (Stonewall 2019).

*“Bullying was everywhere - I went to an all boys’ school in the 90s, which was pretty much five years of persecution. In the passage of time it is easy to forget but if you stop, you think wow, it has a lasting effect - it stays with you for decades.”*

Person with lived experience

- **A lack of access to protective community and family support**, caused by disrupted family, faith and community relationships. Ratings of quality of life metrics (on life satisfaction, happiness and perception that the things they do are worthwhile) are lower for members of the LGB community than for heterosexual people (ONS 2017). Lower social support is associated with greater suicidal ideation (Liu *et al.*, 2012). Heterosexism and heteronormativity are prevalent in educational institutions, reinforcing feelings of alienation among LGB students (Hudson-Sharp *et al.*, 2016).
- **Stigmatisation of identities**, and difficulty adjusting, both for the LGBTQ+ person and for their families, friends, and communities. Older LGB adults were found to be at risk of internalised stigma (Fredriksen-Goldsen, *et al.*, 2013).

---

<sup>1</sup> Minority stress describes chronically high levels of stress faced by members of stigmatised minority groups. It may be caused by a number of factors, including poor social support and low socioeconomic status; well understood causes of minority stress are interpersonal prejudice and discrimination.

*“The difficulty now is trying to unpick the identity I made for myself when I was younger, trying to protect myself by becoming more masculine - I trained myself for many years to try to be more masculine”*

Person with lived experience

### Alice's story

Despite knowing that she was trans from a young age, it took many years for Alice to come to terms with her identity. She comes from a traditional Christian background and was married in a gay male relationship for 11 years before the relationship deteriorated and her mental health declined. She experienced intense isolation, alcoholism, and was frequently suicidal. Her experience of isolation was a key factor in the decline of her mental health.

*“I accessed mental health services for the first time 15 years ago and I kept on being sent from place to place because it was never the right point of access, or sometimes I would have to face homophobia. When I first asked for help for being trans I was faced with real transphobia from psychiatrists, including being told 'You chose to be a woman'. No I haven't - I made a choice whether to stay in the closet or still be alive.”*

Now that she has transitioned, she feels much more comfortable in herself, and as a result her mental health is much more stable. She still experiences difficulties but is much more able to cope with them. She now acts as a peer mentor for other LGBTQ+ people seeking support, and says that the model for peer support is mutually beneficial for both mentor and mentee, as it forms the basis of community care that helps to reduce experiences of isolation and poor mental health.

*“People aren't even aware of the real rates of isolation and suicide in the LGBTQ+ community. It's impossible to track when people die from suicide without ever coming out.”*

### Experiences of mental health services

LGBTQ+ people report negative and damaging contact with mental health systems, affecting both their motivation to seek help and their recovery within services:

- LGBTQ+ people report a **reluctance to access mental health services**, and a lack of adequate monitoring means this is poorly addressed as a health inequality. An expectation of discrimination, a lack of visibility of LGBTQ+ welcoming services, and, for trans people, a fear of losing access to gender reassignment treatment may lead to people avoiding or delaying access to mental health services. One in seven LGBTQ+ people say they've avoided treatment for fear of discrimination because they're LGBTQ+. This rises to one in five young BAME LGBTQ+ people, one in four LGBTQ+ young people and two in five trans people (Stonewall 2019).

*“Whilst in an ideal world it should be possible to have support from a non-LGBTQ+ specific service, the fact is that many people will not disclose or talk about or go into detail about any aspect of their sexuality or gender identity until they feel safe enough to do so, and a lot of the time they don't. There wasn't any evidence that [the clinician] would be judgemental, but there equally was no evidence that [they] would be inclusive. When you've experienced negative judgement all around you and learned to survive that by anticipating and preparing for it, you see it everywhere and you potentially misinterpret things.”*

Mental Health Lead for ELOP

- **LGBTQ+ identities may be pathologised or conflated with mental health problems**, leading to poor assessment, misdiagnosis and ineffective or damaging treatment (Hudson-Sharp *et al.*, 2016). Alternatively, for some, **LGBTQ+ identities may be ignored**, and assessment and treatment may miss key factors related to the identity that would maximise recovery.

*“I came out as queer casually when seeing the Crisis Resolution and Home Treatment Team. They latched onto that and said my suicidality was due to being queer and gave me bad advice that I should come out to family when I hadn't even told them I was having suicidal feelings.”*

Person with lived experience

- There are reports that the wider mental health **workforce lacks LGBTQ+ cultural and practical competencies**, and this affects willingness to seek or sustain help, experience of services, and recovery. More LGBTQ+ people than cisgender/heterosexual people are dissatisfied with health services. Experiences of discrimination, cis/heteronormativity, and a lack of information and/or staff knowledge on LGBTQ+ people's health needs are identified as main sources of this dissatisfaction (Hudson-Sharp *et al.*, 2016).

*“The impact of discrimination can be compounded when people seek health care and have poor experiences, from overt discrimination to staff unwittingly using language that excludes LGBTQ+ people.”*

LGBTQ+ mental health peer support worker

- Assumptions are made based on LGBTQ+ identity as a **single homogeneous experience**, rather than a broad and diverse set of experiences and needs. One in four LGB people said they've experienced a lack of understanding of their specific health needs by health care staff. A third of BAME LGB people and LGB disabled people said they experienced a lack of understanding of their specific health needs (Stonewall 2019).
- Mental health services can **structurally exclude LGBTQ+ people**. Poor assessments can result in inappropriate referrals and signposting. LGBTQ+ caring relationships may not be recognised and adequately included.

*“[I accessed] CAMHS [children and adolescent mental health services] and was told they couldn't give me treatment because I was trans and they didn't know how to support me, so I was passed onto the LGBT Foundation where I received counselling - it was good but shouldn't be in place of [mental health services].”*

Person with lived experience

*“People are being misgendered purposely even though they have clearly conveyed what their pronouns are. People's next of kin are being ignored because they might be in a same-sex relationship. People are denied support from their carers because there wasn't marriage or civil partnership in place.”*

Mental Health Lead for LGBT Foundation

## Current peer support provision for the LGBTQ+ community

Peer support is defined as:

*“one person supporting another, where both parties share a common attribute, such as a similar long-term condition or life experience”* (MHF 2012).

This works on an assumption that people who have similar experiences can better relate and can therefore offer more authentic empathy and validation (Mead & McNeil 2004). There are three broad types of peer support activity:

- Informal (naturally occurring)
- Peer run groups and activities
- Professional peer support workers.

Peer support tends to focus on strengths and recovery, rather than illness. Informal and peer-run models value reciprocal relationships, whereas professional peer supporters are assumed to be further along a road to recovery and able to use the experiences they acquired to help others (Repper & Carter 2011).

### **Naturally occurring peer support**

LGBTQ+ people often rely on connection to community through LGBTQ+ events, activities, and places, e.g. gay pubs and pride events, and peer support is commonplace in these spaces.

*“Peer support is happening naturally and all the time”*

Operational Director in LGBTQ+ VCSO

### **Peer run groups and activities**

Many areas of England have examples of organised groups within LGBTQ+ communities, often focused on activities such as arts, leisure or sports. These can encourage a sense of safety, inclusion, support, and fun. While generally not targeting mental wellbeing, we know that such activities and connectivity go a long way to preventing mental ill health and aiding recovery. They also mitigate the risk of social isolation.

As naturally occurring and peer-run activities rely on social capital, there is a risk of unequal access, and so people living in rural areas, in poverty, or in less tolerant communities may be less able to make use of these. Such peer support is often not available to or accessed by people who experience mental health issues, poverty and those with intersectional identities, and so can be excluding.

### **The LGBTQ+ voluntary and community sector**

In this review, the largest body of formal peer support activity working with LGBTQ+ people was found in the voluntary and community sector (VCS). Often these organisations have grown organically from peer-run groups, and over time have offered increasingly professionalised or specialised help.

In 2019, the LGBT Consortium reported that they have over 360 member organisations, who support 5.3 million people across the UK. These groups and organisations employ 1,005 staff members and engage 6,754 volunteers.

Typical activities of LGBTQ+ VCS organisations include:

- One to one support, befriending, counselling or advocacy
- Groups and networking
- Information and signposting
- Campaigning and activism
- Training

This review uncovered 88 LGBTQ+ organisations in the UK that explicitly offer mental health services, only two of which focus solely on mental health. Seven organisations explicitly offer LGBTQ+ mental health peer support services: LGBT Foundation, Spectra, LGBT Hero, Opening Doors, Positively UK, MindOut, and ELOP.

## The work of Spectra

Spectra is a London-based charity that provides health and wellbeing services across London. It provides supportive, knowledgeable, non-judgemental services which are all peer led. It runs a trans service which includes counselling, group work and a peer mentor programme. The mentee will be matched with a peer mentor, and can follow a semi-structured programme which might include some of the following topics:

- History sharing
- Identifying goals
- Personal and family relationships
- Self esteem and confidence
- Mental wellbeing/confidence/isolation
- Goal building, problem solving and moving forward
- Coming out, exploring and celebrating trans identity

Mentors offer a supportive ear for queries or issues, and act as a catalyst for understanding the issue and its possible solutions. They can also signpost to other organisations, where appropriate, to meet other needs such as housing, sexual health, and family life. Trans mentors and counsellors are from varied backgrounds.

*“People are comforted in knowing that there will be someone who will be able to understand what they're feeling.”*

Peer Mentor Lead, Spectra

Spectra runs an eight-module training programme for mentors. It takes an asset-based approach, matching up mentors with specific skill sets to mentees to try to encourage growth and development of healthy relationships.

*“If someone is interested in [a particular hobby] they are encouraged to get in touch to offer a workshop. Skill sharing is really helpful because people gain in confidence as well.”*

Peer Mentor Lead, Spectra

It offers choice to the mentee and mentor, recognising that for some people they may not wish to be matched with someone with similar experiences as it may trigger past trauma, but for others, being matched to someone with similar experiences is fundamental.

Ongoing supervision and reflection are key to the success of the programme. Mentors are paid per session and have access to a handbook to help them signpost when appropriate.

## Potential benefits of LGBTQ+ mental health peer support

### Evidence of benefit of peer support

While there is a lack of the highest quality research evidence of the impact of mental health peer support, there are some promising signs of peer support achieving good outcomes for people with mental health needs, such as:

- Reduced hospital admission
- Increased sense of independence and empowerment
- Improved levels of social support and functioning
- Feeling accepted and understood
- Lower mental health stigma
- Greater hope of recovery.

There is also evidence of benefits for peer supporters themselves:

- Improving confidence and self-esteem aids ongoing recovery
- Gaining skills (Repper & Carter, 2011).

### Benefits of peer support models for LGBTQ+ communities

*“Peer support provides a sense of people understanding what you are going through without judgement. My peer mentor was non-white British, which I found very valuable as I am Black. When I was having counselling on the NHS, I experienced discrimination/racism and I felt that I couldn't discuss [my identity] with my counsellor as she just wouldn't get it.”*

Person with lived experience

Peer support models have particular benefits for LGBTQ+ communities as they address the three major risk factors described above (experience of discrimination, isolation, and difficulties in coming to terms with identity), by:

- **Combatting isolation** and building a strong support network and, in some cases, a sense of “chosen family”. This is particularly important for a community which is frequently rejected or estranged from biological family relationships
- **Sharing experience** and finding commonality, especially as many LGBTQ+ people feel that they are outsiders and have little access to representation that affirms their identities
- Sharing knowledge, skills and information, **boosting self esteem and confidence**
- Communicating safe pathways to care, supporting healthy choices, and **reducing the likelihood of risk-taking behaviours**
- **Reducing stigma** in LGBTQ+ communities regarding access to mental health services
- **Improving standards of professionalism** in the LGBTQ+ workforce, as peer support models provide a structured system to formalise a practice that is already embedded in the community, ensuring that safeguarding is taken seriously and risk is managed appropriately

- **Overcoming the challenges posed by intersecting minority identities**, and tackling the inequity that exists within the LGBTQ+ community through building relationships across demographics
- Learning about people who have different experiences, developing empathy and **bridging gaps** in a divided and diverse community.

*“It's important to create diverse groups of peer support where experiences can be shared. We need to include representation from minority ethnic backgrounds, ability needs, neurodiversity, and religious identity. [Encountering] the additional needs of some LGBTQ+ people can be an eye-opening experience and build empathy. It's also important to consider that LGBTQ+ people from minority ethnic communities gain a lot from having specific groups related to having BAME identity, as there are certain things that can get missed from all-white peer support groups.”*

Trans youth mental health researcher

## Challenges and barriers to increasing mental health peer support for the LGBTQ+ community

### Challenges within peer support models generally

A review of the literature on peer support in mental health services uncovered these potential issues:

- **Boundaries**, as peer support workers are allowed or even expected to share personal experiences of mental health
- **Power**, as more formalised arrangements of supported/supporter or payment arrangements inevitably create a power dynamic
- **Stress** for peer supporters, putting their own mental health at risk
- Concerns about **accountability**, especially relating to risk
- In multidisciplinary teams, **maintaining the distinct role** of the peer supporter, with expertise based on experience rather than training, and ensuring equality of professional respect and value (Repper and Carter, 2011).

### Challenges within LGBTQ+ peer support models

In this review, enquiries with LGBTQ+ peer support projects, in particular those addressing mental health, uncovered various challenges for the peer supporters themselves:

- **Boundaries**, with interviewees raising concerns about emerging friendships or existing social connections

*“We have our boundaries and it's up to us to have our set of rules and maintain them - as it is not counselling we are a bit more friendly but we still have our own rules.”*

Trans peer mentor

- **Need for specialist knowledge and skills** to address a wide spectrum of identities and experience
- An LGBTQ+ workforce will bring their **own experiences of minority stress** and discrimination, prejudice, microaggressions and trauma, and working with these issues in a peer support context may trigger people.

*“We all have lived experiences - particularly in this community, lots of us will have seen LGBTQ+ phobia and that can result in trauma.”*

LGBTQ+ VCS worker

This review identified these challenges for LGBTQ+ peer support projects and services:

- Concerns were raised that the presence of specialised roles or projects catering to LGBTQ+ communities may **slow the development of these competencies in the mainstream mental health workforce**, maintaining a lack of accessibility to mental health support. Conversely, the review heard of specific projects having acted as an inspiration to mainstream services, as well as empowering service users to demand better from mainstream services
- There were concerns about how LGBTQ+ peer support would be **positioned** alongside statutory or mainstream services, with conflicting need for easy access to risk support/mental health specialism alongside the need for LGBTQ+ safe spaces
- With higher levels of **risk** of self-harm, suicide, and victimisation, peer supporters and peer support projects expressed concern about holding high levels of risk, especially in the context of poor accessibility of statutory mental health provision for LGBTQ+ communities.

*“If people are struggling with their own mental health while they're supporting others with their mental health, it may create a situation where people are pulled down rather than able to rise.”*

Mental Health lead in LGBTQ+ VCS

- The **assumption of homogeneity** of the LGBTQ+ community could risk a tokenistic response: that any LGBTQ+ person could offer the benefits of peer support to any other community members
- With the VCS as a key provider, the **sustainability of funding** is a substantial risk, with many VCS income sources being short term and vulnerable. People with lived experience and the workforce said that peer support needs to be **long term**.

## Summary of findings

People who identify as LGBTQ+ are at higher risk of poor mental health, across the spectrums of both identities and mental health needs. There are some groups with significantly higher mental health risks, such as trans people, older people, people with disabilities or those from BAME communities.

This higher risk comes from experiences of discrimination, phobic behaviour, bullying and hate crime, lack of access to protective community and family support, and stigmatisation of identities.

LGBTQ+ people have poorer experiences of mental health systems, either due to their reluctance to access mental health services or difficult experiences within them. LGBTQ+ identities are often pathologised or ignored and there is a lack of competence in the wider mental health workforce. There can be assumptions of homogeneity across LGBTQ+ identities. Mental health services can **structurally exclude LGBTQ+ people**, as poor assessments can result in inappropriate referrals and signposting. LGBTQ+ caring relationships may not be recognised and adequately included.

In this review, different types of peer support operating for LGBTQ+ people were found:

- Naturally occurring peer support within LGBTQ+ communities
- Peer run groups and networks
- Professionally run peer support, based on either shared experience of LGBTQ+ identity, of mental health problems, or of both.

Professionally run peer support was found to be effective in preventing mental ill health, in that it helps to combat isolation, boosts self-esteem and confidence, and provides spaces for people to share and normalise their experiences. Additionally, these interventions have been shown to reduce the likelihood of risk-taking behaviours and combat mental health stigma within the LGBTQ+ community. Formalising peer support contributes to improving standards of professionalism within the LGBTQ+ VCS workforce, and helps to address challenges posed by intersecting minority identities by bridging gaps within LGBTQ+ communities.

LGBTQ+ peer support models face both the same challenges as other forms of peer support, but with additional concerns, such as:

- Having LGBTQ+ only mental health spaces could risk detracting from the urgent need to make mainstream mental health services structurally and operationally appropriate, competent and clinically effective for LGBTQ+ people, though such projects may also inspire such developments
- With high risk of crisis and a well-documented delay in accessing support, LGBTQ+ organisations are likely to encounter high levels of mental health risk in their day-to-day work
- LGBTQ+ identity encompasses a wide range of experience, culture and needs, and there is a high risk of assumptions being made that an LGBTQ+ organisation, project, or worker is by default able to meet the needs of the diverse communities
- Most projects were run in the VCS, where sustainability and longevity of funding is often vulnerable, putting at risk their ability to support people long-term.

## Recommendations

This review recommends professionally run peer support as an effective mental health service for LGBTQ+ people. Sense of a safe space is crucial to LGBTQ+ communities, and for many is a vital requirement before accessing help. This suggests that LGBTQ+ mental health peer support will need to be largely positioned in LGBTQ+ spaces, such as VCS organisations.

### **Workforce development for the wider mental health system**

Few of the experts we spoke to favoured having a specialist LGBTQ+ peer support role within traditional mental health services such as NHS community mental health teams. This does not mean that there should not be LGBTQ+ representation in the peer support workforce; but rather that labelling LGBTQ+ peer supporters as specialists in LGBTQ+ mental health needs would be tokenistic and risky.

We identified these **workforce development needs for the wider mental health system**, including peer support worker teams, secondary mental health teams, wider VCS, talking therapy services, and pastoral support in schools:

- A fuller understanding of the mental health implications of minority stress
- Clarity and understanding of the breadth of LGBTQ+ sub-communities and their experiences, and of the damaging impact of homogenising these
- Use of appropriate language
- Access to resources to increase the visibility of LGBTQ+ people in mental health services, e.g. branding and images of the community in NHS material
- Understanding of the practical needs of LGBTQ+ communities e.g. gender-neutral toilet facilities
- Knowledge of appropriate national and local support organisations and the role (and limitations to the role) they can play in mental health recovery
- Training in LGBTQ+ affirmative practice which includes competency in tackling prejudice within the organisation, how to deal with homophobic, biphobic and transphobic incidents
- Training should be ongoing, not just a one off, and updated on a regular basis and provided to all levels from management to front line.

These workforce development needs would be best met by offering training and support delivered by or coproduced with the LGBTQ+ specialist sector, and including trainers with lived experience.

“It’s more important for the health sector to sort out training of staff and practitioners to make sure they are running inclusive services.”

Mental health lead LGBTQ+ VCS

## Workforce development for LGBTQ+ specialist organisations offering peer support

Peer support within the LGBTQ+ VCS ranges from social networks and leisure, issue-specific groups, befriending and mentor projects, community based mental health support and a small number of specialist mental health teams. **The workforce development needs of this wide-ranging workforce include:**

- Skills and competencies in maintaining appropriate professional boundaries and work stress management
- Consistently updated understanding of the breadth of LGBTQ+ sub-communities and their experiences, needs and the services available to them
- Appropriate to the level of mental health need, mental health first aid, support and treatment competencies, with particular reference to the mental health needs of LGBTQ+ communities
- Understanding of national and local care pathways and ecosystems of mental health services
- Rapid access to training and specialised crisis mental health services.

Good cross-pollination between these two workforces is key to the success of peer support models addressing the mental health needs of LGBTQ+ people. This must include the sharing of skills, knowledge, information, best practice, and learning.

## References and recommended reading

Chakraborty, A., McManus, S., Brugha, T., Bebbington, P., & King, M. (2011) Mental health of the non-heterosexual population of England. *Journal of Psychiatry*, 198, 143

Connolly, M.D., Zervos, M.J., Barone, C.J., Johnson, C.C., and Joseph, C.L.M (2016) “The Mental Health of Transgender Youth: Advances in Understanding” *Journal of Adolescent Health*, 59(5): 489-495.

Dhejne, C., Van Vlerken, R., Heylens, G., and Arcelus, J. (2016) “Mental Health and Gender Dysphoria: a Review of the Literature.” *International Review of Psychiatry*, 28(1): 44-57.

Ellis, S., Bailey, J. and McNeil, J. (2015) “Trans People's Experiences of Mental Health and Gender Identity Services: A UK Study.” *Journal of Gay & Lesbian Mental Health*, 19(1): 4-20.

Hudson-Sharp, N. and Metcalf, H. (2016) *Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence*. National Institute of Economic and Social Research [Online] Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539682/160719\\_REPORT\\_LGBT\\_evidence\\_review\\_NIESR\\_FINALPDF.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/539682/160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf) [Accessed 12 March 2020]



Valentine, V. (2016) *Non-Binary People's Experiences in the UK*. Scottish Trans Alliance and Equality Network [Online] Available from: [www.scottishtrans.org/wp-content/uploads/2016/08/Report-final.pdf](http://www.scottishtrans.org/wp-content/uploads/2016/08/Report-final.pdf) [Accessed 12 March 2020]  
[Accessed 9 March 2020]