

# Mental health services consultation Young people in Plymouth

## Report, July 2015

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## Summary of key points

1. In a good-sized sample of young LGBTQI people, showing a good distribution in respect of gender, gender-identity and age, there is a very high prevalence of mental health problems in all age-cohorts. (See section 3.1.1.)
2. Points of particular concern (see sections 3.2 and 3.3) are that:
  - a. a high proportion of the 16-18 year olds and a worrying proportion of the 13-15 year olds are self-harming;
  - b. a high proportion of the 16-18 year olds describe themselves as self-medicating with drugs or/and alcohol;
  - c. the profiles of (i) low self-esteem and self-confidence issues and of (ii) body-image problems seem to rise, not fall, in the higher age-ranges.
3. A high proportion of their mental health problems are associated by these young people with their experience of growing up LGBTQI. (See section 4.)
4. In respect of three problems — self-esteem problems, body image problems, and depression — there was a particularly strong correlation with the respondents' experience of growing up LGBTQI. (See section 4)
5. Evaluations of community-based mental healthcare — the Out Youth project itself, the Laurels, and The Intercom Trust — were positive, in respect of understanding the issues for young LGBTQI people. Evaluations of generic mental healthcare (school support, CAMHS and others) on the same basis were largely negative, sometimes very negative. (See sections 6.1 and 6.2.)
6. There are also issues of timeliness in accessing mental healthcare when needed.
7. The overall preference for a future provider for mental healthcare showed a ratio of just over 4:1 in favour of community-based providers compared with generic providers. (See sections 6.4.)
8. The survey results seem to underline the very great importance of improving timely access to appropriately skilled mental healthcare when it is needed by LGBTQI young people. (See section 8.)
9. In general, we recommend (a) that peer support should be generally prioritised as an extremely powerful aid in addressing and preventing mental health problems among young people, and (b) attention should be paid to finding new opportunities for multi-agency working between the relevant service-providers.

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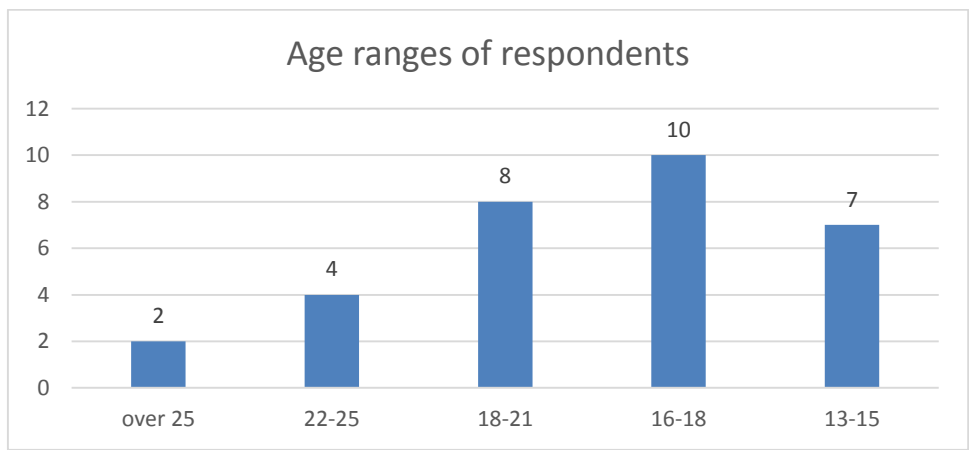
## 1 Background

The Intercom Trust was funded by Healthwatch Plymouth in 2014-15 to do community consultation in the LGB and Trans communities on their experience of mental health problems and of mental health care. At the start the idea was to co-ordinate our work with that of another, similarly-funded, organisation but this turned out not to be possible.

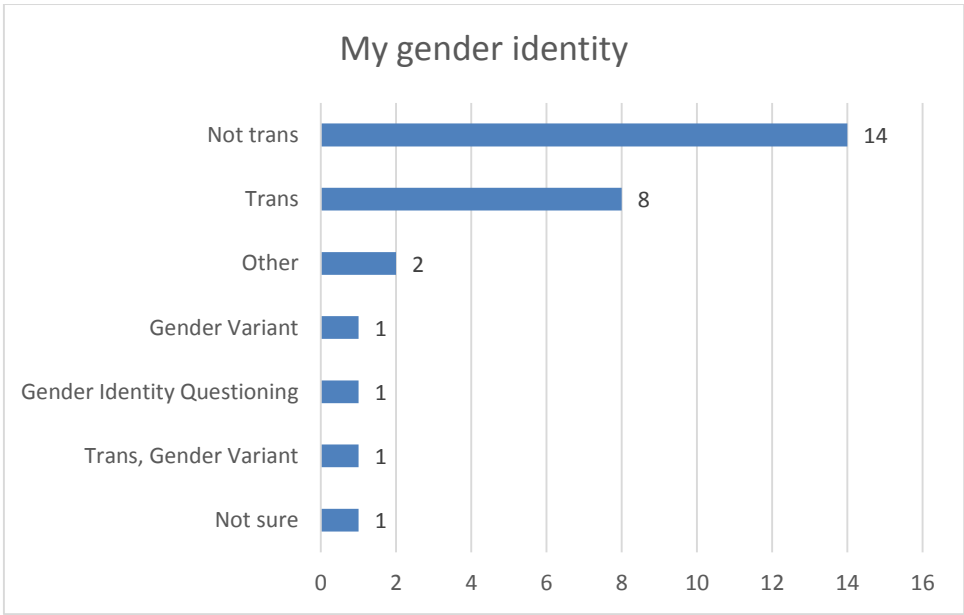
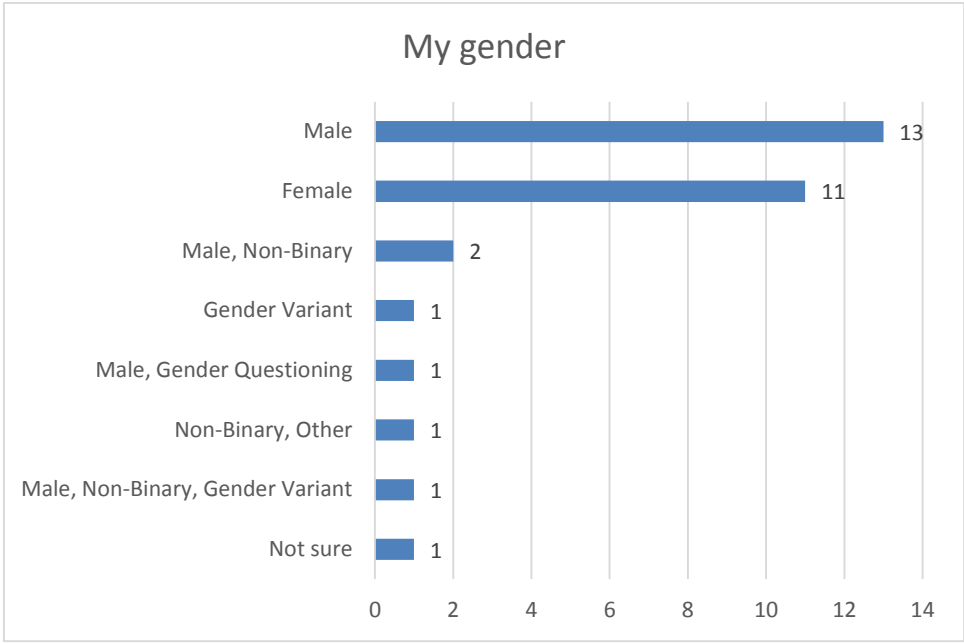
Our research in the communities, and our casework, already indicated that the two cohorts whose experiences of mental health needs and health care were particularly in need of further study were (a) young LGBTQI people, reported on here, and (b) people who were in the transitioning pathway (see separate report).

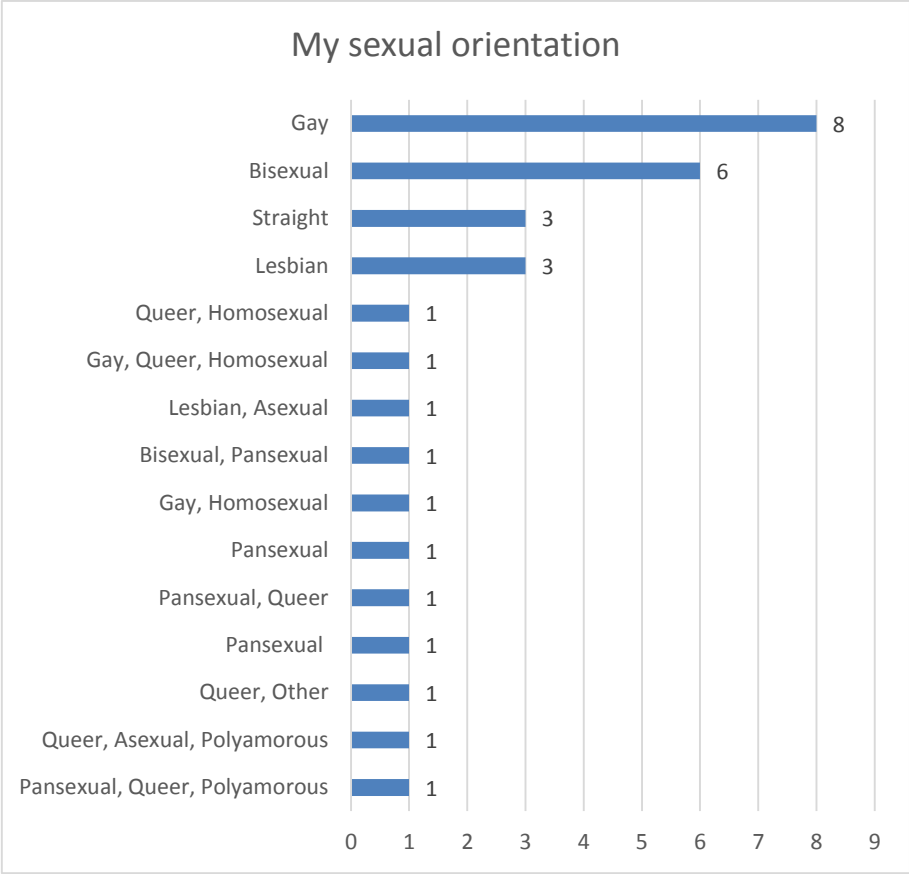
## 2 Young people: demographics

Our focus group consisted of thirty-one young people who meet in Plymouth under the aegis of the Out Youth Project. The ages ranged from 13 upwards.



We gave people free choice when it came to defining gender, gender-identity and sexual orientation, and as a matter of respect as well as of interest we record in the following charts the exact choices that were made.





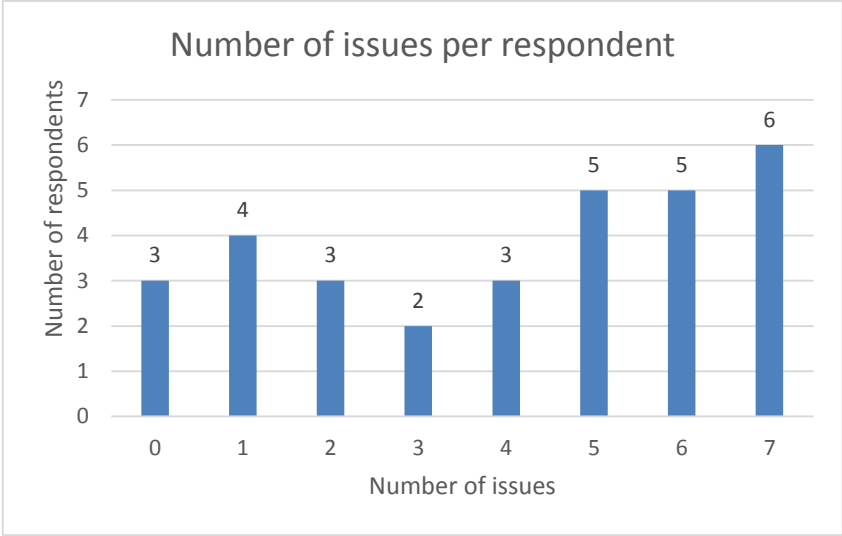
### 3 Mental health

#### 3.1 Mental health-related issues in the last two years

We asked whether they had had any problems in their lives, in the previous two years, in respect of seven key mental health-related issues.

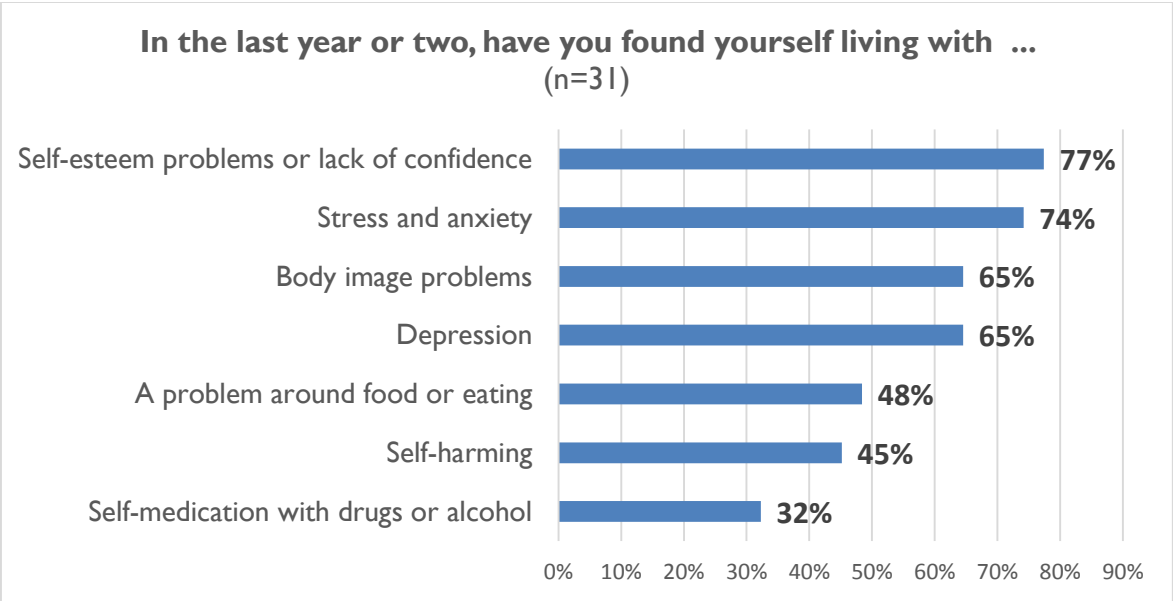
##### 3.1.1 Overview of responses

In some respects the results were distinctly worrying. 28 of the 31 respondents (90%) had experienced one or more of these issues. The average was 4 issues, the median was 5. More than half (51%) had experienced between 4 and all 7 of these issues. The overall prevalence profile turned out to be heavily weighted at the higher numbers of issues. Only 12 of the 31 (39%) had been living with 3 or fewer of these seven issues. (See the chart on the following page.)



**3.1.2 Prevalence of the seven issues**

These figures show the total number of respondents who said “Yes” to each of the seven mental health-related issues.



All these figures seem uncomfortably high, bearing in mind that Out Youth is an open and welcoming social project for all LGBTQI young people, rather than a care provider or support resource specifically targeted on those LGBTQI young people who are already seeking help against mental health related issues.

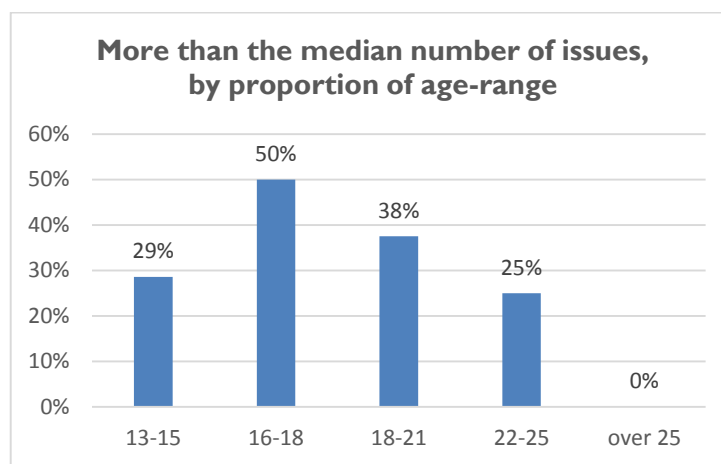
However, there are variant profiles within each age-cohort, some of which are distinctly worrying. For example, it will be seen below that 60% of the 16-18 age-cohort were or had



recently been self-medicating with drugs or alcohol, and nearly half the 13-15 cohort had been self-harming.

### 3.2 Prevalence of each issue by age-cohort

Overall, the results which gave greatest concern were for the youngest age ranges, from 13 to 21. Looking at how many of the respondents in each age-cohort had more than the median number of issues (5) gives a good overview of the prevalence of mental health disadvantage within each age-range.



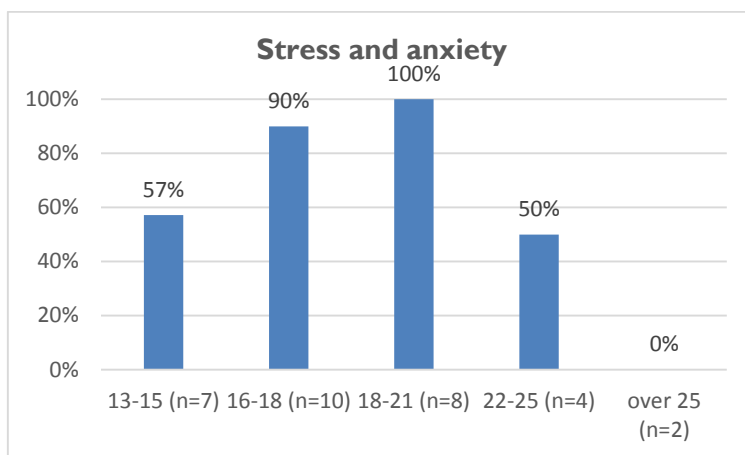
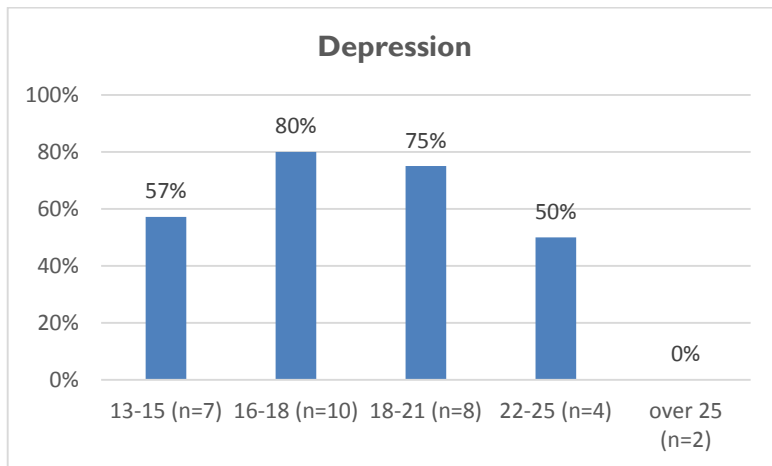
The prevalence of these issues amongst the 13-15 age cohort may be lower than for the next two older cohorts, but it is still worryingly high considering that these issues may well carry on into their mid-teens, and very possible even increase as life gets more complex for them. We believe these results make the basis of a powerful argument for early and effective intervention.

In the following seven charts we have disaggregated the responses for the seven separate mental health-related issues by age-range.

It is noticeable that many, but not all, of these issues peak around the mid- or late teens: depression, self-harming, medication with drugs or alcohol, stress and anxiety, body-image problems, and problems with food or eating.

By contrast, the issues with self-esteem and lack of confidence hold up, or even increase, right through to the mid-twenties. Bearing in mind the prevalence and health-related significance of internalised phobia (“IP”) for LGBT people of all ages in the South West, this is worrying and needs to be considered carefully. These results are congruent with our recent community research showing that in spite of recent legislative and national social

change, IP seems to be as prevalent nowadays amongst younger disadvantaged LGBT people as it is amongst those who are now adults and grew up in a very much more hostile national social climate.<sup>1</sup>

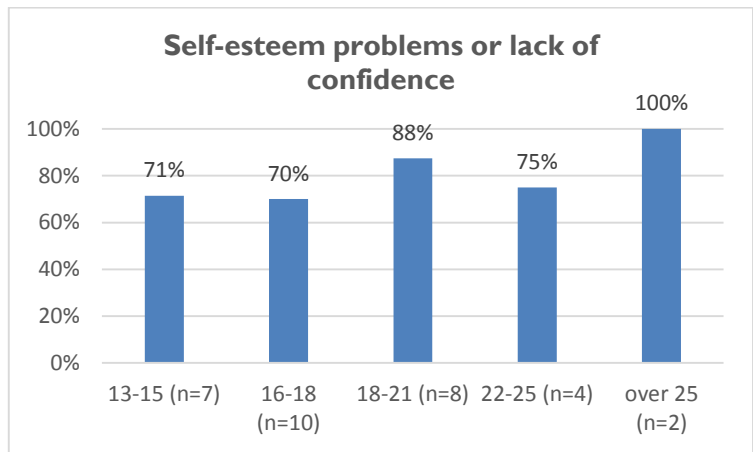


Public Health Plymouth have very kindly provided some helpful data from a recent survey of Plymouth young people.<sup>2</sup>

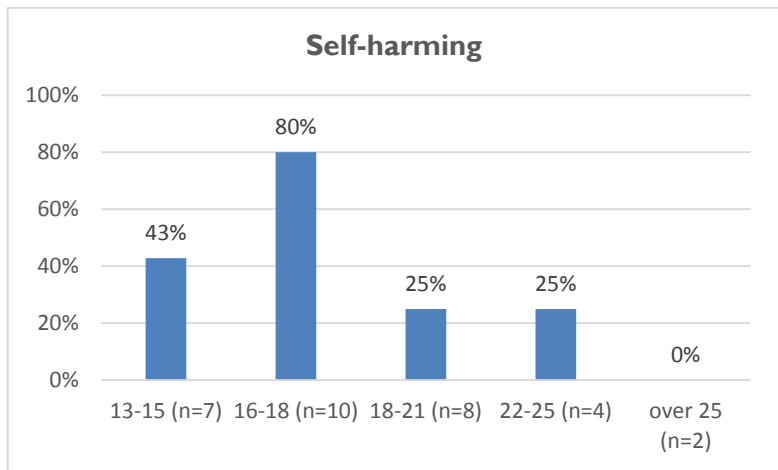
Amongst other questions this survey asked how much pupils “worried about” a range of eleven topics, which included school work, health, money, puberty and growing up, being bullied, and “thinking you are gay, lesbian or bisexual”. The highest figure for those who worried “quite a lot” or “a lot” about any of these eleven topics was 58.6% for “exams and tests” in Year 10. However, all other figures were lower than that: the average percentage

<sup>1</sup> Intercom Trust: *Internalised Phobia: Briefing Note* (February 2015), at [www.intercomtrust.org.uk/resources](http://www.intercomtrust.org.uk/resources).  
<sup>2</sup> The Schools Health Related Behaviour Survey, developed by the Schools and Students Health Education Unit, was undertaken in 15 secondary education providers across Plymouth in 2014. A subtotal of 2,532 pupils from Years 8 and 10 (12-13 and 14-15 years) completed the survey and had postcode information to validate their residency in Plymouth at that time. Public Health, Plymouth City Council, have very kindly supplied some of this complementary data allowing further insight into the concerns of young people in Plymouth.

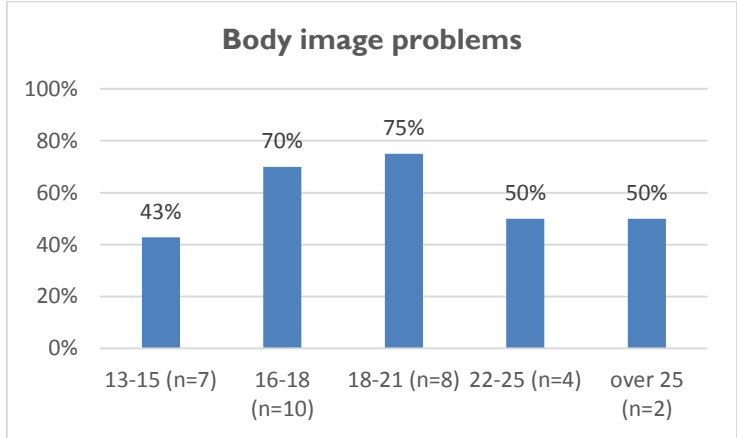
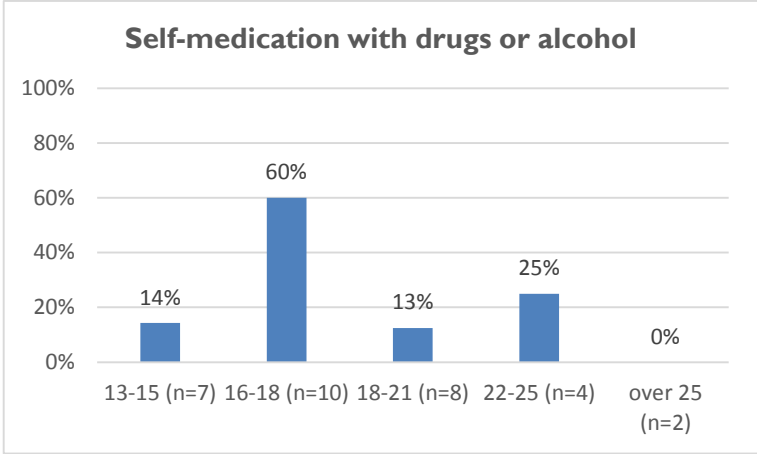
who worried “a lot” or “quite a lot” amongst Year 8 students was 26.1%, and amongst Year 10 students, 29.1%. The figure for those who worried “a lot” or “quite a lot” about “thinking you are gay, lesbian or bisexual” was 4.6% (Year 8) and 6.1% (Year 10).<sup>3</sup>



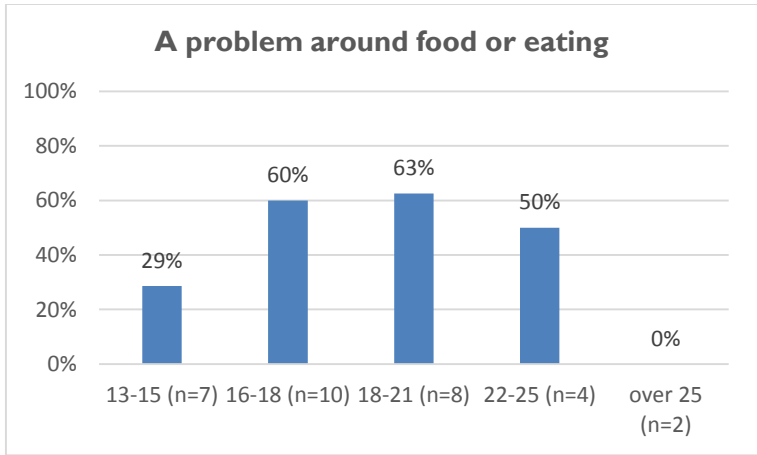
In the Schools Health Related Behaviour Survey, the low self-esteem composite score for Year 8 students was 11.1%, and for Year 10 students 15.0%. Our sample in this age-range is of course low, and it is likely the methodology differs, but it is interesting to consider the data from the schools survey alongside the figure of 71% from the 13-15 year olds in the Out Youth focus group.



<sup>3</sup> These figures for “thinking you are gay, lesbian or bisexual” may strike those who work with young people as unexpectedly low. It is possible however that these low figures should be seen as an index of the prevalence of young people’s perceptions that this topic is sensitive or taboo, rather than a reflection of their actual feelings on the topic. Surveys are often not perceived as being anonymous or confidential, even when they are clearly presented as such.

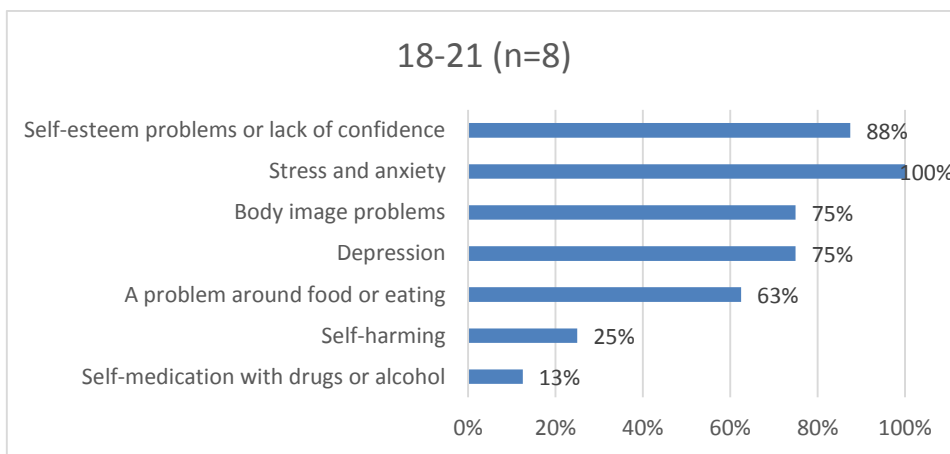
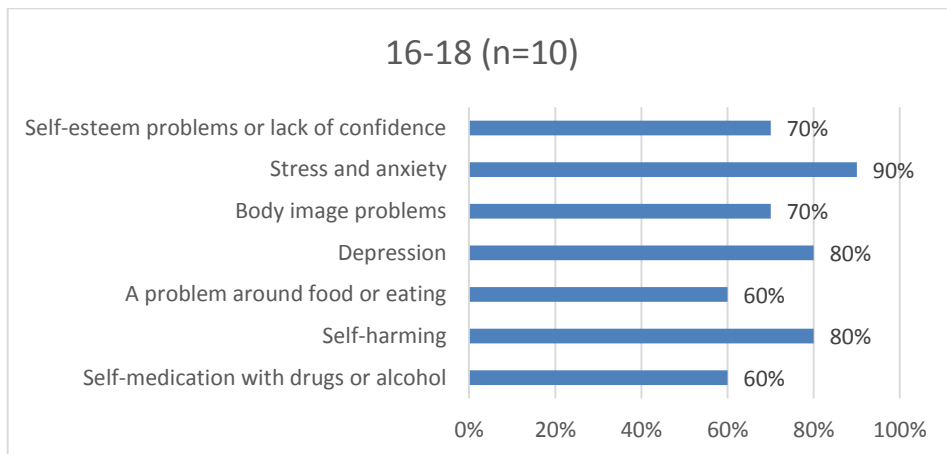
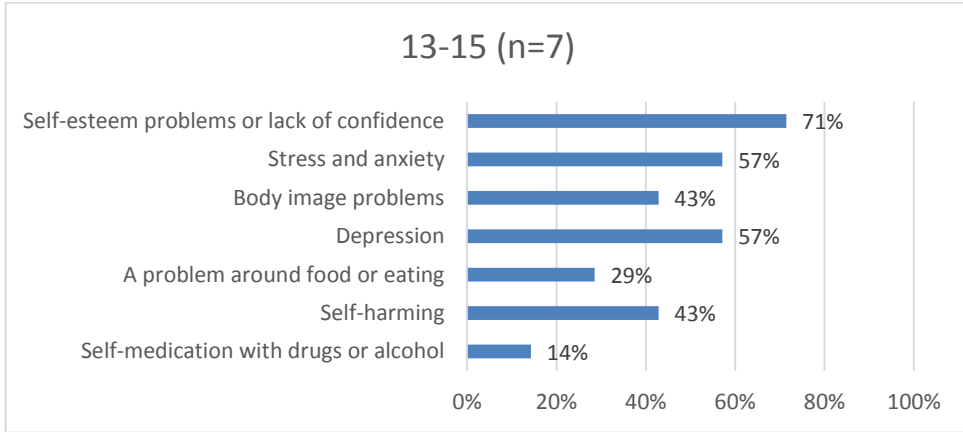


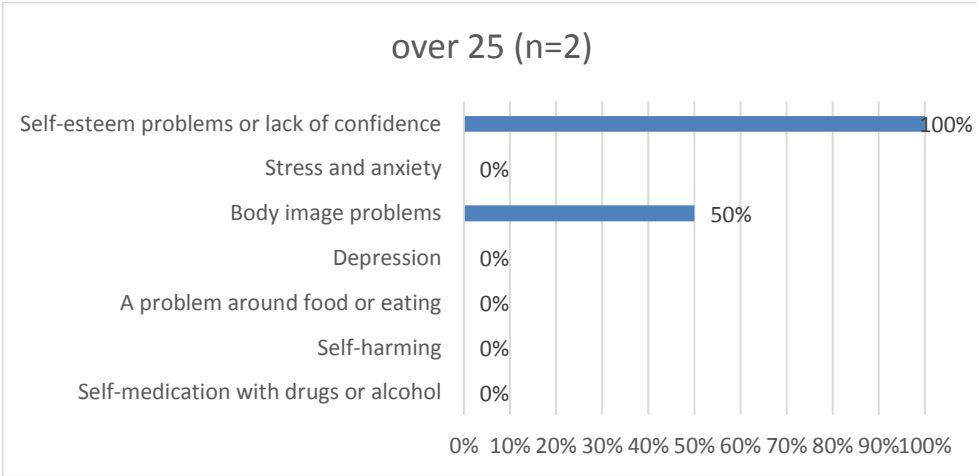
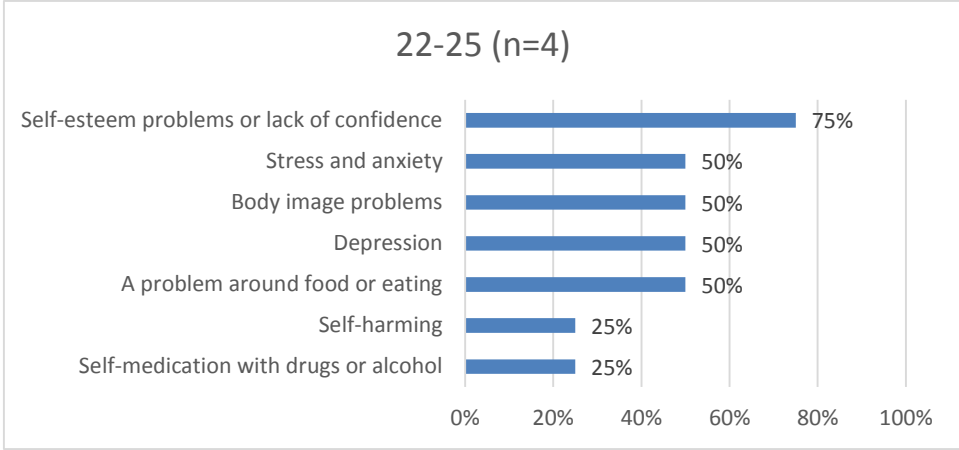
Again, Plymouth’s Schools Health Related Behaviour Survey has provided useful supplementary data. 25.4% of Year 8 students, and 30.7% of Year 10 students, said either they “don’t like” or they “hate” the “way they look”. These figures may be considered in combination with the figures for the 13-15 year olds relating to “body image problems”, as shown above.



### 3.3 Prevalence of issues within each age-cohort

The profiles for the seven issues within each age-cohort are as follows.

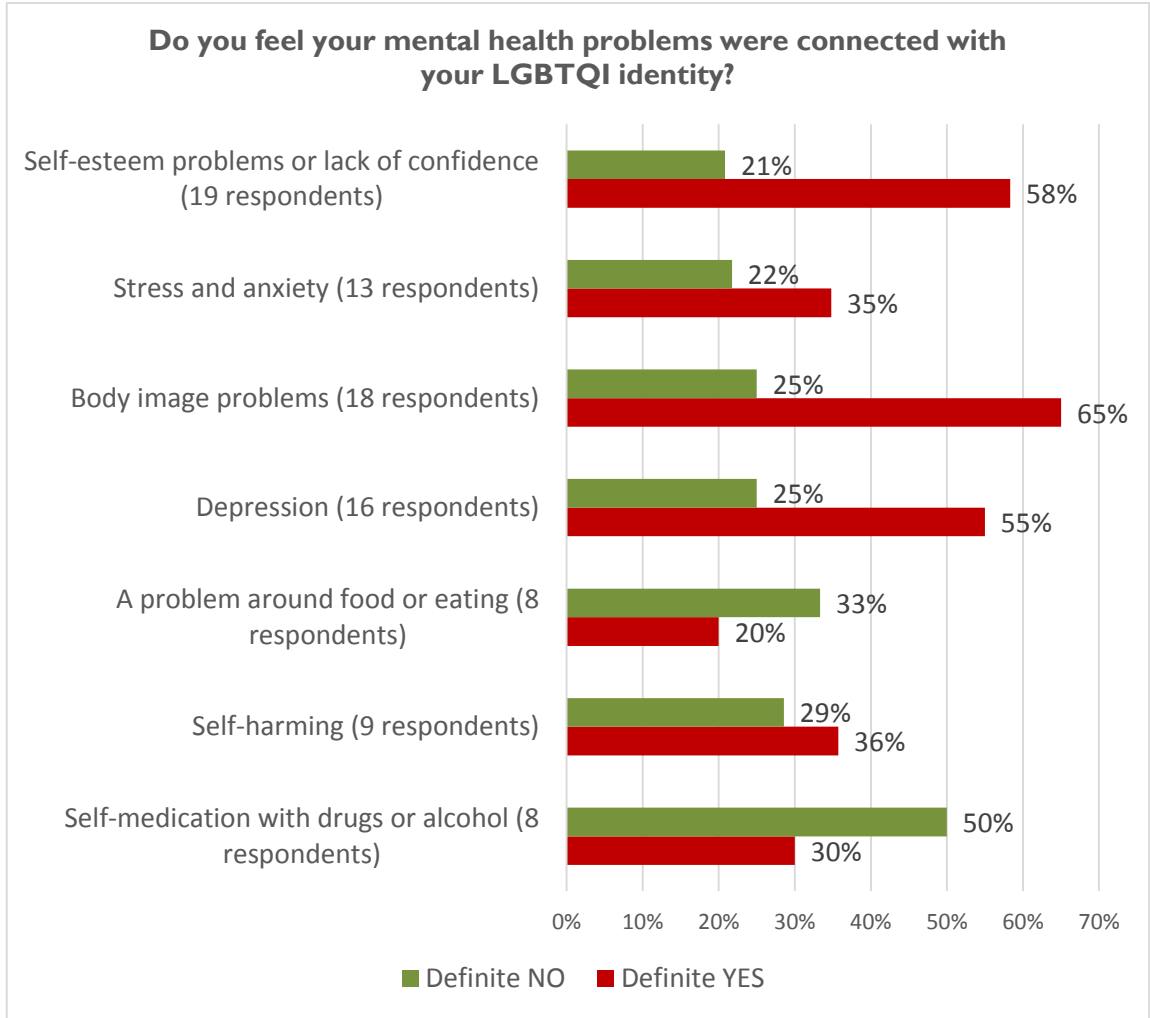




**4 Relation between mental health experiences and the experience of growing up LGBTQI**

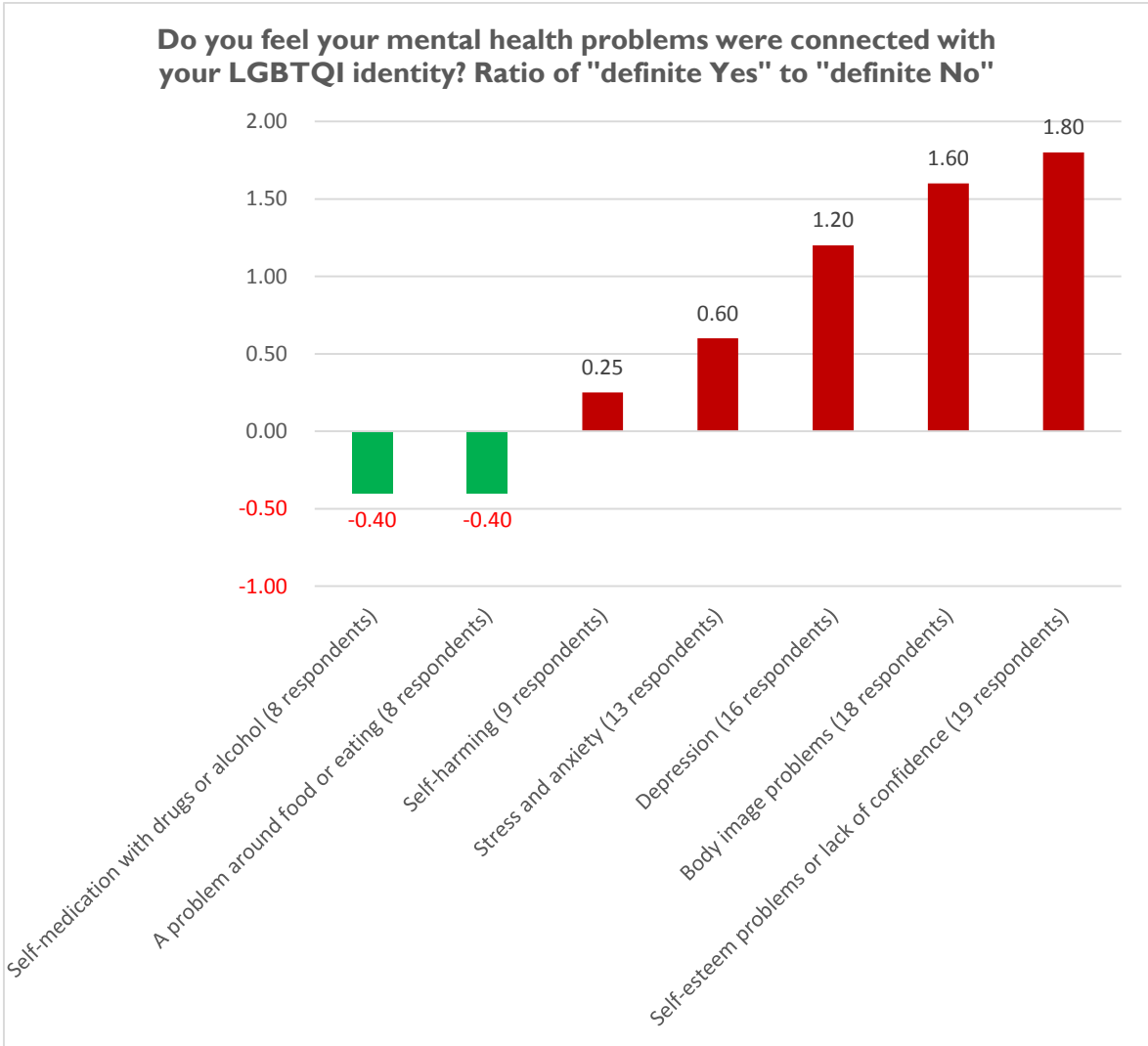
We asked how far the respondents felt that any mental health problems they had experienced over the previous two years were related to their experience of growing up LGBTQI. Respondents with more than one mental health issue were careful to distinguish between those conditions that they felt were related to their being LGBTQI and those they felt were not. We have carefully disaggregated the responses to take account of these details. We also found that a number of respondents were indefinite (“Maybe”) or uncertain (“Yes and no”).

We felt the safest and most reliable analysis of the responses to this question would be to show only those responses which were definite, either Yes or No, in relation to a particular mental health issue.



We found it useful to show the ratio between the “definite Yes” and the “definite No” responses for each issue. Analysed that way, there is a clear variation between different mental health related issues. “Self-esteem problems or lack of confidence”, “Body image problems”, “Depression” and “Stress and anxiety” all have a relatively large cohort of respondents, and respondents on these topics show a strong tendency to correlate their experience of these problems with their experience of growing up as LGBTQI.

In the following chart (next page) we show this as a proportion of “Definite yes” to “Definite no”.



The highest ratios are for self-esteem problems, body image problems, and depression.

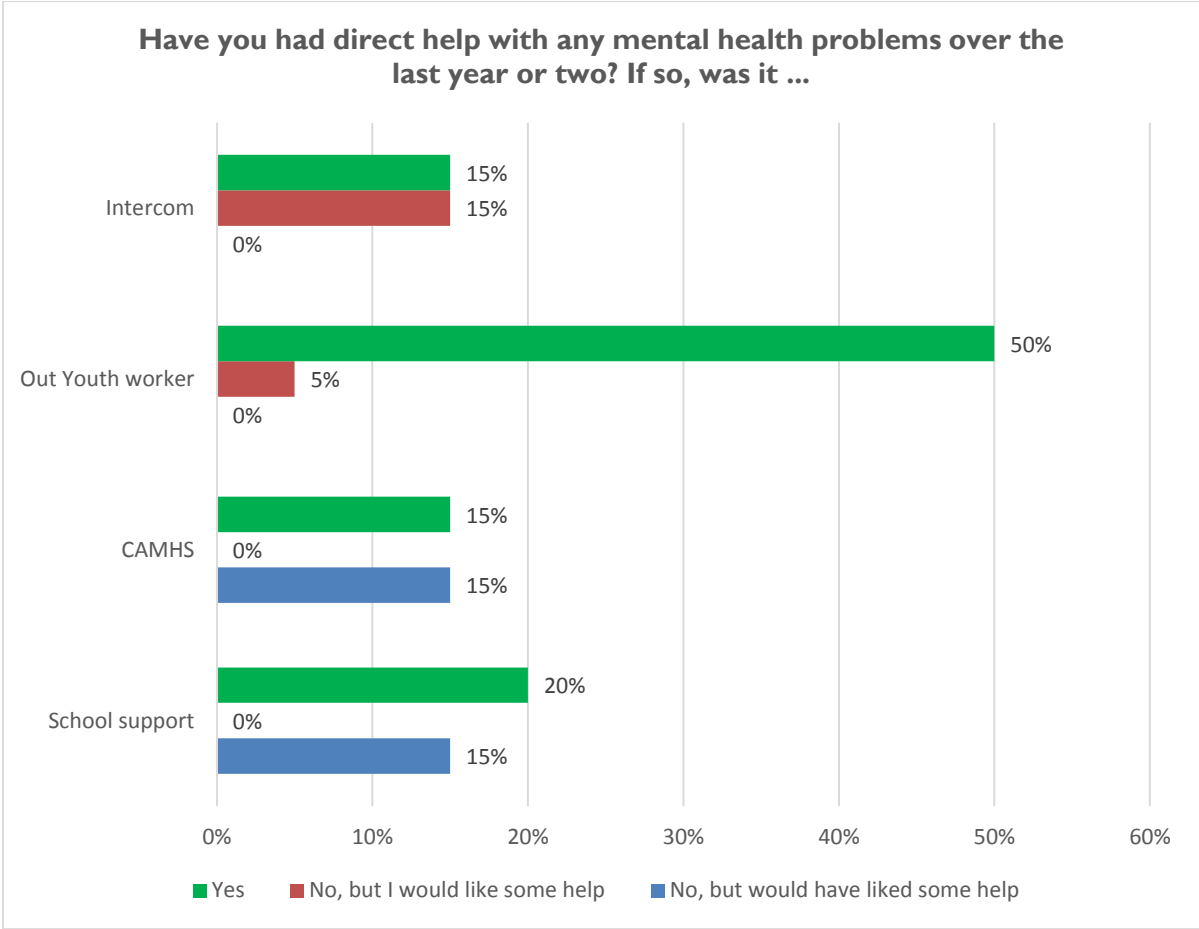
It is noticeable that for five of the seven issues the ratio is positive: that is, for these five issues a majority of the young people who could provide a definite response felt that that particular mental health problem was indeed related to their experience of growing up LGBTQI. This is worrying in itself, all the more so when one considers that all these young people had access to the skilled supportive environment of the Out Youth group. There are inevitably many young LGBTQI people in Plymouth and environs who must be affected by these LGBTQI-related conditions but do not have access to support from Out Youth: either they do not know it exists, or they are aware of Out Youth but cannot access the group for personal reasons. Such reasons might well include their family or school environment, lack of appropriate transport, fear of taking a step that might result in coming



Out further than they feel would be safe, or (very important) shyness, which itself can be specifically related to lack of confidence.

**5 Use of mental healthcare services**

We asked those who said they had had mental health problems over the last two years, “Have you had direct help with any mental health problems over the last year or two?” and offered several options as well as a free-text box. There were 30 respondents to this question.



Free text responses included “Counsellor”, “GP”, “Mother”, “Family and friends”, “GI clinic”, “Sorted myself out”, “Depression and Anxiety Unit”, “Support worker in housing project”, “The Core”, “Icebreak” and “DVA crisis team”.

**6 Satisfaction with mental healthcare services**

We asked these respondents to give us some sense of how skilled, and how timely, such mental healthcare had been.

### 6.1 Overview: satisfaction

We asked, “If you've used mental health care over the last year or two, how good did you find them on LGBTQI issues?” Again, this was responded to with free text, so a quantitative analysis is something of a challenge. There are 5 clearly positive and 7 clearly negative responses; other responses are nuanced.

### 6.2 Specific services

Those who had reported accessing mental healthcare through Out Youth or through The Laurels (gender identity clinic) or through Intercom were uniformly positive. One Laurels user (now aged 20) wrote “Very helpful but slow to reach”.<sup>4</sup> Other positive feedback included:

“They are a gender clinic and so very good” (The Laurels)

“Counsellor very good! Out Youth”

“Very good. They were very helpful” (private counsellor, apparently)

“They were knowledgeable and very helpful to me” (Intercom)

Other responses about various providers included:

“Pretty shite”

“Awful: a lot of my issues were blamed on being trans. My issues weren't taken seriously”

“To be honest I found nearly all the support groups did not know much about transgender issues”.

### 6.3 Timeliness of help with mental health issues

We asked, “If you had mental healthcare, did you get help as quickly as you needed?” Out of fifteen quantifiable responses, 5 said “Yes” or equivalent, and 10 said “No” or equivalent.

The positive free-text responses were:

“Very quickly in a time in need”

“Pretty quick considering”

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<sup>4</sup> This user would not have had access to The Laurels till they reached 18: the Laurels is funded only for adults. Some of the delay might have been due to this. However, if that was the case one would have expected them to have been signposted to Intercom instead, which works with under 18s who have gender dysphoria or gender conflict in partnership with the NHS nationally commissioned service for young people.

“Yeah, they've generally seen me pretty fast. I hear different from other people though.”

Other responses were:

“Yes for gender help, no for depression (9 month wait)”

“Not got it yet”

“I had to wait over a year for [redacted]. Am still waiting for [redacted] service — been waiting two years”

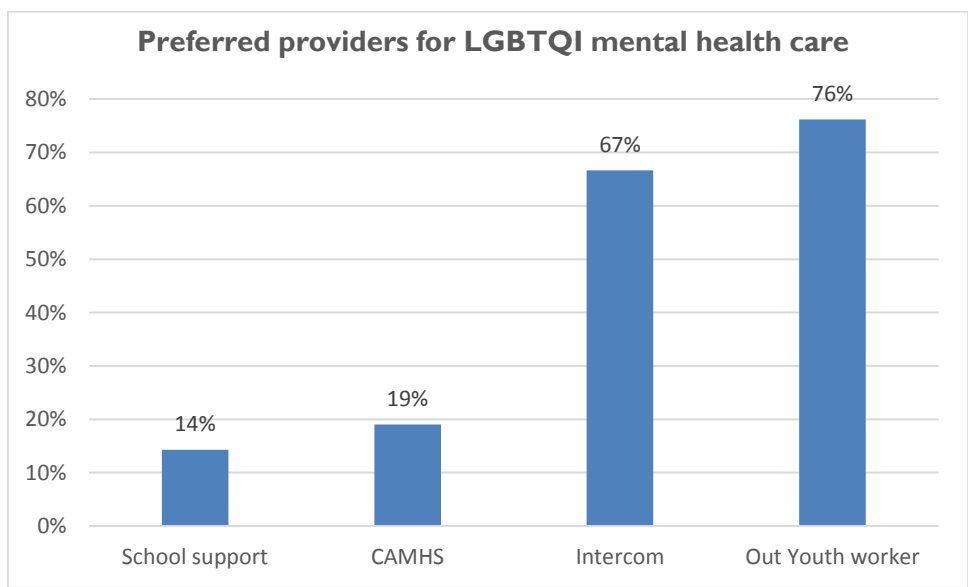
“No. I've never gotten mental healthcare quickly. I'm usually waiting for months.”

“No. Horrendous waiting list - don't care unless you've got your suicide planned on paper!”

#### 6.4 Preferred provider

We asked, “If you needed mental health support in the future as an LGBTQI person, where would you most like to turn for professional help?” We allowed multiple choices as shown in the chart below. 21 respondents used the multiple choices for their answers.

The results are congruent with the data that we receive from all parts of the region and from all age-ranges, telling us that LGBT people prefer to turn to community-based specialist services rather than generic services.



A further six respondents gave a free-text response only.

“My mum and family”

“Youth group or professional help”

“GP”

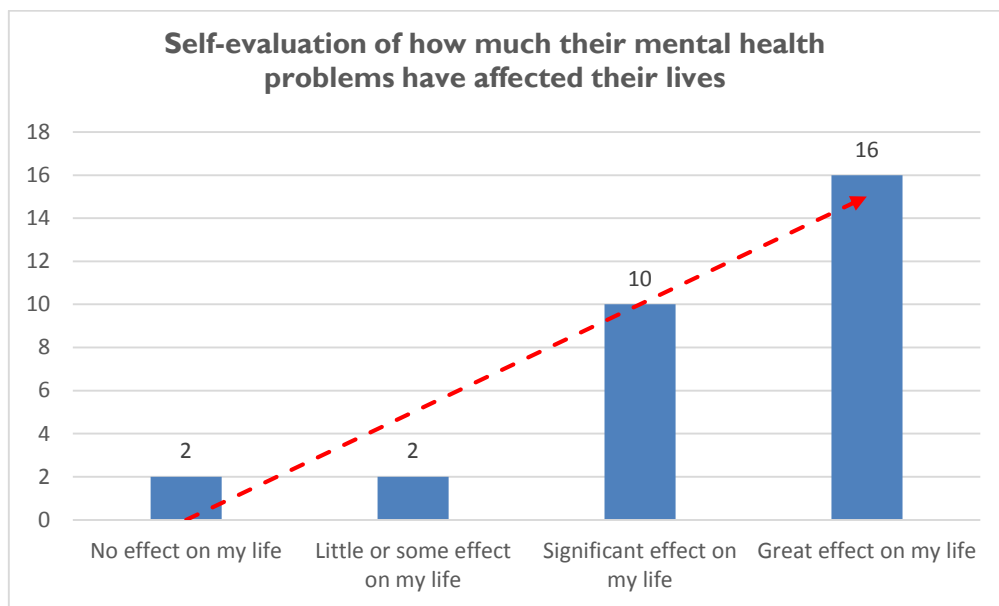
“Adult mental health services”

“Twelves Group”<sup>5</sup>

“Probably kill myself because no one really gets it.”

## 7 Effect of mental health problems on general life

We asked respondents who had had mental health problems “In general, how much have mental health problems like these affected your life over the last two years?”



It is clear from these results that a very high proportion have given us reason to believe that their lives would have been a great deal better, *either* if they had not had to live through these problems, *or* if they had been able to access timely and effective help early on.

Considering that it is well known that CYP mental health issues are known to carry forward and even escalate into later life,<sup>6</sup> this chart can be seen as an worrying indicator of future demands on mental health care, and as strong evidence of the need for services to provide

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<sup>5</sup> Presumably Twelves Company, the local DVA and sexual violence support service.

<sup>6</sup> See e.g. Department of Health, *No health without mental health: a cross-government mental health outcomes strategy for people of all ages — supporting document, The economic case for improving efficiency and quality in mental health* (2011), paragraph 2.1 (page 7).

early, skilled and effective intervention to assist those LGBTQI young people who are living with mental health problems.

## **8 Conclusion**

Processes for early, skilled and effective intervention depend on (a) the service being skilled, (b) responsible adults in schools etc. knowing that it exists and being able to signpost young people to it, and (c) young people being aware that it exists and having the confidence to signpost themselves to it when needed. This raises important questions for strategic planners in the CCG and Public Health, and also within schools and youth-service providers.