

LGBTQ+ Student Mental Health: The challenges and needs of gender, sexual and romantic minorities in Higher Education

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in our efforts to transform the state of student mental health.

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Student Minds is the UK's student mental health charity.

We empower students and members of the university community to develop the knowledge, confidence and skills to look after their own mental health, support others and create change. We train students and staff in universities across the UK to deliver student-led peer support interventions as well as research-driven campaigns and workshops. By working collaboratively across sectors, we share best practice and ensure that the student voice influences decisions about student mental health.

Together we will transform the state of student mental health so that all in higher education can thrive.

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Executive Summary



This report summarises new data from an online survey relating to the intersection of LGBTQ+ identity and experiences of mental health difficulties among students in Higher Education. The survey was completed by 353 current university students, 44 recent graduates and 70 members of University/ Students' Union staff. The data presented here addresses involvement in the local and University LGBTQ+ community, perceptions of peer support, experiences of mental health difficulties, attitudes and intentions towards help-seeking and perceptions of services and care.

Our analysis of the data, presented in detail in this report, leads us to make 9 key recommendations:

Recommendations

Actions for Universities and the NHS

Improve inclusivity and cultural competence in support services.

The LGBTQ+ community needs competent professional support. An overwhelming proportion of respondents (93%) agreed that 'Young LGBTQ+ people have higher rates of poor mental health, self-harm and suicide than their non-LGBTQ+ counterparts.' In conjunction with this, many respondents noted that they experienced barriers accessing support because they feel misunderstood or judged.

"It would help if support services received better training on dealing with LGBTQ+ individuals, as disclosing you are LGBTQ+ can sometimes feel like an automatic creation of distance between you and who you're seeking support from."

While the survey sought thoughts and feedback on developing a new peer support intervention, respondents stressed that improving current professional services should be prioritised. Students commented that university student support services need to be made more inclusive and culturally competent.

Student support services need to hire staff who are LGBTQ+ and / or have specialist knowledge and understanding of gender identity issues. All staff should be trained to be better aware of LGBTQ+ issues. Student support services need to be proactively engaging the LGBTQ+ community so they feel more comfortable accessing and engaging with university support services.

"[Student services] need to be proactively employing LGBTQ counsellors. A lot of LGBTQ want to talk to somebody else who's LGBTQ identifying. That's best practice really."

"It's good for people to chat to others that can empathise, not just sympathise. It makes their support far more powerful."

This comes with the need for universities to adequately fund support services, allowing appropriate staffing, capacity for staff to receive training and to develop the service to meet the needs of the changing student population.

"Well, the biggest issue is that universities don't have enough counsellors/money put towards counselling to meet demand. So actually being able to access support would be the first step. So lobbying universities to adopt a reasonable ratio of student to counsellors. After that, they should employ LGBTQ counsellors (as well as BME counsellors), or people who have specialist training in that area. Having someone you can relate to, and someone you don't have to explain your identity to was life changing for me."

More support and research around Post Traumatic Stress Disorder (PTSD), Panic Disorders and Eating Disorders in the LGBTQ+ student population

In the 2014 Adult Psychiatric Morbidity Survey, approximately 12% of women (and 4% of men) aged 16 – 24 years screened positive for PTSD (McManus, Bebbington, Jenkins, & Brugha, 2016). Approximately 1% of young adults screened positive for Panic Disorder (McManus et al., 2016). In the 2007 Adult Psychiatric Morbidity Survey, the most recent survey including screening for eating disorders, approximately 20% of women (and 6% of men) aged 16 – 24 years screened positive for an eating disorder (McManus, Meltzer, Brugha, Bebbington, & Jenkins, 2009).

We note that the proportion of students reporting mental health difficulties in this survey cannot be used as general prevalence data as there will be substantive sampling bias in our recruitment; students with an interest in mental health or personal experience of mental health difficulties are much more likely to have responded to this survey. Further, mental health data was collected in this survey simply via student self-report; the survey did not include any clinical screening.

That said, reports of Post-Traumatic Stress Disorder, Panic Disorders and Eating Disorders were high. Approximately 25% of respondents (N = 101) reported experience of Panic Disorder, 14% (N = 55) reported PTSD and 23% (N = 93) reported experience of an eating disorder. While not abnormal findings in the context of increased mental health difficulties among LGBTQ+ populations, the prevalence of Panic Disorder appears particularly high, relative to age matched population levels.

More dedicated support needs to be made available in local NHS provision and should be effectively supplemented by support from universities.

Actions for Universities and Students' Unions

Improve inclusivity, representation and engagement across the university

Respondents asked for more work raising awareness of the challenges faced by the LGBTQ+ community and building understanding for LGBTQ+ issues. Many respondents noted that while additional support may be beneficial, greater social acceptance of LGBTQ+ identity may go some way to reducing the need for additional support. While the LGBTQ+ community can, and do, support each other, the wider community is not currently as inclusive as it could be. This needs to change.

Universities and Students' Unions can continue to raise awareness, challenge heteronormative cultures and encourage the wider community to be an ally for the LGBTQ+ community.

Prioritise engaging first year students

Students in lower year groups were less involved and engaged with both the university and local LGBTQ+ community. These students also sought support for emotional problems from fewer sources.

Universities, Students' Unions and LGBTQ+ societies should work together to try and engage new students. The universities and Students' Unions should actively be promoting LGBTQ+ societies to new students and encouraging students to engage throughout inductions and welcome activities. LGBTQ+ societies should ensure that they have a range of activities and events in place to welcome new students to the community.

“The LGBT+ society and Students' Union need to communicate and coordinate activities together.”

Actions for Students' Unions

LGBTQ+ societies need to engage all members and foster welcoming spaces

While some respondents suggested that any new programme should be developed in collaboration with existing Students' Union societies, a substantive number of respondents reported feeling shut out from their LGBTQ+ society. In suggesting that peer support programmes need to be friendly, respondents drew comparisons with existing LGBTQ+ societies and representatives, suggesting that these were not always warm, friendly and welcoming. The leadership of LGBTQ+ societies can be perceived to be 'cliquey' and exclusive. Where societies are seen as focused on drinking and partying, they can exclude those students who are looking for a supportive space.

"Making information really accessible beforehand so that people can feel comfortable planning to attend and know what to expect. Having leaders who will include anyone new so it doesn't become clique-y."

LGBTQ+ societies are led by democratically elected student officers. These students are likely to be limited in the time and resource that they can put into their work. Additionally, priorities will vary year to year with different students taking up leadership roles. However, it is important to be mindful that the LGBTQ+ population is diverse and has many wants and needs. While it is a challenge to strike a balance, it is imperative to ensure all students feel welcome and included in a society's activities.

Improve inclusivity, representation and engagement across Students' Union services and activities

Students' Unions can play a role in ensuring that all students identifying as LGBTQ+ feel included in, and able to access the LGBTQ+ societies' activities. However, it is important to note that students identifying as LGBTQ+ are divided on engagement with the LGBTQ+ community; while half of respondents felt a strong connection with their university LGBTQ+ community, over a quarter (28%) did not feel engaged.

Many students identifying as LGBTQ+ do not feel supported by existing social structures within their Students' Union. Respondents expressed that there were a range of barriers across Students' Union services and activities. Improving sports' inclusivity, providing and protecting LGBTQ+ social spaces and having more visible LGBTQ+ role models across Students' Union groups may help address these barriers.

"More work into LGBT+ and sports. Sport, especially team sport, is great for mental health but there are many barriers."

Actions for Student Minds

Develop a peer support programme focused on LGBTQ+ students

Students Minds set out to ascertain whether there was an interest in, and need for, peer support within the LGBTQ+ community. The majority (79%) of respondents agreed that there was a need for additional mental health support specifically for LGBTQ+ students. Further, 89% of respondents thought peer support would be beneficial and 77% stated that they would engage with peer support.

While students agree that a dedicated peer support programme could have benefit and fill a support gap, there are many divergent opinions on how a programme should be structured. Students want peer support that brings together students within similar lived experience. Peer support needs to be openly accessible and look beyond the LGBTQ+ identity to focus on mental health without the assumption that all mental health concerns among the LGBTQ+ community necessarily relate to the LGBTQ+ identity.

A programme must be mindful of subdivisions within the LGBTQ+ community and the additional challenges accompanying intersectional issues. Most students want a peer support programme that is informal, relaxed and friendly.

For peer support to engage students, students need to believe that peer support can be beneficial. Our data indicate that willingness to engage with peer support can be predicted by a belief in the benefit of peer support. This suggests that the launch of any new peer support programme will need to be accompanied by publicity to promote the programme and discuss the benefits in participating.

Peer support may only reach students who are already willing to ask for help and support from a range of sources. Our data showed that willingness to engage in peer support was predicted by the breadth of existing support networks. This suggests that a new peer support programme may complement existing support systems for those already willing to ask for help and support for emotional problems, but may be less likely to reach students who are reluctant to ask for help.

On a positive note, there was no significant difference in willingness to engage in peer support across the years of academic study, gender, sexuality or disability. This suggests that peer support has the potential to reach right across the LGBTQ+ community.

“It helps to not have to explain things that are common amongst LGBTQ+ students but not known by straight people... sometimes, I don’t feel as comfortable sharing aspects of my life with non-LGBTQ+ people.”

Develop resources and provide support for friends

Reflecting on the findings of other research completed by Student Minds, including the Looking After A Mate report (Warren, A-S., Byron, N., 2016), students are most likely to seek help and support for emotional problems from friends. Almost all respondents (93%) of the Looking After A Mate survey stated that they had sought help or advice for emotional problems from friends. This suggests that there may be some demand for specialist support for friends, relating explicitly to the intersection between LGBTQ+ identity and mental health. There may be value in adapting the existing Look After Your Mate programme to specifically address the concerns and challenges of LGBTQ+ students.

“I also think it would be helpful to have workshops for everyone even those not on the spectrum to teach people how to respond when friends or family are coming out...”

Develop resources and provide support for parents

Respondents identified that they had sought help and support for emotional problems from their parents. While nearly three quarters of respondents (74%) identified that they had sought support from parents, parents were rated as the least helpful source of support, with an average score of 3.05 (on a Likert scale with 5 being very helpful and 1 being very unhelpful). There was further considerable variability around students’ perception of the helpfulness of parents. This suggests that parents may benefit from additional resources around supporting mental health for young people identifying as LGBTQ+. Such a resource may be best developed in collaboration with an LGBTQ+ charity.

Introduction



The past decade has seen a plethora of developments in Higher Education, in relation to mental health.

Student mental health has increasingly been prioritised across Higher Education. In recent years multiple reports suggested that student mental health is as an area that needs addressing, with findings showing a substantial increase in demand for student support over the last decade (Williams, 2015). There is also an indication that wellbeing is lower in student populations than in age-matched non-student groups (Neves & Hillman, 2018). In order to support and empower students to thrive, institutions need to adopt a whole-university approach to student mental health. Universities UK published their #StepChange framework to support a strategic approach to student mental health (Universities UK, 2017). The whole-university approach requires institutions to ensure that all aspects of the university environment and student experience are able to support the mental health of all students. An effective whole-university approach needs to be sensitive to the experiences of specific groups of students.

In the UK, homosexuality was decriminalised in 1967. Since then, we have seen sexuality orientation and gender reassignment made protected characteristics. The age of consent has been equalised and same-sex marriage has been legalised. The percentage of the general public who believe that same-sex relationships are 'not wrong at all' has increased from 11% in 1987 to 64% in 2016 (Schraer & D'Urso, 2017).

In 2017 the government launched a national survey to ask LGBTQ+ people about their experiences of living in the UK and accessing public services (Government Equalities Office, 2018a). They received over 108,000 responses, making it the largest national survey of its kind anywhere in the world. The study identified an elevated prevalence of mental health difficulties in the LGBTQ+ population and the inclusivity of services needs improving (Government Equalities Office, 2018b). It is encouraging to see the government listening to LGBTQ+ experiences and proposing legislative changes whilst recognising there is a lot more work to do.

Despite these developments, there is still a lot of

work to do. The Government Equalities Office report sets out a plan to improve the lives of LGBTQ+ people in the UK. Within this context, the Higher Education sector has an important role to play in improving the experience of LGBTQ+ students. Stonewall found that LGBTQ+ students are still facing negative comments, conduct and exclusion from staff and peers because of their identity (Gooch & Bachmann, 2018; Gooch & Bachmann, 2017). Many LGBTQ+ people face discrimination and are victims of hate crime (21% of the LGB population and 42% of the trans population in the last 12 months).

There are 2.3 million students in Higher Education in the UK (HESA, 2017). While the Higher Education Statistics Agency (HESA) collects detailed data about students, they do not collect any data on sexuality and they only categorise gender as 'Male', 'Female' and 'Other'. There appear to be biases in the collection of gender data, as HESA reports 1,025 students in 2.3 million, or 0.04% of students, identify their gender as 'other.' This figure falls well below expectations.

As such, we can only estimate how many students in Higher Education identify as a gender and/or sexual minority. The Office for National Statistics (2016) report that 2.0% of the UK population (over the age of 16) identify as lesbian, gay or bisexual. This proportion goes up to 4.1% within the 16-24 age group. As the majority of university students (89%) are under the age of 24, the ONS data suggests that we may expect a similar proportion of university students to identify as lesbian, gay or bisexual. YouGov (2015), however, found that when asked to plot themselves on a sexuality scale, 23% of respondents identified as something other than 'exclusively heterosexual'. This rose to 49% among 18 to 24 year olds. This data indicates that a substantive proportion of students in Higher Education may identify as LGBTQ+.

Unfortunately, we have a limited indication of the likely proportion of gender minority individuals in the general population. The Office for National Statistics have acknowledged the need to better capture this information and are working to change their census in order to collect this data from

2021 (Office for National Statistics, 2018).

Reports (Meyer, 2003; King, Semlyen, Tai, Kilaspy, Osobrn, Popelyuk & Nazareth, 2008; Semlyen, King, Varney & Hagger-Johnson, 2016) and literature reviews (Nodin, Peel, Tyler & Rivers, 2015; Weeks, H. 2017; McDermott, Hughes & Rawlings, 2016) have consistently affirmed that the experiences of LGBTQ+ individuals differs significantly from their non-LGBTQ+ counterparts and that they are more likely to have poorer mental health outcomes. Meta-analysis of health surveys that covered 94,818 participants across the UK found that lesbian, gay and bisexual people in the UK - particularly younger and older individuals - have higher prevalence of poor mental health and low wellbeing (Semlyen, et al., 2016). LGB individuals are at higher risk of developing mental health disorders, having suicidal ideation, substance abuse and self-harming than their heterosexual counterparts (King et al., 2008). Meyer (2003) posited that the increased risk arises from a combination of stress processes. Reports from Queer Futures (McDermott, et al., 2016) and The Mental Health of Young LGB&T People (Weeks, 2017) that identify a range of factors that may predict increase stress, such as: homophobia, biphobia or transphobia; sexual and gender norms; managing sexual orientation and gender identity; being unable to talk; other life crises; bullying; abuse; and shame.

The aim of this survey was to understand the experiences of LGBTQ+ students and gather the thoughts of university and Students' Union support staff to help identify how best to support LGBTQ+ students to look after their mental health. Students, representatives and staff have used this opportunity to share their experiences and ideas for how to improve the lives of LGBTQ+ students.

In sharing this report we hope to provoke discussion and action, and to bring together individuals, institutions and organisations to collaborate and transform the state of LGBTQ+ student mental health.

For readers who may be identifying or empathising with some of the challenges identified in this report, that, despite all the difficulties, things are progressively getting better. While there is substantial room for improvement, representation in the media, in government, in schools, in the workplace, in sport and in wider society is increasing (Glaad Media Institute, 2018; Schraer, & D'urso, 2017; Englefield, Cunningham, Mahoney, Stone, & Torrance, 2016). Social acceptance of LGBTQ+ individuals is increasing (Schraer, & D'urso, J., 2017). Increasing amounts of legislation is being created to offer more protection and equalise rights for LGBTQ+ people (Schraer, & D'urso, J., 2017). More people are becoming aware of the challenges and issues LGBTQ+ people face and even more are working to tackle them. While we've found that there's room for improvement across the Higher Education and Health sectors, there are a lot of positives in what we found. Good support is out there if you need it; don't be disheartened if you have had a negative experience, keep asking for help as many are able and willing to provide it for you.

The experiences of LGBTQ+ individuals differs significantly from their non-LGBTQ+ counterparts and that they are more likely to have poorer mental health outcomes.

Terminology

Mental Health

Mental illness is protected under the umbrella of disability under the Equality Act (Equality Act 2010). We define mental health and wellbeing as something that exists on a continuum which fluctuates day to day. We look at mental health according to a social model, whereby external factors in your environment can affect your health. When we talk about a student 'experiencing mental health difficulties' we mean that they are struggling to cope with day to day life.

A student with a medical diagnosis of depression may have very good wellbeing if they have the right treatment plans in place for them, a strong support network of friends and family, and helpful adjustments to their university course. Conversely, a student without a medical diagnosis of a mental health difficulty may be stressed by exams, feel isolated and unsupported by those around them, and feel unable to cope with the day to day stresses of university.

Sexual orientation and gender identity

In this research we examine the experiences of LGBTQ+ students. Both sexual orientation and gender identity have a broad and diverse spectrum of identities, those which have been used in the report have been defined in the appendix.

In this report we categorised gender in two ways - first, as 'male', 'female' and 'other' and second as 'trans', 'cisgender' and 'other'.

'LGBTQ+'

LGBTQ+ stands for lesbian, gay, bisexual, trans or queer and the plus symbolises all the other identities not captured in the acronym.

By 'LGBTQ+' we mean anyone who identifies as a gender, sexual or romantic minority.

In this research we explore the experiences of anyone who felt they were a part of the LGBTQ+ community. We acknowledge that individuals respond to and identify with the acronym 'LGBTQ+' - and the identities within it - to varying extents, as experiences of gender identity and sexuality are diverse.

'LGB'

When using 'LGB' instead of the full 'LGBTQ+' acronym we're referring to lesbian, gay and bisexual individuals. A lot of research separates gender identity and sexual orientation as experiences and needs can differ significantly.

'Trans'

By 'trans' we mean individuals whose gender identity does not align with the sex they were assigned at birth. This can include, but is not limited to, transgender men, transgender women, non-binary individuals, genderqueer individuals.

'Cisgender'

By 'cisgender', or 'cis' for short, we mean individuals whose gender identity aligns with the sex they were assigned at birth.

Background



In July 2017 the Government Equalities Office launched a national survey to capture the everyday experiences of LGBT people, including safety, education, work and healthcare. In July 2018 they released a report (Government Equalities Office, 2018a) accompanied with an LGBT Action Plan (Government Equalities Office, 2018b) which outlined plans to respond to the findings and improve the everyday experiences of LGBT people in the UK. The study found that LGBT people have lower life satisfaction than the general UK population (average of 6.5 out of 10, compared to 7.7 with the general population) - with trans respondents having significantly lower scores (an average of 5.4 out of 10). Only 3% of respondents reported having sexual orientation or gender identity discussed at school in lessons or assemblies.

In regards to health, 28% of respondents to the government's survey had accessed - or tried to access - mental health services in the 12 months preceding the survey and 22% of those respondents reported having a negative experience. Conversely, the vast majority (87%) of respondents reported having a positive experience when accessing sexual health services. This discrepancy indicates that there is best practice within healthcare that could be transferred.

In the government's survey, 40% of respondents had experienced being a victim of an incident in the 12 months prior to responding. Incidents ranged from being outed, harassment and exclusion to violence and abuse. Further, 94% of respondents did not report the most serious incident they experienced.

Despite collecting data on ages and education status the report produced by the Government Equalities Office did not detail findings of LGBTQ+ university students' mental health. However, the associated Action Plan acknowledges a need for further analysis of the data collected.

Meyer's (2003) minority stress theory provides a conceptual framework for understanding the relationship between LGBTQ+ identity and mental health. The theory posits that stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems (Meyer, 2003). Risk for mental health difficulties arise from a combination of stress processes including the experience of prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping

processes.

Research indicates that lesbian, gay and bisexual individuals are at higher risk of developing mental health disorders, suicidal ideation, substance abuse and self-harming than their heterosexual counterparts (King et al., 2008; Weeks, 2017). Young adults of a sexual minority (lesbian, gay and bisexual) further have a significantly greater risk of developing Post-Traumatic Stress Disorders than their heterosexual counterparts (Roberts, Rosario, Corliss, Koenen, & Austin, 2012). Notable causes of the heightened risk include disparities of child abuse victimisation and higher prevalence of gender nonconformity from a young age. Semlyen et al. (2016) re-affirms these findings through a systematic review and meta-analysis of health surveys that covered 94,818 participants across the UK. Lesbian, gay and bisexual people in the UK - particularly younger and older individuals - have higher prevalence of poor mental health and low wellbeing (Semlyen et al., 2016).

In 2016, Queer Futures outlined five key areas which explained elevated risk of mental health difficulties amongst LGBTQ+ youth: homophobia, biphobia or transphobia; sexual and gender norms; managing sexual orientation and gender identity across multiple areas of life; being unable to talk and; other life crises (McDermott, et al., 2016). Similar factors were identified in the National LGB&T Partnership review; where predictors of heightened risk of self-harm and suicide were identified as bullying - particularly homophobic, biphobic and transphobic abuse - low self-esteem, shame-proneness, internalised heterosexism and cisgenderism (Weeks, 2017).

Challenges with providing and accessing adequate support for mental health for LGBTQ+ youth, include a reluctance to access services - particularly Children and Adult Mental Health Services, NHS and in-school support, a reluctance to disclose sexual orientation or gender identity or not being afforded the opportunity to do so, cuts to specialist services that have resulted in many LGBTQ+ organisations having to close, and distress due to the long waiting times experienced when trying to access gender identity services which are often initially accessed at a point of crisis (Weeks, 2017). In the context of challenges accessing professional support, LGBTQ+ people report positive experiences when asking for help online, from friends or from LGBTQ+ youth groups (McDermott et al., 2016).

Further, young people were most inclined to ask for help from LGBTQ+ individuals or LGBTQ+ youth groups and least likely to ask for help from school staff, family and non-LGBTQ+ youth groups (McDermott et al., 2016).

A range of factors can help build and develop resilience. These include adopting an 'out and proud' identity to tackle stigma and shame, having a partner, experiencing acceptance, having familial support, being a part of the LGBTQ+ community and having hope for the future (Nodin et al., 2015; Weeks, 2017).

Looking at students in Higher Education in particular, the National Union of Students (NUS) examined the experiences of LGBTQ+ students in Higher Education (NUS, 2014). With a sample size of 4,240 students, they found that a minority (20.6%) of trans students and a third (36.7%) of lesbian, gay and bisexual students feel completely safe on their campuses. One in five LGB and one in three trans students have experienced bullying or harassment on their campus. Students who have experienced a form of homophobic/ biphobic/ transphobic harassment are 2-3 times more likely to consider leaving their course and over a half of trans respondents seriously considered dropping out of their course. In terms of academic engagement, LGBTQ+ students do not see their experiences and history reflected in their curriculum. In terms of extra-curricular engagement, LGBTQ+ students are less likely than their non-LGBTQ+ counterparts to be members of sports societies or religious societies.

From a survey of 522 university students, Stonewall, found that many LGBTQ+ students, particularly trans students, faced negative comments or conduct from university staff because of their identity (Gooch & Bachmann, 2018). Around a third of LGBTQ+ students report not feeling confident reporting any homophobic/ biphobic/ transphobic bullying to university staff. Two in five LGBTQ+ students concealed their identity at university because they were afraid of discrimination. Over a quarter of LGBTQ+ students reported feeling that they were excluded by other students because of their identity and almost a fifth of students felt unable to use the toilets on campus because they feel uncomfortable.

This recent data suggests that there are still strong links between LGBTQ+ identity and mental health difficulties, likely, in part reflecting student's experiences of discrimination and exclusion during their upbringing, from wider society and in educational institutions. Further, young adults who identify as LGBTQ+ do not feel that mental health support services are accessible or designed to meet their needs.

A range of factors can help build and develop resilience. These include adopting an 'out and proud' identity to tackle stigma and shame, having a partner, experiencing acceptance, having familial support, being a part of the LGBTQ+ community and having hope for the future.

(Nodin et al., 2015; Weeks, 2017).

Methodology



This report comprises findings from a survey of 467 participants that ran between the 23rd of November 2017 and the 26th of January 2018.

The survey asked a range of questions around involvement in the local and/or University LGBTQ+ community, perceptions of peer support, experiences of mental health difficulties, attitudes and intentions towards help-seeking and perceptions of services and care.

Respondents were recruited through the Student Minds website and wider communication channels, including social media and newsletters. The survey was also promoted through our partners' channels, including via Students' Unions, universities and organisations such as the Equality Challenge Unit and Stonewall.

Limitations

It is important to acknowledge that the data collected is not necessarily representative of the entire LGBTQ+ population. It is likely, given how this research was branded and promoted, that people with experience of mental health difficulties were more likely to respond to the survey. This survey should not be used to draw any inferences about the prevalence of mental health difficulties among the LGBTQ+ community.

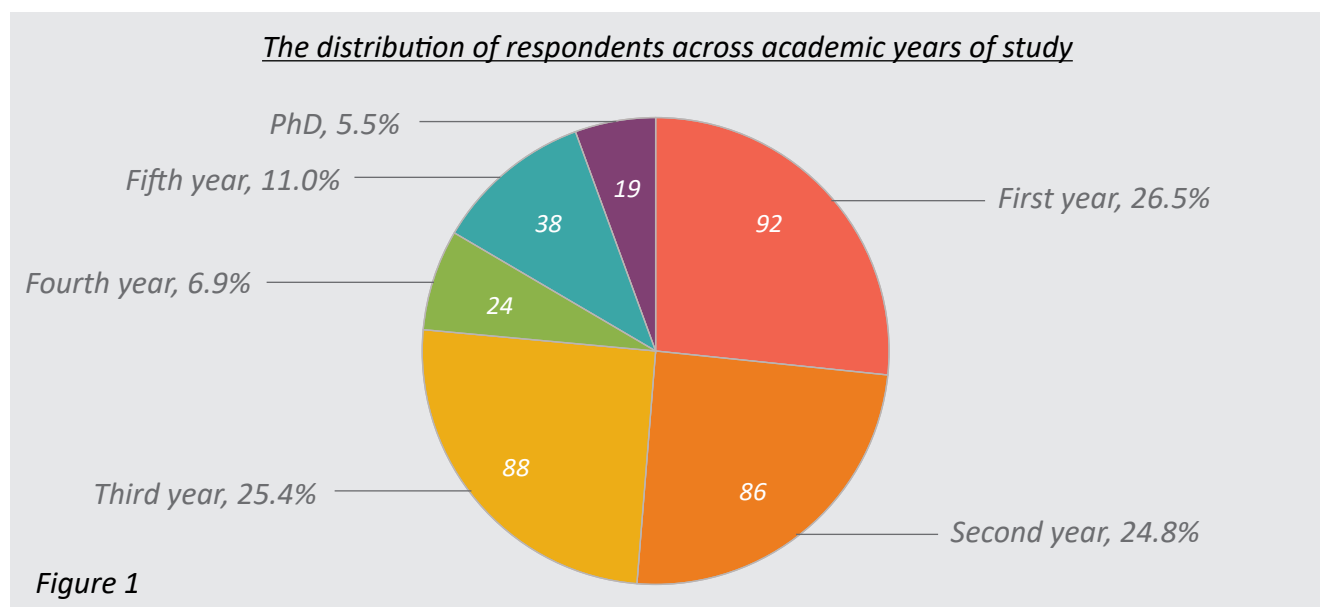
In addition to this, our ability to engage responses from Black, Asian and Minority Ethnic participants was limited. As such, we have been unable to analyse the intersection with ethnicity.

Who took part?

The survey was completed by 467 individuals. Of these, 353 were current university students, 44 were recent graduates and 70 were university staff members. Of the 467 individuals, 38 were elected representatives - including a range of LGBTQ+ Part-Time Officers and Sabbatical Officers in Students' Unions, College Representatives and NUS Officers - answering in their capacities as representatives to provide a broader overview.

Respondents were from a wide range of universities, including Oxford (N = 62), Cambridge (N = 54), Nottingham (N = 32), Cardiff (N = 16), York (N = 14), Keele (N = 14), Aston (N = 12), Edinburgh (N = 11), Durham (N = 11), Sheffield (N = 8) and smaller numbers of respondents from some 89 other institutions.

Of the 353 current students, there was a good spread of respondents across academic years of study, as shown in Figure 1.

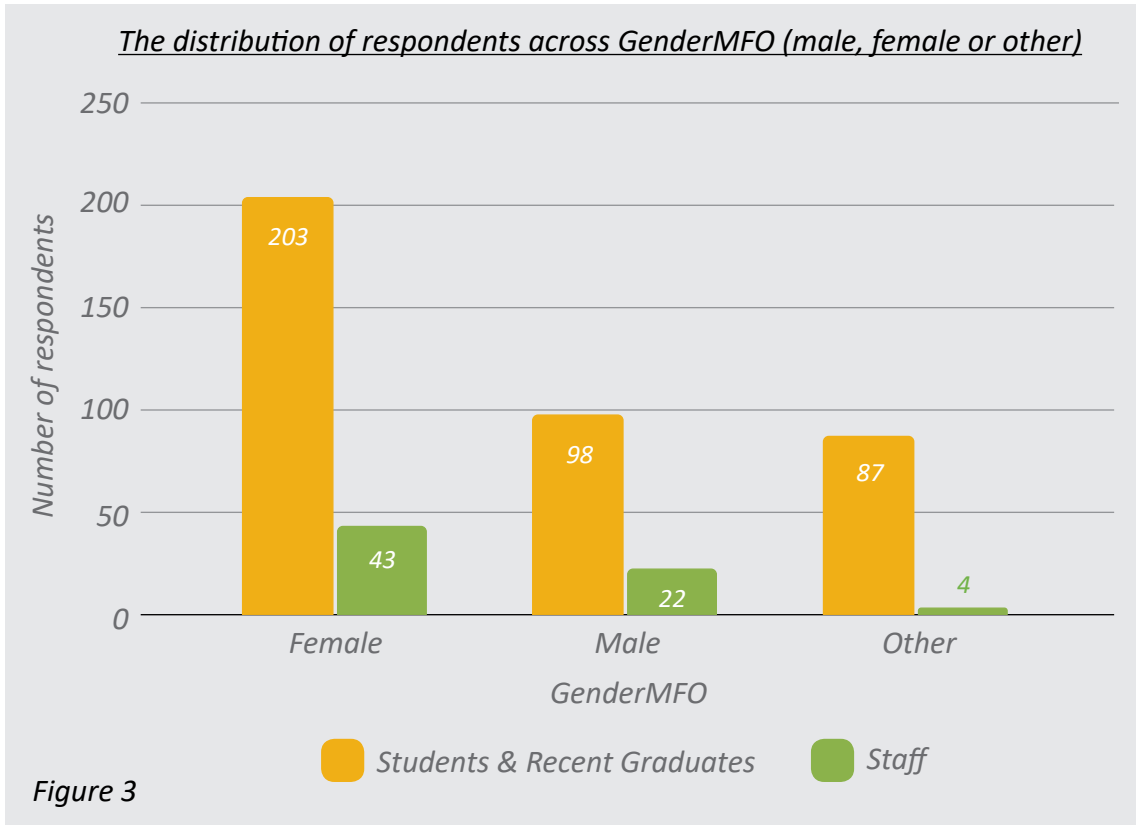
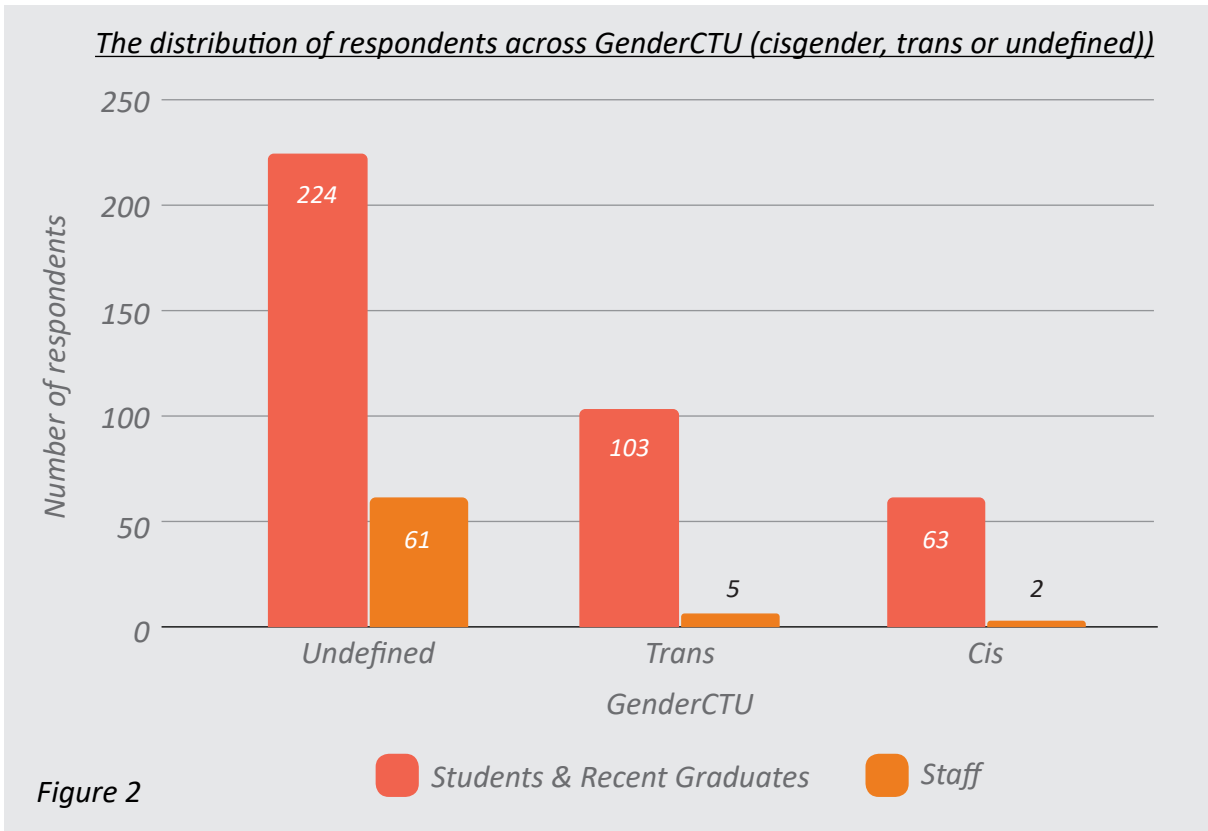


Of the 397 students and recent graduates who completed the survey, 360 disclosed having personally experienced having a mental health difficulty and the majority of those who disclosed experienced comorbid difficulties. Mental health difficulty was identified by participant self-report; we did not include any psychological screening. The self-reports may thus include a combination of medically diagnosed mental health difficulties and self-diagnosis. The difficulties experienced by participants included depression (N = 325), anxiety (N = 309), panic disorder (N = 101), eating disorders (N = 93), Post-Traumatic Stress Disorder (PTSD; N = 55), Obsessive Compulsive Disorder (OCD; N = 48), personality disorders (N = 36), bipolar (N = 20), psychosis (N = 16), Attention Deficit and Hyperactivity Disorder (N = 4) and autism (N = 1).

Demographic details were collected from all 467 participants, including gender identity, sexual orientation, ethnicity and disability. Gender and sexual orientation were reported in open text boxes enabling respondents to describe and express their identities in ways that felt most appropriate to them. While it was essential to give respondents the absolute freedom to describe and define their gender identity, this introduced some challenges for analysis. As the majority of respondents did not specify whether they were transgender or cisgender (putting just male or female), we had to create an additional grouping ('undefined'). This may limit our ability to draw comparisons between the experiences of cisgender and trans respondents.

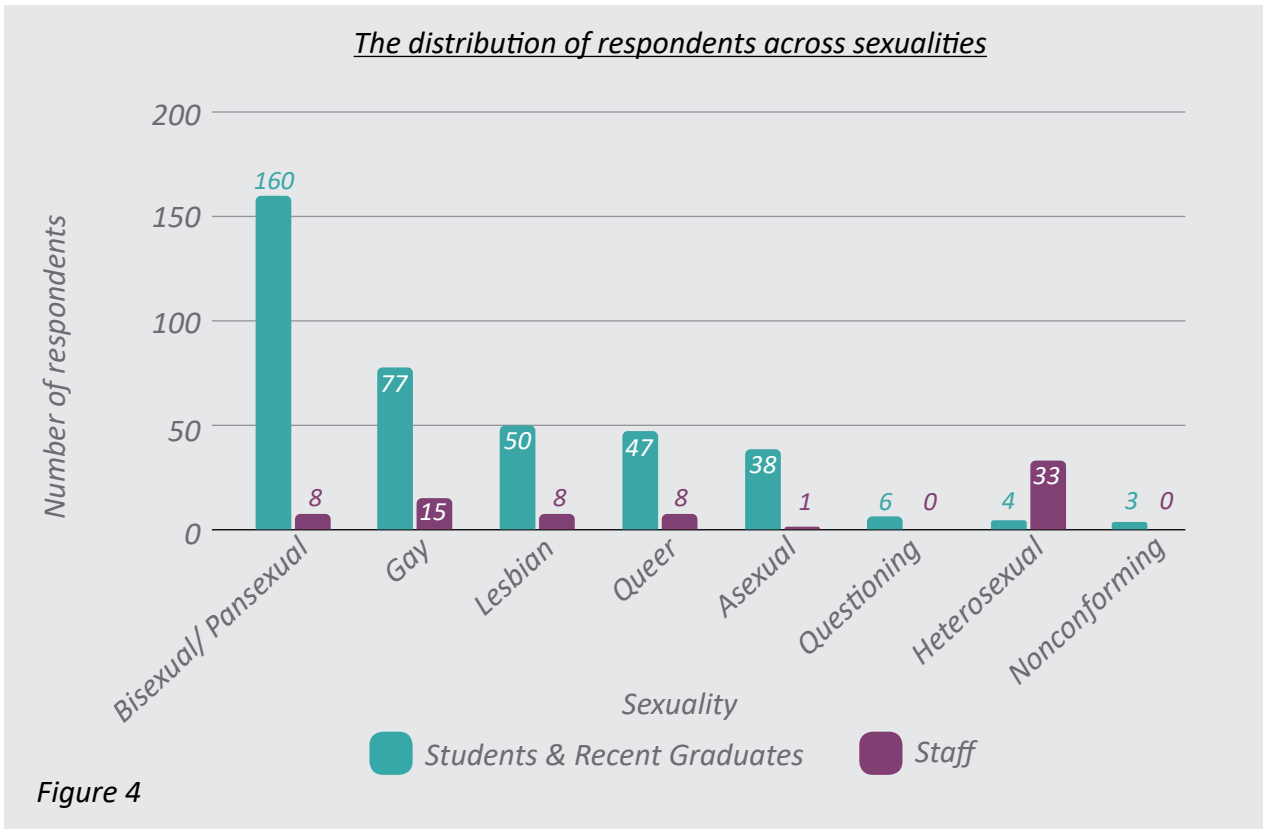
However, there are some benefits to the grouping used. Those who did not want to disclose that they were trans were not, by default, captured with cis participants but could be captured under 'undefined'. Undefined, as a grouping, was significantly different from both the Cis and Trans groupings. Additionally, it allowed for more comprehensive analysis across the Male, Female and Other groupings.

Through this report we have categorised gender into two categories. The first, GenderCTU, those who identified as cisgender, trans or those who didn't specify; this is summarised in Figure 2. The second, GenderMFO, those who identified as male, as female or as other; this is summarised in Figure 3. Looking at the interaction between these categories, respondents included undefined females (N = 188), undefined males (N = 97), cisgender females (N = 52), transgender males (N = 12), cisgender males (N = 11), transgender females (N = 6). Where individuals identified as other (rather than male or female), this included the following, non-binary (N = 45), non-conforming & agender (N = 18), genderqueer (N = 14), genderfluid (N = 9), questioning (N = 3), demi girls (N = 2) and demi boy (N = 1).



Sexuality, like gender, had an open box for responses so participants were free to define their orientation. We had a range of responses across students, staff and recent graduates as demonstrated in Figure 4.

Unlike students and recent graduates, staff didn't have to identify as LGBTQ+ themselves. They were surveyed to offer insight from their perspective as people who work with LGBTQ+ students and the questions they were asked reflected this.



For ethnicity, the majority of our respondents were White British (N = 262). Other respondents identified as White ‘Other’ (N = 87), White European (N = 34), Asian/ Asian British (N = 24), White Irish (N = 14), Mixed (Asian & white; N = 8), Mixed (Black & White; N = 9), White Northern Irish (N = 7), Black / Black British (N = 5), and Jewish (N = 5).

Of the 467 students, staff and recent graduates who answered the survey 174 disclosed having a disability, long-term illness or health condition. We didn’t offer any definitions or ask any further questions so do not know if it’s in relation to, or entirely separately of, the participants’ disclosures of mental health difficulties.

Quantative Data Overview



In this section we first provide an overview to responses across the survey and then look in further detail at the factors that predict response for these questions. Further data analysis has been conducted to identify factors that predict responding on key questions through the survey. For each question summarised below, we assessed whether any of the data in the survey predicted responses. We report here what we feel to be the significant or informative findings. Throughout we report statistical analysis with p values which indicate the probability of the observed result assuming our null hypothesis is true. Where p values are greater than $p = .05$, we assume that there is a substantive risk that the result was a chance observation.

Involvement in the university and local LGBTQ+ community

University students and recent graduates were asked whether they felt, or had felt, part of the university LGBTQ+ community or part of the local LGBTQ+ community. Respondents identified their involvement on a five-point Likert scale from 5 (Yes, definitely) through to 1 (No, not at all). The data had a bimodal distribution, indicating that while some students (approximately 52% for university community and 25% for local community) felt a strong engagement with the LGBTQ+ community, others (approximately 28% for university community and 54% for local community) felt a low level of engagement. Very few respondents (less than 5%) identified a moderate level of involvement.

Students were more likely to be involved in the university, than local, LGBTQ+ community and it was unlikely that students not involved in the university community would be involved in the local LGBTQ+ community – that is involvement in the local LGBTQ+ community was predicted by involvement in the university community.

Students identifying as having a disability were not significantly more likely to be involved in either the university [$t(189) = 1.08, p = .281$] or local [$t(343) = 1.80, p = .073$] LGBTQ+ communities.

Year of study predicted involvement in the university community [$F(1, 334) = 1.42, p = .036, R^2 = .01$] with students in higher year groups feeling more involved. While this effect is significant, the effect size is very small, with year of study predicting only 1% of the variance in involvement in the university community. The same relationship was not observed with the local community, here there was no significant relationship between year of study and community involvement [$F(1, 342) = 3.16, p = .076, R^2 = .01$].

Across the analysis we consider two different categorisations of gender and the interaction between the two. The first categorisation considers the distinction between cis (male or female), trans (male, female or other) or undefined. We refer to this factor as GenderCTU. The second categorisation considers the distinction between male (cis, trans or unidentified), female (cis, trans or unidentified) and other. We refer to this factor as GenderMFO. Considering involvement in the university community, there was no significant effect of either GenderMFO [$F(2, 375) = 2.07, p = .128, \eta^2 = .01$] or GenderCTU [$F(2, 375) = 2.32, p = .099, \eta^2 = .01$] and no significant interaction between these factors [$F(2, 375) = 1.89, p = .152, \eta^2 = .01$]. The same pattern was observed with the local community, with no significant effects or interactions.

Looking at sexual orientation, we have only run analysis for the most commonly described orientations, as there are problems with statistical analysis comparing small and large sample sizes. We have thus left out questioning (N = 6), heterosexual (N = 4) and nonconforming (N = 3) respondents. Data for involvement is shown in Table 1. Sexual orientation did not significantly predict involvement in the university community [$F(4, 360) = 2.06, p = .086, \eta^2 = .02$]. However, involvement in the local community did differ significantly between individuals with differing sexual orientation [$F(4, 364) = 3.83, p = .005, \eta^2 = .04$]. This again is a small effect. The overall effect reflected one specific difference; queer students were more likely to be involved in the local LGBTQ+ community than gay students [$t(122) = 3.37, p < .001$].

Orientation (N)	Involvement in the University Community (Standard Deviation)	Involvement in the Local Community (Standard Deviation)
Bisexual/Pansexual (N = 158)	3.28 (1.33)	2.59 (1.41)
Gay (N= 77)	3.38 (1.41)	2.17 (1.25)
Lesbian (N= 49)	3.43 (1.37)	2.20 (1.15)
Queer (N= 47)	3.91 (1.15)	2.98 (1.38)
Asexual (N= 38)	3.53 (1.41)	2.26 (1.22)
Total (N= 369)	3.43 (1.35)	2.47 (1.34)

Table 1: Sexual orientation and involvement in university and local LGBTQ+ community, where involvement is rated on a five point Likert scale from 5 (Yes, definitely) through to 1 (No, not at all).

Thoughts on mental health and peer support

All respondents were asked to what extent they agree with the statement ‘Young LGBTQ+ people have higher rates of poor mental health, self-harm and suicide than their non-LGBTQ+ counterparts.’ The majority (93%) of respondents agreed with this statement.

Respondents were also asked to what extent a peer support programme focused around mental health for students identifying as LGBTQ+ could be useful or beneficial for students. The majority (89%) of respondents identified that they thought peer support could be beneficial. A further 77% of student and recent graduate respondents identified that they would have engaged with a such a programme.

Students, graduates and staff differed significantly in their beliefs about the benefits of peer support [F (2, 463) = 4.67, p = .010, $\eta^2 = .02$]. University staff (x = 4.61, SD = 0.55) were significantly more likely to agree that peer support would be beneficial than students (x = 4.34, SD = 0.76) [t (420) = 2.92, p = .004]. In terms of their beliefs of the benefits of peer support, neither students and graduates (x = 4.46, SD = 0.55) differed significantly [t (394) = 1.01, p = .313], nor did graduates and university staff [t (112) = 1.52, p = .132].

There were no significant differences in beliefs of the benefits of peer support based on GenderCTU or GenderMFO and this did not interact with student/staff status. Similarly, there were no significant differences based on sexual orientation or disability.

Willingness to engage was not predicted by year of study, gender, sexual orientation or disability.

However, willingness to engage in peer support was predicted by belief in the benefit of peer support, [nagelkerke $R^2 = .21$, $\chi^2 (1) = 46.42$, p < .001, Exp(B) = 3.53, 95% CI (2.45, 5.07)]. Individuals who thought peer support was beneficial, were 3.53 times more likely to express a willingness to engage in peer support than those who thought peer support would be less beneficial. After considering students’ opinions on the benefit of peer support, involvement in the local LGBTQ+ community explained a further proportion of the variance in willingness to engage with peer support, [$\chi^2 (1) = 15.00$, p = .001, Exp(B) = 1.57 (1.25, 1.98)]. Taken in combination these factors suggest that students who believe that peer support has benefits and are engaged in the local LGBTQ+ community are more likely to engage with a peer support programme.

If you were to take being involved in the LGBTQ+ community as a proxy measure for comfort and confidence in identifying as LGBTQ+, it may suggest that a peer support programme would be less effective at reaching out to the students who are not confident and comfortable publicly acknowledging their LGBTQ+ identity.

Help-seeking and current support provision

Using an adapted version of the General Help-seeking Questionnaire (Wilson, Deane, Ciarrochi, & Rickwood, 2005) we asked university students who they had sought help or advice from for personal or emotional problems. Options included a friend, parent, family, professional, telephone helpline, GP or personal tutor. Students identified that they had sought help or advice from a number of sources:

- Friends: 367 (93%)
- Professionals: 297 (75%)
- Parents: 290 (73%)
- GP: 249 (63%)
- Academic Tutor: 194 (49%)
- Family (not parents): 156 (40%)
- Telephone helplines: 119 (30%)

Students are most likely to seek help from friends and least likely to seek help from telephone helplines. Professionals and parents came closest to friends in terms of popularity for help-seeking, however students were still significantly more likely to seek help from friends than parents [$\chi^2(1) = 84, p < .001$] or professionals [$\chi^2(1) = 98.75, p < .001$].

On average students identified 4.12 (Standard Deviation = 1.24) individuals or organisations from whom they had sought help. The most common number (mode) was 4. Only 5 respondents (1.7%) identified that they had not sought help or advice from any of these sources of support.

Students were also asked how helpful they had found the support they had sought. This was rated on a five point Likert scale from 1 (very unhelpful) through to 5 (very helpful). A summary of helpfulness ratings is shown in Table 2.

	Average (mean) rating	Standard Deviation	Median rating
Friend (not related to you)	4.15	0.88	4
Mental health professional (e.g., University counsellor, psychologist)	3.69	1.20	4
GP / family doctor	3.26	1.31	4
Tutor / other member of academic teaching	3.15	1.28	4
Family member / other relative (not a parent)	3.14	1.24	3
Helpline (e.g., hopeline, Samaritans, nightline)	3.09	1.23	3
Parent	3.05	1.35	3

Table 2: ratings of helpfulness of sources of help and advice for personal and emotional problems.

Students are likely to seek help from friends and have positive experiences seeking help from friends. They are also likely to seek help from professionals and parents, however their experience with help-seeking is more positive with professionals than parents. Repeated measures analysis of variance indicates significant differences in the experience of help-seeking across these different sources [$F(6, 264) = 10.14, p < .001, \eta^2 = 1.87$]. Specifically, experience seeking help from friends is significantly more positive than seeking help from any other source [$t(279) = 6.11, p < .001$]. Following friends, experience seeking help from a professional is significantly more positive than help-seeking from any other source; the smallest difference was [$t(173) = 4.24, p < .001$]. The experience of seeking help from a GP did not differ significantly from seeking help from a parent [$t(199) = 1.59, p = .113$] or other family member [$t(112) = 1.48, p = .142$] and was only marginally more positive than seeking help from a tutor [$t(157) = 2.32, p = .022$]. However, seeking help from a GP was significantly more positive than experience with helplines [$t(100) = 3.40, p = .001$]. There was no significant difference in experience seeking help from parents compared to other family members [$t(146) < 1, p = 1.00$], helplines [$t(90) < 1, p = .776$] or tutors [$t(153) < 1, p = .812$].

Students in lower year groups were likely to have sought help from fewer sources of support, [$F(1, 339) = 4.23, p = .041, R^2 = .01, B = 3.23 (2.90, 3.56)$]. Though significant, this effect is small. GenderMFO was a significant predictor of help-seeking [$F(2, 375) = 3.32, p = .037, \eta^2 = .017$]; men had sought support from significantly fewer sources than women [$t(298) = 2.18, p = .030$] or students identifying their gender as other [$t(177) = 2.77, p = .006$]. GenderCTU was also a significant predictor of help-seeking [$F(2, 375) = 4.21, p = .016, \eta^2 = .022$]; cisgender individuals had sought support from significantly fewer sources of support than trans individuals [$t(159) = 2.41, p = .017$]. Sexual orientation was a further significant predictor of help-seeking [$F(4, 361) = 3.13, p = .015, \eta^2 = .034$]. Specifically, bisexual / pansexual students had sought support from significantly more sources of support than gay [$t(232) = 2.01, p = .010$], lesbian [$t(206) = 2.06, p = .040$] or asexual [$t(164) = 2.54, p = .012$] students. Disabled students had sought support from significantly more sources of support than non-disabled students [$t(340) = 4.91, p < .001$].

The range of help-seeking was positively correlated with willingness to engage in peer support [$r(390) = .106, p = .037$], but was not significantly correlated with either a belief that peer support would be beneficial [$r(390) = .089, p = .090$] or involvement in the university [$r(384) = .001, p = .983$] or local [$r(388) = .093, p = .058$] LGBTQ+ community.

Respondents were asked whether there was a need for further support specifically for LGBTQ+ students at the university. The majority (79%) of respondents agreed there was a need for further support. Compared to university staff, students were significantly less likely to report that LGBTQ+ students needed further support [$t(421) = 2.60, p = .010$]. However, students in a higher year were more likely to think further support is necessary [$F(1, 345) = 5.67, p = .018, R^2 = .02, B = 3.84 (3.63, 4.04)$]. Disabled students were significantly more likely to identify that LGBTQ+ students need more support [$t(408) = 2.01, p = .045$].

Qualitative Data Overview



Respondents were asked open-ended questions, providing the opportunity for more detailed answers. Responses were double coded and thematically analysed. A summary of the responses provides a broad overview to respondents' attitudes and opinions.

What do you think would make a peer support programme for LGBTQ+ students successful?

There were 281 responses to this question; 27 Graduates, 58 University staff members, 196 students. Of the responses, 19 themes were isolated. These have been summarised in Table 3 below.

		Total Mentions	Staff Mentions (% staff)	Grad Mentions (% graduates)	Student Mentions (% students)
1	Peer to peer – for a peer support programme to work, it needs to be genuinely run by individuals with experience (i.e., an LGBTQ+ identifying student) for students with similar lived experience	56	9 (16%)	5 (19%)	42 (21%)
2	Accessibility is an issue – need to focus on how to ensure that this programme is accessible. To address this, it may be necessary in part for the programme to be online.	41	11 (19%)	3 (11%)	27 (14%)
3	The programme needs to be openly accessible to all and look beyond LGBTQ+ - that is, the focus should be on mental health rather than purely on sexual identity	30	3 (5%)	6 (22%)	21 (11%)
4	The programme needs to remain mindful and supportive of subdivisions within the LGBTQ+ community and be particularly careful about providing support to bisexual, transgender and asexual students, who may otherwise feel excluded from other LGBTQ+ societies	29	2 (3%)	6 (22%)	21 (11%)
5	Good training and support for peer supporters is essential	28	9 (16%)	3 (11%)	16 (8%)
6	The programme should remain fun, friendly and informal	27	5 (9%)	3 (11%)	19 (10%)
7	Anonymity and confidentiality is important	27	2 (3%)	3 (11%)	22 (11%)
8	The programme needs to be mindful of intersectionality and remain inclusive to minority groups	23	4 (7%)	4 (15%)	15 (8%)

9	Engagement is going to be an issue: Good publicity will be essential	23	5 (9%)	2 (7%)	16 (8%)
10	Peer support must be non-judgemental , non-patronising and supportive	23	1 (2%)	4 (15%)	18 (9%)
11	We need to consult students in the development of this programme and collaborate with existing societies and support systems	20	8 (14%)	0 (0%)	12 (6%)
12	Professional and trained staff should be involved	15	7 (12%)	1 (4%)	7 (3%)
13	The programme should be flexible (to accommodate needs and difficult time schedules) while also being regular and consistent	16	6 (10%)	2 (7%)	8 (4%)
14	The programme should provide advice and guidance	10	1 (2%)	0 (0%)	9 (5%)
15	One-to-one mentoring may be a good idea	9	3 (5%)	0 (0%)	6 (3%)
16	There were a number of mentions of LGBTQ+ societies – these ranged from encouraging engagement with, to ensuring the programme is different from	9	1 (2%)	0 (0%)	8 (4%)
17	There may be a need to have a particular focus on coming out	8	1 (2%)	0 (0%)	7 (3%)
18	Include role models and guest speakers	4	2 (3%)	1 (4%)	1 (1%)
17	The programme should be closed and private	3	0 (0%)	1 (4%)	2 (1%)

Table 3 - Respondents' mentioning of themes associated with successful programmes

Binary logistic regression was used to test whether staff and students differ in their likelihood of mentioning different topics. The data, summarised in Table 4, confirms that in general staff and students did not differ in their identification of relevant factors. There was one exception, relating to the theme of staff involvement in the peer support project; compared to student respondents, staff responding to the survey were significantly more likely to identify that trained staff should be involved in the programme [Nagelkerke R^2 (1) = .059, $p = .019$].

		Odds ratio (Exp(B))	Confidence Intervals	Significance
1	Peer to peer	.27	.31, 1.48	.326
2	Accessibility	.16	.68, 3.17	.332
3	Open	.46	.13, 1.58	.215
4	Subdivisions	.30	.07, 1.31	.109
5	Good training	2.07	.86, 4.96	.104
6	Fun, friendly and informal	.88	.31, 2.47	.806
7	Anonymity and confidentiality	.28	.06, 1.24	.094
8	Intersectionality	.89	.29, 2.81	.848
9	Engagement	1.06	.37, 3.03	.912
10	Non-judgemental	.17	.02, 1.33	.092
11	Collaborate	2.45	.95, 6.33	.063
12	Trained staff	3.71	1.24, 11.05	.019
13	Flexible	2.71	.91, 8.16	.076
14	Advice and guidance	.37	.05, 2.94	.343
15	One-to-one mentoring	1.73	.42, 7.13	.450
16	LGBTQ+ societies	.41	.05, 3.37	.408
17	Coming out	.47	.06, 3.93	.489
18	Role models	6.96	.62, 78.22	.116
17	Closed and private	n/a		

Table 4 - Analysis of the difference between student and staff responses

Extending beyond this summary, we discuss a more detailed overview to the responses to this question.

Student led vs. Staff involvement

While many respondents identified that for the programme to be a success, it should be led by LGBTQ+ students for LGBTQ+ students, some respondents felt it was important for trained staff to be involved.

On Student Led:

Students stress the need for empathy and the ability to talk to others who have been through the same experience and who understand.

“It’s good for people to chat to others that can empathise, not just sympathise. It makes their support far more powerful.”

“It would offer another outlet for LGBTQ+ students to chat about their experiences with peers in a way that is not directly connected to their individual university.”

“Sometimes, with some things, it helps to not have to explain things that are common amongst LGBTQ+ students but not known by straight people. Also, sometimes, I don’t feel as comfortable sharing aspects of my life with non-LGBTQ+ people.”

“Mental health is something I have definitely struggled with in relation to my sexuality, and I think a peer support programme would provide a listening outlet for someone undergoing the same struggles”

On the importance of staff involvement:

Some respondents are simply flexible about whether this support is provided by students or staff.

“One to one advice from other students or staff who are trained to give support in all areas would be a fantastic benefit. If students are facing a tough time, even just a quick text or a five minute chat would mean that much difference. We have a strong international / interfaith community on campus, where LGBTQ students might struggle with their identity given strong influences from their own friendship groups. Having that one person to talk to and confide in, or even having some sort of anonymous support programme would make a huge difference.”

Others stress clear benefits of engaging trained staff.

“Anonymity, confidential and possibly run by a staff member employed for that only, meaning no conflict of interests in study”

“Bear in mind that this would require the unpaid labour of other LGBTQ students, rather than the professional support of which more is often sorely needed.”

Others simply specify that the staff involved should be LGBTQ people too.

“Groups sessions to talk about things that effect LGBTQ people, staff involved being LGBTQ so as they have an understanding of the issues...”

Informal, relaxed and friendly,

Many individuals identified that they wanted a programme that was informal, relaxed and friendly. However, a number noted that part of a good peer support programme should be clear ground rules, including an agreed goal to be non-judgemental. Students want a programme that is friendly, inclusive and welcoming.

“Having someone leading it. Making information really accessible beforehand so that people can feel comfortable planning to attend and know what to expect. Having leaders who will include anyone new so it doesn't become clique-y.”

Responses also indicate that the leaders' personalities and approach to the programme is important.

“Warmer representatives in the LGBTQ group on campus. The current representatives aren't the nicest people.”

“Lack of cliques/exclusivity amongst committee/the peer supporters network (because this makes people worried that they will gossip).”

Some students are looking for peer support that is delivered in a fun and informal way.

“Could be as basic as having someone point out the queer-friendly bars/cafes etc.”

“A variety of fun events, i.e. sport, pub, days out, to suit as many people and coax as many of them out of their shells as possible”

Equally, respondents recognise that some structure is necessary and may be beneficial.

“Clear rules that make the program safe for everyone, so for example the rules would have to include kicking out terfs/biphobes/ other people who openly hate other people in the community.”

“Anonymity, counselling support for student peer support workers, strict rules and guidelines”

Open and accessible, but safe

Many respondents identified that the programme needs to be open. For some this openness relates to including individuals who are not active members of the LGBTQ+ community and those who sometimes feel excluded from the current LGBTQ+ scene.

“The program should be well-advertised such that those who are not active members of the community can use it.”

“Being fully inclusive including the consistent use of LGBTQ+ to make sure that those identifying as a ‘+’, because they don’t fit into the L, G, B, T, Q or straight categories, can benefit and not feel further marginalised, especially as ‘+’ people are perhaps even more likely to have worse mental health due to a greater sense of loneliness and without as many support resources available to them.”

Conversely, openness may also be about avoiding labels and stereotypes and ensuring that students do not feel like they are being “put in a box” or getting targeted treatment.

“Identifying that LGBTQ+ does not mean that you’re any different to anyone else - personally I don’t like the whole labels thing helps because I think sexuality/gender is more complicated than categorising it as one thing, and really, it shouldn’t make a difference to how you are treated.”

Further, openness is important to ensure that the programme is accessible to individuals who were not ready to or prepared to “come out.” The programme should be able to support those who are still unsure of their identity.

“I think sometimes calling it LGBTQ+ scares people off - I haven’t participated in any of the LGBTQ+ society events because I would be worried they would ask me what I identify as, and I wouldn’t know what to say. I have found the easiest way of talking about it is within the Women’s Football Club, with my friends and peers there. Perhaps a peer support group should be encouraged within clubs and societies, that are inclusive of everyone, but encourage people to talk about their sexuality/gender.”

“Don’t make it “obviously” for lgbtq i.e rainbows etc - not everyone at uni is out to their friends and won’t want to raise suspicion”

At the same time, a number of people stressed that the programme would need to be a safe space and a smaller number specified that to ensure this safety, the programme needed to be closed and private.

“As a bisexual woman I always found it difficult to engage in the lgbtq+ community, so something around safe spaces for all identities, which is private and doesn’t require ‘outing’.”

“Making it private so it doesn’t out people about their lgbtq+ status or their mental health situation.”

In terms of accessibility, a number of respondents suggested that there may be benefits to an online programme.

“Having an online platform so that students don’t need to travel to meet others. Offering a space for students to talk about a variety of things in a safe, non-judgemental place.”

“Some students may find it difficult to talk face to face, so the programme could incorporate different delivery formats (e.g., email, telephone).”

Collaborative and yet distinct from existing provision

A number of respondents highlighted that students should be consistently consulted and that the development of a programme should ensure collaboration and involvement with existing support structures, including LGBTQ+ societies, counselling and the Students' Union.

"a link with the LGBT+ society to promote it amongst the students."

"The LGBT+ society and Students' Union need to communicate and coordinate activities together. The relationship is strained and lacks trust."

However, it is also important to note that there were a number of negative comments about LGBTQ+ societies, which some described as not inclusive and too focused on socialising. Balance is clearly essential here.

Shared experience with information and education

In identifying good peer support, many individuals stressed that the programme should be based around shared experience.

"Discussing issues with people who are likely to have a similar background, learning from others and not feeling alone in the face of oppression / in moments of personal difficulty."

"Lived experience of similar issues provides an excellent foundation for the provision of support to others, although some introductory training in counselling skills and involvement of volunteers in some appropriate workshops may be beneficial."

"Sometimes, with some things, it helps to not have to explain things that are common amongst LGBTQ+ students but not known by straight people. Also, sometimes, I don't feel as comfortable sharing aspects of my life with non-LGBTQ+ people."

Some respondents, however, also noted that the programme should include / provide useful advice, guidance and education.

"Peer-led discussion groups on specific mental health issues in relation to specific lgbtq+ issues for discussion, support and advice."

"A combination of more buddy-like interactions to support people and more general guidance on different issues that may affect LGBTQ+ people (e.g. navigating the workplace, coming out, dealing with mental health issues and/or hostility)."

"Maybe offering advice on how to come out to your parents/ friends and family back home."

This divergence in opinion needs to be handled with care as there are conflicting views amongst the respondents.

Intersectionality and subdivisions

Many respondents noted that it is essential for this programme to be inclusive, recognising the additional stresses and strains of those facing intersectional challenges and welcoming all subdivisions within the LGBTQ+ community. For some, this extended to a request that peer support matches on subdivision – support for transgender students should be provided by transgender students etc.

“Inclusivity, and remembering ‘LGBTQ+’ isn’t a catch-all. Think about age, race, religion, culture, background etc. There’s multiple aspects that affect people, especially with mental health and stigma in different parts of society, but obviously LGBTQ+ people have some shared experience. Maybe you could have a group of people to represent different groups at uni to help establish the program rather than just top-down dictate it.”

“I believe that such an initiative would find the most success if it’s ensured that those running it at any respective Uni are as representative as possible of the broad spectrum that is LGBTQ+. Moreover, and rather bluntly, this also includes variety in terms of personalities and even attitudes towards how to help others - i.e. LGBTQ+ groups run the danger of feeling a bit like echo chambers in this regard, incorporating a demonstrably flawed ‘one sizes fits all’ approach. It’s important to let people know that being LGBTQ+ defines them only as much as they feel it does - for some it’s a key facet of their being, for others it’s nothing more than a superficial detail that really says nothing about them as people. What some students find empowering, others will find demeaning, patronising and close-minded.”

“A real focus on intersection, being BAME and LGBT for example makes it that much harder to fully feel comfortable with oneself in both the LGBT community and that at home.”

“Ensuring that further division of intersections are available (e.g. ensuring bi mentors, transmasculine mentors, non-binary mentors, disabled mentors etc.).”

Good peer support

There are many key components that peer support would need to meet, such as being a non-judgemental and safe space, and peer supporters would need to receive good training.

“Inclusivity, judgement free zone, a fun environment (not too clinical as this can be triggering for some people).”

“Honesty, kindness, acceptance.”

“Accessibility, inclusion, confidentiality, trust, good organisation.”

“In my experience, mental health issues among the LGBTQ+ community can at times be quite serious. Peer support mentors would therefore require thorough training. The possibility of having a healthcare professional to contact might be helpful should they need to discuss (debrief) issues raised during the programme.”

Anonymity and confidentiality

Anonymity and confidentiality remains an issue of concern for many respondents.

“Anonymity, confidential and possibly run by a staff member employed for that only, meaning no conflict of interests.”

“More chances to start off anonymously.”

Engagement

Many recognise that engagement could be a challenge. Good engagement will be essential for the programme to be a success. Hence, getting the publicity right will be key. The publicity needs to reach out to specific groups while also being open and inclusive.

“It could be difficult to engage people and to gain their trust.”

“A clear definition of who is eligible for said support, i.e. inform students that this programme is for LGBTQ students and what that means so that students who are unsure of their identities can find something they relate to (such as being bisexual, or transgender) and recognise that this support is for them.”

Flexible but consistent

There needs to be flexibility in the programme so that students can attend when they want to but do not feel an obligation to go. At the same time, students note they would like regular support and for the programme to be successful it needs to be consistent. Some note that there are challenges in the consistency of any student run initiative.

“Making sure the mentors are dedicated to the programme - I have been involved in peer support programmes before that petered out because the mentors just relied on mentees coming forward with ideas or issues, when most of the time there needs to be more structure to help mentees.”

One to one vs. group support

While many note that they would like some form of informal group support, a number specifically mention having mentoring or a buddy system.

“Group sessions as well as one on one support.”

“Match students of similar orientation, etc. with others at university to show them how can one cope with mental health in a more real setting.”

“Perhaps an LGBTQ+ family scheme could be put in place for people who choose to be involved. If somebody encountered a problem, they could contact their “parents” for honest, non-biased advice.”

There are some divergent opinions here – while some would like a family type system, where older students mentor younger students, others stress that successful peer support would need everyone in the system to be equal.

“If it’s also open to people who aren’t sure about their identity. And if it’s truly peers (so not graduate getting support from first year undergrad).”

“Giving younger students someone of the same identity to speak to, as it can be hard to find people, especially for the trans and non-binary people.”

What initiative would you like to see Student Minds develop?

There were 203 responses to this question; 20 graduates, 45 university staff members, 138 students. Of these responses 12 themes were isolated. These have been summarised in Table 5 below.

		Total Mentions	Staff Mentions (% staff)	Grad Mentions (% graduates)	Student Mentions (% students)
1	Awareness raising – whether this is through campaigns or education programmes, work should be done to raise awareness of LGBTQ+ challenges	50	13 (29%)	5 (25%)	32 (23%)
2	Conversation – the focus of any Student Minds programme should be on encouraging and enabling supportive conversation	48	9 (20%)	4 (20%)	35 (23%)
3	Professional support with more counselling and more LGBTQ+ focused counselling provision.	41	5 (11%)	5 (25%)	31 (22%)
4	Build understanding for LGBTQ+ issues, by enabling support to be provided by LGBTQ+ individuals and individuals with specific expertise or facilitating staff training	30	4 (9%)	6 (30%)	20 (14%)
5	Social activity developing from and reaching beyond the current LGBTQ+ society activities to ensure activity is inclusive for all	25	2 (4%)	1 (5%)	22 (16%)
6	Respondents specified the ideal nature of a Student Minds programme, such that it should be flexible, open, diverse, anonymous, confidential and supportive of integration	20	4 (9%)	2 (10%)	15 (11%)
7	Advice and information	12	4 (9%)	1 (5%)	7 (5%)
8	Policy work to improve university provision and inclusivity	11	4 (9%)	2 (10%)	5 (4%)
9	Focus on specific issue including transgender rights	9	1 (2%)	1 (5%)	7 (5%)
10	Provide online support	10	2 (4%)	1 (5%)	7 (5%)
11	Collaborate with existing student societies	6	4 (9%)	0	2 (1%)
12	Represent LGBTQ+ students	3	2 (4%)	0	1 (1%)

Table 5 - Respondents' mentioning of initiatives

Binary logistic regression was used to test whether staff and students differ in their likelihood of mentioning different topics. This is shown in Table 6 on the next page.

		Odds ratio (Exp(B))	Confidence Intervals	Significance
1	Awareness raising	1.35	.63, 2.67	.442
2	Conversation	.34	.32, 1.68	.466
3	Professional support	.43	.16, 1.19	.104
4	Build Understanding	.58	.19, 1.78	.338
5	Social activity	.25	.06, 1.09	.064
6	Describing the format / style	.80	.25, 2.55	.706
7	Advice and Information	1.83	.51, 6.55	.356
8	Policy work	2.60	.66, 10.12	.170
9	Focus on specific issue	.43	.05, 3.55	.430
10	Provide online support	.87	.17, 4.35	.866
11	Collaborate	6.63	1.17, 37.53	.032 (.106)
12	Represent	6.37	.56, 72.00	.134

Table 6 - Analysis of the difference between student and staff responses

This analysis confirms that in general staff and students did not differ significantly in terms of the focus they felt Student Minds should take in development of new initiatives. The exception is opinions about collaborative work. Compared to students, staff responding to the survey were more likely to suggest that future initiatives should be developed in collaboration with existing Students' Union societies, Nagelkerke R2 (1) = .106, $p = .032$.

Overview:

Raise awareness and change university and national policies.

Many respondents focused on awareness raising, understanding and policy work. These respondents recognise that, while additional support may be beneficial, greater social acceptance of LGBTQ+ individuals may reduce the need for additional support.

"Maybe campaigns to raise awareness of the problems faced by LGBTQ+ students? Or campaigns to improve the representation of LGBTQ+ students in the media. Challenging the heteronormative cultures of university (e.g. ideas like how guys might go to a club to 'get' a girl or vice versa, and doing anything else is seen as strange). Trying to raise acceptance of LGBTQ couples in all occasions and in reality, rather than just at queer club nights, or as a side-line in a story."

"Awareness of higher prevalence of mental health difficulties in the LGBTQ+ population through low-level campaigns, e.g. posters, stalls on campus. Talks from LGBTQ+ mental health advocates in conjunction with University wellbeing services to facilitate discussions and provide information about support options available at University and externally."

Calls for awareness raising urged initiatives to reach out beyond the LGBTQ+ community.

"I also think it would be helpful to have workshops for everyone even those not on the spectrum to teach people how to respond when friends or family are coming out because I feel a lot of people come from backgrounds where they don't know a lot and can be unknowingly insensitive or ignorant for example before I got the chance to tell most of my friends one of the people I told first went round telling everyone which he didn't do in a malicious way but it made the whole situation so much more difficult for me."

“A presence at Pride events across the country (you can invite volunteers at universities to support this also!). A training programme similar to LAYM for challenges faced by LGBTQ+ issues and raising awareness e.g. use of language - this would need to be opened up to ALL students to make it a real success not just those who identify as LGBTQ+ as they are more likely to turn up anyway in my experience. A campaign to embed into the curriculum some teaching about LGBTQ+ challenges for students studying courses such as Nursing, Teaching, Social Work, Law etc.”

Beyond awareness raising, some respondents identified that Student Minds may be well placed to develop policy work and resources to facilitate national change.

“Peer support is a good start but I think most problems are structural. Student Minds is well placed to work on tool kits enabling students to be activists for change at a high level, focusing on funding for students (especially estranged ones, likely lgbtq) and welfare policies.”

“The university taking a lead on LGBT specific support & initiatives. It is absolutely exhausting as an LGBT student detailing personal issues to help and support others as well as organizing initiatives & publicizing about LGBT specific support etc. The university need to understand & announce PUBLICLY the specific supports available for LGBT students “

“Lobbying for more funding into mental health counselling at universities, lobbying to get counsellors at universities trained in LGBT+ issues so that when they do have a LGBT+ student come to them they don’t say something that could be potentially very harmful.”

Facilitate inclusive and safe conversation and social activities.

Respondents identified that the focus of any Student Minds programme should be on encouraging and enabling supportive conversation, with initiatives adopting the guiding principles of flexibility, openness, diversity, anonymity, confidentiality and integration.

“I would like to see a peer support programme developed where students are able to contact mentors for help and advice, even if it’s just for some company. I have met so many LGBTQ+ people who suffer from loneliness and isolation. Reasons for this include losing friends due to prejudice or their families emotionally abusing them or cutting off contact with them when they come out.”

“A mentoring system which enables younger or closeted LGBTQ students to speak in confidence with older or more informed LGBTQ people; this would facilitate the sharing of coping strategies and advice which could drastically improve and even save lives.”

Some of the suggestions around conversation focused less on creating new initiatives and more upon improving current provision.

“Encouraging people who are already friends to talk about it. I know sometimes talking to a stranger is useful, but I think sometimes it does take a lot of explanation, and the acceptance we seek is usually from our friends and peers anyway.”

“More work into LGBT+ and sports, sport, especially team sport, is great for mental health but there are many barriers.”

Others suggested conversations that stretched beyond the LGBTQ+ community;

“Engaging with allies as well as the struggling individuals - incorporate friendship groups, normalise - bring to events”

Stronger professional support, including more counselling, focused on LGBTQ+ issues and better training for support providers.

Some respondents identified that either in addition to, or instead of, peer support, they would like to see more and better professional support.

“I think a peer group would work well. I think it would also help if support services received better training on dealing with LGBT+ individuals, as disclosing you are LGBT+ can sometimes feel like an automatic creation of distance between you and who you’re seeking support from. I feel also sometimes a willingness to write off LGBTQ+ mental health issues as directly relating to their identity, which for me often acts a barrier to meaningful help.”

“Work on making all mental health services LGBTQ+ friendly, probably this is a better idea than having specific groups for queer people because mental illness is so diverse that there would have to be lots of different groups and it would just get too complicated”

Some respondents described intervention approaches that would be best led by professionals.

“Targeted work on self-esteem. Perhaps discussion groups which are like group therapy but with a specific angle on discussing identities, for those who are questioning their sexuality/gender. And discussion groups for those who have experienced abuse/trauma/bullying because of their identity.”

Respondents identified a gap in the provision of expert professional support and suggested that this should be addressed.

“Well, the biggest issue is that universities don’t have enough counsellors/money put towards counselling to meet demand. So actually being able to access support would be the first step. So lobbying universities to adopt a reasonable ratio of student to counsellors. After that, they should employ LGBTQ counsellors (as well as BME counsellors), or people who have specialist training in that area. Having someone you can relate to, and someone you don’t have to explain your identity to was life changing for me.”

“Professional counsellors specialising in gender identity issues would be useful”

Other respondents identified that counsellors and university staff need better LGBTQ+ training.

“I think it would be helpful for university staff to receive appropriate training in how to help students who they suspect might be suffering from poor mental health. They should also be aware of specific issues that may impact LGBTQ+ students.”

“Student Minds should develop training packages for staff teams for welfare and academics to undertake, to better understand the intersection and particular difficulties.”

Advice and Information

Some respondents suggested new initiatives should be focused on providing advice and information;

“Peer support is a good start, better understanding and access to sexual health provision is important. Having a lack of knowledge and understand of these issues can cause stress, especially when issues arise. I think there are probably many areas of support that could be offered to LGBTQ+ students to make them feel more at ease with themselves, especially for students from particular backgrounds who may have faced increased levels of homophobia growing up and may not feel like they are able to be themselves (which is exactly what they should be doing at university!)”

“Coming out workshops, guidance for universities on supporting LGBT+ students, including trans students transitioning at university. Targeted information for international LGBT+ students who might come from less accepting cultures.”

Conclusion

Respondents had a diverse range of suggestions and ideas for developing programmes and initiatives to improve LGBTQ+ student mental health. While there is a lot of good practice that can be shared across the Higher Education sector, there are also many new ideas to explore. Respondents were able to identify some values essential to various initiatives, but there was some contrasting opinion around content and delivery. LGBTQ+ students are not a homogenous population - their needs and preferred methods of support vary. But students broadly agree that there is a need for further support, culturally competent support, better signposting, inclusive LGBTQ+ communities and involvement of students in the development of new initiatives.

Existing Organisations and Programmes for LGBTQ+ Students



Student Minds

Student Minds is the UK's student mental health charity. Their programmes supports all students with their mental health but they do also have a range of resources which may be of particular use to LGBTQ+ students.

On their website there are free, open-access resources - 'Transitions' - for students in schools thinking of going to university and students currently at university, both of which have sections helping students understand and think about their own sexuality and gender identity.

They also have a page on their website for LGBTQ+ students which gives information and advice for if students are thinking about coming out to their peers or staff or if they're thinking about transitioning. It also signposts to a range of helpful resources and services.

Gendered Intelligence

Gendered Intelligence is a trans-led, not-for-profit organisation that works to increase understandings of gender diversity and improve the lives of trans people, especially young trans people.

They work throughout England and Wales, offering a wide range of non-judgmental, practical services across all sectors and sizes of organisation.

For HEI settings, we provide staff training; workshops and lectures for students; 1:1 mentoring for young trans people; speakers and panelists for events; broad ranging consultancy around policy / guidance and/or specific situations; stalls for information fairs and more.

Outside the educational setting, they provide youth groups in London, Leeds and Bristol, support for parents and carers, and online resources.

Overall, they work directly with 500+ young trans and gender questioning people across the course of a year, and their experiences inform our wider services.

For more information, visit their website at www.genderedintelligence.co.uk or call their office on 0207 832 5848.

Just Like Us

Just Like Us is the LGBT+ charity for young people. They recruit LGBT+ student ambassadors at our university hubs, and partner with prestigious employers to equip them with the public speaking, facilitation and leadership skills they need to be positive role models for pupils growing up. Their ambassadors visit schools to share their experience growing up LGBT+, bust stereotypes, and explain why LGBT+ equality is everyone's issue.

Over the last two years, they've built a national network of university student ambassadors. Whilst on average less than 4 in 10 LGBT+ graduates start their first job openly LGBT+, after working with Just Like Us over 8 in 10 of their volunteers feel able to come out at work and 74% feel confident in their LGBT+ identity.

If you're interested in finding out more about working with Just Like Us to empower LGBT+ young people, email them at info@justlikeus.org.

Sean Russell Consulting

Sean Russell is the founder of www.getoutstayout.org.uk advising universities and employers on LGBT+ employability and curriculum issues. He regularly speaks at conferences, including Stonewall, the Equality Challenge Unit, and several Westminster Briefings. Previously a secondary school teacher, he moved from teaching to careers advice at the University of Bristol, then Director of the Careers Service at the University of Birmingham and Director of Student Development and Careers at Warwick University where he also had responsibility for student equality and diversity. He is a Senior Fellow of the Higher Education Academy and has been working as a consultant on the University of Birmingham's LGBTQ Inclusive Curriculum project. In 2011, Sean set up an employability mentoring scheme for the University of Birmingham and over 100 LGBT+ students have been matched with 'out' employees across a range of occupations. The scheme provides students the opportunity to discuss coming out strategies in the workplace and also other work-related topics such as work experience, networking, job applications and, most of all, developing their confidence and wellbeing.

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Appendix

LGBTQ+ Definitions

There are a plethora of terms and labels used by the LGBTQ+ community that may be unknown or misunderstood by readers. We acknowledge that the definitions used here and how they're more widely defined does not necessarily align with how respondents would explain their identity. But we hope that these definitions may help the reader understand some terms and identities they may not have been aware of or understood. These definitions were taken from the Comprehensive* List of LGBTQ+ Vocabulary Definitions (Killermann, S., 2017).

Identity definitions

Agender - a person with no (or very little) connection to the traditional system of gender, no personal alignment with the concepts of either man or woman, and/or someone who sees themselves as existing without gender. Sometimes called gender neutrois, gender neutral, or genderless.

Aromantic - experiencing little or no romantic attraction to others and/or has a lack of interest in romantic relationships/behavior. Aromanticism exists on a continuum from people who experience no romantic attraction or have any desire for romantic activities, to those who experience low levels, or romantic attraction only under specific conditions, and many of these different places on the continuum have their own identity labels

Asexual - experiencing little or no sexual attraction to others and/or a lack of interest in sexual relationships/behavior. Asexuality exists on a continuum from people who experience no sexual attraction or have any desire for sex, to those who experience low levels, or sexual attraction only under specific conditions, and many of these different places on the continuum have their own identity labels

Bisexual - 1 a person who is emotionally, physically, and/or sexually attracted to males/men and females/women. 2 a person who is emotionally, physically, and/or sexually attracted to people of their gender and another gender . This attraction does not have to be equally split or indicate a level of interest that is the same across the genders or sexes an individual may be attracted to.

Cisgender - a person whose gender identity and biological sex assigned at birth align (e.g., man and assigned male at birth). A simple way to think about it is if a person is not transgender, they are cisgender. The word cisgender can also be shortened to "cis."

Gay - 1 individuals who are primarily emotionally, physically, and/or sexually attracted to members of the same sex and/or gender. More commonly used when referring to men who are attracted to other men, but can be applied to women as well. 2 An umbrella term used to refer to the queer community as a whole, or as an individual identity label for anyone who does not identify as heterosexual.

Gender non-conforming – a gender identity label that indicates a person who identifies outside of the gender binary.

Heterosexual - a person primarily emotionally, physically, and/or sexually attracted to members of the opposite sex. Also known as straight.

Homosexual - a person primarily emotionally, physically, and/or sexually attracted to members of the same sex/gender. This [medical] term is considered stigmatizing (particularly as a noun) due to its history as a category of mental illness, and is discouraged for common use (use gay or lesbian instead).

Intersex - term for a combination of chromosomes, gonads, hormones, internal sex organs, and genitals that differs from the two expected patterns of male or female. Formerly known as hermaphrodite (or hermaphroditic), but these terms are now outdated and derogatory.

Lesbian - women who have the capacity to be attracted romantically, sexually, and/or emotionally to some other women.

Pansexual – : a person who experiences sexual, romantic, physical, and/or spiritual attraction for members of all gender identities/expressions. Often shortened to “pan.”

Polyamory / polyamorous – refers to the practice of, desire to, or orientation towards having ethically, honest, and consensual non-monogamous relationships (i.e. relationships that may include multiple partners). This may include open relationships, polyfidelity (which involves more than two people being in romantic and/or sexual relationships which is not open to additional partners), amongst many other set-ups.

Queer - used as an umbrella term to describe individuals who don't identify as straight. Also used to describe people who have a non-normative gender identity, or as a political affiliation. Due to its historical use as a derogatory term, it is not embraced or used by all members of the LGBTQ community. The term “queer” can often be use interchangeably with LGBTQ (e.g., “queer folks” instead of “LGBTQ folks”).

Straight - a person primarily emotionally, physically, and/or sexually attracted to people who are not their same sex/gender. A more colloquial term for the word heterosexual.

Transgender - A person who lives as a member of a gender other than that assigned at birth based on anatomical sex.

Other terms

Ally - a (typically straight and/or cisgender) person who supports and respects members of the LGBTQ community. We consider people to be active allies who take action on in support and respect.

Biphobia - a range of negative attitudes (e.g., fear, anger, intolerance, invisibility, resentment, erasure, or discomfort) that one may have or express towards bisexual individuals. Biphobia can come from and be seen within the LGBTQ community as well as straight society

Coming out – The process by which one shares one’s sexuality or gender identity with others (to “come out” to friends, etc.). This is a continual, life-long process. Everyday, all the time, one has to evaluate and re-evaluate who they are comfortable coming out to, if it is safe, and what the consequences might be.

Gender identity - the internal perception of an one’s gender, and how they label themselves, based on how much they align or don’t align with what they understand their options for gender to be. Common identity labels include man, woman, genderqueer, trans, and more. Often confused with biological sex, or sex assigned at birth.

Homophobia - an umbrella term for a range of negative attitudes (e.g., fear, anger, intolerance, resentment, erasure, or discomfort) that one may have towards members of LGBTQ community. May be experienced inwardly by someone who identifies as queer (internalized homophobia).

Heteronormativity - the assumption, in individuals and/or in institutions, that everyone is heterosexual and that heterosexuality is superior to all other sexualities. Leads to invisibility and stigmatizing of other sexualities: when learning a woman is married, asking her what her husband’s name is. Heteronormativity also leads us to assume that only masculine men and feminine women are straight.

Romantic attraction – a capacity that evokes the want to engage in romantic intimate behavior (e.g., dating, relationships, marriage), experienced in varying degrees (from little-to-none, to intense). Often conflated with sexual attraction, emotional attraction, and/or spiritual attraction.

Sexual attraction - a capacity that evokes the want to engage in physical intimate behavior (e.g., kissing, touching, intercourse), experienced in varying degrees (from little-to-none, to intense). Often conflated with romantic attraction, emotional attraction, and/or spiritual attraction.

Sexual orientation - the type of sexual, romantic, emotional/spiritual attraction one has the capacity to feel for some others, generally labeled based on the gender relationship between the person and the people they are attracted to. Often confused with sexual preference.

Transphobia - the fear of, discrimination against, or hatred of trans people, the trans community, or gender ambiguity. Transphobia can be seen within the queer community, as well as in general society. Transphobia is often manifested in violent and deadly means. While the exact numbers and percentages aren’t incredibly solid on this, it’s safe to say that trans people are far more likely than their cisgender peers (including LGB people) to be the victims of violent crimes and murder. Transphobic – adj. : a word used to describe an individual who harbors some elements of this range of negative attitudes, thoughts, intents, towards trans people.



student
minds