



2024 United Kingdom Survey on the Mental Health of LGBTQ+ Young People



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EXECUTIVE SUMMARY

The 2024 United Kingdom (UK) Survey on the Mental Health of LGBTQ+ Young People captures the experiences of over 9,600 LGBTQ+ young people aged 13 to 24 across the UK. This report presents findings on the mental health of LGBTQ+ young people in the UK, in the post-Covid era where hostile national public debates about transgender and nonbinary people are causing concerns regarding young people's mental well-being. The survey found that over half of the participants in our study had considered suicide in the past year, with trans and nonbinary youth reporting significantly higher rates. Additionally, the study highlights that victimization and discrimination, non-accepting school environments, the absence of a trusted adult, and the lack of access to affirming spaces are closely associated with poor mental health outcomes, and were worse for trans and nonbinary youth.

These findings underscore the urgency of developing effective mental health support and proactive suicide prevention strategies for LGBTQ+ young people. The data suggest that the key to preventing suicide, self-harm, and poor mental health in this group of young people is providing LGBTQ+ affirming, accepting, and safe environments in school, at home, and in communities, especially for those who are trans and nonbinary.

Thank you to the LGBTQ+ young people who shared their experiences with us. We hope this report will equip fellow researchers, policymakers, practitioners, and young people with evidence that can be used to improve the lives of LGBTQ+ young people in the UK.

Key Findings

1. In the past year, over half of LGBTQ+ young people (58%) seriously considered attempting suicide and nearly 1 in 5 (19%) attempted suicide.
2. The majority of LGBTQ+ young people reported recent symptoms of depression (62%), anxiety (70%), and self-harm in the past year (58%).
3. Nearly 1 in 6 (16%) LGBTQ+ young people reported being threatened with or subjected to conversion therapy, which was associated with higher rates of mental health concerns.
4. Two-thirds (66%) of LGBTQ+ young people reported discrimination due to sexual orientation, and 68% reported discrimination due to gender identity. Both were associated with higher rates of attempting and considering suicide.
5. More than 1 in 10 (12%) LGBTQ+ young people reported current or previous homelessness due to being kicked out or running away.
6. LGBTQ+ young people who reported being in schools where students were very accepting of LGBTQ+ people attempted suicide at less than half the rate (13%) of those who reported being in schools where students were not accepting of LGBTQ+ individuals (35%).
7. A majority (58%) of LGBTQ+ students said they avoided bathrooms at school due to a fear of safety, and nearly half (45%) said the same about changing rooms.
8. LGBTQ+ young people who reported living in accepting communities attempted suicide at a significantly lower rate (16%) than those who reported living in unaccepting communities (27%).

Methodology Summary

A quantitative cross-sectional design was used to collect data through an online survey platform between April 11, 2023 and May 18, 2023. A sample of LGBTQ+ individuals aged 13 to 24 who resided in the United Kingdom was recruited via targeted advertisements on social media. Participants were asked questions about their mental health, as well as risk and protective factors. The analyses in this report include a final analytic sample of 9,666 LGBTQ+ young people.

Recommendations

Based on the findings, the report strongly recommends:

1. The development and prioritization of LGBTQ+ youth-specific suicide prevention strategies and interventions.
2. Providing supportive, affirming, and safe environments in school, at home, and in communities that are key to promoting the mental health of LGBTQ+ young people.
3. Ensuring transgender and nonbinary young people have gender-affirming environments, which can be life-saving.
4. Implementing a full UK legislative ban on conversion therapy to protect the lives of LGBTQ+ young people.
5. Improving mental health support and care for LGBTQ+ young people.

BACKGROUND

In the UK, LGBTQ+ young people confront several forms of discrimination, marginalization, and prejudice. Although the majority of Britons would support an LGBTQ+ family member (YouGov, 2021), LGBTQ+ people still experience stigma and forms of harassment, which over time cause minority stress (Dürrbaum & Sattler, 2020; Kelleher, 2009; Meyer, 2003). Minority stress may contribute to mental health issues such as anxiety, depression, post-traumatic stress disorder, substance use, and an increased risk of suicide (Amos et al., 2020; Pellicane & Ciesla, 2022). LGBTQ+ people are more likely to report symptoms of poor mental health (Irish et al., 2019; Semlyen et al., 2016). Additionally, LGBTQ+ people are at increased risk of suicide, suicide ideation, and attempts of suicide compared to their heterosexual, cisgender peers (de Lange et al., 2022; Green et al., 2022). Poor mental health and risk of suicide increases for LGBTQ+ people of diverse racial and ethnic backgrounds due to multiple-minority stress (Balsam et al., 2011; Mereish et al., 2023).

The World Health Organization (WHO) has prioritized suicide as a critical public health problem and it is the fourth leading cause of death for young people aged 15 to 29 years (World Health Organization, 2021a). In the UK, the number of deaths by suicide and attempted suicide in young people has risen over recent years. An estimated quarter of young people aged 14 to 17 years have self-harmed, and 10% of young women and 4% of young men in the same age range reported an attempted suicide (Patalay & Fitzsimons, 2020). Just over two-thirds of young people aged 17 to

24 years, and 28% aged 7 to 16 years have ever tried to harm themselves (NHS Digital, 2022). General risk factors of youth suicidal attempts or ideation include bullying, bereavement, relationship breakdown, and academic stress (Bilsen, 2018; Jadva et al., 2023; McDermott et al., 2018; Pitman et al., 2016; Rodway et al., 2020).

LGBTQ+ people have consistently been more likely to consider or attempt suicide globally. LGBTQ+ specific risk factors include social determinants such as low socio-economic status (Jadva et al., 2023; White et al., 2023), experiencing homo- and trans-phobia (de Lange et al., 2022; McDermott et al., 2018), family rejection (Hall, 2018), and lack of support in discussing gender and/or sexual identity (Jadva et al., 2023; McDermott et al., 2018). Trans and nonbinary people are consistently reported as having an elevated risk due to the stigma around such identities (Dickey & Budge, 2020; McDermott et al., 2018; Thoma et al., 2019). LGBTQ+ youth from racial and ethnic minority groups may also experience more internalized stigma or minority stress based on the multiplicity of their minority status (Jaspal et al., 2023). Understanding risks and protective factors for LGBTQ+ young people is vital for developing effective mental health interventions and suicide prevention strategies. Positive actions such as accessing affirming and supportive LGBTQ+ community, LGBTQ+ inclusive schooling (McDermott et al., 2023a; 2023b), increasing self-esteem, and identity resilience can improve mental health (Hall, 2018; Jaspal et al., 2023; McDermott et al., 2018).

Mental health services for young people have varying waiting times across the UK from 35 days to two years (Children's Commissioner, 2024). Research suggests that LGBTQ+ young people in the UK have elevated unmet mental health needs compared to their cis-heterosexual peers and underuse mental health services (McDermott et al., 2018). LGBTQ+ young people have poor overall experiences with mental health services and school-based support (Ellis et al., 2015; McDermott & Roen, 2016; Rimes et al., 2019). Discriminatory and marginalizing experiences include service staff using incorrect names or pronouns, assuming that every young person is cisgender and heterosexual, and asking inappropriate questions (Ellis et al., 2015). Research indicates that effective early intervention mental health support for LGBTQ+ young people must prioritize addressing these cis-heteronormative environments that

marginalize LGBTQ+ identities and mental health problems (McDermott et al., 2021; 2024).

As the United Nations and WHO make clear, mental health is a fundamental human right. Tackling the social determinants of LGBTQ+ youth suicidal distress, such as homophobia, biphobia and transphobia, is key to preventing suicide in LGBTQ+ young people (Marzetti et al., 2022; McDermott et al., 2018). A human-rights approach to suicide prevention and improving LGBTQ+ young people's mental health is necessary because, in the UK as in other countries worldwide, prevention efforts often do not recognize that young people with diverse sexualities and genders may be subject to daily contraventions of their human rights at school, home, online, and from those around them (McDermott & Marzetti, 2023; McDermott et al., 2024).

METHODOLOGY

The content and methodology for The Trevor Project's 2024 United Kingdom Survey on the Mental Health of LGBTQ+ Young People was approved by an independent Institutional Review Board in the United States and the University of Birmingham's Humanities and Social Sciences Ethics Committee.

A quantitative cross-sectional design was used to collect data through an online survey platform between April 11, 2023 and May 18, 2023. A sample of individuals aged 13 to 24 who resided in the UK was recruited via targeted advertisements on social media. No recruitment advertisements were posted onto The Trevor Project's website or social media accounts. Respondents were defined as being LGBTQ+ if they identified with a sexual orientation other than heterosexual, a gender identity other than cisgender, or both. Recruitment was monitored to ensure adequate sample sizes with respect to age, region, gender identity, and sexual orientation. Qualified respondents completed a secure online questionnaire that included a maximum of 77 questions.

Questions on considering and attempting suicide, as well as engaging in self-harm in the past year were taken from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (Johns et al., 2019; Johns et al., 2020). Questions regarding

anxiety and depression were taken from the GAD-2 and PHQ-2, respectively (Lowe et al., 2005; Lowe et al., 2008). Our demographic questions about race and ethnicity were taken from the United Kingdom Office of National Statistics (Office of National Statistics, 2022).

Each question related to mental health and suicide was preceded by a message stating, “If at any time you need to talk to someone about your mental health or thoughts of suicide, please contact:” followed by a list of UK-based, LGBTQ+ affirming psychological chat and hotline services. The McPin Foundation (<https://mcpin.org/>), a UK mental health research charity, facilitated an LGBTQ+ youth advisory group that provided feedback on survey design, recruitment methodology, and recruitment advertisements.

There were 37,893 respondents who consented to start the survey, whom we identified as unique respondents based on reported age, place of residence, sex assigned at birth, gender, sexual orientation, and race/ethnicity, as well as a built-in duplicate identifier. Of those, 21,987 were excluded because their race or assigned sex at birth surpassed a quota. Additionally, 774 were ineligible based on age (younger than 13 or older than 24 years) and country of residence (i.e., outside of the UK). An additional 3,663 respondents were excluded for not meeting demographic requirements, such as not completing the demographic questions on sexual orientation and gender identity and not being LGBTQ+. An additional 1,594 were removed for either not reaching or passing the validity question, and 219 were excluded for taking the survey multiple times. This resulted in an eligible sample of **9,666 LGBTQ+ young people** aged 13 to 24 in the UK.

Chi-square tests were used to examine differences between groups. Comparisons are statistically significant at $p < 0.05$, which means there was a less than 5% likelihood of the results occurring by chance. Only statistically significant findings are included.

This report uses LGBTQ+ as an umbrella term for all non-cisgender and non-heterosexual young people. “Trans and nonbinary” is used as an umbrella term for all non-cisgender young people. This includes trans and nonbinary young people,

as well as genders beyond the binary (e.g., genderqueer, agender, genderfluid, gender neutral, bigender).

Geographic regions are coded as follows: **North East, North West, Yorkshire and the Humber, East Midlands, West Midlands, East of England, London, South East, South West, and I don't know.**

Race/ethnicity categories are coded as follows: White, Mixed/Multiple ethnic groups, Asian/Asian British, Black/Black British, Caribbean or African, and Any other ethnic group [includes Arab].

DEMOGRAPHICS

9 Pie Charts for Age, Sexual Orientation, Gender Identity, Race/Ethnicity, Region, Region in England, Birthplace, Disability, Free School Meals, and Food Security - Slides 5-13

RESULTS

Mental Health & Suicide Risk

Suicide Risk

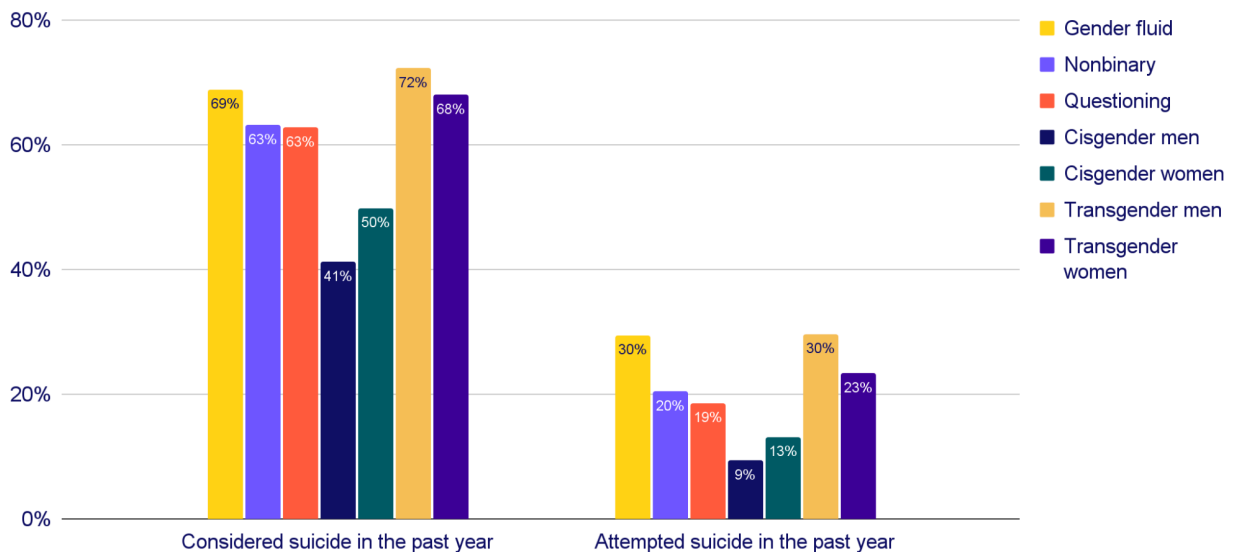
More than half of LGBTQ+ young people (58%) in the UK reported seriously considering suicide in the past year. Nearly 1 in 5 LGBTQ+ young people (19%) in the UK reported attempting suicide in the past year. We found significant differences in past-year suicide risk across subgroups of LGBTQ+ young people in the UK.

- By age, younger LGBTQ+ young people ages 13 to 15 years old reported considering (65%) and attempting suicide (23%) in the past year at higher rates than older LGBTQ+ young people ages 16 to 18 years old (59% for considering and 20% for attempting) and ages 19 to 24 years old (51% for considering and 13% for attempting).
- Across race/ethnicity, higher rates of considering suicide were reported among LGBTQ+ young people from mixed/multiple ethnic groups (63%) and Black/Black British, Caribbean, or African backgrounds (63%) compared to LGBTQ+ young people of other racial/ethnic groups. Similarly, higher rates of attempting suicide in the past year were reported among LGBTQ+ young

people from mixed/multiple racial/ethnic groups (25%) and Black/Black British, Caribbean, or African backgrounds (29%).

- Across sexual orientation groups, pansexual young people reported higher rates of considering (68%) and attempting suicide (27%) in the past year than LGBTQ+ young people of other sexual identities.
- By gender identity, higher rates of considering suicide in the past year were reported by gender fluid young people (69%), transgender men (72%), and transgender women (68%) than LGBTQ+ young people of other gender identities. Similarly, higher rates of attempting suicide in the past year were observed among gender fluid young people (30%), transgender men (30%), and transgender women (23%).

Suicide Risk by Gender Identity



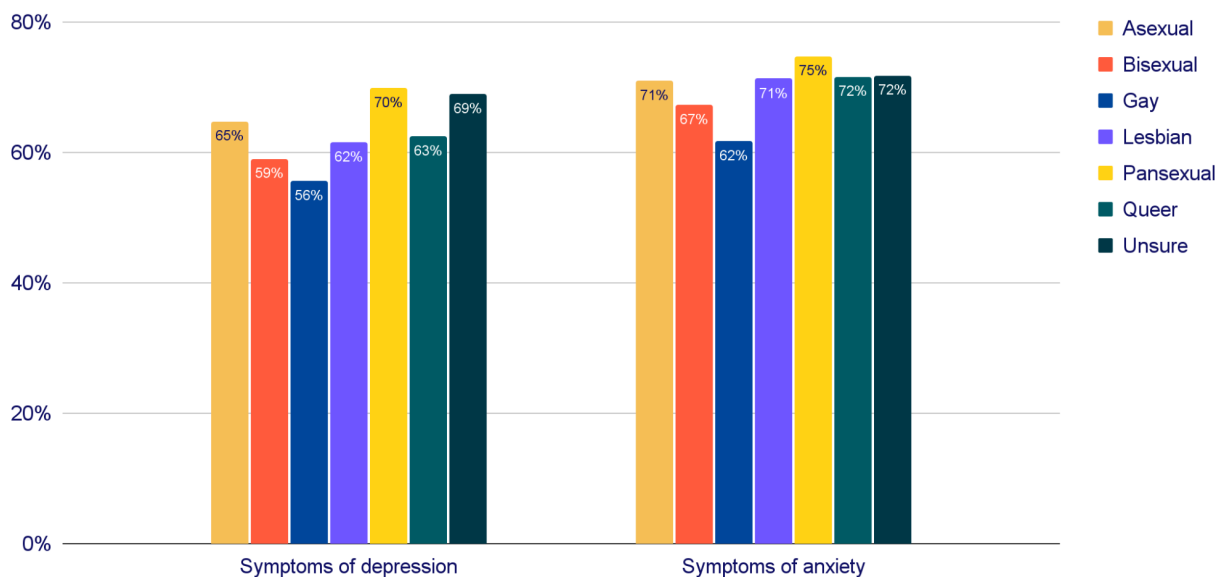
- LGBTQ+ young people who had been diagnosed with autism or any disability reported higher rates of considering suicide (68%) and attempting suicide (28%) in the past year than young people who had not been diagnosed with autism or any disability..
- By socioeconomic status, LGBTQ+ young people who reported experiencing food insecurity reported considering (70%) and attempting suicide (29%) at higher rates than young people who were food secure.

Mental Health

The majority of LGBTQ+ young people in the UK reported experiencing symptoms of depression (62%) and symptoms of anxiety (70%) in the past two weeks. We found differences across subgroups of LGBTQ+ young people.

- By age, LGBTQ+ young people ages 13 to 15 years old reported higher rates of symptoms of recent depression (65%) than LGBTQ+ young people ages 16 to 18 years old (62%) and LGBTQ+ young people ages 19 to 24 years old (58%).
- Across sexual orientation groups, higher rates of recent symptoms of depression were reported by LGBTQ+ young people who identified as asexual (65%), pansexual (70%), or were unsure of their sexual orientation (69%) than other sexual orientation groups. Higher rates of recent symptoms of anxiety were reported by pansexual (75%), queer (72%), and unsure (72%) young people compared to other sexual orientation groups.

Depression and Anxiety by Sexual Orientation



- By gender identity, higher rates of recent symptoms of depression were reported among gender fluid young people (70%), transgender men (71%), and transgender women (69%) compared to young people of other gender identities. Higher rates of recent symptoms of anxiety were reported among gender fluid young people (76%), transgender men (75%), and questioning young people (74%) compared to young people of other gender identities.

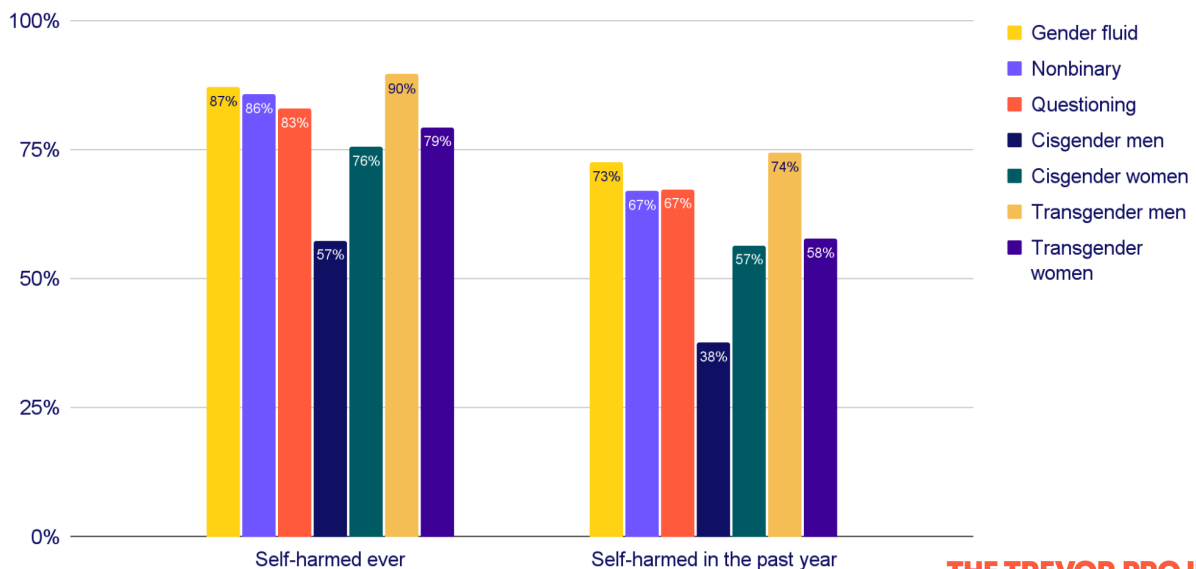
- LGBTQ+ young people in the UK who had been diagnosed with autism or any disability reported more depressive symptoms (68%) and anxiety symptoms (75%) in the past two weeks than young people without autism or another disability (56% and 64%, respectively).
- LGBTQ+ young people who reported experiencing food insecurity reported more depressive symptoms (75%) and anxiety symptoms (78%) in the past two weeks than young people who were food secure (53% and 63%, respectively).

Self-Harm

Over half (58%) of LGBTQ+ young people in the UK reported self-harming in the past year. We found significant differences across subgroups of LGBTQ+ young people in the UK.

- By age, higher rates of self-harming in the past year were reported among LGBTQ+ young people ages 13 to 15 (69%) than among young people ages 16 to 18 (62%) and young people ages 19 to 24 (51%).
- Across sexual orientation groups, higher rates of self-harming were reported among LGBTQ+ young people who were unsure of their sexual orientation (69%) or pansexual (68%) than young people of other sexual orientations.
- By gender identity, higher rates of self-harming were reported among transgender men (74%) and gender fluid young people (73%) than LGBTQ+ young people of other gender identities.

Self-Harm by Gender Identity



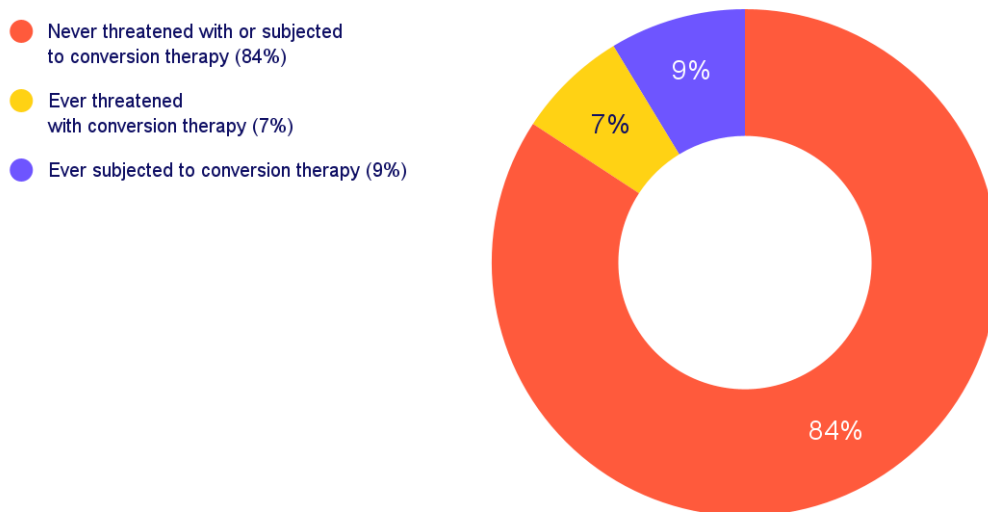
- LGBTQ+ young people who had been diagnosed with autism or any other disability reported lower rates of self-harm in the past year (55%) than young people who had not been diagnosed with autism or any disability (68%).
- LGBTQ+ young people who were born outside of the UK reported self-harming in the past year (58%) at a higher rate than young people born in the UK (61%).
- LGBTQ+ young people in the UK who reported experiencing food insecurity reported more self-harm in the past year (71%) than young people who were food secure (54%).

Risk Factors

Conversion Therapy

Among LGBTQ+ young people in the UK, 7% reported being threatened with conversion therapy and 9% reported being subjected to conversion therapy ever in the past.

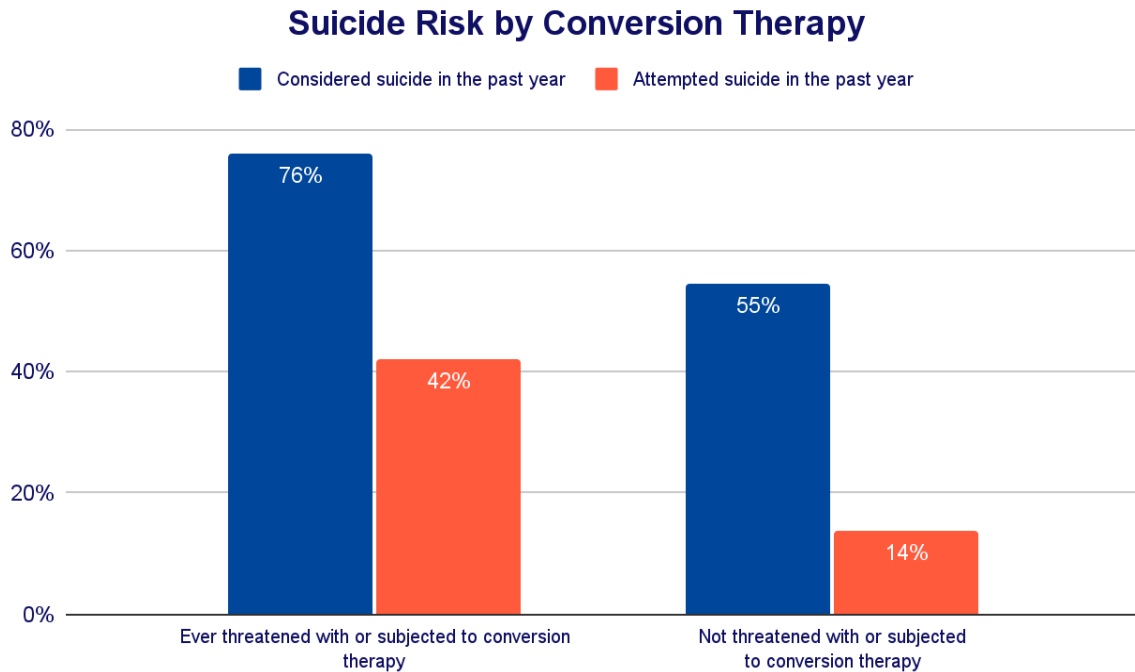
Conversion Therapy



Young people who reported ever being threatened with or subjected to conversion therapy reported higher rates of past-year suicide attempts, self-harm, and mental

health concerns compared to their peers who had not been threatened with or subjected to conversion therapy.

- LGBTQ+ young people who reported being threatened with or subjected to conversion therapy reported higher rates of considering (76%) and attempting suicide (42%) in the past year than those who reported not being threatened with or subjected to conversion therapy (55% and 14%, respectively).

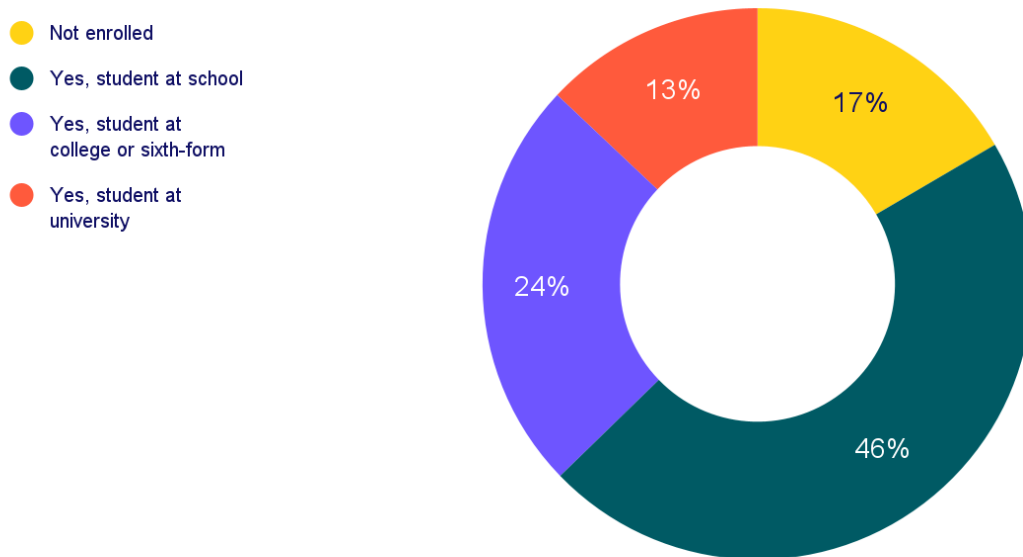


- LGBTQ+ young people who reported being threatened with or subjected to conversion therapy reported higher rates of self-harming (76%) than young people who had not reported being threatened with or subjected to conversion therapy (57%).
- LGBTQ+ young people who had been threatened with or subjected to conversion therapy reported higher rates of recent depressive symptoms (78%) and anxiety symptoms (82%) than young people who had not reported being threatened with or subjected to conversion therapy (58% and 66%, respectively).

Schools

In this sample of LGBTQ+ young people in the UK, 46% of young people said they were enrolled in school, 24% said they were a student at college or sixth-form, and 13% said they were students at university. Of those LGBTQ+ young people enrolled in school, 53% reported that their school had a Gay/Straight Alliance or Gender/Sexuality Alliance (GSA). The rest of the results presented in this section are based on responses from young people who said they were enrolled in school (n=4421).

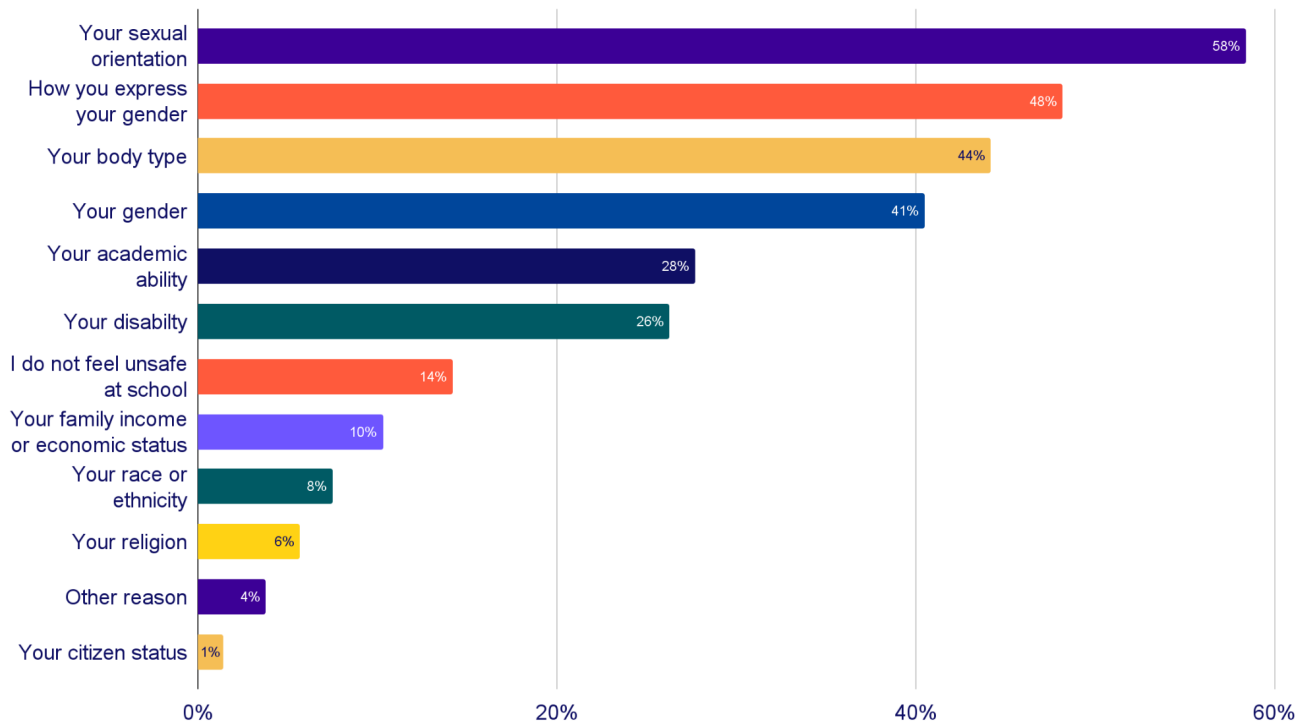
LGBTQ+ Young People in the UK Currently Enrolled in School



Among LGBTQ+ young people enrolled in school, 41% said that pupils at their school were not at all accepting or not very accepting of LGBTQ+ people compared to 36% who said pupils were somewhat or very accepting of LGBTQ+ people. Conversely, 68% of LGBTQ+ young people said that staff at their school were somewhat or very supportive of LGBTQ+ people compared to 11% who said staff were somewhat or very unsupportive of LGBTQ+ people. More than a third (35%) of LGBTQ+ young people in the UK enrolled in school said that they missed at least one day of school in the past month due to fear of unsafety at or on the way to school. More than half (58%) of LGBTQ+ young people in the UK enrolled in school said they avoided bathrooms at

school for fear of safety, and nearly half (45%) said they avoided changing rooms at school for fear of safety. Many LGBTQ+ young people in the UK enrolled in school said they feel unsafe at school because of their sexual orientation (58%), because of the way they express their gender (48%), or because of their body type (44%).

Reasons Expressed by LGBTQ+ Young People in the UK for Not Feeling Safe at School

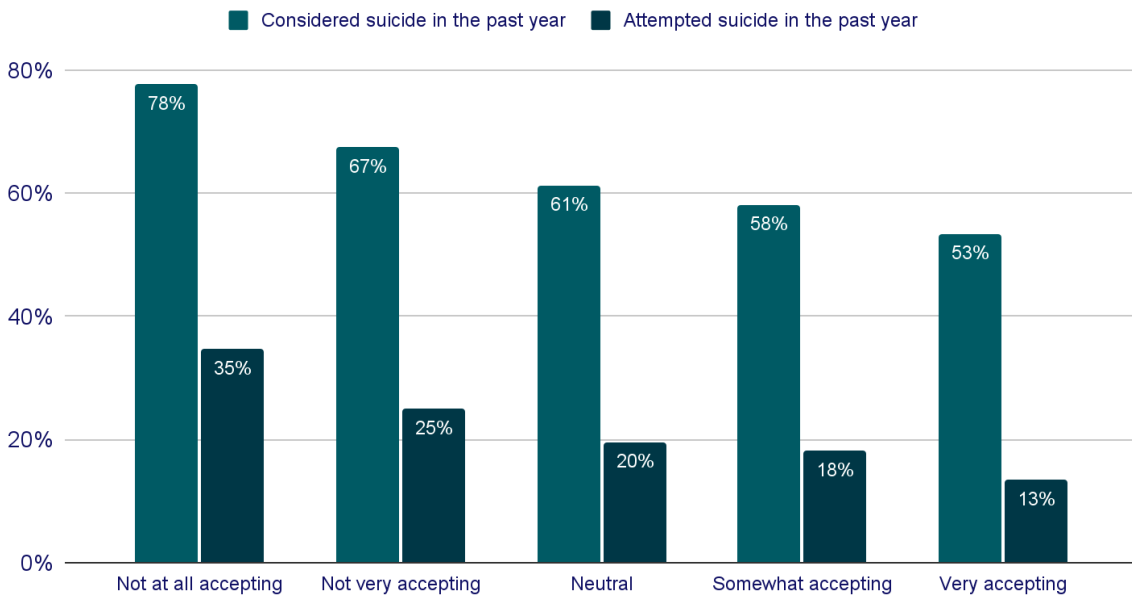


Attending a school with pupils who are not accepting of LGBTQ+ people and staff that is not supportive of LGBTQ+ people is associated with greater suicide risk, more mental health concerns, and higher rates of self-harm.

- LGBTQ+ young people who reported that pupils at their school were not at all accepting of LGBTQ+ people or not very accepting reported higher rates of considering suicide in the past year (78% and 67%, respectively) than young people who reported that pupils at their school were somewhat accepting of LGBTQ+ people (58%) or very accepting of LGBTQ+ people (53%). Similar trends were observed in LGBTQ+ young people who reported attempting suicide in the past year, with higher rates of attempted suicide reported among young people who said that pupils at their school were not at all

accepting of LGBTQ+ people (35%) or not very accepting of LGBTQ+ people (25%) than young people who said pupils at their school were somewhat accepting of LGBTQ+ people (18%) or very accepting of LGBTQ+ people (13%).

Suicide Risk by How Accepting Respondents Perceived Students at their School Were of LGBTQ+ People

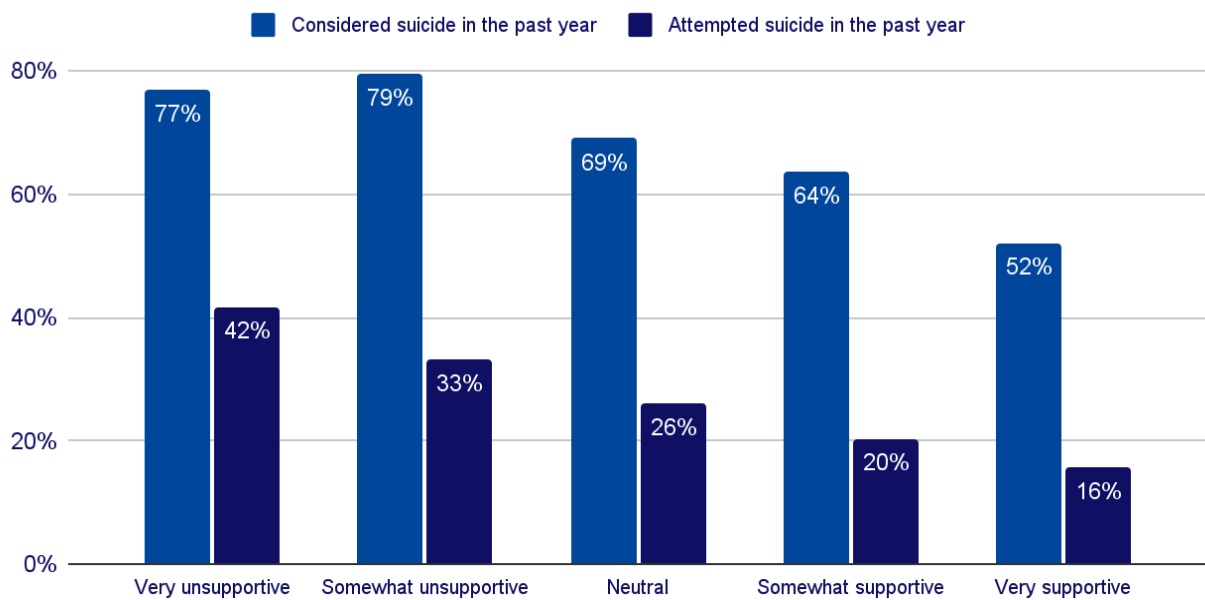


- Mental health concerns were higher for LGBTQ+ young people who said pupils at their school were not at all accepting of LGBTQ+ people (82% for both depressive and anxiety symptoms) or not very accepting of LGBTQ+ people (67% for depressive symptoms and 74% for anxiety symptoms). In comparison, mental health concerns were lower among LGBTQ+ young people who said pupils at their school were somewhat accepting of LGBTQ+ people (59% for depressive symptoms and 65% for anxiety symptoms) or very accepting of LGBTQ+ people (58% for depressive symptoms and 58% for anxiety symptoms).
- Among LGBTQ+ young people in the UK, rates of self-harm in the past year were lower for young people who said pupils at their school were very accepting of LGBTQ+ people (60%) or somewhat accepting of LGBTQ+ people (63%) than for young people who said pupils at their school were not at all

accepting of LGBTQ+ people (79%) or not very accepting of LGBTQ+ people (70%).

- Higher rates of considering suicide in the past year were reported among LGBTQ+ young people who reported that staff at their school were very unsupportive of LGBTQ+ people (77%) or somewhat unsupportive (79%) than those who reported that staff were somewhat supportive of LGBTQ+ people (64%) or very supportive of LGBTQ+ people (52%). Similar trends were observed in LGBTQ+ young people who reported attempting suicide in the past year, with higher rates of a past-year suicide attempt observed among young people who reported that staff at their school were very unsupportive of LGBTQ+ people (42%) or somewhat unsupportive of LGBTQ+ people (33%) than those who said staff at their school are somewhat supportive of LGBTQ+ people (20%) or very supportive of LGBTQ+ people (16%).

Suicide Risk by How Supportive Respondents Perceived Staff at their School Were of LGBTQ+ People



- Mental health concerns were higher for LGBTQ+ young people who said staff at their school were very unsupportive of LGBTQ+ people (77% for depressive symptoms and 81% for anxiety symptoms) or somewhat unsupportive of LGBTQ+ people (75% for depressive symptoms and 81% for anxiety symptoms). In comparison, mental health concerns were lower among LGBTQ+

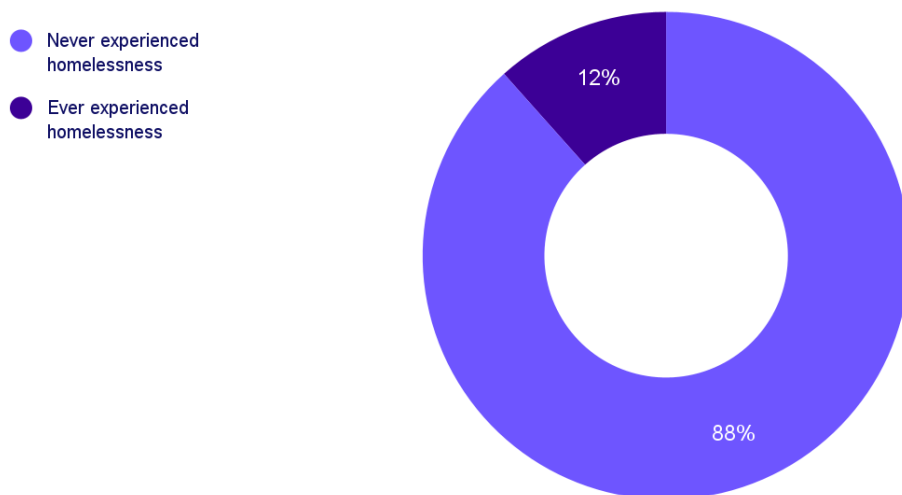
young people who said staff at their school were somewhat supportive of LGBTQ+ people (64% for depressive symptoms and 70% for anxiety symptoms) or very supportive of LGBTQ+ people (56% for depressive symptoms and 63% for anxiety symptoms).

- Among LGBTQ+ young people in the UK, rates of past-year self-harm were lower for those who said staff at their school were very supportive of LGBTQ+ people (59%) or somewhat supportive of LGBTQ+ people (67%) than for those who said staff were very unsupportive of LGBTQ+ people (80%) or somewhat unsupportive of LGBTQ+ people (75%).

Housing and Homelessness

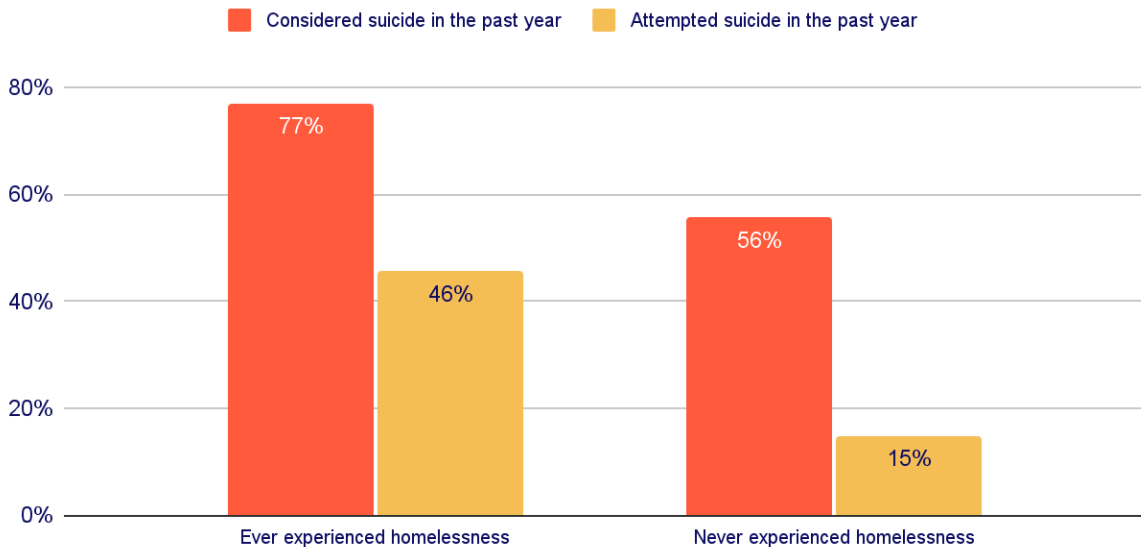
Among LGBTQ+ young people in the UK, 12% reported currently being or having ever been homeless in the past due to running away from home or being kicked out by their parents/caregivers. Of those who had run away or been kicked out, 29% reported that their experience of homelessness was due to their LGBTQ+ identity. Experiencing homelessness was associated with greater suicide risk, higher rates of mental health concerns, and higher rates of self-harm for LGBTQ+ young people in the UK.

LGBTQ+ Young People in the UK Who Have Ever Been Homeless, Ran Away, or Had to Sleep Away from Their Parent(s) or Guardian(s) Because They Were Kicked Out



- The majority of LGBTQ+ young people who have experienced homelessness reported considering suicide in the past year (77%), and nearly half of LGBTQ+ young people who had experienced homeless reported attempting suicide in the past year (46%).

Suicide Risk by LGBTQ+ Young People Who Have Ever Been Homeless, Ran Away, or Had to Sleep Away from Parent(s) or Guardian(s) Because They Were Kicked Out



- LGBTQ+ young people who have experienced homelessness reported higher rates of depressive (78%) and anxiety symptoms (81%) than young people who have never been homeless (59% and 67%, respectively). Similarly, LGBTQ+ young people who have experienced homelessness reported higher rates of self-harm in the past year (76%) than young people who had never been homeless (58%).
- LGBTQ+ young people whose experience of homelessness was due to their LGBTQ+ identity reported attempting suicide at a higher rate (57%) than young people whose experience of homelessness was not due to their LGBTQ+ identity (41%).
- Experiencing homelessness due to their LGBTQ+ identity was associated with higher rates of recent depressive symptoms (83%) compared to LGBTQ+ young people who experienced homelessness unrelated to their LGBTQ+ identity (75%).

Anti-LGBTQ+ Discrimination and Victimization

Among LGBTQ+ young people in the UK, 66% reported being discriminated against because of their sexual orientation in the past year, and 68% reported being discriminated against because of their gender identity in the past year. In regards to victimization, 23% of LGBTQ+ young people reported being physically threatened or abused because of their sexual orientation in the past year, and 37% reported feeling physically threatened or abused because of their gender identity in the past year.

For LGBTQ+ young people in the UK, experiencing anti-LGBTQ+ discrimination and victimization was associated with greater suicide risk, higher rates of mental health concerns, and higher rates of self-harm.

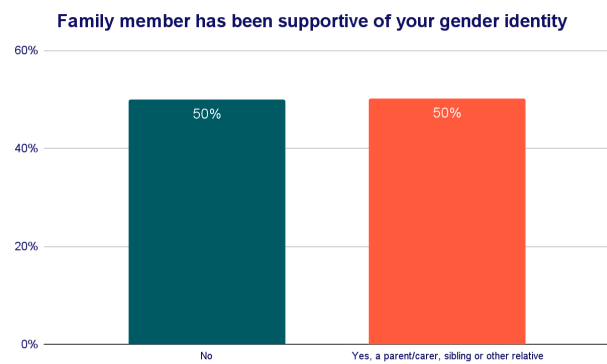
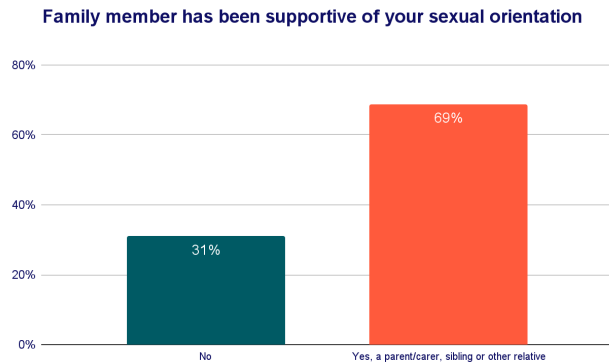
- LGBTQ+ young people who experienced sexual orientation discrimination reported higher rates of considering (66%) and attempting suicide (25%) in the past year than young people who had not been discriminated against because of their sexual orientation (51% and 13%, respectively).
- Recent symptoms of depression (68%) and anxiety (76%) were also higher among LGBTQ+ young people who experienced sexual orientation discrimination compared to those who had not been discriminated against because of their sexual orientation (55% and 62%, respectively). Similarly, rates of self-harm in the past year were higher among young people who had been discriminated against because of their sexual orientation (69%) than among those who had not been discriminated against because of their sexual orientation (53%).
- LGBTQ+ young people who experienced gender identity discrimination reported higher rates of considering (72%) and attempting suicide (29%) in the past year than young people who had not been discriminated against because of their gender identity (56% and 15%, respectively).
- Recent symptoms of depression (73%) and anxiety (78%) were higher among LGBTQ+ young people who experienced gender identity discrimination than for young people who had not (59% and 65%, respectively). Similarly, self-harm was higher among young people who had been discriminated against because of their gender identity (73%) than among young people who had not been discriminated against (59%).

- LGBTQ+ young people who experienced victimization due to their sexual orientation reported higher rates of considering (74%) and attempting suicide (36%) in the past year than those who had not been victimized because of their sexual orientation (53% and 14%, respectively).
- Recent symptoms of depression (74%) and anxiety (80%) were higher among LGBTQ+ young people who experienced victimization due to their sexual orientation than for young people who had not reported being victimized due to their sexual orientation (58% and 66%, respectively). Similarly, self-harm in the past year was higher among young people who had been victimized because of their sexual orientation (75%) than among young people who had not been victimized (56%).
- LGBTQ+ young people who experienced victimization due to their gender identity reported considering (78%) and attempting suicide (37%) in the past year more than young people who had not been victimized because of their gender identity (60% and 16%, respectively).
- Recent symptoms of depression (77%) and anxiety (82%) were higher among LGBTQ+ young people who experienced victimization due to their gender identity than for young people who had not reported being victimized because of their gender identity (62% and 68%, respectively). Similarly, past-year self-harm was higher among young people who had been victimized because of their gender identity (77%) than among young people who had not been victimized because of their gender identity (62%).

Protective Factors

Family Support

Among LGBTQ+ young people in the UK, 69% reported having a parent/carer, sibling, or other relative who is supportive of their sexual orientation. For transgender and nonbinary (TGNB) young people in the UK, only 50% reported having a family member who is supportive of their gender identity.

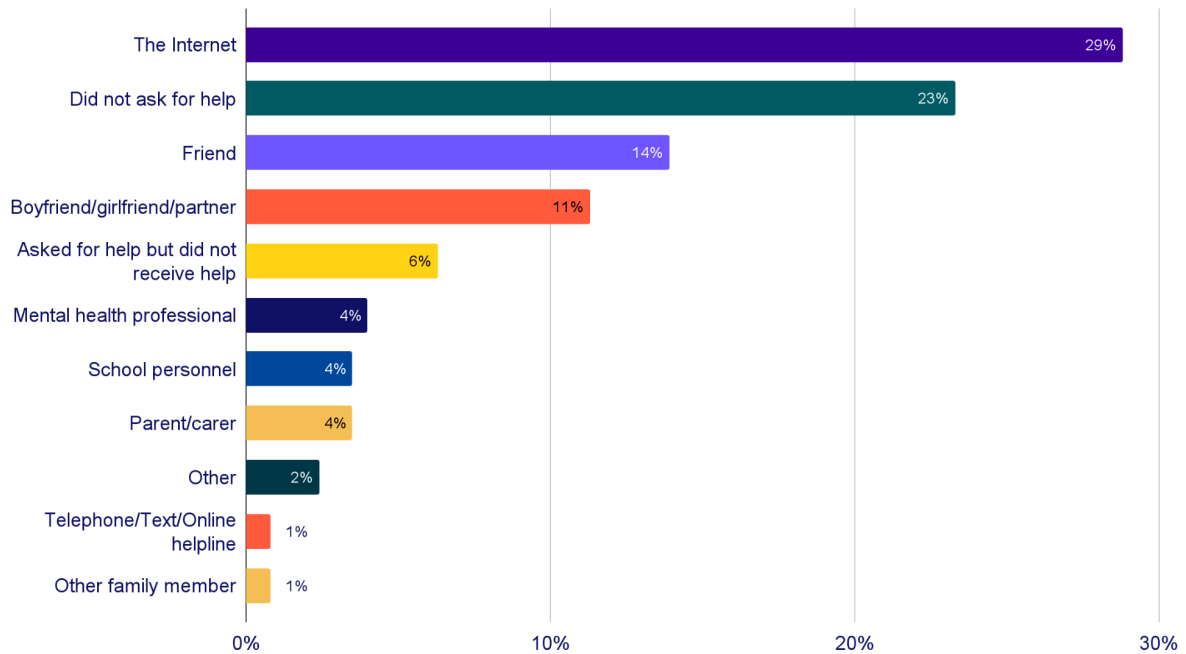


- Those who lacked family support for their sexual orientation reported higher rates of recent depressive symptoms (65%) compared to those who reported having family support for their sexual orientation (61%).
- Having a family member who supported their gender identity was associated with fewer recent depressive symptoms (67%) and anxiety symptoms (73%) compared to TGNB young people who reported they did not have a supportive family member (70% and 75%, respectively).

Help-Seeking

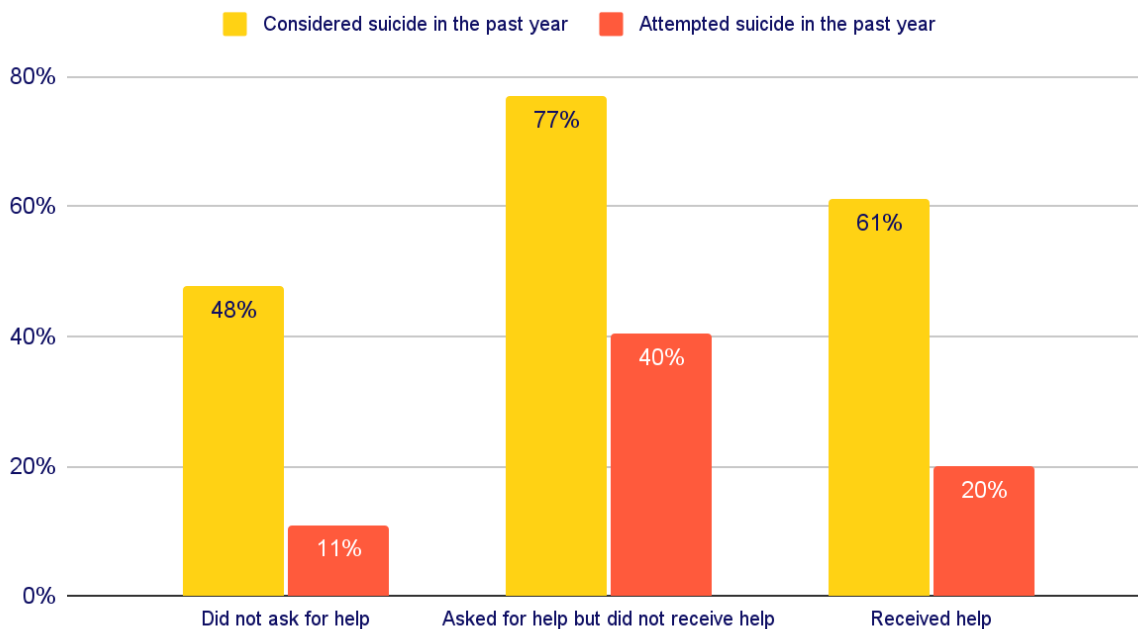
In regards to help-seeking for mental health concerns among LGBTQ+ young people in the UK, 70% received help for their mental health, 6% asked for help but did not receive it, and 23% did not ask for help. The most frequently reported source of mental health help was the Internet, with 29% of young people citing it as their source of support. Other frequently mentioned sources of support included friends (14%) and romantic partners (11%). LGBTQ+ young people who asked for help for their mental health but did not receive it reported greater suicide risk, more mental health concerns, and more self-harm than young people who received help for their mental health and young people who did not ask for help.

Sources of Support Received for Mental Health among LGBTQ+ Young People in the UK



- LGBTQ+ young people who asked for help for their mental health but did not receive it reported considering suicide in the past year at a higher rate (77%) than young people who received help for their mental health (61%) and young people who did not ask for help (48%). Similarly, LGBTQ+ young people who asked for help but did not receive it reported higher rates of attempting suicide in the past year (40%) than young people who received the help they asked for (20%) and young people who did not ask for help (11%).

Suicide Risk by Support Received for Mental Health

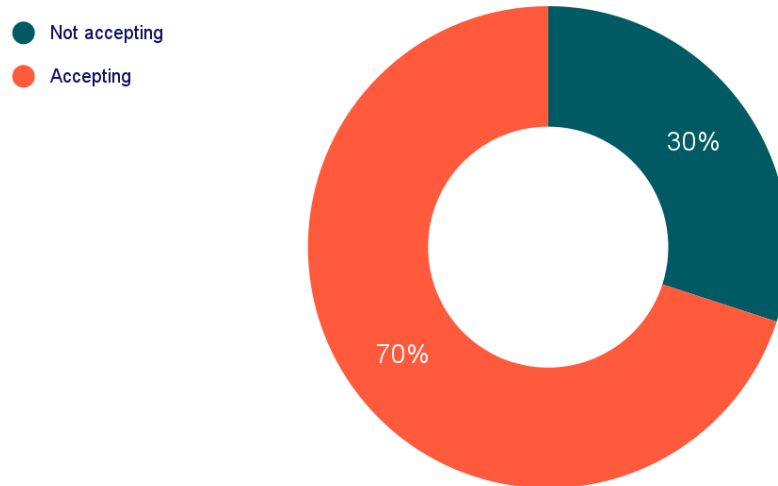


- Recent depressive symptoms (79%) and recent anxiety symptoms (84%) were higher for LGBTQ+ young people who asked for mental health help but did not receive it, compared to those who received the help they asked for (63% and 72%, respectively) and those who did not ask for help (56% and 59%, respectively).
- Self-harm in the past year was higher for LGBTQ+ young people who asked for help for their mental health but did not receive it (78%) than for young people who received the mental health help they asked for (64%) and young people who did not ask for help (49%).

Community Acceptance

Most LGBTQ+ young people in the UK (70%) reported living in a community that is accepting of LGBTQ+ people; however, many young people (30%) still reported that the community they live in is unaccepting of LGBTQ+ people. Living in a community that was accepting of LGBTQ+ people was associated with lower suicide risk, fewer mental health concerns, and less self-harm.

LGBTQ+ Young People's Perceptions of How Accepting Their Community is of LGBTQ+ People

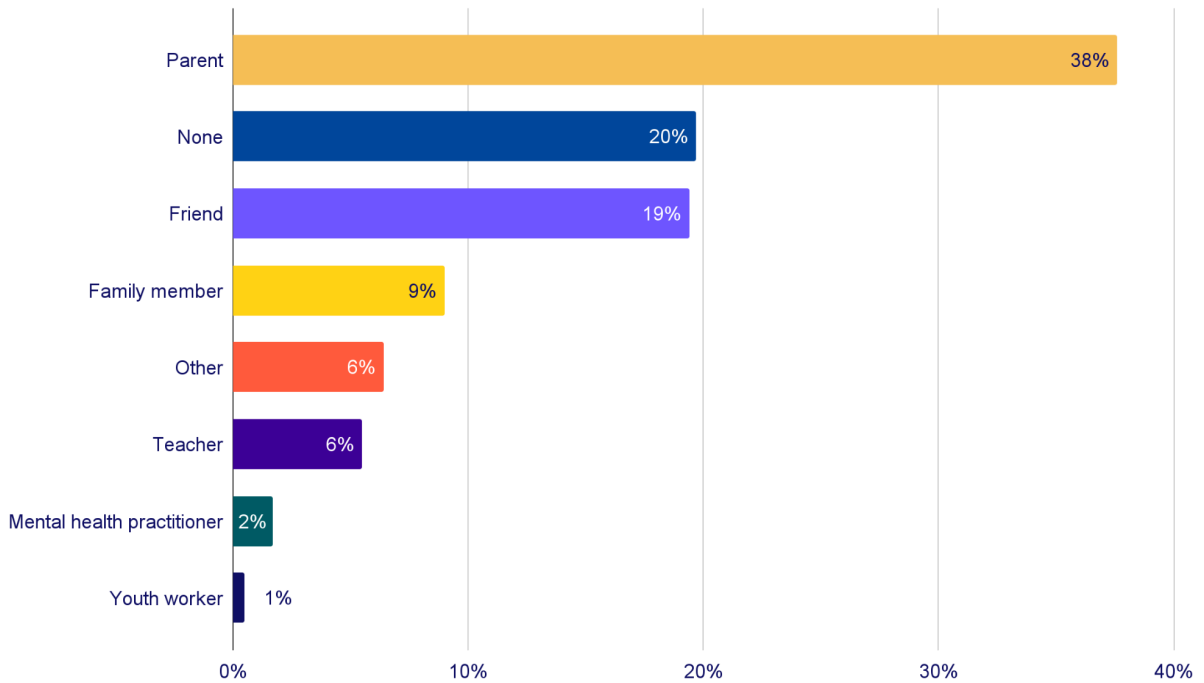


- For LGBTQ+ young people in the UK, rates of considering (54%) and attempting suicide (16%) in the past year were lower for those who lived in an accepting community compared to those who lived in unaccepting communities (70% and 27%, respectively).
- Rates of recent depressive symptoms (58%) and recent anxiety symptoms (66%) were lower for LGBTQ+ young people living in accepting communities than for those living in unaccepting communities (72% and 77%, respectively).
- LGBTQ+ young people who reported living in unaccepting communities reported higher rates of self-harm in the past year (68%) than young people who reported living in accepting communities (58%).

Trusted Adults

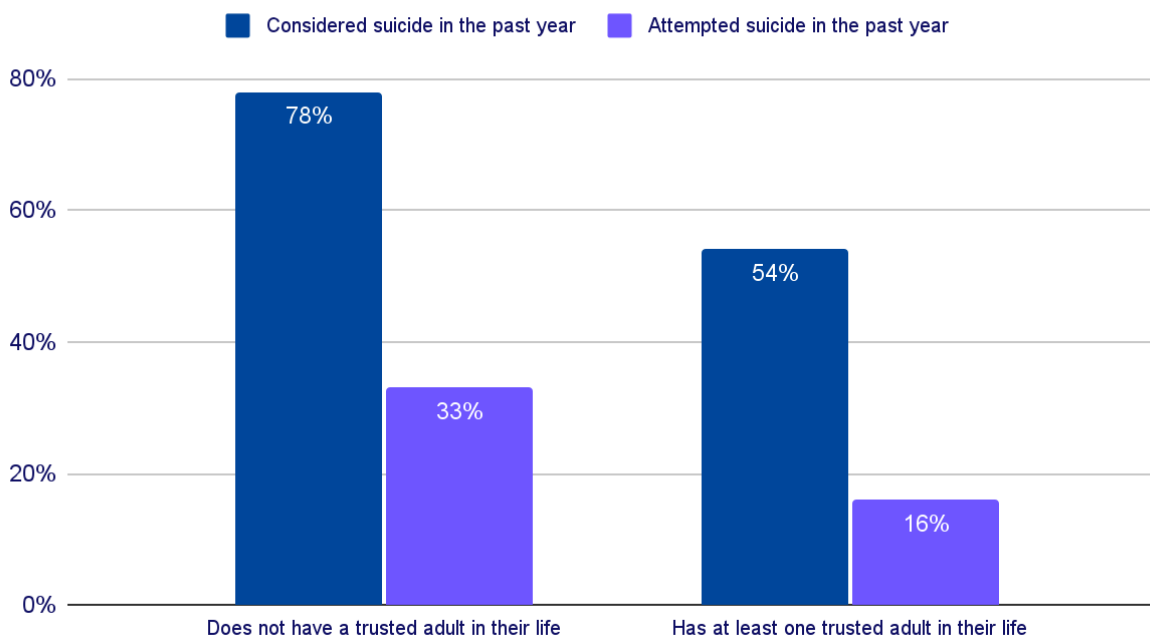
Among LGBTQ+ young people in the UK, 1 in 5 (20%) reported having no trusted adults in their lives. For young people who do have a trusted adult in their life, 38% reported that their parent was the most trusted adult in their life. Having a trusted adult in their life was associated with lower suicide risk, fewer mental health concerns, and less self-harm.

Trusted Adults in the Lives of LGBTQ+ Young People in the UK



- LGBTQ+ young people who did not have a trusted adult in their life reported higher rates of considering suicide in the past year (78%) than young people who did have a trusted adult in their life (54%). Similarly, the suicide attempt rate was lower for LGBTQ+ young people who had a trusted adult (16%) than for young people who did not have a trusted adult in their life (33%).

Suicide Risk by Trusted Adults



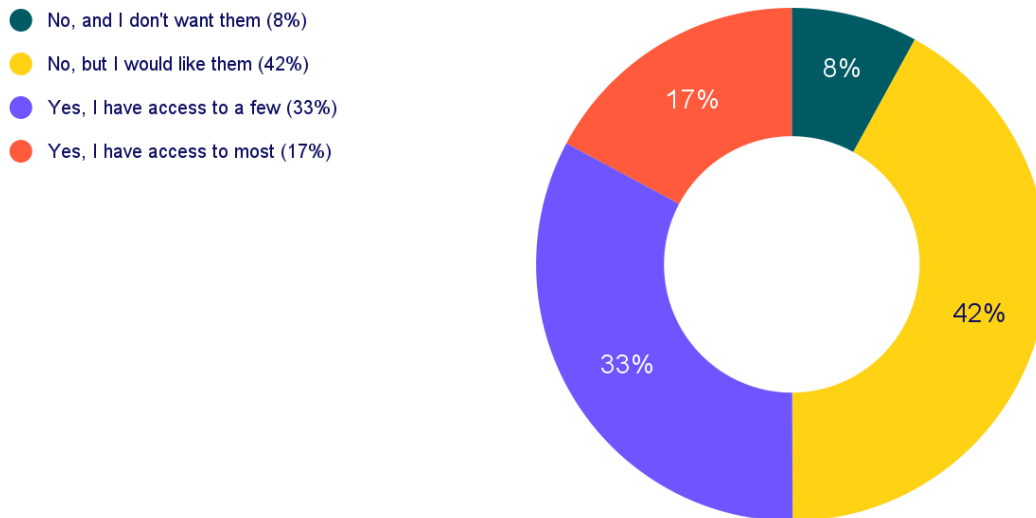
- LGBTQ+ young people who did not have a trusted adult in their life reported higher rates of self-harm in the past year (80%) than young people who did have a trusted adult (57%).
- Rates of recent depressive symptoms and recent anxiety symptoms were lower for LGBTQ+ young people who had at least one trusted adult (58% and 67%, respectively) than for young people with no trusted adult in their life (80% for both depression and anxiety).

Affirming Experiences

Most LGBTQ+ young people in the UK reported having at least one person in their life who was supportive of their sexual orientation (98%) or gender identity (98%). Among TGNB young people in the UK, half (50%) reported having access to gender-affirming tools, such as binders, shapewear, and clothing. However, 42% reported wanting these tools but not having access to them. Slightly more than one-third (34%) of TGNB young people in the UK reported that a lot, most, or all of the people in their lives respected their pronouns. However, 39% of TGNB young people reported that only a few people or no one in their lives respected their pronouns. Most LGBTQ+ young people in the UK (62%) reported that online

communities were spaces that affirmed their LGBTQ+ identity. Other frequently reported spaces that affirmed LGBTQ+ identity for young people in the UK included school (42%) and home (40%).

Access to Gender-Affirming Tools

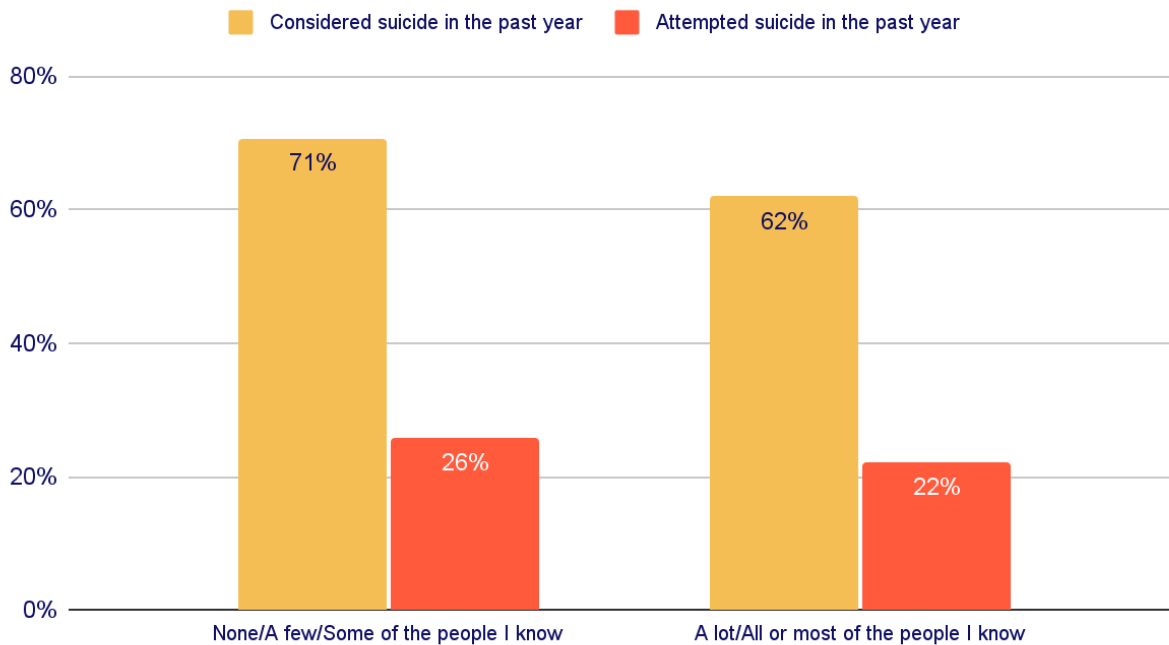


Having access to gender-affirming tools and having people in their life who respected their pronouns were associated with lower suicide risk, fewer mental health concerns, and less self-harm than for LGBTQ+ young people who did not have access to gender-affirming tools or people who respected their pronouns.

- TGNB young people who had access to a few or most gender-affirming tools reported lower rates of considering suicide (65%) and attempting suicide in the past year (23%) than TGNB young people who did not have access to gender-affirming tools but wanted them (73% and 28%, respectively).
- Rates of recent depressive symptoms (65%) and recent anxiety symptoms (72%) were lower for TGNB young people who had access to gender-affirming tools compared to those who did not have access to gender-affirming tools but wanted them (74% and 79%, respectively). Similarly, self-harm in the past year was lower among TGNB young people with access to gender-affirming tools (68%) than among young people who did not have access but desired it (72%).

- TGNB young people who reported that a lot, most, or all of the people in their lives respected their pronouns also reported lower rates of considering suicide (62%) and attempting suicide (22%) in the past year than young people who reported that only some, a few, or none of the people in their life respected their pronouns (71% and 26%, respectively).

Suicide Risk by People in Life Respecting Pronouns



- Rates of recent depressive symptoms (64%) and recent anxiety symptoms (69%) were lower for TGNB young people who reported that a lot, most, or all of the people in their lives respected their pronouns than for young people who reported that only some, a few, or none of the people in their lives respected their pronouns (71% and 77%, respectively). Similarly, self-harm in the past year was lower among TGNB young people who reported that a lot, most, or all of the people in their lives respected their pronouns (65%) than among young people who reported that only some, a few, or none of the people in their lives respected their pronouns (71%).

RECOMMENDATIONS

The development and prioritization of LGBTQ+ youth specific suicide prevention strategies and interventions is crucial. The findings from this study demonstrate the high rates of self-harm, suicide ideation, and suicide attempts among LGBTQ+ young people in the past year. The highest rates were reported by younger LGBTQ+ individuals, those who were transgender and nonbinary, Black/Black British, Caribbean & African, and economically disadvantaged.

Our research aligns with the UN (2016) and WHO (2021b) view that mental health is a fundamental human right. LGBTQ+ young people, especially those who are TGNB, economically disadvantaged, and/or from minority ethnic/Indigenous backgrounds, are exposed to discrimination and marginalization that increases their vulnerability to disproportionately high suicide rates. This highlights the need to address these social injustices when developing targeted suicide prevention efforts, especially among LGBTQ+ young people who hold multiple marginalized identities. However, there remains an absence of LGBTQ+ youth specific suicide prevention strategies and interventions in the UK. The development of these needs to be prioritized.

Providing supportive, affirming, and safe environments in schools, homes, and communities is key to promoting the mental health of LGBTQ+ young people.

These unacceptable high rates of suicidality are preventable, but prevention efforts must target the root causes of LGBTQ+ young people's poor mental health.

Throughout our study we found that discrimination, hostility, and unaccepting and unsafe environments were associated with significantly poorer mental health outcomes. Supportive, affirmative, and safe environments at school, home, and in the community are among the most important protective factors against poor mental health and suicide among LGBTQ+ young people. We found that those with access to supportive networks and those who felt accepted had better mental health outcomes, highlighting the importance of promoting safe and affirming environments.

Ensuring transgender and nonbinary young people have gender-affirming environments can be life-saving.

Our study shows that TGNB young people had higher rates of suicide risk, self-harming, and symptoms of depression and anxiety compared to their cisgender peers. Providing access to supportive, respectful, and gender-affirming environments is potentially life-saving. However, in the UK, there is hostile anti-trans debate and active legislative and policy attacks on TGNB young people's human rights, including access to gender-affirming healthcare, and the right

to a supportive and safe education. Our data clearly show that TGNB young people had better mental health outcomes when they had access to safe and gender-affirming settings where people were respectful of their gender identities. It is crucial that UK suicide prevention strategies address the contravening of TGNB youth rights. Without attention to these injustices, suicide prevention strategies will be ineffective.

A full UK legislative ban on conversion therapy is needed to protect the lives of LGBTQ+ young people. Conversion therapy, often based on the misguided belief that LGBTQ+ people have a pathology or illness, aims to change or “cure” their sexual orientation or gender identity. This dangerous and discredited practice is not only ineffective, but is also associated with an increased risk of suicide. In our study, we found those who had been threatened with or subjected to conversion therapy had significantly higher rates of suicidal ideation, suicide attempts, self-harm, and symptoms of depression and anxiety. However, in the UK, the practice of conversion therapy remains legal, despite the fact that five years ago the UK government promised to prohibit the practice. A full legislative ban needs to occur to eradicate this practice and protect the lives of LGBTQ+ young people.

Improving mental health support and care for LGBTQ+ young people is essential for their well-being. A consistent finding in the UK is that LGBTQ+ young people do not access mental health services, and if they do, they often find them negative and unhelpful (McDermott et al., 2017). In our study, we found that over a fifth of LGBTQ+ young people did not ask for help for their mental health problems. Although 70% of respondents asked for help, the most frequent sources of help were the Internet, friends, and romantic partners, not mental health services. Those who did not receive mental health care had poorer mental health outcomes compared to those who received mental health support.

Research in the UK demonstrates that LGBTQ+ young people are reluctant to access mental health services because they are afraid of being judged, rejected, and humiliated on the basis of their sexual and gender diversity, mental health, and age (McDermott et al., 2017). However, there is evidence that early intervention mental health support using an intersectional youth rights approach that enables autonomy, agency, and upholds the right to freedom of safe self-expression, can overcome help-seeking barriers and improve mental health care (McDermott et al., 2024). A rights-based approach to mental health support is not prominent in the UK, and this needs to change if we are to prevent LGBTQ+ youth suicide.

About The Trevor Project

[The Trevor Project](#) is the leading suicide prevention and crisis intervention organization for LGBTQ+ young people. Trevor offers 24/7 crisis services, connecting highly trained counselors with LGBTQ+ young people whenever they need support. To drive prevention efforts, The Trevor Project also operates robust research, advocacy, education, and peer support programs.

If you or someone you know needs help or support, The Trevor Project's trained crisis counselors are available 24/7 at 1-866-488-7386, via chat at [TheTrevorProject.org/Get-Help](https://thetrevorproject.org/Get-Help), or by texting START to 678678.

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