Research Brief: Mental Health Care Access and Use Among LGBTQ+ Young People

Three quarters (75%) of LGBTQ+ young people who use hotline or crisis services have considered suicide in the past year.

September 2024

Background

LGBTQ+ young people report higher rates of suicidal thoughts and behaviors compared to their heterosexual and cisgender peers (Centers for Disease Control and Prevention, 2022). Research indicates that many young people experiencing psychological distress and suicidal thoughts often do not seek help; however, those who do are less likely to attempt suicide (Cigularov et al., 2008). Thus, improving help-seeking behaviors among this group is important and could be life-saving. Being willing to seek help has been recognized as a strong protective factor that can prevent the development or worsening of negative health outcomes among youth in general and LGBTQ+ young people in particular (Clement et al., 2015; McDermott and Roen, 2016; McDermott et al., 2018). This willingness to seek professional help for emotional or mental health is associated with an increased likelihood of accessing mental health care in the future (Mojtabai et al., 2016), which in turn can lead to better mental health outcomes for young people struggling with mental or behavioral health issues (Bear et al., 2020).

Effective help-seeking is critical for preventing suicide among young people, yet several barriers hinder this process. These barriers include mental health stigma, fear of negative repercussions, low mental health literacy (i.e., knowledge and beliefs about mental health that facilitate the prevention, identification, and management of mental health challenges), difficulties in expressing emotions, and a preference for self-reliance (McDermott et al., 2018). Even among young people, demographic factors like race, age, and gender influence help-seeking behaviors, with people of color, older youth, and women being more inclined to seek help compared to those who are White, younger, and male, respectively (Hom et al., 2015; Michelmore & Hindley, 2012). Despite the high suicide risk among LGBTQ+ young people, there is a notable lack of research on their help-seeking behaviors. The limited research in this area indicates additional obstacles unique to LGBTQ+ youth, such as stigma related to their sexual orientation or gender identity and inadequate care that does not address their specific needs (Burke et al., 2021; Holt et al., 2023; McDermott et al., 2018). LGBTQ+ adolescents with negative perceptions of help-seeking, such as believing school counselors will not assist them, are more likely to attempt suicide compared to those with more positive views (Hatchel et al., 2019).

One important form of help-seeking is pursuing professional mental health care. Young people experiencing mental health issues, including suicidal thoughts and behaviors, may access different psychological or emotional counseling services, depending on their preferences and the availability of the services. Outpatient in-person mental health care, inclusive of one-on-one therapy with a trained professional, has remained the most common form of mental health care for adolescents (Mojtabai & Olfson, 2020). However, text and chat-based therapy, among the earliest forms of digital mental health support, have gained popularity for their accessibility and anonymity, particularly among younger individuals (Ackerman & Horowitz, 2022). With the advancement of technology and improved internet speeds, virtual one-on-one therapy sessions over video have emerged, offering similar benefits with added convenience and accessibility. Additionally, in-person group therapy has long provided a supportive community environment, which has now been complemented by virtual group therapy, allowing for broader participation from diverse locations (Ackerman & Horowitz, 2022). For immediate support, hotline crisis services, such as The Trevor Project's Lifeline and digital services (i.e., text message or online chat) for LGBTQ+ young people, offer real-time assistance and intervention during urgent situations, as well.

Improving the use and effectiveness of mental health services among LGBTQ+ people requires an understanding of their past mental health care experiences and help-seeking behaviors, especially those at high risk for suicide (Holt et al., 2023). In honor of National Suicide Prevention Awareness Month, this brief aims to shed light on the counseling experiences of LGBTQ+ young people, explore demographic differences, and examine associations with mental health outcomes, with the ultimate goal of informing and improving help-seeking interventions to support the mental well-being of LGBTQ+ young people.

Results

Access to Mental Health Care

Overall, 84% of LGBTQ+ young people in our sample wanted psychological or emotional counseling from a counselor or mental health professional (i.e., mental health care) in the past 12 months. However, half (50%) of those who wanted mental health care did not receive it. Among those who desired mental health care, White LGBTQ+ young people were the most likely to receive mental health care (54%), followed by LGBTQ+ young people who were Native/Indigenous (53%), Middle Eastern/Northern African (52%), Multiracial (49%), Asian American/Pacific Islander (45%), Hispanic/Latinx (42%), and Black/African American (40%). With respect to gender identity, transgender boys and men were the most likely to receive mental health care (54%), followed by transgender girls and women (52%), cisgender girls and women (51%), nonbinary young people (51%), gender-questioning young people (46%), and cisgender boys and men (41%). Regarding sexual orientation, those identifying as queer were the most likely to receive care (55%), followed by heterosexual (53%), bisexual (52%), gay or lesbian (49%), those not sure of their

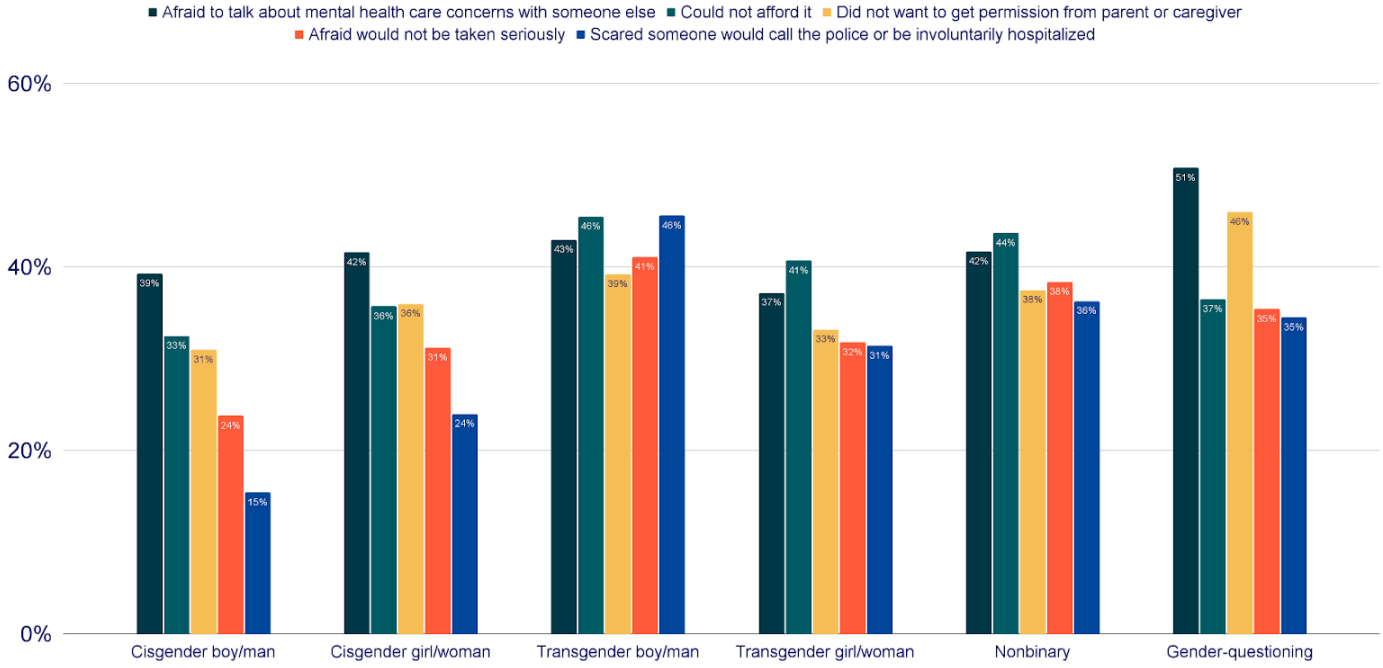
sexual orientation (49%), asexual (48%), and those identifying as pansexual, who were the least likely (46%). LGBTQ+ young people ages 18-24 were more likely to receive mental health care (52%) than those ages 13-17 (47%). LGBTQ+ young people who could meet their basic needs were more likely to receive mental health care (52%) than those who were unable to meet their basic needs (44%). Regionally, LGBTQ+ young people who lived in the Northeast were the most likely to access mental health care (56%), followed by those living in the Midwest (52%), West (50%), and South (45%).

Barriers to Mental Health Care

LGBTQ+ young people reported numerous and varied reasons for not receiving desired mental health care. Being afraid of talking to someone else about mental health concerns was the most common reason endorsed by LGBTQ+ young people (42%). The next most common reason varied by race/ethnicity, with White LGBTQ+ young people being more likely to cite affordability (41% vs. 38%) and LGBTQ+ young people of color being more likely to cite not wanting to have to obtain permission from a parent or caregiver (41% vs. 34%).

Barriers to mental health care varied most widely by gender identity. LGBTQ+ young people who were transgender, nonbinary, or gender-questioning were more likely to report barriers related to worries about not being taken seriously, or fears that accessing care would result in someone calling the police or being involuntarily hospitalized; nearly half (46%) of transgender boys and men expressed this as a reason for not accessing mental health care.

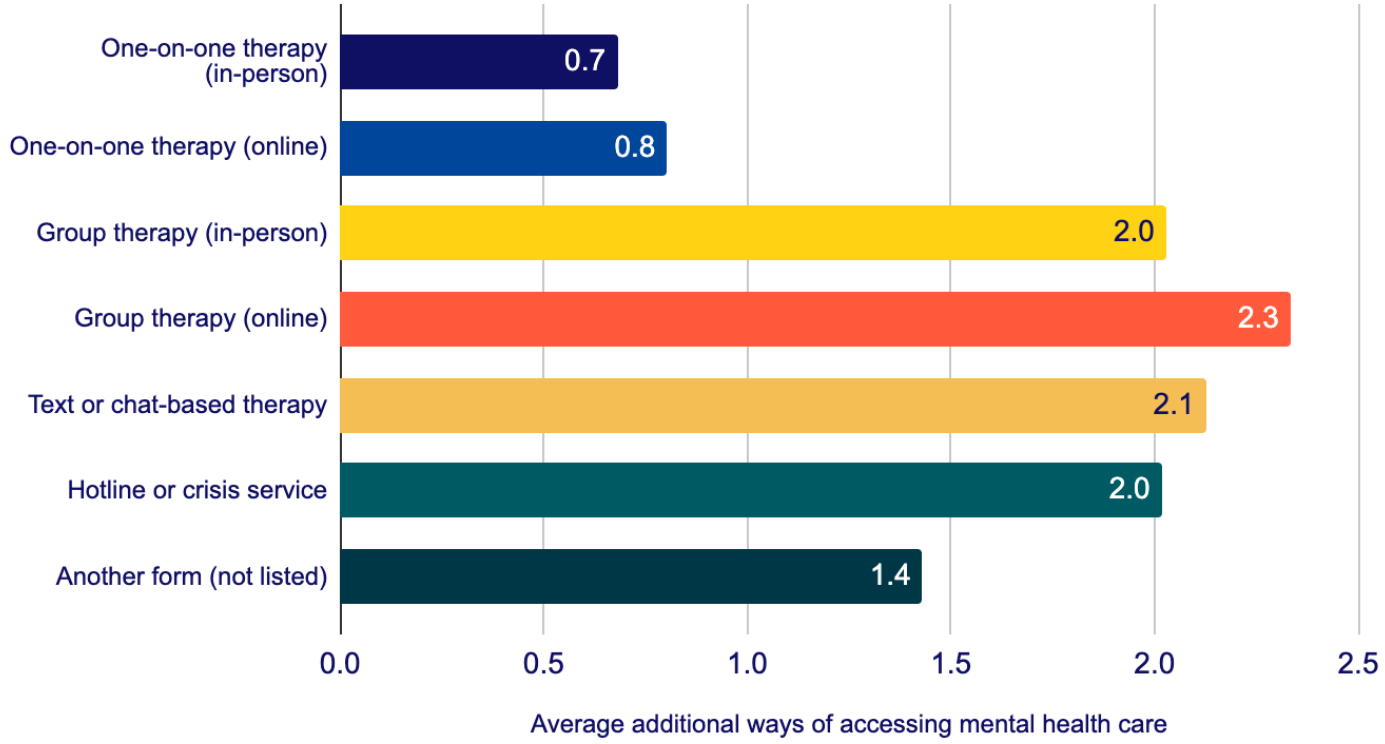
Top Five Reasons LGBTQ+ Young People Did Not Access Care When Desired, by Gender Identity



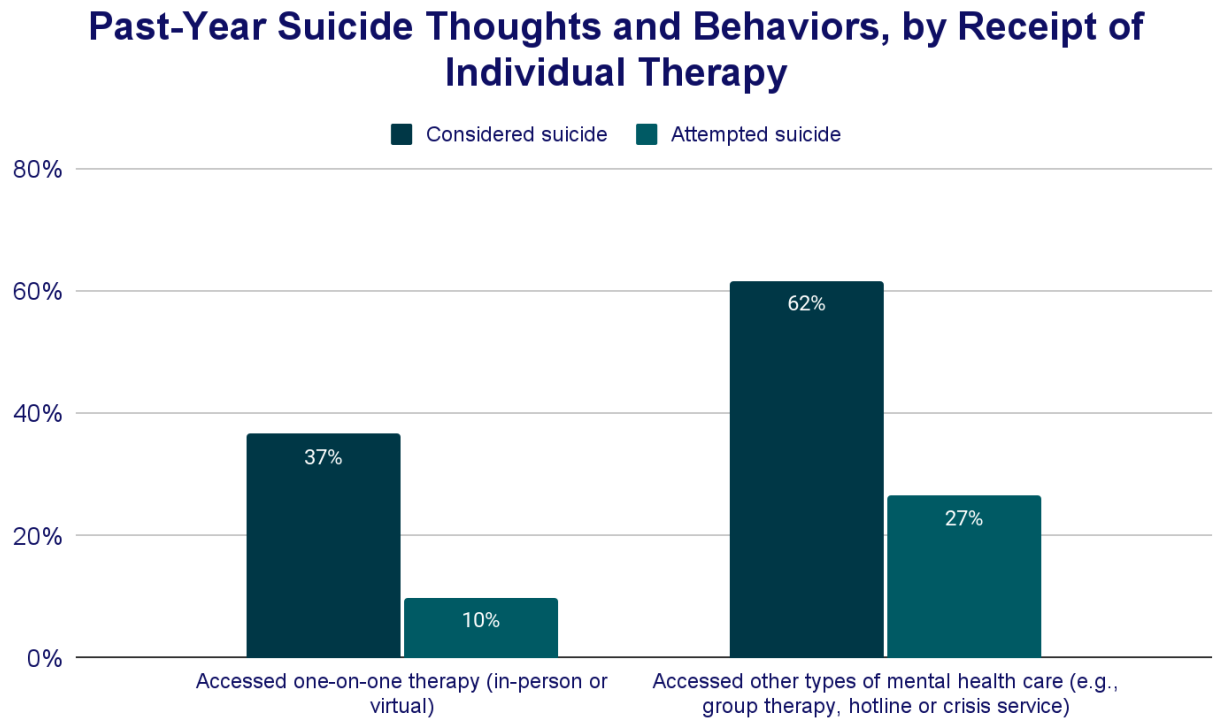
Types of Mental Health Care

Most LGBTQ+ young people who accessed mental health care received it via one-on-one therapy in-person (69%) or online (53%). Group therapy in-person (8%) or online (3%) was less common, as was text or chat-based therapy (6%). Additionally, 10% of LGBTQ+ young people accessed a hotline or crisis service as a form of mental health care, and 3% said they used another form of mental health care that was not listed. Percentages do not add up to 100% as LGBTQ+ young people reported using multiple ways of accessing mental health care. While most LGBTQ+ young people received mental health care via one modality (64%), several used two (25%) or three (8%), and the remaining used four or more (4%). LGBTQ+ young people who accessed one-on-one therapy, either in-person or online, on average used fewer additional modes of accessing mental health care than those using other forms.

Average Additional Ways of Accessing Mental Health Care, by Mental Health Care Modality



Suicidal thoughts and behaviors among LGBTQ+ young people who accessed care varied significantly by modality. Though a minority (24%) of LGBTQ+ young people accessed mental health services that did not include in-person or online one-on-one therapy, those who did access care via these other means had higher rates of considering or attempting suicide in the past year. Notably, three quarters (75%) of LGBTQ+ young people using a hotline or crisis service in the last year reported seriously considering suicide in the past year, compared to less than half (46%) of LGBTQ+ young people who attended one-on-one therapy in person and 40% who attended one-on-one therapy virtually.



Methods

Data were collected through The Trevor Project's 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People. In total, 18,663 LGBTQ+ young people between the ages of 13 to 24 were recruited via targeted ads on social media.

Considering and attempting suicide in the past year was assessed with items from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (Centers for Disease Control and Prevention, 2023). Access to mental health care was assessed with an item that asked, "In the past 12 months, have you wanted psychological or emotional counseling from a counselor or mental health professional?" Response options included: "No," "Yes, but I didn't get it," and "Yes, and I got it." For those who wanted mental health care but didn't get it, barriers to mental health care were assessed with an item that asked, "Did you not see a counselor or mental health professional for any of the following reasons?" Participants could select multiple non-exclusive responses from a list of 23 different responses; a list of the top 10 most common responses is available on the 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People website. For participants who indicated they received mental health care, they were asked "In the past 12 months, how have you received your psychological or emotional counseling?" Multiple non-exclusive responses could be chosen and included: "In-person one-on-one therapy with someone," "Virtual, online

one-on-one therapy with someone over video," "Text, chat-based therapy with someone," "In-person group therapy," "Virtual, online group therapy,""Hotline, crisis service," and "Another form of psychological or emotional counseling (please specify)."

Chi-square tests were used to determine whether there was a significant association between categorical variables. One-way ANOVA was used to determine whether there was a significant difference in means across categorical variables. All reported comparisons are statistically significant at least at $p < 0.05$. This means there is less than a 5% likelihood these results occurred by chance.

Looking Ahead

These findings illustrate a variety of factors that influence whether LGBTQ+ young people can access mental health care, and how they receive care if they do. Those who accessed one-on-one therapy were less likely to access other forms of mental health care, and also had lower rates of considering or attempting suicide in the past year. Though they made up a minority of the LGBTQ+ young people who accessed care, those who accessed care in other ways than one-on-one therapy were more likely to access multiple forms of care and had higher rates of considering or attempting suicide in the past year. Those accessing a hotline or crisis services had the highest rates of considering or attempting suicide in the past year. To be clear, our analysis is not claiming that these varying rates are attributable to the services LGBTQ+ young people receive. Rather, our findings are consistent with the likelihood that hotlines and crisis services are being accessed by LGBTQ+ young people who are most in need of them. While prolonged one-on-one therapy can be highly effective at preventing suicidal thoughts and behaviors, LGBTQ+ young people at highest risk of suicidal thoughts and behaviors are accessing other services. The fact that these individuals are also using a greater number and different types of mental health care is likely indicative of help-seeking efforts to address their comparatively higher mental health needs. It may also reflect the unfortunate reality that those most in need of mental health care services, specifically one-on-one therapy, are often the least able to access them (Mongelli et al., 2020).

Given the alarming increase in youth suicide rates, and the higher rates of suicidal thoughts and behaviors in LGBTQ+ young people compared to their heterosexual cisgender peers (Centers for Disease Control and Prevention, 2022), it is imperative that we continue to develop and implement evidence-based suicide risk identification and intervention strategies that specifically encourage help-seeking among LGBTQ+ people. Effective suicide prevention requires a multifaceted approach, which includes integrating suicide prevention into health care systems, community-based crisis services, and utilizing new technologies for real-time risk monitoring (Arango et al., 2021). These strategies are essential to make help-seeking more accessible and effective. The National Strategy for Suicide Prevention emphasizes the importance of a systematic approach to suicide care, incorporating evidence-based practices such as screening,

assessment, safety planning, and follow-up services to provide continuous support and intervention for at-risk individuals (U.S. Department of Health and Human Services, 2024). This comprehensive approach ensures that those in need are identified early and connected with appropriate resources, thereby facilitating help-seeking behaviors and reducing suicide risk.

The stigma surrounding mental illness and help-seeking behaviors remains a significant barrier to accessing care among LGBTQ+ youth. Being afraid of discussing mental health concerns with someone else was the most frequently cited barrier by LGBTQ+ youth in accessing mental health care. Reducing this stigma is important for improving mental health outcomes and increasing the likelihood that individuals at risk will seek the help they need. Public awareness campaigns, particularly those targeting schools and community settings, can play a vital role in changing perceptions and encouraging help-seeking behaviors. Gatekeeper training programs and psychoeducational content have shown promise in improving knowledge and attitudes toward mental health and suicide, leading to a sustained impact on reducing suicides in communities (Arango et al., 2021). These campaigns should also highlight the role of adults, as not wanting to get permission from a parent or caregiver was a common reason for not accessing care, especially for LGBTQ+ young people of color. These adults may be unaware they are functioning as a barrier to care, but they could become powerful facilitators of not just mental health care access, but mental health in general, if equipped with information about how to discuss mental health with their children.

It should be noted, however, that not all fears about accessing services may be about the stigmatization of mental health care. Nearly half (46%) of transgender boys and men who did not receive care cited fear about someone calling the police or being involuntarily hospitalized. This heightened concern among transgender boys and men may be indicative of the societal stigmatization of transgender identities both outside and within mental health care settings. Even still, transgender young people were the most likely to access care in the last year, which may be partially attributable to the medicalization of gender dysphoria and a resulting increased likelihood of interfacing with health care more broadly (Dewey & Gesbeck, 2017). These findings together are a powerful reminder that it is not enough to simply have access to mental health care, but to have access to LGBTQ+-affirming mental health care.

Encouraging help-seeking among LGBTQ+ young people is only an effective strategy if sufficient services exist to prevent, diagnose, and treat mental health concerns. The expansion of telehealth services has further increased access to mental health care, particularly for populations disproportionately affected by suicide, including LGBTQ+ young people (Waad, 2019). Crisis intervention systems, including mobile crisis units and crisis stabilization centers, ensure timely access to mental health services during a crisis. Making services like the 988 Suicide and Crisis Lifeline easily accessible to everyone is vital, especially when it can be leveraged to provide LGBTQ+-competent care through integrated partnerships with specialized providers such as TransLifeline and The Trevor Project's crisis services. These services offer culturally

affirming support tailored to the unique needs of LGBTQ+ young people, reducing barriers to help-seeking and ensuring they receive the care they need in a LGBTQ+-affirming environment. This includes addressing the intersectionality of LGBTQ+ identities with other identities such as race, ethnicity, and disability. Integrating culturally affirming and specialized care into routine mental health services, including preventive care, ongoing therapy, and community-based support, can help address the unique challenges faced by LGBTQ+ young people. By fostering an environment of understanding and acceptance within all areas of mental health care, we can better support LGBTQ+ youth and promote their overall well-being.

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