

"Whenever I need it"

*Special report on the help provided to LGBTQI
young people who access ReachOut.com*



by Inspire Foundation

Acknowledgements

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Some terms explained

The research presents findings about young people of diverse sexuality, gender or intersex status who access the Australian youth mental health service, ReachOut.com. It should be acknowledged that there is considerable variation in the use of and meanings attributed to terms employed in health research in this topic as a result of the significant breadth and diversity in people's bodies, identities and sexual feelings. Accordingly, this section seeks to clarify and explain how different terms are used in this report.

The acronym 'LGBTQI', which commonly stands for 'lesbian, gay, bisexual, trans, queer or questioning and intersex', is used in this report to collectively refer to young people of diverse sexuality, gender or intersex status who participated in the study. This includes young people who identified with any of these identities, were intersex and/or used other terms than these describe their sexual orientation and/or gender identity (but who were not heterosexual).

At times, this report makes specific reference to study participants on the basis of sexual orientation. In these instances, the phrase 'same sex attracted' is used to describe young people who indicated they were lesbian, gay, bisexual, queer, pansexual, questioning or preferred to use other terms than heterosexual to describe their sexuality. Other times, the report makes particular reference to participants on the basis of gender identity and intersex experience. In these instances, the phrase 'trans, gender diverse and intersex' is used to differentiate respondents who indicated they identify with a gender that is different to that which they were assigned at birth, and/or who are intersex.

The following explanations are adapted from the National LGBTI Health Alliance guidelines on inclusive language¹.

What is trans and who are trans people?

In Australia, people are classified at birth as female or male. People assigned female or male at birth are respectively raised as girls and boys. Trans people identify with a gender that is different to that which they were classified at birth. For example, a female-assigned person who identifies as male may describe themselves as a transman or simply a man. Similarly, a male-assigned person who identifies as female may describe themselves as a transwoman or simply a woman. Some trans people identify their gender simply as 'trans'. In this report, 'trans' is used as a collective term to describe these diverse experiences.

What is gender diversity and who are gender diverse people?

'Gender diverse people' include people who identify as 'agenda' (having no gender), as bigender (both a woman and man) or as non-binary (neither woman nor man). While there are also individuals who identify as androgynous or gender-queer. These are all of 'gender diverse' people.

What is intersex and who are intersex people?

People are born with many different kinds of bodies. Although intersex people are often confused with trans people, the term intersex refers to a diversity of physical characteristics. Intersex people have natural variations that differ from conventional ideas about 'female' or 'male' bodies. These natural variations include genitals, chromosomes and a range of other physical characteristics. Most intersex people identify simply as women or men.

It should be noted however that only one respondent in the study identified as intersex, and accordingly, the data presented here cannot be said to be representative of intersex young people's use of ReachOut.com. Moreover, the under-representation of intersex young people in this study suggests that few intersex people were accessing ReachOut.com at the time of conducting the survey.

Executive summary

ReachOut.com is an Australian web-based service that aims to improve young people's wellbeing and prevent mental ill-health. First launched in 1998, ReachOut.com engages over 1.4 million unique visitors each year, making it one of the most widely accessed mental health services in Australia. Although ReachOut.com is a universal mental health service, LGBTQI young people are identified as a priority population group in ReachOut.com's service strategy due to the high prevalence of mental health problems and increased risk of suicide in young people from these communities.

Despite ReachOut.com's long history of working with LGBTQI young people, indicators regarding the sexuality, gender diversity and intersex status of young people who access the service were only recently introduced as part of a broader annual cross-sectional study of service users in 2012 (The 2012 ReachOut.com National Survey²). The study, which investigated user characteristics and their service experiences, found a large proportion of young people accessing ReachOut.com were same sex attracted, questioning their sexuality, trans and/or gender diverse. The large sub-sample offered an unprecedented opportunity to explore the characteristics of young people from these communities who use ReachOut.com, why they access ReachOut.com, what their experience of the service involves and whether it motivated those going through tough times to seek help in the future. A summary of key findings from analysing LGBTQI young people's responses to the survey are provided below.

ReachOut.com engages a disproportionately high number of same sex attracted females, trans and/or gender diverse young people

Young people of diverse sexuality, gender or intersex status young people are identified as priority populations for ReachOut.com due to evidence that these groups experience a disproportionately higher prevalence of mental health problems, suicide and self-harm than their non-LGBTQI peers. It is therefore very encouraging that the survey found a high percentage of ReachOut.com users were same sex attracted, trans and/or gender diverse (24%). However, the data also revealed that same sex attracted young men and intersex young people are under-represented in service user numbers.

LGBTQI young people use ReachOut.com for both similar and different reasons to non-LGBTQI young people

Most LGBTQI young people accessing ReachOut.com were looking for information on multiple topics, suggesting that they are experiencing a range of issues at once. While 'sexuality and gender' issues featured as important topics of concern, mental health issues (particularly depression and anxiety), followed by self-harm and suicide, were more commonly listed as the main topics of information LGBTQI young people were seeking.

LGBTQI young people using ReachOut.com have significantly higher levels of psychological distress than non-LGBTQI visitors

The survey found that the overwhelming majority of LGBTQI young people accessing ReachOut.com (86%) were experiencing high or very high levels of psychological distress as measured by the K10. The prevalence of psychological distress was significantly higher than in non-LGBTQI young people accessing ReachOut.com (72%) and is nearly ten times higher than observed in general youth population health surveys (9%).

ReachOut.com motivates many LGBTQI young people going through tough times to seek professional help

Over half of LGBTQI young people experiencing high levels of psychological distress who were new visitors to ReachOut.com were not accessing (and had not previously accessed) any form of professional help (55%). Encouragingly, 30% of these young people said they were more likely to seek help from a medical doctor after visiting ReachOut.com, while 42% said they were more likely to seek help from a counsellor, therapist or other mental health professional. Given that seeking help early in symptom development is critical to reducing both the severity and duration of mental health problems, ReachOut.com offers significant potential for improving mental health outcomes by facilitating early intervention in LGBTQI young people.

Introduction and background

Data regarding the sexuality, gender diversity and intersex status of young people who access the Australian online youth mental health service, ReachOut.com, was collected as part of a broader cross-sectional study of service users in 2012 (The 2012 ReachOut.com National Survey). The study, which is reported in more detail elsewhere², investigated user characteristics and their service experiences, and provides a subjective impact assessment of ReachOut.com on the help-seeking intentions of young people experiencing high levels of psychological distress. It found a large proportion of young people accessing ReachOut.com (24%) were same sex attracted, questioning their sexuality, trans and/or gender diverse.

Accordingly, the purpose of this report is to provide a summary of these young people's experiences of ReachOut.com. It profiles the demographic characteristics and mental health status of same sex attracted, trans and gender diverse ReachOut.com users and examines how and why they access the site, and whether their experiences of ReachOut.com vary. The findings offer important insights into the mental health needs of same sex attracted, questioning, trans and gender diverse service users, and ReachOut.com's role in promoting the mental health and wellbeing of young people from these populations more broadly.

About ReachOut.com's work with LGBTQI young people

ReachOut.com is an Australian web-based service that aims to improve young people's wellbeing and prevent mental ill-health. First launched in 1998, ReachOut.com now engages over 1.4 million unique visitors each year, making it one of the most widely accessed mental health services in Australia. ReachOut.com's pioneering work with sexuality diverse young people first began in the late 1990's, conducting some of the earliest Australian research studies into suicide amongst same sex attracted young people and how it could be prevented⁴. This research, combined with subsequent Australian and international studies, consistently shows significant disparities in the mental health and wellbeing of LGBTQI young people when compared to their non-LGBTQI peers³⁻⁶.

Suicide risk in young people of diverse sexuality, gender or intersex status remains high, and is a significant public mental health concern in Australia. Same sex attracted young people are, on average, up to six times more likely to attempt suicide than their heterosexual peers⁵. The prevalence of suicidal ideation and behaviour in trans, gender diverse and intersex young people is estimated to be even higher⁶⁻⁸.

Moreover, risk is heightened in adolescence as issues surrounding sexuality, gender identity and/or intersex experiences are often compounded by developmental changes such as puberty and the emergence of romantic and sexual relationships. Studies examining suicide in sexuality and gender diverse populations suggest that suicide attempts are most likely to occur at ages 16-17 years, when individuals are commonly questioning their sexuality and/or gender, and often prior to disclosing their feelings or 'coming out' to others⁴⁻⁵.

These disparities underscore the significant need for mental health services that are inclusive and culturally relevant to young people of diverse sexuality, gender or intersex status. Accordingly, over the past decade, ReachOut.com has worked in close partnerships with specialist LGBTQI health services to support same sex attracted and questioning young people accessing ReachOut.com over the past decade, and more recently expanded this focus to include young people who are trans, gender diverse and/or intersex.

ReachOut.com provides evidence based, confidential and anonymous support to young people of diverse sexuality, gender or intersex status young people, with the aim of reducing social isolation and helping young people from these communities get the help they need to get through their tough times. With its large population reach, ReachOut.com is also in a critical position to grow awareness and increase understanding of diversity in sexuality, gender and intersex experience in the wider youth population. In this way, ReachOut.com also strives to reduce the high levels of prejudice, discrimination and harassment experienced by many LGBTQI young people in Australia.

Methodology

The survey was conducted with visitors to the Australian ReachOut.com website during an eight-week period from May 9 to July 16, 2012. All visitors were invited to participate via a pop-up window during their visit. Participation was voluntary and the sample is therefore self-selected. The survey consisted of both open-ended and closed (mostly multiple choice) questions. These include both existing standardised scales and questions developed specifically for the ReachOut.com evaluation framework. Broadly, the questions collected the following data:

- Demographic information such as age, gender and intersex status, postcode, education, employment, cultural background and sexual orientation
- Site usage in terms of frequency and duration of visits, topics sought, features used and reasons for visiting
- Site satisfaction in terms of user experience, functionality, design and credibility
- Current mental health status measured using the Kessler 10 (K10) – a validated scale of psychological distress⁹
- Past and present use of other professional mental health services and social sources of help
- Intentions to seek help from professional and social sources after visiting ReachOut.com

Data about gender diversity, trans and intersex experience was collected for 2,756 respondents using a two-step question as follows (respondents could select all that apply):

Q7 [Part 1] Are you ... [male] [female] [select for more options]

If 'more options' selected, then show the following options [Part 2]:

[Transgender or transsexual (FtM)]
[Transgender or transsexual (MtF)]
[Genderqueer]
[Androgynous]
[Intersex]
[If none of the above describe you, or you would like to tell us more,
please describe here: _____]

Data about sexual orientation was gathered after a series of other demographic information was collected (such as cultural background, education, work and living arrangements) in a single question as shown below.

Q19 How would you describe your sexual orientation?

[Heterosexual (Straight)]
[Gay]
[Lesbian]
[Bisexual]
[Unsure]
[Other (queer, pansexual, questioning etc)]
[If you would like to tell us more please describe _____]

Significant respondent drop-off was observed between the gender and sexual orientation questions, with a large number dropping out at the post code question, resulting in 2,308 individuals responding to the sexual orientation question. Only a small number refused or provided invalid responses to the gender and sexual orientation questions. For the purposes of this research, only those respondents who identified as non-professional users of the site aged 25 years and below who answered both questions about their gender and sexual orientation (n=2,308) were included in comparative analyses presented in this report. No trans, gender diverse and intersex respondents described their sexual orientation as 'heterosexual', however the number of respondents in these groups was too low to enable making comparisons between trans, gender diverse and/or intersex individuals and the wider sample. Accordingly, all respondents who preferred to describe their sexual orientation using terms other than 'heterosexual', including trans, gender diverse and intersex respondents, were grouped together for the purpose of examining the influence of being LGBTQI in determining service needs and experiences on ReachOut.com.

Descriptive and statistical analyses, such as cross-tabulations, t-tests and chi-square tests as appropriate were conducted using SPSS. Significant respondent drop-off was observed, with repeat users and those experiencing high levels of psychological distress being more likely to complete the entire survey.

Results

About the LGBTQI young people who use ReachOut.com

Gender identity and intersex status

As presented in Table 1.0, most participants were female (n=2,242; 81%) and a small proportion (n=35; 1.3%) indicated they were trans, gender diverse and/or intersex. Multiple responses were permitted, though very few participants (n=6) selected more than one option to describe their gender. Amongst those who chose options other than 'male' or 'female' to describe themselves, most indicated they were androgynous and/or non-binary gender identified. Only one respondent indicated they were intersex.

Figure 1.0 Gender and intersex status of young people using ReachOut.com



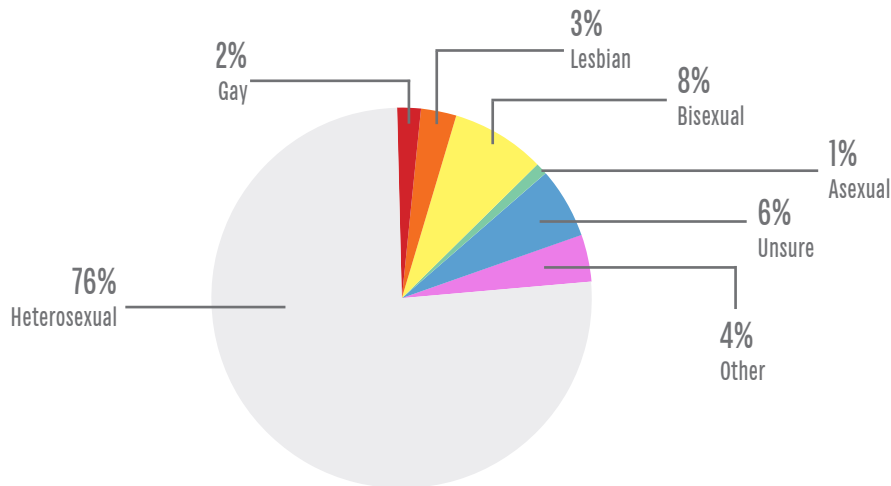
Table 1.0 Breakdown of gender and intersex status of young people using ReachOut.com

	Frequency	Valid %
Female	2,242	81.3%
Male	479	17.4%
Genderqueer	11	0.39%
Transgender or transsexual (FtM)	7	0.26%
Androgynous	5	0.18%
Genderqueer and androgynous	4	0.15%
Transgender or transsexual (FtM) and androgynous	2	0.07%
None of the above describe me (other - specified, e.g.: 'gender-neutral'; 'genderless but femme')	2	0.07%
Transgender or transsexual (MtF)	1	0.03%
Transgender or transsexual (FtM), androgynous and genderqueer	1	0.03%
Transgender or transsexual (MtF) and genderqueer	1	0.03%
Intersex	1	0.03%

Sexual orientation

2,308 survey participants provided information about gender, intersex status and their sexuality. While the majority of respondents (n=1,762; 76%) described themselves as heterosexual, nearly one quarter (n=564; 24%) reported they were lesbian, gay, bisexual, unsure or chose terms other than heterosexual to describe their sexual orientation. Only three respondents declined to give information about their sexual orientation or provided an invalid response. A breakdown of the different terms respondents selected to describe their sexualities is shown in Figure 1.0.

Figure 2.0 Sexual orientation of young people accessing ReachOut.com (n = 2,308)



A large proportion of young people accessing ReachOut.com indicated they were bisexual, or were questioning their sexuality at the time of their visit. Many who selected 'other' also indicated that they were unsure and/or "still working it out". The majority of gender diverse respondents, and particularly those who indicated a non-binary gender identity, provided free-text responses when asked to describe their sexual orientation. The small number of 'gay' identified respondents reflects the small number of 'male' individuals who participated. A breakdown of sexual orientation by gender and intersex status is presented in Table 2.0.

Table 2.0 Sexual orientation by gender and intersex status (n = 2,308)

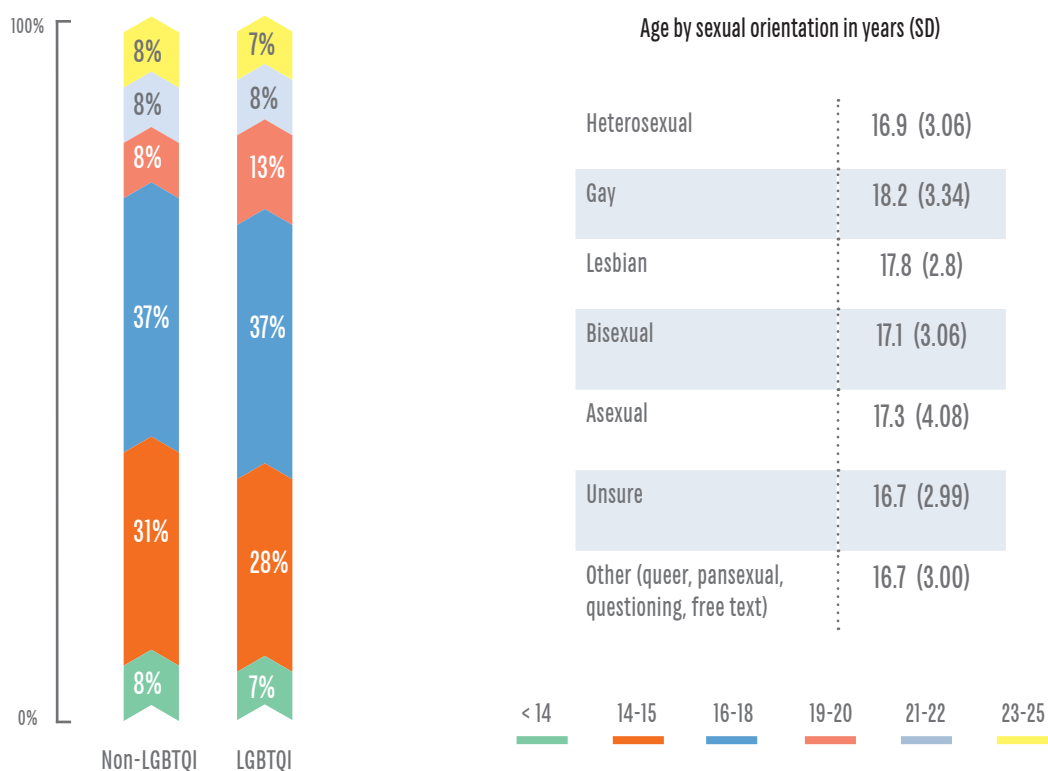
How would you describe your sexual orientation?	Total n	Total %	Male	Female	Trans (FtM)	Trans (MtF)	Gender-queer	Androgynous	Intersex	Other gender ²
Heterosexual	1,762	76.2%	75.8% (295)	77.8% (1,467)	0%	0%	0%	0%	0%	0%
Gay	37	1.6%	9.3% (36)	0%	20.0% (1)	0%	0%	0%	0%	0%
Lesbian	59	2.6%	0%	2.9% (54)	0%	0%	9.1% (1)	20.0% (1)	0%	30% (3)
Bisexual	195	8.5%	5.4% (21)	9.1% (171)	0%	0%	9.1% (1)	0%	0%	20% (2)
Asexual	16	0.7%	0.8% (3)	0.6% (11)	0%	0%	9.1% (1)	0%	0%	10% (1)
Unsure	140	6.1%	5.4% (21)	6.0% (113)	20.0% (1)	0%	18.2% (2)	20.0% (1)	100% (1)	10% (1)
Other (queer, pansexual, questioning, free text)	99	4.3%	3.3% (13)	3.7% (70)	60.0% (3)	100% (1)	54.5% (6)	60.0% (3)	0%	30% (3)
Total n ¹	2,308	-	389	1,886	5	1	11	5	1	10

1. n = total number of respondents who answered both questions about sexual orientation and gender, trans and intersex status.
2. Includes respondents who selected multiple response items and/or provided free text to describe their gender.

Age

The average age was younger for heterosexual-identified respondents and those who were questioning their sexuality or selected 'other'.

Figure 3.0 Age distribution of LGBTQI visitors compared to non-LGBTQI visitors

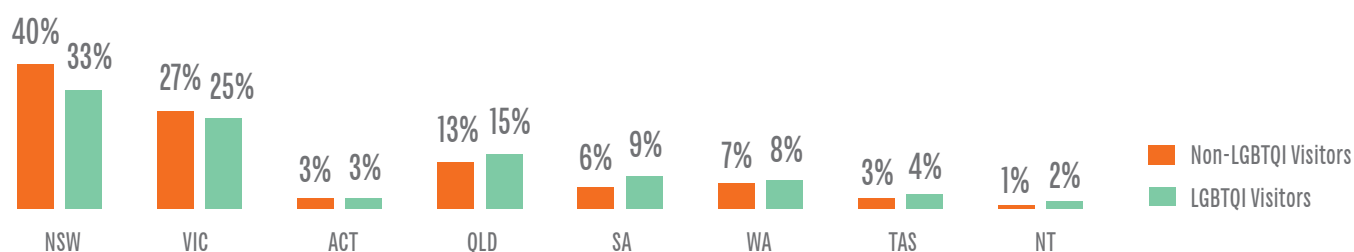


Geographical distribution

While the overall geographical distribution of ReachOut.com users was relatively commensurate with the distribution of the wider youth population in Australia, there were some differences in geographical distribution between LGBTQI and non-LGBTQI service users.

There were proportionately fewer LGBTQI ReachOut.com users from NSW and VIC, while the opposite was observed in all other states except the ACT where there was no difference. Furthermore, there was a slightly higher proportion of LGBTQI young people accessing ReachOut.com from rural or regional areas (31%) compared to non-LGBTQI service users (28%), though these differences were not statistically significant.

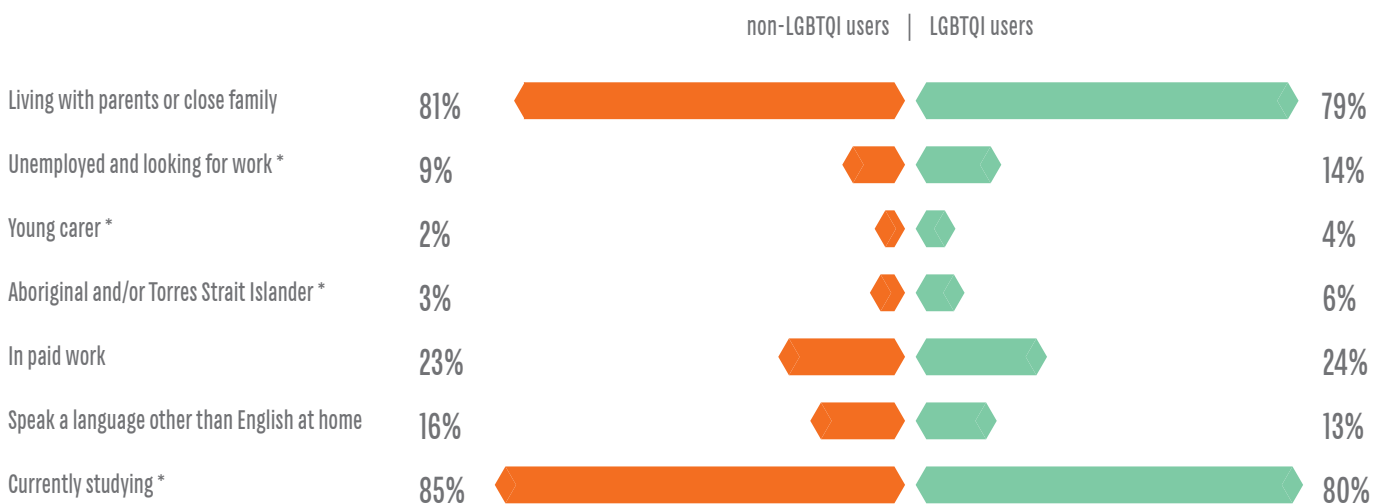
Figure 4.0 Geographical distribution of LGBTQI young people accessing ReachOut.com compared to non-LGBTQI visitors



Living, work, education and cultural background

LGBTQI ReachOut.com users were significantly ($p < 0.05$) more likely to be unemployed, a young carer or Aboriginal and/or Torres Strait Islander, and less likely to be currently studying. There were otherwise no significant differences in terms of key demographic characteristics between LGBTQI and non-LGBTQI ReachOut.com users.

Figure 5.0 Comparison of demographic characteristics of LGBTQI and non-LGBTQI ReachOut.com users



* Indicates difference between LGBTQI and non-LGBTQI respondents was significant ($p < 0.05$)

Current levels of psychological distress

Young people experiencing high levels of psychological distress are one of ReachOut.com's priority target populations. In order to assess whether ReachOut.com is engaging this population segment, the survey included the Kessler 10 (K10) scale⁹. The K10 is often used to measure non-specific psychological distress in community health surveys and primary care. The scale uses a 10 item questionnaire on feelings of nervousness, anxiety and depression in the 30 days prior to the survey, with responses ranging from 'none of the time' to 'all of the time'. Although not a diagnostic tool, high scores on the K10 indicate a need for mental health care¹⁰.

Table 3.0 shows that ReachOut.com engages a disproportionately high number of young people experiencing high or very high levels of psychological distress when compared to youth population norms and suggests that ReachOut.com is engaging young people who are likely to be experiencing moderate to severe mental health difficulties. Moreover, LGBTQI service users have significantly higher levels of psychological distress than their non-LGBTQI peers who use ReachOut.com ($p < 0.05$).

Table 3.0 Psychological distress in LGBTQI young people accessing ReachOut.com

K10 Score	Non-LGBTQI ReachOut.com users, 2012	LGBTQI ReachOut.com users, 2012	Data from National Mental Health & Wellbeing Survey (16-24 year olds), 2007 ¹¹ published in AIHW ¹²
Low (<16) "Likely to be well"	14%	5%	91% (low to moderate)
Moderate (16-21) "Likely to have a mild disorder"	14%	9%	
High (22-29) or 'Very High' "Likely to have a mental health disorder"	22%	19%	9% (high to very high)
Very High (>=30) "Likely to have a severe disorder"	50%	67%	

**The majority of LGBTQI young people who access ReachOut.com [86%]
are experiencing high or very high levels of psychological distress**

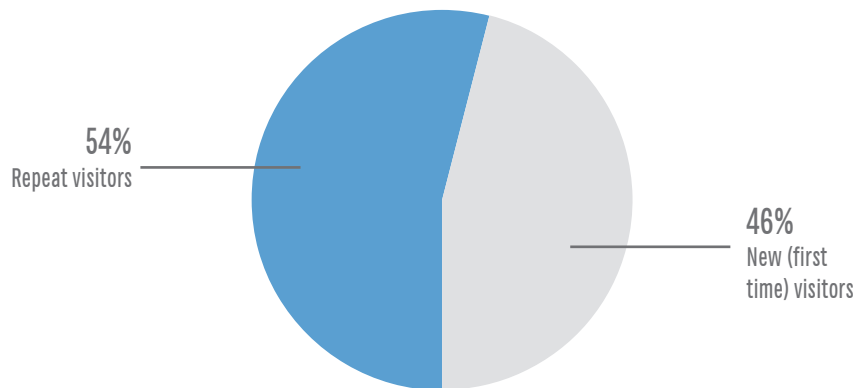
The distribution of psychological distress varied across different sexualities and genders. Prevalence of high or very high psychological distress was greatest amongst bisexual respondents (92%), trans and gender diverse young people (91%), lesbian identified young people (87%) and respondents who were questioning their sexuality (81%) or who described their sexual orientation as 'other' (queer, pansexual etc) (86%). There were too few asexual and intersex respondents to compare against or provide data about.

How do LGBTQI young people use ReachOut.com?

Proportion of new vs returning visitors

Over half of LGBTQI young people using ReachOut.com (54%) said that they were repeat visitors, while the remainder (46%) indicated that they were first time visitors at the time of completing the survey. Non-LGBTQI respondents were less likely to be return visitors to ReachOut.com.

Figure 6.0 Proportion of new vs repeat LGBTQI visitors



ReachOut.com website features used

While 'factsheets' and 'personal stories' continue to be the most commonly used features for all ReachOut.com users, a significantly higher proportion of LGBTQI young people reported accessing personal stories $\chi^2(1) = 15.59$, $p < 0.001$; videos $\chi^2(1) = 7.87$, $p < 0.001$; links to other websites $\chi^2(1) = 16.83$, $p < 0.001$; and discussion forums $\chi^2(1) = 7.93$, $p < 0.001$; than non-LGBTQI users.

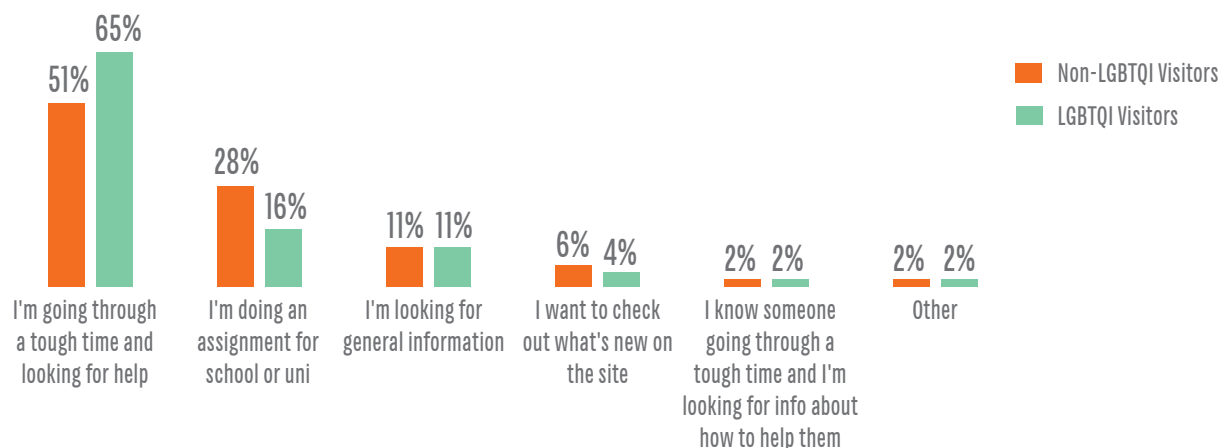
There were no other significant differences in terms of the features LGBTQI young people used when compared to non-LGBTQI young people's service utilisation.

Why do LGBTQI young people access ReachOut.com?

Main reason for visiting

Participants were asked to indicate their reasons for visiting from a list of options shown in Figure 7.0. Respondents who selected more than one reason were asked to rank their selected reasons in order of priority. 'Going through a tough time' was the most commonly top-ranked reason for visiting selected by all young people accessing ReachOut.com, except for those with low and moderate levels of psychological distress, who were more likely to select 'doing an assignment for school or uni' as the main reason for visiting. Although 'I'm going through a tough time and looking for help' was the most popular reason selected by both LGBTQI young people and non-LGBTQI young people, a significantly higher percentage of LGBTQI visitors (64.7%) chose this reason than non-LGBTQI visitors (50.6%); $\chi^2(1) = 42.19, p < 0.01$.

Figure 7.0 Top reason for visiting ReachOut.com



Reported topics of information sought

Survey participants were asked "Briefly describe the main topic/s that you are looking for support / information on?". Open-ended responses were recorded and coded into categories using thematic analysis. LGBTQI young people reported looking for information on a wide range of topics on ReachOut.com, however the five most commonly sought after topics were:

1. mental health issues (depression and anxiety) (69%)
2. self-harm (11.5%)
3. sexuality (10.6%)
4. suicide (9.4%)
5. eating disorders (9%)

Of the 69% of LGBTQI young people who described seeking information about specific mental health conditions, depression (n=200), followed by anxiety (n=100) were most common. Other mental health conditions that young people were seeking information about included bipolar disorder, borderline personality disorder, post-traumatic stress disorder, schizophrenia, psychosis, obsessive compulsive disorder, mood disorders and personality disorders. Alongside mental health, self-harm, sexuality, eating disorders and other issues young people were also seeking information about getting help. This included information about appropriate services, treatment options, medication and what to expect when seeking help.

Most LGBTQI young people accessing ReachOut.com were looking for information on more than one of these topics, suggesting that they are experiencing a range of issues at once. The majority of trans and gender diverse young respondents noted that they were looking for information about gender issues, alongside alcohol and other drugs and many of the same mental health topics that other users described seeking information about.

"sexuality; other people's struggles with it, what to do if you are unsure: should you tell people you are unsure? / how to tell if you have depression / have overcome it yet / what constitutes anxiety "

- 16-year-old genderqueer respondent from QLD on what information they are looking for on ReachOut.com

" borderline personality disorder, coming out, depression, dealing with unsupportive parents, anxiety, where to get help "

- 16-year-old lesbian from NSW on what information she is looking for on ReachOut.com

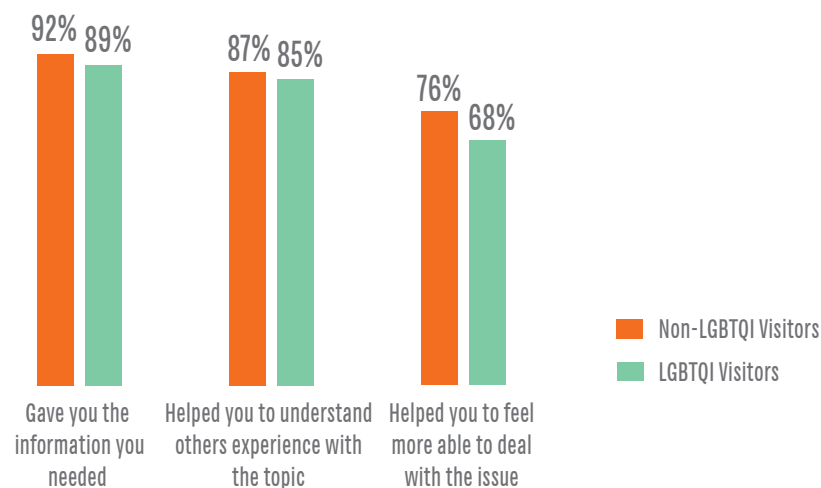
Subjective impact assessment

A primary purpose of the ReachOut.com National Survey is to assess subjective views about the impact of ReachOut.com. All young people were asked their opinions about whether ReachOut.com helped them with their tough time or influenced them to seek help in the future.

LGBTQI young people's perceptions about whether ReachOut.com helped them with their 'tough time'

As shown in Figure 8.0, most young people reported ReachOut.com as being helpful in regards to a range of impact statements. There were no significant differences between LGBTQI and non-LGBTQI young people's assessment of ReachOut.com's helpfulness for two of three statements, with both cohorts reporting that ReachOut.com provided them with the information they needed and that it helped them to better understand others' experiences with the topic. However, a significantly lower proportion of LGBTQI young people (68%) reported that ReachOut.com helped them to feel more able to deal with the issue they were experiencing than non-LGBTQI young people (76%); $\chi^2(1) = 11.00, p < 0.05$.

Figure 8.0 Percentage of LGBTQI and non-LGBTQI young people who reported that ReachOut.com helped 'somewhat', 'quite a bit' or 'a lot'

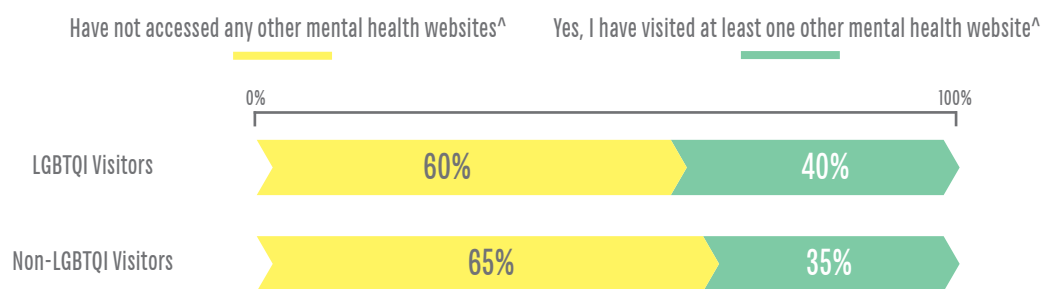


Past, concurrent and future help-seeking behaviours

One of the primary objectives of ReachOut.com is to facilitate help-seeking amongst young people experiencing high or very high psychological distress who are not receiving professional support. The 2012 ReachOut.com National Survey assessed future intentions to access help and also accounted for previous or concurrent help-seeking behaviour. Young people were first presented with a matrix style question to capture present and past help-seeking behaviour, before being asked whether they felt more or less likely to seek help as a result of visiting ReachOut.com. In the first matrix style question respondents were asked "Have you or would you talk to or go to any of the following to get through a tough time?", and were presented with a list of social and professional sources of help. Participants were able to select from the following choices for each source: 'Yes, I have', 'Planning to', 'I would if I needed to', or 'No and wouldn't'.

Three well established Australian youth mental health websites (www.headspace.org.au, www.lifeline.org.au and www.beyondblue.com.au) were included in this list alongside a variety of other professional and social sources of help. Figure 9.0 shows the proportion of LGBTQI and non-LGBTQI ReachOut.com first time visitors who report having previously accessed at least one of these three websites. Most new visitors to ReachOut.com had not previously accessed any of these three websites. There were no significant differences between LGBTQI and non-LGBTQI first time visitors in terms of reported use of other mental health websites ($\chi^2(1) = 1.436$, $p = 0.231$).

Figure 9.0 Percentage of LGBTQI and non-LGBTQI ReachOut.com first time visitors who have / have not previously accessed at least one of the following websites: www.headspace.org.au, www.lifeline.org.au and/or www.beyondblue.com.au



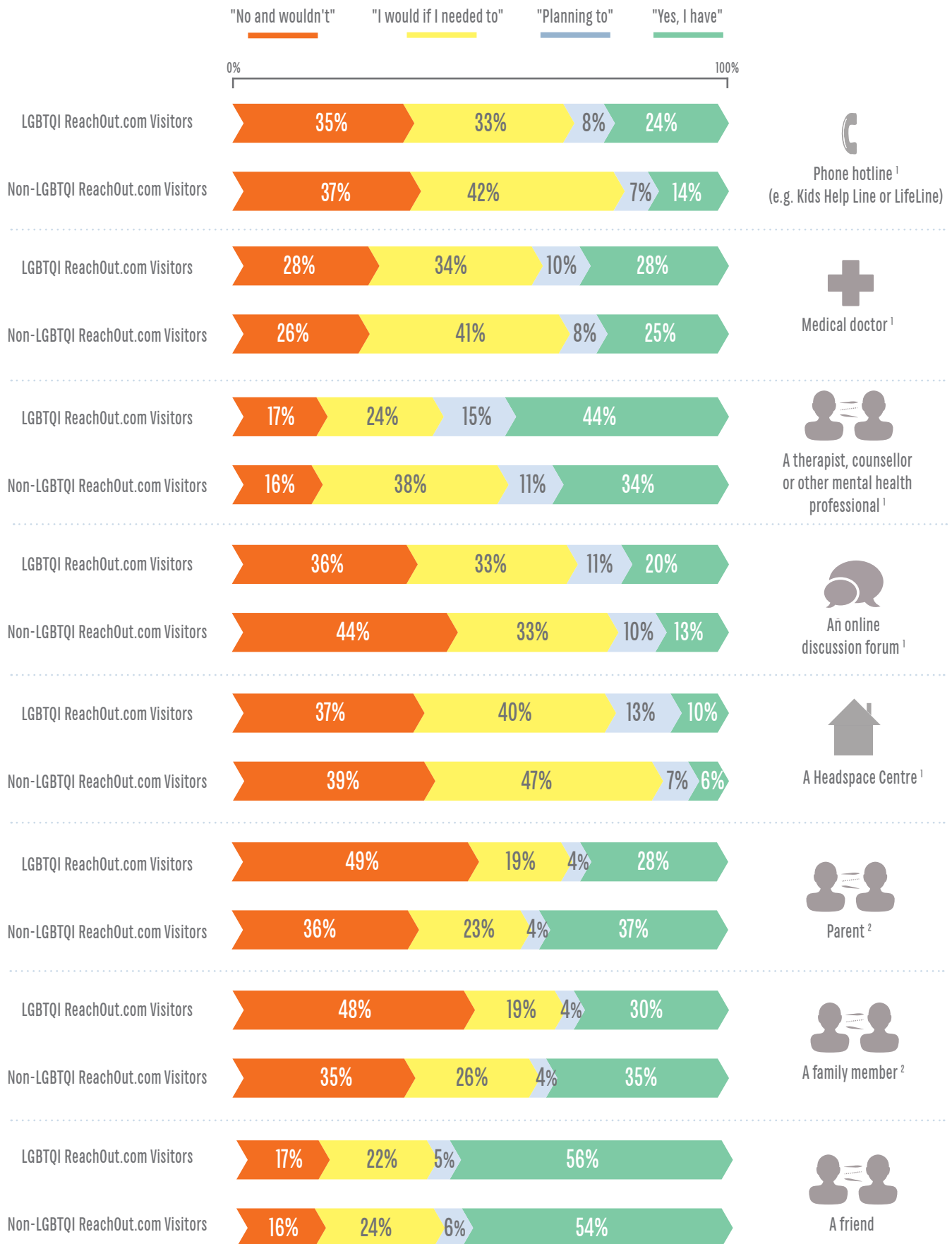
[^] Respondents were asked "Have you or would you talk to or go to any of the following to get through a tough time?" and presented with a list of three websites (www.headspace.org.au, www.lifeline.org.au and www.beyondblue.com.au) alongside other sources of help listed in figure 10.0. In response, participants were able to select from the following choices for each website: 'Yes, I have', 'Planning to', 'I would if I needed to', or 'No and wouldn't'. Results presented here combine responses from all three websites (where 'I would if I needed to', 'planning to' and 'no and wouldn't' were recoded as 'have not accessed').

Figure 10.0 displays the responses given by LGBTQI and non-LGBTQI visitors for selected other professional and social sources of help. Only a small proportion of all young people reported previously having sought help from professional sources, while the majority of respondents selected that they would seek help if they needed to. This may indicate that most young people accessing ReachOut.com do not perceive they need help, despite many visitors experiencing high or very high levels of psychological distress. LGBTQI ReachOut.com visitors were significantly less likely ($p < 0.05$) than non-LGBTQI visitors to report having previously sought help from parents or other family members. Conversely, LGBTQI visitors were more likely ($p < 0.05$) than non-LGBTQI visitors to report having previously having sought help from discussion forums, phone hotlines, medical doctors, headspace centres or a therapist, counsellor or other mental health professional.

Help-seeking histories amongst LGBTQI young people experiencing high or very high psychological distress who were new visitors to ReachOut.com

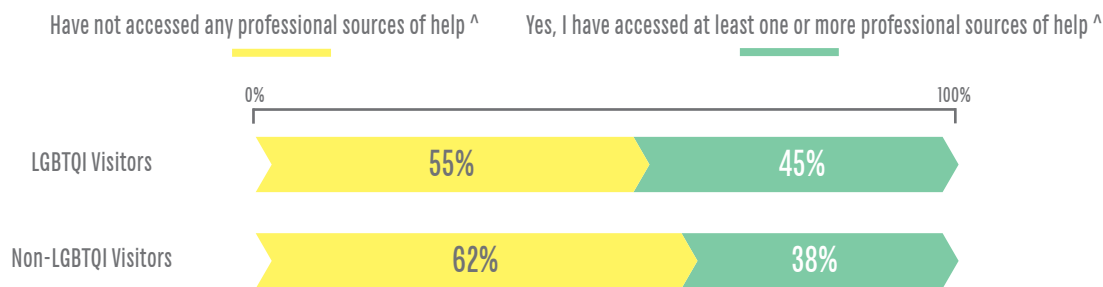
Just under half (48%) of new LGBTQI visitors experiencing high or very high levels of psychological distress had sought help from a friend, and nearly a third (28%) from a parent. However the majority (55%) of this group had not sought help from any professional sources such as a medical doctor, headspace centre, therapist, counsellor or other mental health professional. Figure 11.0 summarises past and concurrent help-seeking from professional sources amongst first-time LGBTQI and first-time non-LGBTQI visitors experiencing high or very high levels of psychological distress. There were no significant differences between first-time LGBTQI and first-time non-LGBTQI visitors experiencing high or very high distress in terms of reported help-seeking from professionals prior to using ReachOut.com ($\chi^2(1) = 2.910$, $p = 0.088$).

Figure 10.0 "Have you or would you look for information and support for a tough time in any of the following places?"
 - Responses given by new and repeat LGBTQI and non-LGBTQI visitors in relation to professional and social sources of help



1. LGBTQI visitors significantly more likely to report having sought help form this source (p <0.05); 2. LGBTQI visitors significantly less likely to report having sought help form this source (p <0.05);

Figure 11.0 Percentage of first-time visitors with high or very high levels of psychological distress who have or have not previously accessed help from professional sources.



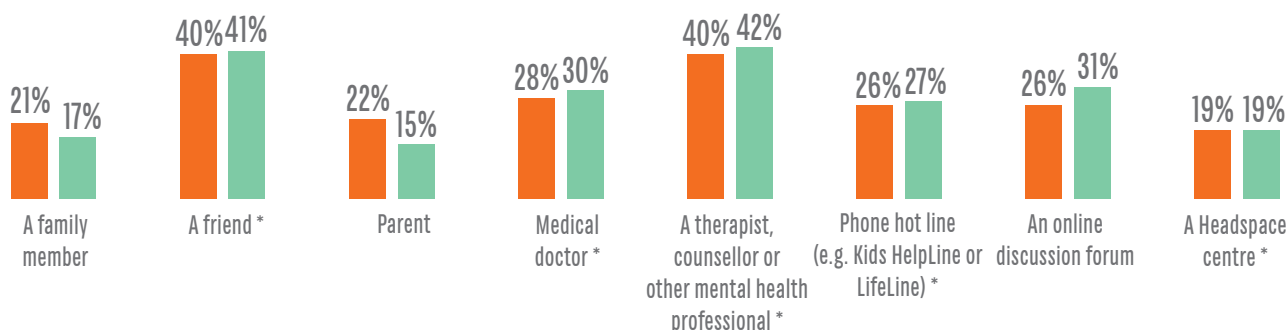
^ Respondents were asked "Have you or would you talk to or go to any of the following to get through a tough time?" and presented with a list including the following professional sources of help: a medical doctor, a counsellor, therapist or other mental health professional or a headspace centre. In response, participants were able to select from the following choices for each source: 'Yes, I have', 'Planning to', 'I would if I needed to', or 'No and wouldn't'. Results presented here combine responses from all professional sources of help (where 'I would if I needed to', 'planning to' and 'no and wouldn't' were recoded as 'have not accessed').

Over half of LGBTQI young people experiencing high levels of psychological distress have not previously sought professional help for their mental health difficulties

Are LGBTQI young people experiencing psychological distress more likely to seek help after visiting ReachOut.com?

Survey respondents were also asked whether they were "more or less likely to talk to or access support" from a list of social and professional sources of help after visiting ReachOut.com. Figure 12.0 presents the responses given by respondents experiencing high or very high levels of psychological distress who had not previously accessed help from professional sources. Encouragingly, 30% of this sub-sample said they were more likely to seek help from a medical doctor, and 42% said they were more likely to seek help from a counsellor, therapist or other mental health professional after visiting ReachOut.com. The percentage of LGBTQI young people who said they were more likely to seek help after visiting did not differ significantly from non-LGBTQI respondents. However, repeat visitation was significantly associated with increased likelihood of LGBTQI respondents reporting they were "more likely" to seek help from several professional sources after visiting ReachOut.com, including medical doctors, mental health professionals, friends, partners or a headspace centre.

Figure 12.0 Percentage of all (new and repeat) LGBTQI visitors with high or very high psychological distress who have not previously accessed professional sources of help who said they were "more likely" to seek help from various sources after visiting ReachOut.com



* Repeat LGBTQI visitors with high or very high psychological distress were significantly more likely than new visitors with high or very high psychological distress to report they were "more likely" to seek help from this source after visiting ReachOut.com (p < 0.05)

Non-LGBTQI Visitors
LGBTQI Visitors

" Other than my parents, my family have very opinionated views on sexuality and I don't feel that I could talk to them about this issue "

- 16-year-old female questioning her sexuality from QLD on barriers to seeking family support

Young people who said they were less likely to talk to social and professional sources were asked why. Top reasons included a lack of trust, feeling uncomfortable, a sense that there were no friends or family available to speak to, having had a negative experience in the past, a fear that they wouldn't understand, and concerns around confidentiality. Other issues included conservative and/or judgemental families and an unwillingness to burden others. Some young people feared that their parents would be judgemental about their sexuality, while for others there was concern their family would judge them for experiencing mental ill health. In many cases, it was ambiguous or a combination of both these concerns.

In their own words: what LGBTQI visitors like about ReachOut.com

Respondents provided positive reviews of ReachOut.com, praising the quality of information, language and tone, ease of use, range of topics, stories and factsheets. They also expressed that ReachOut.com helps them to feel less alone, feel accepted and helps them to understand more about themselves.

" I have this sense that I fit in for once while reading all the stuff "

- 14-year-old pansexual identified female from NSW on what she likes about ReachOut.com

Quality of information

The quality of information was praised by many LGBTQI respondents, who found it to be reliable, relatable and useful.

" The fact that the information is all there in front of me and it is actually useful "

- 15-year-old female questioning her sexuality from NSW on what she likes about ReachOut.com

Language and tone

For many respondents, the language and tone of ReachOut.com played an important role in making them feel welcome, accepted and comfortable on the site. They found the language to be friendly, objective and accessible. Participants in the survey reported that they particularly liked that the information was provided in a way that allowed them to make their own decisions, rather than taking sides or telling them what to do.

" It's not patronizing. It gives you options; doesn't tell you what you have to do "

- 15-year-old female questioning her sexuality from NSW on what she likes about ReachOut.com

" I like the way that it shows everyone's point of view"

- 16-year-old pansexual identified female from QLD on what she likes about ReachOut.com

Usability and range of topics available

Respondents commented that the site was easy to use and navigation allowed them to find relevant content easily. Many LGBTQI young people also praised the wide range of information available on ReachOut.com.

" ... This website covers SO many things, the subheadings make it easy to find what you want. The suicide page linked me to crisis support at lifeline which helped a lot. All the advice here is so practical, the fact it spells out things "

- 23-year-old lesbian from Victoria on what she likes about ReachOut.com

Stories and factsheets, and fostering a sense of belonging

Respondents rated stories and factsheets as their favourite content on ReachOut.com. Stories were particularly popular as they helped young people feel less alone and provided a sense of hope for the future. Stories were seen as setting ReachOut.com apart from other mental health websites which could provide the information but not real people's stories.

" There is information and stories of what other people have gone through, which makes the situation or problem feel like there will be a way out eventually "

- 16-year-old genderqueer respondent from NSW on what they like about ReachOut.com

For many, ReachOut.com provided a place to be themselves. They felt a sense of belonging or of "fitting in". For others, the website helped them to gain a better understanding about themselves and their experiences. In the words of one young person "ReachOut understands teenagers even better than parents and therapists do sometimes". The site also helped them to feel less alone through the personal stories of others and connecting them with others in the ReachOut.com community.

In their own words: suggestions for improving ReachOut.com

Suggestions for the improvement of ReachOut.com centred on design and content. Many of these recommendations have since been adopted during the redevelopment of ReachOut.com undertaken following the survey in late 2012.

Design

Respondents suggested that the colour and design of the website should be updated in order to be more unique, appealing and to improve navigation.

" A more modern design that allows the user to navigate through the website more simply "

- 16-year-old bisexual identified female from VIC on how ReachOut.com could be improved

Content

Young people suggested improvements and additions to the content on ReachOut.com, specifically the information and stories available. Suggestions included more regularly updating content as well as a handful of respondents requesting more information be provided on specific topics including gender (n=2), sexuality (n=1), family issues (n=1), how to support others (n=1), dissociative disorder (n=1), feeling lonely and isolated (n=1), getting help (n=1) and suicide (n=1). They also suggested including more "fun facts and statistics".

" More expansive fact sheets on gender issues "

- 15-year-old androgynous-genderqueer respondent from NSW on how ReachOut.com could be improved

" More information about suicide the before and after effects of a friend or family member that feels suicidal/self harm regularly. How to cope with their pain and depression, how to support them "

- 16-year-old female questioning her sexuality from NSW on how ReachOut.com could be improved

Summary of key findings

The 2012 ReachOut.com National Survey highlights important insights about the characteristics of (non-professional) LGBTQI service users aged 25 years and below, why they access ReachOut.com, what their experience of the site involved and whether it motivated those going through tough times to seek help in the future. A summary of key findings from analysing LGBTQI young people's responses to the survey are provided below.

ReachOut.com engages a disproportionately high number of same sex attracted females, trans and gender diverse young people

Young people of diverse sexuality, gender or intersex status are identified as priority target groups for ReachOut.com due to strong evidence that young people from these populations are at significantly greater risk of experiencing mental health problems, suicide and self-harm than their non-LGBTQI peers⁶. It is therefore very encouraging that nearly one in four ReachOut.com users are same sex attracted, trans and/or gender diverse.

Furthermore, many young people described that they were questioning their sexuality at the time of accessing ReachOut.com. This suggests ReachOut.com may play a critical role in supporting young people who are exploring their sexuality and experiencing difficulties related to coming out. This is particularly important given that research studies have found that suicide risk in same sex attracted young people is heightened prior to 'coming out'⁴⁻⁵. Similarly young people who are questioning their sexuality and/or gender may not yet be aware of or ready to access specialist LGBTQI health or community services. Accordingly, ReachOut.com is uniquely positioned as an inclusive service to support this group, as well as link them to specialist LGBTQI services as needed.

However, the data also shows that same sex attracted young men and intersex young people are under represented in service user numbers. In regards to the former, this may be attributed to the lower representation of young men more broadly in ReachOut.com's user numbers. In terms of the latter, at the time of conducting the survey there was no content specifically addressing intersex issues provided on ReachOut.com, and accordingly, this may reflect why so few young people from this population accessed the service. Tailored strategies, including partnerships with relevant community organisations are required to ensure ReachOut.com offers an inclusive and engaging service for young people from these groups.

LGBTQI young people use ReachOut.com for both similar and different reasons to non-LGBTQI young people

Most LGBTQI young people accessing ReachOut.com were looking for information on multiple topics, suggesting that they are experiencing a range of issues at once. While 'sexuality and gender' issues featured as important topics of concern, mental health issues (particularly depression and anxiety), followed by self-harm and suicide, were more commonly listed as the main topics of information LGBTQI young people were seeking. This suggests that while LGBTQI young people do have specific needs that are unique to their experiences of sexuality, sex and/or gender, they also share the same needs of non-LGBTQI service users in regards to seeking support with mental health issues more broadly.

LGBTQI young people using ReachOut.com have significantly higher levels of psychological distress than non-LGBTQI visitors

The survey found that the overwhelming majority of LGBTQI young people accessing ReachOut.com (86%) were experiencing high or very high levels of psychological distress as measured by the K10. The prevalence of psychological distress was significantly higher than in non-LGBTQI young people accessing ReachOut.com (72%) and is nearly ten times higher than observed in general youth population health surveys (9%)¹¹. These findings concur with other studies of mental health and wellbeing in LGBTQI young people, which consistently show significant disparities in mental health and wellbeing outcomes when compared to the wider youth population³⁻⁸.

Most LGBTQI young people say ReachOut.com gave them what they needed and report positive feedback about their service experience

The majority of LGBTQI young people provided positive feedback about ReachOut.com, with many praising the credibility and accessibility of the service. Nearly all LGBTQI (89%) said that ReachOut.com provided them with the information they needed. However, LGBTQI young people were significantly less likely than non-LGBTQI visitors to report that ReachOut.com helped them to deal with the issue for which they were seeking support. Respondents provided several suggestions on how ReachOut.com could be improved. The majority of these recommendations focused on developing more relevant content and improving the design of the website.

ReachOut.com motivates many LGBTQI young people going through tough times to seek professional help

The majority of LGBTQI young people experiencing high or very high psychological distress, who were new visitors to ReachOut.com, were not accessing (and had not previously accessed) any form of professional help (55%). Encouragingly, 30% of LGBTQI young people experiencing high levels of distress who had not previously accessed any professional help said they were more likely to seek help from a medical doctor after visiting ReachOut.com. Similarly, 42% of this sub-sample said they were more likely to seek help from a counsellor, therapist or other mental health professional after visiting. Given that seeking help early in symptom development is critical to reducing both the severity and duration of mental health problems, ReachOut.com offers significant potential for improving mental health outcomes by facilitating early-intervention in LGBTQI young people.

Limitations and constraints

There are numerous limitations and constraints of the ReachOut.com National Survey in regards to study design, validity and reliability of the survey instrument, methodological issues (such as respondent drop-off) and analysis which are discussed in more detail elsewhere². A key limitation of the LGBTQI sub-sample analysis however, was the small proportion of same sex attracted young men, and similarly, the small number of trans, gender diverse and, in particular, intersex participants. Accordingly, it was not possible to make comparisons between these different segments of LGBTQI visitors to ReachOut.com, in terms of profiling demographic characteristics, mental health needs and variance in service experiences of each of these groups.

Implications for future service development and evaluation

Finally, the 2012 ReachOut.com Survey raises several implications for future service development and research. These include continuing to cater to the unique and specific mental health needs of LGBTQI young people by featuring content on sexual and gender diversity, with particular attention to introducing material addressing intersex issues and support for young people who are questioning their gender and/or sexuality. Furthermore, further investigation into the service needs and experience of LGBTQI young people is needed to better understand why these visitors were less likely than non-LGBTQI visitors to report that ReachOut.com helped them to deal with the issue for which they were seeking support.

Strengthening existing partnerships with LGBTQI health and community organisations, as well as developing new relationships, is therefore critical. Similarly, continuing to invest in User Experience (UX) research and program evaluation will be integral to ensuring that any future LGBTQI service development within ReachOut.com is both engaging, relevant and effective.

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