



**LGBTQ mental
health service**

Strategic Plan 2020–2023

Appendices

Appendix 1:

Achievements since the last strategy 2017–2020

MindOut has been very successful in our previous aims of consolidation and sustainability, flexible response to need and maintaining and developing current services. We have addressed substantial risk factors, including re-commissioning of local services and succession planning for key staff.

Over the last 3 years we have:

- * Secured funding for work to address the mental health needs of people aged 50+, published research 'Ageing Well in LGBTQ Communities' and set up the Age Matters project, total of £312,806 over 5 years.
- * Secured ongoing funding for Peer Mentoring, Online support and local community Advocacy services, in new partnerships, total of £82,955 per year.
- * Secured a grant from Brighton Hove City Council.
- * Appointed a Business Development Manager and Deputy CEO to ensure sustainability and to allow for growth.
- * Set up a low-cost LGBTQ Counselling Service and run a successful pilot for LGBTQ Relationship Counselling.
- * Set up a Food Bank to address food poverty, giving out 81 food parcels last year.
- * Grown our Online support service in partnership with social networking providers.
- * Developed evidence based evaluation of the effectiveness of our services.
- * Established a Service User Evaluation team.
- * Diversified our income: success of community fundraising, corporate partnerships and increased training sales.
- * Carried out a Governance Review.
- * Improved Trustee Board diversity.



Appendix 2:

MindOut scoping research

George Hoare, independent consultant, February 2020

Summary

Key findings

- * This research largely confirms much already known by MindOut, particularly that there is no affordable, LGBTQ-specific online counselling provision. Online counselling is not presented as a key service by LGBTQ-focused mental health charities.
- * Affordable, LGBTQ-specific face-to-face counselling is clustered in urban areas and involves high waiting times (or closed lists), suggesting unmet demand.
- * The evidence suggests that online counselling may be as effective as face-to-face counselling, although this research concentrates on CBT.
- * The evidence supports a link between the availability of online counselling and help-seeking (but focuses on young people).
- * Key government mental health policy documents (the NHS Long Term Plan and the Mental Health Act Review) do not include reference to LGBTQ-specific provision.
- * With reference to mental health policy, it is unlikely that LGBTQ-specific provision of services will emerge as a strategic priority, although NHS commitments to “more personalised care” could be relevant.
- * Moreover, the Government Equalities Office’s work (and especially its LGBT Action Plan) suggests that the policy environment around LGBTQ-specific health services more generally could be more conducive to influencing around online counselling (or other MindOut services).

Recommendations

- * If MindOut enters the online counselling space, it will be important to differentiate the offer from online listening/crisis services by clearly explicating the value of repeated interactions over 12 weeks.
- * Online counselling, if delivered at scale, could address issues around uneven geographical provision of face-to-face counselling and long waiting lists. MindOut could consider entering into partnership with specific regional partners, either to reach specific audiences or to attract funding based on delivering online counselling to a defined geographical area.
- * MindOut could investigate the possibility of online relationship counselling. This could be marketed as a way for people in long-distance relationships to enter into counselling together, or as a less “daunting” entry route into counselling, although messaging will be important.
- * MindOut could also consider delivering other services online, such as peer mentoring.
- * The provision of LGBTQ-specific services does not fit with government priorities as currently understood, so MindOut could consider whether to make an argument that the NHS Long Term Plan commitment to “more personalised care” implies individuals be able to choose LGBTQ-specific services (particularly given the emerging evidence base around LGBTQ mental health inequalities).
- * If delivering online counselling as a pilot, one possibility open to MindOut could be to work with an academic partner in raising funds for a high-quality and robust independent evaluation of online relational counselling.
- * MindOut could think about how to continue influencing around the work of the Government Equalities Office, both in terms of LGBTQ health inequalities and the case for LGBTQ-specific provision funding (independently of the quality of mainstream services).