The role of peer-led services in improving the health and wellbeing of LGBTIQ+ people

Introduction

Peer-led services (sometimes called peer-to-peer or peer-based services) are run by people with the same or similar identities or lived experiences as their service users. They can include peer-led health promotion, peer support groups or counselling, peer service delivery, or peer leadership. These approaches do not replace mainstream models of healthcare provision; they complement and work within and beside mainstream healthcare.

There is an emerging evidence base that peer-led services play an important role in improving the health and wellbeing of LGBTIQ+ people, who experience worse health outcomes than their cisgender and heterosexual peers. Poorer health outcomes are not inherent to the identities of LGBTIQ+ people; they are the consequence of discrimination, social disempowerment, and lack of access to relevant services. LGBTIQ+ people often encounter barriers to accessing inclusive, safe, and relevant services. Among them are fears of or prior experiences of discrimination, lack of accessible and affordable services, and lack of LGBTIQ+ specialist services. As a result, many LGBTIQ people delay or do not access the services and support they need, which leads to late diagnoses and increased incidences of preventable diseases. Delayed access to healthcare means that patients often need more urgent and costly care later on, and places stress on crisis services, with patients often having conditions that could have been treated earlier and at a lower expense with appropriate access. Global evidence suggests that economies benefit from increased inclusion of LGBTIQ+ people, and peer-led services are cost-effective ways to promote inclusion and reduce pressure on the healthcare system.

Peer-led services play an important role in reducing barriers to services as they provide specialist information and support in inclusive and safe environments. Organisations led by LGBTIQ+ people have long recognised the need for peer-led services and advocated for their benefits. The National LGBTI Health Alliance’s National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health and Suicide Prevention Strategy emphasises the need for peer-led services, including specialist peer-led services supporting specific groups of LGBTIQ+ people, such as Aboriginal and Torres Strait Islander people. The Darlington Statement, which affirms the rights of people with an intersex variation, advocates for more peer-led services to ensure that people with an intersex variation have access to safe and relevant services. LGBTIQ+ people already turn to their LGBTIQ+ peers for information and support, and so peer-led services can leverage existing trust in peer networks. The Trans Pathways report found that peer support services, including online peer support, were fundamental for trans
people, with 40.2% of participants reporting relying on peer-led services for support “to make themselves feel better.” Similarly, LGBTIQ+ young people have reported that accessing online peer support has helped them cope with emotional distress. The development of an online tool for LGBTIQ+ people to access peer support and be connected to relevant services has been met with interest and early indications of success in Australia.

The most recent study on LGBTIQ+ people’s health and wellbeing, Private Lives 3 (2020), reported that while more community members access services through mainstream medical clinics (83%) than LGBTIQ+ inclusive mainstream clinics (25%) or LGBTIQ+ specific clinics (5.7%), a greater proportion of people felt their identities were not respected by those mainstream services. Furthermore, 75% said they would be more likely to use services that were accredited as LGBTIQ+ inclusive. Participants indicated a preference for LGBTIQ+ inclusive (47%) or LGBTIQ+ specific services (21%) when thinking about what they would like to access in the future, with that preference being stronger among those who experienced psychological distress. The study recommended that a greater focus on community-controlled services could address stigma and discrimination in service provision.

Improving the health and wellbeing of LGBTIQ+ people through peer-led services

LGBTIQ+ peer-led services and approaches have a range of positive outcomes, including supporting mental health and wellbeing, increased social connectedness and reduced isolation, and improved ability to cope.

Australian peer counselling and support services have proven effective in promoting positive health and wellbeing outcomes for LGBTIQ+ people. Through facilitating social connection and peer connectedness, peer services also enhance the resilience of LGBTIQ+ communities and increase access to community support. Community events, services, and support can connect LGBTIQ+ people to information, peers, and safe spaces, reducing feelings of isolation. Additionally, online peer support has been instrumental in increasing opportunities for connection and reducing feelings of isolation during the COVID-19 pandemic restrictions; it can guarantee anonymity, which is why it is commonly preferred by community members who experience stigma and discrimination.

Peer-led services achieve positive health and wellbeing outcomes for LGBTIQ+ people through the following mechanisms:

They provide safe and supportive spaces free from discrimination and facilitate LGBTIQ+ people’s connection to services and support

LGBTIQ+ people face many barriers to accessing services and support and peer-led organisations connected to LGBTIQ+ communities reduce these barriers. Health services must affirm the identities of LGBTIQ+ people if they are to be inclusive and deliver effective services. Discrimination in therapeutic or healthcare settings is a significant barrier to services, with LGBTIQ+ people reporting negative experiences and even refusal of service, which can lead to poor mental health and wellbeing outcomes. By providing safe and discrimination-free services, peer-led services can help to connect LGBTIQ+ people to the care and support they need, which is a protective factor for mental health and wellbeing.

Online peer support and services can leverage existing behaviours in the LGBTIQ+ community to connect people to support as the internet is one of the first places LGBTIQ+ people, especially young people, turn to for support and information, and they access online sources more often than their non-LGBTIQ+ peers.
Many LGBTIQ+ people report that healthcare and other services do not have the knowledge and experience to respond to their needs.\textsuperscript{30} Because of the stigma that can come with seeking support in relation to gender and sexuality and fears about facing discrimination in mainstream services, LGBTIQ+ people often seek information about services through informal means, which can result in them finding incorrect or incomplete information.\textsuperscript{31} Peer-led delivery of services and information can provide a safe space to seek and receive accurate and relevant information.

Many young trans people report feeling isolated from healthcare services.\textsuperscript{32} However, clients have more trust in peer-led services, which means those clients are more likely to seek them out. Since peer-led services are embedded in communities,\textsuperscript{33} they are more accessible than many mainstream services. Such services often participate in peer networks, which means they have better reach into the communities they serve and are available to more people.\textsuperscript{34} This is a strength when it comes to populations that have privacy and security fears and face discrimination in mainstream services.

\textbf{They have a better understanding of the needs of the community}

Peer-led organisations offer services that are targeted and relevant to communities and informed by highly-specialised expertise.\textsuperscript{35} Organisations that serve specific communities, particularly those that provide health and care services, recognise they must have the input of the communities they serve in order to tailor their offerings.\textsuperscript{36} Services that are informed by the lived experiences of trans, gender diverse, and intersex people are more effective at meeting the needs of these communities.

Peer-led approaches forge connections between community, peer group, and professional working service settings, allowing for the rapid exchange of new information between these groups. This means that the communities themselves have up-to-date and relevant information and support and that services can adapt quickly to the changing needs of communities.\textsuperscript{37}

\textbf{They empower communities}

Peer-led services nurture community leadership and advocacy. They also empower LGBTIQ+ communities through capacity and skills building.\textsuperscript{38} Peer-led services can develop leadership qualities in communities by providing role models of leadership as well as opportunities for community members to step into leadership roles in their organisations. LGBTIQ+ people have often been excluded from leadership roles. When community members occupy these roles, it increases the power of the community to bring about positive social change in a way that challenges the disempowerment of LGBTIQ+ people.\textsuperscript{39} Peer-led services also encourage community advocacy efforts, either by advocating for communities themselves or by supporting the advocacy efforts of other organisations or community members. Additionally, peer-led services can have an impact on learning and behaviour through peer education and leading by example with role models who are active in the community, which leads to communities that are well-informed and have access to learning pathways.\textsuperscript{40} They often make research with communities possible, which contributes to building the evidence base on what communities need and what actions benefit LGBTIQ+ people.\textsuperscript{41}

\textbf{They are provided by credible and professional organisations that have broad spheres of influence and can promote the interests of LGBTIQ+ people across all levels of society}

LGBTIQ+ peer-led services have a strong reputation as being professional and credible.\textsuperscript{42} First, they have credibility with other peer-led organisations and community-based services because of their specialist knowledge and expertise. Connection to other peer-led organisations enables the creation of networks of service provision and mutual capacity building. Second, mainstream providers respect peer-led services because they have expert knowledge and authority within their community. Third, peer-led services enjoy broad spheres of influence because they work within complex communities and contexts where they interact with and work alongside diverse existing services and institutions.
They are often involved with more than just the delivery of services and work to influence policy, connect to other programs and services, and facilitate community education.\textsuperscript{43}

\textbf{They are sustainable and cost-effective}

Peer-led approaches provide good value for money in serving community needs; they present a sustainable solution in meeting the health needs of LGBTIQ+ people.\textsuperscript{44} Peer-led approaches can help serve underserved communities and groups, including those in rural and regional areas, in sustainable and resource-efficient ways.\textsuperscript{45}

\textbf{Conclusion}

Peer-led services promote the development of cohesive communities in which LGBTIQ+ people can live healthy lives free from stigma and discrimination. Demand for peer-led services from LGBTIQ+ people is increasing, and there is a strong evidence base that demonstrates their value to the community. There is a clear case for increased investment in peer-led services, which are underfunded despite the value they deliver to the communities they are embedded within.\textsuperscript{46} They are cost-effective investments, improving LGBTIQ+ people’s support for health and wellbeing and leading to reduced costs in healthcare overall. More funding could help peer-led services reach more people, ensure that peer-led services are created to meet the needs of different communities, and bolster the ongoing work of existing services. Funding should include support to organisations to evaluate those services, thereby demonstrating their ability to meet and adapt to community needs, influence community and policy, and produce insights about the communities they serve.\textsuperscript{47}

\textbf{Case study one}

Jo was referred to Meridian by their mother Anna.\textsuperscript{*} Jo is a gender non-conforming, young queer person living with a disability, and Anna was struggling to support Jo in decision making regarding gender.

Jo attended the service and through intake, they were linked to a counsellor with a lived experience of being gender non-conforming. This counsellor was able to understand and relate to Jo as they have experience with disability and are from the LGBTIQ+ community.

The counsellor worked with Jo for several months. Together they focused on critical moments and turning points in Jo’s life. They discussed the intersecting identities that shape and are shaped by context and experiences of the body that are complex and fluid or changing.

The counsellor used narrative therapy to uncover Jo’s lived experience through their ‘personal experience story.’ This process was made even more powerful as a result of the understanding of lived experience shared by the counsellor and client. The main themes that emerged were the impact of illness on the embodiment of identity, as well as Jo’s agency and resistance to social and cultural norms relating to sex, gender, and the body.

Agency and resistance are important lived concepts for Jo, particularly in interactions with healthcare providers and other systems within the community. Jo had previously attempted to access support, which had resulted in them challenging the hegemonic practices of gender presentation and discrimination entrenched within the mainstream service system. The outcome revealed the importance of challenging heterosexist behaviour, homophobia, and ableism at an individual level. The counsellor was able to bring these learnings back to the workplace to develop a social work practice to address the intersectional nature of identity and the impacts of occupying multiple marginalised positions on a client’s experiences of their sexuality, body, and environment. This work now serves to support others.

\textsuperscript{*} Names have been changed.
**Case study two**

Max* is a 25-year-old master’s student from Canberra who lives with their partner in shared accommodation and works limited casual hours as a barista. During their intake with Meridian, Max identified as gender questioning and explained that they use they/them pronouns whenever they feel they are in safe company. Max identifies as part of the LGBTIQ+ community, but they are only ‘out’ about their gender diversity to their female-identified partner (of one year) and one close friend.

Max identified safety as the primary reason for choosing the counselling and wellbeing services of Meridian. Max based this decision on a recommendation from a trustworthy LGBTIQ+ friend who rated the service. Additionally, Max explained that they trusted the peer-focused service, stating that “I can be myself around other queer people without assumptions, expectations, and judgement.” Max described their connection to Meridian as “my first step in understanding why I am so deeply traumatised and distressed when I think about my body and how I feel about not fitting into the traditional restrictive binary gender representations in the world. I’m so looking forward to not having to explain, justify, or validate my story or my experiences.”

Max described feeling a ‘real’ connection with the counsellor because they self-identified as a community peer. Max stated, “I found their lived experience invaluable – they didn’t push it on me, they just shared my experiences and understood; I finally felt heard and valued. I really felt their resilience and this in turn gave me strength and the desire to build my own resilience.”

Max described depressive symptomology (lack of motivation, consistent low mood, withdrawal, no positive emotions about anything), including experiencing suicidal thoughts. These suicidal thoughts were about how life would be easier if they died and came back in the ‘right’ gender and body or didn’t come back to life at all. Max described relief at “being able to talk freely about suicidal feelings in the context of ‘gender normality,’” including the impacts of stigma and discrimination and the relentless barriers to being and living their ‘authentic self.’ Although supported by their partner, Max described the burden of not being able to disclose the depth of their true suicidal feelings, and they stated that counselling provided another much-needed outlet for these feelings.

Max responded well to discussions about safety and the informed consent necessary to keep them safe both in and out of counselling sessions. Max was keen to work on the role of a suicide safety plan in keeping them safe, and they worked on one during the session. Max found that highlighting and talking through warning signs, coping mechanisms, and reasons to live was particularly helpful. Max’s counsellor also connected Max with The Friday Centre – a peer navigation service for gender diverse people that operates out of Meridian’s offices. Additionally, Max was provided with LGBTIQ+ crisis service options, including QLife and suicide prevention apps such as Beyond Now (a Beyond Blue initiative). Max welcomed this support in ‘app’ form, especially as a younger technologically literate LGBTIQ+ person.

Max described being excited about future sessions as “an opportunity to connect and really get stuck into strategies to keep me safe, resilient, and alive.” Over the course of six sessions, Max has arrived at a place where “I now understand that I am ‘different,’ and I now really like that about myself; I’m no longer labelling myself as an ‘aberration’ or ‘abnormal,’ and even if somebody wants to call me that, I’m cool with it.”

* Name has been changed.

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37 Alpert, Cichoski Kelly and Fox, 2017.
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