"Find a local queer community and jump in": Perspectives of lesbian, gay, bisexual, transgender, and queer youth on mental health difficulties and sources of support in Aotearoa/New Zealand

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Past research indicates affirming mental health support is difficult to access for lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth. The present study explored the perspectives of LGBTQ young adults in Aotearoa/New Zealand on mental health difficulties and availability of support. Forty-six LGBTQ people aged 17-30 participated across 11 focus groups. Two themes about negative and positive aspects of mental well-being formed a cyclical model. Negative well-being was described as normative and isolating for LGBTQ youth, whereas positive well-being was attributed to greater awareness of LGBTQ identities. Lack of LGBTQ education was positioned as perpetuating negative well-being whereas access to adequate personal or professional support was positioned as facilitating positive well-being. These findings indicate ways of improving LGBTQ mental health support in educational and clinical settings by addressing awareness and isolation.

Keywords: *LGBTQ, Youth, Mental health, Support, Isolation, Awareness*

INTRODUCTION

Mental health difficulties remain a common challenge for lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth. Compared to cisgender heterosexual people, LGBTQ people experience mental health difficulties across the lifecourse such as anxiety, burnout, depression, suicidal ideation, and suicide attempts (e.g., Clark et al., 2014; Fenaughty et al., 2021; Marshal et al., 2011; Mustanski et al., 2010, 2011; Russell & Fish, 2016; Treharne et al., 2020; Viehl et al., 2018). Many of these mental health issues emerge for LGBTQ people during adolescence or young adulthood (e.g., Clark et al., 2014; Fenaughty et al., 2021). Research in this area has commonly involved survey methods (e.g., Clark et al., 2014; Fenaughty et al., 2021; Krueger et al., 2018; Treharne et al., 2020, 2022a; Tan et al., 2022, 2023), which provides crucial statistical information but there is also a need for qualitative research to provide deeper insights into experience of mental health difficulties and support for LGBTQ people during youth.

Discrimination continues to be a contributor to mental health difficulties experienced by LGBTQ people across the lifecourse (Garcia et al., 2024; Poteat et al., 2011; Russell et al., 2014; Treharne et al., 2020, 2022a). A wide range of discrimination is experienced by LGBTQ youth, including direct verbal and physical aggression, indirect slurs, social rejection and isolation, and diminished social support (Garica et al., 2023b; Swearer et al., 2008; Treharne et al., 2020). A US nationwide survey by Kosciwet al. (2016) found that sexual orientation and gender diversity were the most common reasons for discrimination at schools. Cisheteronormativity in schools manifests through discrimination from other students and staff, and a discriminatory school curriculum which overlooks or devalues LGBTQ identities (Graham et al., 2022; Sexton, 2012).

Given the mental health difficulties experienced by LGBTQ youth, it is important to understand how to meet the related support needs. More research investigating support for LGBTQ youth in schools and universities has been called for (Garcia et al., 2025; Graham et al., 2022). Some past research has examined school-based support groups like gay-straight alliances or gender and sexuality support groups and suggests these groups can have lasting benefits for the mental health of LGBTQ youth (McGlashan & Fitzpatrick, 2018; Poteat et al., 2012; Toomey et al., 2011). Conversely, Elliott (2016) identified that GSA members were commonly met with ridicule, which contributed to further isolation. A lack of support from students and staff is a barrier to introducing GSAs and other group support for LGBTQ youth into schools (Painter & Keaney, 2009). The processes for understanding gender and sexual identities within support groups are always in flux and require careful facilitation (McGlashan & Fitzpatrick, 2018).

Support from school staff for LGBTQ students is still relatively uncommon because staff intentionally or unintentionally maintain a cisheteronormative environment (Graham et al., 2022; McGlashan & Fitzpatrick, 2018; Painter & Keaney, 2009). Participants in Sexton's (2012) study reported that staff either ignored or participated in the teasing of LGBTQ students. However, when school staff are supportive, LGBTQ students feel safer and attend more often (Kosciw et al., 2016). Support from family and friends can also positively influence LGBTQ youth's mental health (Elizur & Ziv, 2001; Matthews & Salazar, 2012; Ryan et al., 2010). Friends are often the first line of support for LGBTQ

Table 1. Characteristics of focus groups and participant demographics

Group number	Number of participants	Friends or strangers?	Participants' sexual orientations and genders	Participants' ethnicity
1	4	2 friends, 2 strangers	2 bisexual cisgender females, 1 lesbian/bisexual cisgender female, 1 gay cisgender female	1 Asian, 3 Pākehā/White
2	4	4 friends	1 bisexual cisgender female, 1 fluid/gay cisgender female, 1 gay cisgender female, 1 gay cisgender male	1 Māori, 1 Asian, 2 Pākehā/White
3	5	5 friends	1 pansexual gender-fluid person, 1 bisexual cisgender female, 1 bisexual/queer cisgender female, 1 asexual person, 1 bisexual/pansexual cisgender female	1 Māori, 4 Pākehā/White
4	4	4 friends	1 queer/pansexual cisgender male, 1 lesbian/queer genderqueer person, 1 asexual ehgender person, 1 queer cisgender female	4 Pākehā/White
5	5	5 friends	1 bisexual cisgender female, 1 bisexual cisgender male, 1 demipansexual person unsure of their gender identity, 1 bisexual/pansexual cisgender female, 1 asexual homoromantic cisgender female	5 Pākehā/White
6	4	4 friends	1 bisexual demigirl, 1 gay/lesbian cisgender female, 1 bisexual/pansexual cisgender female, 1 queer/pansexual cisgender female	4 Pākehā/White
7	2	2 strangers	1 bisexual/homoflexible cisgender female, 1 gay/queer cisgender male	2 Pākehā/White
8	5	2 pairs of friends, 1 stranger	1 gay/bisexual cisgender male, 1 takatāpui cisgender female, 1 gay/queer cisgender male, 1 lesbian cisgender female, 1 queer/bisexual cisgender female	2 Māori, 1 Asian, 2 Pākehā/White
9	6	6 friends	1 bisexual cisgender female, 2 gay/lesbian cisgender female, 1 fluid genderfluid/FTM, 1 bisexual cisgender male, 1 pansexual female/unsure of gender identity	1 Māori, 5 Pākehā/White
10	4	4 strangers	1 sexual orientation unsure cisgender female, 1 bisexual non-binary person, 1 bisexual/pansexual cisgender female, 1 lesbian cisgender female	1 Māori, 1 Asian, 2 Pākehā/White
11	3	3 friends	1 queer non-binary/genderqueer/agender person, 1 pansexual/bisexual/asexual genderqueer/non-binary person, 1 pansexual trans-male/male	3 Pākehā/White

youth as they are typically the first people LGBTQ youth come out to (e.g., Mustanski et al., 2011). Support from fellow LGBTQ youth is particularly beneficial as they have often had similar experiences and are more sensitive and aware of possible difficulties (Schimanski & Treharne, 2019; Garcia et al., 2024).

Professional mental health support is often difficult for LGBTQ youth to access (Clark et al., 2014; Fenaughty et al., 2021; Garcia et al., 2025). Barriers to access include cost, discrimination from healthcare professionals, and a lack of appropriate services (e.g., Adams & Neville, 2023; Adams et al., 2013b; Elliott et al., 2015; Garcia et al., 2025; Sabin et al., 2015; Tan et al., 2022, 2023). Gahagan and Subirana-Malaret (2018) surveyed non-LGBTQ healthcare professionals with the majority reporting discomfort with raising LGBTQ-specific healthcare issues. More than half of LGBTQ and non-LGBTQ heathcare professionals surveyed reported never having received LGBTQ education. A similar pattern in healthcare training programmes is seen internationally (Obedin-Maliver et al., 2011; Parameshwaran et al., 2016; Taylor et al., 2018; White et al., 2015; Treharne et al., 2022b). Mental health professionals who have knowledge regarding how to best help LGBTQ clients can provide better care to their LGBTQ clients. Research with a specific mental health focus indicates that mental health professionals need more training and support when working with LGBTQ people (e.g., Garcia et al., 2025; Hayward & Treharne, 2022; Semp & Read, 2015).

In summary, LGBTQ youth are affected by mental health difficulties more so than cisgender heterosexual youth. There is evidence that the support available for these difficulties has substantial problems, which makes adequate support difficult to access. Greater exploration of LGBTQ youth's perception of mental health, what contributes to their mental health, and related support is necessary for addressing existing issues. Qualitative research is necessary for exploring the experiences of LGBTQ individuals as it allows for descriptions of the complex and unique experiences that members of LGBTQ communities face. LGBTQ young adults are in an ideal position to reflect on their experiences during youth with the extra insight that comes from having moved on from high school. Therefore, the present study explored younger LGBTQ adults' perspectives on their mental health experiences and the perceived effectiveness of the support they have available. Given our focus on the meaning of experiences, we adopted a phenomenological approach to explore the following research questions:

1) What aspects of mental health experiences and support during youth are considered important by LGBTQ young adults?
2) What factors do LGBTQ young adults believe contribute to mental health and well-being of LGBTQ youth?
3) How effective do LGBTQ young adults perceive the support to be that is available for LGBTQ youth experiencing mental health difficulties?

METHODS

Research Design

The present study applied a phenomenological qualitative approach to hearing from LGBTQ youth about their perspectives on mental health and availability of support. Focus groups were used to hear from LGBTQ young adult's experiences of mental health and support during youth, and our phenomenological approach involved centring these experiences and associated perspectives. Focus groups are an ideal technique for obtaining qualitative data as they allow participants to discuss with one another, to expand on ideas suggested by others, and to choose which questions they answer, which

can help them to feel comfortable discussing potentially emotive topics (Krueger & Casey, 2015).

The research team consisted of six people. For each focus group, one member of the team acted as the lead facilitator, with another one or two members conducting administrative tasks and notetaking as well as asking prompting questions as they saw fit. The focus groups were held in two phases. After the first seven focus groups, the questions were refined as a planned part of the methodology (see Appendix 1 for all planned questions during the two phases of recruitment). Refinement is an established process in qualitative research that allows for further exploration of early patterns identified in the data and the inclusion of questions targeting issues raised by participants in the initial groups (Charmaz, 2006). After 11 focus groups were completed, we concluded that the information being obtained was covering similar thematic ideas and the groups were concluded.

Participants and Recruitment

Ethics approval was obtained from the ethics committee of the university where the study was conducted. LGBTQ participants were purposefully sampled to be young adults so that they could reflect on their experiences throughout their youth. The age range of participants was 17 to 30, with a mean age of 21. Six participants were older than 24. Participants were recruited through advertising on the university campus, and snowball sampling. A grocery voucher was offered to participants to cover expenses, with an additional voucher to those who organised a group of people to participate.

Forty-six participants took part across the 11 focus groups. A summary of participants' sexual orientations, genders, and ethnicities is included in Table 1 along with information about the composition of each focus group. Twelve participants reported a trans or non-binary gender and 34 reported a cisgender gender. Six participants were Māori, four were Asian, and 36 were White or New Zealand European/Pākehā only. Thirty-one participants (67%) reported having experienced a mental health condition. The most common mental health difficulties reported were anxiety or depression (22 reports of each). Other difficulties included eating disorders (n=6), stress-related difficulties (n=3), obsessive-compulsive disorder (n=2), post-traumatic stress disorder (n=1), alcohol use issues (n=1), borderline personality disorder (n=1), and psychosis (n=1). The nature of these difficulties was not probed in the focus groups as the aim of the study was to explore general perspectives on mental health experiences and availability of support rather than understanding the range of specific mental health presentations.

ANALYSIS AND COMMENTARY

Two themes were identified, both with two subthemes as depicted in Figure 1 and explained within the following sections on each theme and subtheme. The term 'mental well-being' is used throughout this section to capture the general experience of mental health and well-being as described by participants. The use of 'negative' and 'positive' refers to participants' subjective experience of their mental well-being.

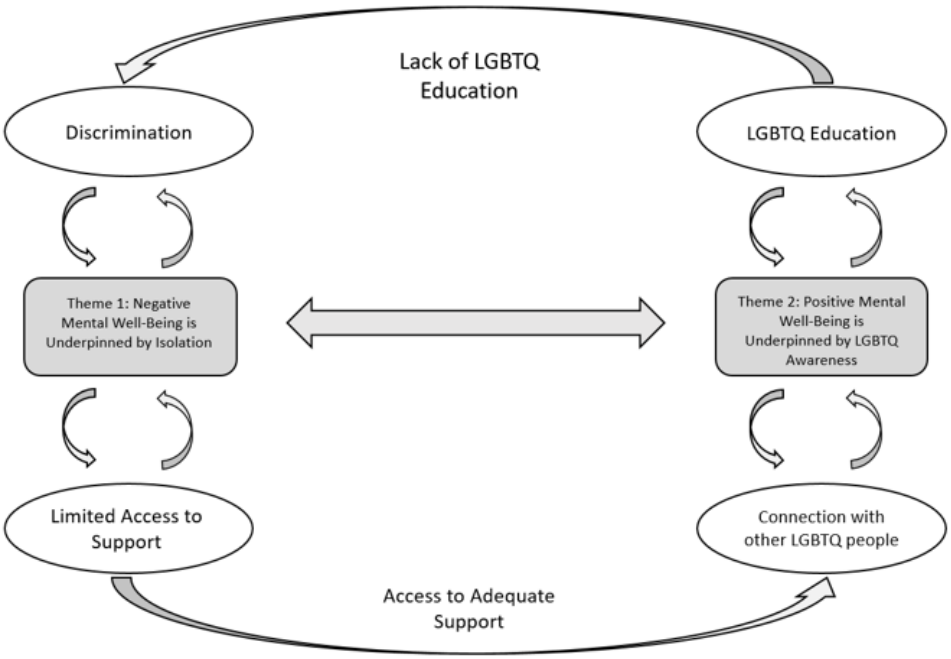
Theme 1
Negative mental well-being as a normative and isolating experience for LGBTQ youth

The negative well-being of LGBTQ youth was frequently discussed by participants as being so pervasive that it is considered a normal experience for LGBTQ youth, and that being young and LGBTQ is typically an isolating experience. The topic of isolation was evident in two identified subthemes: that discrimination is a common and isolating experience for LGBTQ youth, and that there is limited access to adequate support for LGBTQ youth, which is also isolating. The location of these two subthemes within the findings is illustrated in Figure 1.

Subtheme 1.1: Discrimination isolates LGBTQ youth

Discrimination directed at LGBTQ youth was discussed as central to negative mental well-being. Descriptions of discrimination were often characterised by aspects of

Figure 1. The connections between the two themes about well-being and their subthemes



isolation such as direct social exclusion, not feeling a sense of belonging, and not being able to access opportunities available to non-LGBTQ people.

Of concern to participants was the discrimination LGBTQ youth experience in schools and how this contributes to negative mental well-being:

> *"I went to an all girls' school and it was very much taboo. […]. There were girls who were willing to come out in that environment and they were excluded for that." – P21, bisexual cisgender female*

Participants' discussion about discrimination highlighted that they conceptualised discrimination against LGBTQ youth as more often being covert rather than overt acts of discrimination. Cisheteronormativity was frequently referenced as being discriminatory in the form of micro-aggressions, which isolate LGBTQ youth and contribute to negative mental well-being:

> *"Stuff like policies, or the uniform situation [in schools], and allowing people to express themselves in certain ways. And teachers' knowledge of things, like using lots of gendered like stereotypes in the classroom which can be hurtful" – P31, gay/queer cisgender male*

Participants frequently highlighted that when LGBTQ youth are repeatedly exposed to opinions and stereotypes that belittle LGBTQ identities, this contributes to feelings of social isolation, loneliness, and an internalisation of cisheteronormative viewpoints:

> *"Cisnormativity, heteronormativity, it's not only considered the norm but it is everywhere and you're faced with it constantly, and that grinds down on you as a person" – P32, queer/bisexual cisgender female*

Participants discussed that as a result, LGBTQ youth often anticipate discrimination. Descriptions of this anticipation suggest that it contributes to feelings of anxiety and tension. This anxiety was posited by participants to contribute to self-isolation by LGBTQ youth to avoid discrimination, and that living in this state of anxiety and isolation would contribute to negative mental well-being:

> *"It's very easy to avoid going places to avoid being around certain types of people because of how they might react to you. It can create a very anxious and paranoid person." – P27, bisexual/homoflexible cisgender female*

The feeling of isolation among LGBTQ youth was identified within participants' discussion of negative mental well-being and was found to be a central experience of LGBTQ youth:

> *"I don't think I know anybody [who identifies as LGBTQ] that hasn't had mental health issues." – P26, queer/pansexual cisgender female*

Coming out was also frequently linked to negative mental well-being by participants. The process of figuring out your identity and sharing this identity with others was described to often be an isolating experience:

> *"When you're trying to discover your sexuality, you can feel extremely isolated and lonely." – P2, bisexual cisgender female*

Subtheme 1.2: Difficulties accessing support for LGBTQ youth

Participants frequently discussed how LGBTQ youth have limited access to support, which leaves them isolated when experiencing negative mental well-being. The most frequently discussed reasons for inaccessibility were that support either does not exist for LGBTQ youth, or the support is not visible. As such, when experiencing negative mental well-being, LGBTQ youth are unable to access adequate support, maintaining negative mental well-being:

> *"There was no support system at our school or anything. You would have just been thrown to the wolves." – P1, bisexual cisgender female*

Participants frequently mentioned that even when support did exist, it was still inaccessible as it is often explicitly labelled as being for LGBTQ youth. While this makes the role of the support clear, it also highlights the identity of attendees. This was particularly problematic in schools where this could open LGBTQ youth to further discrimination when seeking support:

> *"A lot of people put off the idea of going to something that's for queer people because they don't want everyone knowing that they're gay" – P7, fluid/gay cisgender female*

Although seeking support outside of schools could help with anonymity, participants frequently highlighted that LGBTQ youth rarely have the necessary resources to access support outside of school, for example, money and transport. Accessing external support would typically require the person to come out to their parents, which could create further problems.

Theme 2
Positive well-being and LGBTQ awareness

When participants spoke of positive mental well-being, it was consistently linked to an increase in awareness of LGBTQ identities in recent years. Underpinning this emphasis on awareness is the notion that an increased awareness of LGBTQ identities can be achieved through connection with other LGBTQ people (e.g., Pride events, queer role models), and through educating others by increasing discussion around LGBTQ identities. These aspects of awareness form the basis of the two subthemes within this theme (as illustrated in Figure 1).

Subtheme 2.1: Connection with other LGBTQ people

A central idea across the focus groups was that connection with others positively influences the mental well-being of LGBTQ youth. Participants frequently highlighted the importance of connection with other LGBTQ people and explained that an awareness of others with an LGBTQ identity could help a person to understand and validate their own identity and experiences:

> *"Find a local queer community and jump in. Find people who identify the same as you so that you realise that all of those feelings you're having are validated, all the experiences you're having have been experienced by others and they've gotten through it so it's fine, you'll be fine." – P20, demipansexual person, unsure of gender identity*

Other LGBTQ people were suggested to be a strong source of support as they can assist LGBTQ youth with

accessing further support, for example, a wider range of social connections, LGBTQ youth groups, or LGBTQ friendly health professionals. LGBTQ youth groups external to schools were often discussed as environments that facilitate positive mental well-being by providing a space designed to protect both the physical and mental well-being of LGBTQ youth:

> *"I know through [local LGBTQ youth group] we have so many kids that are closeted and they've told us that they incredibly value what we're doing because it's away from teachers, it's away from the students that would bully them, they are never gonna find out." – P14, queer/pansexual cisgender male*

The role that non-LGBTQ people can play in providing support and facilitating positive mental well-being was frequently discussed. The key idea conveyed by participants was that non-LGBTQ people could provide support to LGBTQ youth that contributes to positive mental well-being, but not to the same extent that other LGBTQ people can. Additionally, participants also discussed feeling less comfortable seeing a non-LGBTQ health professional, and suggested that being able to see a LGBTQ health professional facilitates positive mental well-being:

> *"I would definitely want a queer mental health professional, coz even if there was good intentions, they [non-LGBTQ mental health professionals] haven't experienced it and I don't know that they could help me in the best way." – P27, bisexual/homoflexible cisgender female*

Participants also frequently spoke about connection with LGBTQ people they did not know personally, for example, LGBTQ celebrities and fictional characters:

> *P28: "…it was a surprise for me at about 14 seeing a character who was wrestling with sexuality […] coz the sense of aloneness at that age is compounded significantly I think."*
> *R1: "So would you say that media helped you feel less alone?"*
> *P28: "Absolutely. You finally had someone – even if it was just a fictional character – understand what was going on."*

Subtheme 2.2: Need for further education

Participants emphasised how an increase in education about LGBTQ identities, people, experiences, and healthcare would help to facilitate positive mental well-being in LGBTQ youth as education increases societal awareness of LGBTQ identities. Education and awareness were discussed in the context of educating people of all sexual orientations and genders when training to be teachers or health professionals, and informally educating society through increasing visibility of LGBTQ identities in everyday life. In addition, the need for educating people about LGBTQ identities when they are young and in school was often discussed:

> *"I think a really big thing is in education. Education is where we don't learn about these people that we might become, and that's when we question ourselves, when we like internalise discrimination on ourselves." – P31, queer cisgender male*

Participants discussed how there was a lack of education and awareness about LGBTQ identities when they were in school, which made it difficult for them to understand their identity. Participants also discussed how this education would be beneficial for non-LGBTQ people, as discrimination stems from a lack of education. The need to educate people when they are young was emphasised as this is the time when people begin to understand their identity and may experience difficulties with this process. Early education was seen as essential to increase societal awareness of LGBTQ identities and challenge the heteronormative environment that pervades schools and wider society:

> *"It is such an educational thing, even a lot of the bigotry that we as queer people face is because people are under educated about queer people." – P15, lesbian/queer genderqueer person*

It was also acknowledged that to educate young people, those providing the education need to be adequately educated about LGBTQ identities. School staff were highlighted as having a strong influence on the viewpoints and mental well-being of their students:

> *"Making teachers safe people for kids is a really good start because then if kids are more cool with it, they can have these conversations potentially easier with their parents." – P12, asexual agender person*

Participants emphasised that health professionals require further education about LGBTQ identities. It was frequently discussed that health professionals do not have sufficient knowledge to provide adequate support to LGBTQ people, and that further education would help them to support LGBTQ youth in facilitating positive mental well-being:

> *"That idea of asking 'Are you comfortable sharing this [LGBTQ identity]?' is really important as well. Sometimes if it is a mental health professional or health professional, it might just be something you'd like to be out for […] Things that they can do to make you more comfortable in your identity with regards to being at the doctor." – P15, lesbian/queer genderqueer person*

Beyond schools and healthcare, participants frequently discussed how increasing awareness of LGBTQ people and identities was a more informal way of educating society at large. An increased awareness of LGBTQ people and identities in society was suggested to have a positive impact on LGBTQ youth's mental well-being:

> *"I noticed in the toilets they have signs up on the doors like 'This is a gender neutral space' and that's really cool because it's going to challenge so many like straight and cis people." – P13, bisexual cisgender female*

DISCUSSION

The present study provides in-depth insights into mental health experiences of LGBTQ young adults and the role of support and awareness of LGBTQ identities for mental health during adolescence and young adulthood. The findings are articulated as a model that captures what contributes to negative and positive aspects of well-being for LGBTQ youth in Aotearoa New Zealand (see Figure 1). The four identified subthemes reflect perspectives on

the key factors contributing to their mental well-being: discrimination, connection with others, improved LGBTQ education, and limited support. These findings provide new insights into how mental health can is conceptualised by LGBTQ young adults and how appropriate mental health service provision can be enhanced for LGBTQ youth.

The finding that negative mental well-being is conceived as a normative and isolating experience for LGBTQ youth is consistent with previous research demonstrating that LGBTQ youth in Aotearoa/New Zealand and around the world commonly experience mental health difficulties and isolation (e.g., Adams & Neville, 2020, 2023; Adams et al., 2013a; Clark et al., 2014; Fenaughty et al., 2021; Garcia et al., 2024; Mustanski et al., 2010, 2011). Participants' perception of positive mental well-being as something that can be facilitated through an increase in societal awareness of LGBTQ identities is also consistent with existing literature (e.g., Adams et al. 2013a, 2013b; Graham et al., 2022; Schimanski & Treharne, 2019). Research on resilience among LGBTQ communities highlights that resilience can sometimes be developed to counter the effects of discrimination (Amodeo et al., 2018; Craig et al., 2018; Garcia et al., 2024; McIntosh & Bialer, 2018; Zeeman et al., 2016). This does not mean participants in the present study did not perceive LGBTQ youth as resilient or benefiting from a level of resilience, but likely reflects a focus on how the cisheteronormative environment influences mental well-being rather than placing the onus of well-being on the individual who learns to cope in a cisheteronormative environment (Riggs & Treharne, 2017).

Participants' conceptualisation of discrimination and the effect it has on mental well-being is consistent with Riggs and Treharne's (2017) decompensation framework. This framework suggests that ideologies and social norms cause stress in LGBTQ people by placing them in a minority position. Participants frequently spoke of how ongoing cisheteronormativity and covert acts of discrimination contribute to negative mental well-being rather than discrete and isolated overt acts in line with past research on LGBTQ discrimination. In addition, the finding that connection with other LGBTQ people has a positive effect on mental well-being is also consistent with previous research (e.g., Adams & Neville, 2020; Adams et al., 2013a, 2013b; Garcia et al., 2025; Schimanski & Treharne, 2019). Participants in the present study discussed how connection with a mental health professional was important for receiving quality healthcare and that they would prefer to see a LGBTQ mental health professional. The nature of the therapeutic relationship between service providers and consumers is a key factor influencing positive mental health outcomes following psychological intervention (Garcia et al., 2025). This poses a practicality issue when it comes to providing mental health services to LGBTQ youth. The majority of mental health professionals will likely not have LGBTQ identities, and those who do may not be willing to publicly share their identity while working in a cisheteronormative environment (Viehl et al., 2018). It may be rare for LGBTQ youth to see an LGBTQ mental health professional, but acts as simple as having LGBTQ posters or resources on display in consulting rooms can be an important intermediate signifier.

A lack of education about LGBTQ identities in schools and health professional training programmes has been consistently highlighted in the literature (e.g., Gahagan & Subirana-Graham et al., 2022; Malaret, 2018; Kosciw et al., 2016; Obedin-Maliver et al., 2011; Parameshwaran et al., 2016; Taylor et al., 2018; White et al., 2015; Treharne et al., 2022b). The present findings demonstrate LGBTQ youth are aware of the current lack of LGBTQ education provided to educators and health professionals. Not only is there a need for further education about LGBTQ identities for these professional, but there is also a need to publicise which services are LGBTQ inclusive – ideally this should be all services but also specialist services. Participants regularly discussed how support for LGBTQ youth is lacking and inaccessible, typically in the context of school support and mental health professionals which is consistent with the existing literature (e.g., Adams et al., 2013a; Clark et al., 2014; Elliott, 2016; Painter & Keaney, 2009). Instead, social support was discussed as the primary and most effective source of support for LGBTQ youth experiencing negative mental well-being.

It is fortunate that both the present findings and previous research (e.g., Adams et al., 2013a; Garcia et al., 2025) show that LGBTQ youth often have effective sources of support to turn to when needed. However, accessing social support within LGBTQ communities relies on LGBTQ youth knowing other LGBTQ people and most hear about LGBTQ youth groups from friends (e.g.., Metzger & Camburn, 2010; McGlashan & Fitzpatrick, 2018; Painter & Keaney, 2009). While social support may be effective at buffering stress, it should not be considered as a viable alternative to more formalised and targeted psychological support, especially for LGBTQ youth with moderate to severe mental health difficulties. Although peer support approach can be beneficial for the sharing of experiences and providing a comfortable and non-judgmental space (Poteat et al., 2012; Toomey et al., 2011), adolescents and young adults are unlikely to have the skills to manage those with severe mental health difficulties (e.g., a person who is experiencing acute suicidal ideation). LGBTQ youth with moderate to severe mental health difficulties can benefit from ongoing professional intervention, which social support cannot provide.

The present study had a number of limitations and strenghts that should be bourne in mind. The homogeneity of the sample all being LGBTQ young adults was a strength for the phenomenological approach to analysis which benefits from samples with shared experiences or identities (Treharne, 2011). At the same time, the LGBTQ people who participated had a diversity of sexual orientations and genders, which benefited the breadth of issues faced by groups within the LGBTQ umbrella. All participants were aged 17 or older and were no longer in high school so it is a limitation that they were often discussing experiences that occurred at various times in the past, although this gave them the benefit of distance and experience to reflect. Some participants were at the upper limit of the period considered youth, but all participants were currently tertiary students and living in the same area of Aotearoa/New Zealand, a country that provides more rights and protections for LGBTQ people than many other countries (e.g., Tan et al., 2022, 2023; see

also Adams & Neville, 2023; Treharne & Adams, 2017). The findings therefore may not transfer to all LGBTQ young adults across Aotearoa/New Zealand or internationally. Participants spoke of LGBTQ support and social groups existing primarily in universities or schools in more urban areas. LGBTQ young adults who do not attend university or living in more rural areas may have very different experiences of mental health and seeking support. As a result, the experiences discussed in the focus groups may be more reflective of the experiences of an urban sample of LGBTQ youth who have more connections with other LGBTQ people due to the university environment and urban location.

Another limitation of this study is the lack of diversity in terms of ethnicity across the overall sample and within individual focus groups. Our sample only included six Māori and four Asian participants with all others identifying only as New Zealand European/Pākehā or a White ethnicity, and no Pasifika participants attended any of the focus groups. We have not provided further details of specific ethnicities in order to maintain confidentiality. In most cases the Māori or Asian participants attend focus groups of New Zealand European/Pākehā or White participants and this may have constrained how much they talked about aspects of discrimination or support relating to the intersection of their ethnicity with their sexual orientation and gender. Future research could involve a kaupapa Māori approach led by Māori researchers working with focus groups of Māori LGBTQ youth to explore their experiences and mental health support needs. This future research can build on existing mātauranga around inclusion and celebration of takatāpui identities (Greaves et al., 2021; Kerekere, 2016; Pihama, 2023). Likewise, future research should work to involve Pasifika LGBTQ youth and other cultural groups, and insider facilitator methods might be an optimal way to have leadership of the discussion from within communities. This ongoing research needs to address the current precarious climate for LGBTQ youth in Aotearoa/New Zealand as there are still gaps in expert healthcare provision and other sources of mental health support (Hayward & Treharne, 2022; Semp & Read, 2015; Tan et al., 2022, 2023; Treharne et al., 2022b). The COVID pandemic occurred after the collection of the data presented in this article and there is an ongoing need to understand inequities in the impact of the pandemic for LGBTQ youth in Aotearoa New Zealand given the impact on LGBTQ people's mental health established internationally (e.g., Goldbach et al., 2021; Lucas et al., 2022). Ongoing focus group research and expanded creative methods such as photo-elicitation are ideal for understanding what changed in terms of discrimination and support for LGBTQ youth in Aotearoa/New Zealand during the pandemic and in relation to other transformative events such as visits from transphobic agitators.

Focus groups can help to make participants more comfortable discussing potentially emotive topics (Kreuger & Casey, 2015), and the recruitment of friendship groups of LGBTQ youth in most of the focus groups was a strength of this study. It is, however, a limitation that some participants attended with people they did not know, but these participants also provided in-depth accounts of their experiences. The use of open-ended demographic questions when collecting information in advance and the open format of introductions at the start of focus groups allowed participants to use the terms that best represent their identities, and this also involved the facilitator sharing their own sexual orientation and gender with participants as part of an established approach to rapport building and reflexivity (e.g., Graham et al., 2017, 2022; Schimanski & Treharne, 2019; Treharne, 2011).

Because LGBTQ youth spend a considerable portion of their time in school, the findings of the present study and the wider body of literature on LGBTQ mental health and support are highly relevant in this setting. Introducing appropriate LGBTQ education into school environments should be beneficial for the mental well-being of LGBTQ youth. Educating teachers about LGBTQ identities will assist them in passing on this knowledge and teach them effective ways to enable positive mental well-being in LGBTQ students; for example, highlighting the benefits of everyday inclusive language. Given teachers influence students and the classroom environment, having teachers who support LGBTQ students and challenge discrimination and heteronormativity in the school environment are important. Teachers may be limited in the support and education they can provide in a cisheteronormative school environment, so implementing policy about LGBTQ education at an institutional level is essential for challenging this cisheteronormativity (Graham et al., 2022).

The present findings are important for those working in clinical and healthcare settings. Professionals involved with providing support for LGBTQ youth's mental health difficulties would likely benefit from a greater understanding of the mental health experiences and challenges currently facing LGBTQ youth, and this needs to start during initial training (Hayward & Treharne, 2022; Obedin-Maliver et al., 2011; Parameshwaran et al., 2016; Semp & Read, 2015; Tan et al., 2022, 2023; Taylor et al., 2018; Treharne et al., 2022b; White et al., 2015). Having a workforce trained to support LGBTQ youth is an important step to improving mental well-being for LGBTQ youth across the board. The present study took a broad approach to investigating LGBTQ youth's mental health experiences and support in Aotearoa/New Zealand, and a range of issues that contribute to mental health were identified. Future research investigating some of these specific factors would be beneficial for further understanding how LGBTQ youth can best be supported. For example, support in schools was identified as lacking, and there is an ongoing need for more research in this area. Research closely examining the current state of LGBTQ support and experiences in school would be a helpful starting point for beginning to influence change in schools, and to overcome some of the barriers to implementing LGBTQ support in schools. Similarly, LGBTQ youth groups external to schools have received relatively little attention in the literature and were identified as a useful form of support in the present study. Further research examining LGBTQ youth groups inside and outside high school would be beneficial and could build on existing understanding about how these groups function in Aotearoa/New Zealand (e.g., McGlashan & Fitzpatrick, 2018; Painter & Keaney, 2009).

The present study adds to the literature on understanding the mental health experiences of LGBTQ youth, the support available for LGBTQ youth experiencing mental health difficulties, and how effective this support is. Findings from focus group discussions with LGBTQ university students revealed two interconnected themes about how negative well-being as a normative and isolating experience for LGBTQ youth and how positive well-being relies on LGBTQ awareness. These findings are consistent with the existing literature on LGBTQ youth's mental health and well-being, and extend the literature by providing a more holistic view of LGBTQ youth's mental well-being and highlighting many of the difficulties present for LGBTQ youth trying to access support. This knowledge is important for those working in educational and clinical settings for understanding the factors that contribute to the development of mental health difficulties in LGBTQ youth, and how they can subsequently best support LGBTQ youth. Further research closely examining various support options for LGBTQ youth is recommended and would help ensure inclusive education and supportive services that positively contribute to the mental health and well-being of LGBTQ youth.

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