

# Effectiveness of Strategies to Increase Mental Health Services Utilization among Young Adult Gender & Sexual Minorities: A Scoping Review

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## Research Article

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# Abstract

Sexual and gender minority (SGM) young adults in the United States experience disproportionately high levels of psychological distress, suicidality, and unmet mental health needs, yet engagement with formal mental health services remains uneven. This scoping review synthesizes U.S.-based evidence published between 2015 and 2025 on interventions and strategies designed to increase mental health service utilization among SGM young adults aged 18–25 years. Six databases (PubMed, PsycINFO, CINAHL, MEDLINE, Scopus, and Google Scholar) were systematically searched, yielding 7,951 records. After automated deduplication, 4,825 unique studies were screened using Covidence, following PRISMA-ScR guidelines. A total of 354 full-text articles were assessed for eligibility, and six studies met inclusion criteria for synthesis.

Across the six included studies, several consistent patterns emerged. SGM individuals remained underrepresented in intervention research, despite reporting the highest levels of suicidal ideation and service barriers. Moreover, institutional context mattered where students perceiving positive campus mental health climates were significantly more willing to seek care (OR = 1.51, 99% CI: 1.38–1.64). Additionally, prior engagement strongly predicted future help-seeking willingness (OR = 7.40, 99% CI: 6.78–8.09). Most importantly, digital and mobile health interventions demonstrated high feasibility and engagement, with transgender participants averaging four app logins per week, though evidence of long-term effectiveness remains limited.

Overall, findings indicate that while SGM young adults frequently engage with mental health services, utilization is shaped by structural stigma, provider trust, institutional climate, and intersectional marginalization. The limited number of evaluative interventions and absence of longitudinal outcomes underscore an urgent need for equity-centered, culturally affirming, and scalable strategies to improve sustained mental health service engagement among diverse SGM young adults.

## Introduction

In the United States, sexual and gender minority (SGM) young adults experience significantly higher rates of mental health challenges compared to their heterosexual and cisgender peers (Lu et al., 2025; Pratt-Chapman, 2025). Sexual and gender minority populations encompass individuals whose sexual orientation, gender identity, and/or sex development diverges from binary norms, including but not limited to those who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ+) (National Institutes of Health [NIH], 2019). Approximately 10% of U.S. young adults identify as members of sexual or gender minority groups (Berry et al., 2023). According to The Trevor Project (2023), 41% of LGBTQ + youth seriously considered suicide in the past year, and 14% reported at least one suicide attempt; rates that far exceed those reported among cisgender and heterosexual young adults. These risks are especially acute for transgender and nonbinary individuals, who report the highest levels of suicidal ideation and attempts (The Trevor Project, 2023). Su et al. (2016) found that gender minority (e.g., transgender and nonbinary) young people are two to four times more likely to experience mental health disorders such as depression, anxiety, and post-traumatic stress disorder.

These mental health disparities can be understood through Meyer's (2003) minority stress framework, which posits that LGBTQ + community face chronic stress due to stigma, discrimination, internalized prejudice, and social exclusion. These systemic stressors erode psychological well-being and are linked to elevated rates of substance use, self-harm, and suicidal behavior (Russell & Fish, 2016). Additionally, Diamond and Alley (2022) point to lack of social safety as an important driver of SGM health disparities. Despite growing societal attention

to gender equity and inclusion, structural inequalities and negative cultural messaging continue to harm the mental health of gender minority young adults and limit their access to affirming care.

## **Barriers to Mental Health Service Utilization in U.S. Contexts**

Despite clear and urgent mental health needs, LGBTQ + young adults in the U.S. remain underserved. Systemic barriers, including a lack of culturally competent providers, geographic disparities in service availability, and insufficient inclusion of SGM-affirming care models in educational institutes and health facilities, contribute to this crisis (McCann & Brown, 2021). A national survey by Williams and Fish (2020) found that more than half (54%) of LGBTQ + young adults who sought mental health services were unable to access them. Hatzenbuehler (2016) further noted that only 13% of mental health facilities in the U.S. offered services tailored to LGBTQ + populations, highlighting a serious service gap.

Interpersonal barriers also play a major role. The Human Rights Campaign (2022) reported that fewer than half of gender minority young adults felt understood by their mental health providers. Additionally, young adults from racially, and ethnically marginalized communities face compounded discrimination and trust issues (Salerno et al., 2023). For minors, the need for parental consent or use of family health insurance creates further complications, particularly when family members are unsupportive or hostile toward their sexual identity (Craig et al., 2021). Even when care is technically available, many young adults avoid seeking help due to fear of being outed, previous negative provider interactions, and widespread misinformation about gender minority health needs. For example, Pampati et al. (2021) report low rates of preventative mental health care and persistent service gaps among transgender young adults. There have also been reports of discrimination after the disclosure of sexual orientation when utilizing certain health care services (Moone et al., 2016).

## **Intervention Strategies to Increase Service Utilization**

In response to these disparities, a range of strategies have emerged to increase mental health service utilization among SGM young adults. School-based interventions have been especially impactful. Hatzenbuehler et al. (2014) found that schools with inclusive anti-bullying policies that specifically protect SGM students saw significantly lower rates of suicide attempts. These efforts aim to foster safe, affirming environments, reduce stigma, and connect students to trusted adults who can facilitate access to care.

Digital and telehealth platforms offer additional promises. Programs like *Q Chat Space* provide confidential, peer-led virtual support to gender minority young adults, especially those in geographically isolated or unsupportive settings (Craig et al., 2021). These services mitigate barriers related to location and familial rejection, though more rigorous research is needed to evaluate their efficacy to increase the service uptake by the SGM community.

In clinical contexts, national organizations, including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and SAMHSA, have endorsed gender minority-affirmative care models. These models emphasize provider cultural competency, shared decision-making, and affirming a young adult's gender identity throughout treatment planning (Call et al., 2021). Yet, implementation remains uneven due to funding constraints, institutional resistance, and a lack of trained personnel (Burger & Pachankis, 2024). While

these approaches are expanding, comparative studies are needed to determine which interventions most effectively promote initial engagement and long-term adherence to mental health services.

## The Need for U.S.-Based Evaluative Research

Despite the expansion of supportive interventions, significant gaps remain in evaluating their effectiveness in influencing service utilization. Much of the literature is based on cross-sectional data or limited to specific regions, reducing the applicability of findings to broader gender minority populations (Burger & Pachankis, 2024). Additionally, existing research often fails to differentiate between awareness of services and actual utilization, or between initial access and ongoing engagement (Craig et al., 2021). To date, no comprehensive synthesis has mapped interventions aimed specifically at increasing mental health service use among gender minority young adults in the U.S.

In response, we conducted a scoping review to systematically identify and analyze intervention strategies designed to enhance mental health service uptake among gender minority young adults in the United States. This review aims to: (1) characterize the scope and focus of existing interventions, (2) highlight gaps in the evidence base, and (3) provide direction for future research and practice. We are guided by the following research questions: What individual, social, structural, and provider-level factors influence mental health service engagement among gender minority young adults, and how can these inform the development of effective approaches to increase service utilization?

## Methods

### Study Design

This study employed a scoping review methodology to systematically map the existing literature on studies aimed at increasing mental health service utilization among SGM young adults in the United States. Scoping reviews differ from systematic reviews in that they are not limited to addressing narrowly defined questions regarding the feasibility, appropriateness, or effectiveness of specific interventions. They are particularly well-suited for examining the breadth and depth of knowledge in an emerging or complex field (Munn et al., 2018). Given the heterogeneity and underexplored nature of the literature in this area, this scoping review explores the existing literature and summarizes major themes. (Peters et al., 2020). The review followed the methodological framework originally developed by Arksey and O'Malley (2005), which was subsequently refined by Levac et al., (2010) and the Joanna Briggs Institute (Peters et al., 2020). The six-stage process included: (1) identifying the research question(s); (2) identifying relevant studies; (3) selecting studies; (4) charting the data; (5) collating, summarizing, and reporting the results; and (6) engaging in consultation with relevant stakeholders. Reporting was guided by the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR) checklist (Tricco et al., 2018) to ensure transparency and methodological rigor.

All stages of the review, including title and abstract screening, full-text review, data extraction, and conflict resolution of reviewer discrepancies, were conducted using Covidence, a web-based platform designed to facilitate the systematic management of evidence reviews (Veritas Health Innovation, 2025). This supported collaboration among multiple reviewers, enhanced consistency in screening and data charting, and provided an

auditable record of decisions across all phases of the review process. The team received web-based training on Covidence features and usability.

## Search strategy

To ensure a comprehensive and methodologically sound evidence base, a preliminary search was first conducted to identify existing reviews and refine the search terminology. Drawing on this initial work, the formal search strategy was developed by the reviewers. The finalized search strategy emphasized sensitivity to capture a broad range of evidence aligned with the study’s exploratory aims. Search terms were structured around three conceptual dimensions: (1) LGBTQ + identity, (2) youth and young adulthood, and (3) mental health services utilization and interventions. A combination of controlled vocabulary (e.g., MeSH terms) and free-text keywords was employed, and search logic was customized for each database using Boolean operators (AND, OR), truncation, and field limiters as appropriate.

Database searches were conducted in February 2025 across six electronic platforms: PubMed, PsycINFO, CINAHL, Google Scholar, Medline, and Scopus (Table 1). The search was designed to identify only peer-reviewed literature. In addition to the library search, gray literature that is found to be fulfilling our inclusion criteria is also included in this study.

All retrieved records were imported into Covidence and examined for its deduplication, abstract screening, and full-text review. The selection process followed Arksey and O’Malley’s (2005) scoping review framework, ensuring a transparent and replicable approach. The following table details the search strategy used according to each database.

Table 1  
Search string details of the database

| Database       | Search string                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PsycINFO       | ("LGBTQ+" OR "sexual minority" OR transgender OR nonbinary OR pansexual OR intersex OR queer OR "gender minority") AND ("mental health" OR "therapy" OR "counseling" OR "psychological support" OR "mental health care" OR "mental health services") AND ("help-seeking" OR "service utilization" OR "treatment access" OR "barriers to care" OR "health disparities") AND ("youth" OR "adolescents" OR "young adults" OR "teenagers" OR "18–25 years") AND ("United States" OR "U.S." OR "American")                                                                                                                                                                                                                                                                                                  |
| PubMed         | ("LGBTQ+" OR "sexual minority" OR transgender OR nonbinary OR pansexual OR intersex OR queer OR "gender minority") AND ("mental health" OR therapy OR counseling OR "psychological support" OR "mental health care" OR "mental health services") AND ("help-seeking" OR "service utilization" OR "treatment access" OR "barriers to care" OR "health disparities") AND ("youth" OR "young adults" OR "18–25 years") AND ("United States" OR "U.S." OR "American")                                                                                                                                                                                                                                                                                                                                      |
| Google Scholar | ("LGBTQ + young adults" OR "transgender youth" OR "sexual minority youth" OR "gender minority young adults") AND ("mental health service utilization") AND ("intervention program" OR "mental health campaign" OR "community-based intervention") AND ("United States")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MEDLINE        | "LGBTQ + young adults" OR "gender non-conforming" OR "sexual and gender minorities" OR "18 to 25 years old" OR "young adult" OR "American" AND "U.S." OR "US" OR "United States" AND "youth mental health services" OR "mental health intervention" OR "mental health service access" OR "mental health service utilization" OR "help-seeking behaviour" OR "barriers to mental health care" OR "stigma reduction intervention" OR "community-based mental health programs" OR "school-based mental health programs" OR "telehealth for LGBTQ + mental health" OR "affirmative mental health care" OR "public health campaign" OR "mental health support for LGBTQ+" OR "mobile health services" OR "988 hotlines" OR "text-based interventions" OR "intersectionality in LGBTQ + youth mental health" |
| CINAHL         | ((("Mental Health services" OR "Mental health interventions" OR "mental health programs")) AND ((("Sexual minority young adult" OR "LGBTQ + young adult") OR "LGBTQ + young adults")))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Scopus         | ((("LGBTQ+" OR "sexual minority" OR "transgender" OR "nonbinary" OR "gender minority") AND ("young adults" OR "youth" OR "ages 18–25") AND ("mental health service utilization" OR "mental health services" OR "psychological support") AND ("intervention" OR "program" OR "campaign" OR "community-based intervention") AND ("United States" OR "American"))                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## Study selection process

Studies were included if they focused on SGM populations within the age range of 18 to 25 years or described as young adults or youth with age-specific data. Eligible studies were conducted in the United States and examined mental health service utilization, including help-seeking behaviors, treatment access, or engagement with psychological support services. Those studies focus on evaluating, implementing, or describing interventions, programs, or campaigns aimed at improving mental health outcomes or service uptake were added in the study. Methodologically, original empirical studies that employ quantitative, qualitative, or mixed-methods designs were considered. These included peer-reviewed publications, dissertations, or institutional reports published in English between January 2015 and June 2025. Studies were also excluded if they did not explicitly focus on LGBTQ + young adults, were conducted outside the U.S. without relevance to the U.S. context, did not examine mental health service use or interventions, or were non-empirical (e.g., editorials, commentaries, abstracts, or protocols without outcome data). Studies not published in English or without accessible full texts were also excluded.

## Data charting, extraction, and synthesis

All identified records were imported into Covidence for the analysis. Covidence automatically detected and removed 3,126 duplicate records, leaving 4,825 unique studies for screening. Four reviewers independently screened titles and abstracts for relevance, followed by full-text review of potentially eligible studies. Discrepancies at either stage were resolved through discussion or, when needed, adjudication by a third reviewer within Covidence. A total of 354 full-text articles were assessed for eligibility. A total of 348 studies were excluded for reasons including wrong outcomes, study design, thesis paper, intervention type, or population. Ultimately, six studies met the inclusion criteria and were included in the final review. The overview of the entire selection process is documented in the PRISMA-ScR flow diagram (Fig. 1)

## Results

### Characteristics of included studies

A total of six studies met the inclusion criteria and were included in this scoping review. These studies varied in methodological approaches, target populations, and settings, yet collectively offered critical insights into mental health help-seeking behaviors among LGBTQ + young adults (Table 2). The majority employed cross-sectional survey designs, while others utilized qualitative or mixed-methods approaches. The findings highlight key facilitators of service utilization, the importance of culturally affirming care, access to digital platforms, and additional factors influencing help-seeking attitudes.

Table 2  
Description of Research Design and Interventions

| S.N. | Author (year)         | Research Objective(s)                                                                                                                                                                                     | Setting                                                                                                                                           | Methods                                                                                                                                | Major Findings/effectiveness                                                                                                                                                                                                                                                                                                                                                                      |
|------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | Bourdon et al. (2019) | Examines differences in mental health service utilization between LGB + and straight-identified students and evaluates service use patterns across diverse LGB + young adults                             | Data collected at Virginia Commonwealth University from a random sample of undergraduate students (N = 675) via an online national health survey. | Quantitative analysis of data from the 2018 ACHA-NCHA-II survey                                                                        | LGB + students were more likely than straight-identified peers to seek services from a counselor/therapist/psychologist and utilize university counseling/health services.                                                                                                                                                                                                                        |
| 2.   | Chang et al. (2024)   | Examines predictors of help-seeking willingness among college students, focusing on prior help-seeking history and differences by sexual orientation using Spring 2021 NCHA data.                         | Online survey conducted among undergraduate and graduate students (N = 64,079) from 137 postsecondary institutions.                               | Cross-sectional analysis using data from the Spring 2021 American College Health Association National College Health Assessment (NCHA) | Prior help-seeking strongly predicts future willingness, while positive campus culture and private college attendance are associated with increased help-seeking attitudes. Lower willingness is observed among cisgender men, certain racial/ethnic minorities, and uninsured students                                                                                                           |
| 3.   | Moore et al. (2020)   | Assess mental health service use experiences among racially and ethnically diverse sexual minority youth, specifically Black and Hispanic LGB young adults, to identify factors facilitating or hindering | Community and venue-based settings targeting racial-ethnic minority young adults (38) with mental health service history.                         | Qualitative study- Semistructured interviews were conducted                                                                            | Among 38 Black and Hispanic LGB young adults, mental health service engagement was shaped by personal beliefs, stigma, social support, accessibility barriers, and provider cultural competence. Positive engagement was linked to LGBT-affirming, culturally competent providers and peer support, whereas family opposition, system navigation difficulties, and stigma hindered sustained use. |

| S.N. | Author (year)        | Research Objective(s)                                                                                                                                                                                                              | Setting                                                                                                                | Methods                                                                                                                                                                                                                                        | Major Findings/effectiveness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                      | their engagement with services                                                                                                                                                                                                     |                                                                                                                        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4.   | Dunbar et al. (2017) | Examine factors associated with mental health and service utilization among LGBQQ and non-LGBQQ college students                                                                                                                   | Multiple institutions of higher education in California.                                                               | Cross-sectional online survey conducted as part of the California Mental Health Services Authority Student Mental Health Initiative's evaluation.                                                                                              | LGBQQ students with mental health treatment needs were more likely than non-LGBQQ peers to use any mental health services and on-campus services. They more frequently sought off-campus help. Academic impairment, service awareness, and active coping increased service use. Supportive campus climate and high stress predicted greater on-campus service use.                                                                                                                                                                    |
| 5.   | Baams et al. (2018)  | Examine differences between LGBQ and heterosexual students in utilization of counseling and mental health services, preferred sources of help-seeking, and individuals contributing positively to coping during stressful periods. | Data were collected from 76 four-year colleges and universities across the United States                               | Cross-sectional online survey (2011) from the National Research Consortium; final sample of 25,844 students after exclusions                                                                                                                   | LGBQ students reported more lifetime mental health concerns and suicidal ideation than heterosexual peers. They more frequently sought help from mental health professionals and campus resources, which supported their coping.                                                                                                                                                                                                                                                                                                      |
| 6.   | Dubov et al. (2021)  | Examine the usability of the <i>TransLife</i> mobile health app by assessing user engagement, satisfaction, and the feasibility of completing in-app ecological momentary assessments (mood logs).                                 | The study utilized a smartphone app to collect data from transgender participants in real-world, everyday environments | Mixed method of qualitative & exploratory study using naturalistic app use, focus groups, and semi-structured phone interviews; 3-week pilot evaluation followed by phone-based exit interviews to assess user engagement and gather feedback. | Among 16 transgender participants, the <i>TransLife</i> app showed regular engagement (average 4 logins/week, ~ 5 minutes per session). Six key themes emerged, highlighting app functionality, ease of use, user satisfaction, perceived data safety, trust in sharing personal feelings, and engaging features. The app was found to support mental self-care, enhance self-awareness, and help identify mood triggers, indicating its acceptability and usefulness as a tailored mHealth intervention for transgender individuals. |

# Campus Culture and Help-Seeking Willingness

Bourdon et al. (2022) and Chage et al. (2022) utilized the National College Health Assessment survey, a cross-sectional survey that is administered twice yearly in over 130 colleges and universities across the US with over 64,000 student participants. This survey includes items asking about willingness to access mental health services in the future, history of accessing psychological or mental health services, type of health service provider, campus characteristics, and psychiatric conditions for treatment focus.

The articles identified that both straight-identifying and LGB + students reported a general willingness to access mental health services. Bourdon et al (2021) reports that the LGB + Students most often sought support from counselors, therapists, and psychologists (61.43%), more so than treatment with a psychiatrist (29.93%) or other type of medical provider (29.50%). Many of the students reported receiving counseling off-campus, with sexual and gender minority students reported higher utilization of campus counseling resources (30.71%) compared to straight-identifying students (19.94%). Students reported seeking treatment for various psychological conditions, including anxiety, depression, and risk of suicidality. LGB + students primarily reported seeking treatment for anxiety (26.58%) and depression (20.69%). Students who identified as bisexual had the highest self-reports of service utilization for all mental health conditions and with all provider types (44.19% – 64%).

Chang et al (2022) found that students who had prior experience with mental health services were more likely to endorse willingness to seek mental health services in the future relative to students who were treatment naïve (odds ratio [OR] = 7.40, 99% confidence interval (CI): 6.78–8.09. Those students who reported higher levels of mental health concerns were more likely to say that they would seek mental health services in the future, if necessary (OR = 1.18, 99%CI: 1.11–1.26), an indicator of resiliency. This was also true for those students who were at risk of suicide (OR = 1.18, 99%CI: 1.02–1.14). Comparatively, cisgender men (OR = 0.44, 99%CI) were less willing to seek help as compared to cisgender women.

Encouraging students to access mental health services can be beneficial to not only meet current psychological needs but also to facilitate the mindset that counseling is a tool that can be accessed throughout the lifespan. Finally, as for campus characteristics, students who perceived the campus culture as positive (OR = 1.51, 99%CI 1.38–1.64) were more willing to seek help.

Complementing these findings, Dunbar et al. (2017) examined mental health service utilization specifically among lesbian, gay, bisexual, and questioning or queer (LGBQQ) and non-LGBQQ students across California's public higher education systems, finding that LGBQQ students with mental health treatment needs were significantly more likely to access any mental health services (39% vs. 25%; OR = 1.94) and on-campus services (23% vs. 17%; OR = 1.70) than non-LGBQQ peers. Despite higher utilization rates, a substantial proportion of both groups did not access needed services, with LGBQQ students more often seeking help off-campus and reporting fewer feelings of not needing services. Factors such as mental health-related academic impairment, awareness of service locations, and coping style influenced utilization, with campus mental health climate and perceived stress associated with on-campus service use. However, LGBQQ students attending community colleges and those identifying as Asian or other ethnicities were less likely to utilize services, highlighting persistent disparities within this population.

Together, these studies indicate that higher mental health service utilization among LGB + students is shaped not only by elevated mental health needs but also by enabling factors such as a supportive campus mental

health climate, increased trust in campus services, high awareness of available resources, and affirmative campus culture. These elements foster a sense of psychological safety and accessibility, thereby facilitating help-seeking behaviors.

## **Feasibility and User Engagement of the TransLife Suicide Prevention App**

Dubov et al. (2021) conducted a pilot study evaluating the feasibility, acceptability, and preliminary effectiveness of *TransLife*, a smartphone-based mobile health (mHealth) application developed for suicide prevention among gender minority individuals. Sixteen transgender adults participated in the study, which utilized a mixed-methods approach combining ecological momentary assessments (EMAs), semi-structured interviews, and focus groups. Quantitative findings revealed high user engagement, with participants logging into the app approximately four times per week and engaging for about five minutes per session. Qualitative analysis identified six core themes influencing user experience: functionality, usability, ease of use, data privacy, trust in disclosure, and engagement-enhancing features.

Participants reported that *TransLife* supported emotional regulation, promoted self-awareness, and facilitated real-time mood tracking and identification of emotional triggers. The app's culturally responsive design appeared to enhance trust and relevance, fostering meaningful engagement. Although the sample was comprised of transgender adults, the findings have broader implications for LGBTQ + young adults, particularly given their elevated suicide risk and systemic barriers to affirming care. This study adds to growing evidence on the potential of culturally tailored digital tools to improve mental health service utilization and outcomes among LGBTQ + populations.

## **Facilitators Among Black and Hispanic LGB Young Adults**

Moore et al. (2020) conducted a qualitative study examining engagement in mental health services among 38 Black and Hispanic lesbian, gay, and bisexual (LGB) young adults (ages 18–29) in New York City. Participants were recruited through community outreach and venue-based strategies in spaces frequented by young adults. Using thematic analysis of semi-structured interviews, the authors identified four key domains influencing service engagement: personal factors, social environment, accessibility, and provider characteristics.

Facilitators of engagement were most evident in the provider and social environment domains. Participants consistently emphasized the value of cultural responsiveness, affirming mental health professionals who demonstrated sensitivity to the intersections of race, ethnicity, and sexual orientation. Provider representation especially therapists who identified as sexual and/or racial minorities—was perceived as essential in establishing trust, enhancing communication, and fostering sustained engagement. Affirming provider practices, such as validating sexual identity and acknowledging systemic discrimination, were reported to mitigate prior negative experiences in care.

Social support from peers, particularly within LGB communities, emerged as a crucial facilitator. Peer networks provided recommendations for inclusive providers, normalized help-seeking behaviors, and offered emotional reinforcement for navigating stigma and discrimination. Participants also highlighted the importance of autonomy in their decision-making, often facilitated by independence from unsupportive families, enabling them to prioritize mental health without fear of judgment or rejection. This autonomy was frequently linked to broader aspirations, such as educational attainment and long-term wellbeing.

Despite the presence of facilitators, structural and psychosocial barriers persisted. Participants described ambivalence toward treatment, internalized stigma related to sexual orientation and racial/ethnic identity, lack of familial support, financial constraints, limited provider availability, and logistical challenges such as transportation. Nearly half of the sample (45%) reported disruptions in care continuity despite ongoing mental health needs, underscoring the urgency for targeted, equity-focused interventions.

## **Patterns of various Service Utilization by LGBTQ college students**

A large-scale survey study by Baams et al. (2018) involving 25,844 college students across 76 U.S. 4-year institutions to examine differences in mental health service utilization by sexual orientation and gender. Among female students, 64% of lesbian/gay and 59% of bisexual individuals reported receiving counseling or psychological services, compared to 39% of heterosexual females. Among males, 49% of gay and 44% of bisexual students reported service use, versus 31% of heterosexual males. In contrast, help-seeking from clergy was less common among gay males and bisexual females (7%) than among heterosexual counterparts (8%).

Lesbian, gay, bisexual, and queer (LGBTQ) females and bisexual males were less likely to seek support from parents or family members. Lesbian/gay and questioning females more frequently accessed campus resources and mental health professionals, which they perceived as more effective. However, family and religion were often identified as unsupportive, especially by LGBTQ females and bisexual students, inhibiting coping during periods of distress. Additionally, racial/ethnic minority bisexual females were less likely to seek support from friends or roommates (minority: 21.4% vs. White: 34.6%), highlighting intersectional barriers to informal help-seeking.

While LGBTQ students demonstrated higher overall engagement with mental health services, the findings underscore the need for strategies that not only increase access but also enhance the cultural responsiveness and affirming nature of both professional and informal support systems for SGM young adults.

## **Discussion**

This scoping review identifies a range of individual, interpersonal, structural, and cultural factors influencing mental health service utilization among SGM young adult. Due to systemic barriers and limited scholarly attention to this population, a significant gap remains in the empirical literature specifically targeting strategies to enhance service utilization. The reviewed studies demonstrate that LGBTQ + young adults often access mental health services at higher rates than their heterosexual peers. However, substantial disparities remain concerning, particularly, provider engagement capacities with this population and the effectiveness of existing approaches to increase trust and adequately address the complex mental health needs of these populations.

## **Structural and Policy-Level Interventions**

Affirmation at the institutional level emerged as a foundational strategy in promoting access to mental health services for gender minority young adults, as structural policies—such as anti-discrimination clauses, gender-affirming settings, and identity-affirming health services—demonstrated increased perceived safety and influence service uptake (Bourdon et al., 2022; Chang et al., 2022). These findings reinforce the ecological model of mental health behavior, suggesting that affirmative institutional culture not only correlates with service uptake

but actively enables help-seeking through perceived psychological safety and visibility of resources. Furthermore, it is congruent with the minority stress framework, which asserts that institutional environments when affirming—can buffer the effects of chronic societal stigma and discrimination (Meyer, 2003). Furthermore, policies that explicitly affirm gender minority youth can legitimize their identities within settings that have historically excluded them, thus enhancing the social acceptability of help-seeking behavior (Russell & Fish, 2016). This statement echoes the finding that positive campus culture influences mental health service engagement (Dunbar et al., 2017).

However, policy adoption alone does not guarantee equitable access to mental health services. Our review synthesized evidence showing that sexual minority students often rely heavily on off-campus health services due to concerns related to safety and shame (Dunbar et al., 2017). Gower et al. (2018) argue that this reliance reflects a disconnection between written policies and lived experiences, particularly in contexts where cultural resistance, implicit bias, or lack of enforcement undermine effective implementation. For instance, symbolic gestures of inclusivity—such as rainbow flags or LGBTQ + training posters—may conceal environments in which microaggressions and gatekeeping behaviors persist (Friedman, 2021). Moreover, the emphasis on individual autonomy and self-initiated help-seeking, while essential, must be understood in relation to structural context. These hidden barriers create adverse conditions that leave young people feeling unsafe and reluctant to access institutional mental health services.

## Digital and Telehealth-Based Strategies

Digital and telehealth platforms have expanded access to care for SGM young adults, especially those in rural or conservative environments where affirming services are scarce or absent. Interventions such as *TransLife* mobile app offering psychoeducation, crisis support, and asynchronous therapy provided flexible and private avenues for mental health engagement (Dubov et al., 2021). This aligns with broader literature that emphasizes digital innovation as a tool to bypass gatekeeping, reduce stigma, and promote autonomy in care-seeking (Naslund et al., 2017). Moreover, digital tools that incorporate gender-inclusive language and customizable interfaces foster user empowerment and reduce misgendering-related distress. These findings are especially significant given the heightened rates of psychological distress and suicide risk among transgender populations, who often struggle to access affirming and accessible mental health care (Bauer et al., 2015; James et al., 2019).

User engagement with features such as daily mood tracking, affirming mental health resources, and community-based interactions suggests that the app not only met basic functionality requirements but also fostered consistent, meaningful engagement. This is consistent with previous research showing that digital tools can be effective in improving emotional regulation when designed with user-centered, identity-affirming content (Craig et al., 2021; Escobar-Viera et al., 2018). The significant reduction in suicidal ideation observed during the 28-day intervention window is a noteworthy outcome, particularly in light of the limited availability of scalable, trans-specific suicide prevention strategies.

Qualitative data further reinforce the app's value, highlighting how *TransLife* promoted self-reflection, emotional regulation, and a sense of validation. These insights echo earlier studies that emphasize the importance of culturally and identity-affirming care in enhancing help-seeking and treatment engagement among transgender individuals (McCann & Brown, 2017; McDermott et al., 2021). Participants' narratives point to a critical gap in

current mental health services—namely, the lack of trans-affirmative tools that are readily accessible, confidential, and supportive of individual autonomy.

However, concerns remain regarding efficacy, safety, and equity. Many digital interventions lack empirical validation beyond feasibility and acceptability, particularly for youth with complex needs such as suicidal ideation or trauma histories (Torous et al., 2020). The digital divide further complicates equitable access: low-income or unhoused youth may lack secure, private internet access, while racial/ethnic minority users often encounter culturally insensitive content or interfaces (Ellis et al., 2022). Furthermore, the ethics of data privacy and algorithmic decision-making in mental health platforms remain underexplored, particularly for populations vulnerable to surveillance or state violence. Additionally, the extant evidence remains preliminary: small samples, short durations, limited demographic representation, and lack of control groups constrain confidence in generalizability.

## **Cultural and Identity-Based Responsiveness in Mental Health Care**

Cultural responsiveness and identity affirmation were repeatedly identified as critical enablers of mental health service engagement. Moore et al. (2020) emphasized that affirming care, delivered by providers who demonstrate sensitivity to the intersections of race, ethnicity, gender identity, and sexual orientation—enhanced trust, therapeutic rapport, and continuity of care among Black and Hispanic sexual minority young adults. These findings echo prior literature underscoring the value of culturally competent care in improving health equity (Austin & Craig, 2015; McCann et al., 2021).

Our review also synthesized that provider identity and representation mattered deeply to participants. The presence of LGBTQ + or racially/ethnically concordant providers was perceived as a signal of safety and credibility, particularly in navigating historically exclusionary healthcare systems. Conversely, internalized stigma, homonegativity, and racial marginalization—often conceptualized as intersectional stigma, were identified as barriers to initiating or sustaining treatment (Turan et al., 2019). The disparities observed among racial/ethnic minority bisexual females, who reported lower help-seeking from both formal and informal sources (Bass & Nagy, 2023), further illuminate the need for intersectionally responsive interventions.

Despite increased formal service use among sexual minority students, many reported lower reliance on informal supports such as family or clergy, often citing experiences of rejection, religious stigma, or lack of emotional safety (Moore et al., 2020). These findings reinforce the imperative to build affirming professional networks and community-based support systems that can compensate for the absence of familial or spiritual affirmation.

## **Service Uptake and Informal Support Gaps among Racial and Sexual Minority Students**

Baams et al. (2018) document higher rates of formal mental health service use among sexual minority students compared to their heterosexual peers, an encouraging trend that may reflect growing visibility and resource availability on university campuses. However, these students also reported lower use of informal support systems, such as family and clergy, who were often perceived as non-affirming or hostile. These findings resonate with prior literature indicating that familial rejection and spiritual alienation continue to negatively impact help-seeking and coping among sexual minority youth (Ryan et al., 2009). Of particular concern are

disparities within the sexual minority student population itself. For example, racial/ethnic minority bisexual females reported notably low levels of help-seeking from both formal and informal sources, illustrating the interplay of stigma, isolation, and marginalization. Our review found that Asian and other ethnically diverse SGM students often did not report any engagement with mental health services, prompting critical questions about the effectiveness of current interventions in enhancing service utilization and establishing culturally safe spaces for these populations (Dunbar et al., 2017).

While higher service utilization is promising, there remains an urgent need to evaluate the quality, inclusivity, and clinical relevance of the care received. Key questions remain underexplored: Do students feel safe disclosing their sexual orientation in clinical settings? Are services aligned with their cultural and psychosocial needs? Are provider relationships characterized by trust, continuity, and cultural humility? To close these gaps, universities and mental health systems must implement multilevel strategies: inclusive provider training, SGM-specific counseling services, family-inclusive education efforts, and broader community engagement to rebuild informal support structures. Research must also move beyond utilization metrics to assess experience, satisfaction, and outcomes across diverse subgroups within the LGBTQ + young adult population.

## **Trust as a Mediator of Engagement**

Trust in healthcare providers and systems emerged as a pivotal mediator of mental health service utilization among gender minority youth. Several studies identified trust—or the absence thereof, as a determining factor in whether individuals initiate or sustain engagement with mental health care. Moore et al. (2020) underscored that experiences of discrimination, invalidation, or microaggressions from providers contributed to anticipatory mistrust, particularly among racially and ethnically minoritized sexual minority youth. Similarly, Chang et al. (2022) noted that students' confidence in campus mental health services was closely tied to perceptions of cultural competence and provider sensitivity to gender and sexual diversity.

This phenomenon aligns with broader scholarship on minority stress theory, which conceptualizes trust erosion as a cumulative consequence of societal stigma and institutional betrayal (Meyer, 2003), and the impact of a persistent lack of social safety (Diamond and Alley, 2022). For gender minority individuals, historical pathologization, misgendering, and gatekeeping within psychiatric and medical contexts have further entrenched distrust in mental health systems (Bauer et al., 2015; James et al., 2016). Participants in the *TransLife* pilot study (Dubov et al., 2021) reported heightened comfort and trust in the digital intervention due to its gender-affirming content and perceived lack of judgment—suggesting that when traditional care systems fail to establish trust, individuals may seek alternative, less stigmatizing avenues of support.

Importantly, trust is not only shaped by individual provider behavior but also by institutional context. A lack of visible LGBTQ + representation among mental health professionals, non-disclosure of inclusive practices, and limited accountability mechanisms may reinforce the perception that services are unsafe or ill-equipped to meet gender minority needs (Rand et al., 2021). Conversely, when institutions demonstrate explicit commitment to inclusivity, through staff training, signage, language use, and structural reforms, trust can be gradually restored, leading to improved engagement (Ceatha et al., 2021).

## **Limitations**

This scoping review is subject to several limitations. Most importantly, the heterogeneity in study designs, populations, and outcome measures limits comparability and synthesis of findings. While some studies

employed mixed methods, the majority relied on cross-sectional data, restricting the ability to infer causality or assess longitudinal trends in service utilization. Also, many studies relied on convenience or self-selected samples, which may introduce selection bias and limit generalizability, particularly to LGBTQ + young adults who are not enrolled in postsecondary education or who reside in rural and/or under-resourced settings.

Additionally, several included studies failed to report key demographic details, such as participants' race, socioeconomic status, or gender identity, thereby obscuring intersectional dynamics critical to understanding disparities in mental health service engagement. Moreover, the review was limited to English-language, peer-reviewed studies, potentially excluding relevant evidence from grey literature or non-English sources that could provide additional insights into culturally specific experiences.

Finally, while scoping reviews are not intended to assess the quality of included studies, the lack of standardized outcome metrics across studies limits the ability to draw strong conclusions about intervention efficacy, service satisfaction, or long-term mental health outcomes.

## Recommendations

Given the multifaceted barriers and facilitators identified across the literature, several key recommendations emerge for research, policy, and practice:

1. *Advance Intersectional and Equity-Oriented Research:* Future studies should prioritize intersectional frameworks and ensure the inclusion of racially and socioeconomically diverse participants. Researchers should also adopt standardized measures for service engagement, satisfaction, and clinical outcomes to enhance comparability across studies.
2. *Develop and Scale Culturally Affirming Digital Tools:* Investments should be directed toward rigorously evaluating and scaling digital mental health interventions—such as TransLife—that are identity-affirming, community-informed, and accessible to underserved LGBTQ + subgroups, including transgender youth and those in rural areas.
3. *Promote Inclusive Service Environments:* Mental health systems, particularly those on college campuses, should institutionalize LGBTQ+-affirming training for providers, establish specialized support services, and create feedback mechanisms to monitor inclusivity and responsiveness.
4. *Enhance Informal Support Networks:* Given the persistent absence of familial and community support, particularly for sexual minority students of color, strategies to reengage families and strengthen peer-based support structures are essential. Educational campaigns and family-inclusive programming can mitigate isolation and foster long-term resilience.
5. *Expand Access Through Policy and Infrastructure:* Structural barriers such as cost, transportation, and geographic inequity must be addressed through policy solutions, including subsidized care, integrated telehealth models, and support for peer navigation services.

These recommendations underscore the need to move beyond descriptive research toward more interventional research that rigorously evaluates the effectiveness, scalability, and long-term outcomes of culturally responsive mental health strategies tailored to LGBTQ + young adults. Future studies should prioritize randomized controlled trials, implementation science, and community-based participatory methods to assess not only whether interventions work, but for whom, under what conditions, and why. Strengthening the evidence base

with high-quality interventional research will better inform equitable service delivery, policy development, and resource allocation across diverse LGBTQ + populations.

## Conclusion

This scoping review highlights the complex interplay of structural, cultural, and individual-level factors shaping mental health service utilization among sexual and gender minority young adults in the United States. While promising trends in help-seeking and engagement with culturally affirming digital interventions are emerging, persistent disparities, particularly for gender minority individuals and sexual minorities of color, underscore the need for tailored, intersectional strategies. Identity-affirming tools like *TransLife*, early engagement in mental health care, and inclusive provider practices offer viable pathways to reduce suicidality and psychological distress. However, to date, no interventional studies have demonstrated consistent effectiveness in increasing trust and sustained service uptake among LGBTQ + young adults, indicating a critical gap in both research and practice. These efforts must be matched with structural investments in digital access, peer navigation, provider training, and community engagement to ensure equitable reach and impact. Ultimately, advancing interventional research grounded in implementation science and equity-oriented frameworks is imperative to inform scalable, culturally responsive solutions that address the diverse and nuanced needs of sexual and gender minority young adults.

## Declarations

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## Author Contribution

Conceptualization and design: SR, GW, RC, Library search: SR, GW, AA, ST Methodology: SR, GW Data synthesis and interpretation: SR, GW, AA, ST Draft review manuscript preparation: SR, GW, AA, ST Review and editing: SR, RC Final review manuscript preparation: SR

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## Figures

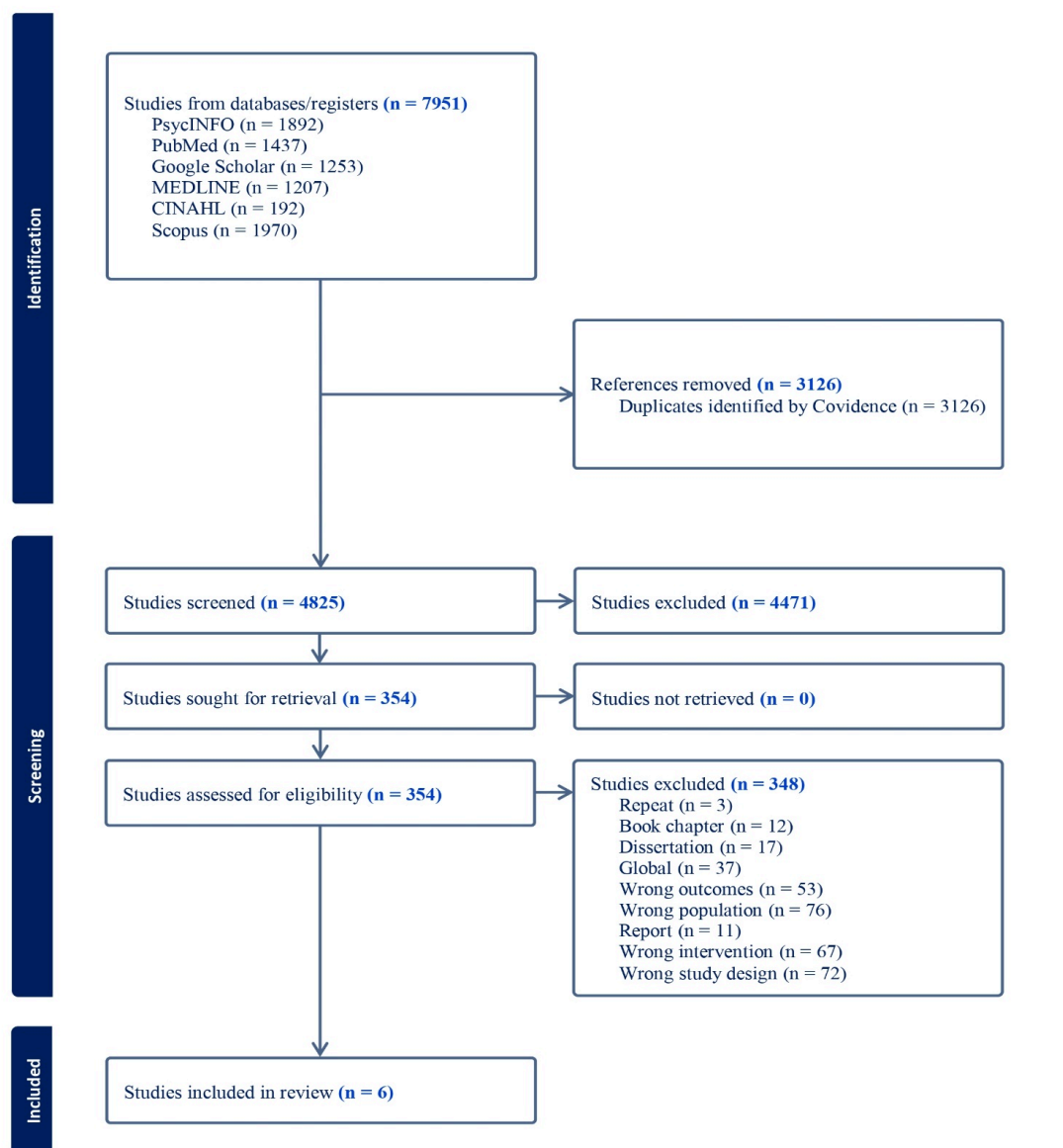


**Figure 1**

**Flowchart detailing the number of articles screened and included, and reasons for exclusion prepared by Covidence**