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Informal digital peer support for mental health: understanding the digital support practices of LGBTQ+ young people in Australia

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ABSTRACT

This paper offers an analysis of informal digital peer support among LGBTQ+ young people in Australia, based on survey data from 660 young people (aged 16-25). Research on LGBTQ+ young people's mental health support commonly focuses on their professional support needs and connection to services, but there is also a need to understand informal peer support through everyday social media use. There are known benefits of having access to multiple forms of care and support, including the immediacy of friendship and peer-based support. This paper focuses on how LGBTQ+ young people participate in informal digital support practices for mental health and the values they attribute to this. This includes support that is not only sought and found but that which is offered and reciprocated through care networks. We highlight the need to consider where informal support comes from, who is involved, and what it offers to LGBTQ+ young people. Participants commonly experienced social media as environments that offered connection to supportive people, content, and spaces – providing mental health benefits. The community, connection, and solidarity of online platform spaces can benefit young people's mental health and wellbeing, thereby complementing formal healthcare programmes, policy and systems of care.

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Introduction

For many lesbian, gay, bisexual, trans, queer and other diverse gender/sexuality (LGBTQ+) young people, informal peer support for mental health is vital, given experiences of homo/transphobia in families and health and education settings. The Internet has long been discussed as a key site for LGBTQ+ community connection and peer support (Berger et al. 2022; Hillier, Kurdas, and Horsley 2001; Selkie et al. 2020) and this paper builds on such knowledge, giving particular attention to young people's social media use for mental health support. Drawing on survey data from

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660 LGBTQ+ young people (aged 16-25) across Australia, we examine the granular aspects of informal digital peer support. Centring participants' accounts of social media support, and the people and platforms involved, this paper contributes to current scholarship on digital peer support and how this intersects with, but also differs from, formal mental health care (Naslund et al. 2014).

In the context of mental health support, Mead, Hilton, and Curtis (2001) define peer support as "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful", which includes "understanding another's situation empathically" through shared experience (135). Current mental health research often situates peer support in a context where peer supporters are employed and trained by health and community organisations to reach target populations (Collins-Pisano et al. 2021; Fortuna et al. 2020). In parallel, research on mental health peer support typically explores the viability of peer-based digital media interventions, asking if these can connect young people to formal care (Collins-Pisano et al. 2021; Merchant et al. 2022). While these important studies recognise the value of peer support, they often overlook the details of digital peer support systems that already exist, including their integration with everyday social media use (Berger et al. 2021; Byron 2023; Craig et al. 2021), and how they offer something quite different to formal healthcare.

Despite recent improvements in how formal healthcare providers accommodate the needs of LGBTQ+ youth, many young people still report difficulties in dealing with mainstream health services (Newman et al. 2021; Robards et al. 2018), or accessing LGBTQ+ specific care (Strauss et al. 2017). Recent research from Worrell et al. (2022, 2024) highlights how meaningful peer support is for LGBTQ+ people, and how lateral care and support gestures to LGBTQ+ histories of care, solidarity and support, alongside peer support struggles. While there are parallels with the present study, Worrell et al. do not specifically consider young people, nor digital cultures of peer support predominantly practised through social media. Our study responds to a need to better understand digital support cultures of LGBTQ+ young people – many of whom are school-aged and living in family homes, with limited access to queer and trans communities beyond digital and social media.

While LGBTQ+ young people can be more likely to seek formal mental health support than non-LGBTQ+ peers, it is commonly found that formal services do not meet their needs (Cadigan, Lee, and Larimer 2019; Dunbar et al. 2017). Peer support is not a substitute for formal health care, though some people may opt for the support of friends and peers over health professionals for a range of reasons (Stehr et al. 2024; Worrell et al. 2022). Firstly, healthcare in Australia can be costly (Strauss et al. 2017), and secondly it may be inaccessible for younger LGBTQ+ people for whom it is unsafe to involve their families in their mental health care (McDermott et al. 2021). Thirdly, many LGBTQ+ people report negative experiences of formal health care, including experiences of transphobia and homophobia, and so may feel unsafe within these settings and avoid them where possible (Chaiton et al. 2023; Strauss et al. 2022). These ongoing issues can influence LGBTQ+ young people's decisions to prioritise support from friends and peers with lived experience, ahead of formal care.

To date, there has been little research on the role and experiences of friends and family in providing mental health support to young people (Migliorini et al. 2023), and

specific attention to how the roles and practices of friends and peers differ in a range of contexts is rarely discussed (Byron 2021, 57-9). Informal peer support operates across a number of relationships, including friendships and among unknown peers who are trusted on the basis of their lived experience (Byron 2023). Through the ubiquity of social media use, a range of avenues exist for LGBTQ+ young people finding information and support online, with ample opportunities to learn from peers (Berger et al. 2021; Craig et al. 2021; Selkie et al. 2020) – including learning about mental health experiences and formal support options. Research has highlighted how specific social media platforms can offer LGBTQ+ young people valuable mental health and emotional support, as found on TikTok (Byron 2024; Hiebert and Kortess-Miller 2023; Milton et al. 2023), Tumblr (Byron et al. 2019; Haimson 2020), and Reddit (Triggs, Møller, and Neumayer 2021). Furthermore, there is a growing body of literature focusing on digital peer support among trans young people that demonstrates its importance as an area of study in its own right (Armangau and Figeac 2021; Dowers et al. 2020; Harner 2021; Selkie et al. 2020).

An opportunity exists to more deeply explore how peer support operates for young people, through everyday social media networks and interactions, which theoretically support LGBTQ+ young people in fostering community, connection, and solidarity. Within the research literature on peer support initiatives for young people's mental health, social media has not been carefully examined as a central aspect of informal support until recently (Gibson and Trnka 2020; Nasier, Gibson, and Trnka 2021). Yet recent studies predominantly focus on the help-seeking behaviours of individuals (Gordon et al. 2023), rather than socially integrated care practices that are largely reciprocal (Byron 2021; Kingod et al. 2017). While young people's informal support among friends and peers online has long been recognised as common (Hillier and Harrison 2007; McDermott, Hughes, and Rawlings 2016), academic discussion lacks detailed analysis of how and where this support operates (Byron 2021). Hence, this paper responds to a need for greater attention to the value and practice of informal digital peer support, with attention to who is involved, where it takes place, and the benefits for those involved.

Drawing from rich survey data exploring LGBTQ+ young people's informal digital support practices and spaces, this paper highlights how digital peer support can assist LGBTQ+ young people's mental health and wellbeing. We argue that more detailed knowledge of digital and informal peer support is valuable for a range of stakeholders, including community organisations, healthcare professionals, and policy makers. To address current gaps in the literature, we examine the following research questions:

- How do LGBTQ+ young people engage with informal digital peer support and who do they engage with;
- Why do LGBTQ+ young people engage in digital peer support practices; and
- What do LGBTQ+ young people find supportive about their use of social media platforms?

By answering these questions, we provide the starting point for better understanding informal digital peer support practices among LGBTQ+ young people, and how this might inform and complement formal healthcare programmes, policy and systems.

The survey whose data we analyse was conducted at a time when many participants were experiencing COVID-19 lockdowns, which varied in length and detail across Australia. As reported elsewhere, most survey participants were negatively impacted by these lockdowns (Byron et al. 2021). Given this paper's focus on informal digital peer support, and the research questions above, we do not give specific attention to COVID-19 impacts among LGBTQ+ communities. These are explored in detail elsewhere (Amos et al. 2025; Dietzel et al. 2024; Stehr et al. 2024).

Methods

This paper analyses data from the *Digital Peer Support* project – a national study conducted between 2020-2023 that engaged with LGBTQ+ young people and their supporters through an online survey and interviews. This paper reports on data from the mixed-methods survey of LGBTQ+ young people (aged 16-25) that ran from August to October 2020. Participants completed the survey voluntarily, without financial reward.

Survey recruitment took place through Instagram and Facebook advertising that was targeted by age and interests – at a time when it was possible to target platform users associated with an interest in queer and trans culture and communities. Recruitment notices were also disseminated through LGBTQ+ research networks on Twitter and Facebook, and *via* email to key LGBTQ+ organisations and community groups throughout Australia. The survey asked wide-ranging questions about participants' experiences and understandings of digital peer support for mental health, including how and where they engaged with this, and who was involved. As a mental health study, participants with lived experience of mental health conditions self-selected participation, although those without lived experience were not excluded since they offered mental health support to peers and friends within their LGBTQ+ networks.

The survey was developed in consultation with an Advisory Committee, comprising LGBTQ+ young people, advocacy figures, service providers, community workers and academics. The survey was designed by the research team and workshopped by committee members over several stages, to ensure that a detailed and useful snapshot of digital peer support practices for mental health was generated. This paper presents findings from survey questions (qualitative and quantitative) that best answer the above research questions. Ethical approval for the study was granted by the University of Technology Sydney Research Ethics Committee (ETH20-5087). Each participant gave informed consent before they were able to click through to the survey. The ethics committee approved a waiver of parental consent for participants under 18 years of age, ensuring that young people who are not 'out' about their gender or sexual identities to parents/guardians could freely participate without the risks posed by obtaining parental consent (Mustanski 2011).

Quantitative data were processed through SPSS and used to generate findings on the prevalence of digital peer support and its aspects (e.g. platforms used; frequency of support given and received; people involved). Qualitative survey data that elaborated on these findings were reviewed and thematically coded using a process previously employed by the second author (Martin, Hilton, and McDaid 2013). Free text question responses were entered into Excel spreadsheets and read through to generate codes. Using the principles of grounded theory, the free text responses were re-read and coded across a number of iterations and reviewed to ensure a consistent

interpretation of codes over time, and until no new codes emerged. The most common codes are identified in the paper and then grouped thematically for further descriptive analysis, conducted through an iterative process between the two authors.

While participant demographic information was collected, these details are not included alongside data excerpts presented in this paper. The excerpts that follow represent collective sentiments that are not aligned to particular ages, genders, sexual orientations, cultural backgrounds, ethnicities, or (dis)abilities. From conducting and being aware of similar research, we believe the study attracted a reasonably diverse sample of LGBTQ+ participants, with the notable exception of trans female participants who were underrepresented.

The first author is a queer, white man who has engaged in consultative empirical research with LGBTQ+ communities for more than a decade. The second author is a cisgender heterosexual white woman, without lived experience of digital peer support for mental health. Both were guided from the outset by the project Advisory Committee.

Results

The survey attracted 739 responses. Of these, 79 ineligible or unusable responses were removed. Fifty-nine responses were unusable because they did provide data beyond responses to demographic questions. Ineligible responses comprised eight duplicate responses, four bad faith responses, and four responses from straight cisgender people. This left 660 eligible responses from LGBTQ+ young people from all regions of Australia, including urban, regional and rural settings. While participants ages ranged from 16-25 years, two-thirds (66.5%) were aged 16-17 years, and most lived with their families (86.4%) and attended secondary school. Participants were mostly female (59.5%), then male (18.5%), non-binary (15.5%), or used other gender terms (6.5%). Two-thirds were cisgender (66.7%), with the remainder being trans/gender diverse (26.6%) or gender questioning (6.7%). Participants could choose multiple sexual orientations, and most commonly identified as bisexual (44.4%), followed by queer (28.5%), lesbian (23%), pansexual (15.9%), gay (13.9%), questioning (11.7%), asexual (11.4%), other (5.5%), and straight (1.5%). Disability was reported by 10.2% of participants, with a further 10.2% being unsure of their disability status. Almost 2% of participants were Aboriginal and/or Torres Strait Islanders, with others indicating having white European (82.9%), Asian (7.3%), Middle Eastern (1.7%), Central/South American (1.7%), Pacific Islander (1.5%) or mixed (3.1%) cultural/ethnic backgrounds. Participants largely reported mental health conditions that were determined through medical and/or self-diagnoses (60.5%), and 27% reported being unsure of having mental health conditions. Most commonly, participants had been medically diagnosed as having anxiety (42.1%) and/or depression (34%) (see Byron 2023, 29 for further information).

How do LGBTQ+ young people engage with informal digital peer support and who do they engage with?

From ten options of support sources, ranging from informal to formal, participants reported mostly seeking support from informal sources – specifically from a friend or social media browsing (Table 1). Following these sources, came support from health

Table 1. Sources of support when feeling down or anxious ($N=648$).

Sources of support	YES		MAYBE		NO	
	#	%	#	%	#	%
A friend	360	55.6	223	34.4	65	10.0
Social media browsing	260	40.1	222	34.3	166	25.6
Health professional	144	22.2	259	40.0	245	37.8
Friendship group	171	26.4	215	33.2	262	40.4
Family member	118	18.2	212	32.7	318	49.1
Online counselling (chat-based)	65	10.0	182	28.1	401	61.9
Online forum	38	5.9	145	22.4	465	71.8
Phone counselling	33	5.1	93	14.4	522	80.6
Offline support group	26	4.0	105	16.2	517	79.8
Facebook support group	20	3.1	50	7.7	578	89.2

professionals, friendship groups, and family members – with ‘friendship groups’ included separately to ‘a friend’ due to the significance of digital group chats in young people’s friendships today (Mannell 2020). These five sources were reported as used, or potentially used, by more than half of the sample. The remaining sources were unlikely for most participants. Combining Yes and Maybe responses demonstrates that support from friends and social media browsing are most common.

Additional data were gathered on the types of friends and social media platforms that offered participants mental health support (Table 2). Participants most commonly reported close friends, followed by friends who talked about their mental health, and over one in five reported friends they only engaged with online. Of participants who reported getting support from social media platforms, Instagram was most cited as supportive, followed by TikTok and YouTube. Notably mental health support was found on all major platforms, including Twitter, Tumblr, Snapchat, Facebook, Reddit and Discord (all were listed as response options, with the exception of Discord, the most common ‘other’ response). When asked to name the one platform they found to be *most supportive* of mental health, most participants (63.8%) named Instagram, TikTok or YouTube.

Table 2 also presents data on who participants interacted with on the single platform they named as most supportive. Participants mostly reported friends, with one third reporting strangers, and fewer reporting interaction with peers or non-interaction. These responses differed by platform as well. When reviewing the proportions within each platform identified as *most supportive*, Instagram interactions were primarily with friends (60.5%, $N=69/114$), TikTok interactions mostly involved strangers (46.7%, $N=35/75$), and YouTube mostly featured non-interaction (42.1%, $N=16/38$). For the less commonly selected platforms, friends were more often engaged on Snapchat, Discord, Twitter, and Facebook, whereas for Reddit, most interactions were with strangers.

It is important to note that participants were not solely accessing digital mental health support for themselves, and most indicated that informal digital support was mutually received and given (see Table 2). Of those reporting only giving or receiving digital support, it was more common to solely give support. In terms of support frequency, and to whom digital support was provided, almost all participants reported often or sometimes providing this to friends, while half had supported strangers.

Table 2. Sources, types and frequencies of informal digital peer support for LGBTQ+ young people.

	Frequency (n)	%
Types of friends engaged with for support (N=597)		
Close friends	526	88.7
Friends who talk about their mental health	348	58.7
Old friends (those you've known a long time)	183	30.9
Friends I only engage with online	131	22.1
New friends (those you haven't known for long)	55	9.3
Other	17	2.9
Social media platforms found to be supportive of mental health (N=372; multiple choice)		
Instagram	274	73.7
TikTok	195	52.4
YouTube	189	50.8
Twitter	80	21.5
Tumblr	74	19.9
Snapchat	72	19.4
Facebook	67	18.0
Reddit	53	14.2
Discord	19	5.1
Those mostly interacted with on the most supportive platform (N=346)		
Friends	149	43.1
Strangers	111	32.1
Peers	21	6.1
Family	5	1.4
I don't Interact	60	17.3
Support given and received in the previous 12 months (N=615)		
Given and received digital support	382	62.1
Received (not given) digital support	49	8.0
Given (not received) digital support	89	14.5
Not given or received digital support	95	15.4
Frequency of digital support provided to friends (N=470)		
Often	282	60.0
Sometimes	171	36.4
Rarely	14	3.0
Never	3	0.6
Frequency of digital support provided to strangers (N=470)		
Often	61	13.0
Sometimes	171	36.4
Rarely	145	30.9
Never	93	19.8

Why do LGBTQ+ young people engage in digital peer support practices?

When asked “What do you like about the sites/platforms you use for giving/receiving digital support?” 236 participants offered responses. These varied in length and detail, ranging from 1-159 words. Coding derived 20 codes of support that were mentioned by five or more participants (see [Figure 1](#)). The most common code was digital media’s ease of use, mentioned by 73 participants (30.9% of responses). The next most common, mentioned by at least 10 participants, were anonymity; private messaging/chat features; privacy, generally; the value of support/chat groups; community aspects; accessibility; the value of text-based communication; and the ability for direct connection to others.

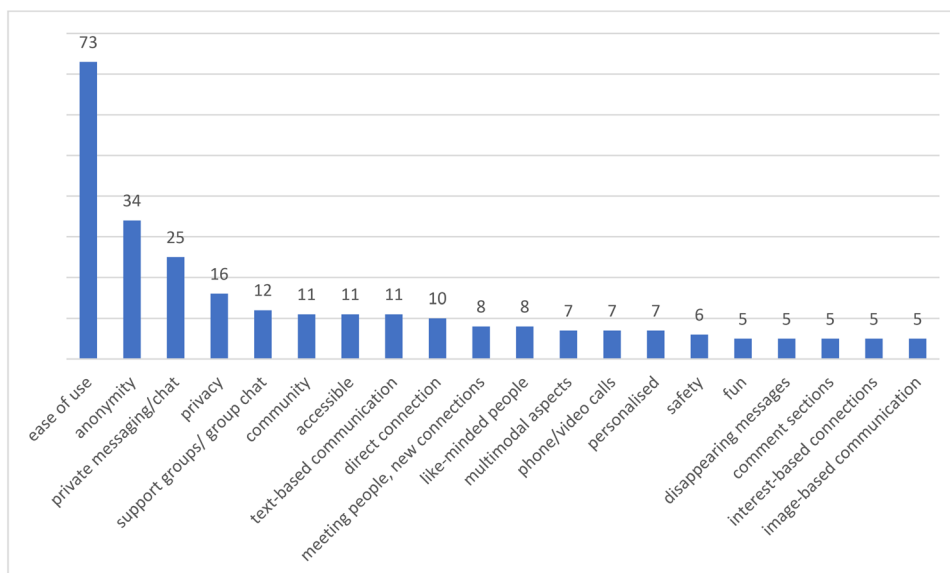


Figure 1. Most valued aspects of digital peer support.

Considering the intersection and multiplicity of these codes, we grouped them thematically into five key observations that participants reported as encouraging the use of social media for digital peer support: 1) ease of use; 2) anonymity; 3) connection to community; 4) safety, and 5) multimodal communication.

Table 3 summarises the nature of each key observation alongside illustrative quotes from participants, and responses are reproduced as given, without editing for spelling or grammar. The ease of use of many social media platforms highlights that these are familiar spaces that afford direct, easy, and comfortable communication, offering easy access to support when needed. The anonymity observation highlights the significance of private interactions shielded from public view, including from participants' broader social networks. This also fostered a sense of safety, as similarly discussed by Gibson and Trnka (2020). Connection to community was important and, even in the context of private and anonymous conversation, many reported the development of new supportive relationships. The last of our five key observations relates to multimodal communication available across the sites and platforms discussed, and how this offered a range of formats for connecting or responding to others to seek, request, offer, or circulate messages of support.

What do LGBTQ+ young people find most supportive about their use of social media platforms?

Asked, "Which ONE PLATFORM do you think is the MOST SUPPORTIVE and why", 353 participants responded, and 291 shared details of why this platform was the most supportive for mental health. These open responses offer particular insights into how support is articulated by participants in relation to particular platforms and their features and affordances. Responses were grouped and coded across four key components of social media support that related to: people on the platforms; platform

Table 3. Key observations for what encourages the use of social media for digital peer support: definitions and illustrative examples.

Key Observation	Data Examples
<p>Ease of use reflects on how social media communication practices are everyday and familiar, so can offer support-based interactions without discomfort or social pressure. Supportive social media interactions were commonly associated with asynchronous text-based communication (easier than in-person, or via conversation, for some) with friends or strangers, or through synchronous chat with friends. For some, a record of supportive chats means that these interactions can be accessed at a later point, if needed.</p>	<p>I find it easier to type my words rather than speak aloud. I like being able to look back at messages to ensure I am truly listening to others.</p> <p>I can easily comment on people's posts without needing to send a direct message, meaning that I can send off words of encouragement on a one off or regular basis.</p> <p>You can save messages as a reminder of the support and love someone has for you when you may need it next.</p> <p>...sometimes it's hard to talk to someone in real life, so its nice having a "glass pane" to make it less awkward, it also allows me to have a break or think about the right thing to say- if i need to do so.</p>
<p>Anonymity can offer greater comfort and a sense of safety in personal disclosures with strangers. Supportive strangers may also disclose personal experiences, whereby support encounters are reciprocal – like in friendship, but without challenging the dynamics of established friendships.</p>	<p>...you don't have to see them and it's usually someone you don't know so it feels without judgement.</p> <p>...you can be anonymous, and can present your identity in the way you want to.</p> <p>Giving your name is not essential and people won't push to find out who you are and are more caring and encouraging.</p>
<p>Connection to community reflects on common statements about community engagement, through digital peer support. This can relate to the LGBTQ+ community in a broad sense, or specific communities that may reflect the culture of specific platforms or platform spaces. The global spread of digital communities also means that community support is always available.</p>	<p>I can connect with the broader LGBTQ+ community through social media.</p> <p>...each platform has its own "language" or social "rules" so to speak which creates a community that is brought together through mutual understanding of culture. This makes it easy to support each other since you understand what the person is asking or saying.</p> <p>Having international friends means that somebody is always awake to talk at any time. Building digital communities which transcend the usual geographic and social issues.</p> <p>I like how it brings together minority communities to discuss issues and just vibe w[ith] each other.</p>
<p>Safety intersected with previous observations about anonymity, and a sense of bounded communities available on social media. The distance of digital and anonymous communication with strangers (who are community members) can also feel safe and enable honest disclosure and support, and the ability to simply leave or log off can offer further safety.</p>	<p>My Twitter account is private and my Instagram account is anonymised. My friends and I talk openly on twitter because we feel safe from scrutiny or harassment by limiting our accounts and exposure to people outside our circle.</p> <p>...it's just easier to give advice through chats because you are more rational, maybe it's because you feel more distanced it feels less like an immediate threat.</p> <p>It still makes me feel safe that I'm not actually close to the person in physical proximity and if I find they're draining me emotionally I can step away.</p>
<p>Multimodal communication relates to the range of options to tailor communication, where aspects of privacy, anonymity, and safety can be factored in and adjusted according to what is required of the supportive interaction – as per references to the value of <i>text-based</i> and <i>image-based communication</i>, the ability to make <i>video/phone calls</i> on many platforms, and affordances of <i>disappearing messages</i> (on Snapchat). In these accounts, support includes phatic communication (e.g. a simple 'like' or reaction emoji), commenting on a post, sharing an image or gif, initiating a private chat, or sharing links to information.</p>	<p>I like the versatility of Instagram and you can video call and group chat. There are lots of options but snapchat feels more intimate and personal so it can feel quite supportive.</p> <p>Instagram lets me send stories and audio recordings to individual people.</p> <p>I like being able to 'react' to messages or share emojis when words fail me.</p>

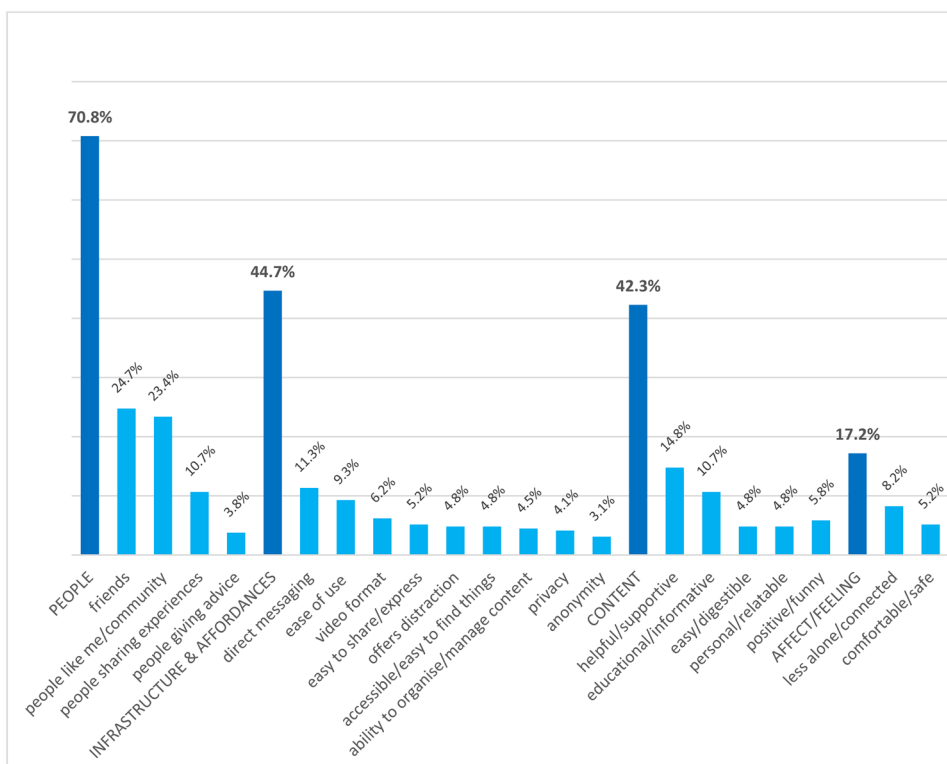


Figure 2. Key components of LGBTQ+ young people's platform-based mental health support.

content; platform infrastructure and affordances; and how platforms felt in terms of 'digital affect' (Paasonen 2021) (see Figure 2).

Considering the intersection and multiplicity of codes, as well as the different platforms engaged with, Table 4 summarises the nature of each of the four key components (people, content, infrastructure, affect) alongside illustrative quotes from participants. Instagram (as the platform most reported to be supportive) dominated most of the themes of the four key components of mental health support. Reviewing Table 4 on its horizontal axis offers further interpretation of how support elements are experienced on each of the most-named platforms.

The people component typically related to friends (common to Instagram, Snapchat, Twitter and Discord use), and 'people like me' or LGBTQ+ communities (common to TikTok, YouTube and Instagram use), which reflected support from strangers more so than friends. For infrastructure and affordances, participants commonly reflected on the privacy, safety and adaptability of direct and varied forms of communication. In relation to supportive content this was commonly framed as helpful, educational or informative. In terms of affect, participants referred to feeling less alone, connected, comfortable, and safe on the platform they regarded as most supportive. Many participant responses crossed multiple aspects of these dimensions of support.

Data reflect where participants spent most time (Instagram), but also highlight the value of sites where there is less pressure to respond (TikTok, Reddit), alongside a

Table 4. Key supportive components of social media platforms: definitions and illustrative examples.

Key component	Platform	Data examples
People reflects on the range of people that participants would and could engage with, which varied by platform, but at the same time could be sought across multiple platforms.	TikTok	I just have noticed that you can find your people there, like really niche groups that are really loving and caring ...a lot of people share their own stories and normalise mental health issues
	Tumblr	...your real identity doesn't matter and you can just talk and get advice from other people who know what it's like without being judged.
	Snapchat	I can message my friends when I'm struggling in many ways e.g. text, photo or video
	Discord	...you can find amazing communities that help you when you're at your worst
Infrastructure and affordances relate to platform features and affordances that enable supportive engagement with peers, most commonly referring to aspects that make platforms easy to use, including direct messaging and platform multimodalities.	Instagram	I can message my Friends and I can also put a mass post on my story that my friends can directly reply too, this saves me directly asking for help or starting the conversation. The algorithms mean that I see content that I resonate with (queer memes, art, etc) which helps pick me up when I am feeling sad.
	Tumblr	...easy timeline curation & filtering
	Reddit	...there is no obligation to create an account/comment.
	Discord	You can create channels within a server so that everything isn't so pushed to together like other platforms. Depending on the server you join depends on the content you see so you're not bombarded by other people's content.
Content offers insight into the range of online content available but also what can be drawn upon at different times for different kinds of support. Participants reflect on content that is supportive, informative, and educational, but also relatable and entertaining.	Instagram	...because of the many accounts which post very helpful information on de-stigmatising mental health issues and how to support others and ourselves. ...many self help accounts from accredited psychologists and professionals
	TikTok	...people make videos and it feels easier to connect with rather than reading something
	YouTube	Personal stories, longer videos, makes you feel so much less alone
	Twitter	Seeing people who live normal lives and create things be open about the day-to-day lived experience of MH [mental health] issues and navigating the MH system/ bureaucracy has been really powerful
Affect and feelings reflects the sense that platform use can help participants feel less alone, more connected, comfortable, and safe.	Instagram	There are many pages that will occasionally make posts regarding mental-health awareness...They don't make me feel so alone or broken.
	TikTok	It's mostly an easy-going platform that has good digestible content that feels a lot warmer than other platforms I've used for a long time.
	YouTube	...it's familiar and comforting and I could use it to learn new hobbies like crocheting ...makes me feel less alone and it can help calm me down as a distraction
	Reddit	people generally find ways to make you laugh or happier and there's no pressure to keep in contact if you can't.

sense that supportive content was simply always there, if needed. Many participants indicated it was easier to take in supportive information by watching videos (TikTok, YouTube), while some platforms were said to offer easier means to share and express yourself (Instagram, Twitter). Helpful or supportive content came primarily from Instagram, but also TikTok and YouTube, and was a feature of most platforms. Educational and informative content was commonly associated with Instagram, TikTok

and YouTube. Instagram and TikTok were reported as primary sources of positive or funny content. Affective statements about feeling comfortable, safe, and less alone mostly referred to TikTok, followed by YouTube and Discord.

Overall, our analysis suggests that Instagram was commonly associated with friendship, and offers support from close friends, particularly through private chat. Statements about TikTok support often referred to the affective (or 'felt') qualities of TikTok content (Byron 2024), and offered helpful and informative content from 'people like me', as well as positive/funny content, being easy to use, and a site where many LGBTQ+ people share their personal experiences (including mental health experiences). YouTube was used by participants to engage with community, was easy to use for its video format, felt connective, and offered access to helpful and informative content. Twitter offered access to friends (including 'online friends') and community and was an easy site to share and learn from others' experiences. Tumblr featured communities of 'people like me' sharing their mental health experiences. Snapchat was a platform for friends who are readily available through direct messaging. Facebook offered access to friends, community, helpful content, direct messaging, and private Facebook groups. Reddit was easy to use, offered anonymity, provided space for learning from peers, and was an easy space to express oneself in, ask questions, access community, and find helpful information. Discord was used to connect with friends and community, was easy to use, and offered feelings of connection and safety.

Finally, participants were asked to name the platforms they found to be unsupportive of mental health. Of those who responded ($N=362$), 19.9% ($N=72$) reported that 'none' were unsupportive, but the remainder (80.1%) named at least one unsupportive platform. Of these, Facebook was most commonly reported as unsupportive (36.5%; $N=132$), followed by Twitter (27.9%; $N=101$), Snapchat (27.9%; $N=101$), TikTok (22.4%; $N=81$), Instagram (21.5%; $N=78$), Reddit (17.7%; $N=64$), Tumblr (13.8%; $N=50$), and YouTube (8%; $N=29$). Reported features of unsupportive platforms related to unsupportive people associated with these platforms; toxic content and cultures that suggested a risk of personal attack; unrealistic beauty/body standards; harmful content or misinformation; and lack of useful mental health content. Sometimes a single participant named the same platform as supportive and unsupportive, suggesting that experiences of support on a given platform varied and that for some, the best platforms were also the worst in terms of mental health support. These unsupportive aspects of social media speak more to participants' social media ambivalence – whereby the good and bad aspects of social media use are recognised in unison – more so than social media being positioned as harmful and having negative mental health impacts. These arguments existed among participants but were eclipsed by a more dominant account of the value of social media use for peer and friendship support.

Discussion

Informal digital peer support is recognised as a means to promote LGBTQ+ young people's mental health and wellbeing. In this paper, we have demonstrated that social media are used by LGBTQ+ young people to access and provide informal peer-based support. These media are useful to LGBTQ+ users in offering varied, adaptable settings

for a range of support practices from friends and strangers. These can encompass both direct support provision, as well as more passive exposure to supportive content.

Our findings reflect what is reported elsewhere – namely, that social media and friendships are the key sites of support for LGBTQ+ young people (Berger et al. 2021; Hill et al. 2021; McDermott, Hughes, and Rawlings 2016; Strauss et al. 2017) – but add further detail about the people, platforms, and culture of digital peer support. That one third of participants reported engaging with strangers on supportive platforms highlights an overlooked peer group for mental health support. Notably, two of the three platforms most associated with mental health support – TikTok and YouTube – involved more interaction with strangers than friends. Our findings highlight that diverse modes and opportunities of digital communication enabled instances of support to reflect the different relationships and proximities involved, different levels of urgency, and different support needs. Evidently, social media platforms offer easy access to a range of supportive people, practices, and content, and this relates to the infrastructural and cultural affordances of platforms that LGBTQ+ young people use and favour.

It is important to note that social media platforms are ever-changing. LGBTQ+ young people's experiences of these media are varied, and platforms will continue to change, offer new affordances, and rise and fall in popularity. Results demonstrate that any social media platform can be experienced as both supportive and unsupportive, often by the same user. Supportive experiences depend on how platforms are used, their volume of use, who is followed, and associated content. That Instagram, TikTok, and YouTube were most associated with peer-based mental health support partly reflects the current popularity of these platforms, which will likely change.

Our findings suggest that social media browsing (without direct peer-to-peer interaction) can also constitute mental health support. Aside from support from a friend, social media browsing was the most common source of support, among participants. The three most supportive platforms – Instagram, TikTok, and YouTube – offer passive browsing opportunities, alongside opportunities to communicate in words or phatic gestures such as a 'like'. Findings demonstrate that digital interactions with friends and strangers, as well as passive social media browsing, can constitute digital peer support. As with other peer support research, our survey questions likely guided respondents to focus on supportive communication with other people, more so than passive consumption of supportive content. Opportunities exist for further exploration of mental health support through social media browsing.

When mental health support comes from friends or strangers on social media, it is predominantly mutual. This differs to formal peer education initiatives for supporting LGBTQ+ young people, which are largely unidirectional. This tells us something important about everyday digital cultures of mental health support, and how social media platforms and networks can play a key role in facilitating meaningful, regular, reciprocal care among LGBTQ+ young people. For participants, mental health support from 'close friends' was particularly important, as well as from friends who talk about their own mental health, highlighting the value of mutual support and disclosure with trusted, familiar, people. That one in five reported support from 'online friends' tells us that emotional support from friends extends to online friendships that are potentially only practiced on social media. This reflects common LGBTQ+ experiences of forming

friendships and solidarities with relatable people whose personal insights offer mutual understanding of one's situation and support needs (Byron et al. 2019; Hiebert and Kortés-Miller 2023).

Few participants indicated mostly interacting with 'peers' on supportive platforms, suggesting that unlike 'strangers', use of this term is uncommon. That participants did not commonly refer to peers suggests a potential mismatch between a health service and research language of 'peer support', and LGBTQ+ young people's vernaculars of mental health support. As Naslund et al. (2014) argue, there has been a strong focus on formal peer support for mental health, at the expense of deeper level research on informal peer-to-peer support on social media. Mead, Hilton, and Curtis's (2001) argument that peer support is centred in communities – whether finding communities of like-minded others, generating a sense of community, or actively building communities – was evident in participants' common reference to community. This foregrounds the importance of socially shared understandings of mental health and illness beyond a medical model of mental health and its focus on the individual patient (Mead, Hilton, and Curtis 2001). Among participants, peer support was strongly coded by 'affiliation' with others and offered meaningful connection to LGBTQ+ communities (Worrell et al. 2024).

Strengths and limitations

Our paper offers an important contribution to the field of digital peer support for mental health and provides original insights into how we should understand peer support in the current digital environment. While specific to the Australian context, it offers findings that are potentially relevant in other settings, given the ubiquity of social media platforms. A key strength of the study was that it was developed in consultation with young people through an advisory committee. The reliance on self-report data with recruitment and completion online entails potential biases that are widely documented (Frankis et al. 2018), but anonymity might be expected to limit social desirability bias. Data were collected during the height of the COVID-19 pandemic when there was, potentially, greater reliance on digital peer support. However, there is little to suggest that online experience would have differed pre-pandemic. Notably, social media platforms are always subject to change in popularity and predominance, and as such, the most supportive platforms identified here may not continue to be so.

Implications for policy, practice and future research

Formal peer support is a common focus of peer support research in which people are employed and trained by health and community organisations for peer-level service provision (Collins-Pisano et al. 2021; Fortuna et al. 2020; Merchant et al. 2022). Definitional instability of 'peers' as a category suggests a need for more careful engagement with 'peer support' vernaculars, and to question a proposed need to further professionalise peer support (Worrell et al. 2022). This definitional instability also suggests a need for greater specificity when engaging with health populations by more clearly identifying what we mean by peer support.

There is a need to develop approaches to peer support that draw together informal and formal networks working in partnership, requiring engagement with communities of practice. This demands a time-sensitive and co-design approach – since digital cultures are always changing, and best understood by community members. Best practice approaches for the co-design of health interventions should be drawn upon when undertaking this work (Skivington et al. 2021).

Lastly, we encourage greater awareness and anticipation of social media as a key source of support and information for LGBTQ+ young people's mental health. We discourage attempts to dissuade young people from participation in social media support cultures, or promoting formal support as a better alternative. For LGBTQ+ young people (and young people more generally), digital cultures of care are culturally embedded, operating alongside formal service use, and hold opportunities for extending connections to friends, community, and LGBTQ+ cultures (Byron 2024). As such, informal peer support on social media should not be overlooked as part of peer support health interventions.

Conclusion

Digital peer support has a meaningful role to play in promoting LGBTQ+ young people's mental health. Digital and social media offer spaces and opportunities for self-expression, learning, and finding and offering everyday social support. Social media use can encourage LGBTQ+ young people to take on supportive roles, among friends and strangers, that reflect the care affordances that platforms can offer. Young people's practice-based knowledge of digital peer support for mental health was evident in this study and efforts to align this knowledge with formal peer support approaches through co-design can better foster the online community, connection and solidarity practices that benefit young people's mental health.

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Data availability statement

Data that support the findings of this study may be available from the corresponding author upon reasonable request.

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