

LGBTQ+ Mental Health

Yolo County Local Mental Health Board
September 23rd, 2019



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She/Her/Hers

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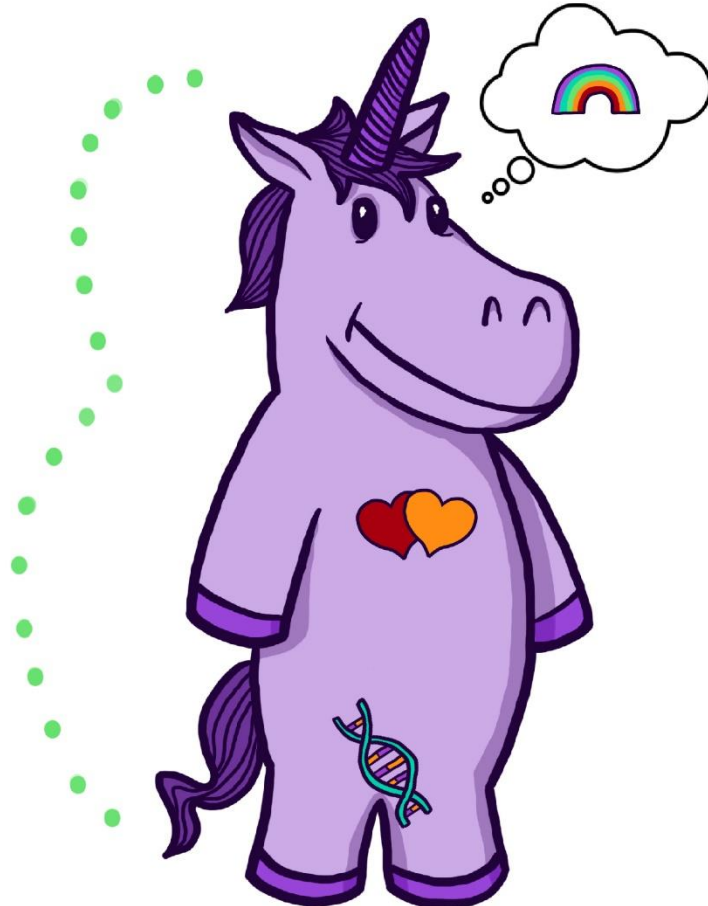
Sacramento LGBT Community Center

Agenda




- Mental Health Prevalence in the LGBTQ+ Community
- Recent Legislation and School Initiatives
- Mapping the Road to Equity: The Annual State of LGBTQ+ Communities, 2018 #Out4MentalHealth Recommendations
- What Does Mental Health Provider Affirmation Look Like?
- Questions

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

-  Female/Woman/Girl
-  Male/Man/Boy
-  Other Gender(s)

Gender Expression

-  Feminine
-  Masculine
-  Other

Sex Assigned at Birth

-  Female
-  Male
-  Other/Intersex

Physically Attracted to

-  Women
-  Men
-  Other Gender(s)

Emotionally Attracted to

-  Women
-  Men
-  Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Mental Health Prevalence in the LGBTQ+ Community (National Alliance on Mental Illness, 2016)

- LGBTQ individuals are 3x more likely to experience a mental health condition.
- 38-65% of transgender individuals experience suicidal ideation.
- 20-30% of LGBTQ individuals abuse substances (compared to 9% of non-LGBTQ folks).
- 25% of LGBTQ individuals abuse alcohol (compared to 5-10% of non-LGBTQ folks).

LGBTQ+ Youth

- Suicide is the 2nd leading cause of death among young people ages 10 to 19. (CDC)
- LGBTQ+ 5x as likely to have attempted suicide compared to heterosexual youth. (CDC)
- LGBTQ+ youth who come from highly rejecting families are 8x as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection. (Family Acceptance Project)
- Each incidence of identity-based victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5x. (American Journal of Public Health)

Why greater mental health disparities?

- Victimization and Harassment
- Prejudice and Social Stigma
- Systematic oppression: Heterosexism and Genderism
- Religious Persecution
- Family Rejection
- Discrimination in: Health, Jobs, Housing, etc.

Minority Stress Model

- “Excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position”
 - (Annual Review of Clinical Psychology)
- Processes of minority stress for LGBTQ+ individuals:
 - External stressful events and conditions (chronic and acute).
 - Expectations of such events and the vigilance this expectation requires.
 - Internalization of negative societal attitudes.
 - Concealment of one’s identity.
 - (Meyer, 2007)

Trevor Project

- Many school districts do not have adequate (or any) policies and procedures in place to prevent youth suicide.
- By having clear suicide prevention policies and procedures in place, schools can act to reduce the risk of suicide and save more young lives.
- The Trevor Project developed Model School Policy so every school can have the resources they need to create and implement best in class suicide prevention policies.
- The model provides school districts with language for comprehensive policies that address preventing, assessing the risk of, intervening in, and responding to youth suicidal behavior.

Safe and Supportive Schools Report Card

Assessed in the following categories: School Climate, Cultural Competency Training, Transgender & Gender Nonconforming Students, Curriculum, Suicide Prevention

- Davis Joint Unified: Spotlight
- Woodland Joint Unified: Foundational

Did not participate:

- Washington Unified
- Esparto Unified
- Winters Joint Unified

LGBTQ+ Inclusive Legislation

- ARC 99 – Passed 9/9/2019
 - Civil rights: lesbian, gay, bisexual, transgender, or queer people.
- AB 493 – Passed 9/11/2019
 - Teachers: lesbian, gay, bisexual, transgender, queer, and questioning pupil resources and training.
 - Also known as: Safe and Supportive Schools Act

Civil rights: lesbian, gay, bisexual, transgender, or queer people (ARC 99)

- WHEREAS, The California State Legislature has found that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is not a disease, disorder, illness, deficiency, or shortcoming; and
- WHEREAS, Major professional associations of mental and physical health recognize that being LGBTQ is part of natural variations that occur in sexual orientation and gender identity, and recommend responsive services that foster self-acceptance and skills to cope with social stigma and discrimination; and
- WHEREAS, Practices or therapies that attempt to create a change in a person's sexual orientation or gender identity are often referred to as conversion therapy; and
- WHEREAS, Some family, caregivers, and communities promote conversion therapy when a person is known or thought to be LGBTQ; and
- WHEREAS, California law recognizes that performing conversion therapy on young persons is ineffective, unethical, and harmful; and
- WHEREAS, Conversion therapy has been rejected as ineffective, unethical, and harmful by leading medical, mental health, and child welfare organizations in the United States; and
- WHEREAS, The stigma associated with being LGBTQ often created by groups in society, including therapists and religious groups, has caused disproportionately high rates of suicide, attempted suicide, depression, rejection, and isolation amongst LGBTQ and questioning individuals; and

Civil rights: lesbian, gay, bisexual, transgender, or queer people (ARC 99)

- WHEREAS, The State of California has a compelling interest in protecting the physical and psychological well-being of minors, including LGBTQ youth, and in protecting its minors against exposure to serious harms caused by family rejection and attempts to change sexual orientation or gender identity; and
- WHEREAS, In a pluralistic society, people differing along spectrums of political and religious perspectives share a common responsibility of protecting the health and well-being of all children and vulnerable communities; now, therefore, be it
- Resolved by the Assembly of the State of California, the Senate thereof concurring, That the Legislature calls upon all Californians to embrace the individual and social benefits of family and community acceptance; and be it further
- Resolved, That the Legislature calls upon religious leaders to counsel on LGBTQ matters from a place of love, compassion, and knowledge of the psychological and other harms of conversion therapy; and be it further
- Resolved, That in addressing the stigma often associated with persons who identify as LGBTQ, we call on the people of California-especially its counselors, pastors, religious workers, educators, and legislators-and the institutions of California with great moral influence-especially its churches, universities, colleges, and other schools, counseling centers, activist groups, and religious centers-to model equitable treatment of all people of the state; and be it further
- Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.

Safe and Supportive Schools Act (AB 493)

- No later than July 1, 2021, schools must provide in-service training (every 2 years minimum) on schoolsite and community resources for the support of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) students. Includes: districts, county office of education, and charter schools serving students grades 7-12
- Schoolsite resources for the support of LGBTQ students include, but are not limited to, all of the following:
 - (A) Peer support or affinity clubs and organizations.
 - (B) Safe spaces for LGBTQ pupils.
 - (C) Antibullying and harassment policies and related complaint procedures.
 - (D) Counseling services.
 - (E) School staff who have received antibias or other training aimed at supporting LGBTQ youth.
 - (F) Health and other curriculum materials that are inclusive of, and relevant to, LGBTQ youth.
 - (G) Suicide prevention policies and related procedures.
 - (H) Policies relating to use of school facilities, including, but not limited to, bathrooms and locker rooms
 - (I) Policies and procedures to protect the privacy of LGBTQ pupils.
- As used in this section, community resources for the support of LGBTQ pupils include, but are not limited to, both of the following:
 - (A) Local community-based organizations that provide support to LGBTQ youth.
 - (B) Local physical and mental health providers with experience in treating and supporting LGBTQ youth.

Mapping the Road to Equity: The Annual State of LGBTQ+ Communities, 2018 #Out4MentalHealth Recommendations

- Law Enforcement and Criminal Justice:
 1. Eliminate laws criminalizing people for being homeless, engaging in sex work, or other status offenses.
 2. Increase the use of crisis intervention teams consisting of mental health professionals and peers.
 3. Implement rigorous training for state and local law enforcement personnel.
- Housing, Homelessness, and Gentrification:
 1. Ensure policies allow LGBTQ-safe access within sex-segregated and family shelters.
 2. Increase funding for dedicated services for homeless and runaway youth programs and ban high-barrier shelters that reduce access for LGBTQ+ youth.
 3. Address the lack of affordable housing – particularly in areas where LGBTQ+ services are located.

Mapping the Road to Equity: The Annual State of LGBTQ+ Communities, 2018 #Out4MentalHealth Recommendations

- Schools and Families

1. Enforce compliance with AB 1266, which requires students to have equal access to sex-segregated facilities in accordance with their current gender identity.
2. Engage LGBTQ+ stakeholders in the Local Control Accountability Plan process and dedicate Local Funding Formula resources for LGBTQ-inclusive programming and curriculum in schools.
3. Provide education and training for parents about how to be supportive of their LGBTQ+ children.

- Health Care Access

1. Expand Medi-Cal to cover all income-eligible Californians, regardless of immigration status.
2. Fund program to help transgender people access covered transition-related care, such as health system navigators or community liaisons.
3. Increase Covered CA subsidies for low- and middle-income California and expand measure to reign in high health care costs.

Mapping the Road to Equity: The Annual State of LGBTQ+ Communities, 2018 #Out4MentalHealth Recommendations

- Sexual Orientation & Gender Identity (SOGI) Data Collection
 1. Standardize questions and SOGI data measures across all state and county programs required to ask demographic questions.
 2. Revise demographic data collection procedures such that that counties are responsible for collecting and reporting disaggregated data, and state departments are responsible for analyzing that data and making it available to researchers, advocates, and other stakeholders.
 3. Provide training to counties on standard procedures to collect and report SOGI data across all programs, including best practices that protect client population privacy in data collection and reporting.

Collecting SOGI Demographic Data

- “If we’re not counted, we don’t count”
- Any time you are collecting any kind of demographic data, you should also collecting information regarding sexual orientation and gender identity.
- Recommended questions include:
 - What is your sexual orientation?
 - What is your gender identity?
 - What is the sex you were assigned at birth?

What Does Provider Rejection Look Like?

- “My provider treats trans people as a curiosity”
- “My provider lacks balance”
- “My provider doesn’t respect my relationship”
- “My provider abandoned me”
- “My provider doesn’t believe I am Bi/Pan/Fluid”
- “My provider misgenders me”
- “My provider violates my privacy”
 - (Out4MentalHealth, Annual State of LGBTQ Communities, 2018)

What Does Provider Affirmation Look Like?

- “My provider treats me as a whole person”
- “My provider uses my correct name and pronouns”
- “My provider acknowledges my family”
- “My provider’s intake forms let me authentically identify myself”
- “My provider’s office displays LGBTQ+ materials and symbols”
 - (Out4MentalHealth, Annual State of LGBTQ Communities, 2018)

What does Provider Affirmation Look Like? Personal/Professional Development

- Confronts their own bias regarding sexuality and gender.
- Pursues the necessary training and education to adequately support LGBTQ+ clients.
- Partner with LGBTQ+ organizations for outreach and educational opportunities.

What does Provider Affirmation Look Like?

Signage/Physical Space

- Have and post a nondiscrimination policy that includes sexual orientation, gender identity, and gender expression.
- Include LGBTQ+ images in any public areas include wall art representative of all different identities and family make-ups.
- Any space where you offer publications or magazines, also provide LGBTQ+ publications and magazines.
- Include LGBTQ+ images and language in all printed materials/brochures.
- Designate gender-neutral bathrooms.

What does Provider Affirmation Look Like? Documentation

- Has inclusive intake forms that include:
 - “Relationship status” rather than “marital status”.
 - Add “partnered” as a relationship status option.
 - Differentiate between “gender” and “sex assigned”.
 - Space to self-identity gender pronouns.
 - Differentiate between “legal name” and “chosen name” if legal name information is (actually) necessary.
- Records all information with respect and confidentiality.

What does Provider Affirmation Look Like? Communication

- Hold's a clients identity to be true and valid throughout care.
- Does not make assumptions about sexual orientation and gender identity.
- Asks respectful/appropriate questions and listens to their client's answers.
- Intentionally uses correct name and pronouns of client.
- Respectfully apologizes and corrects a mistake in language, name, or pronoun.
- Develops an LGBTQ+ friendly referral list.

Questions?

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