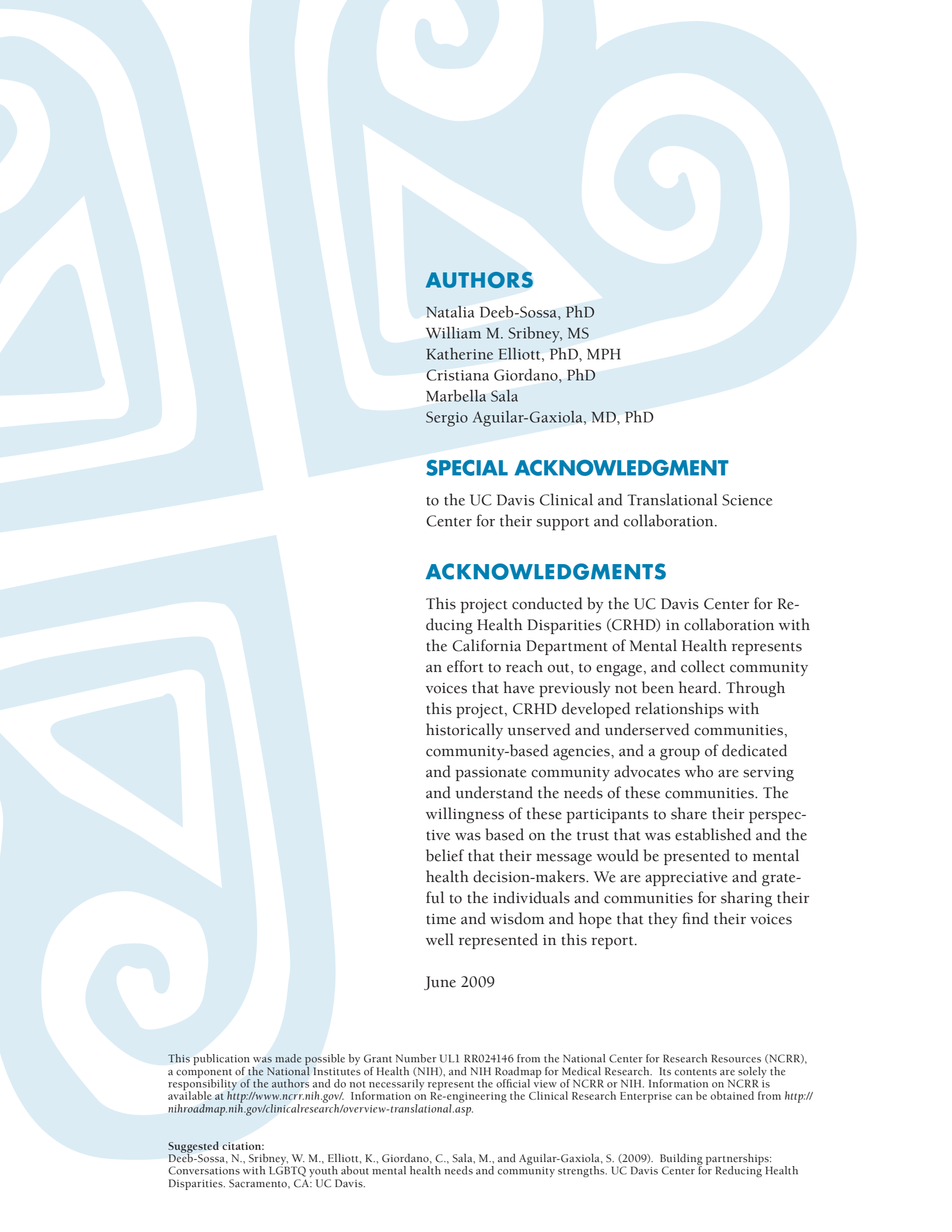


BUILDING PARTNERSHIPS:
CONVERSATIONS WITH LGBTQ YOUTH
ABOUT MENTAL HEALTH NEEDS AND
COMMUNITY STRENGTHS

UC DAVIS
CENTER FOR REDUCING HEALTH DISPARITIES

**UCDAVIS
HEALTH**



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COMMUNITY ENGAGEMENT WITH LGBTQ YOUTH

The UC Davis Center for Reducing Health Disparities (CRHD) works on building relationships with communities, conducting research, and working with policy makers to improve the health of underserved groups in California. In 2006, the CRHD launched a project to reach out to communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial community engagement meetings with Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth, including youth of color, in California. Their voices provide first-hand descriptions of the needs of this community and their struggles and accomplishments as members of a community excluded from full participation in society. Their experiences and insight provide invaluable guidance for developing Prevention and Early Intervention (PEI) programs and improving mental health services for this community.

THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, which on January 1, 2005 became state law entitled the Mental Health Services Act (MHSA). The purpose of the MHSA is to provide increased funding to support mental health programs for children, youth, adults, older adults, and families, especially for persons from communities who were not served or not effectively served in the past.

The ultimate goal of the MHSA is to create in California a culturally competent mental health care system that addresses prevention of mental illness, provides early intervention services for those in need, uses state-of-the-art treatment to promote recovery and wellness for persons with mental illness, and eliminates disparities in mental health care across socioeconomic and racial/ethnic groups.

THE MHSA AND COMMUNITIES

The MHSA has created the expectation of a comprehensive planning process within the public mental health system that includes California's most vulnerable populations: the ethnically diverse; the Lesbian, Gay, Bisexual, Transgendered, and Questioning community; the poor; the uninsured; and the geographically isolated. Ethnic and minority communities, clients, family members, community-based agencies, providers, and other stakeholders in the mental health system are encouraged to become key partners in the decision-making process so that the mental health system is successfully transformed to better serve all persons and all communities in the state.

To build a foundation for ongoing outreach and engagement with historically underserved communities, we reached out to develop relationships with LGBTQ youth, advocates, and LGBTQ community mental health care providers. The findings in this report are a summary of information obtained through focus groups held with LGBTQ youth, as well as interviews with key LGBTQ community providers.



WHAT ARE THE LGBTQ YOUTH COMMUNITY'S GREATEST CONCERNS ABOUT MENTAL HEALTH?

The most common mental health concerns described by LGBTQ youth were isolation, depression, suicide, and drug and alcohol abuse. Most of the mental health issues faced by LGBTQ youth were directly related to the harassment and bullying they face in their daily lives, and rejection and isolation by their families, peers, and social organizations (e.g., churches). Isolation and the feeling of “not belonging” were particularly salient for the transgendered community.

LGBTQ youth described their struggles with rejection by their families and peers and harassment at school by students, teachers, and administrators, and how it often leads to feelings of isolation, hopelessness, despair, self-destructive behaviors, suicidal thoughts, attempts, and completed suicides.

LGBTQ youth also expressed how many in their community used drugs or alcohol to cope with the oppressive social conditions that characterize their daily living.



We were living in Tennessee and you're like in seventh grade, you're not sexual or anything. But you want to hold your girlfriend's hand. ... We got complaints from parents about us. ... We were called dykes by teachers. ... My girlfriend actually ended up committing suicide three days before our seven-month anniversary. It was one of the days after we had been made fun of by the principals and they were talking to our parents about either separating us into different schools or having one of us be home-schooled or whatever, and her dad ended up beating her because she didn't want to leave. ... So she ended up killing herself.

LGBTQ Youth

I was kicked out when I was 15 and my parents ... I had recently come out and said that and there was already violence in my home, but it got worse after I came out. And he had thrown a [heavy object] at me and broke my shoulder blade and my collarbone. And I told the school and nothing really happened, like it was crazy. ... It was hard. I felt that it was because I had come out.

LGBTQ Youth

One woman, one girl in particular, who is in [our therapy] group, has struggled a lot with coming out at home. A lot of ... what I would consider verbal abuse from her mother and a lot of rejection from her mother, and then lead to cutting or thoughts of suicide or just self-injury on a variety of levels.

LGBTQ Community Provider

[Transgender youth are] not only ostracized but making a healthy transition into one's gender identity is very difficult, where you are constantly reminded on billboards, in the mall, of what a boy and girl should look like. ... For the youth, that plays a big role as far as their developmental stages and where they see themselves in society. All they see is that they don't belong, then we see ... self-destructive methods of dealing [with it].

LGBTQ Community Provider

It's mostly the ecstasy and crystal that gay people usually take. I had a lot of friends that actually do take a lot of crystal and they're very young. ... For them, there are always things like, "Well, nobody's there for me. Nobody cares about me." ... [So they take drugs] to make them feel better.

LGBTQ Youth

That is where we get most of our angst ... our depression during youth is having to be able to deal with those conflicts of feeling inadequate. And there is the drug issue And it is again some of them have been thrown out of their houses Drugs have always been a way for all different individuals who need to find a way out. The same with alcoholism.

LGBTQ Community Provider



Somebody is in my face, "Why the hell are you gay?" Why are you so bothered by it? I'm not looking at you. I'm paying no attention to you.

LGBTQ Youth

I went to [name removed] High School for my senior year and I was known as the lesbian and I got death threats, and they had stickers on every door saying that this was a safe place, yet I confronted many teachers and nothing was done until like they started stalking me, and even then I like hid out. So I just think that there's not a lot of support in the school systems.

LGBTQ Youth

I'm Muslim, so, you know, they kill ... yeah. So, okay, so here's the hanging little rope here that we're going to put you in.

LGBTQ Youth

My mom's like, well, I don't like the place you're going. I don't like the way you dress. I don't like the things you do. As long as you're living under my roof, you're going to do what I tell you to do. Okay, but it's like, well, I can see that you're not accepting and that's just your way of telling me you don't accept me. And it's like, I'm fine with that. So then I moved out and everything, so now she's not talking to me.

LGBTQ Youth

Some youth who are kicked out of their house, another way for them to survive is to buy into prostitution, or ... having a sugar daddy, which is an older gay male and a very young gay male. So, basically, the male services the older male sexually in this relationship, but they are able to subsist off whatever money or resources they are able to offer to them. ... That is a very unhealthy position they have to put themselves through in order to survive.

LGBTQ Community Provider

I'm Catholic and try having your priest actually say, "What's your sexual orientation?" right in the middle of confessions. That's a big thing, too.

LGBTQ Youth

We had several straight identified and allied students working with us ... but they just couldn't hack it. People were making fun of them too much so they just stopped coming. ... "If you are not queer, why are you hanging out with the queer students. You must be gay." So there was very little space for them to actually care about gay issues whether they were questioning themselves or have gay family members or are curious.

LGBTQ Community Provider

Look at any gay magazine. Most of the people you see in our community, who represent it, are not ... they don't look like this room. They're not a rainbow. They're all white people. And like the best thing to be in the gay community is a gay, white male, you know. And it's like if you're anything else, it's like, it's not cool.

LGBTQ Youth

It's not only getting from straight white people. Because that goes for all types of people, mostly gay, white people. Oh, you can't be black. I heard somebody say you can't be black and gay at the same time.

LGBTQ Youth

There is no representation in their lives at all.... They don't know that Martin Luther King's right hand man, the person responsible for organizing the march on Washington, one of the largest civil rights actions in the history of United States, was gay and black, and they don't know who is he.

LGBTQ Community Provider



WHAT CONDITIONS AFFECT MENTAL HEALTH IN THE COMMUNITY?

LGBTQ youth reported being harassed and bullied in their schools, homes, and neighborhoods on an almost-daily basis. Many youth shared that they had received death threats.

LGBTQ youth identified social factors as major causes of mental illness in their communities including challenging economic and physical living conditions. Rejection by their families often caused LGBTQ youth to leave home at an early age. After leaving home, they described a range of challenges including difficulty obtaining housing and employment. Participants reported that many in their community get involved in the sex trade industry as a way to obtain and maintain housing and food for themselves. Many youth experienced a range of mental health issues as a result of rejection from family including depression and suicidal and self-destructive thoughts and behaviors. Many said they felt as if “no one cares” for them, and suggested that this feeling leads to depression and drug and alcohol abuse.

LGBTQ youth also described how straight allies also got harassed and bullied, leading to further isolation of their community. Some LGBTQ youth felt rejected by religious communities and described the feelings of isolation due to the importance of religion in their lives.

LGBTQ youth of color discussed how, in addition to experiencing homophobia, they also had personal experiences with racism and discrimination. Youth of color felt they had fewer resources available to them, as there is a scarcity of programs specifically for LGBTQ youth of color and insufficient numbers of LGBTQ mentors and counselors of color.



WHAT ARE THE CHALLENGES FOR THE COMMUNITY IN RECEIVING SERVICES?

A major theme was the scarcity of services available to address LGBTQ youth's life experiences and resulting mental health issues. LGBTQ youth described the lack of LGBTQ counselors in schools and the need for comprehensive sex education that includes the full spectrum of LGBTQ issues and does not ignore transgender issues.

Those who were able to access services expressed frustration interacting with a health care system that was perceived as heterosexist and insensitive. Participants complained of the poor quality of care they receive, the inappropriateness of services, and the lack of awareness on the part of providers about LGBTQ issues. LGBTQ youth related experiences of not being understood and not being taken seriously by counselors and therapists. Participants also described experiences of discrimination with health care providers—doctors, nurses, and office staff—who had been disrespectful or had expressed antagonism and discomfort because of the sexual orientation of the person seeking care. These experiences create a sense of mistrust in LGBTQ youth and a reluctance to seek services.

LGBTQ youth of color present a special challenge for service providers in that therapists need to be able to relate to both their experiences faced as LGBTQs and also as LGBTQs of color.



With the counseling they have, they lack the experience and kind of the skills to work with queer youth because on a statewide level they are not trained to. ... It is something [that] speaks to the conservatism of politics and wanting to keep things very neutral, very palatable when you are talking about issues of sexuality to any community.

LGBTQ Community Provider

I think those are big issues with mental health service providers and also even counselors really representing the young people that they are seeing, especially LGBTs of color. They often don't get to meet with a therapist who is a person of color ... [or] a therapist who even had the racial justice analysis. ... There are things going in your life that are huge and that are impacting your mental health in a big way, and [the therapist is] not able to address those things?

LGBTQ Community Provider

Isolation definitely, especially with our transgender community. The process they go from—we have female to male and male to female that we also work with at the LGBT center. And what is difficult because we are lumped together: lesbian, gay, bisexual, and transgender, it also makes it difficult because I can't really speak to the same length of a transgender experience, because that is not an experience I have. ... And that is a population that needs to be served.

LGBTQ Community Provider

You have medical professionals really either being demeaning or they are moralizing, or just not listening. ... I think even with service providers and trans and gender variant, there are things that happen like using incorrect pronouns. If somebody wants to go by "he," continually "sheing" them ... it is really invalidating somebody's identity. Really saying, "Well, you are not old enough to make that decision." ... So, again that feeling of worthlessness, of invalidation about who you are.

LGBTQ Community Provider





We have to broaden our conversation beyond traditional modalities of individual counseling to include work that has a political analysis or that could have a political analysis, that has an advocacy piece where young people ... can use their learning and experience to then become advocates in their community for change.

LGBTQ Community Provider

There have been numerous students that have come in that are of color, that are male and that are being called gay or are gay and being harassed for it. And if those students want any type of support or any type of guidance or ideas from another student about how they moved through it or ... how they deal with it, or how they came through the other side, ... I hook them up. They have conversations among themselves and that is really preferring their identities as queer, proud people.

LGBTQ Community Provider

WHAT ARE THE COMMUNITY'S STRENGTHS AND ASSETS?

Sources of existing support for LGBTQ youth community included a system of peer youth counselors and mentorship. Connecting youths who need support with peers who have had similar experiences and resolved them was seen as tremendously effective and strengthening for the community.

Youth also mentioned the development of a counseling program that included anti-heterosexist analysis as well as an advocacy component. This was called by one respondent as “counseling with a political analysis perspective”—a program designed to create a space where youth think critically about gender arrangements and make links between sexism, heterosexism, racism, and other inequalities. The goal for youth is to not only become conscious of inequalities, but to make changes in their lives that will challenge or reduce inequality. By promoting solidarity and pride, this program helps build healthy relationships and a sense of community for individuals who often feel extremely isolated.



WAYS TO PREVENT MENTAL ILLNESS

Because of the alienation, discrimination, and violence that LGBTQs experience in school, outreach programs and youth-led support groups were seen as critical for reducing isolation and dealing with discrimination. LGBTQ youth lack guidance and positive relationships with adults in their communities, and many talked about the importance of mentoring programs. Participants emphasized that it was crucial to have more gay and lesbian counselors at schools and in the mental health system to help fill this gap.

Participants also described the importance of LGBTQ-specific hotlines and counseling services, especially to deal with family pressures, self-destructive behaviors, and suicidal thoughts. They talked about the importance of providing information sources for youth questioning their sexual orientation. Programs like the Gay Straight Alliance for Safe Schools were identified as key in creating safe spaces for LGBTQ youth in schools.

Because of the rejection and isolation that LGBTQ youth experience at home, particularly around the coming out process, youth expressed the need for strategies to increase parental involvement in mental health care, providing counseling for the whole family, and targeting parents who have difficulty dealing with the sexual orientation of their child.

LGBTQ youth talked about the discrimination they experience across systems, including the health and mental health systems, schools, and criminal justice systems. They advocated for systemic change aimed at reducing heterosexist practices across these systems through increased education about LGBTQ issues, challenges, history, and experiences. LGBTQ community leaders further emphasized the importance of having service providers that could relate to transgendered youth, who often experience a range of challenges specific to being transgendered and for whom there are few qualified providers. Increased research to identify effective approaches for mental health treatment of LGBTQ youth were also recommended.

For LGBTQ youth of color, programs to address the specific needs of ethnic minority youth were particularly important. LGBTQ youth of color emphasized that mental health issues in their community could not be resolved without anti-racism and anti-heterosexism education programs directed at all persons. Diversity training programs specifically addressing LGBTQ of color issues were recommended for school personnel, counselors, and therapists.

At my school in the Bay Area, we had a program called CHAC and it's a community healthy awareness council. And it was five different people, like three females and two males, and they would switch out throughout the week. They'd be there all day. It was free. I was like talk to me right now, and it would be great. ... They also had an outside-of-school place, so that I could go at seven o'clock at night if I needed to if something was happening with my family. ... And it was like counseling. ... They helped me through some tough times. I think that would be a great program to put into the high school because high school is tough.

LGBTQ Youth

I think that there should be more opportunities to people who grew up with ... having a mother treating them in a bad way. ... More outreach programs to encourage people to go to college, to do something with their life instead of being out there on the streets, whoring themselves, and having kids every couple months.

LGBTQ Youth.

It's actually, I think, really important having gay and lesbian counselors ... really good idea because sometimes I think some people maybe would talk to them. ... [But] if it's your parents that really need to go to counseling, you can only do so much.

LGBTQ Youth

Beyond educating our community, educating everybody else, too. I think that's hugely demoralizing, and people don't realize what effect that has on us and that keeps our right, our lack of rights chained, like our whole federal government is saying you're less because [you are homosexual].

LGBTQ Youth

Also diversity training that speaks to LGBT issues for teachers and really having that being infused into public curriculum. Because some of the worst treatment that students get are from teachers, not so much students. It is definitely how we speak about gender, having some sort of consciousness

LGBTQ Community Provider

It's the caring. ... It's basically the parents need to step up to the plate and take control, learn about what your kids are going through. Actually spend time with your kids, and actually ask them, how was your day? What's up? What's wrong?

LGBTQ Youth

There should be some type of service ... for parents of gay and lesbians. To be able to go, when they find out that their youth is queer. Have the type of support group for themselves to know that they might deal with difficulties of their youth being treated differently, to be able to answer some of the questions that the youth might have as gay youth, about life, about sex and whatnot.

LGBTQ Community Provider

Having a supportive network of services for the transgender community, I think that needs to be researched just as much as [services for homosexual youth]. I think that there are definitely different issues that they deal with.

LGBTQ Community Provider



BUILDING PARTNERSHIPS: NEXT STEPS

The UC Davis CRHD embarked on the Building Partnerships project to provide a way for the voices of our communities to be heard by policymakers. It was our intent to gather these voices in a way that honors the stories of suffering and pain and the cultural values, beliefs, and practices that form the rich fabric of our many diverse communities.

We hope that the stories shared by community members will have a lasting impact on mental health care in California. In this project, we have:

- Worked with policy makers at state and county levels, informing them of the results of our project and advocating for changes in policy that address the needs of underserved communities.
- Worked with many of the communities who participated in this project to facilitate their involvement in county and state level decision-making processes.
- Collaborated with communities to identify opportunities to build, develop, and obtain funding for programs that stem directly from needs identified in our project.
- Developed a guide to the community engagement process that can be used by county mental health agencies, with this project as an example to be followed.

Moving forward, the CRHD plans to continue this work, connecting communities with county and state mental health policy processes to increase their voice and presence in decision making, policy development, and implementation.

We welcome greater involvement of the LGBTQ youth community in our work, and encourage you to contact us with your feedback and ideas, and to let us tell you about additional steps that can be taken to increase your community's role in the future development of California's mental health care systems.



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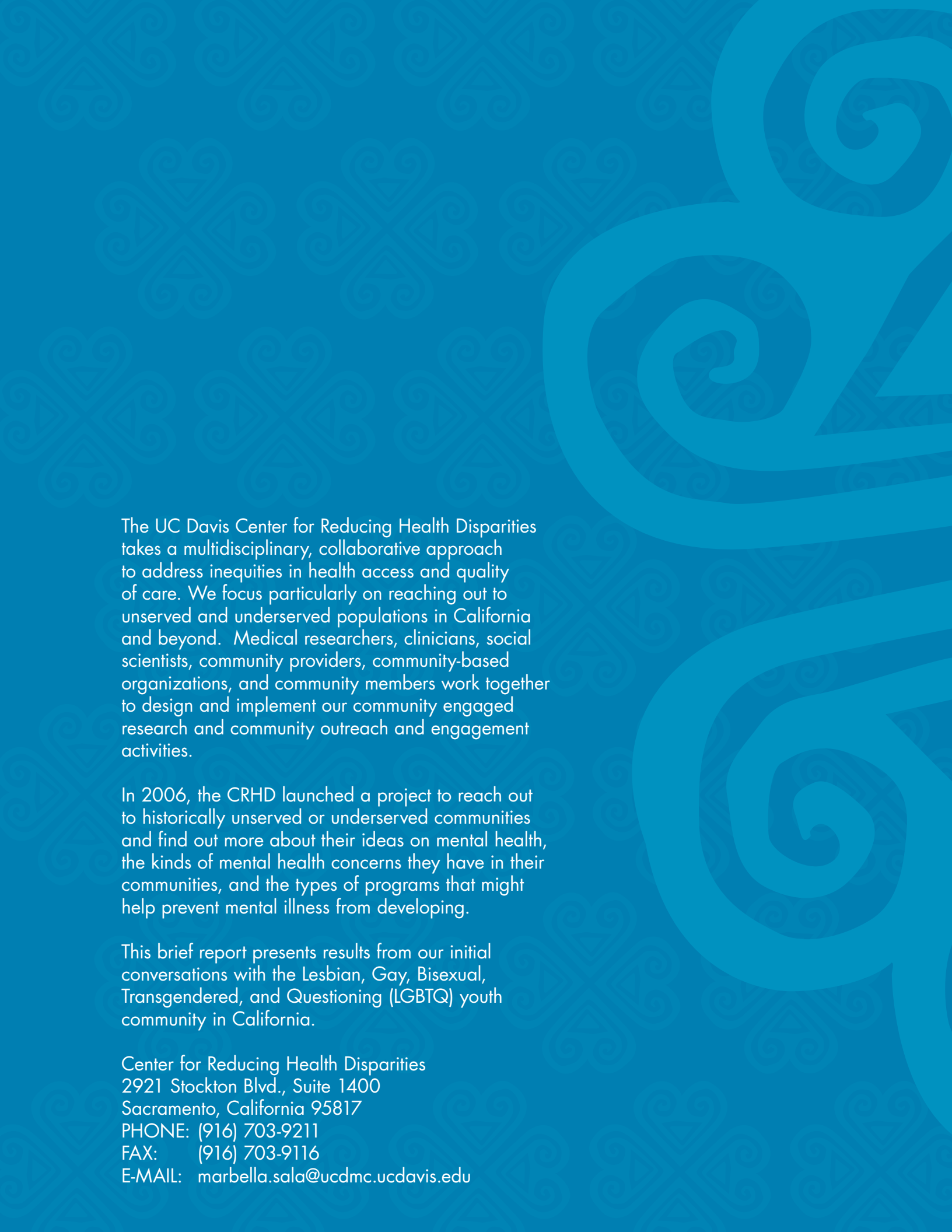
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The UC Davis Center for Reducing Health Disparities takes a multidisciplinary, collaborative approach to address inequities in health access and quality of care. We focus particularly on reaching out to unserved and underserved populations in California and beyond. Medical researchers, clinicians, social scientists, community providers, community-based organizations, and community members work together to design and implement our community engaged research and community outreach and engagement activities.

In 2006, the CRHD launched a project to reach out to historically unserved or underserved communities and find out more about their ideas on mental health, the kinds of mental health concerns they have in their communities, and the types of programs that might help prevent mental illness from developing.

This brief report presents results from our initial conversations with the Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth community in California.

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