Each Mind Matters
California's Mental Health Movement

Webinar: New Practices for Serving LGBTQ+ Communities

SanaMente
Movimiento de Salud Mental de California

EachMind MATTERS
California's Mental Health Movement

CalMHSA

Each Mind Matters is California's Mental Health Movement . We are all a part of this movement which serves as the megaphone to amplify the voices of individuals and organizations and highlight all of our collective efforts to promote mental health, end stigma related to mental illness and prevent suicide. We are a community of individuals and organizations dedicated to a shared vision of mental wellness and equality, starting in California. Wellness doesn't mean we'll never need help. It means we are resilient and focused on recovery. We believe in healing through action, the power of collaboration and the strength of diversity.

We all want to enjoy good mental and physical health, but sometimes we need some help. Our goal is to keep people healthy, act when mental health challenges arise, and provide the treatment, services, and help necessary to prevent any prolonged and unnecessary suffering.

Each Mind Matters is part of statewide efforts that are funded by counties through the Mental Health Services Act and administered by the California Mental Health Services Authority.

Welcome

If you have a <u>question, technical problem or comment</u>, please type it into the "Questions" box or "raise your hand" by clicking the hand logo on your control panel.

Introductions

Ryan Brown, Each Mind Matters
Sacramento, CA

Lisa Smusz, Each Mind Matters
Alameda, CA

Ronit Matabuena-Lev,
Bird and Bee Education
Alameda, CA

Today's agenda:

1. What's are sex, sexual orientation, gender identity and gender expression?

2. What needs and assets are unique to LGBTQ+ clients, and what are the implications for practice?

  ➢ Identify unique assets and needs
  ➢ Advocate for well-being, inclusion, and celebration

3. What resources exist to promote mental health and suicide prevention in LGBTQ+ communities?

❧ Each Mind Matters

Each Mind Matters is California's Mental Health Movement. We are millions of individuals and thousands of organizations working to advance mental health.

What's are:
Sex,
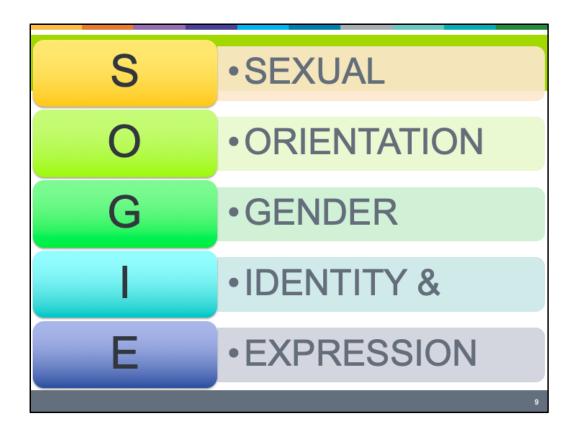Sexual Orientation,
Gender Identity,
&
Gender Expression?

L	•Lesbian
G	•Gay
B	•Bisexual
T	•Transgender
Q	•Queer

This is the acronym we most commonly see to refer to gender and sexual diversity.

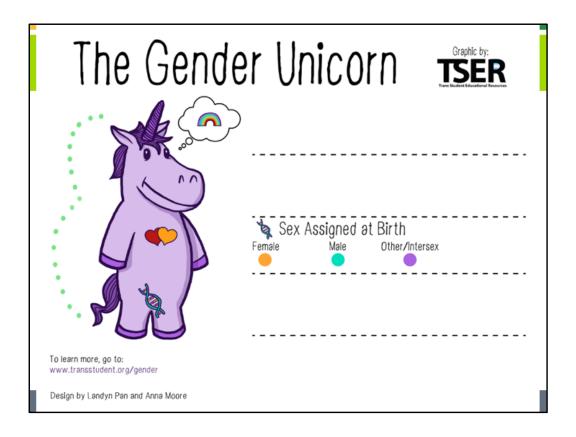|	
L	• Lesbian
G	• Gay
B	• Bisexual
T	• Transgender
Q	• Queer
Q	• Questioning
I	• Intersex
P	• Pansexual
2S	• Two-Spirit
A	• Asexual
A	• Ally
+	• And every other way to be…

The problem with using the "Alphabet Soup" approach:
- It quickly becomes cumbersome to use and difficult to remember
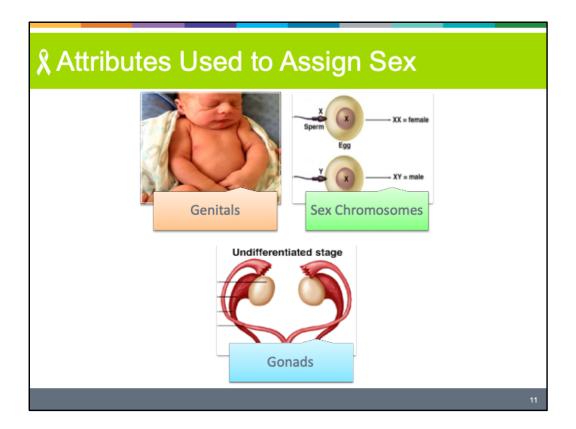- No number of letters can represent the diversity of identities that exist

SOGIE is an important acronym to incorporate into our vocabulary:
- inclusive of all humans: every person has a sexual orientation, a gender identity and gender expression
- avoids centering heterosexuality and cisgender identity by labeling only those who are "other" under the LGBTQ umbrella

The Gender Unicorn

Graphic by: TSER
Trans Student Educational Resources

Sex Assigned at Birth

Female   Male   Other/Intersex

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

Design by Landyn Pan and Anna Moore

Gender Unicorn, created by Trans Student Educational Resources, is a helpful way to understand four important aspects of human identity.
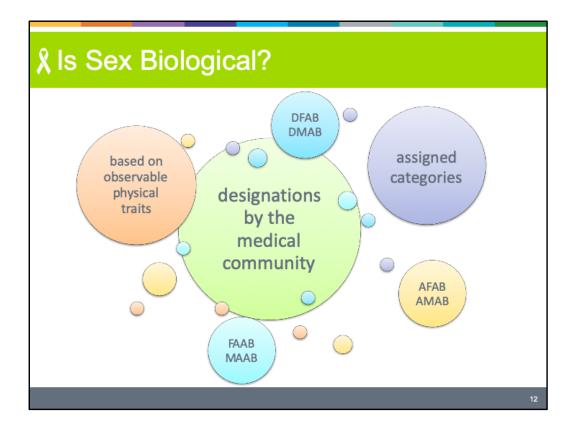
Let's look first at Sex Assigned at Birth, represented by the DNA helix over Gender Unicorn's genitals: reflects the sex a person was identified as belonging to at birth, based on their physical attributes. Historically, only two sexes have been recognized: male and female, although there have always been many variations that may or may not conform to the traits typically associated with those two categories. This is known as being intersex ("inter" means between), which has historically been shrouded in considerable stigma, surgical gender assignment, and medical secrecy. As activism and awareness grow, we are coming to understand that intersexuality reflects a wide array of human variations that are far more common than previously believed.
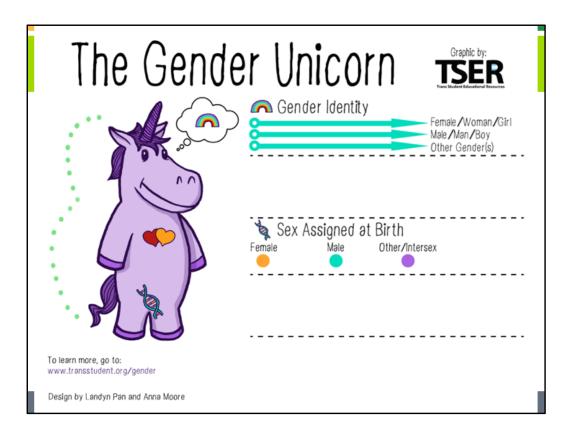
Three attributes are used to assign sex:
- whether the external genitalia are comprised of a vulva or a penis
- whether chromosomes are XX or XY
- whether gonads differentiate into ovaries or testes

People with intersex bodies may have variations in any or all of these physical attributes. The presence of a third chromosome, ambiguous genitalia, or internal testes are just a few examples of the variations that naturally exist.
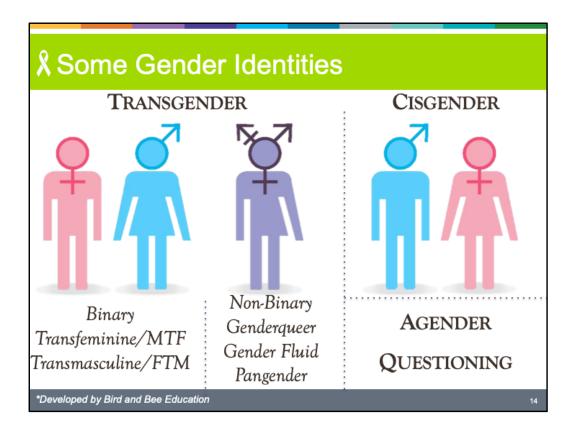
While the attributes being used to assign sex are, in fact, biological, observable phenomena, the assignation of those phenomena into two categories reflects decisions made by the medical community and is not reflective of the diversity of attributes that actually exist. Terms have emerged to reflect this process: Assigned Female at Birth (AFAB), Male Assigned at Birth (MAAB), or Designated Female at Birth (DFAB) are examples of language that has been introduced (I'm not clear the extent to which terms such as these have been embraced across trans communities, but you may come across them).

Gender Identity, represented by the rainbow in the thought bubble:
- refers to how a person experiences themselves; whether they identify as a man, a woman, transgender, and so on…
- gender identity speaks to our internal experience of gender

Cisgender:
- gender identity aligns with sex assigned at birth ("cis" means on the same side as)
- an important term to use, as it acknowledges that all individuals have a gender identity, not just those who are perceived as non-normative
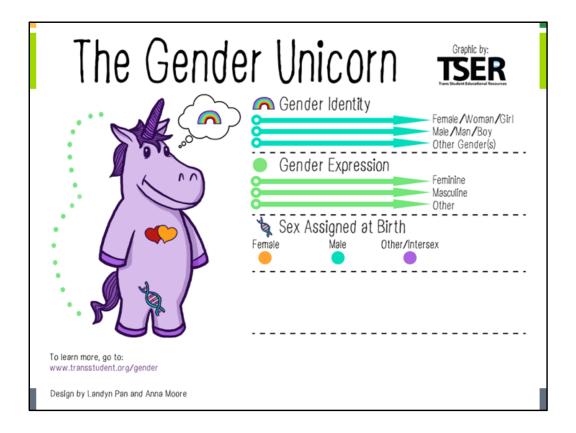- often shortened to "cis"

Transgender:
- gender identity differs from sex assigned at birth ("trans" means on the other side of)
- transgender identities can be further divided into:
    - Binary: refers to individuals who experience themselves as male or female, within the existing binary construct of gender
    - Non-Binary: describes individuals whose gender does not conform to binary concepts of maleness or femaleness; non-binary people may identify as two or more genders or as different genders at different times and in different proportions
- often shortened to "trans" (not to be confused with "tranny," which is considered derogatory)

Agender:
- identity, self-concept, and experience of the world exist completely outside of existing gender concepts

Questioning:
- gender identity has not yet emerged clearly or is continually in flux; typically suggests that the person has a sense of not being cisgendered

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

To learn more, go to:
www.transstudent.org/gender
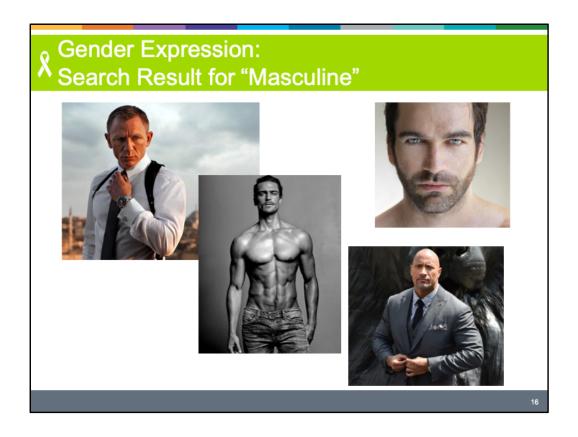
Design by Landyn Pan and Anna Moore

Gender Expression, indicated by the green dots bracketing Gender Unicorn
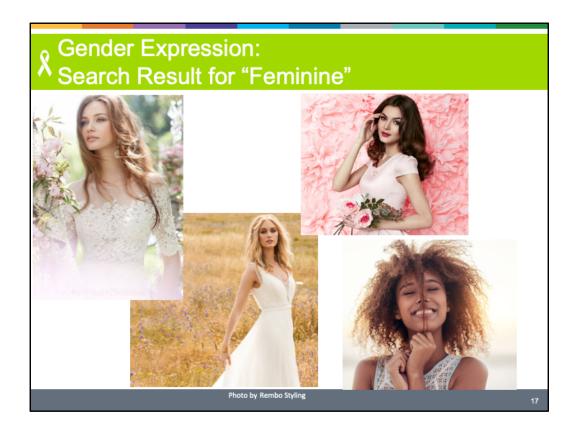- while gender idenitty is an internal experience, gender expression deals with how one signals their gender to the world: e.g. masculine, feminine, androgynous, cross dressing
- gender expression is based heavily on gender markers, which are highly dependent on cultural context, geographical region, time period, etc.: hair length, clothing style, degree of muscular development, use of make-up, and wearing jewelry are examples of appearance-based ways that a given culture or society can mark or signal gender

There are numerous reasons why a person's gender identity might not align with their gender expression:
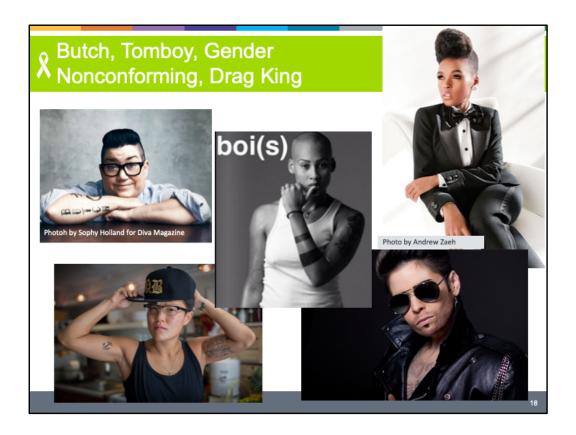1. feeling pressure to fit in and conform to gender norms and social expectations
2. not being "out" about one's gender identity
3. fearing rejection, harassment, discrimination or violence
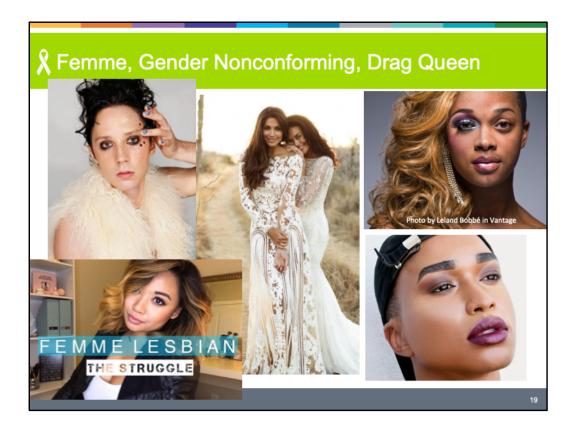4. preferences around personal comfort and style

These are the top four images that came up when I googled the word "masculine"

Photo by Rembo Styling

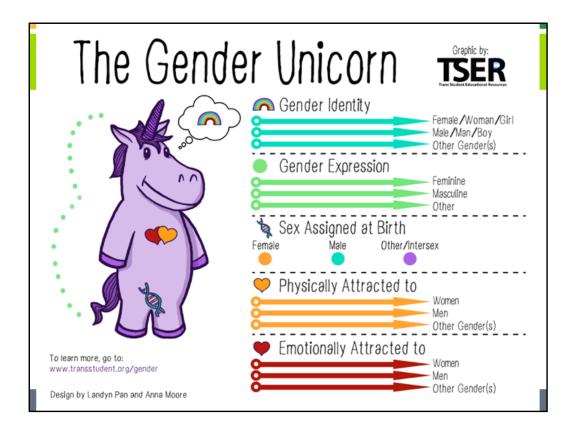These are the top four images that came up when I googled the word "feminine"

Here are some masculine gender expressions that are less typically represented

Here are some feminine gender expressions that are less typically represented
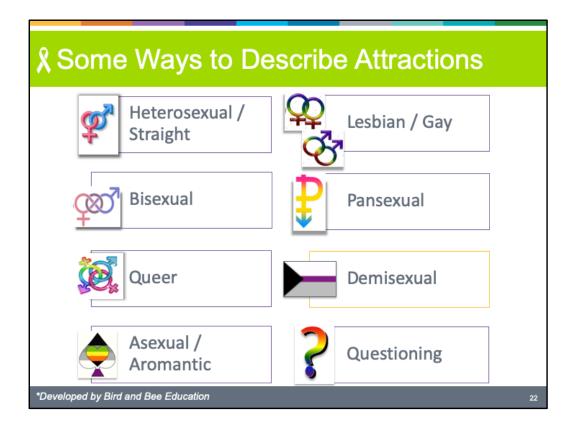
Androgynous, Gender Nonconforming

Androgyny can be thought of as a blending, reversal, or total rejection of notions of masculinity and femininity

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

Sexual orientation, shown by Gender Unicorn's red and yellow hearts; an aspect of human identity that is distinct from gender. While gender identity and expression speak to how one experiences and expresses themselves, sexual orientation reflects the gender(s) of those to whom one feels attractions.

For some individuals, emotional and physical attractions may not always align.

Some Ways to Describe Attractions

Heterosexual / Straight

Lesbian / Gay

Bisexual

Pansexual

Queer

Demisexual

Asexual / Aromantic

Questioning

*Developed by Bird and Bee Education

Heterosexual/straight: attraction to the other sex (hetero=different)

Lesbian: woman-identified people attracted to other women

Gay: people attracted to members of the same sex; can mean men attracted to other men, or be an umbrella term for all same-sex attracted people, irrespective of gender

Bisexual (bi): people attracted to men and women

Pansexual (pan): people attracted to all genders: men, women, intersex, trans, non-binary, and genderqueer folks...

Queer: an umbrella term that can be used to describe many identities; shorthand for anything but straight
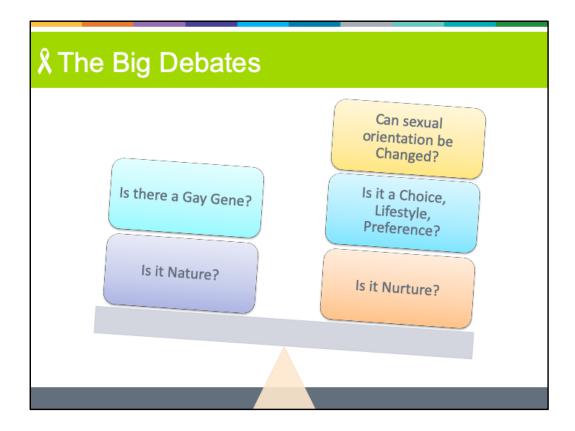
- Because of its historical use as a derogatory term, "queer" can be considered a reclaimed, "in-community" term.
- People who do not identify as LGBTQ+ should not initiate use of the label, only when a person self-identifies as such.

Demisexual (demi): describes individuals who do not experience sexual attractions to others unless they first form an emotional bond
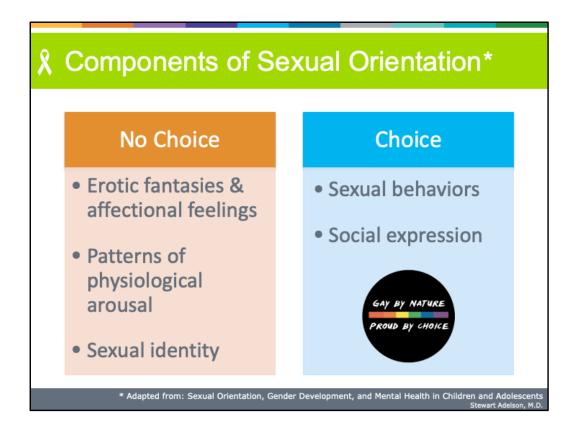
Asesxual (ase): a person who does not experience sexual feelings toward others and/or with themselves

Aromantic (aro): a person who does not desire emotional or romantic bonds with others

Questioning: not quite sure to whom one is attracted or how, but probably not heterosexual; can be a brief exploration or lifelong
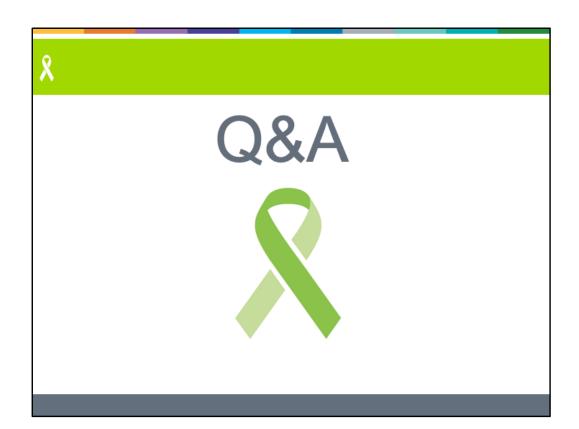
The Big Debates

Is there a Gay Gene?

Is it Nature?

Can sexual orientation be Changed?

Is it a Choice, Lifestyle, Preference?

Is it Nurture?

1. Most phenomena are some combination of nature and nurture.
2. No gay gene has been found, and if there were genetic origins, they would likely be far more complex than a single gene.
3. The quest for a gay gene, while encouraged by some to validate or legitimate "gayness" as real, also makes eugenics on the basis of sexual orientation possible.
4. Political affiliation is a choice, vegetarianism is a lifestyle, which brand to buy is a preference. How we experience our own gender and who and how we connect with others are integral parts of our identities and experiences as human beings.
5. Attempts to change sexual orientation, also known as "conversion therapy," are not only ineffective, they are unethical, cause immense psychological harm and distress, and are illegal in many states, including California.
6. The bottom line: it doesn't matter why sexual and gender diversity exist. Humans are infinitely diverse in every way. What really matters is that every person and community gets to experience respect, dignity, and equality.

Components of Sexual Orientation*

No Choice	Choice
• Erotic fantasies & affectional feelings	• Sexual behaviors
• Patterns of physiological arousal	• Social expression
• Sexual identity	GAY BY NATURE PROUD BY CHOICE

* Adapted from: Sexual Orientation, Gender Development, and Mental Health in Children and Adolescents
Stewart Adelson, M.D.

People do not have a choice about who they feel attracted to, what they are aroused by, or how they experience their sexual identity.

People do have a choice about what they act on sexually and with whom, and whether or not they "come out" or express their identity openly, given their personal and social context.

LGBTQ+ AND MENTAL HEALTH

What needs and assets are unique to LGBTQ+ clients, and what are the implications for practice?

What unique needs or challenges might LGBTQ+ individuals and communities experience?

- Social-emotional Stressors
  - challenges around identity development and self-acceptance, including internalized homophobia/transphobia
  - feeling invisible, unrecognized, and unacknowledged (individually and as couples) and subsequently unworthy, invalidated, and marginalized
  - fears or struggles related to "coming out"
  - intracommunity dissonance: rejection, judgement, or hierarchies around varied experiences within an identity-based group
    (for example, bisexual people facing social stigma in both mainstream and gay contexts, trans folks not being accepted or supported within cisgendered queer spaces, differential access to social spaces, services, health care, etc. for LGBTQ+ individuals based on race and ethnicity, religion, socioeconomic class, immigration status, education, age, ability, etc.)

Social Determinants of Health
  - at greater risk for child abuse, sexual abuse, and being kicked out from home
  - financial & housing insecurity, poverty, and job discrimination and unemployment, especially among trans people

Toxic Stress & Trauma
  - being targeted by interpersonal and community violence, at even higher rates when also PoC and/or undocumented
    - "In 2013, 67% of hate crime homicides were committed against transgender women of color, a group also present at the Pulse nightclub

shooting." (PBS, Washington Week)
- 2017 report from the National Coalition of Anti-Violence Programs (NCAVP):
    - "reports of 52 hate violence related homicides of LGBTQ people, the highest number ever recorded by NCAVP," up 86% from 2016…. "the equivalent of one homicide of an LGBTQ person in the U.S. each week [in 2017]."
    - "for the last five years, NCAVP has documented a consistent and steadily rising number of reports of homicides of transgender women of color, which continued into 2017."
- 22 transgender individuals have been violently killed as of November, 2019, the vast majority of whom were black transwomen (HRC)
- moving through a world in which identity and expression can mean life or death
    - HRC sites a 2014 study that "found that LGBQ people who live in communities with more stigmatizing attitudes about their sexual orientation die an average of 12 years earlier than LGBQ people in the least-prejudiced communities"

Mental Health Disparities
- stigma and discrimination can increase higher risk behaviors and decrease likelihood of accessing services (APA, 2017)
- higher rates of depression, anxiety, substance abuse, suicidality, gender dysphoria, body dysmorphia
    - Stats from American Psychiatric Association (APA), 2017:
        - "2.5x more likely to experience depression, anxiety, and substance misuse compared with heterosexual individuals"
        - "'rate of suicide attempts is 4x greater for LGB youth and 2x greater for questioning youth than that of heterosexual youth"
        - "31% of LGBTQ older adults report depressive symptoms; 39% report serious thoughts of taking their own lives."
    - Human Rights Campaign (HRC) sites a study that showed "transgender students denied access to gender-appropriate facilities on their college campuses were 45% more likely to try to take their own lives."
    - National Alliance on Mental Illnes (NAMI):
        - "High school students who identify as lesbian, gay, or bisexual are almost five times as likely to attempt suicide compared to their heterosexual peers"
        - "48% of all transgender adults report that they have considered suicide in the past 12 months, compared to 4% of the overall US population"

What assets and strengths might LGBTQ+ individuals and communities possess?

Individual

- embracing nonconformity → freedom to challenge norms and expectations in other arenas – gender roles, sexual self-expression, relationship structures, etc. – once you accept your difference in one way, you don't have as much to lose – it becomes easier to transgress
- awareness of one's own capacity for resilience and ability to survive
- increased compassion and empathy toward members of other marginalized groups; tapped into the spectrum of human diversity
- having a breadth of gendered perspectives and experiences – partnering multiple genders or embodying multiple facets of gender internally and externally … having a more expansive relationship to and experience of gendered narratives
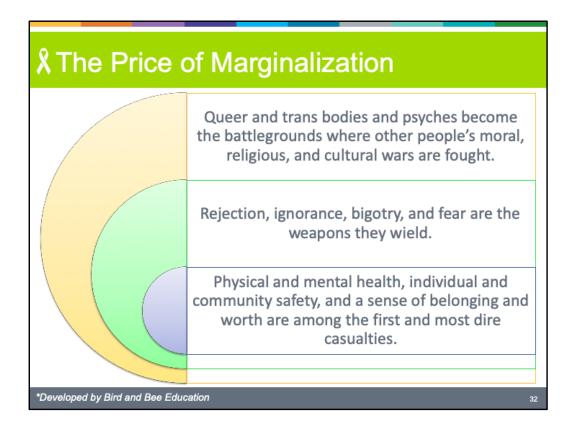
Community

- family connectedness, school safety, and supportive health care providers, when present, are significant protective factors
- experience of community around shared identities

Advocating for LGBTQ+ Mental Health: Implications for Practice

The Price of Marginalization

Queer and trans bodies and psyches become the battlegrounds where other people's moral, religious, and cultural wars are fought.

Rejection, ignorance, bigotry, and fear are the weapons they wield.

Physical and mental health, individual and community safety, and a sense of belonging and worth are among the first and most dire casualties.

*Developed by Bird and Bee Education

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When LGBTQ+ people experience stress due to bias, bullying, hostility, and violence, the problem is societal, not psychological; the response, then, must include advocacy in addition to intervention.

Advocating for LGBTQ+ Mental Health

De-pathologize Gender & Sexual Diversity

Engage Critically with Media & Society

Use LGBTQ+ Inclusive Language

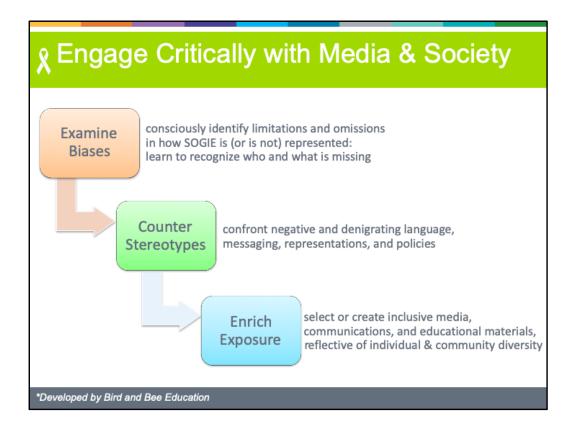Educate Family & Other Support Providers

Some ways that providers can advocate for LGBTQ+ individuals and communities

De-pathologize Gender & Sexual Diversity

"Gender Nonconformity, like handedness, is a variation, not an illness."

– Stewart Adelson, M.D

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- APA and other mental health associations have emphasized that sexual orientation does not constitute a mental health disorder, for almost 50 years now
- DSM-V: Shift from Gender Identity Disorder to Gender Dysphoria recognizes that the distress due to stigma is the issue, not gender identity itself
- Bullying, homophobic victimization, family nonacceptance and abuse can cause distress, which in turn may lead individuals to attempt to cope by engaging in higher risk behaviors, which in turn can have negative impacts on health outcomes, such as STIs/HIV and substance abuse
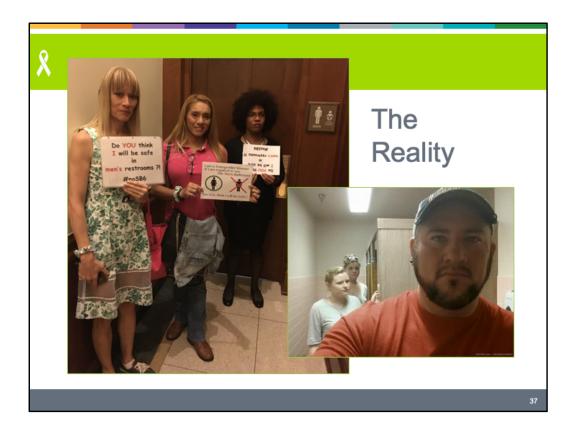
Engage Critically with Media & Society

Examine Biases — consciously identify limitations and omissions in how SOGIE is (or is not) represented: learn to recognize who and what is missing

Counter Stereotypes — confront negative and denigrating language, messaging, representations, and policies

Enrich Exposure — select or create inclusive media, communications, and educational materials, reflective of individual & community diversity

*Developed by Bird and Bee Education

Examples:

- Examine biases: examples can include intake forms and procedures that are cis-het normative

- Counter stereotypes:
    - Cisnormativity and heteronormativity: the centering of cisgender and heterosexual as normative, and the assumption that everyone falls under those categories unless they explicitly signal or state otherwise
    - Transphobia and homophobia: active fear, dislike, hatred, discrimination, or bigotry toward individuals or communities based on actual or perceived gender identity and/or sexual orientation

- Enrich exposure: posters, brochures, and other educational materials
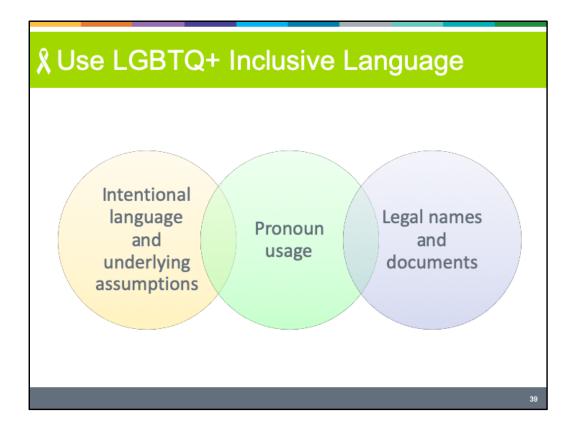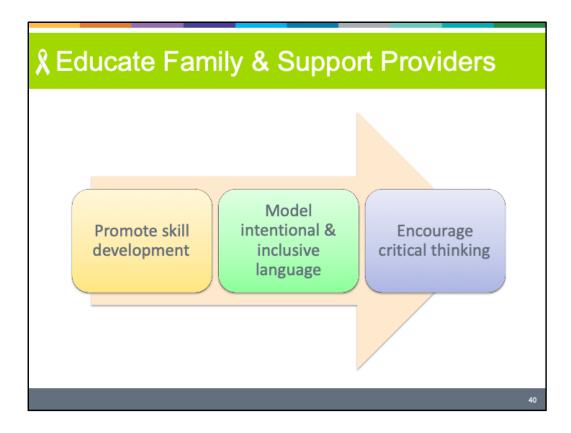
The Rhetoric

Trans folks demonstrating how inappropriate it is to be expected to use facilities that are incongruent with their gender
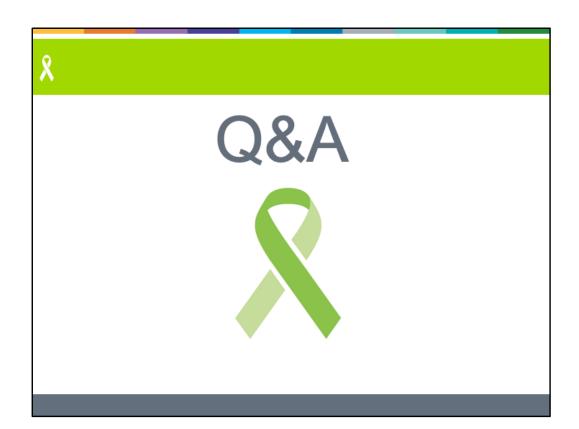
Facilities letting people of all genders know that they can experience privacy, dignity, and safety while attending to their personal needs

- check assumptions about gender and sexual identity to prevent interactions that are cisnormative and heteronormative; also about monogamy, asexuality, etc.
- normalizing variations in pronoun usage
    - They/them/their
    - Zie/zir/zirs
    - How to ask/talk about pronouns
    - Offer own pronoun use
- training and support for providers to gain confidence navigating client needs sensitively with respect to legal name changes and discrepancies with legal forms of ID

- Promote healthy communication and model support skills among the adults in the lives of the clients being served: family members, caregivers, health care providers, social workers, etc.
- Model intentional, inclusive & expansive language when interacting with support persons
- Initiate conversations about noticing omissions & bias, confronting negative messaging directly, providing diversity rich environment
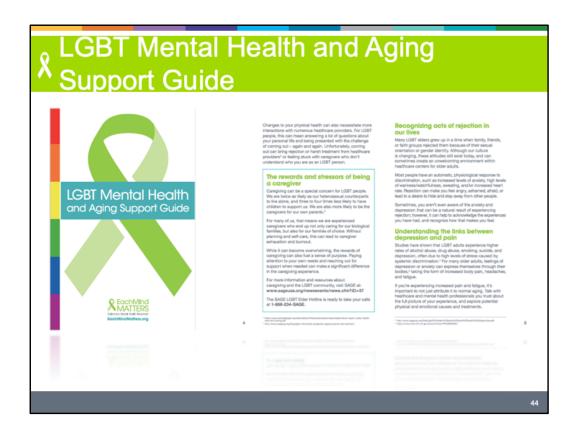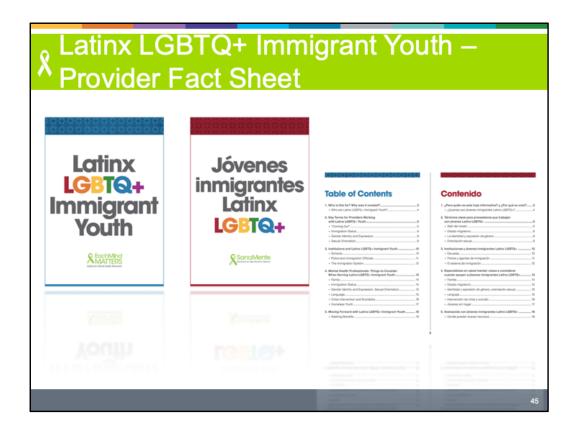
What resources exist to promote mental health and suicide prevention in LGBTQ+ communities?
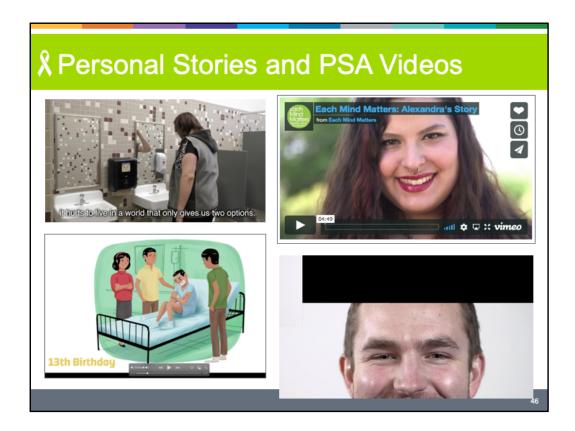
- **Be True and Be You:** Basic Mental Health Guide for LGBTQ+ Youth. This brochure discusses caring for your mental health as an LGBTQ+ young adult, including information on sexual orientation, gender identity, and coming out; healthy relationships; common mental health challenges and their symptoms; when to reach out for support; and your rights as a young person seeking support.

- **Talking About Suicide & LGBT Populations:** A report providing recommendations for safe discussions of suicide in public conversations and on social media. Also available in Spanish.

- Direct link to the **Trevor Project** – Provides crisis intervention & suicide prevention to LGBTQ+ youth.

LGBT Mental Health and Aging Support Guide

- This guide provides information on mental health for older LGBT adults, including considerations around caregiving, legal affairs, rejection and discrimination, and getting the support you need as you move into older adulthood.

- Throughout this document, we use "LGBT" because it is the most recognized term among older adults.

- Direct link to the **National Suicide Prevention Lifeline**

- **Talking About Suicide & LGBT Populations:** A report providing recommendations for safe discussions of suicide in public conversations and on social media. Also available in Spanish.

- This fact sheet answers frequently asked questions from providers working with LGBTQ+ Latinx youth, and addresses the complex intersections that sexual orientation, gender identity, race/ethnicity, and immigration status can have within a young person's life. The fact sheet is fully bilingual in Spanish and English and can be downloaded at no cost at the EMM resource center.

- Emergent need to create something for Queer Latinx and undocumented. Complexity in serving these folks.

- This fact sheet was created as a resource for service providers, including nonprofit staff, community-based organizations, health care professionals, and other providers in roles that support California's youth.

- It provides an introduction to the unique intersectional challenges faced by Latinx LGBTQ+ immigrant youth, relevant resources, and best practices in serving this population within a culturally responsive framework

- As part of the Directing Change Program and Film Contest (www.DirectingChangeCA.org) youth created short films that explore how different cultures view suicide prevention and mental health. All films *for diverse communities* can be viewed and downloaded at no cost. Here is a small selection of films addressing gender and for LGBTQ youth.
- WIOS – personal stories in animated short films designed to reach youth ages 9-11
- EMM Stories of Hope Recovery and Resilience – searchable on EachMindMatters.org
- Promotional short film about supporting mental health in LGBTQ+ communities, great for social media or waiting rooms

ꙮ Additional Resources

- National Alliance on Mental Illness (NAMI):
  https://www.nami.org/find-support/lgbtq

- Trevor Project Support Center, Mental Health:
  https://www.thetrevorproject.org/trvr_support_center/mental-health/

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  Behavioral Health Resources:
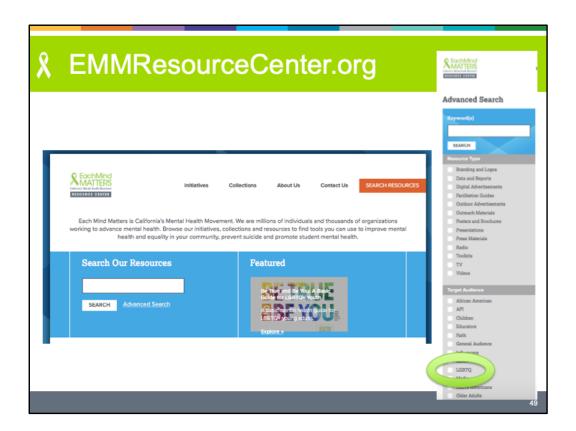 https://www.samhsa.gov/behavioral-health-equity/lgbt

Strategies for Promoting LGBTQ+ Resources Within Your Community

Here are a few ways to promote these new resources in your community:

- Share them at your office, at community events and fairs, or at any event your organization may participate in.

- Send copies to local providers and any cultural task forces or committees in your county.

- Contact organizations that are planning Pride celebrations or other cultural outreach events and share information and materials with them.

- Provide links to these resources on your website or share them through your social media channels.

- Share information about upcoming cultural celebrations by adding them to the Events Page on the Each Mind Matters website.

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These resources are available to individuals and organizations working with the LGBTQ+ community. We believe these could be useful tools for your organization and the community you serve.

ℜ Sign Up for Our Newsletters!

Each Mind Matters Newsletter

The Each Mind Matters Newsletter is a monthly newsletter created for anyone interested in suppor[t] the mental health movement in California. Each edition includes a recap of the top headlines in mental health and a wealth of resources to help spread the word about mental health.

Subscribe here: http://www.eachmindmatters.org/get-involved/subscribe/

Insider Newsletter

The Each Mind Matters Insider Newsletter is a monthly newsletter created specifically for service p[roviders] It includes information about relevant resources, upcoming events, and opportunities for providers involved in California's Mental Health Movement.

Subscribe here: http://emmresourcecenter.org/subscribe-newsletter

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Keep up to date with Each Mind Matters announcements, new resources, and opportunities through our newsletters. The Each Mind Matters newsletter targets general audiences with information on the mental health movement in California and across the county. This one is great for any clients or program participants who want to be more involved in the larger efforts.
The Insider newsletter is for providers and professionals who do work related to mental health and suicide prevention. It highlights tools and resources, upcoming events, and opportunities to get more involved in the statewide movement.
Please note that these newsletters are in English.

There are many different ways to get involved in the movement. You can begin by browsing the website: eachmindmatters.org.

ॐ Bookmark us!

EachMindMatters.org
SuicideIsPreventable.org
WalkinOurShoes.org
DirectingChangeCA.org

SanaMente.org
ElSuicidioEsPrevenible.org
PonteEnMisZapatos.org

EMMResourceCenter.org

Each Mind Matters Social Media Channels

Campaign Hashtag: #EachMindMatters

Instagram: Instagram.com/EachMindMatters/

Facebook: Facebook.com/EachMindMatters
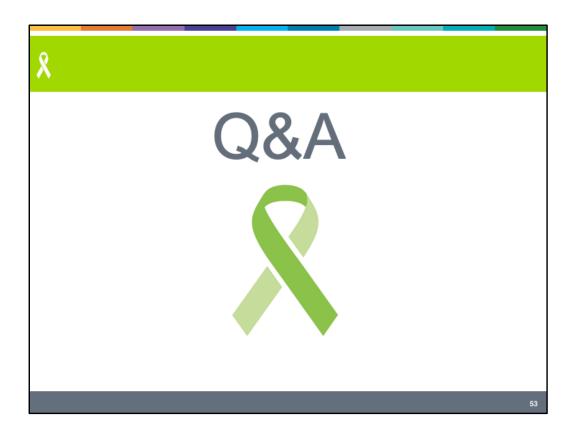
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Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).

� Thank You!

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