Chyenne Mallinson

Okay. So, we're ready to begin. We'd like to begin with a disclaimer that the views, opinions, and content expressed in this presentation, do not necessarily reflect the views of opinions or policies of the Center

for Mental Health Services, the Office of Behavioral Health Equity, the Substance Abuse and Mental Health Services Administration, or the US Department of Health and Human Services.

Welcome to the National Network to Eliminate Disparities in Behavioral Health, or the NNED Virtual Roundtable.

This roundtable, Addressing the Intersectional Behavioral Health Needs of Racially and Ethnically Diverse LGBTQ+ Communities is the second in our 2022 series. We'll be having one additional roundtable this year and you can find more information about that soon.

My name is Chyenne Mallinson (she/her) and I'm the Virtue Roundtable Coordinator for the NNED's National Facilitation Center.

I'm joined by our NNED team, Dr. Suganya Sockalingam, Alina Taniuchi, and Alice Choi, who will be supporting today's roundtable. The NNED is a network of diverse racial, ethnic, cultural, gender and sexual minority communities that strives for behavioral health, equity for all individuals, families, and communities.

The NNED has more than 5,200 members, which includes over 1,300 partners, partner organizations, or community-based organizations across the US, territories, and sovereign tribal nations. The NNED highlights and shares, new programs or interventions to build the capacity of its members and partner organizations. And one way to do this is through virtual roundtables like this one.

So, before we begin our discussion I'd like to mention a few logistics. The participant lines are on mute, but we do encourage you to share perspectives in comments with the chat box. If you have specific questions, please use the Q&A feature. This may include tech issues or questions for the panelists, questions may get lost in the regular chat box. We do encourage you to use this feature at the bottom of your screen. Closed captioning is also available through today's discussion at the bottom of your screen using the live transcript icon.

The roundtable is being recorded and shared through. Facebook Live on the NNED's Facebook Page. The recording, slides, and all related resources, including those mentioned on today's webinar by panelists, will be available on the NNED website. Information on how to access the recording, and these resources will be sent out to all registrants after the roundtable.

I want to note that if there are any breaches to the security of the event, we will immediately end this session.

So, today's agenda begins with a welcome for Dr. Mary Roary, the director of SAMHSA's Office of Behavioral Health Equity. Then we'll invite Angela Weeks, the project director with the Center of Excellence on LGBTQ Behavioral Health Equity to set the stage for today's conversation.

If time allows, we will ask our panelists to respond to questions that come up in the Q&A followed by sharing with you all how to find additional resources via net share through today's virtual roundtable.

We'll provide the opportunity to better understand the socioeconomic and cultural ramifications of behavioral health for racially and ethnically diverse LGBTQ populations; how to provide safe spaces for youth and adults experiencing trauma; training and learning opportunities for providers to build capacity for behavioral health care and substance use treatments; and how communities can build culturally responsive trauma-informed and affirming systems and programs that allow racially and ethnically diverse LGBTQ populations to thrive.

Now I'd like to welcome Dr. Mary Roary, director of SAMHSA's Office of Behavioral Health Equity to give some opening remarks.

Dr. Mary Roary

Thank you. First, I want to start backwards and thank Change Matrix and the Office of Behavioral Health Equity.

And now it's all about you. You are all critical. The populations that you continue to serve are critical, and this moment that we find ourselves in is critical. I want to thank you all for your selfless services.

Now let's pause for 30 seconds to honor those who are no longer here, and for the those that we can still save. Because dead or alive, they're expecting great things from all of us. So please pause for me, thank you.

Thank you. Together, we'll get there together. There's an exciting program here today with phenomenal speakers and people to network with. Your call to action is to keep going. But I want to encourage you that you have to also take care of yourself. The better you take care of yourself, the better you can take care of the people who need you the most. Thank you all.

Chyenne Mallinson

Thank you, Dr. Roary. Now I'd like to invite Angela Weeks, project to for the Center of Excellence on LGBTQ Behavioral Health Equity to set the stage for us.

Dr. Angela Weeks

Great, thank you. I am a very grateful to be here today, and really looking forward to learning from all of our panelists. Let me just take a moment to shout out to our Center of Excellence on LGBTQ+ Behavioral Health Equity. We are a SAMHSA center that focuses on providing learning opportunities and resources to behavioral health providers around LGBTQ communities and serving them well. And we do that for lots of different groups within the community. We have lots of resources and opportunities. I encourage everyone to go to our website to check out everything we offer. We do have resources for serving LGBTQ people across the lifespan. So, when you get a chance, head over to that website and see why might be helpful to you.

Next slide. So, I want to start today's discussion by throwing some data at you. I feel like sometimes that can be a little bit painful, but it is necessary to set the stage, to set the foundation for today's discussion. We are talking about populations today that suffer disparities and disproportionality across systems due to discrimination and prejudice that they experience. And definitely have disparities across health outcomes as well as quality of life outcomes. So I'll go through these stats, and then we'll use them probably to engage in the discussion today.

So about 40% of LGBTQ would are people of color, and that includes 12% who identify as black. And then I also want to highlight some quality-of-life disparities. So Black LGBT adults are more likely to be unemployed and experienced food insecurity.

And it's important as we go through this data today that we keep in mind that this is not about identity as much as it is about the discrimination and prejudice that these communities experience. So, it is the stigma, it's the inequitable treatment that causes these negative outcomes. So, I want to make sure that that's really clear for everyone.

A large portion of black LGBT adults have experienced victimization, including 79% who reported verbal assaults, insults, or abuse. 60% who reported being threatened with violence. 44% who physically or sexually assaulted. And 43% who experienced robbery or property destruction. And over one quarter of black LGBT adults have been diagnosed with depression compared to 15% of Black non-LGBT adults.

So, I want to make sure I highlight a couple of different groups as well.

So, I want to talk about Latinx populations. So, there are 2,300,000 Latinx LGBT adults estimated living in the US now. 32% of Latinx LGBT adults experience food insecurity. 30% have been diagnosed with depression. And 42% have experienced physical assaults and threats.

So, with the populations, I'm bringing in, I'm trying to show I want to make connections to similar data, so that you can see how they are similar and also different.

And so, the last population I will highlight here on the next slide, are American Indians and Alaska Natives. So, 42% of that population has been diagnosed with depression. And 36% of native American transgender respondents, reported losing a job because they identified as transgender. More than half of LGBT native Americans experience, food, insecurity. And a 2008 national study revealed that 23% of American Indians and Alaska natives were in extreme poverty.

So, there are so many data points. We could talk about the reports that I've cited here are talk full of really important information on each of these communities. And I want to shout out big Thank you to the Williams Institute from UCLA who A lot of this research on LGBT populations. And they have recently rewrite reports on specific racial and ethnic identity groups that focuses in on LGBTQ populations. And I the links here, I recommend you go, and you look at what they've put out to the public because it's really important. Next slide.

So, you know I mentioned before that the disparities that we see across health outcomes and quality of life outcomes are due to discrimination and prejudice that folks have to navigate and that they're exposed to. So, I wanted to highlight some of those systems of oppression here, and just give some quick definitions of them. These are not all the things that people experience and they have to navigate, but they are important, and I think they'll come up in today's conversation.

So anti-LGB bias is a term used to describe discrimination and prejudice against people who have sexual orientations other than straight. Agism is a system of oppression used to describe discrimination and prejudice against people for different age groups. Most often the groups affected by ageism are older adults and younger people. And this is a system of oppression that privileges certain age groups, usually midlife. Anti-transgender bias is discrimination and prejudiced against people who do not identify as cisgender, or people who do not fall into the stereotypical roles of feminine and masculine traits, or what we consider gender roles for men and gender roles for women. So, it's anyone who sort of has diverse gender expression or gender identity. Ableism is a system of oppression that disadvantages people who have disabilities, and it advantages people who different disabilities. Racism is a system of depression that disadvantages people who have darker skin on the skin, color, scale, and privileges with lighter skin on the skin color scale. Sexism is the system that benefits go to are perceived as men and disadvantages those who are perceived as women or feminine.

So, these are very complex systems, and I just tried to define all of them in about a minute. So, there's more to this, to research and to understand, but I think it's important to at least introduce them here. Because it is the foundation of what so many people experience, especially as it relates to intersectionalities. So that's something in like to find on the next slide.

Oh, not on the next slide… What I want to say before we get to intersectionality, is that the more like people can experience more than one system of oppression, and they can also experience multiple privileges as well, depending on their identity groups. And so, the more folks are exposed to bias and discrimination prejudice, the more they will experience these

negative health outcomes. And so, we see that it's really, you know, it pauses higher levels of depression, anxiety, poor health outcomes, chronic health issues, so not just mental health and well-being. but really these things, if not treated, lead to physical health issues. So, there's a lot of studies that show that there are chronic illnesses with these communities as well that you normally wouldn't think of like pulmonary disease, for example, is one thing; higher levels of substance use and higher levels of self-harm. So, the more that people experiences, bias, biases, and these prejudices, the more likely it is that they are, and experiencing some of these symptoms.

And so next slide please. So, I want to introduce the concept of intersectionality for those of you who are unfamiliar with it. Or maybe you may have heard of it but might not know the origin of it.

I want to say that Dr. Kimberlé Crenshaw first coined the term and use the term to describe, to help describe some of the experiences that black women were having, because black women were experiencing sexism and racism in a really unique way. So, for example, they may be, and seeing racism that was different than the black men around them; or they may have been experiencing sexism than what a white woman might experience. And so that because they were experiencing both racism and sexism, it created a sort of unique experience for that identity group.

This quote here, and It's long but I am going to read it because one Dr. Crenshaw is a black woman who has done the research in this area, she has introduced this idea to us, and usually her work is talked about without crediting her. And she also says off, and that she isn't quoted so I didn't want to do that. I want to read it and then we'll talk a little bit about some of the more complex features of intersectionality.

So, Dr. Crenshaw says: “Intersectionality is an analytic sensibility. It is a way of thinking about identity and its relationship to power. Originally articulated on behalf of black women, the term brought to light and invisibility of many constituents, with a that claimed them as members, but often fail to represent them. Intersectional erasers are not exclusive to black women people of color within LGBTQ movements, girls of color in the fight against the women within immigration movements; trans women within feminist movements; and people with disabilities fighting police abuse – all face vulnerabilities that reflect the intersections of racism, sexism, class oppression, transphobia, able-ism, and more. Intersectionality has given many advocates a way to frame their circumstances, and to fight for their visibility and inclusion.”

So, what Dr. Crenshaw highlights there for me, is that within the LGBTQ community, that's who we're talking about today, within the community, there are groups that that are racially ethnically diverse around disabilities and ability. And the often those groups don't get talked about we talk about LGBTQ populations as sort of one come together group with a very similar experience, right? And it's important to highlight but that's not true, even in the acronym, we're talking about many, many different identities and people.

And so, it's some examples are that LGBTQ black and African American people, may not feel if they're in spaces that affirm their race, there may be a total absence of affirmation around LGBTQ identity. They may not see LGBTQ identity represented in that space. And also, lot of black and African American people have reported terrible experiences of racism in LGBTQ spaces. And so, we have to get better at celebrating all of the different identities that people carry and really making sure that our spaces are inclusive, and the representative and safe for everyone.

There are many more examples you know there are trans women who've been left out of Black Lives Matter movement. And there are, you know the Women's March that has occurred every year has a reputation for leaving out trans women from the celebration of women. Right? And so, there are a lot of populations we should be considering.

On this slide are affirming symbols that sort of show how we can show up for people and make sure that the spaces that we're providing services in inclusive of many different kinds of people.

So there's a Black Trans Lives Matter poster; there's a symbol with the feathers that symbolizes trans people who are in indigenous communities, and American Indian, Alaska Native communities. There is Black Disabled Lives Matter signs, right? And also shout out that LGBTQ people who were often thought of as the main focus of fighting for a marriage equality often do not talk about how there's still not marriage equality for people with physical disabilities and other disabilities in our country. And so, there are some people who will lose benefits if they get married for example. And so, there's still a fight for marriage equality now. So these are really supportive affirming symbols that get to some of our subpopulations.

And you know, I think a lot of folks know that one of the one of the best practices that you can just put up affirming symbols in your space to communicate that you're safe, and that you're a welcoming and affirming person. And most often I see a rainbow flag, and it's important to highlight that that ramble flag could be a symbol for a lot of people, but also isn't saying much for some of our subgroups who may not see themselves represented in the space. So the more we can sort of diversify our symbols and messages, and really speak some of the subgroups, I think the better.

Next slide.

So, this is the last thing I'll talk about before we jump into our panel discussion. And this is a really great learning resource. The map that you see here is actually interactive if you go to the link that's in the slide. This map shows the diversity of the LGBTQ identities in the world. And it talks about the histories of these dating as far back as it reaches recorded them. And I think what's really cool about this is that it demonstrates that one LGBTQ people are all over the world; and that LGBTQ people are in all cultures and groups. And if you read the histories, it really drives home that LGBTQ people have been around for the existence of human history as a far back as we can go to any sort of history, there are references to LGBTQ people, not that recent terminology, but people who had a variety of sexual orientations and gender identities.

Why I think this is really important to bring into today's discussion is because is what you see, if you look at, if you read through the histories that are presented in this interactive map is… you see, that LGBTQ people within these cultures and parts of the world, we're often celebrated, revered as people really honoring or honorable positions within the community is, they were thought to be really wise because they brought perhaps different perspectives around gender and what it meant to be human, and sort of all-encompassing of different gender roles. So you can see that they're celebrated throughout their history.

And then, if you continue to read, you can see that that starts to change when European colonization starts to happen. So as the world gets colonized, LGBTQ people are brutalized, they were victims of murder, attacks, and the community starts to hide because those identities start to become stigmatized. And what is really important about this lesson, and knowing that this happened across the world, is that racism and anti-LGBTQ oppression, they are connected. And they have been connected throughout history. And in order to dismantle systems of repression. we have to dismantle all the systems that oppression. because they all rely on each other to hold each other up to enforce the rules. And so, when we're fighting for one community, we have to be thoughtful in fighting for the rights of all communities.

And so that, I think, is sort of what I want to leave the group with, is we're setting the foundation and I think we can jump into that panel discussion now, which I'm really excited to interact with.

Chyenne Mallinson

Thank you, Angela, for sharing this overview.

We look forward to hearing from you again later in this conversation Now I'd like to introduce today's panelists. You can find their full bios on the NNEDs website.

We have Richard Zalvidar (he/him). Richard is the founder and executive director of The Wall Las Memorias in Los Angeles, California. He's often sought for his expertise in leadership in the topics of community engagement empowerment, HIV and AIDS, substance abuse, mental health, LGBTQ+ issues, faith and community politics.

We are also joined by Dr. Myeshia Price (she/they). Dr. Price is a senior research scientist at The Trevor Project, with more than 15 years of experience in adolescent public health research, with a focus on sexuality, gender, and LGBTQ youth from an intersectional perspective.

We also have Judy Morrissey (she/her). Judy is the director of behavioral health at Mazzoni Center in Philadelphia, Pennsylvania; with 30 years' experience as a therapist, clinical supervisor, and administrator committed to practicing with diverse populations, particularly LGBTQ youth in adults.

So that was a brief introduction, so as each panelist gets invited to speak, they'll share a bit more about their work or organization. And now, I'll pass the mic to our session facilitator, Dr. Suganya Sockalingam, a consultant with the NNED's National Facilitation Center and founding partner of Change Matrix.

Suganya?

Dr. Suganya Sockalingam

Thank you, Chyenne.

Greetings to everyone and welcome to our panelists. I want to thank the panelists for graciously allowing me to use their first names to create a more informal atmosphere.

So, we'll begin our conversation today with Richard who will elaborate on the socioeconomic and health disparities that impact the behavioral health of racially/ethnically diverse communities.

Richard Zalvidar

Thank you, so much, and good day, to all of you on for this session.

You know, this is an incredible opportunity for us to come together as a country and talk about these issues, and it's really a pleasure.

You know, I was thinking about this as We're looking just in Los Angeles, from where I'm at. Los Angeles is half the population of LA County, which is the largest county in the country, is Latino. If you look at that, and you see where the LGBT communities gather, you would see that there's a lot of Latinos that don't participate in the mainstream gay or queer community. That's because they live at home, and they engage in in their own community. That being said when people come out of the closet, or when they're struggling to come out of the closet, it's very difficult. Latinos don't fly to New York, or San Francisco or West Hollywood to come out and live a good life. They live in Atlanta, they live in Kansas, close to mom and dad. And so, there's already some struggles there when we're talking about homophobia and transphobia, not only among themselves, but their family and their community.

So…and then, if you're looking at the Latino community throughout the country, we're not all newly arrived immigrants. We're different generations of Latinos and we come from different parts of the country, different parts of the world. So, on the east coast you may have a Caribbean Latino from Cuba, or Dominican Republic, or Puerto Rican. and in California, you'll have El Salvadorian and Guatemalan, and Mexican American. In Texas, you have the Tex Mex.

So, we have a lot of different subcultures. And so, what we have a lot of different, unique struggles. So, the fear a lot of our Latinos fear their immigration status, they're going to be asked questions or stopped; or they're going to fear that their mom is going to be stopped at the nearby corner when she goes to buy some portillas and milk. We're also talking about workforce issues, where a lot of our young people are a lot of our people are working or not working, and when they are, they fear being identified as a mere person in their place of being.

A lot of our people in our community, it's very difficult to understand how to access even if it's free medical care, like in California, it's difficult for them to access that because this is not what they normally get in their home country or in their hometowns. We talked about a little bit about food insecurity, where a lot of our young people, especially we see a lot of homeless and love in Los Angeles among LGBT. And they're struggling not only from mental health issues and substance use issues, but you know many times they're thrown out of the house. And they have to survive, and they survive on the streets.

Then the other issue, that for many of our people they have to work long hours, and so that doesn't allow them to engage in institutions that provide health care or help-prevention services to the community. So, it's a big menu of challenges for our community.

Dr. Suganya Sockalingam

Thank you, Richard. that was very helpful for us to frame what the issues are in the communities that you're speaking of.

Judy, please share some of your thoughts on this issue.

Judy Morrissey

Well again, thank you everybody I'm really grateful to be here, and I want to be careful not to repeat anything that my esteemed colleagues have already shared, but I just want to raise the notion of… the idea of stigma, and the effect that that has on people in terms of access to care as Richard was elaborating. You know, if you're if you feel like you're not deserving of care, or that you're not understood, those are going to be really prevalent risk factors and how people access care and who goes to behavioral health services. You know the concept of, “What does it say about me if I go to therapy?” We have some very long-lasting, ingrained stereotypes that different communities hold on to in terms of “what if my neighbor sees me going to therapy? Or what is this person in, you know, my community, what are they going think about me? Do I keep my feelings to myself? Do I share you know how I’m feeling who I am my identities with others?”

So, you know, I know that we'll get into that in a little, you know, a little bit further, but I just wanted to highlight those points.

Dr. Suganya Sockalingam

Thank you, Judy, for adding additional ideas and issues for us to consider.

We'd like to go to the second question, and that is, how does intersectionality affect how one should practice and work with clients?

And we really like to hear from Myeshia, if you could share some of your thoughts?

Dr. Myeshia Price

Yeah, absolutely. So just to do like a brief intro about me and on The Trevor Project. As I was introduced already, I use she/they pronouns. I'm a senior research scientist at The Trevor Project and The Trevor Project, for those who are not familiar with it is the world, the largest suicide, prevention and mental health organization for LGBTQ young people. And we are the only accredited national organization providing crisis, intervention and suicide prevention programs, as well as peer-to-peer, support network support, sorry – peer-to-peer social network support for LGBTQ youth.

This is specifically, The Trevor Project offers lifesaving, life-affirming programs and services that create safe accepting and inclusive environments over the phone, online, and through text.

So, this is this conversation is super important to me because intersectionalities at the center of everything we do at Trevor. So, I'm incredibly grateful to be here and thankful to SAMHSA and you for inviting me to be on this panel.

But to get to the specific question, intersectionality should be a critical framework, and the work that we all are doing to address disparities in the lives of LGBTQ youth. Because we know that lumping diverse LGBTQ communities, as my other panelists have already mentioned, into these broad identity categories, categories, and applying this sort of like one-size-fits-all approach, does a complete disservice to everyone, and it makes the work of ending disparities, particularly that we work with a Trevor, LGBTQ youth suicide, makes it even harder.

So, when we look at things intersectionality… Basically, when we use an intersectional approach, it's really the only way that we can grasp at those unique challenges that LGBTQ young people may face. And to like accurately assess the risk factors for suicide that they may have, that would get completely muddied and lost if we just aggregated everything together.

So, once we start looking at things from this sort of intersexual intersectional approach, it allows us to see one of the things that we see over and over again, at our work at Trevor specifically, is that youth who hold more than one marginalized identity… and so we're talking about again youth who are LGBTQ and Latinx, or Black or/and Native/Indigenous, and we see that they often experience victimization bias for multiple sources. So that's one from being LGBTQ from the mainstream society, or within their communities that they're in. But also with

and LGBTQ communities, such as racism or even for not being just monosexual, so that's like just being gay or lesbian. So there's bias against the youth who are bisexual for not being quote-on-quote gay enough.

And so, one of the specific examples I'll give is that Black LGBTQ young people, because of this multiple marginalized identities… we know that they're experiencing, their experiences of discrimination and rejection, threats, violence, are all sort of compounded. And this leads to the negative mental health outcomes. One of the things that I'll get to later is that, despite all this, we know that Black LGBTQ youth have similar rates of mental health disparities as all LGBTQ youth, but they're significantly less likely to receive professional care for a mental health care.

So, I think it's important to understand that being very purposeful in intersectionality allows us to address these view very unique challenges that youth may be facing. And I think this speaks a little bit more to what Richard was also talking about, our work also shows that for Latinx LGBTQ youth, their fears of immigration policies are related to rates of suicide. Among these issues. And so if we're going in and we're trying to enact policy to reduce some of these mental health outcomes we're seeing and we don't address anything about immigration policies, then we're missing a huge factor that puts these youth at risk.

And finally, I want to say that, based on when we start to talk about like what it looks like, even within the LGBTQ community, our work finds that youth who are bisexual and I often like to use the word multi-sexual, because it gets at anyone who is attracted to more than one gender, and/or sex; that they report higher rates of mental health outcomes. And also, no matter how we slice our data no matter, if we're looking at a specific racial ethnic group, or if we're looking at ages, different age groups, no matter how we look at it, transgender and non-binary youth are always at the highest risk.

And so again, if we always combine these groups, if we always put we just always talk about LGBTQ youth, LGBTQ community as a whole, we're not able to see the nuances in this data and accurately put resources where they need to be – directed resources – to where they're most needed. If that makes sense?

Dr. Suganya Sockalingam

Thank you. Thank you so much for expanding on this concept of intersectionality.

We are going to be moving to our next question. And Myeshia, we'd like you to continue sharing with us…

You know, we've heard about the systemic challenges and disparities that impact the behavioral health of racially/ethnically diverse LGBTQ individuals. Can you tell us about those barriers that these individuals face when seeking behavioral health support? And how does The Trevor Project address these barriers?

Dr. Myeshia Price

Yeah, I love this question. It's something that we are fully dedicated to - as someone – as an organization for helping to meet the needs of some of these things.

The first thing I want to talk about is what's on this slide here. And it's just looking at some of this data from a more intersectional perspective. And it's looking at considering rates of considering suicide, and rates of attempting suicide. And some of this I already talked about – the rates of transgender non-binary, you see that younger LGBTQ youth are higher risk this is something we see across the board every single time.

So, we've gotten more interested in, as we continue to do our National Survey on LGBTQ Youth Mental Health – which is where these findings come from – is sort of looking at, how can we start to disaggregate this data? Even more so. This was our 2021 National Survey findings we're going to be releasing 2022 in May. And I just want to give a quick shout out that it's going to be even more intersectional, so, you can go there and see the exact rates of these outcomes by sex orientation, gender identity, and again by race ethnicity. So, be on the lookout for that.

But you can see here that LGBTQ youth of color are reporting higher rates of attempting suicide compared to white, their white peers. That's just something you can see. You see that to 12% of white youth reported attempting suicide compared to 31% of native indigenous youth, 21% of Black LGBTQ youth, and 21% of multiracial, 18% of Latinx, and 12% of AAPI youth. And that was our rates of past year suicide attempts.

So, just sort of moving on to the next slide I have to front load that by saying that although we see that LGB, there's access...sorry. There are barriers to access to mental health for LGBTQ youth overall. You can see from the pie chart that almost half of LGBT youth stated that they wanted mental health care but weren't able to receive it. But then, if you look over to the bars on the other side, you can see that these rates are higher again for LGBTQ youth of color.

We have a report that's called Breaking Barriers to Quality Mental Health Care for LGBTQ Youth, and in this we explore a number of factors. We explore a number of factors and perspectives on surrounding barriers for LGBTQ and their ability to access mental health care.

And on the next slide it gives, we talk about some specific questions that we asked. And I want to point out that these data here are for all LGBTQ youth. And so, once we start breaking things down intersectionally, we can see that Black, Latinx, AAPI LGBTQ youth report significantly higher levels of receiving mental health care and not able not being able to access it.
Again that's, and the reasons why we see that this is, often a lack of parental support. We know that AAPI LGBTQ youth report greater barriers related to their parents, getting parental permission. That's like 50% reported this, compared to 36% of all LGBTQ youth. Also parents not allowing them to go to therapy. There's also fears of being outed among LGBTQ youth, but we know that both AAPI and Latinx LGBTQ youth reported higher rates of endorsing “I didn't want to get I didn't want to be outed by my therapist, so I didn’t go.” LGBTQ youth report not

having access to LGBTQ mental health providers. So, they're saying like “Well, I don't want to see a provider who doesn't hold an identity similar to my sexual identity similar to mine,” and we see that native/indigenous LGBTQ youth reported greater levels of concerns that none of their providers, none of the providers available to them were LGBTQ. That's 20% compared to 11% of the overall sample. And they also reported having fears that their provider would only focus on their sexual orientation or gender identity. That was higher among native and indigenous LGBTQ youth.

And then we start thinking about cultural barriers. So, there's the barrier of like you know this person's not going to understand my career identity, and then there's also the aspect of not understand a cultural their culture identity. And we see that Black, Latinx, and AAPI LGBTQ highlighted concerns related to mental health stigma and their culture, as well as mental health systems, not being equipped to understand their racial or ethnic identities. And so, these are all sort of barriers that are preventing you from accessing care.

The Trevor Project we are obviously have our crisis services team. It's the heart of what we do at Trevor. It's why we exist in the first place. And we're working to ensure that we're meeting the needs of diverse LGBTQ populations. But we're actively recruiting crisis counselors that reflect the diversity of LGBTQ community who are particularly those who are reaching out to Trevor for support. We're also ensuring that the training of these counselors is culturally competent. And we're working with our internal teams across Trevor to incorporate this, not just within what we're doing, but also our stakeholders that work with us and within LGBTQ youth.

Obviously, as someone who's on the research team, we're working to disseminate, publish and disseminate all these findings that we can find looking at the intersectionality. Intersectionality and also the importance of providing LGBTQ populations with service providers, and partners, and key decision makers that can tailor their resources and create interventions that lead to greater accessibility for all LGBTQ youth.

Then we have our advocacy team that's on the forefront of a lot of the direct advocacy efforts that are sort of being that uplift LGBTQ community as a whole. But also address the negative anti-trans legislation that we're seeing across the country among as examples.

One of the things I do like to point out, though, is Trevor, The Trevor Project is a crisis intervention, organization. Youth are getting to us when they're in crisis. And we like to discuss barriers to health care, because we kind of don't want them to get to crisis, right? We want something to happen before they get to the point where they feel like they have to reach out to a crisis intervention or organization; call us, to text us.

And it seems kind of a little bit counterintuitive, but in my role at the research department, I kind of want to put myself out of a job. And so that's the goal, actually I'm kind of unfortunately, want to put the whole organization out of a job. But the idea would be that we

would like mental health care providers and others to make their services more accessible, so that you never get into crisis in the first place.

Dr. Suganya Sockalingam

Thank you so much, Myeshia.

Judy, I know you have some information you are going to share with us as well, Judy?

Judy Morrissey

Thank you. You know building on what Myeshia was saying about working with people when they get in crisis, I think that's the unique perspective that I can provide as a provider agency in Philadelphia.

At Mazzoni Center, we have an outpatient behavioral health practice that is specifically designed for LGBTQ youth and adults. So, usually when I tell people that, their first question to me back is “Oh, so, then people are coming to you to deal with sexual orientation and gender identity.” And you know, I say “No. Well, you know certainly that is at the core of that for a lot of people. But people come to us for the same reason that they go anywhere to seek behavioral health services.” You know? Maybe they're depressed, they're anxious, you know maybe their relationship with substances, drugs, and alcohol, they want to examine that. So, you know it again, just to underscore the importance of not stigmatizing the identity that a person holds as being, you know, pathological, or any kind of strike against the person.

So, I do want to talk about What does it say again about who goes to therapy? And who are traditional therapy seekers, you know? And this concept of othering. And I'll give you an example of…

There was a person, a trans college student who had just lost one of their parents. And they went to the local, college's campus the counseling center, and they gave a little background on who they are. And the counselor stopped them at the end of the session and said, “You seem like a really nice person, although I don't think I can support you.” And he asked “Why?” And they said, “Well, you know because you know you're Trans. And I don't have a lot of experience with that,” and he said, “Well, I'm not here because I'm Trans. That is probably not the strongest aspect of myself right now. I'm here to process my grief.” And again, they referred him elsewhere.

So, we hear stories like that quite often about mainstream providers not being able to competently care for people who go, to them who identify as LGBTQ. Whether that's young people whether that's people throughout the lifespan. So I think that concept of “othering” is really important to consider in terms of how we support our LGBTQ allies and folks.

I think that when we look at data, oftentimes and myself included, we look at who comes into our services… It's easy to kind of count and to get demographics of the people that we do work with, but I think that the more important aspect is to look at who we're not serving. And are there communities, even with the LGBTQ community, who are we not reaching? And that, I think, is important as well. And I know that Myeshia talked about the idea of being intentional, and so, I want to kind of spend some time talking about that as well. Do we know who we care for? And in terms of the people that we do care for, when people leave our services, do we find out why? If you look at who we, retaining care, are there disparities, are we retaining the people who are again, maybe not traditional therapy seekers? And so, I mean you, who don't identify as white…do we understand that? I know that there are times where either their therapist might call and find out like if this person doesn't continue to show up to do you know intentional outreach, and just to inquire why. And if it's not care with our one of our providers, and maybe how we can connect that person to a different service rather than just saying, "Well, they didn't show up again, and I'm going to close their case and move on."

So, it's really important to look at that. I think when we talk about access, we have to talk about how people come to us, and are our services truly accessible in terms of location, geographic location, maybe affordability? And then, especially, events of the past 2 years, do we offer, creative and dynamic ways for people to engage with services? I think that there have been some really creative interventions for using text, and with EMR systems now there's a lot of communication ability that isn't just the traditional phone messaging.

So, I think that's something we have to look at. Again, language capability - how accessible is that for someone who maybe, if English is not their dominant language, how accessible is that for people to come and receive services in a comfortable way? So, I think that that's also something that we should examine as providers.

And I think…Yep, thank you.

Dr. Suganya Sockalingam

Thank you. Thank you, Judy. And thank you, Myeshia.

We're going to move into a fourth question and it's all about strategies, and we are running behind a little bit. And so, in order to sort of make up a little bit of time, I wondered if each of you could share one strategy that you have found particularly useful? And then, if you are willing to add to the chat other strategies that you think are useful, please feel free to do so.

So, we are going to go with Richard first, and then Angela, Judy, and Myeshia.

So, Richard, if you could share something in terms of in communities and provider organizations, a strategy that can allow them to create safe spaces and provide culturally competent, affirming care?

Richard Zalvidar

Yes, thank you. Yeah, I think for me I think what's really important, what we have practice here at the very beginning when we started this organization, an HIV/AIDS, LGBT organization, my board chair was a Catholic priest. And I think it's important that we be visionaries as we're looking into our community, and bringing folks that are part of the community.

That being said, I think we have to look at establishing a steering committee or a cultural, diverse advisory committee that is made up of our target populations, in which we serve to learn more about those specific communities and have them advise our institutions or organizations how we could do a better job in providing services. And again, as I mentioned earlier, being Latino doesn't mean that I understand the Puerto Rican in New York or New Jersey. And so, we have to be really clear if we're going to provide services, I need to be willing to learn about that community, celebrate their culture, and tap them for their experiences, to help create a much better and safer space in which to provide services.

Dr. Suganya Sockalingam

Thank you, Richard. Angela?

Dr. Angela Weeks

Yeah, I think. This is a great question.

One of the biggest challenges, I think a lot of organizations come across, and we can see in the disparity data is how often the population is accessing care; how comfortable they feel accessing care; and even when people are providing services for specific the community, they struggle in engaging that community.

So, I would suggest that folks take a critical look at How you are communicating that you have an expertise of the community, or that you are affirming, and that you're welcoming that community again, looking at really specific like messaging for certain communities that you're serving or hoping to serve. And that includes doing a critical look of your website. So, I would go back to your website see how you're communicating your services, what messages on your website are meant to specifically speak to the populations you're reaching out to?

Dr. Suganya Sockalingam

Thank you so much, Angela. Myeshia?

Dr. Myeshia Price

Yeah, I would just echo what everyone else has said on the panel. And also, just add that as a provider, you make sure you're honoring that the various intersections of the patient. And that

can be simply, something as simple as asking pronouns, and respecting them. We know that something like that is, and that's one of the one of the strongest predictors we see for supporting LGBTQ youth, particularly those who are trying to non-binary in terms of protective factors for their risk factor for suicide. And I think it's often it's we see this as a huge challenge. but there are small everyday things that are that can reflect, “I'm here, I see you. And I am from your identity.” That is going to be so important for people reaching on trying to use services.

Even we know that even something like an inclusive bathroom, it not only reflects to people who may not necessarily need one, but that see that, and say, “Oh, I see that you're accepting of that then I can maybe infer that you're probably accepting of other aspects of my identity as well.”

Dr. Suganya Sockalingam

Thank you. Judy?

Judy Morrissey

I think to talk about it, to talk about our differences and our similarities and ask the person who's coming into your center to receive services what their preferences are, what their values are, in terms of who they work with, and try to honor that. And if you're not able to honor that, then to be very clear about your limitations, and in being able to meet those needs or requests or not. And not to just talk about it at intake, to continue to talk about therapeutic fit throughout the process of therapy.

And to also be aware that sometimes great therapeutic work is done with dissimilar pairings. So to be open about that, and to have discussion about those needs and values and identities, throughout the course of therapy.

Dr. Suganya Sockalingam

Thank you so much everyone.

We're going move into a next question, and that is, how have organizations adjusted to accommodate the rising behavioral health needs of diverse LGBTQ populations since the start of the pandemic? And as we think about our community-based organizations, I think how how they can do this effectively would be helpful.

So, we're going to hear from Richard and Judy. Richard?

Richard Zalvidar

Thank you, you know our organization got started as I had a dream to build an AIDS monument to people who passed from AIDS, and we did it successfully. It's the only publicly funded monument the country. And it's for anybody who passed. It's a community mobilization effort.

And so, during the pandemic we saw a tremendous increase, not only in from the area of depression, anxiety, drug use of from crystal meth. And our county, our public health institutions were moving very slow to respond and to address the issue.

Now, I've got to remind you I had mentioned LA County is the largest county in the country. And so, it has 88 cities that belong to the county. So, it's quite huge. The buds that that shows that demonstrates how difficult and how huge the crestal myth epidemic is in Los Angeles.

So, going from past experiences during the pandemic, we launch, relaunched the Act Now Against Meth coalition campaign. What we did during that period we conducted, and this was all virtual, we conducted focus groups; we held conferences; and town halls. And we brought in over 175 members of the of the community who assist us, along with 20 other collaborating organizations. And we created a Los Angeles platform on crystal meth. It's the only one of Its kind of the country. And this platform consists of over 30 recommendations that addresses the prevention and treatment and policy around crystal myth.

We kicked us off a few weeks ago, in a press conference, and we're looking at the Los Angeles County supervisor to initiate a motion to having all the departments respond to our platform. Because during that period of time we could not wait any longer for the government or the institutions to make a commitment to address our community. We took it into our own hands. And it's also building the capacity of the community to say we don't need to spend, you know, thousands of dollars on lobbyists just to initiate and to carry our flag on our issue. It's the community who's doing it. And I think this is a great model that we could all look at in various communities when government and institutions don't respond to us and our needs, organize from the bottom up. And I'm really proud of that.

Dr. Suganya Sockalingam

Thank you that is really helpful for us to know and understand how you've been able to make those shifts.

Judy, as the pandemic has progressed, how have you shifted your organization to accommodate the needs of diverse populations?

Judy Morrissey

Well, I think that it is really important to recognize that we are in the midst of a behavioral health crisis. Not just a health crisis. And that that affects also the people who are providing

services. And I think that it's really, most many of the people on the call today, we're burdened with carrying the weight of not only you know our own anxiety and our own fear about what's happening, but others as well.

And so I think that it's really important as supervisors, as programs, as directors, as administrators, to take care of the people who are taking care of others as well. And to recognize that you know our mental health system is at capacity. And people kind of on the front line of doing this work need support, and need understanding the and need to kind of continue to engage. So, I think that that's a really important takeaway.

And I think again, being creative and how services are being provided, use this as an opportunity to kind of do things that maybe aren't traditional, that aren't scripted. I think that it's really important to look what leaders in the field are doing, but recognize that everyone has the power to kind of exert their own leadership, and to kind of be that. I think sometimes Some of the best ideas, and some of the best practices come out of the people who are kind of on the ground doing it.

Dr. Suganya Sockalingam

Thank you so much.

We are going to move into a question around the impacts that recent anti LGBTQ legislation is having on the behavioral health of clients, especially youth. And so, at this point, Myeshia, could you share with us a little bit about what The Trevor Project is seeing and doing in terms of the behavioral health impact based on the recent anti-LGBTQ legislation?

Dr. Myeshia Price

Absolutely. So right now, we're seeing over 200 anti-LGBTQ bills sweeping the nation. And it is a broad coordinated wave of anti-LGBTQ rhetoric and legislation, most of which is targeting transgender and non-binary youth and their families. And it's restricting their ability to play sports, receive life-saving gender-affirming medical care. And just plainly, restricting their ability to live and thrive. We know that these youth are listening and watching these debates over their very existence being held at the state legislature legislatures across the country. And it's impacting their mental health.

So, as you can see, a recent poll that was conducted with Morning Consult, found that 85% of transgender and non-binary youth and two-thirds of all LGBTQ youth say that these recent debates about state laws are protecting the rights of transgender people have negatively impacted their mental health.

Additionally, at The Trevor Project and our crisis services, we've been hearing from LGBTQ youth - and particularly trans youth - who are scared and worried about this wave of anti-LGBTQ legislation, and what it means for them.

Another layer to add to this is that a lot of these anti-LGBTQ bills will have a compounding negative impact on communities of color. And so, we know that that the bill in Florida has been sort of taglined as “Don't Say Gay Bill,” and that's gotten a lot of national outcry. But it's important to emphasize that there's several bills like this all across the country, and that they not only regulate and ban LGBTQ topics in schools and classrooms, but also discussions of topics related to systemic racism. So that if you've if you've been tuned in, some of the conversation about critical race theory and all that, they're just like packaging all of that in one big ‘if something is offensive, we're not going to talk about that school.’ Well, offensive to someone else.

The targeting in Texas the targeting of trans youth and their supportive families through child abuse investigations is incredibly disheartening. And so many of these…there's a lot, there are states who are showing their support and opening their doors to Texas families who are trying to get out of that situation.

There are obviously families, particularly LGBTQ, within the LGBTQ community, thinking my intersectionality and thinking about that not everybody can leave, not everybody can pick up and leave the state that they don't want to be in, because of social capital and resources to do so, or even not wanting to leave their family. And so it's important to be in these states and do what we can to impact the negative legislation that is happening in there.

Which gets into the next point. What can people do? It's important for people to educate themselves on these issues, and pay attention to what's happening in their own backyard. Learn so much more about your own state legislature, because sometimes these bills seem to just appear out of nowhere, and they have a lot of built-in, sort of hidden negative rhetoric that I think is important to pay attention to. And also paying attention to what you're elected representatives are doing, and if you don't agree, speak out. Organizations can also play a role in raising awareness to these issues, using by using their platforms, by activating the communities to stay aware and to take action if needed. We can talk about public health leaders and researchers also being able to use evidence and data to illustrate the harms of these bills and to point out all the role, actually, that's just to say that all of us can play a role in this. From a policy level all the way down to sort of the individual getting on the phones and calling your representatives.

Dr. Suganya Sockalingam

Thank you so much, Myeshia for giving us some ideas of how to address these discriminatory legislations in our own backyard. And that's so important for all of us to think about it, and to take action.

Judy, can you share what you've been seeing with your clients, and what it is that you all have been doing?

Judy Morrissey

Well, I mean, clearly, we've seen an increase in mood dysregulation, anxiety, fear, lack of social connection, or isolation, inattention. And, you know, when you think about that it can't be anything else but a trauma response. And so, as providers, we have to be able to try to treat this as a trauma. And for some people, maybe, leading to a complex trauma. So, I think, analyzing it from that lens, and being prepared to treat it as such.

I think also recognizing that, change as Myeshia stated, like, there are things that we can do as providers, one-on-one. But we can also help advocate in other ways and help empower the people we work with who feel resource, to do so, to create change. To bring allies in. Maybe this is, like partnering with other organizations, youth-oriented organizations, lobbying organizations, if possible. But, understanding that we're stronger together, and we can maybe create an impact in that way.

Dr. Suganya Sockalingam

Thank you so much. Thank you. So, thank you so much, all of you.

This has been such an incredibly insightful conversation. And we thank you so much for the time you've given to us. And your thought process as you've helped us understand this issue further. The work that you're doing in your communities is so important, and so meaningful at these very uncertain times.

So, before we end our question and answer and lightning ground question, Alina is going to share a couple of NNED resources with you. And again, thank you so much, the time has just flown.

Alina Taniuchi

Yeah, thank you all, and don't go anywhere folks they're coming right back.

So, I just wanted to share with you a couple of resources to stay connected with the NNED. So, we do welcome you to join the NNED - it's free, and I can't do multitasking super well, right now, but I will put the links in the chat.

Joining will also give you access to Partner Central, which is a database of community-based organizations. We have over 1,300 now doing great work and behavioral health across the country. So, it's a great place to search for additional partners that you might be able to

connect with around the service population that you have services provided and find some more resources there as well.

Another spot that we invite you to check out is the behavioral health funding opportunities page that we have, and that compiles, governmental, foundational, and local funding opportunities that your organization might be able to find additional funds to support your important work.

And then finally we encourage you to explore NNEDshare, as you've probably seen through the chat a few times. This is where we will include resources for this Virtual Roundtable, as well as future Virtual Roundtables and other innovative interventions and resources nationwide.

So, welcome you to check that out and if you do join the NNED, you'll get occasional prompts from us to engage with all of the resources, including those that I haven't had time to explore here today.

So, I'll pass it back over to you Suganya and the panelists to close us out.

Dr. Suganya Sockalingam

Okay, well, thank you, Alina, those are very, very useful resources. And I hope you'll be able to you know, sort of go into them and learn more and understand more about how we can provide culturally responsive and really trauma-informed, as Judy mentioned, services.

So, we are able to answer some questions right now. We have a little bit of time to be able to do that, and I think that Alina and Cheyenne were sort of looking at the Q&A section to see if there are any questions? Or if there are, and if you haven't already shared a question with us, feel free to share it on the chat as well.

So, any questions that we can explore right now, Alina?

Alina Taniuchi

Sure, we did have a few questions come in, and I think there might have been some that were answered as well through the from our wonderful panelists.

I was wondering, though, if we will, if we have a little extra time to go more into some of the strategies that you all are using in your communities. Specifically to work with and support the LGBTQ community…And there was a question earlier, not… I guess… it was that they are kind of in a space where there are not a whole lot of people who come from diverse communities who identify as LGBTQ but still wanting to provide services to that population so curious if folks have any possible solutions or strategies that that individual might employ?

Dr. Suganya Sockalingam
Yes,

Judy Morrissey
I can respond to just so I understand that the question about that there aren't very many LGBTQ people who are accessing services in the area? Or from a provider's perspective – like they don't have the resources?

Alina Taniuchi
I think it's more from the providers perspective.

Judy Morrissey
So, I think that that's a really great opportunity to again, collaborate. See if you can set up agreements with other agencies where there might be, a number of providers there. Maybe you can establish, a contract where you have someone on your staff for x number of hours a week. Again, with telehealth and again, you know that I know that there are certain regulations state to state with that, but you may be able to employ some really creative ways of increasing diversity among providers that way.

Dr. Suganya Sockalingam
We have a couple of questions. Let me take one that that is in the Q&A.

"Specifically seeking agencies and services for housing and behavioral health needs in the Phoenix area. I noticed that accessing resources seems to be a difficult thing for people in diverse populations. So, I am hoping you may be able, and are familiar with agencies to contact and that that have up-to-date resources."

So I don't know how familiar you all are with the Arizona area, and with Phoenix in particular, but if you have, and this you know, anything you share might be useful.

Richard Zaldivar
Can I…I just want to share something that I think really applies to the earlier question also. And that is talking about the Phoenix area. And you're looking for services. This is the opportunity to identify potential partners in the gay community who already have ongoing organizations or groups that may have information to assist. I also want…so that's my response to the phoenix question.

The other question, I just wanted to add that for those communities that want to provide services to our community but may not have enough clientele or consumers, well, what we also

strongly advise is looking to creating partnerships with friendly, supporting, church/faith-based institutions and even labor group - organizations like unions - who have social justice committees who may be able to assist in navigating and identifying our community, so that we can provide more services to them.

Dr. Suganya Sockalingam

Thank you.

Here's a question that is very interesting, “Do you have any recommendations for increasing the competencies of white/cis providers, so that they may better address the needs of BIPOC, LGBTQ, trans youth?”

Dr. Myeshia Price

I can… I can start with that one. I think one of the most important things is first of all to access resources; to get training to understand what those unique needs might be in the first place. I think that's the first, instead of making assumptions based on what you think it might be.

And also, in terms of the assumptions, I think directly talking to the people you're interested in, by directly asking. So, there's this sort of like thing where there's a lot of broadness to the conversation, but there's still some individual, unique things that that youth – in terms of their identity, in terms of how they present the identity, in terms of their needs and wants – and so, I think there's sort of like this broad like “Okay, I can have an understanding so, they don't feel like they have to educate me on the most basic aspects of this coming into it.” But then there's a more specific, and that has to come from the youth themselves. And I think that's likely starting out with like, this is where I have scaffolding back in my sort of developmental psych background, is sort of like.. this is where you…you may start here, and the youth is here, and getting yourself closer to them so they can then bring you to where they are…I think, is ideal in that situation, if that makes sense. So they're not feeling like they're going so far, in a way, to get to you that it's those just like another barrier.

Dr. Suganya Sockalingam

Thank you, Myeshia.

Angela, you've spoken about the importance of parents/adults as protective factors, wondering if you might be able to respond to this this question: “I'm a WGSS graduate and queer adult. I've read about and engaged with LGBT rhetoric that encourages LGBT youth that it gets better (i.e., adulthood will liberate them and provide community). I find that really underwhelming and misleading. I’m wondering if you have any better advice/resources for LGBT youth that provides solace for current moments of hopelessness?”

Dr. Angela Weeks

Thank you for this question and opportunity to respond to it.

So, what I would say is that we as a field are lacking family programming that is essential. We know that family support and information is a protective factor against many of the disparities and health outcomes that we see for young people. And most of the interventions that we come across are interventions that are targeted to youth, and focused on becoming independent of family. And so, I think there's a lack of family programming that's being offered in behavioral health settings, specifically around learning about LGBTQ identities and learning how to support and affirm their young person. So if you're a behavioral health provider, I really encourage you to look at some of the programs that may exist and have some good evidence and resources. And encourage you to bring some of that programming and services into your organization, because if we can provide the right resources for families and really work with them to help their understanding, and build their skill set, we can do a lot of good for LGBTQ young people.

So that would be my suggestion there, and I'll put a link in the chat for a place where you can find a list of programs for LGBTQ and their families.

Dr. Suganya Sockalingam

Thank you. That was very, very helpful. And yes, the resources in the chat would be also very helpful.

We still have a few more minutes. Our panelists did such a fantastic job of staying to the timelines that we shared with them. So, it opens up an opportunity for more questions, and also to any one of our panelists, if there's one thing that is really compelling and that is in your in your mind right now that you feel like you didn't get a chance to share, feel free to share that.

Dr. Angela Weeks

Can I just add one other thing?

Dr. Suganya Sockalingam

Yes.

Dr. Angela Weeks

We recently did some focus groups with young people across the country. And we asked them where their primary source of support was around their identities. And they said that it was their school's gender and sexuality alliances or GSAs. And then, when we asked them what was

talked about in that space, none of it was around families/family support/family rejection and acceptance. And the primary reason given for this was that the groups are led and facilitated by young people. So, of course, right there, they're focused on things around school, and they actively avoid conversations around families because it's very difficult subject for many. And then it's important for us to consider where are young people accessing their support currently? And what is happening in those spaces.

Dr. Suganya Sockalingam

Thank you that's really good to know. Other questions? Other thoughts?

Well, I think maybe this next round would be also helpful and might sort of create other thoughts in people's mind. And that is, we are going to move to the lightning round.

And we'll open up, and our question to all of you - the panelist - is, what are you hoping participants will feel empowered to do with the information they've received today?

There's been so much incredible information and resources that you've all offered. So, if there's one thing people can walk away with and feel empowered to do, and I have a good colleague who says, “what can you do by next Wednesday?” You know, just to put a time on it, what would you what would you be able to share?

So, Richard, Myeshia, Judy, Angela? So, it'll start with Richard

Richard Zalvidar

Thank you. You know, I am so empowered by today's event. And I am overwhelmed looking at the messages in the chat room.

I think I'm hoping that folks, the participants in this webinar today walk away with a sense…one is that there are people in the field that are working towards solutions. But that doesn't take away what you're doing in your practice, in your organization, in your community. You're working towards solutions too. And there's no such thing as right or wrong ways to address these issues. There's only one way when you come from a sense of love and compassion, that you have a willingness to serve in find solutions to the challenges that we come across all the time, you are the leaders. The people out there in this room are the leaders.

And to know that we are one community here on this webinar, and in the world, we're here available to assist you. But many of you already have those answers. So I just wanted to tell everybody out that that I can't see on my screen: kudos to you congratulations on the work that you do. And together let's talk some more and figure out how we can serve our community a little bit better.

Dr. Suganya Sockalingam

Thank you, Richard. Myeshia?

Dr. Myeshia Price

Yeah, that was amazing, Richard.

I would say that, addressing the disparities experienced by racially and ethnically diverse LGBTQ young people happens at the micro-level. And anyone can play a part in that. Everyone should play a part in that.

One of the things that I like to say after I present folks with a lot of negative statistics, a lot of "downs," a lot of statistics that can leave you feeling kind of down. Is that one of the things we do find in our research is that having at least one accepting adult can reduce the risk of a suicide attempt to among LGBTQ youth by 40%. And so, that's as simple as telling the young the LGBTQ young people in your life that you support them, you accept them, you're there you're there for them for who they are. And that each one of us can be that one accepting adult for them. And I often think about what the world would be like if everyone was striving to be that one accepting adult for LGBTQ youth.

Dr. Suganya Sockalingam

Thank you, Myeshia. Thank you so much for reminding us of that, being that one accepting adult. It makes me think that I need to… that is something I can definitely do in this next week. And maybe to more than one to one person, but to several others who might want an accepting adult. Thank you again.

Judy?

Judy Morrissey

Well, this panel has me inspired, for sure. And I really appreciate everything that has been shared so far.

I think that I just want to leave folks with the idea that it's possible to transform systems. And, I think that oftentimes we get caught up in concepts like cost and other obstacles to change the way we do things. And I think if the last two years have taught us anything, we can really be creative with how we do things. And so, I hope that folks leave feeling inspired to transform how they're currently doing things, and know that change is possible.

Dr. Suganya Sockalingam

Thank you, Judy. You're absolutely right. Change is always possible. Angela?

Dr. Angela Weeks

So I would say that I think if we all stay curious, that can be really powerful. And a lot of resources have been shared in today's slides, and as folks talked about their organizations, and in the chat. So, you know, I think folks if we're looking for things they can do in the next week, I think, be curious. Check out some of those resources, and, you know, sign up for some more opportunities.

Dr. Suganya Sockalingam

Thank you. Yes, being curious, I think it is such an important aspect of all the work we need to do. There's one question that is around funding, and I thought that we have just maybe 2 minutes. But it's what it says here is "South Florida organizations that are led by and are LGBT communities of color are rarely funded and struggled to even exist. Funding is centered around major, well-funded white LGBTQ+ organizations and resources do not get to the LGBTQ communities of color. How do we use, how do we combat this? We are currently forming a coalition."

Any thoughts on this? Angela, since you work with the coalition, with the center, it might be… and maybe Myeshia, if one of you could respond to that?

Dr. Angela Weeks

So, I can, for some validation for that frustration. I think, what we see getting funded fluctuates, and is a little bit of a moving target.

I will say that I see, increasing opportunities for projects and organizations that are looking at groups within groups, and really focused on intersectionality, and on serving communities of color that are LGBTQ. So probably the best thing I could offer is if you were to get in touch with our Center of Excellence, we can do a little of searching on your behalf and see what is currently available and try to make some good connections for you.

Dr. Suganya Sockalingam

Thank you. Thank you for that offer, Angela. I think we are at the end of our time, and I want to really thank all of you. You've been an incredible panel. and the information you've shared has been really, truly meaningful to everyone who's participated in today's webinar.

So, thank you. I'm going to now turn it over to Cheyenne.

Chyenne Mallinson

Thank you. And thank you to our panelists for leaving us on the uplifting note and thanks for the important work that you're doing to support racially and ethnically diverse LGBTQ communities across the country.

On behalf of the SAMHSA Office of Behavioral Health Equity and the National Facilitation Center, we want to acknowledge and thank the Center of Excellence for LGBTQ+ Behavioral Health Equity for their partnership on today's virtual roundtable.

You can find resources related to this webinar and the recording on net share at the link in the chat. As a reminder, we invite you to join the NNED for future learning opportunities and events. Please provide your input on this event and help us plan for the future net offerings by filling out the feedback survey that you see on the screen.

And we want to thank all of you, the participants, for contributing so actively to the conversation through your questions and in the chat box, and we hope that you're able to take away some useful strategies to bring back to your own communities. Thank you to all of the participants, the speakers, the NNED members and communities for joining us today, and we wish you a great rest of the day.

Thank you all.

Richard Zalvidar

Thank you.

Suganya

Thank you Everyone.

Dr. Mary Roary

Thank you.

Judy Morrissey

Thanks everybody.