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Supporting LGBTQ+ Youth

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This brief is part of a series that provides the current context, key data, and recommendations to support LGBTQ+ youth. The data highlights that LGBTQ+ youth in Indiana continue to face complex barriers, such as stigma, victimization, bias, and rejection, leading to poor outcomes. **Given the landscape, LGBTQ+ youth need youth serving professionals, advocates, and mentors more than ever.**

LGBTQ+ Youth's Mental and Physical Health

Mental Health

Many in the LGBTQ+ community face discrimination, prejudice, denial of civil and human rights, harassment and family rejection, which can lead to new or worsened mental health symptoms, particularly for those with intersecting racial or socioeconomic identities.[1] Members of the LGBTQ+ community are at higher risk for experiencing mental health conditions like anxiety and depression disorders. 54% of LGBTQ+ youth, 61% of transgender youth and 61% of questioning youth are battling symptoms of depression, compared to 29% of non-LGBTQ+ youth. [2] Symptoms of depression for LGBTQ+ youth are also closely linked to their experiences in schools, at home and in their communities. Many LGBTQ+ teens have contemplated suicide and made plans to take their own life. As a result, far too many LGBTQ+ teens have attempted suicide and at rates significantly higher than non-LGBTQ+ teens.[3] In addition to these mental health conditions, the negative experiences of LGBTQ+ youth can contribute to substance use. LGBTQ+ teens. LGBTQ+ youth of color and transgender youth, are at a higher risk of substance use compared to their non-LGBTQ+ peers.[4]

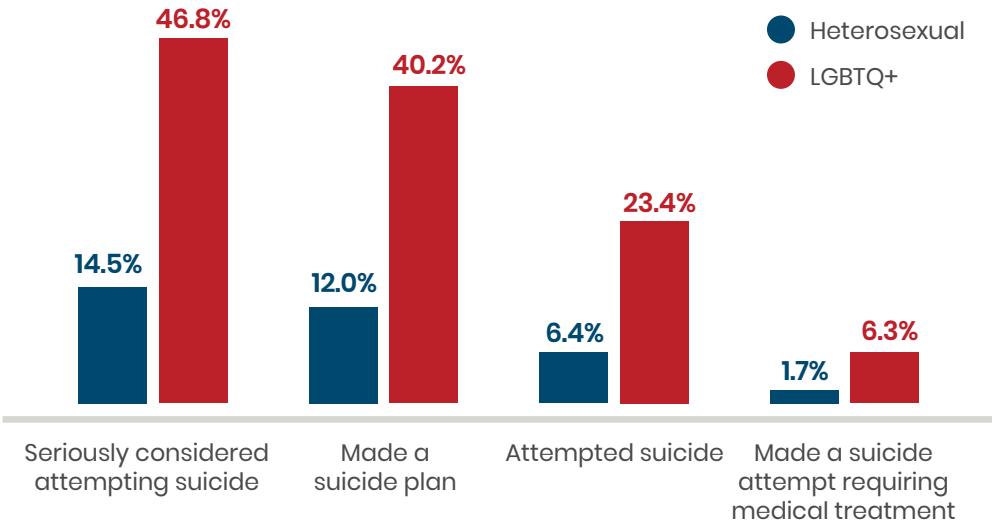
Access to mental health care is vital to address the challenges of the LGBTQ+ community members face regarding their health. More than half (54%) of LGBTQ+ youth who reported wanting mental health care in the past year did not receive it.[5] Although challenges are evident across the community, there are variations based on race and ethnicity. Black (62%), Latinx (62%), and Asian American/Pacific Islander (60%) LGBTQ+ youth reported significantly higher levels of not receiving the mental health care they desired than LGBTQ+ youth who were White (53%), American Indian/Alaskan Native (53%), Two or more races (55%).[6] Common barriers to receiving mental health care among LGBTQ+ youth include affordability, parental or caregiver consent, concerns around being outed, and previous negative experiences seeking mental health care.

Nearly 2x as many LGBTQ+ youth are battling symptoms of depression, compared to non-LGBTQ+ peers.

What the data show:

- 35% of LGBTQ+ youth nationally, 45% of transgender youth and 40% of questioning youth have seriously considered attempting suicide, compared to 13% of non-LGBTQ+ youth.
- 31% of LGBTQ+ youth, 43% of transgender youth and 42% of questioning youth have made plans about how they would attempt suicide, compared to 10% of their non-LGBTQ+ peers.
- 22% of LGBTQ+ youth, 29% of transgender youth and 32% of questioning youth and 27% of LGBTQ+ youth of color have attempted suicide, compared to 5% of non-LGBTQ+ youth.[7]

Suicide Indicators by Sexual Identity, United States: 2019



Source: Centers for Disease Control and Prevention

- Nationally, youth who identify as lesbian, gay, or bisexual are more likely to consider attempting suicide than their heterosexual peers. In 2019, 46.8% of lesbian, gay, or bisexual youth considered attempting suicide versus 14.5% of heterosexual youth.
- Lesbian, gay, or bisexual youth across the nation had the highest percentage of youth who made a plan about how they would attempt suicide. 40.2% of lesbian, gay, or bisexual youth reported making a plan versus 23.9% of youth who were unsure about their sexual identity, and 12.1% of homosexual youth.[8]
- 42% of LGBTQ+ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth (52%).
- 27% of youth who attempted suicide reported undergoing conversion therapy, compared to 12% of youth who did not undergo conversion therapy.
- Nationally, nearly half of LGBTQ+ youth (48%) have wanted counseling from a mental health professional in the past year but did not receive it.[9]

Physical Health

Lesbian, gay, bisexual, transgender, and queer individuals often face challenges and barriers to accessing needed health services and, as a result, can experience worse health outcomes. These challenges can include stigma, discrimination, violence, and rejection by families and communities.[10] LGBTQ+ youth may find it difficult to share their sexual identities with their physicians and nurses due to fear of judgment discrimination, and stigmatization.[11] Transgender youth, in particular, face more barriers to accessing healthcare services than their cisgender peers. These barriers include experiencing physical/verbal abuse by other clients and staff; requirements to wear clothing based on their sex rather than their identified gender; and requirements to shower/sleep in areas based on their sex rather than their identified gender. Providers with culturally and linguistically competent practices can improve the quality of care for transgender youth and address these barriers.[12]

What the data show:

- About 3 in 10 LGBTQ+ Americans faced difficulties last year accessing necessary medical care due to cost issues.
- About 15% of LGBTQ+ individuals nationally postponed or avoided medical treatment due to discrimination.[13]
- 25% of transgender individuals nationally experienced a problem with their insurance in the past year, such as being denied coverage for care related to gender transition. In Indiana, the percentage of transgender individuals experiencing a problem with health insurance is four percentage points lower than the national average (21%).
- 33% of transgender individuals nationally and 31% of transgender individuals in Indiana indicated those who have seen a health care provider in the past year shared they had one negative experience related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.
- In Indiana, 16% of transgender individuals did not see a doctor when they needed to because of fear of being mistreated as a transgender person.[14]

Presently, Indiana does not have a law that protects LGBTQ+ individuals from discrimination in private insurance. Insurance nondiscrimination laws and policies protect LGBTQ+ people from being unfairly denied health insurance coverage or from being unfairly excluded from coverage for certain health care procedures on the basis of sexual

16% of Hoosier transgender individuals did not see a doctor when they needed to because of fear of being mistreated.

orientation or gender identity.[15] While Indiana does not have an explicit state Medicaid policy regarding transgender health coverage, transgender people may still be able to access transgender-inclusive coverage or benefits. However, when states have no explicit policy, transgender people are more likely to report obstacles to receiving care, including being denied needed care. [16] Addressing nondiscrimination with private health insurance and establishing a Medicaid policy that explicitly related to healthcare for transgender individuals are examples of policies Indiana can implement to increase access to health care for LGBTQ+ individuals of all ages.

LGBTQ+ Related Healthcare Laws and Policies, Indiana: 2021

Laws	Sexual Orientation	Gender Identity
Private Health Insurance Nondiscrimination Laws	No existing law or policy	No existing law or policy
Ban on Best Practice Medical Care for Transgender Youth	Enumeration not applicable	No existing law or policy
Health Insurance Providers Banned from Excluding Coverage for Transgender-Specific Care	Enumeration not applicable	No existing law or policy
State Medicaid Policy Related to Coverage for Transgender People	Enumeration not applicable	No existing law or policy
Transgender Inclusive Health benefits for State Employees	Enumeration not applicable	Existing state law or policy
Data Collection for LGBTQ+ Youth	Existing state law or policy	No existing law or policy

Source: Movement Advancement Project

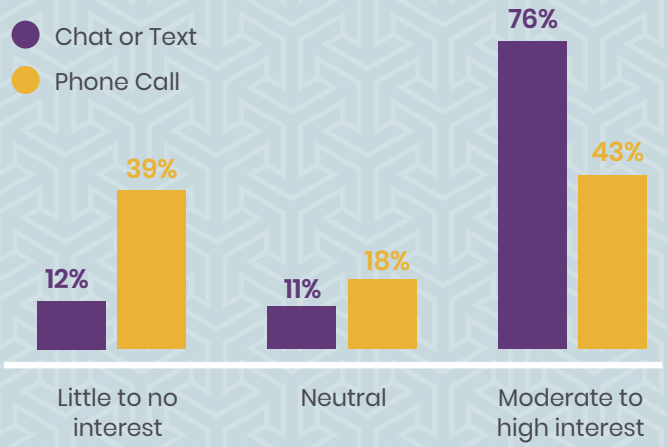
LEVERAGING THE DATA

Locally

- **Improve cultural competencies of mental health providers:** Ongoing professional development for mental health professionals can specifically focus on addressing LGBTQ-stigma, as well as other converging demographics (e.g., race and ethnicity, socioeconomic background, and immigration status). LGBTQ-specific barriers to mental health access include concerns around being outed, not having their LGBTQ+ identity understood, focusing primarily on their LGBTQ+ identity, and not finding a provider who was LGBTQ+. Strategies to increase cultural competency can include hiring specifically for individuals with professional expertise, providing funding initiatives to recruit more diverse candidates, and engaging in collaborations with experts in the community, including those with lived experience. Furthermore, provided education programs should ensure that cultural competence training includes examining and challenging personal biases and understanding the role biases and oppression play in forming and exacerbating the mental health concerns that bring an individual to therapy. Without this increased focus, provider bias and discomfort discussing topics around marginalized identities negatively impact rapport building and clinical outcomes.[17]
- **Integrate technology to improve access to mental healthcare:** In the past year, 20% of LGBTQ+ youth were unable to receive the care they desired due to the inability to arrange transportation for appointments, and 10% reported there were not services located close enough to them. Additionally, LGBTQ+ youth have described geographical challenges, as well as anxiety related to leaving their home and meeting new people kept them from receiving care.[18] Telehealth provides efficient and cost-effective means for delivering and accessing quality health care.[19] Understanding that there is a need for real-time and online interactions with mental health providers to address the mental health needs of LGBTQ+ youth, the expansion of tele-mental health would ensure that quality care for LGBTQ+ youth is available at the youth's convenience and is not limited to only areas saturated with mental health

providers. Having different modalities of delivery allow for great flexibility in youth choice and also provide lower-cost options. The purpose of virtual learning platforms, like those used during COVID-19, could be expanded beyond promoting traditional education to provide psychoeducation and skills-based learning related to addressing symptoms of anxiety and depression.[20]

Preference of LGBTQ+ Youth For Crisis Outreach, United States: 2019



Source: The Trevor Project

- **End stigma and reduced fears in asking for help:** Stigma often comes from lack of understanding or fear. Inaccurate or misleading media representations of mental illness contribute to both of those factors. Effects of stigma can include loss of hope, lower self-esteem, increased psychiatric symptoms, and difficulties with social relationships. Stigma can lead to other harmful effects, like reluctance to seek help or treatment, social isolation, bullying, or harassment.[21] Mental health stigma is a barrier preventing many LGBTQ+ youth from being able to ask for help. A review of studies on stigma shows that while the public may accept the medical or genetic nature of a mental health disorder and the need for treatment, many people still have a negative view of those with mental illness.[22] Some LGBTQ+ youth have used words like "embarrassed," "ashamed," and "weakness" as reasons for not receiving desired mental health care.[23] Stigma and discrimination can contribute to worsening psychiatric symptoms and reduced likelihood of getting treatment. A recent extensive review of research found that self-stigma leads to negative effects on recovery among people diagnosed with severe mental illnesses.[24] Expanding existing campaigns and developing mental health campaigns to address concerns of LGBTQ+ youth would address the stigma barrier.[25]

Statewide

- **Increase access to and awareness of crisis lines with LGBTQ+ focus:** Crisis lines typically provide services to people in the community and those with suicidal ideation. Crisis lines offer non-judgmental and confidential emotional support in times of personal crisis when individuals may feel unable to cope with the challenges in their lives.[26] Mental health hotlines provide trained, unbiased volunteers and mental health professionals who offer empathy and defuse crisis situations. 76% of cisgender and 88% of transgender and nonbinary youth say a focus on LGBTQ+ youth would be important if they needed to use a crisis line. As indicated by LGBTQ+ youth, features of a crisis line they'd find important are 24/7 availability, texting capabilities, focuses on LGBTQ+ youth, and web-chat features.[27] In an external evaluation of the Trevor Project's crisis services, over 90% of youth with suicide risk during their interaction with the Trevor Project were successfully de-escalated. Thus, illustrating how crisis hotlines can effectively meet the need of those seeking support. The confidential services offered by crisis lines may help overcome the barrier of stigma surrounding suicide and mental health problems that could prevent a person from seeking help in other ways.[28]

Crisis lines for LGBTQ+ Youth and Families

- The **Trevor Lifeline** is the only nationwide, around-the-clock crisis and suicide prevention lifeline for LGBTQ+ youth. The Trevor Lifeline is a free and confidential service that offers hope and someone to talk to, 24/7. For safe and judgment-free place to talk, call the Trevor Lifeline at 1-866-488-7386.
- The **Be Well Crisis Helpline** is specific to Indiana. Run through the Indiana Division of Mental Health and Addiction (DMHA this resources offers free, confidential support is available. Call 211 to speak with a trained counselor 24/7. To be connected to a crisis counselor, call 211 and enter your ZIP code, then follow the prompts and select number 3 for the Be Well Crisis Helpline.

- **Restrict state and federal funding of conversion therapy:** "Conversion therapy" refers to any form of intervention that attempts to change a person's sexual orientation or behaviors or gender identity. Techniques can include electric shock, deprivation of food and liquids, and hypnosis. "Conversion therapy" is based on the belief that homosexuality is a mental illness that needs to be cured, a belief that has been found to be scientifically invalid in the medical community. These processes can cause long-term harm and psychological distress, including depression, anxiety, lowered self-esteem, and self-blame. Some participants report feeling social and interpersonal harms like alienation, loneliness, loss of social supports, and social isolation.[29] The research, clinical expertise, and expert consensus make it clear that "conversion therapy" efforts to change a child's or adolescent's gender identity, gender expression, or sexual orientation are not an appropriate therapeutic intervention.[30] As such, medical organizations across the country, like the American Medical Association, have issued statements clearly detailing the negative effects of this "therapy" method and their opposition to this "therapy."[31] In the states like Indiana that currently do

not ban "conversion therapy," about 20,000 LGBTQ+ youth ages 13 to 17 will receive "conversion therapy" from a licensed healthcare professional by the time they turn 18.[32] When LGBTQ+ youth who were subjected to "conversion therapy" reported more than twice the rate of attempting suicide in the past year compared to those who were not (27% versus 12%, respectively), the detrimental mental health implications of "conversion therapy" are clear.[33] Indiana can join its neighboring state, Michigan, in banning government funds for "conversion therapy." Restricting said funds would acknowledge and adhere to the advice of the medical community and illustrate the tangible support for the health of LGBTQ+ Hoosier youth.

- **Prioritize local decision making around health decisions to be among families, youth, and physicians:** Appropriate therapeutic approaches to working with sexual and gender minority youth include providing accurate information on the development of sexual orientation and gender identity and expression, increasing family and school support, and reducing family, community, and social rejection of sexual and gender minority children and adolescents. Social transition and medical interventions, including pubertal suppression and hormone therapy, are additional therapeutic approaches that are appropriate for some gender minority youth. Healthcare experts have determined that careful evaluation, developmentally appropriate informed consent of youth and their families, and a weighing of potential risks and benefits are vital when considering interventions with gender minority youth. Two key strategies that can help prevent adverse outcomes and support the healthy development for LGBTQ+ youth are

    1. A strong and positive family and community engagement and appropriate, and
    2. Supportive therapeutic interventions by health and behavioral healthcare providers.

  Therefore, any and all health decisions pertaining to LGBTQ+ youth should consist of the youth, their family, and their healthcare provider.[34]

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