


OUR HEALTH MATTERS

MENTAL HEALTH, RISK, AND RESILIENCE AMONG LGBTQ
YOUTH OF COLOR WHO LIVE, WORK, OR PLAY IN BOSTON



 THE FENWAY INSTITUTE

OUR HEALTH MATTERS:

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EXECUTIVE SUMMARY

Throughout the United States of America, lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth experience high rates of victimization, suicidality, substance abuse, homelessness, and HIV infection compared to heterosexual youth. Among LGBTQ youth, the risks that contribute to health disparity conditions disproportionately affect youth of color in Greater Boston. Many are mistreated at home and school. Some have access to supportive programs, while others lack knowledge or awareness of a small number of programs designed to provide needed support. In 2012, The Fenway Institute received a research grant from the National Institute for Minority Health and Health Disparities (NIMHD) to study these concerns among LGBTQ youth of color in Greater Boston.

A partnership of The Fenway Institute, BAGLY Inc., and Boston GLASS was formed to gather information about the health concerns of LGBTQ youth of color and strategies to improve their health. With guidance from youth and adult community advisory boards, the research partnership developed and implemented a survey to explore these concerns within Greater Boston. Between February and August 2014, over 300 youth 13 to 25 years of age completed the survey, with a final sample of 294 LGBTQ youth of color. Most (55%) participants were recruited during regular programming at community-based LGBTQ youth programs or from Youth Pride (40%).

KEY FINDINGS

- Over forty percent of youth reported symptoms of depression and/or anxiety and nearly one in five youth attempted suicide within the prior 12 months.
- Half of the sample reported binge-drinking and half reported marijuana use in the past 30 days. More than one in 10 youth reported any lifetime methamphetamine use.
- Child maltreatment, discrimination, and food insecurity were prevalent and are correlated with poor mental health and substance misuse.
- Racial-ethnic pride, LGBTQ pride, and hope for the future were prevalent and are protective factors.
- About three-quarters of the sample had attended one or more LGBTQ youth programs in the prior 30 days and reported having opportunities to develop leadership skills and/or to make a positive difference in the community. However, just over half reported having paid jobs or internships.

RECOMMENDATIONS

- Address “upstream” factors at the root of health disparities that affect LGBTQ youth of color -- including racism, poverty, LGBTQ stigma, discrimination, victimization, and minority stress -- and include youth as active partners in developing strategies to improve the health and social conditions of their lives.
- Provide paid opportunities for LGBTQ youth of color to engage in program development and delivery, research, and policy analysis and advocacy, in conjunction with support and on-going training to enable sustained success and continued growth.
- Ensure that culturally-competent and affirming mental health and substance use prevention and treatment services are available to all youth who need them.
- Support collaborative, participatory approaches to research that value science and practice, as well as adult and youth partnerships.
- Monitor the health of LGBTQ youth of color in high school and beyond by including questions on assigned sex at birth, gender identity, and sexual orientation in all surveillance systems and over-sampling racial-ethnic and sexual and gender minorities.

INTRODUCTION



As noted by the Institute of Medicine in its landmark 2011 report, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*, evidence of health disparities that disfavor lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth is quickly mounting. However, appropriate interventions are lacking. LGBTQ youth have high rates of victimization, suicidality, substance abuse, homelessness, and HIV infection compared to heterosexual youth. Among LGBTQ youth, the risks that contribute to health disparity conditions disproportionately affect youth of color; LGBTQ youth of color are exposed to LGBTQ-related stressors (LGBTQ-related violence, family rejection, discrimination), as well as racial-ethnic minority stressors (race-related discrimination, community violence) and overrepresentation in low-income families and low opportunity neighborhoods.

The community survey that generated the findings summarized in this report was a product of a community-based participatory research (CBPR) project designed to address the lack of prior scientific efforts to develop evidence-based interventions to reduce health disparities that impact this highly marginalized population--a critical barrier in the field. Our three-year NIMHD-funded CBPR project entailed prioritizing a health priority condition and developing a pilot intervention to address it. During a review of local epidemiological data with the project's two community advisory boards, or CABs (representing youth-serving organizations and youth themselves), grossly elevated rates of suicidality among LGB youth of color surveyed in Massachusetts high schools emerged as a significant concern. (Youth of color refers to black, Latino/a, Asian Pacific Islander, American Indian, and multiracial youth.)

Our CABs were also concerned about high rates of HIV infection among young gay and bisexual men and transgender women of color who have sex with men; however, because most public health resources directed toward LGBTQ youth of color focus on sexual risk, the need to address mental health emerged as a clear priority. The CABs also felt that mental health was an upstream factor driving sexual risk, as well as many other health behaviors of concern (e.g., smoking, substance abuse), and that prioritizing mental health would most benefit LGBTQ youth of color and result in cost-effective positive effects across multiple domains of health. Gaps in local (as well as state and national) data about the mental health status of LGBTQ youth of color, as well as associated risk and protective factors, were noted by our CABs as a barrier to selecting a priority mental health outcome and determining how to address it. In order to address these gaps, the project team and CABs developed a community survey that was informed by Minority Stress Theory and prioritized Positive Youth Development constructs.

METHODS

A cross-sectional survey was conducted between February and August 2014 to address local data gaps about LGBTQ youth of color, specifically, gaps in knowledge about transgender youth, 19-25 year olds, Asian and Pacific Islander (API) youth, and out of school youth—groups of youth whose needs are not captured by the high-school-based Boston Youth Risk Behavior Surveillance Survey due to their relatively small numbers or other factors, like not being of high school age. Our community survey was anonymous and included self-report measures of mental health and substance use, minority stressors, Positive Youth Development constructs, and demographic and socioeconomic characteristics. Measures with good psychometric properties or items from health surveillance surveys were used when possible. The survey was pilot tested with LGBTQ youth and young adults of color and revised in response to feedback obtained.

Our survey recruitment plan utilized a combination of venue-based recruitment and respondent driven sampling, as these methods have been shown to be effective in recruiting hard-to-reach populations. Recruitment also took place at large gatherings organized by



our partner organizations such as a large annual youth dance, the annual Massachusetts Youth Pride festival, and events organized to attract specific groups of youth (e.g., API youth, cisgender young women of color). We partnered with organizations on our CAB, as well as other prominent organizations that serve LGBTQ youth of color to spread awareness about our survey in the community, and engaged Youth CAB members in this work as field assistants. Youth CAB members were trained in research ethics basics and our survey protocol in order to prepare them for helping with recruitment.

The survey was distributed by project staff and youth field assistants and took approx-

imately 20 to 30 minutes to complete. Participants received a \$20 gift card and resource list upon completing the survey. Waivers of written assent/consent and parental consent were obtained from the Fenway Health Institutional Review Board which provided oversight for this project.

Over 300 youth ages 13 to 25 completed the survey. Most participants were recruited during regular programming at community-based LGBTQ youth programs (55%) or from Youth Pride (40%). The remainder was recruited from events organized to attract specific groups of youth to community-based youth programs (4%) or through respondent-driven sampling (1%). Our final sample is 294 LGBTQ youth of color after excluding youth who did not meet eligibility criteria (i.e., heterosexual and cisgender youth, as well as white, non-Hispanic youth). The analysis was conducted by the project team. Missing data were less than 10% per survey item unless otherwise noted.

In keeping with our community-based participatory research model, we held two presentation and feedback sessions with LGBTQ youth of color. The purpose of these sessions was to solicit youth comments on our survey findings as well as recommendations for how the findings could be translated into action. Youth comments and recommendations are integrated throughout this report and are highlighted in large pink text.





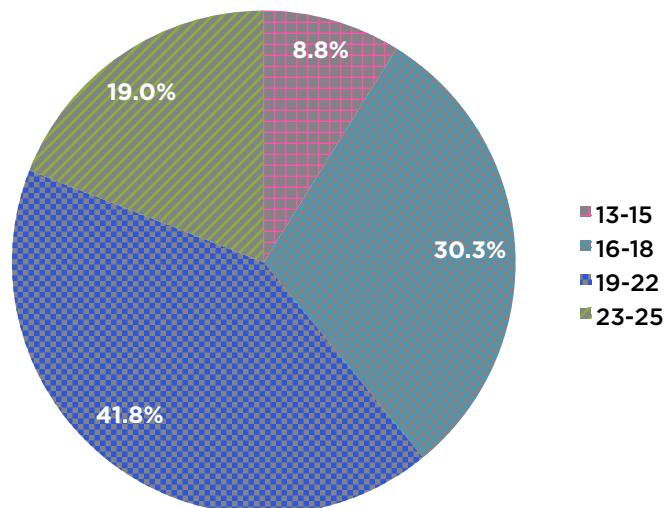
FINDINGS

DEMOGRAPHIC CHARACTERISTICS



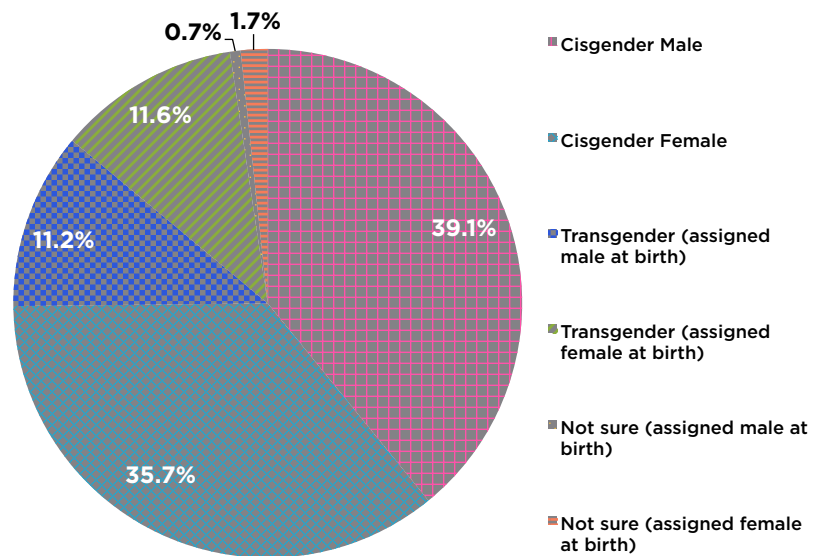
- The majority of youth reported a Boston residence, while 43.1% lived outside of Boston. Youth from every Boston neighborhood were included in our sample; one in five participants lived in Dorchester.
- Nearly two-fifths (39.1%) of participants were 13-18 years of age while the remainder (60.9%) were 19 to 25.

Age



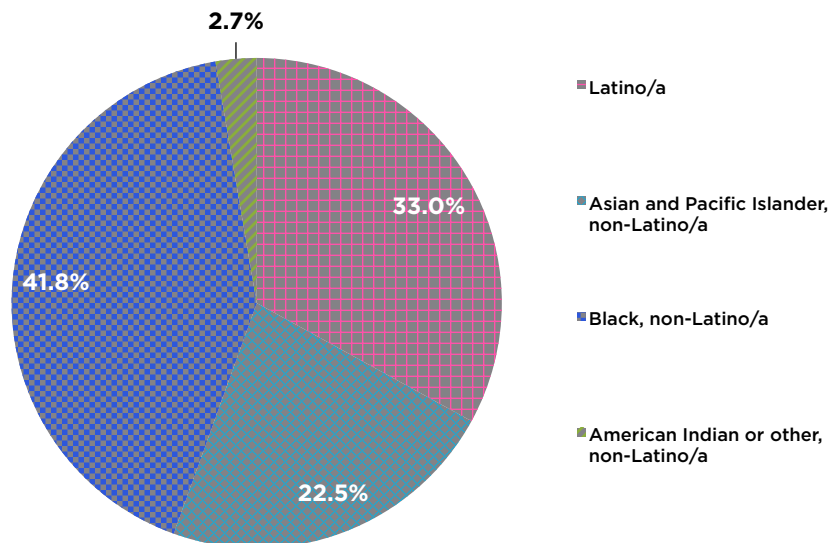
- About half (51.0%) of youth reported male sex assigned at birth and 49.0% reported female sex assigned at birth. A total of 25.2% of participants reported a current gender identity that was not fully concordant with their assigned sex at birth, including a few who were uncertain of their gender identity – together, these youth were considered transgender.

Sex & Gender Identity



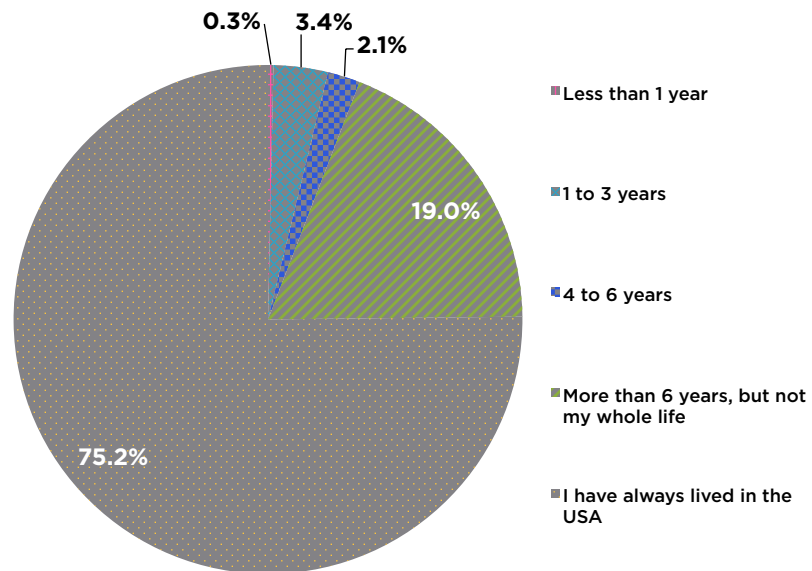
- A third (33.0%) of youth identified as Latino/a or Hispanic. Among the nonHispanic youth, 22.5% were Asian, Native Hawaiian or Pacific Islander, 41.8% were black, and the remainder (2.7%) was American Indian or other.

Race/Ethnicity



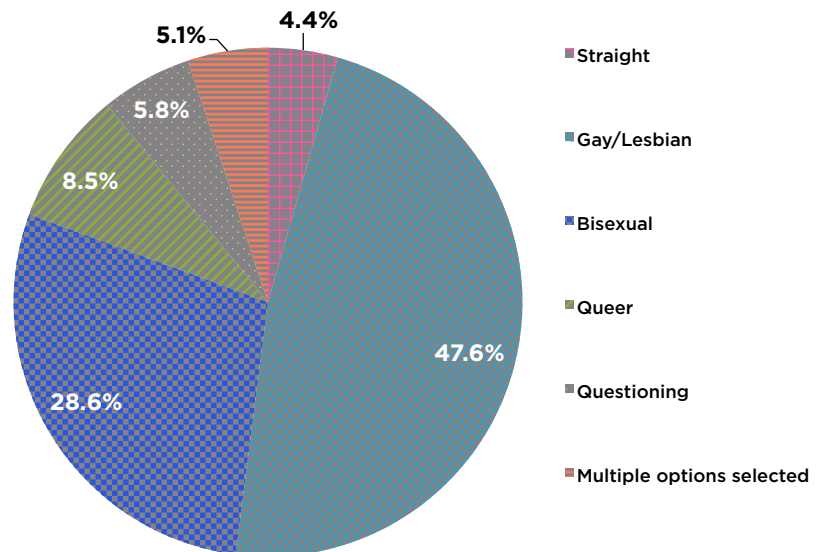
- The majority (75.2%) of participants indicated that they have always lived in the U.S., while a sizable minority reported having lived elsewhere (19.0% lived in the U.S. for over 6 years and 4.9% lived in the U.S. for 6 years or fewer.)

Length of Time Lived in the U.S.



- Nearly half (47.6%) of the sample identified as gay or lesbian, about a third (28.6%) were bisexual-identified. Youth who identified as queer, questioning, or heterosexual/straight comprised 8.5%, 5.8%, and 4.4% of the sample, respectively. Five percent of youth in our sample selected multiple options for sexual orientation.

Sexual Orientation



SOCIOECONOMIC STATUS

- Approximately one third (34.6%) of youth were in middle or high school when they completed the survey. The remainder of our sample was diverse in terms of current educational status. A sizable minority was in college part- (7.0%) or full-time (15.7%) or had graduated high school (14%). Some youth had completed either an associate's (2.1%) or bachelor's degree (7%).
- Over one in ten (13.7%) participants could be considered "out of school" youth in that they had dropped out of middle or high school, completed a terminal GED, or were engaged in a GED program.
- Over half of youth were engaged in paid work, one third (32.7%) was unemployed and some (10.5%) were volunteering or working as unpaid interns.
- Few (1.0%) youth reported work in the street economy (drug sales or sex work); however, 15.7% reported exchanging sex for a place to sleep, money, food, drugs or other resources in the prior 3 months.
- Just over half of participants (51.1%) reported sleeping at home with parents/guardians or relatives in the past 30 days, while about one-fourth (27.5%) reported living in a place that they rent or in campus housing. A sizable minority (15.5%) reported an unstable housing arrangement (multiple places, a friend's place, shelter, car or park) and 6.0% reported sleeping someplace else.
- Youth varied considerably in terms of their level of financial dependence on parents/guardians. Over a quarter (27.5%) were completely independent of parents/guardians while nearly a third (30.6%) were mostly or completely dependent.
- Many (52.6%) youth reported current receipt of public benefits/governmental assistance, including MassHealth insurance, food stamps (SNAP), public housing, Section 8 or rent vouchers, or Supplemental Security Income (SSI). According to participants, a comparable proportion (53.9%) of parents/guardians also utilized public benefits/governmental assistance.
- More than two out of every five youth in the sample reported food insecurity in the prior 12 months, with 30.9% reporting cutting the size of meals or skipping meals because there wasn't enough money for food either some months or almost every month.

“When youth in general turn 18, they get pushed out of home and are not given what they need to survive. I live in a shelter. There are a dozen youth living there. There should be a separate list for housing for youth. Lots of LGBTQ youth living are in shelters because their parents don’t accept them.”

Youth expressed a general sense of frustration with job requirements. One said,

**“You need experience to get a job,
but you need a job to get experience.”**

A young transgender woman shared an experience trying to get a job,

“I applied for a job at the supermarket and the guy said we’ll hire you, but you need to cut your hair.”

Neighborhood gentrification and rising housing costs were also discussed during feedback sessions. One youth told us that a Bay Village school she went to was closed and eventually converted to luxury apartments, with 2 bedroom units being offered for \$7,000/per month.

Youth felt that an increased minimum wage was necessary to help struggling LGBTQ youth survive. One youth commented,

“Rents in Boston are too high. This is unfair—Boston is one of the biggest cities with the lowest minimum wage you can have. You have to work up to \$9 an hour....”

The socioeconomic status of younger youth (ages 13 to 18) and older youth (19 to 25) was expected to vary. Thus, socioeconomic status indicators were examined separately by age. As shown in the table below, younger LGBTQ youth of color were more likely to be in-school, unemployed, living at home with a parent/caregiver, and financially dependent on parents/caregivers. Older youth (ages 19 to 25) were more likely to be working full-time, in college, to live independently, and to be more financially independent of parents/caregivers. Food insecurity and sex-exchange was more common among older youth; however, they were less likely to report their own use of public benefits/governmental assistance than younger youth.

SOCIOECONOMIC STATUS OF OUR HEALTH MATTERS COMMUNITY SURVEY PARTICIPANTS BY AGE

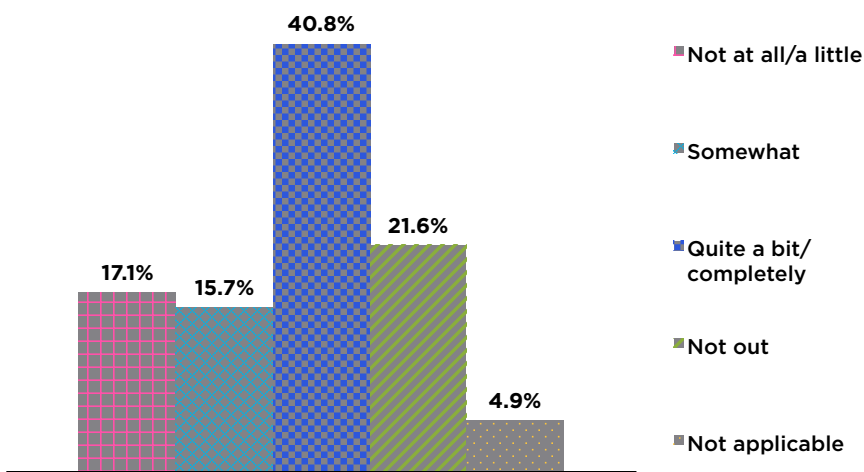
	Full sample (N=294)		13-18 years old (n=115)		19-25 years old (n=179)		Chi-square p-value*
	n	%	n	%	n	%	
Educational Status							p<0.0001
In middle or high school	99	34.6	87	77.7	12	6.9	
Dropped out of middle or high school	14	4.9	4	3.6	10	5.8	
Graduated high school	40	14.0	7	6.3	33	19.0	
Completed GED	17	6.0	4	3.6	13	7.5	
In a GED program	8	2.8	0	0	8	4.6	
In a vocational training program	5	1.8	1	0.9	4	2.3	
In college part time	20	7.0	1	0.9	19	10.9	
In college full time	45	15.7	7	6.3	38	21.9	
Dropped out of college	12	4.2	1	0.9	11	6.3	
Completed Associate's degree	6	2.1	0	0	6	3.5	
Completed Bachelor's degree	20	7.0	0	0	20	11.5	
Work Status							
Full time (> 30 hours/week)	62	21.1	9	7.8	53	29.6	p<0.001
Part time (20-29 hours/week)	38	12.9	7	6.1	31	17.3	P<0.01
Part time (10-19 hours/week)	30	10.2	8	7.0	22	12.3	p=0.140
Part time (<10 hours/week)	26	8.8	10	8.7	16	9.0	p=0.94
Unemployed	96	32.7	56	48.7	40	22.4	p<0.001
Street economy, drug sales	2	0.7	0	0	2	1.1	p=0.26
Street economy, sex work	1	0.3	0	0	1	0.6	p=0.42
Volunteering/interning, unpaid	31	10.5	16	13.9	15	8.4	p=0.13
Other	16	5.44	10	8.7	6	3.4	p<0.05
Sex Work in Past 3 Months	45	15.7	9	8.1	36	20.6	p<0.01
Housing							p<.0001
Home with caregiver or parent	145	51.1	80	72.7	65	37.4	
Own place	78	27.5	9	8.2	69	39.7	
Unstable/with friends	44	15.5	12	10.9	32	18.4	
Other	17	6.0	9	8.2	8	4.6	
Financial Dependence							p<0.0001
Complete independence	78	27.5	15	13.6	63	36.2	
Partly to 50% dependent	119	41.9	35	31.8	84	48.3	
Mostly/completely dependent	87	30.6	60	54.6	27	15.5	
Receipt of Public Benefit/Government Assistance	150	52.6	69	62.1	81	46.6	p=0.01
Food Insecurity	88	30.9	26	23.4	62	35.6	p=0.03

* If the Chi-Square p-value is less than 0.05, then one can consider the proportions or proportion of the socioeconomic status indicator to differ across 13-18 and 19-25 year old youth.

FAMILY ACCEPTANCE AND PARENT/CAREGIVER-PERPETRATED ABUSE

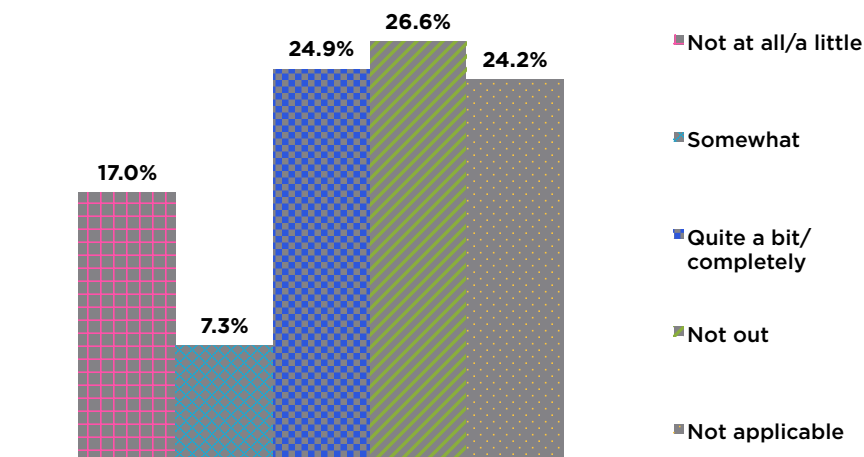
- Participants were asked to report how accepting of them as a LGBTQ person their mother (or main person who raised them) and father (or other parent) was currently. While a sizable minority of mothers (40.8%) was perceived as quite a bit or completely accepting, almost one in five (17.1%) youth reported that their mother was not at all or only a little accepting of them as a LGBTQ person and 21.6% were not out to their mothers.

Current Maternal Acceptance



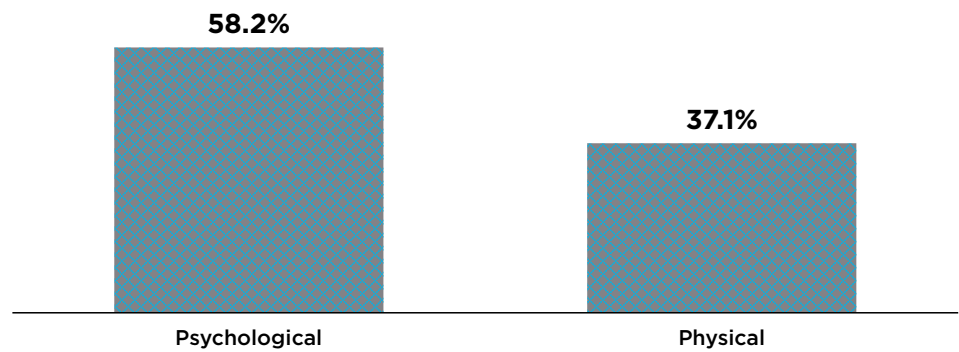
- One quarter (24.9%) of youth reported that their father was quite a bit or completely accepting of them as a LGBTQ person; 17.0% reported low acceptance and 26.6% were not out to their fathers. One quarter of youth (24.2%) reported that they had always had just one parent or that their father was deceased.

Current Paternal Acceptance



- More than half (58.2%) of the sample reported psychological abuse (e.g. being put down, humiliated or intimidated) by parents or another adult living in their home “sometimes,” “often,” or “very often” during their first 18 years of life.
- Over a third (37.1%) of participants reported experiencing some form of physical abuse (e.g. being pushed or hit) by parents or another adult living in their home “sometimes,” “often,” or “very often” during their first 18 years of life.

**Parent/Caregiver
Perpetrated
Abuse Through
age 18 (More
Often Than Once
or Twice)**



One youth stated that she expected the number of youth who experienced some form of psychological or physical abuse to be much higher than what was found in our survey. She noted that youth experience multiple forms of abuse including some that were not measured in our survey, such as financial abuse and sexual abuse, and that many youth who are experiencing abuse do not realize it.

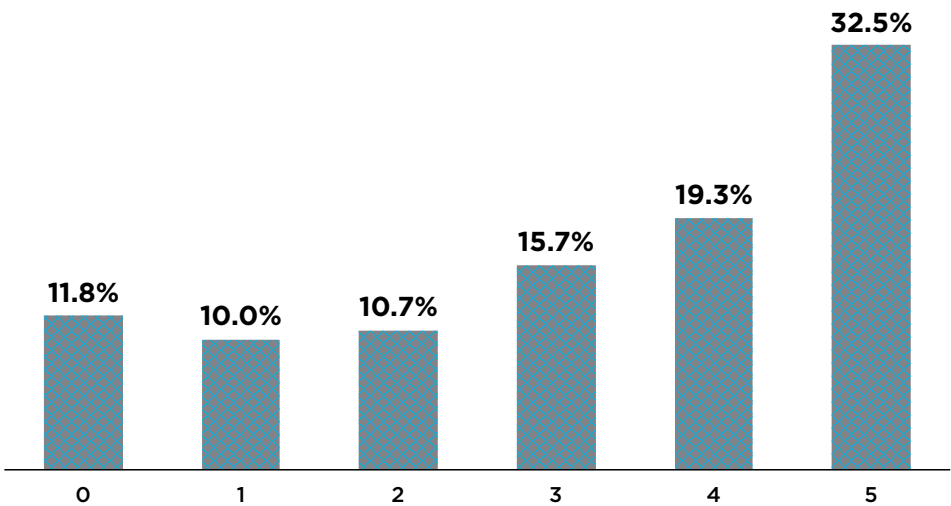
Many youth, including youth who have been rejected by their families, spoke about the importance of “chosen families” as sources of emotional and material support -- including housing. As one youth stated,

“Ask us about our families of choice, because some of us don’t have relationships with our families of origin.”

DISCRIMINATION, INTERNALIZED STIGMA, AND PRIDE

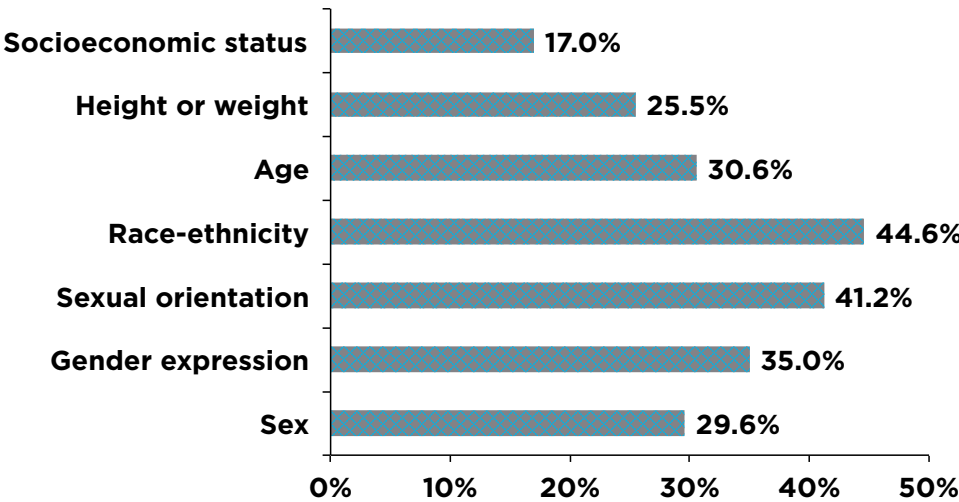
- Participants were asked to report the frequency with which they experienced five specific types of everyday discrimination during the prior 12 months, such as being treated with less courtesy or respect or being treated as if they were not as smart as others. About a third (32.5%) of participants reported experiencing 5 or more types of everyday discrimination and only 11.8% reported no experience of everyday discrimination in the prior 12 months.

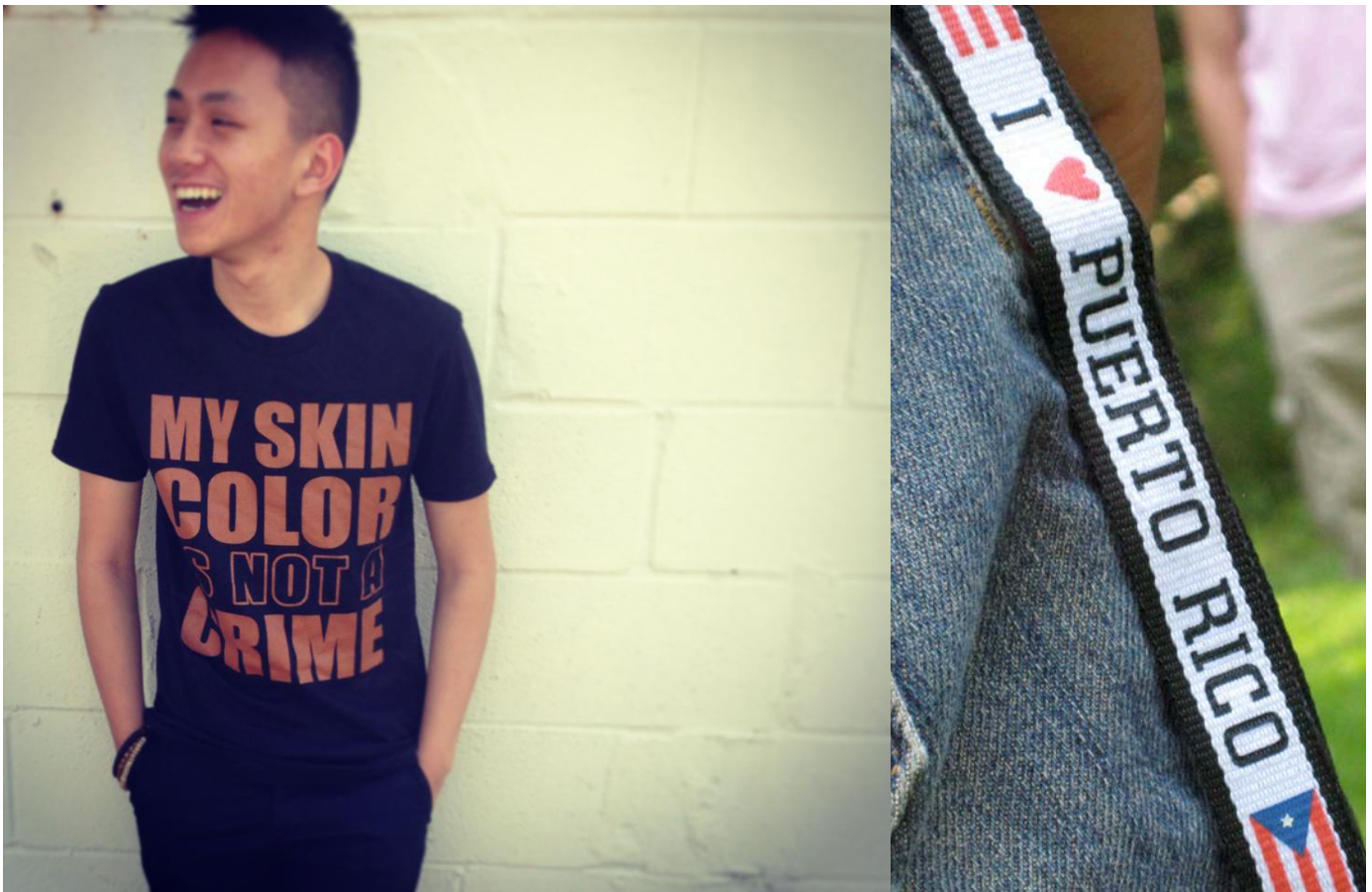
Number of Types
of Everyday
Discrimination



- Among participants who reported discrimination, the most commonly reported reason for these experiences was race/ethnicity (44.6%), followed by sexual orientation (41.2%), gender expression (35.0%), and age (30.6%).

Main Reasons for
Discrimination





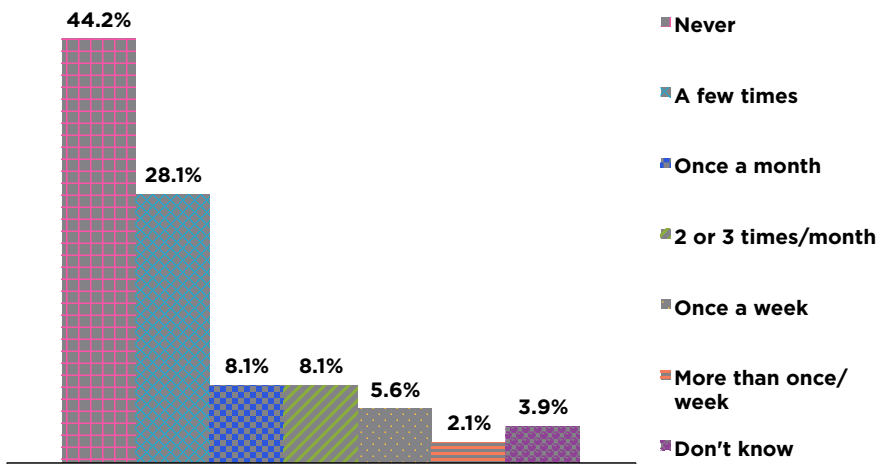
- Racial/ethnic pride was high in our sample; 84.0% of participants indicated that, on average, they somewhat or strongly agreed with statements reflecting attachment, belonging, and commitment to their racial/ethnic group (e.g., “I have a strong sense of belonging to my own ethnic group, I feel good about my cultural or ethnic background.”) In contrast, 16.0% of youth somewhat or strongly disagreed, on average, with these types of statements and may be experiencing internalized racism.
- Levels of LGBTQ pride were also high in our sample; 82.0% of participants indicated that, on average, they sometimes or often felt good about being LGBTQ and felt a strong sense of belonging to a LGBTQ community. In contrast, 18.0% of youth never or rarely, on average, reported experiencing these feelings and may be experiencing internalized LGBTQ stigma.



RELIGIOSITY/SPIRITUALITY

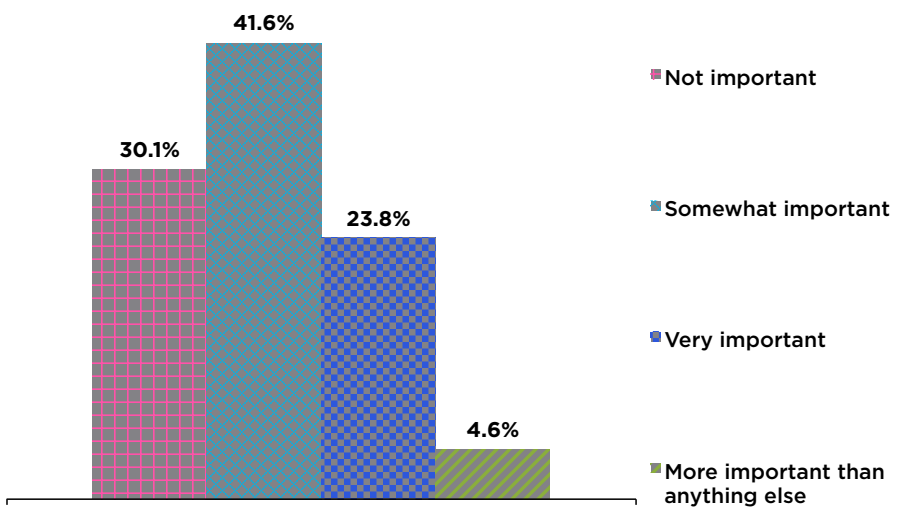
- When asked how often they had attended church, synagogue, temple, mosque or religious services within the prior 12 months, 44.2% of youth reported that they never attended, 28.1% reported that they had attended a few times, and one-quarter (23.9%) reported attendance at least once a month.

Religious Service Attendance (12 Months)



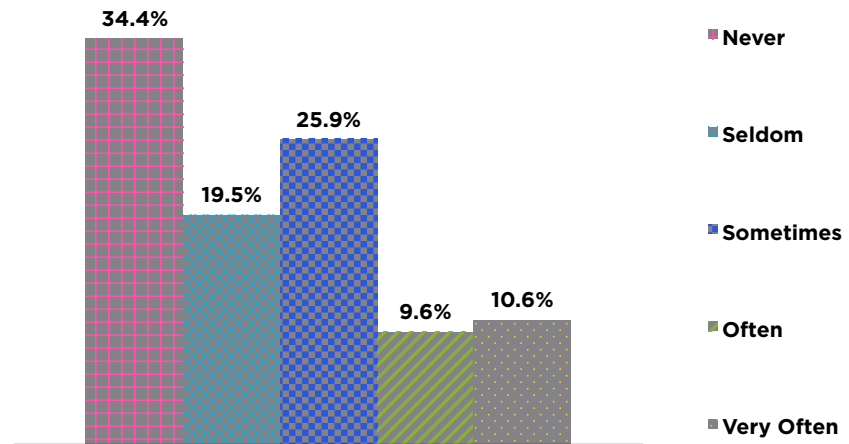
- The importance of their religious faith varied among youth; 30.1% of youth reported that their religious faith was not important to them, yet for more than one in four youth, religious faith was quite important – 23.8% reported that it was very important and 4.6% reported that it was more important than anything else.

Importance of Religious Faith



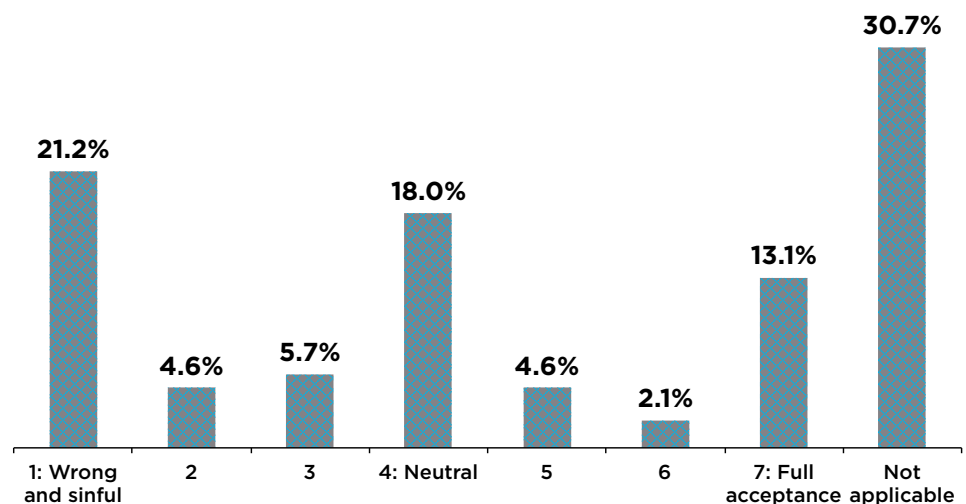
- Over half (53.9%) of participants reported that they never or seldom turned to religious or spiritual beliefs for help when they had personal problems or problems at school or work, while 25.9% sometimes did, and one in five (20.2%) often or very often drew upon religious or spiritual beliefs for help with problems.

Frequency of Religious Beliefs to Cope



- Youth also reported considerable heterogeneity in how their church/religion views homosexuality, with one in five (21.2%) indicating that their church/religion views homosexuality as wrong and sinful, 18.0% as neutral, and 13.1% reporting full acceptance. More broadly, 31.5% reported negative views (less than neutral view), 19.8% reported positive views on homosexuality (greater than neutral view), and 30.7% indicated that the church/religion's views were not applicable to them because they do not have a church/religion. Youth responded similarly regarding their parent/guardian's church's view of homosexuality.

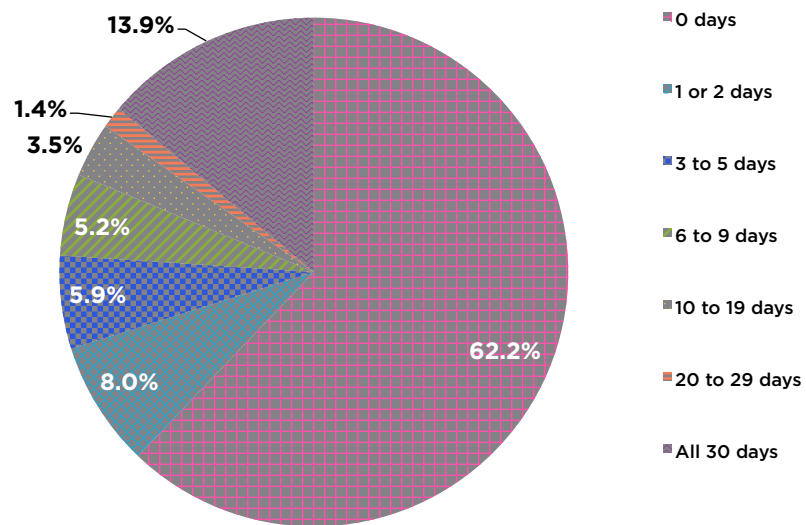
Church/Religion's View of Homosexuality



SUBSTANCE USE

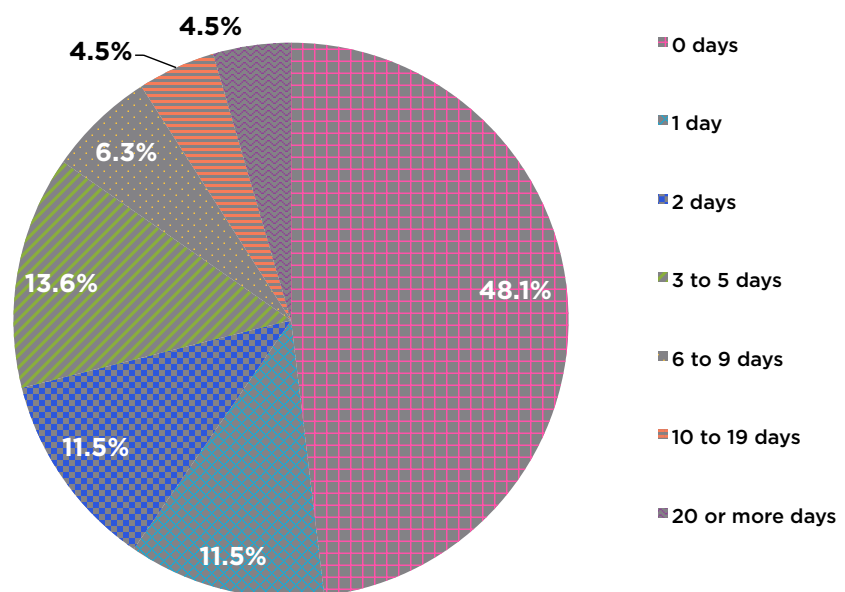
- A sizable minority (37.9%) of participants reported smoking cigarettes within the prior 30 days, with 13.9% reporting daily cigarette consumption. However, many (62.2%) youth had not smoked at all, especially younger youth. Four out of five 13 to 18 year olds had not smoked cigarettes in the prior 30 days.

Cigarette Smoking, Past 30 Days



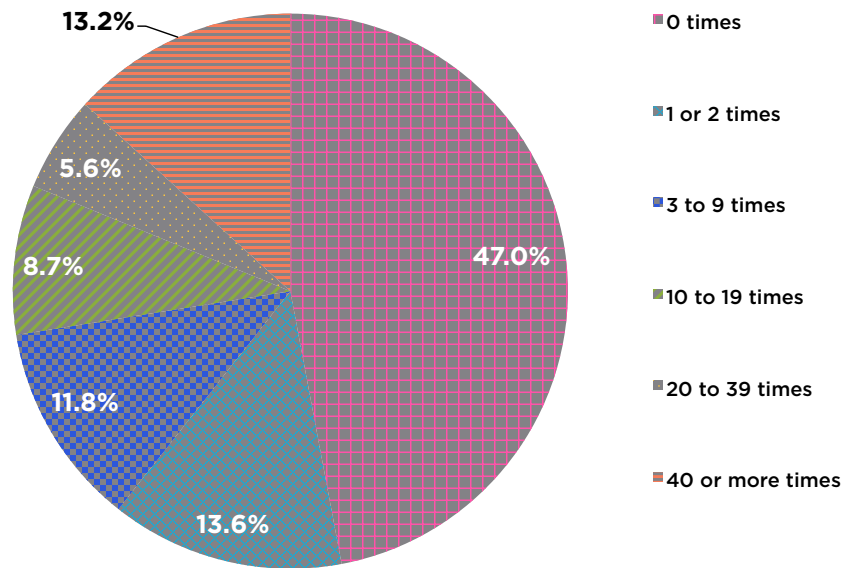
- About half (51.9%) of the sample reported binge drinking (consuming 5 or more drinks within a couple of hours) in the prior 30 days, with 9.0% reporting having 5 or more drinks in a row on ten or more days in the past month. Among 13 to 18 year olds, two out of five reported any 30-day binge drinking.

5 or More Drinks of Alcohol in a Row, Past 30 Days



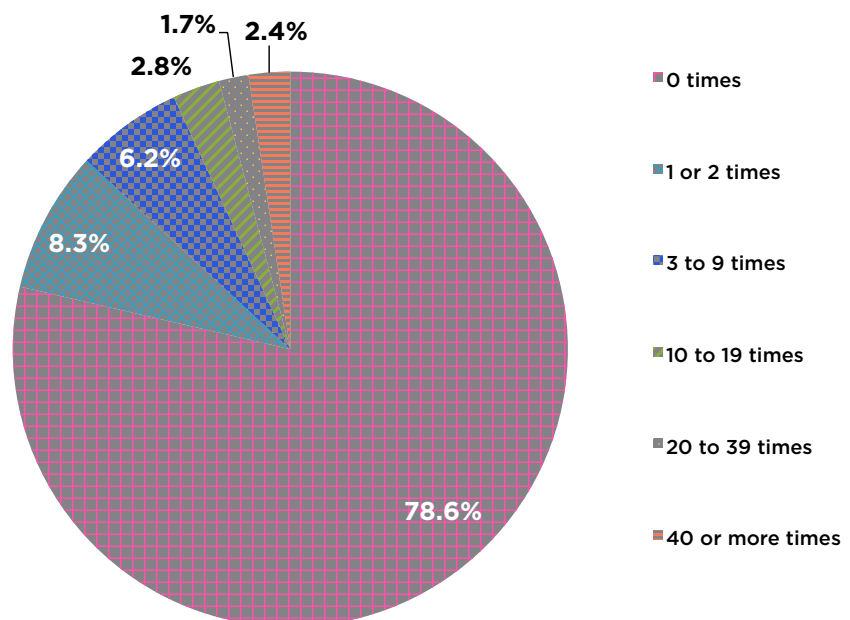
- Marijuana use was also common; about half (53.0%) of the sample reported 30 day use, with 18.8% reporting marijuana use 20 or more times in the prior 30 days. Among 13 to 18 year olds, two out of five reported any 30-day marijuana use.

Marijuana Use, Past 30 Days



- Misuse of drugs including “benzos, percs, OCY, Ritalin, Adderall, and hormones” in the prior 30 days that were not prescribed to the respondent was reported by 21.4% of the sample, with 13.1% of participants reporting use more than once or twice.

Prescription Drug Misuse, Past 30 Days



- With regard to other controlled substances, 18.5% of participants reported any lifetime MDMA (ecstasy) use, 19.2% reported any lifetime cocaine use, 10.1% reported any lifetime heroin use and 13.6% reported having previously used methamphetamine at some point in their life. Use was significantly lower among 13 to 18 year old youth than older youth.

Youth expressed interest in alternative forms of behavioral health and substance abuse treatment that promote healing within community. One youth felt that the ideal substance abuse treatment would incorporate “community-based healing, without stigma, working in groups,” and another stated

“I’d like to see some alternative or holistic approaches to mental health... reiki, acupuncture, mindfulness...”

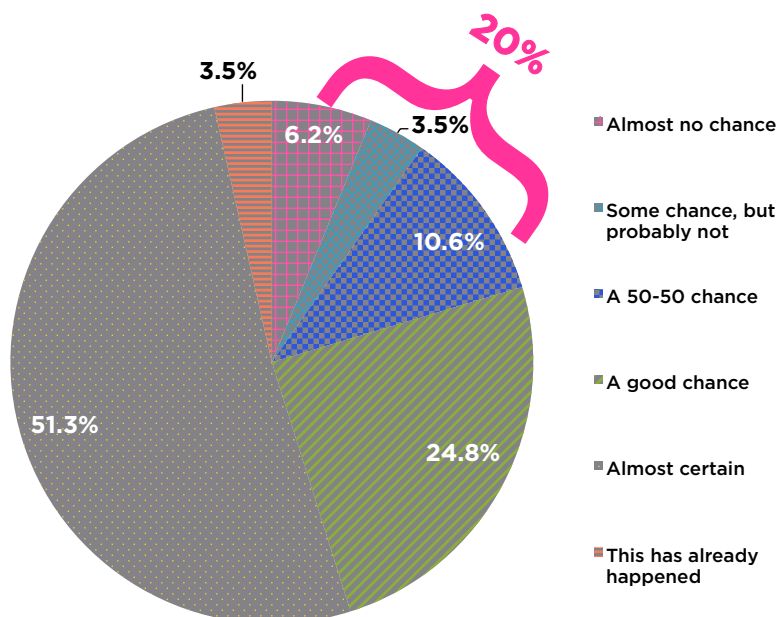
Youth also expressed a desire for decreased reliance on extreme measures for mental health treatment such as hospitalization, in favor of the holistic community-based approaches.

One youth stated a desire for an LGBTQ-specific shelter for people experiencing substance use disorders. This could help create more inclusive and affirming spaces for LGBTQ youth of color with substance use disorders, especially those also experiencing homelessness, to cope with and recover from their problematic substance use.

HOPE FOR THE FUTURE

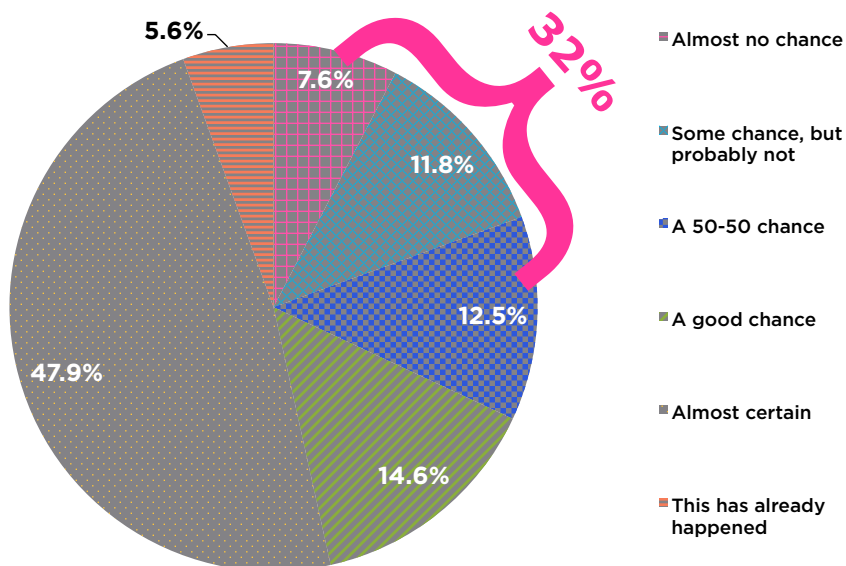
- Among youth who reported that they had not yet completed high school or a GED (n=113), half (51.3%) of youth felt “almost certain” that they would graduate high school or complete their GED by age 30; however, one in five (20.3%) youth reported their expectations about completing a high school/GED as no more than “a 50-50 chance.”

I Will Graduate High School/Get My GED by Age 30



- Among youth who reported that they had completed high school or a GED (n=144), about half (47.9%) felt “almost certain” that they would graduate college by age 30; however, a third (31.9%) of youth reported no more than “a 50-50 chance” of graduating college by age 30.

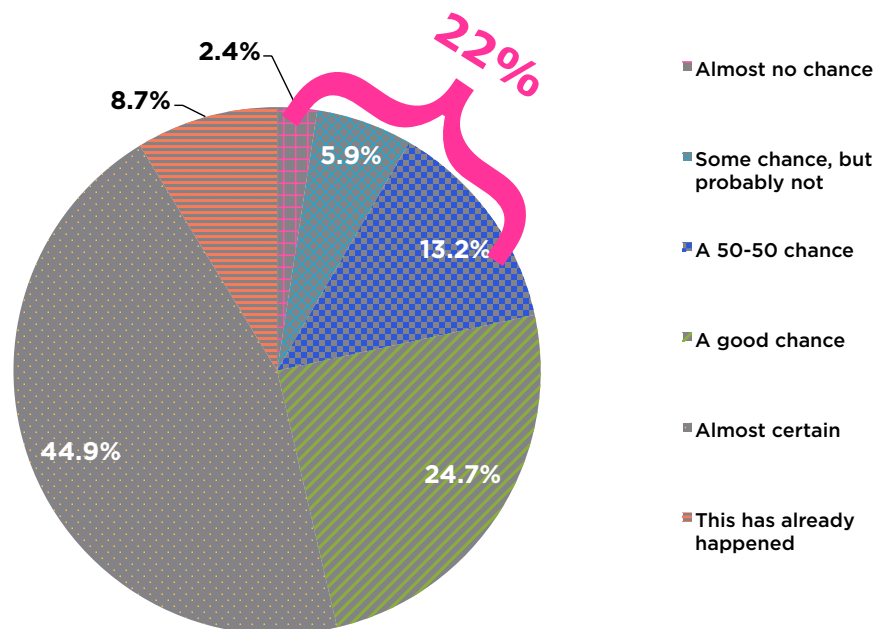
I Will Graduate College by Age 30





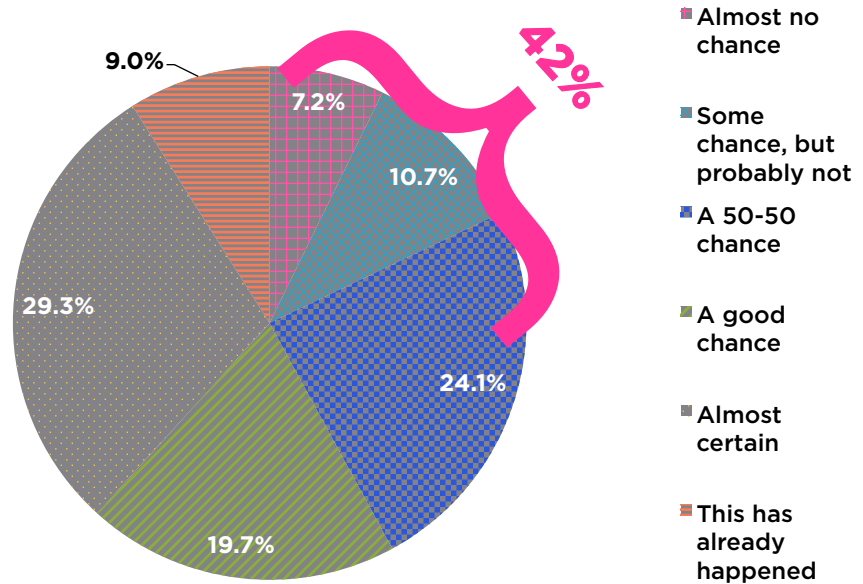
- In the full sample, just over half (53.6%) of participants felt “almost certain” that they would have a good job by age 30, or that this had already happened; however, one in five (21.5%) youth felt that there was no more than a “50-50 chance” of having a good job by age 30.

I Will Have a Good Job by Age 30



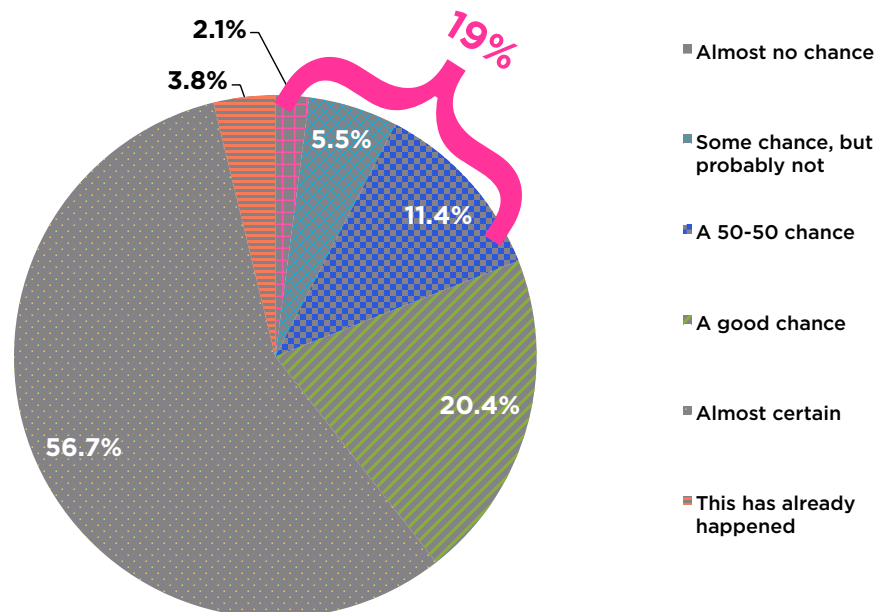
- Thirty-eight percent of our participants felt “almost certain” that they would have a loving partner or spouse by age 30, or that this had already been accomplished. A comparable proportion (42.0%) felt that there was no more than a “50-50 chance” of having a loving partner or spouse by age 30.

I Will Have a Loving Partner / Spouse by Age 30



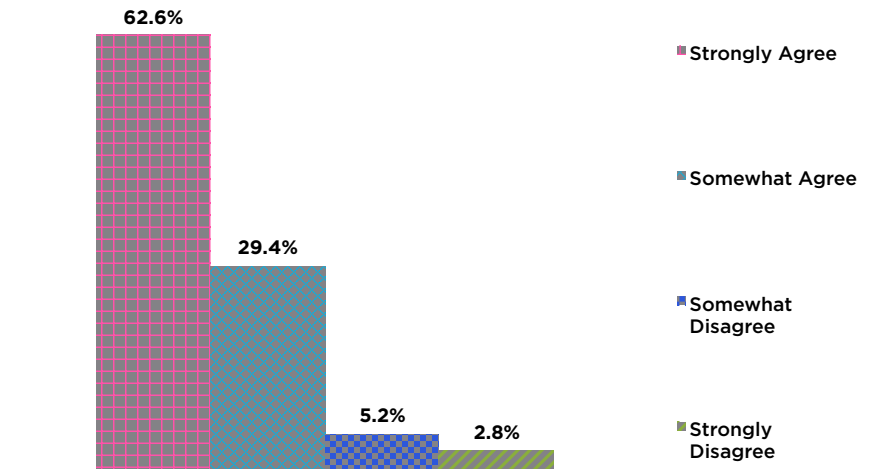
- More than half (56.7%) of youth were “almost certain” that they would live to age 30; however, 19.0% felt that their chances of living until age 30 were no more than “50-50.”

I Will Live to Age 30



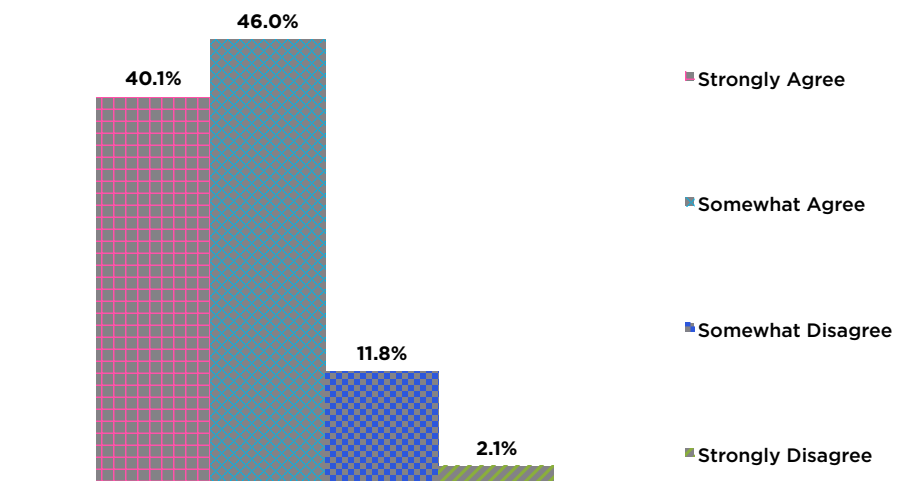
- The majority of participants indicated that their life has purpose, with 62.6% of the sample reporting that they “strongly agree” and 29.4% of the sample reporting that they “somewhat agree” that their life has purpose.

My Life Has Purpose



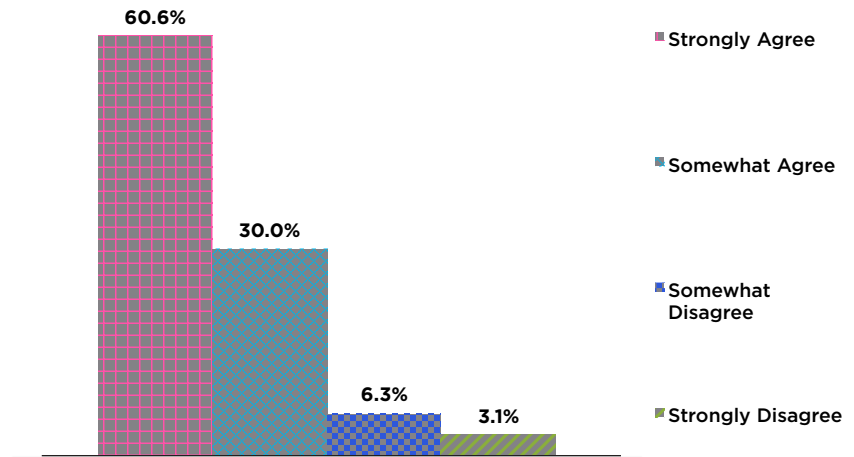
- Youth were somewhat less likely, however, to agree that they had control over the things that happen in their life, with 40.1% of the sample reporting that they “strongly agree” and 46.0% of the sample reporting that they “somewhat agree” that they have control over the things that happen in their lives.

I Have Control Over Things That Happen In My Life



- Most youth strongly (60.6%) or somewhat (30.0%) agree that they are looking forward to the future.

I Am Looking Forward to The Future



One youth's comment illustrated the ways in which youth demonstrate resilience in the presence of adversity:

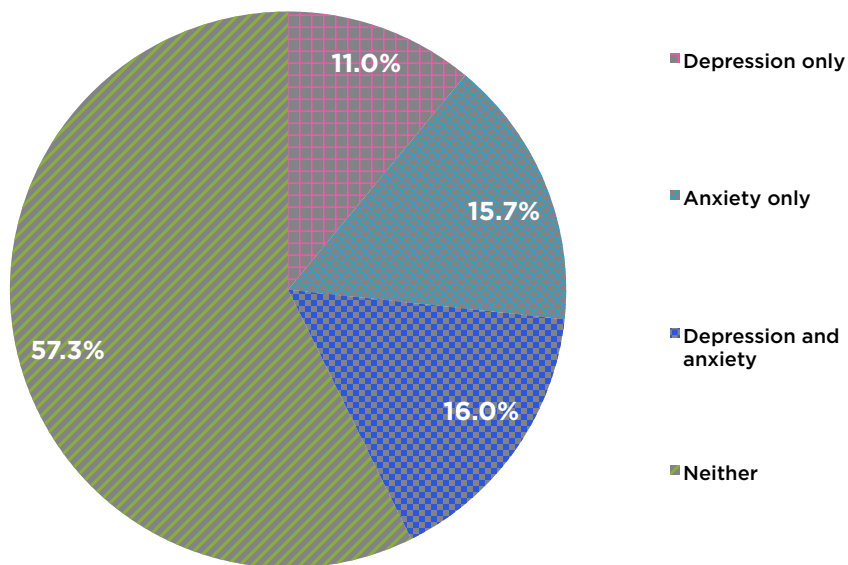
"I think people hold multiple feelings at one time. Like you can hold both being depressed and anxious, but also having hope for the future."



MENTAL HEALTH AND CORRELATES OF MENTAL HEALTH

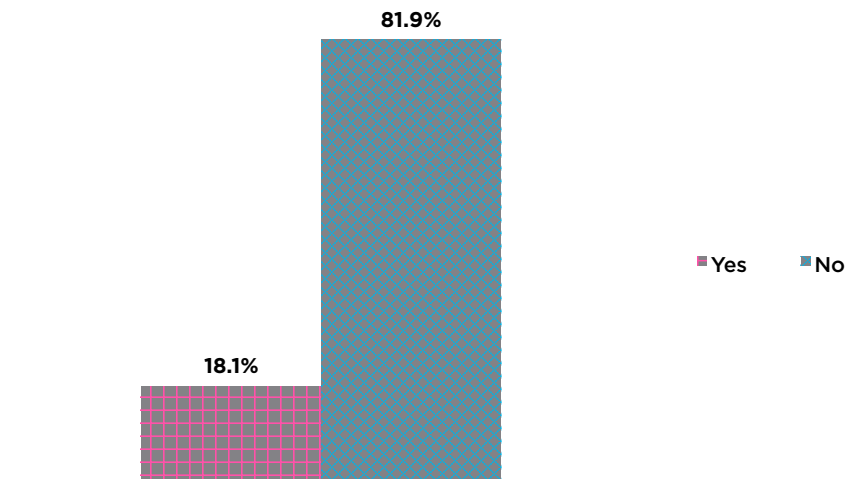
- Nearly half of youth endorsed symptoms of probable clinical depression and/or anxiety; 11.0% endorsed symptoms of depression alone, anxiety alone (15.7%), or concurrent depression and anxiety (16.0%). Eleven percent of youth reported symptoms of depression at moderately severe to severe levels, and 9.3% of youth reported symptoms of anxiety at a severe level.

Depression and Anxiety



- Many other youth reported mild symptoms of depression (28.8%) or anxiety (33.3%).
- Almost one of five (18.1%) participants reported trying to kill themselves during the prior 12 months. Missing responses on the 12-month suicide attempt item totaled 11.5%.

Suicide Attempt (12 months)



Many youth felt that society views them as bearing responsibility for their own mental health concerns. One said,

“We are suffering from anxiety, stress—then they blame us. They say, ‘Well, it’s your fault.’”

Youth encouraged a perspective that instead focuses on the ways in which social determinants impact mental health and systemic barriers to mental health care access for LGBTQ youth of color.



When asked to draw connections between the findings of our survey, youth stated that food insecurity, homelessness, and mental health issues were all related to family acceptance and experiences of discrimination.

According to one youth,

“Some people are depressed for many different reasons... no food, nowhere to take showers, no friends. There must be something going on in their life that makes them turn to drugs. Dig into why people turn to drugs. Like, it’s easier for me to get through the day when I’m high because it makes it easier to manage my anger at people and situations.”



In order to identify correlates of mental health that might serve as intervention levers, risk and protective factors that were associated with depression, anxiety, or any suicide attempt were included in age-adjusted logistic regression models (results shown below). Findings from the regression analyses are as follows:

- Child abuse prior to age 18 and food insecurity were associated with increased risk of depression, anxiety, and any suicide attempt in the prior 12 months.
- Everyday discrimination was marginally associated with depression and anxiety, while housing instability was marginally associated with increased risk of a suicide attempt in the prior 12 months. (Marginally significant findings are those that are likely to be statistically significant in a larger sample.)
- LGBTQ pride was associated with reduced risk of depression and anxiety, and racial-ethnic pride was marginally associated with reduced risk for anxiety.
- Living elsewhere (not with caregivers/relatives or in one's own place) was marginally associated with increased risk for a suicide attempt in the prior 12 months.

AGE-ADJUSTED ODDS OF POOR MENTAL HEALTH AMONG LGBTQ YOUTH OF COLOR ASSOCIATED WITH MINORITY STRESSORS, LIVING CONDITIONS, AND PRIDE

	Depression N=265		Anxiety N=269		Any 12-month Suicide Attempt N=250	
	OR*	95% CI	OR	95% CI	OR	95% CI
Any frequent psychological or physical child abuse	2.6	1.4, 4.8	3.0	1.6, 5.8	3.5	1.5, 8.3
12-month everyday discrimination	1.1	1.0, 1.4	1.1	0.9, 1.3	NA	
12-month food insecurity (> some months vs. < 2 months)	2.2	1.3, 4.0	1.9	1.1, 3.4	2.6	1.3, 5.5
LGBTQ pride	0.9	0.8, 0.99			0.9	0.7, 0.98
Racial/ethnic pride			0.7	0.4, 1.1		
Housing in own place vs. home with a caregiver/relative					0.5	0.2, 1.5
Housing elsewhere vs. home with a caregiver/ relative					2.0	0.9, 4.4

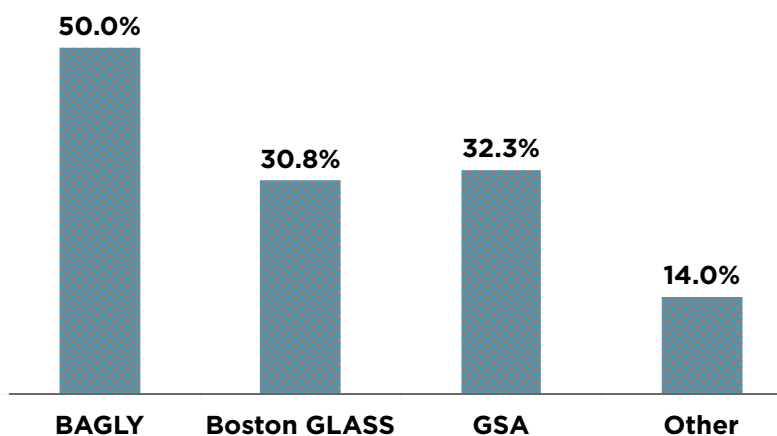
Odds ratio (OR), 95% confidence interval (CI). When the 95% confidence interval covers or includes 1.0, the odds ratio is not statistically significant at $p < 0.05$.

Variables that were not associated with any of the three mental health outcomes were: sex/gender identity group, race-ethnicity, maternal acceptance, and religion as a source of coping.

CONNECTION TO LGBTQ YOUTH PROGRAMS AND OPPORTUNITIES FOR DEVELOPMENT

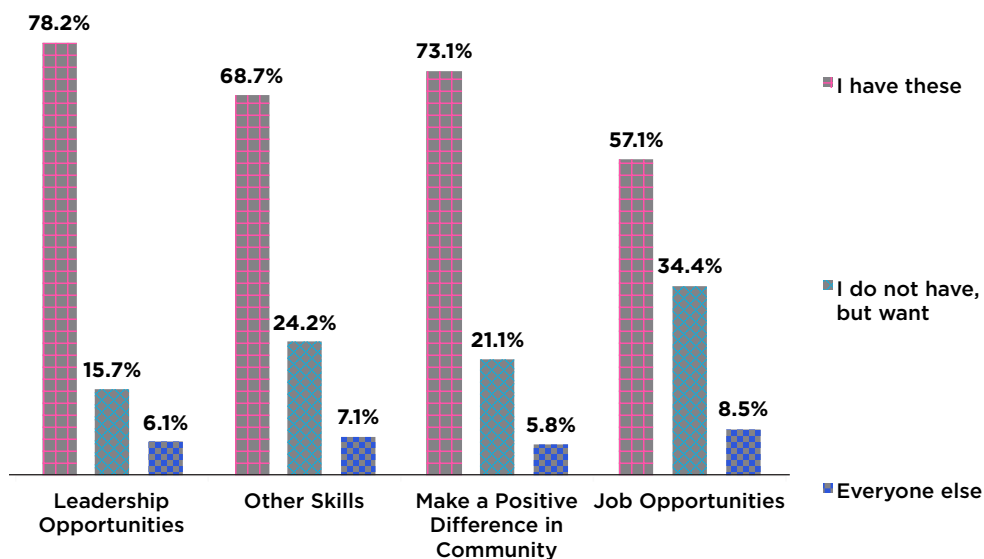
- Most (72.5%) of the sample reported attending one or more LGBTQ youth programs in the prior 30 days. Specifically, 50.0% reported having been to BAGLY, 30.8% went to Boston GLASS, 32.3% had been to a Gay-Straight-Alliance (GSA), and 14.0% had been to one of more of the following: Hispanic Black Gay Coalition, Youth on Fire, NAGLY, or SHAGLY.
- Almost one in four (22.9%) youth reported being connected to the House and Ball Community either as a current or past member of a House.

Attend LGBTQ Youth Programs



- Many (59.9%) youth reported having a mentor (defined as an adult who is not a parent/guardian and offers support and guidance), some (19.1%) indicated that they would like a mentor, and the remainder (21.1%) did not have or want a mentor.

Development Opportunities



- Many participants reported having opportunities to develop leadership skills (78.2%), to develop other new skills (68.7%), and to make a positive difference in the community (73.1%); however, fewer (57.1%) reported having paid jobs or internships. Interest in development opportunities among those who reported that they did not currently have them was high, and was the highest for paid jobs and internships.



Youth expressed a desire for LGBTQ organizations to create more spaces for youth to interact with adults, and for older youth to interact with one another. One person said that there should be **“more spaces for queer young people 25-30,”** noting that many youth serving programs have age limits of 23 to 25, and that LGBTQ youth of color may be especially in need of continued support even beyond that age range.

Another youth agreed, stating that there should be **“multiple age groups and intergenerational space,”** noting the benefits that LGBTQ youth of color could obtain from mentoring relationships with older LGBTQ people of color, who they may not currently have many accessible spaces to build relationships with. Intergenerational programs might address **“the loss of history and intergenerational dialogues.”**

“We need to recover QTPOC [queer and transgender people of color] history,”

said another youth.



CONCLUSIONS AND RECOMMENDATIONS

Our three overarching conclusions (in bold) and the recommendations that follow are based on careful reflection upon our study findings by the research team and through discussion with LGBTQ youth of color in the Boston area.

- **Many LGBTQ youth of color in this sample demonstrated considerable resilience given their exposure to multiple forms of discrimination, violence, and socioeconomic adversity; however, a significant proportion are in need of mental health treatment and other forms of support.**
 - Increase access to caring LGBTQ behavioral health care providers of color and culturally-competent substance use prevention and treatment services, including residential or in-patient programs that accommodate transgender youth according to their gender identity.
 - Expand outreach to LGBTQ youth of color who are not connected to organizations that specifically serve these groups. Such programs can be important sources of support and behavioral health care, as well as serving as a gateway to other services.
- **Findings highlight the importance of addressing the social context affecting LGBTQ youth of color -- interpersonal, social, and community circumstances (e.g., racial discrimination, poverty, violence, LGBTQ stigma, family acceptance or rejection, school, church) -- and intersectionality (understanding and addressing the impact of racism and other stigma and socioeconomic factors, as well as understanding and promoting racial/ethnic and LGBTQ pride.)**
 - Address “upstream” factors at the root of health disparities that affect LGBTQ youth of color --- including racism, poverty, LGBTQ stigma, discrimination, victimization, family rejection, and minority stress that increase vulnerability to poor mental health, substance use, and other health problems.
 - Engage youth as partners in developing strategies to improve the health and social conditions of their lives and to support youth leadership.

At our feedback sessions, youth indicated a strong desire to be involved in supporting their peers.

As one youth put it,

“Show people it’s OK to accept and be accepted. Show people ‘I know what you’re going through,’ so people don’t feel so alone.”

- Provide paid opportunities for LGBTQ youth of color to participate in program development, delivery, research, policy analysis and advocacy, in conjunction with support and on-going training, to enable sustained success and continued growth.
- Increase access to low-cost and free housing, particularly for 19- to 25-year- old LGBTQ youth of color and provide supports to sustain housing.
- Increase access to scholarships and programs that waive tuition and fees to enable access to higher education for LGBTQ youth of color.
- Promote family acceptance of LGBTQ youth with communities of color, including immigrant communities; provide LGBTQ-affirming refugee and immigrant services to adults, some of whom may be parents of a LGBTQ youth, and youth themselves.
- Reduce poverty, racism, adultism, and anti-LGBTQ prejudice through social activism, norm change campaigns, and community engagement efforts that include increasing livable wages and affordable housing, reducing LGBTQ stigma, supporting policing and criminal justice reform, and promote inclusion and shared decision-making power.

- **The community-based participatory research process through which our survey was conducted enabled us to fill gaps in the health surveillance landscape by collecting information on health, as well as salient risk and protective factors, from nearly 300 LGBTQ youth of color in a short period of time.**
 - Conduct research to understand and improve the health of LGBTQ youth of color in collaboration with community partners and engage youth in processes from survey design through interpretation of results and the formulation of recommendations.
 - Embrace a participatory and collaborative approach to the generation of solutions to identified problems; partner with organizations working closely with LGBTQ youth of color, share resources, and foster leadership of LGBTQ people of color.

As one youth remarked,

“It’s hard to participate in dominant group led and white capped organizations. We don’t see ourselves reflected in the organizations we are going to.”

- Improve health surveillance systems to provide critical data about the health of LGBTQ youth of color in high school and through the age of 25.
 - Include questions on assigned sex at birth, gender identity, sexual orientation, and socioeconomic status in all surveillance systems.
 - Over-sample racial-ethnic and sexual and gender minority groups.
 - Produce reports or briefs making findings accessible to the public.

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