



Mental Health First Aid *and* LGBTQ+ Communities

Cultural Considerations



Mental Health
FIRST AID

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

Cultural Considerations for Mental Health First Aid and LGBTQ+ Communities

Reducing stigma and creating a person-first approach are central tenets of Mental Health First Aid (MHFA). Abiding by them will help guide honest, non-stigmatizing conversations with members of the lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) or sexual orientation and gender identity (SOGI)¹ communities in the United States.

Each individual is unique, and it is important to tailor your support to that person's needs without making assumptions about their identities or communities. This document includes recommendations, guidelines and facts that can inform your conversations as you provide or teach MHFA.

As an MHFA Instructor or First Aider, it's critical that you use person-first language and honor the way the person being helped identifies and presents themselves. This language includes terms beyond those with the LGBTQ+ and SOGI acronyms (e.g., "two-spirit," which may be used in Native American communities) and beyond "he or she" pronouns (e.g., they/their/them) when speaking about a person within these communities.

A note about initials: The National Council for Mental Wellbeing and Mental Health First Aid USA use the initialism LGBTQ+. However, in quotes or citations, we use the same terminology and initials as the authors of the cited materials.

This document, which adapts and builds on Mental Health First Aid Australia's 2016 "Considerations When Providing Mental Health First Aid to an LGBTIQ Person," (MHFA Australia, 2016) draws upon resources from U.S.-based national organizations within media, advocacy and research.²

IDENTIFYING AS LGBTQ+ — BY THE NUMBERS

In February 2021, a Gallup poll found that 5.6% of U.S. adults identify as lesbian, gay, bisexual or transgender (LGBT) — up from 4.5% in 2017. Among Generation Z adults (born 1997-2002), 15.9% identify with the LGBT communities. Most of that group (72%, or 11.5% of the Gen Z population) says they are bisexual (Jones, 2021).

MENTAL HEALTH CHALLENGES IN LGBTQ+ PEOPLE

LGBTQ+ experiences and identities are not mental health challenges, nor do they directly cause them. However, people in the LGBTQ+ communities are at an increased risk of depression, anxiety, eating disorders, substance use challenges, suicidal thoughts and behaviors, and nonsuicidal self-injury (MHFA USA, 2020). Risk factors include discrimination, prejudice and abuse. For example, due to stigma and discrimination, transgender youth are as much as four times more likely than their non-transgender peers to experience depression and suicidality (Reisner et. al., 2015).

Keep in mind, not all people experience distress related to their LGBTQ+ experience. Do not assume that LGBTQ+ experiences are connected to any mental health problems or distress a person may be experiencing.

¹The U.S. Department of State's Bureau on Educational and Cultural Affairs uses SOGI to discuss its work in the U.S. and abroad to support these communities. A list of terms and definitions may be found at https://eca.state.gov/files/bureau/sogi_terminology.pdf (state.gov)

²Sources include GLAAD, the Human Rights Campaign and NLGJA: The Association of LGBTQ Journalists. (See Resources for full names and links to each organization.)

SUBSTANCE USE IN LGBTQ+ COMMUNITIES

Substance use in LGBTQ+ communities is greater than in the general population. Drug and alcohol use is particularly concerning in young adults, whose brains are still developing. According to the MHFA Adult Manual (MHFA, 2020), substance use often begins in adolescence or early adulthood, and 75% of those living with a substance use challenge develop it by the time they're 27 (MHFA, 2020).

In a March 2021 webinar from the National Council for Mental Wellbeing, Steve Haden, CEO of Envision You, a Colorado nonprofit, noted that while the general population experiences substance use challenges at rate of about one in nine (11.1%), that figure jumps to one in four (25%) in the LGBTQ+ communities (National Council for Mental Wellbeing, 2021).

Similarly, the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2018 National Survey on Drug Use and Health (2020), shows 16.5% (2.1 million people) of those who identify with lesbian, gay and/or bisexual communities reported substance use disorder — 49.7% with illicit drugs, 70.2% with alcohol use, and 19.9% with both.

Chapter 10 of the MHFA Adult Manual (MHFA USA, 2020) goes into detail about applying the MHFA Action Plan (ALGEE) in situations involving substance use.

LANGUAGE CONSIDERATIONS

By using appropriate and inclusive language, you can help a person to feel safer and more comfortable about disclosing information that may be relevant to their distress. This includes using the same terms that the person uses to describe themselves, their sexual or romantic partners, or their relationships and identity. If you are uncertain which terms to use, ask the person and make your questions as open as possible to give them room to describe and express themselves in a way that's comfortable for them.

The person may describe themselves or others with terms that have historically been derogatory. This practice is called “reclaimed language.” When a person uses reclaimed language to describe themselves, it does not mean it is acceptable for you to use those terms.

Pronouns

Using the wrong gender pronouns can embarrass or even humiliate the person you're trying to help. Some people choose not to use gendered pronouns to refer to themselves, as they may identify themselves as having a gender other than male or female, having more than one gender identity or having no gender at all.

If the person you are assisting is not familiar to you and you are unsure of the person's gender identity:

- You can prompt them to tell you their preferred pronouns by telling them yours. For example, you may say, “I refer to myself with she and her pronouns. May I ask which pronouns you use?”
- Communicate in terms that are relationship-neutral, such as “partner” rather than “boyfriend” or “girlfriend.”
- Use non-gendered pronouns (e.g., they/them/their) or use the person's name in place of a gendered pronoun. That would sound like saying, “That belongs to Sam,” or “That belongs to them,” rather than, “That belongs to her/him.”

Talking and asking questions about LGBTQ+ experiences

Unless it is undeniably relevant to a situation (for example, if you need to direct someone to appropriate resources), do not ask someone if they identify as LGBTQ+. If it is relevant, and you are unsure how to talk with the person about their LGBTQ+ experience, ask them for guidance.

Once you've determined it's pertinent to the person's mental wellbeing, ask permission before asking questions about their LGBTQ+ experience. Watch for subtle cues that indicate that the person may be uncomfortable with the questions you are asking.

- Do not focus only on their LGBTQ+ experience.
- Do not ask any questions of the person that you would not ask a non-LGBTQ+ person. For example, no one would think to ask a cisgender person, "Do you think this is just a phase?" Similarly, do not ask a transgender person for their "real" name (i.e., the name they were born with) or use it ("dead naming"), as this practice is offensive and demeaning.
- As with any person receiving MHFA, do not ask questions about sex, sexuality, sexual partners, genitals or similar, unless it is relevant to assisting the person.

Make it clear that you are open to discussing any issue without asking for personal disclosure. For example, say, "I am not going to ask you to give me details of your experiences, but I am open to discussing anything you need or want to discuss."

Difficulties you may encounter when talking to the person

A person may feel more comfortable talking to someone else. If this occurs, do not take it personally — help them find someone more suitable for the conversation. If it is a crisis, and you are the only one available, you should engage.

If the person is experiencing a mental health crisis, you should follow the guidelines for this specific crisis. A range of crisis first aid guidelines can be found in the MHFA Adult Manual (MHFA USA, 2020).

Ask the person to tell you if you do or say anything that makes them uncomfortable — and apologize if you do. After you apologize, move on, rather than focusing on the mistake or on what you have learned. Do not let the fear of saying the wrong thing prevent you from offering to help the person. It is more important to be genuinely caring than to say "all the right things."

SUPPORTING THE PERSON WHO IS LGBTQ+

Person-first language is a core principle of MHFA. Start by treating the person you're helping as a person, rather than defining them by their LGBTQ+ experience.

Although no one is obligated to share their experiences, helping the person feel comfortable in your presence can go a long way toward an open exchange of feelings and thoughts. You can contribute to an open environment:

- Affirm and acknowledge the person's LGBTQ+ experience. Denying a person's sexual or gender identity is disrespectful and might escalate a crisis situation.
- Ask them what help they need, rather than making assumptions.



- Respect their choices in clothing, name and pronouns, even if you don't understand or feel comfortable with them.
- Listen nonjudgmentally: You do not need to have answers or provide advice.
- Do not offer your opinion on the person's LGBTQ+ experiences.
- Do not express judgement about the person's LGBTQ+ experiences.
- Do not refer to your own religious or moral beliefs about people who are LGBTQ+.
- Do not give the person the impression that being LGBTQ+ is a "deviation from the norm."
- Do not say things that are intended to reassure, but are mostly unhelpful or patronizing like, "Some of my best friends are gay."

Some of the supports that non-LGBTQ+ people use may not be appropriate for an LGBTQ+ person. For example, if the person's family of origin has rejected them because of their LGBTQ+ identities or experiences, encourage the person to seek support from other sources. One place to start might be the LGBT National Help Center. (See Resources for information about hotlines serving adults, young adults under 25 and adults over 50.)

However, do not assume that the broader LGBTQ+ community as a whole will be supportive of the person you are helping. People who are transgender or intersex and identify as heterosexual may not feel part of either the LGBTQ+ or straight communities. Similarly, a bisexual person may not feel part of either the LGBTQ+ or straight communities, because they can face prejudice from both. These are two examples of an infinite number of situations one may experience.

WHEN A PERSON WHO IS LGBTQ+ EXPERIENCES DISCRIMINATION AND STIGMA

Most individuals within the LGBTQ+ communities, even those who have grown up with supportive family and friends, have experienced some degree of discrimination or prejudice in their lives, including slurs, insensitive or offensive comments, harassment and violence (NPR et. al., 2017).

If the person is experiencing mental health problems due to bullying, harassment or discrimination related to their LGBTQ+ experiences, you should let the person know they can:

- Report it to authorities, such as a police officer or school counselor, if it is safe to do so.
- Pursue their rights. Many states and cities offer specific protections to LGBTQ+ communities. The Human Rights Campaign resource page includes state scorecards.
- Contact a support service for LGBTQ+ people.
- Seek help from an LGBTQ+ advocacy organization. (See Resources for suggestions.)

You should also:

- Let them know they have a right to be safe at all times.
- Ask them what support they would like from you.
- Let them know of any available services where they can report it anonymously.
- Direct them to services that can help them pursue their rights.
- Encourage them to seek professional help.

Don't push the person to take action, but let them know you'll support them if they choose to do so.

BEING LGBTQ+ AND EXPERIENCING RACISM

Research shows that the discrimination faced by LGBTQ+ communities and communities of color can act as stressors for members of those communities, and when someone identifies as an LGBTQ+ person of color, these stressors can be compounded.

The legacies of slavery and racism, and the current realities of racial oppression and violence have also impacted the ease of access to mental health care. For example, for some Black LGBTQ+ people, stigma against seeking mental health care will make them less likely to reach out for help. Other impediments to care include lack of health insurance or childcare, difficulty taking time off work, lack of culturally competent services or staff from the same cultural background, and a general mistrust of doctors. (MHFA USA, 2021).

An NPR, Robert Wood Johnson Foundation and Harvard T.H. Chan School of Public Health study says, "LGBTQ people of color are at least twice as likely as white LGBTQ people say they have been personally discriminated against because they are LGBTQ when applying for jobs and when interacting with police, and six times more likely to say they have avoided calling the police (30%) due to concern for anti-LGBTQ discrimination, compared to White LGBTQ people (5%)." (NPR et. al., 2017).

A Rutgers University study published in the Journal of Preventive Medicine found that structural racism compounded the effects of anti-LGBTQ+ policies and vice versa (Edelstein, 2021). Rutgers reported the data showed Black sexual minority men who lived in states where structural racism and anti-LGBTQ+ policies were high were exponentially more likely to see themselves as a burden to others, more likely to engage in heavy drinking and had higher rates of anxiety than those living in states with lower levels of structural oppression.

In the words of the National Alliance on Mental Illness (NAMI) website, "Individuals are less likely to seek help or engage in treatment if they cannot find a provider they can trust, who understands their identity and will treat them with dignity and respect." (NAMI, n.d.)

WHEN A PERSON WHO IS LGBTQ+ COMES OUT OR DISCLOSES THEIR IDENTITIES

"Coming out" refers to the situation where an LGBTQ+ person tells others with whom they have an ongoing relationship about their sexuality, gender identity or intersex variation for the first time. It may refer to the first time a person shares their sexuality, gender identity or intersex variation with anyone, or it could be the process by which they begin to share this with others in their life. Not all transgender and intersex people will go through a "coming out" process.

“Disclosure” refers to the situation where an LGBTQ+ person who is generally open about their sexuality, gender identity or intersex variation tells a new person — including a First Aider or a mental health professional — for the first time.

As a person who is LGBTQ+ continues to establish new relationships, the coming out experience happens over and over again. While it may strengthen someone’s identities in their communities or within their network, it may also create feelings of exhaustion. Do not assume that if someone has come out or disclosed to you that they have come out to others in their community, family or workplace.

If negative reactions to coming out or disclosure are contributing to challenges to a person’s mental wellbeing, follow the MHFA Action Plan (ALGEE):

- Assess for risk of suicide or injury.
- Listen nonjudgmentally.
- Give reassurance and facts.
 - » Validate their feelings, e.g., “It’s understandable that you are upset by your parents’ reaction.”
 - » Reassure the person that you accept and support them.
 - » Acknowledge that it may take time for others to accept their LGBTQ+ experience.
 - » Know about and inform the person of online resources that share others’ experiences of coming out.
 - » Encourage the person to contact a support service for people who are LGBTQ+, such as the Trevor Project (for young adults under age 25) or the LGBT Hotline (888-853-4564).
- Encourage appropriate professional help.
- Encourage appropriate self-help and self-care.

Coming out

Coming out can have a positive effect on the person’s mental wellbeing. However, during the process, things may occur that affect mental health, such as rejection, discrimination or abuse by family members, friends, employers or co-workers.

If someone comes out to you, be aware that it may be the first time they have ever told anyone about their LGBTQ+ experience. Do not express surprise or concern. Acknowledge that coming out may have been difficult and taken a lot of courage. If you ask the person follow-up questions, ask questions that indicate your support and care, rather than satisfy your curiosity. You might say something like, “How can I support you?”

If the person wants to come out, but is worried about how others may react, you might help them identify the pros and cons of coming out vs. not coming out. You can also discuss strategies that will help to reduce the chance of negative reactions from others. This may include:

- Identifying the best person to come out to first, so there’s a greater likelihood of a positive first experience.
- Identifying two or more trusted people who can support them during the coming out process.

- If there is no one available to support the person during the coming out process, help them to connect with a relevant organization, such as the LGBT Hotline (888-853-4564).

Disclosure

Some people may not want to disclose their LGBTQ+ experiences to you or may want to wait until you've developed a good connection. Their apprehension may be based on a fear of discrimination or insensitivity. If the person does disclose to you that they are or may be LGBTQ+, you should ask them:

- Do you feel your LGBTQ+ experience is contributing to your distress?
- Are you experiencing bullying or discrimination?
- Do you want other people to know?
- Who else knows about your LGBTQ+ experience? You do not want to unintentionally “out” them.

Do not express a negative reaction or tell them you already knew or that it was obvious. These statements can be rude or offensive, and exacerbate the person's distress.

Unless there is a risk of harm to the person or others, keep everything they have told you confidential!

When the person is an adolescent

Due to stigma and discrimination, transgender youth are as much as four times more likely than their non-transgender peers to experience depression and suicidality (Reisner, et. al., 2015). However, when families affirmed their gender identity, they may be as psychologically healthy as their cisgender peers (Olson, et. al., 2016).

Some of the changes that occur during adolescence can be particularly challenging for a young person who is intersex or is questioning their sexuality or gender identity. Gender diverse adolescents may have additional stressors around age of consent to seek treatment, cost of treatment and restrictive laws.

An adolescent may be uncertain about their sexuality or gender identity and while this may change over time, it does not invalidate their current experience. Don't tell a young person that they have to be an adult before they can know whether they are LGBTQ+. If they tell you about their LGBTQ+ experience, your reactions can influence their future decisions to seek help for mental health or substance use challenges.

Do not pressure them to come out to deal with their distress, or to commit to a sexuality or gender identity.

Maintain their confidence: You are not obliged to tell their parents. In fact, you should not tell their parents, or anyone else, without the youth's permission. To do so would be a breach of confidentiality and might place the adolescent at risk. LGBTQ+ adolescents are at increased risk of isolation and homelessness if their family is not accepting of their LGBTQ+ experience. Do not assume that their friends or school are aware of their sexuality or gender identity.

When talking with the adolescent, let them know that you will not share anything they say with anyone else, unless there's a significant risk of harm to self or others. If you must breach confidentiality because of risk of harm, share only the information necessary to keep the youth safe — not their LGBTQ+ experience. Follow any applicable mandatory reporting laws concerning mistreatment of minors, keeping in mind that rules and laws vary between states and municipalities.

SEEKING TREATMENT FOR MENTAL HEALTH CHALLENGES

You should know about sources of information and resources relevant to the mental health of LGBTQ+ people, including local services and professionals that specialize in working with people who are LGBTQ+ or are LGBTQ+-inclusive.

Do not assume that all “LGBTQ+-inclusive” services are appropriate for the person’s specific experience. Help the person find resources and services relevant to their experience, where available, e.g., gender-affirming services. If a person is reluctant to use an LGBTQ+-specific service, help them find other services that are LGBTQ+-inclusive .

You should be aware of the potential barriers limiting access to professional help for LGBTQ+ people, such as actual or anticipated discrimination, and ask them if there are any barriers preventing them from receiving the support they need. If the person lives in a rural area, they may face additional challenges, including geographical isolation and limited access to mental health services.

If appropriate services are not available, or the person is not comfortable accessing face-to-face services because of their LGBTQ+ experience, consider recommending online resources, including online counseling.

If the person is in a mental health crisis situation, you can enlist the help of others without sharing the person’s LGBTQ+ experience. You should also be aware of the possibility of family (family of origin or family of choice) or intimate partner violence and, if needed, offer contacts for appropriate services.



Definitions

ASEXUAL refers to a person who does not experience sexual attraction (Blazucki and McMillan, 2020).

BISEXUAL is sexual attraction to both males and females. It is a sexuality in its own right, and should not be viewed as “a phase” or “on the way to being gay” (MHFA Australia, 2016).

CISGENDER refers to people whose gender identity is typically associated with the gender they were assigned at birth (Blazucki and McMillan, 2020).

COMING OUT is when an LGBTQ+ person tells others with whom they have an ongoing relationship about their sexuality, gender identity or intersex variation for the first time (MHFA Australia, 2016).

DISCLOSURE is when an LGBTQ+ person who is generally open about their sexuality, gender identity or intersex variation tells a new person — including a First Aider or a mental health professional — for the first time (MHFA Australia, 2016).

GENDER is a social construct that refers to a person’s self-identity, unlike sex, which refers to biological characteristics. Gender is usually assigned to a person at birth by an attendant or parent who bases the decision on visible genitalia of the infant (Blazucki and McMillan, 2020).

GENDER DYSPHORIA is a medical diagnosis that refers to the serious emotional distress that can arise for some transgender people regarding the differences between their assigned gender and their gender identity. Not all transgender people have gender dysphoria (National Center for Trans Equality, n.d.).

GENDER IDENTITY describes someone’s own understanding of who they are with regards to their gender (e.g., woman, genderqueer, man, no gender), as distinct from their physical characteristics. This



includes the way a person expresses or presents their gender and recognizes that a person may not identify as either a woman or a man (MHFA Australia, 2016).

GENDERQUEER refers to person whose gender falls outside of typical cultural definitions of being either a man or a woman. This person may identify with multiple genders, no gender, and/or with notions of gender outside of the mainstream (U.S. Department of State, n.d.).

GENDER TRANSITION, TRANSITION: The process by which transgender people change their physical characteristics from those associated with the sex assigned to them at birth. It occurs over time and may include adopting the aesthetic markers of the new gender, such as makeup or facial hair; telling one’s family, friends and/or coworkers; changing one’s name and/or sex on legal documents; hormone therapy; and surgery or other body modification procedures. Avoid the obsolete term sex change. Not synonymous with gender confirmation/affirmation or sexual reassignment (Blazucki and McMillan, 2020).

HOMOSEXUAL carries negative connotations for some people. Do not use it as a noun unless the person refers to themselves in this way (MHFA Australia, 2016).

HOMOSEXUALITY is acceptable as a noun to refer to the concept of same-sex attraction (Blazucki and McMillan, 2020)

INTERSEX refers to people born with sex chromosomes, genitalia and/or a reproductive system not considered standard for either males

or females. Intersex people may identify as male, female or another gender, and gay, lesbian, bisexual, heterosexual, etc. Avoid the terms “hermaphrodite” or “disorders of sex development,” which are misleading and stigmatizing (Blazucki and McMillan, 2020.).

LGBTQ+ traditionally stands for lesbian, gay, bisexual, transgender and queer or questioning. For our purposes here, it is expanded to include the full range of sexual and romantic attractions (e.g., asexual, polysexual, pansexual), and all gender identities (MHFA Australia, 2016).

LGBTQ+ EXPERIENCE refers to the way an LGBTQ+ person experiences sexual or romantic attraction, sexual behaviors and gender identity (MHFA Australia, 2016).

PANSEXUAL is derived from the Greek prefix “pan,” which means “all.” Pansexual people may be attracted to a person of any gender (MHFA Australia, 2016).

POLYSEXUAL is used to describe a person who is attracted to some, but not all, genders (MHFA Australia, 2016).

QUEER is an umbrella term used by some people who are sexual or gender minorities to describe themselves (MHFA Australia, 2016).

SEX refers to legal, anatomical and/or biological distinction, typically of male or female (U.S. Department of State, n.d.).

SEXUALITY describes a person’s emotional, romantic or sexual attractions to others, often describing the gender of people with whom someone builds sexual or romantic relationships,

e.g., lesbian or gay. Some people experience sexuality as fluid and changing across their lifespan (MHFA Australia, 2016).

TRANSGENDER is an adjective describing people whose gender identity, expression or behavior is different from those typically associated with their sex assigned at birth. “Trans” is shorthand for “transgender.” Being transgender is not an illness, but many transgender people live with physical and mental health challenges stemming from widespread discrimination and stigma (Blazucki and McMillan, 2020).

- A transgender woman lives as a woman today, but was thought to be male when she was born. A transgender man lives as a man today, but was thought to be female when he was born. Some transgender people identify as neither male nor female, or as a combination of male and female (National Center for Transgender Equality, n.d.).
- Transgender is correctly used as an adjective, not a noun. “Transgender people” is appropriate, but “transgenders” and “transgendered” are often viewed as disrespectful (Blazucki and McMillan, 2020).
- A person with a transgender experience may not identify as “transgender,” but as male, female, nonbinary, etc. (MHFA Australia, 2016).

TRANSSEXUAL is an older, obsolete term for transgender. Avoid it, as it may inaccurately imply that a person has undergone gender affirmation surgery (Blazucki and McMillan, 2020).



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Resources

GLAAD (glaad.org)

GLAAD works through entertainment, news, and digital media to share stories from the LGBTQ+ community that accelerate acceptance.

Human Rights Campaign (hrc.org)

By inspiring and engaging individuals and communities, the Human Rights Campaign strives to end discrimination against LGBTQ+ people and realize a world that achieves fundamental fairness and equality for all. HRC envisions a world where lesbian, gay, bisexual, transgender and queer people are ensured equality and embraced as full members of society at home, at work and in every community.

LGBT National Help Center (glbthotline.org)

The Lesbian, Gay, Bisexual and Transgender (LGBT) National Help Center, founded in 1996, is a non-profit organization that provides peer support, community connections and information to people who have questions regarding sexual orientation and/or gender identity. Among other services, the LGBT National Help Center operates the LGBT National Hotline (888-843-4564), the LGBT National Youth Talkline (800-246-7743) and the LGBT National Senior Hotline (888-234-7243).

National Alliance on Mental Illness (NAMI) (nami.org)

NAMI, the National Alliance on Mental Illness, is a grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

National Center for Transgender Equality (transequality.org)

The National Center for Transgender Equality (NCTE) advocates to change policies and society to increase understanding and acceptance of transgender people.

PFLAG (pflag.org)

PFLAG is the first and largest organization for lesbian, gay, bisexual, transgender and queer people, their parents and families and allies.

The Trevor Project (thetrevorproject.org)

The Trevor Project is a national organization providing crisis intervention and suicide prevention services to LGBTQ+ young people. Trained counselors are available 24/7 to support people under 25 who are in crisis, feeling suicidal, or in need of a safe and judgment free place to talk. Call 866-488-7386 or text “START” to 678-678.