

Understanding and Addressing Mental Health Needs of Sexual Minority (Lesbian, Gay, Bisexual and Queer) Youth in Schools

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April 14, 2022



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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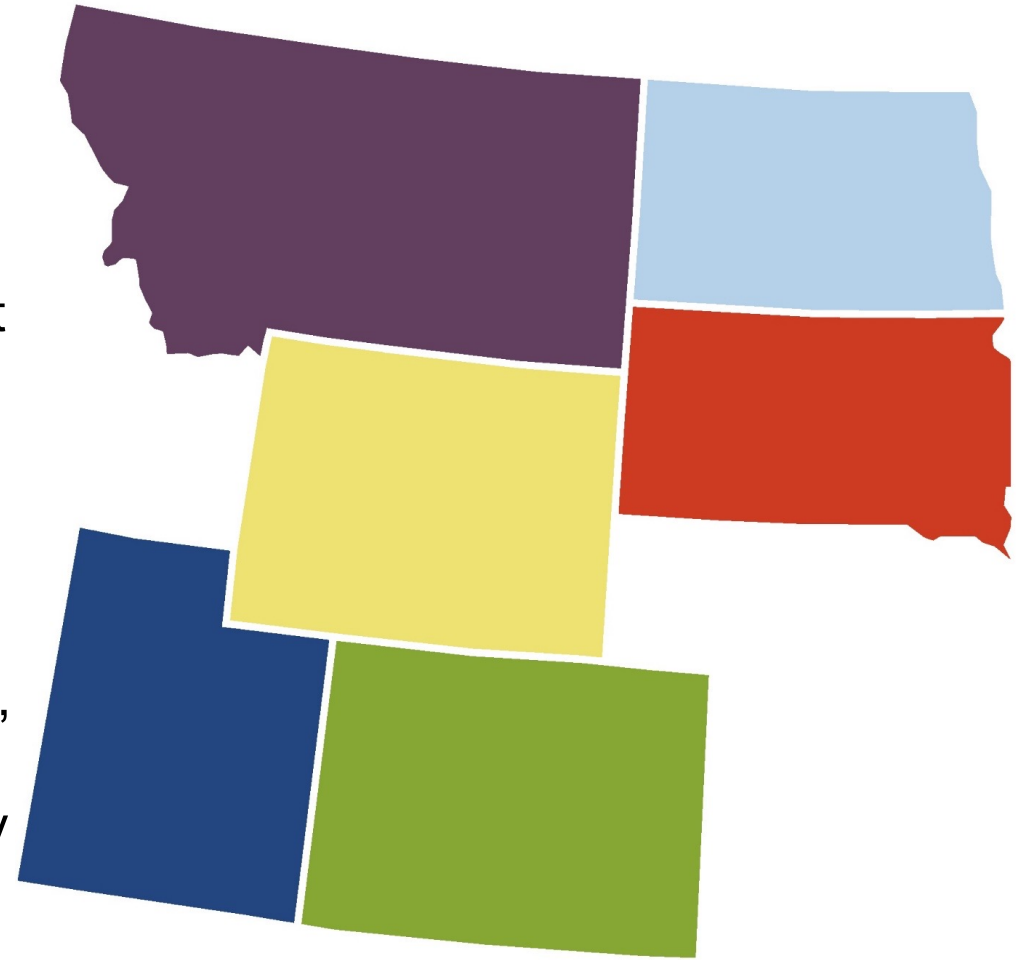
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The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

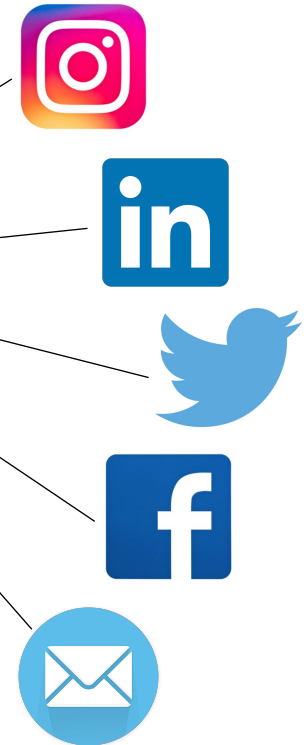
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Stay Connected

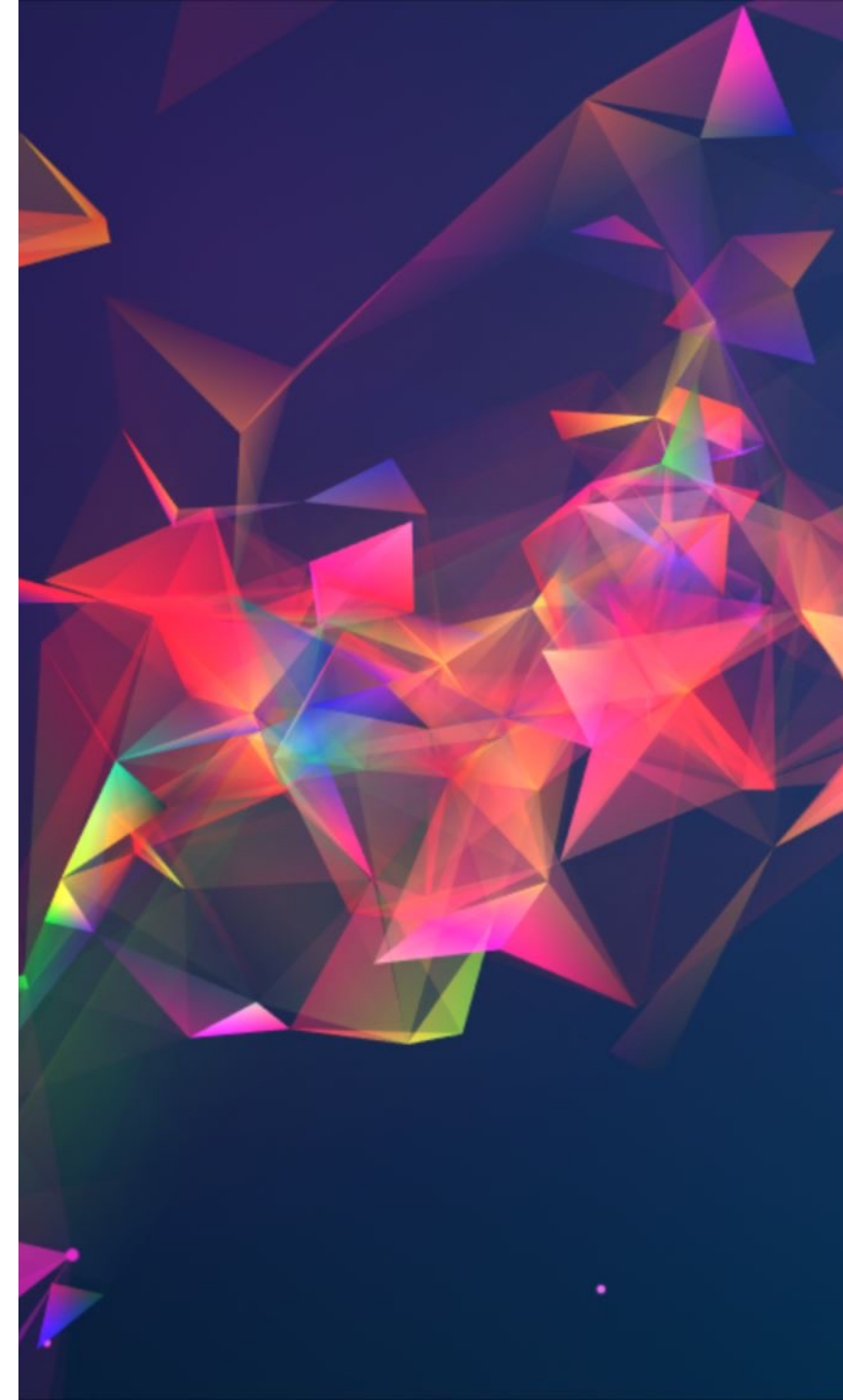
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UNDERSTANDING AND
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HEALTH NEEDS OF
SEXUAL MINORITY
(LESBIAN, GAY, BISEXUAL
AND QUEER) YOUTH IN
SCHOOLS

Kamryn Holtz, B.S.

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OUTLINE OF PRESENTATION

Overview of Mental Health

Minority Stress

School Factors

Depression

Suicidality

Substance Use

Primary Prevention



WHAT IS MENTAL HEALTH?

Mental health- is a state of complete physical, mental and social well-being and not merely the absence of disease

QUEER YOUTH

Coming out at an earlier age

Higher rates of suicide ideation and mental distress

Protective factors: adult support, school safety, confidence in identity

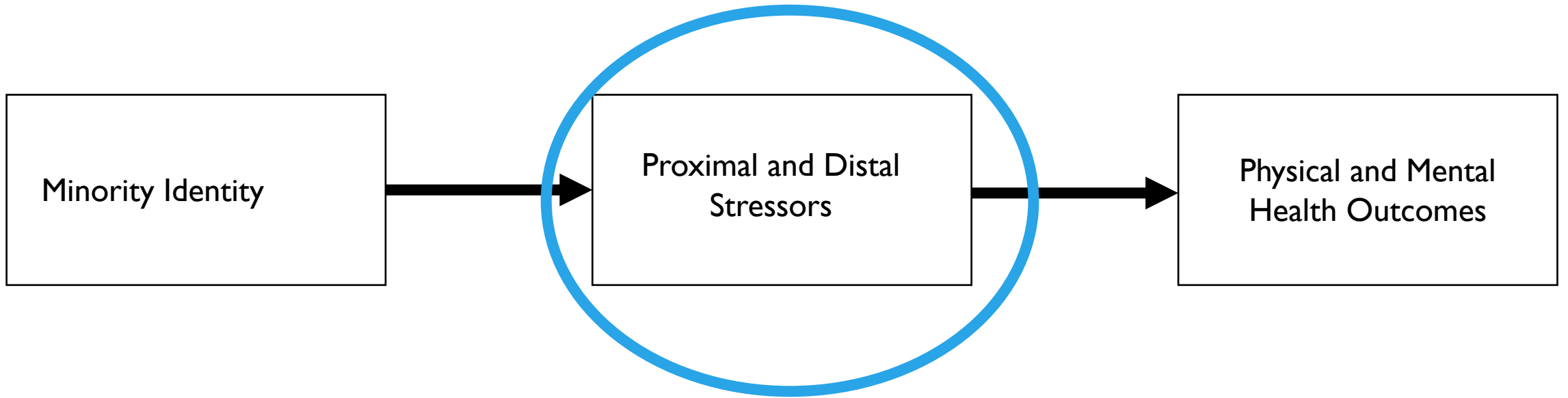
Risk factors: psychological distress, social stigma, discrimination, and familial rejection



Minority Identity

Physical and Mental
Health Outcomes

Meyer's Minority Stress Model (2003)



(Meyer, 2003)

SCHOOL FACTORS



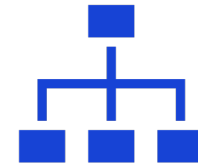
Bullying



Policies



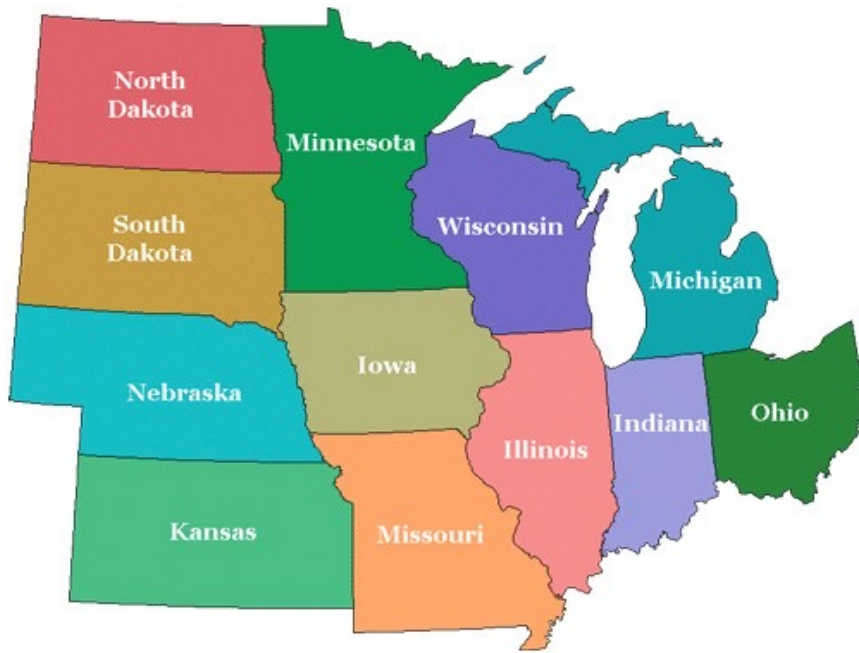
Teachers



Administration

CULTURAL CONSIDERATIONS

- Community-based values
- Rural self-resilience
- Religion
- Stigma against seeking services
- Accessibility to services



DEPRESSION

- 18% of LGBTQ+ adolescents met criteria for depression
- Behaviors that may indicate depression:
 - Poor academic performance
 - Isolation
 - Changes in weight
 - Disengagement from activities
 - Personal hygiene issues



Russell & Fish, 2016

Beirão et al., 2020

SUICIDALITY

Rates of suicide are much higher in rural areas compared to urban areas

LGBQ+ youth have higher rates of suicides compared to straight peers

- LGBTQ youth are more than 4 times as likely to attempt suicide than their peers
- This results in about one attempt every 45 seconds
- 42% of LGBTQ youth seriously considered attempting suicide in 2021

Greater experiences of minority stress relate to increased odds of attempting suicide

- Especially with LGBTQ-based harm, discrimination, housing instability, and change attempts by parents (12 times greater odds of attempting than those youth who experience none of these stressors)
- Having at least one accepting adult can reduce risk of suicide by 40%
- Having at least one LGBTQ-affirming space had 35% reduced odds of an attempt

SUBSTANCE USE

- LGBTQ youth abuse substances at higher rates than straight peers, typically as coping mechanism
- On average, the odds of drug abuse in LGBTQ teens is 12% higher than for heterosexual youth
- LGB high school students and young adults report use of 'hard' drugs at 2-3 times the rate of their heterosexual counterparts
- This disparity is particularly high for LGBTQ girls
- Particular risk factors for higher rates of substance use in rural areas

VIGNETTE

Joseph is a thirteen-year-old boy in your class who has recently come out as bisexual. In the beginning of the year, he was very engaged in the class, social with his peers, and excelled academically. In the past few weeks, Joseph has been less engaged, rarely talks to his friends, sleeps through the class, and does not submit his assignments on time. You feel very concerned about Joseph. How do you respond?

PRIMARY PREVENTION STRATEGIES

Gender and
sexuality alliances

LGBTQ+ inclusive
curriculum

Policies

Discussions and
education about
mental health

LGBTQ+ specific
competency training

Access to counseling
services/ referrals to
community clinics

Advocating for the
rights of the
LGBTQ+
community

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Thank You!

