



WELL TOGETHER: EXPLORING MENTAL HEALTH DISPARITIES AND SOLUTIONS IDENTIFIED BY THE COMMUNITIES AFFECTED

LGBTQ COMMUNITY LISTENING SESSION SUMMARY



SESSION SUMMARY

THE OPPORTUNITY

The lesbian, gay, bisexual, transgender, questioning, and queer (LGBTQ+) community often experiences mental health needs, such as anxiety and depression, that are directly related to their sexual orientation or gender identity, resulting in a substantial need for services and supports.¹ However, despite these needs, the LGBTQ+ community often face barriers to receiving appropriate care, largely in part due to stigma and a lack of culturally competent services, which can threaten the wellbeing of community members.²

To explore these challenges and possible opportunities, the Mental Health Services Oversight and Accountability Commission (MHSOAC) partnered with a LGBTQ+ cultural broker who has extensive experience working with youth, to hold a virtual listening session in October 2020. The session

included people ages 17 to 26 from all regions of California, all of whom experience mental health challenges and/or have loved ones that have mental health needs.

Listening session participants shared their personal stories and elevated opportunities to promote wellness and expand mental health services in the LGBTQ+ community. These included increasing, creating, and connecting community members to groups and other meet-up spaces where people can share their stories and receive support from peers. Participants also endorsed the need for culturally and linguistically appropriate services for people experiencing intersectional discrimination. More providers and mental health workers who themselves identify as sexual and gender diverse would also help create an environment where those seeking services feel safe and understood.



SESSION SUMMARY

Wellness in the Community

Session participants discussed the definition of wellness in their community. One participant described wellness as solidarity with peers and having spaces to process through uncomfortable conversations with others. They talked about being willing to lean into conflict and working through their feelings and traumas while feeling supported. Several others agreed, with one adding that wellness should center around what community members need to not only survive, but also *thrive*.

The intention of “understanding,” not just “accepting,” was a common theme in the discussion. A participant who identified as bisexual brought up being “gas-lit” by friends and family, which is a form of psychological manipulation in which one is made to feel “crazy.” These people insisted that what she was going through was “just a phase,” and would say things such as, “you don’t know yourself as well as you think you do.” Another participant gave an example regarding pronouns, noting how some people will respect a person’s pronouns, but only to avoid conflict and move on from uncomfortable conversations. They highlighted that wellness should be a “personalized attempt to understand” the other person’s sexual and gender identity.

Participants raised the necessity of having more opportunities for organized online meet-ups, where they can share similar stories and support each other’s journeys. These “healing spaces” can be created outside the mental health system, such as through churches that are open and supportive of the LGBTQ+ community. Another participant emphasized the need for LGBTQ+ networking events that do not center around nightlife experiences and alcohol consumption. However, one community member explained that these types of groups can be hard to find without some sort of resource list to connect them.

Intersectionality

One participant who identified as a child of Asian immigrants shared the added challenges and stigmas with intersectionality. Growing up with a “grin and bear it” attitude, they did not feel empowered to have difficult conversations with their family. Additionally, stigma associated with words like “depression” and “therapy” hinder understanding of mental health needs, with their parents instead insisting that they simply “push through it, and it will go away.”



During the discussion, some individuals commented on the lack of diverse representation among therapists, which they described as being predominantly white and cisgender. Therapists may ask questions like, “Have you talked to your parents about this?” without understanding the different stigmas some cultures have toward mental health, sexual orientation, and gender identity. Religious beliefs were another consideration that one participant raised, sharing how her parents would encourage her to “pray [mental illness] away” and how internalized homophobia was in her household.

To help address these issues, it was recommended that there be more service providers and resources that do understand the complexities that come with intersectionality of different sexual orientations, genders, and cultures. One community member brought up an organization that holds family acceptance workshops facilitated by and for Vietnamese parents with LGBTQ+ children. They also recommended that similar support groups be available in other languages, especially since immigrant parents are more likely to listen to others like them.

Access to Services

As one community member put it, “wellness isn’t a ‘one size fits all,’” stating that services need to be flexible to accommodate the people that need to be served. They describe their challenges with accessing mental health services due to their work schedule, which prevents them from making the standard Monday through Friday business hour appointments that most establishments offer. Another peer shared their frustrations with having to wait sometimes months to see a provider, which can leave many people without help when they may most need it. In addition to these barriers, it can be even more difficult to see people of cross-cultural backgrounds that represent the community members they serve.

Financial hardships can also be a barrier to receiving services, let alone appropriate ones. Accessing help that is free of charge can require “a lot of hoops or qualifications you have to jump through,” which leaves community members feeling lost. One area of opportunity that participants brought up was to rely more on supports outside of the mental health system. There are people already within the community who represent diverse sexual orientation and gender identity backgrounds who can use their first-hand experience to provide guidance and trainings. It was said that if people are given the chance to work with members of their own community that they trust, this can better support mental wellness.

CONCLUSION AND CONSIDERATIONS

LGBTQ+ listening session participants described factors supporting wellness in their community, such as having safe spaces for conversations that encourage not just acceptance of sexual and gender diversity, but also understanding. However, these participants also highlighted the challenges with accessing services, emphasizing the need for a workforce representative of the community being served and culturally and linguistically appropriate mental health services and supports. Participants reiterated the importance of mobilizing the LGBTQ+ community to have its members directly involved in mental health work and stated that the solutions are not complex in nature, but that it is more a matter of making them priorities.

This session is one of **several sessions** organized with cultural brokers from African American, Asian American and Pacific Islander, Latinx, LGBTQ+, and Native American communities to support the Commission’s project exploring opportunities in prevention and early intervention in mental health.⁴ A summary of each discussion, including this document, will be disseminated, along with other material to support the project and its conclusions.

REFERENCES

1. California Reducing Disparities Project Population Report. First, Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California. Accessed on December 22, 2020 from https://cpehn.org/sites/default/files/lgbtq_population_report.pdf.
2. National Academies of Sciences, Engineering, and Medicine 2020. Understanding the Well-Being of LGBTQ+ Populations. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25877>.
3. Sweet, P.L. (2019). The Sociology of Gaslighting. *American Sociological Review*. doi: 10.1177/0003122419874843.
4. Visit www.mhsoac.ca.gov for more information.