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Depression and Anxiety Among LGBTQIA+ Teens in Salt Lake City, Utah

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

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Keywords: depression and anxiety, teen sexuality, LGBTQIA+, Salt Lake City, Utah

Depression and Anxiety Among LGBTQIA+ Teens in Salt Lake City, Utah

Goal Statement: If we can create better programming to support LGBTQIA+ teens in Utah, we can decrease the suicide rate and the rates of depression and anxiety in this population.

Significant Findings:

Due to the unusually high rate of suicide among LGBTQIA+ teens in Utah (The Trevor Project, 2022), there is clearly a need for improvement in the quality and availability of programming that supports that population. Because teens go through so much emotional upheaval during their transition to adulthood (MacMillan & Copher, 2005), they are particularly vulnerable to the discrimination many of them face when exploring their sexuality. Keeping in mind their need for positive role models, this portfolio suggests a prevention program that provides at-risk teens opportunities to learn from and with others who share similar experiences (Roach, 2018). Advocacy and diversity/ethical considerations are discussed, as well as some specific strategies that can be employed to support the implementation of this program. Overall, the theme of the portfolio is to suggest that LGBTQIA+ teens will benefit greatly from community programs that affirm their identity and provide safe spaces where they can express themselves without fear or judgment from others.

Objectives/Strategies/Interventions/Next Steps:

Supporting LGBTQIA+ teens is essential for fostering an inclusive and accepting community. In this section, I will introduce some specific action steps that could make up the

parts of the greater prevention program I will propose in this portfolio. First, I propose that a series of LGBTQIA+ youth support groups be established. This will create a safe and confidential space where teens can share their experiences and feelings. These groups could hold regular meetings, workshops, and events to address specific concerns and build a supportive network.

Next, I propose that workshops and training sessions for community members be offered pertaining to raising awareness about issues pertaining to sexuality in adolescence. These workshops would be targeted toward teachers, parents, and local businesses. Possible topics might include understanding gender identity, pronoun usage, and ways to combat discrimination. I also propose that leaders of this prevention program make an effort to work with parents, educators, and local school boards to develop and implement LGBTQIA+ inclusive policies such as advocating for gender-neutral bathrooms, instituting anti-bullying policies, and encouraging the use of more inclusive sex education curricula.

Furthermore, I think it would be beneficial to hold LGBTQIA+-focused events and celebrations throughout the year within the community. Program leaders could coordinate with local businesses to sponsor and support these events to enhance visibility and acceptance. Finally, and perhaps most importantly, I propose that we create LGBTQIA+ support networks within religious institutions. This will give at-risk teens a sense of spirituality that makes them feel safe and included, when they might otherwise feel excluded and judged. One thing that could support the development of such programs would be to work with a local LGBTQIA+ support center or organization, such as "Encircle" (Encircle, n.d.). This agency can provide expertise, resources, and experienced staff who can guide the community's efforts in supporting LGBTQIA+ teens. They can also help connect teens to counseling services, support groups, and

other LGBTQIA+ community members who can serve as mentors and role models. Collaborating with such an agency ensures that the community's actions are well-informed, impactful, and aligned with the needs of LGBTQIA+ teens.

INTRODUCTION
Depression and Anxiety Among LGBTQIA+ Teens in Salt Lake City, Utah

In my community of Salt Lake City, Utah, we have a dense population of religiously conservative individuals. As one might imagine, this population brings with it many associated benefits as well as challenges. One such challenge is the increased prejudice against individuals who are members of marginalized groups, particularly members of the LGBTQIA+ community. This problem is especially prevalent among adolescents, and as a result, we see increased numbers of teens struggling with issues related to anxiety and depression, and an increased risk of suicide (The Trevor Project, 2022). There are an estimated 24,000 LGBTQ teens in Utah (Williams Institute, 2023), a population which is currently, in my opinion, underserved as far as community programming is concerned. As a result, for this course, I have chosen to focus my social change portfolio on this issue. According to the Behavioral Health Continuum of Care Model (Parents Lead, n.d.), a holistic approach to social change includes elements of promotion, prevention, treatment, and recovery. While I would love to become involved with each of those elements, I think the one that interests me the most is prevention—getting out in front of the issue and preventing as many teen suicides as possible.

PART 1: SCOPE AND CONSEQUENCES
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According to an article by KUTV News (2016), suicide is the #1 killer of Utah's youth, and is happening at rates that are three times higher than they were in 2007. Clearly, this is a growing problem in our community. One survey conducted by The Trevor Project (2022) found that over 50% of LGBTQIA+ youth have considered suicide in the past year, and as many as 17% have actually made an attempt. The number of people who considered suicide in the past year in Utah is 10% higher than the national average, according to NBC News (2020). In that same study, participants reported that 58% of LGBTQIA+ youth desired mental health care, but were unable to get it.

Suicide is, of course, traumatic for all parties involved, not just the immediate family of the individual who passes away, but for their friends, peers, and the community at large. It leaves behind a wake of memories and scars that take years, if not a lifetime, to heal. The consequences of suicide are far-reaching because they can and often do create a ripple effect, making others feel as if their situation is hopeless and as if suicide is the only way out for similar individuals (NAMI, n.d.). It can make people feel as if the environment in which they live is unsafe for them because it was unsafe for the person who committed suicide, which can lead to further depression, anxiety, and even more suicide down the road. That is why my goal for this social change portfolio is to increase awareness about the importance of acceptance for all genders and sexual orientations, and to identify resources and create a plan to reduce the effects of depression and anxiety for members of the LGBTQIA+ community.

PART 2: SOCIAL-ECOLOGICAL MODEL
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A published resource from the CDC (n.d.) provides a framework for prevention called the social-ecological model. This model holds that there are both risk and protective factors at the individual, relationship, community and societal levels that can and should be addressed in efforts to prevent tragedy from striking. In the case of the subject for this social change portfolio, depression and anxiety as well as suicidality among LGBTQIA+ teens in Salt Lake City, Utah, the risk and protective factors at the individual levels have to do mostly with the individual's sense of self-worth, whether they come by it via nature or nurture. One's personal history is strongly linked with their sense of self-worth, and struggling with issues regarding one's sexuality truly puts a person to the test. According to the CDC (n.d.) "prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence." The more positive role models a teen has to strengthen their attitudes, beliefts, and behaviors, the less at risk they become for depression, anxiety, and suicidality as they approach adulthood.

At the relationship level, teens are not only influenced by the attitudes, beliefs, and behavior of their parents, they are also strongly influenced by their friends and other peers. The biases held by the people in their social circle have a great deal to do with how these teens view themselves and the world they live in, which is why it's so important that communities work on initiatives to promote acceptance that include all sorts of people, not just teens who are struggling with their sexuality. It would be natural to assume that if teens are surrounded by intolerant people, they are less likely to accept their own sexuality, but if they are surrounded by accepting people, they are more likely to have a stronger sense of self-compassion (Chan, 2020).

At the community level, probably the most relevant environment to the issues being examined in this portfolio is the school environment. It is important, for the mental health of all parties concerned, that the school be a safe place for students regardless of their sexual orientation. If bullying is a significant issue in a particular school, this can most definitely be a risk factor for teens in marginalized groups, but if there is an atmosphere of acceptance, it can be a protective factor (CDC, n.d.). Finally, societally, even policy decisions made by the local government can influence the way teens see themselves if those decisions have to do with inclusivity based on sexual orientation. Conservative communities such as the one in which I live can often be seen as taking a stand against LGBTQIA+ individuals, and this can be damaging to their self-esteem and mental health.

PART 3: THEORIES OF PREVENTION
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Social Cognitive Theory (SCT), developed by Albert Bandura (National Cancer Institute, 2005), is focused on the way we develop patterns of behavior via personal factors, environmental influences, and cognitive processes. It is a useful way to address depression and anxiety in LGBTQIA+ teens because of its emphasis on the social and cognitive factors that contribute to mental health issues. A prevention program based on Social Cognitive Theory would address depression and anxiety in LGBTQIA+ teens by focusing on the components discussed in this section.

First, the program would involve positive role models from the LGBTQIA+ community who have successfully navigated their own mental health challenges. By sharing their experiences and coping strategies, participants could learn adaptive behaviors for managing

depression and anxiety. Second, the program could provide opportunities for participating teens to develop skills and build confidence in handling stressful situations. Through structured activities and exercises, participants would learn problem-solving, emotion regulation, and resilience techniques, reinforcing their belief in their ability to manage their mental health. Finally, the program could create a sense of belonging by helping the teens build peer support networks. By fostering a safe and inclusive environment, participants could share their experiences, seek emotional support, and develop resilience through connection with others who face similar challenges.

SCT is valuable for this issue because it is focused on the idea that individuals are influenced by their social environment. LGBTQIA+ teens often experience trauma due to discrimination, stigma, and lack of acceptance. In answer, SCT emphasizes the importance of modeling and observational learning. Participating teens could benefit from seeing positive role models who have overcome similar mental health challenges, people who would provide them with hope and viable strategies for coping with depression and anxiety.

Furthermore, SCT addresses the significance of cognitive processes in behavior change. A potential prevention program using SCT could help the participating teens to address negative thought patterns and irrational beliefs commonly associated with depression and anxiety. By modifying these cognitive processes, these teens could begin to experience more positive emotions and reduced symptoms. In summary, Social Cognitive Theory is a valuable framework that considers the interplay of personal, social, and cognitive factors in the development and prevention of depression and anxiety among LGBTQIA+ teens. By leveraging the theory's principles, a theory-based prevention program could provide relevant strategies and support for this specific population.

One resource that is currently serving the LGBTQIA+ community, including teens, in Utah is the Utah Pride Center. The Center offers suicide prevention workshops as well as trainings on cultural competency, as well as conferences and other events year-round. Considering the social learning aspect of SCT, working with organizations like these would be particularly beneficial to foster a sense of belonging and community for participating youth.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS
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To develop a culturally relevant prevention program, the unique needs of the cultures represented must receive careful representation. Because in a previous section I mentioned the unique cultural landscape in Utah due to the large population of members of the Church of Jesus Christ of Latter-Day Saints, I believe special consideration should be given to teens who are raised in, or impacted by, that religious culture. This is a growing population, as a recent survey showed that 23% of Latter-Day Saint Gen Z respondents identified as LGBTQ, which is almost double the percentage from a similar survey in 2016 (Riess, 2021). Section A.4.a of the ACA Code of Ethics (2014) states that it is the counselor's responsibility to avoid doing any sort of harm to our clients, which is why it is so important that we consider the ramifications of any prevention program we try to implement and how they might impact the individuals we hope to serve. Keeping that in mind, it is important to respect this population's spiritual beliefs while helping them find their place in a culture that is not known for its tolerance of the gay community (Shimron, 2021).

One mechanism that could be used to increase the cultural relevance of a prevention program for LGBTQIA+ teens who are members of the LDS faith could be to recruit facilitators

who are members of the gay community as well as the church, or those who have made faith transitions into or out of the church. This would provide positive role models for the participants and show them what's possible for their futures. This mechanism is particularly relevant for teenagers because they are so impressionable and are easily affected by the role models they spend time with. Choosing like-minded facilitators would give them someone they can learn from who has a personal experience facing (and, hopefully, overcoming) the same challenges they face. Secondly, this prevention program could consider incorporating a peer mentorship program because perhaps even more than the adults in their lives, teens respond to their friends. Providing structured opportunities for LGBTQIA+ teens to get to know and develop deeper relationships with each other might help participants overcome some of the loneliness and isolation they might experience. The more teens we could involve in these programs, the more likely it would be that the ones involved who are grappling with religious issues would find peers who understand the unique challenges they're facing.

Of course, in implementing these mechanisms, the ACA Code of Ethics (2014) must be considered, particularly Section B, which deals with confidentiality. The teens and facilitators who participate in this program must be made aware that what is said during their participation in the program should be held confidential, no matter how friendly their relationships may become. This is a particularly salient issue because church members are so often pressured to disclose private information to their religious leaders, but they should be encouraged to share only what they feel comfortable sharing in the context of their participation in the program. Furthermore, as mentioned in Section A.2. on Informed Consent (2014), leaders should always make sure that the participants are aware that they are free to choose whether or not they want to be a part of the program. It is important for them to participate willingly in order to achieve the emotional

openness needed to truly benefit from participating. All stakeholders, teens and facilitators alike, should enter into their experiences in a spirit of acceptance and collaboration in order to create a safe environment where all those involved can thrive.

PART 5: ADVOCACY
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There are many barriers that stand in the way of creating real change for LGBTQIA+ teens struggling with depression and anxiety. On the institutional level, there is a lack of LGBTQIA+ inclusive policies, programs, and resources in schools, healthcare systems, and other organizations. There is also insufficient education for staff members regarding issues and mental health disparities pertaining to gender and sexuality. Beyond that, there is also a general lack of understanding or acceptance of LGBTQIA+ experiences at the institutional level. On the community level, some barriers to change are prejudice against LGBTQIA+ individuals, a lack of inclusive mental health services for youth, and limited community support for youth who are facing mental health challenges. Finally, at the public policy level, there is a deficit of legislation that protects LGBTQIA+ individuals from discrimination, not to mention funding for mental health initiatives. There is also very limited inclusion of minority perspectives and voices in policy-making processes (Multicultural and Social Justice Counseling Competencies, 2015).

As far as actions that could be taken to circumvent some of these barriers are concerned, at the institutional level, it might be beneficial for compassionate individuals to advocate for the implementation of LGBTQIA+ inclusive policies, programs, and resources within institutions such as schools, healthcare facilities, and counseling centers. This might involve working with administrators, policymakers, and other relevant stakeholders to develop policies that would help to protect against discrimination, establish safe spaces, provide mental health support, and promote inclusive practices.

At the community level, advocates might strive to create LGBTQIA+ inclusive mental health services and support networks. This would require collaboration with local organizations, mental health providers, and community leaders. By increasing the availability and accessibility of mental health support, LGBTQIA+ teens would be more likely to receive appropriate care in a way that addresses their unique challenges. At the public policy level, policymakers could put anti-discrimination laws and policies into practice that protect the rights and well-being of LGBTQIA+ individuals, including teens. They could also collaborate with LGBTQIA+ organizations to lobby to secure funding for mental health initiatives designed for youth. Additionally, advocate for the inclusion of marginalized voices and perspectives in the policy-making process to ensure that the unique needs of this community are represented (Multicultural and Social Justice Counseling Competencies, 2015).

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