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Prevention, Mental Health Risk, LGBTQ+ Youth and Young Adults, Jackson County, Indiana

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Prevention, Mental Health Risk, LGBTQ+ Youth and Young Adults, Jackson County, Indiana

Goal Statement: Acknowledge and highlight the increased mental health risks for LGBTQ+ youth and young adults while working to implement prevention efforts to mitigate, and eventually eliminate the increased risks for this population.

Significant Findings: The LGBTQ+ youth and young adult population faces many challenges throughout their daily lives. One such challenge plaguing the community is their increased risk for mental health concerns compared to their heterosexual, cisgender counterparts (The Trevor Project, n.d.; Marlay et al., 2022). In the rural Jackson County, Indiana community, very few prevention and treatment efforts are implemented to serve this community. It is worth noting that there are very limited studies regarding the implementation and effectiveness of LGBTQ+ youth and young adult prevention and treatment programs related to the mental health risks experienced by this population. However, a feasibility study was conducted for a program called Being Out with Strength (BOWS), and it was found to have a high demand with a high probability of success (Hall et al., 2019). Implementing programs such as BOWS and strong advocacy at the institutional, community, and public policy levels could elicit many positive changes and contribute to the overall goal of preventing mental health risks for this population.

Objectives/Strategies/Interventions/Next Steps: Develop and implement effective prevention programs in community mental health facilities like BOWS. Increase peer-reviewed studies to determine the effectiveness of prevention programs for this population. Engage in multiple advocacy efforts to make changes within the community and at the public policy level.

Increase the visibility of allyship to the local LGBTQ+ youth and young adult community.

Enhance focus of LGBTQ+ cultural competency among all professionals in rural communities.

INTRODUCTION

Prevention of Mental Health Risk in LGBTQ+ Youth and Young Adults

The overall mental health of youth and young adults has become an ever-increasing topic. The after-effects of COVID-19, the increased school shootings, and the prevalence of bullying, especially in social media, have raised red flags among this population. However, one subset of our youth and young adult population struggling well before the previously mentioned social issues are LGBTQ+ youth and young adults. The increased mental health risk experienced by this population has always been prevalent. Still, despite increased attention, this social issue has experienced very few prevention efforts to help decrease the prevalence of mental health risks within this subset population. This is especially true within rural communities where LGBTQ+ youth and young adults are heavily underrepresented, leading to a lack of professional and social support. Within this portfolio, a social action plan focusing on preventative efforts will be developed and discussed to help decrease the prevalence of mental health risks within the local LGBTQ+ youth and young adult community.

PART 1: SCOPE AND CONSEQUENCES

Prevention of Mental Health Risks in LGBTQ+ Youth and Young Adults

This Social Change Prevention Portfolio focuses on developing a plan that aids in preventing or decreasing the mental health risks within the local LGBTQ+ youth and young adult population. As a Clinical Mental Health Counselor, it is essential to understand the general issues

and concerns of a specific population one may encounter. When it comes to LGBTQ+ youth and young adults, it is crucial to recognize that they experience mental health risks, such as anxiety, depression, and suicidal ideation and attempts, at much higher rates than their heterosexual, cisgender counterparts (The Trevor Project, n.d.; Marlay et al., 2022). Many factors contribute to increased mental health risks in LGBTQ+ youth and young adults, such as discrimination, prejudice, lack of family support or acceptance, lack of adequate social support, harassment, and denial of their civil and human rights (Haynes, 2021).

When a focus is placed more directly on the Jackson County, Indiana community, there is a population of 46,067. Additionally, 24.5% are under 18, meaning there are about 11,286 children and teenagers (Jackson, Indiana, 2023). No statistics represent the percentage of children and teenagers in Jackson County among the LGBTQ+ population. One could speculate this is partly due to the lack of focus on the local LGBTQ+ community, given the already slim resources in the area. However, it is estimated that there are 43,000 LGBTQ+ youth between the ages of 13-17 in Indiana (Haynes, 2021). These numbers indicate there is a significant number of LGBTQ+ youth that could greatly benefit from prevention services within the community in the forms of support groups, inclusive mental health services and providers, and primary care providers that are educated and knowledgeable of the additional needs and risk factors of LGBTQ+ youth and young adults.

Looking at the mental and physical health providers available in Jackson County, statistics show there is one primary care physician for every 1,580 Jackson County residents and one mental health provider for every 1,180 Jackson County residents (Jackson, Indiana, 2023). When these ratios are compared in the United States, the number of residents per physical and mental health professional is much higher than the state and national averages (Jackson, Indiana,

2023). This indicates the increased need for mental and physical health providers for the Jackson County community. However, it can be speculated that this makes obtaining more focused care for LGBTQ+ youth and young adults much harder.

To explore this speculated fact more closely, a search was conducted for Jackson County mental health providers that indicate they specialize or acknowledge having expertise on the issues within the LGBTQ+ population. The search was conducted on PsychologyToday.com using Jackson County's zip code. While the list of providers was not all-inclusive of those practicing within Jackson County, it provided a general overview to understand the lack of resources available within Jackson County for the identified population. The search results filtered by zip code provided ten verified mental health providers within the area, and of the 10, two indicated they have expertise with the LGBTQ+ population in the provided expertise checklist. However, they neither indicated nor touched on this expertise within the biography section of their profiles (Sussex Publishers, n.d.).

The results of this search coincide with some of the state-wide statistics provided by the Indiana Youth Institute. It was found that currently, Indiana does not provide protections for LGBTQ+ individuals against discrimination from private insurance companies. Additionally, it was found that 31% of transgender individuals in Indiana within the last year of the study experienced at least one negative experience, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care (Haynes, 2021). While this statistic is geared more toward healthcare providers, it can also be applied to mental health providers because even recent textbooks indicate that the mental health needs of transgender individuals are still not fully known or understood within the counseling community (Erford & Gray, 2020).

Based on the statistics and facts provided, it has become evident that there is a significant need for community education and resources not only to help in the prevention of mental health risks for LGBTQ+ youth and young adults but to improve their overall well-being and quality of life. Improving access to quality care for the target population will take a collaborative effort from multiple facets within the community to make the needed changes and introduce additional resources for LGBTQ+ youth and young adults. The goal is to increase awareness of LGBTQ+ youth and young adult mental health risks, increase access to resources, and develop a collective plan to help decrease the mental health risks within the identified population.

PART 2: SOCIAL-ECOLOGICAL MODEL

Prevention of Mental Health Risk in LGBTQ+ Youth and Young Adults

When the topic of prevention is considered, a key model that addresses all the potential factors contributing to a social issue is the social-ecological model. The social-ecological model considers the interplay of individual, relationship, community, and societal factors impacting one's risks and protective factors (CDC, n.d.). The premise of this model is to take a comprehensive approach to address all factors at play in an individual's life. Further, it is crucial to recognize that to prevent an issue, it is necessary to simultaneously incorporate action across all model levels (CDC, n.d.). The following paragraphs will explore the application of the social-ecological model in prevention efforts in combating mental health risks in the LGBTQ+ youth and young adult population.

The first level within the model is the individual level. This level identifies biological and personal history factors that suggest an increased risk for LGBTQ+ youth and young adults developing and suffering from the mental health risks discussed in the previous section (CDC, n.d.). The individual factors that likely increase the mental health risks for the selected

population are age, developmental stage, and overall health. Of the aforementioned factors, the age and developmental stage of the youth and young adult may be the most critical factor. The physical effects of puberty and the increased desire and focus to fit in socially among peer groups lead to an increased risk of anxiety, depression, and other mental health concerns (Broderick & Blewitt, 2019). However, an individual-level protective factor that could combat the previously stated risk is a strong, positive self-image to help mitigate the effects of common social issues at this level, such as bullying and harassment (SAMHSA: Risk and Protective Factors, n.d.) Combined with the contributing factors of the other social-ecological model, this fact led to significantly increased risk among the focus population.

The second level within the model is the relationship level. The relationship level examines the close relationships, such as family members and peer groups, that act as risks or protective factors for mental health risks among the LGBTQ+ youth and young adult population (CDC, n.d.). This level could arguably be the most important for prevention within the focus population. A study found that about one-half of its LGBTQ+ youth participants identified interpersonal support as an essential resource and protective factor (Eisenberg et al., 2018). Additionally, it has been found that LGBTQ+ youth who felt strongly supported by their family reported attempting suicide at less than half the rate of those who felt low or moderately supported by their families (The Trevor Project, n.d.). While this level is of utmost importance, it does not negate the other levels' potential risk and protective factors.

The third level within the model is the community level. The community level explores the environments in which the focus population interacts daily, such as schools, workplaces, and neighborhoods (CDC, n.d.). The critical environment for LGBTQ+ youth and young adults is the school environment. A survey conducted by GLSEN found that 68.0% of LGBTQ+ students felt

unsafe at school because of their sexual orientation, gender identity, and/or gender expression. The same study found that 76.1% experienced in-person verbal harassment based on their sexual orientation, gender expression, and gender identity (2022). The hostile environments within the school setting only contribute to the increased mental health risks faced by the LGBTQ+ youth and young adult population. It was found that these hostile environments involving victimization and discrimination had lower self-esteem and higher levels of depression than their student counterparts (GLSEN, 2022).

However, there were benefits to be found within schools that incorporated LGBTQ+-related supports and resources. It was found that school systems that have Gay-Straight Alliances or Gender and Sexuality Alliances (GSAS) found that LGBTQ+ students were less likely to hear negative remarks about sexual orientation, gender expression, and transgender individuals and were more likely to report having supportive school staff and more accepting peers (GLSEN, 2022). It is important to note that outside of the school environment, it was found that a strong sense of support from the community for LGBTQ+ youth and young adults was the hosting of Pride festivals or parades (Eisenberg et al., 2018). Overall, it was concluded that more resources and support within the school and community lead to more inclusive environments for LGBTQ+ youth and young adults.

The last level within the social-ecological model is the societal level. This level examines broad societal factors, such as political climate and social and cultural norms, that lead to increased risk or protective factors (CDC, n.d.). Today's political climate has increased the risk for LGBTQ+ youth and young adults, especially the transgender population. Thus far, in 2023, over 520 anti-LGBTQ+ bills have been introduced in state legislatures, with over 220 of the bills explicitly targeting transgender and non-binary people (Peele, 2023). The introduction and

debates over these bills increase risks for mental health concerns by creating fear and undo stress within the population. Alternatively, supportive, progressive political climates have shown to be a potent protective factor within the LGBTQ+ community overall. A study conducted in Canada found that progressive political climates acted as a protective factor by slightly lowering suicidal ideation and significantly lowering self-harm behaviors among LGBTQ+ youth (Saewyc et al., 2020). These statistics collectively speak to the impact of the state and federal political climate as a risk factor and protective factor for LGBTQ+ youth and young adults.

As presented, each level of the social-ecological model contains prime risk factors and protective factors for the focus population. It is what makes this model so practical and applicable to implementing prevention efforts for any identified social issue. In accounting for each level's potential for risks and protective factors in the local community, it highlights the overall needs among the different sects that comprise the community: the individual, the family, and the community.

PART 3: THEORIES OF PREVENTION

Prevention of Mental Health Risk in LGBTQ+ Youth and Young Adults

When considering prevention programs, one could get lost in many different directions, practices, interventions, and programs. As explored in the previous section, finding and utilizing an applicable theory can provide a solid framework and direction for narrowing down the best effective practices and interventions that best serve prevention efforts. This section will explore the benefits of applying cognitive behavioral therapy to a prevention program and identify an evidence-based prevention program that could prove beneficial in preventing mental health risks in LGBTQ+ youth and young adults.

The theory of cognitive behavioral therapy (CBT) has grown in evidence-based support for treating depression and anxiety. The limits of CBT's reach and effectiveness are being explored across mediums in treatment and prevention efforts. The exploration of CBT across mediums is seen in studies conducted by Schmitt et al. (2022) and Sander et al. (2023). These studies explored the effectiveness of internet-delivered and internet-based CBT for anxiety and depression. Schmitt et al. (2022) focused more on the adolescent population finding significant improvements in anxiety and depression symptoms, while Sander et al. (2023) found significant improvements in depression symptoms but only minor effects on anxiety in adults. The effectiveness of CBT prevention efforts was explored in a study conducted with first-year university students that found group CBT could reduce depression symptoms along with participants' associated risks for developing depression (Ogawa et al., 2023).

While CBT is being shown to maintain its effectiveness in treating related mental health risks in the LGBTQ+ community across mediums, it is crucial to explore the adaptability of CBT practices and intervention within the LGBTQ+ population overall. However, it is important to note that there is limited evidence-based support for CBT for the LGBTQ+ population. Thus, a feasibility study was conducted to explore the potential success of an intervention called Being Out with Strength (BOWS), an 8-session, small group, CBT-based intervention focusing on decreasing depression symptoms in LGBTQ+ young adults. Upon conducting interviews with health professionals and potential LGBTQ+ participants, a strong demand was found for BOWS and a high probability of successful program implementation with inputs from the providers and potential participants (Hall et al., 2019).

The BOWS program and intervention would be ideal for implementing and gearing toward prevention. This would be done under the guidance and combination of the evidence-

based program, Adolescent Coping with Depression Course, which has been proven effective in lowering the risk for depression in adolescents (Kilburn et al., 2014). Suppose the proven effectiveness of the Adolescent Coping with Depression Course and its fundamental structure, techniques, and tools could be combined with the BOWS program. In that case, it holds the potential not only to help prevent mental health risks of the LGBTQ+ population but also cater to the populations' cultural differences outside of the cisgender, heterosexual norm.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Prevention of Mental Health Risk in LGBTQ+ Youth and Young Adults

When diversity and ethical considerations are applied to the LGBTQ+ community, it is vital to recognize the magnitude of intersectionality within the population. The LGBTQ+ population includes multiple races, ethnicities, sexual orientations, religious beliefs, and practices. To effectively work with this population and integrate preventative measures, the disparities of risks among the subpopulations within the LGBTQ+ community must be recognized. Such subpopulations include the transgender community and the subcommunity of African American transgender women.

As discussed in previous sections, transgender youth and young adults are at a significantly higher risk for mental health concerns and higher acuity. A study completed by Stewart, Van Dyke, and Poss (2023) found that while treatment-seeking transgender and gender non-conforming youth presented with similar mental health risks, the acuity within this population was significantly higher than their cisgender female and male counterparts. Specifically, it found that the transgender and gender non-conforming youth presented with a much higher acuity of anxiety, depression, social disengagement, self-harm, and risk of suicide. To further exemplify this finding, transgender and gender non-conforming youth displayed 932%

higher odds of being at very high risk for suicide and self-harm behaviors than cisgender males and 355% higher odds compared to cisgender females (Stewart, Van Dyke, & Poss, 2023).

Along with this glaring disparity, another alarming disparity is the experiences of African American transgender women.

This subset of individuals not only faces inequities due to their identities as transgender individuals but also the inequities and disparities related to their race. Pamuela Halliwell (2020) discusses these specific disparities and highlights that African Americans still face injustices and discrimination despite federal protections. Additionally, Halliwell acknowledges that African Americans also show increased rates of mental health statistics (2020). She further goes on to connect these disparities to the impact on African American transgender women, who makes up the highest percentage of victims of hate crimes within the transgender community. Halliwell explains that while all transgender individuals are subject to increased violence and hate crimes, African American transgender women comprise 4 in 5 anti-transgender homicides (2020). When working with transgender individuals, specifically African American transgender women, counselors must be aware of the increased risk for violence and the additional stress and risks for the whole community.

By understanding the greater risk and disparities faced by these subsets of the LGBTQ+ population, specific mechanisms can be implemented to increase the cultural relevance of the potential prevention programs. Such mechanisms that could be implemented are creating additional support groups for those who identify as transgender, creating a support group for African American LGBTQ+ individuals, and incorporating additional sessions or topics around ensuring physical safety and coping skills specific to the individual experiences of the transgender community. Implementing these additional tools, groups, and sessions increases

multicultural competencies and ensures that all transgender individuals and transgender individuals of color are heard and recognized, increasing the viability of a safe space being created and aiding the prevention efforts.

Creating safe and supportive spaces is vital to effectively treat the LGBTQ+ community, thus, bringing forth ethical considerations when working with this community. The core ethical codes and considerations in creating and implementing prevention programs for the LGBTQ+ community are A.1.d. Support Network Involvement, A.4.a. Avoiding Harm, A.7.a. Advocacy, A.7.b. Confidentiality and Advocacy, B.7.b. Disclosure of Confidential Information, and D.1.c. Interdisciplinary Teamwork (ACA, 2014). These ethical codes and considerations are core to protecting LGBTQ+ individuals and their identities. As discussed previously, LGBTQ+ individuals, specifically the transgender community, are at increased risk for discrimination and violence. The counselor must focus on avoiding potential harm to their clients and potentially negate the prevention efforts by causing undue increases in mental health risks. However, this should be balanced with the importance of advocating for their clients regarding social injustices and disparities in treatment, whether in the medical or social environments.

PART 5: ADVOCACY

Prevention of Mental Health Risks in LGBTQ+ Youth and Young Adults

This social action plan has discussed different approaches and actions to prevent mental health risks in LGBTQ+ youth and young adults. However, when there is a push for change, there is an undoubted pushback in the form of barriers and obstacles on multiple levels. These pushbacks can be felt at the institutional, community, and public policy levels. By identifying the potential barriers at all levels, advocacy action plans can be developed and established to eradicate these barriers and foster better success in prevention efforts.

The first level of advocacy intervention occurs at the institutional level. The institutional level focuses on the social institutions within the community, such as schools, churches, and organizations (MSJCC, 2015). As identified in previous sections, a barrier at this level for the LGBTQ+ youth and young adult population is the lack of specified resources and culturally competent professionals within the Jackson County community. There are ample opportunities to advocate for change at this level by bringing awareness to the lack of resources and working with professional representatives of these entities to encourage cultural competency and the development of additional resources. However, there has been significant intersectionality with other levels, with additional barriers being in place at the institutional level by the more overarching public policy level.

Indiana House Bill 1608 was passed earlier this year, which placed additional restrictions and expectations on teachers and school personnel regarding interactions with LGBTQ+ youth. The most alarming concern in this bill is the potential risks it creates for transgender and gender-non-conforming youth as it requires the school to provide written notification to at least one parent if a student requests to be addressed by different pronouns, name, title, or word (HB 1608: Education Matter, 2023). This is important to acknowledge because it hinders a student's ability to safely explore their identity that is considered age-appropriate in their life-span development and increases their risks for mental health concerns if their parents or guardians are not supportive of their identity (Broderick & Blewitt, 2019). With this level of intersectionality between the institutional and public policy levels, it is almost impossible to advocate at the institutional level without advocating at the public policy level.

While House Bill 1608 places additional barriers and restrictions in schools specifically, additional focus can be placed at the community level to provide additional support for LGBTQ+

youth and young adults to combat the barriers and risks within the institutional level. The community level comes with its barriers and risks for the population. This level comprises spoken and unspoken norms, values, and regulations that make up the community (MSJCC, 2015). This is arguably the second most impactful level, aside from the interpersonal level, that LGBTQ+ individuals experience the most discrimination and oppression regardless of age. Parker, Hirsch, Philbin, and Parker address this concern in their study that looked at the importance of ending family stigma and discrimination against LGBTQ+ youth (2018). The authors acknowledge that the stigma and discrimination families subject their LGBTQ+ youth to result from the community norms, values, and beliefs, thus, emphasizing the importance of community-level interventions, programs, and advocacy. However, throughout the study, it was found that there is very little peer-reviewed research into the effectiveness of community-level programs for intervention and prevention (Parker et al., 2018). This could be an excellent place to start advocacy efforts at the community level as a mental health professional.

A mental health professional can best advocate for the mental health risk of LGBTQ+ youth and young adults at the community level by implementing community education events and family and friend support groups. These events and support groups can highlight the increased mental health risks for the population and the critical factors studies have identified to help lessen the risks. Educating the community could prove beneficial in shifting the community norms, values, and beliefs away from those that put LGBTQ+ youth and young adults at significant risk to ones that are more inclusive and supportive of the population.

While bringing forth education can be beneficial at the community level, using education and experience can also impact the public policy level. A mental health professional's scientific knowledge can be beneficial at town halls, public meetings, and state hearings for anti- or pro-

LGBTQ+ legislation. Jackson, Stewart, and Fleegler discuss the vital role of clinicians from all professions in advocating for LGBTQ+ inclusive policies at all policy levels (2023). It is discussed how clinicians can lobby and engage stakeholders to join the discussion of policies and use their stance and social influence to encourage inclusive policies and, conversely, discourage non-inclusive policies that can prove to be detrimental to the overall well-being of the LGBTQ+ population (Jackson et al., 2023). It is essential to recognize that advocating at the public policy level can create significant shifts and changes at the interpersonal, institutional, and community levels, which, in turn, can lead to great strides in prevention efforts for the LGBTQ+ population overall.

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SIGNATURE: Darrian S Jamison

DATE: 07/19/2023

DIRECT EMAIL ADDRESS: Darrian.jamison@waldenu.edu