

# PROUD & THRIVING

## REPORT AND FRAMEWORK

SUPPORTING THE MENTAL HEALTH OF LGBTQ+  
HIGH SCHOOL, COLLEGE, AND UNIVERSITY STUDENTS

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The Upswing Fund   
for Adolescent  
Mental Health



The Jed Foundation



# ABOUT THE PROUD & THRIVING PROJECT

The Proud & Thriving Project, generously funded by the Upswing Fund Adolescent Mental Health, was a collaboration between The Jed Foundation (JED), The Consortium of Higher Education LGBT Resource Professionals, and a multi-disciplinary team of subject matter experts to develop a comprehensive framework that schools can utilize to strengthen systems of support for high school, college, and university LGBTQ+ students. LGBTQ+ students experience an elevated risk for negative outcomes, as measured by health and academic factors such as substance misuse, depression, suicidal ideation, academic and co-curricular disengagement, and attrition, as compared to non-LGBTQ+ peers. Given the central role that schools play in students' lives — serving as an important environment for academic, social-emotional, and identity development—strengthening their mental health support systems for LGBTQ+ students is critical. The result of this project is this Proud & Thriving Report and Framework, a summary of our research findings and a set of recommendations for individuals, mental health practitioners, and for high schools, colleges, and universities. These recommendations can serve as a guide for creating affirming and supportive school environments for LGBTQ+ students and their allies.

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## **ABOUT THE JED FOUNDATION (JED)**

The Jed Foundation (JED) is a nonprofit that protects emotional health and prevents suicide for our nation's teens and young adults. We're partnering with high schools and colleges to strengthen their mental health, substance misuse, and suicide prevention programs and systems. We're equipping teens and young adults with the skills and knowledge to help themselves and each other. We're encouraging community awareness, understanding and action for young adult mental health.

## **ABOUT THE CONSORTIUM OF HIGHER EDUCATION LGBT RESOURCE PROFESSIONALS**

The Consortium of Higher Education LGBT Resource Professionals is a member-based organization working towards the liberation of LGBTQ people in higher education. We support individuals who work on campuses to educate and support people of diverse sexual orientations and gender identities, as well as advocate for more inclusive policies and practices through an intersectional and racial justice framework.

***The Jed Foundation is grateful for support from  
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## **ABOUT THE UPSWING FUND FOR ADOLESCENT MENTAL HEALTH**

The Upswing Fund for Adolescent Mental Health is a collaborative fund focusing on the mental health and wellbeing of adolescents who are of color and/or LGBTQ+. Created in response to the COVID-19 pandemic, which has had a devastating impact on young people across the United States, The Upswing Fund provides critical resources to front-line organizations that provide the services that young people rely on. In addition, the Fund supports efforts to address key systemic challenges in the adolescent mental health system such as stigma around seeking mental health support.

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# INTRODUCTION

Although many LGBTQ+ individuals thrive and experience fulfilling adulthood, a concerning number of LGBTQ+ students struggle and need informed and responsive support from their schools and communities. Heterosexism, monosexism, and cissexism remain a pervasive threat to the wellbeing of LGBTQ+ high school, college, and university students. Heterosexist, monosexist, and cissexist policies and practices create unsafe and inequitable learning environments and anti-LGBTQ+ stigma leaves LGBTQ+ students to grapple with self-acceptance and identity development, navigate compromised social support networks, and endure significantly higher rates of mental distress, interpersonal violence, and self-injury than their heterosexual and cisgender peers.<sup>1</sup>

The Trevor Project National Survey on LGBTQ Mental Health 2021<sup>2</sup>, which captured the experiences of 35,000 LGBTQ youth between the ages of 13-24, found that 42% of LGBTQ youth reported seriously considering attempting suicide in the past year. The rate of reported suicide attempts in the past year is similarly grim (15%), especially for LGBTQ youth who are 13-17 years old (20%), transgender and non-binary (20%), Native/Indigenous (31%), Black (21%), multiracial (21%), and/or Latinx (18%), as compared to LGBTQ youth who are 18-24 years old (9%), cisgender (10%), Asian/Pacific Islander (12%), and/or white (12%). LGBTQ+ high school, college, and university students urgently need administrators to understand their experiences and implement comprehensive and sustainable changes that lead to better mental health outcomes.

The Proud & Thriving Project was designed to equip high school, college, and university administrators and other key stakeholders with information they need to accomplish this goal. In order to thoroughly examine mental health considerations for LGBTQ+ high school, college, and university students, the project team completed the following steps: created separate literature reviews for queer and questioning students and for trans and non-binary students; incorporated research studies that included high school, college, and university students (LGBTQ+ and non-LGBTQ+), counselors and administrators who have worked in some capacity with LGBTQ+ students, and LGBTQ+ resource professionals; disaggregated data by gender identity, sexual identity, and race, where possible; and drafted findings and recommendations that address differences in LGBTQ+ students' mental health considerations based on school level (high school or college/university), gender identity (trans and/or non-binary or cisgender), and race (BIPOC or white). This report contains a summary of two comprehensive literature reviews exploring mental health concerns for LGBTQ+ students (with links to the full documents), summaries of three research studies — two conducted by JED specifically for this project and the third using data from the Healthy Minds Study, and a conclusion that outlines the key findings of the combined studies.

Finally, this report contains three comprehensive and accessible sets of recommendations — one for individuals looking to improve LGBTQ+ students' mental health from within a secondary or higher education setting, one for school- or institution-based mental health practitioners, counselors, and counseling centers to help improve their services for LGBTQ+ students, and one focused on actions that high schools, colleges, and universities can take to improve LGBTQ+ students' mental health.

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1 Greathouse, et al., 2018; Johns, et al., 2019, 2020; The Trevor Project, 2020

2 The Trevor Project, 2021

## A NOTE ON LANGUAGE

We believe that language matters, and we are intentional about the terms we use in this project. In this report, we use LGBTQ+ as shorthand to describe an incredibly heterogeneous population of people who hold minoritized identities with regard to gender and/or sexuality, with the plus sign acknowledging the vast range of identities beyond Lesbian, Gay, Bisexual, Transgender, and Queer. When discussing sexual identity specifically, we use the phrase queer and questioning. Among many LGBTQ+ people and scholars, the term queer is broadly accepted as an umbrella term that spans the innumerable ways that individuals experience and express non-normative sexual identities, behaviors, and attraction. It includes people who identify as asexual, demisexual, fluid, omnisexual, pansexual, and more. The term questioning is included to acknowledge that students who are exploring or unsure about their sexual identity also experience the impact of living in a heterosexist culture, even if their exploration ultimately results in a heterosexual identification.

Similarly, we use trans and non-binary as an umbrella term for people who hold a sex, gender identity, and/or gender expression that deviates from their sex assigned at birth and the characteristics associated with this sex designation (male = men = masculine; female = woman = feminine). While these two terms are not mutually exclusive, we separate them to acknowledge that the word trans has become increasingly associated with binary-identified people. Trans and non-binary encapsulates those who identify as agender, aggressive, agokwe, bigender, female, genderfluid, genderqueer, male, two-spirit, nádleehí, and/or transsexual, among many other identities.<sup>3</sup> Likewise, the term cisgender (including cis or cissexual) refers to those who have a gender (or sex) identity and expression that are congruent with the sex they were assigned at birth.

This project also uses the terms heterosexism, monosexism, and cissexism, instead of homophobia, biphobia, and transphobia. Phobias narrowly depict individual- and interpersonal-level fears, dislikes, and aversions while -isms not only capture attitudes and beliefs, they also describe institutions, social structures, and cultural norms. Heterosexism and monosexism are ideological systems that denigrate and stigmatize any behavior, attraction, identity, or relationship that falls outside heterosexuality or the exclusive desire for one gender, respectively. Similarly, cissexism depicts ideological systems that denigrate and stigmatize any behavior, expression, body, or identity that falls outside of a fixed, immutable binary sex model (male = man = masculine versus female = woman = feminine). Paralleling and intersecting with racism, sexism, ableism, and other -isms, this language allows us to critically examine the individual, interpersonal, and structural factors that shape the lives of LGBTQ+ students.

Additionally, we intentionally use the term minoritized and the acronym BIPOC in this project. While underrepresented, underserved, at-risk, vulnerable, and minority may be useful in some contexts, they can also elicit deficit-based stereotypes. Instead, minoritized calls attention to the processes by which groups of people are disempowered and marginalized. It is a reminder that institutions, communities, and individual actors create the environment in which LGBTQ+ students live and learn. We use BIPOC (Black, Indigenous, and People of Color) instead of POC or “people of color” because BIPOC calls attention to the disparate treatment of Black and Indigenous people in the United States through the legacy of slavery and genocide while also serving as a reminder that people of color experience varying types of racism.

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<sup>3</sup> For a visual illustration of gender diversity, see <https://transstudent.org/gender/>

# LITERATURE REVIEWS SUMMARY

There is a significant correlation between mental health and educational outcomes, retention, and completion. Multiple studies<sup>4</sup> on high school, college, and university students have found that students with mental health issues are at higher risk for lower grade point averages, absenteeism, discontinuous enrollment, and dropout, regardless of their academic record and other student characteristics. As this review demonstrates, there are sizable mental health disparities between LGBTQ+ students and their heterosexual and cisgender counterparts, especially when it comes to LGBTQ+ BIPOC students and trans and non-binary students. The data signal an urgent need for administrators to develop a comprehensive understanding of LGBTQ+ students' experiences and implement a thoughtful and thorough approach to intervention and support.

## **Risk Factors: Queer & Questioning Students**

Queer and questioning students experience individual, interpersonal, and structural risk factors due to a climate of prejudice and discrimination. Heterosexist and monosexist stigma leave queer and questioning youth to grapple with self-acceptance, navigate compromised social support networks, and endure significantly higher rates of mental distress and self-injury than their heterosexual peers.<sup>5</sup> Individual risk factors arising from internalized heterosexism and/or monosexism include identity concealment, perceived burdensomeness, and thwarted belongingness, which are linked to depression, suicidality, and coping mechanisms that exacerbate negative mental health outcomes.<sup>6</sup> Consequently, rates of substance misuse, eating disorders, non-suicidal self-injury, and suicidal ideation/attempts are higher for queer and questioning students than for their heterosexual peers.<sup>7</sup>

In terms of interpersonal risk factors, queer and questioning students face rejection and victimization from unsupportive peers, family and caregivers, faith communities, as well as from teachers/faculty, staff, and high school, college, and university administrators.<sup>8</sup> Where schools can and should be a site of relationship and community building, queer and questioning students experience greater rates of interpersonal victimization than their heterosexual peers, including higher rates of bullying, harassment, physical assault, and sexual violence, especially for BIPOC students.<sup>9</sup> This is compounded by the reality that many schools lack non-discrimination and anti-harassment/bullying policies that include sexual orientation, as well as clear processes for reporting, responding to, and remediating victimization. While queer and questioning students lack a sense of safety at school compared to their heterosexual peers, they are also disciplined at disproportionately higher rates, leaving them at greater risk of dropping out or transferring.<sup>10</sup> Other risk factors for queer and questioning students that exist at the structural level are the lack of resources and student services (e.g., housing, physical health and counseling services, and career services) that specifically address their needs and experiences, pressure to conform to heterosexual norms on athletic teams, invisibility in surveys and institutional data, and barriers to academic engagement (e.g., excluded from curriculum, classroom bullying or invisibility).<sup>11</sup>

5 Greathouse, et al., 2018; Johns, et al., 2020; The Trevor Project, 2020

6 Hall, 2018; Kulick, et al., 2017; Silva, et al. 2015

7 Greathouse, et al., 2018; Ivey-Stephenson, et al., 2020; Johns, et al., 2020; Parker & Harrigar, 2020; The Trevor Project, 2020

8 Duran, 2019; Kosciw, et al., 2020; The Trevor Project, 2020; The Trevor Project, 2021

9 CDC, 2019; Greathouse, et al., 2018; Interfaith Youth Core, 2014; Kosciw, et al., 2020; Puckett, et al., 2017

10 GLSEN, 201; Kosciw, et al., 2020; Palmer & Greytak, 2017; Snapp, et al., 2015

11 Greathouse, et al., 2018; Kosciw, et al., 2020; Pariera, et al., 2021

## **Risk Factors: Trans & Non-Binary Students**

Due to a climate of prejudice and discrimination, trans and non-binary students experience various individual, interpersonal, and structural risk factors that contribute to and/or exacerbate psychological distress. Cissexist stigma and the systemic reinforcement of the gender binary leave trans and non-binary youth to grapple with self-acceptance, navigate dysfunctional healthcare systems and compromised social support networks, and endure significantly higher rates of mental distress and self-injury than their cisgender peers.<sup>12</sup> Individual risk factors arising from internalized cissexism include lack of pride in trans and non-binary identity, investment in “passing” as cisgender, social isolation, and shame, which are linked to maladaptive behaviors and coping mechanisms that exacerbate negative mental health outcomes.<sup>13</sup> Consequently, rates of substance misuse, eating disorders, non-suicidal self-injury, and suicidal ideation/attempts are higher for trans and non-binary students than for their cisgender peers.<sup>14</sup>

Like queer and questioning students, trans and non-binary students face rejection and victimization from unsupportive peers, family and caregivers, faith communities, as well as teachers/faculty, staff, and school administrators.<sup>15</sup> Where schools can and should be a site of relationship and community building, trans and non-binary students experience greater rates of interpersonal victimization than their cisgender peers, including higher rates of bullying, harassment, physical assault, and sexual violence, especially for BIPOC students.<sup>16</sup> This is compounded by the reality that many schools and institutions lack chosen name processes, gender-inclusive facilities and athletics teams, non-discrimination and anti-harassment/bullying policies that include gender identity or expression, and clear processes for reporting, responding to, and remediating victimization. While trans and non-binary students lack a sense of safety and privacy, they are also disciplined at higher rates than their cisgender peers, leaving them at greater risk for dropping out or transferring.<sup>17</sup> At the structural level, additional risk factors include a lack of resources, facilities, information systems, and student services (e.g., counseling services, housing) that account for and address their needs and experiences, invisibility in surveys and institutional data, and barriers to academic engagement (e.g., excluded from curriculum, classroom bullying)<sup>18</sup>.

Taken individually or collectively, these environmental stressors have a deleterious impact on psychological distress and communicate to LGBTQ+ students that they are neither valued nor considered worthy of attention by their institutions. Further, when a school or institution’s policies, practices, and provisions exclude, punish, and/or neglect LGBTQ+ students, they engage in institutional betrayal by doing harm to students who depend on them to provide a safe and equitable learning environment.

**There are sizable mental health disparities between LGBTQ+ students and their heterosexual and cisgender counterparts, especially when it comes to LGBTQ+ BIPOC students and trans and non-binary students.**

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<sup>12</sup> Greathouse, et al., 2018; Johns, et al., 2019; The Trevor Project, 2020

<sup>13</sup> Bocktin, et al., 2020

<sup>14</sup> Greathouse, et al., 2018; Johns, et al., 2019; The Trevor Project, 2020

<sup>15</sup> Greytak, et al., 2016; James, et al., 2016; Kosciw, et al., 2020; Nicolazzo, 2016; The Trevor Project, 2020

<sup>16</sup> Greathouse, et al., 2018; Human Rights Campaign Foundation, 2020; Kosciw, et al., 2020; Vance, et al., 2021

<sup>17</sup> GLSEN, 2016; Kosciw, et al., 2020; Palmer & Greytak, 2017; Snapp, et al., 2015

<sup>18</sup> Nicolazzo, 2016; Human Rights Campaign Foundation, 2018; Woodford, et al., 2017



**TABLE 1. RISK FACTORS**

<p><b>Individual Risk Factors</b></p>	<p>Queer &amp; Questioning Students:</p> <ul style="list-style-type: none"> <li>• Internalized heterosexism and/or monosexism;</li> <li>• Identity concealment, perceived burdensomeness, and thwarted belongingness.</li> </ul> <p>Trans &amp; Non-Binary Students:</p> <ul style="list-style-type: none"> <li>• Internalized cissexism;</li> <li>• Lack of identity pride, investment in “passing” as cisgender, social isolation, and shame.</li> </ul>
<p><b>Interpersonal Risk Factors</b></p>	<p>All LGBTQ+ Students:</p> <ul style="list-style-type: none"> <li>• Unsupportive social networks and rejection from peers, family and caregivers, faith communities, teacher/faculty, staff, and administrators;</li> <li>• Interpersonal victimization including bullying, harassment, physical assault, and sexual violence.</li> </ul>
<p><b>Structural Risk Factors</b></p>	<p>Queer &amp; Questioning Students:</p> <ul style="list-style-type: none"> <li>• Non-discrimination, anti-harassment/bullying policies do not enumerate sexual orientation.</li> </ul> <p>Trans &amp; Non-Binary Students:</p> <ul style="list-style-type: none"> <li>• Non-discrimination, anti-harassment/bullying policies do not enumerate gender identity or expression;</li> <li>• Gender-segregated facilities (e.g., restrooms, locker rooms, housing);</li> <li>• Inability to put chosen names and pronouns into student information systems.</li> </ul> <p>All LGBTQ+ Students:</p> <ul style="list-style-type: none"> <li>• Lack of clear processes for reporting, responding to, and remediating victimization;</li> <li>• LGBTQ+ self-identification excluded from surveys and institutional data;</li> <li>• Targeting and inequitable enforcement of disciplinary policies and practices;</li> <li>• Lack of resources and student services that address their needs and experiences (e.g., LGBTQ+ office and staff, culturally competent physical health, counseling, and career services);</li> <li>• Barriers to academic engagement (e.g., excluded from curriculum, classroom bullying or invisibility).</li> </ul>

**Due to the burden of negative health outcomes experienced by LGBTQ+ students, it is important for high schools, colleges, and universities to cultivate protective mechanisms that contribute to the development of students’ resilience.**

## **Protective Factors: Queer & Questioning Students**

Protective factors typically exist in the form of individual characteristics such as personality traits or coping skills and external characteristics, such as supportive environments, protective interpersonal relationships, or access to medical services that bolster health.

There are many individual, interpersonal, and structural protective factors for queer and questioning students that can buffer against and/or reduce psychological distress caused by a heterosexist and monosexist learning environment. Individual protective factors for queer and questioning students include positive identity development and integration, self-esteem, self-compassion, identity disclosure, cognitive flexibility, bicultural and multicultural self-efficacy, and exercise — all of which can be fostered in a supportive and affirming learning environment<sup>19</sup>. Similarly, community connectedness and support from affirming peers, family, mentors, and faith communities can reduce queer and questioning students' levels of depression, suicidal ideation, and social anxiety while also promoting self-esteem<sup>20</sup>. Encouraging students to pursue friendships with queer-affirming peers, as well as participating in queer-affirming programs, could also reduce social isolation and facilitate a sense of belonging<sup>21</sup>.

At the structural level, policies and practices can be modified or established to increase queer and questioning students' sense of belonging<sup>22</sup>. These include collecting sexual identity in enrollment data, enumerating sexual orientation in non-discrimination, anti-harassment, and anti-bullying policies, creating clear reporting and response mechanisms, and instituting school-wide positive and restorative discipline practices. Further, schools and institutions can foster an inclusive and affirming climate for queer and questioning students by providing LGBTQ+ focused learning opportunities to students, teachers/faculty, staff, coaches, administration, and board members. Where there are deficits, high schools, colleges, and universities can improve or add LGBTQ+ focused services, academic curriculum, and residential communities as well as assess and update case management practices, mental and physical health services, career counseling services and sexual violence prevention resources to ensure they're meeting the needs of queer and questioning students.

## **Protective Factors: Trans & Non-Binary Students**

Correspondingly, there are various protective factors for trans and non-binary students that can buffer against and/or reduce psychological distress caused by a cissexist learning environment<sup>23</sup>. Individual and interpersonal protective factors include positive identity development and integration, self-esteem, self-efficacy and proactive agency, body image and congruence, identity disclosure, being treated with respect and dignity, and having affirming social support networks<sup>24</sup>. As is the case for queer and questioning students, encouraging trans and non-binary students to pursue friendships with gender-affirming peers, as well as participating in trans and/or non-binary affirming programs, could also reduce social isolation and facilitate a sense of belonging<sup>25</sup>. By the same token, connectedness to a broader trans and non-binary community reduces fearfulness and suicidality and having trans and non-binary role models and mentors increases academic and career aspirations<sup>26</sup>.

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19 Hall, 2018; Johns, et al, 2018; Vaccaro & Newman, 2016; Woodford, et al., 2017

20 Foster, et al., 2017

21 Hall, 2018

22 Garvey & Rankin, 2015; GLSEN, 2020; Kosciw, et al., 2020; Vaccaro & Newman, 2016

23 Garvey & Rankin, 2015; GLSEN, 2020; The Trevor Project, 2020

24 Garvey and Rankin, 2015; Johns, et al., 2018; Singh, et al., 2013; The Trevor Project, 2020

25 Malatino, 2020; Nicolazzo, 2017; Singh, 2013; The Trevor Project, 2020;

26 Johns, et al., 2018; Malatino, 2020

At the structural level, policies and practices should be modified or established to increase trans and non-binary students' sense of belonging<sup>27</sup>. These include making facilities, athletic teams, and information systems trans-inclusive, collecting chosen name/pronouns/gender identity in enrollment data, enumerating gender identity or expression in non-discrimination, anti-harassment, and anti-bullying policies, creating clear reporting and response mechanisms, and instituting school-wide positive and restorative discipline practices. Schools and institutions can foster an affirming climate for trans and non-binary students by providing LGBTQ+ focused training and education to students, teachers/faculty, staff, coaches, administration, and board members. Where there are deficits, high schools, colleges, and universities can improve or add LGBTQ+ focused services, academic curriculum, and residential communities as well as assess and update case management practices, mental and physical health services, career counseling services, and sexual violence prevention resources to ensure they're meeting the needs of trans and non-binary students.

**Gender and Sexuality Alliance (GSAs) and similar student peer groups help LGBTQ+ students cultivate friendships, process personal and social events collectively, and develop allies. At times, these groups replaced gaps in support from other high school and college campus resources.**



27 Garvey & Rankin, 2015; GLSEN, 2020; Johns, et al., 2018; Kosciw, et al., 2020; Vaccaro & Newman, 2016

**TABLE 2. PROTECTIVE FACTORS**

<p><b>Individual Protective Factors</b></p>	<p>Queer &amp; Questioning Students:</p> <ul style="list-style-type: none"> <li>• Self-compassion, cognitive flexibility, bicultural and multicultural self-efficacy, and exercise.</li> </ul> <p>Trans &amp; Non-Binary Students:</p> <ul style="list-style-type: none"> <li>• Self-efficacy and proactive agency, body image and congruence.</li> </ul> <p>All LGBTQ+ Students:</p> <ul style="list-style-type: none"> <li>• Positive identity development and integration, self-esteem, and identity disclosure.</li> </ul>
<p><b>Interpersonal Protective Factors</b></p>	<p>Trans &amp; Non-Binary Students:</p> <ul style="list-style-type: none"> <li>• Connectedness to trans and non-binary community;</li> <li>• Having trans and non-binary role models and mentors.</li> </ul> <p>All LGBTQ+ Students:</p> <ul style="list-style-type: none"> <li>• Affirming peers, family, mentors, and faith communities;</li> <li>• Friendships and community connectedness.</li> </ul>
<p><b>Structural Protective Factors</b></p>	<p>Queer &amp; Questioning Students:</p> <ul style="list-style-type: none"> <li>• Enumerating sexual orientation in non-discrimination, anti-harassment/bullying policies;</li> </ul> <p>Trans &amp; Non-Binary Students:</p> <ul style="list-style-type: none"> <li>• Enumerating gender identity or expression in non-discrimination, anti-harassment/bullying policies;</li> <li>• Gender-inclusive information systems, athletic teams, and facilities (e.g., restrooms, locker rooms, housing);</li> </ul> <p>All LGBTQ+ Students:</p> <ul style="list-style-type: none"> <li>• Clear processes for reporting, responding to, and remediating victimization;</li> <li>• School-wide positive and restorative discipline practices;</li> <li>• Collecting chosen name, pronouns, gender identity, and sexual orientation on surveys, enrollment data, and institutional data;</li> <li>• Providing LGBTQ+ focused training and education to students, teachers/faculty, staff, coaches, administration, and board members;</li> <li>• LGBTQ+ focused services, academic curriculum, and residential communities;</li> <li>• Culturally competent case management, mental and physical health services, career counseling services, and sexual violence prevention resources that address the needs of LGBTQ+ students.</li> </ul>

# SURVEY RESEARCH SUMMARY

The Proud & Thriving project team partnered with Decision Analyst to conduct survey research among high school, college, and university students who identify as LGBTQ+ and, separately, among counselors and administrators in both middle/high school and college/university settings. A total of 907 students (602 LGBTQ+ and 305 non-LGBTQ+) and 194 middle/high school and college/university counselors and administrators responded to the surveys.

Approximately one third of the students surveyed were high school students and two thirds were college/university students. Similarly, approximately one third of the counselors and administrators worked in middle/high school settings and two thirds worked in college/university settings. Students, counselors, and administrators represented diversity across age, gender identity, geographic region, household financial situation, race, sexual identity, school type, and population density. Additionally, counselors and administrators represented diversity across primary roles at their respective schools or institutions, years in their position, and years at their current school.

The overall objective of the survey research was to understand how high schools, colleges, and universities can best support the mental health of LGBTQ+ students. The following analysis provides insight into the mental health of LGBTQ+ students, the role of mental health practitioners and administrators, as well as the successes and challenges that secondary education and higher education institutions experience when providing support to LGBTQ+ students.

## **ADMINISTRATORS AND COUNSELORS SURVEY FINDINGS**

### ***LGBTQ+ Student Mental Health Concerns and Protective Factors***

LGBTQ+ students access school/institution mental health services at a higher rate than non-LGBTQ+ students. Of the counselors and administrators surveyed, 25% reported that their school or institution asked students whether they identify as LGBTQ+ and 45% reported that their counseling office/center collected this data. From those who collected these demographics, an estimated one in seven students in their general student population identify as LGBTQ+, whereas about one in five students receiving services from counseling offices/centers identified as LGBTQ+. This difference indicates that LGBTQ+ student use of counseling offices/centers is disproportionately higher than their cisgender heterosexual peers. Counselors and administrators in both middle/high schools and college/university settings listed anxiety, depression, family concerns (including fear of coming out and acceptance of LGBTQ+ identity), difficulty coping with stress, and academic performance difficulties as the top five presenting concerns among the LGBTQ+ students that they worked with in the past year.

**Despite confidence in their individual skills and experience, only 58% of counselors and 57% of administrators surveyed believed that they received adequate training and supervision to support the needs of LGBTQ+ students. Nearly all said they would welcome the opportunity to receive additional training to better support their LGBTQ+ students.**



**TABLE 3. SURVEY DATA FROM COUNSELING OFFICES/CENTERS**

Top presenting concerns among LGBTQ+ students during the past 6 months (from counseling office/center data).	% of schools that listed each item
Anxiety	86%
Depression	84%
Family concerns (e.g., fear of coming out, acceptance of LGBTQ+ identity)	75%
Difficulty coping with stress	75%
Academic performance difficulties	71%
Social isolation/Loneliness	65%
Gender-normative experiences (e.g., misgendering, deadnaming, lack of adequate housing or recreational facilities, pressure to conform to gender norms)	60%
Navigating multiple marginalized identities	52%
Suicidal thoughts and/or behaviors, Eating disorder/body image issues, Grief/loss, Problems with romantic partners, Pressure to conceal identity, Sleep disturbance, Financial stress, Hopelessness, Trauma (not associated with sexual assault), Employment concerns (current or future), Trouble adjusting to a new environment	Less than 50% each

Given their different roles with students, counselors and administrators reported notably different concerns. Counselors were more likely to list suicidal thoughts or behaviors, eating disorders, sleep disturbance, trauma, and self-injury as concerns among their LGBTQ+ students. Alternatively, administrators were more likely to name LGBTQ+ students' issues with school or campus safety and employment concerns.

Counselors and administrators were asked to reflect on protective factors—conditions or attributes in individuals, families, communities, or the larger society that help people cope more effectively with stressful events and help to mitigate or eliminate risk in families and communities—that they observed in LGBTQ+ students who sought their services in the past year. Having friends or good peer groups was the most commonly observed protective factor by both counselors (77%) and administrators (69%). Other common protective factors included positive regard for their own sexual/gender identity, access to LGBTQ+-oriented resources on campus or in the community (listed by more administrators than counselors), and parent/guardian/family support (listed by more counselors than administrators).

**Counselor and Administrator Competence**

More than 80% of the counselors and administrators surveyed reported extensive experience supporting LGBTQ+ students. The majority indicated that they felt confident and competent to assess and support the needs of LGBTQ+ students. However, only 40% of counselors and 32% of administrators underwent training that had a specialized focus on LGBTQ+ students, and administrators reported less confidence in the skills of their staff. Nearly half of all administrators rated their staff as not at all skilled to work with LGBTQ+ students versus only 14% of counselors who said the same of their staff. Further, less than half of all administrators (vs. 74% of counselors) said their school provides good or excellent service to their LGBTQ+ students. Despite confidence in their individual skills and experience, less than six in ten counselors and administrators surveyed believed that they had been adequately trained to support the needs of LGBTQ+ students. Nearly all said they would welcome the opportunity to receive additional training to better support their LGBTQ+ students.

### ***LGBTQ+ Services and Resources***

Counselors and administrators reported that their school or institution offered multiple mental health services and resources to LGBTQ+ students including referrals to offsite mental health facilities, crisis/emergency services, and talk therapy. However, less than half of the counselors and administrators worked at schools or institutions that also offered group therapy, case management, online mental health platforms, psychiatric services, and hormone replacement therapy to their students. Outside of direct mental health resources, counselors and administrators reported that their school or institution offered additional services and resources to LGBTQ+ students, the most common of which were chosen/updated name identification, a reporting system for hate/bias incidents, and gender-inclusive restrooms. When comparing the perspectives of counselors and administrators, counselors were more likely than administrators (by a 15% difference) to name talk therapy as a service/resource for LGBTQ+ students, and administrators were more likely (by an 18% difference) to name social events as a service/resource for LGBTQ+ students. These differences highlight the distinct vantage points that each professional role offers as well as the importance of examining organizational practices from various points of reference.

### ***Counselor and Administrator Bias***

Despite the existence of services and resources for LGBTQ+ students, the majority of counselors and administrators agreed that various institutional and personal barriers exist that place LGBTQ+ students at a disadvantage when it comes to getting the proper mental health support that they need. This may be due to various factors, including institutional barriers, personal biases, and lack of understanding/empathy from professionals. While not the majority, a sizable portion of administrators (52%) and counselors (40%) felt that differences in sexual identity between a student and a professional or counselor may serve as an initial barrier to the effective support/effective counseling of LGBTQ+ individuals.

Even more notable is that the majority of counselors (72%) and administrators (69%) agreed that heterosexist and prejudicial concepts have permeated mental health and student services professions. This is a concerning notion, given that one in twenty counselors/administrators (6% of counselors, 3% of administrators) surveyed admitted to harboring negative beliefs and personal biases toward the LGBTQ+ community. These individuals strongly or somewhat agreed to one or more statements that measured LGBTQ+-related bias such as, *I believe homosexuality is a mental disorder*, *I believe that special rights for LGBTQ+ couples (domestic partner benefits or the right to marry) would undermine normal and traditional family values*, and *I believe homosexuality can be treated through counseling or spiritual help*. With this in mind, administrators appear to be more concerned than counselors about the impact of the beliefs held by counselors and support professionals. A total of 60% of administrators and only 39% of counselors believed that professionals/counselors frequently imposed their values concerning sexuality upon LGBTQ+ students.

## **LGBTQ+ STUDENTS SURVEY DATA**

### ***Mental Health Concerns***

LGBTQ+ students reported greater rates of mental health concerns than their non-LGBTQ+ peers. In a broader context, the majority of high school and college/university students surveyed, LGBTQ+ and non-LGBTQ+ alike, believed that they made a positive impact in the lives of others, exhibited confidence in themselves, and expressed enthusiasm about their futures. However, LGBTQ+ high school and college/university students viewed themselves and their futures more cautiously, even questioning their lives' purpose, compared to students who did not identify as LGBTQ+. For instance, a higher percentage of non-LGBTQ+ students compared to LGBTQ+ students agreed or strongly agreed with the statements, *I am optimistic about my future* (74% vs. 60%) and *My life has purpose and meaning* (77% vs. 59%). LGBTQ+ students also described themselves as more anxious, depressed, and sad compared to those around them, and they demonstrated significantly lower self-worth and optimism

than did students who do not identify as LGBTQ+. A higher percentage of non-LGBTQ+ students compared to LGBTQ+ students agreed or strongly agreed with the statements, *I am a good person and live a good life* (75% vs. 69%) and *People treat me with respect* (79% vs. 63%). Overall, non-LGBTQ+ students surveyed were significantly more likely to describe themselves as happier and more confident than LGBTQ+ students.

Anxiety and depression are the most common conditions among all students, though they are much more common among LGBTQ+ students, of whom nearly half of those surveyed had been diagnosed with one or both and nearly a third more believe they may have one or both. Moreover, the LGBTQ+ students surveyed were more likely than their non-LGBTQ+ peers to experience or be diagnosed with ADHD, an eating disorder, PTSD, a personality disorder, autism spectrum disorder, and/or a substance use disorder. LGBTQ+ students also reported a greater incidence of negative experiences in the past six months compared to non-LGBTQ+ students. Pressure to conform to gender norms (29% vs. 4%), pressure to be someone you're not (46% vs. 24%), and a lack of enjoyment in doing things (64% vs. 40%) comprise the largest experiential gaps between LGBTQ+ and non-LGBTQ+ students.

**TABLE 4. SURVEY DATA FROM STUDENTS**

Negative experiences in the past six months	LGBTQ+	Non-LGBTQ+
Stress	83%	71%
Feeling lonely or isolated	67%	49%
Difficulty with schoolwork/coursework	65%	47%
Feeling nervous or anxious most of the time	65%	46%
Trouble sleeping	64%	54%
A lack of interest or enjoyment in doing things	64%	40%
Depression	61%	44%
Excessive worrying	60%	43%
Feeling hopeless	55%	35%
Conflict with family (immediate and extended), Feeling pressure to be someone you're not, Difficulty with your job or trouble finding a job, Problems with friends or roommates, Trouble adjusting to a new environment, Feeling unsafe, Eating disorder, Pressure to conform to gender norms, Problems with your significant other, Grief or loss, Trauma (not associate with sexual assault), Religious/spiritual tension, Misgendering, Bullying or harassment, and Deadnaming.	Less than 50% with statistically significant difference between LGBTQ+ and Non-LGBTQ+	

With the higher incidence of mental health concerns and negative experiences reported among LGBTQ+ students comes a higher incidence of destructive coping mechanisms and maladaptive behaviors. Higher percentages of LGBTQ+ students than non-LGBTQ+ students reported that in the past six months they used alcohol as a way to cope, binge-drank alcohol until vomiting or blacking out, drove under the influence of drugs or alcohol, used pills or drugs as a way to cope, and overdosed on pills or drugs. There was a statistically significant net difference of using alcohol, pills, or drugs as a way to cope at 35% of LGBTQ+ students versus 27% of non-LGBTQ+ students. LGBTQ+ students also reported engaging in maladaptive behaviors in the past six months at significantly greater rates than non-LGBTQ+ students including thoughts about self-harm or actual attempts of self-harm such as cutting or burning, wished they were dead or could go to sleep and never wake up, seriously considered attempting suicide, made a plan about how they would attempt suicide, and attempted suicide.

**TABLE 5. SURVEY DATA FROM STUDENTS**

<b>Coping and maladaptive behaviors over past six months</b>	<b>LGBTQ+</b>	<b>Non-LGBTQ+</b>
Used alcohol, pills, or drugs as a way to cope (Net)*	35%	27%
Used alcohol as a way to cope	26%	21%
Binge-drank alcohol until you vomited or blacked out*	11%	8%
Drove under the influence of drugs or alcohol	6%	5%
Used pills or drugs as a way to cope*	20%	12%
Overdosed on pills or drugs	2%	1%
Thought about hurting yourself, such as cutting or burning yourself*	41%	16%
Done something to purposefully hurt yourself, such as cutting or burning yourself (not trying to die)*	24%	7%
Wished you were dead or could go to sleep and never wake up*	48%	23%
Seriously considered attempting suicide*	18%	7%
Made a plan about how you would attempt suicide*	13%	4%
Attempted suicide*	5%	1%

\*Indicates statistically significant difference between LGBTQ+ and Non-LGBTQ+ at the 95% or greater confidence level to the group indicated.

LGBTQ+ students are reportedly more affected by negative experiences, exhibiting less resilience than non-LGBTQ+ students. A lower percentage of LGBTQ+ students compared to non-LGBTQ+ students agreed or strongly agreed with the statements, *I do not allow other people's ignorance to impact my life* (58% vs. 68%), *I do not allow other people's biases to impact my life* (52% vs. 67%), *I tend to bounce back quickly after hard times* (49% vs. 62%), *I usually come through hard times with little trouble* (46% vs. 65%), and *I do not allow past negative experiences to impact my future* (35% vs. 57%). Each of these differences reflects a statistically significant gap between LGBTQ+ students' experiences and non-LGBTQ+ students' experiences.

**Help-Seeking Experiences**

Despite the worrisome image portrayed by their reported self-esteem, mental health concerns, experiences, and coping behaviors, LGBTQ+ high school and college/university students are open to getting help. Nearly three in four LGBTQ+ students, especially college students, desired professional counseling in the past six months. Sadly, less than half of that group actually got it. The biggest barriers that stood in their way were the expense (43%), the fear of talking about their mental health concerns with someone (38%), the fear that the counseling would not work (30%), not wanting to get parent/caregiver permission (25%), not wanting to get mental health care virtually while at home (19%), and the fear of being outed as LGBTQ+ (15%). However, these students sought other forms of help. In general, the study found that LGBTQ+ students actively sought help via multiple therapeutic outlets, including talking to a mental health practitioner, friends, family members, and trusted adults, and participating in a hobby or activity. LGBTQ+ students were significantly more likely than non-LGBTQ+ students to talk to someone and seek help (90% vs. 77%), look for help online (33% vs. 21%), seek help from a counselor, doctor, or therapist (33% vs. 17%), seek help at school (19% vs. 11%), contact a crisis line (8% vs. 4%), and/or participate in a hobby or sport (79% vs. 70%).

### ***LGBTQ+ Student Resources***

Overall, half of the LGBTQ+ students surveyed reported their high school, college, or university (inclusive of their residential space) to be among the top LGBTQ+-affirming spaces, with a friend's home and online communities most commonly named. LGBTQ+ students were twice as likely to name their school as an LGBTQ+ affirming space than their family's home. However, while more than half (58%) of LGBTQ+ students felt accepted by others at their school, fewer felt their school provided sufficient support for LGBTQ+ students (48% and 45%, respectively). Even half of the non-LGBTQ+ students surveyed questioned whether or not their school provided ample support for LGBTQ+ students.

Many students recognize that they have multiple resources available to them at school. Resources that were most frequently listed by students included: a school counselor, teacher/faculty, or staff member they can open up to, chosen name identification, gender-inclusive restrooms, safer sex resources, LGBTQ+ support groups and/or student organizations, programs to help them cope, social events for LGBTQ+ students, an LGBTQ+ resource center, and a reporting system for hate/bias incidents. Of those who have used these resources, the vast majority (82% or more) found them helpful. However, utilization of these resources was relatively low. With the exception of gender-inclusive restrooms, which were used by half of those who had access to them, only 20% to 40% of LGBTQ+ students used the resources available to them. Of the LGBTQ+ students who had not used each resource, about half to two-thirds expressed a likelihood of using these resources in the future.

### ***Differences Between High School and College Students***

There are notable differences between the experiences of LGBTQ+ high school students and LGBTQ+ college/university students. These distinctions reflect the students' developmental stages, relationships to parents/family/home, and the disparate capacity for LGBTQ+ student resources between secondary schools and higher education institutions. Although the comparison sample sizes are too small to report as percentages, the following trends are important indicators and opportunities for future research.

The survey found that LGBTQ+ high school students experienced more emotional risk factors than did college students and that LGBTQ+ college students reported stronger resilience and were less impacted by other people's negative behavior than LGBTQ+ high school students. Within the LGBTQ+ student community, more high school students than college students reported having experienced difficulty with schoolwork, feeling unsafe, religious/spiritual tension, deadnaming, and sexual assault. On the other hand, more LGBTQ+ college students than LGBTQ+ high school students experienced challenges with financial stress, navigating marginalized identities, employment concerns, and grief/loss. Alongside these challenges, the coping mechanisms and maladaptive behaviors across age groups varied as well. More LGBTQ+ college students than LGBTQ+ high school students had used alcohol/drugs as a way to cope, binged alcohol, and driven under the influence. More LGBTQ+ high school students than LGBTQ+ college students had not only thought about but had actually done something to hurt themselves. More LGBTQ+ high school students had also thought about, made a plan, and attempted suicide.

Overall, LGBTQ+ high school students were perceived to have better parental/guardian/family support and positive adult role models, coaches, and mentors in their lives. However, despite their desire for school-based mental health services, LGBTQ+ high school students were less receptive to seeking help due to lack of comfort opening up to a counselor, as well as a fear that the counselor would call their parents and/or that the counselor wouldn't keep what the student said confidential. Parental permission and fear of being outed stood out significantly as barriers to counseling among high school students. The study found that more LGBTQ+ college



students than LGBTQ+ high school students wanted counseling. Nearly all mental health and support services for LGBTQ+ students were more commonly found at colleges than in high schools. College students were perceived to have better access to LGBTQ+-oriented resources, stable housing, regular exercise, and participation in traditional healing/cultural activities. College students were also more likely to use the resources available to them. More LGBTQ+ college students had used a variety of resources, including chosen name identification, gender-inclusive restrooms, safer sex resources, social events for LGBTQ+ students, and LGBTQ+ resource centers than had LGBTQ+ high school students. It is no surprise that LGBTQ+ college students found schools to be more affirming and accepting of LGBTQ+ communities than did LGBTQ+ high school students. This is likely influenced by college students' ability to factor the school's LGBTQ+ inclusiveness and support in their decision to attend.

### ***Differences Between White and BIPOC LGBTQ+ Students***

Similar to school setting-based differences, the study found notable differences between the experiences of white LGBTQ+ students and BIPOC LGBTQ+ students. These distinctions reflect cultural differences and relationships to mental health and the effects of systemic racism on educational institutions. It is also likely that, for white LGBTQ+ students, their LGBTQ+ identity is the most salient to them when navigating social and personal challenges at home, at school, and in their communities. At the intersection of racism, heterosexism, and cissexism, however, BIPOC LGBTQ+ students navigate their experiences with a shifting salience of their LGBTQ+ identity. These differences may be reflected in what students reported given the primary focus of the survey was on LGBTQ+ identities. Although the comparison sample sizes are too small to report as percentages, the following trends are important indicators and opportunities for future research.

The survey data indicates that mental health experiences and rates of mental health diagnoses differ between BIPOC and white LGBTQ+ students. Within the LGBTQ+ student community, more white students than BIPOC students have been diagnosed with anxiety, depression, ADHD, or a personality disorder. However, though they haven't been diagnosed, more BIPOC than white students believe they may have depression. Within the LGBTQ+ student community, white students were more likely to describe themselves as more anxious than others, while BIPOC students were more likely to describe themselves as happier than others. White LGBTQ+ students were more likely than BIPOC LGBTQ+ students to have reported having multiple negative experiences in the past six months and to exhibit less resilience after negative experiences.

BIPOC LGBTQ+ students reported fewer coping and maladaptive behaviors and greater resiliency than white LGBTQ+ students. For instance, among the LGBTQ+ students surveyed, white students were more likely to have used alcohol to cope and binged alcohol in the past year than BIPOC students and BIPOC students were more likely to bounce back quickly after hard times than white students. Additionally, more white LGBTQ+ students than BIPOC LGBTQ+ students wanted counseling, and more white students received counseling. BIPOC LGBTQ+ students were less likely than white LGBTQ+ students to seek counseling because they did not want to get their parents' permission, nor did they want to get counseling virtually from their home. Although it was not measured in this survey, BIPOC LGBTQ+ students may have sought counseling at lower rates than their white counterparts due to concerns about racist mental health professionals. With that said, BIPOC LGBTQ+ students may be getting support elsewhere. They reported higher rates of participating in programs where they were mentored by other LGBTQ+ students and of using an LGBTQ+-centered library than white LGBTQ+ students.

### ***A Note on COVID-19 Impact***

Survey participants reported that many of the concerns they felt for LGBTQ+ students' mental health were exacerbated by COVID-19. Nearly all counselors and administrators surveyed perceived that COVID-19 worsened symptoms of depression, anxiety, loneliness, and difficulty coping with stress among LGBTQ+ students. However, only 15% of counselors and administrators reported that their respective institutions added additional services in response to COVID-19, many of which included virtual or online support options. The negative impact of COVID-19 was more apparent from college counselors/administrators than high school counselors/ administrators.

## **FOCUS GROUPS DATA SUMMARY**

The Proud & Thriving focus group data provides long-form responses and in-depth information about participants' direct experiences in high schools, colleges, and universities across the country. Data collection consisted of six focus groups with different stakeholders including: college administrators and non-teaching staff, LGBTQ+ resource professionals; high school administrators and faculty; mental health practitioners; and, LGBTQ+ college students. Questions targeted participants' experiences with mental health programs, school/campus policies, allyship, and climate at their respective institutions. Themes culled from the data provide further insight into mental health risk factors and protective factors for LGBTQ+ high school, college, and university students.

### **RISK FACTORS: LGBTQ+ HIGH SCHOOL, COLLEGE, & UNIVERSITY STUDENTS**

Focus group participants across the various stakeholder groups named several mental health risk factors for LGBTQ+ high school, college, and university students, including: gaps in cultural competencies among mental health clinicians, teachers/faculty, and administrators; lack of representation of LGBTQ+ mental health practitioners; limited learning opportunities for and engagement in LGBTQ+ cultural competency development across departments, and lack of consensus on diversity definitions. Paralleling and intersecting with these risk factors was the COVID-19 pandemic, which increased the demand for mental health services and exacerbated the effect of unsupportive home environments on LGBTQ+ students' mental health. Particularly at the high school level, school was characterized as a refuge for many LGBTQ+ students who had shared their identities at school but not at home.

Participants noted that LGBTQ+ students' mental health needs were unmet when staff in counseling, academic, and administrative departments lacked training specific to the LGBTQ+ population. Gaps in cultural competency among mental health practitioners were associated with inadequate mental health services, including insufficient support for LGBTQ+ students and, in some cases, treatment that exacerbated LGBTQ+ students' mental health concerns. LGBTQ+ resource professionals were concerned that mental health practitioners lacked training tailored to LGBTQ+ student needs, especially trans and non-binary students. They also pointed to a gap in mental health practitioners' cultural competence when serving students with intersecting minoritized identities. Participants noted that some counselors presumed they could provide culturally competent treatment to students holding multiple minoritized identities because of their proficiency in working with students who hold only one of the relevant minoritized identities.

For teachers and faculty, lack of cultural competency was associated with heterosexist, monosexist, and cissexist classroom instruction as well as a scarcity of curricular representation of LGBTQ+ scholarship and topics relevant to the lives of LGBTQ+ students. It was also associated with microaggressions and a negative classroom environment, including the extensive use of deadnames, misgendering, and lack of knowledge with regard to pronoun use

by faculty and staff. This behavior added “another layer of stress” to students’ academic experiences, heightening the level of academic risk students faced in academically competitive environments. Among high school, college, and university administrators, cultural competency gaps were associated with absent or inadequate policies that protect the rights of LGBTQ+ students, which could be interpreted by students as lack of support and commitment to their wellbeing.

Amongst the stakeholders, gaps in training were associated with gaps in knowledge and cultural competence, except when these professionals were LGBTQ+ and/or practiced allyship within their personal and professional lives. Lack of diverse representation among administrators was one reason students cited for wanting administrators to receive training. Mixed levels of LGBTQ+ representation were noted across counseling departments, where some departments had none, some had one, and others had multiple LGBTQ+ staff members. When LGBTQ+ staff were mentioned, they were described as beneficial for LGBTQ+ student mental health outcomes. This was largely because LGBTQ+ staff had cultural competencies from their own lived experiences and from the professional development they took initiative to seek out on their own. Moreover, LGBTQ+ students were able to identify with LGBTQ+ mental health practitioners and this aided in the therapeutic process.

Overall, most focus group participants believed that training in LGBTQ+ student experiences and LGBTQ+ inclusive practices across school and campus departments was necessary to improve mental health outcomes for LGBTQ+ students. Different stakeholder groups had distinct ideas regarding which groups and areas should receive engagement and training. Mental health practitioners wanted more engagement from and training for teachers/faculty, LGBTQ+ resource professionals wanted more engagement from and training for mental health practitioners, and LGBTQ+ students wanted more engagement from and training for administrators. When offered, however, many of the professional development programs related to LGBTQ+ students’ experience were not required, and participants observed colleagues’ absences at training sessions. Participants took their colleagues’ absences as a sign that they did not want to learn about LGBTQ+ students’ needs and experiences or recognize the need to update their skills and knowledge of this ever-evolving community.

Higher education stakeholders noted disparate participation by academic departments, with humanities and social science departments having greater participation than STEM departments. In general, absence was interpreted as a lack of interest in learning or the belief that they were done with their professional development, even if that training occurred several years prior. Since research and scholarship on LGBTQ+ students has evolved with time to include a more intersectional lens and better attention to trans and non-binary student experiences, without ongoing learning, professionals’ understanding of LGBTQ+ students quickly becomes outdated or obsolete for the new generation of students. LGBTQ+ students and LGBTQ+ resource professionals were wary, however, of making training required for all employees since a rudimentary training could stifle progress by serving as a checkbox and not providing employees with deep and meaningful learning opportunities.

Participants observed that their school or institution lacked a consistent and coherent definition and operationalization of diversity, which raised questions as to what was or was not included, and its impact on student communities. In instances where diversity was defined primarily or solely in regards to representation, participants noted that affinity groups and offices were beneficial to students but could inadvertently isolate student communities and limit intergroup contact. In other cases, institutions used diversity as a euphemism for race/racism, BIPOC students, and/or Black/white race relations, which participants saw reflected in admissions, retention, and professional development training that excluded LGBTQ+ student experiences.

Across participant narrations, there was an expressed difficulty for educational settings to provide equitable attention and resources to all student affinity groups. Furthermore, although the concept of intersectionality was seemingly embraced, in practice it stoked competition for resources and reflected resource consolidations and the demand for staff to do more with less.

### **PROTECTIVE FACTORS: LGBTQ+ HIGH SCHOOL, COLLEGE, & UNIVERSITY STUDENTS**

Correspondingly, there are various protective factors for LGBTQ+ students that can buffer against and/or reduce psychological distress caused by a heterosexist, monosexist, and cissexist learning environment. Focus group participants across the various stakeholder groups named several protective factors for LGBTQ+ high school, college, and university students, including: culturally responsive curriculum and instruction, LGBTQ+ inclusive policies and processes, peer support, and the cultivation of allyship and intercultural understanding. The presence of culturally responsive curriculum and instruction, supported by training in these areas, was noted as beneficial to LGBTQ+ students. Culturally responsive curriculum was characterized as a curriculum with representation of LGBTQ+ identities and experiences. Participants noted that culturally responsive curriculum and instruction both promoted by and was an outcome of caring teacher/faculty/staff relationships with students.

Additionally, focus group participants expressed a need for policies and procedures to specifically safeguard the rights of LGBTQ+ students and facilitate consistently respectful exchanges among students, teachers/faculty, and staff at school and on campus. Most prevalent in the focus group discussions was a need for clear policies and processes for gender-inclusive housing and chosen/affirming name and pronouns. Participants conveyed that chosen name and pronoun policies and a clear protocol for recording and changing names were key for creating an environment of respect for trans and non-binary students because they were less likely to be subject to non-compliance and harassment. Additionally, clear protocols for the maintenance of respectful behaviors was noted as especially important in helping LGBTQ+ students feel safe on campus and in the high school classroom. Establishment of policies in support of LGBTQ+ students also reduced negative mental health outcomes and helped schools and institutions weather changes related to high-level administrative staff turnover.

LGBTQ+ students were also buoyed by student organizations and support groups. Student organizations specifically geared towards LGBTQ+ students (e.g., Gender and Sexuality Alliance) were important for cultivating friendships, collective processing, and ally development that, at times, replaced gaps in support from other campus sources. Support groups that were casual in nature and required no appointment were well received by students and appeared to be more effective than structured wellness programming, which administrators remarked had limited participation during the COVID-19 pandemic.

Beyond the importance of support and friendship from other LGBTQ+ students, participants also reflected on programs that cultivated allies and advocates. Allyship at high schools and on college campuses was cultivated through activities that involved diverse stakeholder groups and encouraged cross-stakeholder learning and engagement (e.g., Safe Zone training that involved faculty, non-teaching staff, and administrators in shared learning). In the secondary education sector where students are still in the early stages of defining themselves, allyship was cultivated through peer leader and peer mentor programs as well as through affinity groups and programs that included LGBTQ+ identifying school members and allies. Specifically, school staff who had authority and influence intentionally selected a diverse representation of peer leaders, which communicated to the broader community a respect for diverse student groups. In the higher education sector, cross-constituency groups and activities cultivated allyship. Collaborative social events that engaged members of different affinity groups, spaces that had an explicit focus on intersectional issues, and activities that focused on multiple identities at once helped to build solidarity among group members.

## **ADDITIONAL FACTORS: LGBTQ+ HIGH SCHOOL, COLLEGE, & UNIVERSITY STUDENTS**

The local, regional, and state political context in which the secondary and higher education institutions operated served as an additional factor in the experiences of LGBTQ+ students. State and local school and campus contexts impacted the policymaking environment of educational institutions. Participants remarked that local community efforts could provide support or pose barriers to inclusive policymaking. States with political contexts supportive of LGBTQ+ issues encouraged inclusive policies in education institutions while those that did not added to students' stress and presented challenges to inclusive policy making at the school/institutional level.

## **HEALTH MINDS STUDY (HMS) DATA SUMMARY**

The Proud & Thriving team at JED partnered with researchers at the *Healthy Minds Network* to identify national LGBTQ+ college student mental health trends. The data in this section comes from the Healthy Minds Study (HMS) an annual web survey examining mental health, service utilization, and related factors among undergraduate and graduate students. HMS is the largest, most comprehensive survey about mental health in college student populations and it is one of the only mental health surveys to include detailed measures of sexual orientation, gender identity, and race/ethnicity.

### **METHODS**

The following summary is an analysis of five years of HMS survey data (2015-2020), focusing on students' knowledge, attitudes, and help-seeking behaviors regarding mental health. Analyses examine 11 outcomes: (1) knowledge of campus mental health resources; (2) beliefs about treatment efficacy; (3) perceived stigma; (4) perceived need; (5) help-seeking intentions; (6) lifetime use of therapy; (7) treatment barriers; (8) informal help-seeking; (9) help-seeking for academic impairment; (10) help-seeking from academic personnel; and, (11) health insurance coverage. The overall sample size is 299,910 students. Analyses are descriptive in nature, designed to document inequalities related to help-seeking for LGBTQ+ college students in the HMS data.

Due to the sample size and for ease of interpretation, demographic data from the survey was collapsed into simple either/or variables (e.g. either LGBTQ+ or heterosexual). In HMS, students were asked about their gender identity (female, male, trans female, trans male, genderqueer/gender nonconforming, self-identified) [Note: The preferred method for capturing these demographics is a two-step process that includes sex assigned at birth (male, female, and/or intersex) and gender identity (agender, cisgender, non-binary, man, transgender, two-spirit, woman, etc.) with an option to write-in additional identities and select all that apply]. Students were categorized as cisgender if male or female was selected and transgender/non-binary (TNB) if any gender identity other than female or male was selected. Similarly, students were categorized as lesbian, gay, bisexual, queer (LGBQ+) or heterosexual. The TNB and LGBQ+ variables were also combined into a third category of sexual orientation and gender identity, whereby students were categorized as LGBTQ+ if they reported TNB and/or LGBQ+ identities or as cisgender-heterosexual (cis-het) if they did not. As described below, analyses also included an examination of intersecting identities by students' race/ethnicity. Students are categorized as Black, Indigenous, and other People of Color (BIPOC) if they reported their race/ethnicity as African American/Black, American Indian/Alaskan Native, Asian American/Asian, Hispanic/Latinx, Native Hawaiian/Pacific Islander, and/or Middle Eastern/Arab/Arab American. The race/ethnicity survey question allowed students to "select all that apply;" if students selected "white" in combination with any other racial/ethnic identity, they are considered BIPOC in these analyses.



Overall, more than 50,000 students identified as LGBTQ+ (either LGBQ+ and/or TNB), representing 18.2% of the sample. Looking separately at sexual orientation and gender, 17.9% of the sample identified as LGBQ+ and 2.4% TNB. A smaller proportion of students (2.1% of the sample) identified as both LGBQ+ and TNB. In the total sample, including both LGBTQ+ and cis-het students, 38.3% identified as BIPOC. Among those who identified as LGBTQ+, 39.7% identified as BIPOC, while 39.6% of LGBQ+ and 37.5% TNB students identified as BIPOC.

The survey data are analyzed in two ways, presented in tables 3-6 and 7-10, respectively: (1) outcomes for students who identify as LGBTQ+ vs. cis-het, LGBQ+ vs. heterosexual, and transgender/non-binary (TNB) vs. cisgender; and (2) outcomes for BIPOC LGBTQ+ students (relative to white LGBTQ+ students), BIPOC LGBQ+ students (relative to white LGBQ+ students), and BIPOC TNB students (relative to white TNB students). These separate analyses provide insight into the ways that sexual orientation, gender identity, and race impact the experiences of LGBTQ+ students. Tables 6-13 are color-coded to highlight strengths (light green), similarities (light yellow), and disparities (light red). For tables 10-13, data that is statistically significant is denoted by an asterisk (\*) and a darker colored cell (green, yellow, or red).

**RESULTS FOR ALL STUDENTS BY LGBTQ+ STATUS, SEXUAL ORIENTATION, AND GENDER IDENTITY**

**Help-Seeking Outcomes**

As shown in Table 6, the following measures were high across all groups, with little variation: knowledge of campus mental health resources (range: 75-78%); beliefs about treatment efficacy (range: 82-84%); informal help-seeking for academic impairment (range: 80-81%); and health insurance coverage (range: 95-96%). The perception that one would be thought less of for receiving mental health treatment, otherwise known as perceived stigma, was low across all groups, with LGBTQ+ students reporting slightly higher levels (range: 19-24%). For the following measures, levels were significantly higher among LGBTQ+, LGBQ+, and TNB students relative to cis-het, heterosexual, and cisgender students, respectively: perceived need, use of therapy, and informal help-seeking from academic personnel. Among LGBTQ+ students, 62.6% perceived a need for treatment, 66.7% had used therapy, and 23.2% had spoken to faculty members or other academic personnel about their mental health (relative to 35%, 39.3%, and 11.3% of cis-het students). Similar patterns were found for LGBQ+ students relative to heterosexual students, and differences were even larger for TNB students relative to cisgender students: 73.7% vs. 39.2% for perceived need; 78.9% vs. 43.5% for use of therapy; and 32.8% vs. 13% for informal help-seeking from academic personnel.

**TABLE 6. KNOWLEDGE, ATTITUDES, AND BEHAVIORS RELATED TO MENTAL HEALTH HELP-SEEKING**

		Knowledge of campus mental health resources	Beliefs about treatment efficacy	Perceived stigma	Perceived need	Any counseling or therapy	Informal help-seeking, academic impairment	Informal help-seeking, academic personnel	Health insurance coverage
Sexual orientation & gender identity	LGBTQ+	77.90%	83.90%	22.08%	62.59%	66.65%	80.10%	23.15%	95.89%
	Cis-het	74.97%	82.18%	19.38%	35.04%	39.28%	80.61%	11.32%	96.18%
Sexual orientation	LGBQ+	77.98%	84.08%	21.97%	62.78%	66.76%	80.11%	23.18%	95.90%
	Heterosexual	74.96%	82.15%	19.41%	35.08%	39.34%	80.61%	11.35%	96.18%
Gender identity	TNB	77.53%	83.21%	24.02%	73.71%	78.86%	81.03%	32.80%	96.00%
	Cisgender	75.45%	82.48%	19.77%	39.23%	43.51%	80.51%	13.00%	96.13%

Notes: Table values are weighted percentages. "LGBTQ+" is lesbian, gay, bisexual, transgender, queer +; "Cis-het" is cisgender-heterosexual; "LGBQ+" is lesbian, gay, bisexual, queer +; "TNB" is transgender and non-binary.

**Barriers to Treatment**

When examining barriers to treatment (Table 7), a smaller proportion of LGBTQ+, LGBQ+, and TNB students (24.5%, 24.5%, 16%) compared to cis-het, heterosexual, and cisgender students (44.8%, 44.7%, 41.4%) felt that they needed help for emotional or mental health problems. As recognizing the need to seek help is a protective factor for mental health, a lower reported need in this case is a disparity. The data revealed additional disparities in that a larger proportion of LGBTQ+, LGBQ+, and TNB students reported financial barriers, time barriers, not knowing where to go for treatment, and difficulty finding an appointment compared to cis-het, heterosexual, and cisgender students. Across the six groups, approximately one-in-four students reported that they prefer to “deal with the problems on [their] own” (range: 25-29%) and rates were comparable across groups (range: 3-5%) of students reporting that they plan to seek help, but haven’t had a chance.

**TABLE 7.  
SPECIFIC BARRIERS TO MENTAL HEALTH HELP-SEEKING**

		No need	Financial	Time	Not sure where to go	Difficulty finding an appointment	Deal on own	Other	Haven't had a chance but plan to
Sexual orientation & gender identity	LGBTQ+	24.52%	27.32%	37.50%	16.71%	17.52%	29.05%	12.14%	5.17%
	Cis-het	44.76%	14.08%	22.31%	10.34%	7.47%	25.49%	6.03%	3.71%
Sexual orientation	LGBQ+	24.45%	27.33%	37.63%	16.76%	17.55%	29.11%	12.13%	5.21%
	Heterosexual	44.71%	14.12%	22.32%	10.35%	7.49%	25.48%	6.05%	3.70%
Gender identity	TNB	15.95%	34.27%	43.45%	20.54%	24.35%	26.31%	17.43%	5.37%
	Cisgender	41.42%	16.22%	24.82%	11.36%	9.05%	26.20%	6.96%	3.96%

Notes: Table values are weighted percentages. “LGBTQ+” is lesbian, gay, bisexual, transgender, queer +; “Cis-het” is isgender-heterosexual; “LGBQ+” is lesbian, gay, bisexual, queer +; “TNB” is transgender and non-binary.

**Help-Seeking Intentions**

For help-seeking intentions (Table 8), over 90% of students in each group reported that they would seek help from one or more of the sources listed. A larger proportion of LGBTQ+, LGBQ+, and TNB students reported that they would seek help from a clinician (43.4%, 43.5%, 50%) relative to cis-het, heterosexual, and cisgender students (31.2%, 31.2%, 33%). Friends were the most common source of intended help-seeking and there was minimal variation across groups (range: 50-58%). A smaller proportion of LGBTQ+, LGBQ+, and TNB students reported that they would seek help from family or a religious counselor relative to cis-het, heterosexual, and cisgender students. Additionally, a larger proportion of TNB students reported that they would seek help from a support group (6.65%) or from “other” (3.79%) relative to cisgender students (3.22% and 1.41%, respectively).

**Parental permission and fear of being outed stood out significantly as barriers to accessing counseling among LGBTQ+ high school students.**

**TABLE 8.**  
**HELP-SEEKING INTENTIONS**

		Any	Clinician	Room-mate	Friend	Significant other	Family	Religious	Support group	Other
Sexual orientation & gender identity	LGBTQ+	91.17%	43.36%	19.49%	55.51%	33.12%	39.26%	2.72%	4.27%	1.94%
	Cis-het	91.84%	31.19%	19.45%	49.52%	35.64%	49.45%	7.97%	3.08%	1.36%
Sexual orientation	LGBQ+	91.22%	43.53%	19.60%	55.75%	33.21%	39.34%	2.65%	4.29%	1.88%
	Heterosexual	91.83%	31.20%	19.42%	49.49%	35.61%	49.40%	7.97%	3.08%	1.37%
Gender identity	TNB	91.17%	49.98%	19.86%	57.55%	35.84%	33.09%	2.99%	6.65%	3.79%
	Cisgender	91.73%	33.00%	19.44%	50.44%	35.17%	47.95%	7.12%	3.22%	1.41%

Notes: Table values are weighted percentages. "LGBTQ+" is lesbian, gay, bisexual, transgender, queer +; "Cis-het" is cisgender-heterosexual; "LGBQ+" is lesbian, gay, bisexual, queer +; "TNB" is transgender and non-binary.

***Informal Help-Seeking Behavior***

As shown in Table 9, rates of informal help-seeking behavior in the past year were relatively high across groups but with important variations (range: 63-83%). A larger proportion of LGBTQ+, LGBQ+, and TNB students sought help from a non-mental health professional (79%, 79.2%, 82.9%) relative to cisgender-heterosexual, heterosexual, and cisgender students (62.6%, 62.6%, 65.1%). A similar pattern was revealed for help-seeking from roommates, friends, and significant others. Notably, over 60% of TNB students reported seeking help from a friend, a rate higher than any other subgroup. Also, a larger proportion of TNB students sought help from a significant other (38.83%) or "other" (2.61%) than cisgender students (28.64% and 1.09%, respectively). The only informal help-seeking source that was higher among cis-het, heterosexual, and cisgender students was religious counselors; for all other sources, help-seeking was higher among LGBTQ+ students.

**TABLE 9.**  
**SOURCES OF INFORMAL HELP-SEEKING FOR MENTAL HEALTH**

		Any	Roommate	Friend	Significant other	Family	Religious	Support group	Other
Sexual orientation & gender identity	LGBTQ+	78.97%	21.47%	57.46%	33.80%	39.76%	2.32%	3.49%	1.66%
	Cis-het	62.56%	15.78%	39.07%	27.78%	35.97%	4.36%	1.79%	1.01%
Sexual orientation	LGBQ+	79.16%	21.56%	57.70%	33.90%	39.82%	2.29%	3.48%	1.65%
	Heterosexual	62.56%	15.77%	39.08%	27.78%	35.97%	4.36%	1.80%	1.01%
Gender identity	TNB	82.93%	23.63%	62.86%	38.83%	38.48%	2.61%	6.90%	2.61%
	Cisgender	65.14%	16.65%	41.95%	28.64%	36.62%	4.02%	1.99%	1.09%

Notes: Table values are weighted percentages. "LGBTQ+" is lesbian, gay, bisexual, transgender, queer +; "Cis-het" is cisgender-heterosexual; "LGBQ+" is lesbian, gay, bisexual, queer +; "TNB" is transgender and non-binary.

## RESULTS FOR LGBTQ+ STUDENTS BY RACE/ETHNICITY

### Help-Seeking Outcomes

As shown in Table 10, reported rates of knowledge of campus mental health resources, informal health-seeking for an academic impairment, and informal help-seeking from academic personnel is comparable across all LGBTQ+ groups, with the exception of BIPOC TNB students who reported significantly lower rates than white TNB students or knowledge of campus mental health resources (73% vs 80%). Though rates were high across all groups (range: 76-86%), BIPOC LGBTQ+, LGBQ+, and TNB students had slightly lower levels of believing that treatment is effective, relative to white LGBTQ+, LGBQ+, and TNB students; these differences were statistically significant. Relatedly, perceived stigma was higher and health insurance coverage was lower among BIPOC LGBTQ+, LGBQ+, and TNB students compared to their white counterparts. Additionally, BIPOC students reported significantly lower levels of both perceived need and prior experience with counseling or therapy. Among BIPOC LGBTQ+ students, 57.9% perceived a need for help and 57.5% had received therapy, compared to 65.4% of 72.1% among white LGBTQ+ students; similar patterns were revealed for BIPOC LGBQ+ and BIPOC TNB students relative to white LGBQ+ and white TNB students.

**TABLE 10.**  
**KNOWLEDGE, ATTITUDES, AND BEHAVIORS RELATED TO MENTAL HEALTH HELP-SEEKING, ANALYSES BY SEXUAL ORIENTATION, GENDER IDENTITY, AND RACE/ETHNICITY**

		Knowledge of campus mental health resources	Beliefs about treatment efficacy	Perceived stigma	Perceived need	Any counseling or therapy	Informal help-seeking, academic impairment	Informal help-seeking, academic personnel	Health insurance coverage
Race/ethnicity x sexual orientation & gender identity	BIPOC LG-BTQ+	77.08%	80.48%*	24.71%*	57.91%*	57.53%*	80.57%	22.51%	94.53%*
	white LGBTQ+	78.38%	85.90%*	20.54%*	65.38%*	72.07%*	79.79%	23.54%	96.79%*
Race/ethnicity x sexual orientation	BIPOC LGBQ+	77.19%	80.73%*	24.62%*	58.11%*	57.68%*	80.63%	22.55%	94.54%*
	white LGBQ+	78.44%	86.04%*	20.43%*	65.56%*	72.15%*	79.77%	23.55%	96.79%*
Race/ethnicity x gender identity	BIPOC TNB	72.98%*	76.92%*	27.06%	68.31%*	71.29%*	80.33%	30.81%	94.74%
	white TNB	79.97%*	86.57%*	22.39%	76.65%*	82.87%*	81.45%	33.87%	96.76%

**Notes:** Table values are weighted percentages. "LGBTQ+" is lesbian, gay, bisexual, transgender, queer +; "Cis-het" is cisgender-heterosexual; "LGBQ+" is lesbian, gay, bisexual, queer +; "TNB" is transgender and non-binary; "BIPOC" is black, indigenous, and other people of color. Statistical significance based on Pearson's chi-squared test. An asterisk\* denotes statistical significance at p<0.001.

### Barriers to Treatment

In terms of barriers (Table 11), relative to their white counterparts, BIPOC LGBTQ+ and LGBQ+ students reported lower levels of financial, time, difficulties finding an appointment, and other barriers to help-seeking in addition to comparable levels of not being sure where to go for services and wanting to deal on their own. For the same set of barriers, BIPOC TNB students reported comparable, if only slightly higher, levels than their white counterparts.

However, a larger proportion of BIPOC LGBTQ+, LGBQ+, and TNB students reported that they did not need help for their emotional or mental health problems; these differences were statistically significant. As recognizing the need to seek help is a protective factor for mental health, a higher reported level of “no need” is a disparity.

**TABLE 11.**  
**SPECIFIC BARRIERS TO MENTAL HEALTH HELP-SEEKING, ANALYSES**  
**BY SEXUAL ORIENTATION, GENDER IDENTITY, AND RACE/ETHNICITY**

		No need	Financial	Time	Not sure where to go	Difficulty finding an appointment	Deal on own	Other	Haven't had a chance but plan to
Race/ethnicity x sexual orientation & gender identity	BIPOC LG-BTQ+	26.77%*	25.76%*	34.82%*	16.12%	15.23%*	28.58%	10.75%*	6.14%*
	white LGBTQ+	23.23%*	28.21%*	39.04%*	17.04%	18.83%*	29.32%	12.94%*	4.61%*
Race/ethnicity x sexual orientation	BIPOC LGBQ+	26.68%*	25.78%*	34.84%*	16.14%	15.26%*	28.57%	10.69%*	6.17%*
	white LGBQ+	23.16%*	28.22%*	39.24%*	17.12%	18.86%*	29.42%	12.95%*	4.66%*
Race/ethnicity x gender identity	BIPOC TNB	18.56%	34.21%	43.51%	19.82%	22.69%	26.36%	16.64%	6.36%
	white TNB	14.63%	34.29%	43.42%	20.90%	25.19%	26.29%	17.82%	4.86%

*Notes:* Table values are weighted percentages. “LGBTQ+” is lesbian, gay, bisexual, transgender, queer +; “Cis-het” is cisgender-heterosexual; “LGBQ+” is lesbian, gay, bisexual, queer +; “TNB” is transgender and non-binary; “BIPOC” is black, indigenous, and other people of color. Statistical significance based on Pearson’s chi-squared test. An asterisk\* denotes statistical significance at p<0.001.

***Help-Seeking Intentions***

For help-seeking intentions (Table 12), a higher proportion of white students indicated that they would seek some form of help relative to their BIPOC peers, though rates were high for all groups (range: 89-93%). A similar pattern by race was revealed for intentions to seek help from a clinician, roommate, friend, significant other, and family members, and these differences were statistically significant. The largest gaps between BIPOC and white LGBTQ+ students were in reported intentions to seek help from a friend or significant other, with a 9-11% difference across all subgroups. Rates of intent to seek help from a religious counselor or support group were comparable across all groups, albeit slightly higher for BIPOC TNB students. Additionally, BIPOC LGBTQ+, LGBQ+, and TNB students reported higher levels of intention to seek help from another (“other”) source, and this difference is statistically significant for TNB students.

**LGBTQ+ high school and college and university students viewed themselves and their future more cautiously, even questioning their lives’ purpose, compared to students who did not identify as LGBTQ+.**



**TABLE 12.**  
**HELP-SEEKING INTENTIONS, ANALYSES BY SEXUAL ORIENTATION,**  
**GENDER IDENTITY, AND RACE/ETHNICITY**

		Any	Clinician	Roommate	Friend	Significant other	Family	Religious	Support group	Other
Race/ethnicity x sexual orientation & gender identity	BIPOC LGBTQ+	88.76%*	35.85%*	15.80%*	49.58%*	27.40%*	32.47%*	2.87%	4.23%	2.29%
	white LGBTQ+	92.75%*	48.30%*	21.93%*	59.42%*	36.89%*	43.72%*	2.62%	4.30%	1.70%
Race/ethnicity x sexual orientation	BIPOC LGBQ+	88.83%*	36.11%*	15.90%*	49.88%*	27.47%*	32.57%*	2.77%	4.24%	2.20%
	white LGBQ+	92.79%*	48.38%*	22.02%*	59.60%*	36.98%*	43.77%*	2.57%	4.32%	1.67%
Race/ethnicity x gender identity	BIPOC TNB	88.60%*	42.30%*	16.51%*	50.95%*	29.92%*	27.75%*	4.29%	6.47%	5.60%*
	white TNB	92.72%*	54.59%*	21.87%*	61.51%*	39.39%*	36.30%*	2.20%	6.76%	2.70%*

**Notes:** Table values are weighted percentages. “LGBTQ+” is lesbian, gay, bisexual, transgender, queer +; “Cis-het” is cisgender-heterosexual; “LGBQ+” is lesbian, gay, bisexual, queer +; “TNB” is transgender and non-binary; “BIPOC” is black, indigenous, and other people of color. Statistical significance based on Pearson’s chi-squared test. An asterisk\* denotes statistical significance at p<0.001.

***Informal Help-Seeking Behavior***

The results for help-seeking behavior (Table 13) are similar to those for students’ intentions to seek help. BIPOC LGBTQ+, LGBQ+, and TNB students reported lower rates of past-year informal help-seeking from any source, roommates, friends, significant others, and family, relative to their white counterparts; these differences were statistically significant. Seeking help from a friend or significant other in the past year presented the largest gaps between BIPOC and white LGBTQ+ students with a 10% difference across all subgroups. BIPOC LGBTQ+, LGBQ+, and TNB students also reported lower rates of seeking help from a support group, with this difference statistically significant only for the broader LGBTQ+ grouping. Conversely, BIPOC LGBTQ+, LGBQ+, and TNB students reported higher levels of seeking help from a religious counselor or from another (“other”) source, relative to white LGBTQ+, LGBQ+, and TNB students. For TNB students, the difference in seeking help from another (“other”) source is statistically significant.

**LGBTQ+ students actively sought help via multiple therapeutic outlets, including talking to a mental health practitioner, friends, family members and trusted adults, and participating in a hobby or activity.**

**TABLE 13.**  
**SOURCES OF INFORMAL HELP-SEEKING FOR MENTAL HEALTH,**  
**ANALYSES BY SEXUAL ORIENTATION, GENDER IDENTITY, AND RACE/ETHNICITY**

		Any	Roommate	Friend	Significant other	Family	Religious	Support group	Other
Race/ethnicity x sexual orientation & gender identity	BIPOC LGBTQ+	73.87%*	18.05%*	51.70%*	27.71%*	32.41%*	2.64%	3.03%*	1.87%
	white LGBTQ+	82.14%*	23.60%*	61.04%*	37.59%*	44.32%*	2.12%	3.77%*	1.53%
Race/ethnicity x sexual orientation	BIPOC LGBQ+	74.08%*	18.13%*	51.97%*	27.74%*	32.52%*	2.57%	3.04%	1.83%
	white LGBQ+	82.32%*	23.69%*	61.26%*	37.71%*	44.35%*	2.11%	3.76%	1.54%
Race/ethnicity x gender identity	BIPOC TNB	77.26%*	20.19%*	56.30%*	32.69%*	31.59%*	3.60%	6.62%	3.80%*
	white TNB	86.02%*	25.50%*	66.43%*	42.17%*	42.23%*	2.08%	7.05%	1.96%*

**Notes:** Table values are weighted percentages. "LGBTQ+" is lesbian, gay, bisexual, transgender, queer +; "Cis-het" is cisgender-heterosexual; "LGBQ+" is lesbian, gay, bisexual, queer +; "TNB" is transgender and non-binary; "BIPOC" is black, indigenous, and other people of color. Statistical significance based on Pearson's chi-squared test. An asterisk\* denotes statistical significance at p<0.001.

## CONCLUSION

The focus of this report is on factors that contribute to the mental health of LGBTQ+ students in high schools, colleges, and universities. Data from the Proud & Thriving (P&T) survey, P&T focus groups, and Healthy Minds Study (HMS), as well as existing research documented in the P&T literature reviews, demonstrate that there are notable mental health disparities between LGBTQ+ high school, college, and university students and their heterosexual and/or cisgender counterparts. In some instances, these disparities are even greater when it comes to LGBTQ+ BIPOC students and trans and non-binary students. Further, educational outcomes, absenteeism, retention, and completion are correlated with students' mental health. This correlation implies that it is likely that factors contributing to LGBTQ+ students' disproportionate rates of mental health issues are also contributing to inequitable educational experiences for LGBTQ+ students in both secondary and higher education settings. While there are many individualized factors that impact the mental health of LGBTQ+ students, disparities that are caused or exacerbated by interpersonal and structural dynamics in educational environments can and should be addressed. This report signals an urgent need for administrators, school/college mental health professionals, teachers/faculty, and staff to implement the necessary changes to improve the mental health and overall wellbeing of LGBTQ+ students.

LGBTQ+ students experience individual, interpersonal, and structural mental health risk factors due to a climate of prejudice and discrimination. Cissexist, heterosexist, and monosexist stigma and the systemic reinforcement of the gender binary leave LGBTQ+ youth to grapple with self-acceptance, navigate compromised social support networks and dysfunctional healthcare systems, and endure significantly higher rates of mental distress and

self-injury than their cisgender and/or heterosexual peers. Where schools can and should be a site of relationship and community building, LGBTQ+ students experience disproportionately higher rates of interpersonal victimization such as bullying, harassment, physical assault, and sexual violence, especially BIPOC LGBTQ+ students and trans and non-binary students. This is compounded by the reality that many schools and institutions lack LGBTQ+-inclusive policies, programs and services, information systems, facilities, and curriculum, as well as clear processes for reporting, responding to, and remediating victimization.

**The following findings complement and supplement existing research detailed in the Proud & Thriving literature reviews:**

- [Exploring Mental Health Considerations for LGBTQ+ Students](#)
- [Exploring Mental Health Considerations for Trans and Non-Binary Students](#)

**LGBTQ+ Students' Mental Health.** The P&T survey found that the majority of high school, college, and university students surveyed believed that they made a positive impact in the lives of others. This was true regardless of LGBTQ+ status. With that said, LGBTQ+ students self-reported lower levels of happiness, confidence, self-worth, and optimism than their cisgender and/or heterosexual peers, and they were more likely to experience or be diagnosed with anxiety, depression, ADHD, an eating disorder, PTSD, a personality disorder, autism spectrum disorder, and/or a substance use disorder. LGBTQ+ students also reported a greater incidence of negative experiences compared to non-LGBTQ+ students, including pressure to conform to gender norms and pressure to be someone they are not. It follows that LGBTQ+ students reported higher rates of maladaptive behaviors than their cisgender and heterosexual peers, with the largest difference across self-reported thoughts of self harm, such as cutting or burning (41% LGBTQ+ students vs. 16% of non-LGBTQ+ students). The P&T survey data also indicate that mental health experiences and rates of mental health diagnoses differ between BIPOC and white LGBTQ+ students. Within the LGBTQ+ student community, more white students than BIPOC students have been diagnosed with anxiety, depression, ADHD, or a personality disorder. However, though they haven't been diagnosed, more BIPOC than white students believe they may have depression.

**Help-Seeking.** In the context of LGBTQ+ students' disproportionate mental health issues, it is important to recognize that the majority of LGBTQ+ students want help and will seek assistance through formal or informal means. The P&T survey found that nearly three in four LGBTQ+ students reported having a desire for professional counseling in the past 6 months. It also found that LGBTQ+ students actively sought help via multiple therapeutic outlets and engaged in help-seeking behaviors at higher rates than their non-LGBTQ+ peers. Similarly, HMS data revealed that over 90% of LGBTQ+ college students said that they would seek help from a clinician or informal resource (e.g., roommate, friend, support group), should they need it. Additionally, 67% of LGBTQ+ college students had used therapy before, nearly twice the rate of their cisgender and/or heterosexual peers. Interestingly, a larger proportion of trans and non-binary students reported that they would seek help from a support group or through "other" informal means, relative to their cisgender peers, with the percentage of BIPOC trans and non-binary students doubling that of white trans and non-binary students. The HMS survey also found that LGBTQ+ college students were equipped with knowledge of campus mental health resources, believed that mental health treatment would be effective, and were open to any type of counselor or therapy at greater rates than their cisgender and/or heterosexual peers. Though rates were high across all groups, BIPOC LGBTQ+ students had slightly lower levels of believing that treatment is effective.

**LGBTQ+ Student Resources.** The P&T survey and focus groups found that LGBTQ+ high school, college, and university students recognize that they have multiple resources available to them at school or on-campus. Resources that were most frequently listed by students included: a school counselor, teacher/faculty, or staff member they can open up to, chosen name identification, gender-inclusive restrooms, safer sex resources,

LGBTQ+ support groups and/or student organizations, programs to help them cope, social events for LGBTQ+ students, an LGBTQ+ resource center, and a reporting system for hate/bias incidents. The P&T survey also revealed that BIPOC LGBTQ+ students reported higher rates of participating in programs where they were mentored by other LGBTQ+ students and of using an LGBTQ+-centered library than white LGBTQ+ students.

While the vast majority of students who used these resources found them helpful, less than half of the LGBTQ+ students surveyed felt their school provided sufficient support for LGBTQ+ students. Also, utilization of these resources was modest. With the exception of gender-inclusive restrooms, which were used by half of those who had access to them, only 20% to 40% of LGBTQ+ students used the resources available to them.

**Challenges & Barriers.** Despite the existence of services and resources for LGBTQ+ students, various institutional and personal barriers exist that place LGBTQ+ students at a disadvantage when it comes to getting the proper mental health support that they need. Of the three in four LGBTQ+ students in the P&T survey who reported having a desire for professional counseling in the past six months, less than half actually received it. Additionally, those that did receive counseling were disproportionately white. The P&T survey found that the biggest barriers that stood in the way of LGBTQ+ students getting help were the expense, fear of talking about their mental health concerns with someone, fear that the counseling would not work, not wanting to get parent/caregiver permission, not wanting to get mental health care virtually while at home, and the fear of being outed as LGBTQ+. The data also revealed that BIPOC LGBTQ+ students were less likely than white LGBTQ+ students to seek counseling because they did not want to get their parents' permission, nor did they want to participate in counseling virtually from their home.

Similarly, the HMS survey found that LGBTQ+ college and university students disproportionately reported financial barriers, time barriers, not knowing where to go for treatment, and difficulty finding an appointment. They were also more likely to attach a stigma to receiving mental health treatment and less likely to recognize the need to get help, and have lower rates of health insurance compared to their cisgender and/or heterosexual peers. Within the LGBTQ+ community, BIPOC college students reported higher levels of perceived stigma, lower rates of health insurance coverage, and lower levels of both perceived need and prior experience with counseling or therapy compared to their white LGBTQ+ peers.

**Cultural Competency & Bias.** The P&T survey found that more than 40% of counselors and administrators believed that they had not been adequately trained to support the needs of LGBTQ+ students. Moreover, nearly half of all administrators and 14% of counselors rated their staff as *not at all* skilled to work with LGBTQ+ students, which highlights a concerning competency gap and a stark contrast between the perceived competencies of professionals in these two different roles. In addition to a reported lack of training and insufficient skill set, a small, but not insignificant, set of counselors and administrators (6% of counselors and 3% of administrators) admitted to harboring negative biases towards LGBTQ+ people.

Data from the P&T focus groups illustrated the impact of negative biases and cultural competency gaps on the wellbeing and safety of LGBTQ+ students. P&T focus group participants noted that LGBTQ+ students' mental health needs were unmet when staff in counseling, academic, and administrative departments lacked training and competencies specific to the LGBTQ+ population. For counselors, these competency gaps were associated with inadequate mental health services and, in some cases, with treatment that exacerbated LGBTQ+ students' mental health concerns. For teachers and faculty, lack of cultural competency was associated with heterosexist, monosexist, and cissexist classroom instruction, scarcity of curricular representation of LGBTQ+ scholarship and

topics relevant to the lives of LGBTQ+ students, and microaggressions and a negative classroom environment. For administrators, cultural competency gaps were associated with absent, unclear, or inadequate policies and protocols that protected the rights of LGBTQ+ students.

**Counselors and Administrators.** An interesting finding of the P&T survey is that counselors and administrators held differing views on LGBTQ+ students' mental health and protective factors. Counselors' survey responses reflected a focus on individual student experiences and family systems, whereas administrators' survey responses reflected a more socio-ecological approach to student development. Although there was overlap, counselors were more likely than administrators to list mental health issues among their concerns for LGBTQ+ students in the past year, whereas administrators were more likely than counselors to name issues with campus safety and employment. When listing the most commonly observed protective factors for LGBTQ+ students' mental health, more administrators than counselors listed positive regard for their own sexual/gender identity and access to LGBTQ+-oriented resources, whereas more counselors than administrators listed parent/guardian/family support. Similarly, counselors were more likely to name talk therapy as a service/resource for LGBTQ+ students (by 15% more) and administrators were more likely to name social events (by 18% more). Further, less than half of all administrators (vs. 74% of counselors) said their school provides good or excellent services to their LGBTQ+ students.

Neither of these perspectives is more accurate or valuable than the other. Rather, their points of divergence provide insight into the ways that varying roles and professional backgrounds shape which factors related to LGBTQ+ students' mental health are observed and prioritized. Together, the vantage points of counselors and administrators provide a richer and more nuanced picture of the relationship between school/institutional practices and the wellbeing of LGBTQ+ students.

**Differences Between High School, College, and University Students.** The P&T survey found that LGBTQ+ high school students are faring worse than LGBTQ+ college students. They reported having more emotional risk factors, less resilience, and greater concerns regarding difficulty with schoolwork, feeling unsafe, deadnaming, religious/spiritual tension, and sexual assault than their college/university counterparts. Although LGBTQ+ high school students were perceived by counselors and administrators to have better parental/guardian/family support and positive adult role models in their lives, LGBTQ+ students were less receptive to seeking help due to fear of being outed, seeking parental permission, and the lack of comfort opening up to a counselor. Additionally, the P&T survey found that nearly all mental health and support services for LGBTQ+ students were more commonly found at colleges than in high schools. Correspondingly, more LGBTQ+ high school students reported thoughts of self-harm, actual self-harm, thoughts of suicide, suicide planning, and suicide attempts than LGBTQ+ college students.

**Opportunities.** With the experiences of LGBTQ+ high school, college, and university students in mind, it is important to remember that schools and institutions can foster protective factors to buffer against and/or reduce psychological distress caused by a cissexist, heterosexist, and monosexist learning environment. Self-compassion, positive identity integration, community connectedness, and support from affirming peers and mentors can reduce LGBTQ+ students' levels of depression, suicidal ideation, and social anxiety while also promoting self-esteem. Encouraging students to pursue friendships with LGBTQ+-affirming peers, as well as participating in LGBTQ+-affirming programs, could also reduce social isolation and facilitate a sense of belonging. Participants in the P&T focus groups identified culturally responsive curriculum, LGBTQ+-inclusive resources, programs that cultivate allies and advocates, and LGBTQ+ student organizations, support groups, and social events as key factors that enhance their wellbeing.



At the structural level, policies and practices can be modified or established to increase LGBTQ+ students' sense of belonging. These include making facilities, athletic teams, and information systems trans-inclusive, collecting chosen name/pronouns/gender identity and sexual identity in institutional data, enumerating gender identity, gender expression, and sexual identity in non-discrimination, anti-harassment, and anti-bullying policies, creating clear reporting and response mechanisms, and instituting school-wide positive and restorative discipline practices. Schools and institutions can foster an affirming climate for LGBTQ+ students by providing LGBTQ+ focused training and education to students, teachers/faculty, staff, coaches, administration, and board members. Where there are deficits, high schools, colleges, and universities can improve or add LGBTQ+ focused services, academic curriculum, and residential communities as well as assess and update case management practices, mental and physical health services, career counseling services, and sexual violence prevention resources to ensure they are meeting the needs of LGBTQ+ students. For more information, see the Recommendations section of this report.

**Future Research.** This report complements and supplements recent research on the mental health of LGBTQ+ high school, college, and university students. It provides a unique lens by examining research that looks at both secondary and higher education, and that includes the perspectives of students, administrators, and counselors. The findings also illustrate opportunities for future research. An important direction in future research could be learning more about teacher and faculty experiences in the classroom and within the broader learning environment, as it relates to the mental health of LGBTQ+ students. Additionally, this report does not explore students' experiences in educational settings that are partially or fully online. It also does not explicitly expound on the role of social media in the lives of trans and non-binary students. With the ubiquitous presence of social media in the lives of youth and increasing opportunities for online education, these topics may be worth examining, especially if they are areas of concern at particular institutions.

There are also opportunities for research with HMS examining data from the survey elective modules, especially those that focus specifically on issues related to equity and factors that may contribute to inequalities revealed in the summary of this report. Another important direction for future research, including potentially through qualitative work, is to understand more about the "other" sources of support that many students report seeking. The HMS data showed that trans and non-binary students report being more likely to consider and utilize "other" forms of informal support than their cisgender peers. The same is true for BIPOC vs. white LGBTQ+ students, especially for BIPOC trans and non-binary students. Further research is needed to understand what falls under this "other" category and sources of support that may not be on the radar of researchers and practitioners.

**The data signal an urgent need for administrators to develop a comprehensive understanding of LGBTQ+ students' experiences and implement a thoughtful and thorough approach to provide intervention and support.**

# PROUD & THRIVING

## FRAMEWORK RECOMMENDATIONS

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### INDIVIDUALS

### MENTAL HEALTH PRACTITIONERS

### HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES

Based on the research findings, we offer recommendations for three distinct audiences. Included within these recommendations are links for resources from various organizations who have long been working to advocate for LGBTQ+ communities and have each contributed to the “how” for what individuals, mental health practitioners and high school, colleges, and universities can do. We appreciate everyone who is willing to take the steps necessary to protect the emotional health and wellbeing of LGBTQ+ students.

**LGBTQ+ high school, college, and university students urgently need administrators to understand their experiences and implement comprehensive and sustainable changes that lead to better mental health outcomes.**

# PROUD & THRIVING

## FRAMEWORK RECOMMENDATIONS

### INDIVIDUALS

#### What YOU can do to improve the mental health of LGBTQ+ high school, college, and university students

The Proud & Thriving Report and Framework provides background information and research data that can serve as a foundation for implementing the following recommendations developed to prepare individuals who would like to provide support and advocacy for LGBTQ+ students.

#### Keep Learning

Keep learning about your own sexual and gender identities, perspectives, and biases; LGBTQ+ student experiences across intersecting identities (e.g., culture, disability, race, ethnicity, nationality, religion, socioeconomic status); contemporary language, concepts, and emerging identities under the LGBTQ+ umbrella; risk factors and protective factors impacting LGBTQ+ students' mental health; practices for fostering an LGBTQ+ affirming and inclusive school/campus culture; and, school/campus, local, and online resources for LGBTQ+ students.

[Advocating for LGBTQ+ Students with Disabilities](#) [NASP]

[Gender Spectrum Resources for Educators](#) [Gender Spectrum]

[Lifeguard Workshop](#) [The Trevor Project]

[PFLAG Academy Online](#) [PFLAG]

[PROUD & THRIVING: Exploring Mental Health Considerations for LGBTQ+ Students](#) [JED]

[PROUD & THRIVING: Exploring Mental Health Considerations for Trans & Non-Binary Students](#) [JED]

[Supporting LGBTQ+ Students of Color](#) [GLSEN]

[Supporting Trans and Queer Students of Color](#) [Consortium Connection]

#### Role Model

Role model inclusive and affirming behaviors. Ask about and correctly use pronouns, advise student groups, revisit your programmatic and educational curriculum and integrate LGBTQ+ scholars and topics. Intervene and stop anti-LGBTQ+ behavior, educate those involved on why it's harmful, and support individuals and communities to repair the harm caused. Demonstrate allyship by openly supporting LGBTQ+ teachers/faculty, staff, and administrator peers.

[Creating Safe and Welcoming Schools](#) [HRC]

[Developing LGBTQ-Inclusive Classroom Resources](#) [GLSEN]

[Pronouns: A Resource](#) [GLSEN]

[Pronouns Matter](#)

## Show Up

Show up at cultural and social events, learning opportunities (e.g., optional in-services or panels), and for opportunities to mentor or advise students, regardless of your identity or relationship to the LGBTQ+ community. It is critical to be supportive, visible, and to build relationships with LGBTQ+ students so they feel seen and connected. Whether you know it or not, your LGBTQ+ students and colleagues are acutely aware of your presence (or absence) at events that are meaningful to them, and perceive consistently engaged professionals to be a trusted resource. Additionally, community connectedness and support from affirming people in their lives can promote self-esteem and reduce LGBTQ+ students' levels of depression, suicidal ideation, and social anxiety.

[GSA Advisor Handbook](#) [GSA Network]

## Advocate

Advocate for policies, programs, and resources that promote equity and inclusion for LGBTQ+ students, many of which can be found in the “What Schools & Institutions can do” section of this report. Leverage your identities and your professional role(s) to amplify student concerns. If you have privilege or power that gives you influence within your school, use it to enact the changes we suggest in this report.



# PROUD & THRIVING

## FRAMEWORK RECOMMENDATIONS

### MENTAL HEALTH PRACTITIONERS

## What school or institution-based mental health practitioners, counselors, and counseling centers can do to improve the mental health of LGBTQ+ high school, college, and university students

The Proud & Thriving Report and Framework provides background information and research data that can serve as a foundation for implementing the following recommendations developed to prepare mental health practitioners who would like to provide support and advocacy for LGBTQ+ students.

### Educate Yourself and Your Colleagues

Educate yourself and your colleagues about LGBTQ+ students' experiences, mental health risks and protective factors, contemporary concepts and language, and both school/campus and local support resources for LGBTQ+ students. Examine your own sexual and gender identities, perspectives, and biases and impact on service provision.

[PROUD & THRIVING: Exploring Mental Health Considerations for LGBTQ+ Students](#) [JED]

[PROUD & THRIVING: Exploring Mental Health Considerations for Trans & Non-Binary Students](#) [JED]

[Suicide prevention and other resources to support LGBTQ+ youth](#)

[The Trevor Project]

[Equity in Mental Health Framework](#) [The Steve Fund & JED]

[A Clinicians Guide to Gender-Affirming Care](#) [Book]

### Implement LGBTQ+- Inclusive Practices

Implement LGBTQ+-inclusive practices such as asking and correctly using pronouns, including sexual orientation and gender (sex assigned at birth and gender identity) questions on intake forms, providing letters and referrals for transition-related healthcare, and offering services beyond talk therapy (e.g., case management, psychiatric services, health promotion).

Foster an office, departmental, and school/institutional culture that prioritizes shared accountability for LGBTQ+ students' wellbeing. Although you may be the primary or sole resource for providing mental health resources to students, your school or institution's policies, practices, and climate can positively or negatively impact LGBTQ+ students' wellbeing. It is critical that all community members understand their role and responsibility in supporting the wellbeing of LGBTQ+ students.



[Supporting Transgender and Gender Diverse Students in Schools: Key Recommendations for School Health Personnel](#) [APA]  
[The School Counselor and Transgender/Gender-nonconforming Youth](#) [ASCA]

### **Communicate clearly to students**

Communicate clearly to students what they can expect from mental health services including privacy, referrals, number and availability of appointments, if there are any practitioners who have LGBTQ+ expertise, whether practitioners will write letters for transition-related healthcare and if there are any associated costs for these services. Clarify what mental health practitioners will and will not tell family members. This is especially important for high school students and should be consistent with any other privacy and confidentiality policies and procedures.

### **Partner**

Partner with colleagues, local resources, (and parents and families of high school students) to reduce barriers, create more entry points for students to seek services, and promote services beyond talk therapy, especially LGBTQ+ Centers, Offices, or LGBTQ+ Resource Professionals who work directly with LGBTQ+ student communities.

### **Be Flexible and Creative**

Be flexible and creative when offering services to LGBTQ+ students. Consider offering sessions outside of regular school/working hours or informal “chats” during LGBTQ+ student events or in LGBTQ+ student spaces. For LGBTQ+ students who may not want face-to-face services or support, consider providing online mental health screenings, online CBT, mental health apps, or other remote services, which can often be designed specifically to support LGBTQ+ students.



# PROUD & THRIVING

## FRAMEWORK RECOMMENDATIONS

### HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES

#### **What high schools, colleges, and universities can do to improve the mental health of LGBTQ+ high school, college, and university students**

The Proud & Thriving Report and Framework provides background information and research data that can serve as a foundation for implementing the following recommendations developed to prepare high schools, colleges and universities who would like to provide support and advocacy for LGBTQ+ students.

#### **Collect and Examine Data**

Collect and examine data on LGBTQ+ students, teachers/faculty, staff, and administrators and, where relevant, partner with LGBTQ+ Centers to collect and interpret both targeted and school/institution-wide data. Add sexual orientation and the two-step (sex assigned at birth and gender identity) gender questions to demographics sections on surveys, relevant forms (e.g., incoming health forms, intake forms), and applications, and advocate for third-party vendors to do the same. Examine this data for strengths, gaps, and inequities and take action to address short and long-term needs.

[Local School Climate Survey](#) [GLSEN]

#### **Update Policies & Processes**

Update policies & processes to include:

- Explicit definitions of concepts used (e.g., diversity, equity, and inclusion); Measures that ensure regular review and equitable application;
- Enumerated protections (e.g., non-discrimination, anti-harassment, and anti-bullying policies) that include sexual orientation, gender identity, and gender expression;
- Clear processes for reporting, response, and remediating potential policy violations; Positive and restorative discipline practices;
- Processes that allow for students to use their chosen name, pronoun, and gender in current student records (e.g., ID cards, class and team rosters, diplomas, and yearbooks);
- Trans and non-binary-inclusive policies for housing (e.g., trips/travel and roommates), attire (e.g., dress codes), health services, health insurance coverage, facilities (e.g., bathrooms and changing rooms), and participation (e.g., clubs, dances, and sports teams).

## Suggested Resources for Policy Updates:

[Campus Pride Index](#) [Campus Pride]

[Replacing Punitive Discipline with Restorative Policies and Practices](#) [GLSEN]

[LGBTQA+ / TRANSGENDER & GENDER EXPANSIVE POLICIES](#) [Athlete Ally & Out in Athletics]

[Model Local Education Agency Bullying and Harassment Prevention Policy](#) [GLSEN]

[Model Local Education Agency Policy on Transgender and Non-binary Students](#) [GLSEN]

[Policy and Practice Recommendations](#) [Consortium of Higher Education LGBT Resource Professionals]

[Respect for All: Policy Recommendations to Support LGBTQ Students A Guide for District and School Leaders](#) [GLSEN]

[School Building Transgender and Gender Diverse Readiness Assessment](#) [NASP]

[World Professional Association for Transgender Health](#) [WPATH]

## Resource

Resource programs, centers, offices, departments, and roles that provide protective factors and/or reduce risk factors for LGBTQ+ students' mental health, such as those that help LGBTQ+ students develop a positive sense of self, form healthy relationships with peers and role models, and learn about school/campus resources (e.g., support groups, LGBTQ+ student organizations, peer mentors, residential communities), in addition to those that help cultivate intercultural understanding and peer allies.

## Prioritize LGBTQ+ Cultural Competence

Prioritize LGBTQ+ cultural competence for all staff, teachers/faculty, administrators, and board members. This can be accomplished in a variety of ways, such as providing ongoing learning and development opportunities with options for advanced topics, requiring new hires to demonstrate LGBTQ+ cultural competencies, and integrating LGBTQ+ competency metrics into performance indicators. Schools/institutions can also promote the curricular integration of LGBTQ+ scholars, topics, and courses.

## Remove or Reduce Barriers

Remove or reduce barriers to seeking and accessing mental health, academic, and support resources. Protect students' privacy. Ensure that educators, mental health practitioners, administrators, and staff are LGBTQ+ culturally competent and receive ongoing training. Develop partnerships with community providers that specialize in working with LGBTQ+ students, especially if your school/institution does not have enough clinicians trained in this area. Provide free or reduced cost mental and physical health services for students or partner with local organizations that do so, especially those that serve LGBTQ+ populations. Implement stigma reduction programs and campaigns.

## **SPECIAL NOTE For High Schools:**

Family acceptance is an important protective factor for LGBTQ+ students. Consider offering a training series to family members, guardians, and supporters to help them better understand and support LGBTQ+ students. This training should be offered to all family members, guardians, and supporters, regardless of their legal relationship to the student or the student's LGBTQ+ status. If family members, guardians, and supporters receive the education they need, they will be more equipped to support their LGBTQ+ student and/or help their student be an LGBTQ+ affirming peer.



## **SPECIAL NOTE For Colleges and Universities:**

An opportunity exists to boost usage of the existing resources available to LGBTQ+ students. Many are aware of these resources, but few are taking advantage of them. Consider providing incentives to students to “sample” each of the resources available to them. This could be offering an incentive (gift card or credit to the campus bookstore or a swag bag, for example) to students who utilize a designated number of the resources available to them. These incentives could be offered to LGBTQ+ students, specifically, through an LGBTQ+ office/center or GSA, or they could be offered to all students, regardless of their LGBTQ+ status. Usage of these resources could be included as part of a class assignment or during orientation. Familiarizing students with the resources available to them may very well increase the likelihood that they will refer back to them in a time of need.



## **HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES**

# RESOURCES TO SUPPORT THE MENTAL HEALTH AND WELLBEING OF LGBTQ+ HIGH SCHOOL, COLLEGE, AND UNIVERSITY STUDENTS

For a thorough and comprehensive exploration of risk factors, protective factors, and additional mental health considerations for LGBTQ+ high school, college, and university students, you can access the full Proud and Thriving Project literature reviews.

## Literature Reviews

- [PROUD & THRIVING: Exploring Mental Health Considerations for LGBTQ+ Students](#)
- [PROUD & THRIVING: Exploring Mental Health Considerations for Trans & Non-Binary Students](#)

The following items are suggested resources for continued learning, creating affirming schools and campuses, supporting GSA's and LGBTQ+ student leaders, collecting data on LGBTQ+ students, and model policies and practices:

## Learning Opportunities

- [Advocating for LGBTQ+ Students with Disabilities](#) [NASP]
- [Gender Spectrum Resources for Educators](#) [Gender Spectrum]
- [Lifeguard Workshop](#) [The Trevor Project]
- [PFLAG Academy Online](#) [PFLAG]
- [Supporting LGBTQ+ Students of Color](#) [GLSEN]

## Creating Affirming Schools & Campuses

- [Creating Safe and Welcoming Schools](#) [HRC]
- [Developing LGBTQ-Inclusive Classroom Resources](#) [GLSEN]
- [Educator Resources](#) [GLSEN]
- [Pronouns: A Resource](#) [GLSEN]
- [MyPronouns.org](#)

## For Gender and Sexuality Alliances (GSA's) & Student Leaders

- [Campus Pride Leadership & Organizing](#) [Campus Pride]
- [GLSEN's National GSA Collaborative](#) [GLSEN]
- [GSA Advisor Handbook](#) [GSA Network]



# RESOURCES TO SUPPORT THE MENTAL HEALTH AND WELLBEING OF LGBTQ+ HIGH SCHOOL, COLLEGE, AND UNIVERSITY STUDENTS

## Data Collection

[Local School Climate Survey](#) [GLSEN]

## Policies and Practices

[Athlete Ally](#)

[Campus Pride Index](#) [Campus Pride]

[Replacing Punitive Discipline with Restorative Policies and Practices](#) [GLSEN]

[LGBTQA+ / Transgender & Gender Expansive Policies](#) [Athlete Ally & Out in Athletics]

[Model Local Education Agency Bullying and Harassment Prevention Policy](#) [GLSEN]

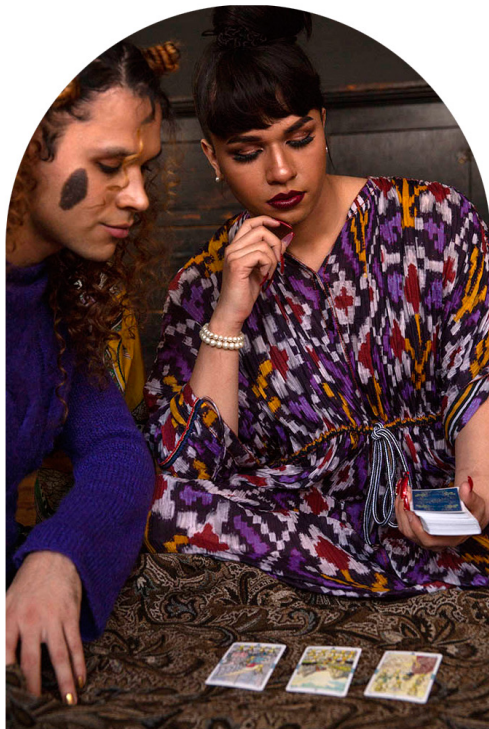
[Model Local Education Agency Policy on Transgender and Non-binary Students](#) [GLSEN]

[Policy and Practice Recommendations](#) [Consortium of Higher Education LGBT Resource Professionals]

[Respect for All: Policy Recommendations to Support LGBTQ Students A Guide for District and School Leaders](#) [GLSEN]

[School Building Transgender and Gender Diverse Readiness Assessment](#) [NASP]

[World Professional Association for Transgender Health](#) [WPATH]



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The **Upswing** Fund   
for Adolescent  
Mental Health



The Jed Foundation

