Introducing the Proud and Thriving Framework: Supporting the Wellbeing and Mental Health of LGBTQ+ High School, College and University Students

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This webinar will be recorded and made available on the JED website.
The Jed Foundation (JED)

A non-profit organization that protects emotional health and prevents suicide for our nation's teens and young adults, giving them the skills and support they need to thrive today... and tomorrow.

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Special Thank You!

The Upswing Fund for Adolescent Mental Health

Proud & Thriving Framework

A framework to develop and strengthen mental health support for LGBTQ+ students across the country.
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Learning Objectives

• Participants will learn about the risk factors that exist for protecting emotional health and preventing suicide for LGBTQ+ high school and college students.

• Participants will learn about protective factors that administrators and faculty can use to help provide services and programs that provide a safe and affirming school environments for LGBTQ+ students.

• Participants will learn about the research findings and recommendations that were generated from JED’s comprehensive research.
AGENDA

1. Proud & Thriving Project Overview
2. Framework Development Process
   a. Overview
   b. Research Process
   c. Framework
3. Research Overview and Highlights
4. Recommendations for
   Individuals
   Mental Health Practitioners
   Schools – High Schools and Higher Ed
5. Conclusion
Introducing the Proud and Thriving Framework
Why is supporting LGBTQ+ students important?
How did we get here?
Risk Factors
Individual Risk Factors

**Queer & Questioning Students:**
- Internalized heterosexism and/or monosexism;
- Identity concealment, perceived
- burdensomeness, and thwarted belongingness.

**Trans & Non-Binary Students:**
- Internalized cissexism;
- Lack of identity pride, investment in “passing” as cisgender, social isolation, and shame.
Interpersonal Risk Factors

All LGBTQ+ Students:

- Unsupportive social networks and rejection from peers, family and caregivers, faith communities, teacher/faculty, staff, and administrators;
- Interpersonal victimization including bullying, harassment, physical assault, and sexual violence.
Structural Risk Factors

Queer & Questioning Students:
• Non-discrimination, anti-harassment/bullying policies do not enumerate sexual orientation.

Trans & Non-Binary Students:
• Non-discrimination, anti-harassment/bullying policies do not enumerate gender identity or expression;
• Gender-segregated facilities (e.g., restrooms, locker rooms, housing);
• Inability to put chosen names and pronouns into student information systems.
Structural Risk Factors (Cont.)

All LGBTQ+ Students:

• Lack of clear processes for reporting, responding to, and remediating victimization;

• LGBTQ+ self-identification excluded from surveys and institutional data;

• Targeting and inequitable enforcement of disciplinary policies and practices;

• 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);

• Barriers to academic engagement (e.g., excluded from curriculum, classroom bullying or invisibility)
Protective Factors
Individual Protective Factors Mitigating Risk

Queer & Questioning Students:
• Self-compassion, cognitive flexibility, bicultural and multicultural self-efficacy, and exercise.

Trans & Non-Binary Students:
• Self-efficacy and proactive agency, body image and congruence.

All LGBTQ+ Students:
• Positive identity development and integration, self-esteem, and identity disclosure.
Interpersonal Protective Factors

Trans & Non-Binary Students:
• Connectedness to trans and non-binary community;
• Having trans and non-binary role models and mentors.

All LGBTQ+ Students:
• Affirming peers, family, mentors, and faith communities;
• Friendships and community connectedness.
Structural Protective Factors

Queer & Questioning Students:
• Enumerating sexual orientation in non-discrimination, anti-harassment/bullying policies;

Trans & Non-Binary Students:
• Enumerating gender identity or expression in non-discrimination, anti-harassment/bullying policies;
• Gender-inclusive information systems, athletic teams, and facilities (e.g., restrooms, locker rooms, housing);
Structural Protective Factors (Cont.)

All LGBTQ+ Students:

• Clear processes for reporting, responding to, and remediating victimization;

• School-wide positive and restorative discipline practices;

• Collecting chosen name, pronouns, gender identity, and sexual orientation on surveys, enrollment data, and institutional data;

• Providing LGBTQ+ focused training and education to students, teachers/faculty, staff, coaches, administration, and board members;

• LGBTQ+ focused services, academic curriculum, and residential communities;

• Culturally competent case management, mental and physical health services, career counseling services, and sexual violence prevention resources that address the needs of LGBTQ+ students.
What Does the Research Say About LGBTQ+ Mental Health?
Research Conducted for this Framework

- Proud & Thriving Survey
- Proud & Thriving Focus Groups
- Healthy Minds Survey
Mental Health Overview

- LGBTQ+ students self-reported lower levels of **happiness, confidence, self-worth, and optimism** than their cisgender and/or heterosexual peers. (P&T Survey)

- LGBTQ+ students were more likely than cisgender and heterosexual peers 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**. (P&T Survey)

- 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**. (P&T Survey)

41% LGBTQ+ vs. 16% Non-LGBTQ+

LGBT+ students report higher rates of maladaptive behaviors, with the largest differences across self-reported thoughts of harm (cutting or burning).
Coping & Maladaptive Behaviors: Drugs and Alcohol

Coping and maladaptive behaviors over past six months

<table>
<thead>
<tr>
<th>Behavior</th>
<th>LGBTQ+</th>
<th>Non-LGBTQ+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used alcohol, pills, or drugs as a way to cope (Net)*</td>
<td>35%</td>
<td>27%</td>
</tr>
<tr>
<td>Used alcohol as a way to cope</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>Binge-drank alcohol until you vomited or blacked out*</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Drove under the influence of drugs or alcohol</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Used pills or drugs as a way to cope*</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Overdosed on pills or drugs</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

*Indicates statistically significant difference between LGBTQ+ and Non-LGBTQ+ at the 95% or greater confidence level to the group indicated.
Coping & Maladaptive Behaviors: Self-Harming

<table>
<thead>
<tr>
<th>Coping and maladaptive behaviors over past six months</th>
<th>LGBTQ+</th>
<th>Non-LGBTQ+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thought about hurting yourself, such as cutting or burning yourself*</td>
<td>41%</td>
<td>16%</td>
</tr>
<tr>
<td>Done something to purposefully hurt yourself, such as cutting or burning yourself (not trying to die)*</td>
<td>24%</td>
<td>7%</td>
</tr>
<tr>
<td>Wished you were dead or could go to sleep and never wake up*</td>
<td>48%</td>
<td>23%</td>
</tr>
<tr>
<td>Seriously considered attempting suicide*</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td>Made a plan about how you would attempt suicide*</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Attempted suicide*</td>
<td>5%</td>
<td>1%</td>
</tr>
</tbody>
</table>

*Indicates statistically significant difference between LGBTQ+ and Non-LGBTQ+ at the 95% or greater confidence level to the group indicated.
Survey Data Highlights: Top Concerns Among LGBTQ+ Students

- Anxiety (86%)
- Depression (84%)
- Family Concerns (75%)
- Difficulty Coping with Stress (75%)
- Academic Performance Difficulties (71%)
- Social Isolation & Loneliness (65%)
- Navigating Multiple Marginalized Identities (52%)
• Nearly three in four LGBTQ+ students reported having a desire for professional counseling in the past 6 months.

• 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.

• 67% of LGBTQ+ college students had used therapy before, nearly twice the rate of their cisgender and/or heterosexual peers. (HMS)
Resource Use

- **School/Campus resources that were most frequently listed by students included (P&T Survey):**
  - 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
  - A reporting system for hate/bias incidents.

- **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.** (P&T Survey)

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.
Barriers to Treatment

Biggest Barriers to Proper Mental Health Support

- Expense/Financial Barriers (P&T Survey and HMS)
- Time (HMS)
- Not knowing where to go for treatment (HMS)
- Difficulty finding an appointment (HMS)
- Fear of talking about mental health concerns with someone (P&T Survey)
- Fear that counseling would not work (P&T Survey)
- Not wishing to seek parental/caregiver permission* (P&T Survey)
- Not wanting virtual mental health care when at home* (P&T Survey)
- Fear of being outed as LGBTQ+ (P&T Survey)
- Stigma to receiving mental health treatment* (HMS)
- Do not perceive the need* (HMS)
- Health Insurance* (HMS)

*BIPOC students were less likely than White students to seek counseling due to these barriers.
Cultural Competency and Bias

- 40% of counselors and administrators believed that they had not been adequately trained to support the needs of LGBTQ+ students (P&T Survey)

- Nearly half of all administrators and 14% of counselors rated their staff as not at all skilled to work with LGBTQ+ students (P&T Survey)

- 6% of counselors and 3% of administrators admitted to harboring negative biases towards LGBTQ+ people (P&T Survey)

- Less than half of all administrators (vs. 74% of counselors) said their school provides good or excellent services to their LGBTQ+ students. (P&T Survey)

- Competency Gaps were indicated by the following (P&T Focus Groups):
  - Inadequate mental health services
  - Mental health treatment that exacerbated LGBTQ+ students’ mental health concerns
  - Heterosexist, monosexist, and cissexist classroom instruction
  - Scarcity of curricular representation of LGBTQ+ scholarship and topics relevant to the lives of LGBTQ+ students
  - Microaggressions and a negative classroom environment
  - Absent, unclear, or inadequate policies and protocols that protected the rights of LGBTQ+ students.
High School vs. College Experiences

- LGBTQ+ high school students have 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. (P&T Survey)

- Although LGBTQ+ high school students were perceived by counselors and administrators to have better family support and positive adult role models in their lives, LGBTQ+ high school 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. (P&T Survey)

- 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. (P&T Survey)

- Nearly all mental health and support services for LGBTQ+ students were more commonly found at colleges than in high schools. (P&T Survey)
The Proud & Thriving Framework

RECOMMENDATIONS
Recommendations for Individuals

• Keep Learning about LGBTQ+ Needs, Experiences, and Intersections
• Role model inclusive language and affirmative behaviors
• Show up for LGBTQ+ Events
• Advocate for policies, programs, and resources that promote LGBTQ+ equity and inclusion.
Recommendations for Mental Health Practitioners

• Keep Learning about LGBTQ+ Identities, language, and experiences
• Foster an institutional cultural for shared accountability for LGBTQ+ students mental health
• Implement LGBTQ+ Inclusive Practices, from intake forms to names/pronouns
• Community expectations of mental health provisions: privacy, referrals, availability of appts, LGBTQ+ expertise, and/or services
• Partner with colleges/resource providers to create more entry points for students to seek services.
• Be flexible and created in offering services to LGBTQ+ students: informal chats, sessions outside of regular school hours, telehealth, health promotion education, etc.
Recommendations for High Schools, Colleges, & Universities

• Keep learning about LGBTQ+ identities, language, and experiences
• Use chosen names and pronouns
• Revisit programmatic and educational curriculum for LGBTQ+ influences
• Support openly LGBTQ+ teachers, faculty, staff, and administrative peers.
• Attend cultural and social events, learning opportunities, and mentoring programs to better connect with LGBTQ+ students.
Recommendations for High Schools, Colleges, & Universities

- Collect and Examine Data
- Update Policies and Procedures
- Resource programs, centers, offices, departments, and roles that provide protective factors and/or reduce risk factors for LGBTQ+ students.
- Prioritize LGBTQ+ Cultural Competence for all faculty, staff, and administrators.
- Remove/reduce barriers to seeking and accessing, mental health, academic, and support resources.
- For High Schools: Consider offering a training series to family members, guardians, and supporters to help them better understand and support LGBTQ+ students.
Conclusion
Thank You for joining us!

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Online Resources

National Suicide Prevention Lifeline
800-273 –TALK (8255)

The Trevor Project
https://www.thetrevorproject.org/get-help-now/

Crisis Text Line
https://www.crisistextline.org/

The Steve Fund
https://www.stevefund.org/knowledgecenter/

The Hope Center
Online Resources

The Jed Foundation Covid-19 Mental Health Resources

The Child Mind Institute
https://childmind.org/coping-during-covid-19-resources-for-parents/

National Association of School Psychologists (NASP)

National Center for School Mental Health
http://www.schoolmentalhealth.org/COVID-19-Resources/

National Institute of Mental Health