

**AMAAD Institute  
BLAC (Black LGBTQ+ Action Coalition)  
Black LGBTQ+ Network White Paper  
Los Angeles County Department of Mental Health  
Underserved Cultural Communities (UsCC) Unit  
Mental Health Services Act**

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## **Introduction**

The AMAAD (Arming Minorities Against Addiction and Disease) Institute, which was founded as a grassroots nonprofit Recovery Community Organization (RCO) intended to be culturally relevant to Black lesbian, gay, bisexual, transgender, questioning/queer (LGBTQ+), non-binary, and gender nonconforming individuals that are disproportionately impacted as the result of systemic inequities was selected to facilitate the community engagement activities described in the Black LGBTQ+ Network Scope of Work Bid Solicitation (RFB-IS-19201500-3) issued by the Los Angeles County Department of Mental Health, Office of the Deputy Directors Strategic Communications Underserved Cultural Communities (UsCC) Unit in June, 2019. In accordance with the Mental Health Services Act (MHSA), UsCC created the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Two-Spirit (LGBTQI2-S) subcommittee with the goal of reducing disparities and increasing mental health access for the LGBTQI2-S community in the County of Los Angeles. UsCC's selection of the AMAAD Institute to facilitate the Black LGBTQ+ Network was directly in alignment with the UsCC LGBTQI2-S subcommittee which is intended to work closely with community partners and consumers in order to increase the capacity of the public mental health system to develop culturally relevant recovery-oriented services, specific to the LGBTQI2-S community.

When the AMAAD Institute began to facilitate the UsCC prescribed Scope of Work activities, it did so as the Black LGBTQ+ Action Coalition (BLAC), primarily because the "Black LGBTQ+ Network" name was already an existing local group that had different priorities. While that other existing group would be represented in AMAAD's community engagement activities, a decision to use BLAC as an identifying name was made to not confuse efforts among local community members. With BLAC, the AMAAD Institute set out with a purposeful effort to identify the needs of Black LGBTQ+ individuals, while educating and empowering the community about the importance of mental health care to build awareness and connection. The project aim was to destigmatize mental health issues among Black LGBTQ+ people and to highlight the diversity of the population and the need for culturally sensitive resources and providers.

## **Background**

With a grassroots foundation that started as a Recovery Community Organization (RCO) offering resources and referrals, including specialized strength-based recovery management and navigation support services in a manner that is culturally relevant to the Black LGBTQ+ community in Los Angeles, the AMAAD Institute's philosophy, mission, and background make the organization uniquely qualified to facilitate community engagement activities of BLAC. With an emphasis on youth and young adults, the AMAAD official mission is "*to facilitate personalized individual access to programs and services that foster safe and supportive healthy environments for people to live, learn, and develop to their fullest potential*" and is perfectly aligned in partnership with the UsCC LGBTQI2-S subcommittee as the organization has had uninterrupted experience mobilizing and coordinating local residents, stakeholders and cohort groups targeting young adults (18-29 years old), Black/African American, transgender persons, and gay and bisexual men, and persons who use methamphetamine/inject drugs since the organization was founded. Today, the entity operates from four independently controlled sites

strategically located in the surrounding LAC community: 1) AMAAD-Watts Office is located in the Watts Civic Center which is considered ground zero of the 1965 Watts Rebellion, 2) AMAAD-Inglewood Office which is located in the Crenshaw/Imperial Plaza along an iconic community thoroughfare, 3) AMAAD-Resiliency House, a transitional residential living facility is nestled in the historic King Estates Neighborhood, and 4) AMAAD-Gibson House, a permanent supportive housing facility that is convenient to the Historic South Central area. The agency is also co-located at two distinct Employment Training sites as part of a multi-agency collaborative partnership effort, with one site at Los Angeles Trade and Technical College (LATTC) near downtown L.A. and the other at Watts Labor Community Action Coalition (WLCAC) in the southeast area of L.A. Additionally, within the past year, the AMAAD Institute has fully implemented a seamless virtual office platform that was necessary to manage COVID-19 public health concerns.

The organization's mainstay activities are centered around peer-based engagement and support services while having a solidly connected community footing. In the earlier formative years of the AMAAD Institute, organizers primarily facilitated informal community engagement and support with no dedicated financial resources. In 2015, the AMAAD Institute has become firmly positioned as a specialized premier organization and has advocated for community-based health and wellness services that also address intersectional social determinants of health. AMAAD's work is especially coordinated in a manner that is purposeful and culturally relevant to Black / African American youth and young adults who identify as LGBTQ+.

To facilitate the BLAC community engagement activities, AMAAD identified two key internal master facilitators, Gerald Garth and Nina Barkers as well as an external consultant facilitator, Vanessa Warri whom provided support during the early kick-off phase for BLAC.

Mr. Garth, who serves as AMAAD's Director of Operations, holds a bachelor's degree and has a solid track record of implementing and evaluating processes, policies, programs, and strategies to address the uniqueness of the Black experience, particularly among youth, LGBTQ+, and other underserved communities through trainings, policies, advocacy and team oversight. Mr. Garth's former roles include Manager of Training & Capacity Building as well as Manager of Prevention & Care, bringing a unique and informed approach to educating and informing Black, Black LGBTQ+, and other underrepresented groups.

With over ten years of experience managing and facilitating the community and stakeholder engagement process in the nonprofit sector, Garth's work addresses inequity, and disparities through multiple lenses – largely, structural oppression, such as implicit bias in care, racism, classism, and other types of oppression, and their impacts on the care and wellness of Black people and other underserved and underrepresented groups.

For years, he has worked with dozens of community efforts around the country all with a unique focus in prioritizing the needs of the Black community, especially women, LGBTQ+ people, justice involved people, people experiencing homelessness, people experiencing substance use/abuse, and people living with HIV through engaging numerous stakeholders including communities of faith and other traditional Black institutions (TBIs).

Ms. Barkers is AMAAD's Program Evaluation Coordinator and is a proud Black transwoman of the millennial generation. Ms. Barkers is a fierce and leading sought-out voice for the trans experience, bringing strong insight and passion to her work. Ms. Barkers has a bachelor's degree and has been serving the LGBTQ+ community for over 8 years ranging from HIV prevention, counseling, linkage, education, and advocacy.

Ms. Warri is a transgender Nigerian-American research, strategist, and advocate, committed to the liberation, empowerment of Black transgender women, and marginalized communities at various intersections of oppression.

Mr. Garth, Ms. Barkers, and Ms. Warri were each committed to ensuring that BLAC was facilitated in a manner that was authentic to the local Black LGBTQ+ community.

### **Program Overview**

The effort included three components: 1) Community Outreach and Engagement, 2) Community Presentations; and 3) White Paper. The outreach and engagement efforts were intended to identify Black LGBTQ+ community members for participation on a Community Advisory Board (CAB). Members of the CAB were intended to develop a survey that will be administered to Black LGBTQ+ people in Los Angeles County to identify the specific mental health concerns experienced by the community and any gaps in service delivery, as well as lessons learned how to best be culturally relevant to the community. The Community Presentations component were intended to engage the Black LGBTQ+ community into discussions around mental health, disseminating the community survey, and collecting feedback to be incorporated in the White Paper. It should be noted that in early 2020, an outbreak of the novel strain of coronavirus (COVID-19) emerged globally. As a result, there were several social distancing mandates from federal, state, and local authorities resulting in changes to the way AMAAD could engage community participants. AMAAD responded to the crisis by delivery services and activities via online teleconferencing platforms, which provide some challenges and also necessitated an extension period to complete the State of Work.

### **Methods**

AMAAD utilized the Community Based Participatory Research (CBPR) framework to identify and recruit Black LGBTQ+ community members and stakeholders from throughout LAC that could bring fresh perspectives, creative thinking, and solutions to address mental health issues in the community. AMAAD typically utilizes CBPR as a partnership approach because it calls for a process to equitably involve community members, organizational representatives, and other community stakeholders in all aspects of the process and in which all partners contribute expertise and share decision making and ownership. The below are core methods of CBPR that AMAAD adopted in facilitation of this effort:

1. Promote collaborative and equitable partnerships in all phases and involve an empowering and power-sharing process.
2. Recognize community as a unity of identity.
3. Build on strengths and resources within the community.
4. Facilitate co-learning and capacity building among all partners.
5. Focus on problems of relevance to the local community using an ecological approach that attends to multiple determinates of health and disease.

6. Balance information collection and action for the mutual benefit of all partners.
7. Disseminate findings and knowledge gained to the broader community and involve all partners in the dissemination process.
8. Promote a long-term process and commitment to sustainability.

As part of the implementation strategy for BLAC, AMAAD's facilitators began hosting regular meetings every second Saturday and fourth Thursday of each month beginning in January 2020. In the planning process, AMAAD was intentional to identify creative, innovative workspaces. The initial location was The Metaphor Club at 4333 Crenshaw Blvd, located in the heart of the historic Leimert Park area.

The topics of discussion and agenda centered around and analyzed the medical, behavioral, and emotional needs of the Black LGBTQ+ community. This discussion co-facilitated by the smart, savvy trio which included Gerald Garth, Nina Barkers, and Vanessa Warri. This is a groundbreaking approach because you don't see too many organizational programs lead by two Black transgender women not completely centered around how they identify as a focal point. Instead, the group showcases their knowledge in community and collective contributions to bridge building.

As a result of AMAAD's outreach and engagement of the Black LGBTQ+ community that culminated with the CAB, community surveys, and community presentations, BLAC has prepared this white paper to act as a report or a guide that is intended to inform readers concisely about the complex issue and presents BLAC's philosophy on the matter. This document is meant to help readers understand and provide resolution to an issue and to speak to the mental health needs of the general Black and specific Black LGBTQ+ communities and to provide recommendations to LACDMH on how to engage the Black LGBTQ+ population into services as well as into the MHSA stakeholder process.

BLAC developed a pre- and post-test that was administered during the Community Advisory Board (CAB) to gather information on the level of knowledge gained by the members including basic knowledge of resources available to them, understanding of the specific mental health needs of the Black LGBTQ+ community, experience conducting community outreach, etc. The instrument utilized a Likert Scale.

BLAC looked at a number of topics, areas of interest and concern, as well as needed that impact the Black and Black LGBTQ+ communities. These topics included such key areas as access to care, faith and family, self-care, stigma, and institutional accountability.

The meetings always delivered robust conversation and dialogue around:

- challenges/barriers to access mental health support
- criminalization of Blackness relating to mental health
- overall mental health concerns
- creating next steps & solutions
- building universally inclusive spaces for Black LGBTQ+ individuals
- developing culturally appropriate materials and promotion
- engaging community in care processes

## Findings

Several themes arose from the regular BLAC meetings. There was a consistent thread of the need for more resources centered around the specific needs of the Black community at large.

Participants expressed an ongoing thought of not having “anything specific to Black culture” in Los Angeles.

In order to address Black and Black LGBTQ+ needs, there needs to be a centering of the Black experience as Black people have very unique experiences, culture, and challenges as compared to other communities of color.

One consistently emerging theme was the need for more stakeholder engagement of Black people in mental health processes. This again includes a certain community focus that prioritize and centers the intersectional uniqueness of Black LGBTQ+ people.

Participants expressed much insight about the “safety” of the space, that is, being able to speak to experiences without fear of judgment or retaliation.

One community advisor board member stated, “Everything [Black LGBTQ+ people] need points to the need of safe, affirming, and informed spaces.”

Another key point was around the need for more accountability regarding the health and wellness of the community. The group defined accountability as “the obligation and responsibility of institutions, community members, and leadership to ensure engagement of the Black LGBTQ+ community relating to services and care, funding, stakeholder engagement, and client experience.

Another overwhelming response from the CAB and community at large was the need for more and ongoing training and opportunities. These training needs should be designed to:

- 1) Empower and equip Black leaders to serve as mental health advocates and teachers.
- 2) Create leadership opportunities for Black community members in care and service and advocacy.
- 3) Create leadership pipeline to connect Black mental health consumers and providers in positions of decision-making and influence.
- 4) Center the unique, intersectional experiences of Black LGBTQ+ people using trauma-informed, harm reduction approaches.
- 5) Build capacity for community as a whole.

BLAC has determined that culture- and community-centered experiences are key to addressing mental health needs among the Black LGBTQ+ community. A major question emerged, “How is community and leadership looking at justice involvement and mental health of Black and Black LGBTQ+ people?”

The group noted the disproportionate representation of Black people with justice- and system-involvement and how much of those experiences are centered around anti-Black racism, socio-economic issues, lack of access to care and education, and mental health stigma to name a few.

The group noted recommendations of client-centered approaches for addressing mental health needs among those Black people who are justice-involved:

1. **Create a pipeline** of training and opportunities for individuals who have been justice-involved/ formerly incarcerated by supporting peer models and community health educator models by implementing peer-based, strength-based approaches.
2. **Work with gatekeepers** and influencers to train and support as mental health advocates and practitioners by implementing social networking and popular opinion leader strategies.
3. **Peer to peer networking projects** for empowering our community. The community recognizes there is a certain power in lived experience, so is the need to add more opportunities to highlight and center those individuals and their experiences to inform community engagement, community education, and leadership development, including trainers and providers.
4. **Develop a community education toolkit.** Having culturally appropriate, trauma-informed informational, promotional, and educational materials led by or intentionally engaging Black and Black LGBTQ+ communities.

One participant who identifies as a Black gay man age 24 spoke to his experience:

*For my personal experience, I worked with a lot of people of color, especially Black people. Now working with the AMAAD Institute and BLAC, you all gave me the tools and the confidence to still go out of my comfort zone but still know what I was talking about. So, when I get into the rooms like this, I'm confident enough to tell people about what I know.*

*AMAAD gave me the tools, the resources, and the support so I can take that next level of growing and maturing for when I'm in the community. And when you say oh what does a leader look like? I can really say I'm a leader because I have the knowledge, the support, and the resources and tools that get you from point A to point Z.*

From these recommendations, BLAC identified the need for each to have two separate foci-- community and structural/ institutional. Below lists key topic areas within each focus for Black and Black LGBTQ+ people:

#### Focus 1: Community

1. Engage influencers and gatekeepers
2. Support peer to peer networking projects for empowering community
3. Support more community meetings centered around the unique culture with community and subcommunities
4. Foster community-driven peer reentry support, including prerelease and post-release linkage, navigation, and reentry services support.
5. Build parole/ probation education and advocacy
6. Center the value of lived experience
7. Increase resource education and access

8. Utilize creative expression as mental health support
9. Engage youth and young adults in a meaningful way

#### Focus 2: Institutional/ Structural

1. Workforce development and LACDMH collaboration for entrepreneurship
2. Create more therapist and mental health professional development and economic opportunities
3. More effective information sharing
4. Allocate funds more directly to underserved areas
5. Explore more holistic, culturally centered approaches
6. Develop a communication toolkit to providers
7. Develop a competency checklist for agencies and providers
8. Provide more at-home/ community-based options
9. Meaningful engagement of community in expenditure planning
10. Parole/ probation education and advocacy
11. Examine mental health services in prison for trauma-informed, harm reduction approaches
12. Engage client-focused community stakeholders and organization to hold DMH accountable to effectively addressing the needs of Black and Black LGBTQ+.

Another major part of discussion in BLAC centered on the role of faith and family in Black and Black LGBTQ+ communities. Black Americans for generations have cited the role of the Church in individual and community wellness. Yet for many Black LGBTQ+ people, their relationship with the institution and representatives of the institution has been strained at best. Participants spoke to their personal experiences within houses of faith. One participant who identifies as a Black transman shared:

*“The Black Church [for me] has been a major oppressor. I would like to see more of the Black Church not being afraid of being called to the table, not being afraid to be called out or rather, called in. You know, if [faith leaders] are preaching messages that are the incubator of hate they need to be called in. So, I would like to see more of that.”*

Speaking to the resilience of the Black LGBTQ+ community, participants offered compelling insight and recommendations for faith leaders and communities of faith. One participant who identifies and represents the Black gay elder community notes:

*“This one little point in terms of the Black Church right now in LA, I think they need education about who we [Black LGBTQ+ people] are and I think they need to be held accountable as to how they treat us and how they engage with us, because we are part of the community. And so therefore, if [Black LGBTQ+ people] are gonna hold office and serve in their organizations, that they need to treat us like everybody else. And if they don't know how they need to engage some workshops and some education, read some books, talk to somebody, yes. Yeah, they need some in-service training.”*



One participant who identifies as a Black gay man noted, “God is more than what we project onto God; God is complex. Just like there are different types of tigers or apples, there are different types of people. And [faith leaders] should know how to navigate all of our differences.”

Another participant who identifies as a Black transwoman noted, “I would like to say that the Black churches need less of this self-righteous attitude. And thinking they just have the answer to it all, or even the right to tell people to live in any particular type of way.”

A participant shared:

*I think we should look at dismantling any institution or elements that actually foster violence. But I would love to see the Black Church implement more affirming celebratory love messages and I would like to see the Black Church also allow members to speak up in the name of love and not challenge them in those spaces where we're actually getting rid of violence and create safety.*

Recommendations for faith leaders and houses of faith for Black LGBTQ+ communities:

1. More dutifully recognize their roles as advocates for mental and emotional health.
2. Recognize the role of faith and spirituality as a tool to address mental health
3. Address elements of systemic oppression within the institution
4. Increase education, training, and accountability of the community and faith leaders through workshops, educational materials, and other capacity building opportunities
5. Acknowledge and address the Church’s complicit role in perpetuating stigma
6. More affirming faith leaders and parishioners showing up as allies and accomplices

### **Best practices**

AMAAD set to engage the community in ways that were accessible and engaging to be inclusive of those community members who expressed challenges. In the beginning of the project, the AMAAD Institute very intentionally secured a meeting location that was accessible to participants, both with an amenable location as well as one that was accessible to public transportation. AMAAD also staggered its recurring meetings for times that were accessible as well, that is, one midweek evening meeting and one weekend, late morning meeting.

BLAC recognizes the importance of acknowledging the intersectional experiences of the Black LGBTQ+ communities and how these unique identities affect health and health outcomes. With that, BLAC has identified some key suggestions for community wellness.

Several recommendations for community empowerment as well. Participants spoke the need of continuous cultivation of healthy, informative, and affirming spaces like BLAC. “We are all leaders, and we have to start where we are,” one participant expressed.

Build effective allyships and collaborations. By looking exploring ways to collaboratively support our community by working together to cultivate spaces of healing and restoration. Through this collaboration comes healthy relationships, motivation, bonding, and appreciation.

### **1. Leadership development**

Having programs that fund, support, and nurture Black leaders in the various spaces of the mental health provider spectrum is key. Throughout the various roles in the mental healthcare spectrum, there is limited representation of Black people, if any at all. DMH and other institutions should prioritize creating, centering, and supporting Black and Black LGBTQ+ mental health professions through educational and employment opportunities and leadership and employment pipelines.

Increasing education increases opportunities and begins to address the barrier of access. One participant notes:

*“In communal or community spaces, we should actually allow for the individual strengths of those present to actually be affirmed and cultivated so that we can actually build a substantial significant leadership. And not take a person away from their core set of gifts, but actually build upon what they already possess. In additional instances where they are able to have more workshops that may be of interest to potential leaders. Where they are able to tap into areas that are of interest where they would like to express leadership.”*

### **2. Leadership engagement**

With a new level of accountability, community involvement, and policy change, Black LGBTQ+ people need to be positioned for effective participation at all levels. This also positions the Black LGBTQ+ community to be better positioned for effective collaboration from the community, agency, and jurisdictional levels. One participant states:

*“We want to build up and position leadership in [Black] communities. We also want to make sure that we have resources and to know about those resources, we have to be inside. Yes, outwardly someone can be a leader, but when it comes to decision-making, budgeting, allocation, our communities need to be in those spaces as well, because we are the ones that are most affected by it”.*

### **3. Cultural affirming and celebratory spaces designated to Black people**

The community advisory board shared much feedback to the fact of the lack of spaces that intentionally exist to encapsulate the entire Black LGBTQ+ experience. One participant noted, “We need more safe spaces to sit, share, and be supported. It’s already hard enough to be vulnerable, and we need spaces to know that it’s okay.”

This physical space creates a sense of home, history, and culture—elements that Black LGBTQ+ people have historically been stripped of or denied. A strong need across all services is centering the unique needs and experiences of Black LGBTQ+ people; that is, culturally relevant, culturally appropriate, and culturally specific content, practices, and responses.

In regard to like-minded spaces, a participant shared:

*I think one can certainly [continue to] hold up the flag of advocacy for like-mindedness. That we advocate for a community of likeminded people who want to raise up a culture of people around mental wellness, that we want to advocate as leaders individually and collectively that we provide safe spaces all over Greater Los Angeles. So that people that look and think like us can have the privilege and the opportunity for resources. Our people, our community, our tribe deserves that.*

As one participant said, “Spaces to show up for ourselves, but show up for each other at the same time.” “For us, by us,” as an evidence-based approach, that is being able to show up as an individual, but also collectively to address consistently the mental and emotional healing of Black and Black LGBTQ+ people.

Throughout the project, participants consistently spoke to power of “the village,” citing the historical context of the communal experiences of people of the African diaspora. These references highlighted the multi-generational, multi-experiential strengths that Black culture benefits from. These responses create culturally based, trauma informed opportunities to introduce and implement such approaches as family therapy, faith-based therapy and support, and holistic health as supplements to the mental and emotional health of Black LGBTQ+ communities. One participant quotes, “Centering the unique experiences of Black LGBTQ+ people allow [Black LGBTQ+ people] the opportunity to address the trauma and emotional labor we have been carrying around for generations.”

## **Recommendations**

The following recommendations are divided into DMH recommendations, provider recommendations, and community recommendations:

### ***What can DMH and other mental health agencies do?***

1. **Create a path.** Building and creating opportunities to align Black LGBTQ+ people to leadership development, skills building, job placement is a significant investment in the mental and emotional health of some of the most underserved and underrepresented communities.
2. **Equity and equality for resources.** By looking at the disproportionate inequity for Black and Black LGBTQ+ communities relating to access to services, barriers to services, the lack of culturally relevant and centered Black LGBTQ+ serving providers, and the burden of mental and emotional health care needs and services, resources and funding should be consistently aligned to the communities most in need.
3. **Implement policies.** Procedures and guidelines must be put in place to ensure the equitable distribution of and accountability for resources to Black and Black LGBTQ+ communities.
4. **Available and accountable leadership.** As those in leadership positions posture themselves to serve, they should be accessible to the communities they have committed to represent.
5. **Build capacity.** BLAC adamantly believes Black and Black LGBTQ+ communities need more education around mental health and treatment options. Along with this increase in

education must come increased opportunities, which include workforce development, job placement, and support.

6. **Address barriers to linkage and navigation** by looking holistically at other challenges to access such as bias within healthcare systems, benefits navigation, resource navigation, etc.
7. **Effectively address co-occurring concerns.** Recognizing the disproportionate impact of other determinates of health and their effect on mental health access (ex. homelessness, substance use support, and navigation) relating to Black LGBTQ+ people.
8. **The message and the messenger matters.** By building succinct, culturally appropriate and affirming tools that amplify Black LGBTQ+ visibility and culture through creative, strategic tools and educational materials through spaces and platforms that allow people to listen and to be heard.

### *What can providers do?*

Healthcare providers should lead with a client-centered, trauma-informed approaches for Black and Black LGBTQ+ communities. BLAC strongly recommends the following:

1. **Lead with empathy, sensitivity, and awareness.**
2. **Ensure safe spaces,** culturally and physically for Black LGBTQ+ individuals
3. **Check intentions.** Providers who care for Black LGBTQ+ clients must have the desire to be of service to these communities. This expresses itself in care delivery and retention in care.
4. **Acknowledge the collective unique trauma and experiences** specific to the intersectional needs of Black LGBTQ+ people.
5. **Address implicit bias.**
6. **Address micro and macroaggressions.**
7. **Recognize privilege.**

### *What can community do?*

Community should also look at how to create and sustain

1. **Know your rights.** Get educated and educate others on the power of mental health services, address stigma, roles and responsibilities of agencies and individuals positioned to serve the Black and Black LGBTQ+ community.
2. **Build more collaborative efforts.** Creating more collective, outcome-driven work through safe space centered in wholeness and wellness through nurturing skills-based, interest-based leadership.
3. **Be empowered.** Recognize your own leadership and contribution to addressing the needs of Black and Black LGBTQ+ communities. Also, build, nurture, and support those with expressed activism and advocacy for the community.
4. **Hold leaders and agencies accountable.** Community should use our platforms and collective voice for a cause in a way that prioritizes Black and Black LGBTQ+ communities.

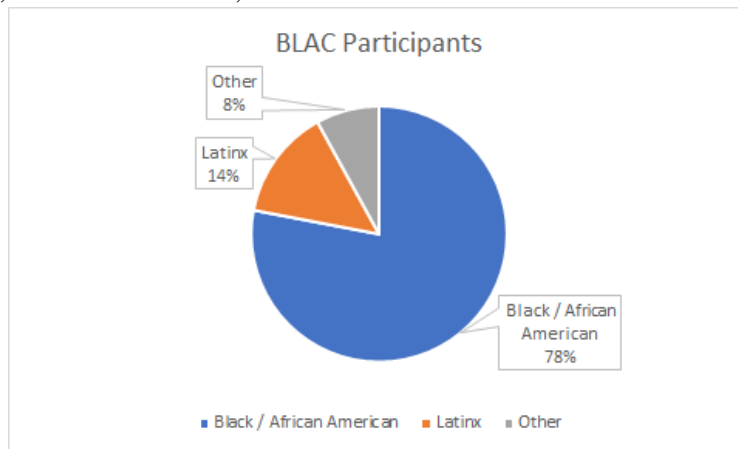
5. **Define and prioritize self-care** as a part of mental health and community care. Participants spoke to the ongoing need for prioritizing wellness. One said, “We’re no good to community, if we aren’t being fulfilled or refilled and refueled. You can’t show up for others, if you haven’t shown up for yourself,” referencing the need to be personally well in order to work effectively and sustainably to address community mental health.
6. **Continue to combat stigma.** By fostering the cultivation of vulnerability and compassion, building self-esteem, sustaining holistic programs, activities, and workshops that nurture not only our forefront leaders but also our background leaders.

The final recommendations centering the Black LGBTQ+ community:

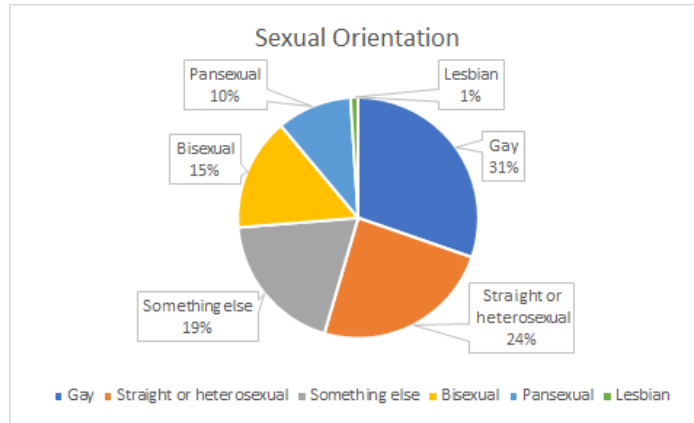
1. Designated safe spaces (physical spaces and cultural spaces)
2. More resources – funding, materials, physical space
3. More opportunities – training, leadership development, employment
4. More holistic, integrated approaches to mental and emotional wellness
5. Center the culture: culturally mindful experiences.

### Participant Data

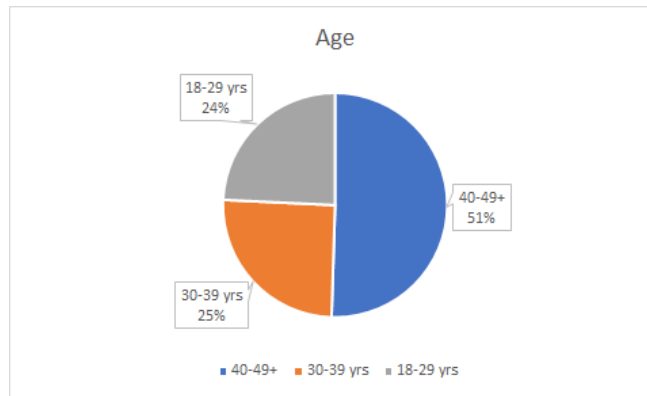
BLAC represented a very diverse representation of the community. 78% identified as Black or African American, 14% identified as Latinx, with the remaining participants identifying as Asian or Asian American, Native American, or white.



Of the participants surveyed, in response to “What is your sexual orientation?” responses are: 30% gay, 24% straight or heterosexual, 19% something else, 15% bisexual, 10% pansexual, 1% lesbian, 1% intersex. (Note: the AMAAD evaluation team has assessed that for sexual orientation, some respondents may have opted for the “something else” option in place of “choose not to respond”. Going forward, instruments will include this option.)



As related to age, half of the respondents were 40 years or older with 24% of participants from ages 18 –29 and 25% ages 30-39.



In response to “I believe there are enough mental and behavioral health programs for Black people as a whole,” 91% of respondents strongly disagree or disagree. 81% of respondents believe there are not enough mental health and behavioral health program for LGBTQ+ people.

When asked about mental health and behavioral health programs for Black LGBTQ+ people, 94% percent of respondents believe there are not enough.

Respondents agree that there are not enough adequate mental and behavioral services for LGBTQ+ people (81%) or Black people (88%). And while participants expressed being open to engaging in mental and behavioral health services, 65% percent were not sure where to find services for Black LGBTQ+ people and more than half noted having difficulty engaging in mental health services.

Participants noted being familiar to fairly familiar (72%) and knowledgeable (75%) of mental health issues, yet more than half (52%) mentioned struggling to discuss their own mental health concerns. Yet even considering that, 78% of participants noted experience receiving mental health services.

BLAC participants brought a breadth of skills and strengths. 87% noted experience conducting community outreach, 94% noted experience facilitating meetings, Participants did note that the incentive was very helpful.

**Participants** shared very strong approval and endorsement of BLAC.

- 90% strongly agree or agree that BLAC is enjoyable.
- 90% also mentioned the sessions were helpful.
- 94% noted that BLAC facilitators were knowledgeable.
- 90% noted that BLAC facilitators were pleasant.

Of participants polled, three out of four noted a decrease in mental and emotional health stigma. - Eighty-five percent noted being more likely to engage in mental health services and 4 out of 5 noted an increase in knowledge since participating in BLAC. And 9 out of 10 expressed feeling more empowered to educate someone else about mental and emotional health since participating in BLAC.

One regular CAB member shared about his experience with BLAC:

*Having the opportunity to speak for myself when you all are not around and I'm around other folks, I talk like I know what I'm saying! That is all because I'm listening to you all, in the way that you use your words, your thoughts, your expressions, your company. I began to embody each of you and your spirits, so that when I go out in the community and I'm the only one that's present and in the community, I'm not letting you all down because you're spending your time, your efforts and your hearts to help build up a community. And that's important to me. And it's important to all of us."*

Another member mentioned the need for more concise and specific data collection and research skills building and education specific to the Black LGBTQ+ community. (add Shannon's quote?)

100 % of the CAB participants expressed interest in continuing the work and contributing their own strengths and skills to BLAC and addressing the mental, behavioral, and emotional health needs of Black and Black LGBTQ+ communities.

Recommendations of expanding the work specific to Black LGBTQ+ people to include:

1. Addressing inequity in the workplace for Black LGBTQ+ people experiencing mental health needs
2. Addressing the needs of those people with disabilities
3. Addressing the needs of those people with co-occurring disorders
4. Increased intersectional efforts ex. transgender people, youth & young adults, aging, etc.
5. Increased intergenerational efforts
6. Centering lived experience





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**Literature Review for Black LGBTQ+ Network**  
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**Mental Health Services Act**

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