LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STRATEGIC COMMUNICATIONS DIVISION
UNDERSERVED CULTURAL COMMUNITIES (UsCC) UNIT

LGBTQIA2-S
2021 - NON-BINARY & INTERSEX MENTAL HEALTH SURVEY

PROJECT DESCRIPTION

The project worked to remove barriers to mental health services for the non-binary and intersex (NBI) communities in Los Angeles County (LAC), by way of conducting research via focus groups and community-based surveys. The aim of the project was to reduce stigma and barriers to mental health services for the NBI population utilizing LAC services, and thus increase the capacity of the mental health system to provide affirmative treatment to NBI patients. This project helped to identify barriers, opportunities, and best practices for servicing the NBI community.

The project was conducted by Jacob Rostovsky, the CEO and founder of QueerWorks, a 501c (3). Based in Los Angeles, QueerWorks is working to ameliorate disparities faced by members of the LGBTQ+ community and allies in Southern California by way of providing access to affirmative mental health care and services.

During QueerWorks prior projects, they have been able to identify common disparities faced by the NBI community, and the causes associated with them. Common disparities include homelessness, joblessness, mental health and medical challenges, higher rates of suicide, and higher rates of poverty. Common causes of these disparities include discrimination in housing, employment and healthcare, risk of community violence, family rejection, stigma, and religious rejection.

While not entirely preventable by access to mental health care, many of the negative mental health effects caused by these disparities can be diminished with affirmative and accessible mental health care. LAC offers comprehensive mental health care services, along with other social programs, however many NBI individuals have difficulty accessing them due to varying barriers to care.

This project was design to gather insight directly from the NBI community around barriers to care and receive valuable suggestions and recommendations on how to break down those barriers.
Phase one included the creation of a resource guide, as well as conducting focus groups. We recruited participants via social media and flyers designed by consultant and team. The two-hour focus groups were conducted over Zoom and included 20 participants split into two sessions. The groups were made up of individuals who identified as NBI, with 17 who identified as non-binary and 3 who identified as intersex. The groups were led by Jacob Rostovsky who utilized LA DMH approved questions to navigate the discussion. Information gathered from the focus groups were then used to formulate the questions for the surveys.

Phase two was the launch of the community survey. The survey was distributed over a two-month period and gained a lot of participation and generally positive feedback. Demographics were made up of all different gender identities, racial identities, and ages. Most of the participants lived in LAC at some point in their lives, and many utilized LAC resources.

Advertisement of survey was promoted through social media, Reddit, Facebook groups, subcommittee emails, community coalitions and community resources.

After a month of distribution, the survey slowed down in gaining numbers and we needed to come up with a way to get more results. A second survey was created focused around telehealth, and we were able to double our numbers in 3 days.

PROJECT RESULTS

RESOURCE GUIDE

The link to the downloadable version of our resource guide can be found here:
http://www.transpowerproject.com/resource-guides

FOCUS GROUPS

Key Findings:

There is difficulty with affording and finding affirmative mental health, and the pandemic has changed how we think about mental health. The NBI community often feels like their mental health needs go unseen. The system also seems to refuse to address the “why” around barriers

to care. On a positive note, the increased usage of the informed consent model has allowed for easier access to treatment and care practices.

NBI mental health needs greatly differ from the cisgender population. How? Well, often it's up to the patient to provide education and awareness to providers about their identity. Cisgender individuals aren't faced with educating providers their gender identity in every appointment they attend. Also, many individuals in the focus group felt that providers infantilize NBI patients and treat them with "kid gloves". Providers can get "certificates" and become "specialized" in people's identities, adding to the "otherness" they already feel from the cisgender community. Cisgender individuals don't have to worry about being discriminated against due to gender identity.

NBI mental health needs also differ greatly from binary transgender clients. Providers tend to push a "binary agenda" onto nonbinary clients. There are also "guidelines" for working with binary trans individuals, so therapists feel more secure in their work, and that security transfers onto the clients.

Participants also noted that there is little recognition between the difference of both identities. Finally, there are easier ways to access to services as a binary transgender individual which also means easier access in getting a letter around gender affirmation procedures.

Regarding working with providers and accessing mental health care, participants noted the difficulty in finding an affirmative therapist. They also emphasized that there is an incredible amount of barriers to care, highlighting insurance navigation difficulties, discriminatory or uneducated clinicians, affordability, and location of services. They also stated that locating already existing programs are difficult because they are not widely advertised. Participants also noted lack of desire to access mental health care due to fears of being put in an involuntary hold because of gender identity.

Participants discussed the importance of the informed consent model, and how the most affirmative experiences they've had with mental health providers come from those who utilize this modality. NBI clients, especially those who identify as intersex, feel affirmed when they are treated like the expert in their own lives.

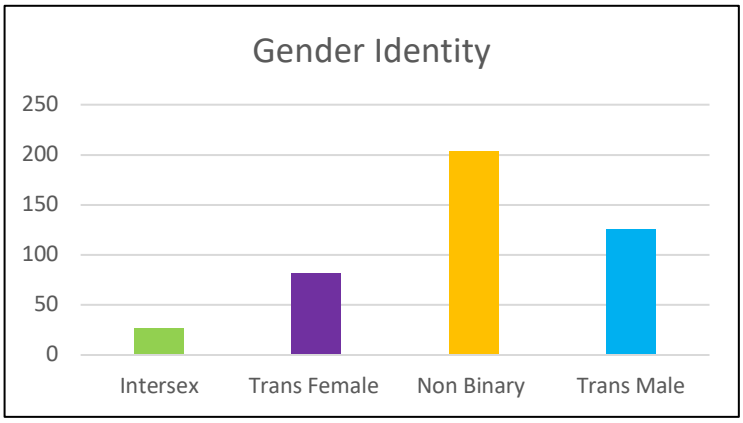
SURVEY

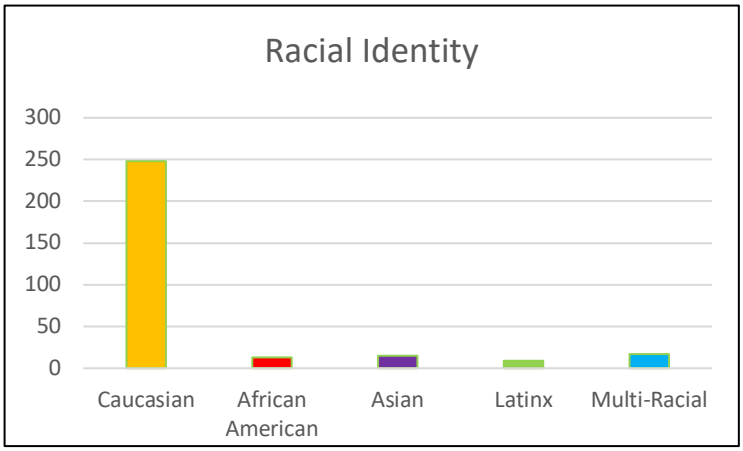
Demographics

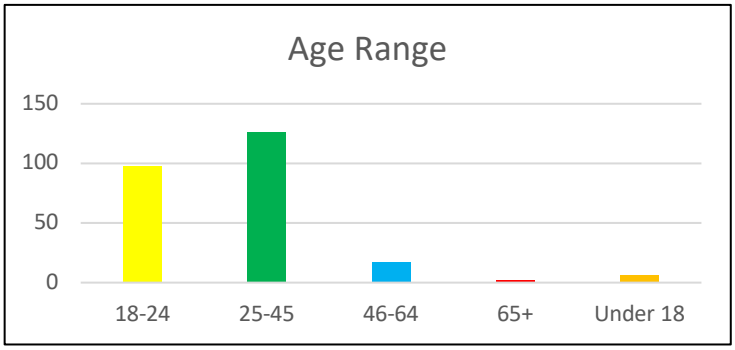
Survey one resulted in 296 usable data entries. Survey 2 resulted in an additional 300 usable entries, with some repeat participants answering the additional questions. Each participant listed in our data is an LA County resident and/or utilized LA County services.

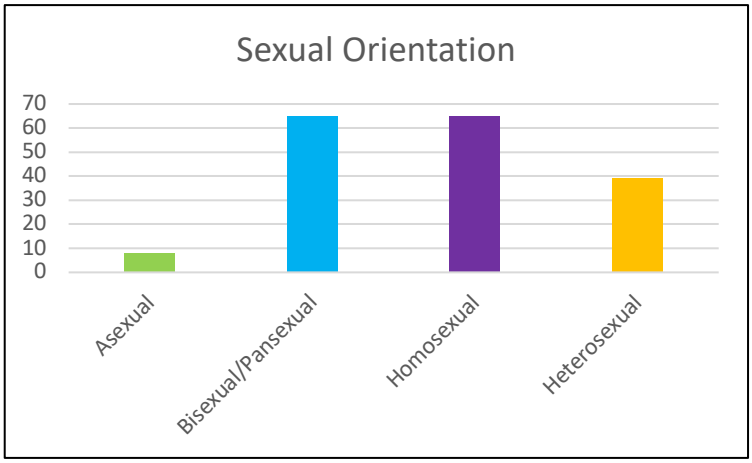
Note – Language used to describe demographic categories and labels do not encompass the entire community. Language was chosen solely for purposes of easily displaying data. There are

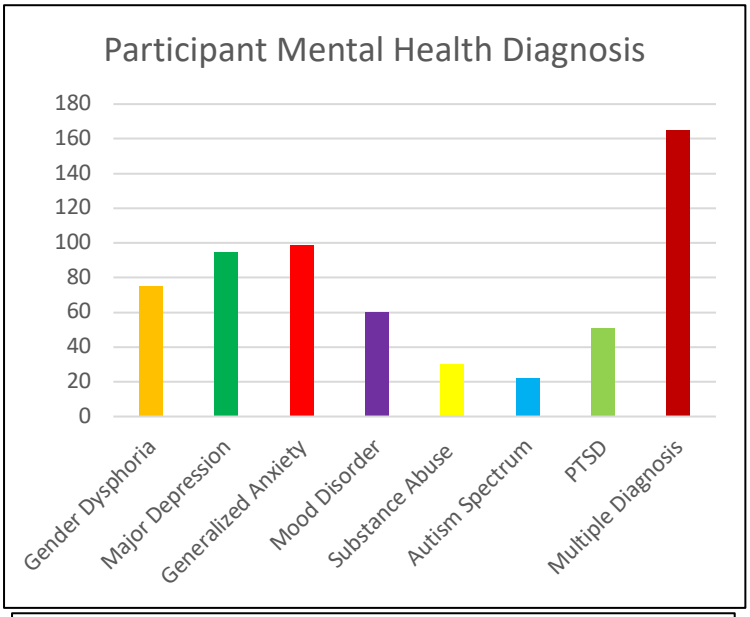
over 400 different terms for gender identity and sexual orientation, as well as varying descriptions for racial identity. It's also important to note that transgender individuals identify within the NBI community and thus were counted in this data.

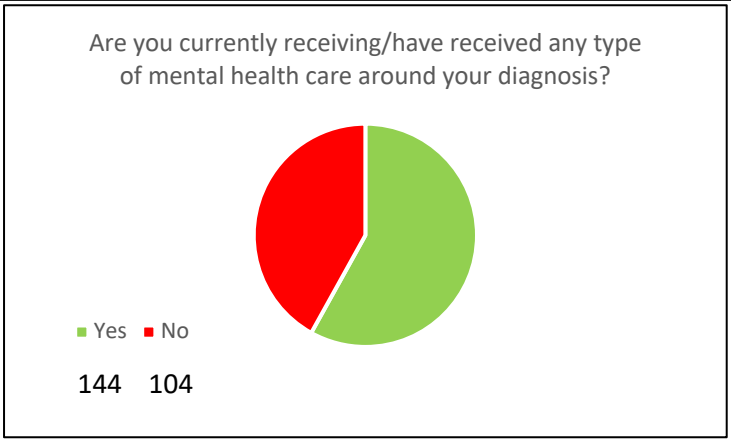












Breakdown:

The data shows most survey participants were non-binary, Caucasian individuals who were between 25-45 years old. This would fall in line with the narrative throughout this summary

around barriers to care increasing when an individual is BIPOC. It is our goal to be able to reach greater BIPOC participants in future surveys.

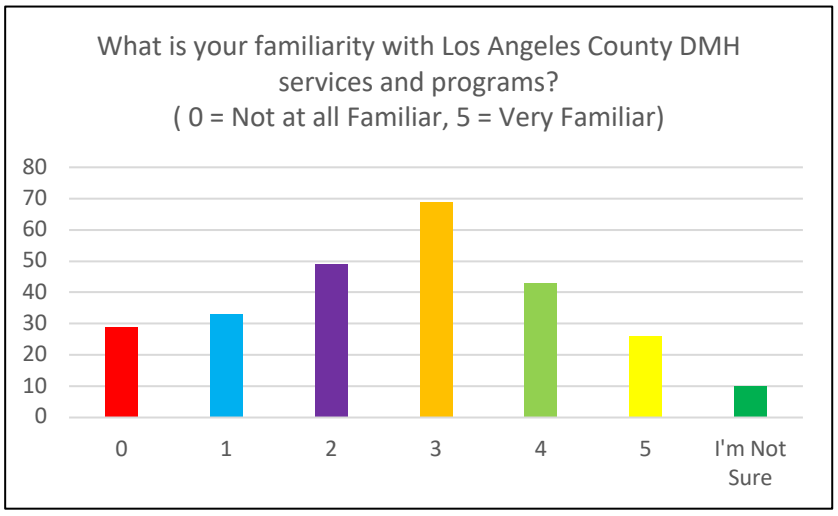
When asked about mental health diagnosis received from licensed providers, all participants marked at least one diagnosis. Most participants listed two or more. The top three diagnosis were Major Depressive Disorder, Generalized Anxiety Disorder, and Gender Dysphoria which usually go hand in hand. What was concerning however was that almost half of the respondents marked “no” when asked if they were receiving or had received any type of mental health care. Reasoning given for “no” will be explored later in this summary.

LAC Services

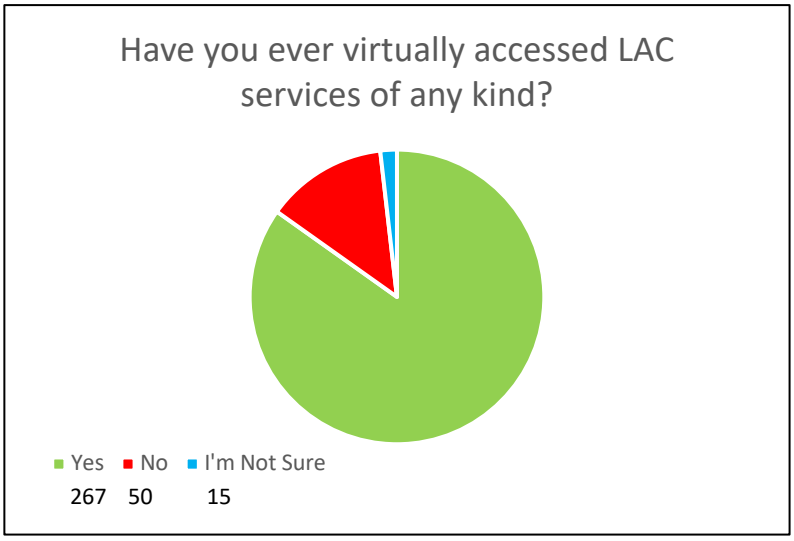
Likert Scale Results

Our first scaled question aimed to assess the familiarity our participants have utilizing/navigating LA County services.

As shown below, familiarity with LAC services fall within the middle range, noting that some are familiar with the services offered by the county while many others are not.



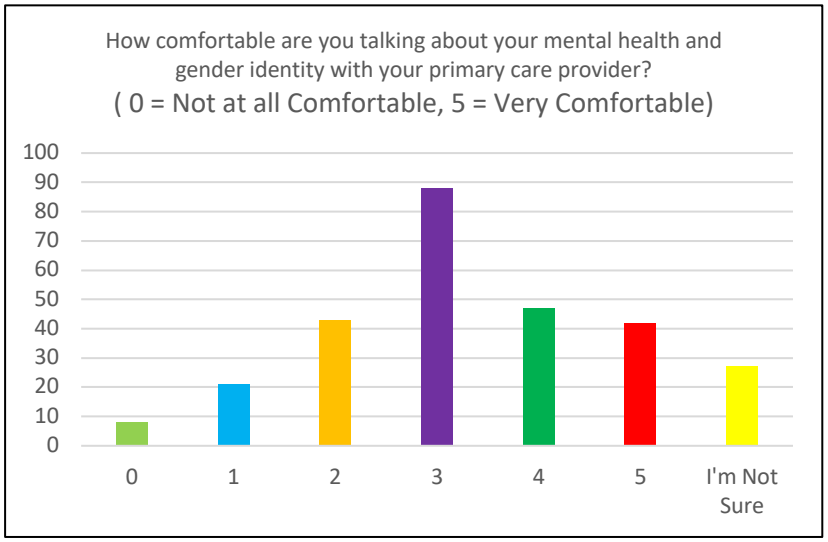
The data also shows that the majority of those who have utilized LAC services has done so virtually. Later in the summary we will see the benefit of the telehealth for the NBI community.



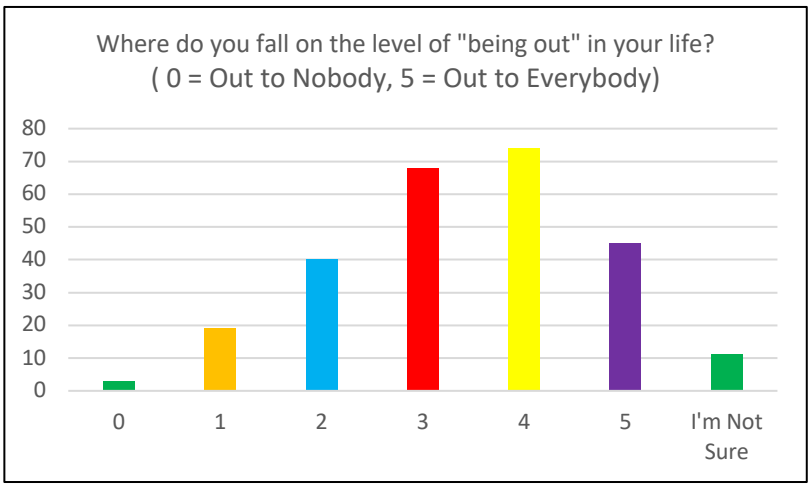
Level of Comfortability

Our next set of aimed to assess the level of comfortability participants have when talking about their mental health symptoms to providers, and their level of being "out" to others in their lives.

Noting the level of comfortability and disclosure of NBI status helps us understand the fear a client may have when disclosing their identity to providers. As we see below, the comfort level lies within the middle.

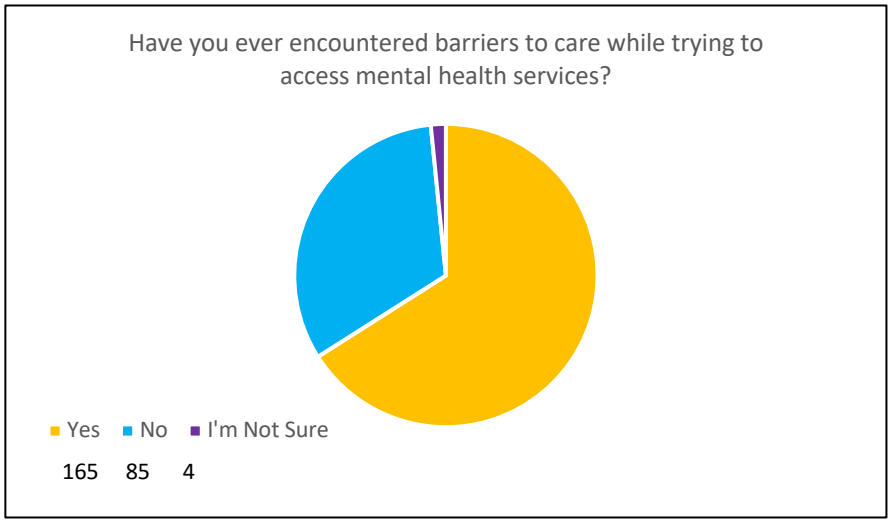


What was most surprising was the level of “outness” of the participants. We had guessed there would be a lot more numbers in the 1 – 2 rating.

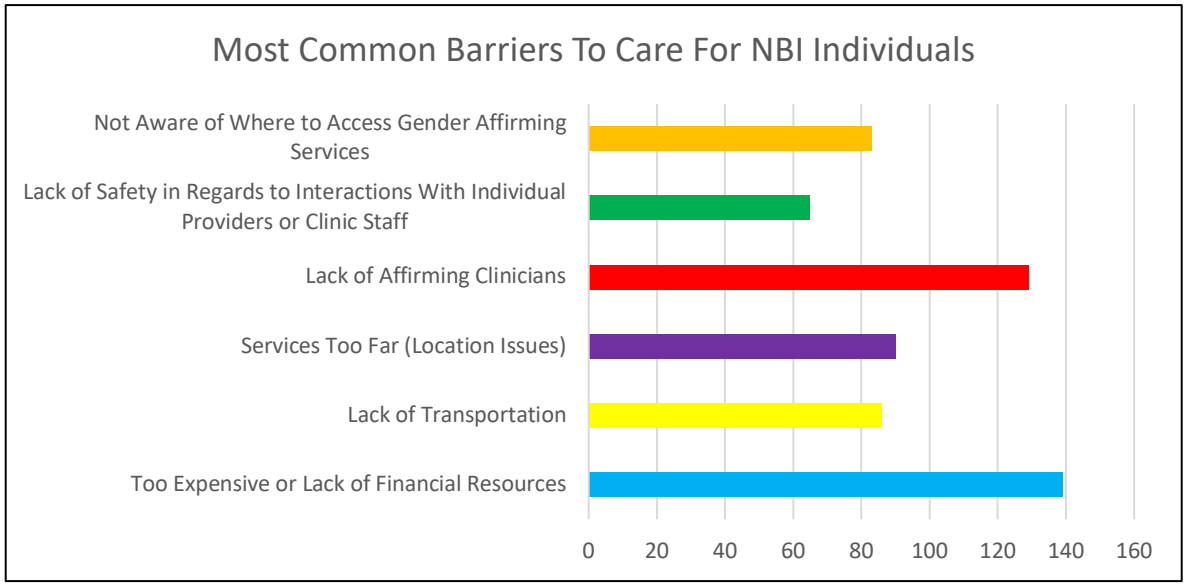


Discrimination & Barriers to Care

<u>Barriers to Care</u>



Shown above were participants answers to whether they had ever been discriminated against due to their NBI status while trying to access mental health services. While incredibly disheartening, the fact that almost three quarters of participants answered “yes” was not surprising.

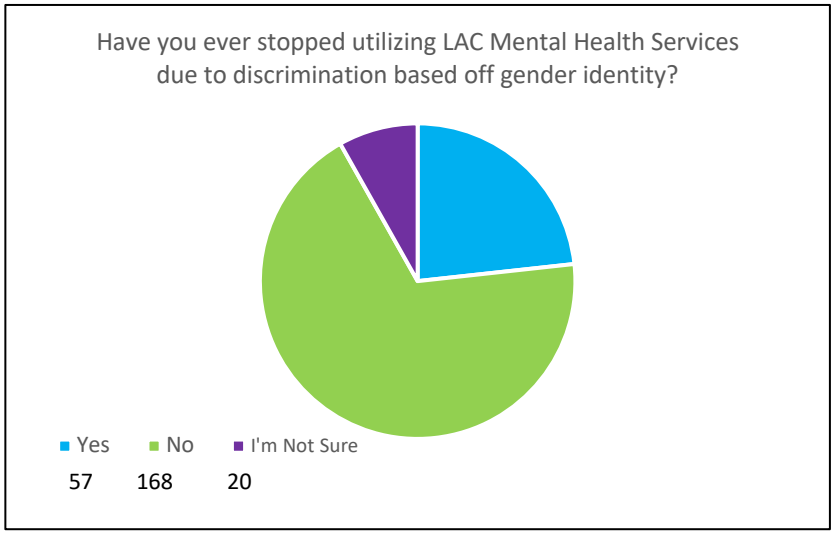


The NBI community is already on the lower end of the socioeconomic scale, so it's no surprise that' the inability to afford services is listed as the highest barrier. But what's also not a surprise is the second barrier to care; lack of affirming clinicians. As evidenced throughout the summary, it's clear that focusing on how to make providers as affirmative as possible can break down further barriers because it increases accessibility for clients.

It's also important to highlight some of the barriers that were entered into the "blank" section of this question. Some highlights include:

- "Long waiting list for services."
- "No anti-black, anti-racist analysis of therapeutic modalities, and didn't acknowledge the violently racist history of mental health in the US"
- "Insurance limits to sessions allowed"

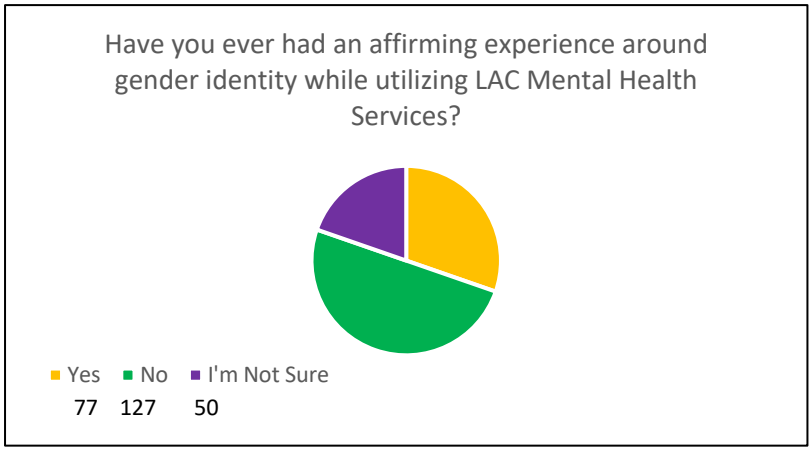
Discrimination



Participants were asked to elaborate on instances of **discrimination**. Here are some highlights:

- "My 1st visit to LACDMH psychiatrist he prescribed me prayer instead of my meds because he thought I needed to pray to god for forgiveness for my lifestyle."
- "The clinician had no idea how to work around my gender journey and traumas around it."
- "I was denied emergency psychiatric care because the physician in the ER refused to treat me (a trans person)."
- "Just being misgendered in the reception - I do not go to where I am not welcome - so I pay out of pocket for my therapy."
- "Clinicians tend to make everything revolve around gender."
- "The talk in our community is how much easier it is for white trans and nonbinary people to be seen than BIPOC."

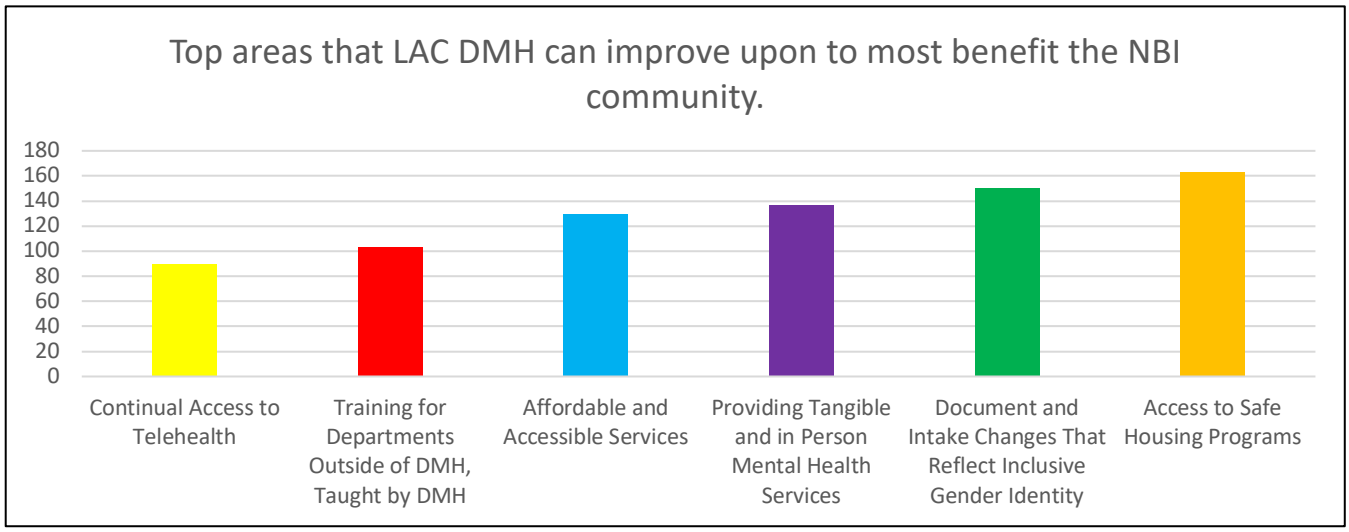
Affirming Experiences to Care



Participants were asked to elaborate on instances of **affirmation**. Here are some highlights:

- **"**Met other peers who are LACDMH and are part of this LGBTQIA2S+ community"
- "I had a clinical social worker refer to me as ma'am before apologizing for his assumption and then asked for my pronouns, without me correcting him. That was A+ allyship and uncommon based on my experience working with other social workers."
- "My doctor at LAC+USC Medical Center asked curious, non-prying questions that seemed to be interested in building a holistic vision of who I was and what my needs were in health care. She was transparent that she was interested in holistic care and asked if I was comfortable answering her questions."
- "Willingness to admit they don't know and process and fix situations in the moment."

Suggestions To Create NBI Affirming Care



When the participants were asked for the reasoning behind their choices, some of the highlight comments included:

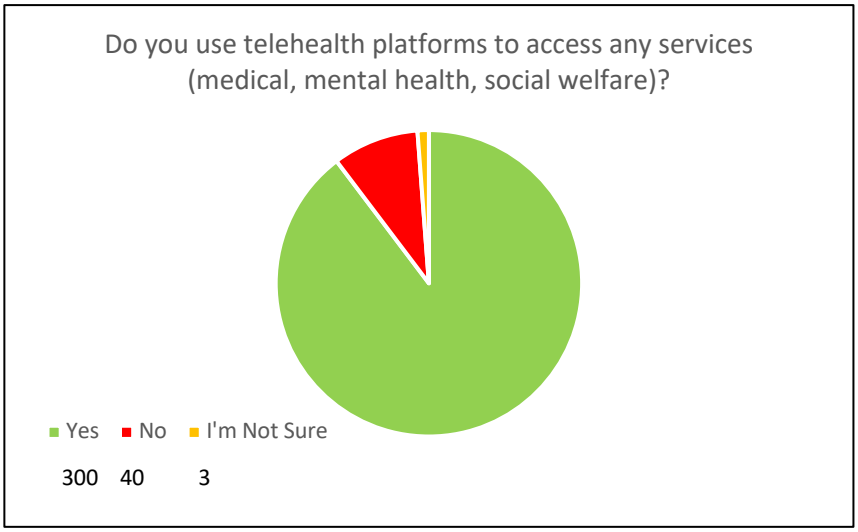
- “My choices were based upon my own struggles with finding adequate mental health resources (mainly therapy) as a transgender and non-binary individual.”
- “If services are accessible, affordable, and inclusive more people can be reached. People who see they are being represented on forms and documents might be more willing to put down their truth and not feel like it's a 'stigma'.”
- “Our community needs access to comprehensive and affirming mental health services. That cannot be done without every staff person they interact with (from customer service to their direct service provider) knowing how to appropriately affirming NBI individuals. If DMH were to facilitate trainings, it would need to be done in partnership with NBI trainers/facilitators to make sure it is appropriately reflective of NBI communities and needs.”

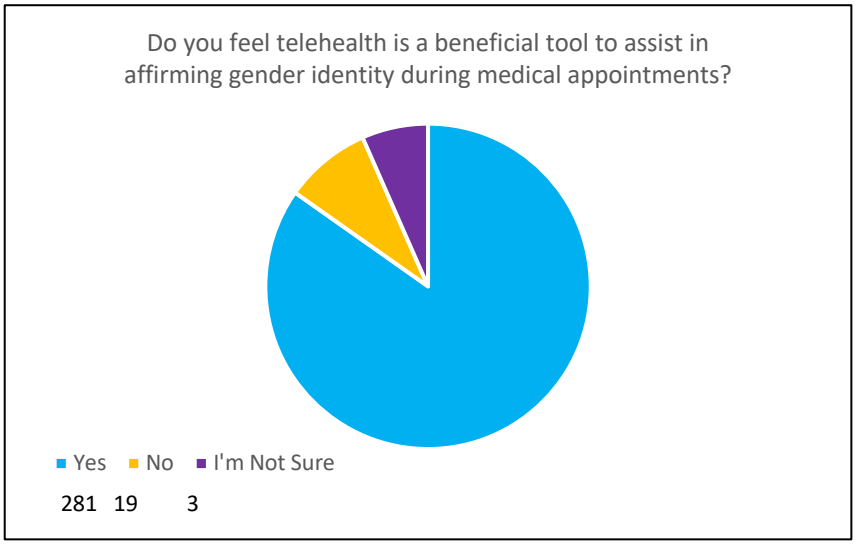
Participants were asked to add any suggestions they had in order create more **affirmative and accessible care**. Some important suggestions included:

- “There is a lack of mental health services for the TNBI community in areas like South Los Angeles with zero resources nearby. Creating services in South LA would be great”.
- “I think it’s also necessary for us to provide help for transitioning and financial help for TGNBI people to get comfortable in their body [which helps with mental health]”.
- “I am not aware of any transgender and/or NBI mental health treatment and services provided by LA County. I have never seen any information concerning transgender people from the County. Perhaps you could look into publicizing more.”
- “Making public service announcements about queer and trans acceptance should be as common as stop smoking ads.”
- “Have a directory of affirming providers.”

Usage of Telehealth

As we progressed in our project, we started to see the increase in use of telehealth services due to COVID-19. We also began to identify the importance of telehealth for the NBI community. Thus, we thought it’d be important to add an additional survey around telehealth usage and benefits.





When asked the follow up question around **how telehealth is beneficial**, some highlight responses included:

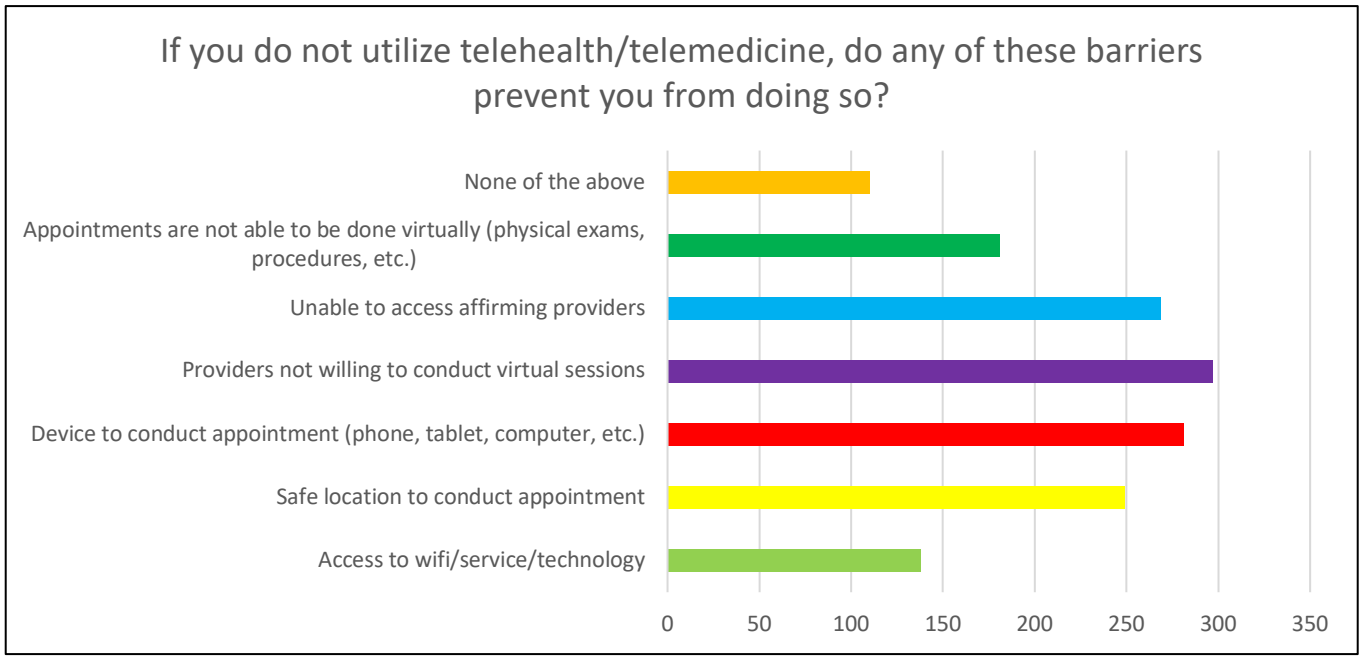
- "Telehealth and therapy feel more gender affirming because since my whole body is not visible, providers can't include my physical form as part of how they make assumptions about my gender."
- "Display names allow me to make pronouns visible; I don't have to go out as often which is stressful and exposes me to more misgendering"
- "I can put my chosen name on Zoom instead of my dead name."
- "Helpful to not have to organize transportation or deal with staff people in person, which can be scary and non-affirming. Phone is just as helpful /effective for therapy when video is not desired"

- “I live in San Bernardino County where there are huge impacts to trans healthcare and am able to access hrt because of doctors out of county (Los Angeles) for my medical transitioning”
- “I was able to find a indigenous therapist and get remote sessions since there were no such services in LACDMH. This was the first time I felt like I did not have to preface myself about being Native and being Two Spirits.”

When asked the follow up question around **how telehealth is not beneficial**, some highlight responses included:

- “I have never witnessed a single person in telemedicine or teletherapy list their pronouns alongside their name.”
- “The reliability is not high.”
- “Seeing myself in the call leads to increased dysphoria”
- “I think in some cases, in person appointments would offer more chances for office staff to address someone by an affirmed gender and make them feel better. If it's telehealth, you're just typing it into a computer... I think there's a difference in hearing a human say affirming things verbally.”

Barriers to Telehealth



Opposite to past trends, barriers to telehealth lied within actual limitations of virtual platforms, such as appointments needing to be in person or providers not willing to do virtual sessions. However, common to past trends around barriers in accessing mental health did include the inability to afford or find means to access to the appointment.

LEASONS LEARNED

Resource Guide Creation: The challenges to this deliverable came in the way of community participation and push back while gathering information around resources for the guide. Finding ways to be able to highlight the need for the project, as well as make future participants aware of the careful considerations we are taking to not do harm or trigger participants was difficult via a single flyer. In some instances, we were able to sit down with community leaders to explain the project purpose, which then made it easier to get the flyers promoted and information around resources.

Focus Group: The initial barrier to the focus group was access virtual platforms for underrepresented identities and we had to adjust accordingly – which mean choosing a free platform that could be accessed on any type of device.

Another challenge came in the way of ensuring representation from all different intersections of Non-Binary and Intersex identity when selecting members for the focus group. Initial sign-up demographics were heavily skewed towards Caucasian assigned female at birth non-binary individuals. Consultant had to spend considerable time making sure to reach out to demographics that were underrepresented and finding ways to promote the focus groups in ways that less represented identities could be reached.

There was a lot of care put in to ensuring that everyone was able to be heard and represented during the focus groups. In both groups there were a few participants that wanted to occupy the time and consultant had to utilize group therapy skills to make sure that everyone had the chance to contribute. Difficulty also came in receiving completion of post survey; however, consultant used the incentive to ensure completion.

Survey: Consultant also had some challenges making sure the major themes of focus groups were represented in the survey. So many important topics were touched on and consultant needed to balance the length and involvement of survey with topic representation. Consultant was able to come up with ways to include all topics by offering multiple check box options in specific questions.

The biggest challenge to the survey was getting past 215 participants. After a few weeks the survey slowed down, getting an average 1 participant a day. We needed to come up with ways to get more participants as we had exhausted all forms of advertisement as well. Consultant worked with county team members to devise a second survey focused on telehealth practices. We were able to get 296 respondents in 3 days.

Consultant believes the key was the to getting more participants quickly was the shorter length of second survey. It's possible that surveys that are lengthy and have more written portions than checkbox/scaled questions can be off putting to participants.

RECOMMENDATIONS

The survey gave us valuable insight and direction regarding the next steps in making LAC DMH programs safer and affirming for NBI clients. It's important to the consultant to also make recommendations that are realistic and achievable. The recommendations are as followed:

- **Advertisement:** Providing advertisement around NBI mental health services that is widely disbursed throughout LAC, as well as through a variety of platforms and media.
- **Assessing current program locations and its accessibility/safety to NBI Clients:** Can some of these locations also provide telehealth?
- **County Wide Training**: Training around NBI mental health needs to be conducted by mental health clinicians of lived experience or vast experience working with NBI clients.
- **Assessment of implementation of the Informed Consent Model:** Review current policies and recommendations around working with NBI clients and try to train and implement the Informed Consent Model which helps to move away from WPATH Standards of Care.
- **Focus Efforts on Reaching BIPOC NBI Clients**

Recommendations from the community:

The most important recommendation from the community is increase access to affirmative and safer care. This comes by way of training for departments outside of DMH and being able to make care affordable. Increasing access to affirmative care also includes a mass revision of forms utilized by both providers and patients as current forms are very limited in gender identity options and do not provide the ability to feel affirmed.

It's extremely important to note that positive impact on the community from this project can only be achieved by LAC DMH putting the recommendations into place. Simply collecting data and potentially triggering information from participants, and then implementing change with it, will only enhance the narrative participants voiced around feeling like a "science project" or the "topic of the month".

OUTCOMES

Project Objective

"The objective of the LGBTQIA2-S Non-Binary & Intersex Mental Health Survey is to conduct a community survey, including focus groups, of the non-binary and intersex communities to promote mental health services, reduce stigma and barriers to mental health services for the non-binary and intersex communities, and increase the capacity of the public mental health system in Los Angeles County. As non-binary and intersex identities are becoming more visible and understood by the public, there remains very little data and research around mental health and related issues/challenges regarding non-binary and intersex people."

We feel that the project objectives were met by way of the resource guide, focus groups and surveys. The outcomes were as followed:

- Valuable insight around the most common barriers preventing NBI clients to access safe and affirming mental health services and suggestions from the NBI community to begin to break down those barriers.
- A deeper understanding around the types of discrimination faced by the NBI community when accessing mental health services.
- Identifying positive and affirming examples of care to continue to create these types of interactions with the NBI community and their providers.

The most important outcome from the data and anecdotal information collected came by way of consultant being able to make recommendations around breaking down the barriers to mental health mentioned throughout this summary.

ABOUT THE CONSULTANT

Jacob (Jake) Rostovsky, MA, LMFT
CEO & Founder, Queer Works

Jacob (Jake) Rostovsky is a licensed psychotherapist, Point Foundation alumni, noted advocate and consultant. Openly transgender since he was thirteen — Jake uses his personal experience and professional background as a mental health clinician to educate and facilitate deep and meaningful learning experiences for individuals centered around topics facing his community. Through appearances on Oprah, Buzzfeed, Dr. Phil and global news sources he has brought a unique and dynamic voice to an often ignore cause.

When Jake was the Chair of the West Hollywood Transgender Advisory Board, he took an active role in influencing legislation both locally and nationally, as well as promoting awareness to political problems the Transgender community faces daily.

Jake is honored to have served as a mental health clinician for Gateways Hospital, Being Alive Los Angeles and the LA LGBT Center, and to have made progress towards eliminating the mental health disparities facing the LGBTQ+ community.

Jake developed Queer Works during his final year of graduate school in response to noting the absence of affordable, accessible, and affirmative mental health services for the LGBTQIA+ community. In just over 3 years, Queer Works has grown from a passion project to a fully functioning 501c (3) organization with a paid staff of 5 and group of 17 volunteers.