

**AMAAD Institute
(Arming Minorities Against Addiction & Disease)
Black LGBTQ+ Mental Health Network and
Black LGBTQ+ Community Engagement Initiative Project
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 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. AMAAD was selected to facilitate the community engagement activities described in the Scope of Work Bid Solicitation issued by the Los Angeles County Department of Mental Health, Office of the Deputy Directors Strategic Communications Underserved Cultural Communities (UsCC) Unit. In accordance with the Mental Health Services Act (MHSA), UsCC created the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Two-Spirit (LGBTQIA2-S) subcommittee with the goal of reducing disparities and increasing mental health access for the LGBTQIA2-S community in the County of Los Angeles. UsCC's selection of the AMAAD Institute to facilitate the Black LGBTQ+ Community Engagement Initiative Project was directly in alignment with the UsCC LGBTQIA2-S subcommittee which is intended to work closely with community partners and consumers to increase the capacity of the public mental health system to develop culturally relevant recovery-oriented services, specific to the LGBTQIA2-S community.

The AMAAD Institute has facilitated multiple UsCC projects including the Black LGBTQ+ Action Coalition (BLAC) and the Black Family Unity Project (BFUP). Across AMAAD initiatives, the organization 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 and other support needs to build awareness and connection.

Background

The AMAAD Institute's philosophy, mission, and background uniquely positions and qualifies the organization to facilitate community engagement activities of the Black LGBTQ+ Community Engagement Initiative Project. As a grassroots foundation, AMAAD began 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 Black LGBTQ+ communities across Los Angeles.

With an emphasis on LGBTQ+ individuals, youth and young adults, and other underserved communities, AMAAD's 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," which is perfectly aligned in partnership with the UsCC LGBTQIA2-S subcommittee. AMAAD has had uninterrupted experience mobilizing and coordinating local residents, stakeholders and cohort groups prioritizing young adults (18-29 years old), Black/African American, transgender persons, and gay and bisexual men, and persons who use substances since the organization was founded. AMAAD also has a specific priority among people experiencing homelessness, people experiencing mental health support needs, and people experiencing poverty. Today, AMAAD operates from five independently controlled sites strategically located in the surrounding LAC community: 1) AMAAD Headquarters-Watts Office is located in the Watts Civic Center, which is considered ground zero of the 1965 Watts Rebellion, 2) AMAAD Resiliency House, a transitional residential living program, 3) AMAAD

Gibson House, a permanent supportive housing program that is convenient to the Historic South Central area, 4) AMAAD House of Dignity, a housing development designed specifically for and operated by Black transgender women, and 5) AMAAD House of Abundance, a housing property prioritizing housing from recently released and others experiencing housing insecurity.

AMAAD is also co-located at two distinct Employment Training and Readiness sites as part of a multi-agency collaborative partnership effort, with one site at Los Angeles Trade and Technical College (LATTC) near Downtown Los Angeles and the other at Watts Labor Community Action Coalition (WLCAC). AMAAD'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 communities.

Program Overview

Black LGBTQ+ Mental Health Network and Black LGBTQ+ Community Engagement Initiative Project is purposed to accomplish four specific goals relative to meeting the mental health needs of Black LGBTQ+ people living in Los Angeles County.

1. Increase the levels of buy-in from community stakeholders through community outreach and engagement,
2. Develop and implement a targeted needs assessment of the Black LGBTQ+ community living in Los Angeles County,
3. Develop and implement homegrown (e.g., nontraditional, and Black-centered innovation) support systems that address Black LGBTQ+ community specific needs,
4. Collectively develop and present a detailed and comprehensive report relative to the findings to include recommendations for long-term systemic change within DMH to meet the needs of Black LGBTQ+ people living in Los Angeles.

The project was designed to involve four components. The first component included multi-stakeholder engagement that involves leading and managing a collaboration with multiple Black LGBTQ+ stakeholders that jointly addresses Black LGBTQ+ community priorities. The second component involved Black LGBTQ+ community education and empowerment involving closed biweekly meetings with community members that focus on specific issues of individual segments of the Black LGBTQ+ community. The third component involves Black LGBTQ+ community outreach and engagement. This will include planning a minimum of 2 community outreach events to hold discussions on Black LGBTQ+ community needs, share pertinent

information with community stakeholders, and obtain input from community members. The fourth component consists of a community needs assessment and gap analysis.

Participants completed a community needs assessment and gap analysis designed to capture demographic information of the Black LGBTQ+ community in Los Angeles County including economic wellbeing, educational status, health, and welfare, priority of mental health needs, ways to improve, stigma related to mental health for the Black LGBTQ+ community along with suggestions and recommendations.

Methods

According to Mental Health America, 13.4% of the United States population identifies as Black or African American, and of those, over 16% reported having a mental illness in the past year, which equals over 7 million people—more than the populations of Chicago, Houston, and Philadelphia combined (*Mental Health*, 2024).

While mental health conditions occur in Black Americans at about the same or even less frequency than white Americans, historically Black people experience more trauma and violence than their white counterparts (*Mental Health*, 2024).

Black people experience structural, institutional, and individual racism along with historical dehumanization, violence, and oppression. These experiences have created a longstanding culture of systemic mistrust and reality of disparities.

Considering many of the disproportionate impacts of stress and disparities at the intersections of identities, AMAAD recognizes the importance of peer-led, strength-based programs and aimed to prioritize this principle with the Black LGBTQ+ Mental Health Survey.

AMAAD utilizes the Community Based Participatory Research (CBPR) framework to identify and recruit Black LGBTQ+ community members and constituents throughout Los Angeles County with the intention to bring fresh perspectives, creative thinking, and solutions specific to this priority population.

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 a part of the implementation strategy, the series was facilitated by Dr. Carl Highshaw with the subcontracted support of Jeffrey King.

Findings

The project yielded several insightful key findings:

Demographics

The majority (75%) of participants **racially identified** as Black of African American descent with the remaining percentage being self-identified as of African descent, Black of Caribbean Island descent, biracial, or other.

Age of respondents are as follows:

1. 38% 34-49 years old
2. 28% 50 years old and older
3. 24% 18-25 years old
4. 10% 25 and under

Relating to **gender identity**:

1. 60% Cisgender man
2. 17% Cisgender woman
3. 23% Gender diverse
4. 22% of respondents identified as “gender nonconforming”

Health Related Experiences

When asked “Have you ever been **unhoused or homeless**,” 55% (133) respondents said yes.

The vast majority of respondents (89%) noted **seeing a physician** within the past 12 months and 90% noting that they **have health insurance**.

Nearly half (46%) agreed or strongly agreed that it is important that they receive healthcare at an **LGBTQ+-specific clinic or provider**.

Respondents noted several diagnosed conditions. These conditions include:

1. 55 living with HIV or AIDS
2. 41 with another type of sexual transmitted infection
3. 49 with asthma
4. 35 with high cholesterol
5. 26 with high blood pressure
6. 23 with diabetes

When asked “Does Los Angeles County have sufficient targeted services for Black LGBTQ+ individuals,” 40% disagreed or strongly disagreed. (#21)

Forty-five percent (45%) of respondents agreed or strongly agreed that the racial/ ethnic identity of their medical doctor mattered. (#19) and 38% agreed or strongly agreed that the gender of their medical doctor mattered. (#20).

Substance and Recovery

Thirty-two percent (32%) of respondents (n=62) noted having ever been treated for drug and/or alcohol addiction. (#22) The noted drugs of dependence were mostly cocaine, methamphetamine, and alcohol. Of those respondents, an alarming 72% noted their drug of dependence as methamphetamine and 24% noted cocaine and 14% noted alcohol.

Mental Health

Respondents varied in their responses to mental health, ranging from excellent to poor. Nearly 40% of respondents responded yes to “Have you ever been diagnosed with a mental illness or mental health disorder?” And while there was a number that noted having a diagnosis, those who responded no, when asked “Even though you have never been diagnosed, is there a mental health disorder you would diagnose for yourself,” of those respondents, nearly 30% (26.7%) reported yes, noting anxiety and depression both tied at number one, followed by social anxiety, and stress-related.

When looking at treatment, of those diagnosed, 79% noted yes to receiving professional treatment for their mental health diagnosis. (#25d)

Over a third (34%) noted awareness of mental illness with their family history. The majority noting:

1. Depression
2. Schizophrenia
3. Anxiety
4. Bipolar disorder

Right at half (49.7%) responded having experienced increased depression within the past 12 months.

Respondents spoke about many impacts of other conditions on their health. When responding to did COVID-19 have an impact on emotional well-being, 54% (n=103) answered strongly agree or agree.

Forty-five percent (n=86) responded to having ever thought about suicide.

According to the Centers for Disease Control and Prevention (CDC), overall, the number of deaths by suicide in the United States increased from 2021 to 2022 among all Black people ages 25-44, 45-64, and 65 and up. (*Suicide*, 2023).

When asked about the quality of mental health services for Black LGBTQ+ people in Los Angeles, respondents offered a varying set of responses: (#32)

1. 21% noted poor
2. 28% noted fair
3. 34% noted good
4. 11% noted very good
5. 5% noted excellent

Other key insights offered spoke to the need for more navigation support. One respondent shared, “If the [County] has programs for Black gays, I don’t know about them, and my community does not know about them.”

Respondents also noted the several points of discrimination against the Black LGBTQ+ community. These include within the Black LGBTQ+ community, the broader LGBTQ+ community, the Black community more broadly, and the faith-based community. (#34)

Transgender experience

Responses of discrimination were even higher when looking specifically at the Black transgender community. (#35)

1. 63% (n=123) responded discrimination among and from the faith-based community
2. 58% (n=112) among the broader LGBTQ+ community
3. 66% (n=128) among the broader Black community
4. 45% (n=105) within and among the Black LGBTQ+ community as a whole

HIV Discrimination

HIV discrimination and stigma continues to be a major part of Black LGBTQ+ people’s lives. Of the respondents: (#36)

1. 54% (n=104) from and within the broader LGBTQ+ community
2. 71% (n=138) from and within the Black community
3. 58% (n=111) among the Black LGBTQ+ community
4. 58% (n=113) among the faith-based community

Safety and Violence among Black LGBTQ+ people

According to the Los Angeles Hate Crimes Report released by the Los Angeles County Commission on Human Relations (LACCHR), 2022 showed an increase in hate crimes by 18%, rising from 790 to 929, marking the second largest number in more than 20 years (*Report, 2022*).

Black LGBTQ+ people live at multiple intersections of identities and oppressions, including anti-Black racism, homophobia, transphobia, misogyny, classism, and a host of other inequities. Of the respondents, more than half noted being afraid of violence in their community.

Visibility plays a significant role in Black LGBTQ+ people's experiences and perceptions of safety. When asked do they feel safe with a visible Black community, 54% agreed or strongly agreed. These data show the very necessary need of social spaces for Black LGBTQ+ that allow for culturally affirming and celebratory experience of said communities. Los Angeles has had a sordid history of exclusion, erasure, and anti-Black racism within LGBTQ+ spaces

By having spaces designed for and by Black LGBTQ+, these communities have access to greater senses of belonging and value, build self-efficacy and self-esteem, this leads to a greater sense of care.

Older Black LGBTQ+ People

Black LGBTQ+ seniors and elders experience increase levels of isolation with 39% of respondents noting agree or strongly agree (#40). One respondent commented "I'm older in the GBT community. It's great to see so many opportunities for young gays (sic), but it would be great if there were things for us [older LGBTQ+ individuals]."

Black LGBTQ+ communities strongly believe that the Black LGBTQ+ elder experience is important and celebratory for the community, but there are few spaces that center and include Black LGBTQ+ elders. This amplifies the need and opportunities for more intergenerational Black LGBTQ+ experiences and spaces as a response to mental and emotional health of the Black LGBTQ+ community at large.

Importance of Identity

Of respondents, 69% percent (n=132) described their sexual orientation as a significant part of their identity. Of those respondents who identified as transgender, nearly 100% noted their TGI/ TGNC identity as central to their intensity.

The Power of Authenticity and Affirmation

Respondents spoke specifically to the importance of being affirmed (#49-51) specific to gender identity (64%) and sexual orientation (54%). Related to being "out," respondents noted:

1. 75% to family
2. 78% to straight friends
3. 62% to coworkers
4. 63% to health providers
5. Less than 1% (n=19) being out to none of these

Recommendations, Considerations, and Conclusions

From the series, a number of recommendations, considerations, and conclusions emerged.

1. **Culturally affirming housing and other social services needs designed specifically for Black LGBTQ+ women.** One respondent said, “Housing for Black women isn't sufficient for our needs and being forced into a... program where as a lesbian and atheist... is distasteful.”
2. **Continued culturally affirming and appropriate support for Black LGBTQ+ people.** These data show the very necessary need of social spaces for Black LGBTQ+ that allow for culturally affirming and celebratory experience of said communities. This includes coalition building initiatives
3. **Faith-based Black LGBTQ+ programs and engagement.** The faith community continues to play a major role in the lives of Black and Black LGBTQ+ people. The Black church has historically and continues to play a key role in the lives of Black communities; however, Black LGBTQ+ have often been disengaged and disconnected oftentimes due to homophobia, transphobia, and HIV-phobia. Institutions of faith should look at how they can be of better support, service, and inclusion of Black LGBTQ+ individuals and the issues that disproportionately affect these communities, specifically related to mental and emotional health.
4. **Programs and services specifically for Black LGBTQ+ seniors needs.** Black LGBTQ+ seniors disproportionately experience isolation. Data shows that the Black LGBTQ+ community cares about seniors' mental health. Intentional senior-specific and intergenerational programs can help respond to mental health needs of elders and the community more broadly.
5. **Programs and initiatives “for Black people by Black people.”** There is often exclusion within LGBTQ+ spaces. Los Angeles has a history of racism and classism among Black LGBTQ+ people. This amplifies the need for spaces that prioritize the unique experiences of Black LGBTQ+ communities. These spaces and experiences provide intersectional opportunities of safety, belonging, and identity. Black LGBTQ+ people experience heightened racism, homophobia, transphobia, and HIV-phobia. Having spaces that are designed for and centering the unique experiences of Black LGBTQ+ people are essential. These findings show that much of Black people's need for coalition building and stigma reduction is larger among the Black community. This amplifies the need for more Black-specific activities and programs for Black wellness.
6. **Intersectional approaches to care.** When looking at mental health, providers must look at employment, access to care, access to essential services, and a host of other specific intersectional needs that respond to the history inequities and disproportionate burden of social determinants of health carried by Black LGBTQ+ people.

References:

Black and African American Communities and Mental Health. (2024), Retrieved from

<https://www.mhanational.org/user/login?destination=/black-and-african-american-communities-and-mental-health>.

Suicide Data and Statistics. Retrieved on February 19, 2024 from

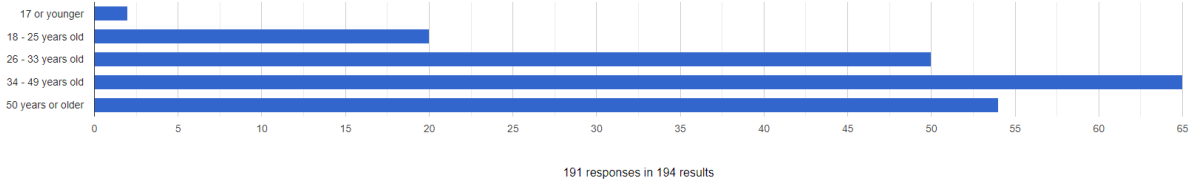
<https://www.cdc.gov/suicide/suicide-data-statistics.html>.

2022 Hate Crime Report. (2022). Retrieved from [https://assets-us-01.kc-](https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/aefb9bbb-8328-449d-82b0-6ad2f330169b/LA%20County%202022%20Report%20of%20Hate%20Crime.pdf)

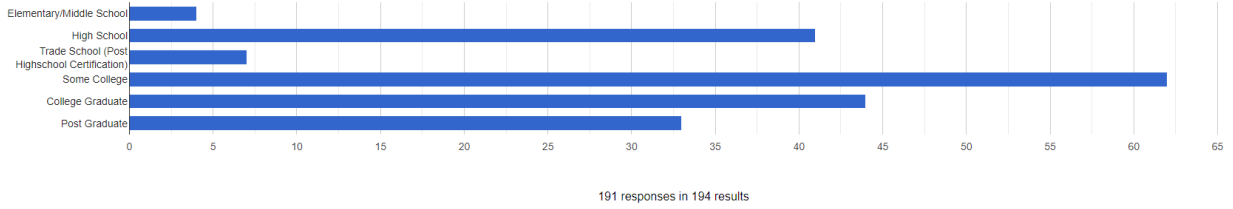
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Appendix:

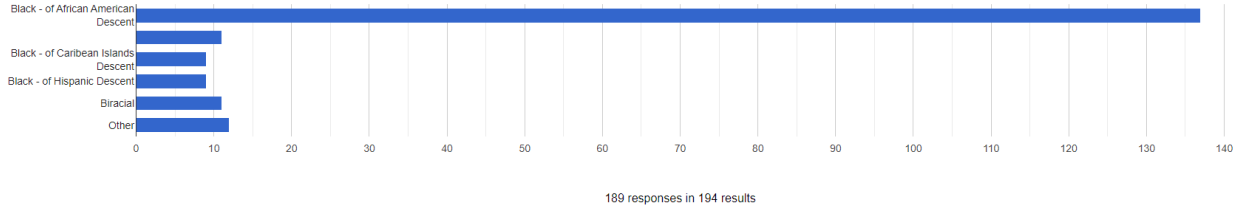
2) What is your age?



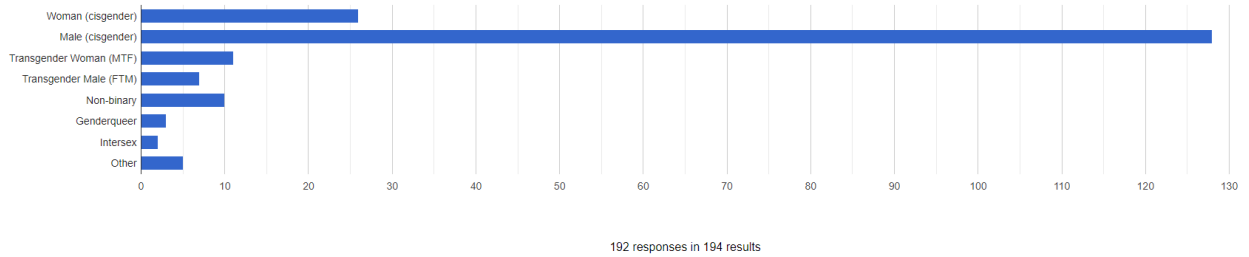
3) What is your highest level of education?



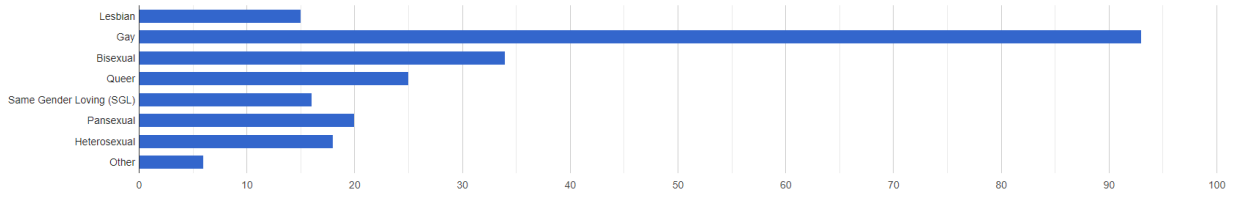
4) Which of the drop-down menu best describes your ethnicity?



5) Which best describes your current gender identity?

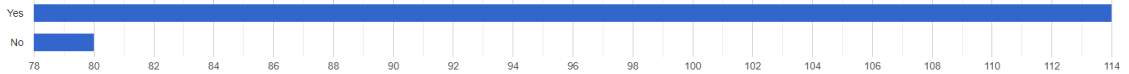


6) Which best describes your current sexual orientation?



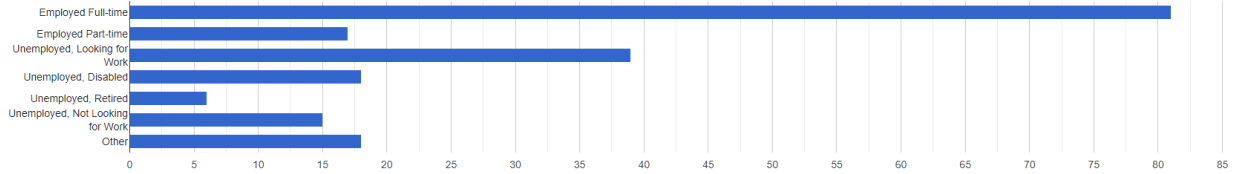
227 responses in 194 results

7) Have you ever been unboxed or homeless?



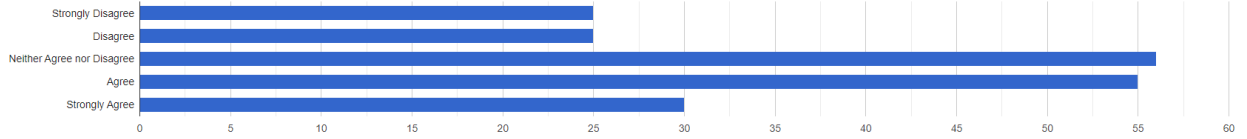
194 responses in 194 results

8) I am currently _____ (pick one)



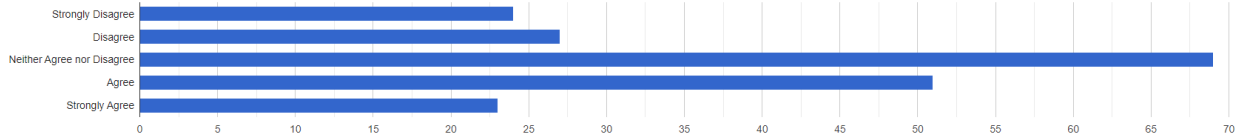
194 responses in 194 results

19) The racial/ethnic identification of my medical doctor matters to me. (pick one)



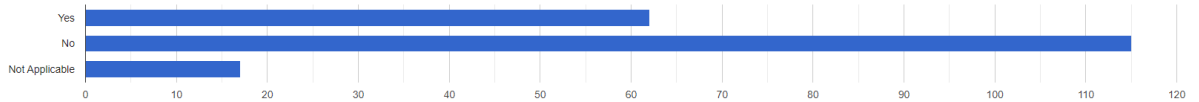
191 responses in 194 results

20) The gender of my medical doctor matters to me. (pick one)



194 responses in 194 results

22) Have you ever been treated for drug and/or alcohol addiction?

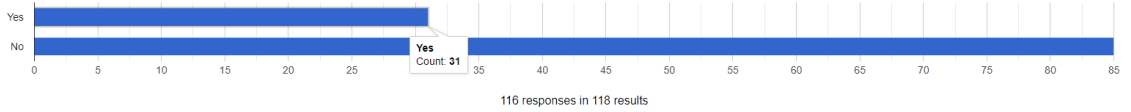


194 responses in 194 results

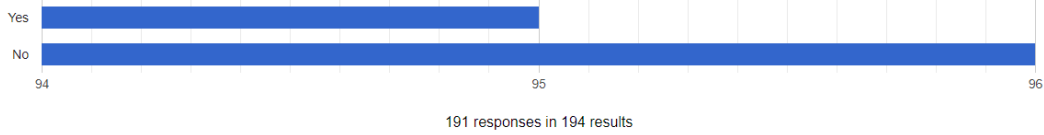
25A) Have you ever been diagnosed with a mental illness or mental health disorder?



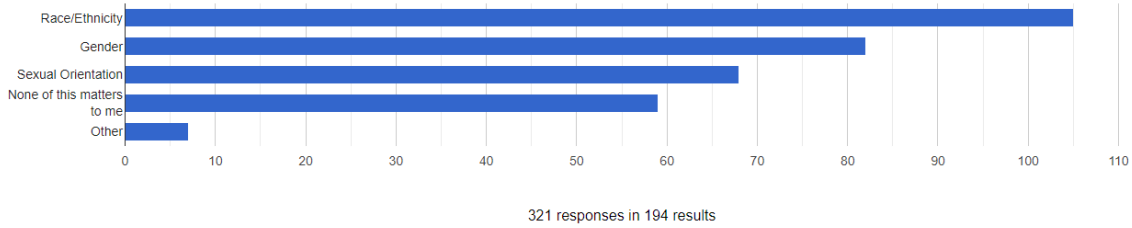
25B1) Even though you have never been diagnosed, is there a mental health disorder that you would diagnose for yourself?



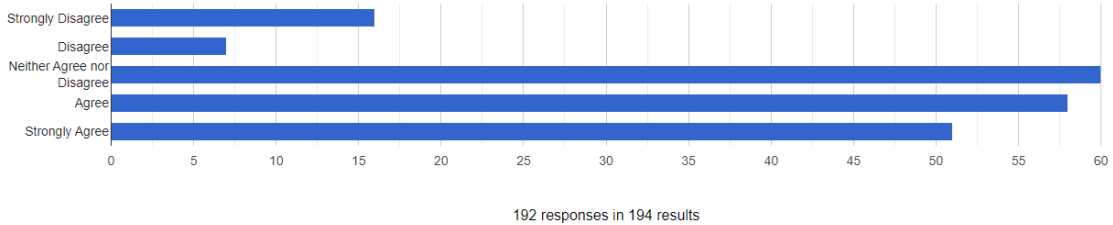
27) Have you experienced increased depression in the past 12 months?



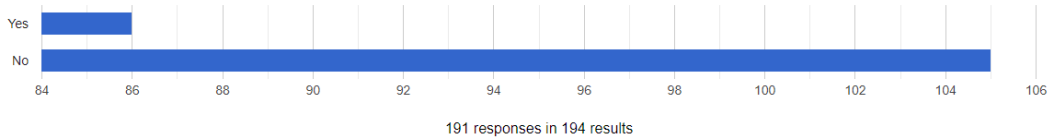
28) The following characteristics of a mental health therapist matter to me. (check all that apply)



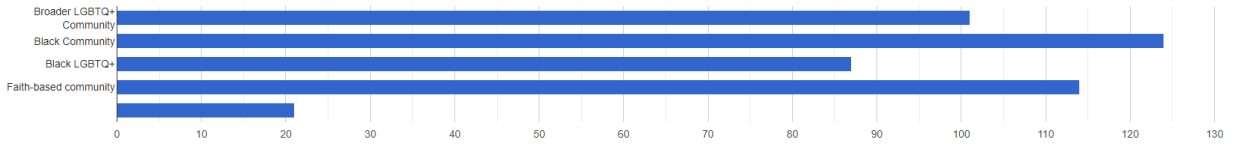
29) Accessing mental health care with a provider that specializes in Black LGBTQ is important to me. (pick one)



31) Have you ever had thoughts of suicide?

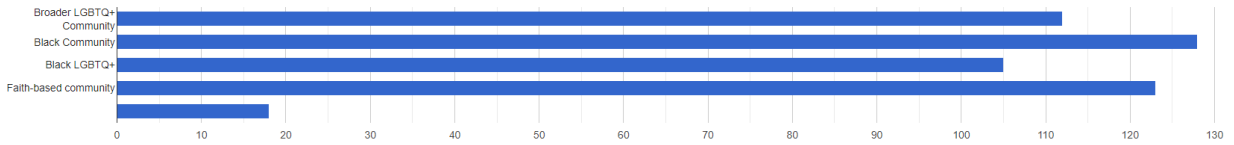


34) Discrimination against Black LGBTQ+ individuals is a problem in the following (check all that apply)



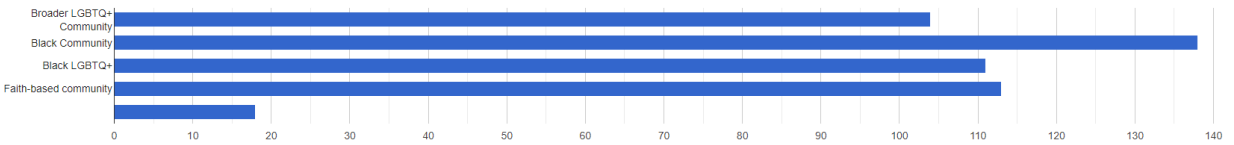
447 responses in 194 results

35) Discrimination against Black Transgender individuals is a problem in the following (check all that apply)



486 responses in 194 results

36) Discrimination against Black LGBTQ+ individuals based on HIV status is a problem in the following (check all that apply)



484 responses in 194 results

37) Do you have a fear of violence in your community?



188 responses in 194 results