

LGBTQ+ Mental Health and Suicide in Sonoma County

By

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Abstract

Many members of the LGBTQ+ community suffer from mental health concerns, including depression and anxiety, which has led to many attempt and commit suicide. We decided to look at what factors contribute to the LGBTQ+ community's higher rate of depression and suicide. Through a series of surveys with a 17 question interview guide and snowball sampling, and we discovered critical characteristics that increased anxiety, depression, and suicide in the LGBTQ+ population, such as a sense of isolation and a lack of supportive resources.

Introduction

Throughout the history of the United States, members of the LGBTQ+ community have struggled to gain the same rights as everyone else. These struggles have only become visible within the last century or so, especially after the Stonewall Riots in 1969. While this was not technically the beginning of the gay rights movement, the Stonewall Riots made way for LGBTQ+ political activism and encouraged the formation of several gay rights organizations. The struggle continued into the 1980s with the AIDS/HIV epidemic which disproportionately affected the LGBTQ+ community. Even today, members of the community are still looked down upon and discriminated against. The right for people in non-heterosexual relationships to get married was only made legal in June 2015, and there are some people who continue to fight against LGBTQ+ rights.

Due to this history of prejudice and discrimination, it would only make sense that LGBTQ+ individuals remain on edge. Members of the community often face mental health issues, especially depression and anxiety, which has led many individuals to commit suicide. With our paper, we aim to answer the questions: What factors lead to higher rates of depression and suicide within the LGBTQ+ community? And What is the state of mental health and suicide in Sonoma County's LGBTQ+ community in comparison to others throughout the Bay Area?

Literature Review

After deciding our research project would focus on mental health and suicide rates of LGBTQ+ youth in Sonoma County, we took to different online databases and newspapers to gather information. In this research, we were looking to gather general information about LGBTQ+ mental health and suicide, hoping to apply this information to the things we learn in

the process of doing this paper. Based on the articles we found, we split the information into three groups: mental health, suicide, and mental health programs and services.

Mental Health

While LGBTQ+ individuals struggle with mental health issues and suicide ideation into their adulthood, this is particularly an issue in college-aged members of the community. In the article “General and LGBTQ-Specific Factors Associated with Mental Health and Suicide Risk Among LGBTQ Students” by Georgina H. Gnan et. al, the authors discuss this issue, along with the unique pressures that come with being a student. While their heterosexual counterparts also face mental health issues such as depression and anxiety, young members of the LGBTQ+ community struggle more, based on ideas from minority stress theory. Minority stress theory “posits that sexual minorities experience distinct, chronic social stressors related to their stigmatised identities, including victimization, prejudice, and discrimination” (Gnan et. al 2019). These issues added on to the stress of being a student can have a strong adverse effect on LGBTQ+ youth’s mental health.

Other articles we found discuss minority stress theory, including “Invisible Scars: Comparing the Mental Health of LGB and Heterosexual Intimate Partner Violence Survivors” by Byron Miller and Jessica Irvin. While the article by Georgia H. Gnan et. al focuses on the added stresses of being a student, this article examines the effects of being in an abusive relationship on LGBTQ+ individuals. Their study aims to discover whether or not the risk for depression and anxiety of IPV [Intimate Partner Violence] victims differs by sexual orientation” (Miller and Irvin 2016). In their findings, they report that while LGB victims of intimate partner violence are more likely to be diagnosed with depression and anxiety, they have higher rates of these mental illnesses on the whole.

In instances such as LGBTQ+ members suffering in an abusive relationship, it is helpful for those individuals to have strong support systems. Some may find that in their family, but others are not so lucky. In “Mental Health Challenges in the LGBTQ+ Community” by Rui Pires and Katherine Ponte, they discuss the discrimination, prejudice, violence, and family rejection that LGBTQ+ members face and how that affects their mental health. In this article, the authors state that “Only 56% [of LGBTQ+ individuals] have told their mother, 39% have told their father, and 40% have experienced rejection from their family or a close friend” (Pires and Ponte 2019). Rejection from doctors is also an issue for members of the community, and according to the article “30% of LGB adults are more likely to delay or not seek medical care” (Pires and Ponte 2019).

We can see more statistics surrounding LGBTQ+ individuals and healthcare in “Fact Sheet: Protecting and Advancing Healthcare for Transgender Adult Communities” by Caroline Medina. She notes that transgender individuals are more likely to suffer from chronic health conditions and “health problems related to HIV/AIDS, substance use, mental illness, and sexual and physical violence” (Medina 2021). She displays this by providing a slew of statistics based on CAP’s nationally representative survey of LGBTQ+ adults which was done in 2020. She notes that they tend to avoid doctor visits, whether for fear of discrimination or to avoid costs.

The Trevor Project, an organization that focuses on suicide prevention and crisis intervention for LGBTQ+ youth, have also provided some statistics via a survey they conducted. On the website Medical News Today, author Ana Sandoiu discussed the findings. Their survey was conducted in the last three months of 2020, so it highlights some of the mental health issues the community has been struggling with through the pandemic. According to the results, “an alarming number of respondents, 42%, had ‘seriously considered’ attempting suicide in the last

year. This included more than half of the transgender and nonbinary respondents” (Sandoiu 2021). This article also discusses the issues that LGBTQ+ members of color face, as they are not only discriminated against for their sexuality or gender identity, but their race or ethnicity as well. It also highlights how few LGBTQ+ youth live in accepting households, while the majority live with people who do not use their correct pronouns. Their research shows that “Young people whose households fully respected their pronouns (29%) reported attempting suicide at half the rate of those whose pronouns were not respected at all” (Sandoiu 2021).

The article “Address Exacerbated Health Disparities and Risks to LGBTQ Individuals during COVID-19” by Sara Wallach et. al further examines the negative effects the pandemic has had on members of the LGBTQ+ community. They conducted a survey across many countries by using a gay social networking app called Hornet. “Global evidence demonstrates that governments are using COVID-19-related restrictions as an excuse to perpetuate stigma, acts of discrimination, and violence against LGBTQ+ persons” (Wallach et. al 2020). Due to COVID-19, members of the community have experienced amplified mental health issues, including “anxiety and worry, exacerbation of existing mental health conditions, changes in eating or sleeping, substance abuse for coping, and more” (Wallach et. al 2020).

Finally, in Jorge Gato et. al’s article, “Psychosocial Effects of the COVID-19 Pandemic and Mental Health among LGBTQ+ Young Adults: A Cross-Cultural Comparison across Six Nations,” the authors examine the effects of the pandemic in Portugal, UK, Italy, Brazil, Chile, and Sweden. They also discuss minority stress theory, as other articles mentioned above have. In this article, they are focusing on LGBTQ+ individuals who have been forced to quarantine with their families. “It is reasonable to speculate that participants who stayed at home felt more

secure...and were thus less anxious...If being totally confined was associated with less anxiety, on the other hand, residing habitually with family increased anxiety” (Gato et. al 2021).

Suicide

In the article “Thoughts of Suicide, Other Mental Health Struggles Still High For LGBTQ Youth” by Brianna Scott and Sam Leeds, they discuss the additional strain of COVID-19 on LGBTQ youth. The Trevor Project conducted a survey between December 2019 and March 2020, just as COVID began to do its damage. More than 40,000 people between the ages of 13 and 24 responded to the survey. “The survey found that 46% of LGBTQ youth said they wanted counseling from a mental health professional but were unable to receive it in the past 12 months” (Scott and Leeds 2020). Many of the survey participants have shown that being in quarantine with family has a negative impact on their mental health. One person who was interviewed for the article says that having a supportive family has had an overwhelmingly positive impact on his mental health, “Rhys Hilicki, 17, also has supportive parents...Hilicki says knowing his parents see him fully helps with his depression and anxiety” (Scott and Leeds 2020).

We can see more statistics referring to LGBTQ youth and suicide in the article “Many LGBTQ youth who die by suicide are bullied before their death, study finds” by Arman Azad. “The study found that death records of LGBTQ youth who died by suicide were about five times more likely to mention bullying compared to records of non-LGBTQ youth” (Azad 2020). Children as young as between the ages of 10 and 13 are led to suicide by the bullying they endure. While every child should feel safe at school, it is clear that more attention should be put on LGBTQ youth than there is right now. They are more likely to be bullied and, as a result, attempt suicide or die by suicide.

Another article that focuses on the difficulties LGBTQ youth face in school is “Sexual Orientation and Gender Identity/Expression Related Peer Victimization in Adolescence: A Systematic Review of Associated Psychosocial and Health Outcomes” by Kate L. Collier et. al. In it, they utilize four electronic databases to pinpoint 39 studies that contribute information regarding peer victimization related to LGBTQ students. The authors note that “Bullying is a specific form of peer victimization, occurring repeatedly over time and involving an imbalance of power between bully and victim. Youth victimized by their peers are at risk for poorer psychosocial adjustment” (Collier et. al 2013). In the studies, they found that there is strong evidence to suggest that peer victimization related to sexual orientation and gender identity or expression is associated with a diminished sense of belonging and higher levels of depressive symptoms.

The final article we will examine in this section is “The Impact of Positive School Climate on Suicidality and Mental Health Among LGBTQ Adolescents: A Systematic Review” by April Ancheta, Jean-Marie Bruzzese, and Tonda Hughes. They used PubMed, PsycINFO, and CINAHL to find articles regarding the school environment that LGBTQ youth experience and how it relates to suicide risk. They found that LGBTQ students who experienced more positive school environments had a lower risk of suicide and fewer depressive symptoms than those who experienced more negative school environments. They believe that school nurses should be the ones to initiate positive change in schools, providing more mental health programs for LGBTQ youth.

Mental Health Programs and Services

In previous sections, we have read articles that discussed the negative impact of COVID-19 on LGBTQ individuals, but here we look at one that focuses on the positive. “How

Bay Area youth found a community during COVID” from the ABC7 News website discusses LGBTQ youth who were unable to return home to quarantine during COVID. In the article, they talk with Lola Chase, a community member who uses they/them pronouns, who says that “I would say this is a pandemic success story...This trying time transmuted into something pretty amazing for us. It was the safe space we had all been yearning for” (ABC7 News 2021). LGBTQ individuals spent time getting together for activities over the course of the pandemic, providing them with a sense of family and community they had not previously felt. The Spahr Center in Marin County went on to form support groups, provided computers, and “has helped 600 families with emergency rent assistance” (ABC7 News 2021).

The article “Kids in Illinois Will Soon be Able to Take 5 Mental Health Days From School” by Jonathan Franklin discusses a bill that was signed by the governor, J.B. Pritzker which states that students may take mental health days off from school without the need to provide a doctor's note. While this is a direct effect of the COVID-19 pandemic, it is easy to see how this will have a positive impact on the mental health of LGBTQ youth. As they are already more susceptible to mental health issues like depression and anxiety, the ability to take days off from school to focus on bettering their mental health will benefit them greatly. The article states that “Illinois joins states such as Arizona, Colorado, Connecticut, Maine, Nevada, Oregon, and Virginia that have passed similar bills over the last two years allowing students to be absent from school due to mental or behavioral health reasons, according to The New York Times” (Franklin 2021).

In the final article, “Beyond Men, Women, or Both: A Comprehensive, LGBTQ-Inclusive, Implicit-Bias-Aware, Standardized-Patient-Based Sexual History Taking Curriculum” by Jacob Mayfield et. al, the authors discuss students’ preferences for LGBTQ+

inclusion in their education. This article discusses examples of various ways to include LGBTQ history and identities in sexual health curriculums. If LGBTQ students have the opportunity to see themselves in their education, they may not feel so alienated or different compared to their peers. And their peers can learn more about them as well, hopefully leading to a better understanding of the LGBTQ+ community.

Methodology

We interviewed several people, some who are members of the LGBTQ+ community in Sonoma County and people who work for LGBTQ+ organizations in the North Bay. Beyond that, we did not have specific criteria for the interviewees to meet. We wrote separate interview guides for each, providing specific questions that would better suit each group. Each interview guide was 17 questions with the interviews being around 30 to 45 minutes. In-depth interviews were the best method for this research so we could get specific and detailed accounts regarding the treatment of LGBTQ+ individuals and those who provide resources for them. We reached out to people via phone call and email in order to schedule interviews. We utilized the snowball sampling method by asking our interviewees if they could get us in contact with other people we could potentially interview.

Social Disconnection

Isolation among LGBTQ+ people has undoubtedly existed for as long as a heteronormative society has been in place. And, while not everyone in the community feels isolated or alone right now or at all times, feeling lonely or like an outcast in society as a result of one's sexual orientation or gender identity is highly likely. As research reveals the negative impacts of loneliness on mental and physical health, the issue of loneliness and isolation has grown increasingly prevalent among the LGBTQ+ community. The Gay Rights Movement's rapid

legislative and social reforms have helped to shift attitudes and bring the group away from isolation, but not so swiftly or seamlessly that problems aren't there. In our society, senior LGBTQ+ people endure a disproportionate amount of social isolation and are frequently left with limited access to health care, social networks, and services. LGBTQ youth who are unable to talk to anyone about their sexuality are said to be socially isolated. Social isolation can be divided into three sub-dimensions: social isolation, lack of contact with the LGBTQ community, social retreat, and victimization.

Emotional Isolation refers to anyone who feels emotionally cut off from their social networks, especially their families. They are typically self-conscious about their sexuality, which adds to their sense of emotional solitude. During our interview with Gary Hermes, an LGBTQ elders instructor at the LGBTQ center in Marin County and now as an instructor teaching "Aging Gayfully!" classes through SRJC's Older Adults Program, we asked about the primary mental health issues that he has witnessed supporting the LGBTQ community, as well as being a part of it. Gary responded, "I think the biggest issues are invisibility, isolation, and a hesitancy to access services for fear of judgment and discrimination. That fear may not always be rational, but it comes from so many years of having to be vigilant and guarded in order to survive."(11/1/2021,LBGTQ+ Community Member *Aging Gayfully*)

Research has found LGBTQ youth frequently lack access to LGBT-specific information or LGBT role models, resulting in cognitive isolation. The majority of the information they are exposed to can be negative and damaging, reinforcing their sense of isolation. Additionally, LGBTQ youth will often try to conform to heteronormative norms due to demands to be "normal." To avoid being detected, some LGBT youth are said to isolate themselves from others who may appear to be LGBT on the surface.

Chris Hollum, Clinical Director and Training Director of Queer Life Space, as well as the creator of SFD Therapy Collective, shared similar consensus on isolation during our interview. (Queer Life Space 2021) Chris stated, “ Trauma, issues related to the exploration of gender, sexual orientation and exploration of intersectionality. Race and ethnicity and gender and sexual orientation issues related to systemic oppression. And the way that that impacts the clients that we see. Certainly fair amounts of anxiety and depression, and then fire mental stress kinda wrapped up. And so they're related to, you know, training by the housing that feels secure and safe and they're finding work that feels secure, safe. I'm just existing in the world.”

The concept of social disconnection was widely observed throughout interviews while investigating suicide in the LBGTQ+ community. Of the concepts explored in the research, the concept of social disconnection as a factor in suicide or suicidal ideation in the LBGTQ+ community. An interview with a member of the community supports the investigation of this concept when asked “If you struggle with mental health issues, how do you feel being a member of the LBGTQ+ community contributes to those issues?”. The interviewee responded “ If I feel like now that I am older and in university it is not prevalent for my mental health state but in high school it was different.” It can be determined from the response that being older and feeling more secure attributes to less of a feeling of struggle with mental health. There can be a possible correlation that level of security in oneself and community can lead to social disconnection and be a factor of suicide or mental health struggle.

When asked, what is your support system like? Does it consist of the family? Friends? Are you a part of any organizations or programs that help with mental health and suicide? The respondent said

“I have a personal therapist. I have friends who are in the community. And I am there for them. I do have one parent who is more supportive than the other. But the other one is aware but is not as supportive as my other parents. Also knowing friends from past organizations.”

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Reporting that having a stronger community, reliable support from family and a therapist as well as friends prevents this social disconnection. Having close friends creates an environment where there is no social disconnection and therefore more successful in positive mental health.

In an interview with the organization Queer Life Space, the respondent responded on his thoughts on community importance, stating “The queer community and relies a lot on community, community connection, and say, I think that that's been a real challenge to foster that sense of support during the last year and a half when we've been so isolated a lot down, right? “ This response reflects connections to aspects of the issue in social disconnection, this interviewee discusses the importance of community and the challenges faced during COVID-19. Reaching support in the LBGTQ+ members, and the concept of social disconnection is reflected in conceptualizing the importance of social connection to prevent mental health struggles.

Evidence of the concept of social disconnection is reflected in interviews with an individual in a mental health organization. When investigating the organization was asked about some of the mental health issues that were being faced in the LBGTQ+ community the response was

“I can only speak from my experience serving older LGBTQ adults. I think the biggest issues are invisibility, isolation, and a hesitancy to access services for fear of judgment and discrimination. That fear may not always be rational, but it comes from so many years of having to be vigilant and guarded to survive. “

Observed in this interview the participant mentions big issues with suicidal thoughts. In connection to social disconnection the actions are stemming from isolation and loneliness, which can be related to connections to suicide in the LBGTQ+ community.

Mental Illness and Suicide

To further our research we interviewed multiple people that are a part of the LGBTQ community and people that work with helping the community. When talking to Jessica Carol from positive images, she goes in depth to explain how positive images can help those part of the community feel safe. Jessica explains that within the LGBTQ+ community there is an epidemic of suicide within young people. Homophobia creates mental health issues within the LGBTQ community. Suicide rates were on a high rise before the pandemic but sadly it had a long lasting effect because of the pandemic. When interviewing a middle school counselor named Moises they talk about how Suicide is the main topic the kids talk to them about. They explain that students come to the, with suicide tendencies. Instead of students seeking help from their counselors they rather get into drugs and alcohol because they do not know how to cope with their feelings. In another Interview with Sam who is a part of the LGBTQ coumminty gives us a closer look how mental health is a big issue within the LGBTQ commuinty. Sam talks about depression as one of the big mental health issues that they go through on a day to day basis. They explain that they themselfe had suicide thought while growing up. Could not really talk about suicide with her friends because they did not really like talking about suicide.

This next interview was conducted with Claud, who also happens to be a part of the LGBTQ community. Claud struggled with mental health issues for a long time but always felt like they could not get a lot of help. Another reason for this was also due to him being lazy and just not wanting to overall fix his mental health issues. Growing up in an environment that was not as supportive or close enough to discuss issues also affected his mental health. Claud was a parent at a young age which brought challenges. He also did not have a good relationship with his family so it was hard for him to connect and talk to them about his mental health issues. He would talk to his brother but would not usually discuss his mental health because this was something that could have possibly triggered his brother due to him also possibly taking his own life. They had attempted suicide three times at three different ages, 14, 18, 21. But they always felt like they could not go through with it because it was something that made them think of their grandparents, they knew their grandparents needed them. This was also the moment of Claud being diagnosed with bipolar disorder. With eventually getting the help that Claud believed he needed, this was where it began to become easier in terms of handling their mental health.

This was held with an individual who works closely with the LGBTQ community and is also a part of the community. They are older and have a lot of knowledge with the community. This individual worked within human services for nearly 50 years and is now teaching a two hour weekly class online at SRJC for an older adults program. This course that is being taught also revolved around the LGBTQ community. With helping the community and still remaining a part of the community. With also helping in ways of community service and different projects that were held around the community. This individual has been helping the community for a long time and is also something that they can give to the community due to them having experience in it and being a part of it. The pandemic did play a big part in creating the community in facing

more challenges. It eventually became harder to connect with other members of the community due to not being able to be in contact with others. This individual themselves did not exactly deal with mental health issues but they have helped others who also happen to be elders in the LGBTQ community who have dealt with isolation, invisibility in their everyday life. This individual was also not very aware of the statistics for the county but knew of other people who have had committed suicide after being arrested and institutionalized. There are a lot of programs within Sonoma County for young LGBTQ members but the support for elders involved is low. Even though the elders involved have a lower help rate, there are several non-profits that are of help in Sonoma County. Some main mental health issues that are known within Sonoma County are discrimination, harassment and bullying. Family rejection is also a popular issue within the community which is something that can trigger these mental health issues.

Sara was one of our community members that is a part of the LGBTQ community. She has been a part of the community since she was a young teenager. She is still not a public member on her being a part of the community but her close friends and her mother are aware of her being a part of the community. Sara has dealt with discrimination and was told the phrase “going to hell” which was something that did affect her mental health at the time. She has also dealt with having suicide tendencies and with friends around her that have also had the same issues. This was something that interfered with her mental health which made her feel constantly mentally drained. With her mental health issues, she was faced with depression, anxiety. She was also aware of the community having these issues as well and with the community also dealing with BPD-borderline personality disorder.

This interview was conducted with Chris Hollam who is part of the LGBTQ community but also is a therapist and helps within the community. Chris does not believe in a “blank Slate

therapist” which means he does not believe in those therapists that follow the rule book to the tea. In his line of work he always tries to make his clients feel comfortable because they believe that making your clients feel safe and comfortable will make them feel that the session is coming to the heart. They explain that before and after the pandemic there has not been a lot of attempted suicide, but that there has been an increase in Suicide ideation. In the agency that Chris works at there has not been anyone that has committed suicide but the agency is well aware of the percentages within the LGBTQ community members that have dealt or committed Suicide

These next two interviews are held with two individuals who are also a part of the LGBTQ community and with one who is also a part of helping the LGBTQ community. Amanda is part of the LGBTQ community, she came out at a young age and she had a very supportive household which she was very thankful for because not many people are lucky enough to have that support system. When attending pepperdine university she found out that they did not have a Gay Straight Alliance club which really did not help with having support away from home, she was not very open with her sexuality while in college. She talks about how she went through really bad depression and anxiety, which are things that a lot of the LGBTQ community goes through. Nelson Mejia works with an Organization called Queer Coalition of Social Workers and is also a part of the LGBTQ community. In the organization he works at he has seen and heard people talk about having suicide tendencies. He goes in depth about some people that are in the community tend to have mental health issues due to the lack of financial support and means. Nelson himself has dealt with thoughts of suicide with being a part of the LGBTQ community, there were times that days were harder than others but he fought through those tendencies.

Support from Community

Throughout our interviews, we noticed how important the sense of community and “belonging” was in suicide prevention. Many interviewees stated that their family and friends were helpful in providing a safe space for them to express themselves freely. As many interviewees struggled with discrimination, self worth and a sense of their “true self,” they explained that having support from their community helped them feel as though they were not alone. A similarity between many interviewees however, is someone in their immediate support group not accepting their sexuality or gender after they “come out.” Although they may have lost someone (or multiple people) due to not being accepted, many interviewees stated having at least one person in their community that supported their sexuality/gender had an extremely positive impact on their emotional well-being.

From our interviews and research data, support from community plays a significant role in suicide prevention because those with very supportive friends and family were able to express themselves freely and were able to live their “true lives” without fear of emotional abandonment, homelessness, or abuse. Many interviewees also found comfort in “safe spaces” within the community that were hosted by people who were similar to them. Some interviewees expressed that a lot of places (work, school, clubs) in Sonoma County do not have a queer community or an environment that seemed accepting of the LGBTQ community. These interviewees stated that they felt as though they could not be themselves, nor did they have anyone to talk to about certain issues (discrimination, microaggressions) when needing to be in these environments.

LGBTQ members are able to express themselves freely, communicate their emotions and gain a “sense of belonging” in very few places within Sonoma and Napa County. By finding members of the LGBTQ community through clubs (LGBTQ club at SSU), support systems (LGBTQ connections) and relying on supportive family/friends, were many of the LGBTQ

community members able to create their own community that gave them the tools and support to help deal with feelings of depression and suicide.

Resources

Organizations working to help the LGBTQ community in Sonoma County such as, Positive Images is essential in bringing people together that feel outside common society. The director of programs, Jessica Carroll, describes Positive Images as a non-profit organization utilizing their community center to give resources to the LGBTQ community in Sonoma County. The organization provides support with therapy, one on one and group meetings to listen and work with individuals that need a common bond to feel comfortable where they live. Once Jessica graduated with a degree in Sociology she began to look for work where she can truly help others, once she found Positive Images she knew it was right for her. This is why these organizations do so well when supporting others because they sought it out just for the love of helping others. When someone is in a vulnerable position, seeking out others that to share their story, people like Jessica Carroll make it possible. One of the most important aspects of their organization is their dedication to educating the public. Positive Images works with schools in the area to teach kids and parents about issues surrounding the LGBTQ community. They also touch on sensitive subjects as proper gender identifiers, not only for kids but also for the parents who did not grow up with the ideas of non-binary and binary concepts. Each and every member of their staff has continued education on progressive ideas in the community in order to best help those who are struggling.

A non-profit organization called, Queer Lifespace, provides financial support to their members along with providing a safe spaces for men and women to escape the hardships of living in San Francisco. Chris Holleran is the founder of this organization, he works alongside

therapists to provide strategies for those struggling to find a place to talk about their troubles and work through with various strategies. When speaking with Chris, He tells us that not only does he work with clients, he also runs a training program for people interested in becoming a therapist for individuals in the LGBTQ community. With a large population of LGBTQ members in San Francisco Chris also deals with the operations in a clinical setting, having to juggle so many aspects of this operation. Reflecting on how Chirs got into this line of work is also important to touch on, seeing how his path was developed can give insight to how others can seek help as well. Growing up as a queer individual in a fairly conservative state, outside of california, he struggled finding support and a community he could feel comfortable in. After realizing he wanted to help and studying social sciences throughout his education, he relized that more rescoues were needed for the LGBTQ commuity. Using his education in combination with his past, he developed multiple organizations such as this one to provide a community that lacked in his own life and experiences. Chirs speaks about what he enjoyed most about developing more resources in his community, “Establishing a genuine connection with somebody and to bring in parts of who I am, bring in a part of who you are, and bring that part authentically, which is what makes a clint so comfortable is they feel it is an authentic connection with their experience and going through situations with them, and I feel that is something I have successfully achieved, and sharing that energy and is a very rewarding experience for me.” Finding Resources can be hard, but people like Chirs can make it a bit easier knowing that his experiences can help others which is the ultimate goal for all members of the LGBTQ commmunity.

Learning about the new and progressive ways school counselors for youth struggling with their sexual identity gives more insight to the various resources for the youth in the LGBTQ

community. Also learning how the guidance provided for students through gender identity while teaching them proper identification for all gender types and beliefs. Speaking with Moises Fernandez, a middle school counselor, says the most important resource is simply having an open-minded person to talk to and listen to their individual needs. He finds that the guidance for youth in this community starts with giving them support and listening to how they feel about their newly discovered sexual identity and needs. The students' ages ranging from 12 to 15 give unique situations in which resources for them sometimes do not work, so the constant need to find new and innovative ways to help is essential. Moises's job along with helping the individual students, consists of meetings and program development that will continue to help those in need for the LGBTQ community.

Having the ability to find somewhere or someone to talk to is the most important aspect of mental health in the LGBTQ community. Developing a community in which a person feels comfortable talking about their potential issues surrounding mental health is the first step in getting the resources needed. People such as Jessica Carroll at Positive Images are striving to develop ways in which anyone in the LGBTQ community can feel open and comfortable talking and learning about how they can help and be helped. Chirs at Queer Lifespace is also a leading figure in developing proper resources for people in the LGBTQ community, and Moises, a middle school counselor is helping those who are starting to discover and come out to their community, all of which will be doing what they can to help those in need. Once an individual is ready to seek help, these are the resources they can seek, all of which come with open arms and open hearts because they know how hard it is to be themselves in this current climate.

While learning about resources and interviewing different organizations we found that there is a common misconception between the variety of resources and quantity of resources

available to the LGBTQ+ community. In other words there are many different types of resources available to the LGBTQ+ community in the North Bay area. The real issue is that there just are not enough to be able to accommodate the growing community. In speaking with Fel, director of the SPHAR Center, a non-profit community agency whose mission is to serve, empower and support the LGBTQ+ community in Marin County, she expressed frustration when describing that as a director one of the hardest things to cope with is not being able to help everyone that walks through their doors. She explained that many people who seek services such as therapy have to be waitlisted, and sometimes referred out to other organizations because there simply aren't enough staff members, slots, or spaces for everyone who needs help.

However she also shared that in the middle of the COVID-19 pandemic, technology and the use of online conference software such as ZOOM has allowed them to reach people outside their area, and at the same time refer people to other organizations in the Bay Area which they were not able to do before because of distance barriers. This has definitely opened the doors for more help, but we still see the common trend among other organizations that there is a lack of quantity of resources and not so much variety. Overall our research showed that while there are large varieties of resources available, there is not enough bandwidth to be able to serve all those who need them.

Conclusion

As expressed in the “Resources” section of our paper, it is not so much that there is a lack of resources in the North Bay, but a lack of staffing among said resources. Nationally, we continue to observe a lack of social acceptability in our communities, healthcare, and legislation that leads to isolation. Based on the information we found and the interviews we conducted, one of the biggest factors leading to LGBTQ+ mental health issues and suicide is a feeling of

loneliness, disconnect, or isolation. Multiple people have expressed in interviews that there should be easier access to resources in the North Bay so that LGBTQ+ individuals can form a community more easily. If they have someone to talk to about their issues, or people they can relate to, their mental health may improve. While we are making progress in providing support to the LGBTQ community, we still have a long way to go in terms of improving services and resources that address all their compounded needs, particularly for the transgender population.

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Interview Guide

For those who work at resource centers:

We are students conducting research for a sociological research course directed and instructed by sociology professor Peter Phillips at Sonoma State University.

Our Group is investigating the mental health and suicide problems facing LGBTQ people within Sonoma County and is hoping to conduct a brief ten to fifteen-minute interview to gain your insight on this topic.

According a study done in 2016, 17% of lesbian, gay and bisexual people attempted suicide at some point in their lives, compared to 2.4% of the overall population in the United States.

Another study done in 2019 shows that 98% of transgender adults had seriously thought of attempting suicide. If any of the questions we ask are uncomfortable or you're unable to answer them please know that you do not have to do so. Also, know that your identity will not be recorded and will remain anonymous along with the answers you provide. Are you willing to participate in this interview?

We look forward to speaking with you and hope our research can help with the future of the LGBTQ community.

Interview questions:

1. Can you tell me about your job and your responsibilities?
2. What kind of work/education have you done in the past to lead you to this line of work?
3. How long have you held this position?

4. What motivated you into this profession?
5. What do you enjoy most about your work or what do you find the most rewarding?
6. What are the biggest challenges you face currently?
7. How long has this program been operating?
8. What is the mission of this program?
9. What are some of the mental health issues you see people facing in the LGBTQ community?
10. Have you seen this community's suicide rates increase or decrease over the past few years? Why do you think these suicides are occurring?
11. What kind of resources are available to people in the LGBTQ community?
12. Do you feel our community puts a good effort into supporting the needs of the LGBTQ community? Why or why not?
13. Is there anyone else you feel would be a good contact for more information about these issues?
14. What are key factors that contribute to LGBTQ suicide?
15. What policies are there or should be implied to help with suicide prevention?
16. What are some of the most common mental health problems among the LGBTQ community?
17. Are there any questions you have for us, or something you would like to finish with?

Questions for LGBTQ community:

1. Are you open about being a member of the LGBTQ+ community? To what degree? If you've come out, what was it like? Who did you tell?
2. Have you ever faced discrimination being apart of the LGBTQ community?

3. If you struggle with mental health issues, how do you feel being a member of the LGBTQ+ community contributes to those issues?
4. Have you or anyone you know experienced thoughts of suicide?
5. If so, what have you found what helps you the most when you are in that state?
6. Do you think LGBTQ suicide rates directly affects you, personally, right now? Will it affect you in the future?
7. Have you personally made any changes to your life in response to the LGBTQ Issues? Specifically, discrimination and prejudice?
8. What are some of the mental health issues you see people facing in the LGBTQ community?
9. Do you feel our community puts a good effort into supporting the needs of the LGBTQ communitiy? Why or why not?
10. What is your support system like? Does it consist of family? Friends? Are you a part of any organizations or programs that help with mental health and suicide?
11. How do you feel schools and Sonoma County can make efforts to support and bring awareness to teen suicide in the LBGTQ+ community?
12. Do you have any ideas of how to further support the LGBTQ community or things you'd like to see?
13. Do you have any questions for me? Anything else you'd like to add?