My name is Dana Kaplan, I use he/him pronouns, and I am the Executive Director of Outright Vermont. Our mission is to build a Vermont where all LGBTQ+ youth have hope, equity, and power.

In providing testimony about health disparities facing LGTBQ+ communities, and specifically youth, I'd be remiss not to highlight that Outrights' origin story, dating back to 1989, directly relates to this very issue. Health inequities that displace, disadvantage, and devastate people who happen to be LGBTQ+ is nothing new, both here in Vermont and beyond.

In fact, the story goes that it was upon seeing the Youth Risk Behavior Survey data - and the disproportionate risks facing this specific youth population, specifically around suicidality compared to their peers - that a group of community mental health professionals responded: Without supportive peer and adult connections, and no place to turn for positive, culturally validating, identity-based resources, AND faced with the realities of bullying, isolation, and rejection that stem from systemic inequity – LGBTQ+ were dying.

Decades later, and that harm is as real today as it was 30 years ago. The research is clear - the risk they face is outsized[1], and the support they need to mitigate that risk must affirm and celebrate all of their beautiful and unique selves.

It's on all of us to see to it that we are building a different future. We must be better than this.

Let's be very clear before we dig into any of the data:

Minority Stress Theory purports that the increased risk of mental health distress faced by our communities is due to the increased environmental stress of navigating a world with prejudice toward your very identity. The increased rates of depression, substance use, and suicidal ideation are **not inherent OR inevitable to LGBTQ+ identities.**

It's the outsized amount of stigma, rejection, and exposure to structural and interpersonal discrimination that have devastating impacts on the overall physical and mental health of all marginalized people, including the LGBTQ community.

Research has suggested that LGBTQ youth are even more likely than adults to be victimized by identity-based hate and prejudice events, and the psychological consequences of their victimization may be more severe (Meyer).

YRBS data, as you likely know, is collected every two years from middle and high school students across our state. It estimates that 14% of our states' youth[1] identify within this LGBTQ+ umbrella, and clearly underscores the risks across the board:

LGBT youth are significantly more likely than their heterosexual peers to:
smoke cigarettes (32% vs 21%), misuse pain relievers (15% vs 8%),
and tried cannabis, alcohol, and other illegal drugs --all risks for addiction and increased lifetime use.

Emotionally speaking:

50% of LGBT youth self harmed, compared with 13% of their cisgender, heterosexual peers.

36% made a suicide plan in last 12 months, compared to 9% of their peers

19% of LGBTQ youth attempted suicide in the last 12 months, compared to 4% of their peers. Put a different way: LGBTQ+ youth were five times as likely to have attempted suicide in that year than their cisgender/heterosexual peers.

38% of LGBTQ youth experience unwanted sexual contact compared to 14% for cis/het youth.

In 2019, LGBTQ+ Youth were:
- Twice as likely to be bullied
- 2.5 times more likely to skip school due to safety concerns
- 2.5 times more likely to feel so sad or hopeless that they stopped doing activities.

Only 37% of LGBT youth believed they were valued by their community, compared to 65% of cisgender, heterosexual youth.

If we look at other health disparities

LGBTQ+ youth statewide report nearly 3X the rate of housing insecurity (8% vs 3% for cis/het youth)

LGBTQ+ face double the rate of food insecurity (4% vs 2% for cis/het youth)

And are 2X more likely than cis/het youth to report having a physical disability, long-term health problems, emotional problems, or a learning disability. (56% of LGBTQ vs 26% for cis/het peers)

The Impacts of Covid-19

With elevated risk of suicide in the best of times, the impacts of the Covid-19 pandemic threaten even moderate gains in youth resilience and suicide prevention efforts.

Stay-at-home orders, combined with increased economic instability and family pressures, increase their risks for harm and, in some cases, make it untenable—and potentially dangerous—for youth to shelter in place.

LGBT youth who find respite from rejecting families or increased access to affirming mental health supports in schools have been uniquely impacted by remote learning and stay-at-home orders during the pandemic.

Social isolation also results in fewer opportunities for LGBTQ to build supportive community with peers and affirming adults, which we know increases their risk for poor mental health outcomes.

Further, we know from research that the social, political, and economic upheaval of the public health crisis increases existential stress on vulnerable youth. "Cognitive factors, such as negative expectations for the future, are also strongly associated with elevated levels of hopelessness, depression, and anxiety in both LGTBQ and cisgender/hetero peers.

All of this matches what we are hearing directly from youth, as quantified through a Needs Assessment we sent out in May of this year. Of 133 respondents, most have "negative emotions" more/a lot. Youth shared concerns such as safety at home, triggering of substance use issues, and lack of access to medical care.

Prolonged isolation from supportive community, along with the upheaval, uncertainty, and collective trauma of the pandemic, pose unprecedented risk for an already vulnerable population of youth.

We've got a massive public health crisis, folks.

On a national level, there is a coordinated effort in more than 20 states right now to pass anti-trans discrimination targeting youth. When you watch national and local leaders dehumanize and ridicule your very existence, it has a direct impact on your mental health.

Now, I think It bears repeating that the root of the issue is identity-based hate, also known as homophobia, transphobia, racism, and the many intersections of those structurally-based dynamics. It's impossible to live in these conditions, and it's on each and every one of us to shift that reality.

We do know what helps. And we need population-specific support, right now.
A fascinating piece of research compared state-by-state marriage equality laws and youth suicide rates in those areas. **States that adopted marriage equality had demonstrably lower youth suicide rates.**

Analysis of YRBS data also provides some key insights for interventions.

Notably, LGBTQ youth **who felt they mattered to their community** experienced significant decreases in suicide attempts compared to youth who did not feel they mattered.

Similarly, **youth who had one supportive adult they could turn to** with problems also had improved outcomes.

Service providers, mental health and school professionals, and adults who care for youth must redouble their efforts to build connection and support for LGBT youth during the Covid-19 pandemic.

Together, we must work to effect change within the systems, policies, communities, families, and peer experiences of LGBTQ youth to **increase resilience and decrease disparities** among marginalized youth.

We must coordinate efforts to:

Assist with the assessment, creation, and implementation of trainings that enable providers to deliver affirming and competent LGBTQ-inclusive care.

Create brighter futures for LGBTQ+ youth, which means reducing the stigma trans youth face when simply trying to get medical care for a broken arm.

Diminish the social isolation that rural youth face as the only one like them in their class, by building local initiatives like school GSA's that foster connections with supportive peers and adults.

Provide consultation and insight on issues specific to LGBTQ+ youth to family members, so they can move through their own journeys to lessen the devastating impacts of familial rejection.

Disseminate and promote awareness of existing suicide prevention activities in Vermont, and partner to increase the number of prevention strategies specifically designed to support youth who identify as LGBTQ.

When you see windows and mirrors that both reflect possibilities for your future self, and current versions of who you are in the people around you, it's life changing.

One young person who attended our highly sought-after sleepover Camp put it best - plainly and succinctly:

"Suicide is no longer an option. I want to live for moments like this."

Protective factors are simple and profound: When it comes down to it, this is about belonging and connection.

It's on all of us to create the conditions that allow LGBTQ+ youth to see and believe in a future worth living. It starts with ensuring access to the people, places, and programs that celebrate them - not in spite of, but because of - exactly as they are.

Thank you

Works Cited:

Chodzen, Gia et al. "Minority Stress Factors Associated with Depression and Anxiety Among Transgender and Gender-Nonconforming Youth." The Journal of adolescent health: official publication of the Society for Adolescent Medicine vol. 64,4 (2019): 467-471. doi:10.1016/j.jadohealth.2018.07.006

Connolly, Maureen D., M.D., Marcus J. Zervos, M.D., Charles J. Barone II, M.D., Christine C. Johnson, Ph.D., and Christine L. M. Joseph, Ph.D. "The Mental Health of Transgender Youth: Advances in Understanding." Journal of Adolescent Health, 7 Jan. 2016. Web. 19 Nov. 2020. <https://twin.sci-hub.st/5893/ae6920a4cca34f309ae389d1a9a9d9cf/connolly2016.pdf>.

Healthy People 2030: LGBT. (2020). Retrieved November 01, 2020, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/lgbt

Meyer, Ilan H. "Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence." Psychological bulletin vol. 129,5 (2003): 674-697. doi:10.1037/0033-2909.129.5.674

Ryan, Caitlin, Ph.D., Stephen T. Russell, Ph.D., David Huebner, Ph.D., MPH, Rafael Diaz, Ph.D., MSW, and Jorge Sanchez, BA. "Family Acceptance in Adolescence and the Health of LGBT Young Adults." Journal of Child and Adolescent Psychiatric Nursing, Nov. 2010. Web. 30 Nov. 2020.

Salerno, John P., et al. "LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic." American Psychological Association, Psychological Trauma: Theory, Research, Practice, and Policy, 18 May 2020, psycnet.apa.org/fulltext/2020-41743-001.pdf.

Silliman Cohen, R. I., M.D.; Bosk, E. A., Ph.D. (2020, April 28). Vulnerable Youth and the COVID-19 Pandemic. Retrieved November 27, 2020, from https://www.researchgate.net/profile/Emily_Bosk/publication/340985147_Vulnerable_youth_and_the_COVID-19_pandemic/links/5ee8d191a6fdcc73be7fe118/Vulnerable-youth-and-the-COVID-19-pandemic.pdf

The Trevor Project. (2020). 2020 National Survey on LGBTQ Youth Mental Health. New York, New York: The Trevor Project.

"Vermont Youth Risk Behavior Survey." https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs.