

ECHO Notes 6/5/2024 – Maura, Chris, Amanda, and Soren

OUT Maine Presentation:

Terminology: https://drive.google.com/file/d/1VxWWp9JMruiNIzp-RerEwm0n7_bxtCgx/view

- Services offered/about OUT Maine
 - Focused exclusively on caring and supporting Maine's LGBTQ+ youth
 - Services consist of 4 anchors
 - Direct youth support
 - Online youth groups weekly for ages 9-22yo
 - Weekend retreats and rainbow ball
 - Informed and supported families
 - Parent group that meets monthly
 - Family events to connect families in communities
 - One-on-one consulting
 - Safe and affirming schools
 - Staff and student trainings
 - Gay and Trans student alliance groups
 - Strong provider safety net
 - Provider trainings and consultations
- Maine Data
 - 25.5% of Maine's high school students are LGBTQ+
 - 7.5% of Maine high school students are trans or questioning gender
 - 22.8% of Maine middle school students are LGBTQ+
 - Higher incidence of ACES in LGBTQ+ youth
- Guiding principles
 - Every young person's journey is unique
 - Youth deserve to be believed when they speak about their identities, our support matters in context of ACES and trauma
 - Providers do not need to be experts, but willing learners
 - Every effort should be made not to out the youth without their permission
 - Being outed is extremely damaging
 - Sexual orientation and gender identity are not mental health issues
- Internal barriers to working with LGBTQ+ youth
 - Often providers face:
 - Fear of doing more harm than good
 - Feeling of being under-resourced or alone in the work
 - Past experiences or engagements with LGBTQ+ have not gone well
 - Fear of judgement from colleagues/family/friends/youth
- Manifestations of implicit bias
 - Body language
 - Providing less time and services to queer youth
- Strategies working with families
 - Provide non-judgmental space to hear family and share experiences

- Offer resources
- Meet family members where they are at with a strength based approach
- Educate on impact of rejection on LGBTQ+ youth and model acceptance language and behaviors

Chris McLaughlin (he/him) LCSW

- Clinicians should be evaluating the confidence and competence they have when working with LGBTQ+ youth
- Data
 - 39% of LGBTQ+ youth have seriously considered suicide, with 12% having an attempt
 - Fewer than 40% of youth found their home to be affirming
 - 1/3 youth reported having poor mental health, with high comorbidities with depression and anxiety
 - 90% of queer youth worry about legislative outcomes around queer identity
- Key concepts for inclusion and representation
 - Knowing about queer health outcomes
 - Being up to date with terms and definitions
 - Keeping informed of the spectrum of gender identities
 - Knowing stages of coming out
 - Understanding pronouns and dead names
 - Keeping up with documentation standards
- Becoming a LGBTQ+ provider includes
 - Self-reflection
 - Getting involved with social change and social justice, and understanding laws in your area impacting queer youth
 - Creating an affirmative setting
 - Be open to your commitment to providing LGBTQ+ care to all folks
- Provider “oops”
 - Lacking intentionality in disclosing identity
 - Denying ones own internalized homophobia.
 - Lack of representation in the clinical space
 - Failures to explore patients coming out process and safety in the home and community
- Representation in the Health Care setting
 - Including posters and signage year-round in office
 - Including pronouns on badges and tags
 - Including literature related to the queer experience in waiting rooms
 - Do not force anyone to identify their pronouns or identities, staff and patients
 - Including quotes and items from Queer icons in history, pop culture, science, religion etc.
- Engaging with families
 - Parents want what they believe is best for their kids
 - Parents are doing the best with the information they have at the time

- Family culture is complex and intersectional
- Families are scared for their kids, regardless of identity
- Lean into empathy

Amanda and Soren's journey to navigating the mental health system in Maine

- From Soren (they/them):
 - Soren's journey started after they were assaulted at school for their Queer identity
 - They attended therapy from 7th-9th grade, but they dropped out as they didn't feel they were benefiting in
 - After dropping out they engaged in risky behaviors of self-harm and substance use
 - Were admitted to the ED 3 times, for suicidality
 - Experienced the ED as very dehumanizing
 - They were stripped from their clothes
 - Left alone in the ED for hours
 - When they were checked in on it felt like provider were checking boxes instead of showing concern or care
 - Experienced an inpatient stay at a psychiatric hospital as an outcome to ER visits which continued to feel dehumanizing
 - They felt set on dying, and found themselves struggling to engage with mental health providers
 - Tried to seek supports but felt supporter neglected to support their identity
 - They then disclosed to their parents the experience of their assault related to their Queer identity
 - Confiding was helpful and felt like it lifted the heaviness of their burden
 - After conversations with their parents and supports they felt safe enough to choose to open up about their identity and felt they could finally decide to challenge their negative behaviors
 - They feel it was a decision they were able to make because they had a support system that made them feel safe and accepted where they then felt they had the option to decide to get better
- From Amanda LCSW, Soren's mom (she/her)
 - Knew the limitations of the system from working in the system and Eds
 - Feels incredibly frustrated and disappointed in the system's care for Soren
 - Feels that the system does not accommodate individuals needs and instead expects that all patients conform to social expectations and behaviors
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