"Supporting Mental Health Needs of LGBTQ+ Youth and Families in Pediatric Primary Care"

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Hackensack Meridian
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Cooper
University Health Care

Atlantic Health System

New Jersey Chapter
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American Academy of Pediatrics
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There Are No Disclosures
Learning Objectives

1. Identify stigma and barriers LGBTQ+ youth face in accessing health care
2. Discuss impacts on LGBTQ+ youth mental health and how to best support youth and families in pediatric practice.
3. Identify best practices for creating safe spaces for pediatric patients identifying as LGBTQ+
4. Appropriately screen for mental/behavioral health concerns and refer youth identifying as LGBTQ+ to the NJPPC Hub or other appropriate service.
LGBTQ is an acronym meant to encompass a whole bunch of diverse sexualities and genders. Folks often refer to the Q (standing for “queer”*) as an umbrella term, under which live a whole bunch of identities. This is helpful because lesbian, gay, and bisexual aren’t the only marginalized sexualities, and transgender* isn’t the only gender identity. In fact, there are many more of both!

* The “Q” sometimes stands for “questioning” and “transgender” is often thought of as an umbrella term itself (sometimes abbreviated “trans”; or “trans*” in writing). Lots of asterisks, lots of exceptions, because hey— we’re talking about lots of different folks with different lived experiences to be inclusive of.
Stigma and Barriers to Care
Barriers for LGBTQ+ Youth and Families in Accessing Healthcare

• Legislation targeting LGBTQ+ communities
• Cultural/societal stigma and discrimination
• Provider LGBTQ+ competency and trust
• Parents/guardians
• Safety
• Financial barriers
Considerations in Working with Parents/Families

• Family Background/Family Culture
• Ability to Access Care
• Family Roles
• Community/Support
• Navigating Family Support and Acceptance
• Confidentiality
• Complex Family Systems
Trevor Project: National Survey on LGBTQ Youth Mental Health 2022

• 45% of LGBTQ youth seriously considered suicide in the past year
• 14% of LGBTQ youth attempted suicide in the past year
• 73% of LGBTQ youth reported experiencing symptoms of anxiety, 58% of LGBTQ youth reported experiencing symptoms of depression
• Among all LGBTQ youth, 82% wanted mental health care and 18% did not.
• 60% of LGBTQ youth who wanted mental health care in the past year were not able to get it
• LGBTQ youth who experienced anti-LGBTQ victimization — including being physically threatened or harmed, discriminated against, or subjected to conversion therapy — reported more than twice the rate of attempting suicide in the past year compared to those who did not have any of these anti-LGBTQ experiences
• LGBTQ youth who felt high social support from their family reported attempting suicide at less than half the rate of those who felt low or moderate social support.
• 93% of transgender and nonbinary youth said that they have worried about transgender people being denied access to gender-affirming medical care due to state or local laws.

**Full survey and data:** [https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf](https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf)
Risk Factors

• Coming Out
• Rejection
• Trauma
• Substance Use
• Homelessness
• Suicide
• Inadequate Mental Health Care
LGBTQ youth who wanted mental health care but were unable to get it cited the following top ten reasons:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of discussing mental health concerns</td>
<td>48%</td>
</tr>
<tr>
<td>Concerns with obtaining parent/caregiver permission</td>
<td>45%</td>
</tr>
<tr>
<td>Fear of not being taken seriously</td>
<td>43%</td>
</tr>
<tr>
<td>Lack of affordability</td>
<td>41%</td>
</tr>
<tr>
<td>Fear of care not working</td>
<td>34%</td>
</tr>
<tr>
<td>Fear of being out</td>
<td>29%</td>
</tr>
<tr>
<td>Fear of my identity being misunderstood</td>
<td>26%</td>
</tr>
<tr>
<td>Concerns with receiving virtual care at home</td>
<td>23%</td>
</tr>
<tr>
<td>Lack of transportation options</td>
<td>21%</td>
</tr>
<tr>
<td>Lack of parent/caregiver permission</td>
<td>20%</td>
</tr>
</tbody>
</table>
Best Care Practices
• Creating visually inclusive spaces
• Training all staff on practices
• Inclusive language
• Documentation
• Supporting the moment
• Education and referrals
Five most common ways that LGBTQ youth reported feeling supported by their parents or caregivers

- Been welcoming to their LGBTQ friends or partners: 62%
- Talked with them respectfully about their LGBTQ identity: 48%
- Used their name and pronouns correctly: 47%
- Supported their gender expression: 45%
- Educated themselves about LGBTQ people and issues: 35%

www.thetrevorproject.org/survey-2022
Screening Resources to Support Youth Mental Health

• Implementing best practices and utilizing structured screening tools including:
  • PHQ-9
  • GAD-7
  • Vanderbilt rating scale
  • C-SSRS: Columbia Depression scale
  • ASQ: Ask Suicide Screening Questions
• Referrals and resources in community and online
• Continued learning, support and advocacy
### PHQ-9 modified for Adolescents (PHQ-A)

**Instructions:** How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Frequency</th>
<th>PHQ-9 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed, irritable, or hopeless?</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Little interest or pleasure in doing things?</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Poor appetite, weight loss, or overeating?</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Feeling tired, or having little energy?</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Trouble concentrating on things like schoolwork, reading, or watching TV?</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Moving or sitting so slowly that other people could have noticed?</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td>X</td>
<td>0</td>
</tr>
</tbody>
</table>

**In the past year** have you felt depressed or sad most days, even if you felt okay sometimes?

- Yes
- No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

- Yes
- No

**Have you attempted suicide?**

**If yes, have you tried to kill yourself or made a suicide attempt?**

**If yes:** You have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.

**Office use only.**

**Severity score:_____**

Modified with permission from the PHQ (Spitzer, Williams & Linzer, 1999) by J. Johnson (Johnson, 2002)

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### GAD-7

**Generalized Anxiety Disorder 7-item (GAD-7)**

The Generalized Anxiety Disorder 7-item (GAD-7) is a easy to perform initial screening tool for generalized anxiety disorder.

Over the last 2 weeks, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>+2</td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>+2</td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>+2</td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>+2</td>
</tr>
<tr>
<td>Being so restless that it is hard to sit still</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>+2</td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>+2</td>
</tr>
<tr>
<td>Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>+2</td>
</tr>
</tbody>
</table>
Secondary Screening Tools: Suicide Risk Assessment

**ASQ:**
Ask Suicide-Screening Questions

**C-SSRS:**
Columbia - Suicide Severity Rating Scale

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**COLUMBIA-SUICIDE SEVERITY RATING SCALE**
Emergency Department Screen Version with Truva Points

#### Ask questions that are in bold and underlined.

**Ask Questions 1 and 2**
1) **Wish to Be Dead:**
Person endorses thoughts about a wish to be dead or not alive anymore, or to wish to fall asleep and not wake up.

- Have you wished you were dead or wished you could go to sleep and not wake up?

2) **Suicidal Thoughts:**
General non-specific thoughts of wanting to end one’s life by suicide. “I’ve thought about killing myself” without general thoughts of ways to kill oneself (e.g., overdose, methods, intent, or plan).

- Have you had any thoughts of killing yourself?

**If YES to 2, ask questions 3, 4, 5, and 6, and if NO to 2, go directly to question 6.**

3) **Suicidal Thoughts with Method (without Specific Plan or Intent to Act):**
Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different from a specific plan with time, place, or method details worked out. “I thought about taking an overdose but I never made a specific plan as to where or where I could actually do it... and I would never go through with it.”

- Have you been thinking about how you might do this?

4) **Suicidal Intent (without Specific Plan):**
Active suicidal thoughts of killing oneself and person reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely won’t do anything about them.”

- Have you had these thoughts and had some intention of acting on them?

5) **Suicidal Intent with Specific Plan:**
Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

- Have you ever planned to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6) **Suicide Behavior Question:**
Have you ever done anything, started to do anything, or prepared to do anything to and your suicide?

- Examples: Collected pills, obtained a gun, gave away valuable property or will, suicide note, took out pills, but did not swallow, held a gun but changed your mind or it was grabbed from you, went to the roof but didn’t jump, actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

**If YES: ask:** Was this within the past 3 months?

**Response Protocol to C-SSRS Screening**
- Item 2 Behavioral Health Referral or Discharge
- Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Perspectives
- Item 6.3 Months ago or New Immediate Notification of Physician and/or Behavioral Health and Patient Safety Perspectives
Effective Strategies for working with your patients

• Ask questions and avoid assumptions
• Practice inclusive language including pronouns usage
• Practice your apology when making mistakes
• Develop a support plan and resource list to be prepared and build comfort when screening
• Challenge personal and professional biases and model inclusive support for all
• Remember LGBTQ+ joy is part of the picture
Resources

• Trevor Project -- https://www.thetrevorproject.org
• WPATH -- https://www.wpath.org
• 988Lifeline -- https://988lifeline.org
• Gender Spectrum -- https://genderspectrum.org
• GLSEN -- https://www.glsen.org
• National Alliance on Mental Illness -- https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI
NJ Resources

- Garden State Equality -- [https://www.gardenstateequality.org](https://www.gardenstateequality.org)
- Cooper Center for LGBTQ+ Health -- [https://www.cooperhealth.org/services/cooper-proud-lgbtq-health](https://www.cooperhealth.org/services/cooper-proud-lgbtq-health)
- Gender and Sexuality Development Clinic at CHOP Voorhees -- [https://www.chop.edu/centers-programs/gender-and-sexuality-development-program](https://www.chop.edu/centers-programs/gender-and-sexuality-development-program)
- PFLAG – Support for partents and families with chapters across NJ -- [https://pflag.org](https://pflag.org)
- HiTOPS -- [https://www.hitops.org](https://www.hitops.org)
- The Pride Center of NJ -- [http://www.pridecenter.org](http://www.pridecenter.org)
New Jersey Pediatric Psychiatry Collaborative
Regional Hubs

Atlantic Health Hub @ Newton Medical Center
Atlantic Health Hub @ Morristown Medical Center
Hackensack Meridian Hub @ Hackensack University Medical Center
Hackensack Meridian Hub @ Palisades Medical Center
Hackensack Meridian Hub @ Middlesex and Mercer
Hackensack Meridian Hub @ Jersey Shore University Medical Center
Cooper Hub North @ Cooper University Medical Center
Cooper Hub South @ Cooper University Medical Center
Essex County Served by Rutgers University Behavioral Health Care

More information on the Essex Hub can be found here:
NJPPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line

- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.

- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
  - Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.

- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
Telehealth with CAPs

Expansion of the NJPPC via HRSA funding

Access for patients and providers:
1. Telehealth from patient home
2. Telehealth from pediatric offices
3. “Curbside Consults” with a CAP for providers

Notify your Hub if interested in Telepsychiatry from your office or contact:
Lauren Daly, Telehealth Clinical Coordinator
lauren.daly@hmhn.org
908-675-4492.

https://njaap.org/telehealth/
REGISTER NOW
Introductory Learning Collaborative

LAST CALL FOR
*Optional MOC Part 4
ATTENTION NJPPC MEMBERS: Your feedback is important to us!

Take the HRSA Health Care Provider Survey

Go Shopping On Us!

PLUS...

Submit your survey and you will be in the running to WIN a free iPad for your staff and patients to use for telehealth, information sharing, registration, etc.

As a valued participant in the New Jersey Pediatric Psychiatry Collaborative (NJPPC) we ask you to please complete the HRSA online survey (referred to in the survey as the PMH-ICAP) to help us support the statewide program and telehealth expansion.

This online survey is part of the NJPPC telehealth expansion program funded through HRSA. It should take you less than 15 minutes to complete. Click here to access the survey.

As a thank you for completing this survey, you’ll receive a $10 Amazon Card (Please allow up to 30 days for receipt) AND

Submit by Nov. 25th and be entered into drawing for an iPad.

Thank you in advance for taking the time to complete the HRSA Annual Survey. If you have any questions, please contact a member of the team at MH69@njppc.org.

Click HERE to learn more about the NJPPC Telehealth Expansion Program
Thank you!

For more information or to register for the NJPPC
Visit: https://njaap.org/mental-health/njppc/

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