



**Family & Children Services**  
of Silicon Valley

**Perspectives on the  
Mental Health of  
LGBTQ Communities  
in Santa Clara County**

**Needs Assessment Findings**

**January 2016**

Prepared by LGBTQ Wellness,  
a program of Family & Children Services of Silicon Valley



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**Terminology Note:** For your reference, we have provided a glossary of terms used in this report as a resource for readers. This glossary reflects current usage. Terms and definitions evolve continuously and terms may have different meanings for different people.

We are using the acronym LGBTQ to represent lesbian, gay, bisexual, transgender, queer, questioning communities.

## Introduction

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### *LGBTQ Population Size*

The LGBTQ community in Santa Clara County is culturally and ethnically diverse and represented at all levels of income and education. The county has a population approaching 1.9 million. An estimated 23.1% county residents are under 18 years of age, and 12.2% are age 65 or older.<sup>1</sup>

Typical estimates made of the LGBTQ population in Santa Clara County are based on data collected through the California Health Interview Survey (CHIS), the nation's largest state health survey. Based on survey data Santa Clara County estimates that 4% of the county's population aged 25 or older (approximately 47,000 adults) identifies as lesbian, gay, or bisexual. Within this demographic, about 3% of adults identify as lesbian or gay and about 1% as bisexual.<sup>2</sup>

In 2013, the Santa Clara County Public Health Department estimated the size of the transgender population in the county to be approximately 3,500 adults, based on national estimates that 0.3% of the U.S. population is transgender.<sup>3</sup>

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<sup>1</sup> "State and County Quick Facts" US Census Bureau, last modified December 2, 2015, <<http://quickfacts.census.gov/qfd/states/06/06085.html>>.

<sup>2</sup> California Health Interview Survey Database, UCLA Center for Health Policy Research in collaboration with the California Department of Public Health and the California Department of Health Care Services, <http://ask.chis.ucla.edu/>. Estimates listed are based on the 2012 survey. CHIS has yet to release analysis of the 2014 survey data, which found a significant increase in respondents choosing "not sexual / celibate / none / other."

<sup>3</sup> *Status of LGBTQ Health: Santa Clara County 2013*, Santa Clara County Public Health Department, 16, accessed January 26, 2016, <[https://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/LGBTQ%20Report%202012/LGBTQ\\_report\\_web.pdf](https://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/LGBTQ%20Report%202012/LGBTQ_report_web.pdf)>.

## *LGBTQ Identities*

Rather than existing as a single cohesive community, queer persons embody a rich and diverse spectrum of languages, cultures, beliefs, and traditions.

Queer identities intersect all racial and ethnic communities. More often than not, these intersections do not meet seamlessly. Being out at home is vastly different from being out in an LGBTQ-focused community center. Gender expectations within any one culture may not affirm a queer person's gender identity. Instead, a heavy stigma embedded in many cultures alienates community members from experiencing wellness. These intersections of identity influence the mental health and wellness of LGBTQ persons.

LGBTQ persons often feel pressure to conform to heteronormativity—a societal standard that normalizes heterosexual and cisgender identities as the default. This pressure to conform frequently leads community members to conclude that they cannot safely identify as LGBTQ in public spaces and pushes community members deeper into the closet. This affects emotional and mental wellbeing, which in turn can influence physical health.

LGBTQ communities experience higher incidences of depression, anxiety, and suicide as compared to heterosexual communities. For example, 10%- 40% of LGB persons and 26%-40% of transgender persons report having attempted suicide over their lifetimes, compared to 0.4%- 5.1% of heterosexual and gender-conforming persons.<sup>4</sup>

Stress occurs when persons are subject to stigmatization, discrimination, and violence over their lifetime. These stressors worsen when appropriate and culturally competent mental health services are not accessible. In 2012, **close to half** of LGBTQ respondents (47%) to Santa Clara County's community surveys reported that they might have needed to see a professional in the past 12 months because of concerns about their mental health, emotions, nerves, or use of alcohol and drugs.<sup>5</sup>

Moreover, **27%** of LGBTQ respondents cited that “they did not seek professional care because they could not find an LGBTQ-friendly provider” and **20%** (one in five) reported that they and/or their families needed, but had a hard time accessing, mental health services.<sup>6</sup>

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<sup>4</sup> *Lesbian, Gay, Bisexual, Transgender Health & Wellness Profile*, County of Riverside Department of Public Health, 79, accessed January 21, 2016, <[http://healthpolicy.ucla.edu/publications/Documents/PDF/2014/LGBT\\_Health\\_Wellness\\_2014.pdf](http://healthpolicy.ucla.edu/publications/Documents/PDF/2014/LGBT_Health_Wellness_2014.pdf)>.

<sup>5</sup> *Status of LGBTQ Health: Santa Clara County*, 41.

<sup>6</sup> *Status of LGBTQ Health: Santa Clara County*, 42.

“Participants indicated that providers typically do not know how to talk to LGBTQ patients about their health and often ask irrelevant and inappropriate questions.” *Status of LGBTQ Health: Santa Clara County 2013*

### *About this Report*

This report shares the strengths, barriers, critical concerns, and potential solutions regarding mental health issues and Santa Clara County’s LGBTQ communities as identified through a series of focus groups held and community surveys conducted during September and October 2015.

When speaking of the LGBTQ community, we are using an inclusive definition that encompasses all people who identify as LGBTQ. The findings shared reflect the opinions and experiences of people who chose to participate in the voluntary surveys and focus groups. Participants included LGBTQ youth and adults (including older adults) and mental health professionals.

During focus groups, community members spoke candidly about their experiences. Key findings included:

- Certain LGBTQ populations face distinctive challenges to their emotional well-being related to their gender, age, or race/ethnicity.
- Harassment, violence, and discrimination are among those challenges.
- Age and culture are critical factors in an individual’s perceptions of mental health care.
- For example:
  - LGBTQ older adults were more likely to express reluctance to participate in support programs, such as mental health services, because of prior negative experiences.
  - LGBTQ youth and younger adults also reported negative experiences, yet were more likely to express a desire to have systems of care improved so they may access support.
  - LGBTQ persons of color reported that the supply of mental health services that emphasize culture and language is currently inadequate.

At the conclusion of the report, we share potential actions that can strengthen the wellness of our county’s diverse LGBTQ communities.

## Strengths of the LGBTQ Community

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When asked to consider the strengths of the LGBTQ community in Santa Clara County as a group, focus groups identified this **core set of community strengths**:

- Increased visibility in mainstream society
- Understanding of intersections of identity
- Diversity of ethnicity, race, culture, gender, and ability.
- Sense of self-empowerment
- Critical consciousness of issues of inequity
- Resilience, acceptance, pride, openness, and humor
- Justice-oriented attitudes about issues facing the community
- Supportive community networks
- Strong emphasis on youth resources

Participants of all ages agreed that racial and ethnic diversity within the LGBTQ community plays a key role in the promoting the mental health and wellness of community members.

In particular, participants noted **cultural intersectionality** as an important facet of community wellness. Participants stated that being able to understand how one's identity as LGBTQ intersects with all other personal identities provides a unique sense of community, empowering the collective ability to bridge seemingly vast differences and even cultural taboos. Actively engaging in conversations of intersectionality within the LGBTQ community helps validate one's sense of self-worth in juxtaposition to a largely heteronormative society. This attribute is seen as a source of significant strength for this community.

Participants identified cultural intersectionality as an important facet of community wellness.

In line with this dialogue, participants regarded the LGBTQ community's historic **commitment to social justice** as a community strength. Participants noted that LGBTQ community members are accustomed to following politics and being more politically active because advocacy has been so important for monitoring proposed laws and policies and mobilizing to create needed changes. This means that community members (who are out) tend to feel a greater sense of self-efficacy as a result of speaking up, advocating for rights, and being associated with a cause.

This sense of **self-empowerment** develops on both individual and community levels. A person may advocate for oneself, one's personal beliefs, and one's needs, and also advocate for the needs of the larger community as a matter of cultural sustainability. As a community, the capacity to empower and to self-advocate enables LGBTQ persons to engage their community, convene around shared goals, and mobilize effectively.

Participants further emphasized the community's resilience. This resilience relates in part to a long history of institutional repression of "non-normative" sexual and gender identities. It also denotes the community's ability to create deep and lasting networks of support regardless of social and cultural stigma. Historically, this has played out in the context of support networks, or families of choice. More recently, these networks also manifest themselves as formalized and public support groups, Gay Straight Alliance (GSA) clubs, community centers, and organizations. Networks like these offer safe havens for community members of every age, culture, and affiliation to experience acceptance, pride, openness, and community—all factors that contribute to individual and community wellness.

## Critical Concerns of the LGBTQ Community

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- Discrimination within the LGBTQ Community
- Stigma accessing mental health services
- Lack of retention of LGBTQ hxstories
- Victimization of persons with mental health conditions
- Isolation of older adults
- Lack of communication across community
- Lack of family support

When asked about their concerns regarding wellness in the community, participants' responses varied. Most participants of all ages agreed that concerns about the depth and breadth of **social support** are ubiquitous across the LGBTQ community. For many, this manifests as a lack of family support.

When community members come out to their families, they face the possibility of **family rejection**. Rejection can happen in many ways. Parents may disown their children. A relative may caution someone to stay in the closet for the sake of a less-accepting relative. Some may fear that their relationship with their family is too unstable for their physical safety and leave preemptively. For young people, this can lead to homelessness.

Conversely, for many older adults, lack of support may result in **isolation**. Isolation can occur because of several factors, such as age, financial resources, and physical health issues that result in being home-bound, the deaths of loved ones, and generational cultural gaps.

“Our research shows that families, parents, foster parents, caregivers and guardians can have a very dramatic impact on their LGBT children. We found that family acceptance promotes well-being and helps protect LGBT young people against risk. And family rejection has a serious impact on a gay or transgender young person’s risk for health and mental health problems.”

*Supportive Families, Healthy Children, Family Acceptance Project*

In some instances, the decision not to reveal one's gender identity or sexual orientation is self-imposed out of fear of family rejection and loss of vital supports. Research conducted by the Family Acceptance Project, a research, intervention, education and policy initiative affiliated with San Francisco State University, found that:

Gay and transgender teens who were highly rejected by their parents and caregivers were at very high risk for health and mental health problems when they become young adults (ages 21-25). Highly rejected young people were:

- More than 8 times more likely to have attempted suicide
- Nearly 6 times as likely to report high levels of discrimination
- More than 3 times as likely to use illegal drugs, and
- More than 3 times as likely to be at high risk for HIV and sexually transmitted diseases compared with gay and transgender young adults who were not at all or only rejected a little by their parents and caregivers – because of their gay or transgender identity.<sup>7</sup>

All forms of rejection negatively influence a person's ability to sustain wellness by limiting or eliminating access to vital social support networks on which an LGBTQ community member relies. These concerns extend well into adulthood, and are serious risk factors.

A number of participants expressed concerns regarding **discrimination** within the LGBTQ community. Although previously noted as a strength, participants felt that many members of the community discriminate on intersections of identity.

This occurs, in part, by way of biphobia and transphobia. Biphobia is a source of discrimination against bisexual people, just as transphobia is a source of discrimination against transgender people. People of any gender or sexual orientation can experience or perpetuate such prejudice. LGBTQ community members may hold beliefs that stigmatize other members of the community based on irrational fear and misinformation.

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<sup>7</sup> *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual, & Transgender Children*, Family Acceptance Project. (San Francisco: 2009, 3-5), PDF ebook available at <<http://familyproject.sfsu.edu/publications>>.

Another factor is **sexual racism**. Many participants reported experiencing sexual racism through prejudicial stereotypes and preferences. For example, in the gay male community, men often outwardly state that they prefer only “white, masc, and straight acting” men. Similar men may express severe distaste for “femme and non-passing” individuals. This prejudice creates a dichotomy in which all other identities, cultures, and intersectionalities become subpar or less-than in comparison. Sexual racism heavily influences the self-esteem and wellness of LGBTQ persons of color and LGBTQ persons of different abilities.

Participants also emphasized that **mental health stigma** is a current community issue. The LGBTQ community has a long history of being pathologized. Although this is no longer a reality for a majority of LGBTQ persons, clinical therapy remains taboo for many.

Participants also emphasized that mental health stigma is a current community issue.

Participants expressed fear of being targets of **clinician microaggressions**, brief and common place indignities, intentional or unintentional, that display negative discriminatory slights towards a group of people.<sup>8</sup> They may take form as:

- Being repeatedly misgendered,
- Having their issues misunderstood,
- Having their LGBTQ issues under-emphasized,
- Having their LGBTQ issues overemphasized, and
- Experiencing belittling language from the clinician.

Some participants pointed out that the fear of being labeled as “mentally ill” is a primary deterrent to accessing mental health services. Cultural views from one’s ethnic heritage may view therapeutic services as inherently negative. Due to cultural views or personal reasons, family members may exert pressure against seeing a therapist.

One participant stated that, as an older adult, they did not see how their past trauma and experiences were relevant to how they felt now. They stated that they wanted support for today, not for things that happened years ago. Multiple older adult participants agreed with the statement, advocating that therapeutic services would not help them.

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<sup>8</sup> *Racial microaggressions in everyday life: Implications for clinical practice.* Sue, Derald Wing; Capodilupo, Christina M.; Torino, Gina C.; Bucceri, Jennifer M.; Holder, Aisha M. B.; Nadal, Kevin L.; Esquilin, Marta. *American Psychologist*, Vol 62 (4), May-Jun 2007, 271-286

## Barriers to Wellness in the LGBTQ Community

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- Few mental health specific services available for LGBTQ adults
- Not enough mental health services for youth
- Clinicians are not educated on LGBTQ community struggles
- Lack of education about the intersections of ethnicity, race, culture, gender, and ability<sup>9</sup>
- Lack of LGBTQ and ally providers who openly state that they are LGBTQ affirmative
- Lack of humility within professional clinicians
- Not enough language accessible services
- Limited availability of non-crisis mental health services
- Religions still advocate for re-education (e.g., reparative therapy)
- Increased rate of homelessness
- Cultural disconnect between generations of youth and older adults

When participants were asked to name barriers to community wellness, most agreed that a **lack of services** was the greatest barrier. Among the services that are noted as too few, participants divided into two camps. The first camp noted a lack of clinical services and the second a lack of education-based services.

Of the service-related barriers, participants reported the perception that more LGBTQ-focused mental health resources are available for youth than for adults. A few participants, who identified as older adults, expressed that having adult LGBTQ services, such as a drop-in space or a free LGBTQ clinical program, would help them feel less isolated and would offer a more accessible way for people like themselves to feel a presence of community wellness.

Another stated that there simply were not enough LGBTQ services in general. Participants expressed concerns about the obvious demand, yet lack of resources to match, which is “frustrating” for them. Youth participants noted that even when LGBTQ providers exist, they find the services often inaccessible. One participant shared that they have not seen a clinician because of increasingly long waiting lists. The only available services are perceived to be emergency and crisis-related.

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<sup>9</sup> Relating to a form of discrimination or social prejudice against people with disabilities.

A majority of participants agreed that **cultural education** is a necessary component for community members to feel that mental health services benefit them. One expressed being tired of having to teach clinicians about being transgender in order to have an impactful session. Another participant shared that a mental health provider actively dismissed issues they had experienced with their gender identity as “just part of their depression.” Others expressed the opposite experience, where a provider directed every issue as part of “them being transgender.”

In either case, lack of adequate provider training and education make it difficult for community members to partake in services. Group members added that they desired that clinicians state their cultural understanding forthright. Moreover, for participants who identified as persons of color, they expressed that within the group of service providers who were LGBTQ-educated, fewer were aware of race intersections. This relates to a comment that highlighted the difficulty of finding a provider who could address all of the prior issues and also was bilingual.

One participant stated that, while searching online for clinical services, they found more reparative therapy services than proper clinicians who served the LGBTQ community. At another focus group, a participant stated their fear that religious communities currently advocate for conversion therapy for their youth. Although reparative experiences are largely uncommon today, they exist. For many, the presence of these services creates a fear that coming out may ultimately lead to the rejection of their LGBTQ identity.

Other barriers that group participants identified include the heightened prevalence of **homelessness** within the LGBTQ community, and the **age-gap** that separates many of the community’s generations.

Group members expressed that the high rate of homelessness creates challenges for accessing mental health services.

Group members expressed that the high rate of homelessness creates challenges for accessing mental health services. Similar to accessibility issues for low-income and other at-risk communities, LGBTQ homeless individuals lack the financial resources to access many care related services. This is compounded by the increased difficulty of attaining stable housing and employment. The lack of stability makes it harder for individuals to make and keep appointments, because more effort shifts to securing basic needs of safety and survival.

The impact of homelessness on the community is long term. Mental health conditions often develop as a result of homelessness. While struggling to obtain and maintain basic shelter, individuals may be cut off from support networks and resources that would help them cope more effectively with stressors.

One participant detailed their experience trying to access mental health services while homeless. They stated that when they tried to make an appointment, the wait list was “10 to 12 people long” and that, because of the circumstances surrounding their insurance, they “were not allowed to get services,” particularly Medi-Cal services. This left the individual without needed care and support during a critical time.

**Intergenerational age gaps** were identified as a key barrier to wellness, particularly for older adult community members. Several participants stated that they feel that younger generations do not connect with older LGBTQ persons. The reasons for this are multifold, such as the loss of so many people during the AIDS crisis, shifts in political ideologies over the decades, and cultural differences. The impact, however, is great. Several group members stated that they desired a stronger connection to the youth groups.

The lack of interaction between generations makes it difficult for adults to feel a sense of community within the context of the larger LGBTQ community. Isolation is already a major issue that older adults face. The addition of social distance from other generations divides the community into even smaller segments. This exacerbates the sentiment that few people are available with whom one can connect or form bonds, or on whom one can rely for support.

## Conclusions: Potential Solutions for Increasing Community Wellness in the LGBTQ Community

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Participants provided insights on possible solutions to increasing the wellness of members of the LGBTQ community. The recommendations may be grouped into the two main categories.

### Direct Services

- Establish more drop-in spaces for LGBTQ adults and older adults.
- Increase accessible, age-inclusive mental health services.
- Offer more peer-led peer support programs.
- Increase the quantity of LGBTQ and gender-specific mental health providers.
- Provide culturally specific sober environments where youth and adults can hang out.
- Provide resources to foster and strengthen social support networks of family and friends.
- Provide increased housing and financial assistance programs accessible to LGBTQ community members.
- Provide publicly accessible statements (based on agreed upon cultural competency measures) that identify clinicians who offer LGBTQ affirmative care.

### Professional Education

- Provide gender-specific resources and education.
- Provide education on gender and appropriate gender-inclusive language for mental health providers.
- Increase the availability of competency training on transgender issues for mental health providers.
- Provide education in culturally relevant languages for mental health providers.
- Provide workshops for mental health providers on intersectionality's of identity (e.g. ethnicity, race, culture, gender, ability, gender identity, sexual orientation).
- Collaborate with universities and clinical intern training programs to offer cultural competency training to emerging mental health providers.

Youth and older adult participants generally agreed that the availability of **community drop-in centers** has the most impact on day-to-day wellness. They noted that, although some exist, few are inclusive of all ages and accessible at all times. Older adults noted that nearly all drop-in programs focus on youth populations. Members suggested that by having more drop-in programs that are fully inclusive of older individuals, community wellness would increase through the expansion of social support networks. Similarly, group members suggested having programs to address specifically the mental health of LGBTQ adults and older adults.

A few members advocated that community drop-in spaces should also support **sober-living** in order to promote the wellness of persons in recovery and those most at-risk of substance abuse. Others suggested that spaces that involve **parents and family members** in the LGBTQ community (like PFLAG) would benefit community members; they allow parents and families to engage in education and peer support. Family education has the potential to span generations, reducing the risk of isolation over lifetimes.

Some participants suggested that it would be beneficial to have resources and education that are wholly specific to gender, ranging from transgender issues to understanding the impact of gender on society. Within that suggestion, participants pushed for the idea of providing **in-depth educational seminars** about gender for mental health professionals. Such seminars could improve cultural competency and strengthen the adoption of gender-inclusive language in the workplace and in daily life.

The end goals of increasing education are:

- (1) to have more service providers who are members of the LGBTQ community and
- (2) to have more service providers in general with expertise to provide gender and LGBTQ affirmative services.

Along these lines, participants advocated for the availability of more **language-appropriate services** for the diverse communities in Santa Clara. Participants expressed that program services are often inaccessible to communities of color and other ethnic and cultural communities unless they are provided in the relevant language. Increased language services, paired with increased LGBTQ affirmative services and mental health stigma reduction efforts would open the door for more LGBTQ immigrants and bilingual community members to access needed support.

Participants agreed that workshops for mental health providers on the intersections of ethnicity, race, gender, ability, and LGBTQ identity would help to increase awareness of issues that affect cultural communities and, as a result, how that affects the wellness of individuals in the LGBTQ community.

Especially popular among youth participants was the concept of **peer-led support programs**. The goal for such a program would be to increase accessibility of mental health services through an increased availability of trained peer specialists to provide one-on-one emotional support, allowing community members not experiencing a crisis to see someone sooner. Participants stated that having peer counselors would allow them to vent more regularly, meaning that they would not need to see a licensed clinician for every issue. Waitlists would shorten, and, overall, more people would access quality care.

## Action Plans: LGBTQ Wellness Program

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### *About the LGBTQ Wellness Program*

LGBTQ Wellness, a program of Family & Children Services of Silicon Valley (FCS), was founded in 2015 to support the mental health of LGBTQ (lesbian, gay, bisexual, transgender, queer, questioning) community members and allies by providing services that encourage social support, holistic wellness, outreach, and education.

The program's vision is for the diverse, multigenerational LGBTQ communities throughout Santa Clara County to benefit from an affirmative culture of wellness.

Funding for the LGBTQ Wellness Program is provided primarily by the County of Santa Clara Behavioral Health Department. The program works in collaboration with the department's Ethnic and Cultural Community Advisory Committees, which serve the African Heritage, African Immigrant (Eritrean, Ethiopian, and Somali), Chinese, Filipino, Latino, Native American, and Vietnamese communities. In 2015, FCS was awarded the contract to form the inaugural ECCAC for the LGBTQ community.

The Wellness Program's services include:

- Outreach and education activities to destigmatize mental health conditions and to promote the prevention and early intervention of mental illness. Staff members work in the community to increase awareness about mental health, available services, and how to access services. Group education is available in Mental Health First Aid; the Wellness Recovery Action Plan (WRAP); Question, Persuade, and Refer (QPR); and Understanding LGBTQ Cultural Barriers. Cultural events and celebrations provide opportunities to promote mental health awareness and wellness.
- Group Support and Education, including peer support groups.
- Individual Support and Education.
- Advocacy activities, such as conducting this needs assessment, disseminating the findings, and advocating for identified needs.

## *Responding to the Findings of the Needs Assessment*

Informed by the results of this assessment, FCS’s LGBTQ Wellness Program will work to advance the mental health and wellness in the LGBTQ community by:

- Providing diverse and accessible educational programming
- Making events and programs inclusive of all ages
- Focusing events and programs on cultural intersections
- Offering financial and housing resource workshops and collaborating with financial and housing resource providers to address inclusiveness and cultural competence
- Providing LGBTQ culture and community trainings to clinical and professional staff

At the programmatic level, the LGBTQ Wellness Program staff and volunteers will offer **specialized educational services** that directly benefit LGBTQ target communities and their supporters. These services will address elements of mental health recovery on multiple levels, including active workshops on navigating issues of housing/homelessness, discrimination, financial literacy, and expansive topics of gender and sexuality (as they apply to persons both directly and not directly affiliated with the LGBTQ community).

### *Programmatic Actions*

- Develop drop-in-similar services for LGBTQ community members
- Advocate for age-inclusive services for LGBTQ older adults
- Provide activity-oriented alternatives to clinical support groups.

In regards to outreach services, the LGBTQ Wellness Program staff and volunteers will develop programs that modify the concept of drop-in services to provide the LGBTQ community access to mental health services regardless of age. This includes active development of **age-inclusive and age-specific activities and programs** that can adequately address the health disparities that affect the adult, older adult and “better<sup>10</sup>” generations.

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<sup>10</sup>Referring to advanced age in the older adult community. This term is changing culturally, as it diverges from previously common terms like senior, senior citizen, and elderly. This terminology is currently debated, and different persons prefer different terms to self-identify. It is used here as an attempt to break the cultural stigma towards “good” and “bad” ages.

It may also include collaborative efforts between youth-specific and non-youth specific drop-in programs in order to bridge in order to bridge generational gaps.

#### *Outreach Actions*

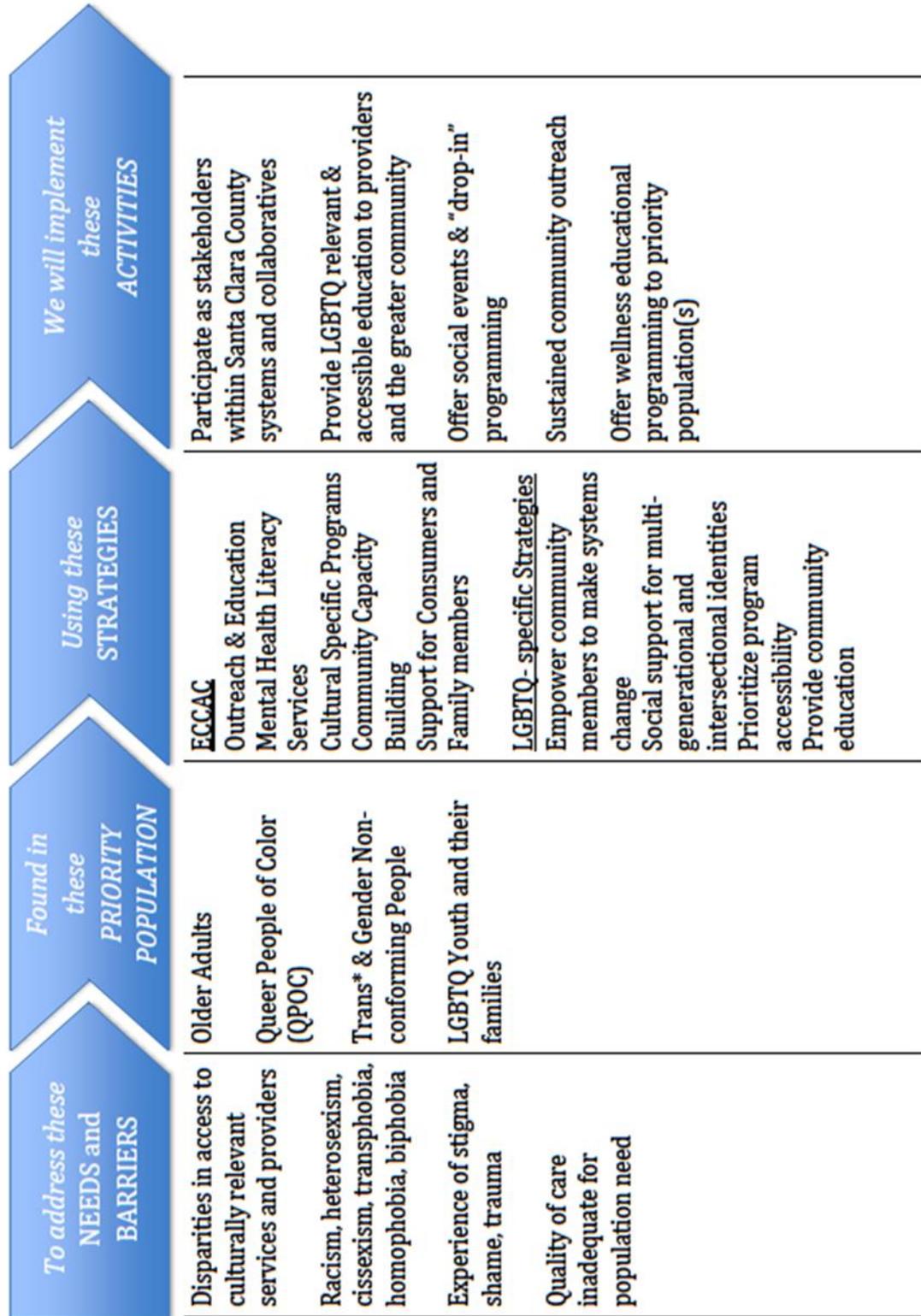
- Advocate for expansion of clinical therapeutic services
- Advocate for expansion of peer mental health services
- Advocate for development of a supervised system of peer-counselors
- Develop practical trainings to educate and define scope and skills of a “peer counselor”

Relating to **clinical mental health services**, the LGBTQ Wellness team will advocate for expanding existing clinical service programs that address needs of LGBTQ communities. By increasing the number of qualified clinicians who specialize within the LGBTQ community, we can increase the retention of youth and adults currently waiting for therapy, while effectively reaching newer community members.

The team also will advocate for increased availability of non-clinical support services, such as peer counseling and peer supportive programs that allow persons who seek basic support (not therapeutic services) to receive immediate supportive services. These services can positively affect the length of wait for clinical support by cycling persons through quicker channels and increasing the use of peer support to prevent the development of more severe mental health conditions.

Summary of LGBTQ Wellness Program’s Outreach and Engagement Project Plan

LGBTQ Outreach and Engagement Project



## Glossary

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**Ally:** A straight ally or heterosexual ally is a heterosexual and/or cisgender person who supports equal civil rights, gender equality, LGBT social movements, and challenges homophobia, biphobia and transphobia.

**Androgynous:** Gender qualities that express unclear, ambiguous, or lack of characteristics attributed to “Man” or “Woman.” Also a neutral gender expression.

**Biphobia:** Aversion toward bisexuality and/or bisexual people as a social group or as individuals. Biphobia is a source of discrimination.

**Cisgender:** “Refers to people whose sex assignment at birth corresponds to their gender identity and expression.”<sup>11</sup>

**Family acceptance:** Actions and behaviors that affirmatively support an LGBTQ family member in developing healthy coping networks; opposite of family rejection.<sup>12</sup>

**Femme/Feminine:** Gender qualities that express outward characteristics commonly attributed to “Woman” or “Woman-ness.”

**Gender Expression:** “Refers to the ways in which people externally communicate their gender identity to others through behavior, clothing, haircut, voice, and other forms of presentation. Gender expression also works the other way as people assign gender to others based on their appearance, mannerisms, and other gendered characteristics. Sometimes, transgender people seek to match their physical expression with their gender identity, rather than their birth-assigned sex. Gender expression should not be viewed as an indication of sexual orientation.”<sup>13</sup>

**Gender Inclusive Language:** Intentional phrasing that avoids the use of certain expressions or words that exclude groups of people, especially gender-specific words, such as “man” “mankind,” “you guys,” and masculine pronouns, the use of which excludes non-masculine genders.

**Gender Normative:** *See cisgender.*

**Heteronormative:** Denoting or relating to a worldview that promotes heterosexuality as the normal or preferred sexual orientation.

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<sup>11</sup> “Understanding Gender,” Gender Spectrum, accessed January 27, 2016, < <https://www.genderspectrum.org/quick-links/understanding-gender/> >

<sup>12</sup> “Understanding Gender.”

<sup>13</sup> “Understanding Gender.”

**Hxstory:** An inclusive and progressive term that stands for the many different identities, struggles, and intersectionalities present, yet often untold, in traditional accounts of hxstory.

**LGBT/LGBTQ:** Common acronyms used to refer to Lesbian, Gay, Bisexual, Transgender, Queer or Questioning individuals or communities.

**Masculine:** Gender qualities that express outward characteristics commonly attributed to “Man” or “Man-ness.”

**Microaggression:** Everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.

**Misgender:** To refer to (someone, especially a transgender person) using a word, especially a pronoun or form of address, that does not correctly reflect the gender with which they identify.

**Passing:** When a person classified as a member of one identity group also is accepted as a member of a different identity group based on assumed outward characteristics of all persons in the group.

**Queer:** An umbrella term sometimes used to refer to all LGBTQ people. Not all members of the LGBTQ community identify with the term due to its hxstory.

**Reparative Therapy:** Psychotherapy aimed at changing a person's homosexuality and based on the view that homosexuality is a mental disorder.

**Sexual Racism:** Discrimination enacted through stated preferences for sexual partners, based primarily, but limitedly, to characteristics of race, ethnicity, body-type, and gender expression.

**Straight-acting:** A term for an LGBTQ person who does not exhibit the appearance or mannerisms of what is seen as typical for gay male communities.

**Transphobia:** Prejudice toward transgender people as a social group or as individuals.

## Acknowledgements

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We appreciate the support of the following organizations and departments for this community learning project.

Billy DeFrank Lesbian and Gay Community Center

The LGBTQ Youth Space, a program of Family & Children Services of Silicon Valley

The Ethnic and Cultural Communities Advisory Committees (ECCAC) of the Santa Clara County Behavioral Health Services Department:

African Heritage Team

African Immigrant Team

American Indian Team

Chinese Team

Filipino Team

Latino Team

Vietnamese Team

The Office of Supervisor Ken Yeager

Santa Clara County Public Health Department

Santa Clara Valley Health and Hospital System

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## How to Contact & Support the LGBTQ Wellness Program

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To support the goals and the work of the LGBTQ Wellness Program, please contact:

Anthony Montalvo  
LGBTQ Wellness Program Coordinator, ECCAC  
Family & Children Services of Silicon Valley  
AMontalvo@fcservices.org  
Phone: (408) 841-4300

*Any questions regarding the LGBTQ Wellness Program may also be directed here.*





**Family & Children Services**  
of Silicon Valley

## The LGBTQ Wellness Program

Family & Children Services of Silicon Valley  
452 S. First Street  
San Jose, CA 95113

408.841.4300

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