ENVISION : YOU™

Colorado LGBTQ+
Behavioral Health
State of the State Survey Report

The State of our State

2021

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Introduction

To our Community:

The COVID-19 pandemic has brought mental health and wellness into the spotlight as our communities continue to navigate the disruption and lasting impacts of the past two years. For LGBTQ+ individuals, the pandemic exacerbated feelings of isolation and loneliness, and increased barriers to care and support. We know that Colorado's LGBTQ+ community continues to face significant health disparities with regards to mental health and substance use compared to the general population. As needs change and resources adapt, we must listen to the community to know where increased support can make a difference and save lives.

Collecting current data from LGBTQ+ Coloradans on their behavioral health needs is essential for making timely decisions that can improve the quality of life for those struggling with mental health challenges. The **Colorado LGBTQ+ Behavioral Health State of the State Survey Report** informs mental health organizations and providers, community organizations and other nonprofits, the general population, and policymakers on actionable steps to provide more equitable behavioral health resources for LGBTQ+ individuals in the state. The quantitative and qualitative data collected help contextualize the needs and experiences of LGBTQ+ individuals and can be used to fill gaps in programming, policy, and services. In addition, the data bolsters information on groups that remain underrepresented in existing research efforts and show emerging themes for these populations.

Reaching disadvantaged populations such as Black, Indigenous, people of color (BIPOC), trans and non-binary individuals, older adults, and formerly incarcerated peoples was a major focus of the survey's data collection process. These communities are often overlooked in population-level research efforts, which further perpetuates disparities faced by individuals who hold multiple disadvantaged identities. Without truly understanding the experiences and needs of underrepresented communities, a critical gap in focused resources will remain. The State of the State's specific findings on these populations allows stakeholders and advocates to be aware of their needs and to design interventions that address the unique challenges they experience.

As an organization, Envision:You is committed to educating the public on LGBTQ+ behavioral health disparities and advocating for strategies to meet the needs of the community. The State of the State survey is our largest community engagement effort to date focused on collecting data to inform future policies and programming. We are thrilled to bring the State of the State Survey Report to the wider community. Thank you to our research partner OMNI Institute for their work and dedication to this effort, and to the Denver Foundation for financially supporting this crucial initiative to better understand the challenges LGBTQ+ Coloradans face.

Warm regards,

Steven

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OVERVIEW

Numerous studies have documented the prevalence and consequences of behavioral health inequity for lesbian, gay, bisexual, transgender, queer, and questioning individuals and their sexual and gender diverse peers (LGBTQ+), both nationwide[1] and in Colorado[2]. Broader social and political factors are critical to understanding and addressing risks and outcomes of behavioral health issues for the community.

State-level efforts to understand and address LGBTQ+ health and behavioral health inequities in Colorado have effectively documented health outcomes and disparities across diverse populations but have been limited in ability to move beyond high-level insights into the behavioral health needs and outcomes of LGBTQ+ Coloradans, given the many diverse communities comprising this population. Advancing behavioral health equity for LGBTQ+ Coloradans requires understanding of the specific and diverse behavioral health experiences and needs of individuals and groups within the LGBTQ+ community and moving beyond broad comparisons of the overall LGBTQ+ community to their straight and cisgender peers. This is particularly critical for LGBTQ+ individuals identifying as transgender and/or non-binary, for whom samples sizes are often low, leading to their information being suppressed and sometimes excluded from analysis.

Much remains unknown about LGBTQ+ Coloradans' specific behavioral health needs and experiences, including history and diagnoses, levels of peer and family support, access to care, and experiences seeking and receiving treatment. A deeper understanding of the diverse lived experiences relevant to the behavioral health of LGBTQ+ Coloradans is critical to informing the delivery of services and needed supports, as well as policy changes focused on addressing larger inequities.

To begin addressing these gaps, Envision:You, in partnership with the OMNI Institute and an expert advisory group, sought to conduct a statewide assessment to document and understand Colorado LGBTQ+ individuals' behavioral health needs and experiences, with particular attention paid to intersectionality of sexual orientation, gender identity, race/ethnicity, and geography.

Envision:You (EY) is a non-profit 501c3 with a mission to support, educate, and empower members of Colorado's LGBTQ+ (lesbian, gay, bisexual, transgender, and queer/questioning) community who are living with a mental health and/or substance use disorder.

OMNI Institute is a Colorado-based non-profit social science consultancy that harnesses data to accelerate positive social change..

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ASSESSMENT APPROACH

Building off historical efforts and remaining gaps in understanding LGBTQ+ Coloradans' behavioral health needs and experiences, the following key areas were identified for the assessment :

- **Mental Health and Substance Use History**: Diagnoses, substances used, recovery status, etc.
- **Service Access**: Experiences seeking and accessing healthcare and health promoting services
- **Experiences in Health Care and Treatment Settings**: Provider practices, knowledge and competency in serving LGBTQ+ individuals (e.g., inclusivity of forms and intake materials, perceived provider comfort, provider practices such as addressing people with correct pronouns and chosen name, etc.)
- **Impacts on Day-to-Day Life:** Perceptions about support systems, capacity to deal with daily problems, overall feelings of happiness and wellness, experiences with violence and/or self-harm, etc.
- **Social Supports & Strength:** Perceived support from sources such as family, friends, therapists, community, etc. and individual coping skills and strategies

To support an inclusive study design and implementation process that would engage QTBIPOC individuals and harder-to-reach populations (e.g., those who are unhoused and/or without internet access), an Advisory Committee was formed to guide the process. Committee members included representatives from LGBTQ+ serving organizations as well as those representing other relevant organizations and agencies that could apply a cultural responsiveness lens to the work and facilitate access to harder-to-reach populations.

The committee responsibilities and tasks included:

- **Supporting the development and refinement of selected methods and tools**, including the finalized survey instrument and question guides for focus groups and interviews.
- **Informing the outreach plan** to ensure multiple and culturally responsive strategies for reaching and recruiting participants (see Appendix A for details on the outreach plan and strategies employed).
- **Leading and supporting outreach and recruitment** efforts.
- **Reviewing preliminary survey results** and assisting with interpretation and contextualization of findings.
- **Providing feedback on the final report**, and communication and dissemination of findings.

ACKNOWLEDGEMENTS

The following acknowledgments are to recognize the groups and individuals who contributed **valuable time, lived experiences, professional expertise, and thoughtful insights to this project:**

- **588 community members who provided critical insight and information through the community survey**
- **17 Community members who were interviewed by OMNI Institute, representing diverse lived experiences, including those of:**

  - Black, Indigenous, people of color (BIPOC)
  - Gender expansive, trans and non-binary community members
  - Individuals living with a disability or chronic health condition
  - Older adult community members
  - Younger adult community members
  - Community members with prior experiences of:
    - Homelessness
    - Incarceration

Methods

Methods

OVERVIEW

Key assessment methods included a community survey disseminated broadly throughout Colorado, and interviews with community members from key groups that have been particularly underrepresented in prior data collection efforts. Multiple outreach and recruitment strategies were employed to facilitate collection of data from diverse LGBTQ+ Coloradans across the state.

588 community members responded to the survey

17 community members were interviewed

COMMUNITY SURVEY

A literature scan was first conducted to identify existing and publicly available surveys specifically related to behavioral health issues within the LGBTQ+ community; and established behavioral health survey tools. Multiple sources[1] were used to develop an initial pool of questions/items. An extensive review and pilot process was conducted with the Advisory Committee and focused on the following key areas:

Identifying gaps/missing survey items and prioritizing areas that would address current gaps in data; inform EY and/or other LGBTQ+-focused organization efforts; and/or have high impact on potential policy advocacy and public education efforts.

Minimizing burden on survey respondents and balancing the usefulness of items with the potential intrusiveness of more clinically-focused survey questions.

Clarity and cultural responsiveness of language, including considerations of reading-level, use of accurate and appropriate terminology, and strengths-based and identify-affirming language.

In addition to language changes and item reductions, areas related to Adverse Childhood Experiences, strengths, and resiliency/protective factors were added. The survey was reviewed and piloted in both English and Spanish, with additional reviews for cultural responsiveness in Spanish. The finalized survey included 50 closed- and 3 open-ended items in the core domains listed above. Data were collected in both English and Spanish via the Survey Monkey platform between June-September 2021. Survey respondents were provided with a $15 gift card for their participation and also given the option to donate their gift cards to ensure voices from key groups had additional opportunities to participate. See Appendix A for a copy of the final survey instrument and Appendix B for the analytic approach to the survey data.

COMMUNITY INTERVIEWS

Qualitative efforts provided the opportunity for more in-depth exploration of survey domains, and to gather perspectives from specific under-represented communities such as trans and non-binary folks, people living with disability or chronic heath conditions, older and young adults, and people who had experienced incarceration.

Interview guides were based on the survey areas/general domains with an added focus on resiliency. Key question areas included mental health and substance use experiences and service needs; barriers to care; and strengths and resiliency. Interviews were conducted in both English and Spanish throughout October 2021 and participants were provided with a $30 gift card for their participation. See Appendix A for the full interview guide and Appendix B for details on the analytic approach to the interview data.

17 community members participated in individual or small group interviews. Participants identified which of the following key groups they represent, to ensure qualitative efforts highlighted the experiences of members of the key populations identified. The number of individuals who were a part of each community is noted - as many individuals held intersectional identities, totals may not add up to 17.

- Older adults (age 55 and over) (6)
- Individuals living with a disability or chronic health condition (5)
- Trans or non-binary community members (4)
- Black, indigenous, people of color (3)
- Young adults (under the age of 25) (2)
- Folks living in a rural area or small town (2)
- Individuals who are formerly incarcerated (2)
- Individuals who have experienced homelessness (1)

OUTREACH

Multiple outreach strategies were employed to ensure survey and interview participation from individuals from communities of color and rural areas, people with disabilities, and those experiencing homelessness, language barriers, or other barriers to participation. During the planning phase of this project, which largely took place from January to May 2020, the project team identified over 200 community organizations that work in the behavioral health space or serve LGBTQ+ Coloradans that could be engaged to support outreach. The plan included mediated recruitment strategies through partnerships with trusted organizations, attendance at local LGBTQ+-relevant events, information distribution at key public locations, and participant incentives. Distribution of the survey was largely conducted via online platforms in deference to COVID-19 related safety concerns and limits on gathering. The State of the State project teams at OMNI Institute, Envision:You, and the advisory committee shared responsibilities for outreach to community organizations and leaders. A toolkit was provided to all, including email templates, text language, and draft social media posts, as well as guidance on how to best share messaging in order to minimize the burden on both team members and community partners.

Survey Respondent Demographics

# Gender, Race, and Sexual Orientation

OVERVIEW

588 community members responded to the survey and were split across gender, race, and sexual orientation. For all of the following questions, respondents were instructed to select all answers that apply. For insights on demographics of interview participants, see *Community Interviews* within the Methods section of this report.
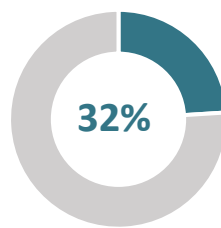
GENDER

In order to capture the most diverse and accurate representation of gender distribution, respondents were instructed to select all gender identities that applied. Cisgender woman was the most selected identity at 32%, with non-binary, gender non-conforming, genderfluid or genderqueer following at 28%.
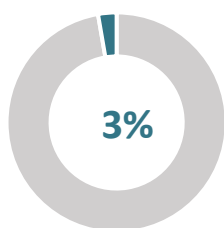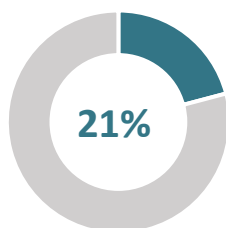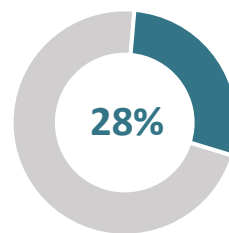
3%
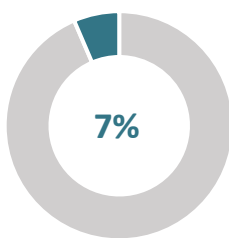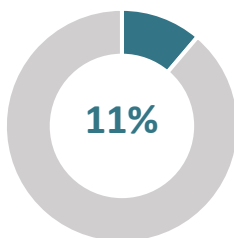Agender

21%
Cisgender man

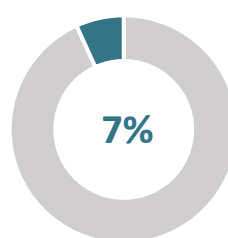**32%**
Cisgender woman

28%
Non-binary, gender non-conforming, genderfluid, or genderqueer
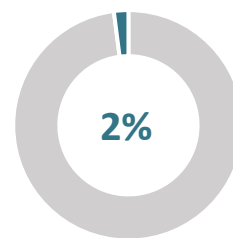
7%
Questioning or not sure (n=38)

11%
Trans man, transmasculine, or FTM (AFAB)

7%
Trans woman, transfeminine, or MTF (AMAB)

2%
Two spirit or Third Gender

(N=588)

Note: 34 respondents (6%) selected the "I self –identify as:_____" option to describe their gender.
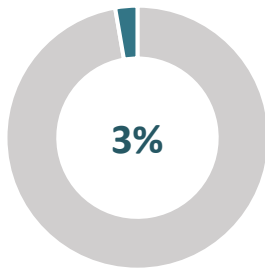
RACE/ETHNICITY

Respondents were instructed to select all that racial or ethnic identities that apply. The majority of survey respondents selected white at 75%, with Hispanic or Latinx following at 14%. Less than 1% identified as Native Hawaiian or other Pacific Islander.
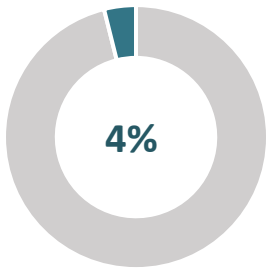
4%	**3%**	**11%**	**14%**
American Indian or Alaska Native	Asian or Asian American	Black or African American	Hispanic or Latinx
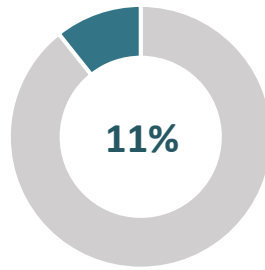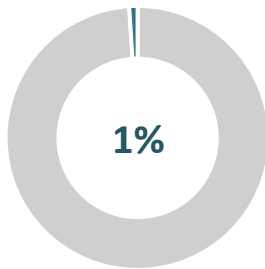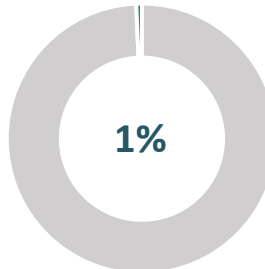
1%	**1%**	**75%**
Middle Eastern or North African	Native Hawaiian or Pacific Islander	White or Caucasian

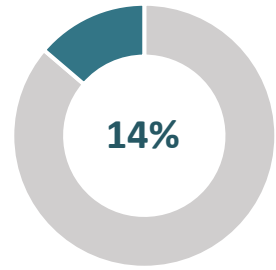*Note: 16 respondents (3%) selected the "I self –identify as:_____" option to describe their gender.*   (N=588)

SEXUAL ORIENTATION

In acknowledgement of sexuality as a spectrum, the survey instructed respondents to select all identities that applied. The most selected identity was queer at 34%, with bisexual and gay the second most selected.
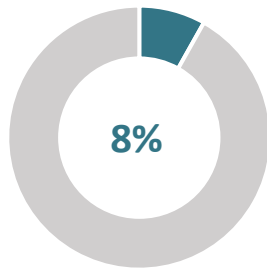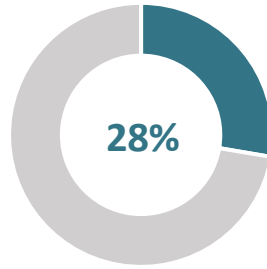
8%	28%	27%	22%
Asexual	Bisexual	Gay	Lesbian
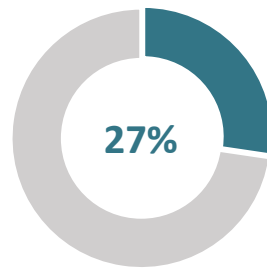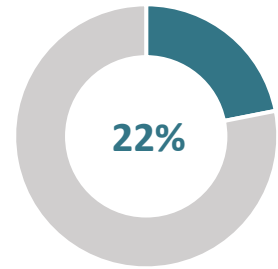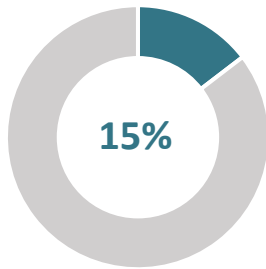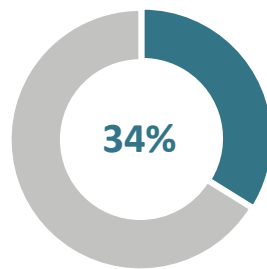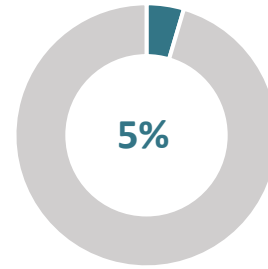
15%	34%	5%
Pansexual	Queer	Questioning/Unsure

(N=588)

Housing and Geography

OVERVIEW

The geographical location of LGBTQ+ community members as well as their housing safety greatly impacts their ability to access behavioral healt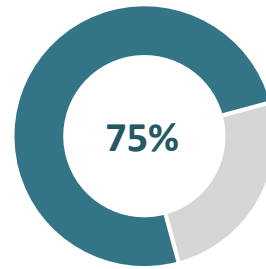h and wellness resources and build a support system. A plurality of survey respondents lived in the City and County of Denver (34%). In terms of rural vs urban breakdown, 31% lived in a large urban area and 14% lived in either a small town or rural area. Roughly a quarter of survey respondents owned their apartment/house (27%), with the remainder reporting either renting, living with friends or family, or staying in a care facility, school dormitory, or shelter. Less than one percent reported living without shelter.

GEOGRAPHICAL DISTRIBUTION OF RESPONDENTS

Survey respondents who were currently unhoused were instructed to select the county where they spend most of their time.

County (n=564)
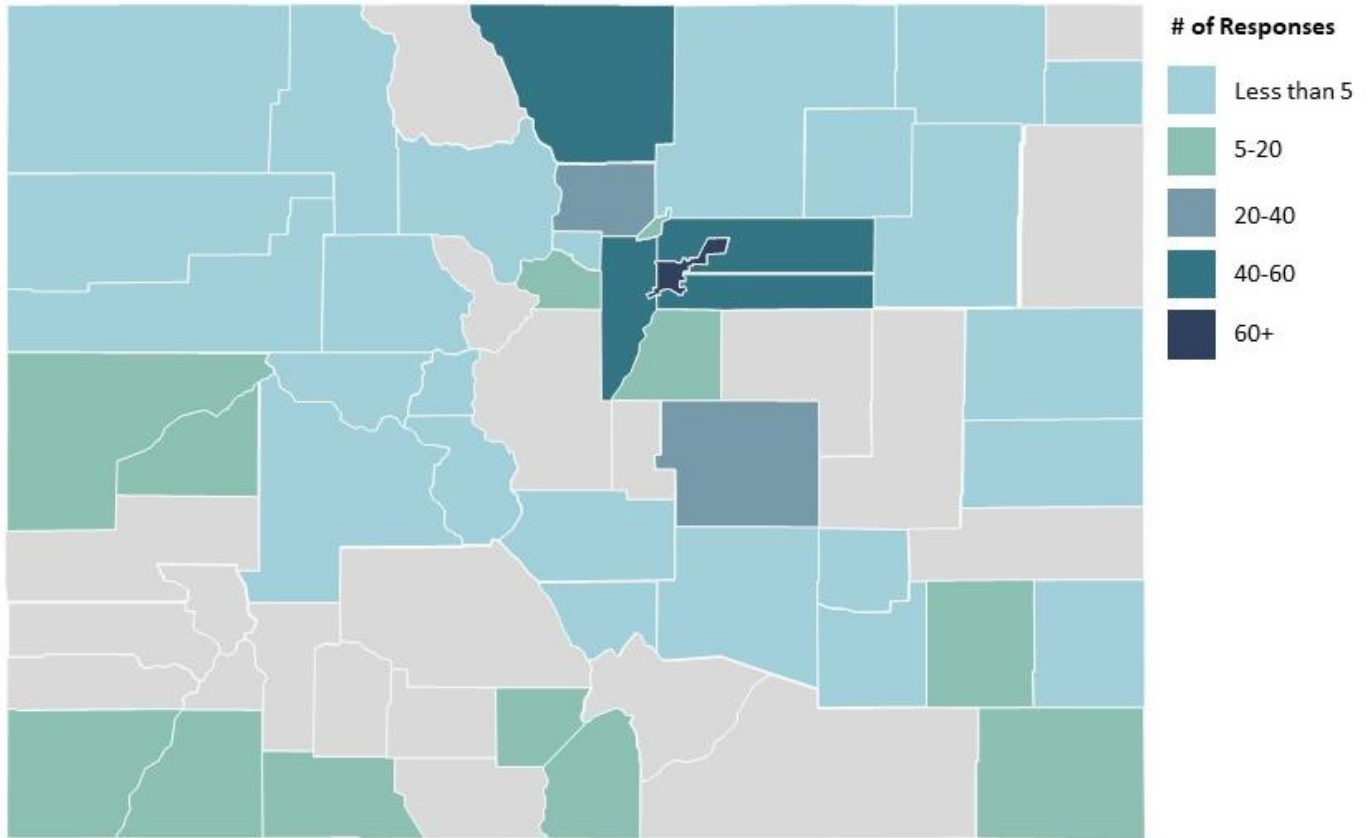
Note: 194 responses came from folks residing in the City and County of Denver

COMMUNITY SPOTLIGHT: RURAL AND SMALL TOWN LIFE

LGBTQ+ people living in rural communities often face increased barriers accessing care and forming social support networks due to limited service providers, fewer social outlets, and more conservative views that can be common among towns with smaller populations.

COMMUNITY TYPES

As noted previously, having access to behavioral health and wellness resources is shaped by geographic location. LGBTQ+ folks living in rural areas and small towns often report a lack of access to LGBTQ+-specific or friendly resources.

Types of areas lived in by respondents (n=585)

Area	Percentage
Large urban area	31%%
Medium-sized city	23%
Suburban area	29%
Small town	8%
Rural area	6%
I am not sure	3%
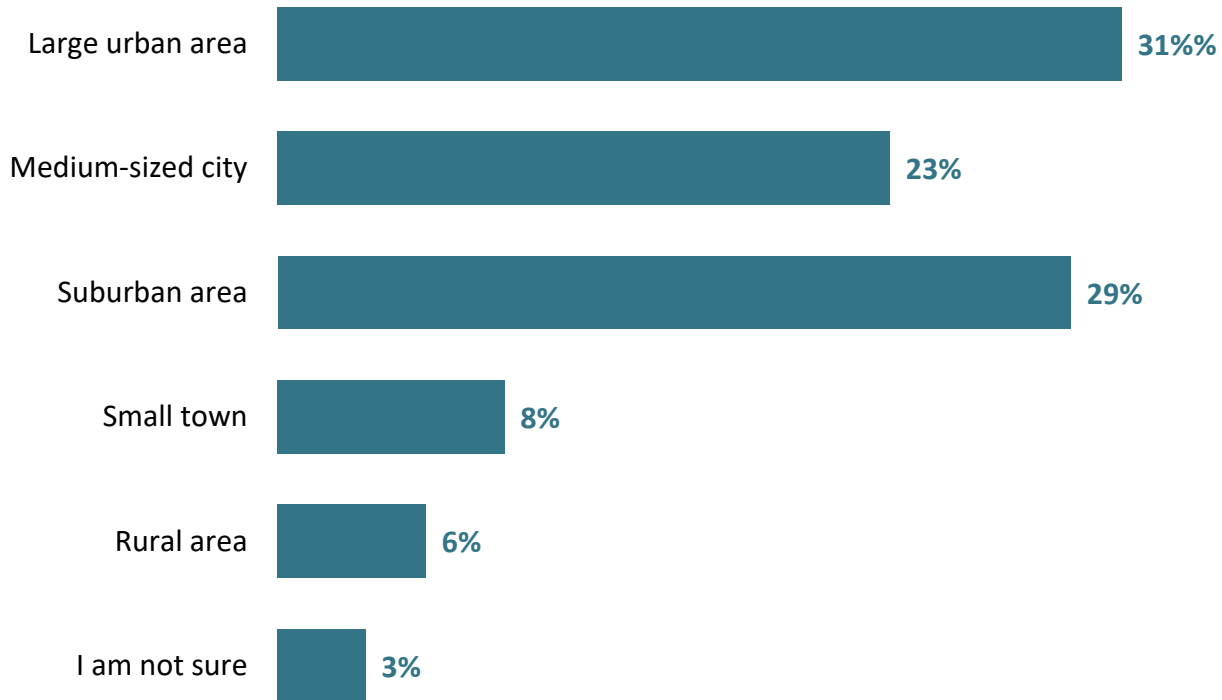
LIVING SITUATION

Feeling safe and secure in one's living situation has an enormous impact on mental health. Survey items asked about whether respondent housing needs were being met; where they were currently living; whether housing situations had been impacted by COVID-19; and concerns about safety in their current living situations. Interview participants noted that it is challenging to benefit from behavioral health care if you do not feel safe in your home, especially for young people. A quarter of all respondents reported their living situation had changed due to circumstances related to COVID-19 and 17 reported worrying about their safety in their current living situation.

My housing needs are being met

■ Prefer not to answer   ■ Strongly Disagree   ■ Disagree   ■ Agree   ■ Strongly Agree

2%	9%	49%	38%
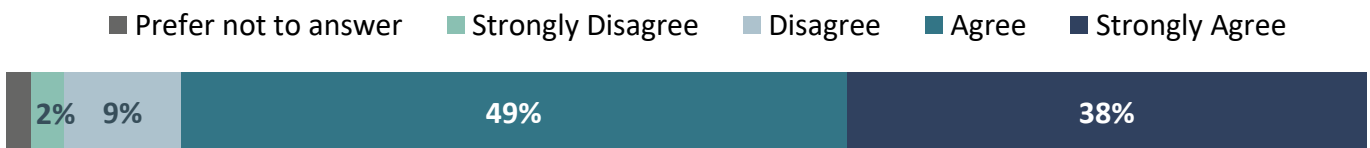
↳ 2% of respondents preferred not to answer

n=588

Where respondents were currently living (n=584)

Living situation	Percentage
Rental apartment/house	48%
Owned apartment/house	27%
Staying with family	17%
Staying with a friend	2%
School housing or dormitory	1%
Sober living house	1%
Nursing home	<1%
Retirement community	<1%
Homeless shelter	<1%
I am currently living without shelter	<1%
Assisted living or residential care facility	<1%
Treatment facility	<1%
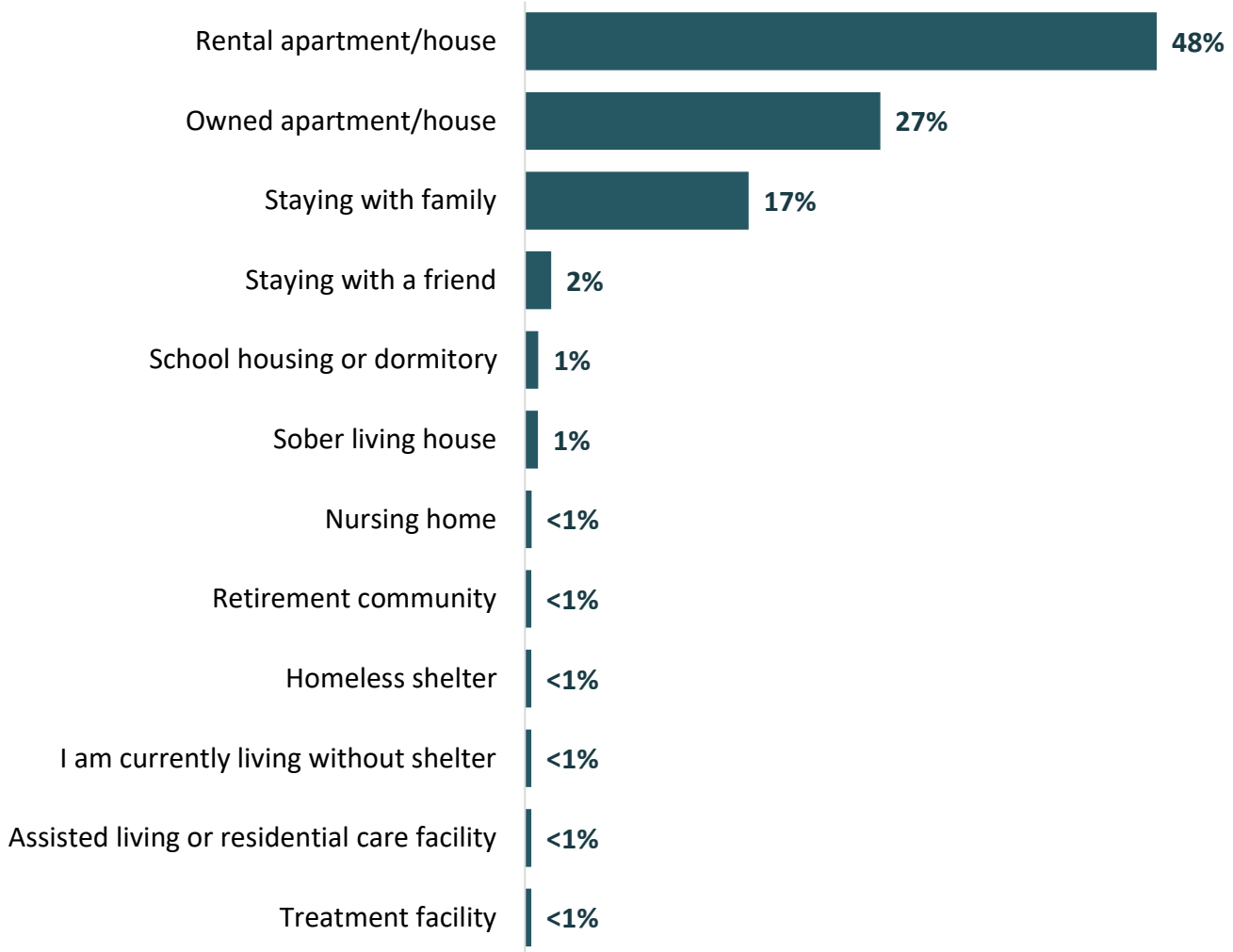
1 in 4 **respondents had experienced a change in their living situation due to COVID-19** (n=580)

14% said their situation had significantly worsened

45% said their situation had somewhat worsened

31% said their situation had somewhat improved

10% said their situation had significantly improved

I worry about my safety in my current living situation

Strongly Disagree ■ Disagree ■ Agree ■ Strongly Agree

| 45% | 39% | 15% | 3% |

n=585

COMMUNITY SPOTLIGHT

BIPOC, rural, and respondents 24 and younger were **more likely to worry about their safety** in their current living situation than white, urban, and older survey respondents

Age and Health Status

OVERVIEW

Most survey respondents were between 21 and 44. The largest range was 21-34 (42%). 1 in 3 respondents disagreed or strongly disagreed that their health needs are being met. 43% of all survey respondents reported living with a disability and/or chronic health condition. Many also noted that their physical health impacted them 2 or more days out of the past 30 days. Interview participants emphasized that issues with physical health, whether age-related or not, often negatively impact mental health.

My health needs are being met

■ Prefer not to answer ■ Strongly Disagree ■ Disagree ■ Agree ■ Strongly Agree

| | 8% | 26% | 45% | 19% |

↳ 2% of respondents preferred not to answer

n=588

Respondents breakdown by age group (n=585)

Age group	Percentage
Under 15	3%
15 to 17	8%
18-20	7%
21-24	15%
25-34	42%
35-44	16%
45-54	4%
55-64	3%
65 or older	2%
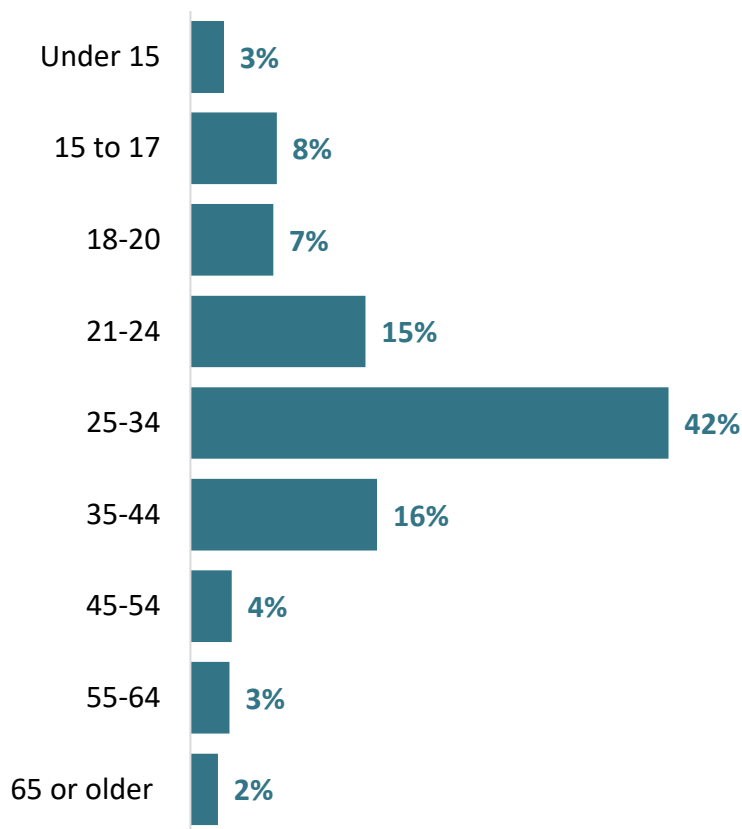
Days Affected by Physical Health (n=486)

0 days	1-7 days	8-14 days	15-21 days	22+ days
47%	32%	7%	6%	8%
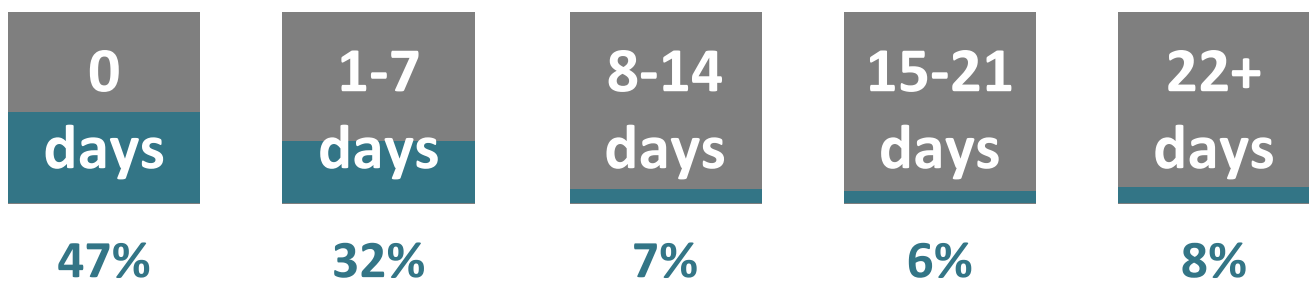
43% of respondents **reported living with a disability or chronic health condition** (n=585)

Note: 3% of respondents declined to answer

Education, Employment, Income, and Veteran Status

OVERVIEW

About one-third of respondents had received their bachelor's degree at the time of the survey (34%). Over half were employed full time (54%), while 7% reported being unemployed and actively looking for work. However, 29% indicated that their current income does not cover their basic living expenses. Over a third of survey respondents experienced the loss of a job or income due to circumstances related to COVID-19, with this proportion much higher for BIPOC and/or rural respondents relative to white and/or urban respondents. A higher percentage of trans and nonbinary, younger, and BIPOC survey respondents expressed frequent worry about making ends meet.

EDUCATION

Respondent breakdown by education (n=585)

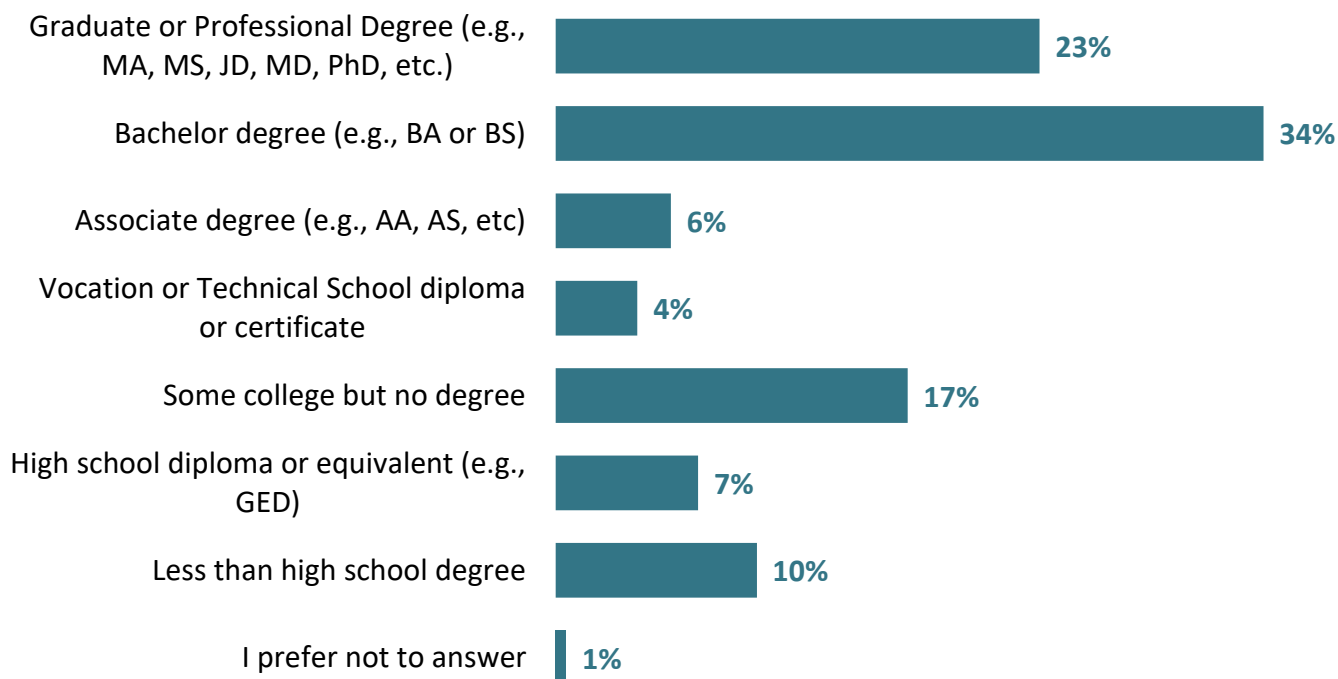| Education	Percent
Graduate or Professional Degree (e.g., MA, MS, JD, MD, PhD, etc.)	23%
Bachelor degree (e.g., BA or BS)	34%
Associate degree (e.g., AA, AS, etc)	6%
Vocation or Technical School diploma or certificate	4%
Some college but no degree	17%
High school diploma or equivalent (e.g., GED)	7%
Less than high school degree	10%
I prefer not to answer	1%

EMPLOYMENT

Employment impacts the ability to access care and can reduce or increase stress and impact mental health. The majority of respondents are employed either full-time, part-time, or with inconsistent/gig work (85%). It is important to note, however, that folks may be underemployed, and their income might not cover their basic living expenses. Respondents were instructed to select all answers that apply.

Employed

54% are employed full-time

19% are employed part-time

12% do gig work, inconsistent hour work, and/or their hours vary

Unemployed

7% are unemployed and looking for work

5% are unemployed and not looking for work

3% are unemployed and doing volunteer/unpaid internship work

Students

19% are full time students

6**%** are part time students

Homemakers/Caretakers

2% are full time homemakers or stay-at-home caretakers

2% are part time homemakers or stay-at-home caretakers

(n=588)

4% (n=584) of respondents are currently or have served in the Armed Forces, the Reserves, or the National Guard

❘ INCOME

Survey and interview participants noted that income and economic stability played a central role in their ability to access help and maintain their mental wellness. 29% of respondents reported that their income does not cover their basic living expenses. 35% of survey respondents experienced a loss of job or income as a result of COVID-19, with far more BIPOC and rural respondents losing their job/income than their white and non-rural peers. Interview participants also noted that it can be especially challenging for young LGBTQ+ people to secure employment with high enough incomes to cover their basic living expenses.

How would you describe your income situation right now in terms of rent, utilities, groceries, or other essential expenses?

Legend:
- Unsure
- Income does not cover basic living expenses
- Income covers basic living expenses
- Income more than covers basic living expenses

5%	24%	38%	27%

↳ 5% of respondents preferred not to answer

n=583

35% of respondents experienced a loss of job or income as a result of circumstances related to COVID-19 (n=583)
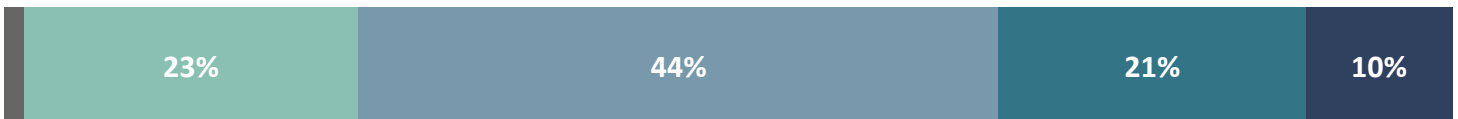
↳ **42%** of BIPOC respondents experienced a loss of job or income as a result of COVID-19, **compared to 31% of white respondents**

↳ **51%** of rural respondents experienced a loss of job or income as a result of COVID-19, **compared to 47% of urban respondents**

How often are you worried about making ends meet?

Legend:
- Never
- Some of the time
- Most of the time
- All of the time

23%	44%	21%	10%

↳ 1% of respondents preferred not to answer

n=584
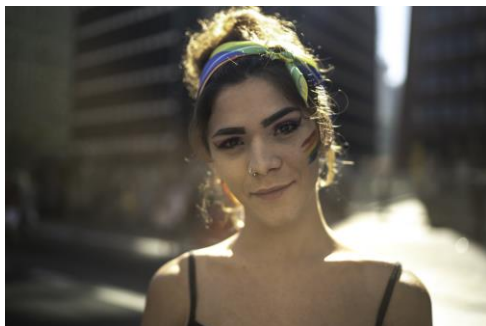
COMMUNITY SPOTLIGHT

The rate of survey respondents responding "all of the time" when asked how often they are worried about making ends meet was higher among trans and non-binary respondents, those under the age of 24, and BIPOC compared to individuals of other genders, those over the age of 24, and those who are white.

Mental Health & Substance Use Experiences

Mental Health & Substance Use Experiences

OVERVIEW

LGBTQ+ community members face a variety of unique behavioral health risks and needs. Experiences of discrimination, violence, and challenges with family and social support of LGBTQ+ identities all increase the risk for poor behavioral health outcomes.[3] Community members can also face a range of barriers to accessing quality treatment and supports– in addition to financial and logistical challenges, it can be very difficult to find a provider or support group that adequately addresses mental health needs in the context of LGBTQ+ identity. This section of the report provides an overview of Adverse Childhood Experiences (ACEs), mental health and substance use experiences and diagnoses, and impacts on day-to-day life for survey and interview participants.

Key Takeaways

Adverse childhood experiences are common

Over 90% of survey respondents reported living with someone with mental health issues and/or experiencing some degree of verbally abusive behavior by adults in their households.

Many folks have substance use or mental health concerns that are unrecognized or undiagnosed

Over a quarter of survey respondents were worried about undiagnosed or unrecognized mental health concerns and 7% were worried about substance use concerns. Approximately 1 in 4 reported that their primary providers had not asked about their mental health and 34% had not been asked about their substance use.

Finding treatment and support that meets folks' needs is difficult

It is important that providers are aware of and understand queer and trans identities, yet folks are often burdened with educating providers or finding themselves as the only person with particular identities in support or treatment settings.

Feeling safe is critical to recovery

One of the most important aspects of treatment and recovery is ensuring access to safe and stable places, from inpatient treatment settings, to social support and home environments. Interview participants emphasized that focusing on cultivating a sense of safety such as paying special attention to trans and queer specific needs (e.g., nongendered rooms) is sometimes more effective than focusing solely on behavioral health issues and behaviors.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events throughout childhood that can include experiences of family dysfunction, abuse, and/or neglect, and activate a child's stress response system. This chronic stress can impact key health and brain development in children and have long term consequences for physical and mental health. "At least 5 of the top 10 leading causes of death are associated with ACEs."[4] Some groups such as women and racial/ethnic minority groups have a higher risk of ACEs but there is limited research about the prevalence and impact of ACEs among LGBTQ+ youth.[5] We explored the number and types of ACEs experienced by survey respondents, along with differences among trans or non-binary respondents versus other genders. Information about ACEs and related risk and protective factors in our community can provide important context for potential supports needed and prevention efforts.

Number of ACEs experienced by survey respondents

0
8% of trans/non-binary respondents
20% of non-trans/non-binary respondents

1
13% of trans/non-binary respondents
16% of non-trans/non-binary respondents

2
12% of trans/non-binary respondents
16% of non-trans/non-binary respondents

3
8% of trans/non-binary respondents
15% of non-trans/non-binary respondents

4+
42% of trans/non-binary respondents
23% of non-trans/non-binary respondents

n (trans/non-binary)= 245
n (other gender(s)= 343

How do ACEs Impact Health Outcomes?

ACEs have been associated with increased risks of:[6-10]

Chronic diseases such as heart disease, cancer, and diabetes

Early initiation of alcohol use

Lifetime illicit drug use and dependency

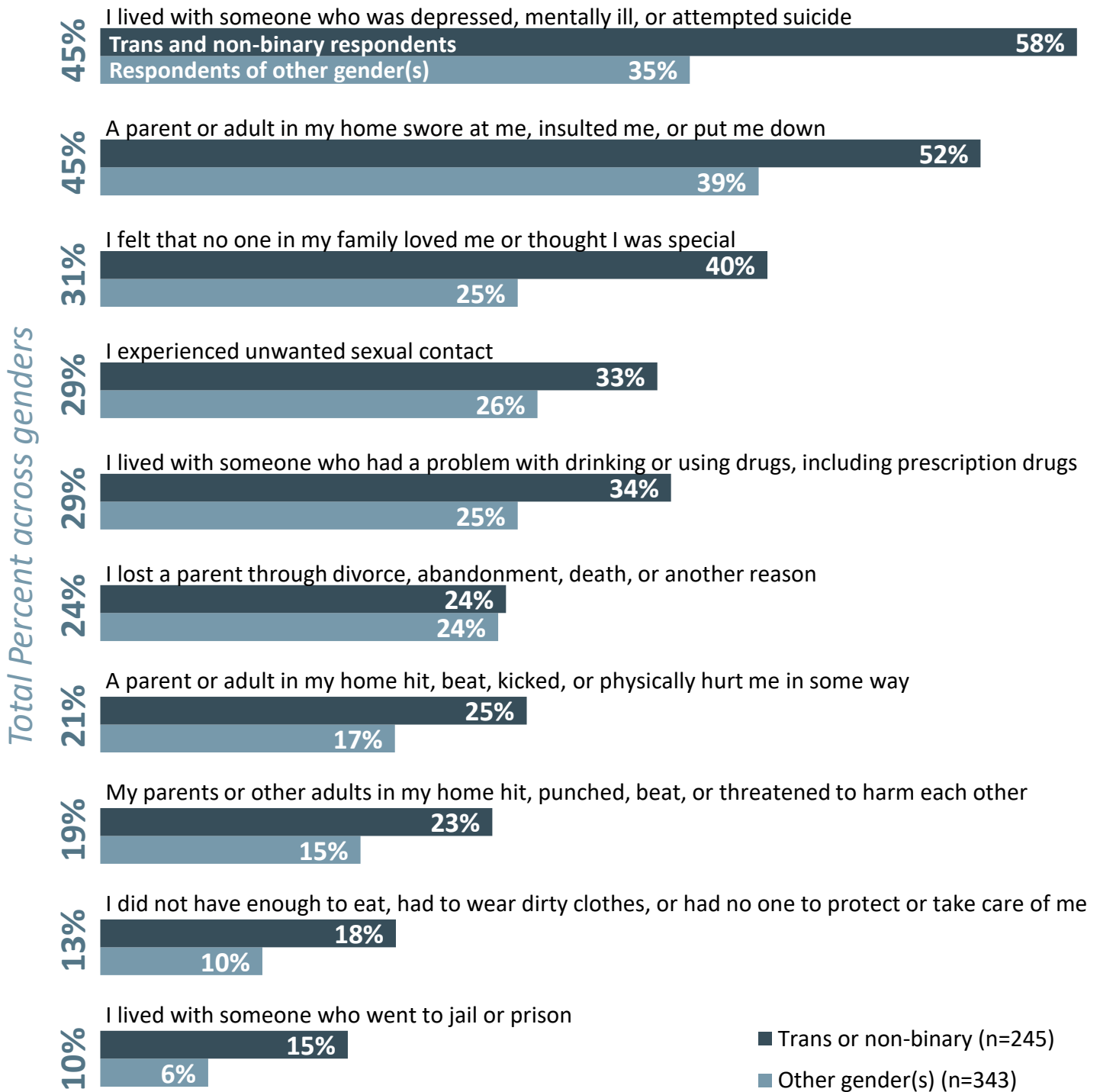Substance use disorders and mental health issues for older adults (50+ years)

Depression and suicide attempts

Trans and non-binary people, as well as Intersex people, voice that ACEs can be tied to being forced into assigned gender roles or expectations. This creates an ongoing source of trauma that can affect care in gendered settings.

Types of Adverse Childhood Experiences (ACEs) experienced by respondents

Total Percent across genders

I lived with someone who was depressed, mentally ill, or attempted suicide

45%
- Trans and non-binary respondents: **58%**
- Respondents of other gender(s): **35%**

A parent or adult in my home swore at me, insulted me, or put me down

45%
- **52%**
- **39%**

I felt that no one in my family loved me or thought I was special

31%
- **40%**
- **25%**

I experienced unwanted sexual contact

29%
- **33%**
- **26%**

I lived with someone who had a problem with drinking or using drugs, including prescription drugs

29%
- **34%**
- **25%**

I lost a parent through divorce, abandonment, death, or another reason

24%
- **24%**
- **24%**

A parent or adult in my home hit, beat, kicked, or physically hurt me in some way

21%
- **25%**
- **17%**

My parents or other adults in my home hit, punched, beat, or threatened to harm each other

19%
- **23%**
- **15%**

I did not have enough to eat, had to wear dirty clothes, or had no one to protect or take care of me

13%
- **18%**
- **10%**

I lived with someone who went to jail or prison

10%
- **15%**
- **6%**

■ Trans or non-binary (n=245)
■ Other gender(s) (n=343)

* As previously noted, 8% of trans/non-binary respondents and 20% of non-trans/non-binary respondents indicated that they did not experience any of these. Percentages are out of total respondents, including those who did not experience an ACE. 3% of trans/nonbinary respondents and 2% of non-trans/non-binary respondents preferred not to answer.

Mental Health

OVERVIEW

As discussed previously, life experiences deeply impact mental health and may include childhood trauma, intimate partner violence, homelessness, incarceration, or financial hardships, among other challenges. LGBTQ+ community members (particularly youth) often struggle with self-worth and low self-esteem when individuals lack important factors such as social supports. Further, LGBTQ+ community members' experiences with mental health are often compounded by experiences of chronic minority stress. It can be challenging to find comprehensive and responsive care that both adequately addresses mental health needs and respects and understands how the intersections of various identities are related. Survey items and interviews explored recent time affected by mental health, mental health concerns and support needs, and specific diagnoses.

Time affected by mental health during the past 30 days (n=493)

None	Up to 1 week	1 to 2 weeks	2 to 3 weeks	More than 3 weeks
23.9%	39%	11.5%	10.8%	14.5%

Over a quarter of survey respondents experienced service challenges such as unrecognized or diagnosed mental health concerns, and/or primary providers not asking about mental health at all.

28% of respondents were worried about their mental health and that their concern had not been diagnosed or recognized (n=588)

26% of respondents had not had their primary provider ask them about their mental health (n=381)

GENDER-AFFIRMING CARE

Interview participants emphasized that for Trans and Non-Binary people, gender-affirming care can be an essential component of their mental healthcare. This can include Hormone Replacement Therapy (HRT), voice therapy, hair removal, surgery, and other medical and therapeutic services. This care often requires working within a gatekeeping model, leading to delays that impact mental health.

> *I don't want providers to be fearful of us.*
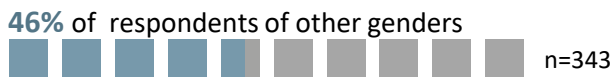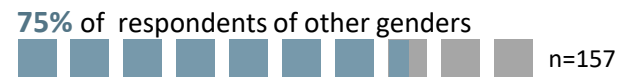>
> - Interview Participant

Anxiety Disorders

1 in 2 respondents indicated that they had experienced symptoms of an anxiety disorder.

Rates of experiencing anxiety disorder symptoms were higher among Trans and non-binary respondents than among respondents of other genders

59% of trans and non-binary respondents

n=245

compared to

46% of respondents of other genders

n=343

Rates of seeing a provider regarding anxiety disorder symptoms were lower among respondents who are not trans and non-binary than among trans and nonbinary folks, indicated by having been diagnosed and/or having received treatment
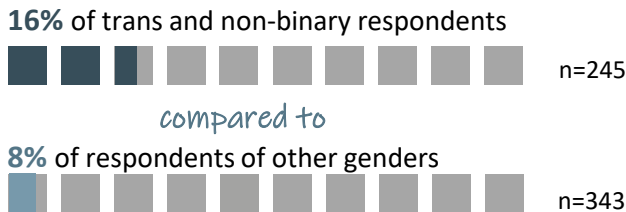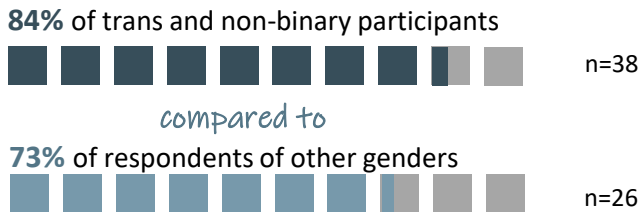
88% of trans and non-binary respondents

n=144

compared to

75% of respondents of other genders

n=157

> " *I think providers who are safe and who provide that sense of safety [are critical] because I think it is hard as a queer person to feel safe in general. And when it comes to mental health, it's basically essential to feel safe in a space before you can start healing and working on recovery or progress.*
> - Interview Participant "

Mood Disorders

Nearly 2 out of every 5 respondents indicated that they had experienced symptoms of a mood disorder.

Rates of experiencing mood disorder symptoms were higher among Trans and non-binary respondents than among respondents of other genders

48% of trans and non-binary respondents

n=245

compared to

40% of respondents of other genders

n=343
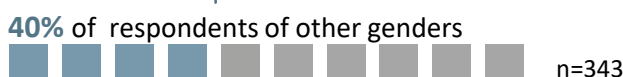
Rates of seeing a provider regarding mood disorder symptoms were lower among respondents who are not trans and non-binary than among trans and nonbinary folks, indicated by having been diagnosed and/or having received treatment

84% of trans and non-binary respondents

n=117

compared to

79% of respondents of other genders

n=109
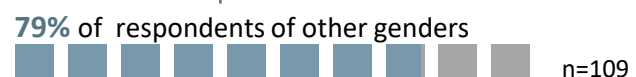
Personality Disorders

1 out of every 10 survey respondents indicated that they had experienced symptoms of a personality disorder.

Rates of experiencing personality disorder symptoms were higher among Trans and non-binary respondents than among participants of other genders
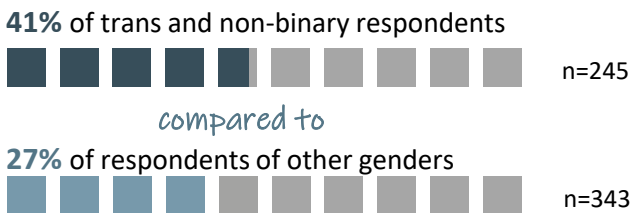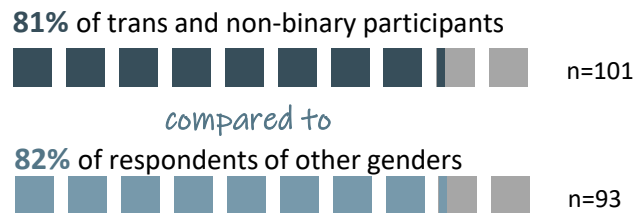
16% of trans and non-binary respondents

n=245

compared to

8% of respondents of other genders

n=343

Rates of seeing a provider regarding personality disorder symptoms were lower among respondents who are not trans and non-binary than among trans and nonbinary folks, indicated by having been diagnosed and/or having received treatment

84% of trans and non-binary participants

n=38

compared to

73% of respondents of other genders

n=26

Eating Disorders

1 in 3 survey respondents indicated that they had experienced symptoms of an eating disorder.

Rates of experiencing eating disorder symptoms were higher among Trans and non-binary respondents than among respondents of other genders

41% of trans and non-binary respondents

n=245

compared to

27% of respondents of other genders

n=343

Trans and non-binary respondents and those who are not trans or non-binary saw providers at similar rates regarding their eating disorder symptoms, indicated by having been diagnosed and/or having received treatment

81% of trans and non-binary participants

n=101

compared to

82% of respondents of other genders

n=93

9% of respondents were worried about having an eating disorder and that their concern had not been diagnosed or recognized (n=588)

The percent of trans and non-binary respondents who were worried they may have an eating disorder was higher, at 12% compared to 7% of respondents of other genders.

> *I'm currently looking to seek help from eating disorder clinics…I mean, food is kind of one of those really hard ones…It's kind of one of those that you kind of have to have lived…The best way I can go with it is to generally just kind of close myself off from the world for a little bit, not looking at my phone or not looking at Facebook or any other kind of social media where you see people who are, I guess, Barbie perfect kind of things.*
> - Interview Participant

Substance Use

OVERVIEW

Historically, many of the spaces catering to the LGBTQ+ community have been bars and clubs. Such venues are often the most visible spaces where individuals look to find community, thus creating an association between connection to others and engagement in substance use. Substances may also be (mis)used by LGBTQ+ individuals to cope with underlying stressors, including internalized stigma, past trauma; isolation and loneliness; a need to stay in the closet; and day-to-day challenges of life. Survey items and interviews explored recent time affected by substance use, substance use concerns and experiences, types of substances used, and frequency of use.

> *I wish there were more options that people can take that queerness and that culture and all of those beautiful things that maybe are associated to the queer bar scene and really expand it to other areas of our community or our town that can be accessible to people that have compounding substance abuse and mental health problems and maybe aren't just at this very, sometimes, problematic space because I know I definitely felt pressure to go there and drink and do all these things just because I wanted queerness in my life.*
>
> - Interview Participant

Days affected by substance use during the past 30 days (n=479)

0 days	1-7 days	8-14 days	15-21 days	22+ days
75%	20%	1%	1%	3%

7% of respondents were worried about their substance use and that their concern had not been diagnosed or recognized (n=588)

34% of respondents had not had their primary provider ask them about their substance use (n=381)

Types of Substances Used by Respondents – Lifetime* and Past 30 Days
(n=548)

30 Day Use

Substance	Lifetime Use	30 Day Use
Alcohol	86%	63%
Marijuana	70%	42%
Tobacco	47%	19%
Hallucinogens or psychoactives	38%	9%
Prescription Stimulants*	24%	8%
Cocaine	23%	4%
Prescription benzodiazepines*	19%	3%
Prescription Opioids*	18%	2%
Methamphetamine	10%	4%
Heroin	5%	1%

■ Lifetime Use   ■ Used in past 30 days
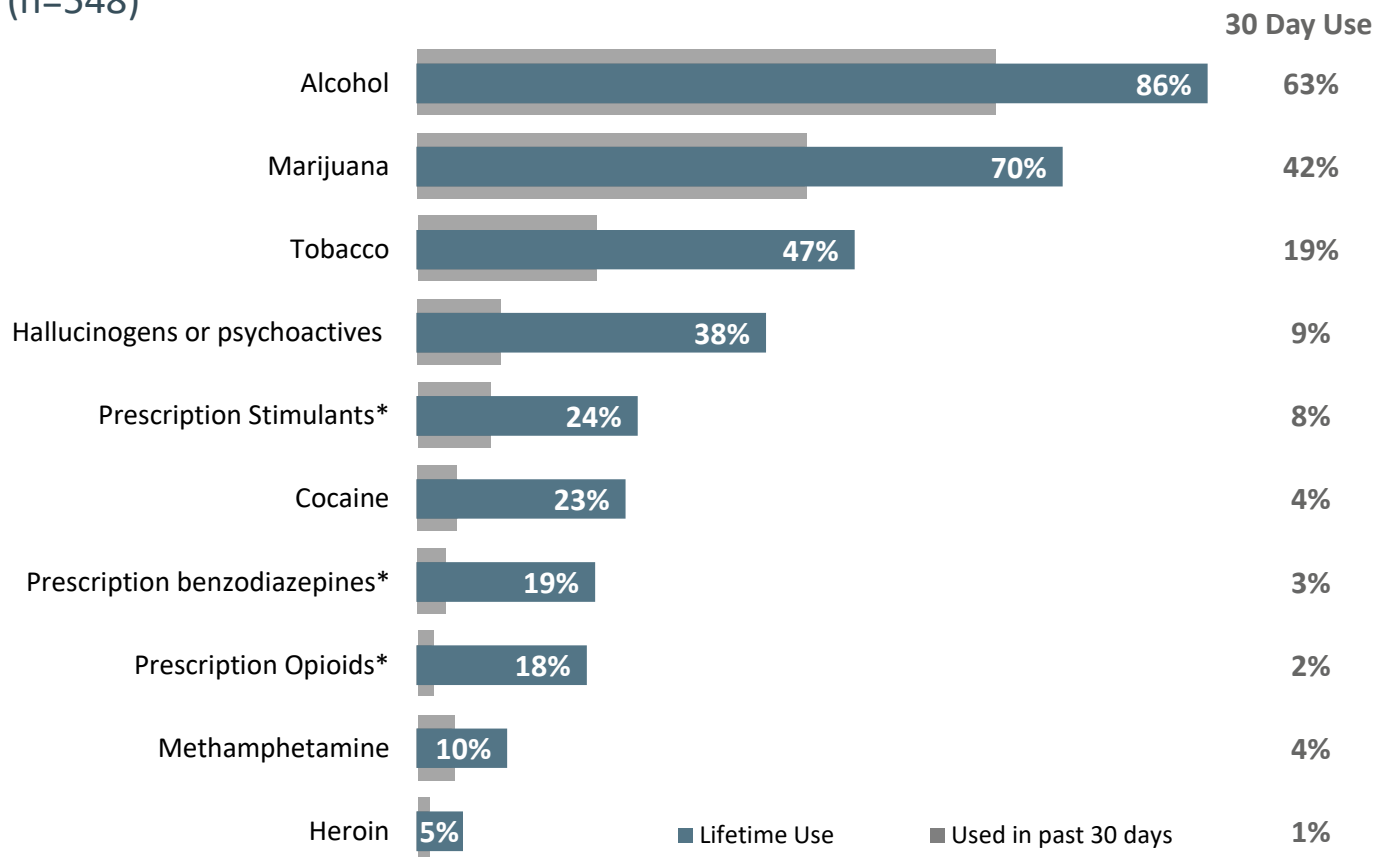
* Respondents were asked if they had used each substance ever, in the past 30 days, or at same point but not in the past 30 days. Lifetime use rates include those who indicated having used either in the past 30 days or at another point in their lives.
** Prescription drugs were indicated as having been used without a prescription or in a way that is not prescribed.

LGBTQ+ communities have a long history of organizing around bars, clubs, and other nightlife venues, so it may be unsurprising that there are high rates of chronic substance use. This means young LGBTQ+ people are more likely to be exposed to substance use when seeking community and that substances may be particularly difficult for LGBTQ+ people in recovery to avoid. This risk is exacerbated when people realize they have developed problem behaviors and begin to seek treatment and recovery support. Many services and programs are run by organizations that may not be seen as supportive or safe for LGBTQ+ people, such as gendered inpatient services that put trans and non-binary people at risk, or organizations that stigmatize intersecting realities like sex work. Importantly, many in the LGBTQ+ community do not know what safe and supportive services are available or how to access these services.

> *…I think that's the other issue is there's not a lot of spaces outside of bars that people know of and associate with our community. If you're a young person coming of age in the community, you don't know where else to go but to those spaces.*
>
> - Interview Participant

Frequency of use for those who had used each substance during the past 30 days

■ Only once or twice　■ About once a week　■ Daily or almost daily

Alcohol
n=343
| 30% | 51% | 19% |

Marijuana
n=230
| 31% | 25% | 44% |

Tobacco
n=106
| 27% | 20% | 53% |

Hallucinogens or psychoactives
n=49
| 76% | 22% | 2% ↵ |

Prescription Stimulants
n=44
| 46% | 43% | 11% |

Cocaine
n=24
| 70% | 22% | 9% |

Prescription benzodiazepines
n=17
| 47% | 35% | 18% |

Prescription Opioids
n=9
| 33% | 33% | 33% |

Methamphetamine
n=21
| 43% | 38% | 19% |

Heroin
n=7
| 29% | 57% | 14% |
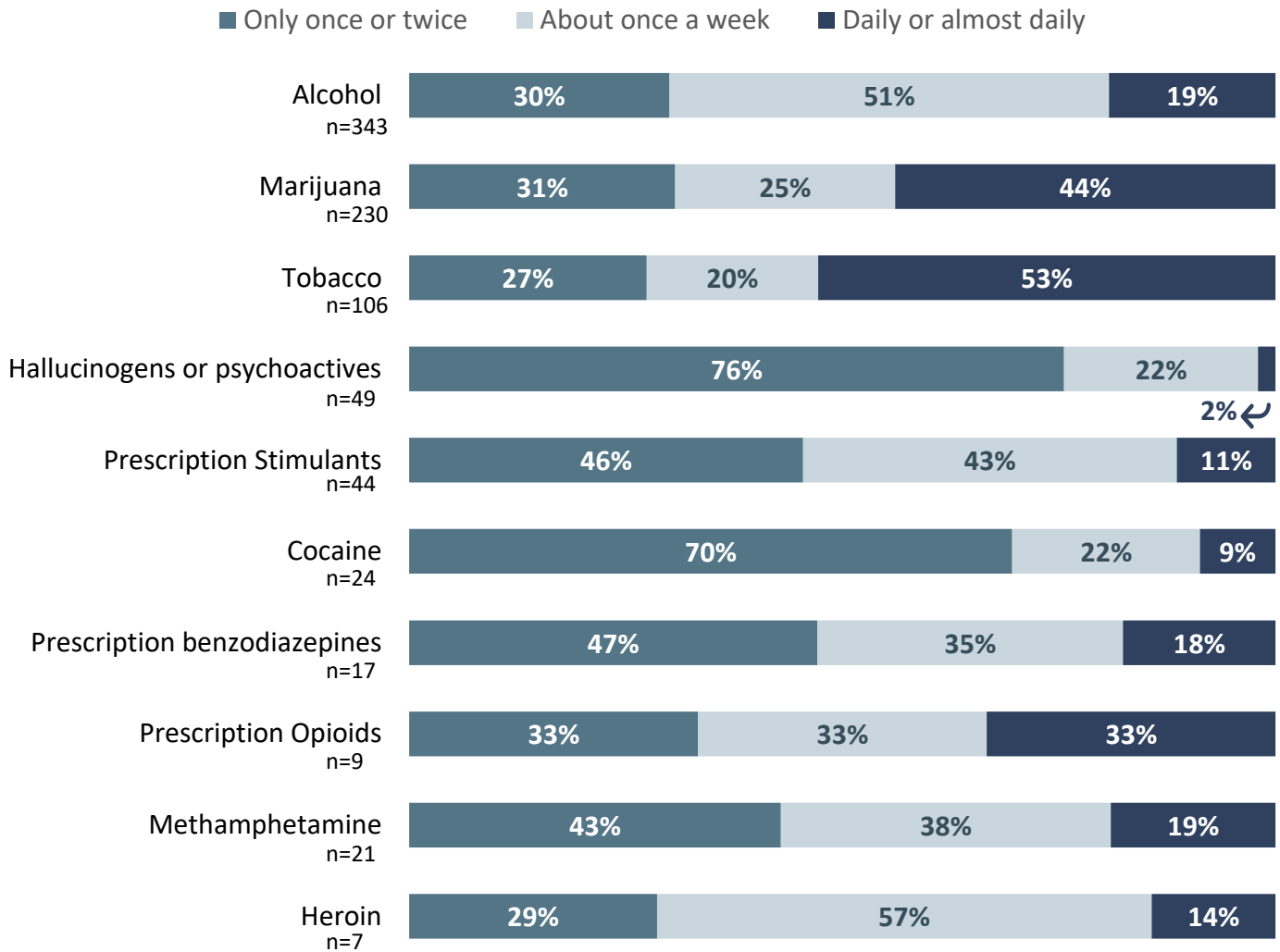
Substance Use Disorders

1 out of 9 respondents indicated that they had experienced symptoms of a substance use disorder.

Rates of experiencing substance use disorder symptoms were higher among Trans and non-binary respondents than among respondents of other genders

14% of trans and non-binary respondents

n=245

compared to

10% of respondents s of other genders

n=343
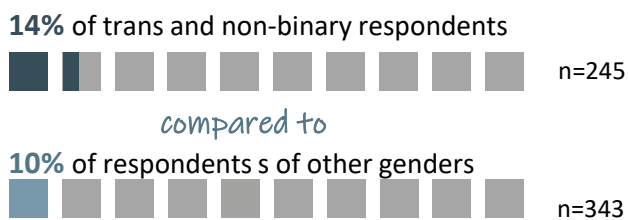
Rates of seeing a provider regarding substance use disorder symptoms were lower among respondents who are not trans and non-binary than among trans and nonbinary folks, indicated by having been diagnosed and/or having received treatment

91% of trans and non-binary respondents saw a provider

n=35

compared to

69% of respondents of other genders

n=35

Impacts on Well-Being

OVERVIEW

Mental health and substance use influence all parts of a person's life. A series of survey items explored general well-being and day-to-day functioning of respondents. Interviews provided additional insights into the types of challenges that LGBTQ+ community members are facing day-to-day .

> " *I think as most traumatized queer kids, I kind of started from the bottom when it came to self-esteem. And I have fought really hard against this kind of internal mantra of 'I can't do it.' And making those first decisions for myself because of what I knew I wanted and needed, really gave me a sense of agency that kind of helps build everything else. And to be honest, I still really, really struggle. If I make a mistake, I get so wildly insecure that I don't even recognize myself because I'm like, what if my entire understanding of the world is wrong? But there is a point where I'm like, no, this is what I believe, and I'm going to stick to it.*
>
> - Interview Participant "

Legend: ■ Prefer not to answer ■ Strongly Disagree ■ Disagree ■ Agree ■ Strongly Agree

I am worthy and I matter

4%	4%	13%	45%	35%

I am hopeful about my future

3%	6%	18%	46%	27%
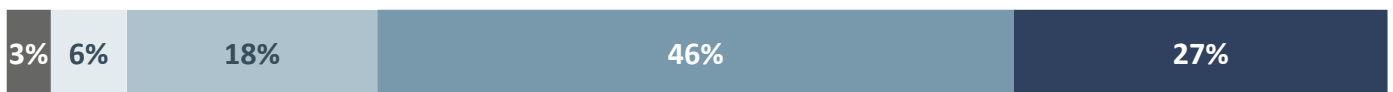
n=588

Despite the many challenges LGBTQ+ people experience, most survey respondents and interview participants indicated that they find the resiliency and confidence needed to thrive in their day-to-day lives. Even so, roughly 1 in 5 respondents expressed worries about their future, experiencing difficulty in their emotional life, and struggling in social situations.

■ Prefer not to answer ■ Strongly Disagree ■ Disagree ■ Agree ■ Strongly Agree

I deal effectively with daily problems

| 16% | 58% | 24% |

I am able to cope with crisis

| 19% | 57% | 20% |

I am able to handle my emotions

| 23% | 55% | 16% |

I do well in social situations

| 7% | 26% | 46% | 19% |

I do well in school and/or work

| 9% | 50% | 34% |
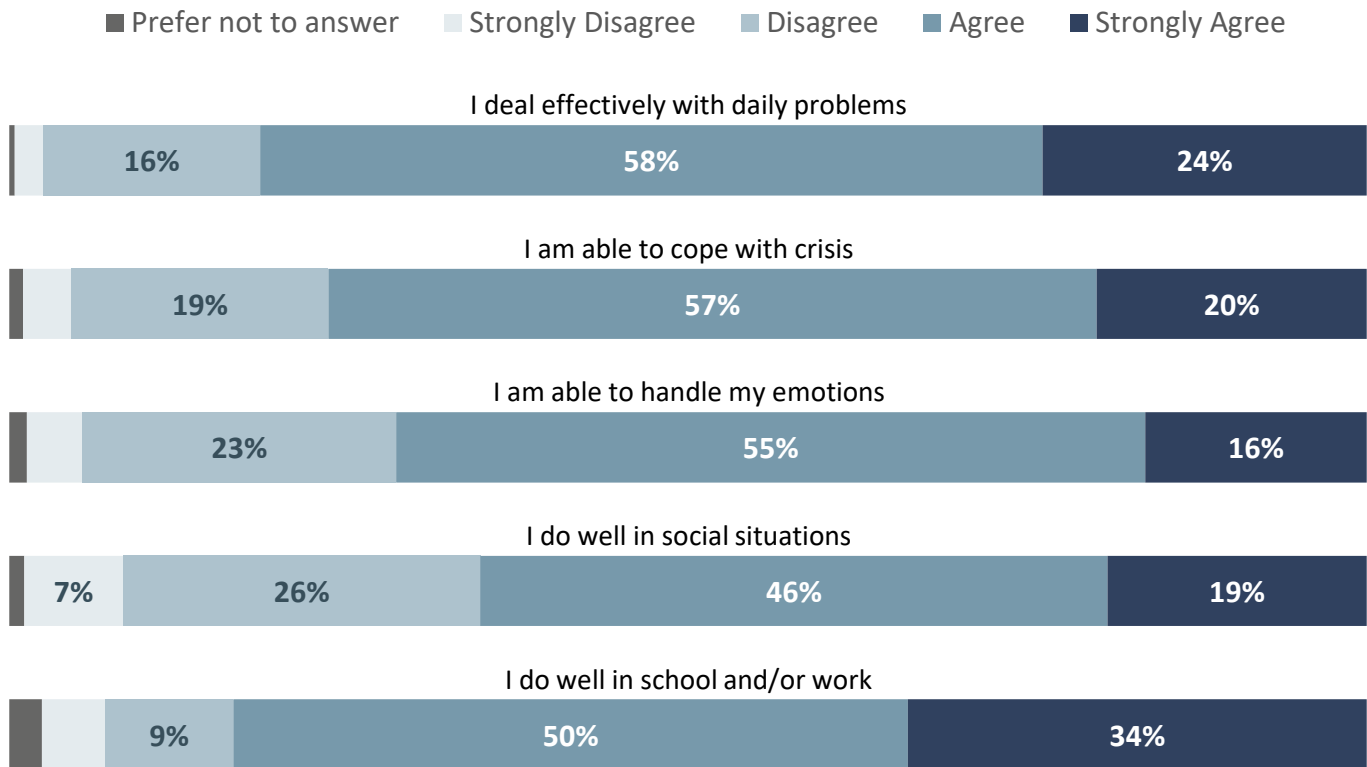
N=588

Suicide & Self-Harm

OVERVIEW

Risks for suicide and self-harm among LGBTQ+ people can be exacerbated by multiple factors that reflect larger social inequities. These include internalization of harmful, negative messages in the media and community, hostility in one's immediate family or social environment, and lack of knowledge, social support, or connection to LGBTQ+ identity and community. Creating more supportive social and media environments, making it safe for LGBTQ+ people to live openly, and educating people on LGBTQ+ identities and community may help prevent suicide and self-harm.

SELF-HARM (N=533)

Serious Thoughts of Self-Harm
Over two-thirds of respondents indicated that they had seriously considered harming themselves on purpose at some point in their life (65%)

Self-Harm Behaviors
Among those who had seriously considered harming themselves on purpose at some point in their life, **3 in 4 respondents** had engaged in self-harming behavior(s) at some point in their life (75%)

1 in 5 trans and non-binary respondents considered harming themselves during the past 30 days (20%) – a much higher rate than among those of other genders (9%)

Interview participants emphasized that self-harm can take on many forms (e.g., pulling at hair or picking nails) and is deeply connected to stress level at any given moment. Folks shared that even without suicidal behavior or attempts, people can struggle with passive suicidal thoughts or feelings stemming from low self worth or apathy, often driven by hate directed at LGBTQ+ people.

> *I think that kids, especially young adults and young individuals that have ideation for self-harm and suicide, they feel very unseen and they feel very unsafe.*
>
> - Interview Participant

SUICIDAL THOUGHTS

1 in 2 respondents had seriously considered suicide at some point in their life (n=588)

1 in 10 trans and non-binary respondents had seriously considered suicide in the past 30 days (n=217)

1 in 15 respondents who are not trans and non-binary had seriously considered suicide in the past 30 days (n=217)

SUICIDAL BEHAVIOR

Of those who had seriously considered suicide at some point in their life….

1 in 2 respondents had attempted suicide at some point in their life

This rate was higher among trans and non-binary respondents than those of other genders (58% vs. 45%)

If you or someone you know is experiencing an emotional or mental health crisis, please contact Colorado Crisis Services by calling 844-493-8255 or texting TALK to 38255.

Access to Care

Access to Care

OVERVIEW

In order to best understand the behavioral health needs and experiences of the LGBTQ+ community, it is critical to understand how individuals are positioned to access the care that they need. Access to insurance, type of insurance coverage, readiness and ability to ask for and seek care, and the accessibility of services are chief factors that impact individuals' ability to get help. LGBTQ+ folks may experience a multitude of barriers in accessing care – insurance coverage of behavioral health care and gender affirming care is still not universal; there is a lack of providers who practice LGBTQ+ affirming care; and stigma prevents many folks from seeking care, particularly mental health care. Navigating the vast landscape of services to identify safe and appropriate care options can require additional emotional and physical labor by those in need. This section of the report explores individuals' care seeking behaviors and barriers and facilitators to accessing care.

Key Takeaways

Many folks aren't receiving the help they need – even when they ask for it

There is a clear unmet need for folks getting help when they are not feeling well, either physically or mentally. Approximately 1 in 5 survey respondents did not receive help when they asked for it. An additional 1 in 5 did not ask for help even though they needed it.
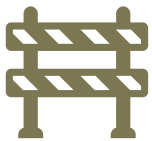
Trans folks are experiencing significantly more challenges when accessing care

Across measures, trans respondents reported more challenges in accessing care. From navigating providers to accessing spaces and services, trans folks were more likely to report experiencing discriminating or non-affirming language, practices, or interactions.

There is a need and desire for improved resources that help individuals identify LGBTQ+ affirming providers

Nearly every single survey respondent said that they would use a resource of LGBTQ+ affirming health care providers if one were available and that currently available resources are hard to trust or out of date.

Health Insurance

OVERVIEW

Access to health insurance and comprehensive coverage are key determinants of access to care and health outcomes. Navigating systems of care systems, along with the associated costs such as co-pays, prescriptions, and premiums, can prevent individuals from accessing the care they need. Services including behavioral health services and gender affirming care are not always covered by insurance companies and even when such services are covered, identifying in-network providers who can provide LGBTQ+ affirming care can be challenging.

Type of insurance held by respondents (n=588)

Category	Percentage
Through employer	36%
Through parent(s)	22%
Medicaid	15%
Through a partner	5%
Medicare	5%
Private/Marketplace	4%
Through school	2%
Veterans Administration	1%
Uninsured	8%
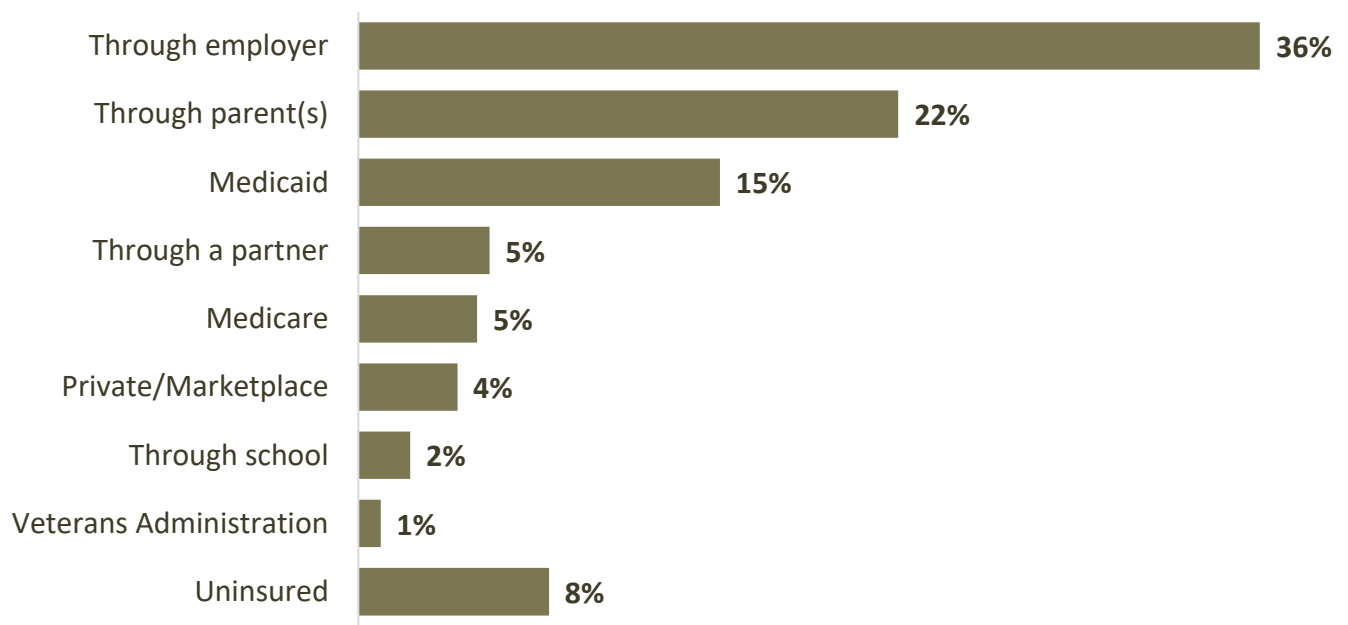
Note: 2% of respondents chose not to answer this question

Most survey respondents reported having health insurance coverage of some kind (90%) – 8% indicated having no insurance, while 2.4% preferred not to respond to this question). Insurance through a workplace was the most common type of insurance held (36%), followed by insurance through parents (22%). Nearly one in five respondents were enrolled in either Medicaid (15%) or Medicare (5%). However, of those insured, one in five did not know whether their insurance covered the cost of behavioral health services.

One in five respondents **did not know whether their insurance covered behavioral health services.** (n=588)

Many interview participants noted that insurance greatly impacts their access to mental healthcare and recovery. Insurance determines the types of providers individuals have access to, further narrowing an already limited field of LGBTQ+ competent and/or affirming providers. Limited access to qualified providers means that LGBTQ+ patients may not feel comfortable disclosing intersecting identities or needs (e.g., queer and/or trans identity, sex worker, polyamorous/non-monogamous), leading to a lack of support and treatment. It can also be challenging to find information on coverage of LGBTQ+ specialized care. For LGBTQ+ youth, care can be complicated further given many are on their parents' insurance. Parents may revoke coverage or interfere in care if they are unsupportive of their child's LGBTQ+ identity or mental health needs. Additionally, young people may have greater difficulty finding a job that provides health insurance. Overall, those on Medicaid described having much easier and more affordable (if not free) access to the care they needed, as opposed to those on private insurance who described stress and difficulty accessing care.

24%
(n=81)
of rural respondents experienced a loss of insurance coverage as a result of circumstances related to COVID-19 compared to 11% of respondents living in an urban setting
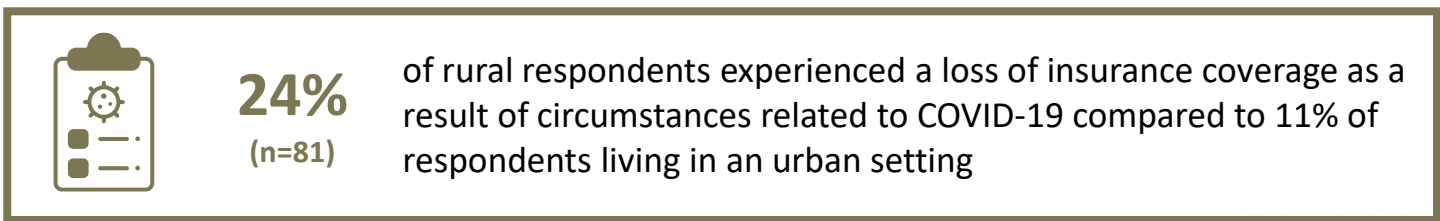
Experiences in Care-Seeking

OVERVIEW

Seeking care when needed can be extremely challenging. In order to identify unmet need, we asked survey respondents whether they needed help and whether they asked for help during the last 12 months at a time when they were not feeling well, either mentally of physically. For those who needed and did not seek or receive the care they needed, the survey included a deeper exploration of potential barriers.

Unmet need

5%

Did not need help

52%

Asked for help and received the help they needed

21%

Asked for help and did not receive the help they needed

22%

Did not ask for help

(N=579)

Survey and interview participants reported not seeking care out of fear for how others would reac, and whether they would be given proper care or face stigma or hostility. "*They don't know what to expect,*" noted one interview participant, "*They fear the unknown and there's that [feeling of] 'Well, why should I even try?'*" Participants noted that the amount of time and energy necessary to figure out insurance or Medicaid coverage, determine the kinds of care covered and associated costs, and to complete necessary paperwork are prohibitive of care seeking, particular for those who need services the most or are in crisis.

OF THE 253 SURVEY RESPONDENTS WHOSE NEEDS WERE NOT MET:

Accessibility

17% could not afford it

11% experienced wait times that were too long

7% could not take time off work

4% did not have transportation

Lack of LGBTQ+ friendly services/providers

18% of trans respondents did not believe services were trans-friendly.

12% did not believe services were LGBQ+ friendly

Navigation
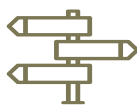
9% did not know how to get services

8% did not know who to ask for help

4% did not know of services available

Readiness

14% did not feel mentally/emotionally ready to get services

5% did not think they needed it

6% of respondents were not able to ask for or receive services because services were not available due to COVID-19 restrictions

> "*I sometimes don't go to seek treatment because I know a specialist is going to put me back about $60 and I'm probably going to have to go back time and time again. So cost is definitely a large barrier.*"
>
> - Interview Participant

Encountering stigma, such as the idea that needing therapy or other mental health care indicates weakness or an inability to manage one's problems, as well as perceptions that mental health care services are only for those with extreme symptoms or the wealthy, were key impacts noted by participants when discussing readiness to seek care. The underlying historical context of psychiatry and other mental healthcare providers previously diagnosing LGBTQ+ folks as mentally ill was noted to lead to distrust among participants, particular olderly adults. "*I had nuns and psychiatrists say, 'you have a disease. You're mentally ill*," noted one interview participant, "*That was a very disturbing thing that drilled in my head, and that's not true. [But] there was no place to get help*."

> "*And I'd go to [my provider]... to get my medical care. And I'd say, "My husband and I," and I'd wait. And I'd look at the face. I'd see the little wince. It took other people a little time to hear it, to accept it. And it took me a little time to say, "My husband," without fear of getting in some kind of altercation.*"
>
> - Interview Participant

Barriers to Care

OVERVIEW

LGBTQ+ people often face unique barriers to care, including cost, increased emotional labor, and logistics. There are many different reasons why – in addition to cost, many LGBTQ+ people face added emotional labor in seeking mental healthcare and recovery support. Many face negative reactions from staff, other patients, or the providers themselves. Additionally, many spaces are highly gendered, which can cause distress and exacerbate barriers to care for trans and nonbinary community members.

INVISIBLE OBSTACLES: EMOTIONAL LABOR & GENDERED SPACES

Over 80% of survey respondents indicated having difficulty accessing one or more services or spaces. 40% indicated having difficulty accessing mental health services, and 28% had difficulty accessing medical and primary care. Interview participants shared that the process of educating and advocating for oneself is often repeated with each new provider and space, increasing the amount of work needed to receive proper support. Trans and nonbinary respondents faced significantly more barriers to care than their cisgender counterparts. In particular, trans and non-binary survey and interview participants shared difficulties in accessing gendered spaces such as public bathrooms, residential/inpatient treatment centers, gyms and recreation areas, resulting in either added labor in identifying spaces that are not (or are less) gendered, or added trauma in having to utilize spaces that are unsafe or uncomfortable.

> " I think a lot of young adults in the queer community see themselves both as part of the community, but [also] as advocates. But if we have the bravery to ask for help, it's really helpful for those people to know enough about us that we don't have to do any of that extra work because it's sometimes really hard to get those types of people into therapy period because they're so tired of explaining it to all of their people. "
>
> - Interview Participant

4 in 5 respondents
had difficulty accessing one or more service or spaces (N=570)

Trans individuals experienced significantly *more barriers to care*

MENTAL HEALTH SERVICES (n=588)

40% had difficulty accessing services or spaces.
Of these respondents:

63% said the service/space was too expensive

37% said the service/space was not open at convenient times

23% experienced discriminating or non-affirming language, practices, or interactions

20% were not able to physically access the service comfortably

MEDICAL OR PRIMARY HEALTH CARE (n=588)

28% had difficulty accessing services or spaces.
Of these respondents:

55% said the service/space was too expensive

37% experienced discriminating or non-affirming language, practices, or interactions

30% said the service/space was not open at convenient times

17% were not able to physically access the service comfortably

SUPPORT GROUPS OR RESOURCES (n=588)

22% had difficulty accessing services or spaces.
Of these respondents:

46% said the service/space was not open at convenient times

27% were not able to physically access the service comfortably

21% said the service/space was too expensive

19% experienced discriminating or non-affirming language, practices, or interactions

Community Spotlight
TRANS COMMUNITY

Trans respondents were significantly more likely to report difficulty accessing every one of the **spaces or services highlighted in this section.** The primary reason indicated was that they experienced discriminating or non-affirming language, practices, or interactions.

PUBLIC BATHROOMS (n=588)

16% had difficulty accessing services or spaces.
Of these respondents:

62% experienced discriminating or non-affirming language, practices, or interactions

28% were not able to physically access the service comfortably

31% said the service/space was not open at convenient times

1% said the service/space was too expensive

SEXUAL & REPRODUCTIVE HEALTH SERVICES (n=588)

16% had difficulty accessing services or spaces.
Of these respondents:

44% experienced discriminating or non-affirming language, practices, or interactions

38% said the service/space was too expensive

32% said the service/space was not open at convenient times

25% were not able to physically access comfortably

DENTAL CARE (n=588)

**14% had difficulty accessing services or spaces.
Of these respondents:**

78% said the service/space was too expensive

23% said the service/space was not open at convenient times

16% were not able to physically access comfortably

15% experienced discriminating or non-affirming language, practices, or interactions

GYMS OR RECREATION CENTERS (n=588)

**12% had difficulty accessing services or spaces.
Of these respondents:**

43% said the service/space was too expensive

37% were not able to physically access comfortably

34% said the service/space was not open at convenient times

29% experienced discriminating or non-affirming language, practices, or interactions

JOB TRAINING, PLACEMENT, OR EMPLOYMENT (n=588)

**11% had difficulty accessing services or spaces.
Of these respondents:**

42% said the service/space was not open at convenient times

39% experienced discriminating or non-affirming language, practices, or interactions

37% were not able to physically access comfortably

10% said the service/space was too expensive

DISABILITY OR SPECIAL ACCESS NEEDS (n=588)

**9% had difficulty accessing services or spaces.
Of these respondents:**

44% said the service/space was too expensive

40% said the service/space was not open at convenient times

33% experienced discriminating or non-affirming language, practices, or interactions

26% were not able to physically access comfortably

TRANSPORTATION (n=588)

**9% had difficulty accessing services or spaces.
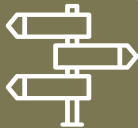Of these respondents:**

46% said the service/space was too expensive

46% said the service/space was not open at convenient times

36% were not able to physically access comfortably

10% experienced discriminating or non-affirming language, practices, or interactions

Provider Navigation

EXPERIENCES NAVIGATING PROVIDERS

Interview and survey participants expressed that many utilize existing provider directories like "Psychology Today" to find providers, but **do not feel that they can trust labels like "LGBTQ+ friendly" since a provider may just select that to draw in more clients**. Participants stated that a more useful indicator would be a self-disclosed "community connection," explaining the providers' relationship to the LGBTQ+ community. "…*Knowing what their tie to the community is, or what kind of claim they have to being able to provide queer friendly services, like 'are you queer?' Or 'did you minor in this in college?' 'Did you write a thesis on it or did you take one training that was like a two-day thing?'*" noted one interview participant.

99% of respondents said they would use list of providers who were trained in, knowledgeable, and sensitive to LGBTQ+ issues, to choose their provider.

(N=570)

Many LGBTQ+ people in need of mental healthcare feel much more comfortable seeking care from a provider who is LGBTQ+ themselves, especially if they share an identity, such as being trans; this helps them trust that they will not have to explain or educate and will be understood much more easily. A large list of providers can be overwhelming to search through, and it can be helpful to have specialists self-disclose on their own identities and mental health experiences.
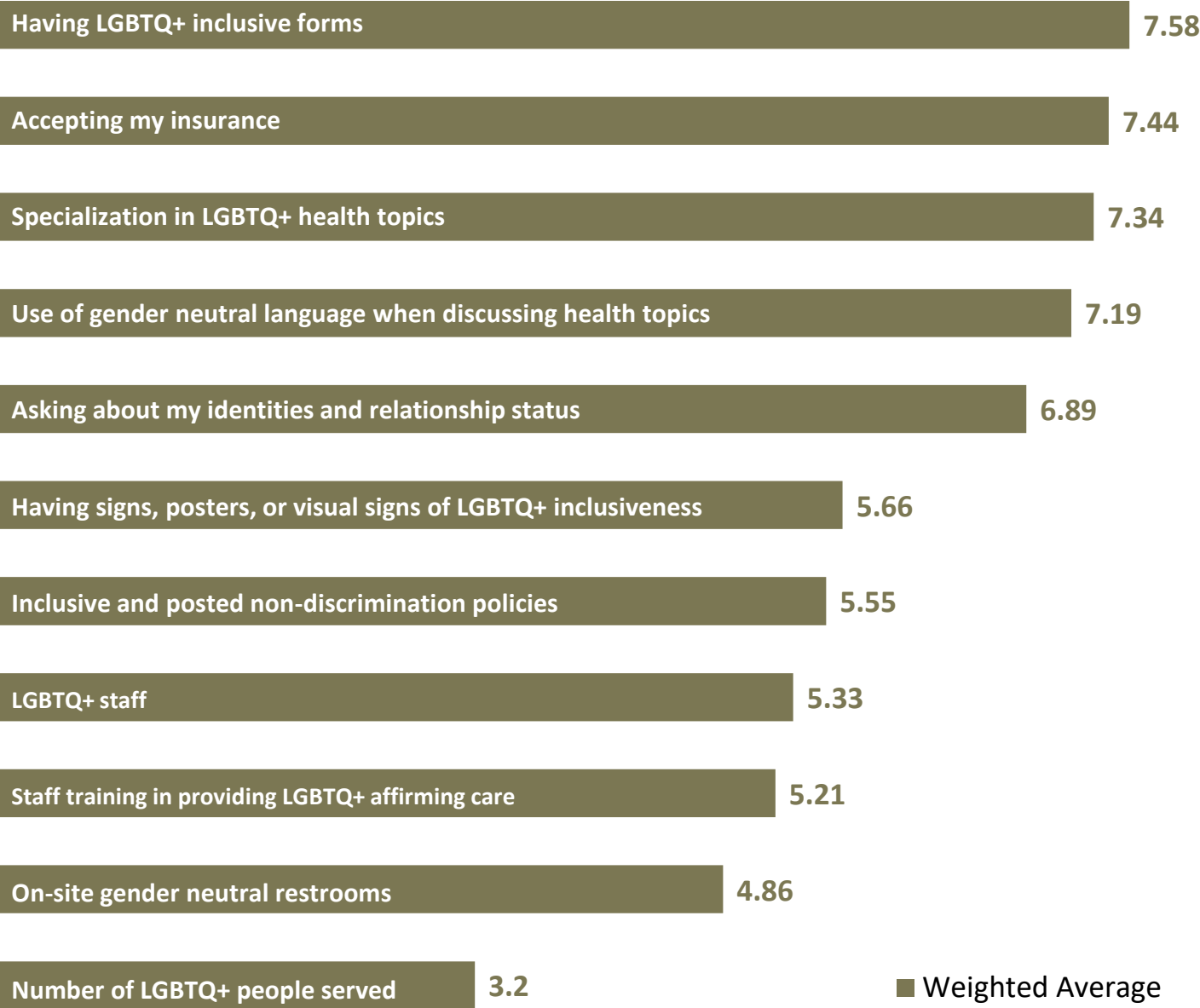
WHAT WOULD BE USEFUL IN A PROVIDER RESOURCE LIST?

Current resources often have limited listings of providers, such as just those in Denver or just those with a specific organization. This can be discouraging when seeking care, while an expansive, diverse list would help empower LGBTQ+ people in need of mental healthcare

The desire for a trusted list of LGBTQ+ friendly providers is clear. In particular, differentiating between different types of allyship, skills, and specializations would be helpful, such as sharing of personal identity, community connections, expertise or training in LGBTQ+ specializations, number of LGBTQ+ patients treated, and/or volunteer experiences with the community outside of work. LGBTQ+ people are also often grouped together. An ideal resource list offers the ability to search for a provider who has expertise in counseling specific identities, such as trans men, bisexual people, polyamorous people, or people who are HIV positive. Self-disclosure on the part of providers would also be helpful, such as sharing their own experiences with mental health or substance use recovery.

Factors most important to respondents in choosing a health care provider, ranked from most important to least

Factor	Weighted Average
Having LGBTQ+ inclusive forms	7.58
Accepting my insurance	7.44
Specialization in LGBTQ+ health topics	7.34
Use of gender neutral language when discussing health topics	7.19
Asking about my identities and relationship status	6.89
Having signs, posters, or visual signs of LGBTQ+ inclusiveness	5.66
Inclusive and posted non-discrimination policies	5.55
LGBTQ+ staff	5.33
Staff training in providing LGBTQ+ affirming care	5.21
On-site gender neutral restrooms	4.86
Number of LGBTQ+ people served	3.2

■ Weighted Average

N=588

> "…[I] was kind of being offered options and I said I wanted a queer-friendly therapist and they were like, "Well, we've had people who have been through the LGBTQ+ sensitivity training," and … I appreciate the optimism, but that's not exactly a guaranteed good fit when I need to talk about how mental health intersects with my identity and sense of self.

- Interview Participant

Experiences in Treatment & Recovery

Experiences in Treatment & Recovery

OVERVIEW

Beyond addressing systemic barriers to care access for LGBTQ+ Coloradans, it is vital that behavioral health, treatment, and recovery services are of high quality. Providers must recognize their responsibility to meet the nuanced needs of their clients, including respecting and being knowledgeable of their gender and other intersecting identities. This section of the report provides an overview of survey and interview participant experiences in treatment and recovery, including important aspects of diagnoses, types of treatment received, and how participants experienced aspects of providers that are important for receiving high-quality care.

Key Takeaways

Simple steps can be taken to improve LGBTQ+ experiences in care

Survey respondents engaged who engaged with behavioral health providers identified key steps providers can take to improve services, indicating providers' shortcomings in having LGBTQ+ inclusive signage and failing to ask for and use the name and pronoun identified by the client, rather than legal names.

Folks hold differing levels of trust with types of providers

Survey and interview participants most often reported receiving therapy and counseling as types of treatment for disorders. They were more likely to disagree with mental health and substance use diagnoses received from counselors and/or psychotherapists, than from medical doctors or psychiatrists or physician assistants.

Authenticity, acceptance, training, and affordability were all key areas in which providers could do better

The top qualities and interactions sought from providers included authentic attention in care; acceptance of LGBTQ+ patients and diverse relationships (e.g. poly, kink, and non-monogamous relationships); training for providers and staff; and affordability of services.

# Experiences in Treatment and Recovery

OVERVIEW

Having a behavioral health provider who is not only able to offer the services you need from a therapeutic standpoint, but able to do so in a way that affirms LGBTQ+ identities and experiences and is culturally relevant is critical in ensuring positive outcomes in treatment and recovery settings for LGBTQ+ people. When providers fair to provide services in such a manner, it can lead to not only failure of treatment goals, but increased trauma.
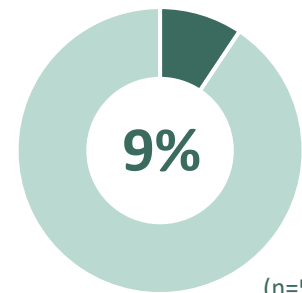
Have you seen a **primary care** provider in the last year?
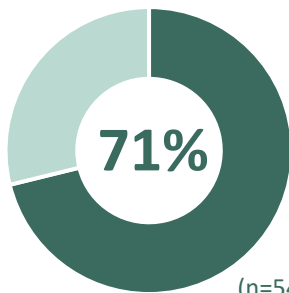
71%

(n=541)

Have you seen an **outpatient** substance use treatment or mental health care provider in the last year?

44%

(n=537)

Have you seen an **inpatient** substance use treatment or mental health care provider in the last year?

9%

(n=538)
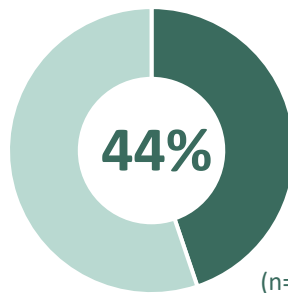
20% of respondents indicated a behavioral health care provider had **invalidated** their identity(ies) (n=588)

Trans and Gender-Nonconforming people were more likely to report this than those of other genders.

11% of respondents indicated a behavioral health care provider had **tried to change** their identity(ies) (n=588)

> " *I wish that [providers] were more accessible and they actual[ly] had openings available when needed. When you are in a mental health crisis, you need adequate and quick services. If I hadn't already been on a mental health journey on my own for years prior to now, I would be in a tough spot for mental health recovery.*
>
> - Survey Respondent

Competency, accuracy, and trust in providers and care is critical to LGBTQ+ individuals, who are historically overrepresented in mental health and substance use disorder diagnoses.

Inclusive, trusting, and affirming care interactions and spaces can go a long way to improving care for individuals, and the health of LGBTQ+ communities.
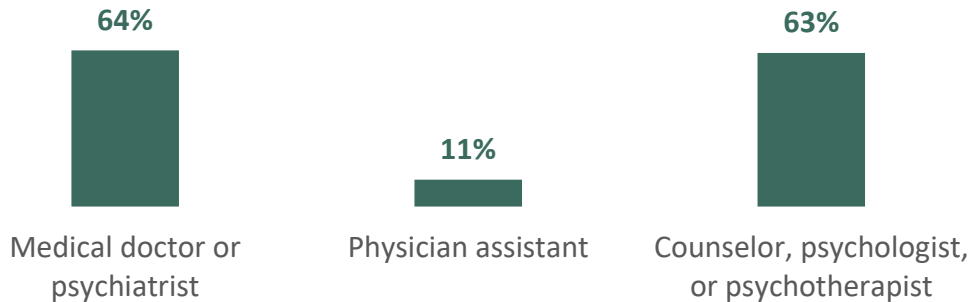
> " *I wish that many more could understand that trans identity is an important part of one's identity but is not all of it. I am past transition...and am not seeking gender therapy. But being trans does impact my life. Differential diagnosis is so important. I had [an undiagnosed disorder] for years because of not being referred to correct providers or not being able to find and afford good providers, especially when trying to find trans-competent providers.*
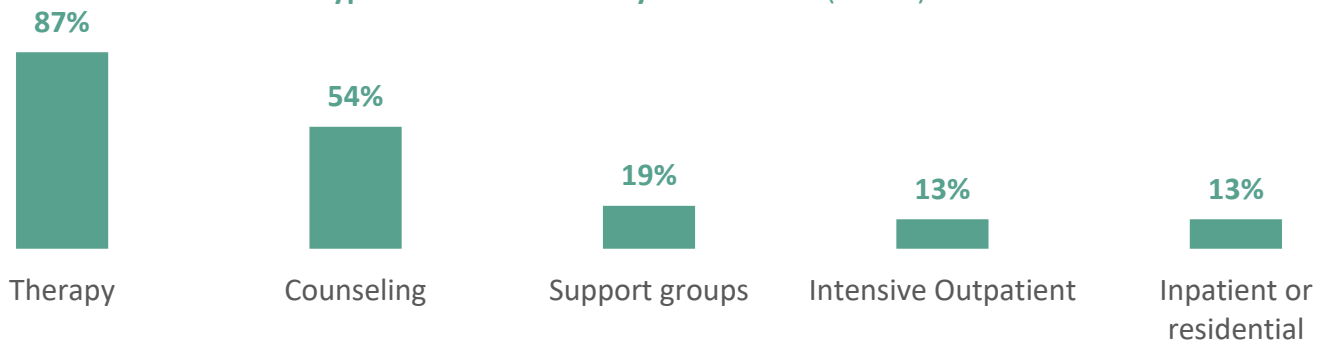>
> - Survey Respondent "

Anxiety Disorders

Whom did you receive your diagnosis from? (n=257)

64%	11%	63%
Medical doctor or psychiatrist	Physician assistant	Counselor, psychologist, or psychotherapist

Most respondents indicated that they agreed or strongly agreed with their anxiety disorder diagnoses.

What type of treatment have you received? (n=245)

87%	54%	19%	13%	13%
Therapy	Counseling	Support groups	Intensive Outpatient	Inpatient or residential

> " *I think more care could be taken in finding therapists that are a good fit for the patient based on training and experience. It feels like it's more first come fist serve style, you get placed with whoever currently has space for new patients.*
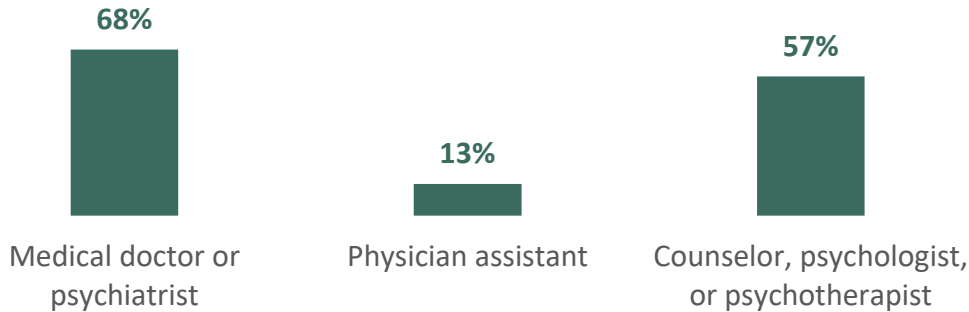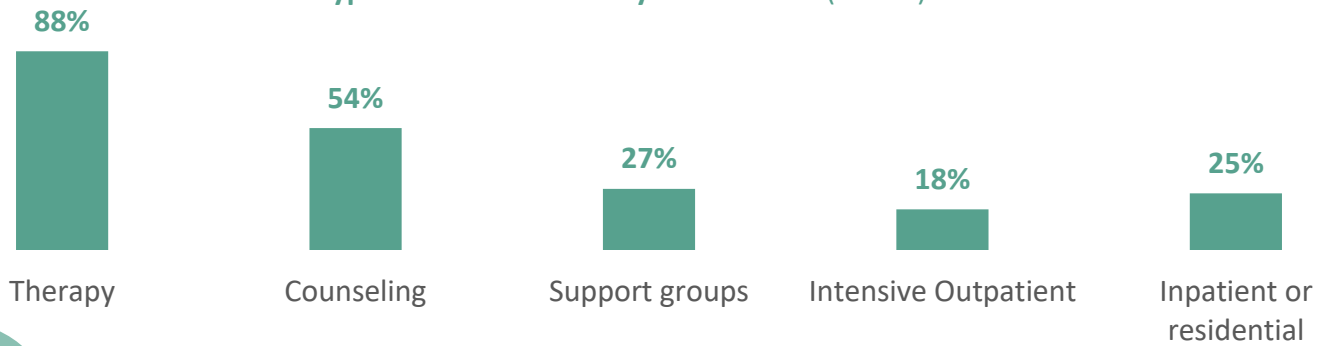>
> - Survey Respondent "

Mood Disorders

Whom did you receive your diagnosis from? (n=163)

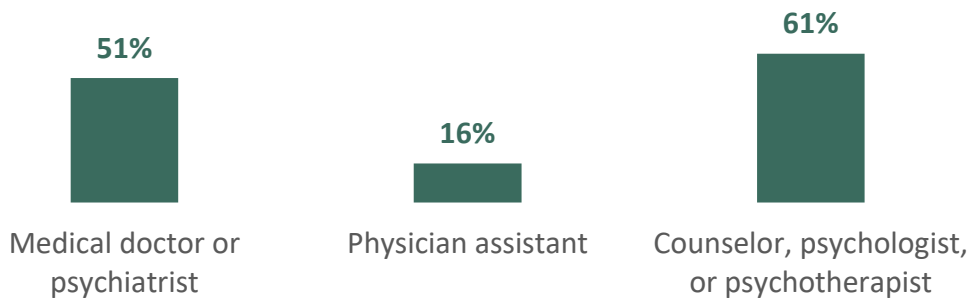|		
68%	13%	57%
Medical doctor or psychiatrist	Physician assistant	Counselor, psychologist, or psychotherapist

Most respondents indicated that they agreed or strongly agreed with their mood disorder diagnoses.

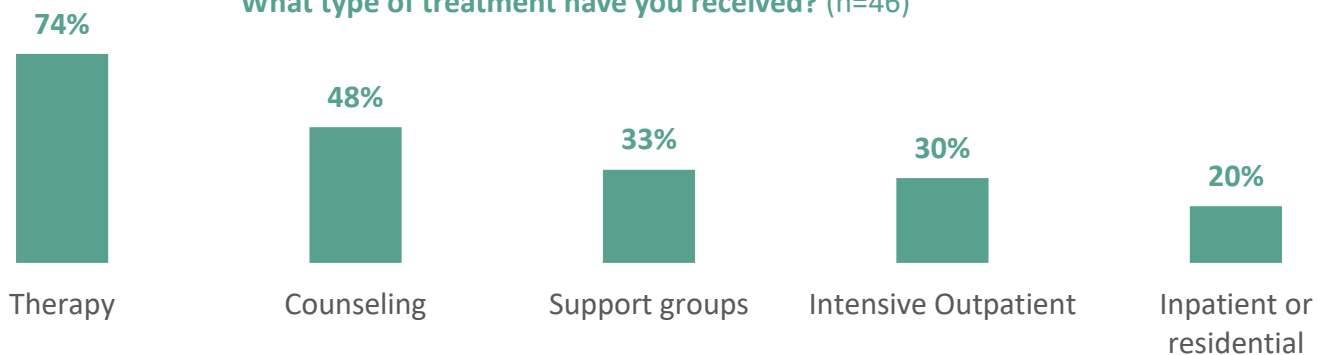**What type of treatment have you received?** (n=169)

88%	54%	27%	18%	25%
Therapy	Counseling	Support groups	Intensive Outpatient	Inpatient or residential

Eating Disorders

Whom did you receive your diagnosis from? (n=49)

51%	16%	61%
Medical doctor or psychiatrist	Physician assistant	Counselor, psychologist, or psychotherapist

Most respondents indicated that they agreed or strongly agreed with their eating disorder diagnoses.

What type of treatment have you received? (n=46)
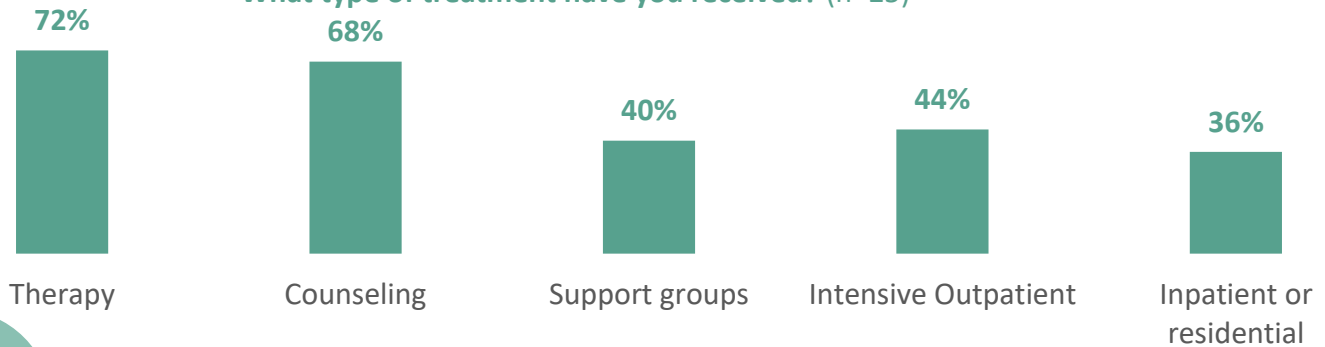
74%	48%	33%	30%	20%
Therapy	Counseling	Support groups	Intensive Outpatient	Inpatient or residential

Personality Disorders

Whom did you receive your diagnosis from? (n=36)

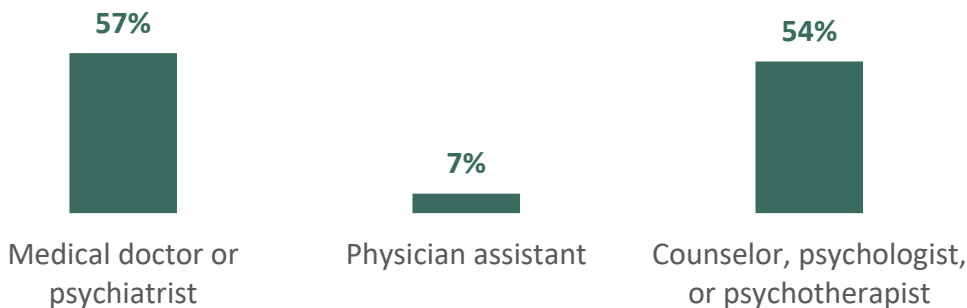|		
58%		**47%**
	11%	
Medical doctor or psychiatrist	Physician assistant	Counselor, psychologist, or psychotherapist
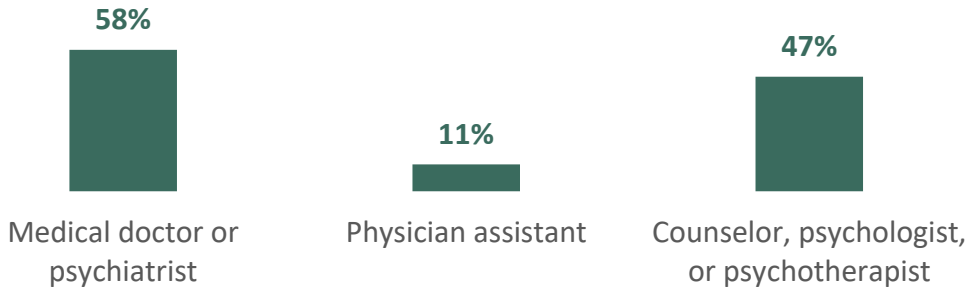
Most respondents indicated they agreed or strongly agreed with their personality disorder diagnoses.

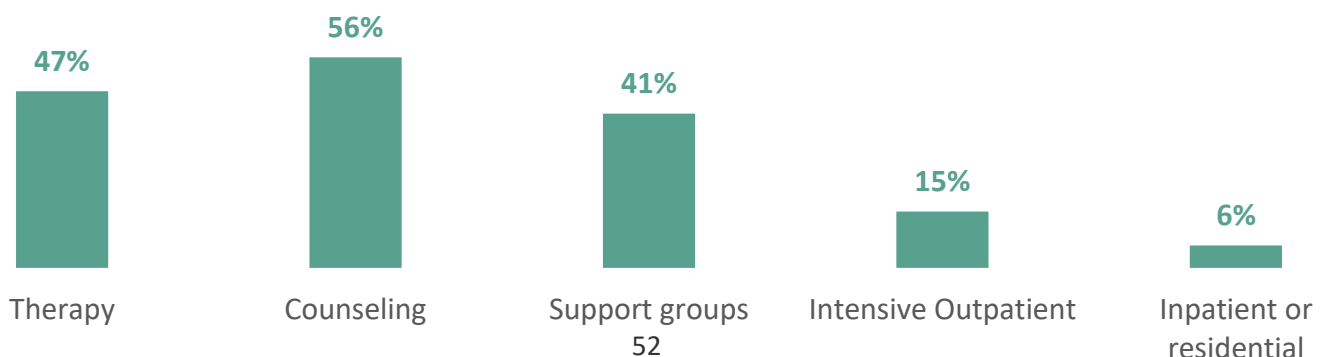## What type of treatment have you received? (n=25)

72%	**68%**		**44%**	
		40%		**36%**
Therapy	Counseling	Support groups	Intensive Outpatient	Inpatient or residential

Substance Use Disorders

Whom did you receive your diagnosis from? (n=28)

57%		**54%**
	7%	
Medical doctor or psychiatrist	Physician assistant	Counselor, psychologist, or psychotherapist

Most respondents indicated they agreed or strongly agreed with their eating disorder diagnoses.

What type of treatment have you received? (n=34)

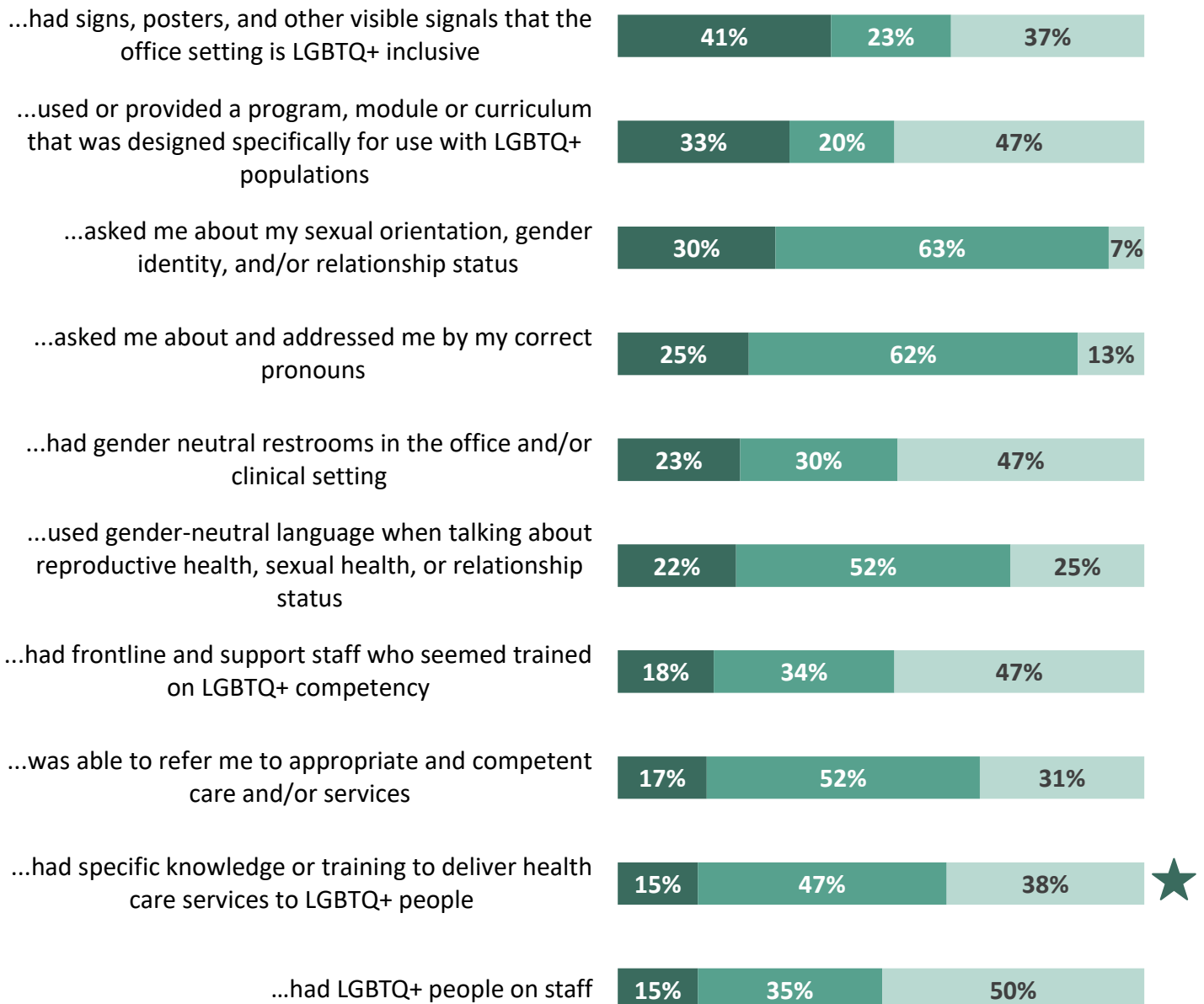|				
	56%			
47%		**41%**		
			15%	**6%**
Therapy	Counseling	Support groups	Intensive Outpatient	Inpatient or residential

52

Inpatient and Outpatient Provider Experiences

On the following pages **are aspects of behavioral health providers that survey respondents most indicated, through their *disagreement*, that providers had failed to achieve** when it comes to LGBTQ+ experiences in treatment and recovery. **237** had seen an outpatient provider, and **50** respondents had seen an inpatient provider.

My **outpatient** provider...

...had signs, posters, and other visible signals that the office setting is LGBTQ+ inclusive

| 41% | 23% | 37% |

...used or provided a program, module or curriculum that was designed specifically for use with LGBTQ+ populations

| 33% | 20% | 47% |

...asked me about my sexual orientation, gender identity, and/or relationship status

| 30% | 63% | 7% |

...asked me about and addressed me by my correct pronouns

| 25% | 62% | 13% |

...had gender neutral restrooms in the office and/or clinical setting

| 23% | 30% | 47% |

...used gender-neutral language when talking about reproductive health, sexual health, or relationship status

| 22% | 52% | 25% |

...had frontline and support staff who seemed trained on LGBTQ+ competency

| 18% | 34% | 47% |

...was able to refer me to appropriate and competent care and/or services

| 17% | 52% | 31% |

...had specific knowledge or training to deliver health care services to LGBTQ+ people ★

| 15% | 47% | 38% |

...had LGBTQ+ people on staff

| 15% | 35% | 50% |

(n=238)

■ Disagree or Strongly Disagree　■ Agree or Strongly Agree　■ I am not sure / This does not apply to me

★ *Respondents who are trans or non-binary were more likely than respondents of other genders to disagree that their provider demonstrated this quality*
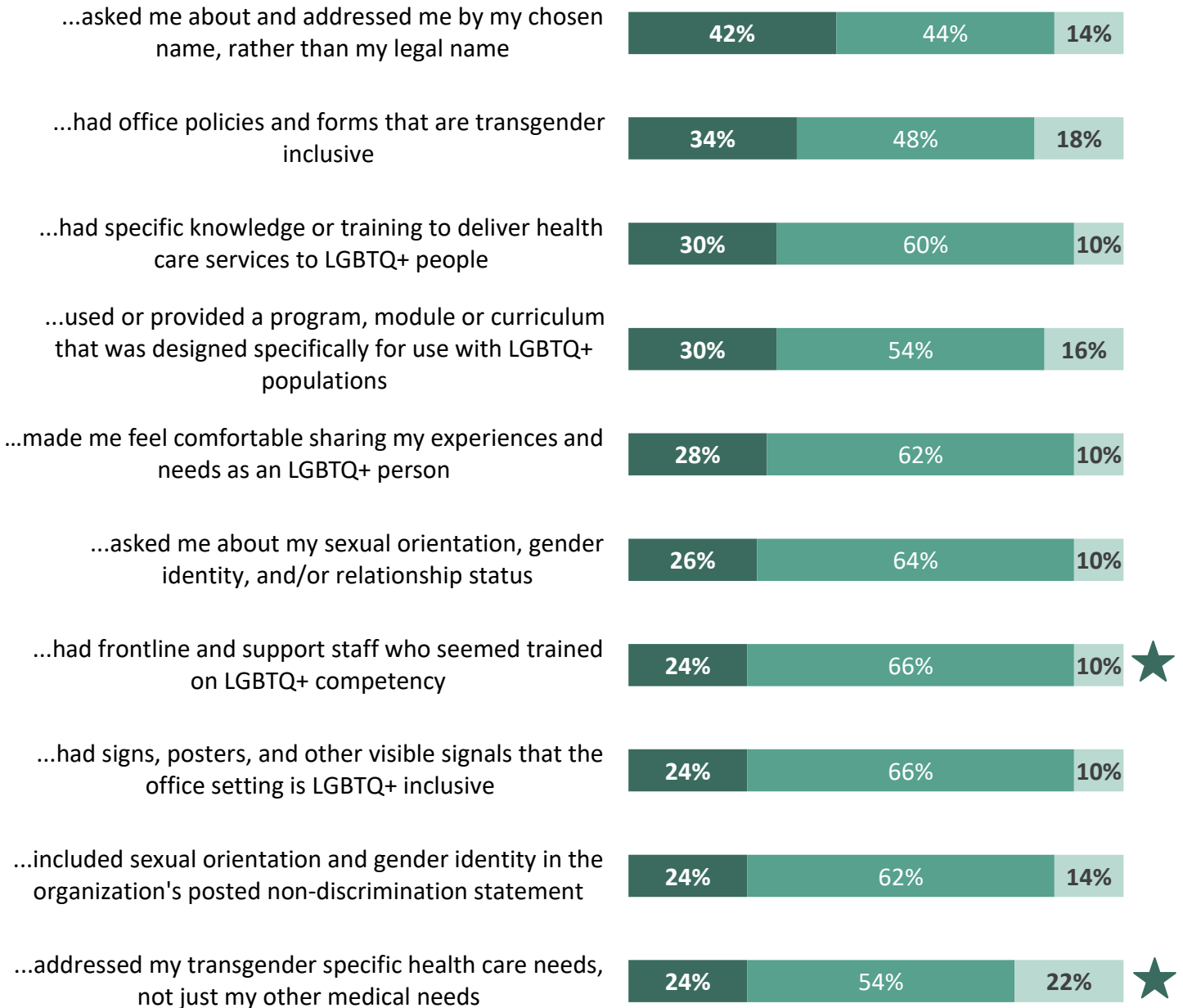
My **inpatient** provider...

	Disagree or Strongly Disagree	Agree or Strongly Agree	I am not sure / This does not apply to me
...asked me about and addressed me by my chosen name, rather than my legal name	42%	44%	14%
...had office policies and forms that are transgender inclusive	34%	48%	18%
...had specific knowledge or training to deliver health care services to LGBTQ+ people	30%	60%	10%
...used or provided a program, module or curriculum that was designed specifically for use with LGBTQ+ populations	30%	54%	16%
...made me feel comfortable sharing my experiences and needs as an LGBTQ+ person	28%	62%	10%
...asked me about my sexual orientation, gender identity, and/or relationship status	26%	64%	10%
...had frontline and support staff who seemed trained on LGBTQ+ competency ★	24%	66%	10%
...had signs, posters, and other visible signals that the office setting is LGBTQ+ inclusive	24%	66%	10%
...included sexual orientation and gender identity in the organization's posted non-discrimination statement	24%	62%	14%
...addressed my transgender specific health care needs, not just my other medical needs ★	24%	54%	22%

(n=50)

■ Disagree or Strongly Disagree ■ Agree or Strongly Agree ■ I am not sure / This does not apply to me

★ *Respondents who are trans or non-binary were more likely than those of other genders to disagree that their provider demonstrated this quality.*

What Can Providers Do Better?

Survey respondents were asked "What do you wish behavioral health care providers could do better?" to which over half (about 57%) provided substantive responses. Eight themes extracted from the responses are provided below, in descending order of prominence; direct quotes highlight respondent voices.

ATTENTION. Respondents overwhelmingly called for authentic caring and attention, not merely prescribing medication or performing perfunctory diagnoses/treatment. Asking questions, listening, affirming experiences, avoiding biases and assumptions, and generally not avoiding LGBTQ+ community issues are all ways that providers can develop authentic relationships.

ACCEPTANCE. Respondents expressed that providers should accept community members of all identities and acknowledge related stigmas including polyamory, sex work, incarceration, and substance use histories. Without concrete plans to provide responsive services to LGBTQ+ people, needs may go unmet and mental health challenges can be exacerbated. This includes considerations of how to include LGBTQ+ people in traditionally gendered care settings and services. Public displays of inclusivity are also important ways to signal safe and welcoming spaces.

TRAINING. Participants expressed that providers should be transparent when they lack knowledge of LGBTQ+ community issues. Training on LGBTQ+ positive practices should be given to all staff, particularly direct service/frontline staff. Survey respondents also emphasized access to cutting edge, diverse, and evidence-based practices in their care.

AFFORDABILITY. Survey respondents desired more affordability in services, and acceptance of health insurance by providers (including for more types of disorders). Respondents also suggested that providers be better compensated.

> " *[Providers should] focus on LGBTQ+ issues and [be] more open about political and moral values. These things largely shape who I am so I need a provider who has the same values to feel comfortable and understood.*
> - Survey Respondent "

> " *[Providers need] greater knowledge of LGBTQ+ cultures and communities. We are not a monolith.*
> - Survey Respondent "

> " *I came out to my provider recently as Bi, I wish she would check in with me more on my sexuality. It would make me feel more comfortable talking about it in sessions.*
> - Survey Respondent "

ACCESSIBILITY. General accessibility and convenience for services, such as drop-in availability, scheduling, and online/phone services were noted as important areas for improvement. Respondents often mentioned being put on extensive waitlists with a few citing the COVID-19 pandemic as another contributor to accessibility issues.

RESOURCES. Providing "LGBTQ+ friendly" therapy without additional support is not fully meeting community needs. Connection and referral to additional services, including non-medical, wraparound, support groups, and additional resources are needed.

PRONOUNS. Many survey respondents noted wanting providers to address them by their name and pronouns. Providers should not make assumptions about identities, include intake forms with inclusive language and response options, and be comfortable discussing LGBTQ+ identities.

TRAUMA INFORMED. Providers should be trained to deliver trauma/oppression-informed services, which also includes acknowledging that LGBTQ+ identities are not the result of trauma. Respondents want providers to have normalized reactions to topics such as gender-oppression and ensure care integrates a systemic context.

> " *I wish it was easier to find LGBTQ+ providers. It seems easier to relate to someone who is also gay. I think they could do a better job by asking more questions that are LGBTQ+ specific.*
> - Survey Respondent "

> " *I am lucky to have an inclusive provider. Others could be more proactive in gaining competencies for my [population] and use better forms.*
> - Survey Respondent "

> " *Asking for pronouns upfront is really cool. I use she/her & I'm cis, but I have plenty of trans people in my life that I care about & talk about in therapy, so being asked for my own pronouns up front makes me feel more at ease sharing things about my life & the trans people in my family without feeling like I have to be defensive or educate my provider.*
> - Survey Respondent "

Guidance for Providers in Supporting Trans and Non-Binary Clients

OVERVIEW

Many care providers want to support clients or patients who are trans and non-binary, but don't feel confident doing so or are working in settings that foster distrust or even cause harm to transgender and non-binary people. Below is a list of items that interview participants identified as additional key steps providers can take to ensure better care.

Learn the language

Get familiar with terms that are often preferred or commonly used among transgender and non-binary people, such as transgender instead of transsexual or "Assigned Female/Male at Birth" (AFAB / AMAB) instead of "birth sex." But be aware that not all people are the same and some may identify with or prefer different terms, even some that may not be comfortable to others. Competency using each patient's preferred terminology builds trust and supports them in receiving care.

Practice makes perfect

Trans and non-binary people may use a variety of pronouns, including those that are already familiar to most, such as she/her, he/him, or the singular they/them. They may also use neopronouns like ze/hir/hirs or xe/xem/xyrs. If there are pronouns that you are less familiar using, it can be helpful to practice – try telling a story out loud, to yourself or someone else, using different pronouns to help you use them smoothly in conversation.

Be ready to respond

It is not unusual for people to have different names, pronouns, or identities over the course of their transition or in different settings. Additionally, they may experience changes in how they should be addressed. Being responsive to these changes and respecting clients' agency in deciding what is the best way to refer to and address them can be a concrete way to support and empower people throughout their journey.

Respect people's agency

Each person will have different levels of comfort disclosing their gender identity in different settings and to different people. Some will be out in all areas of their life and make it a point to share their identity. Others may not feel comfortable disclosing or talking about their identity in settings such as their workplace, support groups, or even in care settings with other staff. Outing someone, even unintentionally, can undermine trust and potentially endanger clients.

Plan to care

Many providers fail to plan for how they will support trans and non-binary clients, which may lead to situations that undermine care or cause further harm. For example, an inpatient care provider may need to anticipate and ensure responsiveness in gendered settings for persons who are transitioning. Trans people are sometimes further traumatized in gendered care settings because a lack of planning led them to be exposed to violence or placed in isolation.

Trans people are the experts on their own lives

Providers should follow the lead of their trans and non-binary clients on how to best support them. This includes trusting them to make informed decisions and deferring to their preferred ways to discuss personal matters, such as how they describe themselves as a child or talk about their own body. When providers are not sure what to do, they should ask their clients for guidance.

Individual and Community Strengths and Supports

Individual and Community Strengths and Supports

OVERVIEW

Isolation is a key risk factor impacting behavioral health outcomes. Having a robust support system, knowing that there are people who care about you and whom you can rely on, and feeling like you have a community that you belong to can help promote positive health outcomes. By developing a better understanding what support systems are holding our community members up – or failing to do so – we can better identify gaps in community building and outreach efforts to make sure no one in our community feels alone.

Key Takeaways

Most folks felt supported by someone in their lives

Friends were considered to be an important source of support by the majority of survey respondents and were also considered to be the most supportive source in people's lives. When asked whether there are people in their life who care about them, nearly nine in ten respondents agreed or strongly agreed that they have someone in their life who cares about them.

There is a need for community building

Approximately a third of respondents did not feel that they have a community to which they belong. A sense of community and belonging are key protective factors that can support positive health outcomes, particularly among those belonging to marginalized communities.

COVID-19 has had a significant impact on people's support systems

COVID-related restrictions have had a major impact on individuals' abilities to connect with one another, further isolating those who were already alone and breaking down systems of support. Over a third of respondents indicated having experienced a loss of their support system(s) as a result of COVID-19.

Sources of Support

OVERVIEW

Finding sources of support can be more challenging for LGBTQ+ people who might face intolerance or violence from their families or peer groups. Having positive relations with those who affirm an individual's identities is a significant source of resiliency and is a protective factor promoting positive health outcomes. Conversely, feelings of isolation and loneliness can negatively impact mental health and lead to increased risk of individuals engaging in self harm or suicidal behavior.

FEELINGS OF BELONGING

Finding sources of support can be more challenging for LGBTQ+ people who might face intolerance or violence from their families or peer groups. Survey and interview participants overwhelmingly indicated that positive relations with those who affirm their identities is a significant source of resiliency.

Reflecting on the last 30 days...

89%
of respondents agreed or strongly agreed that they feel like people care about them
N=588

67%
of respondents agreed or strongly agreed that they feel like they belong to a community
N=588

When asked what helps them feel good about themselves and where they turn when they're having a hard time with their mental health, many interview participants identified their friends, partners, and families. Others took pride in their ability to give back and help others through working with the community in direct service, offering advice, and sharing personal experiences with others who can learn from them.

> *What helps me get through it is, first of all, I have my friends that I mentioned. They are my support. They are my family. And the people at the hospital, and now my group therapist. They are invested in my success. They know I've been through hell. They know. So I have confidence in them, and I have support that's going to be there, if I fail, or if I fall. That confidence that's going outside of me is very important.*
>
> - Interview Participant

Social Supports

Survey respondents were asked to rate the types of social supports important to them on a 3-point scal supportive at all to very supportive, with an option to indicate that the support was not important to them in lieu of responding to the scale. Friends, family, and therapists were considered important by the largest number of respondents, with both friends and therapists largely described as very supportive, while 1 in 7 respondents reported feeling unsupported by family. Approximately 1 in 5 did not feel supported in spiritual or religious spaces and 1 in 10 did not feel supported by therapists.

WHO DO SURVEY RESPONDENTS FEEL SUPPORTED BY AND WHAT SOURCES OF SUPPORT ARE IMPORTANT TO THEM?

	Not important	Not supportive	Somewhat supportive	Very supportive
Friends (n=531)	2%	3%	37%	58%
Family (n=530)	5%	14%	48%	33%
Therapist (n=521)	15%	11%	28%	46%
Online spaces (n=529)	31%	9%	37%	24%
School counselor, teacher, or other staff (n=518)	48%	14%	24%	14%
Spiritual or religious spaces (n=526)	49%	21%	16%	14%
Support group (n=515)	50%	11%	20%	19%
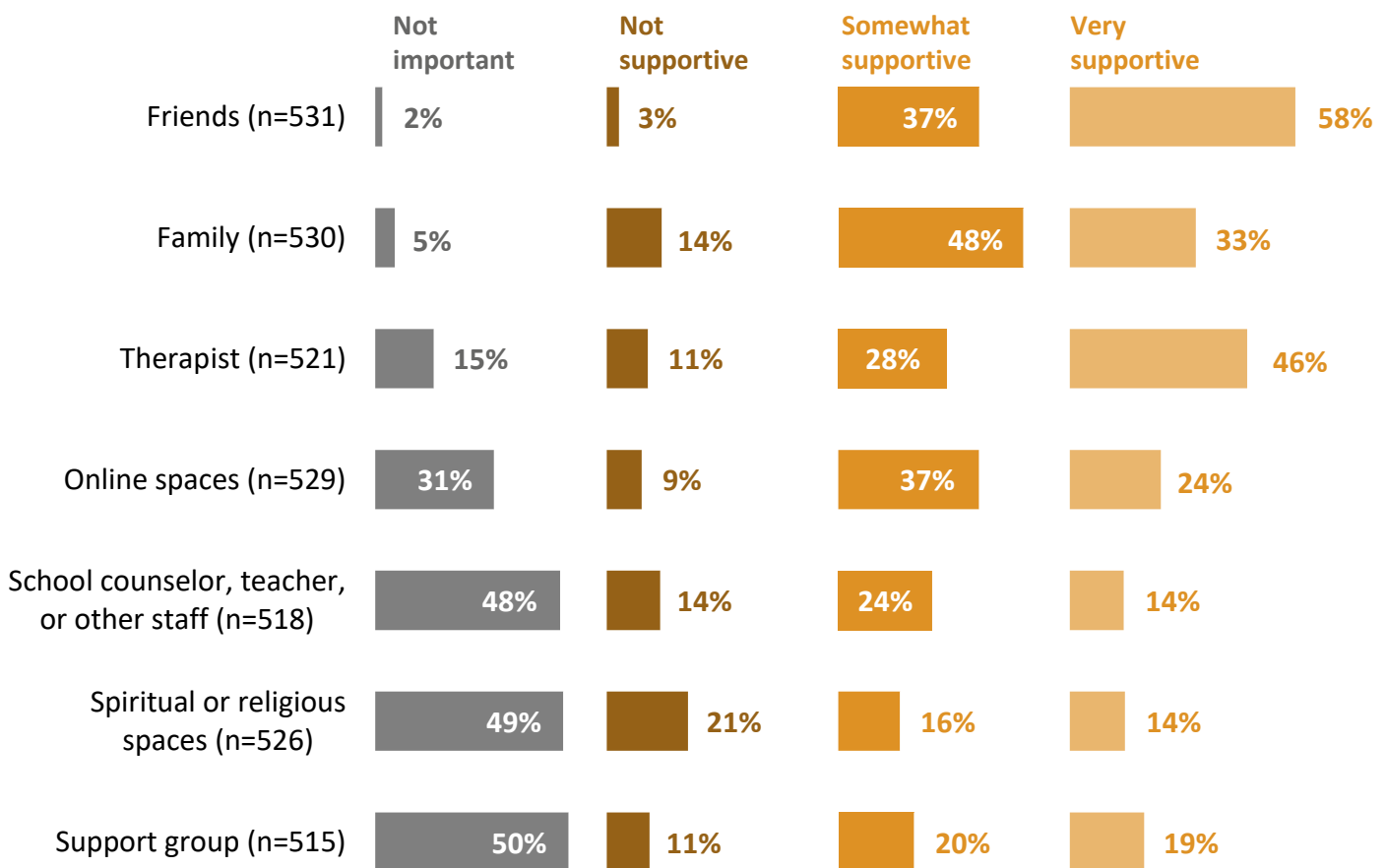
> " I often say that sometimes my stays [in inpatient behavioral healthcare settings]...were actually also traumatic experiences when I was experiencing a lot of trauma and so, if anything, I would call them "holding cells," just to keep me alive and not necessarily healing places. My healing happened outside of hospitals and in community where I was held by other trans people and other queer people.
> - Interview Participant "

Support groups and community networks provide important ways for LGBTQ+ people to build their support system. Survey and interview participants were involved in trans and non-binary specific support groups, recovery-centered support groups, recreational queer sports leagues, and casual meet-up groups. Notably, COVID-19 has had a significant impact on individuals' ability to access spaces such as these – **over one third of respondents reported experiencing a loss of their support systems as a result of circumstances related to COVID-19**. One participant noted that "*loneliness and isolation are biggest issues facing the LGBTQ+ community right now*." Another noted that they attempted suicide, "*because I thought I was the only one on the planet.*" Participants further noted that loneliness and isolation, especially as exacerbated by the COVID-19 pandemic, saw people turning more often towards self-harming behaviors like substance abuse. Trans and nonbinary participants shared that they care deeply about their communities and that care can be a source of motivation and strength to support their own mental health and recovery needs. Interview participants shared that using affirming language, feeling supported in their gender identities and sexual orientations, and having access to networks of social support make them feel seen. For trans and nonbinary participants, gender affirming activities such as such as wearing clothes that matches their gender identity and expression can be an important activity for self-care and self-respect. Having the space to engage in gender-affirming activities, especially for queer and trans youth, can help boost self-esteem and feelings of safety.

33% of respondents disagreed or strongly disagreed that they feel supported at their school or workplace. (n=521)

28% of respondents disagreed or strongly disagreed that they have the support they need right now to manage their mental health. (n=531)

13% of respondents disagreed or strongly disagreed that have come out to or shared their identity/identities with the people in their life that are important to them. (n=529)

9% of respondents disagreed or strongly disagreed that they have people in their life that they know they can rely on. (n=531)

36% of respondents experienced a loss of their support system(s) as a result of circumstances related to COVID-19 (n=531)

45% of trans and non-binary respondents experienced a loss of their support system(s) as a result of COVID-19, **compared to 30% of respondents of other genders.**

Community Spotlights

OVERVIEW

The LGBTQ+ community is large and complex. Many LGBTQ+ community members live at the intersection of multiple identities. This section of the report aims to promote a better understanding of the complex and additional needs of more marginalized members of the community. Within this section of the report, significant areas of need for each community spotlight are highlighted, complemented by the voices of community members who participated in the interviews.

Community Spotlights

Communities of Color

Bisexual and Pansexual Community Members

Young Adults (age 24 and under)
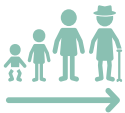
Older Adults (age 55 and above)

Formerly Incarcerated Community Members

OVERVIEW

Queer and trans black, indigenous, people of color (QTBIPOC) experience life at a unique intersection of identity, navigating cultural norms and beliefs alongside their gender and sexuality. Sometimes, these identities exist in conflict with one another, and present further challenges to establishing support systems and feelings of belonging. This section highlights the experiences of the 177 participants who identified as at least one of the following: Black, Hispanic or Latinx, Asian or Asian American, American Indian or Alaskan Native, Native Hawaiian or Pacific Islander, or Middle Eastern or North African.

SOCIOECONOMIC FACTORS IMPACTING HEALTH OUTCOMES

QTBIPOC respondents were more likely to indicate that socioeconomic factors impact their ability to access and navigate care, and their risk of experiencing behavioral health concerns. BIPOC were more likely than their white peers to report that they worried about making ends meet "all of the time" and to have experienced job or income loss as a result of the COVID-19 pandemic.

ADVERSE CHILDHOOD EXPERIENCES

Patterns of Adverse Childhood Experiences (ACEs) reported by BIPOC respondents differed from those of their white peers. Rates of having experienced unwanted sexual contact, having had a parent of adult in their home hit, beat, kick or physically hurt them in some way, having parents or other adults in their home hit, punch, beat, or threaten to harm each other, and not having had enough to eat, having to have worn dirty clothes, or having had no one to protect or take care of them were higher among BIPOC respondents. Conversely, BIPOC respondents were less likely to report having lived with someone who was depressed, mentally ill, or who attempted suicide than their white peers. All other types of ACEs were not experienced at significantly different rates across the two groups.

I lived with someone who was depressed, mentally ill, or attempted suicide

- BIPOC: 38%
- White: 48%

I experienced unwanted sexual contact

- BIPOC: 38%
- White: 25%

A parent or adult in my home hit, beat, kicked, or physically hurt me in some way

- BIPOC: 28%
- White: 17%

My parents or other adults in my home hit, punched, beat, or threatened to harm each other

- BIPOC: 24%
- White: 16%
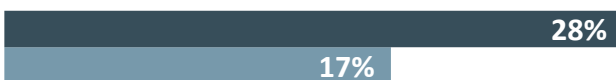
I did not have enough to eat, had to wear dirty clothes, or had no one to protect or take care of me

- BIPOC: 18%
- White: 10%

■ BIPOC
■ White

ACCESS TO CARE

BIPOC respondents experienced greater challenges in accessing the services they need. Rate of insurance coverage for behavioral health services was lower, with 13% of BIPOC respondents reporting that their insurance does not cover behavioral health care services, compared to 7% among white respondents. Navigation of services was also reported as a challenge. When asking folks why they did not receive or access care when they needed it, 13% of BIPOC respondents reported that they didn't know how to go about getting services, compared to 7% of white respondents.

DIFFICULT TO ACCESS SERVICES OR SPACES

BIPOC respondents had a harder time accessing certain spaces compared to their white peers:

13% of BIPOC reported having trouble accessing transportation compared to 7% of white respondents.

13% of BIPOC reported having trouble accessing clothing or household items compared to 5% of white respondents.

IMPACTS ON MENTAL HEALTH

The average number of days over the past 30 days that were impacted by mental health was higher among BIPOC respondents compared to white respondents. **BIPOC respondents indicated an average of 12 days impacted by mental health compared to an average of 8 days among white respondents.**

Over 1 in 4 BIPOC respondents disagreed or strongly disagreed that they are able to cope with a crisis, a rate somewhat higher than that of their white peers (20%).

BIPOC respondents were more likely to have seriously considered self harm during the last 30 days (16% compared to 12% of white respondents) and to have seriously considered suicide during the past 30 days (10% compared to 8% of white respondents).

IMPACTS ON SUBSTANCE USE

BIPOC respondents had a higher rate of methamphetamine use, with 8% of respondents reporting having used the substance during the last 30 days compared to 2% of white respondents. Among those who had used alcohol, hallucinogens, methamphetamine, or prescription opioids during the past 30 days, BIPOC respondents were less frequent users than white respondents, however, with a lower percent of BIPOC respondents reporting that they had used the substance(s) daily or almost daily. Though using less frequently than their peers, BIPOC respondents indicated a higher average of number of days impacted by substance use during the last 30 days, with an average of four days affected compared to one day among white respondents. Similarly, the proportion of BIPOC respondents(34%) reporting having experienced substance use disorder symptoms, having received a diagnosis of or treatment for a substance use disorder, or being in recovery from a substance use disorder was higher than that of their white (26%).

EXPERIENCES IN TREATMENT & RECOVERY SETTINGS

17% of BIPOC respondents had seen an inpatient substance use or mental health care provider during the past year. BIPOC respondents were engaged in inpatient care at a much higher rate than their white peers, of whom only 1% saw an inpatient provider.

BIPOC respondents were less likely to indicate that a provider they had seen …

…was comfortable with patients who identify as transgender

….was able to refer them to appropriate and competent care and/or services

…included sexual orientation and gender identity in the organization's posted non-discrimination statement

…asked about and addressed them by the correct pronouns

…had signs, posters, and other visible signals that the office setting is LGTBQ+ inclusive

….had gender neutral restrooms in the office and/or clinical setting

…used or provided a program, module, or curriculum that was designed specifically for use with LGBTQ+ populations

> **1 in 5 BIPOC respondents reported having a behavioral health provider try to change their identity(ies),** a significantly higher rate than white respondents (6%).

SOURCES OF SUPPORT

14% of BIPOC respondents disagreed or strongly disagreed that they have someone in their life that they know they can rely on, compared to 7% of white respondents. Navigating culture can be a particular challenge for queer and trans people of color, with survey and interview participants describing difficulty in dealing with cultural norms and expectations surrounding gender roles and experiences, as well as experiences of rejection stemming from un-affirming religious and spiritual beliefs that are considered important within their cultures. Spaces that cater to queer and trans community members are often predominantly white, leaving some BIPOC community members feeling that they do not fit in anywhere – being unwelcome as an LGBTQ+ person in communities of color and being unwelcome as a person of color in LGBTQ+ spaces.

> "
> *I grew up in a white neighborhood, my parents always taught me to assimilate. So through my twenties and thirties, I always assimilated with the majority of the culture, Caucasian. And then through my twenties, thirties, forties, and even my early fifties, within the Latino culture, I'm not accepted. So for example, some aunts and uncles may be comfortable with it, but they say, "Don't share it with other aunts and uncles." Or "That's something that we don't talk about, but I love you." But then they go back to referring to the Bible, and that's how they live their life, is by the Bible.*
>
> - Interview Participant
> "

Bisexual and Pansexual Community Members

OVERVIEW

Bisexual and pansexual community members experience specific mental and behavioral health needs. Invisibility of bi and pan experiences – both within the LGBTQ+ community and in society in general, and in particular when folks are in relationships that may appear heteronormative – can significantly impact feelings of support and belonging and lead to increased trauma and internalization of stigma. This section of the report highlights the experiences and needs of the 222 participants who identified as bisexual or pansexual.

MENTAL HEALTH NEEDS FOR BISEXUAL AND PANSEXUAL COMMUNITY MEMBERS

Bisexual and pansexual community members experience specific mental and behavioral health needs. This section of the report highlights the experiences and needs expressed by the 222 participants who identified as bisexual or pansexual. Bi and pan respondents had higher rates of anxiety, mood disorders, and eating disorders than their counterparts with other sexual orientations. Additionally, bisexual and pansexual respondents struggled with accessing mental health care (48%) at higher rates than other respondents (35%). Furthermore, bisexual and pansexual respondents reported higher rates of certain traumatic events, emphasizing the importance of trauma-informed mental health care.

37% of bi and pan survey respondents were worried about a mental health disorder that had not been diagnosed or recognized, compared to 23% of respondents of other sexual orientations.

1 in 10 had seriously considered committing suicide in the past 30 days, compared to 1 in 14 respondents of other sexual orientations

15% had seriously considered harming themselves in the past 30 days, compared to 12% of respondents of other sexual orientations

1 in 3 had been diagnosed with a mood disorder compared to 1 in 4 of respondents of other sexual orientations

Eating Disorders

2 in 5 had experienced symptoms of an eating disorder compared to 29% of respondents with other sexual orientations

13% were worried they have an eating disorder, compared to 7% of respondents with other sexual orientations

32% of bisexual and pansexual respondents had experienced symptoms of an eating disorder, but had not received treatment compared to 22% of respondents with other sexual orientations

SERVICE NAVIGATION AND ACCESS

48% of bisexual and pansexual respondents reporting having difficulty accessing mental health services, compared to 35% of respondents of other sexual orientations.

36% of bisexual and pansexual respondents reported not having the support they need to manage their mental health, compared to 23% of respondents with other sexual orientations

Affordability: 29% of bisexual and pansexual survey respondents had difficulty accessing support groups or resources because they were too expensive, compared to 14% of other sexual orientations. Relatedly, 9% felt that they couldn't take time off work to receive treatment, compared to 5% of respondents of other sexual orientations.

Navigation: 12% didn't know who to ask for help, compared to 6% of respondents with other sexual orientations

LGBTQ+ Competency: Bisexual and pansexual respondents faced higher rates of non-affirming and discriminating practices with providers than respondents of other sexualities. Bi and pan respondents indicated that their provider often does not include sexual orientation and gender identity in the organization's posted non-discrimination statement; does not have an inclusive space, and does not use gender neutral language when talking about reproductive health, sexual health, or relationship status. Bi and pan respondents also reported that they more often face provider staff who do not seem trained on LGBTQ+ competency and do not feel comfortable sharing their experiences as a LGBTQ+ people.

Bisexual and pansexual respondents also had difficulty accessing other services and supports….

19% had difficulty accessing dental care, compared to 11% of respondents of other sexualities

9% had difficulty accessing school or education resources, compared to 5% of respondents with of sexualities

16% had difficulty accessing job training, placement or employment, compared to 9% of respondents of other sexualities

SOCIAL SUPPORTS

Bisexual and pansexual respondents reported significantly lower feelings community belonging and support in their lives, a key protective factor impacting behavioral health outcomes. Participants noted struggling to feel seen as who they are, as well as experiences of folks dismissing of the legitimacy of their identities, both within and outside of the LGBTQ+ community.

38% of bisexual and pansexual respondents felt that they belong to a community compared to 29% of respondents of other sexual orientations.

22% of bisexual respondents felt supported by their family, compared to 39% of respondents of other sexual orientations

16% of bisexual and pansexual respondents did not feel able to come out to the people most important to them, compared to 12% of respondents with other sexual orientations

TRAUMA AND RISK FACTORS

Bisexual and pansexual respondents reported higher rates of unwanted sexual contact, living in an abusive household, experiencing emotional abuse from parents and/or parental figures, and living with someone who was depressed, mentally ill, or attempted suicide. For bisexual and pansexual community members, trauma-informed mental health support is critical.

Legend: ■ Bi and Pan ■ Other sexual orientations

Category	Bi and Pan	Other sexual orientations
Lived with someone who was depressed, mentally ill, or attempted suicide	55%	38%
Experienced emotional abuse from a parent or parental figure	50%	41%
Lived with parents or other adults who hit or threatened to hurt each other	23%	16%
Experienced unwanted sexual contact	37%	24%

70
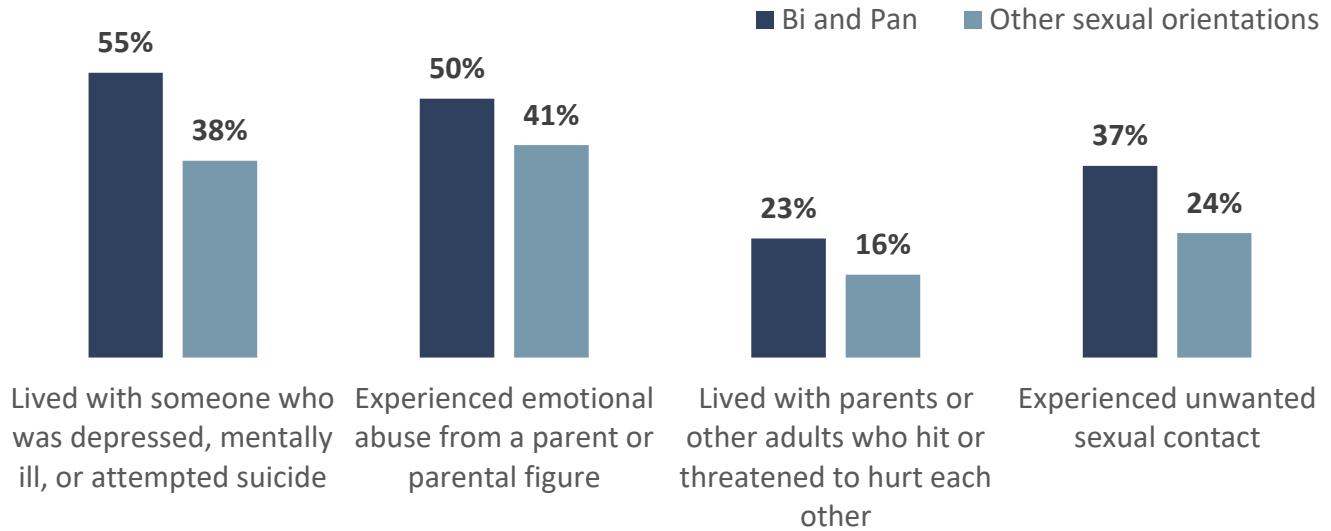
Young Adults (Under 25)

OVERVIEW

LGBTQ+ young adults have specific behavioral health and wellness needs. Many LGBTQ+ youth have dealt with social isolation amplified by the COVID-19 pandemic. And spaces available to LGBTQ+ youth to socialize and meet one another are often centered around alcohol. Young adults are often in the process of figuring out their identities and need behavioral healthcare spaces that allow them to try out a wide range of pronouns, names, and self-expressions without fear of judgement. Cost can also be a barrier to care for many young people as they may not have access to their own insurance or the ability to obtain full-time employment. This section highlights the experiences of the 192 participants who are under the age of 25.

MENTAL HEALTH NEEDS FOR YOUNG ADULTS

Interview participants reflected that rates of suicide and self-harm are particularly high among LGBTQ+ youth, particularly trans and nonbinary youth. Survey respondents under 25 reported higher rates of concern over their mental health, with 40% reporting that they were worried about a mental health disorder that had not been diagnosed or treated. Many had experienced symptoms of anxiety disorders, mood disorders, or eating disorders, but far fewerhad received a diagnosis or treatment. On average, respondents reported that 13 of the past 30 days had been impacted by their mental health, compared to older participants who reported 8 days.

Young adults experienced higher rates of diagnosis and symptoms of anxiety disorders, mood disorders, and eating disorders than their older peers.

24% had seriously considered harming themselves in the past 30 days compared to 9% of older respondents

9% had harmed themselves on purpose in the past 30 days compared to 3% of older respondents

Roughly 2 in 5 respondents
reported that they had a mental health concern that had not been diagnosed or recognized, compared to 23% of older respondents

32% of younger adults reported symptoms of an eating disorder, but have not received treatment, compared to 22% of older respondents

11% of younger adults reported symptoms of a personality disorder, but have not received treatment, compared to 5% of older respondents

BARRIERS TO CARE FOR YOUNG ADULTS

Hesitancy

11% of youth did not ask for help because they were afraid their parents would find out compared less than 1% of older respondents

19% of youth didn't feel emotionally ready to get services, compared to 11% of older respondents

Affordability

Interview participants noted that cost concerns are amplified for young adults who might not have insurance or make enough money to pay for counseling services, or who don't want their parents involved in their care. One participant noted, "*especially with homeless youth… how are they going to.. Even it's like a $25 or $35 copay, how are they going to come up with that*?".

SOCIAL SUPPORT

According to interview participants, youth and young adults often experience feelings of isolation and loneliness, and this has been exacerbated during the COVID-19 pandemic due to school closures. It is important that LGBTQ+ youth can form positive relationships with LGBTQ+ adult mentors. There is also a lack of support groups geared specifically towards LGBTQ+ youth. **Young adults were less likely to report doing well in social situations** – 43% of young adults disagreed or strongly disagreed that they do well in social situations, compared to 29% of respondents ages 25 and older. On average, youth were also less likely to report feeling strongly supported by their families than their older counterparts, with 23% of respondents indicating that they feel very supported by family, compared to 37% of their older peers. Instead, **youth respondents were more likely to indicate feeling very supported in online spaces (30% vs. 21% of older respondents) and from school staff like counselors and teachers (15% vs. 13% of their older counterparts).**

37% of young adults reported that they feel they belong to a community, compared to 23% of older respondents

"
I think that any kiddo under the college age and younger, they don't have... I don't really know what it is now, but when I worked with them it was the peak of the pandemic and they were devastated. They couldn't have those healthy interactions with their peers. They couldn't go to class to find the one other gay person.

- Interview Participant "

Substance Use Among Young Adults

Alcohol was among the most common substances used by youth, with 47% of young adult survey respondents reporting that they drank alcohol in the past 30 days. Interview participants noted that young people often glorify alcohol. *"I think the community has a major fascination with alcohol. It's very romanticized,"* said one interviewee. There is a need for sober spaces for youth to meet other LGBTQ+ people and find community. Interview participants also shared that younger youth are turning to alcohol to cope with feelings of isolation, self-hatred, and loneliness. Young adults are also more likely to experience the symptoms of a substance us disorder but less likely to receive treatment or be seen by a provider than their older counterparts.

2 in five young adults said their primary health care provider had not asked about their substance use compared to 30% of older respondents

Alcohol

6% of young adult respondents had used alcohol daily or almost daily, compared to 23% of their older peers.

47% of young adult respondents had used alcohol in the past 30 days, compared to 70% of their older peers.
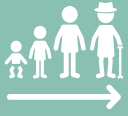
Older Adults

OVERVIEW

Many older LGBTQ+ adults face heightened challenges related to isolation and loneliness, which have been amplified due to the COVID-19 pandemic. Due to intra-community segregation, older adults can often be left out of many LGBTQ+ social spaces. Growing up in a less progressive and tolerant time means that many older adults have struggled with internalized shame over their sexual and gender identities, as well as mental health concerns. Furthermore, declining physical health can negatively impact mental health, as can financial constraints that come from retirement. Interview participants shared a need for support and community groups specifically for queer and trans elders. This section of the report highlights the experiences of the 34 participants who were ages 55 and older.

MENTAL HEALTH AND SUBSTANCE USE AMONG OLDER ADULTS

Older adult survey respondents had lower rates of anxiety and mood disorder diagnoses and were less worried about undiagnosed or unrecognized mental health concerns than their younger counterparts.

These differences may not be due to actual lower rates of these mental health needs but rather differences highlighted by interview participants including challenges in accessing information about mental health; age-related norms, perceptions and stigma related to mental health; and/or access to social spaces, supports and services.

60% of survey respondents 55 or older reported "daily or almost daily" alcohol use, compared to 23% of respondents 54 or younger.

Adults 55 and older were **less likely** than their younger counterparts to report:

- Seeing an inpatient mental health or substance use provider in the last year (11% v. 46%)
- Having the support needed right now to manage their mental health (14% v. 29%)

> *There's a couple of problems, I think, maybe more with people my age, [in] admitting you need help.*
>
> - Interview Participant

BARRIERS TO CARE FOR OLDER ADULTS

Interview participants emphasized that physical health challenges can impact mental health, along with presenting barriers to accessing care. Older adult survey respondents who reported challenges accessing services or spaces were more likely than their younger counterparts to report that they could not **physically access these services or spaces comfortably**:

Medical or primary healthcare

Disability or special access needs

Sexual or reproductive health services

Food and nutrition

LGBTQ+ People in the Criminal Justice System
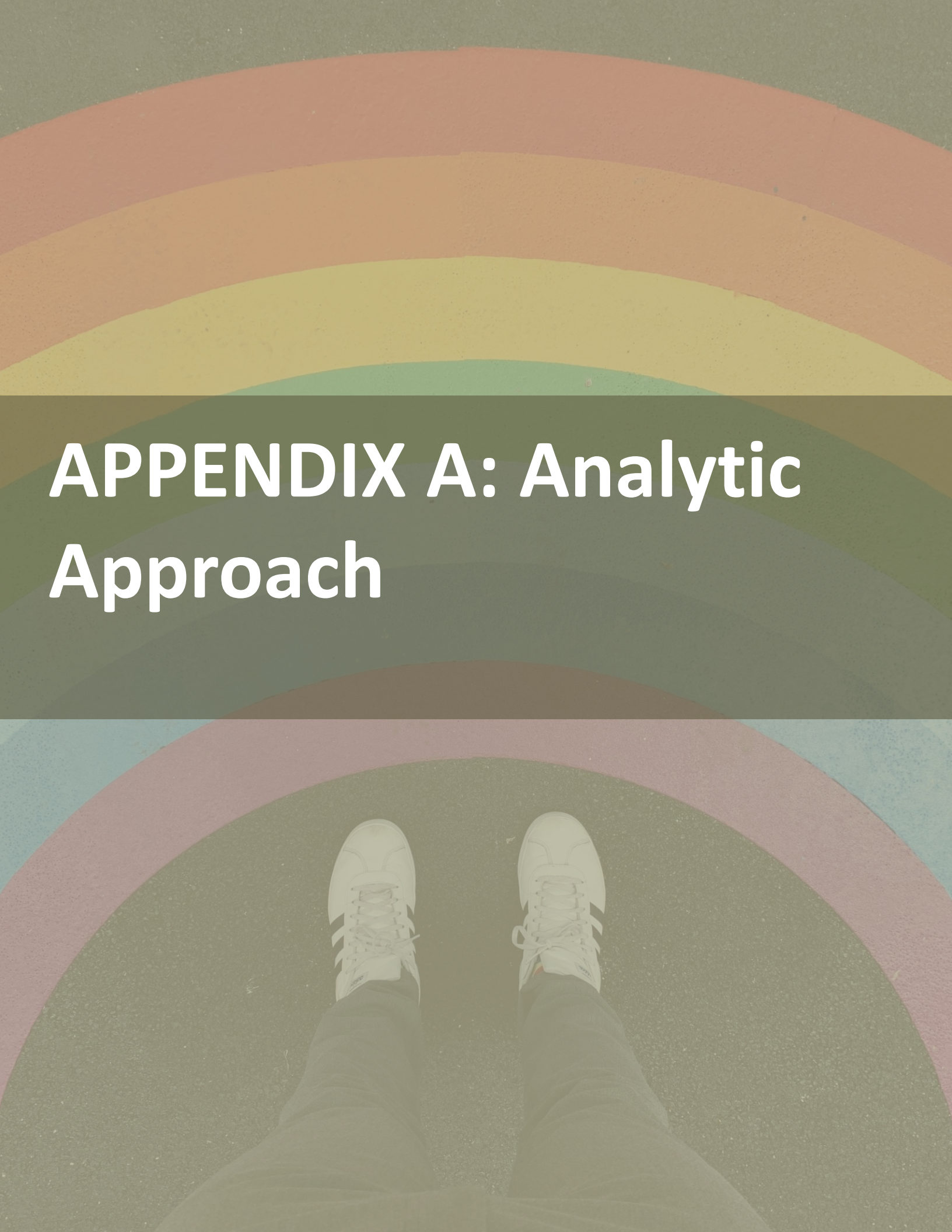
OVERVIEW

It is not unusual for people struggling with substance use disorders and mental health to be caught up in the criminal justice system, and LGBTQ+ people are no different. Participants who were formerly incarcerated in the Colorado prison system identified many ways that LGBTQ+ people are in even greater need of care and support, both during incarceration and during reintegration after release.

- For LGBTQ+ people, prison and jail can be particularly dangerous spaces, as they may be targeted for hate, physical violence, and sexual assault. This can further traumatize individuals and exacerbate mental health needs. Many individuals may turn to substance use during their time in prison to cope with untreated mental health needs and violence.

- Often times the only steps taken to address violence against LGBTQ+ inmates is to place them in "administrative segregation" or isolation, which can itself be a source of trauma and prevent access to mental healthcare when there is a greater need for it.

- Psychological and medical care in corrections settings are typically insufficient to meeting needs, leading existing or developing conditions to worsen during confinement. Current policies and practices make it difficult for organizations to provide programs to inmates, often demanding a fully developed curriculum that has a clear purpose within the criminal justice system's own goals and has established legitimacy with DOC administrators. This means there are few if any services for LGBTQ+ inmates.

- Prisoners can be dehumanized both while incarcerated and following re-entry. This stigma can create barriers to seeking support and care after release, hampering reintegration and exacerbating mental health needs.

- Formerly incarcerated people can face many challenges reintegrating into society, including: adapting to changes in society, barriers to accessing support services, reconnecting with community, and a lack of healthcare access to treat the medical and psychological conditions that were neglected in prison.

- Community can be a vital lifeline for LGBTQ+ people who were formerly incarcerated, bridging their path back into the world. The LGBTQ+ community can be an important resource for supporting these individuals in recovering from trauma and reintegrating with society.

> "
> *I want to get back to my tribe. I have to get back to my people... My gay friends were the only people who stuck by my side while I was incarcerated. They came to visit me, even if it was once a year. I called them and we could talk. Sometimes they would send me a little money. They have been my family.*
>
> - Interview Participant
> "

APPENDIX A: Analytic Approach

To ensure clear and consistent analysis of findings and ensure accurate reporting across the team of researches engaged in this work, an analytic plan was set in place with which the 588 survey responses and 17 interviews were approached. Subgroups were initially defined during the planning process in collaboration between Envision:You, OMNI Institute, and the advisory committed and based on existing research (and lack thereof) about the unique experiences and needs of these groups.

Survey Data

METHODS OF ANALYSIS

All reported group differences were examined through significance tests including independent samples t-tests, Mann-Whitney U tests, and Pearson chi-square contingency tests using pairwise z-tests. To control for type 1 error (obtaining a false positive), the Bonferroni correction was applied for the chi-square and Mann-Whitney U tests, and the Welch-Satterthwaite method (i.e. assuming equal variances) for the independent samples t-tests. Statistical significance was calculated by finding the probability-value (p-value), with significance based on $p < .05$. The p-value is a measure of the probability that the observed group differences could have occurred just by random chance. Lower p-values increase confidence that an observed difference is real and not random, but p-values do not provide information on the strength or magnitude of the difference. In addition, the larger the sample size, the more likely a small effect will be statistically significant. Throughout the report, all subgroup differences that are highlighted represent statistically significant differences, and only significant subgroup analysis findings are reported.

SUBGROUP ANALYSIS

For the survey, subgroup differences were examined in selected areas to explore how experiences and perceptions may be distinct for groups with different demographic characteristics. Key research questions were identified and prioritized for analysis to ensure that typically under-represented voices were elevated. Due to the overall length of the survey and number of demographic variables, there are countless approaches to analysis and potential lenses through which to explore the data. As such, additional group differences may exist that are not included in this report. Specific subgroup variables were computed to analyze whether non-random differences existed between the following groups in order to highlight differing areas of need for typically under-represented or under-served populations:

- Transgender and/or Gender non-conforming vs. non-Transgender and/or Gender non-conforming
- Black, Indigenous, People of Color vs. non-Black, Indigenous, People of Color
- Rural vs. urban
- Bisexual and/or Pansexual vs. non-Bisexual and/or Pansexual
- Participants under 24 years of age or younger vs. participants over 24 years of age
- Participants 55 years or older vs. participants 55 years or younger.

Sub-groups were defined for analyses as follows:
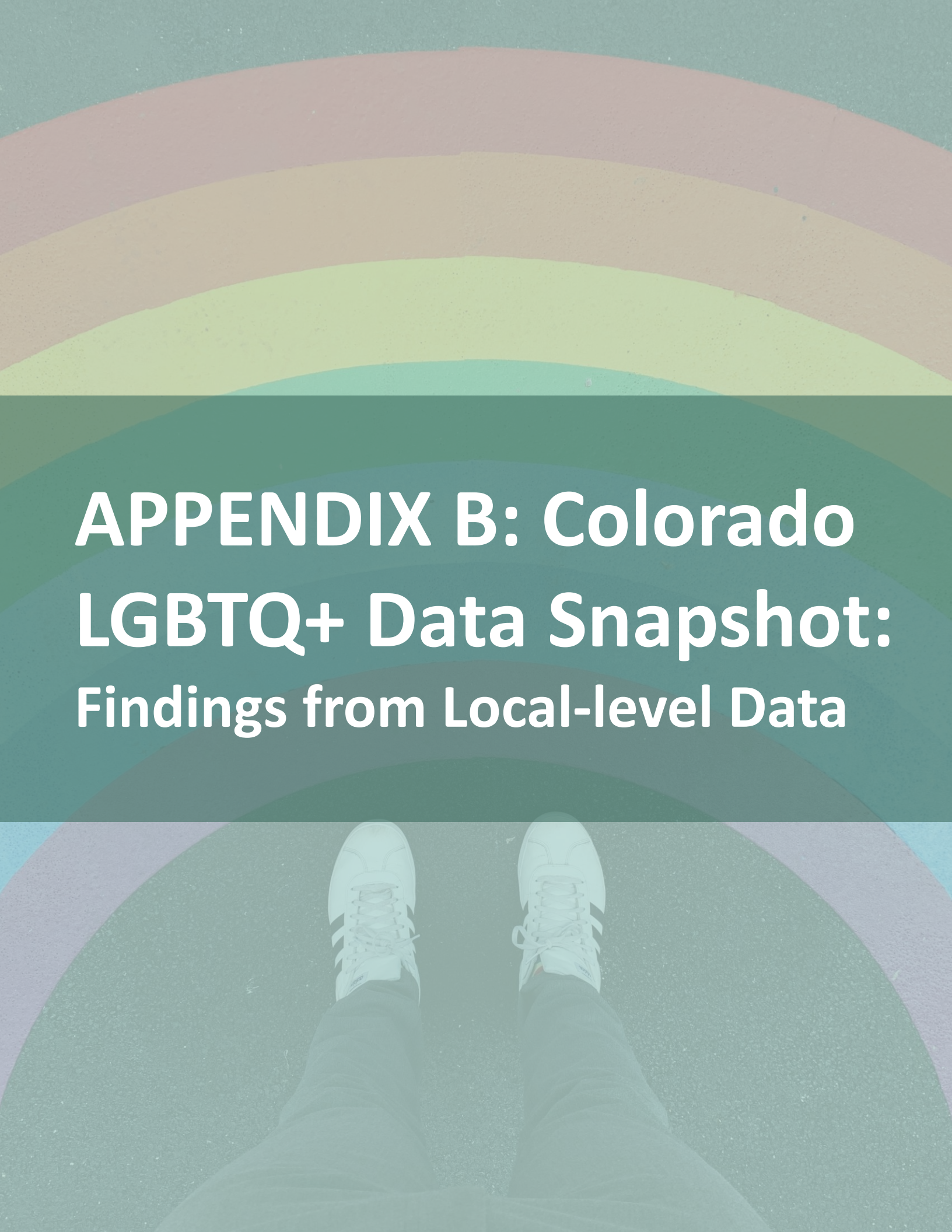
Sub-group	Definition
Transgender and Gender Non-Conforming	Participants who did not identify as cisgender man or cisgender woman; and identified as Trans man, transmasculine or FTM (AFAB); or Trans woman, transfeminine or MTF (AMAB); or Non-binary, gender non-conforming, genderfluid, or genderqueer; or Two spirit or Third Gender; or Agender; or did not self-identify as man, woman, women, male, or female
BIPOC	Participants who identified as: Black; or Hispanic or Latinx; or Asian or Asian American; or American Indian or Alaskan Native; or Native Hawaiian or Pacific Islander; or Middle Eastern or North African; or self-identified their race or ethnicity
Rural	Participants who described their area as: Small town; or Rural area
Urban	Participants who described their area as: Large urban area; or Medium-sized city; or Suburban area
Bisexual or Pansexual	Participants who identified as bisexual; or pansexual
Younger	Participants who identified as 24 years or younger
Older	Participants who identified as 55 years or older

Interview Data

METHOD OF ANALYSIS

The approach to the qualitative analysis of interview data was based on an inductive strategy for thematic analysis. Dedoose qualitative software was used for analysis, which is a software program that supports the systematic and thematic analysis of textual data. As an online platform, a team of analysts can collaboratively code data and assess inter-rater reliability. The qualitative research team coded each transcript into thematic categories, meeting to discuss and refine the coding structure to capture emerging themes. Data were also coded by subgroups that participated in interviews (e.g., Transgender and non-binary people, BIPOC community members, etc.) to explore themes and experiences that surfaced as unique to those groups. The team then collaboratively synthesized information by theme, with an approach grounded in elevating participant voices and recognizing the rich diversity of stories, experiences, and perspectives around community needs. The qualitative and quantitative survey data were also analyzed in parallel, but brought together using a triangulation strategy to allow the qualitative findings to inform and elaborate upon the quantitative results.

APPENDIX B: Colorado LGBTQ+ Data Snapshot:
Findings from Local-level Data

Data Snapshot

OVERVIEW

This report summarizes findings across surveys of Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+) Coloradans within the past 5 years. The findings focus primarily on behavioral health and wellness and access to health care services, along with related factors such as experiences of violence, harassment, and isolation. Available data sources were limited as sources either did not have breakdowns around sexual orientation and/or gender identity, or data was not available at a state level. Where data was unavailable at a state level, national data was substituted. Sections have been broken down into youth and adult subpopulations as data was available. This Data Snapshot serves as an early exploration into currently available data, and an initial step in the process of developing a State of the State survey to better understand the mental health and substance use realities of LGBTQ+ Coloradans.

Mental Health

Adult

Approximately **2 out of 3** LGBTQ+ adults sometimes or often felt isolated from others, left out, and/or a lack of companionship.[11]
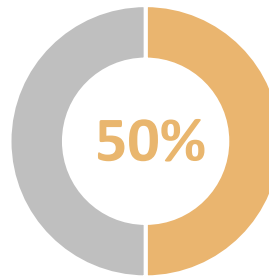
50% of LGBTQ+ adults reported **anxiety disorder diagnosis**, compared to 17.7% among the general public.[11]
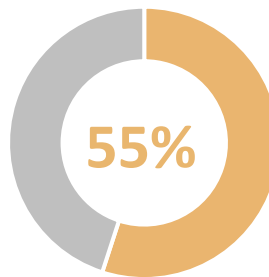
55% of LGBTQ+ adults reported **depressive disorder diagnosis**, compared to 17.7% among the general public.[11]
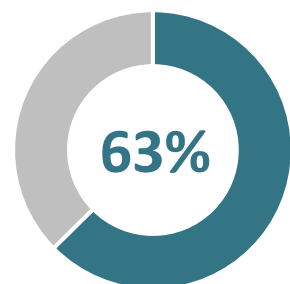
Youth

63% **of LGB youth felt sad or hopeless** every day for at least two weeks in the past year, compared to 27% of heterosexual youth.
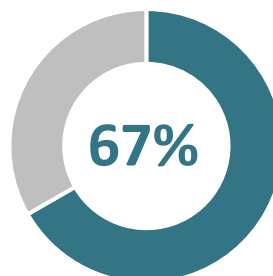
67% **of transgender youth felt sad or hopeless** every day for at least two weeks in the past year, compared to 30.6% of cisgender youth.

Violence

Suicide

Adult

Respondents have experienced both **homophobia** and **transphobia** at comparable rates. [11]

Verbal Harassment

66%

61%

Workplace harassment or discrimination

28%

29%

Sexual harassment

26%

18%

More trans respondents have **contemplated suicide** and **attempted suicide** than any other group. [11]

Transgender

11%   41%

LGB

2%   18%

General Public

3% 6%
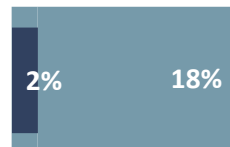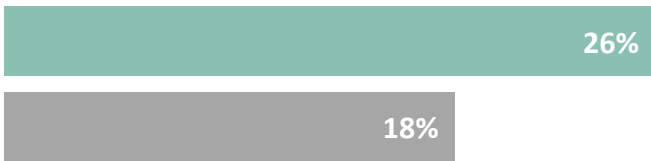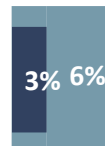
Youth

2 in 5 LGB youth will experience bullying, 1.9 times more likely than their heterosexual peers.[12]

3 in 5 Transgender youth will experience bullying, making them 2.7 times more likely to than their cisgender peers.

40% Of **Transgender youth** have ever **been forced to have sex**, compared to 5.7% cisgender youth, 18.5% LGB youth, and 4.5% heterosexual youth.

Transgender youth are more likely to have **seriously considered suicide** as well as to have **attempted suicide** in the past 12 months. [12]

Transgender

33%   59%

Cisgender

6% 16%

LGB

20%   45%

Heterosexual

5% 13%

Access to Care

1 in 2

LGBTQ+ Coloradans said their primary care provider is **not LGBTQ+ competent**
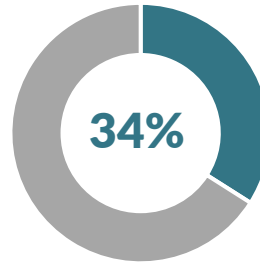
34% of transgender respondents have been **denied coverage for an LGBTQ+ specific medical service**, such as HIV medications, hormones, PrEP, PEP, HPV vaccine, or gender-affirming care

Barriers to Care
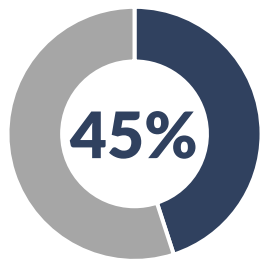
45% of LGBTQ+ say they or a family member **didn't get needed mental health or substance use services**, compared to 18% of their peers.[13]

56% of LGBTQ+ **Coloradans feel that mental health care is getting worse in Colorado**, compared to 31% of their peers.[13]

56%	
31%	
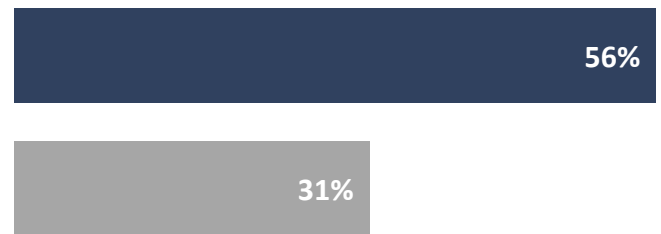
78% of LGBTQ+ Coloradans say that most people in their state are **not able** to get **mental health services** and it is a problem.[13]

71% of LGBTQ+ Coloradans say that most people in their state are **not able** to get **substance abuse services** and it is a problem.[13]

36% of LGBTQ+ Coloradans identified **cost as a barrier** to seeking care compared to 12% among the general public.[13]

LGBQ	Trans	
66%	84%	say that they don't have the resources to **pay out of pocket**
61%	84%	say there are **not enough mental/behavioral health providers adequately trained**
65%	69%	say that Medical personnel **assume they am heterosexual**
62%	77%	say that community **fear, bias, or dislike of LGBTQ+ people** keeps them from seeking care

Substance Use

Adult

17% of LGB adults aged 18 and older in the United States had a substance use disorder (SUD).[4]

12% of LGB adults had BOTH a SUD and a mental illness. [14]

1 in 4 LGB respondents reported binge drinking, compared to 16% heterosexual respondents.[15]

1 in 10 LGB adults ages 26 and older misused opioids.[14]

Youth

Tobacco Use

Transgender and **LGB** youth were more likely to engage in cigarette and vaping use than their **Cisgender** and **Heterosexual** peers.

Cigarettes: 33% / 7%
16% / 6%
Vape Products: 44% / 27%
32% / 27%

Trans & LGB Youth were significantly more likely to engage in substance use than their peers

	Trans | Cis	LGB | Hetero
Inhalants	**31%** | 5%	**11%** | 5%
Ecstasy	**31%** | 5%	**8%** | 3%
Cocaine	**25%** | 5%	**9%** | 4%
Methamphetamines	**25%** | 2%	**4%** | 2%
Heroin	**21%** | 1%	**3%** | 1%

Marijuana Use

Transgender vs. Cisgender: 40% / 19%
LGB vs. Heterosexual: 31% / 18%
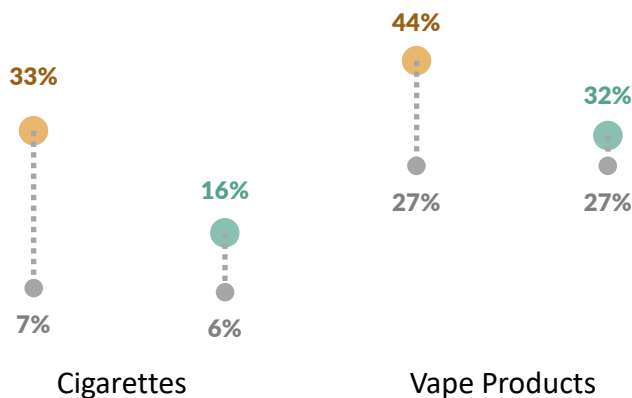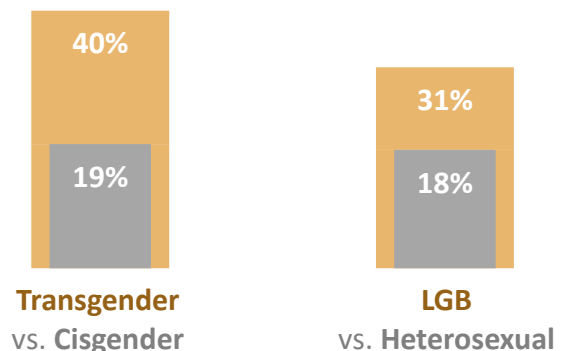
31% of transgender youth reported **binge drinking**, compared to 16% cisgender youth, 20% LGB youth, and 16% heterosexual youth.

24% of transgender youth have used **prescription drugs** in the past month, compared to 5% cisgender youth, 9% LGB youth, and 5% heterosexual youth.

83

Survey Demographics

The following demographics **represent** the survey respondents from the One Colorado 2019 survey data.

One in four respondents identified as Queer.

Gay	33%
Lesbian	28%
Queer	25%
Bisexual	21%
Pansexual	14%
Asexual	5%
Straight	4%
Sexual Orientation Not Listed	4%

1 in 10 respondents identified as gender queer/gender fluid and/or gender neutral/non-binary.

Female	42%
Male	32%
Gender Queer/Gender Fluid	11%
Transgender Female/Woman	11%
Gender Neutral/Non-Binary	10%
Transgender Male/Man	8%
Two-Spirit	4%
Intersex	2%
Gender Identity Not Listed	4%

89%
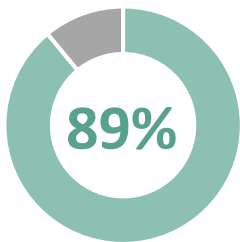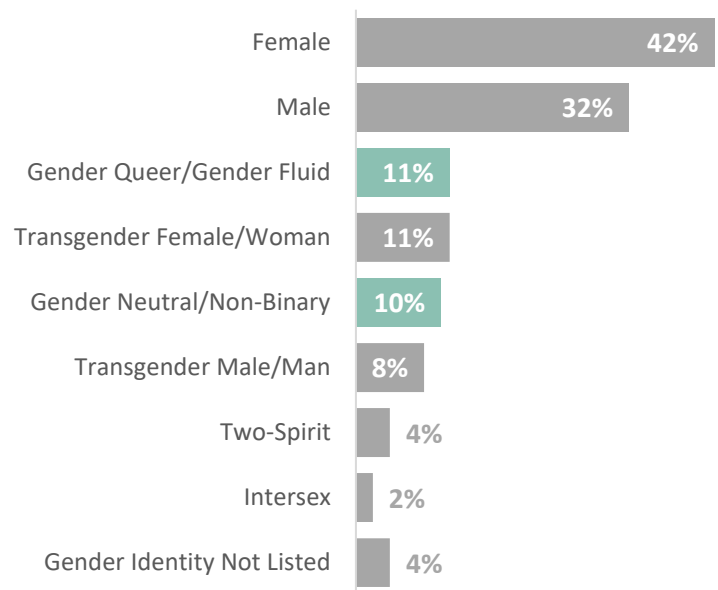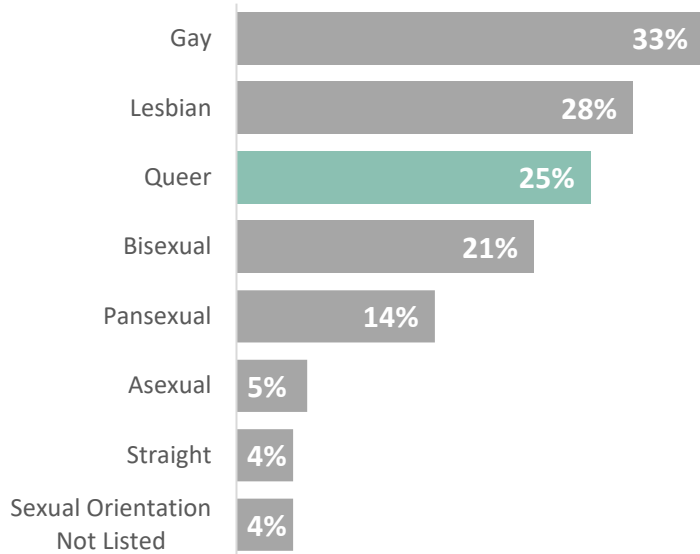
Respondents identified as White

Breakdown of respondents who do not identify as white.

Hispanic/Latino	10%
American Indian or Alaskan Native	5%
Multriracial/Ethnic	4%
Asian/Asian American	2%
Black/African American	2%
Another Race/Ethnicity	2%
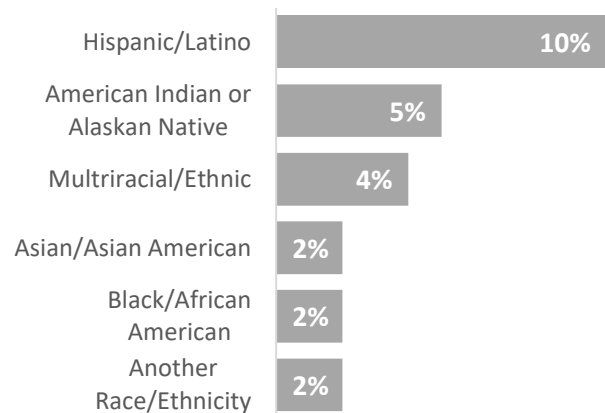
Income breakdown of the **general public** and survey respondents identifying as **LGBQ**, and **trans**.

■ General Public ■ LGBQ ■ Trans

	Less than $25k	$25k-$49k	$50k-$99k	$100k or more
General Public	17%	21%	32%	30%
LGBQ	20%	14%	20%	26%
Trans	39%	29%	22%	12%
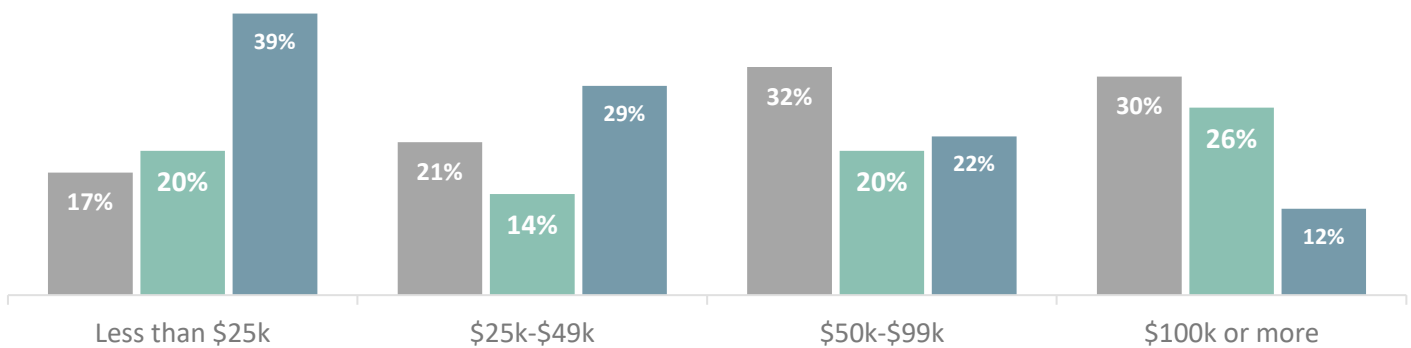
APPENDIX C: Citations

Citations

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Image Credits:

APPENDIX D: Data Collection Tools

Intro Script

Welcome and thank you for being here today. My name is _____, I use _____ pronouns. I am a _____ [insert identities you hold here, if comfortable]. and I am from OMNI Institute. OMNI is a social science research company located in Denver, Colorado. *[Introductions of any other facilitators present].*

Envision:You, a statewide nonprofit focused on improving behavioral health outcomes for LGBTQ+ Coloradans, has partnered with OMNI Institute to learn from LGBTQ+ Coloradans about their behavioral health and wellness experiences and needs. Information is being collected through surveys, interviews, and focus groups, like the one you have joined today, in order to advance equity for LGBTQ+ individuals living with mental health and substance use disorders in Colorado and provide much needed understanding of the strengths, experiences, and needs of our community. We are very appreciative of your time, voice, and willingness to share about your lived experiences!

You may remain on or off camera during the focus group. Before we get started, we'd like to cover some information about your rights as a participant today.

Participation and Confidentiality

Your participation today is completely voluntary, meaning you are free to leave the group at any time. There are no right or wrong answers to the questions today, and you can choose to answer or not answer any of them. The information you provide is very valuable to Envision:You and OMNI, as it will aid us in improving experiences of people in our community.

Your name, or any other identifying information, will not be used in any write-up or presentations of this information or shared in any way that could identify you. The information gathered from this group will be combined with other groups and summarized for the purposes of understanding the mental health and substance use recovery needs of LGBTQ+ people in Colorado, as well as inform improvements in treatment and care services.

[if multiple participants] While we will take every effort to preserve your confidentiality, you should be aware this discussion is happening in a group setting and we cannot ensure anonymity within this group. We ask everyone to not share what is discussed about in this group, just like the Las Vegas rule – whatever is said in the group should stay in the group.

To compensate you for your time in participating today, you will receive *a $30 Gift Card to either Target, King Soopers, or Safeway.* We will chat at the conclusion of the interview about the best way for us to get your gift card to you and the type of gift card you would like to receive.

Does everyone understand the purpose of our discussion today and is everyone comfortable participating? Please speak up if you do not want to participate.

Zoom Logistics

You may already be familiar with the virtual environment, but let's go over some basics so that everyone feels comfortable with Zoom and can all participate fully.

To help us make sure we capture all the input shared by you today, we would like to record our conversation so that we can use it in our analysis of the results. We will create a transcript of the interview, but this will only be available to the researchers for purposes of analyzing the data and learning from what you share. Is everyone okay with being recorded? Please speak up if you are not okay with this.

Here are a few tips for participating today:

- If you leave the meeting or get dropped, you can use the link again to join back in.
- *[if multiple participants]* Please remember to make space for others in the conversation, if you are usually a frequent talker, please leave some room for those who have not shared yet after you share. If you are usually a less frequent talker, please make sure to speak up so we know you have something to share.
- *[if 5 or more participants]* Please stay muted when not speaking. You can speak up unmuting, and/or by using the raise hand or other Zoom reaction functions. Please feel free at any point to type questions into the chat box.
- *[if multiple, but less than 5 participants]* Given the intimate size of this group, we encourage everyone to stay unmuted throughout or discussion to allow for a more lively and organic conversation and allow folks to hear one another's reactions to statements.
- If your name isn't showing up, is showing incorrectly, or you would like to change it, you can rename yourself by clicking on the 3 dots next to your Zoom name and selecting "rename."

Any questions before we begin?

Participant Introductions

Before we get started, we'd love to create a little space for you to introduce yourself. If we could go around, please share the name and pronouns you would like folks to use for you, and what identities you hold that you feel comfortable sharing. We would also love for you to share one thing that you love about yourself – this can be anything. Something about who you are, a hobby, something you've done in your life that you're proud of. Whatever feels right. Who would like to start us off?

Section 1: Mental Health Experiences, Needs and Service Experiences

1. What do you see as the greatest mental health needs of LGBTQ+ people in Colorado?
   Potential follow-ups:
   o   What needs are going unmet?
   o   What is well supported?
   o   What are your experiences with mental health?
   o   What, if any, experiences with mental health services have you had, such as seeing a counselor or therapist, attending support groups, being admitted to a mental health treatment center or hospital, or other such services? Were they outpatient or in patient? What was your experience with these services?
   o   What did they do that was helpful for you?
   o   What made you feel more supported or comfortable, especially as an LGBTQ+ person?
   o   What kinds of things made you not feel supported or affirmed?
   o   If you have ever felt in need of mental health services or supports, how did you recognize that you needed them? If you did not access services or supports, what were the reasons?

2. Many LGBTQ+ people have struggled with thoughts of self-harm or suicide in the past. What kinds of supports do you think help people in the LGBTQ+ community manage those thoughts and stay safe? How can organizations better support those who experience these thoughts?

Section 2: Substance Use Experience, Recovery Needs and Service Experiences

1. What do you see as the greatest substance use issues among LGBTQ+ people in Colorado?
    Potential follow-ups:
    o   What needs are going unmet?
    o   What is well supported?
    o   What kind of role do things like alcohol, marijuana, cigarettes, poppers, or other substances have in your life?
    o   What, if any, experiences have you had with recovery or treatment services, such as seeing a counselor or therapist focused on substance use, attending support groups, going to an addiction treatment center or detox center, or other such services? What was your experience with these services? Were they outpatient or inpatient?
    o   What did they do that was helpful for you?
    o   What made you feel more supported or comfortable there, especially as an LGBTQ+ person?
    o   What kinds of things made you not feel supported or affirmed?

Section 3: Barriers to Care

1. Many LGBTQ+ people face challenges accessing healthcare for mental health needs. What do you see as the obstacles or difficulties in accessing healthcare and treatment services?
    o   What do you think causes those challenges?

2. Many people responding to the survey said they did not seek healthcare for their mental or physical needs because they do not feel mentally or emotionally prepared to do so. In what ways do you think a person might not feel prepared to seek care for their mental health?
    o   What helps you or would help you feel prepared to reach out to a healthcare provider, counselor, or recovery service?

3. What could be done to make it easier to access treatment and care for mental health for members of the LGBTQ+ community?
    o   [If cost or affordability come up] Cost, affordability, and lack of insurance coverage are often some of the biggest obstacles people face in accessing healthcare in the US. How has cost or affordability of healthcare, in particular mental healthcare and recovery treatment, affected you?

Section 4: Strength and Resiliency

1. What helps you stay strong or resilient when you are facing mental health challenges or stress?

2. How do you manage your mental health or recovery needs in a healthy way?

3. What types of social supports help you? How do they help you the most?

4. Feeling like you matter and having good self-esteem can help support a person when facing mental health and substance use challenges. What helps you feel like you matter or are worthwhile? What helps you feel confident in yourself? What helps you feel good about yourself?

Section 5: Resource List Research

1. Many people who completed our survey said that if there were a list of providers trained in and sensitive to LGBTQ+ issues, they would use the list. If such a list existed, what features would be the most useful for you? What would you want to know about a provider before choosing them?

Section 6: Closing

1. Before we wrap up, is there anything else you want to share related to our discussion today?

2. What else would you like us to know about mental health and substance use needs in the Colorado LGBTQ+ community?

Section 7: Incentives

With recording turned off, participants should indicate which gift card vendor they would like. Gift cards can be sent via email or physical mail. Confirm details of address or email address with participants. *If multiple participants, ensure folks are able to share details (address or email address) in a confidential manner such as private chat/direct message, without having to disclose to other participants.

The State of the State Online Survey
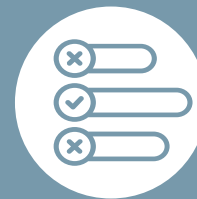
The following pages contain the State of the State survey tool. The survey was administered via SurveyMonkey and available in both English and Spanish.
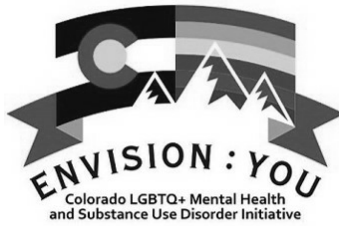
Envision:You State of the State Survey 2021

Introduction

Welcome to the Envison:You's 2021 State of the State Survey. This survey is being conducted by the OMNI Institute, a Denver-based social science research nonprofit, in partnership with Envision:You and an advisory committee of local community leaders and stakeholders.

Your responses to this survey are very important and allow us to understand the lived experiences of LGBTQ+ Coloradans. The results of this survey will be used to guide the work of Envision:You, state and local policymakers, and providers of behavioral health services in Colorado.

Your responses to this survey are completely confidential **and no names or identifying information will be connected to your responses. All information provided in the survey will be combined with responses from other survey participants when reported. Please feel free to respond openly and honestly.** ***This survey is voluntary and you may decide to skip any of the questions at any time.***

The survey should take no more than 25-30 minutes to complete. As a thank you for completing the survey, you will be eligible to receive a $15 gift card to one of three retailers: King Soopers/City Market, Safeway/Albertsons, or Target.

Thank you for taking the time to share your experiences with us!

If you have any questions, please contact us at envisionyousurvey@omni.org

* 1. Do you live in Colorado and identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning or another queer/trans identity)? *If you are a full-time, out of state student attending college or university in Colorado, you are considered to be a Colorado resident for this survey.*

◯ Yes

◯ No

Colorado LGBTQ+ Mental Health
and Substance Use Disorder Initiative

Envision:You State of the State Survey 2021

Demographics: Geography
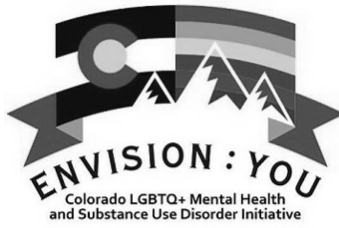
The following questions will help us learn more about who you are and how you identify.

2. What county do you live in? If you are currently unhoused, please choose the county where you spend most of your time.

[dropdown]

If you are unsure of the county, please let us know what city or zip code you live in:

[text field]

3. How would you describe the area you live in?

○ Large urban area

○ Medium-sized city

○ Suburban area

○ Small town

○ Rural area

○ I am not sure

ENVISION : YOU
Colorado LGBTQ+ Mental Health
and Substance Use Disorder Initiative

Envision:You State of the State Survey 2021

Demographics: Identities

4. What is your sexual orientation? (select all that apply)

☐ Lesbian   ☐ Asexual   ☐ Questioning/I am not sure

☐ Gay   ☐ Queer

☐ Bisexual   ☐ Pansexual

☐ I self-identify as:

[   ]

☐ I prefer not to answer

5. What is your gender? (select all that apply)

☐ Cisgender man   ☐ Trans woman, transfeminine, or MTF (AMAB)   ☐ Questioning/I am not sure

☐ Cisgender woman   ☐ Agender

☐ Trans man, transmasculine, or FTM (AFAB)   ☐ Non-binary, gender non-conforming, genderfluid, or genderqueer

☐ Two spirit or Third Gender

☐ I self-identify as:

[   ]

☐ I prefer not to answer

6. How do you describe your race/ethnicity? (select all that apply)

☐ White or Caucasian ☐ Asian or Asian American ☐ Middle Eastern or North African
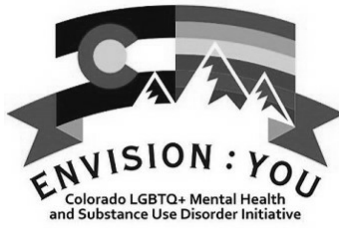
☐ Black or African American ☐ American Indian or Alaska Native

☐ Hispanic or Latinx ☐ Native Hawaiian or other Pacific Islander

☐ I self-identify as:

_____

☐ I prefer not to answer

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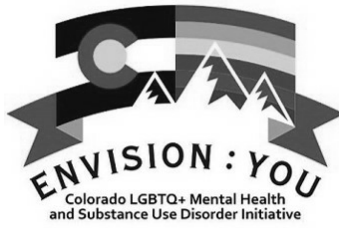
Demographics: Age, Health, Education, and Veteran Status

7. What age group do you belong to?

- ◯ Under 15
- ◯ 15 to 17
- ◯ 18-20
- ◯ 21-24
- ◯ 25-34

- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65 or older
- ◯ I prefer not to answer

8. Do you live with a disability or chronic health condition? This could include any physical or mental condition that limits or affect your senses, mobility or ability to engage in daily activities.

- ◯ Yes
- ◯ No
- ◯ I prefer not to answer
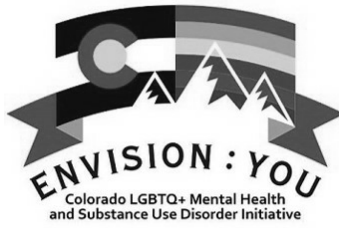
9. What is your highest level of education completed?

○ Less than high school degree

○ High school diploma or equivalent (e.g., GED)

○ Some college but no degree

○ Vocation or Technical School diploma or certificate

○ Associate degree (e.g., AA, AS, etc.)

○ Bachelor degree (e.g., BA or BS)

○ Graduate or Professional degree (e.g., MA, MS, JD, MD, PhD, etc.)

○ I prefer not to answer

10. Are you currently serving or have you ever served in the Armed Forces, the Reserves, or the National Guard?

○ Yes

○ No

○ I prefer not to answer

Envision:You State of the State Survey 2021

Demographics: Housing and Employment

11. Where do you currently live?

- ( ) Rental apartment/house
- ( ) Owned apartment/house
- ( ) Staying with a friend
- ( ) Staying with family
- ( ) Retirement community
- ( ) Assisted living or residential care facility
- ( ) Other (please specify)

- ( ) Treatment facility
- ( ) Halfway house
- ( ) Sober living house
- ( ) Nursing home
- ( ) Military housing
- ( ) School housing or dormitory

- ( ) Domestic Violence Shelter
- ( ) Homeless shelter
- ( ) I am currently living without shelter

[   ]

- ( ) I prefer not to answer

12. Have you experienced a change in your living situation as a result of circumstances related to COVID-19?

- ( ) Yes
- ( ) No

Envision:You State of the State Survey 2021

Demographics: Housing and Employment

13. In what way has your living situation changed?

- ( ) Significantly worsened
- ( ) Somewhat worsened
- ( ) Somewhat improved
- ( ) Significantly improved

14. I worry about my safety in my current living situation.

- ( ) Strongly disagree
- ( ) Disagree
- ( ) Agree
- ( ) Strongly agree

Envision:You State of the State Survey 2021

15. What is your current work or school situation? (select all that apply)

☐ Employed - full time (32+ hours per week)

☐ Employed - part time (less than 32 hours per week)

☐ I do gig work, inconsistent work, and/or my hours vary

☐ Unemployed - looking for work

☐ Unemployed - not looking for work

☐ Unemployed - volunteer or unpaid internship work

☐ Student - part time

☐ Student - full time

☐ Home maker or stay-at-home caretaker - full time

☐ Home maker or stay-at-home caretaker - part time

☐ I prefer not to answer

16. How would you describe your income situation right now in terms of rent, utilities, groceries, or other essential expenses?

○ My income does not cover my basic living expenses

○ My income covers my basic living expenses

○ My income covers more than my basic living expenses

○ I am not sure

○ I prefer not to answer

17. Have you experienced a loss of job or income as a result of circumstances related to COVID-19?

◯ Yes

◯ No

18. How often are you worried about making ends meet?

◯ Never

◯ Some of the time

◯ Most of the time

◯ All of the time

◯ I prefer not to answer

Envision:You State of the State Survey 2021

Service Access: Health Insurance and Healthcare

The questions below ask about your experiences getting healthcare insurance, healthcare, and wellness services.

19. What kind of health insurance do you have?

○ I do not have insurance.

○ I have insurance through my job.

○ I have insurance through my parent(s).

○ I have insurance through my partner/significant other.

○ I have insurance through my school/college/university.

○ I have insurance through the Veterans Administration (VA).

○ I have Medicare.

○ I have Medicaid.

○ I have private insurance or purchased insurance through the Marketplace.

○ I prefer not to answer

20. Have you experienced a loss of insurance coverage for any period of time as a result of circumstance related to COVID-19?

○ Yes

○ No

Service Access: Care-Seeking

The questions below ask about your experiences getting healthcare and wellness services.

21. Does your insurance cover the cost of behavioral health services, including outpatient care, inpatient treatment, therapy, and/or medications?

○ Yes, full/comprehensive coverage (therapy, inpatient treatment, outpatient care, prescriptions)

○ Yes, moderate coverage (therapy, outpatient care, prescriptions)

○ Yes, limited coverage (therapy only or prescriptions only)

○ No

○ I don't know

○ I prefer not to answer

22. Think about the last 12 months at a time when you were not feeling well (mentally or physically). Select the statement that best applies to you below:

○ I asked for help, and received the help I needed

○ I asked for help, and did NOT receive the help I needed

○ I did not ask for help

○ I did not need help in the last 12 months

Envision:You State of the State Survey 2021

Service Access: Care Seeking

The questions below ask about your experiences getting healthcare and wellness services.

23. Why did you not ask for help and/or get help? (select all that apply)

☐ I didn't know of services available	☐ There weren't services available in my preferred spoken or written language
☐ I didn't know how to get services	☐ I was afraid I would be reported to immigration or other services
☐ The wait was too long	
☐ I couldn't afford it	☐ I was afraid my parents would find out
☐ I didn't have transportation	☐ I was afraid my employer would find out
☐ I couldn't take time off work	☐ I was afraid someone else I know would find out
☐ I didn't believe services were LGBQ+ friendly	☐ I didn't think I needed it
☐ I didn't believe services were Trans friendly	☐ I didn't know who to ask
☐ I didn't feel mentally/emotionally ready to get services	☐ Services were not available due to COVID-19 restrictions

☐ Other (please specify)

[   ]

☐ I prefer not to answer

24. Which, if any, of the following services or spaces have you had difficulty accessing (for any reason)? (select all that apply)

- [ ] Medical or primary health care
- [ ] Support groups or resources
- [ ] Sober spaces
- [ ] Mental health services
- [ ] Homeless shelters
- [ ] Domestic violence resources
- [ ] Public bathrooms
- [ ] Housing supports (housing navigation, low-income or subsidized housing access, rental assistance, etc.)
- [ ] Sexual or reproductive health services
- [ ] Disability or special access needs
- [ ] Substance use treatment or recovery services
- [ ] Communities of faith
- [ ] Immigration services
- [ ] Other (please specify)

- [ ] Legal services
- [ ] Transportation
- [ ] Dental care
- [ ] Clothing or other household items
- [ ] Food and nutrition
- [ ] Public parks or outdoor spaces
- [ ] Gyms or recreation centers
- [ ] HIV care
- [ ] Job training, placement, or employment
- [ ] Schools or education resources
- [ ] None of the above
- [ ] I prefer not to answer

[   ]

- [ ] I have not had difficulty accessing any services or spaces

25. What was the reason you had difficulty accessing these services/spaces?

	I experienced discriminating or non-affirming language, practices, or interactions	I was not able to physically access the service or space comfortably	It was not open or available at times that were convenient for me	It was too expensive
Medical or primary health care	☐	☐	☐	☐
Support groups or resources	☐	☐	☐	☐
Sober spaces	☐	☐	☐	☐
Mental health services	☐	☐	☐	☐
Homeless shelters	☐	☐	☐	☐
Domestic violence resources	☐	☐	☐	☐
Public bathrooms	☐	☐	☐	☐
Housing supports (housing navigation, low-income or subsidized housing access, rental assistance, etc.)	☐	☐	☐	☐
Sexual or reproductive health services	☐	☐	☐	☐
Disability or special access needs	☐	☐	☐	☐
Substance use treatment or recovery services	☐	☐	☐	☐
Communities of faith	☐	☐	☐	☐
Immigration services	☐	☐	☐	☐
Legal services	☐	☐	☐	☐

	I experienced discriminating or non-affirming language, practices, or interactions	I was not able to physically access the service or space comfortably	It was not open or available at times that were convenient for me	It was too expensive
Transportation	☐	☐	☐	☐
Dental care	☐	☐	☐	☐
Clothing or other household items	☐	☐	☐	☐
Food and nutrition	☐	☐	☐	☐
Public parks or outdoor spaces	☐	☐	☐	☐
Gyms or recreation centers	☐	☐	☐	☐
HIV care	☐	☐	☐	☐
Job training, placement, or employment	☐	☐	☐	☐
Schools or education resources	☐	☐	☐	☐
None of the above	☐	☐	☐	☐
I prefer not to answer	☐	☐	☐	☐
[Insert text from Other]	☐	☐	☐	☐

The challenges I experienced were not listed above. Please describe what service or space you were trying to access and what challenge(s) you faced:

26. If there were a list of providers who were trained in, knowlededgable about, and sensitive to LGBTQ+ issues, how likely is it that you would use this list to choose a provider?

○ I would never use it

○ I would sometimes use it

○ I would always use it

27. Please rank the factors below from most important to least important to you when you are choosing a health care provider.

☰

⬍

Asking about my sexual orientation, gender identity, and/or relationship status

☰

⬍

Having LGBTQ+ inclusive forms

☰

⬍

Specialization in LGBTQ+ health topics (e.g. gender dysphoria, hormone therapy)

☰

⬍

Staff using gender-neutral language when talking about reproductive health, sexual health, or relationship status

☰

⬍

Having signs, posters, and other visible signals that the setting is LGBTQ+ inclusive

☰

⬍

Inclusion of sexual orientation and gender identity in their posted non-discrimination statement

☰

⬍

On-site gender-neutral restrooms

☰

⬍

LGBTQ+ staff members

☰

⬍

Staff having completed training on providing LGBTQ+ identity affirming care

☰

⬍

The number of individuals the provider has served that share my specific gender identity and/or sexual orientation

☰

⬍

Accepting my insurance

Mental Health & Substance Use History

The following questions ask about your experiences with mental health and substance use. This information is helpful to understand what providers can do to provide a higher level of care for the community. We know that this may be a sensitive or triggering topic, so you can always choose not to answer a question if you are uncomfortable doing so.

28. Have you used the following?

	Never	Yes, in the last 30 days	Yes, but not in the last 30 days	I prefer not to answer
Alcohol (beer, wine, liquor, etc.)	○	○	○	○
Tobacco (cigarettes, cigars, vape products, e-cigarettes)	○	○	○	○
Marijuana (weed, cannabis, pot, grass, hash, etc.)	○	○	○	○
Prescription **opioids** - not prescribed or in a non-prescribed dosage (fentanyl, OxyContin, Percocet, Vicodin, Methadone, Buprenorphine, etc.)	○	○	○	○
Prescription **stimulants** - not prescribed or in a non-prescribed dosage (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	○	○	○	○
Cocaine (coke, crack, etc.)	○	○	○	○
Hallucinogens or psychoactive substances (Special K, Ecstacy, Molly, LSD, Acid, PCP, GHB, mushrooms, etc.)	○	○	○	○
Prescription benzodiazepines - not prescribed or in a non-prescribed dosage (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, etc.)	○	○	○	○
Methamphetamine (tina, crystal meth, speed, ice, etc.)	○	○	○	○
Heroin	○	○	○	○

29. In the past 30 days, how frequently did you use each substance below?

	Only once or twice	About once a week	Daily or almost daily
Alcohol (beer, wine, liquor, etc.)	○	○	○
Tobacco (cigarettes, cigars, vape products, e-cigarettes)	○	○	○
Marijuana (weed, cannabis, pot, grass, hash, etc.)	○	○	○
Prescription **opioids** - not prescribed or in a non-prescribed dosage (fentanyl, OxyContin, Percocet, Vicodin, Methadone, Buprenorphine, etc.)	○	○	○
Prescription **stimulants** - not prescribed or in a non-prescribed dosage (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	○	○	○
Cocaine (coke, crack, etc.)	○	○	○
Hallucinogens or psychoactive substances (Special K, Ecstacy, Molly, LSD, Acid, PCP, GHB, mushrooms, etc.)	○	○	○
Prescription benzodiazepines - not prescribed or in a non-prescribed dosage (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, etc.)	○	○	○
Methamphetamine (tina, crystal meth, speed, ice, etc.)	○	○	○
Heroin	○	○	○

Colorado LGBTQ+ Mental Health
and Substance Use Disorder Initiative

30. Please describe your experience with any of the below. Check any and all experiences that apply to you for each item listed.

	I have experienced symptoms	I have been diagnosed	I am currently receiving treatment or have in the past	I am in recovery	None of these statements apply to me
Anxiety disorder (e.g., Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, Post-Traumatic Stress Disorder (PTSD), Social Anxiety Disorder)	☐	☐	☐	☐	☐
Mood disorder (e.g., Major Depressive Disorder, Bipolar Disorder)	☐	☐	☐	☐	☐
Eating disorder (e.g., Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Pica)	☐	☐	☐	☐	☐
Personality disorder (e.g., Paranoid Personality Disorder, Schizoid Personality Disorder, Schizotypal Personality Disorder, Antisocial Personality Disorder, Borderline Personality Disorder)	☐	☐	☐	☐	☐
Substance use disorder (e.g., Opioid Use Disorder, Marijuana Use Disorder, Nicotine Use Disorder, Alcohol Use Disorder, Stimulant Use Disorder)	☐	☐	☐	☐	☐

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31. For each diagnosis below, whom did you receive the diagnosis from?

	Medical doctor or psychiatrist	Physician assistant	Counselor, psychologist, or psychotherapist
Anxiety disorder (e.g., Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, Post-Traumatic Stress Disorder (PTSD), Social Anxiety Disorder)	☐	☐	☐
Mood disorder (e.g., Major Depressive Disorder, Bipolar Disorder)	☐	☐	☐
Eating disorder (e.g., Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Pica)	☐	☐	☐
Personality disorder (e.g., Paranoid Personality Disorder, Schizoid Personality Disorder, Schizotypal Personality Disorder, Antisocial Personality Disorder, Borderline Personality Disorder)	☐	☐	☐
Substance use disorder (e.g., Opioid Use Disorder, Marijuana Use Disorder, Nicotine Use Disorder, Alcohol Use Disorder, Stimulant Use Disorder)	☐	☐	☐

I was diagnosed by someone else (please describe):

[   ]

32. How strongly do you agree or disagree with the diagnoses you received below?

	Strongly disagree	Disagree	Agree	Strongly Agree	I would rather not say
Anxiety disorder (e.g., Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, Post-Traumatic Stress Disorder (PTSD), Social Anxiety Disorder)	○	○	○	○	○
Mood disorder (e.g., Major Depressive Disorder, Bipolar Disorder)	○	○	○	○	○
Eating disorder (e.g., Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Pica)	○	○	○	○	○
Personality disorder (e.g., Paranoid Personality Disorder, Schizoid Personality Disorder, Schizotypal Personality Disorder, Antisocial Personality Disorder, Borderline Personality Disorder)	○	○	○	○	○
Substance use disorder (e.g., Opioid Use Disorder, Marijuana Use Disorder, Nicotine Use Disorder, Alcohol Use Disorder, Stimulant Use Disorder)	○	○	○	○	○

33. Regarding mental health and/or substance use, which type of treatment have you received? (select all that apply)

	Therapy	Counseling	Support groups	Intensive outpatient	Inpatient or residential treatment	I have not engaged in any of these services
Anxiety disorder (e.g., Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, Post-Traumatic Stress Disorder (PTSD), Social Anxiety Disorder)	☐	☐	☐	☐	☐	☐
Mood disorder (e.g., Major Depressive Disorder, Bipolar Disorder)	☐	☐	☐	☐	☐	☐
Eating disorder (e.g., Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Pica)	☐	☐	☐	☐	☐	☐
Personality disorder (e.g., Paranoid Personality Disorder, Schizoid Personality Disorder, Schizotypal Personality Disorder, Antisocial Personality Disorder, Borderline Personality Disorder)	☐	☐	☐	☐	☐	☐
Substance use disorder (e.g., Opioid Use Disorder, Marijuana Use Disorder, Nicotine Use Disorder, Alcohol Use Disorder, Stimulant Use Disorder)	☐	☐	☐	☐	☐	☐

Please describe any other type of treatment(s) or services you received:

34. In the past 30 days, about how many days did your substance use, physical health, or mental health keep you from your usual activities?

Days affected by
substance use:

Days affected mental
health:

Days affected physical
health:

35. Do you have a substance use or mental health concern that has not been diagnosed or recognized? (select all that apply)

☐ Yes, I am worried about my mental health

☐ I prefer not to answer

☐ Yes, I am worried about my substance use

☐ No, I am not worried about any of the above

☐ Yes, I am worried I have an eating disorder
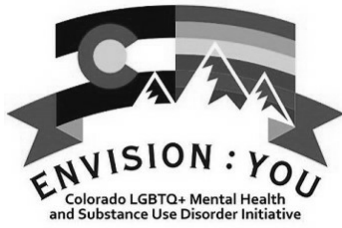
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36. Have you seen a primary care provider in the last year?

◯ Yes

◯ No

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Experiences in Health Care & Treatment Settings

The following questions ask about your experiences in health care settings.

37. Did your primary care provider ask you about your mental health?

○ Yes

○ No

38. Did your primary care provider ask you about your substance use?

○ Yes

○ No

○ I prefer not to answer

39. Have you seen an **<u>outpatient</u>** substance use treatment or mental health care provider in the last year? (i.e., you saw a therapist, counselor, or other behavioral health care provider for care but were not admitted to a facility for treatment)

○ Yes

○ No

○ I prefer not to answer

40. Have you seen an **<u>inpatient</u>** substance use treatment or mental health care provider in the last year? (i.e., you were admitted to the hospital or a residential treatment center for care)

○ Yes

○ No

○ I prefer not to answer
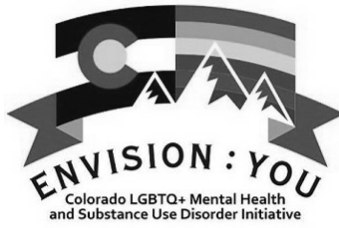
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41. Thinking about the most recent **<u>outpatient</u>** substance use treatment or mental health care provider you visited, please select your level of agreement/disagreement with each of the following statements.

	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure	This does not apply to me
My provider seemed comfortable with my sexual orientation and/or gender identity	○	○	○	○	○	○
My provider asked me about my sexual orientation, gender identity, and/or relationship status	○	○	○	○	○	○
My provider used gender-neutral language when talking about reproductive health, sexual health, or relationship status	○	○	○	○	○	○
My provider had signs, posters, and other visible signals that the office setting is LGBTQ+ inclusive	○	○	○	○	○	○
My provider included sexual orientation and gender identity in the organization's posted non-discrimination statement	○	○	○	○	○	○
My provider had gender neutral restrooms in the office and/or clinical setting	○	○	○	○	○	○
My provider had LGBTQ+ people on staff	○	○	○	○	○	○

	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure	This does not apply to me
My provider asked me about and addressed me by my correct pronouns	○	○	○	○	○	○
My provider asked me about and addressed me by my chosen name, rather than my legal name	○	○	○	○	○	○
My provider had frontline and support staff who seemed trained on LGBTQ+ competency	○	○	○	○	○	○
My provider had knowledge on transgender specific and related health care needs	○	○	○	○	○	○
My provider was comfortable with patients who identity as transgender	○	○	○	○	○	○
My provider addressed my transgender specific health care needs, not just my other medical needs	○	○	○	○	○	○
My provider had office policies and forms that are transgender inclusive	○	○	○	○	○	○
My provider had specific knowledge or training to deliver health care services to LGBTQ+ people	○	○	○	○	○	○
My provider used or provided a program, module, or curriculum that was designed specifically for use with LGBTQ+ populations	○	○	○	○	○	○
My provider made me feel comfortable sharing my experiences and needs as an LGBTQ+ person	○	○	○	○	○	○

	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure	This does not apply to me
My provider was able to refer me to appropriate and competent care and/or services	○	○	○	○	○	○

Colorado LGBTQ+ Mental Health
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42. Thinking about the most recent **inpatient** substance use treatment or mental health care provider you visited, please select your level of agreement/disagreement with each of the following statements.

	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure	This does not apply to me
My provider seemed comfortable with my sexual orientation and/or gender identity	○	○	○	○	○	○
My provider asked me about my sexual orientation, gender identity, and/or relationship status	○	○	○	○	○	○
My provider had LGBTQ+ inclusive forms that list sexual orientation, gender identity, and/or relationship status	○	○	○	○	○	○
My provider used gender-neutral language when talking about reproductive health, sexual health, or relationship status	○	○	○	○	○	○
My provider had signs, posters, and other visible signals that the office setting is LGBTQ+ inclusive	○	○	○	○	○	○
My provider included sexual orientation and gender identity in the organization's posted non-discrimination statement	○	○	○	○	○	○

	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure	This does not apply to me
My provider had gender neutral restrooms in the office and/or clinical setting	○	○	○	○	○	○
My provider had LGBTQ+ people on staff	○	○	○	○	○	○
My provider asked me about and addressed me by my correct pronouns	○	○	○	○	○	○
My provider asked me about and addressed me by my chosen name, rather than my legal name	○	○	○	○	○	○
My provider had frontline and support staff who seemed trained on LGBTQ+ competency	○	○	○	○	○	○
My provider had knowledge on transgender specific and related health care needs	○	○	○	○	○	○
My provider was comfortable with patients who identity as transgender	○	○	○	○	○	○
My provider addressed my transgender specific health care needs, not just my other medical needs	○	○	○	○	○	○
My provider had office policies and forms that are transgender inclusive	○	○	○	○	○	○
My provider had specific knowledge or training to deliver health care services to LGBTQ+ people	○	○	○	○	○	○
My provider used or provided a program, module, or curriculum that was designed specifically for use with LGBTQ+ populations	○	○	○	○	○	○

	Strongly disagree	Disagree	Agree	Strongly Agree	I am not sure	This does not apply to me
My provider made me feel comfortable sharing my experiences and needs as an LGBTQ+ person	○	○	○	○	○	○
My provider was able to refer me to appropriate and competent care and/or services	○	○	○	○	○	○

43. What do you wish behavioral health care providers could do better?

44. Has a behavioral health care provider ever invalidated or tried to change your sexual orientation or gender identity? (select all that apply)

- [ ] A behavioral health care provider has **invalidated** my identity(ies)
- [ ] A behavioral health care provider has **tried change** my identity(ies)
- [ ] I have never experienced any of the above

Envision:You State of the State Survey 2021

Impacts on Day-to-Day Life

The following questions ask about your day-to-day experiences.

45. Please reflect on the past 30 days up until today, and indicate your agreement/disagreement with each of the following statements.

|	Strongly disagree	Disagree	Agree	Strongly agree	I prefer not to answer
I deal effectively with daily problems.	○	○	○	○	○
I am able to cope with crisis.	○	○	○	○	○
I am able to handle my emotions.	○	○	○	○	○
I do well in social situations.	○	○	○	○	○
I do well in school and/or work	○	○	○	○	○
I am worthy and I matter.	○	○	○	○	○
I am hopeful about my future.	○	○	○	○	○
I belong to a community.	○	○	○	○	○
People care about me.	○	○	○	○	○
My health needs are being met.	○	○	○	○	○
My housing needs are being met.	○	○	○	○	○

Impacts on Day-to-Day Life (continued)

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. We know this may be a difficult or triggering subject. Please feel free to not answer any questions that make you feel uncomfortable, especially it if feels harmful or traumatic.

Please note that a list of resources will be available at the end of the survey should you need support or someone to talk to

46. Thinking about your experiences **before your 18th birthday**, please check all of the statements below that are true for you.

- [ ] I did not have enough to eat, had to wear dirty clothes, or had no one to protect or take care of me.
- [ ] I lost a parent through divorce, abandonment, death, or another reason.
- [ ] I lived with someone who was depressed, mentally ill, or attempted suicide.
- [ ] I lived with someone who had a problem with drinking or using drugs, including prescription drugs.
- [ ] My parents or other adults in my home hit, punched, beat, or threatened to harm each other.
- [ ] I lived with someone who went to jail or prison.
- [ ] A parent or adult in my home swore at me, insulted me, or put me down.
- [ ] A parent or adult in my home hit, beat, kicked, or physically hurt me in some way.
- [ ] I felt that no one in my family loved me or thought I was special.
- [ ] I experienced unwanted sexual contact.
- [ ] I prefer not to answer.
- [ ] I did not experience any of the above.

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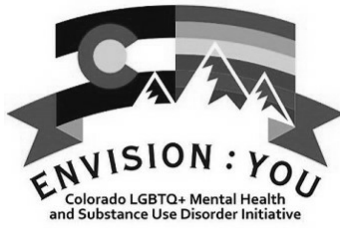
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Impact on Day-to-Day Life

The following questions ask about your experiences with self-harm and suicide. We recognize that this may be a difficult or triggering subject. Please feel free to not answer any questions that make you feel uncomfortable, especially it if feels harmful or traumatic.

47. Have you ever seriously considered harming yourself?

○ Yes, in the past 30 days

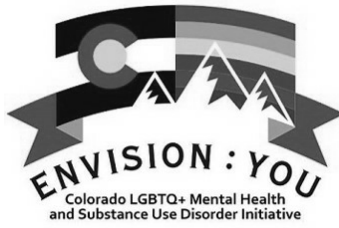○ Yes, but not in the past 30 days

○ No

○ I prefer not to answer

Envision:You State of the State Survey 2021

Impact on Day-to-Day Life

48. Have you ever harmed yourself on purpose?

○ Yes, in the past 30 days

○ Yes, but not in the past 30 days

○ No

○ I prefer not to answer

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Impact on Day-to-Day Life

49. Have you ever seriously considered suicide?

◯ Yes, in the past 30 days

◯ Yes, but not in the past 30 days

◯ No

◯ I prefer not to answer

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Impact on Day-to-Day Life

50. Have you ever attempted suicide?

- ◯ Yes, in the past 30 days
- ◯ Yes, but not in the past 30 days
- ◯ No
- ◯ I prefer not to answer

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Social Supports

The following questions ask about the social support systems you have in your life.

51. Please rate how supported you feel by the following sources.

	Not at all supported	Somewhat supported	Very supported	This support source is not important to me
Therapist	○	○	○	○
School counselor, teacher, or other staff	○	○	○	○
Support group	○	○	○	○
Friends	○	○	○	○
Family	○	○	○	○
Spiritual or religious spaces	○	○	○	○
Online spaces (e.g., social media, reddit, YouTube, discussion boards)	○	○	○	○
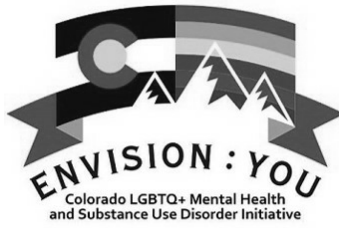
52. Have you experienced a loss of your support system(s) as a result of circumstances related to COVID-19?

◯ Yes

◯ No

◯ I prefer not to answer

53. Please select the response for each statement that applies to you.

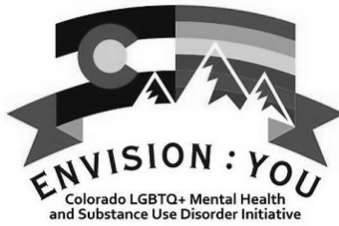|	Strongly disagree	Disagree	Agree	Strongly agree
I have people in my life that I know I can rely on.	◯	◯	◯	◯
I have the support I need right now to manage my mental health.	◯	◯	◯	◯
I feel supported at my school or workplace.	◯	◯	◯	◯
I have come out to or shared my identity(ies) with the people in my life that are important to me.	◯	◯	◯	◯

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Final Comments

54. What do you think is the most pressing health issue facing LGBTQ+ Coloradans right now?

55. Please share anything else that you think is important for people to understand about your experiences below.

Envision:You State of the State Survey 2021

Thank you so much for your participation in this survey! Your responses will help us better understand the lived experiences of LGBTQ+ Coloradans. The results of this survey will be used to guide the work of Envision:You, state and local policymakers, and providers of behavioral health services in Colorado.

As a reminder, the information you have provided will be kept confidential. The results of this survey will be presented in group form, so that no one will know it was you specifically that responded.

To thank you for your participation, please click the submit button below and you will be sent to a separate form where you can enter your contact information to receive a $15 gift card to one of three retailers: King Soopers/City Market, Safeway/Albertsons, or Target. You may also decide to donate your gift card back to Envision:You's survey efforts to benefit the community.

If you are in need of immediate resources or services, check out the links below:

Colorado Crisis Services / Servicios de Crisis de Colorado

CO Wellness Recovery Mental Wellness and Addiction Recovery Guide

Envision:You Resource Guide