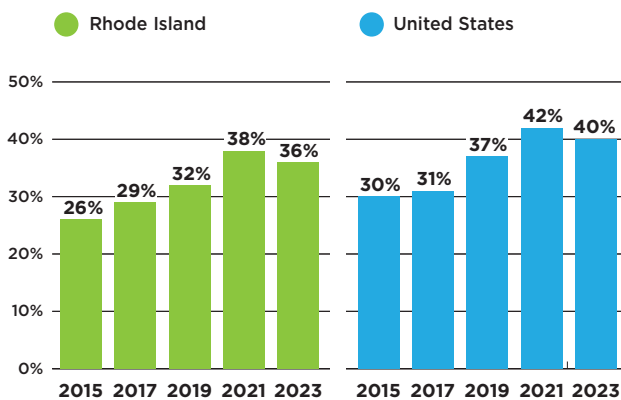


Supporting the Mental Health of BIPOC and LGBTQ+ Youth in Rhode Island

Even before the COVID-19 pandemic, youth were experiencing mental health challenges, but during the pandemic, there were steep increases in the number of youth experiencing anxiety and depression.¹ Youth experienced new stressors including school closures and virtual learning, isolation from their peers and caring adults, disruptions in their schedules, economic insecurity, increased stress and uncertainty, and the loss of parents, caregivers, and other loved ones.² Although the pandemic's peak has passed, the shockwaves it has left behind can still be felt.

We are currently in a mental health crisis both nationally and in Rhode Island.^{3,4}

FEELINGS OF SADNESS OR HOPELESSNESS AMONG HIGH SCHOOL STUDENTS, RHODE ISLAND AND UNITED STATES, 2015-2023



Source: Youth Risk Behavior Survey, 2015-2023.

- The Youth Risk Behavior Survey (YRBS) is conducted every two years and is used to monitor the health and health behaviors, including mental health, of students in grades 9 through 12.⁵
- From 2015 through 2021 across the nation and in Rhode Island, more and more students reported feeling sad or hopeless for more than two weeks during the previous year.^{6,7}
- From 2021 through 2023, rates began declining in both Rhode Island and nationally but remained quite high.^{8,9}

There are also **significant differences in mental health by race and ethnicity and higher rates among Black, Indigenous, and other people of color (BIPOC) and lesbian, gay, bisexual, transgender, queer (LGBTQ+) youth.**

This policy brief will use both quantitative data and the voices of Rhode Island youth to describe the mental health disparities we see, its causes, and how best to support these young people.



Racial and Ethnic Disparities in Youth Mental Health

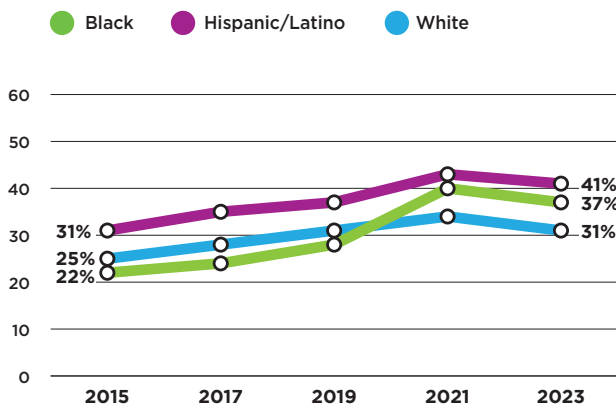
In the U.S., Youth of Color have higher rates of anxiety and depression and suicidality than their white peers. In 2021, Hispanic and multiracial students were more likely than their Asian, Black, or white peers to have persistent feelings of sadness or hopelessness. In that same year, 2021, Black and multiracial students were more likely than their Asian, Hispanic, or white peers to attempt suicide.¹⁰ In fact, from 1991 to 2017 there was a 73% increase in suicide attempts among Black adolescents. The suicide death rate among Black youth has been increasing faster than any other racial/ethnic group.¹¹

These trends are also seen in Rhode Island, and disparities have widened over time.¹² Youth of Color were more likely to face COVID-19 stressors, such as household unemployment, loss of a loved one, and increased

isolation and were more likely to have their mental health impacted by the pandemic.¹³ Youth of Color are also less likely to receive treatment for mental health problems, and when they do receive treatment it is more likely to be inadequate due to the lack of a diverse and culturally and linguistically competent workforce.¹⁴ Disparities in access to treatment can be attributed to underlying determinants of mental health, including adverse childhood experiences (ACEs), chronic stress, racism, and discrimination.¹⁵

Another problem is the lack of data collection and representation among some smaller racial and ethnic groups, including the Native American or Indigenous population.

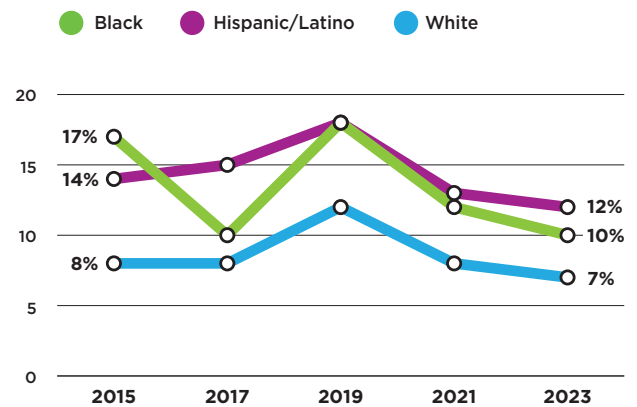
FEELINGS OF SADNESS OR HOPELESSNESS AMONG HIGH SCHOOL STUDENTS, RHODE ISLAND, BY RACE AND ETHNICITY, 2015-2023



Source: Rhode Island Youth Risk Behavior Survey, 2015-2023.

- In Rhode Island, Hispanic/Latino high school students have consistently reported higher rates of sadness and hopelessness across all years when compared to Black and white students. In 2021, 43% of Hispanic youth reported feeling sad or hopeless almost every day for more than two weeks.¹⁶
- While youth in all racial and ethnic groups reported increases in rates of sadness and hopelessness during the pandemic (from 2019 to 2021), in Rhode Island, Black youth showed the largest increase from 28% in 2019 to 40% in 2021.¹⁷
- Data on Asian and Multiracial youth was not reported until 2021. In 2021, 39% of Asian students reported feeling sad or hopeless and by 2023 this number had dropped to 32%. Multiracial students had among the highest rates of sadness and hopelessness, 42% in 2021 and 56% in 2023.¹⁸

SUICIDE ATTEMPTS AMONG HIGH SCHOOL STUDENTS, RHODE ISLAND, BY RACE AND ETHNICITY, 2015-2023



Source: Rhode Island Youth Risk Behavior Survey, 2015-2023.

- In 2023, 9% of Rhode Island high school students reported attempting suicide one or more times during the past year. Black and Hispanic/Latino teens consistently have higher rates of suicide attempts than white teens.¹⁹
- Every year since 2015, more than one in ten Black and Hispanic/Latino students reported attempting suicide.²⁰
- Data on Asian and Multiracial youth was not reported until 2021. In 2021, 9% of Asian students reported attempting suicide, and by 2023 this number had dropped to 5%. However, Multiracial students had among the highest rates of suicide attempts, 12% in 2021 and 16% in 2023.²¹

The Mental Health of LGBTQ+ Youth in Rhode Island

In the U.S. LGBTQ+ youth are more likely to have mental health conditions and suicidal ideation than their peers.²² LGBTQ+ youth were also disproportionately impacted by the COVID-19 pandemic. Many of these youth lost access to school-based services and supports during the pandemic and may have been in lockdowns in environments where they were not supported or accepted.²³

In the U.S. more than half (53%) of transgender and nonbinary youth (youth who do not identify as exclusively male or female) seriously considered suicide in the prior year compared to 33% of cisgender (youth whose gender identity matches the sex they were assigned at birth) LGB youth. Among transgender and nonbinary youth, 93% report that they are worried

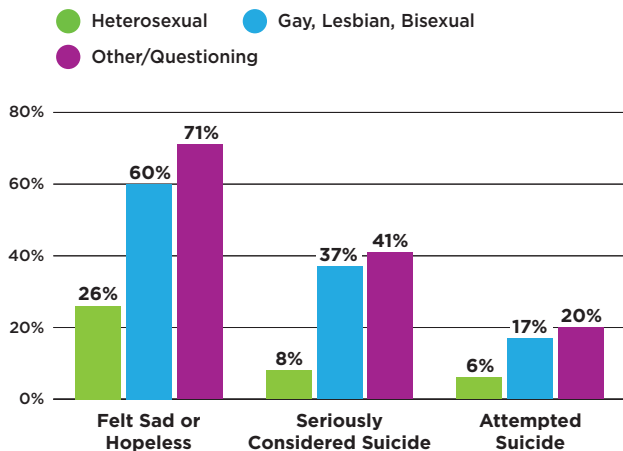
about anti-trans legislation that would deny them access to gender-affirming care.²⁴

Nationally, LGBTQ+ high school students were more than twice as likely to experience persistent feelings of sadness and hopelessness compared to their peers. Almost two-thirds (65%) of LGBTQ+ high school students reported persistent feelings of sadness and hopelessness over the past year, compared to 31% of their cisgender and heterosexual peers. LGBTQ+ students were also more than three times as likely to report seriously considering attempting suicide (41% vs. 13%) and to report attempting suicide (20% vs. 6%).²⁵

There are the same troubling disparities in mental health here in Rhode Island.



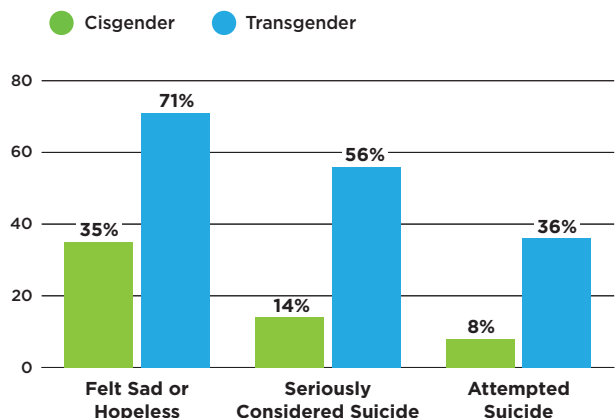
MENTAL HEALTH OF HIGH SCHOOL STUDENTS, RHODE ISLAND, BY SEXUAL ORIENTATION, 2023



Source: Rhode Island Youth Risk Behavior Survey, 2023.

- In Rhode Island, lesbian, gay, and bisexual students (60%) and youth who identified as other or questioning (71%) were more than twice as likely to report persistent feelings of sadness and hopelessness compared to their heterosexual peers (26%).²⁶
- Disparities were even larger when looking at youth who seriously considered committing suicide. Among heterosexual teens, 8% seriously considered committing suicide. Rates were more than four times higher among LGB youth (37%) and other or questioning youth (41%).²⁷
- The same pattern held true for youth who reported attempting suicide. LGB students (17%) and other/questioning youth (20%) were three times more likely to report one or more suicide attempts in the previous year as their heterosexual peers.²⁸

MENTAL HEALTH OF HIGH SCHOOL STUDENTS, RHODE ISLAND, BY GENDER IDENTITY, 2021 AND 2023



Source: Rhode Island Youth Risk Behavior Survey, 2021 and 2023.

- A recent report combined data from the 2021 and 2023 Rhode Island Youth Risk Behavior Survey to be able to capture reliable data on transgender youth. Overall, 3.5% of Rhode Island high school students identified as transgender.²⁹
- Among transgender students, 84% identified as lesbian, gay, or bisexual, compared to 16% of cisgender students.³⁰
- Transgender students were more than twice as likely as cisgender students (71% vs. 35%) to report feeling so sad or hopeless for two or more weeks in the past year that they stopped doing normal activities.³¹
- Transgender students were also four times more likely than cisgender students to report both seriously considering (56% vs. 14%) and attempting suicide in the past year (36% vs. 8%).³²

Executive Summary

National and Rhode Island data have found **significant differences in mental health by race and ethnicity and higher rates of anxiety, depression, and suicide attempts among lesbian, gay, bisexual, transgender, queer (LGBTQ+) youth.** The goal of this report was to raise awareness about these disparities and to examine the reasons why Youth of Color and youth in the LGBTQ+ community have higher rates of mental health

problems. Rather than just looking at the quantitative data, we wanted to talk to youth about why they believe these disparities exist and what changes in schools and communities and services and supports they think are needed to improve the mental health of all our youth, particularly Youth of Color and those in the LGBTQ+ community.



Focus Group Overview

Rhode Island KIDS COUNT planned and conducted the focus groups. Youth were recruited from two youth development organizations in Rhode Island, **Young Voices** and **Youth Pride Inc.** Both organizations are located in Providence, Rhode Island and serve a diverse group of young people from Providence and surrounding areas.

Youth were asked questions about:

- Why they thought youth were experiencing higher rates of mental health problems, such as anxiety and depression, than they had in the past
- Why they thought Youth of Color and LGBTQ+ youth experienced higher rates of mental health problems, such as anxiety and depression, than other youth
- What resources families, schools, and communities need to offer to better meet the mental health needs of young people, particularly BIPOC and LGBTQ+ youth

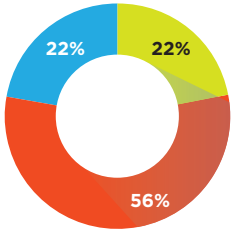
All focus groups were recorded and transcribed. After reviewing the transcripts, we identified key themes and highlighted quotes from youth that best illustrated these themes. **We hope that these findings help inform families, schools, mental health providers, and other community leaders about the needs of youth and ensure that youth voice is at the center of decision making about school and community resource allocation.**

Disclaimer

While it is crucial to examine the racial, ethnic, and LGBTQ+ disparities in mental health needs and describe issues faced by different communities, we want to acknowledge that this brief may include statistics and language that some may find triggering. We also want to acknowledge that youth's identities are complex and that they may experience multiple forms of discrimination due to their race, ethnicity, sexual orientation, and gender identity.

Characteristics of Youth Participants

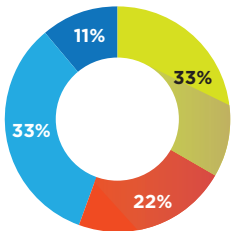
To better understand the issues faced by BIPOC and/or LGBTQ+ youth in Rhode Island, we hosted two focus groups, the first with youth from Youth Pride Inc. and the second with Young Voices youth. A total of nine youth participated in the focus groups. Students ranged in age from 16 to 18 and were mostly from Providence, RI. All students self-identified as BIPOC with the majority being Hispanic/Latino and/or Black. All students, except one, identified as lesbian, gay, bisexual, gender nonconforming, transgender, or unlabeled. While experiences of BIPOC and LGBTQ+ youth differ based on their individual lives and exposure to harmful narratives, we found that the information they shared largely reflected both national and local data.



N=9 youth

Ages of Participating Youth

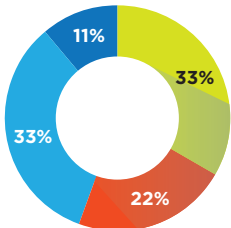
16	2 (22%)
17	5 (56%)
18	2 (22%)



N=9 youth

Race/Ethnicity of Participating Youth

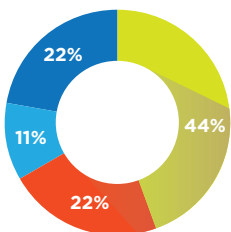
Black/African American	3 (33%)
Black/Hispanic	2 (22%)
Hispanic/Latino	3 (33%)
Hispanic/Native American	1 (11%)



N=9 youth

Languages Spoken at Home By Participating Youth

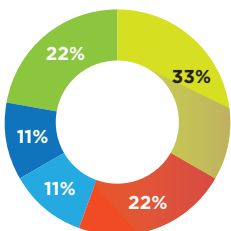
English Only	3 (33%)
Spanish Only	2 (22%)
English and Spanish	3 (33%)
English and Yoruba	1 (11%)



N=9 youth

Sexual Orientation of Participating Youth

Bisexual	4 (44%)
Heterosexual	2 (22%)
Lesbian	1 (11%)
Unlabeled	2 (22%)



N=9 youth

Gender Identity of Participating Youth

Cisgender Female	3 (33%)
Cisgender Male	2 (22%)
Gender Nonconforming	1 (11%)
Transgender Female	1 (11%)
Transgender Male	2 (22%)



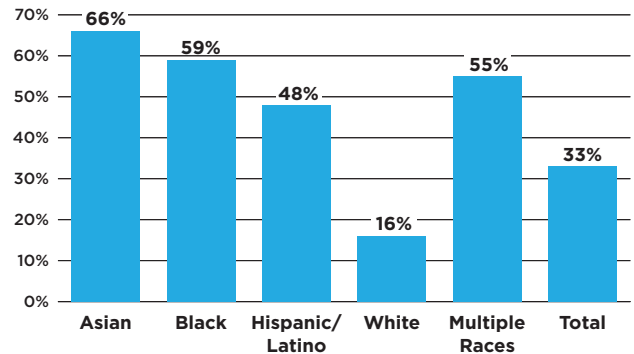
Impact of Discrimination and Toxic Stress on the Mental Health of BIPOC Youth

Adversities faced during early childhood disrupt the development of the brain and biological systems and can result in short-term harm and long-term negative outcomes, such as depression, substance use disorders, suicide, and certain chronic diseases in adulthood.^{33,34,35} Maltreatment -- child neglect or abuse -- is one example of an adverse childhood experience (ACE). Other ACEs include poverty, domestic violence, neighborhood violence, parental mental illness, homelessness, parental substance use disorders, and other forms of trauma that occur in childhood.³⁶ Deficiencies in the built environment including a child's sense of safety, or lack of safety, is also considered an ACE. The cumulative effect of multiple adverse experiences in childhood can have devastating long-term consequences.³⁷ Children and youth who experience four or more ACEs are more likely to experience behavior problems, anxiety, and depression than those with no exposure to ACEs due to elevated toxic stress levels.³⁸

Children of Color are at an increased risk of elevated toxic stress that impacts long-term health due to pervasive, systemic racism. Racism's toxic legacy includes generational trauma and economic inequity. The impact of racial discrimination can be harmful to the development of young people. Persistent stress from adverse experiences like racism can lead to increased mental health problems. Creating culturally responsive family supports, preventing neighborhood violence, strengthening financial security at the household level, promoting family home visiting programs, and cultivating and sustaining afterschool programs are all evidence-based strategies for preventing ACEs and lessening their severity if they have already occurred.³⁹

Although all youth can be discriminated against, Youth of Color are more likely to experience daily discrimination.⁴⁰ In Rhode Island, Asian, Black, and Hispanic/Latino youth are more likely than white youth to feel that they have been treated unfairly because of their race or ethnicity during their lifetime.⁴¹

PERCENTAGE OF HIGH SCHOOL STUDENTS WHO FEEL THEY WERE TREATED BADLY OR UNFAIRLY IN SCHOOL BECAUSE OF THEIR RACE OR ETHNICITY, RHODE ISLAND, 2023



Source: Rhode Island Youth Risk Behavior Survey, 2023.

Youth experience racism, discrimination, and toxic stress in both the real world and in the digital world through social media.

"You find one piece of negative [information online], and you find it ha-ha funny. You like it. Next thing you know, your feed is full of racism, discrimination, hatred, and then, next thing you know, you can't tell whether it's a joke or not."

"It's really easy to find things online that can be really traumatizing, and it can...like, when you're exposed to such desensitized violence, it can make you feel like, "Well, this is, this is worthless. Like, my life is worthless." Like, you feel sad."

Instances of community violence, like police violence directed towards BIPOC communities impact youth.

One study found that unarmed killings of African Americans was associated with an 11% increase in African Americans admitted to the emergency room for depression-related emergencies not just during that month but three months later.^{42,43}

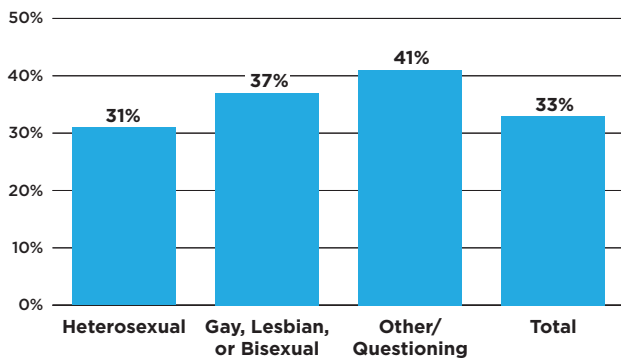
"BLM protests, everything we saw was that, even online, which typically was an escape for people from real life. Then it was just news coverage of that all the time. So, if that's all you see, naturally, it's just gonna become...your mental health's gonna decline."



The Impact of Discrimination and Rejection on the Mental Health of LGBTQ+ Youth

Discrimination also impacts the mental health of LGBTQ+ youth. Many young LGBTQ+ people report having negative experiences that occur during school. Nationally, 46% of LGBTQ+ youth felt they had been discriminated against in the past year due to their sexual orientation, while 65% of transgender and nonbinary young people reported experiencing discrimination in the past year.⁴⁴

PERCENTAGE OF HIGH SCHOOL STUDENTS WHO FEEL THEY WERE TREATED BADLY OR UNFAIRLY IN SCHOOL BECAUSE OF SEXUAL ORIENTATION, RHODE ISLAND, 2023



Source: *Rhode Island Youth Risk Behavior Survey, 2023.*

“I feel like I saw something like this before about LGBT people having higher mental health issues than heterosexual counterparts, and I mean I always hear the conservatives and other homophobes, they’re like, “Look at these people, their bad mental health. That’s why they’re bad and we’re better than them. It’s not that being gay, trans, or whatever is bad. It’s that you’re not accepting us, and then the fact that you guys keep bullying us, that’s what ruins our mental health.”

Many youth also report that their parents are not supportive of them and do not accept their sexual orientation or gender identity. This rejection can be painful and affect their mental health.

“A lot of the time kids who aren’t already open are monitored heavily by their parents...kids just don’t have really the chance to get support, even if it’s available to them...because everything is monitored by their parents, who usually aren’t exactly accepting.”

“I think it’s a little more harder, especially with maybe not just in Rhode Island, but just in general with a lot of states wanting to pass bills that school counselors or admin has to write to tell parents if their child is transgender or gay or anything. So, it definitely makes kids feel unsafe in schools, in their homes, and just anywhere. And it does make support a little harder to reach out to because they feel like, “I don’t know. My parents will find this,” or anything like that.”

“My mother, she can be quite transphobic and can say quite mean things about trans people like me. She’s called me names in the past.”

They also worry about fitting in and about the impact of coming out in a world that might not accept them.

“I feel like being questioning in a world like this can definitely decrease your mental health a lot because it’s like, “Oh, I don’t know what I am. I know I should be this way, but I can’t ‘cause I don’t feel that way.”

“I mean, they’re questioning themselves. They’re pressured to put on this label. You’re scared of coming out because they could be ridiculed in so many ways. Hiding, having to conform, and trying to assimilate in order to not be found out is very stressful, especially if you’re questioning too. You’re having an internal battle with yourself.”

Intersectionality

It is crucial to understand that race/ethnicity, sexual orientation, and gender identity are all intersectional identities. The data showing large and unacceptable disparities by race/ethnicity, sexual orientation, and

gender identify alone are concerning; however, the concern grows when you look at the issue of intersectionality and the combined risks for mental health problems some youth face.



Impact of Social Media on Mental Health

In the digital world, many young people are using social media. Research shows that the impacts of social media vary and can be both positive and negative. Importantly, different youth are affected by social media in different ways, based on their individual strengths and vulnerabilities, and based on other factors.^{45,46}

The impacts vary by:

- What a teen sees and does online
- Amount of time spent
- Psychological factors
- Personal life circumstances

Viewing negative content on social media can be especially risky for teens who already have mental health conditions.

“It’s a bunch of negativity...It’s just a bad place...While it does give you a quick spike of dopamine, It guess ‘cause you get to see all the fun things your friends are doing. Another thing it does is, there’s this “Missing Out Syndrome” or something it’s called... where you see one friend doing something fun. You’re like, “I could be out there doing something fun,” and then you get sad ‘cause you’re not doing anything with your life, and then you feel bad.

“I keep getting homophobic, transphobic, and racist ads too now. So, like, that’s fun. I wish I could get rid of these, but I can’t, so what I can do? Just deal with it.”

There’s also some evidence that social media can be a resource for teens who are looking for peers experiencing similar challenges or information (e.g., trans teens). Social media can provide benefits for some youth by providing positive connections with others who share identities, abilities, and interests. It can provide access to important information and create a space for self-expression.⁴⁷



Impact of COVID-19 on Mental Health

During the COVID-19 pandemic, children experienced many changes in their daily lives, including school closures and virtual learning, isolation from their peers and caring adults, disruptions in their schedules, economic insecurity, increased stress and uncertainty, and the loss of parents, caregivers, and other loved ones.⁴⁸ **Youth of Color were more likely to face COVID-19 related stressors**, such as household unemployment, loss of a loved one, and increased isolation and more likely to have their mental health impacted by the pandemic.⁴⁹ **LGBTQ+ youth were also disproportionately impacted by the COVID-19 pandemic.** Nationally, 62% of Gay, Lesbian, or Bisexual Youth and 64% of Other or Questioning Youth reported that their mental health was not good most of the time or always during the COVID-19 pandemic, compared to 30% of heterosexual youth.⁵⁰

“The pandemic hit a lot of people really hard. We were all stuck inside our house. You didn’t really build social skills, so once we got out, it was kind of...hard to make friends and things like that.”

“I had bad social anxiety, and then my mental health started plummeting, like right when we went to school again. I think COVID and being stuck in the house with your parents all day really impacts you. It’s stressful. Being stuck in the house with their parents probably stressed them out and changed them mentally.”

However, **some youth found that the isolation and alone time provided time to get to know themselves better.**

“I think COVID was both, I guess, a blessing and a curse. I’m not sure if it was a little before COVID or during COVID, but I think that COVID might have helped me a little bit. I guess it helped me to figure out my true self...when you’re alone, I guess you can reflect and just learn more about yourself...but being alone for too long isn’t really great because people are social creatures and are designed to want interactions with other people.”

What Youth Say They Need from Their Family, School, and Community

Many youth highlighted the fact that, overall, there is less stigma associated with talking about mental health and seeking help. However, **many young people noted that there are cultural differences and that in some communities this stigma is still very present.**

“I feel like a lot of people of color, especially people who come from immigrant parents are way less likely to talk about their feelings because their parents come from a place where they don’t believe in that.”

“...a lot of Hispanic parents are really religious and they’re like old school, so they kind of don’t believe in mental health a lot.”

“A home, I think it’s also pretty hard, ‘cause a lot of Hispanic families, they don’t think mental health even exists.”

Some suggested that schools and communities could support parents and families in better understanding mental health and the issues their children are facing.

“I think we should do programs that help you out in school - classes or something like that - to help not only the kids and parents learn how to help out your queer child or how to help out when your child has anxiety and depression.”

Youth saw schools as a place they could turn to for help, but they also expressed concerns about the adequacy of the services offered in schools.

“The best kind of schools are trauma-informed schools. I mean, it will give them safety, security. It will help them feel understood...‘cause not all kids are bad kids or “troubled kids.” They’re just going through something right now, and we need adults who are not only trauma-informed but know how to fulfill their emotional needs and can communicate with them on their level.

“Right now, there’s a minimum of social workers in our schools...when I first started talking to my social worker, I liked it, but then I started not having access to him, so I stopped going.”

“At my school, sometimes the office is closed on Mondays ‘cause they have meetings in there, but I could have a panic attack on a Monday.”

They also really **appreciated afterschool and youth development programs that “made them not feel alone,”** pointed them to mental health resources, and were staffed by people who have gone through struggles similar to their own. They specifically mentioned getting help from Youth in Action, Youth Pride, Young Voices, Providence Student Union, ARISE, New Urban Arts, AfterZone, and Boys and Girls Clubs.

“The majority of what we need is people that will

believe in us and that will understand where we’re coming from.”

“Some of YPI’s staff themselves have gone through the same issue and can be guides, especially if you’re struggling with your sexual identity or your sexual orientation or your gender identity. It’s a great place to come and talk to people where you can just be yourself.”

Other youth noted that, “all these programs, they help with community stuff, but I feel like we don’t have a lot of programs solely just for mental health.” They also mentioned that **programs were concentrated in Providence with less access elsewhere.**

“I really wish we had more places like YPI ‘cause... I don’t have a car...so a place closer to where I live would be amazing, but since there’s nothing closer, I take my bike and ride it an hour to come here.”

Throughout our focus groups, we asked students why they returned to the programs they were in. All of them mentioned that trust in staff and people in the organization was an important part of their continued participation. On the other hand, when students were asked what barriers to mental health services they faced, they also mentioned trust. For LGBTQ+ students especially it is more than a preference but an issue of safety. The fear of being outed or discriminated against by a medical professional is a key aspect of their refusal to seek help. A report by Mental Health America found that 22% of transgender individuals avoided health care out of concern of being discriminated against.

For BIPOC students a different fear is internalized, with students potentially having families that don’t believe in mental health issues. To support Youth of Color it is important that a professional provides validation and reassurance. When it comes to trust, it is also important to acknowledge how identities can be intersectional. For example, BIPOC youth that are also transgender may refuse mental health support out of fear of discrimination and more generally the downplaying of their mental health.

Additionally, individuals who aren’t fluent or comfortable in their English-speaking abilities need an additional system of support to accessing mental health services. One study found that one in five Spanish calls ended with the scheduler hanging up or saying that no one was available.

Many youth expressed frustration when it came to the current mental health workforce. While important for all young people, BIPOC and LGBTQ+ youth especially want a mental health professional that looks like them or resonates with their experiences. Youth that did use mental health services repeatedly stated that the similarities in identity were a reason for returning. Addressing the current workforce shortage must also include a focus on diversifying the workforce.

Recommendations

- **Work to recruit and retain more mental health providers with a particular focus on diversifying the workforce** so youth can have mental health professionals that look like them, speak their language, and understand their identities and experiences. Provide funding for pathways to licensure, scholarships, and student loan forgiveness programs to help diversify the workforce.



- **Ensure that the *Trauma-Informed Schools Act* is implemented** and that schools receive adequate funding and other support for this implementation.
- **Acknowledge and address the traumatic experiences of students, including those related to poverty, violence, hate crimes, health crises, witnessing of racial injustices, and the long-standing impacts of systemic racism on students and their families.**
- **Provide and require all educators and school staff to engage in trauma and mental health training** including common causes of mental health challenges and trauma and how to recognize the signs of distress.
- **Ensure that all staff know how to connect students to mental health services that are culturally and linguistically appropriate and develop a system for making referrals.**
- **Provide needed funding to increase the number of school-based mental health professionals** and provide more opportunities for existing school-based mental health professionals to address the immediate needs of students.
- **Ensure that schools provide safe and supportive learning environments for all youth** by fostering an educational environment that is safe and free from discrimination for all students, regardless of their race, ethnicity, gender, sexual orientation, gender identity, or gender expression and where students can be truly comfortable in their own person.
- **Respond promptly and effectively to harassment** based on a student's actual or perceived gender identity, transgender status, or gender transition.
- **Treat students in a manner that is consistent with their gender identity** even if their school records or identification documents indicate a different sex.
- **Protect students' privacy related to their sexual orientation and gender identity** as is required by Title IX and the Family Educational Rights and Privacy Act. Speak with students before discussing their gender identity or transgender status with their parent or guardian. Do not discuss a student's gender identity with their parent or guardian if it may jeopardize the student's physical or mental safety.
- **Provide students access to restrooms, locker rooms, and changing areas that correspond to their gender identity.**
- **Provide information to parents about how they can support and understand their children's mental health and the issues they are facing** (including how to talk about racism, sexual orientation, and gender identity) in schools, health care providers' offices, and other community settings. Brochures, trainings, and other resources should be accessible, translated into multiple languages, and offered in places and at times that work for families.
- **Provide the investments needed to increase access to high-quality, affordable Out-of-School Time programs.**
- **Provide students and their parents with information on community-based organizations that reflect the identities of students** and integrate these organizations into academic and school support systems.
- **Provide youth and their parents with information on the U.S Surgeon General's warnings about how social media is contributing to the youth mental health crisis** and recommendations about how to reduce the influence of social media on young people.
- **Include questions about race, ethnicity, sexual orientation, and gender identity in surveys of youth** to provide better data and information on the needs of diverse groups of students.

Resources

988 Suicide & Crisis Lifeline

A national free to use lifeline lead by professionals across the United States specializing in distress, prevention, and crisis resources for either the caller or a loved one. They also list specific resources for multiple different identities and scenarios.

- 988
- <https://988lifeline.org/>

Trans Lifeline

Trans Lifeline supports trans individuals by providing both emotional and financial support to those in crisis. Run by trans individuals, this grassroots hotline can be reached from 1 PM to 9 PM EST and provides services in both English and Spanish.

- (877) 565-8860
- <https://translifeline.org/>

Call Blackline

Call Blackline is a national hotline which specializes in providing peer support, counseling, reporting of mistreatment, and affirming those that have been impacted by systemic oppression. As a part of their mission, they prioritize BIPOC individuals and are run by a combination of professionals, trained volunteers, and collaborative partners.

- 1 (800) 604-5841
- www.callblackline.com

Children's Mobile Crisis (CMC)

This 24/7 hotline run by Family Service of RI specializes in assisting youth experiencing either a mental or behavioral health emergency. CMC can be used for youth ages 2 to 21 years old experiencing a wide range of situations.

- (401) 854-6678
- www.familyserviceri.org/programs/childrens-mobile-crisis

NAMI Teen & Young Adult Helpline

Run by the National Alliance on Mental Illness, this youth helpline offers nationwide peer support services. Run by trained young people, they are able to provide information, resource referrals, and general support. This hotline is available through phone, text or chat.

- 1-800-950-NAMI (6264)
- www.nami.org/Support-Education/NAMI-HelpLine/Teen-Young-Adult-HelpLine

The Trevor Project Suicide Hotline

The Trevor Project's suicide hotline specializes in the mental health needs of LGBTQ young people. Their services are national, free and can be accessed through text, call, or a chat room on their site. All of their services are 24/7 and run by trained crisis counselors.

- 1-866-488-7386
- www.thetrevorproject.org/get-help

Melanin & Mental Health

Melanin & Mental Health is a national organization that focuses on connecting BIPOC individuals with culturally competent mental health providers. Additionally, they provide a list of alternative resources and websites.

- www.melaninandmentalhealth.com

Mobile Response and Stabilization Services (MRSS)

This service is a crisis intervention model that provides immediate, on-site intervention to children and youth experiencing a behavioral health crisis. MRSS provides three phases of support beginning with a screening and ending with a short-term behavioral health intervention which may last up to 30 days.

- 401-615-9374
- www.tidesfs.org

Youth Pride, Inc.

Youth Pride, Inc. is based in Providence and known for supporting LGBTQ+ youth. Youth Pride Inc. provides all students with free mental health professionals and a supportive space. They also try to support youth ranging in age from 3-24 with:

- A fully stocked pantry
- Working kitchen, utensils, spices, pots, and pans
- Fully stocked closet
- Library filled with LGBTQ+ related books
- And much more!

YPI not only gives students a space to be themselves and safe but is revolutionary in their holistic approach to mental health. To learn more about them and their work please visit <https://www.youthprideri.org/>

References

- ¹ *Youth Risk Behavior Survey, 2015-2023.*
- ^{2,15,48} The Annie E. Casey Foundation. (2022). *2022 kids count data book: State trends in child well-being.* Baltimore, MD: The Annie E. Casey Foundation.
- ^{3,13,23,46,47,49} *Protecting youth mental health: The U.S. Surgeon General's advisory.* (2021). U.S. Department of Health and Human Services, Office of the Surgeon General.
- ⁴ *AAP-ACAP-CHA Declaration of a national emergency in child and adolescent mental health.* (2021). Retrieved October 11, 2022, from www.aap.org
- ^{5,6,8,10,25,41} Centers for Disease Control and Prevention, U S Department of Health and Human Services. (2024). *Youth Risk Behavior Survey Data summary & trends report: 2013-2023.* Retrieved August 13, 2024, from www.cdc.gov
- ^{7,9,12,16,17,18,19,20,21,26,27,28} *Rhode Island Youth Risk Behavior Survey, 2015-2023.*
- ¹¹ Congressional Black Caucus Emergency Taskforce on Black Youth Suicide and Mental Health. (2020). *Ring the alarm: The crisis of black suicide in America.* Retrieved October 2, 2024, from www.theactionalliance.org
- ¹⁴ Mizerak, E., et al. (2022). *The state of behavioral healthcare in Rhode Island: 2020 report.* Retrieved October 13, 2022, from mhari.org
- ^{22,50} *Adolescent Behaviors and Experiences Survey.* (2021).
- ²⁴ The Trevor Project. (2022). *2022 National Survey on LGBTQ Youth Mental Health.* Retrieved October 16, 2022, from www.thetrevorproject.org
- ^{29,30,31,32} *Health and safety of transgender high school students in Rhode Island (Data Brief).* (2024). Retrieved October 3, 2024, from health.ri.gov
- ³³ *Essentials for childhood: Steps to create safe, stable, nurturing relationships and environments.* (2021). Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- ^{34,36,39} Centers for Disease Control and Prevention (2019). *Preventing adverse childhood experiences: Leveraging the best available evidence.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- ³⁵ Hughes, K., et al. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health* 2, e356–e366.
- ³⁷ Javier, J.R., Hoffman, L.R., Shah, S.I. et al. Making the case for ACEs: Adverse childhood experiences, obesity, and long-term health. *Pediatric Research* 86, 420–422 (2019).
- ³⁸ Health Resources and Services Administration's Maternal and Child Health Bureau. (2020). *Adverse childhood experiences, NSCH Data Brief.* Retrieved October 13, 2022, from <https://mchb.hrsa.gov>
- ^{40,42} Williams DR. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *J Health Soc Behav*;59(4):466-485.
- ⁴³ Das A, Singh P, Kulkarni AK, & Bruckner TA. (2021). Emergency department visits for depression following police killings of unarmed African Americans. *Social Science & Medicine*, 269:113561.
- ⁴⁴ The Trevor Project. (2024). *2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People.* Retrieved July 31, 2024, from www.thetrevorproject.org
- ⁴⁵ Njoroge WFM, Forkpa M, Bath E. (2021). Impact of racial discrimination on the mental health of minoritized youth. *Curr Psychiatry Rep*, 23(12):81.

Acknowledgements

Rhode Island KIDS COUNT would like to thank the youth from Young Voices and Youth Pride Inc. who boldly shared their voices and their time. We would also like to thank Marco Lima, Rhode Island KIDS COUNT intern, a student at Brown University, and former Board Member at Young Voices, and Kaitlyn Rabb, our former Health Policy Analyst, who conducted the focus groups and were the primary authors of this Policy Brief along with Stephanie Geller, Deputy Director. We would also like to thank Aileen Feliz, Rush Frazier, and Andy Taubman, Youth Pride Inc.; Peter Chung and Andrea Gonzalez, Young Voices; and Karine Monteiro, Rhode Island Department of Health.



Rhode Island KIDS COUNT
One Union Station
Providence, RI 02903

Phone: 401-351-9400
rikids@rikidscount.org
www.rikidscount.org



Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross Blue Shield Association.

We are very grateful to Blue Cross & Blue Shield of Rhode Island for its support of this publication.