

June 10, 2013

Summer King, SAMHSA Reports Clearance Officer
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Executive Director & CEO

**Re: Pretesting of Substance Abuse Prevention and Treatment and Mental Health Services Communication Messages—(OMB No. 0930-0196)—
Extension**

The Trevor Project greatly appreciates the opportunity to comment on SAMHSA's efforts to pretest substance abuse prevention and treatment and mental health services communication messages on target audiences. **We urge you to pretest these messages on lesbian, gay, bisexual, transgender, and questioning (LGBTQ) audiences, including LGBTQ young people, to ensure that SAMHSA's important work can most effectively help put an end to the health disparities facing LGBTQ populations.** We commend your ongoing support of LGBTQ communities, as evidenced by your leadership in addressing LGBTQ health disparities in your resource materials and research, through your commitment to collecting data on transgender individuals through your programmatic forms, and through the proposed addition of sexual orientation data collection questions to the National Survey on Drug Use and Health.

The Trevor Project is the leading nonprofit, national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people under 24. The Trevor Project saves young lives through its accredited free and confidential lifeline, secure instant messaging services which provide live help and intervention, a social networking community for LGBTQ youth, in-school workshops, educational materials, online resources, and advocacy. The Trevor Project is a leader and innovator in suicide prevention.

Sources such as the Institute of Medicine,ⁱ Healthy People 2020,ⁱⁱ the Substance Abuse and Mental Health Services Administration,ⁱⁱⁱ and the National Healthcare Disparities Report^{iv} indicate that LGBTQ individuals and their families are disproportionately likely to live in poverty, to be uninsured, and to face substantial barriers to quality health care, including refusals of care, substandard care, inequitable policies and practices, and exclusion from health outreach or education efforts.^v With regard to mental health, suicidality is an especially critical issue for LGBTQ youth populations. Research has shown that LGB youth are 4 times more likely to attempt suicide as their straight peers, and questioning youth are 3 times more likely.^{vi} Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.^{vii} Young people who experience family rejection based on their sexual orientations face especially serious health risks. In one study, lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely

to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.^{viii}

As a result, the LGBTQ population experiences significant disparities in health indicators such as smoking, obesity, experiences of abuse and violence, mental and behavioral health concerns, and HIV infection. These inequities may be even more pronounced for LGBTQ people who are also members of other groups that are disadvantaged on the basis of factors such as race, ethnicity, geography, or disability.

In order to effectively reduce these disparities, targeted and culturally competent health messaging that addresses the specific needs of the LGBTQ population should be tested and disseminated. Generic messaging should also be tested on LGBTQ audiences to ensure that SAMHSA’s resources are accessible to diverse communities.

The Trevor Project supports SAMHSA’s efforts to pretest substance abuse prevention and treatment and mental health services communication messages on target audiences. We encourage you to help meet the specific needs of LGBTQ communities by pretesting your messages on LGBTQ audiences. If you should have any questions regarding these comments, please contact myself or Elliot Kennedy, Government Affairs Counsel, at 202-380-1181 or by email at Elliot.Kennedy@thetrevorproject.org.

Sincerely,



Abbe Land
Executive Director & CEO

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ⁱ Institute of Medicine. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Available from <http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

ⁱⁱ Department of Health and Human Services. 2010. "Lesbian, Gay, Bisexual, and Transgender Health." Available from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

ⁱⁱⁱ Substance Abuse and Mental Health Services Administration. 2012. "Top Health Issues for LGBTQ Populations." Available from <http://store.samhsa.gov/product/Top-Health-Issues-for-LGBTQ-Populations/SMA12-4684>

^{iv} Agency for Healthcare Research and Quality. 2012. *National Healthcare Disparities Report*. Available from <http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf>

^v The Joint Commission. 2011. "Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the LGBT Community: A Field Guide." Available from <http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>

^{vi} Kann, L, et al. 2011. "Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12 – Youth Risk Behavior Surveillance, selected sites, United States, 2001-2009." MMWR 60(SS07): 1-133. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm>

^{vii} Arnold H. Grossman & Anthony R. D'Augelli, *Transgender Youth and Life-Threatening Behaviors*, 37(5) SUICIDE LIFE THREAT BEHAV. 527 (2007).

^{viii} Caitlyn Ryan et al, "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," 123 PEDIATRICS 346 (2009). Available from <http://pediatrics.aappublications.org/content/123/1/346.full.pdf+html>