

Christopher Smith: Thank you so much for tuning into Let's Talk, the Official Podcast of the National Runaway Safeline. The National Runaway Safeline, or NRS, is the federally supported National Communications System for runaway and homeless youth in the United States, providing crisis support and resources to over 125,000 youth, families and communities annually. I'm Christopher, The Communications and Graphic Design Manager for NRS, and I hope you'll learn as much as I do on this journey to elevate the voices of young people and youth-facing orgs as they share their stories and highlight the complexities and intersections that are witnessed by 4.2 million young people facing homelessness each year.

A transcript of today's episode is available at 1800RUNAWAY.org/Transcripts. Check out the description of this episode for a link.

Christopher Smith (C): Today I'm joined by Dr Jonah DeChants, a research scientist from the Trevor project. Welcome Jonah! Would you mind starting off by telling us a little bit about your background?

Dr. Jonah DeChants (J): Yeah, absolutely so my background is as a social work researcher. I mean coming out of college and throughout my adulthood I did a lot of work on youth development. So, I was a camp counselor, paraprofessional in a classroom, all sorts of jobs with kids and then gradually, in college, I started working with organizations that were doing youth home and training. So, training adults to work with young people and then that gradually pushed me into grad school where I was working with a family shelter in Philadelphia. That's where I started to think about youth homelessness. That shelter is where we were really starting to think about how adult homeless services are not designed for young people right. A lot of young people don't want to go to an adult shelter, they don't feel safe in those spaces and so the organization I was working for realized that they weren't serving teenagers very well. A lot of these teenagers were getting separated from their families when they entered the family shelter and so that sort of brought together my youth work and merged me into the housing and homelessness space. And so then finally I decided to go back to graduate school for my doctorate degree at the University of Denver where I studied LGBTQ youth homelessness, in particular. So, we know that LGBTQ people are overrepresented among people experiencing homelessness. We know that they experience unique barriers when it comes to exiting homelessness and accessing housing services so that was really what my work focused on throughout my dissertation and then I graduated, I did a quick post doc up at Colorado State University and then I found this job hosting at the Trevor project which was super exciting for me. It was just an opportunity to work on LGBTQ issues primarily and the opportunity to work more directly in the LGBTQ movement community was exciting for me. So that was my sort of path to research and then to research at the Trevor Project, in particular.

C: So, it actually should be doctor John DeChants, correct?

J: yes technically

C: You mentioned social work research. That's something I've never heard of before and I'm sure it's something that has always existed, it's just not at the front of mind and in fact when I think of data

scientists I don't immediately think of, like, the nonprofit world. What are some of the values that brought you into this line of work?

J: yeah, so originally, I actually really wanted to be in academia. I wanted to do academic research, I wanted to teach, and when I found the job at Trevor, I was sort of surprised because it really caused me to think about all those calls today in academia and start to think outside of academia. For me, some of the big draw was the fact that Trevor also has an advocacy arm, so we have folks who partner with state and local organizations to talk to lawmakers, decision makers to try and both fight bad and good legislation- so a lot of these bad bills that we've seen in the last six months to a year a decade. Young people, trans, non-binary, young people in particular also trying to promote good bills and protections on suicide prevention resources in schools. So, for me it was very exciting to think about working in the same organization as those folks and being a researcher who can both ask those people for feedback about their research. I can go to our advocacy folks and I can say "OK what are the issues that you're seeing on the ground or that you're hearing from folks on the ground" and then I can also turn around and (hence the data back to them) then they can hand it to lawmakers and decision makers. So, for me that sort of direct connection to advocacy and conversations with decision makers was really exciting and compelling. I think there's also an interesting connection with being part of an organization that does direct service, right? We are primarily a crisis services organization and so I also really appreciate the opportunity to work with my colleagues who are answering calls, chats, texts for new people who are in crisis and to get their perspective as well, you know, what should we put on next year's survey, what are the issues that you're actually hearing from young people on the ground. So, for me with that opportunity to do work that's informed by non-researchers and by both the direct service and the advocacy part of Trevor's organization.

C: You mentioned legislation that's currently out that is affecting young people specifically. We will definitely talk about that a little bit later but I am curious, thinking about putting the survey together as a data scientist I'm sure that language is very important to you. One of the things that I was thinking about is what informs your decision on the language that you use in the survey? For example, at National Runaway Safeline, because we work so directly with lots of partners who have direct contact with young people, as well as the direct contact we have with young people ourselves, it became very apparent that it was important to include like the "2S" which is 2 spirit identifiers along with our acronym when we refer to the LGBTQ community. So, I do also recognize that for the purpose of the survey perhaps that depending on exactly how people identify or what questions you're asking may also inform the language there. So, can you give us a little bit of insight on that?

J: Yeah, thanks so much for asking that. I love this question. Yes, there are different iterations of the acronym. We tend to go with LGBTQ both in the survey and as sort of public work because, for us, it strikes the right balance between being inclusive. For me, I think the letter that is doing a lot of work to include people is the "Q" that could, from me, both stand for queer and for questioning. Especially when we're talking about young people, for me, it's important to include questioning folks, though, folks can question their sexual orientation or gender identity at any point in their life. That being said, we are missing a couple letters, right? We're missing the "A" for asexual folks, we're missing "2S" for two spirit folks, and for us that was just sort of uh you know we had to keep it a little bit shorter for our communications purposes. That being said, this questionable language has come up a lot in survey and how we measure people, right? When we ask people "what is your sexual orientation?" and so forth we try to expand a fair amount of energy and time and try to figure out which options we should offer

young people, right? And so, which new terms or labels are sort of bubbling up from the community that's something that in the LGBTQ community we're pretty consistently developing new language. Describing different aspects of ourselves, our identities, or experiences. I love that about us. I think that makes us interested and excited, but it is sort of challenging from a data perspective when you're trying to put everybody in categories, right? So, the way we do it actually is the first question that we will ask about demographics is we will ask people "what word do you use to describe your sexual orientation" and we leave it blank, and so that's an open-ended answer. They can write in whatever term feels the most comfortable for them. That's our way of not policing or trying to control what language they use. Then we ask a follow-up question and we say "thank you so much for telling us about your sexual orientation. Sometimes we have to put people in categories...which of these categories is the best option for you?" and then we let folks pick. I believe we allow people to select multiple identity labels as well and then we have a list of like maybe 10 to 15 different terms. So, we also air on the side of including lots and lots of different labels and we do that for both sexual orientation and gender identity. Then every year we sort of go through all of the labels and see if there are any more that we need to add, so we've been better about adding asexual as one of the options in recent years. You know, we're sort of constantly always thinking about you know pansexual versus queer versus bisexual and then we may put some of those folks back into groups, right? Sometimes we'll compare folks who we call multi sexual, so folks who are trying to do multiple genders so that's, uh, bi, pan, queer we put those folks to group it. Sometimes we'll compare folks as a way of sort of trying to understand you know are their differences in risk and mental health outcomes. Sorry, that was maybe a little bit more of a scientific answer than you are looking for but, that's our way of trying to both giving people the opportunity to use whatever language is most comfortable for them and then also give them the opportunity to pick which box they want to be put in for statistical purposes. Then we try to sort of publish and write about all the different identities that go into the LGBTQ umbrella while still using LGBTQ as sort of our umbrella term.

C: I actually think that's really beautiful like the idea of just presenting a blank space and allowing people to fill that in however they choose and then following up with something that feels personal I think is the perfect approach for that. For the record, that is the gland approved version of the acronym that is seen as the term that captures everything. Now, focusing on the survey, what were the primary goals going into the survey? Because this isn't the first year that Trevor project has done this mental health survey correct?

J: correct. I believe this is our third year, I could be a bit incorrect on that but it is for sure the least the third, maybe the fourth. yeah, the goal is to really try to get a more holistic understanding of all of the different factors that could be impacting LGBTQ youth mental health both for better and for worse. So other research has also found these pretty big disparities for LGBTQ youth and mental health, right? We know that youth have higher rates of anxiety, depression, and much higher rates of suicide risk and suicidal ideation and attempting suicide. The framework that we used to really sort of guide our research questions and the survey in the questions we ask on the survey Trevor is the framework of minority stress. So, that's a concept in public health and psychology that says that for all of your marginalized identities whether it's your LGBTQ identity, your racial, or cultural identity, your ability, your class the more marginalization you experience based on those identities (whether that's again the homophobia transphobia racism sexism all of that) can manifest in the form of stress and then that shows up in these mental health systems. So, that for us is sort of this counter to this incorrect narrative

that we sometimes see where folks will sometimes think “oh you know LGBTQ youth are just more inherently mentally ill than straight cisgender youth” and that's not true. There's nothing about being LGBTQ that makes you inherently more vulnerable to mental health symptoms but the way that you are treated by society can certainly make you more vulnerable to those experiences and so that's why the survey is pretty comprehensive. It's 150 questions and we certainly ask about those mental health outcomes. So, we ask about symptoms of recent anxiety symptoms, of recent depression, suicide risk, but then we're also asking about all different sorts of different things in the young person's environment. So we ask young people to tell us, you know, “how affirming is your home,” “how affirming is your school,” “how affirming is your community,” “do you think that your parents are supportive,” “who do you live with that uses your pronouns correctly,” “how do your friends support you,” “do you participate in sports,” you know, we just ask all sorts of different questions about different aspects of young people lives and then we try to see those relationships. So, we're trying to see frequent findings like, you know, young people who do attend a more affirmative affirming or a supportive school do report better mental health outcomes and so those are the kinds of relationships that we're looking at with the survey. Our goal every year is to get both sort of a timely understanding so we want to make sure that our questions are relevant, so we added questions about COVID two years ago. We're also consistently adding questions about the evolving political climate that young people are in, but then also getting a pretty comprehensive snapshot of all of the things that could be either stressors or protective factors for our LGBTQ youth.

C: you said something that, to me, was really touching and kind of brings me back to a quote that I remember very recently. It said something to the tune of “being black, gay, and queer isn't an exceptional act, but being black, gay, queer, and proud is an exceptional act,” like having the positive affirmation and the support system is really what makes a huge difference for the majority of young people and a lot of the questions that you were asking are questions that are really, as an adult, like back in life I really wish that someone was asking me those questions because it also helps me learn a lot about myself.

J: Right, absolutely. I spend a lot of time trying to think about intersectionality in our work, right, so this understanding of how a young person's multiple identities may work centers on the sort of ways in which having multiple marginalized identities increases risk. So, we generally tend to find increased mental health symptoms among our LGBTQ youth of color or our LGBTQ youth who have disabilities. Intersectionality can also be protective, right, so for some folks having multiple identities gives you multiple communities, and histories, and sources of connection to go on. So, in that sense, you know, we have to do a better job of sort of combating this narrative of having multiple identities is just risk. It is certainly risk because we live in a society that has both anti LGBT sentiment and racism and sexism and all these other systems of marginalization impression, but having multiple identities is also a source of strength as word of connection for a lot of young people and so we try to write the survey in a way that they can capture that is as well as possible.

C: on the topic of intersections there is a Trevor project report that came out earlier this year called “homelessness and housing instability among LGBT” and I really wanted to, you know, look at the different intersections as you're aware of between youth mental health and youth homelessness.

J: Yeah. So, let's see, I wrote this report back in the fall. This is something that's very close to my heart based off of my work prior to Trevor where I was studying LGBTQ youth homelessness. I mean mental

health and housing instability are just sort of a kind of chicken and egg kind of problem from a scientific and practitioners' perspective, right? We know that young people who have mental health issues are more prone to housing instability, I mean things like exiting hospitalization and not having anywhere to go or having your mental health system symptoms cause conflict with your family or not feeling supported by your family and feeling like your home is no longer a safe place combining that with any sort of family conflict or family rejection around a young person's LGBTQ identity- that's a huge source of stress that can have an impact on folks mental health. And then we also know that housing instability is stressful and causes mental health problems. It is stressful to not know where you're going to be sleeping, it is stressful to be staying outside or in a public space. We know that housing instability is associated with high rates of victimization- that's a very vulnerable position to be in the end and therefore dictation then contributes also to trauma and mental health issues so we can't really tackle one without tackling the other. You can't expect folks to have good mental health if they don't have a place to stay and you can't really expect folks to, you know, be stable in housing if they are really experiencing severe mental health issues. All of which to say, I think we are doing a better job at inserting the practice world of understanding how these issues are connected and making sure that our housing systems and our mental health care systems are more connected, but there's always room for improvement. I would love to see us do more work in trying to, you know, get young people who are experiencing housing instability connected to mental health services may be getting housing instability screening in our mental health services too so we can have sort of a bidirectional referral pathway there. And then making sure both those service bases are also culturally competent, so making sure that they're LGBTQ culturally competent, that they understand how to work with young people who are queer, trans, non-binary and then also we hear pretty directly from young people that the cultural competence can't just be about LGBTQ issues. It also has to be about generation cultural identity or their ability so making sure that we have counselors and housing staff who can work with people of all variety of different backgrounds- making sure that we have things like ASL interpretation for young people who are deaf or hard of hearing folks who know how to work with folks who are autistic or on the spectrum. It's a complex multifaceted issue, but it is certainly very connected and it's certainly an area where we can continue to have a lot of impact.

C: This is speaking directly to our own data which strongly suggests that the young people who are reaching out to us in crisis are really seeking mental health intervention, like, they're seeking mental health professionals to talk to them about some of the issues that they're experiencing. There's a couple of questions that that kind of leads me to- the first is something that I like to ask really in all of our podcasts and said is any of the data that you are working with suggesting that the age of young people who are verbalizing concerns about mental health is skewing younger?

J: I'm getting totally biased based on what I see around working with people. The big thing that really strikes me with trying to avoid sounding like an old person with people these days, you know, when I do interact with young people, I am really struck by the level of mental health literacy among young people due to social media or do to better education. I think, you know, teenagers, young people today, young adults, have so much more language to describe their mental health than I did back when I was a young person. So, it wouldn't surprise me if young people were able to describe their mental health experiences a little bit more vocally. I think there's a little bit less stigma, although stigma certainly still persists, people do feel a little bit more comfortable being open about mental health experiences or diagnosis and then also I think again, sort of similar to the way that we have this explosion of language

to describe identity and experience in the clearly, we're also experiencing a pretty big explosion proliferation of language around mental health, so folks have so much more understanding these days about, you know, what anxiety can look like or what depression can look like and I think folks are a little bit more open to talking about that. So yes, I think we are kind of seeing that a little bit that we haven't seen in the past, but unfortunately, I don't have a ton of data to back that up.

C: well, the follow up to that question is that like the survey itself is exploding with data that does tell us that piece that young people do want mental health care and, I believe, according to the survey was about 60% of those young people who did want mental health care were not able to get it. Is there any advice you have for those young people who are not able to find the health care that they're seeking or maybe even the providers who are looking to help those young?

J: yeah, that was pretty strong and, to me maybe it shouldn't have been surprising. A surprising finding from this survey is that statistics show about 60% of young people want mental health care and are not able to get it. The follow up we ask people is "where are the barriers that actually prevent you from getting mental health care" and I'm not going to remember the exact prevalence, but the items that tend to pop up are things like "I can't afford it," "my parents won't allow me," "I don't have transportation to get to and from mental health treatment." That one is particularly relevant for young people experiencing homelessness, I do remember that from our housing report and then also did a lot of imperial preparation. They feel sort of worried that the counselor won't understand their LGBTQ identity or one of their other identities and they have fear that therapy might not work and hey may not help them feel better and so those are all barriers that we as adults can work to dismantle, trying to make sure that there is better access for young people. I live in the state of Colorado where recently, I don't know exactly how it happened, through the legislature or state Department of Health but all teenagers in the state of Colorado recently had access to, I believe, I don't remember the exact number but a certain number of free therapy sessions. I think that's a really interesting initiative in terms of its size for young people that was tricky right because these barriers are really real, but I think not being afraid to ask for help would be my first piece of advice. So, trying to reach out to adult folks like your school guidance counselor for referrals, asking "can you help me find a therapist" and even going so far as "can you help me perhaps find a therapist who will understand these parts of my identity or these parts of my experience." Calling a helpline and trying to get connected through a therapist there as well so reaching out to maybe your local mental health community. There are a lot of folks out there trying to provide referrals and who can try and point you in the right direction. The other piece of advice that I give is, you know, sticking with it and trying to find a therapist or a modality or a group, whatever works best for you, I think sometimes folks try talk therapy or they get a counselor or therapist they don't quite mesh with and then they think "oh OK like that's it I tried it's over" and actually there are lots of therapists out there with lots of different styles. It's a matter of trying to find someone who has the right style or provides the right feedback for you and so if you had a bad experience don't be afraid to try again, don't be afraid to leave a therapist who isn't working for you and go find somebody who can provide help because I think that it can take a little bit of time and I don't think folks always realize that, especially young people who may be accessing this for the first time. In terms of adults and advice for adults I would say you know if you are a teacher or faith leader or someone who works directly with youth, trying to develop your own sort of personal rolodex of resources for young people in your community. Maybe trying to reach out and learn for yourself, therapist in your community who work with youth or who are trained in LGBTQ issues or racial and cultural issues even if you don't need it right

now you may need it in the future so making sure that you have access to that information to share, I think it can be a really powerful tool- being that conduit for a young person to help them get connected to quality mental health care can have a huge potentially lifesaving impact.

C: to your point, in the last episode, Kimberly Waller who is the deputy commissioner for the Youth and family services Bureau, pointed out that one of the most valuable and important tools for a young person is adults they can truly trust it. After that conversation I left understanding the importance of being able to be that adult that a young person can come to for help. Now you interviewed or I don't know if you personally interviewed but there were 30,000 young people interviewed for this survey plus, more than that, all of them self-identifying as LGBTQ+. What is the most surprising thing that you learned about them?

J: yeah, so this is a self-administered survey. I would love to do interviews with everyone but unfortunately that's not logistically feasible with 30,000 people so folks are filling this survey out online. Let's see... what was surprising I always get a sort of a lot of (I don't know whether it's a surprise but it's always a source of joy) asking people what their sources of joy are so that's one of the last questions that we posed to young people as they're finishing up the survey early because we want to end on sort of a positive note because we've just asked a lot of questions about all sorts of hard experiences. I'm trying to think of some of the answers... it's just so much fun to read through their answers and see what brings people to it, I mean the common themes are things like you know "I love playing video games," "I love it when my friends you know give me compliments." I recently read through a collection of answers specifically from our non-binary young people and we asked them "what are things that other people do that make you feel good about your gender" and the number of times that "gender neutral compliments from friends came up" was just really heartwarming and wonderful and people talk about you know family members who wouldn't support them and you don't necessarily completely understand or come from backgrounds where that is something that is talked about, but their love for their child or their grandchild or the member of their family allows them to still be really supportive. That's always a fun answer to read. People talk about their GSA or their LGBTQ club at their school and the opportunity to connect with other young people like themselves. They talk about media, they talk about their favorite shows, being able to see people like them on the big screen, and watching celebrities or athletes or actors having those folks come out and express their authentic selves and live in their own joy is inspirational to young people. My favorite data to dig into (and I think it's always a little bit sort of surprising) why what sort of mundane things I think really or things that we sometimes maybe think of as being really being small are actually really huge for young people so they're like showing you they want to be kids.

C: Yeah, you just want to do kid things and sometimes (I shouldn't say kids I know in a lot of cases they're not kids) but they just want to be young and have fun.

J: yeah, absolutely. We asked people "why do you participate in sports" and some say "I play softball because all my friends are on the softball team," "I play soccer because when I'm on the field it's just me and the ball and I don't have to think about anything else"- so the ways in which again sort of coming back to that mental health literacy that we talked about a little bit earlier. The ways in which young people are able to identify these are things that allow me to take care of myself, self-care practices. These are things that allow me to experience joy, just that level of reflectiveness is always really hopeful and inspiring for me.

C: I have a couple more questions for you. One- talking about these young people having their family understand and respect them or not... does the survey tell us anything about any types of action plans or strategies that these young people are using to improve their family dynamics as specifically surrounding their identity?

J: Great question. We asked about that and we phrased it in such a way that we don't have really good information about strategies from young people, but we do have good information about actions that families can or do take that do feel supportive to people. We essentially took a list of supportive actions that was originally generated by the family acceptance project out of doctor Taylor Ryan's lab in San Francisco state (which is a great resource for families) and essentially, it's sort of enumerates different actions. Things like using your name and pronouns correctly, being kind to your child's LGBTQ friends or partners, educating yourself in those particular issues, etc. So, we're asking people "does your family or your parents or guardians do these things?" and they said "yes" or "no" and then we were able to look at that and the mental health outcomes. Almost every single one of those I want to say maybe 13 different actions had a positive impact on youth mental health so that was a really exciting finding for us. It shows that these concrete actions we frequently get questions from parents or journalists on behalf of parents asking "what can I do to help manage fatigue and make the person feel more supported" and that list in those statistics that give us a more concrete list right and now we can say "doing things like asking open and respectful questions about your growing up, your childhood," etc which create entity. We can encourage them to be nice to their friends and welcome them into your home finding LGBTQ affirming faith community, etc. We know the exact impact that that can have on your child's mental health and I think it really operationalizes that support in an exciting way and I'm hoping to be able to do more work to share that data with parents and with families who are trying to figure out what they can do.

C: One last question which I always love for people to give: what is the most important thing you think that your service providers should take away from the survey?

J: Oh yes let's see I love this question. A little bit earlier you sort of mentioned that young people who are calling your crisis line, your support line, are looking for that one adult, right? They need that one adult or that one adult that can be that voice of support or affirmation or reason. Sometimes if someone needs a slight reality check, as we all do in life especially when we're young, that trusted authority figure who expresses both affirmation and love and accountability. I think that is huge both in our data (and again when I was working in youth homeless services) that was something that popped up over and over and over again and so we actually have one study that found that having at least one adult that supported and affirms your identity is associated with 40% decreased odds of suicide risk. That's a powerful statistic and what I always tell folks, whether it's like journalists or practitioners or folks at conferences, with that statistic shows us that being in ally matters- that it actually really works and I think for those of us who work with young people, especially if we're working with them in this sort of like case management or temporary situation, we don't always know how much impact we're having on them. We don't know whether they're listening to what we're saying, we don't know whether we're being valuable or useful to them. That static and so many of the other feedback that we get directly from young people says like "yes that matters." Being that adult who gets names and pronouns correctly and corrects other people, being a faith leader who talks about LGBTQ issues in your faith community, having that safe zone sticker on your classroom door, those are all actions the young people really do notice and really do help them feel supported and affirmed and that, in turn, it can have really positive

impacts on their mental health. So yeah, that's sort of the message, really that's the positive part of our survey data is this sense very consistently finding that being an affirming parent, being an affirming teacher, being an affirming adult in almost any capacity has concrete measurable effects on optical mental health and can have potential lifesaving impact.

C: That is beautiful because I know it's true. I completely hear that inner rhythm and it resonates with me so deeply because I was very fortunate to have those type of adults in my life. I think a person made all the difference and even now looking back I'm just so thankful that not only are there adults out there that are willing to step in and fill the gap, but they're also organizations like the Trevor project to hire people like Dr Jonah to provide surveys like this that provide invaluable information to different organizations across the world that are dedicated to the cause. This is kind of shameless, but anything you'd like to plug? Anywhere we can find you on social media or look forward to future reports that you may publish?

J: Oh yeah sure so, um, all of our research products are shared directly on thetrevorproject.org. You can go to Trevor project.org/research to get directly to our page. The other service that we provide that I think is less well known that I always like to plug that I think is really useful for both youth themselves and adults working with youth- we actually also run Trevor space which is an online social network...

C: YES! sorry I'm jumping in, but it excites me so much!

J: Haha, no worries. So, I'm excited that those folks know about it. Yeah, I mean it's a social media space that is directly by and for LGBTQ young people. It is no grownups are allowed except for our paid staff moderators to make sure that it's, you know, handled safely but that is our space to really create a space of connection for all to use. We know that a lot about young people, especially with the pandemic and being quarantined at home or living in rural communities where you don't have access to in person LGBTQ community, the Internet can be a safe space for that so we want to make sure that folks know about Trevor space and especially for adults- if you have young LGBTQ people in your life who are seeking connection with other LGBTQ youth that is the place where they can go.

C: Just to add, the reason that I get so excited about Trevor space is because I'm totally a child of the millennium. I was the only person I knew who was queer and I was also in the closet, so the first queer people I met were online. I developed myself a queer culture from other young adults who also came to the Internet seeking likeminded people with similar experiences, so it's last server space which not only bars that from joining the community, but it's also moderated by the Trevor project which is already deeply involved in the great queer community as a personal motivator to work towards increasing the number of safe spaces for young people. I love the concept of Trevor space.

J: yes absolutely and I totally resonate also a child of Millennium also...