

COACHELLA VALLEY LGBT MENTAL HEALTH NEEDS ASSESSMENT 2019

For



Conducted by



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Executive Summary

Introduction

The LGBT Community Center of the Desert (“The Center”) is the only LGBTQ nonprofit community center in Eastern Riverside County. In 2013, The Center partnered with HARC, Inc. (Health Assessment and Research for Communities, a nonprofit research organization) to conduct a community health needs assessment of the LGBT community in the Coachella Valley. This survey, funded by Desert Healthcare District, covered a wide variety of topics, but one finding that was especially clear was the need for low-cost mental health services for the LGBT community. As a result, The Center expanded the mental health services, creating the Scott Hines Mental Health Clinic @ The Center.

An abbreviated version of the survey, focused only on demographics and mental health, was repeated in 2019. The purpose of this survey was to assess the state of mental health needs in the community once again, and to determine what had changed over the past six years. This report summarizes the findings of the abbreviated survey and compares it to relevant measures from the prior 2013 survey.

Method

HARC and The Center designed the abbreviated survey to be made available online and tried to replicate as much of the recruitment methods from the 2013 survey as possible. Thus, it was shared via e-blasts from both HARC and The Center and was posted on social media on both these channels as well as those of several partners.

The results of the online survey were downloaded with 614 people having participated. A total of 42 participants failed to meet the qualifying criteria such as being a resident of the Valley and over the age of 18. Several of these participants also signed up and did not participate in the survey. The final dataset yielded a total of 572 valid participants.

Results

Demographics

Most participants (69.7%) described their sexual orientation as gay, with an additional 17.3% lesbian, 7.1% as bisexual, 2.8% as straight, and 3.0% as other. About 4.4% of the participants identified as transgender. In terms of gender identity, most participants (72.6%) identified as male, 25.1% as female, and 2.3% as non-binary.

The results included a large proportion of seniors; most participants (62.1%) were between age 55 and 75. About 90.3% identified as White/Caucasian, and about 10.7% identified their ethnicity as Hispanic/Latino. Participants were fairly-well educated, with more than two-thirds (67.5%) having at least a four-year college degree. About two-thirds (62.8%) also have a household income of more than \$50,000 a year. Most participants lived in the cities of Palm Springs (56.9%) and Cathedral City (15.1%).

Overall, the demographics of the current sample were nearly identical to the demographics of the 2013 survey. Thus, while there is no guarantee that these are the same individuals, comparisons can be made between the two with confidence, as it is unlikely to be due to a demographic shift.

Services Received

A total of 44 participants reported receiving services at the Center's mental health clinic. Of those who received services at the mental health clinic, most agreed that they learned new coping strategies (63.6%), the services were helpful (65.9%), and they felt welcome and safe at the clinic (81.8%).

Most participants who received mental health counseling or support in the past three years received it from a private practice provider, such as a therapist, psychologist, or a physician.

Mental Health

Emotional, Mental, Behavioral Problems

More than half (64.8%) of participants reported having an emotional, mental, or behavioral problem within the past 12 months. That's more than double the rate for Coachella Valley adults in general (25.9%). It's also a significant increase from 2013 (42.6%). Thus, it's clear that emotional, mental, and behavioral problems remain a major issue in the Coachella Valley LGBT community.

Of those who reported having a mental health problem in the past 12 months, slightly more than half (53.7%) sought help for their mental health problem. Similarly, in the 2013 study, only a slightly higher proportion of participants sought help (58.6%).

Barriers to Seeking Help

The most commonly selected barriers preventing participants from seeking professional help included that it is "too expensive" (31.3%), they "didn't know where to go" (26.5%). "Lack of insurance" as a barrier decreased from 2013 to 2019, likely as a result of the implementation of the Affordable Care Act. Unfortunately, "fear of negative repercussions or mental health stigma" as a barrier increased substantially between 2013 to 2019.

Just under half of participants reported another barrier (45.8%). Responses were qualitatively analyzed, and the most common themes reported by participants were that it was not serious enough ($n = 18$), and that they can handle it on their own ($n = 12$).

Suicide

Across the current sample, a total of 29.7% of participants reported that yes, they have seriously considered suicide at some point in their lives, a slight increase over 2013 (25.2%). Overall, this is more than double the rate in local adults as a whole (12.1%), indicating the severity of the issue.

Of these participants, nearly half (46.2%) seriously thought about committing suicide in the past year, indicating this is a current problem rather than a historical. This is a substantial increase over the 2013 rate (30.7%). Overall, the rate of LGBT participants in this study who've seriously considered suicide in the past year is three times the rate for Coachella Valley adults in general.

Over 1/3 of LGBT adults who've ever considered suicide have actually attempted it, and 7 participants in the current sample have attempted it within the past year.

Loneliness

To assess loneliness, participants were provided the ULS-8, a validated short-form scale that measures loneliness. For this measure, participants are given eight questions and asked to indicate how often (never = 1, rarely = 2, sometimes = 3, often = 4) they feel like the question/statement. Overall, as the score increases, so does the degree of one's loneliness. A total of 20.9% of participants had scores indicating higher levels of loneliness. Thus, roughly 1 out of 5 participants was lonely to a concerning degree. Conversely, 44.3% had scores indicating lower levels of loneliness, likely indicative of positive social support and connectivity.

The average loneliness score in the current study was 17.9, while the 2013 study average loneliness score was 15.4, which are relatively similar.

Self-Esteem

In order to assess self-esteem, participants were provided the Rosenberg Self-Esteem Scale, a 10-item scale measuring self-esteem. For this measure, participants are given 10 questions and asked to indicate how much they agree (strongly agree = 1, agree = 2, disagree = 3, strongly disagree = 4) with the question/statement. Overall, as the score increases, so does the degree of one's self-esteem. A total of 6.2% of participants had scores indicating lower levels of self-esteem. Conversely, 54.8% had scores indicating higher levels of self-esteem. Overall, most of the sample had strong self-esteem.

The average self-esteem score for the current study was 30.4, while the 2013 study average was 33.2, which are relatively similar.

Importance of Low-Cost Counseling

Participants were asked, "How important is it to the Coachella Valley to have low-cost counseling services specifically for the LGBT community?" Virtually all participants saw low-cost LGBT-specific counseling as very important (91.9%), or at least somewhat important (7.2%). For comparison, the "very important" proportion from the current study is somewhat higher than the 2013 study percentage (80.2%).

Services Needed

Participants were asked, "Please rank, in order of importance, the top three services you believe are the most needed for the LGBT community in the Coachella Valley." Participants ranked "mental health services/counseling" as the #1 needed service, followed by "primary care services" and "substance abuse treatment services", respectively. When comparing to 2013, "substance abuse treatment services" rose from the #6 need to the #3 need, indicating an emerging need.

Final Comments - Open-Ended

At the end of the survey, participants were asked a final, open-ended question, "Is there anything else you think we should know in order to have an accurate picture of LGBT mental health and wellness in the Coachella Valley?" Responses were qualitatively analyzed for similar themes.

The most common theme that emerged was that LGBT community members are isolated and need more socialization ($n = 15$). Many comments echoed this theme and reported that in order to socialize, you need to go to local bars. Another theme reported

was that there is a lack of providers in the area ($n = 10$), and some seem to find difficulty accessing needed services because of this. Two of these references specifically mentioned the need for bilingual services. Another common theme was to market available services more often ($n = 8$), as participants find it difficult to determine what is available. Additional common themes that emerged included that there is a lack of focus on the transgender community ($n = 7$) and LGBT members need mental health services ($n = 7$).

Conclusion

Overall, the need for mental health services has not abated among the LGBT community in the Coachella Valley since the last survey in 2013. If anything, 2019 need levels are higher. Thus, the Scott Hines Mental Health Clinic @ the LGBT Community Center of the Desert is clearly providing a valuable and much-needed service to this community.

The most-needed services in the community are mental health services/counseling and primary care, according to participants. Substance abuse appears to be a growing concern for many. Expense is still a serious barrier to receiving mental health treatment, and as not knowing where to go for help. Stigma is increasingly a barrier to receiving mental health care. Suicidal ideation remains high among the LGBT community and needs to be addressed.

Overall, it is evident that the need for mental health services is high in this community. Work should be done to provide more low-cost mental health services, to reduce stigma, and to address loneliness and suicidal ideation in the older LGBT community.



FULL REPORT



Introduction

About The LGBT Community Center of the Desert

The Center creates a vibrant community by helping LGBTQ people along their way, in Coachella Valley and visitors of all ages, totaling nearly 75,000 client visits annually. A thriving, community-based organization, The Center provides a safe and supportive environment for members to enjoy wellness, educational, support and social programming, as well as mental health services at The Scott Hines Mental Health Clinic @ The Center (over 2,000 clinical appointments annually), Bereavement and HIV & Aging therapy groups, a partnership with Palm Springs Unified School District to offer The Center's Suicide Prevention and Anti-Bullying curriculum to every ninth-grade student in the district (nearly 2,000 students), counseling at Mt. San Jacinto High School, The Community Food Bank @ The Center (serving annually over 16,000 family members from ages 1 through 55+), extensive social and recreational offerings, the David Bohnett CyberCenter (a free computer and internet center), a growing volunteer program, and special events in the community. It is the only LGBTQ non-profit community center in Eastern Riverside County.

About HARC

HARC, Inc. is a 501(c)(3) nonprofit organization that specializes in research and evaluation services. HARC was founded to help tell the story of the health of Coachella Valley through a quantitative framework. In addition to that, HARC provides customized analytical consulting services, tailored to the needs of its clients to help them answer important questions regarding those they serve. Doing so enables our clients to evaluate the great work that they do and to make the Inland Empire a healthier, and happier place to live.

About This Report

In 2013, HARC and The Center partnered to conduct a community health needs assessment (CHNA) of the LGBT community in the Coachella Valley, funded by Desert Healthcare District. The CHNA covered a wide variety of topics, such as healthcare coverage and utilization, physical fitness, substance use/misuse, sexual health, violence, chronic illness, and mental health, among others.

One of the findings from the report highlighted the need for low-to-no-cost LGBT-specific mental health care. For example, nearly half of the participants of the LGBT study had been diagnosed with depression (compared to less than 10% of the Coachella Valley adults as a whole), and 25% had seriously considered suicide (compared to less than 10% of adults in general population). The most common barriers to seeking treatment for mental health concerns included "too expensive" and "lack of insurance". Over 80% of participants stated that having low-cost counseling services specifically for the LGBT community was "very important".

To address this need, The Center expanded their existing mental health services to eventually become the Scott Hines Mental Health Clinic @ The Center. The clinic offers

individual, couples, and family therapy, as well as group therapy for bereavement, long-term survivors living with HIV, and a specific treatment program for older adults with mild depression. Services are provided on a sliding scale based on monthly income to maintain affordability.

To provide an updated snapshot of mental health after the establishment of the Scott Hines Mental Health Clinic @ The Center, a secondary, smaller survey was designed to be implemented again. This survey, funded by Desert Healthcare District, was conducted in early 2019. The 2019 survey was more focused than the 2013 survey, centering on the mental health questions and demographics only, rather than health broadly. Most of the questions were identical to those on the 2013 survey, allowing for direct comparison. There was an added section on satisfaction with services at the clinic.

This report summarizes the results of the 2019 survey on mental health and provides comparisons to the 2013 data to allow for a change-over-time perspective.

Method

Recruitment

As an online survey, the recruitment was done primarily online via emails, social media, and website posts. Data collection spanned three months (January 8, 2019 to April 1, 2019). Participants were incentivized by the opportunity to win a \$100 gift card; one participant was randomly selected to receive the award in mid-April.

To launch the data collection, HARC sent out an initial email invitation on 1/8/19 to 864 people. There was an open rate of 27% (indicating that 233 people opened the email) and a click rate of 27% (indicating that 63 people clicked through to the survey from the email).

HARC sent a second email on 2/7/19 to 864 people. This email had an open rate of 23% (199 people opened the email) and a click rate of 8% (16 people clicked through to the survey from the email).

HARC also posted about the survey on Facebook, Twitter, and Instagram, as illustrated in Table 1. These posts reached 8,431 people. The survey was also featured on HARC's website under the "current surveys" tab.

Table 1. HARC Social Media Posts

Channel	Type	Date	# Reached
Facebook	Post	1/8/19	134
Facebook	Post	1/11/19	37
Facebook	Post	1/23/19	47
Facebook	Post	1/25/19	103
Facebook	Post	1/29/19	377
Facebook	Post	1/31/19	176
Facebook	Post	2/5/19	565
Facebook	Post	3/1/19	98
Facebook	Ad	2/11/19 to 4/1/19	3,864
Twitter	Post	1/8/19	719
Twitter	Post	1/23/19	250
Twitter	Post	1/25/19	228
Twitter	Post	1/29/19	320
Twitter	Post	1/31/19	214
Twitter	Post	2/5/19	760
Twitter	Post	3/1/19	406
Instagram	Post	1/15/19	33
Instagram	Post	1/23/19	30
Instagram	Post	1/31/19	38
Instagram	Post	2/5/19	32
Total			8,431

The LGBT Center posted the survey seven times on Facebook and twice on Instagram over the course of three months. It was also shared by others on social media, including:

- Desert AIDS Project (1 Facebook post, 2 Twitter posts)
- HARP-PS (2 Facebook posts)
- Desert Healthcare District (2 Facebook posts, 1 Twitter post)

Flyers promoting the survey (with the web address for the online survey printed on the flyer) were disseminated at several locations/events, including:

- The offices of a Kaiser doctor specializing in LGBT care in Palm Springs for the last month of data collection
- At Desert AIDS Project for the first two months of data collection
- To the “Positive Life” HIV and aging support group
- The HIV and Aging Conference on March 16 (presented by Eisenhower Health, HARP-PS, and TPAN/Reunion Project)

Participants

The online survey was closed in early April, with 614 people having participated. A total of 42 participants failed to meet the qualifying criteria such as being a resident of the Valley and over the age of 18. Several of these participants also signed up and did not participate in the survey. Altogether, the working dataset yielded a total of 572 valid participants.

Making Comparisons

Whenever possible, the results of the current study are compared against the results of the 2013 study, “The LGBT Community Health Needs Assessment of the Coachella Valley”, also conducted for The Center by HARC and funded by Desert Healthcare District. The current and 2013 study shared many of the same questions (mental health, loneliness, self-esteem), and thus will be compared throughout the report.

While the two studies do not necessarily represent the same participants—both studies are anonymous and thus, there is no way to link an individual’s responses in 2013 to their responses six years later—the samples are demographically similar, as illustrated in the demographic profile in the Results Section. That is, both the 2013 sample and the 2019 sample share the same demographic characteristics—from sexual orientation and gender orientation to race/ethnicity to income/education to city of residence. In short, the two samples are nearly identical in demographic make-up, and thus, comparing the two is appropriate, as it is unlikely to be influenced by variations in these demographics.

Results

Demographics

Sexual and Gender Orientation

As illustrated in Table 2 below, most participants—69.7%—identified as gay. Note that gay does not mean male; this included individuals whose gender identity was male, female, and not exclusively either.

Those who selected “other” on sexual orientation reported another sexual orientation such as queer, pansexual, fluid, multiple orientations, and being unsure.

Table 2. Sexual Orientation, Gender Orientation, & Gender Identity

Category	Current Study		2013 Study	
	Frequency	Percent	Frequency	Percent
Sexual Orientation				
<i>How would you describe your sexual orientation?</i>				
Gay	371	69.7%	550	71.5%
Lesbian	92	17.3%	125	16.3%
Bisexual	38	7.1%	34	4.4%
Heterosexual or straight	15	2.8%	57	7.4%
Other	16	3.0%	3	0.4%
Total	532	100.0%	769	100.0%
Gender Orientation				
<i>How would you describe your gender orientation?</i>				
Not transgender	496	95.6%	749	97.4%
Transgender – Nonbinary	10	1.9%	8	1.0%
Transgender – Male to Female (MtF)	9	1.7%	10	1.3%
Transgender – Female to Male (FtM)	4	0.8%	2	0.3%
Total	519	100.0%	769	100.0%
Gender Identity				
<i>What gender do you identify with?</i>				
Male	387	72.6%	562	73.2%
Female	134	25.1%	193	25.1%
Not exclusively male or female	12	2.3%	10	1.3%
Intersex	0	0.0%	3	0.4%
Total	547	100.0%	768	100.0%

Although the sample size in the current study is smaller than the sample size in 2013, the overall proportions remain very similar across all three of these important variables. Thus, it appears that, based on sexual orientation, gender orientation, and gender identity, comparisons between the 2013 survey and the 2019 survey are appropriate, as the participants are relatively similar.

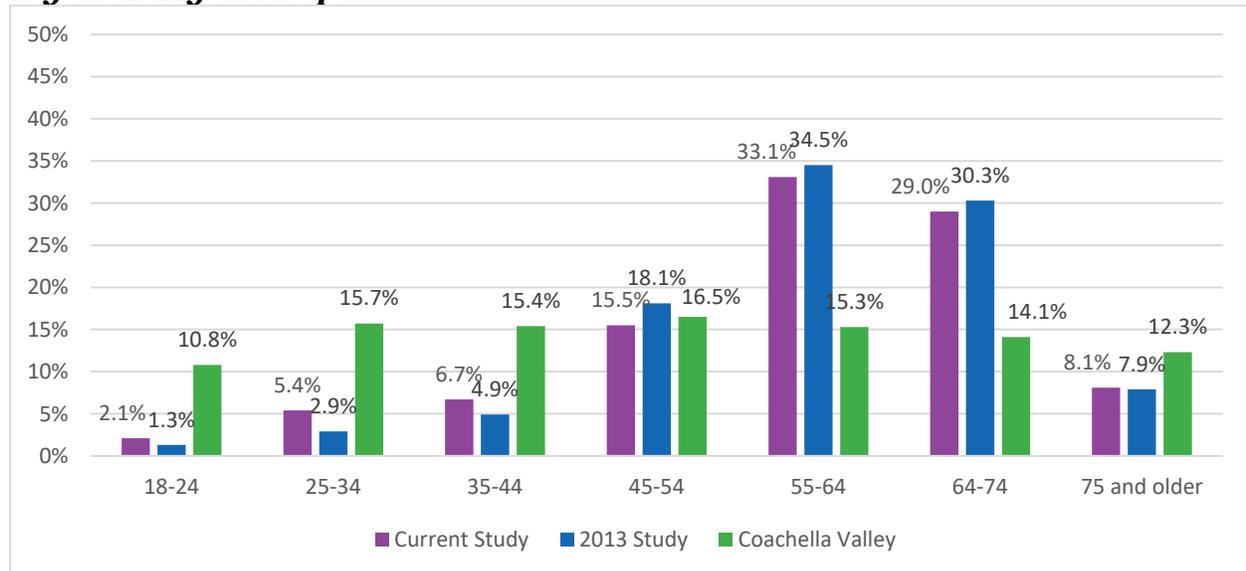
Age

Participants were asked to report their age. As illustrated in Figure 1, about half of the participants (62.1%) were between 55 and 75. There were relatively few participants (less than 10%) who were under age 35.

The age groupings of the current study closely mirrored those of the 2013 study (e.g., relatively few young people, most participants in the 55 to 75 age bracket, etc.). Thus, once again, it appears that comparisons between 2013 and 2019 are appropriate, as the participant groups are demographically very similar.

When compared to the overall Coachella Valley adult population, however, it becomes clear that the two LGBT surveys are biased towards older adults, while the Coachella Valley as a whole is more evenly distributed across the age spectrum. Thus, the results in these surveys may not adequately illustrate the experience of younger people.

Figure 1. Age Groups



Note: Current study $n = 534$; 2013 study $n = 768$. Coachella Valley data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

Race and Ethnicity

Per the methods used by the U.S. Census Bureau, there were two questions to identify race and ethnicity, with “Hispanic/Latino” not considered to be a race, but rather, an ethnicity.

When asked about race, participants were asked to select all that apply. Of the 524 who responded, white (90.3%) was the largest category, as illustrated in Table 3. “Other” responses within the “race” category typically consisted of Hispanic/Latino ethnicities.

In relation to ethnicity, 10.7% of participants reported identifying as Hispanic/Latino.

Overall, the current study presents a slightly more diverse pool of participants than the 2013 study, but not by much. Comparisons between 2013 and 2019 are unlikely to be affected by these minor differences in race/ethnicity.

Table 3. Race and Ethnicity

Response	Current Study		2013 Study	
	Frequency	Percentage	Frequency	Percentage
Race				
White/Caucasian	473	90.3%	732	95.9%
Black/African American	15	2.9%	10	1.3%
American Indian or Alaska Native	7	1.3%	10	1.3%
Asian	11	2.1%	1	0.1%
Native Hawaiian or other Pacific Islander	1	0.2%	3	0.4%
Other	35	6.7%	18	2.4%
Ethnicity				
Hispanic/Latino	56	10.7%	52	6.9%
Not Hispanic/Latino	465	89.3%	697	93.1%
Total	521	100.0%	749	100.0%

Education and Income

Participants in the sample were fairly-well educated, with more than two-thirds (67.5%) having at least a four-year college degree. About two-thirds (62.8%) also have a household income of more than \$50,000 a year, as illustrated in Table 4.

This maps on well to the 2013 sample. The current sample has slightly more diversity in educational attainment than the 2013 sample (which leaned more heavily towards the highly-educated), but this difference is relatively minor. Household income breakdowns across the two samples is nearly identical, once again illustrating that comparisons over time are unlikely to be influenced by demographic differences.

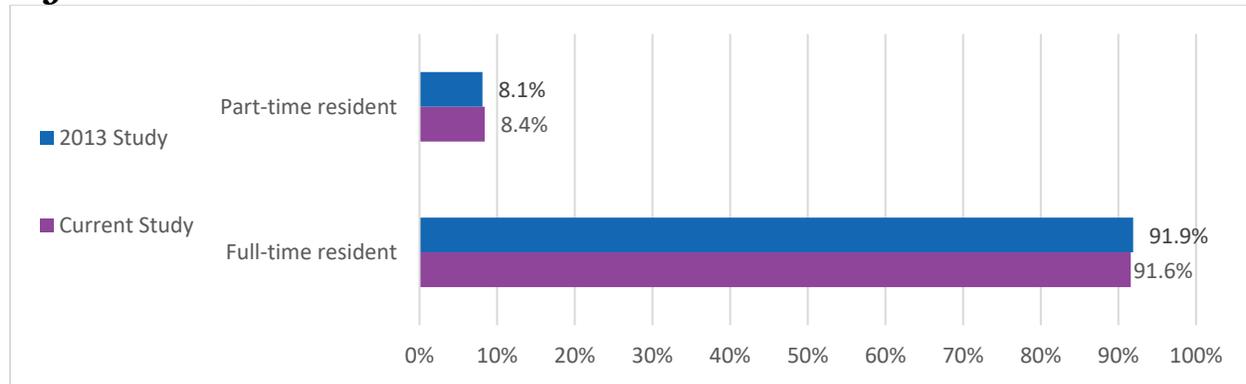
Table 4. Educational Attainment and Income

Response	Current Study		2013 Study	
	Frequency	Percentage	Frequency	Percentage
Educational Attainment				
Elementary school	1	0.2%	1	0.1%
Middle school	2	0.4%	1	0.1%
High school or GED	64	12.1%	75	9.8%
Two-year college degree	79	14.9%	122	15.9%
Trade school	26	4.9%	29	3.8%
Four-year college degree	174	32.9%	222	28.9%
Graduate degree	183	34.6%	317	41.3%
Total	529	100.0%	767	100.0%
Household Income				
Less than \$10,000	17	3.3%	4	3.2%
\$10,000 to \$14,999	26	5.0%	17	2.3%
\$15,000 to \$24,999	51	9.8%	62	8.2%
\$25,000 to \$49,999	99	19.1%	176	23.4%
\$50,000 to \$99,999	139	26.8%	225	29.9%
\$100,000 to \$149,999	91	17.5%	142	18.9%
\$150,000 to \$199,999	38	7.3%	59	7.8%
\$200,000 or more	58	11.2%	47	6.3%
Total	519	100.0%	752	100.0%

Seasonal Residents

Nearly all participants (91.6%) were full-time residents of the Coachella Valley, as illustrated in Figure 2. This is nearly identical to the proportion in 2013, once again demonstrating that comparing between the two studies is demographically appropriate.

Figure 2. Seasonal Residents



Note: Current study $n = 534$; 2013 study $n = 769$.

Zip Code

Participants were asked which zip code they live in. Results show that most participants live Palm Springs (56.9%) and Cathedral City (15.1%), as illustrated in Table 5. There were also a few areas reported outside of the Valley, which were reported by the seasonal residents of the sample.

Table 5. City of Residence

City	Zip Codes	Frequency	Percentage
Palm Springs	92262, 92264, 92263	302	56.9%
Cathedral City	92234	80	15.1%
Desert Hot Springs	92240, 92241	36	6.8%
Palm Desert	92211, 92260	32	6.0%
Rancho Mirage	92270	31	5.8%
Indio	92201, 92203	18	3.4%
La Quinta	92253	13	2.4%
Mecca	92254	3	0.6%
Coachella	92236	2	0.4%
Thermal	92274	2	0.4%
Indian Wells	92210	1	0.2%
Thousand Palms	92276	1	0.2%
Various	Outside the CV	10	1.9%
Total		531	100.0%

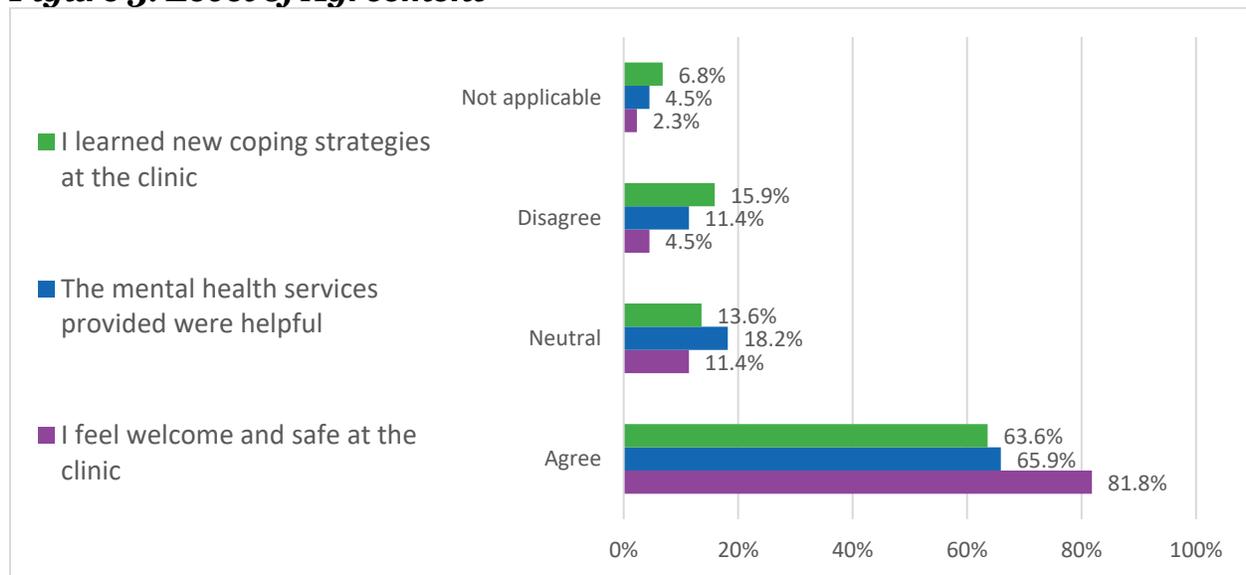
This is nearly identical to the breakdown in 2013, where 57.6% of participants lived in Palm Springs and 16.5% lived in Cathedral City. Once again, it appears that the participants in the current study are demographically similar to those in the 2013 study, and thus, comparing the two is appropriate.

Services Received

Participants were asked, “Have you ever received mental health services at the Scott Hines Mental Health Clinic @ the LGBT Community Center of the Desert?” A total of 44 participants reported receiving services at the Center’s mental health clinic.

These participants were further asked, “Based on your experience at the Scott Hines Mental Health Clinic, please rate your level of agreement with the following statements” and were provided three statements, which are illustrated in Figure 3. Of those who received services at the mental health clinic, most agreed that they learned new coping strategies (63.6%), the services were helpful (65.9%), and they felt welcome and safe at the clinic (81.8%).

Figure 3. Level of Agreement



Note: $n = 44$.

Participants were also asked, “In the past three years, have you received counseling or other mental health support at any of the following places?” and were then asked to check all that apply. As illustrated in Table 6 below, most participants report another location (80.4%) for receiving counseling or mental health support. Of these, participants most commonly reported some variation of a private practice provider, such as a therapist, psychologist, or a physician.

Table 6. Sources of Counseling/Mental Health Support

Source	Frequency	Percentage
Desert AIDS Project	30	14.7%
Jewish Family Service of the Desert	15	7.4%
Oasis Behavioral Health	9	4.4%
Mizell Senior Center	2	1.0%
Catholic Charities	1	0.5%
Other	164	80.4%

Mental Health

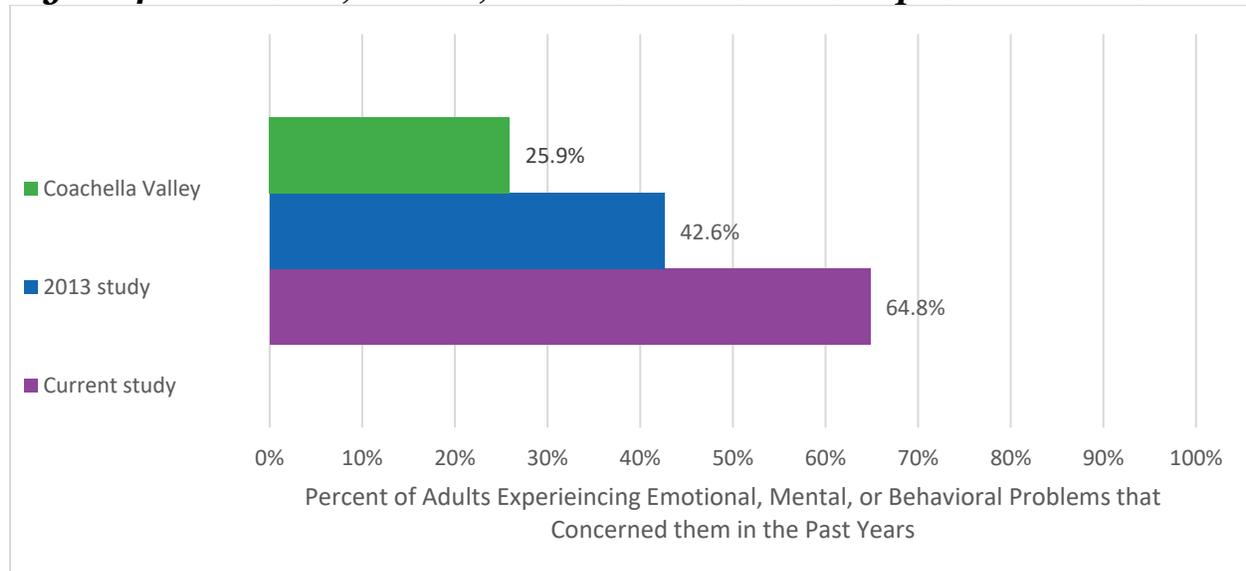
Emotional, Mental, Behavioral Problems

Participants were asked several questions pertaining to mental health and suicidal ideation/attempts. First, participants were asked, “Have you had any emotional, mental, or behavioral problems, such as stress, anxiety, or depression that concerned you in the past 12 months?”

More than half (64.8%) of participants reported having an emotional, mental, or behavioral problem within the past 12 months, as illustrated in Figure 4. That is more than double the overall rate for Coachella Valley adults (25.9%). This finding, while unfortunate, lines up with research indicating that members of the LGBT community have higher chances of having a mental health problem.¹

Moreover, it seems there has been an increase in these problems when compared to the 2013 study—an increase from 42.6% to 64.8%. Thus, it is clear that emotional, mental, and behavioral health problems remain a major issue in the Coachella Valley LGBT community.

Figure 4. Emotional, Mental, Behavioral Problems in past 12 Months

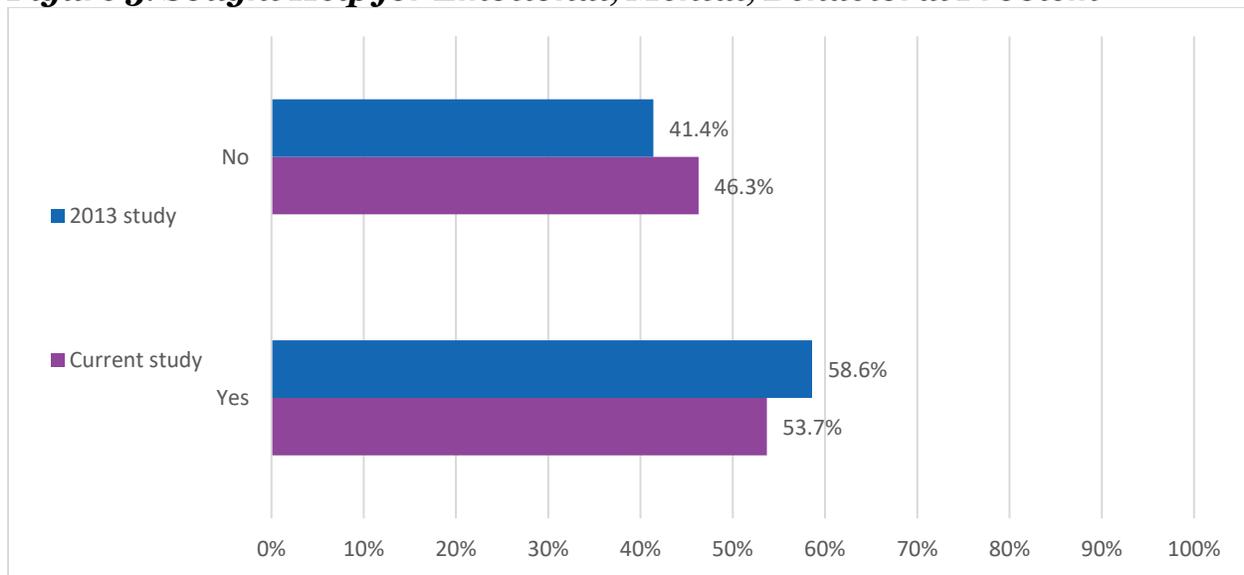


Note: Current study $n = 571$; 2013 study $n = 768$; Coachella Valley data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

¹ Gay and Bisexual Men’s Health. (2016). Centers for Disease Control and Prevention. <https://www.cdc.gov/msmhealth/mental-health.htm>

The 370 participants who reported having a mental health problem in the past 12 months were next asked, “Did you seek professional help for this problem?” Only slightly more than half (53.7%) sought help for their mental health problem, as illustrated in Figure 5. Similarly, in the 2013 study, only a slightly higher proportion of participants sought help (58.6%).

Figure 5. Sought Help for Emotional, Mental, Behavioral Problem



Note: Current study $n = 369$; 2013 study $n = 768$.

Barriers to Seeking Help

Participants who did not seek professional help for their mental/emotional/behavioral problem were asked, “Which of the following barriers prevented you from seeking professional help for this problem?” and were then asked to check all that apply.

The most commonly selected option in the current study was that it was “too expensive”, which was also the most commonly selection option in 2013, as illustrated in Table 7. Thus, it appears finding affordable mental health treatment is still a problem in the Valley, one that prevents LGBT people from getting the treatment they want.

The second most commonly selected option, “didn’t know where to go” was also high on the list (#3) in 2013. Thus, it appears that communicating to people where treatment is available remains problematic.

“Lack of insurance” as a barrier decreased from 2013 to 2019—from 29.0% to 18.1%, respectively. This is likely because of the implementation of the Affordable Care Act, which occurred in the interim years, and allowed many people access to health insurance through Covered California.

Unfortunately, “fear of negative repercussions or mental health stigma” as a barrier to seeking treatment increased substantially, going from 10.5% to 21.7%. Thus stigma-reducing campaigns related to mental health among LGBT people locally are clearly necessary.

“Lack of LGBT culturally-competent services” as a barrier to seeking help increased slightly from 13.7% to 16.3%. This is a minor change, and not statistically significant.

Table 7. Barriers Prevented Me from Seeking Professional Help

Type of Barrier	Current Study		2013 Study	
	Frequency	Percentage	Frequency	Percentage
Too expensive	52	31.3%	45	36.3%
Didn’t know where to go	44	26.5%	27	21.8%
Fear of negative repercussions or mental health stigma	36	21.7%	13	10.5%
Lack of insurance	30	18.1%	36	29.0%
Lack of LGBT culturally-competent services	27	16.3%	17	13.7%
Distrust of counseling (I don't believe it helps)	16	9.6%	15	12.1%
Other	76	45.8%	48	38.7%

Just under half of participants reported another barrier (45.8%). Responses were qualitatively analyzed in which similar themes were grouped together and counted. As illustrated in Table 8 below, the most common themes reported by participants were that it was not serious enough ($n = 18$), and that they can handle it on their own ($n = 12$).

In other words, participants most commonly felt that their mental, emotional, or behavioral health problem was not serious enough for them to seek treatment or felt that it was something they could handle on their own.

Table 8. Other Barriers

Theme	Frequency
It was not serious enough	18
I can handle it on my own	12
Have tool for coping on my own	5
Not enough time to seek services	6
Feelings of hopelessness	4
Not enough providers	2
Pricing and paying out of pocket	2
Privacy issues	2
Don't want to think about it	1
Long waiting time to access services	1
Rotation of therapist	1
Too many problems to address	1
Wasn't taken seriously	1

For example, in the, “It was not serious enough” theme, one participant wrote the following:

“not so serious (or at least I think this) to warrant pro help”

Another participant from the “I can handle it on my own” theme reported:

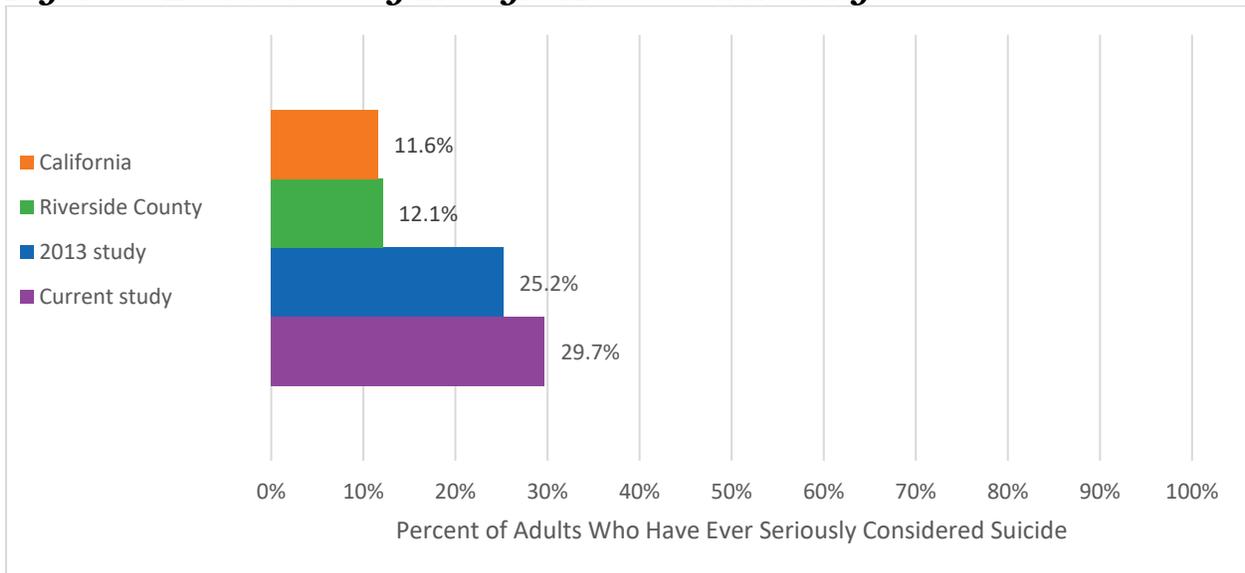
“Just dealt with it the best I could”

Suicide

Participants were asked, “Have you ever seriously thought about committing suicide?”. Across the current sample, a total of 29.7% of participants reported that yes, they have seriously considered suicide, while 70.3% reported that they have not. These proportions are slightly higher than the 2013 LGBT survey, as illustrated in Figure X.

Overall, the results illustrated in Figure 6 demonstrate that the local LGBT community has considered suicide at a rate that is double the general adult population. Approximately 1 in every 4 LGBT adults in the Coachella Valley has seriously considered suicide at least once in their lives.

Figure 6. Ever Seriously Thought About Committing Suicide

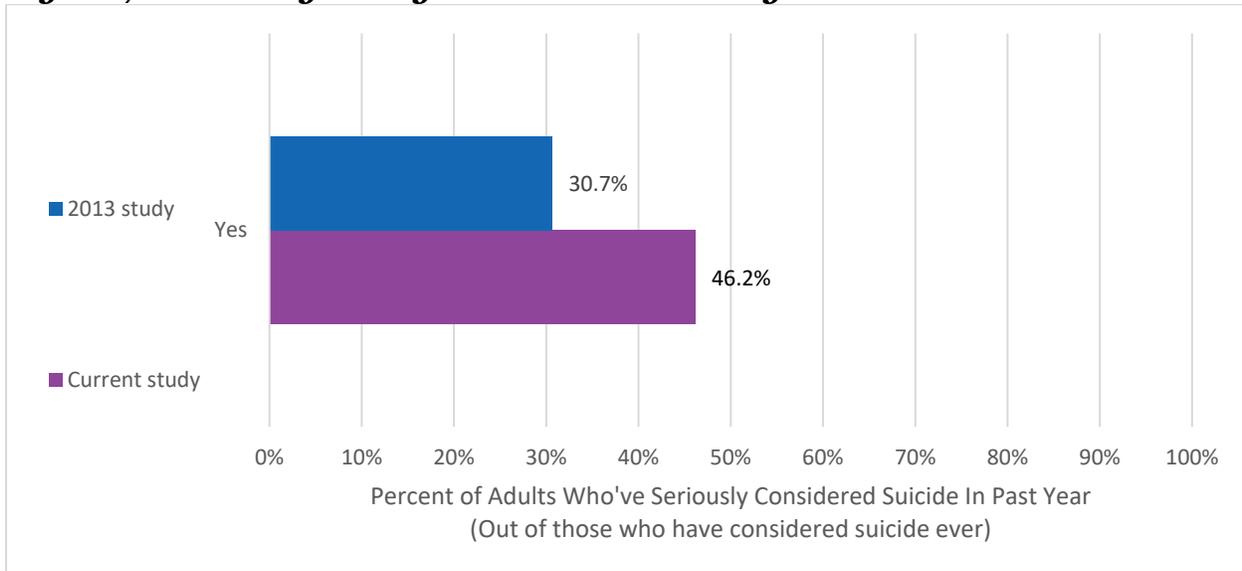


Note: Current study $n = 559$; 2013 study $n = 758$. Riverside County and California data are from the 2017 California Health Interview Survey (CHIS).

The 166 participants who had considered suicide at one point in their lives were then asked, “Have you seriously thought about committing suicide at any time in the past 12 months?” As illustrated in Figure 7, nearly half of the people who considered suicide have done so in the past year.

This is a substantial increase over 2013, where 30.7% had considered it within the past year, indicating that this is a current problem, not a historic one.

Figure 7. Seriously Thought About Committing Suicide in Past 12 Months



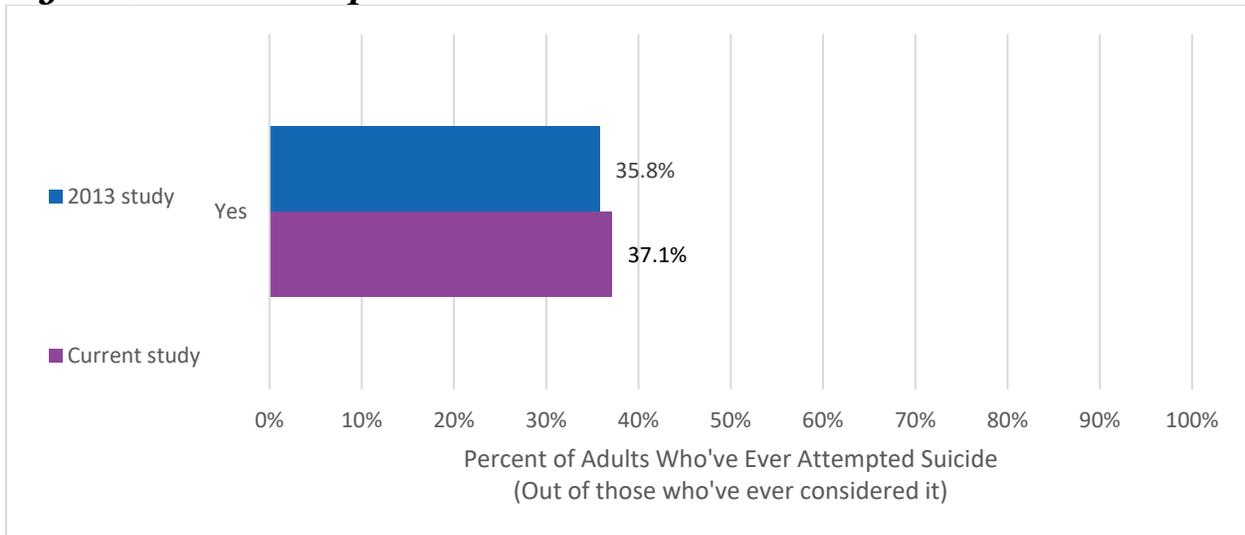
Note: Current study $n = 169$; 2013 study $n = 199$.

Taken in the context of the entire population (rather than the population of those who have considered suicide *ever*), this means that 13.6% of participating adults have seriously considered suicide in the past year. For context, the rate for Coachella Valley adults overall is 4.5%². Thus, the LGBT adults in this sample have seriously considered recent suicide at a rate that is three times the rate for adults in general.

² Coachella Valley data are from HARC, Inc. (2017). Coachella Valley Community Health Survey.

The 166 participants who ever considered suicide were then asked, “Have you ever attempted suicide?” As illustrated in Figure 8, more than a third of participants who have considered suicide have made an attempt (37.1%) at some point in their lives. That proportion is approximately equal to the 2013 study of 35.4%.

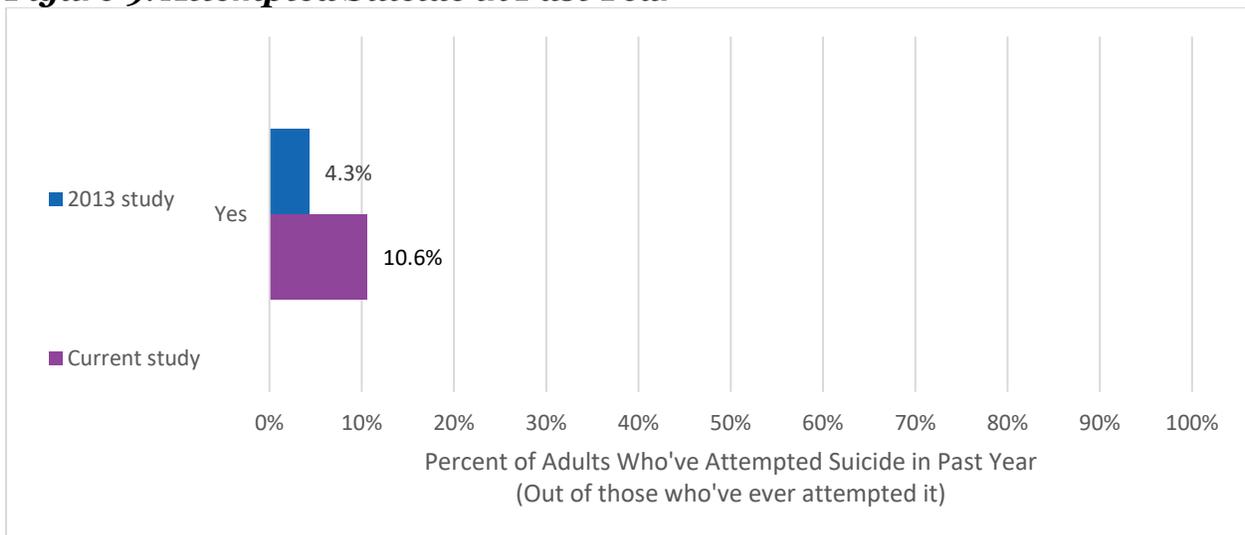
Figure 8. Ever Attempted Suicide



Note: Current study $n = 166$; 2013 study $n = 198$.

The participants who reported having ever attempted suicide were further asked, “Have you attempted suicide at any time in the past 12 months?” Of those, 10.6% reported that they have attempted suicide within the past 12 months (7 people). Note that this proportion of 10.6% is higher than the 2013 study of 4.3% having reported attempted suicide within the past year. Once again, this illustrates the urgency of the issue among the local LGBT community.

Figure 9. Attempted Suicide in Past Year



Note: Current study $n = 66$; 2013 study $n = 70$.

Loneliness

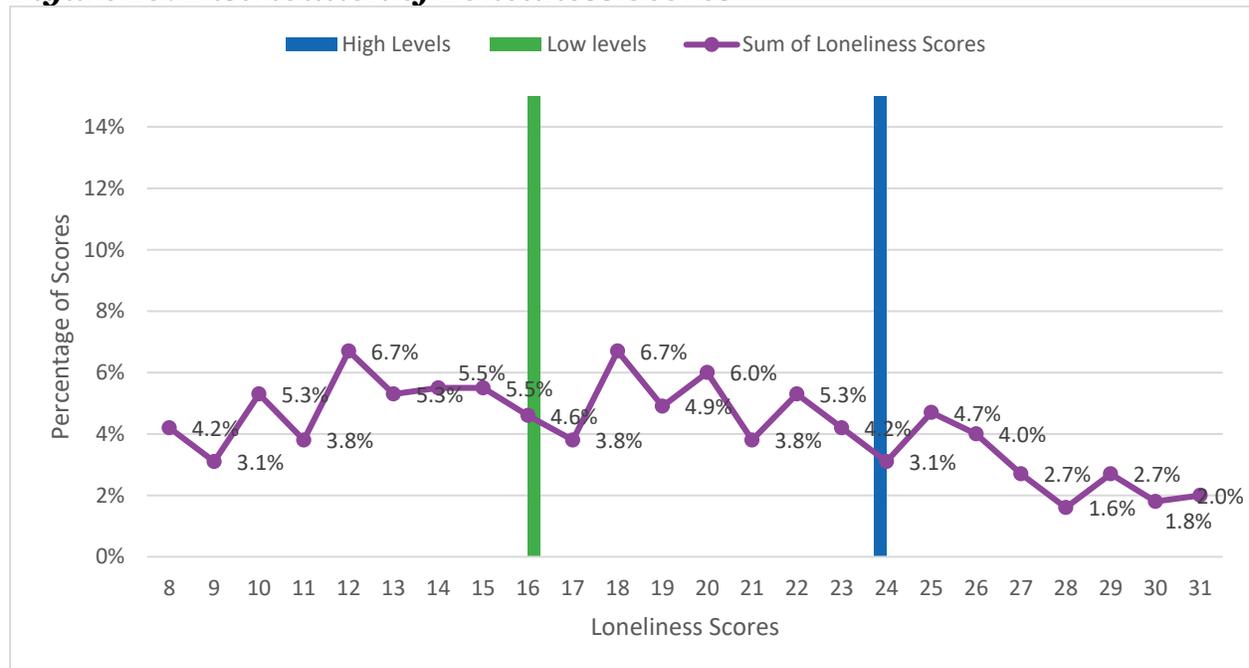
To assess loneliness, participants were provided the ULS-8³, a validated short-form scale that measures loneliness. For this measure, participants are given eight questions and asked to indicate how often (never, rarely, sometimes, often) they feel similar to the question/statement. The items are rated as follows:

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4

The questions are then summed, providing an overall score. Thus, the scale runs from 8 (someone who selected “never” for all eight questions) to 32 (someone who selected “often” for all eight questions). Overall, as the score increases, so does the degree of one’s loneliness. Thus, high scores are less desirable, as it indicates people feeling extremely lonely.

A total of 20.9% of participants had scores either at or above 24, indicating higher levels of loneliness, as illustrated in Figure 10. Conversely, 44.3% had scores at, or below 16, indicating lower levels of loneliness, a more healthy state.

Figure 10. Distribution of Loneliness Scores



Note: $n = 549$.

The average loneliness score in the current study was 17.9, while the 2013 study average loneliness score was 15.4, which are approximately similar averages.

³ Hays, R. D., & DiMatteo, M. R. (1987). A Short-Form Measure of Loneliness. *Journal of Personality Assessment* 51(1), 69-81.

Self-Esteem

In order to assess self-esteem, participants were provided the Rosenberg Self-Esteem Scale⁴, a 10-item scale measuring self-esteem. For this measure, participants are given 10 questions and asked to indicate how much they agree (strongly agree, agree, disagree, strongly disagree) with the question/statement. The items are rated as follows:

- Strongly agree = 1
- Agree = 2
- Disagree = 3
- Strongly disagree = 4

The questions are then summed, providing an overall score, which is provided Figure 11 below. Thus, the scale runs from 10 (someone who selected “strongly agree” for all 10 questions) to 40 (someone who selected “strongly disagree” for all 10 questions). Overall, as the score increases, so does the degree of one’s self-esteem, such that higher scores indicate more positive self-esteem.

A total of 6.2% of participants had scores either at, or below 20, indicating lower levels of self-esteem. Conversely, 54.8% had scores at, or above 30, indicating higher levels of self-esteem. Overall, low self-esteem is a relatively rare problem in this sample.

Figure 11. Distribution of Self-Esteem Scores



Note: $n = 546$.

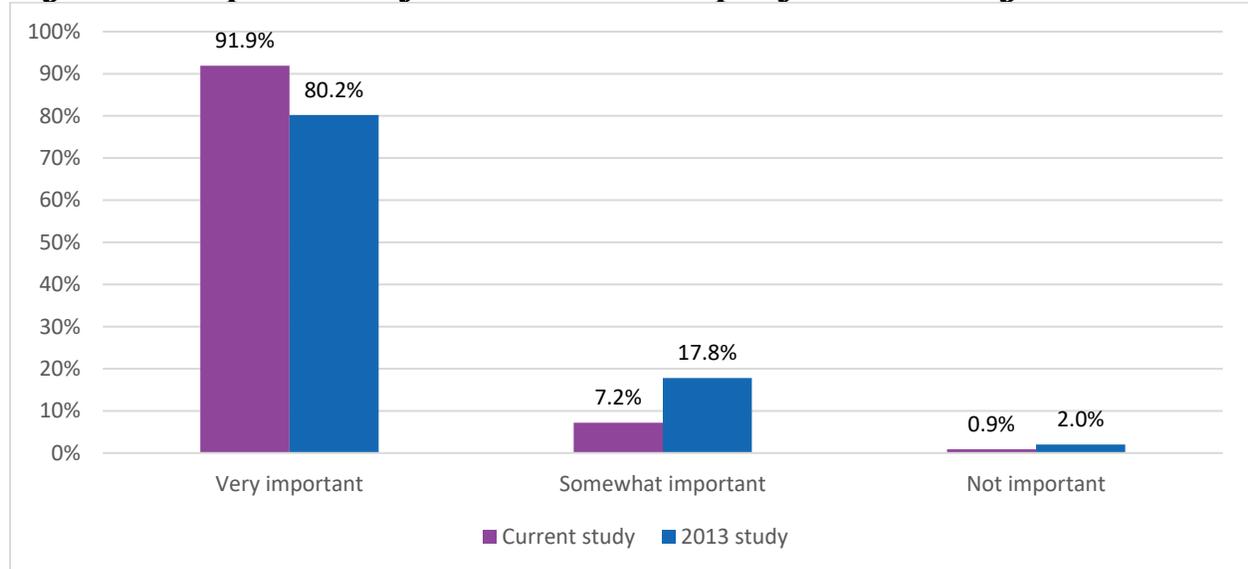
The average self-esteem score for the current study was 30.4, while the 2013 study average was 33.2, which are approximately similar.

⁴ Rosenberg, M. (1979). *Conceiving the Self*. New York: Basic Books.

Importance of Low-Cost Counseling

Participants were asked, “How important is it to the Coachella Valley to have low-cost counseling services specifically for the LGBT community?” Just about all participants saw low-cost counseling was very important (91.9%), or at least somewhat important (7.2%), as illustrated in Figure 12. For comparison, the “very important” proportion from the current study is somewhat higher than the 2013 study percentage (80.2%). Thus, it is clear that the need for the Scott Hines Mental Health Clinic @ The Center has not abated; if anything, there’s a greater need than ever.

Figure 12. Importance of Low-Cost LGBT-Specific Counseling



Note: Current study $n = 529$; 2013 study $n = 706$.

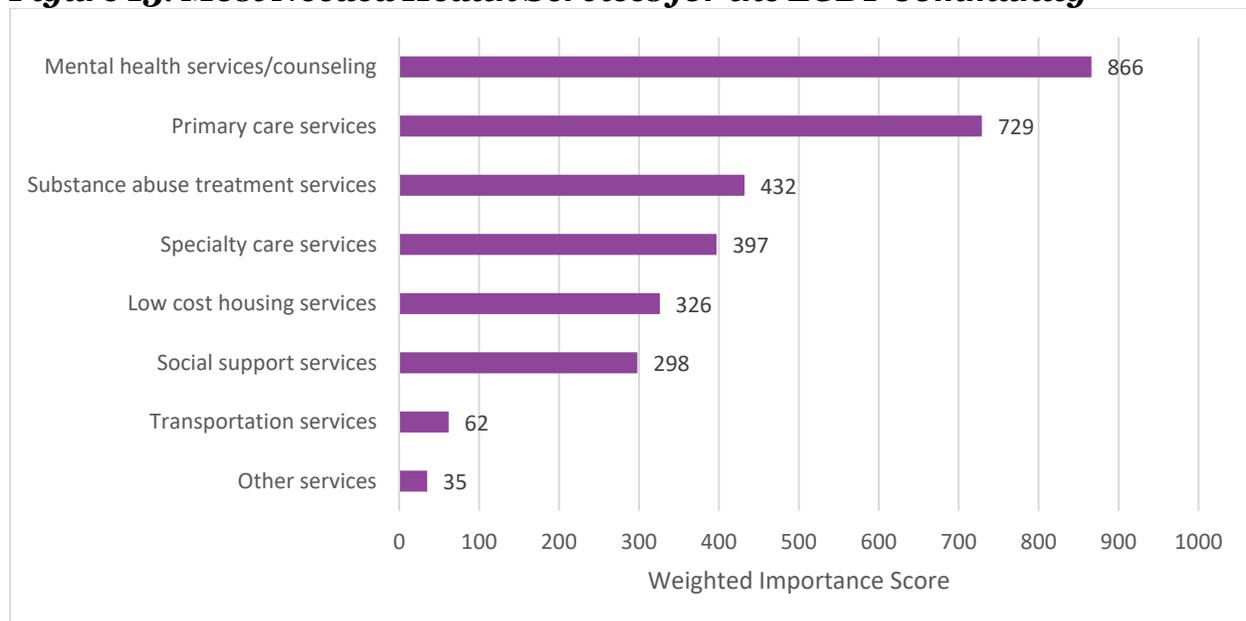
Services Needed for the LGBT Community

Participants were asked, “Please rank, in order of importance, the top three services you believe are the most needed for the LGBT community in the Coachella Valley.”

The results of this question were weighted, such a rating of “1” carried more weight than a rating of “2”, which carried more weight than a rating of “3”. Thus, these weighted results were combined to create a single score to indicate the importance level of the most needed services, per participant feedback.

As illustrated in Figure 13, participants felt that the most important service for the LGBT community was mental health services and counseling. A close second was primary care services, followed by substance abuse treatment services.

Figure 13. Most Needed Health Services for the LGBT Community



When comparing to the 2013 results, mental health and primary care have swapped the #1 and #2 spots. The major change is the move of substance abuse treatment services, which rose from #6 in 2013 to #3 in the current survey, as illustrated in Table 9.

Table 9. Comparison of Ranked Needs – 2013 to 2019

Service	Current Survey Rank	2013 Survey Rank
Mental health services and counseling	1	2
Primary care services	2	1
Substance abuse treatment services	3	6
Specialty care services	4	3
Low cost housing services	5	5
Social support services	6	4
Transportation services	7	7

Final Comments – Open Ended

At the end of the survey, participants were asked a final, open-ended question, “Is there anything else you think we should know in order to have an accurate picture of LGBT mental health and wellness in the Coachella Valley?” Responses were qualitatively analyzed for similar themes, and then counted, as illustrated in Table 10.

The most common theme that emerged was that LGBT community members are isolated and need more socialization ($n = 15$), as can be seen in the Table on the following page. Many comments echoed this theme and reported that in order to socialize, you need to go to local bars. As one participant reported:

“Despite the bar scene here in the valley, if you’re not a bar fly as I am not, there is very little in the way of well-publicized, low-to-no-cost regularly scheduled social events. That leaves little to no options for socialization - leading to isolation and depression - especially for those of us who happen to be single or find ourselves widowed or just aging. This is a very hard town to make friends in unless you drink or have the money to go to expensive fundraisers. And honestly, who can make friends in the bars where the music is so loud you can’t even order a drink without shouting?”

Another theme reported was that there is a lack of providers in the area ($n = 10$), and some seem to find difficulty accessing needed services because of this. Two of these references specifically mentioned the need for bilingual services. For example, one participant wrote:

“As far as my wellness, recently moving permanently to the Coachella Valley, I searched for a new Primary Care physician. None of the LGBT physicians I called were accepting new patients unless one was an HIV/AIDS patient, which I am not.”

Another common theme was to market available services more often ($n = 8$), as participants find it difficult to determine what is available. For example, one participant wrote:

“Have no idea what mental health services are offered by local LGBT agencies”

Additional common themes that emerged included that there is a lack of focus on the transgender community ($n = 7$) and LGBT members need mental health services ($n = 7$).

Table 10. Anything Else

Theme	Frequency
LGBT are isolated and need socialization	15
Not enough providers in area	10
Market available services more often	8
Lack of focus on the transgender community	7
LGBT members need mental health services	7
LGBT homeless need help	6
Affordable housing in the Valley is a problem	6
More services are needed across the Valley	6
The LGBT Center needs improvement	6
Positive things to say about the Valley	5
LGBT members have substance use issues	5
Aging LGBT members need assistance	5
Women need more resources	4
More cultural competency in providing services	4
More services for youth	3
LGBT members still have stigma attached to them	3
Positive things to say about the LGBT Center	3
Substance use in community is a problem	2
More services are needed for seniors	2
Dental care is an issue	2
More jobs are needed	2

Conclusion

Overall, the need for mental health services has not abated among the LGBT community in the Coachella Valley since the last survey in 2013. If anything, 2019 need levels are higher. Thus, the Scott Hines Mental Health Clinic @ the LGBT Community Center of the Desert is clearly providing a valuable and much needed service to this community.

The most needed services in the community are mental health services/counseling and primary care, according to participants. Substance abuse appears to be a growing concern for many. Expense is still a serious barrier to receiving mental health treatment, as well as not knowing where to go for help. Stigma is increasingly a barrier to receiving mental health care. Suicidal ideation remains high among the LGBT community and needs to be addressed.

Overall, it is evident that the need for mental health services is high in this community. Work should be done to provide more low-cost mental health services, to reduce stigma, and to address loneliness and suicidal ideation in the older LGBT community.