

Statement of Amit Paley
CEO and Executive Director, The Trevor Project

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Subcommittee on Oversight and Investigations
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Hearing:
Americans in Need: Responding to the National Mental Health Crisis
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Subcommittee Chair DeGette, Ranking Member Griffith, and Members of the Subcommittee, on behalf of the more than 1.8 million LGBTQ young people who seriously consider suicide each year in the United States, thank you for the opportunity to testify today about how we should respond to the current mental health crisis in our country. My name is Amit Paley, and I am the CEO and Executive Director of The Trevor Project.

The Trevor Project is the world's largest suicide prevention and crisis intervention organization for lesbian, gay, bisexual, transgender, queer, & questioning (LGBTQ) young people. The Trevor Project offers free, confidential, and 24/7 counseling on platforms where young people spend their time: a phone, chat, and text. In FY 2021, The Trevor Project served more than 200,000 crisis contacts (calls/chats/texts) from LGBTQ youth who reached out for support.

Any time we talk about the national mental health crisis, we should all remember how deeply it impacts young people. These past two years of pandemic have created new struggles—and revealed many others that had been unseen or ignored by many. America's young people need Congress to act.

Let me share some anonymous stories from young people who have used our services:

"I was really, really, really low emotionally, I was spiraling, and through validating and listening and caring the person on the other end just made me feel so much calmer and more secure...I just really appreciate what this project is doing and what this specific person on the other end of the line did for me tonight."

"[T]he counselor was very understanding. We had a lot of similarities and I know I definitely didn't feel excluded and they were extremely validating and I find it to be a very nurturing...positive conversation...it's a life saver."

"[I]t's nice to have a place where I can share all the problems in my life related to my identity, my gender identity, without having to worry about judgment from the other side."

With the goal of creating safe, accepting, and inclusive environments for LGBTQ youth everywhere, The Trevor Project also operates TrevorSpace, a safe space social networking site

available to LGBTQ youth around the globe, as well as innovative research, education, and advocacy programs. We are on the front lines of the national mental health crisis, and our counselors hear from young people every day whose mental health has been negatively impacted by the COVID-19 pandemic, recent politics, and a wide range of instances of anti-LGBTQ victimization. But, we have also seen rays of hope in the midst of this crisis.

The Trevor Project helped lead the effort to pass *The National Suicide Hotline Designation Act* (the Act) in 2020, which established 9-8-8 as the new three-digit code for the National Suicide Prevention Lifeline (NSPL or Lifeline). A fully operational 9-8-8, capable of providing specialized services to the people who need them, is essential for responding to the current mental health crisis. The Act would not have been possible without recognition of the fact that suicide prevention and saving lives is not a partisan issue — as the members of this Subcommittee know. Many of you championed this important legislation, including Representative McKinley, a lead cosponsor of the Act, and cosponsors including Subcommittee Chair DeGette, Full Committee and Subcommittee Ranking Members McMorris Rodgers and Griffith, and Representatives Kuster, Rice, Tonko, Schrier, Trahan, and O’Halloran. The Trevor Project appreciates your bipartisan leadership, and we are excited to work with all of you to fulfill 9-8-8’s life-saving promise.

The Trevor Project is also hopeful because we know our country is ready to help protect LGBTQ young people from the dangerous practice of conversion therapy. So-called “conversion therapy,” sometimes referred to as “reparative therapy” or “sexual orientation change efforts,” are a range of discredited practices aimed at changing one’s sexual orientation or gender identity. We are encouraged to see many states across the nation take action to protect LGBTQ youth from conversion therapy, and with the help of this Subcommittee, we are hopeful that the federal government will help close gaps in prohibitions against providing or funding conversion therapy.

The national mental health crisis is hitting our young people especially hard. And for marginalized young people, such as those who are LGBTQ and/or people of color, the crisis is hitting even harder. But we have the tools to respond, and we can show our children — all of them — that they are not alone. At the individual level, we all have a role to play in fostering acceptance of the LGBTQ community and providing love and support to the young LGBTQ people in our lives. Among LGBTQ youth, having at least one accepting adult can reduce their risk of a suicide attempt by 40 percent.¹ We have the ability to empower these young people to not only survive but to thrive.

This Committee should utilize its authority to ensure that the NSPL will be ready to serve LGBTQ youth when 9-8-8 is activated in July and that every effort is being made to prevent LGBTQ youth from being victimized by conversion therapy.

Towards that end, these are the questions that I will address today:

- What is The Trevor Project’s perspective on the current youth mental health crisis?
- How can we ensure 9-8-8 is ready to serve youth in crisis?

¹ The Trevor Project, “Accepting Adults Reduce Suicide Attempts Among LGBTQ Youth,” available at <https://www.thetrevorproject.org/research-briefs/accepting-adults-reduce-suicide-attempts-among-lgbtq-youth/>.

- How can we protect LGBTQ youth from conversion therapy?

What is The Trevor Project’s perspective on the current youth mental health crisis?

There is no question that our nation is in the midst of a serious and troubling mental health crisis, and young people are at ground zero. As U.S. Surgeon General Vivek Murthy recently explained in his Advisory on the youth mental health crisis,

[T]he challenges today’s generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating. ...The pandemic era’s unfathomable number of deaths, pervasive sense of fear, economic instability, and forced physical distancing from loved ones, friends, and communities have exacerbated the unprecedented stresses young people already faced.²

Unfortunately, as Surgeon General Murthy also noted, this crisis has been particularly harmful to LGBTQ youth. Surgeon General Murthy explained that LGBTQ youth often lost access to key services during the pandemic, were sometimes confined to homes where they were not supported or accepted, and face discrimination in the health care system that makes them more hesitant to seek help.³

At The Trevor Project, we have seen firsthand how these factors have converged to put LGBTQ youth at tremendous risk. Suicide is the second leading cause of death among young people,⁴ and CDC data⁵ shows that LGBTQ youth are more than four times as likely to attempt suicide compared to their straight and cisgender peers. The Trevor Project estimates that more than 1.8 million LGBTQ youth (13-24) seriously consider suicide each year in the United States, and at least one attempts suicide [every 45 seconds](#).⁶

LGBTQ youth are not inherently prone to suicide because of their sexual orientation or gender identity. They are placed at significantly increased risk because of how they are mistreated and stigmatized by society. The Trevor Project’s annual National Survey on LGBTQ Youth Mental Health — which includes some of the largest and most diverse samples of LGBTQ youth ever

² HHS, “Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory, available at <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

³ Murthy report at 11.

⁴ Hedegaard, H., Curtin, S.C., & Warner, M. (2018). Suicide mortality in the United States, 1999–2017. National Center for Health Statistics Data Brief, 330, Hyattsville, MD: National Center for Health Statistics.

⁵ Johns, M. M., Lowry, R., Haderxhanaj, L. T., et al. (2020). Trends in violence victimization and suicide risk by sexual identity among high school students — Youth Risk Behavior Survey, United States, 2015–2019. *Morbidity and Mortality Weekly Report*, 69,(Suppl-1):19–27. *See also* Johns, M. M., Lowry, R., Haderxhanaj, L. T., et al. (2020). Trends in violence victimization and suicide risk by sexual identity among high school students — Youth Risk Behavior Survey, United States, 2015–2019. *Morbidity and Mortality Weekly Report*, 69,(Suppl-1):19–27.

⁶ The Trevor Project, “Estimate of How Often LGBTQ Youth Attempt Suicide in the U.S., available at <https://www.thetrevorproject.org/research-briefs/estimate-of-how-often-lgbtq-youth-attempt-suicide-in-the-u-s/>

conducted — seeks to amplify the unique stressors, challenges, and disparities that place LGBTQ youth at elevated risk for poor mental health and suicide. Some of the most noteworthy findings from our 2021 National Survey on LGBTQ Youth Mental Health (2021 National Survey), which captured the experiences of nearly 35,000 LGBTQ youth across the country, include:

- 42% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth. Yet, nearly half (48%) of LGBTQ youth reported wanting mental health care in the past year but were not able to get it;
- 94% of LGBTQ youth reported that recent politics negatively impacted their mental health;
- 75% of LGBTQ youth reported that they had experienced discrimination based on their sexual orientation or gender identity at least once in their lifetime, and those who experienced discrimination in the past year attempted suicide at more than twice the rate of those who did not;
- 12% of white youth attempted suicide compared to 31% of Native/Indigenous youth, 21% of Black youth, 21% of multiracial youth, 18% of Latinx youth, and 12% of Asian/Pacific Islander youth.
- Half of all LGBTQ youth of color reported discrimination based on their race/ethnicity in the past year, including 67% of Black LGBTQ youth and 60% of Asian/Pacific Islander LGBTQ youth;
- 13% of LGBTQ youth reported being subjected to conversion therapy, with 83% reporting it occurred when they were under age 18; and
- Transgender and nonbinary youth who reported having pronouns respected by all of the people they lived with attempted suicide at half the rate of those who did not have their pronouns respected by anyone with whom they lived. However, more than 60% of transgender and nonbinary youth under the age of 18 said that none of the people they lived with respected their pronouns.

Our 2021 National Survey also revealed the pandemic has exacerbated mental health challenges faced by LGBTQ youth:

- 70% of LGBTQ youth stated their mental health was “poor” most of the time or always during COVID-19;
- More than 80% of LGBTQ youth stated that COVID-19 made their living situation more stressful — and only 1 in 3 LGBTQ youth found their home to be LGBTQ-affirming; and
- Nearly 60% of transgender and nonbinary youth said that COVID-19 impacted their ability to express their gender identity.

Since releasing our 2021 National Survey, The Trevor Project has conducted polling with Morning Consult to further measure the impacts of recent politics and public debates on the mental health and well-being of LGBTQ young people. Our most recent poll, published last month, found:

- 85% of transgender and nonbinary youth — and 66% of all LGBTQ youth — say recent debates about state laws restricting the rights of transgender people have negatively impacted their mental health; and
- Amid the ongoing pandemic, 63% of LGBTQ youth, including 71% of transgender and nonbinary youth, feel scared about the future.

These data make clear that young people are listening, and adults need to be conscious of the fact that how we talk about LGBTQ young people and the issues impacting their lives matters a great deal. Our young people are struggling with a wide range of emotions and complex problems at a remarkably difficult time, and adults should avoid making the mental health crisis worse by exploiting their pain in political arguments.

The crisis in front of us is clear to see. It should be a cause for concern to everyone, regardless of political party. Our young people are suffering, and LGBTQ young people are among those suffering the most. What we do to help our young people matters, and countless young lives are at stake. Fortunately, Congress and this subcommittee can help them by ensuring that LGBTQ youth have access to suicide prevention and crisis intervention services and that they are not further victimized by purveyors of fraudulent “conversion therapy” practices.

How can we ensure 9-8-8 is ready to serve youth in crisis?

The designation of 9-8-8 as the new dialing code for the NSPL in 2020 was an important step towards addressing the mental health crisis and ensuring access to vital mental health resources, particularly for LGBTQ youth. 9-8-8 is scheduled to become the new dialing code for the NSPL in July 2022, and the American public will only fully benefit from the implementation of 9-8-8 if the Lifeline is appropriately funded, and specialized services are provided for LGBTQ youth as an acutely at-risk community.

The Substance Abuse and Mental Health Services Administration (SAMHSA), has previously reported that they expect call volumes to nearly double as a result of the new dialing code and that 9-8-8 will receive approximately 7.6 million calls in the first full year of 9-8-8 implementation.⁷ We estimate that NSPL could receive more than 400,000 contacts from LGBTQ youth in 2023. Alarming, this call volume will substantially increase wait times for youth in crisis, and many operators are not specially trained to handle these emergency calls for LGBTQ callers.

Ensuring that 9-8-8 is equipped with appropriate specialized services for LGBTQ youth is a matter of life and death. The absence of specialized mental health resources for LGBTQ youth

⁷ SAMHSA, 988 Appropriations Report, Dec. 2021, available at <https://www.samhsa.gov/sites/default/files/988-appropriations-report.pdf>.

will mean that young people will not get critical, life-saving services. This is the very reason The Trevor Project exists, and according to a formal, external evaluation of Trevor's services, almost three-quarters of youth stated that they either would not or were unsure if they would have contacted another service if The Trevor Project did not exist. According to our 2021 National Survey, more than 80% of LGBTQ youth said it was important that a crisis line include a focus on LGBTQ youth, should they need it.

Specialized services for LGBTQ youth must include the training of existing counselors in LGBTQ cultural competency and the establishment of an Integrated Voice Response (IVR) option for LGBTQ youth to receive more specialized care. It is vital that counselors who interact with LGBTQ youth receive specialized training so that they understand (1) the incredible diversity within the LGBTQ community; and (2) the unique challenges and experiences that LGBTQ youth face.

The implementation of an IVR option can transfer LGBTQ youth callers to specialized groups like The Trevor Project, where we have additional trained counselors, who are part of a pre-existing nationwide response infrastructure and can take some of the increased burden from existing NSPL call centers. A multi-year evaluation conducted by third party researchers found that over 90% of youth in crisis who reach out to The Trevor Project are successfully de-escalated (meaning they are moved out of a state of crisis) and that de-escalation is sustained even weeks later. It is through these same proven training methods that the Lifeline will be able to provide the highest quality of services to its contacts.

Fortunately, the need for 9-8-8 to include specialized services for LGBTQ youth is a matter of bipartisan agreement. Congress has repeatedly recognized the need for specialized services for LGBTQ youth. When Senator Orrin Hatch argued for the enactment of the 9-8-8 legislation in 2018, he explained that:

The prevalence of suicide, especially among LGBT teens, is a serious problem that requires national attention. No one should feel less because of their gender identity or because of their orientation. They deserve our unwavering love and support. They deserve our validation and the assurance that not only is there a place for them in this society but that it is far better off because of them. These young people need us, and we desperately need them.⁸

Leaders from both parties, including the former Republican FCC Chair, have recognized the vital role that specialized services play in saving lives. The Act, passed with widespread bipartisan support, built on this promise and highlighted the need for specialized services for LGBTQ youth. The FY20 and FY21 Labor, Health and Human Services Appropriations Act Explanatory Statements directed SAMHSA to pursue the implementation of specialized services for LGBTQ youth, including both counselor training and the establishment of an IVR. Additionally, FY22 appropriations language currently under consideration by Congress would allocate \$7.2 million for specialized services, including IVR.

⁸ <https://www.govinfo.gov/content/pkg/CREC-2018-06-13/html/CREC-2018-06-13-pt1-PgS3866-3.htm>.

However, right now it is not clear if 9-8-8 will be ready for action in July. There are positive signs. SAMHSA has stated that more than \$560 million will be required to strengthen local crisis call center capacity, including their ability to address the needs of high-risk populations. The agency has also announced that \$282 million are being invested in efforts to “shore up, scale up and staff up” the NSPL,⁹ and recently reported to Congress that the agency “has begun collaborating with the Trevor Project” in the effort to provide specialized services to LGBTQ youth.¹⁰ However, time is running short, formal agreements and funding have yet to be finalized, and it is not clear that essential specialized services will be ready for LGBTQ youth in July.

As the July activation date approaches, Congress should fully fund the NSPL and specialized services, and this subcommittee should utilize its oversight authority to ensure that SAMHSA is taking the actions necessary, including providing funds, to address the needs of LGBTQ youth as quickly as possible. This includes the training of counselors in LGBTQ cultural competency, the establishment of an IVR option for LGBTQ youth to receive specialized care, and the use of text and chat services.

Taking these steps would help ensure that LGBTQ young people can get access to mental health resources and crisis intervention services that can be the difference between life and death. Amid a mental health crisis, no response is more important. The Trevor Project is ready, willing and able to help make sure that 9-8-8 succeeds.

How can we protect LGBTQ youth from conversion therapy?

One of the reasons LGBTQ youth are placed at increased risk for mental health challenges is because they face unique stressors and the threat of anti-LGBTQ victimization, something their peers simply never have to worry about. One key example of this is conversion therapy, which has consistently been linked to suicide risk.

Conversion therapy is not “therapy” at all — it is a dangerous and discredited practice that harms both LGBTQ young people and their families. The American Psychiatric Association (APA) has stated that “The potential risks of reparative therapy are great, including depression, anxiety, and self-destructive behavior.”¹¹

The Trevor Project’s 2021 National Survey found that:

- LGBTQ youth who were subjected to conversion therapy reported more than twice the rate of attempting suicide in the past year compared to those who were not;
- 13% of LGBTQ youth reported being subjected to conversion therapy, including 21% of Native/Indigenous LGBTQ youth and 14% of Latinx LGBTQ youth; and

⁹ SAMHSA, HHS Announces Critical Investments to Implement Upcoming 988 Dialing Code for National Suicide Prevention Lifeline, Dec. 20, 2021, available at <https://www.samhsa.gov/newsroom/press-announcements/202112201100>.

¹⁰ SAMHSA, 988 Appropriations Report, Dec. 2021, available at <https://www.samhsa.gov/sites/default/files/988-appropriations-report.pdf>.

¹¹ American Psychological Association, “Just the Facts about Sexual Orientation and Youth,” available at <https://www.apa.org/pi/lgbt/resources/just-the-facts>.

That’s why twenty states and more than 100 localities have prohibited licensed mental health providers from subjecting LGBTQ youth to conversion therapy — but gaps in federal and state prohibitions persist, and medical billing procedure makes it difficult to track the occurrence and frequency of conversion therapy.

In order to effectively respond to the current mental health crisis, it is time for this dangerous practice to end once and for all. While we wait for Congress and states to close gaps in prohibitions against providing or funding conversion therapy, this subcommittee should encourage agencies such as the Federal Trade Commission (FTC) to rigorously investigate and prosecute instances of deceptive or fraudulent advertising in connection with conversion therapy.

The mental health crisis has put more families with children in need of effective mental health services, strained the ability for effective provision and regulation of those services, and created an environment that makes it easier for anti-LGBTQ practitioners to prey on marginalized families and children. For this reason, an effective response to the current mental health crisis should include efforts to ensure both that LGBTQ youth have access to the quality mental health care services they need, and that they are not victimized by fraudulent conversion therapy practices.

These steps are an essential part of the necessary response to the current mental health crisis, to ensure that we are protecting LGBTQ youth in every corner of our country. They would help effective and reputable mental health care providers respond to families seeking help during the mental health crisis, save the lives of some of the most marginalized young people, and assist groups such as The Trevor Project in ending the harmful practice of conversion therapy.

Conclusion

The mental health crisis facing our country requires a comprehensive, dynamic, and urgent response. Making sure that 9-8-8 is ready to serve all who need it when the number goes active in July, including providing specialized services to LGBTQ youth, and helping end conversion therapy are necessary components of an effective response to the unique mental health challenges facing LGBTQ youth.

Too many young lives are at stake, and I urge you to take action — through your roles as lawmakers and in your personal life. Our research has found that having [at least one accepting adult](#) can reduce the risk of a suicide attempt among LGBTQ young people by 40 percent.¹² Isn’t that profound — the impact that just one adult can make in the life of a young person? When having these conversations, we must always remember that suicide is preventable, and each and every one of us has the power to help end this public health crisis.

Subcommittee Chair DeGette, Ranking Member Griffith, and Members of the Subcommittee, thank you for hosting this hearing and for your time today. The Trevor Project looks forward to continuing to work with Congress and the administration in addressing the mental health crisis and supporting our most marginalized young people.

¹² The Trevor Project, “Accepting Adults Reduce Suicide Attempts Among LGBTQ Youth,” available at <https://www.thetrevorproject.org/research-briefs/accepting-adults-reduce-suicide-attempts-among-lgbtq-youth/>.