



NAMI Ask the Expert: How You Can Help LGBTQ Youth Mental Health

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Presented by

Sam Brinton, VP of Advocacy & Government Affairs, The Trevor Project

Teri Brister ([00:00:01](#)):

I think we'll go ahead and start with some of the housekeeping because that will take us a few minutes. We'll let a few more people join us. This is Teri Brister. I'm the national director for research and quality assurance at NAMI. We are so excited to have all of you on the call this afternoon. We have almost 1200 people registered to be with us this afternoon. We are just ecstatic about that and so happy to have all of you here. We want to remind you that we have everyone muted. The only people that we'll be hearing from today are our presenter, our CEO Dan Gillison, our medical director Ken Duckworth, and we also have NAMI's director of diversity, inclusion, and equity on the call. She's available for questions and answers at the end of the presentation. Again, the rest of you are muted and that's so that you're able to hear the presenter and able to interact to hear the responses to the questions and answers at the end. We want to remind you that you do have the chat feature.

Again, the slide that you see in front of you is showing you where that is and has some instructions on how it works. Then, you also see at the bottom for Q&A, you can submit questions as well. If you look on the bottom of your screen, you'll see the little icon. The one that looks like the little caption, if you click on that, that opens the chat feature for you. If you click on the circle with the three dots in it, it gives you the option of clicking on Q&A. That will enable you to submit your questions during Sam's presentation. Then as with our other ask the expert calls, Doctor Ken Duckworth will be moderating. He'll be taking your questions and sharing them with Sam. Frequently, we get questions that are similar, so he puts those together and combines them so that you get the best experience as participants. We want to remind you that when you're submitting your questions, you'll choose all panelists as the option. You have the option of submitting things privately, but if you'll choose all panelists, that will make it go through. The call is being recorded. We post recordings of these calls on [NAMI.org/asktheexpert](https://www.nami.org/asktheexpert).

Something that we started doing just since the pandemic is getting a written transcription of each of these recordings. That way if you're unable to hear clearly, have any kind of difficulties with that, you can download a copy of the written transcription as well. Following the webinar today, we'll be emailing to everybody who registered, not just the people who participated, but anyone who registered will get a link to the recording, you'll get a PDF of the slide deck, and any other files that are available for download. I don't believe we have any additional files on this particular presentation. With that, Sam, I'd like to ask you to advance the slide if you would. Then, we will turn it over to Dan Gillison, NAMI CEO, so he can provide the welcome. Elyse, you may need to give Sam presenter access. Perfect. Sam, you have to share your screen is what Elyse is telling me. There we go. Love technology. Thank you, Sam. Dan, we can't hear you so if you can unmute.

Dan Gillison ([00:03:28](#)):

All right, there we go. Thank you, Teri, and good to be with everyone on this afternoon. Welcome to the ask the expert webinar. This is a very important series that we do and it's for you, our audience. We are very excited to be with you on this afternoon. The Trevor Project was founded in 1988. It's the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer, and questioning young people under 25. This organization has been doing an incredible amount of work. I got to know them years ago and have seen their work in process for many in the community. We want to thank them for being with us on today and thank them for their work. With that said, I'd like to hand it off to our chief medical officer, Doctor Ken Duckworth. Ken.

Ken Duckworth ([00:04:31](#)):

Thanks, everybody. Thanks, Dan. Welcome, everybody. June's Pride Month and we're delighted to be focusing on the issues of LGBTQ youth. Sam Brinton is today's speaker and is one of the world's leading activists for this population. They are the founder of the 50 Bill 50 States campaign at The Trevor Project to end the dangerous and discredited practice of conversion therapy. First, in the United States and then around the globe. As a survivor of conversion therapy, Sam has spoken before the United Nations and the United States Congress and has testified on legislation from coast to coast. Sam uses they, them, or theirs, as pronouns as a gender fluid person. I want to emphasize Sam is an expert but is not a clinician. If there are clinically related questions, I may jump in. Sam and I have agreed upon that. He is trained as a nuclear engineer, which means he's a lot smarter than I am, but he's not going to be able to take clinical questions per se. Sam, I want to thank you for coming on today's conversation, for all the work you're doing, and for your leadership. Please, take it away, Sam. You might be muted, Sam.

Sam Brinton ([00:05:52](#)):

Unmute, there we go. Welcome to [inaudible 00:05:54]. Thanks so much. Can everyone hear me? Ken?

Great, perfect. Thanks so much. Hello, everyone. Thank you again for this wonderful invitation. I am so excited to be here with all of you today. It's a big topic, there's a lot of slides. I do not want to have paralyzation via PowerPoint, so I'm going to do my best to make this as accessible as possible. I promise it starts with some sad stats but ends with some big wins. If you stick with me, we're going to have a really good Pride Month. First off, who is the person talking to you? There we go. You already heard my bio. I use they and them as my pronouns. I serve as a VP of advocacy and government affairs, which basically means instead of the actual lifeline itself, which I'll get into, my job is political, the advocate, the person whether it be Congress, the president, or the Supreme Court, which we had some good moments in that this week. There's this sense of activity, how do we do something to better the lives of LGBTQ youth, that's my job. It's the dream and I'm excited to be here. Little known fact about me, you did learn that I was a nuclear engineer.

Other little-known fact about me just so hopefully you'll stay interested is I'm an opera singer, so I sing with the Washington National Opera, have a degree in vocal music performance, and I'm a huge fan of singing. Maybe if you're really nice, I'll sing at the end. I don't know. Who knows? Probably, not. Who is The Trevor Project? The Trevor Project is as we mentioned the world's largest suicide prevention organization for LGBTQ young people. I couldn't have said it better. Dan already let you know. We've been around for 20 years. We have a variety of different services. I'm going to start with those services knowing that this is not an advertisement, but that way you'll have these resources available to help those in your life who may find them useful or yourself. We're super glad that we get to give that resource.

First off, a lifeline. 866-488-7386. Really important call center where we are now completely remote with our call center. Across the country, 24/7, 365, we're answering the phone and it never stops ringing. It hasn't for 20 years. We are again specific, free, confidential. It's there for LGBTQ youth as they call us. I'll be clear about that because I know we sometimes get questions about this. We tailor our services to those under age 25, but we serve everyone. If you call, you're not going to get told no, we're not going to answer your call because we recognize that people are in crisis. We just tailor our services to LGBTQ youth who are under age 25 just as a little-known fact. However, let's say you're a good millennial like me and you can't stand to talk on the phone. Well, we have text and chats. START to 678678 or thetrevorproject.org/help gives you digital services.

This ability to interact with us in ways that aren't necessarily auditory. Really, important for a couple different reasons that you might not think of but really are important to our community. First off is confidentiality. Although most individuals do not want to disclose suicidal ideation to those around them, if you're talking about something also as private as sexual orientation and gender identity, which a person may not be out to their family, the idea of talking about that auditorily on the phone could be really difficult for someone. Another reason that you might think of is for people like myself who our gender identity is not in alignment with what we were assigned at birth. We don't always adore how our voices sound, especially if we're really emotional and we're crying, we may not be able to control our voices in ways that will give folks the ability to support us in the pronouns or representation that we're trying to express. Texting and chatting can be a way to get past all of that. There is no gender to an electron on a screen. It's much easier for us to be supportive in ways that the person feels engaged all the way through.

If you're not in crisis however, there's really important other services. Again, I promise this isn't just an advertisement for Trevor. I just want to start with the resources, and we'll get into some of the reasons why these resources exist. Let's say you're not in crisis however, social media is an amazing opportunity for a lot of individuals to interact with each other, but it's not always safe. We created TrevorSpace. I like to make the joke, think of it as MySpace or Facebook, but we don't sell your data to the Russians. What a concept. It is literally just hundreds of thousands of LGBTQ individuals and youth all over the globe. It's our only international service. This is questions on, what's it like to take a same sex partner to prom? What's it like to have a conversation with your parents about testosterone? What is it like to go to an affirming church? These are all services and resources that aren't necessarily crisis moments yet, but peer to peer conversations could make them go easier. TrevorSpace is that space that I hope you'll

share with a lot of the people in your life where people can interact in a non-crisis conversation. If they're in crisis, we push them to our crisis services, which I've already mentioned. Those are some of the direct services.

We also have focus areas. We are nerds. I'm a proud MIT nerd. Although it was mentioned by Ken, I'm no clinical expert. I think we all know the power that data can save lives. NAMI's on the leading edge of that work. The research that we do is based on two major issues. One, all of the contacts that we get, it's always anonymized. Nothing is ever released that is directly tied to a specific contact for obvious reasons, but when I see a surge of calls happening on a day, I can look, see what happened, and then respond to whatever is occurring in real time because I know crises are occurring. This happened for example in two specific situations recently. One was when Texas did a bathroom bill, AKA a don't let transgender youth use the bathroom of their identity, but instead require them to maybe use the bathroom that they would not be safe for them to use due to the sex they were assigned at birth. It was an awful bill, awful rhetoric, and instantaneously our calls from Texas doubled. We were able to fly down to Texas, approach in a political, educational, and generally crisis way say your words have meaning and they're hurting LGBTQ youth, you're causing distress. Here's what we can do to help. A really great way.

We also operate the world's largest survey of LGBTQ youth. I'll get into that in a little bit with our data. We educate just like what I'm doing right now trying to reach as many people as possible with, what are the warning signs of suicide? How do we have LGBTQ competent suicide prevention. It is not enough to just have suicide prevention; it is important for us to make sure that all of our education materials for all types of different programs are LGBTQ competent. I'm excited to be here to be part of that program with all of you. Last but not least, obviously my fave because this is my work, is our advocacy. Taking this data, taking this education, and taking this crisis contact volume [inaudible 00:13:47] and saying let's do something about it. Let's eliminate the problem before it even gets to a level of crisis. My job is to put Trevor Project out of business. Pretty great job if I do say so myself. I do that through a lot of different work across the country. We'll get into some of them. Mostly, most of my major campaigns start around the work to end conversion therapy. We're going to have a whole section on conversation therapy. It's something that I hope you'll all join me in working to eradicate.

The topic now that you're like we get it, Sam, you like Trevor Project. I know. Anyway, moving into what we're actually supposed to be talking about, which is LGBTQ young people and their mental health. I wanted to give us a framing conversation. Where are we starting with? If this is ask the expert, where are we starting with? First off, we know it's the second leading cause of death among young people, but 39 percent, two out of five, LGBTQ youth have seriously considered attempting suicide in the last 12 months. I cannot describe how horrific that is. Then, it gets worse when 50 percent, more than 50 percent of transgender and non-binary youth have seriously again considered attempting suicide in the last 12 months. This is not ever, this is now. We are more than four to five times as likely as CIS gender or straight youth to attempt suicide. That's not acceptable. 71 percent of them however are also reporting feeling sad or hopeless for at least two weeks in the past year. Again, not the clinical expert, but that sure sounds like a problem that we need to be addressing and again is higher than the average population.

In really awful news, those of us like myself, a survivor of conversion therapy, those of us who have gone through conversion therapy, are twice as likely to attempt suicide as those who did not. Again, let's put the numbers together, my MIT degree here. If half of transgender and non-binary youth have seriously considered suicide and those are five times as likely as a straight person to attempt suicide then twice as likely if they've gone through conversion therapy, that can compound to 10 times as likely as a straight and CIS gender individual if a person has gone through conversion therapy and attempted suicide. We have an epidemic on our hands, and I know that word gets thrown around a lot, but it's a true problem and that's why I'm here to try to raise attention. This is a large-scale problem. We serve hundreds of thousands of youth every single year. We estimate 1.8 million LGBTQ youth will be in some form of crisis if you're alone. I'm sure NAMI has other data on this as well but pulling from the youth [inaudible 00:16:36] behavior survey and our own research, we've been able to find that this is not a small problem. This is a problem in the order of millions. We need to recognize that the crises could be worse than when a person enters them because they may not have the same support structure.

That leads us to a whole bunch of statistics. I'm not going to go through all of these, all these slides available, but I want to highlight a couple of them because I know there's some nerds in the room who want some of these numbers. It gets super depressing to talk about your own community in ways of oppression all the time. Let's just be honest, let's bring that into the room. There are reasons that black individuals have said, "I can't watch the news right now," because it's awful to just continuously be watching these types of activities. It's awful to continuously be talking about the oppression of my people. I'm just going to bring that into the room recognizing that it is not the same issue, but it is a similar space and one that I'm going to take as my presenter prerogative and only talk about the last slide here.

76 percent of LGBTQ youth felt that the recent political climate impacted their mental health and sense of self. Three out of four are saying that the political climate has impacted their mental health. I am not being partisan here. That is not a number simply because of the current president, I am stating that politics matter. That's why advocacy and that's why I like to collaborate with NAMI is this idea of I think we have to collaborate because politically not advocating, that silence is literally causing major sense of self impact. That's really causing problems. We have our work cut out for us. Together, we're going to be able to do it. You may be asking, how has COVID specifically impacted LGBTQ youth? I think that's a really important question because when we're talking about all these daily news stories, you may be noticing that LGBTQ people are not being mentioned even though it's Pride Month. That's because we don't have data. People don't ask about LGBTQ youth, so we don't actually know. Those more than hundred thousand individuals that have died from COVID, we have literally no idea how many of them were LGBTQ because we don't ask the question. That, my friends, is a tragedy.

We know already that black individuals are ... a quarter of the deaths related to COVID are black individuals. That is unacceptable. We also must recognize that at least we know that as a number. We don't even know the number of LGBTQ individuals. I'm going to try to bring in what we are hearing and the ways that we're responding but know that this comes with literally no data other than anecdotal from the contacts that

are reaching out to us. That doesn't mean it's not powerful, I just want to be clarifying to those of you who may have more of these questions. First off, let's talk about the major issue that we all know about. Social distancing. We call it physical distancing in The Trevor Project because it is not actually social distancing, it is physical distancing and it's the difference between physical bodies not socially. We need to socially be connecting with individuals and this is why. Many LGBTQ youth are telling us that they lost all the social connection that they used to have. For example, extra curriculums like [inaudible 00:20:08] can't operate really easily because there's no easy way to just advertise for these things and there's no way to protect the anonymity of individuals as they're going into these spaces.

Also, they just don't literally can sit at lunch with individuals who understand their life experiences. I know for many of you that may not seem like a big deal, but in a family where you are not culturally transferring this culture. There is no familial transference of this culture. Instead, it is conversational. That's not happening as much anymore. We're watching that be a major challenge. Second, not only can we not go to good places, we cannot necessarily be in good places. Unsupportive or abusive places like homes now are the only place you're allowed to go. In fact, we're hearing about this all the time, however LGBTQ youth are literally being kicked out of their homes in the midst of COVID when there's not a really safe place for them to go, not that there was even if there wasn't COVID. To be clear, it is [inaudible 00:21:15] spaces. Not only do we not get social connection, but we're not getting negative consequences for not technically being at home. This happens even worse for the individuals who may have come out in college, but now are kicked out of college and having to come back home as well. You can understand that this is causing some severe distress.

Second would be our economic strain challenges. Unemployment is rampant. We all know the numbers. LGBTQ youth are living based on these [inaudible 00:21:43] employment to be able to stay away from unsupportive environments. When that unemployment happens, everyone just talks like, "Well, you know the millennials and gen Zs, they'll all just move back into their parents' basement." Well, no, not if your parent kicked you out for being who you are. I am not allowed to walk back into my own home. That is not an option. I'm proud to say in the last year, I got married and bought a home, so take that, mom and dad. The whole point for me has to be built on the idea if I were a younger individual, I wouldn't have that option. That would be potentially catastrophic. Housing instability, LGBTQ youth make up more than 40 percent of the homeless population. LGBTQ youth make up 40 percent of that homeless youth population. We are disproportionate and have a major issue when it comes to that. You're all right now probably saying, why in the world did Sam Brinton come on this? This is just going to be a depressing presentation. I'm sorry, but I'm going to bring in the hard moments, but I promise you all of these things are able to be responded to. I'm not going to give you any problem that is not solvable because that's not fair. I believe in working together through collaboration.

The questions that you're going to have, I promise you we're going to get to some good news here soon, just not yet. I promise. Increased anxiety is coming from this idea of they can't get medical attention. Many people are not out to a single individual in their medical experience because we are consistently turned away from medical experiences. You may have heard that on Friday, the administration put out the right to

discriminate against transgender individuals in healthcare, which is just horrific. We got a lot of calls on that. There's a ton of uncertainty. If you were using college as your way away from everything and you don't know if you're going to get to go to campus, imagine what that uncertainty feels like. Then, there's this violent imagery on the news. If you are now trapped in a home, your parents are stating all these unsupportive things, and then all you see on the news is how the world is becoming violent and fighting, that violence could be good moments, it could be bringing about change, but you see it as unsafely outside too. There are moments of hope. Let's be very super clear.

It was only on Tuesday the Supreme Court was able to clearly and emphatically state that it is against Title Seven, against the law to discriminate based on sexual orientation and gender identity. That is a massive moment. It is a way for us to say we deserve equality. Huge moments. That doesn't mean that we are only seeing that news. We're seeing all the other news too, but I want to point out that we are noticing the good things too. What are we doing about it? I think it's important to give examples of what we're doing. Then, feel free to ask questions along the way. We did have a Pride campaign. It is Pride Month, shocking. June is Pride Month. There are no Pride parades. I have been recently recording a lot of videos for a lot of rural pride about pride inside. Pride is everywhere. We transitioned away from pride experiences and moved towards racial justice because we recognized that was what was needed. We advocated for LGBTQ youth mental health resources and said you have to respond to COVID in ways that are supportive. Last but not least, we even have protest safety. We're trying to let LGBTQ know who may be going out and participating in these protests, how to do it safely.

You're an LGBTQ young person, that brings about different aspects of how you protest and how you will be treated if you're taken in by law enforcement. It's important for us to recognize that we have to respond to where people are. It started with Pride, moved to COVID, now we're in protest, who knows what next week will be like? Legitimately, it is about the pivot. I know you all know that, but it's hard. I'll be honest. Being the vice president of advocacy right now when every single new week brings about another thing in this work is exciting and I'm glad for it, but goodness, gracious, me the world could eat a Snickers right now. I wouldn't mind it too much. However, really exciting that we are watching a national conversation around police brutality and about black lives mattering. That is so powerful, and it is something I cannot wait to tell my children that I was a part of. We have whole specific resources supporting black LGBTQ youth mental health. I want to have a whole slide just where I talk about that right now knowing that those questions could also come up a lot later. I will also have a link. You're going to get the PDF, that link to the blog where all of this has been shared three million times literally. I want to make sure you have it here as well.

First to those LGBTQ black youth that you may be interacting with, these are some helpful tips and tricks. First off, recognize the common feelings. It is important that we all recognize that we're feeling a lot of feelings. I'm feeling a lot of fear. I grew up around the world and I've seen these types of protests, I've seen the violence, and it sometimes brings back really harsh memories for me. I need to remember that this is the first time that some people are feeling this, but it's not for everyone. Many people have understood what this kind of feeling of fear is and I need to recognize that commonality. I also need to feel my emotions without ... I'm using me statements, but you should definitely use your own. I'm not going to tell you how to feel because I can only do that

about myself. I just realized that I sound like I'm going through puberty there, but welcome to my voice. Recognize the common feelings, allow yourself to feel these emotions without judgment. Notice it is being underlined. It's really important that we have to feel these emotions without judgment.

I am having a hard time interacting with some of my friends because I'm feeling different emotions that they may be feeling, but I just say I'm feeling mine; you're feeling yours and neither of those are wrong nor bad. We need to have them and experience them. Then, there is the centering of voices. I need to be clear. I'm excited to be here. I've heard from your leadership, thank you so much [inaudible 00:28:21] and Ken, you're going to have voices, specifically black voices and experiences that you're going to be raising that I am not that voice right now for you. I am raising voices as I can and raising the experiences of me as a white person, what I can do to not put that pressure on black people when they do not want that pressure. I have a lot of my friends right now who are like, "I'm tired of telling people what to do. I need to just take care of myself." That's something we need to give black voices the opportunity to do. Take that as a pragmatic best of both worlds there.

Take a break from the news and social media. I am not watching nightly news right now. I can't. I can't sleep when I hear the screams, I'm not doing it. Social media, I am super proud to say I am limiting. I am posting the good things. We just passed an anti-conversion therapy ordinance yesterday, so I was like celebrating that. Then, I take time away. Right? Good. Then last but not least, pivot to the actions that you want to take. I'm going to give you a whole bunch of them, but just know that you need to not just feel feelings, you need to do something with them. The action does not need to be in the streets, it can be on the couch, it can be in your mind, but that action needs to take place.

We've gone through LGBTQ mental health, we've specifically talked about how COVID is impacting it, and then I'm going to go into something personal because it's important for us to recognize that and then we're going to get into the actual actions that we'll take. I'm going to talk about conversion therapy for a bit. You may be like, Sam, that has nothing to do with today. Actually, it does. When you are kept at home, we already have a lot more LGBTQ youth who are telling us that their parents are literally putting them into conversion therapy while they are trapped at home with them in COVID. This is a really awful experience and I'm going to explain it. It's going to start really bad and end the best parts. Again, hinting, you're going to love where this turns out.

You may be asking, Sam, I've never even heard of conversion therapy, what it is? Good question. Conversion therapy is the idea that you can change someone's sexual orientation or gender identity into a straight or CIS gender person. It's taken a lot of different names over time, so pray away the gay, conversion therapy, reparative therapy, sexual orientation change efforts are for the medical. A lot of different terms. All of them, harmful. Super important just starting off, it's not effective and it's harmful. You may be like, but my Aunt Betty went through conversion therapy and she's straight now. Aunt Betty is lying. I will never say that to Aunt Betty's face, but Aunt Betty is lying because it is not effective and potentially extremely harmful. Of the survivors that I originally knew when I came back out in my experiences, a large majority of them have died by suicide because we are extremely damaged by a mental health practice that is

not actually healthy, it's harmful. Every major medical organization has said it is discredited. Let's be very clear. First, you might be saying it worked on person X. No, not true. Two, every major medical organization has said it doesn't work and it is potentially extremely dangerous.

We know it's dangerous. Others are saying it could be potentially dangerous because they don't have a lot of case studies of this, which is good. Don't put kids through this to do your silly research. We know it from our research because we're hearing from LGBTQ youth who are in conversion therapy, about to go into conversion therapy, just got out of conversion therapy, their friends are in conversion therapy, literally every week, every single week, we're hearing from someone in conversion therapy. I myself am a survivor of conversion therapy. I'm going to go through my story extremely quickly. I know not enough time, but it's going to hopefully make an impact on how we have this conversation.

I didn't realize I was coming out when I told my family that I really liked the boy next door. My family became very ... my father became very physically abusive. It was at this time that my mother stepped in and said, "I've heard of this thing called conversion therapy. Let's try that instead. Sam is scared of you punching him, but that's not going to actually solve this problem. We went into a conversion therapist office. I was lied to. Again, I'm shortening this by a lot. I was lied to for months telling me that I was the only gay child left alive, that the government came through and killed off gay children when they were born, that I had AIDS and would die of this disease. I am a 10-year-old child, all of this is happening to me.

When that wasn't enough, I would be put through what is called aversion therapy, this idea that you can use physical stimuli to make something painful or bad if a person thinks about something. They would show a 10 year old child images of men holding hands, me holding hands, they would show me images of men holding hands, then put my hands in ice so I would feel cold while I was seeing images of men holding hands so I would associate that awful feeling of the cold with the images I was seeing. I'm very young, so my brain starts to associate that's what's going to happen every single time. Same thing would happen with heat. When men holding hands were shown, I would then have wires wrapped around my hand and heat would be applied when pictures of men touching men were shown and turned off but pictures of men touching women were shown. It would culminate ... Sorry, I get emotional every once in a while. It would culminate in electroshock therapy where I was literally basically electrocuted while images of men having sex with men were shown.

I screamed begging my family to make it stop, but my mother and father loved me so much that they thought they were saving my life. Those are some of the stories that we hear at The Trevor Project. Before I go further, I'm sorry. I need to always do this. I need you all to take a deep breath, let it go. That was not easy to hear. I can run through it because in my brain, that pain is my past. It is not my present; it is not my future. I work to end conversion therapy and make sure no person ever has to go through what I went through ever again. I hope you'll join me in that. I'm sorry for jumping into the next step. That was hard and I'm going to clarify that it's Pride Month and we're having a lot of really joyous conversations; we need to have the tough ones too.

Here's the numbers. I know my nerds, ask the expert, right? I'm trying to give you my numbers. 700 thousand individuals have gone ... I know I'm smiling while I said that. That was awful. 700 thousand individuals have gone through conversion therapy, have survived conversion therapy with 16 thousand youth still at risk in the next couple of years. Let's be very clear, nearing a million, well rounding up, over 700 thousand have already had this and 10s of thousands are going through it every couple of years. This is a major problem. Five percent of this youth ages 13 to 25 have responded saying that they've been through conversion therapy or reparative therapy. That's our survey. Again, you'll have a link there to look into more of those numbers. Five percent of a population being told to erase themselves on a consistent basis is unacceptable and it's having major consequences.

I am not the only one who had major suicide attempts. My fellow survivors are reporting that 42 percent of those who experience conversion therapy had a suicide attempt in the last 12 months. This is not seriously considering, this is attempt themselves. So horrible. When we asked trans and non-binary youth again, 57 percent have attempted suicide in the last 12 months. Nearing two out of three have attempted suicide in the last 12 months because of conversion therapy. We have so much work to do here, my friends.

Now, is the good news. We are obliterating conversion therapy on a monumental scale. In the last few years alone, I've been able to be part of more than 20 states which have ended conversion therapy for minors by licensed mental health professionals. That is a huge win. I cannot describe how in the LGBTQ community we're so used to decades between wins that for a lot of us, the whiplash of employment nondiscrimination and marriage within the same decade is very hard, but we're watching this happen on a month by month basis. Literally, at one point before COVID, every other month we were passing a law. That's how fast this was happening, and it will happen again, but it's important to not just say that these laws are passing, these laws are also being proposed. 19 other states of proposed this type of legislation. Leaving only again 11 states where we have work left to do that haven't even had a proposal.

Imagine this, I hope many of you are recognizing that in a state where this is begin debated, a mother has to recognize that what she's about to put her child through is being debated by her state as potentially catastrophically harmful. Literally, people losing their license over. That's not all, folks. We're not only doing it on the state level, we're doing it on the city level. I'm proud to say that this month, we've already passed two more ordinances working to end conversion therapy. Yes, even in COVID we are still passing local ordinances working to protect minors from conversion therapy. First, in Roeland Park, Kansas, I'm a Kansas farm kid, so all for it. Yay for Kansas. Roeland Park, Kansas, became the first city in Kansas to end conversion therapy. Literally last night, Saint Paul, Minnesota, also passed this ordinance unanimously to protect minors from conversion therapy.

Resolutions, ordinances, executive orders, we've had the president of the United States, the previous president, President Barack Obama come out against conversion therapy, but this is not a partisan issue. Hundreds, more than 500 republicans have voted to end conversion therapy in the states that we have done this work. Seven republican governors have signed laws making sure that conversion therapy has no place in their

state. Let's be very clear. This is an issue we can all get behind and I hope you will join me in that. Okay. Now, we have actually the part of how you can help. To my awesome folks behind the scenes for NAMI, I hope we're doing well on time and doing just fine. Now, some homework. Your MIT kid's giving you homework.

First off, educate yourself and others about LGBTQ mental health. I mentioned this earlier, it was hard for me to go through some of those slides because I'm worn out. I have to always be talking about the oppression of my people. Allies can educate other allies. There is the power of you saying I don't know everything and I'm not speaking for a community, I'm recognizing the harms that are well known. Tell people that LGBTQ youth are four to five times as likely to attempt suicide as a straight person, tell them that nearly two out of three trans youth who go through conversion therapy have attempted suicide this year. We need to know these things in order to make sure that those of us who are doing this work can reach even more people. You can be the great amplifier of the work. Second, volunteer. We have time. Whether it be throughout lifeline, digital crisis services like our text and chat, or in our advocacy team helping myself and others out. Volunteering with The Trevor Project is a really great way to directly do work on LGBTQ mental health. Obviously, I want you to volunteer with NAMI as well, but know that you can volunteer with organizations like us, PFLAG who works with parents, families, and friends of LGBTQ people. That's really important.

You've educated others, you're volunteering with your time, then it's important to tell your story. Op eds, if you want to write an op ed, yes. Some of us still read the newspaper. I am proud to say that I'm a pretty regular contributor right now and write to the New York Times op ed. I like writing in this way, I like writing my op eds because this is an opportunity for me to share these thoughts and get these things across to a lot of people. Sharing op eds. If you're political and you want to testify, go to a local school board meeting and talk to them about LGBTQ youth mental health. Have a movie night, that's why I included Boy Erased. A little-known fact, I got to walk the red carpet of the Oscars a couple years ago when this movie was coming out. All about the idea of we need to share our stories. This is a story, a movie with Nicole Kidman and Russell Crowe about conversion therapy, but it's in an acceptable way. If you're a person of faith like myself, speak with your churches. Talk about what you can do in the communities that you're in.

Last but not least is being a safe place for people in your community. Mentioning pronouns, I'll have a quick learning moment. I'm going to make sure to have ... I'm so grateful to be here and yet I have to make sure that people know that my pronouns are they and them. That doesn't always get said that way, but that's okay. Use it as an educational moment and you can be the person who uses the right pronouns or even includes your pronouns in your email, in your title, whatever the bottom of an email is. The bottom of your emails after your name, talk about your pronouns because that gives it more as an acceptable place as just in case you wanted to know, I'm here with these as my pronouns and I want to respect your pronouns too. Ask people's pronouns of everyone. Don't just ask at random. It's really annoying when people only ask me my pronouns, but no one else. Do you know why? Because, I am just like everybody else, I just happen to use a different pronoun than maybe the person sitting next to me does, but we all do [inaudible 00:42:49]. Be a safe place.

I think it's important to have immediate homework. First, thoughts for you to be percolating on is, does your school have mental health resources and crisis intervention services listed publicly? I know off the top of my head because we've done the research that 33 percent of schools have no mention of suicide prevention or crisis intervention. Obviously, relating to the work that we're all doing together on this. Ask, ask your school what they're doing about suicide prevention, where it is publicly listed in their policy, and if you don't have anything, reach out. Advocacy@thetrevorproject.org. We have a model school policy specifically built so that teachers and school staff can get support and resources they need, not be told to do yet another thinking. We deserve to make sure that resources are equitable. Our teachers are the front lines, our school staff are the front lines of great work and we need to make sure that they are given these types of resources.

Then, make sure that these resources actually serve LGBTQ young people, people of color, and other high-risk populations. You have me here for a reason as an expert. Look into the policies that these schools and other places may have and make sure that they recognize high risk populations. Why? Because, not recognizing high risk populations like LGBTQ young people could cause us to slip through the crack. You'll also be able to find our model school policy there listed. Let's say you're an advocate, you want to be one, or you're like I think I could totally do some of this work, text the word "Trevor" to the number 40649, I am giving you immediate phone homework. I can't see you because only you can see me right now, so I will not mind if you pull out your cellphone and text the word "Trevor" to the number 40649. I will never ask you for money. Literally, have not, will not, cannot. Instead, I will use this as a way of your state is currently debating a lot about ending conversion therapy, want to get involved?

Please, share this. Text the word "Trevor" to the number 40649 as a way to engage on these types of LGBTQ youth mental health advocacy work. Next slide. Boom, I made it. These are all of the different resources that I've mentioned. I just have them all in one place for you so that way you will be able to click on the link when you get the PDF, but I don't need to cover this anymore because I've already covered all those resources. That's my name, that's my email address. I was making sure I didn't misspell it. Sam.brinton@thetrevorproject.org. I am so grateful for the opportunity to be here with all of you. I think I'm going to open it up. Ken, we're going to have some time for questions. I am going to go to the next slide. Yes, Q&A. Ken, my man, all to you. I don't know if I can hear you, Ken.

Ken Duckworth ([00:45:45](#)):

Sam, I just want to say that was a beautiful and vulnerable presentation. I wanted you to know that the chat function is showing a tremendous amount of love for you. I am very grateful for you sharing that experience. I want to say as a psychiatrist, conversion therapy is grossly unethical, has no clinical basis, and under no circumstances should anyone be given aversive treatment to change a behavior. The idea you're supposed to be working with people to support them in their goals, not arranging goals for them. I do want to let you know that you had a big impact in your talk, Sam. Thank you.

First question. Let's talk about faith. You mentioned faith. Here's a question that relates to faith being traumatic for LGBTQ youth. I wanted to pursue that a little bit with you.

How do you think about faith? How does faith work in a good way? What would you do to change things?

Sam Brinton ([00:46:58](#)):

I'll start with the numbers and then I'll move to the personal. The Trevor Project recently put out a whole research brief specifically on the idea ... everyone thinks that LGBTQ youth and faith communities are this divided world that ne'er the two shall meet. We actually found that a quarter of the LGBTQ youth that we serve say that faith is either very important or somewhat important to them. A quarter of the people we're serving say that faith matters. They don't want to just walk away from their faith. That's important to me because I myself am a person of faith. I am in church, not that makes me a person of faith to be clear. I go to my community building [inaudible 00:47:38] of church. I live my life in ways that I want people to see my faith practices and in good for the better. Yet, it's not a protective factor for most of us whereas faith is usually [inaudible 00:47:55]. Faith is usually used as a protective factor for a lot of communities as a way to make sure that a high risk is potentially mitigated and [inaudible 00:48:06], but it doesn't work that way for LGBTQ youth because so many of them hear from their parents, families and friends, that their faith is antithetical to their sexual orientation or gender identity, which is not true. They hear these statements and they think there's no places for them.

Sam Brinton ([00:48:22](#)):

Your question is important because it can be traumatic. It is traumatic because of a lack of understanding of acceptance. I as a person of faith want to be very clear, I'm not stating that we need to give up on our [inaudible 00:48:38] of faith. That is also antithetical to my work. I do believe that we could reevaluate our faith statements and how we talk about communities which may be in the room that we don't think about. This is the interesting part. It's not just about LGBTQ identity. There's a lot of things we may say from the pulpit that we don't realize are having an impact in the pew because we're not thinking of that kind of diversity of the body of Christ. I know that's a little religious, but that's actually something that I think we need to all take into effect. LGBTQ people cannot just instantaneously say faith is bad. That is not helpful. LGBTQ youth are telling us that it's important to them, so we cannot say that. People of faith cannot say LGBTQ people are only sinful and have no place in our community. That's also not helpful because you may be again leading to suicidal ideation of the very people you're trying to interact with.

We need to recognize that these worlds are not as divided as they may seem. The press and others want to make this a debate. That makes sense. Make something have two sides so that way you can always keep reporting on when they clash. Wouldn't it be great if we actually talked about the protective factors of faith that could come out of us actually interacting with each other and in ways that are supportive of both identities, of both spaces, not stating that the people of faith need to leave their faith, nor that the LGBTQ people need to change who they are.

Ken Duckworth ([00:50:18](#)):

Thank you, Sam. Sam, a question that's quite hopeful, but also speaks to the complexity for many people. Can you discuss how parents can support their trans children? It's a great question, isn't it?

Sam Brinton ([00:50:38](#)):

Very open question that I think [crosstalk 00:50:39] very open question that I think probably ought to be its own presentation. I'll go into two spaces. First off is understanding that a child is learning about themselves. We as parents ... I'm not a parent, sorry. Parents have an image of what their child will grow up to be. We're all going through the idea of this is not [inaudible 00:51:08]. Sexual orientation is hard. It's why coming out to parents is difficult. I'm not giving my parents forgiveness for what they did to me in that way. They should've never put me through conversion therapy. I have forgiven them, but that was not appropriate. However, I do recognize that their worlds were crashing. They thought their child was going to grow up a certain way and then their faith told them that wasn't allowed. Then, they had to try to respond to it. In the same sense for a trans child and a parent, a parent needs to recognize this is a learning moment on both ends. The trans child could also give grace. Let's be very clear. I'll call out my own community. We can give grace to parents who are trying but be open to moments of learning.

Ken, I'm going to actually use you as an example. You are not my parent, but I'm going to use you as an example here. When you introduced me, you accidentally used the word "he." It wasn't a big deal. I moved forward, but this-

Ken Duckworth ([00:52:15](#)):

I'm sorry about that.

Sam Brinton ([00:52:15](#)):

-is a moment of education where I say, Ken, next time when you refer to me, please just remember to use the words they and them because that's my pronouns. The same can be [crosstalk 00:52:23] for parents. A parent needs to be open to this is a learning moment. Let's take that in, let's understand that. Then, let's move on into supporting my child as they are. Using the proper pronouns will not hurt you, helping a child live a longer, happier, more productive life will not hurt you and giving yourself the grace to make mistakes and the courage to learn is exactly how I think we actually need to do it. We need to be open to ... we call it call in culture instead of call out culture. As a parent, be open to that. Then, say I'm going to do better by when I hear someone else referring to my child with the wrong pronoun, saying in not aggressive, but just reminding this is what my child ... I know you love my child X just as much as I do, they actually use the words they and them as their pronouns. Keep helping you out. It doesn't need to be a big deal, but it can be literally the lifesaving difference.

Ken Duckworth ([00:53:35](#)):

Thank you. I do apologize, Sam, for that, but I thank you because life is a continuous learning experience. The way you talked to me helped me to remember going forward.

The flip side of that, there's a few questions that are more painful around parents. How do I tell my parents? How do I deal with the isolation I have felt around my patients? How do we build resilience around my parents? These are all people that are on the less hopeful side than, how can I support my trans child? These are people who are saying that isn't my experience. What do you think about that, Sam?

Sam Brinton ([00:54:23](#)):

In a couple of different ways. Trevor Project has a whole guide on how to be supportive. If you think that the conversation may not be great coming from you but could be better if they could read it in their own time, feel free to use that kind of resource. We also have a coming out guide. This is the idea of we don't actually tell LGBTQ youth the pinnacle of your gay life will be when you come out. That's when you can start living gay-ly. We don't think that's actually the idea because that's not always the case for everyone. It's not always helpful. Parents don't always react well. We need to recognize that and create safe places for the idea that it may not always be safe. We literally have to address that, we just have to understand that is an existence. I think as a scientist, I'm a nuclear engineer, I have literally planned for some really big disasters in my life. I have to recognize that I hope that the disasters never happen, but they could. Let's be honest, what my parents did to me was wrong. What many parents do to their LGBTQ youth is wrong.

There is never a responsibility on the person who is coming out or who is expressing these moments of gender identity and sexual orientation to their families or friends, there's never a responsibility to share that with anyone you feel like you don't want to, that should you have to explain or educate more than you want to, or have to forgive negative experiences. I want to be clear; I think forgiveness is really helpful. This is the annoying Pollyanna Sam, so just ignore it. The people who are asking the questions, this is maybe not the right part, but I write a postcard to my family every two weeks. I have never gotten a postcard back. It doesn't matter because it's not about them. I am not writing those postcards to actually guilt my parents into wanting a relationship with me, what I'm doing is creating a space where I say, family, this is what's happening in my life. If you ever want to come back into it, I want you to know that it's going really well and I'm really happy with it. I think it's important even if you never send that postcard.

To these people who are asking what to do with painful parents, there is something powerful putting that in a space of I'm here experiencing my life, I want you to know that when you want to rejoin it, that's awesome, but your inability to understand where I'm coming from is not my responsibility. That is not my responsibility and I think that's a big part. Now, I'm saying that as a person of privilege where I can actually not be with my family. If a person is with their family and this experience is happening, know your crisis numbers. That's why Trevor Project exists. We are there to chat and to say we want you to be safe. Whatever that takes to keep you safe, that's what's going to be most important. It's not about your parents, it's about you. It's then turning it on you. That's actually where I'm going to end it, Ken. All of the questions rally around these points of selfishness, that is the best kind of selfishness there is. Rely on internal strength, the

crisis services, and others that might exist, but know that it's not your parents' power, it's all your own. Hopefully, that helps.

Ken Duckworth ([00:57:54](#)):

Yes, that's pretty good for a nuclear engineer because clinicians would say the exact same thing. Focus on your own experience, your own truth, build a community that understands and loves you, and create your life, design your life that will work for you. It's not about the other party, which is a very hard thing to say if you're living with people who don't accept you. I'm going to give you one second off, Sam, and ask a question for NAMI's leader in diversity, Monica Villalta. Monica, question. What's NAMI doing to make our environment, our workplace, and our affiliates more open and inclusive?

Monica Villalta ([00:58:41](#)):

Well, thank you, Ken. Thanks for the opportunity. Sam, I'm just so delighted to have you with us today. I want to say that NAMI has made an intentional effort to embed diversity, equity, and inclusion into our work. I think having these conversations are so powerful because it makes us actually much better at the work we do, at the much-needed work we do, so I think that's part of the response, Ken. It's being able to be here educating ourselves, and then taking action as Sam so beautifully mentioned. I won't go further on our diversity and inclusion strategy, but I do want to say that I look forward to more opportunities like this in every single context when we as an organization are stronger because of our knowledge. Then, as we little by little embed more of this messaging into every single product and service we deliver in our community. I love, Sam, when you talk about the operation of your people. I just want to remind us all that for as long as a group of people are oppressed, we are all oppressed in one way or another. I'm delighted you're here. Thank you.

Ken Duckworth ([00:59:53](#)):

Thank you, Monica. Sam, your break is over. Let's talk a little bit about, how can we make LGBTQ youth ... how can we help them without outing them? For example, a schoolteacher could create a "safe space" atmosphere in their classroom but sharing preferred pronouns in the classroom could potentially [inaudible 01:00:19] and may cause them harm or the potential for bullying. What do you think about that, Sam?

Sam Brinton ([01:00:25](#)):

Oh, wow. We're doing the good questions here.

Ken Duckworth ([01:00:29](#)):

It's after 5:00 o'clock, so you get the A questions now.

Sam Brinton ([01:00:33](#)):

I like it.

Ken Duckworth ([01:00:34](#)):

We've also demonstrated an ability to take just about any question under the sun, so I thought I would share some of the more challenging ones.

Sam Brinton ([01:00:41](#)):

It's a really important question. I think Monica actually gave us the perfect lead in to it, which is the oppression of any is the oppression of all. Being clear that resources are available to everyone are important, but also being clear that no one is required to share more information than they ever want to share. That's also super important. It's why when I talk about it, I said my pronouns, but I didn't necessarily require it of anyone else. Yes, you're correct. You could out someone potentially. There has to be a recognition that you should be creating a space where that child feels comfortable sharing this information, but also know that you will have their back when that information potentially doesn't go well over with their colleagues or their peers. I am not saying you should ever require it obviously, definitely not. If this child is feeling comfortable enough in your presence to potentially out themselves, they would never do it without actually trusting you because no one's going to just out themselves ... as a person with lived experience, no one just outs themselves unless we think that we could potentially ... we're not doing it on a whim. It's not because it's Tuesday. Oh, we have to be out today.

We're doing this because we trust you. Your responsibility as a professional is thank you for trusting me with this really important information. You're not making a big deal out of it. Remember, you're not making a big deal about it, but you remember that information, you use that information, and you also create a space where they know that if that information is ever being used against them or to hurt them, you are the place that will defend that. You are creating a castle. You're creating this safe place that is more than just a sticker. The sticker is the first step. The actual defense, that's the whole point of safety. The point of safety isn't just I've made it if you have a question, you can ask me a question. No, I'm your defender. Allies educate other allies. Allies also say there's going to be times that I will need to step in here and make this an even safer space. That's one.

The other part that I think is really good as an answer and response to that is we need to remember that ... what can we do? We can make sure ... to go back to that oppression for all, that the bare minimum is being met. That's why I have that as the major homework action. What is your school doing around suicide prevention? We all live in a school district. Literally, all of us. We may not have students in that school district, but we all live in a school district. Again, if a third of those school districts have zero mention of suicide prevention and most of those schools have only a mention of suicide prevention in relation to violence, AKA a school shooting, that's not a suicide prevention policy. What can you do to support your LGBTQ youth? You know that they are at higher risk, so create a net for the highest risk. That's where I think I'm going to halt in that question, Ken. You need to make sure that the resources are available and are tailored to the people who you're trying to help so that way even if they never use them, knowing that is there lets you be a better tight rope walker. We are tight rope walkers as LGBTQ people. When we give you that information of our ...

Wow, this analogy's actually coming out really well. When we give you the information of our pronouns and you're saying that could be an outing moment, yes. We're literally walking another step forward on that tight rope. Literally, doing that with you. You need to respect that we're doing that. Give us the net behind it to protect us if we ever fall. Also, make sure that nothing comes flying at us while we're walking miles above the Earth. I have never used that analogy, but I think I'm actually going to start using that from now on.

Ken Duckworth ([01:05:12](#)):

It's brilliant.

Sam Brinton ([01:05:14](#)):

It's a tight rope walk, the pronouns are that step out of faith. You have to be the net. You have to be a net. That net is there for everyone whether that tight rope walker walks or not. That net needs to be there as a safety space. There we go.

Ken Duckworth ([01:05:30](#)):

Wow, Sam. Incredible answer. I'm not going to give you a softball. What is your favorite opera or role you have played?

Sam Brinton ([01:05:41](#)):

I am totally a comedic bass, a baritone. That does not sound like my voice at all, I know. It's actually a well-known name, Figaro. I actually love to play Figaro in Le nozze di Figaro, which is The Marriage of Figaro. One of my favorites. Love it.

Ken Duckworth ([01:05:58](#)):

Excellent, thank you. "Question, my child recently came out as trans feminine. She does not want to change her appearance or name until after high school. She would like us to refer to her as she/her which we've been doing in our home, outside with friends and family. How can I protect her?"

Sam Brinton ([01:06:21](#)):

Wow. Well, you're asking the first question which is correct, which is protect. Protection is this idea of, what can I do to make this person's experience easier. Knowing that it will be automatically harder, what do I do to make it easier? It's how we should approach racism, it's how we should approach transphobia, it's how we should approach a lot of these issues. What can I do to make this person's experience who I know will be harder, how do I make that load a little bit lighter? You're doing the right thing. If they ask you to use the pronouns at home of she and her, that's awesome. Use those pronouns. Without question, use those pronouns. That's what you've been asked, do that. Ken, I couldn't quite hear you when you said that outside of the home if they were using those pronouns or not.

Ken Duckworth ([01:07:06](#)):

Yes. They are home and outside the home with friends and family.

Sam Brinton ([01:07:12](#)):

With friends and family, great.

Ken Duckworth ([01:07:13](#)):

The parent just wants to protect.

Sam Brinton ([01:07:16](#)):

Exactly. Thank you, Ken. I appreciate that clarification. The reason that I asked that was because I think there's important recognition that the friends and family is this close-knit circle that this person is trying to ... I love this analogy. They're taking steps out on that tight rope. It's not just the family, it's family and friends, but they're giving you that permission, but not for everyone. They're not changing everything about themselves, they're not coming out maybe at school. To be clear, statistically that's very normal. I hate the word "normal," but it's a normal, average thing. Most trans youth are not out to a single adult at school. Most of them are not. It is very normal to not be sharing experiences because of the fear of what could happen. We know that bullying is very real and very present in our lives. We need to make sure that happens. Creating a space castle to always come back to when you must understand, and I'm sure you already do, that they leave that castle every single day to go to a place where they can't get to be themselves, that is so hard. They're choosing that, they're protecting themselves, and you need to give them even better armor. That armor is built up by you using the right pronouns, by you if you use them incorrectly, catching yourself saying I'm sorry and moving forward.

My expression. Let's be very clear. Not every gender fluid individual you meet will look like me. We take all shapes, sizes, and expressions. My expression is only a snapshot of who I am as a person. Ken, you are seeing me, but you also saw me in a T shirt a few days ago when we prepped for this. You're seeing different moments of my [crosstalk 01:09:07] and you would never say I know all about Sam [crosstalk 01:09:11] one great outfit that they wore. No, we take people as holistic individuals. Parents, the best way to protect is to create holistic environments of that protection, not one off. It is not just the I remembered to do it today, I remember to use the right pronoun today, I get a gold star. What are you doing actively to make sure that person feels safe when they're at that home? Again, family and friends, you said you were using the pronouns, correcting. Being their king's guard. In this case, trans feminine, queen's guard. What do we do to say just want to remind you the person to you wants to be very clear? This is not public for everybody but wants you to use these pronouns. That's a really important thing. I hope that answered that question.

Ken Duckworth ([01:10:02](#)):

That answered it beautifully actually. A couple questions about, what happened at the Supreme Court? How that relates to the Trump administration's rollback of protections.

The question is, "The Supreme Court case deals with the workplace. It does or doesn't reverse what happened on healthcare?" I think I know the answer, but I wanted to make sure that you took this up because I think this is an important moment in jurisprudence.

Sam Brinton ([01:10:36](#)):

It is indeed. To be clear, by the letter of the law, the Affordable Care Act still stands. That provides the protections for healthcare that trans individuals would get. This was guidance, that was not law. It's awful. It gives people power to do bad things, but it doesn't actually ... it's not law. By other [inaudible 01:11:09], the Supreme Court on Tuesday said, "You cannot discriminate based on gender identity or sexual orientation in employment." That is now from the highest court defensible on the space. All of the different specific issues, healthcare, housing, all these others have to all be litigated, but by defining sex as also implications of sexual orientation and gender identity in the law, everyone, I have yet to find a person who disagrees with me on this, is saying that section 1557, which is what I was referring and this person is referring to with the trans healthcare protection law, that section 1557, the Trump administration trying to remove those protections will not stand because Title Nine, which this is so in the weeds-

Ken Duckworth ([01:12:01](#)):

It's important for people to understand that's happening. Thank you for breaking it down.

Sam Brinton ([01:12:09](#)):

Sure. Title Nine is where the protections are in that [inaudible 01:12:16] healthcare. It refers to Title Seven, which has now been like we said interpreted as inclusive [crosstalk 01:12:22]. Everyone thinks that last Friday was basically gone, but it doesn't mean that it actually is until the court cases actually happen. Multiple lawsuits are going to happen. The easiest answer, clearest, concise space is it is never appropriate to limit access to healthcare for transgender individuals because of their gender identity. If we wouldn't do it in employment, there's no reason we should do it in healthcare.

Ken Duckworth ([01:12:55](#)):

Right, exactly. Prior to the Supreme Court case, there were more than 25 states where that was not a protection. Isn't that right?

Sam Brinton ([01:13:05](#)):

Amen.

Ken Duckworth ([01:13:07](#)):

I wanted to ask a little bit while we're talking about legislative advocacy, the next states that you feel will ban conversion therapy and how people participating in today's chat can help. People want to be part of this movement to undo this.

Sam Brinton ([01:13:25](#)):

Great question. There are 30 states left to pass these laws. 19 of them have made it legislation. We're actually doing a lot of work on the city level. What I will say right now is because state legislatures are closed for right now, but cities are open, you should look at your city and see if they have ordinance in place. Most do not. If you are in a state that has already passed protection, what you should be doing is communicating with your colleagues, your friends, those whom you interact with who aren't in that state for the next state to do the work. It cannot be a, well we're good. It has to be all of us. As I say, the kid in California matters as much as the kid in Kansas. That leads me to where those next states of work will be. Kansas and Kentucky are actually both moving forward on really great access to ... again, we have cities that are passing laws against conversion therapy. Oklahoma just passed the first pro LGBTQ vote in its entire state history this year based on conversion therapy. It didn't make it all the way out, but a committee's positive vote for LGBTQ youth in this way was radical, radically important.

How do people get involved? First, text "Trevor" to 40649. Second, I did put my email address up there, email if you are from a state or city where you would like to do this work and we have legislative language or city ordinance language, no city is too small. If you are willing to save lives of LGBTQ youth, no city is too small. We have literally had cities of a few hundred pass these ordinances, but it tells the youth in that city you are safe. We are fighting for you, LGBTQ youth have no remote reason to be put into conversion therapy because of its harm, and we want to be part of it.

Advocacy@thetrevorproject.org. "Trevor" to 40649. Last but not least, how to get involved. You share the information you learn with those who you interact with. Use the #50bill50states, that's the campaign that we do to work to end conversion therapy. I'll repeat that again, #50bill50states. Use that hashtag, use #conversiontherapy on all of your social media. Right now, there's potentially a thousand of you watching if you all put something out on your social media today about #conversiontherapy, you will change the conversation. People will realize that's still happening and you're going to be like, yes.

I actually heard from an individual who said that it's happening and that they're getting calls every single week about people this is happening. We need to act now to make sure that doesn't happen in the future. That's I guess three big ways that I would say we can talk about it. Hopefully, that helps, Ken.

Ken Duckworth ([01:16:27](#)):

Sam, incredible. This has been an incredible discussion. I want to thank you again for your leadership. The NAMI research staff has revealed to me that you sing and your songs are available on YouTube. I want to ask you with your permission, could this ask the expert which lives on the NAMI website, be linked to some of your favorite tunes? I understand you sing The Impossible Dream.

Sam Brinton ([01:16:56](#)):

You should definitely use that. That was when I was actually telling my story, so that was my Broadway. I was on Broadway doing a play where we were all sharing our

stories. I share my story of going through conversion therapy, write a letter to my younger self telling them how I'm so excited that they didn't die by suicide, that they kept fighting. Then, I sing that song, which if you look at the lyrics of it, it's very apropos. That would be perfect. I highly give you permission. That documentary is going to be coming out soon, but I would love for you to show my Broadway debut of The Impossible Dream. Absolutely.

Ken Duckworth ([01:17:35](#)):

Sam, I just got chills when you told that story. I am so moved by your work, your experience, and your leadership. I want to thank you and I hope you'll come back to join us at NAMI with ask the expert.

Sam Brinton ([01:17:48](#)):

Any time I'm invited, my friends. This has been an amazing experience. I am so grateful. Thank you to all the staff who were involved in getting this ready. I know I wasn't the easiest person. There are so many things going on in our lives. Welcome to doing this in 2020.

Ken Duckworth ([01:17:59](#)):

You were great.

Sam Brinton ([01:18:03](#)):

We made it happen and I'm so grateful. Thank you for the opportunity.

Ken Duckworth ([01:18:08](#)):

All right, I'm going to turn it over to our chief executive officer, Dan Gillison, to close this out.

Dan Gillison ([01:18:14](#)):

Thank you, Ken and Sam. I just can't thank you enough. You mentioned at the very beginning raising voices. For all that you're doing in raising voices, it is all about leadership at beginning and the end of the day, so we want to thank you for your leadership. What's so incredibly engaging about your presentation is that you talked with us. To be able to do that with technology is just absolutely incredible. Your ability to talk with us and to us has just been fantastic. Thank you for what you've shared. We can't think of anyone we would rather hear from in Pride Month than you. I have to tell you that it was absolutely sensational. When you start talking about The Impossible Dream, we hear you. We hear you. That's a part of we hear you and we want to make sure that everyone that listen, saw, and hear you today, we want them to know they are not alone, so that's what you see up on this last slide. We want people to know that. The other thing is as you heard earlier, I've already done it and I would recommend everyone again, please text "Trevor" to 40649.

The other thing is that there is a survey that you will all receive at the end of this broadcast and presentation if you will. Please, complete the survey. That survey allows us to hear from you on topics to bring to you, to make sure that we're very crisp in the topics that we bring to you, and the talent that we bring to you, the leaders we bring to you. Last but not least for those that want to hear this and see this again, go to [NAMI.org/asktheexpert](https://www.nami.org/asktheexpert). Two other things in closing is to remind everyone that on next Thursday, a week from today, we will have another ask the expert and the subject will be impact of racism in [inaudible 01:20:21] on black mental health. That is one that you'll definitely want to participate in, tell your peers, and colleagues. We also have the youth speak webinar that is next Tuesday.

Last but not least with this is as Sam led us, now I'll lead us at the very end with just thanking the staff because when you talk about a production like this when the curtains open, you guys see the performance, but you don't see all that goes on behind it. I wanted to thank Christine Allen, Elizabeth Stafford, Elyse Hunt, Teri Brister, doctor Ken Duckworth, and Monica Villalta for all of their work in bringing these topics to you all. In closing, thank you all very much, hope you have a great close to your week, and a wonderful weekend. Sam, again thank you so very much. Thank you.

Sam Brinton ([01:21:23](#)):

Thank you.