



**18th Canadian Collaborative
Mental Health Care Conference (2017)**
Connecting People in Need with Care
June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

*Promoting Mental Health and Coping Skills
among Sexual and Gender Minority Youth:
A Pilot Community-Based Affirmative
Cognitive-Behavioural Group Intervention*

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PRESENTER DISCLOSURE

- **Presenter:** Gio Iacono MSW, RSW, PhD Student
- **No relationships to disclose**



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LEARNING OBJECTIVES

- 1) Describe highlights of community-based collaborative practice in mental health for LGBTQ youth
- 2) Discuss innovative and impactful programs for harder to serve populations such as LGBTQ youth
- 3) Prepare for capacity-building and collaborative mental health care for LGBTQ youth



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STUDY PURPOSE

Examined the preliminary effectiveness of a cognitive-behavioral affirmative coping skills group intervention (AFFIRM) on the depression and coping skills of community-based sexual and gender minority youth (SGMY)

CONTEXT: INTERSECTING VULNERABILITIES

- Multiple mental health stressors (e.g. depression), low levels of coping, health-risk sexual behaviors, discrimination
- Perceptions that HIV is not a threat to them, may interact to exacerbate SGMY's HIV risk
- Low levels of coping and sexual self-efficacy have been found in depressed SGMY.

CONTEXT: INTERSECTING VULNERABILITIES

- Vulnerabilities often rooted in unfriendly or hostile climates in their home, schools and communities
- Despite persistently high rates of depression for SGMY, little is known about their coping strategies and few evidence-informed interventions target the effects of these climates

CONTEXT: NEED FOR COMMUNITY-BASED PSYCHOLOGICAL INTERVENTIONS

- Culturally adapted cognitive behavioural therapy (CBT) initiatives have been found to reduce risky sexual behaviour and poor mental health leading to HIV infection: *MSM, racialized adolescent women with abuse histories, and HIV perinatally infected adolescents.*
- CBT for HIV prevention includes:
 - development of social and negotiation skills to reduce sexual risk-taking behavior
 - facilitation of general skills such as decision-making and assertive communication.

CONTEXT: NEED FOR COMMUNITY-BASED PSYCHOLOGICAL INTERVENTIONS

- Lack of evidence-informed interventions for SGMY that are:
 - Initiated by and engaged with community
 - Grounded in the realities of contemporary mental health service delivery
 - Systematically developed through practice-based research to enhance the practice “toolbox”
 - “Holistic”-focused on the intersection between psychosocial factors and mental health

A COMMUNITY APPROACH TO INTERVENTION DEVELOPMENT

Critical to create interventions *with community, in community* that considers the stress that SGMY experience *from community*

- This study integrated community-based participatory research (CBPR) into an open pilot feasibility study
- CBPR builds on shared values, norms, belief systems and social practices, allowing for discussions on mental health risks and marginalization in a culturally sensitive manner
- Utilizing CBPR with youth has been shown to enhance their sense of self-efficacy

COMMUNITY-BASED INTERVENTIONS AND SGMY

COMMUNITY-BASED INTERVENTIONS AND SGMY

- SGMY living with depression may be better served by school or community-based programs created specifically to minimize their distress
- Many programs for SGMY naturally occur in community-based groups
- Skills training should be delivered in natural settings because community-based approaches are cost-effective and efficacious for vulnerable youth
- Community-based interventions may capture SGMY that are not in other systems of care

SYSTEMATIC DEVELOPMENT OF AFFIRM: An Affirmative CBT Community- Based Intervention for SGMY

Adapt & Evaluate Framework

- Enhances cultural congruence of interventions targeting minority subgroups

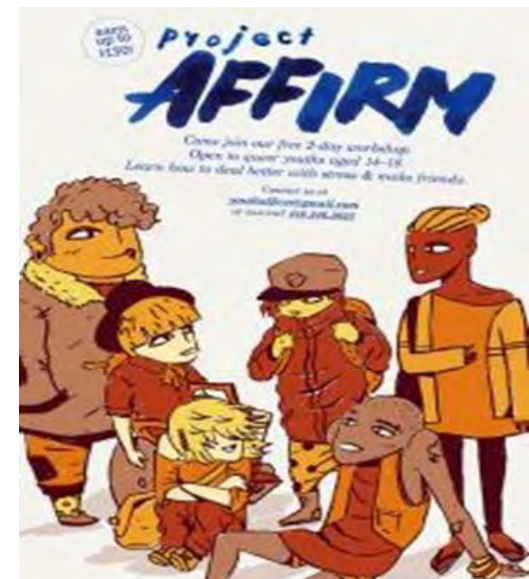
Spanning over a decade of work with SGMY

- 1) Focus groups (w/ youth)
- 2) Creation/adaptation of intervention/manual (infusion of queer affirmative content)
- 3) ***Open pilot feasibility study***
- 4) “Living” manual refinement
- 5) RCT/Quasi-experimental design

METHODS

- An open pilot study using a pre-post design was used
- Purposive and venue sampling
- Two youth staff (age 16 & 18) hired as part of the team to conduct offline and online outreach
- Extensive facilitator training

* Full study details at Craig & Austin, 2016



METHODS

- A pilot implementation of the 8 hour AFFIRM group intervention was delivered in a two day workshop format at the 519 Community Centre in Toronto (August 2014)



MEASURES AND DATA COLLECTION

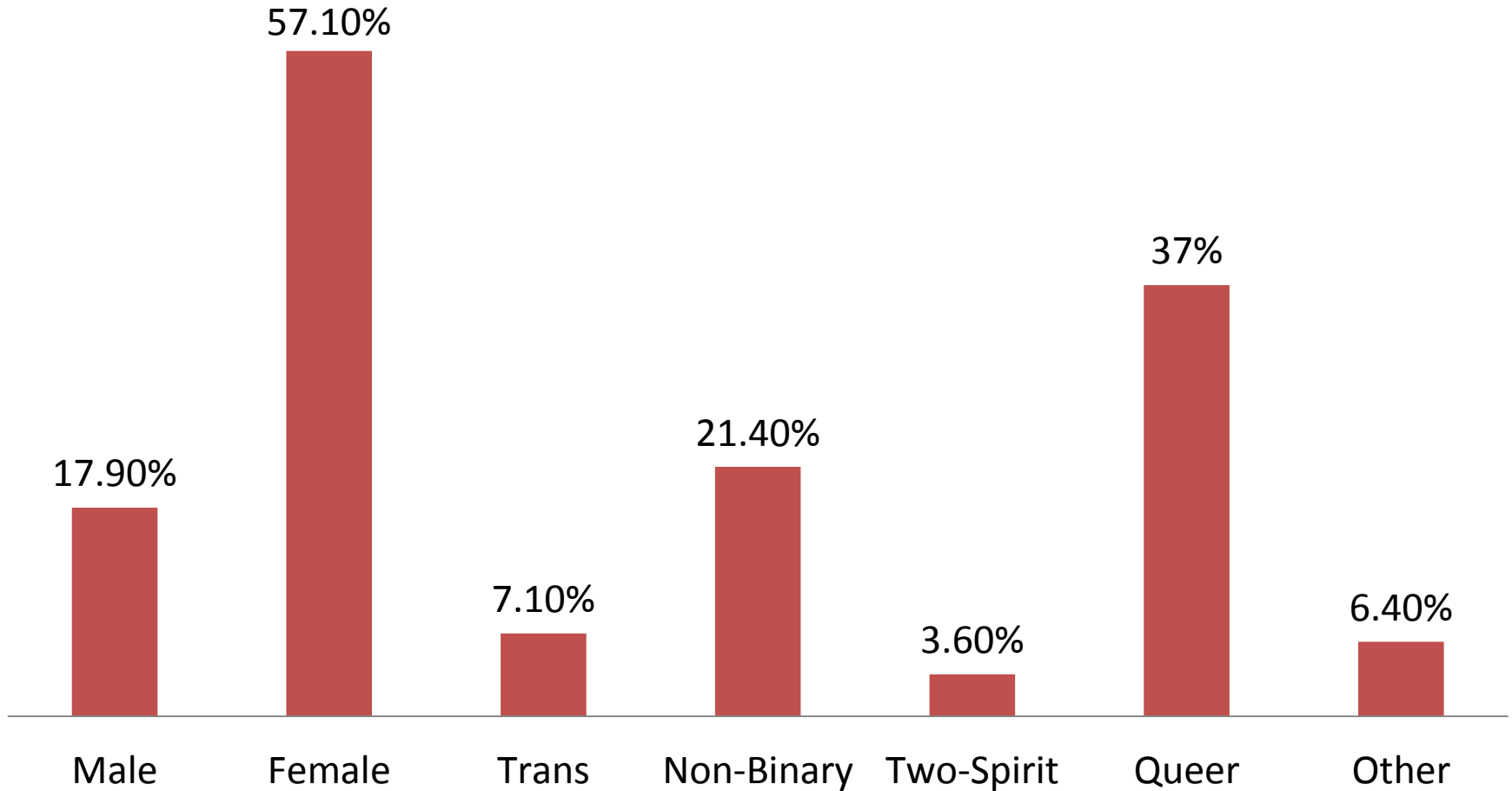
- SMGY completed the Beck Depression Inventory (BDI-2), Stress Appraisal Measure for Adolescents (SAMA), Adolescent Coping Orientation for Problem Experiences (A-COPE), and The Sexual Self-Efficacy Questionnaire
- At three time points
 - T1- Pre-test
 - T2-Post-test (Immediately following intervention)
 - T3-Booster (1 hr) = post test @ 3 months
- Repeated measures linear mixed modeling was used for analysis

PARTICIPANTS

- N=30
- Youth all between the ages of 15 – 18
- 82% of the participants were born in Canada
- 71% reported at least 1 newcomer/immigrant parent
- Most were accessing other queer youth services
- High rates of depression (82%) and mental health issues (35%) were identified
- Nearly one-third of participants (31%) had previously attempted suicide during their lifetimes
- Youth reported alcohol (48%) and drug (45%) use as a means to cope with stress

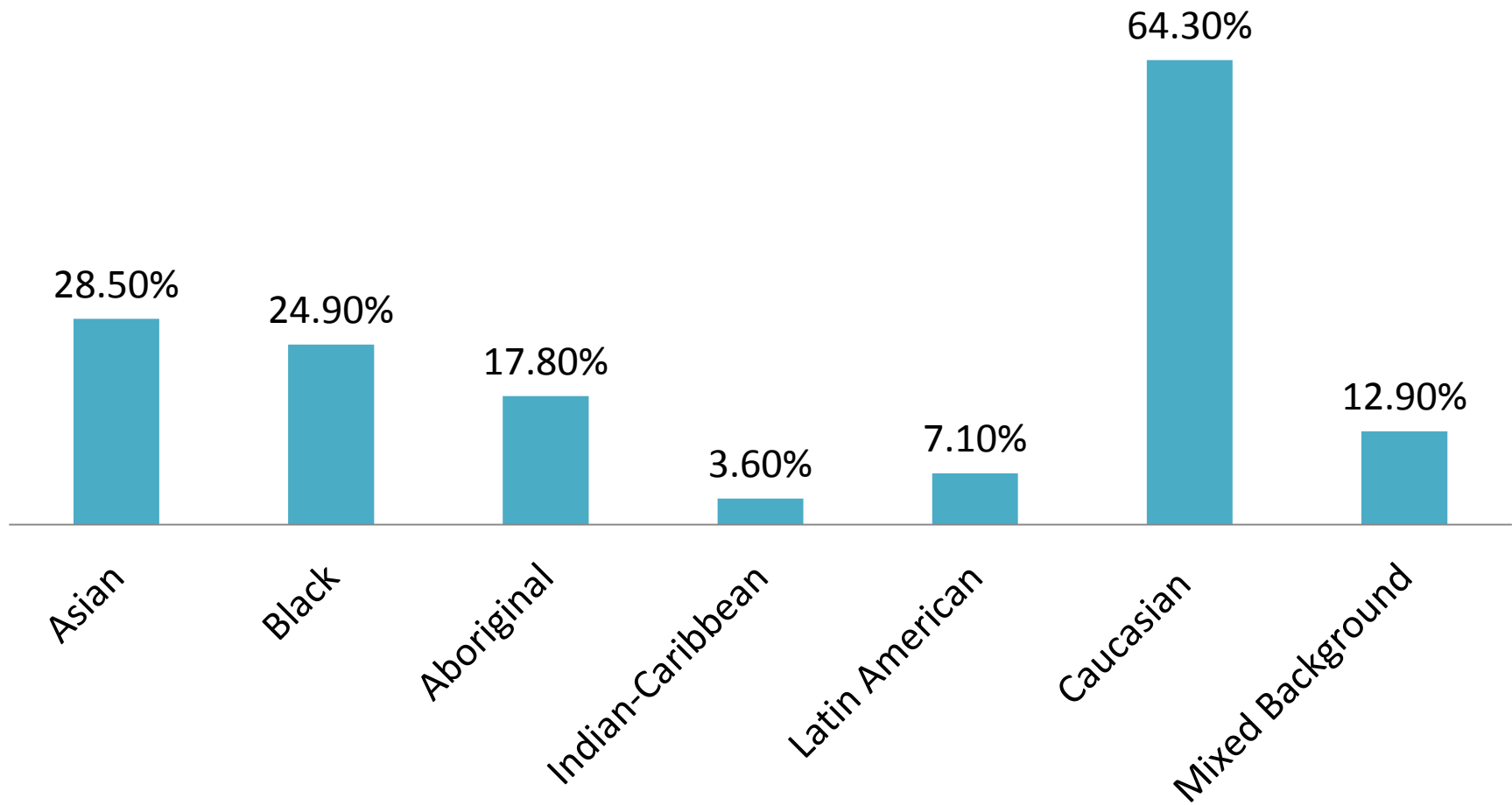


DEMOGRAPHICS: GENDER IDENTITY



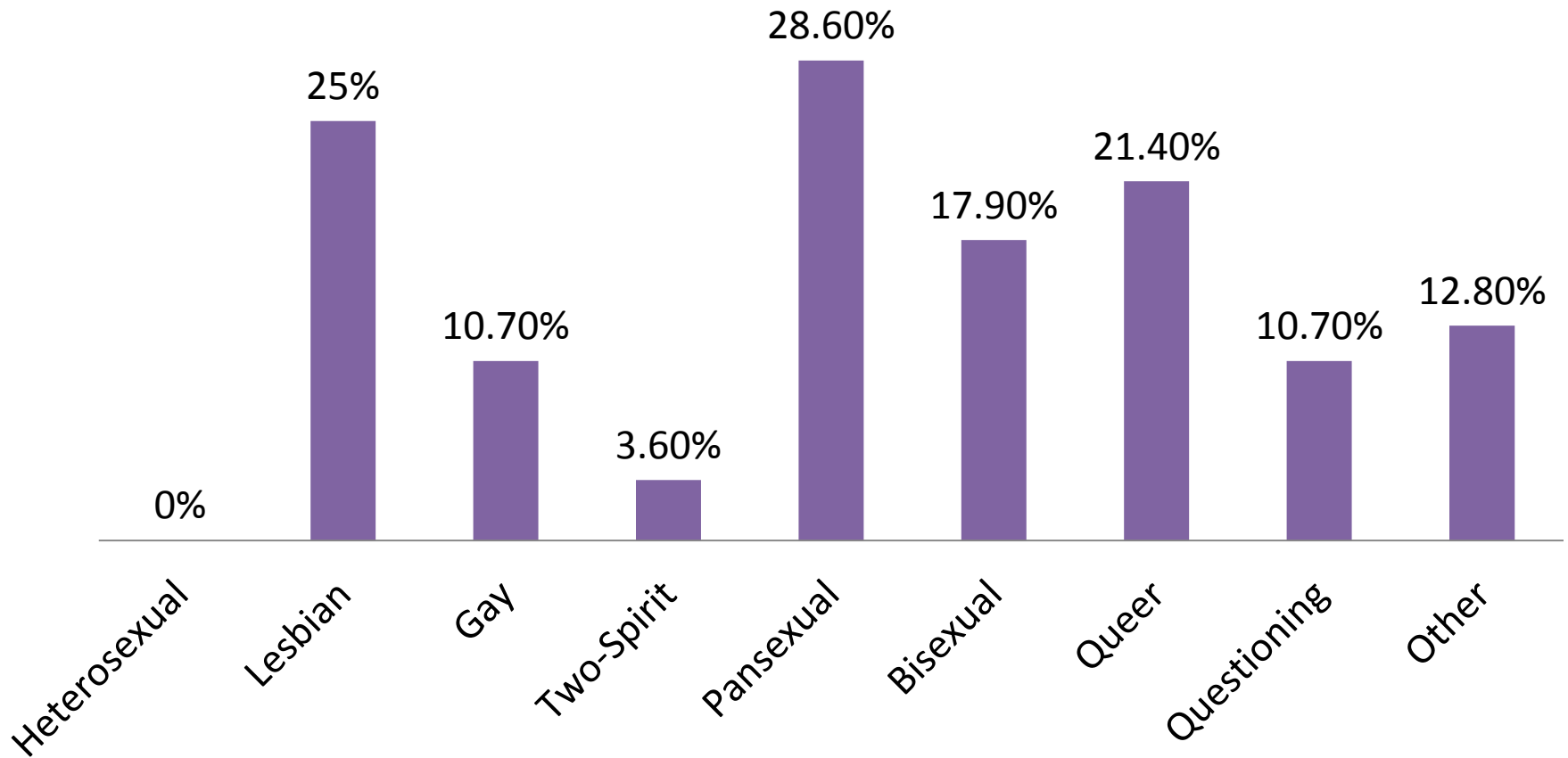
- Categories are non-mutually exclusive

DEMOGRAPHICS: ETHNICITY/RACIALIZED STATUS



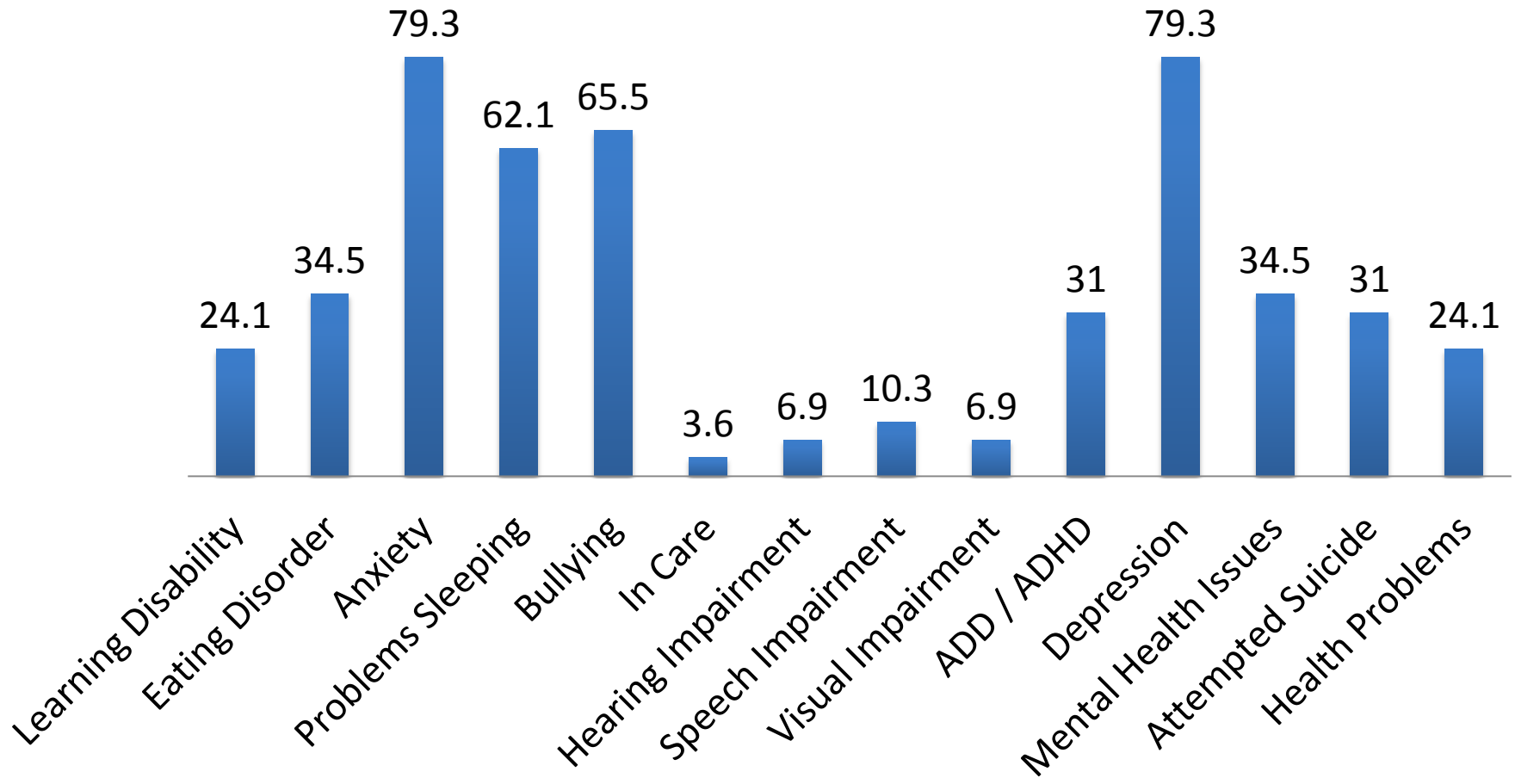
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DEMOGRAPHICS: SEXUAL ORIENTATION



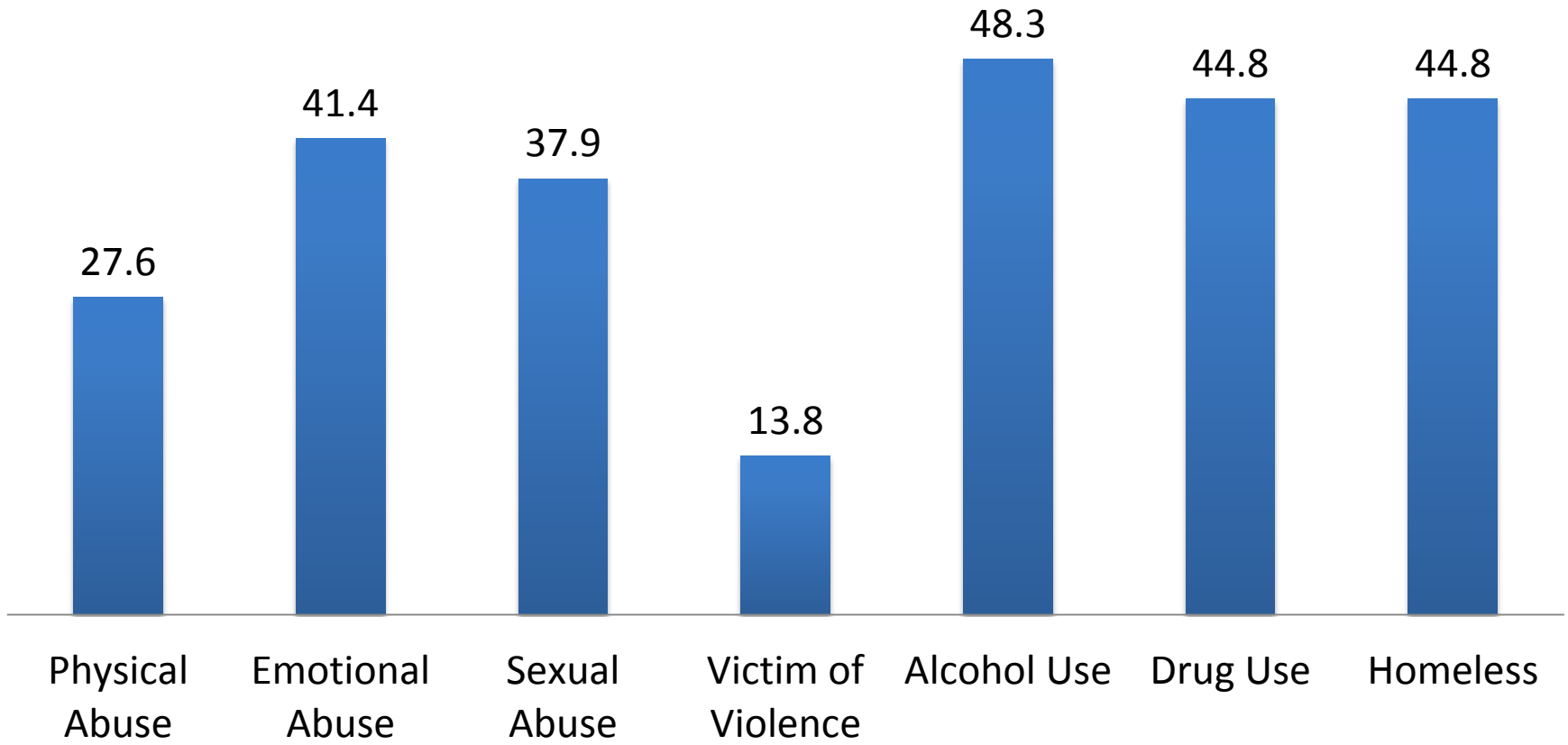
- Categories are non-mutually exclusive

RISK FACTORS



- Categories are non-mutually exclusive

RISK FACTORS



- Categories are non-mutually exclusive

AFFIRM INTERVENTION RESULTS

- ↓ Depression: Significant reduction in depression from T1 to T2, $F(1, 29) = 36.77$, $p < 0.001$, $\eta^2 = .54$
- ↓ Stress Appraisal: Threat appraisal decreased significantly from T1 to T2, $F(1, 29) = 5.64$, $p < .05$, $\eta^2 = .17$
- ↑ Challenge and resource appraisal increased significantly from T1 to T2, $F(1, 28) = 30.32$, $p < 0.001$, $\eta^2 = .52$ and T1 to T2, $F(1, 28) = 4.65$, $p = 0.04$, $\eta^2 = .14$, respectively
- ↑ Sexual Self-efficacy
Significant improvements in sexual self-efficacy ($B=1.56$; $P<0.05$)

LEARNING OBJECTIVES

RESULTS: Becks Depression Inventory -II



Depression

- T1- Mean 25.9514
- T2- Mean 20.5816

Total Score Levels of Depression

0-10 = These ups and downs are considered normal

11-16 = Mild mood disturbance

17-20 = Borderline clinical depression

21-30 = Moderate depression

31-40 = Severe depression

over 40 = Extreme depression

PRELIMINARY ACCEPTABILITY

- I learned a lot from AFFIRM - agree (43%) / strongly agree (54%)
- I can use what I learned to help with my problems -agree (43%) / strongly agree (54%)
- AFFIRM has helped me to think about how my feelings actions and thoughts are connected - agree (30%) / strongly agree (60%)
- I will apply what I learned from AFFIRM in my life - agree (36%) / strongly agree (54%)

What Was Most Helpful

- “Learning tools to deal with stress”
- “Restoring my faith in humanity”
- “The manual”
- “Coping methods”
- “Learning to validate feelings”
- “Learning to make healthy decisions”
- “Everyone was so positive”

CONCLUSIONS AND FUTURE DIRECTIONS

- This study demonstrates the potential of an inclusive affirmative intervention to address the mental health of a multi-identified community sample of SGMY
- The results indicate the utility of a community-engaged, inclusive model of prevention for SGMY and warrant a larger study to determine AFFIRM's effectiveness
- The high rates of engagement and retention also suggest the feasibility, acceptability, and utility of an affirmative community-based CBT intervention for SGMY

CONCLUSIONS AND FUTURE DIRECTIONS

- The AFFIRM intervention can be considered as an evidence-informed model to enhance SGMY mental health
- Future directions include:
 - procuring scale-up funding, incorporating technology and expanding to rural and remote areas

GRATITUDE!

The fierce AFFIRM youth participants

AFFIRM TEAM/COMMUNITY ADVISORY BOARD

Warda Ashraf, Sandra D'Souza, Lance McCready, David J. Brennan, Maura Lawless, Edward Alessi, Celeste Joseph, Sarah Flicker, David Udayasekaran, Carmen Logie, Lisa Duplessis, Ranjith Kulatilake, Cheryl Dobinson, Centre for Spanish Speaking Peoples, Toronto; The 519 Community Centre; Planned Parenthood Toronto; York University, Toronto; Access Alliance Multicultural Health and Community Services, Toronto; Canadian Institutes of Health Research; FIFSW University of Toronto

FUNDERS



AFFIRMative CBT Training: August 17-18, 2017

- Factor-Inwentash Faculty of Social Work - University of Toronto
- Experiential learning with Dr. Craig & Austin
- Graduates will receive the manual and become part of a practice network
- Discounts will be available at nearby hotels

Please visit our website for more information:
<http://www.affirmativeresearch.com>

THANK YOU!

Contact us to continue the conversation!

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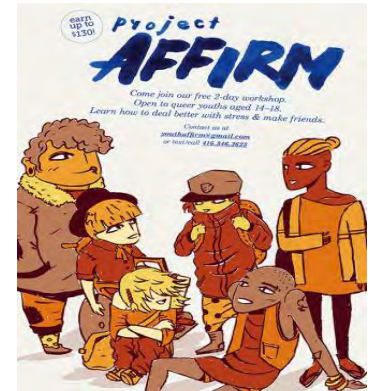
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