



San Fernando Valley Listening Session Report

The #Out4MentalHealth San Fernando Valley Listening Session was held on Thursday, May 13, 2021 from 4:00 – 6:00 PM via Zoom. Six community members attended, plus one attendee called in from the United Kingdom. Only 2 participants filled out the demographic information. One attendee identified as both Bisexual/Pansexual/Sexually Fluid and Queer, and the other attendee identified as Queer. Both participants identified as cisgender. The ages reported ranged from 29 to 33, although during the Listening Session, one attendee also stated their age as 43. The participants of this session included those who identified either on the form or during the Listening Session as Asian, Native American/Alaskan Native, Latinx/Latine, Black/African American, and White. Although a Spanish interpreter was available throughout the session, all participants spoke English.

Staff from the Still Bisexual and the #Out4MentalHealth San Fernando Valley Task Force introduced themselves and the #Out4MentalHealth project to participants. The remainder of the Listening Session was facilitated by the #Out4MentalHealth Cultural Broker. Participants were asked four main questions during the evening:

- What barriers do you or other LGBTQ people that you know, face when trying to get mental health services in the San Fernando Valley or LA County area?
- What is needed in either the San Fernando Valley specifically, or LA County in general, to improve LGBTQ mental health?
- What is already here that supports LGBTQ mental health?
- Are there new or nontraditional ways LA County could use, or fund, to help meet the mental health needs of LGBTQ people living here?

“We're just doing the work because we have the passion. I know I have the passion. But I also know I can't survive on this. ... I've been doing this work for 7 years—never been paid. But I'm still here, even through this pandemic. ... And it goes back to ... who has that access. Because if we're not getting it, if Still Bisexual is not getting it, if anybody in here is not getting it, then who's getting it? And then, even for the folks who are getting it, it's still crumbs.”

Looking how the distribution of monies given out in LA City, LA County, and how much goes to mental health, which is pennies compared to the police department. ... I think of how we must connect it to the overall movement of the idea of abolition, the idea of defunding the police, the idea of reaching our most marginalized. When we do this work, or we talk about this, we also have to talk about what is the structures that put us in this place where we're meeting in this Zoom meeting? Why are we here? And why don't these things exist? We need more money; we need more money. The money does exist—it's just not being distributed.

What barriers do you or other LGBTQ people that you know, face when trying to get mental health services in the San Fernando Valley or LA County area?

One of the main barriers participants faced was difficulty in finding and accessing appropriate therapists. Black participants struggle to find Black therapists in general, and have an even harder time finding therapists who are both Black and LGBTQ+ knowledgeable. To add to this struggle are the requirements of insurance companies to choose from “in network” therapists—as list that is often lacking in diversity. This was also true for other participants seeking LGBTQ+ affirming therapists who also understood the full intersection of their culture, language, heritage, etc.

One of the things that I had trouble with was finding someone that was a Black therapist, that was also LGBTQ+. We just went through a huge social justice movement. We're still in it. And I just know that I want to have someone that looks like me and can relate to me.

At the time, I was looking for someone that was Black, and also someone that was LGBT. That was important to me. But as someone that is also Black, and within the community, my other Black friends have had trouble finding someone within their network that looks like them.

It is extremely difficult to find therapists who are LGBTQ-affirming, and also culturally competent. And when we say culturally competent, we don't just mean language. It's also about understanding the background, the heritage, and all the intersections and complications that come with your identity and how that impacts your mental health.

Another barrier to care is the focus on Western-style mental health services. Individuals from other cultures and countries may not be able to access the mental health care they desire, as those non-Western services are not covered by insurance.

A lot of the understanding that we have about mental health services is very much a Western-style, which is one-on-one with a therapist or, if it's group therapy, it's therapist led. By my own experiences, and also from Asian and Pacific Islander constituents at [API CBO], is a lot of the [insurance-covered] care that we have is not culturally competent sort of care. Acupuncturists

*are not [covered by insurance]. When I was not in America, I would go to my local shaman, (I'm not quite sure how to say it—the direct translation in Japanese) but the people who give that care are not adequately paid.... There's hardly any access for it. ... It's out of pocket quite often.
It's not covered by health insurance.*

The cost of individual therapy continues to be a barrier., especially in an area like LA County where living costs are high and wages are often low.

Money is always, always an issue. I am only able to see my therapist because they give me a reduced fee. But that's not always available. And even with insurance, that cost sometimes can be \$180 - \$200. And with especially younger folks—the fact that they're not getting paid well, rent is extremely high—that is one more expense that you have to justify for yourself, even if you want to make your mental health a priority.

I want to agree with “X” on finding someone that can provide a sliding scale, because I did not have any idea how expensive therapy was. Especially during the pandemic, when most people within our communities lost their employment, that was just so depleting at the time.

Affordable therapy options are often not ideal. Agencies that offer free or sliding scale therapy frequently employ young and/or inexperienced therapists who are not equipped to work with older individuals or those with complex mental health needs. In addition, the wait times at these agencies can be months.

I signed up for therapy at the LA LGBT Center at the beginning of COVID. ... It took 8 months for me to get even a call back from them that there was a therapist that could see me. And then I asked, “Would that therapist be like 23 years old and just out of college?” And they said, “Yeah, probably.” And I said, “No, thank you.” So, the other issue is when you're waiting for affordable health, and then the person who's going to be giving it to you is inexperienced, and not really going to be able to help you. That's the other thing that you're dealing with when you're trying to access care as an LGBTQ person. I'm 43. And I've never had an LGBTQ therapist ever.

Even if there were a plethora of BIPOC and LGBTQ+ affirming and knowledgeable therapists, no therapist is a good fit for everyone or has the skills to address every mental health need. Ideally, mental health clients would have the ability to search and find the therapist that’s right for them. Unfortunately, as one attendee pointed out, not only is there a perception that you must stay with the first therapist you find, but many people cannot afford the cost associated with finding the best fit for them.

There's this perception that once you find a therapist, that's the one you have to stick with. And there are a lot of therapists out there that aren't great, that don't have the skill sets that's needed.

There's also, I think, a lack of understanding and knowledge about the different types of therapy that are available and how to find the right one that fits your needs, or having to find multiple forms of therapy that fits your need. But, cost can be such a prohibitive factor in making those decisions.

The location, travel time, and time of appointments were also voiced as barriers by participants. Traffic is usually a greater concern than actual number of miles. For those living in the San Fernando Valley, traveling into West Hollywood to access LGBTQ+ services may not be a viable option—especially when those services are only available during working hours.

One of the barriers that I think of and I hear a lot is time and location. ...As people from the Valley, people think we're really close to LA. ... It might be a little bit of miles, right? But then when we think of the time it gets to get there. ... Just me from Sun Valley, going to just Hollywood or the [LA LGBT] Center, it would take an hour and 20 minutes just because of traffic. I think the biggest issue is people think we could travel and have that time as working-class people to use one hour and a half to go get mental health. Even though people think, "Oh, yeah, that's close just go over the hill," they don't take into consideration the traffic time... [For the LA LGBT Center], let's say I have an appointment at 8:00 or 9:00 am, it'll take an hour and 10 minutes just to get there. So, being stressed about time, planning your day, and doing all that just to get a 50-minute session. It's really difficult, and then also planning to come back in traffic.

A lot of people from the Valley are working-class...we all get off at 5 and 6pm. A lot of these therapy sessions and things that happen, always happen earlier. I feel like there's always privileged folks who could get access to these things. ...For the groups I run, all our groups are at 7pm, 8pm, and everybody comes in their work clothes.

Seeking mental health services continues to carry stigma, and that stigma can be a barrier—or at least exacerbate the other barriers to accessing mental health services. BIPOC participants spoke about the stigma within their own cultures.

I work with mostly Latino clients. They come from a religion background where counseling is frowned upon, and talking about themselves is also frowned upon. I think sometimes information about counseling and what it does would help Latinos who don't speak any English.

It's a very big stigma for me, or even some of my community members in the Black, Afro, Latinx community, to even seek services like going to see a counselor. It is a very big stigma and it is very sad. I remember talking to my aunt and saying, "Oh, I gotta go because I have therapy in an hour." And the first question was, "Why?" and "Why are you talking to a therapist?" and

“What's going on?” And I'm like, “We're just checking in.” But everyone sees it as something wrong.

I just wanted to affirm what [other participants] have said, because those are all barriers that exist with the AAPI community too, and things that I've experienced.

Participants emphasized that mental health stigma in the workplace, and lack of protections for those who need to seek mental health services during work hours, is a barrier to accessing such services or even disclosing that you have mental health needs.

I would also say that sometimes the stigma is not always from the community, but from your workplace, depending on where you work—trying to get time off, to go to a therapist, especially if it's a long period of time. The session itself is only 50 minutes long, but if you're traveling back and forth, and taking three hours or roughly around that to take time off of work, most places don't really allow that flexibility.

It would be helpful if there were protections in the workplace for folks who needed to see a therapist or needed to do whatever else to take care of their mental health. And I think part of the stigma is that if you are someone with mental health needs or have mental health disabilities, that you are somehow inadequate, or there's a risk involved in taking you on as an employee. Speaking for myself, I would have a lot of trouble disclosing that, depending on which workplace I was at.

What is needed in either the San Fernando Valley specifically, or LA County in general, to improve LGBTQ mental health?

Participants expressed a need for LGBTQ-specific messaging when it comes to mental health, as well as general mental health education, to address stigma and help encourage members of LGBTQ+ communities to seek mental health services when needed.

One thing that I see a lack of is more of a campaign, or just addressing the stigma. We've seen every HIV campaign possible, from videos, to posters, to hashtags to things like that. I think we're really good at doing those. But I've never seen one that's specifically [mental health] where it feels kind of like the HIV campaigns where it's everywhere—it's in my Grindr app, it's when I go to the club, it's everywhere, where it's bombarded us. Just because I think it instills in our daily lives this is something we could get access to—this is something that we deserve. ... The great thing is, we know how to queer anything, right? We could have voguers talking about mental health, we could have the drag queens talking about mental health. We need to do a cultural strategy of implementing mental health access in our LGBT culture throughout everything.

I would also expand on what was just said: [we need] general education overall about mental health, because I think there's a lot of misunderstanding on what we mean when we say mental health. I think people have been bombarded by diagnosis, like depression, or anxiety, but not understanding, for example, the nuances. For example, if someone is neurodivergent, how does that impact their mental health because they experience this barrier with their narrow divergence? Or, if someone has physical disabilities, how does that impact their mental health by the stigma and the lack of access that they have in their daily life?

Along with education, there needs to be a reframing of how mental health is discussed when it comes to LGBTQ+ individuals. LGBTQ+ mental health needs are not just about their sexual orientation or gender identity, nor should there be messaging that implies that needing mental health services is a one-time occurrence.

I feel sometimes there's this odd flattening of the experience when it comes to mental health and people of the LGBTQ community where, "Oh, you must be depressed, because you were rejected because of your identity and who you are." Our lived experiences are so much more multifaceted than that. For example, for me, I've experienced being hyper-fetishized as an Asian woman. And there's gender-based violence in a lot of our communities of color. And also experiencing racism and any other types of violence, those add to my mental health in a way that is really difficult to sum up when it comes to just defining something as depression or anxiety because of who I am as being queer. There's other layers to it.

We really need to stop messaging that there's a fix to depression or anxiety. That for most of us, it's a journey, and that we find ways to tolerate or to manage our depression. But I think there's this view that if you go to therapy for a certain amount of time, then you're no longer going to need therapy. And that's not the case for a lot of people. And I think that there's still a stigma behind that of like, "But haven't you been in therapy for four years now? Why can't you stop?" or "I thought you sorted that out." And I think there's just a general lack of understanding of what mental health actually is and what contributes to our mental well-being and what takes away from it.

Participants spent much of the Listening Session speaking about the lack of funding for needed mental health services, and brought up the work of *People's Budget LA*¹. Participants talked about their negative experiences with law enforcement and the need for resources rather than

¹ The People's Budget LA is a coalition led by BLMLA demanding a city budget that invests in the wellbeing of our communities with priority on supporting the underserved and marginalized. Their report can be found at: https://peoplesbudgetla.files.wordpress.com/2021/05/peoplesbudgetreport2021_firstedition.pdf

policing—and emphasized that very little funding is ever dedicated to BIPOC LGBTQ+ communities.

Looking how the distribution of monies given out in LA City, LA County, and how much goes to mental health, which is pennies compared to the police department. ... I think of how we must connect it to the overall movement of the idea of abolition, the idea of defunding the police, the idea of reaching our most marginalized. When we do this work, or we talk about this, we also have to talk about what is the structures that put us in this place where we're meeting in this Zoom meeting? Why are we here? And why don't these things exist? We need more money; we need more money. The money does exist—it's just not being distributed.

When we talk about abolition it's looking at what structures in our society are really putting us down and what systems. We talked about white supremacy, and the structures of white supremacy, which means looking at government or police agencies, people who give tickets, things like that. Looking at how communities are targeted, folks are put in prison, the school-to-prison pipeline with our Black and brown, queer youth, our immigrant folks who are in detention—and looking at all that, how the system works, generally. And then we're always put down, LGBT people of color always are the last people who get anything. ... It's really just trying to get our piece of the pie. We have crumbs compared to these bigger systems.

When I think of defunding the police, I think of the times that we have called for the police and it was a non-emergency. Just someone that was in a house that needed services that were not provided. But them [the police] actually putting someone in handcuffs. I just think that's wrong. ... I, myself, am so afraid of the police at this point that I don't want to call them unless it is like a dire emergency. I think that we also need to provide more resources. When we talk about defunding the police, and when you see the amount of money that's going to the police versus education, it's just kind of infuriating. Because depending on your zip code, you're not getting as many services as other kids and their public schools. That's what I think of when I think of defunding the police, because the money should be allocated to the communities—especially the communities that need it the most, and are struggling to run their programs, and have kids reimagine a life outside of the stigmas that have been pressed upon them.

I want to build on what was said, especially around reimagining. For our community, for our organization, we talk a lot about what safety actually looks like for us. What does it look like to not have the police show up when you're in a mental health crisis? What are the alternatives for that? ... I feel like relying on institutions like the police, especially when it comes to individuals who need mental health, especially when those individuals are from BIPOC communities, is so incredibly harmful and dangerous. And for our organization, talking about defunding the police and saying that our work is grounded in abolitionist principles means that we are looking at alternatives to how we approach mental health. And that includes not being institutionalized.

That includes not calling the police. That includes not using any sort of measures against the individuals who are experiencing a mental health crisis.

What is already here that supports LGBTQ mental health?

Organizations mentioned by Listening Session participants:

- API Equality-LA²
- Bienestar³
- Somos Familia Valle⁴
- Still Bisexual⁵
- The Wall Las Memorias Project⁶
- We Exist⁷

In answer to the question regarding “What is already here...” participants focused on the lack of funding, the need for funding, and barriers to accessing funding for existing local community-based organizations who serve LGBTQ+ and BIPOC LGBTQ+ communities. As one participant pointed out:

BIPOC LGBTQ community organizations: They have the knowledge. They understand what the needs are of their communities. They listen to their communities. They offer spaces that are nuanced. They have conversations. They're doing the work that has allowed these communities to thrive despite all the challenges that we've experienced, especially in the past year. ... If you look at all the knowledge that community-based organizations have either through surveys, or through talking with their members, they have a very comprehensive understanding of what

² Empowering Asian & Pacific Islander communities to achieve LGBTQ, racial, and social justice. Together we can create an inclusive, equitable, and just society where all API LGBTQ people will thrive. <https://www.apiequalityla.org>

³ Bienestar is a community-based health care and social services organization in the Greater Los Angeles area. Their expertise is in identifying and addressing emerging health issues faced by the Latino and LGBTQ populations. <https://www.bienestar.org>

⁴ Somos Familia Valle is a local San Fernando Valley community organization led by trans queer people of color dedicated to support, empower, train, and mobilize our families, and allies for racial, gender, environmental, and economic justice. <https://www.somosfamiliavalle.org>

⁵ Still Bisexual's mission is to foster public acceptance, awareness and understanding of bisexual, pansexual, fluid, and queer identities and the challenges they face; to develop and promote self-acceptance, personal empowerment and visibility among bisexual, pansexual, fluid, and queer people; and to foster inclusivity and acceptance for bisexual, pansexual, fluid and queer people among the larger LGBTQIA+ community. <https://stillbisexual.com>

⁶ The Wall Las Memorias Project is a community health and wellness organization dedicated to serving Latino, LGBTQ and other underserved populations through advocacy, education and building the next generation of leadership. <https://www.thewallasmemorias.org>

⁷ We Exist provides counseling for youth age 16 to 25 who are in the lesbian, gay, bisexual, transgender, questioning, intersex and two spirit (LGBTQI2-S) community as well as their parents, family and friends. There are no geographic restrictions. <https://211la.org/resources/site/we-exist>

works and what doesn't for their community—but they're not the authority figures, they're not the people with power.

When asked if any of the local organizations mentioned were being funded by LA County, participants responded:

[Still Bisexual] isn't [being funded by LA County]. I know Somos Familia Valle isn't. I think they just removed PEI funding for a bunch of LGBTQ stuff in the Valley. We Exist is losing their funding potentially, and Las Memorias Project—a lot of important groups for our community. The City's not really getting the importance of it, I feel like.

Somos Familia Valle, you know, we're very on the ground, super grassroots. We just got our 501(c)(3) [non-profit] paperwork 3 years ago, but been existing for 7 years. ... The access to funding—the access to anything—is just very scarce. Most of my funders are actually out of California. ... I have never received anything from LA County.

We've only received small honorariums from LA County. We've received like \$500 for our annual gala, or something like that. I think part of the challenge is we're a very, very small organization. So, when it comes to LA County, any types of grants that require extensive reporting, it's going to be such an administrative burden to us that we wouldn't be able to fulfill it anyways.

I don't want this to turn into a “bitching about having no money” session, but I definitely feel like the ones who are doing work, they're actually valuable to LGBTQ people—like what Somos Familia Valle does, and doesn't exist in the Valley otherwise. If Somos Familia Valle were to stop, that wouldn't exist. Bienestar does great work too. If they were to stop that wouldn't exist. And there's just so few organizations that are doing this work.

Participants also spoke about the barriers to accessing funding from both inside and outside of LA County. Large (sometimes national) organizations are competing for funds supposedly intended for grassroots organizations—and the grassroots organizations cannot compete with that. There also appears to be an “inner circle” of organizations that receive funding over and over, with local organizations at a loss for how to “break through.”

I applied to a grassroots grant with Gucci, and we made it to the second round. Then we didn't make it to the final round. They finally listed their 10 [grantees] and one of them was LGBT. And the winner was the Human Rights Campaign. ... How is someone going to compare to the Human Rights Campaign? Why do they apply to grassroots grants? But you know, they have hired grant people who are probably just searching all these grants. The access for any small groups, especially BIPOC-led groups, is very difficult.

I run Still Bisexual as the President. But I also run the San Fernando Valley #Out4MentalHealth Task Force. And I also am the co-chair of the LGBTQIA2-S USCC. And, you know, #Out4MentalHealth is the only grant that's funding us, and I've tried. ... I'll spend all week applying for [funding] on top of everything else. And then we just won't get [the grant] even though we're already offering that [service]. They just go with the ones they know over and over again, these funders, and I don't know how to get into that inner circle or build those relationships. And I don't know how to prove to them even though we're a bisexual organization, we are helping more than just bisexuals. And also, it should be enough if we're just helping bisexuals.

We're just doing the work because we have the passion. I know I have the passion. But I also know I can't survive on this. ... I've been doing this work for 7 years—never been paid. But I'm still here, even through this pandemic. ... And it goes back to ... who has that access. Because if we're not getting it, if Still Bisexual is not getting it, if anybody in here is not getting it, then who's getting it? And then, even for the folks who are getting it, it's still crumbs.

Something that we've experienced as an API [Asian Pacific Islander] organization is that API organizations are often overlooked when it comes to funding. And because a lot of funders and donors are kind of looking at checkboxes, they look at "Oh, you're a queer organization—we've already got that covered. We've got the LGBTQ folks covered." And then if you're also a BIPOC organization, your name is not really going to come up if you're competing with other organizations that are Asian-lead, Black-lead. ... and I feel like that's something that we've struggled with, too—that we're still competing with a lot of big-name organizations that have more clout than we do. So, even if there's this perception that API organizations are getting funded, it's not all organizations. And we're still competing, almost like on both fronts.

Participants continued the discussion by expressing their frustration with the funding barriers created by LA County, the State, or other funders. Funders continue to use a Western-style definition of mental health services, such as services to the community must fit the model of direct practice, rather than looking at what the community needs. In addition, funders have unreasonable criteria for operating budgets, not taking into account the cost of running an agency in a high-expense area. There is also an expectation of high workload for low funding, creating an unhealthy environment for staff and agency leadership.

We're not direct service providers. And I think that also is a challenge when you're talking about mental health, because people want to see: "How many clients do you have? How many therapists or social workers do you have?" And we don't have that, because we are looking at a very grassroots, community-building way of approaching mental health. And on top of that, it's really difficult to figure out how to measure culture change. So, if we were trying to address

mental health stigma, then how do you measure that in a way that is impactful enough for funders and donors?

The way that they [funders] define mental health services is so limiting that community-centric organizations aren't going to be able to meet those criteria.

It is incredibly hard to justify an operating budget to donors and funders, especially when it's government, especially when it's County, because they look at our organization, they look at our staff, and they'll look at our operating costs and kind of go, "Wow, we thought that you would have more people on your team because of your operating costs." None of us are being paid what's comparable to the work that we're doing. And some of us are only able to live on the wages that we have because we're living at home, or living with partners, or have some sort of generational wealth to tap into. But it's astonishing to me that the powers that be, that allocate funds, can look at an operating budget and go, "that's too much"—especially in LA County, when living costs are extremely high.

There's this expectation that, in order for us to get money, we have to do certain programs and certain types of work that stretches our staff before we can actually pay them. And it's this vicious cycle and I think contributes to burnout. ... Even for ourselves, even if we want to prioritize, "Yes, please take mental health days. Please, get whatever mental health services you need." I'm not able to give them the resources financially to achieve all that either. And we're a mental health org, and a lot of that is outside of our control.

Are there new or nontraditional ways LA County could use, or fund, to help meet the mental health needs of LGBTQ people living here?

Participants spoke throughout the Listening Session about the need for *community-defined* and culturally relevant services that do not always meet Western-style and medical model definitions of mental health services. Below are suggestions for improving the mental health and well-being of their communities that might be seen as “nontraditional.”

I'm just gonna say the arts. That's the one thing that I see get defunded very quickly, or just taken out of school systems. If there was a community art building specifically for LGBTQ that will be just so cool. Also, science and math, because there should be more people in tech coming up with some really great apps that can create resources for the community.

Yoga. Any sort of physical activity that allows someone to move their body or to help them feel stronger in their body.

Green spaces, I think we're in desperate need of green spaces, especially being in COVID and you know, being in your home.

Gardening would be really great, especially in these places where there's a food desert. And also, knowledge about nutrition and how we can have a better relationship with the food that we grow. I think that's so important. ... I would like to see a place where we do connect more with our food. And we have it as an outlet, but also as a way of life.

One participant suggested that what's needed is a Cultural Center that could offer “nontraditional” services, while still qualifying for funding. Other participants also agreed with that suggestion, and added that a visible Center in the San Fernando Valley would also give better access to services overall.

Specifically in the Valley, there is no Cultural Center. ... When it's described as a Cultural Center, or Wellness Center, I think this is where a lot of healing can happen within our communities. ... In New York they [have] a Wellness Center, and they do all these things: yoga one day, and another day acupuncture, and the next day is massages for LGBT folks. I think when it's looked at that lens in the funding aspect, and then giving the healing aspect of it, too, it gives opportunity for us as the grassroots leaders to do all our stuff in this Cultural Center. Because at the end of the day, we're already doing this stuff, we just need a place to do it. ... There is no space—especially when it comes to the communities in LA and the Valley where it's so multiracial, so many identities and so many ideas to be thrown out there.

I think it'd be wonderful to have just a [Wellness] Center where we can go to and ask for anything that we need. I think that we don't have that. ... We have different programs, but sometimes they're really hard to find. Our people need it here in the San Fernando Valley, and not just here, but everywhere.

As participants stated earlier in the Listening Session, there is a lack of BIPOC and LGBTQ+ affirming and knowledgeable therapists. Participants observed that BIPOC and LGBTQ+ individuals face multiple barriers to becoming mental health providers, and that these barriers need to be addressed.

The lack of BIPOC and LGBTQ therapists is probably partially because those spaces academically and professionally are dominated by white, cisgender individuals. If you don't have the resources to go to school, to find mentorship or training, or you're not able to find mental health services yourself, we're not going to see more BIPOC and Queer therapists or service providers in general, until those barriers are addressed too.

Participants spoke passionately and vividly about mistreatment they have experienced at the hands of medical providers—with an emphasis that doctors do not listen to or believe them when they are in pain or having other dire symptoms. A simple Google search shows multiple articles—both peer-reviewed and lay articles—discussing the implicit bias medical providers have when it comes to treating Black people in general, Black women specifically, women in general, and LGBTQ+ individuals. Participants suggested a need for patient advocates who would follow you throughout the system and advocate for equitable and needed medical care.

For queer people, and I think for people of color, they don't believe us when we say we're in pain. They don't believe us when we say we're falling ill. It's normally dismissed, or that you're being a hypochondriac in some way. I know this is particularly a huge problem for Black women and Black femmes. For anybody who is experiencing any sort of illness or physical disabilities, there is no way that that doesn't affect your mental health. I can't get a doctor to take me seriously when I say my neck is in constant pain every single day. ... If there's really any sort of physical pain, physical discomfort, it's such a big problem. I feel we've just kind of accepted it as is—that when we seek health care, we're going to probably not be taken seriously. And our concerns aren't listened to. And then you multiply that by like 100 when it comes to actual mental health care.

It is very, very hard to be believed, when you are in physical pain, and you go to the doctor, it can be very traumatizing. ... When they first diagnosed me and said, I had fibroids, there were three, and they were only the size of a dime, and a penny. And they said, “Oh, it'll just go away, naturally. We'll screen you.” Maybe a year and a half later, I literally couldn't feel my legs, and I was saying that something was wrong. The doctor was just, “Oh, we think it's just a bladder infection.” But the culture came back and it wasn't that. I went back to the doctor, and I said “I still have this pain and actually it's getting worse.” And they said, “We think your kidneys are failing, so let's give you a stronger medication.” And that wasn't it. It wasn't until they had to rush me to the hospital and then they found the mass, and they were just like, “You're going to need surgery.” And [the former doctor] could have really harmed me with the medication that they were giving me. When I got to the emergency [department] they were saying “Please stop [the medication] right away. You cannot finish this.” [The former doctor] really messed up.

There needs to be advocates there for you—for people to be believed

Are there any other comments that you would like to share or make?

Participants were given an opportunity at the end of the Listening Session to speak about anything else that had not been asked or brought up. The first issue they addressed was their frustration with trainings for cisgender, heterosexual, and white providers as a solution to disparities faced by LGBTQ+ and BIPOC individuals—rather than funding those agencies already doing culturally competent work. Participants also complained that they are expected to

give these trainings for free—or worse, expected to provide free technical assistance to the (non-LGBTQ+) organization that LA County is paying to provide trainings, rather than pay the organization that has the knowledge and expertise.

I think they should be aware or just understand that we are beyond trainings. I think one of the things that they always assume [when] trying to change, whatever it is, “Okay, well, let's just get more trainings.” ... I think from the early 2000s, it's been trainings. Whatever money is going to these trainings, I think it just needs to start going directly to the people on the ground, because we're tired, we're burned out, we're still doing this. Trainings don't see results. Results are showing with the people we have to work with on the ground. I'm just over trainings with these folks.

It's always more trainings. And, “We're not going to pay you for the trainings.” And, “We're going to sap your energy for two weeks giving us advice on how to fix our existing training, and then we're going to pay UCLA”—which is what just happened to me. Let's defund the trainings and give the money to the grassroots organizations. It gets to the people faster—the help would.

Ever since the incidences of anti-Asian violence has happened in the past couple of months, people want us to come and talk to them. And I got an invitation from someone from LA County to talk about AAPI violence at their staff meeting for 15 minutes. In my mind, there's always a question: “And then what? You're treating this as a training and a talk, but then what are you going to do with it?” ... It takes a toll to have these conversations over and over again, because it's not new for us. I told them that I wasn't available, and also for their future reference that we normally request an honorarium whenever there is a speaking event because of the preparation and our lending our experiences and expertise. And they kind of balked at the idea that we would ask for something in return to have these types of conversations. That is very indicative of how government offices react when you say, “No, I'm not going to do this for free.”

Finally, related to the comments about both training and funding, participants spoke about LA County and providers merely “checking the box” rather than valuing contributions from grassroots experts and meaningfully engaging with marginalized communities.

To get the Mental Health Services Act funding, [LA County] has to prove that they're reaching underserved communities. It feels like they're checking that box for as little money as possible. Even the leaders of the LGBTQIA2-S DMH. I get paid \$125 a month to do that. And they expect me to go to 16 hours of meetings. They come back: “Well, look, we're following the law. We're doing this.” And we're helping them do it for nothing, next to nothing.

They'll say things like, “Oh, this is such like a punch to the gut!” And for us? It's like, “No, we've predicted this. We've seen the increase in violence against the AAPI community.” ... And the fact

that you think this [training] can be covered in 15 minutes, is extraordinary to me, because all that tells me is that I'm going to go in, do this emotional labor and nothing is going to come out of it except for you feeling better about yourself that you know a little bit more now.