

## From Student to Mentor: Making a Difference in the Lives of LGBT Teens



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### ■ Jason Lambrese

Medical Student, Alpert Medical School of Brown University

*In this Mentorship Matters column, Jason Lambrese tells us how mentorship he received through the Klingenstein Third Generation Foundation (KTGF) Medical Student Training Program at Brown University has helped him develop his area of medical interest working with Lesbian, Gay, Bisexual, and Transgender youth. There are ten KTGF Medical Student Training Programs located at medical schools across the country. Annually, medical students and faculty from the KTGF sponsored programs join together for the "KTGF Games," a weekend of student presentations on their chosen research topics and one-on-one interaction with students and mentors. The 2009 games were hosted by the University of Maryland and Johns Hopkins University in Baltimore, Maryland, on February 7. This article is an excerpt from the presentation Jason Lambrese gave at the 2009 KTGF Games.*

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Although mentorship matters to all of us, I have seen it play an essential role in the lives of those who have gone for years without having had a mentor, or worse, have never had a mentor at all. Most of us can imagine a time when we have found mentors and advisors who have made a difference in our lives. As a medical student, I have been fortunate to have a multitude of physicians who

are not only willing, but also excited, to counsel me. Nonetheless, I have seen, that not everybody is so privileged, as with the lesbian, gay, bisexual, and transgender (LGBT) adolescents with whom I have worked over the last three years. Few take the time to be mentors to these teens, many of whom go through their lives hearing that they are not good enough and that what they

feel is wrong. Many of these teens feel alone in the world; that no one else out there could possibly share their experience. Rarely do they have adults in their lives reminding them that they are not alone and that a larger LGBT community exists.

One of the communities in which I have found mentorship and guidance in medical school is the Klingenstein Third Generation Foundation Mentorship Program at Brown Medical School. Through the program, students are paired with child and adolescent psychiatrist mentors with whom they are able to see patients, conduct research, solicit advice, and explore their interest in the field. I have worked most closely with **Jeffrey Hunt, M.D.**, and his adolescent patients in an after-school, partial hospital program. Additionally, monthly gatherings of Klingenstein mentors and students have allowed me to work directly with child and adolescent psychiatrists who have not only aided in cultivating my interest in the field, but have also provided their guidance as I have navigated my way through medical school. Moreover, the Klingenstein program has allowed me to further develop my skills as a leader and mentor, both by providing me the opportunity to work directly with adolescents in the partial hospital program and also by allowing me to present my experiences at its annual gathering, the Klingenstein Games, this past February. Sometimes consciously, but most of the time unconsciously, I observe myself applying my developing leadership skills to my work with LGBT adolescents.

When I began medical training, I sought out resources available to LGBT patients, but I found little. Classmates have asked me why I choose to spend time researching and working with LGBT teens. I remind them, that although a minority, this is an underserved population worthy of our attention. In light of this, I have been inspired to spend time working with local organizations that provide resources to LGBT youth. Additionally, I am confident that my developing mentorship skills have allowed me to better connect with,

evaluate, and manage LGBT psychiatric patients in the youth partial hospital setting. In the coming year, I plan to further develop mentorship venues for LGBT youth by directly educating the health-care providers in our child and adolescent psychiatric hospital; in essence, mentoring mental health professionals as they care for LGBT adolescents. Notably, many of the people that I will have the opportunity to teach are already involved with the Klingenstein program and have expressed interest in this type of training.

While their illnesses and struggles may not be unique, the prevalence of psychiatric illness within the LGBT adolescent community is notable. Gay and lesbian youth account for 30 percent of completed youth suicides each year, although they make up less than 10 percent of the population (Kreiss and Patterson 1997). Moreover, 40.6 percent of gay and lesbian teenagers report attempting suicide at least once, compared to 13 percent of their heterosexual peers (Ryan et al. 2009; Safren and Heimberg 1999). Further studies have found not only a high incidence of suicidal ideation and suicide attempts in LGBT teens, but these rates are consistently greater than those of their heterosexual peers. The etiology of this discrepancy lies in the multitude of psychosocial stressors faced by LGBT teens on a daily basis, including a fear of disclosing their sexual orientation to family and friends and a fear of rejection and stigmatization. In fact, 40 percent of LGBT youth report that they lost at least one friend after they 'came out,' or disclosed their sexual orientation (Hart and Heimberg 2001). In addition, these teens live with a constant fear of violence, or have been the victims of homophobic harassment.

I hope to help my colleagues take this knowledge and apply it in two ways. First, that they talk to youth about their sexual orientation, as struggles relating to this part of their identity may be the root of their health problems. Two-thirds of youth state that their healthcare providers have never brought up issues of sexual orientation (Kreiss and Patterson



Participants at the 2009 Klingenstein Games hosted by the University of Maryland and Johns Hopkins University on February 7.

1997). Second, that in youth who have presented with suicidal ideation or a suicide attempt, healthcare providers consider whether these teens are struggling with their sexual orientation. With the support of my mentors, I hope to be able to encourage mental health professionals to recognize the experiences of these teenagers. It would be a noble accomplishment if we, as healthcare providers, could show lesbian, gay, bisexual, and transgender adolescents that suicide is not the answer, that we are here to support them, and that we accept them for who they are. ■

*Jason Lambrese is a fourth-year student at the Alpert Medical School of Brown University. His research focuses primarily on the psychiatric concerns of LGBT adolescents, and he is pursuing a Scholarly Concentration in Medical Education. He received a Bachelor of Arts in Hispanic Literature and Culture from Brown University in 2006 and is a member of Brown's Program in Liberal Medical Education.*

#### References

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## Mark Your Calendar for AACAP's Future Annual Meetings

### 56th Annual Meeting

October 27-November 1, 2009  
Honolulu, Hawai'i  
Hilton Hawaiian Village

### 57th Annual Meeting

October 26-31, 2010  
Hilton New York  
New York, New York

### 58th Joint AACAP/CACAP Annual Meeting

October 18-23, 2011  
Sheraton Centre Toronto  
Toronto, Ontario, Canada

### 59th Annual Meeting

October 23-28, 2012  
Hilton San Francisco  
San Francisco, California

### 60th Annual Meeting

October 22-27, 2013  
Walt Disney World Dolphin Hotel  
Orlando, Florida