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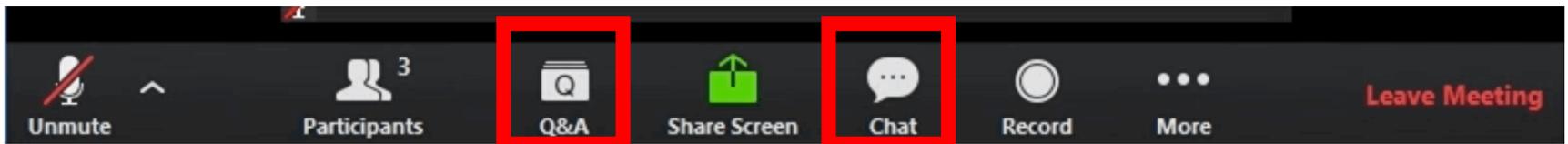
Providing Inclusive & Integrated Services to LGBTQ+ Individuals

Tuesday, July 27th, 2021
1pm-2:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

How to Ask a Question/Make a Comment



Type in a **question** in the Q&A box

Type in a **comment** in the chat box

Located at the bottom of your screen.

We'll answer as many questions as we can during today's session.

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA

Substance Abuse and Mental Health
Services Administration

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

Poll #2: What best describes your organization? (check all that apply)

- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)

Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

Introductions



**Steven Haden, MBA, MSW,
CPRP**
CEO and Co-founder of
Envision:You



Stacey Karpen Dohn, PhD, LPC
Senior Manager of Behavioral
Health, Whitman-Walker
Health

Objectives

After this webinar, participants will be able to:

- **Understand** disparities related to mental health, substance use challenges and physical health among LGBTQ+ individuals across the lifespan.
- **Identify** opportunities and strategies for providing inclusive & integrated health services to LGBTQ+ individuals.
- **Be familiar with** resources and tools for providing services to LGBTQ+ individuals and populations.

Who We Are



Envision:You addresses the unique needs LGBTQ+ people have when considering and accessing behavioral healthcare. As members of an often misunderstood minority group, they frequently face discrimination, violence, and poor mental health outcomes. Although it requires great strength and courage, seeking support is one of the most important steps a person with a mental health and/or substance use disorder can take. Envision:You is here to support, educate, and empower LGBTQ+ people in taking that step.

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Did You Know?

People in the LGBTQ+ community experience mental health challenges at higher rates.

55%

Have depression

50%

Have an anxiety disorder

45%

Have PTSD

LGBTQ+ individuals are more than twice as likely as their heterosexual counterparts to have a mental health disorder in their lifetime.

Source: Closing the Gap: The Turning Point for LGBTQ Health. OneColorado. 2019.

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Suicide and the LGBTQ+ Community

- LGBTQ people are at a higher risk of suicidal thoughts and behaviors.
- Actual suicide rates are hard to report due to lack of data.
- LGBQ adults are 2x as likely to attempt suicide.
- At highest risk are queer youth, transgender individuals, and LGBTQ+ POC.



Source: Suicide Risk and Prevention for LGBTQ People. National LGBT Health Education Center: A Program of the Fenway Institute. September 2018.

LGBTQ+ Individuals are at Greater Risk for Substance Use

Substance Use Disorders (USA):

18.3% LGB Adults

7.7% General population

Cigarette Smoking (USA):

20.5% LGB Adults

15.3% General population

Opioid Misuse (USA):

9.6% LGB Adults

3.7% General population

Past-Month Cigarette Smoking (CO):

15.7% LGBTQ Youth

32.6% Trans Youth

5.9% Heterosexual youth

Sources: National Survey on Drug Use and Health. SAMHSA. 2019. Lesbian, Gay, Bisexual, and Transgender Persons and Tobacco Use. CDC. 2016. Healthy Kids Colorado Survey. 2017.

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Mental Illness and Substance Use Disorders in America among LGB Adults

Among LGB adults with a substance use disorder:

- 1 IN 2 (51.6% or 1.4M) struggled with illicit drugs
- 3 IN 5 (64.6% or 1.7M) struggled with alcohol use
- 1 IN 6 (16.2% or 426K) struggled with illicit drugs and alcohol

Among LGB adults with a mental illness:
2 IN 5 (38.2% or 2.6M) had a serious mental illness

18.3%
(2.6 MILLION)
People aged 18 or older had a substance use disorder (SUD)

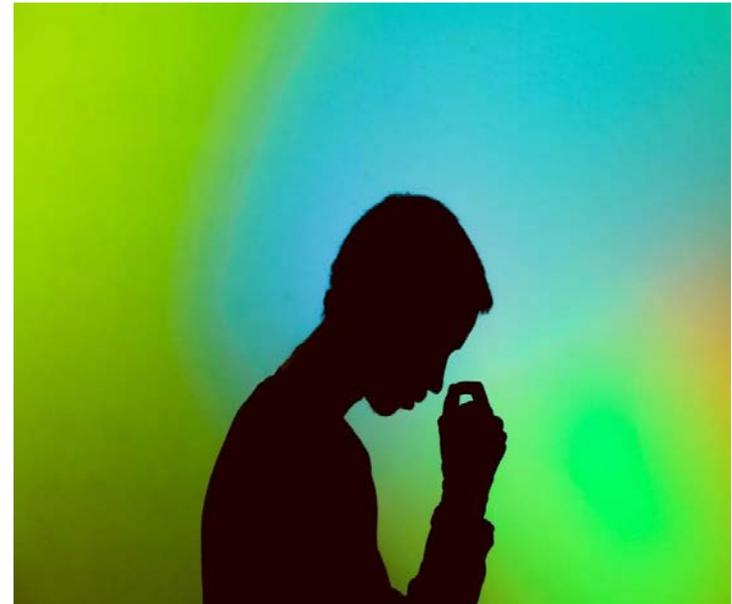
12.9%
(1.9 MILLION)
People 18 or older had BOTH an SUD and a mental illness

47.4%
(6.8 MILLION)
People aged 18 or older had a mental illness

In 2019, **7.6M** LGB adults had a mental illness and/or substance use disorder—an increase of 20.5% over 2018 composed of increases in both SUD and mental illness.

Minority Stress

The concept of minority stress refers to the “**additional stress** that **members of marginalized groups** experience because of the **prejudice** and **discrimination** they face.”



Source: Center for Community Practice:
<https://www.urccp.org/article.cfm?ArticleNumber=69>

LGBTQ+ Physical Health Disparities

- Stigma, discrimination, and violence cause harm to the health outcomes of LGBTQ+ people.
- LGBTQ+ people are more likely to rate their health as poor & report chronic conditions.
 - Cancer
 - HPV
 - HIV/AIDS
 - Obesity



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Disparities in Accessing Services

- LGBTQ+ people are less likely to have health insurance.
- Less likely to fill prescriptions.
- More likely to use ER or delay getting care.
- More likely to be refused health care services.
- More likely to be harassed by health care providers.



Source: How to Close the LGBT Health Disparities Gap. The Center for American Progress. 2009.

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LGBTQ+ Discrimination and Mistreatment in Healthcare

8% of LGB individuals said that a healthcare practitioner refused to see them due to their actual or perceived sexual orientation.

23% of transgender individuals said that a healthcare practitioner intentionally misgendered them or used the wrong name.

8% of LGBTQ+ individuals avoided or postponed needed medical care, which increases to **14%** for those who have previously experienced discrimination due to their sexual orientation or gender identity.

Source: Discrimination Prevents LGBTQ People From Accessing Health Care. Mirza, Shabab Ahmed & Rooney, Caitlin. Center for American Progress. January 18, 2018.

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LGBTQ+ Youth

- Higher rates of mental health challenges, substance use, and suicidality than their cisgender and heterosexual peers.
- 40% of homeless youth identify as LGBTQ+, and as many as 60% of them are likely to attempt suicide.
- Higher prevalence of adverse childhood experiences.



Sources: Youth Homelessness. The Trevor Project. Suicide among youth in Colorado, 2013-2017: Ages 10-18. CDPHE.

LGBTQ+ Older Adults

- LGBTQ+ older adults experience higher rates of poverty, **medical disparities**, and social isolation than their heterosexual peers.
- More likely to suffer from chronic health conditions & mental disorders, less likely to get help from a medical professional.
- Older adults (65 years and over) account for close to 17% of deaths by suicide.



Source: Suicide and LGBTQ/SGL Older Adults. SAGE. March 2016.

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Lack of Affirming Care - Transgender Focus

40% of transgender adults report having made a suicide attempt.
92% of those report having attempted suicide before the age of 25.

- Transgender individuals are left out of research.
- LANGUAGE. Be intentional and respectful.
- Be aware of trans-specific health needs.
- Have gender neutral facilities that are easily accessible.



Source: The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality. 2016.

Opportunities for Integrated Care Settings

- Providing a safe and welcoming environment across entire organization.
 - Training culturally relevant and identity affirming providers
 - Policies
- Addressing comorbidities of health concerns of LGBTQ+ individuals.



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Providing Inclusive & Integrated Services to LGBTQ+ Communities



Stacey Karpen Dohn, PhD, LPC

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Whitman-Walker Health Vision

Whitman-Walker envisions a society where all individuals are seen for who they are, treated with dignity and respect, and afforded equal opportunity to health and well-being. Through care, advocacy, research and education, we empower all persons to live healthy, love openly, and achieve equality and inclusion.

The logo for the National Council for Mental Wellbeing is located in the bottom right corner. It consists of an orange square containing the text "NATIONAL COUNCIL for Mental Wellbeing" in white, with "for Mental Wellbeing" in a smaller, italicized font.

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WWH Services

- Primary Medical Care
- Infectious Disease specialty care
- Adherence, Retention and Engagement
- HIV/STI Testing and Treatment
- PrEP & PEP
- Pharmacy
- Research
- Dental Care
- Youth + Family Services
- Psychiatry, Mental Health, Substance Use Care
- Peer Support
- Legal Services
- Public Benefits & Insurance Navigation
- Community Health and Wellness
- Education and Training
- Policy + Advocacy
- Surgical Navigation



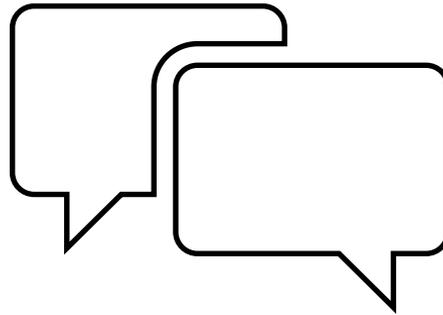
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What is Cultural Humility?

- Lifelong learning and critical self-reflection
- Recognizing and challenging power imbalances in pursuit of respectful partnerships
- Institutional Accountability



Case Example



Providing Integrated Care for
Transgender and Non-Binary Communities

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History of Gender Affirming Care at WWH

- 2008 - started access to GAHT in evening medical clinic
- 2011 - moved to informed consent model within medical
 - WPATH published SOC 7 in 2012, recommending informed consent
- 2014 - DC Medicaid coverage for Gender Affirming Surgeries
- 2015 - introduced a BH Specialist on every care team
- 2018 - youth 13+ for hormones (no blockers), require MH assessment
- 2020 - telehealth increases access to BH; some challenges to medical
- *Today? 20% of our patients are gender expansive*

Gender Affirming Care



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Trans 201 Training

- Created in 2014
- Based in tenet of Cultural Humility
- Anonymous Questions/Comments
- Case examples from feedback
- Critical Thinking:
 - What went wrong?
 - What do you think the patient felt?
 - What do you think the provider felt?
 - What could have been done different?
 - What systems need to be changed to prevent this from occurring again?
 - If you witnessed or overheard this incident, what would you do?

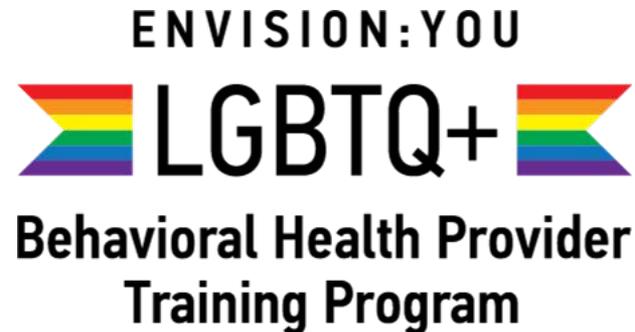
Envision:You IDEA Framework

- Led by a Program Manager, a Full-time Program Coordinator, and a Part-time Program Coordinator.
- Started the process by conducting a three month literature review.
- Divided work into **internal & external** practices.
 - Internal: Culture, language, performance evaluation
 - External: Programming, research, training
 - **We asked ourselves: how do we prioritize IDEA in these domains?**
- Bring on consultants and be continuously open to feedback.
- Prioritizing recommendations from our IDEA team.

Current focus: Decentering whiteness and deconstructing white supremacy in our organization.

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Envision:You LGBTQ+ Behavioral Health Provider Training Program



This two-part training is designed to help registered and licensed mental health clinicians, addiction counselors, certified peer specialists, social workers, and anyone else providing care in the behavioral health field develop new skills and gain critical knowledge to enhance the delivery of quality, culturally relevant and affirming behavioral health interventions for members of the LGBTQ+ community. Level 1 is offered on-demand and Level 2 is currently being offered in a 2-day webinar format.

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Questions, Comments?



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References

- [Closing the Gap: The Turning Point for LGBTQ Health. OneColorado. 2019.](#)
- [Suicide Risk and Prevention for LGBTQ People. National LGBT Health Education Center: A Program of the Fenway Institute. September 2018.](#)
- [Lesbian, Gay, Bisexual, and Transgender Persons and Tobacco Use. CDC. 2016.](#)
- [Healthy Kids Colorado Survey. 2017.](#)
- [SAMHSA's 2019 National Survey on Drug Use and Health: Lesbian, Gay, & Bisexual \(LGB\) Adults](#)
- [What is Minority Stress? Center for Community Practice](#)
- [How to Close the LGBT Health Disparities Gap. The Center for American Progress. 2009](#)
- [Discrimination Prevents LGBTQ People From Accessing Health Care. Mirza, Shabab Ahmed & Rooney, Caitlin. Center for American Progress. January 18, 2018.](#)
- [Youth Homelessness. The Trevor Project. Suicide among youth in Colorado, 2013-2017: Ages 10-18. CDPHE.](#)
- [Suicide and LGBTQ/SGL Older Adults. SAGE. March 2016.](#)
- [The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality. 2016.](#)

Tools & Resources

- [Envision-You](#)
- [Whitman-Walker Health](#)
- [Center of Excellence LGBTQ+ Behavioral Health Equity](#)
- [LGBTQ Youth Resources | Lesbian, Gay, Bisexual, and Transgender Health | CDC](#)
- [LGBTQ+ Behavioral Health Training | ENVISION : YOU \(envision-you.org\)](#)

Upcoming CoE Events:

CoE Webinar: Strategies for Supporting the Needs of LGBTQ+ Youth

[Register here for Webinar](#) on July 29, 1-2pm ET

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Thank You

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Email integration@thenationalcouncil.org

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