



Meeting the Mental Health Needs of LGBTQ New Yorkers

Only about half of the respondents ages 13 to 20 in a recent national survey identified themselves as “exclusively heterosexual.” Sponsor of the survey, the J. Walter Thompson Group, said the results indicate this group has a more complex and “less binary” approach to gender than older generations.

As recently as 50 years ago, many in the psychiatric community still considered homosexuality and bisexuality to be mental illnesses. Years of scientific study and civil activism led to a deeper understanding that both are part of a normal continuum of human behavior.

Removal of homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* in 1973 by American Psychiatric Association was one of the key steps toward a greater acceptance by society.

Yet discrimination persists. A defining moment last year with the national recognition of same-sex marriage soon turned sour as intolerance resurfaced, this time as a series of “restroom bills” introduced in state legislatures targeted against individuals who are transgender.

Such prejudice takes its toll. Young people still struggle with coming out, fearing rejection by family and friends and bullying in school. Adults still face discrimination –

ranging from subtle homophobia to outright violence. Studies over the past several years have indicated that people identifying themselves as being lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) have higher rates of anxiety, depression, and thoughts of suicide than their heterosexual counterparts.

Because physical health is directly related to mental health, studies have found that rates of health problems such as disease, obesity, and substance abuse are also higher in the LGBTQ community.

Attitudes are changing about the stigma associated with mental illness and the prejudice over sexual orientation and gender identity. Research indicates that support from families, peers, health and mental health providers, and communities can help address these issues. Inequities in care for LGBTQ clients are starting to be addressed, as is training for providers to meet their unique needs.

In celebration of Pride Month, this edition of *OMH News* will discuss some of the ongoing state initiatives to promote the health and wellness of LGBTQ New Yorkers. If you would like to share your observations, please contact us at: omhnews@omh.ny.gov.^{OMH}

Regulations: Banning 'Conversion Therapy'

"Homosexuality, bisexuality, or living as transgender, are not mental disorders and they should not be treated as such," said OMH Commissioner Dr. Ann Marie T. Sullivan.

"With our actions, we aim to protect the inalienable right of self-determination for New York youth, reducing the trauma this so-called treatment can produce in the LGBTQ community, and helping to end the stigma that has been associated with being LGBTQ for far too long," she added.

Unlawful and Not Covered

Under new regulations, conversion therapy is unlawful at any mental health facility or agency that is licensed, funded, or operated by OMH. Failure to comply with these new regulations could result in the revocation of their license, funding, or both.

In a similar manner, the New York State Department of Financial Services has issued regulations barring insurers in New York State from providing coverage for conversion therapy given to an individual under the age of 18, while the New York State Department of Health now prohibits conversion therapy under New York's Medicaid program.

Insurers must tell participating behavioral health providers that conversion therapy should not be provided to minors and that insurers won't provide reimbursement. As part of the insurers' provider credentialing or application and re-credentialing processes, insurers are advised to require behavioral health providers to certify that they will not provide conversion therapy to minors or seek reimbursement from the insurer for such services.

Discredited and Harmful

Conversion therapy, intended to change an individual's sexual orientation or gender identity, has been discredited as ineffective and even harmful to young people by medical and mental health professionals, including the American Psychiatric Association, American Psychological Association, American Academy of Pediatrics, American Counseling Association, American School Counselor Association, National Association of School Psychologists, and the National Association of Social Workers.

"Conversion therapy is a hateful and fundamentally flawed practice that is counter to everything this state stands for," said Governor Andrew Cuomo, announcing the regulations. "New York has been at the forefront of acceptance and equality for the LGBTQ community for decades – and today we are continuing that legacy and leading by example. We will not allow the misguided and the intolerant to punish LGBTQ young people for simply being who they are."

The Human Rights Campaign praised the decision by Cuomo, calling him the first governor to use his executive authority to block conversion therapy. "No young person should be coerced or subjected to this dangerous so-called therapy, which has been linked to youth substance abuse, depression, homelessness, and even suicide," said Campaign President Chad Griffin.

The definition of "conversion therapy" doesn't include counseling or therapy for an individual seeking to make a transition from one gender to another gender, that provides acceptance, support, and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices — provided that the counseling or therapy does not seek to change sexual orientation or gender identity.⁶⁸⁸

14 NYCRR Part 527

Express Terms

A new subdivision (d) is added to 14 NYCRR Section 527.8 to read as follows:

(d) Notwithstanding the provisions of this Section, no facility shall provide services to minor patients that are intended to change such minor's sexual orientation or gender identity, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings towards individuals of the same sex, provided, however, that this does not include counseling or therapy for a minor who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support, and understanding of minors or the facilitation of minors' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.

Youth in Transition: Understanding Gender Identity and Sexual Orientation

“Transition” is the passage from one stage of life to another. Transition can be an evolution as well.

“During the transition from childhood to young adulthood, some youth can shift from identifying with the gender assigned at birth to a different gender,” said Dr. Susan M. Seibold-Simpson, Assistant Professor at Binghamton University’s Decker School of Nursing, who works with the Lesbian-Gay Family Building Project at Binghamton University. “But for many, the transition isn’t easy and often comes with physical and mental health challenges.”

Feeling Unsafe

“Lesbian,” “gay,” and “bisexual” refer to sexual orientation – who an individual is sexually or romantically attracted to. “Transgender” and “gender nonconforming” refer to gender identity, and can be male, female, both, neither, or somewhere in between. Recent studies among youth in New York State indicate there is a higher prevalence among LGBTQ youth of health and mental health problems such as depression, anxiety, substance abuse, sexual behaviors, eating disorders, and – worst of all – suicide.

“This is because of the stigma and discrimination that LGBTQ youth – as a historically marginalized social group – face, which often includes subtle messages that are derogatory and even hostile,” Dr. Seibold-Simpson said. In a recent national survey, more than 60% of LGBTQ youth said they felt unsafe because of their sexual orientation and more than 40% said they felt unsafe because of their gender expression.

In addition, more than 80% of LGBTQ youth reported being verbally harassed in the past year because of their sexual orientation, with 38% reporting being physically harassed. As a result, nearly 30% of LGBTQ students reported skipping school or avoiding classes rather than face a hostile school climate. The problem was most acute in rural communities or small towns.

The highest levels of mental health issues in the LGBTQ population are usually reported by transgender individuals. Consequently, both individuals and their families may benefit from mental health counseling and services. For transgender children and youth, providers must assess for and treat co-existing mental health concerns, in addition to gender dysphoria, and may refer adolescents for additional physical interventions. A primary goal should be to help youths build resilience.

Collaboration is the Key

“To help LGBTQ youths get through these difficult years, providers should encourage collaboration with family, help youth identify other adults expressing pride in their identity, find peer support, and promote gay-straight alliances in school,” Dr. Seibold-Simpson said. “Research has indicated that both psychological distress and victimization decrease into early adulthood. As they make the transition from high school to college, LGBTQ youth report feeling increased freedom to explore their sexual orientation and gender identity. They have more exposure to LGBTQ individuals and groups – including LGBTQ centers at college which gives a sense of belonging.”

“The key,” she said, “is to help get them to that point in their lives.”^{oim}



Susan M. Seibold-Simpson,
PhD, MPH, FNP, RN, APHN-BC

Important Concepts for Providers

From the *APA Guidelines for Psychological Practice With Transgender and Gender Nonconforming People*, <https://www.apa.org/practice/guidelines/transgender.pdf>.

- Gender is a non-binary construct that allows for a range of gender identities. A person’s gender identity may not align with sex assigned at birth.
- Gender identity and sexual orientation are distinct but interrelated constructs. Gender identity intersects with the other cultural identities of transgender and gender nonconforming (TGNC) people.
- Mental health concerns may or may not be related to a TGNC person’s gender identity and the psychological effects of minority stress.
- The DSM-V differentiates between gender dysphoria in children and in adolescents. Each group requires a different approach.
- Not all youth who identify as transgender will persist in a TGNC identity into adulthood.
- Attitudes about and knowledge of gender identity and gender expression may affect the quality of care mental health clinicians provide to TGNC people and their families.
- There are benefits to an interdisciplinary approach when providing care to TGNC people. Mental health clinicians should strive to work collaboratively with other providers.
- There is a need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.
- TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.

World Professional Association for Transgender Health Standards of Care are available online at http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655.^{oim}

Providers: Perspectives on Concerns of LGBTQ Clients

Addressing 'Minority Stress'

In addition to the usual concerns for which people seek mental health care, clients who are LGBTQ often face the challenge of "minority stress" – the mental distress people can suffer when experiencing or anticipating discrimination.

"Studies have shown that populations which are often discriminated against will also experience anxiety about when they may encounter it," said Dr. Barbara E. Warren, a member of the OMH Multicultural Advisory Council (MAC) and Director of LGBT Programs and Policies in the Office for Diversity and Inclusion at the Mount Sinai Health System in New York City. "Stress from the past stays with them."

This makes minority stress concerning because research has found a correlation between "lived" and "anticipated" anxiety and the behavior around it. It's a form of trauma that can trigger unhealthy behaviors such as smoking, drinking, and drug abuse. In addition minority stress raises cortisol levels which when repeated or chronic, can lead to inflammation and other health conditions.

In her private practice, Dr. Warren has seen such stress particularly affect clients who are transgender. She cited as an example a video recently posted on the internet by a transgender woman who was verbally attacked by another rider on the New York City subway. "Every person who is transgender is worried about this happening to them," Dr. Warren said. "Every transgender person who watched that video experienced vicarious stress."

Changing Landscape of Care

Another concern is access to affordable care. With hourly fees for private practice above \$100 or often more, many clients simply can't handle the out-of-pocket cost. And there is no guarantee the client's insurance will cover their therapy. "So they seek help from community mental health centers who often lack capacity to serve the number, and sometimes the needs, of these clients," Dr. Warren said.

The changing landscape of mental health care is placing emphasis on moving care out of inpatient settings. This means some community providers who may not have had LGBTQ clients before will need to gain more knowledge about working with LGBTQ clients and minority stress issues.

"There's an urgent need to develop clinical expertise, training, and education around how to support someone who identifies with another gender than what was assigned to them at birth," Dr. Warren said. "Schools and training programs have generally taught little about the specific needs of LGBTQ clients."

LGBTQ issues have started to gain more attention in recent years from the health care and mental health industries and by state and federal lawmakers. A factor in this recognition is the increase in visibility through OMH Patient Characteristics Survey (see article on page 6).

Overcoming Isolation

"For people who are LGBTQ and are also living with a serious mental illness, a major challenge they struggle with is isolation," said Dr. Christian Huygen, who is Executive Director of the Rainbow Heights Club in Brooklyn and is also a member of the MAC. "They often lose the support of their families, and they have a really hard time finding safe supportive people and places."

The Rainbow Heights Club is unique because it specifically meets the needs of LGBTQ adults who are living with serious mental illness. The club offers a strengths-based peer support environment, where peers can help consumers appreciate their strengths and good qualities – like courage, resilience, curiosity, and a sense of humor. Rainbow Heights Club is a project of the Brooklyn-based Heights Hill Mental Health Service and South Beach Psychiatric Center's Community Advisory Board (CAB).



Barbara E. Warren, Psy.D.



Christian Huygen, Ph.D.

Continued from the [previous page](#)

In 2000, in conjunction with the Heights Hill Mental Health Service staff, the CAB identified LGBTQ psychiatric consumers as an underserved and disenfranchised population. In 2001, the New York City Department of Health and Mental Hygiene awarded a contract to the CAB for the development and operation of a mental health consumer advocacy program.

Growing over the years to serve over 500 members, the agency now welcomes LGBTQ mental health consumers from all five New York City boroughs.

Providing Support

“We are able to provide long-term mental health recovery support so that people can remain out of the hospital and in the community, and pursue their goals and dreams,” Dr. Huygen said. “Ninety percent of the people that we serve tell us they are able to stay out of the hospital and in the community every year because of the support we provide.”

There are three facets to the work done by Rainbow Heights. The first is the direct service component, which focuses on peer-based support. Its eight trained peer specialists use their experience to help mentor and inspire clients. Second, it provides conferences and staff training so that mainstream mental health providers can be more effective and affirming with LGBTQ clients. Third, it advocates at the city and state level for affirming behavioral health care and data collection.

“Some care providers assume that clients will tell them about whatever issues are on their minds, including sexual orientation, gender identity and expression, and relationship issues. But what they may overlook is that the mental health industry has pathologized people’s sexual orientation and gender identity for more than a century,” Dr. Huygen said. “When people come to us for help, they’re at some of the most vulnerable points in their lives.”

“If there’s an issue that they fear may make us not want to help them, they’ll not tell us about it,” he added. “It’s up to us to take the first step and let them know that we want to be affirming of them, and that if there’s something about them or their identity or background or relationships that we should know in order to be helpful to them – we’re open to hearing about it.”

Consumers Deserve Respect

“Providers should keep in mind that everybody has a sexual orientation and a gender identity – and your client’s is just as real and vivid,” Dr. Huygen said. “‘What would you like me to call you?’ is a very simple and inviting question that a provider can ask of any client. If your client says: ‘I’d like you to call me Alice,’ just say: ‘Okay, Alice. I’m glad you told me that.’ And then, if someday they get it wrong, just apologize and fix it and move on. You’re allowed to be human.”

“And consumers need to know that they deserve to be listened to and supported,” Dr. Huygen said. “A lot of people don’t realize this, or they don’t know what to say if they feel they are not getting what they need. If a consumer doesn’t have a provider who wants to hear the whole story and help, they should let their care provider know. If they get any static about that, ask to see the director of the agency. Consumers deserve care and respect.”

For more information on the Rainbow Heights Club, visit: <http://www.rainbowheights.org>.⁰⁹¹¹



Rainbow Heights staff, discussing the Center’s busy schedule.

“When people come to us for help, they’re at some of the most vulnerable points in their lives.”

–Dr. Christian Huygen

Data: OMH Patient Survey Making LGBTQ Clients ‘Visible’

OMH was the first state agency in the nation to compile data in its Patient Characteristics Survey (PCS) specifically addressing sexual orientation and gender identity in mental health care.

“This is significant because this helps to make the LGBTQ community visible in the mental health care system,” said Dr. Barbara E. Warren, a member of the OMH Multicultural Advisory Council and Director of LGBTQ Programs and Policies in the Office for Diversity and Inclusion at the Mount Sinai Health System in New York City.

“In order to create effective treatment programs for LGBTQ clients, providers have to know they are there in first place,” she said “OMH was the first agency to understand this and the first to take the step of gathering the data. Then other agencies started to follow suit.”

“We’re very proud and grateful that OMH was the first mental health agency in the country to gather demographic data about the sexual orientation and gender identity of the people that it serves,” added Dr. Christian Huygen, Executive Director of the Rainbow Heights Club in Brooklyn.

This data will help OMH to document LGBTQ patient outcomes, understand disparities in the delivery of mental health care, and determine the next steps for developing programs to address these disparities.^{OMH}

Findings from the 2015 PCS Survey

Of the 143,231 clients 18 years of age or older receiving mental health services during the two-week survey period in 2015, **4,626** were reported as lesbian or gay; **3,127** were reported as bisexual; **754** were reported as other, and **1,021** individuals reported as transgender. Increases from 2013 to 2015 are most likely due to better reporting.

5.4% or nearly 7,700 patients who were served throughout the system self-identified as lesbian, gay or bisexual. Another **1,021** identified as transgender, a population that had not been represented in mental health statistics, until the 2013 PCS. These numbers were evenly distributed throughout all regions of the state for those identifying as transgender.

LGBTQ patients also identified in **equal** numbers from diverse ethnic backgrounds. Reporting rates of lesbian, gay, bisexual or other; and transgender appear to be **higher** in the 2015 PCS than in some national studies.

According to a Kaiser Family Foundation study, **2.3%** of adults 18 and older identified as lesbian, gay, or bisexual. Gallup data found between **3.4%** and **3.6%** of adults 18 and older identified as LGBT, compared to **5.9%** of mental health clients in New York State reported as lesbian, gay, bisexual, or other (LGBO).

According to the Gallup Data, **4.0%** identified as Hispanic LGBT and **3.2%** identified as non-Hispanic LGBTQ. This was compared to approximately **6.5%** of LGBO (and 0.8% transgender) PCS clients reported as Hispanics. The PCS found **6.5%** of LGBO (and 0.7% transgender) PCS clients reported as non-Hispanic.

This Gallup data allowed OMH to compare PCS and national rates of LGBTQ across age groups. Younger adults aged 18 to 29 years old were more likely to identify as LGBTQ (**6.4%**) than older people aged 65 and older (1.9%). This was compared to **11.7%** for clients in the PCS aged 18 to 29 and **2.8%** for clients aged 65 and older.

Distribution by region in the Gallup survey displayed **positive** percentages for LGBO estimates across regions.

7.1% of outpatient programs reported clients as LGBO; the **highest** of all the other program categories in the PCS.

9.5% of clients who identified as multi-racial identified as LGBTQ (and 1.3% as transgender) in the PCS. Excluded were **4,456** clients who identified transgender identity as “unknown,” and **13,033** who identified as “unknown” in sexual orientation.^{OMH}

Research: Insights into LGBTQ Mental Health

LGBTQ individuals face many challenges as they come out and affirm their gender identity. While public awareness of the community has grown, understanding of LGBTQ people's experiences is limited by a lack of research on their identity development. Two studies being conducted by the OMH New York State Psychiatric Institute's (NYSPI) Walter Bockting, Ph.D., are seeking to find answers.

Project AFFIRM

Despite growing acceptance by society, members of the transgender community continue to experience stigma and discrimination. High levels of this can harm their mental and physical health. As a result, many health inequities exist among the U.S. transgender population, including high levels of smoking-related diseases, and anxiety, HIV, depression, and thoughts of suicide.

One way in which the transgender community can confront these challenges is through identifying strategies of resilience. Social support and other resources can help reduce the negative impact of stigma and discrimination on health. "Project AFFIRM" is an innovative study that is seeking to learn more about how people who identify as transgender, gender non-conforming, or genderqueer develop their identity and track their health and well-being through the course of their lives.

Researchers are interviewing 570 transgender individuals ages 16 and older, asking them to identify periods of acute vulnerability and characteristics of resilience. It will develop and test strategies for resilience among transgender individuals stratified by city, gender, and age, then follow them through interviews over one, two, and three years. The goals are to help the community foster resilience and reduce stigma and discrimination.

"By developing a better understanding of transgender identity development, findings will help to reduce the known and purported health inequities," Dr. Bockting said. The study is currently recruiting a broad, diverse sample of transgender people in New York, San Francisco, and Atlanta. Project AFFIRM is supported by a grant from the National Institute on Child Health and Human Development.

Older LGBT Adults

With the first generation of openly identifying LGBTQ people entering later life, this generation has seen unprecedented social change in terms of LGBTQ rights, yet little is known about their stigma-related challenges and needs. Dr. Bockting and his colleagues are looking into this with their study, "Social Convoys and Successful Aging among Lesbian and Gay Older Adults."

While LGBTQ older adults are less likely to have children and family-of-origin members as caregivers, they may be adept at establishing friendships, chosen families, and other forms of social support. This project is examining in-depth the nature of social support and caregiving networks to better understand its role in the development of resilience.

This examination will be guided by the Convoy Model, according to which social relationships (or "convoys") are shaped over time and vary in their closeness, quality, function, and structure. Convoys are influenced by personal and situational characteristics, and affect health.

"We're systematically assessing the social convoys of lesbian and gay older adults using a well-established standardized tool, and examine what characteristics of these convoys predict better health and well-being" Dr. Bockting said. "In addition to advancing knowledge about the role of kinship and social support in successful aging, findings will help to develop interventions to reduce health disparities and promote quality of life among lesbian/gay and other elders." The Social Convoy study is supported by a grant from the Robert N. Butler Columbia Aging Center.

Both studies, of which Dr. Bockting is Principal Investigator, are being conducted under the NYSPI's Program for the Study of LGBT Health. The Program promotes the health and wellness of LGBTQ people and communities through the key areas of research, clinical practice, education, and public policy. The Program is developing models of comprehensive multi-disciplinary care, producing evidence-based guidelines to address specific health care needs, and providing scientific evidence to inform public policy. ^{OMH}



New York State
Psychiatric Institute



Walter Bockting, Ph.D