LGBTQIA+ Mental Health: Recommendations for Policies and Services

Temple University Collaborative
On Community Inclusion of Individuals with Psychiatric Disabilities

NAMI
National Alliance on Mental Illness

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness.

NAMI has over 1,100 affiliates in communities across the country that engage in advocacy, research, support, and education.

www.nami.org

The Temple University Collaborative on Community Inclusion, funded by the National Institute on Disability and Rehabilitation Research, is a rehabilitation research and training center devoted to promoting community integration for individuals with psychiatric disabilities.

The Collaborative, based at Temple University, is conducted in partnership with The Clearinghouse at the Mental Health Association of Southeastern Pennsylvania and Horizon House, Inc.

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Introduction

There is growing concern about the quality of mental health care received by individuals with mental illnesses who are gay, lesbian, bisexual, transgender, questioning or intersex (LGBTQIA+). These individuals often report limited access to mental health services, encountering an unwelcoming environment in mental health programs and receiving inadequate clinical and rehabilitative care. Policy makers and service providers can work to create change, ensuring that LGBTQIA+ individuals seeking mental health care have access to the same quality of services as everyone else.

Many people with mental illnesses need continuous, long-term support to manage their symptoms. However, mental health service providers may not adequately address the concerns of LGBTQIA+ individuals with mental illnesses.[1] Some mental health staff may avoid the topics of sexual orientation and gender identity entirely, while others focus primarily on this topic and little else. Some imply that the individual's sexual orientation or gender identity should be a central aspect of his or her treatment or rehabilitation, while others ask mental health consumers to maintain a discreet silence on the topic. In neither case do individuals feel empowered to fully explore the issues of their lives – *all* the issues of their lives – upon which recovery and community integration depend.

> *It is often hard to speak to professionals about my needs or considerations because I find myself teaching them. You can't expect someone who is learning about the basics of your very existence to be helpful in providing guidance or suggesting paths to recovery.*
> **– Pink & Blues focus group participant**

This publication is the companion to *A Mental Health Recovery and Community Integration Guide for LGBTQIA+ Individuals: What You Need to Know,*[2] a guide created by NAMI and the Temple University Collaborative on Community Inclusion to provide answers to important questions of LGBTQIA+ individuals who are seeking help with mental illnesses. This companion resource provides important considerations for service providers and policy makers, including an assessment of the barriers faced by LGBTQIA+ individuals seeking mental health care and recommendations for practical strategies to address these barriers, based on both a growing body of literature on the topic and the focus groups conducted by the authors.

The issues raised in areas such as housing, employment, social roles, religion and spirituality, treatment and rehabilitation, as well as transgender/transsexual issues, emerge in the context of

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[1] Lucksted, A. (2004). Lesbian, gay, bisexual and transgender people receiving services in the public mental health system: Raising issues. *Journal of Gay & Lesbian Psychotherapy,* 8, 25-42.
[2] Copies of *A Mental Health Recovery and Community Integration Guide for GLBTQI Individuals: What You Need to Know*, a colorful 12-page booklet, can be previewed and purchased at www.nami.org/glbt

an increasing focus within public mental health systems on the concepts and principles of both recovery and community integration.[3] The recommendations seek to ensure not only that LGBTQIA+ individuals with mental illnesses receive more support, but also that those supports promote personal recovery and encourage healthy community integration.

It is important to view this document as a starting point to acquiring the necessary base of knowledge for creating more supportive policies and services for LGBTQIA+ individuals with mental illnesses. It is imperative that these individuals and their families be at the forefront of a collaborative process when changes to policies and services are considered.

Recovery

In this document, we refer to recovery as a critically important goal for mental health service systems. SAMHSA defines recovery as a "journey of healing and transformation enabling a person with mental health problems to live a meaningful life in a community of his or her choice, while striving to achieve his or her full potential."

Similar to many other individuals with mental illnesses, LGBTQIA+ individuals with mental illnesses personalize recovery in terms such as "being responsible for your own actions", "moving on with your own life," "being free of symptoms and functioning independently" and "creating a comprehensive life plan that minimizes the negative impact of illness and promotes the ability to create a stable approach to life's challenges."

Recovery goals are as important to LGBTQIA+ individuals with mental illnesses as they are to anyone else, although their recovery journeys are likely to include a variety of additional concerns and challenges.

Community Integration

Community integration is the opportunity to live in the community and be valued for one's uniqueness and abilities like everyone else. It is a fundamental right of all people, regardless of sexual orientation and/or identity. Community integration should result in the presence and participation of people with mental illnesses in the community similar to the presence and participation of individuals without disabilities.[4]

Individuals promoting community integration help those with mental illnesses seek opportunities to participate in fulfilling aspects of community life. This may include living in a comfortable home, working at a stable and sustainable job, developing new friendships, playing rewarding family roles, contributing to civic life, participating in a

[3] Hogan, M.F., The President's New Freedom Commission: Recommendations to Transform Mental Health Care in America. Psychiatric Services, 2003. 54(11): p. 1467.
[4] Salzer, M., *Introduction*, in *Psychiatric Rehabilitation Skills in Practice: A CPRP Preparation and Skills Workbook*, M. Salzer, Editor. 2006, United States Psychiatric Rehabilitation Association: Columbia, MD.

religious congregation, etc.

Barriers and Supports for Recovery and Community Integration

LGBTQIA+ individuals with mental illnesses may require disparate types of services and supports at different times in their lives. Ideal services are easily accessible, affordable, comprehensive, recovery-oriented and culturally and linguistically competent (supportive of an individual's identity and preferences). Unfortunately, some LGBTQIA+ individuals with mental illnesses describe the process of recovery and community integration as very complicated due to barriers related to the combined issues of sexual orientation or gender identity and a mental illness.

Among the most critical barriers to recovery and community integration are the stigma and discrimination associated with mental illnesses. For example, some individuals may decide not to seek appropriate mental health treatment or support because of such stigma and discrimination.[5] Mental illnesses are often stigmatizing and so, too, can be identifying as gay, lesbian, bisexual, transgender, questioning or intersex. A LGBTQIA+ individual with a mental illness may experience *double stigma*,[6] many people experience prejudice within the LGBTQIA+ community because of their mental illnesses *and* experience discrimination within the mental health community because of their sexual orientation or gender identity. This can inhibit one's ability to speak openly and can be a major challenge in leading a life based on recovery concepts and striving for community integration.

> *The stigma of mental illness can be profound in the LGBTQIA+ community, making the building of personal relationships even more difficult than usual and sometimes more difficult than in the straight community.*

The more layers to a person's identity, the greater the likelihood that potential barriers and biases will emerge. For example, an individual who identifies as African American, gay, HIV-positive and diagnosed with a mental illness may feel that each layer of this identity raises distinct barriers.

Barriers to recovery and community integration occur in many different settings. Many of the barriers listed below were raised in focus group discussions in the context of components of recovery and community integration. Corresponding supports to address these barriers are also identified in each of the categories. Barriers can only be truly overcome with the collaboration of LGBTQIA+ individuals with mental illnesses, providers and policy makers to expand upon this list of supports and strategies to implement them.

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[5] *Mental health: Overcoming the stigma of mental illness*. 2007

[6] Lucksted, A. (2004). Lesbian, gay, bisexual and transgender people receiving services in the public mental health system: Raising issues. *Journal of Gay & Lesbian Psychotherapy,* 8, 25-42.

In addition to LGBTQIA+-friendly or -affirming services, there are also mainstream resources included in this guide, as they can be essential to full community participation. However, given that many mainstream resources are not necessarily tailored to this population and given the potential for discrimination, providers and advocates must lend ongoing encouragement and support to LGBTQIA+ individuals with mental illnesses who seek out or rely on mainstream resources. Supporters can help these individuals seek recovery by using mainstream resources, helping them develop strategies for confronting discrimination. Furthermore, supporters can educate community-based providers of mainstream resources on the importance of creating a welcoming and inviting environment for all individuals, regardless of disability status, gender identity or sexual orientation.

Housing

Barriers: A variety of issues may arise to diminish the ability of an individual who identifies as LGBTQIA+ and having a mental illness to obtain decent, safe and affordable housing. On the one hand, LGBTQIA+ individuals with mental illnesses have spoken about the advice they receive from residential providers to hide their sexual orientation or identity. On the other hand, some individuals who choose to remain discreet about their sexual orientation or identity have been strongly encouraged by staff to "out" themselves in supported housing environments. Still others experience the unwarranted disapproval of residential staff, which discourages any expression of their sexual orientation and/or gender identity. LGBTQIA+ individuals may be treated with suspicion, assumed to be sexual predators toward same-gender staff and other clients (including roommates), watched closely by residential staff and/or have their behavior overly scrutinized by residential staff and fellow clients. LGBTQIA+ individuals also report experiencing high levels of harassment, discrimination and even physical assault with staff disregarding or blaming the victim.[7]

Supports: There are many different types of housing programs that offer support to people with mental illnesses, helping people to stabilize their lives in the community, avoid re-hospitalization and work toward residential independence. Supervised group homes and programs that assist people to live in their own apartments are valuable opportunities for some. Housing First[8] is an increasingly well-regarded model in which people with mental illnesses are quickly helped to obtain independent housing and provided additionally requested support services to sustain their independence. LGBTQIA+ individuals with mental illnesses may also benefit from information about local human rights groups that work to support the rights of LGBTQIA+ individuals, as well as others, to live where they choose. For instance, the Philadelphia Commission on Human Relations and the Philadelphia Fair Housing Commission[9] work to support the rights of LGBTQIA+ individuals and to enforce the Philadelphia Fair Practices Ordinance.[10]

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[7] Lucksted, A. (2004). Lesbian, gay, bisexual and transgender people receiving services in the public mental health system: Raising issues. *Journal of Gay & Lesbian Psychotherapy,* 8, 25-42.
[8] End Homelessness
[9] Philadelphia Government

[10] [Philadelphia Government Human Relations](#)

Employment

Barriers: Many of the traditional barriers to employment faced by people with mental illnesses may be intensified for those who also identify as LGBTQIA+ individuals. Individuals with mental illnesses often experience high levels of stress with a new job, fear losing support from Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) and face a difficult decision on whether or not to disclose a history of mental illness to employers or co-workers. LGBTQIA+ individuals sometimes face additional concerns about employer prejudice throughout the hiring process as well as co-worker responses to their sexual orientation or identity.

Supports: There are many types of programs to help people obtain jobs. These include the job counseling services provided by many community agencies (including mental health agencies), workforce development programs and online resources (*e.g.*, monster.com) that have information on diversity and inclusion in the workplace.[11] LGBTQIA+ individuals may find LGBTQIA+-friendly job postings in local community-specific media, such as the LGBT news Web site, *The Advocate,* career opportunities listings.[12] The Human Rights Campaign[13] can be a valuable resource for sample workplace policies, advice to workers and employers and legal information on LGBTQIA+ issues within the workplace.

Individuals with psychiatric disabilities can use their state's vocational rehabilitation programs. In addition, mental health programs may offer career counseling and assistance in finding and keeping a job. Some programs use the supported employment model. Supported Employment, [14] an evidence-based practice, emphasizes individualized supports, rapid placement into competitive jobs, on-the-job supports and long-term help in maintaining a career.

Education generally plays a central role in the search for a job or a career: The more education you have, the more likely you are to find an interesting and well-paying position. There is an abundance of educational opportunities in a variety of areas, including basic literacy programs and GED courses, vocational/technical schools, community colleges, for-profit technical institutes, four-year colleges and universities. Many of these offer an array of programs and make use of state and federal tuition grant and loan programs. Because of the Americans with Disabilities Act, most of these schools offer support to students with disabilities, particularly around accommodations, such as a note taker, to help these students succeed. Supported Education programs are currently only available at a handful of mental health agencies and universities, but are spreading rapidly. The Supported Education model is designed to help people enter or re-enter school, complete their education and secure employment in their chosen career. The supports under this model include providing individualized help through Educational Specialists, who help connect students with campus supports and community services.

[11] [Diversity Inclusion](#)

[12] Career Opportunities
[13] Learn more
[14] More information

Horizon House Inc., [15] in Philadelphia, offers an array of education services, including adult education, GED instruction and Supported Education. The University of Illinois at Urbana-Champaign offers a variety of academic and nonacademic supports through its Division of Disability Resources and Educational Services.[16] Some colleges have student-run advocacy and education groups, such as NAMI on Campus[17] and Active Minds, [18] for students with psychiatric disabilities. In addition, many campuses now have peer support groups for LGBTQIA+ individuals, which may be linked with campus counseling services.

Social Roles

Barriers: The aforementioned double stigma faced by LGBTQIA+ individuals with mental illnesses is particularly troubling within the realm of social roles. Just when these individuals need the reassurance, companionship and emotional strength provided by a social network, their mental illnesses and their sexual orientations and/or gender identities may interfere with family's and friends' ability to maintain social relationships with them.

Supports: All of us play a variety of roles, such as workers, homeowners and athletes; but some of the most meaningful roles are as family members, friends and intimate partners. Mental health programs often offer counseling and support in these areas; so do many LGBTQIA+ social services agencies, helping people to re-establish or enrich their relationships with family members, relearn the skills of friendship and develop healthy and responsible sex lives. LGBTQIA+ community centers[19] offer valuable social programming and may be sensitive to mental health needs.

Involvement in a wide array of leisure and recreational activities is good for nearly everyone; and LGBTQIA+ individuals with mental illnesses can often benefit from supportive programs that put them back in touch with a more active lifestyle, opening opportunities for new friendships and new interests. Many communities offer lots of ways for people to re-connect to their interests; and many mental health programs offer a chance for people to explore the arts, athletics and other social opportunities.

Social connections can be made through local gay community activities and special events. For example, International Front Runners[20] is an affiliation of LGBTQIA+ running/walking clubs in many of the larger cities around the world. In the United States, the group has chapters in more than 30 states and Washington, D.C..

Many find that the peer supporter model is one of the most effective ways to offer social, emotional and practical support. Both substance abuse and mental health providers have increasingly turned to the consumers of their services to offer encouragement in supporting others. This is also true within the LGBTQIA+ community. Many local groups offer opportunities for people to share their journeys with one another and draw support from people with whom they can easily identify. Sometimes such groups use one-to-one mentoring and sometimes they use group sessions for mutual support. In the mental health community, consumer-run programs are increasingly finding

financial support from their state and county mental health authorities.

NAMI's education and support programs, such as Family-to-Family, Peer-to-Peer and Connection Recovery Support Group, operate on the principles of peer/family member support.[21]

A few examples of peer support groups specifically for LGBTQIA+ individuals with mental illnesses include the Zappalorti Society, which operates through the Rainbow Heights Club in New York City, and Pink & Blues in Philadelphia. Both groups work to create a safe place for LGBTQIA+ individuals to explore recovery from mental illnesses and share resources that promote wellness.

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[15] [Behavioral health services overview](#)
[16] [Disability Resource Guide](#)
[17] [Nami on Campus](#)
[18] [Active Minds](#)
[19] CenterLink provides a [directory of LGBTQIA+ community centers](#) across the country as well as in-depth information about services offered in each location
[20] [Front Runners](#)

Religion and Spirituality

Barriers: Active engagement in religious communities and similar opportunities for spiritual self- expression are key components of the recovery and community integration journey for many individuals. Religion can be a rich source of emotional and social support, as well as a tool for coping. Religious communities vary in their acceptance of LGBTQIA+ individuals and/or individuals with mental illnesses. At one extreme, religious leaders and congregants may turn their backs on LGBTQIA+ individuals with mental illnesses who need their prayers and support. This can further isolate individuals at a time when connections with their faith communities are most important.

Supports: Every community has an array of opportunities for religious and spiritual expression and mental health programs are increasingly making efforts to connect consumers to local religious groups. Many communities have religious congregations that welcome LGBTQIA+ individuals. There may also be congregations specifically focused on meeting the religious needs of LGBTQIA+ individuals.

The Affirmation: Gay and Lesbian Mormons[22] and the Al-Fatiha Foundation[23] are two examples of organizations that promote equality and spiritual acceptance regardless of sexual orientation and identity. The Pennsylvania Office of Mental Health and Substance Abuse Services' Spiritual Supports Facilitation initiative helps consumers connect with the spiritual supports of their choice.[24]

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[21] NAMI offers an [array of peer education and training programs](#) and services for consumers, family members, providers and the general public. More information on NAMI's education programs, such as Family-to-Family, Peer-to-Peer, In Our Own Voice, NAMI Connection Recovery Support Group, etc.
[22] [Affirmation](#)
[23] [Al-Fatiha](#)

Barriers Specific to Transgender Individuals

Transgender individuals often face additional and/or different barriers than the broader LGBTQIA+ community. The few clinical services targeted to gay, lesbian and bisexual individuals with mental illnesses may exclude them. Many legal decisions describe those who change sexual identities as inherently unstable and unsuitable to be parents, with visitations and petitions for joint custody denied. Transgender individuals may have difficulty accessing documents from their former identities – diplomas, work histories, job references, licenses, etc. – due to their name changes. Others report problems in clinical and rehabilitation settings (*e.g.,* when mental health providers refuse to refer to transgender individuals with the appropriate "him" or "her" pronoun, or when groups are allowed to vote on accepting them).

> *People accept only the familiar – what they know, what makes them comfortable – and since our identities are the basis of everything we are, everything we do and everything we can become, something new is always a challenge.*
>
> *– Pink & Blues focus group participant*

A Mental Health and Community Integration Guide for LGBTQIA+ Individuals: What You Need to Know

This 12-page colorful booklet, created by NAMI and the Temple University Collaborative on Community Inclusion, was designed to help answer questions about recovery and community integration for LGBTQIA+ individuals with mental illnesses and their loved ones.

The guide covers a range of key issues such as treatment and rehabilitation, financial support, housing, employment, and peer support with specific information to address the unique needs of LGBTQIA+ individuals embedded throughout.

Go online to preview and purchase copies of this booklet.

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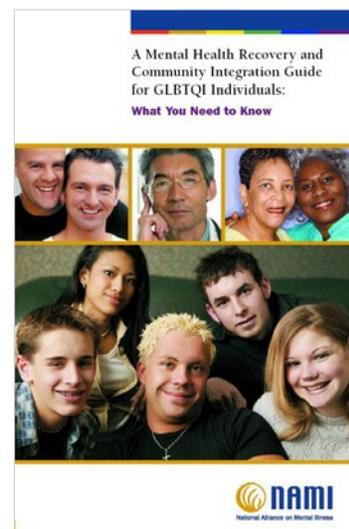
Improving Services and Supports for LGBTQIA+ Individuals with Mental Illnesses

There are a variety of ways that policy makers, program managers and practitioners can promote recovery and community integration of LGBTQIA+ individuals with mental illnesses. Mental health service providers and policy makers play an integral role in identifying and eliminating barriers to recovery and community integration. By providing supports to eliminate environmental barriers, providers and policy makers can bring about meaningful changes in the lives of LGBTQIA+ individuals with mental illnesses.

Providing meaningful supports to LGBTQIA+ individuals with mental illnesses can be a complex task. This should include encouraging individuals to decide on their own priorities and helping them find the right mix of mainstream, mental health and/or LGBTQIA+-based supports and services for their specific needs. Working with people to set their own goals and find their own way is at the heart of building effective supports, which in turn will promote recovery and community integration.

The ideas presented here are in practice in a few settings and are under discussion in many others, but most communities are only beginning the process of building recovery and community integration approaches that fully support LGBTQIA+ individuals who have mental illnesses. At the end of this document are additional programmatic and research resources to help support efforts to gather necessary information and act on the recommendations in this section.

Changing Policies

Federal, state and county policies that encourage programs and practitioners to provide equitable and sensitive services to LGBTQIA+ individuals with mental illnesses are especially important.
Below are some key considerations:

* **Specialized Services:** In some settings, specialized clinical and rehabilitation services targeted to this population of consumers can be important adjuncts to a service system.

* **"LGBTQIA+ Affirming":** In other settings, counties or states might establish a system in which they could identify and refer individuals to agencies or programs that are "LGBTQIA+ affirming" – having put into place specific practices that ensure clinical and cultural expertise to all LGBTQIA+ clients who seek them out for behavioral health services.

* **Services for Youth:** It is particularly important to ensure that welcoming programs are available for youth who live with mental illnesses and are confronting their sexual and gender identities to build recovery-based lives.

* **Non-discrimination Enforcement:** Government agencies might provide guidance to mental health providers on the importance of nondiscriminatory practices and the penalties for violating consumers' rights to equitable care. It is important to include sexual orientation and gender identity in non-discrimination statements and policies.

Revamping Programs

Agencies can develop their own policies and practices to welcome and effectively engage LGBTQIA+ individuals with mental illnesses, including appropriate staff training, consumer education, a review of language on agency forms and the availability of specialized programming. There are a number of things individual programs can do to create an inclusive, non-hostile environment for LGBTQIA+ individuals with mental illnesses:

* **Seek Input:** Create an advisory board of agency staff and consumers to allow for collaboration of ideas and representative feedback. This can be as specific as an advisory group/taskforce to address the needs of LGBTQIA+ individuals and families or a group with a broader focus on creating avenues for collaboration and feedback with representative participation. For example, the City of Philadelphia Department of Behavioral Health/Mental Retardation Services (DBH/MRS) developed a working group (The Behavioral Health LGBT Initiative) made up of consumers, providers, advocates and DBH/MRS staff to start discussing the behavioral health needs of LGBT communities.[25]

* **Use Inclusive Language:** Examine the language used in policies and practice (orally or in printed materials, etc.). Ask whether an individual is in a relationship rather than if he or she is married. Use terms such as partner (vs. spouse), loved one and caregiver to avoid "hetero-normal" language, which can be discriminatory. Avoid using words such as lifestyle, homosexuality and queer, as these may be offensive and inappropriate. Allow individuals to identify their own preferred terms.

* **Examine Your Image:** There are easy ways to ensure that the environment of a service program conveys that LGBTQIA+ individuals are welcome and supported. Show LGBTQIA+ images (ambiguous or overt) in materials such as ads or on your Web site. Include pamphlets (such as *A Mental Health Recovery and Community Integration Guide for LGBTQIA+ Individuals: What You Need to Know)* or brochures specific to LGBTQIA+ consumers, or even information about other appropriate local services. Make sure the content uses sensitive and inclusive language. Be careful not to overuse symbols such as the rainbow flag, but determine what symbols are common and well-received in your community.

* **Coordination of Services:** Agencies can assure that they are prepared to accept referrals from and make referrals to a wide range of other necessary services to support LGBTQIA+ consumers, including HIV, hormone, addiction and other specialized services from which your clients can benefit. Creating partnerships with LGBTQIA+-focused services, organizations and agencies within your community can help create a referral network to suit the unique needs of LGBTQIA+ individuals.

* **Educational Opportunities:** Education is an important component of the recovery and community integration process. Provide LGBTQIA+-focused mental health and services information to individuals and their families or other supporters through pamphlets,

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[25] Learn more

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information sheets or classes. If built-in education and advocacy opportunities are not appropriate for your agency/program, provide a contact list of organizations such as NAMI; STAR Center; Mental Health America (MHA); Parents, Families and Friends of Lesbians and Gays (PFLAG); National Mental Health Consumers' Self-Help Clearinghouse; Equality Forum; Human Rights Campaign (HRC) and National Gay and Lesbian Task Force (NGLTF).[26]

Preparing Staff

Staff members in mental health settings – clinical, residential and vocational programs; case management and peer specialist services – are key players in the effort to meet the needs of LGBTQIA+ individuals with mental illnesses. Important issues for staff can be addressed through formal training, presentations from partner agencies, or adding a LGBTQIA+ focus to regular trainings. It is most effective to include LGBTQIA+ individuals in planning and carrying out these trainings. There are a variety of issues to consider in order to ensure that staff is welcoming and supportive:

∗ **Challenge Staff to Examine Their Own Beliefs:** Encourage staff to seek out educational opportunities and resources to help them better understand their own beliefs, attitudes and behaviors toward LGBTQIA+ individuals.

∗ **Building Understanding:** Support staff in learning and using appropriate language and terms, to understand sexual orientation and gender identity issues (and history) and understand the discrimination faced by many people.

∗ **Building Skills:** Staff can be helped to assist individuals with their own chosen process of coming out, of grappling with the implications for family members or friends and with the issues raised by other agency clients.

∗ **Learning New Approaches:** Staff may need an opportunity not only to confront their own concerns, but to appropriately address ethical, boundary, confidentiality and record-keeping issues.

∗ **Responding to the Community:** Staff may need assistance in developing a stronger advocacy role, working with community members (*e.g.*, employers, landlords, pastors and civic leaders, etc.) to promote welcoming communities.

Conclusion

LGBTQIA+ individuals with mental illnesses are entitled to the same range and quality of services, with the same recovery and community integration goals, as everyone else. Policy makers, service agencies and treatment providers are in key positions to achieve a system that better promotes mental health recovery and community integration for LGBTQIA+ individuals with mental illnesses. This document provides a small window into what it takes to build more

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[26] NAMI (www.nami.org); STAR Center (www.consumerstar.org); MHA (www.mha.org); PFLAG (www.pflag.org); National Consumer Mental Health Self-Help Clearinghouse; Equality Forum (www.equalityforum.com); HRC (www.hrc.org); NGLTF (www.thetaskforce.org)

effective clinical, rehabilitation and community environments. It is up to policy makers and providers to utilize and expand the list of resources on the following pages, consult and collaborate with community stakeholders, eliminate barriers and increase the availability of high- quality mental health recovery and community integration supports for LGBTQIA+ individuals.

This will afford LGBTQIA+ individuals who have mental illnesses the same opportunities to lead equitable and fulfilling lives.

FURTHER RESOURCES

LGBTQIA+ Mental Health Support Groups

Hearts & Ears, Inc. (Baltimore) www.heartsandears.org: warmly welcomes all sexual and gender minorities with mental illnesses as people who are dually stigmatized for being LGBTQIA+ and having a mental illness.

Pink & Black Triangle Society (Los Angeles) Prtns@aol.com: a different kind of social club, for gays and lesbians with psychiatric disabilities.

Pink & Blues (Philadelphia): creating a safe place for LGBTQIA+ folks to explore recovery from mental illnesses and share resources that promote wellness.

Rainbow Heights Club (New York) www.rainbowheights.org: a safe and supportive environment of socializing, activities, support groups and communal meals. Rainbow Heights Club offers a resource on cultural competency for mental health services staff. To download this guide – *Enhancing LGBT Cultural Competency: Welcoming Lesbian, Gay, Bisexual and Transgender Clients in Mental Health*

Zappalorti Society (New York): a self-help/ peer support group. Contact Rainbow Heights Club for more information ((718) 852-2584 or info@rainbowheights.org)

Mental Health Programs and Services

There are LGBT-affirmative programs within various inpatient and outpatient mental health services, especially in or near major metropolitan areas. Some examples of such programs:

Columbia Center for Lesbian, Gay and Bisexual Mental Health (New York): (212) 326-8441 or (212) 874-2702

The Community Living Room (Philadelphia) a program of [CO-MHAR](http://) Inc.: (215) 569-8414 or

The LesBiGay and Transgender Affirmative Program for Individuals with Chronic Mental Illness (Brooklyn, N.Y.)

LGBT-Focus Unit at San Francisco General Hospital (San Francisco): (415) 647-6393

Lighthouse Community Support Program, Sexual Minorities Support Group
(Minneapolis): (612) 879-5474

Persad Center Inc. (Pittsburgh): (412) 441-9786

Team II, Monterey Clinic (San Francisco): (415) 337-4795 or (718) 875-1420

Web Sites

Advocates for Youth
American Psychological Association Policy Statements on Lesbian and Gay Issues
Association of Gay and Lesbian Psychiatrists
Bisexual Resources Center
Gay and Lesbian Medical Association
The Gay, Lesbian & Straight Education Network
Gender Public Advocacy Coalition
Human Rights Campaign
Lesbians With Depression
NAMI LGBTQIA+ Resources
National Coalition for LGBT Health
National Gay and Lesbian Task Force (NGLTF)
National Youth Advocacy Coalition
Parents, Families and Friends of Lesbians and Gays (PFLAG)

PFLAG Transgender Network (TNET)

Call Centers

Youth Talk line (ages 23 and under; Mon-Sat 9:30pm -12am EST, Tues 7pm -12am EST) 1 (800) 96YOUTH (96884)

Rainbow Youth Hotline
1 (877) LGBT-YTH (542-8984)

LGBTQIA+ National Hotline
1 (888) THE-GLNH (843-4564)

Trevor Suicide Prevention Line
1 (800) 850-8078,

NAMI National Help Line
1 (800) 950-NAMI (6264)

LGBTQIA+ Mental Health Care Service Improvement Manuals

* Enhancing Cultural Competence: Welcoming Lesbian, Gay, Bisexual and Transgender Clients in Mental Health Services. A joint project by: Planned Parenthood Mid-Hudson Valley, Inc., Mental Health Association in Ulster County Inc., and the [University of Maryland Center for Mental Health Services Research](#).

* Community Generated Recommendations to Improve the Behavioral Health Services Provided to Lesbian, Gay, Bisexual, and Transgender Persons in Philadelphia was developed by the Behavioral Health LGBT Initiative Workgroup for the Department of Behavioral Health/Mental Retardation Services ([www.nami.org/TextTemplate.cfm?Section=Multicultural_Support1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=46095](#)).

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