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**Ivette:**

Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about family recovery, prevention and treatment approaches for diverse LGBT families. Joining us in our panel today are Dr. David Fawcett, expert on mental health and substance misuse problems in the LGBT community in Florida, Wilton Manners, Florida; Gary Bailey, Professor of Practice at Simmons College Graduate School of Social Work and at the Simmons School of Nursing and Health Sciences, Boston, Massachusetts; Philip McCabe, President at the National Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies, Ocean Grove, New Jersey; Kellan Baker, Senior Fellow with the LGBT Research and Communications Project at the Center for American Progress, Washington, D.C. Phil, why is it important to address behavioral health disparities among the LGBT community?

**Philip:**

Very good question, Ivette. I believe because we see a much higher greater instances of disparity that exist within our community and also lack of services that are adequately prepared to assist those that are having experiences with behavioral health issues.

**Ivette:**

Very good. And David, what are some of those disparities that we need to address?

**David:**

There's a whole range from different mental health rates of depression and anxiety, higher rates of high-risk sexual behavior leading to HIV and hepatitis, a lot of abuse and trauma issues. So really across the board LGBT persons experience higher rates of problems in all those areas.

**Ivette:**

Very good. Are there terms and other information that people can learn to enhance their awareness and understanding of the LGBT community, Gary?

**Gary:**

Yes, there are. Beyond LGBT- Q, which can stand for questioning or queer, and you have to look at queer through an intergenerational lens as well. Queer is a much more comprehensive term that is embraced by younger people, but again, when working with older adults that can be a very triggering term for people. But we think about gender identity, gender fluidity, whether or not someone is cisgender meaning that someone is born into the body that fits who they see themselves and experience themselves as being transgender, etc. So these are terms that one should be aware of and one should also understand that these

terms can change so that what you know today may be very different from what you'll know tomorrow.

**Kellan:**

And one other term that I think is important to throw in here is the "A" for ally because really we see so much of the degree to which LGBTQ communities stand up for each other, take care of each other, but we are best able to do that in the company of strong allies who are folks who don't necessarily identify within LGBTQ communities but see themselves really as part in parcel of the support structure and the friendship circles, etc., for LGBTQ individuals.

**Ivette:**

So let's dive into a little bit more in that area. Can you sort of delineate who would be some of those allies?

**Kellan:**

I think one of the places that ally-ship really starts is in the family with one's parents. So if a young person is exploring their sexual orientation or gender identity, starting to think about whether they may be LGBT or Q or starting to question, parents are really the first and most important ally in these young people's lives.

**Ivette:**

And let's be honest, Phil, that doesn't always happen. So let's talk about when it doesn't happen and what happens as a result.

**Philip:**

Well, even just beginning with the incidence of runaway youth, many youth are mislabeled runaway when actually they've been thrown away. They've been forced out of the home at a much younger age, so we know there's a greater percentage of gay youth on the streets not receiving services and it's because of their LGBT experiences or identification.

**Gary:**

Also, as we talk about youth, I think it's also important for us to be able to also talk about what's going on for LGBT elders as they are older adults who are being re-closeted. Some of our pioneering parts of the community as they age and are in need of services and care as they try to find that care from homemakers, home health aids who have not been trained, who think that they can save the individual from a life that has not been lived appropriately. So the re-closeting of older adults is also a huge issue.

**Ivette:**

Interesting. Getting back to the youth, and we'll get back to the older Americans because I'm gonna try and get to all the sectors within the LGBT community, but

the youth in particular, I mean, David, would you think that in some families the youth even get abused by parents trying to change them and mistreated?

**David:**

Oh, absolutely. I think still, although we've moved miles in the last generation, I think that still occurs with great frequency and I think it causes a lot of problems for LGBT youth and in general across the board. And we're talking about allies, I think sometimes that's the first time people reach out and make kind of families beyond their family of origin into kind of a chosen family where they can find some semblance of support for themselves.

**Ivette:**

So Kellan, adding to that, the whole issues of discrimination that already exists as well as the prejudice, what really can we say in terms of finding the right vehicles to get help for individuals at a very early age?

**Kellan:**

One of the projects that's out there that's been around for a number of years is the Family Acceptance Project which is based out of the San Francisco State University in California, and what they really focus on is finding resources to help families understand what their children might be going through, particularly families coming from different racial backgrounds, ethnic backgrounds, language backgrounds, religious backgrounds. So really trying to put resources out there where parents can see that they're not alone, that they can actually support their LGBT children or their children who are questioning, and so that young people can feel like there are networks of people out there, whether they be peers or adults, who really do care about how well they're doing and who want to help make sure that they grow up to be whoever they are meant to be.

**David:**

I think that's so incredibly important because of the role of stigma and all of that, and I think so many families think they're by themselves and really don't have the resources to find support. I know some communities now we're starting to see family support for children who are gender questioning as young as three and four years old, and it's incredibly supportive for those parents as well as the children to have those resources.

**Gary:**

And that's why programs such as PFLAG, GLSEN, other school-based programs that help to create community for individuals and particularly for families so that they, again, don't feel that they're by themselves, and very often it is a challenge for family members to disclose because they don't have the support within the context of the larger family system.

**Philip:**

Ivette, can we just back up a minute because you also mentioned about families that want to change their sexual identity or gender identity or sexual orientation of a youth, and it's important to point out that New Jersey was the second state to declare that practice illegal and it's referred to as reparative therapy or conversion therapy. California was the first state. New Jersey was the second, followed by Oregon and also here in the District of Columbia it's also banned but it's not banned nationally and that's a great concern for NALGAP. Last year NALGAP passed their own position statement to help addiction professionals to understand the harm that could be caused by attempting to engage in reparative therapy with LGBTQ youth. So you can visit our website for information on that. And we stand with many other professional associations who also have a similar position statement.

**Gary:**

I would support that. David and I both are social workers and NASW, the National Association of Social Workers, has really been in the forefront with social workers being the largest segment of mental health providers in the United States, of really focusing on trying to ban conversion therapy as a modality. So it's very important that we continue, again, to ally with groups that understand that this is both counterintuitive and counter helpful.

**Kellan:**

And this is something that's been a really big focus for the current administration. There was a petition that went up on the White House website asking for the President to speak out against conversion therapy, which he did very strongly, and SAMHSA has also put out a large report about the prevalence of reparative therapy. But, again, we would really call it conversion therapy, meaning something very negative that talks about why this practice is so inappropriate for LGBTQ youth.

**David:**

And harmful.

**Kellan:**

Yes.

**Ivette:**

So indeed that is harmful. Let's then focus on what is an appropriate practice. In utopia a child has demonstrated interest in a particular way of life and in an LGBT type of environment, how would he or she—and we haven't even gotten to transgender—how would he or she then look for assistance so that our audience knows, if things are not going well at home, how then is that child—should a neighbor, if they notice something, should it be the school system to come in and be able to intervene? Who intervenes, Philip, we'll start with you and go around.

**Philip:**

To quote a familiar phrase, I believe it does take a village sometimes. It's really important for LGBT youth to have access to mentors and role models within the community itself, so to be familiar with not only our history and our culture but also our community and how many different roles models they might find within the community. So when a parent attempts to deny access to information and/or role models that can really have a great hindrance for the adolescent.

**Gary:**

It's also important that children, and particularly LGBTQ youth, have an affirming adult role model and figure in their lives and it does not always have to be a parent. It can be a teacher, it can be clergy, it can be an older teen who can act in that role to offer some support, and the data shows that that can make an enormous amount of difference for young people.

**Ivette:**

So when we come back, I think I want to continue with this because not only do parents, neighbors, everyone needs to know how to really assist that process. We'll be right back.

[Music]

**Kana Enomoto:**

People in the lesbian, gay, bisexual, transgender and questioning community, or LGBTQ, face challenges that can affect their behavioral health and lead to ongoing challenges with mental illness and substance use disorders. They may experience discrimination, social exclusion, verbal and physical harassment, or even violence because of their sexual orientation, gender identity, or gender expression. They may have negative experiences related to their "coming out" process, including issues related to family acceptance. Some LGBTQ people may not feel comfortable revealing their sexual orientation or gender identity to behavioral health care providers or discussing behavioral health conditions in the first place. We know from research that the LGBTQ community experiences significant behavioral health disparities. For example, according to the 2013 National Health Interview Survey, about 3 in 10 adults aged 18–64 who identified as gay, lesbian or bisexual were current cigarette smokers, compared with one in five of their counterparts who identified as straight. About 1 in 3 adults aged 18–64 who identified as gay or lesbian and 4 in 10 of bisexual adults reported having had five or more drinks in 1 day at least once in the past year compared with only 1 in 4 of those who identified as straight. The Centers for Disease Control and Prevention has highlighted that transgender women—especially African American transgender women—are at high risk for HIV infection. While more research is needed, studies show that transgender adults have elevated rates of depression and suicidal behavior. Suicide is a particular concern for transgender youth as well as adults. Higher rates of substance use may also be a concern for transgender adults. These challenges and experiences can become obstacles to

care for LGBTQ people. Developing a more culturally competent behavioral health workforce is one important way we can remove barriers, eliminate disparities, and deliver prevention, treatment and recovery services that are responsive to the behavioral health needs of the LGBTQ community.

[Music]

**Judith Bradford:**

Fenway Health has two major areas. It runs a community health center and it has a research institute. Fenway Institute was really created in 2001 specifically. Prior to that Fenway had started a research program in 1980, focusing almost entirely on HIV work and the concerns of gay men.

**Johannes Mosquera Wilson:**

I really admire the work at the Fenway Institute because it's a group of LGBTQ folks, it's predominantly LGBT people here working to benefit the LGBTQ community.

**Judith:**

The LGBT education center is funded by government to train other organizations funded by government how to understand the concerns of LGBT people and how to treat them appropriately when they come for care.

**Michelle Lord:**

Coming to Fenway Health and being active in their LGBT Aging Project with their functions, I'm being validated for who I am.

**Judith:**

They do amazing work and they provide all types of care to queer people and they also train organizations who work with older people around what it means to queer people to need to have care as they get older.

**Michelle:**

Because I'm transgender, and they have, they know about the medical help and the behavioral health, that was a big step in my life. So I really feel blessed my life has gone the way it has and Fenway Health has made a huge difference.

**Johannes:**

We really try to make sure that what we are doing is informed by the needs and the perspectives of the LGBTQ community, particularly those who are less represented in places of power as others. And so I feel like I have really gotten an opportunity to do that at Fenway, and that's one thing that I really admire.

**Judith:**

We are considered the most knowledgeable and understandable trans organization in this country.

[Drumming]

**Female VO:**

Staying on course without support is tough. With help from family and community, you get valuable support for recovery from a mental or substance use disorder. Join the voices for recovery, visible, vocal, valuable!

**Male VO:**

For confidential information on mental and substance use disorders, including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

**Ivette:**

Welcome back. Phil and David, usually one of the most interesting parts of our show is really to get someone who is in recovery really talk about their personal stories and I would love to hear, Phil, about your own experiences as well as David.

**Philip:**

Thank you, Ivette. I agree, personal stories can be very beneficial. For myself, I'm a person in long term recovery. I've been in recovery now for 31 years but my story is also that I came out 40 years ago, which at that time in the mid 70's, it was very complicated and it was further complicated when the first time I discussed the possibility that I might be gay with a healthcare professional. I went to the family doctor and asked him how would someone know if they were gay? And what he did is he said that's a very sad and lonely life. He reached over and got a script pad and at the age of 21 I was medicated for asking the question about being gay. He wrote me a script for a tranquilizer three times a day, which is not a cure for homosexuality or addiction, and it was very confusing as a young person to have that kind of experience.

**Ivette:**

So you went in for alcohol or?

**Philip:**

No, I was there just for a regular physical. A physical exam. The physician knew the family history. My father had just been in an alcohol treatment program that the doctor signed him into, voluntarily, but because I was talking to the family doctor just about some health issues I said, how would someone know if they were gay. I was questioning my orientation and not sure where I actually fell into the scheme of things, and his response was not very positive. It was a very critical view of homosexuality. To just use that phrase, "it's a very sad and lonely life" but then to medicate me on top of it, and I was not, as far as I can tell, I'm also a social worker, I wasn't exhibiting a lot of symptoms that warranted that level of medication; just normal—maybe a little anxiety in discussing the question with him but not to the extent that I needed to be medicated at that time.

**Ivette:**

And you're in recovery for?

**Philip:**

I'm in recovery for alcohol and drugs both, but honestly my use of substances increased once I was given a prescription by a doctor because I was the type of person that didn't usually use that—didn't use drugs as much. I mean alcohol was definitely involved in my life but the fact that a doctor gave me a prescription kind of opened the door. Well if it comes from a doctor, I can make use of it.

**Ivette:**

And how did you find your recovery?

**Philip:**

How did I find my recovery. It was interesting that I happened to be involved in a community group with LGBT—it was an organization that we started in our county as a social support group and we started inviting speakers from recovery to come in and talk to our community group and I was responsible—I was the community educator, and I started hearing their stories and I knew I was starting to identify with them. So after about six years of that I finally admitted for myself that I also had a problem.

**Ivette:**

Does that sound familiar David?

**David:**

It does. I'm also in long term recovery- 36 years from alcohol, and for me the recovery and the bottom was very much related to my coming out as a gay man. I was in my 20's, really unable to accept myself, in New York City, and falling into a bad way in terms of bar scenes and not really connecting, really seeking that connection with other people and not being able to find it. And I found Alcoholics Anonymous at the age of 26 and really then came out in a healthy way and really found myself. So it saved my life not only from the addiction point of view but I think psychologically as well in terms of coming out, having role models, other gay men that I could access who are healthy and in recovery and sober at that time. So it's really been an amazing journey for me.

**Philip:**

My coming out was also connected. I was also married at the time so I was coming out of a heterosexual relationship which was really very challenging back then.

**Ivette:**

Absolutely. So we see that there are, Kellan, the issues related to substance use disorder and some mental health that we will get to later, and in terms of the coverage for these issues, how is the system responding particularly to LGBT?

**Kellan:**

There has long been a real gap in the availability of insurance coverage for mental health, behavioral health, substance use disorder treatment, and we did see some early efforts to address that in terms of federal mental health parity which is something that a lot of states have also enacted their own laws about, but really we do see a pretty significant sea change with the Affordable Care Act which actually includes mental and behavioral health, including substance use disorder treatment, as one of the ten essential health benefits that the majority of health insurance plans have to cover. So what we're actually seeing is a pretty significant moment now five or six years after the implementation of the Affordable Care Act to be actually talking about what does it look like not only to have basic coverage for these types of services but to be able to figure out how to better integrate them into our health system as a whole to make these services more accessible for the folks who need them.

**Ivette:**

And have there been special efforts to reach out to the LGBT community related to providing the registration or signing up for these benefits and how has that gone?

**Kellan:**

The program that I run at the Center for American Progress is called Out2Enroll, which is a nationwide campaign that works to ensure that the benefits of the Affordable Care Act reach LGBTQ people and our families, so we've been around since the beginning of the open enrollment periods in September of 2013, and our real focus is explaining what can really seem to be a sometimes very dry and very confusing topic, health insurance coverage, explaining to LGBT people what are the services that are now available, why does it make sense to explore your coverage options, and what does it look like to actually go ahead and sign up for a health insurance plan that is going to be there for you in so much of a more significant way than was true before the Affordable Care Act.

**Ivette:**

Gary, what are some of the special considerations for LGBT families? Let's start really talking about LGBT families, particularly the children that may affect behavioral health.

**Gary:**

Well, of course, not being accepted, their families being rejected, community isolation. There's also the role that schools can play in a negative way, bullying and harassment. It's a huge issue for LGBTQ youth, and families very often don't know what to do, or children aren't letting their parents know. We live in a generation with young people, gay, straight or otherwise, of not snitching so that young people don't come back and let you know what's happening and think that they can handle everything until things become insurmountable, and one of the risks to that is suicide, violence, self-medicating so that there's lot of ways in

which people can do harm to themselves by not allowing an adult to step in in an adult way to do what many adults can do best which is to make a system accountable to protect.

**Philip:**

I was gonna add to that because as we talk about children, we also need to remember there are many LGBT parents who do have children and when we find LGBT parents who also have a substance abuse problem—

**Ivette:**

That's what I was referring to when I said LGBT families or families where LGBT folks either adopt or have children.

**Philip:**

And it could be very complicated for them finding a treatment program where the fact that they are parents is gonna be used against them. They have to be concerned about whether in their state they could actually lose custody of their children if it's brought into the court system that they'd LGBT identified.

**David:**

I think families struggle, too, with a lot of misconceptions about LGBT families, that the children are gonna grow up gay themselves or that they're gonna be somehow abused or that there's all kinds of problems in terms of increased risk of mental health issues and substance abuse which the data doesn't bare out. So I think it's important to recognize that, too, that we need to educate the public about that.

**Ivette:**

David, how can the LGBT families really begin to address those issues within the families to sort of insulate their children? What does an LGBT parent say to a child when they're undergoing some of the challenges that Gary spoke about?

**David:**

I think it's really important to try to build resilience if you can and psychological, emotional and physical resilience to really strengthen the support system and I think that starts with communication and just sharing, having a not shaming, not blaming, not trying to have family secrets but to really talk about it in a very communicative way that's helpful.

**Gary:**

It's also being able to be in a community. One of the most well attended events in Province Town, Massachusetts is family week where LGBTQ families come together and you're in a community of people who are like you and where kids and adults are able to feel safe in this idyllic village on Cape Cod, a perfect place to be but where kids—and you watch these kids grow up and they get to see themselves as part of a majority, not a minority. I would also add here that one of

the great challenges, I think, for some families is the ways in which we need to also be able to talk about for those families, LGBT families and parents, who've adopted cross racially, that there are a whole other set of issues that we need to be supporting those families with because they have to also come to terms with what does it mean to raise a child who is different from them in a world that is not going to see that child in the same way so that the parents are dealing with issues, the child is dealing with issues and how do they come together.

**Ivette:**

And you're speaking of those that have an ethnic or racial background?

**Gary:**

Exactly.

**Ivette:**

Well, I need to come back to that because I think that we really have to target that and I want you to really broaden the concepts that you've just presented. We'll be right back.

[Music]

**Phillip:**

My initial addiction was when I started smoking cigarettes at a very young age, and that progressed in high school when I started then using alcohol occasionally with some marijuana. Some change of events in my life and a doctor put me on prescription medication for anxiety that was related to me coming out to him. And then once that happened, drugs just came into my life and it was almost like full blown. I had friends that were in recovery, and their sharing their story with me was kind of the opening the door for me to realize that even as a young person—I felt initially I was too young to give it up and I had other young friends I know that were stopping, were coming into recovery and I realized that their use was really not different than mine, so it was kind of like the bridge for me coming to recovery myself. Being in recovery, I see so much just personal growth that I've experienced. The work that I do, the efforts that I put forth, the community that I created for myself all kind of came from recovery, so I'm very proud to be in recovery.

[Music]

**Kimberly Johnson:**

There are a few ways that SAMHSA addresses the needs of the LGBT community. The first is that the block grant allows uses of funds and encourages states to provide specific services for the LGBT community. The second is that in any of the funding announcements that we issue where it makes sense that we encourage specific services for that community. And finally we have adjusted the National Survey on Drug Use and Health to add questions about people's sexual

preference and their gender identity so that we will have more information about what their specific needs are. SAMHSA has a number of toolkits, documents, resources for providers and for patients as well, so things that people could give to their patients. We also recently funded an ATTC Center for Excellence specifically focused on young minority people who are LGBT, and so there is a whole training curriculum and training center that's available for providers to learn more about serving this population in a culturally responsive way.

[Music]

**Male VO:**

For more information on *National Recovery Month*, to find out how to get involved or to locate an event near you, visit the *Recovery Month* website at [recoverymonth.gov](http://recoverymonth.gov).

**Ivette:**

Welcome back. Gary, I want to continue because you did get to mention the special considerations that have to be made for racial and ethnic families. Can you expand on that?

**Gary:**

I believe that what we have to do is a much better job of understanding that we need to embrace and understand ethnicity and racial differences within our country and our world in general but also within our community and so we're not immune to some of the same issues that occur in the general public. I think that families who are, and particularly LGBTQ families that are raising children very often who have been adopted cross racially, one has to be able to let go of the fantasy that somehow one has rescued this child and bringing them into a quote-unquote better life, and very often has to do some really hard work about what it means to be raising a child who is racially different and how the community supports and what the community supports are going to be.

**Philip:**

I think of the work of Dr. Caitlin Ryan in the Family Acceptance Project, and she has profiled for ten years different family systems including a large percentage of minority individuals who are raising children and who are gay identified or lesbian gay or bisexual or transgender identified and through her work have been able to not only accept their children but in the acceptance of their children have improved the outcomes that the children that are involved in her project as they develop are least likely to involve themselves with alcohol and drugs, more likely to complete their education, set career goals for themselves, and we see a decrease in suicide and decrease in HIV infection that occurs among the people that have participated in her programs. She also adds to that when we talk about minority groups, not so much minority but there's several different faith-based families that can be very conflicted by what they're learning in their particular religion, whatever sect it may be who are getting conflicting messages and she

has a series of tapes that she has prepared for the faith communities to also better understand how it doesn't have to be a conflict between your faith and your acceptance of your LGBT adolescence.

**Gary:**

I mean there are programs like One Church One Child that has come out of the Child Welfare League of America where there can be affirming work that can be done. There are what are referred to as reconciling congregations that are really doing very positive work to affirm the lives lived of all of the members of their congregations and to really normalize people as part of congregations and that creates another sense of community. I'm pleased to belong to one of those congregations. What a difference it makes for the families.

**Kellan:**

And I want to go back to your question earlier about coverage because speaking of some of the disparities that affect racial and ethnic minority communities, LGBT communities of color, one of those disparities is a lack of access to health insurance coverage. So African Americans, Latino's, American Indians and other racial and ethnic minority groups are disproportionately likely to not have access to health insurance coverage which is one of the reasons why as we're making these changes with the Affordable Care Act that we are opening up opportunities for folks to get better access to the healthcare that they need by using sliding scale subsidies premium assistance through the health insurance marketplaces or through Medicaid to get access to coverage for the healthcare that they actually need which now includes, as I mentioned, mental health, substance use and other behavioral health treatment. And SAMHSA has actually done quite a bit to make information about the health insurance marketplaces and Medicaid available for LGBTQ communities. There's actually a resource, ACA Enrollment Assistance for LGBT Communities and it's actually a resource for behavioral health providers specifically and it includes a couple of different materials that behavioral health providers themselves can read to better understand what the Affordable Care Act does and how to speak with their LGBT patients about that, and resources for LGBT patients themselves to take home to think about what is my situation vis-à-vis access to coverage, vis-à-vis access to care and how might I be able to use opportunities under the Affordable Care Act to get the care that I need.

**Ivette:**

And I know that SAMHSA also has quite a number of tips related to LGBTQ and it has also conducted quite a bit of training for physicians, and it brings me to the point, David, that we really do need to also address the whole issue of trauma-informed care for the LGBT community and what does that look like?

**David:**

I think that's a tremendously important thing that we're just now beginning to incorporate into all levels of care. I think we used to conceive trauma as a major

event like a car accident or a natural disaster, and certainly those things are traumatic, but what Gary mentioned earlier about bullying, I think we see now a lot of the LGBTQ youth experience chronic bullying, which also results in the very same symptoms of trauma and really require that incorporation of trauma into a mental health care and substance abuse care as well, and it affects HIV, it affects all the other kind of risk behaviors that we see across the line.

**Ivette:**

Very good. How do we move on, any of you that may have had some experience with this? How do we move on to really making sure that the healthcare professions, everyone within the healthcare professions are trained to be able to deliver these services?

**Gary:**

I think that's a great question. A recent article in the Journal of Public Health talks about the disparity in training for healthcare providers to work with LGBTQ populations. Institutions have to be proactive. I'm working on a project now in Boston with Brigham and Women's Hospital that is really involved from the top down to begin to look at itself to say, okay we want to be a gay affirming, we want to be embracing of all the communities, not only the people who come to our doors but the people who work for us who are also receiving our care. What do we need to do? And the ways in which we are, as part of this project, beginning to think about how do you begin to think about what are some best practices that institutions can do and what is the evidence that leads to success?

**Kellan:**

And two big concepts that I think are really related as part of this conversation are both cultural competency and clinical competency, particularly if you're looking, for example, at issues of mental and behavioral health conditions that may have specific treatment needs, and particularly when you're looking at transgender individuals, making sure that clinicians are able to access resources that are clinically appropriate so that they feel like they know what to do in terms of providing the right kind of treatment that their patients need, and culturally competent to recognize, as Gary was saying, where folks are coming from and make sure that they're making those connections on a personal level, on a trust level that can really facilitate the provision of the highest quality of mental and behavioral healthcare.

**Philip:**

I also want to add that NALGAP was very instrumental in working with SAMHSA in developing the providers guide on providing services to LGBT individuals and now the ATTC, we did the initial training of trainers and now we're revisiting that. We just met over this past year, I was one of the consultants on that project, to revitalize the training curriculum and we're gonna be rolling that out so there will be training available through the ATTC system for individuals who are interested

in developing and increasing their competency in working with the LGBT population.

**Ivette:**

Actually, I think that some of the ATTC's are already training because I saw something come across my email system related to LGBTQ.

**Philip:**

Correct. The newest curriculum just got approved to be rolled out which is great.

**Ivette:**

David, you wanted to add?

**David:**

I was just gonna say I think a lot of behavioral health providers tend to think of LGBTQ issues as just a specialty that they're not really affected by, and I think as the population, especially with the increased healthcare access, gets more integrated in general people are going to be encountering that population and really need to, as a general rule of thumb, I think we need to increase the capability of our workforce to be knowledgeable at least at a minimal level, enough to refer or identify and certainly not re-shame or stigmatize or do further damage.

**Kellan:**

And I think we really are at a time where there's a lot of changes happening. As you mentioned, David, bringing more people, more LGBT people into healthcare systems, the social changes that are happening that are allowing more folks to come out earlier, come out younger, and some of the efforts that have been made to increase data collection about sexual orientation and gender identity in clinical settings, and it's really important I think that a lot of the initiatives around cultural competency and nondiscrimination are moving forward in tandem with efforts to increase data collection so that LGBT people can feel safe sharing information about themselves with their clinicians and then their clinicians can have that information that helps them better understand where their LGBT patients are and what they need.

**Ivette:**

Very good. So I want to come back to you, Gary. I know you wanted to say something and I'm gonna come back to you, related to the older Americans in particular because I think this is a good segue to be able to broaden a little bit that discussion. We'll be right back.

[Music]

**David:**

I got into recovery at a very early age, I thought. It was in my mid-20s. I knew I had a problem. I didn't know what to do about it, but I was lucky enough to have several family members who were in 12-step program, and so I knew about the existence of program, I saw what it had done with their lives, and although I thought I wasn't quite ready for it, I took a chance and that probably saved my life because I certainly had very close role models for me in terms of my family to show me what could be done and what support was available. I think recovery for the LGBT community and individual is extremely important just because of the experience of shame and stigma over the lifetime. And I look at most LGBT people and look at layers of shame about being—having a different gender identity sometimes, having a different sexual orientation, being an addict, sometimes being HIV positive, being on disability, just layer after layer of shame that just can really bury someone. And that's why I think program and recovery in general gives people resilience and hope, and I think we're all about hope.

[Music]

**Michelle:**

I was so afraid life was going to pass me by and I would never know what it would be like to be me.

**Johannes:**

A lot of people don't know what kinds of resources are out there in terms of affirming health care for LGBTQ folks. A lot of people assume they can't afford to access these resources, a lot of people assume they are just going to face more discrimination in these places.

**Judith:**

It's pretty obvious that if you're part of a population that people don't understand and that tend to treat you wrong and so you hide behind yourself, that there's a lot of work that has to be done so that providers understand this—it's hard for providers and others to understand them if people won't tell them about themselves.

**Michelle:**

You don't have to drink through this, you don't have to use drugs and it's really just ok to be yourself.

**Johannes:**

If we're serious about ending health disparities, we really need to be serious about transforming systems of oppression

**Michelle:**

The nurse practitioner for my primary care doctor, he is just awesome. When we're talking about moving forward as a transgender, he makes me feel like a human being and this is like a normal thing to do.

**Johannes:**

That I think is the first step when you are working with marginalized people. It's not just keeping them in a position where they are still being served or receiving something but not actually getting power or not actually developing a sense of self efficacy, it's about meeting people's needs while also building their power.

**Michelle:**

Without all this help, left to my own devices, I'd still be scared. Fear used to rule my life and it doesn't today.

[Music]

**Male VO:**

It takes many hands to build a healthy life. Recovery from mental and substance use disorders is possible with the support of my community. Join the voices for recovery, visible, vocal, valuable!

**Male VO:**

For confidential information on mental and substance use disorders, including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

**Ivette:**

Welcome back. Gary, we were talking earlier about specialized treatment and the training that providers need to have, and earlier in the second panel I think you mentioned issues related to older Americans. I wanted to come back and give you an opportunity to tell us what specific approaches people need to have with older LGBTQ community.

**Gary:**

First of all is to understand historical context in which people have existed. The coming out process, the identification process, the ways in which people think about themselves in terms of their sexual identity, sexual orientation, the value or lack thereof of people being out is something that one needs to understand, and it's so important for people to be able to look at the nomenclature. Just the way in which—I was having this conversation with a friend of mine who is a 60-plus year old transgender woman who was talking about terminology within the transgender community and she says, I don't understand. She's confused sometimes about the terminology that younger people are using, and it's generational. Younger people refer to themselves in different ways and she sits there and she is able to say, you know, I'm a pioneer in the community and I don't know what my own community is talking about sometimes. So I think that these are very important pieces. There's a wonderful film that was done by the LGBT Aging Network that's based on Boston called Gen Silent—Stu Maddux is the documentarian—that I think everyone should see that looks at a variety of older people in Boston who are aging, including a transgender woman, and really

looks at both their coming out stories and also the challenges that are facing them, of what it meant for people to be with someone—one couple had been together 40 years, and not coming out as your partner is dying because you didn't want people to know what was going on.

**Ivette:**

These are the kind of issues that I think that healthcare providers absolutely need to tune in to particularly—go ahead.

**Kellan:**

I was just gonna say in terms of providers and sort of what resources are available in addition to SAMHSA, another division within the U.S. Department of Health and Human Services, the Administration on Aging, which is now part of the Administration on Community Living, actually has a resource center that's focused on the needs of LGBT older adults, which is really a great place to go in terms of some of the resources that are out there; that film that you mentioned and some of the resources that are offered by organizations such as SAGE, Services and Advocacy for GLBT Elders. I think there's an increasing recognition that as the pioneers on whose shoulders 30-somethings like me stand as folks are growing older and needing more assistance and needing more help figuring out what are the resources out there that we can make sure to connect people with.

**Ivette:**

Very good. David, I do want to get to the point of not only tailoring and being aware for older Americans but service delivery in general. Make the pitch for why they should really take a look at their LGBTQ clients and really tailor services, particularly those services for substance use disorders and mental health.

**David:**

I think there are a number of special issues that need to be taken into consideration. One is that older adults tend to be really overmedicated in terms of prescription drugs and oftentimes those drugs can interact with each other in a harmful way. I think we often make the assumption that older Americans aren't having sex and therefore don't talk about risk behaviors or high risk sex and some of the issues that can happen there. I think in general that statistically older Americans have a higher rate of depression and anxiety and that also needs to be addressed, and part of it is related to the swift pace of cultural change and their own historical context in terms of their relationships and their identity. But I think there's a number of very specific factors that we need to take into account to really better provide services that are apt for those clients.

**Kellan:**

I think another issue that comes up is the degree to which LGBT older adults are less likely to have children who are there to take care of them as they age.

Certainly chosen families and support structures are very robust for many LGBT people but as we get older and there become less opportunities for turning to children, thinking about what does it look like to ensure that LGBT older adults are not left in isolation, are not left alone without not only the physical assistance that they need but the emotional support that they need. I think it's a real truism in a lot of ways that addiction and other mental and behavioral health concerns are diseases or conditions of loneliness. So Gary said earlier that with regard to the Province Town LGBT Families Week that everybody should feel like they belong. Everybody should be able to see their peers or their circle or their community and that is no less important for older LGBT individuals than it is for younger.

**David:**

This is the fact of isolation and the tremendous role of isolation and how harmful that is on both physical and emotional health.

**Gary:**

Exactly, and the role that intergenerational connectivity plays of being able to reach, generativity versus stagnation to be able to reach back to help to inform the future by sharing the past is so important.

**Philip:**

As a professional organization NALGAP is very concerned that there are a number of treatment programs that have kind of put a shingle out saying that they are qualified to treat LGBT individuals when actually they're screened and asked what type of services are they actually providing; they don't have an answer. They're not doing anything different than just taking in the client. So we're gonna be rolling out our own Center for Excellent Credentials that people will be able to review these treatment programs and make sure that they're not just LGBT inclusive but very affirmative of the LGBT experience with individuals in recovery and treatment need to have in order to meet that. So we're gonna be looking at both policy and practice for the agencies and institutions.

**Ivette:**

And we've reached the point where I come to you and ask you for final thoughts because we're almost at the end of the show. David.

**David:**

Well, the one thing that hasn't come up yet, I think is very important to mention in terms of at least gay men and substance abuse is the methamphetamine crisis that we're dealing with in this country. It's a very specific drug that's tied to sexual behavior and has led and contributed to the high rates of HIV and hepatitis and it's a real challenge I think in the community because like many other substances it's stigmatized and kind of underground and it's sexual which also adds stigma to it, and I think as a profession we need to really come to terms with that and how we address it and embrace it. Other than that, I think

LGBTQ people have all the same substance problems, the opiates and everything else that we see across the board. So with our differences and some specifics but I think we certainly are prone to everything else that we see.

**Ivette:**

Very good. Phil.

**Philip:**

I guess what I'm thinking is that as a community we have made such great progress in the past 10-15 years as far as LGBT issues and with the marriage equality but it's not the only issue we have to deal with, and we need to go back and look at some of the other things that are definitely affecting our community at greater disparities, and as an addiction professional, I believe treatment works so we want to make sure the treatment is comprehensive and also inclusive with the LGBT experience.

**Ivette:**

And continued training.

**Philip:**

And continued training for all professionals.

**Ivette:**

Okay, Gary.

**Gary:**

I've been sitting here and I've been reminded of the old marches, not parades, which they've become, but the pride marches where we used to march and say we're here, we're queer, get used to it. But we are. We're here, we're queer, get used to it and start meeting our needs.

**Ivette:**

If you had to choose someone in particular or an entity in particular that you could point to in a crystal ball that you think needs to be addressed first, Gary, who would you address?

**Gary:**

I would say medical providers and I say that in a most comprehensive way, both mental health and physical healthcare providers need to be well equipped and trained to work with a greater diversity of the human condition.

**Ivette:**

Very good. Kellan.

**Kellan:**

We've talked so much about the social change that has happened and it really is striking and so fast over the last couple of years, and I think that something that's really important to note is that that has also been paired in a lot of cases with some very significant legal and policy changes. The Affordable Care Act prohibits discrimination against LGBT people by pretty much any actor in the health system. That includes healthcare providers, that includes health insurance companies, that includes hospitals and clinics and other doctors offices. So I think it's important for LGBT people across the country to know that not only are we here and we're queer and we're not going away, but we actually have rights and that as we go into the healthcare system and try to get the treatment that we need, whatever barriers we may run into, we have the ability to say this is actually our right as human beings, as LGBT people to be out, be healthy and be who we are.

**Ivette:**

In terms of having them sign up for the Affordable Care Act, what would you say?

**Kellan:**

The open enrollment period for the Affordable Care Act starts in November of 2016, so later this year, and it will run for three months. People have the opportunity to sign up for coverage through a health insurance marketplace with subsidies that will make their coverage more affordable, and if people are signing up for Medicaid, they can sign up any time of year, and there are special enrollment periods so if anybody has a significant change—

**Ivette:**

And I'm sure they can look for those online.

**Kellan:**

If there's a significant change in your life, you can sign up right now.

**Ivette:**

Absolutely and we want to thank you for being here. I also want to remind our audience that September is **National Recovery Month** and you need to go to [recoverymonth.gov](http://recoverymonth.gov) to get access to an information kit and a whole plethora of information to assist you in celebrating **Recovery Month**. **Recovery Month** is in September. You can create events, activities and I encourage you to go in and particularly the LGBT community so that you can celebrate your recovery and support those that are in recovery. Thank you so much for being here. It's been a great show.

[Music]

**Male VO:**

To download and watch this program or other programs in the *Road to Recovery* series, visit the website at [recoverymonth.gov](http://recoverymonth.gov).

[Music]

**Male VO:**

For those with a mental or substance use disorder, recovery starts when you ask for help. Join the voices for recovery: speak up, reach out.

**Female VO:**

For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

[Music]

**Female VO:**

Every September, ***National Recovery Month*** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's ***Recovery Month*** observance, the free online ***Recovery Month*** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's ***Recovery Month*** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the ***Recovery Month*** website at [recoverymonth.gov](http://recoverymonth.gov), or call 1-800-662-HELP.

[Music]

END.