

RAINBOW HEIGHTS CLUB  
A PROJECT OF HEIGHTS HILL SERVICE  
COMMUNITY ADVISORY BOARD

May 14, 2006

Rachel Amols  
New York City Dept. of Health and Mental Hygiene  
93 Worth Street, Room 715  
New York, New York 10013

Dear Ms. Amols:

It was good to meet you at a recent meeting of the Brooklyn Council of the Department of Health and Mental Hygiene, where you gave a clear and very helpful presentation on the structure and process of the local governmental plan. I am writing to offer feedback on the 2006 DOHMH Local Plan for Mental Health Services.

I am the director of Rainbow Heights Club, a DOHMH-funded agency providing advocacy and psychosocial support services to lesbian, gay, bisexual and transgender people who are living with mental illness. The agency has been open for over three years now, and remains the only publicly funded agency of its kind in the country.

First, allow me to thank you and the staff of DOHMH for producing and disseminating the Plan. As a New York City mental health care provider, I need to know that the services I offer are a good fit with pressing unmet needs. Second, the Plan offers an impressive overview of DOHMH's response to the mental health needs of New Yorkers.

I would like to point out an underserved and vulnerable population whose needs are not mentioned within the Plan: lesbian, gay, bisexual and transgender people living with mental illness. Most studies find that between 4% and 10% of the population identify as gay or lesbian; research on the prevalence of bisexuality and transgender experience is too nascent to offer reliable estimates at this time. According to the 2004 Community Mental Health Survey which was conducted by New York City's Department of Health and Mental Hygiene, 10% of adult residents of New York City identify as MSM (men who have sex with men) and 4.7% identify as WSW (women who have sex with women). The US Surgeon General estimates that 2.6% of the adult population are currently experiencing serious and persistent mental illness. By this yardstick, 0.38% of New Yorkers, or approximately 30,500 people, are MSM/WSW and living with serious mental illness.\*

As the attached tables show, the mental health needs of LGBT New Yorkers are markedly greater than those of their heterosexual counterparts. When asked how many poor mental health days they have experienced during the past year, about twice as many MSM as the general population report experiencing that number of poor mental health days, and about 50% more WSW than the general

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\* As you may be aware, the online Epiquery system does not include self-identification data about sexual orientation in the data fields that can be searched. Although questions about whether participants identify themselves as gay/lesbian, bisexual, or heterosexual were included in the 2004 community health survey itself, this data is not available to be accessed online. Thus monogamous gay and lesbian couples, and lesbian, gay and bisexual people with fewer than 3 same-sex sexual partners, are excluded from the data included here. Clearly if these populations could be included the numbers would be much higher still. If self-identification data were searchable online through the Epiquery system more accurate figures would be available for inclusion here.

population do the same. Nearly 20% of MSM report ever having used drugs, whereas only 12% of the general population do. As for heavy drinking, 8.1% of MSM report this as opposed to 5.1% of the general population. Finally, four times as many WSW report being the victim of domestic violence as compared to heterosexual women.

DOHMH's own data demonstrates that LGBT New Yorkers are burdened with mental illness, drug and alcohol use, and domestic violence to a significantly greater extent than are the general population. Nevertheless, no mention of this vulnerable and underserved population is made in the 2006 Local Governmental Plan for Mental Health Services. In the 2007 local plan, we can do better.

Why should the specific needs of LGBT people with mental illness be recognized? According to a 2004 report by Alicia Lucksted, Ph.D., that was commissioned by the Center for Mental Health Services at SAMHSA\*, the needs and concerns of LGBT people living with mental illness are often ignored or overlooked by the mental health system; their emotional and sexual experiences are not addressed except as problems; homophobia and ignorance on the part of agency staff, as well as other consumers, are widespread and unaddressed; LGBT people often lose the support of their families, which makes them even more vulnerable to decompensations, treatment noncompliance, and rehospitalization; and inpatient and residential programs are often high-risk environments for LGBT individuals. For all these reasons, many LGBT mental health consumers benefit significantly from having access to programs and agencies that specifically address their needs. Conversely, because of the isolation and poor treatment they often receive, they have significantly less social support and are more vulnerable to decompensation and hospitalization. This sets them up to become high users of emergency services.

Despite these overwhelming unmet needs, only two agencies are currently funded by DOHMH specifically to meet the needs of this population: Rainbow Heights Club, of which I am the director, and the LGBT Community Center's CenterCare services. This situation must be remedied. Lesbian, gay, bisexual and transgender people make up over 15% of the population of New York City. To a large extent it is the invisibility of this population that makes it possible for their needs to go unspoken and unmet. Formally including them and their needs in the 2007 Local Governmental Plan for Mental Health Services would be an important first step toward acknowledging, prioritizing and addressing these unmet needs.

I also note that a priority of DOHMH expressed in the 2006 Plan is the reduction of the number of high users of Medicaid services. We strongly support this initiative and would be glad to participate in it. Many of the nearly 300 consumers currently served by Rainbow Heights Club report histories of decades of repeated psychiatric hospitalization. Nevertheless, nearly all (95%) have been able to remain entirely free of rehospitalization after becoming participants in the agency's services. We are currently undertaking research to quantify in greater detail the impact of participation in Rainbow Heights Club on consumers' symptomatology, quality of life, and reliance on emergency services. Clearly, culturally specific psychosocial support and advocacy services are capable of markedly reducing the number of high users of services, which is listed as a priority in the 2006 local plan. I invite further discussion with the framers of the 2007 Plan as we continue to empirically validate the effectiveness of our interventions in reducing high use of emergency services in this and other marginalized populations.

The preventive services offered by Rainbow Heights Club are extremely cost effective. Rainbow Heights Club currently has nearly 300 members. A year-long psychiatric hospitalization costs approximately

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\* Raising Issues: Lesbian, Gay, Bisexual, and Transgender People Receiving Services in the Public Mental Health System. Alicia Lucksted, PhD (2004). Center for Mental Health Services Research, Department of Psychiatry, University of Maryland. The report is available at [www.rainbowheights.org/resources.html](http://www.rainbowheights.org/resources.html).

\$110,000. Our annual contract with DOHMH is \$206,000. As you can see, just two prevented hospitalizations a year would more than cover the cost of the services that we provide.

As the director of Rainbow Heights Club I am writing to request that the needs of LGBT people living with mental illness be specifically included in the 2007 Local Plan.

I feel that doing so would begin to address the needs of some of New York City's most vulnerable and underserved citizens, and moreover, would markedly reduce their need for high-cost and emergency services. I would be happy to discuss these issues further with you at your convenience.

Best regards,

Christian Huygen, Ph.D.  
Director