RAINBOW HEIGHTS CLUB
A PROJECT OF HEIGHTS-HILL MENTAL HEALTH SERVICE
COMMUNITY ADVISORY BOARD

May 14, 2006

Sharon Carpinello, RN, Ph.D. , Commissioner
Keith Simons, Deputy Commissioner
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Dear Dr. Carpinello and Mr. Simons:

I am writing to offer feedback on the 2006-2010 Statewide Comprehensive Plan for Mental Health Services.

I am the director of Rainbow Heights Club, an agency funded by the New York City Department of Health and Mental Hygiene that provides 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. We serve over 300 people, including many with severe and persistent mental illness, and decades-long histories of repeated hospitalizations – and even so, 95% of our members need no further psychiatric hospitalization after joining Rainbow Heights Club.

First, allow me to thank you and the staff of OMH for producing and disseminating the Plan. As a New York 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 OMH'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. This population's needs are often overlooked or misunderstood, and thus they experience significant disparities and obstacles in finding culturally competent care. Indeed, despite the Plan's emphasis on reducing disparities and addressing unmet needs, the words "lesbian," "gay," "bisexual" and "transgender" appear nowhere within the Plan's 140 pages.

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 (NYCDOHMH), 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, of the 14,420,316 adult residents of New York State,[1] approximately 27,300 are gay or lesbian and living with serious and persistent mental illness.**

The 2004 NYCDOHMH Community Mental Health Survey also showed that 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

[1] US Census estimate for 2004, New York State, age 18 and over.

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the general population report experiencing that number of poor mental health days, and about 50% more WSW than the general 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.

Thus 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 2006-2010 Statewide Comprehensive Plan for Mental Health Services. In the 2007-2011 plan, we have a chance to 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., commissioned by the Center for Mental Health Services at SAMHSA,[2] 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 by care providers, 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. It's extremely difficult for most LGBT mental health consumers to find culturally competent care, which makes it impossible for them to experience recovery and develop resilience.

LGBT people with mental illness also find it hard to find respect and safety, two key components of OMH's values articulated as the foundation of the OMH Strategic Planning Framework.[3] For all these reasons, many LGBT mental health consumers benefit significantly from having access to programs and agencies that specifically address their needs. (However, such agencies are rare. Within New York City, NYCDOHMH funds only two. Of these, only Rainbow Heights Club specifically addresses the needs of LGBT people living with severe and persistent mental illness.) 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.

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 2007-2011 Statewide Comprehensive Plan for Mental Health Services would be an important first step toward acknowledging, prioritizing and addressing these unmet needs.

A priority of NYCDOHMH expressed in its 2006 Local Governmental Plan for Mental Health Services is the reduction of the number of high users of Medicaid services. I assume OMH also supports this goal. We strongly support this initiative and in fact we do this kind of work every day. 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. I invite further

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[2] *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.

[3] *Statewide Comprehensive Plan for Mental Health Services 2006-2010,* p. 13.

discussion with the framers of the 2007-2011 Plan as we continue to empirically validate the effectiveness of our interventions in reducing high use of emergency services.

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 $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.

The needs of LGBT people living with mental illness are highly relevant to a number of the goals articulated in the 2006-2010 Statewide Comprehensive Plan for Mental Health Services. Objective 3.3 (p. 50) seeks to "develop and improve culturally and linguistically competent models of evidence-based services and their delivery," something sorely lacking in the care provided to this population. Objective 4.3 (p. 51) seeks to "minimize the risk and occurrence of adverse consequences resulting from harm, neglect, or suboptimal care or treatment." Many consumers at Rainbow Heights Club, and many of the participants in Dr. Lucksted's study, cited above, have received disrespectful or abusive treatment from care providers – even in twenty-first century New York City. One consumer, after telling his therapist that homosexuality has not been considered a mental illness by the APA since 1973, was told, "Yes, I know, but in your case it *is* a mental illness." Another consumer, Maria, a Latina lesbian who wears her hair in a crew cut, went to a new mental health clinic for the first time; a man in the waiting room said to the receptionist, "*Mira esa puta* [look at that dyke]." The man turned out to be Maria's new therapist. When I asked Maria whether she had confronted her therapist about the fact that she understood what he had said, she said, "No! I had a lot of stuff I had to get off my chest!" In other words, she did what many mental health consumers do: she remained silent about her actual thoughts, feelings, relationships and conflicts in order to avoid pushing her therapist away from her.

The degree of self-loathing and self-pathologization this kind of culturally incompetent treatment creates in my clients is sometimes mind-boggling. One articulate and paranoid consumer at Rainbow Heights Club asked me, "When you scratched your eyebrow like that, did you mean to communicate to me that you think I'm a disgusting faggot and I should go lie down in the gutter and die?" That's a thought he had about me, an out-of-the-closet gay mental health professional who has devoted his career to helping people feel they *shouldn't* go lie down in the gutter and die. And yet he still thought I felt that way. Imagine the thoughts he must have about his other care providers.

Goal 6 and objectives 6.3. and 6.4 – "improve system capacity for delivery of culturally and linguistically competent services," and "improve system capacity for the delivery of services identified by individuals with mental illness and their families as effective in meeting their recovery goals," are also highly relevant to this population. In a 2004 survey of Rainbow Heights Club consumers, 74.3% felt their mental health had improved because of participating in Rainbow Heights Club; 77.8% of respondents preferred Rainbow Heights Club over other services they had received; 74.2% felt their level of improvement was good or excellent; 82.9% felt their quality of life had improved since coming to Rainbow Heights Club**;** and 82.7% felt that Rainbow Heights Club was helping them stay out of the hospital. These numbers strongly affirm the effectiveness of culturally competent services for this population. Clearly, Rainbow Heights Club, with a NYCDOHMH annual contract of only $206,000 per year, is having an enormous positive impact on the lives of its consumers, as well as saving taxpayers hundreds of thousands of dollars, if not millions, every year. This is an excellent fit with Objective 8.3, "improve mental and physical care coordination for people with multiple inpatient admissions and little connection to appropriate outpatient services."

Similarly, Objective 7.4 (p. 55), "improve the State and Local mental health planning capacity to identify and address disparities in access to and quality of mental health services based on culture, age and gender" is highly relevant but should be expanded to include sexual minorities.

To increase accountability and promote continuous quality improvement in this area, providers can and should be required to demonstrate cultural competency in meeting the needs of LGBT people with mental illness. Directors of large mental health agencies have calmly informed me that they believe their agencies have no LGBT consumers – which is patently impossible given the prevalence of LGBT experience and identity. When the staff of an agency believe they have no LGBT consumers, what this indicates is that the staff have failed to create an environment of safety and respect within which disclosures can be made. This makes it impossible for consumers to address the conflicts and problems with which they struggle every day. Requiring evidence of LGBT cultural competency would have an enormous impact on providers' ability to meet their consumers' needs.

Finally, I note that the strategic priorities and initiatives outlined in Chapter 6 of the Plan are impressive, and broad in scope. However, not a single one of them addresses the pressing unmet needs of this population.

For all these reasons, I am writing to strongly urge that the needs of LGBT people living with mental illness be specifically included in the 2007-2011 Statewide Comprehensive Plan for Mental Health Services. Doing so would begin to address the needs of some of New York State's most vulnerable and underserved citizens, built cultural competency, reduce disparities, provide safety and respect, and promote recovery and resiliency. I would be happy to discuss these issues further with you at your convenience.

Best regards,

Christian Huygen, Ph.D.
Director
Rainbow Heights Club