SUPPORTING LGBTQ+ PEOPLE IN BEHAVIORAL HEALTH

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CENTER of EXCELLENCE
LGBTQ+ BEHAVIORAL HEALTH EQUITY

LGBTQ+ people experience unique vulnerabilities directly related to hostility, violence and rejecting behaviors.

RISK FACTORS

- Lack of family acceptance/support
- High rates of bullying, harassment, violence
- Lack of visible possibility models
- Lack of social programs
- Limited access to affirming care
- Stigma associated with LGBTQ+ identities
- Internalized biases
- Economic hardships due to discrimination
- Historical trauma & anti-LGBTQ+ legislation

Leads to high rates of isolation, depression, anxiety, minority stress, and other mental negative health outcomes.

Protective Factors

- Easy access to effective affirming care
- High self-esteem
- Learning and applying coping skills
- Supportive family/family of choice/teachers/mentors
- Connection to other LGBTQ+ people
- Positive role models or being a role model to others
- Hope of transitioning to affirm one's gender identity
- Supportive communities – churches, schools, places of employment
- Positive reactions to "coming out"

Gaps in Behavioral Health Care

- Affirming & competent providers
- Tailored programing and services
- Any intentional work with the families of LGBTQ+ people
- Lack of consistently collected health data on the population

Anti-LGBTQ+ environments increase the risk of negative health outcomes for this population and are making it increasingly more difficult for LGBTQ+ people, particularly trans people, to feel safe disclosing their identity and needs.

Workforce Development

- Training is a necessary first step but cannot be the only or last step.
- For providers that are new to the topic or are challenged by it, consistent coaching and reflective supervision are needed to make long lasting behavior change.
- Virtual live training has a similar impact as in-person training.
- Self paced e-learnings make gains in all areas of knowledge, attitudes, and behaviors, though not as much gains compared to live training.
- Many providers avoid conversations about LGBTQ+ identity because they are worried they will make a mistake or that they will feel awkward. It takes practice to overcome this.

Virtual Groups

+ Virtual groups had similar outcomes to in-person clinical groups.

+ Higher retention among members (both as families and LGBTQ+ youth)

+ Enabled group members to use a different name/photo to protect their privacy (especially for those living in unaccepting environments).

+ Program reach extended into rural areas where LGBTQ+ programing is usually nonexistent.

Journey Ahead – The National SOGIE Center

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ADDRESSING BEHAVIORAL HEALTH DISPARITIES AMONG LGBTQ+ COMMUNITIES

This Center of Excellence, funded through a grant from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, is designed to support the implementation of change strategies within mental health and substance use disorder treatment systems to address disparities impacting the LGBTQ+ community.

- ● ACCESSIBLE EXPERTS
- ● UPDATED RESOURCES
- ● RAPID TECHNICAL ASSISTANCE
- ● PROFESSIONAL DEVELOPMENT
- ● PEER TO PEER LEARNING

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PROMOTING THE WELLBEING OF LGBTQ+ PEOPLE & THEIR FAMILIES

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