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## State should prioritize LGBTQ mental health funding

Guest Opinion

by Jim Dilley

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Dr. Jim Dilley. Photo: Jane Philomen Cleland

As a person who works in LGBT mental health, I am well versed in the conversation of health disparities and increased rates of depression, suicidal ideation, suicide, violence, HIV/AIDS, and substance abuse among LGBT members of the community. Yet recently, a friend gave me a confused look when I mentioned LGBT health disparities, and it occurred to me that this is not true for everyone. Let me shine some light on what I mean when I talk about health disparities and the need for mental health funding in the LGBT community.

When we talk about health disparities affecting the LGBT communities, we are talking about the different rates of mental health disorders, substance use, and some specific physical health issues, most dramatically the rate of HIV infection in gay men compared to straight men, or trans women compared to straight women, and others. For example, according to California Health Interview Survey data, LGB (the survey did not collect transgender data) respondents were twice as likely to report feeling suicidal, more than twice as likely to have needed help with a mental health or substance abuse problem, and twice as likely to smoke than straight respondents. We also know that rejection by families of origin, ostracism, bullying, physical and emotional abuse, and interpersonal violence are all found more often in LGBT populations compared with straight people. At the UCSF Alliance Health Project we see LGBT clients every day who are deeply wounded by their families, schools, neighbors, peers, and society. We know that the absence of acceptance, care, nurturing and family bonding that occurs for many LGBT young people makes building a stable and intact personality and healthy social structures very challenging.

This information comes not just from AHP's clinical work, but also from research published in recent years by the Centers for Disease Control, the Kaiser Family Foundation, the National Institutes of Health, the American Psychological Association, the Gay and Lesbian Medical Association, and many more. One important reason these disparities exist is the societal stigma and resulting prejudice and discrimination that LGBT folks face each and every day.

Furthermore, the Family Acceptance Project found that harassment from peers contributes to an increased likelihood for drug abuse and poor grades among LGBT students and a University of Illinois 2011 study sampled thousands of teenage students and found that LGBT-identified students skipped school nearly twice as often as their peers

and were 3.3 times more likely to think about suicide, and twice as likely to attempt it. Students who identify as lesbian, gay, bisexual, transgender, and questioning experience higher rates of victimization by bullying than do their heterosexual-identified peers.

With such prominent rates of LGBT bullying among youth, it is no surprise that heightened rates of depression, anxiety, and

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substance abuse are seen in LGBT adults as the social and psychological consequences of their academic environment.

What should be done about this situation? We know that intervention works. For example, we know that love, tolerance, and acceptance are the keys to positive health outcomes and that has also been well documented. Mental health services offer clients a repairing of some of those deep wounds, through consistency, witnessing, compassion, and acceptance. Clients learn to regulate their behavior and their emotions, set appropriate boundaries, take their psychiatric medications when needed, and receive the unique experience of being heard. Really heard. Why then, if mental health treatment is so healing, is there no substantial funding for services to fill the gaps?

In San Francisco, the Alliance Health Project absorbed many of our communities' LGBT clients with chronic and severe mental health issues when New Leaf closed its doors in 2010. We were uniquely poised to shift our focus to LGBT mental health concerns, as we had been addressing the mental health and substance abuse needs of our HIV clients for nearly three decades. With onsite psychiatry, substance abuse counseling and peer and professional led group and individual therapy, AHP is but one queer mental health program in San Francisco with the appropriate staff to treat poor and uninsured LGBT people and help them receive the psychiatric and therapeutic care they need.

In response to the call for national action to reduce mental health disparities and seek solutions for historically underserved communities, the Department of Mental Health has launched the California Reducing Disparities Project. This statewide initiative calls for improving access to culturally competent mental health care and increasing positive outcomes for historically underserved racial, ethnic and cultural communities – including the LGBT communities. Planning groups, workshops and coalitions have been formed and a strategic plan is in place. Meanwhile, people need help.

For this reason, we need new funding, now, for mental health services in the LGBTQ community.

When the AIDS epidemic hit, there was no funding for services until it was well documented that there was a crisis. We are now going into a second decade of documenting mental health issues for LGBT communities. I urge state and local politicians to make this a budget priority and fund mental health services to do what those of us on the front lines have the expertise to do.

*Dr. Jim Dilley is the executive director of the UCSF Alliance Health Project. For more information, visit <http://www.ucsf-ahp.org>.*

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