

[Music]

Female VO:

The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can and do recover. Today's program is *The Road to Recovery 2016: Family Recovery: Prevention and Treatment Approaches for Diverse LGBT Families*.

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 a 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.

Ivette: Kellan.

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:

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.

Ivette: Phil.

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.

Ivette:

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 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.

Ivette: Gary.

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]

Female VO:

The Fenway Institute is an interdisciplinary center for research, training, education, and policy development, focusing on national and international health issues. Their mission is to ensure access to quality, culturally competent medical and mental health care for traditionally underserved communities, including lesbian, gay, bisexual and transgender (LGBT) people and those affected by HIV/AIDS. This is done by conducting innovative research and developing education and advocacy programs grounded in the LGBT community.

[Music]

Female VO: Judith Bradford, Co-chair of Fenway Institute. Boston, Massachusetts.

Judith:

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.

Female VO: Johannes Mosquera Wilson, Study Coordinator, Fenway Institute. Boston, Massachusetts.

Johannes:

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.

Female VO: Judith Bradford.

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.

Female VO:

Michelle Lord, Speaker, LGBT Aging Project at Fenway Health. Boston, Massachusetts

Michelle:

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

Female VO: Judith Bradford.

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.

Female VO: Michelle Lord.

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 that my life has gone the way it has, and Fenway Health has made a huge difference.

Female VO: Johannes Mosquera Wilson

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.

Female VO: Judith Bradford.

Judith:

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

[Music]

Female VO: Ivette Torres.

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. 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 are in recovery for?

Philip:

I'm in recovery for alcohol and drugs both.

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.

Ivette:

Absolutely. 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 a 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.

Ivette:

David, 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.

Ivette: Gary.

Gary:

It's also being able to be in a community. One of the most well attended events in Provincetown, 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]

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.

Female VO: Ivette Torres.

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.

Ivette: Kellan.

Kellan:

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, 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:

So I want to come back to you, Gary. I know you wanted to say something, but I'm going to come back to you. We'll be right back.

[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.

Female VO: Ivette Torres.

Ivette:

Welcome back. Gary, 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. And we've reached the point where I come to you and ask you for your 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:

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 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.

[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, or call 1-800-662-HELP.

[Music]

END.