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## Reaching out to the LGBT population

A program finds success helping lesbian, gay, bisexual, and transgender people with mental illnesses

by Christian Huygen, PhD

Last June I attended a really great party. More than 100 people came together to celebrate their pride and recovery as well as enjoy each other's company. Politicians were on hand, including state senators, state assembly members, and the speaker of the city council, who unveiled a proclamation recognizing the agency hosting the party. There was a lot of delicious food; there were music and dancing; and once the karaoke machine got fired up, no one wanted to stop singing along. Every client at the party was in recovery from a serious mental illness, about half of them living with schizophrenia or schizoaffective disorder. The agency, Rainbow Heights Club, is unique: It's the only publicly funded support agency of its kind (at least that we know about). It's unique because every client is lesbian, gay, bisexual, or transgender (LGBT). And it's effective, as 90% of our nearly 400 members say they stay out of the hospital every year because of the support and respect that they receive here.

We've learned a lot about what helps LGBT people in their recovery during the six years I've served as executive director of Rainbow Heights Club. We also have learned a lot about what *doesn't* help. All of our services are provided free of charge, and in the past two years our annual funding has more than doubled. But you don't need any additional funding or resources to build services that will address the needs of LGBT people or any underserved or marginalized population that you have the passion to serve. All you need is the willingness to jump in and learn by doing.

The initial funding for Rainbow Heights Club was secured from the New York City Department of Health and Mental Hygiene in 2001. Five years earlier, the staff of Rainbow Heights Club's parent clinic, Heights-Hill Mental Health Service, started providing mental health services designed to affirm and support LGBT mental health consumers, and they did so without any additional resources, staff, or funding.

So just how many people are LGBT and living with a serious mental illness? Most studies have found that between 5 and 10% of the adult population identifies as gay or lesbian; we don't have a large enough body of research, yet, to estimate how prevalent the experience of bisexuality, or transgender experience, might be. The U.S. Surgeon General estimates that 2.6% of adults are experiencing a serious mental illness. Based on these percentages, about 11,000 LGBT adults living with a serious mental illness are in New York City alone.

I'm assuming you work in an agency that provides billable services. As you probably know, less than half the people in this country living with mental illness, even serious mental illness, seek treatment. That means that if you identify an underserved population or community, build services that directly address their needs, and then reach out and let them know about your services, you are likely to attract clients who will more than repay the effort you've invested in identifying this population and how to serve them.

Perhaps a lot of recent immigrants live in your area. Perhaps there are populations that are isolated or have special needs because of ethnic, racial, or religious boundaries. If your staff members are passionate about reaching out, learning more, and building services to address unmet needs, you're already well on your way.

That's how the staff of Heights-Hill Mental Health Service got started building LGBT-affirmative services. Ron Hellman, MD, a staff psychiatrist, and Eileen Klein, PhD, chief of service at the time, both felt strongly that LGBT clients' needs weren't often met. This impression was confirmed by an extensive study by Alicia Lucksted, PhD, on the state of LGBT mental healthcare in this country. (The 2004 report, *Raising Issues: Lesbian, Gay, Bisexual, and Transgender People Receiving Services in the Public Mental Health System* is available at <http://www.rainbowheights.org/resources.html>.) For example, LGBT people living with a mental illness carry a dual burden of stigma. Depending on where they are—in a mainstream mental health treatment setting or out and about in the LGBT community—they often try to hide either their sexual orientation or their mental health status. That's a painful way to live. You can't have your recovery or serenity when you always are trying to be at least partly invisible. Just like all of us, LGBT clients need to be able to tell their whole story, and be heard.

Drs. Hellman and Klein formed a study group with other staff members, reviewed the literature, and published a couple articles. They decided that if some of the main problems this population faces are isolation and lack of support, a group specifically for LGBT clients would be an effective intervention. No one on staff had ever run such a group but, fortunately, enough staff jumped in and learned as they went along.

In 1996, the clinic offered its first weekly LGBT support group. In the beginning, only a handful of people attended, but the group's existence meant a great deal to LGBT clients—even those who didn't actually attend the group. Soon more clients felt

safe disclosing their LGBT identity. As open discussion of the challenges and obstacles they faced became a regular part of staff meetings and group supervision discussions, all staff grew much more comfortable hearing about and working with their clients' sexuality and gender identity. This benefited all the clients at Heights-Hill Mental Health Service—not just the LGBT ones—as we all struggle to integrate our sexuality and relationships into our treatment and our lives.

After the clinic's management decided to expand the catchment area of the LGBT Affirmative Treatment Program citywide by creating Rainbow Heights Club, staff realized that they needed to start reaching out to publicize the program (Heights-Hill still maintains its local LGBT Affirmative Treatment Program). In other words, they started acting like a community-based advocacy organization rather than a publicly funded community mental health clinic.

Staff held focus groups to learn directly from clients and consumers about their needs; they developed linkage agreements with other agencies serving the target population; they reached out to foundations, funders, elected officials, and the New York State Office of Mental Health; and they published articles in both the scholarly and popular press. They reached out to schools and training programs in their area and let them know about the special population they were serving. Graduate students in social work and psychology—including myself—applied to have training placements at Heights-Hill Mental Health Service specifically because of this unique opportunity.

Most importantly, the staff documented their success. Anecdotally, many of the LGBT Affirmative Program's consumers said this was the first time they ever had experienced affirmation and support for their sexuality and gender identity in a mental health program.

Consumer satisfaction surveys have documented a high level of appreciation for these services. In a 2006 survey of 75 club members, 80% reported they were satisfied or very satisfied with Rainbow Heights Club's services. In addition:

- 82% felt that merely thinking about Rainbow Heights Club was either helpful or very helpful
- 80% felt that their psychiatric symptoms were either better or much better as a result of participating in the club
- 78% felt their sense of self-worth was either better or much better
- 78% felt their sense of hope was either better or much better
- 61% felt their relationships were either better or much better

The clinic's overall census has increased, as has its revenues. Perhaps most importantly, staff were able to document a decreased need for hospitalization of clients. Today, 90% of Rainbow Heights Club clients state that because of the support they receive here, they are able to stay out of the hospital. Consumers have become a powerful part of our efforts to advocate for the importance of these services. They regularly travel to Albany (New York's capital) to lobby their elected officials directly and openly tell their stories of recovery as LGBT people.

So it's possible to develop and provide culturally specific services in a community mental health agency without additional resources. The Heights-Hill Mental Health Service LGBT Affirmative Treatment Program is still going strong, and staff speak at local and national conferences. Its only annual expense, to this day, is printed brochures to let potential clients know it's there.

I hope I've sparked some inspiration in you—not just to better meet the needs of your LGBT clients, but of all of your clients. I also hope I've helped you dare to dream about meeting the particular needs of any underserved population in your area that you have the passion to identify and serve. If you build it, they will come...and then you can bill Medicaid, write an article about your unique program, speak at a conference and teach others what you've learned, build your clinic's census, catch the attention of local and national coalitions, establish linkages with other service and advocacy organizations and, most importantly of all, provide effective care to people who otherwise wouldn't have it. There is no better feeling. Jump in and find out.



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