NEW JERSEY GOVERNOR'S COUNCIL ON
Mental Health Stigma
STOPPING STIGMA
NEWSLETTER
Eliminating Stigma to Ensure Equity for All
OCTOBER 2024 ISSUE VOLUME 1

IN THIS ISSUE

Message from the Chair

Since childhood, ending stigma and discrimination and increasing health equity have always been important to me. Once I assumed the position of President and CEO of the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) in 1995, added the role of Executive Director of the New Jersey Mental Health Institute (NJMHI), which NJAMHAA established in 2000, and was appointed as an inaugural member of the New Jersey Governor's Council on Mental Health Stigma in 2005, I was able to create and capitalize on projects to meet these essential goals. NJMHI's efforts alone led to three major state initiatives that have increased the behavioral healthcare workforce's cultural competency and advanced health equity for all: the creation of two cultural competence training centers; mandatory training in social and cultural diversity for certified and licensed mental health professionals; and funding for bilingual and bicultural clinicians.

NJMHI's *Changing Minds, Advancing Mental Health for Hispanics* program, internationally recognized for the development of the *Model Mental Health Program for Hispanics*, which was hailed by the World Health Organization as a best practice, further contributed to eliminating stigma and discrimination. Beginning shortly after the December 2004 South East Asia tsunami in Sri Lanka, NJMHI also led a series of projects there over 15 years. Among them was training for behavioral healthcare professionals and community members, including in rural areas, to foster recognition and treatment of mental illnesses. This was carried out tri-lingually and with sensitivity to different cultures, religions and ethnic backgrounds with positive impact to more than 205,000 individuals.

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Message from the Chair

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And NJAMHAA continues to demonstrate its commitment to ensuring health equity. Over the past four years, NJAMHAA's series of three *Diverse Faces* campaigns has highlighted the accomplishments of individuals of various races, ethnicities and cultures made possible by the clinical and support services they received from equally diverse behavioral healthcare providers.

My sensitivity to different races, cultures, genders and ethnic groups is reflected in the initiatives that NJAMHAA and NJMHI have undertaken to eliminate barriers that diverse populations have encountered in their efforts to have their behavioral healthcare needs met. I am proud to have led these past and ongoing efforts and am equally honored to serve as Chair of the Stigma Council. The Council has implemented and will continue to undertake projects to eradicate stigma, thereby increasing access to behavioral healthcare services as well as programs that address social determinants of health for vulnerable and underserved populations.

On August 14, 2024, the Council hosted *Engaging Vulnerable Youth and Young Adults*, an in-person event where experts presented strategies and resources for strengthening mental health for youth and young adults, racial and ethnic minorities, and the lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) community. The Stigma Council website continues to provide resources tailored to diverse groups, having recently added a new LGBTQ+ resource page. This issue of *Stopping Stigma* is the latest example of the Council's efforts to ensure health equity by increasing awareness of the challenges minority populations face in obtaining behavioral health care and the many factors in their lives that contribute to their need for these services.

The Council's next effort will be a webinar to be hosted by the Stigma-Free Zone Learning Collaborative during Mental Illness Awareness Week on October 9, 2024. This session will engage attendees in sharing innovative programs and developing new strategies for meeting the increasing needs of diverse populations.

Everyone on the Council is eager to continue working with all those who are willing to collaborate to eradicate stigma and ensure health equity for all communities.

Sincerely,

Debra L. Wentz, PhD
Chair

New Jersey Governor's Council on
Mental Health Stigma
Eliminating Stigma to Ensure Equity for All

Cultural and Socioeconomic Factors, Limited Access to Services Impact African Americans' Mental Health

"Many Blacks are a step away from a mental health episode. It could be the loss of a loved one, physical health, employment change or another difficult situation," according to Christopher Womack, PhD, MBA, MS, MA, a long-time community advocate for eliminating health disparities, who serves on the New Jersey Mental Health Institute (NJMHI) Board of Trustees and works in the pharmaceutical industry. "When mental health episodes occur, they [the ones experiencing them] may not recognize they're having them," he added.

Even if mental health issues are recognized, it is unlikely that Blacks would seek help. "The Black community shoulders a great degree of discrimination and stigma as they relate to mental health and the challenges associated with it. Part of the reason can be attributed to social issues and stress," Dr. Womack explained, adding that some mental health challenges can be exacerbated by daily stressors of life from economics, health, law enforcement interactions and others. "The African-American community has been taught to tough things out, so counseling centers are not robust or advertised in the community, if they exist at all. Mental health problems are not even considered until they are very serious and more apparent — if they ever are identified as underlying issues."

When mental health problems are not addressed, behaviors may progress to the point of disruption in public places and involvement with law enforcement, which "creates a whole other problem," according to Dr. Womack. "People experiencing mental health episodes do not recognize law enforcement officers during these encounters, which makes the situations more difficult, and the legal process and jail time all happen before diagnosis and treatment."

Incarceration and Recidivism Further Exacerbate Mental Health Challenges

There has been a disproportionately large number of African Americans in jails and prisons, as they are more likely to be incarcerated when behavioral health issues result in criminal behaviors. "They are also more likely to be shot by police," stated Napoleon Higgins, Jr., MD, NJMHI Board Member, Executive Director of Black Psychiatrists of America and CEO of Global Health Psychiatry.

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Cultural and Socioeconomic Factors, Limited Access to Services Impact African Americans' Mental Health

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According to a *Population Characteristics Report* published in January 2023 by the New Jersey Department of Corrections (DOC), 59% of incarcerated individuals overall are male and the same percentage of these males are Black.

Twelve percent of all DOC incarcerated persons were charged for possession, sale and distribution of narcotics. "While, we know that for people of color there continues to be racial bias for drug-related crimes, there is an economic cause for these statistics, as well, such as poverty and lack of employment opportunities. They're selling drugs because they need money," stated Brigitte Johnson, Esq., President and CEO of CarePlus NJ and a member of the New Jersey Association of Mental Health and Addiction Agencies and NJMHI Boards.

> "There is a real need for culturally competent care."
>
> — Brigitte Jonson, Esq.

Stealing food and other necessities is also common among people with low socioeconomic status. "They're not thinking well and not receiving the services they need," said Dr. Higgins, referring not only to health care, but also social services, such as the Supplemental Nutrition Assistance Program. "These safety net services often don't want to deal with mentally unstable people. Individuals in need often can't fill out the necessary forms to get help and some, especially those with bipolar disorder or schizophrenia, can't be in a room with 50 other people or wait in long lines at soup kitchens or the Salvation Army," Dr. Higgins said. "These situations often lead to incarceration to keep the individuals and the public safe. They are not brought to hospitals."

The DOC reported that the average length of incarceration is eight years. "No one can be incarcerated for eight years or longer without developing some type of post-traumatic stress. Studies have shown that exposure to violence in prisons and jails can worsen existing mental health disorders or even lead to the development of post-traumatic stress symptoms, such as anxiety, depression, avoidance, hypersensitivity, suicidality, flashbacks and difficulty with emotional regulation," Johnson stated.

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Dr. Womack reinforced this point, stating, "Our institutional systems are not designed to rehabilitate. People are going into jail and prison with mental illness and coming out in worse shape. Existing mental illnesses can be exacerbated from being locked up. Many take drugs to lessen mental pain, and that leads to worse problems."

When individuals are released from incarceration, they experience "a shock to the system as they try to get their bearings and seek food, clothing, shelter and jobs. It's a lot of stress and if they received any mental health treatment during incarceration, that's discontinued when they're released. Parole officers don't check on individuals' mental states; they just check on where the people are and if they're doing what they should be regarding parole requirements," Dr. Womack said.

"Many family members and friends don't understand what former inmates are experiencing and assume they'll just get through it somehow, so there's a lack of family and social support," Dr. Womack added.

All these stressors often lead to relapse and recidivism. Those convictions are often for minor things, such as behaving irrationally and pushing a shopping cart into a car, and the cycle continues, according to Dr. Womack.

> "In U.S. medical residency training programs, according to the Accreditation Council for Graduate Medical Education, about 7% of first-year residents are Black and only 5% of psychiatry residents who graduate are Black. So, we lose 30% of all potential Black psychiatrists years or even months before practicing."
>
> — Napoleon Higgins, Jr., MD

Healthcare Workforce Lacks Providers from the BIPOC Community

While there is a shortage of behavioral healthcare professionals overall, there is an even greater scarcity of providers who are part of the Black, indigenous and people of color (BIPOC) community. Systemic racism and mistrust are major factors.

"Ethnic groups feel marginalized by how they are treated by healthcare professionals and, therefore, they have mistrust of healthcare providers. This bears true for behavioral health care, as well," Johnson said.

In addition to mistrust of mental health care and health care overall, "many fear diagnoses and those who do seek health care are treated differently by White doctors," according to Dr. Higgins. "Blacks are more likely to be misdiagnosed, hospitalized, secluded and restrained, and overly medicated. With Black doctors, Black patients have better health outcomes."

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Cultural and Socioeconomic Factors, Limited Access to Services Impact African Americans' Mental Health

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"The mental health field often lacks professionals who look, sound like, or share similar backgrounds with BIPOC individuals. It always helps to have professionals who look like you and understand your culture. As providers, we are all seeking to hire clinicians and support staff who are African American or bilingual, as well as those of culturally diverse backgrounds, or who have been trained in culturally adapted therapy approaches. However, they are very difficult to find," Johnson said.

For example, there are only 1,000 active Black psychiatrists in the U.S. This number equates to 2% of all psychiatrists, although Blacks make up 13% of the U.S. population, according to Dr. Higgins and the American Psychiatric Association. In addition, 4% of psychologists and 22% of social workers are Black, according to the American Psychological Association and Institute for Health Workforce Equity, respectively.

Particular barriers are lack of education about behavioral healthcare careers and limited opportunities to pursue such professions. Furthermore, "among Blacks who do earn Master's degrees in social work and other related disciplines, many can't pass the licensure tests, so they don't have licenses to assess, diagnose, engage in psychotherapy or engage in independent practice," Dr. Higgins noted.

"In U.S. medical residency training programs, according to the Accreditation Council for Graduate Medical Education, about 7% of first-year residents are Black and only 5% of psychiatry residents who graduate are Black. So, we lose 30% of all potential Black psychiatrists years or even months before practicing," Dr. Higgins added.

"There is a real need for culturally competent care, with therapists and staff who understand the unique challenges faced by the BIPOC communities we serve," Johnson stressed.

> "The African-American community has been taught to tough things out, so counseling centers are not robust or advertised in the community, if they exist at all. Mental health problems are not even considered until they are very serious and more apparent — if they ever are identified as underlying issues."
>
> — Christopher Womack, PhD, MBA, MS, MA

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Strategies for Overcoming these Difficulties

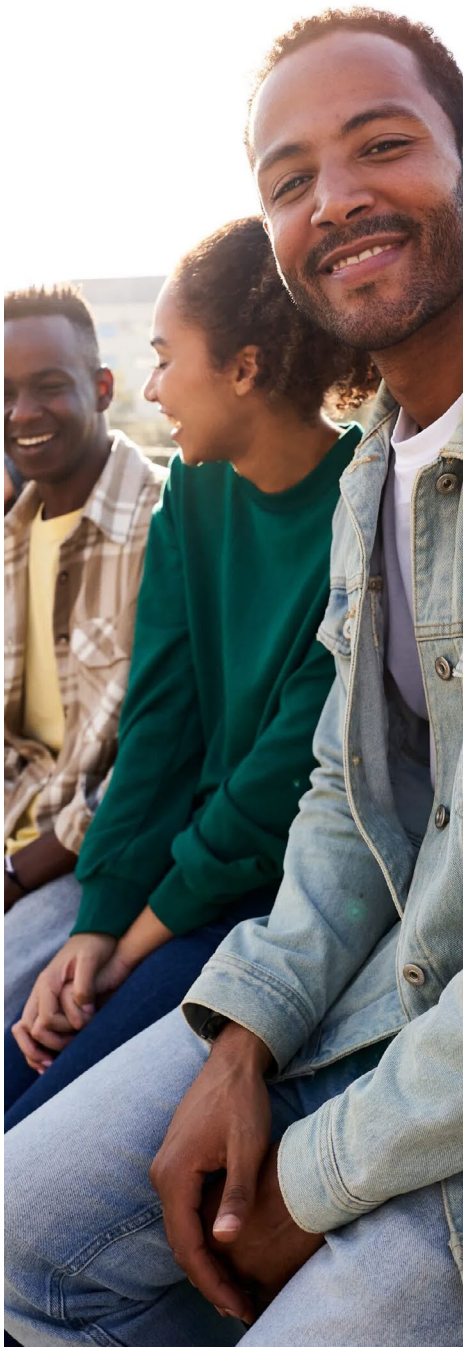
Providers are all working to implement hiring strategies to attract BIPOC professionals. However, if people from the BIPOC community are not entering the behavioral healthcare field, the next best thing is to educate providers about cultural diversity and implicit bias, and train and support them to develop cultural competencies.

"When clients come in, the front desk staff may have preconceived ideas about them and the care they need. We need more awareness and training to understand the communities we're working in and the people we're trying to serve," Johnson stated.

Much work is also needed to create more physical behavioral healthcare facilities, as well as to staff them with diverse, qualified individuals. According to Dr. Womack, "Services don't exist in the hearts of Black communities, such as Newark and Atlantic City, but there are police precincts. Some churches try to help, but they don't have a standardized process." He recommends that community mental healthcare centers (CMHCs) be built close to recreational areas and to make CMHCs "the normal flow, so no one is judged for going there," Dr. Womack said.

Another strategy is to use diversion programs to avoid incarceration for non-violent offenses and connect individuals with mental healthcare and substance use treatment services. "We need more of these programs, and the state government is focusing on this more," Johnson said. She shared the example of Mental Health Diversion Court, which CarePlus is implementing in Bergen County in partnership with the county prosecutor. Law enforcement officers are receiving Crisis Intervention Training and are accompanied by mental health screeners to further facilitate diversion from incarceration. Another model is Mobile Crisis Outreach Response Teams, which is part of the 988 crisis response system. Callers are connected to community services to prevent not only law enforcement involvement, but also emergency room visits. The 988 system also includes Crisis Receiving Stabilization Centers, where police, ambulances and families can bring individuals in crisis to de-escalate and be directed to appropriate care.

"We're on the right track," Johnson stated. "We also need to address why people sell drugs to make money — address the social determinants of health," she said, referring to health care and insurance, housing, transportation, education and employment.



Latinx Cultural Differences and Communication Challenges Can Be Mitigated with Engagement Strategies

"Traditionally, Latinx families are very tight knit and multi-generational. They do not look to acquire services because a lot of support is under their own roofs and in their community," according to Tara Chalakani, PsyD, LPC, RN, Chief Executive Officer of Preferred Behavioral Health Group and a member of the New Jersey Association of Mental Health and Addiction Agencies' Board of Directors.

While these are positive characteristics, demonstrating strong support networks in the Latinx population, statistics show a high prevalence of mental illness in this community, and the lack of interest in seeking help can lead to exacerbated behavioral health conditions.

Specifically, 21% of Latinx adults experience mental health conditions and only 15% seek help. Of those who do pursue support, 10% do so with primary care providers and 5% seek treatment from mental health specialists.

"There are a lot of psychological barriers that Latinx individuals face, often due to their culture or perceptions about mental health. These beliefs can lead to stigma and marginalization, making it hard for people to seek help," explained Elsa Candelario, DSW, MSSW, LCSW, Professor of Professional Practice and Director of the Latina/o/x Initiatives for Service, Training, and Assessment (LISTA) Certificate Program at Rutgers University School of Social Work and Member of the New Jersey Mental Health Institute Board of Trustees.

> "Mental healthcare providers have an obligation to meet people where they are."
>
> — Tara Chalakani, PsyD, LPC, RN

Socioeconomic Factors and Discrimination Further Limit Access to Services

Many Latinx individuals and families are challenged by the social determinants of health, which include poverty, housing instability, lack of education and insurance, and limited access to health care. "These factors disproportionately affect the Latinx community and create significant barriers to accessing behavioral health services and maintaining overall well-being," Dr. Candelario stated.

Lack of education is a major issue, especially for older Latinx individuals. "They don't understand what health care looks like, both physical and mental health care, and their lack of understanding of mental health leads to resistance to seek help," explained Orlando Reyes, Team Leader of Enhanced Services, Collaborative Support Programs of New Jersey (CSPNJ).

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"Discrimination in behavioral health settings, also known as institutional discrimination, can further deter individuals from seeking services. If clients experience direct discrimination, they are unlikely to return, even after just one call or initial engagement," Dr. Candelario added.

An additional challenge is "another level of discrimination for clients who can't access services due to a lack of culturally congruent options," according to Dr. Candelario. She explained that this includes not having services available in individuals' preferred languages, either through bilingual therapists or linguistically accessible forms and other paperwork. "Other subtle access issues include excessive paperwork and operating hours that don't fit the population's work schedules. And, of course, it's critical that assessments and interventions consider cultural contexts," Dr. Candelario added.

> "When people seeking care see Latinx individuals on staff, their faces light up. This is also true when staff have similar languages, communication styles, religions and beliefs."
>
> — Orlando Reyes

Latinx Culture Accounts for Resistance to Recognize or Speak about Mental Health

Mental health problems in this community "can be difficult to identify because Latinx individuals often focus on physical symptoms rather than psychiatric ones during doctors' visits," according to Dr. Candelario.

In addition, "The Latinx community's mentality about mental health is tied to religion. They believe they can pray problems away and solve them solely with family members," Reyes said.

Leticia Acevedo, Wellness Center Manager, CSPNJ, recalled feeling anxious throughout her childhood and not having anyone to talk to about it because of the culture. "I didn't want my daughter to feel she couldn't feel safe talking to me," she said, sharing her daughter Imani's struggles with bullying at school and the resulting depression and anxiety. "The cycle continues and we need to break it by ensuring everyone is able to talk to someone when experiencing any kind of mental, emotional or spiritual difficulty," she stressed.

Behavioral Healthcare Workforce Is Lacking, Especially in the Latinx Community

Another factor is the low number of behavioral healthcare providers who are part of the Latinx population. According to a three-year survey published in 2020 by the Council on Social Work Education, only 14% of new social workers were Latinx. Although it is unclear how many were bilingual, there clearly is a severe shortage. "This issue is significant because clients are often evaluated differently when assessed in English versus Spanish," Dr. Candelario said.

The language barrier also means that much gets lost in translation. "Not everything gets communicated as it should be. Interpreters may not fully explain to clients what the providers say," according to Reyes.

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Latinx Cultural Differences and Communication Challenges Can Be Mitigated with Engagement Strategies

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Additionally, there are not enough assessment tools specifically created or adapted for use with the Latinx community. As a result, Latinx individuals are more frequently undertreated compared to Whites, according to Dr. Candelario. She shared two examples. "Latinx adolescents use antidepressants and stimulants for attention deficit hyperactivity disorder at half the rate of White adolescents. Furthermore, cultural misunderstandings can lead to over-diagnosis of conditions such as schizophrenia and related psychotic disorders in Latinx adults," she said.

"When people seeking care see Latinx individuals on staff, their faces light up. This is also true when staff have similar languages, communication styles, religions and beliefs," Reyes emphasized.

Acevedo concurred and shared her experiences, both as a provider and a parent. She works at a CSPNJ center in Trenton, where the community is mostly Black and Brown and many are homeless. "They see me consistently, intentionally at the center to help them and when they learned that I'm Puerto Rican and speak Spanish, more of them came to the center. Even though they also know English, speaking Spanish provides an extra connection," she shared. "Our similar appearance also helps. They know they're safe and won't be judged. I help them see the best version of themselves and realize that their situations don't define them."

Acevedo's daughter Imani faced stigma and discrimination in school, which was primarily White. "Finding a female therapist of color is probably one of the hardest things I ever faced; finding a Latina therapist was impossible," she said and explained that she sees Black, Brown and Latinx as the same and wanted a therapist from any of these groups because they understand her culture. "If they don't know the culture, they can't really understand where my daughter's coming from," she stressed. It took more than a month to find a Black female therapist. "She was God sent, like someone my daughter already knew. She related to the struggles we were going through, and she was able to mend our family," Acevedo shared.

Unfortunately, the overall behavioral healthcare workforce shortage means a dearth of bilingual providers. "Even more concerning is that the salary requirements for this additional skill are prohibitive," Dr. Chalakani said.

The prospect of increasing the Latinx behavioral healthcare workforce may seem grim. According to Dr. Chalakani, "When you're viewed and treated as 'less than', it's hard to imagine going to grad school and beyond."

The challenges are even more severe for undocumented individuals. "They're focused on trying to stay safe and under the radar and to make ends meet, so there's no motivation to pursue behavioral health care or careers. Education and training are viewed as insurmountable," Dr. Chalakani explained.

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> — Elsa Candelario, DSW, MSSW, LCSW

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Rutgers LISTA Certificate Program Helps Increase the Latinx Behavioral Healthcare Workforce

To help increase the number of Latinx service providers, Rutgers University School of Social Work developed the Latina/o/x Initiatives for Service, Training, and Assessment (LISTA) Certificate Program, for which Dr. Candelario serves as Director. "This program is doing excellent work to boost the Latinx behavioral healthcare workforce and as a result, increase access to treatment for Latinx individuals," she said.

Social workers are educated to fully understand and relate to Latinx clients. "This isn't just about language, though learning Spanish behavioral health terminology is part of it. It's also about adapting assessment tools and treatment approaches to fit cultural contexts," Dr. Candelario explained.

The program also provides hands-on experience and extensive support, including "mentoring, skill-building forums and scholarships to help more Latinx students enter and succeed in the field," Dr. Candelario said. "We also emphasize the importance of social justice. Our students learn to recognize and address systems of oppression and to educate clients about them, aligning their practice with the social work code of ethics. This approach helps shift the focus from individual problems to community and cultural strengths, reducing the stigma often associated with mental health issues," she stated.

To learn more about the LISTA Certificate Program, please click **here**.

Additional Strategies Help Engage Latinx Individuals in Behavioral Health Care

While hiring more Latinx and bilingual staff may continue to be a challenge, there are other strategies that can help increase this population's likelihood of seeking mental health care when they need it.

"Even if we don't share the culture, we can bridge the gap through communication," Reyes said. "We need to get to know clients so they'll become more open to accepting the support we offer."

"We need to get to the root of the problem. Mental healthcare providers have an obligation to meet people where they are," Dr. Chalakani said. She shared that Preferred Behavioral Health Group is doing this by providing education and resources through partnerships with faith-based communities. "By educating people, especially youth, we can destigmatize mental health. If we build it, they will come — but it must be built in an inclusive, safe and non-threatening way," she stressed.

> "The cycle continues and we need to break it."
>
> — Leticia Acevedo

New Jersey Governor's Council on
Mental Health Stigma
Eliminating Stigma to Ensure Equity for All

Mark Mental Illness Awareness Week by Sharing and Developing Strategies to Engage Underserved Populations

You're invited to the next session of the Stigma-Free Virtual Learning Collaborative hosted by the New Jersey Governor's Council on Mental Health Stigma.

DATE
October 9, 2024

TIME
1:30 - 3:00pm

The Intersection of Cultural Humility & Stigma-Free Zone Initiatives

1. ***Share*** successful strategies and initiatives, as well as valuable resources!
2. ***Learn*** and ***be inspired*** by these past programs!
3. ***Identify*** gaps and ***develop*** game plans for addressing them!
4. ***Brainstorm*** new ideas, and gear up to ***create*** your own activities tailored for your local communities!

NEW JERSEY PROUD TO BE STIGMA-FREE

REGISTER AT:
njamhaa.site-ym.com/events/register.aspx?id=1881598

For registration questions, please contact Tara Shiffert at **TShiffert@njamhaa.org**.

For more information, please contact Cynthia Chazen at **CChazen@njamhaa.org**.

Join the Stigma-Free Zones Learning Collaborative!

As Glenn Close, actress and co-founder of Bring Change to Mind, said, "What mental health needs is more sunlight, more candor and more unashamed conversation." Stigma-Free Zones are essential for encouraging such discussions, and they are clearly impactful.

Now more than ever, our communities need healing by engaging and committing to stigma-free spaces for mental health and wellness. Everyone is encouraged to participate to discover resources and strategies for establishing their local communities and organizations as Stigma-Free Zones. There are also opportunities to share success stories and other news about your Stigma-Free Zones to inspire others!

To express interest in getting involved with the Stigma-Free Zone Learning Collaborative, please click **here** to complete a brief survey and provide your contact information.

Education for All Healthcare Staff and Family Members Foster Support for LGBTQIA+ Individuals

As with having mental illnesses and/or substance use disorders, being lesbian, gay, bisexual, transgender, queer or questioning, intersex or asexual (LGBTQIA+) is not a choice. Unfortunately, there is a lack of understanding throughout much of society, which results in stigma and discrimination. Some behavioral healthcare organizations are striving to meet all needs by providing not only clinical treatment, but also support in pursuing education, securing employment and creating a sense of family and connectedness.

"Authenticity matters and we need to create a safe space for LGBTQIA+ individuals to be their authentic selves," stated Martha Everwine, CADC Intern at Maryville Integrated Care. "We can't lead happy, fulfilled lives if we can't be ourselves," stressed Nicole MacHenry, MSW, LSW, LCADC, CCS, Outpatient Counselor-LGBTQIA+, also at Maryville.

In addition to increasing the number of LGBTQIA+ individuals in the behavioral healthcare workforce and training all employees — not just clinical staff — on LGBTQIA+-related cultural competence, an essential strategy is to take an intersectional approach to serving this population. "We need to take into account all their minority statuses: LGBTQIA+, education level, culture, race, ethnicity and religion, as well as age and neurodivergence," explained JP Pedoto, LSW, Pride+ Program Coordinator and Clinician, Family Connections.

Imani is an example of a youth who endured bullying due to being not only LGBTQIA+, but also Latina. "In high school, racism and homophobia affected my mental health more than I thought it did. A lot of people are not aware of the impact on their mental health," she shared. "Many people of color and/or LGBTQIA+ mask how it feels to be stigmatized and stereotyped. This leads to a feeling of worthlessness. I felt I didn't belong in the school I went to and I believe that if I were physically attacked, no one would come to my aid."

Fortunately, after high school, Imani found a community of people who have experienced the same types of difficult situations. She is also fortunate to have a supportive family, as well, whereas many other LGBTQIA+ individuals need to establish support networks or "found families" with others who share this commonality, and not everyone is able to do this.

Mental healthcare providers with programs tailored for the LGBTQIA+ population meet the needs for social connections and belonging, along with clinical treatment and other affirming services. For example, Maryville assists clients with legally changing their names and genders, and works with healthcare (behavioral and other) professionals, employers and social service agencies to foster understanding and, as a result, welcoming environments where they provide their services.

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Education for All Healthcare Staff and Family Members Foster Support for LGBTQIA+ Individuals

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LGBTQIA+ Community Experiences Increasing Needs for Care amidst a Drastic Shortage of Affirming Providers

Compared to their heterosexual and cisgender peers, LGBTQ+ teens are six times more likely to feel depressed; and LGBTQ+ youth have more than twice the risk of feeling suicidal and are more than four times as likely to attempt to end their lives, according to Mental Health America. In addition, 48% of transgender adults have considered suicide in the past year, compared to 4% of the overall U.S. population.

KFF reported in June 2023 that 67% of the LGBT+ population reported needing mental health services during the past two years, compared to 39% of non-LGBT+ individuals. In addition, only about half of LGBT+ individuals with reported needs sought and received mental health services, which is similar to the rate among heterosexual and cisgender adults.

Among LGBTQIA+ youth, 60% want mental health services, but are not able to receive them, according to The Trevor Project. Although this statistic is staggering, "the problem is actually worse in reality because the statistics don't reflect people who aren't speaking up," Pedoto said.

In addition to stigma from peers, many LGBTQIA+ youth do not receive support from parents or other caregivers. "In New Jersey, 16-year-olds can seek mental health care without their parents' consent. However, LGBTQIA+ comes out when they're much younger," Pedoto stated. "Youth are encouraged to have their parents involved in therapy, but it's difficult for some to get their parents involved," he added.

Feeling bad about themselves commonly leads to LGBTQIA+ individuals using substances along with experiencing depression, which often interferes with education and securing jobs and housing. "Our main goal is to increase self-awareness, self-esteem and confidence to speak up for themselves. As we tackle this problem, substance use becomes less of an issue because they have friends and create meaningful lives for themselves," MacHenry said.

> "Cultural competency is not treating all people the same. This is a disservice. We must treat people differently based on their culture, etc."
>
> — Phil McCabe, CSW, CAS, CDVC, DRCC

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A subset of the behavioral healthcare workforce crisis is the shortage of gender-affirming providers. Actually, this is a problem in all healthcare specialties. "When seeking providers, many say they're affirming and knowledgeable about LGBTQIA+, but many individuals in this population have negative experiences, and once that happens, they're not likely to try other providers," Pedoto said.

"Mental health services may not address LGBTQIA+-related issues. Many of my clients have other therapists for anxiety, depression, etc. Those clinicians can't address their gender and sexuality issues. Pride+ does this," Pedoto stated.

"Representation matters. If we don't see ourselves reflected in those caring for us, how will they understand us?" Everwine commented. "With others who are cisgender, LGBTQIA+ individuals mask their struggles with gender and mental health and their impact for fear of rejection. LGBTQIA+ counselors can understand other LGBTQIA+ people's lives."

"In most medical schools, students and professors don't talk about LGBTQIA+, mental health or substance use. The changes can be slightly better in undergrad and graduate programs, where there is some discussion of LGBTQ clients," according to Phil McCabe, CSW, CAS, CDVC, DRCC, Health Educator, LGBT Cultural Competency, Rutgers University School of Public Health. "Often, counselors who wish to acquire more information will attend conferences and continuing education programs. While this is important, what is missing is the training on working with sexual minorities for all providers. Without proper training, counselors will attempt to utilize a one-size-fits-all approach. And when clients disclose that they're LGBTQIA+ to clinicians, the providers either say the problems are no different because the clients are LGBTQIA+ or advise them to stop using LGBTQIA+ as an excuse," McCabe added.

To address the lack of LGBTQIA+ and affirming providers, the Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies (NALGAP) aims to "confront all forms of oppression and discriminatory practices in the delivery of services to all people and to advocate for programs and services that affirm all genders and sexual orientations," as described on its website. To achieve this goal, NALGAP provides information, training, networking and advocacy about addiction and related problems. Its target audiences are healthcare professionals, individuals in recovery, and others with concerns about the wellbeing of individuals in gender and sexual minority groups.

In addition, NALGAP is working with NAADAC, the Association for Addiction Professionals, to develop standards of care for agencies and for individual clinicians. "A national survey showed that less than 18% of clinicians could identify LGBTQ-specific services that their organizations offer," stated McCabe, who is helping develop the standards.

> "Our main goal is to increase self-awareness, self-esteem and confidence to speak up for themselves. As we tackle this problem, substance use becomes less of an issue because they have friends and create meaningful lives for themselves."
>
> — Nicole MacHenry, MSW, LSW, LCADC, CCS

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Education for All Healthcare Staff and Family Members Foster Support for LGBTQIA+ Individuals

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All Behavioral Health Organization Staff Should Be Trained

As with ethnic and racial groups, the ideal for the LGBTQIA+ community is to have behavioral healthcare providers with the same backgrounds and experiences. However, as recruitment and retention of qualified providers overall — let alone the difficulty in finding LGBTQIA+ workers — will likely continue to be difficult, staff training can go a long way in making LGBTQIA+ individuals feel welcome, understood and, therefore, comfortable going to behavioral healthcare providers.

At Maryville, all employees receive training to develop cultural competence and excellence in best practices. "We discussed real-life scenarios and posted recordings of these trainings on our human resources website," Everwine said. "Our front desk staff, who are not LGBTQIA+, ask questions about pronouns, etc., and this information is included in clients' charts — and updated when needed, as individuals' pronouns may change while they're in treatment."

This training clearly is having its intended, positive impact. "The front desk staff are excited to see the difference in clients. It's a very beautiful thing," MacHenry said.

While many organizations are recognizing the need for clinicians to be trained and having their clinical staff receive this education, many still need to extend this education to non-clinical staff.

"When I receive a training request, it's usually only for behavioral healthcare providers. I say that all staff should be trained to interact in a positive way with LGBTQIA+ individuals and ensure a welcoming environment is created, and I recommend three-hour training for clinical employees plus one hour for other staff. However, not all organizations accept this training for non-clinical staff even though I offer that extra hour at no additional cost," McCabe shared.

"Cultural competency is not treating all people the same. This is a disservice. We must treat people differently based on their culture, etc.," McCabe stressed.

Pedoto has encountered the same resistance regarding training for non-clinical employees. In addition to educating all staff, "options need to be included on intake forms for individuals to specify their preferred pronouns and gender identities," he noted.

One encouraging development is Governor Phil Murphy's signing of the LGBTQI+ Senior Bill of Rights into law in March 2021. The law prohibits long-term care facilities from denying or restricting medical care or reasonable accommodations based on an individual's sexual orientation, gender identity and expression, or intersex or HIV status. It also requires that all residents be allowed to engage with other residents and visitors.

However, "there are still discrepancies that must be addressed," McCabe emphasized.

Continued on page 17

> "Representation matters. If we don't see ourselves reflected in those caring for us, how will they understand us?"
>
> — Martha Everwine

Continued from page 16

Education Is Equally Critical and Effective for Families

Many behavioral healthcare organizations offer education and counseling for family members to enable them to most effectively support their loved ones who have mental illnesses and/or substance use disorders. These services are critical augmentations to the clinical treatment provided for the families' loved ones, especially for those who are LGBTQIA+.

For example, Everwine serves on the board of Parents and Friends of Lesbians and Gays (PFLAG) and leads monthly meetings. "Family members learn how to best support their LGBTQIA+ loved ones. Parents help each other, as many have grieved the 'deaths' of their children who identify as having different genders," she explained.

"We also offer family counseling sessions. For example, we often see couples who have been married for a long time before one comes out as gay. We work through the marital problems that follow. We foster the discussions that they've needed to have for so long," MacHenry added.

Pride+ provides clinical services for families, both with and without their LGBTQIA+ children. "There's more open discussion without the LGBTQIA+ youth there, as their parents and siblings openly ask questions about LGBTQIA+ and how to provide the most effective support," Pedoto said. "Of course, some sessions also include the LGBTQIA+ youth. All of these sessions help improve family dynamics by giving grace and space for all family members to process what's going on," he added.

"It's important to always highlight the LGBTQIA+ population and their unique needs, not just in June, which is Pride Month, and especially now, since we are in an election year. Some LGBTQIA+ people won't vote because they feel they don't have a voice," Pedoto stated.

Services such as those offered by Family Connections, Maryville Integrated Care and Rutgers University indicate that these difficulties may be transformed into positive trends and ultimately result in stronger mental health for the LGBTQIA+ population.

> "We need to take into account all their minority statuses: LGBTQIA+, education level, culture, race, ethnicity and religion, as well as age and neurodivergence."
>
> **— JP Pedoto, LSW**

RESOURCES

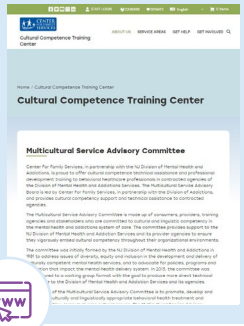
Cultural Competence

01.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

VISIT THE WEBPAGE

02.



Center for Family Services' Cultural Competence Training Center

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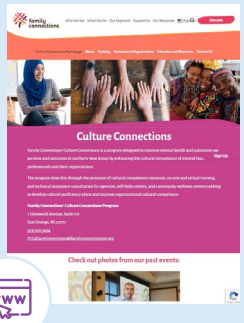

Family Connections' Culture Connections

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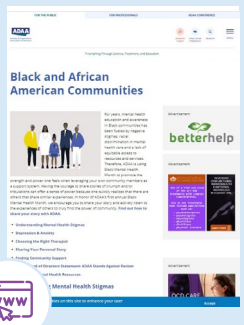
African-American Population

01.



Black and African-American Communities

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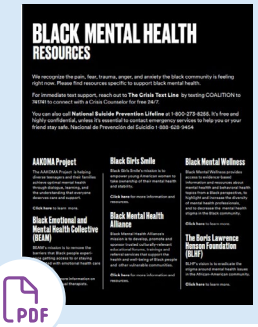
Information on the Anxiety & Depression Association of America's website about these populations and links to websites to connect with Black and African-American behavioral healthcare providers

02.



Black Mental Health Resources on The Mental Health Coalition's website

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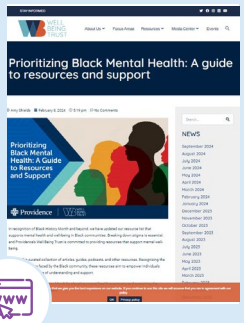

Prioritizing Black Mental Health: A Guide to Resources and Support on the Wellbeing Trust website

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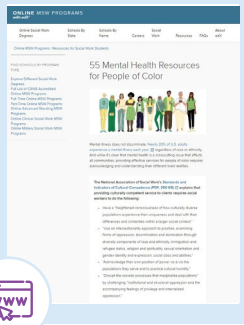
04.



55 Mental Health Resources for People of Color on the Online MSW Programs website

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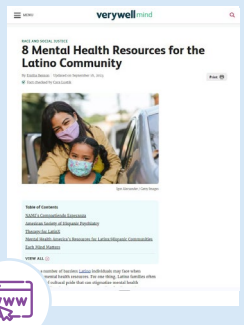
RESOURCES

Latinx Population

01.



8 Mental Health Resources for the Latino Community on VeryWellMind.com

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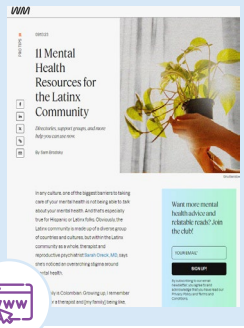
02.



11 Mental Health Resources for the Latinx Community on the Wondermind website

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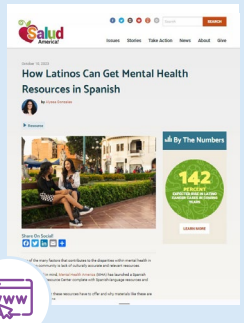

How Latinos Can Get Mental Health Resources in Spanish on the Salud America website

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04.

Mental Health Disparities: Hispanics and Latinos, American Psychiatric Association

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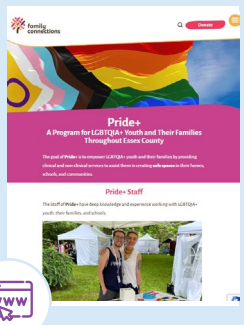
LGBTQIA+ Population

01.



Family Connections' Pride+ Program

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02.

Mental Health Resources in the LGBTQ+ Community on the Human Rights Campaign website

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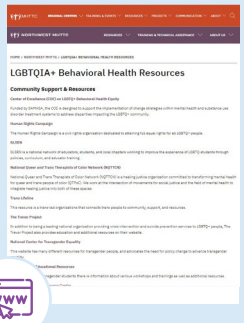
03.



LGBTQIA+ Behavioral Health Resources on the Northwest Mental Health Technology Transfer Center website

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04.

Mental Health America's LGBTQ+ Mental Health Resource Center

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New Jersey Governor's Council on
Mental Health Stigma
Eliminating Stigma to Ensure Equity for All

Mission

The mission of the Governor's Council on Mental Health Stigma is to combat mental health stigma as a top priority in New Jersey's effort to create a better mental health system. Through outreach and education, the Council will send a message that mental health stigma must no longer be tolerated.

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