



ADSCENTER

Resource Center to Address
Discrimination and Stigma

BRIDGING THE GAP BETWEEN WHERE WE ARE AND WHERE WE NEED TO BE

Reducing Stigma and Discrimination among People who are Lesbian, Gay, Bisexual, and Transgender

March 12, 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

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Contact Us

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*The Moderator for this call is **Holly Reynolds**.*



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Disclaimer

The views expressed in this training event do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.



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Questions?

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing **'01'** on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it was received. On hearing the conference operator announce your name, you may proceed with your question.



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Speakers

Mark A. Davis, M.A.

Mark A. Davis, M.A. is a liaison to several communities including behavioral health consumer/survivors, suicide attempt survivors, and individuals and groups representing sexual and gender minority cultures. He is focused on the Philadelphia Behavioral Health System recovery transformation efforts to include LGBT affirming services. He is the Founding President of the PA Mental Health Consumers' Association and has worked in the mental health consumer/survivor recovery civil rights movement since 1985. Mark is a suicide attempt survivor and dedicated to prevention in honor of his sister Jennifer's death by suicide in 1995. He tested HIV-positive on September 27, 1988 and is at the forefront of national efforts to eliminate behavioral health disparities and stigma connected to being HIV-positive and a gay person living with and recovering from bipolar II, addictions, and hearing loss. Mark facilitates the DBSA Pink & Blues, a peer-run recovery support group for LGBT people living with mental health issues at St. Luke's Episcopal Church in the heart of Philadelphia.



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Speakers

Renae Sewell, Programs Director, Hearts & Ears Inc

Renae Sewell is the new Programs Director for Hearts & Ears Inc. (H&E), a drop-in, resource center for the GLBT community and their family members and friends. Renae started with H&E the beginning of September 2006. Previously, she worked as a peer specialist and activity coordinator for Helping Other People Through Empowerment Inc, and also as a peer specialist with the Ethel Elan Safe Haven program, (Transitional Housing), all based in Baltimore city. Renae has also served as Assistant Director for Better Day's Supportive Housing, (a residential housing program for woman previously incarcerated). She has volunteered for Hero, Moveable Feast and NAMI, and is now a member of On Our Own of Maryland's Board of Directors, a member of the Transgender Response Team, a member of NAMI's first GLBT Workgroup that was established June 2007.



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Speakers

Nicholas Love

Nicholas Love is a sexual and gender activist, who is an out and proud, gay, transsexual. Nicholas has been educating about gender expression, alternative sexuality, and cultural diversity in numerous arenas for over a decade throughout Arizona and across the U.S. As a Certified Psychiatric Rehabilitation Practitioner (CPRP), Nicholas has added activism about promoting recovery and reducing stigma of individuals with mental health challenges. He has served on several boards of non-profit and support organizations and has significant experience presenting on topics related to sexuality and diversity. He is currently a member of National Alliance on Mental Illness (NAMI); a Leader for NAMI Gay, Lesbian, Bisexual, Transgender (GLBT) Committee; Board Member of Southeast Valley (SEV) NAMI; Chair of SEV NAMI's Cultural Diversity Committee; a member of US Psychiatric Rehabilitation Association (USPRA); Chair of USPRA Subcommittee of the Multicultural Committee and a member of USPRA Multicultural Committee. He is also a member of Arizona Trans Alliance and serves as their Advisor; Phoenix Police Bias Crimes GLBT Advisory Committee; Southern Arizona Gender Alliance (SAGA); Gay Lesbian Straight Education Network (GLSEN); and National Center for Transgender Equality.



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Introduction

- An estimated 26% of adults 18 and older, or 1 in 4 Americans, experience a mental illness in a given year.¹
- Just like everyone else, lesbian, gay bisexual, and transgender (LGBT) people also experience mental illnesses; but just because someone is GLBT doesn't automatically mean that they will experience a mental illness.²
- LGBT people must confront stigma and prejudice based on their sexual orientation or gender identity while also dealing with the societal bias against mental illness. The effects of this double or dual stigma can be particularly harmful.³



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Introduction

- Most research suggests that GLBT people are likely to be at higher risk for depression, anxiety, and substance use disorders.⁴
- One study found that GLB groups are about two-and-one-half times more likely than heterosexual men and women to have had a mental health disorder, such as those related to mood, anxiety, or substance use, in their lifetime.⁵
- 18 million people have a serious mental illness. A reasonable estimate suggests that about 720,000 are LGBT.⁶



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LGBT Behavioral Health History & Happenings

Mark A. Davis, M.A.

March 12, 2008

Pink & Blues Philadelphia

Weekly Peer Recovery Support Introduction

- Hi I'm Mark!
- A proud gay man
- A person living with Bipolar II (The Sequel)
- In recovery from addictions to alcohol, drugs and cigarettes
- Living 19+ years since testing HIV-positive September 27, 1988
- The good thing today was the opportunity to present on a historic conference call sponsored by the Substance Abuse Mental Health Services Administration titled "Reducing Stigma and Discrimination among People who are Lesbian, Gay, Bisexual, and Transgender"...
- ...and now the nation knows we're here, we're queer and crazy, too!

History Matters and Paves the Way!

- Those storming the Bastille in 1798 included psychiatric inmates. Celebrate Bastille Day July 14th and Mad Pride Month each July!
- Psychiatric inmates, disabled people, homosexuals and transsexuals were first to be experimented on, tortured and gassed during the Holocaust. Black triangles for inmates and Pink Triangles for homosexuals and transsexuals were worn.
- Homosexuality was a mental illness according to the American Psychiatric Association until taken out of the DSM in 1973. An instant cure!
- In 1969 transsexuals and homosexuals led the Stonewall Revolution in NYC. Celebrate LGBT Pride Month each June and all year round!
- At the National Mental Health Consumer/Survivor Conference called Alternatives, the Fruit and Nut Bar was born in Berkley in 1991!
- Zappolarti Society est. in Staten Island, NY February 5, 1992

Together we are the Pink & Black Triangle Society!

Buckle Your Seat Belts

Lesbian, gay, bisexual and transgender people with mental illnesses sometimes have been excluded from:

- Mental Health: A Report of the Surgeon General and companion document on Culture, Race and Ethnicity
- SAMHSA Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders
- The President's New Freedom Commission on Mental Health Report
- National Strategy for Suicide Prevention: A Collaborative Effort of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the National Institute of Mental Health (NIMH), the Office of the Surgeon General, and the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Suicide Prevention Advocacy Network (SPAN),
- "Lesbian, Gay, Bisexual & Transgender People Receiving Services in the Public Mental Health System," a monograph by Alicia Lucksted, PhD, commissioned not published
- State Mental Health and Substance Abuse Plans
- Local plans to serve it's citizens
- LGBT organization and agency plans to serve it's members

The buckle tightens!

PROCLAMATION

ALTERNATIVES '06

PORTLAND, OREGON

**UNANIMOUS PROCLAMATION ADOPTED BY THE GLBT CAUCUS PRESENTED
AT PLENARY LUNCHEON OCTOBER 27, 2006**

Whereas, the gay, lesbian, bisexual and transgender (GLBT) communities are traditionally under-represented, under-served and unidentified by the mental health community; and

Whereas, despite growing awareness among mental health consumers and providers, suicide in the sexual and gender minority culture – according to recent research – continues to be several times greater than that of other communities.

Now, therefore, we the Gay, Lesbian, Bisexual and Transgender Caucus of The Alternatives Conference 2006 demand that the Center for Mental Health Services (CMHS) and the Substance Abuse mental Health Services Administration (SAMHSA) consult with GLBT consumer/survivors equitably, alongside other consumer/survivors to assess the needs of our communities and address them.

Dated this 27th Day of October, 2006

Follow the Yellow Brick Road to Recovery

- The road starts with you, here and now!
- Focus on what CAN be done!
- Inspire change in our personal and professional lives.
- Examine our own expression of bias and beliefs regarding homophobia, heterophobia and transphobia.
- Challenge fear and discrimination based on sexual orientation and gender.
- Imagine Mental Health Consumer/Survivor and LGBT Civil Rights in the context of other historic movements.
- Visualize hate based on who we love and who we are.
- Pay attention to risk factors including, but not limited to suicide, homicide, addiction, violence, depression, rejection, isms, phobias, homelessness, poverty, unemployment, etc – all exasperated by living with a mental illness as sexual and/or gender minority citizens.

YOU CAN BE THE CHANGE AGENT IN YOUR COMMUNITY

Planning – Persuasion – Pride Paths

- What do we fear about LGBT people? Take an LGBT person to lunch and learn from the experts.
- Examine policies, principles and practices in your state, county, hometown and home. Ask where are the LGBT people included.
- Establish nondiscrimination priorities for personnel and people using services. Be active and at the table.
- Create LGBT-affirming and safe environments for LGBT folks as is standard with all people. Be a voice for LGBT affirmation.
- Celebrate our LGBT AND Mental Health Consumer/Survivor Roots.
- Establish alliances with peers, professionals, partners, parents and the public. Organize a meeting of allies.
- Start a peer-support group or informal gathering. It only takes two to start.

Co-Occurring Closets

Ask Ourselves...

What is it like being a sexual and/or gender minority in peer support groups or using mental health services? How does living with a mental health condition affect our life in LGBT communities?

Knowing the human condition includes being sexual and with gender identification, how do we define and express our sexual and gender identity?

What stigmas do we face? How do we experience discrimination?

Can we publicly or privately celebrate our dualities?

Who and what can help us end stigma and discrimination?

Are we ready, willing and safe to open our closets?

Discovery Happens !

“Homosexuality is a discovery, not a decision, and for many it is a discovery which is made against a backdrop where, within their immediate circle of family and friends as well as the wider society, they have long encountered anti-gay attitudes which will do little to help them deal openly and healthily with their own sexuality.”

- Mary McAlleese, President of Ireland addressing the International Association of Suicide Prevention Conference in Killarney, Ireland, August 31, 2007

Why Recreate the Wheel?

Welcome to the **Pink and Blues** And **YOUR** Recovery

Pink & Blues Philadelphia
Founded January 15, 2003

Interactive website in construction: www.PinkandBlues.org

Free

We are a mutual self-help, support and resource exchange group for persons living with mental health issues who are bisexual, gay, intersex, lesbian, transgender or questioning adults.

Our group discussion is a supplement to - not a substitute for - professional treatment. The group does not offer quick fixes or cures and is inclusive of people living with any mental illness diagnosis - both professionally or self-proclaimed. We focus on personal recovery and are not a therapy group. The goal is for members to explore our style of recovery and to avoid unhealthy dependency of others. We promote independence, self-determination and choice. We value safety and respect in our personal/professional lives and in LGBTQ communities.

In crisis contact your support system? There are many local and national resources including the National Suicide Prevention Lifeline 1-800-273-TALK or TTY 1-800-799-4TTY or Spanish 1-888-628-9454

Pink & Blues Guiding Values

We thank St. Luke's for hosting us free of charge and in good faith!

Confidentiality is our priority. Members may not discuss anything outside the group about what is discussed here or who is here. To do so discourages the willingness to share that is necessary for a support group. Members can, however, contact and support each other outside the group.

We share personal feelings, experiences, joys, triumphs and problems during difficult times.

We are the experts in our own recovery. Sharing behavior patterns and actions that we have found to be effective - or not effective - in coping with our illnesses can be of great help for others.

Listening helps us learn from other peer experts.

In order for caring and sharing to work, we must recognize that every member is as vital as we are. Each of us has an important view to share and we can be encouraged, but never forced to speak.

Cell phones and pagers are turned to vibrate or off during the group.

Kindness and support is our aim. Members treat each other, as they would want to be treated, respectfully and without judgment.

Courtesy is contagious. It may take extraordinary courage for some members to reveal personal feelings. Be sensitive to this and refrain from interrupting another person speaking or by cross talking.

Advice is just that, advice. Recommending a particular course of action, physician, treatment or medication is NOT our purpose. Members do express their personal experience in these matters.

You are not glued to your chair, so feel free to take a break outside the meeting room to attend to your personal needs.

Pink & Blues Guiding Values, cont.

If you are sharing suicidal plans or experiencing problematic symptoms, the group facilitator may ask that you seek the help from your support system. You are not alone during this dark period.

Reality checks are encouraged. If you do not understand a topic of discussion or have a question about what was shared, right then and there for better understanding of the conversation. It is not helpful to take misinformation home.

Using I statements enables us to own our own issues. Try to keep focused on yourself, your wellness or your illness rather than talking about other people. Using the names of others is a violation of confidentiality.

We share common themes, struggles and victories.

Announcements and review of guiding values.

Brief introductions - name; sexual & gender identity; mental health diagnosis or other health issues; and something positive to share.

Reclaiming Pride reflection for today is read.

We share what is current today and about our past week.

We remember positives, joys and special milestones to avoid focusing on the negative.

We give feedback when needed and share mutual support for our recovery processes.

Short five-minute break at 8:00 PM

On occasions we go to a local eatery after group to socialize - optional.

Members are encouraged to share contact information and are welcome back each Wednesday.

Thank you for joining us at the Pink & Blues!

Welcome to YOUR Recovery

Power Pointed March 11, 2008

**Peer Support + Suicide Prevention & Wellness Plan +
Pride + Passion + Resources + YOU = Recovery**

Start a Pink & Blues

Peer-run mental health recovery support group for people who celebrate lesbian, gay, bisexual and transgender pride.

Contact Mark A. Davis

215-546-0300 ext. 3301

MADPride1988@yahoo.com

www.PinkandBlues.org – under re-construction

Philadelphia Proud! “Get Your History STR8 and Your Nightlife Gay” ©

Philadelphia LGBT Initiative

www.phila.gov/dbhmrs/initiatives/lgbt

Philadelphia Youth Report

www.philadelphiacompact.org

I am

A mother of 7 and a grandmother of 13
African-American
Gay
A suicide attempt survivor

My Story
By Renae Sewell

How to Reduce LGBT Stigma in Regards to Mental Health Services

Nicholas Love

Follow the Core Principles of Psychiatric Rehabilitation⁷:

- All people are to be treated with respect and dignity.
 - Psychiatric Rehabilitation Practitioners make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.
 - Culture and/or ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.
 - All services are to be designed to address the unique needs of each individual, consistent with the individual's cultural values and norms.
 - The involvement and partnership of persons receiving services and family members is an essential ingredient of the process of rehabilitation and recovery.
 - Psychiatric Rehabilitation practitioners should constantly strive to improve the services they provide.
-

Utilize Inclusive, Non-gendered Language

- Avoid hetero-normal language. It can appear as discriminating, even if unintentional.
- Don't make assumptions regarding the gender of significant others.
- Expand the definition of family to include extended family and family-of-choice.
- Change printed documentation and forms to allow for gender-variant terminology. Be aware of the difference between sex and gender on documentation. Only request information on the sex of an individual on an as needed basis.

Create an Inclusive, Non-hostile Environment

- Display materials that show LGBT images, including magazines, brochures, and posters.
- Display safe-space symbols.
- Have gender-neutral bathrooms.
- Establish zero-tolerance policies regarding bias and stereotype comments and live by example.
- Expand Cultural Competency Training to include LGBT.

Support GLBT Staff

- Allow for pictures of significant others.
- Allow for self-expression among staff.
- Celebrate diversity such as Pride Month, Day of Silence, and Day of Remembrance

Address Cultural Diversity in Treatment and Treatment Planning

- Offer LGBT support groups
- Include significant others and family-of-choice in treatment
- Utilize natural supports through community resources

Partner with GLBT Communities and Organizations

- Display flyers for local LGBT events
- Ask to display agency information at local LGBT establishments
- Include LGBT centers and organization on resource and contact lists
- Partner with other mental health organizations that have already started LGBT inclusion, such as NAMI, USPRA, and Rainbow Heights

Additional Points to Being a Trans Ally

- Don't make assumptions about sexual orientation.
- Don't assume surgeries or hormones equal identity.
- Don't ask, "Have you had the surgery?"
- If you don't know what pronouns to use, ask – politely and respectfully.
- Don't "out" people.

Glossary of Terms

- * Gay is a male identified individual who is sexually and/or emotionally attracted to males. Gay is also used as a blanket term for all homosexuals despite sex or gender identity.
- * Lesbian is a female identified individual who is sexually and or emotionally attracted to females.
- * Bisexual is an individual who is sexually and/or emotionally attracted to males and females.

Glossary of Terms

- * Transgender is someone whose gender expression "transgresses" society's norm. It is used as an "umbrella term" for all gender variant individuals. Due to the board definition, it must be a self-identified label.
- * Queer is a blanket term for LGBT. Many individuals find the word to be derogatory. The younger generations and some academics have embraced "queer" as more inclusive.
- * Gender Variant is a gender identity that does not conform to the standard binary definitions of male or female. Gender variant people may identify as one gender; multiple genders; or non-gendered.

Glossary of Terms

* Transsexuals are individuals who are born into one sex but identify psychologically and emotionally as another. They will generally take action to modify their bodies to match their gender identity. This is referred to as transitioning - aligning one's outward gender expression with their gender identity. The Harry Benjamin Standard of Care (SOC) is intended to provide flexible directions for the treatment of gender identity disorders. When eligibility requirements are stated they are meant to be minimum requirements.⁸ Surgeries are not a necessary or desired action for all transsexuals.

Glossary of Terms

*Intersexual is an individual born with some combination of sex chromosomes or an internal reproductive system that is not considered standard for either male or female. They may be born with a combination of male and female genitalia or “indeterminate” genitalia.

* Gender Identity refers to a person's actual or perceived sex. It is one's internal sense of being male, female, both, neither, etc.

Glossary of Terms

* Gender Expression refers to how one expresses their selves externally – the way they expresses their gender identity.

The difference between identity and orientation is identity is who you are. Who you are sexually and/or emotionally attractive to is your orientation.

* Sex is biophysiological and refers to being male or female. Gender is a social construct and refers to being a man or a woman.

Glossary of Terms

* Homophobia is an irrational fear of, or aversion to, or discrimination against homosexuals. It can also mean hatred, hostility, disapproval of, or prejudice towards homosexuals.

•Heterosexism is the presumption that everyone is heterosexual and/or the belief that heterosexual individuals are superior to homosexual and/or bisexual individuals. Heterosexism is often unintentional.



Questions for discussion are generated by emails sent to the ADS Center. If your question does not appear below, please feel free to contact the ADS Center or the Presenters directly.

Questions for Discussion

- 1.) Please provide suggestions and/or techniques for advocating for the LGBT population within the Mental Health system. How do I help other professionals who don't participate in trainings like this one and who don't realize they have discriminatory attitudes and practices?
- 2.) What national databases are being created to identify public health care physicians and surgeons who have knowledge of and experience with providing health care to transgender persons?

Please note: Questions may have been edited for content and clarity.





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Sources

1, 4-6 As cited by the National Alliance on Mental Illnesses (NAMI). Mental Health Issues among Gay, Lesbian, Bisexual, and Transgender (GLBT) People,

http://www.nami.org/TextTemplate.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=54036

2, 3 As cited by the National Alliance on Mental Illnesses (NAMI). Double Stigma: GLBT People Living with Mental Illness,

http://www.nami.org/TextTemplate.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=48110.



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Resource Center to Address
Discrimination and Stigma

BRIDGING THE GAP BETWEEN WHERE WE ARE AND WHERE WE NEED TO BE

Sources, cont.

⁷ International Association of Psychosocial Rehabilitation Services. “Core Principles of Psychiatric Rehabilitation.” 2008

http://www.uspra.org/files/public/core_principles.pdf

⁸ The World Professional Association for Transgender Health, Inc. “The Harry Benjamin International Gender Dysphoria Association's Standards Of Care For Gender Identity Disorders, Sixth Version.” Feb. 2001. 2008

<http://wpath.org/Documents2/socv6.pdf>



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Resource Center to Address
Discrimination and Stigma

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More Information

For more information, contact:

Mark Davis

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Email: darlenesewell45@yahoo.com

Nicholas Love

Email: diversit@hotmail.com



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Online Resources

National Alliance on Mental Health (NAMI) – www.nami.org

US Psychiatric Rehabilitation Association (USPRA) – www.uspra.org

Harry Benjamin International Gender Dysphoria Association –
www.HBIGDA.org

Rainbow Heights – www.rainbowheights.org

National Center for Transgender Equality – www.nctequality.org



ADSCENTER

Resource Center to Address
Discrimination and Stigma

BRIDGING THE GAP BETWEEN WHERE WE ARE AND WHERE WE NEED TO BE

Resources

Istar Lev, Arlene. *Transgender Emergence – Therapeutic Guidelines for Working with Gender-Variant People and Their Families*. Binghamton: Haworth Clinical Practice Press, 2004.

Israel, Gianna and Tarver, Donald. *Transgender Care – Recommended Guidelines, Practical Information and Personal Accounts*. Philadelphia: Temple University Press, 1997.

Moser, Charles. *Health Care Without Shame – A Handbook for the Sexually Diverse and Their Caregivers*. San Francisco: Greenery Press, 1999.



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Additional Resources

Mental Health Consumer/Survivor Civil Rights Movement Resources

Ongoing Draft by Mark A. Davis – March 11, 2008

National Technical Assistance Consumer and Consumer-Supporter Centers promote the involvement of consumers of mental health services in the transformation of mental health systems nationwide and to assist consumers in gaining the necessary skills to enhance peer-run programs. Funding is from the Substance Abuse and mental Health Services Administration.

“PEERS HELPING PEERS” DBSA Technical Assistance Center (TAC)

730 N. Franklin Street, Suite 501

Chicago, IL 60610

Telephone: (800) 826-3632

www.PeersHelpingPeers.org

National Empowerment Center (NEC)

599 Canal Street

Lawrence, MA 01840

Telephone: (800) 769-3728 or (800) POWER2U

TTY/TTD: (800) 889-7693 or (800) TTY-POWER

www.Power2u.org

National Mental Health Consumers’ Self-Help Clearinghouse (NMHCSHC)

1211 Chestnut Street, Suite 1100

Philadelphia, PA 19107

Telephone: (800) 553-4539 or (215) 751-1810

www.mhselfhelp.org

www.cdsdirectory.org

Additional Resources

National Coalition for LGBT Health

Sponsors of the 7th Annual LGBT Health Awareness Week – April 6-12, 2008

www.LGBTHealth.net

National Center for Transgender Equality

www.NCTEquality.org

National Gay and Lesbian Task Force

www.TheTaskforce.org

SAMHSA ADS Center

www.StopStigma.SAMHSA.gov

NAMI Multicultural Action Center

www.NAMI.org/multicultural

Ulster County, NY Mental Health Association LGBT Training Toolkit

www.MHAinUlster.com

Experiences of LGBT People with Serious Mental Illnesses: Raising Issues

Alicia Lucksted, PhD

Email: aluckste@psych.umaryland.edu

Report released Nov 2004, which is available from the author or at

http://www.rainbowheights.org/FINAL_VERSION.pdf.pdf

Additional Resources: Suicide Prevention, Crisis and Peer Support Resources and Pathways

National Suicide Prevention Lifeline

www.SuicidePreventionLifeline.org

(800) 273-TALK (8355)

TTY (800) 799-4TTY (4889)

Spanish 1-888-628-9454

LGBT Suicide Prevention Hotline

www.TheTrevorProject.org

(800) 850-8078

National Domestic Violence Hotline

www.NDVH.org

(800) 799-7233

GLBT Help Line for all ages

(888) 340-4528 (6p-11p EST)

LGBT Youth Peer Listening Line

(800) 399-7337/PEER (5p-11p EST)

Gay & Lesbian National Hotline

(888) 843-4564

Youth Support Line

(800) GLB-CHAT (10a-6p EST)

GLBT National Youth Hotline

(800) 246-7743