LGBT Populations: Recovery from Addiction and Mental Health Problems

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Substance Abuse and Mental Health Services Administration

An agency of the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Service Administration (SAMHSA) leads the Nation's efforts to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA's goal is a high-quality, self-directed, satisfying life integrated in a community for all Americans. This life includes:

- **Health.** Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- **Home.** A stable and safe place to live that supports recovery.
- **Purpose.** Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- **Community.** Relationships and social networks that provide support, friendship, love, and hope.

To accomplish this goal, SAMHSA targets its efforts to improve the supports, services, and systems that prevent mental illness and substance abuse, and that facilitate treatment and recovery for those at risk for, or who have, mental and/or substance use disorders.

1.0   Overview

*I'm a gay alcoholic. Those two labels have informed my life. At age
15 I went to the library in our home town and looked up every
reference the card catalog had on homosexuality. I learned that I was
psychologically abnormal, that I was illegal, that I was immoral, and
that I was unacceptable.*

Although lesbian, gay, bisexual, and transgender (LGBT) adults in the United States typically are well adjusted and mentally healthy, the Institute of Medicine (IOM) (2011) reports that LGBT populations are at substantially greater risk for substance use and mental health problems. For example, according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (SAMHSA, 2001; Prairielands Addiction Technology Transfer Center [ATTC], 2007):

- LGBT people are more likely to use alcohol and drugs and to continue heavy drinking into later life. In addition, they are more likely to have higher rates of substance use disorders and less likely to abstain from using alcohol and drugs.
- Gay men, lesbians, and male-to-female transgender persons experience methamphetamine use as a significant problem.

Despite limited research on LGBT mental health concerns, studies that compared mental health problems between LGBT populations and the general public reveal similar disparities:

- Gay men are at greater risk for suicide attempts and completions (Stall, Valdiserri, & Wolitski, 2008).
- Depression affects gay men at higher rates, often with more severe problems for men who remain "in the closet" (Berg, Mimiaga, & Safren, 2008; Bostwick, Boyd, Hughes, & McCabe, 2009).
- Women with same-sex partners have higher rates of major depression, simple phobias, and posttraumatic stress disorder (Cochran, Gilman, Hughes, et al., 2001).
- Bisexual men and women report consistently higher levels of depression and anxiety; some studies show rates similar to lesbians and gay men, while other studies show higher rates (Dobinson & Steele, 2008).
- Rates of depression and suicide attempts among both male-to-female and female-to-male transgender persons are higher than for nontransgender populations (Clements-Nolle, Guzman, Katz, & Marx, 2001; Mathy, 2003).
- A multistate study of high school students found a greater likelihood of engagement in "unhealthy risk behaviors such as tobacco use, alcohol and other drug use,

sexual risk behaviors, suicidal behaviors, and violence" among LGB students and students who report having sexual contact only with persons of the same or both sexes, than by heterosexual students and students who report having sexual contact only with the opposite sex (Centers for Disease Control and Prevention [CDC], 2011a).

- "Adverse, punitive, and traumatic reactions from parents and caregivers in response to the children's LGB identity" closely correlate with LGB adolescents' use of illegal drugs, depression, and suicide attempts (Diaz, Huebner, Ryan, & Sanchez, 2009). Conversely, recent research links accepting family attitudes and behaviors toward their LGBT children—such as advocating for their children when they are mistreated because of their LGBT identity or supporting their gender expression—with significantly decreased risk and better general health in adulthood (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

LGBTQI2-S: Note on Language

Over the course of the dialogue, participants emphasized the importance of understanding the distinct components of the *LGBT* population—lesbian, gay, bisexual, and transgender. In recent years, usage of this acronym has evolved in widening circles to *LGBTQI2-S,* where *Q* represents *queer* or *questioning*; *I* represent *intersex*; and *2-S* refers to the Native American term that means *two spirits*. (See appendix A for definitions of these and other relevant terms.) The abbreviation *LGBT* is intended to communicate both inclusiveness and within-group differences (Keystone Pride Recovery Initiative, 2009). Although LGBT groups' experiences and issues resemble each other in some respects—notably, the enduring trauma of negative stereotypes—it is incorrect to assume that the groups' characteristics are congruous. For example, participants highlighted important distinctions between the issues of *sexual orientation* experienced by LGB people and the issues of *gender identity* experienced by transgender individuals. In addition, transgender people, whether male-to-female or female-to-male, may be heterosexual, homosexual, or bisexual, and should not be assumed to be gay. Moreover, participants advised that a portion of the LGBT population identifies as neither male nor female, necessitating an understanding of fluidity of gender in discussions of sexual orientation and gender identity. Consistent with language used by the U.S. Department of Health and Human Services (HHS), this report uses the term *LGBT*.

General health studies reveal additional vulnerabilities among LGBT populations:

- Although multiyear U.S. data show relatively stable annual HIV infections, CDC (2011b) has asserted that an "alarming increase among young, black gay and bisexual men requires urgent action."

- LGBT populations experience higher rates of victimization than the general population (Herek 2009; Willis, 2004; Houston & McKirman, 2007).

Importantly, despite some recent advances in understanding and acceptance, LGBT individuals remain subject to the traumas of negative stereotyping, rejection, marginalization, and discrimination—all of which impede help-seeking behaviors. To compound the problem, LGBT individuals with mental health problems, addictions, or both, may experience additional forms of prejudice and discrimination related to each of those conditions. A study of members of sexual minorities with major mental illnesses shows, for example, that a significantly higher percentage of the LGBT group than the control group expressed dissatisfaction with mental health services. The investigators suggest that perceptions of heterosexism and homophobia are likely contributory factors in the subject's dissatisfaction (Avery, Hellman, & Sudderth, 2001).

Within this context, SAMHSA's Center for Mental Health Services hosted a formal dialogue in 2011 in which participants discussed and translated their personal lived experience into recommendations to advance opportunities for recovery (see sidebar) from mental health and addiction problems among members of the LGBT community. Most participants were people in recovery from mental and substance use disorders, who self-identified as LGBT persons, and they were joined by allies and activists concerned with the recovery needs of LGBT people. The group reflected diversity in sexual orientation and gender identity, as well as age, race, ethnicity, geography, and occupation. They included policy makers, administrators of public and private service systems, treatment providers, advocates and activists, directors of community-based and consumer- and peer-led organizations, researchers, trainers, consultants, and family members, among others.

Recovery: Note on Language

SAMHSA defines recovery from mental disorders and substance use disorders as:
A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA has adopted a series of 10 guiding principles of recovery: Recovery emerges from hope; is person-driven; occurs via many pathways; is holistic; is supported by peers and allies; is supported through relationships and social networks; is culturally based and influenced; is supported by addressing trauma; involves individual, family, and community strengths and responsibilities; and is based on respect (SAMHSA, 2011a).

Building Bridges: LGBT Populations

This LGBT dialogue was part of an ongoing series of dialogue meetings spanning 15 years at which consumers of mental health services have discussed issues of mutual concern with representatives of the systems with which they interact. The composition of this dialogue group reflected SAMHSA's commitment to bring together stakeholders from the substance use disorders treatment and recovery arena and the mental health arena as an integrated and unified behavioral health field. (See SAMHSA's guide to replicating participatory dialogues in the community [Bluebird, 2000].)

SAMHSA convened the dialogue to develop and/or enhance partnerships among people in recovery, to identify specific factors at the individual and systems levels that can promote or hinder recovery for LGBT individuals, and to help participants gain a better understanding of a variety of perspectives and experiences in advancing recovery for LGBT individuals. In addition, by convening a range of stakeholders to address collaboratively the critical need for improving services, supports, and systems designed to address the mental health and addiction recovery needs of LGBT individuals, SAMHSA anticipated that the suggestions and recommendations summarized in this monograph would serve as a starting point for individuals and organizations interested in taking concrete action to improve recovery opportunities for LGBT individuals. To offer greater context, appendix B summarizes federal government actions and recommendations regarding LGBT populations, and appendix C describes SAMHSA's action steps related to LGBT populations proposed to advance the agency's strategic initiatives. Appendix D presents selected resources and references, and appendix E lists dialogue participants.

2.0 Dialogue Themes and Findings

I'm a person living with bipolar disorder. I've been in recovery from addictions to drugs, alcohol, and cigarettes for more than 10 years now, and I tested HIV-positive in 1988. I'm a suicide attempt survivor, trauma survivor, and a hate crime survivor with scars.
I consider myself a MESSS: I have Medical, Emotional, Social, Spiritual, and Sexual needs—although the last S is silent.

Dialogue participants introduced themselves by sharing stories of their personal journeys as individuals who self-identify as lesbian, gay, bisexual, and/or transgender; queer, questioning, intersex, and/or two spirit; as individuals in recovery from mental health issues, addictions, trauma, and/or suicide attempts; and/or as other stakeholders with an interest in advancing recovery opportunities for LGBT populations. They described aspects of their lived experience, presented in their own words in section 2.1, and in the process introduced themes that echoed throughout the dialogue. Section 2.2 presents background briefs on selected major themes that are intended to illuminate features of the LGBT experience. Sections 2.3 and 2.4 present a more detailed discussion of individual-level and system-level factors that dialogue participants considered to promote or hinder recovery from behavioral health problems.

2.1 In Their Own Words

Many dialogue participants recalled the pain of family conflict and rejection . . .

. . . I spent so much of my life in trauma, in dysfunctional families. So much of my life I spent being black, being female, being two-spirited. In some places it was not even okay to be seen and not heard.

. . . I went into foster care around age 17 because my father and I were having a lot of trouble, especially with him knowing I was gay. I didn't want to be home, and he gave me up to the state. I was homeless after I got out of foster care until this year.

. . . and others related stories of unconditional parental acceptance.

. . . I first came out to my parents, and I was blessed that they were supportive of me.

. . . I grew up in a traditional home. My father thought I would go to college and meet a husband. I did not. I came out of high school and met a wife. But I was accepted and loved, as was my partner.

Many LGBT people experience the trauma and discrimination that arise—with long-lasting effects—from negative stereotypes.

> *. . . Experiencing trauma is something that we probably all have in common. When you combine that with issues like race, ethnicity, and poverty, the trauma really gets complicated.*

> *. . . I was convinced that all gay people were destined to have HIV, and I also believed that every gay person in America was addicted to drugs and was an alcoholic. So I became most of those things.*

> *. . . Many clients wanted to talk about LGBT issues, but as a counselor I couldn't talk about who I was because I would have been fired.*

> *. . . Five years ago I was reincarnated, reborn; I had the operation done in Thailand. I raised my youngest daughter myself since she was 2 years old— she's 26 now. I wasn't out, and counselors told me that if I came out as a trans person, and state officials learned about it, they would take my daughter away.*

Some dialogue participants observed that the short-hand "LGBT" terminology neglects the breadth of sexual orientation and gender identity among members of these communities. . .

> *. . . Many bisexuals are in heterosexual relationships, and many people of transgender experience identify as heterosexual. This is an important caveat in addressing treatment issues and recovery.*

> *. . . In LGBT, the T is only loosely connected to the lesbian/gay/bisexual community. Transgender is a gender issue, and a lot of trans people don't want to be connected with LGB because that's considered more a sexual orientation issue.*

In recovery participants have found their lives transformed . . .

> *. . . Integrating myself—with my ethnic identity, with my sexual orientation, with my spirituality—has been the cornerstone of my work. Being able to do that has become a strength in many ways for me, including professionally.*

> *. . . LGBT people aren't just particularly vulnerable people who have special needs. They also have tremendous contributions to make if they're treated like everybody else.*

> *. . . My partner's and my lives are built on and about recovery and what that*
> *means, both in our personal lives and also in the contributions we make*
> *through our jobs and to the world in general.*

> *. . . Following an internship in an LGBT center, I knew I wanted to dedicate my*
> *life to working with adults in the experience of coming out.*

And many LGBT persons have begun to enjoy the fruits of their advocacy and progress
in achieving equal rights . . .

> *. . . I worked at the National Council on Alcoholism as a volunteer, and that*
> *began a life's career. I've been in a number of these settings, and each time*
> *I've had the experience of finally being with my "family" and recognizing how*
> *fortunate I am to have a family of mentors and role models.*

> *. . . I have bipolar disorder. I'm disabled, but I work part time. I am sober from*
> *crystal meth. I'm HIV-positive. My BiPolarBear.us website is about learning,*
> *and I cycle in race events around the country to raise awareness. I've had*
> *stories about me in three publications. The best medicine is when I get an*
> *email from a stranger saying, "I read your article, and it's nice to know that I'm*
> *not alone."*

2.2   Major Themes

In reflecting upon their personal life experiences, dialogue participants raised a number
of core themes related to LGBT individuals' particular vulnerabilities and experiences that
affect their behavioral health as well as their overall health and wellness. This section
provides background on some of these themes as context for the dialogue participants'
recommendations (discussed in section 3.0).

2.2.1   Family Rejection and Family Acceptance

LGBT individuals frequently experience alienation due to lack of acceptance and support
from their families of origin. Alienation and isolation often create emotional distress,
especially for young people who may lack other sources of support, and in turn can
become risk factors for mental health problems (lowered self-esteem and depression, for
example) and use of alcohol or drugs to self-soothe or feel part of a peer group.

Rejection of LGBT family members differs from the norm in many cultural groups for which family support is a major source of affirmation and resiliency. Conversely, families that offer acceptance to their LGBT children bestow an important protective factor against suicide, depression, and substance use disorders in early adulthood (Ryan, Russell, Huebner, et al., 2010).

Some LGBT individuals make a conscious choice to separate from their family of origin as a positive step to enhance self-determination, personal identity, and self-esteem. Others leave home because they perceive themselves to be unsafe among family members who reject LGBT identities in ways that may be psychologically or physically damaging, or both. Giving up family and the support system connected with staying at home may represent the lesser of two evils for some LGBT persons. Still others leave home when their families "kick them out." By contrast, however, many LGBT individuals have redefined what family means to them and have created families of choice: nontraditional families that offer a source of strength and personal affirmation.

2.2.2 Coming Out

Coming out—the individual process by which a person recognizes, accepts, and shares with others one's sexual and/or gender identity—can be a difficult, emotion-laden undertaking. As noted above, many LGBT individuals struggle with prejudice, discrimination, family disruption, and other traumas as they make decisions to come out, and this process places LGBT individuals at especially high risk for suicide, drug and alcohol use, depression, and physical abuse. LGBT young people who come out also may experience homelessness and increased vulnerability to harassment, bullying, or violence in school. Of course, not all LGBT people come out, but even *not* coming out can exact an emotional toll in dealing with the dissonance of "passing" as heterosexual and perhaps enduring the consequences of substance use to reduce anxiety (Prairielands Addiction Technology Transfer Center, 2007). For many LGBT persons, coming out is an ongoing process, not just a single event.

> *. . . Most of us make a conscious choice almost every day about whether or not to disclose our LGBT identity. We may decide to come out to some people, perhaps family members or friends, but not to others, such as work colleagues or people we've just met.*

Age, race, ethnicity, education, socioeconomic status, geography, marital status, and parenthood also may affect the pattern or timing of an individual's coming-out process. See also the discussion in section 2.2.4 on the intersections between LGBT and several of these demographic factors.

Many health providers in practice today learned during their professional training that the sexual orientation of LGB individuals was deviant or pathological. Previous editions of the *Diagnostic and Statistical Manual for Mental Health Disorders (DSM) (e.g., DMS IV,* American Psychiatric Association, 2000) described *gender identity disorder* as a mental disorder.

However, in describing gender-related conditions, the recently release DSM -5 (American Psychiatric Association, 2013) uses the term *gender dysphoria* to refer to "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender." The DSM-5 goes on to explain that, although not all individuals experience distress as a result of such incongruence, many are distressed if they are not able to receive hormones and/or surgery to change their physical appearance to be congruent with their experienced or expressed gender. The current term, gender dysphoria, "is more descriptive than the previous DSM-IV term *gender identity disorder* and focuses on dysphoria as the clinical problem, not identity per se" (American Psychiatric Association, 2013, p. 451.).

Participants reported that some health professionals and organizations marginalize—and some even prefer not to treat—LGBT persons. Keenly aware of this attitude, many LGBT individuals do not disclose their LGBT status to health care providers, and transgender individuals in particular may hesitate to use mainstream health care services. Reluctance to seek healthcare often results in late diagnosis and suboptimal treatment outcomes for LGBT individuals. Moreover, seeking professional or legal help for interpersonal violence equates with coming out (Elliot, 1996, cited in SAMHSA, 2001), a barrier that may impede identification of LGBT victims or perpetrators of interpersonal violence.

2.2.3   LGBT-Related Stress

A growing body of evidence reveals that stress experienced by LGBT persons negatively affects their mental health and their willingness to seek and access care (Warren & Barber, 2009), and their vulnerability to substance use disorders (Eliason, 2010). The minority stress model developed by Meyer (2003) identifies a constellation of stressors that affect LGBT individuals: identity stress related to concealment and/or disclosure of a stigmatized identity and negative internalized identity, expectations of rejection and discrimination, and the experience of violence and threat of violence, including continuous vigilance. While many use the broader term *minority stress* (e.g., Warren & Barber, 2009), some focus on *LGBT-related stress* both to emphasize those stressors experienced by LGBT individuals (Eliason, 2010) and perhaps to distinguish those stressors from other stressors experienced by ethnic minorities or people with disabilities.

The higher prevalence of anxiety, depression, and substance use found among LGB populations results from additive stress related to "nonconformity with prevailing sexual orientation and gender norms" (IOM, 2011, p. 21). LGBT health experts agree that

discrimination, isolation, and other social pressures increase the risk for LGBT individuals, particularly LGBT youth, to use drugs and alcohol to reduce and cope with stress (Meyer, 2003; Eliason, 2010).

Evidence has emerged that racial/ethnic-related minority stressors, both within LGBT communities and in society at large, interact with LGBT-specific minority stressors (Frazer & Warren, 2010). See also the discussion in section 2.2.4 on LGBT intersections with other identities.

2.2.4   Intersection of LGBT with Other Identities

Individual and group identities are complex. In describing its "intersectional" approach to understanding LGBT health, the IOM (2011) indicates that identities are "shaped not just by race, class, ethnicity, sexuality/sexual orientation, gender, physical disabilities, and national origin, but also by the confluence of all of those characteristics." Other observers have recognized additional intersections, including age and immigrant status (Keystone, 2009), substance abuse and dependence, mental health, HIV/AIDS status, aging, education, criminal justice, homelessness, violence prevention, and social isolation (Frazer & Warren, 2010).

The IOM (2011) observes that the experiences of LGBT persons within their racial and ethnic communities affect their ultimate health outcomes by mediating such variables as the process of coming out, their use of supports, and the extent to which they affiliate with the LGBT community. Effects of race, ethnicity, and education are likely to be more significant for low-income than middle-class nonwhite LGB individuals. Geography, too, may play a role in LGBT health disparities in rural areas or areas with fewer LGBT people, where they "may feel less comfortable coming out, have less support from families and friends, lack access to an LGBT community, and have less access to providers" who can offer culturally competent treatment (IOM, 2011, p. 16).

2.2.5   Trauma

Trauma negatively affects LGBT individuals in multiple ways. Many young people contend with the emotional wounds inflicted by rejection by family members and schoolmates, and LGBT people of any age may suffer from the effects of prejudice, discrimination, heterosexism, homophobia, and internalized homophobia. Childhood abuse, adult abuse, and interpersonal violence, along with hate crimes, leave both physical and emotional scars. Even just the fear of violence or anti-LGBT harassment can inflict trauma (SAMHSA, 2001; Prairielands ATTC, 2007). Invisibility may also represent a form of trauma or may exacerbate it (see section 2.2.7).

Research shows that trauma has serious implications for mental health, alcohol and substance use, and related risk-taking behaviors (CDC, 2006). Research shows also that

hate crimes based on sexual orientation bias have more serious and long-lasting psychological effects than other crimes because of the link to core aspects of the victim's identity and community (Herek, Gillis, & Cogan, 1999).

Because individuals who have been traumatized find it more difficult to focus on their physical well-being, behavioral health problems can exacerbate other health challenges faced by LGBT people, including hepatitis C and HIV/AIDS. Moreover, anti-LGBT prejudice often impedes survivors of violence, their partners, and their family members from calling on police, prosecutors, courts, or mainstream victim service agencies for help (National Coalition of Anti-Violence Programs, 2005).

Domestic violence among gay couples is underreported, but as with all couples, there is a connection between domestic violence and alcohol and drug use. Gay people subjected to physical and sexual abuse in their youth have greatest risk for alcohol and drug use (Island & Letellier, 1991, cited in SAMHSA, 2001).

Transgender individuals are likely to experience some form of discrimination, harassment, violence, or a combination, at some point in their lives. The first major U.S. study on violence and discrimination against transgender people found that more than 50% have experienced some type of harassment or violence, or both, during their lives, and 25% reported experiencing a physically violent incident (Lombardi, Wilchins, Priesing, & Malouf, 2001).

2.2.6   Suicide

The Suicide Prevention Resource Center (SPRC) (2008) reports that LGB youth are from one and a half to seven times more likely to report having attempted suicide than their non-LGB peers, while transgender youth also likely have higher rates of suicidal behavior. SPRC cautions, however, that it is impossible to know the exact suicide rate of LGBT youth because sexual and gender minorities are often hidden and even unknown, particularly in this age group. According to CDC (2007), suicide is the third leading cause of death among young people 15 to 24 years old in the United States, and more than 4,000 youth die by suicide each year. Many more young people engage in suicidal thoughts, devise plans to kill themselves, or attempt to take their own lives.

Among adults, as noted in section 1.0, gay men are at greater risk for suicide attempts and completions, and rates of depression and suicide attempts among transgender persons are higher than for nontransgender populations. In fact, a study of a diverse group of transgender and gender nonconforming participants conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality found that a "staggering" 41% of respondents reported attempting suicide, compared to just 1.6% of the general population (Grant, Mottet, and Tanis, 2011).

According to SPRC (2008), risk and protective factors play an important role in helping to explain suicidal behavior. SPRC observes that "LGB youth generally have more risk factors, more severe risk factors, and fewer protective factors than heterosexual youth." In many cases "LGB youth lack important protective factors such as family support and safe schools," and many LGB young people "appear to experience depression and substance abuse." Some risks are unique to LGB youth, for example, self-disclosure of their sexual orientation at an early age.

Stigma and discrimination against LGBT individuals directly relate to risk factors for suicide. For example, "discrimination has a strong association with mental illness, and heterosexism may lead to isolation, family rejection, and lack of access to culturally competent care" (SPRC, 2008). Additional risk factors for suicide attempts include "previous suicide attempt, depressed mood, eating problems, conduct problems, early sexual debut, number of sexual partners, pubertal timing, self-concept, alcohol and drug use, atypical gender roles, loneliness, peer relations, social support, parental attachment, parental monitoring, and suicidal behavior among family and friends" (Wichstrøm & Hegna, 2003).

2.2.7   Invisibility of LGBT Individuals and Groups

In contrast with members of other racial and ethnic minorities, social stigma often renders LGBT individuals invisible to their families, to others in the community, to each other, to society in general, and to behavioral healthcare providers and researchers. Some families view LGBT behavior as rebellion against their traditional values and against the family itself, rather than as a part of an individual's identity, and they withdraw their love and support. LGBT young people often proceed invisibly through their schooling, fearful of shunning, bullying, harassment, and violence by their peers. Because openly identifying as LGBT may jeopardize acceptance by both their families and their ethnic communities, many youth of color hide their sexual orientation and thus may appear even less visible than their white LGBT peers (SAMHSA, 2001).

LGBT people often choose to be invisible in the workplace, where they may fear that self-disclosure will trigger expectable social and economic consequences, and in the social realm negative stereotypes and homophobia make it difficult to establish mutual support with other LGBT individuals. This isolation often leads LGBT people to socialize in gay bars and clubs, which in turn may lead many to develop substance use disorders.

Mental health providers in both inpatient and outpatient settings who deliver services to both LGBT adults and youth typically fail to recognize the need for treatment plans that reflect their client/consumers' unique needs. This lack of recognition signals, especially to LGBT youth, that "their feelings and self-concepts are invalid and unimportant" and may contribute to their sense of isolation (Lucksted, 2004, p. 125).

Certain institutional practices ignore LGBT populations. Importantly, U.S. census enumerations do not inquire about sexual orientation. Lesbians, gay men, and bisexual adults who do not live together in a same-sex relationship remain invisible in census data, and it is impossible to identify transgender people. In the behavioral health arena, intake forms for residential treatment programs typically ask for marital status—ignoring the existence of same-sex (and other) unmarried couples—and some mental health programs do not consider significant others of the same gender to be family members (Lucksted, 2004). Omission of reference to LGBT in such contexts reinforces feelings of invisibility, a sense of isolation, and the belief that "I am the only one in the world who has these feelings."

> *. . . No one ever asks how the elephant in the living room feels when others act as if he does not exist.*

2.2.8   LGBT Across the Lifespan

The experiences and needs of LGBT people differ across the lifespan, and youth and elders may be particularly vulnerable. Young people may experience harassment and bullying in school because of their actual or perceived sexual orientation or gender identity, or they may be subject to family rejection. They may run away from home and then find themselves homeless and/or involved in drug use or in sex work to support themselves. LGBT youth who remain at home may experience greater difficulty with schoolwork, sexual abuse, and alcohol and drug use than their heterosexual peers. And, because minority LGBT youth are particularly vulnerable to family and peer rejection, many conceal their sexual orientation. Many have no clear role models for how to be gay (SAMHSA, 2001).

Some LGBT youth may "use alcohol and drugs to deal with stigma and shame, deny same-sex feelings, or help them cope with ridicule or antigay violence." In addition, LGBT youth face the challenge of learning to manage a stigmatized identity, an "extra burden that makes [them] more vulnerable for substance abuse and unprotected sex, and can intensify psychological distress and risk for suicide" (SAMHSA, 2001, p. 100).

In LGBT culture young adults need not seek relief from negatives in order to be drawn into substance use and abuse. LGBT teens frequently enter "gay society" through bars and clubs, where other patrons may encourage them to drink and use drugs.

> *. . . For some of us, alcohol and drugs were keys that opened doors into a world we had not known existed. We no longer were unique and isolated freaks, but members of a large, underground, "outlaw" culture where we felt accepted and valued—often for the first time.*

Aging LGBT individuals commonly face the dual challenge of actual discrimination and the fear of discrimination, for example, when they contemplate moving into a retirement residence or in their dealings with health and social service networks (IOM, 2011). Like all elder persons, LGBT individuals who are aging may need to rely more heavily on formal supports, services, and systems for assistance—for example, with housing (providing home-based care required for LGBT individuals to remain in their homes as long as possible), nutrition, health, transportation, socialization, financing, and other important needs. Many aging LGBT people feel they must hide their sexual or gender identity and return to the closet at a time when their needs are significantly increasing and when it is important for service providers to be able to accept the LGBT individual for who he or she is, as well as to provide culturally competent services.

2.3   Person-Level Factors Related to Recovery

During the dialogue meeting, participants discussed factors that foster or hinder LGBT individuals' recovery from addictions and mental health disorders. Sections 2.3.1 and 2.3.2 identify factors that affect the individual person, while section 2.4 presents a discussion of system-level factors.

2.3.1   Person-Level Factors That Promote Recovery

Participants identified person-level factors that contribute to wellness and recovery. These factors related primarily to a range of personal strengths and qualities, the ability to develop and experience acceptance and belongingness, sufficient resources to sustain a good quality of life, appropriate treatment and recovery supports, and volunteer and advocacy activities.

Personal strengths. Participants acknowledged the personal qualities they have cultivated and from which they have drawn strength. The courage to come out (see section 2.2.2) played a particularly critical role in participants' recovery.

> *. . . It takes courage for people to come out with their LGBT-ness and their mental health and addiction issues.*

> *. . . I have been clean for 17 years. I didn't get clean until I was 30. I didn't come out until then, and that may have gone hand in hand with my recovery.*

Participants attributed their recovery also to a sense of personal empowerment, the ability to develop and integrate their authentic identity and experiences, engagement in creative activities, and achievement of self-validation.

> *. . . Self-validation, that moment when I didn't need anybody else to say that I was OK, that I was valued, that I deserved to exist and have a life—when I just knew it for myself, that was when I felt that I was really in recovery.*

- **Sense of acceptance and inclusion.** Participants emphasized the value of fellowship, interdependence, meaningful positive relationships, and reconciliation and the restoration of broken relationships. Their recovery has been enhanced by the acceptance of their LGBT identity and orientation by family members and others (see section 2.2.1), and by support from peers.

> *The most important element in my recovery has been my 29-year relationship with my partner.*

> *. . . When I got sober, I got a job at our tribal alcohol program because I knew how to type. My journey began there with unconditional acceptance by my tribe. I had never experienced that before in my life.*

- **Economic stability.** Problems with mental health and substance use disorders may place LGBT individuals (as they do for the general population) at risk for limited education or occupational opportunities. Dialogue participants asserted the importance to their recovery of education, employment and/or a meaningful vocation, a sustainable standard of living and stable housing, affordable healthcare and health insurance that covers medications, and the reassuring presence of an economic safety net.

Treatment and recovery supports. Dialogue participants identified the importance of appropriate, effective treatment and recovery supports to facilitate recovery from addictions and mental health problems. Specific issues they cited include access to an array of affordable, recovery-oriented treatment services; trauma-informed treatment and recovery support services; services given by well-trained, culturally competent, and accepting service providers, including both LGBT and non-LGBT professionals; trusted peers who serve as coaches in the recovery process; access to high-quality general health care; recovery support services provided by certified peer specialists and/or other appropriately trained peers; self-inventory of personal assets; meditation and other holistic practices; and personal plans for maintaining recovery, such as the Wellness Recovery Action Plan (WRAP).

> *. . . We've been doing equity work for a long time. I embrace my identity as a queer activist. We're in the bright days now. We have some incredible opportunities, and we have a lot more work to do.*

> *. . . Now I can see that all my focus has been on substance abuse, with mental health as an add-on—and how much I need to think about what I can do to make mental health stand out more for me and other people.*

2.3.2   Person-Level Factors That Impede Recovery

Participants also identified person-level factors that impede recovery. A history of trauma—including rejection by significant individuals as a consequence of prejudice, and the experience of victimization and violence—represented an overarching theme (see also section 2.2.5). Other factors included unmet basic needs, issues of socialization, and issues related to treatment.

Negative stereotypes and discrimination. Participants cited long lists of impediments to recovery based on homophobia and negative stereotypes of "LGBT-ness." Highlights include rejection, lack of love, abandonment by family of origin, and fear of disclosure.

> *. . . Young people with mental health and substance abuse challenges in public systems fear that if they disclose about LGBT, it becomes official public information, stamped on their file, and passed to foster care providers, group homes, and teachers. Young people lose the ability to protect themselves and to self-disclose—and this fear stops them from reaching out to service providers.*

Other factors include lack of supportive relationships, isolation, and invisibility (see section 2.2.7). Feelings of shame and guilt, low self-esteem, lack of a feeling of authenticity, and internalized oppression also impede recovery. Some participants had endured their families' persistent limited or negative expectations for themselves and their life prospects, and they felt the need, in the face of gay bashing, to suppress anger and defensiveness. Failure to deal well with multiple social identities and oppressions (see sections 2.2.3 and 2.2.4) represents another barrier to recovery. Especially detrimental to LGBT youth are limited positive media portrayals and role models for LGBT individuals.

> *. . . Hearing the statement "people like you cannot . . ." has been a barrier throughout my life.*

> *. . . People say, "You're a gay man, therefore blah blah blah." But I respond, "If you're going to put a label on me, you'd better list all the ingredients, because I'm not just a gay man." A gay man is not just a single entity.*

- **Victimization and violence.** Participants asserted that potent impediments to recovery include victimization due to both real and perceived gender differences and sexual orientation, bullying, LGBT-related stress (see section 2.2.3), and hate crimes.

> *. . . I'm a hate crime victim with scars.*

> *. . . In my city I'm called a faggot when I walk down the street, and my best friend was egged recently on the way home from a gay bar. These things still happen.*

Economics. Poverty and the lack of safe and stable housing represent difficult challenges to recovery from mental health and substance use disorders in the general population, as well as the LGBT community.

Treatment issues. Although treatment concerns may seem more appropriate in a discussion of systems issues, their effect also is felt personally. Participants identified such treatment issues as adverse impacts on recovery, including lack of access to a range of treatment services for substance use, mental health, or co-occurring disorders; lack of coordination among mental health, addiction, and general healthcare services; lack of access to trauma-informed care; prejudiced, hostile providers whose approach and behavior discourage help seeking; and lack of access to recovery supports. HIV treatment settings that miss clients' needs for mental health services impede recovery for LGBT individuals, as do lack of services and understanding in many rural, frontier, and other communities.

Healthcare providers have potential to cause harm by hiring LGBT-identified staff persons to whom all perceived LGBT clients are referred, thus allowing other staff to remain culturally incompetent. Moreover, being openly LGBT does not in itself represent an adequate credential to treat LGBT persons—some providers have not resolved their own issues.

2.4   System and Contextual Factors Related to Recovery

Participants also identified system-level and contextual factors that contribute to or impede recovery from mental health problems and addictions in the LGBT community. In general, *system* refers to various governmental jurisdictions as well as communities and society as a whole. As noted above, dialogue participants acknowledged that individuals often experience personally many of the systemic and societal issues they identified, highlighting the complexity involved in addressing these issues.

2.4.1   System-Level Factors That Promote Recovery

System-level factors that participants assert promote recovery relate principally to culturally competent, trauma-informed, integrated treatment and recovery support services provided by well-trained professionals and peers; public awareness; and social inclusion.

Service delivery issues. Dialogue participants acknowledged the important role that clinical treatment and peer-provided supports can play in promoting recovery for LGBT individuals with behavioral health problems. Participants indicated that clinical treatment and recovery support services should be more available and accessible, and should be grounded in a strengths-based approach. Participants emphasized the importance of delivering culturally appropriate, evidence-based, and best practices for LGBT populations. They also mentioned the importance of an integrated focus on recovery from co-occurring mental health and substance use problems; primary care referrals to mental health and addictions services for persons with HIV/AIDS in a manner that safeguards privacy and confidentiality; referrals to general healthcare resources by behavioral health services providers; healthcare reform that expands insurance coverage for behavioral health disorders; systematic suicide prevention efforts and supports; a range of recovery support services, including peer-operated services; and community-based organizations that provide quality services. In addition, participants acknowledged the value of measurement and evaluation of recovery-oriented services, practices, and programs, and research that confirms the effectiveness of grassroots practices.

Awareness, education, and training. Participants asserted the need for a broad array of educational and training activities to help promote recovery opportunities for LGBT individuals. These include multimedia public awareness campaigns, including the use of social media; video and other technology-driven resources and projects to reduce underage drinking, for example, programs that promote self-esteem, coping skills, and life skills; training on LGBT issues for law enforcement officers, corrections and juvenile justice officers, child welfare and elder facilities workers, and workers in other systems that intersect with mental health and substance use services; language and education that acknowledge the complexity of the adverse issues that impact LGBT populations; coalition building in communities; and positive media portrayals of LGBT individuals

> *. . . From a media standpoint—because that's the best way to reach today's youth—if we were depicted as positive products of society and positive citizens altogether, and not shown as a big second class, that would give us a better opportunity to defeat some of the obstacles that we find ourselves confronting.*

> *. . . We need to put ourselves out there in the media and tell our stories.*

- **Social inclusion.** Dialogue participants asserted the importance of activities that promote social inclusion as an instrument in recovery. These may include community drug- and alcohol-free events, networks, and social settings that engage LGBT persons and promote recovery; peer-operated organizations that promote acceptance of LGBT individuals; and advocacy for inclusion and effective treatment for LGBT populations.

2.4.2   System-Level Factors That Impede Recovery

Although some systemic factors promote recovery from mental health problems and addictions in the LGBT community, certain institutional and societal factors represent barriers. Participants placed particular emphasis on issues related to societal LGBT prejudice and discrimination, and to suboptimal treatment services provided to LGBT individuals.

Negative stereotypes and discrimination. Participants observed that negative media depictions of the LGBT community and mainstream political considerations that deny attention to the needs of LGBT populations impede recovery.

Discrimination against members of the LGBT community takes a number of forms: discrimination against LGBT individuals in the mental health consumer world, discrimination within some LGBT communities against racial and ethnic minorities and persons who are HIV-positive, and discrimination by providers who, on principle, do not serve LGBT people.

> *. . . I never felt safe to be gay in the mental health world, and I never felt safe to be crazy in the gay world.*

> *. . . When I do supervision and training with budding clinicians or interns, some say, "I don't want to work with someone who is LGBTQ because of my values."*

LGBT-related stress (some prefer the term *minority stress*) (see also section 2.2.3), considered to result from a history of systematic denial, prejudice, and discrimination focused on a particular group of people, denies people access and functioning.

> *. . . Minority stress has many impacts, including trauma, and results in physiological effects of trauma similar to being in a fire, plane crash, or war.*

Treatment and systems of care. A large number of treatment issues impede recovery for LGBT individuals. Participants reported that many administrators and substance use treatment workers have had inadequate training to deal with LGBT issues respectfully, supportively, and openly, and many mental health workers have

had no training on LGBT issues, especially in state-operated and veterans care facilities, in Indian Country, and particularly on transgender issues.

Governmental jurisdictions and researchers have collected sparse data on LGBT populations, resulting in a limited evidence base on programs and practices that aim to improve the behavioral health of LGBT persons, and on numbers of LGBT persons who require services. The invisibility of LGBT populations (see section 2.2.7) plays a role in engendering a lack of culturally appropriate services and hinders access to supportive peers also seeking recovery. LGBT individuals often have limited awareness of local resources for treatment and support, and organizations and communities engage in insufficient outreach to make care accessible. LGBT youth typically lack confidentiality protections in public healthcare and allied systems, increasing their vulnerability to the perils of inadvertent disclosure, and rural communities often lack the infrastructure to provide confidential HIV treatment and care. The absence of outreach in HIV clinics, bars, and other LGBT settings to motivate engagement in mental health and addiction treatment services represents another barrier to recovery.

> *. . . We need free brochures on mental health in the gay community for gay people to pick up in HIV/AIDS clinic waiting rooms.*

Other challenges to LGBT individuals' recovery include the socioeconomic factors that also affect the general population, such as poverty, as well as the need to train and retrain multiple generations of caregivers regarding inclusion and cultural considerations. Moreover, conflicts exist between decision makers and grassroots providers and others on behavioral health issues relevant to LGBT populations, and conflict also exists within the LGBT community regarding the legitimacy of some of its components.

> *. . . There's conflict within our LGBT community about who belongs, what we're supposed to believe, what's OK and what's not, and who we're supposed to support. For example, it's easier to get legislation passed to support LGB issues if you drop your emphasis on transgender.*

3.0   Recommendations for Action

*I'm here today because recovery works. After I had 2 years clean, I
was working in the sex industry—that's all I thought I had to offer.
A gender identity project took a major risk in bringing people from the
community into the project to run it. At that time it was unheard of not
to pathologize trans people or give them a voice to discuss their
issues.*

Dialogue participants proposed a series of recommendations to SAMHSA and other
stakeholders for concrete actions to advance recovery opportunities for LGBT people.
Stakeholders include mental health consumers and/or people in recovery from
addictions, policy makers at all levels, systems administrators, researchers, practitioners,
providers, and foundations, among others. These recommendations relate to policies,
programs, practices, training and technical assistance, public awareness, and other
efforts.

3.1   Participants' Major Recommendations

- Incorporate language in SAMHSA's contracts and grant programs to require or
  suggest, as appropriate, a focus on LGBT populations where appropriate.
- Promote cultural competence regarding LGBT populations and issues.
- Improve data collection among LGBT populations and evaluation of programs and
  practices targeted toward LGBT populations, as well as mainstream programs that
  serve LGBT clients.
- Implement SAMHSA's LGBT Action Steps (see appendix C).

3.2   Participants' Strategic Recommendations

3.2.1   Training and Technical Assistance

- Convene an expert panel to develop culturally competent curricula for healthcare
  providers.
- Provide ongoing training and technical assistance to promote implementation of
  LGBT best practices for behavioral health workers.
- Encourage academic institutions to incorporate studies on substance use and
  mental health disorders among LGBT populations as required coursework in
  professional training programs.

- Educate diverse stakeholders in cultural competence on LGBT issues—for example, workers in public mental health, substance use, child welfare, and other social services agencies; primary care providers; workers in corrections and juvenile justice systems; school system personnel; university/college teachers; religious and faith-community organizations; and community-based organizations.
- Develop training and materials to equip community organizers and human services organizations and practitioners to engage effectively in outreach to LGBT populations.
- Disseminate evidence-based anti-bullying curricula and training programs for teachers, coaches, and others who work with children and young people.
- Create LGBT-related educational materials for delivery via webinars and face-to-face technical assistance.
- Design and offer peer-to-peer training on LGBT-related issues.
- Include a focus on mental health in the update and revision of SAMHSA's (2001) "A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals," the Spanish-language version (Caribbean Basin and Hispanic ATTC, 2010), and the English-language training guide (Prairielands ATTC, 2007).
- Update and synthesize existing informational resources.
- Involve LGBT survivors of suicide attempts in developing educational materials for the public.

3.2.2   Treatment and Recovery Supports

- Ensure access to culturally competent mental health and substance use disorders prevention, treatment, and recovery support services nationwide.
- Address recovery from mental health and substance use disorders in an integrated fashion.
- Amplify suicide prevention efforts targeted to LGBT populations.
- Establish a student loan forgiveness program for service providers in underserved areas.
- Promote and support peer models of recovery support, including models tailored specifically to meet the needs of LGBT populations spanning the life cycle.
- Promote a variety of recovery models, acknowledging the many pathways to recovery.
- Advocate for deletion of *transgender* from future versions of the *DSM.*

> *. . . One of the biggest problems for the trans community is that transgender appears in the DSM as* sexual identity disorder. *That really causes problems. Every time I've gotten counseling for depression and anxiety, they call it being transgender. For me, anxiety and depression come from not being accepted in society—it's not an issue of mental illness.*

- Offer training for providers on transgender as a diverse and complex experience for an individual seeking treatment.

  > *. . . The experience of transgender is still widely viewed as an illegitimate experience. Persons seeking treatment need to be engaged with empathy, support, education, acknowledgment. A clinician need not be an expert on the subject in order to meet clients where they are in their own process. They need resources to offer to clients, who then have responsibility for gaining more knowledge.*

- Disseminate culturally competent LGBT practices and recovery support approaches in partnership with faith-based and human services organizations.
- Conduct a scan to identify policies that impede or promote recovery, for example, housing regulations that prohibit unmarried cohabitation as an impediment to recovery, policies that promote health insurance coverage for domestic partners as a support.
- SAMHSA convene a workgroup to develop and present LGBT training, resources, and education for behavioral health audiences to identify best practices and models.
- Promote and support peer recovery supports and services with a specific focus on LGBT individuals.
- Establish peer-run warm lines operated by peers trained in LGBT issues.
- Encourage and support involvement of LGBT consumers/peers in policy and service delivery discussions and decisions.

  > *. . . Consumers must be at every table that has anything to do with mental health and substance abuse treatment.*

- Using community organizing strategies, reach out to engage LGBT people in recovery.

  > *. . . The best ways to meet gay men today are on the Internet and hidden in disclosed bars. So how do you find gay people to enhance recovery opportunities? Through community engagement strategies, our coalition convinced all 35 gay bars in my state to institute an alcohol abuse prevention program.*

- Develop and implement social inclusion programs.
- Advocate for systems and services providers to develop a broad definition of *family* to be inclusive of the range of experiences of LGBT clients/consumers.
- Providers consider questions such as: Who has the authority to make decisions for a consumer's welfare (for example, as the partner of a young gay man)?

- Mandate all federally funded HIV/AIDS/sexually transmitted disease programs and services to screen for substance use and mental health disorders, and to provide appropriate education and counseling.

3.2.3   Data Collection and Quality

> *. . . A growing body of research in LGBTQ communities reveals connections between family rejection, isolation, and minority stress on one hand, and mental health, mental illness, recovery, and substance abuse on the other.*

- Convene an expert panel, as recommended by the National Coalition for LGBT Health, on data collection issues, including strategies for data collection at national and program levels.

> *. . . Outcome data is necessary to demonstrate what makes care more effective and provides better outcomes.*

- Develop guidelines and training to address privacy and confidentiality issues in collecting LGBT data at the program level.
- Allocate resources toward development of LGBT evidence-based practices and service-to-science initiatives.
- Identify, evaluate, and add to SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) local, effective programs that target LGBT populations.
- Collect data on suicide among adolescents in LGBT communities.

3.2.4   Partnerships

- Promote public/private partnerships involving LGBT consumer, provider, research, and policy experts, and mainstream behavioral health including SAMHSA and experts at the local level.
- Foster collaboration between SAMHSA and the National Network to Eliminate Disparities in Behavioral Health (NNED) to address the intersection of racial/ethnic and LGBT disparities.
- Community-based organizations develop collaborative partnerships based on common issues, thus strengthening their ability to secure foundation funding.
- Through public/private partnerships, SAMHSA promote an externally developed LGBT resource center (on the order of CSAT's Addiction Technology Training Centers [ATTCs] or National Clearinghouse for Alcohol and Drug Information).
- Develop a resource to educate individuals and organizations to investigate, identify, and secure private funding for LGBT support organizations.

3.2.5   Trauma and Justice Issues

- Identify LGBT-relevant resources to promote trauma recovery and disseminate through NNED, National Coalition of Antiviolence Programs, ATTCs, and other mechanisms.
- In promoting evidence-based practices for trauma recovery in LGBT populations, use and expand on current research on LGBT-related/minority stress (see section 2.2.3) and intersectional disparities (see section 2.2.4) in LGBT populations.
- Convene a dialogue among members of the LGBT community and personnel from criminal justice with a focus on trauma and LGBT issues.

3.2.6   Public Awareness

- Promote communities' use of SAMHSA's Strategic Prevention Framework to identify problems related to LGBT populations in the community and tailor approaches to address them.
- Replicate the LGBT recovery dialogue in communities nationwide to promote increased understanding, respect, and social inclusion (Bluebird, 2000).
- Educate and train young people to serve as the next generation of advocates.

> *. . . Before I came here, I didn't have a fire in me for the LGBT cause, but this dialogue has lit a fire within me and created something that will continue.*

- Advocate for legal sanctions against discrimination on the basis of sexual identity and gender identification.
- Advocate for support of marriage equality, a policy that promotes recovery.
- Educate individuals and organizations to engage social media (e.g., YouTube, Facebook, personal websites, podcasts, blogs) to promote recovery for all individuals, including LGBT persons.
- Encourage members of the LGBT recovery community to tell their stories of recovery in a variety of media and venues.
- Create and disseminate brochures to HIV clinics, primary health clinics, gay community centers, and other settings that help LGBT people access help for mental health and substance use disorders.
- Engage social and mainstream media to portray positive images of LGBT people, including LGBT people in recovery.
- Mount a media campaign for suicide prevention and behavioral health promotion targeted at LGBT populations.
- Engage LGBT champions to serve as role models for recovery.
- Establish an "LGBT Recovery Hero Award" for SAMHSA's Voice Awards program,.

> *. . . When I contemplate recovery, I need to have an image in my mind to hope for. If I tell my mom what's going on, she needs to have an image of success— and we don't have that.*

- Promote observances by community organizations and individuals of SAMHSA-sponsored National Recovery Month and National Wellness Week.

4.0   Milestones in the LGBT Mental Health Consumer Movement

Consumer activist Mark A. Davis offered highlights of the history of LGBT mental health consumers' struggles to come out within a closeted movement. He emphasized that the recommendations that emerged from the LGBT dialogue meeting have their roots in this history of milestones in the U.S. up to the time of the Dialogue Meeting.

June 28, 1969. The historic Stonewall Revolution—riots that ensued following a New York City police raid on the Stonewall Inn, a gay club—marked the start of the LGBT civil rights movement. A year later, on June 28, 1970, the first Gay Pride marches took place in Los Angeles, Chicago, and New York.

1973. Homosexuality as a disorder was deleted from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

1981. The Centers for Disease Control published documentation of a new illness from which a small number of homosexual men had died. The disease later became known as HIV/AIDS.

1983. The People With AIDS Self-Empowerment Movement articulated the Denver Principles, in which they proclaimed, in effect: "We're people living with, not dying from, AIDS."

1989. In South Carolina at the 1989 Alternatives Conference (a national conference organized by and for mental health consumer/survivors), a small group of individuals tried to hold a gay and lesbian caucus, but the facility would not make a room available to them.

1991. A small group at the Alternatives Conference in Berkeley, California, met in a rooftop "classroom" with grass and trees, which inspired the term "Fruit and Nut Bar," a tongue-in-cheek self-description. Since that time LGBT people at Alternatives Conferences have identified themselves with rainbow ribbons attached to their nametags.

1992. The Zappalorti Society, the first LGBT peer-run mental health support group, was founded at the LGBT Center in New York. The support group has met continuously since that time.

1992. The Alternatives Conference in Philadelphia featured an LGBT track with workshops and caucuses held for the first time out of the closet.

1990s–early 2000s. The Pink & Black Society consisted of support groups in the 1990s and early 2000s. The society's name recalls the Nazi symbols for the homosexual and transvestite populations (pink triangles) and for asocial groups, which included inmates in asylums (black triangles).

2001. The first LGBT Depression and Bipolar Support Alliance (DBSA) chapter was established in Oklahoma City.

2001. In Baltimore, the nonprofit organization for LGBTQ individuals with mental health issues and concerns called Hearts and Ears established a consumer-run drop-in center and office. In collaboration with professionals, consumers, and diverse communities, the organization sponsored a 2003 Mission Possible conference that brought attention to issues important to LGBT mental health and addiction communities.

2003. Pinks and Blues Philadelphia was established as a mutual self-help, support, and resource exchange group for adults living with mental health issues who are LGBT.

2006. At the Alternatives Conference in Portland, Oregon, delegates issued a proclamation on the critical need to address the crisis of death by suicide across all LGBT generations and to save the lives of LGBT people of all cultures, demographics, and communities across America.

2008. The Commonwealth of Pennsylvania established the Keystone Pride Recovery Initiative to make recommendations for policy, training, data collection, evaluation, resources, and culturally affirming services. The initiative became the first LGBT Statewide Consumer Network to receive SAMHSA funding to support cultural competence training in the provision of behavioral health services to LGBTQI individuals.

2010 and 2011. New York City's LGBT E/Quality Conferences focused on LGBT mental health issues.

2012. SAMHSA sponsored a dialogue meeting on LGBT issues in Washington, DC.

Many other milestones have advanced the rights and addressed the needs of people with mental health and addiction issues in LGBT communities across America.

Note: Mark A. Davis received SAMHSA's 2009 Voice Consumer Leadership Award for his leadership on LGBT issues.

Appendix A. Glossary

The terms in this glossary are presented to facilitate an understanding of the discussion in this dialogue. Many other resources offer differing definitions for these terms. Unless otherwise indicated, the definitions here appear on the lgbthealthchannel website.[*]

Bisexual. Bisexuality is the capacity to be romantically and/or sexually attracted to individuals of more than one sex. The term *bisexual* may be used to describe self-identity, behavior, or both. It may be used to describe a person's past, present, or potential range of romantic and/or sexual attraction. Bisexual people may be monogamous, nonmonogamous, or celibate, and may never have had sex with men, with women, or with anyone at all.

Coming out (also called *coming out of the closet* or *being "out"*). Refers to the process during which a person acknowledges, accepts, and in many cases appreciates his or her sexual orientation or gender identity/expression. This often involves sharing of this information with others. The process of coming out to oneself and to others is unique for every individual (Youth Pride, 2010).

Gay. *Gay* is often used interchangeably with *homosexual* to describe sexual orientation and practice between people of the same sex. It is also used to refer inclusively to the LGBT community (e.g., gay pride day). However, *gay* is used more commonly to describe men whose predominant or sole attraction is to men, but some women also use the term for themselves as an alternative to the word *lesbian*. Someone who identifies as gay may have sex with someone of the same sex, the opposite sex, or may not have sex.

Gender. *Gender* is a social role that is mandated by society and culture; it is an identity. Gender, because it is usually associated with sex, is frequently assumed by the dominant culture to be certain and unchangeable. The practice of thinking and behaving outside of a socially proscribed gender, like man or woman, is common in the LGBT community and the reasons are typically social and/or political.

Gender identity. *Gender identity* refers to one's basic sense of being a man, woman, or other gender (such as *transgender*) (Bockting, 1999).

Heterosexual. *Heterosexual*, or straight, people are attracted primarily or exclusively to people of the opposite sex. Some heterosexual people are attracted to people of the same sex but have sex only with the opposite sex. Others who consider themselves heterosexual may have sex with men and women, and still others may not have sex.

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[*] website: http://www.healthcommunities.com/lgbt-health/overview-of-lgbt-terms.shtml

Homosexual. *Homosexual* people are attracted primarily or exclusively to people of the same sex. The term may be used to refer to gay men, lesbian women, or bisexual men and women. Some homosexual people are attracted to people of the opposite sex but have sex only with the same sex. Others who consider themselves homosexual may have sex with men and women, and still others may not have sex.

Intersexual/intersex. The terms *intersexual* or *intersex* refer to those who possess biological characteristics of both sexes or sexual anatomy that is indeterminable.

Lesbian. A *lesbian* woman is primarily attracted to women. She may have sex with only women, with men and women, or with no one. Some women who have sex with only women resist the term *lesbian* due to stigma. Alternatively, some bisexual women may use the word *lesbian* in order to identify with the lesbian community for political reasons.

LGBT-related stress. See *minority stress*.

Minority stress. *Minority stress* refers to the chronic stress experienced by LGBT individuals related to stigmatization, marginalization, and lack of institutional and social supports within a predominantly heterosexual society (Warren & Barber, 2009). Some people prefer the term *LGBT-related stress.*

Queer. Although *queer* is used frequently as a derogatory term for homosexual people, some members of the LGBT community use it positively to refer to themselves or their community. It can refer to the whole spectrum of sexuality/gender experiences, including lesbian, gay, bisexual, and transgender. *Queer* is sometimes a preferred label for those who feel that other sexuality/gender labels are not suitable. However, not everyone finds the term empowering; some resist it because of its derogatory use among homophobic people.

Questioning. *Questioning* refers to persons who are uncertain about their sexual orientation and/or gender identity (Poirier, Francis, Fisher, et al., 2008).

Recovery. *Recovery* is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA, 2011)

Sexual orientation and preference. *Sexual orientation* refers to one's sexual response to others. It may be homosexual, heterosexual, bisexual, or lesbian. Some people prefer to say *sexual orientation* over *sexual preference*, because *preference* implies that attraction is a choice instead of an innate characteristic. For others, *sexual preference* is acceptable or preferred, because it implies that primary sexual attraction is a choice. In either case, a person's preferred term may be fueled by social or political reasons.

Regardless, sexual orientation is a component of character and is different from sexual behavior; as some people are psychologically attracted to both sexes but have sex with only one.

Transgender. *Transgender* refers to people who for various reasons adopt a gender identity that is incongruent with their physical anatomy or with the gender status imposed on them by dominant culture (i.e., man, woman). *Transgender* also refers to people who alter their sexual anatomy through surgery, hormone use, or natural methods. The term, therefore, includes non-, pre-, and post-operative transsexuals (people in transition to another sex) and transvestites (people who wear clothes conventionally associated with the opposite sex).

Transgender people may consider themselves to be gay, lesbian, bisexual, transsexual, heterosexual, or none of these. They may identify explicitly with being male or female, a man or a woman, or they may not identify with any of these. A related word used by some people in the LGBT community is *gender queer*, which generally refers to someone who resists male or female labels.

Two spirit (2-S). Adopted in 1990 at the third annual spiritual gathering of GLBT Natives, the term derives from the northern Algonquin word *niizh manitoag*, meaning *two spirit*, and refers to the inclusion of both feminine and masculine components in one individual (Anguksuar, 1997).

Appendix B. U.S. Department of Health and Human Services: Actions to Improve the Health and Well-Being of Lesbian, Gay, Bisexual, and Transgender Communities

Appendix B summarizes efforts by the U.S. Department of Health and Human Services (2011) to improve the lives of LGBT people and presents recommendations for future action. The recommendations were developed in response to the Presidential Memorandum on Hospital Visitation, which, in addition to addressing the rights of patients to designate visitors regardless of sexual orientation or gender identity, directed the HHS Secretary to explore additional steps HHS could take to improve the lives of LGBT people.

For too long, LGBT people have been denied the compassionate services they deserve. That is now changing. HHS continues to make significant progress toward protecting the rights of every American to access quality care, recognizing that diverse populations have distinctive needs. Safeguarding the health and well-being of all Americans requires a commitment to treating all persons with respect while being sensitive to their differences.

Summary of Actions

- **Equal Employment Opportunity Policy.** In March 2011, Secretary Sebelius updated HHS's equal employment opportunity policy, which already prohibited discrimination based on sexual orientation, to explicitly protect against unfair treatment of employees and applicants for employment based on gender identity and genetic information.
- **Nondiscrimination Policy.** On April 1, 2011, the Secretary issued a new policy explicitly requiring HHS employees to serve all individuals who are eligible for the Department's programs without regard to any nonmerit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.
- **Hospital Visitation.** The President's Memorandum on Hospital Visitation directed HHS to initiate rulemaking to ensure that hospitals receiving Medicare or Medicaid payments respect the rights of patients to designate visitors, regardless of sexual orientation, gender identity, or any other nonclinical factor. On November 17, 2010, HHS issued the final rule affirming those rights.
- **Advance Directives.** The President's Memorandum also called for new guidelines to facilitate hospitals' compliance with existing regulations allowing patients to designate who they want to make medical decisions on their behalf through advance directives. The Centers for Medicare and Medicaid Services is on track to issue these guidelines in the coming months.

- **Internal LGBT Coordinating Committee.** To ensure effective coordination of LGBT-related policies and the consideration of LGBT concerns throughout HHS's activities, Secretary Sebelius established an internal committee of senior representatives from each operating and staff division of the Department and named Assistant Secretary for Aging Kathy Greenlee, Assistant Secretary for Health Howard Koh, and Acting Assistant Secretary for Children and Families David Hansell to co-chair this committee. The committee will produce an annual report on the Department's key accomplishments and upcoming initiatives.
- **Institute of Medicine Study on LGBT Health.** The National Institutes of Health (NIH) funded a study by the Institute of Medicine (IOM) to identify research gaps and opportunities related to LGBT health and outline a research agenda. The results of this study, announced on March 31, 2011, will assist HHS in enhancing its research efforts.
- **Healthy People 2020.** Every 10 years, HHS develops national, science-based objectives for promoting health and preventing disease for the following decade. In 2010, for the first time, a formal workgroup was formed to examine the scientific literature and propose objectives regarding LGBT health. This initiative is part of HHS's overall effort to strengthen LGBT data.
- **National HIV/AIDS Strategy.** On July 13, 2010, Secretary Sebelius joined the President and Jeffrey Crowley, director of the Office of National AIDS Strategy, in announcing the National HIV/AIDS Strategy, a rigorous effort to increase access to care and lower the number of new HIV cases in the United States by 25 percent within the next five years. The strategy seeks to reduce HIV-related health disparities with a specific focus on high-risk populations, including LGBT populations.
- **Affordable Care Act.** The health care law is helping to improve access to care for all Americans, including individuals in the LGBT community. Studies have shown that health disparities related to sexual orientation and gender identity are due in part to lower rates of health insurance coverage and a lack of cultural competency in the health care system. As HHS implements the Affordable Care Act, it will pay close attention to the unique rights of LGBT populations and continue to include LGBT health experts on Affordable Care Act and other advisory boards, as appropriate.
- **Tobacco Control.** The 2009 Family Smoking Prevention and Tobacco Control Act authorizes the Food and Drug Administration (FDA) to regulate the content, marketing, and sale of tobacco products. These efforts, combined with tobacco cessation initiatives across HHS, have the potential to save millions of lives, particularly among high-risk populations, including LGBT populations. On November 10, 2010, HHS released a Department-wide strategic action plan to reduce tobacco use. To address higher smoking rates among LGBT individuals, this plan emphasizes the need for more research and calls for the increased development of evidence-based, population-specific treatments and interventions. HHS will continue to work toward meeting these needs.

- **Aging Services.** In 2010, HHS funded the nation's first national technical assistance resource center to support public and private organizations serving the unique needs of LGBT older adults. HHS also published a toolkit for providing respectful and inclusive services for diverse communities, including LGBT populations.
- **Anti-bullying Efforts.** Last year, HHS collaborated with five other departments—Education, Agriculture, Defense, Interior, and Justice—to establish a federal task force on bullying. HHS also announced an unprecedented, cross-departmental National Action Alliance for Suicide Prevention with a wide range of public and private partners to coordinate suicide prevention efforts, particularly among at-risk groups, such as LGBT youth. On March 10, Secretary Sebelius participated in the White House Conference on Bullying Prevention to further highlight the importance of making schools and communities safe for all students. HHS also launched a new website— www.StopBullying.gov—which contains a specific section for LGBT youth. Additionally, the Secretary recorded a video, It Gets Better, at www.ItGetsBetter.org, encouraging young people to reach out for help to overcome bullying by their peers.
- **Runaway and Homeless Youth Services.** In contrast to previous years, HHS now requires that all organizations serving runaway and homeless youth be equipped to serve LGBT youth, who represent a disproportionate segment of this population. HHS also allows homeless and runaway youth providers to apply for funds to primarily serve LGBT youth. Moreover, HHS has begun the process of improving data collection among homeless and runaway LGBT youth through the Runaway Homeless Youth Information Management System.

Future Recommended Actions

HHS is moving forward with the following actions. HHS will continue to work in close coordination with LGBT community advocates in improving services and responding to people with respect while being sensitive to their differences.

1. Later this year HealthCare.gov, HHS's innovative new on-line tool called for by the Affordable Care Act, will provide additional information of specific relevance to LGBT populations. In particular, the website will allow LGBT consumers to identify health insurance policies available to them that include coverage of domestic partners.
2. HHS will conduct outreach to organizations that serve LGBT communities to make them aware of available funding opportunities and, in Funding Opportunity Announcements, highlight programs that may particularly benefit LGBT populations.

3. The Department will continue to work toward increasing the number of federally funded health and demographic surveys that collect and report sexual orientation and gender identity data, consistent with the President's support for evidence-based policies. In collaboration with other agencies throughout HHS, the Centers for Disease Control and Prevention (CDC) is leading an effort to develop and test questions on sexual orientation and gender identity. The Office of the Assistant Secretary for Health is also reviewing existing LGBT data and will generate baselines and targets addressing LGBT health disparities through the Healthy People 2020 initiative. This process will include meetings with LGBT data experts and stakeholders to provide transparency and opportunities for input.

4. HHS will continue to evaluate ways its programs can ensure equal treatment of LGBT families. For example, HHS will advise states and tribes that federal law allows them to treat LGBT couples similarly to non-LGBT couples with respect to human services benefit programs such as Temporary Assistance for Needy Families and child care. The Centers for Medicare and Medicaid Services will also notify states of their ability to provide same-sex domestic partners of long-term care Medicaid beneficiaries the same treatment as opposite-sex spouses in the contexts of estate recovery, imposition of liens, and transfer of assets. This includes not seizing or imposing a lien on the home of a deceased beneficiary if the same-sex domestic partner still resides in the home. It also includes allowing Medicaid beneficiaries needing long-term care to transfer the title of a home to a same-sex domestic partner, allowing the partner to remain in the home.

5. HHS will encourage new and existing health profession training programs, including behavioral health (e.g., mental health, substance abuse, and HIV) programs, to include LGBT cultural competency curricula. The lack of culturally competent providers is a significant barrier to quality health care for many LGBT people, particularly those who identify as transgender. HHS's Health Resources and Services Administration will also convene professional groups that represent LGBT health providers and students to identify challenges and opportunities for training LGBT providers and to isolate strategies geared toward increasing culturally competent care for LGBT patients. In consultation with LGBT communities, HHS will develop cultural competency goals and promote the use of cultural competency curricula inclusive of LGBT populations in future grants guidance. Moreover, to improve the capacity of practitioners in addressing behavioral health needs, HHS's Substance Abuse and Mental Health Services Administration will utilize existing federal and national training and technical assistance networks to support the adoption of behavioral health training materials.

6. HHS will provide guidance on the array of training and technical assistance available to state child welfare agencies to support LGBT youth, caregivers, and foster and adoptive parents.

7. HHS will continue to address discrimination, harassment, and violence against all individuals, including LGBT individuals, through domestic violence and other violence prevention programs. This includes recognizing LGBT populations as underserved communities in 2011 and 2012 Funding Opportunity Announcements under the Family Violence prevention and Services Program and, where appropriate, identifying LGBT populations as target populations for population-specific grants. HHS will integrate an even stronger component focusing on LGBT youth in all anti-bullying initiatives and continue working with the White House and Departments of Education, Agriculture, Defense, Interior, and Justice to ensure that states, schools, and the general public are aware of the resources available.

Appendix C. LGBTQ Inclusive Action Steps in SAMHSA's Strategic Initiatives

SAMHSA's eight Strategic Initiatives reflect the agency's priorities. Through its Strategic Initiatives, SAMHSA focuses its limited resources on areas of urgency and opportunity. Under each Strategic Initiative, action steps have been identified to address the needs of LGBT populations. These are listed below.

Strategic Initiative 1: Prevention of Substance Abuse and Mental Illness
1.1.2.8 - Support best practice guidelines for health and behavioral health providers to prevent and reduce family rejection of LGBTQ youth problems associated with rejection, such as homelessness, behavioral health disorders, risky sexual behavior, and suicide.
1.1.2.9 - Ensure a focus on communities and populations facing behavioral health disparities, especially racial and ethnic minorities, Tribes, and LGBTQ youth.
1.1.3.6 - Enhance and increase tobacco cessation efforts for LGBTQ individuals with mental and substance use disorders.
1.2.1.5 - Collaborate with the National Institute of Alcohol Abuse and Alcoholism (NIAAA) to provide technical assistance and increase use of screening and brief interventions and improve pathways to treatment and recovery services particularly for girls, Native Hawaiian and Pacific Islander youth, and other groups that have documented high or increasing rates of underage drinking.
1.2.2.1 - In conjunction with the Centers for Disease Control and Prevention (CDC) and NIAAA, develop and implement a national awareness campaign focused on excessive drinking by adults, with a special focus on populations at higher risk, and coordinate with related efforts such as the U.S. Department of Agriculture (USDA) dietary guidelines.
1.3.1.4 - Develop and encourage culturally specific programs that promote strong sense of self and appropriate help-seeking among African American, American Indian and Alaska Native, Asian American, Native Hawaiian and Other Pacific Islander, Hispanic, and LGBTQ youth.
1.3.2.2 - Ensure the National Suicide Prevention Lifeline program is adequately resourced and increase the visibility and accessibility of suicide prevention services in partnership with States, Territories, Tribal entities, communities, rehabilitation agencies, private and public health care providers, representatives of secondary and higher education, and military, faith-based, and LGBT organizations.
1.3.2.3 - Increase access to suicide prevention resources by collaborating with behavioral health, educational, faith-based, military, and LGBT organizations.
1.3.2.4 - Implement and develop a strategic plan to educate parents, health practitioners, school officials, community leaders, youth, State, Territorial, and Tribal leaders, first responders, employers, faith-based organizations, LGBT organizations, and the public about suicide warning signs that are specific to different cultures and communities, and preventive actions they can take to help someone contemplating a suicide.

Strategic Initiative 1: Prevention of Substance Abuse and Mental Illness
1.3.2.6 - Increase awareness of suicide prevention and the suicide hotline among populations at higher risk for suicide identified by the National Action Alliance for Suicide Prevention, including LGBTQ youth, American Indians and Alaska Natives (AIs/ANs), and military veterans. [National Suicide Prevention Lifeline (1-800-273-TALK)]
Strategic Initiative 2: Trauma and Justice
2.3.2.1 - Develop a dissemination, training, and technical assistance strategy using SAMHSA trauma centers to move established trauma-focused interventions beyond specific grantees and more broadly into child-serving systems. Through this strategy, identify and address barriers to access for trauma-specific treatments. Ensure that this strategy is inclusive of diverse racial, ethnic, socioeconomic, and LGBT communities.
2.4.3.3 - Collaborate with the Racial and Ethnic Disparities Issue Team of the Coordinating Council on Juvenile Justice and Delinquency Prevention to identify areas in which behavioral health issues contribute to disproportionate minority contact (especially among Hispanic/Latino, African American, and LGBTQ youth) and use SAMHSA's current grant portfolio to support services to reduce disproportionate minority involvement in the justice system.
Strategic Initiative 3: Military Families
3.2.2.2 - Explore the lessons learned from Operation Immersion and assess its potential as a model and its applicability to improving recovery for the diverse ethnic; racial; and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) people within the military.
3.3.1.3 - Develop a behavioral health guide for racial and ethnic minorities and the LGBTQ population about the challenges and the strategies for coping with their realities in the military.
3.3.1.4 - Explore possibility of using SAMHSA technical assistance centers for training and technical assistance to support resilience and promote emotional health for the diverse racial, ethnic, and LGBTQ populations in the military.
4.2.2.1 - Work in concert with the USICH (United States Interagency Council on Homelessness) and other federal partners in implementing the Federal Strategic Plan to Prevent and End Homelessness, including a focus on populations especially vulnerable to homelessness (e.g., minorities, LGBTQ youth, and veterans).

Strategic Initiative 4: Recovery Support
4.2.2.7 - Collaborate with stakeholders (e.g., advocacy groups, nonprofits, foundations, businesses, and national minority and LGBT organizations) in efforts to increase recovery support services and housing opportunities for people who are homeless or at risk of being homeless upon leaving institutional settings, such as prisons, mental health facilities, and nursing homes.
4.3.3.3 - Conduct Webinar seminar series in collaboration with SAMHSA's Office of Behavioral Health Equity to raise awareness of issues associated with employment and educational outcomes for diverse communities.
Strategic Initiative 5: Health Reform
5.1.2.2 - With the expanded eligibility provisions in the Affordable Care Act, develop strategies to increase the enrollment of diverse racial, ethnic, and LGBT groups.
5.1.5.1 - Develop outreach materials for consumers and providers, including materials specifically geared to diverse racial, ethnic, and LGBT groups.
5.1.5.4 - Hold regular meetings with groups representing a broad and diverse range of behavioral health stakeholders, including people in recovery, racial and ethnic minorities, Tribes, the LGBT health organizations, and others.
5.2.1.2 - Develop and implement an information and training strategy with SAMHSA staff and other HHS agencies that focuses on disparities in behavioral health care access, quality, and outcomes for ethnic, racial, and LGBTQ individuals.
5.2.3.4 - Develop a joint data-driven CMS/SAMHSA technical assistance effort targeting behavioral health care disparities for diverse racial, ethnic, and LGBT groups.
5.4.1.2 - Identify information gaps, develop strategies to obtain additional information, including data on racial and ethnic minorities and LGBTQ populations participating in the behavioral health system, and collect and analyze the information to address these gaps.
5.4.3.3 - Meet with stakeholders, including representatives from racial and ethnic minority, and LGBT stakeholder groups, to review service models.
Strategic Initiative 6: Health Information Technology
6.3.5.3 - Assess the effectiveness and utility of the demonstration project and develop future steps as appropriate to include additional behavioral health provider and facility locations to the system with potential linking to crisis centers nationally with HER referrals and patient information protocols in place, consistent with SAMHSA and ONC privacy and security standards using NWHIN-CONNECT gateway.

Strategic Initiative 7: Data, Outcomes, and Quality
7.2.1.7 - Include sexual identity questions in SAMHSA's national surveys and program evaluations, building on the Intra-Agency Agreement with the National Center for Health Statistics Sexual Identity Question Design and Development Center.
Strategic Initiative 8: Public Awareness and Support
8.2.1.4 - Develop a common set of metrics to benchmark SAMHSA Web performance for multiple audiences, including racially and ethnically diverse end users and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations.
8.3.1.3 - Use research gathered from consumers, family, and community members from racially and ethnically diverse groups and LGBT communities to inform content development priorities for each Initiative.
8.3.2.1 - Establish a standard approach for involving individuals in recovery from mental or substance use disorders, racially and ethnically diverse individuals, Tribes, and members of the LGBT community in all aspects of SAMHSA's outreach capabilities, including SAMHSA news, news releases, social media, and Web site, in serving diverse groups of stakeholders.
8.5.1.1 - Provide ongoing training opportunities for key mainstream and diverse audiences, including consumers, peers, persons in recovery, providers, LGBTQ populations, and researchers on discrimination reduction and social inclusion.
8.5.1.5 - Develop impact statement tools that can be used to examine programs and policies for impact on the social inclusion of people in recovery and those traditionally affected by disparities, including LGBTQ populations.
8.5.1.6 - Through a systematic outreach effort, develop a network of consumers, families, and persons in recovery from diverse perspectives, including racial and ethnic minority, disability and LGBTQ groups.
8.5.4.1 - Identify best communications channels for engagement and engage various provider groups, including strategic outreach to LGBT communities and those traditionally affected by disparity, to identify common priorities related to social inclusion.

Appendix D.   Resources and References

D.1   U.S. Department of Health and Human Services Resources

Substance Abuse and Mental Health Services Administration
http://www.samhsa.gov

Center for Mental Health Services
The Center for Mental Health Services leads the national system that delivers mental health services in order to provide the treatment and support services needed by adults with mental disorders and children with serious emotional problems.

> Participatory Dialogues: A Guide to Organizing Interactive Discussions on Mental Health Issues Among Consumers, Providers, and Family Members. (Bluebird, 2000). Available at http://www.akmhcweb.org/Docs/SAMHSADialogue.pdf

Center for Substance Abuse Prevention
The Center for Substance Abuse Prevention provides national leadership in the federal effort to prevent alcohol, tobacco, and other drug problems.

> *Top Health Issues for LGBT Populations Resource Kit*. (SAMHSA, 2012). Available at http://www.store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf

Center for Substance Abuse Treatment
The Center for Substance Abuse Treatment promotes the quality and availability of community-based treatment services for substance use disorders for individuals and families who need them.

> A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. (SAMHSA, 2001). Available at http://www.kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf

> Trainer Guide: A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. 1st ed. (SAMHSA, 2007). Available at http://www.nalgap.org/PDF/Resources/TrainerGuide1stEd.pdf

> *Una introducción para el proveedor de tratamiento de abuso de sustancias para lesbianas, gays, bisexuales e individuos transgénero* [A provider's introduction to substance abuse treatment for lesbian, gay, bisexual, and transgender individuals]. (SAMHSA, 2010). (Spanish). Available at http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=555&rcID=16

Homeless Resource Center
http://www.homeless.samhsa.gov/Channel/LGBTQ-153.aspx

The Homeless Populations: LGBTQI2-S pages of SAMHSA's Homeless Resource Center website links to numerous resources on homelessness among LGBT populations.

Administration on Children and Families Children's Bureau

Child Welfare Information Gateway
http://www.childwelfare.gov

Child Welfare Information Gateway connects child welfare and related professionals to comprehensive information and resources to help protect children and strengthen families. The gateway features the latest on topics from prevention to permanency, including child abuse and neglect, foster care, and adoption. A search for *LGBT* on the Child Welfare Information Gateway website yields several dozen resources related to child welfare and LGBT issues.

Centers for Disease Control and Prevention
http://www.cdc.gov

Health Risks Among Sexual Minority Youth. (CDC, 2011). Available at http://www.cdc.gov/healthyyouth/disparities/smy.htm

Lesbian, Gay, Bisexual, and Transgender Health. This website provides information and resources on health issues and inequities affecting LGBT communities for both professional and general public audiences, including links to other sources. See http://www.cdc.gov/lgbthealth

Compendium of HIV Prevention Interventions with Evidence of Effectiveness. (CDC, 1999, rev. 2007). CDC's HIV/AIDS Prevention Research Synthesis Project identified effective interventions to reduce sex- and drug-related risk behaviors or improve health outcomes. Some target LGBTs; others target groups likely to include LGBTs. Available at http://www.cdc.gov/hiv/resources/reports/hiv_compendium

Institute of Medicine
http://www.iom.edu

The National Institutes of Health asked the Institute of Medicine to evaluate current knowledge of the health status of LGBT populations, to identify research gaps and opportunities, and to outline a research agenda to help NIH focus its research in this area.

The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. (IOM, 2011). Available at http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx

National Institute on Alcohol Abuse and Alcoholism
http://www.niaaa.nih.gov

Social Work Curriculum on Alcohol Use Disorders: Module 10G: Sexual Orientation and Alcohol Disorders. (National Institute on Alcohol Abuse and Alcoholism, 2005). Available at http://pubs.niaaa.nih.gov/publications/social/ContentsList.html

D.2   Private-Sector Resources

Advocates for Youth
http://www.advocatesforyouth.org

Advocates for Youth creates programs and policies that help young people make informed, responsible decisions about their sexual and reproductive health. Spanish-language information is available at http://ambientejoven.org

American Lung Association
http://www.lung.org

Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community. (American Lung Association, 2010). Available at http://www.lung.org/assets/documents/publications/other-reports/lgbt-report.pdf

American Psychological Association
www.apa.org

APA's LGBT Concerns Office offers many resources that promote beneficial change in society for LGBT people at http://www.apa.org/pi/lgbt/about/annual-report.aspx

Arizona Division of Behavioral Health Services LGBTQ Advisory Committee Training Webinar Series

A series of training webinars on a broad range of LGBTQ behavioral health topics has been recorded and archived. Available at http://www.azdhs.gov/bhs/pdf/LGBTQSeriesRecordings.pdf

Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling
http://www.algbtic.org

The Resources section of the association's website provides links to bibliographies on counseling LGBT clients. The Competencies area includes links to translations in French, Turkish, Chinese, Japanese, and Romanian. English-language competencies for working with transgender clients also are available.

Association of Gay and Lesbian Psychiatrists
http://www.aglp.org

The Association of Gay and Lesbian Psychiatrists' website archives its newsletters published since 2002, and the Referrals tab opens a searchable membership directory.

http://www.biPolarBear.us

This website offers a list of resources for LGBT communities in selected areas nationwide.

Campus Pride
http://www.campuspride.org

This nonprofit organization works to create a safer college environment for LGBT students.

2010 State of Higher Education for Lesbian, Gay, Bisexual, and Transgender People. (Blanken, Weber, Blumenfeld, et al., 2010. Available at http://www.campuspride.org/Campus%20Pride%202010%20LGBT%20Report%20Summary.pdf

Casey Family Programs

Gay, Lesbian, Bisexual, Transsexual, and Questioning Guidebook Learning Plan. (Balsam, Nollan, Hoskins, et al., 2007). Developed to help develop life skills teaching curriculum and individual learning plans related to GLBTQ issues, this guidebook is based on and a companion to the Casey Life Skills GLBTQ Assessment Supplement. Available at http://www.caseylifeskills.org/pages/lp/GLBTQ%20Guidebook%206%2028%2007.pdf

Center for American Progress
http://www.americanprogress.org/issues/culture/lgbt

The Center for American Progress offers a variety of LGBT advocacy, education, research, and services resources. In the website's Media & Progressive Issues section, a number of documents relating to LGBT social justice topics are archived under the heading Gay & Transgender Issues.

> On the Streets: The Federal Response to Gay and Transgender Homeless Youth. (Quintana, Rosenthal, & Krehely, 2010). Based on available data sources, this report offers a blueprint for considering and addressing homelessness among gay and transgender youth. Available at http://www.americanprogress.org/issues/2010/06/pdf/lgbtyouthhomelessness.pdf

CenterLink: The Community of LGBT Centers
http://www.lgbtcenters.org

This coalition links centers that provide local-level support, activities, and meeting space for the LGBT community. Many centers offer programs specifically designed for LGBT youth, and some offer substance abuse prevention, treatment, or both.

Center of Excellence for Transgender Health
University of California at San Francisco
http://www.transhealth.ucsf.edu

The Center of Excellence for Transgender Health aims to increase access to comprehensive, effective, and affirming health care services for trans and gender-variant communities.

> Primary Care Protocol for Transgender Patient Care. (University of California–San Francisco, 2001). San Francisco, CA: University of California, Department of Family and Community Medicine.

Children of Lesbians and Gays Everywhere (COLAGE)
http://www.colage.org

COLAGE, an association by and for people of all ages who have one or more parents who is LGBTQ, posts on its website resources for children and their LGBTQ parents, a bookstore, and online activities.

Consortium of Higher Education LGBT Resource Professionals
http://www.lgbtcampus.org/

The consortium's directory offers contact information for approximately 200 LGBT studies programs at institutions of higher education, which represent potential partners in prevention activities.

Family Acceptance Project
http://www.familyproject.sfsu.edu

A community research, intervention, and education initiative, the Family Acceptance Project™ studies the effects of family acceptance and rejection on the health and well-being of LGBT youth. Results will be used to help families provide support for LGBT youth; develop appropriate interventions, programs, and policies; and train for training.

Gay and Lesbian Medical Association
http://www.glma.org

The Gay and Lesbian Medical Association (GLMA), a nonprofit membership organization of 2,000 medical professionals, works to end homophobia in healthcare. The website presents a range of health-related information for patients, providers, students, and others.

> Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender Health. (Gay and Lesbian Medical Association and LGBT health experts, 2001). This document provides information on LGBT health disparities and on addressing systemic challenges to overcome them. Separate chapters discuss HIV/AIDS, mental health, sexually transmitted diseases, substance abuse, tobacco use, and violence prevention. Available at
> http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf

GayData.org
http://www.gaydata.org

GayData.org, maintained by the Program for Lesbian, Gay, Bisexual and Transgender Health at Drexel University School of Public Health, serves as a no-cost, open-access clearinghouse for the collection of sexual orientation and gender identity data and measures. The website links to key LGBT-related data sources and abstracts of significant journal articles reporting data analysis results for LGBT mental health and substance abuse, and has guidelines for incorporating LGBT questions into data instruments.

Gay, Lesbian, and Straight Education Network
http://www.glsen.org

The Gay, Lesbian, and Straight Education Network (GLSEN) seeks to develop school climates where difference is valued for the positive contribution it makes to creating a more vibrant and diverse community. GLSEN supports community-based chapters and Gay-Straight Alliances in many schools. The group sponsors the biennial National School Climate Survey.

Gay-Straight Alliance (GSA) Network
http://www.gsanetwork.org

GSA Network, a youth leadership organization, helps GSAs in schools connect with each other and with other community resources. The website's Resources section links to several national reports on LGBT bullying and harassment in schools.

Gender Education and Advocacy
http://www.gender.org

This nonprofit organization provides education and advocacy on transsexual and transgender issues.

GLBT National Help Center
http://www.glnh.org

The GLBT National Help Center's web portal links to hundreds of LGBT-related public and private resources and enterprises, with an online locator to produce by-topic lists by ZIP code from a 15,000 item database. The center offers toll-free telephone services and online peer-support chat utilities. Although alcohol, tobacco, drugs, and substance abuse are not topic headings in the center's resource database, its health category is likely to include professionals and programs in a given area who provide substance abuse-related services.

GLBT National Youth Talkline
Teenage and young adult volunteers provide free telephone and email peer counseling, and referrals to resources in the National Help Center database. Access http://glbtnationalhelpcenter.org/talkline/index.html

Human Rights Campaign
http://www.hrc.org

The Human Rights Campaign advocates for social justice for LGBT people. The Issues tab on its home page leads to posted resources on a variety of topics (e.g., aging, health, military, work place).

Hunter College Institute for LGBT Social Science and Public Policy, Roosevelt House Public Policy Institute
http://www.hunter.cuny.edu/the-lgbt-center/

The Center for Lesbian, Gay, Bisexual, and Transgender Social Science and Public Policy supports credible social science research on LGBT issues to inform policy decisions; to disseminate findings to inform public opinion and promote LGBT social, health, and political equity; and to provide LGBT policy academic training and practicum opportunities for Hunter students.

> A Blueprint for Meeting LGBT Health and Human Services Needs in New York State. (Frazer & Warren, 2010). New York, NY: Empire State Pride Agenda Foundation, New York State LGBT Health and Human Services Network, and Institute for LGBT Social Science and Public Policy at Hunter College.

International Lesbian, Gay, Bisexual, Transgender, and Queer Youth and Student Organisation
http://www.iglyo.com

This worldwide network of LGBTQ student groups advocates for LGBTQ rights and publishes reports, newsletters, and campaigns, and hosts a blog.

It Gets Better Project
http://www.itgetsbetter.org

The It Gets Better Project offers brief videotaped messages of hope for LGBTQ youth who may have been bullied or harassed and may be contemplating suicide. Messages are produced and posted online by individual and group volunteers, accessible on the project's website or http://www.YouTube.com .

> It Gets Better: Coming Out, Overcoming Bullying, and Creating a Life Worth Living. (Savage & Miller, 2012). New York: Penguin Books.

Keystone Pride Recovery Initiative

The Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, LGBTQI Workgroup (later known as the Keystone Pride Recovery Initiative) met to compile recommendations to address disparities in behavioral health care and behavioral health outcomes.

> Issues of Access to and Inclusion in Behavioral Health Services for Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Consumers: Recommendations to the Pennsylvania Department of Public Welfare's Office of Mental Health and Substance Abuse Services. (Keystone, 2009). Available at http://www.parecovery.org/documents/OMHSAS_LGBTQI_Recommendations.pdf

LGBT TRISTAR
http://www.lgbt-tristar.com

This technical assistance provider has issued a series of best practices papers that include information likely to help in designing effective prevention for this population. Some documents are archived at http://www.gilgerald.com

Los Angeles Gay & Lesbian Center: Model Program for LGBT Youth in Foster Care
www.lagaycenter.org

The website provides details on a $13.3 million, 5-year grant awarded by the Administration on Children, Youth, and Families to create a model program for LGBTQ youth in the foster care system.

NALGAP: Association of Lesbian, Gay, Bisexual, and Transgender Addiction Professionals and Their Allies
www.nalgap.org

NALGAP is dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in LGBT communities.

> Prevention Policy Statement & Guidelines. (NALGAP, 1994). Available at http://www.nalgap.org/PDF/Resources/NALGAP_94_Prev_Policy_Guidelines.pdf

Nathan Kline Institute Center of Excellence in Culturally Competent Mental Health
http://www.ssrdqst.rfmh.org/cecc

The NKI Center of Excellence in Culturally Competent Mental Health aims to eliminate racial and ethnic disparities in the availability, accessibility, and quality of behavioral health care services through the development of culturally competent services.

LGBTQ Cultural Profile. (Warren & Barber, 2009). Available at http://www.ssrdqst.rfmh.org/cecc/index.php?q=node/84

National Alliance on Mental Illness (NAMI)
http://www.nami.org

NAMI engages in support, education, advocacy, and research regarding mental illness. NAMI's Multicultural Action Center offers a range of resources on LGBT issues, described and available at http://www.nami.org/Template.cfm?Section=Resources&Template=/ContentManagement/ContentDisplay.cfm&ContentID=55813 . Examples include:

A Mental Health Recovery and Community Integration Guide for GLBTQI Individuals: What You Need to Know (brochure)

GLBTQI Mental Health: Recommendations for Policies and Services. (2009).

National Center for Cultural Competence
http://www.gucchd.georgetown.edu/nccc

Practice Brief 1: Providing Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirit. (Poirier, Francis, Fisher, et al., 2008). This publication is geared to policy makers, administrators, and providers seeking to learn more about LGBTQI2-S youth and how to develop culturally and linguistically competent programs and services to meet their needs and preferences. Available at http://www11.georgetown.edu/research/gucchd/nccc/documents/lgbtqi2s.pdf

National Center for Transgender Equality
http://www.transequality.org

The National Center for Transgender Equality is a nonprofit, social justice organization dedicated to advancing the equality of transgender people through advocacy, collaboration, and empowerment.

Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. (Grant, Mottet, Tanis, et al., 2011). Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force. Executive summary available athttp://transequality.org/PDFs/Executive_Summary.pdf

National Coalition for LGBT Health
http://www.lgbthealth.net

The National Coalition for LGBT Health is committed to improving the health and well-being of LGBT individuals through federal advocacy focused on research, policy, education, and training. The coalition lists member organizations' links in its About Us web pages and posts categorical lists of links in its Resources & Research pages.

The National Gay and Lesbian Task Force
http://www.thetaskforce.org

The National Gay and Lesbian Task Force trains activists, equips state and local organizations with the skills needed to organize broad-based campaigns to defeat anti-LGBT referenda and advance pro-LGBT legislation, and builds the organizational capacity of the movement. Its Policy Institute provides research and policy analysis, and publishes fact sheets on employment, health concerns, and mental health issues. The Transgender Civil Rights Project provides legislative, policy, and strategy assistance, including evaluation of legislative and policy language, to activists and organizations working to pass trans-inclusive or transgender-friendly laws and policies.

> Lesbian, Gay, Bisexual, and Transgender Youth: An Epidemic of Homelessness. (Ray, 2006). New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.

National LGBT Tobacco Control Network
http://www.lgbttobacco.org

This network supports local tobacco control advocates in eliminating tobacco health disparities for LGBT individuals. Within the Guidelines and Best Practice area of its Resources web pages are community assessments and other documents useful in developing substance abuse prevention for LGBTs.

National Network to Eliminate Disparities in Behavioral Health
http://nned.net/

To address disparities in behavioral health care, the National Network to Eliminate Disparities (NNED) in Behavioral Health (with support from SAMHSA and in partnership with the National Alliance of Multi-ethnic Behavioral Health Associations) supports information sharing, training, and technical assistance among organizations and communities dedicated to the behavioral health and well-being of diverse communities.

The NNED works with network members to coordinate the sharing of community-based knowledge and training of cultural, indigenous, and community-based best practices, foster new collaborative partnerships to grow and spread "pockets of excellence," leverage resources through partnering and collaborative initiatives, research and design new practices and adapt existing practices, and collectively advance political will.

National Resource Center for Permanency and Family Connections, Silberman School of Social Work at Hunter College
http://www.nrcpfc.org

The Resources on LGBTQ Children and Youth pages of the center's website include numerous articles, reports, information packets, and other publications; videos; archived online trainings; slide presentations; and links to additional resources pertaining to the welfare of children who are LGBTQ.

Parents, Families, and Friends of Lesbians and Gays
http://www.pflag.org

Parents, Families, and Friends of Lesbians and Gays (PFLAG) promotes the health and well-being of gay, lesbian, and bisexual persons and their families and friends through support, education, and advocacy.

www.PinkandBlues.info

Pink and Blues offers guidance in starting local LGBT peer-run mental health support groups. Pink and Blues' discussion groups supplement, but do not 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. Pink and Blues focuses on personal recovery and is not a therapy group. The goal is for participants to explore styles of recovery and to avoid unhealthy dependency on others. Pink and Blues promotes independence, self-determination, suicide prevention, and choice. We value safety and respect in our personal/professional lives and in LGBTQI-2S communities.

Rainbow Heights Club
http://www.rainbowheights.org

Rainbow Heights Club, a psychosocial support and advocacy program in Brooklyn, New York, serves LGBT individuals living with mental illness, provides socialization, support, peer advocacy, and a safe place for individuals to take the next step on the road to emotional recovery and mental wellness. Rainbow Heights Club's PRIDE Training Program provides trainings to mainstream care providers and consumers in how to meet the needs of LGBT people in recovery.

Red Circle Project
http://www.apla.org/health-and-wellness/hiv-education/red-circle-project.html

The Red Circle Project targets American Indian gay men (also known as two-spirit individuals). The website links to other two-spirit organizations, research relating to this population, and training documents for working with women and men who are American Indian and identify as two-spirit or LGBT.

Safe Schools Coalition
http://www.safeschoolscoalition.org/safe.html

The Safe Schools Coalition, an international partnership supporting LGBT youth and promoting safer school environments, links to resources from its website's home page.

Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE)
http://www.sageusa.org

SAGE, a nonprofit organization dedicated to serving and advocating for LGBT seniors, has pioneered programs and services, provided technical assistance and training to expand opportunities for LGBT older people across the country, and provided a national voice on LGBT aging issues.

Suicide Prevention Resource Center
http://www.sprc.org

> Suicide Prevention Among LGBT Youth: A Workshop [Kit] for Professionals Who Serve Youth. (Suicide Prevention Resource Center, 2011). Available at http://www.sprc.org/LGBTYouthWorkshopKit.asp

Trans Youth Family Allies
http://www.imatyfa.org

Trans Youth Family Allies empowers children and families by partnering with educators, service providers, and communities to develop supportive environments in which gender may be expressed and respected. The website offers content and links focused on suicide prevention and preventing violence directed at LGBTQ youth.

The Trevor Project
http://www.thetrevorproject.org

The Trevor Helpline is a nationwide, around-the-clock crisis and suicide prevention helpline for LGBT and questioning youth.

University LGBT/Queer Programs
http://www.people.ku.edu/~jyounger/lgbtqprogs.html#res

This web-based directory identifies LGBT study programs, student groups, and other resources at numerous colleges and universities, with some information for persons interested in obtaining degrees in related subjects. The site may be helpful in locating academic resources and partnerships for prevention.

University of San Francisco Center for AIDS Prevention Studies (CAPS)
http://www.caps.ucsf.edu

CAPS issues factsheets on AIDS-related topics, including drug use, many of which are published in Spanish as well as English. Available at caps.ucsf.edu/resources/fact-sheets

Williams Institute, UCLA Law School
http://williamsinstitute.law.ucla.edu/

The Williams Institute advances sexual orientation law and public policy through rigorous, independent research and scholarship, and disseminates findings to judges, legislators, policymakers, media, and the public.

> Best Practices for Asking Questions About Sexual Orientation on Surveys. (Badgett & Goldberg, 2009). Los Angeles, CA: Sexual (SMART), Williams Institute, UCLA Law School. Available at http://www.palmcenter.org/files/active/0/SMART_FINAL_Nov09.pdf

World Professional Association for Transgender Health
http://www.wpath.org

A professional organization focused on the understanding and treatment of gender identity disorders, the World Professional Association for Transgender Health (WPATH) publishes a professional journal and Standards of Care (available in English, Spanish, and Croatian). These and links to other resources on transgender and intersex health are accessible on the WPATH website.

YES Institute
http://www.yesinstitute.org

The YES Institute aims to prevent suicide through communication and education about gender and orientation.

D.3   References and Related Publications

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Pins and Nails

by Trois Lyric*

Pins and nails upon the stairs made it hard to get to you
All around me, instruments of intentional failure filled my spirits like a well at the time of a
    flood
How could you leave me to assume masculinity?
To misuse my body because I didn't know what loving a man entailed
Because of your lacking, I grew up confusing lust with love
I've seemed to have lost myself
I've seemed to miss the head start I've been anticipating
Your words pulled triggers, aiming at my aspirations
So, now I stand
Here in desperation in the midst of these pins and nails
Pushing, forcing my way through the pain . . .

Spikes and screws wedged in groove pierced my shoes, yet determination proved
I am not defined by the chalk outlines that trace the streets in which I reside nor do I
    succumb to discrimination in variation of pigmentation, furthermore, sexual
    orientation
I am not what surrounds me
Though it motivates and encourages me
To push, to force my way through the pain
Overcoming all obstacles of destruction
Transforming foreseen failures into fiction
I crown myself with royalty
My feet, they speak my poetry
In other words, my walk mirrors my state of mind
My speech divine, so with my feet I climb
In desperation to reach my destination
Like a daughter trapped with her mother's lifeless body, I thirst, I yearn for understanding
Undermining the attempts of the adversary, I penetrate the distractions that block my
    promise
The pins and nails upon the stairs made it hard to get to you, true
Yet in still, I made it through
Persistence, determination to
Defeat the odds and win the war
They shove me from the nest, instinctively, I soar
To my calling, to my end
To you

*Trois Lyric is the pen name of a dialogue participant.