



**TESTIMONY BEFORE THE NEW YORK CITY COUNCIL'S
Committee on Mental Health, Developmental Disability, Alcoholism,
Substance Abuse and Disability Services**

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By David A. Guggenheim, PsyD

Good Afternoon. Thank you for the opportunity to provide testimony in support of Intro. 1225, as well as both resolutions that are being considered today. My name is David Guggenheim, and I am the Chief Mental Health Officer for Callen-Lorde Community Health Center. Callen Lorde is pleased to be a member of The Coalition for Behavioral Health who joins us in today's testimony.

Callen-Lorde is a growing federally-qualified health center (FQHC) with a mission to reach lesbian, gay, bisexual and transgender communities and people living with HIV in addition to its

geographic service areas. As a vital part of the dynamic healthcare infrastructure in New York City (NYC), Callen-Lorde provided a patient-centered medical home for 16,643 patients, who made just under 100,000 visits in 2015.

Callen-Lorde provides behavioral health services to the LGBTQ community and every day we see mental health issues that are specific to our population. Last year alone, we saw over 2,000 of our medical patients who were in need of mental health services, and we estimate that the actual need is much greater than this.

The Coalition for Behavioral Health, Inc. (The Coalition) is the umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit community-based agencies that serve more than 450,000 consumers. Our members serve the entire continuum of behavioral health care in every neighborhood of New York City, and communities in Long Island, Westchester, Rockland, and Orange counties. Coalition members provide access to the range of outpatient mental health and substance use services, supportive housing, crisis intervention, peer support services, employment readiness, Personalized Recovery Oriented Services (PROS), Club Houses, education and nutritional services, as well as many other supports that promote recovery. The Coalition also trains on average 500 human services providers monthly on cutting edge and proven clinical and best business practices through generous support from the New York State Office of Mental Health, New York City Department of Health and Mental Hygiene, the New York City Council, and in conjunction with foundations and leaders from the behavioral health sector.

There's a significant body of research showing disparities that exist in the health of LGBTQ folks —higher rates of anxiety, depression, post-traumatic stress disorder, substance use, and suicide. But these mental health issues cannot be separated from the high cost, chronic and debilitating medical conditions that are associated with trauma and depression – such as higher rates of cardiovascular disease, asthma, uncontrolled diabetes, and certain types of cancer. There is a deep-rooted connection between trauma and chronic health conditions, which shows just how important mental health intervention can be for those who face trauma. A single incident of trauma can deeply affect the body and affect cardiovascular, immune system, brain and other bodily functioning. One study showed that “the development of future medical disease are *exponentially* greater following exposure to trauma.”

The LGBTQ community faces stigmatization and discrimination on a daily basis, especially those with limited financial resources. Half of limited income LGBT New Yorkers reported some form of violence – including domestic violence, sexual assault, parental abuse, crime, workplace violence and trafficking. And it's not just incidents like the Pulse Nightclub shooting that deeply wound our community and our sense of safety. Of all LGBTQ folks, about a quarter have experienced at least one hate crime. LGBTQ persons are more likely to be the victims of hate crimes than any other minority group in the country. But violence and discrimination are just one piece of the puzzle. Many grow up in environments that are not accepting of LGBTQ folks – 42% of youth report living in a community where being LGBTQ-identified is not accepted. Adults face similar struggles in their communities and workplaces - 21% of LGBT employees report having been discriminated against in hiring practices, in their ability to be promoted and in pay difference and 78% of transgender employees report workplace discrimination. And one

study showed that employers given resumes with clues, such as LGBT activism, on a resume were 23% less likely to respond.

As I mentioned, the resulting impacts on mental health are real – and sometimes fatal. LGBTQ people raised in homes that are high in terms of rejection measures are over 8 times more likely to attempt suicide than those raised in homes rated as low in rejection. Studies have shown that for every instance of physical or verbal abuse or harassment, individuals are 2.5 times more likely to engage in self-harm behaviors, such as cutting. Lesbian and bisexual women are twice as likely to have attempted suicide in their lifetime and gay and bisexual men are four times more likely. Almost half of people who identify as transgender have had at least one suicide attempt in their lifetime.

Every day we hear stories from our patients who face incredible odds – some of whom have experienced severe trauma – from older adults who have watched friends die of AIDS inaction, to younger patients who grow up in communities and homes where their first bullies are parents. While progress is heartening, it's inexcusable for us to ignore homophobia and transphobia that exist both overtly and institutionally, still even here in New York City. The least we can do to support the LGBTQ community is to support those who face incredible odds and seek treatment because of it. A clear path to mental health services should include a plan that integrates trauma into whole-person healthcare. Primary care should include screening for trauma and other mental health symptoms and LGBT patients should have easy, integrated access to mental health services with clinicians who are culturally competent and trained to provide LGBTQ-sensitive and affirming care. If we are going to address mental health needs, we need to be certain that the care we provide is specific to the needs of the community as well as

the best care possible. It is essential that this committee and the New York City Council support a resolution to designate as professional misconduct any form of sexual orientation change efforts by mental health professionals. Not only is the practice unethical, it can lead to fatal consequences – people who have gone through conversion therapy are 8.9 times more likely to experience suicidal thoughts and 5.9 times more likely to experience depression than their peers. They are also 3 times more likely to use drugs.

Lesbian, gay, bisexual, transgender, queer and questioning people face stigma and discrimination that deeply affects their overall health and leaves communities harmed. Not only will a plan to treat the unique needs of the LGBTQ community help improve the population's health and outcomes, it can help reduce the disease burden of chronic illness and decrease suicide rates. Through mental health programs tailored to meet the needs of LGBTQ people, we will increase the quality of care we provide and build stronger and healthier communities.

Thank you again for inviting Callen-Lorde and The Coalition for Behavioral Health to participate in this important hearing. I'm happy to answer any questions.

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