



Logo Design: Philbert Washington

# **In My Mind**

## **A LGBT People of Color Mental Health Conference: Examining Our Challenges Healing For Our Strengths**

October 8, 2015

**Mt. Sinai Beth Israel Phillips Ambulatory Care Center  
Friedman Conference Center  
10 Union Square, NYC.**



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## Overview

On October 8, 2015, more than 125 academics, clinicians, mental health advocates and activists, students, and consumers participated in the first-ever one-day conference to raise awareness and address the mental health needs of LGBT of color in New York City. This conference in New York City followed the success of a mental health summit held at Rutgers University Newark Campus in 2014. Participants of the conference, **“In My Mind: A LGBT People of Color Mental Health Conference - Examining Our Challenges Healing for Our Strengths”** gathered at the Mt. Sinai Beth Israel Phillips Ambulatory Care Center located in New York City, which brought together diverse demographics from across the mental health spectrum. This elicited a broad range of concerns, where, often these groups and individuals do not have opportunities to interact share experiences.

As the one-day conference sought to raise awareness of the underlying psychosocial and socio-cultural factors contributing to or are part of mental health diagnoses, began with an examination of the absence of discussions and the acknowledgement of mental health issues affecting LGBT peoples of color communities, which are compounded by race and sexual orientation and or gender identity. The intent of the conference was to provide information and education, enabling discussion between consumers, academics, clinicians and advocates to ensure that LGBT peoples of color are able to identify specific issues inhibiting their personal growth and development, and through recognizing their need, to work toward healing through obtaining therapy. The conference included three concurrent workshops. The first half of the day focused on the mental health challenges facing LGBT people of color (POC). The second half of the conference addressed a wide range of traditional and radical treatment options. Both the morning and afternoon sessions began with presentations by guest speakers, intending to establish a common starting point, which were followed by concurrent small group workshops – some intended for clinicians and others for community members. The day ended with a "Community Speak Out Forum", where conference participants had an opportunity to express their thoughts on the conference experience, what to do for next year, and a call to action for improving the mental health of LGBT POC. This report recaps the events of the day and the main themes from the breakout sessions. A full agenda and list of participants is included at the end of this report.

### Collaborating Agencies

- ❖ 1199 SEIU
- ❖ Bridging Access to Care/Brooklyn Men [K]onnect
- ❖ Caribbean Equality Project
- ❖ Circle of Voices, Inc.
- ❖ Community Kinship Life (CK Life)
- ❖ DBGM, Inc.
- ❖ East Coast Two Spirit Society
- ❖ Envision
- ❖ Gay Men of African Descent
- ❖ Harlem Pride, Inc.
- ❖ Latino Commission on AIDS
- ❖ Latinos Diferentes (LatinosD)
- ❖ LGBT Faith Leaders of African Descent
- ❖ Mt. Sinai Beth Israel Diversity Council
- ❖ National Association of Mental Illness, Metro NYC
- ❖ National Black Justice Coalition
- ❖ NYS Department of Health
- ❖ Philbert Washington Designs
- ❖ Regional Resource Network
- ❖ SALGA NYC
- ❖ The National LGBT Cancer Network
- ❖ Touro College of Osteopathic Medicine
- ❖ US Department of Health and Human Services

The conference goals were to:

- Examine effects of race, sexual orientation and gender identity on the mental health of LGBT peoples of color s.
- Examine psychosocial and sociocultural factors underlying mental health diagnoses affecting LGBT peoples of color.
- For LGBT peoples of color, to enable discussion between consumers, academics, clinicians and advocates, and to identify issues inhibiting growth and healing.

To achieve these goals, the planning committee collaborated with partnering organizations. The planning committee was sub-divided into four distinct teams, operating independently in the first few months and merging as the conference date approached. As part of the Programming Team, an independent group of academics were recruited and tasked with reviewing, selecting and through comments and notes, recommend abstracts for the conference program. The call for abstracts was issued and at the end of the month-long submission period, more than 30 abstracts were received from across the country; 90% qualified as adhering to the intent of the conference, and 10% were rejected as either testing the submission process or unrelated to the conference purpose. Because of time limitations, the conference program was only able to accept and include 12 abstracts. The submitters of the remaining were advised that their abstracts would be held in reserve, in the event a presenter didn't confirm acceptance or because the subject the abstract addressed would be better utilized for the 2016 conference. One abstract presenter, for a panel discussion, was unable to confirm and as such one from our reserve was invited. Notwithstanding, even though the program was fully complemented, on the day of the conference, two presenters failed to show; the planning team resolved not to invite them to submit again.

This highly successful meeting raised awareness of mental health issues among LGBT of color, strengthened collaborations between clinicians and consumers, created access to enhanced coordination of services and facilitated much needed dialogue on the mental health of LGBT of color.

### **Welcome/Introductions**

The conference started with introductions made by Chris Adams, a DBGM Board Member, who then introduced Antoine Craigwell, DBGM's president and CEO, and Sheldon Raymore from Shining Rivers, Sioux Tribe and Chair of the East Coast Two-Spirit Society. In recognition of the presence of the Indigenous Peoples, Raymore provided a traditional Native American greeting to begin the conference.

Following the Native American greeting, the planning committee for the conference was introduced, where each person welcomed conference participants. DBGM's president said that despite some of the challenges in planning the conference, he was

pleased that it came together, and that it generated interest and support from many partners. He thanked those who attended, especially those who shared their interest and excitement in the conference, which was reflected in it being sold out two weeks before. He recognized the attendees who came from California, Massachusetts, Montreal, and Bolivia and thanked them for traveling to New York City for the conference. David Matthews, a member of DBGGM's board, who developed the program for the conference, said how proud he was in the fact that individuals came together with a real desire to make change. Adams, expressed his gratitude to the conference attendees and expressed his pride in Antoine's leadership and commitment to this process. Liz Margolies, a psychotherapist in private practice and founder of The National LGBT Cancer Network, and a member of the planning team, reminded everyone that the conference's focus is not just about Black gay men, rather about the mental health of all LGBT people of color.

Acting as Master of Ceremonies, Adams invited Dennis Romero, Regional Administrator of the office of Substance Abuse and Mental Health Services Administration (SAMSHA) in Region II to the podium to extend brief remarks on mental health and LGBT of color. He said that SAMHSA adheres to four tenets – behavioral health is essential to overall health, prevention is effective, treatment works, and people do recover. He added that SAMHSA had established behavioral health equity and was involved in leading mental health issues for the LGBT community.

#### **Keynote Speaker**

Ken Ashley, MD, a Black gay psychiatrist, was the keynote speaker for the conference. The theme of his address was "Making Black Lives Better, Making Things Get Better: Mental Health Issues for LGBT People of Color". He suggested that although the Affordable Care Act expanded access, there are still some challenges related to parity in access to care. He said that some LGBT health care initiatives launched at the federal level included family visitation, and opportunities to access health care through partner's insurance among others. He noted the importance of improving data collection and research and that better data will lead to better outcomes for LGBT of color.

Dr. Ashley said that stigma is still a barrier to LGBT of color accessing services. He referred to many of the issues facing LGBT people of color, including smoking among younger LGBT people, incidences of HIV among young men who have sex with men (MSM) of color is increasing in the prevalence and incidence rates in communities of color,

#### **Presenters (in order of appearance)**

- ❖ Dr. Ken Ashley, MD
- ❖ Kaz Mitchell
- ❖ Rosina Riley, LMSW
- ❖ Chy Mitchell, RN
- ❖ Louis Graham, DrPh.,MPH
- ❖ Gary Bailey, DHL, MSW, ACSW
- ❖ Shawneladee Cole, PhD, LCSW-R
- ❖ Allison Berwald, LCSW
- ❖ Anupama Kalyanam, LCSW
- ❖ Aruna Krishnakumar, LCSW
- ❖ Jesus Barrios, MPH Candidate
- ❖ Natalie Alizaga, MPH, MPhil
- ❖ Rodrigo A. Aguayo-Romero, MPhil
- ❖ Karen Naimool
- ❖ Wilhelmina Perry, Ph.D.
- ❖ Ronald Moore
- ❖ Rev. Nora-Ann Thompson
- ❖ Iden Campbell
- ❖ Dom Chatterjee
- ❖ Tracy Brown
- ❖ Daniela Capistrano
- ❖ Carmen Vasquez
- ❖ Antoine Craigwell

and institutional bias and racism continues to be an issue. He concluded his presentation with the suggestion that cultural humility and cultural competence are not attained by one training session, but by ongoing training and practice.

### **Concurrent Workshops**

The conference program included three concurrent blocks of workshop sessions in the morning and afternoon.

#### **Workshop: A Time to Heal**

This workshop was facilitated by Kaz Mitchell, with panelists, Rosina Riley, Chy Mitchell, Lori Hannibal and Christina Modal. Mitchell provided an introduction of the panelists and proceeded to open up the workshop with a description of the Circle of Voices and of continuing initiatives and upcoming events on their website: [www.CircleOfVoicesInc.org](http://www.CircleOfVoicesInc.org). She highlighted that the organization provides health education that is focused on lesbian women, particularly free mammograms, pap smears and mental health screenings. The organization actively advocates for a culturally competent, caring resource model. As part of her presentation, Mitchell screened a five-minute video, “Democracy Now!” and “Medical Apartheid” by Harriet Washington, which highlighted the health disparities and needs for health equity in healthcare and public health. Riley, a social worker, highlighted the importance of moving from a psychotherapy to a “soul therapy” framework. Another panelist, Chy Mitchell, provided an example of a case manager leading efforts in oncology, with information on the advancement in women’s health, the cultural diversity of nurses, and home care services. Through sharing personal stories, she highlighted the need for further engagement of families in efforts toward comprehensive health for lesbian women. Hannibal, drew attention to the importance of helping people understand that some of what they are experiencing is generational, to identify patterns and determine opportunities for helping clients to resolve generational traumas or behavior and disease patterns. Christina Modall, another panelist and a cancer survivor, shared her story on the value of cultural humility to clients. This workshop encouraged questions from participants on strategies on dealing and coping with trauma, which included meditation, prayer and journal writing. Toward the end of the workshop, information was shared with participants of many training opportunities, including certification for mental health specialist.

#### **Workshop: Factors Influencing Depression and Anxiety among Black Sexually Marginalized Men and Transgender Women**

This workshop was facilitated by Prof. Louis Graham, Ph.D. The presentation focused on the Detroit Youth Passages during a time when the city was undergoing an economic crisis and HIV incidence was high. Dr. Graham’s presentation focused on a five-year project, which started in 2010 and was funded by the Ford Foundation to provide safe spaces for runaway homeless at risk youth and alternatives for girls. His presentation included the planning process, lessons learned and implementation during the various years of the project. He shared some significant findings of the

project's quantitative survey, which suggested that men experienced more depressive symptoms than transgender women, depression and anxiety were more prevalent in people on the streets, that when the level of social support is high, depression is lower, access to health care was not an indicator for decrease in the likelihood of depression, and access to health care was not an indicator for the decrease in the likelihood of economic desperation. Overall, he said, the survey reported that over 46% of people experienced depressive and anxiety symptoms. Prof. Graham, shared that Detroit afforded many young people opportunities to tell their stories, using different forms of expression, such as media forums, digital storytelling, social media, town hall conferences, Prides, and peer reviewed manuscripts. He provided insight on examples of structural inequalities, such as stress models for work with minorities and models to understand and address multiple social health determinants. Participants in the workshop were engaged, asked questions that were focused on rates of depression in other urban jurisdictions, assessing the effectiveness of survey tools for LGBT populations of color, the importance of confidentiality in treatment services, and the use of cortisol to measure stress. He emphasized and encouraged the move towards preventive rather than punitive practice. A recommendation was made that the U.S. Department of Health and Human Services (HHS) should consider establishing a national office of LGBT Health, as part of the Office of Minority Health (OMH), which at this time does not exist.

#### **Workshop: Culturally Competent Services in the First Appointment**

This workshop was facilitated by Prof. Shawneladee Cole, Ph.D., who works with adolescents, is an Adjunct Professor at Hunter College, part of the City University of New York, in New York City, and has a small private practice. As a provider, she focused on ways to create a safe mental health space for LGBT peoples of color. She highlighted that while Tyler Clementi's suicide in September 2010 focused attention on the effects of cyber bullying and homophobia against LGBT, it was predominantly on the LGBT Caucasian community. She noted that there are special challenges for LGBT adolescents of color, which include being racial and sexual minorities who are impacted by economic and cultural disparities, racism, homophobia, sexual risks leading to greater exposure to HIV and STDs/STIs, sexual violence, isolation – as many in these communities of color are less likely or unlikely to tell their parents of their sexual orientation, and self-esteem issues. These challenges, she emphasized, which are specific to LGBT peoples of color, must be addressed in safe spaces. Dr. Cole focused on strategies such as creating safe treatment environments. She also engaged participants in an open discussion. Participants overall agreed that it is important to talk about race, sexuality, culture, being supportive, and non-judgmental.

#### **Workshop: Behind Bars Without Citizenship**

The facilitator for this workshop, Jesus Barrios, MPH, focused on the medical systems in immigration detention centers for LGBT immigrants, the public health response to immigration detention, and the mental health response by providers and information

from the research project at CUNY, which explored experiences of LGBT immigrants of color who have experienced detention. Drawing on his personal experience, he shared of his detention as an immigrant, and familiarity with the challenges many face. He said that in his experience, he was confronted by homophobia and xenophobia, and learned that his complex identity did not fit with the neoliberal, capitalist, racist mainstream U.S. society. He reminded participants that the LGBT immigrant population is vulnerable, as they often have little or no political power. Barrios' workshop covered the DREAM Act and its failure to pass in the Senate, which activated a nationwide network of community organizing. He noted that the immigration landscape in the United States is harsh, especially in many Southern states. He provided the example in 2010 of Georgia banning undocumented students from public universities. Some of the policies discussed were the 1996 IIRIRA (Illegal Immigration Reform and Immigrant Responsibility Act), AEDPA (Antiterrorism and Effective Death Penalty Act), and DACA (Deferred Action for Childhood Arrivals) created in 2012 by the Obama Administration. He shared that Congress requires the Department of Homeland Security to hold approximately 34,000 people daily in immigration detention centers (a quota enacted in 2007), however activists oppose this quota system, using the tagline in social media #EndTheQuota. He noted that the Obama Administration detained more people than any other administration. Barrios discussed the awful conditions under which many in detention suffer, and the lack of accountability that LGBTQ peoples of color experience. Some of the conditions in these centers include substandard or no medical care, no right to a lawyer, isolation, poor nutrition, sexual violence, and wrongful detention. He shared the story of a transgender woman in Los Angeles who died in an immigration detention center because she was denied HIV treatment and care. The detention center was closed following her death; however, these cases do not attract attention.

Barrios said that he was awarded a grant by the City University of New York for a research project, which started in the summer of 2015. Through interviews, the project identified the following: that his subjects' health concerns during detention were anxiety, stress, depression, constipation, ear infections, and the lack of HIV treatment. For those LGBT immigrants who were in post-detention situations, their health concerns focused on their sexual health, HIV, untreated ear infections, and coping and healing from trauma. He suggested that more non-profits serving undocumented people should work across sectors to effectively provide for this community.

### **Workshop: The Mediation Effect of Discrimination on Substance Use among Transgender People of Color**

The workshop was facilitated by Natalie M. Alizaga and Rodrigo Aguayo-Romero. The focus of this workshop was on reports of discrimination in several settings in order to address whether the relationship between social identities and substance use are partially mediated through experiences of discrimination. The discussion in the workshop also focused on the findings of several reports and their applicability in

mental health settings. A study noted that White transwomen had significantly greater unfavorable reports of employment discrimination compared to White Transmen and Transwomen of color, and that race/ethnicity/gender identity and substance use were used in housing and employment as discriminatory factors. The presenters offered that recommendations for mental health treatment should include a client centered approach, an integrated approach, and that housing and hormone therapy should be considered.

### **Workshop: Everyday Healing Methods and Applicable Coping Skills: When Traditional Psychotherapy Is Not Convenient**

This workshop was facilitated by Karen Naimool, who stated that it is important to ask people who they are before trying to figure it out for them. She shared that one coping strategy to help clients cope is to sit in silence. During the time of silence a person should think about who one is and what he or she brings into the space. She also shared that journaling is another effective tool to be used in order to help clients. Naimool shared that clients should be encouraged to take a walk and get as much sleep. She ended the workshop with the last tool as a two-minute breathing exercise and mindfulness meditation, which she said, can be beneficial to clients.

### **Workshop: Wellness, Recovery Action Planning**

This workshop, presented by Iden Campbell of the Campbell Center in Washington, DC, provided a basic introduction to the Wellness Recovery Action Plan (WRAP) concept, which was created by a group of people struggling with mental health issues. WRAP is a certified evidence based program by SAMHSA's National Registry of Evidence-based Programs and Practices, and can be used in multiple health conditions including, diabetes; it is also appropriate for use with veterans. Individuals participating in WRAP were less likely to be hospitalized and actively participated in their treatment. The workshop highlighted the wellness toolbox, which can include writing exercises or creating items to assist in healing. The toolkit provides options for a person to remain healthy or to serve as a "pick-me-up". For many, it can be an item a person carries with him/her or something he/she maintains electronically; there is no limit to what a person's tool box could contain. Some of the specific wellness tools shared during this session included a Daily Maintenance List, which included a number of items to assist a person with feeling happy, and to maintain wellness. Since triggers for varying emotional states are important, the session highlighted the importance of a person identifying these in their tool box and charting where they can list the respective responses to these triggers. Early warning signs should be included for awareness and to identify when triggers turn into an actual crisis. The tool box must include a crisis plan – one of the most important pieces of WRAP that should be created as a preparation tool, especially when a person is in a state of homeostasis or feeling balanced. The crisis plan should focus on the things to be done in the time of crisis, i.e. medication preference, hospitalization and who can visit. Overall, WRAP is a tool to empower a person during a time of crisis by following their wishes.

The workshop provided participants with examples of approaches on how to use WRAP to reach LGBT of color. In the Campbell Center located in Washington DC, WRAP facilitators are persons of color, which allows clients to identify with staff, and encourage young people to become facilitators. WRAP allows LGBT persons of color to express feelings that they may be keeping inside. The workshop ended with the slogan, “WRAP works. If people can facilitate themselves, people can succeed”.

### **Healing Through Communities of Faith**

This workshop was facilitated by Dr. Wilimena Perry, co-founder and administrative coordinator of the LGBT Faith Leaders of African Descent. She said that her efforts were focused on organizing to advance marriage equality. She has also been committed to bringing Pride in the Pulpit and is working to encourage other LGBT people of color to join in the effort. The need for Pride in the Pulpit effort is due to the tremendous numbers of LGBT peoples of color of faith who have issues with organized religion, especially the Christian church.

She said the work that needed to be done in the Black community could not be done in a White institution. She suggested that there must be change agents. Part of the success for change agents working to bring Pride in the Pulpit is related to understanding the community and the ability to talk and engage in an effective way. These change agents realized that they were able to create dialogues around homophobia that needed to take place in the community. She stated that they were aware that if White people were going into communities of color they would not be heard. Dr. Perry said, “It took years for me to stop looking for God in the ozone layer up there, but finding God within myself”. She emphasized God as a way of life, not just a religion. She suggested that if anyone realized that he/she was in a house of worship that is not welcoming and seemingly harmful, and he/she decides to stay then what that person should be doing is learning information and tools to be used so as not to allow him/herself to be victimized. She suggested that an effort in New York City involved putting up posters that read, “Ain’t No Hurt Like Church Hurt” in the Bronx, Brooklyn, and Manhattan during outreach activities. During the question and answer portion of the workshop, there was a discussion on the diverse beliefs of the audience and cultural and religious traditions and rituals.

### **Community Speak Out**

The community speak out component of the conference was facilitated by Carmen Vasquez from the New York State Department of Health. She noted that since sex is the one commonality that has traumatized more people, it should be included more in upcoming conferences. She proceeded to develop a discussion and elicited suggestions from the audience, which focused on their thoughts of the conference and suggestions on next steps.

The audience shared their feedback with the large group:

- Address the lack of access to services for LGBT people of color

- Lack of providers who do not take Medicare or Medicaid for mental health services, which is challenging and frustrating for the community
- The high copay/deductible/coinsurance for mental health services
- Address how sexuality and mental health is presented to children
- Increase support of community to talk to each other
- Healing trauma, including historical trauma
- Increase incarceration issues in future conferences
- The basics of activism and creating the next generation of activists
- Increasing LGBT people of color in research projects
- Increase community research
- a look at athletics and mental health
- Advance discussion on foster care and mental health

This discussion engaged the audience and empowered participants. The conference ended with the powerful statement, “Pain is inevitable but suffering is optional!”



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### Conference Planning Committee

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#### **About DBGM, Inc.**

DBGM, Inc ([www.dbgm.or](http://www.dbgm.or)) is a non-profit organization that was founded and is dedicated to raising awareness of the underlying psychosocial and sociocultural factors contributing to depression in Black gay men, to prevent their suicide, including, as a passive form, contracting HIV. DBGM has hosted several community screenings of the groundbreaking documentary “**You Are Not Alone**” (see the trailer at [www.yana-thefilm.com](http://www.yana-thefilm.com)) in which Black gay men speak out about their struggles and suffering with depression, and their suicidal ideation and attempts; a support group “Sons”, for Black gay men who have not received acceptance by their mothers; workshops examining the intersection of HIV and mental health, especially the mental health of Black gay men who are HIV positive; in October 2014, the first-ever LGBT People of Color Mental Health Summit at Rutgers University, Newark Campus, and in October 2015, the first-ever LGBT People of Color Mental Health Conference at Mt. Sinai Beth Israel.

