

Proceedings Document:

NAMI's Gay, Lesbian, Bisexual, and Transgender (GLBT) Listening Session

By
Tom Hill, MSW
&
Majose Carrasco, MPA

NAMI

Introduction

NAMI's 2007-2010 Strategic Plan calls for NAMI to move from good to great. One of the key strategies to achieve this vision is to embrace and empower NAMI leaders and members from diverse communities. This reflects NAMI's long-standing commitment to becoming a truly diverse organization that welcomes individuals from all cultural backgrounds. Recognizing that the NAMI family includes Gay, Lesbian, Bisexual, and Transgender (GLBT) individuals and allies and that the needs of this community are unique, NAMI organized a GLBT Listening Session, held on June 26, 2007, as part of its Annual National Convention.

NAMI general leadership, NAMI GLBT leadership, allies, and other collaborators, along with representatives of partner organizations, came together for a three-hour meeting to discuss mental health in this community and how the mental health system could better serve it, and to identify ways NAMI could become a welcoming and supportive environment for GLBT consumers and family members. Each of the represented viewpoints greatly enriched the meeting and was considered in drafting recommendations based on NAMI's reality and the unique needs and characteristics of the GLBT community.

The session, facilitated by Tom Hill, MSW, was divided into two parts. During the first part, GLBT participants were asked, "What are the key issues that GLBT individuals and communities currently face in initiating and maintaining recovery from mental illness?" Following a period of discussion and listening, NAMI leader-participants were asked, "What are some strengths or characteristics of the NAMI family that may support some of these identified issues?"

During the second part of the session participants were invited to work together in breakout groups focusing on four priority areas identified during the initial dialogue. Each group was asked to brainstorm a set of recommended actions and strategies for NAMI.

The participants at NAMI's GLBT Listening Session were enthusiastic about what was taking place. Throughout the session, they were solution-focused and intent on formulating strategies to better integrate GLBT individuals, families, and communities, as well as the issues that affect them, into the NAMI fold.

This document serves as a synthesis of the issues that were identified during this session, and it identifies NAMI's strategic priorities on this area.

Moving forward

Based on the GLBT Listening Session and follow-up dialogues between the NAMI GLBT Leaders Group and NAMI leadership, the organization has established the following long- and short-term goals to move forward with GLBT inclusion. These priorities are based on NAMI's reality and current capacity and reflect the organization's strong commitment to move forward in a strategic and sound manner.

Long-term priorities

Recognizing that real change happens over time and requires an organizational culture shift, NAMI has identified the following long-term priorities.

1. Launch an internal education/awareness/sensitivity campaign to help NAMI at all levels welcome and value GLBT consumers and families and to help NAMI leadership better understand specific issues related to GLBT mental health. Education and understanding will help NAMI better welcome and value GLBT consumers and families.
2. Make a conscious effort to create a safe space for GLBT members to feel welcomed, affirmed, and honored, and authentically welcome GLBT consumers and families into the NAMI family. GLBT members are looking to NAMI to assertively and proactively create safe space for GLBT members to come out, remain out, and be proud of their identities. Creation of safe space is a two-way street. GLBT members are looking for NAMI to take the lead, but are willing to become co-creators in this endeavor.
3. Demonstrate commitment to GLBT members and issues by developing internal standards that include policies and procedures that are GLBT- supportive, - inclusive, and -welcoming at all levels of the organization.

Short-term priorities

While building an inclusive environment is a long-term commitment that requires a concerted effort, NAMI has identified the following short-term priorities, which can be accomplished in the next 12 months. Each of these tasks can be undertaken within NAMI's larger program and policy context and will help move the long-term priorities forward.

1. Conduct a language/content and policy assessment at all levels of NAMI (national, state, local) to assess inclusion of GLBT issues and experiences. Also, ensure that there is a GLBT-specific section in the cultural competence assessment currently being administered at NAMI.
2. Update and revamp NAMI cultural competency efforts to reflect GLBT cultural issues.
3. Develop GLBT-specific educational, policy, and research materials (e.g., fact sheets, white papers, and marketing materials) that highlight GLBT issues concerning mental health and illness. Include this information in NAMI publications and materials that are distributed within NAMI and to the greater community. Prioritize development of a fact sheet on GLBT peer support and the promotion of recovery from mental illness in GLBT individuals and communities.

4. Create a GLBT-specific page for the NAMI Web site. Include community links, literature, fact sheets, and issues.
5. Make NAMI conferences and conventions GLBT-welcoming by highlighting GLBT leaders and issues in multicultural plenary sessions (not just workshops) and include information about GLBT resources in the host city.
6. Propose an explicit policy statement against ‘reparative therapy.’
7. Build relationships and develop partnerships with GLBT institutions, organizations, and groups.

NAMI would like to thank all the leaders who participated in this event. Special thanks go to NAMI’s GLBT Leaders Group, which helped plan the Listening Session. The NAMI GLBT Leaders Group is made up of experienced GLBT leaders from across the country and from all areas of the organization who act as advisors to the Multicultural Action Center. Since its creation in early 2007, the leaders have offered invaluable advice on GLBT issues and the activities, resources, and other elements necessary to successfully address the needs of those in the GLBT community with mental illness.

The meeting’s transcripts are available upon request. Please contact macenter@nami.org for more information.

Proceedings and Recommendations for the Mental Health System as a Whole

During the first part of the meeting GLBT participants were asked to identify the key issues that GLBT individuals and communities face in initiating and maintaining recovery from mental illness. Participants identified two priority areas in GLBT mental health:

1. GLBT families as defined by GLBT individuals and communities
2. Mental health treatment for GLBT individuals and families

1. GLBT families as defined by GLBT individuals and communities

Key issues and concerns

- The term “family” needs to be redefined in order to encompass the diverse and compounded family structures formed and experienced by GLBT individuals.
- Many GLBT people differentiate between “family of origin” and “family of choice.”
- GLBT individuals often experience a lack of acceptance, affirmation, and support from their families of origin. This differs greatly from other cultural identities (e.g., race/ethnicity, religion) where family support is valued as a major source of strength and resiliency.
- The double stigma of having a family member who is GLBT and experiencing mental illness often compromises the roles of families of origin as supportive allies and advocates.
- Sometimes separation from family of origin is a conscious and healthy choice for GLBT individuals. Other times, individuals have become estranged from families of origin, rejected because of their sexual orientation or gender identity. Still, many GLBT individuals have created or maintained healthy relationships with families of origin.
- GLBT individuals have created a diverse range of family support and experience that can encompass partners, children, assorted friends and loved ones, and pets, identified as the family of choice. Such nontraditional family structures should be reviewed from a perspective of strength, rather than pathology.

Participants’ recommendations

- Mental health service providers should develop a broader definition of family in order to include the depth and breadth of experience of GLBT constituents.
- This new definition of family must open up new possibilities concerning who has the authority to make decisions concerning another person’s welfare and recovery.

2. Mental health treatment for GLBT individuals and families

Participants highlighted issues that GLBT individuals face when accessing mental health treatment. While some inroads have been made in the mental health field in recent years, ignorance, bias, and discrimination toward GLBT individuals continues to harm and traumatize. GLBT individuals with mental illness also experience misunderstanding and a lack of acceptance from the greater GLBT community.

Key issues and concerns

- Because homosexuality has historically been equated with mental illness, and GLBT individuals have experienced the issues of compounded stigma, the GLBT community has often been reluctant to embrace members who are dealing with mental illness, as well as the issues they bring to the community agenda.
- While the GLBT community generally accepts individuals in therapy (coming out issues, family of origin acceptance, self esteem), there is still stigma around those with severe mental illness.
- There continues to be a great deal of ignorance, both in the GLBT community and the mental health field, about the differences between sexual orientation and gender identity.
- Issues often overlap between GLBT identities and mental illness; many individuals may have mental health issues that are distinct from being GLBT.
- The mental health field has had a history of presenting homosexual experience as pathology and, in turn, continues to view any variance in gender expression/identity in the context of mental illness. Individuals who have presented what is often deemed “inappropriate” gender identity (masculine women, effeminate men) have been traditionally placed in mental institutions and are still treated as abnormal.
- Gender bias, sexism, and heterosexism continue to proliferate in mental health settings, causing further damage to many seeking help, including those who are transgender, gay, lesbian, gender variant, and everyone else who happens to fall outside the strictly delineated confines of gender polarity (including male/female binary) as defined by society and reinforced by the mental health field.
- Because of the discrimination, misdiagnosis, and abuse that GLBT individuals have suffered from the mental health field, many have been reluctant to access mental health resources, causing serious mental health issues to go unaddressed and untreated.
- The cultural competence movement has paid little to no attention to the GLBT community. Often, cultural competence research and implementation efforts only focus on racial/ethnic diversity.

Participants’ recommendations

- Because of the harm of reparative therapy, make a strong statement that it should not be considered a viable treatment.

- Promote inclusion of GLBT individuals, families, and issues within the mental health movement.
- Promote inclusion of GLBT issues, including GLBT families (of origin or choice), in federal health policies and initiatives.
- Promote a psychological/psychiatric research agenda to study mental illness treatment and recovery in GLBT individuals and communities.
- Promote inclusion of GLBT issues/questions in demographic sections of federal and state health surveys, as well as mental health issues/questions in GLBT surveys.
- Overhaul language of intake forms, of assessments, and in how providers speak to clients. Language must be devoid of assumption and judgment, encompassing such aspects as relationship and family constructs, gender and name choices, and sexual histories.
- Extend education to all levels of every agency and mental health setting.
- Take seriously GLBT-supportive mental health service and provision in the context of culturally competent practice. Educate and promote consciousness-raising among institutions and practitioners, especially those with religious and philosophical differences that reject GLBT individuals or experience.
- Include the GLBT community in cultural competence efforts. Recognize the unique cultural characteristics of this community and must integrate them into treatment.
- Ally with other mental health advocacy organizations in advocating for GLBT-supportive mental health services. Develop policy guidelines for mental health field regarding treatment for GLBT individuals and families including transgender and gender variant individuals. Include issues about diagnosis, gender self-determination and inpatient treatment.
- Pay special attention to the mental health needs of GLBTQ (gay, lesbian, bisexual, transgender, and questioning) youth. Problems such youth experience include being undiagnosed or misdiagnosed, lacking access to care, fear of being forcibly “outed” to parents or guardians, and misunderstanding laws and legal protections.

Proceedings and Participants' Recommendations for NAMI

During a session break, the various issues and concerns discussed in the first part of the meeting were organized into four key areas:

1. Setting standards for GLBT inclusion
2. Establishing GLBT-inclusive education and programs
3. Including GLBT mental health issues in NAMI's Policy Platform
4. Collaborating with other groups and allies to address stigma and increase allies

In the second part of the meeting, participants convened in four small topic-focused groups to brainstorm strategies to co-create solutions and outcomes to help NAMI move from good to great in the context of GLBT inclusion.

Participants pointed out different issues that influenced inclusion of GLBT individuals at NAMI. They encouraged NAMI to include GLBT issues in every aspect of conducting business and at all levels of the organization, paying particular attention to creating a safe space for GLBT consumers.

Many participants were concerned that NAMI had not made a conscious effort to create a safe space for GLBT members to feel welcomed, affirmed, and honored. This has left GLBT consumers feeling unprotected. A few participants mentioned how this session was the first time in their long relationship with NAMI that they have felt comfortable sharing their sexual orientation and being who they really are. When GLBT members do not feel safe or welcomed, many hide or sublimate their GLBT identities at the expense of their recovery or wholeness. GLBT members are looking to NAMI to assertively and proactively create safe space for GLBT members to come out, remain out, and be proud of their identities.

Participants also acknowledged that the creation of safe space is a two-way street. GLBT members are looking for NAMI to take the lead, but are willing to become co-creators in this endeavor. They expressed interest in helping NAMI understand that providing safe space for and building community with GLBT members would ultimately strengthen the organization. Participants asked that NAMI authentically welcome them, as GLBT consumers and families, into the NAMI family.

During the session, participants identified the following change strategies for NAMI:

- Demonstrate strong commitment from the national level to address GLBT concerns and issues at all levels.
- Welcome GLBT members from the top down explicitly, loudly, and clearly so it is heard and understood by the entire membership and, especially, those that identify as GLBT, including those who have been reluctant to be out at NAMI.

- Start an education/awareness campaign to help NAMI at all levels welcome and value GLBT consumers and families and to help NAMI leadership better understand specific issues related to GLBT mental health.
- Embrace a broader definition of family to include the depth and breadth of experience of GLBT constituents. Encompass, support, and advocate for diverse notions of family, as defined by its diverse GLBT members and constituents.
- Demonstrate trust, good faith, and partnership with its GLBT constituents in ways that promote structural and institutional change for authentic inclusion. This includes earmarking resources.

Priority Area #1: Setting standards of GLBT inclusion at NAMI

Participants' recommendations

- Demonstrate commitment to GLBT members and issues by developing internal standards that include policies, procedures, and practices that are GLBT affirming, inclusive, and welcoming at all levels of the organization.
- Research other models of standards of inclusion. Many states have developed inclusion models in their civil rights statutes. The Psychiatric Rehabilitation Association has recently identified new ways to include GLBT issues in its agenda.
- Continue setting standards of practice for the entire organization, including local affiliates. Include standards to make the organization welcoming to GLBT individuals and other diverse groups. Appoint a representative of the GLBT NAMI community to the NAMI Standards Workgroup.
 - NAMI's standards project is beginning with a survey of local affiliates. The survey could include questions regarding the affiliates' attitudes towards and practices of GLBT inclusion.
- Make issues explicit and "talkable." Educational materials should outline what constitutes best practices for GLBT inclusion, including acceptable and unacceptable practices.
- Ensure NAMI's cultural competence assessment, which started in September 2007 and lasts until February 2008, pays attention to the GLBT community. Also, conduct a language/content and policy assessment at all levels of NAMI (national, state, local) to assess inclusion of GLBT issues and experiences.
- Develop guidelines for state programs to include GLBT issues.
- Include GLBT issues explicitly in the NAMI national strategic plan.

Priority Area #2: Establishing GLBT-inclusive education and programs

Participants' recommendations

- Update and revamp NAMI cultural competency efforts to reflect GLBT cultural issues.

- Provide ongoing cultural competence training opportunities for NAMI state and local levels to include GLBT-focused trainings.
- Develop GLBT-specific mental health educational, policy, and research materials (e.g., fact sheets, white papers, and marketing materials). Include this information in NAMI general publications and materials that are distributed within NAMI and to the greater community.
- Develop a fact sheet on GLBT Peer Support and the promotion of recovery from mental illness in GLBT individuals and communities.
- Add information about GLBT issues into NAMI programs to make them welcoming to GLBT consumers and families. Draft a GLBT consumers and families guide to be shared with all NAMI programs since such brief overview could be easily distributed among programs.
- Allocate resources to provide training and materials on outreach, set up, facilitation, group dynamics, and frequently discussed topics and issues.
- Include a broader definition of families in all NAMI programs.
- Create a GLBT-specific page for the NAMI Web site. Include community links, literature, fact sheets, and issues.
- Demonstrate commitment to GLBT members and issues through public action that includes honoring GLBT leaders and groups at NAMI events and participating in GLBT events.
- Make NAMI conferences and conventions GLBT-welcoming by highlighting GLBT leaders and issues in multicultural plenary sessions (not just workshops) and including information about GLBT resources in the host city.

Priority Area #3: Including GLBT mental health issues in NAMI's Policy Platform

GLBT consumers and families face a host of unique barriers to quality mental health treatment. For example, GLBT consumers may face double-stigma due to both their mental illness and GLBT-identity. NAMI can demonstrate its commitment to GLBT members and issues by including GLBT-specific issues in its public policy and advocacy agenda. This includes taking the lead on issues GLBT consumers have identified: vulnerability, abuse, stigma, and/or discrimination. These issues are well known to NAMI since the organization strongly advocates for them on behalf of all people with severe mental illness. NAMI could point out how some of these issues disproportionately affect GLBT individuals.

Participants' recommendations

- Promote inclusion of GLBT individuals, families, and issues within the mental health movement.
- Promote inclusion of GLBT issues, including GLBT families, in federal health policies and initiatives.
- Create an explicit policy statement against 'reparative therapy.'

- Promote a psychological/psychiatric research agenda to study mental illness treatment and recovery in GLBT individuals and communities.
- Promote inclusion of GLBT issues/questions in federal and state health surveys, as well as mental health issues/questions in GLBT surveys.
- Establish venues (e.g., training kits, educational resources, and links to local GLBT organizations) for NAMI affiliates to participate in GLBT policy initiatives on federal/state/local levels.
- Recognize public policy implications for GLBT-defined families and develop an inclusive policy agenda. Doing so will benefit not only GLBT constituents, but strengthen NAMI as a whole.

Priority Area #4: Collaborating with other groups and organizations to address stigma and increase allies.

NAMI can work in partnership and alliance with a number of groups, organizations, and individuals in order to promote a stronger GLBT agenda. This includes PFLAG (Parents and Friends of Lesbians and Gays), NAMI FaithNet, and mental health providers that are GLBT-identified or -supportive.

To carry out many of the participants' recommendations, NAMI should take initiative in building relationships and developing partnerships with a host of institutions, organizations, and groups, including:

- PFLAG. The many similarities in the mission, organizational structure, and development could be mutually beneficial.
- HIV/AIDS organizations on local, state, and national levels. Issues overlap regarding GLBT, HIV risk factors, and mental illness.
- National Coalition for the Homeless. This group can help NAMI address the range of issues facing both those experiencing mental illness and identified as GLBT with inadequate housing supports and resources.
- Human Rights Campaign (HRC), National Gay and Lesbian Task Force (NGLTF), Lambda Legal Defense, and other national (and state) GLBT organizations. These groups can help NAMI develop a mental health focus in the GLBT policy arena.
- National Association of GLBT Community Centers. This group can help NAMI establish relationships with centers that provide mental health services and supports to GLBT clients and develop best practices of mental health care for GLBT individuals and families.
- American Psychological Association (APA), American Psychiatric Association (APA), National Association of Social Workers (NASW), and Americans with Disabilities Act (ADA). NAMI can work with the GLBT caucuses and committees of these professional guilds and associations on mental health policy, service and inclusion standards, and research.
- GLBT Health Coalition and Gay and Lesbian Medical Association (GLMA). NAMI can work with national (and state) GLBT health organizations to highlight mental illness and mental health in health advocacy and service needs.

- GLBT-identified and GLBT-friendly elected officials (federal, state, local), their staff, and their liaisons; other political organizations and public service agencies and offices; and institutions of education (universities, colleges, and public and private high schools and middle schools) and educators. These groups can introduce and collaborate on promoting GLBT mental health awareness, services, and policy.
- Gay, Lesbian, and Straight Educational Network (GLSEN). NAMI can collaborate with organizations like this on Gay/Straight Alliances (GSAs).
- American Civil Liberties Union (ACLU). NAMI can collaborate with this group on anti-bullying initiatives.
- GLBT-identified and GLBT-supportive faith institutions and communities.
- National Latino organizations and others that serve and support ethnic and cultural groups. NAMI can collaborate with these groups—especially organizations that are working with migrant workers and immigrants—on health/mental health issues.

Participants also suggested strategies on how alliances and relationships could be formed:

- Embrace the idea that building relationships and allies is a strategy that plants seeds now for a harvest to be yielded in the future.
- Establish common interests and build relationships with other groups/organizations at the national, state, and local level.
- Work with other groups/organizations on a cross-membership basis to increase mutual awareness, address stigma, and establish win/win objectives.
- Find groups/organizations that have mutual policy/advocacy agendas and/or mutual concerns around service delivery; share strategies that address stigma and other common concerns.

Moving Forward

During the first part of the meeting, after discussing the issues that GLBT consumers and families face when dealing with mental illness, NAMI leader-participants were asked to identify some strengths or characteristics of the NAMI family that may support some of the issues identified by GLBT consumers and family members. Representatives of NAMI leadership made clear their commitment to the inclusion of GLBT issues, but cautioned that authentic change on a systemic level would require time, resources, and patience.

Key remarks

- NAMI is committed to developing a grassroots movement that honors all diverse communities and experience, including GLBT.
- GLBT representatives and allies are positioned at all levels of the organization, including the Board of Directors, committed to GLBT inclusion. For example, the NAMI Center for Leadership Development can be a conduit linking the national office to the field.
- NAMI is an open organization, but prejudice and bias do exist. NAMI is reflective of the larger community and contains all of the cultural conflict that exists in society. Therefore NAMI must approach change sensitively so that all experiences are honored and respected.
- NAMI has a good track record of working with allies on specific issues. Some state affiliates have worked in conjunction with PFLAG in its attempts to redefine and diversify the notion of what constitutes a family.
- Community outreach to local affiliates requires time and resources. As local affiliates have very few resources, strategies will have to be developed to plan and implement change initiatives. Strategies need to promote buy-in and make the affiliate better and stronger. NAMI National should help create resources for affiliates to meet standards.

Identified priorities

After the Listening Session and through continued dialogue with GLBT consumers and families, NAMI has identified seven short-term priorities to be achieved during a 12-month timeframe as well as three key areas for consideration in long-term planning, implementation, and action. Each of these tasks will be undertaken within NAMI's organizational context and will help NAMI move forward.

Long-term priorities

1. Launch an internal education/awareness/sensitivity campaign to help NAMI at all levels welcome and value GLBT consumers and families and to help NAMI leadership better understand specific issues related to GLBT mental health.

Education and understanding will help NAMI better welcome and value GLBT consumers and families.

2. Make a conscious effort to create a safe space for GLBT members to feel welcomed, affirmed, and honored, authentically welcome GLBT consumers and families into the NAMI family. GLBT members are looking to NAMI to assertively and proactively create safe space for GLBT members to come out, remain out, and be proud of their identities. Creation of safe space is a two-way street. GLBT members are looking for NAMI to take the lead, but are willing to become co-creators in this endeavor.
3. Demonstrate commitment to GLBT members and issues by developing internal standards that include policies and procedures that are GLBT- supportive, - inclusive, and -welcoming at all levels of the organization.

Short-term priorities

1. Conduct a language/content and policy assessment at all levels of NAMI (national, state, local) to assess inclusion of GLBT issues and experiences. Also, ensure that there is a GLBT-specific section in the cultural competence assessment currently being administered at NAMI.
2. Update and revamp NAMI cultural competency efforts to reflect GLBT cultural issues.
3. Develop GLBT-specific educational, policy, and research materials (e.g., fact sheets, white papers, and marketing materials) that highlight GLBT issues concerning mental health and illness. Include this information in NAMI general publications and materials that are distributed within NAMI and to the greater community. Prioritize development of a fact sheet on GLBT peer support and the promotion of recovery from mental illness in GLBT individuals and communities.
4. Create a GLBT-specific page for the NAMI Web site. Include community links, literature, fact sheets, and issues.
5. Make NAMI conferences and conventions GLBT-welcoming by highlighting GLBT leaders and issues in multicultural plenary sessions (not just workshops) and include information about GLBT resources in the host city.
6. Propose an explicit policy statement against 'reparative therapy.'
7. Build relationships and develop partnerships with GLBT institutions, organizations, and groups.

Conclusion

NAMI's GLBT Listening Session represents an important step toward NAMI's efforts to embrace and empower NAMI leaders and members from diverse communities. The Session brought together leaders from across the country who enthusiastically shared their views of mental health issues and provided recommendations for the mental health system and NAMI.

Based on this Session and follow-up dialogues between the NAMI GLBT Leaders Group and NAMI leadership, the organization has established strategic long- and short-term goals to move forward with GLBT inclusion. With support from its Leadership and guidance from the GLBT Leaders Group, NAMI looks forward to pushing this agenda forward.