



LGBTQ Voices:

*Community Narratives about
Mental Health in Solano County*





Introduction

The University of California, Davis, Center for Reducing Health Disparities (UC Davis CRHD) is providing consultation, training, evaluation and technical assistance services to the Solano County Behavioral Health Division (SCBHD) and community providers through the Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (Cultural Transformation Project). The goal of this collaboration is to improve access to and utilization of mental health services by individuals from the Filipino-American, Latino, and LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) communities with serious mental health conditions.

This report includes experiences shared by the members of the LGBTQ community in describing their access to, and utilization of mental health care in Solano County. Furthermore, these narratives provide insights into potential LGBTQ community-defined solutions to improving mental health service delivery in Solano County. Individuals from the LGBTQ community describe ongoing difficulties with finding mental health services that are culturally and linguistically appropriate, and sensitive to the LGBTQ community's mental health needs. Solano Pride, a non-profit organization with more than a 15-year history of providing services to Solano County's LGBTQ population, conducted a community survey in 2014 and found that 54% of survey respondents were not aware of any services or programs in Solano County that provided adequate services for LGBTQ individuals. The greatest concern among survey respondents was access to affordable health care and mental health services.

In the first phase of the project, the UC Davis CRHD collected hundreds of stories using qualitative research methods. Our team spoke with a range of LGBTQ individuals about the current state of mental health care and access in Solano County. We began by interviewing staff from the SCBHD, who worked regularly with LGBTQ community-based organizations and clients and had unique insights into the larger context of mental health care in Solano County. Next, we spoke with "on the ground" key informants (e.g., consumers, volunteers, advocates, and directors of community-based organizations [CBOs]) who serve key roles within the LGBTQ community and are engaged in the promotion of community mental health. Finally, the CRHD team presented preliminary results of these interviews (with key informants and county staff) to community members at a LGBTQ community forum held in May 2017 in Vallejo, California. Forum participants provided feedback on these results, and identified additional priorities, gaps, strategies, and solutions to increasing access and utilization of mental health services in the LGBTQ community. Many of the participants' comments are incorporated in this report.



LGBTQ+ Voices:

Community Narratives about Mental Health in Solano County

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The LGBTQ Community In Solano County

Solano Pride provides services to Solano County's LGBTQ community. It was first founded as the LGBTQ Youth in 1998.

On June 7, 2016, the Solano County Board of Supervisors adopted a resolution recognizing June as LGBTQ Pride Month.

Some notable LGBTQ community-based organizations in Solano County are Solano Serenity Center, the Stonewall Democratic Club, Vallejo Gay Network, and Solano AIDS Coalition.

Travis Air Force Base (in Fairfield, California) is home to the first, private gay-rights association on a military base. On June 20, 2014, members of the military at Travis Air Force Base took part in the first ever Pride Walk at any military installation.

Some LGBTQ-affirming faith groups in Solano County include Ascension Episcopal Church, Holy Trinity Church, and First Christian Church.



Pride Parade at Travis Air Force Base (Fairfield, CA) in 2014

An inclusion campaign sign initiated by Gay Straight Alliance (GSA) student members at Benicia High School



The transgender pride flag. Blue and pink signify the colors typically associated with baby boys and girls, respectively, while white represents those who are intersex, transitioning, or consider themselves as being a neutral or undefined gender



The LGBTQ pride flag flies next to the California flag in front of the Solano Government Center in 2017

What are the Mental Health Priorities of the LGBTQ Community in Solano County?

Participants described a broad range of mental health concerns affecting the LGBTQ community, including depression, anxiety, suicidal ideation plans and attempts, substance abuse, and eating disorders. In particular, high suicide rates and limited services to youth and transgender people were mentioned as priority concerns. Participants also reported a need to address the additional stress brought on by family rejection and societal discrimination. The impact of stress on health and mental health is exacerbated by persistent socioeconomic determinants, such as poor housing, homelessness, and a lack of access to secure employment. For LGBTQ individuals of color, racial discrimination increases the severity of these stressors.

Participants also shared the need to prioritize educating the public about the discrimination that affects nearly all LGBTQ people. In the health setting, this discrimination affects both consumers and providers.

Central to the LGBTQ community's wellness are safe and accessible community spaces for youths and adults that have often struggled to stay open in Solano County due to lack of adequate funding. Participants also shared that events associated with the LGBTQ community sometimes struggle with low attendance because of the disconnectedness of Solano County's cities and social communities. Many participants expressed that the lack of LGBTQ safe spaces substantially impacts the well-being of the community.

Mental health can mean anything, at this point, as far as depression, anxiety...I don't look at mental health as just bipolar or schizophrenic...It's a whole realm of things. It can be just from having an eating disorder. It's a broad title. I think that's where the stigma has to change, [as] far as the meaning of really what it means.

—CONSUMER, CBO

I have kids that come here because they want to commit suicide...They need somebody to talk [to]. They are desperate. They wanna kill themselves, because they do not understand what's going on in their environment.

—COMMUNITY LEADER, CBO

I talk about substance abuse a lot because... my population is impacted by it. Some of the guidelines about it...want you to fail out of outpatient twice before they'll give you residential treatment...What kind of a process is that?

—COMMUNITY LEADER, CBO

Being housed allows stabilization. [It] allows services to be brought to the person. There's a whole [other] cohort of people who may be homeless, but if their addiction is addressed, then they'll be able to work. They'll be able to do other things. It's almost like you have varying levels of care, based on the needs of the individual. The county doesn't have that.

—COMMUNITY LEADER, CBO

Service provided around trans people especially has not been good effort. A number of stories from people—I know of a trans woman who ended up going to the ER. Because her documents didn't match yet—she was in the process of getting her documents changed— they had her in the hallway, and they lifted up her blouse. It's like, 'This person is a [woman]. It may say male on the [form],' but you have to listen to what they're saying.

—COMMUNITY LEADER, CBO

Services for transgender people, especially, [are] really poor. They send people either to San Francisco or out to Concord to the Rainbow Center. Again, getting there is expensive...again, it's bridge tolls and it's gas.

—COMMUNITY LEADER, CBO

Barriers To Accessing And Receiving Quality Services

Creating More Inclusive Mental Health Services

A lack of acceptance of queer communities exacerbates the mental health issues of LGBTQ individuals in Solano County. In some cases, respondents reported fears of violence against the queer community, with transgender women perceived as being the most vulnerable.

Societal prejudice against LGBTQ communities make the lack of community spaces throughout Solano County even more noticeable, while existing LGBTQ spaces faced hardships with securing organizational funding. During the time in which this report was written, several LGBTQ organizations in the county had either closed or were struggling to remain open.

Queer providers also mentioned that “coming out” to clients or coworkers was often difficult because of fear of rejection. These providers felt it was imperative that LGBTQ mental health professionals feel safe to be out in their workplaces, if they were to effectively relate to and treat consumers, and interact with coworkers and supervisors.

Coming out could increase their [transgender individuals'] risk ... people are afraid ... it's hard to tell where is safe and where is not. To make things harder, transwomen are being murdered.

—CONSUMER/PROVIDER

I always have that choice, and I always have that feeling, like, 'Do I come out to this person?' Whether it be in a supervision session, staff meeting. How do I come out? It's always there.

—COMMUNITY LEADER, CBO

[There is a] dual impact, traumatic impact of, especially at this point in time right now, where there's so much racism and so much homophobia, and so much freedom to express that.

—COMMUNITY LEADER, CBO

Improving Intersectionality in LGBTQ Outreach

Participants reported the following LGBTQ populations as not being adequately served: the homeless grieving elders, migrant farm workers, Native Americans, LGBTQ youths, and individuals and families affected by HIV/AIDS.

LGBTQ elders and youths were mentioned as two demographic groups for whom outreach and services should be improved immediately. LGBTQ elders often do not feel that they are able to be open and honest with their providers. Partner death is not properly grieved, and LGBTQ grief issues are often dismissed by grief groups that are not LGBTQ-sensitive. Queer youths, on the other hand, are in need of more quality and accessible services (like LGBTQ school clubs), more affirming and educated teachers who are trained to handle bullying, and positive queer role models. Parents were also perceived to be in need of training and counseling on how to interact with and accept their LGBTQ children.

There is a lot of bullying that goes on, especially for LGBTQ students. It doesn't seem like—talking to the teachers, there's really not a big effort going on to reduce the bullying.

—COMMUNITY LEADER, CBO

Creating a Unified LGBTQ Community

Respondents described intra-group tension existing around the related, yet distinct, queer communities in Solano County. The most common tension exists between white and relatively well-resourced lesbians, gays, and bisexuals, and less-resourced queer and transgender communities of color. However, white participants felt that generalizations often leave out the stories of poverty, and social and geographic isolation that many queer people in Solano County face, regardless of race and gender identity. Misogyny from within the cisgender queer population against transwomen was also mentioned as a source of intra-group conflict. Additionally, transgender individuals spoke of having to work to conform to gender norms, even within the queer community.

Communities of color and LGBTQ communities have the same difficulties as other mental health patients... in addition to all of the problems and issues faced by communities of color in every other way.

—CONSUMER

Barriers To Accessing And Receiving Quality Services *continued*

Improving Access to Transportation and Housing

Inadequate transportation networks between and within Solano County towns and cities were portrayed as a perennial impediment for queer people seeking help for mental health challenges. Additionally, the cities in which services were located do not always match up with the populations with the greatest needs. Homelessness as a result of social and economic marginalization was also mentioned as a long-standing barrier, rendering effective care almost impossible for homeless LGBTQ individuals.

If you don't have a house, it's gonna be hard to get stable mentally. Hierarchy of needs, that's on the bottom. The homeless population continues to grow, partially because I've heard that other cities are sending people here.

—COMMUNITY LEADER, CBO

Increasing Engagement With the Faith Community

There is a wide spectrum of LGBTQ acceptance by Solano County's faith communities. Some faith groups were viewed as resistant and even harmful to LGBTQ efforts, while others are openly affirming and supportive of the LGBTQ community. Many participants felt that continued outreach to non-affirming faith groups is vital to improving acceptance and mental wellness of LGBTQ people in all faith communities.

Trying to connect with other congregations has been really hard. I mean, I've tried to sit down with some of these pastors for the whole time that I've been here, and just shut out. They refuse to even respond.

—COMMUNITY LEADER, CBO

Improving Access to Quality Services

Participants reported that many LGBTQ individuals either sought out or were/are referred to services in the Bay Area or Sacramento. This movement is a result of the lack of integration of mental health services, networks, and training in Solano County. Inadequate transportation was also a barrier to accessing this care, whether inside or outside of Solano County.

Solano County mental health services were described as inadequate, mired in a system characterized by long wait times for appointments, and an inability to let underserved LGBTQ individuals know about services available, and the resources they need (e.g., insurance and transportation) to access these services. Respondents felt that the focus of county mental health care was not on wellness, but on emergencies and crises. Even with insurance, respondents reported being surprised by bills, not knowing what would be owed before visits. Respondents also described communication between providers and consumers as fragmented—sometimes, consumers felt they had been heard and had a role in decision-making around their mental health but, more often, they did not. Once again, the result of inadequate services in the county resulted in people being referred to other counties for treatment—for substance abuse, in particular. Respondents felt that mental health professionals should be provided with language training, particularly to serve the Spanish-speaking community in Solano County.

Several respondents stated that “the entire system is broken”—a variety of dysfunctional policies, regulations, and procedures meant that individuals with mental illnesses struggled with finding help in a timely fashion when they needed it most. Moreover, providers often failed to ask about sexual orientation when they met with LGBTQ consumers, leaving a vital part of a person’s identity unaddressed.

When we do case presentations, someone says ‘this is a 27-year-old [Latino] male with schizophrenia.’ Nothing else...but that’s not all of who this person is. We’re doing these meetings...and not one time does anyone say what someone’s sexual orientation is. How can you support someone, if you don’t even ask?

—PROVIDER, CBO

There is not a really inclusive and safe, emotionally safe, policy and procedure to work with our LGBTQ clients. They don’t come in seeking services. They’re involuntarily taken to our facility. Then, they’re asked their gender identity, but they’re not asked a whole lot of other stuff.

—PROVIDER, CBO

It’s a lack of service and a lack of access. If you have to go all the way to Fairfield [from Vallejo] to access mental health... it’s not gonna work for a lot of people. Because the transportation system here is not as robust as a lot of the other big cities in the Bay Area.

—COMMUNITY LEADER, CBO

LGBTQ Community Strengths And Assets

Although Solano County’s LGBTQ community has faced many challenges in receiving mental health care, the community remains resilient and strong in their mission to improve LGBTQ wellness. Many community leaders also take on the role as advocates, and community members are highly engaged with each another and often have relationships similar to those of family members. Moreover, mental health stigma within the LGBTQ community itself is not as prevalent as in other communities, and there is openness to discussing mental health within LGBTQ families and communities.

The LGBTQ community is also extremely innovative and driven in their approach to improving mental health care, often leading and informing policy changes to address the challenges facing LGBTQ persons. In addition to creating safe spaces and services that were needed yet unavailable in their communities, many participants also shared ideas and concepts for programs and services they would create if they had access to more resources. For example, several participants suggested using online mapping tools to create LGBTQ community maps detailing LGBTQ-friendly schools and non-profit programs, as well as a map of LGBTQ-friendly providers with appropriate knowledge and capabilities.

What I’ve wanted to do for a long time, and I had the idea years ago... is to come up with a system of mental health buddies for people to accompany each other to appointments.

—CONSUMER

Finally, all of our LGBTQ participants felt positive about having the power to affect change and were looking forward to continuing dialogues among the LGBTQ communities in the future. Yet they were cognizant of the hurdles involved at the intra-group level, around learning more about their related, yet distinct, queer communities, and working together to challenge stigma and discrimination from both within and outside the communities.

The metaphor used was needing to create a “big boat” that had the funding and support of Solano County to improve mental health care and access for a range of LGBTQ individuals, while respecting the purpose and impact of “little boats,” which served the needs and interests of important communities.

They may get a lot of help, but they may not ever hear from somebody, ‘I love you, and God loves you just the way you are.’ That’s what we can provide here. For some people, their church community becomes their family, because, for LGBTQ people especially, they may have been rejected by their family of origin when they came out.

—COMMUNITY LEADER, CBO

I know when I concentrate on the problem, I wanna concentrate on solutions...because you know what? Unfortunately, the Solano County is a broken system.

—COMMUNITY LEADER, CBO

LGBTQ Community-Defined Solutions To Improve Mental Health

Participants shared numerous attitudinal, therapeutic, and policy-related approaches that would help prevent mental illness or improve mental health. Many participants stressed the importance of promoting social inclusion and ensuring that LGBTQ people feel a sense of community, as well as that their lived experiences and stories are valued. Creating community in a population that often fears for its safety is an important step. Behavioral health staff spoke of both the need for more comprehensive trainings and explanatory materials around LGBTQ culture, as well as the need to go beyond “just pamphlets” to educate providers and the general community about mental health for this population.

Participants also felt that it is important to recognize and build from the diversity and expertise within the LGBTQ communities toward improving their mental health outcomes. It was suggested that older LGBTQ workers be hired to work with older individuals, because they would exhibit more cultural competence and sensitivity in mental health approaches. In addition, LGBTQ individuals could be trained as facilitators to “go out to the streets,” which would be better than asking people to come to the health department for services. Suggestions for improvement in the intra-LGBTQ community included getting involved in each other’s projects, like volunteering at events, supporting each other’s quests for funding, and bringing the rest of the queer community in Solano County into conversations. Many participants also suggested building on the LGBTQ youths’ bilingual and bicultural strengths to ensure a workforce for LGBTQ communities.

Finally, participants described the critical need of having LGBTQ community-defined best practices and programs that are successful in serving LGBTQ people. Building trust was intimately bound to workforce training issues. Health care professionals who would benefit from training in LGBTQ culturally sensitive mental health care approaches included nursing home care providers and peer counselors in recovery boarding homes. In addition, the leaders and staff of nonprofit industries should be trained on how to make these ventures sustainable through quality improvement activities, such as board development and nonprofit infrastructure. Training is also needed for white providers to better understand the issues of queer people of color, particularly those who are transgender; and for members of the LGBTQ community to move past their divisions. “Out” providers were also seen as with the potential to make a big difference in improving mental health care for LGBTQ people. The importance of “just having the conversation” was mentioned frequently as a goal for county staff, along with facing uncomfortable feelings and developing greater empathy and culturally competent mental health approaches for LGBTQ individuals.

[Providers should] just be respectful and be kind.

—CONSUMER

We need to redesign the whole system...Then, there will be changes. When you have doctors that [are] compassionate, [have] compassion hearts...when you have staff and nurses that they are going to be about compassion and concentrate in the issues of the patient.

—COMMUNITY LEADER, CBO

LGBTQ Community-Defined Solutions To Improve Mental Health *continued*

We need to expect our straight allies and everybody else to step up, because this is important.

—COMMUNITY LEADER, CBO

Trainings should include everyone that has any interaction at all with patients, including receptions/office staff and social workers. Anyone that comes into contact with consumers should have recurring trainings—not just a one-time thing.

—CONSUMER/PROVIDER

Trainings should come from a place of love. You can't break a bridge to make a building.

—CONSUMER/PROVIDER

I don't want you to tell me that I'm doing good work. I want you to jump and help... if you tell me you care, prove it to me. You can donate one hour to do outreach. You can donate half an hour to go and talk to somebody that has mental issues. You can sit down with them, and make them feel good, and fix that situation. You can help me go and distribute food when there's need.

—COMMUNITY LEADER, CBO

If we had more community services... In Minnesota, [there are] case managers who would just check-in with people to make sure that they're doing okay, and that they're paying their bills, that they're taking their meds, and all those life skills.

—COMMUNITY LEADER, CBO

[Solano County Behavioral Health] needs to sit down and have a huge meet and greet with all the nonprofits providing services. Establish that connection... If they can partner with those nonprofits, because they've already got the established connections within the community, and start developing those relationships, and start expanding those services.

—CONSUMER, CBO

Next Steps

Our purpose in asking LGBTQ behavioral health experts, community members, and consumers about their opinions on the current state of mental health care and access in Solano County was ultimately to inform and foster the transformation of the various systems charged with delivering mental health care. The next step is working with members of these communities to identify creative solutions, based on the issues raised and recommendations for improvement, all to be emergent from the first phase of the project. This second phase will be accomplished through the UC Davis Culturally and Linguistically Appropriate Services (CLAS) Transformational Leadership Program. This program's framework is based on the National CLAS Standards, which consists of 15 standards in four main categories:

- Governance, Leadership and Workforce;
- Communication and Language Assistance;
- Engagement with Youths, LGBTQ, and Faith Leaders;
- Continuous Improvement and Accountability.

Through the CLAS program, we will continue working collaboratively with our partners from the critical health, social service, educational, governmental, and structural sectors of the county in order to improve the mental health of those LGBTQ individuals who have been underserved in the past. We welcome feedback from the LGBTQ community on both these efforts, as well as on additional steps that can be taken to make sure all voices are heard.

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<https://www.dailyrepublic.com/all-dr-news/solano-news/vacaville/declaring-june-as-lgbt-pride-month-goes-before-vaca-council/>

<https://www.travis.af.mil/News/Article/767902lgbt-alliance-to-host-picnic-for-pride-month/>

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