Southeast (HHS Region 4)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Dual Recovery among LGBTQ+ Communities: Gaps & Recommended Best Practices

What is Dual Diagnosis?

Dual Diagnosis is when an individual is diagnosed with having a substance use disorder and mental health condition concurrently. There are factors that contribute to an individual's and/or community's likelihood of having a dual diagnosis, including barriers to health care and treatment, minority stress from discrimination and stigma, and lack of awareness about dual diagnosis and symptomology. In 2018, The National Institute on Drug Abuse (NIDA) found that approximately 7.7 million adults were living with a dual diagnosis[1]. This report has a specific focus on the LGBTQ+ communities in the US and highlights the context within the Southeast.

7.7 million adults were living with a dual diagnosis in 2018

SOURCE: NIDA

Gaps in Dual Treatment Care for LGBTQ+ Communities

While there is a lack of research examining the prevalence of dual diagnosis among LGBTQ+ populations in the US, study results from the 2015 National Survey on Drug Use and Health have concluded that sexual and gender minorities have an increased risk of developing co-occurring substance use disorder and mental health disorders compared to their non-LGBTQ+ counterparts.[2,3] Additionally, the Southeastern US has one of the highest rates of overdoses and substance misuse-related mortality.[4]

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Gaps in Dual Treatment Care for LGBTQ+ Communities Cont.

LGBTQ+ patients face discriminatory attitudes from their service providers stemming from anti-LGBTQ+ prejudice and stigma for mental health and substance misuse. [2,3]

There is disparate access to resources that center the needs of LGBTQ+ patients in dual recovery. Staff and service providers may not be cognizant of the societal barriers that prevent many LGBTQ+ from seeking diagnosis and treatment. There is an added context of LGBTQ+ communities of being historically underserved and deprioritized leading to increased vulnerability to adverse mental health conditions, substance misuse, and other comorbidities.[2,3]

Gaps in the Literature on Dual Diagnosis

There is a paucity of LGBTQ+ centered dual recovery programs in the Southeast which reflects a greater public health concern about the mental health and substance use infrastructure in these states. There are also disparities regarding the provision of culturally competent and LGBTQ+ affirming care in the South.

Queer and Trans Black, Indigenous, People of Color (QTBIPOC)

QTBIPOC Communities experience a specific context of oppression in society due to dual minority status and the stress from experiences with oppressive, overlapping systems. An example is the experience of minority stress from simultaneously experiencing racism, colorism, and xenophobia with cis-heterosexism, transphobia, and queerphobia. The dual minority stress constitutes an added barrier to navigating mental health and substance use care and treatment as a QTBIPOC person. In 2021, the Centers for Disease Control and Prevention (CDC), found there to be significant differences and increased risk of experiencing psychosocial stressors, mental health conditions, and substance use disorders among racial and ethnic minorities compared to that of their white counterparts. [5]

Gaps in the Literature on Dual Diagnosis Cont.

Southern Black LGBTQ+ women are one of many demographics within the QTBIPOC community who are uniquely and disproportionately impacted by mental health and substance use disparities.[6]

Recommendations for Addressing Dual Minority Stress

- Utilize cognitive matching therapists
- Create culturally competent training for their patients' dual minority status
- Conduct future research to examine the needs and concerns of QTBIPOC patients in dual recovery and treatment seeking[7]
- Implement coordinated and tailored care among healthcare and public health personnel to provide holistic care[6]

Communities Living with HIV (CLWHIV)

A 2020 report from HIV.GOV concluded the following HIV prevalence statistics among LGBTQ+ communities:[8]

"... Men who have sex with Men (MSM) accounted for 71% of new HIV diagnoses in the United States."[8]

"Transgender people accounted for approximately 2% (635) of the 30,635 new HIV diagnoses in 2020."[8]

There is a lack of prevalence data on Lesbian and Bisexual women living with HIV.[9]

Gaps in the Literature on Dual Diagnosis Cont.

The US Southeast is disproportionately impacted by higher rates of HIV, with LGBTQ+ populations among the demographics most affected by this epidemic. Stigma, poverty, and disparate access to healthcare contribute to this high prevalence.[10] A study conducted in Jackson, Mississippi, found a high incidence of HIV prevalence among Black gay and bisexual men that was comparable to the incidences of HIV prevalence in Sub-Saharan Africa; racial disparities in access in care compared to their white gay and bisexual counterparts.[11]

Recommendation for Addressing Needs of CLWHIV

- Implement integrated dual recovery treatment as part of HIV primary care to identify patients in need[12]

Transgender and Gender-Diverse Populations

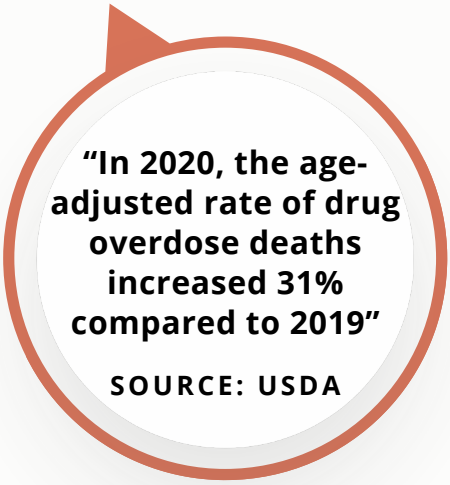
Transgender and gender-diverse populations are disproportionately impacted by interpersonal violence, abuse and discrimination, including discrimination by healthcare providers as well as state violence by law enforcement.[13] There is little research examining the prevalence of dual disorders among trans and gender-diverse populations, but it is evident that there is a significant gap in specialized services and treatment for this community.[14]

Recommendations for Gender-Affirming Care

- Develop a directory of Mental Health Substance Use Treatment Centers (MHSUC) affirming transgender and gender diverse services such as The Directory of Trans-Affirming Health & Legal Service Providers from the Campaign for Southern Equality[15]
- Implement integrated dual recovery treatment as part of HIV primary care to identify patients in need
- Prioritize methods of capacity-building within communities to foster trust, empowerment, and peer education
- Provide coordinated MHSUC's linkage system and peer navigation
- Increase number of LGBTQ+ service providers
- Support peer navigators through- gender-affirming trainings, aim to combat stigma and discrimination[16]

Opioid Misuse in the South

The United States Department of Agriculture (USDA) states, “In 2020, the age-adjusted rate of drug overdose deaths increased 31% compared to 2019.”[17]There are infrastructure barriers found in rural areas of the US, especially in the Southeast. Examples of these barriers can be found in Rural Central Appalachia. Low healthcare system capacity, lack of specialized health care provider force, and transportation barriers all contribute to disparate healthcare access. Additionally, there is an interplay of "rural life, identity, and poverty" and its impact on substance use and mental health.[18] Poor infrastructure in the rural South reveals a lack of poverty relief programs and resources, as well as a significant uninsured population. These barriers contribute to distrust and stigma pertaining to MH. These environmental and social conditions contribute to the increased likelihood of substance misuse concurring with MH conditions.[18]



Rural life and Appalachia have a history of strenuous labor working class occupations, which contribute to incidences of chronic pain and pain-relief seeking substance use behaviors. Pharmaceutical corporations were instrumental in amplifying access to opiates for pain relief. However, there is a major knowledge barrier regarding the impact of opiates and lack of awareness regarding substance use. Polysubstance use and substance misuse lead to increased vulnerability to HIV/STI and blood transmissible infections.[18]

Recommendations for Addressing Opioid Misuse

- Prioritize lay health literacy and health promotion
- Include community stakeholders in the development of comprehensive MHSU for LGBTQ+ patients
- Integrate harm reduction and gender-based health equity frameworks and trauma-informed approaches
- Implement cultural competency and gender inclusivity training among staff and MHSU service providers
- Encourage MHSU service providers to obtain specialized trainings for LGBTQ+ patients
- Increase healthcare accessible options including in telehealth.
- Consider holistic approaches to MHSU treatment such as addressing social connectedness, family and social support, and other social determinants contributing to dual diagnosis[18,19]

Recommended Best Practices

Mental health and substance use service providers treating LGBTQ+ patients with a dual diagnosis need integrated, comprehensive, and attentive programs to address healthcare barriers. Many of the programs demonstrate and prioritize establishing LGBTQ+ affirming environments, social support, empowerment, and cultural humility. Often, this is achieved through staff training on cultural competency and LGBTQ+ affirming care, integrated holistic care, and promoting a continuum of care. These programs aim to combat stigma, build trust with their patients, and foster community engagement. Peer support programming is emphasized through research and exemplary programs.[20-23]

Exemplary Facilities

- **Pride Institute**, Minnesota[20]
- **Lafuente Hollywood Treatment Center**[21]
- **New Method Wellness,** San Juan, CA[22]
- **Healthy Life Recovery,** San Jose, CA[23]

Principles of Implementing Evidence-Based Practices for LGBTQ+ Youth Patients According to American Academy of Child and Adolescent Psychiatry[24,25]

- A comprehensive diagnostic evaluation should include an age-appropriate assessment of psychosexual development for all youths.
- The need for confidentiality in the clinical alliance is a special consideration in the assessment of sexual and gender minority youths.
- Family dynamics pertinent to sexual orientation, gender nonconformity, and gender identity should be explored in the context of cultural values of the youth, family, and community.
- Clinicians should inquire about circumstances commonly encountered by youths with sexual and gender minority status that confer increased psychiatric risk (bullying, suicide, high-risk behaviors, substance abuse, HIV/AIDS, and other sexually transmitted illnesses).
- Clinicians should aim to foster healthy psychosexual development of sexual and gender minority youths and to protect each individual's full capacity for integrated identity formation and adaptive functioning.

Recommended Best Practices Cont.

Principles of Implementing Evidence-Based Practices for LGBTQ+ Youth Patients According to American Academy of Child and Adolescent Psychiatry [24,25]

- Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy and that attempts to do so may be harmful.
- Clinicians should be aware of the current evidence on the natural course of gender discordance and associated psychopathology in children and adolescents in choosing the treatment goals and modality.
- Clinicians should be prepared to consult and act as a liaison with schools, community agencies, and other health care providers, advocating for the unique needs of sexual and gender minority youths and their families.
- Mental health professionals should be aware of community and professional resources relevant to sexual and gender minority youths.

Call to Action for MHSU Service Providers and Policymakers

There is a major gap in mental health care pertaining to dual diagnosis and dual disorders among LGBTQ+ communities in the US, especially in the Southeast. Increasing resources for the future can not only improve the quality of life for LGBTQ+ patients living with dual disorders, but also save lives.

Expand LGBTQ+ research and surveillance data on dual diagnosis including niche communities

Integrate specialized MHSU care to adequately treat LGBTQ+ patients

Develop health policies to improve MHSU infrastructure, especially in the South

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