



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

New England Mental Health Technology Transfer Center (New England MHTTC)

SAMHSA #1H79SM081775-01

Yale Program for Recovery and Community Health
in partnership with
C4 Innovations, and
Harvard University Department of Psychiatry

The word "Respect" is written in white chalk on a dark, textured surface. The letters are slightly blurred and have a soft, glowing appearance. A white chalk marker is visible at the bottom right, partially overlapping the text.

**Racial Equity and
Advancing Cultural
Humility for
Organizational Change**

**Supporting the Mental
Health of Transgender
People**

Housekeeping Information



Participant microphones will be muted at entry – you will be able to unmute during the discussion portion of our webinar.



Closed captioning is available for this event. Click on the closed captioning (CC) icon at the bottom of your Zoom screen to select a transcription option.



This session is being recorded and it will be available on the MHTTC website within 24 hours of the close of this presentation.



Information about Certificates of Completion will be sent in a follow-up e-mail.



If you have questions during the webinar, please use the chat or use the “raise hand” feature during discussion to have your microphone unmuted.



If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.

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At the time of this release, Dr Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred. This work is supported by grant #1H79SM081775 from the DHHS, SAMHSA.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

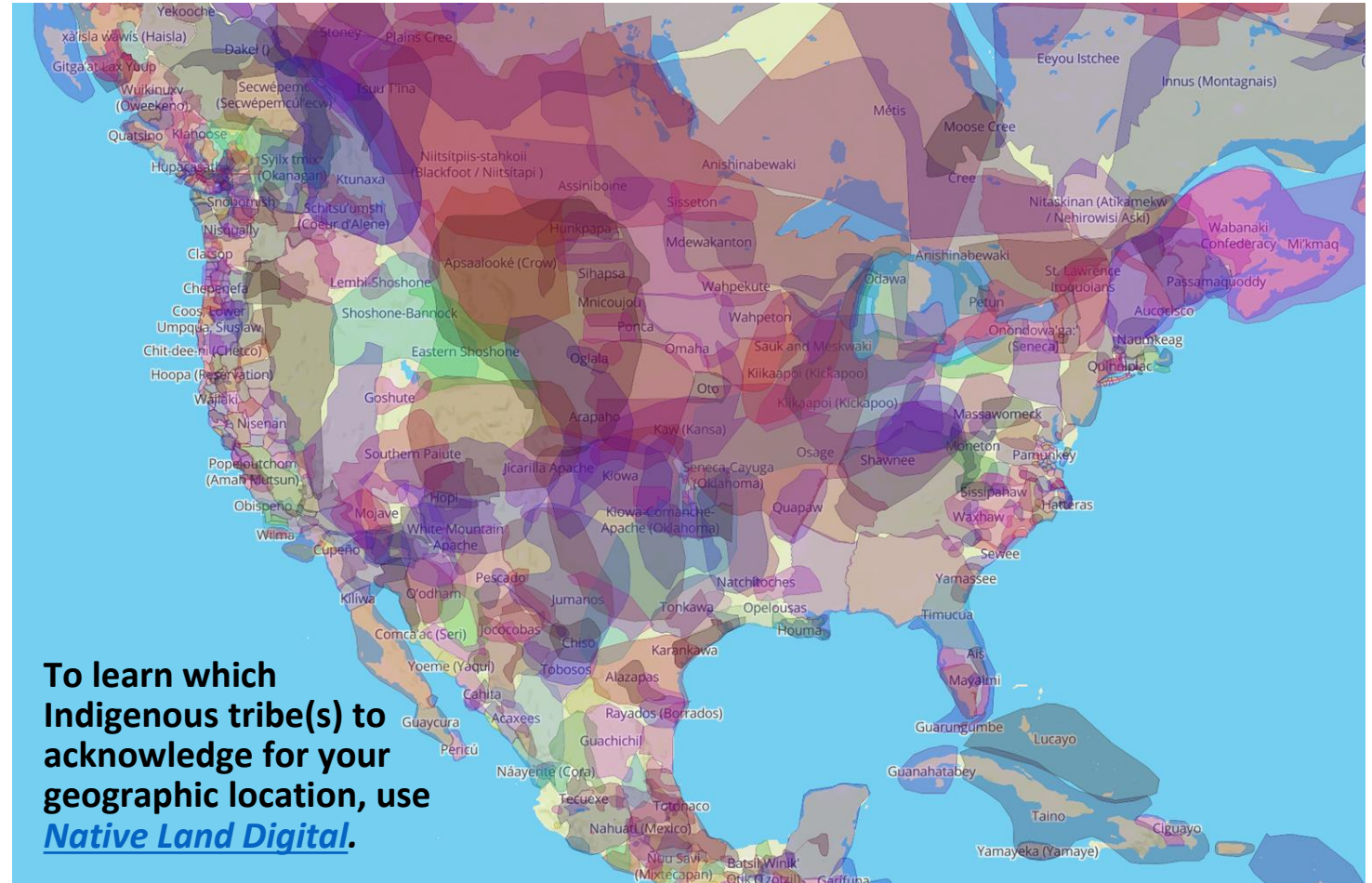
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Land Acknowledgement

As a committed ally, the New England MHTTC recognizes that the New England area is home to the ancestral land of many Native tribes.

Consistent with our values of community and inclusion, we acknowledge that all the places our distributed staff live and work, as well as where we provide services and hold events, are Indigenous lands.



A silhouette of an artist stands on a snowy beach, painting a sunset over a lake. The artist is holding a paintbrush in their right hand and a palette in their left. The background shows a sunset over a body of water with a lighthouse on the horizon. The scene is framed by a thick black border.

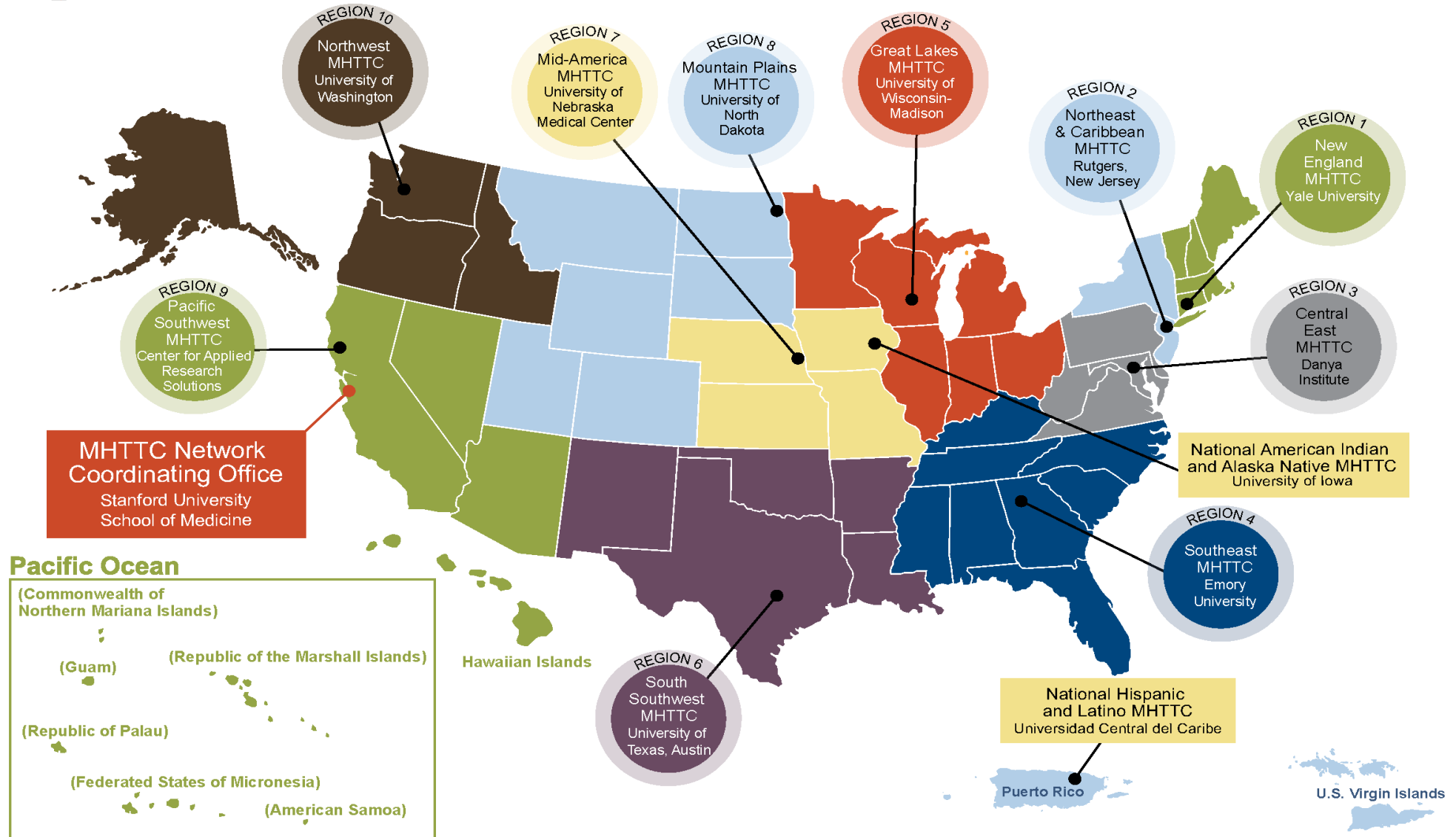
Meet the New England Mental Health Technology Transfer Center



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Resilience & Recovery

Resilience and recovery are based on respect.

Resilience and recovery emerge from hope.

Resilience and recovery are family- and person-driven.

Resilience and recovery occur via many pathways.

Resilience and recovery are community- based and promoted through collaboration.

Resilience and recovery are holistic.

Resilience and recovery are supported by peers and allies.

Resilience and recovery are supported through relationships and social networks.

Resilience and recovery are culturally-based and influenced.

Resilience and recovery are supported by addressing trauma.

Resilience and recovery involve individual, family, and community strengths and responsibility.

Racial Equity and Advancing Cultural Humility (REACH) Learning Community

- Hear from experts in the field
- Access evidence-based materials
- Learn how to develop and implement an action plan to shift policies and practices to ensure cultural responsiveness and workplace equity.

Our REACH training and technical assistance opportunities are:

- grounded in our principles of recovery, and
- designed to support the workforce supporting behavioral health needs in New England.



A person is seen from the back, holding a transgender flag high against a clear blue sky. The flag features horizontal stripes of light blue, pink, white, light blue, pink, and white. The person is wearing a dark shirt. The background is a bright, clear blue sky.

Supporting the Mental Health of Transgender People

Session Moderator:

Lee Locke-Hardy

Operations & Tech Support Coordinator

C4 Innovations

Pronouns: They | Them | Theirs

Facts on the Mental Health of Transgender Populations

- **To be clear, being transgender is not a mental illness.** But people who are transgender do struggle with higher levels of depression, anxiety and thoughts of suicide than the general population.
- People who are transgender also have the highest rates of mental health challenges among people who identify as LGBTQ. Specific mental health concerns include anxiety, depression, and suicide.

[Health Partners, 2022](#)



KEY STATISTICS

According to the [Anxiety and Depression Association of America](#), anxiety disorders are the most common mental health concern in the United States, affecting about 1 in 5 adults. Within the transgender community, rates of anxiety are much, much higher. In fact, some studies show that nearly everyone who is transgender is [living with anxiety](#).

[The World Health Organization](#) estimates that 3.8% of the population experience depression, including 5% of adults (4% among men and 6% among women). [A 2020 study published in The Journal of Affective Disorders](#), reports that among transgender people, the prevalence of probable depression is 33.3% and anxiety is 29.6%.

According to the [American Foundation for Suicide Prevention](#), about 0.5% (or 1 in 200) adults have made at least one suicide attempt. Unfortunately, the transgender suicide rate is even higher. More than half of transgender youth considered suicide in 2021 and nearly 1 in 5 attempted suicide, according to the [Trevor Project survey](#).

Resources Shared In-Meeting

Q Plus: <https://www.qplusct.org/>

A grassroots, community based, youth led, volunteer run organization with the goal of filling gaps in queer youth programming across Connecticut. Offers weekly youth groups in towns across the state, along with hosting Open Mics, Summer Camps, and providing school support and services.

San Francisco State University Family Acceptance Project ®: <https://familyproject.sfsu.edu/publications>

Key publications and resources to share findings, family intervention strategies, and research-based practice information widely available for use in primary care, mental health, family services, schools, child welfare, juvenile justice and homeless services and congregations to build healthy futures for LGBTQ children and adolescents in the context of their families, cultures and faith communities.

Callen-Lorde Health Outreach to Teens (HOTT): <https://callen-lorde.org/hott/>

A welcoming, non-judgmental, confidential program, based in New York City, designed specifically to meet the medical and mental health needs of LGBTQ adolescents and young adults ages 13-24, as well as other young people in need. These services are offered both at a youth-only medical suite at Callen-Lorde as well as a mobile medical unit that travels to areas throughout the five boroughs to meet people where they feel comfortable. All of HOTT's services are provided free of charge or at low cost (insurance is also accepted).

PFLAG: <https://pflag.org/resource/our-trans-loved-ones/>

This publication was written by PFLAG staff members, and created with the help of content experts, reviewers, and PFLAGers with experience to share. The publication offers first-person stories, and expert input geared to those who have a loved one who has come out as trans or gender expansive.



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Featured Speakers:

Layne Alexander Gianakos (he/him)
Program Coordinator
Office of Health Equity Research
Yale School of Medicine

Heather Kim, MD (she/they)
Department of Psychiatry
Massachusetts General Hospital

Kirill Ivan Staklo (he/him)
Program Director
PeerPride

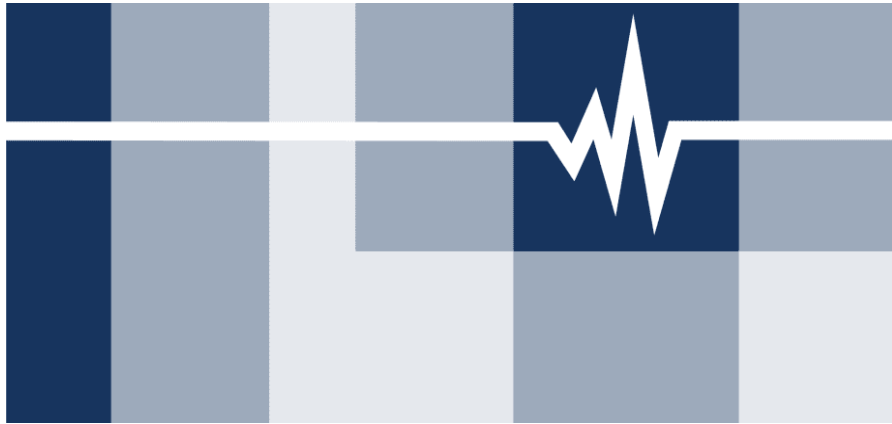


Yale SCHOOL OF MEDICINE



MASSACHUSETTS
GENERAL HOSPITAL
PSYCHIATRY ACADEMY

peer
pride



Yale SCHOOL OF MEDICINE

Layne Alexander Gianakos
Program Coordinator
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The Yale School of Medicine Office of Health Equity Research addresses health disparities in Greater New Haven by supporting novel research endeavors.

Learn more at <https://medicine.yale.edu/profile/layne-gianakos/?tab=location&locationId=27008>.



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GENERAL HOSPITAL

PSYCHIATRY ACADEMY

Heather Kim, MD (she/they)
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The Department of Psychiatry is committed to providing the highest quality in care to patients of all ages in a compassionate, safe and patient-focused manner. Our department includes more than 60 specialty integrated clinical and research programs that address virtually every aspect of psychiatric disorders and mental illness.

Learn more at <https://www.massgeneral.org/>.



Kirill Ivan Staklo (he/him)

Program Director

Email: kirill@peerpride.com

PeerPride is a partnership between diverse peer support and equity experts delivering consulting and direct service programming across the US.

We are a trans-run, majority-BIPOC organization that believes in setting bold, brave goals and empowering communities in achieving them.

We are experts in peer & crisis support, equity in healthcare, food access, education, technology, mental health services and more.

Learn more at <https://peerpride.com/>.



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Our REACH sessions include interactive videos and tools designed to promote discussion around the importance of diversity, equity, inclusion, and belonging.

[REVIEW OUR PLAYLIST.](#)

*Thank
you*

Contact us at:

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