L.A. County BIPOC TGI Listening Session Report

The #Out4Mental Health L.A. County BIPOC TGI Listening Session was held on Tuesday, April 6, 2021 from 5:30 – 7:30 PM via Zoom. Ten community members attended. For those who filled out the demographic information, almost all attendees identified with a sexual orientation along the LGBQ spectrum, and all identified with a gender identity along the Trans spectrum. The ages reported ranged from 22 to 38. All attendees stated their race/ethnicity as falling within BIPOC identities. All but one attendee identified English as one of or their only primary language. The remaining attendee identified Spanish as their primary language.

The Listening Session was facilitated by Ezak Perez, Executive Director of Gender Justice-LA, and Héctor Trinidad Plascencia, Vice Board Chair of Gender Justice-LA. Attendees were asked four main questions during the evening:

- What barriers do you, or other BIPOC people you know, face when trying to get mental health services in L.A. County?
- What is needed in L.A. County to improve BIPOC mental health?
- What is already here that supports BIPOC mental health?
- Are there new or nontraditional ways L.A. County could use, or fund, to help meet the mental health needs of BIPOC people living here?

This is one of the few spaces I've heard explicitly conversations about ending policing and mental health and … ending mandated reporting. And I think that would be a very powerful and meaningful step in terms of actually getting people to access care and also change the whole dynamic of power in terms of mental health.

What barriers do you, or other BIPOC people you know, face when trying to get mental health services in L.A. County?

The first barrier attendees spoke about is the difficulty of finding BIPOC TGI-competent providers. Even more difficult is finding a BIPOC TGI-competent provider who is also BIPOC TGI and has the ability to address issues beyond just writing hormone and surgery letters.

Finding a Trans-competent therapist who is also Trans was really difficult. Or even queer. Finding one that like had a similar politic. And, understood ideally lived experience, but had a sort of social justice—at least a framework to be able to support people beyond writing letters for surgeries as if that's what everyone is looking for when they're trying to find a therapist.

Finding a therapist who's also not just trans competent, but things about anti-Blackness and how that shows up. And so, ideally, a Black trans therapist.

Providers who are not TGI-competent often act as gatekeepers to desired and needed services. Trans clients find themselves having to choose between complete honesty and getting the services they need.

A lot of folks were talking about being worried about how they talked about their mental health when trying to access any kind of gender affirming, like medical, transitioning type stuff. Like wanting to fit the narrative of: "Yes, I have whatever diagnosis is enough to access this. Yes, here's the story. And I'm not too crazy, to where I can't manage or I'm gonna regret it." Trying to find that balance of being honest.

Not being able to be honest about mental health because they will take away your control/agency and choices!

Even if an individual is able to find a mental health provider they like, lack of insurance or the provider not taking insurance, becomes the next barrier. Attendees stated that therapy appointments are often weeks in between, and psychiatrists are even more difficult to get an appointment with.

If people do find therapists that are pretty good, it's rare, or they have insurance. If they don't have insurance, or to therapists who doesn't take insurance that's just really limited, and the appointments are really far apart, and so you know, it's weeks in between. And then if they also need access to medication, it's even harder to get an appointment with the psychiatrists.

The psychiatrists always being busy, that is really something that I've experienced a lot.

Many attendees also spoke about the difficulties they encounter(ed) when trying to navigate the mental health care system. Attendees spoke about the need to know a different language or have a specific mental health literacy in order to access services. There is also a lack of support which can create a sense of isolation and result in giving up. This lack of accessibility of the mental health care system creates multiple barriers to getting services, including a barrier to finding BIPOC TGI-competent providers.

There is almost another language you kind of have to speak...to get access to healthcare and I'm essentially a professional. I've been doing this for almost a decade plus and I barely now this year found a queer, POC-competent kind of therapist. And that took me, I want to say 4 years to do. … I needed someone who found something through the queer, trans, Black, POC kind of grapevines, and gave me that information. And that's me as professional and college-educated… There's so few resources that are affordable and that people can get access to and in their everyday language.

I feel like a lot of the times the advocacy, having the wordings, you really need to have a literacy around the words or a way to talk about it.

My full-time employment offered mental health care, and also health care. But I do not have health care or mental health access from my work. Because the way how I was treated for navigation through my work was very isolating. And I didn't know who I can go to with that navigation and stuff. And it was very, very isolating. And it was not humane in any way.

The difference between saying they are providing access, and actually making care ACCESSIBLE.

Some attendees also spoke about the cultural stigma of seeking and accessing mental health services. One speaker shared the stigma and shame they experienced within their personal community.

The other side of it was the stigma of mental health. Even within the Black community, I can only speak from my community, from my own experience that even the thought of going to therapy or going to getting a counselor, we had to say, counselor*, you never said psychologists, you never say psychiatrist. You never said therapist, you said,* counselor. *I'm going to go see a* counselor. *And when we would say that we go, oh, okay, cool. But if I say I'm going to therapy, my mom*

goes, "Why? What's wrong with you, man, crazy what's going on." … Once you started getting that, there was such a shame. We thought therapy and psychologists and psychiatrists was for white people. White people do that… They're the ones who need that counseling and stuff.

Attendees highlighted the racist and policing nature of traditional mental health services. This includes the overuse of mandated reporting (leading to involuntary institutionalization), the inability to have a voice in one's own treatment without punishment for "non-compliance," therapy used as a framework for operating within white supremacy rather than acknowledging the existence of a racist environment, and the racism encountered in medical healthcare settings. In addition, racism and white privilege/supremacy shows up in the erasure, lack of acknowledgement, and sometimes hostility towards non-Western, non-white mental health practices and practitioners.

The policing of mental health is a whole other issue

Mental health professionals also need to acknowledge that they are agents within a violent system—i.e. the mental health industrial complex which is a system of surveillance that reports to the state.

I would say for me, in my experience, really finding a counselor who wasn't a mandatory reporter too, because if they were, then I would probably be institutionalized because I was dealing with a lot of different mental illnesses and things. But because of their willingness and just consciousness around how the police don't really help deescalate situations, I wasn't institutionalized. So, I think that's very important is that they're trauma-informed, understand these different types of systems too, in this work. … I broke things down, because I was getting scared to tell people about my story or my different mental wellness list, because I feel then it would bar me from access to resources.

Because I was hearing voices and stuff, they gave me all these meds: Wellbutrin, Seroquel, and all this kind of stuff. And when I would tell the doctors that I was having complications with them, where I was sluggish, or the combination was wrong, it was hard to get them to listen to what was happening…You just need to just take the meds: "shut up and take them." Then, when I didn't want to take them, I was considered non-compliant. And when you're non-compliant … they're able to withhold funds, they're able to commit you, they can do all these other things, too. And so that's where I had to really advocate for myself about the combination of medicines that I took, and that I would have to negotiate: "Okay, I'll take this for two months," or "Okay, after two months, if I'm still feeling weird, we going to have a talk." I had to say that without being too aggressive because, God forbid, a Black trans person is too aggressive

The ways also that therapy in and of itself often is a framework of fixing you enough to operate within white supremacy + capitalism, generational trauma/pain/overwhelm/etc. gets rationalized/minimized and often doesn't name that it doesn't functionally shift the ways that we exist in deeply violent/harmful systems.

The very direct and insidious ways that medical racism shows up in interactions with healthcare providers.

The reason why my Okinawa Japanese family never access mental health care was not because we weren't accessing it. We didn't have access to it. But we were also doing other types of mental health care. When I was a kid, we didn't do mental health. I went to my yutta. And I went to my yutta for guidance, and it just kind of sad that [Japanese practices] it's getting erased because of militarization and white supremacy, and colonization… I just agree a lot [with the previous speaker]. I really agree. It resonates and makes me really sad about the disappearing culture of how mental health was done…but that's not given any space because we're not even recognized.

A lot of indigenous healing is not welcomed. They say it is, but it really isn't. I am in contact with a bunch of indigenous mental health providers who literally have to deal with micro and macro aggressions from their colleagues and their bosses and from the insurance.

What is needed in L.A. County to improve BIPOC mental health?

Keeping with the previous theme of barriers due to fear surrounding mandated reporting, participants offered that safety planning is something that is needed in L.A. County as an alternative to involuntary institutionalization.

Gonna drop a safety plan worksheet that my therapist used when I told them I was experiencing suicide ideation and planning. ... So happy they didn't do mandatory reporting and did this instead.

Yes, safety planning over mandatory reporting!

Participants shared their frustration that there are not many BIPOC TGI providers in mental health fields. More tangible resources, such as scholarships and free education are needed to recruit more BIPOC TGI individuals into mental health. L.A. County also needs to prioritize addressing this lack of diversity in their staff and their contractors.

There's not enough of us in the field. There's not enough people of color, TGI people who are going to get these degrees…. There's not enough money given to us to offer us to go into those fields, ... no scholarships, no free education, that would get us to go into those fields. Where are we? We aren't! And are they offering? And does the state or the county even offer those opportunities to us? No, they don't.

Participants continued to speak about the need for a greater number of BIPOC TGI-competent providers. Students and interns are often not equipped to address complex issues, yet this is the type of provider those with limited resources are often offered. The limited number of BIPOC TGI-competent providers also leads to overwork and provider burnout. For clients, this translates to limited services and a continual changing of providers.

I think we often have to settle, and I've had to really settle, for working with students or people who are still getting the education who don't necessarily have a license yet or who are not experienced, which I've been okay with. But I've also noticed that sometimes they just don't have the skills. They're still developing the skills. And sometimes there's some really complex issues that are being brought up.

To speak to how mental health providers are already overworked and under-resourced. I worked for trans organizations that had mental health providers that have an endless caseload. How much care can you provide to 100 different clients that you only see every 4 months for 15 minutes?

Provider burnout is high. So, what this means is that a lot of the clients have to reopen up to strangers again.

The lack of competent providers leads trans folx to seek out agencies that do not require a hormone letter from a mental health provider—but that also has the potential to compromise the quality of their healthcare.

Providers who say, "Oh, I don't offer trans healthcare, so I can't even provide a letter for you for hormones" or any sort of further steps. So really thinking about the need for certain clinics and why people go to Planned Parenthood, because you can pay 100 bucks, and then you can get your hormones yourself. But with that as well, you don't have a certain level of health care….

It's kind of this narrative of, "Why do we have to compromise these versions of ourselves when we're trying to live the fullness?"

There also needs to be a recognition that mental health services are often needed for longer periods of time than is currently allowed and that continuity of care and the building of rapport with your provider should be a priority.

You are trying to build rapport and be vulnerable with this person to let them help you. ... I know for a lot of L.A. County mental health providers, their clients have a set number of sessions. After six months, you're supposed to be okay. If not, then we need to reevaluate and do this whole thing over.

Participants emphasized that family caregivers need support, both for themselves and in helping their family member. The system needs to be easier to navigate and not require special knowledge in order to get services. The system also needs to be more responsive to family members, value their efforts, remove roadblocks, and not maintain such a bureaucratic system that family members spend years trying to access services. Follow-up care, particularly after hospitalization, is also needed. Finally, providers need express greater sensitivity when working with family members. Callous responses from providers to family members who are seeking needed services for their loved one should not be tolerated by L.A. County or their contracted agencies.

The role of being a family caregiver for others who may have mental health struggles or issues can also take a toll on the caregiver. And the caregiver may also be struggling with mental health issues or wellness.

I have to help care for my brother who has severe mental health issues. We've been trying to get care for him consistently for easily 15 years, easily, if not more, and we've yet to get it. As someone with a college education, I make phone calls all day long at work and having to call the Department of Mental Health assistance I felt like I needed a PhD in their bureaucratic system in order to crack it, in order to really get through. And I can't imagine how they would ever expect anyone who is in the midst of struggling with mental health and wanting to access those resources to actually get through just the phone call. Just the: "press one, press two," it was impossible. And I basically had to share in a message…there could be violence and I could get hurt. And that was the only way they called me back, maybe 4 or 5 months later.

The follow up care, especially when yourself or a family member needs to be hospitalized. There's no follow up. I remember pleading [for my family member], trying to find resources to get transitional housing or something. And I had a nurse once tell me, "well, if he ends up homeless, that's his choice." I was so infuriated that someone who's struggling with their… can't hold a job, is really, dealing with serious issues and getting family support to try and access some kind of care... The callousness was really difficult to work through.

The need for permanent housing in order to support BIPOC TGI mental health was also discussed. Participants made it clear that shelters are not a substitute for permanent housing and do not support mental health.

I feel like housing is really instrumentally tied to mental health. Not saying that housing's the only one, but I think that's the one I see as the most important one. And I don't mean shelters. Fuck a shelter. I mean a house where you can cook, where you can shower, where you can watch TV, or we can take a nap. Housing*, not a shelter.*

What is already here that supports BIPOC TGI mental health?

As part of their answers to this question, participants spoke of several agencies and programs that support BIPOC TGI mental health:

- American Indian Counseling Center
- Changing Spirits
- City of Angels Two-Spirits Society
- Indigenous Circle of Wellness
- Indigenous Pride LA

Participants spoke about community and cultural tools that support BIPOC TGI mental health. While these tools might not be recognized by mainstream mental health providers, or funded by L.A. County, they address a need that is not being met by Western mental health practices. These include reclaiming cultural tools, network sharing, supporting Native identity, cultural events, and affirming social spaces.

A lot of BIPOC communities have stigma around this traditional way of talking about mental health, but there's also a lot of tools and resources that communities have in place to support mental health. ... We've always had tools that are trying to be erased, but I think a lot of us are

trying to reclaim them... Tools that we've used that have supported mental wellness and resiliency, otherwise we wouldn't still exist. White supremacy is deeply evil and is intent on killing us. So, if we didn't have those tools, we wouldn't exist.

The TGI community has always been about network sharing. That's how we find each other until we figure out what we need, especially with our health care. That's how I knew anything about anything was from other trans people. Not at all from healthcare professionals.

I am of the school of thought that mental health is inextricably tied to identity. And coming from a Native background, I feel like for a lot of Native folks, their mental health is tied to identity issues. Who am I? What tribe do I belong to? What is my purpose? Especially for Two-Spirit and Queer Natives. A lot of them have identity issues in terms of where do they belong? LA County does have a Two-Spirit Society: CATSS, the City of Angels Two-Spirits Society. There's also Indigenous Pride LA…that celebrates and honors Two-Spirit and Indigenous LGBTQI+ folks' identities and cultures. ... In this era of colonization, where Native folks don't see our faces on these billboards, where Native people don't see our culture in these malls, where Native people don't see our foods in the Shopping Mart…cultural events are a good place—a place of healing.

When you were speaking of Indigenous Circle of Wellness. …there is a different, interesting, way that I felt connected to this space, because we were doing beadwork. Even though there was probably no TGI people in that space, ... I think it was really therapeutic. Just story sharing, and just talking about food, and just where people were coming from, like from Canada virtually. And so just thinking about these other ways that people are engaging and being able to get health and wellness in different ways. Nontraditional ways from Western culture.

The first thing that I thought about was social spaces. A lot of people, when we were able to meet in person, coffee shops were forms of respite for folks for many hours. Sometimes even a local bookstore where you'd probably meet another queer person there. You know, you get yourself a little coffee or something. These areas that traditionally aren't seen as areas that are for us, but they are for us and by us.

Are there new or nontraditional ways L.A. County could use, or fund, to help meet the mental health needs of BIPOC TGI people living here?

Incorporating community care, and especially community organizations who provide such care, was strongly recommended by participants. Participants were clear that L.A. County needs to incorporate community care into their framework by completely rethinking how they currently provide services. Throughout the Listening Session, participants spoke about the insurmountable barrier to obtaining and the inadequacies of services currently being provided through L.A.

County—while organizations that are BIPOC TGI-competent, knowledgeable, affirming, and accessible are *not* adequately supported.

Dismantling the mental health organization with LA County, so that they learn how to incorporate community into their framework. Really understanding that it's the organizations that go out in the community, and how can they support them, instead of all of us running to mental health and trying to get into their system and coming across all those barriers and walls that happen. … Put the money into the organizations that are going to do this, don't just have a one-time big event in Skid Row and think you solved all the mental health problems. Don't just have one offs, but has to be on a continual basis with continual intention with continual funds. And don't make us have to prove every time to get the damn money. Just put it in, give it to the organizations and let them do the work because you sure ain't doing the work.

Identity issues, purpose, and belonging is so important—which is why I think incorporating community care and community organizations into this work and just funding those is important for the County to do—is really a shift.

Funding that encourages partnerships/coalitions for organizations instead of having orgs compete for crumbs.

The lack of diversity in the mental health field needs to be addressed by operationalizing true equity in access to education for BIPOC TGI and other unrepresented marginalized populations. This includes not only providing scholarships and other financial assistance, but also providing a structure that supports providers within the community.

There's a disparity of representation in the mental health provider field. Where are your fully funded scholarships for people from underrepresented communities? … I wonder if some of these systems are just inadequate to begin with. And if it may be best to cultivate systems in community support systems with a completely different bottom-up structure, where if you're going to pay a therapist, you can pay someone in the same community and it stays with community.

Participants spoke about the need for outdoor spaces that are safe for all, but are currently dominated by and only safe for white people. L.A. County could fund and participate in an effort to reclaim public outdoor spaces for all residents, and not just those who benefit from white privilege.

Skateparks/ skating rinks that are safe for us. body work, energy work, safe access to nature. Often 'nature' is sequestered away, dominated by white people—think a lot about stolen land and how land is protected for the pleasure of white folk.

The connection to nature that a couple people brought up, those really are resonating with me and are incredibly healing. A day outside somewhere, safely. And how fucking dangerous these spaces are … So how we can work together to share in the healing of some of these public spaces?

Finally, L.A. County (and all of mental health) should reexamine the policy and practice of mandated reporting. Multiple studies of mandated reporting for the Child Welfare System have uncovered racist practices and racial inequities, and a call to revamp or end the practice.[1] [2] [3] [4] [5] There are no recent studies regarding racial bias in mental health mandated reporting, but older studies, anecdotal evidence, and the current heightened awareness regarding the existence implicit bias, all support the need for ending the current practice and replacing it with more appropriate services.

This is one of the few spaces I've heard explicitly conversations about ending policing and mental health and … ending mandated reporting. And I think that would be a very powerful and meaningful step in terms of actually getting people to access care and also change the whole dynamic of power in terms of mental health. And really thinking about it in terms of a community system-of-care rather than just another enforcement of policing.

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[1] Inguanta, G., & Sciolla, C. (2021). Time Doesn't Heal All Wounds: A Call to End Mandated Reporting Laws. *Columbia Social Work Review*, *19*(1), 116–137. https://doi.org/10.52214/cswr.v19i1.7403

[2] "When Reimagining Systems Of Safety, Take A Closer Look At The Child Welfare System, " Health Affairs Blog, October 7, 2020.DOI: 10.1377/hblog20201002.72121

[3] Inguanta, G., & Sciolla, C. (2021). Time Doesn't Heal All Wounds: A Call to End Mandated Reporting Laws. *Columbia Social Work Review*, *19*(1), 116–137. https://doi.org/10.52214/cswr.v19i1.7403

[4] "When Reimagining Systems Of Safety, Take A Closer Look At The Child Welfare System, " Health Affairs Blog, October 7, 2020.DOI: 10.1377/hblog20201002.72121

[5] Inguanta, G., & Sciolla, C. (2021). Time Doesn't Heal All Wounds: A Call to End Mandated Reporting Laws. *Columbia Social Work Review*, *19*(1), 116–137. https://doi.org/10.52214/cswr.v19i1.7403