Fenway Health comments on proposed Revisions for the Massachusetts Regulations on Licensure for Psychologists, 251 CMR 3.00: Registration of Psychologists

June 23, 2014

Massachusetts Board of Registration of Psychologists
1000 Washington St.
Suite 710
Boston, MA 02118

Dear Board of Registration of Psychologists,

We write to comment on the proposed revisions to the licensure requirements for psychologists, specifically the Academic Requirements, 251 Code 3.03i, regarding the Registration of Psychologists.

We support the addition of an academic requirement regarding competency with regards to sexual orientation/identity and gender identity. For the past 40 years Fenway Health has been providing health and mental health/substance abuse services to the lesbian, gay, bisexual, and transgender (LGBT) community of New England, people living with HIV/AIDS, and the larger community. Fenway Health and The Fenway Institute work to make life healthier for these populations not only by providing direct care but also through research and evaluation, education and training, and public health advocacy. We have played a leading role in developing innovative treatment programs targeting the LGBT community and conducting ground-breaking research on sexual orientation and substance use, including research on how to measure sexual orientation on surveys and in clinical settings, and research on the experiences of sexual and gender minorities with crystal methamphetamine, alcohol, and other substances. Much of our research has explored the connection between substance use and sexual risk behavior.

Population level data from state Behavioral Risk Factor Surveillance surveys and Youth Risk Behavior surveys indicates that lesbian, gay and bisexual youth and adults experience higher mental health and substance use burden. Much of this is related to minority stress and experiences of prejudice. Other data sets and studies indicate higher mental health and substance use burden among transgender people. (Conron, Mimiaga and Landers, 2010)

Often LGBT people have difficulty finding culturally competent detox programs, substance use treatment and group therapy services. This is especially true in rural areas.

Part of our success has been the trust we have gained in working with the LGBT community as LGBT people usually confront many barriers to accessing mental health services. Experiences of discrimination among LGBT people can make them less likely to seek needed mental health and substance use services, and “experiences of discrimination may engender negative expectations among stigmatized groups about how they will be...
treated within larger institutional systems, making them wary of entering those situations” (Burgess, Lee, Tran, & van Ryn, 2007, 11). Compared with heterosexuals, LGBT people are more likely to report “that they did not receive mental health services or that such services were delayed” (Ibid). One study of mental health and substance use services in rural areas found widespread experiences of discrimination among LGBT clients, at the hands of both providers and heterosexual clients. Clients who were LGBT were frequently silenced and told not to raise issues of sexuality or gender identity in group settings. Counselors expressed disapproval of homosexuality and sought to convert clients to heterosexuality. Clients who self-identified as LGBT were often refused entry into programs to “protect” them from discrimination, or placed in isolation from other clients. Of 20 providers interviewed, only one had had formal training in LGBT mental health issues (Willging, Salvador, & Kano, 2006).

There are significant documented physical health disparities affecting LGBT people (Healthy People 2020; Mayer et al., 2008). The exact causes of these health disparities are still understudied and therefore not well understood (Mayer et al., 2008). Meyer and Northridge (2007) suggest that social stigma and systematic discrimination based on sexual orientation and gender identity create a stressful social environment that has a significant negative impact on the overall health of LGBT individuals. Fredriksen-Golden et al. (2011) report that LGBT health disparities correlate with minority stress and experiences of anti-LGBT prejudice. These could be factors in a higher rate of substance use and mental health burden among LGBT people.

It is therefore essential that clinicians a) be well educated about the unique psycho-social issues that LGBT patients face, b) be familiar with LGBT culture, c) be aware of how prejudice and judgment on the part of individual providers and organizations can create barriers to care or be micro aggressions that contribute to emotional distress, and d) examine their own attitudes when treating this population.

The Affordable Care Act (ACA) mandates that all insurers cover certain “essential health benefits” (EHB). An insurer’s essential health benefits package must cover 10 categories of benefits—including mental health and substance abuse services. The ACA could lead to a dramatic expansion in access to behavioral health services for LGBT people. Massachusetts Boards of Registration for all medical and mental health professionals should require that mental health and substance use providers/services—statutorily covered as EHBs—be clinically competent to serve LGBT people.

Thank you for considering our recommendation that the new licensing regulations include a demonstrated competency in treating LGBT people. Please contact Sean Cahill, Director of Health Policy Research, with any questions, or to discuss further, at scahill@fenwayhealth.org, or 617-927-6016.
Sincerely,

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References


