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Special Issue on Homelessness and the Transgender Homeless Population

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INTRODUCTION

Special Issue on Homelessness and the Transgender Homeless Population

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Homelessness is a major problem in the United States. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2009), at least 2–3% of people in the United States (5–8 million people) will experience at least one night of homelessness over a five-year period. There are many paths to losing stable housing, often relating to poverty, medical and mental disability, legal problems, or lack of a social or family safety net. Homelessness disproportionately affects the transgender population for many reasons. Sexual and gender minorities are often rejected by their families and peers and marginalized in our society, leading to increased risks of unemployment and homelessness. Some studies show that up to 35% of homeless youth are lesbian, gay, bisexual, or transgender (Cochran, Stewart, Ginzler, & Cauce, 2002). In addition, one in five transgender persons have unstable housing and are at risk or in need of shelter services (Minter & Daley, 2003).

Homelessness and unmet medical and psychiatric needs are serious interrelated problems faced by the transgender population. Homeless transgender clients are often excluded from shelter systems due to their gender nonconformity. Historically, they have not been welcome in all-women or

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all-men shelters, leaving them vulnerable to violence, murder, and other risks in the streets (Mottet & Ohle, 2003). They are frequently not engaged in necessary mental health and medical care due to barriers arising from both their gender minority status and the barriers associated with homelessness. Furthermore, medical and psychiatric providers are often not provided training or education regarding the needs of the transgender community (Xavier et al., 2004).

This issue of the *Journal of Gay & Lesbian Mental Health* includes three articles documenting the proceedings of the workshop “The Psychiatric Needs of the Transgender Homeless Population” at the 2009 American Psychiatric Association’s Institute on Psychiatric Services Conference in New York City.

The first article, “Healthcare Needs of the Transgender Homeless Population,” describes some of the medical and mental health care needs of the transgender homeless population and potential strategies for addressing these needs. In order for transgender clients to gain access to necessary mental health and medical care, providers need to identify and assess their individual needs as well as have a basic understanding of the public health landscape.

In the second article, “Shelter and Transitional Housing for Transgender Youth,” Dr. Van Yu, the Medical Director of the Center for Urban Community Services and Project for Psychiatric Outreach to the Homeless, discusses homelessness and shelter concerns in the transgender community. Life for transgender people in foster care, at shelters, and in transitional housing can be difficult and even dangerous. Shelter policies have been created and adopted to address safety concerns of transgender people. In addition, transitional housing and other services exclusively serving sexual and gender minorities have also been developed to provide safe shelter for this population.

In the last article in this series, “Treating the Transgender Homeless Population: Experiences from Residency Training,” SUNY Downstate Medical Center Psychiatry Chief Residents Dr. Josephine Mokonogho and Dr. Sukriti Mittal, under the supervision of Dr. Gertie Quitangon, Unit Chief of Bellevue Community Support Services Comprehensive Treatment Program and Clinical Assistant Professor at NYU School of Medicine, present three clients treated during their community psychiatry rotation in a women’s drop-in center in New York City. Trainees in Psychiatry receive little or no training in the specific mental health needs of transgender persons, even though they often have many unmet needs. This article uses cases to illustrate some important clinical issues in these clients.

The issue opens with two original research papers. The first, by Angie Dahl, EdS, and Renee Galliher, PhD, examines the interface of young adults between religiosity, sexual orientation conflict, self-esteem, and depressive symptoms. While studies on the general population have focused

on the benefits of religious involvement, lesbian, gay, bisexual, and transgender (LGBT) people may experience negative conflicts between faith and their sexual or gender orientation. The study also broadens the definition of religiosity, usually assessed by church attendance and other behavioral demonstrations, to cognitive and emotional aspects of spirituality.

The second original research paper, by Elizabeth M. Weiss, MS, Jeremiah Morehouse, Tiffany Yeager, and Tess Berry, is a qualitative examination of ex-gay and “ex-ex-gay” identified individuals and their experiences in making efforts to change their sexual orientation. Through examining posts to message boards for those active in sexual orientation conversion efforts (ex-gays) and those who formerly tried to change from gay to straight and now identify as gay (ex-ex-gays), the authors found common themes for each group and were able to both confirm findings of previous studies and suggest areas for future research.

Following these papers and the conference proceedings, we are proud to include a paper by Xavier Jimenez, MD, and Scot McAfee, MD, entitled “Crystal Methamphetamine, Body Dysmorphia, and Shame: A Psychodynamic Case Report from the Trainee Perspective.” This paper is the first winner of the *JGLMH* Outstanding Resident Paper Award. The award, made possible with a generous grant from the William A. Kerr Foundation, includes a cash award, travel to the AGLP Annual Meeting to present the paper, and publication in this journal.

Dr. Jimenez’ paper stood out among several entries submitted to the competition. The paper describes a resident’s subjective experience of treating a young man admitted through the psychiatric emergency department of a large city hospital under the influence of crystal methamphetamine. As the case unfolds and the patient’s underlying psychopathology emerges, Dr.’s Jimenez and McAfee explore the impact of shame on the complex dynamics of the patient, his family, and the treatment team, paying special attention to the influence of countertransference on the management of the case.

We are pleased to be able to encourage and publish papers by emerging scholars such as Dr. Jimenez. Through this award, we look forward to doing more in future years and eagerly anticipate new entries from residents by April 1, 2011, for next year’s award.

Finally, in this last journal issue for the year, we would like to acknowledge the diligence of our book review editor, Robert Kertzner, MD, and his team of reviewers who have enriched the journal by including several book reviews in each issue. We wish to acknowledge the many books we receive that we are unable to review due to volume, and these are listed in this issue. We also would like to thank each and every individual who reviewed articles submitted to the journal for this year. Without these reviewers, this peer-reviewed journal would not exist. Those who did blind reviews on manuscripts for *JGLMH* this year are therefore listed, and we are grateful for their efforts.

This has been a rich and growth-filled year for the *Journal of Gay & Lesbian Mental Health*. We have expanded our recurrent series, continuing our Case Discussion series (Henderson, Leavitt, & McIntosh, 2010; Lubart, 2010) and Parenting Series (Jackson Fitzgerald, 2010), and adding a soon-to-be seen series on Media, focusing on how television and film are relevant to clinical treatment and to the people we treat. We have been able regularly publish original research papers due to high-quality submissions and able reviewers. We have begun to address the explosion of new scholarship around gender identity and gender minority issues (Schwartz & Barber, 2010) and have even learned from our mistakes through feedback from our readers (Scout, Lombardi, & White, 2010). We look forward to an ongoing collaboration with our readership and with the field to make this journal important and relevant to professionals in the field of LGBTQ mental health.

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