



# **Toolkit for LGBTQQIA+ Young Adults Seeking Mental Health Services in North Carolina**



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and Emily Simmons  
with CEDI Lab

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# Disclaimers

**This toolkit is not legal advice or medical advice. Policies and processes might differ by county, state, practitioner, clinic, and hospital.**

We acknowledge that accessing mental health services is complex and vulnerable. Histories and realities of racism, classism, homophobia, fatphobia, and ableism, as well as obstacles such as funding, language barriers, cultural barriers, housing insecurity, and citizenship status make accessing mental health care even more difficult.

LGBTQQIA+ includes lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and other diverse sexualities and genders. We believe that this toolkit could be useful to individuals who identify with any of these identities, however, we acknowledge LGBTQQIA+ is used as an umbrella term, which can be generalizing and oftentimes not inclusive.

## About Us

Jess Epsten, MSLS (they/them) is a white queer and genderqueer southerner raised in Durham, North Carolina.

Emily Simmons, MSLS (she/her) is a white queer cis woman currently living in Durham, North Carolina.

Both of us have experiences with chronic illnesses and mental illnesses as well as navigating healthcare systems and health insurance. As library and information professionals, we believe it is incredibly important that individuals have access to clear information on mental health services and systems.

Thank you to Tavi Hawn, LCSW of Hawn Therapy and Consulting for their helpful insights and resources.



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# Introduction and Context

This section goes over:

- What to expect from this toolkit
- The purpose of this toolkit
- A brief history of the DSM and its relation to gender and sexuality
- Examples of community care
- Data on LGBTQQIA+ people and mental health in the south





## **What Can You Expect From This Toolkit?**

**This is a toolkit for LGBTQQIA+ young adults seeking mental health services in North Carolina with specific Durham County listings of services and resources.**

This toolkit:

- Helps you understand different therapy practices and gives tips on how to approach finding mental health providers
- Describes how mental health providers and health insurance companies use your personal information and data, and who has access to this information considering your privacy
- Provides an overview of mental health crisis services and resources to plan for potential crises
- Lists Durham County-specific mental health services and resources

## **What's the Purpose of This Toolkit?**

**Information about mental health services and processes, health insurance, and how your personal information is collected and used should be readily available and easy to understand.**

However, healthcare systems can be unnecessarily confusing and are not designed with the present needs and historical realities of LGBTQQIA+ people in mind. We have gathered information, tips, and resources here to help support you so you can better understand the systems at work and so you can make informed decisions around your mental health care.

**This toolkit offers you tools and resources to help you navigate your journey through mental health systems feeling informed and empowered. The more ownership you have over the process, the more you can exert your rights as an active participant.**

**You deserve to have as much agency as possible in understanding mental health services and your data and privacy as it relates to mental health services. You deserve safe and affirming mental health care.**

# Context: The Realities & Histories of Mental Health Stigma

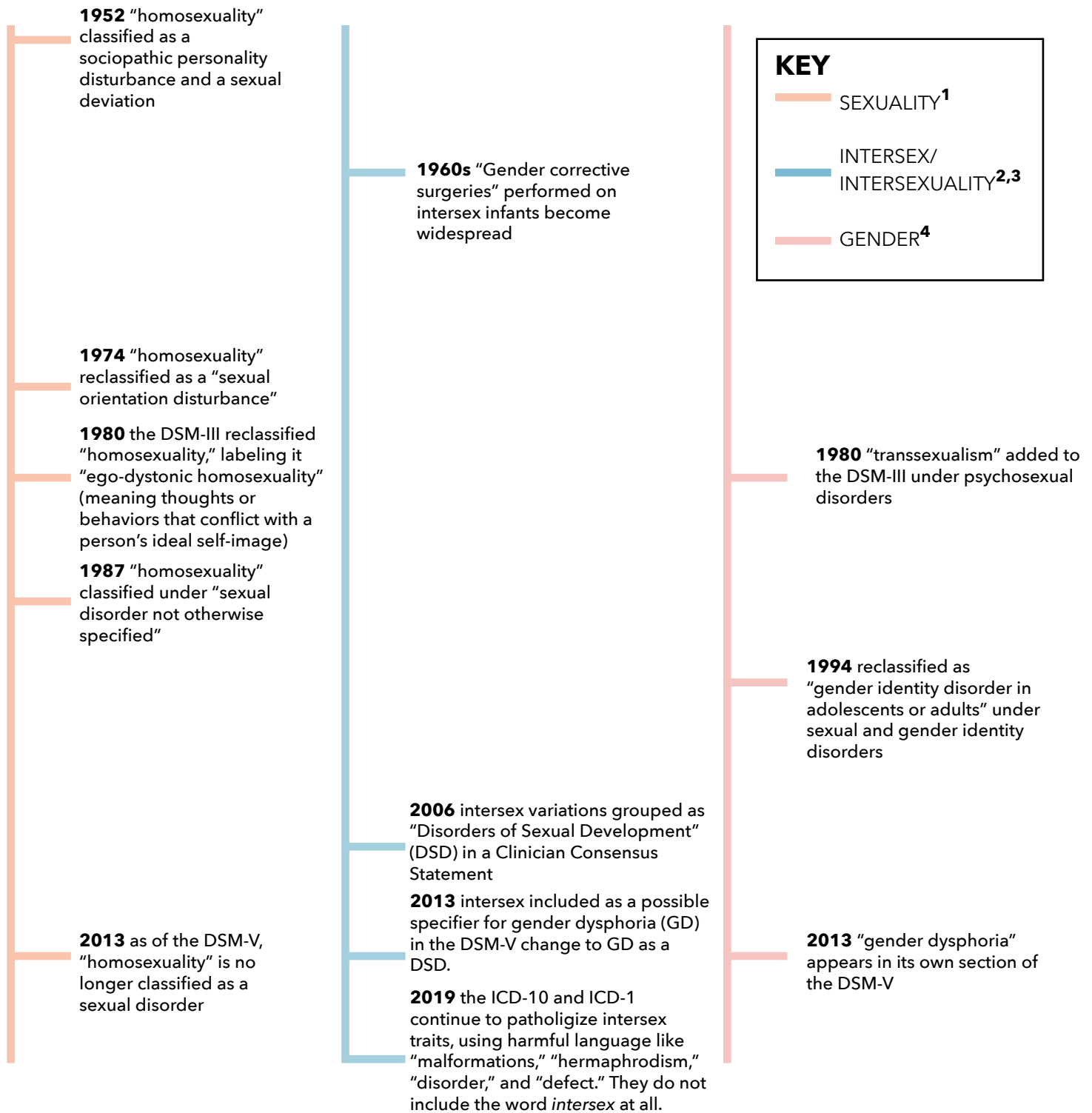
We acknowledge that navigating mental health services is difficult and not always safe. There is already stigma around mental health and seeking mental health care in this country. The added layer of the long history of systemic and structural discrimination and oppression, as well as the pathologizing (treating someone as psychologically abnormal) of LGBTQQIA+ people, has created a mistrust of healthcare systems. Today, LGBTQQIA+ people still navigate stigma, structural barriers, and discrimination when seeking healthcare.

## LGBTQQIA+ Identities, the DSM and the ICD

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) was first published in 1952 and is used by clinicians, health insurance companies, and others to classify mental disorders. The World Health Organization maintains the International Classification of Diseases (ICD), a global diagnostic tool for health care professionals, has a history dating back to the 19th century.

Both the DSM and ICD are used by therapists and doctors to diagnose and bill insurance, however, historically and presently both have been used as tools to pathologize and harm LGBTQQIA+ people. While the DSM has removed some pathologizing language around sexuality, the DSM and ICD still contain language that enables harm, especially for transgender and intersex people. For example, intersex people have been deemed as abnormal by the medical establishment for centuries, leading to non-consensual surgeries and treatments to "fix" individuals, sanctioned by specific classifications within the ICD (and a western binary understanding of gender and sex).

# Brief History of LGBTQQIA+ Identities in the DSM and ICD



**Today, specific diagnoses from the DSM and ICD are often required to receive affirming care (like gender-affirming surgeries), however the DSM and ICD continue to be evolving and contested documents.**



# Context: A Tradition of Community Care

Because of and in response to the often dangerous and poor mental health services for LGBTQQIA+ people, there is a long history of community-built support, including community-run hotlines, clinics, and support groups as well as community-created carewebs and support networks. We hope to continue this tradition of community care.

## Examples of Resilience and Community Care in North Carolina

The **Durham Lesbian and Gay Health Project (LGHP) Healthline**: In 1985 LGHP started "Healthline," a hotline for gays and lesbians to get health-related information including health and mental health referrals, AIDS-related support, and support groups as well as information about social information like organizations, LGBT-friendly businesses, and events.<sup>5</sup>

**Our Own Place**: founded in the 80s, Our Own Place was a community space for lesbians, hosting a variety of support groups and social events.<sup>6</sup>

The **North Carolina Lambda Youth Network (NCLYN)** was founded in 1996 to support LGBTQ+ youth in becoming community leaders. The NC Lambda Youth Network worked with 13 to 24-year-olds.<sup>7</sup>

Since 2006, **iNSIDEoUT 180** has worked to support and empower LGBTQ+ youth in the Durham area. Through organizing Gay Straight Alliances (GSAs) and Queer Prom, they give young queer people opportunities to explore their identities in safe spaces.<sup>8</sup>

# Context: Who is Impacted? LGBTQQIA+ People and Mental Health in the South

The LGBTQQIA+ population is very diverse with many different needs. LGBTQQIA+ is not a monolithic identity, and members of the LGBTQQIA+ community sit at intersections of race, class, disability, sexuality, and gender identity. This range of identities under the LGBTQQIA+ umbrella results in a range of experiences and realities within health and mental health systems.

**We believe that, while statistics cannot give a complete picture, they can show us that we are not alone. We believe that we can use data to inform and empower ourselves.**

**3.87 million**  
**LGBTQ people in the southeast—more than any other region in the country<sup>9</sup>**



**~419,500**  
**people in NC identify as LGBTQ**



**~134,300**  
**of these LGBTQ individuals in NC are ages 18 to 24**

Overall, there is a lack of data on the LGBTQQIA+ population in North Carolina and in individual counties. The authors of the Durham County Community Assessment note this gap: “Durham County needs to collect data on those who identify as LGBTQ+ to detect disparities and best meet the needs of this community.”<sup>10</sup>

## LGBTQ population in the South's experience with anxiety or depression compared to the general population<sup>11</sup>

	LGBTQ Population in the South	General Population
Experienced or diagnosed with depression	54.5%	6.9%
Experienced or diagnosed with an anxiety disorder	46.1%	18.1%

## Mental health and age in the LGBTQ population in the South<sup>12</sup>

Age Range	Reporting mental health as only fair to poor
18 to 24	69.5%
45 to 54	29.3%
55 to 65	22.6%

According to the Campaign for Southern Equality's *2019 Southern LGBTQ Health Survey* respondents ages 18-24, 15.3% reported rarely or never having positive experiences with mental health providers. This is the highest percentage compared to other age groups.<sup>13</sup>

**Data shows that transgender and gender-variant people in the South—especially Black trans and gender variant people—have less access to quality healthcare than cisgender peers, are more likely to be under or uninsured, and are less likely to feel comfortable seeking healthcare. They also face more frequent and severe physical and mental illness and experience higher levels of abuse and suicidal ideation.<sup>14</sup>**

More data about LGBTQ health and mental health in the Campaign for Southern Equality's [2019 Southern LGBTQ Health Survey](#) and the [Breakout Report on Black Transgender Southerners](#), and the various reports from the [2015 U.S. Transgender Survey](#).

# Therapy 101: Intro to Therapy, Preparing to Find a Therapist

There are many different types of mental health professionals, therapy practices, and things to keep in mind as you look for mental health providers.

This section will cover:

- Types of mental health professionals
- Therapeutic approaches
- Choosing a therapist: questions, red flags, things to think through
- Conversion therapy
- Online therapist databases and directories

# Types of Mental Health Professionals<sup>15</sup>

There are many different types of mental health professionals, including those who are licensed practitioners, some who are not licensed or regulated, and others who offer more specific services (like substance use counselors). The table below is information specific to North Carolina along with links to the associations who license practitioners so you can verify that a provider is licensed. Note: these titles and licenses can vary by state.

Name	Description	Degree Requirement	License Verification
Licensed Clinical Social Worker (LCSW)	Trained to evaluate mental health and use therapeutic techniques. Trained in case management and advocacy	Masters in Social Work (MSW)	NC Social Worker Certification and Licensure Board - <a href="#">NC LCSW License Lookup</a>
Licensed Clinical Mental Health Counselors (LCMHC)	A healthcare professional who is trained to evaluate mental health and use different therapeutic techniques depending on training	Master's Degree (M.S. or M.A.) in a mental health field like counseling or psychology	NC Board of Licensed Clinical Mental Health Counselors - <a href="#">LCMHC License Lookup</a>
Licensed Marriage and Family Therapists (LMFT)	Therapists trained specifically in working with family systems	Master's Degree (M.S. or M.A.) in a mental health field like counseling or psychology	North Carolina Marriage & Family Therapy Licensure Board - <a href="#">LMFT License Verification</a>
Psychologist	Someone trained to evaluate mental health "using clinical interviews, psychological evaluations and testing"	Doctor of Philosophy (Ph.D.) in a field of psychology or Doctor of Psychology (Psy.D.)	North Carolina Psychology Board - <a href="#">License Verification</a>
Psychiatrist	Licensed medical doctors with specific psychiatric training who can diagnose mental health conditions, prescribe medications, and provide therapy.	Doctor of Medicine (MD) with residency training in psychiatry	North Carolina Medical Board - <a href="#">License Lookup</a>

# Examples of Therapeutic Techniques and Approaches

There are many kinds of therapeutic practices. Different approaches work for different people at different times. Individual therapists can utilize multiple types of therapies and therapy concepts and approaches might overlap. Some of the most common approaches are defined below, but there are many more to explore.

## **Dialectical Behavior Therapy (DBT)**

helps clients gain skills “to manage painful emotions and decrease conflict in relationships.” The four main areas focused on are mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.<sup>16</sup>

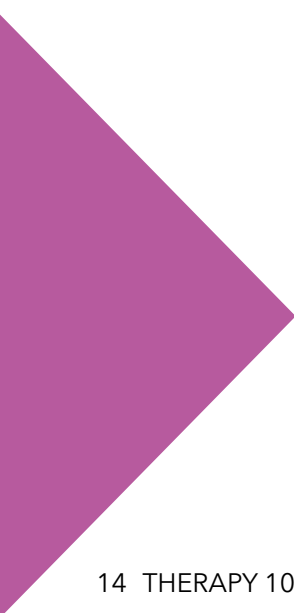
## **Cognitive Behavioral Therapy (CBT)**

is a form of psychotherapy aimed at changing a client’s “thought patterns in order to change their response to difficult situations.”<sup>17</sup>

**Somatic Therapy** is a body-centered therapy that honors the connection of the mind and body. Mind-body exercises are used to release tension and stress.<sup>18</sup>

**Art Therapy** uses creative techniques to help clients express themselves. The psychological and emotional undertones can then be examined with a credentialed therapist.<sup>19</sup>

You can read about more therapeutic approaches on [Psychology Today](#)



Harm Reduction approach in a therapy context recognizes realities that make “progress” in therapy slow, non-linear, and imperfect. Acknowledging the pervasiveness of oppression and harm in our world, this approach focuses on finding ways to reduce the total amount of harm in one’s life. Note: harm reduction approach originated in mutual aid support networks for drug users.

# Choosing a Therapist

The process of finding a good therapist or counselor can be intimidating and make you feel vulnerable. While accessing mental health services might make you feel powerless at times, you have the right to gather information, ask questions, and know where your information is going. Although local options depend on your insurance and where you live, you are ideally **choosing** a therapist or counselor. In most cases, you can stop seeing a therapist or change therapists or request a change in treatments or approaches. Generally, in the state of North Carolina, this is true unless you require care in a treatment facility or “immediate hospitalization to prevent harm to self or others.”

More information on involuntary commitment in the [Crisis Planning and Services section](#).

## What does quality therapy and care look like for LGBTQQIA+ folks?

- Someone who will answer your questions and be transparent about their processes and approaches - administrative and therapeutic.
- Inclusive paperwork and forms that allow for flexibility in expressing your pronouns, name, and gender.
- A therapist who will not just tolerate LGBTQQIA+ individuals, but will be explicitly positive and supportive of these identities.
- Culturally competent care. Mental health care providers should be familiar with the unique needs of LGBTQQIA+ people in relation to health care. This can include, for example, “becoming knowledgeable about current community, advocacy, and public policy issues relevant to these clients and their families.”<sup>20</sup>

## Telehealth and Teletherapy:

There has been an increase in teletherapy - receiving mental health therapy and group therapy online over secure video calls. This expansion means more opportunities to access LGBTQ-affirming therapists beyond your specific location. However, having reliable internet and a device are necessary. This could be a barrier for many.

## Examples of Guidelines for Competent Care:

- [WPATH \(World Professional Association of Transgender Health\) Standards of Care](#)
- [Rad Remedy's Standards of Care](#)

# Questions to Consider as You Research Mental Health Providers

A good relationship with a counselor, therapist, or psychologist is one that makes you feel safe. Here are a few things to consider when choosing someone:

Goals:

- What are your goals for therapy?
- What issues or areas in your life do you want to address?
- These can be seemingly small or big things, and they can, of course, change and morph over time.
- These questions might feel daunting, but most therapists will ask something along these lines during a first appointment.

Budget:

- What is your budget for therapy?
- Do you need a therapist who offers a sliding scale or a clinic that offers no-cost/low-cost options?

Frequency:

- Depending on your situation, your therapist might have a recommendation of how often you should attend therapy or support groups, but it is still a good thing to think over, especially if you have scheduling or budgetary concerns.

Therapeutic approaches:

- Are there specific therapeutic approaches or methods that you require and you want your therapist to be trained in?

Non-negotiables:

- Are there non-negotiables for you in a therapist?
- Do you want a therapist who shares some aspect of your identity?

Insurance, insurance codes, and privacy:

- Will you be using your insurance to help pay for therapy?
- Are there privacy concerns with using your insurance (other people on the insurance policy)?
- Are there certain diagnosis codes you need to receive other types of care?

**More information on insurance and privacy below in the [Your Information, Data, and Privacy section](#).**



# Questions to Ask a Potential Mental Health Provider

Note: some of these questions might not be relevant to your situation. Take what you need and leave the rest.

Payment options:

- Are there sliding scale or low/no cost options available?
- If so, how do I qualify for those?
- Do I need to bring any specific information or documentation to qualify?

Diagnosis, DSM (Diagnostic and Statistical Manual of Mental Disorders) and diagnosis codes:

- How do you use the DSM in your practice?
- If you are using insurance: Can we discuss what diagnosis codes will be sent to my insurance?

Mandatory reporting:

- How do you approach mandatory reporting?
- Can we discuss alternatives to hospitalization and/or come up with a plan together?
- If you are concerned about my safety, do you utilize community care systems?

Situation-specific questions:

- How do you approach risk assessment related to potential crisis situations (e.g. suicidality, psychotic episodes, dissociation, self-harm)?

Harm reduction:

- Do you use a harm reduction approach and can you explain how that works for you as a therapist?

Identity-specific questions:

- If there are aspects of your identity and life that you need your therapist to affirm, support, and understand, it is useful to prepare some questions for the therapist so you can assess whether or not they are capable of providing you with adequate care. For example: racial, ethnic and/or cultural identities, sex and relationship identities (poly-affirming, sex positive), sexual orientation, gender, socio-economic status, disability status, STI-status, employment status, citizenship status, etc.

## Potential Red Flags

- If the therapist/practitioner/support group leader reminds you of someone you do not like or have a difficult relationship with in your life.
- If the provider is condescending or will not answer your questions adequately.
- If you do not feel seen or heard by the provider, or if the provider belittles your feelings or concerns.
- If you get a bad or uncomfortable vibe or feeling from the provider.
- Having to explain or educate about aspects of your identity repeatedly or beyond your comfort level.
- If the provider does not affirm your identities or uses incorrect pronouns after being informed of pronouns.

## Conversion Therapy Warning

While North Carolina banned state-funded conversion therapy in 2019, private providers and organizations (both licensed professionals and non professionals) can still practice harmful therapies. Sometimes referred to as reparative therapy or sexual reorientation therapy, it is meant to change someone's sexual orientation or gender identity. These practices are dangerous and do not work. **"All leading professional medical and mental health associations reject 'conversion therapy' as a legitimate medical treatment."**<sup>21</sup> Be aware of these practices and the language around them. Even if a therapist says they work with the LGBTQ population, make sure they are LGBTQ-affirming.<sup>22,23</sup>

According to the American Medical Association, conversion therapy assumes "that homosexuality and gender identity are mental disorders and that sexual orientation and gender identity can and should be changed. This assumption is not based on medical and scientific evidence."<sup>24</sup>

According to the American Academy of Pediatrics, "therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."<sup>25</sup>

If you started seeing a therapist or clinician who claimed to work with the LGBTQ+ population, but they do not respect your identity or are otherwise not affirming, it's not your fault. Some therapists use language in manipulative ways, and it can be difficult to know that ahead of time.

[Conversion Therapy Dropout Network](#): Providing a support network of individuals who experienced conversion therapy.

# Online Therapist Databases and Directories

So now that you've done some thinking about what type of therapy you are interested in and what you would like to get out of therapy, how do you actually go about finding a therapist? As you search, take notes of practices or practitioners that interest you and note if they are currently taking new clients or if they have a waitlist. You will usually have to call, email, or fill out an interest form in order to begin the process. Some therapists will offer a short initial phone call or meeting to assess whether it is a good fit - this is a great time to bring up any questions or needs you have.

**The [Durham Resources Supplement](#) of this toolkit is a directory of mental health services in Durham County.**

**Psychology Today** - [www.psychologytoday.com](http://www.psychologytoday.com) - An online directory of therapists, psychiatrists, treatment facilities, and support groups. This is a good starting place to find therapists in your area. The directory has many different filters, including insurance, therapeutic practices, language, sexuality, and more. Each therapist or practice has a profile that details their specialties, location, cost, and a description about their approaches.

**Insurance databases** - If you plan on using your insurance to help pay for mental health services, you can search for a provider via your insurance. Companies often have online databases where you can enter your zip code, select filters for mental health providers, and maybe even more detailed filters. Make sure you have your insurance card with you so you can refer to your exact plan. If your insurance company does not offer this, you can call them directly, or you will have to check with individual clinics or providers to see if they accept your insurance plan.

**Rad Remedy** - [www.radremedy.org](http://www.radremedy.org) - Online database of health care providers and resources, specifically for trans, gender non-conforming, intersex, and queer folks.

**National Queer and Trans Therapists of Color Network** - [www.nqttcn.com/directory](http://www.nqttcn.com/directory)

**BEAM (Black Emotional and Mental Health) Directory** - <https://wellness.beam.community/>

**Therapy for Black Girls** - <https://providers.therapyforblackgirls.com/>

**Inclusive Therapists** - <https://www.inclusivetherapists.com/>



# Your Information, Data, and Privacy

It is sometimes hard to control where your personal data goes. This section will give an overview of what kinds of information you might have to share with a provider to receive mental health services. There are laws in place protecting your confidentiality and privacy, but there are also exceptions and systems (like health insurance) that require certain personal information. Data or the lack of data could also create potential barriers to receiving care. Accessing low- or no-cost services or using insurance to help pay for therapy will mean sharing more personal data. While you have to disclose some personal data to receive mental health services, you do have the right to know what personal information is being collected and where it is going.

This section addresses concerns about privacy and receiving care around the following topics:

- Intake forms
- Discounted services
- Confidentiality and Mandatory reporting
- Health insurance
- Diagnosis codes and insurance

# Intake Forms

Intake forms are the forms you have to complete in order to see a mental health professional. Intake forms vary by practice and practitioner so make sure to read through the forms and anything you are signing. If you have questions about what something means or why the data is being collected, ask the provider or administrative staff.

Below are examples of data that you will most likely be asked for when you start to see a practitioner:

- Legal name (specifically necessary for insurance billing purposes)
- Legal sex
- Address, phone number, email (if you do not have any of these, ask if you can omit this information)
- Emergency contact name and contact information
- Insurance information (if you are planning to bill your insurance): copy of the card, insurance provider, policy holder name, policy holder birthday, insurance policy number, insurance policy group number.
- Form of identification or picture identification: Some therapists, practices, or clinics might require a scan of an ID to confirm your identification in order to bill your insurance or if they need to verify your income to receive low or no-cost therapy (more on that on the next page).
- Credit card: Many therapists require having a credit card on file as a way to automatically bill for no-shows. If you do not have a credit card, ask specific providers how they or their practice can still work with you.
- Social Security Number: some practices or clinics might ask for this information.
- Signature that acknowledges their billing practices, insurance policies, confidentiality and mandatory reporting policies, and privacy policies.

**Government-issued picture IDs include current DMV-issued driver's license, DMV-issued legal ID, passport, military ID. Government-issued IDs include all those listed above and social security card, birth certificate, or Medicaid card. Other forms of ID could include insurance card, school ID, or recent pay stub.**

# Discounted Services

Some therapists and clinics offer discount programs that help if you cannot afford to pay for services. Other practices are part of the [Federal Sliding Fee Discount Program](#) that requires certain information to qualify. If you are requesting no or low-cost or sliding scale therapy, you will most likely have to give income data so they can figure out how much you will need to pay.

Example of data required for discounted services (information below is based on intake forms from Lincoln Community Health Center in Durham):<sup>26</sup>

**Form of government-issued identification or picture identification:** see [previous page for list](#).

**Income:** Each practice might determine what qualifies as income differently. The information below is based on a federal discount program.

- What counts as income? Gross income of household includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, and assistance from outside the household. (Noncash benefits, such as housing subsidies do not count)
- Proof of income could include: income tax return (showing adjusted gross income), agency letter (from Social Security Administration, Veterans Administration, etc.), unemployment verification (paperwork from Employment Securities Commission), official documents citing child support or alimony, official paperwork documenting retirement, disability, SSI benefits.

**Household size:** Members of a household who are pooling financial resources or supporting each other financially.

- Proof of household size could include: tax return (showing household size), social security card, birth certificate, Medicaid cards for dependent children, identification cards, government documents that show household members, lease or rental agreement with contact information of landlord.

# Confidentiality and Mandatory Reporting

You have a right to confidentiality in healthcare settings. The Health Information Portability and Accountability Act (HIPAA) means that health practitioners and staff are legally required to keep your information confidential and not disclose any information without your written consent (which requires filling out a record release form). As an example, you might fill out a record release form if you are being referred to a different provider. If you are asked to or request to fill out a record release form, make sure you understand what records are being sent and to whom. For more information on HIPAA, see the [HIPAA Summary of Rights for Individuals](#).

However, there are state laws that limit rights to confidentiality. The following examples are cases when healthcare professionals are mandated by law to report to authorities. This could include law enforcement and/or the Department of Social Services.

- Disclosure of any maltreatment of minors or vulnerable adults. This includes physical abuse, sexual abuse, or neglect.
- Disclosure of information regarding prenatal exposure to controlled substances.
- Threats or evidence of suicide or harm to self.
- Threats or evidence of homicide or harm to others.
- Court-ordered disclosure of information for trial or lawsuit.

To receive care, you will have to sign a document that acknowledges that you have been informed of and understand the policies and laws around confidentiality and mandatory reporting. If you have any concerns about confidentiality or ramifications of disclosure or potential crisis situations, discuss potential scenarios with your therapist.

Note: "Most people want to be able to discuss past trauma or current abuse, but know that your therapist's ethical requirements are to report instances of child abuse, elder abuse, and children witnessing intimate partner violence. If they do not have details like names, locations, and dates, they can only report the generalities."<sup>27</sup>



# Health Insurance

Many mental health providers take health insurance plans, meaning your health insurance might cover some of the costs of therapy. If you want to use insurance to help pay for mental health services, it is important to confirm with your insurance company that the provider is “in-network” with your plan. This might mean calling the insurance provider or searching their online provider database.

Note: Using insurance will mean you will receive mail addressed to your legal name and paperwork with your legal name, even if your therapist knows and uses your preferred name.

## Insurance Basics and Definitions<sup>28</sup>

**Coverage and costs:** The plan policy or benefits package should detail what exactly is covered, such as outpatient office visits or inpatient treatment as well as the costs. Some plans might offer you free visits and other plans might only offer you a certain number of visits within a specified time period. Depending on your plan and the service you require, you could be asked to pay a copay per visit or pay coinsurance.

**Copayment:** A copayment or copay is a dollar amount that you usually pay at the time of service for a health service that is covered by your insurance plan. The amount is determined by the insurance company and depends on the type of service. Note: it is definitely possible for a health provider to charge you the incorrect copay. It is always best to check with your insurance provider first to confirm your copay amount. If you are overcharged, you should be given a refund by the healthcare provider, but often you will have to initiate this. If you are undercharged, your healthcare provider will bill you.

**Coinsurance:** A percentage of a medical bill that you are responsible for paying while your insurance plan covers the rest (only after you have met your deductible). Example: inpatient hospital visit is covered by 30% coinsurance, then you will be responsible for 30% of the bill, and your insurance will cover 70%, after your deductible is met.

**Deductible:** How much you have to pay towards your medical bills before your health insurance starts paying. Your deductible amount resets annually. Copays generally do not count towards your deductible.<sup>29</sup>

**Referrals:** Some insurance plans require a referral from a provider before seeing another provider (like a therapist or other specialist) in order for insurance to cover the service.



# What Are My Insurance Options?

Insurance can come from many different avenues including, your employer, the Affordable Care Act (ACA), a parent or guardians' plan, Medicaid, or direct purchase. If you are signing up for insurance make sure the plan includes mental health coverage that meets your needs. Insurance plans will have a benefits package document that outlines what is covered. Read through the document or call the company to check which mental health services are covered - outpatient, inpatient, etc. - and what the costs will be.

**Affordable Care Act (ACA) plans:** Since 2014, the ACA has mandated that all individual and small group insurance plans must cover mental health and addiction treatment.<sup>30</sup>

**Employer-provided private health insurance:** While there is no state law in North Carolina that requires employers to offer health insurance to employees, many employers do as a benefit. Check with human resources (HR) about the benefits of the insurance plans and to see if there are requirements to qualify. Sometimes you must work a certain number of hours weekly, or go through a probationary period before health benefits start.

**Medicaid:** North Carolina has not expanded Medicaid coverage through the ACA and therefore if you are between 18 and 24 you might not be able to qualify for Medicaid based on income alone, but there are circumstances where you can qualify, including having children/dependents, having a disability, or aging out of foster care.

- [NC Medicaid eligibility and applications](#)
- [Lists of mental health providers covered by Medicaid](#)

Note: these lists are organized by county, however they are not user friendly.

**Student health plans:** Most colleges offer student health insurance plans. Plans vary by school. Many institutions have counseling services that provide limited visits and referrals.

**Tricare:** The health care program for uniformed service members, retirees, and their families. [Click here for more information on mental health care through Tricare.](#)

**Veterans Health Insurance:** United States Veterans are eligible for veterans health insurance and care through the U.S. Department of Veterans Affairs, including mental health care. [Click here for more information on mental health care through the VA.](#)

**Uninsured:** You will have to pay full cost for services OR access a therapist or clinic that offers sliding scale or no-cost services.

- For hospital services: the hospital will often reduce bills, set up a payment plan, or even cancel bills if you call the billing department and claim hardship. There also might be social workers or caseworkers who can help connect you with financial support.

# What Privacy Do I Have If I'm On My Parent or Guardian's Insurance?

If you use your parent's health insurance plan to help pay for care, there are privacy issues to consider. Mandated by the ACA in 2010, people under 26 can remain on their parent's health insurance plans; however, this means the insurance policy holder (parent or guardian) has access to **some** information regarding your healthcare.<sup>31</sup> Although they should not be able to see your appointments or other medical records once you are over the age of 18 (and, in some healthcare systems, over the age of 12), they can often still see billing information related to your treatment. Insurance claims and explanation of benefits (EOB) could include your name, the name of your therapist or clinic, DSM diagnosis codes, medical billing codes, cost of services, and frequency of services. In some cases, you can ask your doctor to keep that information private as well, but this is not guaranteed.

**But what about confidentiality and HIPAA?** Unfortunately, HIPAA allows EOBs to go to the primary policy holder of insurance plans because of state laws regarding transparency around how insurance plans are being used. What exactly is included on EOBs and how/when they are sent varies by insurance company.<sup>32</sup>

**What can you do to protect your privacy?** Unfortunately, North Carolina does not have extended privacy protections around EOBs. Currently the only step is to call your insurance company and ask that all EOBs be sent to you directly. However, EOBs might still be available through the insurance company's website. Here are some examples of questions to ask when you call the insurance company:

- What information exactly is included on the EOBs and insurance claims? Provider information, diagnosis codes, billing codes?
- Where are EOBs currently being sent and can that be changed?
- What information is accessible online and can that be changed?
- Can the policy holders request information about my health care without my permission?<sup>33</sup>

**When calling insurance, always have your insurance card handy and remember that sometimes it can take multiple calls to get what you need OR just talking to a different person on a different day.**

# LGBTQQIA+ Mental Health Care, Diagnosis Codes, and Insurance

## Diagnosis Codes and Privacy

- To use your insurance to cover costs of mental health services or medications, your therapist has to submit a diagnosis code from the DSM and International Classification of Diseases (ICD) code for medical billing. These codes will most likely show up on insurance paperwork like explanation of benefits (EOBs). ICD codes are not designed by therapists, can use problematic language, and often do not line up with DSM codes.
- If you have concerns about certain codes being accessible to parents who are policy holders on your insurance, discuss this with your therapist and see if it is possible to use codes that might be less harmful in your specific situation.
- Diagnosis codes within medical systems: If you are receiving care at different clinics or with different practitioners, but they work within the same medical system (e.g. Duke or UNC) all the records are housed together. Therefore, doctors can see all the diagnosis codes within the same health systems so be aware if your provider is a part of a larger medical system.<sup>34</sup>

## Specific Care

- Hormone Replacement Therapy (HRT): Some medical providers require a letter from a mental health provider in order to receive HRT. In terms of diagnosis codes, to receive HRT a mental health or medical provider might use the code of “gender dysphoria”. However, medical providers like a doctor or nurse practitioner, can use a code to cover hormones that does not relate to gender dysphoria, but this is at the discretion of the doctor. If a medical provider follows the “informed consent” model of care, you will not need a therapist referral or letter to receive HRT. [Click here for more information about using informed consent.](#)
- Gender-affirmation surgery: as of now, to appeal to insurance to help cover gender-affirmation surgeries, you have to see a therapist, receive a diagnosis of “gender dysphoria”, and obtain a letter from your therapist recommending the surgery.

**Campaign for Southern Equality's handout on [insurance coding alternatives for trans healthcare](#)**



# **Crisis Planning and Services**

In general, the systems in the United States cannot adequately handle mental health crises. There are some steps individuals can take to help navigate mental health crises outside of and within the legal and healthcare systems.

In this section:

- Crisis plans and mad maps
- Advance directives
- Hotlines and warmlines
- Involuntary and voluntary commitment

# Crisis Plans and Mad Maps

A crisis plan or Mad Map is a way of pre-planning a course of action for helping yourself through a crisis. It can include reminders for medication, soothing activities, and people to reach out to, among other items. Crisis plans can also be used to communicate to others how they can help you through a crisis. It's often helpful to create your crisis plan with a therapist, friend, trusted family member, or someone else you are comfortable working through these scenarios with.

Note that crisis plans are not legally binding documents (as opposed to advanced directives, discussed below). Instead, they are tools to help you and those around you.

## Crisis Planning Resources

- [Madness & Oppression Zine](#): created by the Fireweed Collective, a support network using lenses of oppression and mutual aid to understand and manage mental illness, this zine supports you working through creating a "Mad Map," which "are documents that we create for ourselves as reminders of our goals, what is important to us, our personal signs of struggle, and our strategies for self-determined well-being."<sup>35</sup>
- [This crisis plan worksheet](#) can be downloaded, printed, and filled out to guide you in creating a crisis plan.
- [This website provides a flowchart-style way of working through a situation](#). It takes the user through a series of segmented questions to help you identify stressors and solutions.

## Advance Directives

"A psychiatric advance directive (PAD) is a legal document that documents a person's preferences for future mental health treatment, and allows appointment of a health proxy to interpret those preferences during a crisis."<sup>36</sup> This document must be created while the individual is not experiencing a mental crisis and must be signed by two witnesses and notarized to be legally binding.

- [The psychiatric advance directive form for North Carolina](#). This website also answers frequently asked questions about psychiatric advance directives.
- [This website provides more information on advance directives and forms from an evidence-based perspective](#).

# Hotlines and Warmlines

During a crisis, hotlines are a way to get support from someone who is trained in crisis intervention. Warmlines, on the other hand, aim to prevent crises by providing early intervention.

## Hotlines

**National Suicide Prevention Lifeline** 800-273-8255

- Spanish: 888-628-9454
- For deaf and hard of hearing: 800-799-4889
- Chat: <https://suicidepreventionlifeline.org/chat/>

**Trans Lifeline** 877-565-8860

**The Trevor Project** 866-488-7386

- Text option: text START to 678678
- Instant messaging: <https://www.thetrevorproject.org/get-help-now/>

**HopeLine** NC 919-231-4525 or 877-235-4525

- Text option: 919-231-4525 or 877-235-4525

## Warmlines

**NAMI NC HelpLine** 800-451-9682

# Involuntary and Voluntary Commitment

Involuntary and voluntary commitment refer to being committed to a hospital to receive care during a mental health crisis. Once admitted, the hospital stay can vary in length. The professional who completes the initial assessment decides how long the individual will stay. Hospitalization is complicated, so we mostly link to resources here.

Voluntary commitment is when you make the decision to go to hospital because you have decided that's the best course of action. Involuntary commitment happens when legal and medical authorities determine that being admitted to the hospital is necessary. In some cases, law enforcement officials may be involved in bringing an individual experiencing a mental health crisis to a hospital. [This document gives a brief overview of voluntary and involuntary commitment in North Carolina.](#)

## North Carolina Resources and Information

- [A flowchart representing the process of involuntary commitment in North Carolina.](#)
- [This webpage calls attention to the reality that involuntary commitment is a legal process](#) and that laws concerning involuntary commitment are often out of date and "subject to misuse."
- [This statement advocates for letting individuals retain autonomy and only resorting to involuntary commitment in rare cases.](#) It is important to acknowledge that involuntary commitment often takes away a person's autonomy and dignity.
- [This powerpoint](#) goes over 2019 revisions of laws pertaining to involuntary commitment in North Carolina. [Click here to see the full text of Senate Bill 630 \(Ratified\).](#)

**Lack of sufficient beds in psych wards is a problem in many states. Sometimes patients are kept for shorter amounts of time due to lack of available beds.**

- **There are 18 beds in the inpatient adult general psychiatric ward at Duke.<sup>37</sup>**
- **In the state of North Carolina, there are only 892 public psychiatric beds (8.9 beds per 100,000 people).<sup>38</sup>**



# Durham Resources: Mental Health Services and Support

Last updated June 2021

## Practices and Clinics

### Radical Healing Center

2009 Chapel Hill Rd, Durham, NC 27707

[www.radicalhealing.us](http://www.radicalhealing.us)

Description: "an intentional, radically inclusive, LGBTQ+ and People of Color centered, multicultural and multiracial campus for healing and wellness."<sup>39</sup>

- [List of providers can be found at this link](#)
- Bilingual (Spanish) providers available
- Transportation: Bus route - 10, 10a, 10b
- [Free care and services information at this link](#) - currently full, but there is a waitlist

### Lincoln Community Health Center

1301 Fayetteville St, Durham, NC 27707

919-956-4057

[www.lincolnchc.org](http://www.lincolnchc.org)

Description: "Lincoln Community Health Center is the leader in providing accessible, affordable, high quality outpatient health care services to the medically underserved."<sup>40</sup>

- [For more information about their behavioral health clinic click here](#)
- Bilingual (Spanish) providers available
- Transportation: Bus route 5, 5K and near 12, 12b
- Part of Duke Health System
- Free and low-cost services available per federally funded program. Must provide identification, income verification and household verification.



## **Freedom House Recovery Center**

400-D Crutchfield Street, Durham, NC 27704 (outpatient services)

919-251-8806

[www.freedomhouserecovery.org](http://www.freedomhouserecovery.org)

Description: offers outpatient mental health services, group therapy, psychiatric evaluation and medication management

- Transportation: Bus route 4, 9, 9a
- Free and low-cost services available per federally funded program. Must provide identification, income verification and household verification.

## **Duke Psychology Clinic**

417 Chapel Drive, Durham, NC 27708 - Suite 312

919-660-5771

[www.psychandneuro.duke.edu/graduate/clinical/clinic](http://www.psychandneuro.duke.edu/graduate/clinical/clinic)

Description: this clinic is a training center for Duke's Ph.D. program in clinical psychology and offers reduced-fee psychotherapy by advanced graduate students.

- Transportation: Durham city bus route 6, 20; Duke bus H2, H5
- Affordable session fees

## **Carolina Outreach**

2670 Durham-Chapel Hill Blvd., Durham, NC 27707

1-844-866-1166

[www.carolinaoutreach.com](http://www.carolinaoutreach.com)

Description: Adult outpatient therapy includes individual, group, or family therapy, using practices including Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), and Dialectical Behavioral Therapy (DBT).

- Bilingual (Spanish) providers available
- Transportation: Bus route - 10, 10a, 10b

## Crisis Services

### **Alliance Health Mobile Crisis Service**

1-800-510-9132

Description: This local mobile crisis response team goes a step further than warmlines or hotlines by coming to the person having the crisis to be physically present while offering support. This team serves Durham, Wake, Cumberland and Johnston counties. Customer Service Specialists will assist you to find a crisis provider that is well-matched with your needs.<sup>41</sup>

- Available 24 hours a day, days a week

### **Carolina Outreach - Behavioral Health Urgent Care**

2670 Durham-Chapel Hill Blvd., Durham, NC 27707

919-251-9009

<https://www.carolinaoutreach.com/durham>

- Psychiatric and mental health counseling in an urgent care setting - safety assessments, emergency medication refills, and crisis counseling.
- Bilingual (Spanish) providers available
- Services are provided on a walk-in basis - no appointment or referral needed
- Services are free of charge to Durham, Wake, Johnston, or Cumberland County residents who are insured under Alliance Behavioral Healthcare or uninsured and meet financial eligibility requirements.

### **Freedom House Recovery Center - Crisis Services**

110 New Stateside Drive, Chapel Hill, NC 27516

919-967-8844

<https://freedomhouserecovery.org/crisis-services>

Description: This Chapel Hill location provides crisis services, including 23-hour observation chairs, crisis stabilization, alcohol and/or drug detox, walk-in and telepsychiatry

[For more information about crisis services in the rest of North Carolina click here](#)

## Support Groups and Other Resources

### **LGBTQ Center of Durham**

114 Hunt Street, Durham, NC 27701

919-827-1436

[www.lgbtqcenterofdurham.org](http://www.lgbtqcenterofdurham.org)

Description: Offering regular support groups and specific programming for 18 to 24 year olds. [See event calendar here.](#)

- [Click here for accessibility information](#)
- Transportation: Near bus routes 4, 9, 9a, 9b

### **Radical Healing Center CASA Location**

2003 Chapel Hill Road, Durham, NC 27701

<http://www.radicalhealing.us/groups.html>

Description: Offering regular paid support groups (sliding scale options)

- Accessible entrance in the back of building
- Transportation: On bus route 10, 10a, 10b

### **El Centro Hispano**

2000 Chapel Hill Road, Suite 26A, Durham, NC, 27707

919-687-4635

[www.elcentronc.org](http://www.elcentronc.org)

Description: Offering support groups for LGBT-identified Hispanic/Latinx folks

- Transportation: Bus route 10, 10a, 10b

### **Triangle Empowerment Center, Inc.**

3215 Guess Road Suite 212, Durham, NC 27705

(919) 423-8902

[www.triempowerment.org](http://www.triempowerment.org)

Description: Offering a variety of services that includes HIV testing, counseling, prevention, education, and outreach as well as support groups for the LGBT community and name-change support.

- Transportation: Bus route 1

## **Say So (Strong Abled Youth Speak Out)**

[www.saysoinc.org](http://www.saysoinc.org)

919-384-1457

Description: A statewide organization for youth ages 14 to 24 who are or have been in the out-of-home-care system, including foster care, group homes, and mental health placements.

## **Haven House Services - Transition in Place program**

600 W. Cabarrus Street, Raleigh, NC 27603

919-833-3312

<https://www.havenhousenc.org/tip/>

Description: Providing support and housing for 18 to 22 year olds who are homeless. The program offers skill training, support finding housings, and housing subsidies.

## **Further Reading and Resources**

[\*Care Work: Dreaming Disability Justice\*](#) by Leah Lakshmi Piepzna-Samarasinha

[\*Skin, Tooth, and Bone: The Basis of Movement is Our People, Disability Justice Primer\*](#) by Sins Invalid

[Sins Invalid](#)

[Fireweed Collective](#)

[Leaving Evidence](#) (Mia Mingus' Blog)

[Disability Visibility](#) Podcast hosted by Alice Wong

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