

GLBT-SPECIFIC RESOURCES IN GREATER HOUSTON

Outpatient and Inpatient Counseling

Montrose Counseling Center

701 Richmond
Houston, Texas 77006
(713) 529-0037
www.montrosecounselingcenter.org
Outpatient individual and group psychotherapy,
Substance abuse treatment
Insurance, Medicare, Medicaid, sliding-fee scale,
grant-funded services for those who qualify.

Bering Support Network

1440 Harold
Houston, Texas 77006
(713)526-1017
www.beringumc.org
Outpatient individual and group psychotherapy
Sliding-fee scale

Kingwood Health Center

2001 Ladbroke
Kingwood, TX 77339
(281) 358-1495
www.kingwoodhealthcenter.com
GLBT-targeted, Psychiatric Inpatient and Outpatient
Treatment
Substance abuse treatment
Insurance, Medicare, Medicaid

Information and Referral Services

Gay & Lesbian Switchboard Houston
(713) 529-3211
www.gayswitchboardhouston.org

Mental Health Association of Greater Houston
Information and Referral
(713) 522-5161
www.mhahouston.org

Depression Support Groups

Depression and Bipolar Support Alliance
(Formerly Depressive and Manic-Depressive
Association)
Multiple sites
(713) 528-1546

Some of the content of this brochure was adapted
from materials published by the National Institute
of Mental Health and the National Mental Health
Association.

Steps To Getting Help

Make the first phone call. Talk to your doctor, case manager, clergy or counselor. Follow the advice of your doctor or therapist. Keep all appointments with the mental health professional, even on days you do not feel like it. Take your medicines the right way, following the directions of your doctor.

Remember, depression saps energy, making a person feel tired, worthless, and hopeless. The nature of clinical depression often makes it difficult for people with depression to find the strength, motivation or energy to seek treatment on their own. Friends and family may help them get treatment, and can accompany them to the initial visit with the doctor or mental health professional.

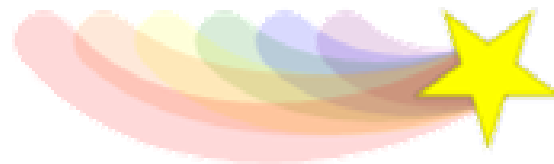
"I've been taking medication and I'm seeing a therapist who accepts me as I am. I can't believe the difference."



MENTAL HEALTH ASSOCIATION
OF GREATER HOUSTON

Mental Health Association
of Greater Houston
2211 Norfolk, Suite 810, Houston, Texas 77098
Phone 713.523.8963 Fax 713.522.0698
www.mhahouston.org
T&R 713-522-5161

GLBT



Is Depression Draining the Color Out of Your Rainbow?

Depression

Depression Can Affect Anyone, At Any Time

Gay or straight, young or old, male, female or transgender, regardless of race, creed, income, or HIV status--anyone can experience clinical depression. Each year, more than 19 million Americans, nearly one in ten, experience some type of depressive illness including major or clinical depression; bipolar disorder (often called manic-depressive illness); and dysthymia, which may have milder symptoms of depression and last at least two years.

"I was outed to my family and their reaction was terrible. I began sleeping all day, couldn't eat, couldn't concentrate, and I avoided all my friends. And nothing my friends did seemed to help. I wanted to die."

Clinical Depression

Clinical or major depression is more than life's "ups" and "downs," more than a passing blue mood. Everyone gets the blues or feels sad from time to time. It would be normal to feel sad when having financial problems, when you are sick, when someone you love dies, if your family or church rejects you, or after a breakup with a partner.

But for some people, the sadness does not go away. If your sadness lasts for more than a few weeks or is interfering with your daily life, you may be suffering from clinical depression.

People with clinical depression cannot simply "snap out of it". They cannot will it or wish it away. Clinical depression is not a lack of a positive attitude, a personal weakness or the result of someone's "lifestyle" or sexual orientation. It is a serious, yet common, medical illness that needs treatment to get better.

Clinical depression is a *holistic* illness. It affects your body, moods, thoughts, and behavior. It can affect the way you eat and sleep, your sex life, your self-esteem, your body image, your time with your friends, and all your favorite activities. Without treatment, symptoms can drag on for weeks, months, or years. And that really is depressing, because with appropriate treatment most people with clinical depression can find relief.

Getting Help

"I am out to my family and at work. I have a great job and a great partner. So why aren't I happy? Instead I want the world to stop. I want to pull the covers over my head and make everyone go away."

It's Tough To Be Different

Contrary to what you may have heard, depression is not a sign that a person's sexual orientation is "inherently disordered" or "defective."

Gay, Lesbian, Bisexual and Transgender (GLBT) people grow up in a world where they are often told that they are "bad," often abandoned by their families, and continually struggle with internalized homophobia, a fear of being "outed", a fear of discrimination at home, work or school, and a fear of antigay violence. Until recently, many of the traditional sources of help and support were not available to GLBT people.

In The Shadow of HIV/AIDS

HIV/AIDS continues to have a devastating impact on the GLBT community. Like many other chronic, life-threatening illnesses, HIV/AIDS itself can trigger major depression.

People with HIV/AIDS, their families and friends, and even their physicians may assume that clinical depressive symptoms are an inevitable reaction to being diagnosed with HIV. But clinical depression is a separate illness that can and should be treated, even when a person is undergoing treatment for HIV or AIDS.

"I thought that once I was living as the right gender, my life would be great. So why can't I shake this sense of anxiety and hopelessness I feel all the time?"

Out Of The Closet With Clinical Depression

Some people are embarrassed or ashamed to get help for depression, or are reluctant to talk about how they are feeling. Others believe that they should just "tough it out". Like any other illness clinical depression requires professional treatment.

Talking with friends, exercising, and staying active can often help alleviate some of the symptoms of major depression. However, these are no substitute for treatment. Some try to self-medicate with alcohol, anti-anxiety medication or other drugs. This can lead to complications of the depression and possibly to an additional, co-occurring substance abuse problem. In fact, alcohol is a depressant drug and can make things worse.

"Even though I'm always tired, I wake up in the middle of the night. Everything irritates me."

Clinical Depression is a treatable medical illness and getting treatment can save lives.

Believing your condition is "incurable" is often part of the hopelessness that accompanies serious depression. The good news is that clinical depression is both diagnosable and treatable with the help of health care professionals. With treatment most people improve and return to daily activities, usually in a matter of weeks. In fact, as many as 80 percent of people with depression can be treated effectively with medication, psychotherapy or a combination of both. The choice of treatment depends on how severe your symptoms are, history of the illness, and your preference. When you talk to your doctor or mental health professional, make sure they tell you about these treatment options.

GLBT People Can Find Affirming Care/Treatment

A major barrier that GLBT people may find in seeking treatment for their clinical depression is the fear of negative judgments and discrimination. Many fear that they will be rejected, or worse, their GLBT orientation will be seen as a cause of their depression. Too often in the past, GLBT people have had negative experiences with the mental health profession and other traditional sources of help and treatment.

Fortunately that situation is changing for the better. In 1973 the American Psychiatric Association firmly stated that a gay or lesbian orientation is not a mental illness.

It is now possible for GLBT people to find affirming, culturally-sensitive, non-judgmental treatment for all mental health problems. More and more mental health professionals have training and experience in GLBT issues and treatment. Please see the last section of this pamphlet for a list of local GLBT-affirming resources.

"I'm so glad I overcame my fears and got help. I found I was not 'crazy'. After treatment I feel like my old self – well, even better actually."

Making The Most Of Your Treatment

Talk to your doctor or therapist, ask questions, and discuss your concerns. Exploring treatment options together is essential for effective healing. If your treatment provider seems uncomfortable with your orientation do not give up. You can choose to confront the situation or simply go elsewhere. There are many GLBT-affirming resources in your area. It can take time to find the right treatment that works for you, so hang in there! Additionally, joining a support group can be very helpful during the healing process. People also find strength and support through GLBT-affirming religious or spiritual affiliations. Finally, take care of yourself. It is important for someone with depression to get plenty of rest, moderate exercise and eat nutritious, well-balanced meals during treatment.

How Do I Pay For Treatment?

There are many different options to help you pay for treatment of clinical depression:
Private insurance;
Health maintenance organization (HMO);
Medicare and Medicaid;
Employee assistance program (EAP).

If you do not have insurance or are unable to afford treatment, our community has mental health agencies that base the cost of treatment on a sliding scale proportionate to your income or on what you can afford to pay. Any of the agencies listed on the last page will be able to direct you to an appropriate place.

Tear-Out Check List

To help you decide if you – or someone you care about – need an evaluation for major depression, review the following checklist of symptoms and mark those that best apply. If you experience FIVE or more of these symptoms for longer than two weeks, if you feel suicidal, or if the symptoms are severe enough to interfere with your work or social life see your doctor or mental health professional and bring this sheet with you. Not everyone with depression experiences each of these symptoms. The severity of the symptoms also varies from person to person. A thorough physical examination to rule out other illnesses may be recommended.

Symptoms of Clinical Depression

<input type="checkbox"/>	A persistent sad, anxious or "empty" mood	<input type="checkbox"/>	Irritability, restlessness or excessive crying
<input type="checkbox"/>	Sleeping too much or too little or middle-of-the night or early-morning waking	<input type="checkbox"/>	Difficulty concentrating, remembering, or making decisions
<input type="checkbox"/>	Appetite and/or weight loss or overeating and weight gain	<input type="checkbox"/>	Decreased energy, fatigue, or feeling "slowed down"
<input type="checkbox"/>	Loss of interest or pleasure in hobbies and activities once enjoyed, including sex	<input type="checkbox"/>	Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
<input type="checkbox"/>	Persistent physical symptoms that don't respond to treatment (such as chronic pain, digestive disorders or headaches)	<input type="checkbox"/>	Thoughts of death or suicide