

# Discrimination and Mental Health

Perspective on Obstacles in LGBTQ+ Care





# Context

- LGBTQ+ Provider
- Working with LGBTQ+ clients in alcohol and mental health programs
- My perspective
- My advantages/ privilege

# Why I'm here

- What can we agree on?
- Because that's important we need to talk about this
- Not trying to change values, beliefs, stance, or orientation
- Let's work together on addressing what we agreed on is important

# Mental Health Impacts

- Twice as likely to qualify for a mental health event

SAMHSA 2015 National Survey on Drug Use and Health

- LGBTQ adults twice as likely to act on suicidal thoughts and 40% of Trans adults have acted on suicidal thoughts

King M, Semlyen J, Tai SS, et al. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 2008;8:70.

James S, Herman JL, Rankin S, et al. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016.

# Substance Use Impacts

- LGBQ adults twice as likely to use an illicit substance in the last year

SAMHSA 2015 National Survey on Drug Use and Health

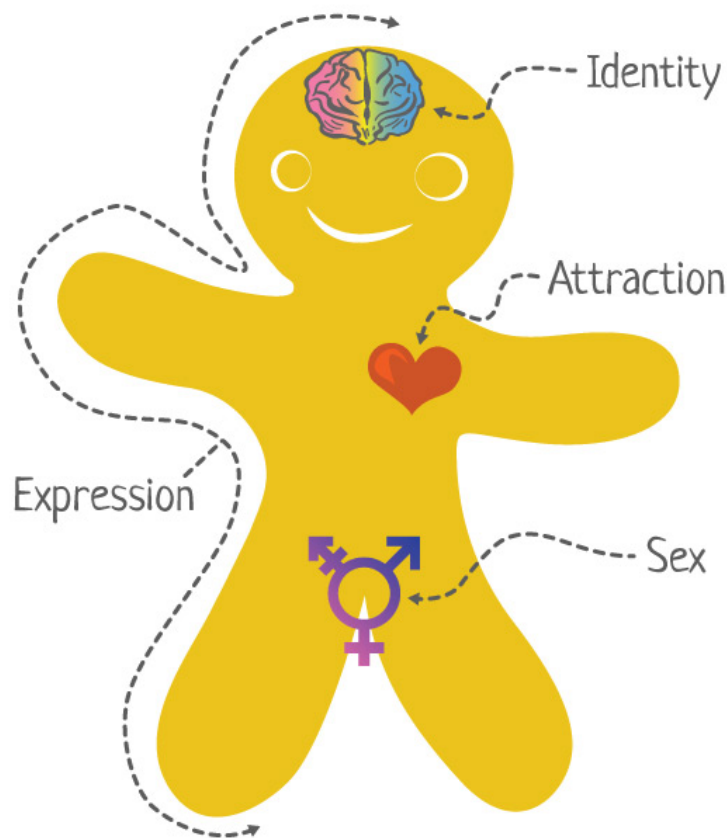
- LGBQ adults report higher levels of binge drinking

Ward BW, Dahlhamer JM, Galinsky AM, Joestl SS. *Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013*. Hyattsville, Md.: National Center for Health Statistics; 2014.

- LGBQ adolescents 90% more likely to use substances

Marshal MP, Friedman MS, Stall R, et al. Sexual orientation and adolescent substance use: a meta-analysis and methodological review. *Addict Abingdon Engl*. 2008;103(4):546-556.

# The Genderbread Person v3.3 by its pronounced METROsexual.com



 Gender Identity



 Gender Expression



 Biological Sex



 Sexually Attracted to



 Romantically Attracted to





# Assume the Continua

- Tajfel and Turner 70s and 80s
- Helps understand variance and explain seemingly incompatible patterns
- More complicated than the Binary which has been around longer

# Reported Issues Preventing Care

- **Stigma or discrimination from health service providers**

Safer J, et al. "Barriers to Health Care for Transgender Individuals." Curr Opin Endocrinol Diabetes Obes. 2016. 23(2):168-171. <https://www.ncbi.nlm.nih.gov/pubmed/26910276>

- **Lack of community or social support**

Hsieh N. "Explaining the Mental Health Disparity by Sexual Orientation: The Importance of Social Resources. Society and Mental Health. 2014.  
<http://journals.sagepub.com/doi/abs/10.1177/2156869314524959>



# Reported Issues Preventing Care

- Increased poverty, unemployment, and lack of non-discrimination protections

Movement Advancement Project. "Paying an Unfair Price: The Financial Penalty for Being Transgender in America." 2015. <http://www.lgbtmap.org/unfair-price-transgender>

- Increased risk of experiencing violence

National Coalition of Anti Violence Programs. "National Report on Hate Violence against Lesbian, Gay, Bisexual, Transgender, Queer and HIV Affected Communities." 2014.

[www.avp.org/storage/documents/2013\\_mr\\_ncavp\\_hvreport.pdf](http://www.avp.org/storage/documents/2013_mr_ncavp_hvreport.pdf)

# Local experiences

- Brief scenario
- Focus on experiences as a result of the scenario
- Items outline reported thinking or feelings based on the events


# Notice trends

- What are some patterns or themes of issues expressed?
- What do these patterns/ themes suggest is needed?
- What actionable steps address these themes? (Consider for panel discussion.)



# “The standard of care for homosexuals is...”

- Providers using old language
- Language is based in demographics and not the individual
- Assumptions about how a person identifies create barriers



**“You’re a lesbian so you don’t have to worry about that.”**

- Assumptions about sexual and romantic identity creates limitations
  - Missed questions
  - Lost opportunities
- Individuals can adopt provider assumptions
  - Minimize risky behavior
  - Create shame

# “They’re too young to discuss this.”

- Between the ages of 3 and 5 gender and roles develop

Seegmiller, B. R. (1980). Sex-role differentiation in preschools: Effects of maternal employment. *The Journal of Psychology*, 104 185–189.

- Dependable reporting achieved between 5 and 7

Tibbetts, S. (1975). Sex-role stereotyping in the lower grades: Pan of the solution. "Journal of Vocational Behavior. 5 (2), 255-261.

- Sexuality identified around 9 & 10

Herdt G, Boxer A. Children of horizons: How gay and lesbian teens are leading a new way out of the closet. Boston, MA: Beacon Press; 1993.





“They’re too young to discuss this.”

- Shame and guilt around identity
- Fear of being open during crisis
- Internalized aggression

# “You look passable.”

- Supportive attempts that invalidate personal experiences
- Shuts down conversations that can help build empathy and insight

# “You’re not really Trans.”

- Marginalization
- Suggests a power imbalance
- Invalidates needs and their expression

# “Glens Falls is perfectly safe.”

- Dismissive standard
- Denies issues that could be addressed
- Reduces likelihood of reporting issues



“We don’t treat anyone differently.”

- Suggests impersonal provision of care
- Demonstrates provider privilege that can create an image that the individual’s experience will not be recognized



“Now we don’t condone that behavior, but...”

- Shame around medication or prophylaxis use
- Reduced sharing of health needs or risk indicating verbiage



# Notice trends (revisited)

- What are some patterns or themes of issues expressed?
- What do these patterns/ themes suggest is needed?
- What actionable steps address these themes? (Consider for panel discussion.)