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

- LGBQ 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

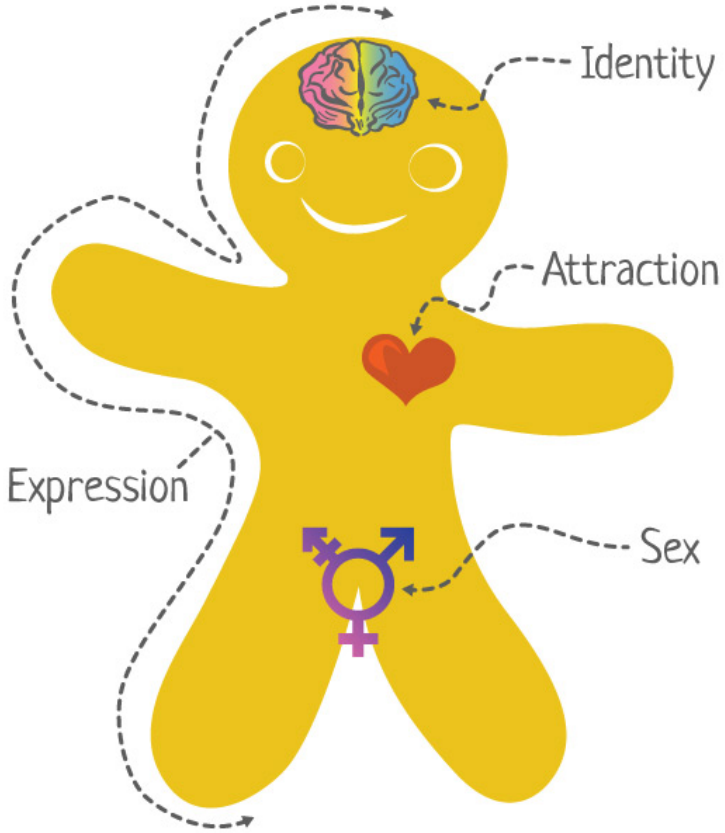
  Ward BW, Dahlhamer JM, Galinsky AM, Joestl SS. *Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013*. Hyattsville, Md.: National Center for Health Statistics; 2014.

- 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

- Woman-ness
- Man-ness

Gender Expression

- Feminine
- Masculine

Biological Sex

- Female-ness
- Male-ness

Sexually Attracted to

- (Women/Females/Femininity)
- (Men/Males/Masculinity)

Romantically Attracted to

- (Women/Females/Femininity)
- (Men/Males/Masculinity)

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 HIVAffected Communities." 2014. 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.)