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Mental health among sexual and gender minority (LGBTQ) women: What are the issues?

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Take home message:

LGBTQ women have unique mental health needs that are often not met by existing mental health services.

Outline

- Introduction to sexual orientation and gender identity
- Mental health disparities among LGBTQ women: How do we explain them?
- Experiences of LGBTQ women within mental health services
- Research, clinical and policy recommendations

Definitions

- *Asking the Right Questions:*

  http://www.camhx.ca/Publications/Resources_for_Professionals/ARQ2/arq2.pdf

- *http://www.lgbtqhealth.ca/community/*

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Definitions

- *Queer*: Reclaimed derogatory umbrella term for the LGBTQ community. Not accepted by all, especially older members.

- *Trans*: Umbrella term for individuals whose gender identity/expression does not fit with the one they were assigned at birth; can refer to transgender, transitioned and transsexual people, as well as some two-spirit people.

Problems with Labels

- Labels imply that sexual orientation and gender identity are:
  - Fixed (and not fluid)
  - Di- or trichotomous (and not a continuum)

- Many people (and particularly young folks) do not identify with the these traditional labels or may use different labels in different contexts or at different times

Numbers

- How many LGB people are there?
  - Kinsey: 10% of men and 6% of women
  - CCHS 2.1: 1.5% of Ontario population
  - CCHS 2.1: 0.7% of women identified as “homosexual”, 0.9% of women identified as “bisexual”
- Epidemiological surveys underestimate rates due to fear of disclosure, framing of question (identity), and geographic clustering

What about trans people?

- Population-based data are urgently needed to understand health within trans communities
- http://transpulseproject.ca/

Sexual Minority Health

- Sexual orientation is associated with health status in Canada and elsewhere
- Sexual minority people (i.e., lesbian, gay and bisexual people) are at increased risk for a variety of health problems (particularly mental health problems) and health risk behaviours

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Sexual Minority Health

	Lesbian			Bisexual Women		
	AOR	LCL	UCL	AOR	LCL	UCL
Physical Health Fair or Poor	1.05	0.62	1.78	**2.15**	1.31	3.54
Mood or Anxiety disorder	1.42	0.94	2.15	**3.60**	2.51	5.16
Mental Health Fair or Poor	1.38	0.65	2.92	**3.77**	2.43	5.86
Life-time suicidality	**3.54**	1.89	6.64	**5.93**	2.97	11.85

Steele, Ross, et al., Women & Health, 2009

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Trans Mental Health

- Rates of depression: 61% MTF, 66% FTM
- Social support and transphobia strong predictors for both groups
- 50% of trans Ontarians have seriously considered suicide for reasons related to their trans identities
- Associated with trans-related violence

Rotondi Khobzi et al. 2011; Scanlon et al. 2010 Trans PULSE ebulletin

Theoretical Framework

- LGBTQ identity or behaviour does not constitute psychological pathology

- How then to explain elevated rates of mental health problems among LGBTQ people?

  – MINORITY STRESS FRAMEWORK

Meyer Psychol Bulletin 2003

Minority Stress Framework

- Stigma, prejudice and discrimination are sources of stress for minorities, on top of the general stressors experienced by the dominant group
- This additional stress contributes to health and mental health disparities

Meyer Psychol Bulletin 2003

Minority Stress Framework

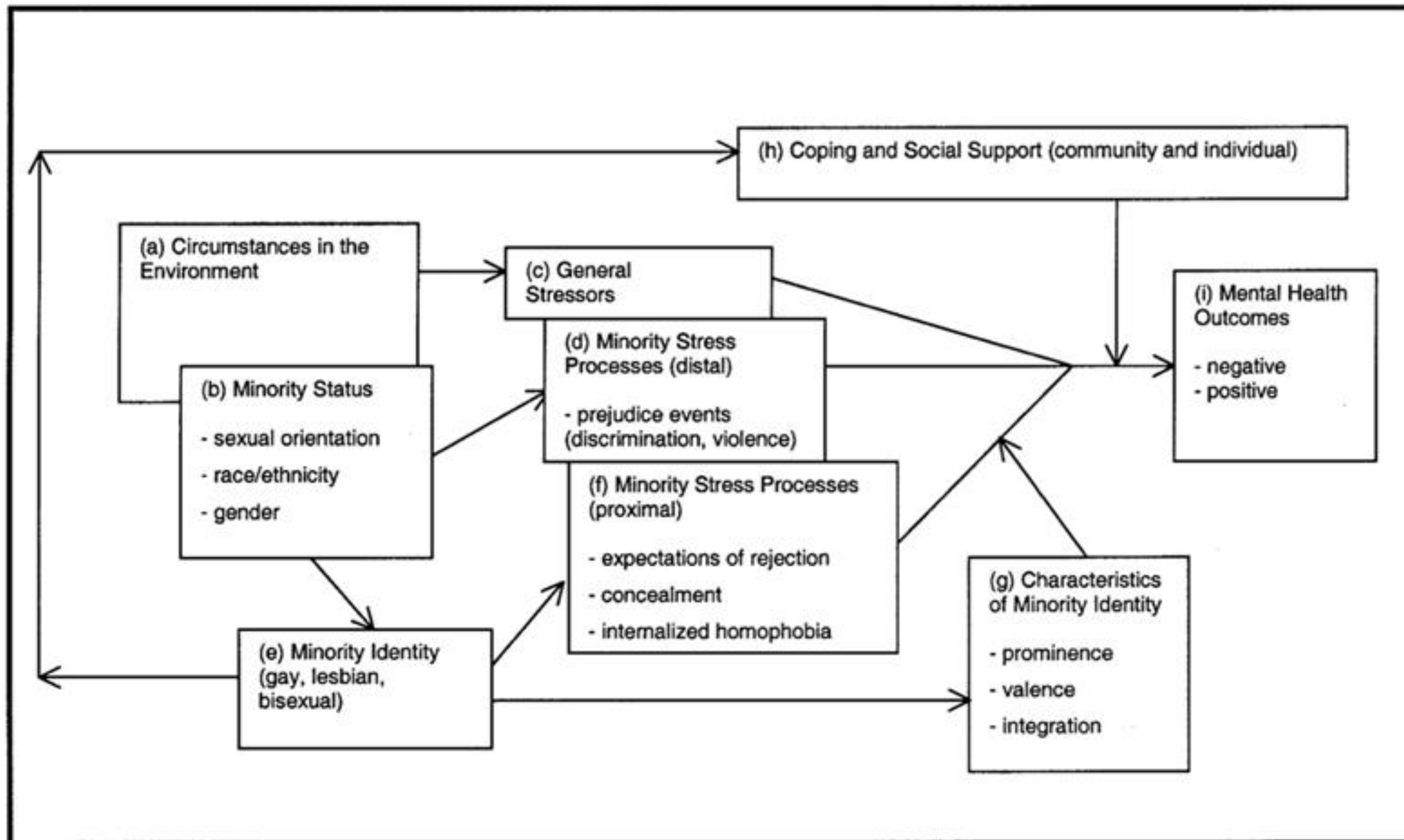

Figure 1.
Minority stress processes in lesbian, gay, and bisexual populations.

Meyer Psychol Bulletin 2003

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Minority Stress Model and LGBTQ Women: Intersecting Identities

- LGBTQ women face “double discrimination”—on the basis of sex and sexual orientation
  - Female same-sex households have 18-20% less household income than matched heterosexual household (Badgett 1998)
- Other identities (racialization, social class, ability, age) also intersect
- Intersectionality theory: “multiple jeopardy”

Psychiatry and the LGBTQ communities

- American Psychiatric Association:
  - Dec. 1973 removed homosexuality from the DSM
  - Currently, DSM-IV-TR retains the idea (not the label) of “ego-dystonic homosexuality” under Sexual Disorders NOS (302.9):
    - *This category is included for coding a sexual disturbance that does not meet the criteria for any specific Sexual Disorder and is neither a Sexual Dysfunction nor a Paraphilia. Examples include: Persistent and marked distress about sexual orientation.*

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Psychiatry and trans communities

- DSM-IV: “Gender Identity Disorder”
- DSM-V: “Gender Dysphoria”; “Transvestic Disorder”

Psychiatry and the LGBTQ communities

- Many LGBTQ people have been forced to undergo “conversion therapies”, “aversion therapy” or other abuses at the hands of mental health professionals
- Trans people may have been forced to take on a psychiatric diagnosis in order to access needed health care services
- As a result, there is significant distrust of mental health institutions (and psychiatry in general) within many pockets of the LGBTQ communities

Unmet Needs for LGBTQ People

- CCHS 2.1:
  - 21.8% of adult LGB people reported an unmet health care need, compared to 12.7% among heterosexuals

Why this specific need for counseling/therapy?

"I feel like I have had 41 years of hearing negative stuff which affects my psyche, and they want me to feel better in 6 sessions or less. I would love to be able to find services that assist in a loving, positive, caring manner that realizes it takes a while to reverse a lifetime of living in fear."

Simeonov, Steele, Anderson & Ross

Why this specific need for counseling/therapy?

"My ideal would be that certain other mental health workers, for example, social work, psychology, and sometimes those are those people who are more qualified to do certain kinds of work than the psychiatrist, would be covered. […] Depending on the person, they need different kinds of services and those services are not necessarily best provided by the psychiatrists, which usually is the only mental health professional that's covered by OHIP." (Leah, psychiatrist)

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What are the issues?

- Issues that may be relevant to mental health treatment for LGBTQ people:
  - The “coming out” process
  - Gender transition
  - Societal oppression
  - Internalized oppression
  - Loss of family support
  - Bar culture (substance use risk)
  - Concerns with aging
  - Impact of HIV/AIDS

ARQ2 2004 (CAMH)

Where do we go from here?

- Many substantial gaps in the *research* literature must be addressed:
  - Bisexual mental health
  - Mental health for trans women
  - Mental health interventions for LGBTQ people

- Must continue to advocate for *structural and policy changes* to improve mental health services for LGBTQ people
  - Expansion of OHIP coverage to increase availability of counseling services
  - Better access to transition care for trans people

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Where do we go from here?

- *Clinical* services must address accessibility to and appropriateness for LGBTQ people
  - Addressing predominance of the biomedical model; incorporating anti-oppression approaches
  - Adequate training in LGBTQ issues for all providers (curriculum and continuing education)
  - Inclusive intake forms and language
  - Guidelines available through various disciplines (e.g., Gay & Lesbian Medical Association, American Psychological Association)

Summary

- Sexual and gender minority status are associated with mental health disparities among Canadian women
- Experiences of discrimination are important contributors to these disparities
- Mental health supports grounded in a biomedical model are likely not optimal to address the concerns of sexual and gender minority women
- Expansion of services through an anti-oppression lens is necessary

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Comments and Questions?