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Objectives

- Recognize and define the differences between sexual orientation and gender identity.
- Describe ways to effectively communicate about sexual orientation and gender identity in affirming ways.
- State the leading paradigms of LGBTQ+ minority stress and explain how minority stress contributes to poor mental health conditions in LGBTQ+ people.
- Discuss existing LGBTQ+ mental health disparities.
- Identify interventions and resources for LGBTQ+ mental healthcare.

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Outline

- Terminology
 - Sexual Orientation
 - Gender Identity
- History and the DSM
- Minority Stress
 - Minority Stress Theory
 - Gender Minority Stress Framework
 - Intersectionality Theory
- Stigma & Discrimination
- Mental Health Disparities
 - Depression, Anxiety, & Suicidality
 - Substance Use Disorders
 - Disordered Eating & Eating Disorders
 - Gender Dysphoria
- Interventions, Resources, & Referrals

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Sexual Orientation

Tells you how a person characterizes their sexual and/or emotional attraction to others.

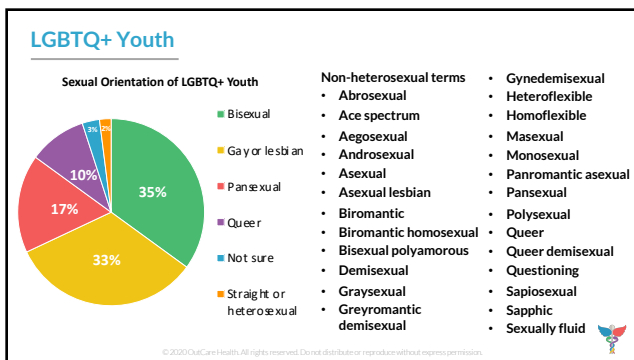
Common words to describe sexual orientation include:

- **Heterosexual/straight**, gay, lesbian, bisexual, asexual
- Questioning or Queer: describes a person who is not exclusively heterosexual
- Pansexual: sexual attraction, romantic love, or emotional attraction toward people of many or all sex or gender identities
- Sexual behavior: how one experiences/expresses their sexuality either physically (in solitude or partnered) and/or emotionally (e.g., arousing desire), for example MSM (men who have sex with men) & WSW (women who have sex with women)
- **AVOID: homosexual, sexual preference**

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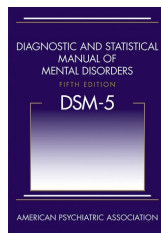
HISTORY



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History and the DSM

- Sexual orientation
 - DSM-I: paraphilia, sociopathic personality disturbance
 - DSM-II: sexual orientation disturbance
 - DSM-III: ego-dystonic homosexuality
 - DSM-III-R: sexual disorder, not otherwise specified including "persistent and marked distress about one's sexual orientation"
- Gender identity
 - DSM-III: transsexualism, having "moderate to severe coexisting personality disturbance"
 - DSM-IV: gender identity disorder
 - DSM-V: gender dysphoria



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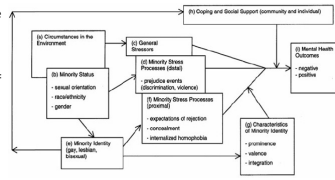
MINORITY STRESS



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Minority Stress

- Minority Stress Theory
 - "Minority stress" first mentioned by Winn Kelly Brooks (formerly Virginia Rae Brooks) in her book *Minority Stress and Lesbian Women* (1981)
 - Popularized by Dr. Ilan Meyer (1995, 2003) to explain poor health outcomes of LGB people
 - Chronic stress changes the body stress-response system, leading to physical and mental health conditions
- Gender Minority Stress Framework
 - Proposed by Rylan Testa (2015)
 - Emphasizes gender minority-specific stressors (e.g., non-affirmation and nondisclosure of gender identity)



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Intersectionality Theory

- Rooted in Black feminist thought (coined by Kimberle Crenshaw, 1989)
- Articulates that social identities and experiences of privilege and marginalization are not simply additive, they are co-constructed and interdependent
- Between 2001-2020, only 43 articles about mental health interventions utilized intersectionality theory, only 7 of these were rated as having a "high" level of intersectionality
- More meaningful descriptions of stress
 - While LGBTQ+ people of color may encounter greater minority stress, they are not always at higher risk of mental health outcomes (likely due to more resilience)
- LGBTQ+ Asian Americans report more microaggressions/distress than LGBTQ+ African American and Latino/a/x
- LGBTQ+ men of color report more microaggressions/distress than LGBTQ+ women of color
- Lesbian and gay men report higher LGBTQ+ racism than bisexual people
- Connection to the LGBTQ+ community plays a more central role in mediating the relationship between stigma and stress for White sexual minority men than sexual minority men of color

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Impact of Stress on LGBTQ+ Mental Health

- Review by Mongelli, et al.: 62 papers between 2014-2018 on relationship between LGBTQ+ minority stress and mental health
 - Overall, high levels of minority stress positively predict mental health outcomes
- Minority stress linked to increased cortisol levels and immune system and autonomic nervous system dysregulation, leading to elevated psychiatric illnesses (e.g., depression, anxiety, PTSD-like symptoms, suicidality, and substance use)

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Stigma & Discrimination

- Types
 - Common: homophobia, lesbophobia, biphobia, transphobia, interphobia
 - But also: heterosexism, cissexism, cisgenderism, sexism, misogyny, racism, xenophobia, ageism, classism
- Contexts
 - Social and political: 50+% LGBTQ+ adults endure interpersonal discrimination including slurs, microaggressions, sexual harassment, violence, etc.
 - Across many subcontexts: educational, occupational, housing, law enforcement, military, religious/faith-based
 - Healthcare: 20+% LGBTQ+ patients suffer from medical discrimination including refusal of essential medications and exposure to verbal and physical violence

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Scales

- HMS: Homonegative Microaggression Scale
- SOM: Sexual Orientation Microaggressions Scale
- SOMAPS: Sexual Orientation Microaggressions in Psychotherapy Scale
- GIMS: Gender Identity Microaggressions Scale
- LGBT-PCMS: People of Color Microaggressions Scale
- LGBT-MEWS: Microaggression Experiences at Work Scale

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MENTAL HEALTH DISPARITIES



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An Alarming Concern

- Despite an improving social environment over the past 70+ years (Stonewall, DSM declassification of homosexuality, ACT UP, same-sex marriage, reversal of “Don’t Ask, Don’t Tell”, etc.), **stress exposure and health outcomes have not improved**
- 3 groups of sexual minority adults: born 1956-1963, 1974-1981, and 1990-1997
- Everyday discrimination, felt stigma, and internalized homophobia were not lower for younger adults
- Psychological distress and suicidality were higher

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Depression, Anxiety, & Suicidality

- In general, **LGBTQ+ people (50+%)** experience **higher rates of poor mental health conditions** including elevated risks for:
 - mood disorders: major depressive disorder, bipolar disorder
 - anxiety disorders: generalized anxiety, panic disorder, posttraumatic stress disorder
 - suicidality: suicidal ideations, suicide attempts
- Rates vary and are limited, typically because of small, geographically-bound sample sizes of a heterogenous population
 - typically, rates are a **multitude higher (x2-4)** compared to cisgender, heterosexual populations
 - subgroups, such as **bisexual and transgender populations**, have much higher rates (up to **x8-10+**)

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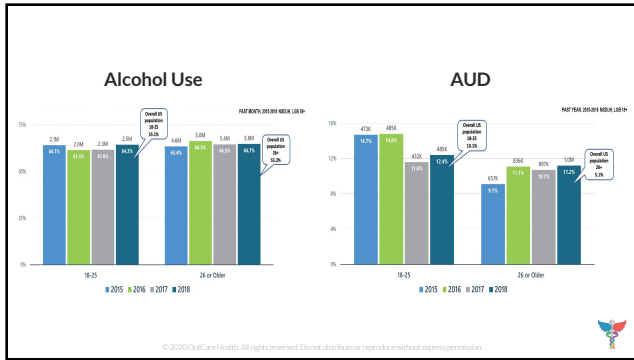
Substance Use Disorders

- Compared to cisgender, heterosexual populations, **LGBTQ+ people use essentially all substances at much higher rates**
- National Survey on Drug Use and Health (NSDUH) 2018 data for LGB people: alcohol, opioids, marijuana, cocaine, methamphetamine, other stimulants, and LSD
 - 16.5% had a SUD → 2+ million people
 - 44.1% had a mental illness → nearly 6 million people
 - MDD: 12.5% (50+ y/o), 19.2% (26-49 y/o), and 31.2% (18-25 y/o)
 - suicidality: thoughts (26.6%), made a plan (10.2%), and attempted (5.4%)
 - 11.9% had both → 1.5 million
- Risk factors
 - Depression, anxiety, PTSD, suicidality (bidirectional)
 - Domestic violence
 - Sex work
 - Stigma and discrimination

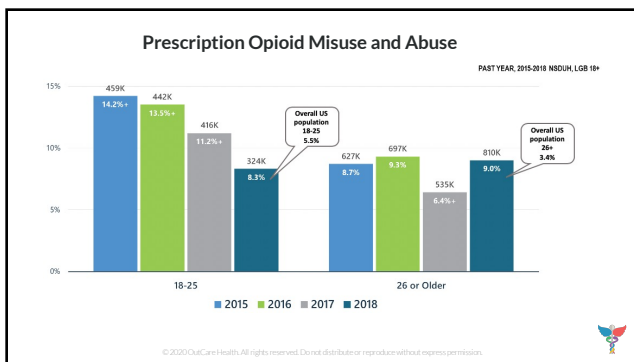
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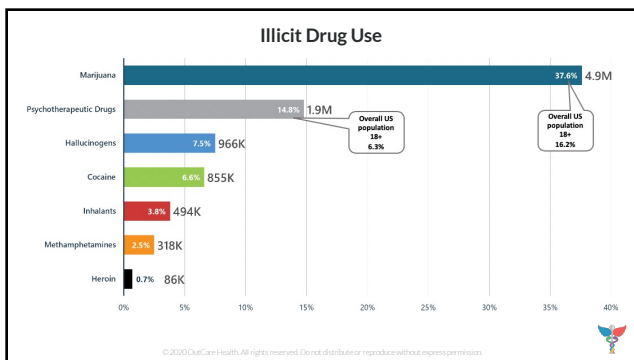
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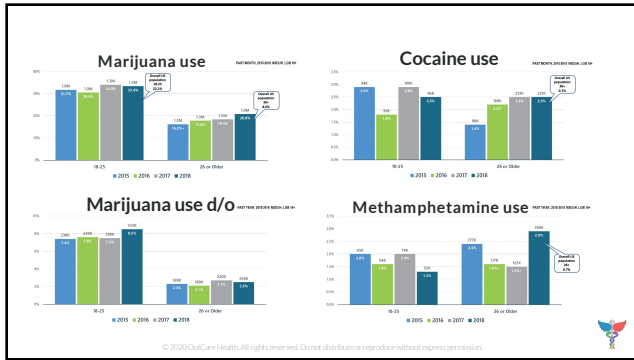
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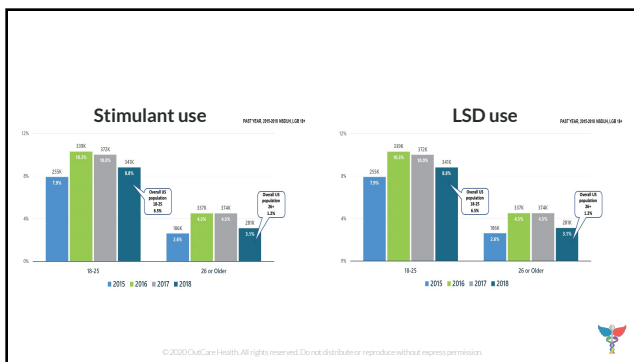
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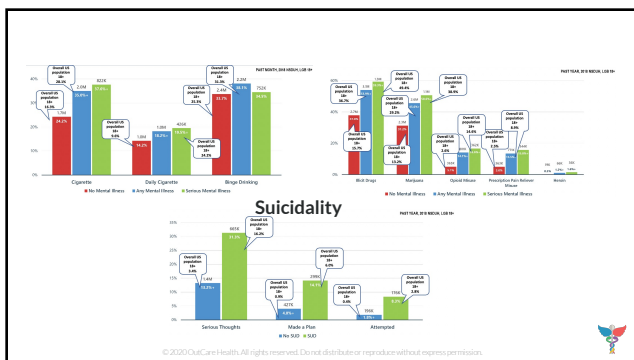
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Disordered Eating & Eating Disorders

- Terminology
 - disordered eating behaviors (DEB): not a clinical diagnosis, unhealthy relationship to food, abnormal eating/dieting
 - eating disorders (ED): a DSM-5 psychiatric, clinical, "full-syndrome" diagnosis that impacts functioning
- Compared to cisgender, heterosexual populations, LGBTQ+ people have much higher rates of:
 - body dissatisfaction, body dysmorphia, as well as sociocultural pressures of appearance, drive for thinness, femininity, masculinity, and beliefs of partners' body image preferences
 - DEB: fasting, restricting, binge, dieting, purging, excessive exercising, anabolic-androgenic steroid use
 - ED (1-5+%): **anorexia nervosa, bulimia nervosa, binge eating disorder**

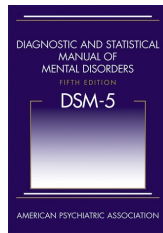


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Gender Dysphoria

- DSM-5: "marked incongruence between one's experienced/expressed gender and assigned gender (i.e., sex assigned at birth), of at least 6 months' duration" that is associated with "clinically significant distress or impairment in social, school, or other important areas of functioning"
 - Children: must meet at least 6 criteria
 - Adolescents/adults: must meet at least 2 criteria
- Of note, **not all gender minority people experience gender dysphoria**.
 - However, it may be listed in their chart for insurance coverage purposes
- Treatment: gender affirmation, gender affirmation, gender affirmation
 - Social and medical (psychotherapy, puberty blockers, gender affirming hormones, and gender affirming surgeries)



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Diagnostic Criteria

Gender Dysphoria in Children (364.81 [F64.0])

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six of the following seven or more (or seven or more for adolescents):
- A strong desire to be the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
 - In boys (assigned gender), a strong preference for cross-dressing or cross-dressing female attire or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
 - A strong preference for the other gender role in make-believe play or fantasy play.
 - A strong preference for the toys, games, or activities (masculine/feminine) used or engaged in by the other gender.
 - A strong preference for playmates of the other gender.
 - In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong evidence of rough-and-tumble play or in girls (assigned gender), a strong rejection of typically masculine toys, games, and activities.
 - A strong dislike of one's sexual anatomy.
 - A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.
- Specify if:
- With a disorder of sex development (e.g., a congenital adrenocortical disorder such as 21α-OH deficiency) or congenital adrenal hyperplasia or 17α-OH deficiency (congenital 17α-OH deficiency).
- Coding note: Code the disorder of sex development as well as gender dysphoria.

Gender Dysphoria in Adolescents and Adults (364.81 [F64.0])

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 - A strong desire to be of the other gender role or to have primary and/or secondary sex characteristics (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
 - A strong desire for the primary and/or secondary sex characteristics of the other gender.
 - A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 - A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 - A strong aversion to one's sex role and aversion to the other gender (or some alternative gender different from one's assigned gender).
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Specify if:
- With a disorder of sex development (e.g., a congenital adrenocortical disorder such as 21α-OH deficiency) or congenital adrenal hyperplasia or 17α-OH deficiency (congenital 17α-OH deficiency).
- Coding note: Code the disorder of sex development as well as gender dysphoria.
- Specify if:
- With a disorder of sex development (e.g., a congenital adrenocortical disorder such as 21α-OH deficiency) or congenital adrenal hyperplasia or 17α-OH deficiency (congenital 17α-OH deficiency).
- Coding note: Code the disorder of sex development as well as gender dysphoria.



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INTERVENTIONS, RESOURCES, & REFERRALS



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Implications

- Distal stressors & social applications
 - At the public health level, e.g., law enforcement, policymakers, supportive college campuses, health/social organizations
 - Goal is to reduce rate of intergroup discrimination and improve overall disparities
 - For example, state legislation legalizing same-sex civil unions: associated with lower levels of stigma consciousness, perceived discrimination, depression, and drinking
- Proximal stressors & individual applications
 - At the provider level, e.g., physicians and therapists
 - **LGBTQ+-specific psychotherapy**
 - Goal is to reduce internalized stigma and improve individual well-being
 - Techniques: consciousness-raising (normalize mental health consequences of minority stress), rework negative cognitions (stemming from early and ongoing minority stress experiences), build supportive relationships, emotion awareness and acceptance (communicate openly and assertively across interpersonal contexts)

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Clinical Interventions

- Intersectionality interventions for mental health
 - 40 & Forward (HIV, gay/bisexual men); Helping to Overcome Problems Effectively (unemployment, African American, HIV, gay men); Rainbow SPARX (youth); Doing It for Ourselves (lesbian/bisexual women of color); iTEAM (homelessness), peer advocacy intervention (rurality), Still Climbin' (Black men, HIV)
 - **Commonality: all involved close collaboration with diverse community partners**
 - **Community resilience leads to, and is necessary for, transformative social change**
- Specific substance use interventions
 - Prolonged exposure therapy; CHOICES (a program for women about choosing healthy behaviors); TREM (Trauma Recovery and Empowerment Model); ABCT (Alcohol Behavioral Couple Therapy); Women's Path to Recovery; Friends Getting Off; Others: MET (motivational enhancement therapy), BCT (behavioral couple therapy), CBT (cognitive behavioral therapy), developmental counseling and therapy, art therapy, mutual self-help groups
 - Alcoholics Anonymous (AA): specific "Gay & Lesbian" meetings

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National LGBTQ+ Resources

- Community health
 - OutCare Health
 - LGBT National Help Center
 - CenterLink: The Community of LGBT Centers
- Violence
 - National Domestic Violence Hotline
 - RAINN: National Sexual Assault Hotline
 - National Coalition of Anti-Violence Programs
- Homelessness
 - True Colors United
- Suicide prevention
 - Trans Lifeline
 - American Foundation for Suicide Prevention
 - National Suicide Prevention Lifeline
 - The Trevor Project

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**THANK YOU.
QUESTIONS?**

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