

Improving Depression Care for LGBTQIA+ Older Adults at Health Centers

Because everybody deserves to age with dignity and respect

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L G B T Q I A +
A G I N G P R O J E C T

A PROGRAM OF THE FENWAY INSTITUTE

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar

www.lgbtqiahealtheducation.org

ABOUT NCECE

Who We Are: Established in 2017, the National Center for Equitable Care for Elders (NCECE) is a training and technical assistance Center that provides innovative and culturally competent models of care, inter-professional training and educational resources to health care professionals providing care to the growing population of older adults.

Our Mission is to build strong, innovative and competent health care models by partnering with health centers & primary care associations to provide quality and inclusive care for older adults.

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- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon and type your question.
- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.

Sound Issues?

- Ensure your computer speakers are not muted
- If you cannot hear through your computer speakers, navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon
- Choose “I will call in”
- Dial the phone number and access code



CME/CEU Information

<p>Physicians</p>	<p>AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.</p>
<p>Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants</p>	<p>AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned.</p> <ul style="list-style-type: none"> • American Academy of Physician Assistants (AAPA) • National Commission on Certification of Physician Assistants (NCCPA) • American Nurses Credentialing Center (ANCC) • American Association of Nurse Practitioners (AANP) • American Academy of Nurse Practitioners Certification Program (AANPCP) • American Association of Medical Assistants (AAMA)
<p>Other Health Professionals</p>	<p>Confirm equivalency of credits with relevant licensing body.</p>

Learning Objectives

1. Understand culturally responsive care and social factors among LGBTQIA+ older adults
2. Explore resources and strategies to promote depression remission among LGBTQIA+ older adults
3. Discuss depression treatment options
4. Consider models of integrated behavioral health and primary care



Our Mission

LGBTQIA+ Aging Project works toward equity, inclusion and community for lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual older adults, ensuring that they can age with the dignity and respect they deserve.

<https://fenwayhealth.org/the-fenway-institute/lgbtqia-aging-project/>

Mental Health and Aging

Depression is not part of **typical** aging

Older adults have increased rates of depression, anxiety, cognitive decline, sleep disturbance

Social Isolation and Loneliness

The mortality impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day

Holt-Lundstad, Robles & Sbarra 2017

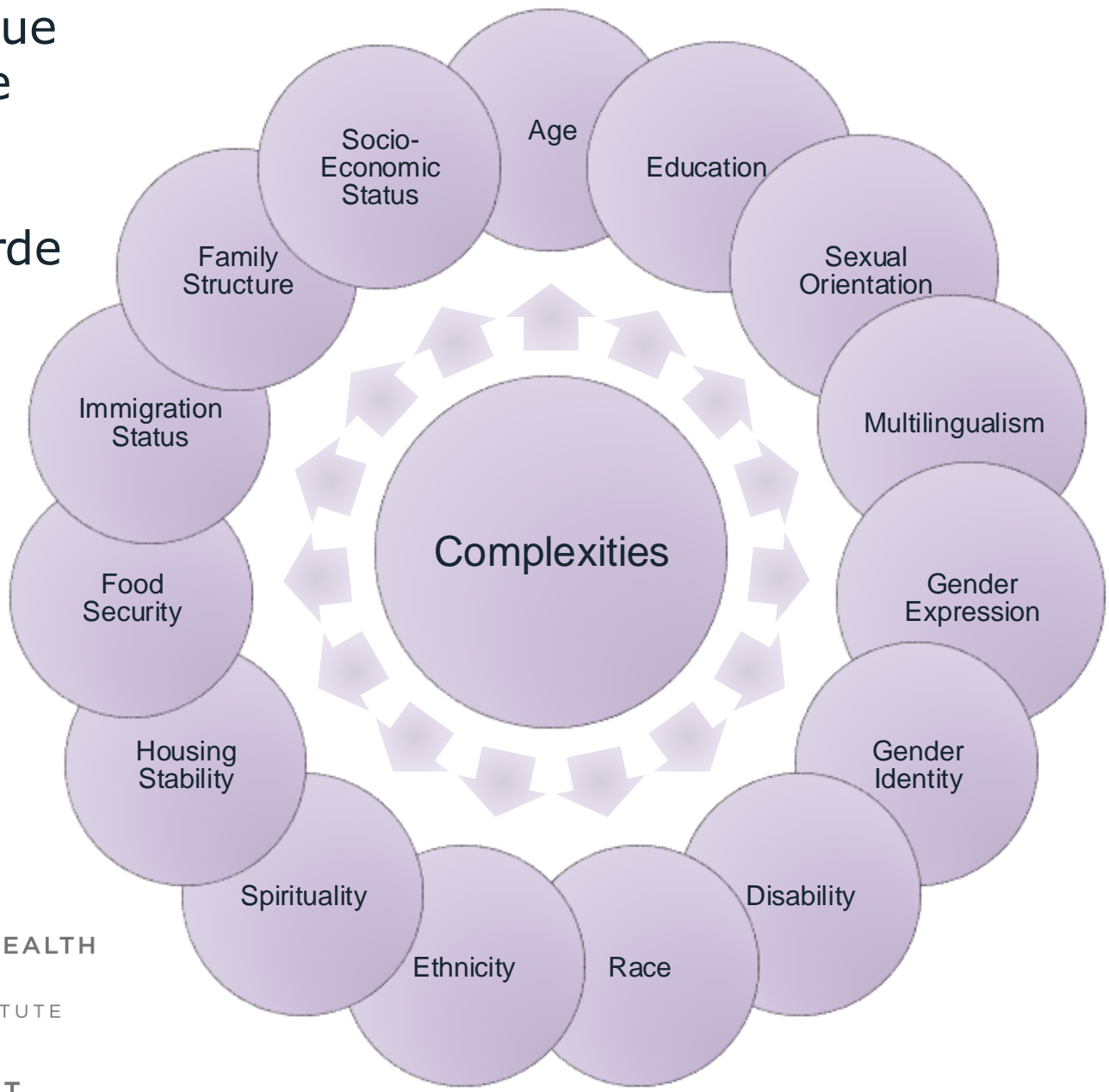
Social Determinants of Health



[SDOH- Healthy People 2030](#)

“There is no such thing as a single-issue struggle because we do not live single-issue lives.”

~Audre Lorde



How Many LGBTQ+ Older Adults?

Current estimate: 2.7 million in U.S

2060 estimate: 5 million in U.S.

Fredriksen-Goldsen & Kim, 2017

Three Generations:

Invisible -- the oldest old

Silenced -- greatest generation

Proud -- baby boomers and beyond

What's So Different?

Aging Issues

Healthcare

Housing

Medication Costs

Social Network: Family,
Friends

Income

Retirement /Work

Social / Recreational
Activities

LGBTQIA+ Aging Issues

Healthcare

Housing

Medication Costs

Social Network: Family,
Friends

Income

Retirement / Work

Social / Recreational
Activities

Traditional Aging Supports



Spouse
Partner



Children
Grandchildren



Family
of Origin



Faith
Community



Local
Community



Social
Network

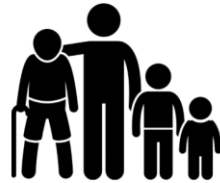


Health
Social Services

LGBTQIA+ Aging Supports



Spouse
Partner



Children
Grandchildren



Family
of Origin



Faith
Community



Local
Community



Social
Network



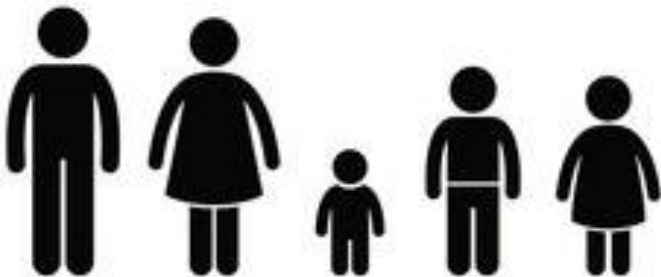
Health
Social Services

Vertical Caregiving

Age
87

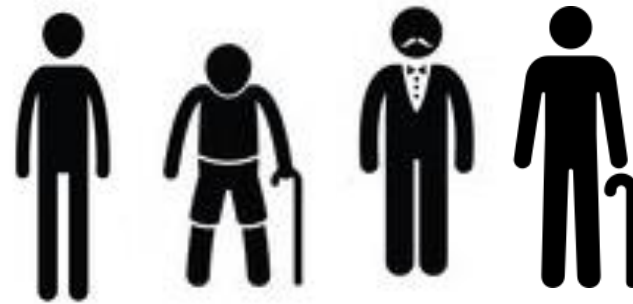


Age
65



Ages 42, 39, 3, 17, 14

Horizontal Caregiving



Ages 71, 88, 68, 74



Anna Sara

1930 1950

	Anna 1930	Sara 1950
▪ McCarthy Trials (1954)	24	4
▪ Stonewall (1969)	39	19
▪ APA/DSM (1973)	43	23
▪ Harvey Milk Elected (1977)	47	27
▪ Reagan Mentions AIDS (1987)	57	37
▪ "Ellen" Comes Out on TV (1997)	67	47
▪ Marriage Equality in MA (2004)	74	54
▪ Don't Ask Don't Tell Repealed (2011)	81	61
▪ DOMA Repealed (2013)	83	63
▪ SCOTUS: Marriage Equality (2015)	85	65
▪ SCOTUS: Bostock Decision (2020)	90	70

Mental Health and LGBTQIA+ Aging

LGBTQIA+ older adults reporting higher levels of depression, anxiety, loneliness

Masa, Inoue & Operano, 2023

Contributing Factors Include:

- Ageism
- Heterosexism/Cisgenderism
- Stigma
- Disenfranchised Grief
- Social Isolation and Loneliness
- Anticipated Bias

Action Steps for Health Centers

Developing Supportive Environments for LGBTQIA+ Older Adults

- Trauma informed care
- Culturally responsive referrals
- Affirming providers – medical and behavioral health
- Social engagement and community
- Telehealth for access
- Social determinants of health

Weekly Zoom Drop-in/Conversation Group for LGBTQIA+ Older Adults



Mondays and Thursdays 11:30am -12:30pm EST

Conversations range from current events to focused topics of interest to LGBTQIA+ older adults.

All are welcome!

There is no cost to join, and the group is open to LGBTQIA+ older adults in Massachusetts and beyond!

For more information or to register in advance:

email: LGBTQIAagingproject@fenwayhealth.org

call: 857.313.6590

LGBTQIA+ Bereavement Support Groups



LGBTQIA+ Online Bereavement Support Group

The holidays are a difficult time for many people, especially those dealing with the loss of a loved one. Join other lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual adults across Massachusetts for a **free 8 week** online bereavement support group. The group is open to all ages.

Tuesday evenings
6:00pm-7:30pm
May 9 through June 27, 2023

For questions, referrals or to register, contact Lisa Krinsky at **857.313.6590** or LKrinsky@fenwayhealth.org.

About the LGBTQIA+ Bereavement Program: The LGBTQIA+ Bereavement Groups are funded by the Mass Department of Public Health and facilitated by The LGBTQIA+ Aging Project, a Program of Fenway Health. All groups are free and facilitated by a licensed independent clinical social worker specializing in LGBTQIA+ Bereavement. All groups require pre-registration. For more information, contact Lisa Krinsky at 857.313.6590 or LKrinsky@fenwayhealth.org.

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TFIAP-67



Transgender & Gender Expansive Bereavement Group

Do you want to talk about the loss of a spouse or partner? parent, sibling, or other relative? chosen family, or friend? Join other transgender and gender expansive adults in a safe, affirming space for this **free, virtual 8-week** bereavement support group. This group is for adults of all ages.

Monday evenings
6-7:30pm, EDT on Zoom
May 8 through June 26, 2023

For questions, referrals or to register, contact Lisa Krinsky at **857.313.6590** or LKrinsky@fenwayhealth.org.

About the LGBTQIA+ Bereavement Program: The LGBTQIA+ Bereavement Groups are funded by the Mass Department of Public Health and facilitated by The LGBTQIA+ Aging Project, a Program of Fenway Health. This bereavement group is free and facilitated by a licensed clinician experienced in working with the transgender and gender expansive community and bereavement issues. All groups require pre-registration. For more information, contact Lisa Krinsky at 857.313.6590 or LKrinsky@fenwayhealth.org.

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TFIAP-67

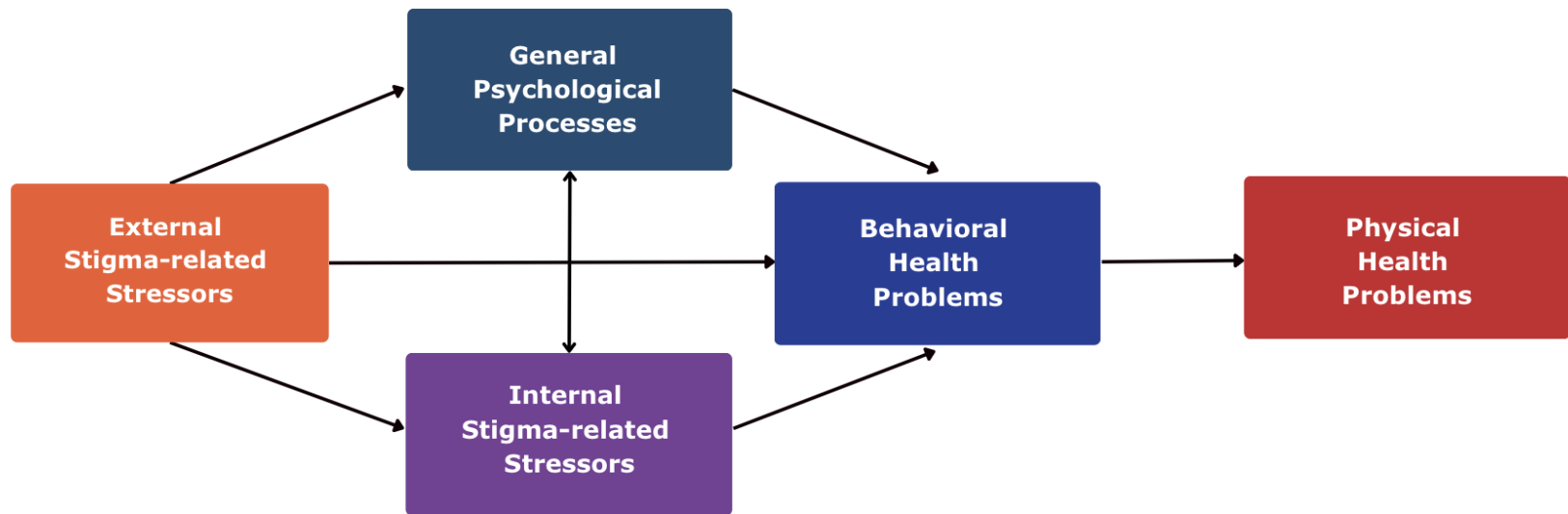
Resilience



Able to return to an original shape after being pulled, stretched, bent or pushed

Merriam Webster Learners Dictionary

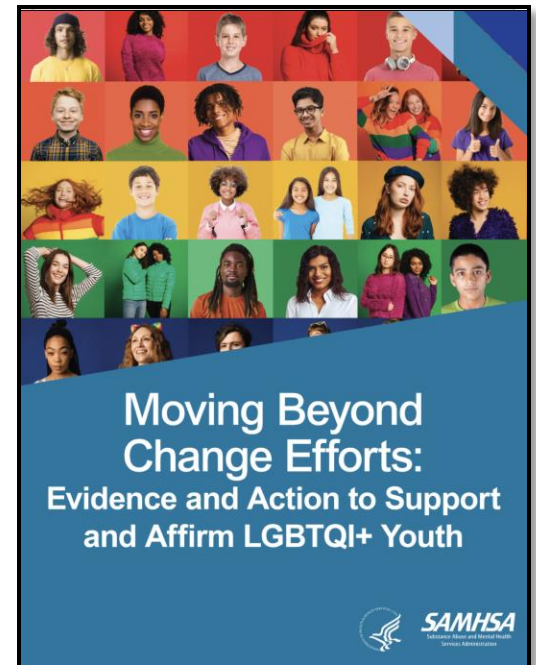
Sexual and Gender Minority (SGM) Stress Framework



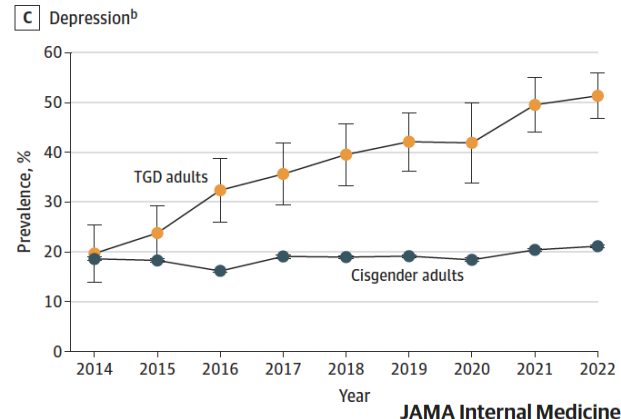
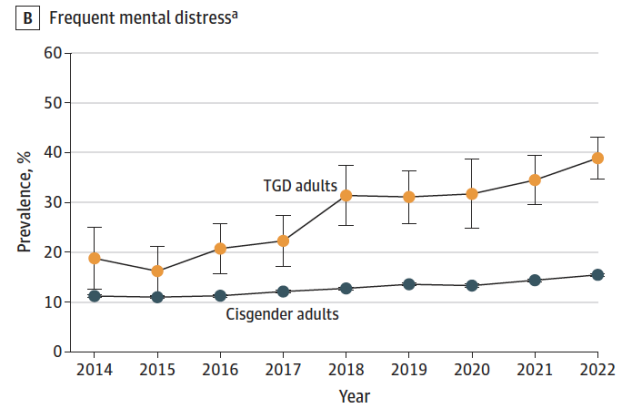
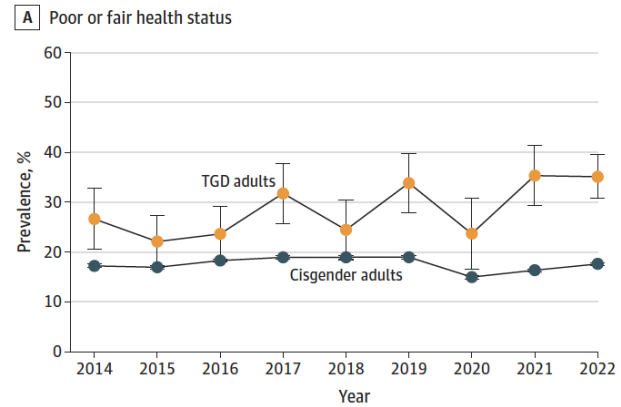
Adapted from: Hatzenbuehler ML, Nolen-Hoeksema S, Dovidio J. How does stigma "get under the skin"? the mediating role of emotion regulation. *Psychol Sci.* 2009;20(10):1282-1289. doi:10.1111/j.1467-9280.2009.02441.

Sexual Orientation and Gender Identity (SOGI) Change Efforts

Given the lack of evidence of efficacy and the potential risk of serious harm, every major medical, psychiatric, psychological, and professional mental health organization has taken measures to end sexual orientation change efforts and gender identity change efforts.



Health Status and Mental Health of Transgender and Gender Diverse Adults in the United States Declined 2014-2022



JAMA Internal Medicine

Liu et al. (2024)

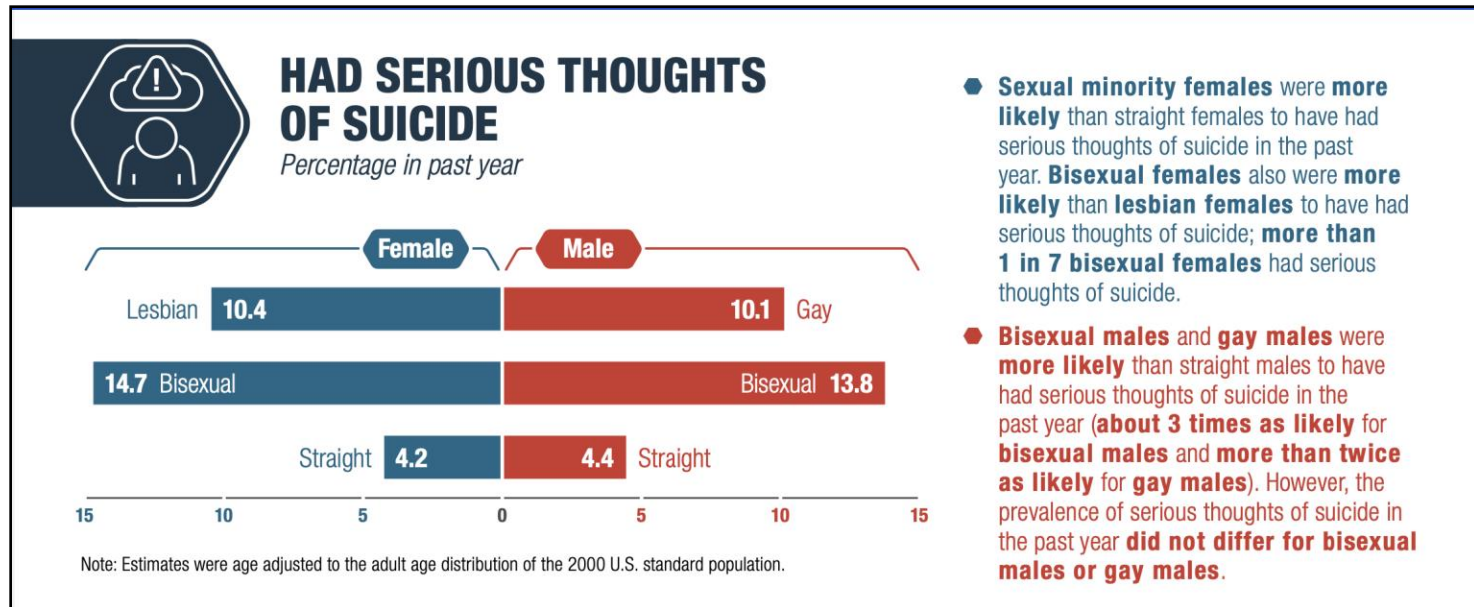
EO NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

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EO LGBTQIA+ AGING PROJECT

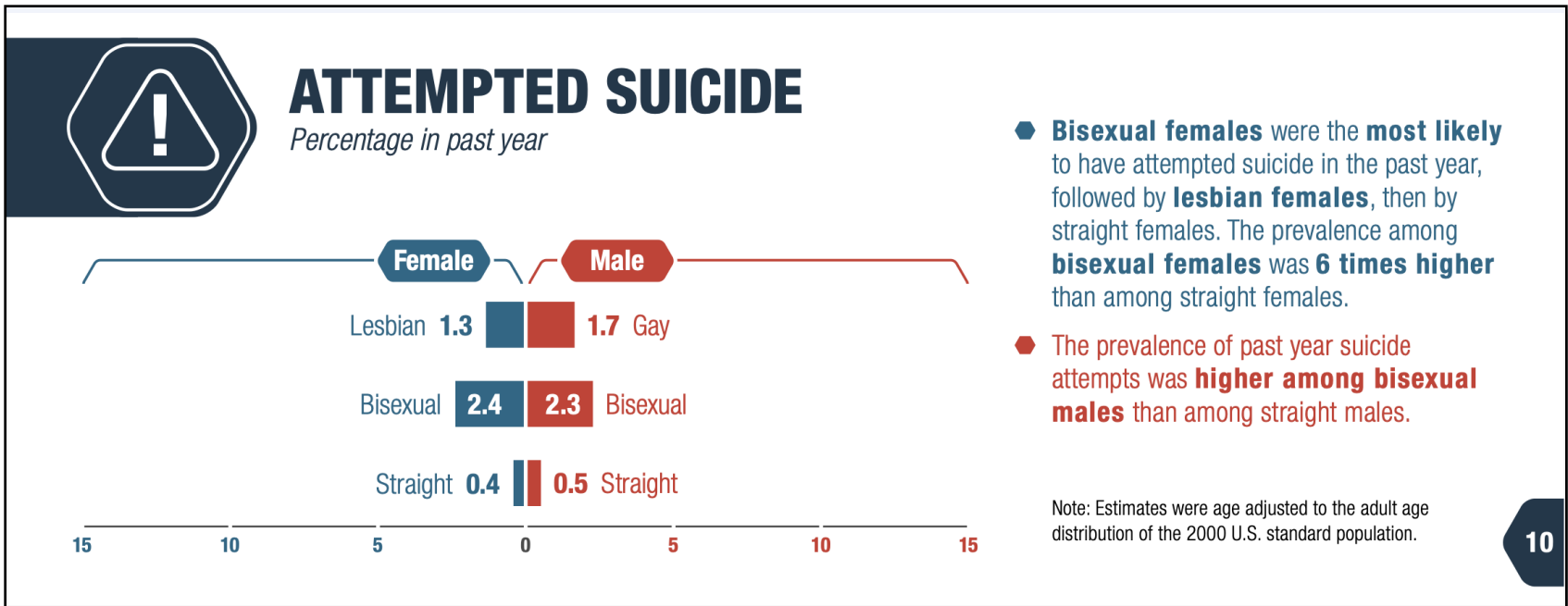
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Suicidality Among SGM Adults



Substance Abuse and Mental Health Services Administration. (2023). *Lesbian, gay, and bisexual behavioral health: Results from the 2021 and 2022 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP23-07-01-001). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/LGB-Behavioral-Health-Report-2021-2022>

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Substance Abuse and Mental Health Services Administration. (2023). *Lesbian, gay, and bisexual behavioral health: Results from the 2021 and 2022 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP23-07-01-001). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/LGB-Behavioral-Health-Report-2021-2022>

Sexual Minority People and Mental Health Service Utilization

More likely to see a mental health provider (x 2-3)

More likely to see a primary care provider (PCP) for a mental health problem (x 1.5-3)

More likely to attend a support or therapy group (x 3-4)

Compared with general population, gay and bisexual men are more likely to take psychiatric medication (x 4)

Platt LF, Wolf JK, Scheitle CP. Patterns of Mental Health Care Utilization Among Sexual Orientation Minority Groups. *Journal of Homosexuality*. 2017;65(2):135-153.doi: <https://doi.org/10.1080/00918369.2017.1311552>

Psychopharmacologic Considerations for TGD People

- TGD people experience high rates of psychiatric morbidity, and their psychopharmacologic needs can be unique when compared with those of cisgender people.
- TGD patients may benefit from reassurance when psychiatric medication will not interfere with gender-affirming hormone (GAH) effectiveness or from collaborative development of treatment plans when needed to help mitigate such interference.
- Further research is needed to develop best practices in pharmacotherapy for TGD communities, delivered within inclusive and affirming mental health care environments.

Citations available in slide notes

Psychopharmacologic Considerations for TGD People

JAMA Network Insights

Psychopharmacologic Considerations for Transgender and Gender Diverse People

Jack L. Turban, MD, MHS; Marija Kamceva, BS; Alex S. Keuroghlian, MD, MPH

Turban, Kamceva, Keuroghlian (2022)

- Gender-affirming hormones
- Spironolactone and other vasodilators
- Antipsychotics
- Mood stabilizers
- Serotonergic agents and spontaneous erections

Minority Stress Impact on HIV Prevention and Treatment Adherence

Transgender women and men who have sex with men (MSM) are the two subpopulations with the greatest HIV incidence and prevalence in the U.S.

Antiretroviral medications for HIV pre-exposure prophylaxis (PrEP) or treatment require adequate adherence for effectiveness.

Studies of antiretroviral adherence emphasize population-specific contextual barriers.

Sexual and gender minority stress (e.g., discrimination, victimization) both adversely impact HIV self-care.

Citations available upon request

Bio-behavioral HIV Care

Tailored behavioral interventions exist for antiretroviral adherence (e.g., Life-Steps).

Combined biomedical and behavioral HIV prevention and treatment strategies are optimal.

Behavioral health treatments that restructure minority stress cognitions can improve self-care and physical health outcomes.

- Bekker LG, Beyrer C, Quinn TC. Behavioral and biomedical combination strategies for HIV prevention. *Cold Spring Harb Perspect Med.* 2012;2(8):a007435. Published 2012 Aug 1. doi:10.1101/cshperspect.a007435
- Magidson JF, Seitz-Brown CJ, Safren SA, Daughters SB. Implementing Behavioral Activation and Life-Steps for Depression and HIV Medication Adherence in a Community Health Center. *Cogn Behav Pract.* 2014;21(4):386-403. doi:10.1016/j.cbpra.2013.10.002
- Puccinelli M, Seay J, Otto A, et al. An Adapted Cognitive Behavioral Stress and Self-management Intervention for Sexual Minority Men Living With HIV and Cancer Using the SmartManage eHealth Platform: Protocol and Study Design. *JMIR Res Protoc.* 2022;11(7):e37822. Published 2022 Jul 18. doi:10.2196/37822
- Taylor SW, Psaros C, Pantalone DW, et al. "Life-Steps" for PrEP Adherence: Demonstration of a CBT-Based Intervention to Increase Adherence to Preexposure Prophylaxis (PrEP) Medication Among Sexual-Minority Men at High Risk for HIV Acquisition. *Cogn Behav Pract.* 2017;24(1):38-49. doi:10.1016/j.cbpra.2016.02.004

Sexual and Gender Minority Stress Care Principles for Clinicians

Normalize adverse impact of minority stress

Facilitate emotional awareness, regulation, and acceptance

Empower assertive communication

Validate unique strengths of LGBTQIA+ people

Foster supportive relationships and community

Affirm healthy, rewarding expressions of gender and/or
sexuality

Citations available in slide notes

Promoting Resilience through Strengths-Oriented Questions

- The history that you provided suggests that you've accomplished a great deal since the trauma.
- What are some of the accomplishments that give you the most pride?
- What would you say are your strengths?
- How do you manage your stress today?
- What behaviors have helped you survive your traumatic experiences (during and afterward)?
- What are some of the creative ways that you deal with painful feelings?

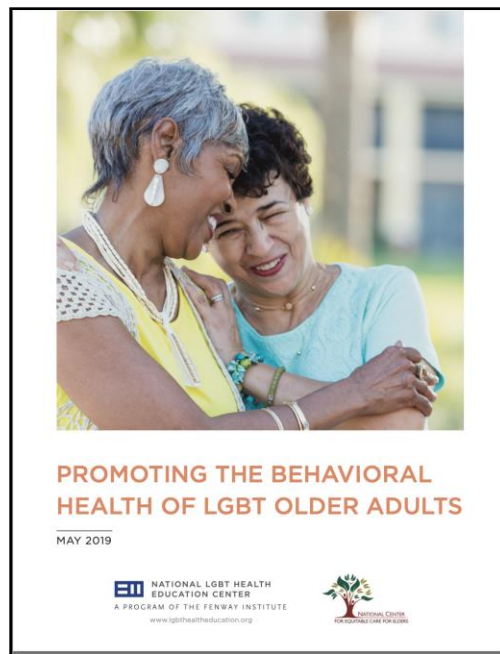
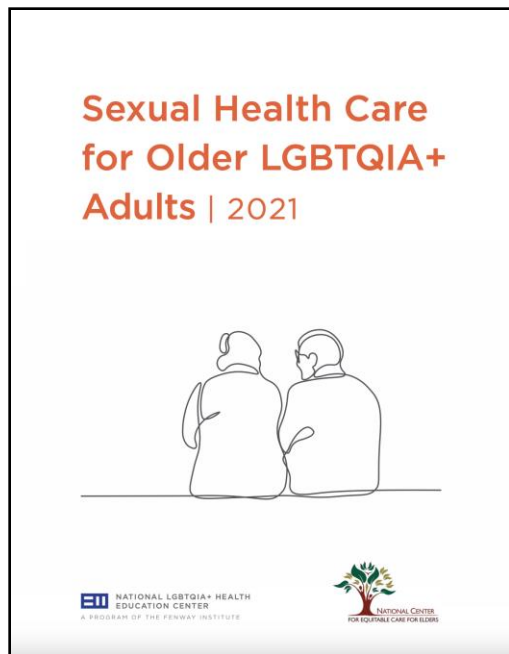
SAMHSA (2014)

Promoting Resilience through Strengths-Oriented Questions

- What characteristics have helped you manage these experiences and the challenges that they have created in your life?
- If we were to ask someone in your life, who knew your history and experience, to name two positive characteristics that help you survive, what would they be?
- How do you gain support today? (Possible answers include family, friends, activities, coaches, counselors, other supports, etc.)
- What does recovery look like for you?

SAMHSA (2014)

Further Reading: Disparities Among Older LGBTQIA+ Adults



[Resources Available for Download](#)

Q & A

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