



# PROMOTING THE BEHAVIORAL HEALTH OF LGBT OLDER ADULTS

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# INTRODUCTION

Like all older adults, lesbian, gay, bisexual, and transgender (LGBT) older adults are a growing population in the U.S. in need of enhanced care and resources to support their health and quality of life. Though people over 65 years are less likely to identify as LGBT compared to younger cohorts, there are up to 4 million older Americans who identify as LGBT, and that number is likely to double by 2030.<sup>1</sup> Given the ongoing collection of patient sexual orientation and gender identity information at health centers,<sup>2</sup> along with efforts to create more culturally affirming care environments, clinicians are now well-positioned to talk openly with LGBT older adults about their social and behavioral health needs. This publication will introduce the most pressing behavioral health issues faced by LGBT older adults, and will provide a brief overview of evidence-informed practices for addressing behavioral health needs.

# BEHAVIORAL HEALTH DISPARITIES AND RISK

Born and raised before the LGBT rights movement began, LGBT older adults lived through a long period of anti-LGBT bias and even criminalization.<sup>1</sup> The medical field labeled “homosexuality” a psychiatric disorder until 1973 and defined transgender identities as disordered until 2013.<sup>3</sup> According to minority stress theory, stigma and discrimination contribute to negative health behaviors and outcomes.<sup>4</sup> Minority stressors involve traumatic and chronic experiences, such as family rejection, bullying and harassment, concealment of identity, and partner abuse. These stressors can raise cortisol levels, cause unhealthy coping behaviors, and eventually lead to a range of morbidities.<sup>5</sup> LGBT older adults report worse psychological health and greater substance use, such as heavy alcohol consumption and cigarette smoking, compared to their non-LGBT peers.<sup>6-8</sup> Depression is more than twice as common among LGBT older adults than among older adults in general, and suicidal ideation may also be greater.<sup>6,9</sup> In addition, an increasing number of people over the age of 50 are living with HIV, including many gay and bisexual men.<sup>10</sup> HIV is associated with a greater risk of depression and cognitive impairment.<sup>11</sup> Finally, most studies of LGBT older adults report worse behavioral health status for transgender and bisexual people compared to cisgender (non-transgender) and lesbian and gay people.<sup>8,12,13</sup>



# UNDERSTANDING SOCIAL AND BEHAVIORAL HEALTH NEEDS

To support the mental health of LGBT older adult patients, clinicians can ask about and address minority stressors, historical forces, and cultural issues affecting the well-being of LGBT people. Keep in mind these common experiences and concerns:

## **Social isolation and loneliness**

Due to family and cultural rejection and stigma, LGBT people have an increased likelihood of being marginalized from their homes, communities, and other typical sources of social interaction and support.<sup>1</sup> In addition, LGBT older adults are more likely to live alone than their non-LGBT peers, and less likely to have children and grandchildren.<sup>1,8</sup> Moreover, some people experience age bias within the LGBT community, which can increase their sense of isolation. This can be especially true in gay communities that celebrate youth and muscular bodies.<sup>3</sup> Others cannot find any social or community programs that have services for older adults.<sup>8</sup> Older adults who are bisexual or transgender often report feeling left out or stigmatized by community events and services targeting gay and lesbian people. Not surprisingly, bisexual and transgender older adults are more likely to report loneliness than their cisgender gay or lesbian peers.<sup>8</sup>

## **Chosen families**

Although some older LGBT adults are socially isolated, many others develop strong emotional bonds with a group of people who are not biologically related but who provide the same social supports as one expects from a family of origin. Often referred to as a “chosen family,” these relationships can include spouses/partners, friends, families of partners or friends, and former partners. Blood relatives are sometimes also included.<sup>3</sup>

## **Coming out**

The process of “coming out” as LGBT to oneself and others can occur at any age. When first coming out, LGBT older adults may feel alone, as most of their peers are further along in the development of their self-identity. This is a time when clients may need additional support to prevent depression and anxiety.<sup>14</sup>

## **Long-term care concerns**

Surveys report that older LGBT adults fear they will be forced back into the closet or otherwise face harassment or unequal services in long-term care.<sup>15</sup> Black/African American and Latino LGBT older adults also worry their race/ethnicity will additionally affect the quality of their health care.<sup>15</sup> There are programs for training long-term care providers in culturally affirming LGBT care (see Resources), but it is not clear how many have accessed this training.<sup>16</sup> In Massachusetts in 2018, advocates working with legislators passed a bill mandating LGBT cultural awareness training for all state-funded and licensed aging service providers within 12 months of employment.<sup>17</sup>

## **Concealment of identity**

To avoid discrimination, older LGBT adults sometimes hide their sexual orientation or gender identity from employers, family members, and community members.<sup>18</sup> Hiding one’s identity can be stressful and can affect a person’s ability to develop emotional bonds with others.<sup>18</sup>

## **Disenfranchised grief**

LGBT people who are mourning the loss of a loved one often do not receive the same types of support as non-LGBT people; many report that their distress is underestimated by others—a problem often referred to as “disenfranchised grief.”<sup>19</sup> LGBT people may experience disenfranchised grief after the death of a publicly unacknowledged partner, a close friend, or a cherished pet.

## **Substance use, depression, tobacco use**

As noted above, LGBT older adults have a higher prevalence of current or lifetime substance use, depression, and tobacco use.



### **Resiliency Factors**

On a positive note, many LGBT older adults have discovered that by surviving (and advocating against) a discriminatory environment, they have become quite resilient.<sup>20</sup> Behavioral health may even improve as LGBT people age.<sup>21</sup> As many as 80% report engaging in physical and wellness activities.<sup>8</sup> Studies suggest that better mental health among LGBT older adults is associated with or predicted by having stronger social networks, supports, and community connectedness, lower internalized stigma, and positive self-perception of sexual orientation and gender identity.<sup>22,23</sup>

### **Advance directives**

Because medical decision-making and power of attorney default to blood relatives unless the patient has completed advance care planning, unmarried partners of LGBT adults may end up without the right to care for an incapacitated partner unless they have completed the appropriate advance directives.<sup>1</sup>

# ADDRESSING SOCIAL AND BEHAVIORAL HEALTH NEEDS

Health centers have an opportunity to offer services and programs that foster the behavioral health of LGBT older adults.

Clinicians can promote **resilience and behavioral health** by doing the following:<sup>24</sup>

- Acknowledge the role of minority stress in creating or exacerbating behavioral health disorders
- Ask about sources of functional, social, and emotional support
- Promote positive self-perception of LGBT identity
- Recognize and validate unmarried partners and chosen families, regardless of legal or biological relationships
- Value the loss of a partner, friend, or pet; and provide support and referrals as needed
- Facilitate connections to LGBT community resources and programs, as available
- Access training in LGBT behavioral health care (see Resources)
- As feasible, adopt a behavioral health integration model, wherein primary care and behavioral health clinicians work collaboratively onsite and in teams
- Develop a strong referral network with other LGBT-affirming providers





Health centers can intentionally **create environments that communicate safety and inclusion of diverse sexual and gender minorities** by doing the following (see Resources):

- Use inclusive language in all forms, promotional materials, and website pages
- Train all staff to communicate respectfully and effectively, e.g., avoiding assumptions that all older people are heterosexual and cisgender; using patients' chosen names and correct pronouns
- Add images of gender-diverse people to websites and health educational materials
- Include sexual orientation, gender identity, and gender expression in non-discrimination policies and procedures
- Recognize important LGBT events, like Pride month, National Coming Out Day, and Transgender Day of Remembrance.

Health centers can monitor and address behavioral health disparities in their LGBT patient population by using sexual orientation and gender identity data:

- Health centers can run electronic health record reports on behavioral health measures and stratify the data by sexual orientation and gender identity categories in order to identify disparities and monitor trends among LGBT patients. Data can be further stratified by age (see Resources)<sup>25,26</sup>
- Nondisclosure of sexual orientation and gender identity on registration forms may be higher among older adults compared to younger adults. Nonetheless, research and clinical experience tell us that older adults will answer sexual orientation and gender identity questions.<sup>27</sup>

# RESOURCES

**National LGBT Health Education Center:** Training, continuing education, online modules, and publications on LGBT-affirming behavioral health and primary care, LGBT aging, and collecting sexual orientation and gender identity data. [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)

**LGBT Aging Project:** LGBT cultural competency training, community engagement, resources for LGBT older adults, and LGBT bereavement support groups (in partnership with the Massachusetts Department of Public Health's Suicide Prevention Program). [www.lgbtagingproject.org](http://www.lgbtagingproject.org)

**National Resource Center on LGBT Aging:** Training and publications, fact sheets, guides, and assistance on topics relevant to LGBT aging. [www.lgbtagingcenter.org](http://www.lgbtagingcenter.org)

**SAGE / Advocacy and Services for LGBT Elders:** Social support, financing, housing, and other resources for LGBT older adults. [www.sageusa.org](http://www.sageusa.org)

**National Center for Equitable Health for Elders:** Training, technical assistance, and educational resources on innovative and culturally competent models of care for older adults. <https://ece.hsdm.harvard.edu>

**Transgender Aging Network:** Training, technical assistance, and projects focused on improving the lives of transgender older people and their social support networks. <https://forge-forward.org/aging/>

**Nurses' Health Education about LGBTQ Elders (HEALE) Cultural Competency Curriculum:** Continuing education training for nurses and health care professionals who serve older LGBTQ adults. [www.nursesheale.org](http://www.nursesheale.org)

**Aging with Pride:** National longitudinal study of LGBT adults aged 50 and older funded by the United States National Institutes of Health and the National Institute on Aging with over 50 publications. [www.age-pride.org](http://www.age-pride.org)

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