

Lesbian, Gay, Bisexual and Transgender (LGBT) Issues in Psychiatry  
Rodney Villanueva, M.D., FAPA  
Carolinas Healthcare System—Behavioral Health  
Charlotte, NC

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Why Focus on the Mental Health Needs of the LGBT Population?

- LGBT people are members of every community.
- There is diversity within the LGBT community itself.
- Because of discrimination, stigma, and marginalization, there are health care disparities between LGBT people and their heterosexual counterparts, which results in poor health outcomes.
- Data from research show that non-heterosexual people are at increased risk for anxiety, mood disorders, suicide attempts, and substance abuse.
- Healthy People 2020 (US Department of Health and Human Services): One of the objectives is improvement in LGBT health by such measures as being supportive of a pt's sexual orientation, providing medical students with access to LGBT pts to increase the provision of **culturally competent care**, expanding domestic partner health insurance.

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### Operational Definitions

- Gay—sometimes used to refer to LGBT community as a whole, or sometimes used to represent men who are attracted to other men in romantic erotic, or emotional ways.
- Homosexual—a person primarily attracted to members of the same sex
- Lesbian—females attracted romantically, erotically, and/or emotionally to other females
- Bisexual—a person emotionally, physically and/ or sexually attracted to men and women. There may be a preference of one over the other.

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### Definitions (con't)

- Transgender— a person who lives as a member of a gender other than that expected based on anatomic sex. Sexual orientation varies and is not dependent of gender identity.
- Queer— an umbrella term that includes a matrix of sexual preferences, orientations and habits of the not exclusively heterosexual-monogamous majority.

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### Historical Perspectives— Psychiatry and Homosexuality



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King Henry VIII-- 1533



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Karl Heinrich Ulrichs (1825-1895)



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Karl Westphal (1833-1890)



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Jean Martin Charcot (1825-1893)



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Richard von Kraft-Ebing (1840-1902)



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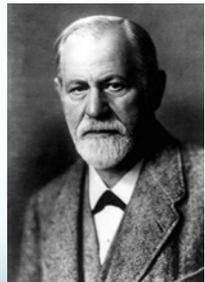
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Sigmund Freud (1856-1939)



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Freud's Letter to an American Mother of a Homosexual Man (1935)

*"[Homosexuality] is nothing to be ashamed of...It cannot be classified as an illness; we consider it to be a variant of the sexual function."*

--Freud believed that the goal of psychoanalysis was to help a person adjust, not convert a person to a heterosexual lifestyle

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Sandor Rado (1890-1972)



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Homosexuality and the DSM

- Alfred Kinsey (1894-1956):
  - " Sexual Behavior in the Human Male" and "Sexual Behavior in the Human Female"
  - 37% of men and 13% of women had some sort of homosexual experience to the point of orgasm.
  - Kinsey's work began the shift away from viewing homosexuality as a Dz, and viewing it as a normal variant
  - Kinsey saw sexuality on a continuum.

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### Homosexuality and the DSM (con't)

- Clellan Ford (1909-1972) and Frank Beach (1911-1988)
  - "Patterns of Sexual Behavior"
  - Homosexuality is found in all cultures.
- Evelyn Hooker (1907-1976)
  - "The Adjustment of the Male Overt Homosexual" (1957)
  - She gave several psychological tests to male homosexuals and heterosexuals and asked psychologists to identify the homosexuals based on the results.
  - The psychologists could not differentiate.
  - Challenged the view that homosexuality in an of itself was associated with psychiatric illness

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### Homosexuality the DSM (con't)

- DSM-I (1952): Homosexuality is classified as a mental d/o ("Sociopathic Personality Disturbance")
- DSM-II (1968): Homosexuality listed as "sexual deviation"
  - "sexual orientation disturbance"
- Stonewall Riots (1969): Start of the gay rights movement. Classification of homosexuality as an illness is challenged
- Robert Spitzer : APA task force on Nomenclature and Statistics.
  - met with gay activists who presented data to the task force
  - Task force proposed that homosexuality be eliminated from the DSM
  - APA removes homosexuality as a mental d/o in 1973

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### Homosexuality and the DSM

- DSM-III (1980): "Ego Dystonic Homosexuality"
  - Opponents said that pathologizing a person's subjective experience of sexuality should not be the basis of a mental d/o
  - No empirical data to support the Dx
  - The Dx still perpetuated homosexuality as an illness
  - DSM-III-R (1987): APA removes the Dx.

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### Minority Stress Theory

- Ilan Myer, Ph.D
- In LGBT communities, Social Stress Theory has been adopted to propose that the stigma, prejudice, and discrimination that LGBT people face influences their mental health.
- Minority Stress is the culmination of stressors that stigmatized groups regularly experience based on their social position in society.

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### Suppositions of Minority Stress

- Minority stress is in addition to regular stress
- Minority stressors are a part of social norm
- Stress is part of a social structure that cannot be changed

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### Minority Stress

- Meyer stated that because LGBT people are stigmatized, they experience greater stress than non-LGBT people.
- The result is increased psychological distress.
- Important factors: prejudice events, expectations of rejection and discrimination, concealment of identity, and internalized homophobia.
- Myer's minority stress model focuses on the impact that social structures and social conditions have on the lives of people and how these structures and conditions can negatively impact the lives of LGBT individuals.

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### Types of Stress LGBT People Experience ( per Meyer)



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### Internalized Homophobia

- A society's idea of sex and gender is internalized by children at an early age.
- As a result, LGBT individuals may develop negative feelings about themselves when they first recognize their sexuality.
- It makes the process of identity formation ("coming out") difficult.
- Individuals may feel the need to "pass" as heterosexual, creating a discrepancy between one's public and private life.

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### Internalized Homophobia (con't)

- Once public about their orientation, LGBT individuals risk discrimination, rejection, and violence from others
- Results in depression and anxiety as well as a feeling that life is difficult and extremely unfair
- Anti LGBT sentiment affect a person's feelings about themselves and their community.
- An individual's sexuality is experienced as a source of pain, danger, and punishment.
- Can lead to depression and feelings of helplessness

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### Minority Stress as Part of the Social Norm

- NC House Bill 2
- Arkansas House Bill 2098
- Mississippi House Bill 1523
- Recent Justice Department Memo on religious freedom
- Recent reinstatement of ban on transgender individuals from serving in the US Armed Forces
- Lack of non discriminatory protections for LGBT individuals

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### Heterosexism and Homophobia

- These are forms of hostility and prejudice against lesbians, gays men, and other non-heterosexuals.
- Can also be further described as the power to impose social prejudice.
- It is any action or practice that is backed by an institution's power to subordinate people because of their sexual orientation.

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## Types of Heterosexism

<p style="text-align: center;"><b>Cultural</b></p> <ul style="list-style-type: none"><li>• Pervades societal customs and institutions</li><li>• Operates through the process of invisibility and attack</li><li>• i.e. lack of legal protection from discrimination based on sexual orientation, lack of same-sex benefits, lack of marriage equality.</li></ul>	<p style="text-align: center;"><b>Individual</b></p> <ul style="list-style-type: none"><li>• An individual's dislike, hostility, or condemnation of LGBT people.</li><li>• Can result in discrimination or violence.</li></ul>
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## Effect of Institutionalized LGBT Discrimination on Psychiatric Illness

- Prevalence of mood disorders increased from 22.7%-31% in states that voted for constitutional amendments against marriage equality (2004-2005)
- Prevalence was decreased in States that did not enact such amendments.
- GAD prevalence increased in States with amendments
- EtOh Use Disorder increased in States with amendments.

*(Hatzenbuehler, et al 2010)*

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Depression

Anxiety

Suicide

Substance Abuse

Trauma

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## Depression

- LGBT individuals have higher prevalence rates of depression than non-LGBT individuals.
- 2015 National Survey on Drug Use and Health:
  - 18% of sexual minorities had a MDE within the past year
  - 6.2% of sexual majority participants had an MDE within the past year.
  - 13% of sexual minorities had MDE with severe impairment, compared to 3.9% of sexual majority participants.

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Carrie Lee, et. Study, 2017

-- Depression in gay men starts in adolescence and continues into young adulthood

-- Factors associated with increased risk of depression:

- Homophobia/ experience of world as unsafe for gay men
- Concealment of sexual identity
- Internalized Homophobia
- Lack of self acceptance and acceptance from others ( Critical element for well-being)
- Lack of acceptance within the gay community

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## Anxiety in LGBTQ

- Also results from cultural and institutional discrimination
- Fear of verbal or physical violence
- Fear of losing one's job or housing
- Fear of one's sexual identity being discovered.
- Internalized homophobia

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## Suicide in LGBT

- LGBTQ youth contemplate suicide at almost 3 times the rate of heterosexual youth and are 5 times as likely to have attempted suicide. (CDC, 2016)
- 40% of transgender adults reported having a suicide attempt and 92% of these people had an attempt before age 25 (James, 2015)

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## Suicide in LGBT

- Lifetime suicide attempts:  
Gay/Lesbian 40%  
Bisexual 40%
- 60% of transgender individuals who experienced a refusal of medical care because of transgender status.
- 50-54% of transgender individuals who experienced bullying at school

( Haas, et al 2014)

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## Substance Abuse in LGBT

Substance	Sexual Minority (%)	Sexual Majority (%)
Any Illicit Drug	39.1+	17.1
Marijuana	30.7+	12.9
Misuse of Prescription Pain Relievers	10.4+	4.5
Misuse of Prescription Tranquilizers	5.9+	2.2
Cocaine	5.1+	1.8
Hallucinogens	5.0+	1.9
Misuse of Prescription Stimulants	4.2+	1.9
Inhalants	3.7+	0.3
Methamphetamine	2.3+	0.6
Misuse of Prescription Sedatives	1.2+	0.6
Heroin	0.9+	0.3

Medley, et al, 2015

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### Violent Crime in LGBT Population

- Anti LGBT stigma is a function of socially constructed definitions of acceptable sexual orientations.
- Anti LGBT crimes have been increasing over the past decade, most victims being gay men.
- The sexual orientation of the victim influences the mental health outcome for the victim

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### Robert Cramer, et al study 2012

#### Heterosexual Victims

- Male
- African American/Latino
- More likely to be victims of shootings

#### LGBT Victims

- Equal in gender
- European American
- Higher avg. monthly income
- Higher rates of previous trauma
- More likely to be victims of sexual assault

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### Cramer Study

- LGBT individuals experienced higher acute stress Sx's and anxiety Sx's
- Relational Assault victims had more panic Sx's than general assault victims
- Knowing that LGBT individuals suffer more pervious trauma emphasizes the need for appropriate intervention in order to decrease poor outcomes

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### Gender Non-Conformity and Violent Crimes

- Gender Non Conformity– gender expression or outward appearance that does not follow traditional gender roles
- It is a very visible target for discrimination and violence.
- Violence due to gender non-conformity occurs in 3 main settings: familiar environments, school/work, and public settings

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### PTSD in LGBT Individuals

- In general, childhood abuse increases the chances of developing PTSD.
- LGBT individuals have higher rates of childhood abuse than non-LGBT individuals, causing a higher prevalence rate of PTSD in LGBT youth.
- Gender nonconformity may result in parental rejection, physical or verbal abuse possibly due to behaviors that target them for abuse
- Andrea Roberts, et al (2012) showed that sexual minority young adults are at increased risk for PTSD bisexual women and gay men had the highest prevalence of PTSD. Childhood sexual abuse was more prevalent in all sexual minorities.

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### Intimate Partner Violence (IPV) in LGBT Individuals

- There are myths regarding intimate partner/domestic violence
- *The National Intimate Partner and Sexual Violence Survey (CDC, 2010):*  
--Lesbians and gay men reported levels of IPV equal to or higher than those of heterosexuals

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### Bullying in LGBT Youth

- 42% of LGBT youth say that their community is not supportive of LGBT people
- LGBT youth are twice as likely as their peers to have the victim of bullying at school
- LB females reported more school based violence
- GB male missed more school and felt threatened at school

*(Growing Up LGBT in America)*

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### Bullying in LGBT

- Three out of four students who are bullied about their sexual orientation do not identify as LGBT
- 78% of gay (or perceived to be gay) students are bullied in their schools and communities
- A national survey of nearly 800 students (12-17 years of age) showed that the most likely group to be bullied were individuals who were gay or thought to be gay

*(Centers for Disease Control and Prevention—LGBT Youth)*

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### Impact of Bullying on LGBT Youth

- Increased anxiety, depression, substance abuse and suicidal ideation
- Physical safety is threatened→ students who are bullied because of sexual orientation are 4 times more likely to be threatened or injured with a weapon
- Increased absences from school→3 times more likely to drop out
- Bullied students have less chance of getting support→ perception that adults at school are intolerant or, there is no knowledge of any adult that is supportive of them
- LGBT students are 2-3 times more likely to commit suicide than heterosexual students→ may account for 30% of all completed youth suicides
- *(Violence Prevention Works)*

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### Working with LGBT Patients

- Be mindful of the stage of LGBT identity formation of the pt ( see Vivienne Cass' Stages [1979]). Use terms that are appropriate for that stage.
- Accept the pt at the identity formation stage where they are, not where you want them to be
- Remember that LGBT behavior does not equal LGBT identity and that lack of LGBT behavior does not equal lack of identity.
- LGBT pts should not be treated as if they are all alike. Ethnic, cultural, and religious differences may be in play.
- Pts may have "multiple identities" and may be dealing with "double stigmatization."

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### Working with LGBT Patients

- Providers should help pts cope with the impact of stigma and minority stress.
- Affirmative approaches help pts accept and understand that sexual orientation is a natural part of themselves.
- Providers should educate pts on the role of stigma and prejudice. They should assess the pt's experience and psychological consequences of the stigma.
- Providers may have the to deal with the results of victimization

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### Working With LGBT Patients

- "Openness to Experience"
  - the degree to which people are curious and have a preference for variety.
  - also involves being attentive to negative and positive internal emotions
  - it is a/w better physical and mental health outcomes
  - identity development involves exploring different ideas and ways of being

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### Working with LGBT Patients

- An LGBT pt may choose "foreclosure" of their identity if their exploration is too overwhelming or negative
- Providers can provide a positive reaction and encourage openness to experience, which helps to synthesize identity and helps to mitigate stress and anxiety
- the pt will feel better about facing minority stress
- A study done by Zoeterman and Wright (2013) showed that openness to experience is a/w better mental health outcomes.
- It allows the pt to explore their identity in adverse climates.

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### The Role of Collective Identity

- LGBT individuals draw on personal and group resources to cope with minority stress
- If a person is connected to a collective identity, they will view stigma as unjust and will have groups resources to respond.
- LGBT individuals who adopt a sexual minority identity as part of a collective group may be better able to handle minority stress

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### A Word on Reparative Therapy

- Refers to various psychotherapeutic methods to change a person's from a homosexual or bisexual to a heterosexual orientation.
- Requires heterosexual contact or celibacy. If pts cannot comply, termination of therapy is threatened.
- These therapies may be potentially harmful and destabilizing to pts. There is sparse data about the risk vs. benefits of the Tx and long-term outcomes.
- The APA recommends that practitioners do not attempt to change a person's sexual orientation (APA Position Statement, 2000)

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## Professional Society LGBT Position Statements

- American Psychiatric Association:
  - APA calls on all organizations and individuals to do all that us possible to decrease the stigma related to homosexuality (2011)
  - In the interest of promoting mental health the APA supports legal recognition of same sex marriage ( 2005)
  - The APA supports Cultural Psychiatry: research in cultural psychiatry, cultural competence training and culturally appropriate services ( 2013)
  - APA opposed all discrimination against transgender individuals and urges repeal of laws that discriminate against transgendered individuals (2012)

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## LGBT Resources for Providers and Patients

- Association of Gay and Lesbian Psychiatrists [www.aglp.org](http://www.aglp.org)
- Practice Guidelines for LGB Clients from the American Psychological Association [www.apa.org](http://www.apa.org)
- Human Rights Campaign [www.hrc.org](http://www.hrc.org)

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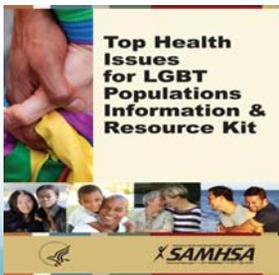
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## Top Health Issues for LGBT Population Information and Resource Kit

- From the Substance Abuse and Mental Health Services Administration (SAMSHA)



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www.lgbthealtheducation.org



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American Psychiatric Association  
www.psych.org



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The Trevor Project  
www.thetrevorproject.org



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