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**Diversity in Mental Health Among Generations
in the LGBTQI Community**

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Authors

Jennifer L. Stone, DNP, APRN, FNP-BC

NP Practicum Coordinator/Core Faculty

College of Nursing/APRN Program

Jennifer.stone2@mail.waldenu.edu

Tara S. Harris, DNP, APRN, FNP-BC

NP Core Coordinator/Core Faculty

College of Nursing/APRN Program

Tara.harris4@mail.waldenu.edu

Abstract

This study captured the various mental health impacts among youth, younger adults, and older adults in the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) community. The LGBTQI community embodies a diverse set of subgroups that includes youth, younger adults, and older adults. Many in the LGBTQI community face prejudice, discrimination, harassment, and even rejection from family members. Youth and younger adults in LGBTQI communities are often victims of school violence, as well as intimate partner violence, and typically show signs of psychosocial adjustment disorder and psychological distress. LGBTQI older adults, although have a high incidence of social isolation and depression, are shown to be more resilient over psychological stressors compared to LGBTQI youth and younger adults.

In-Progress Research

Problem

The LGBTQI community is a growing population in the United States. 4.5% of the U.S. population identifies as a part of the LGBTQI community. Of those individuals, nearly 5.8 million have reported experiencing some form of mental illness in the past year (SAMHSA, 2010). **Stigma** and **discrimination** is associated with LGBTQI individuals.

Although this impact is seen by health care providers across many areas of practice, there is a gap in knowledge with primary care providers regarding the diagnosis and management of this population.

Older adults have experienced a lifetime of discrimination and stigmatization based on gender identity and sexual orientation. This has been linked to internalized stigma and depression.

Ageism within the LGBTQI community has been shown to negatively impact LGBTQI youth and younger adults. This group suffers disproportionate negative mental health issues, such as depression, suicidality, and substance abuse related to continued discrimination and rejection.

Purpose

The purpose of this systematic review of literature was to identify the diverse impact on mental health seen in youth, younger adults, and older adults in the LGBTQI community, and develop knowledge-based topics that will provide primary care providers diagnostic tools in the management of healthcare amongst these individuals.

Significance

This study addresses the significant gaps in knowledge in mental health care across the United States, and especially in the LGBTQI community. This lack of knowledge contributes to the stigmas that exist in this community.

There are significant gaps in clinical practice related to provider knowledge, scope, and individual ideals when providing care to the LGBTQI population.

- Careful consideration must be taken when managing mental illness among the diverse set of subgroups (younger versus older) in this community.

Theoretical Framework

Minority Stress Theory (Meyer, 2003) characterizes sexual minority health disparities as a large part of stressors induced by an aggressive, homophobic culture.

These stressors often result in a lifetime of harassment, mistreatment, discrimination and victimization (Marshall et al., 2008; Meyer, 2003) and may ultimately impact access to health care.

For the purpose of this project, the Minority Stress Theory is a well-rounded theory that distinguishes the additional stress among individuals from stigmatized social categories as a result of their minority position.

Relevant Scholarship

LGBTQI individuals are more likely to experience mental health issues than heterosexuals due to the social stress caused by **stigma** and **isolation** (Russell & Fish, 2016).

Depression among LGBTQI **youth** and **young adults** is on the rise, with challenges to access mental health care. The support of internet resources is consistent among this population (Lucassen et al., 2018).

LGBTQI **older adults** are more likely to report **mental distress, alcoholism, and smoking** than heterosexual and LGBTQI youth and younger adults (Fredriksen-Goldson & Kim, 2017).

LGBTQI individuals have **higher rates** of depression, anxiety, and substance use disorders than heterosexual counterparts. (Yarns et al., 2016).

Positive mental health in older adults who identify as LGBTQ has been found to be associated less by financial anxiety, physical health, and alienation and more related to self-compassion and mental health. Prediction of LGBTQ mental health may have important **counseling implications** (Green et al., 2016).

LGBTQI individuals across **generations** are at risk for mental suffering due to **social stress**. It is important for healthcare providers to understand this risk, as well as factors that improve stress and contribute to positive mental health. Only with such understanding, can providers work toward designing effective prevention and intervention programs (Russell & Bohan, 2005).

Relevant Scholarship

There is a **lack of training** on LGBTQI-related issues in most **health care programs**. In a study of over 150 schools in the U.S., the median number of education hours dedicated to LGBTQ-related issues was 5 hours and more than half of all schools reported no clinical training in LGBTQI health (Veltman & Rose, 2019).

Compared to younger adult LGBTQ veterans, **older veterans are more resilient** over stressors that can impact mental health. LGBTQ identity is more central to the older veterans' overall identity than younger adults (Cortes et al., 2019)

LGBTQ older adults have higher levels of psychological distress, experience multiple barriers to accessing equitable, **culturally competent mental health** and aging services than LGBTQ younger adults (Hoy-Ellis et al., 2016).

Research Question

What is the diverse impact on mental health among youth, younger adults, and older adults in the LGBTQI community, and how can primary care providers support this population?

Participants

Randomly chosen from an email database of actively practicing primary care NP's.

Participants consisted of 40 primary care NP providers actively practicing across the United States.

Procedures

Systematic review of literature through Google Scholar, PubMed, and ProQuest: Key words *LGBTQI, mental health. stigma, ageism*

The researchers of the study developed a questionnaire for a survey. The survey was distributed via email to 135 primary care nurse practitioners who are currently active in practice. Of the 135, there were 40 respondents.

Analysis

Common themes among the literature include social stigma, stress, and mental illness in the LGBTQI community.

There is a clear variance in mental illness symptoms and internalization among generations in the LGBTQI community.

There is a gap in knowledge and lack of formal education among primary care nurse practitioners when diagnosing and managing this population.

Findings

Mental illness in the LGBTQI community exists among all ages, from youth to older adults.

Members of the LGBTQI community experience **higher rates** of depression, anxiety, and substance abuse than heterosexuals.

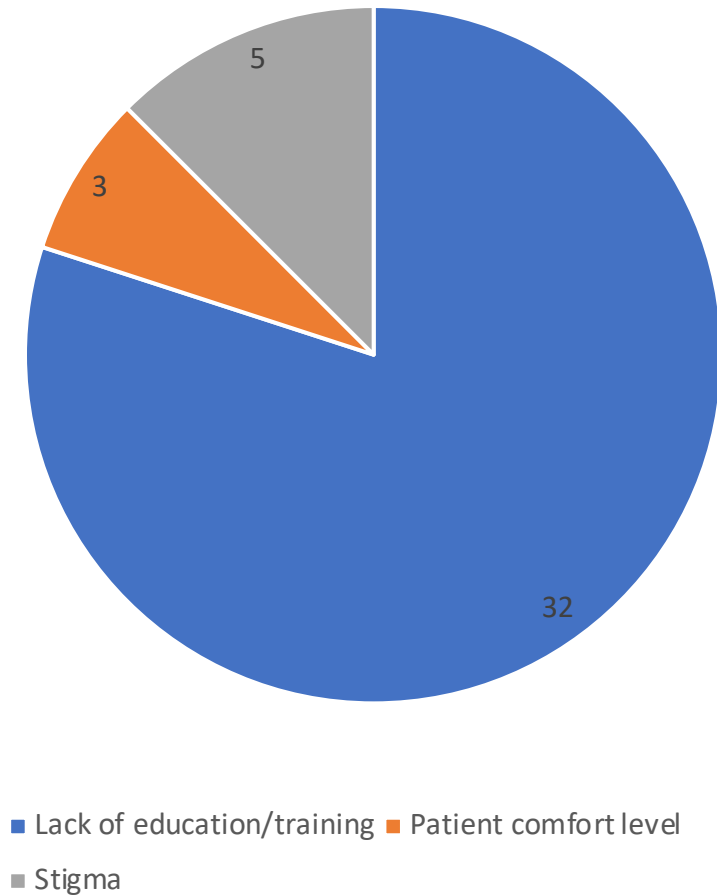
When comparing **ageism** in relation to mental health, young adults experience more depression than other age groups. Older adults have shown to be more active in the use of alcoholism and smoking to deal with their mental health issues.

Primary care providers reported a **lack of knowledge** in diagnosing and managing mental illness, especially in the LGBTQI community.

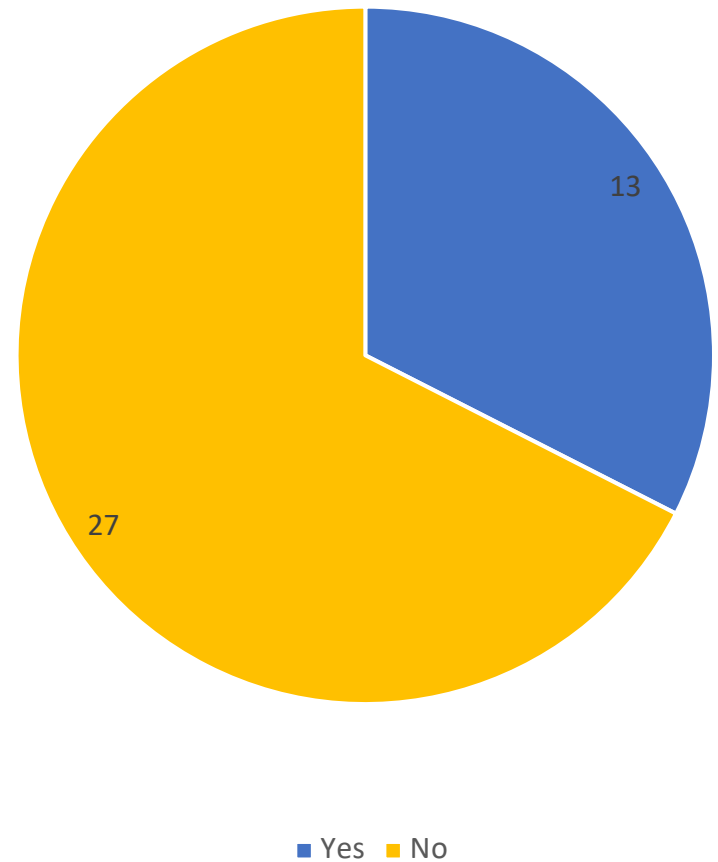
Although they received some education about mental health, they did not receive any **formal training** regarding the LGBTQI population.

Findings

Barriers to manage mental illness in LGBTQI



Knowledge to diagnose and manage mental illness in LGBTQI



Interpretation

Survey results revealed a gap in knowledge due to lack of formal and continuing education among nurse practitioners.

The common themes found from the survey include patient comfort level when discussing mental illness and LGBTQI status, provider disregard in managing mental illness, and the stigma and prejudice associated with LGBTQI communities and mental health.

The qualitative systematic review revealed findings consistent with variations in mental illness symptoms and acceptance among generations (youth, young adult, and older adult) in the LGBTQI community.

The stigma affects youth psychologically different than older adults. Youth become more depressed and reach out through social media resources, whereas older adults turn to substance abuse and sometimes violence.

Limitations

Conducted within a narrow timeframe.

The literature lacked studies that explore the incidence and prevalence of mental health disorders or diagnoses in young adults.

The minority stress framework does not provide evidence associated with both racism and heterosexism in people of color (POC) in the LGBTQI population.

A poor response rate from primary care NP providers and the sample size was small.

The limited data collected, delayed our ability to assess provider knowledge as it impacts their ability to properly care for members of the LGBTQI population.

Recommendations

Develop and disseminate cultural-competency curricula that contains materials concerning LGBTQI patients and mental illness in family nurse practitioner, acute care gerontology, and adult gerontology primary care NP programs.

Develop and disseminate cultural-competency workshops and seminars that contains materials concerning LGBTQI patients and mental illness for actively practicing nurse practitioners.

Expand the use of telecommunication tools to deliver essential mental health services to LGBTQI individuals living in rural and underserved areas.

Continued research involving the LGBTQI community and mental illness focusing on stigma and misdiagnoses, lack of access to care, and policy development.

Social Change Implications

Health care practitioners continue to support individuals in communities and provide direct care to those in need and inspire others to do the same.

Formal education on LGBTQI-related issues can have a positive impact on patient care for this population and contribute to social change through access to high quality, culturally safe, and appropriate mental health care.

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