

# UC San Diego

## UC San Diego Previously Published Works

### Title

Session 303 Gay and Gray VIII: Improving the Mental Healthcare of Older Lesbian, Gay, Bisexual, and Transgender PATIENTS Through Appreciation of Their Diverse, Intersecting Social Identities

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**General Session Title:**

Gay and Gray VIII: Understanding the Diverse, Intersecting Social Identities of Older Lesbian, Gay, Bisexual, and Transgender Patients to Provide More Inclusive Geriatric Mental Healthcare

**Session Description:**

Each year, the AAGP “Gay and Gray” session focuses on a topic relevant to the optimal mental healthcare of older members of the lesbian, gay, bisexual, and transgender (LGBT) community. In keeping with the theme of the AAGP 2018 annual meeting, Diversity and Inclusivity, this year we will focus on how understanding the diverse and intersecting social identities of LGBT elders can help geriatric mental healthcare clinicians deliver culturally sensitive and inclusive care for older LGBT patients and their caregivers. Older LGBT adults seeking mental healthcare have many possible social identities, including being older, belonging to a sexual minority, and living with a mental illness, that convey risk of multiple, intersecting forms of both overt discrimination and implicit bias. For older LGBT adults, other social identities that increase the risk of discrimination and implicit bias include membership in a racial/ethnic minority group, being an immigrant, being poor, and living with physical illnesses or disabilities. According to intersectionality theory, these various aspects of social identity are not “unitary, mutually-exclusive entities” but must be acknowledged and considered together in order to understand the unique subjective experiences of our patients and their caregivers. Being able to highlight for a patient the strengths some social identities may provide fosters a sense of self-value and a stable self-definition. A traditional lecture will be presented on intersectionality theory, implicit bias, and its relation to LGBT geriatric mental healthcare followed by a case presentation illustrating how to apply this rubric and, in so doing, provide care that is more inclusive for patients and caregivers.

**Overall Abstract:**

Lesbian, gay, bisexual, and transgender (LGBT) older adults seeking mental healthcare are a diverse group, and individual LGBT patients and caregivers have many intersecting social identities—as sexual minorities, older adults, and mental health patients. In addition, individual patients and caregivers may have other relevant social identities as a result of membership in a racial/ethnic minority group, an immigrant group, a profession, or some other characteristic. Placing patients in unitary categories such as “gay,” “black,” “old,” or “poor,” even while intending to convey openness and inclusivity, may result in overt stereotyping or implicit bias. Intersectionality theory, which emphasizes that people have multiple intersecting identities that may affect how they relate to one another, will be presented as a key to

providing more inclusive geriatric mental healthcare. The session will begin with a traditional lecture introducing and defining intersectionality theory, describing its history, and exploring its clinical applicability. The intersecting social identities of older LGBT adults and research findings on their mental health effects—both positive and negative—will then be discussed. A case presentation will illustrate how practically to apply the rubric of intersecting social identities toward providing care that is more culturally sensitive and inclusive for patients and their caregivers. A key point involves recognizing that social identities are often the source of personal strengths as well as potential liabilities such as discrimination. For example, an identity as an older adult begets experience and wisdom in addition to the risks of frailty, disability, or ageism. Furthermore, the intersecting identities of being both gay and an older adult may lead to even more resilience based on surviving many years of social stress during less open-minded times. Allowing for subjective experience while using intersecting identities to help patients and caregivers develop resilience, self-value, and a stable self-definition will be emphasized. The session will conclude with an opportunity for the audience to ask questions and/or share their experiences.

### **Needs Assessment:**

Providing more inclusive geriatric mental healthcare to a diverse range of patients is a goal of AAGP and the theme for our 2018 annual meeting. Lesbian, gay, bisexual, and transgender (LGBT) older adult patients and caregivers have unique identities that mandate consideration by geriatric mental healthcare providers. Yet acknowledging these patients as “gay” alone is not enough for providing inclusive care for them, as all the intersecting identities of LGBT older adults seeking mental healthcare must be considered to provide optimal care. This session will help meet the needs of clinicians who are motivated to provide more inclusive care for LGBT older adult patients and their caregivers by focusing on intersectionality theory and how it can be operationalized in clinical practice. With knowledge of intersecting social identities and an in-depth examination of the practical clinical considerations that this concept inspires, this session aims to give geriatric mental healthcare providers a richer understanding of how to provide inclusive care for not only their older LGBT patients but also for all patients.

### **Overall Learning Objectives:**

1. Summarize the key features of intersectionality theory as it relates to geriatric mental healthcare.
2. Recognize the intersecting social identities of geriatric mental healthcare providers’ older lesbian, gay, bisexual, and transgender patients and patient caregivers.

3. Trace how intersecting social identities affect the mental health and subjective experience of older lesbian, gay, bisexual, and transgender patients and caregivers.
4. Use an understanding of patients' unique intersecting social identities to facilitate resilience, strengths-building, and inclusive care for them.

**CME Questions:**

1. True or False: The concept of intersectionality includes situations in which individuals hold multiple identities, some of which put them in a position of privilege and others which put them in a position of marginalization.

Answer: True.

2. A key facet of intersectionality theory is that social identities for any individual:
- A. Are artificial constructs that are not related to social interactions.
  - B. Are multiple, intersecting, and should be considered together.
  - C. Are purely conjecture.
  - D. Should be considered separately and only one at a time.
  - E. Sometimes should be considered together and sometimes separately.

Answer: B.

3. Geriatric mental healthcare clinicians can benefit from an understanding of intersectionality theory because:
- A. An understanding of intersecting social identities can help patients discover aspects of themselves that are potential sources of strength and resilience.
  - B. Intersecting illnesses such as depression and anxiety often co-occur in older LGBT patients.
  - C. Making sure social identities are kept separate is important for improving mental health outcomes for LGBT patients.
  - D. Older LGBT patients who seek care for depression are often at the intersection between middle age and older age.
  - E. Proper etiquette at intersections is important to prevent a traffic ticket.

Answer: A.

4. When working with an older LGBT patient suffering from depression:
- A. Always avoid allowing space for the patient's subjective experience.
  - B. Developing a stable self-definition based on a rich understanding of the patient's intersecting social identities can be beneficial.

- C. Inclusive care is best achieved by focusing on only one of the patient's social identities and giving it a label.
- D. It is not possible to derive strength or resilience from aspects of certain social identities.
- E. Using knowledge of intersecting social identities is a fruitless strategy.

Answer: B.

5. For an older transgender patient entering psychotherapy:
- A. Avoid discussing any discrimination the patient may have suffered because the therapist may develop implicit bias by discussing it.
  - B. Gender identity is always the most important social identity to explore.
  - C. Inclusive care can be undertaken by exploring all of the patient's multiple, intersecting social identities.
  - D. Stereotyping is an essential strategy to employ when trying to help the patient identify personal strengths.
  - E. You should refer the patient elsewhere if you have never treated a transgender patient before.

Answer: C.

### **Individual Abstracts:**

Presenter: Lisa Eyler, PhD

Title:

Bio:

Abstract:

Presenter: Brandon C. Yarns, MD

Title: The Intersecting Social Identities of LGBT Older Mental Health Patients and Mental Health Disparities

Bio: Brandon Yarns, MD, is a frequent presenter at AAGP's Gay and Gray sessions and was the chair of Gay and Gray VI. Additionally, Dr. Yarns was the 2015-2016 Member-in-Training representative to the AAGP Board of Directors and is currently the Vice Chair for AAGP's Scholars Program and Chair of the Early Career Psychiatrist Caucus. Dr. Yarns's current appointment is as a National Clinician Scholars Program/UCLA-Southern California Clinician Leaders Program VA Scholar. Dr. Yarns performs both observational and intervention research on the relationship between emotions and health among older adults, with an emphasis on studying short-term psychodynamic psychotherapy to promote successful aging and improve health outcomes for especially geriatric depression and chronic pain. Additionally, Dr. Yarns is a practicing psychiatrist and psychotherapist

at the Greater Los Angeles VA Medical Center and recently received a nomination for a UCLA departmental teaching award. Dr. Yarns completed a geriatric psychiatry fellowship at Yale University in 2016 and psychiatry residency at the University of New Mexico in 2015.

**Abstract:** This presentation will highlight the intersecting social identities of older lesbian, gay, bisexual, and transgender (LGBT) patients seeking mental healthcare and how these intersecting identities may lead to disparities in mental health and mental healthcare. Older LGBT patients seeking mental healthcare may have many intersecting identities—as older adults, sexual minorities, and sufferers of mental health conditions. Individual patients may have additional identities as members of a gender, racial/ethnic group, economic or social class, professional identities, or other identities such as being HIV-infected. As such, there is a great deal of diversity within the community of older LGBT adults, and as a result, the risks of mental illness and suffering for patients within this community are highly variable. Some of the history of unique challenges for certain patient groups with intersecting identities will be explored to deepen the understanding of the topic and its relevance to older LGBT mental health patients. This includes the history of being both gay and HIV-infected, the unique challenges of being both a member of the older LGBT community and a racial/ethnic minority, and the members of the LGBT community who have a special identity as a transgender man or transgender woman. Additionally, the small amount of research on mental health disparities of LGBT older adults and those with additional intersecting identities will be presented in order to further highlight the relevance of these issues to geriatric mental health providers.

**Presenter:** Chadrick Lane, MD

**Title:** Case Presentation: Caring for the LGBT Geriatric Mental Health Patient with Intersecting Social Identities

**Bio:** Chadrick Lane, MD, is a 2017 AAGP Honors Scholar and is currently Program-Wide Co-Chief Resident and Chief Resident for Medical Education in the Department of Psychiatry at the Yale University School of Medicine, where he has been in psychiatry residency since 2014. He was also the Co-President of the Psychiatry Residents' Association at Yale for the 2015-2016 academic year. He graduated from the University of Virginia School of Medicine where he was a member of both the AOA Medical Honor Society and the Gold Humanism Honor Society. Prior to this, Dr. Lane was an Intramural Research Training Award Fellow at the National Institute of Mental Health. He holds a Bachelor of Arts in Neuroscience with Highest Distinction from the University of Virginia, where he was Phi Beta Kappa. Dr. Lane plans to join the Yale University Geriatric Psychiatry Fellowship next year.

Abstract: A case of an older LGBT mental health patient with intersecting social identities will be presented. Practical clinical tips and suggestions on how to provide culturally-sensitive, high-quality, and inclusive care will be provided. Key points include how to develop a shared sense of the patient's multiple, intersecting identities; helping determine how social identities can be a potential source of discrimination and mental suffering as well as the source of personal strengths in order to improve the patient's resilience, combat mental suffering, and form self-value; how to allow room for the patient's subjective experience in the history of his life and illness, as well as in his treatment; and using knowledge of intersecting identities to help the patient develop a stable self-definition for clinical improvement as well as long-term maintenance of wellness.

Discussant: Daniel D. Sewell, MD

Title: Discussion of Intersectionality Theory, Ageism, and Caring for the Older LGBT Individual Seeking Mental Health Services

Bio: Daniel D. Sewell, MD, is the Immediate Past President of the AAGP, Clinical Professor in the Department of Psychiatry at UC San Diego School of Medicine, and associate director of UC San Diego Hartford Center of Excellence in Geriatric Psychiatry. He is also a renowned expert in sexual health among older adults. Dr. Sewell earned his medical doctorate at the University of Iowa Carver College of Medicine in Iowa City. He spent the first two years of his psychiatry residency training at the University of New Mexico in Albuquerque and completed his residency training at UC San Diego, earning the chairman's prize for research excellence. He went on to complete fellowship training in geriatric psychiatry at UC San Diego and then accepted a faculty position in the Department of Psychiatry in 1990.

Abstract: For this concluding portion of the Gay and Gray VIII session, a summary of intersectionality theory and caring for the older lesbian, gay, bisexual, or transgender (LGBT) individual seeking mental health treatment using this rubric will be provided, highlighting key points from the previous lectures and case presentation. A special focus will be on the intersections of ageism, discrimination due to sexual orientation or gender identity, and mental illness stigma. Emphasis will also be given to practical guidance for clinicians who are motivated to provide more inclusive care for LGBT older adult patients, their caregivers, and all patients using intersectionality theory. The session will conclude with an opportunity for the audience to ask questions and/or share their experiences.