

LGBTQ MENTAL HEALTH

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SMALL GROUP DISCUSSION

- What mental health issues exist within the LGBTQ community?
- What are factors that impact mental health issues for some LGBTQ individuals?
- How do we work with LGBTQ individuals?

LGBTQ 101

- Defining LGBTQIA+: lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual +
- Dead naming
- Negative impacts of misgendering
- Importance of pronouns
- **Queer:** This term is intentionally hard to define, much as is its gender counterpart genderqueer. It can generally be understood as an orientation that is neither straight nor gay, but definitely LGBTQ+ and possibly fluid.
- **Cisgender or Cis:** An individual whose innate sense of self-aligns with the gender associated with the sex assigned to them at birth. The default gender identity.
- **Transgender or Trans or Trans*:** A huge umbrella with different terms to describe individuals who do not identify with the gender associated with the sex assigned to them at birth. Below is a list of some of those most common terms.
- **Trans Man:** Someone who was AFAB but whose innate sense of self-identifies as masculine/male/boy/man. They are a man.
- **Trans Woman:** Someone who was AMAB but whose innate sense of self-identifies as feminine/female/girl/woman. They are a woman.
- **Gender-Fluid or Non-Binary or Pangender:** Someone who was either AFAB or AMAB but whose innate sense of self doesn't identify with only one gender, and/or their sense of gender can change constantly. This category also includes terms like two-spirit, bi-gender, thirdgender, and more.

<https://www.translanguageprimer.org/primer/#q>

LGBTQ 101

The Genderbread Person v2.0

by its pronounced **METRO**sexual

Gender is one of those things everyone thinks they understand, but most people don't. Like *inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.



read more



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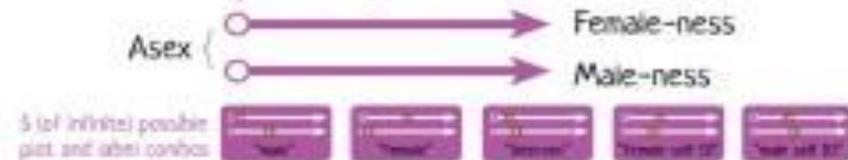
Gender Identity



Gender Expression



Biological Sex



Attracted to



LGBTQ 101: WPATH STANDARDS OF CARE

- Promotes the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the health of transsexual, transgender, and gender nonconforming people
- Includes primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments.
- WPATH recognizes that health is dependent upon not only good clinical care but also social and political climates that provide and ensure social tolerance, equality, and the full rights of citizenship.

<https://www.wpath.org/publications/soc>

THE NEED FOR UNDERSTANDING: CULTURAL MECHANISMS

- Minority Stress Model
 - sexual minority individuals are at a greater risk for mental health disorders impacting overall health outcomes
- Microaggressions
 - brief, daily assaults on minority individuals, which can be social or environmental, verbal or nonverbal, as well as intentional or unintentional
- Intersectionality
 - people of color
 - individuals with disabilities
 - religion

THE NEED FOR UNDERSTANDING: SOCIAL MECHANISMS

- Heterosexuality is the “norm”
- Stereotypes about the LGBTQ community
- Harrassment
- Discrimination
 - 1 in 5 been report being discriminated against in the workplace
 - 20 percent report experiencing discrimination because of gender when applying for or while at college
 - 1 in 10 report experiencing discrimination when trying to vote
 - 1 in 6 report avoided medical care due to fear of discrimination
 - 1 in 6 avoided calling police due to fear of discrimination
- Cultural Trauma
 - Matthew Shepherd, Pulse nightclub shootings

THE NEED FOR UNDERSTANDING: COMING OUT PROCESS

- Developing a healthy lesbian, gay, bisexual, transgender identity
- Can be a lifelong process
- Internalized lesbophobia, homophobia, bi-phobia, transphobia
- Physical act of coming out
 - who to come out to
 - fear of rejection
 - loss of friends, family
 - discrimination
- Negative core beliefs

THE NEED FOR UNDERSTANDING: TRAUMA AND TRANSGENDER

- Half of transgender individuals report being victims of sexual harassment and more than half report being victims of sexual assault
- Transgender individuals are more likely to be murdered, experience street harassment or being victims of other violent crimes
- 1 in 5 reported being refused medical care, 1 in 10 reported being sexually assaulted by a medical professional
- 7% report being sexually assaulted by law enforcement officers
- 40% report having attempted suicide

THE IMPACT: TRANSGENDER TRANSITIONING

- Transgender individuals report a lack of trust in medical providers at higher rates
- Lack of experienced and culturally competent medical providers
- Transgender individuals may experience a desire to misuse or “stack” other substances to achieve a more masculine look or muscular physique
- BDD Muscle Dysmorphia can lead to substance use in the form of steroids including dangerous stacking of different substances
- Legal ramifications of buying steroids
- On-line pharmacies target transgender individuals
- Illegal steroid use and having a successful and healthy transition



THE IMPACT: SUICIDAL IDEATION AND ATTEMPTS

- Lesbian, gay, and bisexual kids are 3x more likely than straight kids to attempt suicide at some point in their lives
- Medically serious attempts at suicide are 4x more likely among LGBTQ youth than other young people
- African American, Latino, Native American, and Asian American people who are lesbian, gay, or bisexual attempt suicide at especially high rates
- 41% of trans adults said they had attempted suicide, in one study
- 61% of trans people who were victims of physical assault had attempted suicide.
- Lesbian, gay, and bisexual young people who come from families that reject or do not accept them are over 8x more likely to attempt suicide than those whose families accept them.
- Each time an LGBTQ person is a victim of physical or verbal harassment or abuse, they become 2.5x more likely to hurt themselves.
- Suicide is the 2nd leading cause of death among young people ages 10 to 24

THE IMPACT: SUICIDAL IDEATION AND ATTEMPTS

- The suicide attempt rate among transgender persons ranges from 32% to 50% across the countries.
- Risk factors include gender-based victimization, discrimination, bullying, violence, being rejected by family, friends, and community; harassment by intimate partner, family members, police and public; discrimination and ill treatment at health-care system.
- Factors such as break-ups (64.3%), serious altercations with family members (14.3%), refusal of gender/sex reassignment by the family members (9.5%), financial problems (9.5%), being diagnosed with HIV positive in the past few days/weeks (2.4%) have contributed to completed suicide attempts

THE IMPACT: SUBSTANCE ABUSE AND ADDICTION

- An estimated 20-30% of LGBTQ people abuse substances, compared to about 9% of the general population.
- 25% of LGBTQ people abuse alcohol, compared to 5-10% of the general population.
- LGBTQ were more than twice as likely as heterosexual adults to have used any illicit drug in the past year.
- Nearly a third of LGBTQ adults used marijuana in the past year
- 1 in 10 LGBTQ adults misused prescription pain relievers, compared to 4.5 percent of heterosexual adults.
- Transgender youth are 2.5 times more likely to use cocaine or meth and are also twice as likely to abuse prescription medications (such as prescription opioids or benzodiazepines).

THE IMPACT: CO-OCCURRING DISORDERS

- Major Depressive Disorders, PTSD, Generalized Anxiety Disorders, Gender Dysphoria, Body Dysmorphia
- Sexual Dysfunction
- Self-harming behaviors
- Compulsive sexual behaviors
 - Party and Play
 - Sexual abuse and assault
 - STD'S
- HIV-related anxiety
- Anxiety about sex

MENTAL HEALTH DIAGNOSES: GENDER DYSPHORIA DISORDER

- Conflict between a person's physical or assigned gender and the gender with which he/she/they/identify
- The Gender Conflict can look very different from one individual to another (trauma, anxiety, depression, ADHD, OCD)
- Experienced/expressed gender vs. physical/assigned gender
- Brain scans show that brains of transgender individuals better match identified gender rather than their body
- Discomfort with one's body (often seen in puberty developments)
- Discomfort with assigned gender roles
- Gender Dysphoria and Gender Creative

MENTAL HEALTH DIAGNOSES: GENDER DYSPHORIA IN CHILDREN

- Strong desire to be of the other gender
- Preference to wear opposite gender clothing
- Preference for cross-gender roles in play/fantasy
- Strong preference for opposite gender toys, games, etc.
- Strong preference for playmates of the opposite gender
- Rejection of assigned gender activities, games, toys, etc.
- Strong dislike of sexual anatomy
- Strong desire for sex characteristics of the experienced gender

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)

GENDER DYSPHORIA IN ADOLESCENTS AND ADULTS

- Incongruence between expressed gender and sex characteristics
- Strong desire to prevent development of or to get rid of sex characteristics
- Strong desire for sex characteristics of the opposite gender
- Strong desire to be of the other gender
- Strong desire to be treated as the other gender
- Strong experience of typical feelings and reactions of opposite gender

MENTAL HEALTH DIAGNOSES: BODY DYSMORPHIC DISORDER

- Fixated on a “flaw” and/or body part that becomes obsessive in nature
- Belief that the deformed or flawed part of the body are the exclusive focus of others
- Typically the focus of BDD is the head or face
- Not being happy about physical appearance vs. BDD
- Subtypes of BDD:
 - Muscle Dysphoria
 - BDD by Proxy
- Classified as an Obsessive-Compulsive Disorder

MENTAL HEALTH DIAGNOSES: BODY DYSMORPHIC DISORDER

- Preoccupation with a “perceived” defect or flaw in physical appearance
- Repetitive, compulsive and ritualistic behaviors (checking mirrors, excessive grooming, picking, comparisons to others)
 - Muscle Dysmorphia
 - BDD by Proxy
- Good or fair insight
- Poor insight
- Absent insight or delusional beliefs



MENTAL HEALTH DIAGNOSES: POST-TRAUMATIC STRESS DISORDER

Criterion A (one required): The person was exposed to: death, threatened death, actual or

- threatened serious injury, or actual or threatened sexual violence, in the following way(s):
- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g.,
- first responders, medics)

Criterion B (one required): The traumatic event is persistently re-experienced, in the following

- way(s):
- Intrusive thoughts
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

MENTAL HEALTH DIAGNOSES: POST-TRAUMATIC STRESS DISORDER

Criterion C (one required): Avoidance of trauma-related stimuli after the trauma, in the

- following way(s):
- Trauma-related thoughts or feelings
- Trauma-related reminders

Criterion D (two required): Negative thoughts or feelings that began or worsened after

- the trauma, in the following way(s):
- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect

MENTAL HEALTH DIAGNOSES: POST-TRAUMATIC STRESS DISORDER

Criterion E (two required): Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping



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