

Improving mental health for older LGBTI Australians

A resource kit targeting depression and anxiety
among older gay, lesbian, bisexual, transgender
and intersex Australians.

EDUCATION RESOURCE

July 2015

National Ageing Research Institute; Australian Research Centre for Sex, Health and Society at La
Trobe University; RMIT School of Mental Health



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Introduction to the Education Resource

Background

Researchers from the National Ageing Research Institute, the La Trobe University Research Centre in Sex, Health and Society and the School of Health Sciences at RMIT collaborated on a project funded by *beyondblue*. This project aimed to identify:

- factors contributing to high levels of depression and anxiety in older Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) adults
- strategies which have been successfully employed by older LGBTI people in managing their depression and anxiety
- advice for health care providers

Aims of education resource

This education resource aims to improve the mental health and aged care services provided to older LGBTI people, in the community and in residential care. Primarily an awareness-raising tool, it encourages anyone who works with older people to consider the range of issues affecting their clients, specifically issues relating to gender identity and sexuality, as well as anxiety and depression.

The research was gathered through a literature review followed by interviews with 30 older gay, lesbian and transgender people who have experienced depression and anxiety. While bisexual and intersex people were invited to take part, they did not come forward to be interviewed. Therefore, information related to older bisexual and intersex people has been sourced from available research.

The interviews and research were developed into this education resource, which was piloted with health professionals and undergraduate students, and reviewed by an advisory committee of consumer advocates.

The education resource consists of a PowerPoint presentation, Life Stories discussion activity, facilitator notes and a project report.

Audience

This education resource has been made available to education providers, health professionals, service providers, community groups, peak bodies and policy makers. The presentation and life stories discussion activity can be delivered by an education trainer, with the assistance of the facilitator notes and accompanying report.

Facilitator Notes

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Overall learning outcomes

The overall aim of this education resource is to raise awareness of issues affecting older LGBTI people, particularly how these issues may have contributed to the experience of anxiety and depression, and how service providers can create the best environment and care for their clients.

This resource is intended as an introduction or first step towards a service becoming more LGBTI inclusive, and includes further resources to support this aim. These include:

Silver Rainbow – a national training project in LGBTI awareness for the aged care sector;

National LGBTI Ageing and Care Strategy – a national strategy that follows the principles of inclusion, empowerment, access and equity, quality and capacity building.

The Rainbow Tick – six standards against which services can be formally accredited to demonstrate LGBTI inclusive practice and service delivery.

The SAP (Self-Assessment and Planning) Tool – an audit designed specifically for aged care services to assess how inclusive they are to older LGBTI people.

The education resource provides information and opportunities for learning and discussion. It is anticipated that staff who use the education resource will have an improved understanding of the ways gender identity and sexuality has affected older people at different stages of their lives, and how service providers (of mental health and aged care services) can better care for their older LGBTI clients.

This education resource provides information and learning on:

- Factors that contribute to anxiety and depression, including those related to gender identity and sexuality.
- The impact of anxiety and depression on a person's life.

- How the experience of gender identity and sexuality that differs from the mainstream can affect an individual.
- How society's response to diverse gender identity and sexuality can affect individuals.
- How experiences throughout a lifetime may affect an individual accessing mental health and aged care services in later life.
- Why older LGBTI people may not feel comfortable disclosing or discussing their gender identity or sexuality; and why others may wish to.
- What strategies older LGBTI people use to cope with anxiety and depression.
- What older LGBTI people may fear when accessing aged care or mental health services.
- How service providers can improve the care they provide to older LGBTI people, and links to further resources already developed in this area.
- Practical things service provider staff can do to ensure LGBTI inclusive service.

Presentation

Aim of presentation

This presentation will can be used to educate staff working with older people in any setting. It provides easy-to-understand information about the needs and experiences of older LGBTI people, with a particular focus on their experience of anxiety and depression.

This presentation aims to educate participants about:

- Factors that contribute to anxiety and depression for older LGBTI people
- The impact of anxiety and depression on older LGBTI people
- Strategies older LGBTI people have used to cope with and address anxiety and depression.
- What older LGBTI people would like from aged care and mental health services providers
- How aged care and mental health service providers (and anyone working with older LGBTI people) can provide more inclusive care.

The presentation can be used alone, or alongside the Life Stories activity.

Expected learning outcomes

This presentation provides information and learning on:

- Factors that contribute to anxiety and depression, including those related to gender identity and sexuality.
- The impact of anxiety and depression on a person's life.
- How the experience of gender identity and sexuality that differs from the mainstream can affect an individual.
- How society's response to diverse gender identity and sexuality can affect individuals.
- How experiences throughout a lifetime may affect an individual accessing mental health and aged care services in later life.
- Why older LGBTI people may not feel comfortable disclosing or discussing their gender identity or sexuality; and why others may wish to.
- What strategies older LGBTI people use to cope with anxiety and depression.
- What older LGBTI people may fear when accessing aged care or mental health services.
- How service providers can improve the care they provide to older LGBTI people.

How to facilitate this presentation

1. Read the Improving Mental Health for Older LGBTI Australians report to ensure comprehensive understanding of the issues raised in this presentation.
2. Each slide in the presentation is accompanied by notes to be read in conjunction with the slides.
3. Begin the presentation with the following short activity:

- Ask participants about their experience working with older LGBTI people, and what particular needs they anticipate older LGBTI people might have.

3. Lead participants through presentation, inviting questions along the way. The presentation includes background information, findings from interviews with gay, lesbian and transgender participants, and suggestions for how service providers can improve their service for older LGBTI Australians.

Each slide of the presentation is accompanied by explanatory notes.

4. At the conclusion of the presentation, trainers may choose to run the Life Stories activity (see below).
5. Participants will find extra information and resources for LGBTI services on the accompanying Handout, which should be provided at the end of the presentation.

Time frame

It is expected that this presentation takes approximately 45 minutes. Additional discussion time may be needed.

If the Life Stories activity is included as part of the presentation, it is expected that 90 minutes will be needed.

Life Stories

Aim of activity

This collection of life stories was compiled to assist professionals working with older lesbian, gay, bisexual, transgender and intersex (LGBTI) people. It is appropriate for use by trainers in residential and community aged care organisations, and mental health organisations.

The stories documented have been taken from interviews with older lesbian, gay and transgender Australians who have experienced anxiety and/or depression. While invited to the study, there were no bisexual or intersex people who took part.

The people interviewed have shared their experiences of anxiety and depression, speaking about how it affected their lives and what strategies they used in order to cope. Each person also speaks about how their gender identity and sexuality has affected both their mental wellbeing and their lives.

These individual stories ask the reader to consider how the experiences of a person's lifetime may affect their willingness to engage with mental health and aged care service providers in later life. In doing so, it encourages new ways of thinking about mental wellbeing and gender diversity, and the ways service providers and professionals can improve the care they provide.

Expected learning outcomes

This activity presents a range of stories about the life experiences of older LGBTI people who have coped with anxiety and/or depression. In considering the stories of these individuals, it is expected that professionals will gain further understanding about:

- The factors that contribute to anxiety and depression, including those related to gender identity and sexuality.
- The impact of anxiety and depression on a person's life.
- How gender identity and sexuality that differs from the mainstream can affect an individual.
- Why older LGBTI people may not feel comfortable disclosing or discussing their gender identity or sexuality; and why others may wish to.
- What strategies older LGBTI people use to cope with anxiety and depression.
- What older LGBTI people may fear when accessing aged care or mental health services.

How to facilitate this activity

On the following pages are four life stories from interviews with gay, lesbian and transgender older people who have experienced anxiety and depression. Each story is told in the person's own words, and is followed by a set of questions to stimulate group discussion.

1. Participants are encouraged to work in small groups so each person has an opportunity to join in the discussion. To encourage wide-ranging discussions, each group can be given a different story to consider, with group members reporting back to the other groups at the conclusion of the activity. In this way, it is highlighted that older LGBTI people are not all the same and their experiences vary widely.
2. A member of the group can read the individual story aloud to other group members.
3. Groups work through each question with discussion relating to both the individual's story, and to wider issues affecting older LGBTI people.
4. Groups report back to the larger group by summarising the individual's story and resulting discussion.

Time frame

This activity can be completed within the education resource presentation, or as a separate component after the presentation. This activity takes approximately 45 minutes.

It is expected that reading and discussing a single life story would take a minimum of 25 minutes. If groups were to discuss more than one life story, further time would be necessary.

Approximately 20 minutes would also be allocated for the small groups to report back on their discussions to the larger group.

Murray, age 74

Coming out

I was for many years a confused man. Many years, in the days when I realised I was gay. It caused me three nervous breakdowns. First, I was five weeks in hospital. I was in danger of drinking. And so I went in on a drug and alcohol program. Everything just got on top of me. People used to say to the staff at the hospital, “Be careful of the big fella” – meaning me - “Don’t hurt him” ... and I didn’t think I was worth being cared about, but you find unexpected kindness in the world.

I didn’t tell them I was gay. Not really. I was afraid – that might sound silly – but I was afraid. I was afraid of mocking, or contempt. Or, of being thought of as an evil fellow. Mainly, I was afraid of making a mockery when I wasn’t sure who I was myself.

Then I had three trips to the mental hospital. I was very confused in the days that I realised I might be different. You could be locked up for being gay. The favourite past time, if a gang had nothing to do, they would beat up a gay man on a Sunday, and I lived in anxiety.

Living in residential aged care

I’ve learned to be cautious. There’s still a lot of homophobia around the place. Not among the staff; among the residents. They yell “Backs to the wall!” when I walk past. They know I am gay. It used to trouble me a lot. Now I feel, that’s their problem, I can only make it my problem if I want to, and I’m determined not to make it my problem. People who upset you – who you let upset you – have command over you. And I’m determined not to let anyone have command over me.

I try and look at life – it used to worry me, comments like that – like – excuse the language – “Oh, here comes the turd pusher again.” And I thought about it, and I thought, I’m the way I am. I don’t harm anybody. I try not to be offensive to anybody. And, as I said, if I let them bother me, they have a victory over me. I’m determined not to let them have a victory over me. I’m the way I am, whether people like it or not.

And I don’t run around the place with a flower in my hair saying “Ha-ha, I’m gay,” but, I’ve spent enough years hiding. Being stressed, having nervous breakdowns about it – if people don’t like it, they don’t have to deal with me. I can’t help it. It’s not my problem, it’s their problem. I’m determined to be who I am.

I don’t bother telling the staff what the other residents say. I look at it this way, by telling the staff, I’m not going to change people’s attitudes. If people have attitudes, there’s nothing I can do to change it.

I try not to trouble anyone. I never trouble anyone sexually or anything like that. I’m reasonably quiet – I’m a bit of a drinker – but I’m a quiet person. If they’re going to be offended or troubled, so what? – it’s their problem. And sometimes – I’ve had a lot of nervous breakdowns and admissions to hospitals and things – and sometimes you’ve just got to put one foot in front of the other and it will go away. Sometimes you think it won’t go away – and, I’m classed as clinically depressive – and that’s alright, as long as I don’t sit by myself, which is dangerous for me, or I know I’d try and kill myself.

What services need to provide

I would like people to be more accepting, and for people to realise that people have their own lives, their own choices, and to be able, not just for me, to live in peace, and be respected for who they are. That's what I would like. I would like for the other residents to be more understanding.

I am sick of hiding. Why should I have to pretend to be something I'm not? I am the way I am and I'm sick of ignoring it. For me, to accept who I am, and be glad about it, is harder than you might think. And I finally, I think I've achieved something. It might sound nothing to a lot of people in the world in general, but to me it means something. And that's important. As I said, I've stopped worrying about what people think. I'm the best judge. And I don't think I wish any harm to anybody, I don't think I'm a nasty person or anything of that kind.

You need to convince service providers that gay people have a right to feel as they feel. To have a right to be – without explanations, or excuses. Without having to feel like you need to explain to other people – to feel they have a right to their feelings without any explanation without any excuses. I think that's important – to accept gladly, who they are. And they have just as much right to breathe the air in God's world as anybody else.

Questions for discussion

- How might Murray's experience of institutional care (hospitals, rehabilitation programs, etc) affect his feelings about residential aged care in later life?
- Murray says the homophobia in his residential aged care is 'not my problem' – but how do you think it could be addressed? Is there an argument for separate aged care facilities for older LGBTI people if they chose?
- How has Murray's sexuality, and other people's responses to it, affected his life?
- How does loneliness affect a person's wellbeing? Is it possible to be lonely in an aged care facility when you're surrounded by people? Why/why not?
- What responsibility do staff of the residential aged care facility have towards Murray and ensuring that he feels safe and welcome?
- What are some practical things aged care staff could do to create an accepting environment?

Bruce, age 68

Background

I'm on a board of an aged care service, and I'm an emergency service volunteer, and I also work part time in hospitality. I go to the gym twice or three times a week to keep myself fit. I was encouraged to do it for my depression but I don't think that's the pressing reason I go.

Childhood

Let's go back to my childhood. I was born in East Africa and then my family was transferred to Fiji and at the age of 7 or 8 I was transferred to a Scottish boarding school. [My family] remained in Fiji and I see the rest of my life as a child as being raised by correspondence. But during my life in Fiji and all the way through my schooling I was abused by different men – like cabin stewards on a sailing boat, because you used to go by sea everywhere – and my parents would just leave me in the care of the cabin steward.

As a child I thought it was my fault. I thought it must be me because in my own very limited intellectual way I understood the world as men were sexually interested in women, therefore I thought I must be behaving like a girl to attract men, therefore it must be my problem. And I had a sort of identity crisis because I thought I must walk like a girl or talk like a girl or be behaving like a girl ... And I had some sort of breakdown about all of that in school.

Let me tell you the confusion in my mind has always been that – because I had no parental affection at all, the only touching I ever got was from the abusers.

Adult life

I got married and I had two children and then I started having very powerful desires to have sexual encounters with men which were usually very short. But I was very disturbed by it at the same time.

So there seemed to be two parts of my brain which were operating separately. Anyway, one day I just felt so guilty about doing this that I sat down with my wife and told her that I was having this problem. I wanted help and – well, she had all the emotions that would be expected – she was angry, she was horrified, she was disgusted, she thought I'd lied to her all our married life, that I'd known that I was like this and she kicked me out of the house.

Mental health

I was sectioned. My wife told our family doctor that she thought I was going to kill myself. I hadn't told her about trying to hang myself. And he just invited me to go and see him and said, "I'm going to section you. You can go voluntarily or I'm getting the police van to come and take you." Which was terrifying.

I thought I'm going to lose my job. I'm going to lose everything. How will my company even understand? I'm a madman. I had no power at all over what was happening. They gave me doses of medication which I hated. And the therapy.

Discrimination

[Later] I was being treated for depression because of my ex-partner's death. Where I worked did not treat me kindly during that period. In fact they didn't want to give me time off for his funeral. And that's not so long ago. That was in '96. Part of the problem was that I think they were shocked to find out that I had a gay partner, apart from anything else. Cause they sort of presumed I was a heterosexual. I think they were offended at the same time.

I would say that I have been a very unhappy person most of my life. A very sad person. Not in a way that I go around making other people miserable. Because I don't think I do, I think I try and make other people happy. But I've never felt worthwhile.

Coming out

The emergency service, which I joined about four years ago now, was the first time that I've ever come out, if you like, to a group of people in what I might call a workplace. It's been no problem. I just said, "Well, I want to be able to come to this group and talk about my male partner in the same way you talk about your female partners." I had never said that – I was 65 I suppose – I had never been open like that before – in that way.

I have to tell myself that it's not something I did deliberately. It was just, I can't do this anymore. I can't hide who I am, in a complete sense, anymore if I'm being involved in organisations.

Advice for aged care providers

I think they [aged care organisations] need to know what the lives of these people have been like who are now going into aged care – and the laws that they have lived under, the public scorn they've lived under.

Discrimination, the fear ... sometimes their only safe place has been their home where only people who knew them were allowed in and now aged care providers may be coming to their home. In all the organisations I've trained it's the heterosexuality of the questioning that's the problem, not that they are discriminatory deliberately. It's because they are trained to ask questions like, if it's a single man or woman, "Did your husband die? Did your wife die? Do you have any children that come and visit?" So as soon as those questions are asked the people don't know whether to reveal themselves.

Questions for discussion

- To what does Bruce attribute most of his mental health problems?
- How has Bruce's sexuality affected his life at different stages? Has this had an impact on his mental health?
- How would you describe the strategies Bruce has used and is currently using to cope with his depression? What do you think makes his strategies successful?
- How significant is Bruce's decision to come out to emergency worker colleagues? What can providers of aged care learn from this?
- Bruce suggests that aged care service providers need to not assume all clients are heterosexual. What are some ways that his advice could be enacted?
- Imagine Bruce is accessing your service and list some ways that you could ask questions that don't presume heterosexuality? (E.g. Asking if Bruce has a 'partner' rather than a wife.)
- What is one practical thing your organisation could do to be more LGBTI inclusive?

Leigh, age 65

Gender transition

I'd wasted a lot of my life trying to live the way I've been programmed to live. My father was dead against my transsexuality and even up to the stage when I told him I was changing my name and going on hormones, his immediate reaction was, "You can't do that." But he mellowed later on when he actually saw me for the first time as a woman.

Mind – body fit

I tried horribly to be straight. Well look, I spent 45 years trying to bend the mind to fit the body and nearly lost the mind.

After surgery there was one particular time when I felt the most – oh, what would you call it? – like a spiritual awakening in my life, and that was at 10.30 on 4 February 1994.

All my packing had been taken out after the surgery and I'd been sent down for a bath. And I turned around without realising there was a full length mirror on the wall straight opposite me. I looked at my hair and I thought, Oh, it's not doing too bad after five days in hospital. And my face was doing all right, and my boobs were doing nicely. And normally that's as far as I would look down, but of course my gaze was taken to something and it was black and blue after surgery. It was the most gorgeous thing I've ever seen in my life.

And then I looked back at the face and there was this very contented woman looking back at me. You know, that was about the most life-changing thing in my life.

Mental wellbeing

I had extreme anxiety and depression and tried suicide a couple of times. And fortunately, I suppose, for me it was unsuccessful. Someone caught me in time and got me to help.

It made a big difference to my anxiety and depression when I transformed. I still have bipolar and some anxiety issues but not as bad.

It made me very unsure of myself in a lot of ways but I have become more outgoing through groups and therapies and the like. But, you know, the depression and anxiety are sort of still there but it's not as bad now.

I don't drink now. I used to drink to hide it before. I haven't drunk now for twenty years. So I can actually handle the anxiety without the necessity for alcohol.

Alcoholics Anonymous – sharing stories

I actually joined AA. Not voluntarily. I actually took someone else and found there were people that wanted to stay sober, and at that stage I desperately wanted sober friends. And for that reason, it's been very comfortable to be with a sort of group like that. I was the same as them: I had drinking problems in the past and I was a human being.

Just to be able to go to places like that and have people come up to you and say, "Thank you for coming."

When I go to AA I have very little discrimination against me. There was once when I first came out and was still going through the stages. One particular guy was invited to speak and he'd been sitting nearby me, and he said, "Good evening ladies and gentlemen," and looked at me and said, "And those that don't know what they are." But that was all right, because as soon as the meeting was over, the women flocked to me and said, "Don't worry about him, he's an arsehole."

Because with people, particularly alcoholics, they need to hear that your story is similar than theirs, and when you talk about your life story including before your transition and after your transition, they realise that, you know, their problems as an alcoholic weren't much different than a trans person.

They all had depression, they all lost nearly everything in their lives, most of them lost family and friends so, you know, when you look at the basics – people going through a transition will lose most of their friends, some of their family and that sort of thing.

So it's all very similar... Talking to them about your story and listening to their story makes you feel that trans people aren't the only ones who are marginalised.

Psychiatry

In the early 90s there were three psychiatrists in this state that treated us as human beings. All the others said, "Go home, burn your dresses and behave yourself."

A lot of psychiatrists just won't even see a trans person. At [my local health centre] the head psychiatrist won't even look at a trans person. It's very difficult to access public psychiatric services. I had less access to psychiatric services as a trans person. As a feminine male I had much greater access than as a transgender.

Education for aged care service providers

I have a friend who's a lesbian in a nursing home and she's afraid to admit that she's lesbian because of staff stigmatisation. This is the big problem we're going to face. She has no control over whether the males can bathe her or females. And she really gets taken back quite considerably by males touching her. Could be dangerous to speak up about it.

The staff that they employ come from overseas because they'll work for lower wages, and their own beliefs – some are friendly and some are totally against LGBTI people. Some to the extreme that they don't believe we have the right to live.

And, you know, there's some that will privately talk to her, they acknowledge they know she's gay, because of the way she is, but they talk to her as if they're keeping it a secret. They're worried about the response from the other staff members.

Questions for discussion

- How do you think transitioning and becoming a woman affected Leigh's mental health?
- How common a strategy do you think alcohol is for coping with depression or anxiety?
- What did Alcoholics Anonymous offer Leigh?
- In what ways do you think transgender people may be marginalised?
- How might a person's age affect their experience of transitioning?
- What challenges may transgender people face in aged care? How can aged care staff ensure transgender people feel welcome and comfortable to be themselves?
- What is one practical thing your organisation could do to be more LGBTI inclusive?

Jane, age 72

Childhood

I've always suffered from anxiety, I think because I grew up with a stepmother, my mother died when I was about 8 months old, in London during the war, so we were one of the evacuees to the country.

I think I knew when I was quite young that I was gay. But not in a kind of – it was in the back of my mind. I grew up with a certain anxiety neurosis really. You know, very frightened, very scared. I was always being verbally abused, so I had very low self-esteem. I didn't believe in myself at all. I was very scared of the world in general.

Working in a bookshop

I left school at fifteen, I went to a village school. My stepmother got me a job in an old-fashioned uni bookshop. I think then I knew that I was more interested in women, even though I had stacks of boyfriends, because the town was crawling with them. So I used to play around with boys, but I think until 1965 I kept it in...well, in the late 50s you just couldn't say anything.

The only thing – I borrowed *The Well of Loneliness* from the library, but it was locked up, you had to go and ask for it. And it's a terrible book, but it was the only book there was. And the other one was *Desert of the Heart*, which was more romantic. So really, I only had books to sort of read and – what do you call it? – not repress but sort of – I was able to assuage my kind of neurosis I suppose.

I had no idea about what to do or how to do it. I was terrified of speaking to another woman, I had no idea what to do. I was so ... frustrated really, because I wasn't able to express myself. I couldn't tell anybody. I had this all inside really, because I really felt a need to express it, to meet someone, you know? So I left my town because of this frustration really, because it was traditional there was no way, no clubs, nothing. There was no magazines, nothing at all.

Finding other lesbians

In London there was suddenly an article in a magazine, which doesn't exist now. It was a photograph of two girls kissing, which is a major thing, and it had the address of this club printed on it. It was members only, so you had to write and become a member, which I did.

And there was this tiny bar...and it was full of lesbians. I went "Awww!" And on my first night I met a German woman. She said she was going on her way to ask somebody behind me to dance. And suddenly she sort of saw me and that was it. It was love at first sight really. Well, passion. And it was just like a complete...everything just...I went, "I can relax now." It was like a total eye opener really. And it knocked my world around really, in a really positive way.

The relationship broke up after about 10 or 11 years. And I think that was because of my general anxiety. And I decided for some reason I wanted to go to Australia.

Relationship stress

I met this woman and it was, you know, extremely passionate, and suddenly it was all off ... she cut it off very suddenly and I went into a tail spin. So I came back here and decided I was really in an emotionally really bad state.

I wish I'd gone [to a psychoanalyst] sooner, because that would have changed my life in the way I deal with relationships. Through that I understood myself better and it resolved a lot of the anxiety to do with dealing with breakups and things like that. And helped me to get better relationships.

I suddenly became very depressed after the analysis and I think it suddenly appeared that I was very, very low. I suddenly woke up one day feeling terrible. But I think it was more chemical actually ... And the doctor put me on, what's the popular one? Very, beginning with a P I think. Prozac, which was very good.

Disclosing sexuality

I must say I've never experienced, and I've never had a problem with talking about [my sexuality] with anybody. I don't know why, I told my aunt and she was all, "Ah, I knew. But I don't want to see any of your girlfriends."

I haven't told my sister. She probably knows. My stepmother died and my dad died about ten years ago so we only have each other. It's like Dad – I never told him, but he was always reading my gay papers – you know, *the London Gay News*. He was a real reader – I'd come home, I'd bring all my girlfriends. And he had a little flat, a bungalow like this, and he'd say, "Oh, hello." He knew.

But in a way I couldn't have told him because it would embarrass him. You know what I mean? I don't want to do that to him – it's a bit like my sister. I'm sure she knows because I've only ever brought girlfriends. In a way I want to protect them from feeling embarrassed. So that's alright. I feel I'm protecting them really.

Getting help

Sometimes the Parkinson's makes you very, very tired, but I'm still trying to deal with that. But yeah, a lot of it is social anxiety. [Depression] was like a pressure on the top of my head. And I think that Parkinson's affects the neurological pathways and that was the reason I was getting it. I was in bed, I couldn't get out of bed.

My ex-partner in fact saved my life. I said, "I can't go on like this, I'm going to kill myself." So she contacted the council, I think, and my doctor contacted the extended care center and they sent around a psychiatrist and a social worker and they interviewed me. It took a while to sort out, because they put me on antipsychotic medication. She said we could give you ECT or we could give you this medication, and I took that and I felt a million times better.

Advice to service providers:

I mean the usual: listening, listening, it's very important. Try to get them to tell their story. Cos everybody's got a story, haven't they? I suppose when you know the history, you can understand a lot of things, I guess.

Questions for discussion

- What factors have contributed to Jane's anxiety and depression at different stages of her life?
- How has Jane's sexuality affected her life, including her mental wellbeing?
- How has Jane's anxiety affected her life?
- Who have been the biggest supports to Jane when dealing with her mental health?
- Discuss the complexities of Jane saying she has no problem talking about her sexuality, but never having told her father or sister.
- Jane suggests aged care staff listen to clients and get them to tell their story. Do you agree that this is an important part of providing care? Why/why not?
- How might you encourage your clients to feel comfortable telling you their story?
- What is one thing your organisation could do to become more LGBTI inclusive?

Presentation



Microsoft PowerPoint
Presentation

Slide 1

Improving mental health for older LGBTI Australians

Created by the National Ageing Research Institute,
Australian Research Centre for Sex, Health and
Society at La Trobe University,
RMIT School of Mental Health

Funded by beyondblue



Summary

- Older LGBTI people – context
- Factors that contribute to anxiety and depression
- Strategies for coping with anxiety and depression
- Life stories activity
- Important considerations for service providers
- Resources

LGBTI

LGBTI stands for lesbian, gay, bisexual, transgender and intersex.

It is estimated that:

- 0.7 to 2.5 % of people identify as gay and lesbian
- 1.2 to 5.6 % of people identify as bisexual
- Up to 15 % of people surveyed in Australia reported some same sex experience or attraction.
- Approximately 0.3 % of the population identify as transgender.
- 0.05 to 4% of the population identify as intersex. Organisation Intersex International Australia recommend a figure of 1.7%.

Older people are not all the same. One of the ways they may differ from one another is in their gender identity and sexuality.

People who are gay, lesbian, bisexual, transgender or intersex are often referred to by the acronym LGBTI, and sometimes LGBTIQ with the Q denoting queer or questioning.

It is important to remember that these identities are diverse and the concerns of a gay man may be very different to those of a lesbian, or a transgender man or woman.

(Discuss with participants/read definitions)

Lesbian: A woman whose primary emotional and sexual attraction is toward other women.

Gay: A man whose primary emotional and sexual attraction is toward other men.

Bisexual: A person who experiences sexual, romantic, emotional or affectionate attraction to more than one gender over their lifetime.

Trans and gender diverse: A person whose gender identity/expression differs from society's expectations given how they were recorded at birth.

Intersex: Person born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male. A biological variation (see oii.org.au)

For many reasons the number of people who identify as LGBTI is unknown, but various studies indicate that:

- It is difficult to know how many people identify as gay, lesbian or bisexual. Research from North America suggests 0.7 to 2.5 per cent of people identify as gay and lesbian, and 1.2

to 5.6 per cent of people identify as bisexual. (Gates, 2011, How many people are lesbian, gay, bisexual and transgender?)

- In Australia it is estimated that up to 1.4 per cent of women identify as lesbian or bisexual, and up to 1.6 per cent of men identify as gay or bisexual, with higher numbers (up to 15 per cent) of people reporting some same-sex experience or attraction. (Smith et al, 2003)
- 0.3 % of the population identify as transgender. (Gates, 2011, How many people are lesbian, gay, bisexual and transgender?)
- 0.05 to 4% of the population identify as intersex. (Organisation Intersex International)

In particular, there are no firm population figures for intersex people. The reasons for this lie in the lack of accurate recording of data on intersex diagnoses, as well as many parts of society refusing to recognise that some people are born with bodies that do not fit typical definitions of male or female.

The Organisation Intersex International says they have seen estimates range from 1 in 1,500 or 2,000 births to 4%, and they recommend a midrange figure of 1.7% from a research paper in 1993, as no more accurate sources of data yet exist.

(A handout with references to these studies is provided at the end of the session.)

Older LGBTI Australians

Many older Australians identify as LGBTI.

This presentation will explore:

- Their experiences in the past, including their mental health.
- Their experiences in the present, including access to aged care services.
- Their fears about the future.

(? Ask participants about their experience working with older LGBTI people, and what particular needs they anticipate older LGBTI people might have from aged care and mental health services.)

Some participants may believe they have never worked with anyone who is LGBTI. If this is the case, discussion may centre around whether people might choose to disclose their sexual orientation or not.

Some participants might voice opinions that sexuality, gender and intersex status don't matter in aged care, or that they treat everyone the same and with respect. Acknowledge these views and explain how the following presentation will show that a person's life experience, including gender, intersex status and sexual orientation, is likely to impact on their current experience/situation, and their decisions around aged care and mental health care.

Some questions to get discussion flowing include:

- *Have you worked with older LGBTI people?*
- *Do you think a person's gender identity, intersex status or sexual orientation would change the way you treat them?*
- *What are some challenges older LGBTI people might face in seeking mental health or aged care services?*
- *Do you think that some older LGBTI people might try to hide their sexual orientation, intersex status or gender identity from service providers? Why?*

Historical experiences of discrimination

- Criminalisation of homosexuality
- Legal discrimination against transgender people
- Violence and abuse
- Belief that homosexuality was morally wrong, abnormal and/or a mental illness
- Discrimination, including in workplace
- Rejection by family
- Rejection by religious institutions
- AIDS epidemic in the 1980s and associated loss and grief
- 'Normative' surgeries performed on intersex children

Society's beliefs around LGBTI people have had – and continue to have - many consequences for individuals. LGBTI people have been discriminated against in many ways including through laws, access to services, violence and abuse, and in the workplace.

- Criminalisation of homosexuality – There is a long history of imprisonment and criminal convictions for gay men. Victoria only decriminalised homosexuality in 1981, and Tasmania only in 1997. In 2014 Victoria became the first state to introduce a mechanism for expunging historic criminal records (on request) of men who were convicted of having sex with men. SA, ACT, and NSW have since followed Victoria's lead. Having a criminal record for consensual homosexual sex meant some men were prevented from pursuing particular careers, or from travelling outside of Australia. Being lesbian or bisexual was considered an illness but not a crime.
- Legal discrimination against transgender people – Documentation such as birth certificates and passports would require individuals to identify as male or female. Some states and territories require a person to undergo surgery and sterilisation in order to change their gender on official documents. Married couples have had to divorce if one changes gender and wants to change their birth certificate to reflect their identity.
- Violence and abuse – LGBTI people were subjected to violence and abuse because of their gender identity, intersex status and sexual orientation and these crimes would often go unreported or would not be taken seriously by police etc.

- Belief that homosexuality was morally wrong, abnormal and/or a mental illness – LGBTI identities have long been pathologised, meaning they are viewed as medically or psychologically abnormal. This belief led to many people being shunned by society. It also led to people being subjected to ways of trying to ‘fix’ the problem. This includes religious conversion therapy and forced psychiatric treatment such as medication and ECT. While this pathologising of gender identity is no longer sanctioned by medicine, transgender people are still largely seen as ‘abnormal’, creating ongoing problems.
- Bisexuals face discriminations from wider society, including some gays and lesbians.
- Discrimination, including in the workplace – Men who had criminal convictions for homosexual sex haven’t been able to apply for jobs that would require a police check. Many people found their workplace would fire or fail to promote them because of their sexuality or because they weren’t married.
- Rejection by family – Many LGBTI people were rejected by their family of origin or intimate partners, or forced to hide their sexuality and gender identity for fear of rejection. Societal expectations meant that many people married, despite their gender identity or sexuality.
- Rejection by religious institutions – While some have become more accepting, religious institutions continue to reject older LGBTI people, stripping them of the right to practice their faith and being supported.
- AIDS epidemic and the associated loss and grief – The AIDS epidemic killed many gay men, and unfairly gave society reason to discriminate against homosexuality. Many men lost friends and partners, and it was a loss often not recognised by the wider society.
- Normative surgeries performed on intersex children – A 2013 Australian Senate report found that infants and young children have and are still undergoing ‘normalising’ surgical procedures. It was recommended surgery is deferred until the individual can give informed consent.

Contemporary experiences of discrimination

LGBTI people *fear* discrimination in aged care.

This means they often:

- Don't access or delay access to services
- When they do access services, they don't feel comfortable disclosing their sexuality, gender or intersex status.

Research shows that older LGBTI people do experience discrimination in aged care.

There is a need for LGBTI inclusive services for older people.

An extensive 2011 report from the UK titled Lesbian, Gay and Bisexual People in Later Life but often referred to as the Stonewall report found that LGB people fear discrimination in aged care. This means that they often don't access services or are reluctant to do so, and if they do, they don't feel comfortable disclosing their sexuality.

The report found 20% of people wouldn't disclose to their GP, 30% wouldn't disclose to hospital staff and 50% wouldn't disclose to a home carer because they feared consequences.

A US study (Fredriksen-Goldsen et al. 2011) found that more than 1 in 10 participants who identified as LGBT reported being denied care or being provided with inferior care because of their sexuality or sexual orientation.

Another study (Brotman, Ryan et al. 2003) found that LGBT people in aged care felt marginalised mainly due to completely ignoring of issues to do with sexuality and intimate relationships.

An Australian study titled My People which interviewed older LGBT people about their experiences of aged care in Australia gave various examples of discrimination such as older men being denied physical contact because staff believed that all gay men have HIV and they could catch it if they made physical contact.

This all shows that there is a need for LGBTI inclusive aged care, health and mental health services.

No Need to Straighten Up

Older LGBT people report living in fear of:

- ridicule
- bullying
- physical violence
- being outed
- losing the life they had built
- losing family
- people using their sexual orientation or gender identity against them.

No Need to Straighten Up was a small, qualitative Australian study funded by beyondblue. It looked into discrimination, depression and anxiety for older lesbian, gay, bisexual, transgender and intersex Australians.

The study found that:

- Participants reported living in fear of ridicule, bullying, physical violence, being outed, losing the life they had built, losing family and of people using their sexual orientation or gender identity as a 'weapon' against them.
- There was a correlation between adverse responses to sexual orientation or gender identity and the experience of fear and depression.
- Participants reported a fear that ageing and disability will again expose them to institutionalised discrimination in the provision of aged services.

Anxiety and depression

LGBT people have higher rates of depression and anxiety at all ages.

Research has shown:

- Depression, anxiety and substance abuse 1.5 more common for LGBT people.
- Lifelong prevalence of anxiety and depression 2–4 times more likely for gay men and lesbians.
- Older LGB people can be more anxious – particularly about the prospect of discrimination in aged care.

People of all ages can be affected by anxiety and depression. Research has shown that LGBT people have higher rates of depression and anxiety across all ages.

One report (King et al, 2008) showed that depression, anxiety and substance abuse were more common for LGBT people.

A US study (Fredriksen-Goldsen et al. 2011) found that 66% of LGBT older people had experienced victimisation multiple times and 82% at least once. The same study found that 33% of older LGBT people reported depression and nearly 40% had contemplated suicide.

The Stonewall report (Guasp, 2011) showed that lifelong prevalence of anxiety and depression is 2 to 4 times more likely in gay men and lesbians, while older lesbian, gay and bisexual people can be more anxious, often about the prospect of discrimination in aged care.

Interviews with older LGT people

- What factors do you think contributed to your anxiety and/or depression?
- What impact has anxiety and/or depression had on your life?
- What strategies were useful in managing your depression and/or anxiety?
- Did you receive support from anyone?
- What do you think service providers need to know about older LGBTI people?

In 2015, phone or face to face interviews were conducted with older lesbian, gay and transgender people throughout Australia. The researchers tried to recruit bisexual and intersex people as well, but none elected to participate.

Participants were asked about their experiences of anxiety and depression, and how this might have related to their gender identity or sexual orientation. They were also asked about their experiences with health, mental health and aged care service providers, and what they think organisations should know about older LGBTI people in order to make their service more inclusive.

The following slides contain quotes taken from these interviews.

Factors that contributed to developing
depression and/or anxiety

Factors that contributed to developing depression and/or anxiety

- Loss of someone close
- Childhood of family tension, violence, bullying or sexual abuse
- Family history of depression or mental illness
- Illness, pain and disability
- Life pressures – relationship problems, family and economic tensions
- Sexual orientation and gender identity, specifically discrimination and wider societal response

When the participants discussed what contributed to anxiety and depression, many of the factors they identified were common with those shared by the broader community. These included:


- the loss of someone close
- a childhood that involved family tension, bullying or sexual abuse
- a family history of depression or mental illness
- the experience of illness, pain or disability
- and life pressures including relationship problems or family and economic tensions.

The interviews also demonstrated that older LGBTI people face unique challenges as a consequence of discrimination, pathologising and criminalisation they have faced due to their sexual orientation or gender identity, and this is what this presentation will focus on.

Participants describe the influence of societal values on their early years, the pressure to conform to gender norms and their desire to 'fit in'.

They recounted homophobic and transphobic abuse ranging from subtle harassment to violence which in one case led to death. In this context participants reflected on the need to hide their sexual orientation or gender identity in order to be safe and the effects these experiences had on anxiety, depression and their sense of self.

**The influence of societal values –
homophobia, biphobia and
transphobia**



I was very confused in the days that I realised I might be different – you could be locked up ... – if a gang had nothing to do they would beat up a gay man on a Sunday, and I lived in anxiety.


Gay man, 75 years

Participants recalled their early years in which their sexual orientation and gender identity was not valued by society. This was particularly apparent in conflicts with families and church and was often based on negative stereotypes about LGBT people.

The homophobic and transphobic responses of some family members in participants' early years reflected the views of society and some religious teaching. The rejection by family not only triggered or exacerbated anxiety and depression but also meant the loss of valuable sources of psychosocial support for LGBT participants in their formative years.

Pressure to conform to gender norms

It was because I was being extremely bullied. It wasn't physical, it was an anxiety about not fitting in, not being – not manly, but 'boyly' as I should have been.



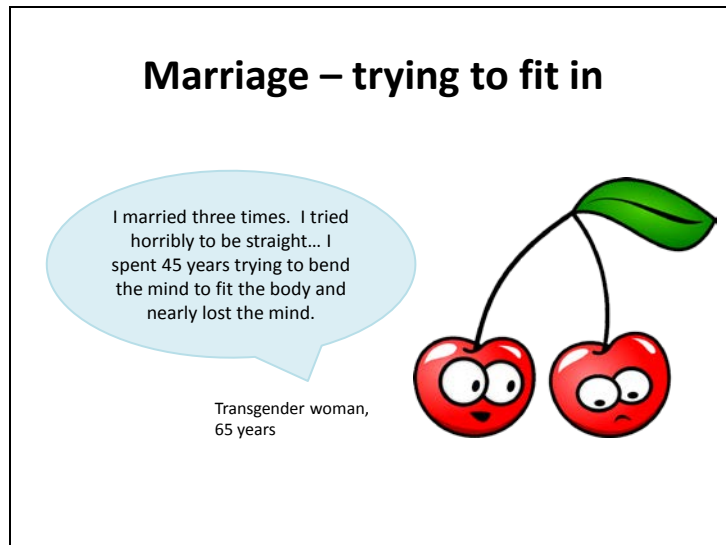
Transgender woman, 69 years

The influence of societal values on mental wellbeing also extended to pressure to conform with masculine and feminine 'norms' of appearance and behaviour. A number of trans participants describe feeling like an outsider because they did not fit into gender norms.

The pressure to conform to gender norms was also noted by gay and lesbian participants. One interviewee reported, 'I had a difficult time at school. I was always the tall lanky gangling boy who was uncoordinated and a bit fem' (Gay man, 67 years) [#25]. In a similar way a lesbian participant described feeling pressure to conform and the impact this had on her mental wellbeing.

Just the pressure to be how they wanted me, a nice little lady, you know? And I was kind of conforming and not wanting it. And struggling to find myself so I used to get very anxious. (Lesbian, 69 years) [#17]

The pressure to 'fit in' and look and behave in accordance with societal norms was significant. Not doing so resulted in bullying at school and led to anxiety and depression



The pressure to conform to societal norms meant that some participants denied their sexual orientation and gender identity and entered into a heterosexual marriage in the hope that they would be 'cured'.


Decisions to end a marriage were often fraught and few participants found their decision was embraced by their partner, particularly if they were open about their sexual orientation or gender identity. One participant described the breakdown of his marriage after telling his wife he was having sexual encounters with other males. He described his wife's anger and disgust and how he later tried to commit suicide after she kicked him out of the house.

-

Participants reflected on marriage with some regret. This related to time spent not 'being themselves' and for one participant the feeling that they almost 'lost their mind' as a result.

Homophobic, transphobic and biphobic abuse

But there was a lot of gay bashing about and it was not always safe. The Police too were not there to help they were there to be abusive or move you on. You couldn't report problems to the Police because you couldn't tell them what you were doing.



By אנדר-יוק By

Gay man, 68 years


While pressures to conform were often subtle messages such as the societal value of heterosexuality, gender norms and marriage, participants also described overtly hostile messages, particularly in relation to gay men. The very real threat of violence that could accompany disclosure created fear and reinforced the difficulty some participants experienced celebrating their sexual orientation or gender identity.

While the threat of violence was enough to create anxiety or confusion, the act of witnessing violence created a lasting and damaging impression, particularly for one man whose partner was attacked for being gay and later died from his injuries. While this was the only example of such dramatic abuse it is important to note that many participants described being aware that such abuse was possible and this contributed to anxiety, guardedness and the belief that to be safe, sexual orientation and gender identity may need to be hidden.

Being on guard – hidden identities

I wanted a relationship but how can you have one and be out and proud of them if you can't even tell the people you work with that you are gay?

Gay man, 65 years




Some participants described how the fear of abuse meant that they hid their sexual orientation and gender identity and felt they were unable to be themselves. One interview described 'You're always on your guard and you can't be yourself' (Lesbian, 68 years). [#11] Hidden identities were described in relation to the workplace and this was particularly noted by a number of former school teachers.

While some participants hid their sexual orientation or gender identity at work others who disclosed described being taunted, as well as the adverse impacts this had on their mental wellbeing.

Others noted they were less likely to be promoted and this contributed adversely to their beliefs about their worth and impacted on their mental wellbeing.

Sense of self – absence of celebratory discourses

I wasn't able to express myself... I couldn't tell anybody. I had this all inside really, because I really felt a need to express it.



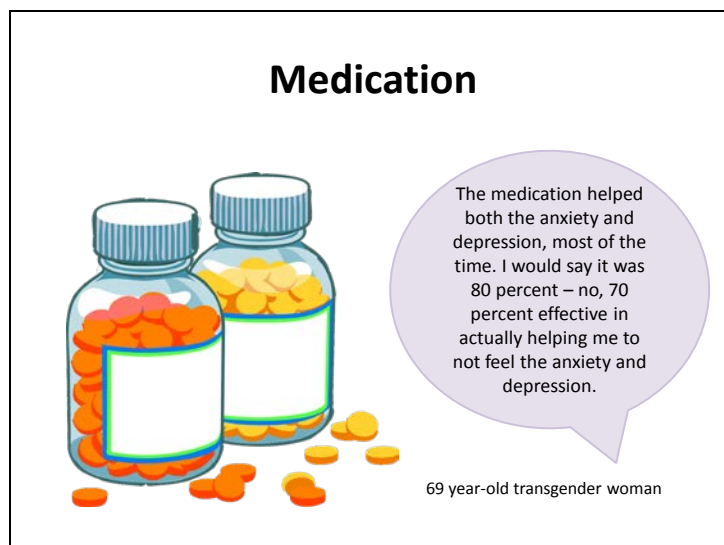
Lesbian, 72 years

A number of participants described the effects of negative societal views of sexual orientation and gender identity (for example, as sinful, unlawful and a mental illness) on their sense of self. There were few celebratory and affirming discourses and as a result some participants felt conflicted, deprived and ashamed.

Others described rallying against social norms, coming to terms with their identities and learning to value themselves.

The experiences in their youth, of being exposed to devaluing societal values and being rejected by their family of origin, often contributed to the experience of anxiety and depression. Over decades of working through these experiences some participants described a stronger sense of self – a valuing of self that enabled them to focus on their own values and belief and affirm their own identities.

Strategies for coping with anxiety
and/or depression



The participants had many ways of coping with anxiety and depression, and the strategies they chose would often be unique to their situation. We have gathered some of the more common responses here because service provider staff may be able to assist with or facilitate some of these strategies for their clients.

Many people found that medication (such as an antidepressant, or pain medication) was a successful strategy in treating anxiety and depression, though for some participants it didn't work and was even detrimental.

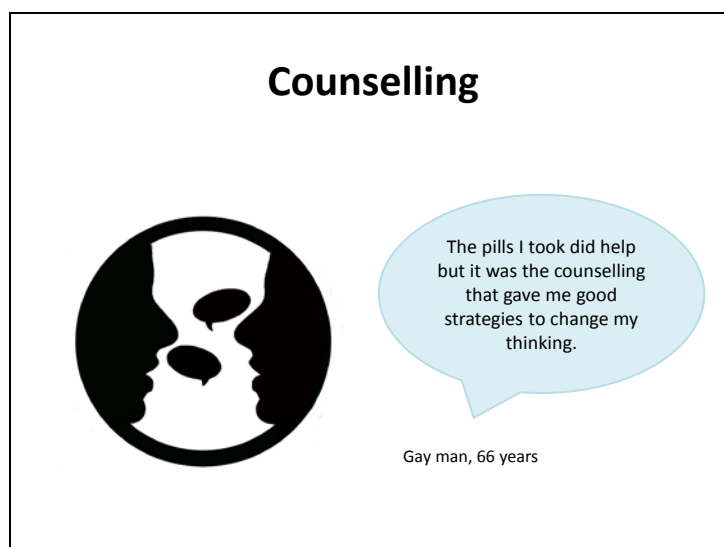
One woman said:

I saw this psychiatrist, who actually filled me up with an antidepressant, I can't remember what it was, it was one of the tricyclics and huge amount of Xanax. And absolutely bombed me out. After about two weeks of this, I could barely function.
(Lesbian, 71 years)

Some people had to trial various medications before they found a suitable one, with some people using it as a short-term strategy and others permanently incorporating it into their lives.

One man said:

It quelled the anxiety instantly. Within two weeks, I was feeling like a different person.
(Gay man, 66 years)



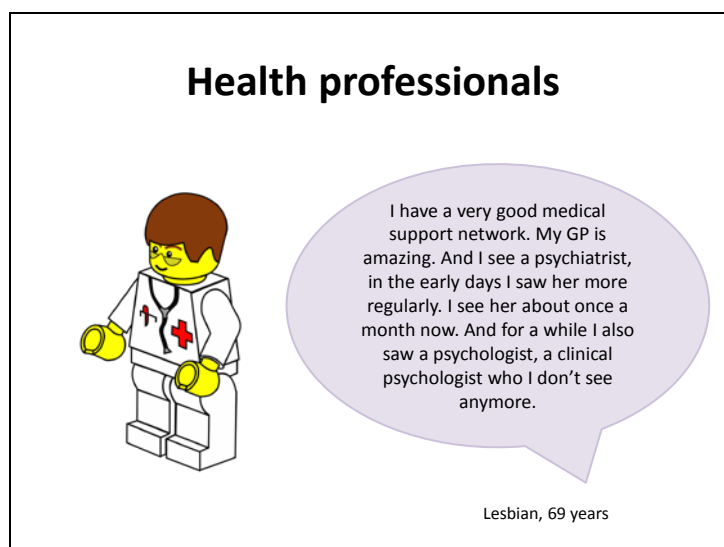
Many participants used counselling or therapy as a strategy to treat anxiety and depression in combination with other things such as fitness and exercise, and medication. Some spoke about the importance of regular counselling (not just in times of crisis), while others found it was most useful at crisis points and not necessary the rest of the time.

One woman said:

I see a counsellor up here. I think she's a social worker, but I go and see her on a fortnightly basis, just to talk about things, really. Sometimes I might ... be down, a bit down or not happy with the way I'm functioning. And it's nice just to have a sounding board. (Lesbian, 68 years)

For some people counselling wasn't helpful, often because the counsellor they saw wasn't very good, or they didn't connect well with them.

One man was very reluctant to try counselling, especially as the counsellor wanted to discuss abuse from his childhood and he didn't want to go over it again. But ultimately he found the support of the counsellor and the strategies provided were helpful.



GPs were the common mediator in mental health care, and often the first point of contact for people wishing to address their anxiety or depression.

Unfortunately, GPs were not always responsive in a positive way or effective. However, when they were, they were sometime described as the central figure in improving mental health through referrals, medication and support.


Some participants mentioned a GP or health service that was clearly LGBTI inclusive made them feel more comfortable.

Support from other health professionals was sometimes very valuable, and conversely, the lack of support detrimental to the patient's wellbeing. One 65 year old trans woman described her search for help and some of the obstacles she struck:

There were three psychiatrists in Queensland that treated us as human beings. All the others said, 'Go home, burn your dresses and behave yourself.' (Trans woman, 65 years)

She also spoke of a GP who was sympathetic to her wish to transition but when he made inquiries about the process (such as what doses of oestrogen to prescribe) he was told by a medical board that he couldn't continue in his current practice if he was treating transgender people.

Transition



By PiccoloName

I married three times. I tried horribly to be straight... I spent 45 years trying to bend the mind to fit the body and nearly lost the mind.

Transgender woman, 65 years

For participants who identify as a gender different to the one they were brought up as, transitioning was a strategy of change that addressed many of the factors that contributed to their anxiety or depression. Transition, and its effect on the individual, family and friends, was not always easy, but it allowed a new approach to life for these individuals and was important to attaining and maintaining mental wellbeing.

Keeping busy



I had to force myself out of my normal patterns of behaviour and to learning new skills and doing something so totally different than I'd ever done before.

Gay man, 68 years

Many people spoke of throwing themselves into their job or other aspects of their life such as study or their relationships to cope with depression and anxiety. Many also made an effort to find new interests as a way of coping.


Some people found relief in work, both because it kept them busy, but also as it was a way of doing something good and useful for the wider community.

One man said:

It fills my day, and it fills my night, you know? And I mean, without wishing to sound like Mother Theresa, it makes you feel as though you're doing something of value.

(Gay man, 76 years)

Social connection



I'm not greedy for all things. Just like to have a good time and have people around me. I shrivel when I am alone.


Gay man, 68 years

Some of the participants found that social connection and being involved with the community was a way of tackling their anxiety and depression. For some people it was a matter of having close friends offering support and the opportunity to be understood.

For some people, the importance of social connection was in being with other people and having a good time.

A number of participants also spoke of the importance of more structured social opportunities, such as community support groups, including church groups. These groups are sometimes focused specifically on mental health or gender identity, and provide a social opportunity as well as the acceptance and normalisation of a person's identity.

Resilience and positive thinking



I guess the strategies are try to eat well, try to be really positive, try to be around positive people.

Lesbian, 65 years

Some of the participants identified that a way of coping with depression and anxiety was to stay positive, to accept themselves as they were and to acknowledge how much they have achieved and come through. Some of the participants spoke of their self-acceptance as a way of respecting and valuing who they are, and in doing so expecting the same acceptance and valuing from others.

Exercise



For me, going out for a walk or going to the gym, you're out in the community, you're in the environment, you're seeing things that take your mind off it

Lesbian, 68 years

The image shows three people riding bicycles on a paved path that runs along a grassy bank next to a body of water. The person in the foreground is wearing a red jacket, the middle person is wearing a grey jacket and has a basket on their bike, and the person in the background is wearing a dark jacket. In the distance, there are buildings and trees under a clear sky.

Some of the participants used exercise as a way of addressing anxiety and depression. For some the primary motivation was that exercise can lead to better health and wellbeing, and for others it was a form of activity and distraction that focused their mind away from the depression or anxiety. Some of the participants who found exercise useful made note that it was necessary to find the right exercise for each individual.

Exercise was also used by some participants to change their appearance and improve their body image, which in turn helped with anxiety.



Four narratives have been put together from interviews with older gay, lesbian and transgender people who have experienced depression and anxiety.

These narratives ask the reader to consider how the experiences of a person's lifetime may affect their willingness to engage with mental health and aged care service providers in later life. In doing so, it encourages new ways of thinking about mental wellbeing and gender diversity, and the ways service providers and professionals can improve the care they provide.

(Divide the workshop participants into groups and follow the Facilitator notes for instructions on running the narratives activity.)

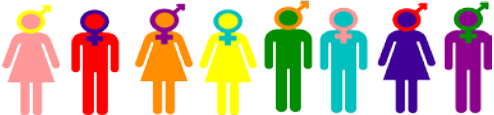
Important considerations for
service providers

History matters

- Awareness of historical experiences
- Hiding
- Fears of services
- Negotiating disclosure

I have a friend who's a lesbian in a nursing home and she's afraid to admit that she's lesbian because of staff stigmatisation.

Trans woman, 65 years



Awareness of historical experiences

Service providers need to understand the historical experiences of older LGBTI people and the impact of these experiences on depression and anxiety. Some people pointed out the history of persecution, discrimination and closeting that LGBT people have endured and asked that service providers be sensitive to this, partly by not assuming heterosexuality or a gender or sex binary and also by treating all partners as important and equal, regardless of gender. They wanted service providers to be aware of history and its impacts.

Hiding

For some older LGBTI people their only strategy to protect themselves in their youth was to hide their sexual orientation or gender identity – this had a detrimental impact on depression and anxiety. Service providers need to understand the impact of closeting (hiding sexual orientation, gender identity or intersex status) throughout the lives of older LGBTI people. A large number of participants spoke of the stress and anxiety generated by many years of hiding their sexual orientation and relationships from health care providers, employers, colleagues, family and friends.

Some participants who had been 'out' for years still found it necessary or desirable to conceal their sexuality when their life circumstances changed – for example, moving to a different town or into a retirement village.

Fears of services

Some participants, fearful of encountering discrimination as they required more and more aged care services, were unlikely to disclose unless or until trust could be established with service providers. Their fears, based on past experience or that of

friends, may not be well founded, but they will not give their trust easily. It is of primary importance for service providers to be sensitive about this fear of encountering discrimination, even persecution.

Negotiating disclosure

Disclosure in services can be important as it is strongly linked to understanding the older LGBTI person's needs.


Negotiating disclosure of sexual orientation, gender identity and intersex status is a lifelong experience, an important point made by a number of participants and implied by others. As one man said:

You don't just come out on a day in June; you come out all the time to new people and new situations. You go on a trip and you meet new people and you have to hide a big part of yourself because you can't be bothered telling them or you come out. ... If I went to a nursing home I would want them to know I was gay before I went there. I want them to know my life story and not just my problems at the time. (Gay man, 66 years)#7

Differing perspectives existed amongst participants on the value of making any disclosures to service providers. It was seen as important to have the choice about when to come out and to whom. Many participants were selective about disclosure to health professionals when their immediate problem, for example a consultation with a physiotherapist, did not justify a full revelation.

Health and wellbeing

- Depression and anxiety
- Individualised strategies
- Impact of living with serious illness, especially HIV



Depression and anxiety

It is important that service providers build rapport and trust with older LGBTI clients to ensure that anxiety and depression are identified and that factors that contributed to mental ill health (eg: historical experiences of discrimination) are identified.

Individualised strategies


Where depression and anxiety are identified it is important that service providers engage in understanding from older LGBTI people their unique and individualised strategies for coping. Some participants felt that doctors should ask about their depression and anxiety and their history of anti-depressant use. While there are some commonalities across individual experiences and some triggers linked to sexuality, each person's experience of depression, anxiety and gender is different.

Impact of living with serious illness, especially HIV

A number of gay men – some HIV positive, others with AIDS, some who had seen many friends die during the AIDS epidemic, one with a bad history of prostate cancer – wanted service providers to learn about AIDS and understand and be sensitive to the impact of such experiences.

Strategies for service providers

- Respect
- Avoiding assumptions
- Individuality
- Relationship recognition



Throughout the interviews, participants shared ways they thought service providers could improve the way they provide care for older LGBTI people.

Despite best efforts including inviting Organisation Intersex International Australia to be part of the project advisory group, this study was unsuccessful in recruiting any older intersex participants for interview. As it is important that inclusive practice of service providers is appropriate to intersex people, we have incorporated research and resources from Organisation Intersex International Australia into the education resource. More information is provided on your handouts.

An overriding theme through all of the interviews was that of respect. People need to be supported to be themselves and be respected for who they are. This also means treating same-sex partners with the same respect as a heterosexual couple receives.

This plea for respect and recognition was echoed by a trans woman, who wanted people to see her as a person first and a trans gender person second.

It is important that each person is supported to be themselves, and that staff don't making assumptions about them and their life or experiences. Some comments highlighted the assumption often made that all gay people are similar, or have similar interests or histories; or that, for example, gay and heterosexual women will all be similar.

It was considered paramount to recognise the individuality of each person, the complexity of their lives, and the experiences which made up their histories. As no two heterosexual people are exactly the same, no two LGBTI people are. The range of

influences that all LGBTI care seekers may have been exposed to includes politics, feminism, changing ideas of masculinity, criminalisation, AIDS and changing understanding and acceptance of sexuality and mental illness.

One comment from a gay man emphasised the failure of much documentation to capture the social histories of LGBTI people. For example, the registration forms which offer only the choice of Married or Single do not reflect the life experience of a person who has, or has had, meaningful same-sex relationships.

The need to have relationships, especially involving partners, recognised was an important theme in many interviews, and impinged directly on people's anticipation of the way they would be treated by service providers.

My perception is many older lesbians are in long-term relationships so it's extremely important that a) those relationships are recognised and b) that the partner is included in any treatment program because I think that's extremely important. (Lesbian, 71 years) #15

The concern about partners not being recognised, or being given full access to care recipients who were more dependent was repeated in other interviews.



Sending a message of welcome is important – older LGBTI people are unlikely to disclose all of their needs unless services this occurs.

Participants recounted difficulties in the past in finding service providers who could help them or who welcomed them appropriately. The highlight was finding open-minded and accepting service providers, as opposed to cold and rejecting ones.

Several informants saw staff education as the key to providing appropriate person-centred care for all individuals, and this education should cover all employees in any care context, including auxiliary staff.

Making your organisation inclusive

- Conduct an LGBTI inclusive practice audit
- Provide education to staff
- Promote your efforts to be LGBTI inclusive
- Use LGBTI inclusive language (eg. partner)

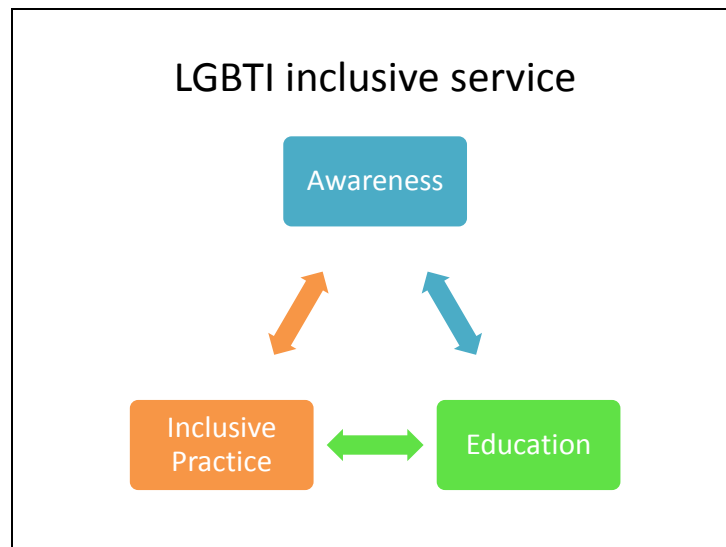


There are some tools out there to help you consider whether your organisation is LGBTI inclusive, and how to make changes if it is not. We shall go through some of these in a moment and details are provided on your handout. Changes might include creating LGBTI inclusive policy to guide staff on responding to disclosure.

Providing education to staff ensures that everyone understands and feels comfortable when responding to LGBTI residents who disclose their gender identity or sexual orientation. It also means that staff are reminded and aware from the outset that they may be providing care to LGBTI clients, whether or not these clients choose to disclose.

By making it obvious that your service is LGBTI inclusive – for example, through your website and brochures – you can let clients know that they can disclose their sexual orientation and gender identity if they wish.

Using LGBTI inclusive language (such as ‘partner’ rather than husband, wife or spouse) shows clients that you are not making assumptions about them. You do not need to directly ask clients whether they identify as GLBTI, but rather communicate to them that they are welcome to share such information if they choose.

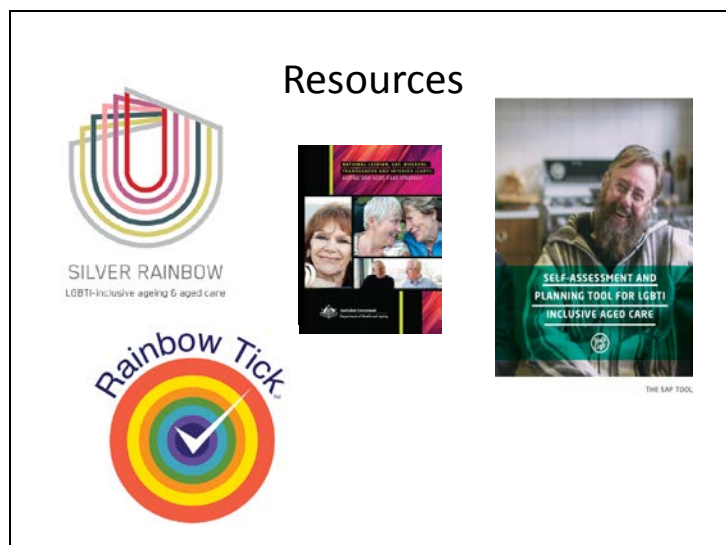


The interviews conducted with older gay, lesbian and transgender people, along with research evidence relating to intersex people, indicate that there are many way service providers can become more LGBTI inclusive in their practice.

One of the most important elements leading to more inclusive practice is raising awareness of issues faced by older LGBTI people throughout their lives and when accessing care services. These issues may also include experience of anxiety and depression.

Both anxiety and depression, as well as sexual orientation, gender identity and intersex status, may affect how an older person feels about accessing services, or how they make use of those services.

An increase in awareness of these issues can lead to, and be a result of, education and training for staff members. This results in more inclusive practice for all clients and residents, which can also increase awareness for fellow staff.



There are a number of resources that have been developed that support LGBTI inclusive practice. Links to all of these are provided on the accompanying handout.

Silver Rainbow - The Australian Department of Health and Ageing (now managed by Department of Social services) have provided funding to the National LGBTI Health Alliance to co-ordinate a national training project in LGBTI awareness for the aged care sector. Includes face-to-face training and an online module.

National LGBTI Ageing and Care Strategy - A national strategy that follows the principles of inclusion, empowerment, access and equity, quality and capacity building.

The Rainbow Tick, developed by Gay and Lesbian Health Victoria, consists of six standards against which services can be formally accredited to demonstrate LGBTI inclusive practice and service delivery.

The SAP (Self-Assessment and Planning) Tool is an audit designed specifically for aged care services, by Val's Cafe. It provides an essential starting point for organisations and services that want to assess how inclusive they are to older LGBTI people. The SAP tool can be used as part of an assessment cycle, to keep coming back and checking where you are at.



Beyondblue provides information, support and resources particular to older people, and to LGBTI people.

The Lifeguard Project, an alliance between beyondblue, the Movember Foundation and the National LGBTI Health Alliance will foster a community conversation and educate gay men across Australia in an effort to tackle the alarming rates of depression, anxiety and suicide within this community. It will give gay men the confidence, knowledge and skills to become 'Lifeguards' in their social networks, to support themselves, and their partners and friends, if they are struggling.

Anxiety and depression

- Consider the mental health and wellbeing of your clients
- Encourage clients with low-mood to discuss this with their GP
- Suggest clients contact a mental health support service:
 - Beyondblue (1300 224 636 and online)
 - Qlife (1800 184 527 and online)
 - Lifeline (13 11 14 and online)
- Encourage clients to persevere with help-seeking.

There are many ways you can support your clients' mental health and wellbeing. The participants who were interviewed for this study showed how making use of successful strategies to cope with anxiety and depression can make a big difference in a person's life.

When working with older people, consider their mental health and wellbeing. Depression is not a normal part of ageing, and staff should be concerned if clients appear to be in a low mood or anxious.

If a client appears to be depressed or anxious discuss this with them. Eg. Ask them how they are feeling, and how long they have felt this way. Encourage clients to discuss their feelings of depression or anxiety with their GP. A GP can prescribe medication and support a person to access a psychologist or counsellor through a mental health plan. A GP Mental Health Treatment Plan allows a person to receive six sessions with a psychologist.

If your client doesn't feel comfortable speaking to their GP, encourage them to see a different GP. Many of the people interviewed spoke of the need to have an understanding GP, and that sometimes they had to visit more than one psychologist or counsellor before finding the right one.

Suggest clients contact a mental health support service. Beyondblue offers a support service for people experiencing anxiety and depression, 24 hours a day. Qlife is a national counselling and referral service of people who identify as LGBTI and operates from 5:30 to 10:30pm every day. Lifeline is a national telephone counselling service, operating 24 hours a day. Each of the services also offer online counselling in the evenings.

Improving mental health for older LGBTI Australians

Created by the National Ageing Research Institute,
Australian Research Centre for Sex, Health and
Society at La Trobe University,
RMIT School of Mental Health

Funded by beyondblue



(Questions and discussion)

Resources and References

Definitions

Lesbian – A woman whose primary emotional and sexual attraction is toward other women.

Gay – A man whose primary emotional and sexual attraction is toward other men.

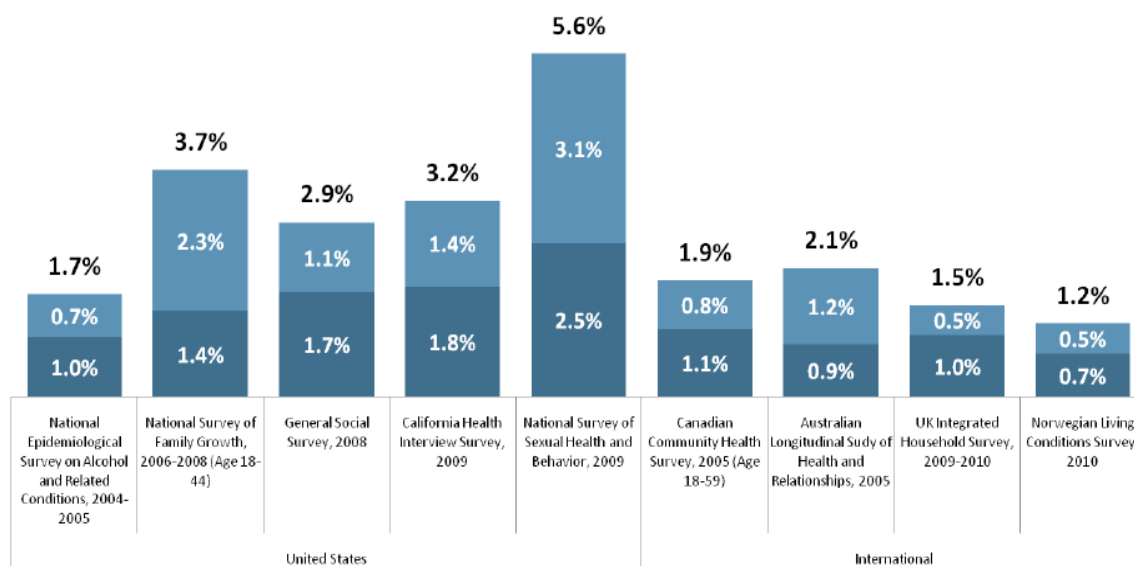
Bisexual – A person who experiences sexual, romantic, emotional or affectionate attraction to more than one gender over their lifetime.

Trans and gender diverse – A person whose gender identity/expression differs from society’s expectations given how they were recorded at birth.

Intersex – Person born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male. A biological variation (see oii.org.au)

LGBTI people in the population

Figure 1. Percent of adults who identify as lesbian, gay, or bisexual.



In the above graph, dark blue is gay/lesbian, lighter blue is bisexual.

How many people are lesbian, gay, bisexual, and transgender?

(2011) Report by Gary J Gates of The Williams Institute.

Access at:

<http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/how-many-people-are-lesbian-gay-bisexual-and-transgender/>

Sexual identity, sexual attraction and sexual experience among a representative sample of adults

(2003) Paper by Anthony Smith, Chris Rissel, Juliet Richters, Andrew Grulic and Richard de Visser . Australian and New Zealand Journal of Public Health, Vol. 27, No. 2, 2003.

The Five Sexes: Why Male and Female Are Not Enough

(1993). Paper by Anne Fausto-Sterlin and published in *The Sciences*, March/April 1993, p. 20-24.

Access at:

<http://www.uta.edu/english/timothy/Fausto-Sterling.pdf>

Normalising surgeries of intersex people

Involuntary or coerced sterilisation of intersex people in Australia

(2013). Report by the Australian Senate Community Affairs Committee .

Access at:

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/index

Older LGBTI people and Aged Care

Lesbian, Gay and Bisexual People in Later Life

(2011) Report by April Guasp and published by Stonewall.

Access at: http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf

The Aging and Health Report – Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults

(2011) By Karen Fredriksen-Goldsen et al., University of Washington.

Access at: <http://caringandaging.org/wordpress/published-articles/>

The health and social service needs of gay and lesbian elders and their families in Canada

(2003) By Brotman, Ryan and Cormier. Published in the *Gerontologist*, Volume 43, Issue 2, pp. 192-202.

My people: A project exploring the experiences of gay, lesbian, bisexual, transgender and intersex seniors in aged-care service

(2008) By Catherine Barrett, Australian Research Centre in Sex, Health and Society, La Trobe University.

Access at:

www.valsafe.org.au

Anxiety and depression in LGBT people

A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people

(2008) King et al. Published in *BMC Psychiatry*, Volume 8.

Lesbian, Gay and Bisexual People in Later Life

(2011) Report by A. Guasp and published by Stonewall.

Access at: http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf

No Need to Straighten Up: Discrimination, depression, anxiety and older lesbian, gay, bisexual, transgender and intersex Australians

(2014) Catherine Barrett, Carolyn Whyte, William Leonard, Jude Comfort

Access at:

<https://www.beyondblue.org.au/resources/research/research-projects/research-projects/no-need-to-straighten-up-discrimination-depression-anxiety-and-older-lesbian-gay-bisexual-transgender-and-intersex-australians>

Providing inclusive service for intersex older people

For further information on intersex inclusive practice, please see Organisation Intersex International Australia (oii.org.au) and the following publications:

Making your service intersex friendly (2014)

Published by Organisation Intersex International Australia. Making your service intersex-friendly is means changing your language and frame of reference. This guide provides practical assistance to help you build intersex inclusive practice.

Employers' Guide to Intersex Inclusion (2014)

Published by Pride in Diversity in partnership with Organisation Intersex International Australia. This guide for employers, business managers, Diversity and HR Professionals aims to introduce intersex and provide practical assistance to help build intersex inclusive practice. It is mostly aimed at employment practice, but much of the material will also help build inclusive service delivery.

Resources for LGBTI Inclusive Services

Silver Rainbow – LGBTI Ageing and Aged Care

The Australian Department of Health and Ageing (now managed by Department of Social services) have provided funding to the National LGBTI Health Alliance to co-ordinate a national training project in LGBTI awareness for the aged care sector.

An online module can be accessed at: <http://lgbtihealth.org.au/national-lgbti-aged-care-awareness-training-project-an-overview/>

National LGBTI Ageing and Care Strategy

A national strategy that follows the principles of inclusion, empowerment, access and equity, quality and capacity building.

<http://lgbtihealth.org.au/resources/national-lgbti-ageing-strategy/>

Rainbow Tick

The Rainbow Tick, developed by Gay and Lesbian Health Victoria, consists of six standards against which services can be formally accredited to demonstrate LGBTI inclusive practice and service delivery.

GLHV has an audit tool that organisations can use to assess their current level of LGBTI inclusive practice. GLHV also offers staff training and professional development on LGBTI issues and inclusive practice and a [HOW2 program](#) that assists organisations in meeting each of the six standards.

<http://www.glhv.org.au/glbti-inclusive-practice>

SAP Tool

The SAP (Self-Assessment and Planning) Tool is an audit designed specifically for aged care services, by Val's Cafe. It provides an essential starting point for organisations and services that want to assess how inclusive they are to older LGBTI people. The SAP tool can be used as part of an assessment cycle, to keep coming back and checking where you are at.

<http://www.valscafe.org.au/index.php/resources/item/108-sap-tool>

Resources for anxiety and depression

beyondblue

beyondblue provides information, support and resources particular to older people, and to LGBTI people. This includes the Professional Education to Aged Care (PEAC) program for workshops on anxiety and depression for aged care staff.

www.beyondblue.org.au