LGBTI fact sheet 9 - Mental & physical health

The physical and mental health of a person with dementia who is L, G, B, T or I

Abuse, violence, marginalisation, medicalisation and discrimination during their lifetime negatively impacts on LGBTI peoples' physical and mental health (1-9).

- Where this acts as a barrier to accessing the health system and appropriate care when needed, health inequities can result (10-14).

Specialised care

- LGBTI peoples may have specific health issues, however most general practitioners have not received specialised training.
- This can result in LGBTI peoples lacking confidence in primary care services and LGB peoples confronting assumptions of heterosexuality (9, 15).
- Older LGBTI peoples may have experienced discrimination from the medical profession or traumatic treatments such as aversive behavioural therapy or shock therapy when they were younger (2, 8, 16-18).
- Fear of further maltreatment, returning to an 'institution' (19) and/or contemporary experiences of discrimination may result in them avoiding access to health services and routine medical care with subsequent delayed diagnoses and/or untreated, chronic health conditions (13, 14, 20-22).
- Intersex people with dementia will likely experience issues accessing medical specialists familiar with the management of various intersex conditions which can result in difficulty accessing important medical treatments such as hormones and/or monitoring such as gonadal health checks and bone mineral density testing.
- These issues may be exacerbated when the intersex person with dementia is relocated to residential care and potentially distanced from familiar medical services and other supports.

Mental health

- Throughout their lifetime LGBTI peoples reportedly experience higher rates of depression, anxiety, self harm, thoughts of suicide and suicidal behaviour than the general population (10, 13, 17, 23-40).
- At least 24.4% of lesbian, gay and bisexual peoples and 36.2% of transgender people meet the criteria for experiencing a major depressive episode, compared with 6.8% of non-LGBTI Australians. Rates of depression and anxiety are highest amongst transgender and bisexual Australians (41).
- The link between environmental contexts and health outcomes in general is well established (42-44). A perceived lack of neighbourhood safety has been associated with depression, anxiety and high levels of psychological distress in sexual minority groups in particular (45).

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- The rates of substance abuse such as tobacco, alcohol and illicit drugs in LGBTI peoples are higher than in the general population (3, 13, 17, 23, 25, 26, 46-50). Some LGBTI people have self-medicated with these substances in an attempt to ease their emotional pain or internal conflict.

***Note:** While awareness of the need to address the mental health concerns of LGBTI peoples is increasing, significant knowledge gaps remain particularly with regard to older LGBTI peoples.

- This is due, in part, to the lack of inclusion of sexual orientation, gender identity and intersex status in mental health services data resulting in underestimated numbers leaving LGBTI peoples largely invisible in mental health policies and programs (35).
- Internalised homophobia, biphobia and/or transphobia can happen to LGBT peoples who have been wrongly taught that heterosexuality and gender binary are the 'right way to be' and anything else is 'bad'.
- These terms refer to negative feelings about homosexuality, bisexuality and transgenderism which are directed towards the self or 'internalised'. Hearing and seeing negative messages of LGBT peoples can lead to these messages being taken in or internalised, potentially prompting feelings of self-hatred.
- As a result some LGBT peoples suffer from mental distress or mental health issues. Internalised homophobia, biphobia and/or transphobia can present as low self-esteem, negative body image, withdrawal from friends and family, shame, depression, aggression or contempt for other open LGBT peoples (51-53).

Physical health

- A history of increased rates of substance abuse and less likelihood of having had children increases the risk of breast and cervical cancer in older LBQ women (54-58).
- The risk of some cancers is also increased in older GBQ men (58-61). The risk is further increased in both groups where contact with health services is delayed or avoided (50, 58).
- Potential unknown adverse effects of long-term medication use such as hormonal treatments prescribed for transgender and intersex peoples (20, 62-66). Ongoing monitoring can help to reduce the risks of some cardiovascular conditions, strokes and thrombosis.
- Transgender people with dementia may experience barriers to accessing hormonal treatments when their family of origin are making decisions on their behalf or they are dependent on aged care services.
- Aged care providers need to be aware that it is a violation of the person's rights and medically dangerous to discontinue an older person's hormones, particularly for those whose testicles and/or ovaries have been removed (66).
- Chest binding to compress breast tissue may be important for masculine gender expression in transgender people assigned a female sex at birth. While binding can be positive for their

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psychological health (36), the transgender person may suffer adverse physical effects such as pain, skin irritation or fungal infection as a result (14, 67-69).

- Tucking of the testicles and penis may be important for feminine gender expression in transgender people assigned a male sex at birth. This can lead to hernias, perineal skin breakdown, urinary trauma and infections or testicular complications (14, 69).
- It is important to be aware of the need for ongoing health screening such as prostate checks for transgender women and pap smears and breast checks for transgender men and women (14, 40, 66, 69). Some intersex people may need a combination of these (11).
- Health professionals should be aware that screening procedures may provide a distressing reminder of a person's biological characteristics or assigned sex which may be incongruent with their affirmed gender (14, 69, 70).
- Older transgender people who have undergone gender-affirming surgery (GAS – *see glossary*) may require ongoing additional support with their personal care and hygiene needs where GAS included genital reconstruction.

Genders, Bodies & Relationships Passport

- The 'Genders, Bodies and Relationships Passport' (71) is a document developed specifically to support intersex, transgender and gender diverse peoples. The passport includes important information about a person's gender/s, body and relationships to ensure they are respected in their interactions with health and care services without needing to repeat their story to different providers.

***Note:** The passport can provide essential information to assist in meeting the personal care needs of a person with dementia, service providers need to be aware of the importance of confidentiality in relation to this information.

- Many transgender people prefer not to officially recognise their history and they may see the risk of exposure as too great.
- The Genders, Bodies and Relationships Passport is available to individuals and organisations from the National LGBTI Health Alliance.

People living with human immunodeficiency virus (HIV)

- Antiretroviral drugs are available for the management of HIV infection and most people with HIV who are treated with these medications do achieve viral suppression (72). Increased survival rates in people with HIV means that a growing number are aged over 65 (38, 73, 74).
- While effective management of HIV means AIDS related conditions are becoming less common, those living with HIV who are treated with antiretroviral medications have an increased risk of age-related conditions at a younger age.
- These include cardiovascular, renal and bone disease. Because of this, they may require chronic disease management and care earlier than the general population (38, 72, 75-78).

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- Many years of society's fear, lack of education as well as cultural and religious prejudices has led to older people with HIV frequently experiencing isolation, stigma and financial disadvantage increasing their risk of mental health problems (38, 79-81).
- They may also be suffering the long term effects of the more damaging, early antiretroviral drugs introduced in the 1990s (79).
- Many older people with HIV/AIDS have also experienced discrimination from the medical profession in the past leading to delayed or reduced quality of care (82), further complicating their health needs.
- Some of those with HIV will experience HIV-associated neurocognitive disorders (HAND) and a small number of these people will have cognitive symptoms severe enough to be diagnosed with HIV-associated dementia (HAD; 81, 83).
- With an increased risk of comorbid health conditions and dementia, informed care for older adults with HIV and specialised education of aged care staff is becoming increasingly important (73, 77, 84). An awareness of their history and special needs is essential to managing BPSD.

***Note:** Gay and bisexual men, transgender women and other men who have sex with men are the groups most likely to be affected by HIV (85-87).

However, HIV effects many different communities worldwide and is therefore applicable to many groups of people. People with HIV are of all genders, sexual orientations and ages (83).

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See *Fact sheet 1 – Overview* for details.