

LGBT Elders After COVID: Healing, Emerging, Connecting

Kate Bishop, MSSA
Chase Brexton Health Care

May 11, 2021



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

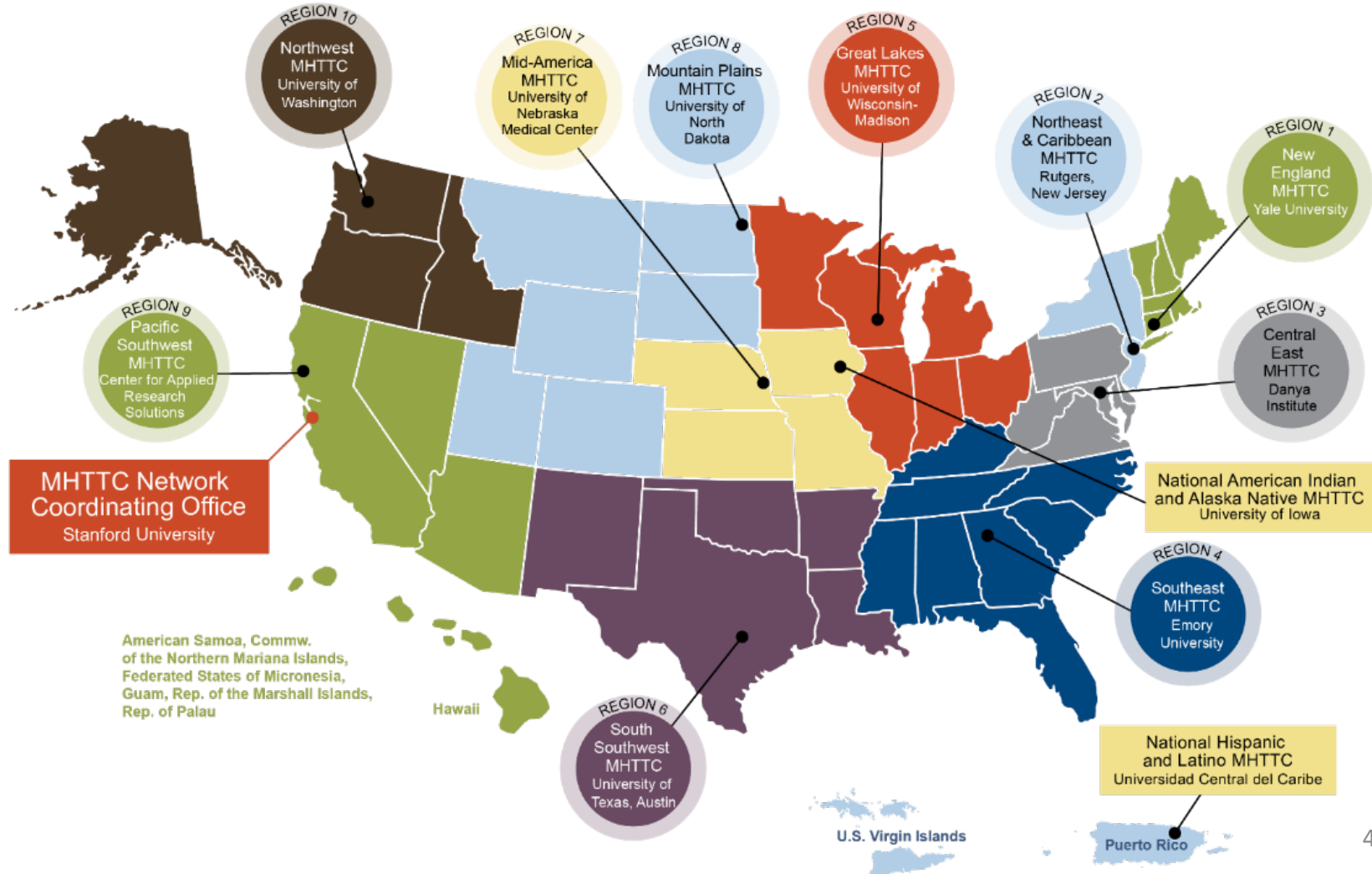


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MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.

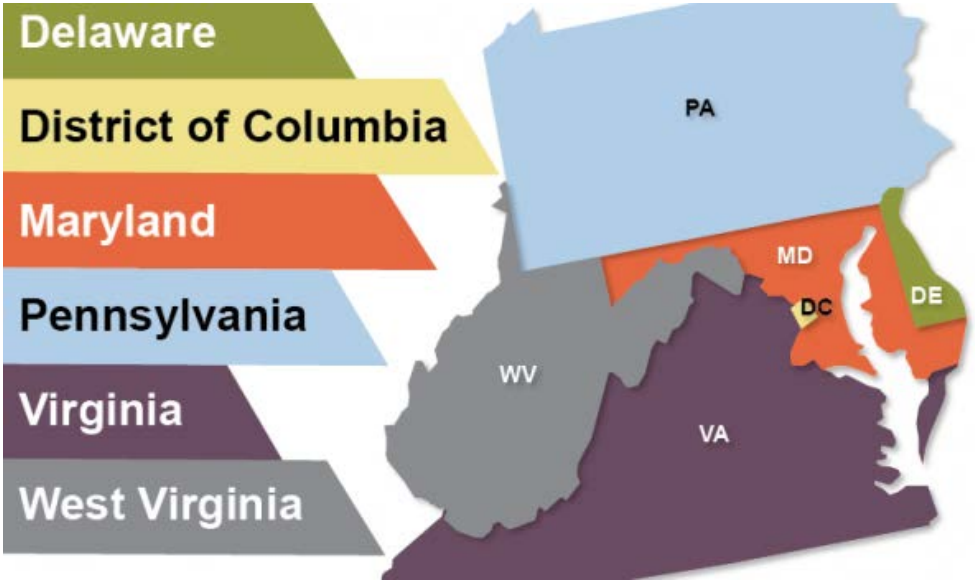


Central East MHTTC Goals

Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region 3



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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

Evaluation Information

As part of receiving funding through SAMHSA to provide this training, the Central East MHTTC is required to submit data related to the quality of this event. At the end of today's presentation, please take a moment to complete a brief survey about today's training.

LGBT Elders after COVID: Healing, Emerging, Connecting

May 11, 2021

Presenter: Kate Bishop, MSSA

Education Coordinator
The Center for LGBTQ Health Equity
of Chase Brexton Health Care



Presenter: Kate Bishop

- Education Coordinator
The Center for LGBTQ Health Equity
Chase Brexton Health Care, Baltimore MD
- Expertise in working with LGBTQ+ populations, sexual and reproductive health, intimate partner violence, sexual trauma, and professional development training with adult learners
- 25 years of training experience; certified as an LGBTQ trainer through GLSEN (Gay, Lesbian and Straight Education Network) as well as SAGE (Services and Advocacy for GLBT Elders)
- Previously developed capacity-building trainings in serving sexual minority youth of color through the STAR TRACK Adolescent HIV program at University of Maryland
- BA: Gender Studies, Hiram College
MA: Social Work, Case Western Reserve University



The Center for LGBTQ Health Equity

A Chase Brexton Health Care Center of Excellence 



Adult
Medical Care



HIV
Medical Care



Pediatrics



Ob/Gyn



Behavioral
Health



Dentistry



Pharmacy



Case
Management

Center for LGBTQ Health Equity Initiatives:

- ElderPride
- Gender JOY
(Journeys of Youth)
- **Health Equity
Training Team**
- LGBTQ+ focused
Behavioral Health

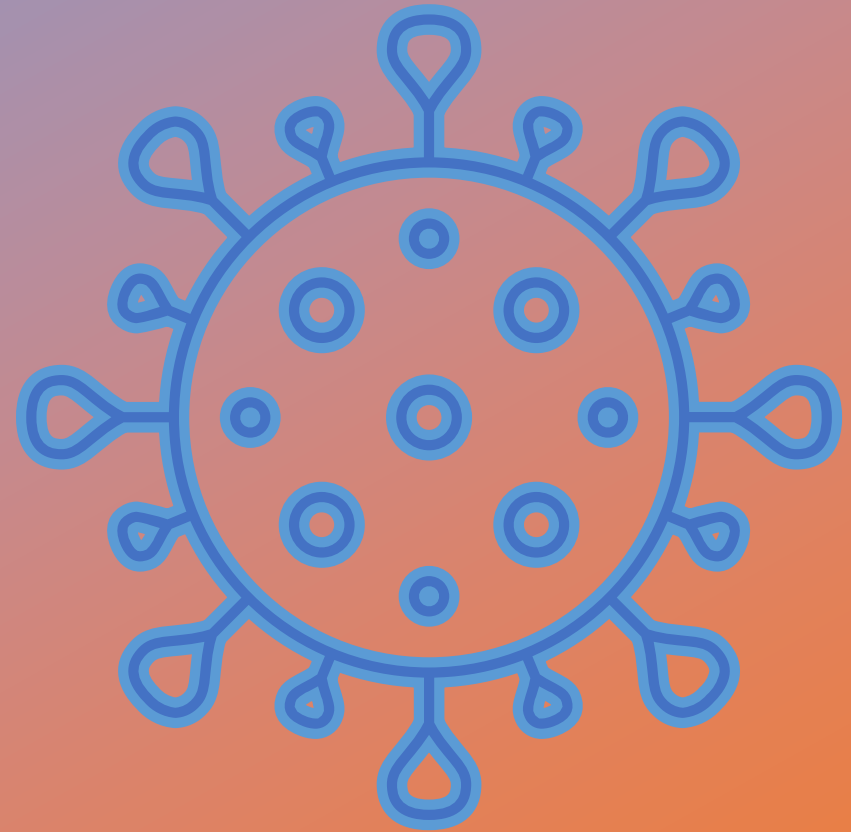


Chase Brexton Health Care
Because everyone's health matters.

Learning Objectives

- Examine the impacts of social distancing, isolation, and loneliness on the health and psychosocial needs of LGBT Elders
- Identify strategies older adults can put in place to increase their wellbeing through personal, familial, and community connections as pandemic restrictions fall away
- Explore effective treatment practices to assist LGBT Elders in creating a robust social support systems that can help them age with grace wherever they are

COVID-19 and LGBTQ Communities



Life-Threatening Data Gap

COVID explained in gay terms; You and 10 friends are in your apartment getting ready for the Pride Parade. One has glitter. How many end up with glitter on them?

- What's the LGBTQ infection rate? Testing numbers? Transmission risks? Clusters and hot spots?

We don't know. SOGI (Sexual Orientation and Gender Identity) data is not collected.

LGBTQ+ PERSONS ARE MORE VULNERABLE TO COVID-19. WHY?

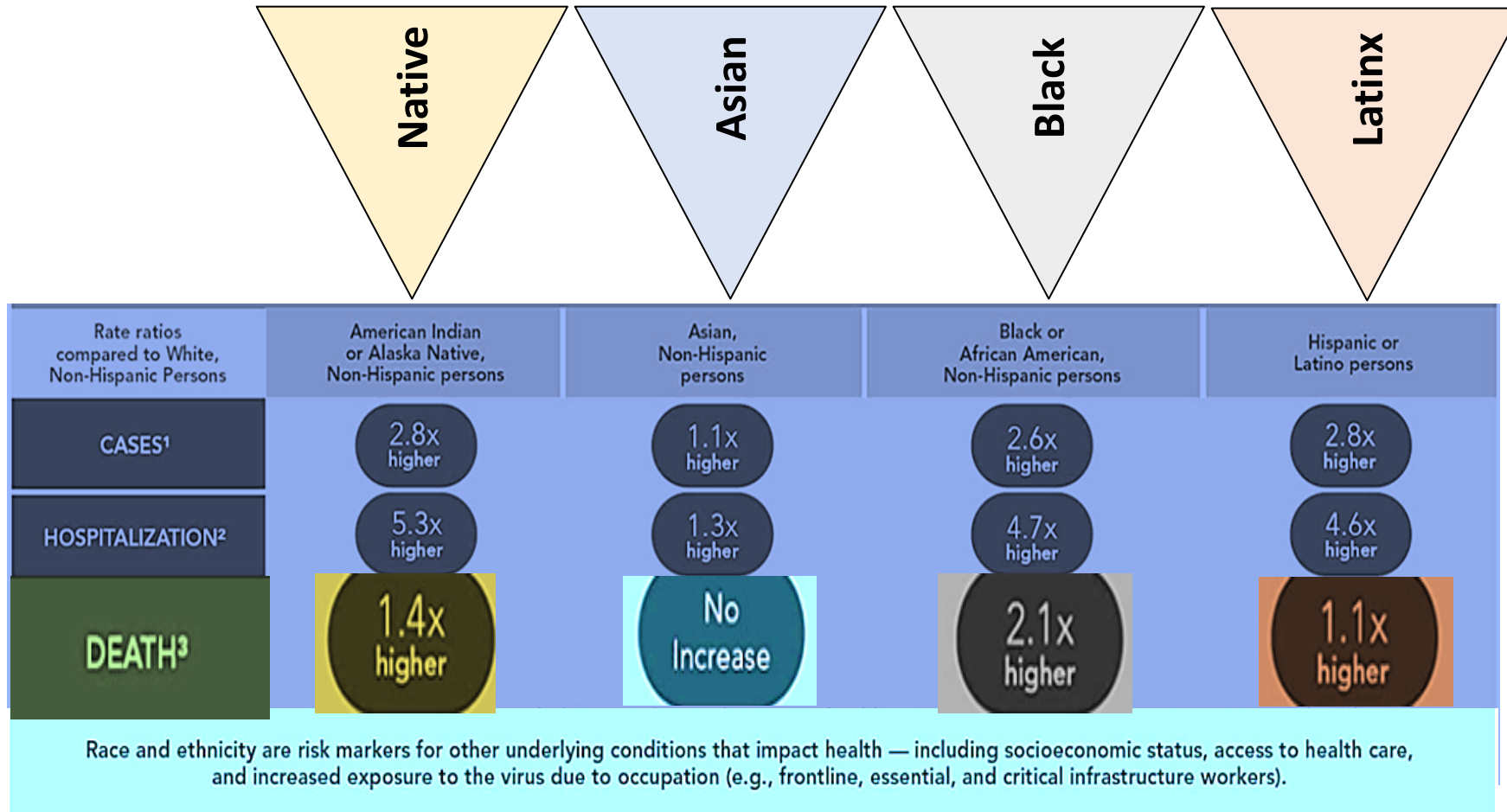
We have increased

1. Tobacco use
2. HIV and cancer rates
3. Barriers to health care



COVID Disparities Are Known, But Uncalculated

COVID-19 and Race



COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

Source: Centers for Disease Control 8/8/20

Pre- Pandemic Disparities

Before 2020, LGBTQ people saw higher rates of:

- Unemployment, low wages, lack of benefits
- Housing discrimination, eviction, instability
- Health insurance coverage gaps
- Health care discrimination, uneven provider training
- Chronic Illness – Cancer, Diabetes, HIV, Hypertension
- Tobacco, alcohol, substance misuse
- Mental Health challenges – anxiety, depression, PTSD
- Incarceration and other institutionalization
- Trauma, sexual assault, street violence
- Youth family rejection, Elder isolation



Spotlight: LGBTQ Economic Disaster

“Two in five LGBTQ people work in the five industries most impacted by the pandemic — compared to just one in five non-LGBTQ people, according to a survey from the Human Rights Campaign Foundation. All told, more than 5 million LGBTQ workers in these industries could be significantly affected by the pandemic.”

~ David Johns and Earl Fowlkes Jr

- Hospitality
- Health Care
- K-12 Education
- Colleges/Universities
- Retail

Fowlkes, D. and Johns, D. (2020, July 21). *COVID-19 is quietly ravaging the LGBTQ community*. TheHill.

Pandemic Wellness Goals

Maintain:

COVID-19 safety

Physical health, vitality

Balance, range of motion, and muscle strength

Mental health, positive outlook, managing stress, coping skills

Connections to family, including family of choice

Sense of Community

Sense of Purpose, spirituality

Identity pride and ego strength

Pandemic Wellness Challenges

Limited access to affirming care

Limited support networks

Fewer visual check in opportunities

Older adults are a high-risk group, increasing isolation

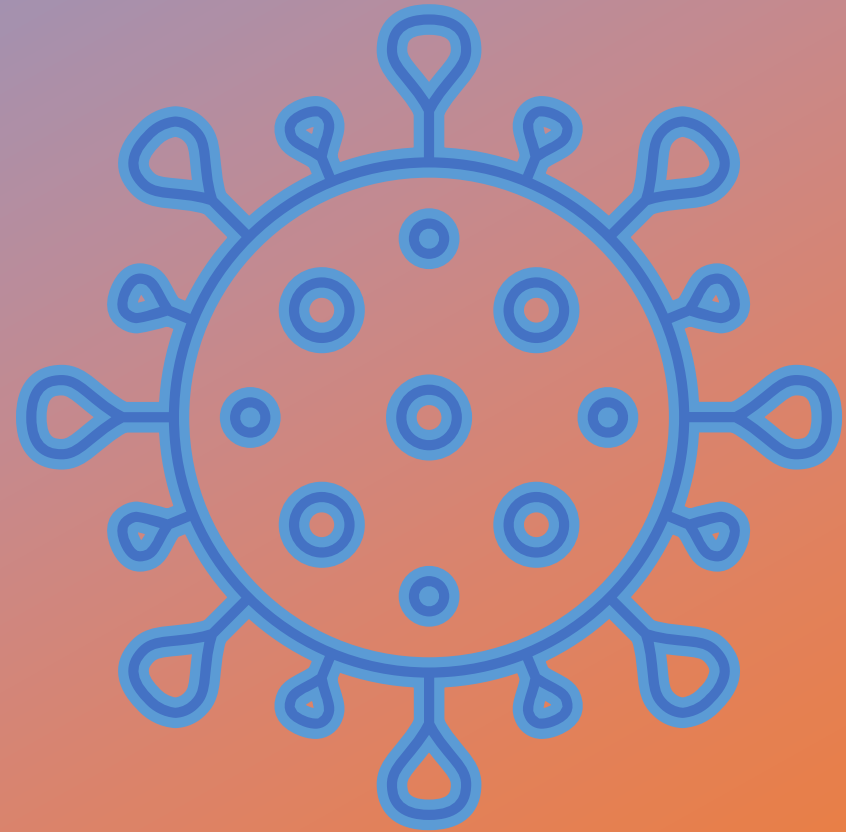
News overload, multiple catastrophes, allostatic load

Blurry locus of control

Time disorientation

Grief, horror, and rage

LGBT Elders



2.7 MILLION LGBT ADULTS AGED 50 AND OLDER

1.1 MILLION ARE 65 AND OLDER



APPROXIMATELY **ONE IN FIVE** (20%) LGBT OLDER ADULTS ARE PEOPLE OF COLOR



WHY LGBT OLDER PEOPLE ARE AT INCREASED RISK FOR COVID-19 AND ARE ESPECIALLY VULNERABLE RIGHT NOW



LGBT older people experience physical health disparities, often the result of discrimination, which make them more at risk for serious complications from COVID-19.

LGBT Elders Of Color

- The LGBT Elders of Color population is projected to increase by 217 percent by 2030, compared with 81 percent for the older white population.
- Nearly 40 percent of LGBT elders by this time will be Black, Latino, Asian and Pacific Islander, and American Indian and Alaska Native people

U.S. Department of Health and Human Services' Administration on Aging

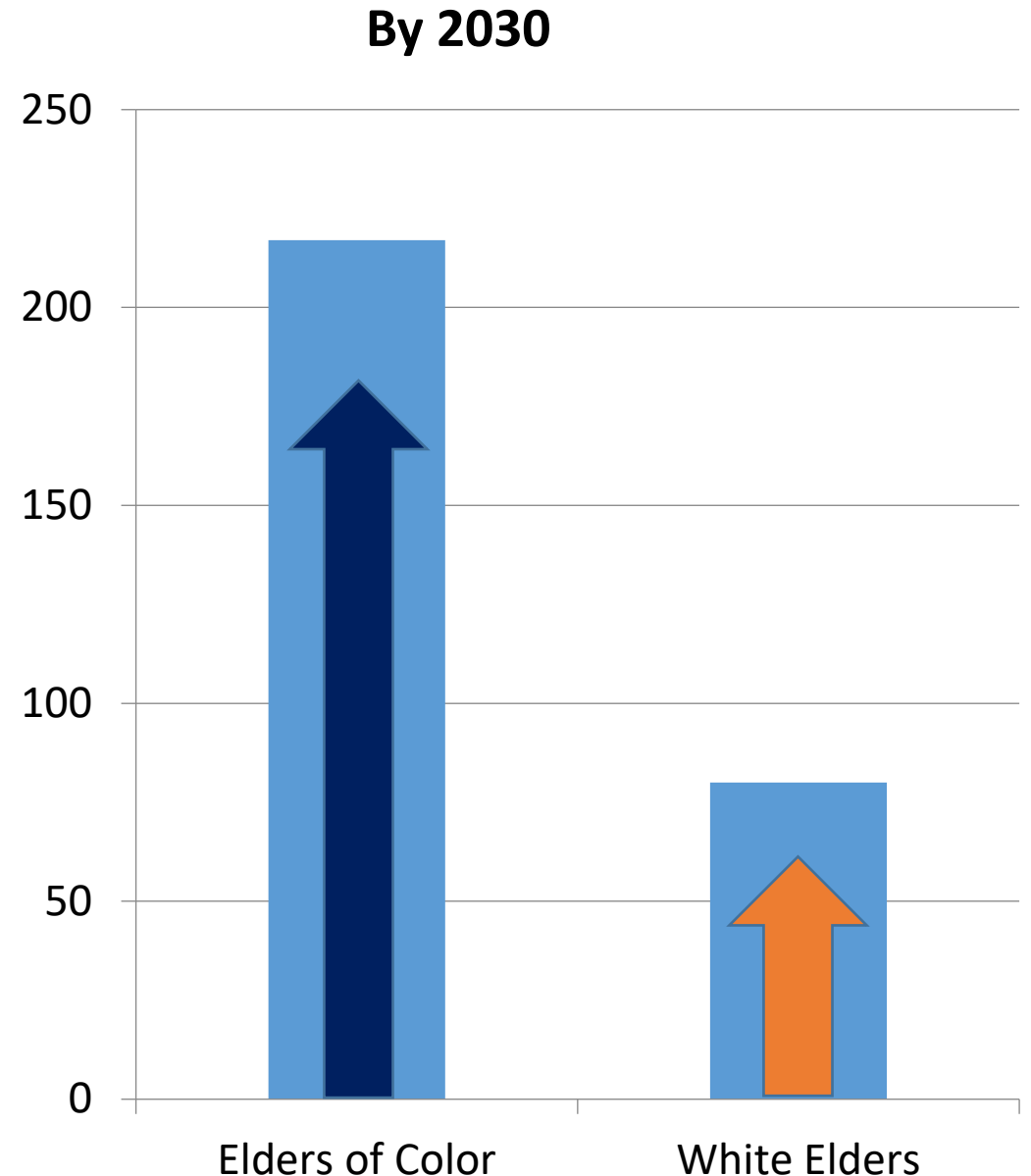
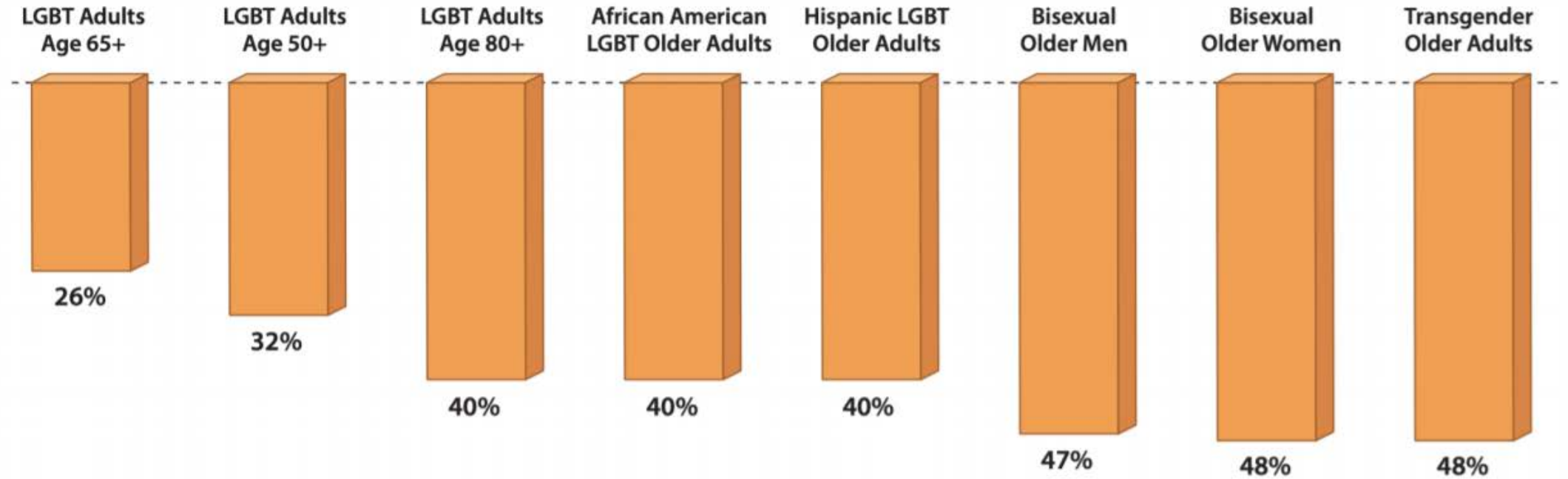


Figure 2: LGBT Older Adults are More Likely to Live in Poverty

% of Older Adults Who Live at or Below 200% of the Federal Poverty Level, by Population



Source: Charles A. Emlert, "Social Economic, and Health Disparities Among LGBT Older Adults," *Generations: Journal of the American Society on Aging* 40, no. 2 (2016).

Isolation is Typical

LGBT Elders are:

- Twice as likely to live alone
- Twice as likely to be single
- 3 to 4 times less likely to have children
- Often estranged from biological families
- In small and shrinking social networks

SAGE Hotline by the numbers

53%

OF LGBT OLDER PEOPLE
FEEL ISOLATED

2x

AS LIKELY TO BE SINGLE
AND LIVE ALONE

15

YEARS LONELINESS CAN
SHORTEN A LIFE



1 IN 3 (34%)

LGBT OLDER PEOPLE LIVES ALONE, AS COMPARED TO 21% OF NON-LGBT PEOPLE.



1 IN 3 (32%)

LGBT OLDER PEOPLE IS CONCERNED ABOUT "BEING LONELY AND GROWING OLD ALONE," AS COMPARED TO 19% OF NON-LGBT PEOPLE.

Social Networks



40% of LGBT older adults say their social networks have **become smaller**, as compared to 27% of non-LGBT people.

© SAGE (Services and Advocacy for GLBT Elders) 2017

1/4 of LGBT
Elders have no
one to call in
case of an
emergency.



Caregiving

- Reliance on families of choice
- Caregiving in isolation
- Caring for friends / Aging together
- Many lack informal caregiving support altogether
- LGBT people become caregivers at higher rate (1 in 4 vs. 1 in 5)



Impact of US History on LGBT Elders

- They came of age at a time when there was great prejudice and violence against LGBT people
- Lived through very real, devastating social and functional consequences for being openly LGBT *in their lifetime*
- Medical label of “mental disorder” validated the prejudice
- Lifetime of fear of discovery, keeping quiet to survive may make elders less willing to be open about their identity
- Persistent stress of discrimination and hiding contributes to health disparities



LGBT Elders Are Survivors

LGBT Older Adults experience higher rates of:

- Disability
- Depression, anxiety, mood disorders
- Alcohol and tobacco abuse
- HIV among gay men
- Cardiovascular disease and hypertension

Reluctance to Disclose Inhibits Care

Forty percent of LGBT older respondents to SAGE's survey in their 60s and 70s reported that their healthcare provider didn't know about their sexual orientation.

In the same survey, Hispanic LGBT older respondents were the most worried that the quality of health care they receive would decrease if they were open about their sexual orientation.

Worried:

34% of Hispanic respondents

23% of African American respondents

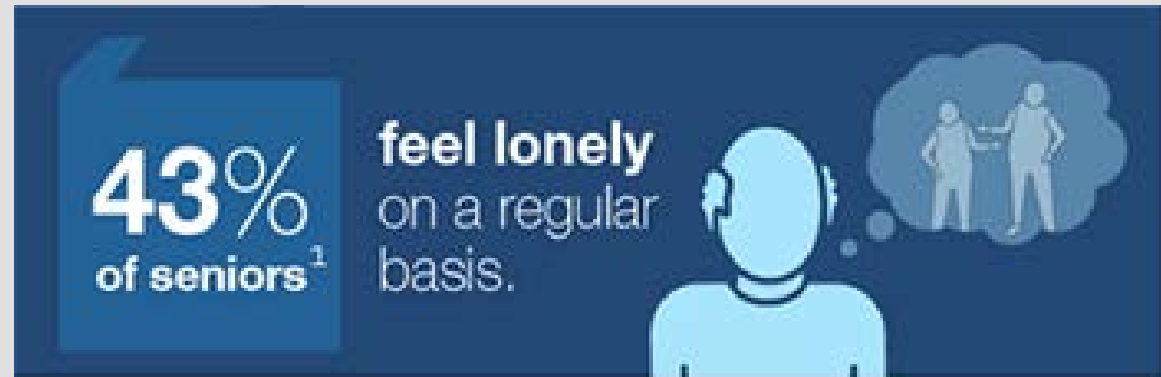
16% of white respondents

Impacts of Isolation and Loneliness



Impacts of Loneliness

HRSA (2019, January 10). The "loneliness epidemic". Retrieved April 30, 2021.



COVID19, Elders, and Isolation

National Poll on Healthy Aging, June 2020:

> 56% of people over the age of 50 said they sometimes or often felt isolated
> 2018: 27%¹

> 46% of older adults reported that they interacted with friends, neighbors or family outside their household once a week or less
> 2018: 28%¹

National Academies of Sciences, Engineering and Medicine Study:

> 43 percent of adults age 60 or older in the U.S. reported feeling lonely²

1 Gavin, K. (2020, September 14). Loneliness doubled for older adults in first months of covid-19. Retrieved April 30, 2021.

2 Tan, E. (2020, March 16). How to avoid social isolation during coronavirus pandemic. Retrieved April 30, 2021.

Four Stages of Crisis Response

- Study: Harvard Medical School and OSU Stress, Trauma and Resilience (STAR) Program
- Source: Michael Pittaro, *Crisis Fatigue and the COVID-19 Pandemic*. Psychologytoday.com, Aug 10, 2020.

Heroic Stage – Individuals band together on the onset of a crisis to determine how to survive. Collective surge of cortisol and adrenaline.

Honeymoon Stage – Initial success and feel-good response to being part of a community. High identification with others facing the crisis.

Disillusionment Stage – Individuals begin to feel physically and emotionally exhausted. Extremely high allostatic load (hormonal overload). Hyper-vigilance, irritation, rage, despair.

Fatigue Stage – Cortisol and adrenaline crash or burnout. Jumpy agitation or withdraw. Pessimism and meaninglessness.

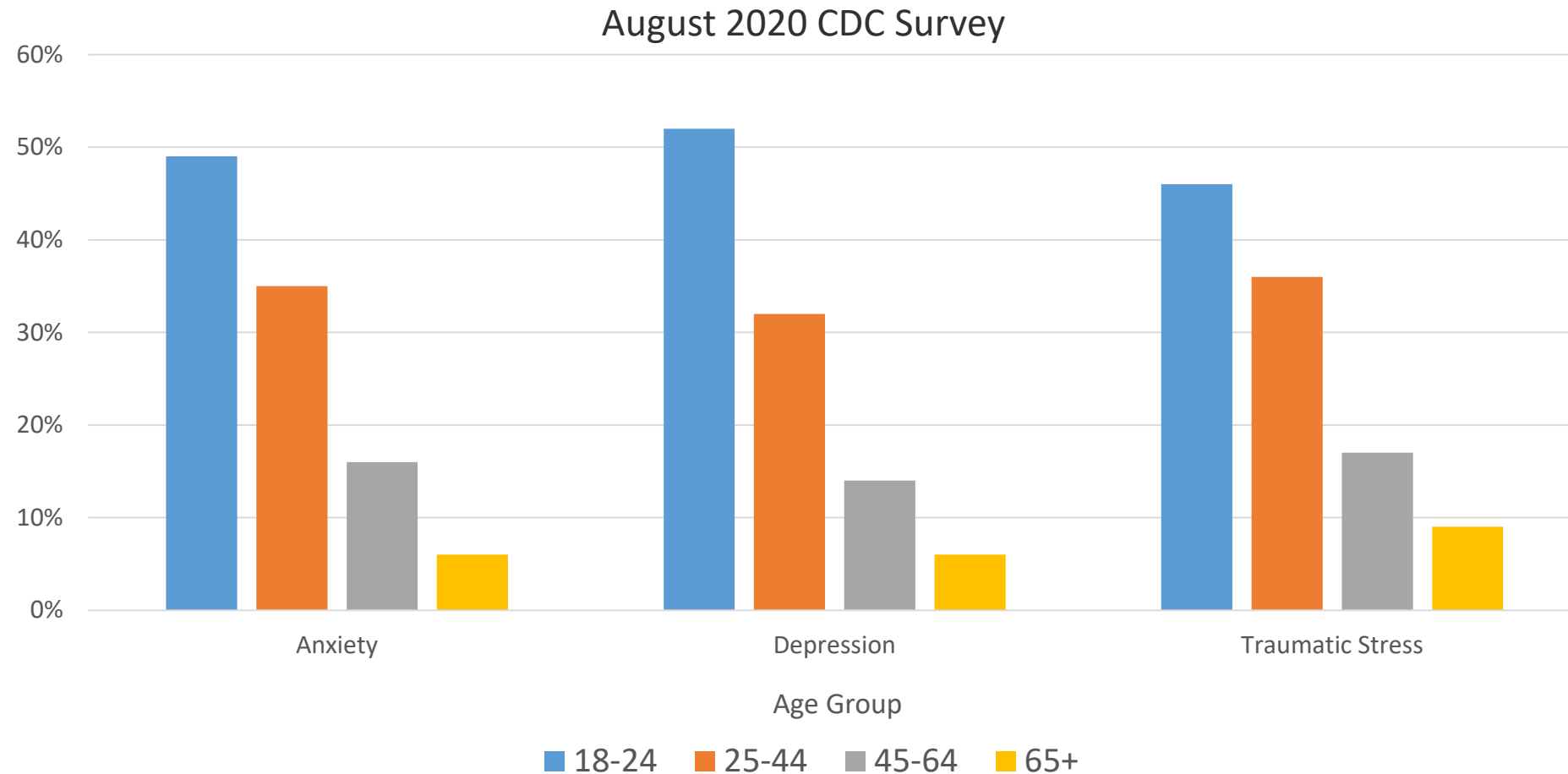
- Most likely to engage in risky behaviors at fatigue stage

Crisis Fatigue Warning Signs



- Crying spells or bursts of anger
- Difficulty eating
- Losing interest in daily activities
- Increasing physical distress symptoms such as headaches or stomach pains
- Fatigue
- Feeling guilty, helpless, or hopeless
- Avoiding family and friends

Older Adults May Be More Resilient To Pandemic Mental Health Concerns



V. Vahia, I. (2020, December 08). Older adults and the mental health effects of covid-19. Retrieved April 30, 2021.

Mattering Makes the Difference

Original Article | Published: 15 June 2020

Aging and Feeling Valued Versus Expendable During the COVID-19 Pandemic and Beyond: a Review and Commentary of Why Mattering Is Fundamental to the Health and Well-Being of Older Adults

[Gordon L. Flett](#)  & [Marnin J. Heisel](#)

[International Journal of Mental Health and Addiction](#) (2020) | [Cite this article](#)

2015 study on Mattering for midlife and older gay men

- Often feel depreciated and socially invisible.
- Internalized gay ageism is associated with depressive symptoms.
- One's sense of “mattering” offsets the health effect of internalized gay ageism.
- Internalized gay ageism is a unique, underexplored form of minority stress.

Wight, R. G., LeBlanc, A. J., Meyer, I. H., & Harig, F. A. (2015). Internalized gay ageism, mattering, and depressive symptoms among midlife and older gay-identified men. *Social Science & Medicine*, 147, 200–208.

Research on Mattering



Components:

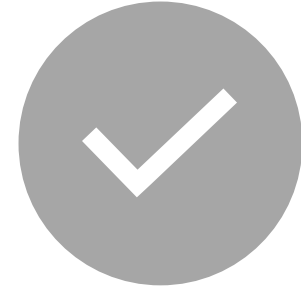
- Sense that other people depend on us
- Perception that other people consider us to be important to them
- Understanding that other people are actively paying attention to us
- Other people have expressed that they would miss us if we were gone
- Feeling appreciated by someone

Schlossberg, N. K. (2009). *Revitalizing retirement: reshaping your identity, relationships, and purpose*. Washington, DC: American Psychological Association.

“The Mattering Recipe”



GETTING INVOLVED AND
STAYING ENGAGED



HARNESSING THE
POWER OF INVITATIONS



TAKING INITIATIVE



DOING YOUR BEST TO
MAKE OTHERS FEEL LIKE
THEY MATTER

Fundamentals of LGBTQ Healthcare



Community Concept: Safety

- “Safety” to LGBTQ people means:
 - Safety to be authentic and open with identities
 - Safety to feel believed about discrimination and abuse
 - Safety to feel unafraid of homophobic/transphobic responses and attitudes of service providers
- People from a **dominant** (heterosexual, cisgender) culture tend to assume that if they are mistreated, they have an automatic right to help, and will be treated respectfully by any agency
- Those from a **subdominant** (LGBTQ) culture may not have experienced agencies as helpful in the past, may not believe that help is genuinely available, and may not seek out help

Adapted from the YWCA of Greater Cincinnati/Northern Kentucky

Community Concept: Service Providers

- Agency assurances that services are “for Everyone” may not mean much to a LGBTQ person.
 - LGBTQ people tend to assume service providers will be unwelcoming or hostile until proven otherwise
 - LGBTQ people often believe services do not include their concerns unless explicitly targeted toward them
 - LGBTQ people historically have been offered “help” to become “normal”, may automatically be suspicious of help from any institutional representative

Adapted from the YWCA of Greater Cincinnati/Northern Kentucky

Minority Targeted Population Stress

- Damaging physical and mental health effects of being stigmatized and/or the focus of prejudice and discrimination
- “Bad vibes”, hostile environments, anticipated threat, and continual microaggressions cause:
 - Anxiety disorders
 - Depression
 - Substance abuse
 - High blood pressure
 - Heart disease
 - Cancer



LGBTQ Substance Use Disparities

- 20-30% of LGBTQ abuse substances vs. 9% of general population
- LGB adolescents were 90% more likely to use substances than heterosexual peers
 - Transgender youth were about 2.5 times more likely to use drugs like methamphetamines and cocaine than their cisgender peers
- Lesbian and bisexual women were much more likely than heterosexual women to engage in heavy and binge drinking
 - Bisexual women report more hazardous drinking than both heterosexual and lesbian women
- Men who have Sex with Men (MSM):
 - 12.2 times more likely to use amphetamines than non-MSM
 - 9.5 times more likely to use heroin

Five Reasons Why

- High rates of LGBTQ substance use and abuse may be due to:
 - **STIGMA:** High stress levels due to social, legal, medical, employment and housing prejudice and discrimination.
 - **TRAUMA:** More likely to have experienced trauma and other mental health concerns than their cisgender/heterosexual peers
 - **SAFER SPACES:** LGBTQ people have relied on bars and clubs as community-controlled safe venues for socializing
 - **TARGETED MARKETING:** Alcohol and tobacco companies exploit LGBTQ values like freedom, self-expression, and visibility
 - **CARE SYSTEM GAPS:** Lack of cultural knowledge in health care discourages LGBTQ population from seeking treatment

Evidence-Based LGBTQ Risk Amplifiers



LGBTQ-Specific Recovery Concerns

Self-acceptance of sexual orientation/gender identity

Managing discrimination and microaggressions

Mistrust of healthcare providers and systems

- Especially prevalent in gender diverse communities and among people of color

Handling peer pressure in LGBTQ culture

Interference with hormone treatments or HIV regimens

Coming out to loved ones, maintaining relationships

Family rejection and social isolation

- Bisexual individuals particularly may feel disconnected from both heterosexual and homosexual communities

Ranes, Bethany. *Research Update*, Butler Center For Research, Hazelden Betty Ford Foundation, January 2016

Misgendering and Deadnaming

- Can “out” someone and make them emotionally or physically unsafe
- Makes the person wonder if you are clueless or cruel
- Feels humiliating and disrespectful
- Damages your rapport
- If you are a helping professional, these mistakes can contribute to someone being so uncomfortable they do not get the care they need

SKILL BUILDER: Let's Talk About Pronouns!

Gender-binary pronouns:

- *She, Her, Hers*
 - (Alex ate **her** food because **she** was hungry.)
- *He, Him, His*
 - (Alex ate **his** food because **he** was hungry.)



Image credit: Original Art by Alice Che

Gender-neutral pronouns:

- ***They, Them, Theirs***
 - (Alex ate **their** food because **they** were hungry.)
- *Ze, Hir*
 - (Alex ate **hir** food because **ze** was hungry.)
- Just use my name!
 - (Alex ate **Alex's** food because **Alex** was hungry)

Currently most common

SKILL BUILDER:

Gender Neutral Customer Service Tips

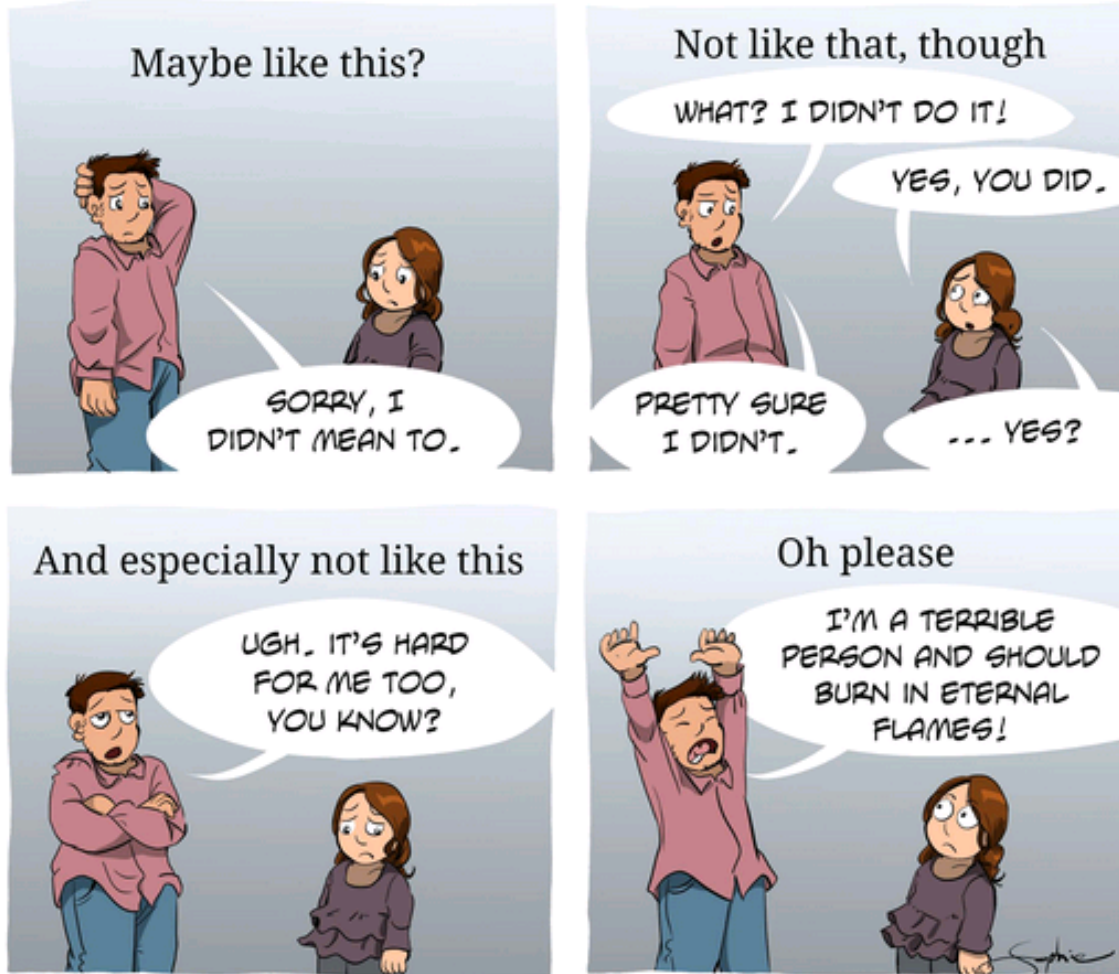
BEST PRACTICE	AVOID THIS	SAY THIS INSTEAD
Avoid specific gender markers	"How may I help you, sir or ma'am?"	"How may I help you today?"
Politely ask if you are unsure about a patient's gender pronoun or name	"What's your real name?"	"Could your chart be under another name? Or what name and pronoun would you like me to use?"
Did you make a mistake? Politely apologize	"It's she? Oh, since your ID says David, I thought he..."	"I apologize for using the wrong pronoun."
Gender neutral language	Using gendered specific names for body parts (ex. penis or vagina)	Instead, use "genital" to discuss groin area or use the language your patient uses.
ONLY ask information that is required or pertinent to your ability to provide service.	Asking personally curious questions about being trans (ex. asking about surgeries when it has nothing to do with the services you're providing)	Ask yourself: What do I need to know that is relevant in providing the best care for my patient/client? How can I ask in a sensitive way?

Slide credit: National LGBT Cancer Network

Intention VS Impact



How to react when you misgender a trans person



Don't make
the person
you hurt have
to comfort
YOU about
your mistake.

Treatment Interventions



Socially-Engineered Trauma

Traumatic events rooted in social forces of oppression and inequality

Cisgender-heteropatriarchy – systems of legal, economic, and social power held by heterosexual cisgender males -- causes suffering

Therapeutic focus on structural oppression as well as the suffering caused by it

Socioeducation – process of “demystifying” socially engineered trauma through raising awareness of oppressive macro systems

Interventions include connecting clients with grassroots social justice movements, providing education on economics or political movements, referring to area advocacy groups

SKILL
BUILDER:
“Minority
Stress”
Treatment
Principles

- Normalize adverse impact of targeted population (“minority”) stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender.

Frameworks That Work





SEX-
POSITIVE

Why It Works

- LGBTQ individuals have been pathologized, even institutionalized, by medical and psychological consensus for their sexual desires
- Clients may be scanning for these attitudes, concerned their attractions and activities will be labeled sick and immoral
- Free sexual expression is a key value to communities who have had to fight for sexual dignity
- Frank conversation about sexuality, sexual concerns, and sexual pleasure is common and normal within LGBTQ communities
- Sexual connection can be a strongly positive route to healing for LGBTQ individuals

Why It Works

- Abstinence-based approach can be incompatible with LGBTQ counterculture-culture
- Mitigates LGBTQ community value of medical/service provider mistrust
- Acknowledges the cultural centrality of drug use in LGBTQ populations
- Allows client to set pace, extent, and routes of behavior change
- Empowers the client as the expert about their own experiences and needs



*HARM
REDUCTION*

Trauma-Informed Care Principles

Trauma impacts LGBTQ communities at extraordinarily high rates.

EMPOWERMENT

Noticing capabilities in the individual

COLLABORATION

Making decisions together

TRUSTWORTHINESS

Providing clear and consistent information

SAFETY

Creating areas that are calm and comfortable; setting boundaries

CHOICE

Providing individuals options in their services and treatment

Trauma and LGBT Substance Misuse

Addiction is often a survival strategy vs pleasure seeking strategy:

- To self-soothe and self-regulate
- As a way to numb hyperarousal symptoms: intolerable affects, reactivity, impulsivity, obsessive thinking
- In the service of walling off intrusive memories or facilitating dissociation
- As a way to combat helplessness by increasing its hyper vigilance and feelings of power and control
- To “treat” hyper arousal symptoms of depression, emptiness, numbness, deadening
- As a way to function or to feel safer in the world

Jeff Zacharias, “The Interplay Of Trauma & Addiction In The LGBT Community” Addiction Studies Institute (ASI) / Columbus, OH, 8/15/15

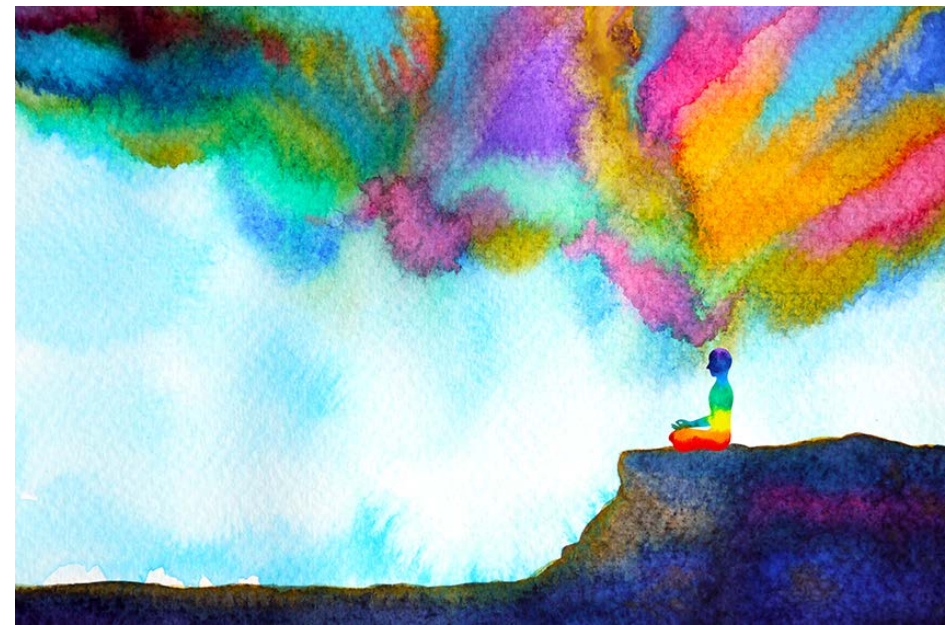
Example: Trauma-Sensitive Care

Treatment must address the relationship between:

- The trauma and the addictive behavior
- The role of the addictive behavior in “medicating” traumatic activation
- The origins of both in the traumatic past
- The reality that recovering from EITHER requires recovery from BOTH

Effective Therapeutic Modalities:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Acceptance and Commitment Therapy (ACT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Mindfulness-Based Meditation
- Seeking Safety counseling model



Jeff Zacharias, “The Interplay Of Trauma & Addiction In The LGBT Community” Addiction Studies Institute (ASI) / Columbus, OH, 8/15/15

LGBTQ Suicide: What Do We Know?

- LGBTQ adults are twice as likely to attempt suicide as other adults
-
- Among transgender adults, the lifetime prevalence of suicide attempts is 40-49%
 - 92% made their first attempt before the age of 25
- 42.8% of LGBTQ youth report seriously considering suicide
 - LGBTQ high school students were 4.5 times more likely than peers to have attempted suicide in the past year (2015)
 - LGBTQ Black and Latinx young people were twice as likely to attempt suicide as White youth
- Bisexual and questioning individuals are even more likely to experience depression or suicidality than their Lesbian/Gay-identified peers

The Impact Of Coronavirus: Suicidal Thoughts

Factors that lead to increased mental health difficulties:

- Social isolation
- Heightened anxiety
- Financial struggles
- Increased suffering
- Fear for loved ones lives
- Rapid changes in routine
- Decreased activities
- Loss of safety
- Feeling hopeless about the future
- Not seeing a resolution to the pandemic
- Job loss = increased feeling like a burden and feelings of worthlessness



Already there's been a big **increase in calls to crisis lines** (Lifeline reports 20%)

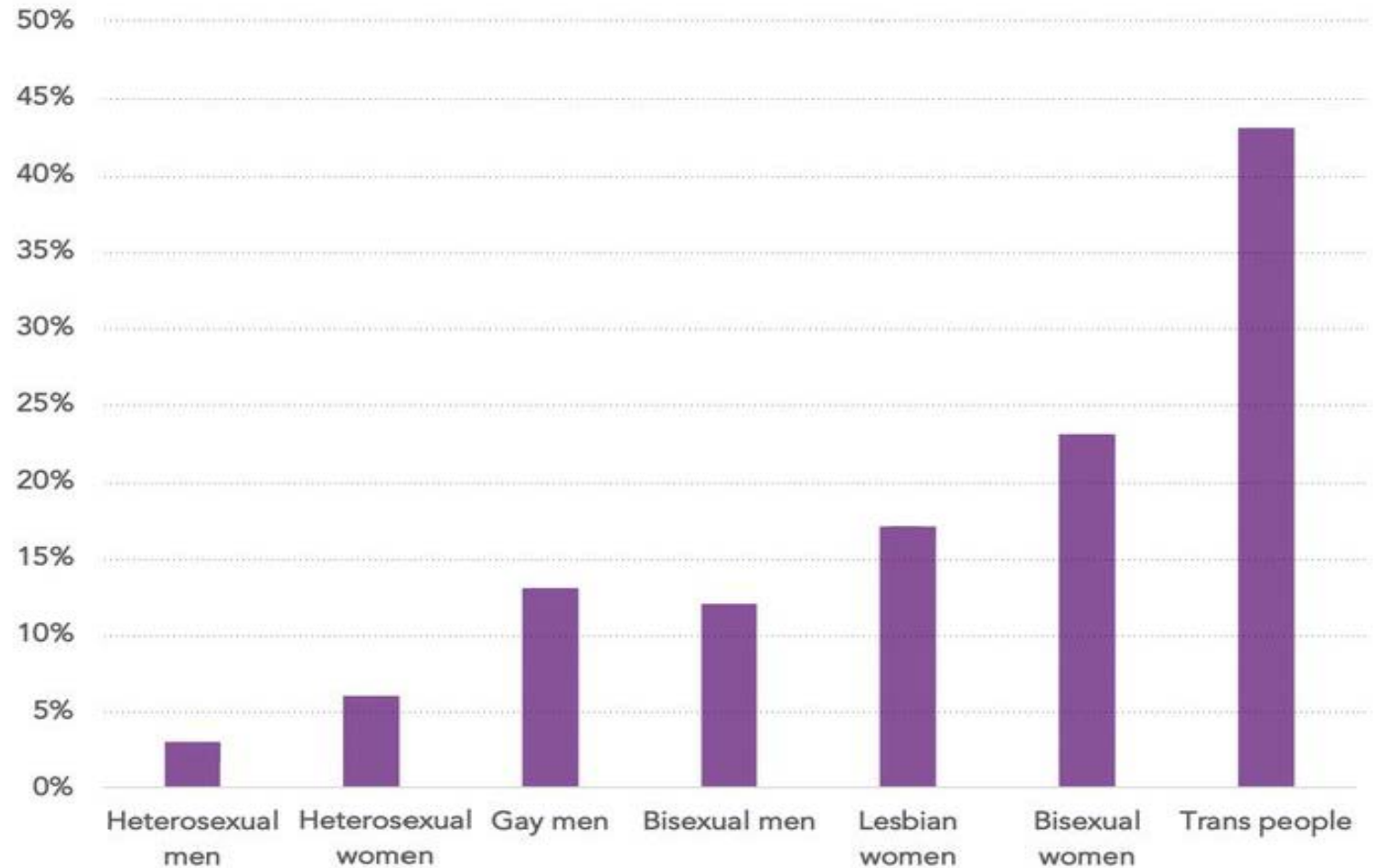


Please check in on your loved ones -
they may be suffering in silence



@RealDepressionProject

Adult Suicide Attempts by SOGI (2019 meta-analysis study)



Source: "A systematic review and meta-analysis of disparities in the prevalence of suicide ideation and attempt among bisexual populations," *Archives of Sexual Behavior*, 2019; "Suicidality among trans people in Ontario: implications for social work and social justice," *Service Social*, 2013.

LGBT Elder Suicide: We Have No Idea

- Research is scant on both Elders and LGBT
- Relies on self-report of multiple stigmatized identities
- Older LGBTQ adults have endured trauma and the cumulative health impact of extreme prejudice
- Isolation, a known suicide risk factor, is the biggest concern for the LGBT Elder population

Suicide and LGBTQ/SGL Older Adults. (2018, June 1). SAGE.
Posted March 21, 2016 By Dr. Imani Woody

LGBTQ Protective Factors

Acceptance by family of origin (e.g., parents, siblings, grandparents, children)

Having a supportive social network made up of LGBTQ friends, allies, and family of choice

Access to and use of LGBTQ inclusive medical and mental health.

Access to LGBTQ-affirming counseling and therapy, medical care, and LGBTQ-specific resources.

Validate Disenfranchised Grief

LGBTQ people who have lost a partner/spouse or other loved one often do not have the same types of support as non-LGBTQ people

LGBTQ people may feel they cannot openly acknowledge or publicly mourn a partner, or may find that others minimize their loss—a problem often referred to as disenfranchised grief

Such disenfranchised grief is common among those who survived the HIV/AIDS crisis but lost so many of their peers

Losing a loved one from suicide further disenfranchises grief because of the stigma associated with mental illness and suicide

In addition, disenfranchised grief itself may be a risk factor for suicide

Highlight Unique Strengths of LGBTQ People

- Creativity
- Courage
- Resilience
- Humor
- Community/Chosen Family
- The Legacy of Elders and Ancestors
- Fabulousness

Connection Strategies





Encourage Social Networks

- Peer-primacy is part of adolescent development
- Offer a buffer around identity-related distress
- Help to build scaffold of resilience
- Established support for when things go wrong
- Possibility models: positive reflection creates hope
 - Especially crucial for LGBTQ/SGL/Gender Expansive people of color facing both internalized racism and homophobia/transphobia



Creating Community

- Online Senior Centers
- Book clubs
- Political Advocacy Groups
- Intergenerational Exchanges
- Mutual Aid Groups
- Faith Communities
- Virtual Classes
- Support Groups



NATIONAL HONOR OUR
LGBT ELDERS DAY

For Creating the Path & Leading the Way

[LGBT Elders Day website](#)

Consider Mentorship Programs



LGBT OLDER PEOPLE ARE
TWICE AS LIKELY
(14% VS. 7%)

AS NON-LGBT OLDER PEOPLE TO
SEE THEMSELVES AS MENTORS.



Analog Communication

- Most effective way to communicate with many Elders
- Pick up the phone and call
- Send a text
- Send a letter or card
- Drive by visits



Creative Connecting Online

- San Francisco Village members participate in an improv class one Thursday evening.
- Courtesy of Kate Hoepke, executive director, San Francisco Village



Creative Engagement Ideas

- Busy Box care packages
- Progressive letter
- Postcard tag
- Pandemic time capsule
- Virtual fashion show/costume contest
- Buddy circle phone tree
- Adopt a grandparent
- Intergenerational Tech Lessons
- Group art installation
- Mischief and Magic

AARP Connect 2 Affect

The screenshot shows the homepage of the AARP Connect 2 Affect website. At the top, a red banner contains the text "View resources to help you stay healthy & connected during the coronavirus pandemic." and a "Learn More" button. Below this is a dark grey navigation bar with the AARP Foundation logo and the text "connect 2 affect" on the left, and "TAKE THE ASSESSMENT" on the right. A central navigation menu includes "I'M LOOKING FOR...", "FIND HELP", "RESOURCES", "ABOUT", and "GET INVOLVED", each with a dropdown arrow. The main content area features a close-up photograph of an older man's face. Overlaid on the left side of the photo is the text "CONNECT 2 TOOLS TO OVERCOME SOCIAL ISOLATION" in large, bold letters, with "CONNECT" in red and "2 TOOLS TO OVERCOME SOCIAL ISOLATION" in white. A "Next" button is positioned at the bottom left of the main content area.

View resources to help you stay healthy & connected during the coronavirus pandemic. [Learn More](#)

AARP Foundation connect 2 affect TAKE THE ASSESSMENT

I'M LOOKING FOR... ▾ FIND HELP ▾ RESOURCES ▾ ABOUT ▾ GET INVOLVED ▾

CONNECT
2 TOOLS TO OVERCOME
SOCIAL ISOLATION

[Next](#)

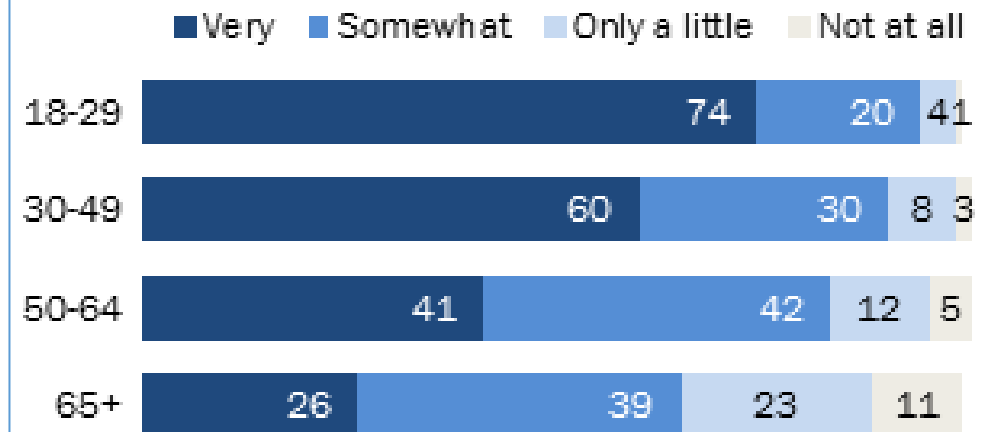
Digital Confidence: 2016

Pew Research Center:

- 4 in 10 elders own a smartphone
 - Varies greatly by income and education
- 1/3 of 65+ use social media
- Most seniors say they need help using new electronic devices
- At the start of the pandemic, 41% of seniors did not have home internet access
- Tech use is especially limited among those ages 75 and over

Seniors are less confident when using electronic devices

% of U.S. internet users who say they feel ___ confident when using computers, smartphones or other electronics to do the things they need to do online, by age



Source: Survey conducted Oct. 13- Nov. 15, 2015.
"Tech Adoption Climbs Among Older Adults"

PEW RESEARCH CENTER

Helping Elders Learn Tech: Fundamentals

- **Do You Have a Device to Get Online?**
 - Desktop or laptop computer, Smart phone, or tablet
 - Webcam and speakers
 - Have the device set up before sending it if possible
- **Do You Have Internet Access?**
 - Three-way call with the older adult, the Internet Service Provider and an advocate
 - Ask if a neighbor would be willing to share internet access.
 - Teach how to check the wifi signal

- **Do You Have an Email Address?**
 - If not, create an email account and make note of the password.
 - An email is typically required to use online services and can be complicated to set up
- **What Would You Like to Do?**
 - Remind them of the online services available and explain their value.
 - Start by focusing on one or two simple online tasks.



“Letters to Shut-Ins”

- Pen pals – LGBTQ inmates or refugees
- Outreach domino circle of friends
- Political advocacy calls
- Check on community members
- Baked goods for the prayer list or neighbors
- Knit mittens for coat drives
- [Virtual volunteering](#)

Hotlines and Support Resources

- SAGE Elder Hotline:
877-360-LGBT (5428)
- Institute on Aging's
Friendship Line:
(800) 971-0016
- AARP Friendly Voices:
(888) 281-0145 (English)
or (888) 497-4108
(Spanish)



Questions



Appreciation



Contact Us



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

a program managed by



[Central East MHTTC website](#)
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