Addressing the Mental Health Needs of LGBTQ Youth in Pediatric Primary Care

Warren M. Seigel MD, MBA, FAAP, FSAHM
Chair, New York State American Academy of Pediatrics (NYS AAP)
Chairman, Department of Pediatrics
Director of Adolescent Medicine, Coney Island Hospital
Brooklyn, NY

Funders & Partners
Learning Objectives

- Identify the various mental health and substance use disorders prevalent among LGBTQ youth.
- Recognize warning signs for bullying, harassment, and suicide among at-risk LGBTQ youth.
- Discuss the internal and external factors associated with homophobia.
- Share strategies for effective communication between providers, parents and LGBTQ youth.
- Identify ways in which to make pediatric practices welcoming and supportive of LGBTQ patients and their families.
- Appropriately screen and refer youth identifying as LGBTQ to the PPC Hub or other appropriate service.
Defining Gender

Natal/Biologic gender: Gender assigned at birth; body parts, hormones, biology

Gender Identity: The understanding of one’s self (Female, male, transgender, gender non-conforming, genderqueer, non-binary, gender fluid, cisgender)

Gender Expression: Ways in which a person acts, presents self, and communicates gender within a given culture

Gender Terminology

Gender non-conforming/gender queer/gender fluid/non-binary
- A person who views their gender on a spectrum rather than fitting into society’s binary categories of male/female

Cisgender
- A person whose gender identity conforms to the cultural notions of gender and the biological sex they were assigned at birth

Transgender
- A person whose gender identity differs from their biological/natal sex and conventional notions of gender

Citation: Olson, Forcier
Identities & Transition

Identities include but are not limited to:

- MTF = male to female, transgender woman
- FTM = female to male, transgender man

Transition →

Process and time when person goes from living as one gender to living as another gender

Defining Sexuality

Sexual Orientation/Identity: Sexual concept of one’s self based on feelings, attractions, and desires

- LGBTQ: Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Pansexual/Asexual

Sexual Behaviors: Young Men who have Sex with Men (YMSM) Young Women who have sex with Women (YWSW)

Citation: Olson, Forcier
Sexual Orientation Identities

- **Pansexual**
  - Fluid sexual attraction to people of any sex or gender

- **Asexual**
  - A person who does not experience sexual attraction

- **Queer**
  - An umbrella term that may include the entire LGBT community and also people who fit outside social norms of sexual identity and gender expression; emphasizes fluid and experience-based identities and attractions

---

Why is Training for LGBTQ-Friendly Care Important?

- Youth and LGBTQ community are marginalized and have increased health risks
- Providers rarely receive LGBTQ-specific training
- Providing LGBTQ-friendly care is a skill
- National, statewide, and city initiatives to improve access to health care for LGBTQ youth
Case: Sophia

• Sophia is a 16-year-old female who comes to your office for a physical exam

• She indicates on her intake form, that she is having sex but not using contraception

• As you begin the sexual interview, Sophia discloses that she self-identifies as a lesbian

How Does Sophia’s Disclosure Make You Feel?
Confronting Personal Biases

- Understand personal biases
- Provider discomfort can be damaging
- It is an ethical obligation to refer patient for appropriate care

Creating a Safe Space

- Train all staff
- Zero tolerance for insensitivity
- Assure Confidentiality
- Provide support resources
- Display LGBTQ-affirming materials

Zero tolerance for insensitivity
Office Environment/Procedures

- Gender-neutral/individual restrooms
- Forms containing gender-neutral language
- EMR prompts
- “Parent” versus “mother/father”

Starting the Sexual Interview

- Is a tool to be used to stimulate dialogue rather than a checklist
- Ask sensitive questions later in the interview
  - This may be the time to ask parents to leave the room
  - “I ask all my patients the following questions”
- Consider starting at age 12 or 13

<table>
<thead>
<tr>
<th>H: Home</th>
<th>E: Education/Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>E: Eating</td>
<td>A: Activities</td>
</tr>
<tr>
<td>D: Drugs</td>
<td>S: Sexuality</td>
</tr>
<tr>
<td>S: Suicide/depression</td>
<td>S: Safety</td>
</tr>
<tr>
<td>S: Spirituality/Strengths*</td>
<td></td>
</tr>
</tbody>
</table>
Avoid Assumptions

- Don’t assume:
  - Patients are heterosexual
  - Bisexuality is a phase
  - Orientation/Attraction equals behavior
  - Sexual orientation based on gender of partner
  - Sexual orientation or gender identity based on appearance
  - Sexual orientation or gender identity is the same as last visit
  - LGBTQ patients are engaging in risky behavior
  - LGBTQ patients have unsupportive families

Who to Screen for Gender Nonconformity?

- All Children
  - Developmental stages
- Nonconforming Expression
- Concerns/Problems with:
  - Mood
  - Behavior
  - Social
How to Screen About Gender

Ask! Parent(s):
Child play, hair, dress preferences
Concerns with these
Concerns with behavior, friends, getting along at school, school failure, bullying, anger, sadness, isolation, other?

Ask! Patient:
Do you feel more like a girl, boy, neither, both?
How would you like to play, cut your hair, dress?
What name or pronoun (he for boy, she for girl) fits you?

Between ages 1 and 2
Conscious of physical differences between sexes

At 3 years old
Can label themselves as girl or boy

By age 4
Gender identity is stable
Recognize that gender is constant
Asking About Sexual Attraction

- Are you attracted to people of:
  - Same sex/gender
  - Different sex/gender
  - Both or all genders/sexes
  - Nobody
  - Not sure yet

- How comfortable do you feel with this/these attractions?

- Have you told your family or friends about this/these attractions?

Awareness of Sexual Orientation

- Sexual minority youth are coming out at younger ages
  - Human Rights Campaign
    - 10,000 13- to 17-year-olds in 2012

- Awareness of same-sex attraction is age 9

- Disclosure is at age 16 years

- Each youth has unique experience

- Time in development
  - Exploration
  - Risk taking
  - Added support
Determinants of Sexual Orientation

- Sexual orientation is not a “choice”
- Most likely determined by combination of influences:
  - Genetic, hormonal, environmental
- More important to focus on
  - Sexuality, relationships, intimacy as an expected part of development
  - How does patient feel about their sexuality?
  - How does family or community support this aspect of selfhood?

LGB Prevalence YRBS 2015

<table>
<thead>
<tr>
<th>Sexual Identity</th>
<th>%</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>88.8%</td>
<td>12,954</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>2%</td>
<td>324</td>
</tr>
<tr>
<td>Bisexual</td>
<td>6%</td>
<td>922</td>
</tr>
<tr>
<td>Not sure</td>
<td>3.2%</td>
<td>503</td>
</tr>
</tbody>
</table>

Source: MMWR, August 12, 2016, Volume 65, No.9

Source: MMWR, August 12, 2016, Volume 65, No.9

Sexual Orientation and Gender Identity of Middle School Students

**Asking About Sexual Behaviors**

- Need to be sensitive AND specific
  - Younger kids
    - Have you held hands or cuddled?
    - Have you kissed or touched each other’s private parts?
  - ……
  - Older teens
    - Have you ever had: oral sex, vaginal sex, anal sex?
    - What parts went where?
    - Did you put your penis in his/her vagina, butt, or mouth?
    - Did you take his/her penis in your vagina, butt, or mouth?

---

**Sexual Behavior Questions**

- Framing the question
- Developmentally appropriate
- To counsel and advise not judge!
- There are many ways of being sexual or intimate with another person: kissing, hugging, touching, having oral sex, anal sex, or vaginal sex.
  - Have you ever had any of these experiences?
  - Which ones?
  - With males, females, both or other genders?
### Sex of Sexual Contacts, by Sexual Identity, YRBS 2015

<table>
<thead>
<tr>
<th>Sex of Sexual Contacts</th>
<th>Heterosexual</th>
<th>Gay, Lesbian, Bisexual</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opposite Sex only</td>
<td>95.7%</td>
<td>2.8%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Same sex only or both sexes</td>
<td>25%</td>
<td>61.4%</td>
<td>13.6%</td>
</tr>
<tr>
<td>No sexual contact</td>
<td>90.8%</td>
<td>5.8%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Source: MMWR, August 12, 2016, Volume 65, No.9

### Sexual Behavior and Sexual Identity

Source: MMWR, August 12, 2016, Volume 65, No.9
Case: Sophia

- Sophia self-disclosed her sexual orientation
- If she had not, would you approach this topic with your patient?

Discuss Sexuality in Clinical Encounters

- Due to discrimination and fear, many LGBTQ youth have difficulty accessing health care
- Most LGBTQ youth are “invisible” and often will not raise issue until asked
- Asking normalizes notion that there is a range of sexual orientations and gender identities
Missed Opportunities, Screening & Identification

- Physician-adolescent discussions during health maintenance visits
- Early and middle adolescents
- Time spent talking about sexuality:
  - 35% spent ZERO time
  - 30% spent 1-35 seconds
  - 35% spent more than 36 seconds


How Often do Pediatricians Ask About Sexual Orientation During Well Visits?

How Often do Family Physicians Ask About Sexual Orientation?

Family Physician Discussed...

- SEX ORIENTATION: 30%
- RECOMMEND CONDOMS: 78%
- HIV: 76%
- SEXUAL BEHAVIORS: 61%
- SEXUAL RELATIONSHIPS: 72%
- CONDOM USE: 73%
- CONTRACEPTION: 79%


Inclusive vs. Exclusive Language Around Sexual Orientation

- 11 Primary Care Clinics in North Carolina
- 393 conversations between 393 adolescents and 49 physicians audio-recorded
- 63% of conversations contained some talk on sexuality
  - **ONLY 3.3% were “inclusive”** (language that avoids the use of specific gender, sex, or sexual orientation)
  - **96.7% were “non-inclusive”** by either:
    - Directly assuming heterosexuality OR
    - Indirectly framed the talk as heterosexual without pre-identifying the adolescent as heterosexual

Alexander SC et al. LGBT Health. 2014
**Sample Provider Patient Dialogue**

**Provider:** “I ask these questions of all of my patients so that I can give you the best care possible. What pronouns do you use?”

**Patient:** “Don’t I look like a woman to you?”

**Provider:** “Of course. These are questions that I ask all of my patients to make sure I understand who they are. I’ll use she,” and then continue to the next question.

---

**Do School Nurses Ask About Sexual Orientation? YMSM Respond**

- YMSM of color ages 13-19 school based web survey
- Youth report
  - School nurses most willing to talk about HIV testing (37%) and condoms (37%)
  - Less willing to talk about same sex attraction (11%)
  - Reluctance to talk if provider LGBTQ attitude unknown

Barriers to Care: Medical Training

- Most medical schools neglect LGBT issues
- One study found that most medical schools devoted 5 hours or less to teaching anything more than asking, “What is the gender of your sexual partner?”
- 1/3 of medical schools assigned no time at all to LGBT topics

Barriers to Care: Provider Attitude

- Lambda Legal survey through partner organizations, 4,916 LGB respondents, 2009
  - Almost 8% of LGB and 27% of transgender and gender nonconforming reported being denied care because of their identity/orientation
  - 11% reported that providers refused to touch them or used excessive precautions
  - Transgender and gender-nonconforming respondents reported facing discrimination and barriers to care 2-3 times more frequently than LGB respondents
LGBT Youth Disclosure

- Disclose to close friend before disclosing to parents and family
  - Fear of negative reactions and rejection from parents/family
  - Still worry about losing friends due to sexual orientation
  - Being out associate with victimization in school
- Disclosure to mother before father, but reactions of parents typically do not differ
  - Parental reactions variable
  - 27-55% supportive or accepting
  - 12-51% intolerant and rejecting
    - reactions including verbal abuse, threats, physical victimization

LGBT Teens Who Are “Out”

- To close Friends
- To classmates
- At school
- To immediate family
- To teachers
- To extended Family
- To doctor
- To sport coaches
- Within religious community
- To Minister/Clergy

- 61%
- 56%
- 25%
- 5%
Possible Negative Outcomes of “Coming Out”

HEADSSS Screen for…

- Family discord and rejection
  - Religious condemnation
  - Runaway, homelessness
- School, peer, work problems
- Social stigma
  - Isolation
  - Victimization & physical violence
- Risk Taking
  - Sex behavior
  - Substance use
  - Depression, suicide

Social and Family Context
Homophobia as a Barrier to Health Care

Perceived lack of confidentiality
Fear of health care provider reaction upon disclosure
Provider's assumption of heterosexuality
Internalized shame and/or guilt

Impact of homophobia/transphobia
- Trauma/violence
- Discrimination
- Rejection
- Lack of civil rights

Internalizing effects of homophobia/transphobia
- Stigma
- Shame
- Isolation
- Stress
- Depression
- Anxiety
- Low self-esteem

Decreased access to competent health services

Poor health outcomes
- No screening
- Low compliance
- Present late in disease
- Unsafe sex

Poor psychological outcomes
- Suicide
- Substance use
- Unsafe sex
- Eating disorders

* Where culturally competent medical and mental health care can be a mitigating factor

Impact of Homophobia/Transphobia: Social and Family Context

MASLOW'S HIERARCHY OF HUMAN NEEDS
FULFILLMENT

1. Food, water, safety from violence
2. Shelter, warmth, money, job
3. Community, career, comfort
4. Intimacy, family
5. Marriages and adoption laws
6. Faith, family, media, school disdain
7. Housing/job discrimination
8. Physical, verbal violence

LGBT youth are thwarted at every level with discrimination in:

Youth may internalize societal homophobia leading to:

- Substance Abuse
- Mental Health & Sexual Violence
- Homelessness
- Safety/Victimization at School
- Risk-taking Behaviors

Effects of Homophobia

Homelessness

30-40% of homeless youths identify as LGBT

In one study, LGB youth were 4 to 13 times more likely to be homeless than their heterosexual peers

Studies have reported that Sexual Minority Homeless Youth have

Lifetime sexual partners
Rates of HIV/STIs
Younger Ages of Sexual Initiation

Safety and Victimization at School

<table>
<thead>
<tr>
<th>Category</th>
<th>L/G/B</th>
<th>Straight</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Physical Fight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt Unsafe/Did Not Attend School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronically Bullied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullied at School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

YRBS 2015

Source: MMWR, August 12, 2016, Volume 65, No.9
Negative Effects of a Hostile School Environment

- Poorer Psychological Well-Being (Depression and low self-esteem)
- Lowered Educational Aspirations and Academic Achievement
- Absenteeism (Missing class/school days)

Risk Behaviors—MTF Youth

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anal sex (no condom)</td>
<td>59%</td>
</tr>
<tr>
<td>UAI (receptive)</td>
<td>49%</td>
</tr>
<tr>
<td>Sex for money/shelter</td>
<td>59%</td>
</tr>
<tr>
<td>Sex &amp; drugs</td>
<td>53%</td>
</tr>
<tr>
<td>Coerced sex</td>
<td>52%</td>
</tr>
<tr>
<td>HIV</td>
<td>22%</td>
</tr>
<tr>
<td>AA youth</td>
<td>RR ↑ 8x</td>
</tr>
<tr>
<td>Homeless</td>
<td>18%</td>
</tr>
<tr>
<td>Incarceration history</td>
<td>37%</td>
</tr>
</tbody>
</table>

Minority Stress Theory

- Gender or Sexual Minority
- Prejudice, Discrimination, Abuse, Lack of Acceptance, Isolation, Esteem, Resources
- Suicide, Substance Use, SES Disadvantage, Victimization
- Anxiety, Depression
- Minority Stress

Stigma


Mitigating Factors

Effects of discrimination are mediated by available social support, development stage of youth, and other personal characteristics

- **Individual resiliency, strength, self-determination**
  - Adaptations to social biases and mistreatment

- **Family/friend support**
  - Youth who experience severe family rejection are 8 times more likely to attempt suicide

- **Support in schools**
  - Presence of Gay-Straight Alliances, curriculum inclusive of LGBT issues, and supportive staff in schools linked to healthier outcomes
**What Health Care Providers Can Do…**

<table>
<thead>
<tr>
<th>Infrastructure</th>
<th>Make office, clinic, wait areas gender neutral</th>
</tr>
</thead>
</table>
| Training             | Work with clinic staff to create trans-friendly environment  
Zero tolerance policies |
| Screen               | All patients, at various points of development and age  
All children with mood, behavior, and school problems |
| Identify             | Become comfortable; take a more detailed gender history |
| Offer primary care   | Promote open disclosure and acceptance |
| Offer referrals & resources | Offer gender care and/or referral to gender experts |
| Advocacy             | Promote diversity in your professional and personal communities |

---

**What Providers Can Encourage Parents/Guardians To Do…**

- **Acquire a broad foundation of factual information from reliable sources**

- Talk with and listen to their child in a way that invites an open discussion about sexual orientation which can help their child feel loved and supported
  - If a child is old enough to ask then they are old enough to hear the correct answer

- When their child is ready, brainstorm with him or her how to talk with others about their sexual orientation.

- Discuss with their child how to practice safe healthy behaviors

- Encourage their child to report any physical or verbal abuse that occurs at school or in the community to a trusted adult

- Stay involved and make an effort to know their child’s friends and romantic partners. This can help their child feel safe and cared about.
Physicians for Reproductive Health ARSHEP LGBTQ Resources:

- https://prh.org/arshep-ppts/#lgbtq-essentials
- familyproject.sfsu.edu — Family Acceptance Project
- http://www.glad.org/ — GLBTQ Legal Advocates & Defenders
- http://www.accreditedschoolsonline.org/resources/lgbtq-student-support/ — LGBTQ Student Resources and Support
- http://www.ncrights.org/ — National Center for Lesbian Rights
- www.pflag.org — Parents and Friends of Lesbians and Gays
- http://safeschoolscoalition.org/ — Safe School Coalition

LGBT Resources

- https://www.gardenstateequality.org/ — Garden State Equality
- https://www.thetrevorproject.org/ — The Trevor Project
- https://www.nami.org/Find-Support/LGBTQ — National Alliance on Mental Illness
- http://offers.aamc.org/lgbt-dsd-health — Association of American Medical Colleges
- https://ir.library.louisville.edu/medicine_ume/1/ — The eQuality Toolkit, Practical skills for LGBTQ and DSD-Affected Patient Care
Gender Specialists for Children

Pediatric Psychiatry Collaborative
Regional Hubs

- Atlantic Health Hub @ Newton Medical Center
- Atlantic Health Hub @ Goryeb Children’s Hospital
- Hackensack Meridian Hub @ Hackensack University Medical Center
- Hackensack Meridian Hub @ Palisades Medical Center
- Hackensack Meridian Hub @ Saint Peter’s Family Health Center
- Hackensack Meridian Hub @ Jersey Shore University Medical Center
- Cooper Hub @ Cooper University Medical Center
- Cooper Hub @ Pennsville

Rutgers University Behavioral Health Care.
More information on the Case Hub can be found here:
http://vhb.rutgers.edu/services/childrens-families/teach-and-learn.html
Referring to the Hub: After required routine screening and/or based on clinical judgement following the exam, providers can fax the PPC Hub. Providers should send a complete consult form, screening tools, and any other clinically relevant information.

What Does the Hub Staff Need? All of the information the PPC Hub staff needs is on the consult form. Some providers may choose to send notes from previous visits as well, which can be very helpful, but is not required.

Communicating with the Family: Please be sure you have discussed the PPC Hub with the patient and family prior to faxing a referral to the PPC Hub, so that the family is aware that a Hub staff psychologist/LCSW/other mental health specialist will be contacting them to discuss current concerns and suggestions for support/treatment.

What will the PPC Hub Staff Do? Hub staff will call the patient’s family and complete a clinical intake. The family will discuss their main concerns. Case managers will evaluate for severity and level of care. Depending on the patient’s needs, Hub staff will:
- Recommend an appropriate level of care (inpatient, PHP, IOP, or outpatient) - the family is sent a list of referrals for therapy services to address current mental health concerns.
- Match the patient with a therapist based on their insurance and geographical location – the referrals are researched by staff psychologists/LCSWs, and most often accept patient insurance.

“Closing” the Loop: Hub staff will communicate with you, sending you notes on what occurred with the family. They will also encourage the family to call them back if they need another resource. Hub staff will also follow-up with referred families 3 and 9 months after initial referral.
Thank You!

Questions?

Please contact:

NJAAP
Mental Health Collaborative
609-842-0014
mhc@njaap.org