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

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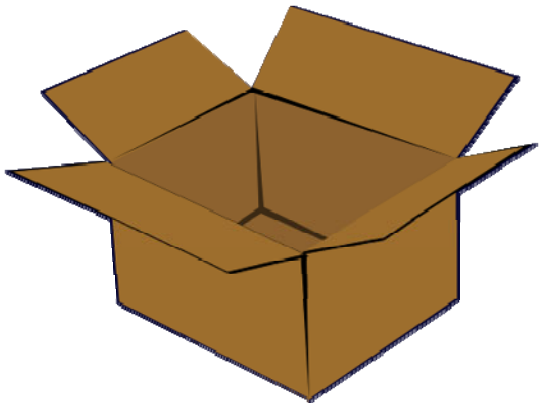
There Are No Disclosures



Learning Objectives

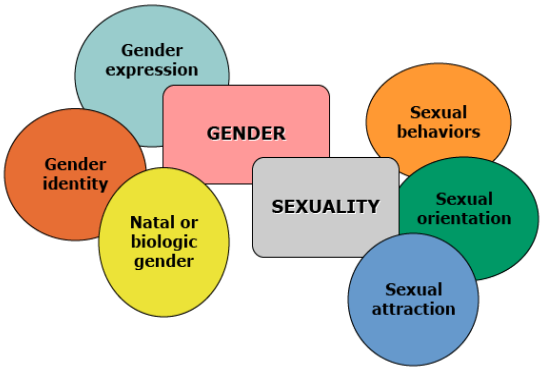
- Identify the various mental health and substance use disorders prevalent among LGBTQ youth.
- Recognize warning signs for bullying, harassment, and suicide among at-risk LGBTQ youth.
- Discuss the internal and external factors associated with homophobia.
- Share strategies for effective communication 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



Citation: Olson, Forcier

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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

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Identities & Transition

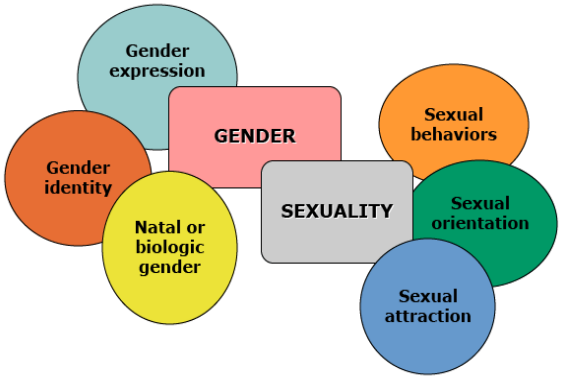
Identities include but are not limited to:

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

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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

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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

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How Does Sophia's Disclosure Make You Feel?

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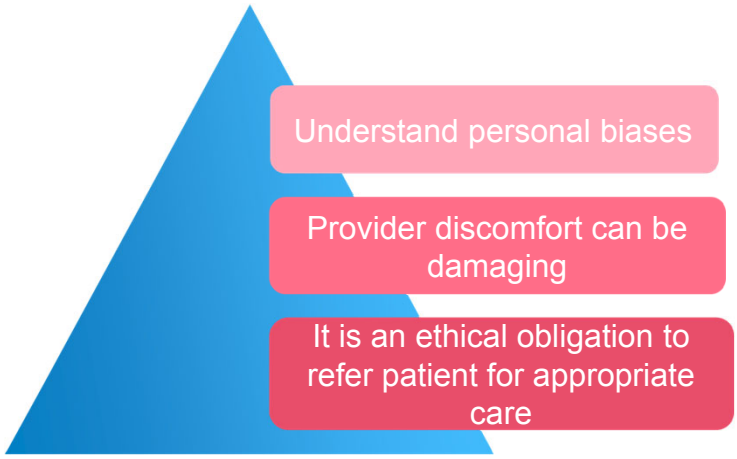
Confronting Personal Biases



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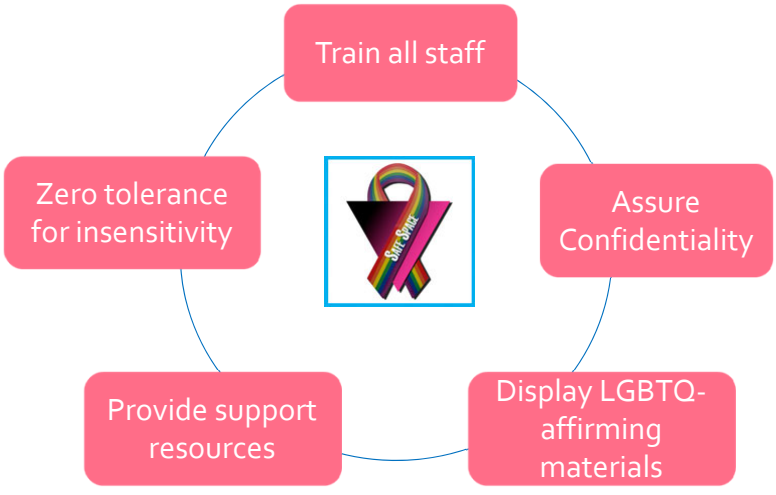
Creating a Safe Space



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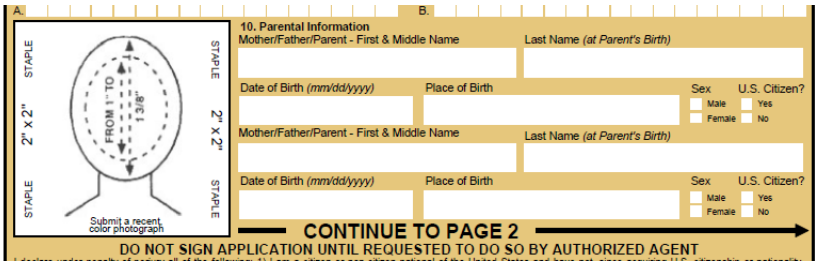
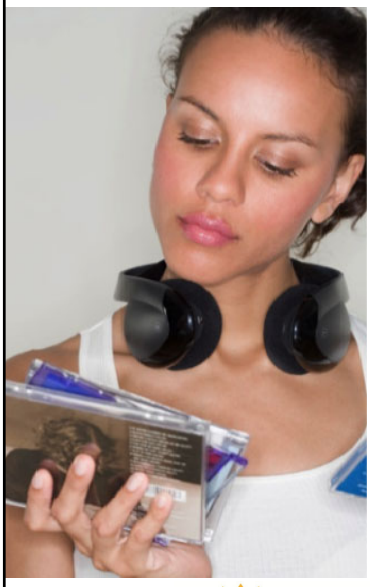
Office Environment/ Procedures

- 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

H: Home
E: Education/Employment
E: Eating
A: Activities
D: Drugs
S: Sexuality
S: Suicide/depression
S: Safety
S: Spirituality/Strengths*

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

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Who to Screen for Gender Nonconformity?

- All Children
  - Developmental stages
- Nonconforming Expression
- Concerns/Problems with:
  - Mood
  - Behavior
  - Social

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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?

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Awareness of Gender Identity

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

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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?

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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

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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?

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LGB Prevalence YRBS 2015

Sexual Identity	%	No.
Heterosexual	88.8%	12, 954
Gay/Lesbian	2%	324
Bisexual	6%	922
Not sure	3.2%	503

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

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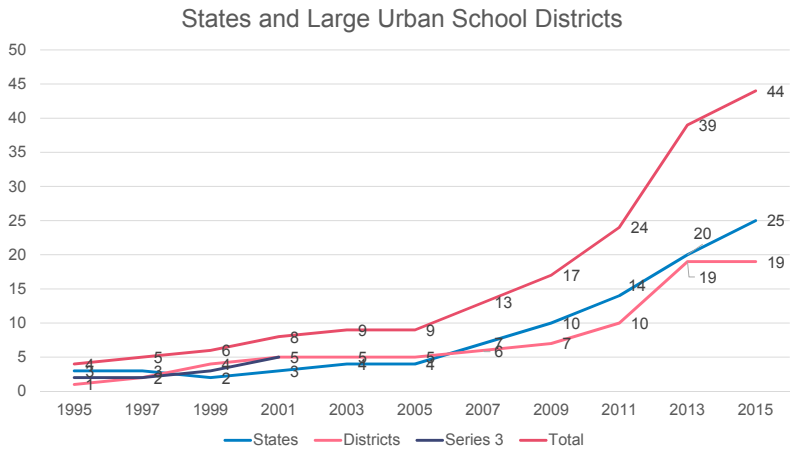
States/Districts Asking About Sexual Orientation, YRBS 1995-2015



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

Sexual Orientation and Gender Identity of Middle School Students

Sexual orientation/ gender identity	Unweighted count	Population estimate
Sexual orientation		
Heterosexual	2,254	8,721,410
Gay or lesbian	48	172,724
Bisexual	59	217,362
Not sure	276	1,250,964
Total	2,637	10,362,459
Heterosexual	2,254	84.2%
Gay or lesbian	48	1.7%
Bisexual	59	2.1%
Not sure	276	12.1%
Total	2,637	100.0%
Gender identity		
Female	1,331	5,148,062
Male	1,337	5,381,086
Transgender	33	137,053
Total	2,701	10,666,201
Female	1,331	48.3%
Male	1,337	50.4%
Transgender	33	1.3%
Total	2,701	100.0%

Shields JP, et al. "Estimating population size and demographic characteristic of LGBT youth in middle schools." J Adol Hlth. 2013:248-50.

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?

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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?

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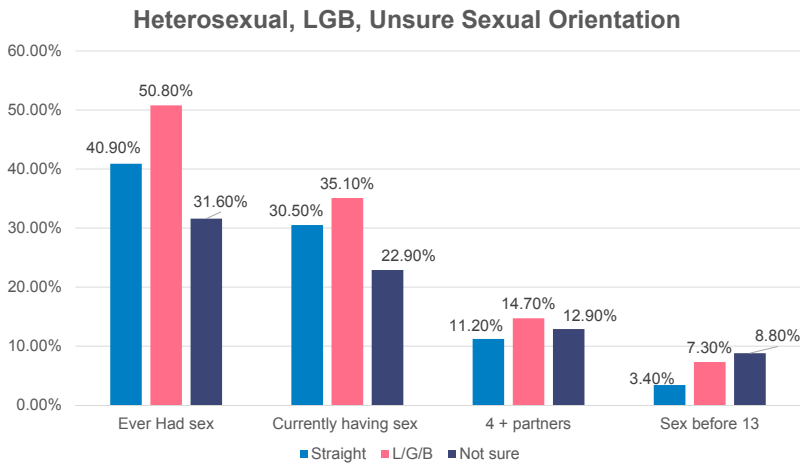
Sex of Sexual Contacts, by Sexual Identity, YRBS 2015

Sex of Sexual Contacts	Heterosexual	Gay, Lesbian, Bisexual	Not sure
Opposite Sex only	95.7%	2.8%	1.5%
Same sex only or both sexes	25%	61.4%	13.6%
No sexual contact	90.8%	5.8%	3.3%

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?

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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

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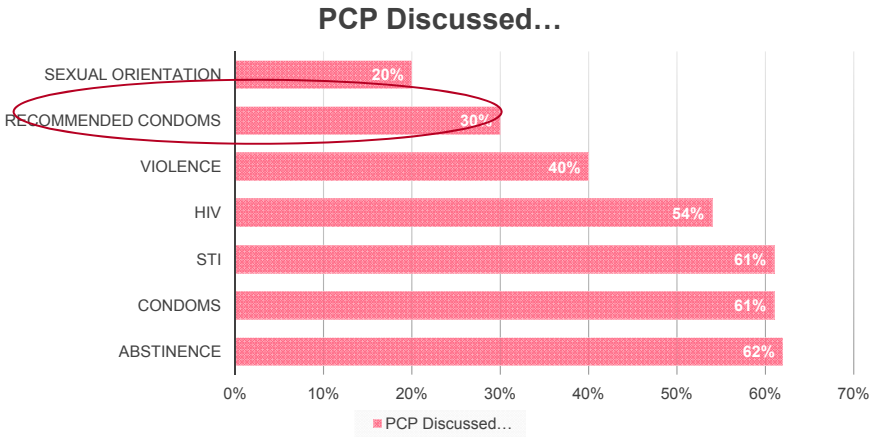
Missed Opportunities, Screening & Identification

- 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

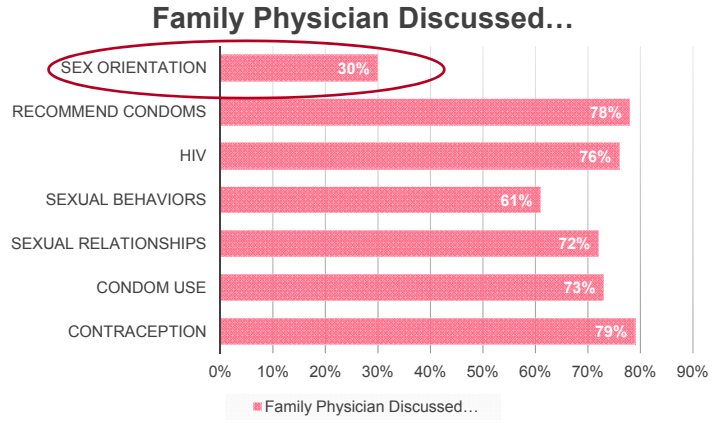
Alexander SC et al. JAMA Pediatr. 2014

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



Henry-Reid Pediatrics 2010;125:e741-747.

How Often do Family Physicians Ask About Sexual Orientation?



Kelts EA, Allan MJ, Klein JD. Fam Med. 2001 May;33(5):376-81.

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.

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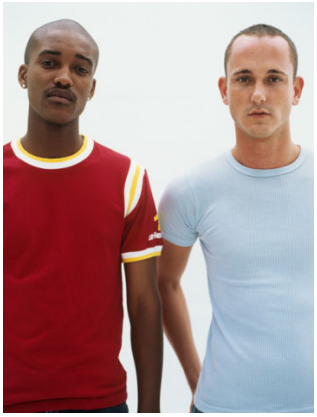
Do School Nurses Ask About Sexual Orientation? YMSM Respond

- 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



Rasberry CN et al. J Sch Nurs. 2015 Oct;31(5):334-44

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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

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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

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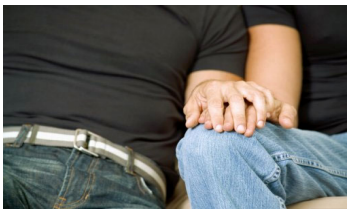
LGBT Youth Disclosure

- 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 w 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



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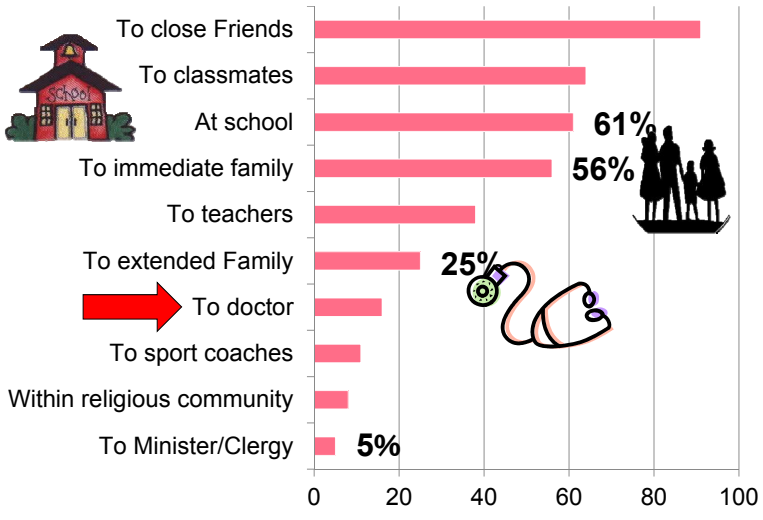
LGBT Teens Who Are "Out"



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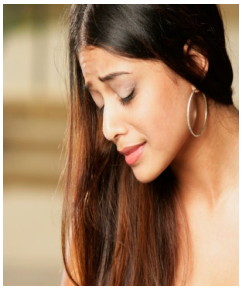
Possible Negative Outcomes of "Coming Out"

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



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Social and Family Context

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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

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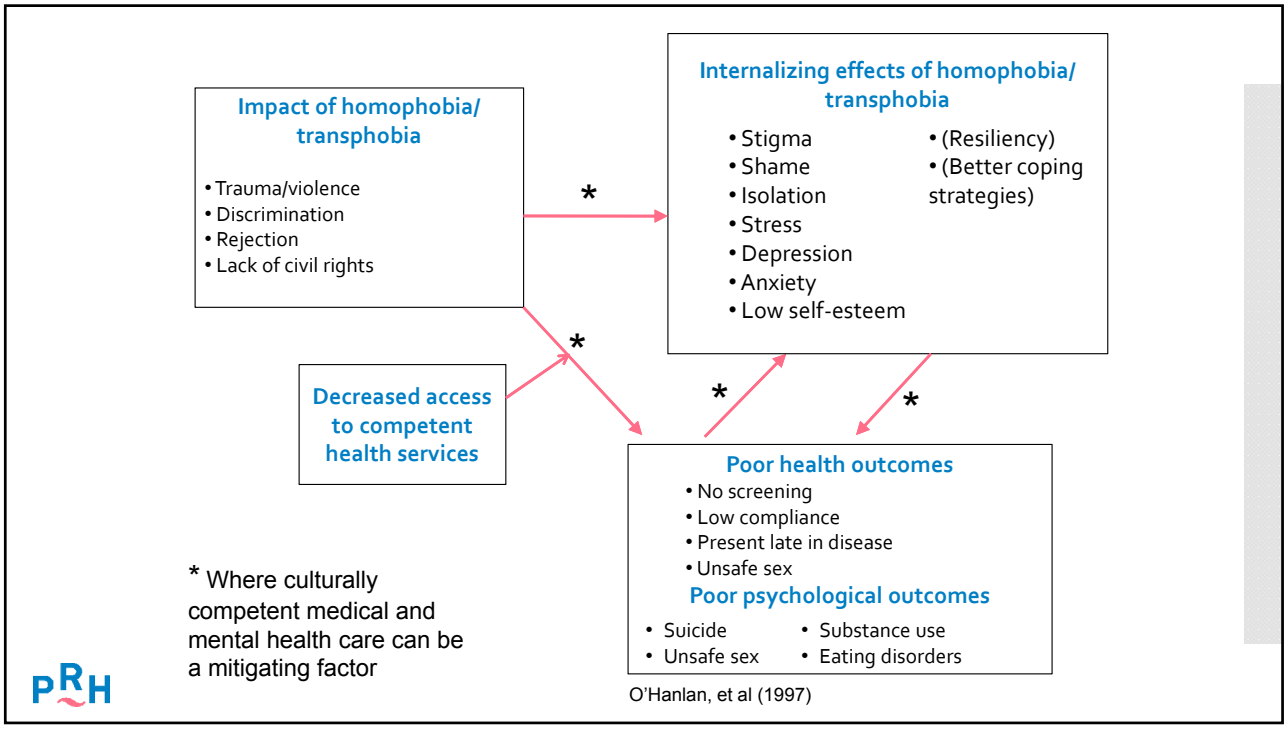

* Where culturally competent medical and mental health care can be a mitigating factor

O'Hanlan, et al (1997)

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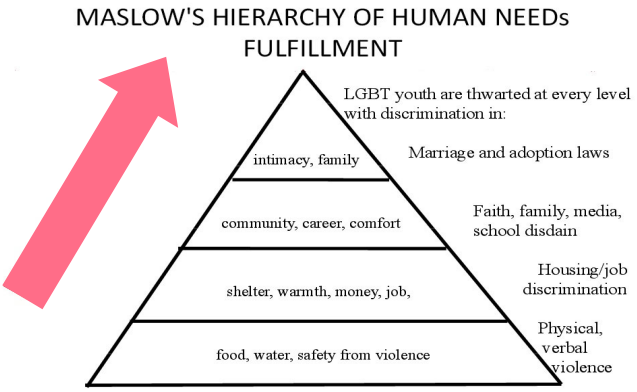
Impact of Homophobia/Transphobia: Social and Family Context



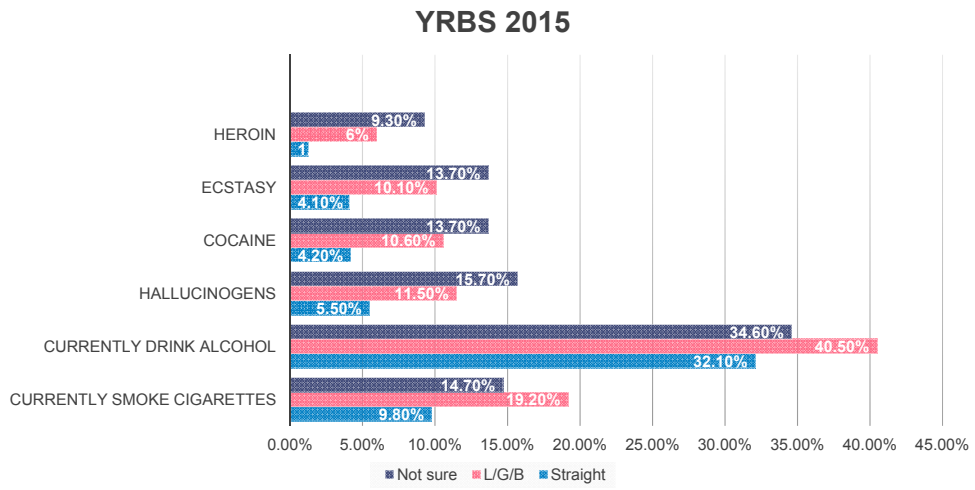
Maslow AL. Motivation and Personality. New York: Harper & Row.; 1970.

Effects of Homophobia

Youth may internalize societal homophobia leading to

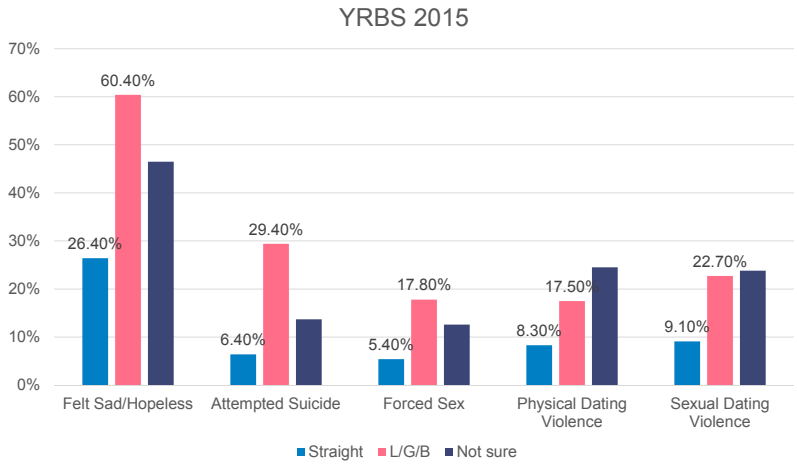
- Substance Abuse
- Mental Health & Sexual Violence
- Homelessness
- Safety/Victimization at School
- Risk-taking Behaviors

Substance Abuse



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

Mental Health & Sexual Violence



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

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

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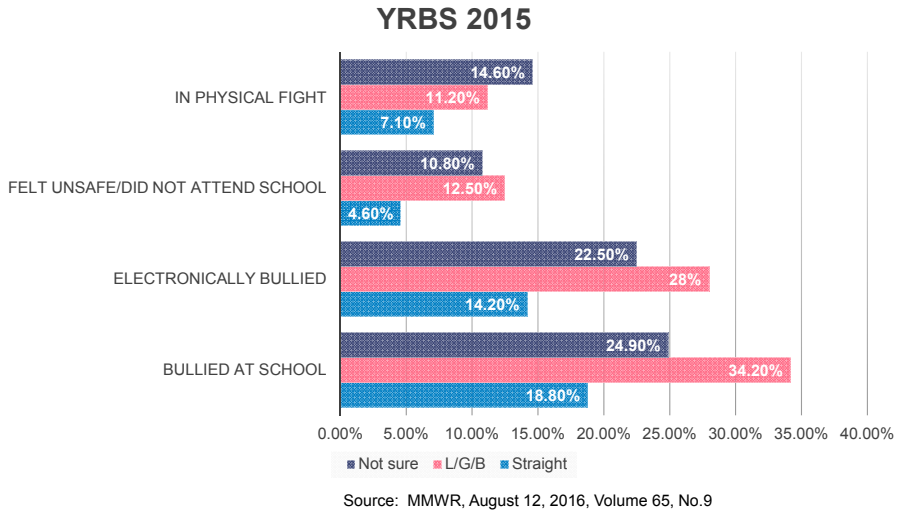
Safety and Victimization at School



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

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Negative Effects of a Hostile School Environment

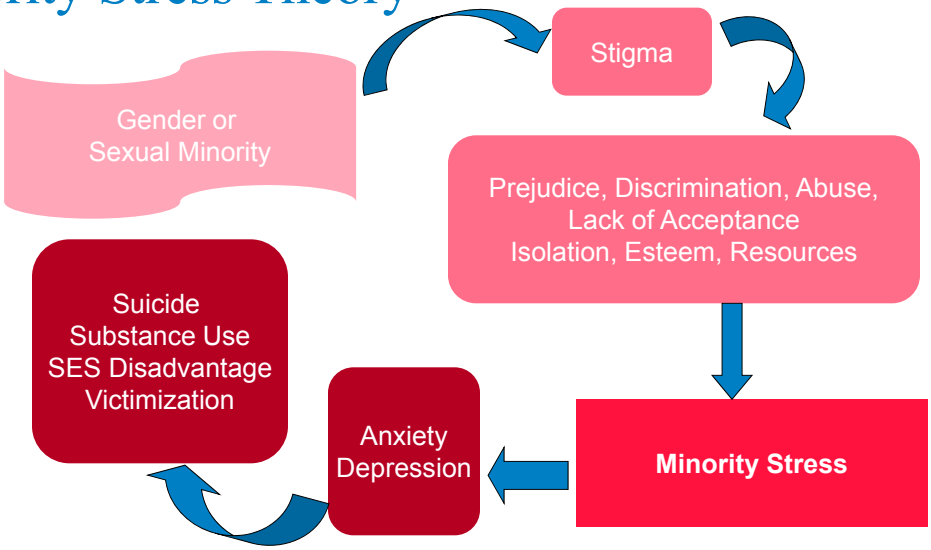
- Poorer Psychological Well-Being (Depression and low self-esteem)
- Lowered Educational Aspirations and Academic Achievement
- Absenteeism (Missing class/school days)

Risk Behaviors—MTF Youth

Anal sex (no condom) UAI (receptive)	59% 49%
Sex for money/shelter	59%
Sex & drugs	53%
Coerced sex	52%
HIV AA youth	22% RR ↑ 8×
Homeless	18%
Incarceration history	37%

Garofalo R et al. *Adolesc Health*. 2006.

Minority Stress Theory



ADAPTED FROM O'HANLAN, ET AL (1997). A REVIEW OF THE MEDICAL CONSEQUENCES OF HOMOPHOBIA WITH SUGGESTIONS FOR RESOLUTION. *JGLMA*1:25-39.)

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…	
Infrastructure	Make office, clinic, wait areas gender neutral
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

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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.

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LGBT Resources

Physicians for Reproductive Health ARSHEP LGBTQ Resources:

- https://prh.org/arshep-ppts/#lgbtq-essentials
- familyproject.sfsu.edu—Family Acceptance Project
- http://www.glma.org/ —Gay and Lesbian Medical Association
- http://www.glsen.org/ —Gay, Lesbian and Straight Education Network
- http://www.glad.org/ — GLBTQ Legal Advocates & Defenders
- http://www.hrc.org/ — Human Rights Campaign
- http://www.accreditedschoolsonline.org/resources/lgbtq-student-support/ LGBTQ Student Resources and Support
- http://www.nclrights.org/ — National Center for Lesbian Rights
- www.pflag.org—Parents and Friends of Lesbians and Gays
- http://safeschoolscoalition.org/ —Safe School Coalition

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LGBT Resources

- https://www.aap.org/en-us/about-the-aap/Sections/Section-on-LGBT-Health-and-Wellness/Pages/SOLGBTHW.aspx- AAP, Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness
- 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 ad DSD-Affected Patient Care

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Gender Specialists for Children

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Gender Specialists for Children

Gender specialists specialize in the field of gender identity, notably in the dilemmas that sometimes arise from gender identity issues in children and adults.

Institute for Personal Growth (IPG)
Address: 90 West Main Street
Freehold, NJ 07728
Phone: (800) 376-9220
Ages: All Ages
Services: evaluation, ongoing therapy, referrals for puberty blockers and hormone therapy.
Website: http://ipgcounseling.com/lgbtq-issues/transgender-spectrum/
Website:http://ipgcounseling.com/lgbtq-issues/gender-non-conforming-youth/

Ackerman Center
Address: Gender and Family Clinic
936 Broadway
New York, NY 10010
Phone: 212-879-4900; extension 150
Ages: 5-18, with support groups for caregivers, parents, grandparents, family members.
Services: Evaluation, ongoing therapy, support groups for youth and families, Spanish speaking support groups, referrals for puberty blockers and hormone therapy.
Website: http://www.ackerman.org/gfp/

PROUD Center at RWJ Somerset Hospital
Address: RWJ Hospital - Somerset
110 Rehill Ave
Somerville, NJ 08876
Phone: 855-776-8334
Ages: 18+ -- they will see younger people, but will refer them out for services. Eventually they plan to open the clinic to all ages.
Services: Evaluation, hormone therapy (over 18), therapy groups for families of transgender people.
Website: https://www.rwjbh.org/rwj-university-hospital-somerset/treatment-care/proud-family-health/

CHOP (Children's Hospital of Philadelphia)
Address: Gender and Sexuality Clinic
3550 Market Street, 5th floor
Philadelphia, PA
Phone: 215-590-3537
Ages: under 21
Services: Evaluation, Ongoing Therapy, Puberty Blockers, Hormone Therapy
Website: http://www.chop.edu/centers-programs/gender-and-sexuality-development-clinic

(973) 473-542 • 1406 Main Street, Asbury Park NJ 07712 • www.GardenStateEquality.org

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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
- ***Essex County served by Rutgers University Behavioral Health Care.***
  More information on the Essex Hub can be found here:
  http://ubhc.rutgers.edu/services/children_family/EssexHUB.html

Hackensack Meridian Health · Cooper University Health Care · The Children's Hospital at Saint Peter's University Hospital, A Member of Saint Peter's Healthcare System, Treating you better...for life. · Atlantic Health System Goryeb Children's Hospital · St. Joseph's Health, St. Joseph's Children's Hospital · American Academy of Pediatrics, New Jersey Chapter

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Collaborative Hub Procedure

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.

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Collaborative Hub Procedure Cont'd

- 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.

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Thank You!

Questions?

Please contact:

NJAAP

Mental Health Collaborative

609-842-0014

mhc@njaap.org

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New Jersey Department of Children and Families

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