

# Improving mental health for older LGBTI Australians

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

FINAL REPORT

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



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## Main messages from this research

- Service providers should not make assumptions about any individual care seeker, regardless of their gender identity, sexual orientation and intersex status. Service providers should keep an open mind and make a space for people to disclose their social histories and care needs if and when they choose.
- Person-centred care for all older people demands that older LGBTI people are treated as individuals, with a right to respect for their unique personal history; their needs; and for their relationships, including with partners, friends and family.
- Service providers should be aware that many older LGBTI people have experienced persecution, violence, rejection and discrimination in social, familial, workplace and healthcare settings.
- Many LGBTI people may be anxious and reluctant to access aged care and mental health services, as they expect to encounter stigmatisation and discrimination. This means they may be reluctant to disclose their gender identity, sexual orientation or intersex status.
- Older LGBTI people experience higher rates of depression and anxiety than the general community and this may add to the complexity of their care needs.
- Awareness-raising in service providers is of primary importance, and education programs and resources should address discrimination on the basis of a person's sexual orientation, gender identity or intersex state; and the associated mental health costs.
- Service providers should have knowledge of contributing factors, treatment and strategies for dealing with depression and anxiety, and respect for strategies which individuals have successfully employed themselves.
- Service providers should have knowledge of specific health needs of transgender people, and those who are HIV positive.
- Service provider management needs to focus on inclusive care, training for all staff, and the implementation of resources designed to measure and assist in the development of truly inclusive care provision.
- All care seekers deserve the right to privacy and freedom from discrimination, and encouragement to share decision-making related to their own care.

## Executive Summary

### Background

Higher rates of depression and/or anxiety have been observed in older lesbian, gay, bisexual and transgender (LGBT) people, compared to the broader community. This project looks at factors contributing to depression and/or anxiety; and strategies that older LGBT people have enlisted to cope with depression and/or anxiety.

Having been subjected to discrimination throughout their lives, many older LGBT people fear discrimination from service providers, and worry that providers of aged care services will not understand or meet their needs. This can lead to older LGBT people delaying or avoiding accessing aged care (including residential care, assisted living services and adult day care), or mental health services. This project explored older LGBT people's experience of depression and anxiety, their strategies for coping and their suggestions of LGBTI inclusive aged care services. It makes recommendations as to how service providers could be more LGBTI inclusive. It includes an education resource for service providers that can be used to raise awareness of issues affecting older LGBTI people, including anxiety and depression.

Intersex people are often included in the acronym LGBTI, however, there is very little research that on older intersex people's mental health, and no intersex people elected to participate in this project, so this report is restricted to consideration of older LGBT people. However, the education resource incorporates information for LGBTI inclusive service, including information regarding intersex inclusive practice.

### Project description

In order to gather appropriate research to inform the education resource, this project had various stages, including:

- A review of the relevant literature
- Interviews with 30 older LGBTI people (aged over 65) about their experiences of depression and anxiety; contributing factors; strategies for coping; and advice to service providers about making their organisation LGBTI inclusive.
- Development of an education resource through presentation of study findings to health professionals, undergraduate students and feedback from an advisory group comprising representatives from consumer and LGBTI groups.

### Findings

#### Factors that contribute to experience of anxiety and depression

Many factors contribute to anxiety and depression experienced by LGBTI older people.

- Discrimination on the basis of sexual orientation, gender identity or intersex status can include physical violence, emotional abuse, loss of work or promotion opportunities and ostracism from families and religious organisations.
- Fear of such discrimination caused many people to hide their sexual orientation, gender identity or intersex status. For many, the emotional stress of this 'closeting' in an effort to ensure their safety and conform to expected norms was an important contributor to depression and anxiety.

- The rejection by family sometimes triggered or exacerbated anxiety and depression and could also mean the loss of valuable sources of psychosocial support for LGBT participants in their formative years.
- Many participants married, some as often as three times, in an effort to meet familial and societal expectations. These attempts to 'straighten up' were not generally successful, but the sense of confusion and loss of self-belief that accompanied a sense of not fitting in or living a lie, was another frequently cited contributor to a lack of mental wellbeing.
- Other contributing factors were commonly shared by the broader community. These included the loss of someone close; a childhood that involved family tension, bullying or sexual abuse; a family history of depression or mental illness; the experience of illness, pain or disability; and life pressures including relationship problems or family and economic tensions.

### **Strategies for coping with anxiety and depression**

Individuals found different strategies as influenced by their circumstance and support networks. Sometimes people tried various strategies before finding the ones most suitable to them. Strategies included use of medication, counselling, seeking out sympathetic health professionals, maintaining social connections, and keeping busy, working or volunteering, and exercising. An important strategy for some transgender participants was embarking on transition.

In tandem with well-known strategies such as medication and counselling, some participants used more personal and unique approaches. These included support from pets, family and friends; writing and reflection; religion, faith and spirituality; and addressing other aspects of their life such as social isolation or pain management.

Some participants mentioned strategies they had used over the years that were helpful in addressing depression and anxiety, but ultimately created other problems. These included alcohol use, disassociation, and becoming very involved in work or study as a distraction.

### **How service providers can better respond to older LGBTI people with experience of anxiety or depression**

An over-riding theme was respect – all people receiving care need to feel that their unique experiences and needs are understood, valued and respected.

Some service users are willing to disclose their sexual orientation or gender identity but need to feel safe doing so. Others may choose to keep this information private. Staff need to understand older LGBTI people's historical experiences of disclosure, and how for many this was their only strategy to ensure they were safe.

No two older people are exactly the same. It is important for staff to not make assumptions about people and their life or experiences. Participants considered it paramount that staff recognise the individuality of each person, the complexity of their lives, and the experiences which comprise their histories. The range of influences that all older LGBTI care seekers may have been exposed to includes discrimination, politics, feminism, changing ideas of masculinity, criminalisation, gender binary, HIV and AIDS and changing understanding and acceptance of sexuality and mental illness.

Other important priorities for participants are relationship recognition (which entails inclusive documentation as well as acceptance of the physical presence of partners) and the right to privacy.

Some people pointed out the history of persecution, discrimination and closeting that LGBT people have endured and asked that service providers be sensitive to this, partly by not assuming heterosexuality or a gender binary and also by treating all partners as important and equal, regardless of gender.

Some care seekers were fearful of re-encountering discrimination when accessing aged care; making a message of welcome was highly significant. Many, especially but not only trans participants, had difficulties in the past in finding service providers who could help them or who welcomed them appropriately. The highlight was finding well-educated and valuing service providers where participants felt their needs were understood and respected.

Other concerns included service providers' knowledge of the impact of serious illness, of depression and anxiety, and the importance service organisations placed on education for all workers, not just health care staff.

### **Education resource**

A key project outcome is the development of an awareness-raising education resource for providers of mental health services and aged care services including residential care, home care, hospital staff and individual health practitioners in the community. Sources for the resource include findings from the literature review; the responses from thirty individual interviews with LGBT people over 65 with experience of depression and anxiety; and research regarding intersex people.

Interview participants made suggestions and expressed their priorities for the sort of knowledge which would lead to inclusive practices in all aged care contexts.

The education resource consists of:

- Facilitator notes
- A Powerpoint presentation and accompanying facilitator notes
- Four narrative life stories with discussion questions
- A References and Resources handout

It is intended that a trainer from a service provider or aged care organisation could give the presentation to staff to raise awareness of issues of anxiety and depression for older LGBTI people/clients, and indicate ways services could become more LGBTI inclusive. It also directs service providers to resources and audit tools for making their organisation LGBTI inclusive.

### **Implications of the research**

This research has drawn directly on the experiences and suggestions of older LGBT people and publications for the Organisation International Intersex to reflect opinions of intersex people.

Implications include:

- Need for awareness-raising of historical stressors likely to have contributed to mental illness in older LGBTI and their current fear of accessing services.
- Need for ongoing staff training regarding older LGBTI people at all levels of care organisations, including support staff.
- Need to continue to seek contact with intersex people whose opinions and experiences are not captured by most research projects

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## Introduction

As a consequence of the stigma and discrimination encountered throughout a lifetime LGBTI (lesbian, gay, bisexual, trans and intersex) people can be vulnerable to depression and anxiety.<sup>1</sup> This link between discrimination and depression and anxiety has been clarified in a number of studies involving younger LGBTI people, and these studies have informed a body of evidence that has led to the development of more appropriate services for this target group.<sup>2-4</sup> As there have not been large studies into the mental health of older LGBTI Australians, appropriate services have not been developed; many aged care services and mental health services are not LGBTI inclusive, affecting the care provided to older LGBTI people.

Intersex people are often included in the acronym LGBTI, however, there is very little research that on older intersex people's mental health, and no intersex people elected to participate in this project, so this report is restricted to consideration of older LGBT people. The education resource incorporates information for LGBTI inclusive service, including information regarding intersex people.

It is difficult to know how many people identify as gay, lesbian or bisexual. Research from North America suggests 0.7 to 2.5 per cent of people identify as gay and lesbian, and 1.2 to 5.6 per cent of people identify as bisexual.<sup>5</sup> In Australia it is estimated that up to 1.4 per cent of women identify as lesbian or bisexual, and up to 1.6 per cent of men identify as gay or bisexual, with higher numbers (up to 15 per cent) of people reporting some same-sex experience or attraction.<sup>6</sup> Approximately 0.3 per cent of the population identify as transgender;<sup>5</sup> and approximately 1.7 per cent of the population identify as intersex.<sup>7</sup> There is still a reluctance in the community, however, to recognise the sexuality of older people, let alone the diversity of their sexual orientation, gender identity or intersex status.<sup>8</sup> Until now, apart from the No Need to Straighten Up research<sup>9</sup>, no Australian studies have sought to understand the experience of depression and anxiety from the perspective of older LGBTI people, and consequently aged care and mental health service providers generally lack awareness of these issues.

In seeking to remedy this gap, this project has produced a body of evidence on depression and anxiety in older LGBT people and, along with current research regarding intersex people, used this evidence to create an education resource that aims to improve the mental health and aged care services provided to older LGBTI people. The education resource will be made available to education providers, health professionals, service providers, community groups, peak bodies and policy makers.

The research was gathered through a literature review followed by interviews with older LGBT people who have experienced depression and anxiety. The findings were then developed into an education resource that was piloted with health professionals and undergraduate students, and reviewed by an advisory committee of consumer advocates.

## Background

In 2008, a qualitative project titled My People explored older LGBTI people's experience of aged care services and many of the participants recounted historical experiences of stigma and discrimination that they suggested led to depression and anxiety.<sup>8</sup> The study also identified that older LGBTI people often hid their sexual orientation or gender identity from service providers because they feared further discrimination. A follow up study with aged care service providers and stakeholders confirmed stigma and discrimination that would perpetuate poor mental health outcomes.<sup>10</sup>

While these studies touched on depression and anxiety amongst older LGBTI people the phenomenon is not well understood. This is illustrated by Private Lives, a national survey of the health and wellbeing of GLBTI Australians, which found that self-rated health and wellbeing

*improves* with age.<sup>10</sup> While the finding related to a relatively small sample it raises questions about factors that influence depression and anxiety and whether some older LGBTI people have developed strategies to effectively cope with stigma and discrimination.

The Private Lives study was repeated with a larger sample in 2011, and the recent companion report, *A Closer Look at Private Lives 2*, looks at variations in psychological distress and resilience *between* LGBT and mainstream communities and variations *within* LGBT communities according to gender identity, sexual identity, age and socio-economic status.<sup>11</sup> It found that mental health and resilience appeared to improve with age for most of the gender identity and sexual identity groups. This was in contrast with studies in the UK and USA that found higher levels of depression and anxiety among diverse gender and sexual identity groups.

Considering these findings, this project – Improving mental health for older LGBTI Australians – endeavours to look more closely at the coping strategies of older LGBTI people when dealing with depression and anxiety, and to offer service providers greater knowledge and understanding about the experiences of members of these communities.

## Rationale and objectives

This project sought to understand the connection between the high rates of depression and anxiety among LGBTI people, and the resilience and mental health of this population improving with age. It aimed to:

- develop an evidence base about the experience of and strategies for coping with depression and anxiety in older LGBTI people.
- use this evidence base to develop and pilot an education resource to educate service providers and the community about depression and anxiety in older LGBTI people.

The resource will raise awareness of the mental health issues facing older LGBTI people and provide practical advice to enable professionals and services to better respond to the needs of this group. This is likely to improve the mental health of older people who identify as LGBTI.

The gathering of older LGBTI people's narratives is an important component of this study that will provide an understanding of factors that contribute to the development of anxiety and depression as well as the coping strategies utilised by older LGBTI people. An understanding of the resilience and coping strategies utilised by older LGBTI people may provide valuable learnings about developing resilience in younger LGBTI people.

## Method

### Community consultation

The research approach was exploratory and consultative and began with discussions between the researchers, Council of the Ageing (COTA) Victoria, Southern Health, the Alfred Hospital and community partners. Representatives from these organisations formed an advisory committee for the duration of the project.

The community organisations involved were the Matrix Guild Victoria Inc (social and support organisation for older lesbians); Vintage Men (social, support and education group for older gay and bisexual men); Transgender Victoria (support for transgender Victorians); and Organisation Intersex International Australia.

The group met a number of times throughout the project, providing advice and suggestions on the development of the research proposal, recruitment of participants and the creation of the education resource. Research documents (including a plain language statement, consent form and interview schedules) were developed and ethics approval was received through La Trobe University Human Ethics Committee.

## Literature review

A review of the published research and grey literature on mental health (particularly depression and anxiety) in older LGBTI people was conducted. This review included the experiences of older LGBTI people accessing aged care services, and strategies being developed to improve these experiences.

Peer-reviewed literature on these topics was identified through database searches of MEDLINE, CINAHL PLUS (EBSCO), PubMed and PsycINFO. The key search terms used were: old people, senior, ageing, gay, lesbian, bisexual, transgender, intersex, depression, anxiety, mental health. Follow-up searches were conducted using references listed in key papers and journals, as well as specific authors who had published key papers. A total of 131 articles were retrieved.

The review was published in *International Psychogeriatrics*, and a summary can be found on page 101.<sup>12</sup>

## Interviews

Interviews were conducted with thirty older gay, lesbian and transgender interview participants. Despite best efforts including liaison with Organisation Intersex International Australia, the project was unable to recruit any intersex people; and while few participants self-identified as bisexual, many reported bisexual experiences. Recruitment was assisted by members of the partner community groups and other relevant organisations and involved a snowball effect from participants themselves who contacted friends or acquaintances interested in participating.

In-depth, one-to-one interviews were conducted with participants for a length of thirty minutes to ninety minutes, audio-recorded with the participants' consent. The interviews were semi-structured, with prompts encouraging participants to speak about their experience of depression and anxiety and their personal coping strategies, but allowing flexibility for the participants to tell their stories in their own ways.

The interviews were transcribed and themes were then analysed and grouped into categories by three researchers working independently. The frequency of themes and the apparent importance the participants placed on the feelings or events described were catalogued. The researchers then met together to compare their themes and findings for consistency, with any inconsistencies resolved through further analysis and/or discussion between the team members.

Participants were given the opportunity to re-read their transcripts for verification. The researchers consolidated some of the transcripts into summary life stories for use in the education resource, and these were also verified by participants as being a true representation of their experience.

## Develop, pilot and evaluate resources

The key findings from the literature review and interviews provided an evidence base for the development of an education resource suitable for service providers, the community and under/post graduate students.

A presentation, including PowerPoint slides, was created along with narrative life stories and discussion questions. The presentation was shown to the advisory group for feedback, and was

given to two groups of health professionals, who were asked to evaluate its effectiveness. This feedback was then used to adapt the resource further and it was presented, along with use of the narrative life stories and discussion questions, to undergraduate students of mental health studies.

A plain English summary of the key findings was prepared for older LGBTI people, and the key finding will be presented to LGBTI older people at a community forum at the Val's Café conference in October 2015.

## Dissemination of findings

The findings will be disseminated through the education resource and this report. They will be disseminated to members of the community, service providers, peak bodies and policy makers through the project partner networks and websites. The findings will also be presented at appropriate national/international conferences, and submitted as journal articles to peer reviewed journals. An abstract has been accepted for the Australian Association of Gerontology conference in Alice Springs in November 2015.

## Chapter 1 – Summary of Literature Review

Higher rates of depression and/or anxiety have been observed in older LGBT people, compared to the wider community.<sup>13, 14</sup> The additional letter I is also often included in the acronym LGBTI to refer to intersex, however, there is very little research that includes intersex people and none on older intersex people's mental health so this report is restricted to consideration of older LGBT people.

Many older lesbian, gay, and bisexual people fear discrimination in aged care and worry that providers of aged care services will not be able to understand and meet their needs.<sup>8, 13</sup> This can lead to older LGBT people not accessing aged care (including residential care, assisted living services and adult day care). The assumption that LGBT-specific needs will not be met by aged care service providers originates primarily from previous experiences of discrimination that LGBT people have been subject to.<sup>15</sup> LGBTI people have long been pathologised and considered abnormal by many sections of society. The current generation of LGBT seniors were young and middle-aged adults at a time when their sexual orientation or gender identity could result in imprisonment, religious conversion therapy or enforced medical 'cures' and forced psychiatric treatment. It is only recently that homosexuality has been decriminalized in most Western countries, and while this pathologising of gender identity is no longer sanctioned by medicine, transgender people are still largely seen as 'abnormal', creating ongoing problems.

A number of studies validate these fears: some older LGBT adults have reported been denied care or provided with inferior care because of their sexual or gender identity.<sup>8, 16</sup> There is also a tendency of aged care services to overlook matters relating to sexuality, in particular LGB sexuality.<sup>17</sup>

Many older people experience ageism, that is, stereotyping and discrimination against individuals or groups on the basis of their age. Prejudicial attitudes or beliefs can often mean that older LGBT people experience discrimination on at least two fronts. There is also evidence to suggest that ageism is experienced differently within LGBT populations. Several studies suggest that the experience of ageism is more pronounced for older gay men than it is for older lesbian women because of the emphasis placed on youth and physical appearance.<sup>18</sup>

The My People study identified strategies that some participants had enacted to negotiate the obstacles they faced as they interacted with aged care service providers.<sup>8</sup> For example, some

participants built up a relationship with aged care workers before disclosing their sexual orientation or gender identity. Others would listen for workers' responses to LGBT issues in the media to gauge a reaction to LGBT people before making a decision on disclosure. Others did not wait before disclosing and were quite open about their sexual orientation or gender identity and sought assurances from service providers that they would not be discriminated against.

These strategies point to a considered and proactive approach to managing potentially negative responses to sexual orientation or gender identity. However, it is not the case that all older LGBT people possess these forms of resilience and it is unacceptable to expect that successful aging by members of these groups is dependent on their learned ability to cope with oppression and discrimination. Rather, attention needs to be paid to fostering cultures within which LGBT people (older or otherwise) are not subject to oppression and discrimination. There is a considerable gap in knowledge amongst aged care providers about how to recognize and manage the mental health needs of older LGBT people. One of the reasons for this is that there is a lack of knowledge about the mental health experiences of older LGBTI people and how they have managed depression and anxiety throughout their lifetimes.

## Chapter 2 – Factors contributing to anxiety and depression in LGBTI older people

When the participants discussed what contributed to anxiety and depression, many of the factors they identified were commonly shared by the broader community. These included the loss of someone close; a childhood that involved family tension, bullying or sexual abuse; a family history of depression or mental illness; the experience of illness, pain or disability; and life pressures including relationship problems or family and economic tensions.

The interviews also demonstrated that older LGBTI people face unique challenges as a consequence of the pathologising and criminalisation of their sexual orientation or gender identity. Participants describe the influence of societal values on their early years, the pressure to conform to gender norms and their desire to 'fit in'. They recounted homophobic and transphobic abuse ranging from subtle harassment to violence that in one case led to death. In this context participants reflected on the need to hide their sexual orientation or gender identity in order to be safe and the effects these experiences had on anxiety, depression and their sense of self.

### The influence of societal values – homophobia and transphobia

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

*Dad was quite trenchantly homophobic and he used to sometimes say, 'Look at this,' in the paper about the gay footballers ... So I used to just say, 'This is my special friend,' you know? ... My brothers were hostile, very hostile and then when the AIDS stuff came, [my brother] wouldn't let me in his house, not even in the driveway because he thought I might give AIDS to his primary school aged children. (Lesbian, 69 years) [#17]*

*My sister knew and she would often tease me about this. Say how disappointed she was that I did not have a normal life and a family. Saw me as a lonely man and often said how sad and disappointed she was for me. (Gay man, 65 years) [#24]*

Rejection by family members created a sense of loss related to the invaluable support and protection that families can provide. Participants described how some family members were influenced by religious teachings at the time, which portrayed LGBT people as sinners. One participant described having a very strict Christian upbringing and had 'lots of guilt trips' put on him by his foster mother:

*I remember my foster mother saying, 'You have been at odds with the world since you were born.' Those sort of statements used to haunt me when I was depressed and I was thinking about being just like garbage. (Gay man, 68 years) [#28]*

This lack of family support contributed to the depression and for those who were religious there was an internal conflict that also triggered anxiety.

*I became a Catholic when I was 27, and I thought I was living in sin, and I wanted to be a good Catholic. It was always turmoil; it was all turmoil to me. I really didn't know who I was – which might sound silly – I really didn't know who I was, or what I was. I thought I was some sort of odd being, who shouldn't be here, and I became that confused. (Gay man, 75 years) [#3]*

The homophobic and transphobic responses of some family members in participants' early years reflected the views of society and some religious teaching. The rejection by family not only

triggered or exacerbated anxiety and depression but also meant the loss of valuable sources of psychosocial support for LGBT participants in their formative years.

### **Pressure to conform to gender norms**

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

*It was because I was being extremely bullied. It wasn't physical, it was an anxiety about not fitting in, not being – not manly, but 'boyly' as I should have been. About getting my head pushed down the toilet and my hat torn to ribbons at school and all those kinds of things. I was deeply unhappy. (Transgender woman, 69 years) [#20]*

For some, the sense of pressure to conform to gender norms persisted into their adult life. One trans woman recalled seeking psychiatric services the response was to 'Go home, burn your dresses and behave yourself' (Trans woman, 65 years) [#12]. For others, there was not a particular incident, rather a sense of not fitting in as another trans participant described, 'I have always been a bit of a misfit and not fitted in' (Gay man, 65 years) [#24].

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

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

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

*I do believe that the depression that I felt all my life pretty much until the last three years was a direct result of that. I didn't fit in ... (Transgender woman, 69 years) [#20]*

Some participants came to terms with their sense of not fitting in with societal norms, while others married in an effort to conform.

### **Marriage – trying to fit in**

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

*I married three times. I tried horribly to be straight ... I spent 45 years trying to bend the mind to fit the body and nearly lost the mind. (Trans woman, 65 years) [#12]*

*I didn't come out until I was 40. I'd already had two husbands and three kids by then. ... but I always knew there was something. I was never interested in boys or any of that sort of thing. ... But obviously I made a few mistakes you know? Because I wanted to be part of society, you know? You've got to fit in somewhere, and I'd feel all the pressure, totally pressured. And none of it worked out; mind you I've got three great kids. (Lesbian, 69 years) [#19]*

*I knew I was a lesbian before I got married, but I thought it was something you grow out of. And I didn't get married until I was 25, and then ... I remember it was close to my 60th birthday then and I thought, you know, I'm into the third age of my life and I've never done anything that I wanted to do. And I'd never lived how I wanted to live. And I knew that I was a lesbian and I thought, ... good God, I am. So I came out of the closet and told a few friends, and they said, 'Well, we sort of guessed.'* (Lesbian, 77 years) [#10]

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

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

### **Homophobic, biphobic or transphobic abuse**

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

*I was for many years a confused man. Many years. In the days when I realised I was gay. It caused me three nervous breakdowns. ... I was very confused in the days that I realised I might be different – you could be locked up [for being gay]... if a gang had nothing to do they would beat up a gay man on a Sunday, and I lived in anxiety.* (Gay man, 75 years) [#3]

While the threat of violence was enough to create anxiety or confusion, the act of witnessing violence created a lasting and damaging impression, particularly for one man.

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

*Anyway we got caught by a gang of young guys one night and beaten up. I was hospitalized but [my partner] had fallen and hit his head. He died after a few days in hospital.*

*So for the first time in my life I found myself alone and pushing what friends I had away. I sank into a deep and dark depression ... I think it took me about two years and if I had not had friends I don't think I would have survived it all. Even when I got back on my feet and out the door into the world I still had a sadness about me. I guess when something happens that is so sudden and so violent you don't recover from it. But I never realised how alone I was until [my partner] passed away.* (Gay man, 68 years)[#30]

The impact on this man of seeing his partner being attacked for being gay and dying of his injuries caused a lasting sadness. While this was the only example of such dramatic abuse it is important to note that many participants described being aware that such abuse was possible and this contributed to anxiety, guardedness and the belief that to be safe, sexual orientation and gender identity may need to be hidden.

## Being on guard – hidden identities

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

*I had to have two faces. One on the weekend when I could be myself and the other one for school. ... It was very stressful for me and I had periods when I had to take sick leave. I would set out to go into work but could not face this.*

*I wanted a relationship but how can you have one and be out and proud of them if you can't even tell the people you work with that you are gay? You see there were implications for this. It was difficult to be a school teacher, no matter how hard you worked and how good you were, to be a guy working with others if you were gay... It was a vulnerability that held me back and also made me give up jobs where I was happy but people started to suspect I was gay or started to openly ask me. (Gay man, 65 years) [#24]*

*Part of the anxiety, I remember when I was teaching for twenty-four years, I was never able to talk about it... I couldn't disclose anything. And that creates another anxiety on top of the anxiety you've already got. ...the closeting was sort of mandatory almost...(Gay man, 66 years) [#1]*

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

*Well I worked hard so that helped but I received a lot of taunting at work and I felt people talked about me. I did not take sick leave but I was often in a very foul mood and would go home at night with poor sleep and thinking about ending my life. But yes I think it was harder for me. I suffered from low self-esteem so I could not see that I deserved any promotion. I was also of the belief that others who had children deserved more money than I did. [#7]*

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

*I remember a guy who was a good teacher but he was much less experienced than me being promoted. ... I felt that they had looked me over because I was gay and that was evidence that people were talking about me. It was one of those jobs that I just up and left. I couldn't face going in to work and that was just from what that person said to me and what was happening in my head with the depressive thinking. [#24]*

## Sense of self – the absence of celebratory discourses

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

*I was so ashamed. I was ashamed of failing as a father and a husband and everything. And I got – then I went through a period of trying to get aversive therapy, I did take aversive therapy for my homosexuality. (Gay male, 68 years) [#8]*

*I really didn't know who I was – which might sound silly – I really didn't know who I was, or what I was. I thought I was some sort of odd being, who shouldn't be here, and I became that confused. (Gay man, 75 years) [#3]*

*I did believe I was the only person in the world with these dirty depraved disgusting feelings. The most humiliating moment in my life was when my mother, doing a normal, like cleaning out my bedroom, found her bathing togs underneath my bed. And I remember, I can feel the humiliation now in my body. And she fished them out and said, 'What on earth are these doing underneath your bed?' And I remember I said, 'Crikey, I don't know.' With deep shame, and yet nothing was ever said about it, the subject was not mentioned, nobody said anything about it. (Transgender woman, 69 years) [#20]*

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

*It was part of the diagnosis that you were wrong if you were gay. They tried to knock it out of you because it was seen as being weak... But in the early days you were made to feel guilty and you had an option to change. I was always gay. Born gay and will die gay. They can't change that with a pill. Just took me a long time to work this out and be comfortable with myself. (Gay male, 73 years)[#26]*

*Why should I have to pretend to be something I'm not? I am the way I am, and I'm sick of ignoring it. For me, to accept who I am, and be glad about it, is harder than you might think. And I finally, I think I've achieved something. It might sound nothing to a lot of people in the world in general, but to me it means something. And that's important. As I said, I've stopped worrying about what people think. (Gay man, 75 years) [#3]*

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

*I only had books to sort of read and, what do you call it, not repress but sort of - I was able to assuage my kind of neurosis I suppose. Because I was terrified of speaking to another woman, I had no idea what to do...I was so...frustrated really, because I wasn't able to express myself... I couldn't tell anybody. I had this all inside really, because I really felt a need to express it, to meet someone, you know? (Lesbian, 72 years) [#22]*

## Chapter 3 – Strategies for coping with anxiety and depression

The ways participants coped with their anxiety and depression were varied and included formal strategies, such as medication and counselling, as well as more personal approaches. Individuals found different strategies as influenced by their circumstance and support networks. Sometimes people tried various strategies before finding the ones most suitable to them.

### Medication

*The medication helped both the anxiety and depression, most of the time. I would say it was 80 percent – no, 70 percent effective in actually helping me to not feel the anxiety and depression. (Lesbian, transgender woman, 69 years) [#20]*

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

*I saw this psychiatrist, who actually filled me up with an antidepressant, I can't remember what it was, it was one of the tricyclics and huge amount of Xanax. And absolutely bombed me out. After about two weeks of this, I could barely function. (Lesbian, 71 years) [#15]*

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

*It quelled the anxiety instantly. Within two weeks, I was feeling like a different person. (Gay man, 66 years) [#1]*

### Counselling

*I see a counsellor up here. I think she's a social worker, but I go and see her on a fortnightly basis, just to talk about things, really. Sometimes I might ... be down, a bit down or not happy with the way I'm functioning. And it's nice just to have a sounding board. (Lesbian, 68 years) [#11]*

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

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

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

*The pills I took did help but it was the counselling that gave me good strategies to change my thinking. (Gay man, 66 years) [#7]*

### Health professionals

*I have a very good medical support network. My GP is amazing. And I see a psychiatrist, in the early days I saw her more regularly. I see her about once a month now. And for a while I also saw a psychologist, a clinical psychologist who I don't see anymore. (Lesbian, 69 years) [#2]*

GPs were the common mediator in mental health care, and often the first point of contact for people wishing to address their anxiety or depression. Unfortunately, GPs were not always responsive in a positive way or effective. However, when they were, they were sometime described as the central figure in improving mental health through referrals, medication and support. Some participants mentioned a GP or health service that was clearly LGBTI inclusive made them feel more comfortable.

*[I went to a GP who] ...was not interested at all. I was then taken to a gay GP service but I was very reluctant to go. We sat down as a couple and I heard my partner was very concerned for me and I heard the impact of my depression on him. So I reluctantly agreed to take medication and even got into some counselling. (Gay man, 66 years) [#7]*

*The GP clinic is enormously TG [transgender] and gay friendly. It's remarkable...there's about 5 or 6 GPs and I just say 'I'd like to see one of your beautiful GPs' and I don't specify because I've had brilliant acceptance and service from all of them. (Transgender woman, 69 years) [#20]*

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

*There were three psychiatrists in [this state] that treated us as human beings. All the others said, 'Go home, burn your dresses and behave yourself.' (Trans woman, 65 years) [#12]*

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

## **Transition**

*I spent 45 years trying to bend the mind to fit the body and nearly lost the mind. (Transgender woman, 65 years)[#12]*

For participants who identify as a gender different to the one they were brought up as, transitioning was a strategy that addressed their anxiety or depression. Transition, and its effect on the individual, family and friends, was not always easy, but it was considered important to attaining and maintaining mental wellbeing.

*The only way I can, the only word, the best word I can use to describe the first two years, well since the beginning of my transition, was the word 'euphoria'. I don't have that degree of euphoric feeling now, it's settled down to a beautiful, constant, calm, self-respecting happiness. And it's unvarying. The way I feel, I feel like the depths of the ocean, there's so much calmness, there's so much peace. (Transgender woman, 69 years)[#20]*

## **Keeping busy**

*Well, with the anxiety, I just sort of ...threw myself into whatever I was doing, ...I just directed my energy, the anxiety I directed toward my job, and I directed towards getting the house in order (Gay man, 66 years)[#1]*

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

*I had to force myself out of my normal patterns of behaviour and to learning new skills and doing something so totally different than I'd ever done before. (Gay man, 68 years)[#8]*

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

*It fills my day, and it fills my night, you know? And I mean, without wishing to sound like Mother Theresa, it makes you feel as though you're doing something of value. (Gay man, 76 years)[#13]*

*Giving of yourself is important when you are flat and depressed. It makes you step outside yourself and do something that matters for someone else. (Gay man, 68 years)[#28]*

One woman had always loved work – she ran her own business and was very successful. But she gave up work because it made her stressed and exacerbated her depression. With her psychologist's encouragement she went on to find a job that kept her busy but didn't have all the responsibility of running her own business, and it was a perfect solution.

*And it was then that I went to see the psych. And she said you've got to keep working, you've got to have a job. Some people should never stop working, retirement is a false concept. There is nothing wrong with you, you're an incredibly intelligent person and you've got to be using that. (Lesbian, 69 years)[#21]*

## **Social connection**

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

*[My friend would] ring up and say "Do you want to come up and share depressions over a few bottles?" And so, on the weekends, I'd go up there and we'd just start...just doing a debrief...more laughing and crying, which was great. So, yes, it's very important to...keep in touch with your friends. (Lesbian, 65 years)[#4]*

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

*But I also deep down have a good outlook on life and a positive attitude. Yes I go through horrible times and have disappointment but I seem to be contented with a little where many need a lot and want more. I'm not greedy for all things. Just like to have a good time and have people around me. I shrivel when I am alone. (Gay man, 68 years)[#28]*

A number of participants also spoke of the importance of more structured social opportunities, such as community support groups, including church groups.

*I go out to church groups...and I'm quite well accepted there. There's no question about what I am or who I am. They just accept me as a person. (Transgender woman, 65 years) [#12]*

These groups are sometimes focused specifically on mental health or gender identity, and provide a social opportunity as well as the affirmation of a person's identity.

*I've actually heard people say, when a couple have broken up, 'Well it's not as if they were married.' So there's that level of disrespect, and that is shattering when you're going through the grief of a separation and the reality of your loss is so dismissed by*

*other members of society. So it's vital to have the understanding of others, you know, who do in fact respect the reality of your relationship. (Lesbian, 71 years)[#15]*

## **Resilience and positive thinking**

*I guess the strategies are try to eat well, try to be really positive, try to be around positive people. (Lesbian, 65 years)[#14]*

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

*I'm the way I am, whether people like it or not. If they don't like it, I can't help it. There's nothing I can do about it, and I've stopped worrying about it. ...It's not my problem, it's their problem...I'm determined to be who I am. (Gay man, 75 years)[#3]*

*I know also it's normal for people to have ups and downs and have worried periods and be anxious ...but just to be aware that [if] that goes on for a while [it] still should be given attention. (Lesbian, 69 years) [#17]*

## **Exercise**

*So I started going to the gym again and I started getting all my life in order. And that helped me overcome the depression. (Gay man, 79 years)[#9]*

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

*[Meditation] used to just make me more anxious. For me, going out for a walk or going to the gym, you're out in the community, you're in the environment, you're seeing things that take your mind off it. (Lesbian, 68 years) [#11]*

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

*I was very, very strong. And [working out] helped me get some respect at that bloody school I went to, and helped me to express the anxiety feelings. But at the end of the day, it just wasn't enough to keep the anxiety totally at bay, you know? (Male who identifies as 'leaning towards female', 66 years)[#6]*

*I also found it very hard to meet people on the gay scene as I had a very low self-esteem and I was overweight. Lots of thoughts of killing myself at the time but I got into a kind of routine with lots of study and started to ride a bicycle to cut costs as well. This really helped me with my weight and every day I had this long ride to and from Uni that I actually enjoyed. But it was not a group activity so I remained isolated. (Gay man, 66 years)[#7]*

One man was encouraged by his psychologist to start 'cleaning up' his mind and different aspects of his life. His doctor encouraged him to look in the mirror and ask what he saw to which he answered 'a fat old man who I don't want to be' – so he started exercising.

## **Other strategies**

An aspect that became very apparent in analysing the interviews was how many different and complementary strategies were used by individual participants to address their anxiety and depression. Finding the right strategies is very much an individual task, and while widely recognised approaches such as counselling, medication and support from health professionals such as GPs were found to be useful, most participants used these strategies in hand with more personal and unique approaches. These included support from pets, family and friends; writing and reflection; religion, faith and spirituality; and addressing other aspects of their life such as isolation or pain. Some participants mentioned strategies they had used over the years that were helpful in addressing depression and anxiety, but ultimately created other problems. These included alcohol use, disassociation, and becoming very involved in work or study as a distraction.

## Chapter 4 – How service providers can better respond to older LGBTI people with experience of anxiety or depression

The main message that interviewees wanted to relay to aged care service providers was that all people receiving care need to be able to be themselves and should be respected. This could mean being open about their sexual orientation or gender identity or keeping it private, without feeling pressured into disclosing.

### Respect

An overriding theme through all of the interviews was that of respect. People need to be allowed to be themselves and be respected for who they are. This also means treating all partnerships, regardless of sexual orientation or gender identity of the people concerned, with equal respect.

*I think LGBTI people really have to be, in a way, treated like people, first and foremost ... I don't think anyone sniggering behind the hands, you know?...I think respect, politeness and all of those things that go to make up ordinary life. (Gay man, 79 years) #9*

This plea for respect and recognition was echoed by a trans woman, who described how she wanted to be understood and valued by service providers.

*To stand up – well dressed, well spoken, well groomed – and say, look, this is me. I'm a good, loving warm-hearted, intelligent person with one head and a gendered diversity that makes me want to dress like this. And I'd tell ...that it's not a choice, that it's the way we are wired up. That we are not a threat, and we're not depraved. (Trans woman, 69 years) #20*

### Avoiding assumptions and individuality

It is important that each person is allowed to be themselves, and that staff don't making assumptions about them and their life or experiences.

*I think they should not assume you are heterosexual or any other sexual. There is always an assumption that you are married and have children. (Gay man, 66 years) #7*

Some comments also highlighted the assumption that all gay people are the same and have similar interests or histories.

*But you cannot make assumptions. You cannot treat older lesbians like older het women because our experiences are incredibly different and the only thing we've got in common is that we are women. But I'd say our social experience has been radically different even if the lesbian woman lived in the closet because she would have lived with fear and anxiety of being found out. (Lesbian, 68 years) #16*

It was considered paramount to recognise the individuality of each person, the complexity of their lives, and the experiences which made up their histories. An essential understanding is that no two older people are exactly the same. The range of influences that all LGBTI care seekers may have been exposed to includes politics, feminism, changing ideas of masculinity, gender, criminalisation, homophobic or transphobic family violence, criminalisation, HIV and AIDS, and changing understanding and acceptance of sexuality and mental illness.

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

*Well in my case they need to not assume you are single and have no-one or have had no one. I had a great love in my life and I don't like being treated like I am a single man who never had this. (Gay man, 68 years) #30*

This comment links directly to relationship recognition. It is important that services providers recognise and respect same-sex relationships.

## **Relationship recognition**

The importance of relationships, especially with intimate partners, was raised in many interviews, and the presence of a same-sex partner impinged directly on people's anticipation of the way they would be treated by service providers.

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

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

*But also, they've got to look at the fact that I've got a partner. Now, if I had to go into a place because I couldn't physically handle it and [my partner] wouldn't be able to look after me at home, then I would want [my partner] to have full access and the point that I would like to be able to go home every so often so that we could spend some time, the two of us, together. (Lesbian, 77 years) #10*

## **Disclosure**

Disclosing sexual orientation and gender identity was something that needed to be negotiated at many points along each participant's life span, including during contact with health service providers. Coming out is a lifelong experience, an important point made by a number of participants and implied by others.

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

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

*I don't come out with it unless it seems relevant. (Lesbian, 65 years) #4*

One gay man described the liberating experience of making the decision to disclose to the other workers in the emergency service when he began volunteering.

*Well, it's been no problem. I went along and I said, 'Look I'd like to join your service but on condition. I want to be able to come to this [service] and talk about my male partner in the same way you talk about your female partners.' I'd never said that – I was 65 I suppose – I'd never been open like that before – in that way. (Gay man, 68 years) #8*

Disclosing to home care providers had been easy for one lesbian couple, largely because of the acceptance they encountered.

*Oh yeah, all the ladies who come to clean our house ... one lady said to [my partner] the other day, she was a new lady who had come to clean the house, and she said, 'And are you two friends or related?' And [my partner] said, 'No, we're partners,' and she said, 'Oh, isn't that fabulous.'*

*If they're curious they can ask, I mean she obviously thought, 'Oh, perhaps they're two old sisters'. And that's fine, people just have to be themselves. (Lesbian, 68 years) [#11]*

Linked to relationship recognition was the right to respect and privacy. This right becomes more important if service providers succumb to the assumption that older people are not sexually or gender diverse. This also means that sometimes an older person expressing their gender identity or sexuality is seen as inappropriate.

*Because we are still two sexual women and we just love one another and you've got to have that closeness. And you want that. When you're in a nursing home and your partner comes in, you want privacy. You don't want a nurse coming in and saying, 'Keep the door open' or something. Not that we're going to have sex in the middle of the room or anything. But that we can hold one another.... You know? (Lesbian, 77 years) #10*

Service providers also need to understand the impact of hiding sexual orientation or gender identity throughout the lives of older LGBTI people. A large number of participants spoke of the stress and anxiety generated by many years of hiding their sexual orientation, gender identity and relationships from health care providers, employers, colleagues, family and friends.

In the case of one gay man the anxiety generated by the disclosing led to panic attacks, only relieved by the prescription of medication which he has taken now for fifteen years.

*You would understand that the anxiety, part of the anxiety, I remember when I was teaching for twenty-four years, I was never able to talk about it ... I couldn't disclose anything. And that creates another anxiety on top of the anxiety you've already got. (Gay man, 66 years) #1*

Other participants had experienced or witnessed violence, and one gay man had been convicted and imprisoned under anti-homosexuality laws. In the work place, promotions had been denied, and jobs lost. Families, including spouses, had rejected and cast off LGBTI family members.

*Anyway, one day I just felt so guilty ... I sat down with my wife and told her that I was having this problem. I wanted help and she was, of course – well she had all the emotions that would be expected – she was angry, she was horrified, she was disgusted, she thought I'd lied to her all our married life, that I'd known that I was like this and blah, blah, blah blah. And she kicked me out of the house. (Gay man, 68 years) #8*

Some participants who had been 'out' for years still found it necessary or desirable to conceal their sexuality when their life circumstances changed.

*I lived in [one place] for a long time, so I was in a very supportive community, and since I came back ... here, I mean you just pop back into the closet. It's quite conservative here. It's awful. (Lesbian, 69 years) #19*

### **Awareness of experiences**

Some people pointed out the history of persecution, discrimination and closeting that LGBT people have endured and asked that service providers be sensitive to this, partly by not assuming heterosexuality or gender binary and also by treating all partners as important and

equal, regardless of gender identity or sexual orientation. They wanted service providers to be aware of history and its impacts.

*I think they need to know what the lives of these people have been like who are now going into aged care – and the laws that they have lived under, the public scorn they've lived under.... Discrimination ... sometimes their only safe place has been their home where only people who knew them were allowed in and now aged care providers may be coming to their home. (Gay man, 78 years) [#8]*

Many of the participants had experienced a high level of guilt and conflict about their sexuality or gender, especially those who had been married and afraid of the impact of their actions on others.

*But I guess the things that I think psychiatrists need to understand is what level of conflict a person can have in their minds, as I've had, about a gay life or a heterosexual life, and the conflict that causes.... And particularly for men who are married.... I've had such feelings of guilt about that for so long. (Gay man, 66 years) #13*

### **The impact of living with serious illness, especially HIV.**

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

*[That we are complex] and to know our history is not a history of good time only. That time that older men have gone through. The gay holocaust was AIDS and it wiped people out. They were there one day and gone the next. We all suffered greatly. And there is the stigma of living with HIV and the depression that goes hand in hand with it. Having to come out all the time as a gay and also as a Poz guy is draining. (Gay man, 68 years) #29*

### **Depression and anxiety**

Some participants felt that doctors should ask about their depression and anxiety and their history of anti-depressant use. While there are some commonalities across individual experiences and some triggers linked to gender identity, sexual orientation and intersex status, each person's experience of depression and anxiety are different.

*My experience with depression in various stages is the person I am ... It could just be a family trait, it could be because I'm first generation, it could be because I'm a lesbian, I've got no idea. (Lesbian, 63 years) #5*

### **Fear of services**

Some participants, fearful of encountering discrimination as they required more and more aged care services, were unlikely to disclose their sexual orientation or gender identity unless or until trust could be established with service providers. Their fears, based on past experience or that of friends, may not be well founded, but they will not give their trust easily.

*I have a friend who's a lesbian in a nursing home and she's afraid to admit that she's lesbian because of staff stigmatisation. (Trans woman, 65 years) #12*

Trans interviewees were particularly fearful of not being respected by service providers.

*To stand up, well dressed, well spoken, well groomed, hopefully, and say, look, this is me. I'm a good, loving warm-hearted, intelligent person with one head and a gendered diversity that makes me want to dress like this. And I'd tell them ... that's it's not a choice,*

*that it's the way we are wired up. That we are not a threat, and we're not deprived.*  
(Trans woman, 68 years) #20

It is of primary importance for service providers to be sensitive about this fear of encountering discrimination, even persecution.

### **A message of welcome**

Participants recounted difficulties in the past in finding service providers who could help them or who welcomed them appropriately. The highlight was finding well-educated and valuing service providers where participants felt their needs were understood and respected.

*I asked for a good GP ... And he referred me to a woman who lived on the other side of the city to me. But I went to her and I went to her on a regular basis, even when I wasn't seeing a psychiatrist, because I found in her that she was accepting, and her son was gay, he turned out to be gay, and she was very accepting and I could use her as a sounding board. So I could speak about all my life to her.* (Lesbian, 68 years) [#11]

For trans participants finding trans-inclusive service providers that respected and valued them was particularly difficult. One trans woman recounted the difficulty she had in getting her change of status accepted.

*My mistake of course with the local hospital was actually being honest with them and having my name and gender changed on my files. I should have, and I recommend this to all trans people, started a new file.* (Transgender woman, 68 years) [#12]

### **Staff education**

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

*Goodness me ... I was stunned by the level of homophobia I heard from ...the cleaners and the gardeners. They were the ones who seemed to be the most thrown by this. And funnily enough it was the nursing and the medical staff who were the least troubled.*  
(Lesbian, 71 years) [#15]

This fear of encountering homophobia from non-healthcare staff was a major source of resistance to the idea of accepting residential care.

*The thing that would terrify me going in, and I think constantly be a huge stress, would be .... the people who collect the washing, the people that make the beds, the people who come and pick up the rubbish.* (Transgender woman, 69 years) [#20]

## **Chapter 5 – Education resource**

Based on the findings detailed in the previous chapters, an education resource has been developed, which can be used to raise service provider awareness of issues relating to older LGBTI people, particularly those around anxiety and depression.

The research was gathered through the literature review followed by interviews with older gay, lesbian and transgender people who have experienced depression and anxiety. While intersex people were invited to take part, they did not come forward to be interviewed. Therefore,

information related to older bisexual and intersex people has been sourced from available research (see below).

The findings from the interviews were presented to health professionals and undergraduate students, who offered feedback and recommendations that were incorporated into the education resource. This resource was then evaluated by the project advisory group before being finalised.

The education resource consists of:

- a Powerpoint presentation and detailed facilitator notes
- four life stories along with discussion questions
- a references and resources handout for staff
- this report.

It is intended that a trainer from a service provider or aged care organisation could give the presentation to staff to raise awareness of issues of anxiety and depression for older LGBTI people/clients. It will also be used in education of post-graduate students, including via the University of Melbourne Master of Ageing core subject, Ageing and Society, taught by Associate Professor Briony Dow.

## Providing inclusive service for intersex older people

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

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

### **Making your service intersex friendly (2014)**

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

### **Employers' Guide to Intersex Inclusion (2014)**

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

## Education resource learning outcomes

The overall aim of this education resource is to raise awareness of issues affecting older LGBTI people and how these issues may have contributed to the experience of anxiety and depression.

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

The education resource provides information and opportunities for learning and discussion. It is anticipated that staff who use the education resource will have an improved understanding of the ways gender identity and sexuality has affected older LGBTI people at different stages of

their lives, and how service providers (of mental health and aged care services) can better care for their older LGBTI clients.

Four life stories have been developed, where the interview participants tell the story of their experiences with anxiety and/or depression in their own words. These life stories are accompanied by open-ended questions to encourage discussion about the issues and awareness of how a person's earlier life may influence their current situation, including their use and expectations of aged care services.

This education resource provides information and learning on:

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

## Chapter 6 – Conclusion

This project has demonstrated that older LGBTI people have unique life histories that may have contributed to their experience of anxiety and depression, and may also affect their decision to seek help and care from mental health and aged care services. By increasing their knowledge of these issues service providers can offer LGBTI inclusive and person-centred care, which will benefit LGBTI clients.

These interviews demonstrate that older LGBT people still have some reticence about accessing aged care, due to the discrimination and negative attitudes they have received from service providers or society in the past. Service providers have some way to go to ensure their organisations are LGBTI inclusive and responsive to the needs of individuals, and awareness-raising of these issues is an important part of addressing this.

### Implications of research

This research has drawn directly on the experiences and suggestions of older LGBT people and publications for the Organisation Intersex International Australia.

Implications include:

- Need for awareness-raising of historical stresses likely to have contributed to mental illness in older LGBTI people and their current fear of accessing services.
- Need for ongoing staff training regarding older LGBTI people at all levels of care organisations, including support staff.
- Need to continue to seek contact with older intersex people whose opinions and experiences are not captured by most research projects

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