

OLDER LGBTI PEOPLE

Just as there is in our younger generations, there is a diverse variation in sexual orientation, gender and intersex characteristics for older Australians. The acronym 'LGBTI' refers collectively to people who are lesbian, gay, bisexual, transgender, and/or intersex. Fundamentally, older Australians display the same diversity in genders, bodies, relationships, and sexualities as the broader Australian population.

While we know that older LGBTI people can live happy and supported lives, we also know that a large majority of LGBTI older Australians have experienced historical and current instances of abuse and discrimination. Throughout their life, older LGBTI people have lived through instances of prejudice and discrimination, including wide-scale legal discrimination and physical and verbal abuse related to their LGBTI status. These experiences of prejudice and discrimination leave a lasting impact on the mental health of older LGBTI people. Service providers play an important role in ensuring preventing these experiences of prejudice and discrimination in their service.

MENTAL HEALTH SNAPSHOT FOR OLDER LGBTI PEOPLE

LGBTI older people are more likely to experience poor mental health and mental illness compared to the general population. As a population, LGBTI people overwhelmingly experience poorer mental health outcomes than their heterosexual and cisgender counterparts. This occurs across all age ranges including LGBTI older persons.

Some specific mental health trends for older LGBTI people include:

- Fear of entering a residential aged care home can lead to an increase in suicidal ideation or preference for voluntary assisted dying.
- Older transmen, transwomen and non-binary Australians are often estranged from their biological families post-transitioning. This isolation increases feelings of loneliness and disconnection that already exist for older Australians. Additionally, trans and gender diverse older Australians tend to experience significantly more anxiety issues associated to minority stress and express great concern about their future care needs.
- Bisexual and pansexual women in general are likely to experience higher rates of anxiety and depression throughout their lifetime compared to heterosexual and lesbian women. This trend appears to carry into old age for older bisexual and pansexual women.
- In general, older LGBTI people are more likely to live alone, be estranged from their families, and have weak informal support and social connections. This is especially true for older gay, bisexual/pansexual and queer men who are particularly affected by loneliness and disconnection from community.
- Many LGBTI people have experienced uncomfortable or discriminatory behaviour from service providers across their lifespan. Due to these experiences, older LGBTI people may feel uncomfortable or fearful about disclosing their gender, sexual orientation, or intersex status variation to aged care service providers, therefore creating barriers to accessing aged care services.

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A QLIFE GUIDE FOR AGED CARE STAFF, HEALTH PROFESSIONALS & COMMUNITY WORKERS

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EXPERIENCES OF OLDER LGBTI PEOPLE IN AGED CARE:

In 2021, LGBTIQ+ Health Australia contributed over 70 recommendations to the Royal Commission into Aged Care Quality and Safety. These responses were based on wide-spread community consultation and multiple interviews summarising the experiences of older LGBTI people. The recommendations centre around raising the standards of care for older LGBTI people, and older Australians in general.

Experiences of older LGBTI people in aged care:

- **Fear of services based on historical discrimination:** LGBTI elders and older people tend to avoid utilising mainstream services, including aged care. Older LGBTI people grew up in a society that still considered homosexuality a mental illness and risked being imprisoned or forced to undergo medical “cures” if their sexual orientation or gender identity was revealed. As a result, many LGBTI older people have learned to hide their sexual orientation, gender identity or intersex status to be safe, particularly when interacting with the health or social services sector.
- **Invisibility:** On entering aged care, older people are subject to lengthy and detailed assessment of their needs, including nutrition, mobility, personal care, and toileting. Older LGBTI people noted that little or no consideration of their gender, sexuality or intersex variation was given during this process. This further exaggerated the fear of disclosing who they are to new service providers.
- **Discrimination and control from family members:** Many LGBTI elders and older people rely on family members to advocate for them with aged care service providers. However, some family members can take advantage of this dependency and opportunity to control the sexual expression of these elders. This can occur through several ways, including preventing access to their partners.

- **Lack of gender affirmation:** Gender-affirming healthcare can include hormone treatments, vocal and communication therapy, genital surgical interventions and/or psychological support. It can also include using the right pronoun and correct name for people who are transgender and/or non-binary. Gender affirmation is strongly linked to positive mental health and wellbeing for trans and gender diverse people yet is not always common practice in services. Ageing and aged care service may have little knowledge or practice around correct pronoun usage or may even prevent older trans and gender diverse people from seeking or continuing hormone treatments or surgery.
- **Lack of privacy and sexual expression:** Older LGBTI people consistently noted that aged care providers and/or staff were unsupportive of their sexual expression. Older Australians in general tend to be discouraged from engaging in sexual activity as they age and can experience a lack of privacy in aged care facilities as doors cannot be locked.
- **Experiences of homophobia, biphobia and/or transphobia:** Older LGBTI people still experience instances of homophobia, biphobia and/or transphobia. This may look like direct comments or unequal treatment by aged care providers and/or staff.

MAIN RECOMMENDATIONS FOR SERVICE PROVIDERS WHO WORK WITH OLDER LGBTI PEOPLE:

1. **Respect chosen families:** Family in the LGBTI community may look different to what aged care providers are used to and will often include non-biological networks. While not all LGBTI people experience rejection from their family of origin, this is sadly a very common event for many older LGBTI people. Many LGBTI people will have a ‘chosen family’ instead, made up of other LGBTI people or affirming allies.
2. **Be aware of historical discrimination:** Historical experiences of discrimination have had, and continue to have, major impacts on the mental health of older LGBTI people. This includes the criminalisation of homosexuality and the legal discrimination of trans and gender diverse people, as well as major events in LGBTI history such as the 1980’s AIDS epidemic. Understanding these events and being sensitive to their continued impact for older LGBTI people will go a long way towards creating safety for LGBTI clients in your service.
3. **Take a lead on diversity and inclusion in your service:** Services that take the lead on signalling inclusion for LGBTI clients are more likely to. Some specific strategies include developing an LGBTI-inclusion plan, using LGBTI-inclusive language on intake forms, including visibly LGBTI older people in promotional material and having clear and explicit guidelines.
4. **Consult with older LGBTI Australians around service development:** Many older LGBTI people report that services do not always meet their needs and the ones that do have extremely long waiting lists or limited resources. By including older LGBTI people in consultation and responding to their suggestions, services will be better equipped to engage these clients and support their wellbeing. This can include creating LGBTI advisory groups or codesigning with clients.
5. **Specific training for staff:** Staff that are prepared and ready to create a welcoming environment for older LGBTI clients will be better equipped to meet their needs. This includes equal treatment of same-gender couples, correct use of pronouns, affirming LGBTI peoples experiences related to historical and contemporary discrimination and learning to recognise homophobia, biphobia and transphobia. LGBTI inclusion training not only reduces the likelihood of discrimination, but it also shows that a service takes the needs of LGBTI clients seriously. Training around gender affirmative care is particularly important, as many trans and gender diverse people can be vulnerable to discrimination and mistreatment from service providers.
6. **LGBTI Community Visitors Scheme (CVS):** LGBTI Community Visitor Schemes are integral in supporting the social needs of LGBTI elders and older people and ensures a connection to LGBTI communities is maintained. Community Visitors Schemes give LGBTI elders and older people a positive outlook, increased confidence and the pleasure of having an understanding friend outside of the residential aged care home.
7. **Systematic advocacy for the rights of older LGBTI people:** To empower positive change, ensure inclusive services, and that the voices of LGBTI elders and older people are heard advocates are essential. Systemic advocacy can collectively influence broader policies and improve services outcomes to enhance the lives of older LGBTI people.



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