



UNIVERSITY OF CENTRAL FLORIDA

# Assessment and Treatment of Depression in Gay and Bisexual Men in Emergency Settings: An Interprofessional Approach

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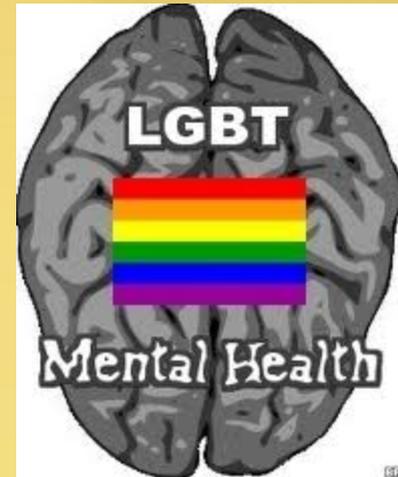
# Introduction

- Gay and bisexual men are more likely to access emergency services due to acute distress related to mental health
- No specific studies have assessed the use of emergency services by gay and bisexual men exclusively
- Data suggest that higher utilization of the emergency department by gay, lesbian, bisexual, transgender, queer, questioning, and intersex (GLBTQQI) persons has been associated with recent psychological distress, recent mental health counseling, desired mental health treatment, and substance abuse



# Introduction

- Regardless of consideration of sexual orientation, appropriate evaluation, treatment, and referral for clients in need of mental health services in general remains an ongoing public health challenge
- Treatment of clients with mental health needs has been also identified as a major issue for emergency nurses
- Data indicate that nurses working in emergency departments have indicated a need for more education on effective treatment and service referral for clients who present in need of treatment related to mental illness



# Introduction

- Mental health service provision with GLBTQQI clients carries additional complexities; and clinicians should recognize that mental health needs among GLBTQQI persons can vary and arise from different sources of psychological distress
- Attitudes of mental health professionals serve as a major impediment to providing public mental health services
- Data indicate that gay clients in need of mental health care experience ongoing stigma and discrimination within the healthcare system; and they experience treatment inequities compared to heterosexuals

# Introduction

- Consequently, some gay men accessing the healthcare system for mental health related treatment are reluctant to disclose their sexual orientation to providers
- Thus, it is essential to discuss heterosexism and homophobia in clinicians as obstacles to effective mental health treatment in gay and bisexual men.



# Literature Review:

## *Anxiety and Depression in Gay and Bisexual Men*

- Causality = Multiple, interacting sources
- Can result in this population from interpersonal conflicts related to masculine identification, internalized homophobia, discriminatory experiences, and expectations of rejection
- Gay and bisexual men often experience high levels of psychological distress from fear of public judgment; this stress can then be compounded by concerns regarding how mannerisms and other forms of non-gender conforming traits can be covered-up



# Literature Review:

## *Anxiety and Depression in Gay and Bisexual Men*

- Another major source of anxiety in gay and bisexual men is parental disapproval of the self-expression of their sexuality
- In fact, parental and family approval can be a significant contributor to the overall mental well-being of gay and bisexual men



# Literature Review:

## *Anxiety and Depression in Gay and Bisexual Men*

- Researchers have shown that family acceptance can be a predictor of greater self-esteem, social support, and general health in persons who are gay
- Family acceptance also is a protective factor in reducing depression, suicidal ideation, and substance abuse



# Literature Review:

## *Anxiety and Depression in Gay and Bisexual Men*

- Emergency healthcare providers must have the necessary skill to quickly assess and recognize symptoms of depression and anxiety in gay and bisexual men and be able to construct culturally appropriate plans of care with an interdisciplinary focus that ensure optimal care for the client



## Literature Review:

### *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

- While the suffix “phobia” typically refers to “a fear or aversion to,” the term “homophobia” has been expanded to also include “discrimination against homosexuals or homosexuality”
- Heterosexism is a similar term that describes “discrimination or prejudice by heterosexuals against homosexuals”



## Literature Review:

### *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

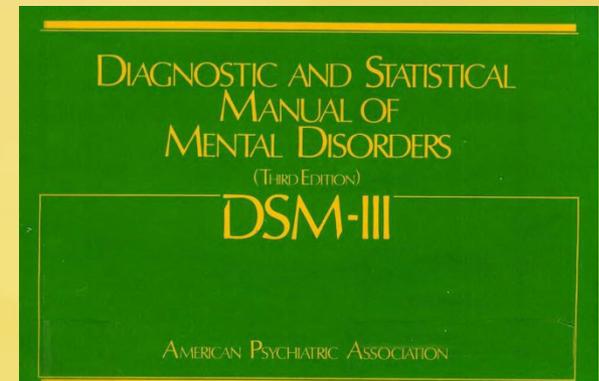
- Homophobia and heterosexist attitudes are common traits in healthcare professionals; and despite increasing social acceptance of GLBTQQI persons in society over the last three decades, continued discrimination against GLBTQQI patients in healthcare exists
- Discriminatory attitudes by providers can have profound negative effects on gay and bisexual male patients with mental health needs



# Literature Review:

## *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

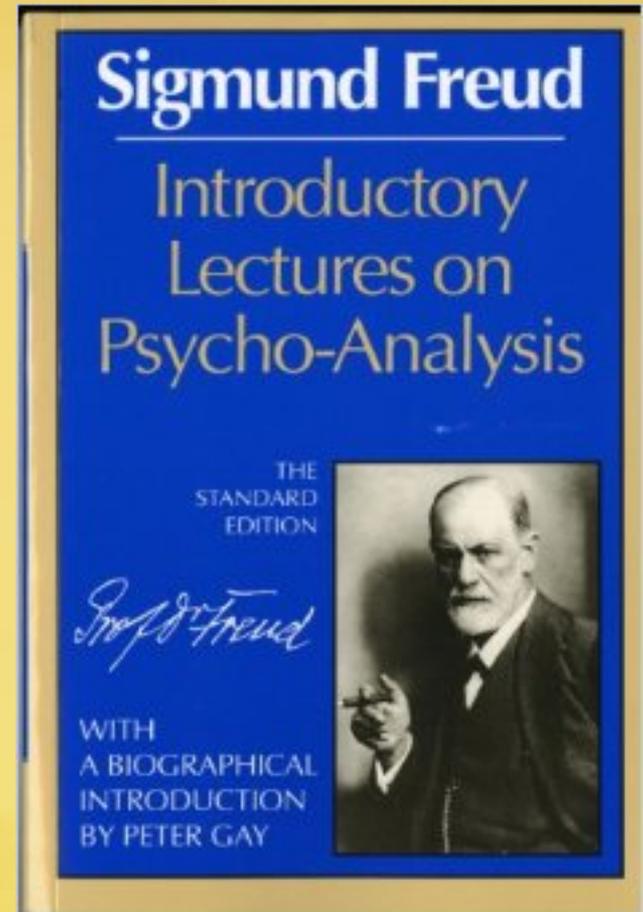
- Perhaps the existence of homophobia and heterosexism in the psychiatric/mental health field is rooted in its traditional views of homosexuality and bisexuality
- Homosexuality was classified as a psychiatric illness by the American Psychiatric Association until their decision to remove it as a diagnosis from the *Diagnostic and Statistical Manual (DSM)* on December 15, 1973
- Psychoanalysis placed the etiology of development of a homosexual orientation on dysfunctional family dynamics



# Literature Review:

## *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

- Psychoanalysis proposed that male homosexuals develop their sexual orientation as a consequence of their perpetual search for a lost male identity:
  - Gay males form a female gender identity as a result of cold and distant relationships with their fathers



## Literature Review:

### *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

- A study by Bieber in 1962 that compared 106 homosexuals with 100 heterosexuals concluded that male homosexuality was the result of growing up in an environment with overbearing mothers who encouraged alienation between boys and their fathers, resulting in interpersonal disturbances between sons and their fathers
  - That study had major methodological issues and flaws
  - But, Bieber's findings continued to shape the mindset of mental health clinicians, particularly psychoanalysts, who continued to portray gay and bisexual men as predatory sexual deviants both in their clinical settings and in their interactions with the media

# Literature Review:

## *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

- As psychological research regarding human sexuality began to proliferate in the late 1960s and early 1970s, the perceptions of homosexuality as a disease began to erode
- Emerging literature and experts on human sexuality began to support the notion that a homosexual orientation did not meet criteria to maintain its classification as a mental illness



# Literature Review:

## *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

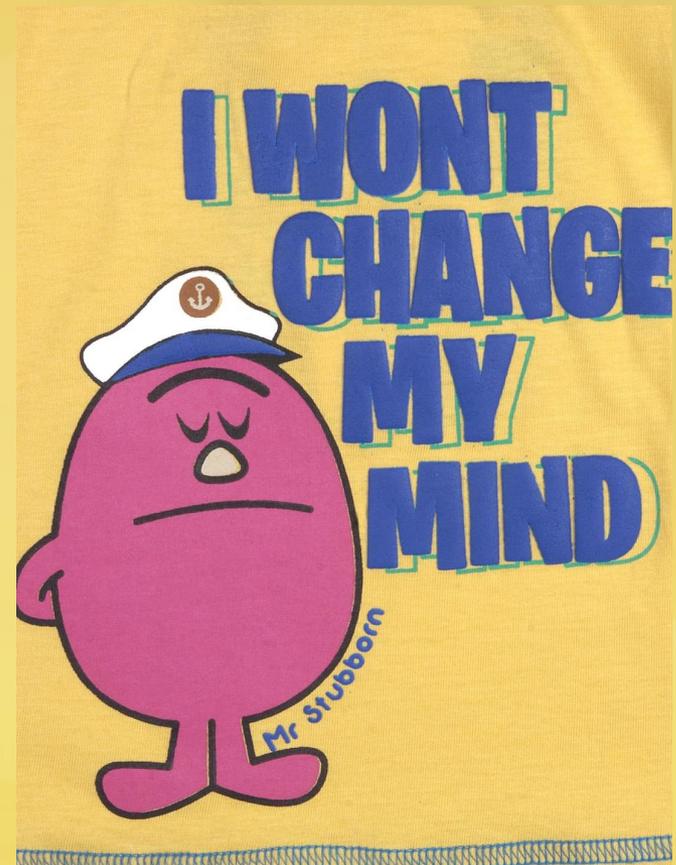
- The eradication of homosexuality as a mental illness in the *DSM-III* (1980) occurred as a result of emerging science that began to show variance in human sexuality as a common phenomenon and called into question the methodologies and ethics of prior work on gay samples
- And by 1975, other mental health organizations (eg. National Association of Social Workers) stood behind the APA's decision



# Literature Review:

## *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

- Shedding the homophobic and heterosexist underpinnings of the perception of gay and bisexual men by mental health professionals has been difficult, with many psychoanalysts clinging to outdated theories for decades



# Literature Review:

## *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

- The nursing profession also has behind in their professional stances on the treatment of gay/bi persons
- The American Nurses Association's current *Code of Ethics* (2010) doesn't specifically mention sexual orientation at all
- However, the statements within the *Code* related to care of patients are very broad, and have been extrapolated in the nursing literature to include the treatment of gay and bisexual persons
- For example, Blackwell (2008) specifically indicated that the participation of nurses in sexual reorientation or conversion/reparative therapies was a direct violation of the ANA's *Code of Ethics*.

# Literature Review:

## *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

- A recent study by Ash and Mackereth (2013) found discontent among gay persons receiving mental health services
- Participants in their study reported that mental health professionals inadequately responded to their needs and failed to consider the unique differences that might make care needs of gay persons dissimilar to that of heterosexuals



# Literature Review:

## *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

- In conclusion, clinicians need to demonstrate cultural competence in their treatment of gay and bisexual persons
- Research has shown cultural competency to be intricately related to empathy
- Demonstrating empathy for gay and bisexual patients begins with the first interaction between patient and provider, when establishing trust between the clinician and client is vital



## Literature Review:

### *Heterosexism and Homophobia: Obstacles to Effective Mental Health Services Provision*

- Thus, advanced practice nurses, physicians, and physician assistants working in emergency departments must have the skill needed to obtain a culturally appropriate health history to gay and bisexual men
- These providers must also correctly assess and diagnose these client's conditions and devise an appropriate and effectively tailored plan of care under often-stressful circumstances with limited resources.



# Discussion:

## *Establishing Trust: Ascertaining Sexual Orientation*

- Some provider qualities that have been identified as being vital to the process of developing empathy for these clients include altruism, compassion, loyalty, involvement, tenacity, and patience



# Discussion:

## *Establishing Trust: Ascertaining Sexual Orientation*

- The subject of clients' sexuality is sensitive
- Clinicians shouldn't make any assumptions about any individual's sexual orientation
- Language used during the taking of the health history should be neutral and not reflect judgment
- Rather than asking potentially assumptive or biased questions about the client's relationships, the provider can say "Tell me about your sexual practices" or ask "What sexual relationships do you have with men, women, or both?"
- OPEN-ENDED; NON-JUDGMENTAL; NON-ASSUMPTIVE

# Discussion:

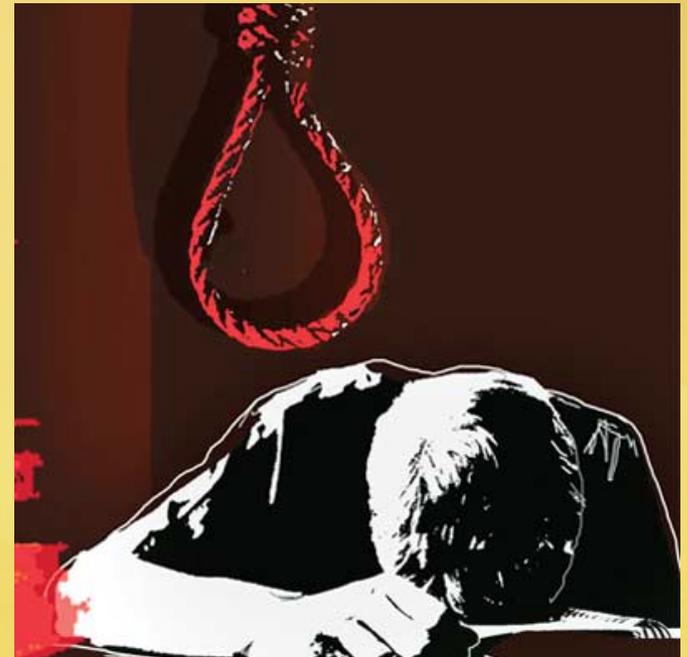
## *Establishing Trust: Ascertaining Sexual Orientation*

- Demographic questionnaires and intake forms can include answer options that ask the client to identify his or her own orientation based on his or her own personal descriptions
- For example, an intake form used by the Fenway Institute (2012), a GLBTQQI health clinic located in Boston, Massachusetts, allows a client to identify his or her own sexual orientation by asking, “Do you think of yourself as: 1) Lesbian, gay, or homosexual? 2) Straight or heterosexual? 3) Bisexual; 4) Something else? 5) Don’t know” (p. 6)

## Discussion:

### *Assessment of Anxiety and Depression in Gay and Bisexual Men in Emergency Settings*

- In emergency settings, gay and bisexual men may express self-injurious desires or may have even attempted suicide as a consequence of depression and/or anxiety
- The clinician needs to quickly assess the patient's psychological distress and make clinical decisions based on this assessment



## **Discussion:**

### *Assessment of Anxiety and Depression in Gay and Bisexual Men in Emergency Settings*

- There is a wide array of instruments used in the mental health field to assess depression and anxiety
- Unfortunately, many of these tools are lengthy and require a time intensive commitment on behalf of the provider, client, or both
- Emergency professionals, who often practice within stressful environments that require rapid assessment and treatment of acute presentations, do not possess the luxury of being able to spend large segments of time performing comprehensive evaluations on clients
- Thus, more concise manners of assessment are paramount

## Discussion:

# *Assessment of Anxiety and Depression in Gay and Bisexual Men in Emergency Settings*

- One assessment tool supported in the literature and used to rapidly screen for psychological distress in gay and bisexual men is the Brief Symptom Inventory-18 (BSI-18)
- This tool's use with men who are gay or bisexual has primarily focused on GLBTQQI youth; but the BSI-18 has demonstrated validity and reliability in studies using other groups as well



## Discussion:

# *Assessment of Anxiety and Depression in Gay and Bisexual Men in Emergency Settings*

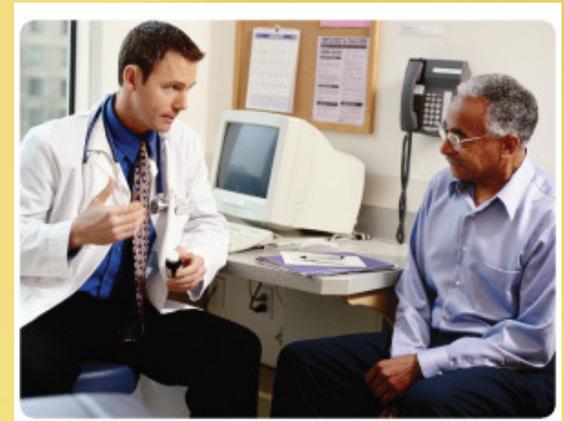
- The BSI-18 has been also widely used in time-limited settings, including emergency departments (Randall, Rowe, & Colman, 2012)
- In addition to depression, the BSI-18 has been used to measure both somatization and anxiety
- The instrument consists of 18 questions designed to assess psychological distress within the past week
- Respondents rate the degree to which they agree with each item, ranging from 0 (*not at all*) to 4 (*very much*)



## Discussion:

# *Assessment of Anxiety and Depression in Gay and Bisexual Men in Emergency Settings*

- Although the BSI-18 could be administered either verbally to the client by the clinician (for example, during the interview process) or by the client completing the questions in a traditional paper-pencil approach (for example, in a triage setting perhaps prior to interaction with the nurse practitioner, physician, or physician assistant), it is written at a sixth grade reading level



## Discussion:

### *Assessment of Anxiety and Depression in Gay and Bisexual Men in Emergency Settings*

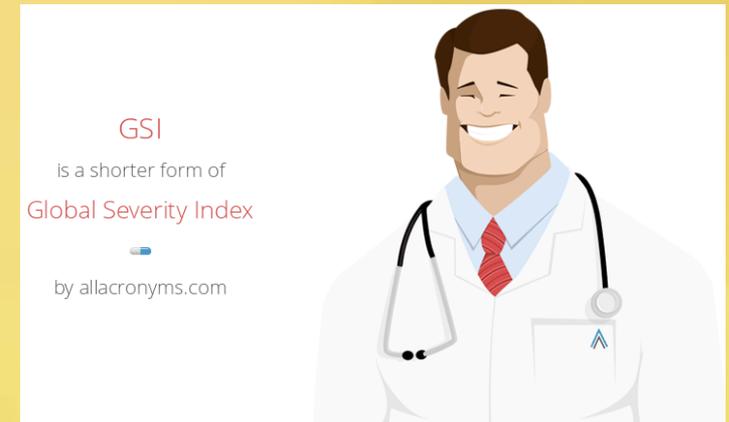
- The client must be able to intellectually comprehend the questionnaire items; and he or she must also be in a mental state that would ensure understanding of the written text of each item and have the necessary visual acuity to do so
- If the client is asked to complete the BSI-18 him or herself using a paper-pencil approach, he or she must have the intact motor skills necessary for simple writing (eg. circling likert responses)

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
(1)	(2)	(3)	(4)	(5)

## Discussion:

# *Assessment of Anxiety and Depression in Gay and Bisexual Men in Emergency Settings*

- Clinicians interpret the scores within each of the three individual dimensions (depression, somatization, and anxiety) on a range of 0 to 24, with increasing scores corresponding to increasing distress within that dimension
- The global severity index (GSI) of distress score comprises the sum of the three dimensions and ranges from 0 to 72



## Discussion:

### *Assessment of Anxiety and Depression in Gay and Bisexual Men in Emergency Settings*

- While data are divergent as to how the scores should be interpreted and applied clinically with different client populations, generally, higher scores indicate higher levels of psychological distress
- Clinicians who are interested in learning more about how to administer and interpret the BSI-18 in their clinical practice should refer to the “Brief Symptom Inventory” chapter of the *Mental Measurements Yearbook* (Boothroyd, 2014)



## **Discussion:**

### *Evidence for the Treatment of Depression in Gay and Bisexual Men*

- Safety FIRST
- If the client is a risk to himself or others, he will need to be admitted to an acute mental health facility or to the inpatient mental health department of a hospital, oftentimes involuntarily



## Discussion:

### *Evidence for the Treatment of Depression in Gay and Bisexual Men*

- Regulatory policies that dictate the clinical indications for involuntary commitment vary from state to state
- However, in the United States, the maximum initial time for involuntary commitment is 3-5 days
- Clinicians can learn more about their state's specific regulations regarding involuntary commitment by visiting the *State-by-State Standards for Involuntary Commitment (Assisted Treatment)* page on the Mental Illness Policy Organization Web site (2011) at: <http://mentalillnesspolicy.org/studies/state-standards-involuntary-treatment.html>

## Discussion:

### *Evidence for the Treatment of Depression in Gay and Bisexual Men*

- It is recommended that those clients in acute crisis of suicidality be provided with relatively short-term directive- and crisis focused-psychotherapy, during which problem solving and skill-building are core interventions
- For clients with suicidal chronicity, longer-term psychotherapy that includes a predominant treatment focus on relationship issues, interpersonal communication, and self-image issues is recommended



## Discussion:

### *Evidence for the Treatment of Depression in Gay and Bisexual Men*

- Because interpersonal violence is associated with suicide attempts, providers need to assess for it
- Clinicians need to ensure clients who are survivors of intimate partner violence have a personal safety plan prior to returning to a potentially dangerous situation
- Providers need to be cautious to not misinterpret violent partners as a source of social support, and that additional services be offered as needed



## Discussion:

### *Evidence for the Treatment of Depression in Gay and Bisexual Men*

- Data suggest strong benefits in matching gay and bisexual clients with gay and bisexual mental health providers
- These benefits include the clinicians' personal knowledge of the unique issues facing the GLBTQQI community and greater ease in creating a safe environment for disclosure and discussion of sexual orientation for the client
- Research strongly supports the use of mental health services that are specifically designed for gay and bisexual men



## Discussion:

### *Evidence for the Treatment of Depression in Gay and Bisexual Men*

- Research assessing interventions to reduce depressive symptoms among a group of methamphetamine (meth)-dependent gay and bisexual men found that those men enrolled in a gay-tailored group (which integrated “gay concepts” and targeted HIV risk reduction strategies) had quicker rates of meth cessation and consequently had more rapid reductions in depressive symptoms compared to men in other treatment or placebo arms that did not receive gay-tailored interventions



## **Discussion:**

### *Evidence for the Treatment of Depression in Gay and Bisexual Men*

- Gay-specific interventions also were found to be promising in a two-phase study conducted by Diamond, et. al (2013) that focused on family-centered therapy in depressed and suicidal GLB adolescents
- Results indicated higher rates of retention in treatment in addition to significant decreases in suicidal ideation, depressive symptoms, and anxiety
- Nurses, social workers, and other clinicians responsible for mental health service linkage need to ascertain what specific GLBTQQI-oriented resources are available within the treatment facilities to which they refer clients

# Conclusion

- Gay and bisexual men sometimes present to emergency settings in need of evaluation and treatment
- Despite the utilization of emergency mental health services by this population, clinicians are often underprepared to respond to their unique needs
- This presentation specifically discussed depression in gay and bisexual men and provided a basic overview for treating gay or bisexual men in emergency settings

# Conclusion

- Mental health service provision for gay and bisexual men in emergency settings is challenging
- However, when emergency healthcare professionals, including advanced practice nurses, increase their competence and apply evidence-based strategies to assess, diagnose, plan, and treat gay and bisexual men with depression, they can grow professionally, and contribute to much needed improvements in care for a vulnerable client population



Conclusion



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