Mental Health and OUD: Working with LGBTQ+ Individuals

Petros Levounis, MD, MA
Professor and Chair, Department of Psychiatry
Rutgers New Jersey Medical School

Tuesday, June 9th, 2020
12:00 – 1:00 PM EDT
Webinar Housekeeping

Minimize or maximize the webinar panel by selecting the orange arrow.

To be recognized, type your question in the “Question” box and select send.
Meet Our Speaker

Petros Levounis, MD, MA

• Professor and Chair, Department of Psychiatry, Rutgers New Jersey Medical School
• Dr. Levounis came to Rutgers from Columbia University where he served as director of the Addiction Institute of New York from 2002 to 2013.
• Expertise in addiction medicine and LGBTQ+ psychiatry.
• Dr. Levounis has published 13 books on addiction and mental health topics.
Disclosures

I have no relevant financial relationships with any ACCME-defined commercial interests.
Learning Objectives

By the end of this presentation, attendees will be able to:

1. Cite two specific interventions that clinicians can use to create a welcoming environment for LGBTQ patients.

2. Describe three unique mental health and substance use problems in LGBTQ populations.

3. Provide ways in which one’s sexual orientation and gender identity/expression might affect a patient’s treatment/recovery from substance use disorders, like opioid use disorder.

4. Discuss culturally informed and culturally sensitive counseling to LGBTQ people.
Outline

1. The Closets
2. Terminology
3. Mental Health and Suicide
4. Substance Use
5. Dating and Technology
6. Our Own Sexualities
7. The Communities

QUIZ
1

The Closets
Discrimination

...and in Health Care

• LGB patients report that providers:
  ▪ 11% – Used excessive precautions or refused to touch me
  ▪ 12% – Blamed me for my health status

• Transgender patients report that providers:
  ▪ 15% – Used excessive precautions or refused to touch me
  ▪ 20% – Blamed me for my health status
...and Most Recently

Percentage of non-LGBTQ Americans “very” or “somewhat” uncomfortable with:

- Having LGBTQ members at my place of worship: 24% (2017) vs. 22% (2016)
- Learning a family member is LGBTQ: 30% (2017) vs. 27% (2016)
- Learning my doctor is LGBTQ: 31% (2017) vs. 28% (2016)
- Learning my child has lesson on LGBTQ history in school: 37% (2017) vs. 34% (2016)
- Seeing an LGBTQ co-worker’s wedding picture: 27% (2017) vs. 25% (2016)
- My child placed in a class with an LGBTQ teacher: 31% (2017) vs. 28% (2016)
- Seeing a same-sex couple holding hands: 31% (2017) vs. 29% (2016)

The Harris Poll, GLAAD (formerly Gay & Lesbian Alliance Against Defamation), 2018.
Age of Coming Out

Source: Pew Research Center 2013 LGBT Survey, Q42 (N=1,197).

An Iterative Process

• First thought of being “other”
• Coming out to oneself
• Friends
• Family
• Co-workers
• The social network
Clinical Tips

• Offer validation.
• Provide a safe, welcoming, and affirming environment.
• Respect patient autonomy.
• Use the magic of warmth and curiosity.
Alfred C. Kinsey
The Kinsey Scale

Varying bisexual responses

0 1 2 3 4 5 6

Exclusively heterosexual
Exclusively homosexual
### Sexual Orientation & Gender

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Gender</th>
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<tbody>
<tr>
<td><strong>IDENTITY</strong></td>
<td><strong>IDENTITY</strong></td>
</tr>
<tr>
<td>(e.g., gay, lesbian, bisexual, straight, asexual, queer)</td>
<td>(e.g., woman, genderqueer, man)</td>
</tr>
<tr>
<td><strong>BEHAVIOR</strong></td>
<td><strong>EXPRESSION</strong></td>
</tr>
<tr>
<td>(e.g., same-sex partners, opposite-sex partners, both, neither)</td>
<td>(e.g., feminine, androgynous, masculine)</td>
</tr>
<tr>
<td><strong>ATTRACTION</strong></td>
<td><strong>SEX</strong></td>
</tr>
<tr>
<td>(e.g., Kinsey scale 0, 1, 2, 3, 4, 5, 6, X)</td>
<td>(e.g., female, intersex, male)</td>
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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>1. Lesbian</strong></td>
<td><strong>11. Pansexual</strong></td>
</tr>
<tr>
<td><strong>2. Gay</strong></td>
<td><strong>12. Polyamorous</strong></td>
</tr>
<tr>
<td><strong>3. Bisexual</strong></td>
<td><strong>13. Same Gender Loving</strong></td>
</tr>
<tr>
<td><strong>4. Transman</strong></td>
<td><strong>14. MSM</strong></td>
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<tr>
<td><strong>5. Transwoman</strong></td>
<td><strong>15. WSW</strong></td>
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<tr>
<td><strong>6. Queer</strong></td>
<td><strong>16. Genderqueer/fluid</strong></td>
</tr>
<tr>
<td><strong>7. Questioning</strong></td>
<td><strong>17. Androgynous</strong></td>
</tr>
<tr>
<td><strong>8. Asexual</strong></td>
<td><strong>18. Intersex</strong></td>
</tr>
<tr>
<td><strong>10. Aromantic (Aro)</strong></td>
<td><strong>20. Ally</strong></td>
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</table>
Clinical Tips

• Use gender-neutral language (e.g., partner) when asking about romantic or sexual partners.

• Try gender-neutral pronouns (e.g., they).

• Update intake forms to ask about preferred name and pronouns.

• Appreciate that sexuality and gender may not stay the same throughout a person’s life.
Mental Health and Suicide
Minority Stress Theory

- Discrimination
- Expectation or Perception of Discrimination
- Internalized Homophobia

Meyer IH, Psychological Bulletin, 2003
Home Away from Home

- Items essential for gender expression
- Single gender rooms and bathrooms
- Scripture and religious language
Clinical Tips

• Screen LGBT patients for depression, anxiety, PTSD, eating disorders, body dysmorphic disorder, and suicide.

• Treat with the same medications and psychotherapies as you would for non-LGBTQ patients.

• Consider medical aspects of LGBTQ health (PrEP and PEP, HPV and HIV screening, HPV and Hepatitis A & B vaccination, hormone therapies).
4

Substance Use
Old Thinking

Use to “augment a hyperactive, restless lifestyle and an exaggerated need for self-sufficiency.”

And Here is the “Evidence”

tive, restless lifestyle and an exaggerated need for self-sufficiency” (Khantzian 1979, p. 101). The findings of Spotts and Shontz (1977), who extensively studied the psychosocial characteristics of nine representative cocaine addicts, are largely consistent with these clinical descriptions.

New Thinking

- Minority Stress Theory
- Self-Medication

Sexual Attraction

% reporting any substance use disorders

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only same-sex</td>
<td>11.4</td>
<td>17.7</td>
</tr>
<tr>
<td>Mostly same-sex</td>
<td>24.2</td>
<td>25</td>
</tr>
<tr>
<td>Equally both sexes</td>
<td>25</td>
<td>18.5</td>
</tr>
<tr>
<td>Mostly other sex</td>
<td>*</td>
<td>12.2</td>
</tr>
<tr>
<td>Only other sex</td>
<td></td>
<td>15.7</td>
</tr>
</tbody>
</table>

McCabe SE, *Addiction*, 2009. Courtesy of Sean McCabe, PhD.
Levounis, Motivation for smoking cessation among alcohol drinkers who date on the Internet, study in progress.
Primary Prevention

Secondary Prevention

Clinical Tips

• Look out for alcohol, MJ, and tobacco use among lesbians.

• Look out for stimulants, MJ, and tobacco use among gay men.

• Consult the community!
5

Dating and Technology
The Sites
The Apps
The Social Network

• Scruff
• GROWLr
• Tumblr
• Adam4Adam (or just “A4A” or “Adam”)
• OkCupid, Plenty of Fish, and Tinder, the straight dating apps for gays
Sex Addiction

A condition characterized by:

1. repetitive
2. out of control, and
3. driven sexual behavior,
4. typically conducted with strangers, that leads to distress or dysfunction.

Love Addiction

• Attraction Phase
  The craving is for the euphoria of a romantic encounter.

• Attachment Phase
  The craving is for a sense of security and continuity in a relationship.

Love and Sex

- Sex, both virtual and real is only a click or a swipe away.

- Variable Intermittent Reinforcement
Clinical Tips

• Understand and empathize with your patients by familiarizing yourself with different LGBTQ cultures.

• It’s no longer OK not to know what Grindr is.
Our Own Sexuality
## Sexual Identity Themes

<table>
<thead>
<tr>
<th>Gay Clinician</th>
<th>Gay Patient</th>
<th>How similar are we?</th>
<th>Straight Patient</th>
<th>Can we understand and trust each other?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight Clinician</td>
<td>Can we understand and trust each other?</td>
<td>Are we open to “go there”?</td>
<td></td>
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</tbody>
</table>
Clinical Tips

• We are far from being a blank slate.

• We are all massively gooogleable.

• If you are LGBTQ yourself, you are likely to be a role model for your young LGBTQ patients.
The Communities
PrEP by Race

Clinical Tips

• Ask about support systems broadly.

• Celebrate the clinical and cultural uniqueness of LGBTQ people and enjoy helping everyone thrive!
References


Adrian Jacques H. Ambrose, M.D., M.P.H.
Ahmad A. Mohammad, M.D.
Angeliki Pesiridou, M.D.
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Sam Marcus, M.A.
Sarah Noble, D.O.
Selale Gunal
Serena M. Chang, M.D.
Victoria Formosa, L.C.S.W.
Eric Yarbrough, M.D.
Petros Levounis, M.D., M.A.
QUIZ

Bob and Helen
“Hi, I’m Bob. I’m pretty sure I’m straight because I’ve been dating Helen for a year and the sex is great! On the other hand, when I look at her ex-boyfriend Steve, hmmm…”

A. Aromantic
B. Cisgender
C. Gender fluid
D. Greysexual
E. Pansexual
F. Polyamorous
G. Questioning
“Hi, this is Steve. Bob and I have started to date—Helen doesn’t know a thing!—and I love him, but sex? Meh. Once a year, on my birthday, that’s plenty for me.”

A. Aromantic
B. Cisgender
C. Gender fluid
D. Greysexual
E. Pansexual
F. Polyamorous
G. Questioning
“Hi, this is Helen. Before those two idiots, I dated Anna, who is cisgender, and before her, Bo, who is a transman. I just don’t care about the gender of the person I’m with.”

A. Aromantic  
B. Cisgender  
C. Gender fluid  
D. Greysexual  
E. Pansexual  
F. Polyamorous  
G. Questioning
“Hi, I’m Bo. Helen just called me a transman, but I feel that my gender identity often shifts from man to woman—and back again.”

A. Aromantic
B. Cisgender
C. Gender fluid
D. Greysexual
E. Pansexual
F. Polyamorous
G. Questioning
Thank you

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- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for addiction treatment.
  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
  - No cost.

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Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
Upcoming Webinars

“Recovery Supports for Young People with OUD”

Dr. Amy Yule, MD
Medical Director, Addiction Recovery Management
Service Instructor at Harvard Medical School

Tuesday, July 14th, 2020
12:00 – 1:00 PM EDT
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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<th>American Society of Addiction Medicine</th>
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<td>American Academy of Family Physicians</td>
<td>American Society for Pain Management Nursing</td>
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<tr>
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<td>Association for Multidisciplinary Education and Research in Substance use and Addiction</td>
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<tr>
<td>American Academy of Pediatrics</td>
<td>Council on Social Work Education</td>
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<td>American Pharmacists Association</td>
<td>International Nurses Society on Addictions</td>
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<td>American College of Emergency Physicians</td>
<td>National Association for Community Health Centers</td>
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<td>National Council for Behavioral Health</td>
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<td>American Medical Association</td>
<td>The National Judicial College</td>
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<td>American Osteopathic Academy of Addiction Medicine</td>
<td>Physician Assistant Education Association</td>
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<td>American Psychiatric Association</td>
<td>Society for Academic Emergency Medicine</td>
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<td>American Psychiatric Nurses Association</td>
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