

**KEYS TO INCLUSIVE AND SAFE CARE FOR
THE LGBTQIA+ BREAST CANCER COMMUNITY:
DEVELOPING STRATEGIES FOR SUPPORTING MENTAL HEALTH**

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(they/she)

presented from the unceded land of the
Chochenyo Muwekma Ohlone people

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"The quality of light by which we scrutinize our lives has direct bearing upon the product which we live, and upon the changes which we hope to bring about through those lives."

--Audre Lorde

(from *Poetry is not a Luxury in Sister Outsider*, p. 36)



Impact of current political climate on LGBTQIA+ people

- Right now, the ACLU is tracking over 490 anti-LGBTQ bills in the United States
- Anti-trans bills
- Gender policing in bathrooms
- Criminalization of drag
- Pronoun/name changes parents must be notified
- Ongoing victimization



Terminology/Definitions

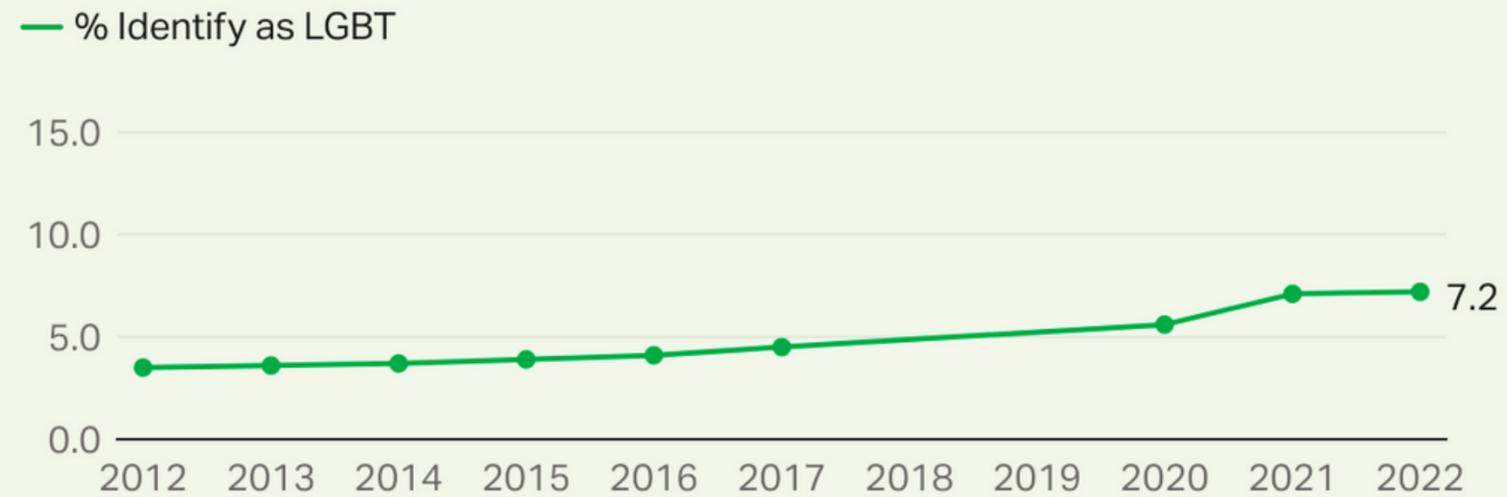
- SOGIE/SGM
- SGL
- cissexism
- gender pronouns
- polyamorous vs. (ethical) non-monogamy
- chosen family
- trans-masculine/trans-feminine

Take the time to learn terminology



Americans' Self-Identification as Lesbian, Gay, Bisexual, Transgender or Something Other Than Heterosexual, 2012-2022

Which of the following do you consider yourself to be? You can select as many as apply. Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender



Respondents who volunteer another identity (e.g., queer, same-gender-loving; pansexual) are recorded as "Other LGBT" by interviewers. These responses are included in the LGBT estimate.
Data were not collected in 2018 and 2019.
2012-2013 wording: Do you, personally, identify as lesbian, gay, bisexual or transgender?

Who is LGBTQIA+ in population?

- Population = 7.2%
- Race = Black (10.7%), Latine (19.9%), American Indian/American Native (2.5%), Asian American (4.9%), Native Hawaiian/Pacific Islander (0.4%), White (52.3%), Other (9.3%)
- Mental Health = 53% report being threatened with violence; 62% trans-identified people worry about being judged when seeking health care



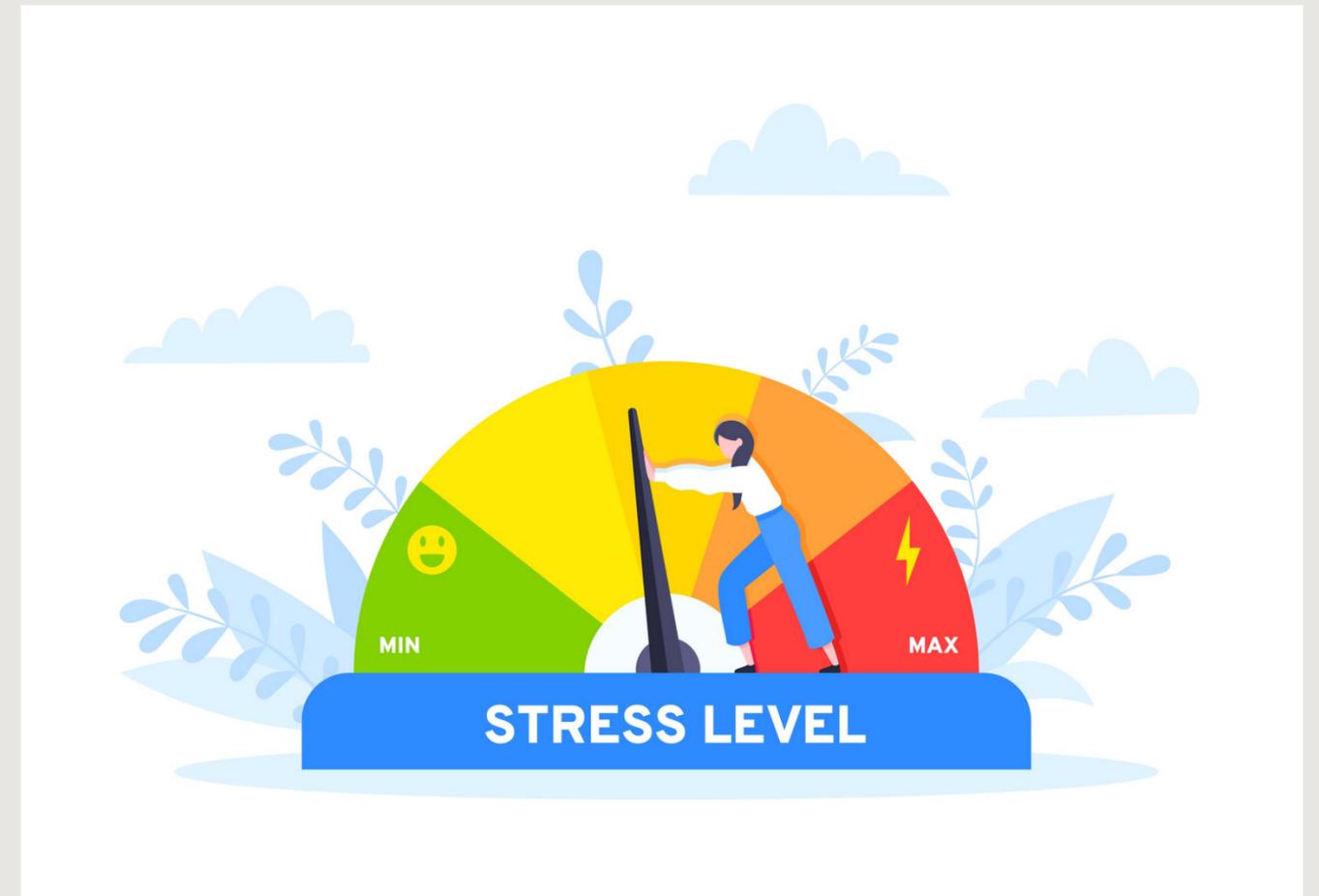
Factors that impact LGBTQIA+ people living w cancer

- "Outness" (in various life domains)
- Support system
- Health care access
- Being able to speak truthfully about one's life without judgment
- Cissexism/Transphobia
- Binary and if/therefore frameworks



Minority Stress Theory (two types of stressors: proximal, distal)

- the additional stress sexual and gender minority groups experience that negatively impact mental health outcomes (Meyer, 2003)
- two types of stressors: **proximal** & **distal**



Minority Stress Theory (proximal)

- anticipatory anxiety
- internal dialogue/imposter syndrome
- challenges to self-image
- managing feelings of rejection/exclusion
- maintaining safety in the face of aggression from others

Minority Stress Theory (distal)

- active or passive marginalization
- cissexism and/or heterosexism
- physical violence (actual and threats)
- discriminatory legislation
- 2-dimensional health care

Importance of attuning to LGBTQIA+ community needs

- Increased engagement in systems of care
- Improved health outcomes (earlier screening)
- Growing population (more people IDing as LGBTQIA+)
- Communities benefit when everyone has what they need (general public health improves)

Impact of cancer diagnosis on internal landscape

- Worries about the cancer diagnosis (How did this happen? How long have I had cancer? What does this mean for my life?)
- Worries about roles and responsibilities (work, family)
- Grief/loss (health, body, relationships)
- Sadness (low mood/depression)
- Fear of recurrence
- Activation of PTSD

What family means: Practical and emotional support

- Family of origin vs. chosen family
- Rejection from family of origin
increases reliance on chosen family
for support (recognition in health care
settings; health insurance)
- Multi-parent families via blended
families, families where parents are
polyamorous, or platonic bonds
amongst friends that allow for
communal parenting
- Family is not always about what's
"legal" but about intentional, intimate
connections



Barriers to impactful care

- Practice access (transportation, insurance, finances, location)
- Fear (about dx, distrust of medical care systems)
- Trust + safety
 - THE RELATIONSHIP
 - "Is it going to address my needs?" (inclusivity)
 - If not, how can a patient let you know?
- Past experiences, stories from others, historical discrimination

How to support mental health of LGBTQIA+ people with cancer

- Assume nothing
- Normalize experience and need for mental health support
- Inquire about support networks
 - Who are those people? Friends, partners –even if married–, family
 - Offer resources for caregivers (support groups, online support, communication apps)
- Inquire about three biggest concerns/stressors before cancer dx (are these still concerns?)

How to support mental health of LGBTQIA+ people with cancer

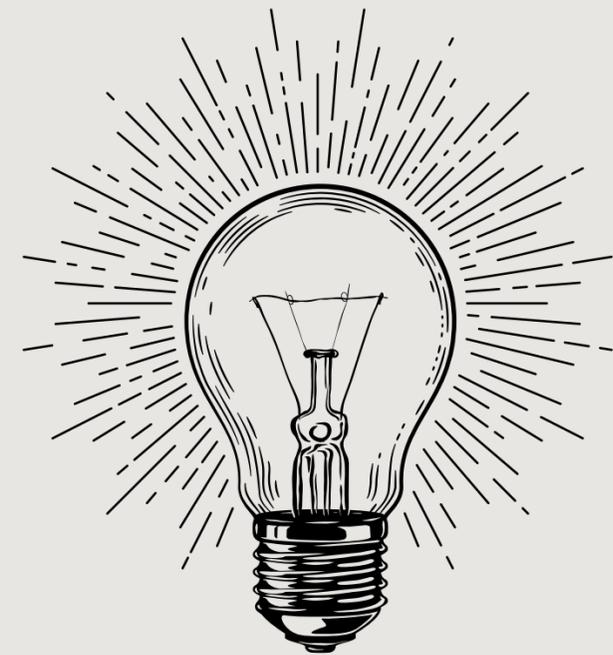
- 1:1 therapy
- Affinity-based groups (LGBTQIA+, racial, ethnic, spiritual community)
- Regular check-ins with patient about their mental health:
 - “How are you feeling physically? How about emotionally?”
 - "Since we saw each other last, what's it been like to be you?"
- Inquire about interest in/comfort with somatic therapies (as part of processing grief/loss)
- Inquire about gender-neutral options for post-surgical care tools (vendors anticipate grief about loss of femininity but this is not the same for everyone)

Patient Advocate lived-experience share

Patient Advocate Share: Victoria Seamon

Highlights and Closing

- Pay attention to sociopolitical events related to SOGIE
- Have non-verbal cues to communicate safety
- Take moment to think about whether you are asking questions that allow your patients to comfortably share who they are and how they are living
- Refrain from making assumptions
- Name process to co-create care with patient



Thank you!

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