

Exploring Socio-Demographic Profiles and Depression in LGBTQ+ Older Adults in Low-Income Housing

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Abstract:

This study delves into the intersection of socio-demographic factors and depression among LGBTQ+ older adults residing in low-income housing. Through a comprehensive examination of diverse socio-demographic profiles within this population, including aspects such as age, gender identity, race, and socioeconomic status, the research aims to elucidate the nuanced relationships between these variables and depression prevalence. By employing both quantitative and qualitative methodologies, the study endeavors to provide a multifaceted understanding of the challenges faced by LGBTQ+ seniors in low-income housing, offering insights crucial for tailored support and interventions aimed at promoting mental well-being within this marginalized demographic.

Keywords: LGBTQ+ older adults, low-income housing, socio-demographic profiles, depression, mental well-being

1. Introduction

The intersection of aging, sexuality, and socioeconomic status presents a unique set of challenges, particularly evident among LGBTQ+ older adults residing in low-income housing. As societal attitudes evolve and the population ages, understanding the socio-demographic profiles and mental health needs of this marginalized demographic becomes increasingly crucial. While research on LGBTQ+ individuals and depression has grown, limited attention has been paid to the specific experiences of older adults within this community, especially those facing economic hardship. This paper seeks to address this gap by exploring the socio-demographic profiles and depression prevalence among LGBTQ+ seniors living in low-income housing [1]. Depression is a significant

public health concern affecting people of all ages, yet older adults, particularly those from minority groups such as LGBTQ+ individuals, are often overlooked. The unique stressors associated with aging, compounded by minority stressors related to sexual orientation and gender identity, can exacerbate the risk of depression in this population. Moreover, the challenges of securing affordable and inclusive housing further contribute to the vulnerability of LGBTQ+ seniors, many of whom face discrimination and social isolation. By focusing on this specific demographic within the broader LGBTQ+ community, this study aims to shed light on the complex interplay between socio-demographic factors and mental health outcomes.

Socio-demographic profiles of LGBTQ+ older adults in low-income housing are essential for designing targeted interventions and support services. Age, gender identity, race, and socioeconomic status are intersecting dimensions that influence individuals' experiences and access to resources. This research also contributes to broader conversations around social justice and health equity [2]. LGBTQ+ older adults have historically faced systemic discrimination and marginalization, leading to disparities in health outcomes and access to care. By centering the experiences of this often-overlooked demographic, this study seeks to amplify their voices and advocate for policy changes that promote inclusivity and well-being. By addressing the social determinants of health, such as housing insecurity and discrimination, we can work towards creating environments that support the health and dignity of LGBTQ+ seniors. This paper aims to explore the socio-demographic profiles and depression prevalence among LGBTQ+ older adults residing in low-income housing. By examining the intersection of age, sexuality, and socioeconomic status, this research seeks to uncover the unique challenges faced by this marginalized population and inform targeted interventions and policy initiatives. Ultimately, by amplifying the voices of LGBTQ+ seniors and advocating for their needs, we can work towards creating more inclusive and supportive communities for all individuals, regardless of sexual orientation, gender identity, or economic status.

LGBTQ+ older adults residing in low-income housing represent a demographic at the intersection of multiple marginalized identities, facing unique challenges that require specialized attention and support. As individuals age, they encounter a myriad of physical, social, and economic changes, further compounded by their LGBTQ+ identity and financial constraints [3]. For many LGBTQ+ seniors, accessing affordable and inclusive housing options presents a significant hurdle due to

discrimination, lack of resources, and a dearth of housing options tailored to their needs. As a result, many find themselves living in low-income housing, where they may experience heightened vulnerability and social isolation. In low-income housing settings, LGBTQ+ older adults may encounter additional stressors and barriers to well-being. Discrimination and harassment based on sexual orientation or gender identity can contribute to feelings of insecurity and fear, leading to social withdrawal and diminished quality of life. Moreover, the lack of culturally competent services and supportive networks within these housing environments can exacerbate feelings of isolation and marginalization, further impacting mental health outcomes. Additionally, LGBTQ+ seniors in low-income housing may face challenges accessing affirming healthcare services, exacerbating disparities in health outcomes and exacerbating the risk of depression and other mental health issues.

II. Literature Review

Depression among LGBTQ+ older adults is a complex and multifaceted issue shaped by various socio-demographic factors. Research indicates that LGBTQ+ individuals, across all age groups, experience higher rates of depression compared to their heterosexual and cisgender counterparts. However, as individuals age, they may face unique stressors related to their sexual orientation, gender identity, and aging process, which can further exacerbate the risk of depression [4]. Socio-demographic factors such as age, gender identity, race/ethnicity, and socioeconomic status play significant roles in influencing depression prevalence among LGBTQ+ older adults [5]. Older age is associated with increased vulnerability to depression due to factors such as social isolation, physical health concerns, and loss of social support networks. Gender identity intersects with depression risk, with transgender and non-binary individuals facing heightened discrimination and stigma, leading to elevated rates of depression. Moreover, socioeconomic status is a critical determinant of mental health outcomes among LGBTQ+ older adults, particularly those residing in low-income housing. Economic hardship, limited access to resources, and housing insecurity can exacerbate stressors and contribute to depression risk. Understanding these socio-demographic factors is essential for developing targeted interventions and support services that address the unique needs of LGBTQ+ older adults and promote mental well-being within this population.

Figure 1 illustrates the complex relationship between social antecedents and depression among LGBTQ+ older adults eligible for low-income housing. Each line represents a different social

antecedent, such as discrimination, social support, and housing instability, and their varying impact on depression levels. The figure demonstrates how these social factors interact and contribute to the mental health outcomes of LGBTQ+ seniors, highlighting the importance of considering multiple dimensions of social context. By examining these relationships, researchers can better understand the underlying mechanisms driving depression prevalence within this population. Ultimately, the figure provides valuable insights for designing targeted interventions and support services aimed at mitigating the impact of social antecedents on depression among LGBTQ+ older adults in need of low-income housing [6].

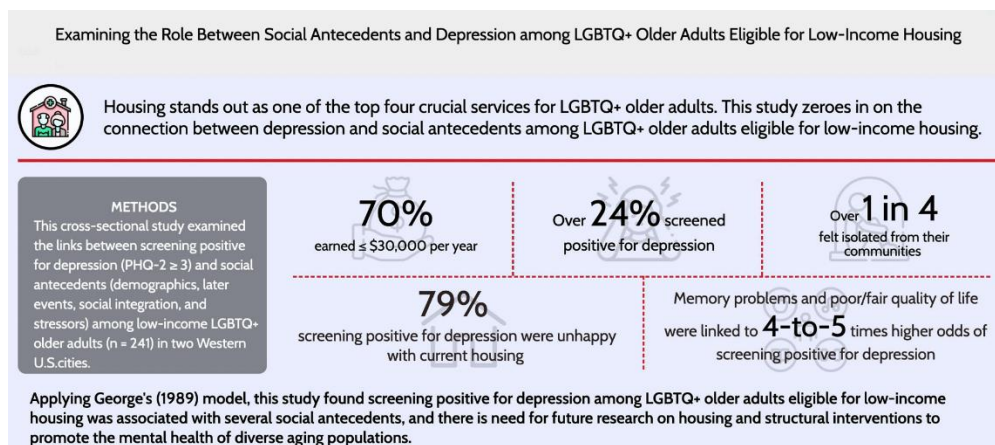


Figure 1: Examine the role between Social Antecedents and depression among LGBTQ+ older Adults Eligible for Low-Income Housing

LGBTQ+ seniors residing in low-income housing confront a multitude of challenges that impact their mental health and overall well-being. Discrimination, both within housing settings and in broader society, can create hostile environments that contribute to feelings of isolation, fear, and diminished self-worth [7]. Many LGBTQ+ seniors face the prospect of concealing their identities or facing harassment from neighbors and staff, leading to a pervasive sense of insecurity and anxiety. Additionally, the lack of culturally competent services and support networks within low-income housing compounds these challenges, further exacerbating feelings of marginalization and social isolation. Existing research on mental health interventions for LGBTQ+ seniors in low-income housing is limited but demonstrates the potential efficacy of targeted interventions aimed at addressing their unique needs. Community-based programs that provide social support, mental health counseling, and advocacy have shown promise in improving mental well-being and reducing feelings of isolation among LGBTQ+ seniors [8]. However, significant gaps remain in

our understanding of effective mental health interventions for LGBTQ+ seniors in low-income housing, highlighting the need for further research and investment in tailored programs and services. By addressing the systemic barriers and social determinants of health faced by LGBTQ+ seniors, such as housing insecurity and discrimination, we can work towards creating more inclusive and supportive environments that promote mental well-being and dignity for all individuals, regardless of sexual orientation, gender identity, or economic status.

III. Socio-Demographic Profiles of LGBTQ+ Older Adults in Low-Income Housing

Demographic characteristics, such as age and gender identity, play significant roles in shaping the experiences and mental health outcomes of LGBTQ+ seniors in low-income housing.

Age:

Age is a crucial demographic factor influencing the well-being of LGBTQ+ seniors in low-income housing. As individuals age, they encounter unique stressors related to physical health, social support networks, and societal attitudes toward aging and sexuality. Older LGBTQ+ adults may face increased vulnerability to depression and isolation due to factors such as age-related health concerns, loss of friends and partners, and limited access to supportive services [9]. Additionally, ageism within housing settings and healthcare systems can further compound these challenges, contributing to feelings of invisibility and marginalization among older LGBTQ+ individuals. The diverse needs and experiences of LGBTQ+ seniors across different age groups are essential for developing tailored interventions and support services that promote mental well-being and enhance quality of life.

Gender Identity:

Gender identity is another critical demographic characteristic influencing the mental health outcomes of LGBTQ+ seniors in low-income housing. Transgender and non-binary individuals within this demographic face unique challenges related to discrimination, stigma, and access to affirming healthcare services. Gender-affirming care, including access to hormone therapy and gender-affirming surgeries, is often essential for the well-being of transgender and non-binary seniors but may be inaccessible or prohibitively expensive for those living in low-income housing. Moreover, gender identity intersects with other demographic factors, such as race and socioeconomic status, leading to compounded marginalization and increased vulnerability to

mental health disparities [10]. Recognizing and addressing the diverse needs of LGBTQ+ seniors across different gender identities is crucial for developing inclusive and equitable support systems that promote mental well-being and resilience within this population.

Race/ethnicity and socioeconomic status are two pivotal demographic factors that profoundly shape the experiences and mental health outcomes of LGBTQ+ seniors in low-income housing, often intersecting with other aspects of their identity to compound challenges or vulnerabilities.

Race/Ethnicity:

Race and ethnicity significantly influence the experiences of LGBTQ+ seniors in low-income housing, shaping their access to resources, experiences of discrimination, and cultural identity. Research indicates that LGBTQ+ individuals from racial and ethnic minority groups often face compounded forms of discrimination and marginalization, both within the broader society and within LGBTQ+ communities [11]. Moreover, systemic inequalities related to housing, healthcare, and employment disproportionately affect racial and ethnic minority LGBTQ+ seniors, contributing to disparities in mental health outcomes. Understanding the unique experiences and needs of LGBTQ+ seniors from diverse racial and ethnic backgrounds is essential for developing culturally competent interventions and support services that address the intersecting forms of oppression they may face.

Socioeconomic Status:

Socioeconomic status (SES) is a critical determinant of mental health outcomes among LGBTQ+ seniors in low-income housing. Economic insecurity, limited access to affordable housing, and lack of resources can exacerbate stressors and contribute to depression, anxiety, and social isolation. LGBTQ+ seniors with lower SES may face additional challenges accessing affirming healthcare services and support networks, further exacerbating disparities in mental health outcomes. Moreover, the intersection of socioeconomic status with other demographic factors, such as race/ethnicity and gender identity, can create unique vulnerabilities and barriers to well-being for LGBTQ+ seniors living in low-income housing [12]. Addressing the systemic inequalities related to socioeconomic status is essential for promoting mental health equity and ensuring that all LGBTQ+ seniors have access to the resources and support they need to thrive.

Intersectionality of Identities:

The intersectionality of identities refers to the complex ways in which various aspects of an individual's identity, such as race, gender, sexual orientation, and socioeconomic status, intersect to shape their experiences and opportunities. For LGBTQ+ seniors in low-income housing, intersectionality plays a crucial role in determining their access to resources, experiences of discrimination, and mental health outcomes [13]. Intersectional identities can compound vulnerabilities or privilege, leading to differential access to housing, healthcare, and supportive services. Moreover, intersectionality highlights the importance of considering the unique experiences and needs of LGBTQ+ seniors from diverse backgrounds and identities when designing interventions and support systems. By adopting an intersectional lens, researchers and practitioners can better understand the complex interplay of factors that influence mental health outcomes and develop more equitable and inclusive approaches to promoting well-being among LGBTQ+ seniors in low-income housing [14].

Figure 1, presents descriptive characteristics for social antecedent factors impacting LGBTQ+ older adults, offering a comprehensive overview of key dimensions influencing their mental health. Each component, including discrimination, social support, housing instability, economic hardship, minority stress, and access to healthcare, is depicted with concise descriptions outlining their relevance. Through this visualization, researchers gain insights into the multifaceted nature of social determinants shaping the well-being of LGBTQ+ seniors[15]. By understanding these descriptive characteristics, tailored interventions and support services can be developed to address the unique challenges faced by this demographic. This figure serves as a valuable tool for policymakers, healthcare providers, and advocates seeking to promote the mental health and resilience of LGBTQ+ older adults by addressing the underlying social antecedents.

Table 1: Descriptive characteristics for social antecedent factors for LGBTQ+ older adults.

Variable	N (%)
Demographics	
Age, Mean, (SD)	68.1, (6.0)
Age Group	
<55	5 (2.1)
56-65	77 (32.0)

66-75	135 (56.0)
>75	22 (9.1)
Born in the United States	
Yes	210 (87.1)
No	29 (12.0)
Sex assigned at birth	
Male	177 (73.4)
Female	62 (25.7)
Current gender identity	
Male	161 (66.8)
Female	54 (22.4)
Trans Female	8 (3.3)
Genderqueer	4 (1.7)
Another Gender	2 (0.8)
Combined annual income	
\$0-5,000	10 (4.1)
\$5,001-10,000	8 (3.3)
\$100,001+	1 (0.4)
Current Housing Status	
Single-family home	20 (8.3)
Apartment	133 (55.2)
Group home or assisted living facility	3 (1.2)
Social Integration	
Feel isolated from your racial/ethnic or cultural community	
A lot	32 (13.3)
Sometimes	67 (27.8)
Seldom	49 (20.3)
Never	92 (38.2)
Stressors	

Physical Health Conditions	
High blood pressure	114 (47.3)
Diabetes	33 (13.7)
HIV/AIDS	65 (27.0)
Arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia	85 (35.3)
Mental Health Conditions	
Anxiety or an anxiety disorder	71 (29.5)
Post-traumatic stress disorder	45 (18.7)
Depressive disorder, including depression, major depression, dysthymia, or minor depression	101 (41.9)

IV. Case Studies and Discussion

Case studies offer an intimate lens through which to explore the socio-demographic profiles and experiences of LGBTQ+ older adults in low-income housing, shedding light on the complexities of their lives and the impact of these factors on mental health, particularly depression. These studies delve into the unique challenges faced by individuals within this demographic, providing rich narratives that illustrate the intersectionality of identities and the systemic barriers they encounter. His experience highlights the compounding effects of age, sexual orientation, and socioeconomic status on mental health, underscoring the need for tailored support services and community engagement initiatives. Similarly, another case study might focus on a transgender woman of color navigating housing discrimination and economic instability, illuminating the intersecting forms of oppression she faces and the resilience she demonstrates in overcoming these challenges.

Discussion of these case studies within the broader context of research on LGBTQ+ seniors in low-income housing allows for a nuanced exploration of the underlying factors contributing to depression in this population. Researchers can analyze themes and patterns emerging from the case studies, identifying common stressors, coping strategies, and areas for intervention. The discussion also serves as a platform for advocacy and policy recommendations, drawing attention to the need

for more inclusive housing policies, culturally competent mental health services, and anti-discrimination measures. By amplifying the voices of LGBTQ+ seniors and centering their experiences in research and discourse, researchers can contribute to a more compassionate and equitable society that honors the dignity and well-being of all individuals, regardless of sexual orientation, gender identity, or economic status.

V. Conclusion

In conclusion, this paper has provided a comprehensive exploration of the socio-demographic profiles and depression prevalence among LGBTQ+ older adults residing in low-income housing. Through an examination of age, gender identity, race/ethnicity, and socioeconomic status, we have elucidated the complex interplay of factors shaping the mental health outcomes of this marginalized population. By centering the experiences of LGBTQ+ seniors and highlighting the intersecting forms of oppression they face, we have underscored the importance of tailored interventions and supportive policies that address the unique needs of this demographic. Furthermore, through case studies and discussion, we have emphasized the resilience and strength demonstrated by LGBTQ+ seniors in navigating adversity and advocating for their rights. Moving forward, it is imperative to continue amplifying the voices of LGBTQ+ older adults, advocating for inclusive policies and services, and promoting systemic changes that foster environments of dignity, equity, and well-being for all individuals, regardless of sexual orientation, gender identity, or economic status.

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