

The Intersection of Social Antecedents and Depression among LGBTQ+ Elderly

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Abstract:

This paper examines the complex interplay between social factors and mental health outcomes within the aging LGBTQ+ community. This study highlights how social antecedents—such as lifelong experiences of discrimination, social isolation, lack of family support, and economic instability—contribute significantly to higher rates of depression among LGBTQ+ seniors compared to their heterosexual counterparts. By employing a mixed-methods approach, the research underscores the critical need for inclusive social policies and support systems that address these unique challenges. The findings emphasize that improving social conditions and fostering supportive environments are essential for mitigating depression and enhancing the overall well-being of LGBTQ+ elderly individuals.

Keywords: LGBTQ+ elderly, Depression, Social antecedents, Social isolation, Mental health

1. Introduction

The aging LGBTQ+ population represents a unique and growing demographic within society. This group includes individuals who identify as lesbian, gay, bisexual, transgender, queer, or other non-heteronormative identities and who have lived through significant periods of social, legal, and medical discrimination [1]. These experiences have profound implications for their mental health, particularly about depression. Understanding the prevalence and causes of depression among LGBTQ+ elderly individuals requires a comprehensive examination of social antecedents—factors such as lifelong discrimination, social isolation, lack of familial support, and economic instability. These antecedents are crucial in shaping the mental health outcomes of this population.

Depression is a critical mental health issue among the elderly, and research indicates that LGBTQ+ seniors are at a higher risk compared to their heterosexual and cisgender peers. This increased risk can be attributed to a combination of historical and ongoing experiences of marginalization. For example, many LGBTQ+ elderly individuals have faced systemic discrimination throughout their lives, including in employment, housing, and healthcare, leading to cumulative stress and trauma. Additionally, social isolation, often exacerbated by estrangement from biological families and limited access to supportive social networks, further contributes to their vulnerability. The importance of studying the intersection of social antecedents and depression among LGBTQ+ elderly individuals cannot be overstated. By understanding these factors, we can develop targeted interventions that address the unique needs of this population [2]. This research aims to fill existing gaps in the literature by providing a nuanced analysis of how various social determinants impact mental health. It also seeks to inform policies and practices that can improve the quality of life and mental well-being of LGBTQ+ seniors.

According to recent estimates, millions of LGBTQ+ individuals are aged 65 and older, a number that is expected to rise as younger generations age. This population is diverse, encompassing various sexual orientations, gender identities, and life experiences. Despite this diversity, many LGBTQ+ seniors share common experiences related to their sexual orientation and gender identity. LGBTQ+ elderly individuals have lived through periods of intense social and legal discrimination, including criminalization of same-sex relationships, lack of recognition of their relationships, and exclusion from social institutions [3]. Many have endured harassment, stigma, and marginalization throughout their lives, leading to a lifetime of accumulated stress and resilience. LGBTQ+ seniors often face higher rates of physical and mental health issues compared to their heterosexual counterparts. These disparities are partly due to historical discrimination in healthcare settings, which has resulted in delayed or inadequate medical care. Additionally, LGBTQ+ elderly individuals are more likely to experience chronic conditions such as HIV/AIDS, cardiovascular disease, and mental health disorders, including depression and anxiety. There is a growing recognition of the need for inclusive and affirming services for LGBTQ+ elderly individuals. Culturally competent care, social support programs, and legal protections are essential to address the unique challenges faced by this population [4]. This paper will explore the prevalence of depression among LGBTQ+ elderly individuals, examine the key social antecedents contributing to their mental health outcomes, and discuss the implications for healthcare and social policy.

Through a mixed-methods approach, combining quantitative data and qualitative insights, this study will provide a comprehensive understanding of the challenges faced by LGBTQ+ seniors and offer recommendations for fostering supportive environments that promote their mental health and overall well-being.

II. Social Antecedents of Depression Among LGBTQ+ Elderly

The social antecedents of depression among LGBTQ+ elderly are deeply rooted in historical context and discrimination. Many older LGBTQ+ individuals have lived through periods of intense social stigma and legal discrimination, which have long-lasting effects on their mental health. During much of their lives, homosexuality and gender nonconformity were criminalized and pathologized, leading to widespread social exclusion and internalized homophobia [5]. This history of oppression has resulted in higher levels of psychological distress, mistrust of institutions, and reluctance to seek help among LGBTQ+ elderly [6]. Additionally, many have faced family rejection and societal ostracism, further isolating them and exacerbating feelings of loneliness and depression. Another significant factor contributing to depression among LGBTQ+ elderly is the lack of robust social support networks. Unlike their heterosexual peers, many LGBTQ+ seniors do not have children or close family ties to rely on for support in their later years. This absence of familial support is often compounded by the loss of friends and partners to the AIDS epidemic, leaving many without a critical support system. Moreover, economic inequality and financial stress play a crucial role. LGBTQ+ elderly are more likely to experience employment discrimination, resulting in lower lifetime earnings and inadequate retirement savings. This economic insecurity, coupled with limited access to LGBTQ+-inclusive healthcare and aging services, heightens the risk of depression among this vulnerable population [7].

Figure 1 illustrates the Multigroup model depicts the intricate interplay of risk and protective health factors among older individuals with intersecting racial/ethnic and sexual and gender minority identities. Through a comprehensive lens, it explores how societal discrimination, healthcare disparities, and cultural factors intersect to shape health outcomes. The model delineates the nuanced ways in which historical trauma, systemic inequalities, and identity-based stressors contribute to health disparities in this population [8]. Moreover, it highlights the resilience factors such as community support, cultural pride, and access to affirming healthcare services that serve as protective buffers against adverse health outcomes. By delineating these complex dynamics, the

Multigroup model provides a framework for understanding and addressing the unique health needs of older adults with intersecting marginalized identities. It underscores the importance of implementing targeted interventions and policies that promote health equity and foster inclusive healthcare environments for all individuals, irrespective of their intersecting identities.

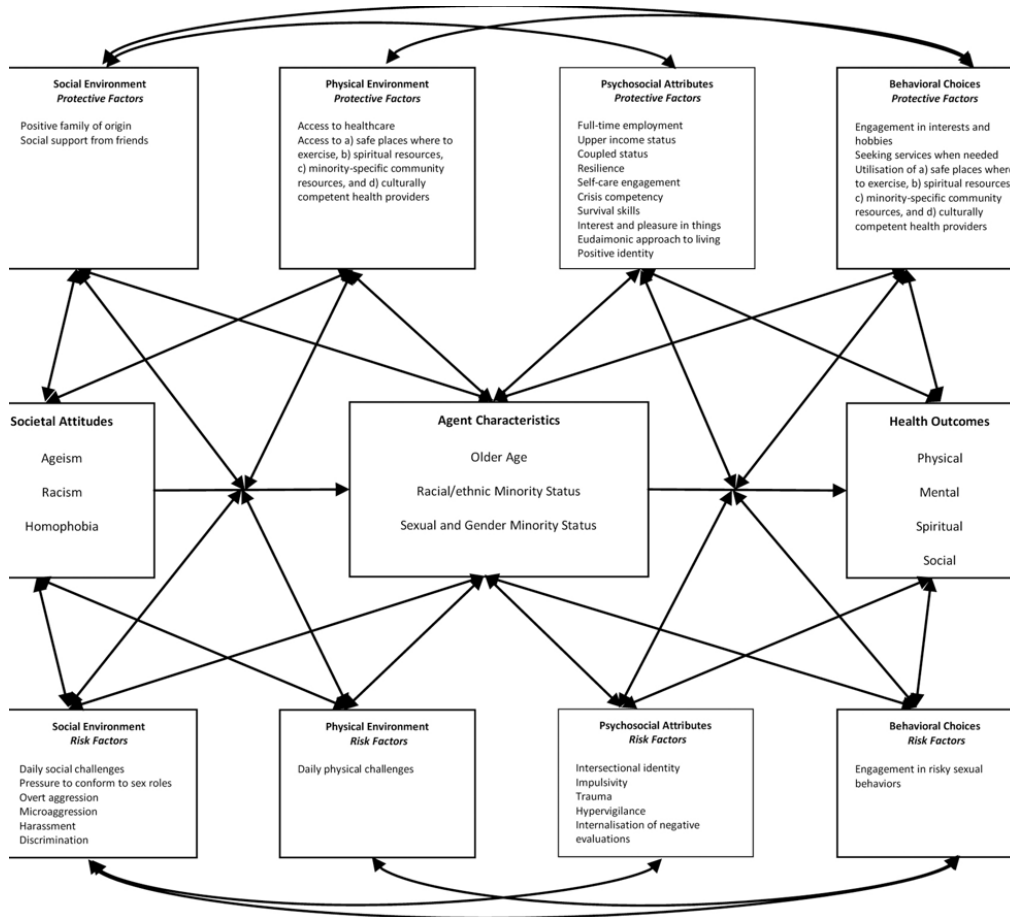


Figure 1: Multigroup model of risk and protective health factors for older individuals with racial/ethnic as well as sexual and gender minority identities.

Historical homophobia and transphobia represent a dark chapter in LGBTQ+ history, leaving indelible imprints on the mental well-being of elderly individuals within this community. Throughout much of the 20th century, prevailing societal attitudes pathologized and criminalized non-heteronormative identities, leading to systemic discrimination and marginalization. Laws criminalizing same-sex relationships and gender nonconformity subjected LGBTQ+ individuals to persecution, arrest, and even institutionalization [9]. This climate of hostility and discrimination forced LGBTQ+ individuals into the shadows, where they lived in constant fear of discovery and

ostracism. They faced the threat of losing their jobs, homes, and families simply for being true to themselves. This pervasive oppression created profound psychological distress, contributing to elevated rates of depression, anxiety, and suicide among LGBTQ+ elderly today.

Access to healthcare and aging services is a critical aspect of the well-being of LGBTQ+ elderly individuals. Yet, discrimination within healthcare settings, limited availability of LGBTQ+ inclusive services, and barriers to mental health care continue to pose significant challenges. Discrimination within healthcare settings is pervasive, with many LGBTQ+ seniors reporting experiences of mistreatment, bias, and even denial of care due to their sexual orientation or gender identity. Moreover, the availability of LGBTQ+ inclusive services remains limited, with many healthcare providers lacking cultural competency and sensitivity to the unique needs of LGBTQ+ elderly patients. Economic inequality and financial stress disproportionately impact LGBTQ+ elderly individuals, stemming from systemic issues such as employment discrimination, career instability, inadequate retirement savings, and limited access to social safety nets and benefits. Employment discrimination remains a pervasive challenge, with many LGBTQ+ individuals facing barriers to equal opportunities and fair treatment in the workplace due to their sexual orientation or gender identity.

LGBTQ+ seniors often encounter challenges related to retirement savings and economic security. Many have experienced interruptions in employment due to discrimination or lack of legal protections, resulting in gaps in their work history and diminished retirement savings [10]. Without adequate financial resources, LGBTQ+ elderly individuals are more vulnerable to poverty and economic hardship in their later years, compromising their overall well-being and quality of life. Additionally, access to social safety nets and benefits is limited for LGBTQ+ elderly individuals, who may face discrimination and barriers to accessing government programs and services. Addressing economic inequality and financial stress among LGBTQ+ elderly requires comprehensive policies and initiatives that combat employment discrimination, promote financial literacy and retirement planning, and ensure equitable access to social safety nets and benefits for all older adults, regardless of sexual orientation or gender identity.

III. Mental Health Interventions and Support Services

Psychotherapeutic approaches tailored for LGBTQ+ elderly emphasize cultural competence and sensitivity in mental healthcare to address the unique needs and experiences of this population.

Firstly, therapists utilize affirmative therapy, which affirms the diverse identities and experiences of LGBTQ+ individuals, fostering a safe and validating therapeutic environment. This approach acknowledges the impact of societal discrimination, internalized stigma, and minority stress on mental health. Moreover, therapists employ a person-centered approach, prioritizing the individual's autonomy and self-determination in treatment decisions. They recognize the importance of exploring the intersectionality of identities, such as race, gender, and socioeconomic status, in shaping mental health experiences. Cultural competence in mental healthcare involves ongoing education and training for therapists to understand the specific cultural norms, language, and historical contexts relevant to LGBTQ+ elderly clients [11]. This includes familiarity with LGBTQ+ terminology, awareness of unique challenges faced by transgender and non-binary individuals, and sensitivity to the impact of past trauma or discrimination. By integrating these principles into psychotherapeutic practice, therapists can establish trusting therapeutic alliances, promote self-acceptance and resilience, and facilitate meaningful exploration and growth for LGBTQ+ elderly clients. Ultimately, culturally competent care enhances treatment outcomes and contributes to the overall well-being of this diverse and resilient population [12].

Table 1, presents a figure 1 concise overview of the risk factors that contribute to health disparities among older individuals with intersecting marginalized identities, as well as the protective factors that can mitigate these disparities and promote health equity. The table presents a comprehensive overview of the Multigroup model, delineating both risk and protective factors influencing the health outcomes of older individuals with intersecting racial/ethnic and sexual and gender minority identities. It highlights the complex interplay between historical trauma, societal discrimination, and healthcare disparities as key risk factors contributing to health disparities in this population. Conversely, it identifies community support, cultural pride, and access to affirming healthcare services as crucial protective factors that can mitigate these disparities and promote resilience. By organizing these factors into a structured framework, the table provides a valuable resource for researchers, policymakers, and healthcare providers seeking to understand and address the unique health needs of older adults with intersecting marginalized identities.

Table 1: Multigroup Model of Health Dynamics: Intersecting Risk and Protective Factors for Older Individuals with Racial/Ethnic and Sexual and Gender Minority Identities.

Risk Factors	Protective Factors
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Historical Trauma	Community Support
Societal Discrimination	Cultural Pride
Healthcare Disparities	Access to Affirming Healthcare Services
Identity-based Stressors	Social Support Networks
Intersectional Marginalization	Advocacy for Inclusive Policies and Practices

Peer support groups and community-based programs play a vital role in addressing the mental health needs of LGBTQ+ elderly individuals by providing a sense of belonging, validation, and mutual support. These programs offer opportunities for social connection, shared experiences, and empowerment, which are particularly valuable for combating social isolation and loneliness commonly experienced by this population. Peer support groups create safe spaces where LGBTQ+ elderly individuals can freely express themselves, share coping strategies, and access resources tailored to their unique needs. Policy implications and recommendations for healthcare providers involve recognizing the importance of funding and supporting such community initiatives. Healthcare systems should prioritize the integration of peer support groups and community-based programs into mental health services for LGBTQ+ elderly individuals [13]. This may include allocating resources for outreach, training, and capacity building within community organizations. Additionally, healthcare providers should advocate for policies that promote LGBTQ+ inclusivity and accessibility in healthcare settings. This entails implementing nondiscriminatory practices, adopting inclusive language, and ensuring cultural competency training for healthcare professionals. Collaborating with community organizations and advocacy groups can facilitate the development of policies that address the systemic barriers to mental healthcare faced by LGBTQ+ elderly individuals. By prioritizing peer support groups, community-based programs, and inclusive policies, healthcare providers can contribute to improving the mental health outcomes and overall well-being of LGBTQ+ elderly individuals, fostering a more supportive and inclusive healthcare environment.

IV. Case Studies and Personal Narratives

Examining the real-life experiences of LGBTQ+ elderly individuals offers valuable insights into the intersection of social antecedents and depression within this population. Through qualitative research methods such as interviews, surveys, and focus groups, researchers gain a deeper

understanding of the lived experiences, challenges, and resilience factors of LGBTQ+ elderly individuals. These studies reveal the profound impact of social determinants such as discrimination, stigma, and minority stress on mental health outcomes. LGBTQ+ elderly individuals often face multiple forms of discrimination throughout their lives, including societal rejection, familial estrangement, and workplace discrimination, which can contribute to feelings of isolation, low self-esteem, and psychological distress [14]. However, research also highlights the resilience and coping strategies employed by LGBTQ+ elderly individuals to navigate these challenges. Supportive social networks, community involvement, and access to culturally competent healthcare services emerge as protective factors that promote mental well-being and mitigate the negative effects of social antecedents on depression. By examining real-life experiences, researchers, policymakers, and healthcare providers can develop targeted interventions and policies that address the specific needs and promote the mental health and well-being of LGBTQ+ elderly individuals, fostering a more inclusive and supportive society for all.

Lessons learned from studying the intersection of social antecedents and depression among LGBTQ+ elderly individuals offer valuable insights with significant implications for both research and practice. Firstly, research findings underscore the importance of adopting an intersectional approach that considers the unique experiences of LGBTQ+ elderly individuals based on their intersecting identities, such as race, gender, and socioeconomic status. This approach allows for a more nuanced understanding of the factors contributing to depression and informs targeted interventions that address the specific needs of diverse subgroups within the LGBTQ+ elderly population [15]. Research highlights the critical role of social support networks, community engagement, and access to culturally competent mental healthcare services in promoting resilience and mitigating the adverse effects of social antecedents on depression. In practice, healthcare providers can benefit from integrating culturally competent care practices, affirmative therapy approaches, and peer support group referrals into their services for LGBTQ+ elderly clients. Overall, lessons learned from research on depression among LGBTQ+ elderly individuals provide valuable guidance for improving both research methodologies and clinical practices, ultimately contributing to the development of more effective interventions and policies that enhance the mental health and well-being of this vulnerable population.

V. Conclusion

In conclusion, this paper has shed light on the complex intersection of social antecedents and depression among LGBTQ+ elderly individuals. Through a comprehensive examination of historical context, social determinants, mental health interventions, and personal narratives, significant insights have been gained into the unique challenges faced by this population. The research underscores the profound impact of lifelong experiences of discrimination, social isolation, and economic instability on mental health outcomes, emphasizing the critical need for inclusive social policies and support systems. By recognizing the importance of culturally competent care, community-based programs, and intersectional approaches, healthcare providers and policymakers can work towards fostering supportive environments that promote resilience and enhance the overall well-being of LGBTQ+ elderly individuals. Moving forward, it is imperative to continue advancing research, advocating for inclusive policies, and implementing evidence-based interventions to address the specific needs of this vulnerable population and create a more equitable and supportive society for all.

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