


LGBT and Dementia
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23/03/2016 DAA Presentation, Dr Joanna Semlyen

+ introduction



- There is an increasing prevalence of dementia in our ageing population
- LGBT people form around 6% of the population (NHS inclusion project FAIR FOR ALL)
- There is wide evidence that LGBT people experience both mental and physical health inequalities (King *et al.* 2008, Institute of Medicine 2011), due in part to increased health risk behaviours (Hagger-Johnson *et al.* 2013).
- The Equalities Act 2010 means health and social care services have legal duty to address needs of LGBT people affected by dementia
- Forthcoming published review: Semlyen et al 2016

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+ stigma

- LGBT older people experience double stigmatisation, firstly because of their sexual and/or gender identity and secondly because of stigma associated with old age. This experience of double stigma leads to a cumulative health inequality (Semlyen 2015).
- LGBT older people with dementia form a specific minority that experience disadvantage, discrimination and prejudice that impacts their health and social care experience, leading to health inequalities and unmet needs. Their age, gender/sexual identity and cognitive impairment bring a *triple* marginalization to this group

+ sexual expression

- Sex in people with dementia is often seen as a symptom, and as problematic rather than as normal sexual expression
- Older adults are presumed heterosexual (if they are considered sexual at all)
- Same sex/non-heterosexual sexuality is regularly conflated with promiscuity and in turn, within dementia, non-heterosexual sex can come to be conflated with inappropriate sexual behaviour

+ discrimination

- Older LGBT people will have grown up in a society that pathologised homosexuality and for a time lived in fear of criminality.
 - homosexuality was illegal in the UK until 1967 and remained classified as a mental illness until 1973 (DSM III).
- Older LGBT may have experienced the criminal justice system or been given/offered medical treatment to 'cure' them of their homosexuality (D'Augelli *et al.* 2001).
 - This is especially important within mental health services (River & Ward 2012) when dependency in the healthcare setting is heightened, such as in dementia (Davidson *et al.* 2011).

+ disclosure

- In their 2007 survey, the Commission for Social Care Inspection (CSCI) found that only two in five LGBT people had come out at their last assessment.
- LGBT people have to repeatedly come out, for instance each time they access services or to different carers who provide care to them in their own homes

+ heteronormativity: invisible in dementia care

- LGBT population 'largely invisible' within dementia care services.
- Care providers and carers report never encountering LGBT people with dementia, and presumed all residents to be heterosexual (Age Concern 2006, Cronin and King 2010, Willis *et al.* 2011)

+ conclusions

- lack of inclusion of LGBT identities in health and social care does not only convey the sense of lack of LGBT people but also provides no basis for establishing need, developing intervention or influencing policy.
- lack of knowledge and impact of dementia on LGBT communities reflects the lack of research.
- sexual and gender minority monitoring data needs to be routinely collected offering an opportunity to determine the number of LGBT people with dementia.
- further research needed, *funded*, with larger samples
- Embedded (not tokenistic) training and raised awareness of sexuality in health care professions.