The LGBT Health Program at VHA: What Psychology Leaders Need to Know

Diversity Issues for Psychologists and Veterans
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Jillian C. Shipherd¹-², PhD
Director of the Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Program
Office of Patient Care Services, Washington DC

¹National Center for PTSD, Women’s Health Sciences Division, VA Boston Healthcare System, Boston, Massachusetts, and ²Boston University School of Medicine, Boston, Massachusetts
LGBT* Health Program at VHA

➢ Special Emphasis Program Managers address LGBT Employees

➢ In 2012, the Office of Patient Care Services created the LGBT Health Program (10P4Y), which provides policy recommendations, provider-education programs, and clinical services to support personalized, pro-active, patient-driven healthcare for LGBT Veterans *and related identities.

Policies, trainings, and other resources can be found at the website http://www.patientcare.va.gov/LGBT/index.asp

Contact us by email: VALGBTProgram@va.gov

Do We Have LGBT Veterans at VHA? YES!

• ~22 million Veterans in US. ~9 million in VHA.

• Estimated 1 million gay and lesbian Veterans (aprx. 3%) with 65,000 gay and lesbian active duty service members (Gates & Newport, 2012).

• Thus, if LGB Veterans come to VHA at same rate as other Veterans, potentially 400,000+ LGB Veterans in VHA.

• Using diagnostic codes*, @9,000 transgender Veterans in VHA.

• But, VHA does not routinely collect sexual orientation and gender identity data. Self-Identified Gender Identity field in early phase. So, this is left for providers to assess as part of routine care.
• Sexual orientation identity and gender identity are social determinants of health, like sex assigned at birth, age, race/ethnicity, education, socioeconomic status, where you live, service in the military, etc.

• Minority Stress Theory can explain elevated rates of most health conditions elevated in LGBT people (e.g., depression, drug abuse, drinking, smoking, heart disease, cancer, etc.).
  ➢ Also healthcare access issues (they expect discrimination).
  ➢ Less professional training available about LGBT needs.

• Bottom line: Sexual orientation and gender identity are social determinants of health and must be assessed annually due to potential changes in identity over time and/or as comfort with provider improves.
Minority Stress: LGBT identity and Veteran status on health

Higher risk of poor mental health and suicidal ideation and attempts; higher risk of some physical health issues.

Higher prevalence of poor mental health and suicidal ideation and attempts; higher rates of gun ownership and risk of firearm suicide\(^1\); higher risk of many physical conditions

*Adapted from J. Blosnich

\(^1\)Miller, Barber, Young, Azrael, Mukamal & Lawler, 2012
Higher prevalence of: **trauma (including MST for LB women and transgender Veterans)**, PTSD, substance abuse (including smoking), poorer mental and physical health outcomes, increased **suicidal ideation**.

• DoD policy: “Don’t Ask, Don’t Tell” (1993-2011) – LGB
  o Followed many other bans on LGB military service.
  o Eliminated enlistment questions, allowed gay service in secret.
  o Discharged if LGB sexual orientation is discovered.
  o No one discharged for “asking”.

• DoD policy: No open transgender service until June, 2016.

• Aug 2017 DoD asked to deny transgender enlistment (and end service by current personnel) by March 2018. Overturned in four federal court cases.
  o Three gender confirming genital surgeries; DoD paid for one.
  o Enlistment of openly transgender recruits began Jan 2018.
  o DoD policy released in March 2018 (as ordered) but on hold by 4 federal rulings.
  o Bottom line: Transgender people are currently serving openly.
Unique Context of LGBT Veterans

• **VHA has its own policies.**
    - No access to surgeries or cosmetic procedures (e.g., electrolysis).
    - Directive 2013-003 has expired. Revision in concurrence.
  - 2017 – national Directive on care for Veterans who identify as lesbian, gay or bisexual issued (D1340).
    - Prohibits conversion therapy in VA nor paid for by VA.
  - Patient non-discrimination and family policies.
    - Sex, sexual orientation, gender identity or expression.
    - Family is defined by the Veteran.

• **“Don’t Ask, Don’t Tell” was not in VHA.**
  - But research says LGBT Veterans expect discrimination from VHA providers.¹-²

• Providing routine assessments that include sexual orientation and gender identity demonstrates that LGBT Veterans are welcome and expected at VHA.

¹Sherman, Kauth, Ridener, Shipherd, Bratkovich & Beaulieu, 2014; ²Sherman, Kauth, Shipherd, & Street, 2014
LGBT Veteran Point of Contact Program

- Established March 2016 - LGBT Veteran Care Coordinator (VCC) at each facility and LGBT VCC VISN Leads.
  - At least one LGBT VCC at each facility
  - Clinical providers, many are psychologists

- April 2018, LGBT VCC minimum time requirements
  - 25,000 Veterans, minimum 4 hours per week
  - 25,000-75,000 Veterans, minimum 6 hours per week
  - Over 75,000 Veterans, minimum 8 hours per week

- Program aims to improve access for LGBT Veterans to qualified providers, identify and address gaps in clinical services, and assure a safe space/contact for remediating issues that arise at facility and collaborate with local groups.

Find your VCC here: http://go.va.gov/LGBTVCC
LGBT Veterans are Welcome at VHA

LGBT awareness Poster

Assessing Sexual Health poster

Pride month poster with the Women’s Health Program
LGBT Veteran health fact sheets

https://www.patientcare.va.gov/LGBT/index.asp
TMS Education Resources

• Transgender Veteran online trainings
  1. An Introduction to Transgender Care
  2. Transgender Mental Health Services
  3. Transgender Health: Prescribing Cross Sex Hormones

• LGB Veteran care online trainings
  1. Do Ask, Do Tell: Assessing Sexual Health of LGBT Veterans (and Everyone Else)
  2. Do Ask, Do Tell: LGB Veteran Health Care
  3. Do Ask, Do Tell: 5 Awkward Minutes to Better Patient Care NEW

Also: VHA TRAIN Education System: https://vha.train.org/
➢ Free! Public Health Foundation education system- continuing education
Interprofessional Psychology Postdoctoral Fellowships in LGBT Health¹

1. Bedford, MA
2. Boston, MA
3. Hines (Chicago), IL
4. Honolulu, HI
5. Houston, TX
6. Milwaukee, WI
7. New Haven, CT
8. San Diego, CA
9. San Francisco, CA

Since 2011, it was expected that VA facilities have transgender health capability.

1) **SCAN-ECHO Training** via **nationwide** video conference.
   - **113 sites** have completed SCAN ECHO training.
     - This includes **709 providers** from various disciplines.
   - **There is at least one team trained in every VA region.**
     - Team = at least one mental health provider **AND** one medical
   - **20 sites** start training in May, 2018.

2) Nationwide **Transgender E-consultation** through CPRS³.
   - Interdisciplinary expert team sends advice after reviewing chart.
   - Over **970 E-consults** have been completed.

Clinical Consultation programs currently supported by Office of Rural Health

Improving our Environment of Care

TIPS

• Create a welcoming/supportive environment (debunk their expectation of discrimination).
• Assess sexual orientation and gender identity as routine care with all Veterans.
• Include discussion of minority stress (of many types) in clinical supervision.
• Review forms/paperwork for inclusivity.
• Protect the Veteran’s confidentiality.
• Use inclusive language (e.g., “partner” not “wife/husband”).
• Add your preferred pronouns to your email signature block (e.g., She/Her/Hers; He/Him/His; They/Them/Theirs).
• Use the Veteran's preferred name/pronoun in person and documentation (wherever possible).
Questions and comments

VALGBTProgram@va.gov
References


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