Ilan Meyer: Minority stress theory interprets specific health challenges and needs of the LGBTI community in Health Systems

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Ilan Meyer is a psychiatric epidemiologist, author, senior scholar at the Williams Institute for Sexual Orientation Law and Public Policy at the Williams School of Law Columbia University (UCLA), assistant professor in Community Health Sciences at the School of Public Health at the same university (UCLA Fielding) and an honorary Professor of Sociomedical Sciences at the same university.

He was in Athens as one of the keynote speakers at the final conference of the European Erasmus+ project "INSIGHT", in which the MSc "Global Health - Disaster Medicine" of the School of Medicine of the University of Athens, which aims to explore the unique health needs and challenges experienced by LGBTQ+ people in the field of health, participated as a partner.

Dr. Meyer, who specializes in the study of public health issues related to "minority populations" and in particular the relationship between identity, bias and discrimination and the mental health of sexual and minority gendered populations, has developed the model of minority stress theory. This model has guided population research on inequalities in health benefits for LGBTI+ people globally.

In an interview with the AP-MPA, he talks about this theory and how its implementation can work towards improving health services for the LGBT+ community, the importance of training medical and health professionals, and the importance of the
health workers, but also on the steps that need to be taken to eliminate the discrimination experienced by LGBTI+ people.

The full interview of Ilan Meyer with AP-MPA and Chrysostomos Bikatzik is as follows

Q: The first question could only be about the theory of
minority stress. What exactly is it about and how does it help combat inequalities in the provision of medical and psychological support?

A: Stress is something that everyone experiences, it can be great (or "significant") life stressor, such as, for example, losing a job or being violently attacked. The theory of
minority stress is actually a very simple concept. It states that
people who face stigma and prejudice because they are LGBTI face more stressors than people who do not face this stigma and prejudice - although people can experience stigma and prejudice for different reasons. For example, although anyone can lose their job or
violently attacked, LGBTI people experience it more often due to hatred and discrimination.

Furthermore, minority stress theory argues that because stress is associated with a multitude of negative health effects (both physical and mental) and because LGBTI people experience excessive stress,
also experience excessively negative health effects, such as deeper (stronger) depression, anxiety and suicidal ideation and attempts. Research evidence over the past 20 years has shown that LGBTI people experience more stress (i.e., "minority stress") and

more negative health effects, thus supporting the theory of minority stress. One of the most important contributions of minority stress theory was that it absolved the LGBTI person from responsibility for their ill health, pointing to social conditions as the main cause rather than the individual's internal deficits. Unfortunately, for many years, medical and psychological theory portrayed LGBTI people as mentally and medically ill and concluded that any health problem (e.g. depression) stemmed from their sexuality or gender identity. The minority stress theory focuses our attention on social conditions and the social environment.

Q: How will the application of this theory (model) lead to the improvement of health services for the LGBT+ community?

A: There are several conclusions of minority stress theory that relate to the kind of interventions we can implement, and such interventions give some hope that social acceptance can change. For example, one conclusion of the theory is its focus on stigma and prejudice and the associated stressors. If, as a society, we begin to focus on stigma and prejudice, for for example with anti-discrimination laws, expanding social institutions such as marriage for LGBTI people, improving education in schools, and supporting community-based efforts to combat stigma and prejudice - all these efforts can have a positive impact on social attitudes. Also, minority anxiety is important for LGBTI people themselves to understand: 'If you understand that some of your negative experiences come from stigma and prejudice and not from any failures of your own, you may feel less shame and more pride in who you are.' In turn, when LGBTI+ people educate others, such as their families and friends, this is something that has a big impact on social acceptance. But, of course, these processes are slow.

Q: What are the key stressors that you have found to have a particular impact on the mental and physical health of LGBTI+ people and what are the most significant barriers to accessing health services?

A: Many, if not all, of the stressors experienced by LGBTI people are the same ones that anyone can experience, but LGBTI people experience most of them because of stigma and prejudice. Stressors include major or significant events, such as violence, and discrimination in employment or in securing housing. The stressor (of a situation) also includes everyday experiences, we call them "everyday discriminations", such as being treated with less respect by others in everyday interactions, being called name-calling, or being treated with ridicule or disgust because of how people may perceive what you are or how you look. Non-affirmation of gender is a particular stressor for trans people. It describes the experience when people - strangers, relatives or friends - refuse to respect your gender identity, for example, refusing to respect your call you by the appropriate gender name if you have changed your name. This also points to more structural stressors, such as laws and conditions that prevent gender-affirming care.

In addition to these types of stressors perpetrated by individuals or institutions, there are also those created by socialisation. For example, like all people, LGBTI people learn often as children that being LGBTI is sinful or shameful and this is linked to all sorts of stereotypes, such as that LGBTI people are not can have a family. These types of "internalized ideas" lead to self-hatred and other types of stressors factors, which are automatic and chronic because they are based on learned (embedded) social norms. As regards the barrier to health

care, I think one of the most difficult issues is the lack of education of doctors and other health professionals about the needs of LGBTI people and the lack of cultural competence in treating them. Other
barriers may include simply communicating acceptance and respect for LGBTI people. An online website of health facilities, hospitals and clinics, including messages of acceptance and respect for LGBTI people, can be an important step towards inclusion.

Q. You were a keynote speaker at the conference on the European project "INSIGHT" (Erasmus+), which aims to address the discrimination and inequalities faced by LGBTI+ people in Health Care Systems through awareness raising and training of LGBTI+ people.
health professionals and health workers on their specific needs...

A: The training of health professionals is complex and demanding. Often, unfortunately, little time is devoted to LGBTI issues in health science schools. I hope that the INSIGHT project will be successful, because having trained healthcare providers is essential to improve the health of the population. LGBTI health education includes both understanding of the subject matter, whether in medicine, psychology or any other field, but also the understanding of social and cultural issues. It involves being able to talk to a patient about issues, such as sexuality and gender, that people - both the patient and the healthcare provider - don't always feel comfortable talking about, and conveying a level of support and acceptance by offering an experience that LGBTI people don't always have.

Of course, in addition to general attitudes, there are areas of professional knowledge in which healthcare providers need to be experts when treating LGBTI people. They (knowledge) are particularly important in areas such as HIV treatment and prevention, gender affirming care and mental health and counselling services. But they can also be important in areas that may not initially seem relevant, such as that providing care and support to a cancer patient who is LGBTI may raise particular individual issues related to sexuality and gender identity. Q: Could you share some examples of 'good policies or interventions' with a positive impact based on your research on minority stress?

A: Probably, the biggest influence is probably in mental health services, as interventions using the minority stress model are more prevalent. Other interventions (that have taken place) h a v e targeted young people in schools through counselling and youth group activities. More generally, myself and others have worked to influence policy and laws through testimony and opinions. For example, I recently wrote a brief opinion for the U.S. Supreme Court, warning them about the harm that anti-gay discrimination can have on the well-being of LGBTI people. It concerned a case where a website designer wanted a license so she could discriminate and deny same-sex couples a website design for their marriage.
Unfortunately, a conservative majority in the Court accepted the web designer's argument, which was based on religious freedom to discriminate and did not consider the impact (of the denial) on LGBTI people described in my summary. So we have some successes and some disappointments. But we continue to argue, using research and scientific evidence, which will slowly lead to social and political change. Q.

A: The model of minority stress shows many areas of possible interventions, from laws and policies that reduce stigma and prejudice in society, to reducing violence and discrimination against
LGBTI people and improve acceptance and build access to institutions providing care and support. This includes some of the areas we discussed earlier, such as improving health worker training, developing
interventions related to the mental health of LGBTI people and the improvement of family acceptance of LGBTI young people. Q: The right to family is a critical aspect of LGBTI+ rights, globally. It is a critical issue for LGBTI people in the world.

share your knowledge about the challenges they face...

Ap.....This question refers to many important issues. First of all,
we can talk about family acceptance. Feeling accepted by your family and your social environment is an important, cornerstone of mental health and well-being. It is especially important for the healthy development of children and adolescents. LGBTI young people are often ashamed and afraid to disclose to families because they fear rejection and even violence. Unfortunately, rejection and violence, even within families, is not an uncommon experience for LGBTI youth and this is an important area for intervention that can have a big impact.

Secondly, for LGBTI adults, family also refers to access to the social institutions of marriage and child-rearing. These are basic human needs - to be united with someone you love,
raising children as a family-but LGBTI people don't have the opportunities
to do it. It is an expression of stigmatisation and prejudice, but it is also something that also serves to spread and encourage stigmatisation and
prejudice against LGBTI people. One of the stereotypes about LGBTI people is that they are not capable or deserving of family life and marriage. This is untrue, as LGBTI people regularly develop loving relationships despite social barriers. Social acceptance and support for LGBTI marriage and parenting is important for the well-being of LGBTI people, but it is also a benefit to society as a whole.

Chrysostomos Bikatzik