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PRESIDENT'S MESSAGE – WILLIAM REICHMAN

Dear Colleagues,

It seems surreal that in September 2021 we are still facing COVID-19 variants, surges, and lockdowns. Although vaccines are showing positive impacts, IPA leaders have determined our events will remain virtual for the foreseeable future. While we all want to resume in-person meetings and congresses, we continue to be very busy creating and delivering new programs and services to best meet your needs as dedicated members.



We are pleased to announce the following virtual learning initiatives:

- 2021 [IPA Virtual Congress](#) with both LIVE and ON-DEMAND programs beginning on 1 November
- Fall Webinar: [Screening Early for Dementia: What are the Risks and Benefits?](#) on 29 September
- Fully on-demand [Global Perspectives on Mental Health of Older Adults: A Primer for Clinicians](#) course
- International [Virtual Journal Club](#) kicking off on 15 October

We invite you to click through the links above and join us for the programs that fit your schedule and learning style.

IPA leaders and volunteers have also created a brand new [Older Adult Mental Health Awareness Week](#) kicking off on 1 October through 10 October. Focused on raising awareness of the importance for *Better Mental Health for Older People*, this ten-day program will launch daily products and programming for both professionals and the public. Check out the [website](#) to learn how you can participate - not only with IPA, but also locally, regionally and nationally.

And for those looking to become further engaged with IPA, connect with international colleagues, and help us continue our forward momentum, we invite you to join an IPA Standing Committee or Task Force. This opportunity is open to all IPA members in good standing. More information, including our current needs, can be found [on the IPA website](#).

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EXPLORATION OF USE OF TECHNOLOGY TO PROMOTE BRAIN HEALTH AMONG ADULTS DURING COVID-19, *continued from page 22*

cognitive-decline-and-dementia

7. Zhang, H., Loi, S. M., Zhou, S. A., Zhao, M., Lv, X., Wang, J., Lautenschlager, N., Yu, X. & Wang, H. (2017). Dementia literacy among community-dwelling older adults in urban China: A cross-sectional study. *Frontiers in Public Health*, 5, 124.



D Ha-Neul Kim is a Ph.D. student in social work at Michigan State University. Her research interests are in the fields of gerontology, dementia, family caregiving, aging and technology, community care, and welfare policies supporting the dignity of older adults.

“NEGLECTED NARRATIVES”- SOCIAL SUFFERING AND LIVED EXPERIENCES OF OLDER TRANSGENDER ADULTS DURING COVID-19, A REFLECTION FROM INDIA

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Key highlights

- In the context of COVID-19 in India, this qualitative study attempted to understand the experiences, coping, and challenges faced by the older transgender adults (OTA).
- Main perceptions were grouped into marginalization, stigma, the dual burden of ‘age’ and ‘gender’, and multi-faceted survival threats from the pandemic. Main coping strategies and unmet needs were also highlighted.
- The study reports on the multi-domain ‘minority stress’ experienced by older-adult sexual minorities and the social implications of COVID-19 while attempting to amplify their unheard “voices”.
- Social inclusion, recognition of unmet needs, and tailored interventions are warranted in disaster-management policies and public health research.

PREMISE: TRANSGENDER INDIVIDUALS IN INDIA

India has been one of the worst hit countries during the COVID-19 pandemic and lockdown. For a long time, it remained as the nation with highest case burden. Certain populations have been increasingly vulnerable to the effects of the pandemic, older people being one of them. Various factors contribute to this vulnerability: increased risk of morbidity and mortality, high rates of pulmonary conditions, frailty, high rates of anxiety and depression, social isolation, loneliness, sleep disturbances, and bereavement. Among older adults, the transgender population (as a part of the Lesbian, Gay, Bisexual, Transgender, and Queer-LGBTQ community) suffer from “double jeopardy” as silent sufferers both in society and research. They are victims of

discrimination based on “third gender”, social stereotyping, neglect, and administrative apathy, not to mention the usual susceptibilities that arise with age. Data from the Western world shows that the risk of poverty, mistreatment, and social impoverishment is doubled in older transgender adults (OTA). India is a rapidly ageing nation, and the population of those above 60 years of age is projected to double by 2030. India also shelters a significant number of transgender individuals, traditionally known as “Hijras”. For generations, they have been victims of oppression, poverty, rejection, and separation from their families. With time, media advocacy has improved, and they have started claiming their rights, but socio-economic impoverishment and legal ambiguity about their

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sexual identity continue. Despite the **WPATH – Sappho Good Practice Guide, India guidelines** on biopsychosocial approaches to sex-reassignment, these procedures are often neglected giving way to illegal, harmful and unscrupulous "conversion therapies" which further perpetuate misconceptions and prejudice. The Indian Supreme Court has recognized the Hijras as a "third gender" in 2014 and de-criminalized Section 377, which stated that consensual sexual activity between adults of same sex is a crime. These are welcome steps forward, but the social acceptance and implementation of these legislations are far from reality. On the background of this dual crisis of 'age' and 'gender-sexuality', this study attempted to explore the "hidden voices" of OTA during the ongoing pandemic.

METHODOLOGY

Design and approach: The study used a qualitative method with a social constructivist paradigm. Lived experiences can have multiple dimensions and thus their realities are reconstructed based on "multiple truths". A phenomenological approach was chosen to understand the diverse "experiences and challenges" of the OTA during the pandemic, which has been adopted in the past for studying disaster-survivors.

Recruitment: A purposive sample included 10 older adults (above 60 years of age), who identified their gender identity as "transgender". The researchers knew the index participant, who eventually introduced us to others. Though "transgender" or "trans" is commonly used as an umbrella term, here a person was considered a "transgender individual" if their gender identity or expression was different from the sex assigned at birth (or on birth certificate). Ethical approval was obtained from the JSS University and JSSAHER, Mysore and in-depth interviews were conducted telephonically during June-July 2020 (just after the four-phased lockdown and 1st COVID wave in India). GHQ-12 and HMSE scores of 3 and 19 were taken as cut-offs for screening out psychiatric and cognitive disorders, respectively. Thematic saturation was obtained with seven participants, but three more were interviewed for super-saturation of data. The study followed COREQ guidelines of reporting qualitative research.

Analysis: The semi-structured interview schedule consisted of open-ended questions that facilitated rich data regarding the challenges faced by OTG participants during COVID-19, their psychosocial plight, healthcare access and social stigma (**Table 1**). The effects of lockdown and economic impoverishment were also explored. Suitable cue-based probing was used to enable detailed contextual responses, and memo writing facilitated subsequent analysis. All interviews were recorded with consent, translated verbatim to English and transcribed. Anonymity and confidentiality were duly maintained. Based on a phenomenological model, we used Haase's adaptation of Colaizzi's method for analysis, which is based on the concept of "inter-subjectivity" achieved by:

- Familiarization of the data
- Identification of significant "experiences"
- Formulation of meanings based on the research question
- Organizing these "meanings" into categories and themes
- Rigorous discussion to develop an exhaustive structure of the results
- Conceptual structure of the studied "lived experiences"
- Respondent validation from the participants

Trustworthiness and rigor were established through respondent validation, triangulation and peer debriefing. The entire analysis took nearly three months.

RESULTS: THE SILENT NARRATIVES

The socio-demographic details of all ten individuals are in **Table 2**. The mean age of the OTA was 66.4 years, and mean GHQ and HMSE scores were 1.7 and 25.2, respectively. The mean duration of interviews was 45.20 minutes. The participants were from various districts within Karnataka (a south-Indian state), and most of them were either unemployed, homeless, or from low socio-economic status not receiving senior citizen welfare benefits. Two of them had changed residence during the lockdown.

Their experiences during the pandemic were broadly categorized into feelings of marginalization (perceived stigma, discrimination, social exclusion, loss of dignity, and reduced access to healthcare), vulnerability due to the 'triple burden' of

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Table 1: Semi-structured interview schedule used for the study

<ul style="list-style-type: none"> • What difference did you face between the pre-pandemic and the COVID-19 times? • How do you think the pandemic has affected your mental well-being? • How do you think your age affected your perceptions related to the current crisis? • What challenges did you face due to the pandemic situation? • What type of support have you received? • What do you think could have been done to make your experiences better during this time? • What were the difficulties in seeking psychological care during the pandemic? • What were your unmet needs? • How do you think the COVID-19 situation might affect your future? • What message would you like to provide for the elderly from the same community?

Table 2: Who were the participants?

Participant	Age	Age at transition	Socio-economic status	Sexual orientation	Living arrangement	Education	Job	Old-age pension
P1	64	18	Low	Bisexual	With son	Not formally educated	Unemployed	No
P2	60	22	Low	Gay	Alone	Class. 10	Works in a shop	No
P3	67	Doesn't recall	Middle	Lesbian	Living with a partner	Graduate	Retired	Yes
P4	63	20	Low	Lesbian	With daughter	Class 4.	Domestic help	No
P5	70	Doesn't recall	Middle	Queer	In old-age home	Class 6.	Unemployed	No
P6	75	Doesn't recall	Low	Gay	With friends	Not formally educated	Vegetable vendor	No
P7	60	28	Middle	Bisexual	With partner	Class 12.	Private company	No
P8	69	23	Low	Lesbian	Temporary shelters	Not formally educated	Begging	No
P9	65	Doesn't recall	Middle	Bisexual	Joint family	Graduate	Retired	Yes
P10	71	30	Low	Didn't disclose	Alone	Class 8.	Manual labor	No

age, gender and social exclusion (prejudice of ageism, impaired sexual well-being, feelings of 'othering'), as well as multiple physiological, psychosocial, and economic existential threats. Social rituals and festivities within their community, acceptance of their 'gender dissonance,' and spirituality provided them hope and helped them cope with adversities. The knowledge-attitude-practice (KAP) gap regarding the outbreak was of

major concern to them, and predominant 'unmet needs' were social inclusion, emotional well-being, social benefits, and receiving an 'outlet or audience' for their sufferings.

The axial structure of the resultant categories and themes supported by the participant excerpts are highlighted in

Table 3.

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Table 3: Lived experiences of our participants during COVID-19 in their “own voices”

Categories	Themes	Relevant verbal excerpts
Marginalization	Reduced healthcare access	<ul style="list-style-type: none"> • <i>“Be it medicine shops or checkups at clinics, the moment they saw me they told me to wait or come later.”</i>
	Perceived discrimination & prejudice	<ul style="list-style-type: none"> • <i>“I have faced this throughout life. Now people look at me in a way as if I am responsible for the virus.”</i> • <i>“Masks help not only against the virus Saheb but also to protect my identity.”</i>
	Disconnectedness	<ul style="list-style-type: none"> • <i>“Amidst all these fears of infection, I wish we could meet and spent some time singing as we used to. But can’t travel during the lockdown.”</i>
	Abuse of rights	<ul style="list-style-type: none"> • <i>“People around have never really liked me. But now they ridicule me...”</i> • <i>“Who likes to be treated as an object? I am simply dictated terms by the police on the road and my old-age home manager.”</i>
Triple burden of Age and Gender & Social Exclusion	Ageist attitudes	<ul style="list-style-type: none"> • <i>“I hear things like... you people won’t change even when you are old! Why Saheb, what have we done!”</i> • <i>“My family and neighbors don’t want to come near me as I am old and probably have got more of the infection...”</i>
	Deprived intimacy	<ul style="list-style-type: none"> • <i>“Intimacy with my partner is a major comfort. But he goes for work. So, we don’t feel comfortable making love...”</i>
	Othering	<ul style="list-style-type: none"> • <i>“I am mostly not able to join the group due to age. Now even when they discuss any health-related matters among themselves, I am left out.”</i>
Multi-dimensional existential crisis	Physiological	<ul style="list-style-type: none"> • <i>“When they distributed masks, they did not give me. I already stay in an overcrowded room with three others.”</i> • <i>“I wanted to get tested, but they told me to get HIV testing!”</i>
	Emotional	<ul style="list-style-type: none"> • <i>“I feel really lonely and sad. My partner is far away. And people don’t talk to me over here.”</i>
	Economic	<ul style="list-style-type: none"> • <i>“I had a small job in a shop. That has been closed due to lockdown. No one wants to offer me any financial help. I don’t want to resort to begging like others.”</i> • <i>“The Baadhaai (baby-showering) ceremonies are our main source of bread. We are not being allowed anywhere.”</i>

LIVED EXPERIENCES OF OLDER TRANSGENDER INDIVIDUALS IN CONTEXT

COVID-19 AS AN “EXISTENTIAL CRISIS”

Age and gender identity served as “dual vulnerability” for the participants. Financial, social and personal crises converged during the pandemic to widen the crevices of discrimination and prejudice. Feeling “deprived” was common; reduced access to healthcare and uncertainty formed major barriers in daily life; and they had minimum priority in vaccination

campaigns. Besides the fear of being “old”, transgender individuals are at an increased risk of immunocompromised states, due to frequent HIV comorbidity, diabetes, substance abuse, psychiatric disorders, and other chronic medical conditions, which added to the occurrence and severity risk of COVID-19. Most individuals in our study felt that they “lacked audience”; were “silent sufferers”; and were “invisible to the society” which filled their daily existence with “despair” and “struggles”. They did not receive personal or state-support

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Resilience	Social rituals & integration	<ul style="list-style-type: none"> "I know about this place where all of us gather and celebrate. Someone told me it is this time of the year. I wish it could have happened." "I am looking forward to the online Pride festivals. It will give me a lot of support in this lockdown."
	Acceptance of the discomfort with gender	<ul style="list-style-type: none"> "What the pandemic taught me was that the virus doesn't discriminate. I finally will at peace with my identity."
	Spirituality	<ul style="list-style-type: none"> "My prayers and faith in God kept me moving all these days, even when I had to beg for a living. Never knew it will be so helpful now!"
	Optimism	<ul style="list-style-type: none"> "I have seen worst times, Saheb. I am hopeful this, too, shall pass!" "I believe in tomorrow. The rest of my days, I want to live with that belief. It helps in this uncertainty."
Unmet needs	Awareness related to COVID-19	<ul style="list-style-type: none"> "I only know that old people are dying. Do I need to get tested? Some medicine is being recommended. Should I take it?" "Someone was explaining something in the local language in a meeting about COVID. They didn't let me in!"
	Inclusion	<ul style="list-style-type: none"> "I stay alone. Every day with a fear that I will get the infection and die without treatment. I wish I could share this with others."
	Mental health access	<ul style="list-style-type: none"> "Every time I have gone to the doctor, people like you when they grow old, these things happen. Nobody asks or understands why I get sad and anxious!"
	Need for identity recognition	<ul style="list-style-type: none"> "I don't know after how many days, someone asked this Budda (old man), about his difficulties!" "You really want to know how we feel, or it is just for your research?"

for their economic plight and unemployment and failed to sense empathy in their daily interactions. For the majority of them, this is "how they have always felt" and attributed this to their gender identity. Also, as older adults, they had difficulty securing jobs, needed additional medical support, and even faced challenges integrating within their own community.

LGBTQ COMMUNITY AND DISASTER MENTAL HEALTH

There is a historical association between the LGBTQ community as a vulnerable population and psychosocial crises during disasters, similar to the current pandemic. The Brisbane floods, Christchurch earthquake, and Queensland floods of 2011 have shown that the voices of sexual minorities have been unheard and under-

represented. Studies refer to "queer domicile" as an offshoot of homelessness and human rights crisis during long-term disasters, while administrative and societal apathy maintain the "perceived status quo." Similar conditions of violence, social exclusion, displacement, and discrimination among the Japanese LGBTQ population have been reported during the *Higashinohon Dai-Shinsai* (The Great Japanese Disaster, 2011). In India, the LGBTQ population stands neglected both in research and in policies, especially in disaster management. They are often "silent"; their sufferings are hidden by their gender identity, unrecognized by their families, society, and administration alike. Lack of shelters and quarantine facilities have contributed to overcrowding and COVID-inappropriate behaviors during the pandemic, which contribute to significant health risks, especially in the older

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persons with frailty and dependence. Based on our findings, we recommend inclusion of LGBTQ rights and representation into disaster preparedness planning and rights-based dignified healthcare meeting their needs.

THE DEADLY TRIAD: AGEISM, GENDER DISCRIMINATION AND SOCIAL EXCLUSION

Marginalized populations suffer an additional brunt during disasters, especially the homeless, migrants, lower socio-economic classes, and Black, Asian and minority ethnic (BAME) communities. Such vulnerabilities include xenophobic attitudes, unemployment, financial insecurity, lack of awareness and healthcare access, and limited social benefits, etc. On similar lines, the OTA in our study revealed "ageism" and "discrimination" based on their gender, which additionally open up the crevices of "social exclusion" during the pandemic. This was a 'triple blow' to their respect, identity and human rights. Age becomes an essential factor for the "third gender" as many of the societal and sexually acceptable roles of the transgender individuals tend to be affected by age.

In India, Hijras are mostly involved in baby showering ceremonies and other social rituals. This serves both for their income and for social connectedness. The pandemic with a need for social distancing had taken away these attributes. Further, older transgenders are not associated with "auspiciousness" in these festivals, which compromises their livelihood. With age, their marginalization was perceived as receiving "secondary priority" for healthcare, protective medical equipment and vaccination. In Indian society, Hijras are often the subject of 'ridicule and fun', being 'categorized' as sexually promiscuous and seductive. They are forced to pursue a living through extortion, exhibitionism, begging, and prostitution, which are traditionally accepted as "culturally-sanctioned" behavior in their community. This "we versus them" dichotomy widened with age, and during a disaster such as COVID-19, which lead to OTA becoming victims of othering and social prejudice. This plight has been explained in literature through the Health Stigma Discrimination Framework given by Stangl et al. (2019) and

in the self-stigma and minority stress hypothesis. Sexual innuendos, the changing of sexual expressions with age, internalization of faulty social beliefs, and self-doubt added further to the othering and help-seeking in our participants.

Loneliness, depression and isolation were reported by all participants due to travel restrictions and limited technological ease with virtual connections. In general, loneliness and cognitive and sensory limitations limit technology access in older adults, more so in India, which has a very low rate of digital literacy among seniors. They referred to internalizing misrepresentations about their community and "blamed" themselves, wishing they could change their "identity and appearance" for society, which worsened their "hatred towards themselves."

Berger (1996), in his classic *Gay and Gray*, describes cases of homosexual and transgender men whose narratives reveal loneliness, existential crises, and 'age' as an acceptance of the discrimination to which they are faced. 'Discomfort with their gender' that some participants have experienced during most of their lives seemed more acceptable during the pandemic, as they navigated adversities. Sexual needs and intimacy were also compromised due to COVID restrictions and fear of infection. Whether attributed to age or wisdom, some have felt that the 'suffering' due to COVID-19 has made them more resilient.

Importantly, relationships, intimacy and social support emerged as "resilience factors" for our participants. Even during COVID-19, developing emotional bonds and perceived social support gave OTA a "sense of purpose". We conceptualize this "social functioning" and "need for social integration" to be vital for coping and problem-solving during such a crisis.

NAVIGATING THROUGH THE PANDEMIC CRISIS

All our participants compared their lived experiences to a "stormy sail". Pride celebrations and other related rituals form essential expressions of social integrity in the LGBTQ community. Due to COVID most of these events were cancelled which led to "seclusion within seclusion". Our

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participants were aware of such social rituals being cancelled and considered them as "much needed" for their coping, especially during these trying times. This "collectivistic" notion of resilience has been well studied in the Indian socio-cultural context and compared to the usual homogenized view of singularity. Hope, spirituality, sense of purpose and "personal development" through the crisis served as crucial supportive factors for OTA.

Awareness of COVID-appropriate behavior was low which was further compounded by socio-economic distress, harassment, and lack of proper housing. Ageist discrimination added to the gender-based stigma making our participants feel like social "outcasts". They perceived the pandemic as an "unfortunate eye-opener" to these pre-existing social evils directed against them.

To summarize, the 'dual burden of ageism and third gender' along with marginalizing factors decreased access to health care and created physically unsafe and emotionally insecure environments for OTA, which along with 'dependence' and 'poor awareness' increased physical and psychosocial vulnerabilities during the COVID-19 crisis.

EPILOGUE

This study attempted to reflect the "unheard and invisible" voices of a "doubly" marginalized section of the society. Beyond the limitations of small sample size and decreased generalizability, these findings highlight the social suffering faced by our participants during the pandemic. **Aging with Pride: The National Health, Aging and Sexuality/Gender (NHAS) study** proposed the 'Health Equity Promotion' model for the older transgender adults, based on a biopsychosocial understanding of their unique vulnerabilities. Currently, similar models in India are desperately needed. Older adults have always been under-represented in the Indian LGBTQ movement, and it is time that disaster preparedness and related policies are reconsidered based on the unique needs of this group. Further research, inclusion, and rights-based healthcare are keys to improving the quality of life of our transgender older adults.

REFERENCES:

1. AFP. June 22 2020. <https://www.deccanherald.com/national/a-lonely-and-dangerous-coronavirus-lockdown-for-lgbtq-indians-852303.html> [last accessed on October 13th 2020]
2. Banerjee, D., & Nair, V. S. (2020). "The untold side of COVID-19": Struggle and perspectives of the sexual minorities. *Journal of Psychosexual Health*, 2(2), 113-120
3. Berger RM. *Gay and Gray: The Older Homosexual Man*. Hove: Psychology Press (1996).
4. Cai, X., Hughto, J. M., Reisner, S. L., Pachankis, J. E., and Levy, B. R. (2019). Benefit of gender-affirming medical treatment for transgender elders: later-life alignment of mind and body. *LGBT health*, 6(1), 34-39
5. D'Cruz, M., & Banerjee, D. (22 June 2020). <https://fit.thequint.com/health-news/does-indias-lgbtq-movement-have-an-age-problem> [last accessed on October 13th 2020]
6. Fredriksen-Goldsen, K. I., and Kim, H. J. (2017). The science of conducting research with LGBT older adults-an introduction to aging with pride: *National health, aging, and sexuality/gender study (NHAS)*, 51-514.
7. Gorman-Murray, A., McKinnon, S., and Dominey-Howes, D. (2014). Queer domicile: LGBT displacement and home loss in natural disaster impact, response, and recovery. *Home Cultures*, 11(2), 237-61.
8. Gorman-Murray, A., Morris, S., Keppel, J., McKinnon, S., and Dominey-Howes, D. (2017). Problems and possibilities on the margins: LGBT experiences in the 2011 Queensland floods. *Gender, Place & Culture*, 24(1), 37-51.
9. Haynes, L. (May 7 2020) 'There's Always a Rainbow After the Rain.' Challenged by Coronavirus, LGBTQ Communities Worldwide Plan Digital Pride Celebrations <https://time.com/5814554/coronavirus-lgbtq-community-pride/> (Accessed on 14 June 2020)
10. Henne, J., Gonzales, G., Quarles, R., and Garcia, S. (2020) THE IMPACT OF COVID-19 ON LGBTQ AMERICANS.
11. Kalra, G., and Shah, N. (2013). The cultural, psychiatric, and sexuality aspects of hijras in India. *International Journal of Transgenderism*, 14(4), 171-181.
12. McKinnon, S., Gorman-Murray, A., and Dominey-Howes, D. (2017) Disasters, queer narratives, and the news: how are LGBTI disaster experiences reported by the mainstream and LGBTI media?. *Journal of homosexuality*, 64(1), 122-144.

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13. Morrow, R., Rodriguez, A., and King, N. (2015). Colaizzi's descriptive phenomenological method. *The psychologist*, 28(8), 643-644.
14. Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barré, I., and Dovidio, J. F. (2019). *The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas*. *BMC medicine*, 17(1), 31.
15. Yamashita, A., Gomez, C., and Dombroski, K. (2017). *Segregation, exclusion and LGBT people in disaster impacted areas: Experiences from the Higashinohon Dai-Shinsai (Great East-Japan Disaster)*. *Gender, Place & Culture*, 24(1), 64-71.



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29 SEPTEMBER 2021: SCREENING EARLY FOR DEMENTIA: WHAT ARE THE RISKS AND BENEFITS?

It is our pleasure to present to you, on behalf of the International Psychogeriatric Association (IPA), the [Global Ageing Network](#) (GAN), and [INTERDEM](#), this new webinar **Screening Early for Dementia: What are the Risks and Benefits?**

As with all programs in the IPA Webinar Series, this presentation is intended as an educational event on topics that are timely and relevant to the field of mental health for older adults.

This presentation will focus on dementia screening and whether or not to screen early or wait for symptoms to present. Is this affected by cultural elements? International speakers will be invited to share their expertise and a live Questions & Answer session will be held.

Prof. Myrra Vernooij-Dassen, PhD
Chair, IPA Webinar Series



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