

Mental Health Disparities: Lesbian/Gay/Bisexual/Transgender

LGBT Population

Studies looking at the number of gay and lesbian people have varied widely in part because of differences in defining what it means to be gay. Surveys may ask about sexual attraction, sexual behavior, or self-labeling, and thus get varying numbers because people vary on these different dimensions of sexuality.

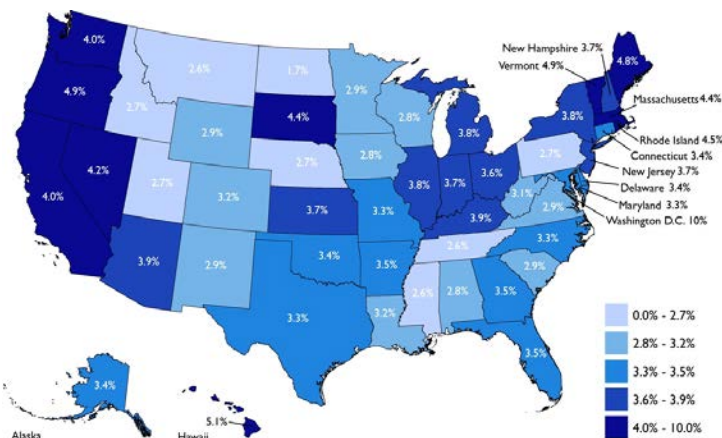
Identity - Approximately 3.8% of the US adults (9 million) identify themselves as lesbian/gay (1.7%), bisexual (1.8%), or transgender (.3%).

Behavior - An estimated 19 million Americans (8.2%) report that they have engaged in same-sex sexual behavior.

Attraction - Nearly 25.6 million Americans (11%) acknowledge at least some same-sex sexual attraction. (Gates, 2011)

Transgender is an umbrella term that often refers to people whose gender identity (or gender expression) and sex are discordant or not conforming to social norms. Transgender identities include people who make a medical transition through hormones and surgery, people who have some medical procedures and identify as the other sex, and people who take a gender label in between male and female.

The percentage of lesbian, gay, bisexual, and transgender individuals ranges from 1.7% in North Dakota to 5.1% in Hawaii and 10% in the District of Columbia, according to Gallup surveys conducted in 2012. (Gates and Newport 2013)

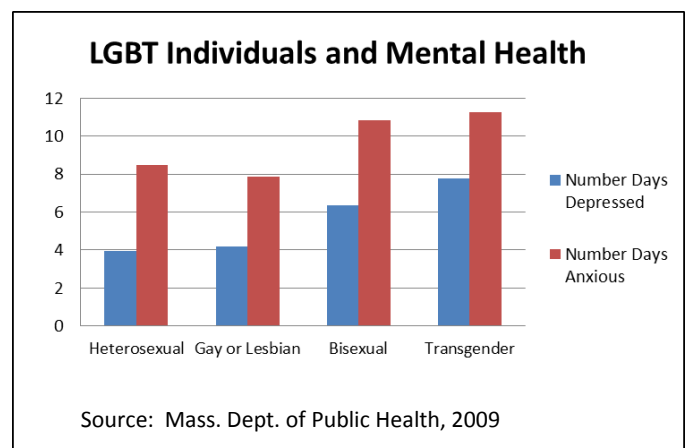


Percentage of LGBT Population by State
(Gates & Newport, 2013)

Rates of mental disorders and service use

Most research suggests that LGBT people, likely due to the stigma and minority stress they experience, are at higher risk for depression, anxiety, suicide ideation, and substance use disorders. Some specific research findings include:

- LGB individuals were more than twice as likely as heterosexual men and women to have had a mental health disorder in their lifetime. (Meyer, 2003)
- Black and Latino lesbian, gay, and bisexual individuals were at increased risk of suicide attempts (O'Donnell, et al, 2011).
- Suicide attempts were 3 times more common among bisexual individuals than heterosexuals. (Bolton, et al, 2011)
- Lesbian and bisexual women were 3 times more likely to have a substance use disorder; and gay and bisexual men were twice as likely to have an anxiety disorder and schizophrenia, or psychotic illness than their heterosexual counterparts. (Bolton, et al, 2011)
- LGB individuals had higher rates of mental health service use. (Cochran, 2003)



- Sexual minorities had a greater risk of self-reported lifetime substance use problems than heterosexuals. (Mereish and Bradford, 2014)

- Looking at lifetime prevalence of mental disorders, (Meyer, 2008):
 - Black lesbian, gay, and bisexual individuals had lower prevalence of all disorders than did Latino and white individuals
 - Bisexual persons had more substance use disorders than did gay and lesbian individuals (Meyer, 2008)

Recent research found significant three-way interaction among sexual orientation, gender, and race. Sexual minority women of color had greater risks of substance use problems than heterosexual women of color and than white sexual minority women. Sexual minority men of color had similar risks to heterosexual men of color, and lower risks than white sexual minority men. (Mereish and Bradford, 2014)

Challenges

- LGBT individuals often face challenges and circumstances that can increase their vulnerability and risks of experiencing mental illness, such as isolation, hostility, prejudices, harassment, fear of or actual familial disapproval and rejection, and the chronic stress associated with having a stigmatized identity or concealing identity/feelings.
- LGBT people with mental illness often confront stigma and prejudice based on their sexual orientation or gender identity while also dealing with the societal bias against mental illness. Sexual minority individuals who are also members of ethnic and racial minorities may experience additional prejudice. The effects of this multiple stigma/prejudice can be particularly harmful.
- One way that prejudice manifests is through everyday insults (sometimes called **microaggressions**) associated with both racism and heterosexism. Bolson and colleagues looked at these microaggressions and found that men experienced more microaggressions than women; lesbians/gay individuals experienced more than bisexual individuals, and Asian Americans experienced more than African Americans and Latinos. (Balsam, et al, 2011)
- Sexual minority individuals are often less socially integrated and have a lower level of social support than sexual majority individuals which can contribute to higher levels of mental distress. Bisexual-identified individuals have the lowest levels of social resources. (Hsieh, 2014)
- Transgender individuals have higher rates of poverty and unemployment than cisgender (nontransgender) individuals. (Conron, 2011)
- LGBT individuals are more likely to victims of violence. A report from the National Coalition of Anti-violence Programs, found that among LGBT people, undocumented people, transgender people, people of color, and gay men face the most severe violence. In addition, survivors who report hate violence to the police are often met with police hostility. Of those survivors reporting to the police, 32% reported experiencing hostile attitudes from the police in 2013. (NCAVP 2014)
- A challenge to getting medical or mental health treatment for some LGBT people is feeling that they have to hide their sexual orientation or transgender status from clinicians to avoid possible intolerant reactions or rejection. (Lucksted, 2004)

LGBT Individuals and Overall Health

Sexual orientation	Percentage Reporting Health as Excellent or Very good
Heterosexual	83%
Gay or Lesbian	78%
Bisexual	74%
Transgender	67%

Source: Mass. Dept. of Public Health 2009

LGBT Individuals and Suicide

Sexual Orientation	Considered attempting suicide
Heterosexual	2.3%
Gay or Lesbian	4.4%
Bisexual	7.4%
Transgender	30.8%

Source: Mass. Dept. of Public Health, 2009

- Research looking at stress among sexual minorities found that both sexual minority stress (perceived gay-related stigma, excessive HIV bereavements) and aging-related stress (independence and fiscal concerns) were detrimental to mental health. Being legally married was significantly protective relative to these stresses. Education, HIV status, and race/ethnicity had no significant effects. (Wight, et al, 2012)

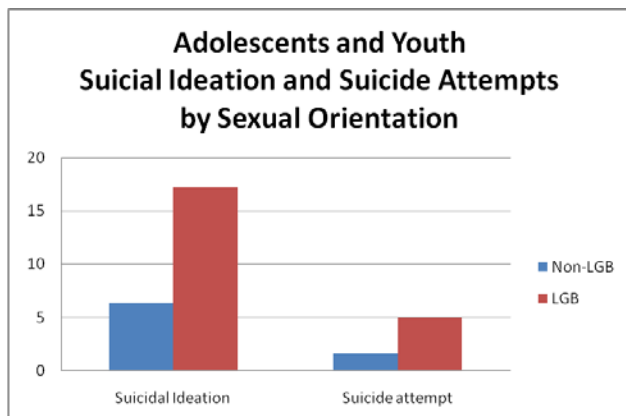
Children of Gay/Lesbians Parents

Many gay men and women are parents. Numerous studies have shown that the children of gay parents are as likely to be healthy and well adjusted as children raised in heterosexual households. Children raised in gay or lesbian households do not show any greater incidence of homosexuality or gender identity issues than other children. Children raised with gay/lesbian parents may encounter challenges related to the ongoing stigma against homosexuality directed at their parents. (AAP, 2013; AACAP, 2013; Patterson, 2006)

LGBT Youth

LGBT youth frequently face harassment and ill treatment in school settings.

- In one national study, 90% of LGBT students reported being harassed or assaulted during the past year (compared to 62% of non-LGBT teens).
- Sexual minority youths were more than 4 times as likely to attempt suicide and twice as likely to report bullying compared with non-sexual minority youths. (LeVasseur, et al 2013)
- While most gay, lesbian and bisexual youth never attempt suicide and never have serious mental health problems, LGB youth are two to six times as likely to attempt suicide during adolescence than their heterosexual peers. (Feldman, 2002; Silenzio, 2007; LeVasseur, et al, 2013)
- One study found no increased suicide risk for youth who reported same-sex attraction, fantasy or behavior, only for those who identified themselves as gay/lesbian/bisexual. (Montoro, 2010)



Source: Silenzio, et al, 2007

- LGBT youth are more likely to experience violence than other youth. In a 2009 survey, 8 in 10 LGBT youth had been verbally harassed at school and 1 in 5 had been the victim of a physical assault at school. (Kosciw JG, et al, 2010)
- LGBT youth are disproportionately represented among homeless and runaway youth and more likely to be victims of violence than their heterosexual peers. (National Coalition for the Homeless, 2009; NASMHPD, 1999)

LGBT Older Adults

LGBT older adults face a number of unique challenging circumstances, including the effects of social stigma and prejudice and unequal treatment under laws, programs and services. Health care and mental health care may be more difficult because of limited government and social support for families of choice, health care environments are often inhospitable to LGBT elders, and visitation policies and medical decision-making laws often exclude families of choice. (LGBT MAP and SAGE, 2010)

One study of LGBT older adults found

- 31% had depressive symptoms
- 24% had been told by a doctor they had anxiety
- 39% had seriously thought of taking their own lives.

However, overall the LGBT older adults rated their general mental health as good and 74% were satisfied with their life.

Is Being Gay a Mental Disorder?

No. All major professional mental health organizations have gone on record to affirm that homosexuality is not a mental disorder. In 1973 the American Psychiatric Association removed homosexuality from its diagnostic manual. Experts reviewing the research determined that homosexuality did not meet the criteria for a mental disorder. Bisexuality was never classified as a mental illness.

Is Being Transgender a Mental Disorder?

Some transgender individuals have a psychiatric diagnosis known as gender dysphoria (American Psychiatric Association, 2013) for which they seek treatment. However having such a diagnosis, or being transgender or gender variant implies no impairment in judgment, stability, reliability, or general social or vocational capabilities (American Psychiatric Association 2012)

Strategies

- Increase cultural competence training relating to LGBT population for medical and mental health professionals
- Conduct stigma awareness training with gatekeepers: primary care, community organizations, faith community
- Educate clinicians about LGBT mental health issues
- Increase presence of LGBT populations in research
- Advocate for policies that promote social justice, equity, and equality
- Comprehensive (including mental health and substance use disorders) affordable health coverage for all
- Include LGBT populations in compliance standards (CMS, Joint Commission) related to cultural competence and culturally-sensitive treatment.

Resources

- AMA LGBT Advisory Committee <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-advisory-committee.page?>
- American Psychiatric Association - gender dysphoria in the DSM-5: www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf
- American Psychiatric Association, Byne, W, et al. Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder. Available at www.psychiatry.org/File%20Library/Learn/Archives/rd2012_GID.pdf
- American Psychological Association, www.apa.org/pi/lgbt
- Association of Gay and Lesbian Psychiatrists (AGLP) www.aglp.org
- Center for Excellence in Transgender Health <http://transhealth.ucsf.edu/>
- Gay and Lesbian Alliance Against Defamation, www.glaad.org
- GLMA –Health Professionals Advancing LGBT Equality www.glma.org
- Human Rights Campaign, www.hrc.org
- Institute of Medicine Report - [The Health of Lesbian, Gay, Bisexual, and Transgender People](http://www.theTrevorProject.org)
- LGBT Suicide Prevention, www.theTrevorProject.org
- National Gay and Lesbian Task Force, www.thetaskforce.org/
- Parent, Families, and Friends of Lesbians and Gays www.pflag.org
- Rainbow Heights Club, www.rainbowheights.org
- The National LGBT Health Education Center www.lgbthealtheducation.org/
- World Professional Association for Transgender Health (WPATH) www.wpath.org

American Psychiatric Association Position Statements

(Excerpts from the statements below, see full statements at www.psychiatry.org/advocacy--newsroom/position-statements)

Issues Related to Homosexuality - 2013

APA positions

- Same-sex attraction, whether expressed in action, fantasy, or identity, implies no impairment per se in judgment, stability, reliability, or general social or vocational capabilities.
- Same-sex orientation should not or need not be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change.
- No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation
- APA opposes discrimination against individuals with same-sex attraction whether it be in education, employment, military service, immigration and naturalization status, housing, income, government services, retirement benefits, ability to inherit property, rights of survivorship, spousal rights, family status, and access to health services.
- APA supports same-sex marriage as being advantageous to the mental health of same-sex couples and supports legal recognition of the right for same-sex couples to marry, adopt and co-parent.

Discrimination Against Transgender and Gender Variant Individuals - 2012

Being transgender gender or variant implies no impairment in judgment, stability, reliability, or general social or vocational capabilities; however, these individuals often experience discrimination due to a lack of civil rights protections for their gender identity or expression.

APA:

1. Supports laws that protect the civil rights of transgender and gender variant individuals
2. Urges the repeal of laws and policies that discriminate against transgender and gender variant individuals.
3. Opposes all public and private discrimination against transgender and gender variant individuals in such areas as health care, employment, housing, public accommodation, education, and licensing.
4. Declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon these individuals greater than that imposed on any other persons.

Access to Care for Transgender and Gender Variant Individuals - 2012

APA:

1. Recognizes that appropriately evaluated transgender and gender variant individuals can benefit greatly from medical and surgical gender transition treatments.
2. Advocates for removal of barriers to care and supports both public and private health insurance coverage for gender transition treatment.
3. Opposes categorical exclusions of coverage for such medically necessary treatment when prescribed by a physician.

Psychiatric Treatment and Sexual Orientation - 1998

Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies) - 2000

There is no published scientific evidence supporting the efficacy of “reparative therapy” as a treatment to change one’s sexual orientation. APA opposes any psychiatric treatment, such as “reparative” or “conversion” therapy, which is based upon the assumption that homosexuality per se is a mental disorder, or based upon a prior assumption that the patient should change his/ her homosexual orientation.

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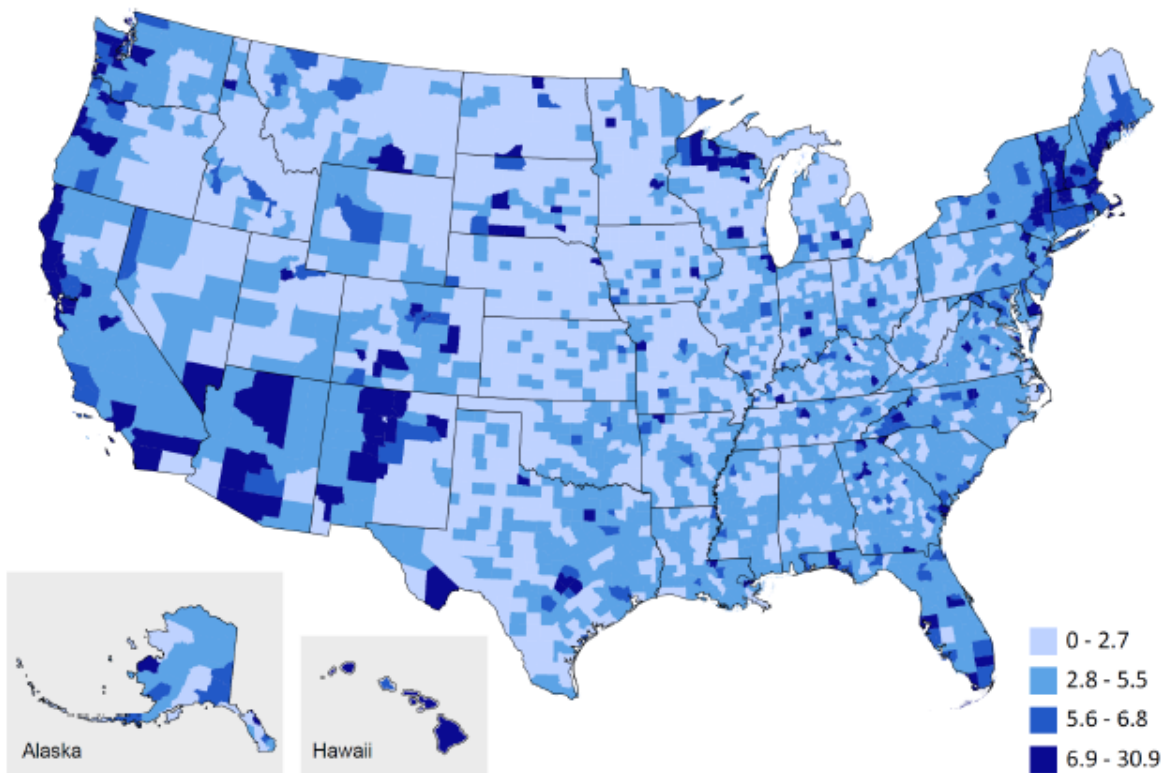
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UNITED STATES Census Snapshot: 2010

Same-sex couples	646,464	Same-sex couples per 1,000 households	5.5
Husband/wife	131,729	Same-sex "husband/wife" couples per 1,000 "husband/wife" couples	2.3
Unmarried partner	514,735	Same-sex "unmarried partner" couples per 1,000 "unmarried partner" couples	70.0

**Same-sex couples per 1,000 households
by county (adjusted)***



* Same-sex couples were identified in 93% of all US counties

A Williams Institute analysis of Census 2010 data shows that nearly 132,000 (20%) of the nearly 650,000 same-sex couples in the U.S. identified as spouses. Data further showed that 31% of couples who identified as spouses and 14% of unmarried partners are raising children.
<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot-US-v2.pdf>