UMD-PRC Progress Report:
Gaps in Mental Healthcare for LGBTQ Populations

Via stigma and marginalization, LGBTQ people experience greater risk for psychological distress, mental health symptomology, and substance use than their heterosexual and cisgender counterparts. Unfortunately, research suggests that LGBTQ people face unique barriers to accessing and maintaining mental health services, particularly services adequately prepared to engage clients around their LGBTQ identities. We highlight some of our emerging research on LGBTQ population's access, engagement, and satisfaction with mental health care services.

- Nationally, only 12.6% of state-approved mental health facilities and 17.6% of state-approved substance abuse facilities report LGBT-specific programs.[1]
- Public and government-run mental health and substance use facilities are less likely than private facilities to offer LGBT-specific programs.[1]
- State-approved mental health and substance abuse facilities that accept Medicaid are less likely to offer LGBT-specific programs than facilitates who do not accept Medicaid.[1]
- Focus groups with mental health care organizations and providers highlight:[2]
  - A recognition of lack of competence and confidence when working with this population.
  - A strong desire for training and technical assistance to better serve LGBTQ clients.
  - The acknowledgment that this knowledge is essential to providing quality care.
  - Feeling less prepared to meet the needs of transgender, relative to LGB clients.
- Ethical and accreditation guidelines enforced by the top nine national mental health professional organizations are inconsistent in their expectations for LGBTQ+ affirmative care.
  - Therefore, the mental health workforce varies widely in its ability to attend to the unique needs of LGBTQ+ people seeking mental health care services.[3]
- Among LGBTQ+ populations, there is substantial heterogeneity in self-reported mental health, need for mental healthcare, and barriers to care.
  - Bisexual females demonstrate distinctly higher levels of risks when compared to other sexual identity groups (e.g., heterosexual, gay/lesbian), including poorer mental health, greater need for mental health care, and more barriers to receiving mental health care.[4]
- In-depth qualitative interviews with LGBTQ clients in therapy demonstrate the importance of connecting with staff and therapists when seeking services; establishing a close and open relationship with their therapist was an important feature of treatment for participants.[5]
  - Therapists use of affirmative language is important in creating a space of openness and understanding with LGBTQ clients.

References:
1. Williams ND, Fish JN. LGBT-specific mental health and substance abuse treatment in the United States. Health Services Research. 2020;55,935-943. doi:10.1111/1475-6773.13559
2. Fish JN, King-Marshal E, Williams ND, Aparicio E, Tralka H, & Boekeloo, BO. Considerations for adopting and implementing LGBTQ-affirmative services in community behavioral health centers. Manuscript in preparation.
3. Williams ND, Winer B, Aparicio E, Smith-Bynum M, Boekeloo BO, Fish JN. A review of mental health professional organizations' sexual and gender minority competencies. Manuscript under review.
4. Williams ND, Turpin R, Akre E, Boekeloo BO, Fish JN. Sexual identity differences in mental health care access and satisfaction: Findings from nationally-representative data. Manuscript under review.
5. Hawthorne DJ, Aparicio, EM. *Experiences of mental health services among LGBTQ clients during the COVID-19 pandemic.* Manuscript in preparation.