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National Alliance on Mental Illness

Disparities in Mental Health Treatment among GLBT Populations

The history of mental health treatment of gay, lesbian, bisexual, and transgender (GLBT) populations is an uneasy one. In the 1950s and 60s, many psychiatrists believed that homosexuality (as well as bisexuality) was a mental disorder. Gay men and lesbians were often subjected to treatment against their will, including forced hospitalizations, aversion therapy, and electroshock therapy.

Fortunately, there have been great strides made in the nearly 35 years since the American Psychiatric Association removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders*, or the DSM. Despite this, there are still disparities and unequal treatment among some GLBT groups seeking care.

Mental Health Treatment and GLBT Populations

In the past 35 years, the attitudes of mental health professionals have shown a positive change toward GLBT populations. For example, a 2005 study found that **58% of psychologists supported a gay-affirmative stance in therapy**, compared to only 5% in 1991.¹

Despite these positive changes in attitudes, however, many mental health professionals still report a lack of focus on GLBT issues in their training. For example, a survey of therapists-to-be found that **even though they had positive attitudes about GLB populations, they generally felt unprepared to counsel GLB clients**, and many programs lacked coursework or training modules on GLB issues.²

Nevertheless, recent studies suggest that gay, lesbian, and bisexual populations are actually more likely to report using therapy or counseling than heterosexual groups.³ Upon reflection, this is not so surprising given the stressors that GLBT groups must confront, such as homophobia, societal discrimination and prejudice, coming out, and negotiating family relationships.

There are still disparities, though, in both mental health research and services when it comes to certain GLBT populations, including:

- Racial and ethnic minorities
- Rural populations
- Bisexual people
- Transgender people
- People with serious mental illness

Racial and ethnic minorities

To date, most research on GLBT populations has been done with predominantly white samples. The mental health issues and needs of GLBT persons of color, therefore, are still largely unknown and vastly understudied.^{4,5}

What we **do** know, however, is that GLBT African American, Latino, Native American, Asian Pacific Islander, and other racial and ethnic minorities share at least one thing: **they must confront racism as well as homophobia**. These multiple levels of oppression and the experience of being a minority within a minority may contribute to an increased vulnerability to mental illness, particularly depression and anxiety.⁵

In addition to these issues, there is the reality that people of color are underrepresented in mental health professions. For example, while African Americans comprise about 12% of the population, only 2% of psychologists and 4% of social workers are African American. This lack of representation in the field of mental health providers may contribute to an underutilization of mental health services among racial and ethnic minorities in general, and may also mean that for GLBT people of color seeking mental health treatment, there are even fewer culturally competent resources available.

Rural populations

Not all GLBT persons live in big cities. For GLBT persons living in rural areas, there may be a number of barriers to finding GLBT-friendly mental health providers and programs.^{6,7} In a study of mental health providers serving two rural communities, participants reported widespread anti-GLBT bias and an overall lack of resources for GLBT

persons. Unfortunately, fears of harassment — or worse — prevented GLBT *providers* from working with GLBT consumers to create networks and resources.⁷

Bisexual people

Bisexual people continue to be overlooked in mental health research and may often confront stereotypes when seeking therapy or other mental health services. They may also face rejection from the larger heterosexual community as well as from gay and lesbian communities.

When working with bisexual clients, it is important for mental health professionals to recognize that for many, a bisexual identity is a legitimate identity and does not represent confusion or lack of a commitment to a gay (or straight) identity. Mental health providers should not assume that bisexuality is the presenting issue. Rather, they should take their cues from the client and proceed accordingly.⁸

Transgender people

The relationship between gender identity and the field of mental health is a complicated issue that cannot be done justice in a few paragraphs. However, too often it is the case that people who are gender-variant, or whose gender does not conform to their birth sex, face the most severe discrimination and maltreatment in *most* settings, including health-care settings.⁹

As transgender people become more visible, it is important for providers to understand that **gender expression is not the same as sexual orientation** (transgender people often identify as straight). In addition, identifying as transgender **does not** automatically mean that someone has a mental illness.¹⁰

People with serious mental illness

To date, most information we have about GLBT people and mental health is related to counseling or psychotherapy. There is little to no information about gay, lesbian, bisexual, and transgender people with serious mental illness or those who require services other than therapy. What little we do know, however, suggests that GLBT people with serious mental illness are often subjected to poor treatment, particularly in the public mental health system. They often feel compelled to hide their sexual orientation in an effort to protect themselves from ridicule or maltreatment from counselors, peers, and staff.¹¹

Furthermore, those agencies specifically serving GLBT populations are often uneducated or unprepared to address the needs of those who have a serious mental illness.

Those in in-patient settings have also reported that attempting to negotiate unfriendly or blatantly homophobic settings can be quite taxing. Efforts to conceal a fundamental part of themselves — their sexual orientation or gender identity — can interfere with successful treatment, as GLBT people are not able to bring the entirety of who they are into treatment.¹¹

Addressing Disparities

One key way to address these disparities is through GLBT cultural competency trainings for all persons working in the mental health professions. Cultural competence involves the *individual* and his or her attitudes, behaviors, and beliefs as well as the *institution* and its behaviors and policies. Individual cultural competence means that one can communicate effectively with people who are different. At the institutional level, it means that an agency is consciously set up to meet the needs of people from different cultures. It is only through education that we can begin to dismantle the barriers to care that many GLBT persons still confront.

For more information about general standards of practice in the provision of health care to GLBT populations go to: www.glbthealth.org/CommunityStandardsofPractice.htm

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