



*An overview of mental  
and behavioral health  
inequities among  
LGBTQ+ individuals*

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## *Main take-away points*

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- Mental health conditions and substance use is significantly elevated among LGBTQ+ individuals, with important variation in the magnitude of these disparities by factors such as gender, sexual identity, race/ethnicity, and age (among others)
- Etiology and risk factors underlying these disparities likely differ among LGBTQ+ subgroups
  - Prevention and treatment efforts need to be tailored

# *Multifaceted (and not fully understood) etiology of LGBTQ+ disparities*



- Minority stress is theorized to contribute
  - Individual discrimination, harassment, bullying
  - Internal psychological responses
  - Societal / structural inequalities: discrimination in workplaces, businesses, public accommodations; healthcare access; school curricula; family formation
- Profound diversity of experiences among LGBTQ+ individuals
  - Distinct and intersecting identities
  - Distinct social experiences regarding family / school / community / state environment

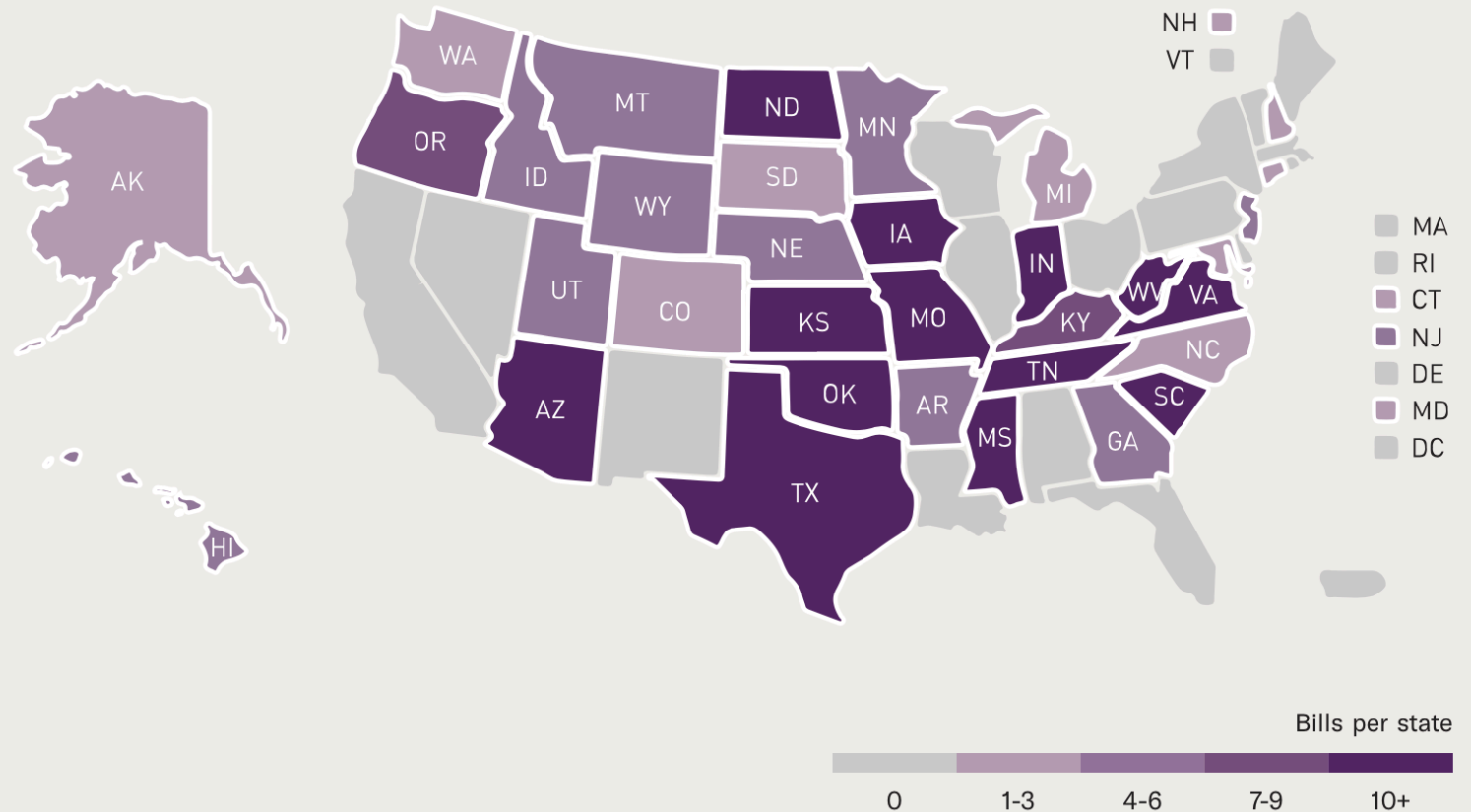
# Record number of anti-LGBTQ+ bills in recent years

2023 LEGISLATIVE SESSION

The ACLU is tracking **321** anti-LGBTQ bills in the U.S.

Choose a state on the map to show the different bills targeting LGBTQ rights and take action. While not all of these bills will become law, they all cause harm for LGBTQ people.

[View past legislative sessions.](#)



# *Historical (and not-so-historical) context*

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- 1973: American Psychiatric Association (APA) removed homosexuality as a diagnosis from 2<sup>nd</sup> edition of DSM. *Sexual orientation disturbance* added
  - Prior to 1973, this diagnosis could result in people being institutionalized against their will, fired from their job, or denied a mortgage
  - It wasn't until 1995 that Clinton ended federal policy denying security clearances based on sexual orientation
- 2013: *Gender identity disorder* dropped from DSM-5. *Gender dysphoria* added
- 2019: WHO dropped *gender identity disorder* from ICD-11. *Gender incongruence* added
- Although a growing number of jurisdictions have passed legislation banning “reparative” or “conversion” therapies (interventions aimed at “changing” sexual orientation), LGBTQ+ individuals are still subjected to these therapies

# Mental health



- Mental health disparities are well-documented among LGBTQ+ individuals
  - National Survey on Drug Use and Health (NSDUH) data indicates that lesbian, gay, and bisexual (LGB) adults had more than twice the rate of mental illness than heterosexual adults
    - 37% of LGB adults compared to 17% of heterosexual adults
  - Transgender individuals are nearly four times as likely as cisgender individuals to experience a mental health condition
- Elevated rates of major depressive disorder, anxiety disorders, suicidality
  - Growing attention being paid to disparities in PTSD, eating disorders, autism spectrum disorder

# *Depression & Anxiety*



- Bisexual and queer individuals have higher rates of depression than gay and lesbian individuals
- Age trends: classical U-shaped curve for depressive symptoms over the life span in general population
  - Evidence of differential patterns among LGBTQ+ individuals, with higher risk in early/mid adulthood compared to cisgender and heterosexual peers
- Census Household Pulse Survey: rates of depression among LGBTQ+ respondents varies significantly by states

# *Depression & Anxiety*



- 2019 YRBS data: LGB high school students more than twice as likely as heterosexual students to report persistent sadness and hopelessness
  - 66% of LGB youth compared to 32% of heterosexual youth
- Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health:
  - More than three-quarters of trans and non-binary youth reported symptoms of anxiety
  - Approximately two-thirds reported symptoms of depression
- 2015 U.S. Transgender Survey: non-binary people report higher rates of serious psychological distress, symptoms of depression and anxiety than transgender women and men



# *Suicidality*



- Rates of suicidality generally 3-5 times higher for LGB adults than heterosexual adults
  - Compared to gay and lesbian individuals, bisexual individuals have approximately 1.5 times risk of suicidality; queer and pansexual individuals have 2+ times risk
- Rates of suicide attempts among trans individuals are 7+ times higher than cisgender peers
  - 2015 U.S. Transgender Survey: Approximately 40% of transgender adults have attempted suicide in their lifetimes

# *Suicidality*



- LGBTQ+ youth are 4 times more likely to contemplate suicide compared to their non-LGBTQ+ peers
- Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health:
  - 45% of LGBTQ youth seriously considered attempting suicide in the past year
  - Higher rates of suicidal thoughts, attempts among youth ages 13-17 compared to ages 18-24
  - LGBTQ youth of color reported higher rates than their white peers and lower service use
  - Suicidal thoughts have trended upward among LGBTQ young people over the last 3 years
- 2021 Williams Institute study: More than 60% of suicide attempts among sexual minority individuals occur within first 5 years of identifying / coming out

# Substance use



- Lesbian, gay and bisexual (LGB) individuals experience elevated rates of substance use behaviors and disorders – including alcohol and tobacco – relative to heterosexual individuals
- 2015 U.S. Transgender Survey: estimates rates of illicit drug use are approximately 3 times higher among transgender respondents than in the general population
- Qualitative work finds that LGBTQ+ individuals report using tobacco, alcohol, or other substances to cope with stress
  - Multiple motivations for substance use: social / recreational / sexual, etc.

# Different disparity patterns among LGB adults

	Gay men	Bisexual men	Lesbian/Gay women	Bisexual women
Current cigarette smoking	X		X	X
Past month heavy episodic drinking			X	X
Past year cannabis use	X	X	X	X
Past year cocaine / crack use	X	X		X
Past year hallucinogen use	X	X		X
Past year inhalant use	X	X		X
Past year methamphetamine use	X	X		X
Past year prescription opioid misuse	X	X	X	X
Past year prescription stimulant misuse		X	X	X
Past year prescription tranquilizer / sedative misuse	X	X		X

# *Substance use: Heterogeneity by race/ethnicity and age*

## Race/ethnicity

- Focusing on smoking, heavy episodic drinking, and cannabis use
  - Disparities were consistently greater Black and Hispanic LGB women than White LGB women
- Few disparities were observed among men; magnitude of observed disparities did not differ by race/ethnicity

## Age

- Notably variation across substances and subgroups
- Smoking among LGB young adults (especially women) remains elevated despite general societal declines in smoking

# *Substance use*



- 2017 YRBS data (students in grades 9-12): Transgender youth reported elevated lifetime use of cigarettes, alcohol, cannabis, cocaine, heroin, inhalants, and prescription opioid misuse compared to cisgender youth
- Some evidence suggests that substance use is more elevated among trans women compared to trans men and non-binary individuals
  - In general, limited research has examined heterogeneity among trans and gender diverse people
- Multiple studies find link between victimization and discrimination experiences and higher levels of substance use
- Accessing gender-affirming healthcare has been found to be associated with reduced smoking

# Conclusions



- Substance use and mental health problems often co-occur and reinforce each other
- Imperative to consider variation *among* LGBTQ+ adults
  - Differences in minority stress experiences: e.g., biphobia, transphobia
  - Very limited work among those who identify as queer, pansexual, questioning, etc.
  - Very limited work among non-binary and transmasculine individuals

# Conclusions



- Adolescents and young adults
  - Key developmental period: often including sexual identity development
  - Youth are identifying as LGBTQ+ at younger ages – corresponding rise in mental health problems and substance use among young age groups
- Transgender and gender diverse individuals experience particularly heightened prevalence of mental health problems and substance use
  - Trans individuals face persistent and pervasive discrimination and violence, particularly trans women of color
- Older LGBTQ+ adults:
  - Substance use declines with age, but remains more elevated among LGBTQ+ older adults
  - Growing number of LGBTQ+ older adults, many who live alone – risk factor for loneliness and depression



# Conclusions



## Clinical needs:

- LGBTQ+ inclusive policies, staff training (LGBTQ+ health not standard part of medical training curricula)
- Routine data collection on sexual identity and gender identity; routine assessment of minority stressors
- Integrated behavioral healthcare

## More broadly:

- Cultivating supportive family, school, community environments
- Promoting social belonging for LGBTQ+ youth
- Stemming tide of anti-LGBTQ+ bills

• Goldhammer H, Krinsky L, Keuroghlian AS. Meeting the Behavioral Health Needs of LGBT Older Adults. J Am Geriatr Soc. 2019 Aug;67(8):1565-1570.

• Madireddy S, Madireddy S(2022) Supportive model for the improvement of mental health and prevention of suicide among LGBTQ+ youth, International Journal of Adolescence and Youth, 27:1, 85-101



Thanks!  
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# *Suicidality*



- 2015 U.S. Transgender Survey: suicidality elevated among transgender adults who reported they had (1) experienced anti-trans discrimination, (2) were physically attacked in public, (3) were rejected by family or religious community, or (4) received conversion therapy
- Associated with reduced suicide risk:
  - Accessing desired gender-affirming healthcare
  - Supportive families, teachers, school environment
  - Social support

# *Suicidality: Heterogeneity by age, race/ethnicity*

- 2015–2019 National Survey on Drug Use and Health
  - Sexual identity measured as: gay/lesbian, bisexual, heterosexual
  - Looked at prevalence of suicidality measures by both age and race/ethnicity
- Suicide thoughts, plans, and attempts more common among LGB adults in almost every age and race/ethnicity category compared to heterosexual adults
- Suicidality declined across age for all groups, declined less for gay and bisexual men
- Suicidality lower among Black and Hispanic heterosexual adults than White heterosexual adults
  - Black LGB women had lower rates of thoughts and plans (not attempts) than White LGB women
  - Among gay/bisexual men, outcomes did not vary by race/ethnicity