Evaluating Behavioral Health Service Need for Sexual and Gender **Minorities: A Community-Based Qualitative Study**



Antonia Caba¹, Joy Chen¹, Casey Chu¹, Alexandra Grimaldi¹, Dr. Debbie Humphries PhD, MPH¹, Abigail Raynor, MPH¹, Chris Cole², Rich Radocchia²

¹Yale School of Public Health, ²A Place to Nourish Your Health (APNH)

Background

A Place to Nourish your Health (APNH) is seeking to expand its services to support those individuals in the New Haven area experiencing stigma related to gender identity, sexual orientation, addiction, and mental health. Because LGBTQ individuals experience higher rates of mental health challenges and substance use disorders when compared to their heterosexual counterparts, 1,2 there is a demonstrated interest in investigating tailored solutions which better adhere to the specific needs of this group. Given these disparities in mental health, it is crucial that the LGBTQ population have access to quality services. However, LGBTQ individuals face barriers to accessing mental health care due to service affordability, availability, and/or lack of LGBT-inclusivity.^{1,2} In the New Haven area, these impacts are exacerbated as behavioral health services are limited. Services that are available could be more inclusive of all gender and sexual identities, working with providers and staff to avoid stereotype biases.

Key Findings:

- Negative experiences with providers prevent LGBTQ individuals from seeking mental health care when needed
- Stigma extends from multiple levels: including internally, at the community level, and from organizations, greatly affecting the health outcomes and health seeking behaviors of LGBTQ individuals
- Potential recommendations include: increasing the kinds of services available (group and individual), increasing the regularity of times offered, and promoting inclusive trainings for providers

Given the importance of strengthening behavioral health services to the LGBTQ population, APNH will use the findings from this project to provide insights from community leaders and providers looking to expand services for those experiencing stigma.

Project Objectives

- Provide an overview of the current situation of behavioral health programs and services for LGBTQ populations in New
- Describe the gaps in behavioral health services observed by LGBTQ individuals, community leaders, and behavioral/mental health providers.
- Identify priorities for APNH in their expansion of behavioral health services for the LGBTQ population in New Haven.

Methods

Qualitative Data Collection:

- We conducted thirteen 30-40 minute semi-structured interviews with LGBTQ community leaders and behavioral health providers recruited from APNH's current connections.
- We conducted two, one hour focus groups with current APNH clients through the pre-existing men's and women's support
- Qualitative information was transcribed using Temi, and coded and analyzed using Dedoose.

Results

Key Sources of Stigma: Three different levels of stigma were identified by both key informants and focus group participants to negatively impact mental health outcomes for LGBTQ individuals, with providers particularly noting high rates of depression and anxiety among these populations:

- Internalized or self-stigma has led to challenges for LGBTQ individuals, especially from poor communities of color, in navigating individual identities and bodies.
- Community-based stigma has resulted in community fragmentation and social isolation through challenging interpersonal interactions.
- **Institutional stigma** from health care providers and other social service systems has left LGBTQ communities disillusioned and distrusting of health systems and behavioral health care.
- "...But one thing that's unique to every LGBTQ person, to some extent, whether or not, they experienced it only from a smaller scale to a larger scale is every LGBTQ person spends at least part of their life worrying that people around them will stop loving them. And particularly their parents and siblings and family and very close friends."
 - Community Member 1

Results Continued

- 2. <u>Strategies to Cope with Stigma and Mental Health Challenges</u>: coping, whether at the individual level or community-level, may improve or negatively impact mental health outcomes. Participants described the following coping strategies employed by the LGBTQ community:
 - Substance use, such as drugs and alcohol
 - Seeking hookups and validation via hookup and dating apps
 - Seeking intra-community support through support groups and community advocacy
- 3. <u>Barriers to Behavioral Healthcare</u>: Personal, interpersonal, and structural barriers abounded in preventing or hindering LGBTQ people from interacting with behavioral health providers. Participants described the following barriers to seeking and receiving care:
 - LGBTQ community members lack of knowledge of care (not aware of existing services, how to access, pay, etc.)
 - Lack of LGBTQ identity inclusivity among provider's practices
 - Stigma surrounding seeking care
 - · Inability to afford needed care

"[In regard to dating apps]... They can either be a good thing where you go in there and you find the validation you want... But the apps have been leading a lot of people into body dysmorphia because once they stop receiving that validation that they were receiving.."

Community Member 2

"... people have a hard time finding appropriately trained providers and they get frustrated and they give up on engaging in mental health services. So, obviously, it's a two-fold problem that there's a lack of access and then people are getting frustrated that they decided just to not engage all together."

Community Leader 1

Recommendations

Consider offering a range of behavioral health services:

- Both group and individual settings;
- Some resources that are regularly available and offered within fixed time frames;
- Be aware of the importance of both acute and chronic services, and tailor services to provide options of someone to talk to regularly, and also urgent services, as needed.
- Consider incorporating more innovative services such as providing an openness to spiritual issues in sessions, as well as delivering services in more informal settings (e.g. social events such as team sports or get-togethers).

Staff and Provider practices

- Support providers in strengthening their skills to serve all types of gender and sexual minorities whenever possible (including services specific for trans-identifying individuals).
- Ensure staff and provider compliance with confidentiality and anonymity of service delivery.
- Atmospheres that are conducive to basic openness and flexibility should be promoted during service delivery

Physical Context

• Assure space prioritizes confidentiality and anonymity.

Limitations

- Time constraints limited the number of interviews and focus groups we were able to conduct
- May not be an entirely representative sample of the New Haven community, considering participants did not include as many social, racial and ethnic minorities
- There may have been self-selection bias present, because the community leaders and behavioral health providers interviewed were those who had agreed to be a part of the study. This might have caused some pertinent information to be missed from other participants who declined to be interviewed.

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References

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