

Mental Health Disparities in the LGBT Community: The Role of Stigma

Shani Anderson

MCPHS University

Abstract

It is widely known that people who identify themselves as Lesbian, Gay, Bisexual or Transgender (LGBT) face systematic oppression and devaluation due to social stigmas. The purpose of this integrative review was to explore the impact of stigma on mental health outcomes in the LGBT community. A literature search was performed utilizing several electronic databases resulting in 15 primary and secondary sources for analysis. These sources included participants from adolescent to oldest adult and also studies from three countries. Current research indicates LGBT people experience higher rates of mental health problems, substance abuse, and poor physical health compared to their heterosexual peers. A lack of culturally sensitive care is a common complaint which may delay individuals from seeking treatment or from being forthcoming during examinations. Additional findings indicate future research is needed to develop specialized assessments and treatment guidelines to obtain best patient outcomes for this vulnerable population.

Keywords: LGBT, stigma, mental health, disparities, substance abuse

Mental Health Disparities in the LGBT Community: The Role of Stigma

Introduction

It is widely known that people who identify themselves as Lesbian, Gay, Bisexual or Transgender (LGBT) face systematic oppression and devaluation due to social stigmas (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013). Social stigma can include, but is not limited to, racial discrimination, economic/employment discrimination, verbal harassment and physical violence (p 943). It is defined as “the social process of labeling, stereotyping, and rejecting human difference as a form of social control” (White Hughto, Resiner, & Pachankis, 2015, p 222). According to Choi, Ayala, Boylan and Gregorich (2013), a United States’ population based survey found 76% of gay or bisexual respondents had experienced an episode of discrimination, while 21.4% of lesbian, gay or bisexual respondents reported being discriminated against in the past year. Another US survey of 402 transgender individuals, showed 56% of respondents experienced verbal harassment, 37% experienced employment discrimination and 19% were victims of physical violence (Bockting et al., 2013). Both the minority stress model and the socio-ecological model suggest an increase in psychological distress due to the stress and discrimination caused by stigma (Meyer, 2003; White Hughto et al., 2015). The Minority stress model, according to Meyer (2003), describes stress processes that include experiences of prejudice, personal expectations of rejection, hiding and concealing one’s identity, internalized homophobia and subsequent coping strategies. In contrast, the socio-ecological model implies mental health outcomes are the result of interplay between structural (societal norms, conditions, laws, policies and practices), interpersonal

(everyday interactions) and individual (beliefs and behaviors) forms of stigma (White Hughto et al., 2015).

Research Problem

In recent years, the LGBT community has been granted more federal and state equality to reflect their heterosexual peers such as the ability to marry, adopt children and be able to obtain insurance coverage under their partner's plan. The wider view of acceptance and availability of information may be an indication as to why more LGBT children and adolescents are "coming out" compared to previous generations (Society for Adolescent Health and Medicine, 2013). Despite the recent advances in equality, members of the LGBT community continue to experience stigma and discrimination. Meyer (2003) reports that current research suggests "gay men and lesbians suffer from more mental health problems including substance use disorders, affective disorders and suicide" as compared to their heterosexual peers (p. 675).

Nurse Practitioners should consider these findings and evaluate future research regarding the impact of stigma on overall mental health as they are often the first point of contact for LGBT patients. Health Care Providers should be trained to administer competent and nonjudgmental care for the LGBT community and also recognize potential mental health problems through screenings and appropriate interventions (Society for Adolescent Health and Medicine, 2013). Further research on the impact of stigma on mental health in the LGBT community should be conducted to assist providers in developing culturally appropriate screening tools, interventions, education and community supports (Society for Adolescent Health and Medicine, 2103, p. 507).

Purpose of Review

The aim of this integrative review is to explore and compare the impact of stigma on Lesbian, Gay, Bisexual and Transgender mental health outcomes including mental health diagnoses, substance abuse and physical health. In addition, this review seeks to provide Nurse Practitioners with valuable information about their LGBT clients' biopsychosocial needs and, therefore, aid them in providing more culturally sensitive care. The final objective is to provide Nurse Practitioners with a foundation for the development of specialized screening assessments and treatment recommendations for the LGBT population.

Research Question

This review will seek to answer the following PICOT question, "What role does stigma play on the mental health disparities in the LGBT community?" The patient population (P) to be explored will include the Lesbian, Bisexual and Transgender (LGBT) community including adolescents through older adults. Due to the significant amount of stigma surrounding this subset of the population, it is important to evaluate the impact of stigma (I) on their overall mental health (O). Comparison (C) will not be made nor is there a time frame (T) component because the focus is on the general impact of stigma on mental health.

Methodology

The literature search was performed utilizing several electronic databases made available through the online library at MCPHS University. These electronic databases included Ovid MEDLINE, CINAHL (Cumulative Index of Nursing and Allied Health Literature) and the U.S. National Library of Medicine/PubMed. The search was limited to articles published between January, 1, 2010 and October 2017, with the exception of Meyer's heavily referenced 2003 thesis. Keywords and MeSH terms including LGBT, transgender, stigma, mental health,

disparities, discrimination, and protective factors were utilized. Also, Boolean operators such as “or” and “and” were also used to refine the articles.

The resulting research articles were separated into primary and secondary sources for the final literature review. Primary sources include longitudinal, cross-sectional, health needs assessment, retrospective cohort, and surveys. Additional secondary sources such as meta-analyses and critical reviews of the literature were also included in the final analysis. In addition, the sources provided data from several countries including England, Ireland and the United States, as well as, study participants aged adolescents through older adults. By obtaining data from around the world and from adolescent to older adult, a comparison can be made within age groups and geographic area.

Critique and Synthesis of Literature

Mental Health

Current research indicates lesbian, gay, bisexual, and transgender (LGBT) people experience higher rates of mental health problems compared to their heterosexual peers (Ash & Mackereth, 2013; Birkett, Newcomb & Mustanski, 2015; Bockting et al., 2013; Choiet al., 2013; Keuroghlian, Reisner, White & Weiss, 2015; McCann, Sharek, Higgins, Sheerin & Glacken, 2013; McLaughlin, Hatzenbuehler & Keyes, 2010; Meyer, 2003; Reisner et al., 2016; Reisner et al., 2014; White Hughto et al., 2015; Yarns, Abrams, Meeks & Sewell, 2016). In 2003, Meyer performed a meta-analysis of the current literature to show lesbian, gay and bisexual individuals have a higher prevalence of mental illness identified by the minority stress model. Stigma, prejudice and discrimination were found to lead to a more stressful social environment which in turn, created an increased prevalence of mental health problems (Meyer, 2003). Lacking evidence for the transgender population, Bockting et al. (2013) performed a cross-sectional study

of 1093 transgender people, aged 18 and older, utilizing the minority stress model as a guide confirming that stigma was positively associated with psychological stress. Also, Reisner et al. (2014), completed a retrospective cohort study of electronic health records on 106 Female-to-Male and 74 Male-to-Female subjects revealing transgender adolescents had a 2-3 fold increase in depression, anxiety, suicide attempts, suicidal ideation, self-harm, and mental health treatment as compared to their non-transgender peers. Similar results were found using the socio-ecological model (White Hughto et al., 2015). White Hughto et al. (2015) performed a critical review of current literature on stigma and health in the transgender community that indicated stigma operates at individual, interpersonal and structural levels to impact overall health. Interestingly, Choi et al (2013) found experiences of racism and homophobia within the community were positively associated with depression and anxiety, but experiences of perceived homophobia within the family was not. Additionally, perceived racism and homophobia by their heterosexual peers was also positively associated with increased depression and anxiety (Choi et al., 2013). This illustrates the complexity of mental health development within the LGBT community.

While each of these studies indicates an increase in negative mental health outcomes among the LGBT population, most data was obtained using meta-analysis of the current literature rather than primary resources. Bockting et al.'s (2013) cross-sectional study and Reisner et al.'s (2014) retrospective cohort study were both completed utilizing samples across the United States and support the findings of the mentioned meta-analyses. Choi et al. (2013) utilized a chain sampling technique consisting of standardized questionnaires with gay men of color within the Los Angeles area. This study also supports the findings above, but is limited in

its validity across areas without large ethnic and sexual minorities, as well as, within the Caucasian populations.

Substance Abuse

In addition to the increased prevalence of mental health problems such as anxiety and depression, members of the LGBT community also have an increased prevalence of substance use compared to the general population (Keuroghlian et al., 2015; McCann et al., 2013).

Analysis of a community-based sample of 452 transgender people aged 18 to 75 years old concluded 47% of the individuals reported binge drinking in the past 3 months, 39.6% reported frequent marijuana use and 19% reported illicit drug use during the past 12 months (Keuroghlian et al., 2015). Similarly, McCann et al. (2013) conducted a mixed methodology study utilizing 36 semi-structured interviews and 144 surveys on LGBT people 50 years old and greater. They found 83% of the subjects utilized alcohol as a coping mechanism and 4% used illicit drugs in the past year (McCann et al., 2013).

Keuroghlian et al. (2015) conducted their study in the United States and recruited their study participants online and in person over a 6-month time period. Their assessment consisted of one survey with a multivariable regression model to examine the relationship of demographics, gender characteristics, mental health and socio-structural factors on substance abuse use and treatment. In contrast, McCann et al. (2013) completed their study in Ireland and focused on people 50 years of age and older. The surveys were quantitatively analyzed using SPSS software, while the semi-structured interviews were recorded and then transcribed leaving room for transcriptional errors. While both studies were in different countries, the data indicates significant substance use among the LGBT community and requires intervention from Providers.

Older Adults

Little research has been conducted on the older LGBT population, regardless of the fact they account for about 1 million LGBT people in the United States (Yarns et al., 2016). This subgroup of the LGBT community can offer valuable insight into the adverse effects of stigma and discrimination because they have faced different forms of discrimination throughout their lifetime. The older adult population can be even further divided into three distinct generational groups including people greater than 90 years old, 70-89 years old and 65-69 years old. Individuals who are greater than 90 years old were part of the “Greatest Generation” where people kept their sexual identity private as a protective factor for fear of being arrested and sent to prison (Yarns et al., 2016). Seventy to 89 year olds were members of the “Silent Generation” who experienced similar repressive environments towards same sex partners, but also participated in the civil rights movement during the 1950s and 1960s (2016). Finally, the 65-69 year old group is part of the “Baby Boom Generation” who participated in the Gay Rights Movement and were encouraged to share their homosexual identity (2016). According to Yarns et al. (2016), each of these generations experienced different levels of stigma and sexual awareness with rates of victimization increasing with age. Eighty-two percent of study participants reported at least one episode of victimization and 64% reported three or more episodes of victimization related to their sexual identity (Yarns et al., 2016). Despite these increased rates of victimization, studies indicate the older LGBT population has learned to cope with these negative experiences and many report their current mental health as “good” (McCann, Sharek, Higgins, Sheerin & Glacken, 2013; Yarns et al., 2016).

Given the lack of research conducted specifically on the older population, Yarns et. al.’s (2016) review of the literature provides an introductory glimpse into the generational effects of stigma on the elderly. This meta-analysis utilized over 90 Both McCann’s mixed methods study

conducted in Ireland and Yarn's review of the literature indicate a trend of improving mental health with aging. This finding should encourage additional research on the older population to develop effective coping mechanisms and Provider trainings to help guide the younger population to improved mental health outcomes.

Yarn's meta-analysis included information from 90 sources and highlighted the sources of substantial importance to the analysis with brief conclusions from each in their Reference list. While the eight, highlighted sources were recently published literature, many of the additional sources were greater than 10 years old limiting their relevance to current trends in the LGBT community. In contrast, McCann et al. conducted their study utilizing both quantitative and qualitative methods. Data was obtained through 36 semi-structured interviews that were tape recorded and transcribed and 144 anonymous surveys that were completed via website, phone, or mailed response. Limitations of this study include the underrepresentation of people greater than 70 years old and the lack of female respondents (about 1/3 total). Additionally, the authors recognize this sampling may not statistically represent the older adult population of Ireland.

Protective Factors

Coping mechanisms and peer support have been discussed as protective factors against increased mental health problems and physical ailments in much of the current literature (Birkett et al., 2014; Bockting, Miner, Swinburne-Romine, Hamilton, Coleman, 2013; McLaughlin et al., 2010; Reisner et al., 2016; Society for Adolescent Health and Medicine, 2013; White Hughto et al., 2015; Yarns et al., 2016). McLaughlin, Hatzenbuehler and Keyes (2010) performed a longitudinal, population based study of 36,653 adults aged 20-90 years old to investigate if a person's coping mechanisms increase or decrease their risk of developing a mental health problem. They concluded individuals who were victims of discrimination within the past year

had a higher incidence of mental health disorders, but this incidence decreased if the person discussed the experience with others (McLaughlin et al., 2010). Similarly, Birkett, Newcomb and Mustanski's (2014) longitudinal study of LGBT youth found victimization and distress decreased as people aged into early adulthood due to the establishment of greater support networks. Family support and peer support were also noted to be positive resilience factors in the transgender community (Bockting et al., 2013).

Both Bockting et al. (2013) and McLaughlin et al. (2010) focused on the adult populations, while Birkett et al. (2014) focused on adolescents age 16-20 years old. Each study utilized a survey or interview format, but Birkett et al. (2014) evaluated all 231 participants at 6 different time points over a 3.5 year timespan. Both Birkett and McLaughlin's studies showed increased victimization and stigma increased chronic stress and the individual's ability to effectively cope. Bockting et al (2013) found social stigma directly influenced psychological distress leading to a higher prevalence of clinical depression, anxiety and somatization.

While each of these studies utilized a longitudinal design to obtain its data and offer similar conclusions, each study has important limitations to consider. Birkett et al.'s study (2014) population was limited to racially diverse adolescents from a major metropolitan city who were majority middle class. Because of this, these results may not be applicable to adolescents of different socioeconomic groups in other geographical areas. Two additional limitations are the self-report data and the incentivized peer recruitment in LGBT identified centers and events which omits a randomized sampling. McLaughlin et al.'s study (2010) utilized information obtained through the 2004-2005 National Epidemiologic Survey on Alcohol and Related Conditions which contained data collected from 34,653 respondents. The applicability of this data to current trends is limited due to it being greater than 10 years old.

Additionally, only 577 respondents identified as being lesbian, gay or bisexual of the 34,653 total participants which also reduces its significance. Bockting et al. (2013) utilized a large cross-sectional, internet-based study of transgender people that included participants from both urban and rural areas. While this study was able to reach a diverse sample across the United States, racial and ethnic minorities were underrepresented in the study. They are an especially important population due to the additional discrimination they face for being a racial/ethnic minority. Additionally, the study was completed solely through the internet which gives the potential for participants lying about their true identity and also trying to submit multiple surveys for monetary compensations.

Victimization

In a 2010, longitudinal, population-based study by McLaughlin, Hatzenbuehler and Keyes, episodes of discrimination within the past year correlated to a higher incidence of psychiatric disorders. Also, psychiatric morbidity increased if the individual did not disclose the acts of discrimination to a healthcare provider or support person. Because of this significant link between lack of disclosure and increased psychiatric morbidity, several studies worldwide have discussed the importance of identifying and assessing a LGBT patient's support system and encouraging participation in LGBT support groups and/or mental health services (Bockting, Miner, Swinburne-Romine, Hamilton, Coleman, 2013; Choi, Paul, Ayala, Boylan & Gregorich, 2013; Resiner et al., 2016). Practitioners can aid their patients with decreasing the negative outcomes of stigma and victimization by teaching coping strategies and developing community interventions to target victimization at an early age (Birkett et al., 2014; White Hughto et al., 2015).

Health Care

Despite the growing increase in acceptance and expanding equality for the LGBT community, research suggests there remains a shortage of health care providers properly trained to provide non-judgmental and compassionate care (Ash & Mackereth, 2103; Keuroghlian et al., 2015; McCann et al., 2013; Reisner et al., 2014; Society for Adolescent Health and Medicine, 2013; Yarns et al., 2016). This theme is consistently found in both primary and secondary sources across all geographical areas. Keuroghlian et al. (2015) found psychological distress related to the lack of compassionate health care access for transgender individuals contributed to the use of drugs and alcohol as a coping strategy. Practitioners should be trained to recognize the unique needs of the LGBT community and be able to properly assess for mental health problems, substance use, victimization, discrimination and stigma that could lead to adverse health outcomes (Ash & Mackereth, 2103; Choi et al., 2013; Keuroghlian et al., 2015; Meyer, 2003; Reisner et al., 2014; Society for Adolescent Health and Medicine, 2013; Yarns et al., 2016).

Future Research and Implications for Practice

As scientists continue to explore the trends and factors affecting the LGBT community, several re-occurring themes can be found among the literature for future research. Many studies have mentioned the negative health outcomes, both mental and physical, associated with experiences of stigma, however, the direct causal relationship between the two needs to be further explored (Bockting et al., 2013; Meyer, 2003; Society for Adolescent Health and Medicine, 2013; White-Hughto, Reisner, Pachankis, 2015). In addition, further studies are needed to explore the effectiveness of intervention strategies used across the world to prevent or decrease the negative effects of stigma and victimization across the lifespan (Ash & Mackereth, 2013; Birkett, Newcomb & Mustanski, 2014; Bockting et al., 2013; Choi et al., 2013; Meyer, 2003; Reisner et al, 2014; Society for Adolescent Health and Medicine, 2013). Reisner et al.

(2014) suggest future research compare mental health outcomes over different developmental time periods and across all categories of the LGBT population, including the transgender subgroups Male-to-Female and Female-to-Male, to determine if their mental health gets better with age. This data will assist Providers in conducting an age-appropriate, gender identity focused biopsychosocial assessment that indicates the necessary mental health, medical and psychosocial interventions necessary to obtain best patient outcomes.

Current research on older adults is sparse and may offer important insight into resilience factors given the greater amount of stigma and discrimination this generation faced during their younger years compared to today. McCann and his colleagues (2013) stress the need for National and International investigation on the specific needs of LGBT people 70 years and older with a special interest in those residing in nursing homes. In addition, Yarns et al. (2016) suggest more research is needed on substance use disorders in the older adult population and also LGBT people with Dementia.

Despite the continued necessity for research on the growing needs of the LGBT population, Nurse Practitioners (NPs) can implement the information presented above into their assessment and treatment of this vulnerable population. NPs should participate in LGBT cultural sensitivity training courses to educate themselves about proper terminology, available LGBT specific community resources and LGBT specific health concerns. Nurse Practitioners should also perform a complete biopsychosocial assessment including family and peers supports, recent stigmatization, discrimination and victimization within the past year, access to and participation in LGBT community resources, appropriate medical care and screenings. Additionally, a thorough mental health evaluation should be completed at each yearly screening including alcohol and substance use with referral to appropriate mental health services as needed.

Conclusion

The impact of stigma not only on the mental health of the LGBT community, but also the physical health, has been shown in past and current research studies across the world. Although there are few research studies on this topic, the growing acceptance and improved equal rights for the LGBT population is driving Scientists to explore the unique needs of this minority population. Current studies have indicated several trends in the LGBT community including the increased incidence of mental health problems, substance use, victimization and lack of adequately trained and compassionate providers. Future research will hopefully provide further information on these trends and offer interventions to promote better health outcomes for this growing minority population.

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