Background

The Lesbian, Gay, Bisexual, Transgender, Queer, Intersexual, Asexual and Two Spirit communities (LGBTQ+) often face unique minority stressors that can be detrimental to their mental health including stigma, discrimination, prejudice, victimization, homophobia, internalized homophobia, and denial of civil rights.[1] It was estimated in 2023 that about 5% of the U.S. population identifies as LGBTQ+.[2] According to the American Psychiatric Association, LGBTQ+ individuals are 2.5 times more likely to experience depression, anxiety and substance misuse compared to heterosexual, cis-gendered individuals.[4] These individuals were also more likely to have negative experiences with healthcare, being twice as likely to experience negative situations such as providers making assumptions about them, suggesting personal blame for a health problem, and ignoring a request or a question.[2] These negative experiences can be extremely detrimental to the health and wellbeing of this population and have led to a distrust of healthcare providers. This distrust and the fact that this population has been underserved and/or poorly served by the U.S. healthcare system, can result in poor treatment adherence and worsening disparities in health outcomes. The information below outlines the current landscape of behavioral healthcare for the LGBTQ+ community in Rhode Island.

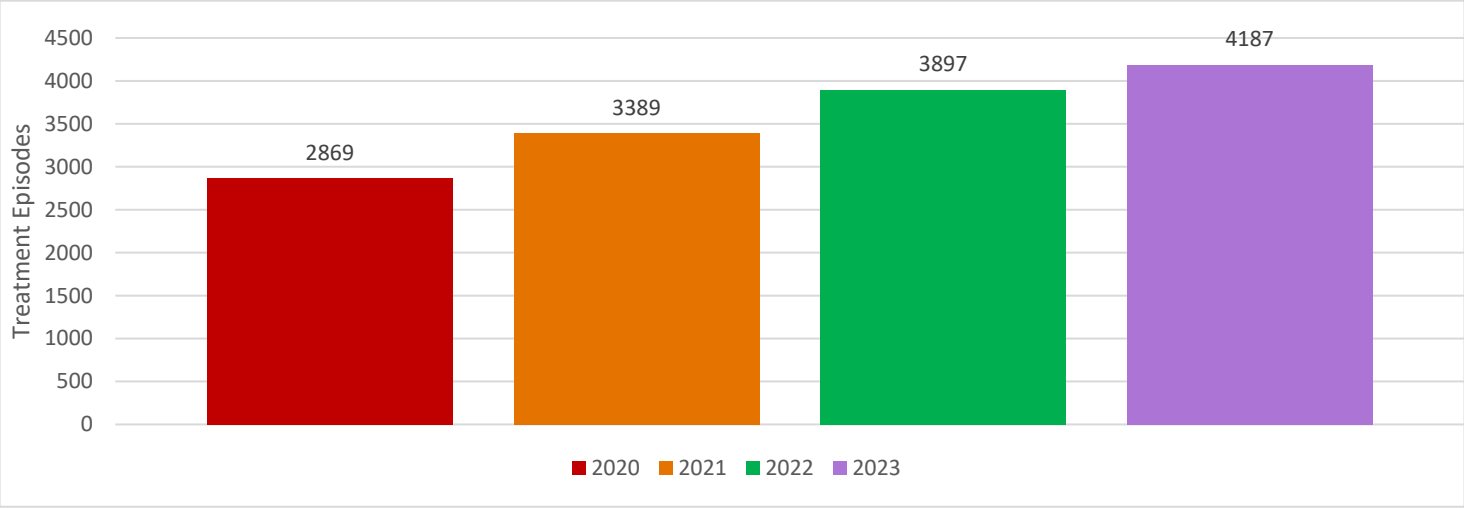
Data Source

The RI Behavioral Health On-line Data (BHOLD) is a portal into which treatment providers licensed by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) are required to enter data on all clients receiving services, regardless of pay source. In BHOLD, treatment providers enter an assessment with program and date information for all clients who enter treatment at state licensed behavioral health centers. This includes but is not limited to demographic information (race, gender, ethnicity, sexual orientation), housing and employment status, co-occurring conditions, diagnoses, and more. To analyze differences between LGBTQ+ and non-LGBTQ+ groups, we combined sexual orientation and gender identity variables. Individuals who indicated that their sexual orientation was bisexual, gay, lesbian, or another sexual orientation (not heterosexual) and those who indicated that their gender identity did not match their gender assigned at birth were included in the LGBTQ+ groups.

Rhode Island Data

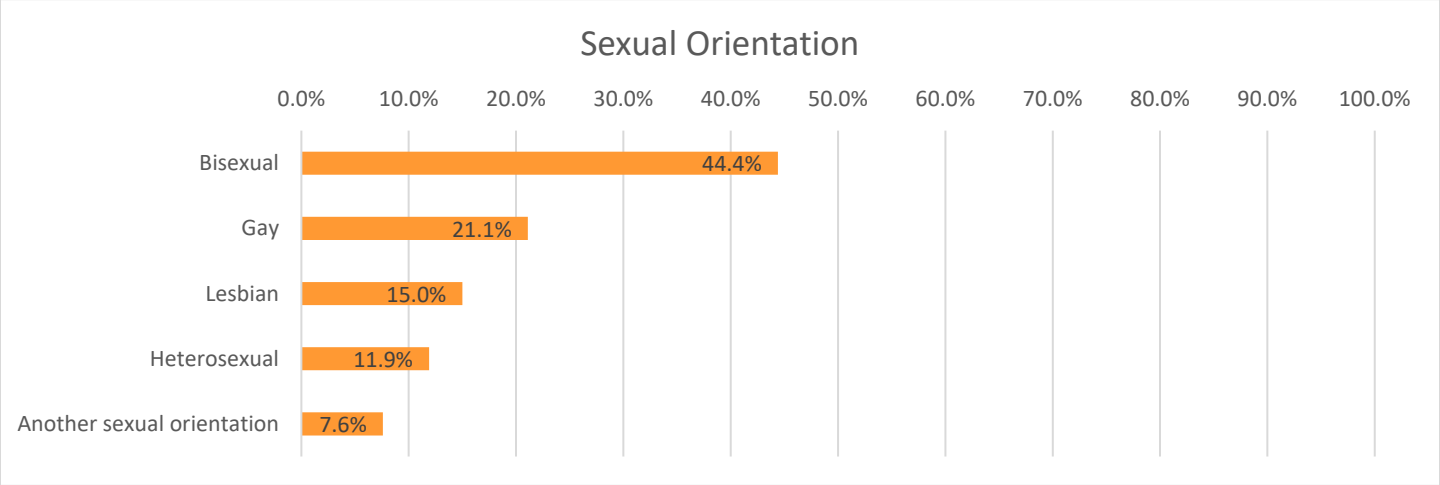
Figure 1. Number of Treatment Episodes Involving a Person Identifying as LGBTQ+ Per Year.

The number of admissions at a BHDDH-licensed provider involving a person identifying as LGBTQ+ has increased 45% from 2020 to 2023, and this number has increased every year during this timeframe for a total of 7.0% of all treatment episodes. This accounts for 7.3% of unique clients during this timeframe, which is higher than the Williams Institute estimate that 4.5% of Rhode Islanders identify as lesbian, gay, bisexual, or transgender.[3]



Figures 2 and 3. Sexual Orientation and Gender Identity of LGBTQ+ Clients in BHOLD

Between 2020 and 2023, a total of 3,591 unique clients identified as LGBTQ+. Among clients who identified as LGBTQ+, the most prevalent sexual orientation was bisexual (44.4%), followed by gay (21.1%), and lesbian (15.0%). Additionally, 25.0% of LGBTQ+ clients said that their gender identity was not the same as the gender they were assigned at birth.



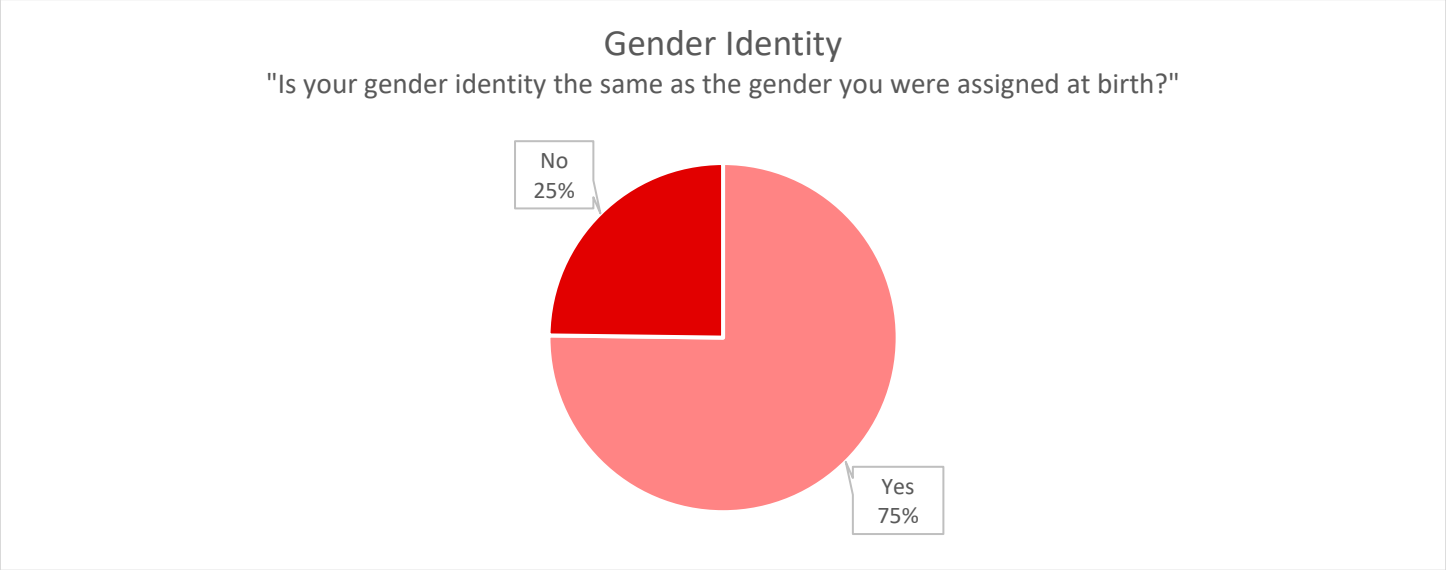


Figure 4. Top 5 Primary Diagnosis Categories by LGBTQ+ Identity.

Both groups had more episodes for mental health primary diagnoses than for substance use primary diagnoses; however, the percentage of those identifying as LGBTQ+ with a mental health diagnosis was higher at 71.2% compared to 57.6% of episodes involving a non-LGBTQ+ person.

LGBTQ+ clients were significantly more likely to have a primary diagnosis of:

- Major Depressive Disorder
- Anxiety Disorders
- Depressive Episode

Whereas non-LGBTQ+ clients were significantly more likely to have a primary diagnosis of:

- Alcohol Related Disorders
- Opioid Related Disorders

There was no significant difference between groups in the prevalence of adjustment disorders.

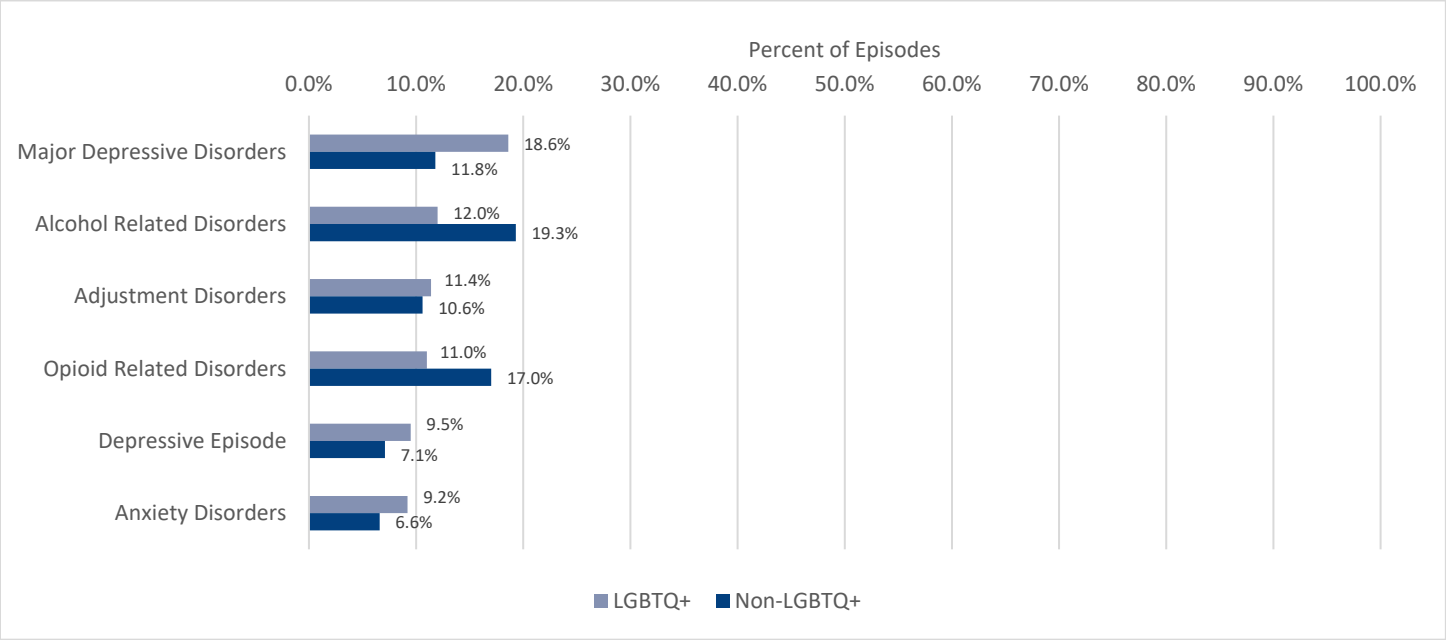


Figure 5. Treatment Program Enrollment by LGBTQ+ Identity.

The most prevalent treatment program for both the LGBTQ+ and the non-LGBTQ+ groups was Mental Health Outpatient, which includes General Outpatient Services, Assertive Community Treatment (ACT), and Community Support Program (CSP). The second most prevalent program for both groups was CONTACT, which includes initial assessments, emergency services, or mobile treatment/outreach. Compared to non-LGBTQ+ clients, LGBTQ+ clients were significantly more likely to visit BH Link, Rhode Island's 24/7 crisis receiving center.

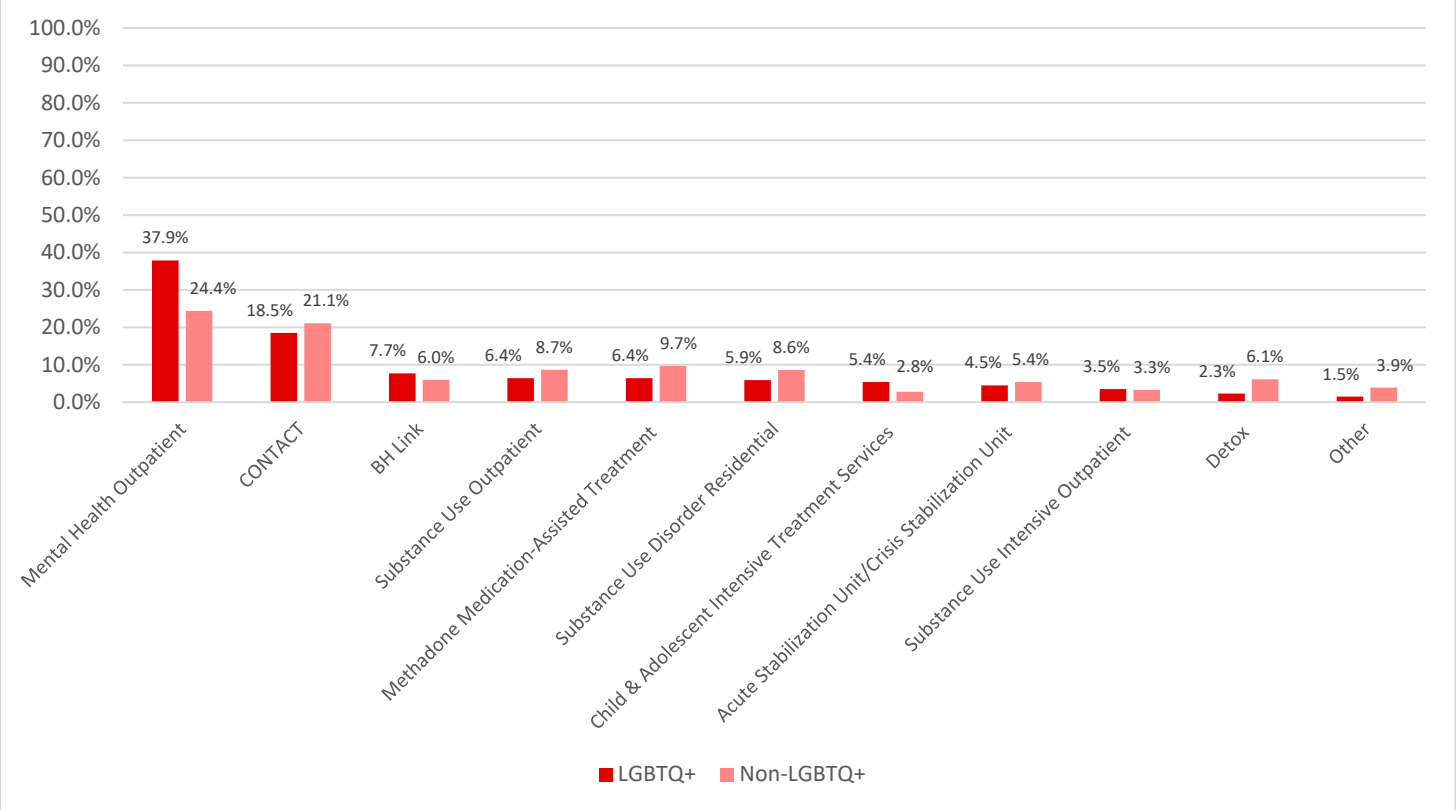
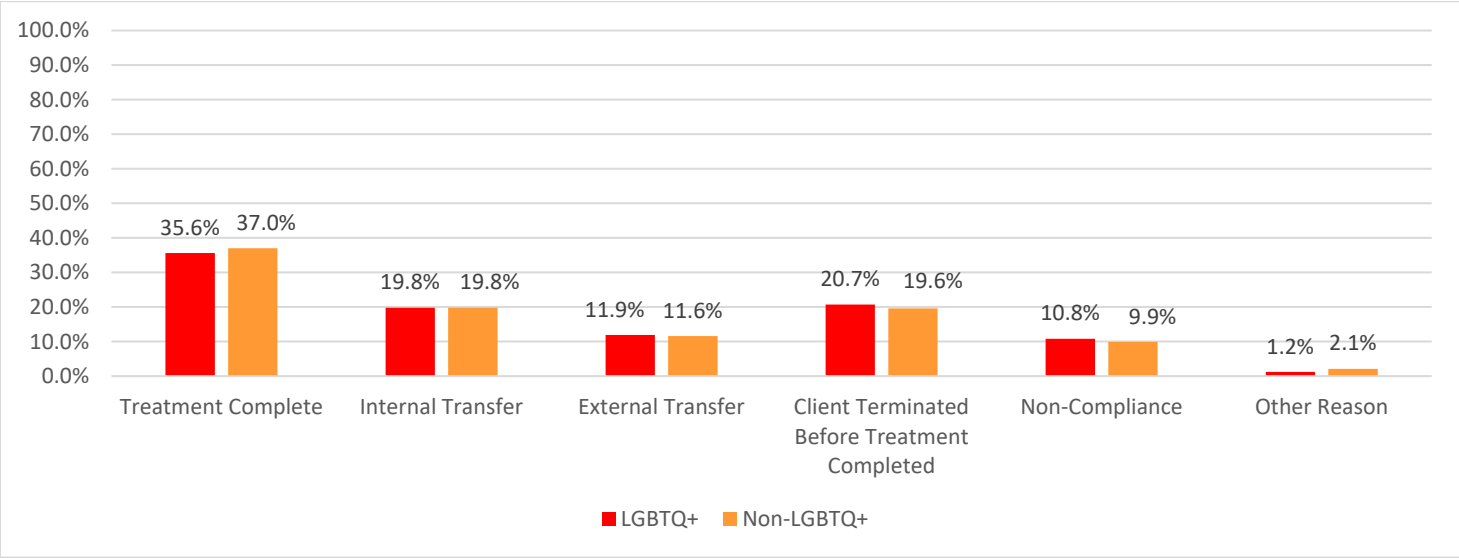


Figure 6. Discharge Reason by LGBTQ+ Identity.

There was no significant difference between the LGBTQ+ and non-LGBTQ+ groups when comparing the percentage of those who completed treatment and those who left treatment before treatment was completed/against medical advice. This suggests that treatment adherence is similar between these two populations when receiving treatment in BHDDH-licensed treatment programs.



Key Takeaways and Recommendations

- Utilize Client Satisfaction Data to Better Understand LGBTQ+ Treatment Experience
- Stratify LGBTQ+ Analyses to Observe Difference Between Groups
    - The LGBTQ+ community is a heterogenous and diverse group. Different sexual and gender minorities can experience different levels of discrimination and prejudice. Taking the time to look at differences between the groups that make up the LGBTQ+ community could allow for tailored care for each unique group.
- Promote Community Resources
    - Non-treatment, community-based resources, such as 988, community health workers and community support groups are valuable resources to individuals who may have had prior negative treatment experiences or have limited access to treatment.
    - The 988 LGBTQI+ Youth subnetwork provides access to LGBTQI-trained crisis counselors for people under 25 years old. To access this service, individuals can call 988 and press 3 or text PRIDE to 988.
- Support The Rhode Island Mental Health Parity Initiative
    - Being uninsured/under-insured can be a significant barrier in getting connected to mental health treatment. Supporting the mental health parity initiative supports the continuation of a valuable educational resource, informing individuals of their right to quality behavioral healthcare.

Limitations

The BHOLD intake survey does not ask if someone identifies as LGBTQ+, therefore we gathered this information by combining the Sexual Orientation and Gender Identity (SOGI) questions. These BHOLD SOGI questions do not have all-inclusive response options and are missing responses such as Intersex , Asexual, and Two Spirit, which are included in the LGBTQ+ community. Furthermore, clients may not feel comfortable disclosing their sexual orientation and/or gender identity, so the LGBTQ+ community may be underreported in this analysis.

Another limitation to this analysis is that the population includes only people who are in treatment in state licensed behavioral health treatment settings. Therefore, this analysis excludes individuals who receive services at private, non-state licensed treatment centers, as well as those who are not in treatment at all.

Resources

If you, or someone you know is struggling with their mental health or substance use, we encourage you to utilize the services below:

- **988**: Call, text, or chat 988 to be connected to the National Suicide and Crisis Lifeline.
- **BH Link**: The BH Link Triage Center located at 975 Waterman Avenue in East Providence is a 24/7 community-based walk-in/drop-off facility where clinicians connect people to immediate, stabilizing emergency behavioral health services, and long-term care and recovery supports.

References

1. Cannady, C. (2023, March 20). *Health, mental health, and barriers to care for the LGBTQ population*. Cummings Institute. https://cgi.edu/news/health-mental-health-and-barriers-to-care-for-the-lgbtq-population/

2. Montero, A., Hamel, L., Artiga, S., & Dawson, L. (2024, April 2). *LGBT adults' experiences with discrimination and health care disparities: Findings from the KFF survey of racism, discrimination, and health*. Kaiser Family Foundation. https://www.kff.org/racial-equity-and-health-policy/poll-finding/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings-from-the-kff-survey-of-racism-discrimination-and-health/

3. LGBT Demographic Data Interactive. (2019, January). Los Angeles, CA: The Williams Institute, UCLA School of Law.

4. *Lesbian, gay, bisexual, transgender and Queer/questioning*. Psychiatry.org - Lesbian, Gay, Bisexual, Transgender and Queer/Questioning. (n.d.-b). https://www.psychiatry.org/psychiatrists/diversity/education/lgbtq-patients