

Fighting Stigma: Confronting Barriers for Behavioral Health Care in the LGBTQ+ community

Problem

Amid ever increasing stress in daily life that has impacted mental health, access to appropriate behavioral health care for the LGBTQ+ community is a persistent concern across the country and here in Washington state. For a majority of those in this community, fear of stigma or discrimination in clinical settings remains a constant barrier for access to crucial behavioral health care.

In Washington state, a recent survey shows stark health care access disparities for the LGBTQ+ community. According to recent figures, Washington state's LGBTQ+ population is estimated at 5.2% and represents about 6% of the workforce (226,000 workers), a vast majority of whom have health insurance coverage.

Despite high rates of insurance coverage in the LGBTQ+ community in Washington, roughly 80% reported putting off care, and 63% delayed seeking care when ill, according to the Washington State LGBTQ+ Equity and Health Report 2020. The majority of respondents, 51%, said they delayed care because of distrust of doctors.¹

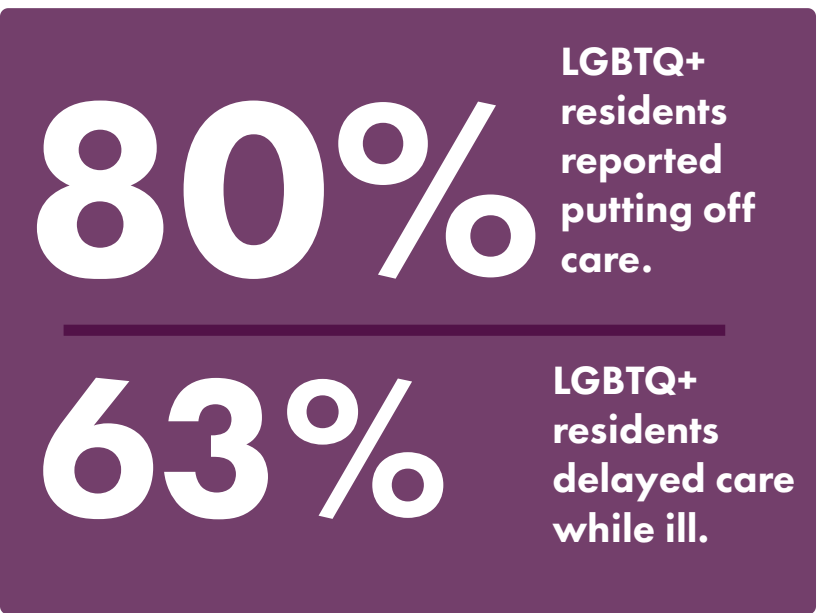


While appropriate access to health care, on the whole, remains a challenge, research shows the problem is most acutely seen in behavioral health settings and the consequences are profound.

These barriers to access have left mental and behavioral health concerns undiagnosed and untreated. In the last year, 45% of the LGBTQ+ youth ages 13 to 24 seriously considered attempting suicide.² For transgender and non-binary youth, the figure was closer to 50%, a recent national study from the Trevor Project shows.

Despite the barriers, the desire for comprehensive care remains substantial. Of the 32,000 LGBTQ+ youth surveyed in 2022, 60% of who wanted mental health care were unable to get it in the past year.²

Among the many reasons why LGBTQ+ youth were unable to access care, 29% cited a fear of being outed as a reason they were not able to get necessary care. About 26% of the youth cited a fear of their identity being misunderstood as a barrier for care.²



Cultural competency appears to be another substantial barrier when members of the LGBTQ+ community do seek care. A 2020 survey from the Center for American Progress showed that roughly one in three transgender individuals had to teach their doctors about transgender individuals in order to receive appropriate care.³

“I think both in mental health and in physical health, if somebody doesn’t feel safe and comfortable being out to a provider, the provider is not going to know how to help them.”

Tom Parsons (he/him), MSW, LICSW
Therapist and Founder of Optimism Counseling

According to the Center for American Progress survey, 15 percent of LGBTQ+ individuals reported postponing their care in 2020 out of fear of discrimination.³

Barriers are not just felt among LGBTQ+ youth. Recent studies also show that older individuals identifying as LGBTQ+ have concerns about seeking health care services.

In what was described as a landmark study into health disparities for aging individuals in the LGBTQ+ community, about 15% reported that they were fearful to access health care services outside the LGBTQ+ community. The same study showed that 13% believed they denied health care or received inferior health care because of their sexual identity or gender.⁴



Solutions

In an effort to raise awareness of this issue, the Washington Health Alliance hosted a screening of the documentary, “Between the Shades,” which shares interviews with 50 members of the LGBTQ+ community, along with a panel discussion with leading experts in Washington to identify ways to address these health care disparities with a focus on behavioral health.

A number of recommendations and potential action steps were drawn from the robust conversation, including:

General Recommendations:

- Increase access to a host of physical and behavioral health services.**
- Increase availability and continue to support telehealth, which has developed rapidly during the COVID-19 pandemic.**
- Provide a variety of ways to access telehealth i.e., phone-based and app-based, along with traditional browser-based access given varying technological barriers.**

Watch the Discussion



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Stakeholder Solutions

Addressing these barriers to care offer unique challenges for different stakeholders. Below are a list of recommendations for each group:



For Employers:

Recognize that diversity breeds innovation – allow for individuals to express themselves.

Thread diversity and inclusion throughout the organization: policy and procedures, onboarding, and benefits.

Participate in the Corporate Equality Index Survey. Learn more at Human Rights Campaign Foundation Corporate Equality Index.

Be authentic about why diversity is important to your organization. Make it your core value.

Exclude coverage for [so called] conversion therapy. Review benefits design to ensure equitable coverage for all.



For Health Plans:

Improve access for gender-affirming care.

Remove the requirement that a therapist letter be necessary for gender-affirming surgeries.

Redefine gender-affirming surgeries as a necessary care.

Adopt and follow the updated clinical guidelines from World Profession Association of Transgender Health.

Include all preferred pronouns and names for intake and submission of claims, along with all medical records.

Review prior authorization clinical criteria for PrEP to remove barriers.



For Providers:

Raise awareness among all levels of providers with education about LGBTQ persons.

Promote and use more shared-decision making across all levels of care.

Collaborate with their peers around the care of LGBTQ+ individuals.

Update referral lists to reflect diversity. Embed mental health services in primary care.



Resources

For a comprehensive list of recommendations to improve the health care system see **LGBTQ Health Care Report and Recommendations**, adopted by the Bree Collaborative September 2018. Additional Resources from the Alliance can be found on our **LGBTQ+ Mental Health Resources page**, which includes a variety of links and other helpful information.

Panelists and Sponsors

A special thank you to all our stakeholders and panelists including Jill Salvino, Director of Between the Shades; Michael Garrett, MS, CCM, Health Equity and Case/Care Management Consultant; Brian C. Armbrust, MA, MM, Sound Health Director of Administration; Liz Landry, MSW, MHP, LSWAIC, Optimism Counseling Therapist; Tom Parsons, MSW, LICSW, Optimism Counseling Founder; Patrick J. Raue, PhD, University of Washington Department of Psychiatry and Behavioral Sciences Professor.

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References

1. Washington State Equity & Diversity Project, "Washington State LGBTQ+ Equity and Health Report 2020," Nov. 2020
2. The Trevor Project, "2022 National Survey on LGBTQ Youth Mental Health," 2022
3. Center for American Progress, "The State of the LGBTQ Community in 2020," Oct. 2020
4. Mary Beth Foglia and Karen I. Fredriksen-Goldsen, "Caring and Aging with Pride: The National Health, Aging and Sexuality Study," March 2019



About the Washington Health Alliance's Diversity, Equity, and Inclusion Initiative:

The Diversity, Equity, & Inclusion Initiative is sponsored by the Washington Health Alliance, a nonprofit organization working collaboratively to transform Washington state's health care system for the better. The Alliance brings together more than 185 committed member organizations to improve health equity and health care by offering a forum for critical conversation and aligned efforts by health care professionals, health plans, purchasers, and other health care partners who are committed to the Alliance's mission and vision.

The Alliance is committed to becoming an inclusive and anti-racist organization. We pledge to create an environment where all employees and members, regardless of skin color, culture, ethnic origin, sexual orientation, ability or age, feel valued and have opportunities for growth. We commit to identify, discuss, expose and challenge inequities, including structural racism, in healthcare systems across Washington.