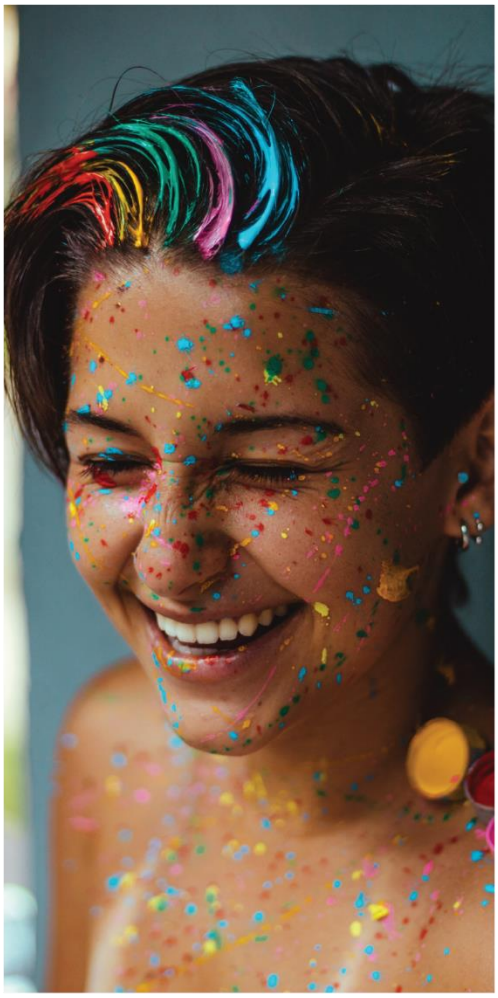
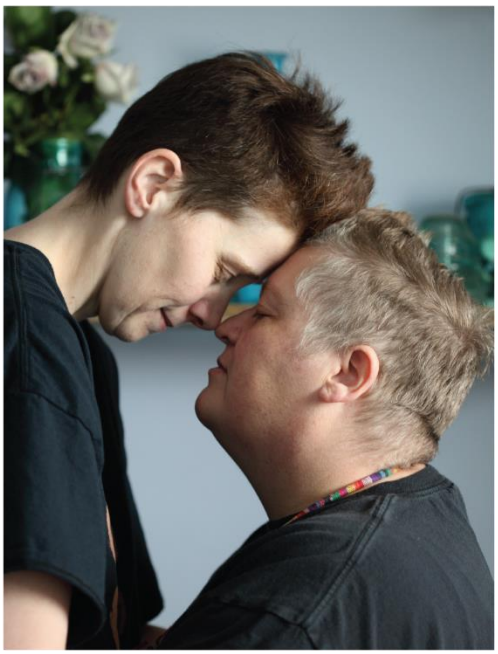
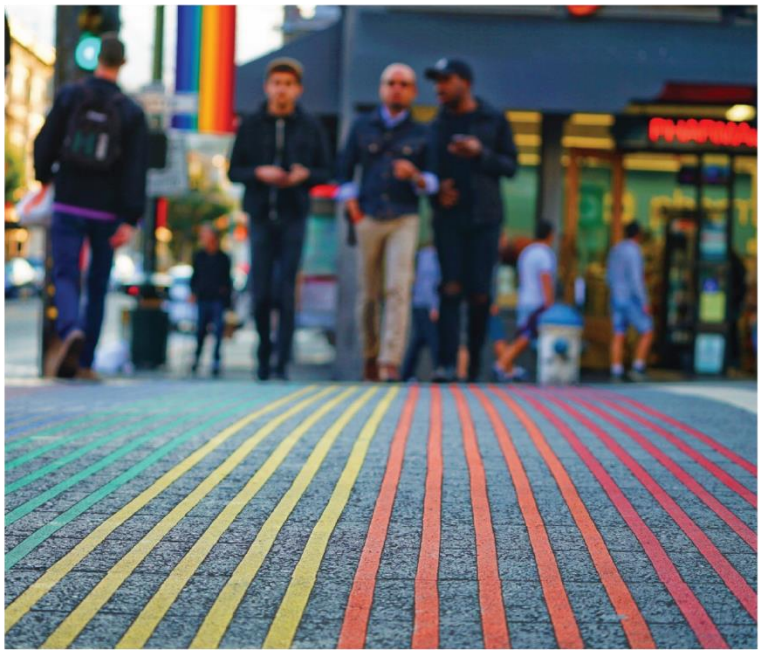
Mental Health America

B4Stage4

LGBTQ+ MENTAL HEALTH:
INSIGHTS FROM MHA SCREENING







Acknowledgments

Mental Health America (MHA) was founded in 1909 and is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans. Our work is driven by our commitment to promoting mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care, services, and supports for those who need them, with recovery as the goal.

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LGBTQ Mental Health

Our point is not to argue that most LGBTQ youth are vulnerable (indeed most LGBTQ youth thrive). Naming vulnerability or discrimination in the lives of youth is not the same as perpetuating it. Rather, it affords the potential for the adults and institutions that support youth – and youth themselves – to understand and identify those vulnerabilities and accept responsibility for addressing them.
-Dr. Stephen Russell and Dr. Jessica Fish[i]

Lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ) and other sexual minority and gender diverse populations face unique challenges from their non-LGBTQ counterparts. As stated in the quote above, most LGBTQ youth are incredibly resilient and thrive in the face of adversity, with the help of supportive families, communities, and peers. However, LGBTQ individuals are also at particular risk for experiencing shame, fear, discrimination, and adverse events that can lead to mental health conditions. LGBTQ youth are more likely than non-LGBTQ youth to have experienced universal risk factors for disrupting youth mental health, including conflict with parents and substance use. However, they also face additional risk factors as a result of their LGBTQ identities, including increased discrimination and social isolation and rejection.[ii] LGBTQ adolescents are also more likely to experience poly-victimization, or multiple adverse childhood experiences (ACEs), and psychological or physical abuse than their cisgender (people whose gender identity match that they were given at birth) and non-LGBTQ counterparts.[iii]

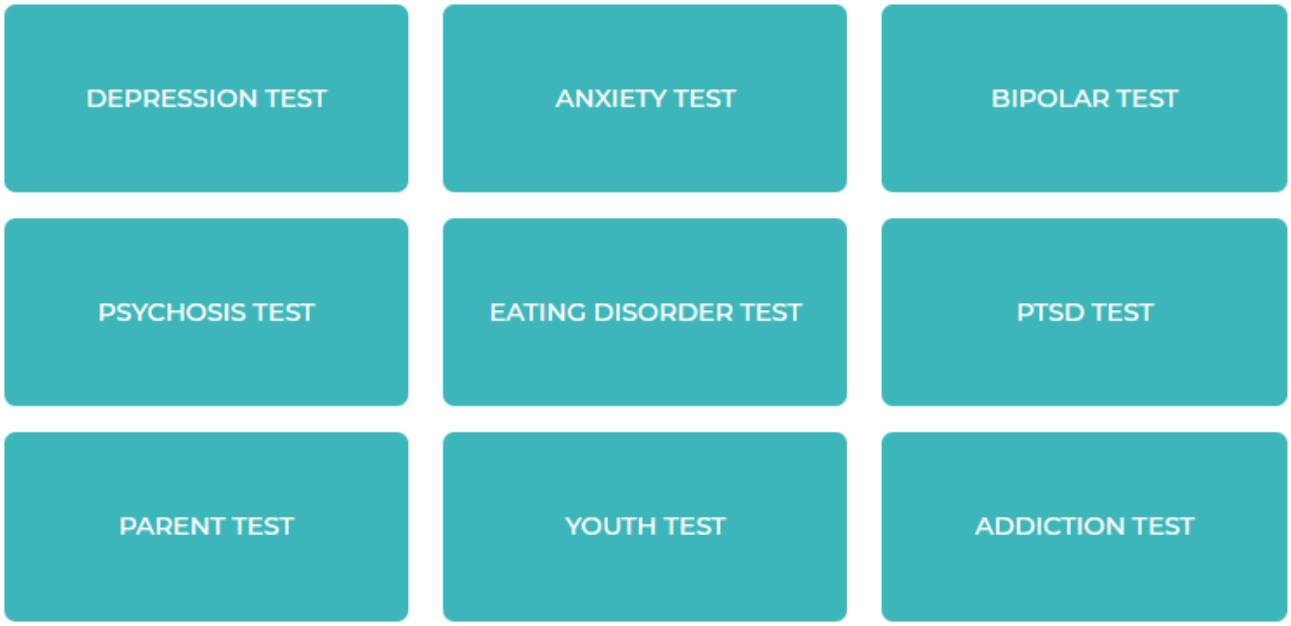
These increased negative experiences and traumas place LGBTQ individuals at greater risk for several mental health conditions, including depression, anxiety, posttraumatic stress disorder, and suicidality.[iv] In evaluating the results from the online screening program, Mental Health America recognized the overrepresentation of LGBTQ youth in those seeking support from our online mental health resources, indicating that this population is in particular need of help.

Recent societal and legal changes have improved the structural environment for LGBTQ youth and adults, but more people need to work to serve as advocates and allies to help improve LGBTQ mental health. MHA believes that it is imperative to use data to better understand the patterns of mental health disparities in LGBTQ populations. As we continue to collect this data and bring attention to it, we can create an environment where providers, influential adults, peers and communities are aware of the unique needs and mental health risks to LGBTQ individuals and the intersectionality of age, race and other demographics with the sexual minority and gender diverse experience, and can use this knowledge to create and direct appropriate resources to better support those in need.

MHA Online Screening Program

As a policy matter, MHA has been advocating for ubiquitous mental health screening to ensure everyone – including young people – do not fall through the cracks at the earliest signs of mental illness. Screening improves the chances of getting treatment. Primary care physicians miss the opportunity to support 30 percent to 50 percent of people who likely have depression and are even less likely to recognize many other common mental health disorders. However, when results from a positive screening are included in the chart, doctors were over 3 times more likely to recognize the symptoms of mental illness and to plan to follow-up with people about their mental health concerns.[v] [vi] [vii]

MHA provides individuals with free, anonymous, and confidential screening tools that allow people to explore their mental health concerns and bring results to a provider through our MHA Screening Program (at www.mhascreening.org). The site hosts scientifically validated screening tools commonly used by mental health and primary health practitioners. MHA Screening started with just four screens: depression, anxiety, bipolar, and PTSD. Over time we added screens for substance and alcohol use, youth and parents, and psychosis. In 2017, we launched Spanish language screens for depression and anxiety and an eating disorder screen.



Today, an average of 1 million screeners come to MHA Screening to take a screen and get early mental health support.

Sexual minority populations are more than twice as likely as their non-LGBTQ counterparts to have a mental health condition and continue to show disparities in mental health, despite being more likely to have accessed mental health services than sexual majority populations.

Among our 3,000 daily screeners, 26 percent of individuals who answer our demographic questions identify as LGBTQ. The following information includes analysis from our LGBTQ screeners from January 2017 through April 2019. Through this analysis, we highlight specific challenges faced by LGBTQ youth and the opportunities we have to provide them necessary, appropriate and timely support. Specific policy and programmatic recommendations are provided throughout in green.

High Rates of Screeners Who Identify as LGBTQ

Between January 2017 through April 2019, 273,519 individuals took a mental health screen and indicated that they were LGBTQ in response to the demographic question, "Which of the following populations describes you?".

Twenty-six percent of MHA screeners who answered the population demographic question were LGBTQ. Even under the most conservative calculations, when we include screeners who choose not to answer the population demographic question, LGBTQ individuals comprise 10 percent of the entire screening population. According to a 2017 Gallup poll, only 4.5 percent of people identify as LGBTQ in the U.S. population.[viii] Our screening data indicates that as compared to the general public, individuals who identify as LGBTQ are 2 times more likely to take a mental health screen. The alarming disparity in screening rates resulted in the decision to prioritize the analysis found in this report, and to identify program and policy recommendations to support LGBTQ youth in the U.S.

4.5% **of people in the U.S. identified as LGBTQ**

10% **of MHA screeners identified as LGBTQ**

Results from LGBTQ screeners were collected across the nine mental health screens available, and across all 50 states and the District of Columbia. Ten percent of the MHA screening population is international. The proportion of LGBTQ screeners from each state mirrored the U.S. Census estimates for state percentages of the U.S. population.

LGBTQ Screening Results by State (Count in Alphabetical Order)

State	Count of LGBTQ Screeners	Percentage of LGBTQ Screeners	Percentage of U.S. Population[ix]
Alabama	2,264	1.57%	1.49%
Alaska	967	0.58%	0.22%
Arizona	3,947	2.37%	2.21%
Arkansas	1,552	0.93%	0.92%
California	19,205	11.52%	12.07%
Colorado	3,636	2.18%	1.75%
Connecticut	2,146	1.29%	1.08%
Delaware	609	0.37%	0.30%
District of Columbia	551	0.33%	0.22%
Florida	9,341	5.60%	6.57%
Georgia	5,336	3.20%	3.23%
Hawaii	685	0.41%	0.43%
Idaho	938	0.56%	0.54%
Illinois	6,112	3.67%	3.86%
Indiana	4,230	2.54%	2.04%
Iowa	1,660	1.00%	0.96%
Kansas	1,622	0.97%	0.88%
Kentucky	2,348	1.41%	1.36%
Louisiana	1,657	0.99%	1.41%
Maine	885	0.53%	0.41%
Maryland	3,162	1.90%	1.84%
Massachusetts	3,802	2.28%	2.11%
Michigan	5,344	3.21%	3.04%
Minnesota	3,392	2.03%	1.72%
Mississippi	886	0.53%	0.91%
Missouri	3,227	1.94%	1.87%
Montana	439	0.26%	0.33%
Nebraska	906	0.54%	0.59%
Nevada	1,655	0.99%	0.94%
New Hampshire	852	0.51%	0.41%
New Jersey	4,197	2.52%	2.71%
New Mexico	954	0.57%	0.64%
New York	9,329	5.60%	5.92%
North Carolina	4,710	2.83%	3.19%
North Dakota	312	0.19%	0.23%
Ohio	6,971	4.18%	3.56%
Oklahoma	1,788	1.07%	1.20%
Oregon	2,965	1.78%	1.29%
Pennsylvania	6,496	3.90%	3.89%
Rhode Island	553	0.33%	0.32%
South Carolina	2,121	1.27%	1.56%
South Dakota	361	0.22%	0.27%
Tennessee	3,179	1.91%	2.08%
Texas	12,618	7.57%	8.83%
Utah	1,651	0.99%	0.98%
Vermont	444	0.27%	0.19%
Virginia	4,939	2.96%	2.60%
Washington	4,822	2.89%	2.33%
West Virginia	982	0.59%	0.54%
Wisconsin	3,308	1.98%	1.77%
Wyoming	268	0.16%	0.17%
National	166,684	100.00%	100.00%

Understanding Our LGBTQ Screeners

Over 46 million, or about 19 percent of people will experience a mental health condition every year.[x] Within this larger population, variation exists among sub-populations. Using an intersectional framework allows for an in-depth analysis of mental health trends. The intersection of sex, age, race, income, sexual orientation and gender identity is a factor that should be considered when assessing prevalence rates and identifying potential barriers to treatment.

In MHA Screening, we asked users to share voluntary demographic data. The analysis of screening results has assisted in the development of public education campaigns, needs assessments, and program development to better meet the needs of individuals, families and communities seeking supports online.

Age

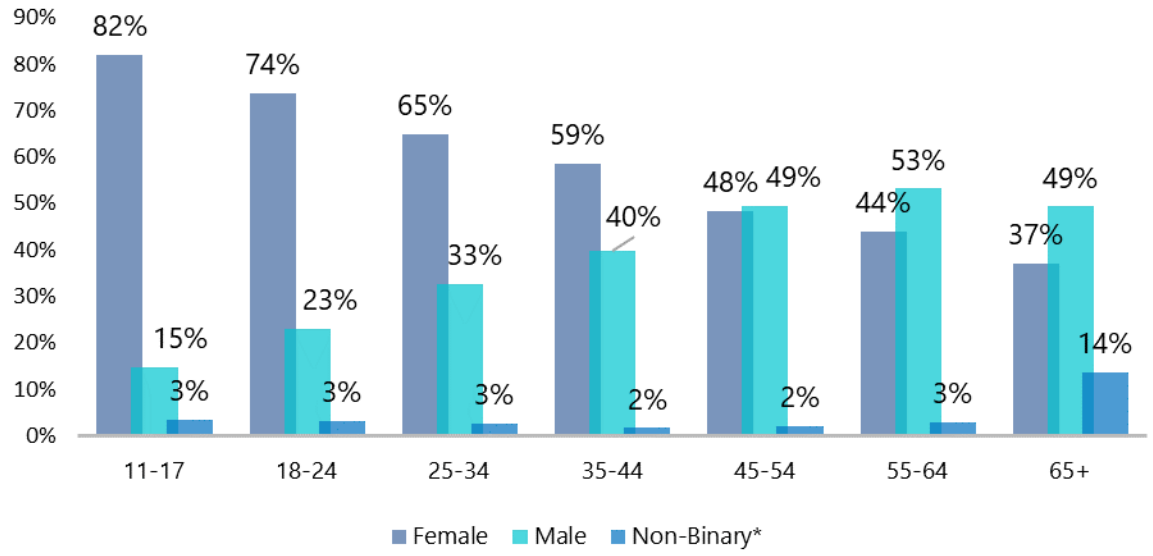
LGBTQ youth are beginning to come out, or tell others about their non-LGBTQ identities, at younger ages than prior generations.[xi] This can exacerbate the stress caused by the experience of coming out, as it collides with the adolescent developmental period, where youth have a heightened self-consciousness, awareness of the perceptions of others and desire to conform to the norms displayed by their peers, often making it more distressing to reveal a minority identity.[xii]

Over half (54 percent) of LGBTQ screeners were youth ages 11-17. Eighty-six percent were under the age of 24, compared to 66 percent in the overall screening population.

Age	Percentage
11-17	53.98%
18-24	31.53%
25-34	9.85%
35-44	2.41%
45-54	1.13%
55-64	0.54%
65+	0.24%

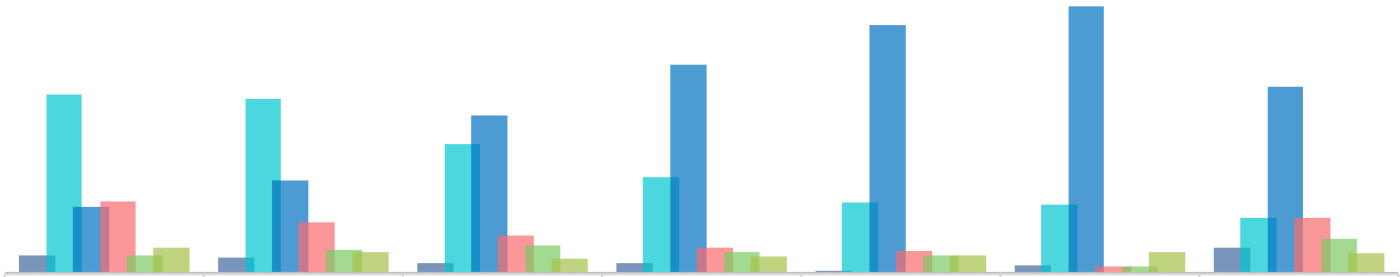
Consistent with data from our overall screening population, younger LGBTQ screeners were much more likely to identify as female (85 percent), however, in older age groups they were more likely to identify as male (57 percent).

Gender by Age Group



*Non-Binary in this graph represents all responses for "Other" gender, including transgender.

Sexual Orientation/Gender Identity by Age



	11-17	18-24	25-34	35-44	45-54	55-64	65+
Asexual	4.82%	4.34%	2.81%	2.80%	0.80%	2.41%	6.99%
Bisexual	46.97%	45.70%	34.03%	25.34%	18.69%	18.11%	14.69%
Lesbian or Gay	17.60%	24.31%	41.47%	54.68%	64.91%	69.82%	48.95%
Pansexual	18.84%	13.62%	10.17%	7.00%	5.96%	2.01%	14.69%
Queer	4.98%	6.34%	7.42%	5.65%	4.77%	2.01%	9.09%
Transgender	6.80%	5.69%	4.10%	4.54%	4.87%	5.63%	5.59%

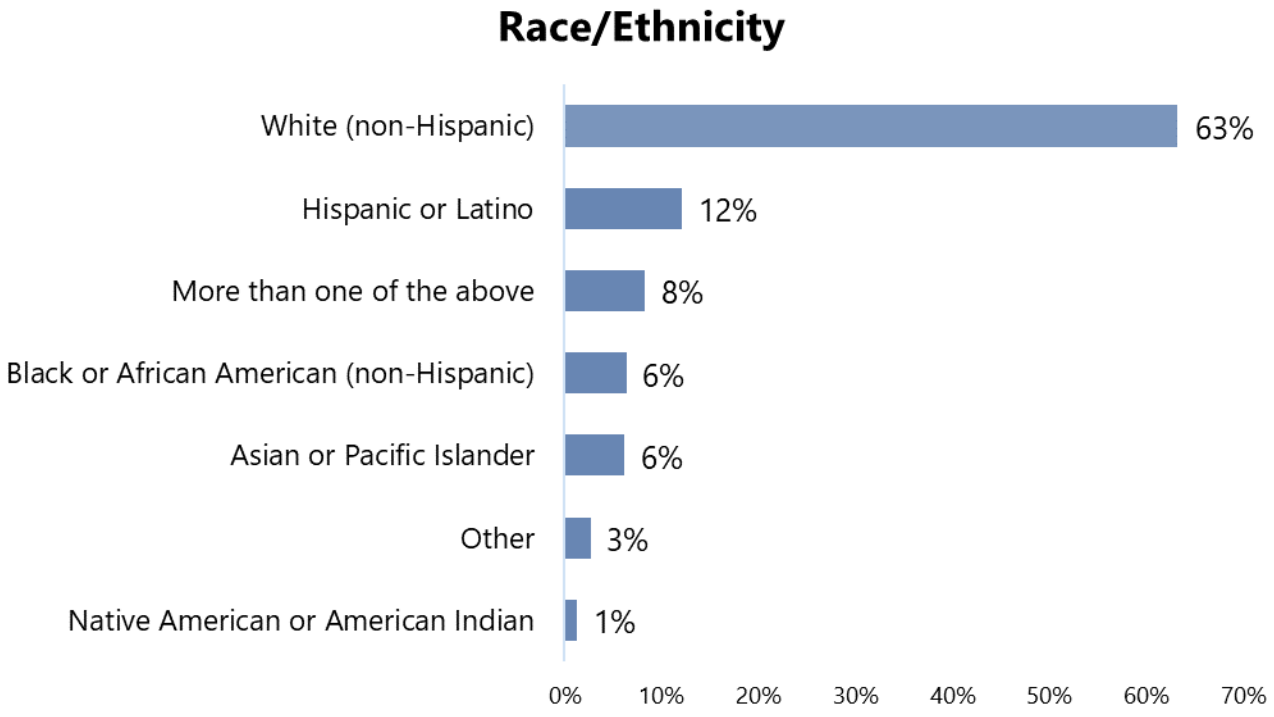
Asexual Bisexual Lesbian or Gay Pansexual Queer Transgender

Young LGBTQ screeners (ages 11-17) were most likely to identify as bisexual (47 percent), pansexual (19 percent) and transgender (7 percent). Older screeners were more likely to identify as lesbian or gay.

Race and Ethnicity

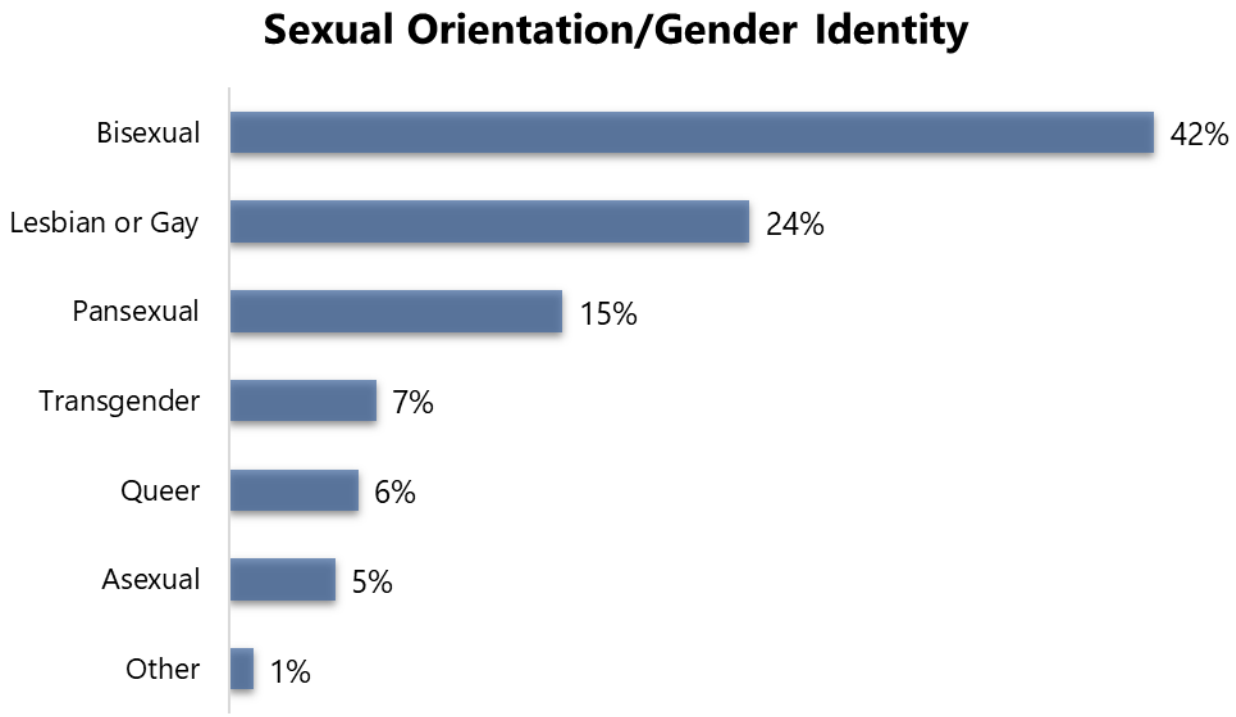
Consistent with U.S. census data, 63 percent of LGBTQ screeners identified as Non-Hispanic White.

Among LGBTQ screeners, some differences with the U.S. Census include, eight percent identified as being more than one race or ethnicity and six percent identify as Black. In the U.S. Census data, thirteen percent identify as Black and 2.4 percent identify as more than one race,[xiii] even among children under 18, where the rate of being two or more races is higher (4.2 percent in 2016).[xiv] This may be because younger generations are more likely to identify as more than one race, however, it is also consistent with national data, in which the prevalence of mental illness is highest among people reporting two or more races.[xv] Multiple-minority groups, such as multi-race LGBTQ individuals, screen at an elevated rate. Among MHA's general screening population, only six percent identify as more than one race. The heightened risk is consistent with research showing that individuals with dual-minority status are more likely to experience discrimination and adverse experiences, which negatively affect mental health.[xvi]



Sexual Orientation and Gender

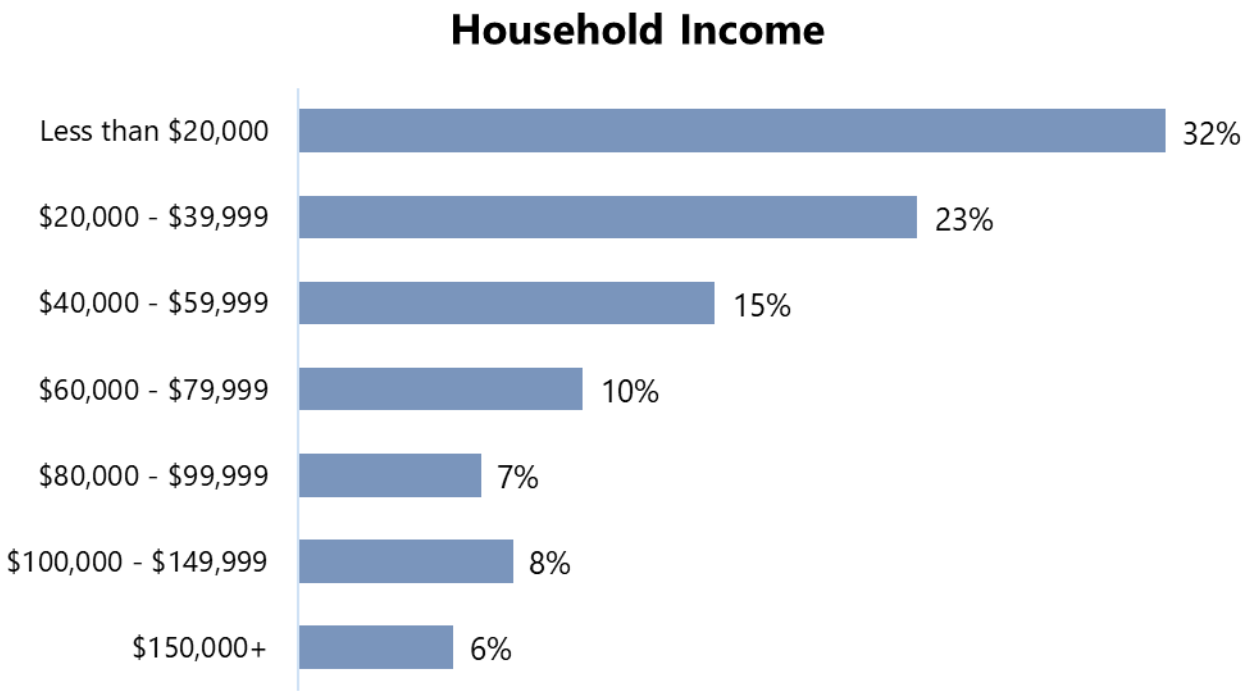
Consistent with gender demographics from our overall screening population, 76 percent of LGBTQ screeners identified as female, 20 percent identified as male, and 3 percent identified as another gender.



Most LGBTQ screeners identified as bisexual (42 percent), followed by lesbian or gay (24 percent) and pansexual (15 percent).

Household Income

LGBTQ screeners were also more likely to be low-income than the general screening population. 32 percent had a household income under $20,000, and over half had a household income under $40,000.



Special Populations

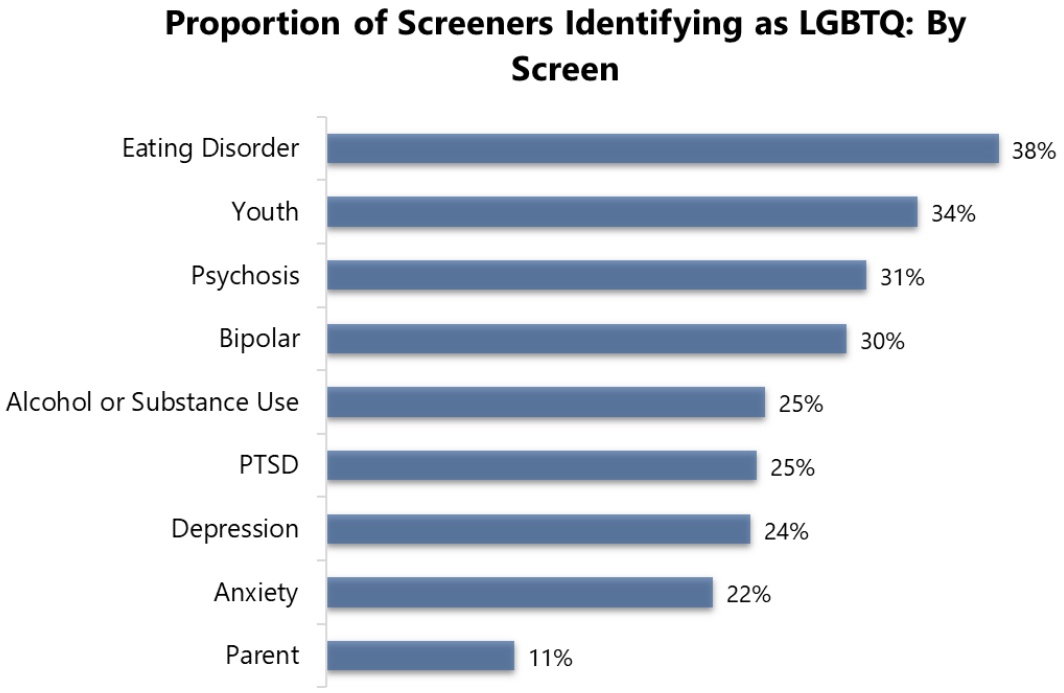
Screeners identified themselves as LGBTQ in response to the question, "Which of the following populations describes you? Check all that apply."

In addition to LGBTQ, 72 percent reported that they were students, and 9 percent reported they were trauma survivors.

Special Population	Percentage
Student	72.29%
Trauma Survivor	8.74%
New or expecting mother	0.89%
Veteran or active duty military	1.17%
Caregiver of someone with emotional or physical illness	3.97%

LGBTQ Screeners and Mental Health

LGBTQ screeners were most likely to take the Eating Disorder screen (38 percent), the Youth screen (34 percent) and the Psychosis screen (31 percent).



Our results indicating that LGBTQ screeners are most likely to take an Eating Disorder screen are consistent with research showing that sexual minority youth have greater odds of engaging in disordered eating than their non-LGBTQ counterparts. Eating disorders have also been found to be more prevalent in gender-diverse populations, as an effort to change the appearance of one's body to conform to a certain gender.[xvii] The results reflect the additional risk related to poor social support and other challenges they may experience as a result of their sexual orientation or gender identity, which can further decrease self-esteem, a risk factor in development of eating disorders.[xviii]

Early Identification and Treatment for Eating Disorders

Public education can highlight the increased risk of eating disorders among LGBTQ youth. Friends and family who received information on the early warning signs of eating disorders, such as sudden and severe changes in weight, sudden change in mood, or odd behaviors related to eating habits, can initiate a discussion and promote screening and fully evaluation to support intervention as early as possible.

Eating Disorder treatment programs should provide support to address common concerns among LGBTQ youth, including issues of discrimination, shame and fear that increase risk for disordered eating and poorer outcomes. Treating disordered eating without addressing the underlying intrapersonal, interpersonal, and societal causes is failing to provide appropriate care to LGBTQ youth.

Eighty-three percent of LGBTQ screeners scored positive or moderate to severe for the mental health condition for which they screened, compared to 74 percent in the overall screening population.

83% of LGBTQ screeners scored positive or moderate to severe for a mental health condition.

vs.

74% of the general screening population scored positive or moderate to severe.

LGBTQ screeners were more likely to screen at risk for Depression, Anxiety, Alcohol or Substance Use, Bipolar, Psychosis and Post-traumatic Stress Disorder (PTSD).

Screen Result	LGBTQ Screeners	Non-LGBTQ Screeners
Alcohol or Substance Use		
Unlikely Alcohol or Substance Use	16.82%	22.53%
Likely Alcohol or Substance Use	83.18%	77.47%
Anxiety		
Minimal Anxiety	1.91%	6.72%
Mild Anxiety	13.64%	21.69%
Moderate Anxiety	32.05%	31.92%
Severe Anxiety	52.40%	39.68%
Bipolar		
Negative Bipolar	47.32%	61.49%
Positive Bipolar	52.68%	38.51%
Depression		
Minimal Depression	1.22%	4.45%
Mild Depression	6.28%	12.91%
Moderate Depression	18.24%	23.63%
Moderately Severe Depression	30.56%	27.44%
Severe Depression	43.70%	31.56%
Eating Disorder		
Low Risk for Eating Disorder	0.91%	3.50%
At Risk for Eating Disorder	99.09%	96.5%
Psychosis		
Low/No Risk for Psychosis	13.69%	28.51%
Possible Risk for Psychosis	86.31%	71.49%
PTSD		
Negative PTSD	10.93%	20.48%
Positive PTSD	89.07%	79.52%
Youth		
Low Risk for Emotional, Attentional, or Behavioral Difficulties	15.93%	33.08%
At Risk for Emotional, Attentional, or Behavioral Difficulties	84.07%	66.92%

44% vs. 32%

44% of LGBTQ individuals screened Severely Depressed compared to their non-LGBTQ counterparts

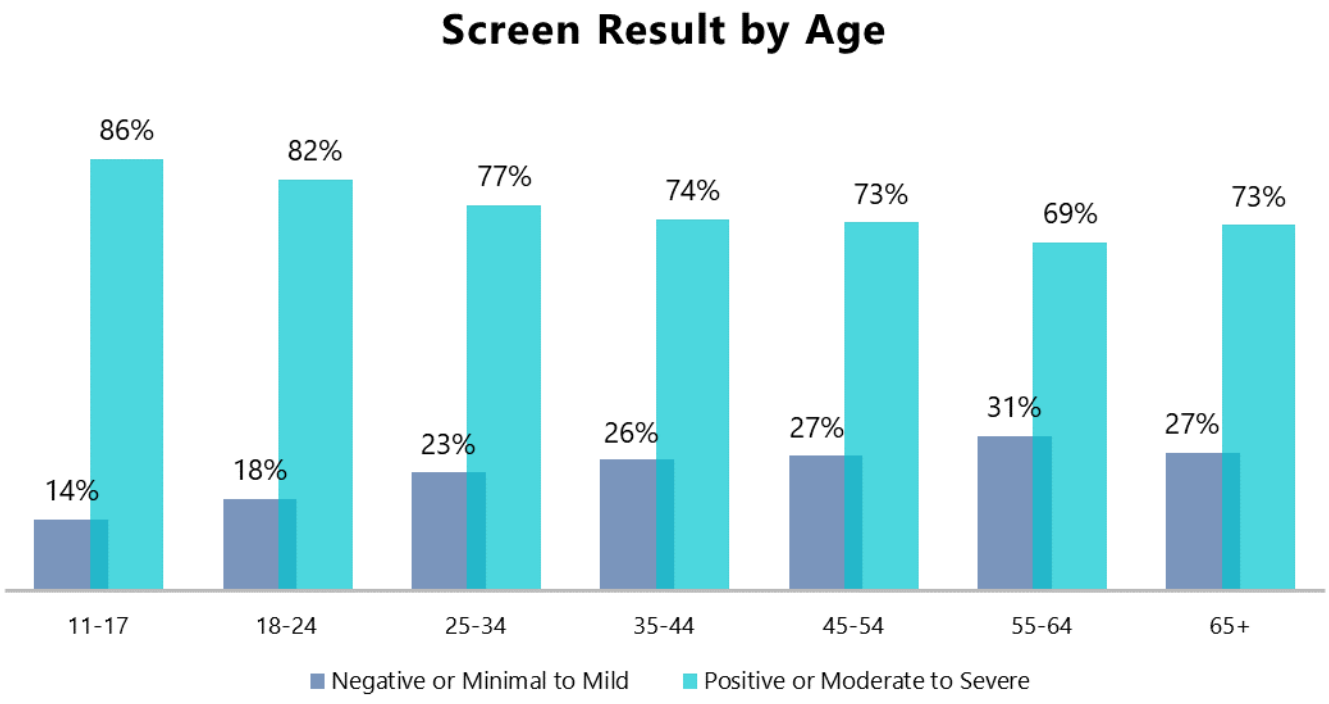
53% vs. 39%

53% of LGBTQ individuals screened positive for Bipolar

86% vs. 71%

86% of LGBTQ individuals screened positive for Psychosis

Eighty-six percent of LGBTQ screeners ages 11-17 screened positive or moderate to severe for a mental health condition, the highest rate of all age groups of LGBTQ individuals.



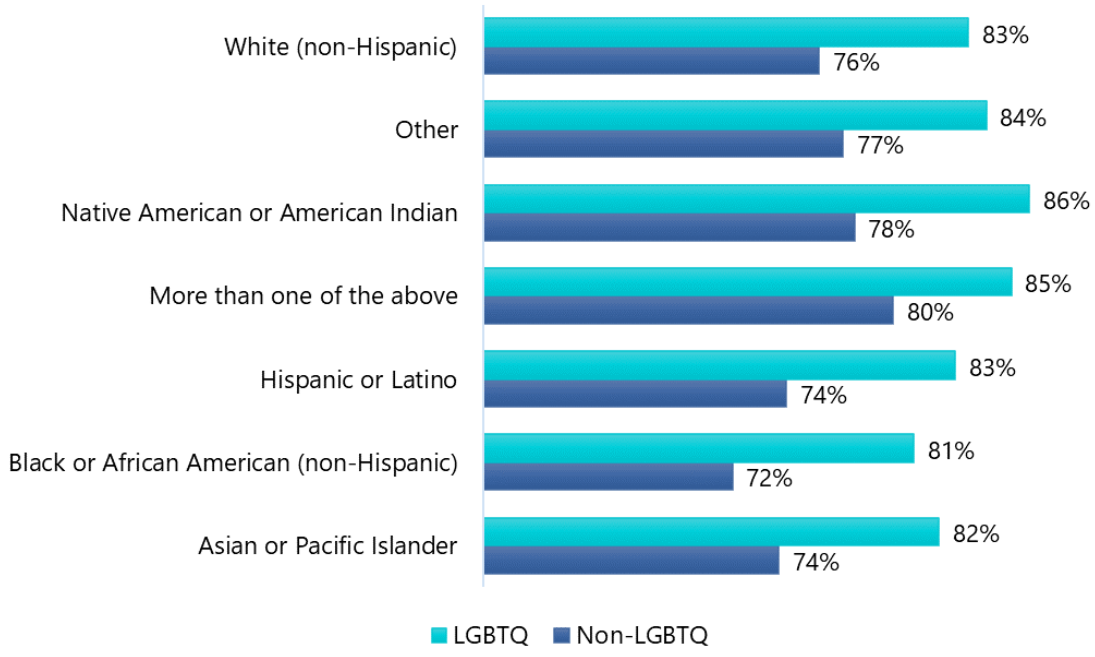
LGBTQ youth have also been found to have greater odds of exposure to adverse childhood experiences (ACEs) and have been exposed to greater numbers of ACEs than their non-LGBTQ counterparts, increasing their risk for mental health conditions.[xix]

Meet LGBTQ Youth with Supports Where They Are

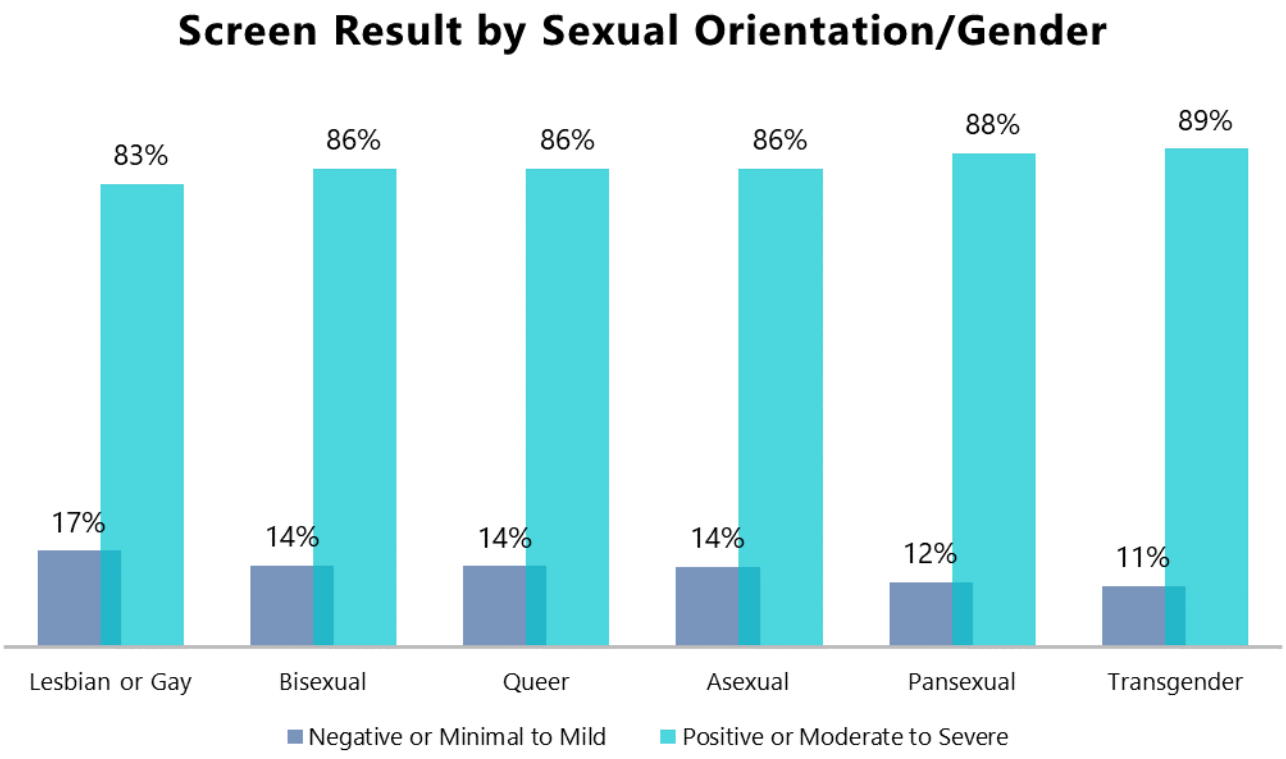
Disparities in poor mental health persist among LGBTQ youth, despite societal and legal changes to improve conditions for the LGBTQ population. Given that this population is at greater risk of mental health conditions, it is important that appropriate mental health services and treatments be made available as soon as possible, and more importantly, in spaces that are most likely to intersect with youth. Firstly, we must create and increase access to more societal and familial supports for LGBTQ youth and their families, to help prevent abuse, familial discord and other adverse experiences for LGBTQ children. Additionally, systems that serve LGBTQ children, such as schools, churches, after-school programs and child welfare systems of care must provide LGBTQ-competent training for staff and hire LGBTQ staff and caregivers to promote safe and supportive spaces for youth and avoid re-traumatization. For example, all staff should be trained in inclusive terminology for sexual orientation and gender identity. While certain terms, such as "sexual minority" are clinically appropriate, they may be off-putting to members of the LGBTQ community. For an LGBTQ terminology glossary, visit https://www.hrc.org/resources/glossary-of-terms.

LGBTQ screeners were more likely to screen positive or moderate to severe for a mental health condition across all races and ethnicities than their non-LGBTQ counterparts. The largest differences between LGBTQ and non-LGBTQ populations were among Black or African American (9 percent) and Hispanic or Latino (9 percent) screeners.

Positive Screen Result by Race/Ethnicity Between LGBTQ and Non-LGBTQ Screening Population



Screeners who identified as transgender were most likely to screen positive or moderate to severe for a mental health condition (89 percent), followed by screeners who identified as pansexual (88 percent) and asexual (86 percent).



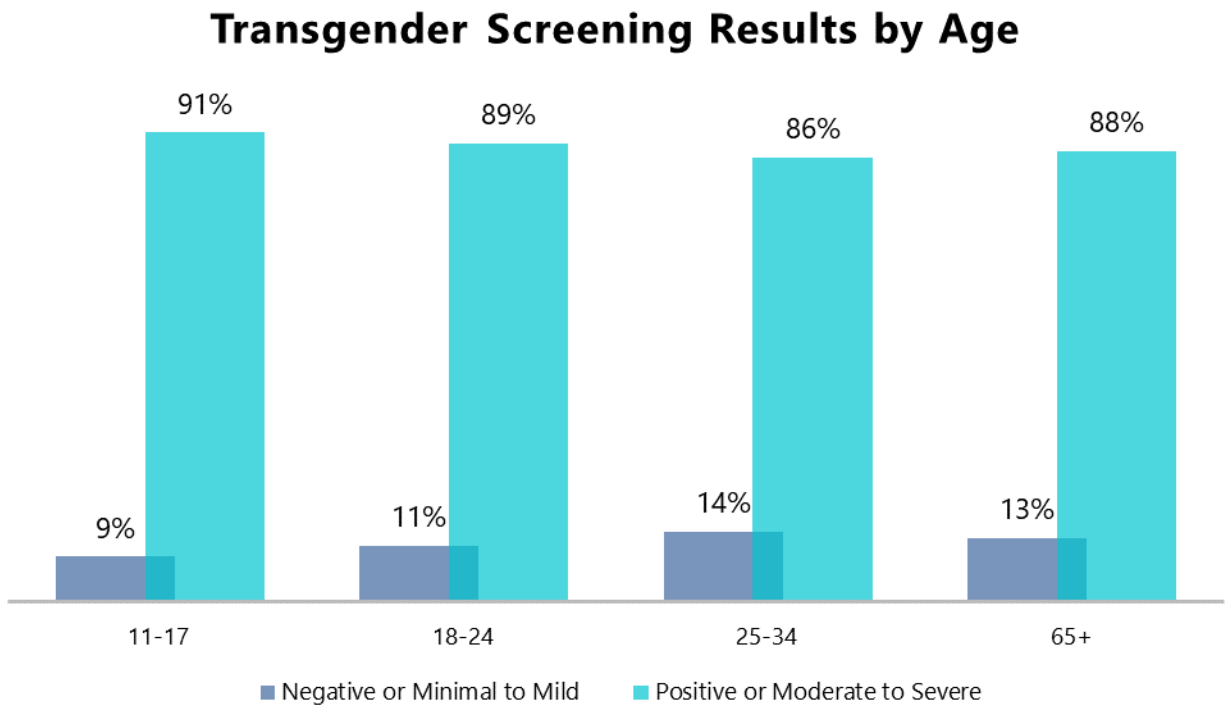
Previous studies have shown a high prevalence of self-reported mental and behavioral conditions among transgender and gender non-conforming individuals, particularly youth. Transgender individuals are at 2-3 times higher risk of depression, anxiety, and suicidality.[xx] A 2018 study of 1,333 transgender adolescents found that both transmasculine and transfeminine children ages 3-9 were most commonly diagnosed with anxiety and attention deficit disorders, and adolescents ages 10-17 were most at risk for depressive disorders and anxiety disorders.[xxi]

Of transgender individuals who took a Depression screen, 61 percent screened positive for Severe Depression, and of those who took an Anxiety screen, 62 percent screened positive for Severe Anxiety.

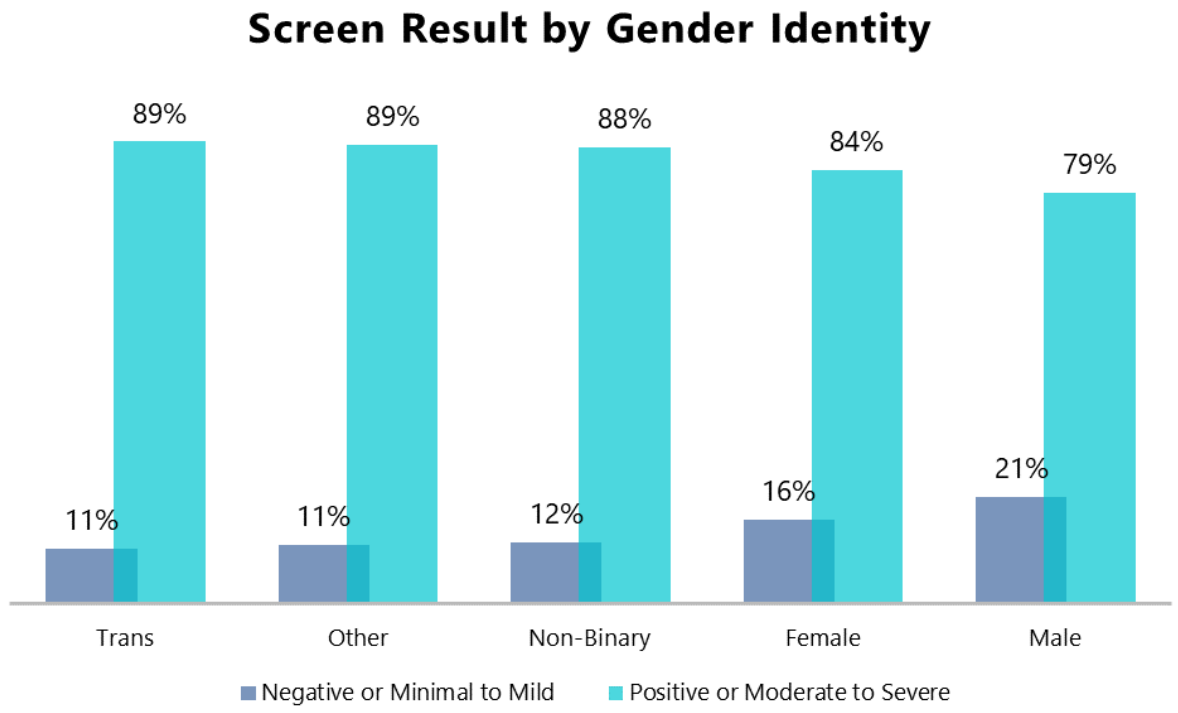
Screen Results	Transgender Screeners	Other Sexual Minority Screeners*	Non-LGBTQ Screeners
Alcohol or Substance Use	**0.95%**	**1.04%**	**1.60%**
Unlikely Alcohol or Substance Use	10.00%	18.31%	22.53%
Likely Alcohol or Substance Use	90.00%	81.69%	77.47%
Anxiety	**8.92%**	**12.41%**	**16.80%**
Minimal Anxiety	1.60%	1.90%	6.72%
Mild Anxiety	8.54%	13.51%	21.69%
Moderate Anxiety	28.29%	31.89%	31.92%
Severe Anxiety	61.57%	52.70%	39.68%
Bipolar	**11.91%**	**14.78%**	**13.84%**
Negative Bipolar	43.07%	46.03%	61.49%
Positive Bipolar	56.93%	53.97%	38.51%
Depression	**28.66%**	**37.23%**	**40.80%**
Minimal Depression	1.22%	0.92%	4.45%
Mild Depression	2.83%	4.99%	12.91%
Moderate Depression	11.14%	15.24%	23.63%
Moderately Severe Depression	23.99%	27.63%	27.44%
Severe Depression	60.83%	51.21%	31.56%
Psychosis	**28.23%**	**18.13%**	**14.54%**
Low/No Risk for Psychosis	6.81%	10.82%	28.51%
Possible Risk for Psychosis	93.19%	89.18%	71.49%
PTSD	**7.81%**	**4.92%**	**4.71%**
Negative PTSD	8.94%	10.48%	20.48%
Positive PTSD	91.06%	89.52%	79.52%
Youth	**6.94%**	**5.97%**	**3.68%**
Low Risk for Emotional, Attentional, or Behavioral Difficulties	11.90%	16.44%	33.08%
At Risk for Emotional, Attentional, or Behavioral Difficulties	88.10%	83.56%	66.92%
Grand Total	**100.00%**	**100.00%**	**100.00%**

*Includes identifying as asexual, pansexual, lesbian or gay, queer and bisexual

Transgender screeners were most likely to score positive or moderate to severe for a mental health condition in the 11-17 (91 percent) and 18-24 (89 percent) age groups, indicating that young transgender screeners are most at risk.



Screeners who identified as trans, non-binary, and "other" for their gender were more likely to score positive or moderate to severe for a mental health condition than screeners who identified as female or male.



Transgender youth are especially at risk for mental health conditions, particularly Depression and Anxiety. Transgender identity was considered a mental health disorder in the DSM within the last decade, affecting the prejudice, discrimination, trauma and shame that transgender individuals experience because of their gender identity, and their access to appropriate mental health care. Not only do transgender youth have to come out to their families and those around them as other sexual minority individuals do, but they also must grapple with government, health insurance, school and other institutional policies that affect their daily lives as a result of their identity. The transgender community also experiences more than twice the national rate of violence, including violence within the home.[xxii] As a result, transgender individuals are exposed to persistent and ongoing trauma that has a significant negative effect on their mental health and wellbeing. Further, black transgender women are disproportionately affected by this violence, increasing the need for cultural competency in care and diversity in care providers.[xxiii]

Meeting the Needs of Transgender Youth

Mental health services or resources that are tailored to the specific needs of these populations are necessary given the continuing need and severity of mental health concerns. Research has shown that in transgender and gender non-conforming populations, having a transgender-inclusive provider reduced reported symptoms of depression, anxiety and suicidality compared to those who did not have transgender-inclusive providers.[xxiv] Providers must work to provide supportive and affirming environments that studies have shown serve as resilience factors for transgender populations, for example by using inclusive intake forms and creating specific processes for determining preferred pronoun use.[xxv] Providers can also serve as important advocates for their transgender patients, and can work with families and community resources to engage additional social support. Additionally, providers working with transgender populations must also receive trauma-informed and socio-culturally competent training to avoid re-traumatization of transgender patients in the medical setting, and work to recognize and avoid over-pathologizing normative responses of transgender individuals to the ongoing trauma and discrimination they face. Peer support can also be an invaluable resource in ensuring competent mental health care for the transgender community and has been found to help with identity development and empowerment.[xxvi]

Finally, advocates must work to increase representation of transgender individuals within clinical research, in the medical community, and in other positions of power within their communities to truly ensure shared participation and decision-making that can better transform all spaces to be more transgender-inclusive.

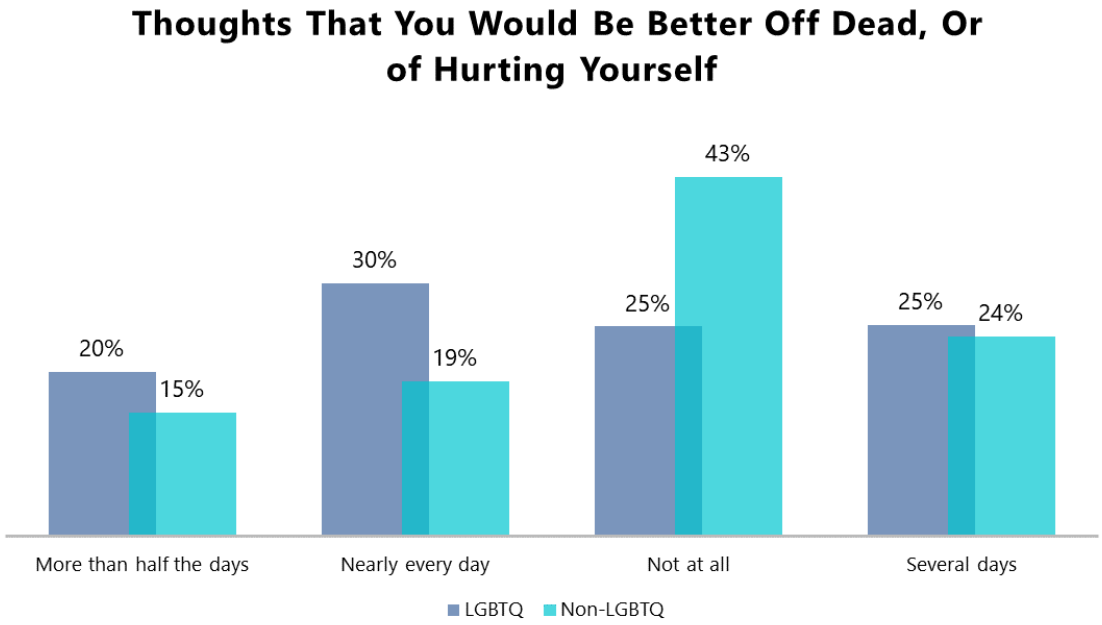
Self-Harm and Suicidal Thoughts

Question 9 of MHA's Depression screen asks screeners how often they have "Thoughts that you would be better off dead, or of hurting yourself."

Across the US, 49.76 percent of LGBTQ screeners report significant thoughts of suicide or self-harm (having thoughts that they would be better off dead, or of hurting themselves more than half the days and nearly every day during the last 2 weeks), compared to 33.31 percent of non-LGBTQ screeners.

49.76%

of LGBTQ screeners report significant thoughts of suicide or self-harm



Suicide Prevention and Supports

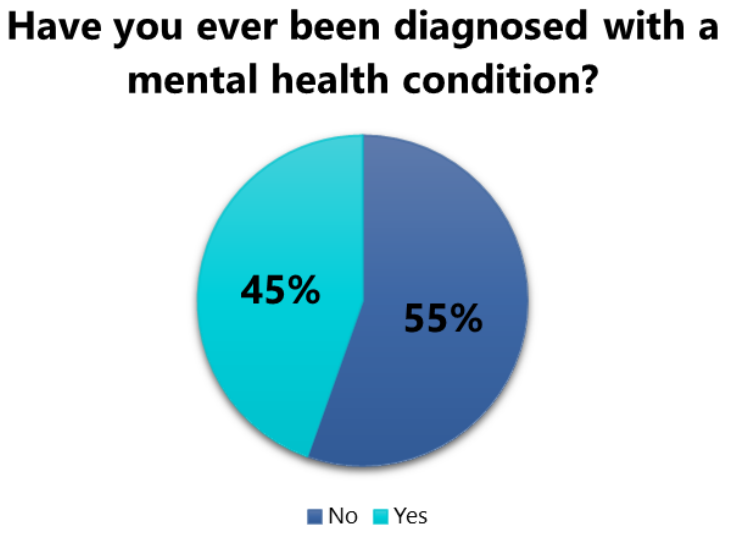
Half of LGBTQ screeners reported that they were having suicidal ideation or thoughts of harming themselves. That was nearly 20 percent higher than non-LGBTQ screeners.

While ensuring access to appropriate and LGBTQ-competent crisis services is important for LGBTQ populations, intervening at the point of crisis is too late. Advocates and allies must continue pushing for societal changes toward creating a more inclusive world that would reduce the shame, fear and discrimination that LGBTQ people must face every day. Further, parents, caregivers and other trusted adults in the lives of LGBTQ youth must be educated on how to best serve as allies and build supportive and affirming environments that build resiliency in youth, while also being informed on suicide risk detection and response.

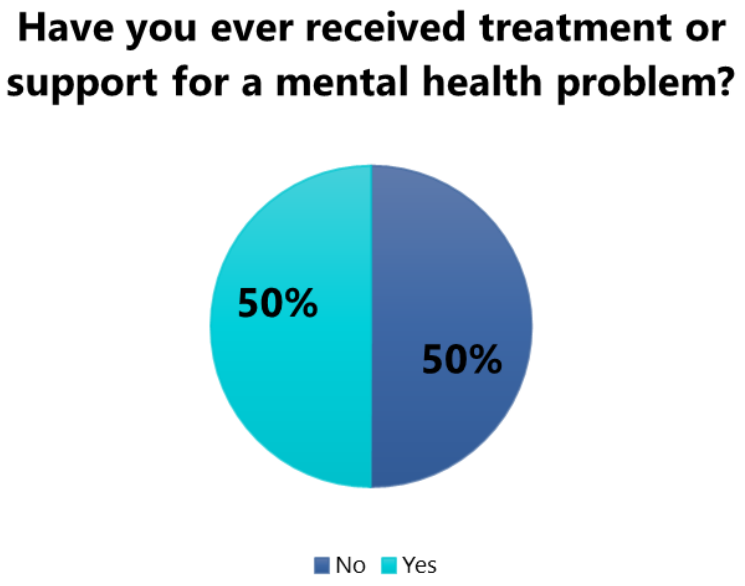
LGBTQ Screeners and Access to Mental Health Care

LGBTQ screeners were more likely to have a previous mental health diagnosis, more likely to have received previous treatment or support for a mental health problem, and more likely to currently be receiving mental health treatment or support than our general population of screeners.

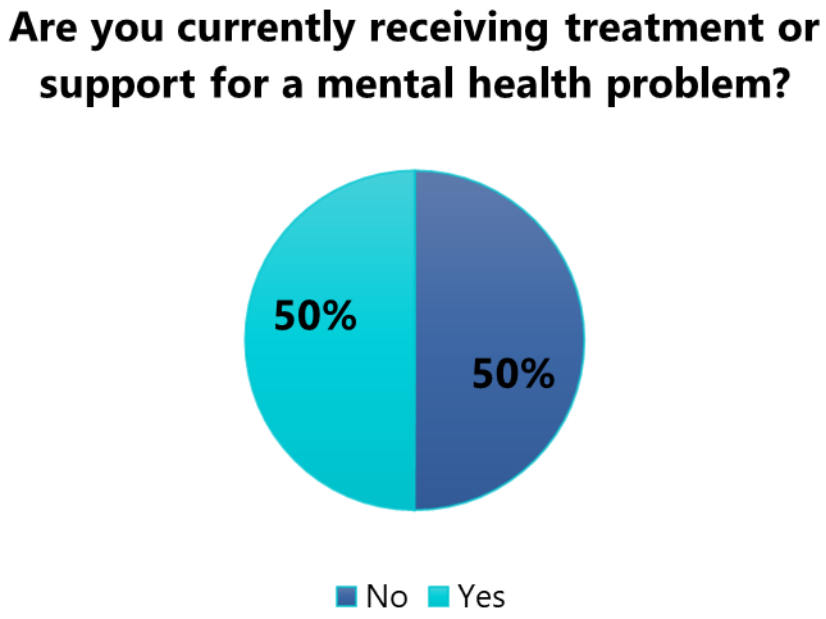
Forty-five percent of LGBTQ screeners who scored positive or moderate to severe for a mental health condition had a previous diagnosis, compared to 36 percent of our general population of screeners.



Fifty percent had received treatment or support for a mental health problem in the past, compared to about forty percent of the general screening population.



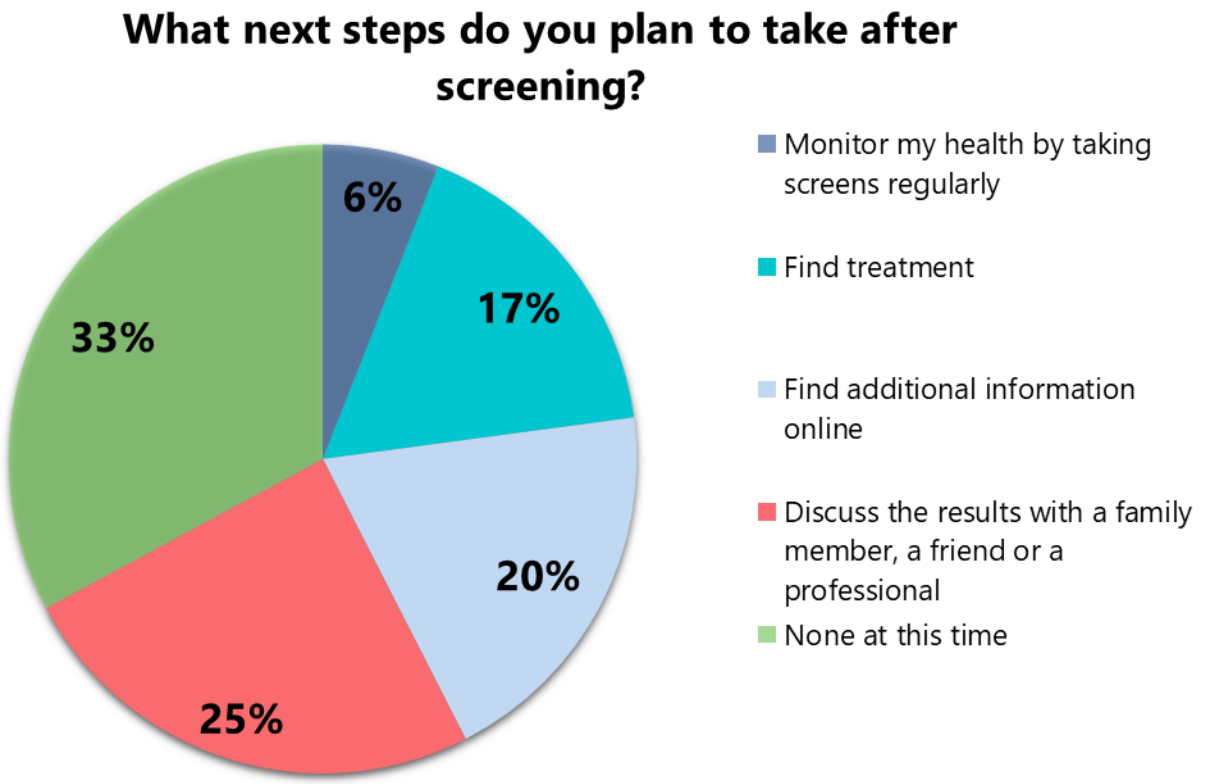
Of those who had received treatment and support for a mental health problem and screened positive or moderate to severe, half of LGBTQ screeners were currently receiving treatment or support. However, it is important to note that they sought mental health screening, indicating that they may not be receiving the treatment or support that they need.



Next Steps and Treatment Needs for LGBTQ Screeners

LGBTQ individuals who completed any MHA Screening test had the option to provide additional information on any next steps that they would be taking after receiving their results. Screeners could choose one or more of the following:

Next Steps
Discuss the results with a family member, a friend or a professional
Find additional information online
Find treatment
Monitor my health by taking screens regularly
None at this time

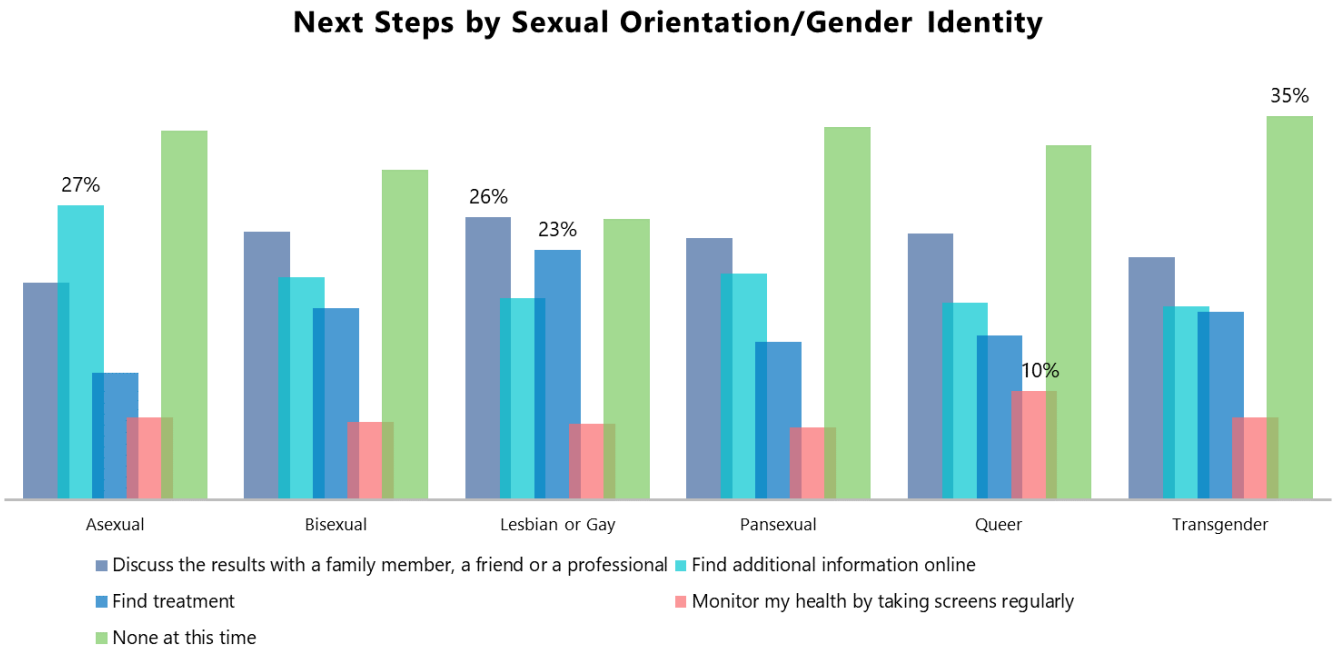


LGBTQ screeners were more likely than their non-LGBTQ counterparts to report that they did not want to take any action after screening (33 percent) and were less likely to indicate that they wanted to find treatment (17 percent). This was true across all races and ethnicities, although there were differences within the LGBTQ population between races and ethnicities for what next steps they wanted to take.

Until 1973, homosexuality was listed as a disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Transgender status was included as a gender identity disorder in the DSM until 2013.[xxvii] The field of psychiatry historically equated sexual and gender minority status with mental illness, which not only contributed to the stigma and discrimination that LGBTQ individuals face, but also created distrust with mental health providers among the LGBTQ population. Many LGBTQ individuals have reported negative experiences with mental health care,[xxviii] which may be contributing to their ambivalence toward seeking treatment. Some of these negative experiences may also stem from a lack of understanding of the intersection between race, culture and sexual or gender identity by providers, or the experience of racism within care, which may explain some of the differences in reported next steps across races and ethnicities.

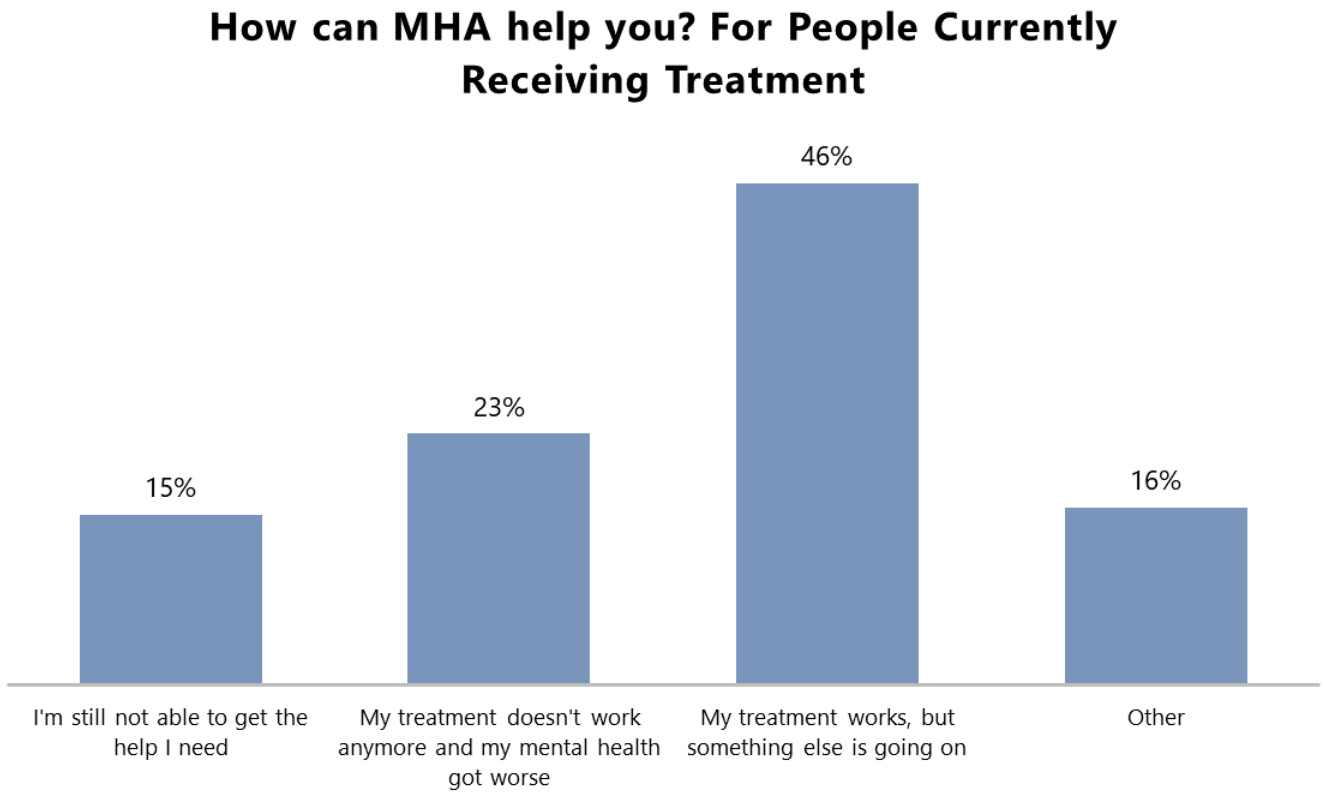
Population	What next steps do you plan to take after screening?	Asian or Pacific Islander	Black or African American	Hispanic or Latino	More than one of the above	Native American or American Indian	Other	White (non-Hispanic)
LGBTQ	Discuss the results with a family member, a friend or a professional	20.57%	25.72%	26.23%	23.26%	27.11%	23.60%	28.74%
	Find additional information online	19.11%	16.34%	18.29%	18.96%	16.27%	17.04%	17.09%
	Find treatment	13.67%	23.51%	18.11%	15.61%	16.53%	15.59%	16.85%
	Monitor my health by taking screens regularly	6.04%	5.84%	4.94%	5.25%	6.52%	5.25%	5.09%
	None at this time	40.61%	28.59%	32.44%	36.92%	33.58%	38.51%	32.24%
Non-LGBTQ	Discuss the results with a family member, a friend or a professional	21.85%	26.11%	27.18%	24.97%	29.04%	24.04%	29.14%
	Find additional information online	20.04%	15.41%	19.26%	20.47%	13.87%	16.64%	18.22%
	Find treatment	15.65%	27.68%	21.87%	19.76%	23.27%	17.36%	20.56%
	Monitor my health by taking screens regularly	7.47%	6.64%	5.08%	5.42%	5.70%	6.26%	5.39%
	None at this time	34.99%	24.16%	26.61%	29.38%	28.12%	35.70%	26.69%

Screeners who identified as lesbian or gay were most likely to want to discuss their results with another person (26 percent) and find treatment (23 percent) after screening. Screeners who identified as asexual were most likely to want to find additional information online (27 percent). Queer screeners were most likely to want to monitor their health by taking screens regularly (10 percent), and transgender screeners were most likely to report that they did not want to take any action after screening (35 percent).



Next Steps by Sexual Orientation/Gender Identity	Asexual	Bisexual	Lesbian or Gay	Pansexual	Queer	Transgender
Discuss the results with a family member, a friend or a professional	19.95%	24.58%	25.91%	23.98%	24.42%	22.28%
Find additional information online	27.02%	20.37%	18.52%	20.75%	18.05%	17.78%
Find treatment	11.62%	17.60%	22.89%	14.48%	15.06%	17.21%
Monitor my health by taking screens regularly	7.58%	7.18%	6.95%	6.62%	10.01%	7.55%
None at this time	33.84%	30.27%	25.72%	34.18%	32.46%	35.18%

In 2018, MHA added the question, "How can MHA help you?" for individuals who indicated they were currently receiving mental health treatment at the time of taking a screen.



Forty-six percent of LGBTQ screeners reported their treatment was working but something else was going on. This may indicate that they were screening for another mental health condition that their original treatment wasn't addressing, or they're seeking other supports. It may also indicate that they are receiving treatment for their mental health diagnosis but are not disclosing their sexual orientation or gender identity, and therefore are only addressing part of what may be affecting their mental health. Less than a third of physicians report that they talk with adolescents about their sexual orientation, and many are unsure about how to discuss orientation or direct sexual minority and gender diverse patients to the correct resources.[xxix]

Another 38 percent reported that their current treatment was no longer working, or they were still unable to get the help that they need, despite currently receiving mental health treatment.

LGBTQ-Inclusive Treatment and Supports

One out of 3 LGBTQ screeners who screened positive or moderate to severe for a mental health condition report that they do not plan to take any action after screening, and only 17 percent report that they plan to seek treatment. LGBTQ individuals are reporting that they are reluctant to seek treatment in traditional clinical settings, and thus we must develop alternative options to ensure that they are able to receive the appropriate mental health support that they need in settings where they are more comfortable receiving care. Mental health education and LGBTQ-specific supports should be integrated into LGBTQ-serving centers as well as shared community spaces such as churches and schools throughout the country, to meet individuals with more inclusive services where they are.

There must also be more investment and development of telehealth for LGBTQ populations, particularly youth, so that they may receive appropriate services from trained providers anywhere in the country, without having to search for a clinician knowledgeable in the specific needs and experiences of the LGBTQ population. The 54 percent of LGBTQ screeners that were ages 11-17 represent a particularly vulnerable population that often must rely on the actions of adults to address mental health concerns. Online resources and screenings create a space where youth (11-17) can feel safe in taking the first towards identifying potential risks, especially in this population where youth may not be ready to disclose or discuss their sexual orientation or gender identity and want to remain anonymous, or may have family members who are not supportive of them and serve as a barrier to appropriate treatment. Allies and advocates for LGBTQ youth must continue to create appropriate, relevant and accessible mental health resources and work to connect youth with the help they are actively seeking online.

To improve clinical settings, providers must create inclusive environments that allow LGBTQ individuals to feel comfortable disclosing their sexual and gender identities. Part of a comprehensive assessment of mental health for youth must be asking about sexual orientation and gender identity, as identifying as LGBTQ can be a standalone indicator for trauma and mental health risk, and sexual minority and gender diverse individuals who disclose their sexual orientation have been found to have fewer psychiatric symptoms than those who do not, indicating that it is an important part of the care process.[xxx] However, a comprehensive assessment should also include asking the individual about their goals and motivations for treatment, so as not to overattribute mental health concerns to one's sexual orientation or gender identity. Graduate and continuing medical education must also train and educate providers on best practices for discussing sexual and gender identity and provide them with enough guidance to feel comfortable referring LGBTQ youth to necessary, appropriate mental health resources. Clinicians should also include confidentiality about gender identity or sexual orientation with LGBTQ youth within that discussion,[xxxi] as many LGBTQ youth fear their providers will out them to parents or other loved ones, and thus may avoid disclosing their identities. Additionally, LGBTQ-inclusive resources such as intake forms, assessment tools with inclusive language, and preferred name and pronoun determination protocols[xxxii] should be developed and disseminated, and providers should be trained in their use, to ensure that LGBTQ individuals feel safe and accepted in the context of their care provider.

Finally, a particular emphasis should be placed on creating a Mental Health System of Care that is not only made up of trained allies, but that invests in creating pathways for more LGBTQ individuals to serve as professional and peer providers in the mental health workforce. LGBTQ providers and peers can bring support and understanding that cannot be replicated by any other service and can be the key difference in providing hope and helping LGBTQ individuals to thrive outside of diagnosis or illness.

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