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Perceived Barriers Affecting LGBTQ Community From Mental Health Services

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PERCEIVED BARRIERS AFFECTING LGBTQ
COMMUNITY FROM MENTAL HEALTH SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Baltazar Pulido-Mejia

May 2021

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ABSTRACT

The LGBTQ community has been viewed as a high-risk group for mental health disorders. Untreated mental health disorders place members in this group at a higher rate for substance use and chronic medical illness. This study examined perceived barriers members from the LGBTQ community face when accessing mental health services. The chosen paradigm structure has a focus on human behavior which is conducive in exploring the study question that addresses specific barriers that the LGBTQ community may perceive as harmful. This study found barriers present internally and externally within the LGBTQ community. Internally within the LGBTQ community a fear of harm and discrimination contributed to avoidance when accessing mental health services. Externally perceived biases, pressure into unnecessary treatments, and exposure to a potentially dangerous environment contributed to avoidance in seeking mental health services. Additionally, need for education on mental health services available in the geographical location is necessary.

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CHAPTER ONE

ASSESSMENT

Introduction

The purpose of this study was to determine barriers faced by the LGBTQ community that prevent utilization of county and private health care programs. This chapter provides supportive information for the specific paradigm that will be used to gather statistical data. This chapter also presents a literature review. Lastly, this chapter provides insight into the significant value of this study for social work practice.

Research Statement/Focus/Question

The focus of this study was to determine experiences in the LGBTQ community when attempting to receive mental health treatment. It is important to understand how certain barriers may prevent individuals in the LGBTQ population from receiving important treatment. Untreated mental health disorders can potentially accumulate to increase health risks. According to Burgess (2008) LGBTQ members with untreated mental health disorders are at risk for high rates of suicide attempts and increased substance use. The current study will and provide valuable information in order to develop an increased awareness of the issues that cause avoidance when seeking mental health services.

The research question for this study is: What barriers does the LGBTQ community face when attempting to utilize county and private health care programs? More specifically individuals in the LGBTQ community seeking treatment for mental health. It is the hypothesis of this study that barriers indicated by members of the LGBTQ community will be generally related to and include fear of the unknown, past negative experiences, and shared experiences passed through the community.

Understanding which experiences members of the LGBTQ community view as negative is vital, promoting insight into further expansion of this study. This particular group is viewed as high risk per the material presented in the literature review. With the development and introduction of a specific quantitative tool and descriptive study model will support the importance of further focus of internal and external barriers perceived by the LGBTQ community.

Paradigm and Rationale for Chosen Paradigm

This study was conducted using the positivist perspective as it supports a descriptive study approach. This particular paradigm structure has a focus on human behavior which is conducive in exploring the study question that address barriers that the LGBTQ community perceive as harmful and cause avoidance in accessing mental health services.

An assumption of the positivism paradigm implies a belief that the knowledge gain is based solely on personal experiences and that personal

knowledge is based on experiences gain through life and observation. A particular view of a positivist researcher implies that the approach is a demonstrable view that questions or tasks presented affecting a populous group can be logically proven in order to provide a basis that is beyond question (Morris, 2014). The end result of the positivism paradigm is that cause and effect can be determined through human behavior.

The rational for the utilization of this paradigm is that the approach will provide insight into the particular barriers being sought after. A positivism perspective will allow the introduction of a quantitative tool in order to gather the data that will be needed and adapted into a numerical form and demonstrate the dimensions of the particular phenomenon believed to be experience by the LGBTQ community. As this is a descriptive study an aim would be to further understand what the particular phenomenon caused by the avoidance of mental health treatment in the LGBTQ community.

Literature Review

This study's literature review provides information regarding current concerns affecting the LGBTQ community. Current implications that place this specific population at higher health risk will be discussed. Health risk and mental health disparities will also be discussed in the literature review. Mental health conditions are at a much higher risk within this community compared to the heterosexual community access mental health services at a much lower rate.

Currently in the United States 3.5% of Americans identify as LGBTQ and 20% of young people between the ages of 18-34 identify within this group (Margolies, 2019). It is important to understand that mental health related risk can potentially originate at a young age and carry into adulthood. LGBTQ youth have a greater vulnerability to issues having a sexual minority status due to higher rates of discrimination, marginalization and isolation associated with being LGBTQ (Higa et al., 2014). There is also a higher risk for relationship issues with parents and friends which tend to become strained when revealing sexual orientations, a nearly 40% of adults have experienced rejection from family or friends after coming out identifying with LGBTQ (NAMI, n.d.).

Many forms of discrimination such as labeling, stereotyping, denial of opportunities or access, and verbal, mental and physical abuse (Higa et al., 2014). 86% of LGBTQ youth experience harassment or have been assaulted in an educational setting (NAMI, n.d.). Highschool students who identify as gay, lesbian or bisexual are four times higher to have suicidal thoughts or attempt suicide, 40% of transgender adults have attempted suicide in their lifetime this is higher to the 5% of the general U.S. population (NAMI, n.d.). Access to appropriately trained mental health professionals is an ongoing issue, LGBTQ individuals face harassment and lack of cultural competency from providers leading to increase in fear of disclosing sexual orientation or gender identity (NAMI, n.d.).

Current Concerns

Dilemmas and stigmas are amongst some of the issues affecting members of the LGBTQ community from accessing mental health services. Fear of discrimination and violence are common barriers preventing routine care. Such obstacles will contribute to worsening health issues or worse outcomes. Other barriers that can be present are in the work environment due to discriminatory practices that prevent adequate health care coverage. Similar acts of discrimination also account for inadequate access to addiction medication. These types of programs would include inpatient care, alcohol anonymous and narcotic anonymous groups.

As advocacy efforts continue to bring equality across all stages of health care for the LGBTQ community so does the need to continue to address discrimination in the health care setting. Pertaining to searching out the barriers that continuously prevent members of the LGBTQ community from seeking adequate care is essential. Other barriers that are present are monetary barriers. Not only has legislation and policy changed to create an affordable health care system but it has overlooked the poverty levels within lower social economic communities (Range et al, 2015). LGBTQ members in a poverty level may not be fully aware of programs within the community to provide aid. Either out of fear or being unaware many resources go underutilized in order to access health care, 24% of the LGBTQ population is under the \$24,00 annual income bracket (Range et al, 2015).

Health Risks

The LGBTQ community runs higher risk of developing some mental health and behavioral health conditions. Members are more likely to experience depression, anxiety, and substance abuse (Range et al, 2015).

Stigmas associated with mental health contributes to barriers preventing access to the LGBTQ community. Sexual and gender minorities face similar health related concerns and the general population they are experienced at a higher rate and face unique health challenges. The LGBTQ community faces other higher risk associated with HIV/AIDS, mental illness, substance use, and sexual/physical violence (Range et al, 2015). Help-seeking and medical adherence is extremely low in the LGBTQ community, studies have suggested that the disparity is associated within the medical community itself (Smalley, Warren, Jacob, & Barefoot, 2016).

Research suggested significant differences in the LGBTQ community in regard to health this includes exercise and diet. One of the most striking differences are those of transgender female who have poor diet consumption and exercise (Smalley et al., 2016). Contributing to this could be the high level of psychological distress found within the transgender community. High alcohol consumption found in the LGBTQ community is also associated to high community, specifically in the bisexual subgroup (Smalley et al., 2016). Bisexual members of the community are at a higher risk of isolation as they face higher

minority stressors within the general and gay community, including heterosexism and biphobia (Smalley et al., 2016).

Mental Health Disparities

Stigmas and discrimination are highly conducive and cause significant psychological and self-esteem harm. This has prevented many in the LGBTQ community from experiencing a sense of community or acceptance. Older adults within the LGBTQ community are at a higher risk for mental health disorders due to isolation, lack of community resources, and culturally competent providers (Ostermeyer, 2019). Transgender individuals have faced a higher level of violence, suicide, and mental health issues, they also are less likely to have medical health insurance (Ostermeyer, 2019).

Sexual and gender minorities have shown a disproportionately high number of concerns in regard to mental health related issues (CDC, 2018). Research has also demonstrated that experiences of stigma related stress and discrimination has characterized the lives of LGBTQ individuals and such experiences have been linked to negative psychological distress (Kelleher, 2009). Most disorders assessed in current studies include depression, anxiety, panic disorder, and drug and alcohol abuse (Rivera et al, 2016). Members of the LGBTQ community were placed at a much higher risk than heterosexual individuals that are or have experienced a mental health related condition (Rivera et al, 2016). The importance of removing barriers in order to allow equality when accessing mental health is important. In order to provide adequate service an

individual must feel safe and feel a sense of security to ensure treatment is completed.

Theoretical Orientation

The theoretical orientation of this study is self-esteem theory. In order to fully understand how society and its views of the LGBTQ community have negatively influenced such an avoidance to mental health services, one must first understand how self-esteem helps to identify one's own identity (Marcussen, K., 2006). This theoretical approach gains ground with identity theorists who explain distress and its role on individuals and groups. In this particular theoretical orientation distress that has arisen generally occurs as a result from outside pressure that promote perceptions of role identities (Marcussen, K., 2006).

Mental health plays a role in many individual's life's, it's starting to be a present conversation that is quickly becoming normalize and slowly breaking down past stigmas associated with a mental health diagnosis. Current media has made the LGBTQ community a more prevalent topic in society but yet has not broken-down conservative views that impact members of this community in a negative manner. This plays a part in affecting in a negative manner the level of self-esteem individuals deals with. This also contributes to social anxiety, depression, and disparities in treatment.

As the theorist suggested that distress has contributed to self-esteem awareness as these pressures are presented through outside sources. The

LGBTQ population has survived through much scrutiny brought on by more prevalent groups in the communities. Mental health treatment is an approach to help with the treatment or potential illnesses created through the presentation of outside stressors.

Contribution of Study to Micro and/or Macro Social Work Practice

This study has the potential to benefit micro and macro social work practice. At the micro level being able to develop new tools as a social worker in order to aid in obtaining the mental health care necessary. Finding alternative routes to contact medical providers through the use of mobile devices. Social workers can utilize the data to directly aid subgroups with the higher risk of health-related complications with higher mortality rates.

At the macro level social workers could utilize the data gathered from this study to aid in changing oppressive policies. Recent changes to affordable health care have prompted the need for further equality within the health care system. Social workers could utilize the data to bring awareness to address the importance of change.

Summary

Chapter one covered the assessment phase of this positivism study. The rationale for choosing the specific paradigm in order to complete the study and its appropriateness for its use. A review of the literature that focus on the current

issues of barriers preventing the LGBTQ community from accessing mental health services. Presented as well is the theoretical orientation of the study that will be utilized. Potential contributions to the study of micro and macro social work were also discussed.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two addresses the engagement phase of the study. In order to complete this particular study, the focus will be on the LGBTQ community of a county in central California. Chapter two also discusses potential issues pertaining to diversity, ethics, and politics. The role of technology in this study is also discussed.

Research Site

The site for this research study will be in a county located at the “heart” of California. It’s the fifth largest city in California it offers a diverse mix of culture: 52% Latino, 30% White, 10% Asian, 5% African American populations (county website, n.d.). Due to its geographical location and diversity this county makes for a unique opportunity to conduct this research study. This county offers many supportive agencies to the LGBTQ community. One particular group conducts multiple community outreach events through the year. By conducting community outreach this group is able to raise funds that allow them to give back to nonprofit organizations in the community that aim at human safety.

Engagement Strategies for Gatekeepers at Research Site

In order to engage the agency, I will be reaching out to members of their royal court. By providing significant data as that shown in the literature review that engages the importance of advocacy for the LGBTQ community.

Communicating via phone calls and emails the organization has agreed to help in engaging members of the community and to gather data needed. This particular group also pointed out mental health as a growing issue in this city. As a nonprofit they will help by distributing the questionnaire. The questionnaire which is the tool used in this study through their social media platforms.

Self-Preparation

In order to prepare for this positivism research, study all preparation was completed beforehand. Preparation cannot be done simultaneously as this is the structure of the positivism approach. As stated, the researcher will first establish the research question and approaching along with the theoretical condition. Literature review was also completed before the initiation of this study. The questionnaire as a tool was developed and reviewed to avoid participants from disengaging from a lengthy questionnaire process.

Self-awareness of any potential biases were addressed in order to avoid compromising the study itself. Through several literature reviews awareness and self-reflection was completed in order to properly develop the tools necessary to complete the study. Knowledge of the geographical area and self-study was

essential in order to further understand the needs of the community that the study focused on.

Diversity Issues

The particular county is comprised of different socioeconomic tiers as well as cultural backgrounds. In order to fully grasp the extensiveness of the barriers under investigation participants of all backgrounds were welcomed and encouraged to participate. As this particular county is very diverse with different cultural background this allowed for participation of many participants that fall within the LGBTQ umbrella.

Ethical Issues

Ethical issues addressed during the execution completion of this study were confidentiality and anonymity. All participants were provided with educational material informing them of confidentiality, anonymity, and their right to withdraw from the study at any time. Names and personal addresses were not collected and, it was made clear that only pertinent demographic information was collected: gender, race, ethnicity, religious practice. As Qualtrics Surveys allowed for confidentiality and anonymous it was utilized in order to lower any fears and anxiety. All data was destroyed upon completion of the study.

Political Issues

Although the leaders in the county have advocated for community awareness surrounding mental health. Political issues might arise because of this particular study as the LGBTQ community has given poor reviews to the county for its lack of LGBTQ friendly policies and ordinance. Bringing awareness to the lack of mental health support needed for the LGBTQ community may impact community leaders in a negative manner.

The Role of Technology in Engagement

In order to complete this research study technology will play a critical component. Qualtrics was utilized in order to distribute the tool which was a questionnaire in order for it to be delivered to as many participants as possible. Qualtrics allowed for an opportunity to answer the questionnaire via mobile devices, mobile devices which are accessible to many along with other personal devices. Participants were also able to access the specific link to the questionnaire through different plat forms including social media, e-mail, distribution through local gay bars, restaurants, and community centers.

Summary

Chapter two discussed pertinent information regarding the study's geographical location. Geographical location was discussed, which allowed for a

diverse group of participants who enriched the research study. Self-preparation, diversity issues, ethical issues, and political issues were also discussed in this section. Finally, the role of technology and its importance to the completion of this research study was discussed.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three summarized the characteristics of the study participants and the selection process for the participants. Data gathering, phase of data collection, along with the data recording, will be established. The analysis of the data collection and dissemination of the data will be completed. Termination and follow up will be detailed in this chapter as well.

Study Participants

All study participants must be currently living in the County which is the site for this study and must associate with the LGBTQ community. By being part of the LGBTQ, community participants identify with specific genders those being: Male, Female, Transsexual Male, Transsexual Female, Gender Variant/Nonconforming. These participants also fall within specific sexual orientations, which include: Gay, Lesbian, Bisexual, Queer, Asexual. If those options are met, then the participant were able to complete the entirety of the survey.

Selection of Participants

The criteria for participation were outlined as 1.) must be part of the LGBTQ community, 2.) Must be currently living in the center of California, 3.) Must be over the age of 18 in order to participate in the study entirely. Participants were encouraged to complete the questionnaire provided to its entirety. Participants were also reminded that they can skip questions and withdrawal from the study at any point without any consequences. In order to provide the optimal amount of data necessary to participate in the study. Participants were part of a convenience sample, as this was done entirely online. Participants were informed through social media platforms, encouraging them to participate.

With the aid of prominent LGBTQ members from the community and their presence on social media platforms, flyers promoting and encouraging the participation for the study were distributed. This aided in the recruitment of potential study participants. The flyer contained information on the importance of the study and its benefits. The link on the flyer directed participants to the questionnaire which included instructions and a disclosure letter.

Data Gathering

The questionnaire consisted of two parts when broken down one gathered demographic information and the second part the participants rated their views, knowledge, and experience with the mental health system in their community. It

is important to fully understand if lack of informative material may play a part in the avoidance of mental health treatment, this area can be potentially fully explored in a future study.

The first part of the questions being asked of the participants are demographic, age, sex, sexual orientation (gay, lesbian, bisexual, transgender, queer). The specifics for the subgroup questions are to help better understand barriers for each classification within the LGBTQ community and determine those who are at a higher risk. The second set of questions will outline specific barriers and health-related concerns requiring medical attention or intervention. As this is a positivist study, all data collected through the second phase of the questionnaire will be collected quantitatively. A scale was utilized, specifically the Likert scale (Morris, 2014). The second phase of the questionnaire consisted of 20 questions ranging from 1-5, 1 being the least number of incidents, and 5 being the highest number of incidents.

An example of what the sexual orientation question is seeking when presented is: gay, lesbian, bisexual, queer, asexual. Participants also had an option to write in an answer if they did not identify with the provided options. In order for this study to be useful, the sexual orientation must be addressed to determine which subgroups of the LGBTQ community are at higher risk for facing specific barriers.

The phase of the questionnaire that sought out barriers preventing mental health access focused on experiences. One example "I was treated with less

courtesy because of my sexual orientation." Participants responded based on four areas ranging from strongly agree to strongly disagree. Being able to view a participant experience from simple customer service to psychotherapy treatment is essential as all phases of treatment pose a long-term view which will be passed onto the community. The entirety of the questionnaire can be found under the appendix of this study.

Phases of Data Collection

There was only be one phase in the data collection process. Participants utilized an electronic device to access the questionnaire in order to answer all questions fully. Participants were only allowed to answer the questionnaire one time, and steps were put in place through the utilization of Qualtrics Survey's to ensure one questionnaire was answered per participant.

The platform utilized to complete the questionnaire will allow for only one entry per participant through the utilization of their email. The email will not be saved but only used to ensure one participant per questionnaire completed. Participants were also provided with an explanation of the importance of one entry in order to ensure accurate data collection and results.

As previously mentioned, participants accessed the hyperlink that was made available on the flyer presented through the social media platforms. At this point potential participants were presented with the informed consent and

instructions. Participants were presented with the ability to review the debriefing statement and informed that there is minimal risk by participating in the study.

Data Recording

The data was recorded as it is was received in its established form and outlined through the utilization of the Likert scale. Utilizing the IBM SPSS quantitative tool, the data will be entered manually in order to develop the needed tables to review group statistical data.

Data Analysis Procedures

By utilizing the process for a positivism study that utilizes a quantitative data statistical package for the social sciences was created (Morris, 2014). The observation unit, which is the numerical data, will be entered into the program (Morris, 2014). Based on the responses of the participants, the program will generate comparison data reflective of the subgroups in the LGBTQ community and the number of occurrences. The hypothesis will be tested through the findings of the data collected. The hypothesis will be addressed through a descriptive design in order to determine if it is a valid hypothesis or a false one. This will also provide insight into the future development of expanding research in order to aid providers in mental health from expanding training to help the LGBTQ community.

Each question and demographic result will be broken down and summarized. With the utilization of the questionnaire which aided in gathering pertinent data to help aid in determining which pertinent barriers create the most challenges for the LGBTQ community is accessing mental health services. Numerical data will help provide a clear and concrete understanding of change needed to help this community in accessing much needed resources.

Summary

This section provided an overview of the study participants and the specific tool that were utilized in order to organize and interpret the data collected. Phases of the data collection were also explained and identified in order to support the hypothesis of the study further. Data analysis was presented and determined that the Likert scale will be utilized in order to present the data. Key agencies to help continue and promote equality in the LGBTQ community were presented.

CHAPTER FOUR

EVALUTATION

Introduction

This chapter will cover data analysis and interpretations. Implications to micro social work practice as well as to macro level social work practice, it is important to define the relationship the data will have in these areas.

Data Analysis

There were 36 participants in this study (N=36). 35% (n=13) of the participants were white, 8% (n=3) were Black/African American, 37% (n=14) were Hispanic/Latino, and 13% (n=5) were Asian/pacific islander, another race 2% (n=1). Participants ranged in age from a minimum of 18 years old to a maximum of 56 years of age and a mean of 33 years old.

Gender of participants included 40.5% (n=15) that identified as male, 25% (n=9) identified as female, 5.6% (n=2) identified as transexual male, 16.7% (n=6) identified as transexual female, 11.1% (n=4) identified as gender variant/non-conforming. Sexual orientation of participants 45.9% (n=17) identified as gay, 18.9% (n=7) identified as lesbian, 18.9% (n=7) identified as bisexual, 5.4% (n=2) identified as queer.

Participants were asked to indicate if they accessed either inpatient mental health services or outpatient mental health services; the questionnaire also

allowed participants to specify if both services were ever used. Results show that 27% (n=10) of participants have only utilized inpatient mental health services, and 59% (n=22) utilized outpatient services, with 10.8% (n=4) accessed both types of services.

The questionnaire also provided information regarding experiences while utilizing mental health services. Questions ranged from feeling pressured into unnecessary services and discrimination within the LGBTQ community. Participants also indicated how comfortable they felt accessing mental health services and emergency services in the community.

40.5% (n=15) of participants felt mental health providers pressured them into services they felt unnecessary, and when utilizing inpatient services, 19.5% (n=7) of participants felt they were placed in a dangerous situation during their treatments. 35.1% (n=13) of participants did not feel they could adequately access mental health services in the community, while 48.6% (n=18) did not know how to access emergency mental health services.

An additional area covered by the questionnaire was discrimination within the LGBTQ community. 58.3% (n=16) of participants indicated having a mental health disorder would place them at a higher risk for harm. 56.7% (n=21) of participants feared being discriminated against within the LGBTQ community if they received any form of mental health service.

Data Interpretation

The study was conducted with a convenience sample and would need further study with a larger sample. The hypothesis was stated in chapter 1 as: "...that barriers indicated by members of the LGBTQ community will be generally related to and include fear of the unknown, past negative experience, and shared experiences passed through the community." The hypothesis indicated that particular barriers would be present that caused members of the LGBTQ community to avoid mental health services. There was data present in areas significant with fear which included discrimination and violence. Negative experiences while receiving treatment were also present during the study, which could potentially contribute to avoidance.

An area also present is the need for education. Findings from the study indicated that many members of the LGBTQ community are not familiar with how to access mental health services properly; this includes emergency mental health services. This place focuses on this study's question, what barriers does the LGBTQ community face when attempting to utilize county and private health care programs? Participants of this study supported the hypothesis through their responses.

Implication of Findings for Micro and/or Macro Practice

The study shows the importance of community education regarding mental health services. Findings show the lack of awareness from LGBTQ

members of available mental health services in this particular county in which the research was conducted. Community awareness regarding discrimination and decreasing stereotype behavior is needed in order to normalize the use of mental health services. Findings supported the need to educate the LGBTQ community on the importance of utilizing mental health services and the risks associated with the lack of mental health intervention.

Need for further training focused on mental health providers, as the LGBTQ community continues to be at risk for adverse outcomes. This descriptive study provides insight on the particular phenomenon, which is potential biases by mental health providers. A push for further study with a more extensive study sample would be beneficial for the LGBTQ group.

Summary

This chapter outlined the results of the study. The age range of participants 18-56 and members of the LGBTQ community and completed the tool provided for the study. Participants completed a questionnaire outlining experiences when utilizing mental health services, both outpatient and inpatient. Some participants indicated both services had been utilized. Findings supported the hypothesis presented and aided in answering the research question. The sample was small and would benefit from a much greater research sample.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter will cover termination plans with the research site and participants. Communication of the findings and dissemination plan will be discussed.

Termination of Study

This study was conducted utilizing social media platform and participants were all anonymous. Termination was initiated at completion of each individual questionnaire. Thus, no ongoing relationship with participants was necessary. Participants were informed that any identifiable information would be destroyed upon completion of the study and confidentiality would be maintained.

Communication of Findings to Study Site and Study Participants

No ongoing communication with study participants was maintained as this study was conducted under the condition of anonymity. As previously mentioned, social media platform was utilized to aid in finding participants who utilized a hyperlink to guide them to the tool utilized for the completion of this study.

Ongoing Relationship with Study Participants

Due to confidentiality, there will be no ongoing relationship with study participants.

Dissemination Plan

Final results and report will be available upon publication of the thesis. Information will be recorded in CSUSB library.

APPENDIX A:

QUESTIONNAIRE

The following questionnaire aims to gather data on the experiences that the LGBTQ community has when accessing mental health services. Mental Health is defined as “assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders.

Please complete the entirety of the questionnaire if possible.

- 1.) Age: _____(Enter Numerical Value)
- 2.) Which gender do you most identify as?
 - A. Male
 - B. Female
 - C. Transgender Male
 - D. Transgender Female
 - E. Gender Variant/Non-Conforming
 - F. Other: _____(Please Specify)
- 3.) What is your sexual orientation?
 - A. Gay
 - B. Lesbian
 - C. Bisexual
 - D. Queer
 - E. Asexual
 - F. Other: _____(Please Specify)
- 4.) Which Ethnicity do you identify as?
 - A. White
 - B. Hispanic or Latino
 - C. Black or African American
 - D. Native American or American Indian
 - E. Asian/Pacific Islander
 - F. Other: _____(Please Specify)
- 5.) Have you ever utilized mental health services?
 - A. Yes
 - B. No

-If you answered yes, please answer the following question?

 - A. Inpatient hospitalization
 - B. Outpatient services
 - C. Both
 - D. Other _____please specify)

For the next set of questions please mark whether you strongly agree, agree, disagree, or strongly disagree with the statements.

- 6.) I was treated with less courtesy because of my sexual orientation?
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

- 7.) Because of my sexual orientation I was denied mental health services?
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

- 8.) My concerns were easily dismissed because of my sexual orientation.
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

- 9.) I felt pressured into unnecessary services because of my gender?
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

- 10.) I felt I was placed in a dangerous situation while receiving mental health treatment because of my sexual orientation?
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Agree

- 11.) I feel confident enough accessing mental health services in my community?
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Agree

12.) I feel comfortable enough accessing emergency mental health services in my community?

- A. Strongly Agree
- B. Agree
- C. Disagree
- D. Strongly Agree

13.) It is easy finding appropriate mental health services for the LGBTQ community?

- A. Strongly Agree
- B. Agree
- C. Disagree
- D. Strongly Agree

14.) Receiving mental health treatment means that my community will discriminate against me?

- A. Strongly Agree
- B. Agree
- C. Disagree
- D. Strongly Disagree

15.) As a member of the LGBTQ community, I will be further at risk for harm if people know I have a mental health disorder?

- A. Strongly Agree
- B. Agree
- C. Disagree
- D. Strongly Disagree

Thank you for participating in this survey. All surveys gathered will be destroyed once the study is completed. This questionnaire was developed by the author and utilized solely for this study.

APPENDIX B:

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate barriers that have prevented members of the LGBTQ community from accessing mental health services in the community. This study is being conducted by Baltazar Pulido-Mejia under the supervision of Brooklyn Sapozhnikov, LCSW. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

Purpose:

Mental Health awareness is an important issue and the LGBTQ community faces many unique issues that at times require treatment by trained professionals. As a community, many barriers may present themselves that may cause avoidance of mental health services. This study is to bring awareness to the community in order to help create change. This study will also serve to help educate mental health professionals in order to provide appropriate services to the LGBTQ community.

Description:

The questionnaire presented consists of 15 questions consisting of demographic, personal experiences, and community-based experiences when accessing mental health services. Each participant is to complete the questionnaire once in order to provide the most accurate data possible. The link presented will guide you to the survey website which will guide each participant through the process of completing the questionnaire. Please note that no personal contact information will be gathered and any potentially identifiable information will be destroyed as this study is completely confidential.

Participation:

Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

Duration: 5 to 10 minutes to complete the survey

Risks:

Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

Benefits: There will not be any direct benefit to the participants

Contact Information:

If you have any questions about this study, please feel free to contact Brooklyn Sapozhnikov, LCSW at (909) 537-5238.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2021.

APPENDIX C:

FLYER



WE NEED YOUR INPUT IT'S IMPORTANT

PERCEIVED BARRIERS AFFECTING LGBTQ COMMUNITY FROM MENTAL HEALTH SERVICES

Survey link:

<https://www.surveymonkey.com/r/KT5D6NN>

Mental Health awareness is an important issue and the LGBTQ community faces many unique issues that at times require treatment by trained professionals. As a community, many barriers may present themselves that may cause avoidance of mental health services. This study is to bring awareness to the community in order to help create change. This study will also serve to help educate mental health professionals in order to provide appropriate services to the LGBTQ community.

Criteria for participants:
Must be over the age of 18

Participation Involved:
Completing an anonymous questionnaire that will take approximately between 5 to 10 minutes

Please go to the link
or
follow the QR code
to participate in survey



Study has been approved by
the Institutional Review Board,
California State University,
San Bernardino.

APPENDIX D:

PROJECT APPROVAL LETTER

May 10, 2020

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2020-272

Baltazar Pulido-Mejia Brooklyn Sapozhnikov
CSBS - Social Work, Users loaded with unmatched Organization affiliation.
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Baltazar Pulido-Mejia Brooklyn Sapozhnikov

Your application to use human subjects, titled "Barriers preventing the LGBTQ community from accessing mental health services " has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino has determined your application meets the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. The exempt determination does not replace any departmental or additional approvals which may be required.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mjillesp@csusb.edu. Please include your application approval number IRB-FY2020-272 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

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