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BARRIERS AND CHALLENGES THAT LGBTQ+ INDIVIDUALS FACE WHEN ACQUIRING MENTAL HEALTH CARE 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

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by

Stephanie Nunez-Rivera

May 2023

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May 2023

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ABSTRACT

The purpose of this study is to address the challenges and barriers that LGBTQ+ individuals face when accessing mental health care services. This research is significant because though LGBTQ+ community faces many challenges such as discrimination and trauma, which greatly affect their mental health, yet LGBTQ+ specific mental health care is not widely available. This unavailability has resulted in only 12.6% of mental health care institutions having LGBTQ+ specific mental health care services. In addition, the small percentage of LGBTQ+ programs that are available in mental health institutions are not available in every city or region, which has resulted in only 13% of the LGBTQ+ population utilizing LGBTQ+ specific mental health clinics.

This study is an exploratory study that used a mixed methods research design to explore the perceptions of LGBTQ+ individuals with regard to mental health care. For the qualitative portion of the study, in-depth interviews with individuals identifying as LGBTQ+ were conducted to explore specific questions regarding their experiences with receiving and utilizing mental health care. Thematic analysis was conducted on interview responses to help the researcher identify the needs of the LGBTQ+ community. For the quantitative portion of the study, additional items on the questionnaires were analyzed using descriptive statistical analysis to help the researcher capture trends regarding the mental health needs of the LGBTQ+ community.

This study has implications for social work practice because it seeks to outline the specific needs and challenges that the LGBTQ community face and how those challenges affect the mental health of those in the community. This study explores the challenges and disadvantages that those in the LGBTQ+ community face through a minority stress theory lens. By doing so, this study seeks to outline the barriers and challenges that LGBTQ+ individuals face in acquiring mental health care services.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Lesbian, Gay, Bisexual, Transgender, and Queer+ (LGBTQ+) individuals often experience and must navigate through various forms of discrimination and hardships such as stigma, homophobia, poverty, homelessness, lack of access to or options for healthcare, and housing discrimination, to name a few (Kum, 2017). These forms of discrimination often negatively affect the mental health of LGBTQ+ community members. In addition to experiencing discrimination at higher rates than non-LGBTQ+ individuals, LGBTQ+ individuals also experience traumatic events at higher rates such as childhood sexual abuse, intimate partner violence, and sexual assault compared to their heterosexual counterparts (Scheer et al, 2020). Traumas such as these often leave LGBTQ+ individuals more likely to suffer from negative mental and physical health than their non-LGBTQ+ peers (Scheer et al., 2020). Experiencing these traumatic events often result in shame and stigma that can create psychological and physical health problems for LGBTQ+ individuals (Scheer et al., 2020).

All of these challenges often adversely affect the mental health of LGBTQ+ individuals. On the micro level, these issues often affect LGBTQ+ individuals' mental health, and on a macro level, these issues often affect access to mental health services specifically for the LGBTQ+ community (Qureshi et al., 2018). Though there are policies that have recently been implemented, such as

the 2016 Title IX policy adaption providing transgendered individuals protection from harassment, accommodation with their preferred pronouns and names, and access to bathrooms of their choice, these policies are continuously being challenged and overturned in different states by introduction of new bills such as the North Carolina HB2 bill that requires individuals to use the bathroom that matched the sex on their birth certificate (Simmons-Duffin, 2020). This is one example of many policies that are intended to protect the LGBTQ+ community but that have been overturned in some states. These overtures of policies for the LGBTQ+ community have added to the difficulty of LGBTQ+ individuals having access to LGBTQ+ specific related mental health care. In addition, these overtures have also created difficulties in providing a concise outline for social workers and providers to address the mental health needs of the LGBTQ+ community across the nation.

Even though those in the LGBTQ+ community are likely to experience events that can exacerbate mental health concerns, and most social workers are aware of the risks faced by those in the LGBTQ+ community, only 12.6% of mental health institutions reported having programs for LGBTQ+ individuals (Williams et al., 2020). Not only are specific LGBTQ+ mental health services far and few in between, they tend to be widely dispersed geographically, creating an even greater divide between LGBTQ+ individuals, access to services, and opportunities for social workers to improve the access to these facilities (Qureshi et al, 2018). Due to the small percentage of LGBTQ+ programs that exist in

mental health institutions, and the fact that they are not available in every city or region, only 13% of the LGBTQ+ population utilizing these LGBTQ+ specific health clinics (Martos et al., 2019). These challenges present themselves in many social work arenas and create opportunities for social workers to address these inequalities and the needs that the LGBTQ+ community faces. Consequently, this study hopes to identify ways that social workers and providers can address the extensively documented needs of the LGBTQ+ community.

Purpose of the Study

The purpose of this study is to provide a clear view of the specific needs, barriers, and challenges that those in the LGBTQ+ community face in accessing mental health care and services and how those challenges affect their mental health. This study also explores challenges and disadvantages those in the LGBTQ+ community face through minority stress theory to clearly outline issues faced by this diverse community. In addition, this study can provide an outline for how social workers and other providers can be more understanding, educated, and equipped to provide services to a part of the population who experiences a high level of discrimination and disadvantages. To explore the research questions, a mixed method design was used to survey and interview LGBTQ+ individuals about their experiences with mental health care and service access.

Significance of the Project for Social Work

The LGBTQ+ community is comprised of many different sexual and gender orientations such as lesbian, gay, bisexual, transgender, and queer. The plus in this acronym refers to recently added sexual and gender orientations such as pansexual, asexual, and demisexual, just to name a few (Russell et al., 2016). While research exists that explores barriers to mental health care for the LGBTQ+ community, research on specific subgroups in this community is scarce and additional research is needed that outlines various challenges and the mental health needs of individuals who identify as LGBTQ+. Further, additional insight is needed to address how social workers and providers can provide effective and relevant mental health services to those in the LGBTQ+ community. This study is focused on the assessment phase of the generalist intervention model. The assessment process looks to understand a problem or issue, what causes it, and what can be done to change, minimize, or resolve the issue (Grinnell & Unrau, 2013).

Prior research has found that social workers and providers may not be fully equipped to provide mental health services for the many issues that those in the LGBTQ+ community often face (Martos et al., 2019; Russel et al., 2016; Kum, 2017; Qureshi et al., 2018**).** Prior research has also emphasized that social workers and providers may not be educated about the mental health challenges and needs of those in the LGBTQ+ community and especially ill-equipped to provide services for the unique needs of individuals in the subgroups of the

LGBTQ+ community. (Martos et al., 2019; Russell et al., 2016; Kum, 2017; Qureshi et al., 2018). Consequently, LGBTQ+ specific education for and ways to increase access to mental health care is needed for social work providers.

Research has shown that the LGBTQ+ community is facing many disparities and that these disparities often affect their mental health and wellbeing (Martos et al., 2019; Russell et al., 2016; Kum, 2017; Qureshi et al., 2018; Williams et al., 2020; Williams et al., 2021). Though access to mental health services in general has continued to grow, the LGBTQ+ community remains an underserved community, though they are one of the communities that faces the most challenges affecting their mental health (Martos et al., 2019; Russell et al., 2016; Kum, 2017; Qureshi et al., 2018; Williams et al., 2020; Williams et al., 2021). Because of this gap in access to effective mental health care for the LGBTQ+ community, this study provides additional information and insights for social workers and providers on how to address the mental health needs of the diverse LGBTQ+ community as a whole.

Social workers need to be better prepared to not only understand the systemic issues those in the LGBTQ+ community face, but they also need to be better prepared to make mental health services more effective, inclusive, and accessible. Social workers must address the mental health needs of the LGBTQ+ community since prior research has shown that the LGBTQ+ community is severely underserved yet severely affected by discrimination with regard to both mental and physical health concerns. Although we understand some of these

issues based on prior literature, what we don’t yet fully understand is what effective practice looks like when working with the LGBTQ+ population. The research question for this project is: What barriers and challenges do the LGBTQ+ individuals face in acquiring mental health care services?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Those in the LGBTQ+ community often experience many and varied difficulties and disparities that can greatly affect their mental health. When those in the LGBTQ+ community seek to improve their mental health, they often run into roadblocks such as difficulty accessing mental health care or accessing providers who understand and are educated about the unique difficulties that the LGBTQ+ community faces. Because of the great need for mental health care access that is cognizant of and sensitive to the experiences of the LGBTQ+ community, this chapter will discuss the unique disparities and stigmas that those in the LGBTQ+ community often experience, how these disparities and stigmas can affect their mental health, and the barriers and challenges that LGBTQ+ individuals face when acquiring LGBTQ+ specific mental health care services.

Theory Guiding Conceptualization: Minority Stress Theory

The LGBTQ+ community often faces several disparities and stigmas that can have adverse effects on mental health. Minority stress theory helps explain many of the issues that those in the LGBTQ+ community often face and provides a lens through which to view mental health needs of the LGBTQ+ community. The American Psychological Association (2012) defines minority stress as the

relationship between dominant social values and minority individuals. This relationship results in conflict with social environments that are experienced by these minority group members (Dentato, 2012). Minority stress theory identifies discrimination and stigma as the main proponents of sexual orientation-based inequalities, which can greatly affect the mental health of those who identify as a sexual minority (Williams et al., 2020). Minority stress theory argues that this stigma compromises both the physical and mental health of individuals in the LGBTQ+ community due to societal structures and beliefs that encourage discrimination and stigma in areas such as family, schools, workplaces, religious communities, and everyday interactions (Pachankis et al., 2019). These structural stigmas increase the risks for health and mental health problems for those in minoritized groups. Thus, minority stress theory is a useful framework to examine the risks of mental health issues, substance abuse, and suicide that individuals in the LGBTQ+ community often face (Pachankis et al., 2019). This study uses this theory and builds on previous research findings to further address the challenges that those in the LGBTQ+ community often face as well as challenges that social workers and providers may face in providing much needed access to mental health care for the LGBTQ+ community.

Challenges Facing the LGBTQ+ Community

LGBTQ+ Mental Health Care Needs and Access to Mental Health Care

Mental health therapy was created from a mainly white, western, heteropatriarchal perspective that must be addressed and viewed as a challenge

for social workers and providers when viewing access to mental health services for the LGBTQ+ community (Roach, 2019). Often, LGBTQ+ individuals report feelings of discrimination and hostility from their therapists, often in the form of behaviors that range from outright aggression to the use of subtle microaggressions (Roach, 2019). Hostile behaviors from mental health professionals such as looks, gestures, word choice, and tone affect the likelihood that LGBTQ+ individuals will seek mental health care and deter LGBTQ+ individuals from seeking other mental health care options (Roach, 2019). Since many therapeutic modalities were created through the lens of white, western, heterosexual societies, often the needs of the LGBTQ+ community who experience inequalities and disadvantages such as misogyny, racism, and homophobia are not addressed (Roach, 2019; Kum, 2017). Underlying structural discrimination and oppression toward those in the LGBTQ+ community speak to the very real need for social workers and other health and mental health providers to reevaluate their perspectives on how to provide effective care for those in the LGBTQ+ community and to not pathologize individuals who suffer consequences of this structural discrimination. Over the past century as mental health treatment has progressed, not much has been done structurally to empower the LGBTQ+ community who are disproportionately disadvantaged by the mental health system (Qurshi et al., 2018).

LGBTQ+ individuals face various barriers in the mental health and health system that ultimately affect their mental health, including barriers such as

mental health access, management of chronic diseases, preventive care for risky behaviors, and issues that involve interpersonal violence (Qureshi et al., 2018). Though many care options are available through typical health insurance plans, barriers to care for those in the LGBTQ+ community still exist. These barriers include stigma, discrimination, structural issues accessing services, a history of medical mistrust, a lack of health care professionals who are competent and educated in the LGBTQ+ community health needs, inadequate health insurance coverage for mental health issues, lack of finances to address mental health needs, and a lack of facilities that are LGBTQ+ inclusive, particularly in rural areas (Martos et al., 2019; Kum, 2017; Qureshi et al., 2018). Because of these barriers, many LGBTQ+ individuals report feeling uncomfortable in medical settings and that they are actively searching for alternative sources for effective care (Martos et al., 2019). Due to a history of medical mistrust because of structural discrimination and similar issues, establishing LGBTQ+ community-based organizations is essential for the physical and mental health of LGBTQ+ individuals (Martos et al., 2019). Not only do LGBTQ+ informed community-based organizations and clinics provide health and social services, but they also offer an alternative form of care for LGBTQ+ individuals who have experienced discrimination and stigma in non-LGBTQ+-informed clinics (Martos et al., 2019). In recent research describing care utilization among LGBTQ+ individuals, only 13% of LGBTQ+ individuals were utilizing LGBTQ+ specific health and mental health care because of difficulties finding care specific to their needs and 52% of

LGBTQ+ individuals had an interest in LGBTQ+ specific healthcare (Martos et al., 2019). In addition, intersectional factors such as ethnicity and race play a complex role in for LGBTQ+ individual in attaining LGBTQ+-specific health and mental health care services. Not only do LGBTQ+ people of color experience discrimination and stigma at a higher rate than their white counterparts, but they also have less access to mental health services due to restrictive health insurance options (Martos et al., 2019; Russel et al., 2016). Though LGBTQ+ people of color have less access to mental health services, many Black and Latinx LGBTQ+ individuals express interest in utilization of LGBTQ+-specific care, which includes access to LGBTQ+-specific mental health care (Martos et al., 2019).

Another aspect that affects mental health for individuals in the LGBTQ+ community is the acceptance or lack of acceptance that individuals face by family and society (Russel et al., 2016). This can negatively impact both mental health and the personal safety of LGBTQ+ individuals. In fact, 57% of LGBTQ+ individuals have reported being threatened by a friend of family member, 51% have reported being sexually harassed, and 51% have reported experiencing violence based on their sexuality (Mental Health America, 2021). Barriers that the LGBTQ+ community face to accessing mental health services can exacerbate consequences of maltreatment by friends and family members and result in high rates of substance abuse, psychiatric disorders, and suicide (Mental Health

America, 2021). These issues present important challenges for social workers and mental health professionals to address.

<u>LGBTQ+ Youth and Mental Health Needs</u>

LGBTQ+ youth are at a higher risk than their non-LGBTQ+ peers for mental health issues and disorders such as depression, posttraumatic stress disorder (PTSD), and suicide (Fulginiti, 2021). Roughly 28% of LGBTQ+ youth report feeling suicidal compared to 12% of their heterosexual peers (Fulginiti, 2021). In fact, roughly one third of LGBTQ+ youth between the ages of 16-20 in the U.S. have reported suicide attempts and meet the diagnostic criteria for a mental health disorder (Russel et al., 2016). Transgender and nonbinary youth have even higher rates of suicidality than their LGB peers; approximately 51% of transgender youth and 42% of nonbinary youth report suicide attempts (Fulginiti, 2021). Rates of suicidality and mental health issues worsen when looking at LGBTQ+ individuals of color. Black and Latinx LGBTQ+ youth have higher rates of depressive symptoms, higher rates of suicidal thoughts, and lower levels of self-esteem compared to their white LGBTQ+ counterparts (Russell et al., 2016).

LGBTQ+ youth experience many traumas that can add to mental health disparities that they often experience. Some of the biggest traumas that social workers and other mental health care providers must be aware of include family rejection, hate crimes, internalized homophobia, rejection sensitivity, and concealment of their identities (Fulginiti, 2021). Over 40% of LGBTQ+ youth have reported that their family members and friends have rejected them based on their

sexuality or identity (Fulginiti, 2021). These traumatic experiences can have severe deleterious effects on the mental health of LGBTQ+ youth. Further, many of these youths are not only dealing with these issues at home but also in public settings such as schools. In fact, 70% of LGBTQ+ youth have experienced harassment based on their sexuality at school in the past year (Fulginiti, 2021). This harassment can be found in various forms such as peer bullying and cyber victimization (Williams et al., 2021). Lack of support for LGBTQ+ youth in various institutions such as families and schools can adversely impact their mental health and leave them vulnerable to experiences that compromise their overall well-being (Russell et al., 2016). Research conducted in the past decade has suggested that rejection and oppression are strongly associated with higher risks of depression and other mental health issues, substance abuse, and risky behavior for LGBTQ+ youth (Fulginiti, 2021; Pachankis et al., 2019). Among all LGBTQ+ youth, roughly 60% of LGBTQ+ youth who wanted mental health care in the past year were not able to actually receive that care (thetrevorproject.org, 2022). Further, clinical interventions that do exist for the LGBTQ+ population tend to be focused on adults and not youth, widening the care disparities faced by LGBTQ+ youth (Russell et al., 2016).

Older LGBTQ+ Adults

Issues such as homophobia, acculturation, poverty, racism, housing discrimination, and health discrimination are common problems experienced by

LGBTQ+ individuals of all ages. Like younger LGBTQ+ individuals, those in older LGBTQ+ cohorts have experienced discrimination and other issues that have affected their mental health. This is reflected in the percentage of older adult LGBTQ+ suicides, with older adult LGBTQ+ individuals accounting for roughly 17% of suicides even though they only account for 15% of the United States population (National LGBTIA Health Education Center, 2018). However, people in older generations have experienced additional historical stressors such as access to healthcare options, criminalization and medicalization of homosexuality, lack of healthcare coverage, visitation and property rights issues with partners, child custody issues, and the phenomena of "going back into the closet" (Kum, 2017). Older LGBTQ+ adults also tend to have higher rates of chronic diseases such as diabetes, heart disease, certain forms of cancer, loneliness, depression, anxiety, substance use, and suicide than their heterosexual counterparts (Gorcynski & Fasoli, 2020). Older adult LGBTQ+ individuals have higher rates in these issues than their heterosexual counterparts due to various barriers to accessing help for issues such as health issues, substance issues, or mental health issues (Harper & Schneider, 2003). Further compounding the problem is that, until recently, research on specific health and mental health needs of older adults has been sparse (Harper & Schneider, 2003). Though there has been a call for LGBTQ+ individuals of all ages to be included in health and mental health research to create more effective and

LGBTQ+-specific interventions, these calls have not been fully answered (Gorczynski & Fasoli, 2020).

The discrimination faced by older LGBTQ+ adults is prevalent; however, discrimination and related issues have been magnified for older LGBTQ+ people of color (Kum, 2017). What little research that has been conducted on the needs of older LGBTQ+ adults has been primarily from a white perspective, which has created a sense of a rejection of “ethnic culture” and the challenges that those in various ethnic cultures face (Harper & Schneider, 2003). This creates a “double or triple minority status” for the older LGBTQ+ individuals of color by being older, LGBTQ+, and a person of color, causing these individuals to feel the need to choose between being part of the LGBTQ+ community or part of their ethnic community (Harper & Schneider, 2003).

Social workers and other mental health providers need to be advocates in the realms of health and mental health care, social services, legal services, and public policy to change and address the difficulties that many older LGBTQ+ adults face, particularly older LGBTQ+ adults of color (Kum, 2017). Advocacy by mental health professionals can not only support the development of LGBTQ+-specific services, but it can highlight the need for additional research and resources to support this population.

The Role of the Social Worker in Mental Health Care for the LGBTQ+ Community

Because of the challenges and barriers often faced by the LGBTQ+ community, social workers and other mental health care providers must be leaders in advocating for LGBTQ+-specific care and services. Social workers and other providers need LGBTQ+ specific education and opportunities to transform our systems to be more responsive to the needs of this population as well to change discriminatory attitudes and behaviors embedded in our systems (Roach, 2019). In addition, social workers and other providers can be leaders in improving access to mental health care and other services for LGBTQ+ individuals and integrating best practices across health care systems (Qureshi et al., 2018). Increased access to more effective care can go a long way to help improve the well-being of LGBTQ+ individuals and increase their feelings of connectedness to their communities (Martos et al., 2019).

Limitations and Gaps in Research

This study builds on previous research conducted on the general LGBTQ+ community and the LGBTQ+ community of color to address mental health needs. Some of the gaps identified in the literature include specifics in regard to what can be done to assist the older LGBTQ+ generation and their mental health needs (Kum, 2017). This same gap can be identified when looking at the specific mental health needs of the LGBTQ+ community of color. Lastly, direct utilization is another gap and limitation. Utilization can be considered a gap because the

research reviewed did not specify fully what is utilized by the LGBTQ+ community to assist with mental health care and utilization is also a limitation for this study because this information may be unavailable due to confidentiality. Though these issues have been identified as being problematic there has been little research presented regarding these issues (Kum, 2017).

Summary

The LGBTQ+ community, in general, faces many challenges and inequalities that can greatly affect the mental health of its members. LGBTQ+ individuals face challenges such as discrimination, hostility, oppression, stigma, and lack of familial and societal acceptance to name a few. Though these challenges have been researched and are known to both the LGBTQ+ community and mental health provides to a certain extent, there is a gap in research discussing how to address these challenges that affect the mental health of those in the LGBTQ+ community. Most prior research comes from a western, white perspective and does not acknowledge the intersectionality of the LGBTQ+ community (Roach, 2019). In addition, prior research does not offer depth into specific needs of LGBTQ+ individuals of color, calling for a need for social workers, mental health providers, and mental health systems to address this gap. Specifically, more research is needed on the diverse mental health challenges present in the LGBTQ+ community so that effective systems and

interventions can be developed and supported (Russell et al., 2016). This study aims to identify those needs to assist social workers and providers in addressing the mental health challenges and needs of the diverse LGBTQ+ community to provide the best mental health care possible.

CHAPTER THREE

METHODS

This study seeks to identify the challenges that the LGBTQ+ community faces that can affect their mental health and access to mental health care. Additionally, this study seeks to identify how social workers and other mental health providers can address these challenges and provide effective, LGBTQ+-specific mental health services to the LGBTQ+ community. This chapter consists of details regarding the process of the current study. This chapter has seven sections: Study design, sample, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The research question guiding this study is: What barriers and challenges do LGBTQ+ individuals face in acquiring mental health care services? To explore this question, a mixed methods exploratory design was used. A qualitative approach was used to explore through in-depth interviews the detailed perceptions of LGBTQ+ individuals about challenges they face as a member of a minoritized group and how these challenges affect their mental health and access to mental health care. (Grinnel & Unrau, 2013).

A quantitative approach was also used to survey a larger number of LGBTQ+ individuals to describe participants' experiences as a member of a

minoritized group, with regard to mental health and mental health care utilization. (Grinnel & Unrau, 2013).

Sampling

This study used a non-probability sample of LGBTQ+ individuals and social work mental health providers. LGBTQ+ individuals were sampled from student, staff, and faculty from a local university population as well as from specific groups from social media outlets such as Facebook and Instagram. To reach additional potential participants, snowball sampling methods were also employed. Specifically, questionnaires were made available to those willing to repost and share the questionnaires to reach people outside of the university and the researcher's social media circle. The sample size for the quantitative survey method was a maximum of 300 respondents for LGBTQ+ individuals. For the qualitative in-depth interviews, the maximum sample size was 10 interviews.

Data Collection and Instruments

Quantitative data was collected using survey methods that distributed questionnaires to respondents. The questionnaire began with an introduction and description of the study and its purpose as well as an informed consent section. In addition, the questionnaire collected information regarding demographic information that consisted of age, ethnicity, gender identification, sexual orientation, and achieved level of education. The questionnaire items used a 5-point Likert-type scale where 1=strongly agree, 2=agree, 3=neutral, 4=disagree,

and 5=strongly disagree. Examples of questions include “Do you have access to LGBTQ+ specific mental health care?” and “I am satisfied with my mental health care providers.” Lastly, open-ended questions were asked including, “In your opinion, what would be the most important need for the LGBTQ+ community in regard to mental health?” and “Would you be willing to have a virtual interview with the researcher?” These questions allowed respondents to provide their input on services that are important to the LGBTQ+ community and to consent to a follow-up interview with the researcher.

Qualitative data was collected through in-depth interviews of respondents who agreed to follow-up interviews. Interviews were captured with live audio-recordings. For the interview portion an introduction, description, and purpose of the study were provided. For interviews with LGBTQ+ individuals, the researcher utilized open-ended questions regarding the individuals’ subjective experiences and insight in mental health access for the LGBTQ+ population. LGBTQ+ respondents were asked to describe their experiences with mental health care and mental health care access from the perspective of a LGBTQ+ individual to explore and document barriers and challenges. The interviews for participants sought to highlight challenges that LGBTQ+ individuals face when accessing mental health care and to explore what social workers and providers can do to alleviate those challenges for the LGBTQ+ community. The researcher asked additional probing questions based on the respondents’ statements to further flesh out responses. The items used in the questionnaire and interviews were

developed and informed by prior literature to ensure reliability and validity. Further discussion and refinement of the questions used in the study was accomplished in conjunction with research supervisors and instructors.

Procedures

For this study, a questionnaire was created and made available for a period of roughly 60 weeks when respondents could participate. The questionnaire link and QR code were provided for students at the unviersity via flyers posted around campus. Flyers were also sent to affinity groups housed at the unviersity. Flyers described the goals and purpose of the study, encouraging individuals who fit into the criteria to take the brief survey. In addition, questionnaires were distributed using social media platforms such as LGBTQ+ and social work specific Facebook and Instagram groups as well as the researcher's personal Facebook and Instagram page, which allowed individuals to share the survey flyer and link on their page to reach a larger audience .The flyers and questionnaires also informed potential respondents that identifying information such as their name was not be collected, and further identifying information such as age and ethnicity was be collected but not in a way that would risk them being identified.

The interviews were conducted via zoom with respondents who opted for an interview in their questionnaire responses. No identifying information was collected during the interviews. Before the interview began, the researcher informed respondents of informed consent, the interview process, and that the

zoom video would not be turned on to protect their identity. After the interview was completed, the zoom video was transcribed and then the video itself was deleted to protect the respondent's privacy.

Protection of Human Subjects

To protect respondents' identities, identifying information was not collected in the questionnaires or interviews, so respondents' identities and information was anonymous. All results were reported in aggregate form so that respondents could not be identified by their responses. When needed, respondents were referred to with pseudonyms.

Each participant read and signed an informed consent prior to responding to the questionnaire or opting for an interview. In addition to the informed consent, participants signed consent to be recorded for their interviews for the purposes of transcribing the content of the interviews. The transcribed interviews were downloaded files from Zoom and were stored in password encrypted files on the investigator's password protected computer. The recorded Zoom video was deleted after transcription. The questionnaires and transcribed interviews were conducted on a password protected computer and will be deleted three years after the data has been analyzed. This study used social distancing measures such as online forums like Qualtrics, Zoom, and social media forums such as Facebook and Instagram. Because this study did not use face-to-face interactions, COVID-19 transmission was not an issue.

Data Analysis

For the quantitative portion of this study, responses to questionnaire items were analyzed with descriptive statistical analysis using SPSS software (Version 29). Descriptive statistics were utilized to summarize the main points expressed by respondents to explore respondents’ views on the needs for the LGBTQ+ community regarding mental health care.

For the qualitative portion of this study, interviews were analyzed using thematic analysis. Demographic data was also used with descriptive statistical analysis. Thematic analysis was used to explore in-depth the needs of the LGBTQ+ community and also allow respondents to share anything that may not have been covered in the questionnaires.

Summary

This mixed method, exploratory study identified the challenges that individuals in the LGBTQ+ community face that may affect their mental health and access to mental health care. The questionnaires and interviews provided unique and subjective points of views from respondents in the LGBTQ+ community, allowing the researcher to understand what the challenges and needs of the LGBTQ+ community are when accessing mental health care services.

CHAPTER FOUR

DATA ANALYSIS

Introduction

This chapter provides an analysis of the data that was collected from the respondents for the purpose of measuring the LGBTQ+ communities perceptive on accessibility, specialization, quality of care, and usage of mental health care services. A total of 22 individuals anonymously completed the survey for this study. Data collection took place from February 15, 2022 until October 10, 2022, roughly 60 weeks. This chapter includes descriptive statistics, presentation of finding, and a summary of the results.

Descriptive Statistics

Participant Demographics

A total of 22 respondents out of 39 completed all instruments in the survey to be included in the final analysis. Table 1 displays participants demographics. This table includes the demographics of age, ethnicity, gender, and sexual orientation.

Table 1. Participant Demographics

Variable	**Mean**	**Range**
Age	28.9	18-40

Variable	**Frequency (n)**	**Percentage (%)**

Ethnicity			
	White	9	40.9
	Latino/Hispanic	4	18.2
	African American	2	9.1
	Asian	2	9.1
	Bi/Multi	5	22.7
Gender			
	Male	2	9.1
	Female	14	63.6
	Non-Binary	3	13.6
	Gender Queer	1	4.5
	Trans Woman	1	4.5
	Cis-Gender	1	4.5
Sexual Orientation			
	Homosexual	10	45.5
	Bisexual	9	40.9
	Asexual	1	4.5
	Pansexual	2	9.1

The age of the respondents ranged from 18 to 45 years old. Roughly 59% of respondents reported being between 26-35 years old, making the majority of respondents between the ages of 26-35 years old. Ethnicity data found that the majority (40.9%) of respondents identified as white compared to 9.1% of respondents identifying as Asian or African American, the lowest percentage in

the sample. Gender data found that the majority (63.6%) of respondents identified as female compared to 4.3% of respondents identifying as a transwoman. Lastly, the sexual orientation data found that 40.9% of respondents identified as either homosexual or bisexual compared to 4.5% of respondents identifying as asexual, making the majority of respondents to this survey homosexual or bisexual.

Questionnaire Responses and Results

Descriptive statistics on demographic data and questionnaire items were performed using IBM SPSS Software (Version 29). Participants completed a 19 questions survey with a likert scale, where 1= strongly agree and 5 = strongly disagree with the option of an elective interview.

The majority (36%) of participants strongly agreed that they utilize mental health care regularly compared to 4.5% of participants stated they strongly disagree to utilizing mental health care regularly. Roughly 41% of participants strongly agreed to currently utilizing mental healthcare compared to 4.5% of participants stating that they strongly disagree to currently utilizing mental health care. Approximately 27% of respondents rated their mental health care as good (as indicated by a response of “agree”) with 27.3% of respondents choosing agree and roughly 9% of participants strongly disagreed with the statement that they would rate their mental health care as good. Regarding being satisfied with their mental health care, 22.7% of participants agreed and 22.7% disagreed. Strongly agree, neutral, and strongly disagree each had a percentage of 18.2.

Roughly 32% of respondents felt neutral about the statement “I trust my mental health care provider is providing mental health care from an LGBTQ+ specific mindset”, while 13.6% of participants agreed. When it comes to the statement “my mental health care provider is knowledgeable about LGBTQ+ specific mental health care needs” the majority of the respondents, roughly 32%, felt neutral compared to the 4.5% of respondents who strongly disagreed. When respondents were faced with the statement “It is important to me to have a mental health care provider who is knowledgeable about LGBTQ+ specific mental health care needs.” Roughly 59% or respondent strongly agree while 4.5% of respondents felt neutral, and no respondents disagreed or strongly disagreed. This same sentiment was found in the statement “I would feel more comfortable with mental health care providers who are educated on LGBTQ+ specific challenges and needs.” With roughly 73% or respondents strongly agreeing, 4.5% feeling neutral, and no respondents disagreed or strongly disagreed.

When respondents answered the question “I am aware of where to find LGBTQ+ specific mental health care” The majority of the respondents, roughly 36% disagreed and roughly 27% strongly disagreed. When it came to the statement “I have access to LGBTQ+ specific mental health care, the majority of respondents, 27% felt neutral while only 13.6% of respondents agreed. The majority of respondents, roughly 77% strongly agreed with the statement “LGBTQ+ specific mental health care is needed for LGBTQ+ individuals”, while

4.5% felt neutral, and no respondents disagreed or strongly disagreed. When it came to the statement “I have experienced life events that only a LGBTQ+ specific mental health care provider could help me with” majority of the respondents, roughly 41% agreed, compared to 9.1% of respondents disagreeing.

Table 2. Responses to Survey (N = 22)

Question	Strongly Agree (F) %	Agree (F) %	Neutral (F) %	Disagree (F) %	Strongly Disagree (F) %
I utilize mental health care regularly.					
	(8) 36.4%	(7) 31.8%	(2) 9.1%	(4) 18.2%	(1) 4.5%
I am currently utilizing health care.					
	(9) 40.9%	(3) 13.6%	(3) 13.6%	(6) 27.3%	(1) 4.5%
I would rate my mental health care as good.					
	(3) 13.6%	(6) 27.3%	(6) 27.3%	(5) 22.7%	(2) 9.1%
I am satisfied with my mental health care.					
	(4) 18.2%	(5) 22.7%	(4) 18.2%	(5) 22.7%	(4) 18.2%
I trust that my mental health care provider is providing mental health care from an LGBTQ+ specific mindset.					
	(6) 27.3%	(3) 13.6%	(7) 31.8%	(6) 27.3%	(0) 0%
My mental health care provider is knowledgeable about LGBTQ+ specific mental health care needs.					
	(4) 18.2%	(5) 22.7%	(7) 31.8%	(5) 22.	(1) 4.5%

				7%	
It is important to me to have a mental health care provider who is knowledgeable about LGBTQ+ specific mental health care needs.					
	(13) 59.1%	(8) 36.4%	(1) 4.5%	0%	0%
I would feel more comfortable with mental health care providers who are educated on LGBTQ+ specific challenges and needs					
.	(16) 72.7%	(5) 22.7%	(1) 4.5%	(0) 0%	(0) 0%
I am aware of where to find LGBTQ+ specific mental health care.					
	(3) 13.6%	(3) 13.6%	(2) 9.1%	(8) 36. 4%	(6) 27.3%
I have access to LGBTQ+ specific mental health care.					
	(4) 18.2%	(3) 13.6%	(6) 27.3%	(5) 22. 7%	(4) 18.2%
LGBTQ+ specific mental health care is needed for LGBTQ+ individuals.					
	(17) 77.3%	(4) 18.2%	(1) 4.5%	(0) 0%	(0) 0 %
I have experienced life events that only a LGBTQ+ specific mental health care provider could help me with.					
	(8) 36.4%	(9) 40.9%	(3) 13.6%	(2) 9.1 %	(0) 0%

Qualitative Results and Resulting Themes

Questions for the qualitative survey and follow-up interview had predetermined themes that were identified from the literature. Themes that

were predetermined from mental health literature included accessibility, specialization, usage, and quality of care. Themes were organized thematically to get these constructs. Once interviews took place two new themes emerged, intersectionality of both clinicians and the LGBTQ+ community, and familial or community needs. Respondents not only provided information and a description of the predetermined themes, but they also highlighted how these themes intersect and how they are related to the two themes that emerged from respondents. Table 3 displays the qualitative themes that emerged from qualitative analysis of the interviews and responses in the surveys free text option.

Table 3. Qualitative Themes

Themes	**Description**
Specialization	• Educated and trained in LGBTQ+ specific needs, barriers, challenges, and strengths. • Part of the LGBTQ+ community
Accessibility	• Location • Affordability • Ease of process • LGBTQ+ specific programs.
Quality of Care	• Care without bias, stigma, or hate. • Standardized care specifically created to address LGBTQ+ mental health care quality.
Usage	• Current and past use in mental health care services • Receiving care or diagnosis

The first theme that emerged and was the most often stated by participants was specialization of mental health care providers who were

knowledgeable about the LGBTQ+ needs. Respondents defined specialization as mental health care providers who are educated and trained in LGBTQ+ specific mental health care needs and barriers. In addition, respondents also identified specialization as being part of the community and identifying as LGBTQ+ or an ally. When discussing specialization one respondent stated

> *You may find a LGBT therapist, but it's usually gonna be a majority male. You have to have people realize that LGBTQIA is not only just a rainbow, it's a rainbow and spectrum of people within its self, you know, and if you don't have the rainbow and spectrum of people who are providing, who are caregivers and providers for that community, you just literally missed out on so much. And that's just one community were not even talking about everyone else.*

When discussing LGBTQ+ specific mental health care one respondent stated

> *I have to find a place that is LGBTQ friendly, because I don't want to be, you know, stuffed down with religious aspects of it, or even stuffed down with someone's personal agenda because everyone has some kind of elicit bias you know what I mean? And then after all this is said and done, I need to find care from a provider that understands my needs, my lived experiences, or at least has a general knowledge of what to do in my situation.*

Another respondent highlighted the importance of specialization, stating

> *I have to be careful who my therapist is. I must go out of my way to make sure they are LGBTQ+ educated in case their religion or own preference interferes with how they treat me. In the past I felt uncomfortable discussing things such as my sexuality and gender identity with therapists who are not part of the LGBTQ community and who would likely have a limited understanding of these identities.*

The second theme was accessibility to LGBTQ+ mental health care services. Respondents identified accessibly to LGBTQ+ specific mental health care services as not only location and setting, but also affordability and ease to access services. One respondent highlighted the difficulty with accessibility when discussing her experience utilizing a mental health care provider and affordability stating

> *Access and availability right like, just to cover the cost aspect of it, you know? Like I said, my old therapist, love her to pieces, but $250 a session and you're recommending to see me every two weeks, but I can only afford to see you once a month, you know, who's really getting the disservice here?... I couldn't afford to see her anymore.*

Another respondent highlighted the difficulty in navigating and accessing LGBTQ+ mental health care services for LGBTQ+ individuals.

It's such a pain to find mental healthcare at all. Like when I was looking for a therapist, I was like I don't know how to do this, I feel like I'm a really smart person, and this is really hard for me to even figure out how to actually access this. So, I can't imagine, like, people who don't have experience navigating or advocating for themselves, I don't know how they would do it. And then like to add on top of that like finding somebody who's not going to like, tell you that you're like sinning or tell you that you should change, or even subtly having a judgmental view, like to add that extra layer on top? It just makes it impossible.

The third theme was quality of care in mental health care services available and future mental health care services for LGBTQ+ individuals. Respondents identified quality of care as not only services that are free of bias and hate, but also informed. In addition, participants identified quality of care as implementation of a standardization of services that ensures LGBTQ+ individuals are receiving quality services.

When discussing quality of care, one respondent stated

There should be a standardization of the board that lessons the amount of errors we have. For quality and health care for a heterosexual couple, person or heterosexual all together, it's just a phone call away. It's a walk into the emergency room. They feel like harming themselves, call 51 50 and call it a day. They then get

follow up care it's like you don't have to think about it. You know what I mean, there's nothing extra you have to think about. Put the same situation on a LGBT person, especially LGBTQ person of color. Now we're getting into the 'okay now I got to go into an impatient facility with people who either don't like me because who I am, what I am or what I look like. So I may not be safe in that environment even though its supposed to be the safest place for me.

Another respondent shared her experience with receiving biased care

With my first therapist that I saw I know at the time I hadn't come out to my father yet and was talking about that a little it and she was saying, like you know, from his point of view, when he does eventually find out he'll be in mourning, that he had in his mind like a vision of your future. I understand but also like the way you word it, I mean I feel bad. But like, lets focus a little bit on how hard it is for me a little bit.

The fourth theme was usage of mental health care services. Respondents identified this theme as using mental health services and receiving care or a diagnosis. A respondent shared how being offered the opportunity to use mental health care services allowed her to feel like herself.

I was at a doctors office and they had asked me to fill out a questionnaire and that's how that happened [therapy], my family, especially my dad , was very surprised at this because I always try to hide my feelings and stay in this cheerful façade. Ever since then I got a diagnosis and I was able to be open about it and be a little bit more of my true self around people, I felt like ah, this makes sense now. Then my parents are asking, you know, about how to possibly go to therapy.

Another respondent highlighted what makes usage difficult for LGBTQ=+ individuals, stating

It's just like, Is it a safe place? There's a lot of misconceptions about therapy where it's just you know, it's scary, which it is because you have to be vulnerable. You should feel safe in it because this is something that's supposed to help you. That's why in general mental health needs to be talked about more because there's, you know, so many misconceptions that make it so scary to start therapy.

Another individual shared how she felt once she began trying to use therapy, stating,

I have Kaiser, you know they told me it was a 3 month waiting list for me to get what I wanted, and I can't. Like I don't have the luxury of being like, yeah I don't really care for you, or I don't feel like it's

working out, nope. It takes the extra leg work, extra effort, and extra time. I just can't. Then finding out if your insurance even covers it, and if they don't then yeah I can't use it.

Another respondent echoed the same frustration when trying to utilize therapy, stating.

The whole process is more of a struggle than the help. The process is crazy like, actually go see people and like, figure out who is covered and like, waiting however long for an appointment, and it just seems like, okay waiting 12 weeks for an appointment then finding out that they don't work for me and like then trying it again is more terrible than it's worth.

<u>Additional Resulting Themes</u>

The fifth theme that emerged during interviews, that was not predetermined from existing literature, was intersectionality. Respondents identified intersectionality as individuals who have various backgrounds and experiences that may be similar to theirs, highlighting the importance of a variety of representation, cultures, identities, and lived experiences in clinicians who provide services to LGBTQ+ individuals. As one respondent highlighted the importance of more intersectionality in social work, stating

There are things that are specific to LGBTQ people, there are specific to minority people, but once you start diving into things you

know there are certain things I can relate to you with my gay community that is diverse, but eventually there comes a time, and I've seen it happen time and time again, where there has to be a choice made between your race and sexuality and I feel like that disparity is very obvious and pronounced when it comes to therapy and therapy sessions. I find myself having to make a choice between do I want a LGBTQ+ understanding therapist or a black understanding therapist, or do I want a woman therapist?. You know its basically a single digit number of how many black therapists make up the field and now you want to add in the level of ,but are you LGBTQ+ friendly? You basically harm yourself asking that question.

Another respondent echoed the need for and importance of intersectionality, stating

I think its valuable for somebody who's part of the community to definitely be working in the community, you know there are lots of aspects to being in the community and it would be nice to have the representation and to know for sure that you have someone who definitely understands 100% of what you're going through. Everybody's experience is different, but you know that's why we need more representation.

This is a very important theme that emerged because it highlights how important not only the specialization of LGBTQ+ mental health care needs are, but also the need to identify and understand the uniqueness and intersectionality that every LGBTQ+ individual has and having clinicians who can mirror intersectionality with their own lived experiences.

The last theme that emerged was a theme of needs of the community that impact LGBTQ+ individuals. Respondents all shared how important it would be for their LGBTQ+ mental health care provider to be not only knowledgeable about their specific needs, but also the needs of the community and how mental health can address issues such as familial and societal issues. When respondents were asked about the needs of the community respondents highlighted various needs. Some of the needs mentioned included addressing familial and societal issues. One respondent highlighted the importance of integrating into the LGBTQ+ community for social workers stating

> *The need for the community is very high, it's very high. I feel like it's unfortunate because like the intersectionality issue with that, especially for those who are minorities and gay, you know you have to add that slash or anything like that, especially if it's from a culture that is not used to having a high population of openly LGBTQ+ members, then their community believes "It's horrible!". I used to revolve through a corporation called Rainbow House, that was a*

nonprofit for LGBTQ+ youth that were kicked out of their homes, and unfortunately the tables are very skewed against LGBTQ+ people.

Another respondent highlighted the need for education in their community, arguing that social workers can address this LGBTQ+ educational needs gap, stating

I feel like the first thing it should address is family dynamics. I feel like it should address failing dynamics because of this role of toxic masculinity as well as the role of you know, gender conforming roles that parents have put on children or what they should or shouldn't do, what they can and cannot do, and make the education age specific. Just more education on LGBTQ+ family dynamics, the family makeup, knowing that it's possible to have two moms, two dads, 3 moms and a dad, or whatever floats your boat, as long as its consenting adults. There needs to be LGBTQ+ sex ed, like they're really honestly needs to be an LGBTQ+ sex ed absolutely, I mean from my own personal experience. Thank God I'm a millennial and I know hot to google stuff, but even then all the stuff you see on the internet its not real sex ed for us, it's only geared at heteronormative header, agenda, or society.

Summary

A total of 22 respondents fully completed this survey with 9 respondents electing for an optional interview to dig further into the survey responses. The demographics of this studies respondents varied in age, gender, race and ethnicity, and sexual orientation. This chapter reviewed the participants demographics, participants response, and qualitative themes. Results of this data analysis were discussed in this chapter as well.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined adult LGBTQ+ individuals and their experiences with accessibility, specialization, quality of care, and usage of mental health care services, highlighting the barriers and limitations that LGBTQ+ individuals face when accessing LGBTQ+ specific mental health care. This chapter discusses this study's findings and their relevance to related literature and research. This chapter will also discuss strengths and limitations of the study, recommendations for social work policy, practice, and future research. In addition, this chapter will discuss conclusions and implications regarding LGBTQ+ barriers to mental health care services in the field of social work.

Discussion

The purpose of this study was to examine adult LGBTQ+ individuals and their experiences with accessibility, specialization, quality of care, and usage of mental health care services, highlighting the barriers and limitations that LGBTQ+ individuals face when accessing LGBTQ+-specific mental health care. The study used a mixed methods approach and utilized a questionnaire followed by in depths interviews.

Survey and Interview Results

Results from this survey highlighted the importance and need for LGBTQ+ mental health care that focuses on specialization, accessibility, quality of care, and usage for the LGBTQ+ community. In addition, respondents also highlighted the importance of intersectionality in their mental health care service providers along with the importance of including and educating the community about the importance of mental health care services and how to lessen the challenges and barriers that LGBTQ+ individuals face when addressing their mental health needs or seeking mental health care services.

When discussing specialization and quality of care of LGBTQ+ specific mental health care services, respondents highlighted the need for more LGBTQ+ specific mental health care services with LGBTQ+ specific educated clinicians. Respondents also argued there is a need to reduce stigma and biases in mental health care services to address the level of quality of care needed in these settings. Respondents stressed how there is a need to not only improve specialization and quality of care for LGBTQ+ individuals in order to reduce stigma and biases, but also to include an education and standardized perspective of quality of care for marginalized communities such as the LGBTQ+ community. One interviewee really highlighted this need by addressing how there is a gap in care and services for LGBTQ+ individuals by LGBTQ+ clinicians. In addition, there are still biases in mental health services that disenfranchise LGBTQ+ individuals and label them as more dangerous or harmful to themselves

than their heterosexual counterparts. This same theme was highlighted in interviewee responses, stating they felt that specialization was very much a need for the community and LGBTQ+ specific mental health care services where the clinicians are educated in the challenges and barriers that the LGBTQ+ community faces and educated in how to address all of their mental health care needs. This finding algins with prior research that has outlined that LGBTQ+ individuals often report discrimination, hostility, aggression, and microaggressions from their mental health care providers (Roach, 2019). LGBTQ+ individuals have highlighted how hostile behaviors such as looks, gestures. Affect, and word choice deter LGBTQ+ individuals from seeking mental health care services (Roach, 2019). An increase in specialization and quality of care is needed and likely to mitigated some of the barriers such as hostility and aggression that LGBTQ+ individuals face when seeking or using mental health care services.

When discussing accessibility and usage of LGBTQ+ specific mental health care services, results of this study found that the majority of respondents have previously utilized or are currently utilizing mental health care services, however these services were not LGBTQ+ specific. Respondents shared how usage of basic mental health care services can be difficult because there may be a need for changing clinicians based on their knowledge and reaction to LGBTQ+ specific mental health care needs. One interviewee shared how accessing and using mental health care services in general is difficult to navigate and that

adding in the fear of a clinician who will be judgmental can make usage feel impossible. Respondents did highlight issues with accessibility to LGBTQ+ specific mental health care services, with the majority of respondents stating they were not aware of where to find LGBTQ+ specific mental health care services. One interviewee shared they might find a clinician they like or trust, and then costs can make accessibility impossible. This is problematic especially since respondents are aware of and interested the benefits of mental health care usage and accessibility. Though the participant population of this study's usage of mental health care services did not reflect the information in prior literature and research, the interest in LGBTQ+ specific mental health care services and lack of accessibility to LGBTQ+ specific mental healthcare services support prior literatures presentation that a lack of LGBTQ+ specific mental health care locations and lack of knowledge regarding existing locations creates a barrier for access and usage (Martos et al., 2019; Kum, 2017; Qureshi et al., 2018).

In addition to the survey responses, interviewees stressed the importance and lack of intersectionality in mental health care services. Interviewees highlighted intersectionality as one of the most needed aspects in mental health care services, stating that there was a need for more individuals who look like them and have lived experiences as they have had. Prior research and literature show that intersectionality factors play a complex role in LGBTQ+ individuals utilizing mental health care services (Martos et al., 2019; Russel et al., 2016). LGBTQ+ individuals have historically been disenfranchised and treated and

viewed as a minority group. LGBTQ+ individuals of color are often double or triple minority individual, causing them to feel as if they need to choose between being part of the LGBTQ+ community or part of their cultural or ethnic community (Harper & Schneider, 2003). This sentiment was found in statements from interviewees who shared that when accessing mental health care services, they feel as if they have to pick between cultural identity, sexual orientation identity, and gender identity. Respondents called for more intersectionality in these settings of service because they feel that the representation that intersectionality naturally brings will increase their ability to trust and utilize services. To build trust with the LGBTQ+ community, there must be an increase in clinicians of all walks of life, all cultures, all genders, and all sexual orientations. In addition, prior research has outlined how mental health care services were initially created from a white heterosexual western perspective (Roach, 2019). Respondents have outlined how this continuous indulgence in the white heterosexual western perspective to mental health has continued to disenfranchise the LGBTQ+ community by continuing this mistrust between the community and clinicians or agencies, thus not allowing the LGBTQ+ community to access the services that they desperately need. In addition to interview responses regarding intersectionality, interviewees also highlighted the need for community education regarding LGBTQ+ individuals needs and barriers to mental health or needs and barriers that affect their mental health. Prior research has outlined the way that lack of familial, communal, and societal acceptance negatively affects the mental

health of LGBTQ+ individuals (Russel et al., 2016). In addition to negatively impacting their mental health, lack of familial, communal, and societal acceptance also puts LGBTQ+ individuals' personal safety at risk, with more than half of LGBTQ+ individuals reporting being threatened by a friend and family member, sexually harassed or experience violence based on their sexuality (Mental Health America, 2021). Interviewees shared that there is a need for their communities to be educated in LGBTQ+ barriers and challenges to start to change the bias and stigma surrounding both LGBTQ+ individuals and mental health care services. Interviewees emphasized how education can impact and address the stigma and bias in the community, which is made up of many different cultures and ethnicities. It is important for the LGBTQ+ community that clinicians and social workers do their part to not only address their mental health needs, but also their societal needs as well since they greatly impact the LGBTQ+ communities mental health.

Strengths and Limitations

The purpose of examining the strengths and limitations of the study is to examine the credibility of this study and to identify improvements that can be made in order to increase generalizability. Reviewing strengths and weaknesses in the research methods aids future studies to be able to improve upon the design of this study.

Strengths

A strength of this study is that this study utilized a mixed methods design, allowing for quantitative results in the survey and more in-depth qualitative perspectives through interviews. By doing so we have a better understanding of the lived experiences of LGBTQ+ individuals regarding their challenges, barriers, and access to LGBTQ+ mental health services. These results help to shape future mental health care services and policies so that mental health care services are educated, inclusive, and available for all individuals regardless of their gender, ethnicity, sexual orientation, or socioeconomic status.

Limitations

One significant limitation for this study is the small sample size of respondents who completed the survey to its full extent. Unfortunately, the sample size of 22 respondents limits the generalizability of the study and results as well as the variability of demographics. Another limitation for this study is that demographics were not diverse enough. A large majority of the respondents were cis female, lesbian respondents. Another limitation would be difficulty obtaining participants during data collection period because data was collected virtually due to the COVID-19 pandemic.

Lastly, a big limitation to this study was the lack of participation from social workers. This study initially sought to look at the challenges and barriers that LGBTQ+ individuals face when obtaining mental health care services and it

sought to find if social work clinicians and providers were equipped, educated, and able to address the needs, challenges, and barriers that LGBTQ+ individuals face when obtaining mental health care services. However, social workers did not participate in the social work questionnaire. Because of the lack of social work participation, the social work perspective and data was not able to be included in the final study. This speaks to a social worker potentially being less willing to be vulnerable in these settings or when asked about topics involving readiness and education.

Recommendations for Social Work Practice, Education, and Research

Social workers work closely with individuals' mental health and services that are related to mental health care. LGBTQ+ individuals are a marginalized community and face many barriers and challenges in their lives that result in a need for LGBTQ+ specific mental health care. The findings of this study show how there is a need for LGBTQ+ specialization in mental health care, improvement on accessibility to LGBTQ+ mental health care service, standardization for quality of care for LGBTQ+ individuals, and a need for simplification of usage by eliminating stigmas, biases, and microaggressions in the mental health field. In addition, this study found that LGBTQ+ respondents shared that intersectionality in clinicians is critically important and a mitigating factor for utilization of mental health care services. Lastly, this study outlined the need for community education and outreach to shift the cultural and societal factors that affect the LGBTQ+ communities mental health.

After considering these variables and needs of the LGBTQ+ community, social workers should advocate for more LGBTQ+ specialization in their educational programs, in their workplaces, and in their community. In addition, social workers should address the challenges and barriers that LGBTQ+ individuals face regarding accessibility LGBTQ+ specific mental health care service. For social workers to address the challenges and barriers that LGBTQ+ individuals face when attempting to or accessing LGBTQ+ specific mental health care services, they must also advocate for standardization in the mental health field that does not allow for these barriers and challenges to continue. This would lead to more usage among LGBTQ+ individuals. Lastly, social workers must call for a more inclusive and intersectional representation of the community. By doing so there would be an increase in usage and trust in the LGBTQ+ community.

As social workers there is a need and responsibility to advocate for underserved, marginalized, or minority communities. By advocating for change in the specialization, accessibility, usage, quality of care, intersectionality, and community education for LGBTQ+ individuals' community and mental health care services, social workers will be following the NASW's code of ethics and values such as service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. (National Association for Social Workers, 2023). Social workers should also be advocating for more transparency and vulnerability surrounding areas of improvement. This study found that social work respondents were not able to or willing to participate in the study, thus not

allowing for a social work perspective on the aspects of change needed identified by LGBTQ+ individuals. Normalizing a vulnerability in the social work community to acknowledge areas of growth and strengths in social work practice can benefit social work, social work, and the very society that social workers serve. It is the social workers duty to ensure service that is competent and just.

Conclusion

This chapter discussed the results of this study and reviewed the strengths and limitations for this research project. In addition, this chapter discussed the implication and recommendations for social work. Findings of this study support prior literature, which stressed that specialization, accessibility, quality or care, and usage are barriers and challenges that LGBTQ+ individuals face when accessing or attempting to access mental health care services. In addition, individuals who participated in this survey and optional interview highlighted that some major challenges for accessing mental health care services include intersectionality and community education and needs. These sentiments have been discussed and outlined in prior literature; however, respondents highlighted these aspects as very important challenges and barriers to accessing mental health care services. The results of this study have called social workers to advocate for specialization, accessibility, quality of care, usage, intersectionality, and community needs for LGBTQ+ individuals who are seeking or utilizing mental health care services. In addition, the results of this study are a call for social work to have more inclusive representation in clinicians and more

education in not only social work settings and educational settings, but also in the various ethnic, social, and professional communities that LGBTQ+ individuals live in and are part of. As social workers, it is our duty to listen to marginalized and disenfranchised communities, attempt to mitigate barriers and challenges, and to affect change for the betterment of society.

APPENDIX A

DATA COLLECTION TOOL

LGBTQ+ Respondents Survey

1. (Demographics) What is your age?

2. (Demographics) What is your gender?

3. (Demographics) What is your ethnicity?

4. (Demographics) Are you part of the LGBTQ+ community?

5. (Usage) I utilize mental health care regularly.

    a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

6. (Usage) I am currently utilizing mental health care.

    a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

7. (Usage) I would rate my mental health care as good.

    a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

8. (Quality of Care) I am satisfied with my mental health care.

    a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

9. (Quality of Care) I trust that my mental health care provider is providing mental health care from an LGBTQ+ specific mindset.

    a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

10. (Quality of Care) My mental health care provider is knowledgeable about

LGBTQ+ specific mental health care needs.

a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

11. (Specialization) It is important to me to have a mental health care provider who is knowledgeable about LGBTQ+ specific mental health care needs.

a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

12. (Specialization) I would feel more comfortable with mental health care providers who are educated on LGBTQ+ specific challenges and needs.

a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

13. (Accessibility) I am aware of where to find LGBTQ+ specific mental health care.

a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

14. (Accessibility) I have access to LGBTQ+ specific mental health care.

a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

15. (Specialization) LGBTQ+ specific mental health care is needed for LGBTQ+ individuals.

a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

16. (Specialization) I have experienced life events that only a LGBTQ+ specific mental health provider could help me with.

    a. strongly agree (1), agree (2), neutral (3), disagree (4), and strongly disagree (5)

17. If you wish to participate in an interview please leave an email to be contacted.

    a. Blank type in section

LGBTQ+ Respondents Interview

1. (Usage) Please describe what your experience with mental health care has been like?

2. (Quality of care) Are you comfortable discussing LGBTQ+ specific mental health care needs with your current mental health provider? Please Explain?

3. (Specialization) In your opinion, what is the level of need for LGBTQ+ specific mental health care in the LGBTQ+ community?

4. (Specialization) In your opinion, what would LGBTQ+ specific mental health care address in your community?

5. (Specialization) In your opinion, what would be the most important need for the LGBTQ+ community in regard to mental health?

6. (Accessibility) In your opinion, what are some barriers and challenges that LGBTQ+ individuals face in obtaining LGBTQ+ specific mental health care?

*SURVEY AND INTERVIEW QUESTIONS CREATED BY RESEARCHER

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the quality of care, accessibility, specialization, and usage of LGBTQ+ specific mental health care. The study is being conducted by Stephanie Nunez-Rivera, a graduate student, under the supervision of Anissa Rogers, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB. - IRB NUMBER: **IRB-FY2022-85**

PURPOSE: The purpose of the study is to examine the barriers and challenges that LGBTQ+ individuals face in acquiring LGBTQ+ specific mental health care.

DESCRIPTION: LGBTQ+ participants will be asked of a few questions regarding mental health care usage, mental health care quality, mental health care accessibility, and mental health care specialization.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported in group form only.

DURATION: It will take 15 to 20 minutes to complete the survey. Optional interviews will take 30 minutes to 1 hour.

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 benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Anissa Rogers at Anissa.Rogers@csusb.edu.

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 2023.

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I agree to have this optional interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

____
____

Place X here Date

APPENDIX C

INSTUTUTIONAL REVIEW BOARD APPROVAL LETTER

February 4, 2022

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-85

Anissa Rogers Stephanie Nunez-Rivera
CSBS - Social Work, Users loaded with unmatched Organization affiliation.
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Anissa Rogers Stephanie Nunez-Rivera:

Your application to use human subjects, titled "Challenges social workers face addressing the LGBTQ+ communities mental health needs" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

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. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **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 mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-85 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,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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