Mental Health Treatment Disparities Among Intersected Identities of Race/Ethnicity, Sex, and Sexual Orientation

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Review of Topic

Introduction

In 2011, the Institute of Medicine (IOM) issued a report on the state of research on Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals in regards to their health status and interactions with the healthcare system. They noted that there was a gap in the literature in regards to disparities among sexual orientation, and likewise intersected identities with sexual orientation, such as race/ethnicity, and sex/gender (Garofalo et al., 2011). This research seeks to address this gap by estimating IOM concordant disparities in the use of mental health treatment between groups intersected on race/ethnicity, sex, and sexual orientation using data from the 2015-2019 National Survey on Drug Use and Health (NSDUH).

Literature Review

Overall, there is limited research on disparities in mental health treatment by sexual orientation as surveys have only recently started collecting these data, with the National Health Interview Survey piloting questions regarding sexual orientation in 2013 (Baams et al., 2017; Platt et al., 2018). Both sexual minority women and men are more likely than their heterosexual counterparts to have seen a mental health professional independent of their scores of psychological distresses. Women are more likely to receive mental health care regardless of sexual orientation. However, heterosexual women are significantly more likely to have seen a mental health professional compared to heterosexual men while there was no statistically significant difference between sexual minority men and women. Sexual minorities may have higher rates of seeing a mental health professional because of stigma along with difficulty in relationships with family (Platt et al., 2018). Among Black and White sexual minorities, Black sexual minorities are more likely to postpone mental health treatment and believe they should work out their problems on their own, or with friends/family (Williams et al., 2024). Sexual minority students were found to be more likely to have seen some type of mental health professional, receive a mental health service, and report suicidal ideation than heterosexuals. However, this study cannot be generalized to the entire college population and likewise to the general United States population.

Methods

A limitation of earlier studies is that they may confound underlying differences in health with unfair barriers to accessing mental healthcare conditional on a level of need. In the IOM method, disparities due to differences in health are considered just while differences due to socioeconomic status (SES) are considered unjust (Clemans-Cope et al., 2023).

The IOM method can be derived by first expressing the mean utilization of the advantaged and disadvantaged group as a linear combination of health characteristics (H) and socioeconomic factors (S).

In the equations below run separately on reference group a and comparison group d (canonically, the disadvantaged group), Y represents the outcome of interest, H represents the health characteristics, and S represents the socioeconomic factors,

$$\bar{Y_a} = \bar{H}'_a\hat{\beta}_a + \bar{S}'_a\hat{\gamma}_a \tag{1a}$$

$$\bar{Y_d} = \bar{H}'_d\hat{\beta}_d + \bar{S}'_d\hat{\gamma}_d, \tag{1b}$$

where $\hat{\beta}$ is a vector containing coefficient estimates for each H characteristic, and $\hat{\gamma}$ is a vector containing coefficients for each S and the model constant term.

The difference in mean outcomes across groups can be rewritten using Oaxaca-Blinder decomposition. The overall difference is further adjusted to be an IOM concordant disparity by assigning the disadvantaged group the same distribution of health status as the advantaged group through setting $H_a = H_d$,

$$(\bar{Y_a} - \bar{Y_d})_{IOM} = \bar{H'}_a\,(\hat{\beta}_a - \hat{\beta}_d) + \bar{S'}_a\,(\hat{\gamma}_a - \hat{\gamma}_d) + (\bar{S'}_a - \bar{S'}_d)\,\hat{\gamma}_d, \tag{2}$$

Bibliography

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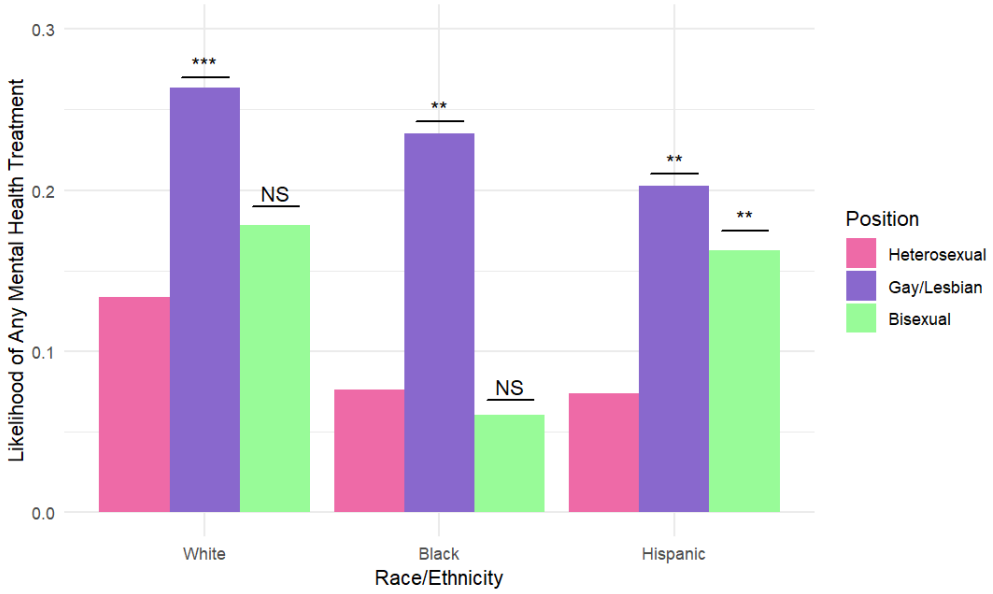
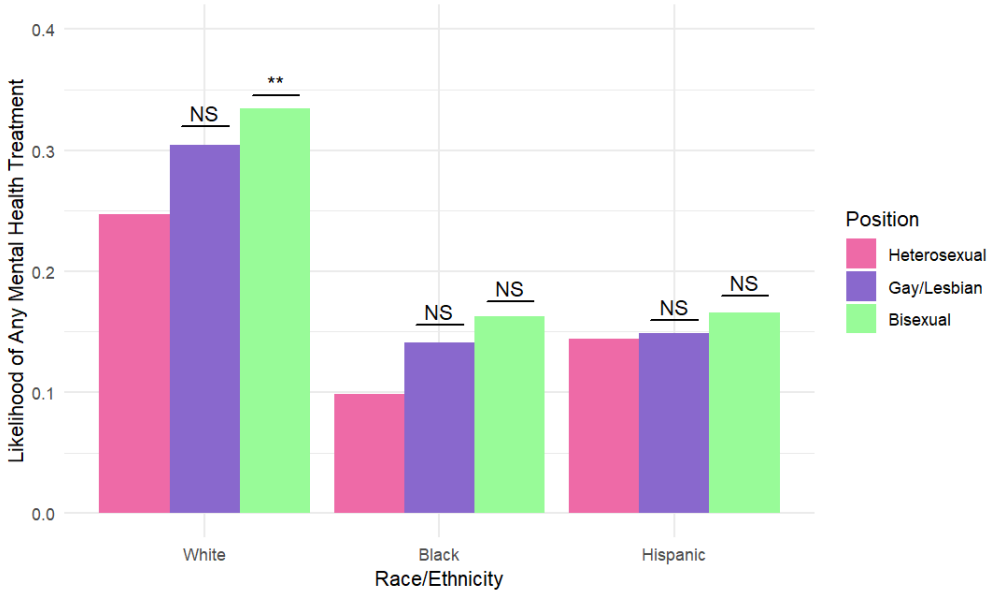
N. D. Williams, R. E. Turpin, B. O. Boekeloo, E. C. King-Marshall, and J. N. Fish. Black sexual minority adults' avoidance of professional mental health care. *Psychiatric Services*, 75(1):40–47, 2024.

Figure 1: Within Race/Ethnicity Sexual Orientation Disparities for Men in Any Mental Health Treatment



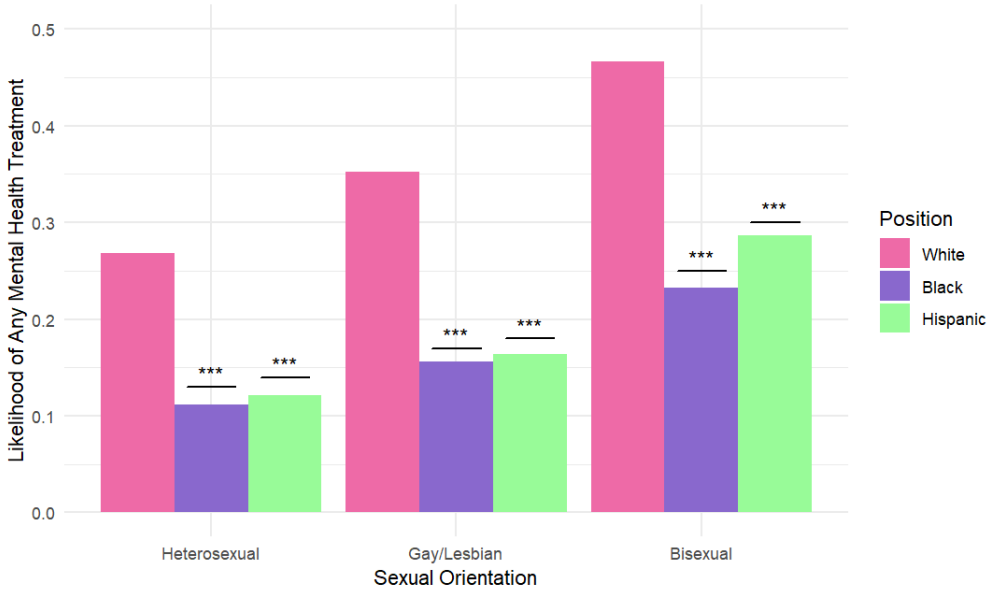
Source: 2015-2019 National Survey on Drug Use and Health (NSDUH). Comparisons are made to the reference group Heterosexual within race/ethnicity and sex.

Figure 2: Within Race/Ethnicity Sexual Orientation Disparities for Women in Any Mental Health Treatment



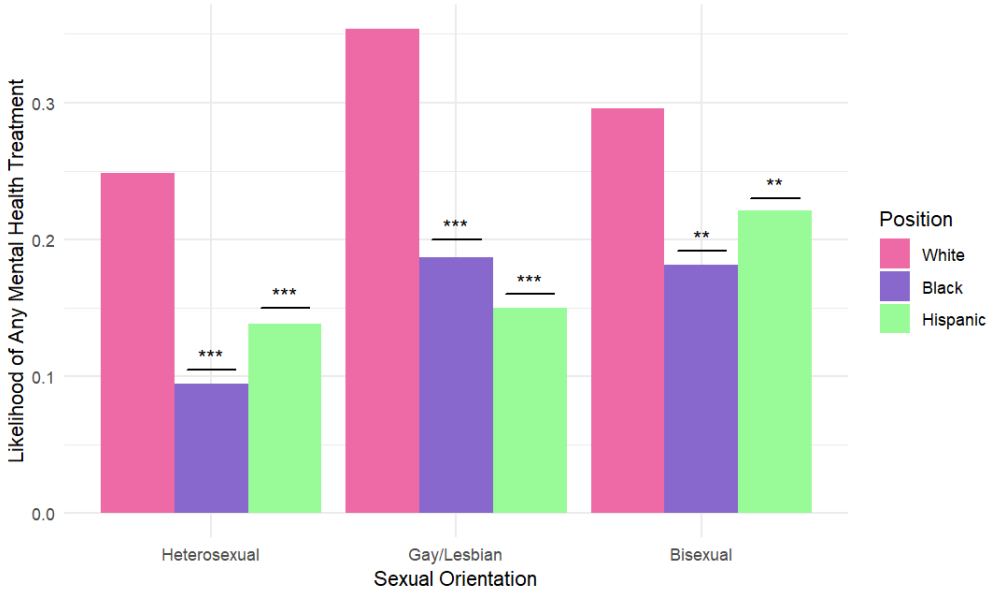
Source: 2015-2019 National Survey on Drug Use and Health (NSDUH). Comparisons are made to the reference group Heterosexual within race/ethnicity and sex.

Figure 3: Within Sexual Orientation Racial/Ethnic Disparities for Women in Any Mental Health Treatment



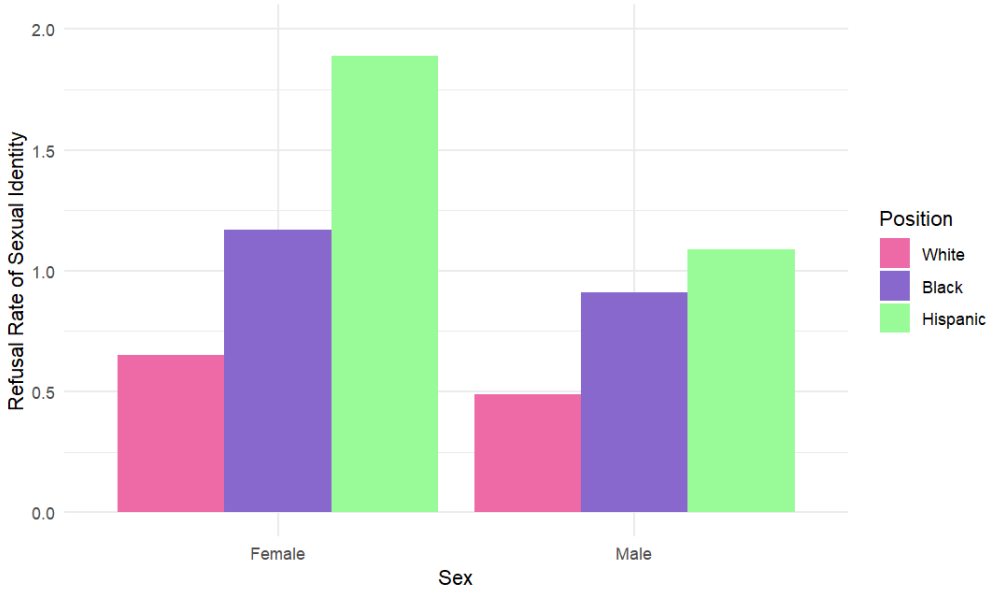
Source: 2015-2019 National Survey on Drug Use and Health (NSDUH). Comparisons are made to the reference group White within sexual orientation and sex.

Figure 4: Within Sexual Orientation Racial/Ethnic Disparities for Men in Any Mental Health Treatment



Source: 2015-2019 National Survey on Drug Use and Health (NSDUH). Comparisons are made to the reference group White within sexual orientation and sex.

Figure 5: Refusal Rates to Question on Sexual Identity by Race/Ethnicity and Sex



Source: 2015-2019 National Survey on Drug Use and Health (NSDUH).