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# Behavioral Health Care Access Among Lesbian, Gay, and Bisexual (LGB) Populations

SAMHSA
Substance Abuse and Mental Health Services Administration

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# Table of Contents

# Introduction

Lesbian, gay, and bisexual (LGB) individuals experience higher rates of substance use and mental health conditions compared to straight individuals.[4] These individuals also experience barriers that impact their ability to access treatment for these conditions, including difficulties finding LGB-affirming providers,[5,6] stigma,[6–9] and patient financial constraints.[5,6]

In 2023, the Substance Abuse and Mental Health Services Administration (SAMHSA) released findings from the National Survey on Drug Use and Health (NSDUH) titled *Lesbian, Gay, and Bisexual Behavioral Health: Results from the 2021 and 2022 National Surveys on Drug Use*.[10] The report highlighted elevated rates of substance use, thoughts of suicide, substance use disorders, and mental illness among LGB populations compared to straight individuals.

While the NSDUH report portrays alarming substance use and mental health patterns within this population after stratifying by sex and adjusting for age differences between populations, it does not control for other factors that may also be associated with increased substance use and mental health conditions and impact access to treatment. These factors include race,[11,12] educational attainment,[13,14] marital status,[15,16] and financial hardship.[17,18] This report accounts for those variables and presents information on health insurance coverage and barriers to care. For more information on how these factors were accounted for in the current analysis, please see Appendix B, Methodology.

## Brief Overview of Methodology

For the current analyses, NSDUH data from 2015 to 2019 were pooled to investigate whether the disparities identified in the 2023 NSDUH report existed in 2015–2019 and whether findings are statistically significant when other contributing factors are statistically controlled. These 5 years of NSDUH data were chosen due to lack of sexual identity data in earlier surveys and data compatibility issues with later years of the survey.

### Key Terms

- **Bisexual:**[1] Describes an individual who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender.
- **Gay:**[1] Describes individuals whose enduring physical, romantic, and/or emotional attractions are to people of the same gender.
- **Lesbian:**[1] Describes a woman who has a romantic and/or sexual orientation toward women.
- **LGB:**[1] Describes the acronym for lesbian, gay, and bisexual individuals. LGB is used interchangeably with "sexual minority" throughout this report.
- **Sexual identity:**[2] Describes how, in the NSDUH, sexual identity among adults aged 18 or older is determined based on the question "Which one of the following do you consider yourself to be?" with response options of "heterosexual, that is, straight," "lesbian," "gay," or "bisexual."
- **Sexual minority:**[1] Describes populations that include, but are not limited to, individuals who identify as lesbian, gay, and bisexual. Sexual minority is used interchangeably with "LGB" throughout this report.
- **Sexual orientation:**[1] Describes an individual's physical, romantic, and/or emotional attraction to others.
- **Straight:**[3] Describes a sexual orientation for women who are exclusively attracted to men and for men who are exclusively attracted to women.
- **Transgender:**[1] Describes individuals whose gender identity is incongruent with their sex assigned at birth.

## Research Question

Do disparities identified in the 2023 NSDUH report exist in NSDUH 2015–2019 data when potential predictive factors, such as race, educational attainment, marital status, and financial hardship, are statistically controlled?

The study looks specifically at differences by sexual identity on the following variables:

- **Health insurance coverage**
- **Mental health and substance use conditions**
- **Mental health and substance use treatment**
- **Barriers to care**

## Evolution of NSDUH Data Collection on Sexual Orientation and Gender Identity

**2015**
NSDUH began including questions on sexual attraction and sexual identity for respondents aged 18 and older.[2]

**2015–2019**
The current study focuses on NSDUH data collected during this period.

**2020**
Due to the COVID-19 pandemic, data collection methodology was significantly adjusted, rendering comparisons of LGB populations invalid with previous years[19] and subsequent years 2021[20] and 2022.[21]

**2023**
NSDUH shifted from using a binary measure of "male" or "female" and began allowing respondents to self-report their gender identity.[10] NSDUH also began asking all respondents aged 12 and older about their sexual identity. (The survey does not include individuals younger than 12.)

To account for contributing factors, data were aggregated across multiple years, and matched cohorts with similar characteristics were created from the same response year. This approach allowed for direct comparisons between gay and bisexual males and their straight counterparts, as well as between lesbian and bisexual females and their straight counterparts. Additionally, comparisons were made within the gender and sexual minority groups themselves, such as between bisexual males and gay males and between bisexual females and lesbian females, to further explore nuanced differences and similarities within these subgroups. Propensity score matching was employed to generate comparable groups using the variables of age, race, educational attainment, marital status, family income, and participation in government assistance programs. Statistical tests were conducted to examine significance of mean differences in group comparisons.

The study found that the disparities identified in the 2023 report also existed in 2015–2019, and that these disparities remained after applying statistical controls. For example, sexual minority males and females were more likely to use marijuana and opioids compared to straight males and females. They were more likely to experience mental health symptoms, and among those with a perceived unmet need for treatment, were more likely to report experiencing several barriers to behavioral health care.

This report highlights the key findings from the analyses. Please note that because the matching algorithm selected straight respondents to match with gay and bisexual individuals, the straight individuals matched to each group may differ. For instance, the straight individuals matched to gay respondents might not be the same as those matched to bisexual respondents due to differences in the characteristics used for matching. This variation can result in different percentages or outcomes when comparing straight males to gay versus bisexual males, and similarly for comparing straight females to lesbian versus bisexual females. Detailed methodology and tables of findings are included in Appendixes B and C.

# Results

## Insurance Coverage

In general, LGB individuals had comparable health insurance coverage compared to their straight peers.

### Insurance Coverage by Sexual Identity and Gender

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| **Insurance Type** | Gay (*n* = 2,348) | Straight (*n* = 95,196) | Bisexual (*n* = 2,350) | Straight (*n* = 95,184) | Lesbian (*n* = 2,292) | Straight (*n* = 103,682) | Bisexual (*n* = 8,017) | Straight (*n* = 109,353) |
| Privately Purchased | 59.7%* | 57.1% | 55.4% | 57.1% | 54.8% | 54.9% | 51.3%* | 54.6% |
| Medicaid or Other Public[a] | 13.0%* | 15.2% | 16.6% | 15.2% | 20.2% | 21.0% | 24.4%* | 21.7% |
| Medicare | 13.1%* | 10.9% | 12.2%* | 10.9% | 11.8% | 11.9% | 11.9% | 11.4% |
| Uninsured | 14.2%* | 16.8% | 15.9% | 16.8% | 13.2% | 12.2% | 12.3% | 12.3% |

** Significantly different from "Straight," with $p < 0.05$.* [a] Includes Medicaid/CHIP, TRICARE, CHAMPVA, the VA, or military health care.

## Key Findings

### Have privately purchased insurance

Gay males **1.05 times more likely** than straight males

Lesbian females **1.1 times more likely** than bisexual females

### Have Medicare

Gay males **1.1 times more likely** than straight males

Bisexual males **1.2 times more likely** than straight males

### Have Medicaid or other public health insurance

Bisexual females **1.1 times more likely** than straight females

### Be insured

Gay males **1.2 times more likely** than straight males

## Substance Use

Overall, sexual minorities, regardless of gender, were more likely to report use of most substances in the past month.

### Past-Month Substance Use by Sexual Identity and Gender

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| **Past-Month Substance Use** | Gay (*n* = 2,348) | Straight (*n* = 95,854) | Bisexual (*n* = 2,350) | Straight (*n* = 95,856) | Lesbian (*n* = 2,292) | Straight (*n* = 104,171) | Bisexual (*n* = 8,017) | Straight (*n* = 109,896) |
| Alcohol | 66.5%* | 60.9% | 62.4% | 60.8% | 61.8%* | 53.4% | 62.8%* | 53.5% |
| Cigarettes | 12.9% | 12.2% | 14.0% | 13.1% | 11.8%* | 7.8% | 13.7%* | 7.9% |
| Cocaine | 2.3%* | 1.3% | 1.9% | 1.3% | 1.0%* | 0.5% | 1.7%* | 0.6% |
| Inhalants | 5.2%* | 0.2% | 1.3%* | 0.2% | 0.2% | 0.1% | 0.3%* | 0.1% |
| Marijuana | 22.3%* | 16.3% | 22.3%* | 16.4% | 17.7%* | 9.5% | 24.6%* | 9.8% |
| Methamphetamine | 1.8%* | 0.5% | 1.0% | 0.5% | 0.4% | 0.2% | 0.9%* | 0.3% |
| Opioids | 3.3%* | 1.8% | 2.5% | 1.8% | 2.6%* | 1.2% | 3.5%* | 1.3% |

** Significantly different from "Straight," with $p < 0.05$.*

## Key Findings

### Use alcohol

Gay males **1.1 times more likely** than straight males

Sexual minority females **1.2 times more likely** than straight females

### Use cocaine

Gay males **1.8 times more likely** than straight males

Lesbian females **2 times more likely** than straight females

Bisexual females **2.8 times more likely** than straight females

### Smoke cigarettes

Lesbian females **1.5 times more likely** than straight females

Bisexual females **1.8 times more likely** than straight females

### Use inhalants

Gay males **26 times more likely** than straight males

Bisexual females **3 times more likely** than straight females

### Use marijuana

Sexual minority males **1.4 times more likely** than straight males

Lesbian females **1.8 times more likely** than straight females

Bisexual females **2.5 times more likely** than straight females

### Use methamphetamine

Gay males **3.6 times more likely** than straight males

Bisexual females **3 times more likely** than straight females

### Misuse opioids

Gay males **1.8 times more likely** than straight males

Lesbian females **2.2 times more likely** than straight females

Bisexual females **2.7 times more likely** than straight females

## Mental Health Concerns

All sexual minorities, regardless of gender, were more likely than straight individuals to have experienced mental health concerns in the past year, including any mental illness (AMI) and serious mental illness (SMI). They were more likely to have had suicidal thoughts, made a suicide plan, or attempted suicide in the past year, and to have experienced a past-year major depressive episode.

### Mental Health Concerns by Sexual Identity and Gender

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| **Mental Health Concerns** | Gay (*n* = 2,348) | Straight (*n* = 95,854) | Bisexual (*n* = 2,350) | Straight (*n* = 95,856) | Lesbian (*n* = 2,292) | Straight (*n* = 104,171) | Bisexual (*n* = 8,017) | Straight (*n* = 109,896) |
| Any mental illness (AMI)[a†] | 31.6%* | 16.6% | 38.0%* | 16.6% | 37.8%* | 24.4% | 49.7%* | 24.7% |
| Serious mental illness (SMI)[b†] | 9.4%* | 3.7% | 13.5%* | 3.7% | 13.3%* | 6.2% | 19.1%* | 6.3% |
| Major depressive episode[c†] | 13.6%* | 6.1% | 18.3%* | 6.1% | 17.6%* | 10.0% | 24.5%* | 10.2% |
| Felt nervous‡ | 37.9%* | 24.4% | 40.1%* | 24.4% | 41.3%* | 32.5% | 47.9%* | 33.1% |
| Felt restless/ fidgety‡ | 34.7%* | 23.4% | 38.6%* | 23.4% | 37.3%* | 24.9% | 43.9%* | 25.4% |
| Felt so sad nothing could cheer them up‡ | 20.9%* | 12.3% | 25.5%* | 12.4% | 24.9%* | 15.3% | 30.9%* | 15.7% |
| Felt down on self/worthless‡ | 23.6%* | 13.4% | 28.7%* | 13.4% | 25.9%* | 15.9% | 31.9%* | 16.4% |
| Suicidal thoughts† | 11.8%* | 5.0% | 17.0%* | 5.0% | 12.5%* | 5.3% | 17.0%* | 5.5% |
| Suicide plan† | 4.4%* | 1.5% | 6.4%* | 1.5% | 5.1%* | 1.6% | 6.5%* | 1.6% |
| Suicide attempt† | 2.8%* | 0.7% | 3.2%* | 0.7% | 2.1%* | 0.7% | 2.9%* | 0.8% |

** Significantly different from "Straight," with $p < 0.05$. † Indicates concern experienced in past year. ‡ Indicates concern experienced in past month.*

[a] AMI among adults was defined as adults aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder, *regardless* of the level of impairment in carrying out major life activities.

[b] SMI among adults was defined as adults aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder resulting in substantial impairment in carrying out major life activities.

[c] A respondent was classified as having a major depressive episode (MDE) if they reported experiencing at least five out of the nine criteria used to define an adult as having had MDE, where at least one of the criteria is a depressed mood or loss of interest or pleasure in daily activities.

## Key Findings

### Experienced a major depressive episode

| Gay males | Bisexual males | Lesbian females | Bisexual females |
|---|---|---|---|
| **2.2 times more likely** than straight males | **3 times more likely** than straight males | **1.8 times more likely** than straight females | **2.4 times more likely** than straight females |

### Experienced suicidal thoughts

| Gay males | Bisexual males | Lesbian females | Bisexual females |
|---|---|---|---|
| **2.4 times more likely** than straight males | **3.4 times more likely** than straight males | **2.4 times more likely** than straight females | **3 times more likely** than straight females |

### Made a suicide plan

| Gay males | Bisexual males | Lesbian females | Bisexual females |
|---|---|---|---|
| **2.9 times more likely** than straight males | **4.3 times more likely** than straight males | **3.2 times more likely** than straight females | **4.1 times more likely** than straight females |

### Attempted suicide

| Gay males | Bisexual males | Lesbian females | Bisexual females |
|---|---|---|---|
| **4 times more likely** than straight males | **4.5 times more likely** than straight males | **3 times more likely** than straight females | **3.6 times more likely** than straight females |

## Receipt of Needed Substance Use and Mental Health Care

Among individuals who needed treatment for substance use and mental health care, LGB individuals were as likely or more likely to receive needed substance use and mental health services compared to their straight peers. Among LGB individuals, gay and bisexual males reported the highest rates of unmet substance use and mental health care needs.

### Past-Year Treatment Gap for Substance Use (SU) Care by Sexual Identity and Gender

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| | Gay (*n* = 2,348) | Straight (*n* = 12,957) | Bisexual (*n* = 2,350) | Straight (*n* = 12,927) | Lesbian (*n* = 2,292) | Straight (*n* = 7,803) | Bisexual (*n* = 8,017) | Straight (*n* = 9,107) |
| Did Not Receive Needed SU Care[a] | 87.6% | 88.9% | 90.9% | 88.8% | 86.5% | 88.3% | 86.6% | 88.0% |

[a] Defined as individuals who did not receive treatment at a specialty facility for illicit drug or alcohol use in the past year, among those who needed it. Individuals were defined as needing treatment if they met at least one of the following criteria: 1) dependent on any illicit drug or alcohol in the past year, 2) abused illicit drugs or alcohol in the past year, or 3) received treatment for illicit drug or alcohol use at a specialty facility in the past year.

### Past-Year Treatment Gap for Mental Health (MH) Care by Sexual Identity and Gender

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| | Gay (*n* = 2,348) | Straight (*n* = 16,247) | Bisexual (*n* = 2,350) | Straight (*n* = 16,447) | Lesbian (*n* = 2,292) | Straight (*n* = 25,712) | Bisexual (*n* = 8,017) | Straight (*n* = 29,289) |
| Did Not Receive Needed MH Care[a] | 53.6%* | 67.0% | 57.6%* | 67.0% | 46.6%* | 53.0% | 46.6%* | 53.2% |

** Significantly different from "Straight," with $p < 0.05$.*

[a] Defined as individuals who did not receive mental health treatment in the past year, among those with any mental illness (AMI).

## Key Findings

### Individuals who needed treatment for illicit drug or alcohol use

Sexual minorities, regardless of gender, were **equally as likely** to have an unmet need for substance use care as straight individuals

### Individuals with any mental illness (AMI) who received needed mental health care

Sexual minority males were **1.2 times more likely** to have received care than straight males

Sexual minority females were **1.1 times more likely** to have received care than straight females

Among individuals who needed treatment for illicit drug or alcohol use, LGB individuals received care in specialty facilities at higher rates than their straight counterparts. Among those with AMI, LGB individuals were more likely than straight individuals to receive mental health treatment.

## Past-Year Receipt of Needed Substance Use Treatment in Specialty Facility, by Sexual Minority/Majority Status

| | LGB (*n* = 22,889) | Straight (*n* = 26,433) |
|---|---|---|
| Received Needed Substance Use Treatment in Specialty Facility[a] | 13.1%* | 11.4% |

** Significantly different from "Straight," with $p < 0.05$.*

[a] Defined as individuals who received needed treatment for illicit drug or alcohol use in the past year in a specialty facility, among those who needed it. Specialty facility is defined as a drug and alcohol rehabilitation facility (inpatient or outpatient), hospital (inpatient only), or mental health center. Individuals were defined as needing treatment if they met at least one of the following criteria: 1) dependent on any illicit drug or alcohol in the past year, 2) abused illicit drugs or alcohol in the past year, or 3) received treatment for illicit drug or alcohol use at a specialty facility in the past year.

## Key Findings

### Individuals who received needed treatment for illicit drug or alcohol use in a specialty facility

LGB individuals were **1.1 times more likely** to receive needed treatment in a specialty facility than straight individuals

## Past-Year Receipt of Mental Health Treatment Among Individuals With Any Mental Illness (AMI), by Sexual Minority/Majority Status

| | LGB (*n* = 7,197) | Straight (*n* = 47,446) |
|---|---|---|
| Received Mental Health Treatment | 51.2%* | 41.4 % |

** Significantly different from "Straight," with $p < 0.05$.*

## Key Findings

### Individuals with AMI who received mental health treatment

LGB individuals were **1.2 times more likely** to receive mental health treatment than straight individuals

Past-Year Treatment Gap for Substance Use and Mental Health Care by Sexual Identity, Gender, and Race/Ethnicity

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| | Gay | Straight | Bisexual | Straight | Lesbian | Straight | Bisexual | Straight |
| **Past-Year Treatment Gap for Substance Use (SU) Care[a]** | | | | | | | | |
| White | 86.9% | 88.2% | 88.3% | 88.2% | 84.7% | 87.2% | 84.6% | 86.8% |
| Black | 91.7% | 88.1% | 95.2% | 88.0% | 83.7% | 90.3% | 92.0% | 90.1% |
| Other Race | 88.4% | 89.0% | 95.0% | 89.0% | 90.0% | 86.2% | 89.5% | 86.0% |
| Hispanic | 87.8% | 91.2% | 97.7%* | 91.8% | 90.2% | 93.1% | 88.6%* | 93.0% |

*(Continued on the next page)*

## Past-Year Treatment Gap for Substance Use and Mental Health Care by Sexual Identity, Gender, and Race/Ethnicity (continued)

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| | Gay | Straight | Bisexual | Straight | Lesbian | Straight | Bisexual | Straight |
| **Past-Year Treatment Gap for Mental Health (MH) Care[b]** | | | | | | | | |
| White | 45.5%* | 62.6% | 54.0%* | 62.6% | 39.8%* | 46.6% | 41.1%* | 46.8% |
| Black | 71.2% | 75.1% | 75.1% | 75.1% | 75.6% | 68.0% | 59.8%* | 68.1% |
| Other Race | 66.5% | 76.1% | 58.8%* | 75.9% | 52.8% | 64.1% | 57.0%* | 64.0% |
| Hispanic | 68.8% | 75.5% | 59.4%* | 75.6% | 59.1% | 65.2% | 53.9%* | 65.3% |

** Significantly different from "Straight," with $p < 0.05$.*

Note: Sample sizes vary by race.

[a] Defined as individuals who did not receive needed treatment for illicit drug or alcohol use in a specialty facility in the past year, among those who needed it. Individuals were defined as needing treatment if they met at least one of the following criteria: 1) dependent on any illicit drug or alcohol in the past year, 2) abused illicit drugs or alcohol in the past year, or 3) received treatment for illicit drug or alcohol use at a specialty facility in the past year.

[b] Defined as individuals who did not receive any mental health treatment in the past year, among those with any mental illness (AMI).

## Key Findings

### Receipt of mental health care, among individuals with AMI

Bisexual Hispanic males were **1.1 times more likely** than straight Hispanic males to have an unmet treatment need for substance use care

Bisexual Hispanic females were **1.6 times more likely** than straight Hispanic females to have received substance use care

### Receipt of mental health care, among individuals with AMI

Bisexual White males **1.5 times more likely** than straight White males

Bisexual Hispanic and other non-Hispanic males **1.3 times more likely** than their straight counterparts

Gay White males **1.4 times more likely** than straight White males

Lesbian White females **1.1 times more likely** than straight White females

Bisexual Hispanic females **1.7 times more likely** than straight Hispanic females

Bisexual White, Black, and other non-Hispanic females **1.1 times more likely** than their straight counterparts

## Barriers to Mental Health Care

Among those with perceived unmet needs for mental health care in the past year, LGB individuals, regardless of gender, had higher reported rates of certain barriers. Cost was the most cited barrier to care.

### Past-Year Barriers to Mental Health Care by Sexual Identity and Gender

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| **Barrier** | Gay (*n* = 2,348) | Straight (*n* = 4,295) | Bisexual (*n* = 2,350) | Straight (*n* = 4,392) | Lesbian (*n* = 2,292) | Straight (*n* = 9,247) | Bisexual (*n* = 8,017) | Straight (*n* = 11,138) |
| Cost | 46.5%* | 38.2% | 48.4%* | 38.1% | 49.4%* | 37.2% | 47.2%* | 37.3% |
| Did not know where to go | 26.7% | 24.9% | 26.8% | 24.8% | 22.5% | 23.6% | 27.1%* | 23.7% |
| Fear of being committed[a] | 17.7% | 14.4% | 18.9%* | 14.6% | 20.0%* | 11.9% | 20.4%* | 12.2% |

** Significantly different from "Straight," with $p < 0.05$.*

[a] Reflects respondents' concerns that they might be committed to a psychiatric hospital or might have to take medicine.

## Key Findings

### Cite cost as a barrier

Gay males
**1.2 times more likely**
than straight males

Bisexual males and
sexual minority females
**1.3 times more likely**
than their straight counterparts

### Cite not knowing where to go

Bisexual females
**1.1 times more likely**
than straight females

### Cite fear of being committed

Bisexual males
**1.3 times more likely**
than straight males

Sexual minority females
**1.7 times more likely**
than straight females

# Conclusion

The current study reinforces the urgent need to address substance use and mental health concerns among LGB populations. Notably, bisexual females represent the largest sexual minority subgroup within this study—exceeding the combined numbers of sexual minority males and lesbian females combined—while also experiencing the most severe disparities.

Despite having health insurance, sometimes at a higher rate than non-LGB populations, many LGB individuals still did not receive needed behavioral health care. Additionally, although LGB individuals were more likely to receive needed mental health care compared to their straight counterparts, those with a perceived unmet need for mental health care reported encountering higher rates of certain barriers to access. These barriers, which include cost and fear of involuntary commitment, highlight the complex landscape of mental health services for LGB individuals, suggesting that while many do seek care, significant challenges still persist for others. Among this vulnerable population, untreated behavioral health concerns have large economic, financial and intangible costs, including loss of productivity, well-being, and even life.[22] The findings from this study mirror those of the previous 2023 NSDUH report, which also highlighted elevated rates of substance use, thoughts of suicide, substance use disorders, and mental illness among LGB populations. This report controls for potential confounders such as financial hardship and race.

Behavioral health disparities experienced by LGB individuals may result from the stress they endure due to harassment, discrimination, and victimization based on their sexual orientation. In the case of bisexual females, this mistreatment frequently occurs in the context of intimate relationships. Bisexual females experience higher rates of mistreatment, including sexual, emotional, and psychological control/violence and intimate stalking, than lesbian females, gay males, and bisexual males, illustrating that this mistreatment stems not only from societal factors and attitudes but also from complex dynamics within their personal relationships.[23,24]

The fear and experience of encountering stigma and discrimination societally, within intimate relationships, and within the health care sector creates chronic stress, heightening LGB individuals' (and particularly bisexual women's)[25] vulnerability to mental health issues, and subsequently, substance use as a coping mechanism.[7,8] The fear of stigma and the experience of discrimination not only impact their health but also act as a barrier to seeking and receiving care. Research has indicated that LGB individuals commonly report encountering negative and discriminatory treatment from health care providers, with many reporting instances of denial of care, disrespectful treatment, and dismissal of their concerns by providers.[5,6,26] These experiences create reluctance among LGB individuals to seek care, which can lead to delaying or forgoing medical services.[5,6,26]

The intersection of sexual orientation, race, socioeconomic status, and gender identity further complicates access to care and health outcomes. Individuals who identify as LGB and belong to racial or ethnic minorities often face compounded barriers due to systemic racism and discrimination,[27] which can exacerbate health disparities, including higher rates of substance use and mental health disorders.[28] Socioeconomic status plays a significant role, as lower income and education levels can limit access to both health care resources and insurance coverage.[5] Additionally, gender identity intersects with sexual orientation in ways that can influence health outcomes and experiences with health care systems, where transgender individuals may face unique challenges related to both gender and sexual identity.[29,30] Studies conducted with bisexual females have suggested that intersecting experiences of biphobia and sexism negatively affect their experiences receiving mental health care.[31] Addressing these intersecting factors is crucial for developing equitable and effective health policies and interventions that consider the multifaceted nature of discrimination and access issues.

The Federal Government has prioritized improving and expanding its efforts to collect information on sexual orientation and gender identity.[32] Though national surveys like the NSDUH have made great strides in this area (including collecting information on sexual identity since 2015 and introducing questions on gender identity in 2023), there is a pressing need for more focused national data collection efforts to capture the unique experiences of LGB individuals, particularly in regard to behavioral health challenges, barriers to needed care, and treatment access and utilization. These efforts should involve LGB individuals and providers serving this community in all aspects of question development, testing, and evaluation.[33]

The current study underscores the urgent need to address the issue of behavioral health care access among LGB individuals on a national level. Its findings reinforce the higher prevalence of substance use and mental health concerns experienced by LGB individuals and highlight the barriers they face in accessing the mental health treatment and counseling they feel they need. These behavioral health care needs and barriers to care must be addressed at the federal level to ensure equitable access to behavioral health care for this population. Specific recommendations include increasing federal funding for LGB-focused behavioral health care programs, with an emphasis on ensuring that such funding effectively trickles down to community-based organizations. Furthermore, it is essential to ensure reimbursement policies cover culturally competent care; to implement stronger antidiscrimination measures and best practices, particularly within health care settings; and to promote further research to identify and address the unique challenges faced by LGB individuals. Additionally, expanding access to technology-driven solutions, such as telehealth, can improve care by providing more flexible options for individuals in remote areas or areas with a shortage of affirming providers.[34]

Findings from this study have significant implications for inclusive health policies and future research. For behavioral health providers and organizations, the results illustrate the critical need for culturally competent care that addresses the specific needs of LGB individuals. Providers should be trained to understand the unique challenges faced by LGB populations, including the impact of stigma

and discrimination on mental health and substance use. Implementing protocols that create a welcoming and respectful environment could help reduce barriers to care and improve treatment outcomes.[35]

For payers, including insurance companies and government health programs, the study highlights the importance of ensuring that behavioral health services are accessible and tailored to the needs of LGB individuals. Policies should focus on removing financial barriers and covering a comprehensive range of mental health and substance use services to better serve this population, as well as health literacy efforts that support LGB individuals in understanding and using their health coverage. Additionally, payers should advocate for the integration of behavioral health care into primary care settings to facilitate early intervention and continuous support.

Future studies should focus on identifying effective strategies to reduce stigma and improve access to care for LGB individuals. Research should explore interventions that address the specific barriers identified in this study, such as fear of involuntary commitment and discrimination within the health care system. Moreover, it is crucial to continue enhancing national data collection efforts to capture the diverse experiences of LGB individuals and inform evidence-based policy and practice changes. With NSDUH now collecting information on gender identity since 2023, future studies should also focus on the experiences of transgender individuals to better understand and address the needs and challenges of this population. Additionally, given the pronounced disparities experienced by bisexual women, future research must specifically address their needs and challenges to ensure more equitable health outcomes. Collaborative research involving LGB communities, health care providers, and policymakers will be essential in developing targeted solutions and improving behavioral health outcomes for both the broader LGB population as well as subgroups within this population.

This study highlights the urgent need for a concerted national effort to address the behavioral health disparities faced by LGB individuals. Despite having insurance, many in this population continue to report barriers to accessing needed behavioral health care. Addressing these issues requires targeted interventions at both policy and practice levels, as well as a commitment to ongoing research and data collection. By implementing culturally competent care, exploring how financial and systemic barriers can be removed or lessened, and focusing on the unique needs of this population, work can be done to reduce health disparities and improve outcomes for LGB individuals. The collaboration of health care providers, payers, researchers, and policymakers will be crucial in ensuring that all individuals, regardless of sexual identity, receive the care they need to lead healthy and fulfilling lives.

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APPENDIX A

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APPENDIX B

# Methodology

The current study is a secondary analysis of National Survey on Drug Use and Health (NSDUH) data collected between 2015 and 2019. NSDUH is a nationally representative, cross-sectional survey of noninstitutionalized individuals conducted annually. It has been instrumental in providing statistical data on alcohol use, tobacco use, drug use, mental health, and other health-related issues among the general population[36] since 1971.[37]

## Analytical Methodology

Sexual identity (lesbian/gay, bisexual, straight) and gender (male/female) were identified from NSDUH data. Gender was determined using the variable "IRSEX," recorded by interviewers as either "male" or "female." Sexual identity was determined using the variable "SEXIDENT," where respondents were asked, "Which one of the following do you consider yourself to be?" with response options including "heterosexual, that is, straight," "lesbian or gay," and "bisexual."

Propensity score matching, or "matching," is a method used to compare people from different groups (like different sexual orientations) who have similar characteristics. This approach helps create fair comparisons and reduces bias that might arise from other differences between the group.[38]

Propensity scores were used to match straight males with gay males and bisexual males. Likewise, straight females were matched with lesbian and bisexual females. Additionally, propensity scores were used to match bisexual males with gay males and bisexual females with lesbian females. Propensity scores were calculated using several covariates, including individuals' educational attainment, race, marital status, and participation in government assistance programs.

### Propensity Scores Help Create Groups That Are Similar and Avoid Biased Comparisons

For the current study, groups were matched based on the following variables:

- Educational attainment
- Race
- Participation in government assistance programs
- Marital status

After propensity scores were calculated, gay, lesbian, and bisexual individuals were then compared to straight individuals of the same gender with propensity scores closest to theirs (a technique known as a "nearest neighbor match").[38] Additionally, analyses used an exact match on individuals' age and year of data collection.

To analyze data from multiple years, the matching algorithm considered the year each respondent completed the survey. This ensured that comparisons were made only between individuals from the same survey year (e.g., LGB individuals who completed the 2017 NSDUH were compared with straight individuals who also completed the 2017 NSDUH). This approach allowed for accurate comparisons across different groups while accounting for variations between survey years.

After propensity score matching, *t* tests were conducted to compare outcomes of interest across groups, stratified by gender. These *t* tests provide direct comparison between lesbian females, bisexual females, and straight females and gay males, bisexual males, and straight males. For comparisons between LGB individuals and straight individuals (without stratification by gender), chi-square tests were conducted to compare outcomes of interest. In addition, statistical testing was conducted within the gender and sexual minority groups themselves, such as contrasting bisexual males with gay males and bisexual females with lesbian females, to further analyze nuanced differences and similarities within these subgroups.

Of the 210,392 adult respondents who provided data on their sexual identity from 2015 to 2019:

- **2,348** males identified as gay
- **2,292** females identified as lesbian or gay
- **2,350** males identified as bisexual
- **8,017** females identified as bisexual
- **93,506** males identified as straight or heterosexual
- **101,879** females identified as straight or heterosexual

LGB individuals were compared to their matched straight peers on the following variables:

- **Substance use**
- **Mental health concerns**
- **Receipt of needed substance use and mental health care**
- **Barriers to care access**
- **Insurance coverage**

## Medicaid and Other Public Health Insurance Options Considered in Analyses*

- **CHAMPVA:** The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a comprehensive health care program in which the Department of Veterans Affairs (VA) shares the cost of covered health care services and supplies with eligible beneficiaries.
- **Medicaid/CHIP:** Medicaid is a public assistance program that pays for medical care for people with low income and people with disabilities. CHIP (The Children's Health Insurance Program) provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid.
- **TRICARE:** TRICARE is a health care program for active-duty and retired uniformed services members and their families.

* For more information, visit healthcare.gov

APPENDIX C

# Detailed Tables

Table C-1. Selected Demographic Variables by Sexual Identity and Gender, Adults Ages 18 and Older, 2015–2019 (Unmatched Sample)

| | Male | | | Female | | |
|---|---|---|---|---|---|---|
| | Gay (*n* = 2,348) | Bisexual (*n* = 2,350) | Straight (*n* = 93,506) | Lesbian (*n* = 2,292) | Bisexual (*n* = 8,017) | Straight (*n* = 101,879) |
| **Age** | | | | | | |
| 18–25 | 18.9% | 28.9% | 14.1% | 21.5% | 40.7% | 12.1% |
| 26–34 | 22.6% | 22.4% | 16.1% | 21.9% | 29.1% | 14.8% |
| 35–49 | 22.5% | 19.6% | 25.2% | 22.9% | 19.9% | 24.4% |
| 50–64 | 26.7% | 18.2% | 25.5% | 22.7% | 7.7% | 26.2% |
| 65 or older | 9.4% | 10.9% | 19.2% | 10.9% | 2.6% | 22.6% |
| **Race and Ethnicity** | | | | | | |
| Non-Hispanic White | 61.5% | 59.8% | 64.9% | 63.0% | 60.8% | 64.4% |
| Non-Hispanic Black/African American | 11.3% | 10.1% | 11.1% | 15.7% | 13.8% | 12.4% |
| Non-Hispanic Other Race | 7.7% | 10.2% | 7.8% | 6.2% | 9.2% | 8.0% |
| Hispanic | 19.4% | 20.0% | 16.2% | 15.1% | 16.2% | 15.3% |
| **Education** | | | | | | |
| Less Than High School | 7.6% | 12.6% | 13.3% | 10.3% | 12.6% | 11.5% |
| High School Graduate | 16.6% | 24.5% | 26.8% | 20.7% | 26.1% | 23.1% |
| Some College/Associate's | 30.6% | 34.0% | 28.8% | 33.8% | 37.8% | 32.9% |
| College Graduate or Higher | 45.2% | 29.0% | 31.1% | 35.2% | 23.6% | 32.5% |

*(Continued on the next page)*

Table C-1. Selected Demographic Variables by Sexual Identity and Gender, Adults Ages 18 and Older, 2015–2019 (Unmatched Sample) (continued)

| | Male | | | Female | | |
|---|---|---|---|---|---|---|
| | Gay (*n* = 2,348) | Bisexual (*n* = 2,350) | Straight (*n* = 93,506) | Lesbian (*n* = 2,292) | Bisexual (*n* = 8,017) | Straight (*n* = 101,879) |
| **Marital Status** | | | | | | |
| Married | 15.9% | 29.2% | 55.1% | 25.3% | 25.0% | 51.4% |
| Widowed | 1.8% | 2.9% | 3.1% | 2.8% | 2.1% | 9.0% |
| Divorced or Separated | 6.0% | 10.5% | 12.2% | 11.8% | 14.1% | 15.8% |
| Never Married | 76.3% | 57.4% | 29.6% | 60.1% | 58.9% | 23.9% |
| **Government Assistance[a]** | | | | | | |
| Yes | 16.4% | 19.9% | 15.2% | 26.4% | 31.4% | 19.6% |
| No | 83.6% | 80.1% | 84.8% | 73.7% | 68.6% | 80.4% |

[a] Participation in government assistance programs, including food stamps/Supplemental Nutrition Assistance Program (SNAP).

Table C-2. Selected Demographic Variables by Sexual Identity and Gender, Adults Ages 18 and Older, 2015–2019 (Matched Sample)

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| | Gay (*n* = 2,348) | Straight (*n* = 2,348) | Bisexual (*n* = 2,350) | Straight (*n* = 2,350) | Lesbian (*n* = 2,292) | Straight (*n* = 12,292) | Bisexual (*n* = 8,017) | Straight (*n* = 8,017) |
| **Race and Ethnicity** | | | | | | | | |
| Non-Hispanic White | 58.7% | 61.3% | 54.6% | 60.6% | 59.7% | 61.4% | 58.5% | 60.5% |
| Non-Hispanic Black/African American | 12.3% | 11.9% | 17.6% | 13.1% | 9.6% | 11.9% | 13.8% | 13.1% |
| Non-Hispanic Other Race | 9.3% | 10.0% | 10.0% | 9.2% | 12.8% | 9.9% | 11.4% | 9.3% |
| Hispanic | 58.7% | 61.3% | 54.6% | 60.6% | 59.7% | 61.4% | 58.5% | 60.5% |

*(Continued on the next page)*

Table C-2. Selected Demographic Variables by Sexual Identity and Gender, Adults Ages 18 and Older, 2015–2019 (Matched Sample) (continued)

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| | Gay (*n* = 2,348) | Straight (*n* = 2,348) | Bisexual (*n* = 2,350) | Straight (*n* = 2,350) | Lesbian (*n* = 2,292) | Straight (*n* = 12,292) | Bisexual (*n* = 8,017) | Straight (*n* = 8,017) |
| **Education** | | | | | | | | |
| Less Than High School | 9.5% | 14.2% | 11.1% | 11.2% | 3.0% | 14.2% | 14.0% | 11.2% |
| High School Graduate | 20.4% | 29.4% | 26.5% | 23.7% | 39.6% | 29.4% | 29.5% | 23.7% |
| Some College/Associate's | 32.9% | 31.1% | 35.4% | 35.8% | 36.8% | 31.1% | 38.9% | 35.8% |
| College Graduate or Higher | 37.2% | 25.3% | 27.0% | 29.3% | 20.6% | 25.3% | 17.6% | 29.3% |
| **Marital Status** | | | | | | | | |
| Married | 3.1% | 25.5% | 19.8% | 43.6% | 19.8% | 42.0% | 20.0% | 43.5% |
| Widowed | 10.6% | 18.2% | 1.2% | 4.6% | 1.3% | 1.8% | 1.0% | 4.6% |
| Divorced or Separated | 4.2% | 9.3% | 8.5% | 12.6% | 6.8% | 9.2% | 10.0% | 12.6% |
| Never Married | 82.1% | 47.0% | 70.5% | 39.2% | 72.1% | 47.0% | 69.0% | 39.3% |
| **Government Assistance[a]** | | | | | | | | |
| Yes | 17.0% | 16.9% | 28.4% | 22.4% | 21.1% | 16.9% | 33.2% | 22.4% |
| No | 83.0% | 83.1% | 71.6% | 77.6% | 78.9% | 83.1% | 66.8% | 77.6% |

[a] Participation in government assistance programs, including food stamps/Supplemental Nutrition Assistance Program (SNAP).

## Table C-3. Past-Month Substance Use by Sexual Identity and Gender, Adults Ages 18 and Older, 2015–2019 (Matched Sample)

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| **Past-Month Substance Use** | Gay (*n* = 2,348) | Straight (*n* = 95,854) | Bisexual (*n* = 2,350) | Straight (*n* = 95,856) | Lesbian (*n* = 2,292) | Straight (*n* = 104,171) | Bisexual (*n* = 8,017) | Straight (*n* = 109,896) |
| Alcohol | 66.5%* | 60.9% | 62.4% | 60.8% | 61.8%* | 53.4% | 62.8%* | 53.5% |
| Alcohol (Binge Use) | 14.7% | 13.8% | 14.7% | 13.9% | 13.2%* | 10.3% | 13.7%* | 10.6% |
| Cigarettes | 12.9% | 12.2% | 14.0% | 13.1% | 11.8%* | 7.8% | 13.7%* | 7.9% |
| Cocaine | 2.3%* | 1.3% | 1.9% | 1.3% | 1.0%* | 0.5% | 1.7%* | 0.6% |
| Opioids | 3.3%* | 1.8% | 2.5% | 1.8% | 2.6%* | 1.2% | 3.5%* | 1.3% |
| Hallucinogens | 2.2%* | 1.1% | 2.2%* | 1.1% | 0.8%* | 0.4% | 1.6%* | 0.5% |
| Inhalants | 5.2%* | 0.2% | 1.3%* | 0.2% | 0.2% | 0.1% | 0.3%* | 0.1% |
| Marijuana | 22.3%* | 16.3% | 22.3%* | 16.4% | 17.7%* | 9.5% | 24.6%* | 9.8% |
| Methamphetamine | 1.8%* | 0.5% | 1.0% | 0.5% | 0.4% | 0.2% | 0.9%* | 0.3% |
| Other Drug Use[a] | 4.5%* | 2.3% | 3.2%* | 2.3% | 3.6%* | 1.7% | 0.5%* | 1.7% |

** Significantly different from "Straight," with $p < 0.05$.*

[a] Includes crack cocaine, heroin, pain reliever misuse, and tranquilizer misuse.

## Table C-4. Past-Year Barriers to Mental Health (MH) Care by Sexual Identity and Gender, Adults Ages 18 and Older, 2015–2019 (Matched Sample)

| | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| **Barrier** | Gay (*n* = 2,348) | Straight (*n* = 4,295) | Bisexual (*n* = 2,350) | Straight (*n* = 4,392) | Lesbian (*n* = 2,292) | Straight (*n* = 9,247) | Bisexual (*n* = 8,017) | Straight (*n* = 11,138) |
| Cost | 46.5%* | 38.2% | 48.4%* | 38.1% | 49.4%* | 37.2% | 47.2%* | 37.3% |
| Fear of neighbors' negative opinions | 17.7% | 15.6% | 18.2% | 15.6% | 11.8% | 11.1% | 11.5% | 11.3% |
| Fear of negative effect on job | 13.3% | 11.4% | 11.4% | 11.4% | 14.6%* | 8.3% | 11.8%* | 8.4% |
| Insurance did not cover at all | 7.0% | 7.7% | 8.7% | 7.6% | 7.2% | 7.0% | 8.2% | 7.0% |
| Insurance did not pay enough | 20.9%* | 10.9% | 15.7%* | 10.6% | 15.8% | 13.2% | 16.7%* | 12.9% |
| Did not know where to go | 26.7% | 24.9% | 26.8% | 24.8% | 22.5% | 23.6% | 27.1%* | 23.7% |
| Confidentiality concerns | 11.0% | 10.6% | 13.8% | 10.6% | 10.0% | 9.3% | 11.6%* | 9.5% |
| Fear of being committed[a] | 17.7% | 14.4% | 18.9%* | 14.6% | 20.0%* | 11.9% | 20.4%* | 12.2% |
| Did not think treatment needed | 8.2%* | 13.4% | 11.7% | 13.4% | 9.6% | 11.0% | 10.4% | 11.1% |
| Could handle problems without | 24.6% | 28.0% | 23.9% | 27.9% | 21.2%* | 30.9% | 28.8% | 30.9% |
| Did not think treatment would help | 13.9% | 13.7% | 11.5% | 13.8% | 9.1% | 11.4% | 12.9% | 11.5% |
| Did not have time | 14.3% | 16.0% | 14.0% | 16.0% | 15.7%* | 24.4% | 23.6% | 24.2% |

** Significantly different from "Straight," with $p < 0.05$.*

[a] Reflects respondents' concerns that they might be committed to a psychiatric hospital or might have to take medicine.

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SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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