

**Literature Review: Mental Health Services Exposure in LGBTQ+ College Students of
Color**

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Literature Review

Initial Information & Definitions

There is little research on the exposure of mental health treatment for those in intersectional marginalized communities such as those in the LGBTQ+ community and the racial/ethnic minority in the United States. The exploration of college students identifying with both of those marginalized groups and their exposure to mental health treatment is a key topic in this literature review.

Intersectional Identities. First, the intersectional approach to this research must be identified. The term *intersectionality* was coined by Crenshaw in 1989 in reference to taking into account both the black experience and the experience as a woman to better understand one's experience with oppression and privilege in a society. Thus, *intersectionality* refers to the sum of an individual's identity through social groups to understand their experiences with oppression and/or privilege (Crenshaw, 1989). In Crenshaw's essay, they use race (black) and gender (woman) to explore these groups' subordination. However, in this study, the two groups that will be explored are college students in the racial/ethnic minority and the sexual/gender identity minority in reference to mental health exposure. These two groups are to be explored through an intersectional approach and they will not be thought of as separate entities in this study.

The LGBTQ+ Community. The LGBTQ+ community, also known as the queer community, faces unique challenges both in daily scenarios and more specifically, within the mental health treatment realm. There are a few definitions residing within the queer community that would be useful in future research studies that pertain to this social group. First, the term *queer* is widely known within the LGBTQ+ community to mean any sexuality that is not heterosexual (Somerville, 2007). Queer identities encompass many non-heterosexual sexual

orientations such as gay, lesbian, bisexual, pansexual, and asexual, etc... The term queer can also include gender identities other than cisgender due to the sociological concept that gender and sexuality cannot be isolated from each other (Butler, 1990). The term queer is inherently opposite from the terms heterosexual and cisgender. *Heterosexual* refers to a sexual orientation in which an individual is only attracted to a gender that is not their own. *Cisgender* refers to an individual who identifies as the gender (male, female, or intersex) that they were assigned at birth (The APA dictionary of psychology, 2007).

Racial/Ethnic Minorities. For purposes of this study, the terms racial/ethnic minority and person/people of color (POC) can be used interchangeably. In modern terms, *people/person of color (POC)* refers to an individual or group of people who are nonwhite, in which the term white refers to European. This term can also apply to those who are mixed with nonwhite ancestry (The American Heritage Guide to contemporary usage and style, 2005). The subjects of this planned study will all identify as people of color in order to better understand LGBTQ+ POC's exposure to mental health treatment.

Mental Health Treatment. While a person or social group's experience of mental health treatment is a broad spectrum, the focus of the subjects' experience in this study will include *exposure* to professional mental health treatment. *Exposure* to mental health treatment in this instance has several variables such as: whether the subject has been to a mental health service at all, how often they go or have gone to seek these services, the method in which they discovered the mental health treatment provider, and whether their sexual/gender identity and/or race/ethnicity affects or corresponds to their exposure to mental health treatment services.

Similarities Between the LGBTQ+ Community and Racial/Ethnic Minorities in Mental Health

Those in the LGBTQ+ community and people of color are both part of marginalized communities in society, which I hypothesize affects both groups' exposure to mental health treatment services in an intersectional manner.

The conclusion that some groups of POC within the LGBTQ+ community are at a higher risk for mental health issues could possibly affect their exposure to mental health treatment. In regard to mental health for both of these marginalized groups, a previous study explored the correlation between suicidality in people of color in the LGBTQ+ community. This study proves that both POCs and the LGBTQ+ community are regarding mental health issues, which could be a key factor to understanding this group's exposure to mental health services. The study found those in the sexual/gender minority (LGBTQ+) to be at a heightened risk for mental health issues such as suicidal thoughts and actions as an individual social group. The study also concluded that some groups of POC (such as Indigenous, Latino, and mixed-race groups) within the LGBTQ+ community are at an even more heightened risk for mental health issues than their queer, white counterparts (Bostwick et al., 2014).

Because both POCs and the LGBTQ+ community are marginalized groups which affects their mental health, they most likely experience different exposure levels to mental health treatment services than their white, cisgender, heterosexual peers. Another study explored how discrimination for both POCs and those in the LGBTQ+ community affect their mental health and suicidality. The study concluded that discrimination against POCs and those in the LGBTQ+ community affect both group's mental health and suicidality (Sutter & Perrin, 2016). This study shows that POCs in the LGBTQ+ community suffer from mental health issues due to their marginalized status in society, which could affect their exposure to mental health services.

Differences Between the LGBTQ+ Community and Racial/Ethnic Minorities in Mental Health

Despite both POCs and the LGBTQ+ community having a marginalized status in society which could affect their exposure to mental health services, they both face challenges unique to their specific social group, which could differentiate the two groups' exposure to mental health services. Some studies have proven that individuals that are part of these social groups have higher rates of mental health issues and suicidality (Bostwick et al., 2014).

Although both LGBTQ+ and POCs have higher rates of mental health issues, their exposure to mental health treatment services differs. Previous studies have shown that those in the LGBTQ+ community have higher rates of seeking out mental health treatment than those that are not in this community. One study explored the utilization of mental health services among college students in the sexual minority. However, this study only researched those in the sexual minority and did not consider POCs in the LGB community. The study concluded that college students in the sexual minority (not including those in the gender identity minority) have higher rates of seeking out mental health services but still experience greater amounts of mental health issues than their heterosexual counterparts (Dunbar et al., 2017). While this study is useful in exploring both the exposure and effectiveness of mental health treatment in sexual minorities, it does not consider people of color in the LGBTQ+ community, which is what this study will aim to accomplish. However, this study does prove that those in the sexual minority have a different experience regarding mental health services exposure than their heterosexual peers.

People of colors' experience with mental health treatment services exposure differs greatly from those in the LGBTQ+ community because of several factors including discrimination in the medical/mental health field. One study found that therapists differed in treating their clients' psychological distress symptoms based on the clients' intersectional

identities regarding their race and gender (Kivlighan, 2019). This could potentially deter POC who want to seek out mental health treatment from doing so because of the known bias against POC in the medical field. Although LGBTQ+ individuals may feel discriminated against by some mental health professionals due to homophobia, there is still statistical evidence that those in the sexual minority seek out mental health services at a greater rate than their heterosexual counterparts (Bostwick et al., 2017). Another factor that I believe could influence POCs' exposure to mental health services is racial income inequality. A study found that whites and Asians in the US have the least percentage of households making under \$30,000 a year (28% and 21%), while other POC groups such as blacks, Latinos, and other/mixed groups have higher percentages of households making under \$30,000 a year (53%, 48%, and 40%) (PEW Research Center, 2014). This shows that most POC groups in the US make less money than their white counterparts, which could be a contributing factor to mental health treatment exposure and access due to the costly nature of private mental health services.

Conclusion and Further Research

Because of the lack of research regarding people of color within the LGBTQ+ community and their exposure to mental health treatment services, this study will aim to explore the exposure to mental health treatment while considering these intersectional identities. Despite the finding that LGB people seek out mental health options at a greater rate than heterosexual people, I hypothesize based on previous studies and my own personal experience that college students of color within the LGBTQ+ community will not have as much exposure to mental health treatment options as their white, cisgender, and heterosexual counterparts. I believe the findings of this study will support this hypothesis due to familial cultural norms regarding mental health stigmas, racial income inequality within certain POC communities, and fear of

discrimination within the medical/mental health field. Considering multiple identities while researching a topic such as exposure to mental health treatment options is an important step to understanding the marginalization that these two social groups face and how that can affect their access and exposure to mental health services.

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