## **2023 CHES Mental Health Report - Inequities in Mental Health**LGBTQA+ Community

**Communities Experiencing Inequities in Poor Mental Health**

The Massachusetts Department of Public Health (DPH) envisions an equitable public health system that supports optimal well-being for all people in Massachusetts. This includes equitable opportunities for all to achieve mental health and emotional well-being. As summarized in the previous section, the overall burden of poor mental health in Massachusetts is high. However, this burden is not equal across all communities. Poor mental health outcomes are disproportionately concentrated within certain populations due to systems of oppression and other root causes of health inequities.

This section will further explore the mental health findings to highlight inequities in poor mental health experienced within certain communities of focus. The 2023 CHES provides important insights into mental health inequities within Massachusetts by allowing for disaggregation by populations that are often underrepresented or made invisible in other datasets. The following sections highlight several communities of focus that reported the highest burden of poor mental outcomes. Importantly, these are not the only communities that experience inequities in mental health. Future population spotlights will dive deeper into the needs, assets, and inequities experienced within each of our communities of focus.

***Sexual Orientation, Gender Identity, Transgender Identity***

The Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Asexual, Plus (LGBTQA+) community includes individuals with a diverse range of identities and expressions of gender and sexual orientation and experiences. The LGBTQA+ community has experienced a long history of discrimination, violence, and denial of civil and human rights[[1]](#endnote-2). This has contributed to members of this community being at higher risk for many mental health conditions, including depression, anxiety, and substance misuse[[2]](#endnote-3). Existing data on mental health of the LGBTQ+ community in MA generally show higher rates of poor mental health compared to straight/heterosexual and cisgender people. For example, the MA BRFSS showed that MA adults who identified as LGBT had significantly higher rates of persistent poor mental health compared to straight/cisgender adults (30.2% vs 11.5%).

The 2023 CHES helps us to better understand the state of mental health within the LGBTQA+ community by allowing for disaggregation by gender identity, sexual orientation, and transgender identity. Overall, adults and youth who identify as LGBTQA+ had significantly higher rates of psychological distress, suicidal ideation, and social isolation compared to straight/cisgender respondents. Figure 6 and Table 3 highlight several inequities in mental health outcomes across specific sexual orientation, gender, and transgender identities.

Figure 6. 2023 CHES – Youth (14-17) Suicidal Ideation by Sexual Orientation and Transgender Identity

**LGBTQA+ Adults**

* Over 7 in 10 **Non-Binary Adults** reported having high or very high psychological distress, 2.3 times the rate of female adults. Nearly 4 in 10 non-binary adults reported suicidal ideation and being socially isolated, 6.4 times and 3.5 times the rate of female adults respectively.
* **Transgender** respondents reported some of the highest rates of poor mental health outcomes among all CHEI communities of focus. Adults who identify as transgender were 2.5 times as likely to report high or very high psychological distress, 2.0 times as likely to report suicidal ideation, and 6.4 times as likely to report being socially isolated compared to those not identifying as transgender.
* **LGBQA** adults had significantly worse mental health outcomes compared to heterosexual adults. Adults identifying as bisexual/pansexual, queer, or questioning had over twice the rate of high or very high psychological distress compared to adults identifying as heterosexual. Adults identifying as queer were 6.4 times as likely to report suicide ideation compared to adults identifying as heterosexual.

**Inequities Spotlight**

**LGBTQA+ Youth (aged 14-17)**

* Youth identifying as **Asexual, Bisexual, Pansexual, Gay, Lesbian, or Questioning/Not Sure** were 3 to 4 times as likely to report suicidal ideation compared to youth identifying as straight/heterosexual.
* 6 in 10 youth identifying as **Transgender** reported suicidal ideation. That rate is over 5 times higher compared to youth that do not identify as transgender.
* 4 in 5 youth identifying as **Non-Binary** reported having high or very high psychological distress and over half reported suicidal ideation.

*Table 3. 2023 CHES - Mental Health by Gender Identity, Sexual Orientation, and Transgender Identity*

|  | Psychological Distress – High or Very High | Suicidal Ideation | Social Isolation |
| --- | --- | --- | --- |
|  | Adult (18+) Weighted % | Youth (14-17) Weighted % | Adult (18+) Weighted % | Youth (14-17) Weighted % | Adult (18+) Weighted % | Youth (14-17) Weighted % |
| Overall | 31.7 | 45.8 | 7.4 | 14.7 | 13.2 | 15.6 |
| Gender Identity |  |  |  |  |  |  |
| Female (*ref*) | 31.8 | 48.5 | 6.2 | 11.4 | 12.0 | 15.8 |
| Male | 28.5\*\*\* | 39.8\*\*\* | 7.3\* | 14.2\* | 13.0\* | 13.2\* |
| Non-Binary | 72.6\*\*\* | 80.1\*\*\* | 39.4\*\*\* | 53.2\*\*\* | 39.8\*\*\* | 43.1\*\*\* |
| Questioning/Undecided | 68.6\*\*\* | ^ | 21.6\*\*\* | ^ | 22.5\* | ^ |
| Sexual Orientation |  |  |  |  |  |  |
| Asexual | 43.1\*\*\* | 57.2\*\* | 13.9\*\*\* | 28.4\*\*\* | 20.8\*\*\* | 28.8\*\*\* |
| Bisexual/Pansexual | 58.8\*\*\* | 68.5\*\*\* | 24.5\*\*\* | 33.6\*\*\* | 24.6\*\*\* | 29.6\*\*\* |
| Gay or Lesbian | 42.1\*\*\* | 72.5\*\*\* | 10.5\*\*\* | 34.6\*\*\* | 18.1\*\*\* | 23.0\*\*\* |
| Queer | 66.9\*\*\* | ^ | 33.1\*\*\* | ^ | 30.4\*\*\* | ^ |
| Questioning/Not Sure | 65.8\*\*\* | 52.3\* | 28.2\*\*\* | 23.1\*\*\* | 37.2\*\*\* | 26.3\*\* |
| Straight/Heterosexual (*ref*) | 27.3 | 38.0 | 5.2 | 8.4 | 11.0 | 11.8 |
| Transgender Identity |  |  |  |  |  |  |
| Transgender | 75.1\*\*\* | 84.8\*\*\* | 41.0\*\*\* | 60.1\*\*\* | 40.8\*\*\* | 40.7\*\*\* |
| Not Sure | 69.4\*\*\* | 76.9\*\*\* | 27.7\*\*\* | 39.3\*\*\* | 22.1\*\* | 36.7\*\*\* |
| Not Transgender (*ref*) | 30.3 | 41.9 | 6.3 | 10.8 | 12.2 | 13.7 |

^ Data from groups that have fewer than 30 survey respondents were suppressed.
\*\*\* p<.0001, \*\* p<.001, \* p<.05 P-values from Pearson chi-square test indicate whether weighted responses from those identifying as specified group significantly differ from those identifying as the noted reference group.

1. Casey L et al. (2019). Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. Health Services Research. 2019 December; 54(S2), 1454-1466. <https://doi.org/10.1111/1475-6773.13229> [↑](#endnote-ref-2)
2. Kates J et al. Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S. Kaiser Family Foundation. Racial Equity and Health Policy. May 2018. <https://www.kff.org/report-section/health-and-access-to-care-and-coverage-lgbt-individuals-in-the-us-health-challenges/> [↑](#endnote-ref-3)