HHS Public Access

Author manuscript

Ann LGBTQ Public Popul Health. Author manuscript; available in PMC 2021 December 09.

Published in final edited form as:

Ann LGBTQ Public Popul Health. 2021 ; 2(3): 174–184. doi:10.1891/lgbtq-2020-0071.

Proportion of U.S. Clinics Offering LGBT-Tailored Mental Health Services Decreased Over Time: A Panel Study of the National Mental Health Services Survey

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Abstract

Our objective was to characterize the proportion of U.S. mental health clinics that offered LGBT-tailored mental health services between 2014 and 2018. We used data from the National Mental Health Services Survey (NMHSS) to construct a mixed logistic model of availability of LGBT-tailored mental health services over time, by region (Northeast, South, Midwest and West), and by facility type (Veterans Administration, inpatient/residential, outpatient, community mental health centers and mixed). Our results show that the overall proportion of mental health clinics that offered LGBT-tailored services decreased from 2014 to 2018. Our results also indicate that Veteran Affairs clinics and facilities in the West and Northeast were most likely to offer LGBT-tailored mental health services. Given the temporal, regional, and facility gaps in LGBT-tailored mental health services availability, more effort should be dedicated to addressing this disparity.

Keywords

LGBT Health; LGBT-tailored care; NMHSS; mental health; health services

INTRODUCTION

Even though social sentiments toward sexual and gender minorities have improved in the last decade,[1] LGBT adolescents and adults still disproportionately report higher rates of mental health concerns relative to non-LGBT people.[2–8] These disparities are partly attributable to stigmatization, discrimination, and a lack of access to culturally competent

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Disclosure. The authors have no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article.

healthcare.[4,6,9] Notably, many LGBT individuals are more likely to have experienced depression, anxiety, and suicidal ideation compared to heterosexual individuals.[10,11] Despite higher utilization of mental health services, many LGBT individuals report delaying or forgoing follow-up care due to negative experiences during initial visits.[5,9,12–14] This suggests that clinicians may not be delivering culturally competent care to LGBT individuals. Availability of LGBT-tailored mental health services may be part of the solution. Because LGBT people may face unique stressors both in life and in the clinical setting (e.g., microaggressions from healthcare providers), tailored services may improve LGBT people's health outcomes.[15] The literature on one aspect of mental health—substance use disorder treatment—corroborate the effectiveness of tailored services; participants in LGBT-tailored programs have better outcomes compared to those receiving standard care.[16–19] A recent cross-sectional analysis documented low availability of LGBT-specific mental health services in the United States in 2016.[20] Longitudinal trends in availability of LGBT-specific health services are less well-described.

We used the National Mental Health Services Survey (NMHSS) to examine (1) changes in availability of LGBT-specific mental health services from 2014 to 2018 and (2) geographic and health services factors that may be associated with variations in availability.

METHODS

Study Design

We conducted a panel study using data from the NMHSS from 2014 through 2018. For all models, the outcome was whether a hospital or clinic reported offering LGBT-specific mental health services within the year it was surveyed. Clinics that did not respond to this survey question (n = 144) were excluded, as were 479 clinics from outside the 50 U.S. states and the District of Columbia. Additionally, 308 clinics that the NMHSS classified as "other" facility type were excluded. Four clinics had overlapping exclusion characteristics.

We tested for variation across years, facility types, and geographic region. For our analysis, we collapsed responses to the NMHSS facility type question (available in Appendix) to five categories: Veterans Administration (VA), inpatient/residential, outpatient, community mental health centers (CMHC) and mixed. We used U.S. Census regions (Northeast, South, Midwest and West) to analyze geographic differences.

We hypothesized that the availability of LGBT-specific mental health services would increase over time as social attitudes toward the LGBT community have improved in the United States.[1] Based on the density of large metropolitan areas in the northeastern United States, we hypothesized that this region would have the highest proportion of LGBT-specific mental health service offerings, echoing results from studies that have examined regional variations in LGBT community health centers.[21] Finally, we hypothesized that facilities that only offered outpatient services would be most likely to have LGBT-specific services, compared to VA clinics, inpatient/residential facilities, CMHC, or mixed clinics (inpatient/outpatient). Hypotheses were preregistered on Open Science Forum.[22]

Statistical Analysis

All statistical analysis was conducted in STATA v16.1 (College Station, TX). Robust standard errors (clustered at the state level) were calculated for all models to account for within-state correlations. Bivariate associations were calculated for each candidate variable. A multivariable mixed logistic regression model was specified to identify factors associated with offering LGBT-specific programming or services.

The study was exempt from review by Stanford University's Institutional Review Board because it used only publicly available data.

RESULTS

Overall, 61,438 clinics responded to the surveys between 2014 and 2018. Most clinics were categorized as either inpatient/residential (29.4%, n = 17,778), outpatient (41.3%, n = 24,989) and community health centers (22.5%, n = 13,614). There were 927 (1.5%) responses excluded because the clinics either did not answer the question on LGBT-specific services, were outside the 50 U.S. states or were classified as "other" under facility type. Of those that were excluded, 229 (24.7%), 11 (1.2%), 274 (29.6%), 39 (4.2%), 66 (7.1%), and 308 (33.2%) were categorized as inpatient/residential, VA, outpatient, mixed, CMHC, and other respectively.

Across all five years, 10,734 (17.7%) clinics reported offering LGBT-specific mental health services (Table 1). The percentage of clinics offering LGBT-tailored programming decreased from 2014 (24.1%) to 2016 (12.6%) and increased between 2016 and 2018 (18.2%). The percentage in 2018, however, was still lower than that of 2014. On average, each additional year was associated with an approximately 10% decrease in likelihood of offering LGBT-tailored programming, both in the crude (odds ratio [OR]: .90 confidence interval [CI]: .88–.93) and adjusted models (adjusted OR [AOR]: .90 CI: 0.88–.92) (Table 2).

The proportion of clinics offering LGBT-specific mental health services varied by geographic region. Across all five years, similar percentages of clinics in the northeastern (20.0%, n = 2,796) and western (20.6%, n = 2,692) regions offered tailored mental health programming. Fewer clinics in the south (16.8%, n = 3,107) and Midwest (14.2%, n = 2,139) reported offering this service. Adjusted for facility type and year, clinics in the Midwest had lower odds (AOR: .67 CI: .54–.83) of offering LGBT-tailored mental health services compared to the Northeast (Table 2).

Our model for service availability relative to facility type suggests variations according to a hospital's setting. Across all five years, the proportion of clinics that offered tailored services was highest among the VA system (33.7%, n = 649). Proportions were lower among clinics designated as mixed (23.9%, n = 526), CMHC (16.2%, n = 2,204), inpatient/residential (15.9%, n = 2,819), and outpatient (18.2%, n = 4,536) facilities. In the bivariate model, compared to outpatient clinics, VA and mixed clinics had significantly higher odds and inpatient/residential clinics had significantly lower odds of offering LGBT-specific services. In the adjusted model, VA facilities and mixed clinics had higher odds of offering tailored LGBT mental health services compared to outpatient clinics (VA AOR: 2.43 CI:

1.88–3.13; Mixed AOR: 1.38 CI: 1.14–1.68), while the odds were lower for inpatient/residential clinics (AOR: 0.85 CI: 0.75–0.96).

Discussion

Between 2014 and 2018, the proportion of clinics offering LGBT-tailored mental health services decreased, even after controlling for regional differences and facility type. While this decline may indicate better integration of LGBT-affirming care into existing healthcare systems, recent literature indicates that there are still considerable gaps in LGBT cultural competency education and training among medical professionals.[23] Research examining individual outcomes of those who access LGBT-tailored mental health services versus non-tailored yet affirming services is warranted, as is the population-level study of LGBT-affirming mental health services more broadly.

Though clinics in the northeast and western regions of the United States were similarly likely to offer tailored services, we found those within the south and Midwest regions of the country were relatively less likely to offer such services. One study suggests that these regional disparities may reflect variations in LGBT population density.[20] It should, however, be noted that public data on the sexual and gender minorities—particularly for those living in more socially conservative environments—may be underestimates as perceived stigma has been linked to non-disclosure of LGBT identity in government surveys.[24] As midwestern and southern regions of the United States tend to have the fewest legal protections for LGBT identity,[25,26] LGBT individuals living in these regions may have higher rates of non-disclosure or non-participation in population-based surveys. Finally, since access to tailored mental health resources may be even more vital for LGBT people in regions with fewer legal protections, follow-up investigation is warranted.

Notably, VA clinics were the most likely to offer LGBT-tailored services. This result may be attributable to specific VA policies, such as the 2011 transgender healthcare directive which states that hospitals within the VA system will provide care “for transgender and intersex Veterans, no matter how they present.”[27] While more clinics within the VA offer LGBT-tailored mental health services, follow-up research should be performed to assess whether LGBT patients within the VA have better mental health outcomes than do LGBT patients within other healthcare systems.

The declining number of clinics offering LGBT-tailored mental health services necessitates attention. While all clinic types experienced declines in LGBT-tailored services availability, inpatient/residential clinics were the least likely to offer tailored services overall. This may be at least partially attributable to the indication and duration of treatment offered in these settings—that is, brief stays for acute care versus longer-term clinical management offered in other settings. Nonetheless, this finding is especially concerning since LGBT individuals exhibit higher prevalence of serious mental illnesses that necessitate inpatient treatment compared to the general population.[8]

To improve mental health outcomes within the LGBT community, clinics that have yet to incorporate LGBT-tailored services should be proactive in doing so. Our analysis suggests

that the VA system was more resilient against negative changes in the proportion of clinics offering LGBT-tailored services compared to other facility types. This may reflect structural support in the way of non-discrimination policies, or consistency across VA system nationwide. Therefore, the VA's experience may prove a useful model to other healthcare systems. Finally, since the overall proportion of clinics offering LGBT-specific services is still low, government stakeholders should seek to bolster resources allocated to creating and sustaining LGBT-tailored mental health services.

Our results should be considered in light of several key limitations. Given the language of survey items, our dependent variable may underestimate the percentage of clinics offering high-quality LGBT care. For example, clinics that lack LGBT-specific services but do have culturally sensitive providers would be classified as not having LGBT programming. Additionally, we can only make conclusions regarding the proportion of clinics offering LGBT-tailored services, but not the quality of those services. Therefore, we cannot make inferences about changes in quality of care for LGBT people, since the proportion of treatment centers offering LGBT-tailored services does not necessarily correlate with health outcomes. Because our unit of analysis is the facility rather than the individual, we cannot conclude that the number of people receiving LGBT-tailored services has decreased. For example, if a smaller proportion of centers is offering LGBT-tailored services but those offering LGBT-tailored services are accepting more patients, it is possible that availability of these services increased. Finally, our paradigm for categorizing facilities may obscure important nuances since there is heterogeneity between clinics under the same category. For example, while there are functional differences between "residential treatment centers for children" and "residential treatment centers for adults," both categories were listed under the inpatient/residential clinic variable.

CONCLUSION

While great strides have been made in the United States in providing culturally sensitive services to LGBT individuals, more work still needs to be done to eliminate the social and health disparities experienced by sexual and gender minorities. Addressing access to LGBT-tailored mental health services would support this effort. Even though the proportion of clinics offering LGBT-tailored mental health services has been decreasing in recent years, this trend can be reversed. Clinics and policymakers should prioritize expanding access to high-quality mental health services for LGBT individuals, which likely includes tailored, identity-affirming mental health services. These priorities can help alleviate long-standing mental health disparities in LGBT communities. Of course, broader policies to address material and social stressors that disproportionately affect LGBT communities are also crucial: that is, expanding non-discrimination policies to ensure equitable access to housing, healthcare, employment, and benefits.

Funding.

Ryan Watson acknowledges support from the National Institutes of Drug Abuse (grant K01DA047918).

Appendix

Study Facility Type	Survey Facility Type
Inpatient/Residential	Psychiatric hospital, separate inpatient psychiatric unit of general hospital, residential treatment center for children only, residential treatment center for adults only, other type of residential treatment facility
Veterans Administration	Veterans Administration medical center
Outpatient	Partial hospitalization/day treatment facility, Outpatient mental health facility
Mixed	Multi-setting mental health facility
CMHC	Community mental health center

Abbreviation: CMHC = community mental health center.

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Statement of Public Health Significance:

While tremendous progress has been made in LGBT healthcare, it is not clear whether such improvements have translated to more LGBT-specific mental health-related services. Since LGBT individuals experience disproportionately more mental health problems, our study endeavors to help eliminate those disparities by examining whether LGBT-tailored services are widespread.

TABLE 1.

Characteristics of Clinics Included in the National Mental Health Services Survey, 2014–2018 (n = 60,511)

Year	**2014 (20.9%)**		**2015 (21.0%)**		**2016 (20.0%)**		**2017 (19.0%)**		**2018 (19.1%)**		**All Five Years (100%)**	
	n	**% (column)**	***n***	**% (column)**	***n***	**% (column)**	***n***	**% (column)**	***n***	**% (column)**	***n***	**% (column)**
Region												
Northeast	3,016	23.8	2,931	23.1	2,773	23.0	2,629	22.8	2,613	22.6	13,962	23.1
South	3,877	30.6	3,918	30.9	3,700	30.7	3,455	30.0	3,507	30.3	18,457	30.5
Midwest	3,099	24.5	3,146	24.8	2,998	24.8	2,896	25.2	2,898	25.0%	15,037	24.9
West	2,675	21.1	2,690	21.2	2,594	21.5	2,532	22.0	2,564	22.1	13,055	21.6
Facility Type												
Outpatient	4,452	35.1	5,425	42.8	5,169	42.8	4,965	43.1	4,978	43.0	24,989	41.3
Veterans Administration	350	2.8	358	2.8	404	3.3	356	3.1	457	3.9	1,925	3.2
Inpatient/Residential	4,213	33.3	3,607	28.4	3,473	28.8	3,267	28.4	3,218	27.8	17,778	29.4
Mixed	545	4.3	497	3.9	397	3.3	387	3.4	379	3.3	2,205	3.6
Community Mental Health Centers	3,107	24.5	2,798	22.1	2,622	21.7	2,537	22.0	2,550	22.0	13,614	22.5
Total (column)	12,667	100.0	12,685	100.0	12,065	100.0	11,512	100.0	11,582	100.0	60,511	100.0
Offer LGBTQ Services												
Year	**2014 (24.1%)**		**2015 (17.7%)**		**2016 (12.6%)**		**2017 (15.7%)**		**2018 (18.2%)**		**All Five Years (17.7%)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Region												
Northeast	817	27.1	571	19.5	401	14.5	481	18.3	526	20.1	2,796	20.0
South	864	22.3	672	17.2	443	12.0	524	15.2	604	17.2	3,107	16.8
Midwest	629	20.3	431	13.7	289	9.6	358	12.4	432	14.9	2,139	14.2
West	748	28.0	575	21.4	382	14.7	442	17.5	545	21.3	2,692	20.6
Facility Type												
Outpatient	1,171	26.3	1,012	18.7	630	12.2	792	16.0	931	18.7	4,536	18.2
Veterans Administration	144	41.1	123	34.4	105	26.0	112	31.5	165	36.1	649	33.7
Inpatient/Residential	928	22.0	559	15.5	399	11.5	446	13.7	487	15.1	2,819	15.9
Mixed	165	30.3	112	22.5	67	16.9	79	20.4	103	27.2	526	23.9
Community Mental Health Centers	650	20.9	443	15.8	314	12.0	376	14.8	421	16.5	2,204	16.2

Ann LGBTQ Public Popul Health. Author manuscript; available in PMC 2021 December 09.

TABLE 2.

Bivariate and Multivariate Models: Availability of LGBT-Tailored Services Relative to Candidate Variables, 2014–2018 (n = 60,511)

	OR, unadjusted	OR, adjusted
Region		
Northeast	–	–
South	0.81 (0.65, 1.00)	0.83 (0.66, 1.03)
Midwest	0.66 (0.53, 0.83) *	0.67 (0.54, 0.83) *
West	1.04 (0.83, 1.30)	1.06 (0.85 1.33)
Facility Type		
Outpatient	–	–
Veterans Administration	2.30 (1.77, 2.97) *	2.43 (1.88, 3.13) *
Inpatient/Residential	0.85 (0.76, 0.95) *	0.85 (0.75, 0.96) *
Mixed	1.41 (1.17, 1.71) *	1.38 (1.14, 1.68) *
Community Health Centers	0.87 (0.75, 1.00)	0.90 (0.79, 1.04)
Year (Increasing)	0.90 (0.88, 0.93) *	0.90 (0.88, 0.92) *

Abbreviation: OR = odds ratio.

* $p < .05$