The impact of racial and sexual minority identities on barriers to mental health treatment: An intersectional approach
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BACKGROUND

• Both racial and sexual minorities report experiences of racism, homophobia, and discrimination in mental health treatment and lower satisfaction with mental health services (Holley, L.C., Tavasoli, K.Y., Stromwall, L.K., 2016).

• Racial minorities are underrepresented in research and receive poorer quality of care (Department of Health and Human Services, 2001).

• Lesbian, gay, and bisexual (LGB) individuals are more than twice as likely to have a mental health disorder during their lifetime than their heterosexual counterparts (American Psychiatric Association, 2017).

• Little research has been conducted on the intersection of racial minority and sexual identities and mental health treatment.

• The purpose of the current research study is to evaluate how perception of barriers to mental health treatment differ between people of different races and sexual orientations.

• Hypotheses:
  • (1) Racial and sexual minorities will report more barriers to treatment than heterosexual and White participants
  • (2) Participants who self-identify as a racial and sexual minority will report greater barriers to treatment than participants who report belonging to one or no minority groups.

METHODS

• Participants (N = 244) were recruited from the Atlanta area and from Georgia State University’s student population.

Procedure

• Community participants were recruited for external validity from Atlanta parks and completed the survey via iPad. GSU students were recruited from SONA and completed the survey through Qualtrics on their own computers.

RESULTS

• A main effect of LGB status was found such that LGB participants reported significantly more perceived barriers to treatment than heterosexual participants, $F(1,238) = 4.82, p = .029, \eta^2 = .020$.

  • There was no significant main effect of race $F(2,238) = 2.530, p = .082, \eta^2 = .021$ on perceived barriers to treatment nor was there a significant interaction effect $F(2,238) = .439, p = .645, \eta^2 = .004$.

CONCLUSIONS

• Participants who identify as a sexual minority report more perceived barriers to mental health treatment than those who do not.

• Our research has particularly strong external validity compared to previous research (Mohr et al., 2010) due to our racially diverse sample and community recruitment.

• To our knowledge, this is the first study that evaluates the intersection of race and sexual orientation on perceived barriers to treatment.

• Racial differences in perceived barriers to treatment have been found in previous research with Hispanic participants (Mojtabai et al., 2011). However, our findings are consistent with previous research on perceived structural barriers between Black and White participants (Williams, Domanico, Marques, Leblanc, & Turkeimer, 2012).

• Gender minority identities and transgender identities should also be considered in future research.