

# Discrimination and Mental Health among Sexual Minority Adults in the United States: Implications for Intervention

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# Sexual Minority Status



- Sexual minority = Umbrella term to describe anyone whose sexual identity, orientation, or practices differ from the majority
- Sexual minority status made up of intersection of
  - Attraction (same-sex, opposite sex, both sexes)
  - Behavior (same-sex, opposite sex, both sexes)
  - Identity (lesbian, gay, bisexual)
- Sexual and gender minorities (SGM) is larger group – includes gender minorities (e.g. transgender)



# Why study sexual minority health?



- Increased recognition of the significant vulnerability associated with being a sexual minority (SM)
  - Poorer outcomes across diverse health issues
    - ✦ Obesity
    - ✦ Heart disease
    - ✦ STDs
    - ✦ Drug abuse
    - ✦ Suicide



# Seminal Publications/Events related to Sexual Minority Health



2011



IOM Report

2015



NIH Strategic Plan



NIH SGM Research Office

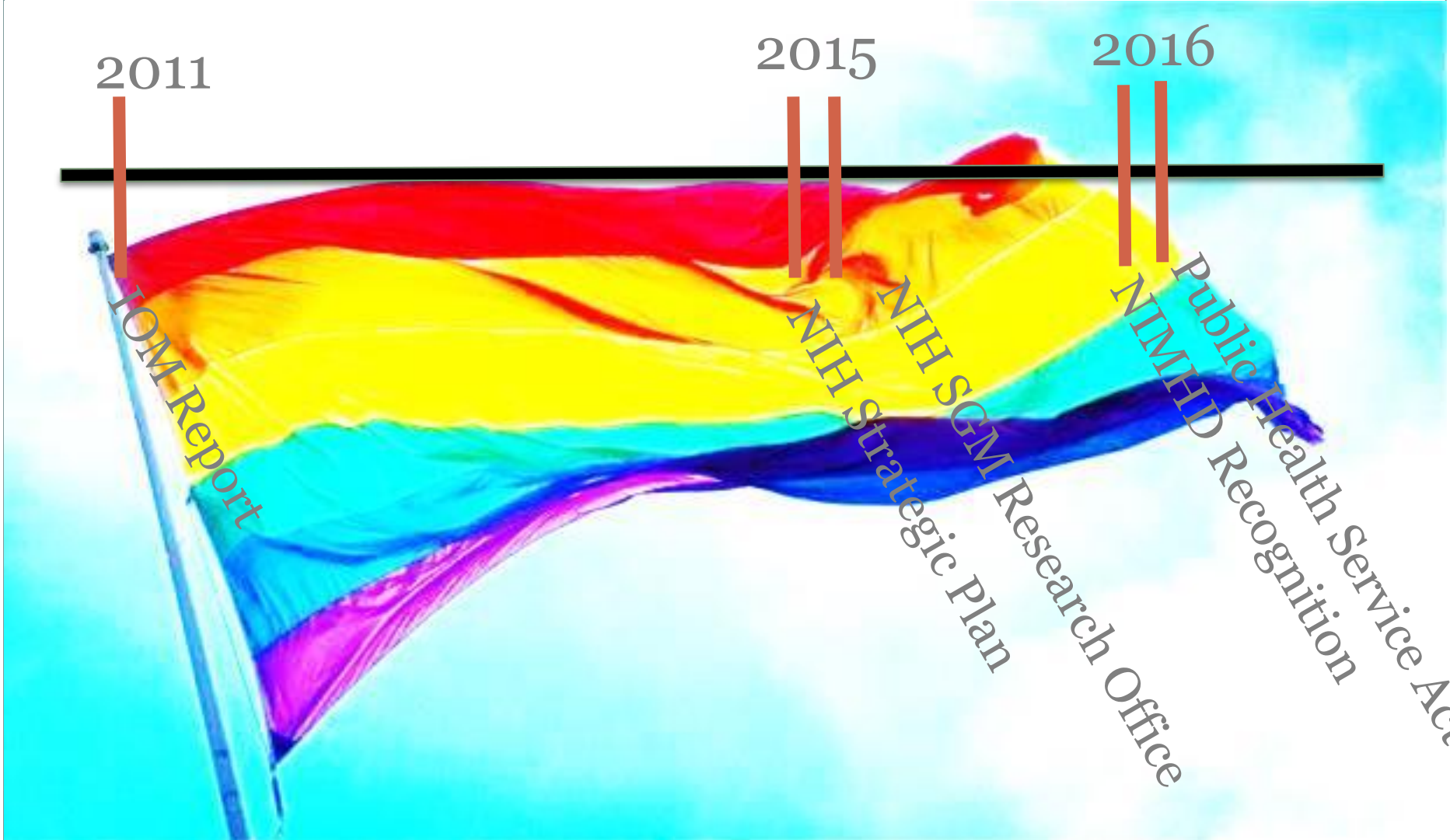
2016



NIMHD Recognition



Public Health Service Act



# Discrimination & Sexual Minority Health



Sexual-orientation-related health disparities are a **serious public health concern**

Stigma-related experiences are **key drivers** of SM-related health disparities, morbidity, and mortality...

...thus, it is necessary to understand how these experiences **vary across the lifespan** to address the resultant disparities.

# Mental Health Disparities



- Sexual minorities (SM) are disproportionately vulnerable to a variety of health outcomes – including mental health outcomes
  - SM adults have elevated odds of depression and anxiety compared to heterosexual adults
- Poor mental health among SM adults has been linked to stress and discrimination
- Little known about how the relationship between discrimination and mental health may vary by age
  - Periods of increased vulnerability and resilience?

# Method: Sample



National Epidemiological Survey of Alcohol and Related Conditions III (NESARC III 2012-2013; N = 36,309)<sup>1</sup>

Analytic sample: Adults age 18 to 65 who reported same-sex attraction, same-sex sexual partners, or LGB identity (n = 2,993)

- 64% White, 13% Black, 15% Hispanic/Latino
- 61% female
- Median age = 37

# Method: Measures



Recoded into **three types** of discrimination:

- Healthcare discrimination
- General discrimination
- Victimization

Coded: Yes = 1, No = 0



# Method: Analyses



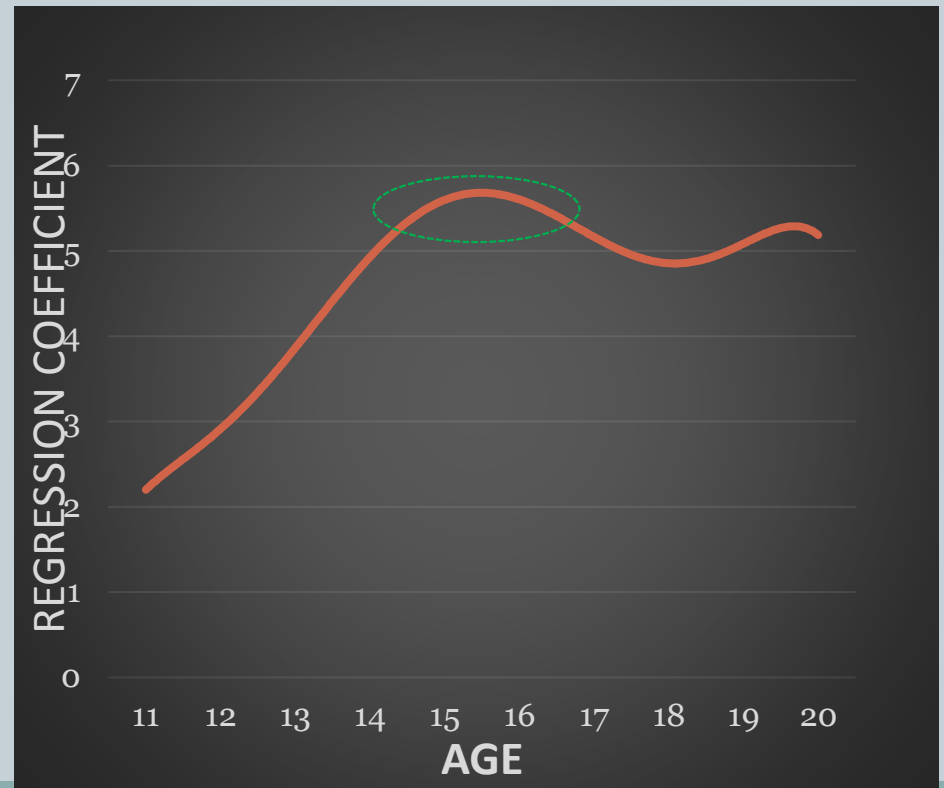
## Time-varying effect modeling (TVEM)

TVEM is a flexible, semi-parametric model that estimates prevalences and associations as a flexible function of time

# Sample TVEM Figure



- Figures used to interpret “coefficient functions”



# Time-varying effect modeling (TVEM): Direct extension of regression



- Regression coefficients express associations between variables
- Traditional regression predicting outcome  $Y$

$$Y = \beta_0 + \beta_1 x + e$$

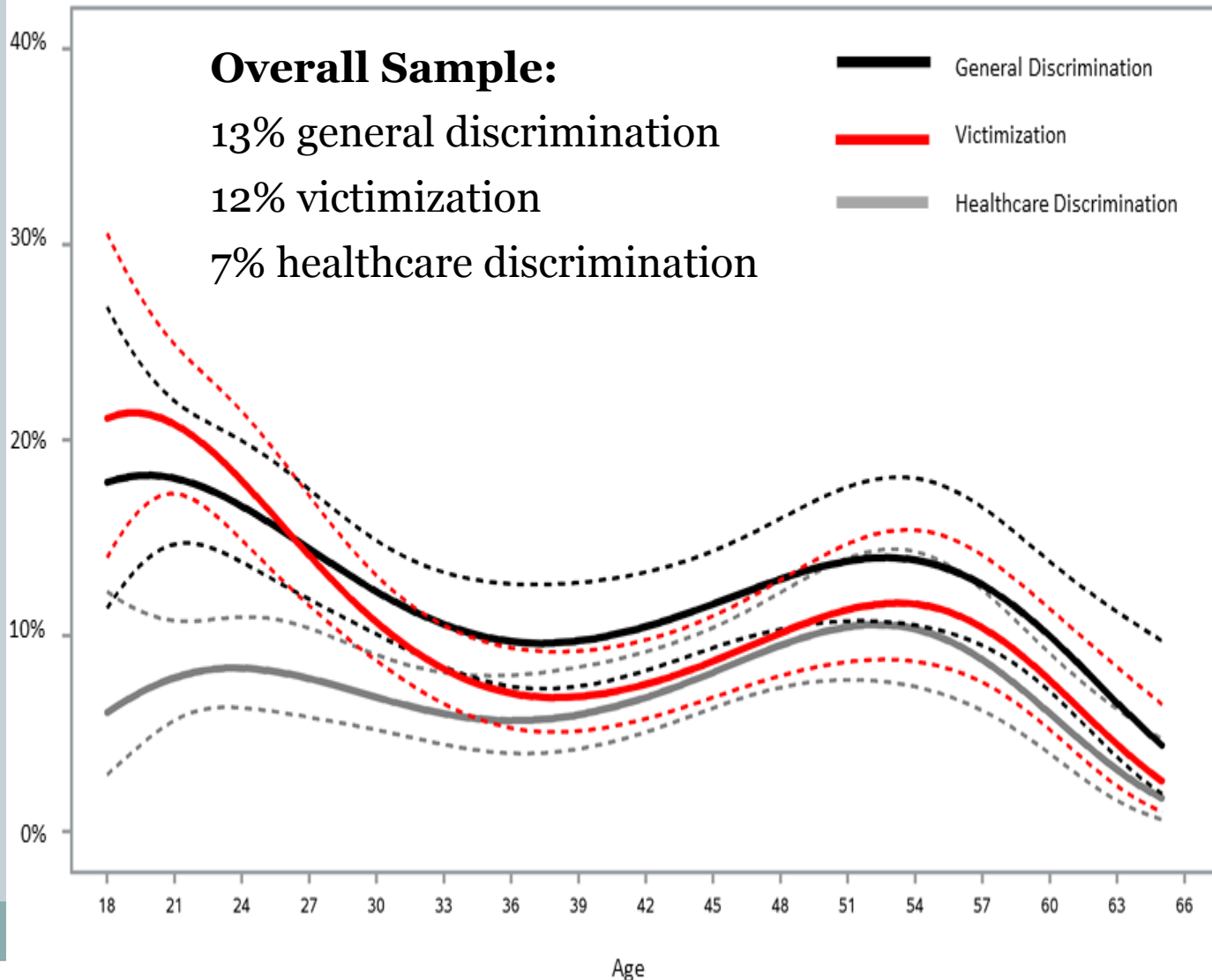
- TVEM allows coefficients to be dynamic

$$Y = \beta_0(t) + \beta_1(t)x + e$$

# DISCRIMINATION



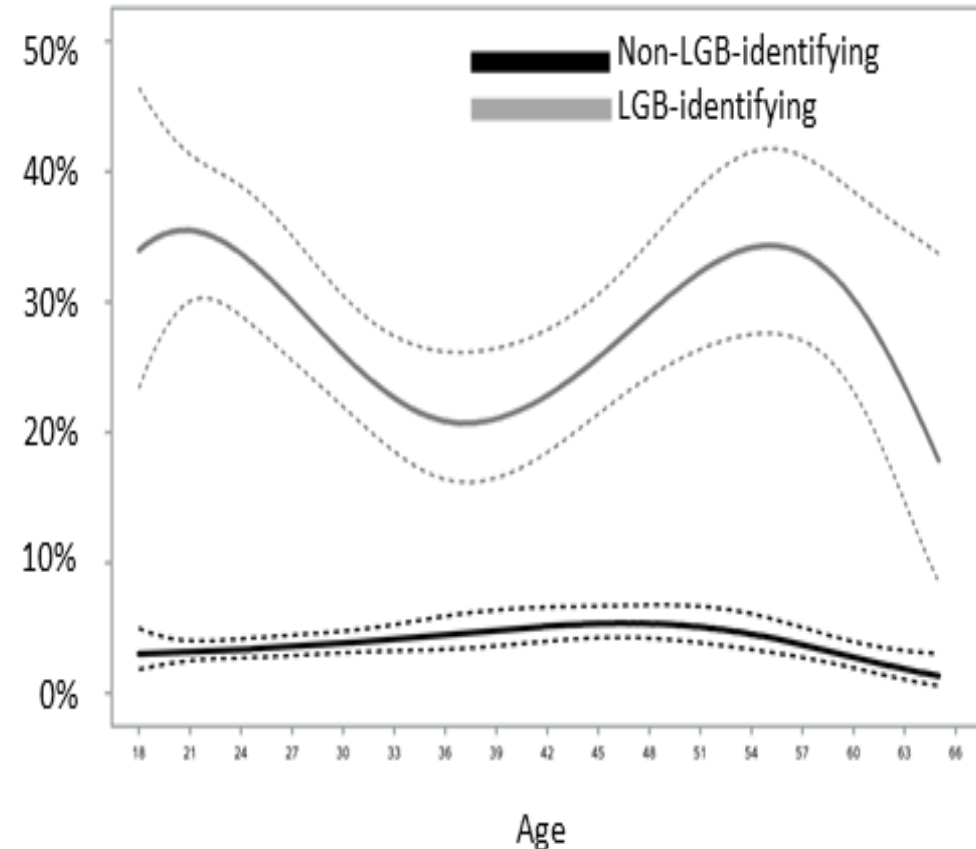
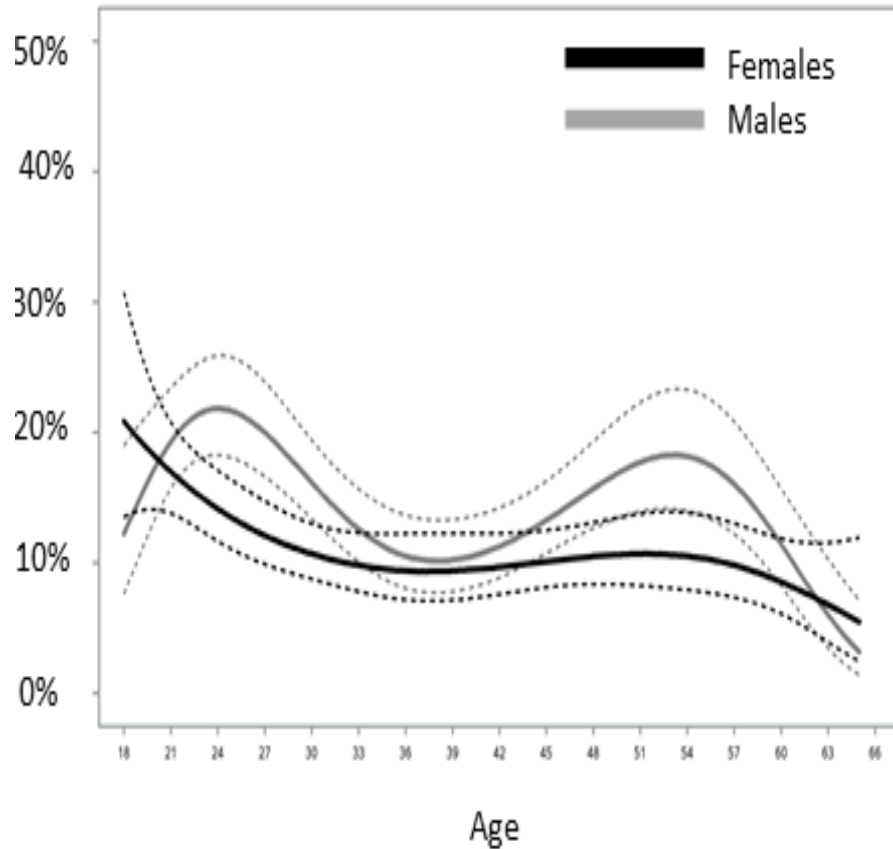
# Results: Discrimination and Age



# Results: General Discrimination by Age and...

## Sex

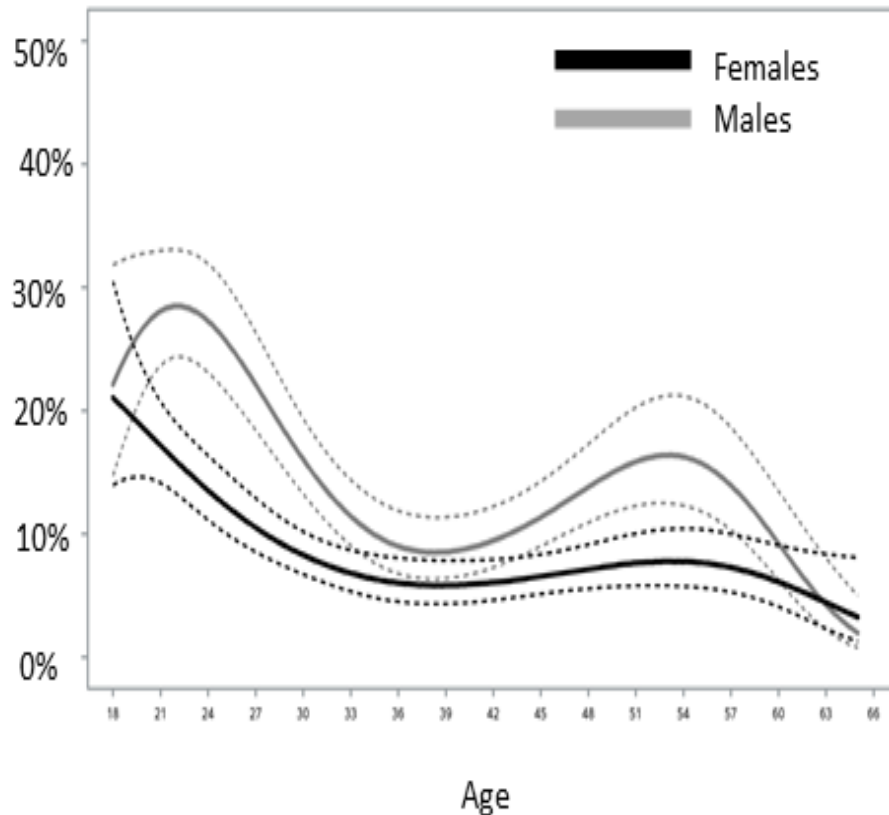
## LGB Status



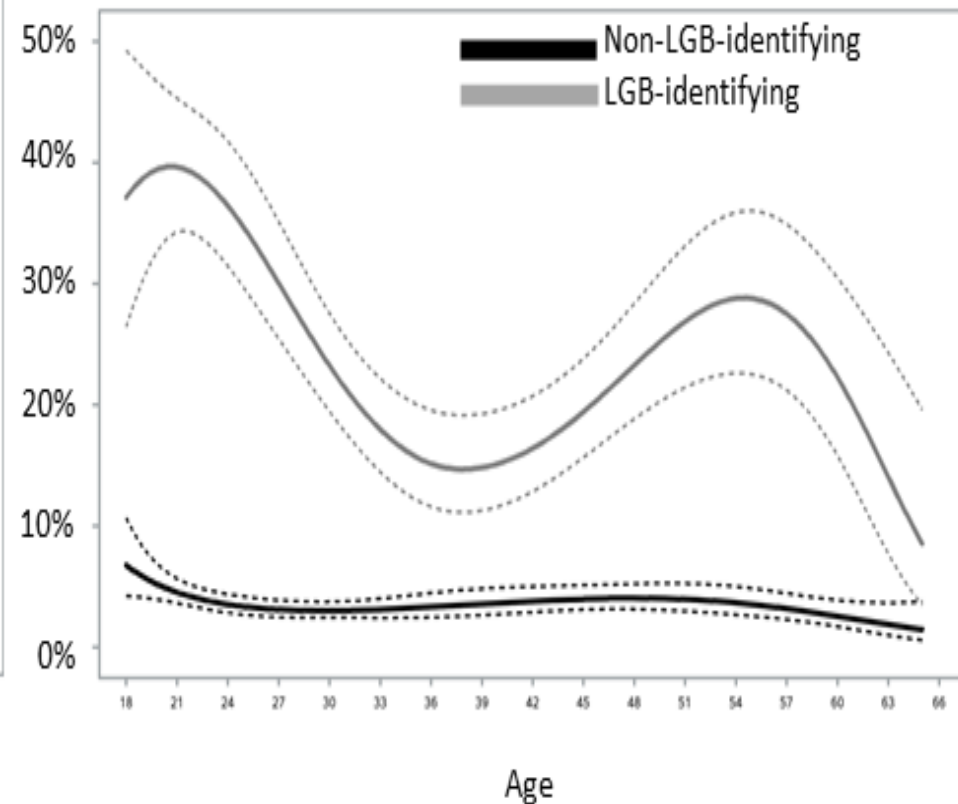
# Results: Victimization by Age and...



## Sex



## LGB Status

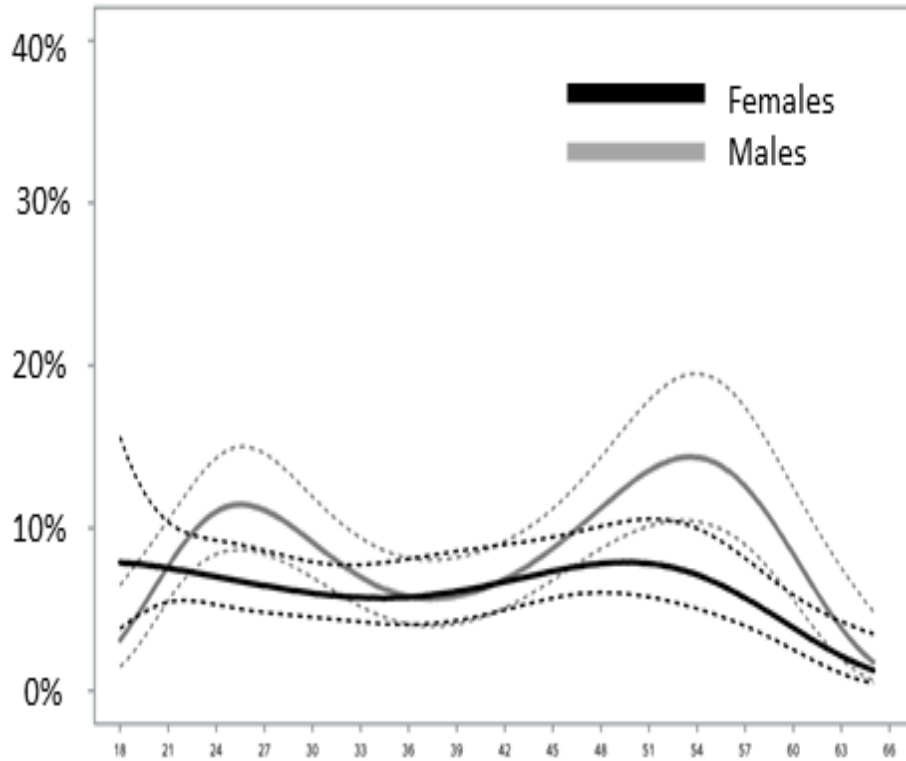


# Results: Health Care Discrimination by Age and...

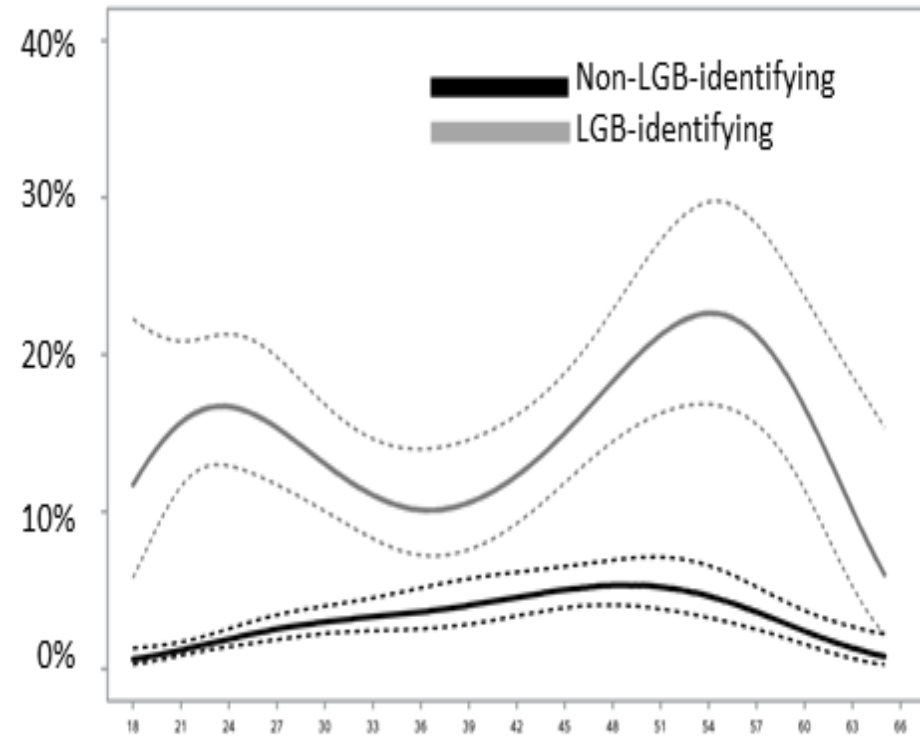


## Sex

## LGB Status



Age



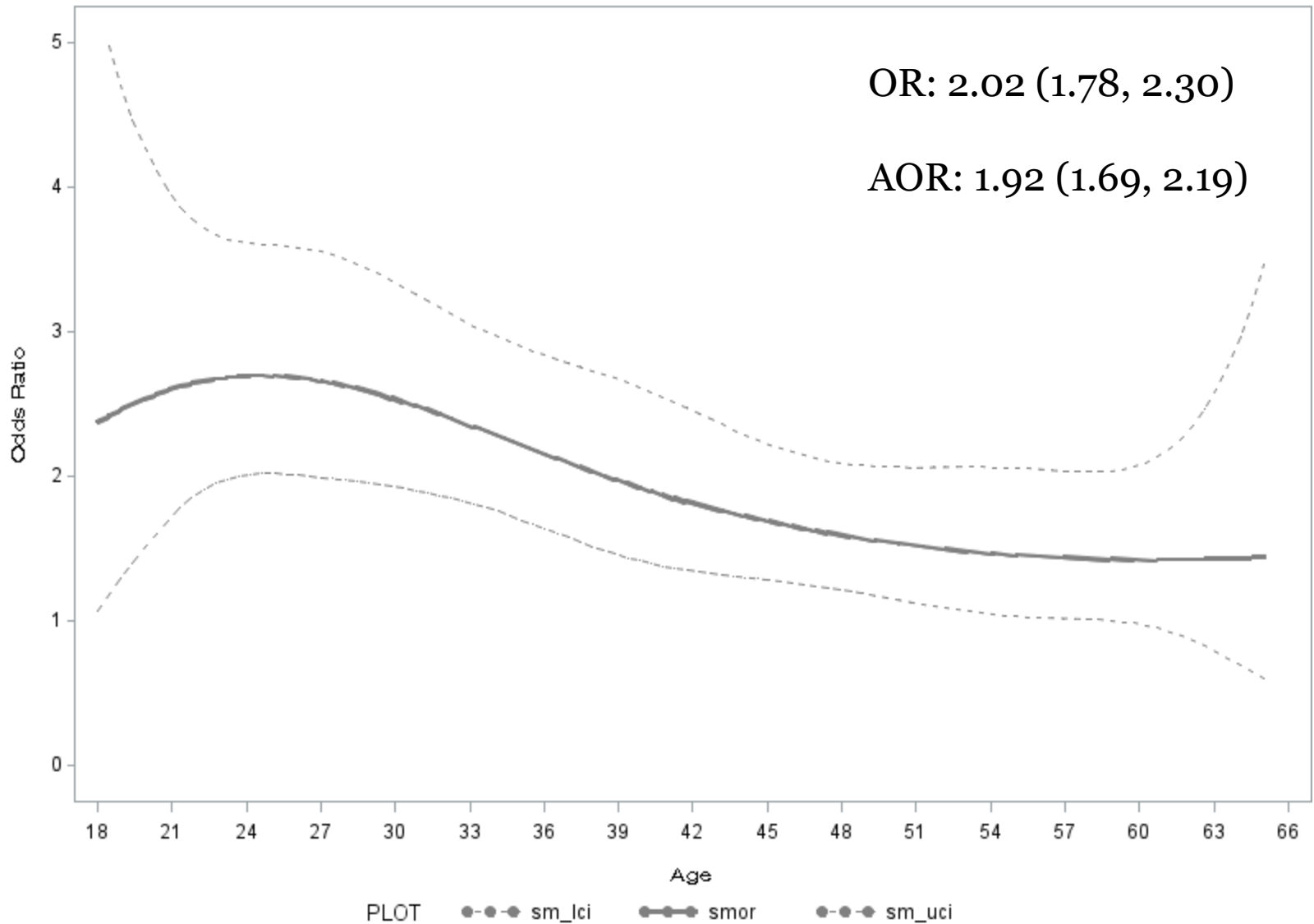
Age



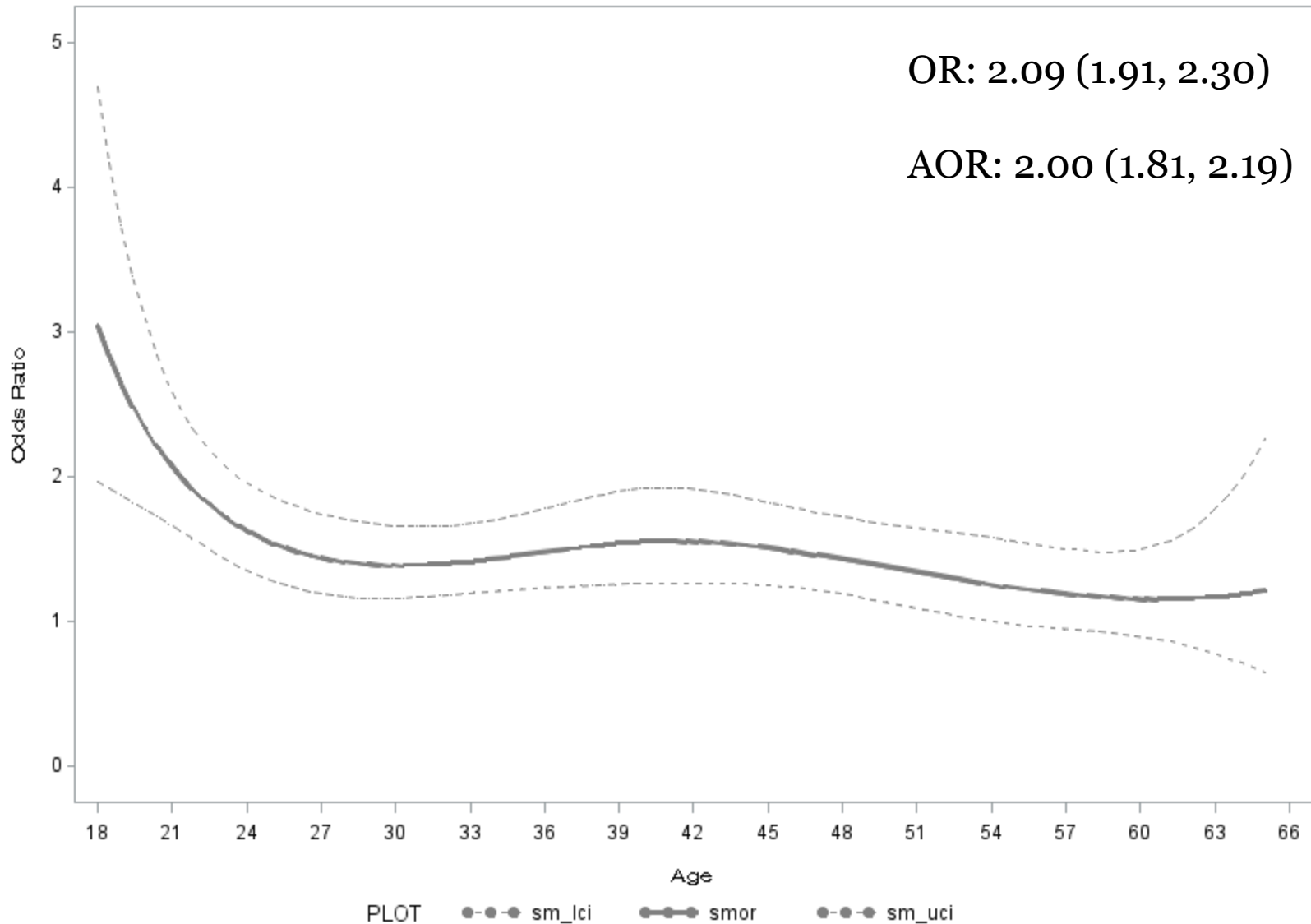
# MENTAL HEALTH



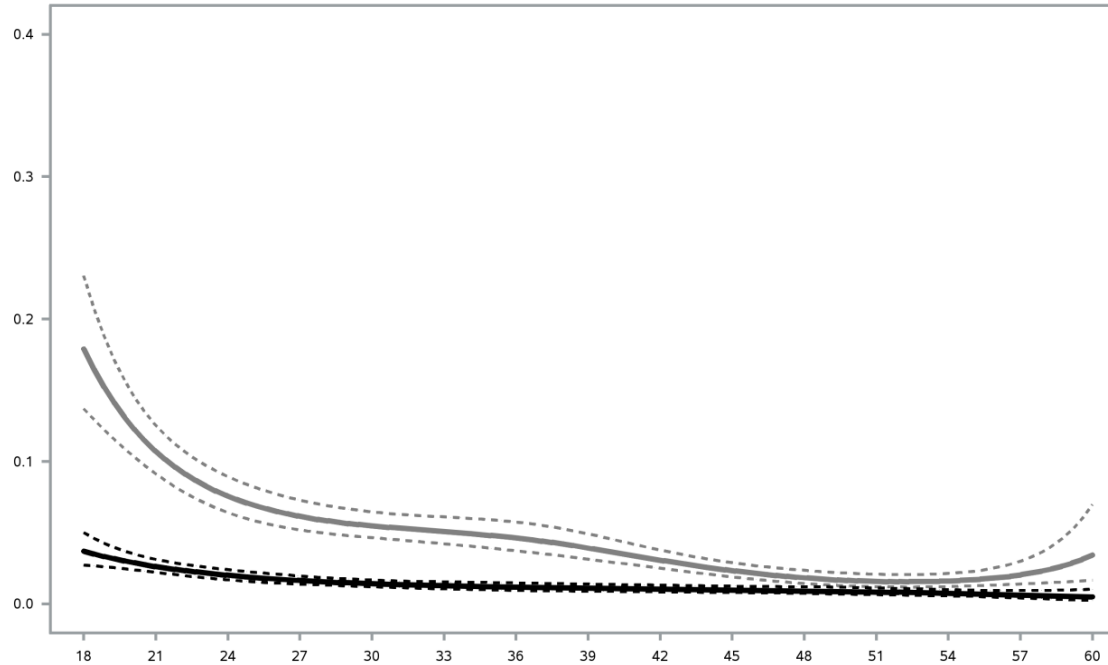
# Weighted association between SM Status and Past Year Generalized Anxiety Disorder



# Weighted association between SM Status and Past Year Major Depressive Episode



# Weighted Association between sexual minority status and recent suicidal behavior



# DISCRIMINATION & MENTAL HEALTH



# Measures



- **Predictors:**

- Discrimination in past year (collapsed 3 types) (mental health)
- Discrimination lifetime

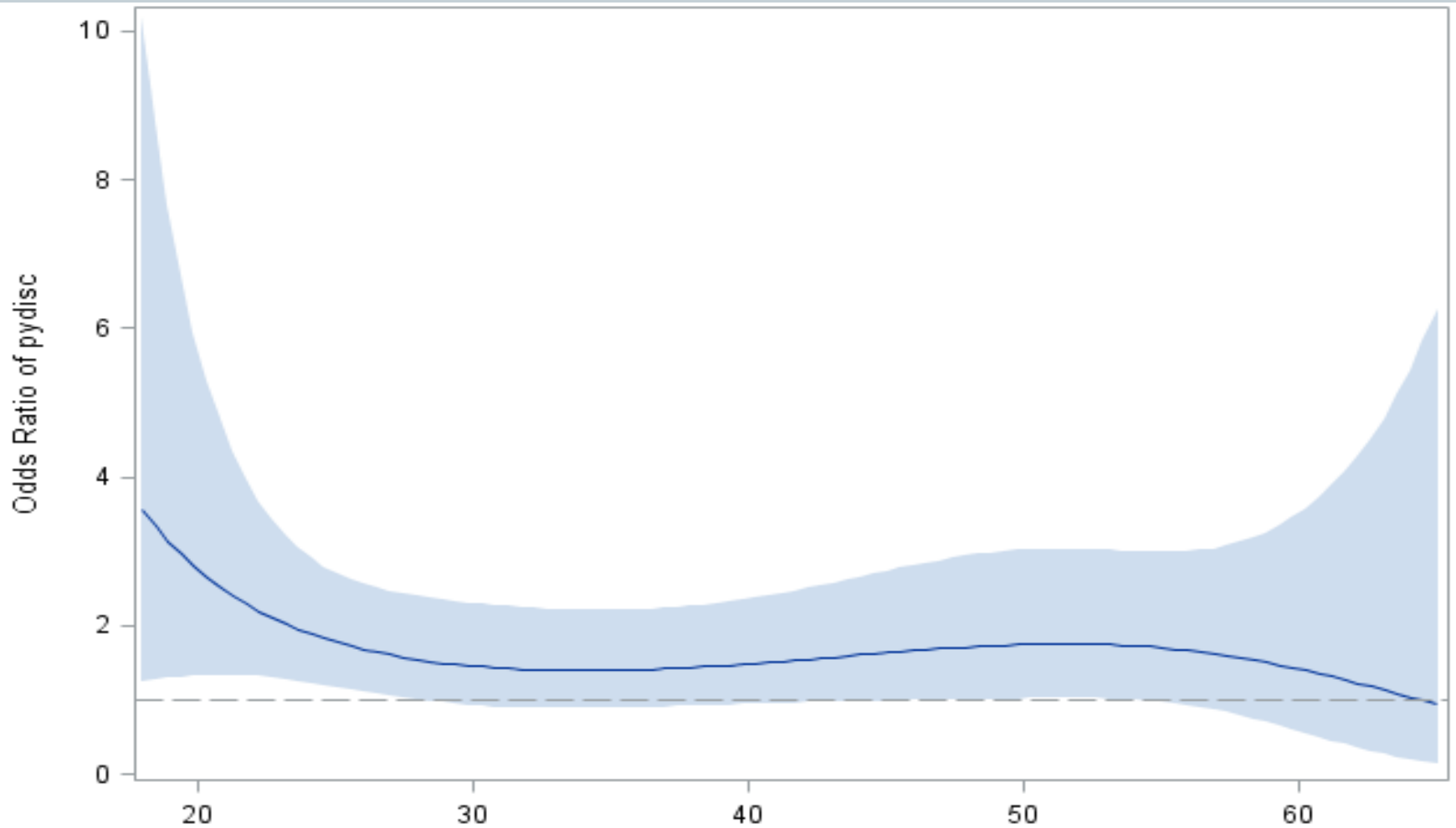
- **Health Outcomes:**

- Major depressive episode (DSM-V) in past year
- Generalized anxiety disorder (DSM-V) in past year
- Suicide attempt (past 5 years)



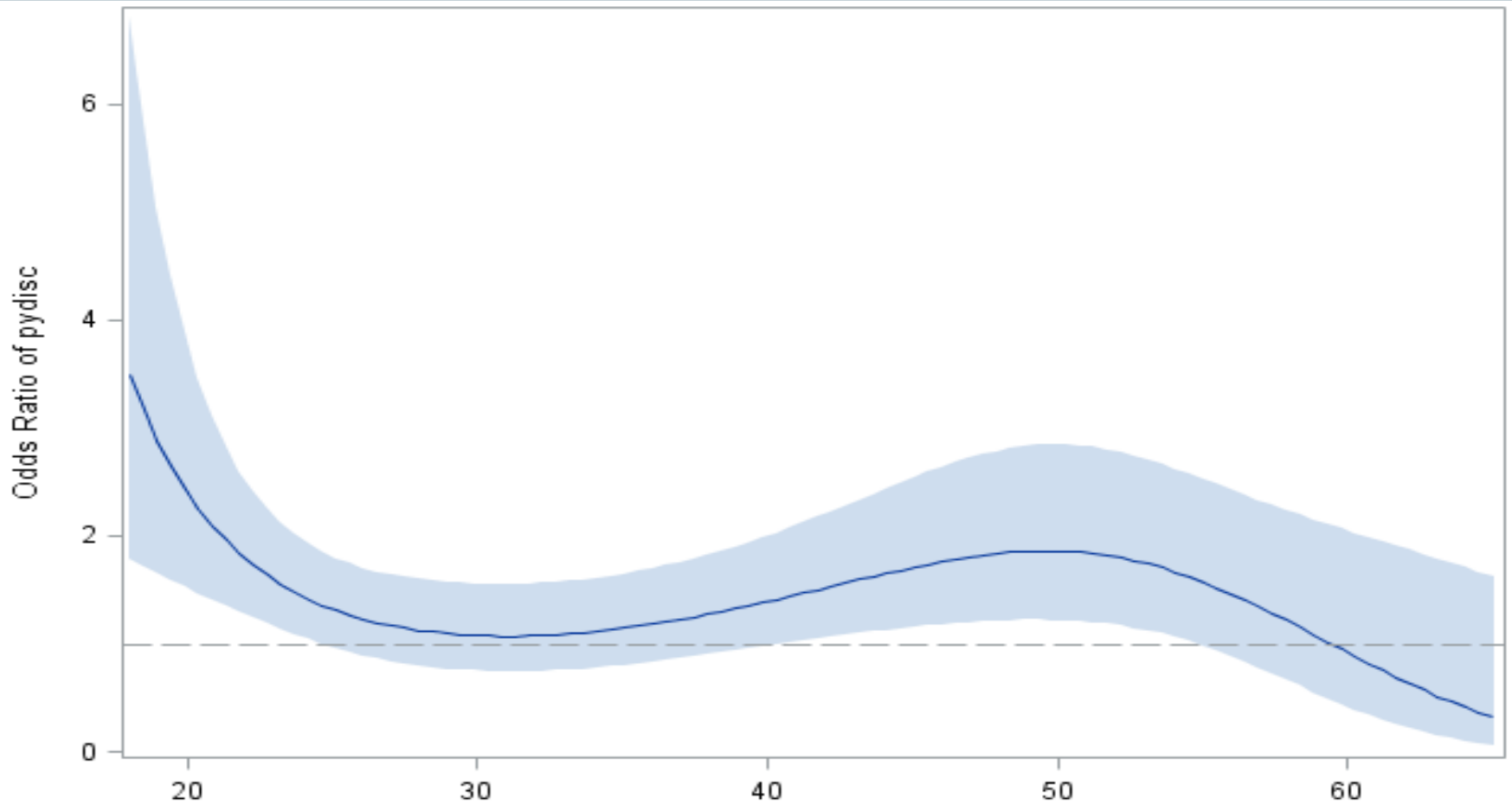
	<b>Adjusted Odds Ratio</b>	<b>95% Confidence Interval</b>
<b>Outcome: Anxiety</b>	<b>1.66</b>	<b>(1.25, 2.21)</b>
<b>Outcome: Depression</b>	<b>1.56</b>	<b>(1.26, 1.93)</b>
<b>Outcome: Suicidal Behavior</b>	<b>2.71</b>	<b>(1.79, 4.09)</b>

# Discrimination & Anxiety

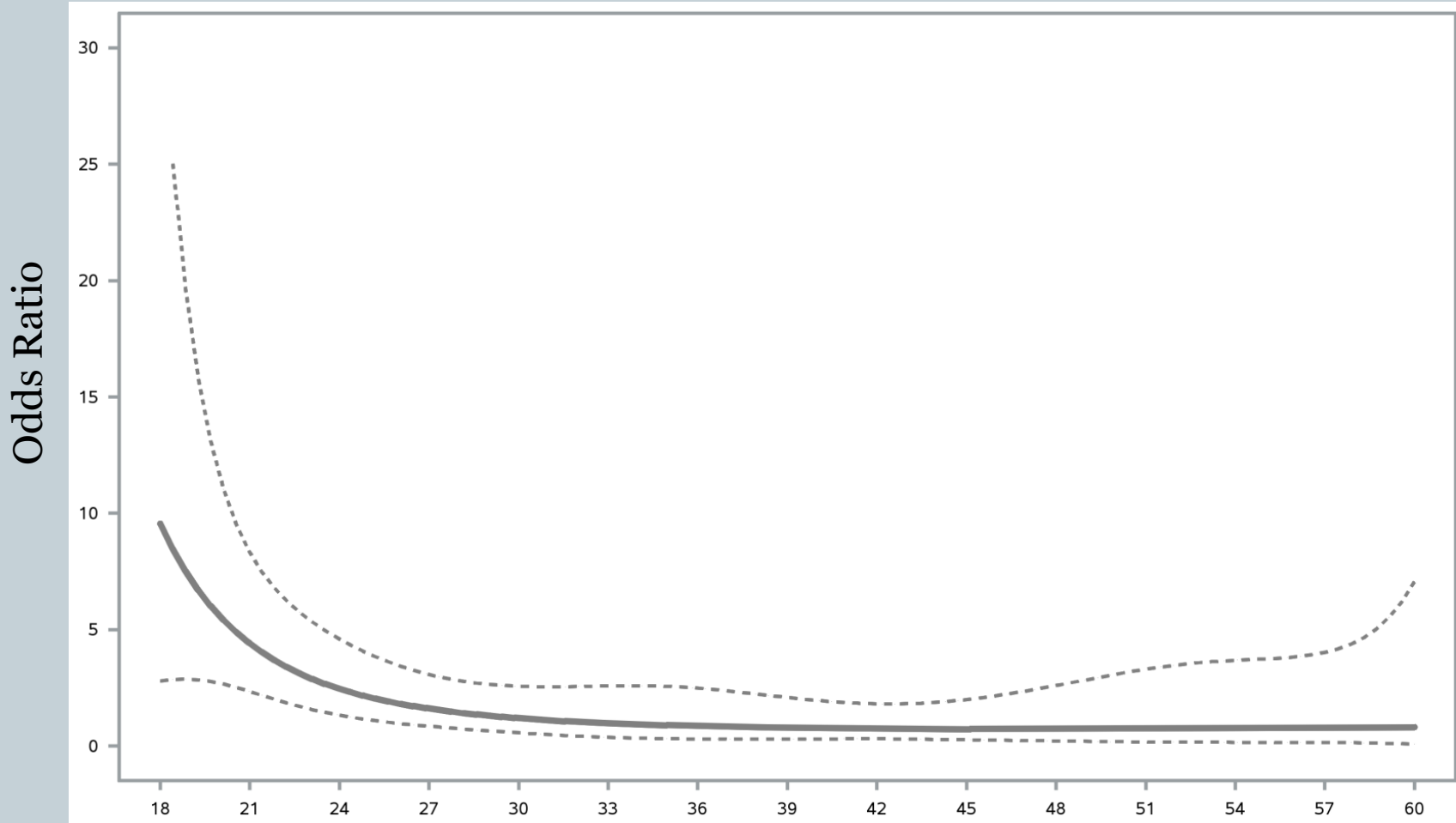




# Discrimination & Depression



# Discrimination & Suicidal Behavior



# Summary of Findings



- Past-year discrimination varied by age, sex, and sexual identity
  - Young adult and midlife males > females to experience discrimination and victimization
  - Midlife males > females to report health care discrimination
  - LGB identified adults > than non-LGB sexual minorities to experience all types of discrimination across ages
- 18 to mid-thirties: steep declines in victimization relative to general discrimination and a rise in healthcare discrimination

# Summary of Findings



- **Mental Health Outcomes**
  - Disparities related to sexual minority status are very strong in young adulthood, but diminish by mid to late 50s, but remain significant across adulthood
- **Relationship between Discrimination and Mental Health**
  - Association between discrimination and mental health outcomes statistically significant in early adulthood and again in mid-life
  - Odds of anxiety and depression are nearly 4 times higher among 18-year old SM adults who reported discrimination in past year

# Discussion



- Experiences (or at least perceptions) of discrimination change across the lifespan
- Effect of discrimination on health also varies across lifespan and health outcome
- Differences are important for explicating its role in SM health
  - ...for subgroups of SGMs
- TVEM / developmental approaches have the potential to identify critical age periods for targeted policies, programs, and prevention strategies that combat sexual-orientation-related health disparities

# Potential Implications



- SM have elevated odds of *every* mental health outcome examined at (at least!) some period of adulthood
- May inform prevention and intervention strategies – periods of increased vulnerability and increased resilience
- Future research
  - Heterogeneity within SM population
  - Etiology of disparities

# Implications for Intervention



- Reducing discrimination will likely require broad cultural and societal approaches
  - A multitude of systems that shape health and wellbeing across the life course,
    - ✦ Families
    - ✦ Communities
    - ✦ Schools
    - ✦ Workplaces
    - ✦ Healthcare
    - ✦ city, state, and national policy.
- SM adults living in states with enumerated protections report lower levels of internalized homophobia and substance use
- Youth in LGB-supportive climates are less likely to engage in suicidal behavior
- LGB-affirming policies and programs at work and school are associated with less discrimination, and subsequently better health

# Thank you!



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