MENTAL HEALTH SERVICES
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THE INFLUENCE OF CARE CONTINUITY AND DISCLOSURE OF SEXUAL ORIENTATION IN GENERAL PRACTICE ON THE USE OF MENTAL HEALTH SERVICES AMONG SEXUAL MINORITY WOMEN

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ALMA

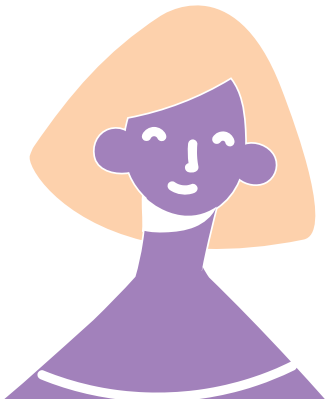
BACKGROUND

- Sexual minority women[1] (SMW; including women who identify as lesbian, gay, bisexual, pansexual or queer) have been found to experience mental health concerns at higher rates than the general population (1,2), leading to a greater need for mental healthcare than heterosexual women.
- Greater unmet mental health needs have also been observed among SMW (3): Two-fifths of lesbian and bisexual women participating in a previous Australian study believed they needed mental health or alcohol-related support but had not accessed it (4).
- Positive doctor-patient relationships with general practitioners (GPs), in which SMW feel comfortable to discuss their sexual orientation when they want to, can help to address the unmet mental health needs observed.
  - SMW report GP care continuity and satisfaction at lower rates than heterosexual women (3). SMW whose GPs openly discuss sexual orientation in clinical consultations are more likely to hold positive views about their GP care and have a regular GP (5). Having a regular or trustworthy GP and being out to a GP are experiences found to improve mental health service access among SMW and trans and gender diverse people (3,4).
  - Some SMW have been found to forego mental healthcare when they anticipate discrimination on the basis of their sexual orientation, or when LGBTQ inclusive services are unavailable (3,4). GPs who are privy to their patients' sexual orientation could improve SMW's access to LGBTQ+ inclusive mental health services when they are preferred.

THE PRESENT STUDY

- For SMW, barriers to mental health services, mediators of GP care continuity and sexual identity disclosure, perceptions of the relevance of sexual orientation to healthcare, and experiences of mental health concerns, have been found to vary according to a number of demographic factors (e.g. age, sexual orientation, location) (2,4,6,7). Furthermore, the link between GP awareness of sexual orientation and LGBTQ inclusive mental health service access has not previously been examined in Australia. Therefore, this study looked at the how SMW's engagement with GPs shapes their access to mental health services, together with the structural inequalities that need to be addressed to promote positive health and wellbeing.
- The participant sample of 2,707 cisgender women, who identified as lesbian/gay, bisexual, pansexual or queer, was drawn from the Private Lives 3 project, a large national survey of the health and wellbeing of 6,835 LGBTQ people aged 18 years and over in Australia.
- Specifically, the two key aims were to identify:

1. The demographic predictors of SMW reporting, A) they had a regular GP and, B) they believed their regular GP knew about their sexual orientation;
2. In the past 12 months, whether those with a regular GP and those whose GP knew about their sexual orientation had increased odds of accessing, A) any mental health service and, B) mainstream mental health service/s known to be LGBTQ+ inclusive or catering specifically to LGBTQ+ people, compared to only mainstream services that are not known to be inclusive.



1. This paper involves cisgender women, defined as people who were presumed female at birth and identify their gender as women. We recognise that discrimination within and beyond the health system contributes to health inequalities among all members of the LGBTQ+ community, particularly for those whose gender identities are different from their presumed gender at birth. Challenges to healthcare engagement among trans and gender diverse people are likely to be distinct and need to be the subject of specific attention in future research.

SAMPLE CHARACTERISTICS

The tables below detail the sociodemographic characteristics of the sample

Table 1: Sample characteristics (N = 2,707)	n	%
Age		
18-24	940	34.7
25-34	779	28.8
35-44	477	17.6
45-54	285	10.5
55-64	161	5.9
65+	65	2.4
Sexual orientation		
Lesbian/gay	1268	46.8
Bisexual	876	32.4
Pansexual	225	8.3
Queer	338	12.5
Education		
Secondary or below	680	25.1
Non-university tertiary	548	20.2
University-undergraduate	780	28.8
University-postgraduate	699	25.8

Table 1: Sample characteristics (N = 2,707)	n	%
Weekly income (pre-tax)		
Nill income	172	6.4
$1 - $399	678	25.3
$400 - $599	317	11.8
$600 - $999	391	14.6
$1,000 - $1,999	850	31.7
$2,000+	274	10.2
Country of birth		
Australia born	2314	85.7
Other English-speaking country	286	10.6
Non-English-speaking country	100	3.7
Residential location		
Capital city, inner suburban	1109	41.3
Capital city, outer suburban	772	28.8
Regional city or town	617	23.0
Rural/Remote	186	6.9
Disability		
None	1488	57.3
Mild	207	8.0
Moderate	595	22.9
Severe	306	11.8

‘HAVING A REGULAR OR TRUSTWORTHY GP AND BEING OUT TO A GP ARE EXPERIENCES FOUND TO IMPROVE MENTAL HEALTH SERVICE ACCESS AMONG SMW AND TRANS AND GENDER DIVERSE PEOPLE.’

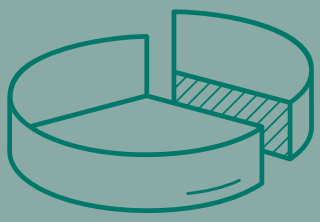
KEY FINDINGS

AROUND HALF

51.8%

of participants reported accessing a mental health service in the past 12 months.

ONE-THIRD (32.0%) of whom attended a service that is known to be inclusive of or cater specifically for LGBTQ+ people (16.4% of all participants).



SMW WHO HAD A REGULAR GP WERE MORE LIKELY THAN THOSE WHO DID NOT to report accessing any mental health service.

LESS THAN TWO-THIRDS

64.2%

of SMW attended a regular GP.

YOUNGER PARTICIPANTS <35 YEARS WERE LESS LIKELY TO HAVE A REGULAR GP, AND THOSE LIVING WITH A DISABILITY OR LONG-TERM HEALTH CONDITION WERE MORE LIKELY.

INCLUSIVE OR SPECIFIC LGBTQ+ MENTAL HEALTH SERVICES WERE ACCESSED THE MOST BY THE

58.3%

of participants who believed their regular GPs knew about their sexual orientation.

THESE PARTICIPANTS WERE TYPICALLY

OLDER,

HIGHLY EDUCATED,

ON HIGH INCOMES,

LESBIAN/GAY-IDENTIFYING

AND LIVING IN INNER SUBURBAN OR RURAL AREAS.

YOUNGER SMW AGED 18-25 HAD THE LOWEST ODDS OF HAVING A REGULAR GP

and therefore represent the group with the poorest access to mental healthcare.

THERE IS CONSIDERABLE DOCUMENTATION OF THE EXTENT OF SMW'S UNMET MENTAL HEALTH NEEDS, AND STUDIES LINKING IDENTITY DISCLOSURE TO GP CARE CONTINUITY AND SATISFACTION, AND 'MET' MENTAL HEALTH NEEDS (3,4).

Previous research strongly indicates that identity non-disclosure and non-continuity may be a consequence of inadequately inclusive GP practices, such that SMW do not feel comfortable or safe disclosing their sexual orientation or developing a longstanding doctor-patient relationship (8–11).

THEREFORE, GPS ARE LIKELY MISSING OPPORTUNITIES TO PROMOTE CONTINUITY OF CARE THROUGH DEVELOPING TRUSTING RELATIONSHIPS WITH YOUNG ADULT SMW.

Barriers to disclosure of sexual orientation in general practice for SMW aged 18-24, who identify as bisexual, pansexual or queer, have below undergraduate-level education, earn <$2000/week or live in an outer-suburban or regional area, are complicating their access to mental health services; particularly LGBTQ+ mental health services when they may be preferred.

KEY TAKE HOME MESSAGES

HONEST, OPEN DISCUSSION ABOUT SEXUALITY IN GENERAL PRACTICE SETTINGS

is a necessary precursor to accurate clinical assessment and linkage to mental health services.

GPS SHOULD WORK TO IMPROVE THEIR COMPETENCY
in LGBTQ+ inclusive practice.

NORMALISE DIVERSE SEXUAL IDENTITIES.

AND MAKE HEALTHCARE ENVIRONMENTS SAFE AND AFFIRMING PLACES
for patients to discuss sexuality when it is relevant to their healthcare.

AS A MINIMUM, GPS SHOULD DETERMINE WHETHER LGBTQ+ INCLUSIVE/ SPECIFIC OR MAINSTREAM SERVICES ARE PREFERRED UPON REFERRING PATIENTS FOR SPECIALIST MENTAL HEALTHCARE,

regardless of their patients' presumed sexual identities.

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