

Satisfaction With Mental Health Services Among Sexual Minorities With Major Mental Illness

Little is known about the treatment needs of lesbian, gay, bisexual, or transgender (LGBT) individuals with major mental illness.¹⁻³ Given the paucity of programs designed to meet the needs of members of sexual minorities who have major mental illness, we would expect LGBT patients to be less satisfied with mental health services than those who do not identify as members of a sexual minority. To test this hypothesis, we interviewed LGBT individuals with chronic mental illness and compared their responses with those from an earlier study⁴ of people with major mental illness.

Participants were adults receiving inpatient or outpatient psychiatric services in New York City. Of the 67 LGBT participants, all were classified as having a severe and persistent mental illness and identified themselves as lesbian, gay, bisexual, or transgender. The control group consisted of 301 people with major mental illness who were interviewed in a previous study in 1994 to assess quality of life, including satisfaction with treatment.⁴ Although sexual orientation was not assessed in the original control group, we assumed that the majority of our control sample was heterosexual.

The 2 samples were different in a number of ways. First, 65.7% of the LGBT participants were male, as compared with 46.8% of the control group. Second, 62.7% of the LGBT re-

spondents were White, as opposed to 25.9% of the controls. Third, a significantly greater percentage of the LGBT group (38.8%) than the control group (9.1%) had attained a college degree or higher. Finally, half of the LGBT respondents (50.7%) were living in their own homes or in nonsupervised apartments, while 42.5% of the controls were living on their own. All of these differences were statistically significant ($P < .01$).

Respondents completed a confidential 160-item questionnaire consisting mostly of closed-ended questions, along with the Brief Psychiatric Rating Scale.⁵ Questions from the LGBT interviews used for this report focused on satisfaction with mental health services and were identical to items used in the original study.

Cross-tabular analysis indicated that a significantly higher percentage of the LGBT group (17.6%) than of the control group (8%) was dissatisfied with mental health services. There was a possibility that this difference could be explained by the demographic differences between the 2 samples; therefore, we attempted to control for sex, race, education, and living situation.

LGBT individuals who were members of racial minority groups and those living alone were especially likely to be dissatisfied with mental health services (Table 1). In addition, lesbians and bisexual women were more likely to express dissatisfaction than were heterosexual women.

Although further research is necessary to better understand the nature of LGBT individuals' dissatisfaction with mental health services, these findings suggest that LGBT patients

TABLE 1—Dissatisfaction With Mental Health Services Among LGBT and Control Groups: New York City, 2000

	LGBT Group, %	Control Group, %
African Americans		
Dissatisfied	28.6	7.3
Satisfied	71.4	92.7
Other racial minorities ^a		
Dissatisfied	27.3	7.8
Satisfied	72.7	92.2
Women		
Dissatisfied	21.7	7.2
Satisfied	78.3	92.5
Those living alone		
Dissatisfied	14.7	3.8
Satisfied	85.3	96.2

Note. All differences were statistically significant ($P < .05$). LGBT = lesbian, gay, bisexual, and transgender.

^aBecause of the small sample size, respondents who were Latino, Asian American, Native American, or members of other racial minority groups were combined into 1 category for purposes of statistical analysis.

with major mental illness would benefit from services more specifically tailored to their needs. Mental health services should target such patients, especially those who live alone, are female, or are members of racial minority groups. □

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Contributors

A. M. Avery helped design the questionnaire, recruited and interviewed subjects, and wrote the first draft of the report. R. E. Hellman conceived and planned the study, helped design the questionnaire, and helped revise the report. L. K. Sudderth helped design the questionnaire, performed data entry and analysis, and helped revise the report.

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