



Homewood
Health

Life Lines

Improving your quality of life, one step at a time



The Intersection of Sexual Identity and Mental Health

If someone were to ask you who you are, how would you answer that question? We would likely share the things that we instinctually feel form our identity and are essential for us to express. However, we would also likely assess the environment and situation we find ourselves in first to determine the degree of information to share. We gauge other people's potential interests, determine if we are meeting them for the first time, whether alone or in a group, and collect details about the setting, their appearance, tone of voice, and facial expressions that give us clues. What we say is selective and doesn't necessarily share every profound aspect of our life experience that has contributed to forming our identities to date at that moment, but rather those that are most important to convey a picture for them to receive and develop quickly to understand.

We can consider all the people, situations, and circumstances that help us determine our identities are like the spokes of a wheel. Ultimately, they converge and intersect at a central point of strength that holds them all in place, the hub. That is our essence, our sense of self: our identity.

In this article, we will look at how intersectionality is an approach to use in many aspects of our lives to develop a greater understanding of sexual identity and mental health, especially in the context of how

different points of intersection affect the experiences of marginalized groups within our society. Opening our points of view can help us learn more about ourselves and other people and enhance our understanding so that we can all strive to live well and feel better.

What is intersectionality?

Intersectionality is a way to look at all the different aspects of someone's life that have influenced them and their experiences. For example, considering where they grew up, where they live now, what their childhood was like, how they were affected by their families and culture, and whether they have had economic advantages that have increased their social standing would all factor into creating both inequalities and power.¹ However, some influences can be even more critical in developing someone's social standing where "divisions such as gender, ethnicity, class and lifecourse positioning" are likely to shape more people's lives than others.² Researchers have discovered that the social divisions experienced have a more lasting role in influencing a person's life.³ Intersectionality as an approach examines how multiple "forms of discrimination...and oppression, like racism, sexism, and ageism might [also] be present and active at the same time in a person's life."⁴

The importance of taking an intersectional approach to sexual identity and mental health

Studies are starting to explore how important it is to view intersectional aspects of our identities through a multi-factor lens. Evidence shows how various health conditions are treated socially and by healthcare providers and systems. Overall, there needs to be a focus on reducing the “burden of stigma.”⁵

The intersection of sexual identity and mental health tremendously influences someone’s sense of belonging and identity. But it’s also important to understand that looking at points of intersection should not be limited to comparing only two tangents because it’s the “convergence of multiple systems of oppression that together underlie the ways the ways that individuals interact with the world around them and how they are treated by others.”⁶ For those in the LGBTQ2S+ community, where there is a continuum of many sexual identities and genders, in addition to “diverse racial and ethnic groups, differing abilities, and a range of socioeconomic backgrounds” it is vital to acknowledge that divisions and negative connotations present in society make it exceptionally difficult for members to navigate their lives confidently and safely, especially when it comes to obtaining high quality, purposeful healthcare.⁷ Negative health outcomes are compounded for LGBTQ2S+ individuals experiencing other forms of discrimination, including racism, colonialism, and ableism. Practitioners may be unaware of how unconsciously managing a case, instead of approaching a situation from a person-centric point of view, can create trauma for someone seeking medical care.

What do we know about mental health in LGBTQ2S+ communities?

Research shows that people in LGBTQ2S+ populations are affected by discrimination, marginalization, and harassment and, therefore, “often experience greater frequency of mental health problems as a result.”⁸

They are:

- more likely to experience depression, anxiety, suicidality, and substance abuse
- at double the risk of developing post-traumatic stress disorder (PTSD)

LGBTQ2S+ Youth:

- experience risk of suicide and substance abuse at levels 14 times higher than their heterosexual peers
- 77% of trans respondents in one survey had seriously considered suicide
- 45% had already tried to end their lives

- trans youth and those who had experienced physical or sexual assault were at greater risk

Statistics also showed that:

- bisexual and trans people are over-represented among low-income Canadians
- trans people reported high levels of violence, harassment and discrimination when seeking stable housing, employment, health, or social services⁹

How does sexual identity interact with other social identities to shape bias?

One of the most significant challenges LGBTQ2S+ communities face is that, historically, the full spectrum of sexual identity has been associated with mental illnesses. The American Psychological Association’s Diagnostic and Statistical Manual of Mental Illnesses (the DSM-5) is the guidebook many professionals use to diagnose mental health disorders. However, “until 2013, being transgender was still considered a mental illness, and being gay or lesbian was considered a mental illness until 1973.”¹⁰ Biased views and opinions about sexual identity are embedded and endemic in the fabric of the healthcare systems and governments.

The reality that many people face in terms of stigma is that living their authentic identities, which happen to be on a different position from heterosexism in a broad spectrum of sexual identities, often results in them being¹¹:

- rejected by their families
- rejected by society
- vulnerable to violent acts
- forced to live with daily microaggressions in their homes and workplaces
- self-critical and experiencing negative emotions such as shame and guilt
- isolated
- chronically stressed
- anxious

Why do LGBTQ2S+ communities experience health disparities?

People whose sexual identity is on the LGBTQ2S+ spectrum face disparities in obtaining unbiased healthcare regularly. These can be related to harassment, where people are subjected to microaggressions, trauma, or violence. They can also face racial discrimination or even rejection from their families and society for what is sometimes perceived as a lifestyle choice.

Finally, they can be affected by structural inequalities, including facing barriers to accessing mental health care and receiving a lower quality of care when treated.

Mental health risks for LGBTQ2S+ communities

People experience trauma, sometimes called “minority stress,” when they must repeatedly deal with discrimination and stigmatization to live their lives.¹²

For example, they might:

- Have to “come out of the closet” on multiple occasions, or sometimes daily
- Feel they need to “go back into the closet” to receive some care such as eldercare, long-term residential care, or palliative care
- Have their sexual orientation or gender identity revealed against their will in social settings or to their families
- Need to assess a situation carefully to determine if it is safe to disclose their authentic sexual identity

Minority stress is directly linked to psychological distress and higher suicide risk amongst LGBTQ2S+ communities. It can also contribute to the earlier onset of chronic diseases.¹³

Simply hearing repeatedly about hate crimes, violence, and anti-LGBTQ2S+ legislation can affect health and self-esteem, leading to depression or anxiety.¹⁴

As a result, people who identify as LGBTQ2S+ have an increased chance of developing more severe substance use and addiction complications because of increased frequency of mental distress, depression, self-harm, eating disorders, suicide, and IV drug use.¹⁵

How community supports and peer groups can help

People need to feel included in society and their communities, be free from discrimination and violence, and have access to economic resources to help them maintain positive mental health and well-being.¹⁶ However, change and support also come from looking at intersecting factors as part of a more comprehensive approach to mental health treatment. Doing so can “help identify service gaps and prevent or reduce further harm.”

We all have a role in challenging heterosexism, transphobia, and systemic forms of oppression. These are keys to improving mental health outcomes within LGBTQ2S+ communities.

- It can start with developing a better approach to sex education that is age appropriate and includes teaching about sexual diversity, gender identity, sexual health and diseases, and mental health, and addresses intersectionality as part of the standard school curriculum.

- Gay-straight alliance groups help build inclusion and save lives, especially for people who do not have support from families or schools.¹⁸
- Having safe places to meet, build community and reduce social isolation by supporting healthy connections is essential.¹⁹

What can people do to improve their mental health?

Improving your mental health can start with small, simple changes²⁰:

- **Connect** with others who can relate to your circumstances, will accept you and provide emotional support
- **Unplug** from news and social media to reduce stress and fatigue that can lead to feeling hopeless, worried and fearing for personal health and safety
- **Prioritize** your physical health with good nutrition, restful sleep, and regular exercise. These will also help boost your mood and increase your energy
- **Pursue** creativity to express your feelings. It can help increase focus, ground you in the present and help you feel proud and accomplished
- **Set** boundaries so you are not faced with situations that compromise your physical or mental health. You don't need to respond, and leaving an upsetting situation is okay
- **Talk** to professionals who can connect you with resources and supports to help you manage your emotions and mental health

Mental health resources for LGBTQ2S+ communities


We've compiled some resources that can help. Feel free to explore them while focusing on living well and feeling better.

- itgetsbettercanada.org
- The Canadian Centre for Gender + Sexual Diversity | ccgsd-ccdgs.org
- Egale Canada | egale.ca
- Government of Canada | [The human rights of lesbian, gay, bisexual, transgender, queer, 2-spirit and intersex persons](#)

References:

1. Hopkins, P. (2018). Feminist geographies and intersectionality. Newcastle University. Retrieved March 24, 2023 from https://eprints.ncl.ac.uk/file_store/production/246036/DAEDDA02-4DB2-4B18-9120-7515E81E915F.pdf
2. Yuval-Davis (2011), as cited in Hopkins, P. (2018). Feminist geographies and intersectionality. Newcastle University. Retrieved March 24, 2023 from https://eprints.ncl.ac.uk/file_store/production/246036/DAEDDA02-4DB2-4B18-9120-7515E81E915F.pdf
3. Hopkins, P. (2018). Feminist geographies and intersectionality. Newcastle University. Retrieved March 24, 2023 from https://eprints.ncl.ac.uk/file_store/production/246036/DAEDDA02-4DB2-4B18-9120-7515E81E915F.pdf
4. Hopkins, P. (2018) What is Intersectionality? (00:11-00:22) Vimeo. Retrieved March 24, 2023 from <https://vimeo.com/user83638171>
5. Turan et al. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. BMC Medicine. Retrieved March 24, 2023 from <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-018-1246-9>
6. Yale School of Public Health (2022) Yale LGBTQ Mental Health Initiative: Intersectionality. Yale School of Medicine. Retrieved March 24, 2023 from <https://medicine.yale.edu/lgbtqmentalhealth/projects/intersectionality/>
7. Ibid.
8. Massie, M. (2020) A Facilitators Guide: Intersectional Approaches to Mental Health Education. UBC Workplace Health Services and Health, Wellbeing and Benefits). Retrieved March 24, 2023 from <https://wellbeing.ubc.ca/sites/wellbeing.ubc.ca/files/u9/Facilitator%20Guide%20-%20Intersectionality%20and%20Mental%20Health.pdf>
9. CMHA (n.d) Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health. Canadian Mental Health Association. Retrieved March 24, 2023 from <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>
10. Massie, M. (2020) A Facilitators Guide: Intersectional Approaches to Mental Health Education. UBC Workplace Health Services and Health, Wellbeing and Benefits). Retrieved March 24, 2023 from <https://wellbeing.ubc.ca/sites/wellbeing.ubc.ca/files/u9/Facilitator%20Guide%20-%20Intersectionality%20and%20Mental%20Health.pdf>
11. Ibid.
12. Standing Committee on Health (Bill Casey, Chair) (2019). The Health of LGBTQIA2 Communities in Canada. House of Commons, Parliament of Canada. Retrieved March 24, 2023 from <https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/hesarp28/hesarp28-e.pdf>
13. Ibid.
14. Collins, D. (2022). 6 Ways to Protect Your Mental Health as an LGBTQ+ Individual. One Medical. Retrieved March 24, 2023 from <https://www.onemedical.com/blog/healthy-living/6-ways-protect-your-mental-health-lgbtq-individual/>
15. National Institute on Drug Abuse (n.d). Substance Use and SUDs in LGBTQ+ Populations. U.S. Department of Health and Human Services; National Institutes of Health; National Institute on Drug Abuse; USA.gov. Retrieved on March 24, 2023 from <https://nida.nih.gov/research-topics/substance-use-suds-in-lgbtq-populations>
16. Ibid.
17. Ibid.
18. Standing Committee on Health (Bill Casey, Chair) (2019). The Health of LGBTQIA2 Communities in Canada. House of Commons, Parliament of Canada. Retrieved March 24, 2023 from <https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/hesarp28/hesarp28-e.pdf>
19. Ibid.
20. Collins, D. (2022). 6 Ways to Protect Your Mental Health as an LGBTQ+ Individual. One Medical. Retrieved March 24, 2023 from <https://www.onemedical.com/blog/healthy-living/6-ways-protect-your-mental-health-lgbtq-individual/>



 Send us your questions, comments, and suggestions — lifelines@homewoodhealth.com

For more information, please contact our Client Services Representatives available 24 hours a day, seven days a week, in English or French. All calls are completely confidential.

1-800-663-1142
 1-866-398-9505 **(Numéro sans frais - en français)**
 1-888-384-1152 **(TTY)**
 604-689-1717 **International (Call Collect)**

Follow us:   

Homeweb.ca

© 2023 Homewood Health™

