BISEXUAL COMMUNITIES AND MENTAL HEALTH SERVICE ACCESS

The Pathways Project

BACKGROUND

The Pathways Project is a community-based research project studying access to effective depression treatment for women and/or trans people of diverse sexual orientations and gender identities across Ontario. The goal of this research was to use the knowledge gained to inform service delivery to improve mental health in these communities. An intersectional approach was used in this research; questions were asked not only about lesbian, gay, bisexual, trans and queer (LGBTQ) identities, but also its intersections with other identities and experiences that may be associated with oppression and/or privilege (e.g., experiences of being racialized, living in poverty). For more information on the project, visit: **http://www.lgbtqhealth.ca/projects/pathways.php**

APPROACH

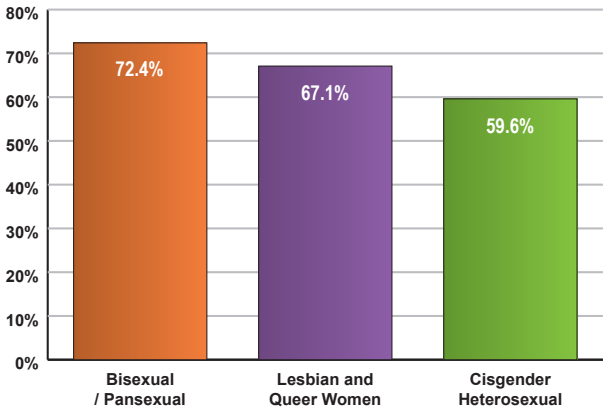
Our online questionnaire asked about participants' demographic information, relationships and social support, health and mental health symptoms, and use of and satisfaction with mental health services. The survey was completed by 704 people from across Ontario – and 26 of those met with researchers for follow-up interviews to discuss their experiences in more detail. We studied the experiences of four groups that we made mutually exclusive; trans people, bisexual / pansexual women, lesbian and queer women, and cisgender (non-trans) heterosexual women. We recognize individuals can have overlapping identities (e.g., trans people also identifying as bisexual, lesbian or queer); however, few studies exist that look at the specific experiences of bi and trans people, so we made each group distinct to more closely explore their unique experiences. There were 118 respondents who identified as bisexual or pansexual.

KEY FINDINGS

Our study examined rates of perceived unmet need for mental health care – times during the past 12 months where people experienced a need for treatment, services, resources or support that was not fulfilled. While all groups had high rates of unmet need for mental health care, our results show that bisexual/pansexual people had a 72.4% rate of unmet need for mental health care, a rate higher than either cisgender heterosexual women (59.6%), or lesbian and queer identified women (67.1%).

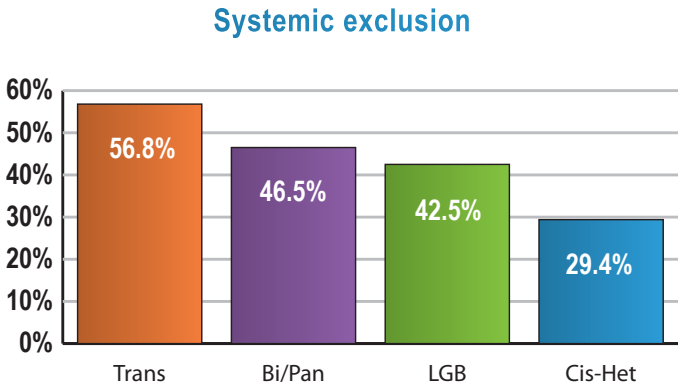
When surveyed about social supports – friends, family, and community members who people feel able to reach out to – bi and pansexual respondents indicated having less support available than cisgender heterosexual people. This lack of support could stem from biphobia (discrimination towards bi people), or a lack of bisexual/ pansexual awareness in society.

Preceived unmet need for mental health care by sexual orientation/gender identity



KEY FINDINGS (CONTINUED)

Respondents were asked about experiences of systemic exclusion - times when you encounter barriers to accessing services normally available to others, due to your identity or experience being left out or discriminated against. Bisexual and pansexual respondents experienced elevated rates of systemic exclusion in comparison to both lesbian and queer participants, and cisgender heterosexual participants. Only transgender participants reported higher levels of systemic exclusion than the bi/pansexual group.



Our study results showed that bi and trans respondents had higher rates of untreated depression than cisgender, heterosexual people. Trans respondents' rates of untreated depression were tied to systemic exclusion. However, for bi respondents, those higher rates of untreated depression were accounted for by differences in socio-economic status and age.

Our results also suggest that people who experience discrimination due to multiple aspects of their identities have elevated rates of unmet need for mental health support. We found that LGBTQ participants who identified their racial, ethnic, or cultural identities as something other than white only (i.e; "racialized") had a nearly 16% higher rate of unmet need for mental health services than cisgender, heterosexual people who were not racialized. Racialized LGBTQ participants also had a 6% higher rate of unmet need than non-racialized LGBTQ participants.

"Having someone who accepts you unquestioningly for where you are, in terms of your orientation, is critical, because you don't have to explain everything, you know? They just get it."

– white bisexual female participant

Survey respondents who were racialized, LGBTQ and had low socioeconomic status experienced a 20% higher rate of unmet need than non-racialized, cisgender, heterosexual respondents with higher socioeconomic status. Racialized LGBTQ participants also had a 14% higher rate of unmet need for mental health care than non-racialized LGBTQ respondents with higher socioeconomic status. Due to our sample size, we could only look at the data for LGBTQ people together as one group, not bi participants independently. Although we expect there would be similar patterns of experience with bi people, more specific research is needed to investigate how other marginalized identities are related to mental health service experiences for bisexual people.

IMPLICATIONS

The present structure of the health care system can make it difficult for bisexual and pansexual people to find services. Medical services prioritize heterosexual relationships, and this can shape how bisexual and pansexual people get care that is not related to their sexual or relationship-related concerns. Providers may frame unrelated issues in the context of an individual's sexuality, or pathologize bisexuality or pansexuality in particular, even if they are gay- or queer-friendly.

> **"There's many facets to who I am. Like, I'm not just a woman who engages in heterosexual relationships."**
>
> **– Aboriginal, two-spirit and gay participant**

It is not just biphobia (discrimination towards bi people) that makes it difficult for bi and pansexual people to access services and supports. We know other experiences of oppression also have impacts on a person's quality of life – the daily stresses of experiencing racism, sexism, ableism (discrimination towards people living with disability), and living in poverty can have real physical and emotional effects, too. While finding mental health support that understands and appreciates one aspect of your identity (e.g., bisexuality) can be a challenge, finding support that speaks to your whole self and the various identities you have can be more complicated, particularly if you experience multiple forms of discrimination. The current biomedical model utilized in health care provision doesn't recognize oppression as a factor that influences people's health and wellbeing. Our qualitative data suggest that health care that is informed by the social location and experiences of clients is an essential link in service provision. Service providers who acknowledge the stresses of biphobia and its relationship to other systems of oppression can more effectively meet individuals' needs. Providers must also be aware that behavior, tone and other non-verbal cues can have an effect on individuals' perceptions of the care they are receiving, and ultimately themselves.

We all can play a role in making change. Service providers need to work to educate themselves and their colleagues about biphobia, as well as other oppressions, and their effects on health, and advocate for change to make health and social services more accessible to bi and pansexual people. If community members feel it's safe for them to do so, they can speak out about discrimination, or join friends, family and community groups to organize, protest and speak out together. We can all work to advocate for change in our government, social service organizations, and communities to make them more equitable for bi and pan people, and to end biphobia.

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