

# Disabled LGBTQ+ Individuals Report Higher Rates of Mental Health Disorders than Those Without Disabilities

Arin Barth, PA-S, Thomas Jefferson University

## Background

Rates of disability are higher among LGBTQ+ people than in the general population, resulting in higher rates of discrimination and stigma.<sup>1</sup> It has been established that the prevalence of mental health conditions and frequency of substance use are increased among both LGBTQ+ people and people with disabilities, potentially due to the impacts of minority stress, discrimination, and reduced access to material resources.<sup>2-4</sup> Members of these communities may also have reduced access to mental and physical health care due to discrimination, stigma, and physical and financial barriers to access.<sup>5,6</sup> There are disparities in mental illness prevalence and access for individuals who are both LGBTQ+ and disabled.<sup>7,8</sup>

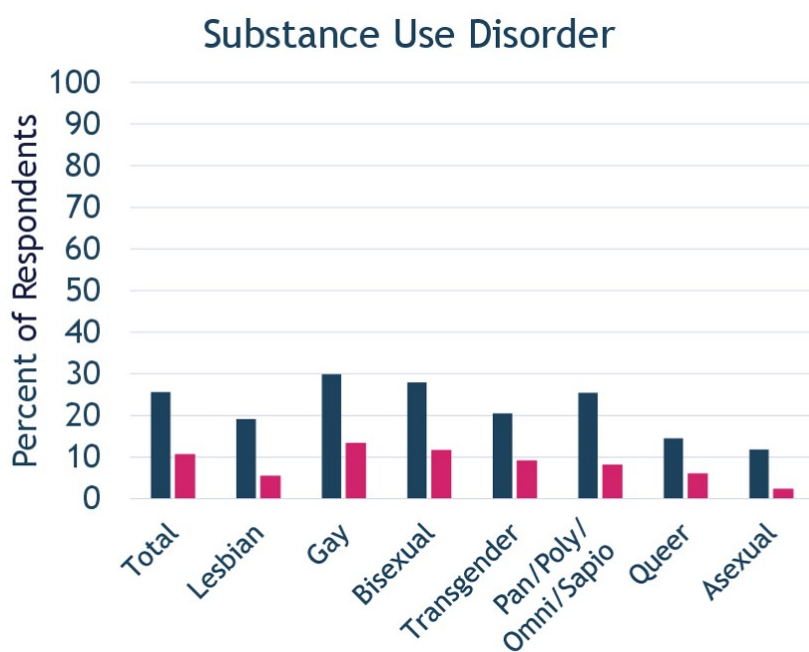
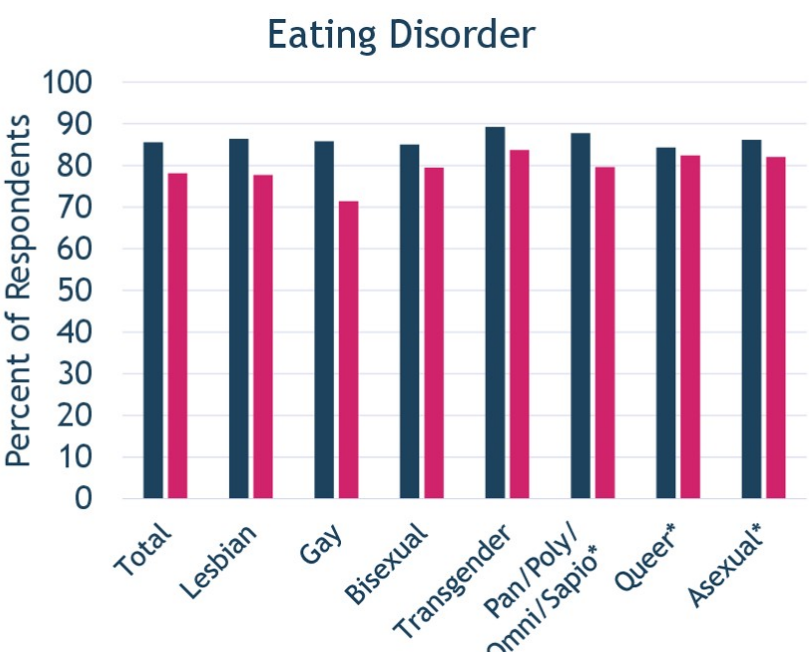
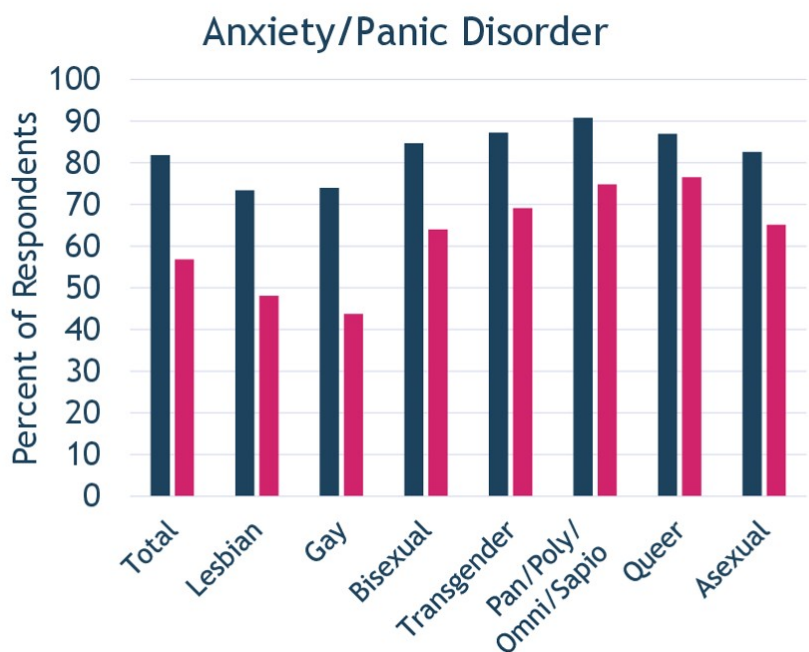
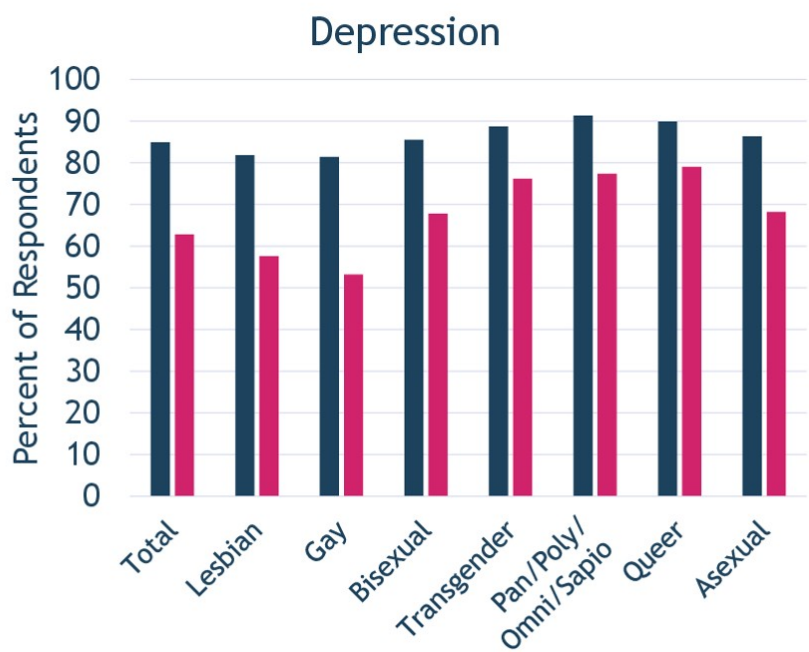
## Purpose

The purpose of this qualitative, correlational study is to determine if there is a relationship between disability status and mental illness within the LGBTQ+ community.

## Methods

This study utilized data from the *All of Us* Research Program Controlled Tier version 8, available to authorized users on the Researcher Workbench. This study included all *All of Us* participants who identified as LGBTQ+, based on self-reported sexual orientation and gender identity. Transgender status was manually determined by comparing each participant's gender identity and sex assigned at birth. A total of 59,302 participants were included, including 14,519 who identified as gay, 8,382 as lesbian, 28,469 as bisexual, 2,017 as polysexual, omnisexual, sapiosexual, or pansexual, 1,335 as asexual, and 1,767 as queer. 6,644 individuals were identified as transgender.

Participants were sorted into two groups based on whether they self-identified with at least one disability category. Participants self-reported whether they had a personal history of anxiety or panic disorder, a depressive disorder, an eating disorder, and/or a substance use disorder. The prevalence of these four conditions was compared between disabled and non-disabled participants using Pearson's chi-squared test with Yates' continuity correction. Data selection, cleaning, and analysis were completed in Jupyter using R.



■ Disabled ■ Non-Disabled

\* Starred results were not statistically significant

## Key Findings

- Self-reported rates of depression, anxiety or panic disorders, and eating disorders were high across all groups studied
- Disabled participants reported significantly higher rates of mental health disorders across almost all subgroups

## Conclusions

This study highlights a concerning disparity in mental health outcomes that impacts the health needs of disabled LGBTQ+ Americans. Further research is essential to understand the underlying reasons for this discrepancy and how the medical field can effectively address it.

## Limitations

This study cannot establish causation; factors like healthcare access disparities, discrimination, minority stress, and the disabling nature of the conditions may influence the observed relationship. It also does not differentiate between disability types, and the links between mental illness and disability can vary based on type, duration, and severity.

*All of Us'* demographic questions offer limited answer choices, risking the undercounting of many groups. Furthermore, polysexual, omnisexual, sapiosexual, and pansexual individuals are grouped together, preventing clear differentiation. Aromantic individuals were not included due to the lack of questions on romantic orientation, and data for intersex and two-spirit individuals were insufficient for meaningful analysis. Lastly, self-reported mental illness history may overestimate prevalence, as individuals might not meet formal diagnostic clinical criteria, and such data is often biased.

## Acknowledgments

I would like to thank AAPA and the PA Foundation for supporting this project through the Student Research Scholars program. Additionally, I would like to thank the Department of Health Science for supporting my travel to AAPA 2025.

I gratefully acknowledge *All of Us* participants for their contribution, without whom this research would not have been possible. I also thank the National Institutes of Health's *All of Us* Research Program for making available the participant data examined in this study.

## References

1. Surfus, Chris R. "A Statistical Understanding of Disability in the LGBT Community." *Statistics and Public Policy* 10.1 (2023): 2188056.
2. Su, Dejun, et al. "Mental health disparities within the LGBT population: A comparison between transgender and nontransgender individuals." *Transgender health* 1.1 (2016): 12-20.
3. Nakkeeran, N., and Barathi Nakkeeran. "Disability, mental health, sexual orientation and gender identity: understanding health inequity through experience and difference." *Health research policy and systems* 16.Suppl 1 (2018): 97.
4. Lake, Johanna K., et al. "The wellbeing and mental health care experiences of adults with intellectual and developmental disabilities during COVID-19." *Journal of Mental Health Research in Intellectual Disabilities* 14.3 (2021): 285-300.
5. Mulcahy, Abigail, et al. "Gender identity, disability, and unmet healthcare needs among disabled people living in the community in the United States." *International journal of environmental research and public health* 19.5 (2022): 2588.
6. Kempapidis, Theofilos, et al. "Queer and disabled: Exploring the experiences of people who identify as LGBT and live with disabilities." *Disabilities* 4.1 (2023): 41-63.
7. Argenyi, Michael S., Ethan H. Mereish, and Ryan J. Watson. "Mental and physical health disparities among sexual and gender minority adolescents based on disability status." *LGBT health* 10.2 (2023): 130-137.
8. Lamba, Shane, et al. "Anxiety and Depression Symptoms Among Sexual and Gender Minority People by Disability Status: Findings From The PRIDE Study, 2019-2020." *Annals of LGBTQ Public and Population Health* (2024).