

# Mental Health in Colorado's LGBTQ+ Communities

MARCH 2022

*Over the past decade, social acceptance of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people has expanded dramatically.<sup>1</sup> Many people find love, support, and connection in the LGBTQ+ community. But being LGBTQ+ can also bring unique challenges that can have significant impacts on mental health.*

Poor mental health is common among LGBTQ+ people across the United States. They are 2.5 times more likely to experience depression, stress, and substance misuse.<sup>2</sup> About four in 10 adults in the U.S. transgender population have attempted suicide in their lifetime.<sup>3</sup> Worse mental health outcomes, including increased prevalence of substance use and misuse,<sup>4</sup> among LGBTQ+ Americans is likely due to lack of social support and community acceptance,<sup>5</sup> socioeconomic challenges,<sup>6</sup> and lack of access to LGBTQ-competent services.<sup>7</sup> A rise in crime against LGBTQ+ individuals,<sup>8</sup> as well as increased presence of anti-LGBTQ groups,<sup>9</sup> may also contribute. 2021 also saw a greater number of anti-LGBTQ bills passed across the nation than any year previously.<sup>10</sup>

Colorado has some of the country's strongest legal and policy protections for LGBTQ+ individuals, according to a 2020 report by the Human Rights Campaign, an LGBTQ-advocacy organization.<sup>11</sup> But there is an opportunity to fortify social supports and improve access to mental and behavioral health services. CHI combined data from the 2019 and 2021 Colorado Health Access Surveys (CHAS) and found that LGBTQ+ Coloradans were much more

## Key Takeaways

- Just 42.0% of LGBTQ+ Colorado adults reported having good mental health, compared to 74.8% of heterosexual, cisgender Coloradans.
- The disparity in mental health was greatest among transgender, nonbinary, and otherwise gender diverse Coloradans, only 22.9% of whom reported having good mental health.
- Policy initiatives are underway to improve access to mental health care that is responsive to the needs of LGBTQ+ Coloradans.

## Methodology

CHI combined responses of people identifying as lesbian, gay, bisexual, transgender, or queer into a single category (LGBTQ+) for analysis. The "Q+" is intended to include people identifying different orientations and all non-male or non-female gender identities other than lesbian, gay, bisexual, and transgender identity.

The CHAS questionnaire only asked respondents ages 18 and older about their sexual orientation and gender identities. As a result, this report only provides information about the mental health of adult Coloradans.

In some cases, data from 2019 and 2021 were combined to provide a reliable sample size. Survey years 2019 and 2021 were combined to create a large enough sample size to report on specific gender and sexual orientation identities on the CHAS. Weights were then applied to the sample to create estimates that reflect an average of the two years for the adult respondent population.



**If you or someone you know is experiencing thoughts of self-harm or suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-8255.**

likely to report feelings of depression or stress than Coloradans who are heterosexual or cisgender<sup>12</sup> — a term for those who identify with the gender they were assigned at birth.

## A Largely Urban Population

According to the 2021 CHAS, about 7.8% of Coloradans 18 years of age or older identified as LGBTQ+. This estimate is slightly higher than recent national estimates,<sup>13</sup> a discrepancy that is likely primarily due to differences in methods. Colorado's LGBTQ+ population includes the 7.3% of Colorado adults who identified as lesbian, gay, bisexual, or another non-heterosexual sexual orientation, and 1.2% of Coloradans who identified as transgender, non-binary, or otherwise gender diverse.

CHAS data from 2019 and 2021 indicate that the

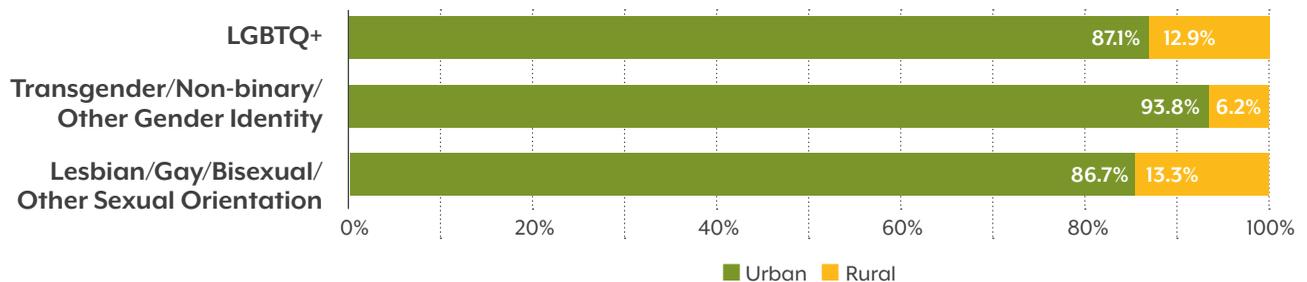
majority (87.1%) of Colorado's LGBTQ+ population lived in urban areas, compared to 82.0% of all Coloradans. (See Figure 1.) Data for other demographic breakdowns, including race and ethnicity data, were not large enough to provide reliable data.

## Increased Needs for Behavioral Health Support

Combined data from the 2019 and 2021 CHAS show that one in four heterosexual, cisgender Coloradans (25.2%) experienced poor mental health in the last month, compared to 58.0% of LGBTQ+ Coloradans. The CHAS defines poor mental health as having eight or more days in the past month that were characterized by feelings of stress, depression, or problems with emotions.

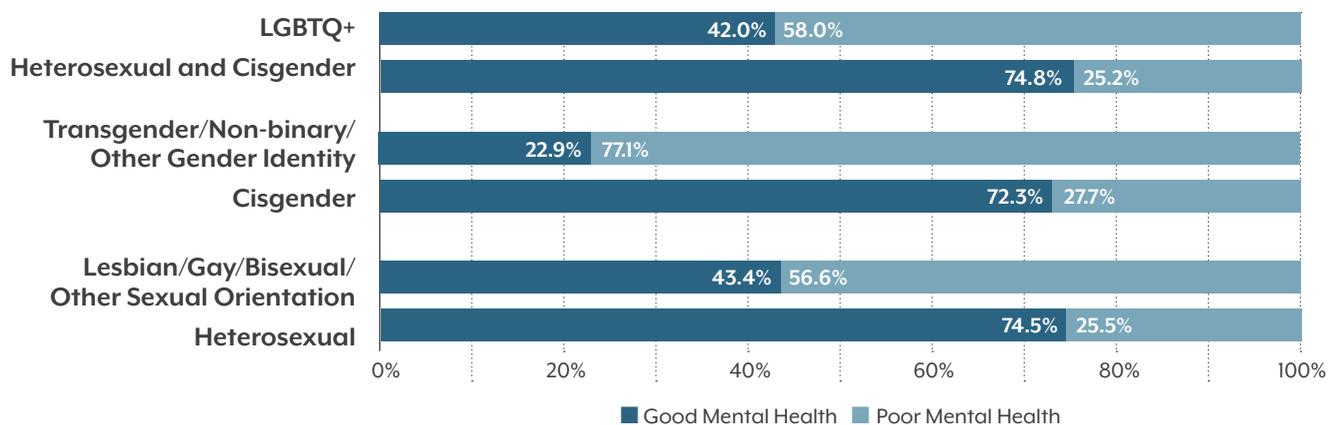
**Figure 1. Most LGBTQ+ People Live in Urban Parts of Colorado**

Percentage of LGBTQ+ people living in urban and rural Colorado, age 18+, 2021



**Figure 2. People Who Identify as LGBTQ+, Transgender/Non-Binary/and Other Gender Identity, and Lesbian/Gay/Bisexual/or Other Sexual Orientation Report Poor Mental Health Status in Greater Proportions Than Cisgender or Heterosexual People in Colorado, 2019-2021**

Mental health status by gender identity and sexual orientation, age 18+, 2019-2021



The disparity was even more dramatic for transgender, non-binary, and gender diverse Coloradans, 77.1% of whom reported poor mental health in the last month. In contrast, 27.7% of cisgender Coloradans reported poor mental health. (See Figure 2.)

These data align with national trends, with LGBTQ+ individuals being more than twice as likely as heterosexual, cisgender individuals to experience poor mental health, stress, and depression.<sup>14</sup>

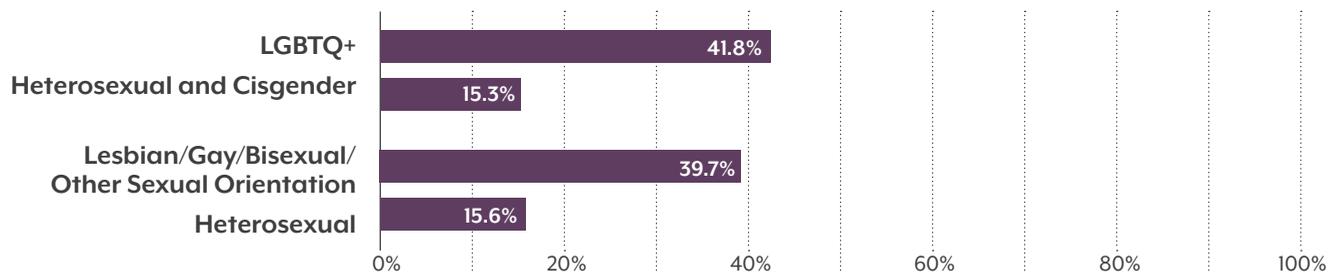
The 2019 and 2021 CHAS also revealed that LGBTQ+ individuals were more likely to not receive needed mental health services than their heterosexual, cisgender counterparts (41.8% compared to 15.3%). (See Figure 3.) LGBTQ+ Coloradans also

anticipated a future need for behavioral health services in greater proportions than heterosexual, cisgender Coloradans. Gender diverse Coloradans were especially likely to anticipate a future need of behavioral health services, with 76.7% reporting they would likely require assistance in the next year. (See Figure 4.)

Analysis of 2019 and 2021 CHAS data also revealed that for most LGBTQ+ Coloradans, living in an urban area is correlated with better mental health. In urban areas, LGBTQ+ individuals often have greater access to support systems and LGBTQ-competent health care. However, CHI's analysis showed that this pattern does not hold true for transgender, non-binary, or otherwise gender diverse Coloradans, possibly because while gender

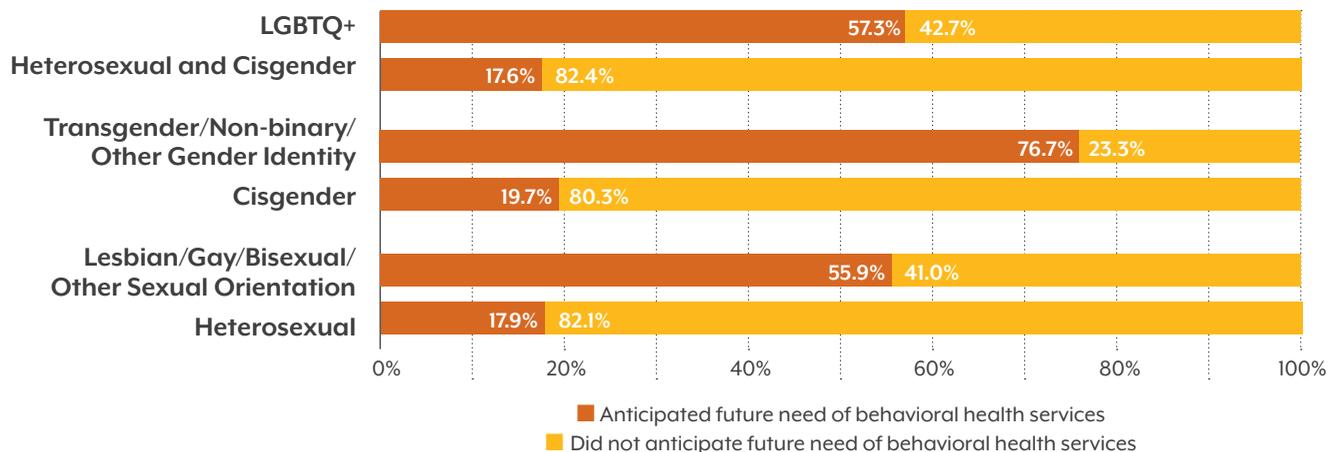
**Figure 3. LGBTQ+ Coloradans Were More Likely to Report Not Receiving Needed Mental Health Services Than Cisgender, Heterosexual Coloradans**

*Needed mental health services but did not get them, age 18+, 2019-2021*

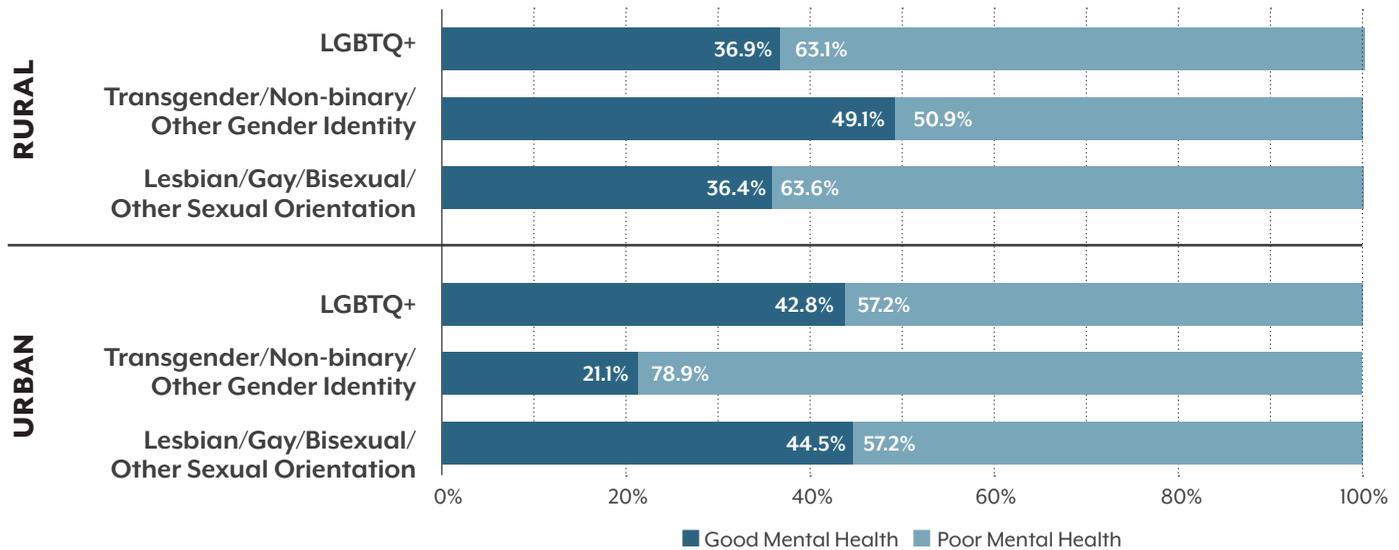


**Figure 4. Members of LGBTQ+ Communities Anticipate Greater Need for Future Behavioral Health Services Than Cisgender, Heterosexual Coloradans**

*LGBTQ+ anticipation of future behavioral health needs, age 18+, 2019-2021*



**Figure 5. Percentage of LGBTQ+ Coloradans Reporting Good Mental Health in Urban and Rural Areas, Age 18+, 2019-2021**



diverse individuals often relocate to urban areas to access community services and supports, those who opt to remain in rural settings may already have strong support systems or deep community connections. (See Figure 5.)

### Opportunity for Improvement

In 2021, Colorado earned the number one ranking in the country for LGBTQ+ equality from the Movement Advancement Project, a nonprofit think tank.<sup>15</sup> Colorado has strong protections in place for LGBTQ+ individuals, including protection against discrimination based on sexual orientation or gender identity, prohibition of conversion therapy, and anti-bullying legislation.

Advancements have been made as recently as October 2021, when the Colorado Division of Insurance updated the minimum standards of essential health benefits for individual and small group insurance plans to include coverage of gender-affirming services, mental health care, and substance use disorder recovery.<sup>16</sup>

Yet, given the grave disparity in mental health status between heterosexual, cisgender, and LGBTQ+ Coloradans, it's clear there is opportunity to do more.

One major barrier to mental health care is lack of providers who are trained for and responsive to LGBTQ-specific issues. According to the 2020 Healthcare Equality Index by the Human Rights Campaign, just six health facilities in Colorado score 80% or higher on measures of equity and inclusion of LGBTQ patients and employees.<sup>17</sup>

Other sources, such as the Gay and Lesbian Medical Association, list many LGBTQ-competent providers, but the vast majority work only in the Denver-metro area.<sup>18</sup> This suggests the need for legislation or shifts in clinic and hospital procedures to provide resources and training to health care providers and staff, so that they may meet the unique needs of LGBTQ+ individuals and other racial, ethnic, gender, and sexual orientation minorities.

At least one bill being considered in the state legislature aims to address this. House Bill 22-1267 would require the Colorado Department of Public Health & Environment's Office of Health Equity to provide funding for the development of cultural relevancy training programs for health care workers to better meet the needs of those priority populations. The bill would allocate \$1 million for the program's implementation.<sup>19</sup>

Access to services outside Colorado's metro areas is also important. A 2019 agreement between UnitedHealthcare and the Colorado Center for Nursing Excellence aims to expand mental health services in rural Colorado by providing a large grant to train 39 advanced practice nurses in psychiatry, expanding the capacity of rural clinics to offer behavioral health services.<sup>20</sup> The state's new Behavioral Health Administration, which will launch this year, will also focus on increasing rural access to behavioral health services.<sup>21</sup> In response to the COVID-19 pandemic, the Colorado General Assembly also passed SB20-212, which expanded and codified the use of telehealth services by Medicaid providers, including Rural Health Clinics and Indian Health Service facilities.<sup>22</sup> Though these developments don't focus specifically on LGBTQ+ mental health, they could expand access to mental health services for the rural LGBTQ+ population in Colorado.

## Conclusion

Across the nation and in Colorado, grave disparities exist between LGBTQ+ and cisgender, heterosexual populations. LGBTQ+ populations experience violent crime, substance use, and economic insecurity at higher rates than cisgender, heterosexual populations. These factors, as well as the recent uptick in anti-LGBTQ rhetoric, policies,

and organizations, all contribute to disparities in mental health outcomes. In Colorado, anti-discrimination legislation already protects LGBTQ+ communities from many forms of discrimination. Yet, CHAS data on the poor mental health status among many LGBTQ+ Coloradans points to a need for further action.

There are many opportunities to improve the mental health of LGBTQ+ people in Colorado, including continuing to improve access to mental and behavioral health services across the state. This is especially important in rural areas where resources are limited. Future policy proposals should ensure that those services are delivered by providers who are equipped to meet the unique needs of LGBTQ+ individuals, through training that is responsive to these needs. Other initiatives could address social determinants of health, including access to affordable housing, equal employment and education opportunities, and community support programs.

### Contributors to this report

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## Endnotes

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## About the CHAS

The Colorado Health Access Survey (CHAS) is the premier source of information about health insurance coverage, access to health care, use of health care services, and the social factors that influence health in Colorado. The biennial survey of more than 10,000 households has been conducted since 2009. Survey data are weighted to reflect the demographics and distribution of

the state's population. The 2021 CHAS was fielded between February 1 and June 7, 2021. The survey was conducted in English and Spanish. New questions were added to the 2021 survey to capture the impact of the COVID-19 pandemic as well as the impact of telehealth, social factors, and other topics. Visit [colo.health/CHAS21](https://colo.health/CHAS21) for information on the 2021 CHAS and our generous sponsors.

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