Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) people experience a range of social, economic, and medical disparities that jeopardize their long-term health. Although it is difficult to obtain accurate estimates of how many people identify as LGBTQ+, in part due to differences in how these data are collected, approximately 4.5% of adults older than age 18 years indicated in a major survey that they belong to the LGBTQ+ community, identifying them as a sexual minority. Even though understanding continues to evolve, significant stigma, discrimination, harassment, shame, bullying, and other forms of social hardship attached to sexual minority status remain. This stigma and discrimination is highly conducive to significant internal psychological distress, as it prevents many LGBTQ+ people from experiencing a sense of belonging and acceptance by their family, friends, and community. In addition to actual discrimination, LGBTQ+ people experience additional distrust and distress due to perceived and/or feared discrimination.

LGBTQ+ people face significant everyday life challenges as do their heterosexual peers. These challenges are pervasive and impact all life domains, including personal self-worth and self-esteem, family and community support, family and domestic partner laws, safe school and employment environments, and access to LGBTQ+ competent and safe medical and mental health care. LGBTQ+ people also are more often subjected to violence. As a result, the LGBTQ+ community struggles with significantly higher medical and mental health issues, as well as substance abuse problems, and experiences significantly poorer medical and mental health outcomes, including higher rates of suicide.

Hence, caring for LGBTQ+ patients requires knowledge, compassion, and familiarity with this population’s particular societal, medical, and mental health, and substance abuse issues. This issue of Psychiatric Annals presents timely articles from the faculty and a medical student at the University of Oklahoma Health Sciences Center in Oklahoma City about general health, mental health, and substance abuse issues in LGBTQ+ patients as well as the negative impacts of minority status and stigma in this population. Specifically, (1) adolescent medicine specialist Dr. Shauna M. Lawlis and colleagues focus on how to safely situate health care services for LGBTQ+ pa-
patients in the article “Health Services for LGBTQ+ Patients”; (2) child and adolescent psychologist Dr. Erin M. Hawks and colleagues review psychological assessments and treatment interventions and considerations of and for LGBTQ+ populations in the article “Psychological Assessment and Treatment for LGBTQ+ Patients”; (3) child and adolescent psychotherapist Lenore Arlee and colleagues discuss the significant burden of double-minority status in those LGBTQ+ patients who are also racial minorities in the article “Facing Stigma and Discrimination as Both a Racial and a Sexual Minority Member of the LGBTQ+ Community”; and lastly, (4) psychologist and substance abuse specialist Dr. Julio I. Rojas and colleagues explain the concept of compounded stigma through the lens of substance abuse and comorbid mental health and trauma issues present in the LGBTQ+ community in the article “Compounded Stigma in LGBTQ+ People: A Framework for Understanding the Relationship Between Substance Use Disorders, Mental Illness, Trauma, and Sexual Minority Status.”

Although we present compelling information and data in this issue, more research is warranted regarding LGBTQ+ medical and mental health. In particular, more research and education are needed with regard to double-minority issues (people who are sexual and racial/ethnic minorities) and their communities.

REFERENCES