FACT SHEET: Bisexual People in Ontario and Their Experience of Mental Health Support

Did you know?

- Bisexual[1] people tend to have the poorest mental health of all sexual minority groups that have been studied. Research has shown that they are more likely to experience anxiety, depression, self-harm, suicidal thoughts and suicide attempts than are gay and lesbian people.
- Bisexual youth aged 16 to 24 report even higher rates of mental health issues than bisexual people over 25.
- Bisexual people have often been left out of research, and when they are included in studies, they are often grouped with gay/lesbian people or with heterosexual people. Because of this, we are only now gaining a clearer picture of the unique mental health challenges and service barriers that bisexual people experience.

"[The counsellor] said that my anxiety would go away if I stopped making myself – forcing myself – to be different, by liking women"

– Jason, 28, white bisexual man

"I have heard things like 'This is just a phase'"

– Felipe, 31, Latin American queer, genderqueer transman

Background

The Risk and Resilience: Bisexual Mental Health Study is a community-based research project investigating mental health and mental health service experiences among bisexual people living in Ontario. The goals of this project are:

1. to assess mental health, risk factors and supportive factors for health among bisexuals
2. to identify barriers to mental health and to accessing mental health services
3. to identify people's coping strategies and other forms of resilience
4. to make recommendations to improve mental health services for bisexual people in Ontario.

Our approach

We asked bisexual people from across Ontario about their mental health and their experiences with mental health services. In total, 405 people participated in the online survey, and over 40 people met with researchers for in-person interviews. Participants were asked questions about seven key mental health issues: depression, anxiety, post-traumatic stress disorder (PTSD), alcohol use, illicit drug use, suicidality (thoughts of suicide and suicide attempts) and tobacco use. anxiety, post-traumatic stress disorder (PTSD), alcohol use, illicit drug use, suicidality (thoughts of suicide and suicide attempts) and tobacco use.

[1] This study uses "bisexual" as an umbrella term for anyone who experiences attraction to more than one sex and/or gender. It encompasses a broad spectrum of non-monosexual sexual orientations, including queer, pansexual, omnisexual, two-spirit, fluid and other identity labels.

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Centre for Addiction and Mental Health
Rainbow Health Ontario
A Program of Sherbourne Health Centre
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This is my community

To learn more, please visit bisexualhealth.com

For this study, we defined bisexual as meaning anyone who is attracted to more than one sex and/or gender. All the people who participated agreed that this definition applied to them in some way. We also collected information on sex assigned at birth, gender identity, racial/ethnic/cultural identity and age.

This is my community

"If people don't choose to take the route of psychiatric medication as part of their treatment for mental health, they're required to go to a private counsellor or other alternatives that all have costs associated with them"

– Fenn, 29, white bisexual woman

What are our experiences of mental health care?

WE FEAR AND EXPERIENCE PATHOLOGIZATION

In this study, bisexual people said that their service providers treat heterosexual relationships as normal, and may ignore, downplay or speak negatively of bisexuality as an identity. Because of this, bisexual people, like lesbian, gay and trans people, may avoid talking about this part of themselves to service providers, worrying that they will be treated as though they are abnormal or unhealthy. This is called pathologization. Experiences like these can mean that bisexual people might avoid seeking mental health support services entirely.

THE MEDICAL MODEL OF MENTAL HEALTH CARE IS INADEQUATE AND IS NOT ACCESSIBLE TO OUR COMMUNITY

Service providers often use a medical model for understanding mental health issues that explains distress through physiological causes alone. This results in a focus on changing a person's brain chemistry through medication or other treatments to "fix" a mental health issue. This can ignore the ways in which social factors contribute to health and wellness. Understanding mental health in this way positions the service provider as the expert about a person's mental health, instead of the person themselves.

Provincial health care supports the medical model by only paying for certain types of mental health supports, like psychiatry and medication. If people want to access other treatments, they must find other means to cover the costs. This leaves many low-income individuals with limited options.

There are alternatives to the medical model that help us understand and work with mental health issues from a different perspective. For example the recovery-oriented model aims to support people's recovery, which means "gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self" (Jacobson & Greenley, 2001, p. 482). The recovery-oriented model has been shown to be useful for people with lived experiences of mental health issues.

OPPRESSION AFFECTS OUR MENTAL HEALTH

Experiences of oppression affect a person's quality of life – the daily stresses of experiencing racism, sexism, ableism (discrimination toward people living with disability), heterosexism, monosexism and living in poverty can have real physical and emotional effects. Understanding mental health as an issue of brain chemistry alone ignores that mental health issues may be brought on, or intensified, by things like being judged by others, or having experiences of trauma or violence.

Participants in our study criticized the medical model for failing to recognize the ways that oppression influences people's health and well-being. 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 all of your identities and life experiences can be even more complicated, particularly if you experience multiple forms of discrimination.

Here's what we can do!

- When looking for mental health services, we can ask friends which service providers have been understanding and accepting of their identities and have offered a variety of treatment models for mental health issues.
- We can ask someone to attend appointments with us. They may provide us with support during appointments and even advocate for us if needed.
- If a practitioner is not available or does not offer the service we are seeking, we can still ask for referrals. They may be able to provide us with contact information for other practitioners, organizations or clinics that can meet our needs.
- Keep in mind that many practitioners offer sliding scale payment options. Sliding scale means that the cost of services is flexible and can be lowered depending on one's ability to pay. Remember, we may have to ask if this is an option! Sometimes it isn't advertised.
- The medical model is a problem, and providers need to educate themselves on the underlying causes of mental health issues in order to include a broader range of experiences. As service users, we can advocate for this change with our providers if it feels safe to do so, or join with others to fight for social justice change.
- In many communities there are services and supports that are alternative or complementary to the medical model that are important resources for people with lived experiences of mental health issues. One example is peer support programs.

This is my community

"If you need someone [a service provider] to get how that [mental health experience] intersects with race and gender and class and familial dynamics and all kinds of other things that are going on. Then of course that's more challenging, right?"

– Jesse, 32, black Caribbean woman

Reference

Jacobson, N. & Greenley, D. (2001). What is recovery? A conceptual model and explication. *Psychiatric Services*, *52* (4), 482–485.

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