



HUMAN  
RIGHTS  
CAMPAIGN®

Written Testimony of  
Joni Madison  
Interim President  
Human Rights Campaign  
To the  
Subcommittee on Health  
Committee on Energy and Commerce  
U.S. House of Representatives

Communities In Need: Legislation to Support Mental Health and Well-Being

April 5, 2022

Chairwoman Eshoo, Ranking Member Guthrie, and Members of the Committee:

My name is Joni Madison, and I am the Interim President of the Human Rights Campaign, the nation's largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people. By inspiring and engaging all Americans, HRC strives to end discrimination against LGBTQ+ people and realize a nation that achieves fundamental fairness and equality for all. On behalf of our more than 3 million members and supporters, I am honored to submit testimony for this important hearing on legislation to support mental health and well-being.

LGBTQ+ people experience alarmingly high rates of mental health challenges much of which is caused or exacerbated by discrimination and marginalization. It disrupts their daily lives and can be life-threatening, especially for children and youth. A majority of LGBTQ+ adults in the United States are facing significant mental health challenges today, and over a majority of LGBTQ+ high schoolers in the United States have symptoms of depression.

We support the Committee's efforts to promote access to behavioral health programs and care. LGBTQ+ people are disproportionately impacted by lack of access to necessary medical care,

through discrimination or gaps in health insurance coverage. In the United States, 18% of LGBTQ+ adults of color have no health insurance coverage, compared to 8% of all adults.<sup>1</sup> Significant gaps in health insurance coverage, economic injustice, discrimination, bias, stigma, and violence all interact to worsen the mental health challenges facing LGBTQ+ people today. The intersectional focus proposed today at this hearing seek to address the multiple factors impacting LGBTQ+ access to mental health. An intersectional approach is critical for addressing the full needs of the LGBTQ+ community.

The COVID-19 pandemic has demonstrated to the world the importance of not only taking care of one's physical health, but also taking care of one's mental health. For LGBTQ+ people, especially, barriers to access can have significant impacts on quality of life, rates of depression, and suicidal ideation. HRC Foundation analyzed data from the most recent Behavioral Risk Factor Surveillance System (BRFSS) and observed that: 59% of LGBTQ+ adults and 60% of transgender adults are battling poor mental health today. As a result of poor mental and physical health, 19% of LGBTQ+ adults and 28% of transgender adults say they have sustained periods of time in which they are unable to do usual activities, such as self-care, work or recreation, compared to 15% of non-LGBTQ+ adults. Only 39% say they have been diagnosed with a depressive disorder, despite the high prevalence of depressive symptoms among the entire community.<sup>2</sup>

We appreciate the committee's special attention to promoting mental health awareness and behavioral health programs for youth. In August 2020, the Centers for Disease Control and Prevention (CDC) released a biennial report from the data collected using their Youth Risk Behavior Surveillance survey, which is the only national survey designed to monitor a wide range of priority health risk behaviors among representative samples of U.S. high school students. In light of this release, Project THRIVE, HRC's National Campaign to Support LGBTQ+ Youth, issued a public statement and call to action in response to the alarming YRBS data that find significant disparities between LGBTQ+ youth and their non-LGBTQ+ peers.<sup>3</sup>

More than half of LGB+ youth (54%), 61% of transgender youth and 61% of questioning youth are battling symptoms of depression, compared to 29% of non-LGBTQ+ youth. Only 41% of LGBTQ+ youth have received psychological or emotional counseling. 35% of LGBTQ+ youth, 45% of transgender youth and 40% of questioning youth have seriously considered attempting suicide, compared to 13% of non-LGBTQ+ youth. LGBTQ+ youth who have at least one

---

<sup>1</sup> HRC Foundation, *Mental Health Resources in the LGBTQ+ Community*, (2022), <https://www.hrc.org/resources/mental-health-resources-in-the-LGBTQ+-community>

<sup>2</sup> HRC Foundation, *The State of Mental Health in the LGBTQ+ Community*, (Feb. 22, 2021), <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/LGBTQ+-MentalHealth-brief-022221.pdf>

<sup>3</sup> Project Thrive, *A Call to Action in Response to the CDC's 2019 YRBS Data*, HRC Foundation, ( Dec. 21, 2020),, [https://hrc-prod-requests.s3-us-west-2.amazonaws.com/ProjectThrive\\_YRBSData\\_ExecutiveSummary\\_122120.pdf?mtime=20210104125217&focal=none](https://hrc-prod-requests.s3-us-west-2.amazonaws.com/ProjectThrive_YRBSData_ExecutiveSummary_122120.pdf?mtime=20210104125217&focal=none)

accepting adult in their life were 40% less likely to attempt suicide.<sup>4</sup> Legislation like those being considered by the committee today will help address disparities between LGBTQ+ youth and their non-LGBTQ+ peers.

Addressing access to mental health services must occur in a variety of settings including carceral systems and shelter systems. LGBTQ+ youth, particularly LGBTQ+ youth of color are overrepresented in the juvenile justice system.<sup>5</sup> In addition, the importance of providing assistance for the unhoused and those who struggle with substance abuse cannot be understated, since “[I]t is estimated that LGBTQI youth and young adults have a 120% higher risk of experiencing homelessness — often the result of family rejection or discrimination based on gender identity or sexual orientation.”<sup>6</sup> LGB adults are “nearly twice as likely as heterosexual adults to experience a substance use disorder” while transgender individuals are four times as likely.<sup>7</sup>

Studies show that “[n]ative/Indigenous youth who are Two-Spirit/LGBTQ+ consistently report the highest suicide risk” and are “2.5 times more likely to report a suicide attempt in the past year (33%) compared to their LGBTQ+ peers (14%). Additionally, this group is also disproportionately represented in reports of foster care, housing instability, and food insecurity.”<sup>8</sup> These statistics highlight the necessity of promoting behavioral access for LGBTQ+ native peoples.

We laud the Committee's efforts to increase access to behavioral health programs and mental health care. The LGBTQ+ community is disproportionately impacted by lack of access to necessary medical care, through discrimination or lack of health insurance. The lack of access is particularly exacerbated for LGBTQ+ individuals of color, who face a myriad of barriers when attempting to access health care.

---

<sup>4</sup> HRC Foundation, *The State of Mental Health in the LGBTQ+ Community*, (Feb. 22, 2021), <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/LGBTQ+-MentalHealth-brief-022221.pdf>

<sup>5</sup> Center for American Progress, *Unjust: LGBQ Youth Incarcerated in the Juvenile Justice System*, (June 2017), <https://www.lgbtmap.org/file/LGBTQ+-incarcerated-youth.pdf>

<sup>6</sup> National Alliance on Mental Illness, *Identity and Cultural Dimensions*, <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQ+I> (last visited Apr. 4, 2022).

<sup>7</sup> *Id.*

<sup>8</sup> Trevor Project, *Facts About LGBTQ+ Youth Suicide* (Dec. 15, 2021), <https://www.thetrevorproject.org/resources/article/facts-about-LGBTQ+-youth-suicide/>.