The primary aim of my research is to understand and address the multisystemic factors that lead to mental health disparities among lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities, with a focus on the role of service access and treatment engagement. Sexual and gender minority individuals experience increased risk of depression and suicide due to chronic exposure to stressors, such as structural and interpersonal discrimination. These elevated rates of depression and suicide render access to effective treatment as imperative; however, LGBTQ communities remain underserved and ill-served in health care environments and continually report unmet mental health needs. My long-term goal is to address these mental health disparities by improving access to and engagement in mental health treatment for LGBTQ communities.

As such, my current research centers on three main areas:

1) Documenting how LGBTQ care-seekers interact with the mental health system, including their discriminatory health care encounters and experiences with barriers to care.

2) Examining how depression and suicide disparities among sexual and gender minorities occur through the mechanism of forgone care or difficulties with full engagement in care.

3) Identifying the resources and informal care networks that LGBTQ communities harness to maintain or attain wellness when they cannot or do not access formal treatment settings.

Findings from these areas will inform a fourth domain of research, which is to develop a theoretically grounded and tailored engagement intervention that will improve access to and the acceptability of mental health services for LGBTQ communities by attending to major individual and systemic barriers to service use.

Throughout my doctoral studies I remained dedicated to researching, proving evidence for, and disseminating findings from each these domains. For example, my publications have used both quantitative and qualitative methods to describe the unique manifestations of system- and individual-level barriers to service access for LGBTQ communities, to link health care discrimination to increased rates of attempted suicide through the mechanisms of forgone care and coping-motivated substance use, and to delineate the adaptive strategies that are being used by LGBTQ individuals to
promote community health and wellbeing. The next phase of my research program will draw from these studies’ implications and work towards effectively engaging LGBTQ individuals in care.

**Dissertation Research**

Using a three-paper dissertation format, I completed three interrelated studies that extended my research program by assessing health care access and mental health among LGBTQ individuals both cross-sectionally and across the life-course. Together, the studies examined how LGBTQ adolescents and adults: 1) reach care; 2) are treated by providers once they reach care, and; 3) stay healthy if they do not reach care. Specifically, the first study examined differences in how traditional service use facilitators (i.e., symptom severity, predisposing factors, decision-making style) and family network factors (i.e., mother-child closeness and communication) are associated with counseling receipt between depressed heterosexual and sexual minority adolescents. The second study focused on transgender help-seekers with psychological distress exclusively, and explored the quality of their interactions with health care providers using Latent Class Analysis. In particular, ten indicators of discriminatory encounters were considered, response patterns were analyzed, and subgroups of transgender help-seekers at greatest risk for discrimination were identified. The third study tested if having a mentor protected against the negative effects of depression on later life stress and depression and the differences in these relationships between depressed sexual minority young adults who did and did not receive psychological counseling.

**Future Directions**

I aim to advance my research program by seeking early-career supports, such as a K award or an R21 grant. Given my interest in intervention research, it is imperative to apply for both private and public funding mechanisms to conduct the requisite foundational studies for the development a targeted engagement intervention for LGBTQ individuals, particularly those who may experience escalatory barriers to care as members of multiple marginalized communities. As emerging evidence shows that forgone care and hesitancies around full participation in care may contribute to mental health disparities among LGBTQ communities, it is imperative to identify and target malleable factors contributing to forgone care. My next studies, for example, will examine how health care discrimination may shape help-seeking decision-making factors such as beliefs and expectancies around mental health treatment. This program of research not only has theoretical, but real-world implications; it moves beyond solely documenting mental health disparities and promotes the wellbeing of LGBTQ communities through improved service access, acceptability, and engagement.