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# **Erasure on All Sides: A Public Health Analysis of Mental Health Disparities Experienced by Bisexual Individuals**

*By Kaila K. Graham*

**ABSTRACT:** Research has found that bisexuals not only experience poorer mental health outcomes when compared to heterosexuals, but that the same holds true when compared to other members of the LGBTQ community (Feinstein & Dyar, 2017; Mackay, Robinson, Pinder, & Ross, 2017; Persson & Pfaus, 2015). From the stigma surrounding mental health and the stresses of non-disclosure up to experiences of discrimination in health care and at times lack of legal protection, the issues faced by bisexual individuals on a daily basis are great (Mackay et al., 2017; Persson & Pfaus, 2015). These battles take a toll on the mental health of this population in a way that is quite unique to others. As mental health continues to become a central aspect of the work of public health, there must be more attention paid to the impact of mental health disparities among groups that go largely ignored in broader health discussion. The socioecological model, as described by McLeroy, Bibeau, Steckler, and Glanz (1998), provides public health researchers and practitioners with a framework through which to understand and tackle the mental health disparities experienced by bisexual individuals. Mental health exists on and is impacted by events at every level of this model; to understand the issue at only one level would be incomplete. This paper investigates the mental health disparities among bisexuals and seeks to provide potential explanations as to the cause utilizing the socioecological model. Additionally, recommendations for additional public health interventions aimed at reducing the disparity are provided.

Too often, one's health is heavily influenced by factors outside of their control. An understanding of health disparities is one way to conceptualize the factors that contribute to health. Health disparities are those "...avoidable, unfair, and unjust differences in health status" (McMorrow, 2018b, p.3) experienced by socially disadvantaged or ignored populations, often as a result of their marginalization (CDC, 2018a). In understanding health disparities and their impact on populations, this paper will be analyzing mental health disparities experienced by bisexual individuals as compared to their homosexual and heterosexual counterparts.

### **Who, What, and Where**

Before a conversation about mental health disparities can be had, an understanding of what constitutes mental health and mental illness is key. The World Health Organization (WHO) defines mental health as "...a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2014a, p.1). Mental illness or mental disorders then are those conditions that result from an imbalance in that state of well-being or those conditions of emotional or behavioral disorder, such as depression and anxiety (CDC, 2018b; Marhefka, 2017; WHO, 2018).

Mental health issues are a growing concern in the field of public health and for good reason. Mental and substance abuse disorders are the leading causes of disability worldwide, accounting for 23% of all quality of life years lost due to disability (WHO, 2014b, p.2). Mental health is also closely linked with physical health, making the concern twofold from a public health perspective (CDC, 2018b). Additionally, one in five Americans will experience a mental illness in any given year, making mental illness among the most common health conditions in the United States (CDC, 2018b, p.1).

Although mental illness and mental health concerns are increasingly common, the demographics of those who experience these issues are not equal in their distribution. In the United States, bisexual individuals experience poorer mental health outcomes than their heterosexual and homosexual counterparts (Human Rights Campaign, 2017). Unfortunately, there is a distinct lack of data for mental health among bisexuals in health databases. Even the Behavioral Risk Factor Surveillance System (BRFSS) core questionnaire, which is annually conducted by the Centers for Disease Control (CDC), lacks health data delineated by sexual orientation (Gonzales & Henning-Smith, 2017). However, twenty-seven states (Michigan not being one of them) decided independently to add sexual orientation questions to their applications of the BRFSS questionnaire (Gonzales & Henning-Smith, 2017). Gonzales and Henning-Smith (2017) were then able to

utilize aggregated data from those states to conduct an analysis of mental health data from more than 8,000 lesbian, gay, bisexual, or transgender (LGBT) identifying adults who had responded to their states' respective surveys. In that study, bisexual men were found to experience frequent emotional distress at three times the rate of heterosexual men and at about one and a half times the rate of homosexual men (Gonzales & Henning-Smith, 2017). And bisexual women were found to experience frequent emotional distress at more than twice the rate of heterosexual women and about one and a half times the rate of homosexual women (Gonzales & Henning-Smith, 2017). The results from Gonzales and Henning-Smith (2017) support data from other organizations and other studies in that they too found that bisexual men and women experienced significantly higher rates of frequent mental distress and depression than homosexual or heterosexual men and women. Additionally, a meta-analysis and literature review conducted by Salway et al. (2018) found that, when compared to lesbian or gay individuals and heterosexual individuals, those who identified themselves as bisexual had the highest proportion of suicidal ideation or attempt of that group. The data is clear in supporting the notion that there are disparities in mental health, particularly in experiences with depression and suicidal ideation or attempt, in bisexual individuals when compared with their heterosexual and homosexual peers.

Just as there is no single cause of mental illness, there is no single explanation for the mental health disparities experienced by bisexuals. However, there have been several studies conducted to understand some of the reasons why bisexuals experience such adverse mental health as compared to those who identify as heterosexual or homosexual. This paper will delve into some of these explanations utilizing the socioecological model of health promotion as a framework for discussion.

### **The Socioecological Model and its Function**

The socioecological model as defined by McLeroy, Bibeau, Steckler, and Glanz (1998) was a critical work in public health that has since greatly shaped the understanding and application of health promotion strategies and programs (Coreil, 2017d; McMorrow, 2018b). The levels of the socioecological model of health are, from innermost to outermost, individual/intrapersonal, interpersonal, organizational, community, and policy/society (Coreil, 2017d; McLeroy et al., 1998; McMorrow, 2018b). The socioecological model is an important concept in health education and promotion which allows practitioners to understand the interconnectedness of influences on health behavior while also allowing practitioners to craft specific interventions for a health issue (Coreil, 2017d; McMorrow, 2018b). This paper will utilize the five levels of the model as a framework for understanding the mental health disparities experienced by bisexual

individuals. The application of the model will also serve as a point of reference for a proposed public health education intervention to address this health inequity.

### **Individual/Intrapersonal level**

The individual or intrapersonal level of the socioecological model evaluates the influences that one's own beliefs, personal history, and knowledge have on their overall health (Coreil, 2017d; McLeroy et al., 1998; McMorrow, 2018b). This level is at the core of the model for good reason; an individual's personal belief and ability to engage in a health behavior or to utilize health skills is critical to their general health and well-being. It is at this stage that the individual factors related to mental health disparities for bisexuals are most apparent.

Unfortunately, factors at the individual level may be the result of the internalization of external experiences. For marginalized or misunderstood populations, this too often takes the form of internalized discrimination or experiencing negative emotional side effects of discrimination. For bisexual individuals, this discrimination manifests as biphobia and monosexism. Biphobia is a term that encompasses the "...various forms of bisexual-specific discrimination and prejudice" (MacKay, Robinson, Pinder, & Ross, 2017, p.53). Biphobia takes the form of disbelief concerning the validity of bisexuality as a sexual orientation, the stereotypes that bisexuals are selfish or noncommittal, and general discrimination based on holding a non-heterosexual sexual identity (MacKay et al., 2017; Persson, Pfaus, & Ryder, 2014). This form of prejudice and discrimination can be a burdensome social force but can also cause damage on the individual level if the messaging is internalized. The notion of internalizing negative stereotypes or ideas about one's identity is not new, having been understood quite well in the case of internalized racism, the acceptance in racist stereotypes or messaging in society that one takes with them in their daily life (Jones, 2000). A similar situation can manifest in any socially disadvantaged community where negative messaging is prevalent. The bisexual community is no exception. As negative stereotypes about bisexuality are spoken in society, reinforced by friends and family, and joked about in the media, the likelihood of these messages being taken to heart increases.

Monosexism is another important piece to discuss here. "Monosexism is a belief system that privileges a homosexual or heterosexual identity over other sexual orientations" (MacKay et al., 2017, p.53). Essentially, it is the belief that an individual can only be attracted to one sex or to one gender and that bisexuality does not truly exist. This also contributes to bisexual erasure, in which the concerns and lived realities of bisexual individuals are not appreciated or acknowledged as legitimate because of a belief that bisexuality is not real (Barker, 2015). Monosexism, in conjunction with biphobia, pushes bisexuality to the fringes of what is considered "normal" or acceptable. Those who identify as homosexual or

heterosexual do not have to confront these unique forms of prejudice. The additional level of discrimination that bisexuals must navigate could contribute to the disparities in mental health between bisexuals and their heterosexual and homosexual counterparts.

The burdens of stigma may also contribute to the mental health disparities experienced by bisexual individuals. Stigma can have multiple layers with this issue, as bisexuals navigate the general social stigma toward mental illness, stigma from “mainstream” society for their non-heterosexual identity, and stigma from within the LGBT community for their non-monosexual identity (Coreil, 2017c; Persson et al., 2014). The pressures of this stigma can wear heavily on the individual resulting in isolation from others and a discomfort in seeking help when needed, all of which can contribute to poor mental health. This is particularly important for considering the disparities in mental health between bisexual individuals and their heterosexual counterparts. Individuals who identify as heterosexual do not have to disclose their sexual identity, as heterosexuality is often assumed and does not hold the stigma that minority sexual identities hold (Persson et al., 2014). The additional burdens of disclosure and stigma contribute greatly to the mental health experiences of bisexual individuals and could contribute to the disparities in mental health seen between bisexual individuals and their heterosexual counterparts.

### **Interpersonal level**

Now that the groundwork has been laid for potential explanations of mental health disparities due to intrapersonal influences, the next step in the socioecological model to address is the interpersonal level. Included in the interpersonal level are those influences outside of the individual, but still very close to them on a personal level. These can include an individual’s home, their family, and their peer support group or friends (Coreil 2017d; McLeroy et al., 1998; McMorro, 2018b). Factors that could contribute to mental health disparities among bisexual individuals at this level are relationships with friends and family members and the existence and help from any peer support groups.

Just as biphobia, monosexism, and discrimination impact the mental health of bisexuals at the individual/intrapersonal level, they also influence their health at the interpersonal level. Discrimination from friends or family has been found to have significant influence on the mental health of bisexual individuals (Feinstein & Dyar, 2017; Friedman et al., 2014). A lack of support from loved ones or even outright hostility are impactful in the experiences of acceptance of identity and comfort in one’s life and decisions (Feinstein & Dyar, 2017; Friedman et al., 2014). As such, the relationships that bisexual individuals have with those closest to them are critical in mental health, particularly for young adult bisexuals, those who have

recently disclosed their identity, or those who have not yet found a bisexual support system outside of close friends or family (Hatzenbuehler, Keyes, & McLaughlin, 2011; MacKay et al., 2017).

Although bisexuals face many common prejudices alongside the larger LGBT community in the form of homophobia and having their sexual identity pathologized, bisexual individuals often report feeling a lack of support from this community (Friedman et al., 2014; MacKay et al., 2017; Persson et al., 2014). Additionally, a lack of bisexual specific support groups has been found to be a significant source of stress for some bisexual individuals and has been found to contribute negatively to mental health (Feinstein & Dyar, 2017; Friedman et al., 2014; MacKay et al., 2017; Persson et al., 2014). While support groups for the LGBT community at large are abundant, peer groups for bisexual individuals specifically can be difficult to find if they exist in an accessible area at all (Friedman et al., 2014; MacKay et al., 2017). And in LGBT support or peer groups, some studies have found that bisexual individuals report feeling unsupported, overlooked, and at times have their experiences minimized (Feinstein & Dyar, 2017; Friedman et al., 2014; MacKay et al., 2017). All these factors contribute to negative interpersonal experiences and support the evidence for the mental health disparities seen in the bisexual community.

### **Organizational level**

The organizational level of the socioecological model is the first to take things out of the individual. Rather than looking to the individual's beliefs or their interactions with others, the organizational level focuses on the influences that organizations and institutions have on health. The influences are more structural in nature, including schools, the workplace, religious institutions, and health organizations (Coreil, 2017d; McLeroy et al., 1998). This level has a significant influence on the health of populations because it can be the gateway to accessing necessary care, resources, and information (Marhefka, 2017).

At the organizational level, explanations for disparities in mental health for bisexuals can be found in a variety of settings. A critical setting for bisexual youth is the school. A study conducted by Hatzenbuehler (2011) sought to determine whether the social environment of the school setting contributed to higher rates of suicide attempt while controlling for individual-level factors. The social environment was evaluated based on whether the school had a gay-straight alliance and whether the school had specific anti-bullying or protection policies to support LGBT students, among other things (Hatzenbuehler, 2011). Schools with these features were considered supportive while those that did not were considered unsupportive (Hatzenbuehler, 2011). The study found that LGBT youth were much more likely to attempt suicide in unsupportive social environments than in

supportive ones. In negative environments, 25.47% of LGBT youth attempted suicide at least once as compared with 20.37% in positive environments (Hatzenbuehler, 2011, p. 900). That is a 20% greater likelihood of attempting suicide in negative environments for LGBT youth (Hatzenbuehler, 2011, p. 900). Among heterosexual youth, the risk of suicide attempts was only 9% greater in negative environments (Hatzenbuehler, 2011, p. 900). A supportive school environment with an administration that cares about its bisexual students is critical to the overall mental health of that student population. The additional support necessary for bisexual students cannot go overlooked and a lack of that support could help explain the higher rates of suicidal ideation or attempt in bisexual students when compared to homosexual or heterosexual students.

The workplace is also an important organizational setting for bisexual individuals in which the consequences of disclosure and the realities of identity in a professional setting must be addressed. Disclosure is of particular importance when understanding health disparities experienced by bisexuals as compared to those who identify as heterosexual. Bisexual individuals may anticipate discrimination from their employers or fellow employees should their sexual identity become known, and so may choose not to disclose in the workplace (Arenas & Jones, 2017). While non-disclosure may protect bisexuals from discrimination in the short term, evidence suggests that the burden of non-disclosure contributes to poorer job satisfaction and increases the likelihood that one will leave the organization altogether (Arenas & Jones, 2017). One study conducted by Arenas and Jones (2017) also found that bisexual individuals who had not disclosed experienced worse mental health outcomes, particularly taking the form of increased incidence of anxiety, than bisexual individuals who were “out” in their workplaces. The stress and anxiety brought out by an inability to fully be oneself and the fear of one’s sexual identity being discovered in the workplace may serve as strong influences on the mental health disparities experienced by bisexual individuals as compared with their heterosexual counterparts.

### **Community level**

The next level of the socioecological model addresses influences from the community. In terms of this model, the idea of community can hold a variety of meanings including the primary relationships in one’s life, relationships among organizations, or a group with geographic or political ties (McLeroy et al., 1998). The community level of the socioecological model can also include the influences of culture, social capital, and social class on health (Coreil, 2017d). These are the factors that will be discussed here.

The notion of social capital refers to “...institutions, relationships, and norms that shape the quality and quantity of social interactions...” within a given



community (Coreil, 2017c, p.113). Social capital is influenced by access to goods and services in the present day as well as past relationships with social institutions that may still influence a group's norms in relation to health and seeking care. Historical interactions with the health care community may also be a factor in the current disparities in mental illness that bisexual individuals face (Coreil, 2017b; MacKay et al., 2017). Medical distrust can be a strong force in this community due to historical mistreatment from the medical community. In the past, non-monosexual and non-heterosexual sexual identities were pathologized in the United States (Coreil, 2017b; MacKay et al., 2017; Persson et al., 2014). Individuals who identified as anything other than heterosexual were seen as mentally unstable or mentally diseased and were treated as such by the medical community (MacKay et al., 2017; Persson et al., 2014). And ultimately, that past still has a strong hold among the bisexual community, as some studies have found this medical distrust to be connected to a higher instance of unmet health needs (MacKay et al., 2017). The result could be a culture of medical distrust and a lack of faith in mental health care services that may contribute to the disparities in poor mental health for bisexuals.

Income differences between bisexual individuals and their homosexual and heterosexual peers could also explain the mental health disparities among this group (Ross et al., 2016). A study by Ross et al. (2016) found poverty to be strongly associated with experiences of poor mental health and discrimination among bisexuals. Studies that have examined bisexuals independently of other members of the LGBT community have found that bisexuals are more likely to live in poverty than their homosexual counterparts and have lower incomes overall than individuals of other sexual orientations (Ross et al., 2016). It is unclear if this link is the result of the stresses of poverty contributing to poorer mental health or if those who experience poor mental health and also identify as bisexual encounter discrimination and other economic and social barriers that contribute to lower socioeconomic status (Ross et al., 2016). While the causes may be unclear, the data does suggest that poverty and mental health are closely linked for bisexuals (Ross et al., 2016). The influence of socioeconomic status on mental health disparities for bisexuals is an area that requires further research but could help public health professionals understand the causes of mental health disparities for this group.

### **Policy/Society level**

The outermost level of the socioecological model is the broadest in scope, encompassing levels of influence such as infrastructure, the economy, education, policy, and even national ethos (Coreil, 2017d; McLeroy et al., 1998). Local, state-level, and federal policy all influence the daily lives of the population in more ways that people may consider. When it comes to the bisexual community, policies related to rights protection and anti-discrimination are of particular interest and

research shows that these policies could influence the mental health experiences of bisexual individuals. A study by Hatzenbuehler, Keyes, and McLaughlin (2011) analyzed the mental health experiences of lesbian, gay, and bisexual adults living in states with very protective anti-discrimination laws as compared to those living in states with less robust laws. The researchers found that LGBT individuals living in states with strong protective anti-discrimination laws for sexual minorities experienced less emotional distress and had fewer instances of depression and anxiety than their counterparts living in states with less protective laws (Hatzenbuehler et al., 2011). This study suggests that policy can be extremely impactful on the mental health of bisexual individuals and, as such, could be instrumental in understanding health differences between bisexual individuals and their heterosexual counterparts. Bisexual individuals benefit from an additional level of policy support that their heterosexual counterparts do not require as the rights for their sexual identity are already guaranteed in the United States (Hatzenbuehler et al., 2011).

### **Proposed Public Health Interventions**

Although much of the literature that investigates mental health disparities among bisexual individuals focuses on the individual or interpersonal levels of the socioecological model, these levels are heavily informed and influenced by the community and organizational levels (MacKay et al., 2017). As such, any interventions aimed at reducing the mental health disparities experienced by bisexual individuals would do best to address factors at these multiple levels.

Working at the individual and interpersonal levels, access to mental health resources and therapies would be beneficial in reducing the mental health disparities experienced by bisexual individuals. As previous studies have found, a lack of access to quality care can be a huge barrier to members of this community who are seeking help for mental health needs (MacKay et al., 2017; Persson et al., 2014; Persson & Pfaus, 2015). A resource database could be created that tailors to local needs of bisexual individuals. This database would allow such individuals to access and find resources near them, either in person or online, where they could have their mental health needs met. An online forum is also more accessible, providing a better entry point into mental health care than participants may find in their physical communities (Marhefka, 2017). This database could also have a community aspect if it were to include a chat room or other online meeting space for members of the community. Participants could use the site not only to search for resources, but also to discuss the benefits or negative aspects of resources that they have used in the past and share their experiences with others.

Several of the articles discussed in this paper addressed a perceived lack of community support that bisexual individuals may feel at times (Friedman et al.,

2014; MacKay et al., 2017; Persson et al., 2014). This could also be addressed with a health promotion program that would provide a space for bisexual individuals to come together and discuss their lived experiences and mental health concerns. In telling their stories, participants may be able to unburden themselves of the negative experiences or sentiments surrounding mental health that they hold, alleviating some internal pressure that could be contributing to poor mental health.

Additionally, a public health intervention that focuses on care providers could have a positive effect on reducing mental health disparities among bisexuals. Several studies found that bisexual individuals had trouble finding competent and validating health care (Eady, Dobinson, & Ross, 2011; Hatzenbuehler et al., 2011; MacKay et al., 2017; Persson & Pfaus, 2015; Ross et al., 2016). This served as a significant barrier in accessing adequate mental health care which could contribute to undue mental health concerns for this community and a lack of validating care was even cited as influencing one's decision as to whether or not they would continue to seek care at all (Eady et al., 2011; MacKay et al., 2017; Persson & Pfaus, 2015). The health care system and clinical framework is in desperate need of an overhaul regarding how they interact with and understand bisexual patients. A critical aspect of this intervention would be training health care professional on sexual minority issues as they relate to mental health disparities for bisexuals. An understanding of the history of abuse and continued lack of attention and care paid to the unique health needs and concerns of this community is a critical educational piece for health care providers.

Importantly, cultural competency training, or more appropriately cultural humility training, is more than just gaining information about the health concerns of a community (McMorrow, 2018a; Tervalon & Murray-Garcia, 1998). It is not enough for healthcare professionals to have the data. To best help this community, there must be a deeper critique of the health care delivery system as it relates to mental health care and to the needs of bisexual individuals (Marhefka, 2017). While this training is needed in the case of bisexual mental health, cultural competency for providers is not the ultimate cure for the mental disparities seen in this community. Incorporating cultural competency training is critical in allowing health providers to provide the best care to their bisexual patients, but there must also be more. Bisexual individuals need and deserve spaces in their communities to access quality health care from health care professionals who are not only competent concerning their health needs but who are also validating of their identities and lived experiences.

## **Conclusion**

Public health professionals and health providers as a whole have a unique responsibility to address the disparities in mental health experienced by bisexual

individuals. In recent years, health disparities have taken more of a central role in our understanding of how underserved populations experience health (Coreil, 2017a). Public health organizations like the World Health Organization (WHO) have made addressing and reducing health disparities among minority populations main goals for the practice of public health (Coreil, 2017a; WHO 2013). The broad goals are to understand why disparities exist and to translate that knowledge into effective and appropriate programs, policy, or other interventions aimed at reducing or eliminating the disparity (Coreil, 2017a; McMorro 2018b). And while these are noble and necessary goals, they are not fully being met if the health disparities of bisexual individuals are not included in that work. Improvements in research and health interventions for the mental health disparities impacting bisexual individuals would allow our public health system to better support a community that has been overlooked for far too long.

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