Gender Identity, Race, and Ethnicity Discrimination in Access to Mental Health Care: A Pilot Study

Patrick Button
Asst. Prof.,
Tulane U.,
NBER and IZA

Eva Dils
Pre-Doc Research
Asst., Econ. Dept.,
Texas A&M

Luca Fumarco
Post-Doc,
Tulane U.,
IZA and GLO

Benjamin Harrell
Ph.D. Candidate
Econ Dept.
Georgia State U.

David J. Schwegman
Asst. Prof.,
DPAP
American U.

Introduction: Some definitions (from Prince, 2005)

- **Transgender**: a broad umbrella term mainly understood to mean having a gender expression or identity that differs from the sex classification one is assigned at birth

- **Nonbinary:** a spectrum of gender identities not exclusive to masculine or feminine—usually a rejection of the binary classification "male" or "female"
  - Falls under the umbrella of transgender identities

- **Cisgender:** having a gender expression or identity that matches the sex classification assigned at birth.

Introduction: Trans+ Mental Health Crisis

Trans+ individuals face a mental health crisis:

- Higher anxiety, depression, and substance abuse rates (Burgess, et al., 2008) E.g. 30-40% of trans+ individuals attempted suicide (26x the general population (Safet et al., 2016)

- Discrimination in: primary care (James, 2016), employment (Grant, 2011), housing, (Glick et al., 2019), education (James, et al., 2017), food (Russomanno, 2019), and justice (Mallory, et al., 2015)

- Minority stress compounds for members of multiple minorities (e.g. BIPOC trans women) (Bockting, et al., 2013)

Introduction: Experimental Evidence of Discrimination

- Experimental evidence of discrimination in access to primary care based on:

    SES (Olah et al. 2013; Angerer et al. Forthcoming), insurance status (Bisgaier and Rhodes 2011; Rhodes et al. 2014; Polsky et al. 2015; Olin et al. 2016; Sharma et al. 2015, 2018), race/ethnicity (Sharma et al. 2015, 2018; Wisniewski and Walker, 2019), gender (Olah et al. 2013; Sharma et al. 2015, 2018).

- Some small-scale experimental evidence of race and SES discrimination in access to therapy appointments (Shin et al., 2013; Kugelmass, 2016, 2018).

Introduction: Contributions

- We conduct a large-scale field experiment to answer the questions:

- Do transgender and nonbinary (TNB) individuals face discrimination in access to appointments with mental health practitioners (MHPs)?

- If so, to what extent is this discrimination moderated by race and specific gender identity?

- Preliminary Results: Yes, TNB face discrimination. In particular, African-American and Hispanic TNB individuals.

The Roadmap

- Experiment Design

- Descriptive Statistics

- Results

- Caveats

- Next Steps

Experiment Design: Overview

- In this study, we audit the behavior of Mental Health Providers (MHPs) in response to fictitious prospective patients who email requesting appointments.

  - Basic idea is we email MHPs pretending to be potential patients looking for an appointment.
  - We experimentally vary important patient characteristics (and examine to what extent therapists respond differentially to different characteristics.
  - If providers significantly under-respond to a group (say, transgender individuals) relative to others, we view that as evidence of discrimination against that group.

Experiment Design: Overview
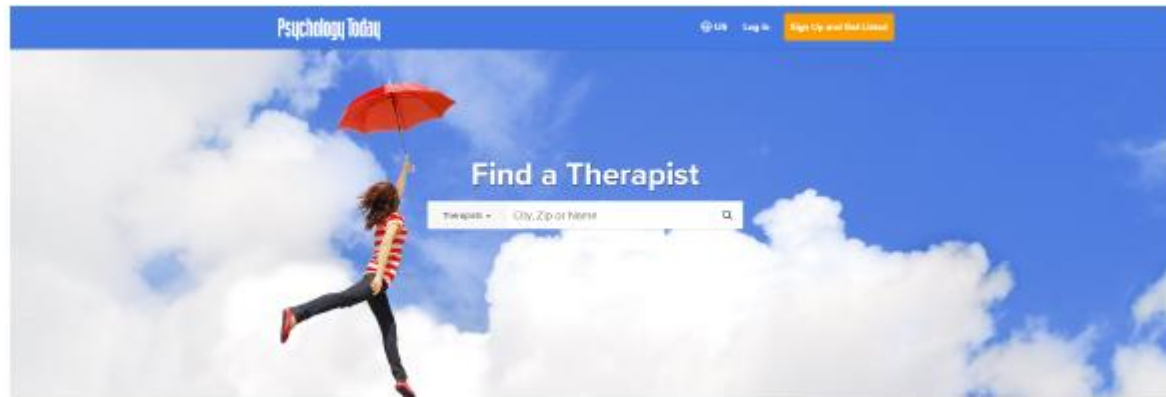
- We sample 1,000 MHPs from Psychology Today's "Find a Therapist" database.
  - Hosts over 250,000 MHPs around the US (the largest online database of its kind).
  - Largest source of online referrals for therapists.
  - Costs a therapist about $30 per month to host a profile.

Experiment Design: MHP Selection

- First, we create a database of ZIP codes, where we will search for MHPs, so that we will obtain a nationally representative sample of MHPs.

- Second, we input each zip code in the "Find a Therapist" search bar and select MHPs according to two criteria: (1) they treat common mental health concerns, namely stress, anxiety, and depression and (2) they do not work only with specific demographic groups outside of the scope of this experiment (e.g. children/adolescents).

‹ Back To Results   Previous   Next

Bruce N Eimer
Psychologist, PhD, ABPP.

📞 (215) 392-6308

About   Groups   ✔ Verified by **Psychology Today**

I can help you change self-defeating habits that have resisted your conscious efforts to change; behaviors like overeating, smoking, negative thinking, avoiding, getting anxious, depressed, and losing your cool. Habits are controlled by your subconscious. So, you need a reliable method of communicating with it. I use clinical hypnosis to open the doorway to your subconscious so that with your permission I can provide it with the information it needs to change the behaviors you want to change. I take the time to listen and understand you. Working together, we will create an individualized hypnosis program that will work for you.

I've been practicing Hypnotherapy and Cognitive-Behavioral Therapy for over 30 years. I'm a Fellow of the American Society of Clinical Hypnosis and American Psychological Association. As is appropriate, I'll work with your physician, psychologist or dentist to give you coordinated and effective care. I offer office and online video hypnotherapy sessions.

I have practiced as a licensed psychologist in Pennsylvania since 1986 and I'm board certified by the American Board of Professional Psychology. I recently moved to South Florida where I'm practicing as a consulting hypnotist and hypnotherapist. I train therapists in the use of hypnosis, conduct seminars, and I've written a number of books on hypnotherapy.

Email Me
⇗ Send to Friend
🏠 Website

Location
Bruce N. Eimer, Ph.D.
Lake Worth, Florida 33467
(215) 392-6308

Email Me   Nearby Areas

Specialties
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• Men's Issues
• Self Esteem
• Sleep or Insomnia
• Sports Performance
• Stress
• Substance Abuse
• Suicidal Ideation
• Trauma and PTSD
• Weight Loss

Client Focus
Age

Experiment Design: Fictitious Patient Profiles

We construct 100 fictitious patients to contact selected MHPs.
Each patient contacts 10 MHPs (so N=1,000)

Fictitious patients are randomly-constructed:

- ½ of patients are TNB and ½ are cisgender
- ½ are African-American or Hispanic (evenly split) and ½ are white
- ½ of cisgender patients and ½ of TNB patients are female

Experiment Design: Signaling Race and Gender?

We signal demographic characteristics such as race and gender with names following Bertrand and Mullainathan (2003), Barlow and Lahey (2018), and Gaddis (2017).

Names carry information about gender and race (and other things like SES). Lots of empirical validation that these signals are salient.

Experiment Design: Signaling Gender Identity?

- To signal transgender identity we use the following phrases: "I am a transgender woman" or "I am transgender man." A transgender woman has a feminine name whereas a transgender man has a masculine name.

- To signal non-binary identity, a client will reveal they are non-binary (i.e. "I am non-binary").

- This is the recommended practice for TNB individuals seeking mental health care services (Kassel, 2018).

Experiment Design: Patient Email Inquiry Structure

Figure 1. Structure of Messages to MHPs

1) **[EMAIL SUBJECT LINE]**   *Legend: ( ): denotes motivating verbiage, not exact phrasing*
Hi,/Hello,   *[ ]: denotes randomized input*
My name is 2) **[NAME]**. (I'm contacting you because) 3) **[MENTAL HEALTH CONCERN]**
(and would like to talk to a therapist). *If transgender or nonbinary:* I am
4) **[GENDER IDENTITY]** and am looking for a therapist who is trans-friendly. 5)
[APPOINTMENT REQUEST].
6) **[VALEDICTION]**
2) **[NAME]**

Figure 2: Randomized Components of the Emails to MHPs

1) [EMAIL SUBJECT LINE]

-Seeking therapy

-Looking for a therapist

- Therapy inquiry

3) [MENTAL HEALTH CONCERN]

-I've been feeling anxious lately.

-I've been feeling stressed all the time.

-I think I might be depressed.

4) [GENDER IDENTITY]

-a transgender woman

-a transgender man

-non-binary

2) [NAME]

Afr.-Am.	*Hispanic*	*White*
Male-Coded First Names		
Darius	Alejandro	Brian
DeShawn	Luis	Kevin
Female-Coded First Names		
Ebony	Mariana	Amanda
Lakeisha	Valentina	Heather
Last Names		
Washington	Hernandez	Anderson
Jefferson	Garcia	Thompson

5) [APPOINTMENT REQUEST]

-Can we set up an appointment?   -When could I see you?

6) [VALEDICTION]

-Sincerely,   -Thanks,   -Best,   -[None]

Experiment Design: Sample Email

- A selected MHP will receive an email that looks something like this

Experiment Design: Patient Profiles

We randomly construct our fictitious patients as follows:

Distribution of Gender Identity

Cisgender	Male	31	48
	Female	17	
Trans*	Male	14	31
	Female	17	
	Nonbinary	21	21
		n=100	

Distribution of Race/Ethnicity

White	Male	18	50
	Female	20	
	Nonbinary	12	
Afr. Am.	Male	15	27
	Female	10	
	Nonbinary	2	
Hispanic	Male	12	23
	Female	4	
	Nonbinary	7	
		n=100	

Descriptive Statistics: Coding MHP Responses

Specific Outcomes		
Appointment	333	33.3%
Call/Consultation	233	23.3%
Screening	60	6.0%
Waitlist	21	2.1%
Referral	48	4.8%
Rejection	60	6.0%
No Response	245	24.5%
Total	1000	100.0%

- Our primary outcome variable is a binary variable equal to 1 for appointment or call/consultation offer, 0 otherwise (Kugelmass, 2018).
- We test robustness against less conservative codings of our binary outcome variable (time permitting, we will show these results at the end).

Descriptive Statistics: Simple Results by Gender Identity

- Primary outcome = appointment or call/consultation offer

Appointment, Consultation, or Call Offer Rates by Race, Ethnicity, and Gender Identity	
White	58.0%
Hispanic	54.8%
African American	55.6%
Cisgender	60.6%
… and white	61.5%
… and Hispanic	57.5%
… and African American	60.7%
Transgender or Nonbinary	52.8%
… and white	54.2%
… and Hispanic	53.3%
… and African American	50.0%

Descriptive Statistics: Tests of Independence

Differences in Responses by Gender Identity				
		Cisgender	**Trans or Nonbinary**	Total
		189	245	434
	No	39.4%	47.2%	
Call or Appt. Offered?		291	275	566
	Yes	60.6%	52.8%	
	Total	480	520	1000

- TNB patients received appointments and consultation calls at lower rates (52.8%) compared to (60.6%) cisgender patients (p=0.013).
  - Two-sided t-test.

Descriptive Statistics: Tests of Independence

		White	**African-American**	**Hispanic**	Total
Differences in Responses by Race/Ethnicity					
		210	120	104	434
	No	42.0%	45.5%	45.2%	
		290	150	126	566
Call or Appt. Offered?	**Yes**	58.0%	55.5%	54.8%	
	Total	**500**	270	230	1000

- Non-significant differences in response rate by race/ethnicity (p=0.51 for W vs. AA and p=0.42 for W vs H; p=0.86 for AA vs H)
- But we are also interested in intersectionality: how does race and gender identity work together?

Results: Empirical Model(s)

$$PosOutcome_i = \beta_0 + \beta_1 TransorNonBinary_i + \beta_2 AfricanAmerican_i + \beta_3 Hispanic_i + HealthConcern_i\beta_4 + \delta_s + \theta_t + \varepsilon_i$$

- We estimate a linear probability model of the above specification (for robustness, we compare to a probit model and find no appreciable differences.)
- We include state and time fixed effects (week sent and day sent).
- We cluster standard errors at the patient level.
- In secondary analyses, we interact race/ethnicity and gender identity to detect patterns of intersectional discrimination.

Results: Regression Results

Differences in Positive Response Rate+Intersectional Results by TNB status and Race/Ethnicity

	(1)	(2)
Transgender or Nonbinary	.0123	…
	(.0426)	
…and white	…	.0998*
		(.0574)
…and African American	…	-.1333**
		(.0613)
…Hispanic	…	-.1025
		(.0625)
Cisgender		
…and African American	…	-.0241
		(.0659)
…Hispanic	…	-.0321
		(.0673)
All African American	-.1333**	…
	(.0404)	
All Hispanic	-.1302**	…
	(.0495)	
Mean positive response rate for excluded group (cisgender whites):	.6353	.6510
N	1,000	1,000
Adjusted R²	0.1070	0.1100

Note: All regressions include controls for mental health concern (depression, anxiety, stress), state fixed effects, day of the week sent fixed effects, and week sent fixed effects. Standard errors, clustered at the patient level, in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

- Column (1) reports results of our base specification, Column (2) includes interactions.
- Note evidence of racial/ethnic discrimination.
- Note that disaggregating TNB status by race reveals evidence of intersectional patterns of discrimination against TNB African Americans

Results: Regression Results

- Column (3) reports results disaggregated by race/ethnicity and specific gender identities
- Note that white (binary) transgender men and women both enjoy increases in the probability of a positive response
- Note that nonbinary African Americans and Hispanic transgender women appear to be driving much of the TNBI discrimination observed in the previous slide

Differences in Positive Response Rate+Intersectional Results by Individual Gender Identity and Race/Ethnicity

	(3)
Transgender Women	
…and white	.1689**
	(.0743)
…and African American	-.0760
	(.0993)
…Hispanic	-.3701***
	(.0936)
Transgender Men	
…and white	.2105**
	(.0962)
…and African American	-.1239
	(.0978)
…Hispanic	-.0819
	(.1025)
Nonbinary	
…and white	-.0017
	(.0906)
…and African American	-.4913***
	(.1082)
…Hispanic	-.1380*
	(.0808)
Cisgender	
…and African American	.0167
	(.0712)
…Hispanic	.0228.
	(.0709)
Mean positive response rate for excluded group (cisgender whites):	.7546
N	1,000
Adjusted R²	0.1163

Caveats

- These results do NOT take into account MHP characteristics (that's on our list).

- The end of our data collection period overlaps with the beginning of COVID becoming a problem.
  - We have collected data on whether rejections explicitly mention Covid as well as state-specific data on shelter-in-place orders, non-essential business closures, etc. Future analysis will incorporate these data.

Next Steps

- Continue collecting data through 2021
- Incorporate new analyses
  - MHP characteristics (e.g. race/ethnicity, gender, education, etc.)
  - Intersectionality (i.e. Chinese names)

- Spin off studies:
  - The effect of public health crisis on access to mental health care appointments – presented in another ASSA session
  - The effect of insurance status on access to mental health care appointments – on its way

Thank you!

Luca Fumarco
lfumarco@tulane.edu
https://lucafumarco.wixsite.com/home

Appendix: Alternative Outcome Specification

Differences in Positive Response Rate+Intersectional Results by TNB status and Race/Ethnicity

Original Specification

	(1)	(2)
Transgender or Nonbinary	.0123	…
	(.0426)	
…and white	…	.0998*
		(.0574)
…and African American	…	-.1333**
		(.0613)
…Hispanic	…	-.1025
		(.0625)
Cisgender		
…and African American	…	-.0241
		(.0659)
…Hispanic	…	-.0321
		(.0673)
All African American	-.1333**	…
	(.0404)	
All Hispanic	-.1302**	…
	(.0495)	
Mean positive response rate for excluded group (cisgender whites):	.6353	.6510
N	1,000	1,000
Adjusted R²	0.1070	0.1100

Alternative Specification

	(1)	(2)
Transgender or Nonbinary	-.0178	…
	(.0428)	
…and white	…	. 0840
		(.0668)
…and African American	…	-.0983*
		(.0570)
…Hispanic	…	-.1500**
		(.0748)
Cisgender		
…and African American	…	.0401
		(.0706)
…Hispanic	…	.0007
		(.0781)
All African American	-.0753**	…
	(.0374)	
All Hispanic	-.1345**	…
	(.0623)	
Mean positive response rate for excluded group (cisgender whites):	.7617	.7771
N	1,000	1,000
Adjusted R²	0.1076	0.0986