

Information marginalization among young adult gay and bisexual men seeking mental healthcare

Matthew K. Ackerman and Kaitlin L. Costello

Abstract

Research Aims. *Gay and bisexual men are underserved in mental health care with disparities in meeting mental healthcare needs compared to straight men. This study seeks to understand the mental health information behaviours and practices of young adult gay and bisexual men.*

Significance. *By examining how information marginalization occurs within this context, we can explore ways that socio-technical processes place young adult gay and bisexual men in information margins.*

Methods, results, and discussion. *Semi-structured interviews were conducted with 6 individuals to understand their experiences searching for mental health care. There are similarities to what we already know about information marginalization, including lack of access to information, lack of trustworthy information sources, information being withheld, overload and satisficing, income inequality, and diversity. However, there are also differences such as the way satisficing occurs, secrecy, homophily, and the need to build trust with the provider.*

Recommendations. *Information systems must increase the visibility of relevant information to young gay and bisexual men.*

Conclusions. *This study begins to highlight the similarities and differences within this unique population to the theory of information marginalization and demonstrates its potential transferability.*

Research aims

Mental health is an important aspect of one's wellbeing, affecting both day to day life as well as physical health (Centers for Disease Control and Prevention (CDC), 2021). While gay and bisexual men are typically mentally healthy, disparities exist with increased mood disorders, depression, anxiety, eating disorders, and suicide behaviour (CDC, 2017; Cochran et al., 2003; Gonzales et al., 2020; Institute of Medicine (U.S.), 2011). Compared to straight men, gay and bisexual men have a more difficult time finding mental health care (Currin et al., 2018; Dahlhamer et al., 2016; Taylor et al., 2021; Williams & Fish, 2020). One cause for this disparity is minority stress resulting from discrimination, perceived discrimination and violence (Feinstein et al., 2012; Meyer, 2003; Pachankis et al., 2020; Su et al., 2016). To address these disparities in mental health care, we first need to understand the socio-technical processes and information practices involved in gay and bisexual men seeking mental healthcare.

In this study we define gay and bisexual men to include those who self-identify as a man regardless of gender assigned at birth and are attracted to other men. As such, this study investigates both cis gender and trans gender men. Also, participants may identify with other terms that refer to attraction to the same gender, including pansexual and queer. We have the following research aims: (1) Understand the information practices of young adult gay and bisexual men searching for mental healthcare; (2) Understand how socio-technical processes effect young adult gay and bisexual men searching for mental healthcare; (3) Explore how systems can be improved to better serve young adult gay and bisexual men searching for mental healthcare.

Significance

This work uses Gibson and Martin's (2019) theory of information marginalization to investigate the mental health information behaviours of young gay and bisexual men. Information marginalization expands on Chatman's (1996) work on information poverty by describing how systematic socio-technical processes force groups of people to the margins and the resulting defensive information practices practiced in those groups. By investigating the mental health information behaviours of young gay and bisexual men through the lens of information marginalization, we can better understand information marginalization and how it presents similarly and differently in this context. Furthermore, we can better understand some of the processes that currently hold young gay and bisexual men at the margins of mental health information so that we can improve information systems to better address their needs.

Methods, results, and discussion

This study was conducted within the United States and all participants reside within the United States. Purposive sampling through social media and snowball sampling was conducted. Eligible participants identified as gay or bisexual, cisgender or transgender men, between 18-25 years of age. They all searched for a therapist or other mental healthcare after December 31st, 2019. Semi-structured interviews were conducted from October 2021 through December 2021 with 6 participants who were asked to share their perceptions of mental health, their experiences searching for mental health care, perceptions of barriers and facilitators for identifying mental health care, and if applicable, information sharing behaviours with a mental healthcare provider. Interviews lasted about an hour and were conducted over Zoom, recorded, and transcribed verbatim. Each participant was compensated \$30 USD for their time. NVivo software was used to code and theme the data using the constant comparative method (Glaser & Strauss, 1967). Data were coded using in vivo coding and descriptive codes to capture participant meaning in the data (Miles et al., 2020). Initial codes were analysed inductively to develop preliminary themes and used Gibson and Martin's (2019) theory of information marginalization as a sensitizing concept (Charmaz, 2014). Themes were iteratively reviewed and strengthened through peer debriefing. Theoretical saturation has not yet been reached but is a goal as the study continues.

There are several factors that create an environment of information marginalization for young gay and bisexual men. Participants often looked at provider websites, but these websites did not always have relevant information for this population including queer competency, prices, accepted insurance, and office times. Lack of relevant information often required participants to contact mental health practitioners directly through calling or email. However, the additional work required to contact offices can lead to satisficing, as participants become tired searching. Satisficing has been observed in other queer spaces (Floegel & Costello, 2019) and can be seen in information marginalization through overload (Gibson & Martin, 2019). Additionally, when requests for information were not returned, participants expressed discouragement, and some even put off their search for care.

Secrecy was of particular concern. Despite being covered on their parents' health insurance plans, multiple participants sought to pay out of pocket or pay for their own insurance to keep their treatment and their sexuality secret from their parents. One participant refused to go to a provider's office because the location was close to his mother's place of work, and he might get caught if he went to the office. This participant preferred to conduct sessions from home, an option afforded to multiple participants owing to telehealth becoming more common.

Trust was discussed by participants in two ways: trusting the source of information and trusting the practitioner. Some participants believed that friends were a reliable source of information if they were in similar situations; however, others felt their friends would not understand. Multiple participants expressed wanting to speak with other like individuals to learn about their experiences. All participants stated that discussing sensitive topics like sexuality and depression took time to build a trusting relationship. While Gibson and Martin's (2019) described participants were actively seeking racially diverse populations, participants of this study often sought homophily in terms of their sexuality when they could and racial diversity when they could not, both in sources of information and providers. Homophily helped build the trust as mentioned previously and increase comfort levels. Participants actively looked for testimony from similar individuals. However, when exact homophily was not possible, participants would look for providers who experienced other marginalizations. One participant used the practitioner's website photo to determine that because the practitioner was a person of colour, they may be able to relate with him.

Recommendations

While this study remains in progress, initial findings suggest two key areas of improvement. First, information systems need to improve visibility of relevant information. This can be made more readily available with metadata tags for practitioners with queer competency training and filters allowing identification of desired information. Second, participants are interested in speaking with others about their experiences. Participants expressed interest in third party reviews systems, and one stop information areas comparable to travel websites. This can be facilitated through websites or applications but needs to be accessible.

Conclusion

Young adult gay and bisexual men engage in various defensive information behaviours when searching for mental healthcare. There are many similarities to Gibson and Martin's (2019) work on information marginalization including lack of access to information, lack of trustworthy sources, information being withheld, overload and satisficing, income inequality, and diversity. However, there are also differences such as the way satisficing occurs, secrecy, homophily, and the need to build trust with the provider. Limitations of this study include the small sample size and while participants were able to recall how they searched and problems encountered, participants were unable to recall specifics of what was searched. By understanding these similarities and differences, we can gain better understanding of how information marginalization manifests in different populations and create recommendations that specifically serve young adult gay and bisexual men.

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References

- Centers for Disease Control and Prevention. (2017). *Youth Risk Behavior Survey—Data Summary & Trends Report: 2007-2017*. 91.
- Centers for Disease Control and Prevention. (2021, November 23). *About Mental Health*. <https://www.cdc.gov/mentalhealth/learn/index.htm>
- Charmaz, K. (2014). *Constructing grounded theory* (2nd edition). Sage.
- Chatman, E. A. (1996). The impoverished life-world of outsiders. *Journal of the American Society for Information Science*, 47(3), 193–206. [https://doi.org/10.1002/\(SICI\)1097-4571\(199603\)47:3<193::AID-ASI3>3.0.CO;2-T](https://doi.org/10.1002/(SICI)1097-4571(199603)47:3<193::AID-ASI3>3.0.CO;2-T)
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of Mental Disorders, Psychological Distress, and Mental Health Services Use Among Lesbian, Gay, and Bisexual Adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53–61.
- Currin, J. M., Hubach, R. D., Crethar, H. C., Hammer, T. R., Lee, H.-S., & Larson, M. (2018). Barriers to Accessing Mental Healthcare for Gay and Bisexual Men Living in Oklahoma. *Sexuality Research and Social Policy*, 15(4), 483–496. <https://doi.org/10.1007/s13178-018-0321-5>
- Dahlhamer, J. M., Galinsky, A. M., Joestl, S. S., & Ward, B. W. (2016). Barriers to Health Care Among Adults Identifying as Sexual Minorities: A US National Study. *American Journal of Public Health*, 106(6), 1116–1122. <https://doi.org/10.2105/AJPH.2016.303049>
- Feinstein, B. A., Goldfried, M. R., & Davila, J. (2012). The relationship between experiences of discrimination and mental health among lesbians and gay men: An examination of internalized homonegativity and rejection sensitivity as potential mechanisms. *Journal of Consulting and Clinical Psychology*, 80(5), 917–927. <https://doi.org/10.1037/a0029425>
- Floegel, D., & Costello, K. L. (2019). Entertainment media and the information practices of queer individuals. *Library & Information Science Research*, 41(1), 31–38. <https://doi.org/10.1016/j.lisr.2019.01.001>
- Gibson, A. N., & Martin III, J. D. (2019). Re-situating information poverty: Information marginalization and parents of individuals with disabilities. *Journal of the Association for Information Science and Technology*, 70(5), 476–487. <https://doi.org/10.1002/asi.24128>
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.
- Gonzales, G., Loret de Mola, E., Gavulic, K. A., McKay, T., & Purcell, C. (2020). Mental Health Needs Among Lesbian, Gay, Bisexual, and Transgender College Students During the COVID-19 Pandemic. *Journal of Adolescent Health*, 67(5), 645–648. <https://doi.org/10.1016/j.jadohealth.2020.08.006>
- Institute of Medicine (U.S.) (Ed.). (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. National Academies Press.
- Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2020). *Qualitative data analysis: A methods sourcebook* (Fourth edition). SAGE.
- Pachankis, J. E., Clark, K. A., Burton, C. L., Hughto, J. M. W., Bränström, R., & Keene, D. E. (2020). Sex, status, competition, and exclusion: Intraminority stress from within the gay community and gay and bisexual men's mental health. *Journal of Personality and Social Psychology*, 119(3), 713–740. <https://doi.org/10.1037/pspp0000282>

Su, D., Irwin, J. A., Fisher, C., Ramos, A., Kelley, M., Mendoza, D. A. R., & Coleman, J. D. (2016). Mental Health Disparities Within the LGBT Population: A Comparison Between Transgender and Nontransgender Individuals. *Transgender Health, 1*(1), 12–20. <https://doi.org/10.1089/trgh.2015.0001>

Taylor, J., Power, J., & Smith, E. (2021). Bisexuals' Experiences of Mental Health Services: Findings from the Who I Am Study. *Sexuality Research and Social Policy, 18*(1), 27–38. <https://doi.org/10.1007/s13178-020-00440-2>

Williams, N. D., & Fish, J. N. (2020). The availability of LGBT-specific mental health and substance abuse treatment in the United States. *Health Services Research, 55*(6), 932–943. <https://doi.org/10.1111/1475-6773.13559>

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Abstract

Gay and bisexual men are underserved in mental health care with disparities in meeting mental healthcare needs compared to straight men. By examining how information marginalization occurs within this context, we can explore ways that socio-technical processes place young adult gay and bisexual men in information margins. This population describes similarities to what we already know about information marginalization; however, there are also differences such as the way satisficing occurs, secrecy, homophily, and the need to build trust with the provider.

Background

DISPARITIES IN MENTAL HEALTH

- ❖ Higher rates of mood disorders, depression, anxiety, eating disorders, and suicide behavior (Centers for Disease Control and Prevention, 2017)
- ❖ Minority stress results from discrimination and violence (Meyer, 2003; Pachankis et al., 2020)
- ❖ Difficult to find healthcare (Dahlhamer et al., 2016; Taylor et al., 2021; Williams & Fish, 2020).

THEORY OF THE PROBLEM

- Information marginalization (Gibson & Martin, 2019)
- Expands on information poverty (Chatman, 1996)
- Sociotechnical processes force people to the margins
- Defensive information practices result

References



Research Aims

- (1) Understand the information practices of young adult gay and bisexual men searching for mental healthcare
- (2) Understand how socio-technical processes effect young adult gay and bisexual men searching for mental healthcare
- (3) Explore how systems can be improved to better serve young adult gay and bisexual men searching for mental healthcare.

Methods

- Purposive sampling through social media and snowball sampling was conducted.
- Participants self identified as gay or bisexual, cisgender or transgender men, between 18-25 years of age.
- All searched for a therapist or other mental healthcare after December 31st, 2019.
- Semi-structured interviews were conducted with 6 participants.
- Conducted within United States



Future Works

- Small sample size
- Unable to recall specifics of search
- Continuation of study to reach theoretical saturation
- Think aloud to observe actual behavior
- Participatory Design to elicit design solutions

Preliminary Result

Access

“By the time I did find someone who had availability ... I was at the point where I took whatever I could get.”

Provider websites often lacked relevant information creating extra work resulting in satisficing or giving up.

Secrecy

“That's not something my parents would have approved of, so I had to gather money...just for a session.”

Participants often went to great lengths to protect their privacy such as buying their own insurance.

Trust

“I wanted honesty. I looked for someone who was like me, and told them to be honest with me, about their experiences.”

Participants wanted to know that the information they were receiving was trustworthy and could trust their provider with their information.

Diversity

“We were different races, ethnicities, which does still create some sort of barrier, but like, broadly speaking ... we still had like perspective on each other's struggles and could like sympathize.”

Homophily garnered trust but when homophily was not possible, diversity was then actively sought.

Safety

“Trying to find someone who you know supports gender, sexuality, ... some people, they have their own opinions and they might reveal those opinions in the meeting and that can ruin stuff, and harbor some resentment”

All participants stated that building a trusting relationship took time to discuss sensitive topics.