Author’s response to reviews

Title: Influence of Gender, Sexual Orientation, and Need on Treatment Utilization for Substance Use and Mental Disorders: Findings from the California Quality of Life Survey

Authors:

Christine E. Grella (grella@ucla.edu)
Lisa Greenwell (lgreenwe@ucla.edu)
Vickie M. Mays (maysv@nicco.sscnet.ucla.edu)
Susan D. Cochran (cochran@ucla.edu)

Version: 3 Date: 27 May 2009

Author’s response to reviews: see over
May 27, 2009

Sabina Alam, PhD
Scientific Editor

*BMC Psychiatry*

Re: MS no. 1177814652251787: Influence of Gender, Sexual Orientation, and Need on Treatment Utilization for Substance Use and Mental Disorders: Findings from the California Quality of Life Survey (note: revised title)

We would like to thank the reviewers for their balanced reviews and attention to specific details; we believe their comments have enhanced the manuscript. We carefully reviewed each comment and have attempted to fully address each comment of all reviewers. Below we have paraphrased the reviewers’ comments (for brevity) and provided our response to each.

Reviewer No. 1:

1. **Clarify whether statement that “. . . heavier users of services” includes substance abuse treatment.**
   Done (page 4)

2. **Discuss alternative interpretations of finding regarding the high number of respondents seeking services, such as methodological aspects of the study (e.g., the wording of the item) or the specific cultural patterns in Northern California.**
   Although the reviewer raises an interesting point, we clarify that the survey respondents were not restricted to Northern California, but were sampled from throughout California. Nevertheless, we note that study findings may not be generalizable beyond California, and its specific cultural context that may promote treatment seeking, on page 21.

3. **Discuss the relative strengths and limitations of study in comparison with similar studies that were presented in the introduction; how has this study improved our understanding of the research question?**
   This is an excellent suggestion and we have highlighted areas where this study has improved upon prior studies in this area on pages 17-18.

Reviewer No. 2:

1. **Edit writing for spelling errors and other “improvements”**
   Done
2. Include SD with mean age  
   Done (page 11)

3. Explain the enabling characteristics in more detail, especially the social support measure; provide references to research instruments.  
   We have included more information on these measures, including a reference for the source of the social support items, on pages 13-14.

4. Include more references when summarizing findings from multiple studies.  
   We have edited the writing in several areas to address this point.

5. Do not use abbreviations in the abstract.  
   Done

6. Provide more detail regarding the “stress and vulnerability” model or the “minority stress model.”  
   We have elaborated more on these models on page 7.

7. Present data on gender distributions of background characteristics.  
   We have provided this information on page 11.

8. Comment on possible differences in use of DSM-IV criteria for AOD disorders and DSM-III-R for mental disorders.  
   We believe that any differences related to the use of criteria from DSM-IIIR (regarding anxiety and mood disorders) and DSM-IV (regarding substance use disorders) should not have a significant impact on the study findings.

9. Provide more explanation for lack of significant differences in enabling characteristics in multivariate models.  
   This issue is addressed on pages 19-20.

10. Discuss possibility that underutilization of treatment among African Americans and Hispanics is related to religion (in addition to stigma).  
    We note that use of “alternative therapies” is included within the dependent variable and includes reference to “spiritual healers” (see page 12). Therefore, differences in use of these forms of therapy should be accounted for within the analyses. On page 20 we discuss various factors related to underutilization of treatment services by racial/ethnic minorities that have received ample support in the literature, such as community stigma regarding use of treatment services and lack of insurance.

Reviewer No. 3:

1. Provide more information on the reliability and validity of the CHIS, in particular regarding questions that pertain to sexual orientation and sexual partners.  
   We note that the items on sexual orientation used in the CHIS are consistent with those used in other population-based surveys and represent the “state of the art” in this area.
Individuals who indicate same-gender sexual partners (since age 18 and in past 12 months) are asked an additional question on their self-identification.

2. Discuss how representative the interviewed sample was of the total sample and whether there were any significant differences between those who were and were not interviewed. We have not conducted sensitivity analyses beyond the basic demographics that were associated with loss to follow-up. We note that all individuals sampled for the CalQOL from the CHIS had agreed to be recontacted for future surveys; loss to follow-up was most often associated with age and mobility from their original residence. We note these points in the section on “study limitations” on page 20.

3. Provide information on type of treatment received, such as modality, duration, or intensity of treatment. We have provided information on distribution of the types of treatment received on page 12. The survey did not contain information on the duration or intensity of treatment received.

4. Comment on the fact that in general homosexual men and women are greater service users, except among those with AOD disorders or both AOD and MH disorders. Although greater proportions of heterosexual men and women with only an AOD disorder sought treatment compared with sexual minority men and women, this sub-group with only an AOD disorder is quite small (n=78) and the difference by sexual orientation groups was not statistically significant. With regard to those with co-occurring AOD and MH disorders, in which the difference between sexual minorities and heterosexuals was not significant, there may be a ceiling effect, as this group already had the highest rate of service utilization (73%). Service utilization was higher among sexual minority men and women with co-occurring disorders, compared with heterosexual men and women with co-occurring disorders, but the small size of this sub-group (n=79), may have limited statistical power in this comparison. This point is noted in the discussion of study limitations on pages 19-20.

5. Discuss whether greater treatment use among sexual minority groups may be due to individual and psychological factors, such as personality traits. We conducted a review of the literature on this topic (personality traits related to sexual minority orientation that may encourage treatment seeking) and have not found any published research that supports this contention.

6. Clarify what is meant by differences between gay men and lesbians in “types of substances consumed” We have clarified this point regarding greater use of inhalants and marijuana among gay men than lesbians on page 5.

7. Consider reorganizing discussion section to lead off with main findings regarding effects of sexual minority orientation, rather than findings on ethnic/racial differences. We have reorganized these paragraphs as suggested (pages 17 – 20)
We believe that the paper is substantially improved as a result of these revisions and hope that you will consider it acceptable for publication in *BMC Psychiatry*.

Sincerely,

*Christine Grella*

Christine E. Grella  
Research Psychologist