CLAIMING THE RIGHT TO CARE AS BI+ PEOPLE

MENTAL HEALTH FACTS, TOOLKIT & RIGHTS

WHY MENTAL HEALTH CARE MATTERS FOR BI+ PEOPLE

Bi+ people experience some of the highest rates of anxiety, depression, suicidality, and self-harm across sexual orientations. These disparities are not caused by being bi+. They are produced by chronic erasure, stigma, and disbelief, including within healthcare settings.

Claiming the right to care means recognizing that bi+ mental health struggles are rational responses to structural harm, not personal failures.

FAST FACTS

Bi+ people report higher levels of anxiety and depression than both gay and straight peers.

Bisexual women are nearly twice as likely as heterosexual women to experience lifetime mood and anxiety disorders, and more likely than lesbian women.

Bi+ people are over three times more likely to engage in non-suicidal self-injury.

Policies that protect sexual minorities are associated with reduced suicide attempts among adolescents.

WHAT CLAIMING THE RIGHT TO CARE LOOKS LIKE

- Mental health care that does not dismiss distress as “confusion”
- Providers who understand minority stress and biphobia
- Access to affirming, trauma-informed care without pathologizing identity

COMMON BARRIERS

In therapy, counseling, or psychiatry, bi+ clients often experience:

- Sexual orientation treated as a problem to resolve
- Pressure to narrate identity development in linear or binary ways
- Clinicians assuming indecision, attachment issues, or instability
- Diagnoses shaped by stereotypes rather than symptoms
- Identity disclosure being ignored after initial intake

If your therapist or prescriber is uncomfortable with bisexuality, that discomfort can shape your care, even unintentionally.

TOOLS

- **Ask** providers if they are familiar with minority stress frameworks.
- **Request** trauma-informed care explicitly.

Mental health support <u>should not</u> require bi+ people to minimize themselves to be taken seriously.

BEFORE STARTING CARE

DECIDE

- Do you want your sexual orientation to be clinically relevant?
- What role, if any, it plays in your current distress

WRITE DOWN

- Symptoms and functional impact
- What has or hasn't helped in past therapy
- Prior experiences of identity invalidation in care

YOU ARE NOT REQUIRED TO EDUCATE YOUR PROVIDER.

IF THERAPY OR PSYCHIATRIC CARE FEELS HARMFUL

Red flags include:

- Repeatedly questioning the legitimacy of your identity
- Linking bisexuality+ to pathology
- Ignoring stated boundaries around disclosure
- Using sexuality as shorthand for risk or instability

You can:

- Ask for treatment rationale in plain language
- Request a different clinician or referral
- Seek a second opinion
- End care that is causing harm

LANGUAGE YOU CAN USE IN SESSIONS

"Please don't interpret my attraction patterns as instability."

"My bisexuality is not the source of my symptoms."

"I'm comfortable discussing relationships, but not framing them as diagnostic evidence."

"That interpretation doesn't reflect my experience."

"Can you explain how that relates to my symptoms or treatment goals?"

"I'd like us to return to the issue I came in for."

"I don't think this framing is helpful for me."

WHAT AFFIRMING MENTAL HEALTH CARE LOOKS LIKE

- Treats bisexuality+ as a stable identity, not a symptom
- Distinguishes identity stress from psychopathology
- Uses minority stress frameworks appropriately
- Avoids over-pathologizing relational complexity
- Centers patient-defined goals and meaning-making

You are not asking a therapist to agree with you. You are asking them to practice competently.

GUIDANCE FOR MENTAL HEALTH PROVIDERS

- Do not treat bisexuality as a developmental phase or unresolved conflict
- Avoid using partner history as proof of identity instability
- Do not conflate fluidity with indecision or dysregulation
- Learn bi+-specific mental health disparities independently
- Ask how identity intersects with stress not whether it is “real”

Clinical neutrality that ignores power and stigma is not neutral.

WHAT ARE YOUR RIGHTS?

1. To courtesy, respect, dignity, and timely, responsive attention to his or her needs.

2. To receive information from their physicians and to have opportunity to discuss the benefits, risks, and costs of appropriate treatment alternatives, including the risks, benefits and costs of forgoing treatment. Patients should be able to expect that their physicians will provide guidance about what they consider the optimal course of action for the patient based on the physician's objective professional judgment.

3. To ask questions about their health status or recommended treatment when they do not fully understand what has been described and to have their questions answered.

WHAT ARE YOUR RIGHTS?

4. To make decisions about the care the physician recommends and to have those decisions respected. A patient who has decision-making capacity may accept or refuse any recommended medical intervention.

5. To have the physician and other staff respect the patient's privacy and confidentiality.

6. To obtain copies or summaries of their medical records.

7. To obtain a second opinion.

AMA Code of Mediical Ethics

WHAT ARE YOUR RIGHTS?

8. To be advised of any conflicts of interest their physician may have in respect to their care.

9. To continuity of care. Patients should be able to expect that their physician will cooperate in coordinating medically indicated care with other health care professionals, and that the physician will not discontinue treating them when further treatment is medically indicated without giving them sufficient notice and reasonable assistance in making alternative arrangements for care.

AMA Code of Mediical Ethics

LOOKING FOR MORE BI+ RESOURCES?

Read our other flip books that talk about sexual & reproductive health, substance use, and neurodiversity for Bisexual Health Month 2026.

Claiming the Right to Care as Bi+ People

Bisexual Resource Center

#BiHealthMonth