Mental Health Disparities Among Sexual Minority Youth

Michael P. Marshal, Ph.D.
marshalm@upmc.edu

Associate Professor
Departments of Psychiatry and Pediatrics

Clinical Psychologist
Adolescent Medicine Clinic

Steering Committee
University of Pittsburgh/UPMC Health Sciences
LGBTQI Alliance

And Thanks to NIH:
DA026312, DA030385
(and AA013217, AA013100, MH015169, and The Pittsburgh Foundation)
Presentation Topics

1) Common definitions of sexual orientation
2) Current scientific evidence for SMY mental health disparities
3) The Minority Stress Model and central mechanism of risk for mental health disparities among SMY
4) How to conceptualize problems and approaches to treatment using the Cognitive Behavioral Therapy framework
How do we define “sexual minority youth”?

- What determines whether or not somebody is gay/lesbian/bisexual?
- How do researchers define homosexuality?
Three common indices of sexual orientation

**ATTRACTION**
- opposite sex
- both sexes
- same sex

**BEHAVIOR**
- opposite sex
- both sexes
- same sex

**IDENTITY**
- heterosexual
- bisexual
- gay/lesbian
The continuum is important!

IDENTITY

100% Heterosexual    Mostly Heterosexual    Bisexual    Mostly Gay/Lesbian    100% Gay/Lesbian
Traditional methods of assessing orientation

IDENTITY

100% Heterosexual

Mostly Heterosexual

Bisexual

Mostly Gay/Lesbian

100% Gay/Lesbian

3-5%
But what about this group?
How many SMY are there?

IDENTITY

100%
Heterosexual

Mostly
Heterosexual

Bisexual

Mostly
Gay/Lesbian

100%
Gay/Lesbian

10%
Add Health Data
Four major domains have been studied among youth using meta-analysis* techniques:

1. Substance use and abuse
2. Risky sexual behavior
3. Depression and Suicide
4. Violence/Victimization

* Inclusion criterion required a mean age <18 years old
Substance use disparities

**Overall Odds Ratio:** 2.89

Substance use disparities

Overall Odds Ratio: 2.89

Girls: 5.02
Substance use disparities

Overall Odds Ratio: 2.89

Girls: 5.02

Bisexual Youth: 4.42

Substance use and risky sex

Substance use is one of the primary risk factors for risky sexual behavior among adolescents.

Do the higher rates of substance use among SMY translate into higher rates of risky sexual behaviors?
Sex under the influence

Overall Odds Ratio: 1.91

Depression and Suicidality Meta-Analysis:

1) LGB youth reported higher rates of depression symptoms, on average, than did heterosexual youth.

2) LGB youth were over three times more likely to report a history of suicidality.

Operationalization of “suicidality”

- Ideation
- Plans or intent
- Attempts
- Attempt requiring medical attention

*For the meta-analysis we combined across these to obtain an overall “suicidality” effect

Suicidality disparities

Overall Odds Ratio: 2.92

Suicidality disparities

Overall Odds Ratio: 2.92
Bisexual Youth: 4.92

Absolute rates of any suicidality (13/19)

History of Suicidality

- Heterosexual: 12%
- SMY: 28%

Larger Disparities as Severity of Suicidality Increases

Ideation: OR=1.96
Plans/Intent: OR=2.20
Attempts: OR=3.18
Medical Attention: OR=4.17

# Results from the Pittsburgh Girls Study

<table>
<thead>
<tr>
<th></th>
<th>Sexual Minority Girls (n=173)</th>
<th>Heterosexual Girls (n=1891)</th>
<th>Effect size (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette Use (n)</td>
<td>49%</td>
<td>17%</td>
<td>OR=2.42*</td>
</tr>
<tr>
<td>Alcohol Use (n)</td>
<td>60%</td>
<td>37%</td>
<td>OR=2.71***</td>
</tr>
<tr>
<td>Binge Drinking (n)</td>
<td>33%</td>
<td>16%</td>
<td>OR=2.02**</td>
</tr>
<tr>
<td>Marijuana Use (n)</td>
<td>50%</td>
<td>21%</td>
<td>OR=3.61***</td>
</tr>
<tr>
<td>Depression (SD)</td>
<td>11.4</td>
<td>7.5</td>
<td>d=.69***</td>
</tr>
<tr>
<td>Suicidal Ideation, 2 Weeks (n)</td>
<td>12.9%</td>
<td>3.4%</td>
<td>OR=4.17**</td>
</tr>
<tr>
<td>Suicidal Ideation, 12 Months (n)</td>
<td>26.0%</td>
<td>7.2%</td>
<td>OR=4.43***</td>
</tr>
<tr>
<td>Self-Harm, 12 Months (n)</td>
<td>12.9%</td>
<td>2.0%</td>
<td>OR=7.20***</td>
</tr>
</tbody>
</table>

Sources of stress among SMY

Potential Sources of Discrimination, Victimization, and Stress

- Government
- Family rejection
- Parent’s Cultural Naïveté
- School apathy
- Peer Bullying
- Cyber-bullying
- Internalized Homophobia
- Rejection by church
Potential stressors across the lifetime for SMY

Adolescence
- Peer Bullying
- Rejection by parents

Young adulthood
- School neglect
- Career choices: DADT

Middle adulthood
- Workplace Discrimination: see Williams Institute
- Marriage options: Higher taxes, Insurance premiums

Late adulthood
- Nursing home discrimination
- Hospital visitation rights
Trajectories of Depression

Standardized Depression Score

Trajectories across four waves from age ~14 through age ~28

Operationalization of “suicidality”

0 = No suicidal ideation
1 = Ideation
2 = Attempt
3 = Attempt requiring medical attention

Trajectories of Suicidality

Trajectories across four waves from age ~14 through age ~28

Minority Stress Model (Meyer, 2003)

Coping and Social Support

Minority Status
- sexual orientation
- race/ethnicity
- gender

Minority Identity (gay, lesbian, bisexual)
- prominence
- valence
- integration

General Stressors

Minority Stress Processes (distal)
- prejudice events (discrimination, violence)

Minority Stress Processes (proximal)
- expectations of rejection
- concealment
- internalized homophobia

Mental health outcomes

Sources of stress among SMY

Potential Sources of Discrimination, Victimization, and Stress

- Government
- Family rejection
- Parent’s Cultural Naïveté
- Rejection by church
- School apathy
- Internalized Homophobia
- Peer Bullying
- Cyber-bullying
Sources of stress among SMY

Potential Sources of Discrimination, Victimization, and Stress

- Government
- Family rejection
- Rejection by church
- Parent’s Cultural Naïveté
- School apathy
- Internalized Homophobia
- Peer Bullying
- Cyber-bullying
Violence and Victimization

Smy across multiple studies and methodologies are more likely to report:

A. Childhood sexual abuse
B. Parent physical abuse
C. Assaulted at school
D. Missed school due to fear

Overall Odds Ratio: 2.68

Assaulted at school

Overall Odds Ratio: 2.68

Girls: 3.31

Higher rates of being assaulted at school

Missing school due to fear

Overall Odds Ratio: 3.85
Missing school due to fear

Overall Odds Ratio: 3.85

Bisexual: 4.32
Missing school due to fear

Understanding via mediation modeling

Do victimization experiences mediate mental health outcomes among SMY?

Sexual Orientation → Explanatory Variables? (Mediators) → Mental Health Outcomes
Pittsburgh Pilot Study (n=197)

Mediation* of depression/anxiety symptoms (p<.05):

Stress & Negative Affect Pathway

Sexual Orientation → Gay-related Victimization → Depression → Drug and Alcohol Use

Reasons for hope

5) StopBullying.gov Homepage
General Conclusions

1) There are large disparities in several psychosocial health domains

2) For some SMY, disparities appear to last well into young adulthood.

3) There is heterogeneity within the SMY group and variability with regards to risk (e.g., bisexuality and gender).

4) SMY may have higher rates of comorbidity between mental health outcomes over time

5) We don’t know enough about what’s driving the disparities, but minority stress is a reasonable candidate
Core Beliefs

Intermediate Thoughts

Automatic Thoughts

Situation or Event

Emotion or Behavior

Most fundamental beliefs about the self and the world that are:

1. Global
2. Rigid
3. Over-generalized

Basic CBT Model

1. Situation or Event
2. Automatic Thoughts
3. Emotion or Behavior

Intermediate Thoughts
1. Attitudes
2. Rules and Expectation
3. Assumptions

Core Beliefs

Basic CBT Model

- Situation or Event
- Automatic Thoughts
- Intermediate Thoughts
- Core Beliefs
- Emotion or Behavior

Words or images that come to one’s mind in response to a situation

5. Conceptualizing LGB Youth Experience Using the CBT Framework

- Core Beliefs
- Intermediate Thoughts
- Automatic Thoughts
- Emotion or Behavior
- Situation or Event
5. Conceptualizing LGB Youth Experience

Early experiences w/ homophobic culture:

1. Parent attitudes and beliefs
2. Church doctrine and anti-gay messages
3. Peers teasing others for being gay or gender-role non-conforming
4. Predominant heterosexual norms
5. Conceptualizing LGB Youth Experience

Early experiences w/ homophobic culture:
1. Parent attitudes and beliefs
2. Church doctrine and anti-gay messages
3. Peers teasing others for being gay or gender-role non-conforming

In response, some youth may develop a negative self image:

Because I am gay...
1. I am not as good as others
2. I am not lovable
3. I am not normal
4. I am a “sinner”
5. Conceptualizing LGB Youth Experience

**Situation or Event**

“If I tell people that I’m gay...”

1. My parents won’t love me
2. My friends will reject me
3. I will go to hell
4. I will never have a normal life
5. I will always be an outcast

**Core Beliefs**

“Because I am gay...”

1. I am not as good as others
2. I am not lovable
3. I am not normal
4. I am a “sinner”

**Intermediate Thoughts**

1. I am not as good as others
2. I am not lovable
3. I am not normal
4. I am a “sinner”

**Automatic Thoughts**

1. I am not as good as others
2. I am not lovable
3. I am not normal
4. I am a “sinner”

**Emotion or Behavior**
5. Conceptualizing LGB Youth Experience

**Core Beliefs**

**Intermediate Thoughts**

- "If I tell others..."
  1. My parents won’t love me
  2. My friends will reject me
  3. I will go to hell
  4. I will never have a normal life
  5. I will always be an outcast

**Automatic Thoughts**

- Maladaptive automatic thoughts that are due to:
  1. Fundamental beliefs about self-worth as a person
  2. Rules, attitudes, and assumptions about self and the world

**Emotion or Behavior**
5. Conceptualizing LGB Youth Experience

Situation or Event

1. Parents asking about opposite sex dating
2. School dances or parties
3. Having a secret crush on someone
4. Church sermon

Automatic Thoughts

Intermediate Thoughts

Core Beliefs

Emotion or Behavior
Conceptualizing LGB Youth Experience: A Case Study

Margaret:
17 Years Old
Senior in H.S.
Honors Student
Chemistry Major
Applying to colleges

Family:
Two Bio Parents
Two Bio Siblings
Father is a minister
Mother violin teacher
Parents are “progressive”

Situation or Event → Automatic Thoughts → Emotion or Behavior

Intermediate Thoughts

Core Beliefs
Psychiatric History:
- Family history of anxiety
- Reason for seeking treatment: Suicidality
- Moderate MDD & GAD
- Suicidal thoughts but no plans or intent, and no history of attempts
- Average mood is 4/10
- Difficulties concentrating
- Low Energy
- Moderate Insomnia

Conceptualizing LGB Youth Experience: A Case Study
Psychosocial History:

- Has experienced same-sex attraction for several years
- Is “out” to parents and they are supportive
- Never been in a romantic or sexual relationship
- No kissing, no hand-holding, no love letters (with same-sex teen)

Conceptualizing LGB Youth Experience: A Case Study
Traditional CBT Interpretation Focused on Surface-Level Automatic Thoughts

**Situation or Event**
Mother “nags” patient about getting her college applications submitted

**Automatic Thoughts**
“I am a constant disappointment to her and always letting her down”

**Emotion or Behavior**
Sadness and hopelessness
Deeper Meaning Related to Sexual Orientation

Situation or Event
Mother “nags” patient about getting her college applications submitted

Automatic Thoughts
“I am a constant disappointment to her and always letting her down”

Emotion or Behavior
Sadness and hopelessness

Intermediate Thought
“I have to prove to people that I am as good or better than everybody else”
Deeper Meaning Related to Sexual Orientation

**Situation or Event**
Mother “nags” patient about getting her college applications submitted

**Automatic Thoughts**
“I am a constant disappointment to her and always letting her down”

“I have to prove to people that I am as good or better than everybody else”

“I am not as good as other people because I am gay”

**Emotion or Behavior**
Sadness and hopelessness about being accepted unconditionally

**Intermediate Thought**

**Core Belief**
For LGB teenagers in which gay-related issues are influential:

1) Gay-related stressors and influences may not be obvious
2) Core beliefs may be unconscious and deeply entrenched
3) Automatic thoughts may not appear to be gay-related
4) Using the “vertical arrow” technique can help identify core beliefs that are feeding into automatic thoughts
5) Identifying, challenging, and changing core beliefs may be the key to success!
6. Suggestions for navigating therapy w/ LGB teens

- Nondiscrimination policies
- Inclusive forms and assessment questions
- Visible signs of diversity
- Training for all staff positions
- Confront discrimination when displayed
- Include diverse examples and stories
- Don’t assume youth want to discuss
- Emphasize privacy policies
- Know community resources
1) Most gay youth are resilient and do not report histories of depression symptoms or suicidality

2) Strength-based approaches to protecting teens

3) Some evidence for the power of positive parent relationships

4) Most gay youth do not report mental health problems

5) Society and acceptance of homosexuality is changing
Reasons for hope!

**History of Suicidality**

- **Heterosexual:** 12%
- **SMY:** 28%

72%

---

Resources for Youth and Families

- **National**
  - PFLAG – [www.pflag.org](http://www.pflag.org)
  - GLSEN – [www.glsen.org](http://www.glsen.org)
  - GLMA – [www.glma.org](http://www.glma.org)
  - The Trevor Project – [www.thetrevorproject.org](http://www.thetrevorproject.org)
    - 866-488-7386

- **Local**
  - Persad Center – [www.persadcenter.org](http://www.persadcenter.org)
  - GLCC – [www.glccpgh.org](http://www.glccpgh.org)
  - Dreams of Hope – [www.doh.org](http://www.doh.org)
This presentation may not be reproduced without written permission from: STAR-Center Outreach, Western Psychiatric Institute and Clinic, 3811 O’Hara Street, Pittsburgh, PA 15213 (412)864-3346

All rights reserved, 2013