

# Mental Health Disparities Among Sexual Minority Youth



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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”?

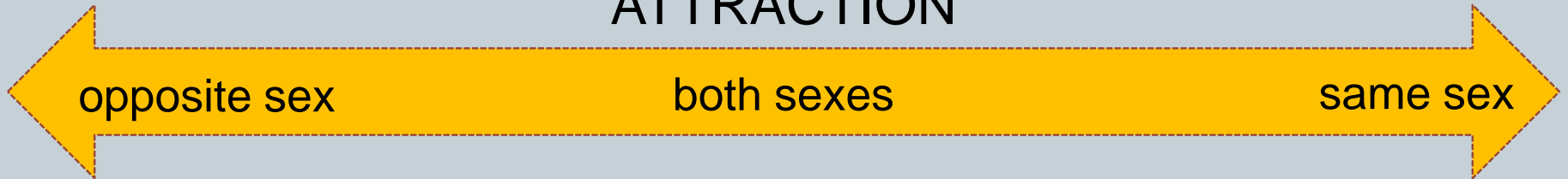


- ❖ What determines whether or not somebody is gay/lesbian/bisexual?
- ❖ How do researchers define homosexuality?

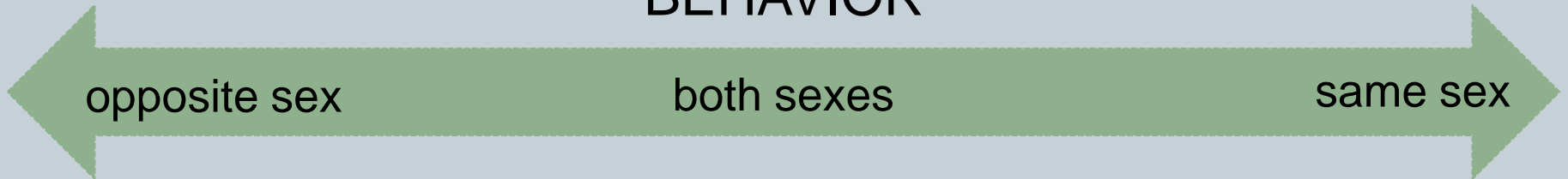
# Three common indices of sexual orientation



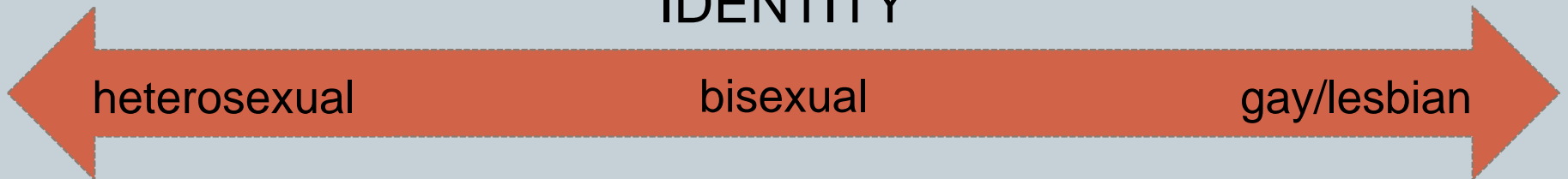
## ATTRACTION



## BEHAVIOR



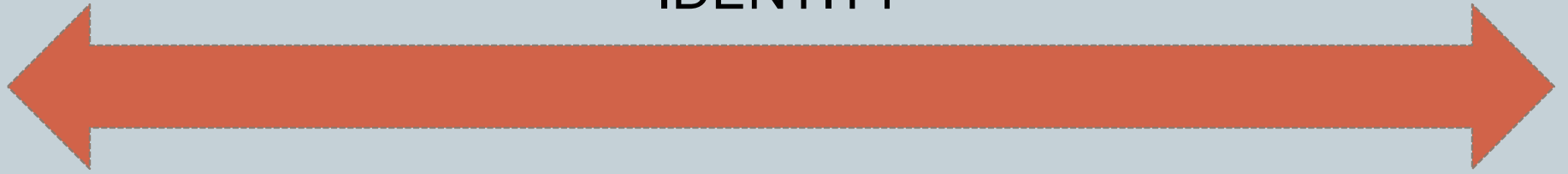
## IDENTITY



# The continuum is important!



IDENTITY



100% Heterosexual      Mostly Heterosexual      Bisexual      Mostly Gay/Lesbian      100% Gay/Lesbian

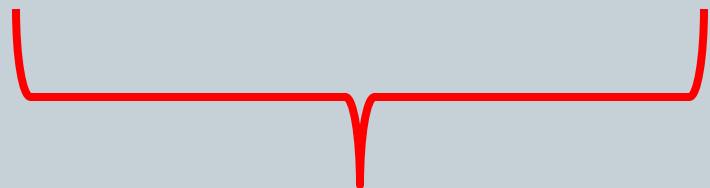
# Traditional methods of assessing orientation



IDENTITY



100% Heterosexual    Mostly Heterosexual    Bisexual    Mostly Gay/Lesbian    100% Gay/Lesbian

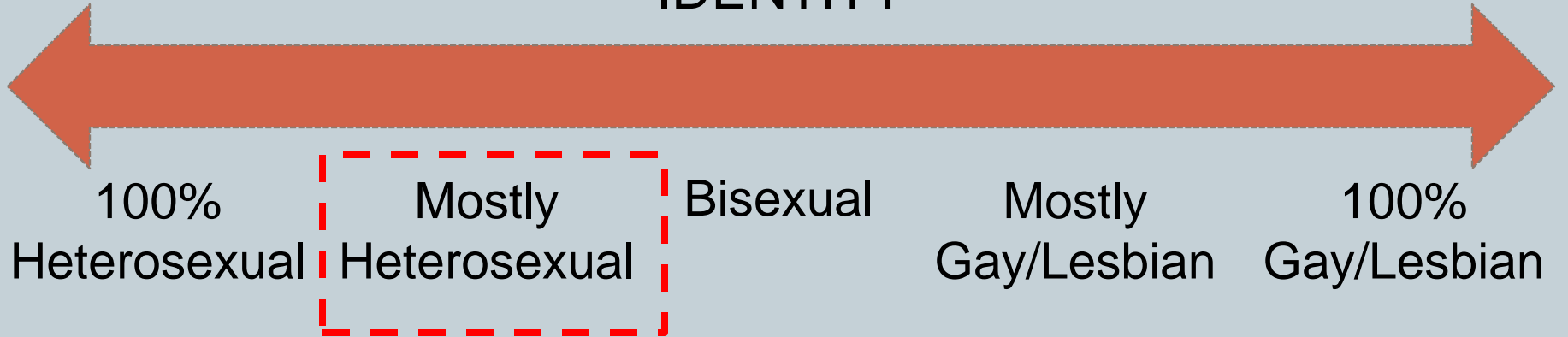


3-5%

# But what about this group?



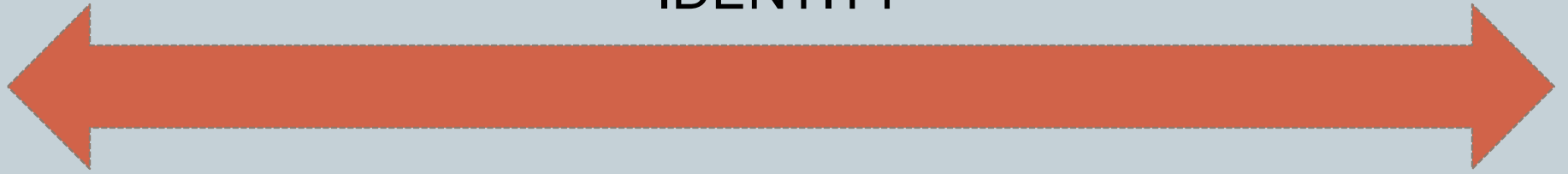
IDENTITY



# How many SMY are there?



## IDENTITY



100% Heterosexual      Mostly Heterosexual      Bisexual      Mostly Gay/Lesbian      100% Gay/Lesbian



**10%**

Add Health Data



# “Detecting” disparities among SMY



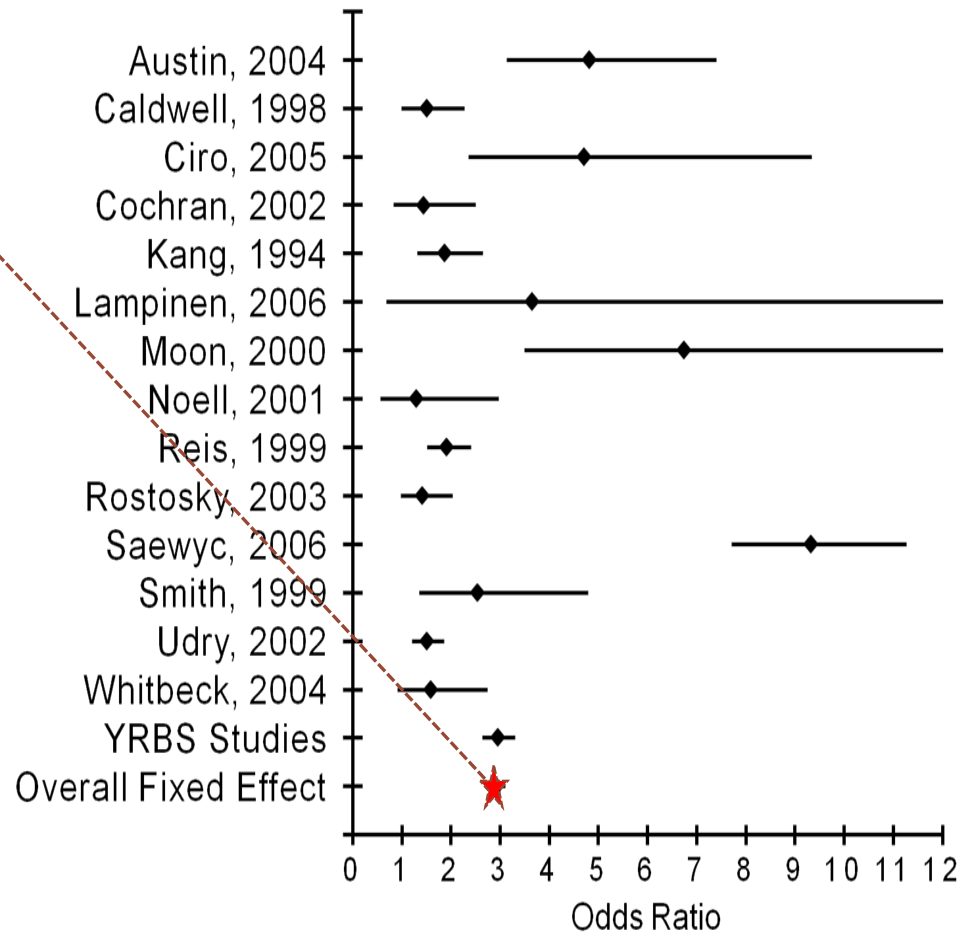
Four major domains have been studied among youth using meta-analysis\* techniques:

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

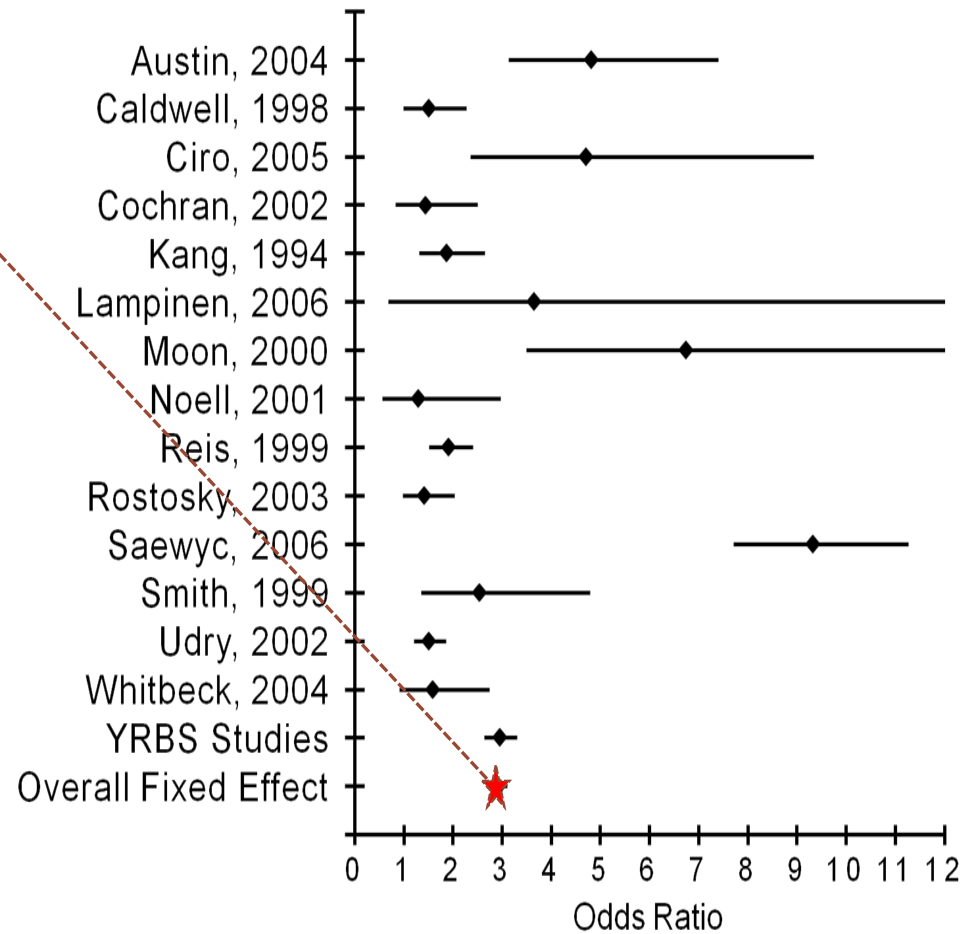
Overall  
Odds Ratio:  
2.89



# Substance use disparities

Overall  
Odds Ratio:  
2.89

Girls:  
5.02

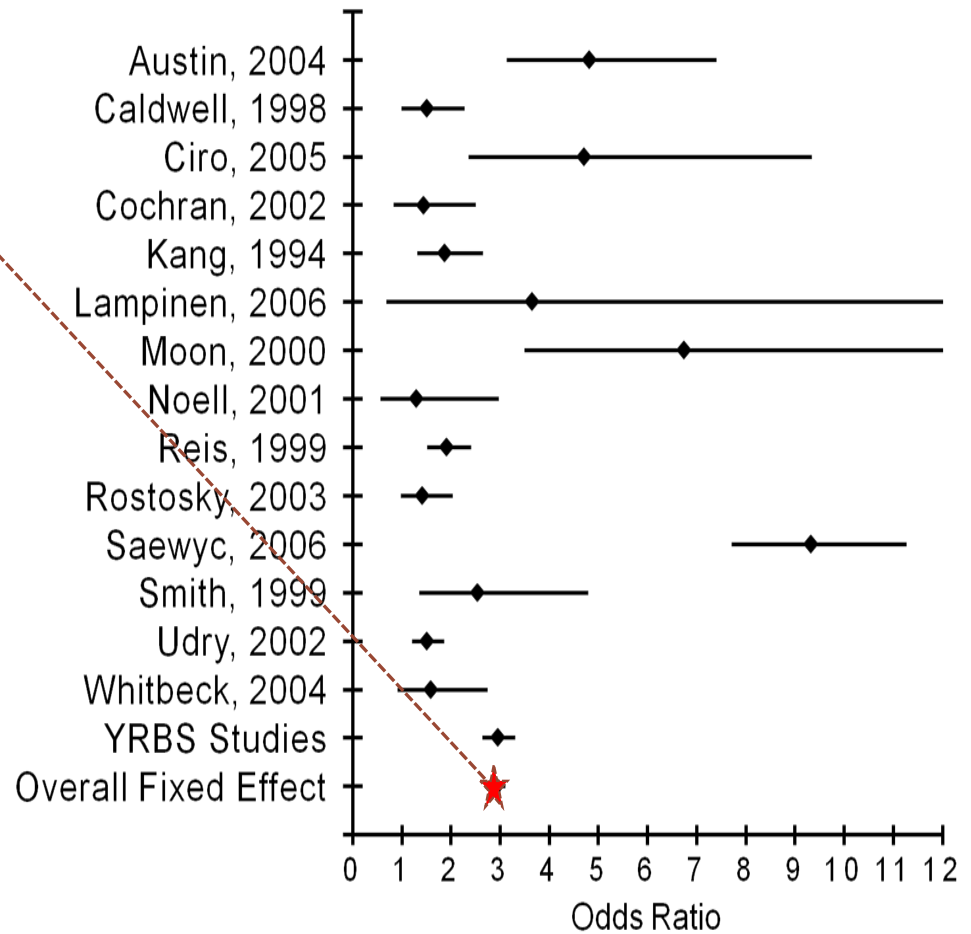


# Substance use disparities

Overall  
Odds Ratio:  
2.89

Girls:  
5.02

Bisexual  
Youth:  
4.42



# Substance use and risky sex

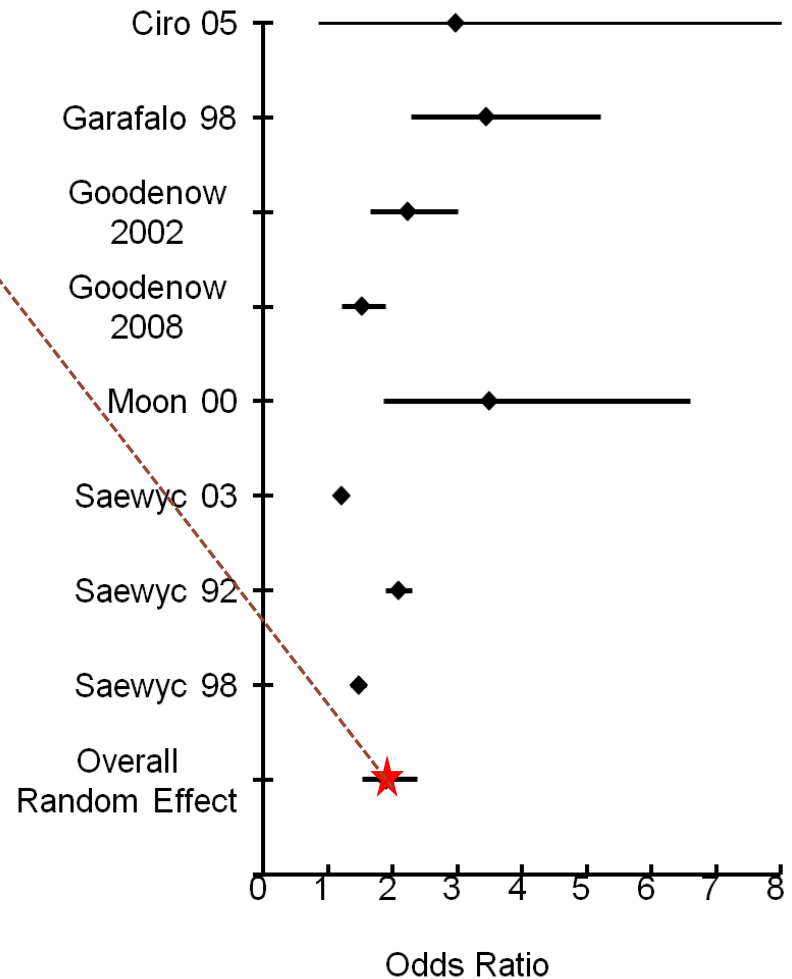


Substance use is one of the primary risk factors for risky sexual behavior among adolescents

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 suicide disparities



## 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”



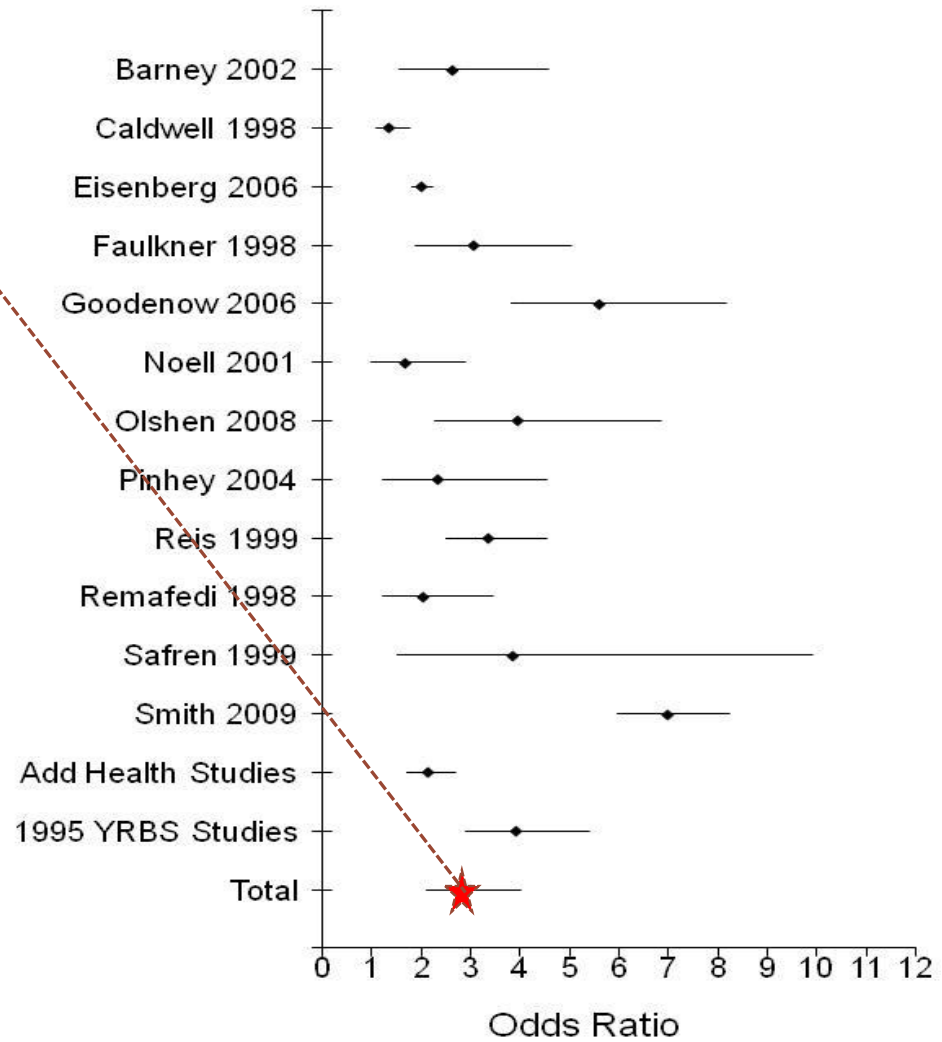
- ❖ Ideation
- ❖ Plans or intent
- ❖ Attempts
- ❖ Attempt requiring medical attention

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



# Suicidality disparities

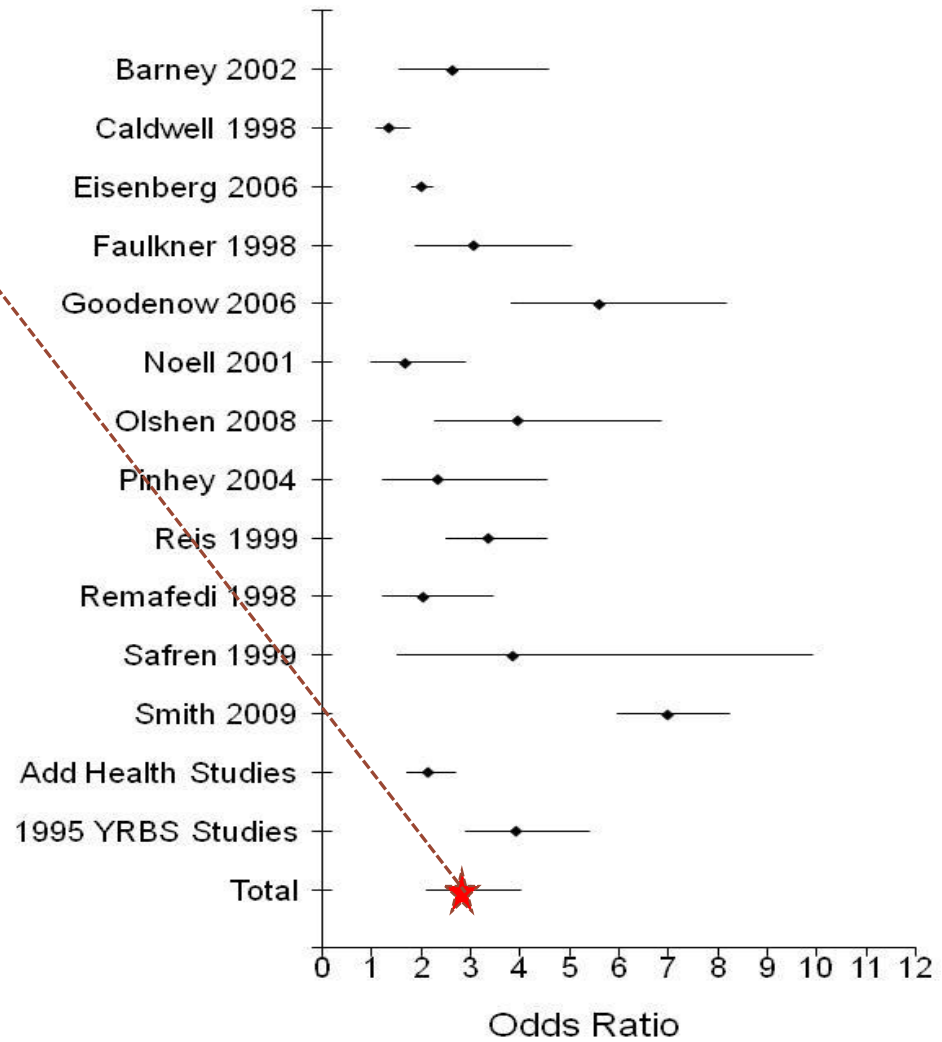
Overall  
Odds Ratio:  
2.92



# Suicidality disparities

Overall  
Odds Ratio:  
2.92

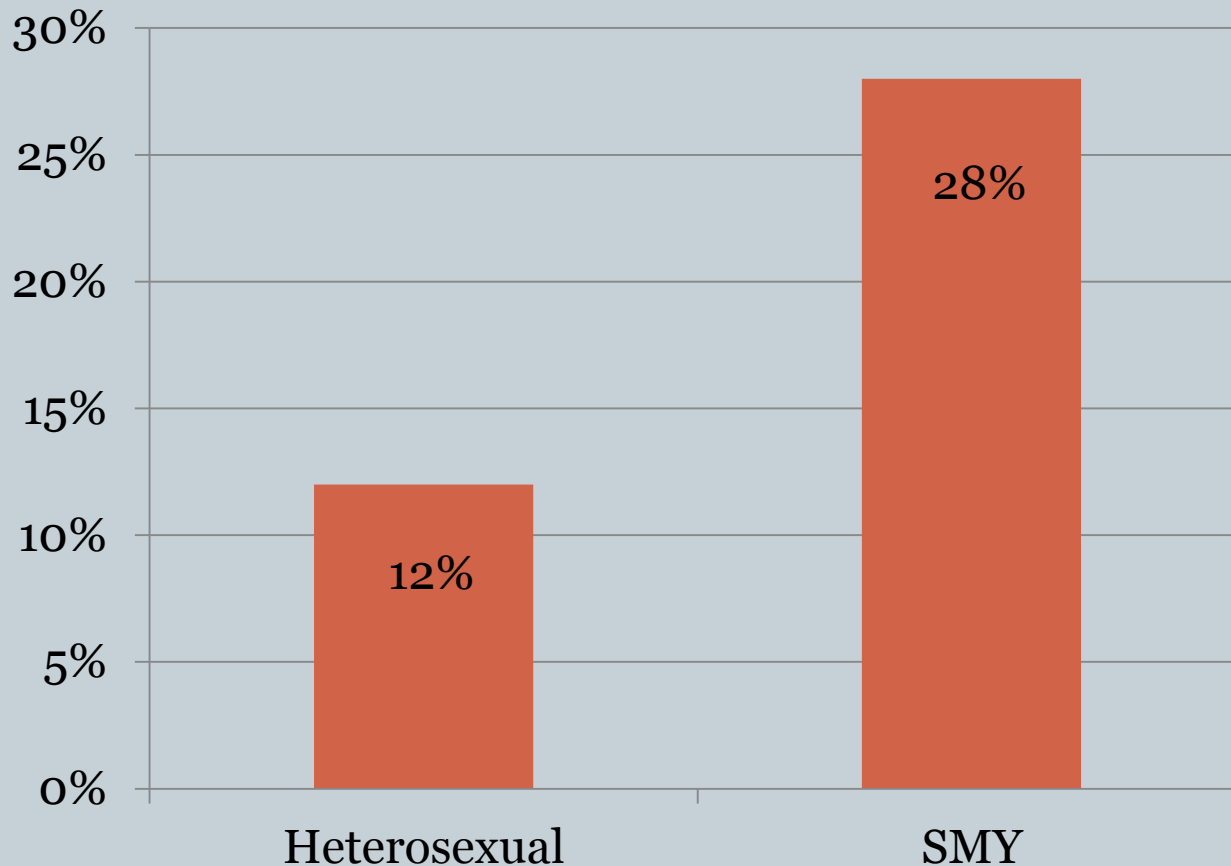
Bisexual  
Youth:  
4.92



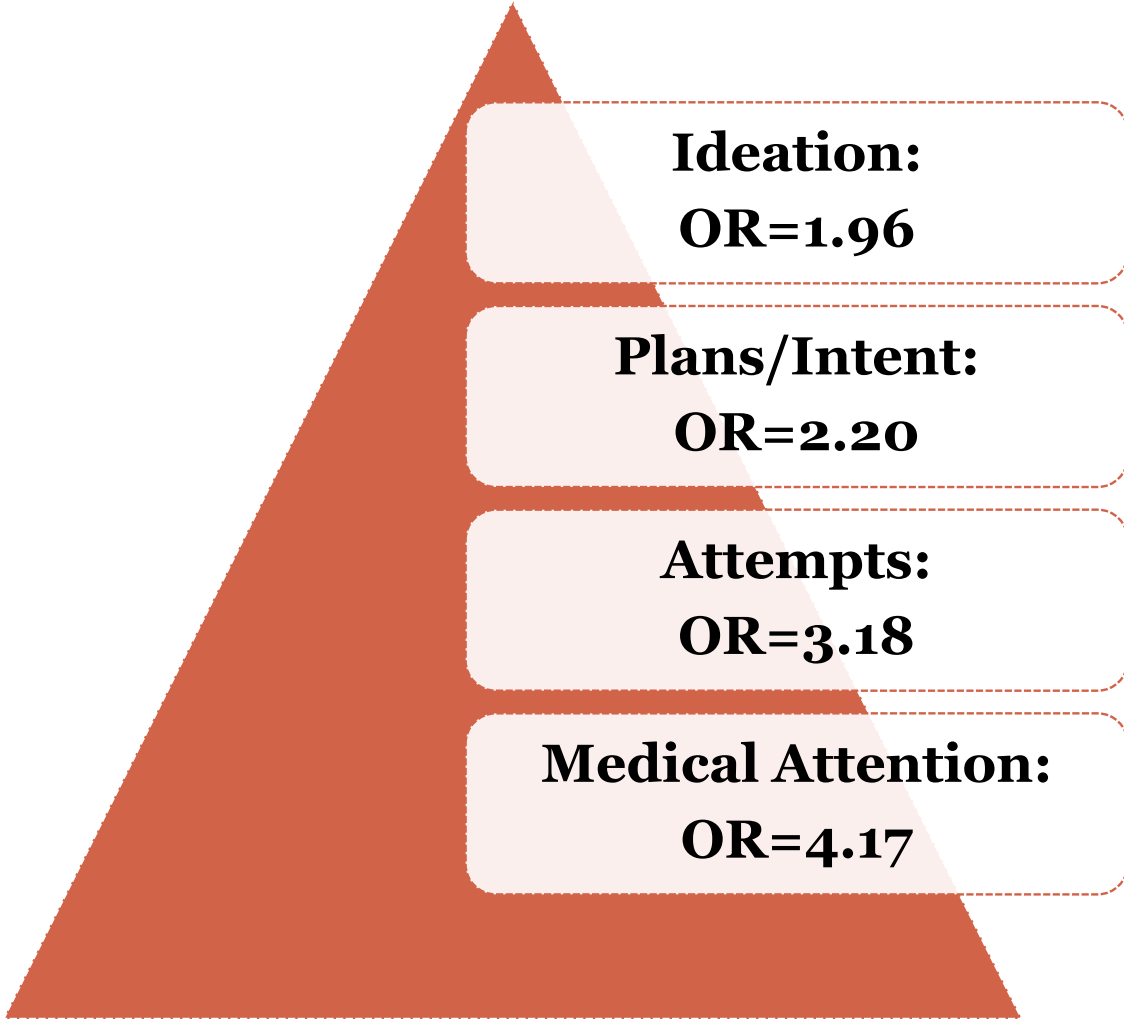
# Absolute rates of any suicidality (13/19)



## History of Suicidality



# Larger Disparities as Severity of Suicidality Increases



**Ideation:**  
**OR=1.96**

**Plans/Intent:**  
**OR=2.20**

**Attempts:**  
**OR=3.18**

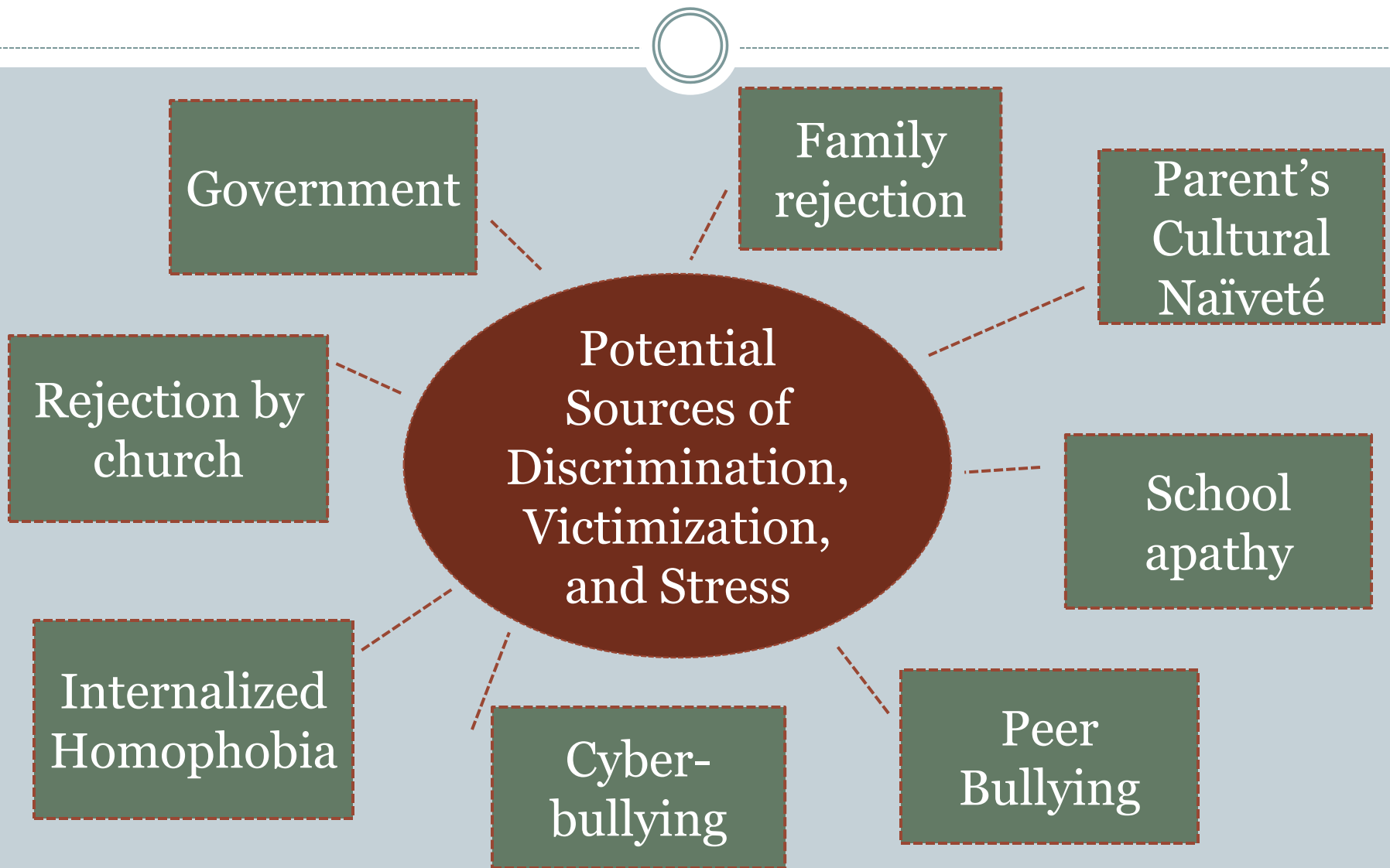
**Medical Attention:**  
**OR=4.17**

# Results from the Pittsburgh Girls Study

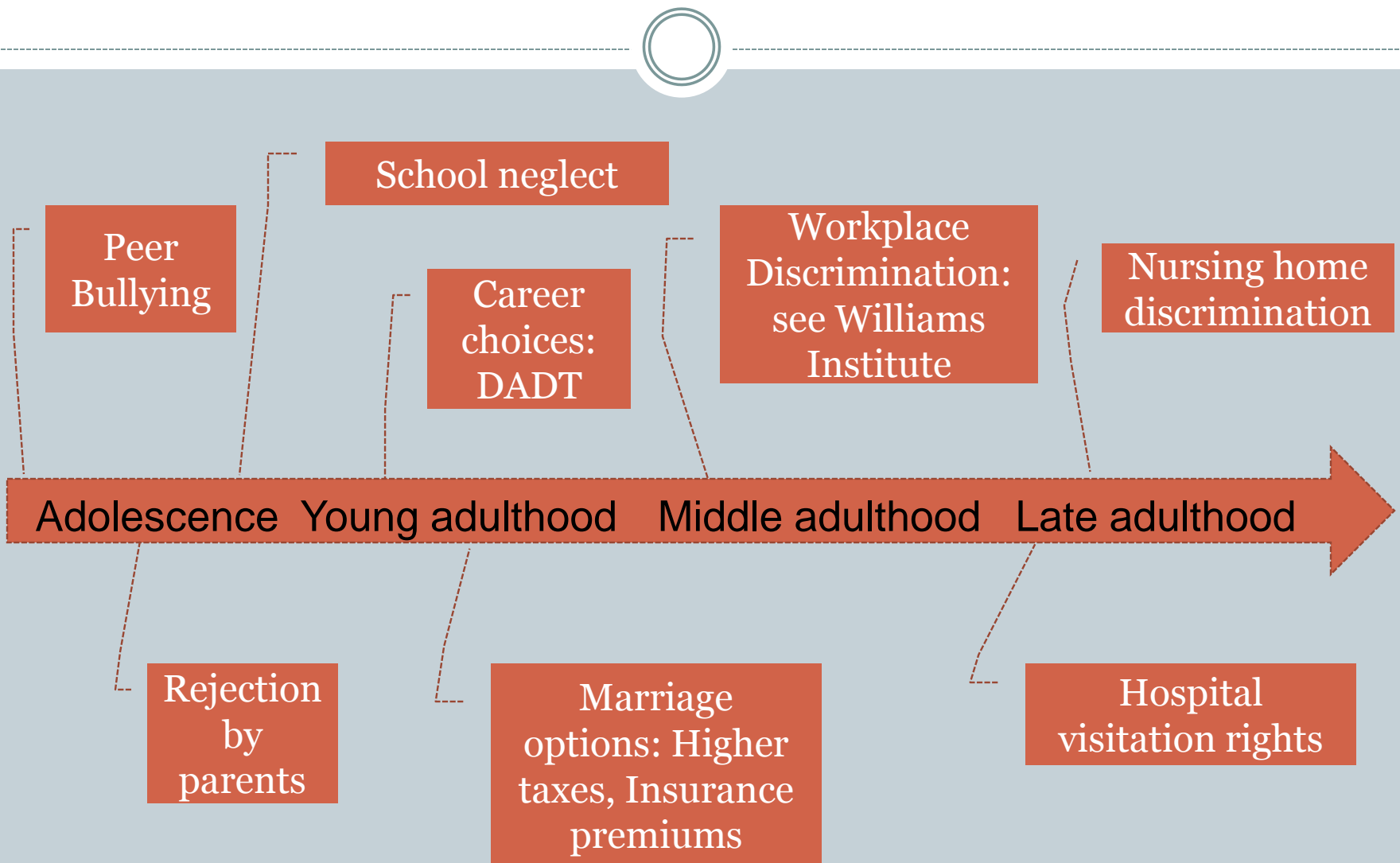


	<b>Sexual Minority Girls (n=173)</b>	<b>Heterosexual Girls (n=1891)</b>	<b>Effect size (95% CI)</b>
Cigarette Use (n)	49%	17%	OR=2.42*
Alcohol Use (n)	60%	37%	OR=2.71***
Binge Drinking (n)	33%	16%	OR=2.02**
Marijuana Use (n)	50%	21%	OR=3.61***
Depression (SD)	11.4	7.5	d=.69***
Suicidal Ideation, 2 Weeks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

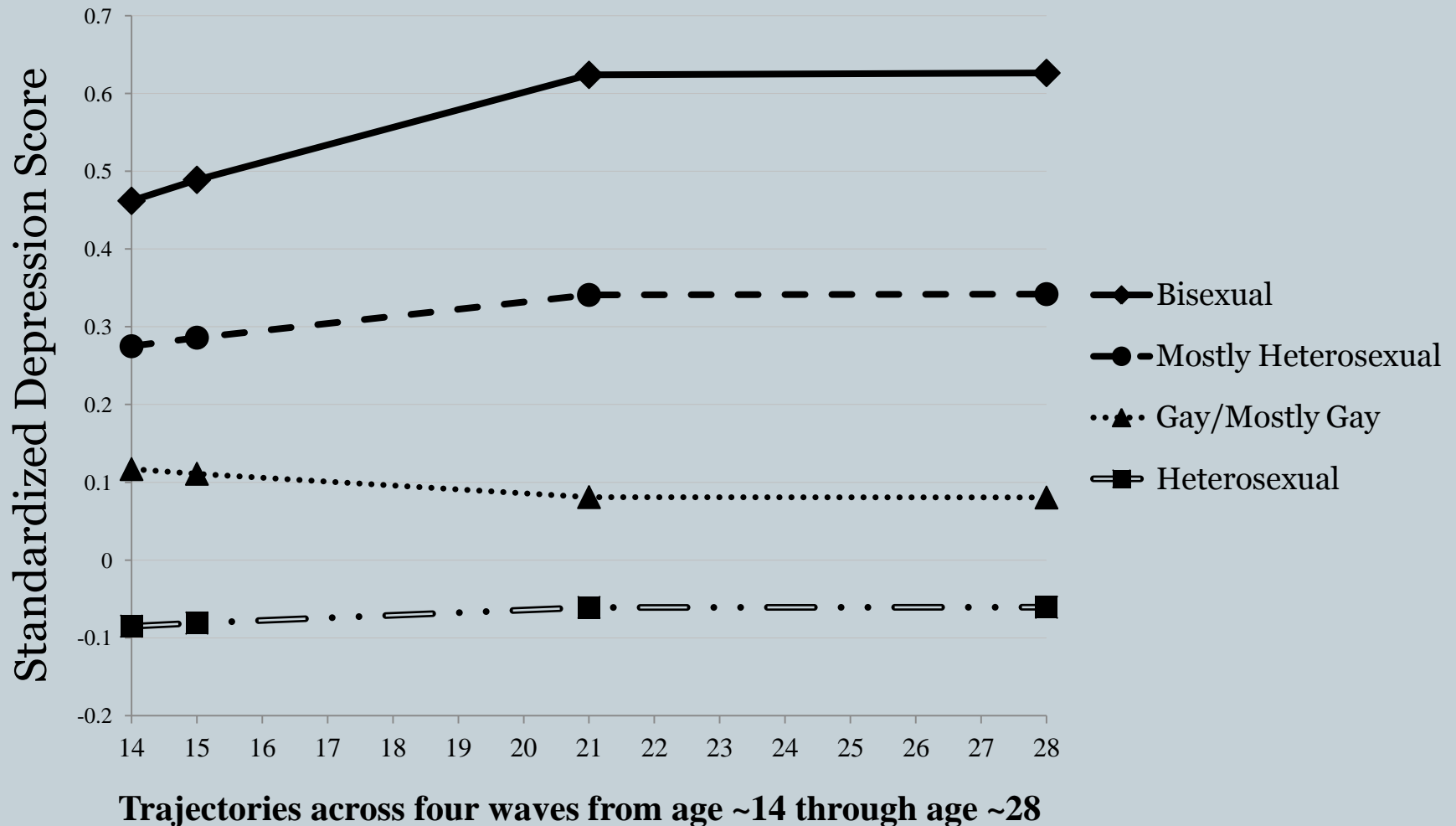
# Sources of stress among SMY



# Potential stressors across the lifetime for SMY



# Trajectories of Depression





# Operationalization of “suicidality”



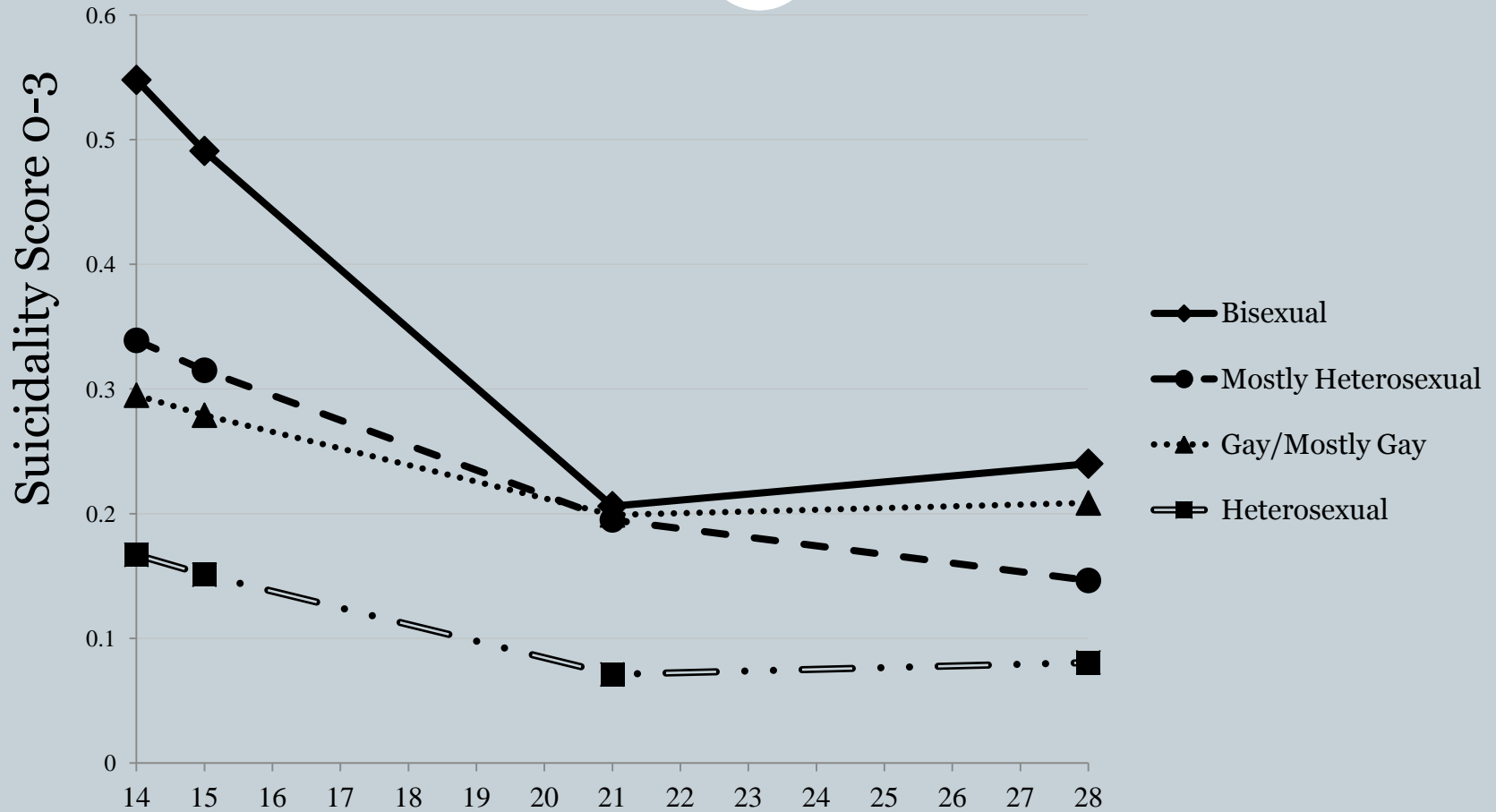
0 = No suicidal ideation

1 = Ideation

2 = Attempt

3 = Attempt requiring medical attention

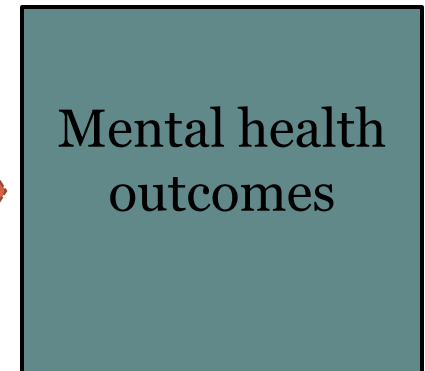
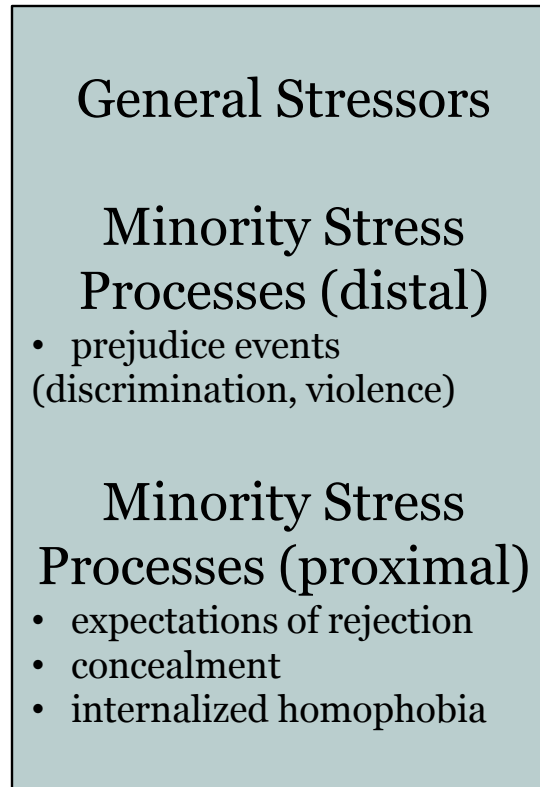
# Trajectories of Suicidality



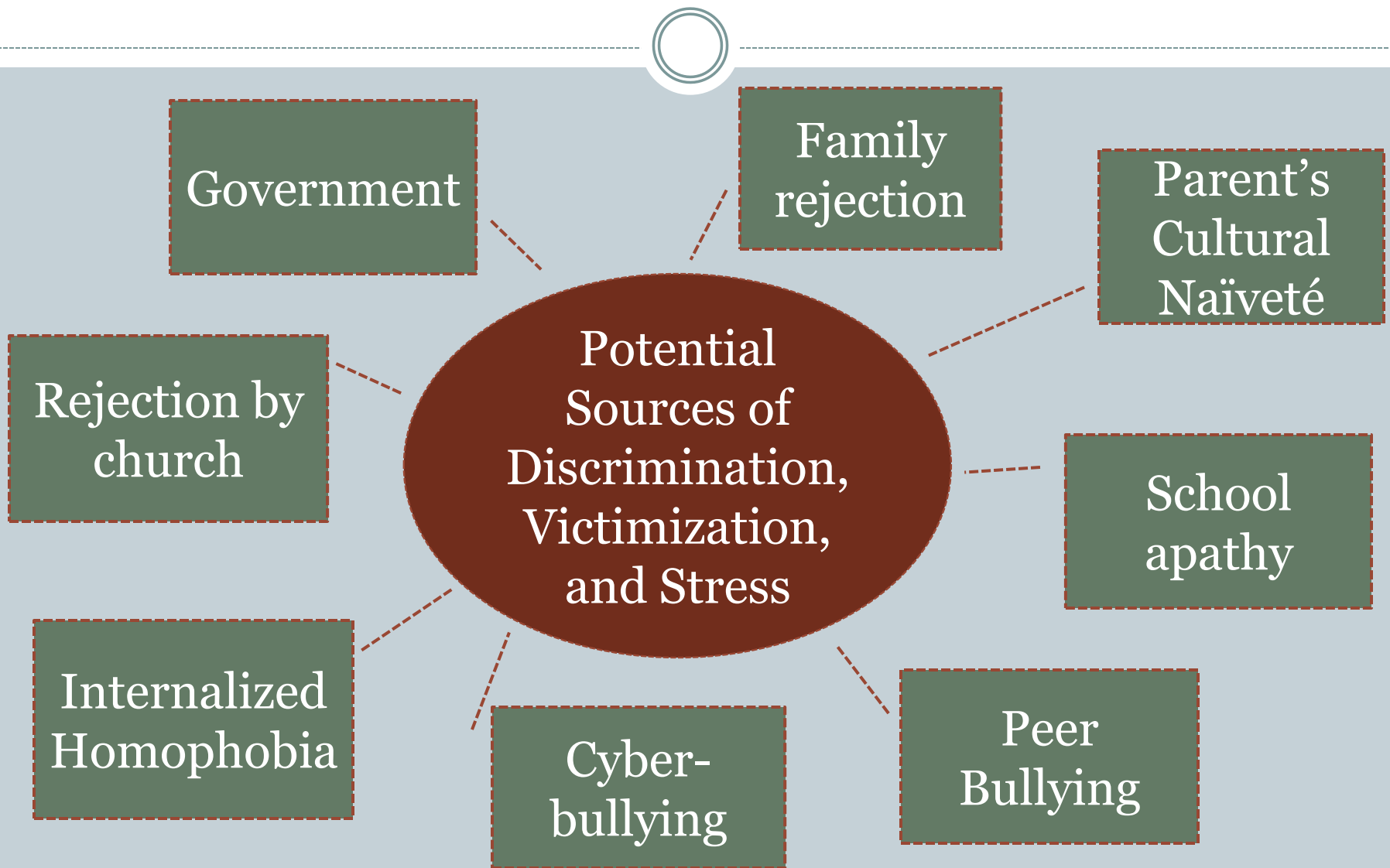
**Trajectories across four waves from age ~14 through age ~28**

# Minority Stress Model (Meyer, 2003)

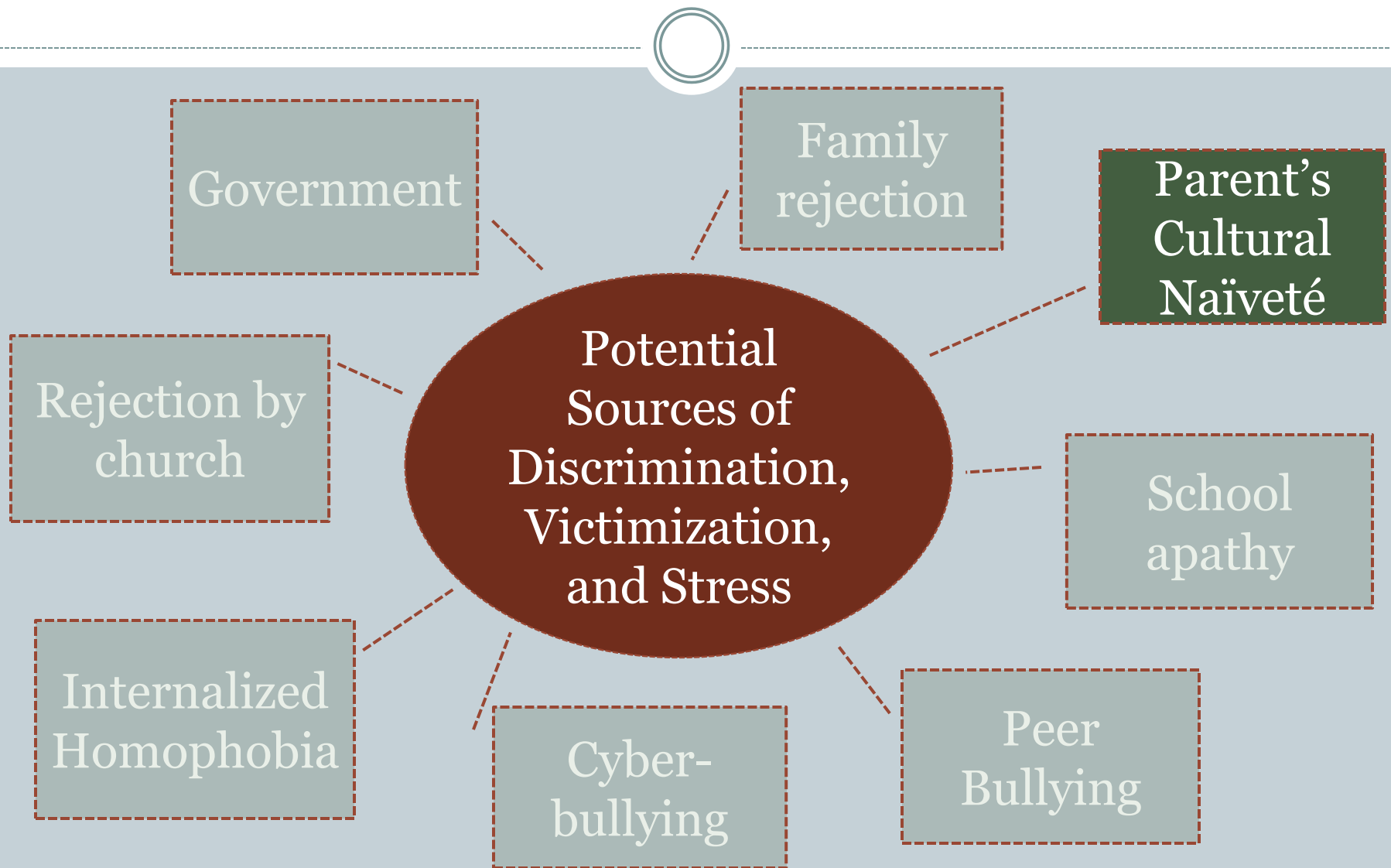
Coping and Social Support



# Sources of stress among SMY



# Sources of stress among SMY



# Violence and Victimization

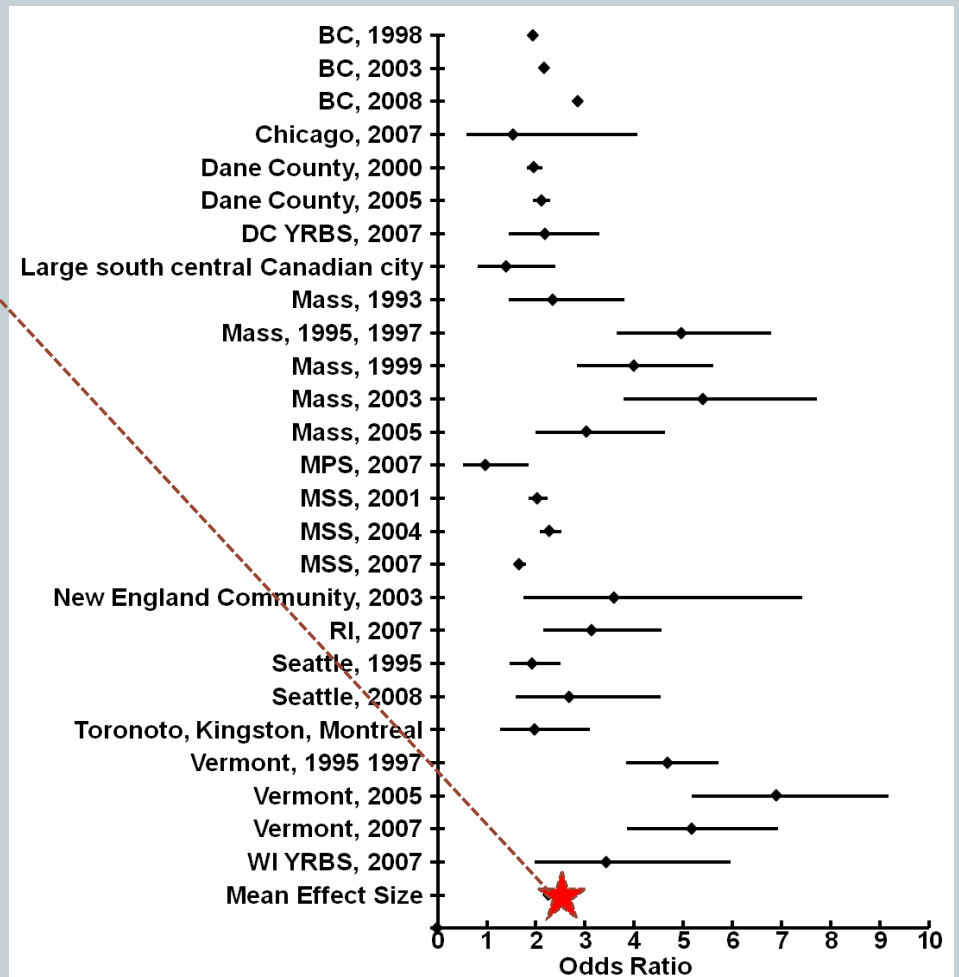


SMY across multiple studies and methodologies are more likely to report:

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

# Assaulted at school

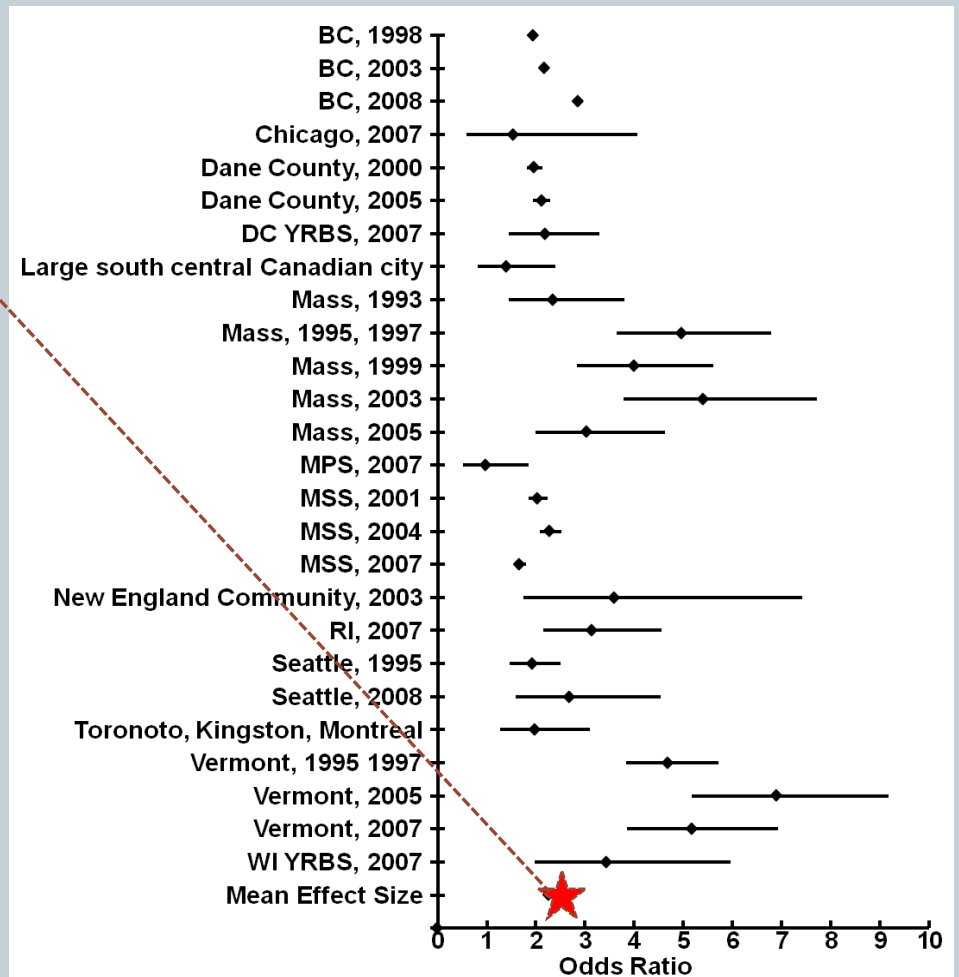
Overall  
Odds Ratio:  
2.68



# Assaulted at school

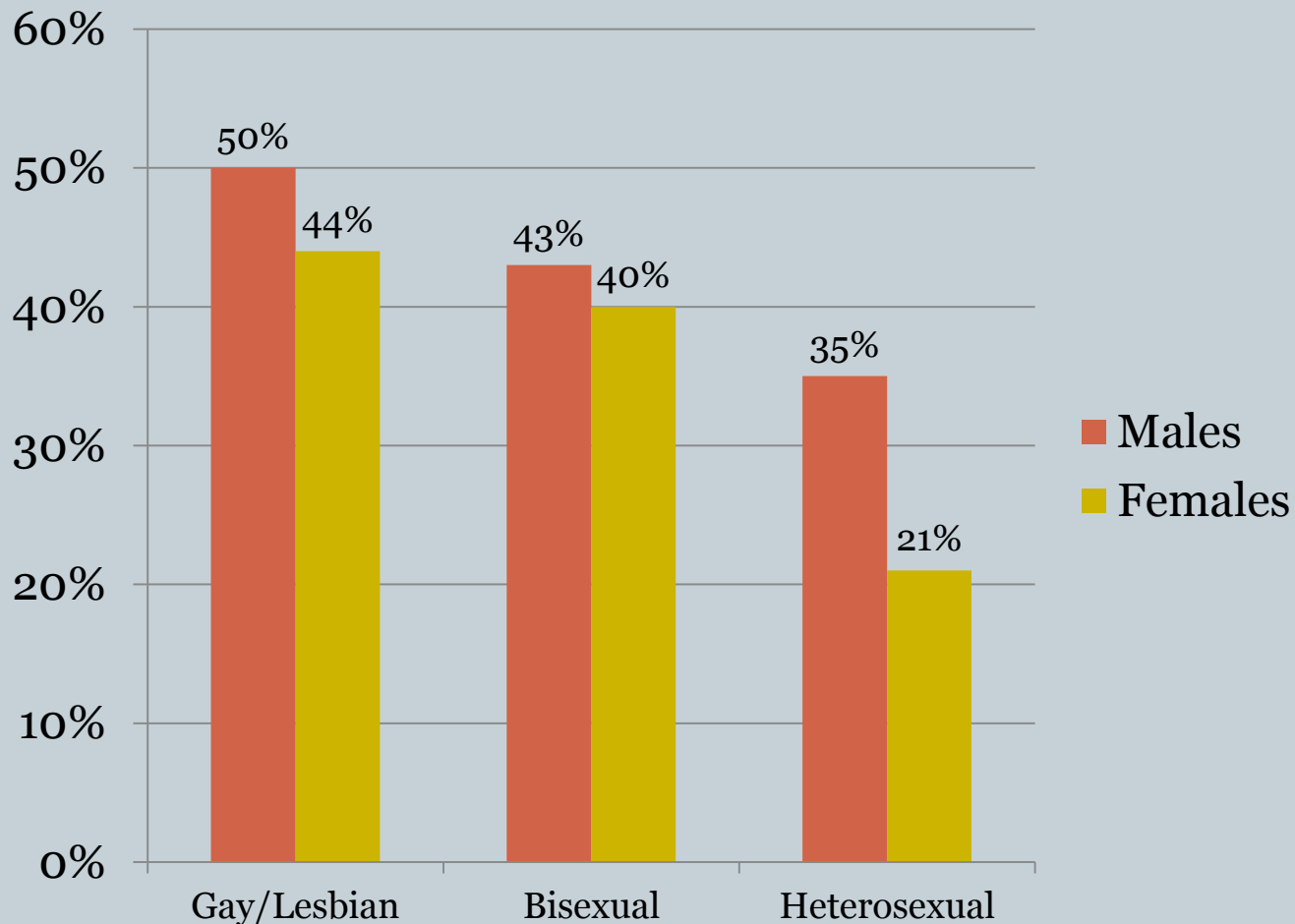
Overall  
Odds Ratio:  
2.68

Girls:  
3.31





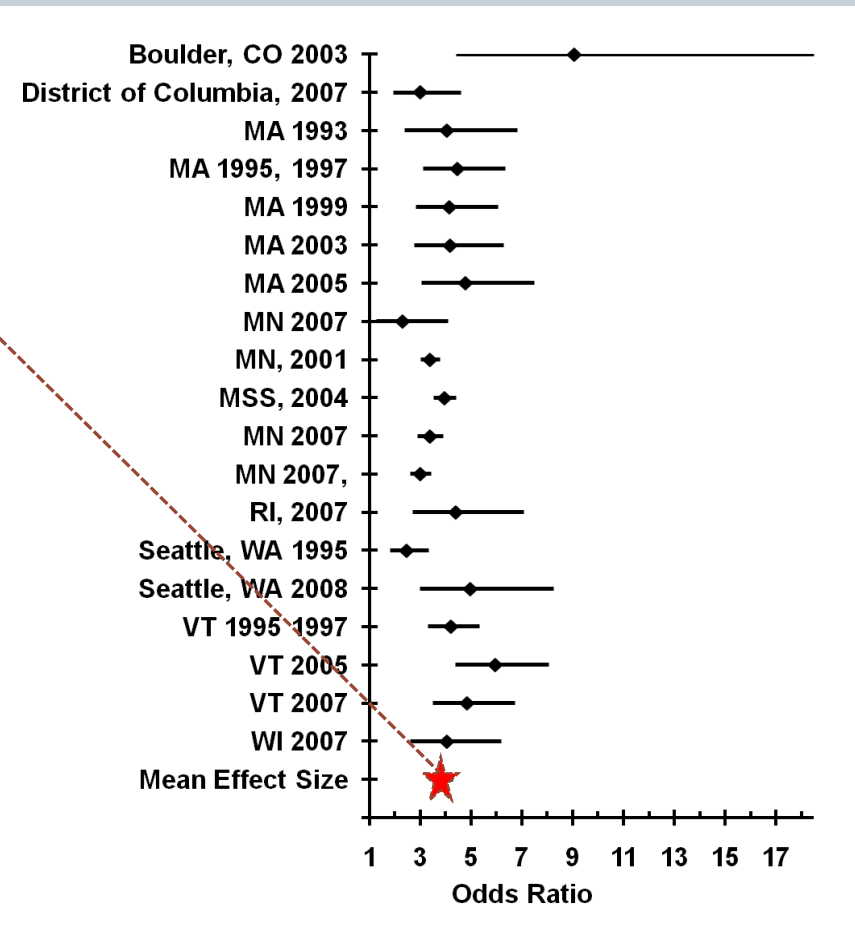
# Higher rates of being assaulted at school



# Missing school due to fear



Overall  
Odds Ratio:  
3.85

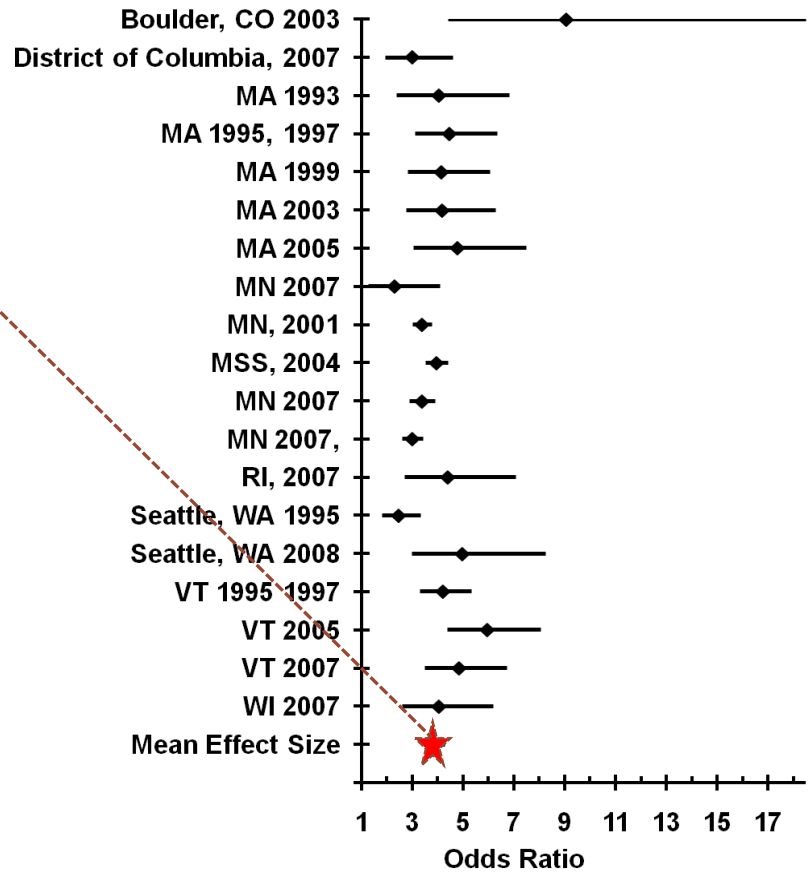


# Missing school due to fear

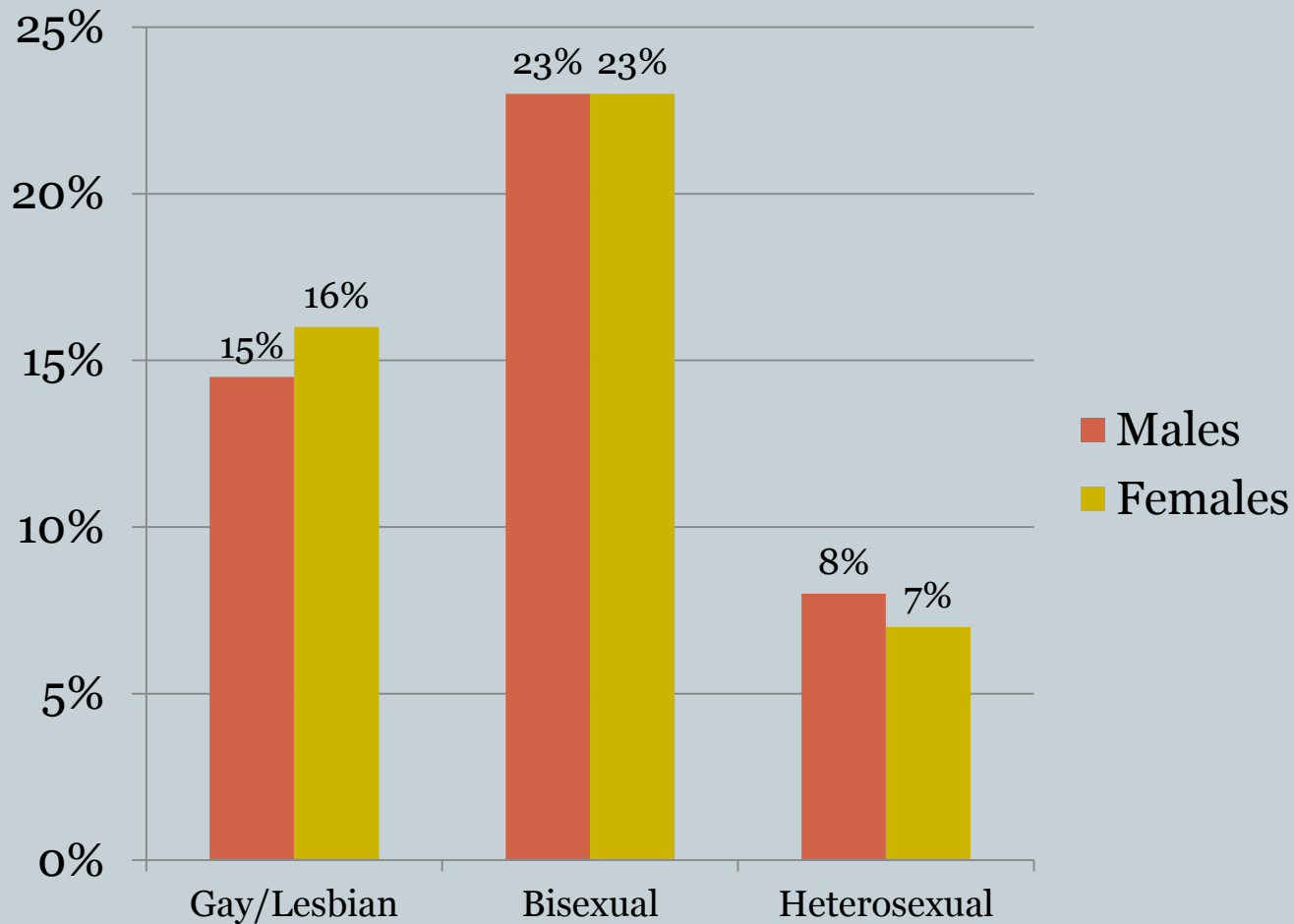


Overall  
Odds Ratio:  
3.85

Bisexual:  
4.32



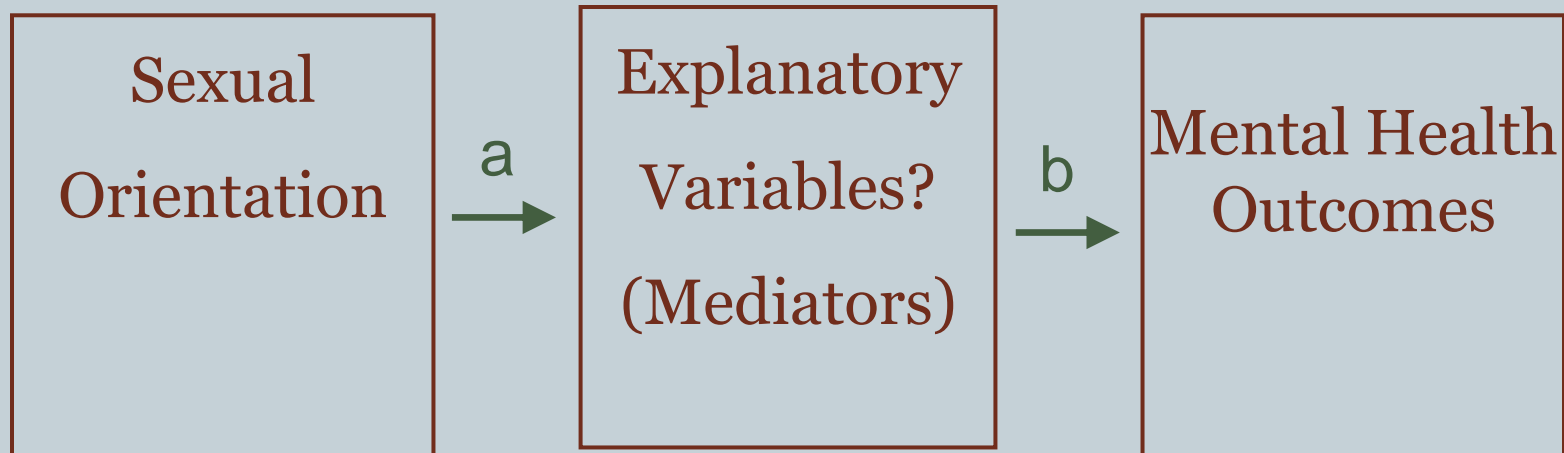
# Missing school due to fear



# Understanding via mediation modeling



Do victimization experiences mediate mental health outcomes among SMY?



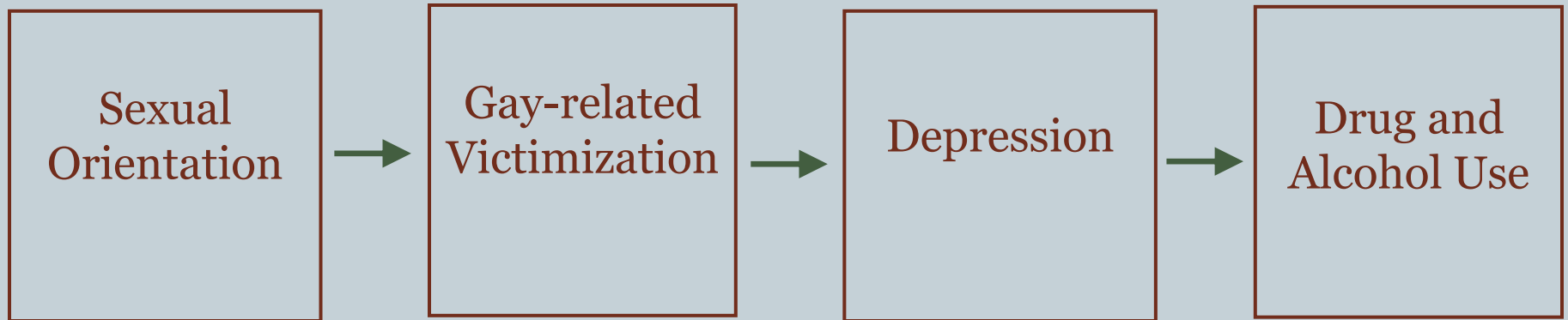
# Pittsburgh Pilot Study (n=197)



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

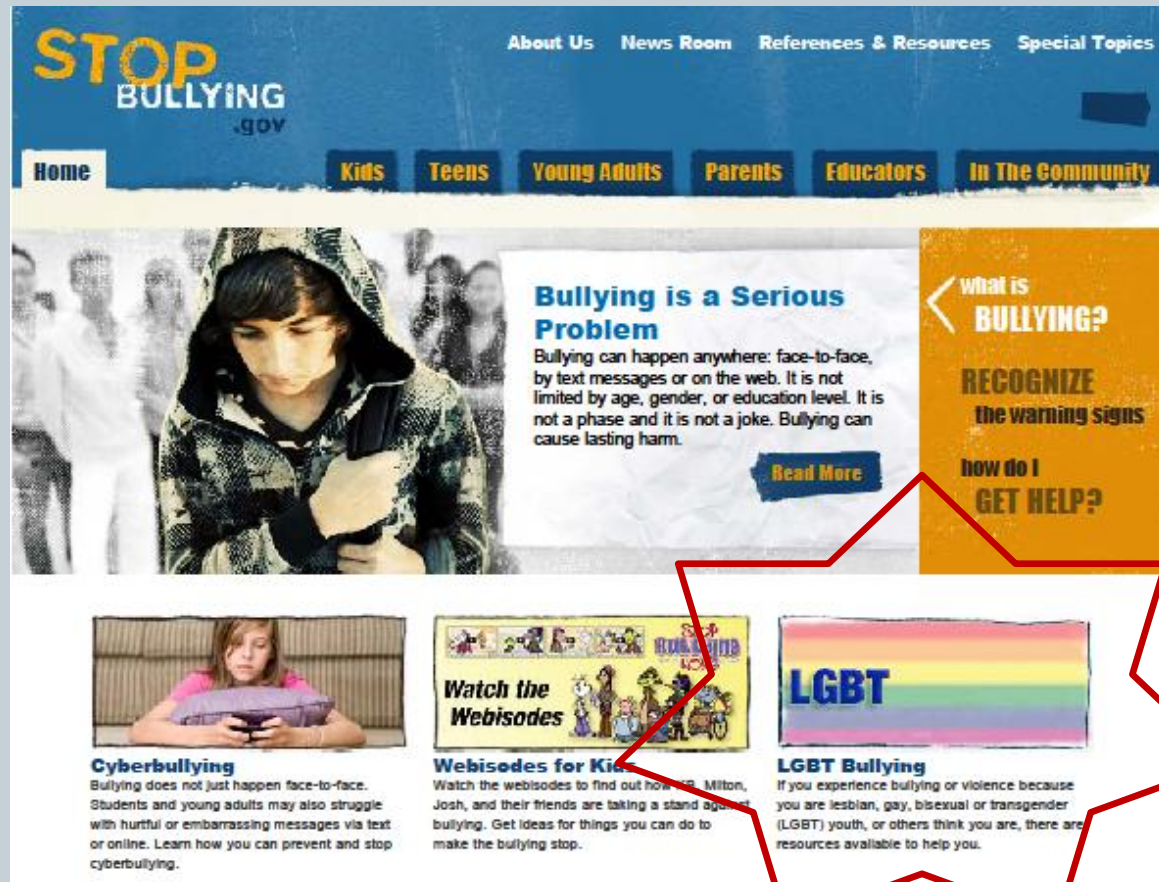


# Stress & Negative Affect Pathway



# Reasons for hope

## 5) StopBullying.gov Homepage



The screenshot shows the StopBullying.gov homepage. At the top, there is a navigation menu with links for "About Us", "News Room", "References & Resources", and "Special Topics". Below this is a secondary menu with buttons for "Home", "Kids", "Teens", "Young Adults", "Parents", "Educators", and "In The Community". The main content area features a large image of a young person in a hoodie looking down. To the right of this image is a text box titled "Bullying is a Serious Problem" with a "Read More" button. Further right is an orange sidebar with the text "what is BULLYING?", "RECOGNIZE the warning signs", and "how do I GET HELP?". Below the main image are three content blocks: "Cyberbullying" with a photo of a girl on a phone, "Webisodes for Kids" with a cartoon illustration, and "LGBT Bullying" with a rainbow flag. A red star-shaped highlight is drawn around the bottom three content blocks.

**STOP BULLYING .gov**

About Us News Room References & Resources Special Topics

Home Kids Teens Young Adults Parents Educators In The Community

**Bullying is a Serious Problem**  
Bullying can happen anywhere: face-to-face, by text messages or on the web. It is not limited by age, gender, or education level. It is not a phase and it is not a joke. Bullying can cause lasting harm.  
[Read More](#)

what is **BULLYING?**  
**RECOGNIZE**  
the warning signs  
how do I **GET HELP?**

**Cyberbullying**  
Bullying does not just happen face-to-face. Students and young adults may also struggle with hurtful or embarrassing messages via text or online. Learn how you can prevent and stop cyberbullying.

**Watch the Webisodes**  
Watch the webisodes to find out how Josh, Milton, Josh, and their friends are taking a stand against bullying. Get ideas for things you can do to make the bullying stop.

**LGBT Bullying**  
If you experience bullying or violence because you are lesbian, gay, bisexual or transgender (LGBT) youth, or others think you are, there are resources available to help you.

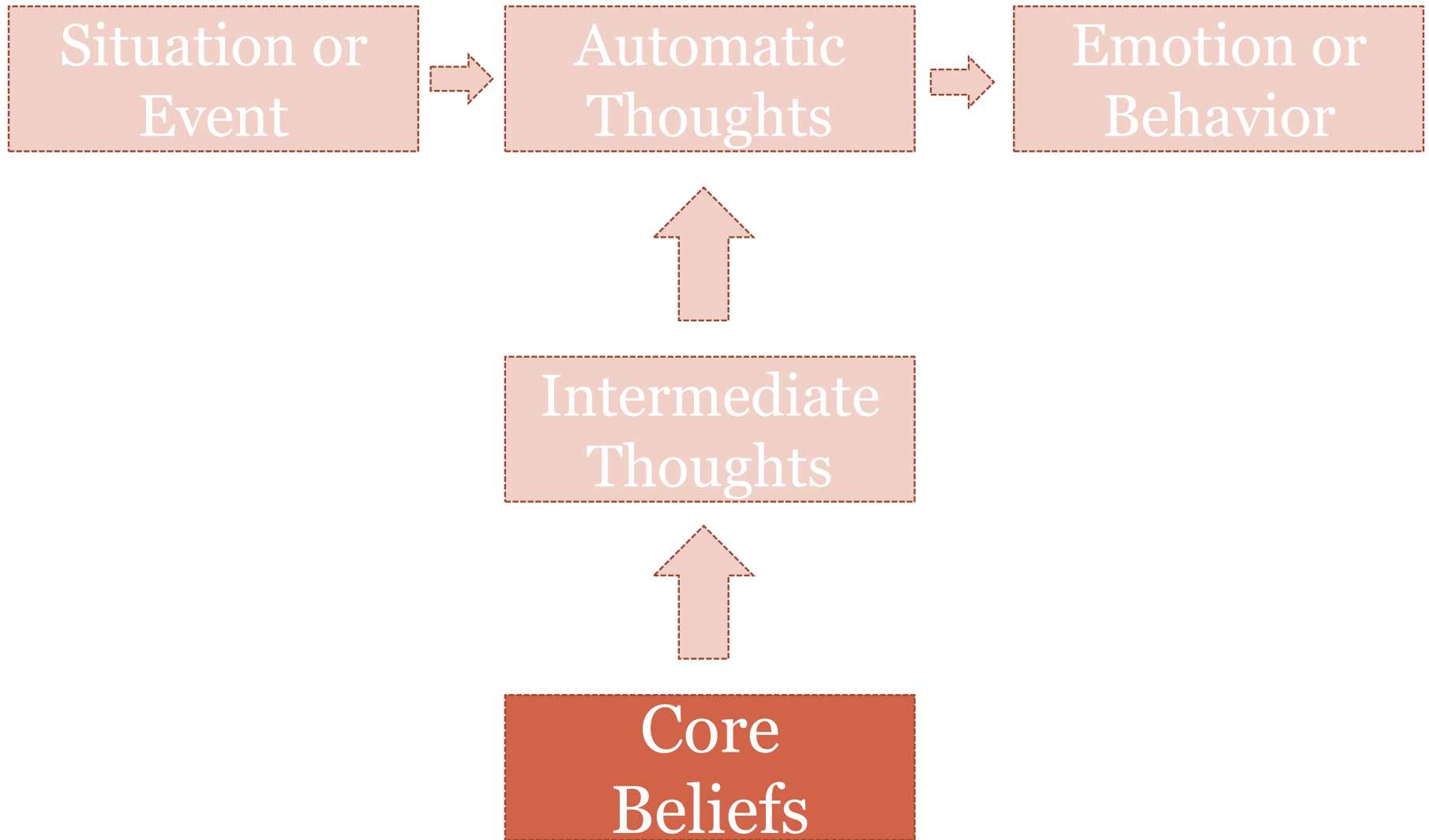


# General Conclusions

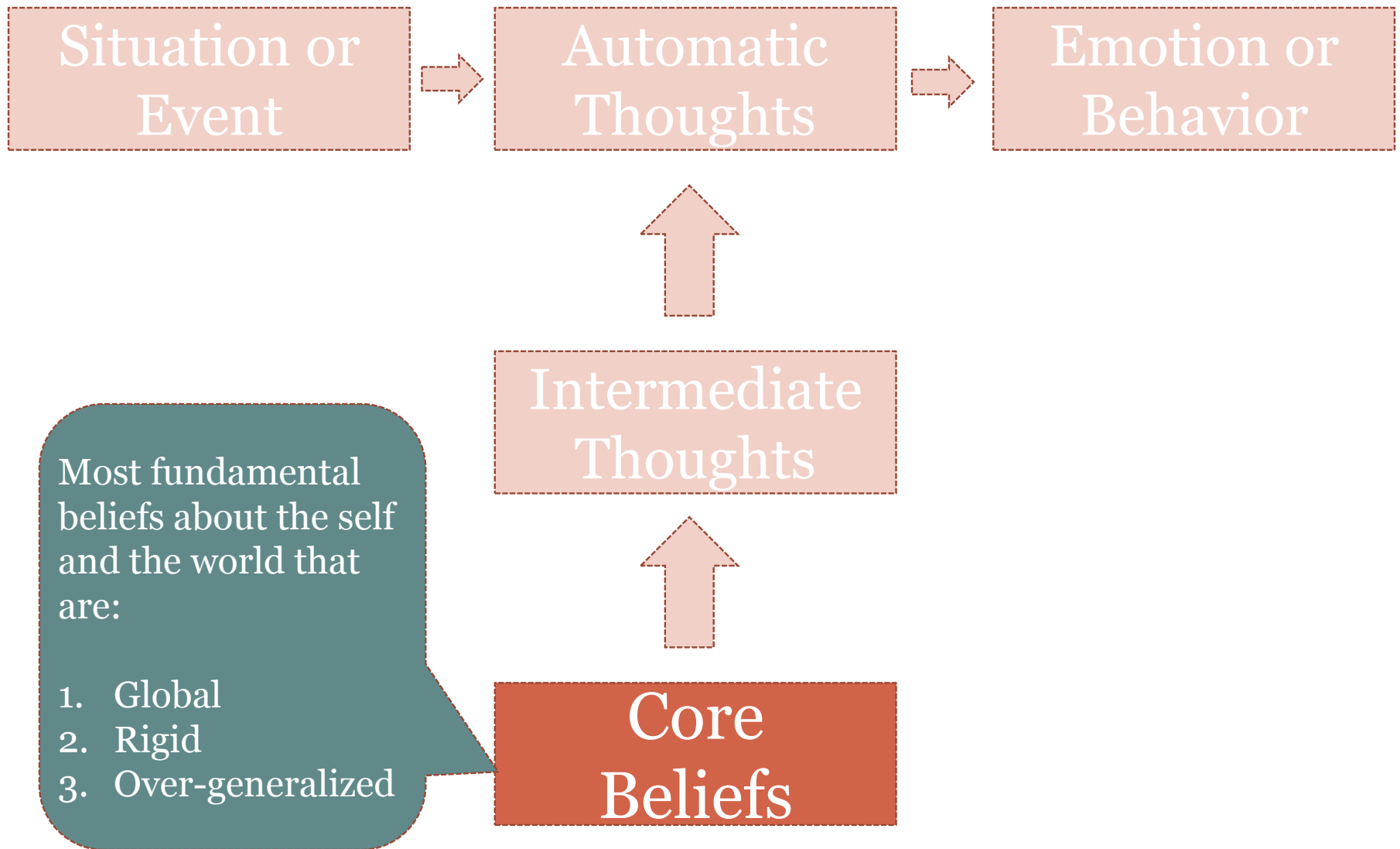


- 1) There are large disparities in several psychosocial health domains
- 2) For some SMY, disparities appear to last well into young adulthood.
- 3) There is heterogeneity within the SMY group and variability with regards to risk (e.g., bisexuality and gender).
- 4) SMY may have higher rates of comorbidity 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

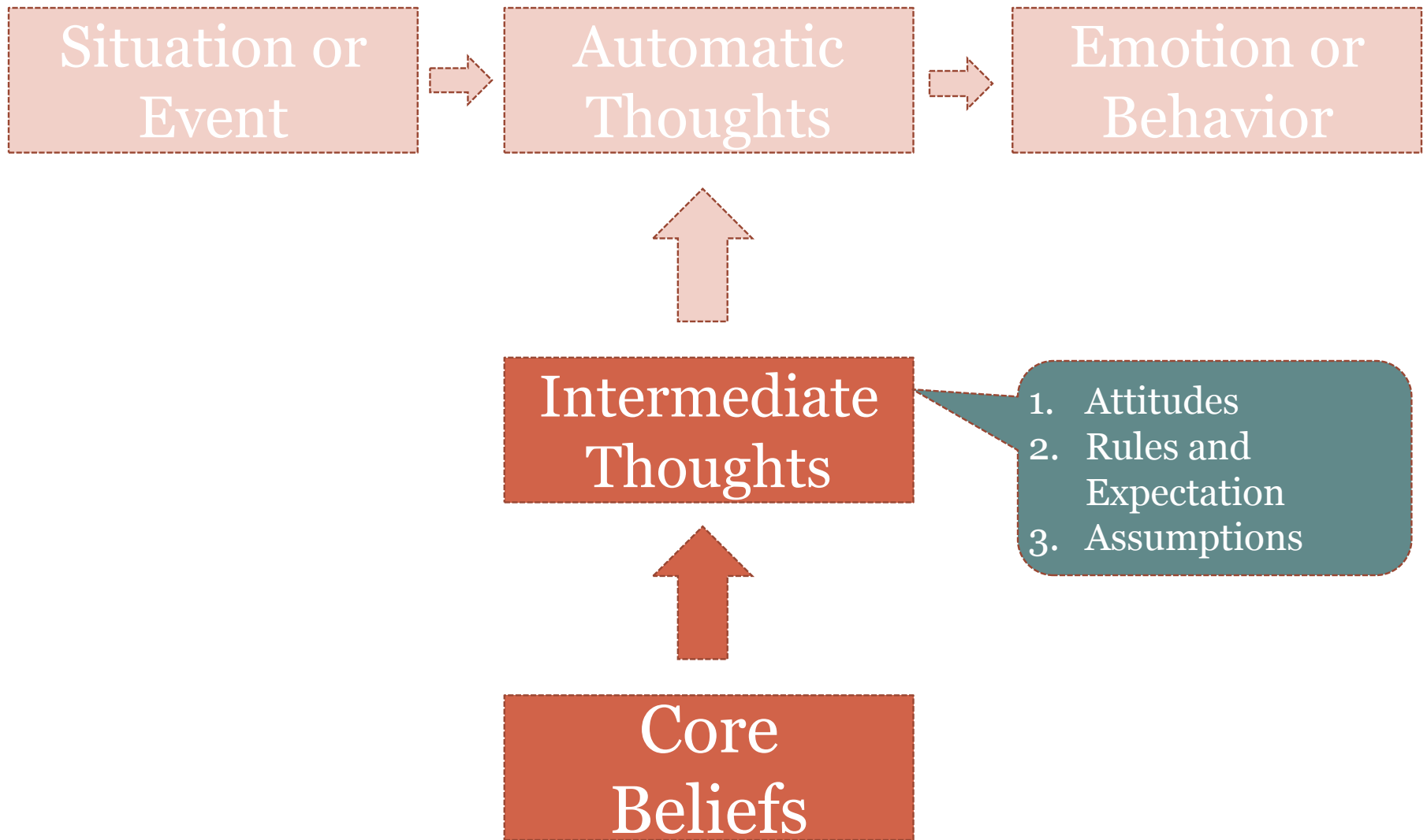
# Basic CBT Model



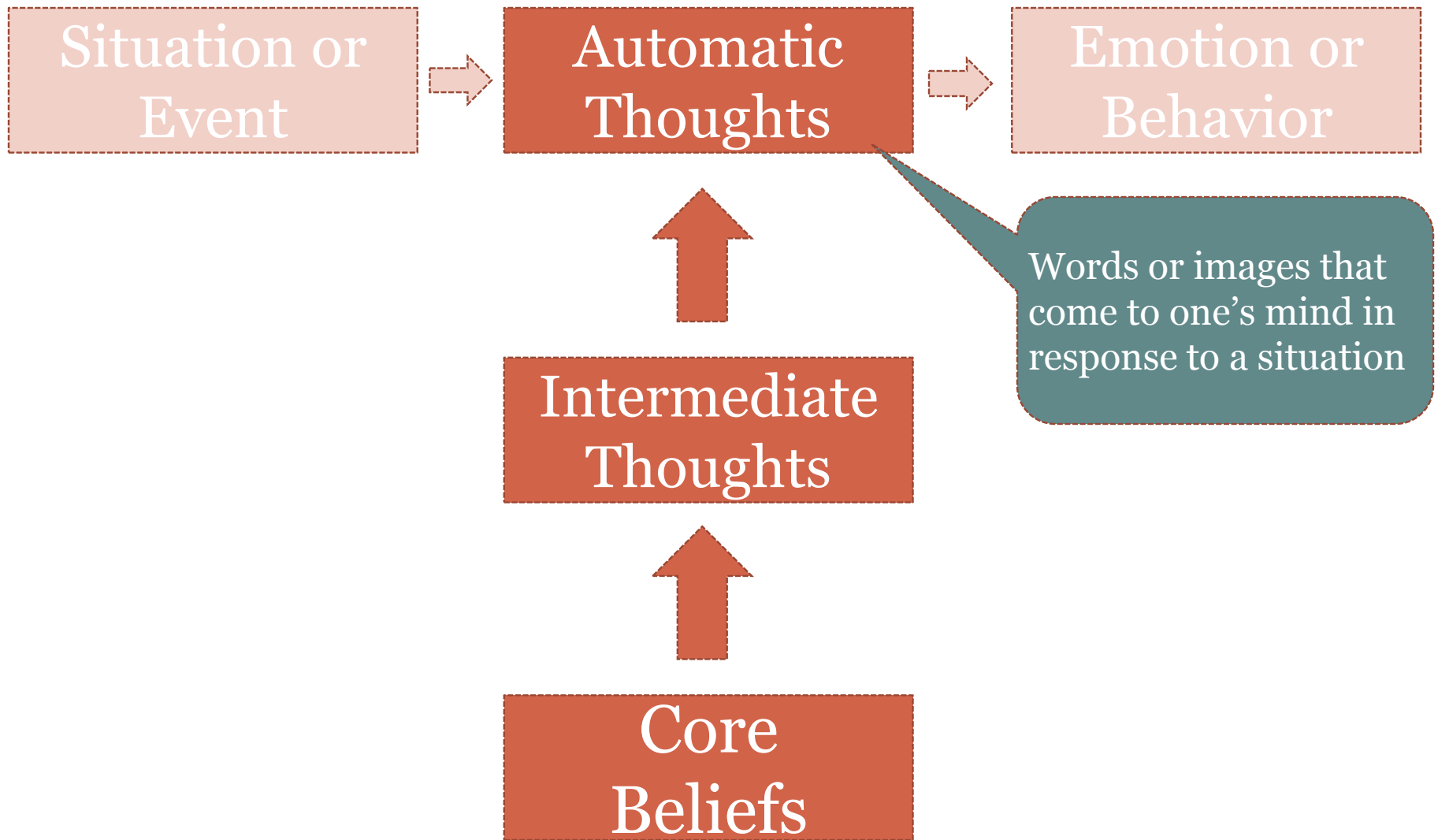
# Basic CBT Model



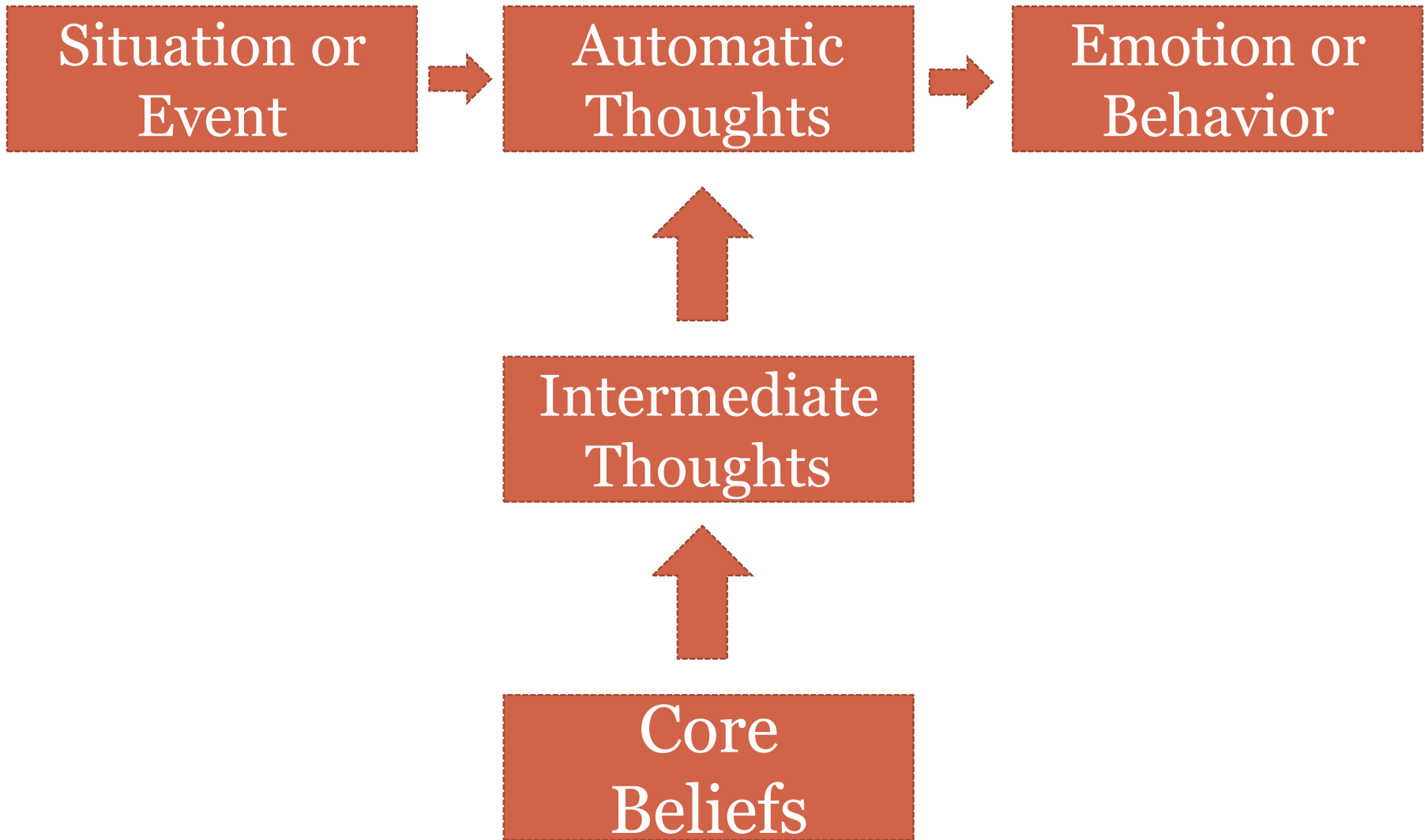
# Basic CBT Model



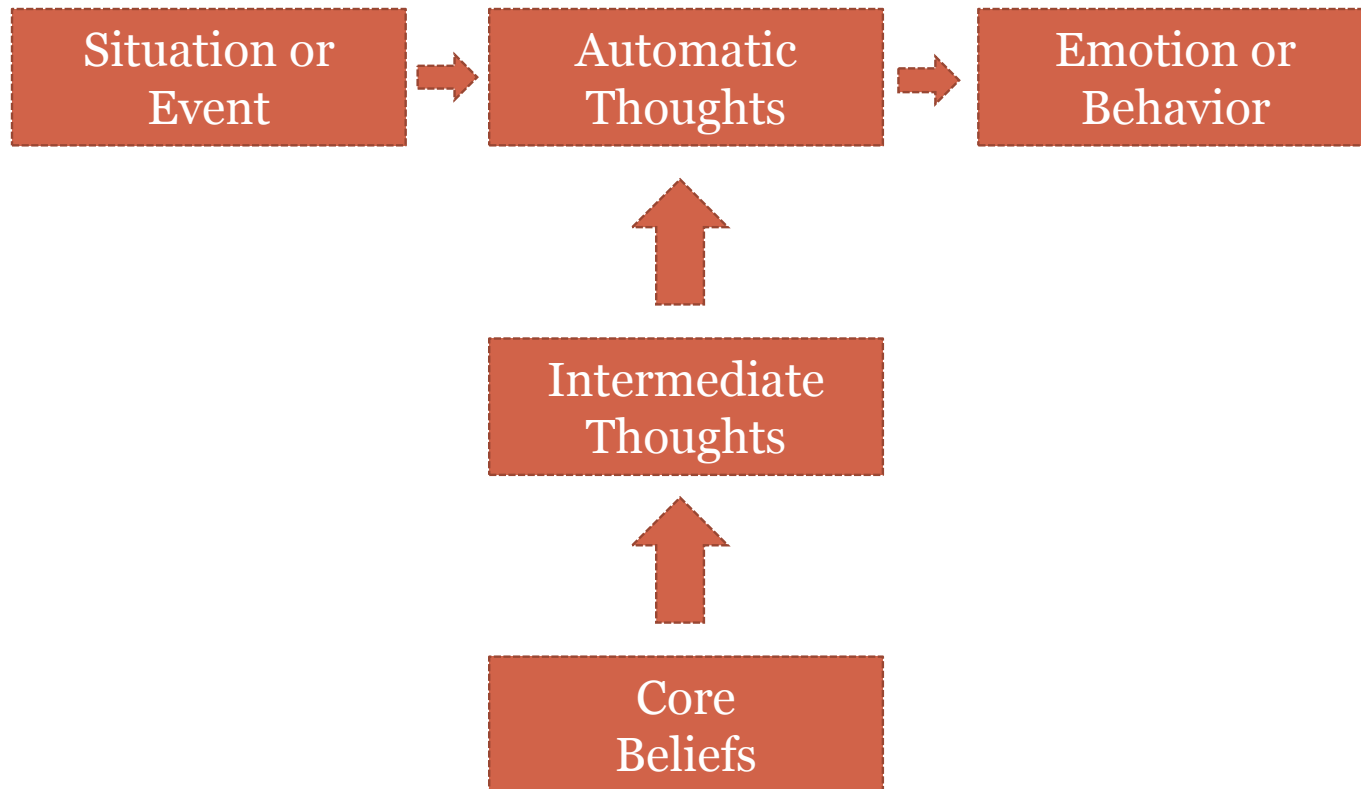
# Basic CBT Model



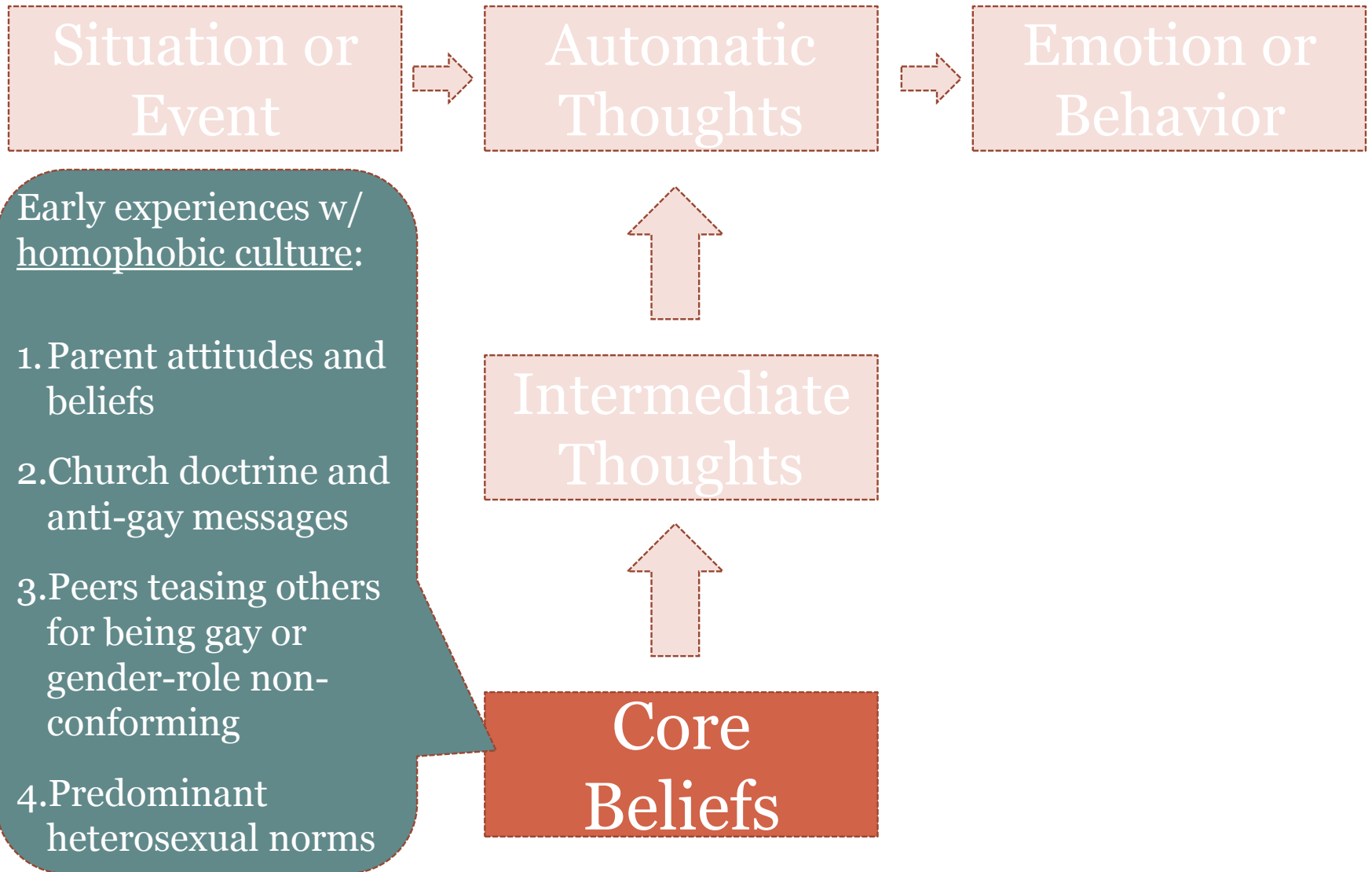
# Basic CBT Model



# 5. Conceptualizing LGB Youth Experience Using the CBT Framework

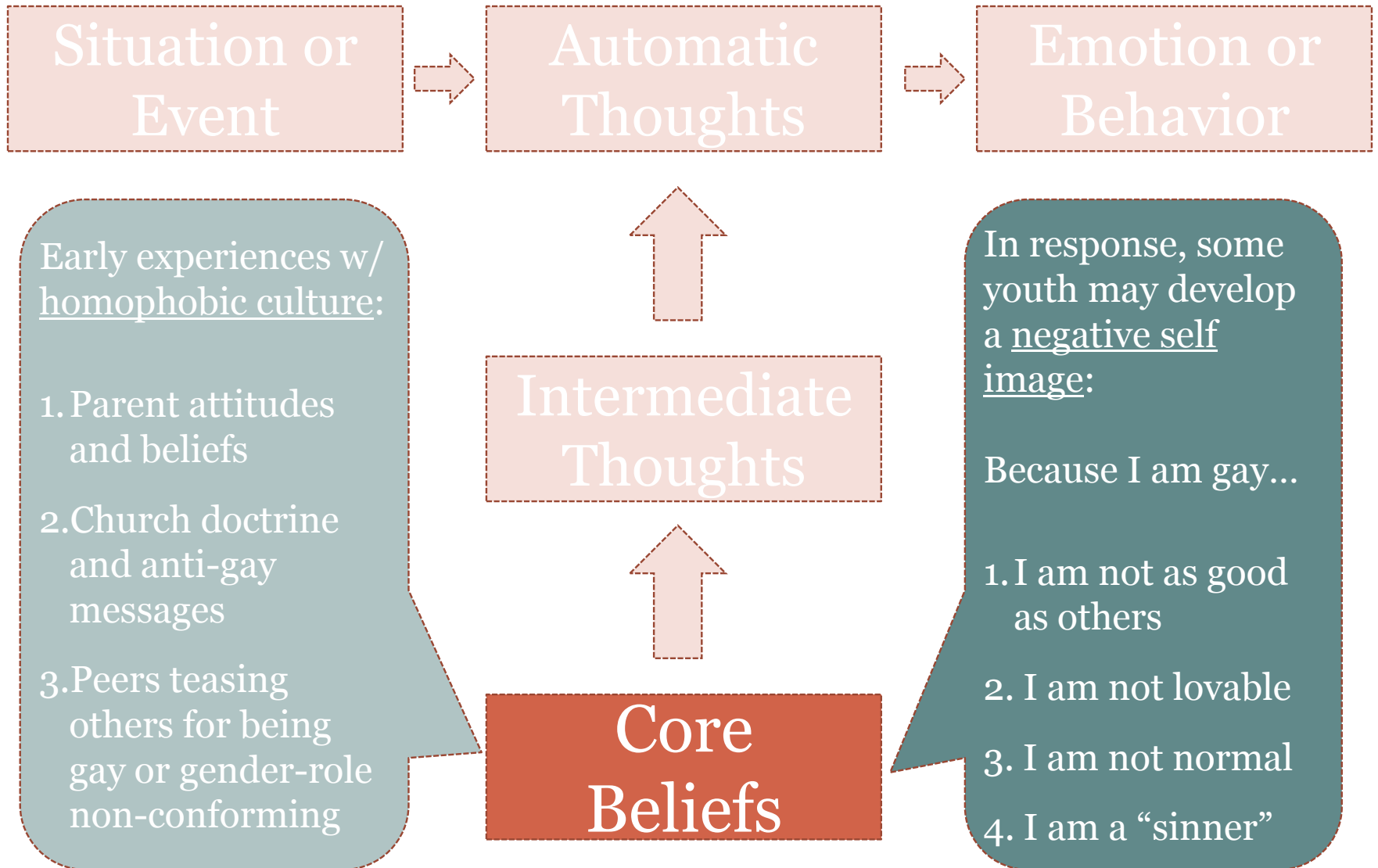


# 5. Conceptualizing LGB Youth Experience

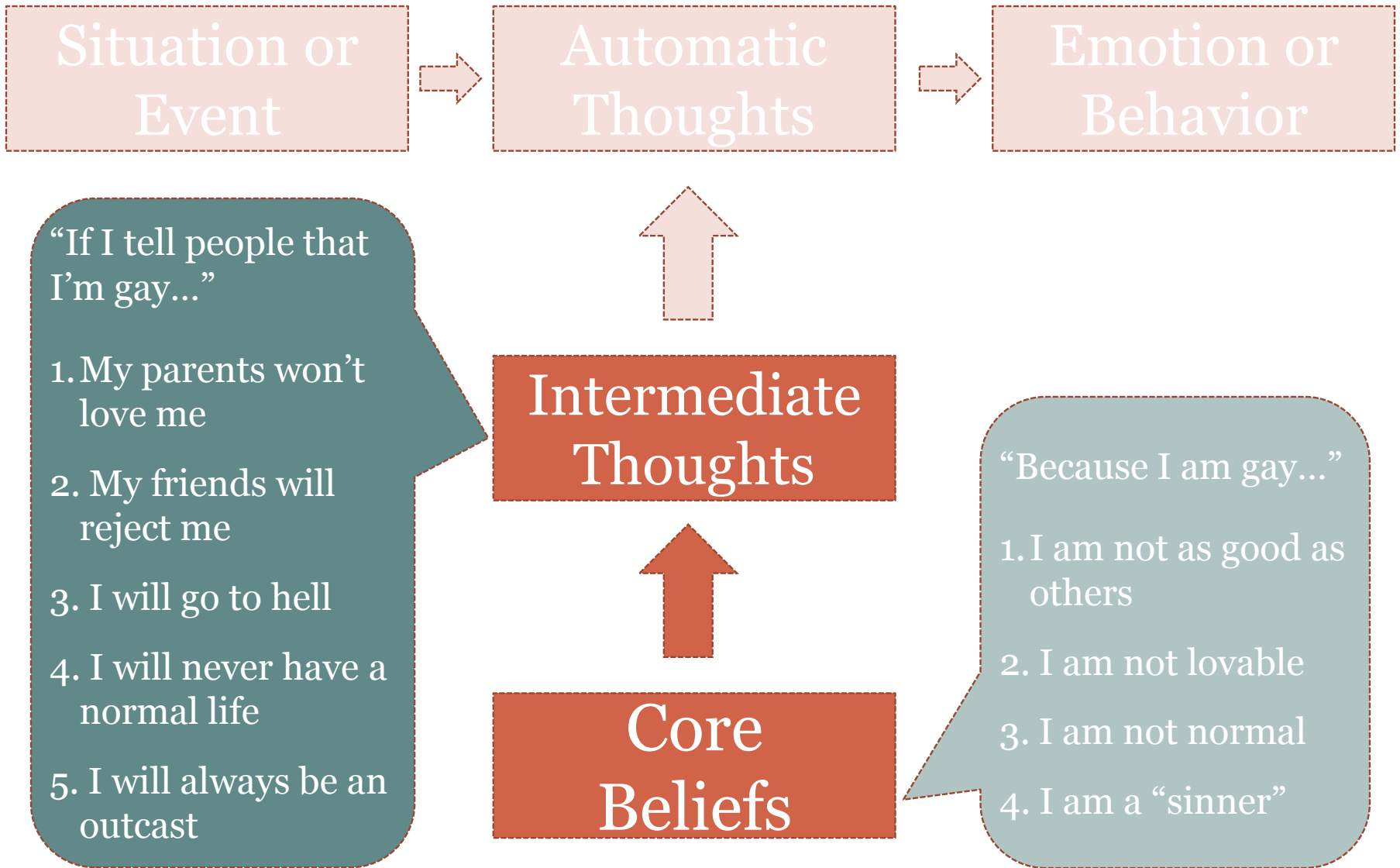




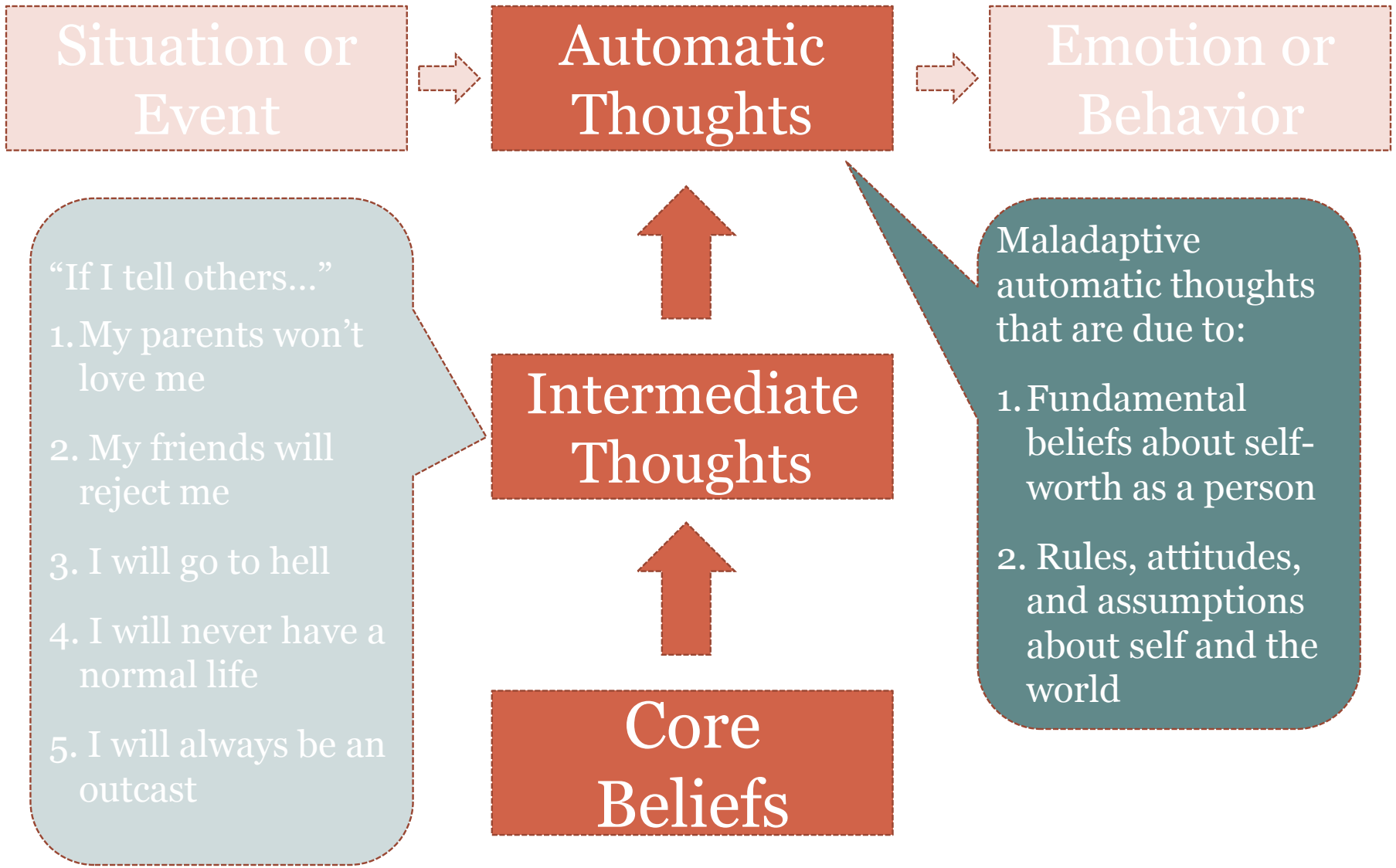
# 5. Conceptualizing LGB Youth Experience



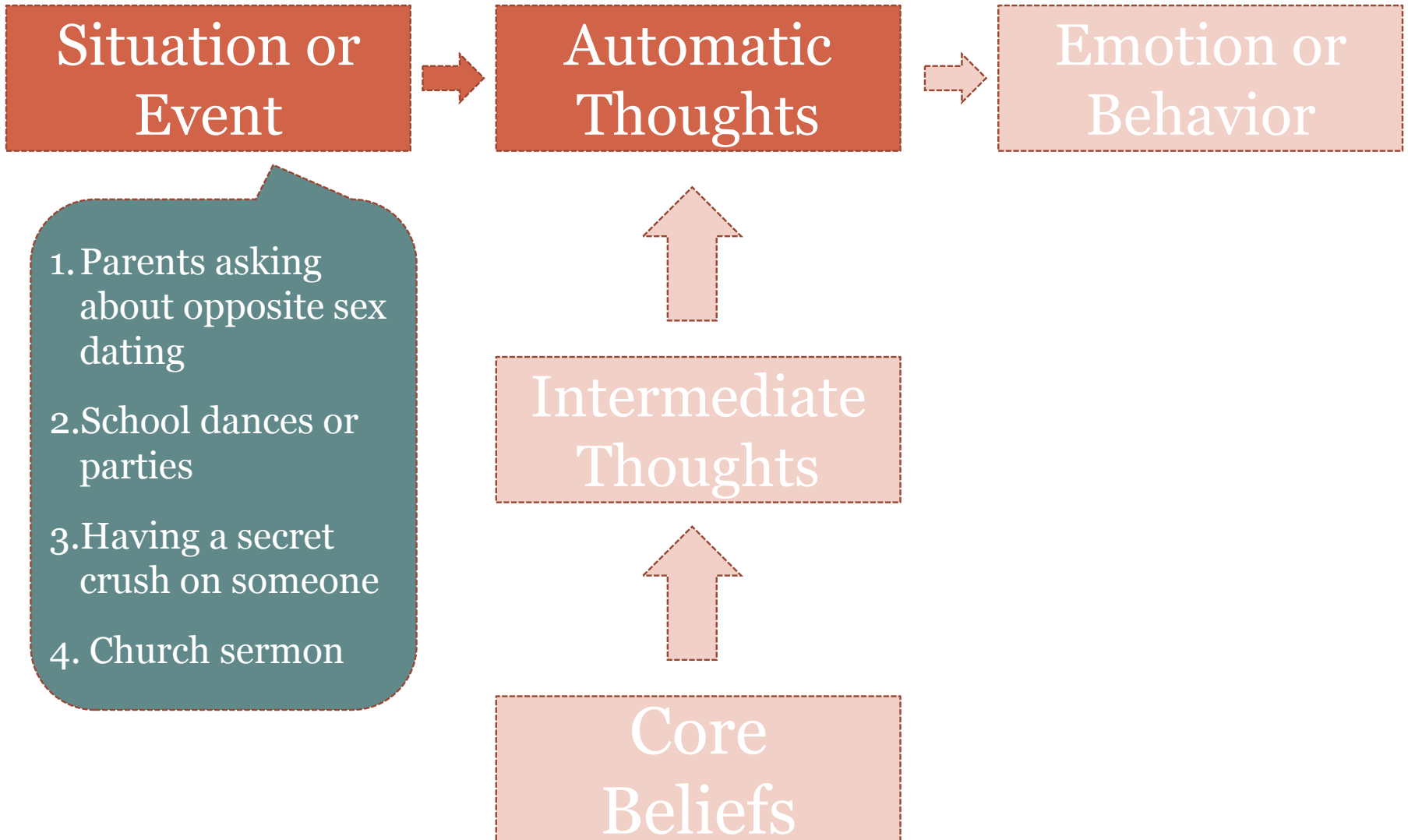
# 5. Conceptualizing LGB Youth Experience



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# 5. Conceptualizing LGB Youth Experience





Margaret:

17 Years Old

Senior in H.S.

Honors Student

Chemistry Major

Applying to colleges

Family:

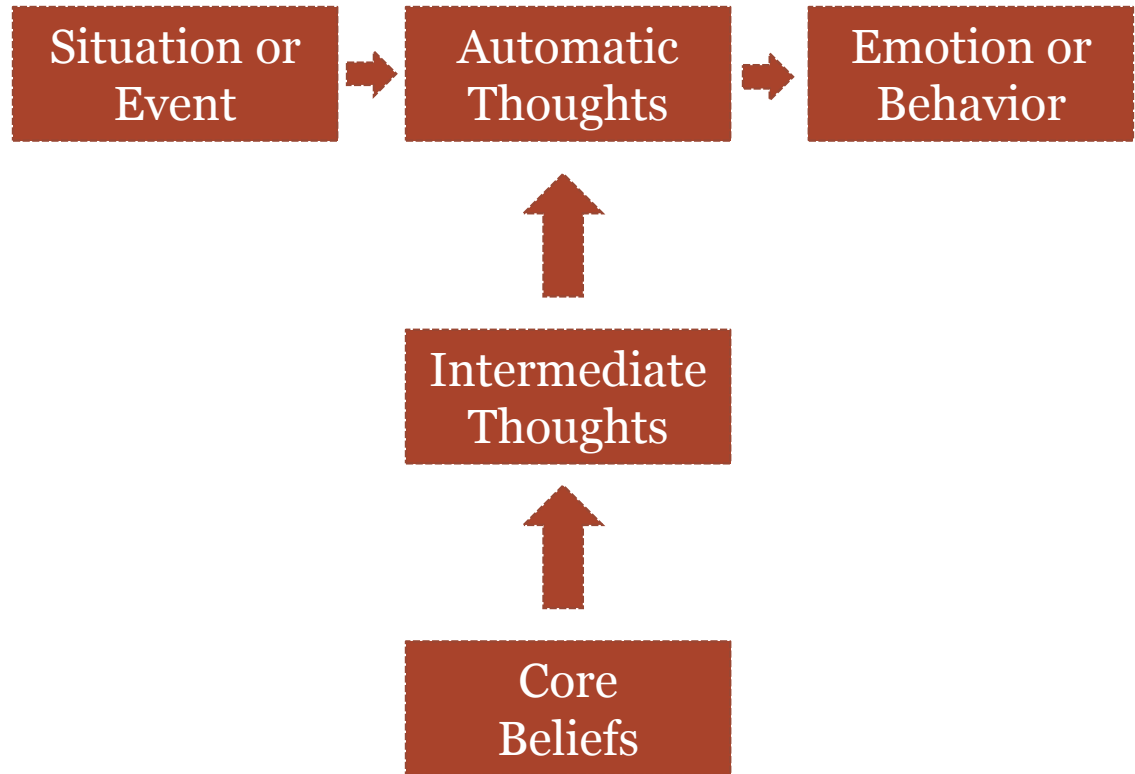
Two Bio Parents

Two Bio Siblings

Father is a minister

Mother violin teacher

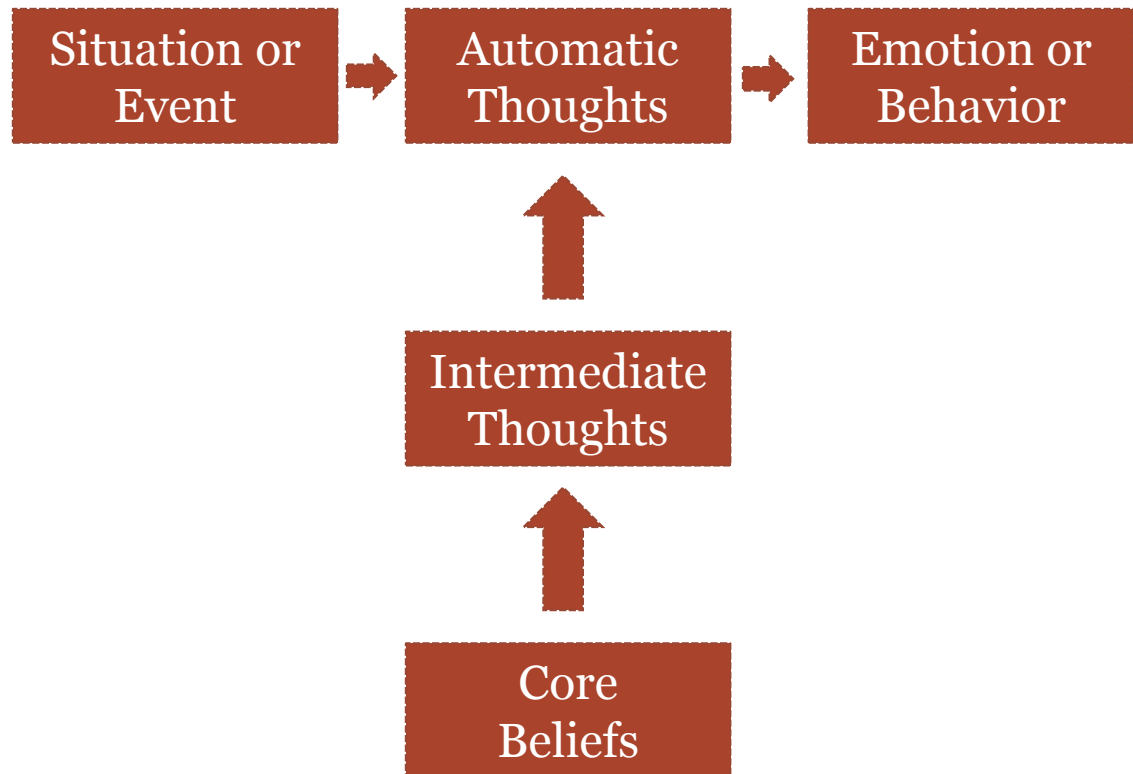
Parents are “progressive”



## Conceptualizing LGB Youth Experience: A Case Study

## 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

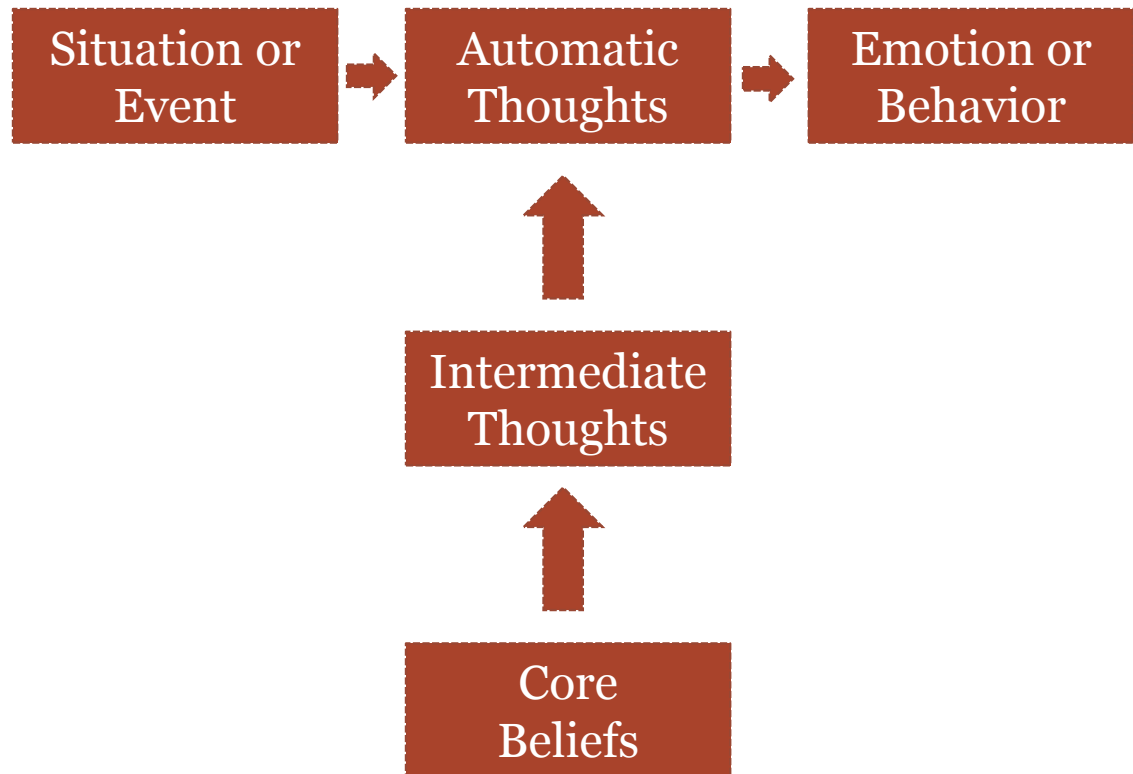


## Conceptualizing LGB Youth Experience: A Case Study



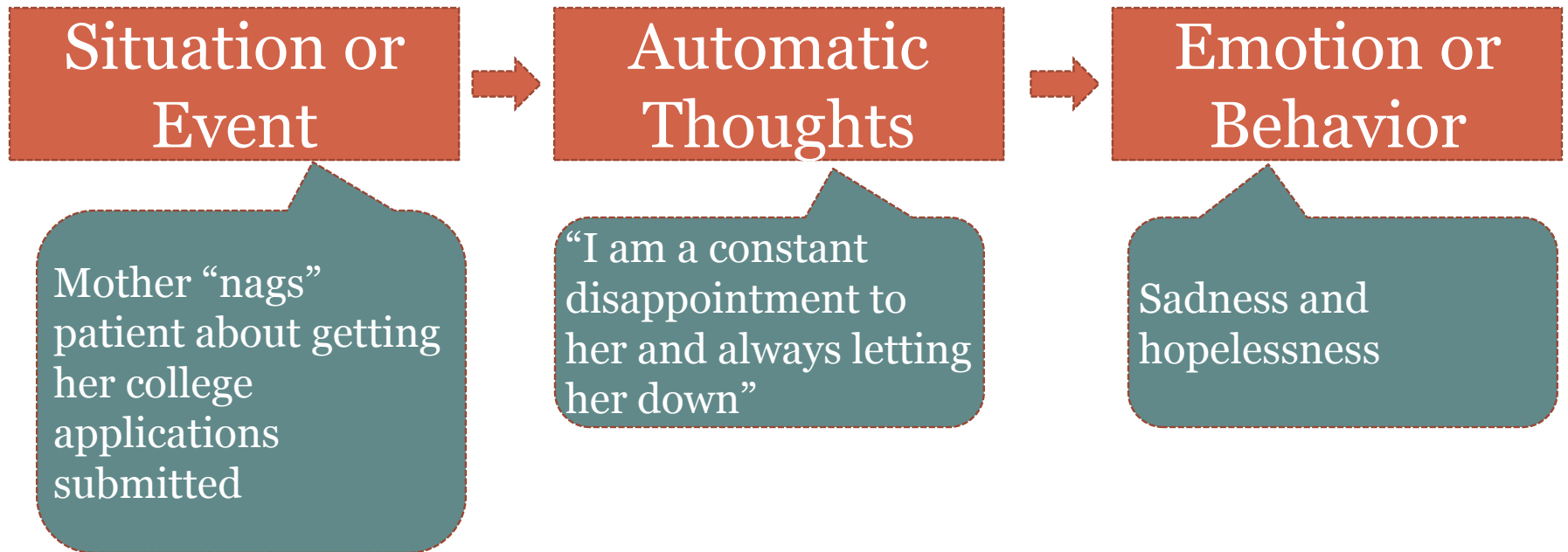
## Psychosocial History:

- 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)



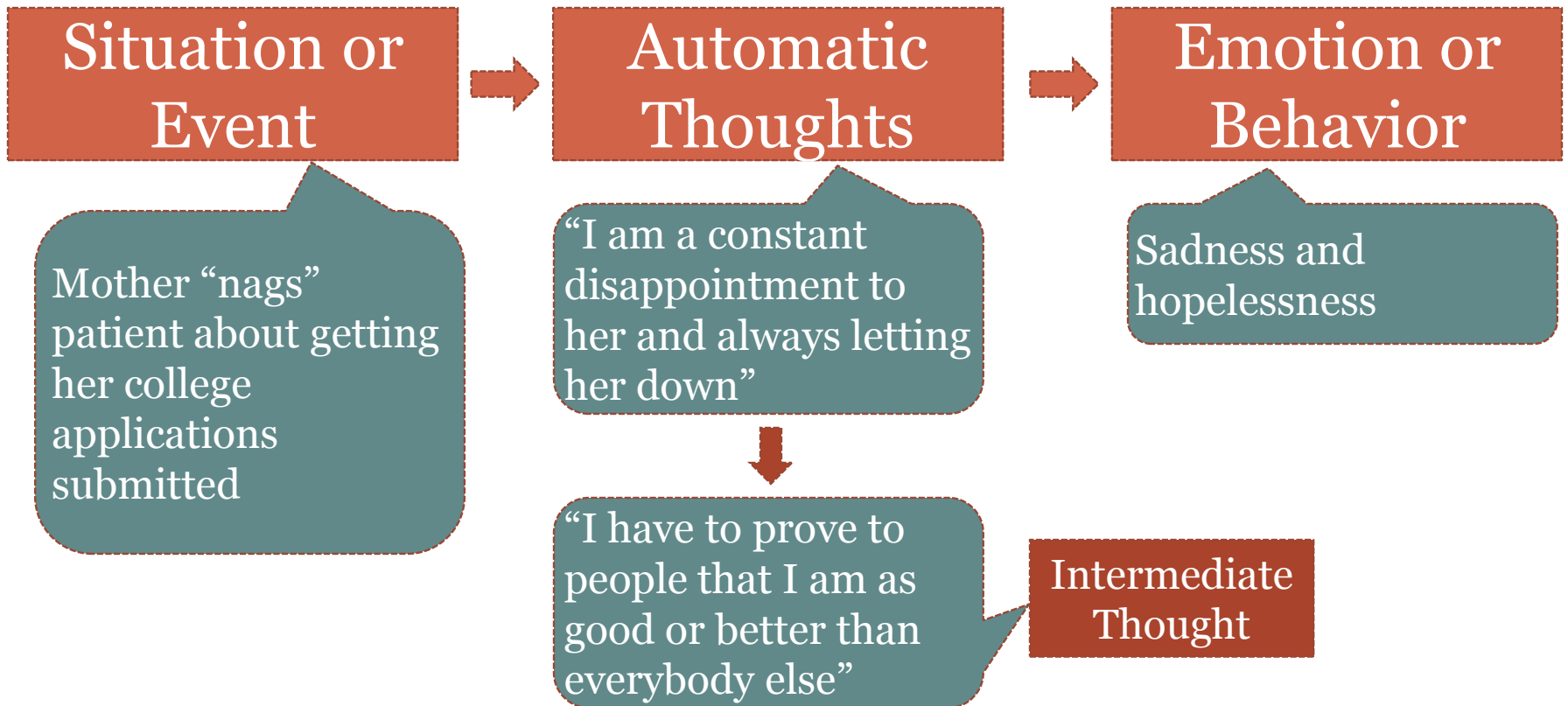
## Conceptualizing LGB Youth Experience: A Case Study

# Traditional CBT Interpretation Focused on Surface-Level Automatic Thoughts

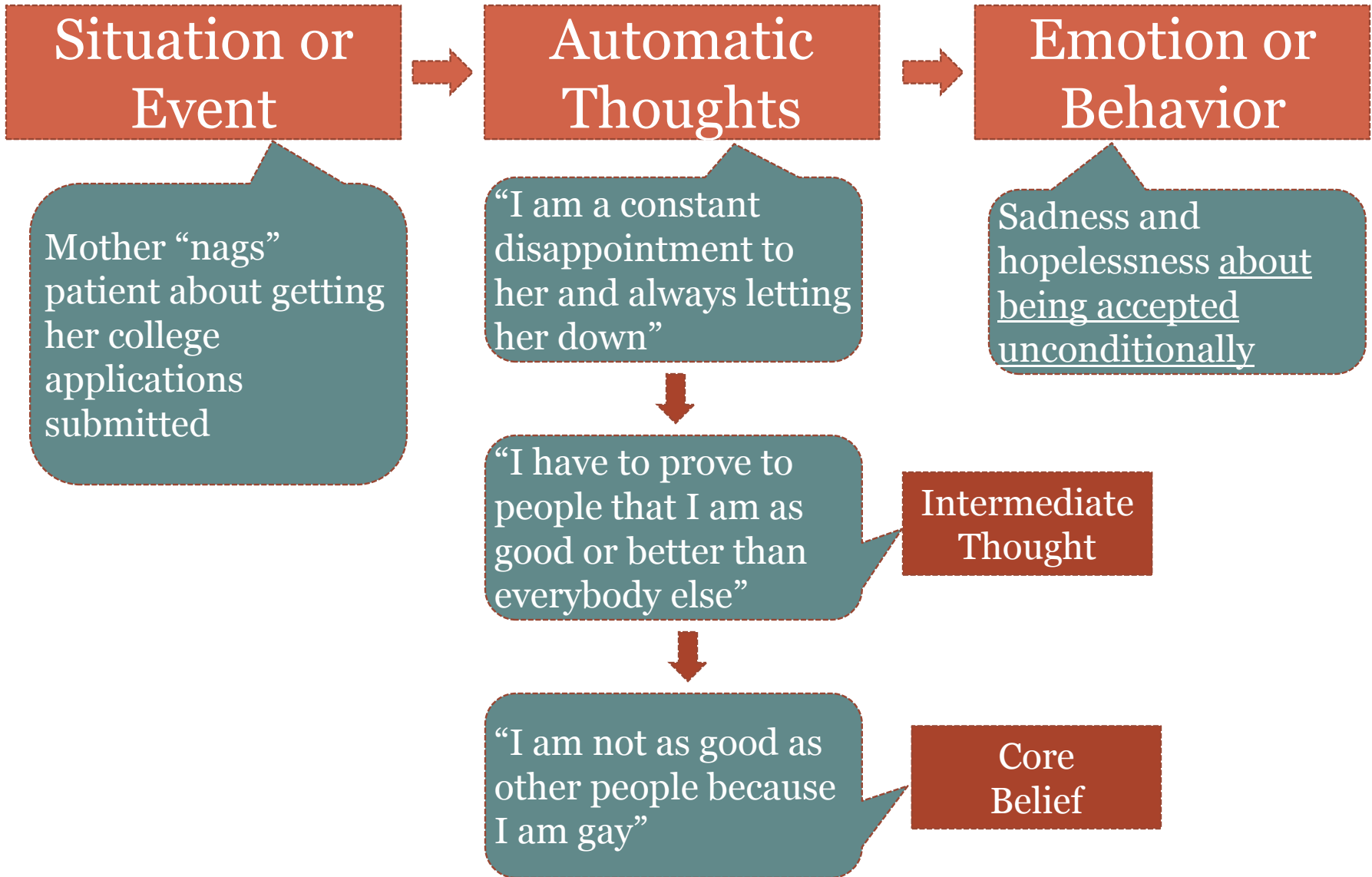




# Deeper Meaning Related to Sexual Orientation



# Deeper Meaning Related to Sexual Orientation



## 6. Suggestions for navigating therapy w/ LGB teens



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

# Reasons to be hopeful!

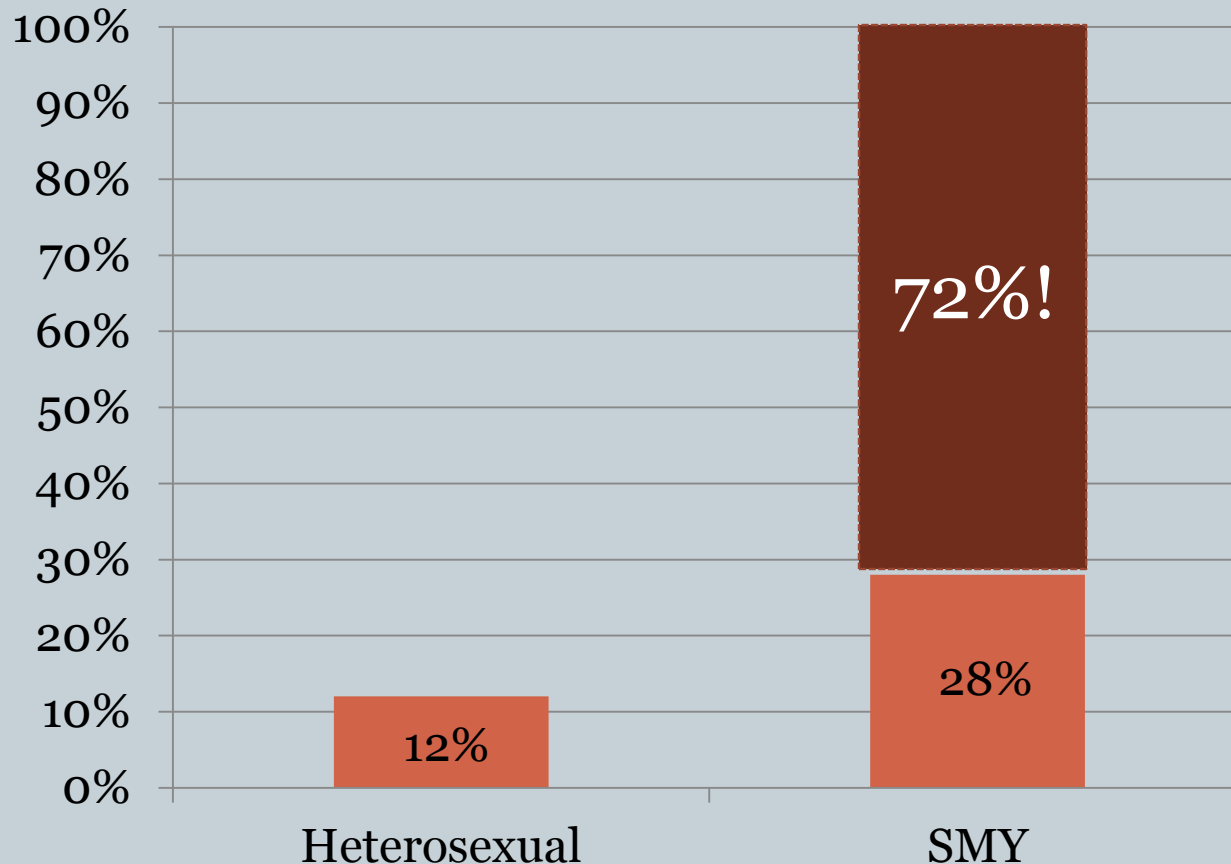


- 1) Most gay youth are resilient and do not report histories of depression symptoms or suicidality
- 2) Strength-based approaches to protecting teens
- 3) Some evidence for the power of positive parent relationships
- 4) Most gay youth do not report mental health problems
- 5) Society and acceptance of homosexuality is changing

# Reasons for hope!



## History of Suicidality



# 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)



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