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Research Article

Mental Health Disparities Among LGBTQ+ Youth and The Strategies to Promote Their Well-Being

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Abstract

Introduction

Compared to their heterosexual counterparts, cisgender LGBTQ+ youth are more likely to experience numerous mental health conditions, for instance, suicidal ideation, stress, and anxiety. This study aimed to explore mental health disparities among LGBTQ+ youth while identifying strategies to promote their well-being.

Methodology

Incorporating a systematic approach, studies were selected according to the predefined inclusion criteria, ensuring recentness and relevance. Five databases were systematically searched while the PRISMA flowchart was employed for illustrating the systematic selection process. The PEO framework directed the study selection. Thematic analysis was applied to identify themes that were related to the study aim.

Results

Five themes emerged, including policy changes and legal frameworks, contextual and cultural factors, family and social support, underlying factors of mental health, and healthcare services access. The synthesis of the literature uncovers the multifaceted relationship between cultural and contextual factors and policy changes, social and family support and healthcare services. The study also underlines the importance of implementing an intersectional minority stress model for comprehensively understanding mental health disparities among LGBTQ+ youth.

Conclusion

The results emphasize the importance of ongoing research in policy alterations, accessibility to healthcare, and creating supportive surroundings to tackle differences in mental health. Recognizing the complexity of these issues, this paper requires an in-depth examination that considers intersecting

factors, promotes inclusivity, and involves long-term studies in providing mental health support to enhance the well-being of LGBTQ+ young individuals.

Keywords:
Mental health; LGBTQ+; Youth; Policy changes; Disparity; Systematic review

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Introduction

The topic of mental health and well-being of LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and other non-heteronormative) has emerged as a topic of increasing scholarly inquiry and public health concern. LGBTQ+ people frequently experience various problems interrelated with their sexual orientation and gender identity [1]. A few of the major intermediaries that are contributing to this disparity are victimization by peers, discrimination, social stigma, and lastly, familial rejection. Shedding light on these differences is crucial for public health and is essential to guaranteeing that LGBTQ+ youth can thrive and accomplish fulfilling lives despite extreme mental health disputes [2]. Compared to their heterosexual counterparts, cisgender LGBTQ+ youth are more likely to experience numerous mental health conditions, for instance, suicidal ideation, stress, and anxiety. Furthermore, harassment and bullying in public spaces and educational settings can prompt feelings of social isolation and emotional distress [3]. Familial rejection related to gender identity significantly contributes to mental health differences. Mental health disparities are predominantly prominent among LGBTQ+ youth who belong to ethnic backgrounds or marginalized racial groups, emphasizing the significance of early intervention [4].

Mental health disparities are particularly severe among LGBTQ+ youth who are part of marginalized ethnic or racial backgrounds, emphasizing the value of early intervention [5]. LGBTQ+ youth may encounter obstacles in accessing culturally sensitive healthcare, hindering their ability to seek help for mental health issues [6]. However, despite these challenges, many adapt and benefit from supportive environments, social networks, and mental health care access [7,8]. One major support is the counselling and therapy which helps to improve the mental health and deal with the discrimination. The legal protection is another support which helps to reduce the discrimination among the LGBTQ+ community.

While past research sheds light on mental health disparities among LGBTQ+ adolescents, there remains a gap between awareness and effective interventions to improve their well-being [9]. The aim of this study is to determine the emotional and physical well-being of LGBTQ+ with the help of evidence.

Addressing knowledge gaps, the investigation contributes to developing comprehensive strategies and policies that promote the mental health of LGBTQ+ youth, fostering a more equitable and inclusive

society [10]. Additionally, the research aligns with the rising social awareness of LGBTQ+ challenges, highlighting the increasing demand for evidence-based interventions.

Methodology

Study design and search strategy

A Systematic Literature Review (SLR) was conducted to explore the research subject on the mental health disparities of the LGBTQ+ youth. SLRs are recognized for their standardized, transparent, replicable, unbiased, and rigorous approach, making them a preferred method to traditional literature review methods [11]. This study followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline.

Six databases like PsychINFO, PubMed/Medline, Scopus, EMABSE, CINAHL and Web of Science were used based on their accessibility as well as frequency of using databases by other researchers in previous similar studies. Various search terms were incorporated like "LGBTQ+ or “gender minority”, “Sexual minority”, “well-being”, “mental health intervention”, and discrimination” to access relevant studies.

Study criteria

The studies emphasize on mental health disparities among LGBTQ+ youth or sexual minority. The studies focus interventions or strategies targeted at enhancing the well-being of LGBTQ+ youth or gender minority. The paper should be published after 2010 and to be in English. Both qualitative and quantitative research methods are used. Studies which are not available in full text and those were systematic review are excluded. The studies which are not directly associated with mental health disparities or well-being of the LGBTQ+ youth or sexual minority are discarded.

The Population, Exposure/Intervention, and Outcome (PEO) framework was incorporated for structuring the study selection process: The Population is LGBTQ+ youth or mental health disparities and the exposure/intervention are based on the Interventions and strategies. The Outcome of the study is mental health disparities and well-being.

Selection process

A meticulous and systematic approach was employed in the study selection process for this. After removing duplicated titles, the remaining titles were scanned, and irrelevant ones were removed. The final selection underwent rigorous evaluation for quality and relevance to the study's topic. Abstracts and titles were initially screened based on specific inclusion and exclusion criteria, followed by a thorough full-text assessment to ensure alignment with the research question and methodological rigor. Additionally, the bibliography and reference lists of selected studies were scrutinized to include any other relevant studies meeting the criteria. This comprehensive method ensures that only the most pertinent studies are included in the review, contributing to the validity and reliability of the findings. A total of 15 studies was found as shown in Figure 1.

Critical appraisal

The Critical Appraisal Skills Programme (CASP) tool was utilized to gauge the quality of the studies included. It presents a systematic approach that evaluates the methodological integrity of qualitative as well as quantitative studies [12]. The CASP instrument has been used to categorize research studies corresponding to their methodological reliability. The categorization made it easier to recognize the methodological advantages and drawbacks of the studies.

One of the most important things in the table is the studies' names, their study designs, their scores, and whether they can help to prove their arguments or not. Things with high figures usually indicate the use of complex or advanced research methods. The scores are the judges of the research or the skills that the research presented. The intensity of the evidence is categorized into different levels: "High" designates research with a strong methodology that finds similar overall outcomes, whereas "Moderate" is for studies that have the process of the research done in a respectable but not strong manner (Table 1).

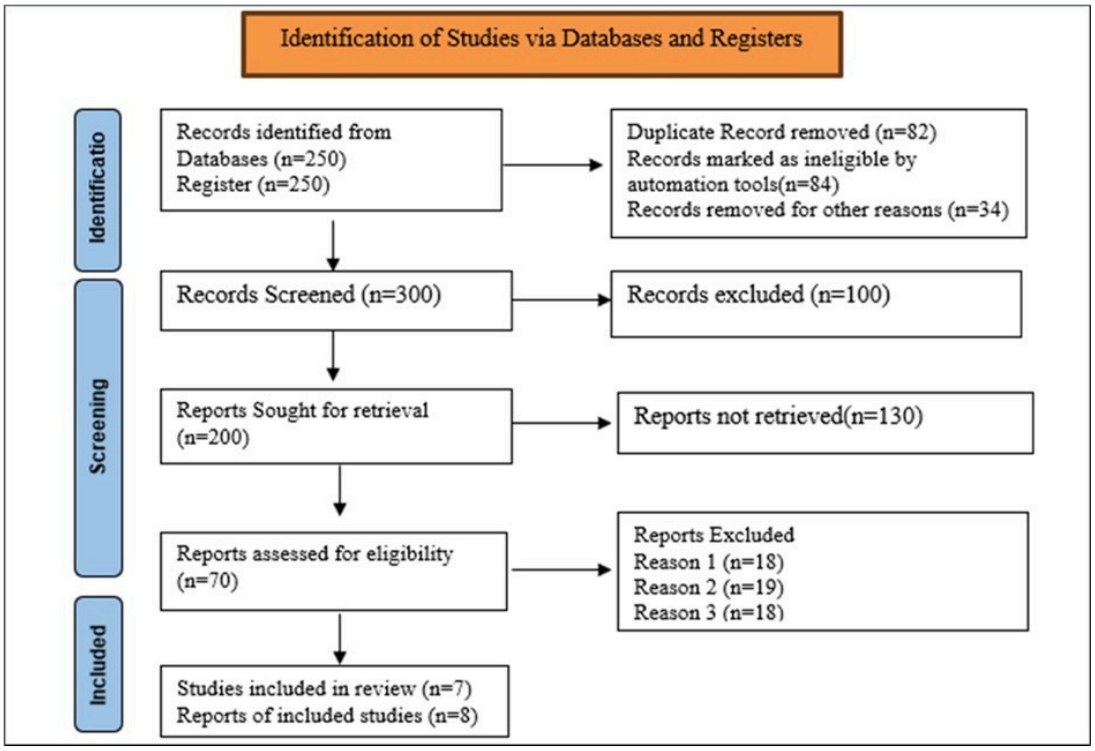

Figure 1. Prisma chart and selection process

Table 1. Quality appraisal information

Study	Study design	Scores	level
Salerno [13]	Cross-sectional	8	High
Reid [14]	Scoping Review	7	Moderate
Madireddy [8]	Conceptual	6	Moderate
Schmitz [15]	Qualitative	9	High
Landy [16]	Qualitative	8	High
McConnell [17]	Quantitative	8	High
Watson [18]	Quantitative	7	Moderate
Poteat [19]	Qualitative	6	Moderate
Wilson [20]	Qualitative	9	High
Garcia [21]	Mixed	8	High
Saha [22]	Qualitative	7	Moderate
White [23]	Quantitative	7	Moderate
Strauss [24]	Qualitative	6	Moderate
Moore [6]	Mixed	8	High

Data extraction

A data extraction sheet was developed to extract information that is needed for analyzing data. The data extraction sheet included information such as Sample characteristics (Gender identity, sexual orientation and age), Study design (Cohort Study and randomized controlled trial), Contextual influences (Minority stress, bullying and family rejection), Healthcare access (Provider bias and LGBTQ+-affirming services), Social Support (LGBTQ+ peers and parental support), and Mental health outcomes (suicide attempts, anxiety and depression). Table 2 shows the information extracted for this study.

Table 2. Data extraction for included studies

Author	Year	Study Design	Population	Contextual Information	Social Support	Healthcare	Outcome
Argüello [2]	2020	Review	LGBTQ+ youth	Legal discrimination	Explores LGBTQ+ mental health	Healthcare access	Mental health disparities.
Bauer [4]	2021	Review	LGBTQ+ individuals	Intersectionality in quantitative research.	Examines the emergence and application of intersectionality theory and methods.	Highlights the importance of considering multiple marginalized identities in healthcare research and practice.	On being ‘systematic ‘in literature reviews
Boell [11]	2015	Researchers and academics conducting literature reviews	Focuses on the concept of being 'systematic' in literature reviews within information systems research	Discusses methods for systematically conducting literature reviews, including identifying relevant studies and synthesizing findings.	Discusses methods for systematically conducting literature reviews, including identifying relevant studies and synthesizing findings.	Healthcare research	Provides guidelines for ensuring a systematic approach to literature reviews, enhancing the quality and rigor of research in information systems.
Breet [1]	2021	Review	High school and university students	Conducts a systematic review and narrative synthesis of suicide prevention strategies in high schools and universities	Identifies a research agenda for evidence-based practice in suicide prevention among students.	Focuses on mental health and suicide prevention interventions in educational settings.	Suicide prevention programs
Madireddy [8]	2022	Review	LGBTQ youth, individuals who identify as lesbian, gay, bisexual, transgender	Overview of the current state of mental health among LGBTQ youth	LGBTQ youth's mental health, including family acceptance	Address healthcare disparities faced by LGBTQ youth, including barriers to accessing affirming and competent care	Potential outcomes of interventions and support systems aimed at addressing mental health among LGBTQ youth

Table 2 (continued)

Author	Year	Study Design	Population	Contextual Information	Social Support	Healthcare	Outcome
Ceatha [25]	2021	Scoping Youth	LGBTQ+	Minority stress, stigma	Family support, LGBTQ+ community	Explores protective factors for the wellbeing of LGBTI+ youth, emphasizing recognition theory as a framework	Mental-wellbeing
Chan [10]	2022	Review	LGBTQ+ communities	Discrimination, social exclusion	Social support networks	Examines the impact of diversity and inclusion on the psychological well-being of LGBTQ+ communities.	Psychological well-being
Durmaz [26]	2020	Review	Researchers and survey respondents.	Focuses on mitigating social desirability bias in self-report surveys	Discusses classical and new techniques for reducing bias in self-report surveys.	Impact of diversity and inclusion on the psychological well-being of LGBTQ+ communities.	Provides strategies to improve the accuracy and reliability of self-report survey data.
Gamarel [27]	2014	Qualitative	LGBTQ+ youth of color	Discrimination, minority stress	LGBTQ+ youth spaces	Implications for mental health services	Mental health outcomes
Garcia-Perez [3]	2020	Review	LGBTQ+ Latinx youth	Focuses on mental health disparities within the LGBTQ+ Latinx youth population.	Explores factors influencing mental health outcomes in LGBTQ+ Latinx youth.	Discusses the implications for mental health services and interventions for LGBTQ+ Latinx youth.	Provides insights for addressing mental health disparities and improving mental health outcomes in LGBTQ+ Latinx youth.
Landy [16]	2018	Conceptual analysis	Focuses on community engagement	Explores community engagement through an intersectional lens, considering how various social identities intersect and impact participation	Potentially discusses how intersectionality can inform strategies for enhancing social support within communities	Not explicitly related to healthcare, but could discuss how intersectionality influences health outcomes within communities	Likely aims to provide insights into how intersectionality can enrich community engagement practices

Table 2 (continued)

Author	Year	Study Design	Population	Contextual Information	Social Support	Healthcare	Outcome
Liu [7]	2023	Review	LGBTQ+ youth	Community engagement	Access to digital interventions	Mental health outcomes	LGBTQ young adults of color in mental health care
Moore [6]	2021	Mixed	LGBTQ young adults	Challenges faced by LGBTQ young adults of color in accessing and receiving mental health care.	Role of social support in the mental health care experiences of LGBTQ young adults of color	Discusses the experiences of LGBTQ young adults of color in mental health care settings	Presents the findings of both the qualitative and quantitative analyses, providing insights into the social identities of LGBTQ young adults of color in mental health care

Synthesis results/data analysis

For this study, the narrative thematic analysis is used to analyze the data for this study. These themes were generated by extracting and categorizing data associated with the identified themes. This process involved summarizing key findings and grouping them based on the focus areas.

Results

In line with the study aim that was identifying mental health disparities among LGBTQ+ youth and the strategies to promote their well-being, five themes were identified including Policy changes and legal frameworks, Contextual and cultural factors, Family and social support, Underlying factors of mental health, and Healthcare services access as explained below.

Policy Changes and Legal Frameworks

A number of six studies were included in this theme which was derived from the analysis of the objectives. Themes have been generated by systematically reviewing literature associated with LGBTQ+ youth's mental health disparities, assessing articles discussing policy changes, anti-discrimination measures and legal reforms.

According to Schmitz [15] the struggle for the protection and recognition of LGBTQ (Lesbian, Gay, Bisexual, and Transgender) rights has been an arduous as well as long journey, characterized by the tribulations and triumphs. In recent decades, there has been a growing global awareness of the necessity for securing equal protections and rights for LGBT individuals.

Reid [14] conducted a scoping review on gender and sexual diversity in Thailand for researching on LGBTQ+ exclusion, discrimination and policy responses which are found fragmented and limited. Policy proposals shifted from tighter LGBTQ+ antidiscrimination regulations to boosting the quality and scope of LGBTQ+ healthcare. Legalizing same-sex marriage, enabling people to adjust gender codes on identity papers, specifically mentioning LGBT Q+ individuals within laws protecting sexual assault/rape, and enhancing data collecting on LGBTQ + populations were some of the specific concepts. Madireddy [8] found specific prevention interventions and strategies that emphasize on developing spaces for LGBTQ+ youth, expanding a sense of acceptance and support within families, schools and healthcare settings while lowering experiences of stigmatization and victimization based on sexual orientation and gender identity. Madireddy [8] wrote about some recommendations for school counsellors in order to prepare the school for aiding LGBTQ+ students.

Contextual and Cultural Factors

A total of three studies were deemed appropriate for this theme which has been generated from identifying cultural and contextual factors that lead to mental health disparities among the LGBTQ+ youths

in the existing pool of literature. According to Schmitz [15] LGBTQ+ young adults confront gender policing, structural stigma, and anti-LGBTQ+ religious messages related to their mental health. This paper has demonstrated the significance of an intersectional minority stress model in order to document various processes that can influence mental health inequalities. The requirement of integrating intersectionality in clinical treatments for sexual minority groups in order to enhance their psychological health is pointed out in the review by. It states that a substantial proportion of the research studies examined did not correctly represent intersecting identities, instead taking respondents into account as a single unit. A large number of interventions targeted on the connection between sexual minority verification and HIV-positive diagnosis. Only some programs entirely incorporate intersectionality into the preparation, implementation, and assessment, enabling respondents to draw on the several drawbacks in their life and respond to their specific requirements. Landy [16] found that community engagement mechanisms that prioritize marginalized groups' viewpoints comply with the empowering notions of intersectionality.

Family and Social Support

This theme has also found three relevant studies from literature which was generated from the literature search on the role of social and family support in eliminating mental health disparities among LGBTQ+ youth. McConnell [17] in their study observed that social support, especially from families, has been detected as an integral promotive factor. The findings reveal the significance of family support for LGBTQ+ youth. Youth who are likely to lack family support, but have other types of support, showcase a decline in psychological distress along with a spike in family support throughout the stage of adolescence. On the other hand, youth who lack all forms of support are likely to showcase high distress. McConnell [17] similarly noted that youth from higher socioeconomic status are more prone to receive support from family, friends and from others. For most of the mental health outcomes, family support seems to be a specifically important and relevant source of support for targeting LGBTQ+ youth.

It was found that social support is critical for psychosocial well-being of LGBTQ+ youth. Support from diverse sources like teachers, parents, friends and classmates can have a substantial influence on the mental health and adjustment of LGBTQ+ youth [18]. The authors constructed a structural equation model where three primary parcels were developed for each source of social support including classmate, parent, close friend and teacher in addition to self-esteem and depression.

Underlying factors of mental health, and Healthcare services

A multiplicity of factors, like social stigma, discrimination, and lack of understanding and acceptance could lead to the existence of mental health issues among young LGBTQ people. The youth from sexual minorities face increased internal discrimination, times when their friends and family do not support them, and LGBTQ+ bullying. They will end up being more responsible for mental health problems like depression, anxiety, and thoughts of committing suicide. On the other hand, Hess [28] adds that minority stress increases inequalities due to difficulties that are unique to LGBTQ+ people in a heteronormative society. Discrimination and prejudice in society, coupled with a lack of appropriate healthcare services, all disregard the needs of LGBTQ+ youth and decrease the quality of their lives. The patients can feel supported, welcomed, and seen as individuals when the care is affirming, culturally competent, and cares about their identities. One aspect of the availability of mental wellness specialists who have exclusive knowledge of the special needs of LGBTQ+ people is embodied in this. However, comfortable interaction can be developed through the provision of the info, support groups, and safe spaces dedicated to the youth belonging to the LGBTQ+ community. On the other hand, McBrien [29], stated that sex education that is all-encompassing including support for different orientations and identities with regard to gender, and implementation of anti-bullying policies by schools and communities are two factors that help to raise the emotional health of LGBTQ+ kids in school. Mental health crises can be a result of stress, burnout, and increasing instances of depression. Campaigns that normalize asking for help and advocate for open discussions on mental health issues are equally vital. The extent to which LGBTQ+ youth can enjoy a much-tolerating and promoting group can be achieved through legislation that protects LGBTQ+ rights and treats structural inequalities.

Discussion

In the wider literature, global disparities in LGBTQ+ rights are well-documented, stressing the necessity for a rights-oriented method to mental health. Legal protection and recognition are likely to contribute substantially to the well-being of sexual minorities. These findings, based on multiple studies, add to a more comprehensive perception of the challenges confronted by LGBTQ+ youth while providing in-depth insights into potential interventions.

Policy Changes and Legal Frameworks

Soni [30] found a global perspective on the challenges confronted by LGBTQ+ individuals in terms of their rights, stressing the journey characterized by triumphs and tribulations [30]. While acknowledging advancements, the authors underscore ongoing disparities, demanding a comprehensive analysis of the rights of LGBTQ+ people all over the world. This is aligned with the wider literature, which underlines the global scope of LGBTQ+ rights advocating and the demand for complete legal protections and recognition. Reid [14] carries out a scoping examination of diversity in sexuality and gender in the multifaceted setting of Thailand. Their results reveal different policy responses, with a shift away from major antidiscrimination guidelines and towards a focus to enhance the quality and scope of LGBTQ+ healthcare. Specific policy suggestions comprise legalizing same-sex marriage, revising gender codes for identifying documents, and integrating LGBTQ+ people specifically in laws defending against rape/sexual assault.

Madireddy [8] contribute by offering prevention strategies and methods aimed at developing inclusive environments for LGBTQ+ youth [8]. Their emphasis on developing acceptance as well as assistance within social circles, educational institutions, and health care institutions coincides with larger studies asking for extensive support systems that minimize stigma as well as victimization [31]. The value of legal frameworks for LGBTQ+ rights is well-known in the wider literature, with studies often focusing on the beneficial effect of legal recognition on mental health outcomes Argüello [2]. The constantly changing nature of policy suggestions, as shown by Reid's [14] assessment, indicates a constant debate and adaptation to adapt to the LGBTQ+ community's growing demands.

Contextual and Cultural Factors

Schmitz [15] shed the spotlight on cultural and contextual aspects impacting LGBTQ+ young adults' mental health. The study of gender policing, institutional stigma, as well as anti-LGBTQ+ religious messages reveals the complexities of minority stressors. The implementation of an intersectional minority stress model is vital in comprehending the interactions of several variables that lead to mental health disparities. The wider literature supports the belief that cultural and environmental factors are important in LGBTQ+ mental health. The impacts of discrimination and stigma extend beyond individual experiences to encompass institutional frameworks and cultural norms—intersectionality into therapeutic procedures, which addresses a flaw in many studies. Landy [16] demonstrates the significance of community involvement that elevates marginalized groups' opinions, which resonates with the empowering values of intersectionality. This underscores the value of procedures that take into consideration the different challenges encountered by diverse LGBTQ+ individuals in their individual situations.

Family and Social Support

The findings of McConnell [17] underscore the essential function of social assistance, especially among families, in enhancing the well-being of LGBTQ+ youth. The reported reduction in psychological distress associated with higher family support throughout adolescence indicates the dynamic characteristics of support systems. Their understanding of the impact of their socioeconomic standing on support obtained parallels wider debates regarding the interrelated aspects influencing LGBTQ+ lives. Watson [18] offer a valuable contribution by emphasizing the necessity of social support from a number of sources, including parents, teachers, friends, and classmates. Positive parental support and acceptance are linked with greater self-confidence and superior mental health, whereas peer and teacher support contributes to school safety as well as overall well-being.

In the wider literature, the significance of family support for LGBTQ+ people is constantly demonstrated Roe [32]. The findings correspond with the wider comprehension that diverse types of support like peer, family and community extensively contribute to the mental health outcomes of LGBTQ+ people Gamarel [27].

Limitations

Study Limitations, However, despite strengths, this research possesses certain limitations. First of all, the potential for population bias should be acknowledged, as research with statistically significant results is more prone to be published (Page 33). This bias may affect the overall representation of LGBTQ+ mental health issues, potentially neglecting equally important but dramatic findings. Moreover, the majority of the reviewed papers concentrate on the specific regions or subgroups, limiting the generalizability of the findings to the wider LGBTQ+ population. The lack of intersectional studies in some papers additionally implies a gap in understanding how diverse social identities are likely to intersect while contributing to mental health outcomes (Bauer [4]). Moreover, the dependence on self-report measures in certain studies introduces the potential of response bias as well as social desirability, as respondents may offer answers they consider as more socially acceptable (Durmaz [26]). The retrospective nature of certain research designs may additionally introduce recall bias, impacting the accuracy of reported experiences. Besides, the dynamic nature of LGBTQ+ rights as well as social attitudes implies that the research may fail to capture the most latest developments as well as their influence on mental health.

Conclusion

In conclusion, the research on mental health disparities among LGBTQ+ youth as well as strategies for fostering well-being underlines the necessity for intersectional and comprehensive approaches. The findings underscore the complex interplay of cultural, policy, social and healthcare factors in influencing the mental health outcomes of LGBTQ+ youth. In practice, mental health practitioners must employ culturally competent and inclusive strategies that take into consideration the particular requirements of LGBTQ+ youths. Fostering supportive environments in residential, educational, and healthcare settings is vital in decreasing the impact of victimization and stigma. Additionally, efforts need to emphasize the value of numerous types of support, like peer, familial, and community networks. On a policy level, there is an interest for sustained global attempts to ensure equal safeguards and liberties for LGBTQ+ people. Policies ought to value the quality and breadth of LGBTQ+ healthcare over antidiscrimination standards. Legalizing same-sex marriage, shifting gender codes, and enhancing data collecting on LGBTQ+ people are explicit legislative recommendations that match with the community's changing needs.

Competing Interests

The author states that, concerning this research article, they have no conflicting interests.

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