

Mental Health and Environmental Hardships in LGBTQ+ People

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Abstract

The purpose of this study was to research an underrepresented population, including those of the LGBTQ+ community, regarding possible environmental hardships and their relationship with mental health issues. The study was conducted via an online survey, including participants aged 18 years or older, recruited via social media. The results of this study are important to include and build upon in future research regarding mental health and environmental hardships, especially for LGBTQ+ people. The results of this study also suggest a greater need for mental health services and government assistance for LGBTQ+ people.

Mental health issues are extremely prevalent in society today, and it seems that mental health issues are most present within the LGBTQ+ community. In this paper, I researched mental health within the LGBTQ+ community to gain more knowledge on whether LGBTQ+ people are more likely to have mental health issues than non-LGBTQ+ people and whether LGBTQ+ people are more likely to experience environmental hardships than non-LGBTQ+ people. This topic is important because many people around the world identify as LGBTQ+. According to a global survey, approximately 9% of adults around the world identify as not heterosexual, and approximately 2% of adults identify as transgender (IPSOS, 2021). There is also a large number of people around the world who have mental health issues, approximately 12.5% of the world population is living with a mental disorder (WHO, 2022). In this paper, I address this topic by presenting the results of a study on the mental health of people who identify as LGBTQ+.

What do we currently know about LGBTQ+ people's mental health? There have been numerous studies on this topic. In an article by Mustanski and colleagues (2010), the authors studied associations of race/ethnicity, gender, and sexual orientation with mental disorders. The results of this study showed that one-third of the participants met the criteria for any mental disorder. This study is important to include when discussing the mental health of LGBTQ+ people because it showed evidence that LGBTQ+ youths had a higher prevalence of mental disorders than youths in national samples. In a similar study, researchers found that mental health services research showed lower levels of service satisfaction among lesbian, gay, bisexual, and transgender (LGBT) people. Descriptive research suggested an increased risk of severe mental illness in LGBT populations and an association between this increased risk and discrimination (Kidd et al., 2016). Both of these studies provide evidence that LGBTQ+ people are at an increased risk of severe mental illness.

Across the ocean, a similar study was done in the UK in 2007, called the Adult Psychiatric Morbidity Survey. The survey asked about demographic information, mental health symptoms, aspects of sexual identity, and perceived discrimination. Participants who identified as LGBTQ+ had greater associations associated with unhappiness, neurotic disorders, depressive episodes, generalized anxiety disorder, obsessive-compulsive disorder, phobic disorder, probable psychosis, suicidal thoughts and acts, self-harm, and alcohol and drug dependence. In a similar study, LGB people were studied to see if they were at increased risk for psychotic symptoms. The researchers found that the rate of any psychotic symptom was higher in the LGB population compared to the heterosexual population (Gevonden et al., 2013). This study adds to the existing research linking minority status (LGBTQ+ people) with mental health problems.

When looking at suicidal thoughts and behaviors specifically, LGBTQ+ people are at increased risk again, especially transgender and gender non-conforming people. In an analysis of National Transgender Discrimination Survey (NTDS) data, researchers examined the rates of suicide attempts in transgender and gender non-conforming respondents. The prevalence of suicide attempts among respondents to the NTDS was 41%, which overwhelmingly exceeded the 4.6% of the overall U.S. population who reportedly attempted suicide. The rate of attempted suicides among LGB adults is 10-20 percent (Haas et al., 2014).

Besides suicidal thoughts and behaviors, are there any other mental health issues that are more prevalent in the transgender population? In one article, researchers found that patients with gender dysphoria are more prone to develop personality disorders. They also found that some of the factors associated with GD are childhood trauma, self-harm, suicide, maladaptive defense mechanisms, and poor parenting experiences. The authors suggested that future research examine this further since many studies done on this topic have inconclusive or mixed results.

On a similar note, there is also a correlation between gender dysphoria and autism spectrum disorder. Gender dysphoria is a mental condition that is typically associated with transgender identities (American Psychiatric Association, 2022). The percentage of ASD in children and adolescents who were referred to the gender identity clinic was 7.8%, which is ten times higher than the prevalence of ASD in the general population (de Vries et al., 2010). Another study found this same connection as well. Researchers found that people with ASD scored much higher on the gender dysphoria scale than people without ASD.

Transgender and gender-diverse people are also at an increased risk for developing various addictions. (Ruppert et al., 2021). This is the same for other LGBTQ+ identities as well. In one study, researchers found that LGBTQ+ people who experienced victimization were more likely to report lifetime substance use problems (Mereish et al., 2013). They also found that problems with substance use were related to a significantly greater risk for suicidal ideation and attempts. These two studies provide evidence that LGBTQ+ people are at a higher risk of substance use problems and suicidality, which is important to consider when looking at mental health.

What environmental factors could be causing LGBTQ+ youths to have a higher prevalence of mental disorders than their peers? One factor could be childhood trauma. In an article by Craig and colleagues (2020), researchers studied the prevalence of adverse childhood events in LGBTQ+ youth in comparison to the general population. The results of this study revealed that participants reported multiple ACEs (Adverse Childhood Events) and 43% of participants experienced a high level of trauma exposure. These results imply that LGBTQ+ youth experience significant childhood trauma, and trauma is an important factor to consider when studying mental health.

Unfortunately, LGBTQ+ people are also at an increased risk of experiencing abuse, harassment, and assault, especially transgender individuals. For example, one study examined the relationship between gender-related abuse and transgender women (people who transition from male to female). The researchers found extremely high levels of lifetime psychiatric distress and gender-related abuse among transgender women (Nuttbrock et al., 2010). In a different study, researchers examined the relationship between the rates of sexual assault among LGBTQ+ college students and the campus climate. The researchers found that 5.2% of the survey respondents reported being victims of sexual assault (Coulter & Rankin, 2017). They also found that greater perceived inclusion of LGBTQ+ people on campus was associated with significantly lower odds of experiencing sexual assault victimization. In the same vein, one study examined the different experiences of sexual harassment among various gender identities and sexual orientations. The researchers found that the highest rates of sexual harassment were reported by lesbian/queer girls (72%), bisexual girls (66%), and gay/queer boys (66%) (Mitchell et al., 2014). When looking at gender identity, transgender youth reported the highest rates of sexual harassment with 81%.

One of the most obvious environmental factors that can affect the mental health of someone who identifies as LGBTQ+ is discrimination. There have been multiple studies conducted on this topic. In one study, researchers found that transgender identity was associated with higher odds of reported discrimination, depression symptoms, and attempted suicides when compared with cisgender individuals in the Midwest (Su et al., 2016). Another study that researched the association between LGBTQ-based discrimination and mental health was conducted by Sutter and Perrin (2016). This article focused on discrimination, mental health, and suicidal ideation, as well as the intersectionality of LGBTQ+ POC identities. The results showed

that depression, anxiety, and suicidal ideation were all positively correlated with LGBTQ-based discrimination and racism, while life satisfaction was negatively associated with LGBTQ-based discrimination. On that same note, another article assessed the intersectionality of racism and homophobia among young LGBTQ+ people of color (POC). This study found that racist microaggressions and all LGBTQ-related stressors were significantly positively associated with greater psychological distress (Salerno et al., 2023).

Unfortunately, LGBTQ-based discrimination occurs in the workplace as well. One study showed that, despite one's sexual orientation and gender identity having no impact on their work performance, discrimination against LGBT employees is prevalent in many workplaces. The researchers found that LGBT-based discrimination is common in many public and private workplaces across the country (Sears & Mallory, 2015).

Another environmental factor that can significantly affect one's mental health is their physical health and the quality of healthcare they receive. A study by Hall and colleagues (2020) was conducted to examine the health and healthcare experiences of LGBTQ+ people with autism spectrum disorder. LGBTQ+ participants with ASD had significantly higher rates of mental illness, poor physical health days per month, and smoking compared to non-LGBTQ+ participants with ASD. LGBTQ+ respondents also reported much higher rates of unmet healthcare needs and being refused services by a medical provider. Inadequate health care seems to be a common experience among LGBTQ+ people. In another study, researchers compare the satisfaction with mental health services between LGBTQ+ people with mental illness and non-LGBTQ+ people with mental illness. LGBTQ+ individuals who were also racial minorities and those living alone had an increased likelihood of being dissatisfied with mental health services. Also, lesbians and bisexual women were more likely to be dissatisfied with mental health

services than heterosexual women (Avery et al., 2001). In yet another study, the varying experiences that LGBTQ+ people have when receiving mental health services are evaluated. This study found numerous issues that LGBTQ+ people face when receiving mental health services, such as homophobia and transphobia from staff, lack of acknowledgment of LGBTQ+ identities and experiences, refusal to discuss sexuality, homophobia, and transphobia from other clients, lack of family support, the pathologization of LGBTQ+ identities, ignorance about LGBTQ identities and experiences, etc (Lucksted, 2004). When specifically looking at the healthcare experiences of transgender people, one study showed that transgender individuals who delayed healthcare because of fear of discrimination had worse physical and mental health in the past month than those who did not delay care or delayed care for other reasons (Seelman et al., 2017). All four of these studies provide further evidence that environmental factors, such as LGBTQ-based discrimination, can affect LGBTQ+ people's mental health and the quality of mental health services.

As well as the other environmental hardships previously mentioned, LGBTQ+ people also have increased rates of poverty. A study on this topic found that heterosexual men have the lowest poverty rate, followed by gay and bisexual men, heterosexual women, and then lesbian and bisexual women with the highest poverty rates among these sexual orientations. Transgender people are even more likely to be impoverished, with 22%-64% (across various surveys) earning less than \$25,000 per year (Quintana, 2022).

How does mental health differ for LGBTQ+ people who are closeted compared to LGBTQ+ people who are out of the closet? One study examined the relationship between outness (openness about LGBTQ+ status) and the well-being of LGBTQ+ students. The results of this study showed that outness was related to higher victimization, higher self-esteem, and

lower depression. Also, greater victimization was correlated with negative academic outcomes directly and indirectly via diminished well-being (Kosciw et al., 2014). This study shows that, while coming out is related to higher victimization and diminished well-being, it is also associated with higher self-esteem and lower depression.

Having a supportive environment is shown to be helpful for the mental health of LGBTQ+ people. In an article studying the relationship between family acceptance and the health of LGBTQ+ adolescents, the researchers found that family acceptance predicted greater self-esteem, social support, and general health status. Meanwhile, it is negatively associated with depression, substance abuse, and suicidal ideation and behaviors (Ryan et al., 2010).

The purpose of my study was to gain more knowledge on the prevalence of mental health issues within the LGBTQ+ population and investigate the role of environmental factors in the mental health of LGBTQ+ people. I hypothesized that people who identify as LGBTQ+ would have significantly more mental health issues than people who do not identify as LGBTQ+. I also hypothesized that people who identify as LGBTQ+ would experience more environmental hardships, such as poverty (Quintana, 2022), discrimination (Su et al., 2016), inadequate healthcare (Avery et al., 2001), etc.

Method

Sample

The participants included people over the age of 18 years old who lived in the United States. The participants were recruited via my personal Instagram and Discord accounts. The survey took approximately 10 minutes to complete. There was no compensation offered for

participating in the survey. There were 83 participants. The average participant age was 26.88 (with a standard deviation of 10.18).

Design

The study was a correlational research design which was conducted via an online survey. The quasi-independent variable was the identity of the participant (LGBTQ+ or not LGBTQ+). LGBTQ+ people were defined as people who answered “yes” to the survey question that asked, “Do you identify as LGBTQ+?”. Non-LGBTQ+ people were defined as people who answered “no” to the survey question that asked, “Do you identify as LGBTQ+?”. The dependent variables were the mental health issues of the participants and the environmental hardships that they had experienced. Mental health issues were defined as diagnosed mental disorders, illnesses, and/or disabilities. Environmental hardships were defined by a list of environmental hardships that were discussed in prior research from my literature review, such as poverty (Quintana, 2022), childhood trauma (Craig et al., 2020), sexual harassment (Mitchell et al., 2014), etc. The survey included an “other” option so that every identity, mental health issue, and environmental hardship was accounted for. I used my discretion when categorizing the “other” answers.

Procedure

When participants accessed the Qualtrics link, they were first taken to the online study information sheet. Then, they had to pass a captcha test to verify that they were human. At the bottom of this page, participants were asked if they would like to participate in the study. If they chose no, they were sent to the end of the online survey. If they chose yes, they were taken to the first question of the survey in Qualtrics. In the first section of the survey, participants were asked demographic questions including their age, race, ethnicity, which state they reside in, their yearly

income, employment status, highest level of education they have completed, sexual orientation, and gender identity.

In the next section of the survey, there were a variety of mental health issues listed for the participants to choose which ones they have ever been diagnosed with. The list included depression, anxiety, bipolar disorder, ADHD, borderline personality disorder, OCD, eating disorder(s), PTSD, addiction/substance abuse, autism spectrum disorder, gender dysphoria disorder or gender identity disorder, panic disorder, phobia, schizophrenia, dissociative disorder, intellectual disability, narcissistic personality disorder, antisocial personality disorder, histrionic personality disorder, premenstrual dysphoric disorder, tourettes, sexual disorder, and other (participants could fill in their own answer). After that, there was the same list of mental health issues for the participants to choose which ones they believed that they had, although they had never been diagnosed with them. For the overall scores of this question, each diagnosis counted as one mental health issue. The numbers of mental health issues per person were added together and then went into the final calculation for the mean number of mental health issues per person. Then, there was a list of the environmental struggles for the participants to select if they had ever experienced any of them. This list included childhood trauma, physical health issues, a medical provider refusing to service you, trauma in adulthood, homophobia, transphobia, racism, xenophobia, inadequate healthcare/unmet healthcare needs, sexism, abuse, sexual harassment, sexual assault, physical assault, poverty, and other (participants could fill in their own answer). For the overall scores of this question, each environmental hardship that a participant checked off counted as one environmental hardship. The numbers of environmental hardships per person were added together and then went into the final calculation for the mean number of environmental hardships per person.

At the end of the survey, participants were given some crisis resources and thanked for their participation in the survey.

Data Analysis

The data for each hypothesis was analyzed using independent-sample t-tests. The quasi-independent variable had two levels (LGBTQ+ or not). The continuous dependent variables were the number of mental health issues and the number of environmental hardships as previously defined.

Results

Mental Health

The 53 participants who identified as LGBTQ+ had significantly more mental health issues ($M = 2.92, SD = 2.38$) than the 26 participants who did not identify as LGBTQ+ ($M = 1.15, SD = 1.08$), $t(77) = 3.6, p < .001, d = .86$ (see Figure 1). This supported my first hypothesis that participants who identified as LGBTQ+ would have significantly more mental health issues than participants who did not identify as LGBTQ+.

Environmental Hardships

The 56 participants who identified as LGBTQ+ experienced significantly more environmental hardships ($M=5.41, SD=4.08$) than the 27 participants who did not identify as LGBTQ+ ($M=3.48, SD=3.48$), $t(81)=2.11, p<.02, d=.5$ (see Figure 2). This supported my second hypothesis that participants who identified as LGBTQ+ would experience significantly more environmental hardships than participants who did not identify as LGBTQ+.

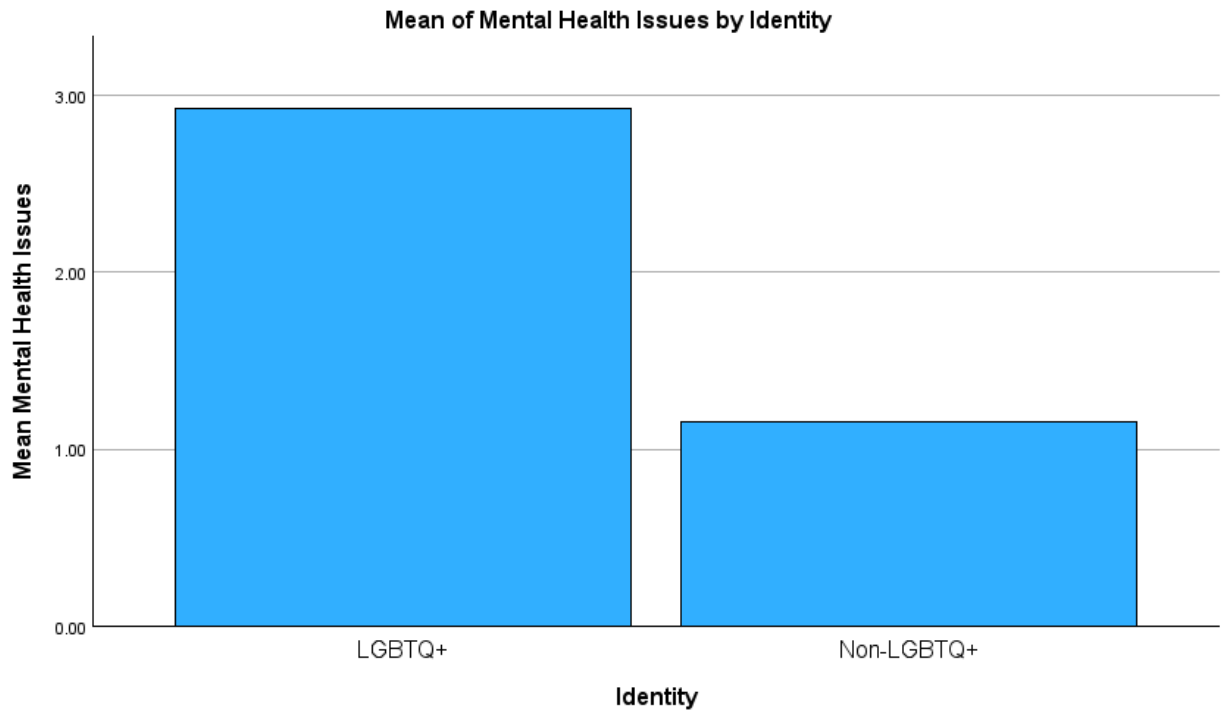


Figure 1. The mean number of mental health issues each participant was diagnosed with compared by identity (LGBTQ+ and non-LGBTQ+). The number of mental health issues a participant had was determined by their self-disclosure of the mental health issues they had been diagnosed with.

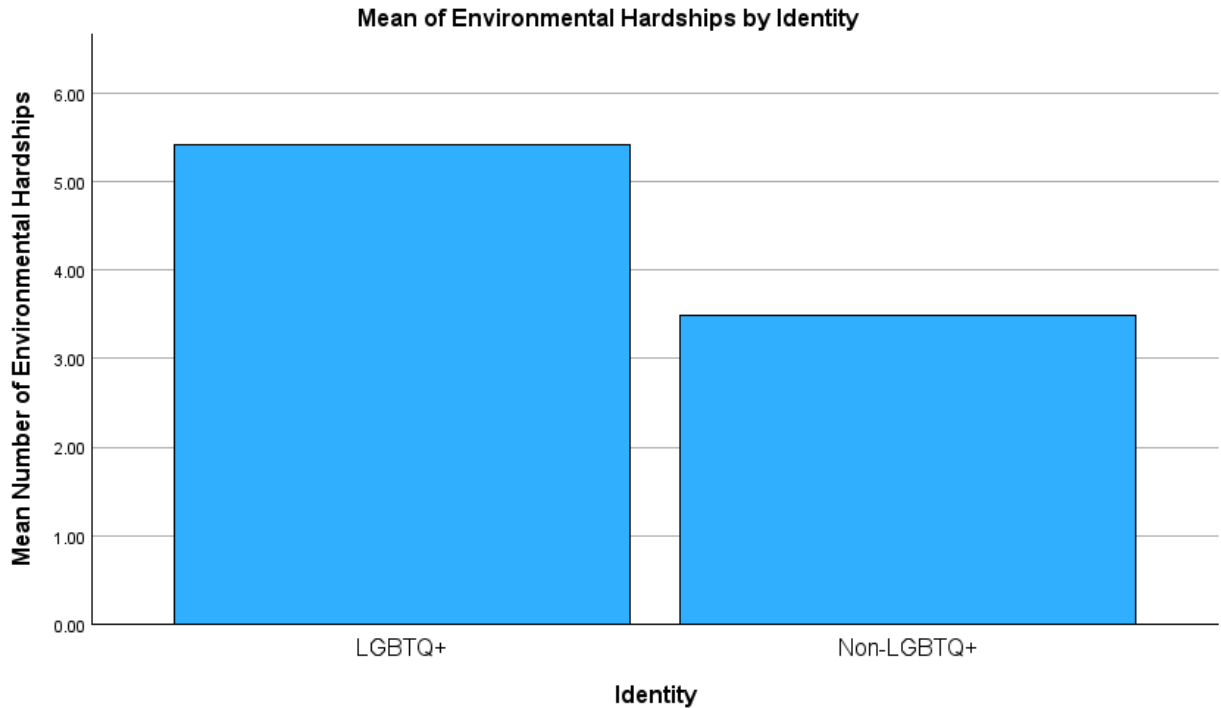


Figure 2. The mean number of environmental hardships experienced by a participant compared by identity (LGBTQ+ and non-LGBTQ+). The number of environmental hardships that a participant had experienced was determined by their selection of the environmental hardships they had experienced from a list of environmental hardships that was provided in the survey.

Discussion

The participants who identified as LGBTQ+ had significantly more mental health issues than the participants who did not identify as LGBTQ+. This supported my first hypothesis that participants who identified as LGBTQ+ would have significantly more mental health issues than participants who did not identify as LGBTQ+. The participants who identified as LGBTQ+ experienced significantly more environmental hardships than the participants who did not identify as LGBTQ+. This supported my second hypothesis that participants who identified as

LGBTQ+ would experience significantly more environmental hardships than participants who did not identify as LGBTQ+.

These results aligned with prior findings, such as the research done by Mustanski and colleagues (2010), in which the authors studied associations of race/ethnicity, gender, and sexual orientation with mental disorders. The results of this study showed that one-third of the participants met the criteria for any mental disorder. In a similar study, researchers found a suggested increased risk of severe mental illness in LGBT populations and an association between this increased risk and discrimination (Kidd et al., 2016). The results of my study aligned with the results of these studies since all of the studies found that LGBTQ+ people have a high prevalence of mental health issues.

The characteristics of my sample were young, with an average age of 26.88 years old, which may have influenced the results. Older people could have more access to mental health care than younger people, assuming they have greater income and more autonomy than younger people. On the other hand, older people could also have experienced more environmental hardships and/or mental health issues than younger people, since they have been alive for longer. 42.2% of the participants identified as cisgender women, which may have influenced the results. The participants most likely knew me, since they were recruited via my personal social media accounts, so this may have also influenced the results. Typically, the people who took the survey via my social media accounts lived near me, in the Midwestern United States, which could have also influenced the results.

Future researchers should focus on specific groups within the LGBTQ+ community, such as lesbians, non-binary people, LGBTQ+ people of color, etc. Since we already have evidence that LGBTQ+ people experience more mental health issues and environmental hardships than

non-LGBTQ+ people, it would be interesting to look into the prevalence of these issues in specific identity groups (lesbian, bisexual, transgender, etc.) It would also be interesting to research the prevalence of specific issues (poverty, discrimination, abuse, etc.) in the LGBTQ+ community, or even in specific identity groups.

The main limitation of my study was that there were fewer than 30 people in the non-LGBTQ+ group, so the comparisons between the LGBTQ+ and non-LGBTQ+ groups were not as strong as they could be. On a similar note, there were only 83 participants in total, so it would be better in the future to have more participants, especially when looking at differences between more specific identities. Another major limitation was the short period that I had to collect data. I had approximately two weeks to collect data from my survey, so having a longer period to collect data would be very helpful in the future. Participants were recruited via my personal social media, so this limited the pool of participants to only people whom I knew or had some kind of connection to. Another limitation was the fact that I did not include pansexuality as an option in the list of sexual orientations. Three participants chose the “other” option from the list of sexual orientations, and all three of those participants wrote “pansexuality” as their sexual orientation.

Overall, the findings of my study suggest a higher prevalence of mental health issues and environmental hardships in people who identify as LGBTQ+ compared to people who do not identify as LGBTQ+. The results of this study are important to include and build upon in future research regarding mental health and environmental hardships, especially for LGBTQ+ people. The results of this study also suggest a greater need for mental health services and government assistance for LGBTQ+ people.

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