

MENTAL HEALTH AND THE LGBTQ COMMUNITY

LGBTQ YOUTH & MENTAL HEALTH

Because of stigma and discrimination, LGBTQ youth are more likely than non-LGBTQ youth to struggle with their mental health.

- Transgender youth are far more likely than their non-transgender peers to experience depression nearly four times the risk, according to one study (Reisner 2015). Similarly, LGBQ teens experience significantly more depression symptoms than their heterosexual peers (Marshal 2011).
- In a 2016-2017 survey from HRC, 28 percent of LGBTQ youth including 40 percent of transgender youth – said they felt depressed most or all of the time during the previous 30 days, compared to only 12 percent of non-LGBTQ youth (HRC Foundation 2017).
- According to the CDC's 2015 Youth Risk Behavior Survey, 60 percent of LGBQ youth reported being so sad or hopeless they stopped doing some of their usual activities (Kann 2016).



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- LGBQ young people are more than twice as likely to feel suicidal, and over four times as likely to attempt suicide, compared to heterosexual youth (Kann 2016); the rates may be especially high for bisexual teens (Marshal 2011). According to one study, a third of transgender youth have seriously considered suicide, and one in five has made a suicide attempt (Reisner 2015).
- Basic issues like restroom access have a profound effect on transgender youth well-being. For instance, one study showed that transgender students denied access to genderappropriate facilities on their college campuses were 45 percent more likely to try to take their own lives (Seelman 2016).

Supportive environments at home and school help LGBTQ youth thrive.

- Strong family bonds, safe schools and support from caring adults can all protect LGBTQ youth from depression and suicidality (Committee on Adolescence 2013).
- In a study published in the Journal of Child and Psychiatric Nursing, Dr. Caitlin Ryan and colleagues found that LGBTQ youth with affirming families reported higher levels of self-



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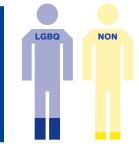
CAMPAIGN FOUNDATION esteem and overall health. Youth with the least accepting families were more than three times as likely to consider and attempt suicide compared to those with highly accepting families (Ryan 2010).

• For transgender children and youth, family and community support makes all the difference. Although research has repeatedly found that transgender children experience mental health problems, including suicidality, at high rates, a recent study found that transgender children whose families affirmed their gender identity were as psychologically healthy as their nontransgender peers (Olson 2016).

LGBTQ ADULTS & MENTAL HEALTH

LGBTQ adults are more likely than others to have mental health or substance use problems.

- In 2015, the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH) found that one in three LGBQ adults experienced mental illness in 2015, compared with only one in five heterosexual adults (Medley 2016).
- According to the National Center for Transgender Equality's U.S. Transgender Survey, 40 percent of transgender adults reported serious psychological distress in the month before they took the survey, dramatically higher than the five percent of the US population who say the same (James 2016).
- Even among adults with mental illness, LGBQ adults may experience more serious symptoms. Among LGBQ adults living with mental illness, thirteen percent had a serious mental illness that substantially interfered with major life activities. The same was true for only four percent of heterosexual adults living with mental illness (Medley 2016).



- According to the U.S. Transgender Survey, 40 percent of transgender adults have attempted suicide during their lifetime, compared to less than five percent of the US population as a whole (James 2016).
- The NSDUH found that 15 percent of LGBQ adults had an alcohol or drug use disorder in the past year, compared to eight percent of heterosexual adults (Medley 2016).

Stigma drives the higher rates of mental health problems in LGBTQ communities.

• A 2014 study found that LGBQ people who live in communities with more stigmatizing attitudes about their sexual orientation die an average of 12 years earlier than LGBQ people in the least-prejudiced communities (Hatzenbuehler 2014).



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- After 16 states passed bans on marriage equality in 2004-2005, the prevalence of mood disorders increased more than 30 percent among LGBQ respondents in these states, compared with a 20 percent decrease in states without such bans (Hatzenbuehler 2010).
- Numerous studies have shown that transgender people who experience more stigma and discrimination are more likely to experience mental health problems or suicidality (Bariola 2015, Clements-Nolle 2006, Budge 2013, Nuttbrock 2010).
- At the state level, transgender adults living in states with more LGBTQ-affirming environments are less likely to have attempted suicide (Perez-Brumer 2015).

REFERENCES

Bariola, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *Journal Information*, *105(*10).

Budge, S. L., Adelson, J. L., & Howard, K. A. (2013). Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. *Journal of consulting and clinical psychology*, *81*(3), 545.

Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of homosexuality*, *51*(3), 53-69.

Committee on Adolescence. (2013). Office-based care for lesbian, gay, bisexual, transgender, and questioning youth. *Pediatrics, 132*(1), 198-203. doi:10.1542/peds.2013-1282

Hatzenbuehler, M. L., Bellatorre, A., Lee, Y., Finch, B. K., Muennig, P., & Fiscella, K. (2014). Structural stigma and all-cause mortality in sexual minority populations. *Soc Sci Med*, *103*, 33-41. doi:10.1016/j. socscimed.2013.06.005

Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study. *Am J Public Health, 100*(3), 452-459. doi:10.2105/AJPH.2009.168815

Human Rights Campaign Foundation. (2017.) *Post-Election Survey of Youth.* Washington, D.C. Retrieved from http://assets.hrc.org//files/assets/resources/HRC_PostElectionSurveyofYouth.pdf

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anaf, M. a. (2016). *The Report of the 2015 U.S. Transgender Survey.* Retrieved from Washington, DC: http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf

Kann, L., O'Malley Olsen, E., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., ... Zaza, S. (2016). *Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades* 9–12 – United States and Selected Sites, 2015. Retrieved from https://www.cdc.gov/mmwr/pdf/ss/ ss60e0606.pdf



HUMAN RIGHTS CAMPAIGN FOUNDATION Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., . . . Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: a meta-analytic review. *J Adolesc Health*, 49(2), 115-123. doi:10.1016/j.jadohealth.2011.02.005

Medley, G., Lipari, R. N., Bose, J., Cribb, D. S., Kroutil, L. A., & McHenry, G. (2016). *Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health.* Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOri

Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of sex research*, *47*(1), 12-23.

Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics, 137*(3), e20153223. doi:10.1542/peds.2015-3223

Perez-Brumer, A., Hatzenbuehler, M. L., Oldenburg, C. E., & Bockting, W. (2015). Individual-and structurallevel risk factors for suicide attempts among transgender adults. *Behavioral Medicine*, 41(3), 164-171.

Reisner, S. L., Vetters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: a matched retrospective cohort study. *J Adolesc Health*, 56(3), 274-279. doi:10.1016/j.jadohealth.2014.10.264

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *J Child Adolesc Psychiatr Nurs, 23*(4), 205-213. doi:10.1111/j.1744-6171.2010.00246.x

Seelman, K. L. (2016). Transgender Adults' Access to College Bathrooms and Housing and the Relationship to Suicidality. *J Homosex, 63*(10), 1378-1399. doi:10.1080/00918369.2016.1157998