

Locally supportive climates may do little to aid mental health for LGBTQ+ youth amidst broader societal stigma

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As rates of youth mental health issues soar in the United States, new research offers surprising insights into how social factors affect trends for LGBTQ+ youth, who are especially at risk due to the harmful effects of discrimination.

Psychology Professor Phil Hammack, director of the Sexual and Gender Diversity Laboratory at the University of California, Santa Cruz, led a study that combined [survey data](#), interviews, and ethnographic field notes to compare mental health outcomes for LGBTQ+ [youth](#) across some of California's most and least supportive communities for sexual and [gender diversity](#).

The results showed remarkably little difference in outcomes between communities during the 2015 to 2017 study period. Overall, 41% of LGBTQ+ teens surveyed reported clinically-concerning levels of depressive symptoms, compared to a rate of 10% for those same symptoms among all California adolescents, as estimated by prior epidemiological studies.

"It was really surprising that the level of community support for sexual and gender diversity did not seem to make much of a difference for the mental health of these youth, because the communities we studied had such strikingly different levels of LGBTQ resources and visibility," Hammack said. "When we first looked at our [survey results](#), we were so

shocked that we re-ran the analysis several times, just to be sure."

Stigma and mental health impacts extend across communities

The study focused in particular on comparing the Bay Area and California's Central Valley, regions with higher and lower levels of support for sexual and gender diversity, according to an eight-factor community climate assessment conducted by the research team.

Differences between the regions included the proportion of LGBTQ+ supportive businesses and religious and political affiliates, the proportion of same-sex households, and the availability of LGBTQ+ resources and celebrations.

The research team surveyed 314 teens across these regions to get a sense for how they perceived their community, the types of stigma and discrimination or support and belonging that they experienced, and the incidence of depressive symptoms. Survey findings were supplemented with depth and context from 28 interviews with regional LGBTQ+ youth leaders and observations from ethnographic field work in each community.

The findings revealed that youth in the Bay Area did perceive their community as being more supportive of LGBTQ+ people, while youth in the Central Valley perceived their communities as less supportive. Youth in the Central Valley also reported experiencing more anti-LGBTQ+ remarks and feeling higher levels of stigma, while youth in the Bay Area felt more empowerment. But the statistically significant differences in youth outcomes ended there.

Across communities, in addition to high rates of depressive symptoms, researchers found that 41% of all youth surveyed had experienced

targeted victimization, such as bullying, around their LGBTQ+ identities, and 59% had experienced discrimination. Teens said they believed that bullying, internalized stigmatization, identity concealment, and fear of rejection were all contributing to depressive symptoms among young members of the LGBTQ+ community, and those symptoms often manifested in anxiety and depression, as well as self-harm.

The widespread nature of these challenges across communities is concerning from a public health perspective, Hammack says. For decades, researchers have been documenting a wide range of disparities in health outcomes between LGBTQ+ people, who face social stigma for their gender and sexual identities, and cisgender heterosexual people, who do not. Higher rates of [mental health issues](#), like depression and stress, are linked with other health problems, like early mortality and cardiovascular disease.

Uncovering possible causes and solutions

The persistence of these disparities, despite significant efforts to address them in some communities, may signal a need for more systemic changes to support youth in Generation Z, who identify as members of the LGBTQ+ community at higher rates than any prior generation.

"Our findings suggest that the health disparities we've been seeing for many years still remain for Gen Z, and a highly resourced community is not enough to buffer the negative impact of broader social stigma," he said. "It's easy to fall into an illusion of thinking that if we can just create a safe bubble in our community, then everything will be okay, but the reality is that we exist within a larger culture where oppressive, prejudicial ideas about gender and sexuality are still out there and, if anything, those ideas have been emboldened in recent years."

The research team also documented another trend, during in-depth interviews with LGBTQ+ teens, that may help to explain some of the lack of difference in [mental health outcomes](#) across communities. Youth perceptions of their community's level of supportiveness seemed to affect expectations for what life would be like as an LGBTQ+ person in that community. Teens in lower-support communities had low expectations for how they would be treated and expressed optimism that things would get better, while teens in higher-support communities had high expectations that sometimes went unmet.

"Teens in the Bay Area expected LGBTQ issues to be part of formal school curricula, and they expected teachers to get pronouns right, but teens in the Central Valley weren't expecting those things, so they didn't miss not having them as much," Hammack explained. "This speaks to how experience translates into mental health through how we're interpreting our environment and constructing our expectations. In this case, differing expectations may actually cancel out the effects of different levels of material support in these communities."

The study did also uncover some community resources that teens found to be particularly helpful, including mental health services, online and in-person support resources, and peer social support. And teens recommended that mental health providers receive more cultural competence training around sexual and gender diversity. Many reported being disappointed with counselors who did not seem to understand LGBTQ+ identities or terminology. Hammack says continuing education for psychologists and psychiatrists could help to address that issue.

Overall, though, he believes the study shows the importance of scaling up LGBTQ+ support efforts across society.

"Young people are looking to adults to change the culture," Hammack said. "Teens have higher expectations of adults, schools, and society, and

we're not meeting them. It's not just about small aspects of the local environment. We need a bigger sea change in our culture for stigma to be reduced. Otherwise, we'll continue to see major mental [health](#) challenges and disparities."

More information: Phillip L. Hammack et al, Community support for sexual and gender diversity, minority stress, and mental health: A mixed-methods study of adolescents with minoritized sexual and gender identities., *Psychology of Sexual Orientation and Gender Diversity* (2022). [DOI: 10.1037/sgd0000591](https://doi.org/10.1037/sgd0000591)

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