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National Alliance on Mental Illness

## Mental Health Risk Factors among GLBT Youth

Adolescence is a time of many transformations in a young person's life, including physical, mental, and emotional changes. Exploring sexuality is a natural part of this developmental process. Yet for those youth who have same-sex attractions or who identify as gay, lesbian, bisexual, or transgender, adolescence may be an even more turbulent time than usual as they cope with stigma and social prejudice related to their sexual orientation or gender identity.

The effects of this stigma may make GLBT youth more vulnerable to mental health problems such as depression, anxiety, substance abuse, and suicide.<sup>1</sup> For example, one study found that gay, lesbian, and bisexual youth ages 14-21 were significantly more likely to report depression and anxiety than heterosexual peers.<sup>2</sup>

An even more serious concern is the issue of suicide and GLBT youth. Though it is nearly impossible to tell if more GLBT youth than heterosexual youth *commit* suicide, many studies show that GLBT youth are more likely to *attempt* suicide.<sup>3, 4</sup> **A recent review of the literature suggests that rates of suicide attempt among GLB youth are 20 – 40% higher than among non-GLB youth.**<sup>4</sup>

When thinking about *why* these differences exist, most researchers agree that it is not because GLBT youth are more likely to have a mental illness per se. Rather, it is a function of such things as negotiating coming out, fear of or actual familial disapproval and rejection, victimization by peers, and the chronic stress associated with having a stigmatized identity.<sup>1-4</sup>

### Coming Out and Family Relationships

Deciding if and when to “come out” – or to disclose one's sexual orientation - can be very stressful for GLB adolescents. In particular, many youth are reluctant to discuss the issue with parents and extended family for fear of negative reactions. For some youth, coming out as gay, lesbian, bisexual, or transgender can cause a major rift in their family relations and even put them in physical danger.<sup>4</sup>

A recent study found that **GLB youth accepted by both parents had lower levels of depression, anxiety, phobic anxiety, and other mental health problems than GLB youth who were rejected both parents.**<sup>2</sup> Such a finding clearly highlights how important the role of family support is for GLBT youth and their mental health.

The issue of familial support and rejection may be even more significant in lives of racial or ethnic minority GLBT youth, as familial ties and connectedness tend to be more highly valued in most communities of color. Coming out may mean not only losing connections to one's immediate family, but may also mean rejection from one's larger racial or ethnic community. GLBT youth of color must therefore negotiate an even more complicated set of issues when deciding if and when to “come out.”<sup>5,6</sup>

### Victimization by Peers

The link between victimization and poor mental health outcomes is well-established. In general, those who experience verbal, physical, or sexual assault or the threats of such assault are more vulnerable to mental illness such as depression, anxiety, or post-traumatic stress disorder.<sup>7</sup>

Study after study has demonstrated that GLBT youth or those who are *perceived* to be GLBT consistently face intense victimization in school settings. In a recent national study by GLSEN, the Gay, Lesbian and Straight Education Network, researchers found that 22% of GLBT students reported that they did not feel safe at school. **A full 90% of GLBT students reported being harassed or assaulted during the past year** (compared to 62% of non-GLBT teens).<sup>8</sup>

These numbers are similar to another study that examined health risks among GLBT youth. Among other things, **25% reported missing school in the past 30 days due to fear** (see below).

Such fear and harassment have direct effects on the mental health of GLBT youth. It is not just the most extreme experiences that can have harmful mental health consequences. GLB youth reporting a history of verbal abuse report poorer mental health outcomes, including depression and anxiety, than those youth with no history of verbal abuse.<sup>2</sup>

### Mental Health Treatment and GLBT Youth

Mental health professionals working with GLBT youth need to be aware of the aforementioned issues and the role that such family and peer-related stressors can play in the creation of depression, anxiety, and even suicidality.<sup>1</sup>

Additional suggestions for working with GLBT youth include:

- Creating a supportive environment
- Emphasizing that stigma related to sexual orientation is socially created and that youth are not to blame for others' negative reactions
- Building coping skills to manage stigma
- Helping to identify other supportive and affirming environments<sup>10</sup>

### Suggested Resources for GLBT Youth

#### GLSEN

Gay, Lesbian and Straight Education Network  
[www.glsen.org](http://www.glsen.org)

#### NYAC

National Youth Advocacy Coalition  
[www.nyacyouth.org](http://www.nyacyouth.org)

#### Rainbow Youth Hotline

1-877-LGBT-YTH (1-877-542-8984)

#### Trevor Suicide Prevention Line

1-800-850-8078

#### YouthResource

GLBTQ youth advocacy [www.youthresource.com](http://www.youthresource.com)

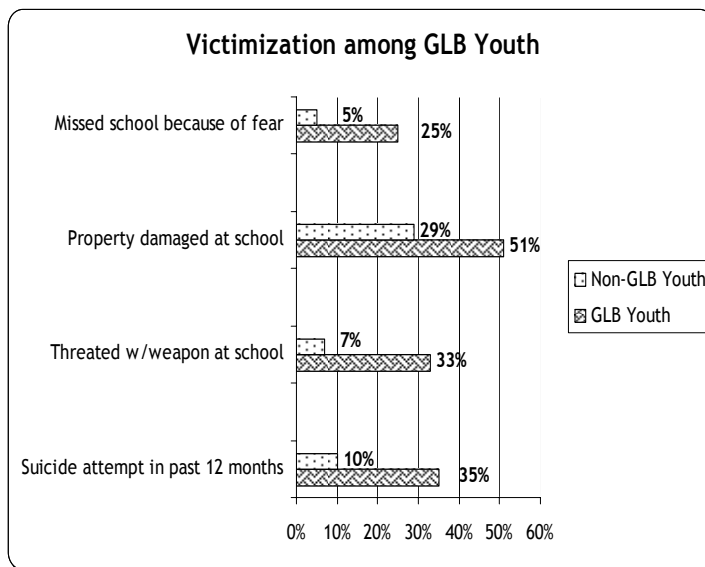
#### Youth Talkline

(for ages 23 and under)

1-800-96YOUTH

Open: Monday-Saturday, 9:30 p.m. - 12 a.m. EST

Tuesday, 7 p.m. - 12 a.m. EST



Source: Garofalo, R., et al. (2006). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 101, 895-902.

#### Cited Works

1. Hart, T.A., Heimberg, R.G. (2001). Presenting problems among treatment-seeking gay, lesbian, and bisexual youth. *Journal of Clinical Psychology*, 57, 615-627.
2. D'Augelli, A.R. (2002). Mental health problems among lesbian, gay, and bisexual youths ages 14 to 21. *Clinical Child Psychology and Psychiatry*, 7, 433-456.
3. Russell, S.T. (2003). Sexual minority youth and suicide risk. *American Behavioral Scientist*, 46, 1241-1257.
4. Kitts, R.L. (2005). Gay adolescents and suicide: Understanding the association. *Adolescence*, 40, 621-628.
5. Green, B. (1994). Ethnic-minority lesbians and gay men: Mental health and treatment issues. *Journal of Consulting and Clinical Psychology*, 62, 243-251.
6. Ryan, C. (2001). Counseling lesbian, gay, and bisexual youths. In D'Augelli & Patterson (eds.) *Lesbian, gay, bisexual and identities and youth: Psychological perspectives*, 224-250, New York: Oxford University Press.
7. [www.nimh.nih.gov/healthinformation/traumaticmenu.cfm](http://www.nimh.nih.gov/healthinformation/traumaticmenu.cfm) Accessed May 24, 2007.
8. Harris Interactive and GLSE (2005). *From Teasing to Torment: School Climate in America, A Survey of Students and Teachers*. New York: GLSEN.
9. Garofalo, R., et al. (2006). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 101, 895-902.
10. Schneider, M. (1998). Pride, prejudice and lesbian, gay, and bisexual youth. In Schneider (ed.), *Pride & prejudice: Working with gay, lesbian, and bisexual youth*, 11-27. Toronto: Central Toronto Youth Services.