Being LGBTQ+
What the research tells us about mental health

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Structure

• What we know about mental health in sexual and gender minorities from population health surveys

• New data and new findings from our team

• Directions for the research field going forward

• Note on terminology: sexual minority; transgender and gender diverse and LGBTQ+
WHAT DO WE KNOW?
Background – sexual orientation & mental health

• Questions about sexual orientation included in representative general population surveys since 1990s

• The 2007 Adult Psychiatric Morbidity Survey: first UK national survey to ask about sexual orientation

• There are many studies on the prevalence of mental health problems in sexual minorities compared with heterosexuals
Background – gender identity or expression

- Questions about gender identity have not been included in many (any?) national health surveys
- Far fewer studies of mental health in transgender and gender diverse compared with cisgender people
- Quality a problem: Most studies are of small convenience samples with no cisgender comparison group
- This is a gap that the field is addressing
Mental health of sexual minorities. A systematic review

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Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys

Joanna Semlyen\(^1\), Michael King\(^2\), Justin Varney\(^3\) and Gareth Hagger-Johnson\(^4\)*
What were the key findings?

- Sexual minorities at increased risk of:
  - Depression, anxiety, eating disorders
  - Self-harm and suicidality
  - Drug and alcohol misuse

- All groups & all dimensions of sexual orientation (behaviour, attraction, identity) at higher risk

- Bisexual people (esp women) at highest risk

- In adults, associations largest in those aged 55 and over
Global health burden and needs of transgender populations: a review

Review

A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States

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HIGHLIGHTS

- Transgender mental health literature is limited by mostly correlational studies.
- Social stress (violence, transphobia, stigma) is positively associated with mental health problems.
- Coping and social support are negatively associated with mental health problems.
- There is a need for prospective investigation of pathways to poor mental health.
What were the key findings?

• Based on the small unrepresentative convenience samples, the prevalence of mental health problems in transgender and gender diverse people is likely to be very high.

• “Few population level data exist with which to monitor the health of transgender and gender diverse people worldwide, because routine national and international health surveillance efforts in most countries do not assess gender identity or expression.”

(Reisner et al., 2016; Lancet)
Psychiatric Diagnoses and Comorbidities in a Diverse, Multicity Cohort of Young Transgender Women Baseline Findings From Project LifeSkills

Sari L. Reisner, ScD; Katie B. Biello, PhD, MPH; Jaclyn M. White Hughto, MPH; Lisa Kuhns, PhD, MPH; Kenneth H. Mayer, MD; Robert Garofalo, MD, MPH; Matthew J. Mimiaga, ScD, MPH

Published online March 21, 2016. Corrected on July 5, 2016.
Finding

• Cross-sectional study of 298 transgender women aged 16-29 years from Project LifeSkills (HIV prevention study in Chicago & Boston)
  • current depression 15%
  • Suicidality 20%
  • generalized anxiety disorder 8%
  • posttraumatic stress disorder 10%
  • alcohol dependence 11%
Suicidality among Gender Minority Youth: Analysis of 2017 Youth Risk Behavior Survey Data

Kasey B. Jackman, Billy A. Caceres, Elizabeth J. Kreuze, and Walter O. Bockting
• Data from the 2017 Youth Risk Behavior Survey, USA
• 17,853 students surveyed in 2017 (mean age 15)
• Youth were transgender (1.3%), gender-questioning (1.4%), or cisgender (97.3%)
WHAT’S NEW?
What’s new? - 1

- We compared data on depression and anxiety in APMS 2007 and APMS 2014

- Mental health inequalities didn’t change 2007 - 2014

- Compared to heterosexuals, bisexual and lesbian & gay people more likely to have depression & anxiety
  - adjusted odds ratio 2.86 (95% CI: 1.83, 4.46)

- Mental health inequalities have not narrowed, despite increasing societal acceptance.
Mental health, social adversity, and health-related outcomes in sexual minority adolescents: a contemporary national cohort study

Rebekah Amos, Eric Julian Manalastas, Ross White, Henny Bos, Praveetha Patalay

Summary

Background Sexual minority adolescents are more likely to have mental health problems, adverse social environments, and negative health outcomes compared with their heterosexual counterparts. There is a paucity of up-to-date population-level estimates of the extent of risk across these domains in the UK. We analysed outcomes across mental health, social environment, and health-related domains in sexual minority adolescents compared with their heterosexual counterparts in a large, contemporary national cohort.
Millennium Cohort study (Amos et al 2020)

• Looked at mental health, social environment, health-related domains in sexual minority compared with het adolescents

• Large, contemporary representative national cohort:
  • MCS: over 9000 14 years olds

• Answered a question about sexual attraction
**Figure 1: ORs for sexual minority adolescents compared with heterosexual adolescents**

Sex, parental income, number of siblings, housing tenure & ethnicity variables were controlled for in all models. ORs greater than 1 indicate increased odds in sexual minority adolescents. OR=odds ratio.
Depression and self-harm from adolescence to young adulthood in sexual minorities compared with heterosexuals in the UK: a population-based cohort study

Madeleine Irish, Francesca Solmi, Becky Mars, Michael King, Glyn Lewis, Rebecca M Pearson, Alexandra Pitman, Sarah Rowe, Ramya Srinivasan, Gemma Lewis

Summary
Background There are few population-based cohort studies of the emergence, development, and persistence of mental health problems in sexual minorities compared with heterosexuals. We compared trajectories of depressive symptoms in sexual-minority adolescents and heterosexual adolescents from when they were aged 10 years to 21 years, and examined self-harm at ages 16 years and 21 years.

Methods The study included 4828 adolescents born between April 1, 1991, and Dec 31, 1992, from the Avon Longitudinal Study of Parents and Children birth cohort (Bristol, UK) who reported their sexual orientation when aged 16 years. Depressive symptoms were assessed with the short Mood and Feelings Questionnaire (sMFQ) at seven timepoints between ages 10 years and 21 years. A self-harm questionnaire was completed at ages 16 years and 21 years. Analyses were linear multilevel models with growth curves (depressive symptoms), logistic multilevel models (self-harm).
DEPRESSIVE SYMPTOMS
Figure: Predicted mean sMFQ scores over time
Mean sMFQ scores are from the final linear multilevel model (n=501 for sexual-minority adolescents; n=3384 for heterosexual adolescents). Bars indicate 95% CIs. sMFQ—short Mood and Feelings Questionnaire.
Meaning

• Mental health disparities between sexual minorities and heterosexuals are present early in adolescence

• Sexual minority adolescents in UK consistently experience more depression throughout school years to young adulthood

• Prevention & early intervention are a priority
  – Minority stress
  – Heteronormative environments
Where next for the research?

- High quality population-based data on mental health in trans and gender diverse, compared with cisgender people

- Global studies in middle and lower-income settings

- High-quality studies on intersectionality, including sexual and/or gender identity and race and ethnicity

- High-quality longitudinal studies on developmental pathways

- LGBTQ+ people continue to experience stigma, discrimination, violence - Robust evidence on mechanisms, pathways, timings - to support societal changes and public health interventions

- Involvement and co-production of research with LGBTQ+ people
THANK YOU
SUPPLEMENTARY SLIDES