Factors That Impact Sexual Minority Adolescents' Mental Health and Possible Protective Measures

Qiying Li[1,a,*]

[1]*Washington University in St. Louis 1 Brookings Dr, St. Louis, MO 63130, United States*
a. kristina.li@wustl.edu
*corresponding author

Abstract: The article offers an in-depth exploration of the challenges and mental health disparities encountered by sexual minority youth. It underscores the widespread discrimination and prejudice these individuals face in various settings, including family dynamics and educational environments. The study highlights the adverse impact of societal discrimination and the lack of support on the mental health, academic performance, and overall well-being of sexual minority youth. Key findings reveal increased levels of stress, mental health disorders, and a higher likelihood of suicide attempts among these groups, emphasizing the critical need for systemic changes and targeted interventions. In conclusion, the article urges concerted efforts from all sectors of society to tackle the challenges faced by sexual minority youth. The implementation of comprehensive, evidence-based interventions and policies that foster acceptance, inclusivity, and support is essential for their mental health and well-being. The ultimate aim is to cultivate an environment where sexual minority youth feel valued, accepted, and supported, thereby contributing to a healthier and more inclusive society.

Keywords: discrimination, sexual minority youth, mental health, inclusivity

1.   Introduction

As society becomes increasingly diverse and inclusive, there is a growing recognition of the rights and well-being of minority groups, with particular attention given to the LGBTQIA+ community. Numerous events organized by related advocacy organizations take place annually to promote greater understanding of LGBTQIA+ diversity. Examples of such events include the International Day Against Homophobia, Biphobia, and Transphobia on May 17th, as well as the National Coming Out Day on October 11th. Despite the rising awareness of the need to support sexual minority individuals, they continue to face elevated levels of stress compared to their heterosexual counterparts. This heightened stress often results from experiences such as school bullying and family rejection, which are primarily rooted in prevailing negative societal attitudes towards them. Moreover, sexual minority individuals are disproportionately vulnerable to violence, both within systemic structures and on an interpersonal level [1]. Symmetrical violence arises due to policies and social norms that discriminate against sexual minority individuals. It is perceived that abusive behaviors towards sexual minorities are socially and popularly accepted through acquiescence. Conversely, interpersonal violence occurs at the individual level, further compounding the distress experienced by sexual minority individuals. Both forms of violence exacerbate feelings of isolation and diminish the overall well-being of sexual

minority individuals. This hostile environment, shaped by discrimination, prejudice, and stigma targeting sexual minority individuals, significantly increases their susceptibility to mental health challenges [2], which include conditions such as major depressive disorder and post-traumatic stress disorder (PTSD), with their origins often traceable back to the formative adolescent years of sexual minority individuals.

Adolescence represents a pivotal phase characterized by substantial physical, cognitive, and socio-emotional growth, encompassing skill acquisition, identity, and attitude formation [3]. Sexual orientation typically developed during this period, although individual awareness may vary. Adolescents may experience attractions to individuals of the same or opposite gender, or both, with these attractions manifesting in romantic, sexual, or both domains. Over time, these inclinations often crystallize into a consistent sexual orientation. It's worth nothing that lesbian, gay, bisexual, transgender, queer, and asexual (LGBTQA+) adolescents confront a higher likelihood than their heterosexual peers of encountering stress-inducing life events, such as sexual orientation related discriminations and isolated by family members and classmates which, in turn, contribute to mental health concerns [4].

The evidence underscores that sexual minority youth experience elevated rates of suicide and mental health disorders and may face challenges in their overall developmental trajectory compared to their heterosexual peers. In this article, we will investigate the various factors adversely affecting the mental health of sexual minority youth and explore potential protective measures.

2.   Methods

The study was designed to address the following research questions: 1) What specific stressors do sexual minority youth encounter in comparison to their heterosexual counterparts? 2) What factors have adverse effects on the mental health of sexual minority youth? 3) Are there potential protective measures that can enhance the mental well-being of these youth? Various keywords were employed to conduct a comprehensive search for relevant studies. These keywords included "stress faced by sexual minority individuals," "school bullying in sexual minority youth," "mental health of sexual minority youth," "the positive effects of coming out," and "the development of prejudiced attitudes among children." This extensive terminology selection was intentional, aimed at capturing a greater number of studies and reducing the likelihood of omitting relevant research. As this study aimed to address a critical gap in the existing literature, it is noteworthy that comprehensive investigations into the stress experienced by sexual minority youth and potential interventions to ameliorate their circumstances are somewhat limited. Additionally, the reference studies were expanded to encompass research on the mental health of sexual minority adults, as these studies may provide insights into interventions designed to mitigate prejudice and discrimination in workplace settings. In summary, following an extensive review of empirical studies and meta-analyses, it is generally consensus that sexual minority youth tend to experience heightened levels of stress during their adolescence in comparison to their heterosexual peers. Moreover, there is evidence suggesting that explicit and implicit discrimination among children can be reduced through specific interventions. The overarching goal of this review was to extract key insights regarding the mental health of sexual minority youth and strategies for enhancement.

3.   Analysis of related studies

3.1.   Distrimination

Discrimination against sexual minority groups is more ubiquitous than people previously believed displayed gender differences. Since adolescence is the period marked by identity and attitude formation, most children start to realize their sexual orientation and begin forming biased attitudes

toward people with different sexual orientations. Furthermore, a large body of literature suggests that males typically exhibit more prejudice toward people from other groups compared to females, providing insights for intervention targets. The study conducted by Baker & Fishbein [5] investigated the correlation between gender and prejudice towards sexual minority individuals. The adolescents who participated in the study were high school students with middle and upper-middle-class socioeconomic backgrounds. The Homosexuality Attitudes Scale was used to assess participants' views of gay males and lesbians. The study discovered that male adolescents are more prejudiced against homosexual men and lesbian women than female adolescents, particularly against gay males. Moreover, the study conducted by Poteat & Anderson [6] showed similar results. In Poteat & Anderson's study, they assessed adolescent participants' sexual prejudice with the 20-item Attitudes Towards Lesbians and Gay Men scale. The survey was conducted for two years, including four assessment periods. The long-term survey's results indicated that male adolescents' prejudice towards homosexual males did not decrease, although female adolescent prejudice did. Based on the findings of both studies, male adolescents are more prejudiced and persistently hold biased attitudes toward sexual minority youth compared to female adolescents. The discrimination displayed by adolescents has a significant negative impact on their sexual minority peers especially under the environment of school.

3.2. Discrimination in School

The minority stress model is crucial for understanding the unique stressors and challenges faced by sexual minority youth due to their sexual orientation or identities. Minority stress theory develops on the social causation hypothesis by arguing that difficult social situations do not directly cause poor health in minority individuals, but rather that difficult social situations generate stress in minority individuals, which accumulates over time, resulting in long-term wellness deficits [7]. These stressors can have a negative impact on their mental health, and sexual minority youth are more likely to experience discrimination in schools because of their sexual orientation. This discrimination can lead to bullying, with sexual minority adolescents being approximately twice as likely to experience bullying compared to heterosexual youth [8]. Additionally, sexual minority boys are more likely to be bullied than sexual minority girls, which may be due to their deviation from traditional gender roles, and the related stereotypes of their appearance. For example, some lesbians might not conform to traditional gender roles, according the study conducted by Clarke and Turner [9], lesbian women were expected to have a masculine look, meaning they "wore men's clothes, (baggy) trousers, and had short, spiky hair," (p. 269), leading to perceptions that they are not "lady-like enough,"(Kurki), and they may also dress in a way that covers their physical development, resulting in isolation from their peers. Similarly, some sexual minority boys may be perceived as "not masculine enough." According to Clarke and Turner's study, homosexual men were believed to look like "more feminine styles and colors, more jewelry, more revealing clothes, and (bleached) blond or highlighted hair than the average heterosexual man," which deviates from the traditional role of males, leading to harassment and bullying. These forms of unacceptance and hatred can cause sexual minority youth to feel insecure in school, which can result in poor academic performance. To further exacerbate this issue, sexual minority youth may also face discrimination from teachers and staff in schools, leading to feelings of exclusion and marginalization. This can result in a lack of support and resources for these youth, making it even more difficult for them to succeed academically. Because of these discrimination and hatred sexual minority youth face in schools, they might perform poorly academically compared with their heterosexual peers.

3.3.   Performing Poorly Academically

School is a crucial environment for youth's development, especially for their academic development. There are many studies suggesting the discrimination is the leading factor of the academic performance disparities faced by sexual minority youth. They might experience "name-calling, rumor-spreading, teasing, and assault", which represent homophobic victimization. The experiment conducted by Coulter explained why sexual minority individuals are more likely to perform poorly academically. According to research conducted by Coulter[10], there are differences in positive youth development between heterosexual and non-heterosexual adolescents. The study utilized a long-term survey to investigate positive youth development, which they defined as self-measured characteristics of competence, confidence, connection, character, and caring/compassion among teenage participants while also asking them about their sexual orientation. The results of the study showed that heterosexual youth scored higher than sexual minority youth in certain areas of positive youth development such as competence, confidence, and connection. This suggests that compared to their heterosexual peers, sexual minority teenagers may have less positive views of their behavior in social, academic, cognitive, and occupational domains. Additionally, they may view themselves less positively overall and expect to receive less support from their peers, family, and society. These findings could provide insight into why sexual minority youth may struggle academically and socially to some extent. It is important to note that these differences in positive youth development do not indicate that sexual minority youth are inherently less capable or competent than their heterosexual counterparts. Instead, these differences may be attributed to the challenges that sexual minority youth face in terms of stigma, discrimination, and lack of social support.

3.4.   Mental Health of Sexual Minority Youth

Besides academic performance disparities faced by sexual minority youth, mental health disparities are another big concern. According to the study performed by Terra, 15.18% of the participants self-identified themselves as LGBTQA+. Compared with participants who identified themselves as heterosexual, sexual minority individuals displayed higher rates of anxiety disorders, depressive disorders, and post-traumatic stress disorder. The similar results showed by the study conducted by Alibudbud [11], indicating "LGBT+ respondents had the highest rates of significant depression, anxiety, and stress". His study also suggested that the highest amount of discrimination faced by sexual minority groups compared with heterosexual cisgender men and women, which might contribute to their poorest mental health. Sara.B's research [12] focused on investigate mental health of sexual minority groups in term of suicide attempts. The findings revealed that compared with non-LGBTQ patients, LGBTQ+ patients overall had a higher incidence of suicide attempts. In addition, it was shown that LGBTQ+ patients reported higher rates of physical, sexual, and emotional abuse than non-LGBTQ patients. Bullying was also more prevalent among LGBTQ+ patients, with 62.6% being bullied for perceived homosexuality, gay, or bisexual identities. Additionally, 43.3% of these patients faced prejudice because of their sexual orientation or gender identity, which correlated with a higher likelihood of suicide attempts. The findings suggested the crucial connection between discrimination, abuse, and mental health challenges in sexual minority youth, highlighting the need for special support for them and intervention strategies.

3.5.   Family Member' Attitudes

Despite the numerous challenges that sexual minority youth encounter in schools, they also face distinct stressors in their families. Parents' acceptance plays a crucial role in the mental well-being of sexual minority youth. The attitudes of parents towards their children's coming out experiences are an integral component of their beliefs regarding self-confidence, self-esteem, and self-worth [13].

When considering the prospect of coming out to their parents, children may be plagued with anxiety concerning their parents' rejection attitudes. In an interview, a mother who joined the PFLAG (Parents, Families, and Friends of Lesbians and Gays) organization stated [14] that after she suspected that her son might be gay, she initiated conversations with him about LGBTQA+ related topics and probed him about his sexual orientation. After a few days, her son came out to her and confided that he had been struggling between his self-identification and his relationship with his parents, to the point of even contemplating suicide. In the interview, it was noted that the crisis being discussed was not limited to a minority situation. The crisis faced by the majority of sexual minority individuals was analyzed in detail by research conducted by Mills-Koonce[15], which reviewed numerous empirical studies on the mental health of sexual minority youth. The researchers found that, in general, parental acceptance of their children's sexual orientation is correlated with higher levels of self-esteem and self-regulation in children, as well as lower levels of externalizing and internalizing behaviors such as depression, self-injury, and suicidal ideation. On the other hand, parental rejection of their children's sexual orientation, such as through denial or attempts to control or "cure" their children's perceived "abnormal" sexual orientation, is associated with significantly higher levels of suicidal thoughts, suicide attempts, and self-harming actions. These rejections can have a profound impact on the mental health and well-being of sexual minority youth, which may result in long-term consequences. These findings highlight the importance of parental acceptance and support for the sexual orientation of their children, and the potential harm that can be caused by rejection or non-acceptance.

3.6. Social Interactions

Besides negatively impacting their academic performance, the unique stresses and discriminations sexual minority youth face at school and family can cause them to have less positive social interactions with others, which has a negative impact on their mental development and mental health. Research conducted by Perales has explored the differences between heterosexual adolescents and sexual minority youth in terms of their social interactions. During the study, adolescence participants were asked to keep detailed diaries of their daily activities, including those both at school and at home. The researchers then measured the time spent with different companions over the course of the study, including time spent with parents, siblings, and friends. The findings indicated that sexual minority adolescents spent less time with family members and friends compared to their heterosexual counterparts. Additionally, they spent more time engaged in activities that did not involve social interactions. The study also revealed that sexual minority youth had more non-face-to-face communications compared to heterosexual adolescents, but had less face-to-face communications. This suggests that sexual minority youth may be less willing to engage in social interactions with others due to fears of rejection or discrimination. As a result, they may receive less support and feel a diminished sense of security and belonging in society. Moreover, according to the study performed by Hatzenbueler, [16] compared with adolescents who were attracted to the opposite sex, sexual minority youth—especially females—were more socially isolated, less connected, and had less social status in peer networks. For sexual minority males, higher levels of isolation, together with lower levels of connection and status within a network, were linked to higher levels of depressive symptoms in their adolescents. These findings highlight the importance of addressing the unique social and emotional needs of sexual minority youth in order to promote their mental health and well-being. Compared with their heterosexual peers, sexual minority individuals have less social interaction and receive less support because of discrimination. However, based on the findings, sexual minority youth need more support from family, school, and community to secure their mental health and well developments. Therefore possible interference to reduce discrimination and prejudice is needed.

3.7. Possible Interferences to Reduce Prejudice

There are a number of studies conducted to decrease people's biased attitudes. The study conducted by Gonzalez [17] aimed to decrease implicit pro-White/anti-black racial bias in children from 5 to 12 years old and adults. Participants assigned to the experimental condition read stories about Black prosocial and White antisocial characters, whereas those in the control condition heard stories about White prosocial and White antisocial characters. After reading the stories, participants from both conditions were directed to answer questions related to the stories to ensure that they had understood them. Then, the children completed the Child IAT, which was designed to measure implicit racial bias using child-friendly content. The Child IAT used in the study measured the association between race (Black/White) and affect (good/bad). The results of the intervention showed that the racial bias of children aged 9 to 12 was reduced for up to 1 hour after listening to stories about Black prosocial and White antisocial characters. However, the effectiveness of the intervention on younger children (5 to 8 years old) was unclear. The findings suggest that the intervention designed to reduce implicit bias in 9 to 12 year old children by exposing them to counter-stereotypical examples was effective.

A study conducted by Matsutaka [18] provides insights for designing interventions to reduce bias towards sexual minority individuals. The intervention, called PRIDE, is a training program for human resource employees and health professionals aimed at encouraging effective workplace responses to discrimination and harassment faced by lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) individuals. The training is divided into four sessions. In the first session, the objectives of the session and the fundamental rules of the training are explained to the participants. To provide the participants with basic knowledge of LGBTQ+ individuals, lectures are given on suitable terminology, psychological difficulties experienced by LGBTQ+ persons, heterosexism, and the necessity for LGBTQ+ consulting services. The goal of the first session is to increase participants' basic knowledge of LGBTQ+ groups and make them realize their value in SOGI. The second session focuses on LGBTQ+ individuals' stories. During this session, one adult lesbian and one transgender man share their life histories and challenges associated with their sexual orientation or gender identity, followed by a question-and-answer round. The intention of this session is to increase participants' comprehension of the challenges faced by LGBTQ+ people on an individual level and to have close interaction with them. The third session aims to improve participants' skills and self-efficacy in providing consultation services for LGBTQ+ employees through lectures. In the final session, the participants are assigned to groups to create an action plan to provide help for LGBTQ+ people in the workplace to increase participants' activism. The results of the study showed that the PRIDE training was effective in improving participants' levels of knowledge, comprehension, self-efficacy, and reducing overt homophobia and transphobia. The findings suggest that the four-session training was effective in reducing bias towards sexual minority individuals and providing effective support for the development of sexual minority youth.

3.8. Inclusive School Environments

In addition to interference to reduce discrimination and prejudice, an inclusive school environment is also important in assisting youth from sexual minority groups, based on the research by Ioverno [19] and Madireddya and Madireddy [20]. Ioverno's research focused on the effect of inclusive school policies. In the study, the researcher assessed the inclusiveness of policies from seven factors: " (1) anti-discrimination law that is applicable within education settings; (2) anti-bullying or national action plan; (3) mandatory inclusive national curricula; (4) mandatory teacher training; (5) support systems provided by or funded by the government for learners; (6) publicly fun- ded information and guidelines for LGBTQI learners and their families; and (7) partnerships between governments and civil society to improve educational inclusiveness." The results revealed that a greater probability of

life satisfaction and lower likelihood of self-concealment and felt lack of safety at school were associated with more inclusive school policies. In particular, inclusion in the curriculum was linked to a decreased risk of bias-based school violence, a sense of insecurity at school, general and bias-based harassment, and depressive/sad moods. In addition, inclusive training programs for teachers are linked to a reduced likelihood of bias-based school violence complaints, a safer school environment, self-concealment at school, a higher likelihood of LGBTI youth attending school, and a lower likelihood of depressive or gloomy emotions.

Madireddya and Madireddy investigated models for the improvement of mental health and prevention of suicide among LGBTQ+ youth. Their research found that in schools with anti-harassment measures, LGBTQ+ students are more likely to feel comfortable and are less likely to experience harassment. There was also a correlation between fewer suicide attempts and anti-bullying laws that included sexual orientation. Furthermore, LGBTQ+ kids who attend school in districts with anti-bullying legislation that includes sexual orientation and gender identity are often less likely to have bad mental health outcomes like suicidality. Both studies suggested the crucial role of inclusive school policies in enhancing the well-being of sexual minority youth, highlighting the need for comprehensive and supportive educational environments.

4.   Conclusion

In conclusion, this comprehensive review underscores the multifaceted challenges faced by sexual minority youth, which significantly impact their mental health, academic performance, and overall well-being. The pervasive discrimination and prejudice encountered in various spheres – from family dynamics to educational settings – highlight the urgent need for systemic changes and targeted interventions. The research suggested the crucial role of inclusive environments, both in family and educational settings, in mitigating these negative outcomes. Moreover, interventions aimed at reducing prejudice and improving social interactions could create more accepting and supportive communities for sexual minority youth. The findings of this review research call for concerted actions from all societal sectors to address the special challenges faced by sexual minority youth. Implementing comprehensive, evidence-based interventions and policies that promote acceptance, inclusivity, and support is imperative for the mental health and well-being of these individuals. Ultimately, fostering an environment where sexual minority youth feel valued, accepted, and supported is not just a moral imperative but a critical step towards building a healthier, more inclusive society.

References

[1]   Lund, E. M., Burgess, C., & Johnson, A. J. (2020). Queer violence: Confronting diverse forms of violence against LGBTQ+ persons and Communities. Violence Against LGBTQ+ Persons, 1–4. https://doi.org/10.1007/978-3-030-52612-2_1

[2]   Meyer, I. H. (2003). Prejudice, social stress, and Mental Health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

[3]   Perales, F., Campbell, A., & O'Flaherty, M. (2020). Sexual orientation and adolescent time use: How sexual minority youth spend their time. Child Development, 91(3), 983–1000. https://doi.org/10.1111/cdev.13245

[4]   Terra, T., Schafer, J. L., Pan, P. M., Costa, A. B., Caye, A., Gadelha, A., Miguel, E. C., Bressan, R. A., Rohde, L. A., & Salum, G. A. (2022). Mental health conditions in lesbian, gay, bisexual, transgender, queer and asexual youth in Brazil: A call for action. Journal of Affective Disorders, 298, 190–193. https://doi.org/10.1016/j.jad.2021.10.108

[5]   Baker, J. G., & Fishbein, H. D. (1998). The development of prejudice towards gays and lesbians by adolescents. Journal of Homosexuality, 36(1), 89–100. https://doi.org/10.1300/j082v36n01_06

[6]   Poteat, V. P., & Anderson, C. J. (2012). Developmental changes in sexual prejudice from early to late adolescence: The effects of gender, race, and ideology on different patterns of change. Developmental Psychology, 48(5), 1403–1415. https://doi.org/10.1037/a0026906

[7] Paul Poteat, V., Scheer, J. R., & Mereish, E. H. (2014). Factors affecting academic achievement among sexual minority and gender-variant youth. The Role of Gender in Educational Contexts and Outcomes, 261–300. https://doi.org/10.1016/bs.acdb.2014.04.005

[8] Kurki-Kangas, L., Marttunen, M., Fröjd, S., & Kaltiala-Heino, R. (2018). Sexual orientation and bullying involvement in adolescence: The role of gender, age, and mental health. Journal of School Violence, 18(3), 319–332. https://doi.org/10.1080/15388220.2018.1488136

[9] Clarke, V., & Turner, K. (2007). V. Clothes Maketh the queer? dress, appearance and the construction of lesbian, gay and bisexual identities. Feminism &amp; Psychology, 17(2), 267–276. https://doi.org/10.1177/0959353507076561

[10] Coulter, R. W. S., Herrick, A. L., Friedman, M. R., & Stall, R. D. (2016). Sexual-orientation differences in positive youth development: The mediational role of bullying victimization. American Journal of Public Health, 106(4), 691–697. https://doi.org/10.2105/ajph.2015.303005

[11] Alibudbud, R. (2022). Gender in mental health: Comparison of the rate and social factors of depression, anxiety, and stress among young adult Filipino heterosexual cisgender men and women and LGBT+ individuals. International Journal of Social Psychiatry, 69(2), 430–437. https://doi.org/10.1177/00207640221106874

[12] VanBronkhorst, S. B., Edwards, E. M., Roberts, D. E., Kist, K., Evans, D. L., Mohatt, J., & Blankenship, K. (2021). Suicidality among psychiatrically hospitalized lesbian, gay, bisexual, transgender, queer, and/or questioning youth: Risk and protective factors. LGBT Health, 8(6), 395–403. https://doi.org/10.1089/lgbt.2020.0278

[13] Feinstein, B. A., Wadsworth, L. P., Davila, J., & Goldfried, M. R. (2014). Do parental acceptance and family support moderate associations between dimensions of minority stress and depressive symptoms among lesbians and gay men? Professional Psychology: Research and Practice, 45(4), 239–246. https://doi.org/10.1037/a0035393

[14] Goldfried, M.R. and Goldfried, A.P. (2001), The importance of parental support in the lives of gay, lesbian, and bisexual individuals. J. Clin. Psychol., 57: 681-693. https://doi.org/10.1002/jclp.1037

[15] Mills-Koonce, W. R., Rehder, P. D., & McCurdy, A. L. (2018). The significance of parenting and parent-child relationships for sexual and Gender Minority Adolescents. Journal of Research on Adolescence, 28(3), 637–649. https://doi.org/10.1111/jora.12404

[16] Hatzenbuehler, M. L., McLaughlin, K. A., & Xuan, Z. (2012). Social networks and risk for depressive symptoms in a national sample of sexual minority youth. Social Science &amp; Medicine, 75(7), 1184–1191. https://doi.org/10.1016/j.socscimed.2012.05.030

[17] Gonzalez, A. M., Steele, J. R., Chan, E. F., Lim, S. A., & Baron, A. S. (2021). Developmental differences in the malleability of implicit racial bias following exposure to counterstereotypical exemplars. Developmental Psychology, 57(1), 102–113. https://doi.org/10.1037/dev0001128

[18] Matsutaka, Y., Otsuka, Y., Tsuno, K., Iida, J., & Fuji, K. (2022). Development and evaluation of a training program to reduce homophobia and transphobia among human resource staff and health professionals in the workplace: A randomized controlled trial. Psychology of Sexual Orientation and Gender Diversity. https://doi.org/10.1037/sgd0000590

[19] Ioverno, S. (2023). Inclusive national educational policies as protective factors for LGBTI Youth Adjustment: An European cross-national study. Journal of Adolescent Health, 72(6), 845–851. https://doi.org/10.1016/j.jadohealth.2023.01.013

[20] Madireddy, S., & Madireddy, S. (2022). Supportive model for the improvement of Mental Health and prevention of suicide among LGBTQ+ youth. International Journal of Adolescence and Youth, 27(1), 85–101. https://doi.org/10.1080/02673843.2022.2025872