Special Issue: Mental Health and Sexual and Gender Minority Youth

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As a third-year medical student, I once made a pediatric patient scream.

A young teen with poorly controlled chronic health issues and a difficult home situation, "Alex" had received no visitors over the preceding 5 days of her hospitalization and made it clear that the medical staff were a poor substitute. As I worked with Alex, she gradually opened up and became curious—about medicine, about what it means to be a medical doctor versus a medical student, and about me—where I was from, what television shows I liked, and if I knew about her favorite YouTube stars.

"Do you have a boyfriend?" she asked.

I replied, "No, I'm actually married. I have a wife."

Alex shrieked.

My heart stopped.

"Are you GAY?"

My chest suddenly tight with unease, I said, "Yes."

"Me too! I've never met an adult who's gay!"

Alex visibly brightened, cracking a wide smile as she told me that she was a lesbian and that I was the first adult and the second person with whom she had ever shared her identity (the first being a friend who had recently come out). Alex's mother had told her "being anything but straight is a sin and you'll go to hell." Alex planned on "coming out" to her mother once she was old enough to support herself. Alex said she knew that her mother would kick her out upon coming out, so she wanted to be able to take care of herself. Her only access to community, role modeling, and support was through watching YouTube videos of a lesbian couple

and talking with a single peer. Thirsty for connection and affirmation, she peppered me with questions.

Honored and humbled to be entrusted with Alex's disclosure, I returned to my clinical team to discuss how to best incorporate this information into her care. I was surprised when the supervising resident expressed concern and discomfort, explaining that she was inexperienced about "these types of complex situations" and recommended I speak to Alex's social worker. I was again surprised when the attending, concerned about the potential negative impact of discontinuity of care, asked if Alex would be better served "having this conversation with someone else that she will have more long-term contact with."

I was shocked when the social worker flatly refused to speak to Alex: "Oh, I know her. She has lots of problems. And *this* isn't even related to her medical problems. She can deal with private matters in her private life."

The data are convincing: extensive mental and physical health disparities exist between sexual and gender minority (SGM) youth and adults, and their counterparts in the general population. The etiology of these disparities is multifactorial, with societal stigma playing a key role in their creation and perpetuation. Research also shows that health care providers have played an undeniable role in this process. A substantial portion of SGM individuals avoids or delays seeking care due to past experiences of bias and discrimination in healthcare. In turn, a significant fraction of providers and providers in training reports discomfort and even a lack of competence in addressing SGM-specific health concerns and incorporating culturally-responsive practices in providing care to SGM patients.

As a mental health provider in training, budding educator, SGM health researcher, and a queer cisgender woman

with non-normative gender expression, I am delighted to introduce this special lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+*) issue of JACAAP Connect dedicated to exploring the following: stigma and mental health among SGM populations (Structural Stigma, Chavez et al.), mental health concerns of sexual minority youth (Mental Health Among Sexual Minority Youth, Marin-Rodriguez et al.), and SGM-specific mental health interventions (A Review of Mental Health Interventions for Lesbian, Gay, Bisexual, and Transgender Youth and Adults, Murota et al.). It is my sincere hope that this Special Issue will prove a useful resource for students, trainees, and practitioners who seek to better understand or to review what is known about mental health among SGM youth, and to disseminate best practices and promising innovations.

This Special Issue began as a simple inquiry about a potential writing experience for one of my pre-medical mentees passionate about SGM health. That simple inquiry blossomed with the vision and support of Dr. Oliver Stroeh, Editor of *JAACAP Connect* and Dr. Justin Schreiber, Editor-in-Chief of *JAACAP Connect*, who asked me to dream bigger and expand the proposed article into a comprehensive special issue. Over the course of this project, I have had the pleasure of working with an impressive and inspiring group of trainees and pre-medical applicants, some of whom I knew before

and others of whom I have had the pleasure of meeting through this project. My sincerest thanks and appreciation to Dr. Alexis M. Chavez, Dr. Brenda Marin-Rodriguez, and Dinora M. Murota for their passion, curiosity, dedication, and patience. I am also incredibly grateful to Dr. Scott Liebowitz, Co-Chair of the AACAP Sexual Orientation and Gender Identity Issues Committee, and his colleagues on the committee, Dr. Aron Janssen, Dr. Cynthia Telingator, and Dr. Peter T. Daniolos, who volunteered to serve as mentors and content experts for this project.

Alex left the hospital a few days later. In that time, we as a team had several opportunities to discuss in depth how Alex's identity was intimately tied to her risk for and experience of chronic disease, as well as to her unique life experience, challenges, and strengths. We also had the opportunity to provide high quality and compassionate care, which by necessity included addressing Alex's disclosure and connecting her with community resource without violating her confidentiality or our legal and ethical obligations as healthcare providers caring for a minor.

May this LGBTQ+ Special Issue inspire, inform, and support such important discussions, wherever they may be-in the clinic, in the classroom, in the community, in research or elsewhere!

About the Author

Nix S. Zelin, MD, currently conducts human sexuality research at For Goodness Sake, LLC. She is passionate about LGBTQI+ mental health, mentorship and medical education.

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^{*}Variations of this acronym will appear based on authors' usage throughout manuscripts.