Mental Health Among Sexual Minority Youth

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The term sexual minority youth (SMY) encompasses youth who are not exclusively heterosexual. These are youth whose sexual orientations, identities, and/or behaviors are not exclusively heterosexual. *Sexual identity* is one's personal identity as a sexual being, a label used in regard to oneself, such as "gay," "lesbian," "queer," "pansexual," or "asexual."[1] Sexual identity may not be indicative of sexual behaviors and, thus, understanding both identity and behavior are essential to providing excellent care—particularly as SMY youth often face health disparities.[2] SMY youth, like their heterosexual peers, have strengths and vulnerabilities. Although the majority of sexual minority children and adolescents do well, they are likely to experience mental health issues such as anxiety, depression, substance abuse, and suicidality at higher rates than their heteronormative peers.[1,3] This phenomenon may be due to stigma, microaggressions, victimization, and/or discrimination regarding their sexual identities, which in turn effects overall health.[4] In a 2013 survey performed by the Gay, Lesbian & Straight Education Network, 55% of sexual and gender minority youth surveyed stated that they felt unsafe at school due to perceived/experienced harassment from peers.[5] This harassment can lead to an increase in suicidal ideation and attempts[6] due to internalized shame and stigma, social isolation, and conflict about their identities. Microaggressions, stigma, and shame may also be experienced at home and in the community. Healthcare providers are in a unique position to support minority youth across multiple domains if they are aware and informed of social supports and experiences of conflict.

In an attempt to improve the medical and mental healthcare practices provided to SMY, healthcare providers should be comfortable discussing these issues. Openness to listening to youth and supporting their identity development is essential to maintaining an alliance. Patients' trust in their providers is often impacted by their experience of feeling heard and seen. In the long-term, developing alliances includes gaining understanding of the patients' past and present relationships with their providers. Being aware of their positive and negative experiences can help providers understand the patients' willingness to seek medical and mental health support when needed.

Definitions

The following definitions reflect some current terminology that patients may use in describing their sexual identities.

Sexual Orientation: an individual's inclination to feel sexual attraction or arousal to a particular body type or identity. The term has also been used as an umbrella term, which encompasses three dimensions: identity, behavior, and attraction. An individual's sexual orientation identity is dependent on the gender identity of the person(s) an individual is romantically and/or sexually attracted to.[7] Sexual behavior refers to the sexual acts in which an individual engages. A person's sexual identity may be incongruent with that individual's behavior.

Sexual Minority: a group comprised of individuals whose sexual orientation identities and/or behaviors differ from the societal norm. This umbrella term includes youth who identify as gay, lesbian, bisexual, pansexual, and asexual,[8] as well as youth whose sexual partners do not identify with the opposite gender in a binary (male/female) model of gender.

Asexual: a term to describe a sexual orientation primarily characterized by low or absent sexual attraction. Asexuality is not the same as lacking romantic attraction or being celibate; some asexual individuals have romantic relationships and/or sexual relationships.[9]

Bisexual: a term to describe a sexual orientation characterized by romantic attraction to both female-identifying and male-identifying individuals.[7]

Demisexual: a term to describe a sexual orientation characterized by feeling sexual attraction only to people with whom an individual has an emotional bond.[10]

Gay: a term to describe a sexual orientation characterized by romantic and sexual attraction to persons of the same gender[3] in a binary model of gender. Some people, especially in the African American community, alternately identify as 'Same Gender Loving'.[10]

Heterosexual/Straight: a term to describe a sexual orientation characterized by romantic and sexual attraction to the opposite gender[7] in a binary model of gender.

Lesbian: a term to describe a sexual orientation of a female-identified person whose romantic and sexual attraction is primarily to other female-identified people.

Pansexual/Omnisexual: a term to describe a sexual orientation characterized by romantic attraction to others regardless of their gender identity or biological sex.[9]

Queer: historically, this term was derogatory slang used to describe individuals perceived as being part of a sexual or gender minority group. More recently, this term has been reclaimed, particularly by younger members of the sexual and gender minority community. In this more recent iteration, queer can (1) refer to an individual's sexual identity, (2) refer to sexual identity, sexual orientation, sexual behavior, gender identity or gender expression that does not conform to societal norms based on cisgenderism and heterosexuality, and (3) refer, as an umbrella term, to the LGBTQ community.

Questioning: a term for an individual exploring their sexual orientation, gender identity and/or gender expression.[10]

Sexual Development

An early awareness of one's sexuality begins during childhood.[11] However, the substantial physical, psychological, and socio-cultural changes that occur during adolescence often increase an individual's desire to explore and understand the various aspects of sexuality, including attractions, behaviors and identity.[3] The development of one's sexual identity can be affected by many factors, including the religion and the socio-cultural landscape in which one is raised. Therefore, SMY may "cover," or hide their true identity in order not to alienate family, friends, religious supports, and their communities.[12] Factors such as caregiver views on sexuality, peer relationships, sexual education, media exposure, family support, and cultural gender hierarchies can impact an individual's comfort with their sexual identity, sexual exploration, and sexual expression. Sexual identity may be fluid across development and experience.

Role of a Mental Health Provider to SMY

Individuals may develop rigid or fluid sexual identities. As a mental health provider, it is important that the provider supports the patients' understandings of their sexual identities. Moreover, it is important to help patients develop self-efficacy and a strong support system for all aspects of their identities. Self-efficacy can be promoted by providing an education on sexual health practices that promote healthy sexual relationships.

Although there is no uniformly recommended evidence-based treatment strategy to assist youth with negotiating adolescence as a SMY, there are various approaches, including family, psychodynamic, and cognitive-behavioral psychotherapeutic approaches, which have resulted in positive outcomes.[1] The initial responsiveness and openness of the clinician will set the tone for the therapeutic encounter. Closed-ended questions will often foreclose on the possibility of developing trust and openness on the part of the SMY. The patient is less likely to speak about same-sex attractions if the clinician assumes heterosexuality. Alternatively, identifying an adolescent with same-sex desires as gay or lesbian, or any assumptions made based on a single moment in time without the adolescent labeling themselves as such, may prohibit exploration of other sexual identities, attractions, or behaviors. By creating a safe and nonjudgmental space the therapist can explore feelings that the adolescent is experiencing.[1]

Caregiver Acceptance Versus Rejection

Building a strong support system can greatly empower young patients. Assessing the patient's emotional support from family or other caregivers is an important part of assessing safety and well-being. It is also important to assess school and community safety and support.

Some parents/caregivers may be resistant to embracing SMY. Parent/caregiver rejection of sexual minority young adults is correlated with higher levels of attempted suicide, depression, unprotected sexual activity, and substance abuse.[13,14] However, caregiver acceptance seems to be a protective factor to SMY health. Parent/caregiver support of sexual orientation in LGBT youth is correlated with decreased levels of substance abuse,[15] suicidality and depression, as well as greater self-esteem and better general health status.[16] If the clinician has an alliance with the parents and the permission of the child/adolescent, the clinician can address the parents' concerns and questions with the goal of supporting the family. Outside agencies such as Parents, Families and Friends of Lesbians and Gays (PFLAG) (**https://pflag.org**) also offer outside support and community for parents of SMY.

SMY who experience stigma and microaggressions within health care systems may be dissuaded from accessing healthcare. Trainees working in these environments should identify mentors who are willing to support them in advocating for infrastructural and policy changes to support minority youth.

Establishing Trust

Establishing trust with a patient is essential to the development of a positive professional relationship. Offering patients a place in which they feel comfortable disclosing all aspects of their lives and their identities can help them to address medical and mental health concerns across the lifespan. Attending to the following guidelines can be helpful in creating a positive therapeutic alliance:

- **Use preferred pronouns.** Rather than assume an understanding of a patient's identity, ask the patient about their preferred name and pronouns at the beginning of an interaction. Making this standard practice communicates openness and respect towards all patients.
- **Inquire about how a patient self-identifies with regards to sexual identity.** This may or may not be reflective of sexual practices, so it is important to inquire about sexual behavior and attraction, as well. Regardless of sexual practices, it is important to know how an individual identifies in a multidimensional way, and that it may change over time.
- **Provide privacy.** When talking about potentially difficult topics such as sexual orientation or gender identity, make sure not to address these topics for the first time in front of caregivers. Give patients privacy to express themselves and ask whether these are topics that can, or should, be addressed in front of their caregivers. Let the patient decide if and when they will discuss gender or sexual identity with their caregivers.
- **Address power dynamics.** Patients and their caregivers might be resistant to opening up to health care providers because of perceived power dynamics. Patients may feel that a provider has the power to act against their personal self-interest. Explain to patients and caregivers your role. Ask them openly about any anxieties they may have about mental health care and address compassionately any fears or misconceptions they may have.
- **Embrace narrative medicine.** In narrative medicine, the health provider asks the patient to describe which aspects of their lives are going well, and what parts are not going well. Therefore, instead of relying on particular identity labels and making assumptions about their struggles, let the patient define/explain who they are, what their life is like, and what they would like your help with.[17,18]

Creating a space where SMY feel safe in disclosing their sexual attractions, behavior, and identity to a mental health provider will facilitate a relationship based on

trust, mutual respect, and acceptance. Identity is not limited to one's sexual identity or sexual practices, but sexual identity is an aspect of development, which may shift and change over time. Support and acceptance allow for the integration of this important aspect of identity across the intersectionality of identity exploration and integration. The lack of support for this aspect of self can have negative consequences for the health and well-being of sexual minority patients. Clinicians are in a unique position to support these youth and develop an alliance that has positive long-term ramifications.

Take Home Summary

Sexual minority youth (SMY) encompasses youth whose sexual orientation, identities and/or behaviors are not exclusively heterosexual. SMY often face health disparities due to stigma. Healthcare providers can support SMY if they are informed of issues which these youth may confront. It is also essential to be aware of the importance of evaluating familial and community supports, and places where they may encounter emotional and physical harm.

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