

A Review of Mental Health Interventions for Lesbian, Gay, Bisexual, and Transgender Youth and Adults

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Objective: Lesbian, gay, bisexual, and transgender (LGBT) people, particularly LGBT youth, are at higher risk for developing a mental illness compared to their straight and cis-gender peers. As such, the purpose of this review is to identify evaluated mental health interventions tailored for LGBT youth and adults.

Method: A systematic review of peer reviewed articles related to mental health interventions in LGBT youth and adults was conducted for articles published before March 2018 via Ovid MEDLINE. In addition, a key word search of PubMed was conducted. In this review, four studies are examined, and two ongoing studies are noted. Articles were selected if they described an evaluated mental health intervention tailored for LGBT youth or adults.

Results: Four interventions were identified that met inclusion criteria: one study on a cognitive behavioral therapy (CBT) intervention for gender and sexual-minority youth, one attachment-based family therapy study adapted for suicidal lesbian, gay, and bisexual (LGB) youth and their parents, one CBT intervention for young gay and bisexual men, and one expressive writing intervention for gay, male college students. In addition, two ongoing studies on interventions for LGB young adults were identified.

Conclusion: There is a clear and concerning dearth of clinically evaluated mental health interventions for LGBT youth and adults, particularly of studies including transgender people, which should be viewed by researchers and clinicians as a call to action to address the mental health needs of LGBT youth and adults.

Compared to the general population, lesbian, gay, bisexual, and transgender (LGBT) youth, as well as the LGBT population as a whole, are at higher risk of developing mental illnesses (such as depression,

anxiety, eating disorders, and substance abuse disorders) and suicidal ideation.^{1,2,3,4,5,6,7,8,9,10} Indeed, LGBT individuals in their teens and early twenties are at higher risk for depression than even older LGB adults.^{5,11,12} Many researchers attribute these mental health disparities to minority stress, which includes stress due to internalized stigma and shame, as well as the discrimination that LGBT people face, not only from strangers, but from healthcare workers and their own families.^{13,14,15,16} Moreover, LGBT youth may experience especially high levels of stress, as early adolescence is the period during which a majority of LGBT youth “come out” and disclose their LGBT identity.¹⁷ Consequently, it is essential that LGBT youth receive appropriate mental health care that takes into account their particular hardships and distinct needs. Although some guidelines on affirmative mental health practice for LGBT youth exist for clinicians,^{13,18} there are very few studies on the efficacy of mental health interventions targeted towards LGBT youth or even the LGBT population as a whole. This review explores the literature on mental health interventions tailored to LGBT youth and/or adults, identifies and describes effective interventions, and determines areas for further study.

Method

A systematic review of peer-reviewed articles related to mental health interventions in LGBT youth and adults was conducted for articles published before March 2018. Articles were selected if they described an evaluated mental health intervention tailored for LGBT youth or adults. Articles were identified via Ovid MEDLINE using the search terms “LGBTQ AND interventions AND all ages AND English AND evaluation.” The search provided 256 results, of which 3 were selected for the final sample. Using PubMed’s Automatic Term Matching feature to search sequentially for matching subjects,

journals (if no matching subjects are identified), and authors (if neither matching subjects or journals are identified), PubMed was also searched with three sets of key words: “LGBT AND mental health AND intervention” (128 results, 0 selected for the final sample after removing duplicates); “LGB AND mental health AND intervention” (53 results, 2 selected for the final sample after removing duplicates); and “transgender AND mental health AND intervention” (278 results, 0 selected for the final sample after removing duplicates). In addition, an ancestral approach was utilized to discover further relevant literature (1 selected for the final sample). The authors reviewed the article titles for relevance and, if relevant, read the abstract. Based on the abstract, articles underwent full-text screening by DM. Case studies were not included, nor were studies focusing exclusively on HIV-positive LGBT adults or youth.

Results

Of the four articles that met inclusion criteria, two studies reviewed interventions for youth: one, a pilot study examining the effectiveness of a cognitive behavioral therapy (CBT) intervention tailored for gender and sexual-minority youth,¹⁹ and, the other, a preliminary study determining the effectiveness of an attachment-based family therapy adapted for use with suicidal LGB youth and their parents.²⁰ The other two identified studies focused on interventions for adults: a randomized controlled trial looking at the efficacy of CBT for young gay and bisexual men,²¹ and a study analyzing the efficacy of an expressive writing intervention for gay male college students.²² Lastly, two articles described ongoing intervention studies, but did not provide outcomes evaluating the interventions.

Tailored LGBT Mental Health Interventions With Evaluations

Craig and Austin reported the outcomes of AFFIRM, a feasibility study which examined the effectiveness of an affirmative, eight-module cognitive-behavioral therapy (CBT) intervention intended to improve coping and reduce depression in LGBT youth.¹⁹ The thirty 15- to 18-year-old participants identified as non-heterosexual

and two were transgender. Modules were delivered to groups of 10 over a two-day retreat at a sexual and gender minority community center by trained facilitators who themselves identified as members of the sexual and gender minority population (including LGBT, queer, intersex, and gender-nonconforming).

Depression, reflective coping, and stress appraisal were assessed over a four-week period prior to the intervention. Stress appraisal was composed of three subscales: challenge appraisal (which ascribes “potential personal growth to stressful experiences” and assesses whether stress challenges wellbeing); threat appraisal (“the belief that an occurrence may contribute to future or present harm”); and resource appraisal (which assesses whether personal resources can be used to cope with stressors).¹⁹ These outcomes and the acceptability of the program were evaluated immediately after the intervention and again three months later. All 30 participants completed the pre-intervention and immediate post-intervention assessments. Only 17 participants completed the three-month post-intervention assessment. No demographic differences (such as sexual orientation, gender identity, or levels of psychological distress) existed between those that did and did not complete the final assessment.

The researchers found a decrease in depression between baseline and the end of treatment ($p < .001$), as well as between baseline and three-month follow up ($p < .05$); an increase in reflective coping between baseline and three-month follow up ($p = .05$); a decrease in threat appraisal between baseline and end of treatment ($p < .05$) and between baseline and three-month follow up ($p = .05$); and increases in challenge appraisal and resource appraisal between baseline and end of treatment ($p < .001$ and $p = .04$, respectively). 97% of participants reported that they had learned to cope with stress, that they could use what they had learned to help deal with problems in their lives, and that they would recommend the intervention to other sexual and gender minority youth.

These results suggest that tailored CBT modules could be beneficial for LGBT youth. However, the absence

of a control group renders it unclear whether AFFIRM was more effective than a non-LGBT oriented treatment may have been. In addition, the sample size was small, and many participants did not complete the 3-month assessment. Finally, it is unclear whether this intervention had differing levels of efficacy for different gender and sexual minority subpopulations.

Diamond *et al.* developed and evaluated attachment-based family therapy (ABFT) tailored for suicidal LGB adolescents and their parents.²⁰ The intervention consisted of eight to sixteen hour-long sessions held weekly—including sessions with the child alone, the parent(s) alone, and the child and parents together—and delivered over twelve weeks. The adapted ABFT identified five tasks for the adolescent and/or parent(s): (1) the “Relational Reframe Task” focuses on the quality of the parent-child relationship to strengthen it and determine why the adolescent does not ask the parent(s) for help when considering suicide; (2) the “Adolescent Alliance Task” conducted with the adolescent to identify and prepare the adolescent to discuss central family conflicts associated with the adolescent’s suicidal ideation; (3) the “Parent Alliance Task” to increase parental empathy and love and improve parenting methods; (4) the “Reattachment Task” to enable child and parent(s) to re-discuss family conflicts and relational themes using acquired skills; and (5) the “Competency Promoting Task” to develop the child’s sense of autonomy and competency and, relatedly, self-esteem while maintaining strong family ties. Relative to standard ABFT, this tailored intervention increased the number of sessions with the parents of LGB teens in order to help them process negative emotions regarding their child’s sexual orientation, discuss the notion of acceptance, and increase their ability to recognize and avoid committing microaggressions.

All 10 adolescents (ages 14-18 years; mean age 15.1 years) included in this study had been admitted to psychiatric hospitals for suicidal ideation or attempts. Eight were cisgender girls, 2 were cisgender boys. Eight participants exhibited moderate-severe depres-

sive symptoms, 9 reported a past suicide attempt, and 7 reported multiple suicide attempts. ABFT was conducted with both parents for 4 adolescents, and with solely the mother for 6 adolescents. Of the 10 adolescent participants, 8 completed the intervention (attending 8-16 sessions). The adolescents’ suicidal ideation, depressive symptoms, and attachment patterns to their mothers (including attachment-related anxiety and avoidance) were assessed at baseline, six weeks into the intervention, and at the end of the intervention at twelve weeks. Attachment was only evaluated for seven participants.

Suicidal ideation and depressive symptoms decreased over the course of treatment for all participants ($N = 10$, $p = .001$ and $p = .03$, respectively), as well as for the eight participants who completed treatment ($p = .001$ and $p = .05$, respectively). Attachment-related anxiety and avoidance decreased among the five participants who completed the study and for whom attachment was evaluated ($p = .05$ and $p = .05$ respectively). This study was limited by small sample size and the lack of a control group receiving non-tailored ABFT.

Pachankis *et al.* analyzed the efficacy of CBT adapted for young gay and bisexual men (ages 18-35 years; mean age 25.94 years).²¹ The ESTEEM (Effective Skills to Empower Effective Men) intervention consists of a series of ten CBT sessions to reduce minority-stress for men with mental health disorders, such as depression and anxiety, as well as co-occurring risky behaviors, such as alcohol use and condomless sex. One-on-one therapy sessions were provided over a three-month period, and participants were given homework between sessions. Subjects were randomly assigned to one of two groups; one group received immediate treatment and another group received treatment after three months on a waitlist.

Twenty-four subjects completed all ten ESTEEM sessions, 35 completed at least half of the sessions, and 15 completed only one session. The authors used an intent-to-treat approach, and thus included all eligible randomized cases ($N = 63$) in their analyses.

At the three-month mark, the treatment group exhibited significantly reduced depressive symptoms ($p < .001$), alcohol use problems ($p < .001$), sexual compulsivity ($p < .001$), past-90-day condomless sex with casual partners ($p < .001$), and significantly improved condom use self-efficacy ($p < .001$) compared to the waitlist group. Treatment effects, other than sexual compulsivity, were maintained at the 6-month mark. No significant improvement in minority stress processes and universal mental health risk factors were found. However, pooled comparisons demonstrated significant improvement across all of the minority stress and universal health risk factors, except for concealment and emotion dysregulation. A follow up study, published less than a year after the original study, identified that this therapy was most effective in gay and bisexual men who had increased levels of internalized homonegativity; participants higher in implicit internalized homonegativity (i.e., negative associations with homosexuality) had greater reductions in depression ($p = .031$), anxiety ($p = .014$), and past 90-day condomless anal sex with casual partners ($p = .028$), and those with higher explicit internalized homonegativity (i.e., self-reported negative ideas regarding homosexuality) had greater reductions in past 90-day heavy drinking ($p = .003$).²³

These initial and follow-up studies were limited by small sample size and the absence of a control group receiving CBT not tailored to sexual minority men. In addition, all recruited participants lived in a large, metropolitan, east-coast city, and were recruited via avenues associated with greater likelihood of being out and involved in the gay community. This study did not include lesbian women, bisexual women and/or transgender women and men. However, the results suggest that similar interventions may be beneficial for these populations, especially for individuals struggling with high levels of homonegativity and transnegativity.

Pachankis and Goldfried analyzed the effectiveness of an online expressive writing intervention for cis-gender gay male college students.²² Participants (mean age 20.19 years) were randomly assigned to one of 3 groups

and instructed to write on a secure web interface for twenty minutes before bed on the same topic over three consecutive days. The first group wrote about the most stressful or traumatic gay-related event in their lives. The second group did the same after reading what they had written the previous night. The third group wrote about a neutral topic each night. Overall psychological distress, depression, physical health symptoms, positive and negative affect, gay-related rejection sensitivity, gay-related self-esteem, and openness and comfort with sexual orientation were assessed one day prior to the intervention, one day after the intervention, and three months after the first post-test. Seventy-seven participants from U.S. universities completed the study.

No significant differences were found between the two experimental groups at one day or three months post-intervention, so the researchers chose to analyze the combination of the two experimental groups. Participants in the experimental groups were significantly more open about their sexual orientation than those in the control group at the time of the three-month follow up ($p = .03$), and those who benefited the most were those who wrote about more distressing topics (levels of distress were given by the participants), and those who had decreased levels of social support. No other significant differences were found between the experimental and control groups at follow-up.

As there was no comparison to a group of participants that wrote about a traumatic event unrelated to sexual orientation, it is unclear whether writing about a gay-related trauma event is more beneficial than writing about other forms of trauma. In addition, study participants were all young, college-educated, cisgender, gay men, so the efficacy of this intervention for other populations is untested.

Ongoing Tailored LGBT Mental Health Interventions Without Evaluations

Two ongoing interventions were identified, for which evaluation results are not yet available. However, given the paucity of research on tailored LGBT mental health interventions, we include brief descriptions of these

studies to comprehensively describe the body of work in this area.

Pepping *et al.*, describe a randomized controlled trial of tailored compassion-focused therapy (CFT) versus non-tailored CBT for LGB young adults (18-25) targeting depressive symptoms.²⁴ Both the CFT and CBT consist of eight online modules with associated reading and activities. The CFT intervention includes eight weekly hour-long Skype sessions with a therapist, while the CBT intervention includes one hour-long session with a therapist at week four. The primary outcome measure is depressive symptoms, and secondary outcome measures are suicidal ideation, anxiety, internalized homophobia, shame, guilt-proneness, and self-compassion.

Abbott *et al.* intend to evaluate the effectiveness of online CBT developed to reduce anxiety and depression and to improve wellbeing in LGB young adults (18-25 years old).²⁵ The program consists of seven CBT-based mental health and wellbeing modules and off-line assignments, as well as an eighth module on help and prevention for suicidal ideation. The program is tailored to each individual and provides modules that cover up to three of the following mental health problems, based on an initial assessment of the user: generalized anxiety, social anxiety, post-traumatic stress, obsessions and/or compulsions, panic, specific fear, and depressive symptoms. Participants are randomly assigned in an immediate treatment group versus a waitlist group that begins treatment after twenty weeks. The primary outcomes include anxiety and depression symptom measures, and secondary outcomes include symptoms related to the three mental health problems for which an individual received modules based on the initial assessment, as well as life satisfaction, wellbeing, internalized homophobia, help-seeking attitudes, and locus of control.

Discussion

It is startling that we identified only four studies evaluating the efficacy of LGB-affirmative mental health interventions and only two other ongoing studies of tailored interventions. There is clearly a large gap in

LGBT research, a gap which should be viewed as a call to action towards addressing the specific mental health needs of LGBT individuals and LGBT youth in particular. While the four evaluated interventions reviewed above appear promising, they are limited in similar ways: all had small sample sizes and none had a control group that received a non-tailored therapy. The study by Pepping *et al.* addresses some of the limitations of the studies described above, as it tests the efficacy of a tailored vs. non-tailored therapy. The ongoing studies by Pepping *et al.* and Abbott *et al.* will add to the very limited body of knowledge regarding effective LGB tailored mental health interventions, the relationship between internalized homophobia and program effectiveness, and the utility of online interventions for LGB youth. However, it should be noted that neither of these studies include transgender individuals.

Furthermore, no studies were found that focused exclusively on transgender individuals or trans youth. The transgender youth population has equal if not higher rates of depression and suicidal ideation than other LGB youth; consequently, it is imperative to develop and assess mental health interventions that are sensitive to this community's specific needs and the challenges young trans people face.²⁶

Only one intervention which incorporated the parents of LGB youth was identified. How caregivers react to a youth's sexual orientation and/or gender identity has a significant impact on that youth's health: increased family acceptance correlates to better physical and psychological health in youth, whereas increased familial rejection correlates to an increased likelihood of depression, suicidal attempts, illegal drug use, and unprotected sex.^{27,28,29,30} Clearly, interventions that focus not only on LGBT youth, but on the youth's caregivers and the caregiver-child relationship have the potential to significantly improve mental health in sexual and gender minority youth, and thus represent an important direction for future research.

Finally, no interventions were identified that deeply explored the impact that medical care providers can have on the mental health of their LGBT patients. In a 2009

survey of LGBT people, almost 56% of LGB people and 70% of transgender people had experienced discrimination from healthcare providers.³¹ Clearly, it is essential to promote acceptance of and education on serving LGBT clients amongst clinicians, including physicians, nurses, pharmacists, psychologists, and therapists. Yet more than 50% of medical and public health school curricula do not contain instruction on LGBT health concerns outside of HIV/AIDS related content.³² There have been several studies on the efficacy of LGBT-affirmative training- including mental health training- for physicians, residents, nurse practitioners, interns, and medical school students, and many have reported that providers have felt more knowledgeable about issues faced by LGBT patients, felt increased willingness to treat LGBT patients, felt better equipped to care for them, and have had decreased homo-negative and trans-negative feelings after the training.^{33,34,35,36,37,38} However, none of these studies have had long-term follow up to determine whether these were lasting effects and none have measured whether patient care or patient satisfaction were improved after these trainings. This illustrates the need to determine what types of interventions for providers will be most effective to help them confidently, competently, and compassionately treat their LGBT patients.

Conclusion

Given that LGBT youth are at higher risk for mental illness and face different challenges than their straight and cis-gender peers, it is alarming that there are so few mental health interventions tailored towards LGBT youth. The need for these interventions is widely recognized, yet few that are targeted towards LGB youth, and even fewer targeted towards transgender youth, exist. While there is a clear dearth of research on LGBT-oriented mental health interventions, the studies identified in this review provide a foundation for further, more inclusive, clinical research. It is essential that future studies focus not only on lesbian, gay, bisexual, and, in particular, transgender youth, but also on the role parents and care providers play in supporting LGBT children and adolescents. Moreover, so that they may thrive,

LGBT youth and adults need to be supported, and their complex experiences acknowledged and responded to by their families, care providers, and researchers.

Take Home Summary

Lesbian, gay, bisexual, and transgender (LGBT) people, particularly LGBT youth, are at higher risk for developing a mental illness compared to their straight and cis-gender peers. However, there is a clear and concerning dearth of clinically-evaluated mental health interventions for LGBT youth and adults, particularly of studies including transgender people, which should be viewed by researchers and clinicians as a call to action to address the mental health needs of LGBT youth and adults.

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