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Original article

Differences in Mental Health Symptoms Across Lesbian, Gay, Bisexual, and Questioning Youth in Primary Care Settings

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A B S T R A C T

Purpose: Lesbian, gay, bisexual, and questioning (LGBQ) youth exhibit significantly higher rates of mental health problems, including anxiety, depression, suicidal ideation, and nonsuicidal self-injury than their heterosexual peers. Past studies tend to group LGBQ youth together; however, more recent studies suggest subtle differences in risk between sexual minority groups. This study examined differences in mental health symptoms across male and female youth who are attracted to the same sex (gay and lesbian), opposite sex (heterosexual), both sexes (bisexual), or are unsure of whom they were attracted to (questioning) in a sample of 2,513 youth (ages 14–24 years).
Methods: Data were collected using the Behavioral Health Screen—a Web-based screening tool that assesses psychiatric symptoms and risk behaviors—during routine well visits.
Results: Bisexual and questioning females endorsed significantly higher scores on the depression, anxiety, and traumatic distress subscales than did heterosexual females. Lesbians, bisexual females, and questioning females all exhibited significantly higher lifetime suicide scores than heterosexual females. Interestingly, bisexual females exhibited the highest current suicide scores. Gay and bisexual males endorsed significantly higher scores on the depression and traumatic distress subscales than did heterosexual males. Gay males also exhibited higher scores on the anxiety subscale than heterosexual males, with bisexual males exhibiting a nonsignificant trend toward higher scores as well.
Conclusions: Findings highlight varying level of risk across subgroups of LGBQ youth and suggest the importance of considering LGBQ groups separately in the context of a behavioral health assessment, especially for females.

IMPLICATIONS AND CONTRIBUTION

These findings suggest there may be differences in severity of mental health symptoms across lesbian, gay, bisexual, and questioning (LGBQ) youth, in addition to differences between LGBQ and heterosexual youth. These findings also underscore the importance of asking about sexual orientation and behavioral health symptoms in primary care settings.

Youth who identify as lesbian, gay, or bisexual (LGB) exhibit significantly higher rates of mental health problems, including anxiety, depression, suicidal ideation, and self-harm than their heterosexual peers [1–4]. For instance, LGB youth are three times more likely to endorse suicidal ideation [4] and up to four times more likely to make a suicide attempt compared to heterosexual youth [5]. In addition, LGB youth use more lethal methods than their heterosexual peers when making attempts [5]. The American Academy of Pediatrics has recently released a policy

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statement encouraging medical providers to create an environment in which youth in general and LGB youth in particular feel comfortable talking about issues of sexuality and gender identity [6]. Surprisingly, only 35% of LGB youth report that their primary care (PC) physician is aware of their sexual orientation; yet 64% say that having a physician "just ask" would make disclosure more comfortable [7].

Most studies examining the mental health of LGB youth have failed to differentiate between lesbian, gay, and bisexual persons. In particular, bisexual individuals are often excluded altogether. This is surprising given that data from public surveys suggest more people identify as bisexual than as gay or lesbian [8]. In addition, a few studies with adult samples found that, when compared to straight or lesbian women, bisexual women actually exhibit higher rates of anxiety, depression, and suicidality [9,10]. Another study found that adolescent females with both-sex partners are at increased risk of suicidal thoughts compared to adolescents with opposite-sex partners only, while those with same-sex partners only are at comparable risk to those with opposite-sex partners only [11]. These few studies highlight the need for medical providers to consider bisexuality as a unique identity.

A second group often excluded in the literature is youth who are questioning their sexuality. Similar to LGB adolescents, "questioning" or "unsure" youth are at increased risk of suicidality and other psychosocial problems during adolescence [12,13]. For instance, when compared with their heterosexual peers, questioning youth are three times more likely to make a suicide attempt [5]. Espelage et al. [14] also found that questioning youth are more likely to experience depression or suicidality than both their heterosexual and LGB peers. In addition, questioning youth report higher alcohol and marijuana use than other LGB youth and a greater incidence of nonsuicidal self-injury (along with bisexual youth) than heterosexual youth [14,15]. Finally, Birkett et al. [16] found that questioning youth report experiencing more bullying and homophobic victimization than their LGB peers. In our own work, we found that bisexual and questioning females exhibit significantly higher rates of eating disorder symptoms than lesbian or heterosexual females [17]. Again, these findings encourage the consideration of questioning youth as a unique subgroup.

It is important to note here that most LGBQ youth are healthy, functioning, and resilient [18]. Both individual and contextual risk factors for mental health problems in LGBQ youth have been identified. Many of these risk factors are the same as those for heterosexual youth (e.g., depression). Some risk factors are unique to LGBQ youth (e.g., coming out at a young age, sexual orientation-based discrimination) [19]. Similarly, there are multiple factors that contribute to the resiliency of most LGBQ youth. For example, LGB youth living in environments that are more supportive of gays and lesbians are less likely to attempt suicide [20]. Finally, past studies examining suicide risk in sexual minority youth have been criticized for methodological problems, such as measurement of suicide attempts and recruitment methods, thus limiting the interpretation of these findings [21].

Still, LGBQ persons may experience unique prejudices not experienced by heterosexual persons. Meyer's minority stress hypothesis is particularly useful in explaining the role of stigma and stress on elevated rates of mental illness in LGBQ populations. It posits that LGBQ persons experience three types of stressors: (1) external, objective stressors (e.g., antigay discrimination and prejudice); (2) the expectation of prejudice, which causes vigilant monitoring; and (3) internalization of stigma and prejudice, such as internalized homophobia [22]. Indeed, LGB youth who grew up in high-stigma environments exhibit a blunted cortisol in response to a stressor compared with LGB youth who grew up in more accepting environments. This blunted response is also seen in youth who have experienced trauma or other adverse life events [23]. This study is one of the first to provide physiological evidence in support of Meyer's minority stress hypothesis and highlights the very powerful role of social context and stigma in contributing to risk.

The minority stress hypothesis may also explain why bisexual persons may be at greater risk for mental health problems, even when compared to gay and lesbian persons [9–11]. For instance, in addition to stress associated with sexual minority identities in general [22], bisexual people face additional and unique prejudice and stigma not experienced by either lesbian/gay or heterosexual individuals (e.g., beliefs that bisexuals are promiscuous or that bisexuality is not a "real" identity) [24]. Indeed, bisexual participants report discrimination from gay and lesbian communities in addition to heterosexual communities [24], resulting in "double discrimination [25]." Other research has found that heterosexual persons report more negative attitudes toward bisexual individuals than lesbians or gay men [26].

Questioning youth may also face unique stressors not experienced by gay or lesbian persons. The bottleneck hypothesis, which has been applied to career development among LGBQ persons, could help explain this phenomenon. Specifically, it posits that individuals possess a limited amount of psychological energy; therefore, individuals who are questioning or still exploring their sexuality may devote a disproportionate amount of this energy towards sexual identity development at the expense of other areas (e.g., career development) [27]. In other words, questioning youth may have less psychological energy available to tackle the other developmental challenges of adolescence.

Given that bisexual and questioning individuals may face unique stressors not experienced by lesbian or gay persons, we were surprised at the dearth of studies examining differences among LGBQ persons. Moreover, no studies have looked at these differences across a wide array of behavioral health concerns, and none have examined these differences in youth presenting to PC settings.[1] A huge limitation of the past studies is recruitment of samples through LGB transgender (LGBT) channels, which may bias the rates of mental health symptoms observed [1,2]. Thus, we examined whether there are consistent differences in behavioral health problems across heterosexual and LGBQ youth in a large PC sample. We hypothesized that bisexual and questioning youth would be at greater risk for mental health problems than either heterosexual or lesbian/gay persons given the unique challenges these groups face. In examining these differences, we also assessed whether participants reported similar rates of the same-sex attraction compared to nationally representative samples.

Methods

Participants

Participants were 2,513 youth (61.2% female and 38.7% male), ages 14 to 24 years (*M*, 17.24; standard deviation [SD], 2.86). About 75.4% of the sample identified as white ($n = 1,894$), 4.7% as

[1] Primary care settings refer to non–hospital-based treatment centers where patients receive routine medical care.