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Mental Health Disorders in Young Urban Sexual Minority Men

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A B S T R A C T

Purpose: Very few studies have examined mental disorders among male sexual minority youth. We describe demographic correlates, comorbidity, and history of mental disorders and suicidality in a large sample of male sexual minority youth.
Methods: Structured diagnostic interviews were conducted with 449 racially diverse urban sexual minority males, aged 16–20 years, who were recruited using a social network–driven sampling methodology.
Results: Lifetime major depressive episode (MDE) affected 33.2% of the youth. Lifetime conduct disorder (23.6%), alcohol abuse/dependence (19.6%), posttraumatic stress disorder (PTSD; 16.0%), and nicotine dependence (10.7%) were also common. Black participants were less likely than white participants to be diagnosed with lifetime MDE, alcohol abuse/dependence, nicotine dependence, suicidal ideation, and anorexia, as well as past 12-month alcohol abuse/dependence (odds ratios [ORs] range from .08 to .46). Relative to participants identifying as gay, bisexual identified youth were at higher risk for lifetime PTSD (OR = 2.04), and participants who did not identify as gay or bisexual were at higher risk for both lifetime and past 12-month nicotine dependence (OR = 4.36 and 3.46, respectively). Most participants with mental disorders never received treatment, and comorbidity was common.
Conclusions: MDE, conduct disorder, alcohol abuse/dependence, PTSD, and nicotine dependence are common and infrequently treated in young sexual minority men. Some within-group disparities emerged, suggesting that factors related to racial background and self-identification may help to understand resilience to the unique stressors experienced by these young men.

IMPLICATIONS AND CONTRIBUTION

This study describes the frequency of mental disorders among male sexual minority youth using structured psychiatric interviews. Major depressive episode, conduct disorder, alcohol abuse/dependence, posttraumatic stress disorder, and nicotine dependence were common, and most youth with mental disorders had not received treatment.

Minority stress theory posits that lesbian, gay, and bisexual (LGB) people may experience mental health disparities due to stressors related to societal stigma (e.g., discrimination, victimization) [1]. Indeed, LGB adults are at higher risk for depressive, anxiety, and substance use disorders than heterosexual adults [2]. Less is known, however, regarding potential mental health disparities among LGB youth.

Structured psychiatric interviews are the epidemiological gold standard for assessing mental disorders but have rarely been used with LGB youth [3]. A cohort study involving a small

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sample (n = 28) of LGB youth in New Zealand suggested that they were more likely than their heterosexual peers (n = 979) to experience major depression, generalized anxiety disorder, conduct disorder, and nicotine dependence [4]. Other studies have compared frequencies of mental health disorders among heterosexual versus sexual minority homeless youth [5,6]; however, results may not generalize to nonhomeless youth.

Due to the large representative samples necessary to recruit adequate numbers of LGB people, many population-based studies are also forced to aggregate LGB individuals across sex, sexual orientation, and race/ethnicity. To our knowledge, only three studies have described the frequency of mental disorders among male sexual minority youth using psychiatric interviews. Two were conducted with homeless youth [6,7]. The other study described frequencies of 12-month diagnoses in the subsample of 121 male-born sexual minority youth in Chicago (recruited via incentivized peer recruitment, e-mail advertisements, flyers distributed at events and locations frequented by LGB people, and so forth) [3]. Substance use disorders and lifetime mental disorders, however, were not examined. One goal of the present study was to replicate these results and extend them by examining substance use disorders and lifetime diagnoses, in a separate larger sample of male sexual minority youth also living in Chicago.

Sexual orientation

Meta-analysis has indicated that substance use and suicidality disparities between heterosexual and bisexual youth are greater than disparities between heterosexual and lesbian/gay youth [8,9]. However, an aggregate analysis of nine large school-based studies suggested that differences in suicidality between bisexual versus lesbian/gay youth were inconsistent across the studies [10]. Further, in the subsample of male sexual minority youth in Chicago [3], bisexual males were less likely than gay males to have attempted suicide. Thus, we hypothesized that bisexual males in the present study would have greater frequencies of substance use disorders, but not suicidality or other mental disorders, relative to gay males.

Race/ethnicity

LGB people of color may experience discrimination based on race/ethnicity as well as sexual orientation; these stressors might have additive effects on mental health. Although a study did suggest that Latino LGB adults were more likely than the white participants to have attempted suicide, black LGB adults were less likely to be diagnosed with anxiety, depressive, and substance use disorders relative to white LGB adults [11]. Conversely, racial/ethnic minority LGB individuals may be more resilient to minority stress than white LGB people, as LGB people of color may (1) have learned strategies for coping with racism that assist in coping with heterosexism; (2) flexibly highlight or downplay their sexual identity depending on the demands of the social context; or (3) draw upon religious communities or personal faith [12]. Thus, we set no hypotheses regarding race/ethnicity.

Other goals of the present study

We describe patterns of comorbidity, as well as history (i.e., age of onset and symptom duration) and treatment utilization for each diagnosis. This study is the first to our knowledge to examine these variables among young sexual minority men. Thus, we had no a priori hypotheses.

Methods

Procedures

We analyzed baseline data from an ongoing longitudinal cohort study of male sexual minority youth in Chicago first reported by Mustanski et al. [13]. The study was approved by the Institutional Review Boards at all study sites. Informed consent/assent was obtained from all participants. The Institutional Review Boards approved a waiver of parental permission for minor participants to allow for safe participation of youth whose parents were unaware or unaccepting of their child's sexual orientation. For more information on waivers of parental permission, see Mustanski [14].

Participants

Participants (n = 450) were recruited from Chicago and surrounding areas from December 2009 to February 2013. Previous reports from this study indicated that there were 451 participants [15]; the discrepancy is due to the removal of one participant who was later discovered to not meet the age eligibility criteria. Inclusion criteria were (1) aged 16–20 years; (2) male birth sex; (3) English speaking; (4) have had sex with a male or identify as gay/bisexual; and (5) available for follow-up for 2 years. For recruitment, respondent-driven sampling [16] was used but adapted to allow a higher proportion of initial recruits (i.e., "seeds"). Seeds (n = 172, 38.3%) were recruited through community outreach, school organizations, flyers posted in community locations frequented by LGB youth, and geosocial network applications (i.e., Grindr and Jackd). Both seeds and "sprouts" (i.e., youth recruited by other participants) were permitted to recruit at most three other youth into the study. On average, each seed recruited .54 (standard deviation [SD] = .91) sprouts, and each sprout recruited .67 (SD = .95) other sprouts. For seeds who recruited at least one sprout, the median number of waves of sprouts was two, and the maximum number of waves was eight.

Measures

The Computerized Diagnostic Interview Schedule, Version IV (C DIS-IV) [17], is a structured interview that can be administered by trained lay interviewers to establish the presence, age of onset, and duration of *Diagnostic and Statistical Manual of Mental Disorders*, *Fourth Edition* (DSM-IV) [18] mental disorders. Participants completed modules assessing lifetime and 12-month diagnoses of posttraumatic stress disorder (PTSD), major depressive episode (MDE), alcohol abuse, alcohol and nicotine dependence, conduct disorder, anorexia, and bulimia. For this analysis, we combined participants with alcohol abuse or dependence, as the DSM-V [19] has combined substance abuse and dependence into one diagnosis. The C DIS-IV suicidality module queried lifetime suicidal ideation and attempts.

Site supervisors attended C DIS-IV administration training by the interview creators and then trained and supervised all interviewers according to protocol. Interviewers had bachelor's degrees and experience with the target population. All