



Original article

Families Matter: Social Support and Mental Health Trajectories Among Lesbian, Gay, Bisexual, and Transgender Youth

Elizabeth A. McConnell, M.A.^a, Michelle Birkett, Ph.D.^b, and Brian Mustanski, Ph.D.^{b,*}^a Department of Psychology, DePaul University, Chicago, Illinois^b Department of Medical Social Sciences, Northwestern University, Chicago, Illinois

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A B S T R A C T

Purpose: Lesbian, gay, bisexual, and transgender (LGBT) adolescents are at greater risk for mental health problems than their heterosexual peers, in part due to victimization. Social support, particularly from families, has been identified as an important promotive factor. However, little is known about how LGBT youth experience multiple forms of support or how early support predicts mental health across adolescence and into young adulthood.

Methods: In an analytic sample of 232 LGBT youth aged 16–20 years at baseline across 5.5 years, we compared developmental trajectories of psychological distress between three empirically derived social support cluster types at baseline: those who reported uniformly low support, those who reported uniformly high support, and those who reported nonfamily support (i.e., high peer and significant other but low family support).

Results: Longitudinal multilevel modeling, controlling for age, victimization, and social support at each wave, indicated key differences between cluster types. Youth in the low and nonfamily support clusters reported greater distress across all time points relative to youth in the high support cluster; however, they also showed a sharper decline in distress. Youth in the nonfamily cluster gained family support across adolescence, such that they resembled youth in the high support cluster by early adulthood.

Conclusions: Findings underscore the importance of family support for LGBT youth. Youth who lack family support, but who have other forms of support, report a decrease in psychological distress and an increase in family support across adolescence. Youth who are low in all forms of support continue to exhibit high distress.

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**IMPLICATIONS AND
 CONTRIBUTION**

This study examines mental health trajectories for lesbian, gay, bisexual, and transgender youth in different social support cluster types at baseline. Youth in the low and nonfamily support types showed higher distress overall but also decreased in distress quicker than youth in the high support type. Family support increased for some youth over time.

Adolescence is a time of mental health risk among lesbian, gay, bisexual, and transgender (LGBT) youth, who show elevated suicidality, depression, anxiety, self-harm, and substance use relative to their heterosexual and cisgender peers [1–5]. This is partially explained by higher rates of victimization [1–4]; LGBT youth who experience high or increasing

victimization across adolescence are at greatest risk [6]. Although the climate around LGBT issues is improving, LGBT adolescents continue to report alarming rates of victimization [7]. Growing awareness of these disparities has promoted critical adolescent LGBT health research. However, work is needed that moves beyond risk by attending to social context and building knowledge about promotive factors like social support [1–3,8,9]. Although LGB youth report lower support than their heterosexual peers [2,10], support may have a stronger promotive effect than for heterosexual youth as it mitigates LGB youth's higher rates of suicidality [11].

Conflicts of Interest: The authors have no conflicts of interests to declare.

* Address correspondence to: Brian Mustanski, Ph.D., Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine, 625 North Michigan Avenue, Suite 2700, Chicago, IL 60657.

E-mail address: brian@northwestern.edu (B. Mustanski).

Families are an important developmental context for adolescents and for LGBT youth are an underresearched domain that may heighten both risk and resilience [7]. Families may reflect societal stigma regarding sexual and gender minorities and function as a source of stress and discrimination for LGBT youth. Like other experiences of rejection [12], family rejection places LGBT youth at risk for adverse mental health outcomes [1–3,9]. LGBT youth who reported high family rejection were 8.4 times more likely to have attempted suicide, 5.9 times more likely to experience high levels of depression, and 3.4 times more likely to use illicit substances than those who reported little or no family rejection [13]. Transgender youth report parental rejection as a significant stressor, which may contribute to suicidality and other negative mental health outcomes [1]. Family rejection can also lead to homelessness, which in turn puts youth at greater risk for adverse health outcomes [2]. LGBT youth represent 40% of the clientele of youth homelessness agencies, and family rejection due to sexuality or gender identity was the most frequently cited reason for their homelessness [14].

On the other hand, family support has been linked with increased well-being across a number of domains, including lower suicidality, distress, depression, hopelessness, and substance use [1–3,15–20]. Family acceptance has been associated with higher self-esteem and physical and mental health [20] and family sexuality support with decreased distress [21]. However, families are not always willing or able to provide this support [9,16,21], and LGBT youth find some forms of family support less helpful than their heterosexual peers [22]. LGBT youth report more positive experiences of peer support, which may be why they describe peers as their primary source of support [9] and tend to obtain sexuality support from sexual minority peers [21]. Given these complexities, researchers have called for examinations of the different forms of social support for LGBT youth [23]. Research comparing family, peer, and significant other support found that family support was more promotive of mental health among heterosexual and LGB adolescents [24–26] and had a greater impact on LGB youth's self-acceptance of sexual orientation [25]. Cross-sectional research has linked parent support to lower depression and greater self-esteem among LGB youth; however, longitudinal research is needed to better understand these associations [26].

LGBT youth receive different levels of support in different places, and these forms of support may be differentially associated with health. Thus, a holistic perspective is needed that moves beyond a single domain (e.g., family, peers) to consider how multiple forms of support may collectively impact well-being [9,26]. To this end, a social support typologies framework is appropriate [27]. These typologies illustrate how different forms of support may co-occur (e.g., low family support accompanied by high friend support) and allow analysis comparing health outcomes across different patterns of support.

Identification of social support typologies

Our prior study utilized baseline observations of the current longitudinal sample of LGBT youth [27] to understand patterns of support and mental health. Using cluster analysis, this study identified three distinct social support typologies (Figure 1) based on relative levels of family, friend, and significant other support reported by LGBT youth: (1) low support cluster type (uniformly low support); (2) high support cluster type (uniformly high support); and (3) nonfamily support type (high friend and

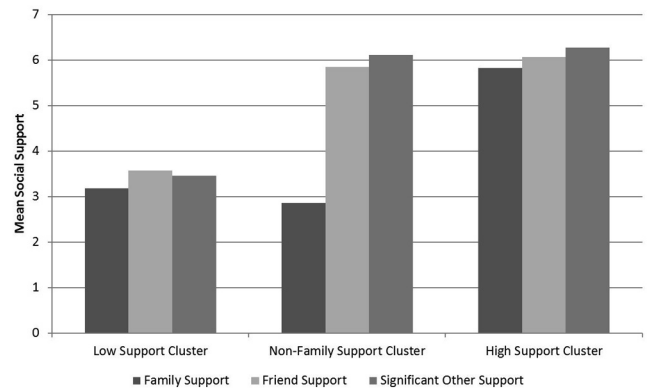


Figure 1. Mean social support by cluster type.

significant other but low family support) [27]. Notably, the majority of youth (56%) reported relatively low family support and consequently fit into the low or nonfamily support clusters. Relative to youth in the high support cluster, youth in these two clusters reported significantly greater loneliness, depression, somatization, suicidality, and psychological distress [27]. Those in the low support cluster also reported significantly greater hopelessness and anxiety than the high support cluster. There were no differences between the cluster types on gender identity, sexual orientation, race, or living situation [27]. Although this work illustrated the value of a social support typologies framework, it also raised new questions, such as how social support type impacts mental health across adolescence and into young adulthood.

Social support across development

Adolescent health researchers underscore the importance of developmental trajectories of risk and resilience across adolescence and into adulthood [2,8]. The transition to young adulthood is a crucial developmental phase for LGBT youth: disclosure of sexual identity is most likely to take place, and behavioral patterns are established that have lasting impacts on well-being [23]. However, the lack of LGBT youth research is particularly acute for longitudinal studies [28], and researchers have called for longitudinal examinations of family support specifically [2,3,8,9,15,17,23]. Existing longitudinal work found that parental support was negatively associated with depression, suicidality, and distress while conflict was positively associated with distress across adolescence [29,30]. Cross-sectional research with LGBT young adults found that, while accounting for friend and community support, family support predicted a more positive life situation (e.g., educational attainment, employment), general self-esteem, and LGBT self-esteem [17].

An earlier study with data from the first 3.5 years of the current sample provided the first comprehensive examination of longitudinal mental health and victimization trajectories for LGBT youth [31]. In this earlier study, we found that both victimization and psychological distress decreased across development. Surprisingly, overall levels of support did not change, and although overall support predicted lower distress cross sectionally (while controlling for victimization), it showed no impact on distress longitudinally (using time-lagged models). This could indicate that support provides a short-term effect but

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