



A qualitative exploration of the mental wellbeing of Maltese LGBTQ+ university students and acceptance within family, peers, and social circles

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Mental health issues have been shown to be more common in LGBTQ+ youths when compared to heterosexual cisgender youths. This study aimed to understand the process of disclosure of sexuality and gender identity in Maltese LGBTQ+ university students and explored dynamics within the individual's family and social circles during this process. Furthermore, it aimed to elucidate insight into the views of the LGBTQ+ community on the social perception of sexualities and gender identities. 17 individuals from a University of Malta LGBTQ+ association were interviewed. The key finding from this study showed that the period of disclosure was frequently associated with anxiety or depression and that family acceptance may act as a protective factor which reduces anxiety and depression. Furthermore, transgender individuals appear to face more discrimination than gay people. This study concluded that more public awareness is needed to decrease LGBTQ+ stigma. Members within the LGBTQ+ community require more specialised support and counselling services. Further studies need to be carried out to analyse the importance of healthy family dynamics from an earlier age.

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1

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Introduction

Recent research reported a twofold increase in anxiety in people within the LGBTQ+ youths when compared to heterosexual cisgender youths (Pakula et al., 2016). Individuals from the LGBTQ+ community are more likely to suffer from stressful events (Mays & Cochran, 2001), which could increase the prevalence of mental disorders in their lifetime. Anxiety in the LGBTQ+ community is correlated with a higher incidence of risky sexual behaviour (Lelutiu Weinberger et al., 2013), increased alcohol consumption (Pakula et al., 2016), and internalized homophobia (Reilly et al., 2013). Published literature showed higher rates of mental health symptoms in LGBTQ+ university students when compared to heterosexual cisgendered students (Travers et al., 2020). LGBTQ+ university students are more likely to suffer from bullying and to leave school at an early age, and less likely to have support at their schools (Mortier et al., 2018). A study done in Northern Ireland in 2018 showed that being part of the LGBTQ+ community was associated with an increased risk of self-harm behaviours and suicide (Mortier et al., 2018). On the other hand, recent research has shown that social support, especially from the family, can help decrease risk of mental health disorders in LGBTQ+ students, highlighting the importance of educational initiatives to create awareness for the necessity of familial support in these cases (Travers et al., 2020).

The situation has dramatically improved in Malta over the past few years. Laws in Malta have been put in place to render the discrimination illegal. These include same-sex marriage (2017), the right to adopt as a couple (2014), the right to legally change gender (2015), and protection of intersex minors against invasive surgical procedures (2015). Changes to the Laws in Malta have allowed for more public debates and awareness in recent years. The Maltese population is for the most part religious, and this increases the cognitive dissonance faced by people of the LGBTQ+ community.

To date, this is the first study to explore the relationship between acceptance in the LGBTQ+ community and mental health in Malta. It sought to understand the process of disclosing one's sexual orientation or gender identity, and to identify positive and negative factors that made the process of coming out a more positive or more challenging one. The present study also aimed to gain insight on what can be done to increase LGBTQ+ awareness and acceptance.

Methodology

Participants

Following discussion with a registered University of Malta (UM) LGBTQ+ association, participants were chosen via purposive sampling. The study was promoted on the UM LGBTQ+ association's social media portals and individuals volunteered to take part. As shown in Table I, 17 participants were chosen based on 3 inclusion criteria: 1) Active university students at the UM; 2) Members of the LGBTQ+ community; 3) Age between 18 and 30.

Table I. Study Participants, Age and Sexuality/Gender Identity

Participant Number	Age	Sexuality/Gender Identity	Participant Number	Age	Sexuality/Gender Identity
P1	26	Agender	P10	20	Lesbian Woman
P2	24	Gay Man	P11	26	Gay Man
P3	21	Gay Man	P12	22	Gay Man
P4	22	Gay Man	P13	19	Transgender Gay Man
P5	20	Gay Man	P14	18	Lesbian Woman
P6	22	Gay Man	P15	19	Bisexual Woman
P7	20	Bisexual Man	P16	18	Non-binary
P8	24	Pansexual Woman	P17	19	Bisexual Male
P9	21	Bisexual Woman			

Data Collection

An 8-component semi-structured interview guide was created purposely for this study. It was subsequently tested with two individuals from the LGBTQ+ community prior to formal interviewing. The interview questions explored the experience of disclosure of sexual orientation or gender identity of the participants and the reactions of people around them. The interview guide consisted of questions on the presence of mental health issues before, during, and after the process of disclosure, and any discrimination that the participants have faced or witnessed against other LGBTQ+ youths. The participants were also asked about romantic relationships and how being part of the LGBTQ+ community affects aspects of their life.

Readability testing and translation/back-translation were carried out prior to carrying out the interviews to ensure that the interview questions were adequate for the age group being researched. The interviews were carried out face-to-face on the University of Malta campus. These lasted 15 to 45 minutes each. Informed consent to participate in this study was obtained prior to the interview. Ethics approval was granted by the University of Malta Research Ethics Committee prior to starting the study.

Data Interpretation

Thematic analysis was performed on the transcriptions. 126 codes were initially generated, which were divided into 25 subthemes, which were then grouped into 7 main themes (Figure 1). Each theme included a number of subthemes.

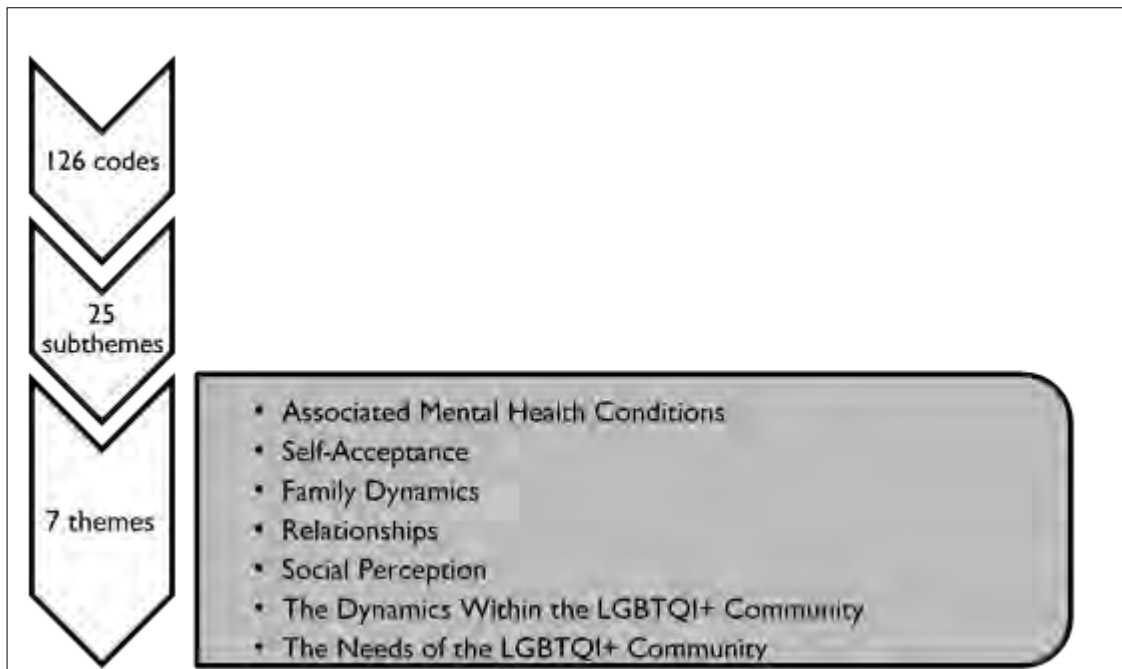


Figure 1. Data Interpretation Process

Results

Associated Mental Health Conditions

Several participants (n=6) talked about their mental health difficulties, focusing mostly around the time when they disclosed of their sexual orientation and gender identity to their family and close friends:

“For me, it was almost 2 months at Mount Carmel. It was very horrible. There were no creative exercises” (P1)

Some of the participants (n=4) described discrimination, lack of communication, and lack of awareness as causes for these mental health disorders:

“Anyone can get mental health problems, and it can be from discrimination and a lack of understanding of how to communicate and how to respect these boundaries” (P1)

Anxiety – ‘It left me in a state of panic’

Most participants (n=11) felt symptoms of anxiety in anticipation of their disclosure and immediately after their disclosure, which was followed by a period of tension in relationships with friends and family:

“I had been trying to tell her, but I was always scared because I knew they wouldn’t take it well” (P12)

“I had anxiety where I started panicking, and I had panic attacks because I was worried about how I was going to handle everything” (P12)

Depression – ‘I felt unappreciated, unloved, unimportant’

Following disclosure, several participants (n=6) had varying symptoms of depression including sadness and hopelessness. This was more common among “people who aren’t accepted by their family” (P2):

“After I came out to my mother and my family, I actually became depressed and that depression lasted about 2 years” (P2)

Suicide and Self-Harm – ‘I used to beat myself up’

Some participants (n=2) mentioned that during the disclosure, they suffered from suicidal ideation:

“I had a suicide attempt because I was scared that I would suffer from a lot of discrimination” (P1)

Self-Acceptance

Ambivalence – ‘I was figuring out who I was’

Most participants (n=12) felt confused and in denial about their sexual orientation or gender identity before they managed to understand and accept themselves. Some gay and lesbian participants (n=3) thought they were bisexual before coming to terms with their sexuality:

“First I came out as bisexual. Then I realised that nope, that wasn’t the case and I came out as gay” (P5)

Internalized Homophobia – ‘felt cursed to be gay’

Some participants (n=2) struggled with accepting themselves and faced internalized homophobia. Both participants thought that being LGBTQ+ “was inhuman” (P14).

Religion is still an important part of Maltese culture and some participants (n=3) mentioned this as a factor which contributed to their ostracization by society and themselves:

“I need to be punished, especially because of my previous religious beliefs” (P1)

After disclosure – ‘it felt like a huge weight had been lifted’

After disclosure, most participants felt liberated and less stressed. Most participants (n=14) saw their ‘coming out’ as a positive experience, even when they were not accepted, because they did not “have to feel restricted” (P15):

“Once you’re certain you’re out about it, and you start living true to yourself, it’s liberating” (P15)

Family Dynamics

Almost all participants (n=14) expressed that disclosure to their family was imperative in their journey:

“The people I trust the most in the world are my family and I felt that they should be the first people that I should tell” (P1)

Denial/disbelief of family members – ‘It took them a while to accept’

Several participants (n=7) said that their parents were in denial when they came out:

“When I talked it over with my mum, she was like, she didn’t really believe me” (P15)

In 4 cases, the parents attempted to convince their children to “try being straight” (P2):

“Are you sure that you don’t just, you know, really like this girl but she’s just a friend and you’re trying to make it into something that it’s not?” (P10)

Lack of information – ‘she didn’t even really know what gay is’

Several participants (n=9) said that their parents could not accept them because they “didn’t even really know what gay is” (P2). This was more common among people who identify as bisexual or pansexual:

“She can kind of understand that there’s straight people and there’s gay people, but she can’t understand the part in the middle” (P10)

Victim Blaming - ‘What did I do to make you gay?’

Some participants (n=7) felt that the parents viewed their disclosure as an act of defiance towards them, instead of being supportive at first:

“He started cursing his luck, cursing God, asking God why” (P7)

Following the disclosure, some parents blamed their children, while others blamed themselves:

“You get the whole ‘What did I do to make you gay?’ and that sort of thing” (P3)

Family Acceptance – ‘after some time it got better’

Several participants (n=10) said that the relationship with their families got better over time:

“It was almost like, before the love was a bit conditional and they learnt the idea of unconditional love as we went along I guess, so I feel closer to them now that I’ve come out and there’s been time to adjust” (P3)

Some participants (n=2) mentioned that after they disclosed their sexuality or gender identity, their parents were concerned that this would have a negative effect on their reputation:

“But there’s something I will never forgive from him, and that’s when he mentioned his friends. He was like, ‘What am I going to tell my friends?’” (P7)

Parents’ wish to have Grandchildren – ‘I might not have kids one day’

Some participants (n=3) mentioned that their parents struggled to come to terms with the fact that, in their mind, this would stop them from having children:

“They mostly feel sad about the idea that, like, I might not have kids one day if I decide to end up with a specific gender” (P15)

Religious influence within the family – ‘you’re going to hell’

The influence of religion in Maltese society affected the parents’ ability to accept their children, with some parents even worrying that their child would be “going to hell” (P1):

“This is all ‘cause you stopped going to church.” (P13)

Relationships

Friendships

Some participants (n=4) first disclosed their sexual orientation or gender identity to a friend that they trusted:

“We used to talk a lot about, like, our sexuality and I felt with her, like a little more in touch with myself” (P8)

Although most of these friends were supportive, a few participants (n=2) felt that the friends tried to over-normalize it by acting as if it was unimportant:

“My friends don’t really care. Some of my friends actually made me feel like it’s unimportant” (P8)

Other participants (n=3) expressed negative reactions from their friends:

“Their whole behaviour changed, and I started having people not sitting next to me” (P1)

Romantic Relationships – ‘the fact that we were gay, kind of, made the relationship’

Participants spoke about being in a same-sex relationship. In one of the interviews, the relationship compared this to a heterosexual relationship and said that “relationships were made better by the fact that we were queer because we had points to relate to, similar struggles” (P3).

Others (n=3) said that same-sex relationships may be made difficult when one person has not disclosed their sexual orientation or gender identity yet, since they are “constantly looking at like, if people are paying attention or whatever; it interferes with the atmosphere” (P2).

Social perception

Homophobia – ‘I left University because of homophobia’

Almost all participants (n=15) recalled occasions where they felt homophobia towards them. This occurred in different ways, with two participants expressing that they have been treated differently because they did not conform to societal norms:

“They sometimes look at you weirdly” (P7)

“Valentine’s Day, for example, is typically male and female, so you book, and they assume you’re not taking the Valentine’s thing” (P11)

Several participants (n=7) said that they have suffered verbal abuse. Homophobic slurs are used commonly as an insult without being intentionally homophobic:

“Gay began being thrown around as an insult. I didn’t even know what it was at the time” (P5).

Physical abuse was also highlighted by some participants (n=3), with one participant claiming that he “knew it wouldn’t be safe enough for me to be out” (P14).

Transgender Discrimination

There was an overwhelming consensus that transgender people suffer more discrimination:

“I think it’s harder for trans people than it is for gay people in the society that we live in at the moment” (P14)

‘Positive’ discrimination - “Oh my god, you’re going to be my gay best friend!”

Other participants (n=3) mentioned experiences of ‘positive’ discrimination. One participant said that he was given a particular job because he, as a gay man, and would be better working with the female workers:

“My first job was in a clothes’ shop and they said, ‘You’d be perfect because the rest of the team are women’” (P11)

Difference in Acceptance with Age and Gender – ‘You know how these straight guys are’

All participants explained that younger generations are generally more accepting, with some participants (n=3) saying that they would not disclose their sexual orientation or gender identity to their grandparents because of this:

“Some things are there for a long time and are more accepted in our current generations” (P15)

Furthermore, participants said that heterosexual women are more accepting than heterosexual men. Therefore, most participants felt more comfortable ‘coming out’ to their mother before their father:

“When it comes to bullying, I’ve seen it happen more from straight men that are cisgender, um, rather than females” (P13)

“In the parents’ generation, there’s more chance that women will accept you, and mums rather than dads” (P4)

Lack of Information

Many of the participants (n=7) felt that there is not enough public information about the LGBTQ+ community, especially when it comes to gender identities:

“The different spectrums of sexualities and gender identities. Many people still don’t understand transgenderism” (P1)

Improvement – ‘we did a full 180 in rights here, back then I didn’t feel quite as comfortable’

Most participants (n=11) agreed that being a member of the LGBTQ+ community now is vastly better than it was a few years ago, due to increased awareness and knowledge:

“It’s gone from something that no one talks about and no one discusses and it being a very tabooed thing to something almost pedestrian” (P14)

In recent years, more laws protecting the LGBTQ+ community have been implemented:

“We have the rights and that is a good thing. However, when we have to consider the awareness of issues with regards to, for example, online hate speech against LGBT” (P1)

The Dynamics within the LGBTQ+ Community

Sense of community – ‘a lot of my friends are queer’

Most of the participants (n=9) explained that they find it more comfortable making friends within the LGBTQ+ community itself, and that this gave them more confidence to disclose their sexual orientation or gender identity. With Malta being a small country, everyone in the LGBTQ+ community knows each other, and this aids in building a supportive community:

“The fact that I made part of the LGBT community helped me to find friends like me” (P9)

Some participants (n=3) mentioned LGBTQ+ events organised throughout the year which help increase this sense of community:

“There was the Malta Pride celebration, and I was organising various activities. The activities turned out great and we had a huge success and a huge turnout for both events, which were both beyond our expectations” (P1)

Despite this, some participants (n=2) stated that the community was not familiar with LGBTQ+ terms:

“A gender spectrum, in my idea, there’s a lot to keep up with. It’s a lot nowadays. Like even I, I get confused” (P15)

Discrimination within the community – ‘they didn’t deem that gay enough to be in the club’

There is discrimination within the LGBTQ+ community itself. Some participants (n=4) explained how transgender people face discrimination from people within the community themselves:

“I think there’s more discrimination against trans people even within the LGBTQ community” (P13)

Several participants (n=5) explained that some members within the LGBTQ+ community struggle to believe that bisexual people exist and claim that they are “confused or just a phase” (P7):

“There’s this sort of elitism, where it’s sort of, ‘Oh, but you’re not really gay,’ so there’s a sort of like, bisexual people are lesser than, um, gay people” (P14)

The needs of the LGBTQ+ community

‘I am also human’

Several participants (n=6) mentioned that they would like to be treated the same as any other human being. One participant said that ‘coming out’ in itself confirms a sense of abnormality, and that “people should not have to go through the nerve-wracking moment of having to come out to their parents” (P13):

“We’re dispelling that idea, that like, that being gay is something that you should hide.” (P14)

Communication – “I think people should come forward more about it as well, and explain it”

Most participants (n=11) mentioned bilateral and mutual communication between the LGBTQ+ community and society in general as an important step forward. Participants (n=4) explained how people should ask

questions to members of the LGBTQTI+ community and that members of the LGBTQTI+ community should be open to addressing public concerns, even when these seem offensive:

“I think people should come forward more about it as well, and explain it, like people should be prepared to explain about it, rather than expecting to have the information already out there cause it is a lot to keep up with, so it would be nice if people came forward a bit more” (P15)

Support – ‘there is a lack of awareness with counselling’

Given the stresses that disclosing one’s sexual orientation or gender identity and discrimination can bring, many participants (n=7) felt that safe, confidential support services should be made more available to members of the LGBTQ+ community. Counselling services, especially at University (e.g. through UM based organisations) should be easily accessible to students:

“I believe student organisations like We Are do something very important where they offer a space for young people who don’t know where they are in their life to try and find it, they offer a safe space” (P14)

Discussion

LGBTQ+ youths are more likely to experience mental health issues than heterosexual cisgender youths (Russell & Fish, 2016). As described from the findings above, people in the LGBTQ+ community face discrimination throughout their life, especially when coming out (Russell & Fish, 2016). Rejection and the anxiety associated with the process of disclosure may have a negative impact on the person’s mental health (Mays & Cochran, 2001). As mental health remains a taboo in most societies (King, 2019), members of the LGBTQ+ community might find it more challenging to open up about their emotions, sexuality, gender identity and mental health issues.

From the findings reported above, anxiety and depression were the most common mental health issues experienced by the participants. This may be explained the concept of minority stress which states that minority groups experience stress due to discrimination faced and that this, in turn leads to increased risk of mental health problems (McConnell et al., 2018). People within the LGBTQ+ community face risks of discrimination, rejection, homo/transphobia, family disputes, bullying, and internalized homophobia (Russell & Fish, 2016). This, in turn, results in an increased prevalence of mental health problems within LGBTQ+ youth, including generalized anxiety disorder, panic attacks (Cochran, 2003), and depression (Mustanski et al., 2010). Coping with mental health symptoms may make it more difficult for the person to maintain healthy social circles and might increase difficulties within preexisting relationships (Russell & Fish, 2016).

As shown in this study, mental health issues in the LGBTQ+ community may lead to deliberate self-harm, feelings of hopelessness, and suicidality (Mays & Cochran, 2001), leading to admission to mental health hospital which may further decrease the individual’s self-esteem, causing more frustration and helplessness.

Disclosure of one’s sexual orientation or gender identity is an important part in the journey of self-acceptance. This event however, might be associated with a fear of rejection and disappointment, uncertainty

about the future, and loneliness (Mills-Koonce et al., 2018). As shown in the study, members of the LGBTQ+ community often find difficulty in understanding and determining their sexuality or gender identity. Certain terms are still misunderstood by most people, especially by those still struggling to understand their own gender identity. This might be because there is still lack of public awareness regarding gender identities (Russell & Fish, 2016).

Determining one's sexuality or gender identity seems to be of different importance to different people. Some yearn to find the sexual orientation or gender identity that fits them best, while others refuse to do so. This might emanate from the fact that they might want to avoid being associated with common LGBTQ+ stereotypes (Scourfield et al., 2008). As mentioned in the interviews, numerous people experiment with their emotions by trying to build romantic relationships with different genders. A possible explanation for this might be the difficulty that LGBTQ+ people experience to construct and accept themselves in the present heteronormative and cis-normative society (Mills-Koonce et al., 2018).

Once the person has determined their sexuality and gender identity, they may struggle with self-acceptance and may face internalized homophobia – 'the person's direction of negative social attitudes toward the self' (Meyer & Dean, 1998, p.161). As mentioned in the interviews, it is common for 'gay' to be used as a derogatory term, especially among the younger generation, causing young people to associate 'gay' with negative connotations. Furthermore, this research sheds light on the point of view of some religious LGBTQ+ people, where they have been instructed that physical intimacy in same-sex relationships is sinful. This is experienced when the person's religious group does not accept an LGBTQ+ lifestyle (Lease et al., 2005). Being part of a religious group that is accepting towards LGBTQ+ has been found to be beneficial to the mental health of members of the LGBTQ+ community (Lease et al., 2005).

Most people start their disclosure during their late teenage years, when the majority still live at home with their families (Katz-Wise et al., 2016). In view of this, family support is of paramount importance during such a sensitive period. In many cases, disclosing of one's sexual orientation or gender identity to parents is commonly rehearsed and well thought out (Mills-Koonce et al., 2018). As shown in the present study, members of the LGBTQ+ community choose to come out to a family member or friend that they trust and feel that is the least likely to reject them. Members of the LGBTQ+ community usually approach people who they know are more accepting towards other members of the LGBTQ+ community (Mills-Koonce et al., 2018). One must also take into account the additional difficulties caused by other life stressors such as other non-related mental health issues and stressors that family members might be going through during the time of disclosure, which might impede a flowing process of emotional connection.

Such a disclosure may initially come as a shock for family members, especially those who imagine their children settling down in a nuclear family based on a heterosexual relationship. As shown in the study, this can interfere with the parent's perception of their children's future, which would necessitate that they adjust to a different reality (Katz-Wise et al., 2016).

This study showed that parents may also fear for their children's future as most are aware of the pervasive homo/trans phobia that still exists in spite of the legislative changes made. This was also mirrored in previous literature (Almeida et al., 2009). Furthermore, some parents might experience a sense of guilt and self-blame as they feel that past family traumas or bad nurturing might have negatively affected their children (Grafsky & Gary, 2018). As shown in the present study, the difficulties with parental acceptance may stem from their fear of coming under scrutiny by colleagues, friends, or other family members. Parents may indirectly choose to blame the child for affecting the family's reputation (Wang et al., 2020).

Same sex relationships may differ from heterosexual relationships in some aspects since, as shown in the study, the relationship can be based on mutual understanding as both individuals would have faced similar struggles. However, the lack of LGBTQTI+ relationships present in society may make it difficult for LGBTQ+ youth to have access to established relationship norms (Greene et al., 2015). Moreover, some LGBTQTI+ people feel hesitant to go out in public with their partner, which may put a strain on the relationship.

Homophobic slurs are used casually during conversations, especially among early teenagers (Carnaghi et al., 2011). As mentioned in the study, these slurs might not be used specifically towards people within the LGBTQ+ community, but as a derogatory term between heterosexual people. This might make it more difficult for members of the LGBTQTI+ community to accept themselves and open up to others.

It was also found that transgender people generally felt more discriminated against. This may be due to the lack of information and awareness when it comes to transgenderism and gender identity, when compared with sexual orientation (Russell & Fish, 2016). This may also be because transgender people generally require more acceptance than gay and lesbian people. Disclosure leads to a change of prepositions, and sometimes even a change of name. This can be very challenging for the people who know the person from before the gender change (Craig, 2007). As shown in the study, individuals with different gender identities sometimes suffer discrimination within the LGBTQ+ community itself. This may be because transgender people may be considered as different to the other members and may be seen as outsiders even within the LGBTQ+ community (Morrison, 2010). This can also be said for bisexual people as gay and lesbian people might think that bisexuality does not exist and is only a steppingstone towards one's disclosure as gay (Weiss, 2003).

As shown in the study, the sense of camaraderie and friendship found in the LGBTQ+ community is a source of support. They also organize events, both to raise awareness towards LGBTQ+ rights (such as Pride walks) and social events (such as LGBTQ+ parties).

Study Limitations

Since there is no official registry of LGBTQTI+ University of Malta students, a representative sample could not be taken. The study was promoted by a registered university LGBTQTI+ association and people volunteered to be interviewed. This might have favoured people who had already disclosed their sexual orientation or gender identity, as people who have not done so might be hesitant to follow LGBTQ+ related social media and to volunteer for such a study. Furthermore, the transgender population is a small percentage of the LGBTQTI+ community. Therefore, only one participant was transgender. Despite that, many other participants spoke about

their experiences with transgender peers. The study population was limited to 18-30 year olds since the majority of UM students fall within this age range. This may have introduced selection bias as it disregards other experiences from other age groups.

Study Strengths

This study included participants from different sexual orientations and gender identities. This helped to include different perspectives even within the LGBTQ+ community itself, as people of different sexual orientations and gender identities had different experiences. All participants volunteered out of interest and without monetary incentives. This shows that they were comfortable opening up about their experiences. The interviews were carried out individually and confidentially in a location that the participants were comfortable with in order to create a safe space for them.

Recommendations

It is crucial that all healthcare professionals are knowledgeable about LGBTQ+ terms and the mental health impact that being part of the LGBTQ+ community can have on the individual. This will improve the quality of psychological support that members of the LGBTQ+ community receive and make it easier for healthcare workers to offer them the support that they need. Counselling and psychological services should be readily available and easily accessible for both the members of the LGBTQ+ community and their families.

Furthermore, there needs to be more awareness and knowledge about the LGBTQ+ community in society in general. This is because, although gay men and lesbian women have recently been well represented in the media, this still remains untrue for the other aspects of LGBTQ+, especially trans individuals. Inclusion of LGBTQ+ education in school curricula may also aid younger children to learn about different sexual orientation and gender identities, which might make it easier for them to accept their own or other people's sexualities or gender identities in the future.

Further research may include preventative work, aiming to educate and encourage young people to disclose any issues about their sexual orientation or gender identity and hence try to decrease the impact of mental ill health caused by the difficult process of disclosure. A study focusing on older members of the LGBTQ+ community will help to highlight the lasting effects of discrimination, ambivalence, and lack of acceptance on their mental health.

Conclusion

Members of the LGBTQ+ community may face discrimination from family, peers, and social circles throughout their lives. This can have a negative impact on their mental health, especially during the time of disclosure of one's sexual orientation or gender identity, since during this period, there is increased risk of rejection and discrimination. Increased education and knowledge within society and increased awareness

about support services available may help members of the LGBTQ+ community to face less discrimination and find help when it is needed.

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