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Sexual minority youth are at a disadvantage: what now?

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Rebekah Amos and colleagues[1] offer important perspectives on the population health needs of sexual minority adolescents in the UK. To our knowledge, their findings are among the first to present population-based estimates of mental health problems, adverse social environments, and negative health outcomes among sexual minority and heterosexual youth in the UK. This work offers considerable insight into how the field of sexual minority youth health can move forward in meaningful ways.

First, this study[1] reiterates the importance of population-based data sources for identification of the health and social resource deficits experienced by sexual minority youth.[2] The inclusion of sexual orientation measures in population-based data in the USA, for example, has led to a veritable explosion in the number of studies that estimate the degree to which sexual minority adolescents experience compromised health relative to their heterosexual peers. These data have been vital to inform policies, programmes, and practices that seek to address the unique health needs of sexual minority young people, albeit at a rate that does not match the urgency that these very real and pressing public health needs require.[3] Unfortunately, outside select countries (eg, the USA and Australia) population-based investigations into the health of sexual minority youth have lagged.[4] However, population health surveillance efforts are necessary for identification of national health priorities, which in turn will guide decisions about research and prevention efforts. The need to collect population-based data on sexual (and gender) minority youth is paramount and deserves continued attention and advocacy.

Second, Amos and colleagues[1] do an admirable job of assessing the degree to which sexual minority adolescents show elevated risk for accumulated mental health problems, adverse social environments, and negative health outcomes. Their findings complicate the story of sexual minority youth health risk in important ways. A growing body of research documents sexual orientation-related disparities across a host of independent health outcomes (eg, depression, low self-esteem, alcohol abuse, and cigarette use),[5] and yet comorbidities among and between mental health and substance use disorders are well-established.[6] Researchers need to continue to assess the degree to which sexual orientation disparities exist across independent health indicators, particularly among countries for which national estimates of risk for this population have yet to be established. However, the field would also benefit from a more nuanced understanding of compromised health that reflects the co-occurring

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and comorbid nature of mental ill-health symptomology and substance abuse, particularly given that this complicates health and treatment across the life course.

Third, Amos and colleagues[1] did not just assess sexual orientation-related health disparities, but also factors that contribute to elevated incidence of poor mental health and negative health outcomes (eg, parental disconnect, cyber and peer bullying, and assault) among sexual minority adolescents. Studies focused on the confluence of multisystemic factors that contribute to sexual minority youth health inequities offer crucial insight for future research and health promotion strategies.[7] Identifying how amendable and addressable social determinants of health have a critical and causal role in sexual minority youth development and health is essential. Empirical investigations into the mechanisms that drive sexual orientation-related health disparities are crucial to develop recommendations for policy, education, and prevention strategies that seek to improve the environmental conditions under which sexual minority youth can thrive.

Similarly, the field of sexual minority youth health research needs to ally itself with researchers in the area of intervention, prevention, and health promotion. Outside the domain of sexual health, we lack research-informed and empirically-tested lesbian, gay, bisexual, transgender, and queer (LGBTQ)-specific intervention and prevention strategies.[8] A 2019 systematic review on interventions for sexual and gender minority people identified nine LGBTQ-specific interventions for mental health, two for substance use, and one for violence victimisation, most of which were individual-level and pharmacological treatments.[8] This is a critical failing when we consider the wealth of research that highlights the mental and behavioural health needs of LGBTQ people around the globe.[5,6] A concerted effort is needed to develop large-scale, empirically driven, and rigorously tested strategies to improve LGBTQ youth health and wellbeing.

Adolescence is a critical time of rapid biological and social changes that shape the decades that follow.[9] The documentation of population-level health disparities between heterosexual and sexual minority adolescents remains indispensable, particularly in geopolitical contexts where these perspectives have lagged. However, it would be remiss to not consider new frontiers in sexual (and gender) minority youth health and the ways we can meaningfully intervene to position LGBTQ youth for healthy and productive futures.

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References

1. Amos R, Manalastas EJ, White R, Bos H, Patalay P. Mental health, social adversity, and health-related outcomes in sexual minority adolescents: a cohort study. Lancet Child Adolesc Health 2019; published online Nov 18. 10.1016/S2352-4642(19)30339-6.

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2. Cahill SR, Makadon HJ. If they don't count us, we don't count: Trump administration rolls back sexual orientation and gender identity data collection. LGBT Health 2017; 4: 171–73. [PubMed: 28453387]
3. Russell ST. Social justice, research, and adolescence. J Res Adolesc 2016; 26: 4–15. [PubMed: 27307689]
4. Fish JN, Baams L, McGuire JK. Sexual and gender minority mental health issues among children and youth. In: Rothblum ED, ed. Oxford Handbook of Sexual and Gender Minority Mental Health. Oxford: Oxford University Press (in press).
5. Plöderl M, Tremblay P. Mental health of sexual minorities. A systematic review. Int Rev Psychiatry 2015; 27: 367–85. [PubMed: 26552495]
6. Kessler RC, Avenevoli S, McLaughlin KA, et al. Lifetime co-morbidity of DSM-IV disorders in the US National Comorbidity Survey Replication Adolescent Supplement (NCS-A). Psychol Med 2012; 42: 1997–2010. [PubMed: 22273480]
7. Russell ST, Fish JN. Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. Annu Rev Clin Psychol 2016; 12: 465–87. [PubMed: 26772206]
8. Coulter RWS, Egan JE, Kinsky S, et al. Mental health, drug, and violence interventions for sexual/gender minorities: a systematic review. Pediatrics 2019; 144: e20183367. [PubMed: 31427462]
9. The National Academies of Sciences, Engineering, and Medicine. The promise of adolescence: realizing opportunity for all youth. Washington, DC: The National Academies Press, 2019.