



MINORITY STRESS FACTORS AND MENTAL HEALTH OUTCOMES AMONG KEY POPULATIONS: A SYSTEMATIC REVIEW

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ABSTRACT

The Minority Stress Model posits that stress is rooted in enduring social processes and structures. Therefore, further research is needed to understand the impact of institutions aligned with the dominant culture on minority groups. This literature review seeks to investigate the influence of various forms of minority stress on the mental well-being of specific populations. The findings validate previous research indicating the detrimental effects of minority stress on mental health. Furthermore, the review underscores the increasing focus on examining minority stressors and their mental health implications over the past decade. This research aligns with the imperative to comprehensively comprehend the mental health needs of sexual minorities and the factors contributing to mental health disparities, in order to effectively address them. Additionally, our findings suggest significant advancements in understanding the mental health challenges of specific populations. Solid evidence supporting the minority stress model is being amassed, and the works reviewed in this study offer valuable insights for distinct subgroups.

Key words: *Minority Stress Model, social processes, social structures, dominant culture, minority groups*

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INTRODUCTION

Research has shown that people who identify as lesbian, gay, bisexual, queer, and with other non-heterosexual orientations (LGBQ+) face stressors in societies that prioritize heterosexuality as the normal and preferred sexual orientation (Meyer, 2003). In recent years, mental health professionals have become increasingly interested in the well-being of LGBTQ individuals (Chan et al., 2019). Meyer's minority stress theory suggests that chronic exposure to minority stressors contributes to the higher risk of mental health challenges and difficulties experienced by sexual minority individuals compared to their heterosexual counterparts (Ross et al., 2018; Semlyen et al., 2016). Previous studies indicate that increased levels of minority stressors in LGBQ+ populations are negatively associated with mental and psychosocial well-being (Burton et al., 2013; Gnan et al., 2019; Meyer, 2003; Pitoňák, 2017). Additionally, compromised mental health conditions may elevate the vulnerability to the negative effects of minority stressors (Pitoňák, 2017).

Meyer (2003) proposed the minority stress theory, which suggests that minority stressors are experienced on a continuum from distal to proximal. Distal stressors

include those that come from people or institutions impacting LGBT individuals, such as discriminatory policies and laws (Hatzenbuehler, 2016), acute major life events like losing a job or being victimized by violence (Meyer et al., 2022), chronic stressors like living in poverty (Frost et al., 2019), minor "everyday" experiences of discrimination or microaggressions like being mistreated or with disrespect (Nadal et al., 2016), and even non-events, such as expected positive experiences or events that were thwarted due to stigma and prejudice (Frost & LeBlanc, 2014).

Proximal stressors stem from the socialization process experienced by individuals identifying as sexual and gender minorities. This process often leads to the internalization of societal stigma, causing these individuals to reject their own identity due to being LGBT (internalized stigma) (Jaspal et al., 2021; Liang & Huang, 2022). Additionally, they develop the expectation of being stigmatized due to their awareness of prevailing social stigma (expectations of rejection) (Douglass et al., 2020). To cope with these stressors, individuals may choose to conceal their LGBT identity as a protective mechanism against distal minority stressors. However, studies such as the one by Pachankis et al.

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(2020) also highlight that while concealment may protect certain environments, it also limits access to social support and affirmation, complicating its role in minority stress theory.

Individuals who identify as LGBTQ often experience higher levels of negative mental health outcomes and a lower quality of life compared to their heterosexual counterparts (Eres et al., 2021; Meyer, 1995, 2003; Pakula et al., 2016; Woodford et al., 2015). For example, sexual and gender minorities are more likely to have elevated levels of depression and anxiety than the general population (Borgogna et al., 2019; Eres et al., 2021; Su et al., 2016; Talbott, 2012). This group is also at a greater risk of experiencing mental disorders as defined by the DSM-5 (Grant et al., 2013; Pakula et al., 2016). LGBTQ individuals also often report higher levels of loneliness and social isolation, which are associated with suicidal thoughts (Kittiteerasack et al., 2020). These disparities are influenced by a complex interaction of factors that make finding a simple solution to preventing poor mental health challenging.

The conceptual framework known as Minority Stress theory offers valuable insights into the mental health disparities experienced by minority groups, such as

sexual minorities. This theory suggests that sexual minorities are at a higher risk of psychological distress due to encountering external prejudice events, discrimination, and internal stress processes like internalized homophobia and concealment (Sun et al., 2020; Meyer, 2003). Research consistently supports this theory within the LGB community, highlighting how experiences such as discrimination, victimization, fear of negative evaluation, concealment, and internalized homophobia can contribute to psychological distress and stress-related conditions, including suicidal ideation (Sutter & Perrin, 2016; Jaspal et al., 2021). Additionally, LGB individuals are particularly vulnerable to daily social stress stemming from discrimination based on their sexual orientation (Fattoracci et al., 2021).

To the best of our knowledge, no previous review has examined the impact of minority stressors on negative mental health outcomes in LGBTQ+ individuals in Nigeria. Therefore, this review aims to establish the relationship between minority stressors and the mental health of LGBTQ individuals. The review will include an assessment of the methodological quality to evaluate the design, reporting, and attempts to reduce bias in the included studies, which will inform conclusions.

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METHOD

Search strategy

We conducted a systematic literature search using the PRISMA-P strategy (Moher et al., 2015). We searched mainly through Google Scholar, PubMed, and other open-access databases. The search included abstracts, keywords, and article titles. Additionally, we checked the reference sections of full-text review articles and any meta-analyses/systematic reviews found in the search. We excluded grey literature because it hasn't undergone peer review and may not meet high-quality standards, which could limit the ability to draw firm conclusions (Adams et al., 2017).

Selection criteria

The literature search included publications from January 1, 2014, to December 31, 2023, due to the rapid growth of research in this area and its connection to recent socio-cultural changes relating to same-sex relationships on a global scale. The search used keywords such as "minority stress AND LGBT," "minority stress AND (gay OR lesbian OR homosexual OR bisexual)," and "minority stress AND (transgender OR queer OR gender non-conforming)." Only studies published in English, with 50 or more participants, and reporting mental health outcomes (e.g., depression, anxiety,

suicidality, substance use) were considered. No constraints were placed on the clinical setting or study design. Suitable mental health outcomes included quantitative measures of symptoms or diagnoses of mental illnesses, problematic substance use, global psychological distress, and well-being. Only studies published in peer-reviewed journals were included. Exclusion criteria comprised a lack of focus on minority stress, off-topic papers, studies focused on prevention, or those not reporting mental health outcomes and those with a sample size smaller than 50 participants. There were no age restrictions for participants.

Data Extraction

Information extraction included in this literature review: citation; study design; sample size and characteristics; measurements of mental health outcomes, and minority stressors; and relevant analyses and results.

Quality Assessment

The review assessed the quality of studies using the AXIS critical appraisal tool for cross-sectional studies (Downes et al., 2016), which consists of 20 items evaluating the quality of reporting, study

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design, and potential risk of bias. Example items include "was the target/reference population clearly defined," "was the study design appropriate for the stated aim(s)," and "was the selection process likely to select subjects/participants that were representative of the target population." Responses were scored as yes (1), no (0), or

Results

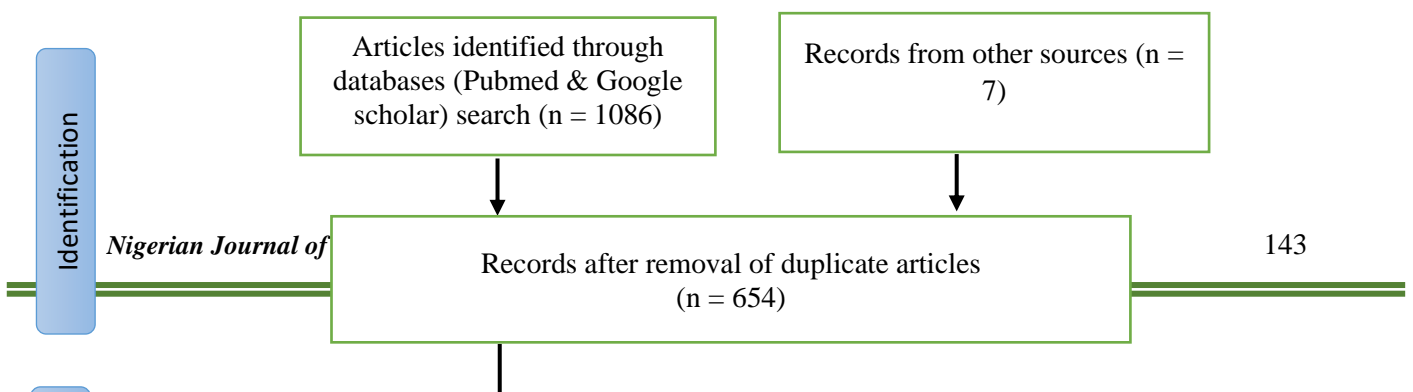
Study Selection

Out of the initial 1086 search results from Google Scholar, PubMed, and other sources (refer to Fig. 1 for the PRISMA flow diagram), 654 unique studies remained after removing duplicates. These 654 studies underwent screening for full-text reviews, resulting in 85 articles that were assessed based on the eligibility criteria. Out of the 85 articles screened, 75 did not meet the inclusion criteria for the study or did not include a quantitative analysis investigating the relationship between mental health outcomes and minority stressors. Therefore, these 75 articles were excluded. After the screening process, 13 articles met the inclusion criteria and were used for the review.

Results

unable to determine (0) with a total score range of 0–20, where higher scores indicated higher methodological quality and lower risk of bias. Quality ratings were specifically made for the relevant parts of the studies in this review, such as mental health outcomes and minority stressors.

In several studies conducted in Israel and the U.S., it was found that general psychological distress had a small to medium negative relationship with self-acceptance of sexuality (ranging from -0.26 to -0.46; Shilo et al., 2015; Shilo & Mor, 2014). However, in a study from Russia that used the Symptom Checklist-90-Revised (SCL-90-R), a small negative relationship ($p = -0.10$) was found, and no significant relationship was observed between self-acceptance of sexuality and psychological well-being ($p = 0.07$). In contrast, three Israeli studies reported a significant, small positive relationship with self-acceptance of sexuality ($r = 0.18$ to -0.23 ; Shilo et al., 2015; Shilo & Mor, 2014).



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Fig. 1: PRISMA (Moher et al., 2015) flow diagram

Additionally, two Israeli studies found that the relationship between self-acceptance of sexuality, psychological distress, and well-being remained significant even after controlling for various factors such as demographic variables, outness about sexuality, harassment, family and friends' support, LGBTQ+ connectedness, religiosity, victimization, and being in a steady relationship (Shilo et al., 2015; Shilo & Mor, 2014).

In recent years, several studies have examined depression in LGBT populations. They have concluded that minority stressors contribute to increased levels of depression. It's important to note that mental illness and emotional disturbances are not intrinsic to LGBT orientations and identities, but rather result from the stigmatization of sexual and gender minority identities (Meyer, 1995). This is supported by one of the largest studies included in our review, a longitudinal

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population-based study by Bränström et al. (2017) providing evidence of poorer mental health among LGB individuals compared with heterosexuals. More frequent experiences of victimization, threat of violence, and lack of social support are linked to these disparities.

A study conducted by Pakula et al. (2016) analyzed data from a large, national, multi-year sample of Canadians aged 18-59 years. The study included individuals who identified as lesbian, gay, bisexual, or heterosexual (N=222,548). The findings revealed that the sexual minority respondents were significantly more likely to perceive their lives as stressful and feel less connected to their local communities compared to heterosexual respondents. This difference was especially prominent among bisexual individuals, who exhibited higher prevalence of mental health issues such as anxiety disorders, mood disorders, and heavy drinking. These findings suggest that bisexual-identified individuals may face added social stress due to both homophobia and biphobia, and may have fewer connections to the LGBT community. Therefore, they may require additional forms of social support. Research on social and familial support has been growing, aiming to identify potential protective factors that could help build

resilience and mitigate the impact of minority stress on LGBT individuals.

The main aim of a 2010 Australian cross-sectional study by Lea et al. was to investigate minority stress among young homosexual individuals. The study enrolled 572 young adults aged 18-25 and found that chronic social stress due to sexual identity was associated with poor mental health outcomes. The findings showed that internalized homophobia was significantly associated with psychological distress and suicidal thoughts. Additionally, perceived stigma and homophobic physical abuse were linked to attempted suicide. Another study called the "Youth Risk Behavior Surveys" by Stone et al. in 2014 also found that young individuals who have sexual contact with people of both sexes have the highest prevalence of suicide risk in the LGBT population.

Epidemiological studies of substance use in the adult population have revealed that the lifetime prevalence of substance use disorders is approximately 3%. The global prevalence of alcohol use disorder ranges from 3% to 16% (WHO, 2018). Research shows that LGBT individuals have higher rates of alcohol consumption and substance abuse, with individuals in a minority position being twice as likely to meet

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criteria for substance-related disorders (King et al., 2008).

The minority stress theory (Meyer, 1995; Meyer, 2003) is widely utilized as a framework to understand the underlying mechanisms of substance use among LGBT populations. Psychological distress associated with sexual minority stressors, such as negative life events, has been shown to affect the mental health of sexual minorities through the development of negative coping skills, including problematic alcohol use.

Studies have also indicated that LGBT individuals use alcohol and other drugs more than heterosexual people (Bränström & Pachankis, 2018). The increased risk of alcohol use, cannabis use, and daily tobacco smoking among LGBT populations has been strongly associated with psychological distress, experiences of discrimination, victimization, and social isolation.

In a study conducted by Livingston et al. (2015), an online survey of 704 sexual minority adults recruited from LGBT organizations suggested that psychological distress mediates the relationship between stressors and alcohol misuse, with personality traits such as extraversion and

conscientiousness strongly associated with substance misuse.

In a study conducted by Slater et al. (2017), 1351 LGBT individuals were assessed to understand the link between discrimination and excessive alcohol and substance use. The study revealed that discrimination based on sexual orientation was associated with higher chances of alcohol and substance-related issues, particularly among bisexuals, Hispanics, and sexual minority adults with lower levels of education. This suggests that gender, ethnicity, and education play a role as mediators of psycho-social vulnerability.

The findings also indicated that self-acceptance of sexuality was linked to lower psychological distress and improved well-being. Additionally, it was found to be associated with reduced depression symptoms in HIV-negative gay men. This is consistent with past research suggesting that poor self-acceptance of minority sexuality may negatively impact mental health (Meyer, 2003). Furthermore, greater self-acceptance may help mitigate mental health difficulties by counteracting the negative effects of heterosexism (Aristegui et al., 2018).

However, it's important to note that the studies included in the research only

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focused on a limited number of mental health outcomes, and the findings were not replicated across all measures of psychological distress, well-being, or depression symptoms used. For instance, there was no link found between self-acceptance and the SCL-90-R scale in a Russian sample (Yanykin & Nasledov, 2017), or the Depression subscale of the Profile of Mood States in a U.S. sample. These variations in findings may be attributed to sample differences. For example, the lack of connection between self-acceptance and psychological distress in a Russian sample could be due to sampling bias. It's possible that participants who are open to participating in research related to their LGBTQ+ sexual identity in a culture with high levels of anti-LGBTQ+ narratives and policies may only do so if they have very high levels of self-acceptance and well-being. This is supported by the fact that more than half of the participants in Yanykin and Nasledov's (2017) study had the highest possible scores for self-acceptance and the lowest scores for psychological distress.

Conclusions

The latest research has been focusing more on the minority stressors experienced by LGBT individuals and how it impact their

mental health. This is an important area to understand to address mental health disparities effectively. Our findings show that significant progress has been made in understanding the reasons behind mental health issues in LGBT communities. There is strong evidence supporting the minority stress model, and many studies provide valuable insights for specific subgroups.

This field of research is rapidly expanding, particularly in terms of mental health outcomes and its policy implications. Future studies should use longitudinal designs to establish causality. It's also crucial for future research to consider the intersections of stigma related to ethnicity, social background, and other minority characteristics.

Our results strongly suggest that inclusive policies for LGBTQ individuals can have a positive impact on their mental health. Therefore, the implementation of such policies is expected to lead to long-term mental health improvements. In the short to mid-term, individual and community-based interventions focusing on greater LGBTQ inclusion, promoting resilience, and helping individuals cope with minority stress can help reduce mental health disparities.



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Furthermore, more efforts should be made to bridge the gaps in healthcare. This includes promoting interventions for LGBT health, enhancing the cultural competency of healthcare providers, and reducing

stigma in mental healthcare settings. Mental health professionals are essential in overcoming the barriers faced by sexual minority populations who experience discrimination throughout their lives

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