PRELIMINARY INDICATIONS THAT LGBTQ+ YOUNG ADULTS HAVE A HIGHER LIKELIHOOD OF PTSD

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INTRODUCTION

- Research shows that LGBTQ+ young adults are at increased risk of suicidal ideation and attempts, depressive and anxiety disorders, and risk of PTSD, with transgender individuals showing the highest risk of PTSD, when compared to heterosexual counterparts (Rosenstreich, 2013; Mongelli et al., 2019; Marchi et al., 2023).
- Despite being at disproportionately higher risk for PTSD exposure and PTSD-related diagnoses, LGBTQ+ individuals are less likely to seek help until they are already in crisis (Alberts & Rohrsetzer, 2020).
- Being that perception of social support can have a positive effect on sexual identity, suicide risk, and wellbeing, it is essential to screen LGBTQ+ individuals for these mental health concerns (McDonald, 2018).
- The present study aimed to examine the relationship between LGBTQ+ identification and mental health outcomes—specifically depression, PTSD, impulsivity, and anxiety—among young adults receiving intensive outpatient mental health treatment.

METHODS

The Dorm Model

- The Dorm is an intensive outpatient program for young adults, ages 18-35, located in New York City and Washington D.C.
- Program duration is approximately one year, on average.
- Treatment includes:
  - Empirically-supported behavioral psychosocial methodologies (i.e., Clinical Groups such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT), Clinical Coaching, Individual Therapy).
  - Alternative and complementary modalities (i.e., personal training, yoga, horticulture, community service, social clubs, meditation, mindfulness).
  - A community clubhouse model that fosters clinically-supported socialization, socially corrective learning experiences, and relationship-building.

Data Collection

- As part of a clinical outcomes study, we gathered data from 334 young adults, ages 18 to 35, recruited from an intensive outpatient mental health treatment program in New York, NY and Washington, D.C.
- We assessed depression, PTSD, impulsivity, and anxiety using the following self-report measures:
  - **Generalized Anxiety Disorder Scale (GAD-7)** is a 7-item, self-report assessment that measures symptoms of anxiety over the past two 2 weeks on a 4-point scale (0- not at all, 3-nearly every day) (Spitzer et al., 2006).
  - **Patient Health Questionnaire (PHQ-9)** is a 9-item, self-report assessment that evaluates the nine diagnostic criteria for major depression over the past 2 weeks on a 4-point scale (0-not at all, 3-nearly every day) (Kroenke et al., 2001).
  - **Structured Interview for PTSD (SIP)** is a 4-part interview that measures the 17 PTSD criteria according to the DSM-IV, including survival and behavioral guilt. Items in this assessment rate frequency and intensity of symptoms (Davidson et al., 1997).
  - **Barratt Impulsivity Scale (BIS-11)** is a 30-item, self-report assessment that measures impulsivity across three domains: attentional, motor, and non-planning impulsivity, using a 4-point scale (1-rarely/never, 4-almost always) (Patton et al., 1995).

Data Analysis

- LGBTQ+ identification was assessed through a multiple-choice question (yes, no). This served as the dependent variable (DV) in our analysis.
- Independent variables (IVs) included depression, PTSD, impulsivity, and anxiety, as these factors are commonly linked to mental health disparities within LGBTQ+ populations.
- A hierarchical linear regression (forward-chained) was conducted to examine the relationship between LGBTQ+ identification and these mental health variables. This method was chosen to assess the incremental impact of each IV, allowing us to determine which factors contributed most significantly to variations in LGBTQ+ identification while controlling for other variables.
- By structuring the regression hierarchically, we could evaluate the unique contribution of each predictor.

RESULTS

Demographics

- The majority of clients in the present study are 18-25 years old (88%), with a smaller portion ages 26-34 (12%). A total of 14% of the sample identify as transgender non-binary, 48% as cisgender female and 38% as cisgender male. Nearly half the sample identify as LGBTQ+ (47%) (Table 1).

TABLE 1. DEMOGRAPHICS OF ADMISSION INTAKES

		N	Percentage
Age	18–25	477	88%
	26–34	67	12%
Gender	Cisgender Female	278	48%
	Cisgender Male	217	38%
	Transgender Non-Binary (TGNB)	81	14%
LGBTQ+ Identification	Yes	287	47%
	No	330	53%

Hierarchical Regression

- The ANOVA indicates that the PHQ significantly predicts LGBTQ+ identification ($p=0.003$), and adding SIP improves the model's predictive power significantly ($p < 0.001$). The inclusion of impulsivity and GAD maintains significant predictive capability for LGBTQ+ identification ($p < 0.001$) (Table 2).
- Models 1 and 2 (PHQ and SIP) lead to significant improvements in explained variance (with R^2 increasing from 1.5% to 3.4%), however, the Model 3 (including PHQ, SIP, BIS, and GAD) does not show a significant increase in explanatory power ($p = 0.779$) (Table 3).
- PHQ significantly predicts LGBTQ+ identification on its own, but its significance diminishes when SIP is added to the model. SIP consistently shows a significant relationship with LGBTQ+ identification across all models. Impulsivity and GAD do not significantly predict LGBTQ+ identification (Table 4).

TABLE 2. ANOVA

Model		df	F	Sig.
1	Regression	1	9.106	.003[b]
	Residual	609		
	Total	610		
2	Regression	2	10.577	<.001[c]
	Residual	608		
	Total	610		
3	Regression	4	5.400	<.001[d]
	Residual	606		
	Total	610		

a. Dependent Variable: LGBTQ+ yes=1, no=2
b. Predictors: (Constant), PHQ
c. Predictors: (Constant), PHQ, SIP
d. Predictors: (Constant), PHQ, SIP, BIS, GAD

TABLE 3. MODEL SUMMARY

Model	R	R Square	Significant F Change
1	.121[a]	.015	.003
2	.183[b]	.034	<.001
3	.186[c]	.034	.779

a. Predictors: (Constant), PHQ
b. Predictors: (Constant), PHQ, SIP
c. Predictors: (Constant), PHQ, SIP, BIS, GAD

TABLE 4. COEFFICIENTS

Model		Standardized Coefficients Beta	Sig.
1	(Constant)		<.001
	phq	-.121	.003
2	(Constant)		<.001
	phq	-.031	.515
	SIP-Total	-.164	<.001
3	(Constant)		<.001
	phq	-.037	.557
	SIP-Total	-.171	<.001
	Impulsivity	.026	.524
	GAD_total	.015	.800

a. Dependent Variable: LGBTQ+ yes=1, no=2

CONCLUSION

- A hierarchical regression analysis was used to examine the relationship between LGBTQ+ identification and mental health factors, demonstrating how PTSD and depression interact in predicting LGBTQ+ identity.
- We found that depression (measured by the PHQ) is an important predictor of identifying as LGBTQ+ on its own. However, when we also considered the impact of PTSD (measured by the SIP), the significance of depression decreased.
- Adding PTSD to our analysis significantly improved our ability to understand LGBTQ+ identification, showing that PTSD is a key factor.
- The results indicate that higher PTSD scores are associated with identifying as LGBTQ+, suggesting that individuals in this community may face elevated PTSD levels.
- These findings highlight the critical need for PTSD-informed mental health approaches that recognize the unique challenges faced by LGBTQ+ individuals. By addressing both PTSD and depression, clinicians can better support LGBTQ+ individuals in their journey toward mental health, well-being, and resilience.

LIMITATIONS

- The present population is a sample of young adult clients in intensive outpatient mental health treatment in New York, New York and Washington, D.C., thus the findings may not be generalizable to other populations.
- The study's cross-sectional design limits the ability to infer causality between LGBTQ+ status and mental health outcomes. Longitudinal studies are needed to better understand these relationships over time.
- The use of self-report measures may introduce response bias, as participants may underreport or overreport symptoms. Future research should incorporate clinician-administered assessments to enhance accuracy.

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