

Mental Health, Well-Being and Family Support across Sexual Orientations and Gender Identities among Adolescents in Ireland

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Introduction

Studies in North America have shown that **family rejection** of Lesbian, Gay, Bisexual, Trans, Intersex, and other **sexual and gender minority (LGBTI+) youth** is strongly associated with **mental health problems, substance use, and risky sexual behaviour** (Blais et al., 2015; Newcomb et al., 2019). On the other hand, **parental acceptance** was highlighted as **an essential source of affirmation and validation** for LGBTI+ individuals (Mayock et al., 2009). Family support, at least to some extent, appears to be **protective against the distress and negative consequences of discrimination and social exclusion** LGBTI+ adolescents experience in other environments like schools (Feinstein et al., 2014; Shilo & Savaya, 2011). These results indicate that family acceptance may give affirmation to SGM adolescents, **even if they are rejected in other environments** due to their sexuality or gender expression.

Most studies, however, were conducted in **North America and only concentrated on lesbian, gay, and bisexual adolescents**, while the experiences of **other sexual and gender minority groups**, such as asexual, aromantic, pan-/omnisexual, transgender, and genderqueer **were neglected** (Költő et al., 2021).

Our project aimed to address some of these gaps and test if levels of **mental health outcomes and family support** differ across **sexual orientations and gender identities** in adolescents in Ireland. We predicted that sexual and gender minority adolescents would report less favourable outcomes than their cisgender and heterosexual peers.

Method and sample

A subsample of adolescents participating in the 2022 Irish **Health Behaviour in School-aged Children (HBSC) study** was used ($N = 3830$; mean age: 15.10 ± 1.20 years; range: 13–18 years). The HBSC is a cross-sectional research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe every four years.

Participants were categorized by sexual orientation into heterosexual, mostly heterosexual, gay/lesbian, bisexual, pan-/omnisexual, asexual/aromantic, and unlabelled/queer. They were also categorized by gender identity into cisgender boys, cisgender girls, transgender boys, transgender girls, and other gender minority youth. The variables used as outcomes included life satisfaction, the WHO-5 mental well-being scale, multiple health complaints, and the MSPSS family support scale. These indicators are routinely used in the international HBSC study (Inchley et al., 2020).

Data were analysed in SPSS statistical software, using one-way analysis of variance (ANOVA) models. The differences outlined in the Results section (e.g., “higher”, “lower”, “more” or “less”) are in all cases statistically significant ($p < 0.05$).

Table 1. Frequency and percent of sexual orientation and gender identity groups

Sexual orientation	Frequency	Percent
Heterosexual	2570	67.1
Mostly heterosexual	163	4.3
Gay/lesbian	100	2.6
Bisexual	257	6.7
Pan-/omnisexual	42	1.1
Asexual/aromantic	24	0.6
Unsure/questioning	188	4.9
Missing	486	12.7
Total	3830	100.0
Gender identity		
Cisgender boys	1577	41.2
Cisgender girls	2016	52.6
Transgender boys	17	0.4
Transgender girls	21	0.5
Other gender minority youth	165	4.3
Missing	34	0.9
Total	3830	100.0

Discussion

Sexual and gender minority youth report **lower life satisfaction, mental well-being, and family support** than their heterosexual and cisgender peers. Our analysis featured sexual and gender minorities such as **pan-/omnisexual, asexual/aromantic and genderqueer** youth, that to our knowledge, have not been studied in Ireland before. Gay/lesbian, bisexual and pan-/omnisexual youth reported particularly low life satisfaction and mental well-being outcomes. These groups also reported much less family support. **Asexual/aromantic youth reported higher family support** than other sexual minorities, such that there was no significant difference between them and heterosexual youth. This finding may be associated with their mean mental wellbeing outcomes showing better mental wellbeing than gay/lesbian, bisexual, and pan-/omnisexual youth.

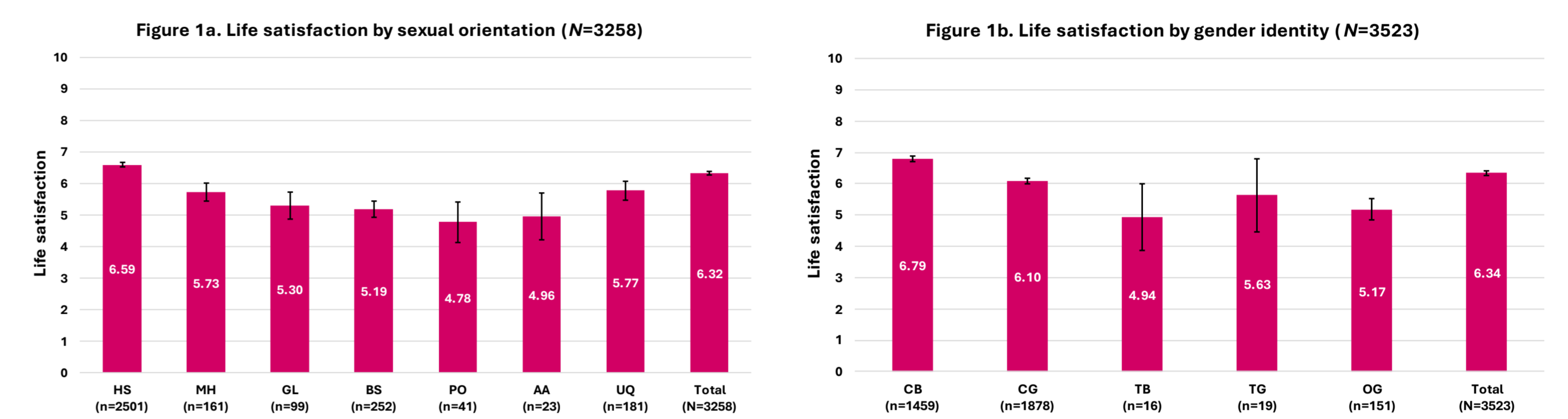
Cisgender boys reported higher life satisfaction, mental well-being, and family support than all other gender identity groups, but cisgender girls did not have significantly better outcomes than either transgender girls or boys, or other gender minority youth (such as non-binary or genderqueer).

Transgender boys reported lower life satisfaction, mental well-being, and family support than all other gender identity groups. Transgender girls also consistently reported higher life satisfaction, mental well-being, and family support than transgender boys, and they reported their family support as being even higher than that of cisgender girls. This may be explained by the previous finding that some transgender girls and young women reported developing a new “kinship as woman” through supportive relationships with their mothers (Johns et al., 2018).

Our results suggest that **family-based interventions**, such as educating parents on LGBTQ+ youth, **should be implemented in Ireland**. The families of gay/lesbian, bisexual, and pan-/omnisexual youth, and transgender boys and other gender minority youth should especially be targeted. Limitations include that HBSC is a cross-sectional study, and thus does not allow for temporal and causal inferences. We have not studied the overlap of sexual orientation and gender identity. Finally, the HBSC is a classroom survey, therefore those missing from school on the day of data collection are not in the sample, and LGBTI+ children are more likely to be absent than their heterosexual and cisgender peers (Fields & Wotipka, 2022).

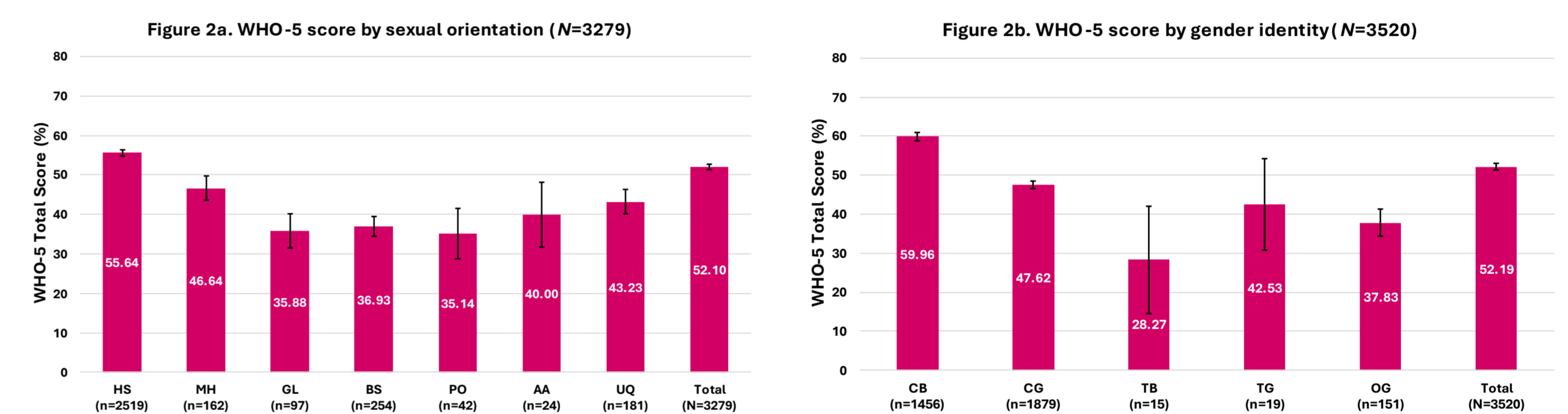
Results

Abbreviations: HS = Heterosexual. MH = Mostly heterosexual. GL = Gay/lesbian. BS = Bisexual. PO = Pan-/omnisexual. AA = Asexual/aromantic. UQ = Unsure/questioning. CB = Cisgender boys. CG = Cisgender girls. TB = Transgender boys. TG = Transgender girls. OG = Other gender minority youth.



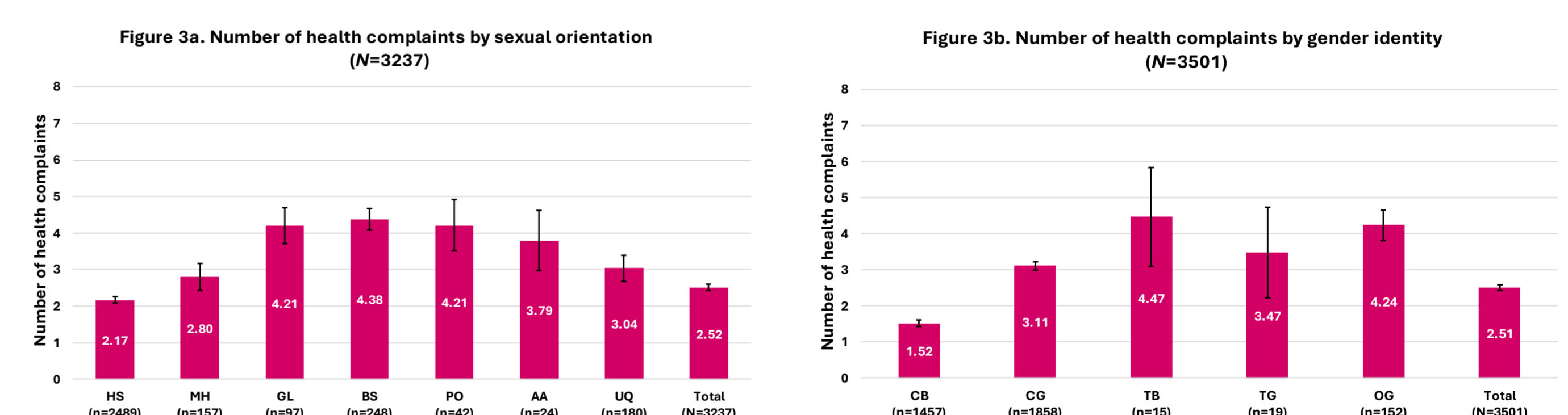
HS youth reported higher life satisfaction than all sexual minority groups. PO youth reported the lowest life satisfaction (Figure 1a).

CB reported higher life satisfaction than all other gender identity groups, except TG. CG also reported higher life satisfaction than other gender minority youth. TB reported the lowest life satisfaction (Figure 1b).



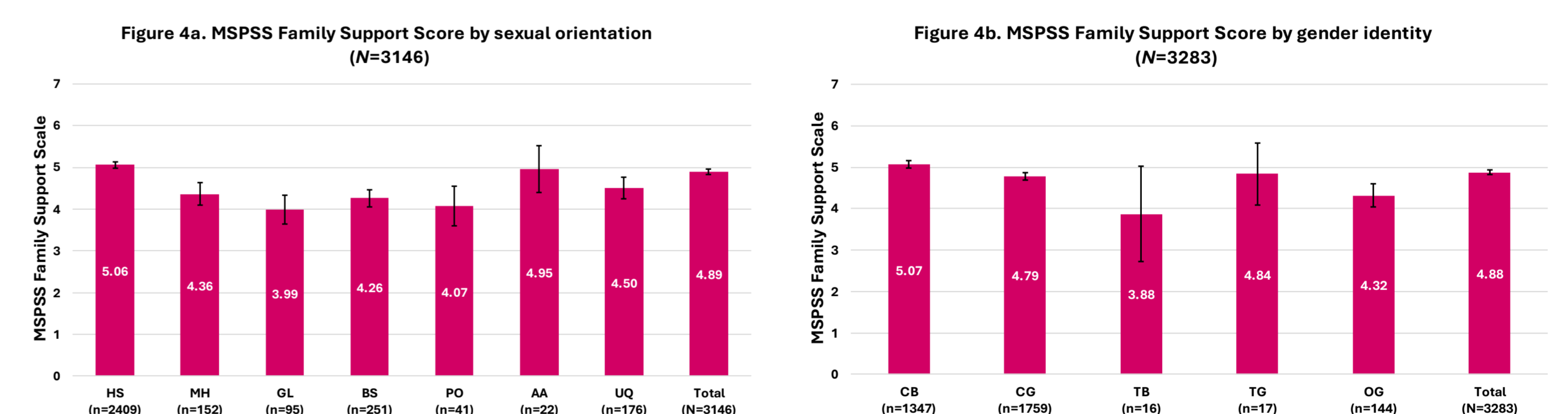
The mean well-being score of HS youth was higher than all sexual minority groups. MH youth also had a higher well-being score than GL, BS, and PO youth. BS youth had a lower well-being score than UQ youth as well. PO youth had the lowest well-being score (Figure 2a).

The mean well-being score of CB was higher than all other gender identity groups. CG also had a higher well-being score than OG youth. TB had the lowest well-being score (Figure 2b).



HS youth reported less health complaints than all sexual minority groups. MH youth also reported less health complaints than GL, BS, and PO youth. GL and BS youth reported more health complaints than UQ youth as well. BS youth reported the most health complaints (Figure 3a).

CB reported less health complaints than all other gender identity groups. CG also reported less health complaints than OG youth. TB reported the most health complaints (Figure 3b).



HS youth reported higher family support than all sexual minority groups, except AA youth. GL youth reported the least family support (Figure 4a).

CB reported higher family support than both CG and OG youth. CG also reported more family support than OG youth. TB reported the least family support. Surprisingly, TG had a higher family support score than CG, although the difference in means was not significant (Figure 4b).

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Supplementary materials

Detailed results of statistical testing and pairwise between-group comparisons, references, and a PDF of this poster are available at the below link and QR code:

<https://tinyurl.com/hbcs-poster-2023>

