



Abstract

- ❖ For sexual minorities, depression and mental health issues present at higher rates than for their heterosexual peers. However, social support from family and peers may mitigate depressive symptom prevalence.
- ❖ The current study analyzed cross-sectional data from the Multilevel Influences on HIV and Substance Use in a YMSM (Young Male Sexual Minority) Cohort funded by the National Institute on Drug Abuse in 2014.
- ❖ The multi-racial/ethnic sample included 917 YMSM identified as Black/African American, Hispanic/Latinx, and White.
- ❖ Results demonstrated that Black and African American participants reported significantly lower family and friend social support levels than other participants, and for all groups, family social support was a significant predictor of depressive symptoms.

Introduction

Significance of Study

- ❖ Sexual minorities are at a greater risk for long-term physical and mental health problems due to discrimination over their sexual identity, affecting overall quality of life.
- ❖ Past research on sexual minorities tends to look at a white majority of participants.

Purpose of Research

- ❖ The study aims to analyze the overlapping differences between race/ethnicity, sexuality, social support, and depression to better understand the unique needs of these populations.

Research Question

- ❖ What are the differences in social support levels between diverse racial/ethnic groups in a YMSM cohort?
- ❖ Which sources of social support have the most significant impact on depressive symptom prevalence?

Hypothesis

- ❖ Racial/ethnic minority groups will report lower levels of social support than their white peers.
- ❖ Higher levels of social support in all areas will be associated with lower depressive symptom prevalence.

Literature Review

Stigma and Mental Health

- ❖ Many racial minorities report higher levels of mental health issues and poorer physical health than their white peers due to compounding experiences with racism and discrimination, which overall have negative effects on long-term health.
- ❖ Sexual minorities are at a similar risk for health problems due to discrimination and stigma compared to heterosexual peers.

Social Support as a Protective Factor

- ❖ For sexual minorities with less accepting parental attitudes, internalized homophobia and rejection sensitivity towards their identity were associated with higher rates of depressive symptoms.
- ❖ Those with a strong racial/ethnic identity may feel a strong sense of community among those of a similar cultural and racial background, promoting feelings of confidence and pride in one's identity, as well as encouraging high levels of social support.

Current Gaps in Research

- ❖ Research on social support for sexual minorities tends to narrowly focus on family support rather than other sources.
- ❖ Research also tends to include a majority white racial demographic in the sample.

Methods

Research Design

- ❖ The current study is a secondary analysis of the data from RADAR, also known as Multilevel Influences on HIV and Substance Use in a YMSM (Young Male Sexual Minority) Cohort from the greater metropolitan area of Chicago, IL.
- ❖ RADAR was an accelerated longitudinal study funded by the National Institute on Drug Abuse in 2014, using both interviewer-assisted and computer-assisted interviews as well as biological sample collection, with subsequent surveys conducted every 6 months between February 2015 and December 2018 at the time of publishing.
- ❖ The current study utilizes cross-sectional data collected from the initial self-reported survey completed during the initial visit for participants.

Sample

- ❖ Participants were recruited via convenience sampling from data collected from two previous studies, as well as recruitment via local events, online advertisements, and snowball sampling via referrals from enrolled participants or romantic partners who additionally met eligibility criteria.
- ❖ 917 total participants, 100% cisgender male, 36.5% Black or African American, 34.8% Hispanic or Latinx, and 28.7% White
- ❖ Ages: 16 to 29 ($M = 21.23$, $SD = 3.01$)

Measures

Parental Support

- ❖ Parental involvement in the lives of participants, 16 items scored on a scale of 1-4.
- ❖ Higher scores indicate higher support.

Depression

- ❖ Self-reported depression symptom mean score, 8 items scored on a scale of 8-40.
- ❖ Higher scores indicate higher prevalence of depressive symptoms.

Family Social Support

- ❖ Perceived levels of family support, 4 items scored on a scale of 1-7.
- ❖ Higher scores indicate higher support.

Friend Social Support

- ❖ Perceived levels of family support, 4 items scored on a scale of 1-7.
- ❖ Higher scores indicate higher support.

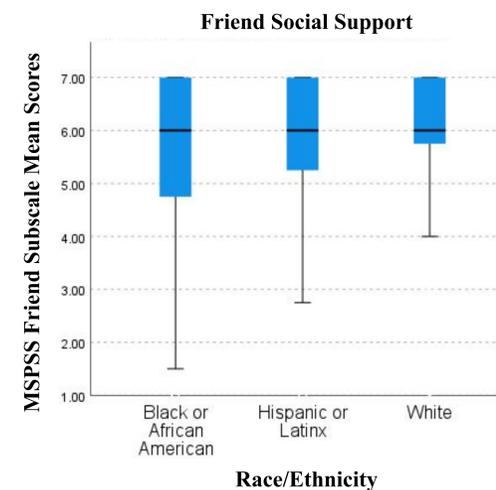
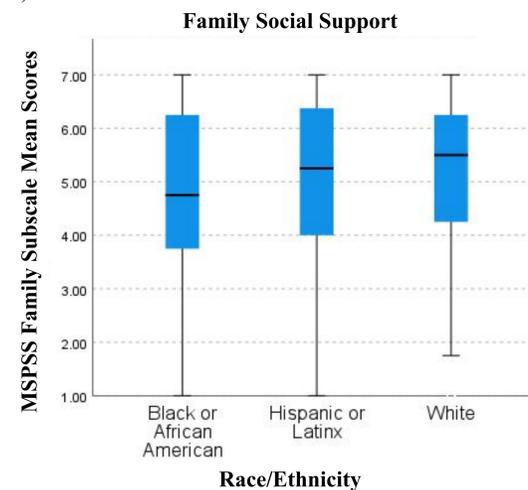
Significant Other Social Support

- ❖ Perceived levels of family support, 4 items scored on a scale of 1-7.
- ❖ Higher scores indicate higher support.

Results

Racial and Ethnic Group Differences in Social Support

- ❖ No significant difference was found in levels of parental support between different racial/ethnic groups ($F(2, 911) = 0.98$, $p = 0.36$).
- ❖ A significant difference was found in levels of family social support ($H(2) = 8.81$, $p < 0.05$). Study participants who were Black or African American reported significantly lower levels of family social support ($Mean Rank = 425.73$) than those who were Hispanic or Latinx ($Mean Rank = 471.56$), and those who were White ($Mean Rank = 486.14$).
- ❖ A significant difference was found in levels of friend social support ($H(2) = 13.76$, $p = 0.001$). Study participants who were Black or African American reported significantly lower levels of friend social support ($Mean Rank = 421.00$) than those who were Hispanic or Latinx ($Mean Rank = 465.04$), and those who were White ($Mean Rank = 500.08$).
- ❖ No significant difference was found in levels of significant other social support between different racial/ethnic groups ($F(2, 914) = 1.94$, $p = 0.14$).



Relationship between Social Support and Depressive Symptoms

- ❖ For all participants, family social support significantly and negatively predicted mean depression scores ($F(5, 908) = 10.94$, $p < 0.001$, $R^2 = 0.05$, $b = -1.03$, $p < 0.001$).
- ❖ Parental support ($p = 0.97$), friend social support ($p = 0.61$), significant other social support ($p = 0.07$), and age ($p = 0.08$) were not significant predictors of depressive symptoms among all participants.
- ❖ Only White participants reported a significant relationship between friend social support and depression, where levels negatively predicted mean depression scores ($b = -1.03$, $p = 0.03$).

Results (cont.)

Variable	ANOVA	R ²	B	SE	Beta	t	Sig.
Black/African American	$F(5, 328) = 4.46$, $p < .001$	0.06					
Constant			19.07	3.49	-	5.46	<.001
Parental			-0.35	0.63	-0.03	-0.56	0.58
Family			-0.97	0.29	-0.23	-3.39	<.001
Friend			-0.07	0.33	-0.02	-0.22	0.82
Sig. Other			0.00	0.19	0.00	-0.001	1.00
Age			0.06	0.12	0.03	0.52	0.60
Hispanic/Latinx	$F(5, 313) = 5.91$, $p < .001$	0.07					
Constant			24.89	4.05	-	6.14	<.001
Parental			1.13	0.66	0.10	1.73	0.09
Family			-1.42	0.29	-0.31	-4.86	<.001
Friend			0.03	0.35	0.01	0.08	0.94
Sig. Other			0.07	0.19	0.02	0.37	0.71
Age			-0.25	0.15	-0.09	-1.71	0.09
White	$F(5, 255) = 4.10$, $p < .001$	0.07					
Constant			30.67	4.49	-	6.83	<.001
Parental			-0.48	0.68	-0.05	-0.72	0.47
Family			-0.81	0.32	-0.17	-2.50	0.01
Friend			-1.03	0.48	-0.14	-2.14	0.03
Sig. Other			0.08	0.21	0.03	0.40	0.69
Age			-0.13	0.16	-0.051	-0.81	0.42

Discussion

Summary of Findings

- ❖ Black and African American participants were the only identified racial/ethnic group to report significantly lower levels of family and friend social support.
- ❖ For all participants, family social support was the only significant predictor of depressive symptom prevalence. This means that, for sexual minorities, lower levels of family social support predict higher levels of depressive symptom prevalence.

Implications for Practice

- ❖ Meeting the mental health needs of sexual minorities means recognizing the unique impact family social support has on depression and how this can be addressed in intervention.
- ❖ Special considerations should be made for the needs of Black and African American community members in sexual minority spaces, including targeted services which account for the intersection of racial and sexual discrimination in care.

Strengths and Limitations

- ❖ The current study offers more insight to the differences in experience among a racially diverse cohort of YMSM, where in the past, research was skewed towards a white majority.
- ❖ The cross-sectional design allowed for a large sample size for all racial groups, though further research should consider additional racial demographics for more comprehensive results.
- ❖ The data was unable to account for other potential risk factors for depression, such as past experiences of racist or homophobic discrimination, socioeconomic status, and family history.