

ABSTRACT

Using the minority stress model perspective, the author studied the mental health effects of depression and stigma in a sample of 524 participants who identified as lesbian, gay, bisexual, and heterosexual. The study’s purpose addressed the relationship between sexual orientation stigma and depression among young adults compared to middle-aged adults, females compared to males, and individuals who identified as a sexual minority compared to individuals who identified as heterosexual. The study is a secondary analysis which used extensive quantitative and qualitative measures, and utilized a cross-sectional design from Project STRIDE. The original research, Project STRIDE, was a longitudinal study consisting of two measurement points, one baseline measure, and a second measurement one year later. Project STRIDE surveyed 524 men and women between the ages of 18 and 58. The original study utilized a mixed-methods design and was completed through telephone, face-to-face, and computer-assisted interviews. The results of the current study indicated that the young cohort and female participants had fewer mood disorders than the older cohort and male participants. The results in regards to the young and old cohorts were consistent with the minority stress theory hypotheses. Further research is needed to analyze the contradiction of minority stress predications. The author concludes that there is limited support for an additive minority stress model.

INTRODUCTION

SIGNIFICANCE OF STUDY

- In 2030, it is estimated that 72 million individuals will be over the age of sixty-five, depression will be the number one mental health disorder, and depression in older adults aged sixty-five and up will increase, each representing 20% of the United States population.

PURPOSE OF THE RESEARCH

- To determine if there is a relationship between sexual orientation stigma and depression among various populations (cohort/age, gender, and sexual orientation).

RESEARCH QUESTIONS

- What is the relationship between stigma and depression among young adults compared to middle-aged adults?
- What is the relationship between stigma and depression among individuals who identify as a sexual minority compared to individuals who identify as heterosexual ?
- What is the relationship between stigma and depression among males compared to females?

HYPOTHESES

- Young individuals who experience negative stigma will exhibit higher levels of depression, individuals who identify as a sexual minority and experience negative stigma will exhibit higher levels of depression, and individuals who identify as male who experience negative stigma will exhibit higher levels of depression.

LITERATURE REVIEW

THE IMPACT OF STIGMA

- An individual’s community and dominant society may create a barrier in an individual’s access to mental health services due to society’s views (public shame) and the individual’s self-stigma (internalized disgrace).

THE EFFECTS OF DEPRESSION

- Individuals who identify as a sexual minority are at a higher risk of depression compared to individuals who identify as heterosexual; and older individuals who identify as a sexual minority are at a higher risk of depression compared to individuals who identify as heterosexual.

MINORITY STRESS THEORY

- Ilan Meyer’s minority stress theory stems from the social stress theory, which states that stress derives from the individual’s relationship with others and environment. The vulnerability of individuals who identify as LGBT originates from their exposure to stress as individuals who identify as a minority.

GAPS

- Needed research on children and adolescents to explain better the mental health of individuals who identify as a sexual minority (minority stress theory)

METHODS

RESEARCH DESIGN AND DATA COLLECTION

- Project STRIDE: Stress, Identity, and Mental Health, 2004-2005 was a longitudinal study consisting of two measurement points, one baseline measure, and a second measurement one year later.
- Project STRIDE utilized a mixed-methods design and was completed through telephone, face-to-face, and computer-assisted interviews.
- Project STRIDE surveyed 524 men and women between the ages of 18 and 58 who resided in New York.
- The current study was a secondary analysis of baseline data from the 524 participants and utilized a cross-sectional design.

SAMPLE AND SAMPLING METHOD

- The current study utilized all 524 participants from the original study.
- Respondents were eligible to participate in the original study if they: self-identified as male or female at birth, self-identified as lesbian, gay, bisexual, straight, self-identified as White, Black, or Latino, were between the ages of eighteen and fifty-nine, lived in New York City, and could speak English.

MEASURES

- Participants were asked, “Have you ever been told by a doctor or health care professional that you have anxiety, depression, or some other emotional disorder?”
- The Center for Epidemiological Studies Depression Scale (CESD) was also used to measure the participant’s mental health.

RESULTS

ONE-WAY ANOVA

- A significant difference was found among participant’s stigma and the CES-D (depressive symptoms) ($F(48, 467) = 1.68, p = .004$). Participants with stigma had higher levels compared to participants with no indicated stigma.
- A significant difference was found among participant’s Hx Emotional Disorder and the CES-D (depressive symptoms) ($F(48, 467) = 1.935, p = .000$). People with an emotional disorder had higher levels compared to individuals who did not have an emotional disorder.

MULTIPLE LINEAR REGRESSION

- A significant regression equation was found ($F(3, 512) = 18.759, p < .000$), with an R^2 of .099. In general, higher levels of stigma total score in the past year were associated with higher depressive symptoms.

Variable	<i>m</i>	<i>sd</i>	<i>f</i>
Stigma	1.5833	.51981	1.68*
Hx Emotional Disorder	.15	.376	1.935*
Male	.5385	.51887	1.082
Female	.4615	.51887	1.082
Young Cohort (Ages 18-25)	.0769	.27735	1.473*
Old Cohort (Ages 26-58)	.9231	.27735	1.473*

Note. * $p < .05$

Table 1: ANOVA and Post-Hoc Test Results on Depression

Variable	<i>B</i>	<i>SE</i>	<i>Beta</i>
Stigma	.316	.074	.220
Old Cohort (Ages 26-58)	-.006	.051	-.005
Hx Emotional Disorder: Have you ever been told by a doctor or health care provider that you have depression or some other emotional disorder?	.235	.047	.209
R ²	.099		
F	18.759		

Note. * $p < .05$

Table 2: Results of Multiple Regression Analyses Predicting Depression Among Participants

RESULTS AND DISCUSSION

SUMMARY OF FINDINGS

- Higher levels of stigma were associated with higher depressive symptoms, and individuals with an emotional disorder had higher levels of depression
- Participants who were 26-58 (old cohort) had higher levels of depression.

PRACTICE AND POLICY IMPLICATIONS

- The minority stress theory has focused on adults, and there is still much needed research on children and adolescents to explain the mental health of individuals who identify as a sexual minority.
- Further research is needed to analyze the contradiction of minority stress predications.

STRENGTHS AND LIMITATIONS

- The current study provides a different approach in examining the relationship between sexual orientation stigma and depression among diverse populations.
- Race and ethnicity was considered a burden to sexual orientation minority status and casual inferences cannot be constructed when using cross-sectional research design.