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Skillnader i psykisk hälsa baserad på sexuell läggning och dess orsaker

Richard Bränström

PhD, Associate Professor

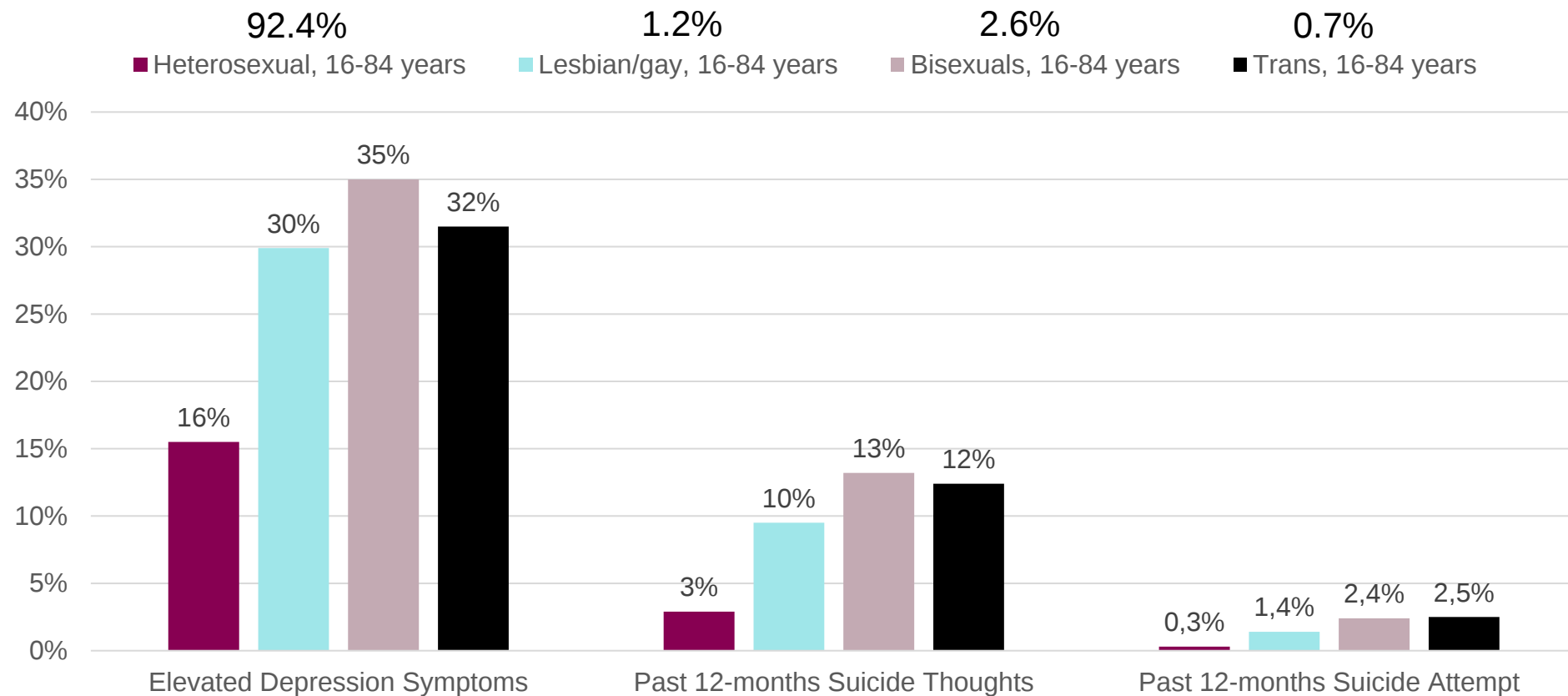
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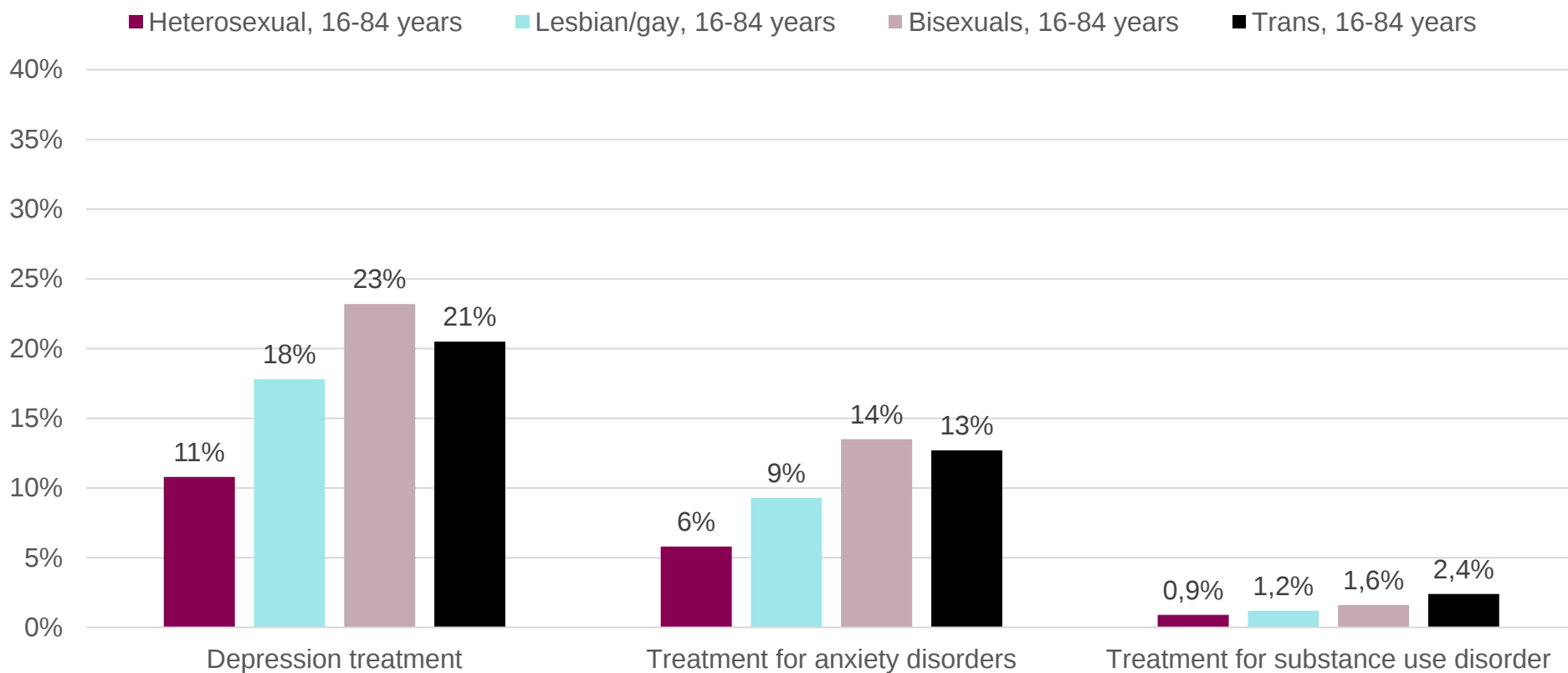
Varför behöver vi titta specifikt på hälsan
bland hbtq-personer?

Självrapporterad psykisk hälsa bland hbtq-personer



Bränström, van der Star, & Pachankis (2019). Untethered lives: Barriers to societal integration as predictors of the sexual orientation disparity in suicidality. *Social Psychiatry and Psychiatric Epidemiology*. Jul 12:1-1.

Bränström, Stormbom, Bergendal, & Pachankis (2022). Transgender-Based Disparities in Suicidality: A Population-Based Study of Key Predictions from Four Theoretical Models. *Suicide Life Threat Behav*. 2022 Jan 23..

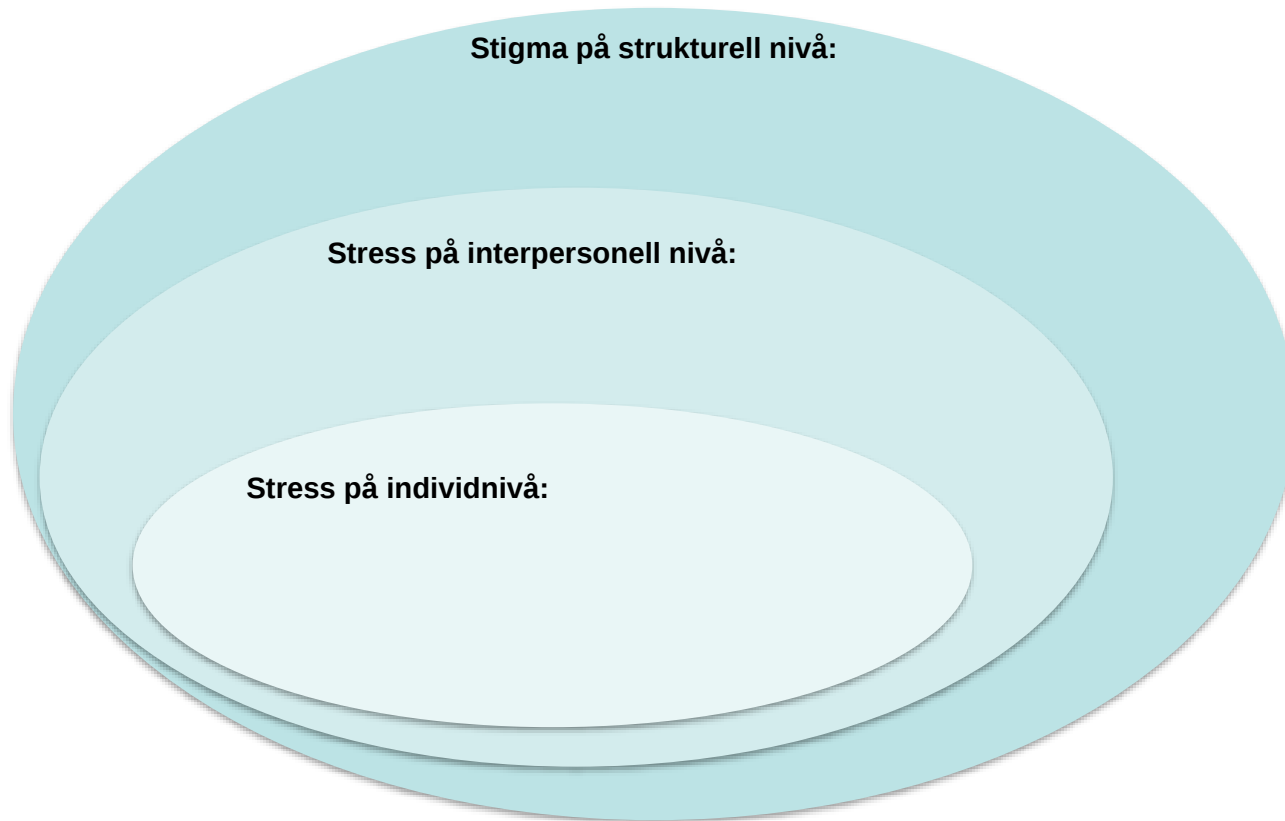


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Varför har hbtq-personer sämre psykisk hälsa?

Stigma och minoritetsstress på olika nivåer



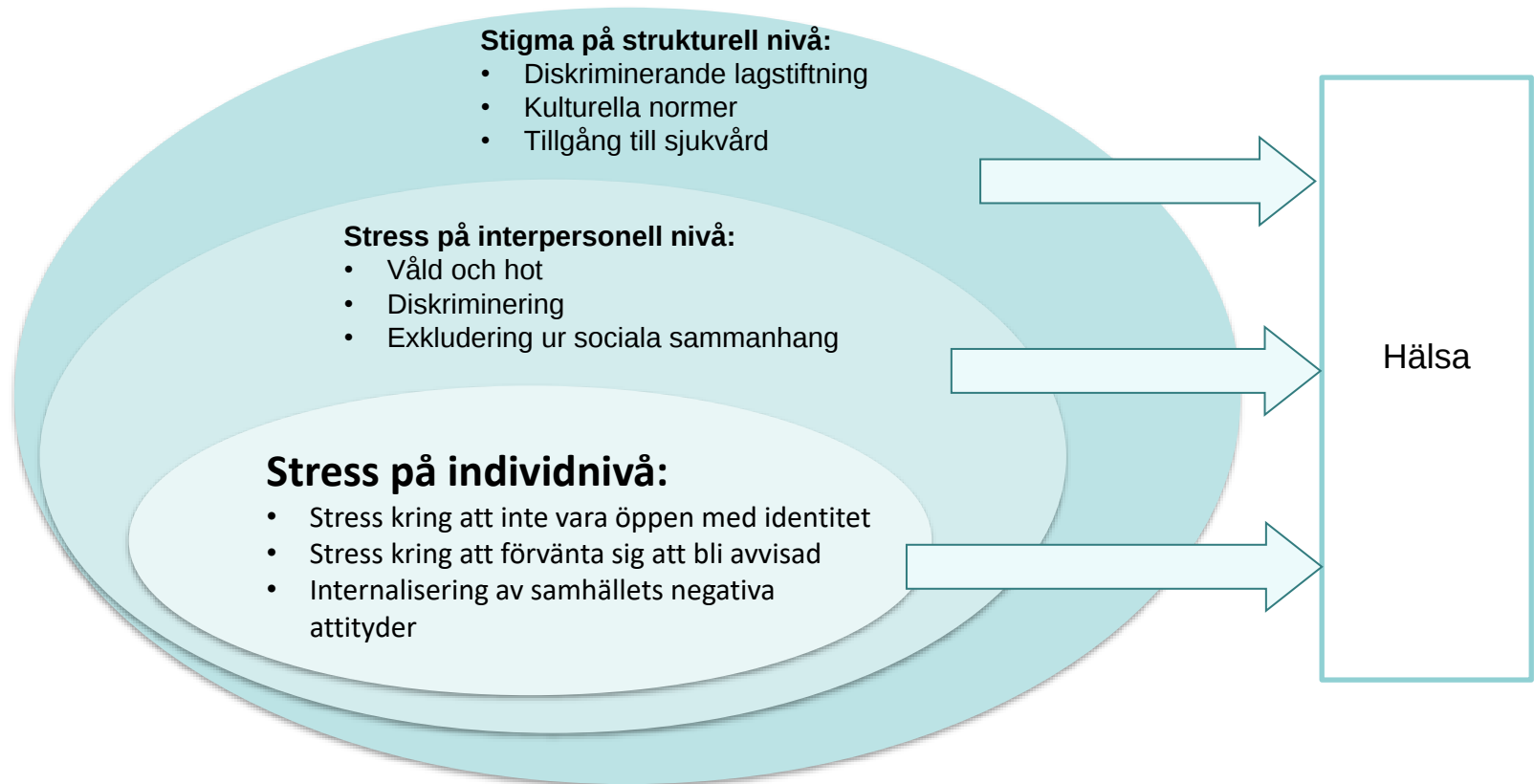
Stigma och minoritetsstress på olika nivåer



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Stigma och minoritetsstress på olika nivåer



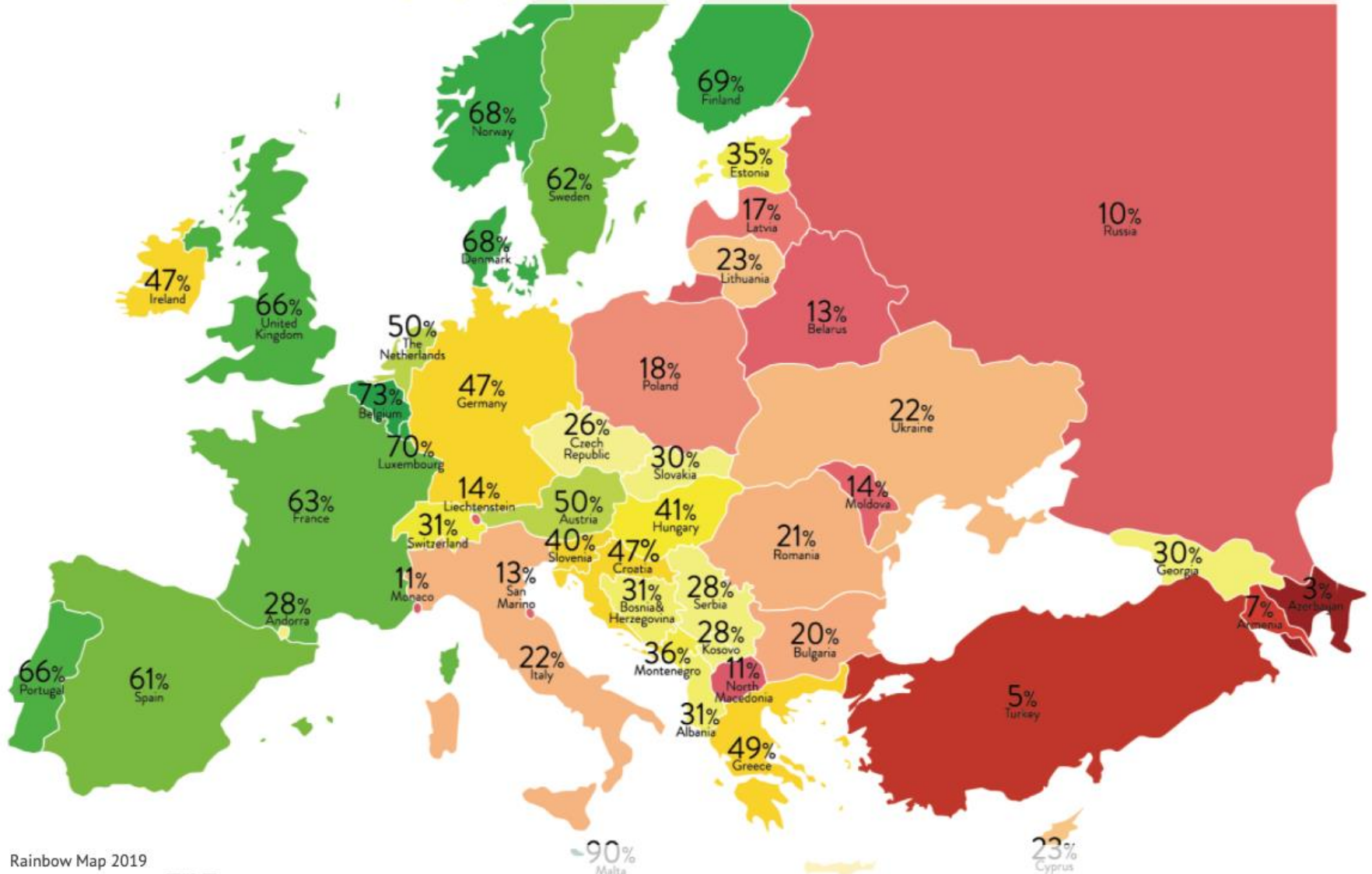
HBTQ-situationen i Europa

10th RAINBOW MAP

MAY 2019

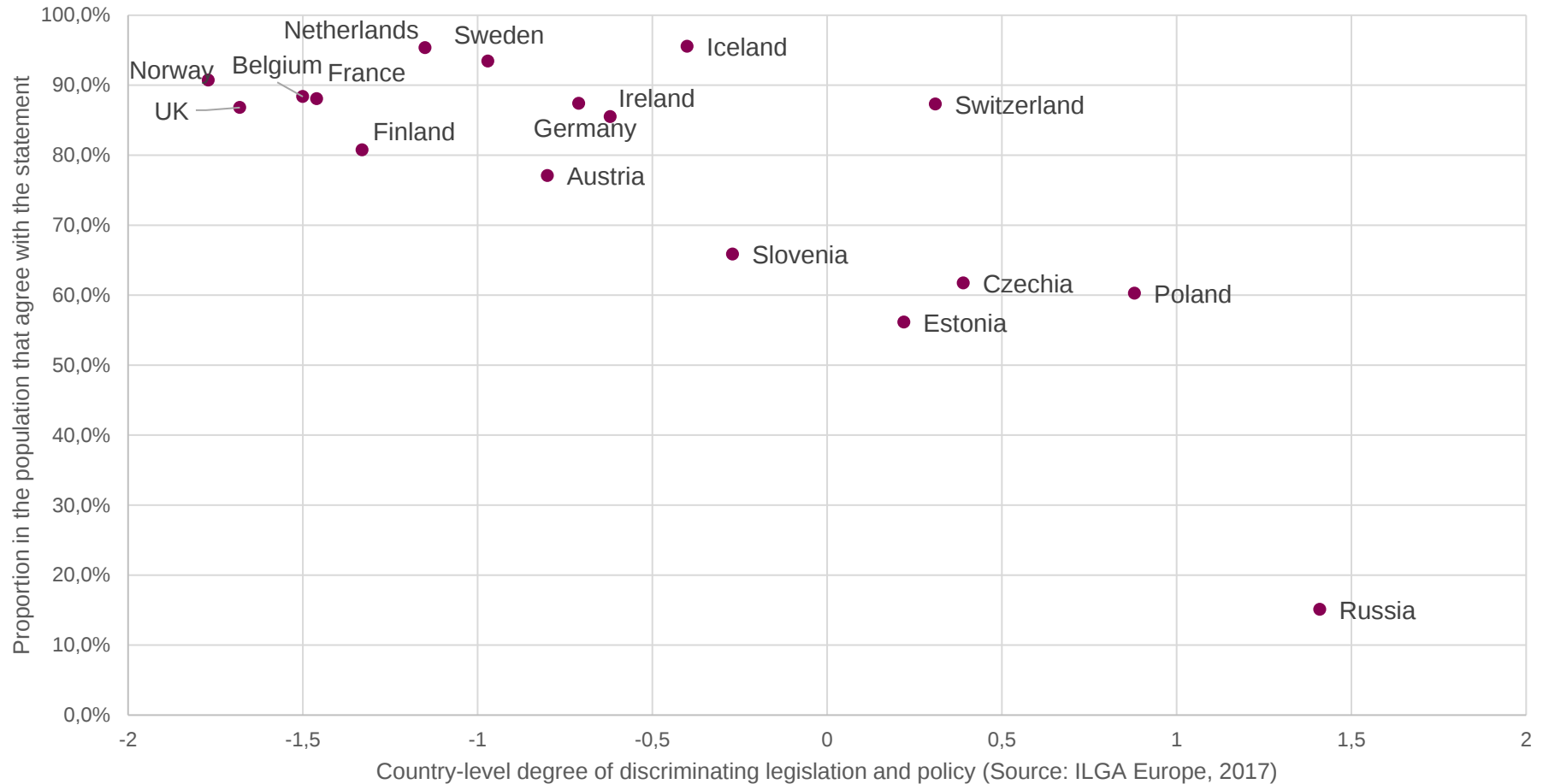
Reflecting the legal and policy human rights situation of lesbian, gay, bisexual, trans and intersex (LGBTI) people in Europe

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



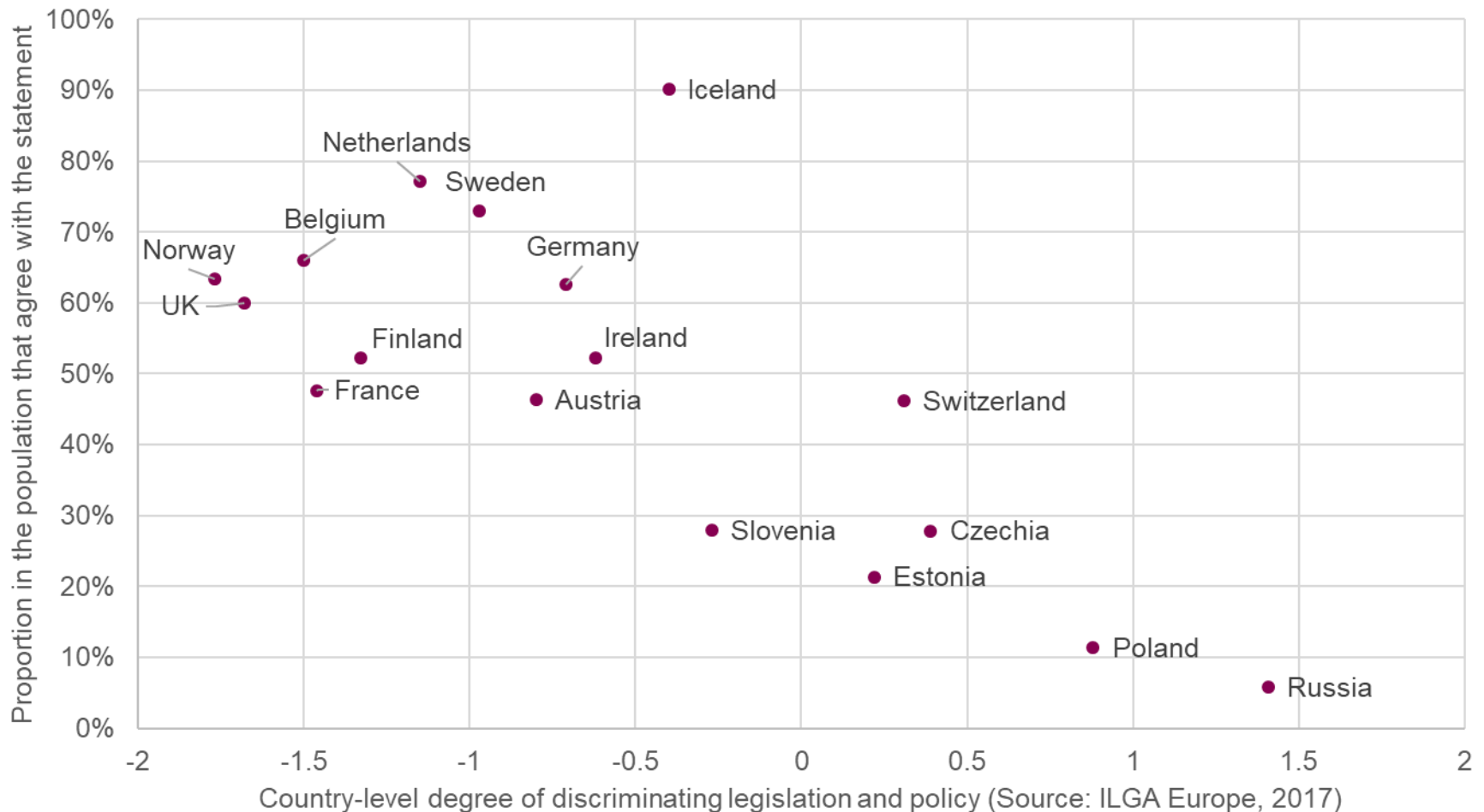
Acceptans för homosexualitet i olika länder

Homosexuella män och kvinnor bör få leva sina egna liv som de själva vill.

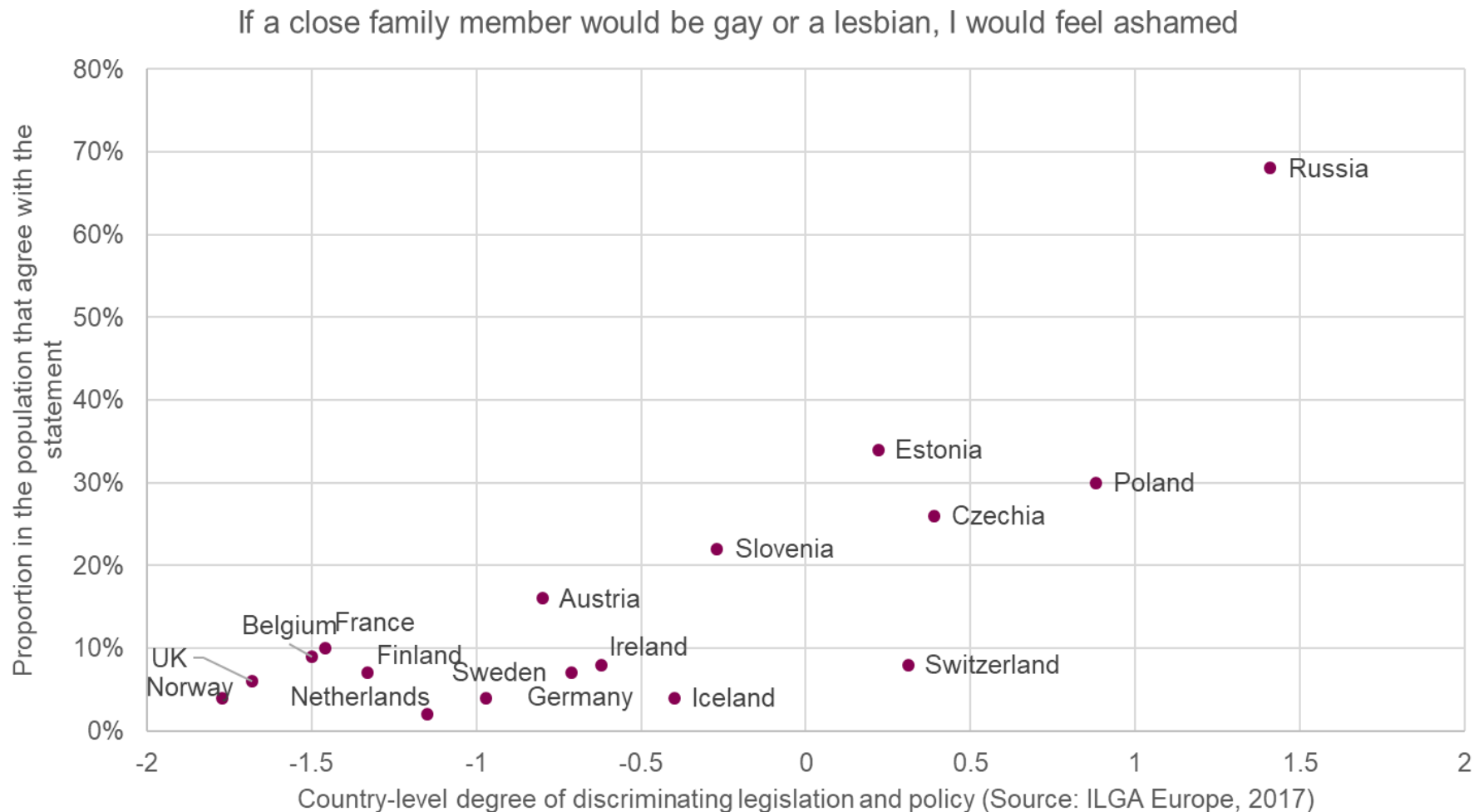


Acceptans för homosexualitet i olika länder

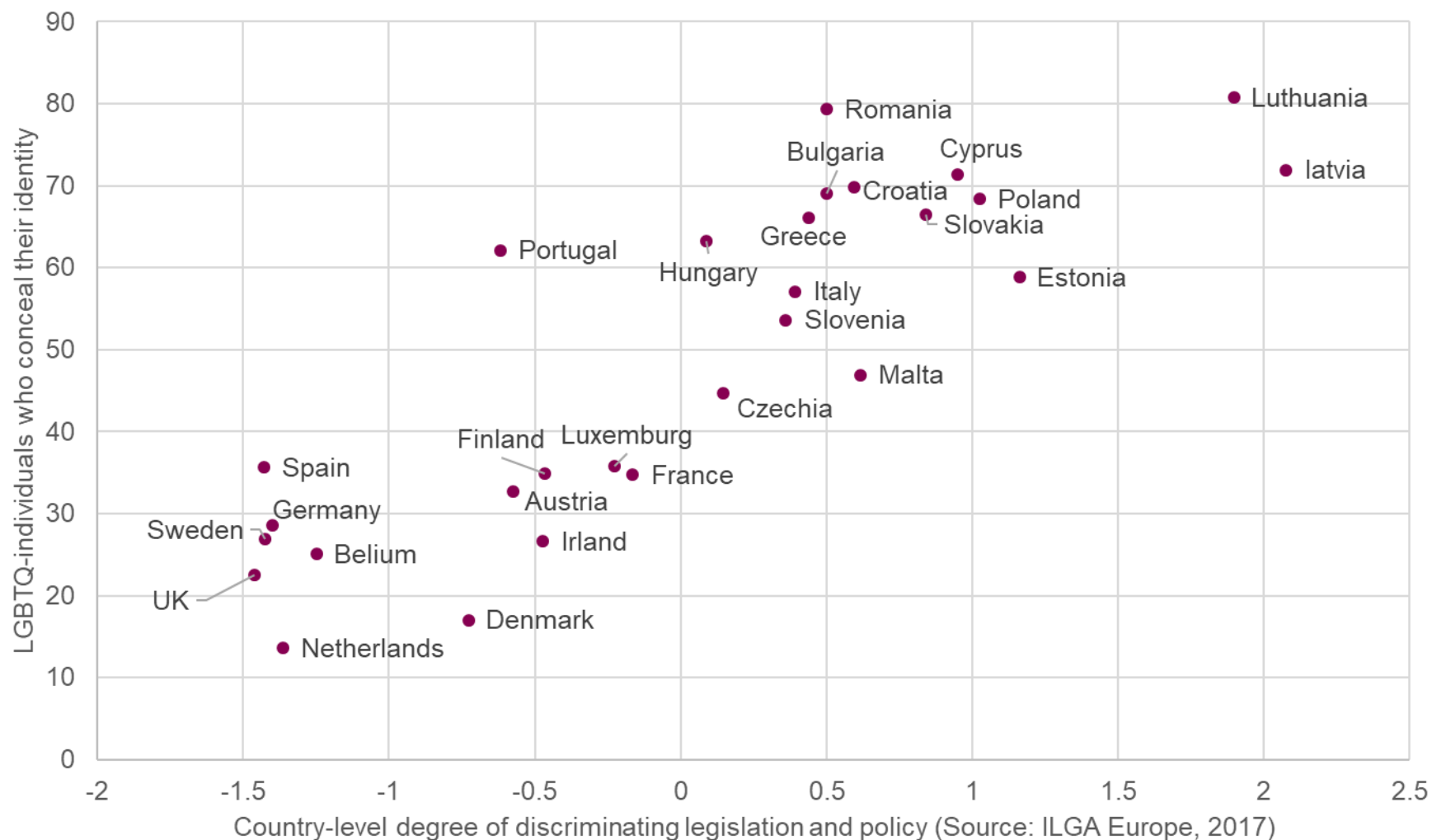
Gay and lesbian couples should have the same rights to adopt children as straight couples.



Acceptans för homosexualitet i olika länder



Öppenhet med hbtq-identitet i olika länder i Europa?





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Structural Stigma and Sexual Minority Men's Depression and Suicidality: An Examination of Mobility Patterns and Mechanisms Across 44 Countries

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Stigma and Minority Stress as a Multilevel Construct



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Structural level stressors:

- Discriminatory legislation
- Access to health care
- Cultural norms

Interpersonal stressors:

- Victimization/threats
- Discrimination
- Social isolation

Individual level stressors:

- Concealment of sexual orientation
- Stress of expecting negative events to occur
- Internalization of negative societal attitudes

Aim

1. To explore if greater country-level structural stigma toward sexual minorities will be associated with depression and suicidality among sexual minority men who continue to live in their country of birth (i.e., non-movers).
2. To investigate if sexual orientation concealment, internalized homonegativity, and social isolation will mediate the association between structural stigma and depression and suicidality among non-movers.
3. To explore if sexual minorities migrating from higher-stigma-environments to lower-stigma-environments experience a weaker association between country-of-origin structural stigma and mental health as a function of longer exposure to the lower-structural stigma in the receiving country, operationalized as greater number of years living in the receiving country.

Material and method

- 2017 European MSM Internet Survey (EMIS)
- Collected by web-surveys in 44 European and nearby countries in 2017-2018
- A total of 123,428 sexual minority men 18 years and older
- Of these, 11,831 respondents had a history of migrating from a higher-to-lower structural stigma country.
- Questions concerning:
 - Depression and suicidality
 - Concealment of sexual orientation
 - Internalized homophobia
 - Social isolation
- To analyze the impact of country level stigma on life-satisfaction, discrimination, and victimization we calculated an index score for each country based on:
 - Discriminatory legislation and policies for each country
 - Population attitudes towards homosexuality in each country

Aim 1

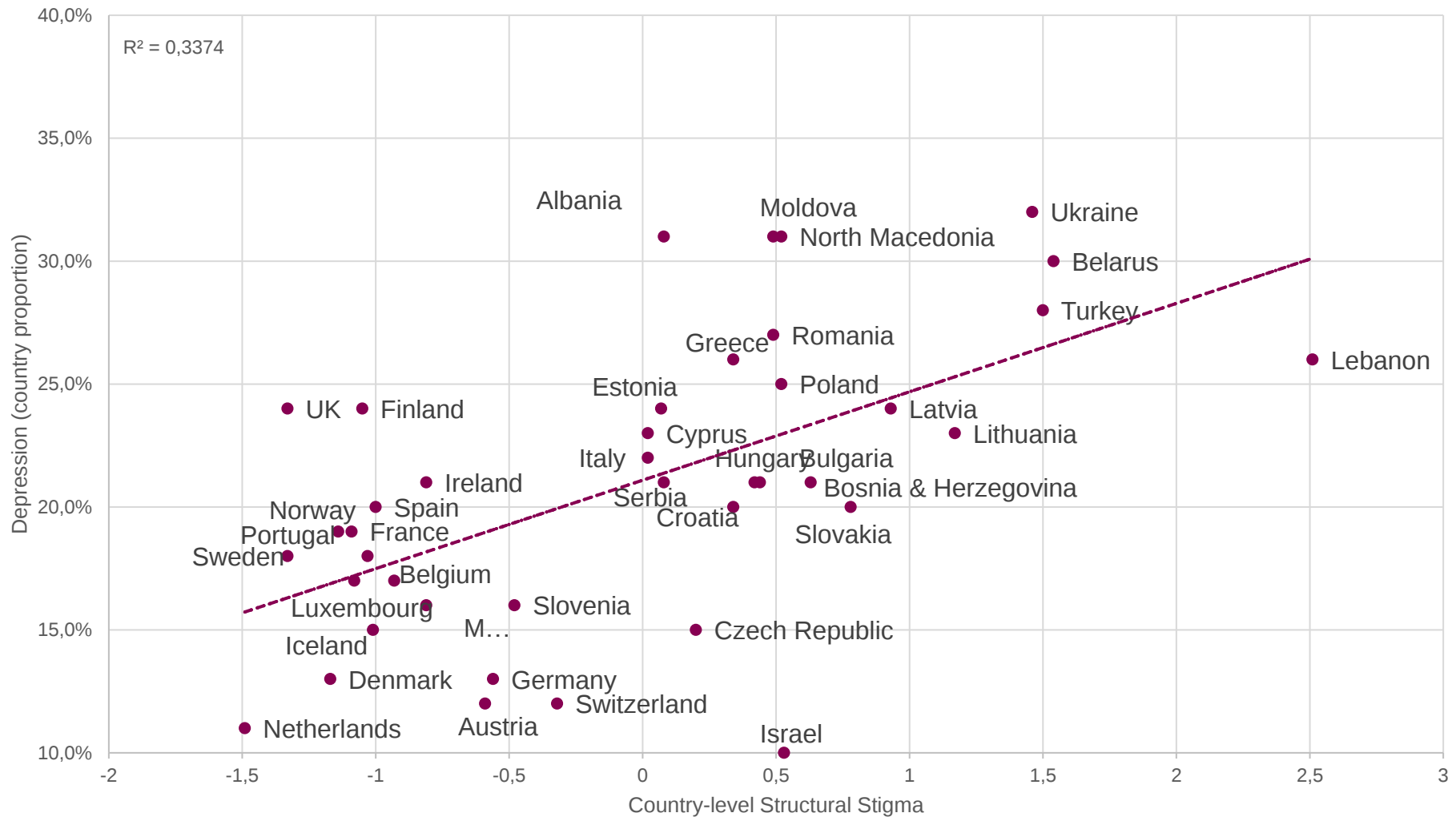
Is greater country-level structural stigma toward sexual minorities associated with depression and suicidality among sexual minority men who continue to live in their country of birth (i.e., non-movers).

Proportion reporting past 2-week depression symptoms by county-level stigma



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Depression by structural stigma in country of residence

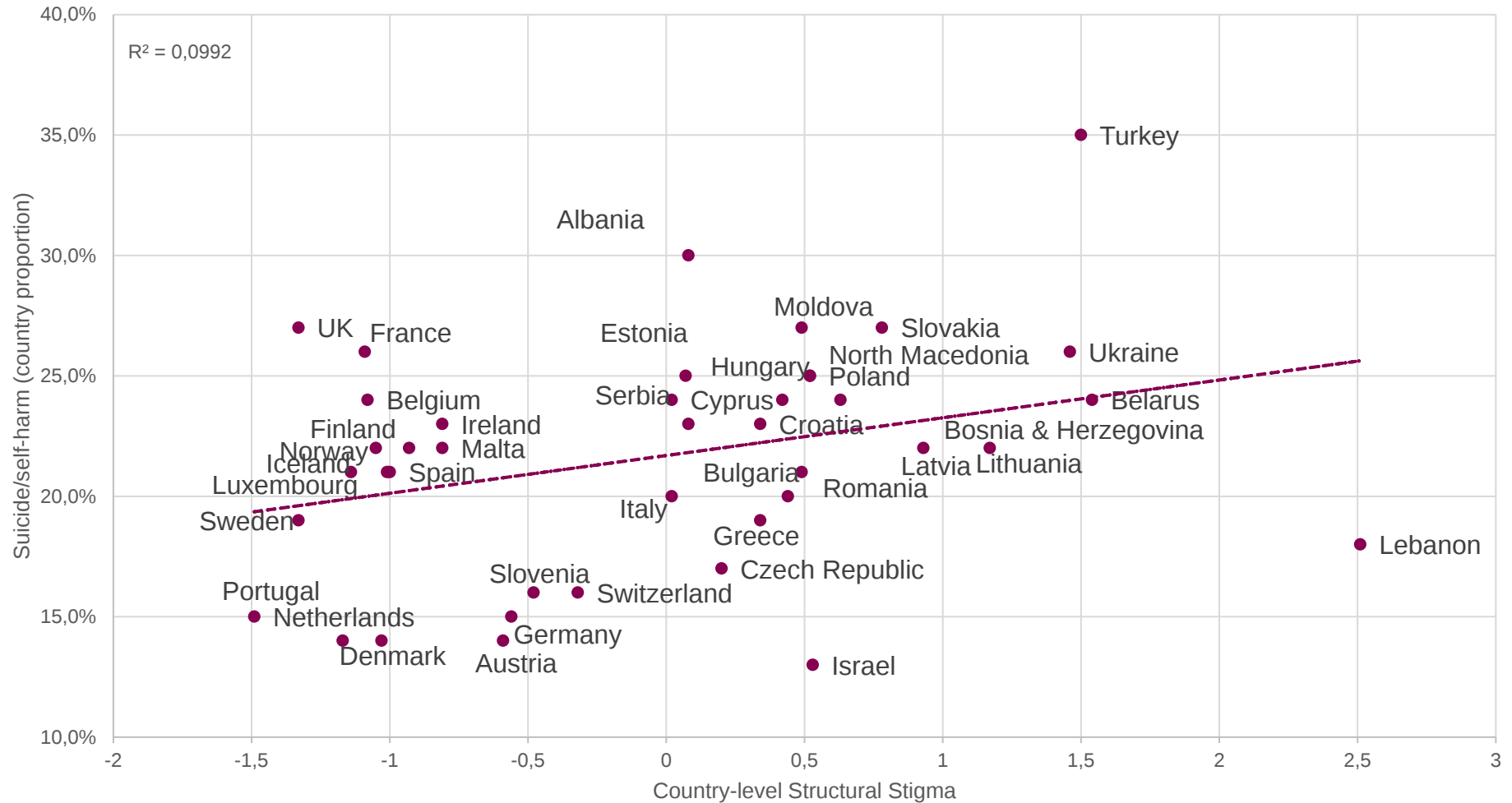


Proportion reporting past 2-week suicide thoughts by county-level stigma



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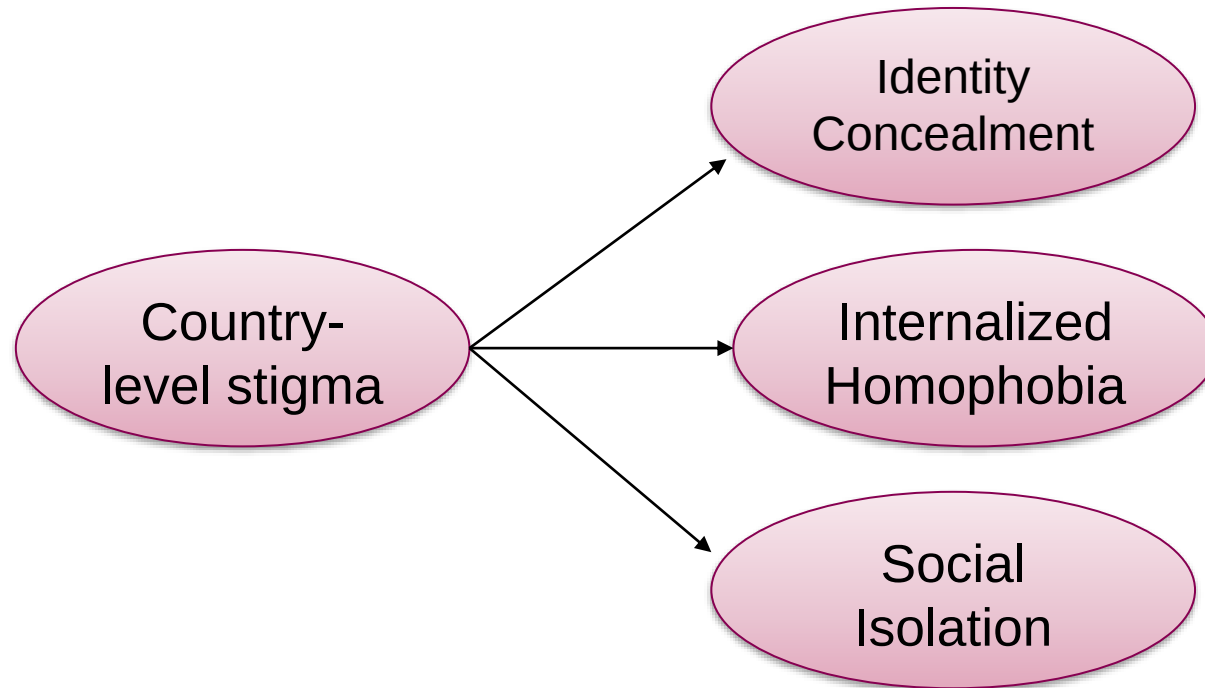
Suicide by structural stigma in country of residence



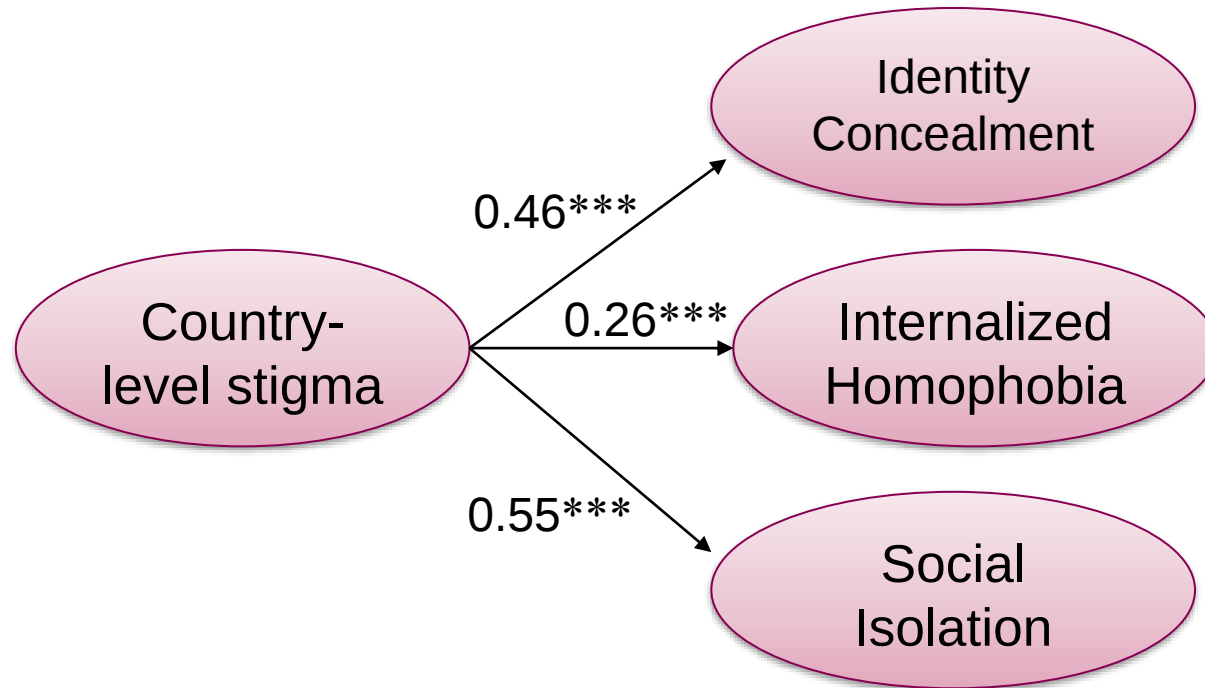
Aim 2

Do sexual orientation concealment, internalized homonegativity, and social isolation mediate the association between structural stigma and depression and suicidality?

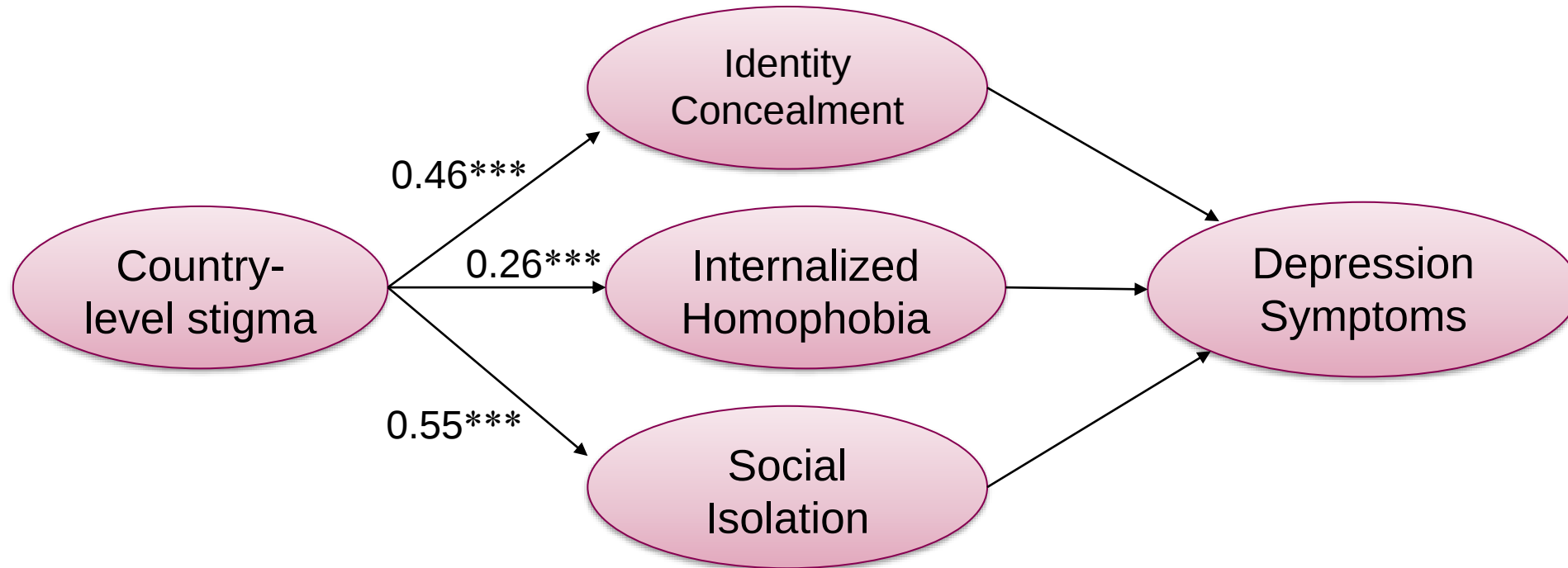
Social stress exposure as mediators of the association between country-level stigma



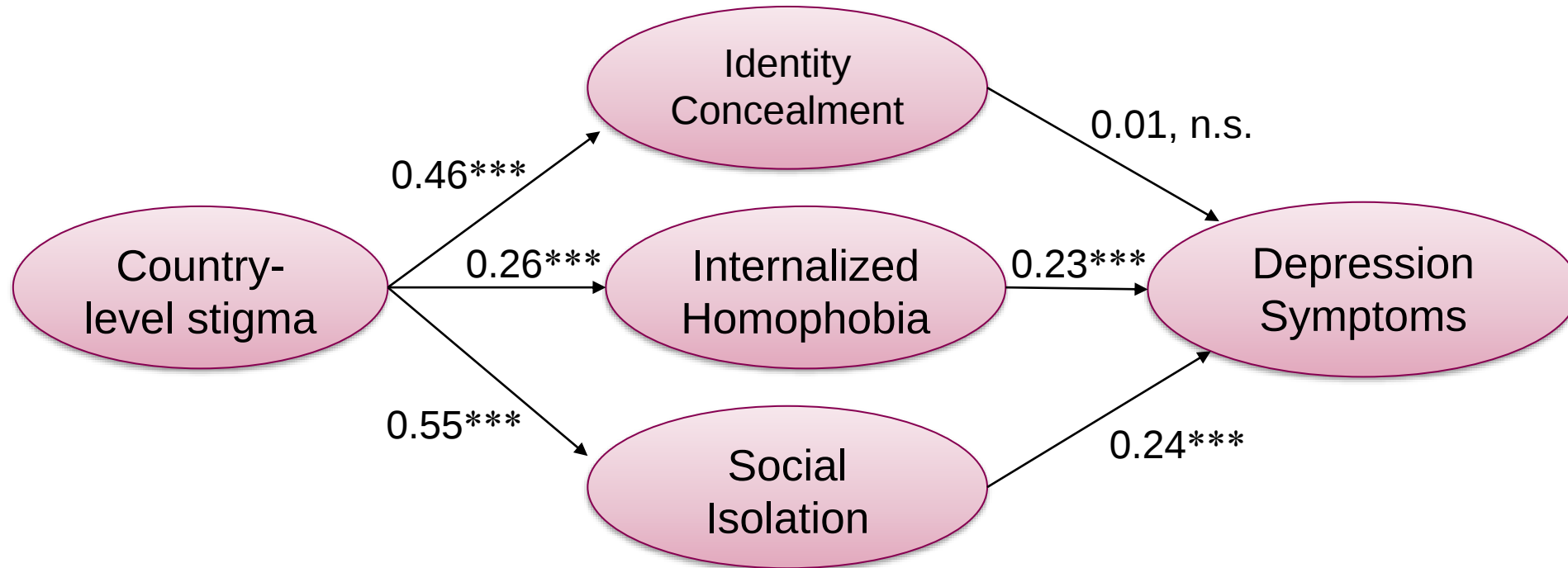
Social stress exposure as mediators of the association between country-level stigma



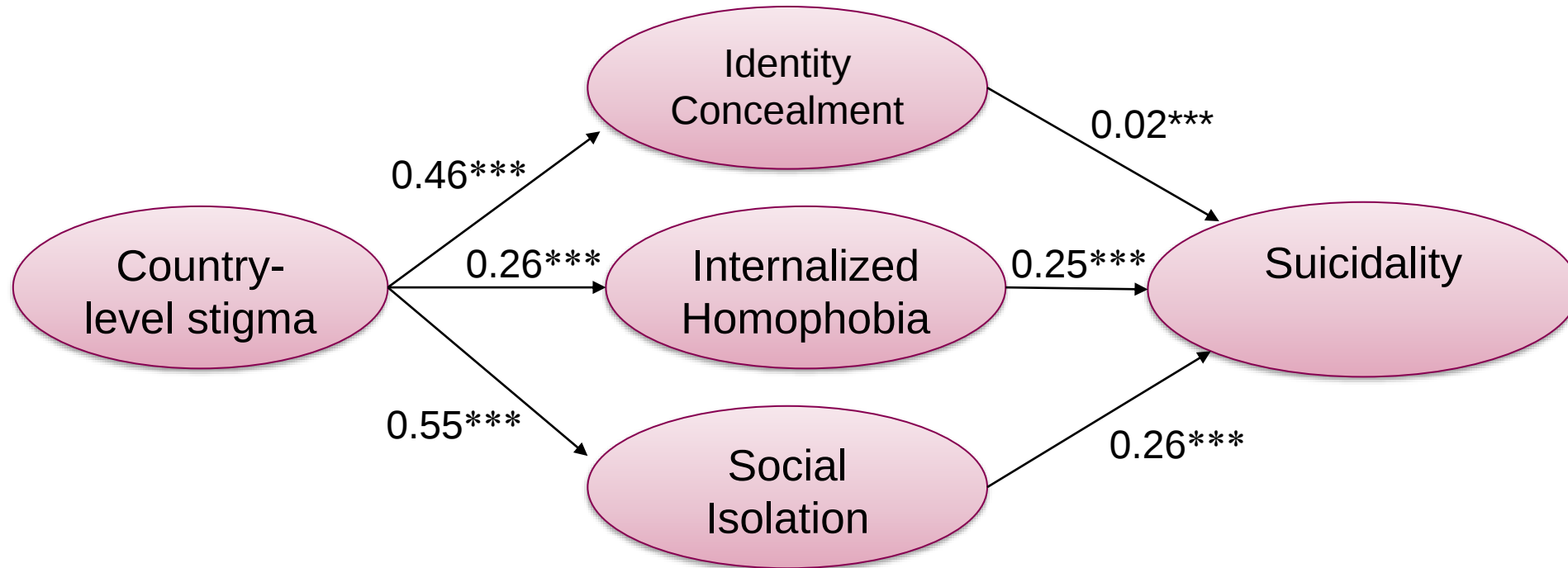
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Social stress exposure as mediators of the association between country-level stigma



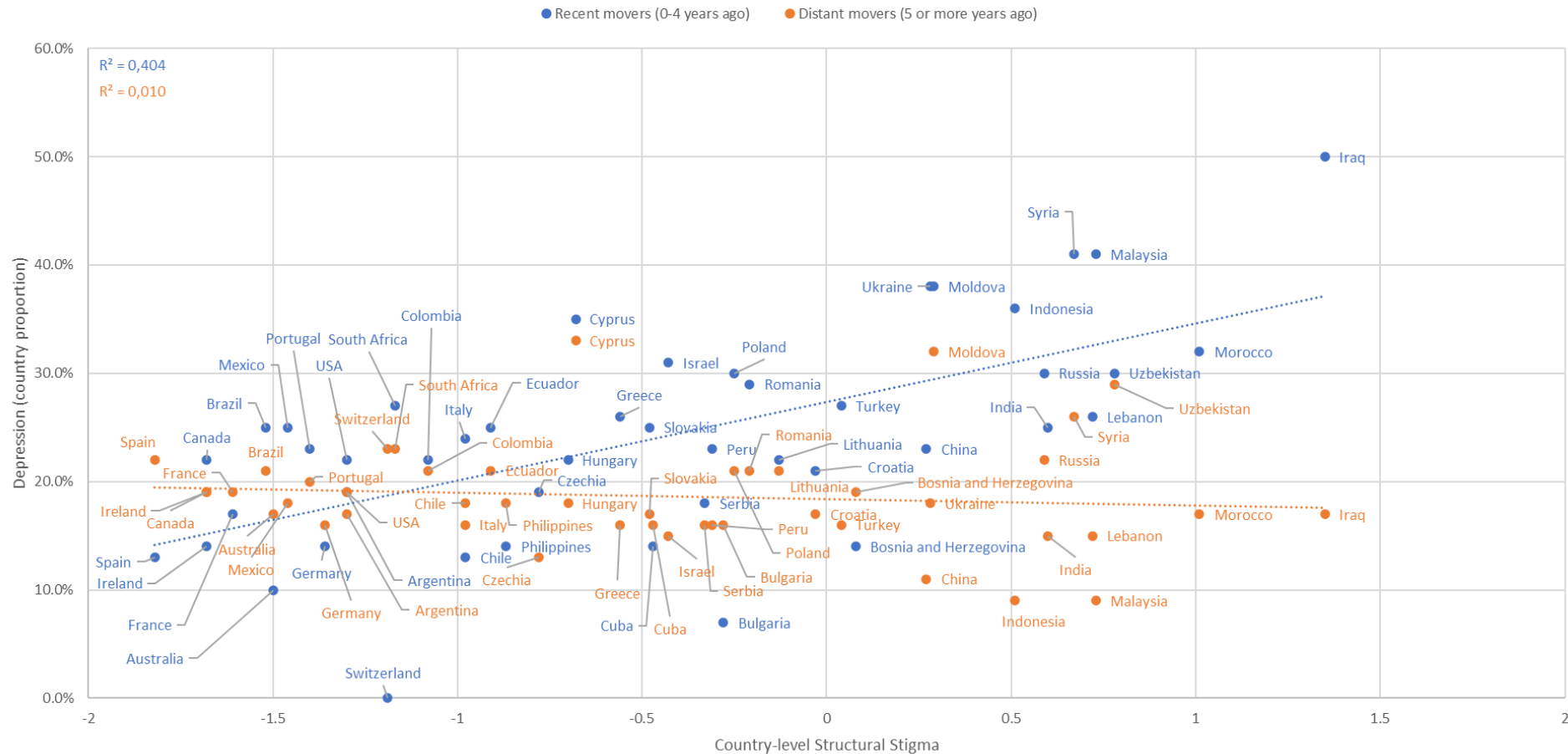
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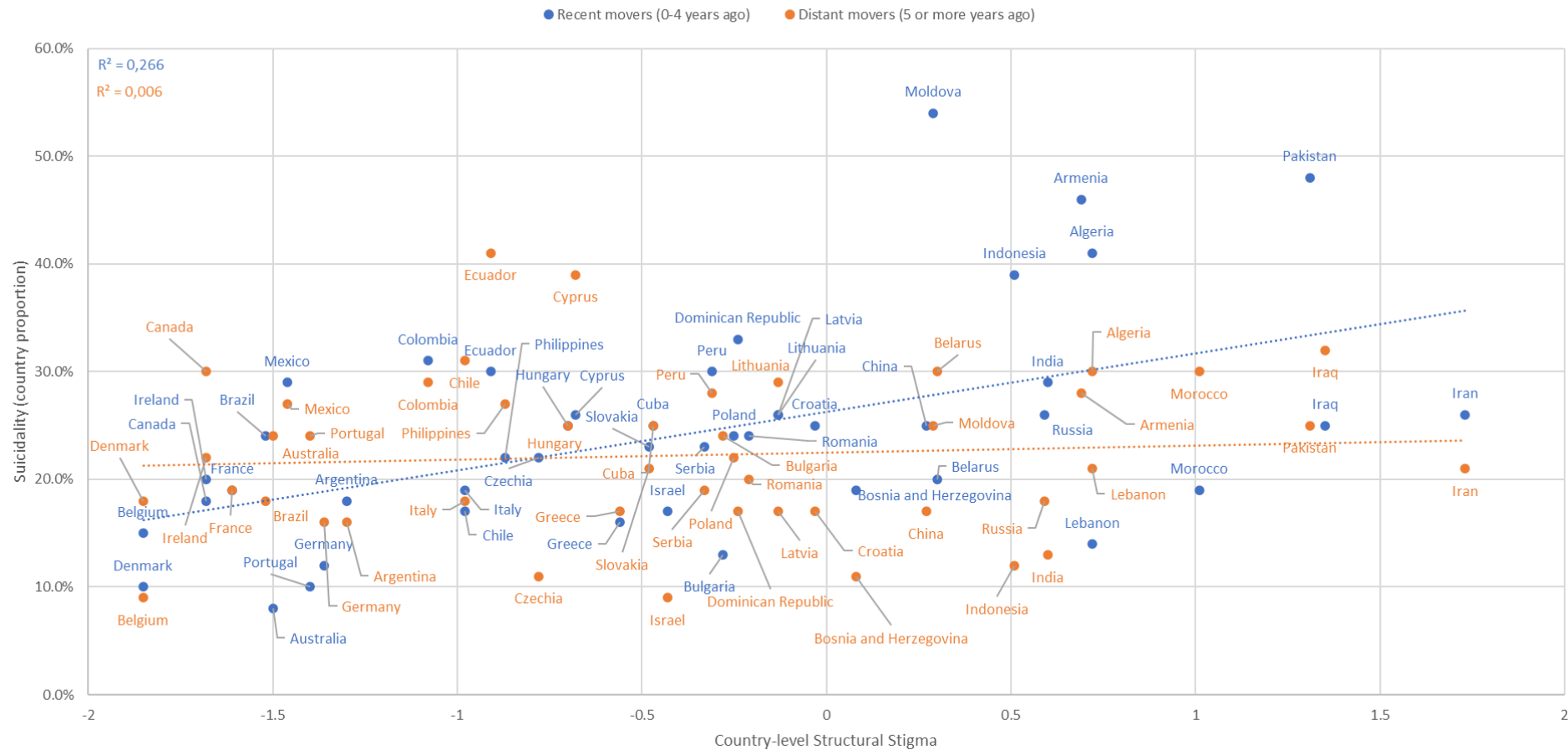
Aim 3

Is the association between country-of-origin structural stigma and mental health reduced as a function of longer exposure to the lower-structural stigma in the receiving country among sexual minorities migrating from higher-stigma-environments to lower-stigma-environments?

a) Depression by structural stigma in country of origin



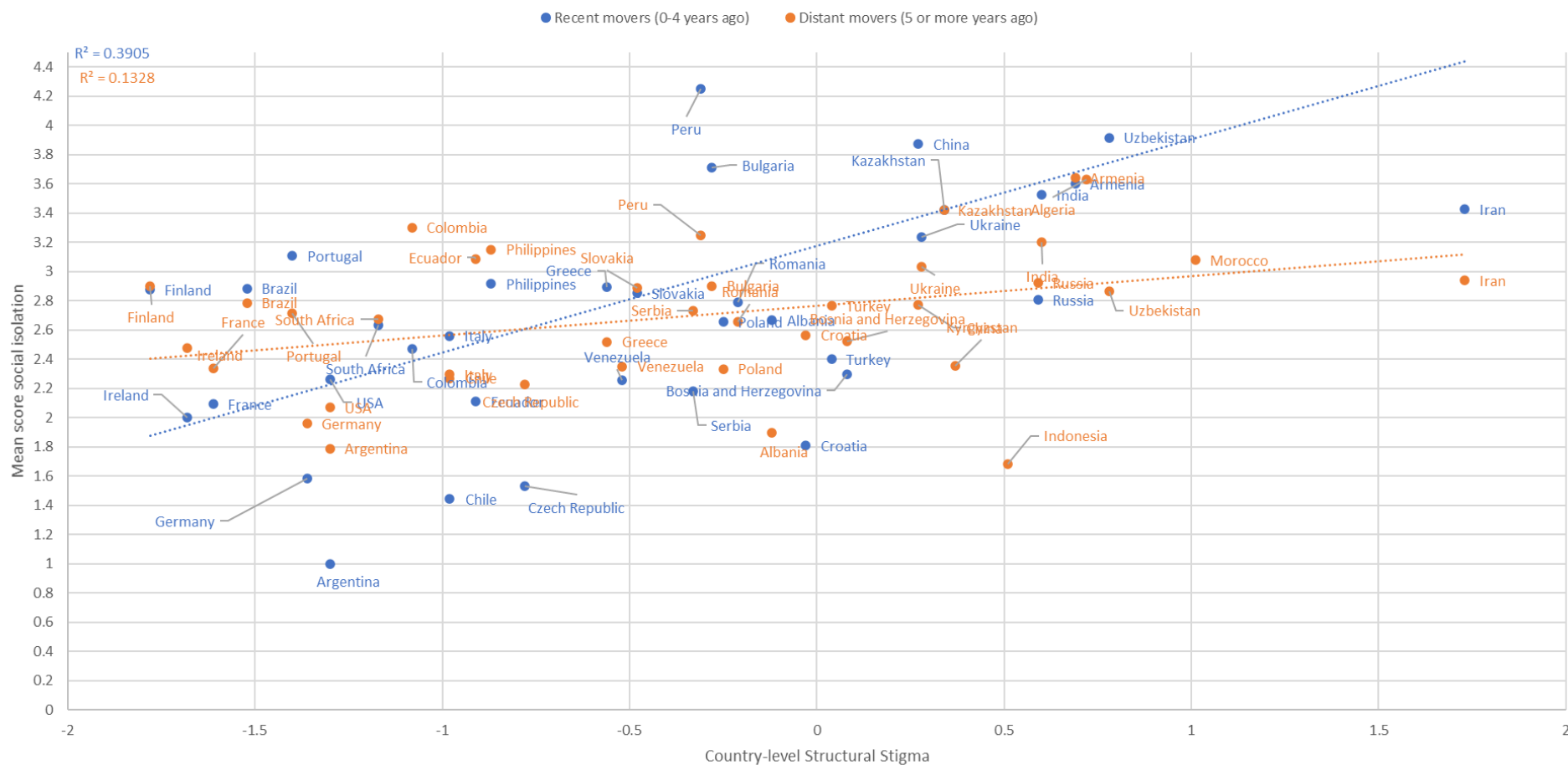
b) Suicidality by structural stigma in country of origin



● Recent movers (0-4 years ago) ● Distant movers (5 or more years ago)



Social isolation by structural stigma in country of origin



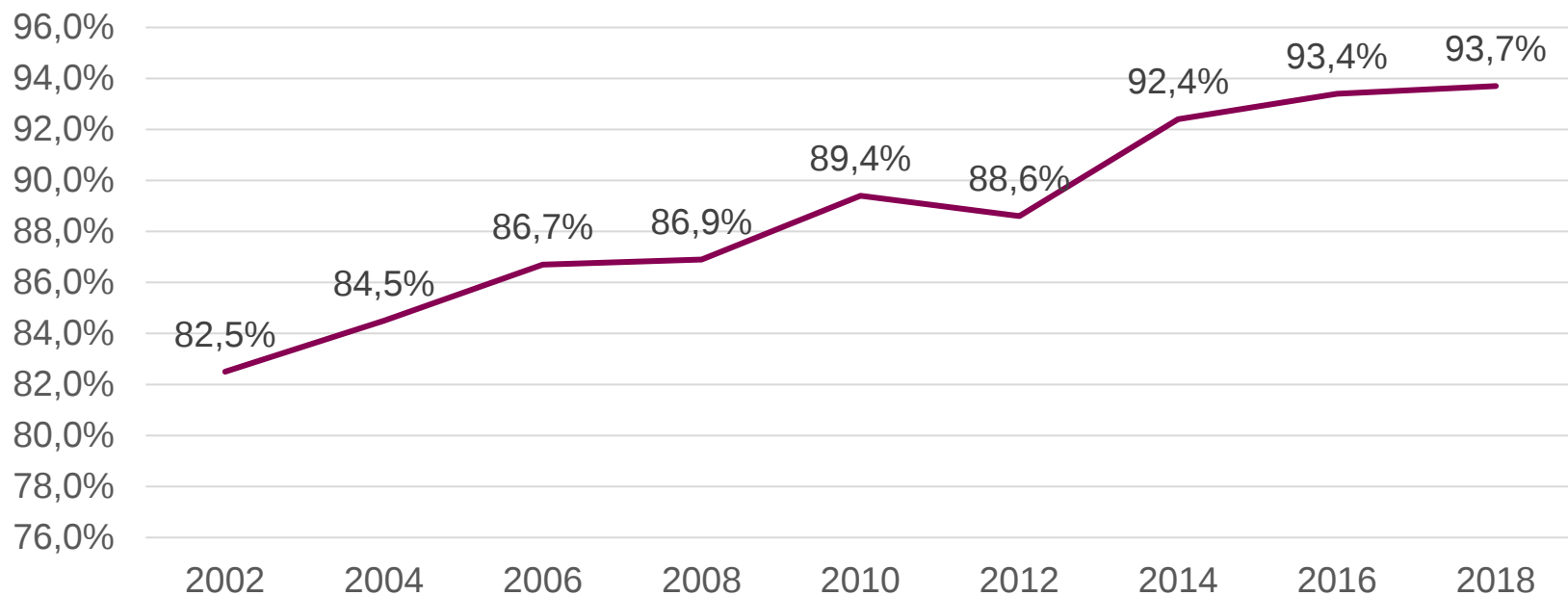
Conclusions

- Sexual minorities' depression and suicidality varies greatly across countries in Europe
- This variation can to some extent be explained by the structural stigma of those countries and associated increased social stress in the form of:
 - internalized homophobia
 - social isolation
 - ... to some extent identity concealment
- Longer exposure to a lower structural stigma environments among movers was associated with a significantly:
 - 1) lower risk of depression and suicidality;
 - 2) lower odds of concealment and social isolation; and
 - 3) smaller indirect effect of structural stigma on mental health through these mediators.
- This study provides additional evidence that stigma is a sociocultural determinant of mental health.

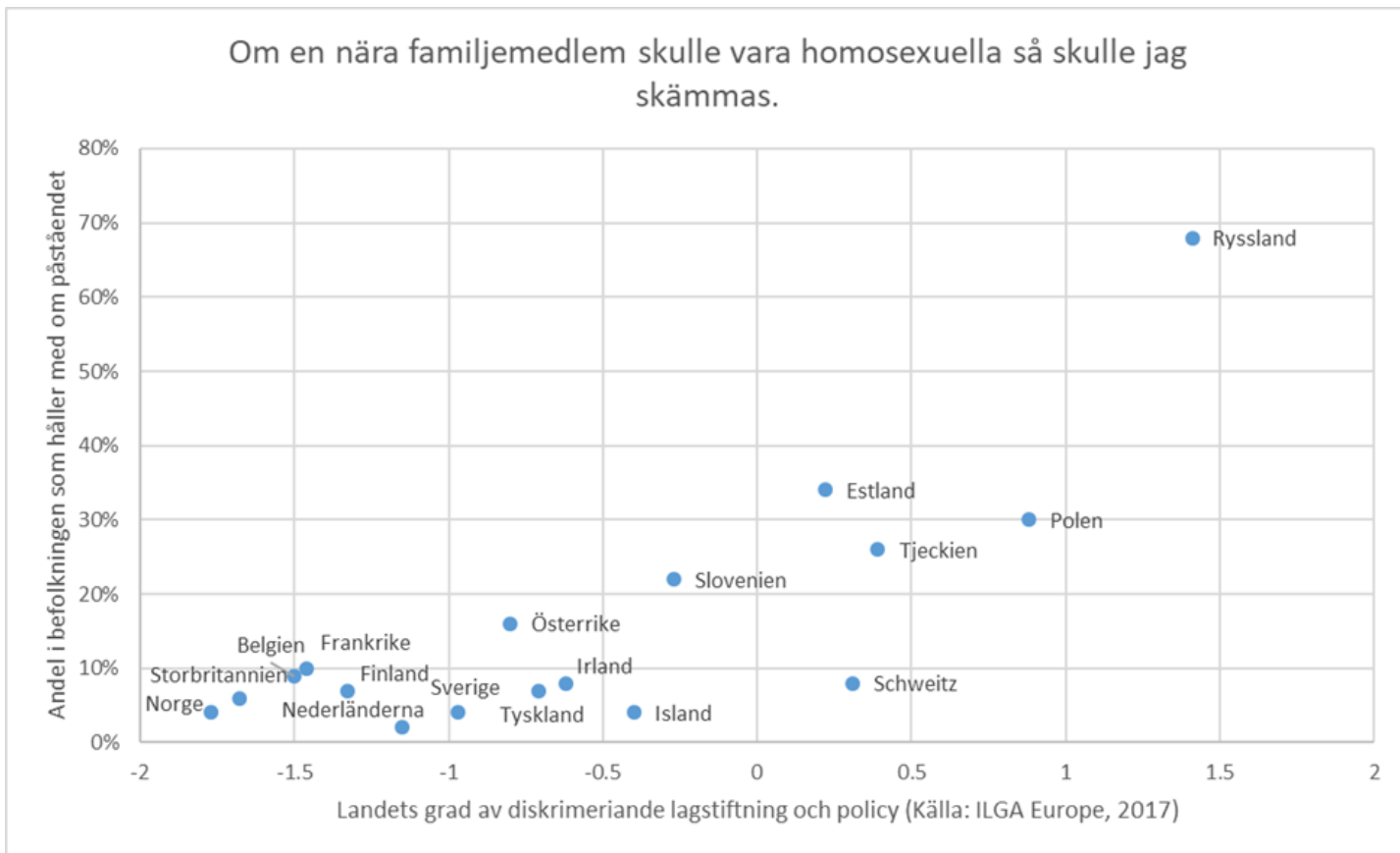
Attityder och normer kring hbtq i Sverige

Hur ser attityderna ut till hbtq-personer?

Homosexuella män och kvinnor bör få leva sina egna liv som de själva vill.



Hur ser attityderna ut till hbtq-personer?



Hur vanligt är det att hbtq-personer utsätts för hatbrott?

Antal anmälda hatbrott i Sverige

— Sexuell läggning — Transfobiska





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Age-varying sexual orientation disparities in mental health, treatment utilization, and social stress: A population-based study

Richard Bränström,¹ Daniel Fellman,¹ & John Pachankis²

¹Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

²Department of Social and Behavioral Sciences, Yale School of Public Health, New Haven, CT, USA

Bränström R, Fellman D, Pachankis JE. Age-varying sexual orientation disparities in mental health, treatment utilization, and social stress: A population-based study. *Psychology of Sexual Orientation and Gender Diversity*. 2022.

Does social stressors and their interaction with sexual minority status affect mental health differently across the lifespan?

Existing research provides insufficient and sometimes inconsistent evidence regarding age patterns of mental health disparities based on sexual orientation.

Developmental challenges are known to vary across ages, e.g.,:

- a. Identity tasks are prominent in adolescence/young adulthood
- b. Career formation, maintaining an intimate partnership, and caring for children become particularly relevant during early adulthood
- c. Pursuit of purpose and meaning in life become paramount during midlife and older adulthood

Aim

The aim of this study was to explore the following research questions:

1. Are mental health problems (i.e., depression, anxiety, and high-risk alcohol use) and treatment seeking for these problems more prevalent among sexual minority individuals compared to heterosexuals, and does this disparity vary across the life course?
2. Are commonly proposed social stress predictors of the sexual orientation disparity in mental health, including discrimination, victimization/threat of victimization, and social isolation, more prevalent among sexual minority than heterosexuals, and do disparities in these experiences vary across the life course?
3. Can greater exposure to these social stressors at least partially explain the elevated prevalence of mental health problems and treatment seeking among sexual minorities across age groups?

Material and method

Swedish National Public Health Survey

Participants

- In 2018, a nationwide population-based health survey study was conducted in a unrestricted random sample of the population in Sweden, 16-84 years of age, by the Public Health Agency of Sweden.
- A total of 117,178 individuals responded to the survey via paper-and-pencil mailed questionnaires or self-administered web surveys.
- Individuals were classified based on self-identification of sexual orientation using the following item: “What is your sexual orientation?”
- The rate of non-response for this question was 3.5%.
- In the total sample:
 - 935 (0.6%) individuals identified as homosexual
 - 2,187 (1.9%) identified as bisexual
 - 2,845 (2.5%) as other sexual orientation
 - 106,435 (94.1%) as heterosexual.

Material and method

Swedish National Public Health Survey

Measures

Self-reported mental health outcomes:

- Depression symptoms
- Anxiety symptoms
- High-risk alcohol use

Treatment for mental health disorders:

- Depression diagnoses
- Anxiety diagnoses
- Substance use disorders

Social stress exposure:

- Discrimination
- Victimization or threat of violence
- Social isolation

Stigma and Minority Stress as a Multilevel Construct



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Structural level stressors:

- Discriminatory legislation
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Individual level stressors:

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Social stress exposure:

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- Social isolation

Socio-demographic covariates

- Age and legal gender
- Income and education
- Country of birth
- Partnership status
- Urbanicity

Results

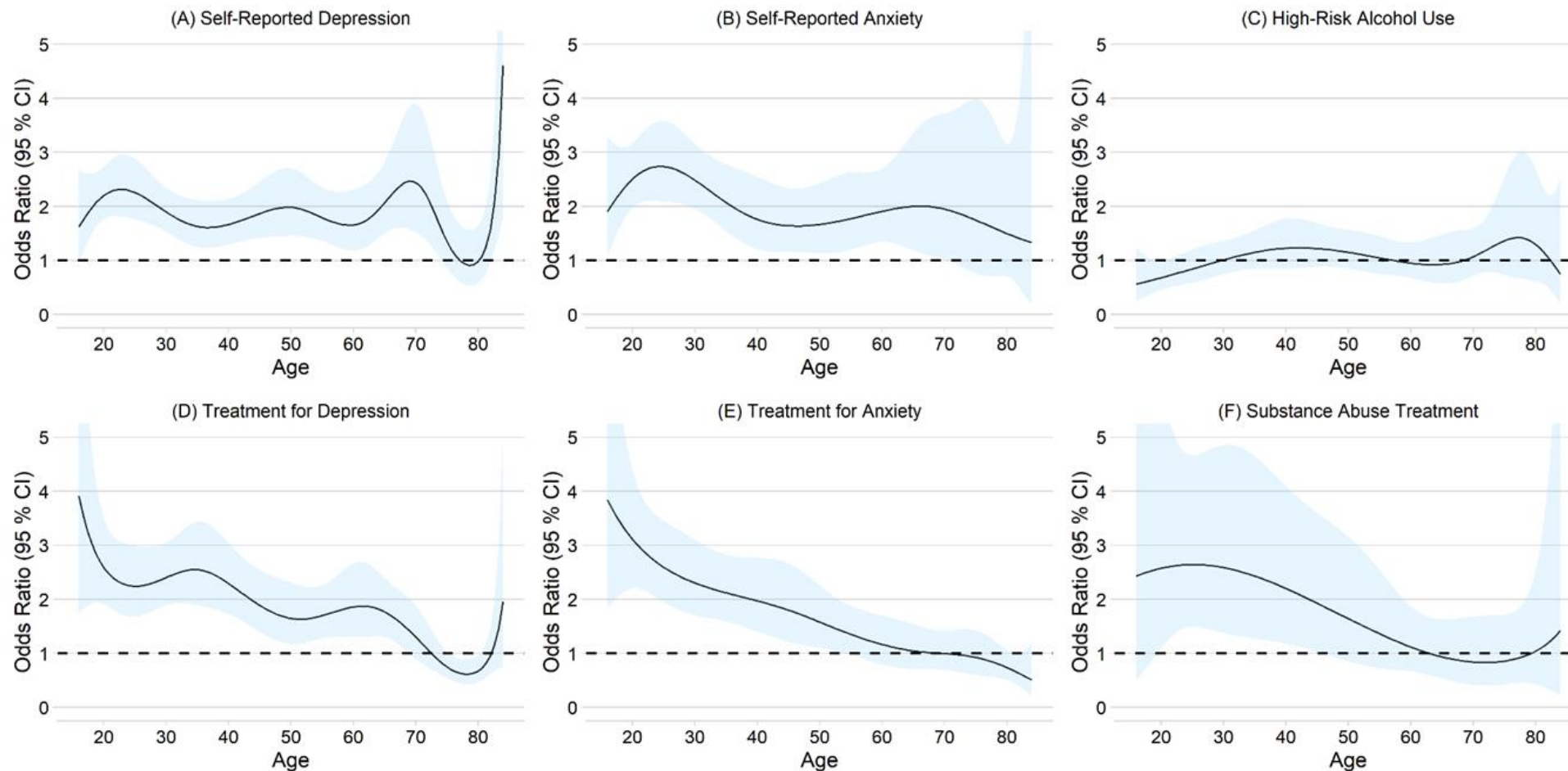
Demographic characteristics of the total sample and by sexual orientation

	Total sample n=108,641		Sexual Minorities n=5,115		Heterosexuals n=103,526	
Mean age - years (SD)	48.0 (18.5)		40.3 (19.5)		48.5 (18.3)	
Nationally registered gender – n (% ^a)						
Male	49,724 (50.3)		2,112 (44.8)		47,612 (50.7)	
Female	58,918 (49.7)		3,003 (55.2)		55,914 (49.3)	
Gender identity – n (% ^a)						
Male	49,316 (45.6%)		1,096 (37.7%)		47,280 (45.9%)	
Female	58,668 (54.2%)		1,753 (60.3%)		55,748 (54.1%)	
Other gender	81 (0.1)		38 (1.3%)		32 (0.03%)	
Level of education – n (% ^a)						
University education	44,894 (38.9)		1,672 (33.5)		43,222 (39.3)	
Total individual income – mean (SD)						
Mean yearly income in SEK ^b	259.8 (395.4)		176.9 (190.6)		265.2 (404.5)	
Relationship status – n (% ^a)						
Married/partnered	75,799 (63.7%)		2,427 (43.6%)		73,372 (65.0%)	
Urbanicity – n (% ^a)						
Larger city	35,448 (34.3)		1,870 (38.4)		33,578 (34.1)	
Smaller city	28,139 (34.0)		1,245 (33.2)		26,894 (34.0)	
Rural community	45,054 (31.7)		2,000 (28.4)		43,054 (31.9)	
Country of birth – n (% ^a)						
Sweden	96,837 (82.7)		4,096 (72.0)		92,741 (83.4)	
Other Nordic country	3,184 (2.8)		159 (2.7)		3,025 (2.8)	
Other European country	4,085 (6.2)		260 (7.5)		3,825 (6.1)	
Outside of Europe	4,535 (8.3)		600 (17.9)		3,935 (7.7)	

Aim 1

Are mental health problems and treatment seeking more prevalent among sexual minority individuals compared to heterosexuals, and does this disparity vary across the life course?

Age variation in self-reported depression, anxiety, and substance abuse and treatment for these conditions among LGBTs as compared to heterosexuals

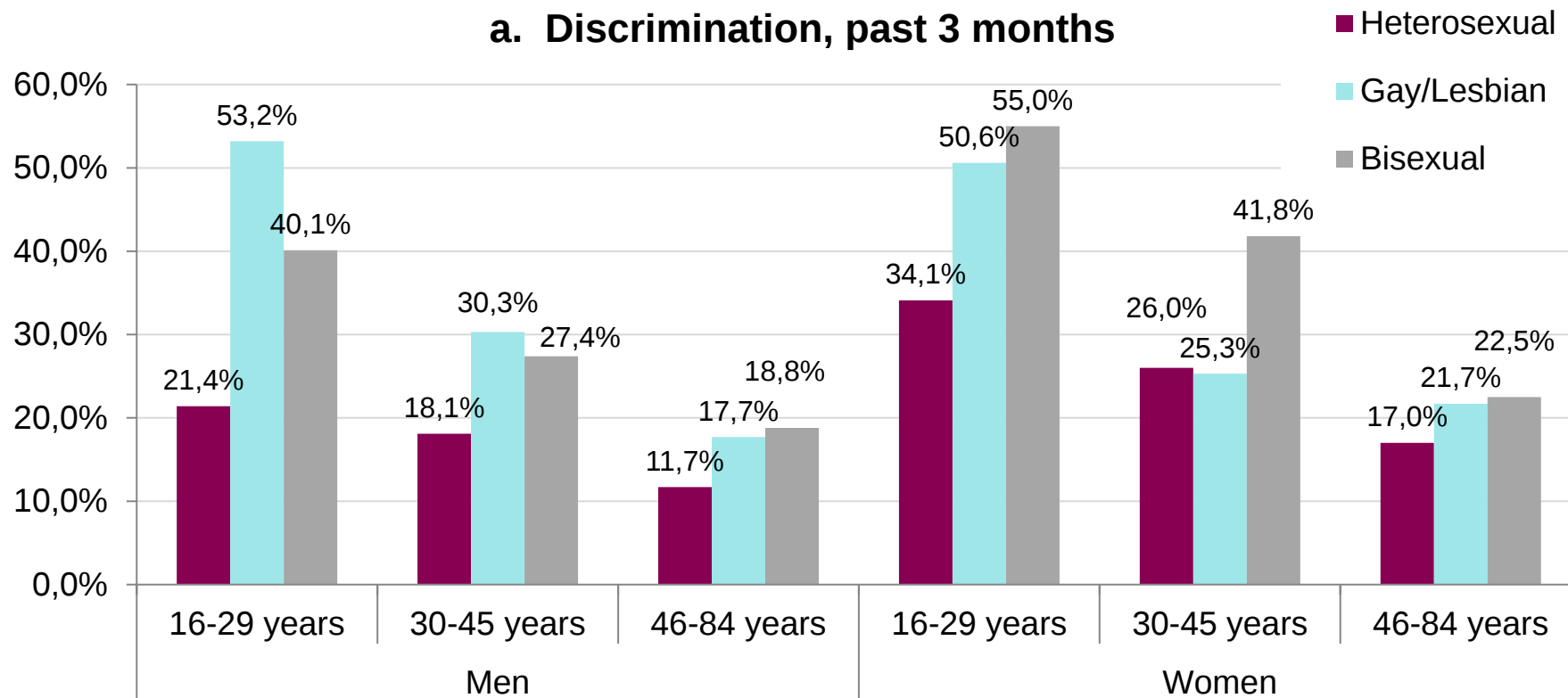


Aim 2

Are commonly proposed social stress predictors of the sexual orientation disparity in mental health more prevalent among sexual minority than heterosexuals, and do disparities in these experiences vary across the life course?

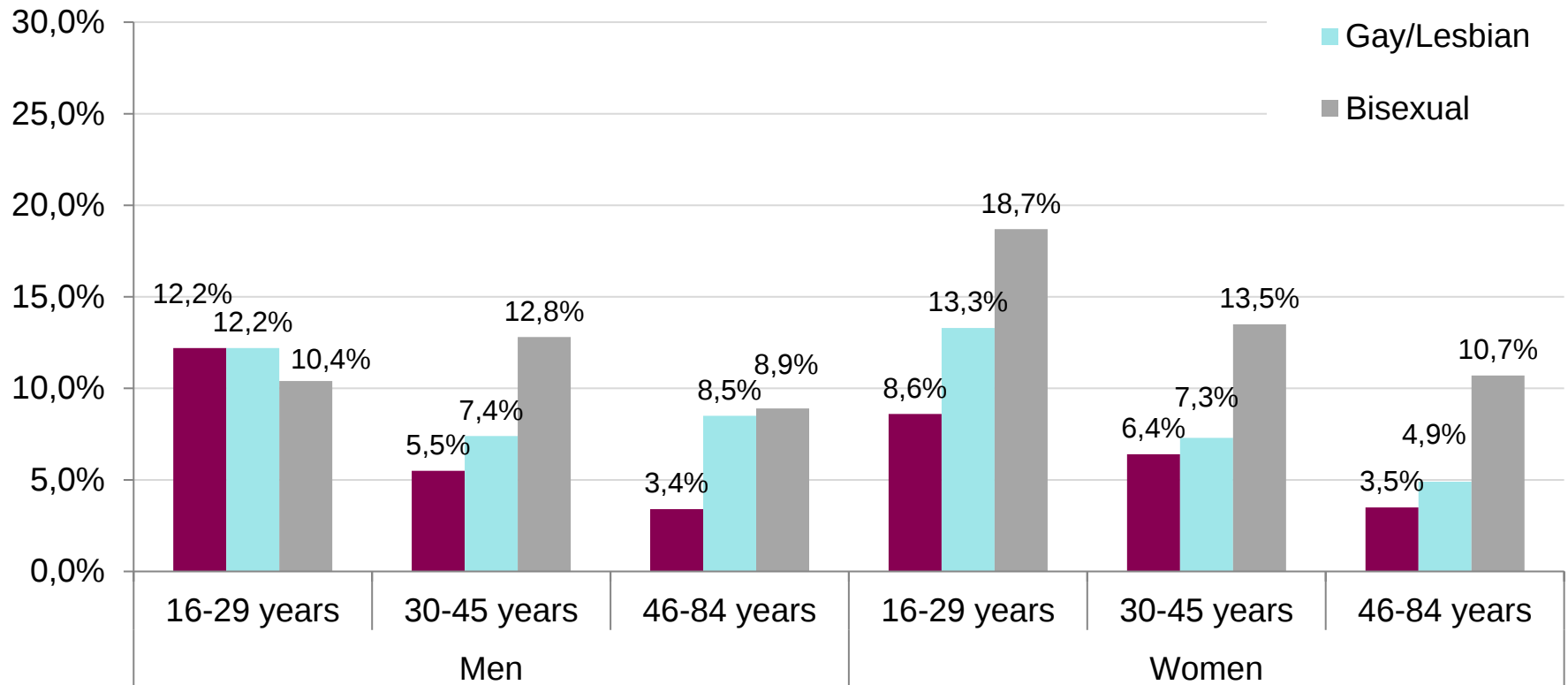
Past 3 months exposure for discrimination by sexual orientation and age in Sweden

a. Discrimination, past 3 months

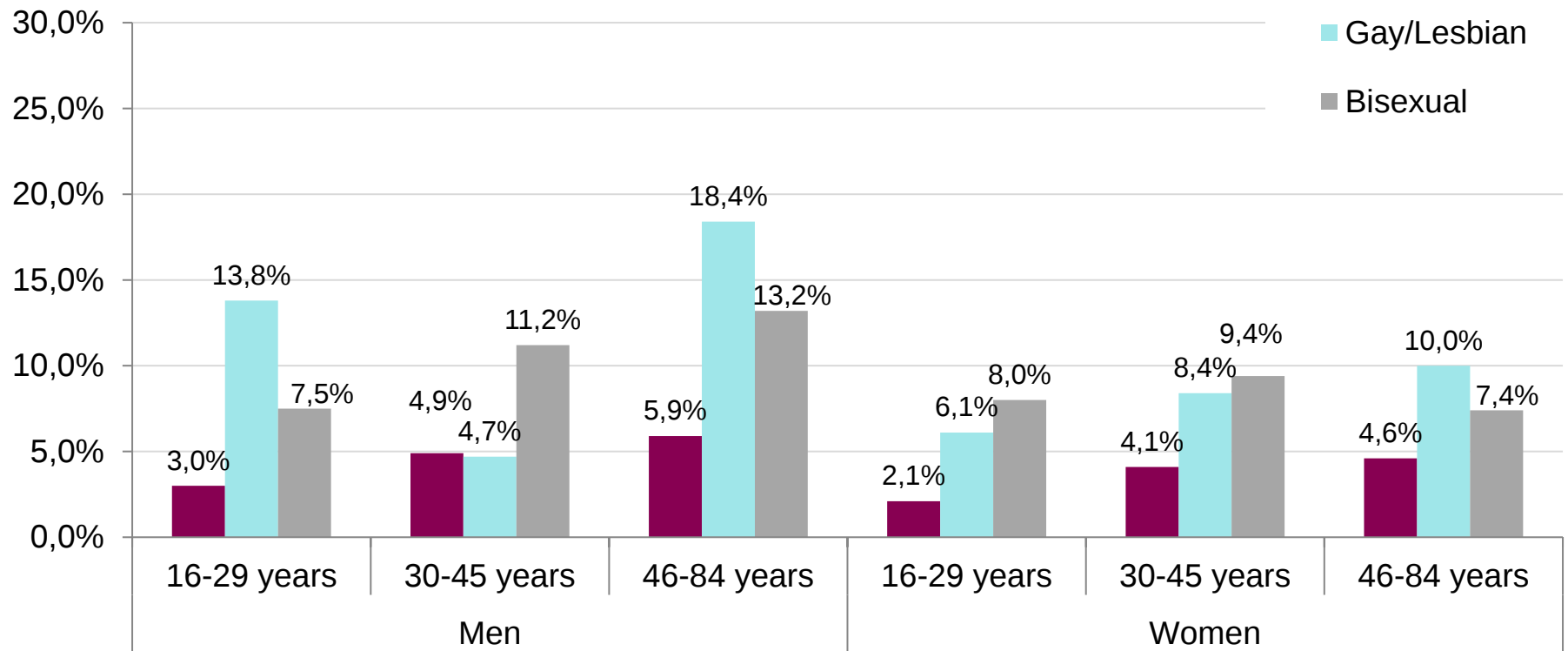


Past 12 months experience of victimization by sexual orientation and age in Sweden

b. Victimization/threat, past 12 months



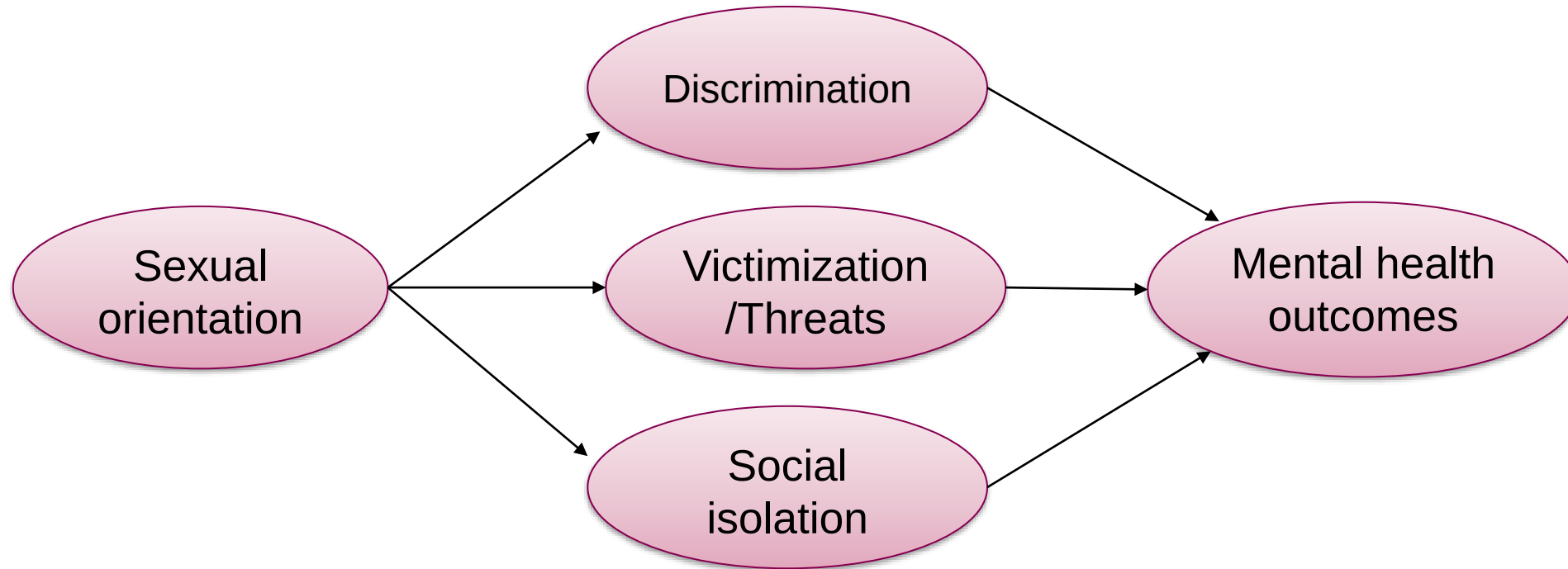
c. Lack of social support



Aim 3

Can greater exposure to these social stressors at least partially explain the elevated prevalence of mental health problems and treatment seeking among sexual minorities across age groups?

Social stress exposure as mediators of the association between country-level stigma



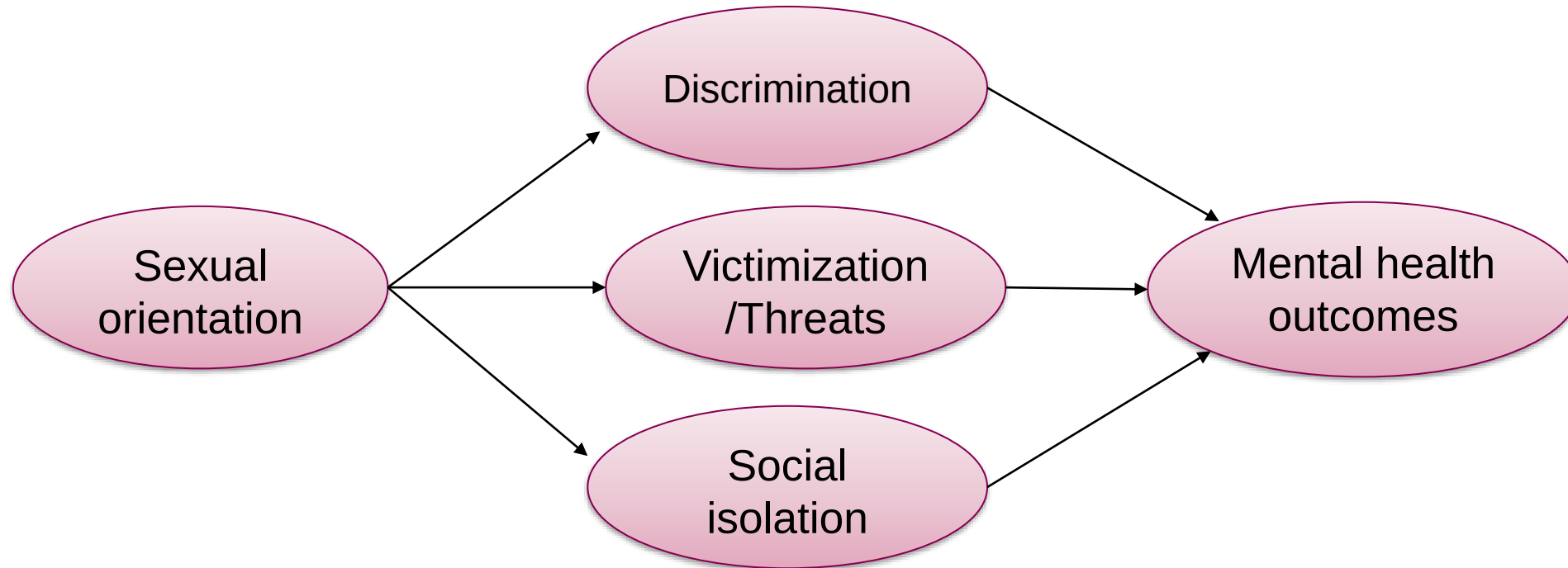
Indirect effects:

Sexual orientation -> Discrimination -> Depression: adj. β : 0.084, 95% CI: 0.059, 0.109

Sexual orientation -> Victim/Threats -> Depression: adj. β : 0.049, 95% CI: 0.029, 0.069

Sexual orientation -> Social isolation -> Depression: adj. β : 0.049, 95% CI: 0.034, 0.064

Social stress exposure as mediators of the association between country-level stigma



Indirect effects:

Sexual orientation -> Discrimination -> Anxiety: adj. β : 0.089, 95% CI: 0.063, 0.115

Sexual orientation -> Victim/Threats -> Anxiety: adj. β : 0.064, 95% CI: 0.038, 0.091

Sexual orientation -> Social isolation -> Anxiety: adj. β : 0.061, 95% CI: 0.042, 0.080

Conclusions

- From a public health perspective, the results of this study call for inclusion of the full age range of sexual minorities in both research and policy aiming to reduce mental health disparities for this group.
- Findings also show that different health determinants seem to be important at different stages of life, and further efforts to understand such factors and incorporate them into preventive efforts are needed to ensure the relevance of such intervention for all individuals.
- From a clinical perspective, the study's results suggest the importance of mental health clinicians being aware of the elevated risk of mental health problems, including among older groups of sexual minorities, and to address the particularly important role of social isolation in this increased risk compared to heterosexual individuals.

Report from the Swedish Research Council for Health, Working Life and Welfare (FORTE)

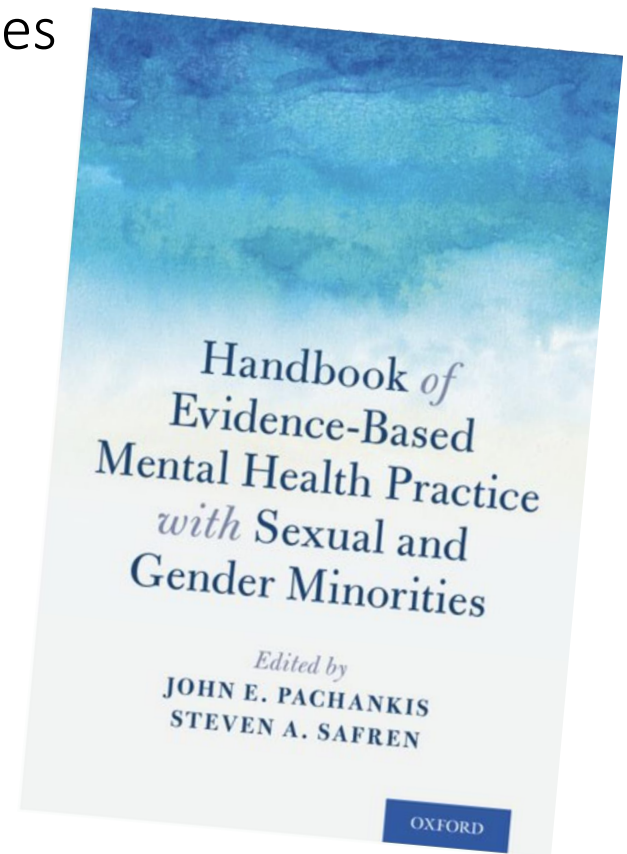


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Handbook of Evidence-Based Mental Health Practice with Sexual and Gender Minorities



<https://forte.se/publikation/unga-hbtq/>





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Thank you!

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Department of Clinical Neuroscience
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