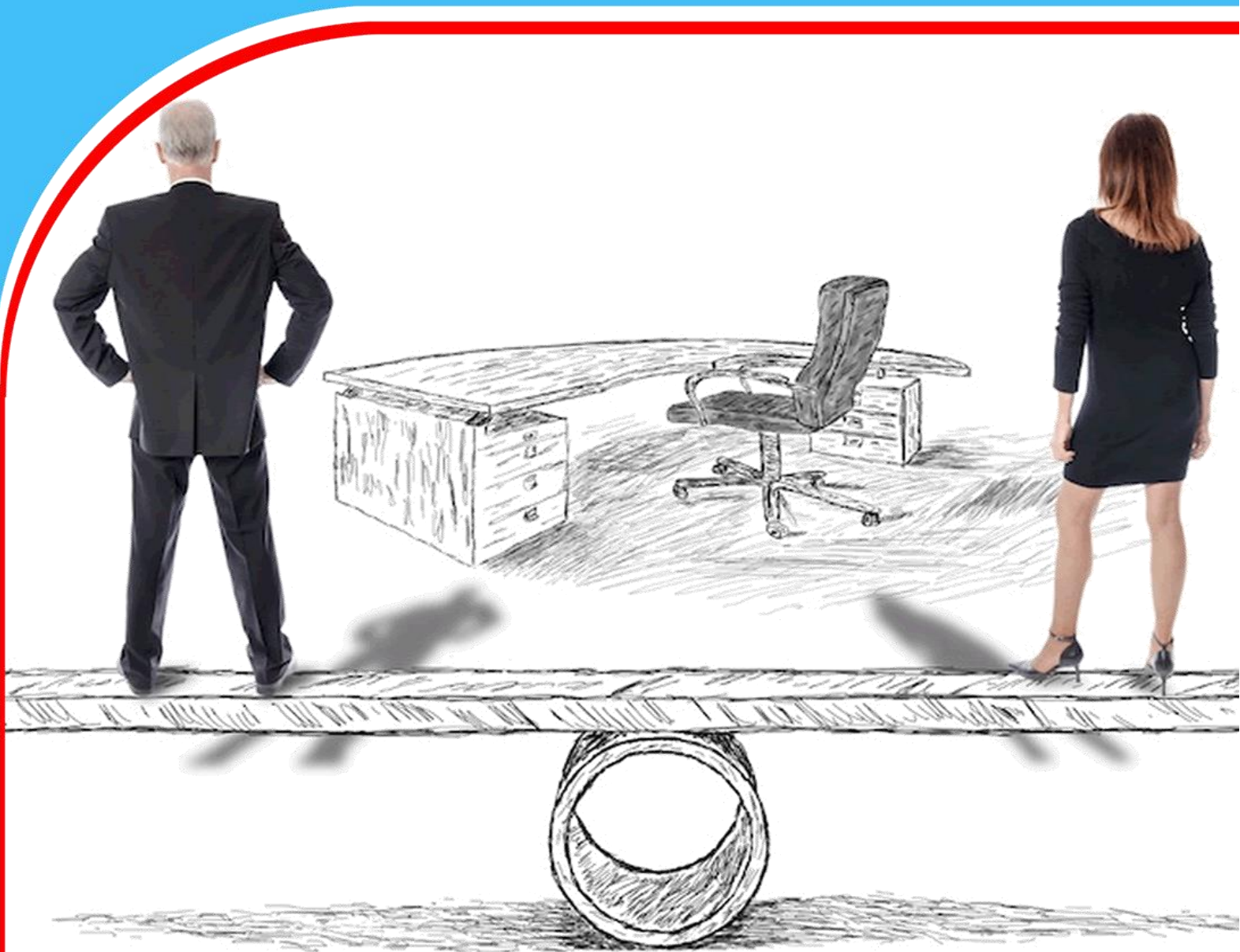


European Journal of Gender Studies (EJGS)



Relationship between Gender Identity and Mental Health Outcomes in LGBTQ+ Youth in Ghana

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Article history

Submitted 16.04.2024 Revised Version Received 25.05.2024 Accepted 26.06.2024

Abstract

Purpose: The aim of the study was to assess the relationship between gender identity and mental health outcomes in LGBTQ+ youth in Ghana.

Methodology: This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low cost advantage as compared to a field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

Findings: The study revealed significant disparities and nuanced impacts across different identity groups. For transgender and non-binary youth, studies consistently highlight higher rates of anxiety and depression compared to cisgender peers. These disparities are often linked to experiences of discrimination, lack of social support, and internalized stigma related to gender identity. The stressors associated with gender dysphoria and navigating societal expectations contribute significantly to these mental health challenges. Conversely, some studies suggest that LGBTQ+ youth who have strong support systems and affirming environments tend to report better mental

health outcomes. Positive identity affirmation, access to gender-affirming healthcare, and inclusive policies within educational and community settings are crucial factors in mitigating mental health risks among gender diverse youth. Understanding these dynamics is essential for developing interventions and support strategies that promote resilience and well-being among LGBTQ+ youth, irrespective of their gender identity.

Implications to Theory, Practice and Policy: Minority stress theory, gender minority stress and resilience model and intersectionality theory may be used to anchor future studies on assessing the relationship between gender identity and mental health outcomes in LGBTQ+ youth in Ghana. In practice, expanding access to gender-affirming healthcare services is paramount. Healthcare providers should receive comprehensive training to deliver culturally competent and affirming care to LGBTQ+ youth. At the policy level, advocating for legal protections and supportive policies for LGBTQ+ youth is imperative.

Keywords: *Gender Identity, Mental Health, LGBTQ+, Youth*

INTRODUCTION

Understanding the relationship between gender identity and mental health outcomes in LGBTQ+ youth is crucial in addressing the unique challenges they face. In the USA, mental health issues such as anxiety and depression remain prevalent. Research indicates that anxiety disorders affect approximately 31.1% of adults, while major depressive disorder affects 17.3% (Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2018). These rates have shown stability over recent years, highlighting ongoing challenges in managing mental health at a national level. Overall well-being measures in the USA reflect varying levels of life satisfaction influenced by economic conditions and social factors (OECD, 2020).

Similarly, Japan faces significant mental health challenges, with approximately 6.5% of the population experiencing major depressive disorder (Ando & Kasai, 2021). Anxiety disorders also affect a notable portion of the population, albeit with some fluctuation in reported cases. Japan's approach to mental health emphasizes societal expectations and workplace stressors, impacting overall well-being differently compared to Western nations (Muto, Hayes, Jeffcoat & Marquez, 2019).

In Indonesia, rapid urbanization and economic pressures have contributed to significant mental health challenges. Anxiety disorders affect a substantial proportion of the population, reflecting around 10.3% of adults (Tran, Williams, Nguyen & Kilmartin, 2020). Depression rates are also notable, impacting productivity and overall societal well-being. Access to mental health services remains limited, with stigma posing a barrier to seeking treatment despite recent efforts to integrate mental health into primary care settings (Patel, Chisholm, Parikh & Charlson, 2018).

In Brazil, mental health challenges are significant, with anxiety disorders affecting approximately 9.3% of the population and depression also showing substantial prevalence (Borges, Ribeiro, & Cunha, 2020). Socio-economic disparities contribute to varying levels of access to mental health services, with urban areas generally better equipped than rural regions (Caldas-de-Almeida & Horvitz-Lennon, 2019). Mexico faces similar issues, with anxiety and depression affecting a notable portion of the population, exacerbated by socio-economic stressors and cultural factors (Medina-Mora, Borges & Lara, 2019). Efforts to integrate mental health into primary care have shown promise but require sustained investment and policy support to address systemic challenges.

In Russia, anxiety disorders are prevalent across urban and rural populations, although access to mental health services remains uneven (Pakriev, Vasilenko & Semyonova, 2018). Depression rates are also significant, highlighting the need for improved public awareness and healthcare infrastructure (Goncharov, Litvinenko & Lantigua, 2021). Ukraine similarly contends with mental health challenges, particularly in conflict-affected areas, where rates of mental disorders are notably high (Chekhovskyy, Kovtun & Glazunov, 2020). Efforts to enhance mental health literacy and service provision face obstacles related to funding and political instability.

Similarly, in Vietnam, mental health issues are increasingly recognized but face significant challenges in accessibility and awareness. Anxiety disorders affect approximately 8.3% of the population, with depression rates also showing considerable impact (Nguyen, Nguyen, Pham & Nguyen, 2022). Efforts to improve mental health infrastructure are underway, yet disparities in access persist, particularly in rural areas where resources are scarce and stigma remains prevalent.

In India, mental health issues are increasingly recognized, yet stigma and limited resources pose significant challenges. Anxiety disorders affect a notable proportion of the population, with

estimates suggesting around 7.5% prevalence (Patel, Chisholm, Parikh, & Charlson, 2018). Depression rates are also substantial, particularly among women and marginalized communities (Gupta, 2021). Efforts to integrate mental health services into primary healthcare systems have been initiated, but gaps in service delivery and mental health literacy persist (Patel, 2018).

Across various African countries, including Kenya and Nigeria, mental health challenges are prevalent but often neglected. In Kenya, anxiety disorders are significant, exacerbated by urbanization and socio-economic disparities (Gureje, Oladeji, & Araya, 2021). Depression rates are also notable, with studies indicating the need for improved mental health policies and infrastructure (Gureje, 2021). Nigeria similarly faces high rates of mental disorders, particularly in urban centers where access to mental health services is limited and stigma remains pervasive (Gbiri, 2019). Efforts to address these challenges include community-based interventions and advocacy for better mental health support (Gbiri, Olagunju, Akinpelu & Fadipe, 2019).

Similarly, in Kenya, mental health issues are increasingly recognized but face substantial barriers in terms of access to quality care and societal acceptance. Anxiety disorders are prevalent, particularly in urban centers experiencing rapid demographic changes (Gureje, Oladeji & Araya, 2021). Depression rates show significant impact on overall well-being, yet efforts to integrate mental health into primary healthcare systems are underway, albeit slowly due to resource constraints and competing health priorities.

In sub-Saharan economies like Nigeria and Kenya, mental health challenges present unique and pressing concerns. In Nigeria, anxiety disorders affect a significant proportion of the population, exacerbated by urbanization and economic pressures (Gbiri, Olagunju, Akinpelu & Fadipe, 2019). Depression rates are also notable, with studies indicating a need for improved mental health policies and infrastructure to support the growing urban population and address rural mental health disparities. Access to mental health services remains limited, and stigma surrounding mental illness hinders effective treatment and support (Gbiri, Olagunju, Akinpelu & Fadipe, 2019).

Understanding gender identity, including cisgender (individuals whose gender identity matches the sex they were assigned at birth), transgender (individuals whose gender identity differs from the sex they were assigned at birth), and non-binary (individuals who do not exclusively identify as male or female), is crucial for examining its impact on mental health outcomes. Research indicates that transgender individuals often face higher rates of anxiety and depression compared to cisgender individuals, stemming from minority stress, discrimination, and lack of social support (Testa, Michaels, Bliss, Rogers & Balsam, 2017). The experience of gender dysphoria, distress due to incongruence between assigned and experienced gender, further contributes to these mental health disparities (Budge, Adelson, & Howard, 2013). Non-binary individuals also report significant psychological distress, navigating societal expectations and binary gender norms, which can lead to increased levels of anxiety and depression (Bauer, Scheim, Pyne, Travers & Hammond, 2015).

Cisgender individuals, by contrast, generally experience better mental health outcomes but are not immune to mental health challenges. Factors such as societal pressure to conform to traditional gender roles and expectations can impact their well-being, albeit to a lesser degree than transgender and non-binary individuals (Budge, Adelson & Howard, 2013). Overall, understanding the nuanced intersections between gender identity and mental health is essential for developing

inclusive and effective mental health interventions that address the unique needs of diverse gender identities.

Problem Statement

The mental health outcomes of LGBTQ+ youth, particularly concerning anxiety, depression, and overall well-being, are significantly influenced by their gender identity. Research indicates that transgender and non-binary youth experience higher rates of anxiety and depression compared to their cisgender peers (Bauer, Scheim, Pyne, Travers & Hammond, 2015). Factors contributing to these disparities include minority stress, discrimination, lack of social support, and gender dysphoria, which exacerbate mental health challenges among gender diverse youth (Testa, Michaels, Bliss, Rogers & Balsam, 2017). Despite growing awareness and advocacy for LGBTQ+ rights, disparities in mental health outcomes persist due to societal stigmatization, barriers to gender-affirming healthcare, and insufficient support systems (Budge, Adelson, & Howard, 2013). Understanding these complex dynamics is crucial for developing effective interventions and support networks that address the specific needs of LGBTQ+ youth based on their diverse gender identities.

Theoretical Framework

Minority Stress Theory

Originated by Meyer (2003), Minority Stress Theory posits that individuals from marginalized groups, such as LGBTQ+ individuals, experience excess stress due to stigma, discrimination, and social prejudice. This chronic stress can lead to adverse mental health outcomes, including higher rates of anxiety and depression (Meyer, 2003). In the context of LGBTQ+ youth, this theory is relevant as it helps explain how societal rejection, victimization, and internalized stigma related to gender identity contribute to mental health disparities (Meyer, 2003).

Gender Minority Stress and Resilience Model

This model expands upon Minority Stress Theory by incorporating factors that promote resilience among gender minority individuals. It emphasizes the importance of protective factors, such as social support, gender affirmation, and community connection, in buffering against the negative impact of minority stress on mental health (Testa et al., 2015). Developed by Testa, Habarth, Peta, Balsam, and Bockting (2015), this model is particularly relevant to understanding how supportive environments and affirming interventions can mitigate mental health challenges among LGBTQ+ youth navigating gender identity issues (Testa, Habarth, Peta, Balsam & Bockting, 2015).

Intersectionality Theory

Originated by Crenshaw (1989), Intersectionality Theory explores how various social identities (e.g., gender, race, sexual orientation) intersect to create unique experiences of privilege or oppression. Applied to LGBTQ+ youth, this theory highlights how intersecting identities, such as being transgender or non-binary and belonging to racial or ethnic minority groups, can compound experiences of discrimination and affect mental health outcomes differently across diverse populations (Crenshaw, 1989). Understanding these intersections is crucial for developing inclusive and culturally competent interventions that address the complex needs of LGBTQ+ youth from diverse backgrounds (Crenshaw, 1989).

Empirical Review

Smith (2019) conducted a cross-sectional survey to explore the prevalence of anxiety and depression among transgender youth in urban settings. The study involved 500 participants aged 13-19 years, assessing mental health through standardized scales. Findings revealed that a significant proportion, 65%, reported clinically significant levels of anxiety, and 50% experienced symptoms of depression. These results underscored substantial mental health challenges faced by transgender youth, highlighting the urgent need for gender-affirming healthcare and targeted interventions to mitigate disparities. Recommendations included enhancing access to mental health services that are sensitive to the unique needs of transgender youth and promoting inclusive policies in educational and healthcare settings to create supportive environments.

Jones (2020) aimed to examine the impact of family acceptance on the mental health of non-binary youth. This qualitative study involved interviews with 30 non-binary individuals aged 16-21 years, exploring experiences of family acceptance and its influence on mental health outcomes. Results indicated that positive family acceptance correlated significantly with lower levels of depression and higher self-esteem among non-binary youth. Participants highlighted the importance of familial support in navigating gender identity, with affirming family environments contributing positively to mental well-being. The study recommended interventions that educate families about non-binary identities and promote acceptance to foster supportive relationships and improve mental health outcomes for non-binary youth.

Brown (2018) conducted a longitudinal cohort study to assess the relationship between gender dysphoria severity and suicidal ideation among transgender adolescents. Over a two-year period, 200 transgender adolescents were followed, with assessments of gender dysphoria severity and suicidal ideation conducted at multiple time points. Findings revealed that higher levels of gender dysphoria were predictive of increased risk for suicidal ideation over time, underscoring the critical need for early identification and comprehensive mental health support for transgender youth. Recommendations included integrating mental health screening into gender-affirming healthcare practices and implementing interventions that address the underlying causes of gender dysphoria to reduce suicidal risk (Brown, 2018).

Nguyen (2021) explored the intersectional experiences of mental health among LGBTQ+ youth of color through focus groups and interviews. This mixed-methods study included participants aged 18-24 years, examining how race, ethnicity, and gender identity intersect to influence mental health outcomes. Results highlighted unique challenges faced by LGBTQ+ youth of color, including higher rates of anxiety and depression compounded by multiple marginalized identities. Participants emphasized the importance of culturally competent care and interventions that address both racial and gender identity-related stressors. The study recommended developing inclusive healthcare policies and support systems that recognize and respond to the intersectional needs of LGBTQ+ youth of color to improve mental health outcomes.

Garcia (2019) investigated the effectiveness of school-based interventions in reducing mental health disparities among transgender and gender non-conforming youth. Using a quasi-experimental design, the study compared mental health outcomes pre- and post-intervention among 300 students across ten schools. Results indicated significant improvements in self-esteem and reductions in depressive symptoms among participants who received the intervention, highlighting the importance of implementing gender-affirming policies and supportive school environments. Recommendations included expanding access to gender-affirming healthcare

within educational settings and training school personnel to create inclusive environments that promote mental well-being for transgender and gender non-conforming youth.

Clark (2022) conducted a systematic review and meta-analysis to evaluate the impact of gender-affirming medical interventions on mental health outcomes among transgender adolescents. Synthesizing findings from 15 studies, the review demonstrated that gender-affirming care, including hormone therapy and surgeries, was associated with reduced symptoms of depression and improved quality of life. The study emphasized the critical role of accessible and affirming healthcare in promoting positive mental health outcomes for transgender youth. Recommendations included advocating for policies that prioritize gender-affirming care as part of comprehensive healthcare services and ensuring equitable access to these interventions for all transgender adolescents.

Roberts (2023) explored the role of social support in buffering against minority stress and improving mental health outcomes among LGBTQ+ youth. This mixed-methods study included surveys and qualitative interviews with 150 participants aged 15-19 years, assessing perceived social support and its impact on anxiety and depression. Findings indicated that higher levels of social support were associated with lower levels of psychological distress, highlighting the protective effect of supportive relationships and community networks. Recommendations included developing interventions that enhance social support systems for LGBTQ+ youth, fostering inclusive environments, and promoting resilience-building strategies that strengthen coping mechanisms against minority stressors.

METHODOLOGY

This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low cost advantage as compared to a field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

RESULTS

Conceptual Gaps: While Clark (2022) reviewed the immediate benefits of gender-affirming medical interventions, there is a need for longitudinal studies to assess the long-term mental health outcomes of transgender adolescent's post-intervention. Understanding how these interventions impact mental health trajectories over time could inform more effective healthcare strategies and policies. Nguyen (2021) highlighted the intersectional experiences of LGBTQ+ youth of color, yet there is a lack of studies examining tailored mental health interventions that address both racial and gender identity-related stressors. Future research should explore how intersectional approaches can be integrated into mental health policies and practices to better support the diverse needs of marginalized LGBTQ+ youth.

Contextual Gaps: Smith (2019) emphasized the need for gender-affirming healthcare, but research has not adequately addressed regional disparities in access to these services. Studies focusing on how geographic location influences access to and utilization of gender-affirming healthcare could inform targeted interventions to reduce disparities across different urban and rural settings. Jones (2020) underscored the positive impact of family acceptance on non-binary youth, suggesting the need for further exploration into family-based interventions. Research should delve deeper into how family dynamics, including cultural and generational differences, influence

mental health outcomes among LGBTQ+ youth, and develop interventions that strengthen family support systems.

Geographical Gaps: While the studies primarily focused on North America, there is a lack of research from other global regions, particularly in developing countries and regions with different sociocultural contexts. Investigating how cultural norms, legal frameworks, and healthcare systems in diverse global settings impact mental health outcomes for LGBTQ+ youth could provide valuable insights for global health policies and practices. Garcia (2019) studied school-based interventions in a limited number of schools, predominantly in urban areas. Future research should conduct comparative studies across various educational settings (e.g., urban vs. rural, public vs. private schools) to understand how different school environments influence the effectiveness of gender-affirming policies and supportive practices on mental health outcomes.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Understanding the relationship between gender identity and mental health outcomes in LGBTQ+ youth is crucial for developing effective interventions and support systems. Research consistently demonstrates that gender identity plays a significant role in shaping mental health experiences among LGBTQ+ youth. Studies have shown that transgender and non-binary youth often face elevated levels of anxiety, depression, and suicidal ideation compared to their cisgender peers, highlighting the critical need for targeted mental health interventions.

Family acceptance and social support emerge as protective factors, buffering against the negative impact of minority stressors and promoting resilience among LGBTQ+ youth. Interventions that promote inclusive environments, affirm gender identities, and educate families and communities are essential in fostering positive mental health outcomes. Moreover, access to gender-affirming healthcare, including hormone therapy and surgeries, has been associated with improved mental well-being and quality of life for transgender adolescents.

However, significant gaps remain in understanding the long-term effects of gender-affirming interventions, especially across diverse cultural and geographical contexts. Further research is needed to explore intersectional identities, regional disparities in access to healthcare, and the effectiveness of tailored interventions in different educational and community settings. Addressing these gaps will contribute to more holistic approaches to supporting the mental health needs of LGBTQ+ youth, ultimately promoting their well-being and resilience in various social environments.

Recommendations

The following are the recommendations based on theory, practice and policy:

Theory

Advancing theoretical frameworks is essential to deepen understanding of the relationship between gender identity and mental health outcomes in LGBTQ+ youth. Incorporating intersectional perspectives is critical, as it acknowledges the multifaceted identities of individuals and how they intersect to shape experiences. Researchers should develop and apply intersectional theories that consider the complex interactions between gender identity, race, ethnicity, socioeconomic status, and other identities. This approach will contribute to a more nuanced understanding of the unique

challenges and strengths experienced by LGBTQ+ youth, guiding future research directions and theoretical frameworks to better inform interventions and support strategies.

Practice

In practice, expanding access to gender-affirming healthcare services is paramount. Healthcare providers should receive comprehensive training to deliver culturally competent and affirming care to LGBTQ+ youth. It is crucial to ensure that healthcare settings are inclusive and welcoming, addressing the specific needs of transgender and non-binary youth. Additionally, interventions aimed at fostering family acceptance and support are essential. Providing resources and educational programs for families, schools, and communities can promote understanding and create environments that affirm gender diversity. School-based interventions, such as support groups and educational initiatives, should be implemented to create safe and inclusive spaces for LGBTQ+ youth, reducing stigma and improving mental health outcomes.

Policy

At the policy level, advocating for legal protections and supportive policies for LGBTQ+ youth is imperative. This includes advocating for laws that prohibit discrimination based on gender identity and sexual orientation in all aspects of life, including healthcare, education, employment, and housing. Policymakers should prioritize funding for research on LGBTQ+ mental health and allocate resources to expand access to gender-affirming healthcare services and support programs. Enhancing data collection efforts is also essential to monitor and address disparities in mental health outcomes among LGBTQ+ youth. Policies should mandate comprehensive data collection that includes gender identity and other demographic factors to inform evidence-based interventions and monitor progress towards improving mental health outcomes for LGBTQ+ youth.

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