The Youth Risk Behavior Surveillance states that The Trevor Project estimated 10.5% of youth aged 13-18 self-identify as LGBTQ+ (Madfreddy, 2021). Out of those LGBTQ+ youth, 22% reported symptoms of generalized anxiety disorder and 62% have reported symptoms of depression (Paley, 2021). Due to the increased prevalence of LGBTQ+ youth with mental illness, there is a need for healthcare providers to intervene, especially with the use of effective coping strategies. However, there is a lack of healthcare professionals who are equipped with the knowledge of the most effective coping strategies for LBGTQ+ youth. This study hopes to explore the different types of coping strategies that have been used for LBGTQ+ youth and find the most effective tools that healthcare professionals can use.

The method for collecting research included primarily using the Pennsylvania State University library database for a search engine. The primary databases included: PubMed, EBSCO, Elsevier, and CINAHL. All research collected was reviewed using the Johns Hopkins appendix tools, G and H; discussing what type of evidence each article falls into, and considering the credentials of authors, who funded the research, and what the limitations of each study were. When searching for studies, the criteria of keywords included “LGBTQ+ adolescent/youth”, “mental illness”, “coping strategies”, “coping methods”, mental health disparity”, “LGBTQ+ mental health”, and “LGBTQ+ youth and anxiety”. The PICOT question was the most important aspect of this study. The PICOT stands for patient, intervention, comparison, and outcome, and sometimes includes time. Our PICOT question states, “to LGBTQ+ adolescents dealing with mental illness such as depression and anxiety, what are the effects of coping strategies compared to heterosexual cisgender adolescents based on the level of their mental health?” The population used is LGBTQ+ Youth, the intervention is coping strategies, the comparison is LGBTQ+ / non-LGBTQ+ youths, and the outcome is measuring mental health. This PICOT question was used to guide the research group to find the answer through research by defining the most important aspects in clinical care.

LGBTQ+ youths suffer from mental health issues disproportionately when compared to their non-LGBTQ+ counterparts. They are nearly three times as likely to report being suicidal, and they report higher levels of stress, anxiety, and depression. 42% of LGBTQ+ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth” (The Trevor Project, 2021). The reasons for LGBTQ+ youth facing these health disparities range from bullying, discrimination, or non-tailored medical care that does not consider their specific stressors, as well as feeling as if they are a burden. “75% of LGBTQ youth reported that they had experienced discrimination based on their sexual orientation or gender identity at least once in their lifetime” (The Trevor Project, 2021). Healthcare providers often fail to recognize signs of distress in LGBTQ+ youths due to screening tools not being tailored to address stressors that are specific to LGBTQ+ patients. There is a toolkit developed by Chaudhuri and colleagues specifically for early mental health intervention in LGBTQ+ youths, and a type of cognitive behavioral therapy, ESTEEM (Effective Skills to Empower Effective Men). Tailored interventions were found to be much more effective for recognizing distress in LGBTQ+ youths. Other interventions that were found to be effective at minimizing stressors in LGBTQ+ youths were social support, social groups such as “Hatch Youth” and “Proud and Empowered”, student straight-gay alliance clubs, policies in schools to promote acceptance, and LGBTQ+ specific training for teachers and medical professionals (Fulginetti et al., 2020).

Due to the positive impact of strategies such as targeted therapy, tailored clinical tools, social support from friends/partners, supportive school policies, social groups like “Hatch Youth” “Proud and Empowered” and student straight-gay alliance clubs, it would likely be very beneficial for many LGBTQ+ youth if these coping strategies were widely implemented. Furthermore, the medical field often stems from a lack of understanding, so LGBTQ+ specific education for healthcare providers could greatly improve clinical experiences for LGBTQ+ youth. LGBTQ+ education for teachers and policies to promote acceptance among students would likely improve discrimination in school settings. Use of screening tools that consider the stressors that are specific to LGBTQ+ youths could aid in earlier recognition and intervention in mental health issues, leading to better treatment outcomes (Fulginetti et al., 2020).