

**POLICYLAB**

RESEARCH AT A GLANCE | FALL 2024

A SYNOPSIS OF EMERGING POLICYLAB RESEARCH

---

# THE ROLE OF FAMILY SUPPORT IN MODERATING MENTAL HEALTH OUTCOMES FOR LGBTQ+ YOUTH IN PRIMARY CARE

## WHAT IS THE PROBLEM:

---

Lesbian, gay, bisexual, transgender, and queer and questioning (LGBTQ+) youth face mental health disparities compared to their cisgender, heterosexual peers.

Research shows LGBTQ+ adolescents have significantly higher rates of depression, anxiety and suicidal ideation. In a large analysis of multiple studies, sexual minority youth were almost three times more likely to report suicidal ideation and attempts compared to their heterosexual peers.<sup>1</sup> Though most LGBTQ+ youth will transition into healthy adults with supportive environments, the 2022 National Survey on LGBTQ Youth Mental Health revealed that 58% of LGBTQ youth reported experiencing symptoms of depression, and 45% had seriously considered attempting suicide in the past year.<sup>2</sup>

Many factors contribute to these disparities, including societal stigma, discrimination and family rejection. Chronic stress from these experiences can lead to adverse mental health outcomes among LGBTQ+ youth.<sup>3</sup> Youth without family and community support are at particular risk. Research found that LGBTQ+ young adults who reported high levels of family rejection during adolescence were over eight times more likely to have attempted suicide and almost six times more likely to experience high levels of depression compared to those with low or no family rejection.<sup>4</sup>

However, studies have shown that support from family members protects youth from these adverse outcomes. Supportive family environments were associated with lower levels of distress and higher levels of mental well-being among LGBTQ+ youth.<sup>5</sup> This body of evidence underscores the importance of family support in promoting mental health equity for LGBTQ+ adolescents. Because adolescents are screened for depression every year in primary care settings, primary care clinicians are on the frontlines of response for mental health concerns. This provides a unique opportunity to intervene with youth and families to positively enhance mental health.

## WHAT WE ASKED:

---

On routine annual depression screenings in primary care, are LGBTQ+ youth more likely to experience depression and suicidal ideation compared to their non-LGBTQ+ peers?

Can we identify and understand the relationship between family support and mental health outcomes of LGBTQ+ adolescents through screening at routine primary care visits?

Does family support protect LGBTQ+ youth from adverse mental health outcomes?

## WHAT WE DID:


---


We conducted a cross-sectional study using data from well-care visits of adolescents aged 13 to 19 across 32 Children’s Hospital of Philadelphia (CHOP) primary care clinics in Pennsylvania and New Jersey. We used data from the electronic health record, including responses to questions about family support from the Adolescent Health Questionnaire (AHQ)—a unique pre-visit electronic screener completed by adolescents at arrival to their well visits at all CHOP Care Network sites—and the Patient Health Questionnaire-9-M (PHQ-9-M), which measures depressive symptoms and past and current suicidal thoughts and attempts.<sup>6</sup> By comparing data on LGBTQ+ and non-LGBTQ+ youth, we aimed to understand the impact of family support on depression and suicidal ideation and explore the protective role of supportive family environments.

## WHAT WE FOUND:

Among the 60,626 adolescents included in our study, 16.4% identified as LGBTQ+.

Compared to their cisgender, heterosexual peers, LGBTQ+ youth presenting for a well-visit experienced:

 **Higher levels of depressive symptoms** as evidenced by higher median PHQ-9-M scores

 **Higher rates of past or current suicidal thoughts:**

*Suicidal ideation of LGBTQ+ youth:*

**15.8%**

*Compared to cisgender, heterosexual peers:*

**3.4%**

*Prior suicide attempts of LGBTQ+ youth:*

**14%**

*Compared to cisgender, heterosexual peers:*

**2.9%**

 **Lower levels of parental support:**

*Felt their parents discussed their strengths:*

**85.9%**

*Compared to peers:*

**92.7%**

*Felt their parents listened to their feelings:*

**79.8%**

*Compared to peers:*

**93.1%**

**Importantly, we found that family support was protective against these adverse mental health outcomes.**

After adjusting for the effects of race, sex, insurance, and other essential patient characteristics in our analyses, we found:



The presence of parental support was associated with significant reductions in both depressive symptoms and suicidal ideation for both LGBTQ+ and cisgender heterosexual youth.



Suicidal thoughts and prior suicide attempts were lower among teens with parental support. The impact was greater for LGBTQ+ youth than cisgender, heterosexual youth.



Having a parent who listened to their feelings was associated with a 3.4-point decrease in PHQ-9-M scores for all youth. This effect was more pronounced among LGBTQ+ youth, suggesting that parental support had a more pronounced protective effect for LGBTQ+ youth.



Adolescents who reported that their parents discussed their strengths or listened to their feelings had lower odds of experiencing depressive symptoms, suicidal thoughts or suicide attempts.

## WHAT IT MEANS:



## STUDY METHODS

This cross-sectional study analyzed data from 60,626 adolescents aged 13 to 19 who attended well-care visits at 32 urban and suburban primary care clinics in Pennsylvania and New Jersey from February 2022 to May 2023. The study utilized two primary instruments: the Patient Health Questionnaire-9 Modified for Teens (PHQ-9-M), which assesses depressive symptoms and suicide risk (scored from 0–27), and the Adolescent Health Questionnaire (AHQ), which gathers information on identity, behaviors and family support. LGBTQ+ status was determined through self-reported responses on the AHQ. Key variables included demographic factors (race, ethnicity, sex, insurance status, language and geographic location) and two measures of family support: parental discussion of adolescent strengths and listening to feelings. Statistical analyses involved mixed-effects linear regression to evaluate the association between LGBTQ+ status and PHQ-9-M scores and logistic regression to assess the odds of suicidal ideation and past suicide attempts. Interaction terms were included to explore the moderating effect of family support on these relationships. The study adhered to The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines for observational studies and received an exemption waiver from CHOP’s Committees for the Protection of Human Subjects.

## RELATED POLICYLAB WORK

Children’s Hospital of Philadelphia, PolicyLab. Understanding the experiences of school nurses in caring for sexual and gender minority youth. Accessed on October 29, 2024. <https://policylab.chop.edu/our-research/pilot-grants/understanding-experiences-school-nurses-caring-sexual-and-gender-minority>.

Children’s Hospital of Philadelphia, PolicyLab. Enhancing treatment and utilization for depression and emergent suicidality (ETUDES) in pediatric primary care. Accessed on October 29, 2024. <https://policylab.chop.edu/project/enhancing-treatment-and-utilization-depression-and-emergent-suicidality-etudes-pediatric>.

## PUBLICATION

DelFerro J, Whelihan J, Min J, et al. The role of family support in moderating mental health outcomes for LGBTQ+ youth in primary care. *JAMA Pediatr*. Published online July 1, 2024. doi:10.1001/jamapediatrics.2024.1956.

## BIBLIOGRAPHY

1. Marshal MP, Dietz LJ, Friedman MS, Stall R, Smith HA, McGinley J, et al. Suicidality and depression disparities between sexual minority and heterosexual youth: a meta-analytic review. *J Adolesc Health*. 2011;49(2):115–23. doi:10.1016/j.jadohealth.2011.02.005.
2. The Trevor Project. 2022 National survey on LGBTQ youth mental health. Accessed on July 30, 2024. <https://www.thetrevorproject.org/survey-2022/>.
3. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull*. 2003;129(5):674–97. doi: 10.1037/0033-2909.129.5.674.
4. Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*. 2009;123(1):346–52. doi: 10.1542/peds.2007-3524.
5. McConnell EA, Birkett M, Mustanski B. Families matter: social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *J Adolesc Health*. 2016;59(6):674–80. doi: 10.1016/j.jadohealth.2016.07.026.
6. Jenssen BP et al. Accelerating innovation in primary care to support adolescent health discussions. *Pediatrics*. July 2024; 154 (1): e2023064285. 10.1542/peds.2023-064285.



The mission of PolicyLab at Children’s Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children’s Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

### PolicyLab

Children’s Hospital of Philadelphia  
2716 South Street  
Roberts Center for Pediatric Research,  
10th Floor  
Philadelphia, PA 19146

PolicyLab@chop.edu  
[policylab.chop.edu](mailto:policylab.chop.edu)

[in](#) [X](#) @PolicyLabCHOP