Review

Why are Australian Sexual Minorities More Susceptible to Experiencing Mental Health Challenges?

DOI: TBA
Received: 25 February 2025
Accepted: 25 March 2025
Published online: 28 May 2025
Open access

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This article explores the mental health disparities faced by sexual minorities, critically examining the structural and social factors that contribute to heightened psychological distress within these communities. Drawing on intersectional and minority stress frameworks, the paper analyses the impact of stigma, discrimination, and systemic barriers on mental well-being.

Despite evolving societal changes toward greater acceptance of sexual minorities, Australian data shows higher susceptibility to mental health challenges among lesbian, gay and bisexual (LGB) people than among heterosexuals (Lyons et al, 2022:522-531). This research aims to explore why Australian sexual minorities are more susceptible to experiencing mental health challenges.

Previous research indicates a significant correlation between being a sexual minority and heightened risk of mental health issues (Bhugra et al, 2022:171-190). LGB individuals experience higher rates of diagnosed mood and anxiety disorders (Heerde et al, 2023:5-11) and anxiety and depression symptoms (Skerret et al, 2016:361-369). Correspondingly a 2016 national survey reports 31% of non-heterosexual respondents had anxiety disorders, 19.2% affective disorders and 8.6% substance abuse disorders (McNair &, Bush, 2016:2). Comparatively, 14.1% of heterosexual respondents had an anxiety disorder, 6.0% an affective disorder and 5.0% a substance abuse disorder (McNair & Bush, 2016:2). Furthermore, a systematic review suggests LGB adults are twice as likely to have attempted suicide than heterosexual adults (King et al, 2008:13). My research intends to extend beyond affirming the link between queer orientation and mental health struggles and instead explore the underlying causal factors.

The term sexual minority inclusively encompasses all sexual identities beyond heterosexuality. The acronym LGB includes Lesbian, Gay, and Bisexual individuals and will be used similarly to refer to all non-heterosexual individuals (Bhugra et al, 2022:171).

Mental health refers to a state of well-being that ranges from experiencing mental well-being to mental ill-health. Mental health challenges refer to the difficulties that negatively impact one's mental well-being, including mental health disorders such as GAD (generalised anxiety disorder) and MDD

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(major depression disorder) (Keller, 2020:228-233).

Social exclusion encompasses the feeling of being socially isolated. It denotes a state of social disadvantage experienced by certain individuals of society frequently stemming from stigmatisation such as in this context, homophobia (King et al, 2008:1-17). Social discrimination describes the prejudicial treatment of people based on characteristics such as sexuality (APS, 2011). Internalised stigma describes the subconscious cognitive dissonance experienced by sexual minorities, whereby an LGB individual adopts negative societal attitudes towards one's own sexual identity (Mclaren, 2016:156-168).

Contemporary literature has been varied in identifying causal factors behind the correlation between sexual minority identity and mental ill health. Main theories associate this correlation to stigma experienced by LGB-identifying individuals (Bhugra, 2022; Frey, 2020; Gmelin et al, 2022; Kidd et at, 2016; King et al, 2008; Lyons et al, 2022; Swannel et al, 2016). Social stigma encapsulates a wide range of experiences many of which have been linked to higher rates of mental illness including social exclusion (Hill et al, 2020; King et al, 2008; Lyons et al, 2022), and social discrimination (Lyons et al, 2022; McNair and Bush, 2016; Swannel et al, 2016).

Social Exclusion can have profound negative impacts on the mental well-being of sexual minorities, contributing to a lack of social support and feelings of isolation and loneliness (Hill et al, 2020; King et al, 2008; Lyons et al, 2022). Hill et al, (2020) found that social exclusion is a significant factor in the higher rates of mental health challenges among sexual minorities. They found that two-fifths of participants in their national survey reported experiencing social exclusion, due to their sexual orientation or gender identity in the past 12 months (p. 14). This research however combines the results of sexually queer and gender queer samples. This skews the results as my research aims to focus solely on sexual minorities rather than gender-diverse individuals as this grouping is not homogenous and individuals' experiences vary significantly, therefore separating results may be of higher benefit.

Congruently Lyons et al, (2022) found there to be increased suicidal ideation amongst those who felt treated unfairly or socially excluded based on their sexual orientation (p. 524). They also identify social discrimination, another significant component of social stigma to be a possible causal factor. Their research found that 64.5% of lesbian-identifying individuals, 51.2% of gay-identifying individuals and 53.5% of Bisexual identifying individuals felt that they were treated unfairly due to sexual orientation in the past 12 months. (p. 526) This research sample however may not be entirely representative of all LGB adults in Australia as participants were largely recruited via paid Facebook advertising.

Mcnair and Bush (2016) found that experiencing discrimination or judgement was consistently the most common reason behind individuals not seeking mental health help (p. 11). Whether or not people can access help impacts their mental well-being, therefore discrimination acts as both a catalyst of mental ill health and a barrier to accessing help for said ill health. Their study found that discrimination/ judgement acted as the barrier to accessing mental health help in 63.7% of lesbians, 76.5% of queer women and 65.5% of bisexual women (p. 13). Their results study focuses specifically on same-sex attracted women and the results are not transferable leaving room for further research. Additionally, they used a convenience

sample which is not representative of all same-sex attracted women.

Other theories attribute these mental illness rates to internalized stigma experienced by LGB individuals rather than the external experiences of stigma from others. (Mclaren, 2016; Skerrett et al, 2016; Swannel et al, 2016). Mclaren, (2016) found that in gay men higher levels of internalized homophobia correspond with higher levels of depressive symptoms, with the two (internalized homophobia and depression symptoms) accounting for 46% of the variance in suicidal ideation scores (p. 161). In bisexual women however internalized homophobia was not a substantial factor in suicidal ideation, rather here depressive symptoms were a more significant factor in explaining suicidal ideation scores (p. 165). In Lesbians' higher levels of internalized homophobia were connected to higher levels of suicidal ideation, only in the case of lesbians with average-high levels of depressive symptoms (p. 163). Lesbians with low levels of depressive symptoms showed no connection between internalized homophobia and suicidal ideation (p. 163). Suggesting that in the case of lesbians, the impact of internalized homophobia on suicidal ideation is dependent on the level of depressive symptoms they are experiencing

This research however was based on participants recruited at LGB events. Sexual minorities who attend prominent LGB events likely experience lower levels of internalised homophobia, depressive symptoms, and suicidal ideation. Therefore, the results cannot be generalised to include sexual minorities who do not participate in LGB events.

Nonetheless, this study has been supported by a few other studies that also feature comparable results Skerrett et al, 2016 also found that suicide attempt rates were higher in those who experienced internalised homophobia. However, this cannot be definitively linked as a causal factor due to the nature of the research. Additionally, their research featured a relatively small sample size of suicide attempt cases.

Much of this is conceptualised through the minority stress model Meyer, (2003) that posits external distal stressors such as experiences of prejudice, rejection, discrimination, or stigma as well as internal proximal stressors such as internalised homophobia, perceived stigma contribute to chronically elevated social stress amongst sexual minorities (lea et al, 2014 p. 1572). It is suggested that it is this which therefore contributes to mental health issues for sexual minorities.

Despite its many commendable attributes, the Minority Stress model contains limitations that should be considered. For one it treats the LGBTQ+ community as a homogenous group. When there are variations in how different sexual orientations and gender identities experience and respond to minority stress. It is crucial to recognize this heterogeneity to facilitate a more nuanced understanding of the relationship between minority stress and mental health. Furthermore, it assumes the relationship between minority stress and mental health outcomes to be directly causational, however, there are many complexities behind why it is more challenging to establish causality. For example, mental health issues can also influence one's perception of stressors making it difficult to identify which factor is the cause and which is the consequence. Additionally, certain stressors in the model are difficult to measure accurately. For instance, regarding internalized homophobia, self-report measures could be subject

to social desirability bias.

Whilst this previous literature has significantly advanced our understanding of mental health stressors and LGB identity there are numerous knowledge gaps that my research aims to fill.

Existing literature consistently highlights a correlation between sexual minority identity and mental health challenges. However, it does not delve deeply enough into causation. Furthermore, whilst social stigma and discrimination theories are discussed, there's limited exploration of other potential contributing factors for example access to mental health services. Additionally internalized stigma as a causal factor has been heavily under-researched due to the many complexities surrounding data of that nature.

My research intends to bridge this gap through a combination of qualitative interviews, expert opinion, and quantitative analysis. My research recognizes the need for deeper exploration regarding contributing factors to mental health disparities amongst sexual minorities. My research will consider variables such as access to mental health services. By combining diverse research methods and cross-country analysis my research will fill in existing knowledge gaps to provide a more holistic and nuanced understanding of sexual minority identity and mental health challenges.

Through qualitative interviews with 20-30 LGB individuals aged 18-55 from diverse backgrounds in Australia, this study will gain insight into LGB experiences. Participants will be asked about their encounters with mental health as sexual minorities. Professional perspectives will arise from interviews with psychologists and mental health specialists, particularly those focusing on queer issues. A quasi-control group of heterosexual participants will also be applied for further comparison.

Furthermore, surveys targeting individuals aged 18-55 both LGB-identifying and non-identifying will provide a basis for comparison and include dichotomous response options for clarity in analysis. Additionally, quantitative analysis will assess mental illness rates among sexual minorities and heterosexual individuals to further prevent potential incorrect generalizations. Finally, a cross-country analysis will compare Australia's results with relevant data from other countries, highlighting similarities and disparities.

Overall, existing research is unable to pinpoint any one causal factor behind why mental illness rates are higher among sexual minorities. Whilst a link between mental health rates and LGB identity has been discovered, direct causal factors have been widely understudied potential factors may include experienced social stigma, exclusion, discrimination, and internalized stigma. However further research must be done to delve into the intricacies of LGB experiences. Further research is imperative to ascertain exactly why these rates are occurring, as to be able to develop effective strategies to address the mental health needs of LGB individuals.

1. APS, 2011. Gay and Lesbian Issues and Psychology. Gay and Lesbian Issues and Psychology.
2. Bhugra, D, Killaspy, H, Kar, A, Levin, S, Chumakov, E, Rogoza, D, ... Ventriglio, A 2022, 'IRP commission: sexual minorities and mental health: global perspectives', International Review of Psychiatry, vol. 34, no. 3-4, pp. 171–199.
3. Frey, JJ 2020, 'Multidimensional Stigma and the Mental Health of Sexual Minority Adults', ProQuest Dissertations Publishing.
4. Gmelin, J-OH, De Vries, YA, Baams, L, Aguilar-Gaxiola, S, Alonso, J, Borges, G, ... de Jonge, P 2022, 'Increased risks for mental disorders among LGB individuals: cross-national evidence from the World Mental Health Surveys', Social Psychiatry and Psychiatric Epidemiology, vol. 57, no. 11, pp. 2319–2332.
5. Heerde, JA, Merrin, GJ, Le, VT, Toumbourou, JW & Bailey, JA 2023, 'Health of Young Adults Experiencing Social Marginalization and Vulnerability: A Cross-National Longitudinal Study', International Journal of Environmental Research and Public Health, vol. 20, no. 3, p. 1-14.
6. Hill, A., Bourne, A., McNair, R., Carman, M. and Lyons, A., 2020. Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. p 108- 112

7. Keller, S., 2020. What does mental health have to do with well-being?. Bioethics, 34(3), pp.228-234.
8. Kidd, SA, Howison, M, Pilling, M, Ross, LE & McKenzie, K 2016, 'Severe Mental Illness in LGBT Populations: A Scoping Review', Psychiatric Services , vol. 67, no. 7, pp. 779–783.
9. King, M, Semlyen, J, Tai, SS, Killaspy, H, Osborn, D, Popelyuk, D & Nazareth, I 2008, 'A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people', BMC Psychiatry, vol. 8, no. 1, pp. 70–70.
10. Lea, T, de Wit, J & Reynolds, R 2014, 'Minority Stress in Lesbian, Gay, and Bisexual Young Adults in Australia: Associations with Psychological Distress, Suicidality, and Substance Use', Archives of Sexual Behavior, vol. 43, no. 8, pp. 1571–1578.
11. Lyons, A, Hill, AO, McNair, R, Carman, M, Morris, S & Bourne, A 2022, 'Demographic and psychosocial factors associated with recent suicidal ideation and suicide attempts among lesbian, gay, bisexual, pansexual, queer, and asexual (LGBQ) people in Australia: Correlates of suicidality among LGBQ Australians', Journal of Affective Disorders, vol. 296, pp. 522–531.
12. Meyer, IH 2003, 'Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence', Psychological Bulletin, vol. 129, no. 5, pp. 674–697.
13. McLaren, S 2016, 'The Interrelations Between Internalized Homophobia, Depressive Symptoms, and Suicidal Ideation Among Australian Gay Men, Lesbians, and Bisexual Women', Journal of Homosexuality, vol. 63, no. 2, pp. 156–168.
14. McNair, RP & Bush, R 2016, 'Mental health help seeking patterns and associations among Australian same sex attracted women, trans and gender diverse people: a survey-based study', BMC Psychiatry, vol. 16, no. 1, pp. 209–209.
15. Skerrett, DM, Kõlves, K & De Leo, D 2016, 'Factors Related to Suicide in LGBT Populations', Crisis : the Journal of Crisis Intervention and Suicide Prevention, vol. 37, no. 5, pp. 361–369.
16. Swannell, S, Martin, G & Page, A 2016, 'Suicidal ideation, suicide attempts and non-suicidal self-injury among lesbian, gay, bisexual and heterosexual adults: Findings from an Australian national study', Australian and New Zealand Journal of Psychiatry, vol. 50, no. 2, pp. 145–153.
17. Totenhagen, CJ, Randall, AK & Lloyd, K 2018, 'Stress and Relationship Functioning in Same-Sex Couples: The Vulnerabilities of Internalized Homophobia and Outness', Family Relations, vol. 67, no. 3, pp. 399–413.