

Finally, a recent study conceptualized gay-related rejection sensitivity as an indicator of psychological functioning (Pachankis et al. 2008): In a sample of adult gay men, experiences of parental sexual orientation–related rejection was a strong predictor of gay-related rejection sensitivity, especially among those who reported high levels of internalized homophobia. Results of another study of black, Hispanic, LGB, and female adults' responses to biased-based discrimination show that those who fail to acknowledge discrimination, or who avoid discussing discriminatory experiences, are more likely to have psychiatric disorders (McLaughlin et al. 2010). Although these studies were conducted with adults (and in one case was limited to gay men), results point to the potential of clinical interventions that focus on analysis of the meanings and experiences associated with stigma-related rejection. Thus, this emerging body of research identifies several psychological mechanisms that may be strategic constructs to address in clinical settings with LGBT youth.

**Approaches to treatment**—A small number of studies have begun to test treatment approaches that address the specific mental health needs of LGBT populations, including youth. First, although not specific to clinical treatment per se, one study directly asked LGB adolescents with clinically significant depressive and suicidal symptoms to describe the causes of their psychological distress (Diamond et al. 2011). Interviews with 10 youth identified family rejection of sexual orientation, extrafamilial LGB-related victimization, and non-LGB-related negative family life events as the most common causes of psychological distress. Most adolescents in the study also reported social support from at least one family member and from peers or other adults. Several clinically relevant considerations emerged from the interviews, including youths' wishes that parents were more accepting, and a willingness to participate in family therapy with their parents.

The clinical literature also includes a number of case studies (e.g., Walsh & Hope 2010), as well as investigations of promising approaches for clinical intervention. For example, a study of 77 gay male college students showed that young gay men's psychosocial functioning (including openness with their sexual orientation) was improved through expressive writing that targeted gay-related stress, especially for those who reported lower social support or who wrote about more severe topics (Pachankis & Goldfried 2010).

A new study by Pachankis and colleagues (2015) reports on the first randomized clinical control trial to assess the efficacy of an adapted cognitive-behavioral therapy (CBT) approach with young adult gay and bisexual men. The 10-session CBT-based intervention (called Effective Skills to Empower Effective Men, or ESTEEM) focused on stigma-related stressors. Participants reported decreases in depressive symptoms and alcohol use six months after treatment. Notably, the treatment also reduced sensitivity to rejection, internalized homophobia, and rumination, and increased emotional regulation, perceived social support, and assertiveness. The results are exciting and offer the potential for adaptation for women and for LGBT youth.

The research on the critical role of parental rejection and acceptance in LGBT youth mental health (Ryan et al. 2009, 2010) has led to recommendations to educate and engage parents and family in interventions that affirm their LGBT identities (Subst. Abuse Ment. Health

Serv. Admin. 2014). Diamond and colleagues (2012) presented preliminary results from the first empirically tested family-based treatment designed specifically for suicidal LGB adolescents. The treatment was based on an adaptation of attachment-based family therapy that included time for parents to process feelings regarding their child's sexual orientation and raise awareness of their undermining responses to their child's sexual orientation. Significant decreases in suicidal ideation and depressive symptoms among adolescent participants coupled with high levels of retention demonstrated the success of this approach to treating LGB adolescents and their families.

In summary, few empirical studies have tested clinical approaches to improving the mental health of LGBT youth. However, the small number of existing studies are grounded in the current literature on risk and protective factors as well as psychological mechanisms implicated in minority stress, and they represent an important basis for future clinical research and practice.

## CONCLUSIONS AND NEXT STEPS

Much has been learned in the past decade to advance understanding of LGBT youth mental health. Societal changes have led to legal, policy, and structural changes, most of which will ultimately improve the lives and mental health of LGBT youth. But structural change takes time, and in the interim, individual LGBT youth need support and care in order to thrive. There have been important advances in theoretical understandings of LGBT lives, most notably through the framework of minority stress. These advances, and associated empirical research on key mechanisms and processes, point to the relevance of approaches that directly address and interrogate minority stress in the lives of youth and how minority stress processes affect youth well-being. At the same time, given the magnitude of mental health problems experienced by LGBT youth, it is alarming that there are so few empirically supported approaches for working with LGBT youth across a variety of settings, ranging from schools and CBOs to clinical treatment.

There have been extraordinary changes in public understanding and acceptance of LGBT people and issues, and significant advances have been made in scientific understanding of LGBT youth mental health. At the same time, critical gaps in knowledge continue to prevent the most effective policies, programs, and clinical care from addressing mental health for LGBT young people. We have outlined strategies at multiple levels for which there is encouraging evidence and which provide the basis for action. As scholars and clinicians continue work to identify strategies at multiple levels to address LGBT youth mental health—from policy to clinical practice—the existing research already provides a basis for action: Across fields and professions, everyone can be advocates for the legal, policy, program, and clinical changes that promise to improve mental health for LGBT youth.

## Glossary

**LGBT** lesbian, gay, bisexual, and transgender; some scholars include Q to refer to queer or questioning