



Gender and Sexual Minority Youth Mental Health Crisis: What Should the Education Sector Do?

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Background



- Research worldwide suggests gender and sexual minority youth have poorer mental health than their cisgender/heterosexual peers
- The minority stress model explains that this disparity results from:
 - Additional negative incidents (discrimination, violence)
 - Fear of further rejection, leading to nondisclosure and self-loathing
 - Access to social support may also be limited, exacerbating the situation
- Save the Children Thailand, Thammasat University, and Srinakharinwirot University conducted a study in 2022 on gender and sexual minority youth (age 15-24 years) mental health in Thailand
- The findings are used as the basis of recommendations for the educational sector

Data sources





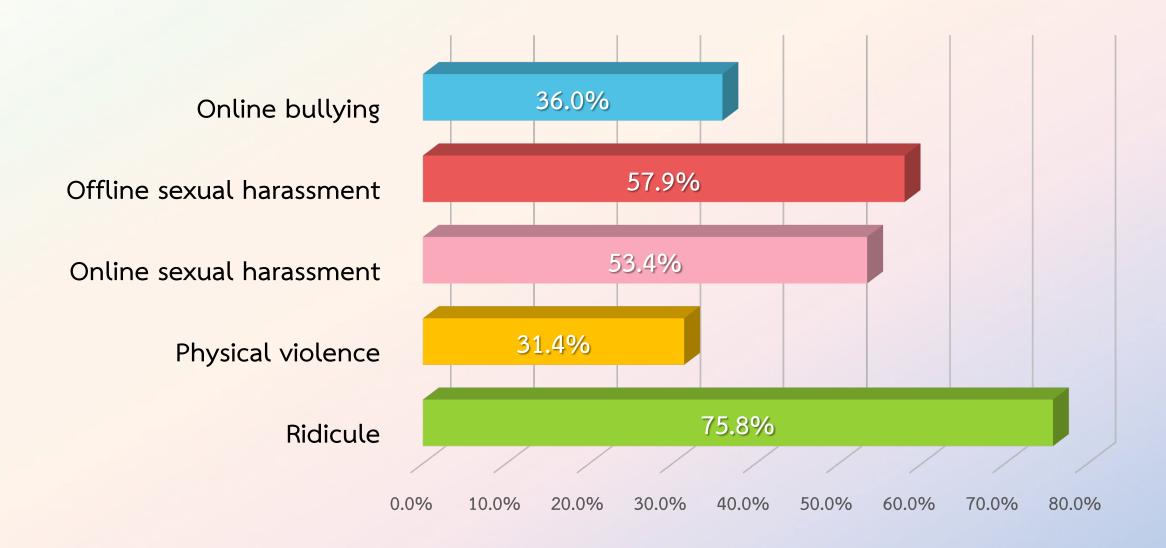
Online survey with 3,094 participants



38 online interviews

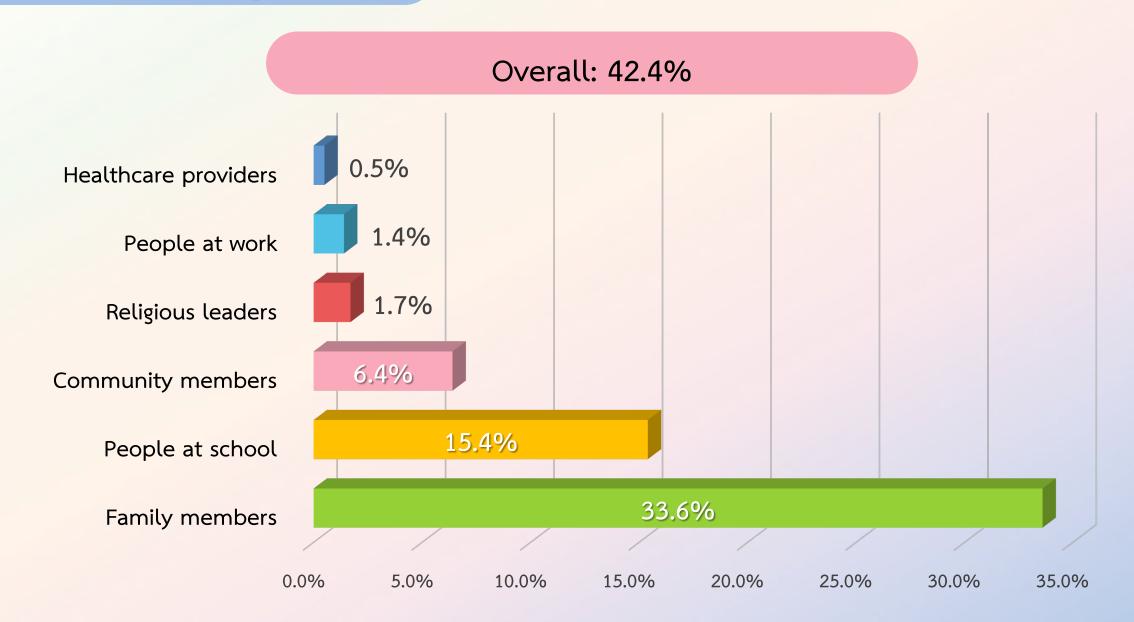
Victimization, past 1 year





Forced SOGI change efforts



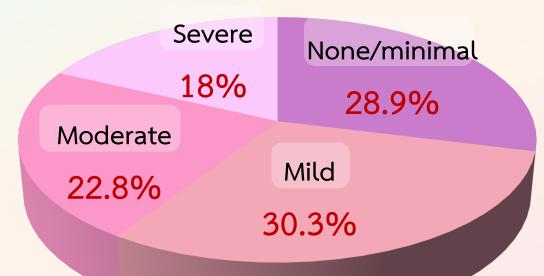


Depression & anxiety symptoms



Depression (9Q)

Anxiety (GAD-7)

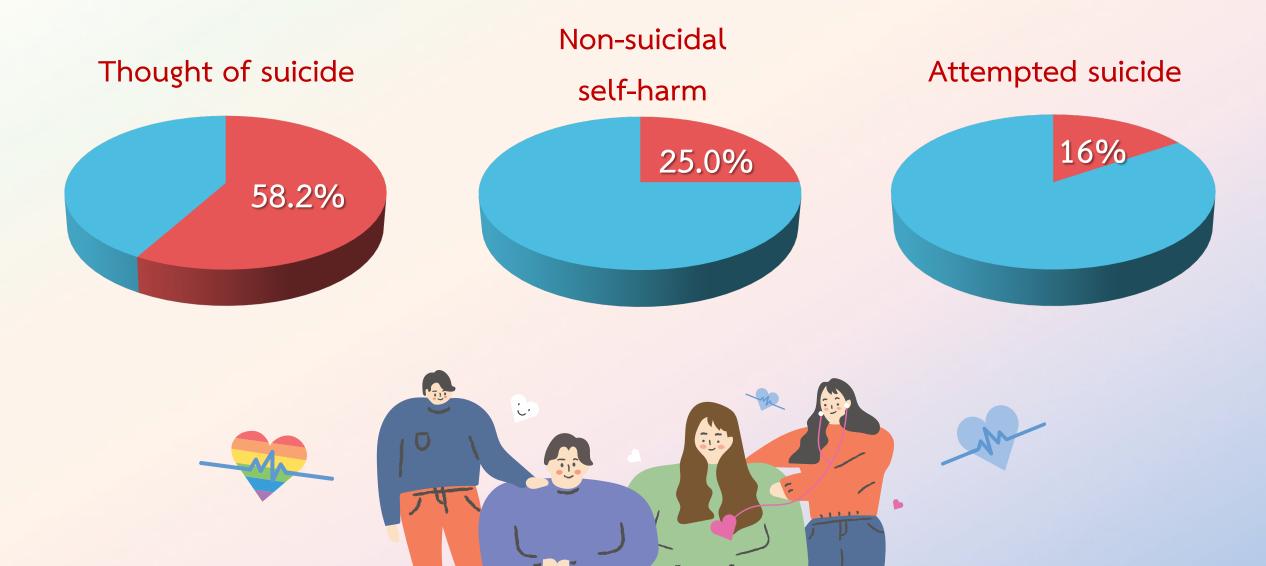


Severe None/minimal 21.1% 21.8% Moderate Mild 33.6%



Suicidality and self-harm (past 12 months)







Risk & protective factors of anxiety and depression



Risk factors

- Number of types of violence in past year
- Forced SOGI change efforts
- Lifetime discrimination contexts
- Female sex assigned at birth

Protective factors

- Resilience
- Sufficient income for daily needs
- Higher age (only affected anxiety)





Risk & protective factors of suicidality & self-harm



Risk factors

- Number of types of violence in past year
- Lifetime discrimination contexts (only affected self-harm)
- Female sex assigned at birth

Protective factors

- Resilience
- Higher age (only affected thoughts of suicide and self-harm)





Factors influencing resilience



Reduce resilience

- Number of types of violence in past year
- Lifetime discrimination contexts



Increase resilience

- Social support
- Outness (ability to disclose identity)
- Sufficient income for daily needs





Use and outcomes of mental health services





Felt they needed mental health services in past 1 year



Used mental health services



Felt better as a result

Felt that provider understood and respected their SOGI



Key findings



- Gender and sexual minority youth in Thailand have very high rates of anxiety, depression, suicidality, and self-harm
- 2. Being a victim of violence, being discriminated against, forced SOGI change efforts, and insufficient income negatively impact mental health



- 3. Social support leads to higher resilience, which then protects mental health
- 4. Over a half felt they needed mental health services, but only 20% used them
- 5. The majority of those who did use MH services felt better as a result.







What should the education sector do?



Reduce risk factors

- Introduce whole-school anti-bullying measures
- Eliminate discrimination
- Gender-neutral approach
- Increase SOGIESC contents in curriculum/teaching
- Train staff on these issues

Increase social support, enhance resilience

- Build informal support mechanisms
- Teach students about sources of support
- Build understanding about resilience and social support among students

Increase access to mental health services

- Establish school-based mental health services
- Build connections with outside service providers
- Teach students and inform parents on how to access mental health services



Link to the study report



https://rb.gy/ogiz6h



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