

The Influence of Minority Stress on Depression among Thai Lesbian, Gay, Bisexual, and Transgender Adults

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Abstract : Depression is a leading cause of the worldwide burden of disability and disease burden. Notably, lesbian, gay, bisexual, and transgender (LGBT) populations are more likely to be a high-risk group for depression compared to their heterosexual and cisgender counterparts. To date, little is known about the rates and predictors of depression among Thai LGBT populations. As such, the purpose of this study was to: 1) measure the prevalence of depression among a diverse sample of Thai LGBT adults and 2) determine the influence of minority stress variables (discrimination, victimization, internalized homophobia, and identity concealment), general stress (stress and loneliness), and coping strategies (problem-focused, avoidance, and seeking social support) on depression outcomes. This study was guided by the Minority Stress Model (MSM). The MSM posits that elevated rates of mental health problems among LGBT populations stem from increased exposures to social stigma due to their membership in a stigmatized minority group. Social stigma, including discrimination and violence, represents unique sources of stress for LGBT individuals and have a direct impact on mental health. This study was conducted as part of a larger descriptive study of mental health among Thai LGBT adults. Standardized measures consistent with the MSM were selected and translated into the Thai language by a panel of LGBT experts using the forward and backward translation technique. The psychometric properties of translated instruments were tested and acceptable (Cronbach's alpha > .8 and Content Validity Index = 1). Study participants were recruited using convenience and snowball sampling methods. Self-administered survey data were collected via an online survey and via in-person data collection conducted at a leading Thai LGBT organization. Descriptive statistics and multivariate analyses using multiple linear regression models were conducted to analyze study data. The mean age of participants (n = 411) was 29.5 years (S.D. = 7.4). Participants were primarily male (90.5%), homosexual (79.3%), and cisgender (76.6%). The mean score for depression of study participant was 9.46 (SD = 8.43). Forty-three percent of LGBT participants reported clinically significant levels of depression as measured by the Beck Depression Inventory. In multivariate models, the combined influence of demographic, stress, coping, and minority stressors explained 47.2% of the variance in depression scores ($F(16,367) = 20.48, p < .001$). Minority stressors independently associated with depression included discrimination ($\beta = .43, p < .01$) victimization ($\beta = 1.53, p < .05$), and identity concealment ($\beta = -.54, p < .05$). In addition, stress ($\beta = .81, p < .001$), history of a chronic disease ($\beta = 1.20, p < .05$), and coping strategies (problem-focused coping $\beta = -1.88, p < .01$, seeking social support $\beta = -1.12, p < .05$, and avoidance coping $\beta = 2.85, p < .001$) predicted depression scores. The study outcomes emphasized that minority stressors uniquely contributed to depression levels among Thai LGBT participants over and above typical non-minority stressors. Study findings have important implications for nursing practice and the development of intervention research.

Keywords : depression, LGBT, minority stress, sexual and gender minority, Thailand

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