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Literature Review

There is a strong relationship between sexual orientation and mental health that can be seen in a review of previous literature. Sexual minorities are overwhelmingly shown to have elevated rates of mental health concerns. This relationship needs to be explored to gain a better understanding of how to support this at-risk population. The mental health of LGBT populations at religious universities has not been sufficiently examined in previous research.

Rates of depression and anxiety, which have been shown to be reliable indicators of mental health, are typically between 5-15% in the general population.^[1] High levels of religiosity have consistently been found to predict lower levels of depression and anxiety.^[2] However, sexual minority students have been found to have significantly higher levels of depression and anxiety than their heterosexual counterparts.^[3] In particular, sexual minority students at religious institutions are at elevated risk levels for clinical mental health concerns. LGBT students with SDA background have been shown to have high levels of suicidal ideation.^[4]

Research literature suggests that bisexual students may be at the greatest risk for clinical mental health problems.^[5] Gay and lesbian students often have an established support group, even in religious environments. Bisexual students may not be benefitting from this support as much as gay or lesbian students because of the relative unfamiliarity and cultural non-acceptance of bisexuality. These bisexual students may be seen as unable to commit to one sexual preference on a binary scale, and might therefore be alienated from both sides. This subgroup may be more alienated than the gay or lesbian students, and should therefore show the highest rates of mental health problems.

Hypothesis

Bisexual students will have higher rates of depression and anxiety than heterosexuals.

Methodology

Data from the AU Health Risk Survey (N=558) was used for our analysis. This study was IRB approved and conducted in the spring of 2018 on the campus of Andrews University. The surveys were administered by trained proctors during designated class periods. Students had the option to take either a pencil and paper copy or a computerized version of the survey, which almost all students chose. Sexual orientation was determined from self-report in the demographic section. Depression and anxiety levels were determined using DASS-21 ($\alpha=0.93$) items included in the survey. These items were then evaluated on the depression ($\alpha=0.88$) and anxiety ($\alpha=0.82$) scales.

Results

Levels 3-5 of the DASS, which correspond to moderate, severe, and extremely severe, were considered to represent clinically significant levels of depression and anxiety.

22.4% of heterosexuals reported moderate to extremely severe depression ($p=.000$), whereas 64% of bisexuals were in levels 3-5. Similarly, bisexuals showed much higher rates of anxiety. 56% of bisexuals reported moderate to extremely severe anxiety ($p=.000$), whereas only 16.9% of heterosexuals were in levels 3-5. Bisexual students showed around three times the rates of depression and anxiety that heterosexual students reported.

The data was further analyzed using an odds ratio analysis. Bisexual students were 6.147 times as likely to be depressed and 6.249 times as likely to have anxiety as heterosexual students. This difference in mental health is clinically significant for the bisexual population.

Table I - Sexual Orientation and DASS Levels

DASS Levels	Heterosexual n=527	Bisexual n=24
Depression 3	11.6%	24.0%
Depression 4	4.9%	12.0%
Depression 5	5.9%	28.0%
Anxiety 3	7.6%	16.0%
Anxiety 4	3.8%	12.0%
Anxiety 5	5.5%	28.0%

Table II – Depression and Anxiety Odds Ratios

	OR	Sig	C.I.
Depression	6.147	P=.000	2.648-14.266
Anxiety	6.249	P=.000	2.747-14.216

Discussion

Bisexuals appear to have much higher rates of depression and anxiety than heterosexuals. This may be a result of social marginalization from several different groups. Heterosexuals may not understand bisexuality and in turn dismiss the needs of a group they don't understand. Gay or lesbian students may be less inclined to support the bisexual population because they see them as "on the fence" about their sexuality or unwilling to commit to being a part of a stigmatized group. Many religions prohibit the practice of bisexuality or any other non-heterosexual orientation. Sense of belonging plays a major role in determining mental health levels.^[6] Bisexual students may feel marginalized because of less well defined sexual orientation.^[5]

There needs to be a greater awareness of these mental health issues on university campuses. Systems of support must be in place and readily available to combat depression and anxiety. These support systems can range from on-campus counseling services and endorsed third party intervention to organized support groups and awareness campaigns. Acknowledgement and support of LGBT populations on university campuses is a crucial first step to accepting sexual minority students and taking responsibility for the mental health of all students. LGBT students often have greater mental health needs than heterosexual students. It is important to communicate tolerance and show understanding to these students.

References

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