



Sexual Orientation, Gender Identity, and Mental Health

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Adolescence is a period of sexual and gender identities (SOGI) exploration. Increasingly, the labels sexual and gender minority adolescents use to describe their SOGI are changing.¹ Emerging labels reflecting the depth and breadth of SOGI complexity include pansexual, asexual, nonbinary, and gender fluid, which are often not captured in standard questionnaires. Furthermore, studies suggest that individuals using emerging labels may be at higher risk for health disparities than those using traditional labels.²

This week in *Pediatrics*, we are early releasing an article by Gower et al from the University of Minnesota entitled, “Sexual and Gender Identity, Bullying and Depression” ([10.1542/peds.2021-053000](https://doi.org/10.1542/peds.2021-053000)). The authors evaluated data from the 2019 Minnesota Student Survey of 124,778 students in 8th, 9th, and 11th grades to estimate the prevalence of SOGI and examine how experiences of bias-based bullying and depressive symptoms vary.

For sexual identity, 9.4% of high school participants identified as lesbian, gay, bisexual, queer, or pansexual with 2.1% unsure of their sexual identity and 8.4% not identifying with any of the response options provided. For gender identity, 1.4% of 8th, 9th, and 11th graders identified as transgender, genderqueer, or gender fluid with 1.7% unsure of the gender identity. Rates of depressive symptoms were highest among students identifying as female and pansexual compared to other sexual orientations, and those identifying as female and nonbinary or transmasculine compared to other gender orientations.

What implications does this study have for practicing pediatricians? The authors recommend clinicians familiarize themselves with the range of SOGI with which youth identify and screen for associated high risk mental health conditions, such as depressive symptoms and bullying. In addition, the authors suggest

accurate measurement of SOGI to include diverse response options on surveys to document prevalence and identify and monitor health disparities. Consider reviewing this study; if you aren't asking adolescents about their SOGI, this article might prompt you to do so.

References:

1. Watson RJ, Wheldon CW, Puhl RM. Evidence of Diverse Identities in a Large National Sample of Sexual and Gender Minority Adolescents. *J Res Adolesc.* 2020;30(S2):431-442.
2. Smalley KB, Warren JC, Barefoot KN. Differences in health risk behaviors across understudied LGBT subgroups. *Heal Psychol.* 2016;35(2):103-114.

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