

A Qualitative Review of Mental Health Challenges in the LGBTQ+ Population

Anandita¹, Dr. Sachin Datt², Dr. Himadri Shekhar Dey³

¹PhD in Psychology, Sushant University, Gurugram, Haryana, India
Email: [aggarwalanandita4\[at\]gmail.com](mailto:aggarwalanandita4@gmail.com)

²Associate Professor, School of Design, Sushant University
Email: [sachindatt\[at\]sushantuniversity.edu.in](mailto:sachindatt@sushantuniversity.edu.in)

³Associate Professor, Department of Planning, School of Art and Architecture, Sushant University
Email: [himadridey\[at\]sushantuniversity.edu.in](mailto:himadridey[at]sushantuniversity.edu.in)

Abstract: *The purpose of this literature qualitative review was to investigate the challenges that the LGBTQ+ population faces in terms of mental health. The stigma, prejudice, familial rejection, social isolation, and absence of accessible mental health resources that LGBTQ+ people face contribute to their greater rates of psychological distress when contrasted with cisgender and heterosexual counterparts. Understanding these obstacles and how they affect the mental health of LGBTQ+ people was the overarching goal of this research. All of the secondary data included in the study came from indexed journals. The study used a qualitative review technique. To better understand the mental health challenges faced by LGBTQ+ communities, we combed through the relevant literature in search of commonalities and redundancies. The study's results showed that LGBTQ+ people still face discrimination and stigma, which leads to mental health issues including anxiety, sadness, poor self-esteem, and discomfort. Additional risk factors for mental health issues include rejection at home, bullying at work, bias in the workplace, and social isolation. Findings from the research highlight the challenges that LGBTQ+ persons have when trying to get culturally appropriate and affirming mental health treatment. These challenges stem from a shortage of educated clinicians, fear of judgement, and limited specialised resources. Also, the research brought attention to the significance of resilience, peer support, chosen families, inclusive communities, and minority stress in fostering mental health. Research shows that LGBTQ+ people need more than just mental health services to help them cope with mental health issues; society as a whole needs to make certain changes. To break down obstacles and advance equality, we need awareness campaigns, professional training, and inclusive policies. Dignity, health, and social justice can only be achieved if LGBTQ+ people have access to mental health services, according to the research.*

Keywords: LGBTQ+, mental health, stigma, discrimination, barriers, minority stress, counseling services, resilience, social support, psychological well-being

1. Introduction

A person's mental health affects their general well-being since it controls their thoughts, emotions, relationships, and ability to deal with stress. Positive mental health results are available to certain communities but not others. People who identify as Lesbian, Gay, Bisexual, Transgender, Queer, or part of another sexual or gender minority group (LGBTQ+) face a number of societal and structural obstacles that cause them more psychological discomfort than the general population. According to the National Academies of Sciences, Engineering, and Medicine (2020), the LGBTQ+ community faces obstacles like as discrimination, marginalisation, stigma, and a lack of affirming support systems, rather than actual LGBTQ+ identities. According to the minority stress model one of the most influential theoretical frameworks for understanding these differences LGBTQ+ people endure persistent stress due to prejudice, victimisation, rejection, and the threat of persecution. Depression, anxiety, drug abuse, suicidal thoughts, and diminished psychological health may all result from prolonged exposure to stress (Grigoreva & Szaszko, 2024). Bullying, familial rejection, employment discrimination, and hostility in public places are just a few of the everyday situations that LGBTQ+ individuals face. These things add up and have a severe influence on their mental health.

A further big obstacle is that mental health treatments are not easily accessible or inclusive. There is a significant shortage of culturally competent, nonjudgmental healthcare providers and therapists who are also well-versed in issues related to gender identity and sexual orientation, according to many members of the LGBTQ+ community. According to Gonzálves et al. (2024), many people avoid getting professional care because they are afraid of being misunderstood, pathologised, or discriminated against. Transgender and non-binary people experience discrimination, rejection of gender-affirming healthcare, and other forms of identity validation that make this situation much more acute for them. Serious barriers to mental wellbeing can include rejection from family and community. Despite the fact that having accepting friends, family, and religious or cultural groups is beneficial to mental health, many people who identify as LGBTQ+ experience rejection from these sources. According to Shaikh et al. (2024), when young people experience rejection, it might cause them to feel isolated, internalise guilt, become homeless, and experience more psychological suffering. Adolescents who identify as LGBTQ+ have unique challenges as they navigate hostile situations while still developing their sense of self, self-esteem, and coping mechanisms.

These hurdles are made much more severe by intersectionality. It is very uncommon for members of LGBTQ+ communities to face many types of discrimination

at once, especially if they are members of racial, ethnic, religious, handicapped, or economically marginalized groups. A decline in mental health outcomes, a rise in mistrust of healthcare institutions, and restrictions on access to safe treatment are all possible results of these intersecting oppressions (Guy-Evans, 2025).

1.2 Background of the study

In recent decades, there has been a push to better understand the mental health needs of marginalised groups, with a focus on the LGBTQ+ community and other sexual and gender minority groups. Persistent prejudice and stigmatisation against LGBTQ+ identities have their roots in the pathologization of these identities within psychiatric and medical systems. The mental health of LGBTQ+ individuals is still negatively impacted by the unique psychosocial challenges they encounter, even though there has been progress in terms of social acceptance and legal recognition in many parts of the world (National Academies of Sciences, Engineering, and Medicine, 2020). Depression, anxiety, drug abuse, and thoughts of suicide are more common among LGBTQ+ groups than among heterosexual and cisgender people, according to research. Disparities like this are more often attributed to exogenous factors than to LGBTQ+ identities themselves. A negative social environment characterised by stigma, prejudice, and discrimination may have a negative impact on a person's mental health, according to the minority stress hypothesis (Meyer, 2003). The importance of this paradigm in comprehending the mental experiences of LGBTQ+ persons and how social institutions contribute to the development of mental health inequalities cannot be overstated.

There are significant institutional and systemic obstacles to mental health treatment, which is a major factor in these inequalities. Healthcare systems that do not understand or respect LGBTQ+ people's cultural backgrounds, sexual orientations, or gender identities are a common experience for LGBTQ+ people. There is a risk of stigma, incorrect diagnosis, or identity invalidation among LGBTQ+ people since many mental health providers lack the training to handle their unique needs. This might lead people to put off or even avoid getting treatment for their mental health issues, which can make them worse (Gonçalves et al., 2024). There are a lot of social and interpersonal dynamics at play, in addition to the institutional hurdles. Many LGBTQ+ people, particularly in their teenage and young adult years, have described being victims of bullying, social isolation, peer victimisation, and familial rejection. Internalised stigma, poor self-esteem, and prolonged psychological suffering may be outcomes of such traumatic events. In addition, LGBTQ+ people are generally marginalised and have less possibilities for social support and acceptance due to cultural standards that are based on inflexible gender roles and heteronormativity (Shaikh et al., 2024).

Mental health hurdles faced by the LGBTQ+ community may be better understood via the lens of intersectionality. Many people experience worse forms of discrimination when they are members of more than one oppressed group, such as those who are disadvantaged due to their colour, ethnicity, social position, or handicap. Researchers and interventionists must

take a more holistic and inclusive approach since people with multiple identities face greater obstacles to receiving mental health treatment and have lower psychological outcomes (Guy-Evans, 2025).

1.3 Scope of the Study

The current research aims to catalogue the challenges that members of the LGBTQ+ community encounter in maintaining mental health. The article delves into mental health concerns including low mood, anxious thoughts, stress, and even thoughts of suicide that may stem from social exclusion, prejudice, and stigma (National Academies of Sciences, Engineering, and Medicine, 2020). Gonçalves et al. (2024) note that there is a dearth of qualified individuals who comprehend LGBTQ+ issues, as well as a lack of inclusive healthcare and the fear of judgement that comes with it. These factors are among the obstacles that the research examines in relation to mental health services accessibility.

In addition, it takes into account the effects on mental health of societal exclusion, bullying, discrimination at work, and familial rejection (Shaikh et al., 2024). When it comes to comprehending the need for positive and supportive mental health treatment for LGBTQ+ persons, the research is applicable in both international and Indian settings.

1.4 Problem Statement

There has been progress in raising awareness and passing legislation, but the LGBTQ+ community still faces major mental health issues as a result of prejudice, discrimination, and societal rejection. Having limited access to mental health therapies that are both inclusive and culturally competent just makes these problems worse. Seeking timely psychological treatment is difficult for many LGBTQ+ persons due to factors including fear of judgement, bad healthcare experiences in the past, and a lack of qualified experts (Gonçalves et al., 2024). Depression, anxiety, and thoughts of suicide are more common among LGBTQ+ people, and they are more likely to have experienced familial rejection, bullying, discrimination in the job, and social isolation (Shaikh et al., 2024). The prevalence of mental health difficulties in this group is well-known, but less is known about the unique obstacles that people face when trying to get treatment or just maintain a healthy lifestyle, especially in culturally diverse settings like India. Consequently, the purpose of this research is to identify the most significant obstacles to LGBTQ+ mental health and to learn how these obstacles affect the mental health of this community. In order to decrease inequities and increase overall mental health among this marginalised population, the project seeks to address the need for mental health treatments that are more inclusive, accessible, and affirming.

2. Literature Review

The goal of this research is to find out what kinds of problems LGBTQ+ people have while trying to get mental health treatment. Despite the fact that the LGBTQ+ population encounters several obstacles, including trauma and prejudice, which substantially impact their mental health, there is a dearth of LGBTQ+ specialised mental health services,

making this study all the more important. The lack of resources has made it such that only 12.6% of mental health facilities provide LGBTQ+ comprehensive treatment. Furthermore, only 13% of the LGBTQ+ community uses LGBTQ+ specialized mental health clinics, and this is mostly attributable to the fact that the tiny number of LGBTQ+ programs offered by mental health institutions are not accessible in every city or area. Using a mixed-methods research strategy, this exploratory study sought to understand how LGBTQ+ people see mental health services. The qualitative part of the research included asking specific questions about people's experiences with mental health treatment in in-depth interviews with LGBTQ+ people. The researcher was able to better understand the LGBTQ+ community's demands by using thematic analysis to interview replies. The quantitative part of the study included analysing trends in the LGBTQ+ community's mental health needs by analysing extra survey questions using descriptive statistics (Nunez-Rivera, 2023)

This chapter gives a brief overview of the problems with intimate partner violence (IPV) and the obstacles that the LGBTQ+ community faces when trying to get help for this issue. Throughout history, members of the LGBTQ+ community have endured many forms of violence and discrimination. The problem was made worse by the persistent stigmatisation and prejudice experienced in sectors including human services, education, housing, and the workplace. People in general and healthcare professionals in particular often fail to grasp the unique challenges faced by transgender persons. The word "transgender" encompasses a wide range of people whose lived experiences with gender do not align with their biological sex. Because of their history of persecution and widespread misunderstanding, members of the LGBTQ+ community face extreme stigma. Throughout history, members of the LGBTQ+ community have endured many forms of violence and discrimination (Laskey, 20219)

In this research, 808 LGBTQ+ teenagers from the US were interviewed using a fixed, embedded mixed methods approach. Individuals took part in the study by reporting and providing qualitative comments on their encounters with mental health services. Fewer than half of the LGBTQ+ youth in our sample reported having easy access to mental health services when they needed them. Adolescents spoke about their experiences with doctors engaging in unethical therapeutic techniques, how they were prevented from seeking treatment due to parents' and practical concerns, and how they hid their identities from providers due to fear and distrust. Additionally, after receiving treatment, youth reported experiencing mixed emotions of validation and invalidation. The advice that the kids gave were around being LGBTQ+ competent, respecting the identities and sovereignty of the young, and making care easily available. Drawing on adolescent feedback and existing research, this report offers policymakers, organisations, providers, and carers some suggestions. Parents were given advice on how to talk to their kids about mental health, therapists were given tips on how to be more culturally competent when dealing with LGBTQ+ youth, and lawmakers were given advice on how to increase the availability of affirming care through legislation and community involvement (Szkody, 2025)

The researchers in this mixed-methods study used a functional-to-communicative spectrum to code 250 free-form replies. Subcategories and linkages between barrier groups were uncovered by the codes, shedding insight on the manner in which sexual and gender minorities face mental health care difficulties that are operationalised in unique ways and cross categories. A hybrid category (i.e., providers, bureaucracy) was identified when organising the barriers to LGBTQ+ mental health care access along a continuum that includes both functional (i.e., time, money, transportation) and communicative (i.e., stigma, trust) factors. At the heart of this complex network of limitations is the fact that many mental health care difficulties are impacted by a lack of access to qualified mental health professionals who can provide affirming and suitable treatment. There may be a "ripple effect" that reduces interrelated mental health care obstacles throughout the LGBTQ+ spectrum if training for mental health care workers is prioritised on LGBTQ+ specific capabilities (Crawford, 2023)

There are substantial gaps in the mental health of the LGBTQ community and that of heterosexual and cisgender people, making this a pressing issue in public health. Pervasive societal stigma, discrimination, and structural hurdles to affirming healthcare amplify the already high incidence of mental health issues among this population, including depression, anxiety, suicidality, and drug use disorders, according to empirical findings. Minority stress theory explains how LGBTQ people experience psychological suffering due to internalised and external stresses throughout time. For transgender and homeless kids in particular, these difficulties are exacerbated in India by institutional, societal, and family forms of rejection. To reduce negative mental health outcomes, the essay stresses the critical importance of welcoming communities, accepting individuals as they are, providing mental health care that is sensitive to cultural norms, and enacting protective regulations. Additionally, it emphasises the need of support networks that promote resilience and social empowerment, such as peer mentorship, inclusive programs in schools, and pride celebrations. While progress in legislation and increased awareness have helped lessen discrimination, there is still a long way to go before we can achieve truly inclusive mental health treatment for all. In addition to promoting social fairness and public health, this extensive research highlights the critical need of treating LGBTQ mental health for individual well-being (Kharani, 2025)

Those who identify as lesbian, gay, bisexual, transgender, intersex, queer, or part of a minority gender identity and sexuality (LGBTIQ+) face discrimination and stigma in health care settings, which compounds the negative mental health effects and unmet needs experienced by this population. Mental health clinicians must take structural issues into account and work to alleviate them if this demographic is to see a decrease in mental health disparities. The purpose of this narrative study was to examine the experiences of the LGBTIQ+ community in order to identify potential obstacles to and solutions for obtaining healthcare. From December 2021 to February 2022, publications were sought for in PubMed, PsycInfo, Embase, and Scopus. First, unmet mental health needs; second, youth; third, substance misuse and addiction; fourth, obstacles and routes to

treatment; and fifth, interventions were the five main topics covered by the 107 articles that made it into the final count. The results show that members of the LGBTIQ+ community face discrimination, greater rates of drug abuse and mental illness, and less individualised treatments. These factors may make it harder for them to get the medical care they need. These results have important ramifications for the organization of specialised services, health care screening, and legislation. Mental health care professionals may help LGBTIQ+ persons retain resilience by addressing societal concerns that perpetuate discriminatory and stigmatising behaviours. However, there are substantial gaps in the evidence-base that need to be filled (Silveri, 2022)

The strengths and specific struggles with mental health that the LGBTQ+ population encounters are the subject of this research review. For this review, we used PRISMA, which stands for "Preferred Reporting Items for Systematic Reviews and Meta-analysis," to find, select, evaluate, and synthesise evidence. To filter out studies that didn't meet our criteria, we followed the SPIDER protocol. For this study, researchers rated the level of confidence in evidence about the specific mental health issues faced by the LGBTQ+ group and the variables that contribute to their resilience using the GRADE framework. The first round of article searches used electronic databases such as Web of Science, Google Scholar, ProQuest, and PubMed, with a restriction on English-language publications. Each study's potential for bias was evaluated using the Cochrane risk of bias assessment method. There was an evaluation of potential sources of bias in the studies that were considered. These sources of bias included issues with randomisation, interventions that did not follow the planned protocol, missing outcome data, measurement errors, result selection bias, and overall bias, which reflected the studies' overall risk of bias. This systematic review took into account a qualitative synthesis of findings (Alnaher, 2024)

The purpose of this research was to compile the most recent and relevant data about LGBTQ+ older persons' perspectives, experiences, and mental health care needs and concerns. Studies using qualitative, quantitative, and mixed-methods approaches were used to carry out a narrative evaluation and critical assessment. Sociological Abstracts, PsycINFO, MEDLINE, and CINAHL were among the resources searched systematically. For this study, we looked at scholarly articles published in English-language journals from all around the world that were published between 1995 and 2019. Studies required to include LGBTQ+ older adults with a history of mental illness in order to be included. The systematic review included fourteen publications that fulfilled the inclusion criteria. After the important results were synthesised using narrative analysis, they were arranged into main themes and ideas. The research uncovered four main points: challenges with LGBTQ+ identification, factors that put people at risk, ways to cope and be resilient, and resources for help and support. In sum, the study draws attention to critical concerns about mental health that need to be thought about when creating and providing LGBTQ+ older persons with mental health assistance and guidance networks that are inclusive, responsive, and suitable (McCann, 2019)

Those living in semi-rural areas have obstacles when trying to get mental health treatment that affirms their identity. Few

studies have examined the specific challenges faced by LGBTQ+ populations, as well as their specific needs and experiences. These elements, such as the potential buffering effect of community connections, have not been well investigated. Focus groups with LGBTQ+ adults and kids from a semi-rural area made up this qualitative research. Community and mental health provider experiences were the centers of six overarching themes and sixteen underlying subthemes revealed by the thematic analysis. There may be further challenges for LGBTQ+ persons living in semi-rural areas to get affirming healthcare and to establish the supporting community networks they need (Bettergarcia, 2022)

This research set out to uncover what LGBT+ college students face when trying to get mental health services, as well as what helps and what hinders them from doing so. Two hundred and forty-four LGBT+ students, ranging in age from eighteen to twenty-three, from a Chilean university took part. Researchers used theme content analysis to sift through data collected from individual semi-structured interviews. There are a number of factors that determine whether or not LGBT+ students seek mental health care; some of these factors are directly associated with LGBT+ difficulties, such as the fear of prejudice or the difficulty in gaining access to specialist services. Access to safe and affirming treatment was significantly connected to the perceived efficacy of services. Compared to their cisgender classmates, transgender pupils reported greater difficulties in obtaining aid and more unfavourable encounters with experts. Students' favourable impressions of the university's stance on LGBT+ issues were associated with their views of the mental health facilities as welcoming environments for LGBT+ students. In order to improve mental health service accessibility and to draft policies that support affirmative treatment for LGBT+ individuals, it is helpful to understand the variables that either encourage or discourage this demographic from seeking assistance and to characterise their experiences with the services they use (Crockett, 2022)

Individuals who identify as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ+) and who are also members of a racial minority (people of colour) experience heightened levels of prejudice and stigma, making it more difficult for them to navigate daily life. In this article, we will look at how some of the disparities within this double-minority group are leading to trends like (1) higher rates of mental health disorders, (2) higher percentages of medical illnesses overall, including higher rates of HIV, (3) higher rates of substance use disorders, and (4) higher rates of violence. There is a dearth of material that specifically addresses this double-minority demographic; much of what is available focuses on either LGBTQ+ or racial/ethnic minority communities. There has to be more study on the effects of discrimination, prejudice, and stigma on communities that are double-minority, as well as ways to reduce the social, physical, and mental health inequalities that affect these groups (Arlee, 2019)

3. Methodology

3.1 Introduction

The research methodology for the current study, titled "Mental Health Barriers Faced by LGBTQ+ Population," is detailed in this chapter. By analysing previously published works, this qualitative review-based research hopes to provide light on the challenges faced by LGBTQ+ people in the area of mental health. Since there was no attempt at collecting original data or doing statistical analysis, the technique is based on a summary and analysis of similar research that have already been published.

3.2 Research Design

This investigation makes use of a qualitative review methodology. This layout works well as it makes use of previous studies to provide light on institutional, social, and psychological problems. This research does not utilise quantitative methods or test hypotheses; rather, it draws on a variety of academic sources to fill gaps in our understanding of LGBTQ+ people's lived experiences with issues including discrimination, stigma, lack of support, as well as obstacles to mental health treatment.

3.3 Nature of the Study

This research aims to describe and investigate a certain topic. Its goal is to identify the many mental health obstacles faced by LGBTQ+ communities and to investigate the causes of these difficulties. Additionally, it seeks to comprehend the ways in which prior research has elucidated the realities faced by LGBTQ+ persons in relation to mental health issues, care accessibility, familial acceptance, and methods of coping.

3.4 Sources of Data

Secondary data is the only basis for this investigation. The data was culled from a variety of credible online sources, including scholarly journals, books, government reports, non-governmental organization (NGO) publications, and databases including Google Scholar, PubMed, PsycINFO, and ResearchGate. To provide a broader picture of the subject, research from across the world were evaluated alongside those from the United States.

3.5 Selection of Literature

The selection of literature for the study was based on how relevant it was to the subject at hand. Research on LGBTQ+ mental health issues, including stigma, discrimination, minority stress, familial rejection, resilience, and support systems, as well as on the availability of counselling and therapy services, was considered for inclusion in the review. To make sure it was fair and thorough, we included both contemporary and classic research.

3.6 Method of Data Collection

A comprehensive literature study was used to gather data. Using terms like LGBTQ+ mental health, minority stress, obstacles to mental health treatment, LGBTQ+

discrimination, and access to counselling, we were able to locate relevant research. To have a better understanding of common results and reoccurring concerns, the chosen studies were thoroughly reviewed, summarised, and compared after pertinent materials were identified.

3.7 Method of Data Presentation

There was no use of numerical or statistical methods in this study because it is qualitative in character. Stigma and discrimination, insufficient inclusive mental health resources, rejection from family and friends, social isolation, minority stress, healthcare hurdles, and resilience were some of the overarching themes that guided the organization and presentation of the data. Common patterns observed across numerous research may be better understood with the aid of this theme presentation.

3.8 Ethical Considerations

There were no actual human subjects used in the research since it relies only on secondary data. Consequently, it was not necessary to get informed permission. However, the research remained ethical by only employing legitimate sources, properly citing and referencing them, and never plagiarising.

4. Discussion

4.1 Introduction

The current research set out to do just that by conducting a thorough qualitative literature analysis on the topic of mental health challenges experienced by the LGBTQ+ community. Psychological distress is far more common among LGBTQ+ people than among heterosexual and cisgender people, according to the research that were examined. Negative social experiences including stigma, prejudice, exclusion, rejection, and uneven access to supporting resources, rather than sexual orientation or gender identity, are the root cause of these mental health inequalities. This section reviews the relevant literature, explains the study's key results, and emphasises the implications for mental health treatment and social inclusion in general.

4.2 Stigma and Discrimination as Major Barriers

Stigma and prejudice continue to be major obstacles impacting the psychological well-being of LGBTQ+ people, according to one of the most notable conclusions drawn from the published research. Unfortunately, discrimination is still an issue for many people in our community in many settings, including homes, schools, jobs, hospitals, and the general public. When people have negative views about people who identify with other genders or sexual orientations, it may make them feel unsafe, ashamed, and isolated. Depression, anxiety, poor self-esteem, and emotional discomfort are some of the long-term psychological effects that might result from experiencing prejudice on several occasions. A lot of people suffer from self-stigma and identity crisis because they internalise harmful social messages. Enhancing the mental health outcomes of LGBTQ+ communities requires a

concerted effort to decrease stigma and increase societal acceptance, according to the research.

4.3 Lack of Inclusive Mental Health Services

The scarcity of affirming and inclusive mental health treatments is another prominent topic that emerged from the research that were examined. Psychologists, counsellors, and psychiatrists who have received training on gender and sexuality diversity are often hard to come by, according to many LGBTQ+ people. Mental health providers are not immune to prejudice, offensive language, or the failure to identify issues pertaining to patients' identities. Consequently, a lot of LGBTQ+ people have bad experiences and are hesitant to get assistance or stop therapy. Because of the potential lack of access to specialised care, this issue is more acute in less developed or rural regions. A chasm opens up between LGBTQ+ people's mental health needs and the resources that can meet those needs due to a lack of culturally appropriate treatment. Hence, mental healthcare systems need require LGBTQ+ affirming practices and professional training.

4.4 Family Rejection and Social Isolation

The negative consequences of social isolation and familial rejection are also highlighted in the research that was evaluated. Particularly in the transition from childhood to adulthood, having a loving and accepting family is essential to mental health. Unfortunately, many members of the LGBTQ+ community encounter hostility, judgement, or the need to conceal their identities from those closest to them.

Trauma, psychological suffering, homelessness, doubt about one's identity, and loneliness are common outcomes of rejection. People often find themselves cut off from crucial social and financial networks. Suicidal ideation, despair, and anxiety are all exacerbated by a lack of social support. However, research shows that having a social support system of caring loved ones and friends may greatly enhance mental health results.

4.5 Minority Stress and Mental Health Outcomes

The minority stress framework, which consists of several evaluated research, provides an explanation for the chronic stress that members of sexual and gender minorities endure as a result of living in stigmatising situations. People who identify as LGBTQ+ often face discrimination, harassment, fear of rejection, and the need to hide their identities. Emotional and psychological well-being are impacted adversely by these persistent stresses over an extended period of time.

Substance abuse, depression, anxiety disorders, self-harm, and suicide thoughts are more common among LGBTQ+ people, according to the literature analysed for this research. Rather than being tied to identity, these consequences are highly associated with unwelcoming social contexts. This discovery emphasises the significance of societal change, not the pathologising of LGBTQ+ identities.

4.6 Intersectionality and Diverse Experiences

The literature emphasises a crucial point: the LGBTQ+ community is diverse. Age, gender identity, ethnicity, socioeconomic background, religion, and geography all have a role in shaping one's experiences. People who are already members of several oppressed groups may face much more prejudice and more difficulty accessing mental health services. One example is the disparity in healthcare prejudice between cisgender people and transgender people. Bullying and familial rejection are challenges that LGBTQ+ kids may encounter, while older LGBTQ+ persons may feel invisible and lonely. Similarly, compared to city dwellers, folks in rural regions could have less access to social services. Hence, mental health treatments should be inclusive of the wide range of experiences held by the LGBTQ+ community.

5. Conclusion

The current research aimed to better understand the LGBTQ+ community's mental health challenges by conducting a qualitative literature review. It is clear from the research that were evaluated that LGBTQ+ people face several societal, institutional, and psychological obstacles that have a detrimental impact on their mental health. Stigma, discrimination, prejudice, rejection, and unfair treatment in society are the main causes of these difficulties, rather than LGBTQ+ identities.

The survey found that prejudice and social stigma are still the biggest problems when it comes to people's mental health. In many parts of life, including homes, schools, jobs, and healthcare facilities, LGBTQ+ people encounter bigotry and prejudice. Insomnia, anxiety, poor self-esteem, emotional pain, and isolation are common outcomes of such events. Loneliness, trauma, and thoughts of suicide are more common among LGBTQ+ kids, who are already at a higher risk due to familial rejection and non-acceptance. Additionally, many LGBTQ+ individuals still have limited access to mental health care, according to the survey. Fear of judgement, bad healthcare experiences in the past, a lack of specialised resources, and an absence of qualified and affirming mental health specialists are some of the reasons why people avoid getting treatment when they need it. Because of these obstacles, the LGBTQ+ community's mental health needs are unmet and there is a severe lack of resources to help.

The fact that the LGBTQ+ community has a wide range of lived experiences is another key conclusion. Different mental health requirements may be exacerbated by factors such as age, gender identity, caste, race, class, handicap, and location of residence, among others. Hence, mental health therapies need to take intersectionality and individual variations into account; a one-size-fits-all approach won't work. Simultaneously, the report emphasises the strength of LGBTQ+ people. Support from peers, chosen families, advocacy organisations, community networks, and self-acceptance are ways that many members of the community cope. When it comes to building emotional resilience and mental health, these support systems are crucial.

Finally, the research highlights how critical it is to provide LGBTQ+ communities with mental health treatments that are

welcoming, easy to access, and affirming. The mental health field needs more LGBTQ+ affirmative care training, and lawmakers need to pass anti-discrimination legislation, launch awareness campaigns, and establish healthcare policies that are welcoming to the LGBTQ+ community. Everyone in society has a responsibility to do their part to ensure that the LGBTQ+ community is able to live in peace and safety.

References

- [1] Alnaher, S., Wolthusen, R., Khan, F. A., & Zeshan, M. (2024). An exploration of unique mental health challenges and resilience factors within the LGBTQ+ community: a systematic review. *Journal of Sociology, Psychology & Religious Studies*, 6(3), 10-26.
- [2] Arlee, L., Cowperthwaite, R., & Ostermeyer, B. K. (2019). Facing stigma and discrimination as both a racial and a sexual minority member of the LGBTQ+ community. *Psychiatric Annals*, 49(10), 441-445.
- [3] Bettergarcia, J., Wedell, E., Shrewsbury, A. M., & Thomson, B. R. (2022). "There's a stopgap in the conversation": LGBTQ+ mental health care and community connection in a semi-rural county. *Journal of Gay & Lesbian Mental Health*, 26(1), 48-75.
- [4] Crawford, R. P., & Schuller, K. (2023). Functional, communicative, and hybrid barriers to accessing mental health care in LGBTQ+ communities. *Psychology & Sexuality*, 14(3), 513-527.
- [5] Crockett, M. A., Martínez, V., & Caviedes, P. (2022). Barriers and facilitators to mental health help-seeking and experiences with service use among LGBT+ university students in Chile. *International Journal of Environmental Research and Public Health*, 19(24), 16520.
- [6] Gonçalves, C. C., Waters, Z., Quirk, S. E., Haddad, P. M., Lin, A., Williams, L. J., & Yung, A. R. (2024). Barriers and facilitators to mental health treatment access and engagement for LGBTQ+ people with psychosis: A scoping review protocol. *Systematic Reviews*, 13, Article 126. <https://link.springer.com/article/10.1186/s13643-024-02566-5>
- [7] Grigoreva, D., & Szaszko, B. (2024). Minority stress and psychological well-being in queer populations. *Scientific Reports*, 14, Article 27084. <https://www.nature.com/articles/s41598-024-78545-6>
- [8] Guy-Evans, O. (2025). LGBTQ+ people of color face widespread barriers in mental healthcare. *Simply Psychology*. <https://www.simplypsychology.org/lgbtq-people-of-color-face-widespread-barriers-in-mental-healthcare.html>
- [9] Kharani, S. U. (2025). LGBTQ+ Mental Health: Barriers, Risks, and Protective Factors. *Indian Journal of Social Sciences and Literature Studies*, 11(2).
- [10] Laskey, P., & Bolam, L. T. (2019). Barriers to support in LGBTQ+ populations. In *Intimate Partner Violence* (pp. 73-86). Routledge.
- [11] McCann, E., & Brown, M. J. (2019). The mental health needs and concerns of older people who identify as LGBTQ+: A narrative review of the international evidence. *Journal of Advanced Nursing*, 75(12), 3390-3403.
- [12] Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. <https://doi.org/10.1037/0033-2909.129.5.674>
- [13] National Academies of Sciences, Engineering, and Medicine. (2020). *Understanding the well-being of LGBTQ+ populations*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK566065/>
- [14] Nunez-Rivera, S. (2023). BARRIERS AND CHALLENGES THAT LGBTQ+ INDIVIDUALS FACE WHEN ACQUIRING MENTAL HEALTH CARE SERVICES.
- [15] Shaikh, A., Kamble, P., Daulatabad, V., Singhal, A., Madhusudhan, U., & John, N. A. (2024). Mental health challenges within the LGBTQ community: A societal imperative. *Journal of Family Medicine and Primary Care*, 13(9), 3529-3535. <https://pubmed.ncbi.nlm.nih.gov/39464965/>
- [16] Silveri, G., Schimmenti, S., Prina, E., Gios, L., Mirandola, M., Converti, M., ... & Italian Working Group on LGBTQI Mental Health. (2022). Barriers in care pathways and unmet mental health needs in LGBTQ+ communities. *International review of psychiatry*, 34(3-4), 215-229.
- [17] Szkody, E., Sotomayor, I., Hobaica, S., Jans, L., Lopez, C., Pinder, J., & Schleider, J. L. (2025). Barriers to Mental Health Support and Recommendations for Improvement From the Perspectives of LGBTQ+ Youth. *Journal of Adolescent Health*.