Evidence-Based Analysis of Mental Health Challenges Among LGBTQ+ Youths

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Abstract

This research entitled "Evidence-Based Analysis of Mental Health Challenges Among LGBTQ+ Youths" studied the definitions of mental health problems, definitions and key components of protective factors, and prevention guidelines to resolve mental health problems among LGBTQ+ youths. This qualitative study involved focus groups with LGBTQ+ youths and expert interviews. A semi-structured interview was used as the research instrument. Data were subjected to content analysis, with data reliability assessed using triangulation. Results revealed that mental health status problems among LGBTQ+ youths included stress, anxiety, and depression. The characteristics of mental health problems among LGBTQ+ youths and heterosexuals were similar. The key components of protective factors of mental health problems among LGBTQ+ youths included resilience, self-esteem, and positive psychology. Prevention guidelines of mental health status problems among LGBTQ+ youths should consist of knowledge transfer through various attractive activities to increase skills that can be utilized in their daily lives. In conclusion, this study aims to understand mental health problems, protective factors, and guidelines for care in LGBTQ+ youths through direct research with them. Furthermore, the research shows findings have interesting implications for developing interventions for preventing mental health problems among LGBTQ+ youths with special needs.

Keywords: LGBTQ+ youths, Psychological well-being, Emotional wellness, Sexual minorities, Gender diversity

Introduction

Human rights are a key tool to create social justice as part of the necessary development to search for a good life free from insurgencies, violence, and conflicts in society (Mongkhonsuebsakul, 2019). In Thailand, LGBTQ+ people have not yet been widely enough accepted to live their lives happily; they still undergo sexual orientation problems, leading to difficulties in study and work and problems of access to wellness care. These obstacles impact their mental, physical, and intellectual states to lead a normal social life (Tinnam et al., 2020).

A report by the Department of Mental Health in Thailand stated that 14.6% of youths aged between 11 and 19 enrolled for mental health counseling (Department of Mental Health, 2019). Generally, youths 15-19 years old suffer from mental health problems (Davison et al., 2015). LGBTQ+ people experience greater mental health problems than heterosexuals (Marshal et al., 2013). The most common mental health problems found in LGBTQ+ were stress, anxiety, and depression (Hall, 2018; Witcomb et al., 2019). Thus, mental health problems experienced by LGBTQ+ youths aged between 15 and 19 should be focused on and solved.

Mental health problems in LGBTQ+ youths can result from victimization such as rejection, bullying, discrimination, stigma, and social exclusion from their families, teachers, or friends (Hall, 2018; Witcomb et al., 2019) Previous studies found that resilience, self-esteem, and positive psychology can reduce mental health status problems in LGBTQ+ individuals (Hall, 2018; Smith et al., 2017). Practicing positive psychology can improve self-esteem and resilience (Wang & Kong, 2020). This research educated of protective factors for mental health problems among LGBTQ+ youths that included the resilience scale based on the concept of Grotberg (1995), the self-esteem scale based on the concept of Coopersmith (1981), and the positive psychology scale based on the concept of Seligman (2011)

Many studies have addressed LGBTQ+ youths, but the knowledge and availability of primary care systems in Thailand do not meet the needs of LGBTQ+ youths. Furthermore, the study of protective factors for mental health problems, such as resilience, self-esteem, and positive psychology, are psychological variables whose definitions and components vary depending on the educational context. No research has been conducted to define the meaning and components of protective factors for mental health problems in the context of LGBTQ+ youth in Thailand. As a result, if existing definitions and components of protective factors for mental health problems are applied, they may be incompatible with the context of LGBTQ+ children because the contexts of LGBTQ+ and cisgender youths differ. Therefore, this research studied the definitions of mental health problems, the definitions and key components of protective factors, and prevention guidelines of mental health problems according to the direct viewpoints of LGBTQ+ youths and experts in LGBTQ+ to obtain specific data that met the context of LGBTQ+ individuals. Guidelines for precise development of life quality for LGBTQ+ youths are required to fill the research lacuna and address the causes of mental health status problems among LGBTQ+ youths.

Research objectives

To study the definitions of mental health problems, the definitions and key components of protective factors, and provide tailored prevention guidelines to resolve mental health problems among LGBTQ+ youths.

Methodology

This research is part of the development of a psychoeducation program for mental health among LGBTQ+ youths, which consists of three phases. This research will focus on Phase 1: To study the definitions of mental health problems, the definitions and key components of protective factors, and present prevention guidelines to resolve mental health problems among LGBTQ+ youths.

This study used qualitative research to formulate the definitions of mental health problems, the definitions and key components of protective factors, and prevention guidelines to resolve mental health problems among LGBTQ+ youths.

Participants

The key informants were divided into two groups as LGBTQ+ youths and experts in LGBTQ+. Participants in each sample group were selected as follows.

1. Fifteen LGBTQ+ youths were divided into two groups of seven and eight students (Nastasi & Schensul, 2005). The samples were selected by purposive sampling using snowball selection with the following inclusion criteria. (1) They must be LGBTQ+. (2) Their family members acknowledged and gave consent to participation. (3) They must be between 15 and 18 years old and study in a high school in Chiang Mai. (4) They must have perfect consciousness. (5) They must be able to communicate and understand the Thai language. (6) They must be willing and give their consent to participate in the research.

2. Eight experts in LGBTQ+ (Nastasi & Schensul, 2005) were selected by purposive sampling using snowball selection with the following inclusion criteria. (1) They must be physicians, nurses, psychologists, and scholars who have worked with LGBTQ+ people for not less than 5 years, or LGBTQ+ people with honest livelihoods and the ability to take care of themselves. (2) They must have perfect consciousness. (3) They must be able to read and speak in Thai. (4) They must be willing to participate in the research.

Exclusion criteria of LGBTQ+ youths and experts in LGBTQ+ included: the sample group had limited time to give the researcher, and they were unable to meet to explain the study participation instructions or hold focus group talks within the timeframe stated in the research framework.

Instrument

The research instrument was divided into 1) in-depth interviews and 2) focus group discussions for data collection, That was a semi-structured interview divided into three parts (1) questions about the definitions of mental health problems among LGBTQ+ youths (stress, anxiety, and depression), (2) questions about the definitions and key components of protective factors among LGBTQ+ youths (resilience, self-esteem, and positive psychology), and (3) questions about prevention guidelines to resolve mental health problems among LGBTQ+ youths.

The instrument was tested by five experts and contained the same questions for the focus group discussions and in-depth interviews. Experts evaluated the questionnaire's content validity to check the IOC (Index of Item-Objective Congruence) values. Questions with an IOC value greater than 0.5 passed the selection criteria. Questions with an IOC value of less than 0.5 were removed or improved following the advice of the five experts.

Data collection

Data collection was divided into two parts, with details as follows.

1. The two focus groups comprised LGBTQ+ youths. Research data were prepared for the high schools involved in the study with the announcement of applications for interested participants. The details were clarified and consent forms were prepared for signature by the key informants as LGBTQ+ youths and parents of the samples. Next, the samples were

assigned to a focus group. The consent forms were collected by the researcher on the day of the focus group discussion which took around 90 minutes.

2. In-depth interviews were conducted with experts in LGBTQ+. The details and consent forms were prepared for the key informants. All participants signed a consent form before participation. The consent forms were collected on the day of the in-depth interviews. The key informants made appointments for the in-depth interviews which were conducted by the researcher via the online platform Zoom as per their convenience. The interviews lasted between 60 and 90 minutes.

Data Analysis

The data were analyzed using content analysis, a method that can provide a framework to categorize words or content of the data to help select and eliminate unnecessary content and make the content consistent with the research objectives. The QDA Miner Lite, a content analysis program, is used to extract the main ideas by decoding and organizing into groups. Results from the in-depth interviews and focus groups were then analyzed. The transcribed interviews were interpreted, and data from the in-depth interviews and focus group discussions were reverified. Data were compared to identify the key issues raised in the literature review, in-depth interviews, and focus group discussions, and then redundancy of the data was synthesized, and the results were summarized according to the research objectives. Reliability was analyzed by triangulation of sources (Jirawatkul, 2010). The synthesized data were sorted into a table of topics containing the main ideas that were relevant to the key issues of the research objectives. Finally, the researcher verified the conclusions with the research team to ensure accuracy.

Ethical Approval Statement

This research was approved by Chiang Mai University Research Ethics Committee, CMUREC No. 65/046.

Results

Qualitative results were obtained from focus group discussions with 15 LGBTQ+ youths and also from in-depth interviews with 8 experts in LGBTQ+ (1 psychiatrist worked with LGBTQ+, 1 expert was a heterosexual with LGBTQ+ research publications, 3 LGBTQ+ lecturers, 2 LGBTQ+ teachers, 1 LGBTQ+ businessperson)

Data synthesized from the literature review, in-depth interviews, and focus group discussions identified three key issues as (1) definitions of mental health problems among LGBTQ+ youths, (2) definitions and key components of protective factors among LGBTQ+ youths, and (3) prevention guidelines to resolve mental health problems among LGBTQ+ youths.

(1) Definitions of mental health problems among LGBTQ+ youths

Data from the literature review, combined with data obtained by qualitative research from the focus group discussions and in-depth interviews, identified 1) stress, 2) anxiety, 3) depression, and 4) characteristics of mental health problems among LGBTQ+ youths and cisgender youths. These issues, along with their characteristics are discussed below.

1) Stress

Stress is a constant occurrence in people's daily lives, and it can cause physical and emotional imbalances, including melancholy, pressure, and unexpected effects.

"Stress is a daily physical and mental imbalance caused by preparing for situations or self-imposed pressures, causing emotional and physical changes that impact work, study, and quality of life." (Data from literature review).

"Stress is a natural human state, regardless of whether LGBTQ+ individuals are involved or not." (Expert 2, in-depth interview).

"Stress arises from high expectations, which lead to high intentions, but when things don't go as expected, stress occurs." (An LGBTQ+ youth from Group 1, focus group).

"Stress is caused by pressures, different factors, teachers, families, and school. And it keeps accumulating" (An LGBTQ+ youth from Group 2, focus group).

Therefore, the meaning of stress among LGBTQ+ youths is a common daily occurrence among LGBTQ+ youths and can lead to physical and mental imbalances, causing depression, pressure, and unexpected outcomes, resulting in emotional and physical changes.

2) Anxiety

Anxiety is a mental state that can occur in daily life, often by trying to predict what will happen by using too much negative thinking or feelings.

"Anxiety is a mental state characterized by frustration and uncontrollable nervousness, often triggered by predicting future situations, which can be harmful or threatening to one's well-being." (Data from literature review).

"Anxiety is a form of thinking or feeling that involves predicting negative outcomes in the future, often leading to persistent anxiety" (Expert 2, in-depth interview).

" Anxiety arises from excessive concern for others' opinions, particularly LGBTQ+ individuals, who worry about how others perceive them and whether their expressions are considered good or bad." (An LGBTQ+ youth from Group 1, focus group).

"…I am worried that my family has high expectations about me but I am different to what they expect..." (An LGBTQ+ youth from Group 2, focus group).

Therefore, the meaning of anxiety among LGBTQ+ youths refers to a mental state that can occur in daily life among LGBTQ+ youths, often by trying to predict what will happen by using too much negative thinking or feelings.

3) Depression

Depression is an emotional state that can occur in daily life when undergoing violent situations, resulting in negative feelings as sad, discouraged, weary, hopeless, and unhappy. Long- term depression can cause physical, emotional, mental, and behavioral changes in negative ways.

"Mental health issues, including depression, can lead to negative emotions, thoughts, and behaviors, causing unhappiness, sadness, and decreased productivity, affecting daily life and livelihood efficiency" (Data from literature review).

"Depression is a feeling that everybody experiences. Violent situations can cause depression. If depression does not last long, it will not be classified as an illness" (Expert 2, in-depth interview).

"…The problem of being LGBTQ+ is not only having to prove oneself as good or not but also to be accepted. This can cause depression because we think that we will be rejected" (An LGBTQ+ youth from Group 1, focus group).

"For me, life is terrible. What used to be good turns bad and we think that everything is against us. We become constantly obsessed with these negative thoughts" (An LGBTQ+ youth from Group 2, focus group).

Therefore, the meaning of depression among LGBTQ+ youths is an emotional condition that results from extreme circumstances, resulting in negative feelings and long-term physical, emotional, mental, and behavioral changes for LGBTQ+ youth.

4) Characteristics of mental health problems among LGBTQ+ youths and cisgender youths

The study results indicated that the characteristics of mental health problems among LGBTQ+ youths and cisgender youths were similar, with only the factors that caused mental health status problems showing as different.

"The symptoms of stress, anxiety, and depression are not different…Common stress can impact everybody, both LGBTQ+ and cisgender. However, LGBTQ+ individuals

undergo particular stress caused by how other people view them, such as discrimination. Stress, caused by expectations and rejection occurs because we are afraid that if we reveal that we are LGBTQ+, we may be rejected or hated by our parents. Stress is caused by hiding our 'real' self all the time..." (Expert 5, in-depth interview).

"Mental problems symptoms in cisgender youths and LGBTQ+ youths are similar, but the causes may differ. LGBTQ+ youths face family issues, while cisgender youths can solve problems more easily. LGBTQ+ youths often face rejection and lack understanding." (An LGBTQ+ youth from Group 2, focus group).

"The symptoms of both groups are the same…but differences in stress, anxiety, and depression among LGBTQ+ individuals occur because this group is abused by the society, people around them, and those who treat LGBTQ+ people as if they are not humans but clowns. Such abuse causes distress, sadness, and anxiety. We have to carry on like normal as if nothing had happened" (An LGBTQ+ youth from Group 2, focus group).

The study found similar mental health problems among LGBTQ+ and cisgender youths, but the factors causing them differ, with LGBTQ+ youths experiencing social discrimination, rejection, and lack of understanding, while cisgender youths do not face such issues.

(2) Definitions and key components of protective factors among LGBTQ+ youths

The analysis of the definitions and key components of protective factors among LGBTQ+ youths obtained from the literature review and combined with data obtained from the qualitative research using focus group discussions and in-depth interviews identified 1) the definitions of resilience, 2) the components of resilience, 3) the definitions of self-esteem, 4) the components of self-esteem, 5) the definitions of positive psychology, and 6) the components of positive psychology, with details presented as follows.

1) The definitions of resilience

Resilience is a characteristic of capable and competent people to deal with problems and bad situations that affect their life, either physical, mental, or social effects; along with stress. These people have suitable adaptation process and can resume their normal life within a short time after they pull through

"Resilience is a trait possessed by capable individuals who can quickly recover from physical, mental, or social stressors, enabling them to resume their normal life." (Data from literature review).

"It is like patience with situations at hand, which may be either bad or not quite good. These people can endure and adapt to these situations…They can pull through and finally resume their normal life" (Expert 6, in-depth interview).

"…Definitely, there must be positive rather than negative thinking. We must also love ourselves and who we are. We are the way we are. That is because I think we are not wrong to be LGBTQ+" (An LGBTQ+ youth from Group 1, focus group).

"We must cultivate resilience and handle challenges independently, as we must live independently in the future. Focus on the present and acknowledge our efforts." (An LGBTQ+ youth from Group 2, focus group).

Therefore, the meaning of resilience in LGBTQ+ is the ability of LGBTQ+ youths to deal with bad situations or crises that can affect their lives. Resilience can reduce negative conditions by suitable adaptation and return to normal life.

2) The components of resilience

The synthesized components of resilience among LGBTQ+ youths obtained from the literature review and the qualitative research using two focus groups and in-depth interviews were congruent in three components including I am, I can, and I have, as presented in Figure 1.

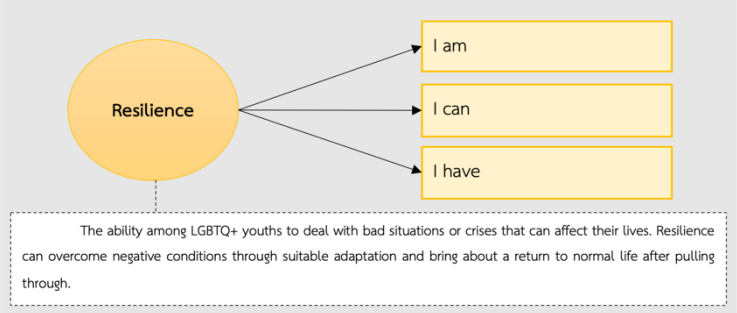


Figure 1 The definitions and key components of resilience (source: Researcher, 2024)

3) The definitions of self-esteem

Self-esteem is the feeling about themselves as a result of self-evaluation about what they do and who they are. They believe that they are valuable, capable, important, successful in work, confident, and have good attitudes toward themselves.

"Self-esteem is a person's self-evaluation of their worth, capabilities, and achievements, influenced by self-belief and external experiences. It includes self-confidence, respect, and acceptance, with varying levels exhibited through various behaviors." (Data from literature review).

" . . . When LGBTQ+ individuals are aware of their advantages and disadvantages, they can still live with respect and the right to live their own life… including pride to be like this. They are not only proud of their advantages but can also accept their disadvantages" (Expert 2, in-depth interview).

"It is like we love ourselves and what we are. We accept ourselves the way we are…We can do everything like others" (An LGBTQ+ youth from Group 2, focus group)

Therefore, the meaning of self-esteem in LGBTQ+ youths is how LGBTQ+ youths perceive themselves as a result of self-evaluation about who they are and what they do. Self-esteem promotes a feeling of confidence that they are valuable, with perceived abilities, self-efficacy, self-acceptance, pride, loving themselves, and the ability to live happily in the society the way they are.

4) The components of self-esteem

The synthesized components of self-esteem among LGBTQ+ youths obtained from the literature review and the qualitative research were congruent in six components including 1) general capacity, ability, and performance, 2) affective states, 3) parenting style, 4) school, 5) social status, and 6) peer group, as presented in Figure 2.

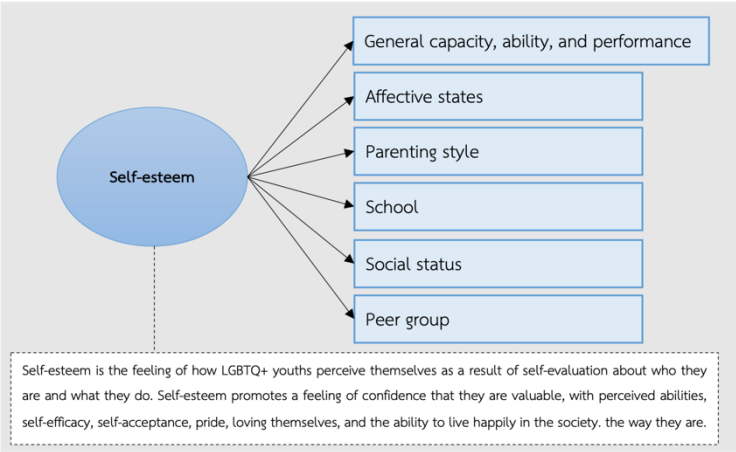


Figure 2 The definitions and key components of self-esteem (source: Researcher, 2024)

5) The definitions of positive psychology

Positive psychology studies and explores strengths by giving precedence to searching for human promotion and development guidelines; it helps people to perceive their strengths and self-efficacy. Positive psychology also mainly focuses on promoting experiences and positive ideas rather than dwelling on negative aspects, thereby facilitating happy.

"Positive psychology focuses on promoting human development and strengths, fostering self-efficacy, and promoting positive experiences, rather than dwelling on negative aspects, to promote happiness and meaningful living." (Data from literature review).

"...It refers to positive feelings. People who have positive feelings and thinking toward something will also express or do things in life in a positive way (Expert 6, in-depth interview).

" I think it is positive thinking. Because we are LGBTQ+ , we are always mentioned negatively. However, we keep thinking positively and disregard negative words or any negative things." (An LGBTQ+ youth from Group 2, focus group).

Therefore, the definition of positive psychology in LGBTQ+ youths refers to an applied approach to optimal functioning that helps to perceive strengths, advantages, or abilities. Positive psychology promotes positive experiences through the creative use of skills to further develop these abilities in a good way for happy living.

6) The components of positive psychology

The synthesized components of positive psychology among LGBTQ+ youths obtained from the literature review and the qualitative research were congruent in five components including 1) positive emotions, 2) engagement, 3) relationships, 4) meaning, and 5) accomplishment, as presented in Figure 3

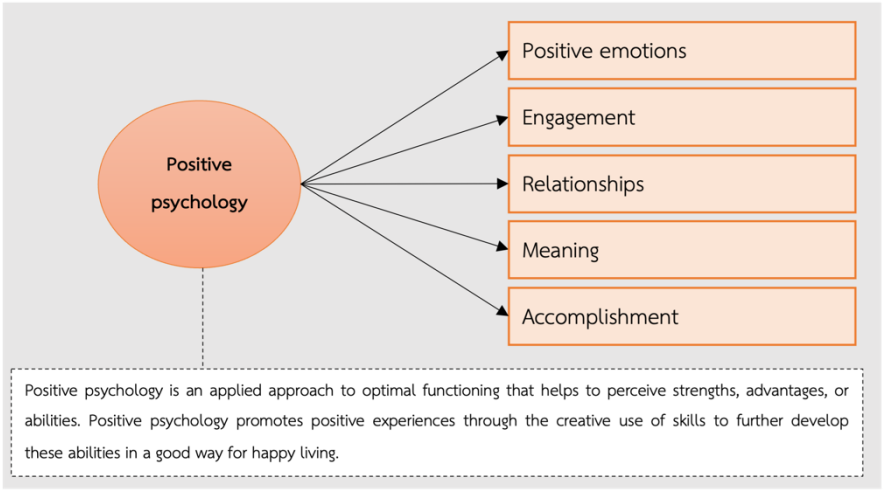


Figure 3 The definitions and key components of positive psychology (source: Researcher, 2024)

(3) Prevention guidelines to resolve mental health problems among LGBTQ+ youths

Data obtained by the qualitative research using focus group discussions and in-depth interviews included 1) the significance and necessity of knowledge transfer to promote mental health among LGBTQ+ youths, 2) the required content of knowledge to promote mental health among LGBTQ+ youths, 3) activities to promote mental health among LGBTQ+ youths, and 4) activity modes to promote mental health among LGBTQ+ youths.

1) Significance and necessity of knowledge transfer to promote mental health among LGBTQ+ youths

Results revealed that knowledge transfer to promote mental health among LGBTQ+ youths was significant and indispensable. Knowledge transfer also helped to develop resilient

mental efficiency, promote mental health, and mitigate problems that may occur among LGBTQ+ youths.

"…Focusing on LGBTQ+ youths, knowledge transfer about mental health is a significant guideline to reduce future mental health problems, and also to strengthen the good points/advantages they already have. Knowledge transfer also develops mental efficiency and resilience" (Expert 3, in-depth interview).

" I view knowledge transfer regarding this as a must because LGBTQ+ individuals are accepted more widely nowadays. Knowledge of LGBTQ+ in high schools will motivate teenagers to realize what they will do in the future. (Expert 4, in-depth interview).

"I think it is necessary, not only for LGBTQ+ individuals but also for people of all genders. Everybody should have knowledge regarding this matter because sometimes the society is not that nice to us. LGBTQ+ people have no ideas how to resolve stress and often end up with depression" (An LGBTQ+ youth from Group 1, focus group).

2) The required content of knowledge to promote mental health among LGBTQ+ youths

The qualitative results revealed that LGBTQ+ youths should obtain knowledge and skills for useful utilization in their daily lives including basic knowledge of sexual health, knowledge of basic mental health, literacy skills and management skills toward their emotions, basic skills to deal with and solve problems in daily life by setting goals to achieve them, and basic social skills to live efficiently with other people in the society.

"Self-esteem resilience and positive thinking are also required, particularly self-acceptance, self-understanding, loving themselves and others" (Expert 1, in-depth interview).

"…Knowledge transfer regarding LGBTQ+ youths should also include … matters about physical changes, possible health risks in daily life and effects on their life, emotional management practice, problem management practice; for example, stress management, sad mood management, and anxiety management. Simple approaches should be followed that may be effective at a certain level…" (Expert 2, in-depth interview).

" LGBTQ+ youths should realize that mental health or mental state is significant, and understand how to evaluate themselves at a primary level. Stress or anxiety will cause no desire to go to school, to eat, or to talk. They will become isolated. LGBTQ+ people must evaluate themselves and learn how to change. Before self-evaluation, they must have knowledge regarding which mental signs/symptoms are normal and which are not normal"(Expert 8, in-depth interview).

"We must have positive perspectives and positive thinking. Because if we can, then things will get better. We must be self-centered in the right things, not in everything, which is not good. For example, if we are self-centered within a group assignment to solve a problem and ignore the voices of other members, the assignment result will be inefficient. We should be self-centered in matters that discourage our mental state or any matters that make us sad" (An LGBTQ+ youth from Group 2, focus group).

3) Activities to promote mental health among LGBTQ+ youths

Results revealed that activities for LGBTQ+ youths should be varied to make them more attractive such as giving lectures to parallel activities, scenarios, and discussions exchanging experiences, perspectives, and opinions through group counseling. Those activities should provide knowledge, skills, perspectives, ideas, and experiences for LGBTQ+ youths that can be utilized creatively in their lives.

"…Get LGBTQ+ youths to talk about their problems and help them through group processes. It is possible" (Expert 1, in-depth interview).

"...It can be actions, if possible such as meditation and other activities because these will help them to put knowledge from lecturers into practice and lead to thinking,

analysis, better understanding, and vivid images of what they do…" (Expert 6, in-depth interview).

"Activities should be divided into two parts as giving lectures and activities. Lectures only are boring, while activities are tiring…" (An LGBTQ+ youth from Group 2, focus group).

"Apart from scenarios, there should also be reality-based situations. I also think that if we give participants warmth and the feeling of safety, they will be more assertive" (An LGBTQ+ youth from Group 1, focus group).

4) Activity modes to promote mental health among LGBTQ+ youths

Activity modes to promote mental health status problems among LGBTQ+ youths should include on-site activities to promote responses and interactions between groups. Their reactions will be clearly observed. By contrast, online activities may include several limitations such as readiness of devices or internet signal, which may disrupt the activities and direct interactions. Thus, on-site activities can be more efficient than online activities.

"...When teaching skills, each student may respond differently and ask different questions. On-site activities create fresh and new information. We will see their reactions more clearly and may have an easier chance to support one another in case of any situations" (Expert 2, in-depth interview).

"Because of factors or the society, on-site activities create better relationships, while online activities seem to have a mirror in the middle, which makes it more difficult to send feelings to one another than on-site" (An LGBTQ+ youth from Group 1, focus group).

"Online and on-site modes are very different. To clarify, sometimes there is a problem with the signal. Some students are far away. Some may come into the online system but do something else behind the camera. However, students do on-site activities together to the end and can learn at their best" (An LGBTQ+ youth from Group 2, focus group).

The overall research results include (1) definitions of mental health status problems among LGBTQ+ youths, (2) definitions and key components of protective factors among LGBTQ+ youths, and (3) prevention guidelines to resolve mental health problems among LGBTQ+ youths, as shown in Figure 4

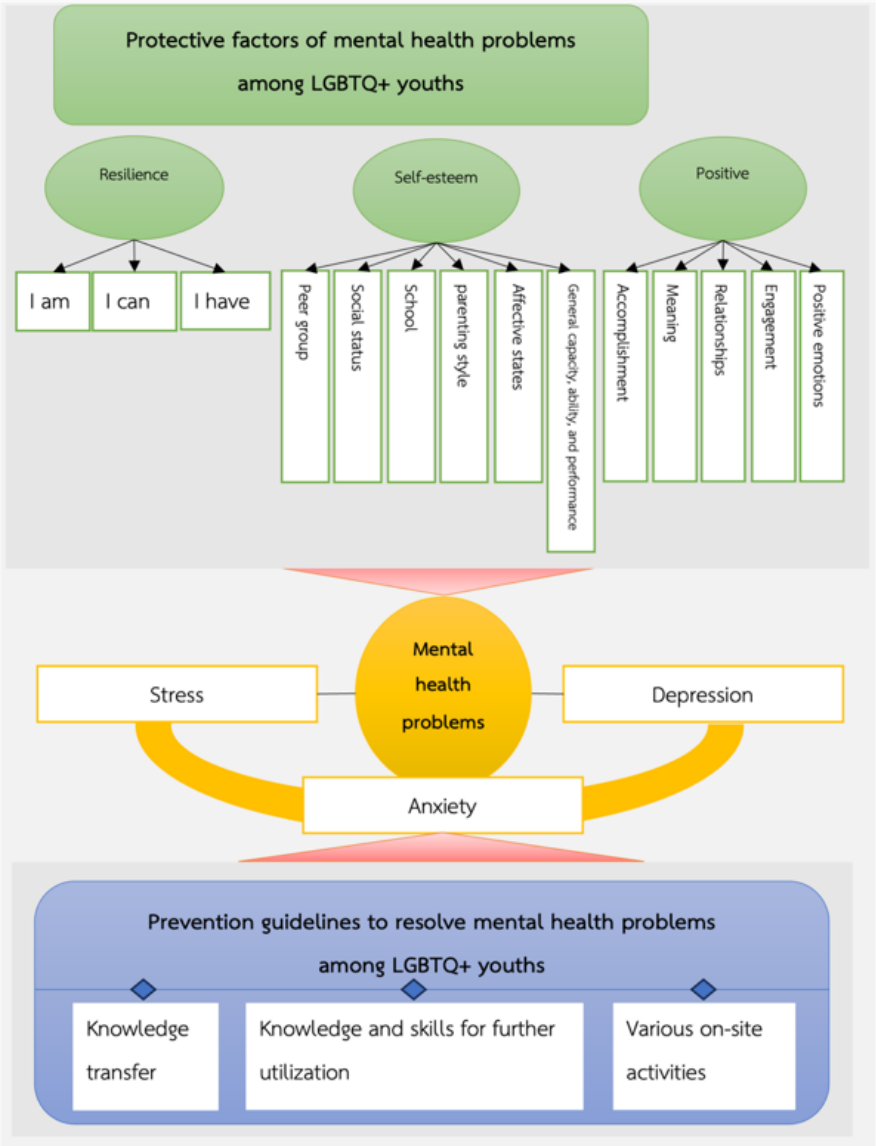


Figure 4: Overall research results of mental health problems among LGBTQ+ youths (source: Researcher, 2024)

Discussions

Definitions of mental health problems among LGBTQ+ youths

Results revealed that the definitions of mental health status problems among LGBTQ+ youths were similar to those of mental health status problems among heterosexuals. Stress is a reaction caused by pressures in daily life, possibly derived from one's self or surroundings. Stress can affect work and daily life (Department of Mental Health, 2012; Lazarus & Folkman, 1984). The definitions and characteristics of anxiety among LGBTQ+ youths were also similar to anxiety among heterosexuals. Anxiety is a mental state that can occur in daily life, usually to predict something that will happen in the future. Anxiety causes physical, emotional, mental, and behavioral changes (Saiphanit & Hiranyatheb, 2012). Similar definitions of depression

were also recorded between LGBTQ+ high school students and heterosexuals. Depression is a negative emotional state encompassing feelings such as sad, downhearted, lonely, discouraged, hopeless and unhappy, which are all caused by negative self-interpretation or the surroundings. Long-term depression can adversely impact daily living (Bhowmik et al., 2012)

Results also revealed that despite similar definitions of mental health status problems between LGBTQ+ youths and cisgender youths, the factors causing such problems were both similar and different. Similar factors included low self-esteem, low achievement, and no social support (Ignatavicius, 2013). Different factors that motivated mental health status problems among LGBTQ+ high school students included victimization, bullying, sexual discrimination, and stigma. These problems all arose from gender differences (Hafeez et al., 2017; Hall, 2018; Witcomb et al., 2019).

Definitions and key components of protective factors of mental health problems among LGBTQ+ youths

This research studied the protective factors of mental health problems among LGBTQ+ youths, including resilience, self-esteem, and positive psychology. The results showed that the protective factors for mental health problems are a positive movement toward reducing mental health problems among LGBTQ+ youths (Puckett et al., 2019; Woodford et al., 2018). In addition, the research findings demonstrate the specific meanings and components of resilience, self-esteem, and positive psychology in the context of LGBTQ+ youth. The definitions and key components were studied by combining data from documentary research, focus group discussions with LGBTQ+ youths, and in-depth interviews with experts in LGBTQ+. The results are described below.

Results revealed similar synthesized definitions of resilience among LGBTQ+ youths to those of Grotberg (1995) who described resilience as the ability to deal with problems, bad situations, or crises affecting life. Resilience creates suitable adaptation to pull through and get back to normal life. However, the study reveals that resilience in LGBTQ+ youths is defined as accepting themselves without guilt, disregarding past negative experiences, and focusing on living joyfully in the present, adding to Grotberg's (1995) concept. Moreover, the components components of resilience among LGBTQ+ youths were identified as (1) I am, (2) I can, and (3) I have. These components were summarized by combining data from specific qualitative research and synthesized components with the literature reviews.

Additionally, results revealed that the summarized definitions of self-esteem among LGBTQ+ youths were similar to Coopersmith (1981) who described self-esteem as self-perception by self-evaluation, and then expressed as self-acceptance. However, the study reveals that self-esteem in LGBTQ+ youths is influenced by their acceptance and love for themselves, as well as their belief in their potential as humans with abilities comparable to those of cisgender youth, which expands on Coopersmith's (1981) theory. Moreover, the components of self-esteem among LGBTQ+ youths were identified as (1) general capacity, ability, and performance, (2) affective states, (3) parenting style, (4) school, (5) social status, and (6) peer group. These components were similar with the literature reviews.

The study found that LGBTQ+ youths feel that positive psychology is a positive attribute of individuals, such as the ability to think positively, which will assist LGBTQ+ youths in ignoring the negative remarks they hear from others who do not accept their sexual orientation. That is similar to those of Seligman & Csikszentmihalyi (2000). Positive psychology is an applied approach to optimal functioning to perceive self-efficacy and ability, while also promoting these abilities for happy living. Moreover, the components of positive psychology among LGBTQ+ youths were identified as (1) positive emotions, (2) engagement, (3) relationships, (4) meaning, and (5) accomplishment. These components were summarized by combining data from specific qualitative research and synthesized components from the literature review.

Prevention guidelines to resolve mental health problems among LGBTQ+ youths

Results revealed that knowledge transfer to promote mental health among LGBTQ+ youths is significant and indispensable to help them achieve a better quality of life. Heck et al., (2014) also suggested that LGBTQ+ youths should adjust their lifestyles to meet different cultural needs and mitigate mental health problems. The results also conformed with Rungreangkulkij & Kittirattanapaiboon (2021) who found that mental health promotion together with integrated gender issues should be encouraged to promote gender equality to make the society more aware and accept such differences, thereby mitigating the risk factors of mental health problems.

Results also revealed that knowledge of sexual health, mental health, literacy skills, and management skills helped to deal with and solve problems in daily life. Setting life goals to achieve and basic social skills are important to help LGBTQ+ youths effectively live with other people in the society. Various activities should be provided including giving lectures to parallel the activities, and talks to exchange experiences and perspectives. LGBTQ+ youths can then integrate creatively into their lives. These ideas conformed to studies by Craig et al. (2013), Pinciotti et al. (2022), and Smith et al. (2017), who stated that LGBTQ+ individuals should be aware of their sexual and mental health to help overcome anxiety and depression and create resilience and self-esteem by promoting positive emotions and positive thinking. Activities can be provided as mental health education through knowledge transfer and activity-based practices (Sarkhel et al., 2019). Therapeutic techniques are also used to facilitate mental, emotional, and behavioral changes (Craig et al., 2013). Other attractive activities such as stress modeling scenarios, setting goals, and facing problems with positive emotions can also promote good mental health among LGBTQ+ individuals (Smith et al., 2017).

Results also revealed that on-site activities were better than online activities because the latter may include limitations such as the readiness of devices or poor internet signal, which may disrupt activities and direct interactions. Sukwin & Soontorntanaphol (2022) stated that despite the high significance of online learning management, problems with this learning mode including lack of access to media still remain due to lack of support from the public sector and financial aspects. Wonginchan et al. (2022) also found that long-term online learning management caused more severe holistic health problems involving eye pain, headaches, frustration, sentimental feelings, lack of concentration, learning boredom, and lower learning abilities. Thus, on-site activities are often more efficient than online activities.

Conclusion and suggestions

The results of evidence-based practice about mental health status problems among LGBTQ+ youths will improve general understanding of the facts and contexts of mental health. Current mental health status problems among this group of teenagers as stress, anxiety, and depression can be prevented by applying the psychological variables of resilience, self-esteem, and positive psychology through various attractive activities. This will assist LGBTQ+ youths to obtain the required knowledge and skills to promote their mental health. Basic knowledge will help LGBTQ+ youths to recognize and better understand their emotions and the behaviors of people around them by developing mental efficiency to promote good mental health.

However, this research involved two groups of key informants as experts in LGBTQ+ and LGBTQ+ youths. Nevertheless, this results in incomplete data coverage due to the LGBTQ+ expert's sample lacking diversity in other occupations related to LGBTQ+ youth, including makeup artists and influencers. Moreover, the LGBTQ+ youth group in this study may not be representative of all LGBTQ+ youths, as they are the only group accepted by their family, and study in Mueang District, Chiang Mai. Thus, this study's samples may not represent

the total LGBTQ+ population. The results obtained are related to a specific group's experiences, which may differ from other groups with different domiciles. Research among LGBTQ+ youths with different social contexts, rural vs. urban areas, may help to better understand mental health problems, together with more complicated and more varied protective factors.

New knowledge and the effects on society and communities

The study reveals that the resilience, self-esteem, and positive psychology of cisgender youth differ from those of LGBTQ+ youth. Issues of acceptance of sexual orientation and respect for human dignity significantly impact these traits. LGBTQ+ youth face discrimination, bullying, or stigmatization based on their gender. These are situations that cisgender youths do not experience. Therefore, acceptance and equal treatment will likely build resilience, self-esteem, and positive psychology in LGBTQ+ youth. Thus, this research may guide healthcare professionals, including teachers, educational staff, doctors, nurses, and parents, in promoting mental health among LGBTQ+ adolescents. It suggests developing mental health care programs and raising awareness about sexual diversity among educational personnel, friends, and families. This will ensure equal treatment and acceptance of LGBTQ+ adolescents, ultimately improving their mental health. Moreover, the results can also be extended to study other particular LGBTQ+ groups and widen the research knowledge in this understudied area.

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