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## **An Exploration of Unique Mental Health Challenges and Resilience Factors within the LGBTQ+ Community: A Systematic Review**

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# An Exploration of Unique Mental Health Challenges and Resilience Factors within the LGBTQ+ Community: A Systematic Review

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## Abstract

Mental health challenges in the LGBTQ+ community pressing issues as it impact the overall health status. Despite the concerns raised on the discrimination, bias and stereotypes, new challenges arise, implicating challenges to the health sector. The present review of evidence focuses on the resilience factors and the unique mental health challenges faced by members of the LGBTQ+ community. The Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) were used to identify, select, appraise and synthesize evidence in the present review, whereas the Sample, phenomenon of Interest, Design, Evaluation and Research type (SPIDER) protocol guided the selection of eligible studies to be reviewed. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach was used to rate the certainty of evidence about the unique mental health challenges and resilience factors within the lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQ+) community. Initial article search was limited to English publications and performed on electronic databases, including Google Scholar, ProQuest, PubMed, and Web of Science. The Cochrane risk of bias assessment tool was used to examine the risk of bias in the individual studies. Risk of bias assessment was performed on the domains, including due to the randomization process, bias due to deviations from intended interventions, bias due to missing outcome data, bias in the measurement of the outcomes, bias in the selection of the reported result, and the overall risk of bias, reflecting the overall risk of bias of the included studies. A qualitative synthesis of results was considered in the present systematic review. The evidence was contrasted and compared against the existing knowledge and theoretical orientation. The present review found that poor dissemination of interventions and implementations are unique mental health challenges among the LGBTQ+ community. The poor implementation and dissemination of interventions substantiate psychological distress, anxiety, depression, and suicidal thoughts and deteriorates quality of life. The web or internet-based implementation of cognitive behavioral therapy emerged as effective resilience factor in the management of mental conditions among members of the LGBTQ+ community.

**Keywords:** *LGBTQ+, mental health, treatment, cognitive behavioral therapy, resilience factors, anxiety, depression, and interventions*

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## **1.0 Introduction**

Mental health challenges in the LGBTQ+ community are a common phenomenon. Discrimination, bias and stereotypes are the primary challenges faced by the community [1]. However, the issues faced by the LGBTQ+ community are rapidly changing. In 2017, the census revealed an increasing trend of risky behaviors, including irresponsible sexual activities, rapid spread of sexually transmitted infections like human immunodeficiency virus, in the United States of America, among others. Suicide is the second leading cause of mortalities among the LGBTQ+ community [2], [3]. The rapid changes and the emerging resilience factors change the overall approaches to mental health management.

The members of the LGBTQ+ community are twice likely to suffer from mental illnesses, including depression, anxiety, and post-traumatic stress disorder, among others than the general population [4]. In the last five years, the mental health challenges in this community have been substantiated, posing a great health challenge in the medical environment.

The bias and discrimination affect transgender, cisgender, and bisexual, among other members of the community. In response, resilience factors addressing these challenges have been widely practiced. The resilience factors aim at enabling gays, lesbian, bisexuals, persons with queer behaviors and sexual orientations flourish despite the stigma, and discrimination [5]–[7]. Often, these persons do not persevere the external pressure as they are minority in the general population. The emergence of LGBTQ+ communities and organizations have upscaled the enforcement of resilience factors to promote their safety and improve their quality of life.

The present review focuses on evidence reported in the last five years regarding the resilience factors and the unique challenges faced by the LGBTQ+ community. The review dissects recent evidence to provide a comprehension of the unique challenges, which is crucial to the development of contemporary interventions. Also, the review focuses on the impact of the resilience factors that improve the overall quality of life in the LGBTQ+ community.

## **2.0 Methods**

The PRISMA protocol guided the review process, including outlining the approach to the systematic review, methodologies, and reporting of findings [8], [9]. The protocol guided the identification of study variables, selection, appraisal and synthesis to ensure complete and transparent reporting.

### **Eligibility criteria**

The eligibility criteria were formulated based on the SPIDER framework, determined the inclusion and exclusion criteria [10], [11]. The framework regarded inclusion and exclusion of studies based the study sample, phenomena of interest, design, evaluation and type of research. The inclusion criteria were as follows:

(S) Sample: LGBTQ+ community from different parts of the world.

(P) Phenomenon of interest: The effect of resilience factors, including moral support, effective communication, and active coping with the stress, stigma and discrimination.

(D) Design: A randomized approach across the sample to avoid bias

(E) Evaluation: Empirical measurement of outcomes across the sample.

(R) Research type: A qualitative approach, include collection and analysis of qualitative data from the sample. Qualitative data on unique mental health challenges and resilience factors were collected and analyzed to give insights relevant to the topic, future studies, and clinical practice.

The exclusion was as follows:

- a. Studies reporting resilience factors among non-LGBTQ+ community.
- b. Outcomes irrelevant to the present topic.
- c. Ongoing investigations
- d. Personal opinions

### **Information sources**

Initial literature search was performed in four electronic databases, including Google Scholar, ProQuest, PubMed, and Web of Science for eligible studies. The literature search focused on mental health issues and resilience factors among LGBTQ+ community. only articles published in English, and were published between January 2018 to November 2023 were considered during the literature search. The independent reviewers (V.L and P.Q) performed title and abstract screening for all studies from different parts of the world for potential inclusion in the review.

### **Search strategy**

A comprehensive article search was performed using terms and keywords, including synonyms, and vocabularies associated with the present topic. The independent reviewers focused on articles published in the last five years. filtering the articles for English publications in the last five years enabled collection of the most recent and evidence-based challenges faced by the LGBTQ+ community.

### **Selection process**

The inclusion and exclusion criteria were determined based on the SPIDER protocol, and was adopted by the independent reviewers throughout the study selection process. The two reviewers (V.L and P.Q) independently searched the electronic databases for potential studies through manual screening of abstracts, and titles of the potential studies. the independent reviewers did not use any automation tools. Study duplicates were removed from the study.

### **Data collection process**

The two reviewers (V.L and P.Q) independently collected data from every eligible study. The independent reviewers screened the eligible articles, and extracted relevant data to the topic. Prior to article screening and data collection, the independent reviewers agreed on the particulars, variables and data items to be obtained from eligible studies.

### **Data items**

The independent reviewers (V.L and P.Q) reviewed the topic and settle on the variables and areas of interest in the present study. The reviewers independently examined the included articles for data, including authors and year of publication, study design, country of origin, sample or participants, evaluation, follow-up period, research type, and the outcomes of interest. The independent reviewers critiqued the outcomes reported by the individual studies and settled on the most preferred outcomes, including the unique challenges pertinent to the topic, and the resilience factors applicable to the present topic. Poor implementation and dissemination of interventions,

and the internet or web-based interventions like cognitive behavioral therapy were selected as the unique mental health challenges and resilience factors, respectively.

### **Study risk of bias**

The Cochrane Risk of Bias tool was used to assess the risk of bias in the included studies. internal validity across the domains, including bias due to the randomization process, bias due to deviations from intended interventions, bias due to missing outcome data, bias in the measurement of the outcomes, bias in the selection of the reported result, and the overall risk of bias, was examined [12], [13]. The independent reviewers judged the risk of bias in each domain as “Low,” “High,” or “Unclear.”

### **Synthesis methods**

A qualitative approach was given during the synthesis of evidence in the present review. Evidence obtained from the eligible studies were critique and contrasted with the current theoretical orientation and literature. The comparison aimed at determining whether the evidence aligned or differed from reported evidence and knowledge.

### **Reporting bias assessment**

The independent (V.L and P.Q) reviewers summarized the risk of bias assessment of the included studies in tables and graphs. The figures and tables highlighted the risk of bias assessment outcomes in every domain; bias due to the randomization process, bias due to deviations from intended interventions, bias due to missing outcome data, bias in the measurement of the outcomes, bias in the selection of the reported result, and the overall risk of bias. The graphs represented the independent reviewers’ judgment of the risk of bias in the individual studies.

### **Certainty assessment**

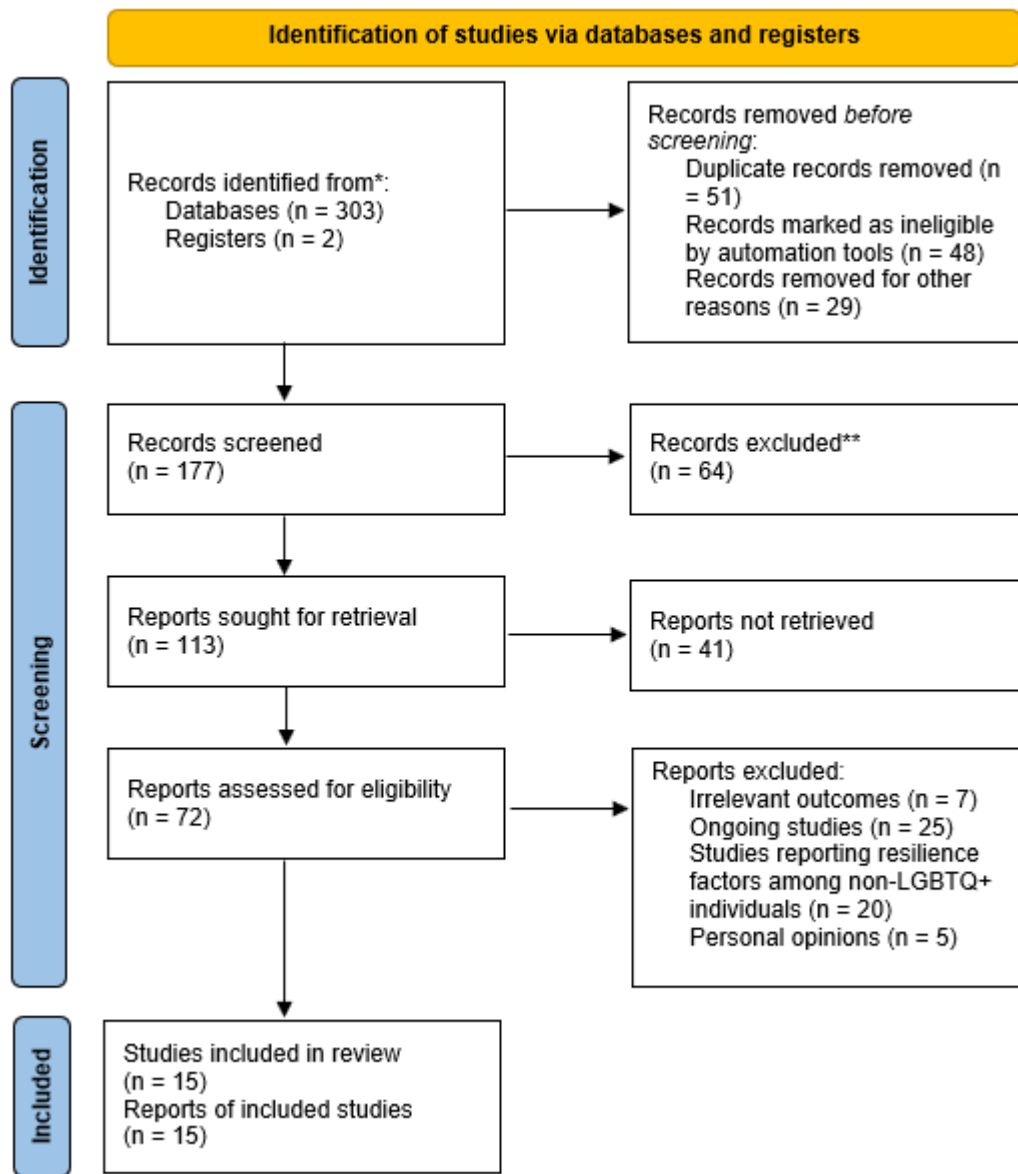
The GRADE approach was used to assess the level of certainty of evidence in the systematic review. The assessment considered factors affecting the certainty of the evidence, including the risk of bias, inconsistency of reported outcomes, indirectness of the available evidence, imprecision of effect estimates, and publication bias [14], [15].The overall certainty of the evidence of the individual studies depended on the assessment outcomes of the individual domains mentioned above.

## **3.0 Results**

### **Study selection**

In the initial article search, three-hundred and five articles were identified, with three-hundred and three articles obtained in the electronic databases, and 2 articles from the registers. Out of this, one-hundred and twenty-eight articles were removed from the review before screening, with reasons like duplicates, ineligible studies, and other reasons. One hundred and seventy-seven articles remained for screening. A total of 64 articles were removed during the screening process, leaving one hundred and thirteen articles for retrieval. Out of this, forty-one articles were not retrieved, leaving seventy-two articles for eligibility assessment. The eligibility assessment led to the exclusion of fifty-two articles with reasons, including irrelevant outcomes, ongoing studies, personal opinions, and reporting resilience factors among non-LGBTQ+ persons (**Figure 1**).

Figure 1: PRISMA Flow Diagram



### Study characteristics

A total of 15 studies met the inclusion criteria, hence were reviewed in the present study. The included studies featured unique characteristics. An outstanding feature of the included studies is the design. All of the 15 studies were level one evidence [16]–[23], [24]–[30]. However, the randomization process differed across the studies. a total of 10 articles were pure randomized controlled trials [16]–[23], [25], [29]. The unique randomization techniques found in other studies include, individual-level, randomized comparative study [30], community-partnered, cluster-randomized trial [28], parallel group, randomized controlled-trial [27], prospective, randomized, open, and parallel group-controlled study [26], and a pilot randomized controlled trial [24].

The eligible studies reported different outcomes. Eight studies reported unique mental health challenges, especially the poor implementation and dissemination of interventions, with the LGBTQ+ community [16]–[23]. Out of this, seven studies originated from the United States of America [16]–[18], [20]–[23], whereas only article was a multicenter, and multinational study from Sweden and the United States of America [19]. These studies represented mentally-related effects of spread of the human immunodeficiency virus, poor implementation and dissemination of the contemporary interventions, resulting in poor progression of the disease.

Seven studies reported resilience factors within the LGBTQ+ community in multiracial population [24]–[30]. The resilience factors were obtained from participants from the United States of America, Switzerland, Italy, and Canada. The resilience factors reported by the participants aimed at social support and cognitive flexibility to help LGBTQ+ persons cope with the mental illnesses, especially depression.

In general, the United States of America contributed the highest number of studies to the present review, with a total of 9 studies [16]–[18], [20]–[23], [28], [30]. Two studies originated from Switzerland [25], [27], whereas one study was a multinational study [17]. Other countries contributed one study to the review, including Germany [29], Canada [24], Italy [26].

**Table 1: Characteristics of Included Studies**

Unique mental health challenges				
Study	Countries of origin	of Study designs	Challenge & manifestation	
[16]–[23]	United States of America & Sweden	RCTs, Multicenter & multinational studies	<ul style="list-style-type: none"> <li>• Low/poor training of the LGBTQ+ members of the community</li> <li>• Comorbidity of behavioral and mental health behaviors.</li> <li>• High prevalence of stigma among minority groups (Latino &amp; Hispanics)</li> <li>• Alcohol-related trauma</li> <li>• Unavailability of PreP medications for HIV persons</li> <li>• Minority stressors and unawareness on coping strategies.</li> </ul>	
Resilience Factors in the LGBTQ+ Community				
[24]–[30]	United States of America, Switzerland, Italy, and Canada.	RCT	<ul style="list-style-type: none"> <li>• Implementation of CBT resilience class to impart coping mechanisms.</li> <li>• Brief online interventions to alleviate mental health conditions.</li> <li>• Prioritizing mental wellness among 50-years-olds and above, homeless and physically inactive persons.</li> <li>• Initiating internet-based self-help programs (e.g., psychotherapy) to address psychological distress.</li> <li>• Emphasizing and imparting self-confidence skills to address COVID-19-related mental health complications.</li> <li>• Imparting/encouraging emotion regulation skills</li> </ul>	

CBT: Cognitive behavioral therapy

QI: Quality improvement

SGM: Sexual and gender minority adults

MCS: Mental composite scores

RCT: Randomized controlled trial

PHQ: Patient health questionnaire

HIV: Human immunodeficiency virus

ESTEEM: Effective skills to empower effective men

### **Results of individual studies**

A total of 15 articles reported the unique mental health challenges faced by the LGBTQ+ community, and the resilience factors therein. The unique mental health challenges highlight the scope of mental health status of the members of the community, whereas the resilience factors suggest potential measures that can be taken to address the mental health challenges or illnesses.

Eight studies reported poor dissemination and implementation of treatment mechanisms among members of the LGBTQ+ community as a prime challenge [16]–[23]. The evidence strongly suggested that poor implementation and dissemination of interventions in the United States of American and Sweden affected a heterogeneous population, including Hispanics, LGBTQ+ persons living with HIV, African-Americans, sexual minority females, cisgender, gender-diverse, and transgender non-binary females assigned the female status at birth.

Assessment that took at least 2 months indicates that interventions like ESTEEM did not yield positive outcomes among mentally ill LGBTQ+ persons in the two countries. The empowerment did not improve the patients' mental status, as the patients reported negative alcohol-related outcomes, HIV-spread behavior, racial and ethnic gaps in the management of mental illnesses, including depression, anxiety, PTSD, minority stress, suicidal thoughts, and psychological distress [16]–[23]. The evidence shows a trend of poor clinical outcomes following the interventions. The poor outcomes pose concerns and questions on the efficacy of the new interventions.

The unique challenges spin to the increase in HIV infections and transmission behavior, increased severity of depression, and overall worsening of patients' condition. The evidence shows that the implementation of new intervention modalities and mechanisms need to be studied due to poor results [16]–[23]. The increasing HIV transmission behavior, alcoholism or drug use, and worsening conditions trigger a challenge among the LGBTQ+ community and caregivers. The poor outcomes is a threat to the overall well-being and impact the quality of life of LGBTQ+ persons undergoing the contemporary interventions.

A review of seven studies reporting resilience factors among the LGBTQ+ community with mental illnesses found CBT, internet-based interventions, and web-based interventions as key measures taken to improving coping and flexibility among participants [24]–[30]. Evidence collected from the seven studies reveal that CBT, web and internet-based interventions have been used in the last five years to improve the overall quality of life, coping and flexibility among mentally ill persons in different nations. More so, these interventions were used in the advent of COVID-19, when physical interactions were limited due to the contagious and spread of the disease. The web-based and internet approaches yielded positive outcomes, including improved quality of life, relief from

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depressive symptoms, including anxiety, and suicidal thoughts, improved family and interpersonal relationships, self-esteem, self-mastery, empathy, social capacities, alongside improved happiness and energy among the participants. The MCS scores showed that the resilience factors improved the symptoms of depression among adults, suggesting potential and efficacy among adults with depression.

### **Results syntheses**

Traditionally, the LGBTQ+ community are known to face mental health challenges like low self-esteem, anxiety, depression, and social segregation. These challenges arise from their unique sexual orientation and behaviors in societies that do not embrace or appreciate such behaviors. In contrast to non-LGBTQ+ persons, members of the LGBTQ+ community are vulnerable to mental illnesses, and are more likely to suffer from mental issues.

The present review investigated unique challenges featuring in the LGBTQ+ community in the last five years, and found that poor dissemination and implementation of treatments are the prominent challenges. Evidence obtained from eight studies suggested that multiracial LGBTQ+ persons, including Hispanics, transgender non-binary persons, sexual minority women, African-Americans, and Latino bisexual men are vulnerable to the poorly delivered interventions [16]–[23]. The poor interventions resulted in poor clinical outcomes. The members of the LGBTQ+ community receiving the treatment reported high HIV transmission, poor alleviation of symptoms of mental illnesses, including depression, psychological distress, anxiety, drug abuse like alcohol consumption, and suicidal thoughts, among other issues. The poor dissemination of treatments and delivery of treatments undermine the management of mental illnesses in the LGBTQ+ community, resulting in other mentally-associated problems like depression, anxiety and low self-esteem.

Evidence presented by the seven studies point at resilience factors adopted to improve coping, self-esteem, improve quality of life and alleviate symptoms of mental illnesses among LGBTQ+ community among multiracial persons. The web, internet-based, and CBT enhanced coping and flexibility among members of LGBTQ+ members with mental illnesses, especially depression [24]–[30]. The CBT approach addressed various mental illnesses and enhanced participants' adaptability.

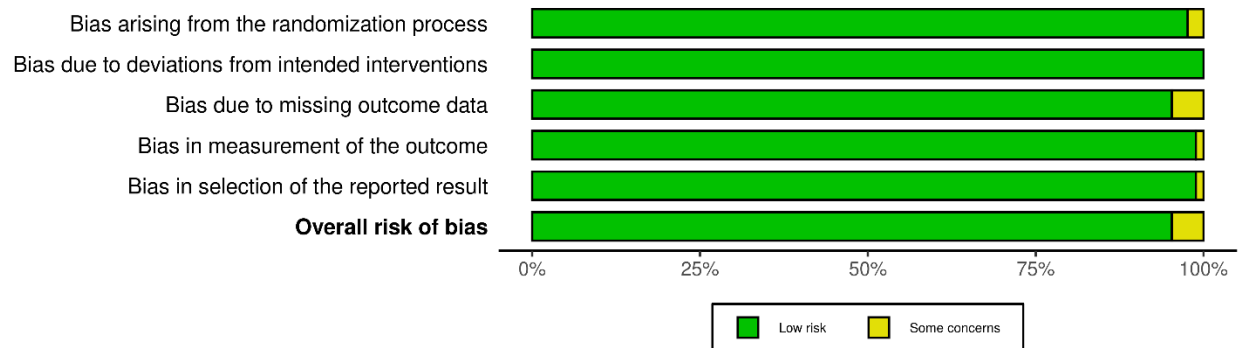
A preliminary review of the evidence shows mental health improvement. The MCS scores demonstrate improved symptoms of depression among LGBTQ+ persons. The resilience factors alleviated these persons from social stressors and pressure resulting in discrimination and stigma. These outcomes embody the positive outcomes of the resilience factors among the LGBTQ+ community that had been discriminated and mistreated. The present review strongly indicate that the resilient factors improve quality of life, social skills, interpersonal relationships, overall happiness, self-esteem, energy levels, and overall well-being.

the web or internet-based approaches to mental illnesses, especially depression, among the LGBTQ+ community is a turning point in the management of mental illnesses in the contemporary world. Evidence obtained from the last five years show that the remote interventions and approaches to mental issues affecting the LGBTQ+ community can be addressed effectively. The internet-based approaches enable hassle-free communication with affected persons in the community, enhancing overall well-being and mental health.

## Reporting bias

The Cochrane risk of bias assessment tool assessed the domains of risk of bias, bias arising from the randomization process, bias due to deviations from intended interventions, bias due to missing outcome data, bias in measurement of the outcome bias in selection of the reported result, and the overall risk of bias. The outcomes indicate that a “low risk of bias” exceeded 75%, with almost negligible “some concerns” across all the domains (**Figure 2**).

**Figure 2: Risk of bias summary**



The individual studies were assessed for risk of bias across the domains. The independent reviewers judged that four articles’ overall risk of bias was “Some concerns” [17], [20], [24], [25]. The remaining eleven studies were found with an overall low risk of bias (**Figure 3**). The high overall risk of bias suggested high quality evidence and representation of the variables in the present topic.

**Figure 3: Risk of bias of individual studies**

Study	Risk of bias domains					Overall
	D1	D2	D3	D4	D5	
Vargas et al., 2019	+	+	+	+	+	+
Godara et al., 2021	+	+	+	+	+	+
Izquierdo et al., 2018	+	+	+	+	+	+
Brog et al., 2021	+	+	+	+	+	+
Bertuzzi et al., 2022	+	+	+	+	+	+
Brog et al., 2022	+	+	-	+	+	-
Bright et al., 2019	-	+	-	+	-	-
Pachankis 2020a	+	+	+	+	+	+
Pachankis et al., 2022b	+	+	+	+	+	+
Goldbach et al., 2021	+	+	+	+	+	+
Pachankis et al., 2019c	+	+	+	+	+	+
Pachankis et al., 2022d	-	+	-	+	+	-
Keefe et al., 2023	+	+	-	-	+	-
Scheer et al., 2023	+	+	+	+	+	+
Pachankis et al., 2023d	+	+	+	+	+	+

Domains:

- D1: Bias arising from the randomization process.
- D2: Bias due to deviations from intended intervention.
- D3: Bias due to missing outcome data.
- D4: Bias in measurement of the outcome.
- D5: Bias in selection of the reported result.

Judgement

- Some concerns
- + Low

### Certainty of evidence

The GRADE handbook was used to examine the certainty of evidence obtained from the included studies. The examination of certainty of evidence focused on the risk of bias, inconsistency, indirectness, imprecision, and publication bias across studies reporting the unique mental illnesses

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faced by LGBTQ+ members and the resilience factors therein (**Table 2**). Generally, the studies were found with high certainty of evidence, and could not impugn the interpretation of the outcomes.

**Table 2: GRADE assessment table outcomes**

Quality criteria	Rating (Circle one for each criterion)	Footnotes (Explain reasons for up- or downgrading)	Quality of the evidence (Circle one per outcome)
<b>Outcome # 1: Unique mental health challenges in LGBTQ+ community</b>			
Risk of bias	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Inconsistency	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Indirectness	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Imprecision	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Publication Bias	Unlikely	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Large effect	Large (+1)	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Very Low</b>
Dose-response gradient	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Very Low</b>
Plausible confounding would change the effect	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Very Low</b>
<b>Outcome # 2: Resilience factors in LGBTQ+ community</b>			
Risk of bias	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Inconsistency	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Indirectness	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Imprecision	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Publication Bias	Unlikely	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Large effect	Large (+1)	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Low</b>
Dose-response gradient	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Very Low</b>
Plausible confounding would change the effect	No	NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Very Low</b>

#### **4.0 Discussion**

The LGBTQ+ community faces a wide array of mental challenges, including discrimination, bias, and discrepancies in the delivery of healthcare services. The heterogeneity of the group and unique features trigger the incidence of different health challenges and issues affecting smooth delivery of healthcare services to the group [31], [32]. Apart from the traditional challenges, the unique challenges facing the group is less understood. The present review unmask the recent evidence of the unique mental health challenges reported by members of the LGBTQ+ community.

A preliminary analysis of evidence obtained from eight studies indicate that poor interventions and dissemination of contemporary interventions against mental illnesses poses a significant mental health challenges in the LGBTQ+ community [16]–[23]. The evidence points at prominent incidence of poor mental health management in the United States of America and Sweden, suggesting a high prevalence of the unique mental illnesses in the two countries. Also, the evidence suggests that the poor interventions are more prevalent in the two countries, posing clinical concerns.

Additionally, the negative outcomes of the poor dissemination and implementation of interventions against mental illnesses among LGBTQ+ members stood out. The consequences of poor dissemination and implementation include high HIV spread behavior, drug and alcohol abuse, high racial disparities and overall poor health status and quality of life. Evidence obtained in the present study aligns with the previous studies, literature and theoretical orientations suggesting poor health outcomes resulting poor dissemination and implementation of interventions [33]–[36]. The evidence prompts a change in clinical practice as new approaches are necessary to improve the overall well-being of LGBTQ+ members with unique mental illnesses.

Generally, the poor dissemination and implementation of the contemporary interventions impact on the mental health, physical and social life of the members of the LGBTQ+ community. The evidence strongly indicates that LGBTQ+ members face increased HIV spread, suicidal thoughts, anxiety, depression, PTSD, minority stress, and psychological distress [16]–[23]. More so, cultural competence is a crucial issue emerge among cisgender, transgender, African-America, Latino, among other members of the LGBTQ+ community members involved in the study. The gender, ethnic and racial disparity impacts the overall clinical outcomes among patients due to bias ad ethnic disparities [34], [37].

The racial disparities tips clinical practice to consider a bias-free and just interventions for the LGBTQ+ community. Arguably, the poor dissemination and implementation of the interventions result from the bias and partial interventions, suggesting shortcomings in the clinical practice. Thus, clinical policies and future studies should focus on strategies to harness the racial disparities and bias that yield poor mental outcomes among a given section of the LGBTQ+ community.

Today, mental illnesses are increasing among the LGBTQ+ community. According to the World health organization, suicide is the leading cause of death among LGBTQ+ persons across the world, and highlights the need for interventions, especially among young members of the community [38], [39]. The increasing incidences of mental issues among members of the LGBTQ+ community led to studies and provoked concerns on potential measures and resilience factors to be considered to improve their overall well-being.

Previously, clinical practices and interventions against mental illnesses was devoid of resilience factors that complement the prophylaxis against mental ailments among the LGBTQ+ community.

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The present review synthesized evidence obtained from seven studies to reveal contemporary approaches used as resilience factors in LGBTQ+ community. CBT, internet or web-based approaches emerged as effective resilience factors in the last five years among LGBTQ+ persons across the world, opening a new approach to mental illnesses, especially against depression [24]–[30]. The reported evidence suggest that the resilience factors yield convincing positive outcomes among members of the LGBTQ+ community and improved overall well-being.

These outcomes align with the theoretical perspective and literature that resilience factors improved quality of life, relief from depressive symptoms, including anxiety, suicidal thoughts, improved family and interpersonal relationships, self-esteem, self-mastery, empathy, social capacities, alongside improved happiness and energy among the participants. Under recognition theory, resilience factors have been deemed as effective measures of improving the quality of life and overall well-being of LGBTQ+ persons [40]. The present evidence strongly indicates that resilience factors yielded the above-stated outcomes, resulting in improved well-being and quality of life. In the last five years, clinicians have shifted on resilience factors to cushion vulnerable persons, especially members of the LGBTQ+ community, from mental illnesses [41], [42].

Nonetheless, the current evidence is limited to measurement of patient outcomes based on a particular measurement scale, the MCS. Ideally, the MCS measures the levels of functioning and categorizes the outcomes as low and high functioning. The categorization is quite broad and does not offer insights on the actual performance and the level of functioning. The broad categorization is characterized by lack of precision and accuracy in the level of the outcomes as compared to other measurement scales, including the 36-item short survey form, RAND-12, and RAND-36 survey [43], [44]. Additionally, the study on resilience factors focused on evidence reported during the COVID-19 phase when there was a high level of depression across the world. Arguably, the actual severity of depression in the LGBTQ+ community might not be understood owing to the general increase in depression and mental issues across the world.

Therefore, clinical practice and psychiatry should consider web or internet-based approaches to address mental issues among LGBTQ+ members. The online approach gives ample time and opportunity to communicate with members of the LGBTQ+ community, improving the overall approach to mental illnesses among members of the community. Owing to the promising outcomes, future studies should address the issues posed by the above-stated limitations. The studies should gather more evidence and analyze all possible outcomes and issues that may arise therein. This will allow an evidence-based use of the resilience factors in addressing mental health issues among the LGBTQ+ community.

## **5.0 Conclusion**

Despite the existing strategies to address the mental health challenges in the LGBTQ+ community, the present study found the members of this community are highly vulnerable to mental illnesses, and need effective interventions. The review found that psychological distress, anxiety, depression, suicidal thoughts, low quality of life, among other issues, are key challenges faced by members of the LGBTQ+ community. Also, the community is vulnerable to risky behaviors like suicide and HIV transmission. However, the internet-based administration of interventions, including CBT, stands out as a resilience factors that alleviates symptoms of depression, anxiety, and other symptoms.

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