Emerging From a Two-Year-Long Quarantine: A Retrospective Study on Life Satisfaction Trajectory and Depression Among Young LGBTQ+ Students in the Philippines

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Abstract

Background: Evidence suggests that lesbian, gay, bisexual, trans, queer, and other gender and sexual minorities (LGBTQ+) may experience heightened mental health disparities during the COVID-19 pandemic. Since long periods of confinement and physical restriction due to disease outbreaks can adversely affect mental health, there is a need to explore their effects among LGBTQ+ youth as society recovers from the pandemic.

Aims: This study determined the longitudinal association between depression and life satisfaction trajectory from the beginning of the COVID-19 pandemic in 2020 to pandemic-induced community quarantine in 2022 among young LGBTQ+ students.

Methods: This study surveyed 384 conveniently sampled youths (18–24 years old) who identify as LGBTQ+ from locales under two-year-long community quarantine in the Philippines. Respondents' life satisfaction trajectory was measured for 2020, 2021, and 2022. Post-quarantine depression was measured using the Short Warwick Edinburgh Mental Wellbeing Scale.

Results: One out of four respondents has depression. Those from less than high-income households had a higher risk for depression. Repeated measures analysis of variance revealed that those with more pronounced improvements in life satisfaction throughout and after community quarantine among respondents have a lower risk of depression.

Conclusion: Life satisfaction trajectory can influence the risk for depression among young LGBTQ+ students during extended periods of crisis, such as the COVID-19 pandemic. Thus, there is a need to improve their living conditions as society reemerges from the pandemic. Likewise, additional support should be given to LGBTQ+ students from lower-income households. Moreover, continuous monitoring of LGBTQ+ youths' life conditions and mental health post-quarantine is recommended.

Introduction

Pandemics rarely symmetrically affect society. Instead, they tend to highlight the marginalization of vulnerable populations, leading to their heightened distress and worse mental health outcomes than the general population (Ahmed et al., 2020). Among these vulnerable populations, evidence suggests that lesbian, gay, bisexual, trans, queer, and other gender and sexual minorities (LGBTQ+) may experience heightened mental health disparities during the COVID-19 pandemic (Salerno et al., 2020). For instance, a review in

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the UK found that LGBTQ+ individuals have poorer mental health, health behaviors, safety, social connectedness, and access to routine healthcare than their peers (McGowan et al., 2021). Similar findings were found in a study of Swiss sexual minority men. They had higher levels of psychological trauma, depression, poor sleep quality, fear, and isolation than their peers during the COVID-19 pandemic (Marmet et al., 2021). In the Philippines, evidence also suggests that LGBTQ+ individuals experienced the highest rates of significant depression, anxiety, stress, and general poor mental well-being (Alibudbud, 2022; Cleofas et al., 2022). A common explanation behind the poorer health outcomes among LGBTQ+ is the Minority Stress model by Meyer (2003). In this model, proximal (i.e., internalized homophobia) and distal stressors (i.e., gender identity-based discrimination) contribute to poorer mental health outcomes among LGBTQ+ individuals (Meyer, 2003). In addition, it was also suggested that LGBTQ+ youth must be given additional focus due to their high vulnerability (Salerno et al., 2020). As such, it was emphasized that researchers "must elevate the discourse on LGBTQ young persons' mental health and well-being during the pandemic" (Salerno et al., 2020). Moreover, nursing care for clients with psychosocial issues, such as depression, must be gender-inclusive (Rees et al., 2021). Thus, it is necessary to explore the different mental health facets of LGBTQ+ youth as society recovers from the COVID-19 pandemic.

Community Quarantine, Restrictions, and Mental Health

Among others, the adverse effects of community quarantine and prolonged confinement on mental health may persist even after lifting restrictions. Community lockdowns and quarantines restrict the physical mobility of populations as a response to disease outbreaks, including the COVID-19 pandemic (Kpanake et al., 2019; Salerno et al., 2020). Hence, their effects on the mental health of LGBTQ+ youth can inform psychiatric and mental health professionals as they plan LGBTQ-inclusive post-quarantine and postpandemic mental health services and promotion programs.

Current evidence on the relationship between lockdowns and mental health remains inconclusive (Prati & Mancini, 2021). For instance, longitudinal research in Israel, the UK, and Germany suggests that mental health problems may significantly decline after lockdowns and quarantines (Fancourt et al., 2021; Kimhi et al., 2020; Mata et al., 2021). On the contrary, studies in Germany and Austria suggest no significant changes were noted in the prevalence of mental health problems (Pieh et al., 2020; Zacher & Rudolph, 2021).

Life satisfaction, a subjective perception of well-being (Diener et al., 1985), can also be explored as a facet of mental health since people may have different post-lockdown and quarantine experiences. For example, current evidence

from a longitudinal study suggests that pandemic-induced lockdowns can negatively affect the quality of life of individuals (Weijer et al., 2022). Another study found that life satisfaction and mental health declined before and during lockdown among students (Preetz et al., 2021); however, no data on post-lockdown was collected.

Based on these studies, there is conflicting evidence on the relationship between lockdowns and mental health, suggesting a need for further investigation, especially among Asian and LGBTQ+ populations, which seem underrepresented in this area of research. Moreover, there is a dearth of research that examines how life satisfaction influences mental health outcomes *after* relatively prolonged periods of community quarantine for students.

The Present Study: Life Satisfaction, Mental Health Outcomes, and Sociodemographic Characteristics Among LGBTQ+ Young Students

To address the aforementioned research gaps, the present study explored the relationship between lockdowns and mental health among young LGBTQ+ students in the Philippines. Mindful that the LGBTQ+ youth faces additional stresses, this study utilized the diathesis-stress model (Zuckerman, 1999), which posits that prolonged exposure to stressful events (i.e., long-term COVID-induced quarantine, social disadvantages, and discrimination) increases a person's vulnerability to mental health problems. The Philippines is arguably a unique case that demonstrates the diathesis-stress hypothesis at the community level since it has one of the longest and strictest lockdowns and is among those with the poorest COVID-resilience scores in the world (Chang et al., 2022; Hapal, 2021). Mainly, various community quarantine measures were enforced in the country between March 2020 and March 2022. Furthermore, as this study focuses on young LGBTQ+ students, other determinants that may affect life satisfaction and mental health outcomes can be explored. In this regard, research has indicated that the mental health inequalities in the Filipino student population during the pandemic can differ based on sociodemographic characteristics (Cho et al., 2021; Cleofas & Rocha, 2021).

Objectives and Significance

Cognizant of the research gap and the potential link between COVID-related changes, life satisfaction, mental health outcomes, and sociodemographic characteristics among young LGBTQ+ students, this study: (a) identified the sociodemographic factors associated with depression and (b) determined the longitudinal association of life satisfaction trajectory and depression from the beginning until after a two-year-long community quarantine. By doing so, its results may be used toward developing LGTBQ-inclusive

school-, community-, and clinical-based mental health nursing services and promotion programs as society recovers from the pandemic.

Methods

Study Design and Participants

The present study utilized a retrospective and repeated measures design to describe the young LGBTQ+ students' life satisfaction trajectory and its association with depression. In this regard, the outcome variable, depression, is assessed at the present, and the main explanatory variable, life satisfaction, is measured through the respondents' recall. It also utilized a repeated measures design since life satisfaction was assessed at three points in time (i.e., 2020 [T1], 2021 [T2], 2022 [T3]) to determine longitudinal associations (Caruana et al., 2015). In addition, this study can also be considered a retrospective, cross-sectional study since it collected multiple data regarding the past in a single survey. This study design has been previously utilized to establish longitudinal associations between exposures and outcomes in a more cost-efficient and less labor-intensive manner (e.g., Sajjad et al., 2016). Additionally, the present study's cross-sectional approach enabled the identification of significant sociodemographic determinants of depression.

This study is a component of a larger research study that investigated the well-being and social behaviors of emerging adult Filipino undergraduates. The target population for the present study is undergraduate students that possess the following characteristics: (a) self-reported LGBTQ+; (b) age within the youth age bracket (18–24), and (c) should be residing within National Capital Region, Central, or South Luzon region. These settings were considered because they experienced similar community quarantine levels throughout the periods of interest. Respondents were recruited through social media and convenience sampling. Using the proportion based on a previous study on depression among Filipino emerging adults (Cleofas, 2022), sample size calculations based on Long (1997) indicated that the minimum required sample size is 187. A total of 384 respondents met the inclusion criteria and were included in the analysis.

Instruments

Demographic profile. The following sociodemographic data were collected from the participants: (a) age; (b) sex assigned at birth (male or female); (c) estimated household income bracket (low to middle income or high income); and (d) religious affiliation (Catholic or non-Catholic). These were used as cross-sectional explanatory variables for depression post-quarantine. Moreover, we also measured specific sexual identities (i.e., heterosexual, homosexual, bisexual, queer, pansexual, and asexual) and gender identities (i.e., cisgender, trans-binary, and trans-nonbinary).

Single-Item Life Satisfaction Measure. Following Cheung and Lucas (2014), this study utilized a single-item measure which reads, "All things considered, how satisfied are you with your life as a whole during [year]," to measure life satisfaction among the respondents. The question is answerable using an 11-point response scale where 0 represents completely dissatisfied while 10 represents completely satisfied. This single-item measure was asked per year: 2020 (T1), the first year of the pandemic-induced quarantine; 2021 (T2), the second year of the pandemic-induced quarantine; and 2022 (T3), the year when restrictions in physical mobility were lifted in the Philippines. Cheung and Lucas (2014) suggested that this single-item life satisfaction scale can perform similarly to the multiple-item Satisfaction with Life Scale (Diener et al., 1985) and can be used in studies utilizing repeated measures.

Short warwick edinburgh mental wellbeing scale. The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) was used to assess the respondents' level of depression. SWEMWBS is a five-point Likert scale where 1 signifies "none of the time" and 5 as "all of the time." It comprises seven items that depict positive aspects of mental health over the past two weeks (Stewart-Brown et al., 2009). A sample statement is, "I've been dealing with problems well." To facilitate parametric statistical analyses, the scores were transformed and categorized based on the range: **depression** (7–19.3) and **no depression/optimal mental well-being** (20.0–35; Ng Fat et al., 2017; Stewart-Brown et al., 2009; Warwick Medical School, 2016). These cut-off scores were selected since the range for low mental well-being is regarded as a reliable indicator of probable depression (Shah et al., 2021). Among Filipinos, SWEMWBS demonstrates good reliability ($a = 0.87$; Cleofas & Oducado, 2021).

Data collection and ethical considerations. The present study followed Philippine ethical standards, the 1964 Declaration of Helsinki, and its later amendments. In doing so, ethical approval was secured from the Wesleyan University-Philippines University Ethics Review Committee (OI-2021-03-1S21–22). Data were collected via online forms fielded through social media and other Internet-based platforms. Eligibility criteria were indicated in the invitations for recruitment. The first page of the online form contained the consent form, where respondents can signify their voluntary participation before answering the research instruments. It also included complete information regarding the study procedure, respondent rights, privacy protection, and the voluntary nature of participation. All data was stored in an encrypted cloud protected by two-factor authentication. Data were collected during the second and third quarters of 2022.

Data Analysis Procedure. Continuous variables (i.e., age) were summarized using means (*M*s) and standard deviations (*SD*s), while categorical variables (i.e., sex assigned at birth) were summarized using frequencies and percentages. Then, univariate logistic regression tests were applied to each sociodemographic variable to determine the significant sociodemographic predictors of depression. Subsequently, repeated measures analysis of variance (ANOVA) with a between-subject factor (depression) was utilized to assess the longitudinal association of life satisfaction and depression from 2020 to 2022. Significant sociodemographic predictors based on the logistic regression were included as covariates in the repeated measures ANOVA. Greenhouse–Geisser corrections were utilized to address sphericity issues. Finally, Holm posthoc analysis was applied to identify significant differences within and between groups. The significance level was set at 0.05. All statistical analysis was conducted using JASP 0.16.

Results

Descriptive Results and Sociodemographic Determinants of Mental Well-Being

Table 1 shows that the majority of the respondents are 20 years old ($M = 20.245$, $SD = 1.04$), assigned as female at birth (70.31%), from low- to middle-income households (66.67%), and are Catholics (73.18%). Most respondents identified as bisexual (58.07%) and cisgender (79.68%). Moreover, SWEMWBS scores reveal that 102 out of the 384 respondents (26.56%) are categorized as having probable depression. Yearly *M* and *SD* of life satisfaction scores demonstrate an upward trajectory from the beginning until after the quarantine in the overall sample (T1 [2020] = 4.84 ± 4.47, T2 [2021] = 4.81 ± 2.50, T3 [2022] = 5.80 ± 2.61; see Figure 1).

Table 1 also shows the distribution of respondents based on sociodemographic characteristics when grouped according to depression outcomes; and logistic regression test results that determine the significant predictors of depression. Regression results suggest household income brackets were significant predictors of depression. Respondents from high-income households had 0.519 lesser odds ($p = .007$, 95% $CI = 0.322–0.839$) of developing depression post-quarantine than low- to middle-income counterparts. This finding suggests that respondents from low- to middle-income households have a generally higher level of depression than their counterparts.

Longitudinal Association of Life Satisfaction and Depression

Table 2 shows the repeated measures ANOVA results to determine the longitudinal association of life satisfaction

(year: 2020, 2021, and 2022) on depression outcomes among students post-lockdown. The sociodemographic characteristic that emerged as a significant predictor of depression (i.e., household income bracket) was included as a covariate. Taking the sample as a whole, time demonstrated a significant effect on life satisfaction ($F = 72.849$, $p < .001$, $\eta_p^2 = 0.160$). Posthoc Holm test reveals that there was a significant yearly improvement in life satisfaction (T1 [2020] vs. T2 [2021]: MD = −0.328, $t = −2.887$, $p = 0.004$; T2 [2021] vs. T3 [2022]: MD = −0.990, $t = −8.707$, $p < .001$). Moreover, the posthoc test indicates a marked increase in life satisfaction scores between the beginning of the pandemic and when the lockdowns were lifted two years after (T1 [2020] vs. T3 [2022]: MD = −1.318, $t = −11.593$, $p < .001$).

After adjusting for the effect of household income, ANOVA results suggest that for depression outcomes, significant associations for both groups ($F = 19.978$, $p < .001$, $\eta_p^2 = 0.050$) and group-by-time interaction ($F = 9.121$, $p < .001$, $\eta_p^2 = 0.023$) were found for life satisfaction scores. Figure 1 shows that LGBTQ+ students with no post-quarantine depression exhibited a progressive increase in life satisfaction from the beginning to the end of the community quarantine. On the other hand, it can be noted in the group with depression that the improvement in life satisfaction across the time points was less pronounced. Posthoc Holm test reveals that during the first year of the pandemic (year: 2020), the life satisfaction scores are comparable across the two groups (T1 [no vs. with depression]: MD = 0.676, $t = 2.245$, $p = 1.176$). However, the life satisfaction scores significantly diverged in 2021 and 2022, with the group with optimal mental well-being demonstrating more pronounced improvements in scores compared to those with depression (T2 [no vs. with depression]: MD = 0.993, $t = 3.297$, $p = .009$; T3 [no vs. with depression]: MD = 1.791, $t = 5.947$, $p < .001$). As for the covariate, the household income bracket did not yield significant group differences nor group-by-time interaction with life satisfaction. This finding suggests that the respondents with a high probability of depression generally have a lower life satisfaction trajectory from 2020 to 2022 (during and after the pandemic-induced lockdowns) compared to their counterparts.

Discussion

The primary objectives of this study are to examine the significant sociodemographic predictors of depression and determine the longitudinal association between life satisfaction trajectory and post-quarantine depression from the start until after pandemic-induced community quarantine among young LGBTQ+ students in the Philippines. This retrospective cross-sectional study contributes to the ongoing debates regarding the effects of long-term, pandemic-induced confinement on mental health by highlighting an underrepresented specific subpopulation, which may have particular healthcare needs and affordances compared to cis-heterosexual persons. Findings reveal that

Table 1. Descriptive and Logistic Regression Results on the Predictors of Depression[a] Among Respondents (N = 384).

		Descriptive analysis			Logistic regression analysis			
		n (%)[b]					95% CI UOR	
Predictor	Category	No depression (n = 282, 73.4)	Depression (n = 102, 26.6)	Total (N = 384, 100%)	B	Unadjusted OR	Upper	Lower
Age[c]	18 to 20 years old	184 (47.9)	72 (18.8)	256 (66.7)	(ref)			
	21 to 24 years old	98 (25.5)	30 (7.8)	128 (33.3)	−0.246	0.782	0.479	1.279
Sex assigned at birth	Female	193 (50.3)	77 (20.1)	270 (70.3)	(ref)			
	Male	89 (23.2)	25 (6.5)	114 (29.7)	−0.351	0.704	0.420	1.180
Household income bracket[d]	Low to middle income	150 (39.1)	70 (18.2)	220 (57.3)	(ref)			
	High income	132 (34.4)	32 (8.3)	164 (42.7)	−0.655**	0.519	0.322	0.839
Religion	Catholic	46 (12.0)	118 (30.7)	164 (42.7)	(ref)			
	Non-Catholic	57 (14.8)	163 (42.4)	220 (57.3)	0.306	1.359	0.826	2.234
Sexual orientation	Homosexual	40 (10/4)	18 (4.7)	58 (15.1)	(ref)			
	Bisexual	168 (43.8)	55 (14.3)	223 (58.1)	−0.318	0.728	0.386	1.372
	Queer	25 (6.5)	14 (3.6)	39 (10.2)	0.219	1.244	0.527	2.937
	Pansexual	10 (2.6)	3 (0.8)	13 (3.4)	−0.405	0.667	0.164	2.717
	Asexual	18 (4.7)	6 (1.6)	24 (6.3)	−0.3	0.741	0.252	2.178
	(Non-cis) heterosexual	21 (5.5)	6 (1.6)	27 (7.0)	−0.454	0.635	0.219	1.84
Gender identity	Cisgender	225 (58.6)	81 (21.1)	306 (79.7)	(ref)			
	Trans, binary	25 (6.5)	8 (2.1)	33 (8.6)	−0.118	0.889	0.385	2.050
	Trans, nonbinary	32 (8.3)	13 (3.4)	45 (11.7)	0.121	1.128	0.564	2.256

Note. OR = odds ratio; CI = confidence interval; UOR = unadjusted OR; SWEMWBS = Short Warwick Edinburgh Mental Wellbeing Scale; NEDA = National Economic and Development Authority.
[a]Depression (SWEMWBS score 19.3 and below).
[b]Denominator for percentage computation is N = 384.
[c]Continuous variables use mean (standard deviation) for descriptive statistics
[d]Income bracket based on NEDA: low to middle income = PhP 131,484 and below; high income = 131,485 and above [1 USD = about PhP 60.00]
*p < .05, **p < .01, ***p < .001

around one out of four respondents demonstrates low mental well-being and probable depression, which is lower than the rate of depression among LGBTQ+ students (46.2%) before the COVID-19 pandemic (Alibudbud, 2021), other LGBTQ+ youth (92.0%; Alibudbud, 2022), and general emerging adults (51.3%) in the Philippines using a similar measurement tool (Cleofas, 2022). The community quarantine itself may explain the lower prevalence rate in this study. As noted by Meyer (2003), in the minority stress model, LGBTQ+ people may experience higher rates of mental disorders due to exposure to discrimination and prejudice from their social environment. With the community quarantine and mobility restrictions, the respondents' exposure to these stressors may be decreased. Thus, lockdowns, quarantine, and community restrictions may paradoxically reduce their exposure to sources of minority stress. Nonetheless, further research is needed to fully understand the possibility of reduced minority stress during community quarantines.

The findings also show that young LGBTQ+ students from low- to middle-income households had a higher risk for post-lockdown depression than their higher-income counterparts. This finding is consistent with prior COVID-19 research that economic disadvantages among college students can negatively affect their quality of life and mental health outcomes during the pandemic (Aknin et al., 2022; Cleofas & Rocha, 2021; Epifanio et al., 2021; Liu & Fu, 2022; Sugawara et al., 2021). Moreover, previous research among emerging adults in college also noted that financial constraints could be a significant predictor of mental health problems (Preetz et al., 2021). In the Philippines, students from lower-income households reported experiencing difficulties obtaining basic needs during the pandemic and accessing mental health services even before COVID-19 (Cho et al., 2021; Lally et al., 2019). Thus, difficulties accessing basic needs and mental health services could explain the higher probability of depression among respondents from lower-income households.

Finally, the findings also suggest that after controlling for income levels, life satisfaction trajectory was associated with depression from the beginning until after community quarantine. It also indicates that the respondents reported
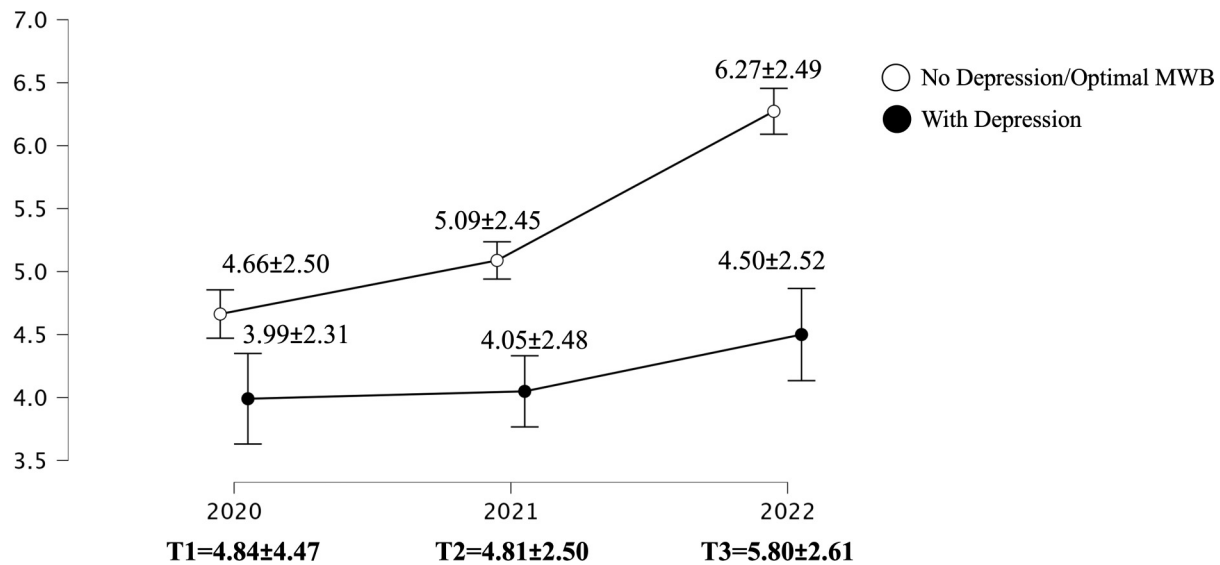
Figure 1. Life satisfaction trajectory from 2020 (T1), 2021 (T2), and 2022 (T3, post-lockdown) when grouped according to depression outcomes; values in data points represent mean and standard deviation (SD) of life satisfaction per time period per level of mental well-being; values in *x*-axis represent mean and SD of life satisfaction of overall sample per time period.

Table 2. Results of Repeated Measures Analysis of Variance (ANOVA) on the Longitudinal Association of Life Satisfaction on Post-Quarantine Depression Outcomes and its Significant Predictor (Income Bracket).

Effect	F	*p*-value	η_p^2
Life satisfaction			
Time (years)	72.849***	<0.001	0.160
Main outcome variable: *Depression*			
Group	19.978***	<0.001	0.050
Time × group	9.121***	<0.001	0.023
Covariate: *Household income bracket*			
Group	1.535	0.216	0.004
Time × group	0.280	0.737	7.353e-4

*$p < .05$, **$p < .01$, ***$p < .001$.

similar life satisfaction scores in 2020. However, life satisfaction scores significantly diverged between respondents with depression and optimal mental well-being. Specifically, young LGBTQ+ students who exhibited significant levels of depression after the quarantine reported lower annual improvements in life satisfaction than those with optimal mental well-being. This supports the diathesis-stress hypothesis during the pandemic, where young LGBTQ+ students experiencing lower life satisfaction and COVID-induced confinement and restrictions were more likely to have depression and low mental well-being in the post-quarantine period. This finding supports previous studies that indicate a cross-sectional relationship between life satisfaction and mental health (Dela-Rosa et al., 2022; Preetz et al., 2021; Rogowska et al., 2020). In particular, the present study revealed longitudinal data demonstrating how low improvement in life satisfaction

throughout the two-year-long quarantine may lead to depression and low mental well-being in the post-quarantine period among young LGBTQ+ students.

To our knowledge, this is the first study that explored the longitudinal relationship between life satisfaction and depression among young LGBTQ+ students during the Philippines' long lockdowns. However, its findings must be viewed in light of its methodological limitations. First, while the present study's strength is the use of longitudinal data, the study design is retrospective. Thus, the results may be affected by recall bias. Second, the study employed convenience sampling, limiting the generalizability of the results. Therefore, future studies can employ prospective longitudinal designs using random samples to establish further the relational and causal link between life satisfaction changes and mental health.

Conclusions

The findings of the present study highlight how life satisfaction trajectory can influence the risk for depression among young LGBTQ+ students during extended periods of crisis, such as the COVID-19 pandemic. Moreover, our study provides empirical support for the intersectional mental health inequalities experienced by Filipino LGBTQ+ youth based on their socioeconomic status, with those from lower-income households exhibiting a significantly higher risk for depression regardless of changes in life satisfaction.

These results can inform future studies that create and examine the short- and long-term outcomes of pandemic-related school mental health programs on students' mental well-being. Moreover, future researchers are enjoined to

further assess the life satisfaction trajectories years after the lifting of the lockdown and the eventual end of the pandemic to check whether the mental health challenges during the pandemic decrease quality of life over time and the role of school nurses in addressing mental health issues along the way.

Implications

The present study's findings can inform mental health nurses and other professionals, about programs and services for young students in their pursuit of LGBTQ-inclusivity as society reemerges from the pandemic. As community quarantine and mobility restrictions are lifted, the findings suggest that LGBTQ+ students may be exposed to different social environment stressors (i.e., discrimination and prejudice), leading to higher mental health problems. As such, these social stressors need to be addressed. For instance, as schools return to full in-campus classes, LGBTQ+ students can be supported by establishing school-based Sexual Orientation, Gender Identity, and Expression (SOGIE) awareness and training programs that reach all school stakeholders (i.e., school orientations). Schools and government institutions can also provide LGBTQ+ "safe spaces" for social interaction and conversation of LGBTQ-related concerns to improve stigma. In doing so, evidence suggests that these school-based programs may reduce gender and sexuality-related prejudices (Okanlawon, 2020; Woodford et al., 2012).

The findings also suggest additional attention and support should be given to LGBTQ+ students from lower-income households. For instance, their difficulties accessing mental health services can be reduced by providing subsidized or free mental health consultations. School nurses can be capacitated to provide psychoeducation and perform psychological first aid. Likewise, their basic needs can be supported by linking them to social services offering stipends and scholarships.

Life satisfaction trajectory inversely relates to the risk for depression among young LGBTQ+ students. Therefore, there is a need to improve their living conditions. As a start, they can be supported by affirming their SOGIE in schools, clinical services, and other settings. Furthermore, there is a need to investigate ways to improve their life satisfaction. As such, school stakeholders and mental health professionals can collaborate in monitoring the life conditions of young LGBTQ+ students vis-a-vis critical events as society recovers from the pandemic amidst other social issues (i.e., political events, climate disasters, and conflicts). Moreover, mental health advocates can establish programs that monitor and assess the quality of life and mental well-being of this vulnerable young population in their communities. In doing so, they can inform and advocate for policies and legislation that can help prevent further mental health problems and promote mental well-being and life satisfaction among LGBTQ+ students.

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