Sources of Social Support and Mental Health Among LGB Youth

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Abstract

Disparities in psychosocial adjustment have been identified for lesbian, gay, and bisexual (LGB) youth, yet research that explores multiple sources of social support among subgroups of LGB youth is sparse. Social support theory is used as a framework to analyze the ways that different sources of support might promote better psychosocial adjustment for LGB youth. Data from a diverse sample among LGB youth ($N = 835$) were used to understand how social support from a close friend, teachers, classmates, and parents might be differently associated with depression and self-esteem. We found that parent support and its importance to the participant were consistently related to higher self-esteem and lower depression for all youth, except for lesbians for whom no forms of social support were associated with self-esteem. Teacher and classmate support influenced some subgroups more than others. These results provide parents, clinicians, and schools a roadmap to assist youth navigate supports.

Keywords

Poor psychosocial adjustment of many lesbian, gay, and bisexual (LGB) youth is well documented (Institute of Medicine [IOM], 2011; Marshal et al., 2011). Theory and related evidence exist to suggest that an explicit focus on the role of social support is warranted. For example, studies have highlighted the benefits of warmth, care, and support from loved ones, especially for LGB youth (Hsieh, 2014). Supportive romantic relationships (Rostosky, Riggle, Gray, & Hatton, 2007), families (Craig & Smith, 2014; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), and friendships (Shilo & Savaya, 2012) are associated with better adjustment among LGB youth. Given differences among LGB youth both in reports of psychosocial adjustment (IOM, 2011; Udry & Chantala, 2002) and in potential sources of support (Shilo & Savaya, 2011), the role of distinct forms of social support might differ across sexual identity groups. Emerging contemporary evidence has found that LGB

individuals rely more heavily on "chosen families" and friends for everyday social support, such as talking about problems (Frost, Meyer, & Schwartz, 2016). Despite the established association between social support and adjustment for youth, research has not disentangled how multiple sources of social support might be related to psychosocial adjustment among LGB youth.

A disproportionate number of LGB people are at risk for depression and low self-esteem (Herek & Garnets, 2007). One recent meta-analysis found that LGB youth are at significantly higher risk for depression compared with their heterosexual peers (Marshal et al., 2011). LGB youth also report lower self-esteem compared with their heterosexual counterparts, especially those who report victimization at school (Kosciw et al., 2012). In this study, we expand on existing literature by examining how social support from parents, a close friend, teachers, and classmates is related to depression and self-esteem differently among subgroups of LGB adolescents.

Social Support

Social support is strongly related to psychological well-being for adolescents (Brausch & Decker, 2014; Huang, Costeines, Kaufman, & Ayala, 2014). Most youth receive simultaneous support from several different types of interpersonal relationships. Each type of relationship (e.g., family, friend, teacher, classmate) provides distinct sources of resources and specialized support (Kenny, Gallagher, Alvarez-Salvat, & Silsby, 2002). Recent research among heterosexual youth has documented that these distinct sources of social support are differently related to psychosocial adjustment. For example, in one study of 600 young adults surveyed over 4 years, researchers found that different supports had specific implications for self-esteem and depressive mood (Guan & Fuligni, 2015); specifically, for participants with higher-than-average educated parents, increases in peer support were associated with accompanying increases in self-esteem and decreases in depressive symptoms.

It is unclear from previous research whether distinct sources of support vary in their associations with well-being among LGB youth, and whether such patterns may differ among subgroups of sexual minorities (i.e., LGB youth). Previous research suggests that parent (Hershberger & D'Augelli, 1995; Ryan et al., 2010; Watson, Barnett, & Russell, 2015), friend (Shilo & Savaya, 2012), teacher (Murdock & Bolch, 2005), and classmate (Kosciw et al., 2012) supports are each essential to successfully cope with negative experiences for LGB youth. However, these forms of support are typically examined separately; this study is one of the first to disentangle the role of multiple sources of social support in the same sample of LGB youth by way of a multifaceted measure of social support (Malecki, Demaray, Elliot, & Nolten 2000). We combine both presence and importance of social support, which has not been applied in studies of LGB youth populations until now.

Parent Support and Psychosocial Adjustment

Families are one of the most important institutions that contribute to the socialization of an adolescent: Both parenting practices and the role of the family system are important elements of adolescent adjustment and development (Parke & Buriel, 2006). Negative parent reactions related to sexual orientation are strongly associated with increases in alcohol, marijuana, and cigarette use (Rosario, Schrimshaw, & Hunter, 2009). When parents reject their children on the basis of sexual orientation, youth report poorer physical health (Ryan, Huebner, Diaz, & Sanchez, 2009). Among LGB young adults, decreased parent support was found to be associated with increases in suicidality and recent drug use (Needham & Austin, 2010).

Not all experiences that LGB youth have with their parents are characterized by stress and compromised adjustment, and family support is protective against negative outcomes for LGB youth. Self-esteem and depression are linked to parent knowledge and degree of acceptance of sexual minority identities: Savin-Williams (1989) found that self-esteem was related to satisfaction with mother and father support and the presence of and contact with parents. The same study also showed differences by sex: For males, mother's knowledge of a sexual minority identity and infrequent contact with the father were predictive of higher self-esteem, and for sexual minority females, positive relationships with mothers, but not fathers, were predictive of higher self-esteem (Savin-Williams, 1989). In one study of 245 families, there were strong associations between family acceptance, positive self-esteem, and social support for LGB youth (Ryan et al., 2010). Results indicated that family acceptance played an integral role in the mental and emotional health of LGB adolescents. In particular, the way that parents responded to their child's LGB identity was crucial for healthy development. Another study that used the same sample of 245 families found that parent support was related to life satisfaction, self-esteem, and LGBT (lesbian, gay, bisexual, and transgender) esteem in young adulthood above and beyond friend and community support (Snapp, Watson, Russell, Diaz, & Ryan, 2015). One other study explored parents' supportive reactions and the related associations with health among 177 LGB individuals and found that for lesbian and bisexual women, coming out was associated with better health, such as lower levels of depression and past-month illicit drug use (Rothman, Sullivan, Keyes, & Boehmer, 2012). Doty, Willoughby, Lindahl, and Malik (2010) also assessed parent support of 98 LGB youth, aged 18 to 21, and found that parent support diminished the effects of emotional distress (Doty et al., 2010). Parent relations and support have clear implications for the well-being of LGB youth, yet previous research has not considered parent support in the context of other established sources of support for LGB youth, such as teachers, classmates, and close friends.

Teacher and Classmate Support and Psychosocial Adjustment

Although families are essential for healthy youth development, experiences at school and among classmates also contribute to development. Schools have long been identified as a setting in which LGBT students experience bullying and a general lack of safety (Kosciw et al., 2012). In response, a growing body of research documents the role of school safety initiatives and the effectiveness of gay–straight alliance clubs in creating positive school

climates (e.g., Poteat, Sinclair, DiGiovanni, Koenig, & Russell, 2013), characterized in part by high levels of teacher and classmate support (e.g., Russell, Muraco, Subramaniam, & Laub, 2009). For LGB youth, current research indicates that students find teachers and staff members more supportive than in studies conducted a decade ago (Kosciw et al., 2012). In their national report, Kosciw and colleagues (2012) reported that 95% of students could identify at least one school staff member they perceived to be supportive of LGBT students at their school; a third of students reported that school administrators were supportive of LGBT students. Yet beyond these studies, few scholars have considered distinct sources of support at school. Youth who do not feel a strong sense of connection to classmates at school typically report that they are depressed and lonely (Rubin, Burgess, Kennedy, & Stewart, 2003). One recent study found that LGB students who reported more support from their teachers also reported less victimization, greater self-esteem, higher grade point averages, and fewer missed days of school (Kosciw, Palmer, Kull, & Greytak, 2013). Other studies have investigated support specific to sexual identity. For example, when youth disclosed their sexual minority identities at school and had teachers and classmates who were supportive, they reported higher self-esteem compared with both youth who had "come out" and did not receive support and youth who chose not to come out (Harbeck, 1992).

Friend Support and Psychosocial Adjustment

Friendships support positive adjustment for LGB youth (Rosario et al., 2009), yet some lesbian and gay youth lack friends and feel lonely (Grossman & Kerner, 1998). Some research has found that keeping friends after disclosure of sexual orientation was protective against poor psychosocial adjustment: One study found that lesbian and bisexual girls who disclosed their sexual orientation reported better psychosocial adjustment when they did not lose friends as a result of the disclosure (D'Augelli, 2003). Other studies have linked supportive and accepting friends to better psychosocial adjustment: In a study of 461 self-identified LGB adolescents and young adults, Shilo and Savaya (2011) found that friend support was strongly associated with well-being and had a stronger positive effect on disclosure of sexual orientation compared with parent support and acceptance. In another study, youth who disclosed their sexual orientation to their sexual minority friends received the highest levels of support, which was related to lower levels of mental distress (Doty et al., 2010). In a study of more than 5,000 LGB adolescents, support from friends did not reduce the odds of victimization for LGB youth, regardless of whether the support was in person or online (Ybarra, Mitchell, Palmer, & Reisner, 2015). Taken together, these findings regarding friends—along with parents, teachers, and classmates—highlight the need to further explore how sources of support may be related to psychosocial outcomes for subgroups of sexual minorities.

Current Study

In the current study, we examined whether multiple sources of social support, in the context of perceived importance of that support, were associated with the psychosocial adjustment of LGB youth, and whether there were differences across sex and sexual identities. We measure both the *importance* and *presence* of sources of social support for LGB male and females.

Method

Design

Data for the current study come from the first of four waves in a longitudinal panel study of the risk and protective factors of suicide among sexual minority youth. At the first wave, all participants received a cash incentive for their participation. The project was designed to determine the correlates of mental health among sexual minorities, and the current study investigated how one of these potential correlates—social support—might be related to psychosocial adjustment. The institutional review boards of both U.S.-based universities involved approved all study procedures. Youth who met the inclusion criteria were requested to contact the site coordinator in their city and establish an appointment to complete a survey packet. For participants younger than 18 years, youth advocates explained the study to ensure informed consent. A federal certificate of confidentiality was obtained. Thus, parental consent was not required; it was deemed that seeking such consent might put youth at risk of exposing their sexual orientation. Youth completed the survey in 40 to 80 minutes; upon completion, a trained research assistant or site coordinator debriefed participants and assessed for suicidal thoughts and behaviors. In the event participants reported having suicidal thoughts, they were referred to culturally competent mental health services. A protocol was in place if youth reported imminent risk; no such emergency procedures were reported during the study. The assessment procedure consisted of administering a survey packet; data were collected between November 2011 and October 2012.

Measures

Demographic questions—To assess race/ethnicity, participants checked the following options that applied to them: (a) Asian or Asian American, including Chinese, Japanese, Korean, and Others; (b) Black or African American; (c) White, Caucasian, Anglo, or European American; (d) American Indian/Native American/Alaskan Native; (e) Native Hawaiian or Other Pacific Islander; and (f) Multiracial: Parents are from two or more different racial groups; participants were also given an option to write in their race/ ethnicity.

We asked participants whether their birth sex was male, female, or intersex. Participants were asked to identify their sexual identity: (a) gay; (b) lesbian; (c) bisexual, but mostly gay or lesbian; (d) bisexual; (e) equally gay/ lesbian and heterosexual/straight; (f) bisexual, but mostly heterosexual/straight; (g) heterosexual/straight; (h) questioning/uncertain; and (i) don't know for sure.

Social support—Support was measured using four subscales of the Child and Adolescent Social Support Scale (CASSS; Malecki et al., 2000): My Parents, My Close Friend, My Teachers, and My Classmates. Four sources of social support were measured separately by creating a mean score from 12 items that asked the degree to which they received support from each source (e.g., my parents "show they are proud of me," "listen to me when I need to talk," and "make suggestions when I don't know what to do."). Response options were measured on a 6-point scale from 1 (*never*) to 6 (*always*). Higher scores correspond to higher levels of perceived support. The importance of social support was measured with 12 items for four domains: parents, classmates, teachers, and a close friend. Participants were

asked, "How important to you is it that your 'parents show they are proud of (you)?'" Items were measured on a 3-point scale, 1 (*not at all important*) to 3 (*very important*), and averaged to create separate indexes of perceived importance of social support. To create the final measures of social support, the product of social support and the perceived importance of social support indexes was calculated for each domain: social support from parents (α = .92), classmates (α = .88), teachers (α = .78), and close friends (α = .91). The resulting scale scores ranged from 1 (*no support but not important*) to 18 (*always and very important*).

Depression—We measured depression using the 20-item Beck Depression Inventory–Youth (BDI-Y; Beck, Beck, & Jolly, 2001) because it is one of the scales recommended by the American School Counselor Association specifically to examine the relationship between depression and suicidal thoughts, and is one of the most commonly used scales to address such depression in adolescents (see Erford et al., 2011). Participants were given a list of things people think and feel and then asked to choose the responses that correspond to how they feel. Examples of items are as follows: "I think my life is bad," "I have trouble doing things," and "I wish that I were dead." Response options range from 0 (*never*) to 3 (*always*). For descriptive analyses, the 20 items were averaged so that higher scores corresponded to greater levels of depression (α = .93).

Self-esteem—Self-esteem was assessed using 10 items of the Rosenberg Self-Esteem Scale. As an example, one item was "I feel that I am a person of worth, at least on an equal plane with others." Response options ranged from 1 (*strongly agree*) to 4 (*strongly disagree*). Five items indicating feelings of failure and low self-esteem were reverse coded. For descriptive analyses, the items were summed and averaged (α = .88); higher scores indicated higher levels of self-esteem.

Population

Participants in the original study were 1,061 self-identified lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and youth with same-sex attraction in three major cities in the Northeast, Southwest, and on the West Coast of the United States. Youth were recruited from community-based agencies and college groups by snowball sampling. We excluded trans* participants and those who identified their sexual identity as "heterosexual" and "questioning/uncertain/don't know for sure."

Analysis

We dummy coded race/ethnicity with White as the reference group. Confirmatory factor analysis was first performed to ensure valid measurement of social support, depression, and self-esteem for all participants. R lavaan was used to conduct a structural equation model (see Figure 1). Three parcels were created for each source of social support (parent, classmate, teacher, and close friend) as well as for depression and self-esteem. An Item-to-Construct Balance Model was utilized to parcel; thus, the highest loaded item was grouped with the lowest loaded item to create the first parcel, and so on (for more information regarding parceling, see Little, Cunningham, Shahar, & Widaman, 2002). An omnibus test revealed that there were differences between the four subgroups: gay, lesbian, bisexual male,

and bisexual female. Multiple group comparisons were assessed to see whether the significance of the beta coefficients for the pathways differed across models.

Results

Of the included participants in the current study (N = 835 self-identified LGB youth ages 15 to 21 at the time of recruitment, M = 18.77, SD = 1.85), 31.8% identified as gay males, 22.2% as lesbian or gay-identified females, 15.3% as bisexual males, and 30.7% as bisexual females. Using current federal reporting guidelines, 39.2% were of Hispanic or Latino background. Regarding race, 20.8% were White, 24.2% Black or African American, 4.8% Asian, 2.9% American Indian or Alaskan Native, 0.8% Native Hawaiian or Other Pacific Islander, 22.4% more than one race, and 24.0% did not report their race.

Table 1 provides the descriptive information for key study variables, and Table 2 displays the correlations. As a whole, participants reported receiving more friend support than parent, classmate, and teacher support. Sources of social support were generally moderately correlated across each source of social support, with the exception of supports within school, which were strongly correlated (teachers and classmates, r = .54).

The Presence and Importance of Social Support for LGB Youth

Figure 1 displays the results of the structural equation model for all participants. Model fit was good (comparative fit index [CFI] = .995; root mean square error of approximation [RMSEA] = .028); thus, no alternative models were examined. The loadings for the three parcels on each social support construct were good and ranged from .90 to .96. The loadings for self-esteem ranged from .71 to .89 and depression from .88 to .93 (see Figure 1). There was no significant difference (p = .30) between both the weak and strong invariance tests across gay, bisexual, and lesbian subgroups; thus, the investigation of differences in the relationship between social support and psychosocial adjustment across subgroups was permissible. To do this, all regression pathways were constrained across groups to estimate a base model to compare each subsequent subgroup model. Next, individual pathways were constrained separately across groups, and fit statistics were compared with the base model to determine whether there were significant differences. For example, "parent support and importance" were constrained, while other pathways were freely estimated and the fit statistic was compared with the base model.

Even though close friend support showed weak correlations compared with measures of psychosocial adjustment compared with parent support, both close friends and parents appeared as the critical predictors when considered in the multivariate analyses. The results indicate that the presence and importance of parent support were associated with moderately less depression for the entire sample. In addition, the presence and importance of close friend support were negatively associated with depression (although the effect size is weak). Measures of classmate and teacher support were not associated with depression. Regarding self-esteem, there was a notably similar pattern: Presence and support from parents and close friends were both positively related to self-esteem. As was true for depression, the relation between classmate and teacher support was not associated with self-esteem scores.

Differences Among LGB Youth

The model fit indices indicated that social support worked equally well across sex and sexual identity groups. Differences in associations between presence/ importance of sources of support and psychosocial adjustment were found across groups. Table 3 displays the standardized betas for each pathway (e.g., depression on parent support) for each of the four subgroups in the study.

For gay male youth, only parent support was associated with less depression. Parent and close friend support were associated with higher self-esteem for gay youth. Parent, classmate, and close friend support were related to less depression for lesbian youth, but no support sources were associated with self-esteem for lesbian youth. Among bisexual youth, parent support was associated with less depression and higher self-esteem for males. For bisexual females, close friend support was associated with less depression, and parent support was associated with higher self-esteem.

Discussion

This study contributes a deeper understanding of psychosocial adjustment and the role of social support for sexual minorities by elucidating different patterns of support for gays, lesbians, and bisexuals. Not all sources of social support were equally important for LGB youths' psychosocial adjustment; instead, support sources operated differently among sexual minority subgroups, which suggests that there is no monolithic approach to dealing with LGB adolescents' adjustment at home and school. Overall, the patterns of social support corroborated the findings of previous contemporary research: LGB youth rated friend support as most prevalent and important (similar to the findings of Doty et al., 2010). Nevertheless, despite lower ratings of importance compared with other sources, support from parents emerged as a consistent and strong correlate of psychosocial adjustment.

A growing body of research has highlighted the importance of school experiences for LGB youth (Kosciw et al., 2012; Poteat, Espelage, & Koenig, 2009), yet teacher support was not significantly associated with depression and self-esteem for LGB youth in this sample. Clearly, more research can continue to include teachers, classmates, and administrators (see Ryan et al., 2010; Shilo & Savaya, 2011) to better understand the role of school support and psychosocial adjustment. For example, we should work to develop appropriate instruments that can measure the unique contribution of supportive schools in the overall well-being of LGB students.

In this study, no sources of social support were protective against lower self-esteem for lesbians. However, three social support sources (parent, classmate, and close friend) were significantly associated with less depression for lesbians. This has implications for how we consider the processes that may differently influence depression and self-esteem for subgroups of sexual minority youth. This finding contradicts previous literature that has implicated friends as especially important for women because of the void they may fill that exists from compromised support from family and community members (Jordan & Deluty, 1998). The finding also contradicts an early study that showed that the well-being of lesbian women was associated with interpersonal support that specifically reassured their worth as

lesbian women (Wayment & Peplau, 1995). More recent research has found that partner support—but not family support—is related to relationship quality for same-sex couples (Graham & Barnow, 2013); however, in a study of 255 multiethnic high school girls, scholars found that family support was associated with better school performance (Craig & Smith, 2014). We are not led to believe that supportive interpersonal relationships make no difference for lesbians' self-esteem; however, it is compelling that self-esteem for lesbians was not clearly associated with social support—whereas depression was—to the degree found with gay and bisexual participants.

Limitations and Future Directions

This study relied on cross-sectional data; therefore, we cannot conclude whether the support sources are directly predicting psychosocial adjustment— The opposite could be true. We would be able to take earlier reports of depression and self-esteem into consideration with longitudinal data. The social support scale used did not measure support related to the youths' sexual identity. Previous research has noted the particular importance of measuring social support specific to youths' sexual identity (see Doty et al., 2010), which suggests that this specific support could play a distinct role in adjustment and mental health; thus, future studies should study multiple types of social support. Specifically, future studies of LGB youth could compare the distinct role of general versus LGB-specific social support in promoting psychosocial adjustment. Other limitations included a data set that was based entirely on youth self-reports, potential confounds with a sample that consisted of LGB youth who were willing to participate in a study on mental health, and issues of generalizability by virtue of the sampling of three major metropolitan cities across the United States. For example, youth who participate in community and college groups may be more likely to have disclosed their sexual identity to others. Future studies should consider contexts of "outness" and how this is related to social support.

This study focused on measures of social support. Two domains of social support have been explored in previous literature: instrumental (advice giving) and social-emotional support (warmth and care); future work should consider both domains. Previous research has shown that LGB youth perceive instrumental support from both LGB and heterosexual friends and parents (Munoz-Plaza, Quinn, & Rounds, 2002), and this support is related to well-being. Furthermore, studies of LGB youth have documented rejection from the parental home, a clear withdrawal of instrumental support, as an extreme form of parental rejection and a critical risk factor for LGB youth (Rosario, Schrimshaw, & Hunter, 2012). Future studies should also consider different types of social support and the specific facets of this support, such as monetary assistance, emotional support, advice from LGB elders and role models, and relational support.

Little research has specifically considered the role of close friends, which appears to be a crucial resource for bolstering LGB youth mental health. Given the importance of close friends, a domain of support that has received relatively little attention has been romantic relationships as potential supportive buffers. The few studies that have explored romantic relationships among LGB youth (or samples more generally) have reported mixed findings (see Russell, Watson, & Muraco, 2011). Scholars should continue to explore the potential

role that same-sex partners—disclosed to others and not—might have on psychosocial adjustment for LGB youth.

Future research should continue to consider differences across sexual identities to reveal potential important differences in psychosocial adjustment and the role of social support. In addition, researchers should utilize longitudinal data to understand how support might affect LGB youth over time. There are many unique factors pertaining to the LGB experience that scholars must measure when studying LGB youth: For example, the age that youth disclose their sexual identity is relevant to the implications of interpersonal support, acceptance and rejection, and experiences of psychosocial adjustment. Scholars must also consider support from siblings, family structure, and targets of disclosure (i.e., whom youth have disclosed their identity to; see Watson, Wheldon, & Russell, 2015), and measures specific to sexual identity, such as parent acceptance of one's sexual identity.

Regarding practice and policy, our results show that counselors and mental health professionals should not assume all sources of social support operate similarly across subgroups of sexual minorities. Clearly, support from friends is important for LGB and all youth, and our results suggest that settings where LGB youth may find supportive friends are important contexts to nurture and support, whether in schools (such as gay–straight alliance clubs) or community-based organizations. For clinicians and others working directly with youth, we note that youth themselves may not be conscious of how important their family relations (with parents or guardians) may be to their well-being. When working with youth, we suggest that clinicians work with youth to understand which forms of support are most important and accessible to them, while understanding possible differences in the salience and meaning of different sources of support for young lesbians, gays, and bisexuals.

In summary, this study advances our knowledge about sources of social support and their relation to psychosocial adjustment for LGB youth. Prior to this study, social support research often considered LGB youth a monolithic population, and most literature focused on a limited number of sources of support. We importantly addressed this shortcoming by examining how different sources of support were related to psychosocial adjustment for LGB youth separately by sexual identity and birth sex. By providing a more nuanced depiction of how different supports for subgroups of LGB youth are related to psychosocial adjustment, we have enhanced the ability for counselors and health professionals to better serve lesbians, gays, and bisexuals.

Acknowledgments

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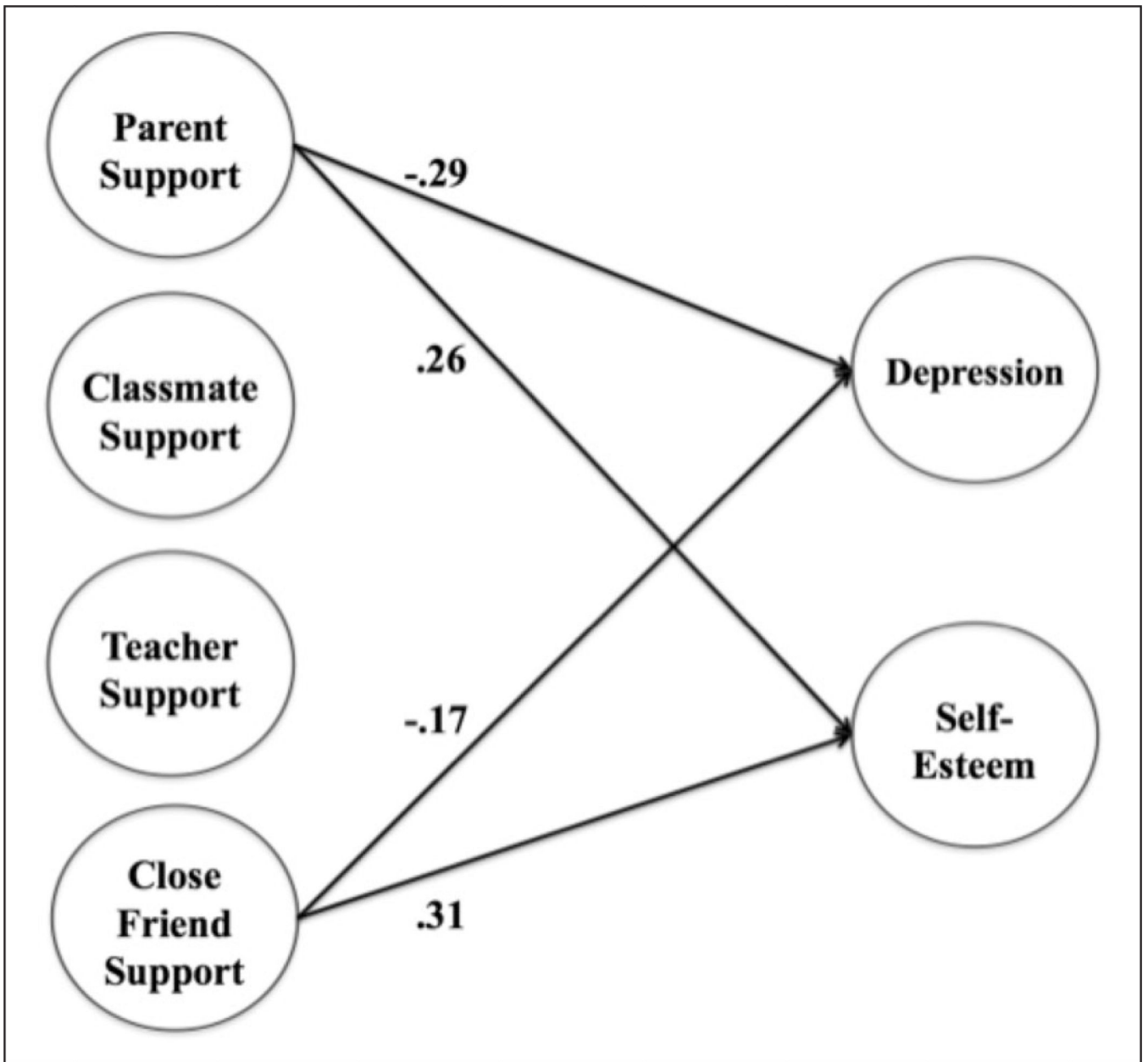
Figure 1.
Structural equation model that presents the associations between social support and mental health for full sample of LGB youth (*N* = 835).

Note. Three parcels were created for each source of social support and for depression and self-esteem using an Item-to-Construct Balance Model; model fit was good.

Table 1

Descriptives (Means) of Study Variables for the Overall Sample and Separate for Gays, Lesbians, and Bisexuals by Gender.

Study Variables	Overall sample (*N* = 835)	Gay male (*n* = 266)	Lesbian female (*n* = 185)	Bisexual male (*n* = 128)	Bisexual female (*n* = 256)
Age	18.77	19.30	18.90	18.79	18.14
Depression	0.81	0.68	0.75	0.84	0.93
Self-esteem	3.08	3.18	3.12	3.06	2.99
Parent Support × Importance	8.65	9.00	8.76	8.87	8.23
Classmate Support × Importance	7.19	7.72	6.86	7.13	7.12
Teacher Support × Importance	9.80	10.67	9.64	9.52	9.33
Close Friend Support × Importance	13.07	13.39	12.84	12.44	13.31

Note. All values represent the mean score of each variable. Mean scores presented for outcome variables; scores on support×importance variables range from 0 (*no support but not important*) to 18 (*most support and very important*).

Table 2

Bivariate Pearson's Correlations of Independent and Dependent Variables.

Study Variables	Depression	Self-esteem	Parent Support × Importance	Classmate Support × Importance	Teacher Support × Importance	Close Friend Support × Importance
Dependent variables						
1. Depression	1.00					
2. Self-esteem	-.66**	1.00				
Independent variables						
3. Parent Support × Importance	-.37**	.35**	1.00			
4. Classmate Support × Importance	-.27**	.27**	.35**	1.00		
5. Teacher Support × Importance	-.21**	.24*	.36**	.52**	1.00	
6. Close Friend Support × Importance	-.19**	.19*	.35**	.33**	.33**	1.00

*
$p < .05$.

**
$p < .01$.

Table 3

Associations Between Type of Support Source and Mental Health Outcome by Sexual Orientation.

Study Variables	Overall (N = 835)	Gay (n = 266)	Lesbian (n = 185)	Bisexual male (n = 128)	Bisexual female (n = 256)
Self-esteem					
Parent support	.26**	.21**	.15	.41**	.37**
Teacher support	.10**	.13**	−.01	.07**	.02**
Classmate support	.10**	.10**	.21	.02**	.24**
Close friend support	.31**	.17**	.16	−.06**	.31**
Depression					
Parent support	−.29**	−.22***	−.18*	−.39***	−.22**
Teacher support	−.01**	.04**	.08	−.12**	−.03**
Classmate support	−.07**	−.10**	−.14*	.08**	−.14**
Close friend support	−.17**	−.12**	−.20*	−.04**	−.12**

Note. Numbers presented are standardized beta coefficients; each form of social support (parent, classmate, teacher, and close friend) is a product of the degree of support received (6-point scale) and the importance of the support (3-point scale).

*
$p < .05.$

**
$p < .01.$

***
$p < .001.$