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Elevated Suicide Risk and Mental Health Disparities Among LGBTQ+ Youth and Young Adults in the Texas Panhandle: A Four-Year Analysis

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ABSTRACT

This study examines four-year mental health trends among LGBTQ+ youth and young adults in the Texas Panhandle, a deeply conservative region where sexual and gender minorities face significant social challenges. Using cross-sectional survey data collected annually from 2022-2025 (N=884), we analyzed trends in suicidal ideation, suicide attempts, self-harm, mental health challenges, and bullying victimization. Results reveal alarmingly elevated mental health disparities throughout the study period. Suicidal ideation peaked at 81.7% in 2023 before declining to 52.6% in 2025, with rates consistently double national LGBTQ+ youth averages. Suicide attempts followed a similar pattern, reaching 43.3% in 2023 and falling to 27.3% in 2025, yet remaining more than twice the national benchmarks. Self-harm attempts peaked at 58.4% in 2023, declining to 42.8% by 2025. Bullying victimization affected 50.9% to 73.7% of respondents across years, while mental health burden ranged from 61.7% to 78.2%. These findings reflect severe minority stress in a hostile social environment, exemplified by institutional conflicts such as West Texas A&M University's drag show ban and local advocacy restrictions. The persistent elevation of all indicators highlights urgent needs for targeted interventions, affirming mental health services, and policy changes supporting LGBTQ+ youth in rural, conservative environments.

Keywords: Amarillo, LGBTQ+ youth mental health, minority stress, rural suicide prevention, Texas Panhandle

I. Introduction

As the population of LGBTQ+ adolescents grow, their mental health has become a pressing public health concern, especially in socially conservative regions. Amarillo, Texas, situated in the Texas Panhandle, exemplifies such a context: it is a deeply conservative community often called the “shiny brass buckle” of the Bible Belt (Monroe, 2024). The city spans two counties that voted overwhelmingly Republican (70–80% for the GOP in recent elections) and is characterized by a strong religious presence, with over three-quarters of residents identifying as Christian. This prevailing political and religious conservatism correlates with limited social support for sexual and gender minorities and can foster stigma. Indeed, local advocates observe that LGBTQ+ youth face higher risks of mental health struggles “due to being a marginalized population” in this environment (Downing, 2022). Against this backdrop, mounting evidence suggests that LGBTQ+ youth in the Panhandle experience disproportionately high rates of depression, anxiety, and suicidality, echoing national findings that sexual and gender minority youth suffer worse outcomes than their heterosexual, cisgender peers due to social stressors like rejection and bullying (Almeida et al., 2009).

Compounding the local cultural factors, the broader Texas legislative environment in the early 2020s has become increasingly hostile toward LGBTQ+ individuals. In 2023 and 2025, Texas lawmakers introduced hundreds of bills targeting LGBTQ+ rights – more than any state in U.S. history and ultimately passed a dozen measures that threaten to negatively impact queer Texans. These included a 2023 state law banning gender-affirming health care for transgender minors, new rules restricting school sports and college activities for trans youth, and proposals to broadly prohibit classroom lessons or even acknowledgments of sexual orientation and gender identity (akin to Florida’s so-called “Don’t Say Gay” law) (DiPaolo, 2025). Civil rights groups warned that such policies would put LGBTQ+ students in danger by exposing them to familial rejection or abuse. Although Amarillo’s own school districts have not publicized similar policies, the Panhandle’s conservative educational climate has generally lacked explicit protections for LGBTQ+ students. For instance, few local schools have gay-straight alliances or inclusive curricula, and some teachers may feel pressure to avoid LGBTQ+ topics. These state and local factors create a social climate that can erode the mental health of LGBTQ+ youth by increasing minority **stress**, the chronic stress from stigma, discrimination, and anti-LBGTQ sentiment.

In addition to sociopolitical stressors, structural challenges in the Panhandle contribute to mental health risks. The region is largely rural, with limited access to mental health care providers and virtually no specialized LGBTQ+-affirming services outside of a few non-profits. Over 60% of LGBTQ+ young people in Texas who wanted mental health care in 2023 were unable to get it, often due to fears of stigma, cost, or lack of youth-friendly providers (The Trevor Project, 2025). This gap in care is likely even wider in the Panhandle, where affirming therapists and doctors are scarce and many youths fear encountering providers who



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lack LGBTQ+ competency. These structural barriers to accessing appropriate mental health care have serious consequences, as evidenced by the alarming suicide rates documented across Texas youth populations. Even in the general youth population of Texas, one in four high school students reported seriously considering suicide, and one in eight attempted suicide in 2021, and LGBTQ+ youth exceed these already troubling rates. The urgent need to understand and address these trends in a high-risk region like the Panhandle cannot be overstated (Hogg Foundation, 2024).

Historically, research on LGBTQ+ youth mental health in rural, conservative areas has been limited, leaving critical gaps in knowledge and policy action. This study seeks to fill part of that gap by analyzing recent trends (2022–2025) in three core mental health domains for LGBTQ+ youth in Amarillo and surrounding Panhandle communities. Set against this backdrop, the Amarillo-area LGBTQ+ reports for 2022, 2023, 2024, and 2025 provide a rare localized, year-over-year view of self-reported mental health burdens in a conservative region. By examining these domains, we aim to identify patterns and shifts over time, noting where the situation has improved, worsened, or remained consistent. We also provide a discussion behind these trends and discuss their implications. In doing so, this analysis contextualizes these findings within the larger framework of suicide prevention and mental health initiatives for LGBTQ+ youth in the Texas Panhandle.

II. METHODOLOGY

This analysis examines four years of mental health data from LGBTQ+ youth and young adults in the Amarillo region to identify trends and patterns. The following methodology describes data sources, measurement approaches, and analytical techniques used to track key indicators over time. This approach enables examination of changes in mental health outcomes within this population from 2022 through 2025.

Data Sources

Data came from four consecutive community reports produced for the Amarillo region in 2022, 2023, 2024, and 2025. Pre-pandemic comparative data are unavailable for baseline reference. Each report draws on an annual cross-section of respondents who identify as LGBTQ+ individuals, recruited through local organizations, social media, and community networks. The survey instruments each year were administered via an online questionnaire coupled with in-person collection, with 2022 serving as the inaugural baseline dataset. Respondents were included if they identified with a sexual orientation other than heterosexual and/or a gender identity other than cisgender. While each annual survey was a separate cross-sectional sample (i.e., not following the same individuals over time), the questionnaires covered many of the same topics, enabling year-to-year comparisons on key metrics. More information about the survey methodology is available elsewhere. We prioritized indicators that were defined consistently across all four reports.

We analyzed data from annual community surveys conducted in the Texas Panhandle between 2022 and 2025. Each survey was administered locally between May and the end of July. Respondents included LGBTQ+ individuals residing in the Panhandle region, and recruitment efforts targeted youth and young adults through community organizations, schools, and online outreach. Standard screening procedures were used to maintain data quality, excluding respondents who failed validity checks, provided dishonest or mischievous responses, or did not complete at least half of the survey. From 2022 to 2025, the combined adjusted sample size included approximately 884 respondents, with annual samples ranging between 141 and 400 participants.

Measures

Guided by the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS), we considered a diverse set of measures related to youth mental health and risk collected by these community surveys. Specifically, we examined suicide risk, suicide attempts, self-harm, and mental health burden. To analyze trends, we extracted from each year's published report the statistics for five primary indicators: (a) the percentage of LGBTQ+ youth and young adults who seriously considered attempting suicide; (b) the percentage of LGBTQ+ youth and young adults who attempted suicide; and (c) the percentage of LGBTQ+ youth and young adults reported engaging in non-suicidal self-injury; (d) the percentage of LGBTQ+ youth and young adults who reported bullying victimization; and (e) the percentage of LGBTQ+ youth and young adults who reported mental health burden/challenges. These data points were extracted as percentages and compiled into a comparative table and timeline to facilitate identification of patterns. We cross-verified values between the narrative text and any summary charts or figures in the reports to ensure accuracy.

Analysis

We present dual perspectives: a numerical tracking of indicator trends across periods, alongside a thoughtful examination of significant shifts and persistent patterns in the data. Where possible, we computed the changes in percentage points from year to year (for instance, the change in reported suicidal ideation from 2022 to 2025) and noted any apparent peaks or troughs in the data. This approach allowed us to identify both gradual changes and more dramatic fluctuations in mental health indicators over the study period. In keeping with our focus on consistently measured indicators, our trend analysis emphasizes overall rates for the LGBTQ+ youth and young adult population each year rather than subgroup-specific trends.



It is important to note that because the data come from repeated cross-sectional surveys (with varying respondents each year), observed trends represent changes in the overall surveyed population, which could result from actual shifts in underlying phenomena or from differences in sample composition or methodology year-to-year. These surveys did maintain broadly similar methodologies across the four years, with each relying on a mixed-methods approach that combined in-person recruitment at LGBTQ+ community events with parallel online distribution through local social media networks and partner organizations. All surveys were administered anonymously and used purposive sampling to capture a cross-section of LGBTQ+ individuals in the Panhandle. Sample sizes were comparatively modest, ranging from about 141 to nearly 400 participants across the four years, but there were some differences (e.g., the 2022 survey had about 200 respondents, whereas later years had 140-200 approx.). We assume for this analysis that year-to-year differences in the measured indicators largely reflect real changes in the experiences and self-reports of LGBTQ+ youth rather than methodological artifacts. Where relevant, we comment on external factors (e.g., statewide legislative changes, regional sociopolitical conservatism, and the availability of mental-health providers) that may have influenced the trends.

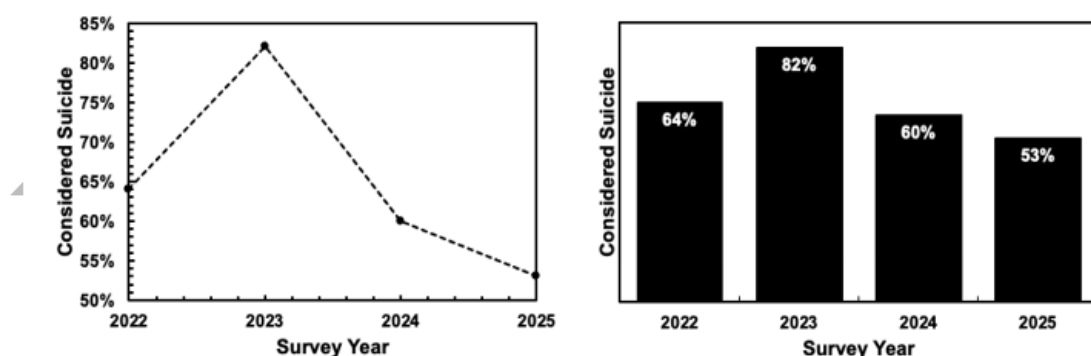
All data used were aggregate, de-identified, and drawn from publicly available research reports by local community advocates. In-text, we cite specific statistics directly from these reports using APA-style references, and we provide a References section listing each annual report. The analysis was conducted by comparing reported percentages and translating the findings into narrative form, supplemented by visualizations (e.g., a trend line graph) to illustrate the changes over time. This analysis utilized exclusively secondary data from previously published research, including studies in which the author had participated. No new data collection was conducted, and all data sources contained non-identifiable information.

Key Observations

Suicidal Risk: Ideation

One of the most concerning findings of these community surveys each year is the high level of overall suicidal ideation reported by LGBTQ+ youth and young adults in the Texas Panhandle. Data analysis reveals that a significant percentage of LGBTQ+ youth reported having serious suicidal ideation, consistently across surveys. Across the four survey waves (2022-2025), the share of LGBTQ+ respondents reporting serious suicidal ideation climbed steadily, peaking in 2023, and then receded modestly. Community survey data from the Texas Panhandle show that the share of LGBTQ+ youth and young adults reporting serious suicidal ideation was 64.1% in 2022, climbed to a series high of 81.7% in 2023, then decreased to 52.6% in 2024 and reached a four-year low of 52.6% in 2025. The 17.6-point increase from 2022 to 2023 was followed by a 29.1 cumulative decline over the next two years, leaving the 2025 level 11.5 points below the 2022 baseline (Cochran & Head, 2022, 2023; Ramos & Head, 2024; Head, 2025). These shifts illustrate pronounced year-to-year variability in suicidality within the region's LGBTQ+ youth and young adult population. These rates are markedly higher than those documented among non-LGBTQ+ youth populations according to data from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, 2025).

Figure 1: Trends in Selected Measures of Suicidal ideation for LGBTQ youth and young adults, 2022-2025



Suicidal Risk: Attempts

Beyond suicidal ideation, LGBTQ+ youth and young adults across the Panhandle also report elevated rates of actual suicide attempts compared to their non-LGBTQ+ peers, reaching levels approximately four times greater than the general adolescent population (Wang et al., 2021). Past-year suicide attempts among LGBTQ+ youth in the Texas Panhandle traced a steep rise and notable fall over four survey waves. Prevalence stood at 34.3% in 2022, climbed to a series peak of 43.3% in 2023, edged down to 41.8% in 2024, and reached a four-year low of 27.3% in 2025, an overall 16-point drop from the 2023 high. These trends show significant changes with a marked decline in suicide attempts among adolescents and a steadier but less prominent decline among young adults. Even at that 2025 low, the regional rate remained more than twice the most recent national figure of



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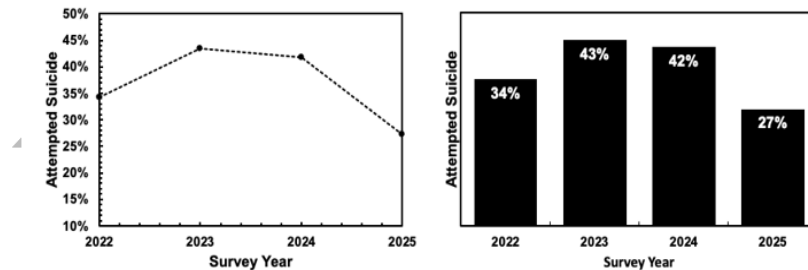
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12% reported for LGBTQ+ youth attempts in The Trevor Project's 2024 U.S. National Survey, and well above the 14% documented in the 2023 national survey (The Trevor Project, 2023, 2024).

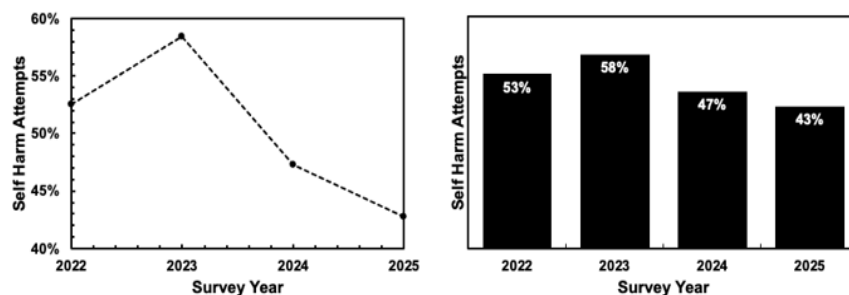
Figure 2: Trends in Selected Measures of Suicidal Attempts for LGBTQ youth and young adults, 2022-2025



Self-Harm: Attempts

Self-harm remains a critical concern for LGBTQ youth and young adults in the Texas Panhandle, with survey data documenting consistently high levels of reported attempts across recent years. Across four consecutive surveys of LGBTQ youth in the Texas Panhandle, past-year self-harm attempts displayed a pronounced rise and subsequent decline. Reported prevalence stood at 52.5% in 2022, reached a series peak of 58.4% in 2023, and then fell to 47.3% in 2024 before dropping to a four-year low of 42.8% in 2025. The 5.8-point increase from 2022 to 2023 was followed by a cumulative 15.5-point decrease over the next two years, leaving the 2025 figure nearly ten points below the initial 2022 level (Cochran & Head, 2022, 2023; Ramos & Head, 2024; Head, 2025). Nationally, past-year self-harm among LGBTQ youth and young adults has consistently remained in the mid-50 percent range. These findings align with national data on LGBTQ+ youth populations while representing rates substantially higher than those observed among non-LGBTQ+ peers.

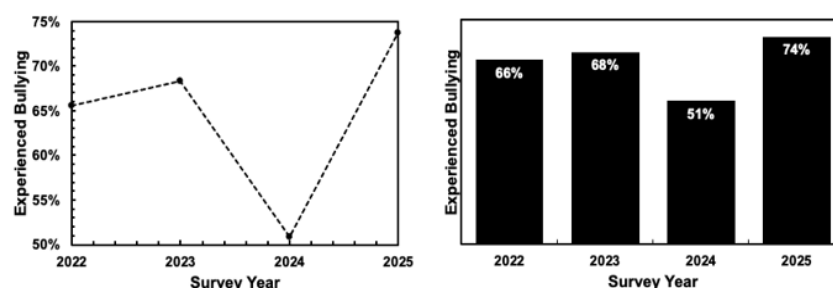
Figure 3: Trends in Selected Measures of Self-Harm Attempts for LGBTQ youth and young adults, 2022-2025



Bullying victimization

Bullying victimization has been linked to adverse mental health outcomes, including depressive symptoms, self-injurious behaviors, and suicidal ideation (John et al., 2018). LGBTQ+ youth and young adults experience bullying at disproportionately higher rates across multiple settings, including home, school, and workplace environments. Across four waves, bullying victimization among LGBTQ+ youth and young adults in the Texas Panhandle displayed sizable year-to-year swings. Reported prevalence was 65.6% in 2022, edged upward to 68.3% in 2023, fell sharply to a series low of 50.9% in 2024, and then climbed to a four-year high of 73.7% in 2025. The 22.8-point rise between 2024 and 2025 marks the largest single-year change observed, while the overall range spans 22.8 percentage points from the 2024 low to the 2025 peak (Cochran & Head, 2022, 2023; Ramos & Head, 2024; Head, 2025). Throughout the entire period, at least five in ten youth or young adults faced bullying victimization.

Figure 4: Trends in Selected Measures of Bullying Victimization against LGBTQ youth and young adults, 2022-2025





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Mental Health Burden

LGBTQ+ individuals experience poorer mental health outcomes compared with heterosexual and cisgender populations, warranting increased clinical attention and targeted interventions (Moagi et al., 2021). This disparity is particularly pronounced in rural, conservative environments where minority stress factors are compounded by geographic isolation and limited access to affirming healthcare services. Across four waves, reported mental health burdens fluctuated markedly from 2022 to 2025, starting at 67.7% in 2022, dipping to 63.3% in 2023, spiking to a period high of 78.2% in 2024, and easing to 61.7% in 2025 (Cochran & Head, 2022, 2023; Ramos & Head, 2024; Head, 2025). This trajectory points to a persistently elevated yet volatile mental health burden, with the pronounced 2024 peak followed by only a modest decline, leaving well over half of respondents still grappling with significant mental health challenges by 2025. These rates substantially exceed national averages for both LGBTQ+ and general adolescent populations, with even the lowest recorded level in 2025 remaining more than double typical baseline rates observed in urban, more affirming communities.

Figure 5: Trends in Selected Measures of Mental Health Burdens for LGBTQ youth and young adults, 2022-2025

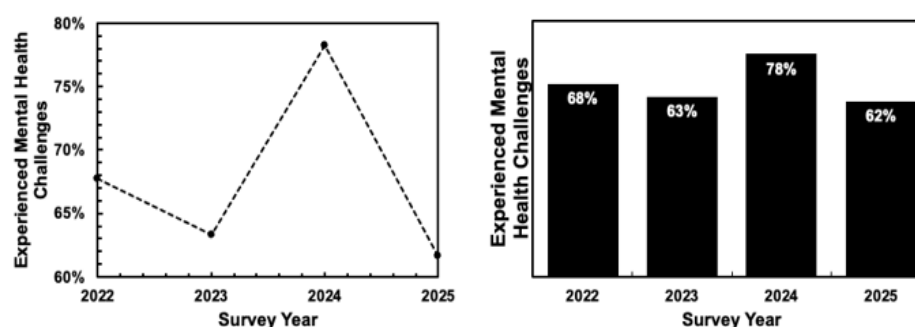


Table 1: Unadjusted Prevalence for LGBTQ Youth and Young Adults, 2022-2025

Year	2022	2023	2024	2025
Suicidal Ideation	64.1%	81.7%	60%	52.6%
Suicide Attempts	34.3%	43.3%	41.8%	27.3%
Self-Harm Attempts	52.5%	58.4%	47.4%	42.1%
Bullying Victimization	65.6%	68.3%	50.9%	73.7%
Mental Health Burdens	67.7%	63.3%	78.2%	61.7%

III. Discussion

Information about LGBTQ+ mental health indicators are needed to guide future research direction, identify emerging trends, and enhance clinical care and policy decision-making in the Amarillo region and greater Texas Panhandle. This analysis provides an opportunity to evaluate LGBTQ+ trends in Amarillo and surrounding areas (2022-2025) and offer the first comprehensive longitudinal examination of trends and patterns across this multi-year dataset for this geographic region. This includes the first opportunity to use local data to document and investigate the potential effects of increasing anti-LGBTQ+ legislation and additional factors that may be impacting LGBTQ+ youth and young adults in the Texas Panhandle.

Suicidal Risk: Ideation

The analysis reveals extremely high levels of suicidal ideation among LGBTQ+ youth in the Texas Panhandle across recent years. The peak in suicidal ideation at 81.7% in 2023, followed by a decline to 52.6% in 2025, represents rates substantially higher than national averages documented in broader LGBTQ+ youth populations. National data from The Trevor Project's 2023 survey found 41% of LGBTQ+ young people seriously considered suicide, with rates declining to 39% in 2024 (The Trevor Project, 2023, 2024). The dramatically elevated rates in the Texas Panhandle, nearly double national averages, align with research demonstrating that rural LGBTQ+ youth face compounded mental health risks (Russell & Fish, 2016). Williams et al.'s (2021) meta-analysis of 104 studies found that LGBTQ+ youth were 3.74 times more likely to experience victimization than heterosexual peers, but these studies predominantly focused on urban and suburban populations. Such comparisons highlight the outsized burden of suicidal ideation facing sexual and gender minority youth in this socially conservative region.

Several factors likely contributed to the trends in ideation. The 2023 peak coincides with a documented national crisis period for LGBTQ+ youth mental health, driven by unprecedented anti-LGBTQ+ legislation and post-pandemic adjustment challenges likely intensifying minority stressors that elevate suicide risk. Minority stress theory suggests that stigma, prejudice,



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and discrimination create a chronically stressful environment that causes mental health problems in marginalized populations (Meyer, 2003). The Panhandle's context, often dubbed the "bible belt" of West Texas, is characterized by prevailing religious conservatism and limited LGBTQ+ support (Monroe, 2024). In such an environment, LGBTQ+ youth face heightened rejection and isolation, which likely fueled the all-time high in suicidal ideation observed in 2023. The specific timing of the Texas Panhandle peak also aligns with the implementation of Texas Senate Bill 14 in 2023, which banned gender-affirming care for transgender youth and broader legislative attacks. Studies by Lee et al (2024) confirm this connection, finding dramatically higher suicide rates among transgender and nonbinary youth living in states with anti-trans laws.

The substantial decline to 52.6% by 2025, while still exceeding national averages, suggests potential adaptation mechanisms or intervention effects that warrant further investigation. Nonetheless, the 2025 ideation rate remained 11.5 points above the 2022 baseline and far above national averages, indicating that fundamental risks persist. Research indicates that LGBTQ+ youth demonstrate remarkable resilience despite elevated risk, with protective factors including family acceptance, school connectedness, and community support serving as crucial buffers against suicidal ideation (Wilson & Cariola, 2019). The persistence of elevated rates in the Texas Panhandle compared to national data confirms the profound impact of rural, conservative environments on LGBTQ+ youth mental health, supporting Fine et al.'s (2025) findings that rural sexual and gender minority individuals experience substantial mental health disparities amplified by conservative political climates.

Suicidal Risk: Attempts

In tandem with ideation, the rate of suicide attempts among LGBTQ+ youth in the region showed a marked rise and fall over the four-year span. The pattern of suicide attempts peaking at 43.3% in 2023 before declining to 27.3% in 2025 mirrors national temporal trends while maintaining concerning elevated absolute rates. National data consistently show lower baseline rates, with The Trevor Project (2024) reporting 11% of LGBTQ+ youth attempted suicide in the past year, making the Texas Panhandle rates approximately 2.5-4 times higher than national averages (The Trevor Project, 2024). This disparity aligns with research on rural LGBTQ+ youth, who face 19% increased odds of suicide attempts compared to urban peers, though the magnitude observed in this study suggests additional compounding factors specific to the conservative Texas Panhandle environment (Salerno et al., 2020). Raifman et al.'s (2020) longitudinal analysis of 2009-2017 data found declining suicide attempts among sexual minorities nationally (-0.8 percentage points per year), yet rates remained more than three times higher than heterosexual students, indicating a persistently elevated risk despite overall improvement trends. Such stark disparities underscore that rural LGBTQ+ youth and young adults continue to shoulder a disproportionate suicide burden. These findings align with research showing that LGBTQ+ adolescents overall are far more likely to attempt suicide than their heterosexual peers. Study after study has demonstrated that LGBTQ+ youth and young adults are significantly more likely to attempt suicide compared with heterosexuals (Hatzenbuehler, 2011; Wang et al., 2021). The elevated attempt rate observed in the Panhandle is consistent with this national pattern, albeit at an even more extreme level. From a clinical perspective, the gap between suicidal ideation and attempts in the region is concerning narrow; a high proportion of those thinking about suicide appear to progress to trying it. This may reflect compounding risk factors such as pervasive hopelessness, lack of mental health care access, and exposure to trauma or bullying, which can erode barriers to acting on suicidal thoughts. Fine et al. (2025) found that few studies have adopted an intersectional approach to understanding mental health disparities among rural sexual and gender minorities, and further research is needed.

However, the interpersonal Theory of Suicide offers a framework to interpret these high attempt rates: it suggests that a sense of thwarted belongingness and perceived burdensomeness, when combined with acquired capability for self-harm, can precipitate suicide attempts (Van Orden et al., 2010). LGBTQ+ youth and young adults in hostile (conservative) environments often experience profound rejection and isolation (thwarting belongingness) and internalized stigma (fueling burdensomeness), while repeated exposure to prejudice and abuse can increase their pain tolerance and fearlessness about death. This is supported by research suggesting that suicide attempts among LGBTQ+ youth are largely preventable through environmental modifications, with studies consistently demonstrating that acceptance, affirming policies, and supportive community environments significantly reduce attempt rates (Williams et al., 2021). The persistent elevation in rural Texas likely reflects ongoing structural challenges, including geographic isolation from affirming services, conservative community attitudes, and limited access to LGBTQ+-competent mental healthcare providers, all documented as significant risk factors increasing feelings of rejection, isolation, and internalized stigma (Cingranelli et al., 2025). Therefore, strengthening social support, ensuring prompt access to affirming mental health care, and fostering a sense of belonging are critical steps to help keep vulnerable LGBTQ+ youth from reaching the point of attempting suicide.

Self-Harm: Attempts

The self-harm pattern, peaking at 58.4% in 2023 and declining to 42.8% in 2025, reflects rates substantially higher than documented national averages for LGBTQ+ youth populations. While comprehensive national self-harm prevalence data specifically for LGBTQ+ youth remains limited, general adolescent non-suicidal self-injury (NSSI) prevalence averages 17.2%,



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making the Texas Panhandle rates approximately three times higher than general population estimates (Nixon, 2014). This coincides with research by Eccles et al.'s (2023) finding that LGBTQ+ youth experiencing homophobic, biphobic, and transphobic bullying showed significantly higher rates of self-harm, with non-binary youth demonstrating particularly elevated risk compared to binary-identifying youth. These elevated rates in rural Texas, therefore, likely reflect the intersection of minority stress, geographic isolation, and limited access to affirming mental health services that characterize rural LGBTQ+ experiences.

The 2023 peak aligns temporally with documented increases in anti-LGBTQ+ discrimination and legislative hostility, which research demonstrates directly correlates with self-harm behaviors among sexual and gender minority youth. Stańczykiewicz and Senczyszyn's (2024) meta-analysis revealed that sexual minority individuals are 17 times more likely to experience peer victimization, with 81% experiencing verbal insults and 38% physical violence, creating conditions that significantly increase self-harm risk. The Trevor Project (2024) also found that LGBTQ+ youth experiencing discrimination had twice the rate of mental health challenges compared to those without discrimination experiences. In the context of rural Texas, these stressors are compounded by conservative community attitudes, limited peer support networks, and geographic barriers to accessing specialized mental healthcare, all factors identified as increasing self-harm risk in rural LGBTQ+ populations. The decline to 42.8% by 2025, while representing improvement, remains concerning and suggests the need for targeted intervention strategies addressing the unique challenges faced by LGBTQ+ youth in rural, conservative environments.

Understanding the role of self-harm in this population is critical, as it often serves both as a symptom of distress and a risk factor for more serious suicidality. LGBTQ+ young people and common commonly resort to self-injury to cope with or express the emotional pain stemming from stigma, bullying, and identity-related rejection. These acts are typically not intended as suicide attempts, but rather as maladaptive efforts to relieve overwhelming negative feelings or to regain a sense of control. However, the boundary between non-suicidal self-injury and suicidal behavior can easily become blurred. Consistent with that, data show a strong association between self-harm and suicide risk among LGBTQ+ youth (Klonsky, 2009). In a national sample, 23% of LGBTQ+ youth who reported self-injuring in the past year also attempted suicide in that year, compared to only 3% of those who did not self-harm (The Trevor Project, 2023). It can also be a visible indicator of severe emotional distress that, if left unaddressed, escalates to suicidal behavior. Thus, the persistently high self-harm rates observed in the Panhandle's LGBTQ+ youth are a worrisome sign. From a prevention standpoint, these findings reinforce the need for accessible, affirming mental health interventions that teach healthy emotion-regulation strategies and address the underlying drivers of self-harm (such as trauma, minority stress, and internalized stigma). Reducing self-harm in this community has the dual benefit of improving quality of life and lowering subsequent suicide attempt risk. The overall downward trend locally suggests that interventions and support networks might be making some headway, but substantially more work is required to bring self-harm down from endemic levels to an exception rather than the norm among LGBTQ+ youth and young adults.

Bullying victimization

The survey data suggest that bullying victimization is an endemic experience for LGBTQ+ youth and young adults in the Texas Panhandle, with fluctuations in reported victimization that likely mirror shifts in the social climate. Over the four-year period, between roughly half to three-quarters of LGBTQ+ youth and young adults in the Panhandle reported being bullied or harassed because of their sexual orientation or gender identity. National data from The Trevor Project (2024) indicates 49% of LGBTQ+ youth experienced bullying in the past year, while rural individuals specifically report higher rates than urban peers, making the Texas Panhandle rates approximately 1.5 times higher than even rural national averages. This aligns with research showing that sexual minority students are 17 times more likely to experience peer bullying than heterosexual students, with electronic bullying (42%) often exceeding in-person bullying (33%) in rural contexts where geographic isolation limits face-to-face peer interactions (Nixon, 2014). The elevated rates likely reflect the intersection of minority stress, conservative community attitudes, and limited school-based protective factors that characterize the Texas Panhandle environment. Such statistics paint a stark picture of the hostile environments many of these young people navigate daily.

The strong linkage between bullying victimization and adverse mental health outcomes is well-established in the literature and is clearly borne out in the present findings. Bullying has been associated with elevated levels of depression, anxiety, self-harm, and suicidality among youth and young adults (Kwan et al., 2022). One longitudinal study found that students who experienced bullying or cyberbullying were nearly twice as likely to attempt suicide compared to those who were not bullied (Hinduja & Patchin, 2018). In this Panhandle sample, the years with higher bullying rates tended to coincide with higher rates of self-harm and suicide risk, implying a contributory relationship. For instance, 2023 saw both elevated bullying (68.3%) and peak levels of ideation/attempts, while the sharp decline in bullying in 2024 came alongside some improvement in mental health measures. The 2025 increase likely reflects broader political forces that are intensifying stigma against LGBTQ+ people. Publicized anti-LGBTQ+ rhetoric and legislation have emboldened bullies and heightened anti-LGBTQ+ sentiment in schools, and have been widely publicized (Harden et al., 2024).



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From a theoretical standpoint, minority stress processes offer an explanation: persistent victimization (a distal stressor) engenders internalized stigma, fear, and social withdrawal (proximal stressors), which in turn fuel mental health struggles (Meyer, 2003). In a practical sense, being bullied erodes LGBTQ+ youths' sense of safety and belonging, potentially leading to feelings of worthlessness or despair that can manifest as self-injury or suicidal thoughts (John et al., 2018). This supports that bullying is not merely an interpersonal issue, but one influenced by broader cultural climates. To protect LGBTQ+ youth and young adults, schools need enforceable anti-bullying policies, teacher training on inclusion, and community leaders who condemn harassment. Without these interventions, bullying will continue driving poor mental health outcomes. Reducing victimization is critical for improving mental health and well-being.

Mental Health Burden

The mental health burden trends observed among LGBTQ+ youth in the Texas Panhandle reveal concerning patterns of persistently elevated distress that significantly exceed national benchmarks throughout the entire study period. The volatile trajectory from 2022 to 2025, characterized by a dramatic spike to 78.2% in 2024 followed by only modest improvement to 61.7% in 2025, suggests that this population remains highly vulnerable to external stressors while lacking sufficient protective factors to achieve sustainable mental health stability. The timing of the 2024 peak aligns with intensified anti-LGBTQ+ political rhetoric and legislative activity across Texas, indicating that broader sociopolitical forces directly impact the psychological well-being of sexual and gender minority youth in conservative rural environments. LGBTQ+ adolescents are disproportionately burdened by poor mental health, reporting higher rates of depression, suicide ideation, and suicide attempts relative to their cisgender, heterosexual peers, with transgender youth showing four times greater odds of past-year suicide attempt than their cisgender peers (Moran et al., 2024). Additionally, there is now substantial international evidence that LGBTQ+ young people report significantly higher rates of depression, self-harm, suicidality, and poor mental health than cisgender and heterosexual youth, with evidence that has been consistent internationally over the last three decades (McDermott et al., 2024).

While the 2025 decline to 61.7% might initially appear encouraging, this rate still represents a mental health crisis affecting nearly two-thirds of LGBTQ+ youth and young adults in the region. The persistent elevation across all four years highlights the chronic nature of minority stress in hostile social environments, where systemic stigma, family rejection, and institutional discrimination create ongoing psychological burdens that cannot be easily remediated through short-term interventions. These Texas Panhandle findings are consistent with broader international research by McDermott et al. (2021) that identified LGBTQ+ individuals as being twice as likely to report symptoms of poor mental health compared to their heterosexual counterparts, with longitudinal evidence demonstrating that these mental health disparities start as early as 10 years old. These findings highlight the urgent need for comprehensive, sustained approaches that address both individual mental health needs and the broader environmental factors that perpetuate these disparities, including policy advocacy, community education, and the development of affirming support systems specifically designed for rural LGBTQ+ populations.

Local Factors

In addition to state-wide sociopolitical factors, the local sociopolitical context of the Texas Panhandle provides an important backdrop for interpreting these mental health trends. Culturally, the region is deeply conservative and religious; Amarillo and surrounding communities are often referred to as the Bible Belt of Texas. This prevailing climate has generally meant limited acceptance of LGBTQ+ people and scant institutional support for LGBTQ+ youth. Traditional values, combined with strong religious norms, contribute to a stigmatizing environment in which many queer youth and young adults feel unsafe or unwelcome. Consistent with minority stress theory, this kind of hostile social climate is expected to generate chronic stress that can erode mental health (Meyer, 2003). LGBTQ+ adolescents in the Panhandle frequently contend with rejection by family or peers, pressure to conceal their identities, and internalized homophobia/transphobia all of which compound the emotional toll. It follows that the region's LGBTQ+ youth would exhibit higher rates of depression, self-harm, and suicidality than their counterparts in more affirming communities. Indeed, our findings echo national research showing that LGBTQ+ youth and young adults experience worse mental health outcomes than heterosexual, cisgender peers largely due to these social stressors (Almeida et al., 2009). Simply put, the Panhandle's conservative milieu provides fertile ground for minority stress, helping explain why measures of distress here are so elevated. The lack of protective factors further exacerbates risks: for example, few local schools have Gay-Straight Alliances or LGBTQ-inclusive curricula, and some educators reportedly avoid LGBTQ topics to sidestep controversy. Such absences deprive LGBTQ+ youth and young adults of crucial affirming spaces and role models that might buffer the effects of stigma. The cumulative impact is a community context that, while tight-knit and friendly to some, remains inherently challenging, even inimical, to the mental health of LGBTQ+ young people growing up within it.

This adverse environment can be illustrated through many published examples. Perhaps the most prominent case involves West Texas A&M University (WTAMU), where President Walter Wendler unilaterally banned drag shows from campus in March 2023, canceling a student-organized charity drag show and arguing that drag performances denigrate women while acknowledging his ban likely violated constitutional protections. Students filed a federal lawsuit arguing viewpoint discrimination, and after an



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initial district court ruling upheld the ban, the 5th U.S. Circuit Court of Appeals reversed the decision in August 2025, ruling that drag performances constitute protected expression under the First Amendment (LaChance, 2025). Similarly, the nearby City of Canyon denied the Amarillo Area Transgender Advocacy Group's permit for their annual Transgender Day of Visibility celebration, claiming inappropriate behavior despite no police incidents or arrests at previous events, prompting a federal lawsuit filed in September 2024 (Thompson, 2024). Additionally, in November 2022, Amarillo Mayor Ginger Nelson sent a letter to local church leaders regarding "A Drag Queen Christmas" show, explaining that the city could not refuse to lease public facilities based on content but expressing personal concerns and stating she was praying for attendees to "meet Jesus", while Congressman Ronny Jackson called the all-ages event "SICK" and demanded it be shut down immediately (Burch, 2022).). These cases exemplify how institutional hostility compounds the cultural stigma that creates elevated mental health risks for LGBTQ+ youth in the Texas Panhandle.

Limitations

There are several study limitations to consider. First, these data points come from four community surveys on LGBTQ+ youth and young adult mental health, which used cross-sectional online convenience samples recruited primarily through social media. Because participants self-selected into the survey and no probability weights were applied, the samples may not be nationally representative; youth with limited internet access, those who are not "out," or who live in unsupportive households may be under-represented. Since only targeted social media sampling was used, algorithm-driven self-selection bias can cause the samples to over-represent youth already comfortable engaging with LGBTQ+ content. Research also suggests that resulting samples from social media skew toward White, higher-income participants with greater baseline distress, even when ads are explicitly stratified by race/ethnicity and region. Consequently, observed year-to-year changes could reflect shifts in who answered the survey rather than true population-level trends. In addition, the surveys did not follow the same individuals over time, so causal inferences cannot be drawn. In addition, sample sizes each year varied widely. Together, these factors warrant cautious interpretation of absolute prevalence estimates and highlight the need for consistent methodologically diverse approaches and more longitudinal data.

Progress toward equitable mental-health outcomes for LGBTQ+ youth and young adults will require sustained, data-driven investment that encompasses both immediate crisis intervention and long-term prevention strategies. The trends documented in this report can guide agencies and community partners as they set funding priorities and design evidence-based interventions tailored to the specific vulnerabilities identified in this population. Such investments should prioritize the development of culturally competent mental health services, training for healthcare providers on LGBTQ+ affirming care practices, and the establishment of peer support networks that provide ongoing community connection. Leveraging the insights in this study to align and scale such programs requires coordinated efforts between federal agencies, state health departments, local mental health authorities, and community-based organizations to ensure comprehensive service delivery. This is especially critical in rural and high-risk regions like the Texas Panhandle, where geographic isolation and hostile social climates compound existing disparities. Effective scaling strategies should include telehealth initiatives to overcome geographic barriers, school-based mental health programs, and community education campaigns designed to reduce stigma and increase family acceptance. These coordinated efforts create progress toward reducing suicidal behavior, mitigating victimization, and fostering resilience among LGBTQ+ youth and young adults.

IV. Conclusion

This study reveals alarming mental health disparities among LGBTQ+ youth and young adults in the Texas Panhandle, with rates of suicidal ideation, suicide attempts, self-harm, and bullying victimization substantially exceeding national averages throughout the 2022-2025 period. While the data show some improvement from the crisis peak observed in 2023 when suicidal ideation and suicide attempts reached their highest levels, the 2025 rates remain approximately double national benchmarks, underscoring the profound impact of minority stress in this conservative, rural environment. The persistent elevation of these indicators, coupled with the endemic nature of bullying victimization affecting a majority of respondents, demonstrates that systemic factors, including limited LGBTQ+-affirming resources, institutional hostility, and pervasive social stigma, continue to create dangerous conditions for sexual and gender minority youth in the region. These findings demand immediate, coordinated action from policymakers, healthcare systems, educational institutions, and community leaders to implement evidence-based interventions, expand access to affirming mental health services, and foster more inclusive environments that can meaningfully reduce the extraordinary burden of psychological distress documented in this vulnerable population.

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