

# Mental Health in LGBTIQ+ Population in School Contexts: An Analysis from the Systematic Literature Review

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## Abstract

This study focuses on the investigation of the mental health of LGBTIQ+ people in school settings, through a systematic review of the literature, using the PRISMA methodology. In the methodological process, both inclusion and exclusion criteria were applied, which are detailed in the flow chart, along with a word map summarizing the findings. From this, an analysis matrix was elaborated that included a total of 25 studies, which revealed three categories of analysis: Suicide risk, School exclusion due to gender diversity and sexual orientation, and Mental health interventions aimed at the LGBTI population. It is concluded that aspects linked to the recognition and expression of gender and diverse sexual orientation should be closely related to the promotion of rights, access to justice, and equity. These aspects should be incorporated mainly in school environments to promote research that is integrated into curricula and focused on peacebuilding. This integration can break the chains of discrimination and contribute to the development of knowledge through a discursive perspective based on a multicultural approach centered on gender, with the objective of strengthening the experience of LGBTIQ+ people.

**Keywords:** Mental health, LGBTIQ+, suicide, vulnerability, sexogenerational diversity.

## INTRODUCTION

The LGBTIQ+ population is a group in a situation of vulnerability in terms of mental health, and in general in other sectors; due to the discrimination, harassment, and social exclusion they face in daily life, being in a heteronormative context as indicated by Fraser

et al. (2019). These problems can be further intensified within school contexts, where LGBTIQ+ populations studying can experience stigmatization and marginalization by their peers, teachers, and collaborators. This situation negatively influences integral development within the educational context, resulting in both physical and mental problems

that increase the levels of exclusion (Gilbey et al., 2020).

Ignorance of the conditions leads to the attack and exclusion of people with sexual and gender diversity. However, the Constitutional Court of Colombia (2007) under the guidelines of the sentence (C-075/07) in 2007 ruled a protection regime for homosexual couples, achieving significant advances for the population. Similarly, in Mexico, the Congress of the United States of Mexico (2003) expressly prohibits discrimination on grounds of sexual orientation or gender, and since then there have been jurisprudential actions related to employment, education, and health, among others in favor of the protection of minorities and sexual diversity; however, there are still several legislative instruments to align and guarantee the human rights of sexual and gender diversities. The situation is condensed from the perspective of the universal declaration of human rights in article 7 (United Nations Organization, 2014).

Thus, mental health in the LGBTIQ+ population in school contexts is a critical issue that has been the subject of growing interest in recent years due to the concern for the welfare of children and youth in the educational environment, as mentioned by Fish (2020). Discrimination based on perceived gender, sexual orientation, gender identity, and gender expression can trigger negative effects on the mental and emotional health of this population, which generates higher rates of rejection, violence, and hindrance towards inter- and intrapersonal growth based on social, cultural and religious beliefs associated with homophobic and transphobic gender norms, policies and laws (Pachankis et al., 2020).

The concern for mental health in the population studied has mainly derived from psychological problems where symptomatology linked to depression, anxiety, and the tendency of suicide risks are presented, clinical criteria included in other psychological disorders as indicated by Lothwell et al. (2020). Gender identity refers to the individual's perception of his or her own identity about gender and how a person relates to himself or herself and others. LGBTIQ+

people who do not identify with their assigned gender may develop gender identity disorders, which can lead to emotional distress (Hernández-Flórez et al., 2022).

On the other hand, those working in educational institutions and health professionals should be aware of mental health issues in LGBTIQ+ populations. It is important to take measures to ensure inclusive education that promotes equality and respect for diversity. Prevention and treatment programs for those facing mental health challenges in the school context are also required to prevent self-injurious actions that lead to constitutive pathologies (Ryan et al., 2020).

The needs of youth and external situations associated with social, political, and environmental phenomena increase the risk of vulnerability, and complexify the emotional conditions that constitute each person belonging to the LGTBIQ+ population as stated by Pollitt et al. (2021). Increasing the levels associated with risk factors lead to the development of clinical and social determinants, which alter the development of the person and thus the free development of the personality (Elliott et al., 2022).

In this systematic review, the research question was oriented under the PRISMA methodology by examining the evidence of the research results products, through a thorough, explicit, and broad search in the specific area of study in line with the contributions of Page et al. (2022). Thus constituting the relevant issues at the methodological level and contributions of the studies included in this review, pointing out the importance of addressing mental health problems in the LGBTIQ+ population in school contexts, to identify the needs of youth for optimal academic life and to achieve a healthy development (Walls et al., 2019).

The systematic review method allows relating determinant aspects such as suicidal risk, as well as the various factors related to exclusion and social discrimination experienced to increase the likelihood of developing mental health problems associated with mental disorders as referred to by Huijun et al. (2023).

Taking into account that, according to the classification criteria of the Diagnostic and Statistical Manual of Mental Illnesses and the International Classification of Diseases, pathologies such as depression and anxiety include suicidal risk within their diagnostic criteria (Ceatha et al., 2023).

The systematic search evidenced important results related to school exclusion due to gender diversity, scientific studies show that many LGTBQ+ students are victims of all types of violence which interferes negatively with their integral development, this in turn, triggers difficulties in social interaction and academic performance as indicated by Ross & Setchell (2019). Similarly, little visibility and participation of LGTBQ+ populations are identified in academic curricula, which reinforces exclusion and makes inclusion impossible for the adequate representation of the population in the school environment (Bonvicini, 2017).

The detection of the needs of the LGTBQ+ population in the educational system simultaneously leads to the identification of another reality around support in mental health intervention programs in line with that described by Marraccini et al. (2022). The limitations of access to services within the health systems of each country present in their constitution inflexible policies that violate the rights of people in the study population which inevitably leads to little preventive actions that increase the risk of developing mental pathologies (Hayden et al., 2021).

## Materials and methods

PRISMA methodology was used, taking into account that it allows the documentation of the scientific advances contributed by the research and those who investigate, thus reflecting a rigorous process through a guide that facilitates the analysis of critical aspects through the processes of identification, selection, evaluation, and synthesis of the same, extracting the main contributions that have been generated in the state of knowledge in a specific area. As indicated by Urrútia & Bonfill

(2010), research questions are generated to which answers are given from the primary research problems, which allows for generating or making assessments on theories (Snyder, 2019).

In line with Haddaway et al. (2022), the analyses generated through the evidence-based systematic review have the purpose of identifying and analyzing the current empirical research related to the integration of information and communication and responding to the research question: What are the mental health affectations in the schooled LGTBQ+ population?

### Inclusion criteria

For the review conducted, a window of observation of the last five (5) years was taken into account, taking as reference the scientific articles that are submitted to peer review and are published in the databases of Pubmed, Scopus, and web of Science. Additionally, special care was taken to include only those reported in the English language that included the study variables as indicated in the processes of the criteria of the systematic reviews Carrizo & Moller (2018). Likewise, a categorization of the reported products was performed taking into account the school context of the LGTBQ+ population, thus studying in this way in the same population, performing an analysis of variables from the results reported by researchers from the co-occurrence analysis of words.

### Exclusion criteria

Gray literature articles, informative or not peer-reviewed, were excluded. Likewise, books, research results, reports from governmental and non-governmental institutions, clinical analyses, randomized trials, reviews, editorials, and research results published outside the date range of the last five years were discarded. In the same way, the results were excluded due to exposure of interest that focused their sample in non-school contexts such as clinics (Torres-Fonseca & López-Hernández, 2015).

Process of identification, elimination, and selection of items extraction data (flowchart)



	al., 2019)	19361653.2 019.158065 9		Gay Bisexual Transgender Queer	n USA	statistical analysis, linear and multiple regression models	the harassment they are victims of through discriminatory bias, a situation that requires intervention by health professionals.
3	(Leung et al., 2022)	<a href="https://doi.org/10.1007/s44217-022-00016-9">https://doi.org/10.1007/s44217-022-00016-9</a>	94	Lesbians Gay Bisexual Transgender Queer	Montreal Cánada	Quantitative descriptive	Positive protective factors were identified as being associated with support networks for LGTQ youth. This support is perceived from the family, school and social system which leads to socioemotional and behavioral benefits.
4	(Baams & Russell, 2021b)	<a href="https://doi.org/10.1177/0044118X20951045">https://doi.org/10.1177/0044118X20951045</a>	Males 49.5 Females 50.5	Gay-Straight	Groningen Netherlands	Quantitative of descriptive type and contrast of measures type.	LGBTQ youth have better school performance associated with lower consumption of psychoactive substances, which is directly linked to better mental health. However, it is identified that in the population with higher consumption there is greater deterioration of cognitive functions.
5	(Gnan et al., 2019)	<a href="https://doi.org/10.1080/13676261.2019.1581361">https://doi.org/10.1080/13676261.2019.1581361</a>	1948	Lesbians Gay Bisexual Transgender Queer Non-binary Transgender	London United Kingdon	Quantitative through descriptive statistics. Univariate and multivariate analysis and snowball sampling	The risk factors are linked to the deterioration of mental health, since they present a higher risk of suicide and self- harm. It is specified that in school contexts intervention is required.
6	(Albaladejo-Blázquez et al., 2019)	<a href="https://doi.org/10.3390/ijerph16142622">doi:10.3390/ijerph16142622</a>	1.727 49% Women and 51% Men	Gay-Straight	Alicante España	Quantitative using Chi-square statistics using the ANCOVA technique and post-hoc comparison.	It is evident that the impact of bullying on mental health increases the risk of suffering health deterioration. From the educational point of view, the need for promotion based on acceptance and inclusion is highlighted, eradicating any form of discrimination.
7	(Rees et al., 2021)	<a href="https://doi.org/10.1111/jpm.12720">https://doi.org/10.1111/jpm.12720</a>	27	Lesbians Gay Bisexual Transgender Queer Non-binary Transgender	Otago New Zealand's	Qualitative from an integrative review through checklists	The LGBTIQ+ community reports problems of access and discrimination in health systems, which leads to unmet needs, resulting in exclusion and inequity.

8	(Henriquez & Ahmad, 2021)	DOI: 10.1177/237796082111051174	12	LGTBQ	Manitoba Canadá	Qualitative literature review	Stigma and discrimination, judgments and assumptions, associated with gender identities, are identified as generating systemic changes to ameliorate gaps in health services and barriers to access.
9	(King & Fazel, 2019)	<a href="https://doi.org/10.1186/s13643-019-1027-3">https://doi.org/10.1186/s13643-019-1027-3</a>	n= 11	LGTBQ	Oxford, United Kingdom	Qualitative documentary review type	It is synthesized that the global evidence on mental health require peer-led interventions in the school setting for children and adolescents through the promotion and development of public and health policies
10	(Johns et al., 2019)	DOI: 10.1089/lgbt.2018.0109	n=40 29.4% LGB 6.4% Heterosexual 35% Transgender 29.2% Non-binary	Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ)	Atlanta Georgia USA	Qualitative, critical-reflexive through analysis category	The LGBTQ population has a higher risk of suicide, psychoactive substance use and sexual health risk, generating stressors that are linked to violence, discrimination and harassment. It is necessary to intervene and prevent from protective factors to improve the integral health of this population.
11	(Clark & Kosciw, 2022)	DOI: 10.1002/pits.22500	n=15,813	lesbian, gay, bisexual, transgender, and queer (LGBTQ)	Columbia USA	Quantitative binary logistic regression and covariance analysis (ANCOVAs).	Schooled young people who play sports tend to have higher self-esteem, lower rates of depression and a greater tendency to take care of themselves.
12	(Mendoza-Pérez & Ortiz-Hernandez, 2021)	DOI: 10.1177/0886260519898423	4829 men	Gays, homosexuals and bisexuals	México	Quantitative linear and logistic regression  linear regression	Both direct and subtle forms of discrimination and violence on the basis of sexual orientation (SOV-O) are associated with negative mental health outcomes
13	(Chan et al., 2020)	<a href="https://doi.org/10.1016/j.jad.2019.09.020">https://doi.org/10.1016/j.jad.2019.09.020</a>	931	Gays  Lesbian  Bisexual	Hong Kong	Quantitative self-report questionnaire on sexual identity, stress and mental health.	Lesbians, gay men and bisexuals have a higher tendency to present psychiatric symptoms. bisexuals were found to have greater depressive and anxiety symptoms compared to lesbians and gays.
14	(Gómez et al., 2022)	<a href="https://doi.org/10.1080/00918369.2021.1923278">https://doi.org/10.1080/00918369.2021.1923278</a>	467	Gays  Lesbians	Santiago Valparaíso Antofagasta  Concepción Chile	Quantitative of descriptive type by means of statistical techniques using questionnaires.	The schooled community of LGBTQ youth, present two significant stressors, internalized homophobia and perceived sexual stigma, which derives in anxious depressive symptomatology.
15	(Atteberry-Ash et al.,	<a href="https://doi.org/10.1080/19361653.2021.19361653.2">https://doi.org/10.1080/19361653.2021.19361653.2</a>	15.606	Lesbian, Gay, Bisexual.	Colorado USA	Quantitative, with descriptive statistics and	LGBQ, transgender and non-binary youth.

	2020)	019.161413 1		Transgender Queer Cisgénero		binary logistic regression models.	LGBQ, transgender and non-binary youth often experience periods of sexual violence, which has a negative impact on mental health, especially victimization, bullying and harassment..
16	(Chongzhen g & Wenli, 2019)	https://doi.org/10.1080/19361653.2019.1565795	732	LGBTQ	China Continental	Quantitative method, descriptive type with ANOVAS and confirmatory regression analysis.	LGBTQ youth feel safe at school. however, this population mostly remains in the closet, leading to greater bouts of psychological distress.
17	(Nowaskie, 2020)	https://doi.org/10.1080/19359705.2020.1774848	273	Lesbian, bisexual and transgender. heterosexual Cisgender	gay, and EEUU	Quantitative means statistical analyses included bivariate statistics regression analysis.	There is currently a lack of standardized of standardized education and increased exposure to mental health care for the LGBT population.
18	(Poland & Ferguson, 2022)	https://doi.org/10.1016/j.avb.2021.101579	1	Lesbian, bisexual transgender. Queer	gay, and Fort Lauderdale, USA	Qualitative case study analysis from a narrative and descriptive perspective.	In the LGBTIQ population it was identified that there is a higher prevalence of suicide risk, associated with the fear of the expression of emotions and the rejection that they may experience by their family and close friends. Where Bullying is most prevalent
19	(Horton, 2023)	DOI: 10.1111/bje.p.12540	30	Transsexuals	United Kingdom	Qualitative thematic analysis, by means of semi-structured interviews.	It is identified that the population of trans children who are in the process of gender transition present cisnormative attitudes and experience attitudes of injustice, causing the minors to present traumas at school.
20	(Ramirez & Galupo, 2019)	https://doi.org/10.1080/19359705.2019.1568946	88	Lesbians, gays and bisexuals of color Plurisexuales pansexuales gender fluid Queer	EEUU	Quantitative means statistical analysis and regression analysis.	The association between sexual and racial minorities, especially those of color, experience higher risks of psychological disturbances leading to mental health disorders, with anxiety, depression and suicide risks occurring more frequently.
21	(De Vries et al., 2020)	https://doi.org/10.1186/s12909-020-1963-6	1	Diverse gender	South Africa	Qualitative theoretical analysis and contributions through debate	Trans and gender-diverse people require greater attention from health services, because they experience greater clinical indicators associated with traumatic events and rejection

						due to violence and discrimination experienced	
22	(Seehuus et al., 2021)	<a href="https://doi.org/10.1080/07448481.2019.1656217">https://doi.org/10.1080/07448481.2019.1656217</a>	2280	LGBTQ	EEUU	Quantitative by means of hypothesis testing and one-way anovas with measurement contrast.	It was identified that the LGBTIQ population experiences more symptoms associated with the onset of mental disorders such as depression, anxiety and stress, which requires a professional intervention aimed at reducing clinical symptomatology.
23	(Tan, 2022)	DOI: 10.1177/26318318211060484	1	Lesbian, gay, bisexual, transgender, transsexual and queer	Malasia	Qualitative reflective analysis and theoretical inputs	There are mental health inequalities that affect lesbian, gay, bisexual, transgender and queer (LGBTQ) people, implying mental health issues, due to the existing marginalization and delegitimization present in school environments.
24	(Lisboa-Alves et al., 2022)	<a href="https://doi.org/10.51338/rppsm.329">https://doi.org/10.51338/rppsm.329</a>	310	LGBTI+	Brasil	Quantitative cross-sectional and analytical by means of simple frequency measures	the LGBT population has a higher prevalence of depression due to exclusion and discrimination and insufficient discussion of sexuality and mental health issues.
25	(Higgins et al., 2021)	doi:10.1111/JONM.13186	1064	LGBTI+	Ireland	Quantitative statistical analysis with interrelationship technique	Irish youth face barriers in accessing mental health services due to inequitable conditions. This implies that there must be a relevant approach to mental health care and an approach from a social and cultural perspective.

## Analysis Categories

### 1 Suicide risk

Scientific evidence has shown that the populations under study face an increased risk of suicide due to various factors related to the discrimination and social exclusion they experience. Studies and statistics as indicated by Gnan et al. (2019) have revealed that LGBTIQ+ people usually face high levels of stigmatization and rejection, both in their close environment and in society in general, and school spaces are no exception and in this same research it is stated by Mendoza-Perez & Ortiz-Hernandez (2021). This constant confrontation with discrimination and prejudice can generate a significant emotional burden, which increases

the chances of experiencing mental health problems such as depression and anxiety, which in turn are linked to the risk of suicide. It is of notable importance also, the consideration of the intersection of sexual minorities with racial minorities, since according to Ramirez & Galupo (2019) the association of these, potentiates psychological alterations that can derive in greater frequency in mental health disorders.

In addition, the lack of safe and supportive spaces to express their feelings and emotional experiences can lead to social isolation that further aggravates the vulnerability of LGBTIQ+ people. Denial or concealment of their feelings due to fear of discrimination can hurt their psychological well-being. Poor

emotional expression and lack of adequate support in their school environments can make them feel neglected or misunderstood, thus increasing the risk of mental health problems and, in extreme cases, the occurrence of self-injurious behaviors associated with suicide risk (Williams et al., 2019).

It is necessary to consider that the LGBTIQ+ population cannot be looked at as a whole and generalize actions, in this sense, the findings of Chan et al. (2020) are relevant to mention that bisexual people have greater depressive and anxiety symptoms compared to gay and lesbian people. Due to the context of rejection, internalization denotes a greater tendency to present self-destructive behaviors associated with risk behaviors due to exposure to rejection against homophobia, lesbophobia, biphobia, and transphobia, among others, that they may experience. Decreasing levels of self-esteem that are associated with psychological and emotional discomfort, to the detriment of mental health, due to prejudice, stereotypes, and negative meanings associated with the negative linkage of bisexuality (McLoughlin et al., 2022).

## 2 School exclusion due to sex and gender diversity.

Scientific evidence, especially that noted by Price et al. (2019) supports that LGBTIQ+ populations continue to face high levels of exclusion in school spaces. They are often rendered invisible and marginalized, which affects their well-being and academic performance. Studies such as those noted by Smith-Millman et al. (2019) show that many students belonging to the populations under study are victims of harassment, discrimination, and verbal or physical violence in schools, which creates a hostile and unsafe environment for their comprehensive development.

In addition, the lack of visibility of LGBTIQ+ identities in school programs and curricula contributes to the perpetuation of stereotypes and prejudices creating an unsafe environment that causes people of sex-gender diversities to remain in the closet, leading to their presenting greater psychological crises, associated with

the detriment of mental health as indicated by Chongzheng & Wenli (2019). Education does not adequately address diverse gender identities and sexual orientations, which limits understanding and empathy toward the experiences of people with sexual diversity. This lack of representation in education reinforces the invisibility of the population studied and perpetuates their exclusion in the school environment.

The mental health of LGBTIQ+ people is rarely addressed with a diversity approach in school spaces. Most educational institutions do not offer sufficient and specific support for the emotional and psychological needs of the population analyzed, which can have negative consequences on their comprehensive well-being over time. Trans children who are in transition processes experience attitudes of injustice in the school environment according to Horton (2023) intensifying emotional issues and conflicts around their self-perception, acceptance, and the ability to integrate into psychosocial contexts that foster their personal skills in a comprehensive manner.

It is crucial that school environments adopt inclusive policies and programs that promote the mental health of all gender identities, thus ensuring a safe and respectful learning environment for all students. Education with a diverse approach can play a fundamental role in the construction of a more inclusive society, where LGBTIQ+ people feel valued and accepted in educational spaces since education is a human right for all people equally (Gelpi, 2021).

In countries such as Mexico and Colombia, education in diversity is a fundamental right declared by UNESCO where the inclusion of sexually diverse populations has spaces in the classroom under the normative and jurisprudential protections that, in the Colombian case, are framed in the law of childhood and adolescence, the national constitution as indicated by Saldarriaga (2021). In the case of Mexico, as mentioned by Heras-Sevilla et al. (2021) the normative regulations protect sex-diverse educational agents that are articulated with the identification and focus on

the discovery of sexual orientation under a perspective that moves away from heteronormativity and points toward a normalization of behaviors in the different scenarios of life.

### 3 Mental Health Intervention for the LGBTI Population

It is of vital importance to pay special attention to the mental health intervention of the LGBTIQ+ population, because it is a community with a high risk of perceived and externalized psychosocial vulnerability, which is manifested in gender stereotypes and frequent rejection behaviors as mentioned by Zapata-Ospina et al. (2021). Studies have evidenced that people with sexogeneric diversity face higher risks of suffering mental health problems, including a higher prevalence of anxiety, depression, and suicidal thoughts. In addition, Baams & Russell (2021) have observed that a portion of this same population has increased substance use as a way of coping with the stress and discrimination experienced in their daily lives. It is essential to provide an approach to care that is inclusive and sensitive to the specific needs of the population under study, in the mental health setting.

In the school context, mental health intervention for the populations studied presents a greater relevance of comprehensive care according to the findings of Gnan et al. (2019). The educational stage is crucial for the personal and emotional development of the student body and the discrimination or bullying faced by LGBTIQ+ people in the school environment can have short-, medium- and long-term effects that depend on the intensity and duration of the elements associated with psychological alterations that are related to personality variables, which have an impact on their well-being. It is essential to implement school intervention programs that specifically address the mental health needs of the LGBTIQ+ population, providing a safe and supportive environment where inclusion and acceptance are fostered (Galaz et al., 2021).

As mentioned above, each group of sex-gender diversities may present specific and diverse

singularities. According to De Vries et al. (2020), the trans and gender-diverse population is in a situation of greater vulnerability in terms of mental health, as they often experience greater indicators and symptomatology related to traumatic events of rejection and violence due to their gender identity. Lack of acceptance and social stigma have a significant impact on the deterioration of mental health; therefore, a differentiated intervention that addresses their specific needs and promotes resilience and emotional well-being is required.

In summary and highlighting the contributions of Tan (2022) and Higgins et al. (2021) there is inequity in mental health for LGBTIQ+ populations, which highlights the need to implement inclusive policies and programs that address inequalities and provide adequate attention to the needs of this population and each of its subgroups. Taking into account that the aforementioned has generated a higher prevalence of suicide risk, development of symptomatology associated with mood disorders, and anxiogenic pictures that arise as forms of responses in the determinants of mental health, as expressed by Barrientos et al. (2019) due to the persistent presence of these problems that require attention and comprehensive approach because of the high conditions of vulnerability situations.

### Discussion

According to the results obtained, LGBTIQ+ populations present conditions of discrimination, rejection, and exclusion that are associated with situations of vulnerability evidenced in violent acts that include the diverse relational typologies that have an impact on the emotional destabilization of this specific community that historically, has presented conditions of oppression, lack of guarantees and moderate and chronic psychological discomfort, which subsequently trigger pathological configurations detrimental to mental health and increase the risk and appearance of suicidal thoughts and behaviors (Mcdermott et al., 2021).

A relational element that is presented towards the LGBTIQ+ community is the waves of violence perpetrated against the collective as mentioned by Aguilar et al. (2022) because the same social stigmatization has led to the generation of processes of denial, self-absorption, and self-involved behaviors that occur because of states and cycles of anxiety and depression, a product of the fear aroused to their integrality. In this sense, sexually diverse populations have been victims of events with highly violent content that generates relational aspects of discrimination under conditions that lead to affect the processes of identity and expression of sexual orientation (Román-Lazart & Álvarez, 2022).

Likewise, the determinants of mental health that have been affected by the promotion of stigmas, stereotypes, and behaviors of rejection towards communities with diverse sexual orientations, show that they have been victims from the family nucleus by behaviors of harassment, mockery, and repression that increase situations of violence and present a greater lack of protection evidenced in the continuous risk of significant psychological discomfort as pointed out by Badaan & Jost (2020). In this sense, the approach to health and well-being from the psychological intervention should be directed towards the reduction of signs and symptoms associated with the diagnostic criteria of psychopathological disorders resulting from the conditions of victimization and discrimination that have been experienced by being threatened, beaten, or attacked as victims of all types of violence (Kiss et al., 2020).

Acts of hate promote violent actions triggered through the experience of victimization increasing the number of victims against sexual integrity; social actions of discrimination, abusive and belligerent behaviors by social groups that oppose sexual freedom under the slogan of imposition of heteronormative moral aspects linked to gender roles that historically have been called traditional as indicated by Maine (2022). This is why the conditions of social exclusion experienced by LGBTIQ+ people lead to determinants of social exclusion, increased harassment behaviors, public

humiliation, and public humiliation that increase the levels of violence because they are not reported; a situation that occurs especially in women, men, and transgender people who register higher rates of discrimination (Concannon, 2022).

From the mental health intervention in the LGBTIQ+ population with a differential approach perspective, as stated by Fowler et al. (2023), it is specifically proposed an equalization and recognition regarding the linkages of the conditions of social, cultural, economic, and psychological inequalities; since this population group requires a process of inclusion, given that historically they have presented high levels of lack of protection, exclusion, and marginalization that have violated the recognition and guarantee of fundamental rights. Thus, mental health, from a sexual diversity approach, requires attention from biopsychosocial factors in the framework of an inclusive reference that allows relating the particular characteristics of health care from the exposure of psychosocial vulnerability of which they have been victims (Marín-Urrego et al., 2023).

It is of crucial importance to carry out a comprehensive intervention approach that focuses on the aspects of self-care at the cognitive, emotional, and mental levels, increasing the processes of care for LGBTIQ+ persons in line with social, cultural, and economic development that makes human dignity visible and recognized, with special emphasis on the interrelation linked to the right to health and education according to WHO guidelines in the planning and implementation of public policies as mentioned by Whitaker et al. (2021). Emphasizing that subjective experiences allow the promotion, the right, and the guarantee of the effective enjoyment of mental health. Therefore, it requires, in turn, an approach to the support nuclei (family, friends, peer group) ensuring the guarantee and constitutionally consolidated benefits for all people (McLaren & Castillo, 2021).

In this order of ideas, it is necessary to analyze the existing paradoxes of social positions, which incite violence and discrimination

generating greater stigmatization in the population, through passive-aggressive actions that are equally significant for mental health and from the contexts of the intervention require individual and collective actions that guarantee comprehensive health care and as Rodriguez et al, (2015) betting on non-exclusionary salutogenic systems that allow addressing the existing risks in the population such as suicidal thoughts and the risk of structuring the suicidal act, which is linked to the exacerbation of the appearance of psychological disorders such as depression, anxiety and post-traumatic stress, which in health institutions requires intervention from biological and psychological aspects with a differential approach (Schmitz et al., 2020).

On the other hand, the conditions of school exclusion due to sexual diversity require an adjustment to the curricula and teaching and learning methodologies within the educational systems that, although they have achieved significant progress in the mainstreaming of components associated with mental health, these have been insufficient; This merits the development of school care programs focused on inclusion, where respect for differences, gender diversity and contributions in mental health are promoted, including a process of awareness and psychoeducation based on empathy and resilience in school contexts, thus reducing rates of violence, closing exclusion gaps and improving well-being significantly under a model of orientation and acceptance of a positive identity towards an inclusive educational context (Clark & Kosciw, 2022).

Finally, the contributions from the academic actors in the educational contexts must be supported by comprehensive training, which allows for addressing the emotional responses that are generated as a result of the phobias raised against the LG BTIQ+ population as indicated by Moagi et al. (2021). This requires processes of adaptation and transformation toward the real needs of the student body, which allows addressing psychosocial vulnerabilities by responding to the needs immediately and thus strengthening the development of competencies and skills that generate a transformation of the stereotypical

models and structures of the diversogenic community.

## Conclusions

Aspects related to the recognition and expression of diverse gender and sexual orientation should be linked mainly to the promotion of rights, access to justice, and conditions of equity that allow, from school contexts, to formulate research advances that are transversality in curricular aspects, energized towards the construction of peace in the framework of the tacit exercise that allows breaking the chains of discrimination and contributes to the foundation of knowledge from a discursive perspective through a multicultural approach focused on gender that allows strengthening the trajectory of LGBTIQ+ people in line with the exercise of the use of fundamental rights, taking into account that school contexts are places of protection and security for the sex-gender populations (Taruvinga et al., 2018).

Society presents a high tendency to restrict the expressions of sexual diversity on the particular conditions related to society, culture, and the establishment of cognitive patterns, which determine the normative behavioral aspects, affecting the gradients presented in relation to the achievement and development of people as indicated by Gabb et al. (2020). Currently, there are movements and struggles to achieve greater acceptance of sexual diversity; with the aim of achieving recognition and having the freedom to identify oneself in a more spontaneous way for the individual, in relation to the developmental aspects that favor the linking of identity, the strengthening of the elements of personal development and collective incidence that facilitate individuality and the development of personality variables.

The development of the human being in school contexts intervenes in a proactive way through the co-construction of networks and academic actors that favor the expertise of the linking of aspects related to the strengthening of skills and competencies that are based on the principles of integral formation in the educational systems as

indicated by Fox et al. (2020). Therefore, students should experience a sense of well-being and security that is received in the school context, which allows for strengthening the sexual identity, taking into account that school experiences determine to a great extent the conditions of emotionality that are articulated to the personal resources used as instruments for the resolution of problems throughout their lives and in all stages of their development since school spaces should not only promote the academic contents, but also those related to the socioemotional life of people to have comprehensive training.

One of the formative entities is the family which articulates with the patterns of upbringing, and forms of the constitution of the subject that many times develop a number of social prejudices, these that directly affect the LGTBIQ+ population in school contexts, leaving as consequences difficulties in their mental health, although there are some who manage to endure many times this type of problems of daily life.

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