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MENTAL HEALTH WITHIN THE LGBT COMMUNITY

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ABSTRACT

Today's lesbian, gay, bisexual, and transgender (LGBT) youth come out at younger ages. There has been a dramatic rise in public support for LGBT issues, so why are LGBT youth still at high risk of impaired mental health? We give an overview of the current context for LGBT youth, accompanied by a summary of current mental health science for LGBT youth. Over the past decade, research has identified mental health risk and protective factors, which lead to promising pathways for prevention, intervention, and treatment. Legal and policy achievements have set the stage for change in services and practise that could improve mental health for LGBT youth. Implications for clinical care are addressed, and significant areas are defined for new research and practise.

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1.0 INTRODUCTION

Nowadays, as we live in an era of technology, there are many obstacles and endurance that we need to face. Some people feel comfortable with what they have and act bluntly without thinking about others' consequences and effects. Most of us nowadays face the cruel world with discrimination and hate comments, especially Lesbian, Gay, Bisexual and Transexual (LGBT) communities. A 2013 Pew Research Center opinion survey also showed that 86% of Malaysians believe homosexuality should not be accepted by society.

A major study shows that LGBT community is easy to suffer from mental health than the heterosexual people due to a range of factors, including discrimination and inequalities. Nowadays, the issue has been growing in public. Positively, there are unaccountable acceptance from the public toward the LGBTQ community. Empirical studies suggest that youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning or Intersex (LGBTQI+) can find themselves faced with greater challenge compared to youth of heterosexual orientation, as they navigate the heteronormative educational and societal institutions where children and youth spend most of their early lives (Almeida et al. 2009; Fergusson et al. 1999; Hafeez et al. 2017; Russell and Fish, 2016). This can happen to anyone, randomly without concerning their background.

Mental illness, also known as mental health disorders, alludes to a broad range of mental health disorders affecting personality, thought, and behaviour. Mental illness cases are including depression, anxiety disturbances, paranoia, health issues, and addictive behaviours. Many people now and then have mental health issues. Be that as it may, as evolving symptoms and side effects affect and impact their ability to work, a mental health condition becomes a mental illness. Live in a mental health state and be identified as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ). This is critical of mental well-being self-priority. There will not be the same encounters in this community in different stories. However, people in this stereotype will gain many harassments from a family because of difficulty in accepting the identities (Epi Data Brief)

Thus, trying to understand and nicely approaching LGBT can help to understand them better. We can also try to know what they are facing in this cruel world.

LGBT also have a different life and different experience. They are also entitled to receive the same treatment with heterosexual people. However, because of discrimination and racism, the LGBT individual was has harassed. The harassment has caused media attention. Thus, the attention became wide, and their own family was also influenced by the rumours spread. Hence, the family would be in difficulty in accepting their heredity.

Nowadays, the issue has been growing in public because of stigma and discrimination in the LGBT community. The LGBT youth are struggling if to compare with the heterosexual youth with their mental health. According to Reisner et al. (2016), the LGBT group and transgender youth have depression. In other words, according to Lewis and Marshall (2011) has stated transgender youth higher in experience mental health problem. Recently, they were reports that LGBT individuals were cyberbullying through messaging, email or chats, according to Garaigordobil et al. (2020). Thus, the study aim is to determine the relationship between mental illness disorder in LGBT youth.

On a more positive note, other studies in this community have discussed acceptance and adaptation. This topic poses multiple studies and one case study investigating a wide range of mental health concerns in the LGBT community, as well as efforts to address minority stress issues. By understanding the problem that the LGBT community is facing will help to understand and face them better.

Multiple studies have verified the result, which showed higher rates of suicide, psychological distress, low self-esteem, isolation, self-harm, smoking, drug use, and alcohol use in LGBT minorities. The mental health recommendations from the Ministry of Health suggest humane, compassionate, and non-judgmental solutions to minorities in LGBT. It also acknowledges the presence of homophobia, described as "fear and extreme hatred of homosexuals," and potential violence that LGBT minorities experience as a consequence of their non-normative sexuality or gender, such as school bullying.

This research focuses on the LGBT indication of mental illness. Pick the irregular respondent to recognise the LGBT people group with mental illness. Additionally, acknowledge society about this minority network and psychological instability.

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Race/ethnicity, class, and sexual direction relationship with mental clutters among lesbian, gay, promiscuous, and transgender (LGBT) understudies of KUPM are additionally to be examined. Further, this research aims to investigate to what late degree encounters of a significant oppressive occurrence may prompt poor psychological wellness among LGBT understudies.

The restriction of the examination is the spotlight on individuals who part of the LGBT people group and face the psychological maladjustment in their lives. In like manner, this minority has confronted analysis by society and conquer their psychological maladjustment by routinely following clinical registration. This minority community has been arranging and counselled by clinical professional about their psychological adjustment. From this investigation, the researcher prevailing with regards to clarifying that research on psychological wellness administrations has indeed announced lower administration fulfilment rates among lesbian, gay, indiscriminate, transgender, and transsexual (LGBT) understudies, with lacking help for compelling medications. Other than that, LGBT understudies had a high commonness of analysis of mental.

The definitions of key terms, LGBT is the minority community in the general public and have distinctive sex fascination from typical individuals. This minority community are explicitly pulled in to or have sentimental associations with individuals of a similar sex as themselves or ward fascination. Youngsters experience numerous difficulties in immaturity. Uneasiness, misery and suicide are accounted for as reasons for youth horribleness and mortality over the world (Barr and et al. 2016). Exact examinations recommend that adolescent who distinguish as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning or Intersex (LGBTQI+) can wind up confronted with more prominent difficulties, contrasted with youth of hetero direction, as they explore the heteronormative instructive and cultural foundations where kids and youth spend a lot of their initial lives (Almeida et al. 2009; Fergusson et al. 1999; Hafeez et al. 2017; Russell and Fish 2016). Lesbian, Gay, Bisexual and Transgender individuals experience unique well-being variations. Despite the fact that how the truncation LGBT is used as an umbrella term and the prosperity needs of this system are regularly assembled, all of these letters address specific people with its well-being concerns. Also, among lesbians, gay men, gender-ambiguous individuals, and transgender people, there is sub-masses subject to race, ethnicity, money related status, geographic region, age, and various factors.

Psychological instability additionally called emotional well-being issue, insinuates a wide extent of emotional wellness conditions issue that impacts your manner, thinking and leadership. Occasions of dysfunctional behaviour join unhappiness, strain issue, schizophrenia, dietary issues and addictive practices. Various people have emotional wellness stresses from time to time. Nevertheless, an emotional wellness concern transforms into dysfunctional behaviour when advancing signs and reactions cause visit weight and impact your ability to work.

2.0 LITERATURE REVIEW

To discover the variables, a few theories have been identified to produce the variables. Thus, the variables are derived from three different theory, namely the behavioural change theory, self-determination theory and Peplau's theory of interpersonal skill.

In this research the researcher used theory which the first is behaviourism, also known as behavioural psychology, is a learning theory based on the idea that it acquires all behaviours through conditioning. Conditioning takes place via interaction with the environment. Behaviourists claim our behaviours are influenced by our reactions to environmental stimuli (Krapfl, 2016).

This theory's function is to understand why the LGBT community feel that they are trapped and feel insecure about people's opinions of them. Skinner (1945) developed radical behaviourism and agreed with the theory of empirical behaviourism that psychology should aim to predict and regulate behaviour. This can be attributed to the societal norms which have frequently denounced and abused LGBT people since childhood. This is because of homosexuality, and even gender change is considered shameful for both family and religion. The LGBT people who were bombarded with such threats and insults from childhood made them depressed and scared. Thus, that caused the mental illness problem.

Behaviorism Skinner defined operant conditioning as the process in which learning by reinforcing and punishing can occur (Standdon and Cerutti, 2003). This statement's relevance is to show that the behaviour of an LGBT individual is mentally ill from childhood. The LGBT community has grown by learning from the insults of those around LGBT people, regardless of

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those who love same-sex or gender-changing. The learned learners create fear in themselves as they try to hide their true identity, causing mental problems such as anxiety, depression, other related issues. Self-determination theory (SDT) is a macro theory of human motivation and personality that concerns individuals' inherent growth trends and innate psychological needs. It is about the inspiration behind decisions that people make without outside intervention and interference. SDT focuses on how self-motivated and self-determined an individual's behaviour. (Ryan & Deci, 2017)

What can be attributed to this theory is that everyone should be able to decide about their feelings or motivate them without the urge of others, family, friends or the environment. However, because LGBT norms are not widely accepted, whether in Malaysia or abroad, it does not allow LGBT people to make their own decisions about the gender or sexual orientation they want. This has made LGBT people depressed and sad. They will also be attacked if their family members or close circle know their status.

The statement can be supported with what Soenens (2005) he stated that "Causality Orientations Theory (COT), explains individual variations in people's impulses to orient themselves toward situations and to control actions in different ways". COT defines and analyses three types of causality orientations: the autonomy orientation in which people behaved out of interest in and understand what is happening; the control orientation in which the emphasis is on incentives, benefits and approval and the impersonal or driven orientation defined by competence anxiety.

Next, Hildegard E. Peplau's theory described nursing as "An interactive cycle of therapeutic encounters between an adult who is ill or in need of health care and a nurse specifically trained to understand, respond to the need for support." It is a "maturing force and an educational instrument" involving an interaction between two or more people with a shared purpose.

This theory can also be linked to mental health problems for LGBT people. However, in this case, effective approaches are needed to understand why LGBT people make decisions about whom they like or what gender they choose. This approach is to reduce stress for LGBT people. The right approach also cooperatively functions with other human processes that make health possible for individuals in communities, especially LGBT people.

But in response to legitimate criticism of the need for more scientific rigour and analysis in the mid-century relationship frameworks, today's interpersonal therapies are explicitly structured, systematic, oriented, and time-limited models that involve preparation and specialised education and are in the field of carefully qualified professionals (Markowitz and Weissman 2012). In addition to trying to understand the problems faced by the LGBT community, we are also encouraged to assist these LGBT people with the help of experts such as psychologists, psychiatrists and counsellors. Mental illness is not something that can be easily solved, if it gets worse than before, only the experts can help, and the people around can provide endless support to the LGBT community to avoid unwanted things.

Depression can affect many people than other mental disorders and is also one of the world-leading causes of disability. Although it is also treatable disease, the previous research finding indicated that six out of ten people who are depressed did not receive any treatments which are needed in the long term period (People, 2015). Otherwise, bisexual currently score higher in suicide compared to any other orientation. Depression and anxiety were most reportedly having on women and men which ensure their sexuality status. (Hass et al., 2011). According to Mustanski et al. (2010). From a previous examination sample of 246 from LGBT youths that age 16 to 20 years, 15% of it is major depression that concludes for LGBT youths had a higher prevalence of mental disorder diagnoses. However, some reported from LGBT students about their experience in harassment, discrimination and other hostile environments. This is also the problem LGBT youth involve in mental health disorder.

According to Andriessen (2006). Suicide and suicidal behaviour can be defined as primarily because of its distinction from the accident memories. In the past year, there had higher suicide cases from lesbian, gay and bisexual youth exposed in high-level victimisation, according to Almeida (2009). The exclusion situation effect should be emphasised because recently, almost two-third of LGBT youth are suffering from a mental health problem, drug abuse, extremely intake alcohol and less access in healthcare which led to suicidal cases (International Youth Day, 2019). According to Greydanus (2017), there was an increase in suicidal LGBT youth that nearly 30% had a suicide attempt. Almost half of the group had multiple suicide attempts.

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Self-esteem can be defined as self-worth or self-respect. How one respects oneself, how one feels, that being able to exert influence in a range of attitudes. According to Canali et al. (2014), self-esteem in gay tend to be lower than the heterosexual, because of the threats from previous experiences environment, abuses and impositions of values as the causes. Bisexual has been sense lower in self-esteem causes by painful in self-consciousness, anxiety, negative judgment, unwanted exposure and inferiority (Gray & Desmarais, 2014).

Verbal abuse can be defined as a critical feature of emotionally abusive relationships. People continuously make negative statements to label a person. This happened when some of the party did not accept them. The issue also includes family rejection and lack of social support, and it would bring this group stigma and minority stress, abuse and harassment. Moreover, the researcher has note transgender individuals, especially male to female transgender, and including health concern such as victimisation. Homelessness, and risk of taking human immunodeficiency virus (HIV/AIDS). (Steven, 2012). According to Shidlo and Ahola (2013) many LGBT had reported emotional, verbal, physical and sexual violence from their own family

Mental health was identified as those that can affect a person's social ability and cognitive, which also attract a diagnosis of psychiatric illness. This was identified by the Australian National Mental Health Strategy that the disorder happened due to a few factors such as stress due to their status. As a result, they feel discriminated against, internalised homophobia, concealment and expectation of rejections (Fredriksen et al. 2014). Most of the LGBT youth faced discrimination either in the form of verbal or physical harrasment and exclusion. There are about 70.8 and 54.4% of the U.S. LGBTQ students being verbally harassed and about 27.0 and 20.3% LGBTQ students being physically harassed because of their sexual orientation or gender expression (Baams et al. 2017).

Therefore, the study developed its conceptual framework (refer to figure 1) to help in reducing mental health issues among LGBT youth. The independent variables consist of depression, suicidal, self-esteem and verbal abuse. While the dependent variable is mental health.

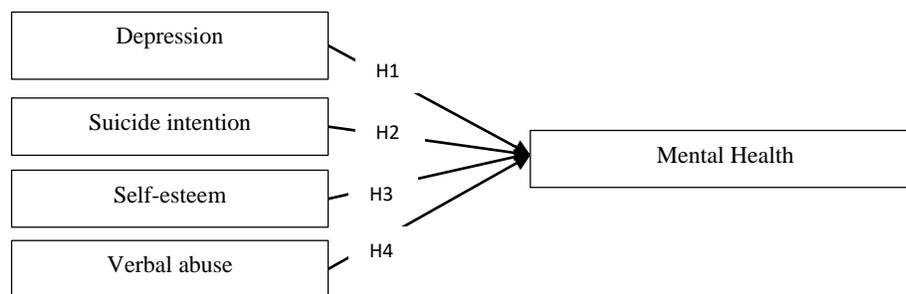


Figure 1: A conceptual framework of factors to cause mental health.

To meet the purpose of the study, four hypotheses are developed, namely:

H1: There is a significant relationship between depression toward mental health.

H2: There is a significant relationship between suicide intention toward mental health.

H3: There is a significant relationship between self-esteem toward mental health.

H4: There is a significant relationship between verbal abuse toward mental health.

3.0 METHODOLOGY

This research used an online survey as a means of achieving the research goals. The questionnaire was distributed using Google Form to communication students in KUPTM. There are forty nine questions for this survey and have been divided into six sections, namely the demographics, and five different variables. The study applies the adopt and adapt the technique to develop the items from Chauhan et al. (2019). The study uses 5-point Likert scales to measure the relationship between the variables. The measurement consists of 1 – strongly disagree, 2- disagree, 3- neutral, 4- agree, and 5-strongly agree.

A sample is a collection of individuals, artefacts, or things which are taken for measurement from a larger population. The study should represent the population to ensure that the results of the research study can be applied to the general population. Sampling saves time to a great extent by reducing data volume because the researcher does not need to go through each of the individual items Maharjan et al., (2020). Thus, the study used quota sampling to collect the data. Quota sampling is characterised as a non-probability sampling method in which researchers generate a sample involving individuals who represent a population. Individuals select according to particular attributes or qualities. They determine and create quotas so that the market analysis samples can be useful in data collection. Only according to the interviewer's or researcher 's awareness of the population can the final subset be determined. The quota sampling's benefit is that it is easy to carry out and decipher the information once the sampling is done. It also increases the representation within each given group's population, thereby ensuring that these groups are not over-represented. The study has collected 129 responses to meet the purpose of reliability tests during the preliminary study.

The unit of analysis is the analysis you do in your study that determines what the unit is. Also, it was essential to emphasise the "who" and "what" to be examined in the study and the unit of analysis consisting of individuals or groups (Donnelly, 2017). In this study, the unit of analysis is the respondent who is a communication degree student in KUPTM.

In prior to actual data collection, the study conducted a preliminary study to reduce the validity and reliability issue. In general usage, "valid" means well-grounded or justifiable, being at once relevant and meaningful, said Swanson (2014). The study conducted a content validity test to ensure the instrument's items are correct and applicable to measure the variables in this study. The proposed items were sent to the content expert for validity purpose.

The reliability concerns the extent to which a phenomenon's measurement provides stable and consistent results (Carmines and Zeller, 1979). Testing for reliability is vital because it refers to the consistency across the parts of an instrument (Ibrahim et al., 2018). A scale is alleged to have high internal consistency reliability if a scale "hang together" and measure the identical construct (Robinson, 2009). The foremost commonly used internal consistency measure is the Cronbach Alpha coefficient. It is viewed as the most appropriate measure of reliability when using Likert scales (Whitley & Ball, 2002, Robinson, 2009). No absolute rules exist for internal consistencies, however, most agree on a minimum internal consistency coefficient of .70 (Whitley & Ball, 2002, Robinson, 2009, Ibrahim, 2018). The Cronbach alpha value for the instrument reliability test is 0.86. Thus, the instrument is considered reliable and ready for the actual data collection.

The researcher obtained approval from the relevant department to distribute the questionnaire to the selected respondent through WhatsApp application to the student in communication degree group in Kolej University Poly- Tech Mara Kuala Lumpur. The collected data were analysed descriptively and inferential.

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4.0 FINDINGS AND DISCUSSION

Table 1: Respondent demographic

Measurement	Items	Percentage
Gender	Female	58.9%
	Male	41.1%
Age	18-20	21.7%
	21-23	48.8%
	24-26	29.5%
Semester	1	27.2%
	2	13.6%
	3	8%
	4	6.4%
	5	14.4%
	6	27.2%
	7	12.8%
	8	8.8%
	9	4.8%

Table 1 responses from respondents' demographic analysis. The table showed that gender for females is 58.9% and male is 41.1%. The respondents from age 21-23 had 48.8% as the highest response, 24-26 had 29.5% response and 18-20 had 21.7%. Each answer has a different semester. From semester 1-9, the highest responses are from semester 1 and 6 which is 27.2%.

Table 2: Descriptive Analysis Depression

	N	Mean	Std. Deviation
(D1) Do you have little interest or pleasure in doing things?	129	2.94	0.96
(D2) Have you been feeling down, depressed or hopeless?	129	3.20	0.96
(D3) Do you often have trouble falling or staying asleep or sleeping too much?	129	3.55	1.08
(D4) Do you often feeling tired or having little energy?	129	3.47	1.11
(D5) Do you often have poor appetite or overeating?	129	3.17	1.12
(D6) Have you ever feel bad about yourself or that you are a failure or have let yourself or you family down?	129	3.51	1.19
(D7) Have you ever had problems concentrating on things such as reading newspapers or watching television?	129	3.04	1.17
(D8) Do you often moving or speaking so slowly that other people would have noticed?	129	2.87	1.25
(D9) Have you ever thought that you would be better off dead or of hurting yourself?	129	3.10	1.38

Based on Table 2, the descriptive analysis for respondents' depression indicated most of the respondents reckoned that they were better off dead and hurting themselves (D9: $M=3.10$, $S.D=1.38$). While the respondent also believes they move and talk slowly that would make people notice (D8: $M=2.87$, $S.D=1.25$). The finding indicates that most of the respondents voted that they have the signs of depression.

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Table 3: Descriptive Analysis of suicide intention

	N	Mean	Std. Deviation
(SI1) I can't stop crying for a long time if I hear or see a sad story	129	2.72	1.22
(SI2) I have temper tantrums	129	3.22	1.23
(SI3) I have trouble controlling my temper	129	3.31	1.11
(SI4) Often I am afraid I will lose control of my feelings	129	3.19	1.19
(SI5) I often feels frustrated	129	3.33	1.17
(SI6)I find it difficult to quiet down after being scared	129	3.09	1.13
(SI7) I just can't calm down faster than most people	129	3.15	1.18
(SI8) Watching an action show gets me so excited that I remain excited long after the show is over	129	3.14	1.19
(SI9) I get scared easily	129	3.09	1.22
(SI10) My mood goes up and down without reason	129	3.36	1.16

Table 3 shows that the descriptive analysis for the level of suicide intention shows that the majority of the respondents agree that being mood goes u and down without reason effect in mental health (S19: M=3.36, S.D=0.1.16). However, many of the respondents also can't stop crying for a long time if i hear a sad story that has less effect on mental health (S1: M=2.72, S.D=1.22).

Table 4: Descriptive analysis of Self Esteem

	N	Mean	Std. Deviation
(SE1) On the whole, I am satisfied with myself	129	2.88	1.04
(SE2) At times, I think I am no good at all	129	3.35	1.17
(SE3) I feel that I have many good qualities	129	3.12	1.09
(SE4) I certainly feel useless at times	129	3.53	1.13
(SE5) I can do things as well as most other people	129	3.28	1.08
(SE6) I feel that I'm a person of worth, at least equal to others	129	3.35	1.07
(SE7) I wish I could have more respect for myself	129	3.95	1.07
(SE8) All in all, I am inclined to feel that I'm a failure	129	3.35	1.05
(SE9) I take a positive attitude towards myself	129	3.74	1.07

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Table 4 shows the majority of the respondents agree that they have many good qualities (SE3: M=3.12, S.D=1.09) and they can do things as well as most other people (SE5: M=3.28, S.D=1.08).

Table 5: Descriptive Analysis of Verbal Abuse

	N	Mean	Std. Deviation
(VA1) Do you often get scolded by parents?	129	2.79	1.03
(VA2) Do your parent often swear at you?	129	2.16	1.1
(VA3) Have you been blamed for something?	129	3.18	1.06
(VA4) Have you been insulted at?	129	3.0	1.21
(VA5) Have you ever been threatened?	129	2.49	1.34
(VA6) Do you often get called the names that made you feel bad?	129	3.12	1.22
(VA7) Do you often get told you're acting stupid or like a brat?	129	2.91	1.28
(VA8) Do you often get blamed for things you didn't do?	129	3.16	1.16
(VA9) Do your parents scream at you for no apparent reason?	129	2.54	1.36
(VA10) Do you often get told that you were incapable or worthless?	129	2.70	1.29

Table 5 shows that the majority of the respondents agree that their parents scream at them for no apparent reason (VA9: M=2.54, S.D=1.36) and have been felt threatened (VA5: M=2.49, S.D=1.34).

Table 6: Descriptive Analysis LGBT Mental Health

	N	Mean	Std. Deviation
(MH1) How often have you heard lecturers or tutors stereotyping, making negative remarks, or telling jokes which put down LGBT person?	129	2.67	1.33
(MH2) How often have you heard friends (at university) stereotyping, making negative remarks or telling jokes which put down LGBT persons?	129	3.00	1.15
(MH3) How often have you heard other students stereotyping, making negative remarks or telling jokes which put down LGBT persons?	129	2.92	1.18
(MH4) How often do you think students at your campus might experience having their personal property defaced or otherwise vandalised because they were thought/known to be LGBT?	129	2.85	1.20
(MH5) How often do you think students at your campus might experience direct verbal harassment because they were thought/known to be LGBT?	129	2.92	1.22
(MH6) How often do you think posters advertising LGBT activities/events might be defaced, destroyed or otherwise vandalised?	129	3.03	1.26
(MH7) How often do you think students at your campus might receive threatening or otherwise derogatory notes, phone calls or emails because they were thought/known to be LGBT?	129	2.73	1.27
(MH8) Since being at university have you ever deliberately concealed your sexual orientation or gender identity?	129	2.74	1.42
(MH9) Since being at university, have you ever avoided disclosing your sexual orientation or gender identity to a tutor, lecturer, supervisor, or other university staff member due to fear of negative consequences?	129	2.68	1.44

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Table 6 shows the LGBT Mental's health state. The table shows the majority of the respondents agree the advertising about LGBT activities would be destroyed (MH6: M=3.03, S.D=1.26) and this minority community LGBT had been face verbal harassment because known as LGBT community (MH3: M=2.92 S.D=1.18).

Table 7: Guildford Rule of Thumb table

Value, r	Strength
< 0.2	Negligible Relationship
0.2 to 0.4	Low Relationship
0.4 to 0.7	Moderate Relationship
0.7 to 0.9	High Relationship
>0.9	Very High Relationship

Table 8: Result of correlation test for Mental health within the LGBT's community

			r	P < .05	Result
Depression	→	LGBT Mental health	1	0.00	Sig

The finding for the correlation test between Mental Health within LGBT's community is in table 8. The analysis shows that H1 is supported. Mental health within LGBT community and depression is correlated and shows that it is a very recommended relationship. The direction of the relationship is also positive. The possible explanation for this relationship is because the respondent has a difficult time with a family relationship and self environment because of too many questions in their mind that can be overthinking about their sexuality.

Table 9: Result of correlation test for Mental Health within LGBT's community

			r	P < .05	Result
Suicide Intention	→	LGBT Mental health	.488	0.00	Sig

The finding for the correlation test between Mental Health within LGBT's community and suicide intention is in table 9. The analysis shows that H2 is supported. Mental health within LGBT community is correlated and shows a moderate. The direction of the relationship is also positive. The possible explanation for this relationship is that the LGBT community has faced the stereotypes among their classmates based on their situation and their mental health. The jokes that had made by their classmate because that person part of the minority group (LGBT) make them losing their confidence or self-esteem to continue their daily life.

Table 10: Result of correlation test for Mental health within LGBT's community

			r	P < .05	Result
Self esteem	→	LGBT Mental health	.460	0.00	Sig

The finding for the correlation test between Mental Health within LGBT's community and suicide intention is in table 10. The analysis shows that H3 is supported. Mental health within LGBT community and self-esteem is correlated and shows a moderate. The direction of the relationship is also positive. The possible explanation for this relationship is because the LGBT community has been bullies because of bullying in college make less confident about themselves. This make this minority feel unsafe about self environment.

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Table 11: Result of correlation test for Mental health within LGBT's community

		r	P < .05	Result
Verbal Abuse	→ LGBT Mental health	.421	0.00	Sig

The finding for the correlation test between Mental Health within LGBT's community and verbal abuse as shown in table 11. The analysis shows that H4 is supported. Mental health within LGBT community and verbal abuse is correlated and shows a moderate. The direction of the relationship is also positive. The possible explanation for this relationship is because the simply word can hurt someone feeling. Their perception can be considered a weapon to oppose the LGBT community with violent action, which can affect the community's mental health.

5.0 CONCLUSION

After discussing the main result obtained, the research concludes with the following points. This study indicates that there is incipient evidence between mental health within the LGBT community. As the result of the research there are many adverse assumptions about being LGBT that make it uncomfortable for many to let people know this significant part of their identity. When people share this aspect of themselves freely, they face the potential of peer, colleague, and acquaintance rejection, which can intensify feelings of isolation. After reviewing the data, it shows that the effect of mental health among the LGBT community exists. Therefore, the LGBT community is the same as heterosexual people because both have same symptoms in mental health problems but in different situation. In LGBT community, they defend themselves from society due to society's view towards them. The discussion related with the objectives which determine the relationship between mental illness disorder in LGBT youth. The aim of this objective is to measure mental health of LGBTs community.

The method used in this study to collect data information is the method of surveying where the questionnaire is produced through Google Form. The Google Form connection was shared with the respondents through social applications such as WhatsApp, making it easier for them to access the form. For the sampling method, the researcher prefers to use chance samples where and respondent will be randomly selected for the survey where it is not set as it will provide reliable vast results. Probability samples are appropriate where different kinds of samples from different respondents are brought to collect in the analysis, so the need for data details can be increased. The quantitative type of study was used to construct an analysis form on the questionnaire that was already presented to the respondents, based on the numerical data itself. The standard of quantitative survey-based assessments by helping to generate assessment hypotheses, improving survey questionnaire design, and also expending or clarifying the results of quantitative evaluation. Using the Statistical Kit for the Social Sciences (SPSS) application, the data collection is processed to obtain the precise results that can be logical to convert to the table format and numerical data analysis that is easy to store and track these researchers' relationship to improve.

To explore different aspects relevant to the research title, do further searches through websites and other resources. It will help the researcher decide what subject to select if shown that the researcher has a lot of supporting content. The researcher does not have a clear reference if the chosen aspects are never studied, which may complicate the researcher's work. Moreover, to satisfy the researcher to complete the analysis, the researcher needs to multiply independent variables. The more independent variables are, the simpler the set of data is. The source should also be the basis for statements of evidence, hypotheses, opinions, analyses, and research reports relevant to the selected subject. Plus, several blogs, books and, preferably, the latest should be read by researchers. Also, scientists need to find resources from journals, scholarly books, articles or magazines. In the context of opinions without reference, researchers can also avoid referring to opinions.

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