



The Impact of Houselessness and Food Insecurity on the Mental Health of LGBTQ+ Young People

LGBTQ+ young people with a history of houselessness had over twice the rate of attempting suicide in the past year than those who have never been houseless (24% vs. 9%).

April 2025

Key Findings

- 40% of LGBTQ+ young people reported a history of food insecurity, houselessness, or unmet basic needs.
- TGNB young people had a 77% greater odds of experiencing food insecurity, 73% greater odds of ever having been houseless, and 67% greater odds of having unmet basic needs compared to cisgender LGB young people.
- Food insecurity, homelessness, and unmet basic needs were all independently associated with increased likelihood of anxiety, depression, suicidal ideation, and suicide attempts.

Background

Economic security affects nearly every aspect of life, including health and wellness. Particularly in the United States, economic security directly impacts a person's ability to access quality health insurance and health care, as well as health-promoting environments such as neighborhoods and schools. Economic stability is recognized as having such an important influence on health that it is articulated as one of the five primary domains of social determinants of health by the U.S. Department of Health and Human Services.¹

There is a common misconception that LGBTQ+ individuals are more financially well-off than their cisgender heterosexual counterparts, however, the opposite is true.² Not only are rates of poverty higher in LGBTQ+ populations compared to cisgender heterosexual ones (17% vs. 12%), there remain large inequities within LGBTQ+ communities.³ Notably, being transgender, a person of color, or bisexual are all factors found to be associated with higher rates of poverty.³ Most of this research, however, focuses on the economic status of adults and frequently excludes younger people. Using three different metrics of economic stability that are relevant to younger ages (i.e., food insecurity, houselessness, and being unable to meet basic needs), we

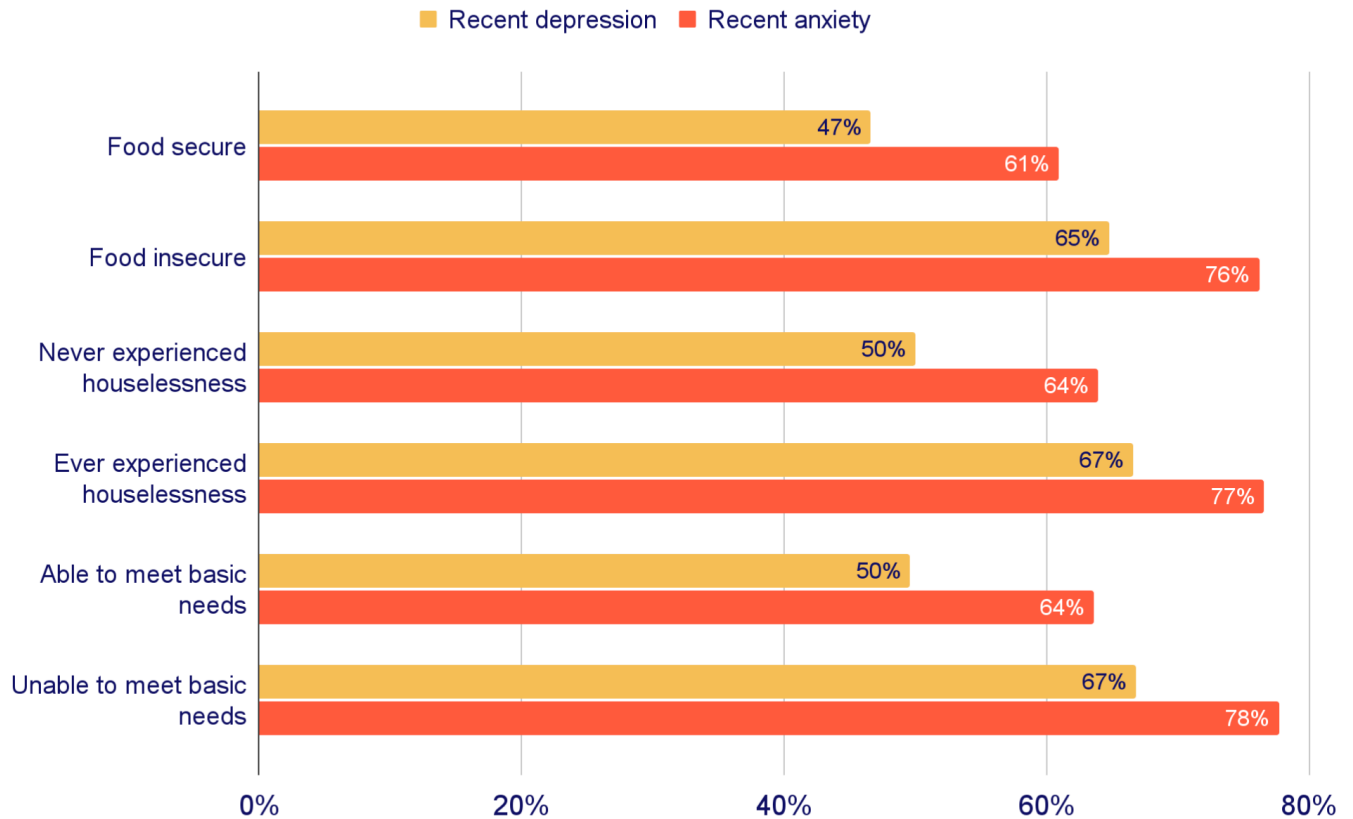
explore how these factors influence mental health and suicidal thoughts and behaviors of LGBTQ+ young people.

Results

Demographics. LGBTQ+ young people ages 18 to 24 reported higher rates of experiencing food insecurity (34%), ever having experienced homelessness (16%), and being unable to meet basic needs (17%) compared to LGBTQ+ young people ages 13 to 17 years old. Pansexual young people reported the highest rates of experiencing food insecurity (40%), ever having experienced homelessness (20%), and being unable to meet basic needs (18%) compared to those with other sexual identities. Among gender identities, transgender men and boys reported the highest rates of experiencing food insecurity (40%), ever having experienced homelessness (19%), and being unable to meet basic needs (18%). Native/Indigenous LGBTQ+ young people reported higher rates of experiencing food insecurity (48%), ever having experienced homelessness (26%), and being unable to meet basic needs (20%) compared to LGBTQ+ young people of other races or ethnicities. There was overlap in these indicators of economic security: 40% of LGBTQ+ young people reported experiencing at least one of these three indicators, although 16% experienced two or more.

Economic Security and Mental Health Among LGBTQ+ Young People

Economic security is associated with lower rates of recent depression and anxiety.



Economic security and mental health. Overall, economic insecurity was associated with worse mental health for LGBTQ+ young people, even after adjusting for age, sexual orientation, gender identity, race/ethnicity, and census region. Experiencing food insecurity was associated with 69% higher odds of experiencing depression (aOR = 1.69, 95% CI = 1.56 - 1.82, $p < .001$), 68% higher odds of experiencing anxiety (aOR = 1.68, 95% CI = 1.55 - 1.83, $p < .001$), 60% higher odds of having considered suicide in the past year (aOR = 1.60, 95% CI = 1.48 - 1.73, $p < .001$) and 71% higher odds of attempting suicide in the past year (aOR = 1.71, 95% CI = 1.54 - 1.95, $p < .001$).

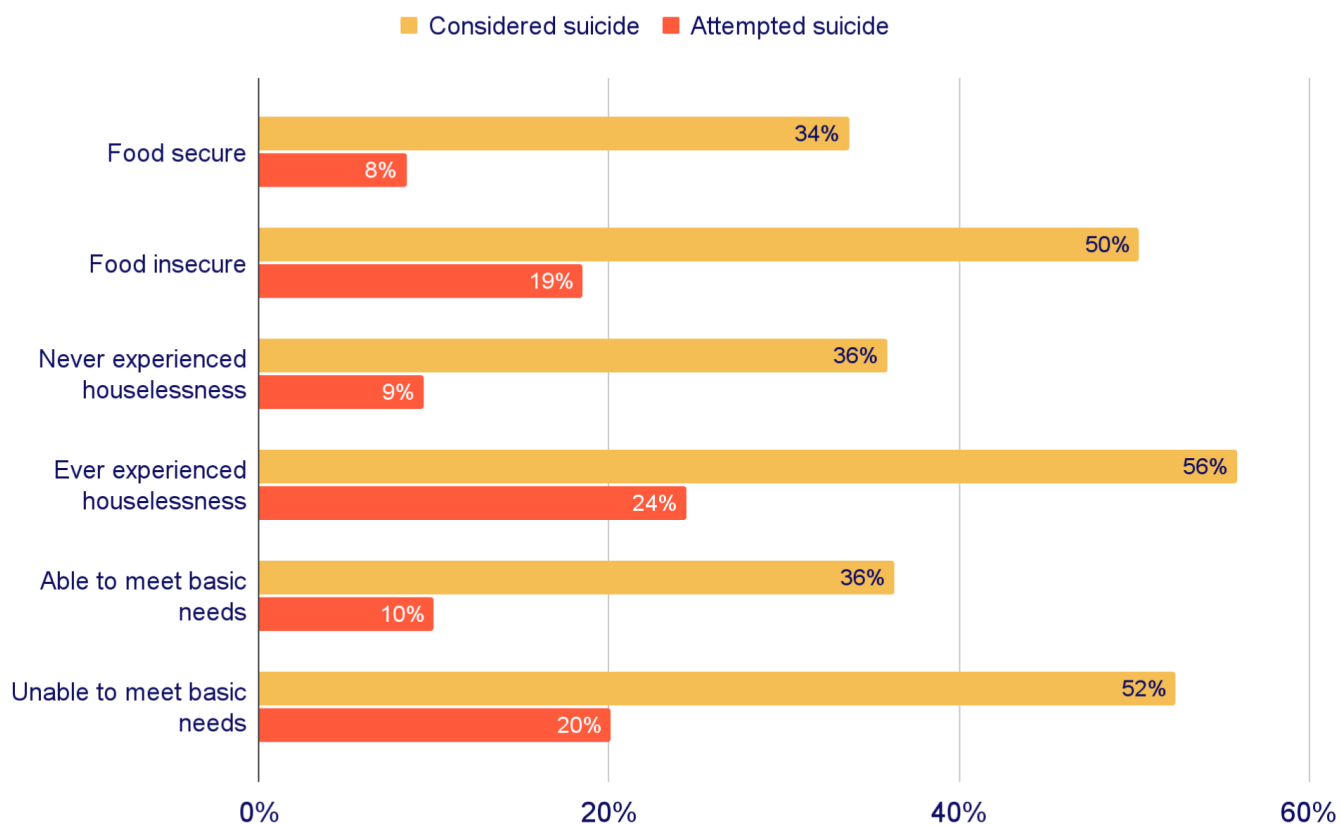
Ever experiencing houselessness was also associated with 47% higher odds of experiencing depression (aOR = 1.47, 95% CI = 1.33 - 1.62, $p < .001$), 36% higher odds of experiencing anxiety (aOR = 1.36, 95% CI = 1.22 - 1.51, $p < .001$), 67% higher odds of having considered suicide in the past year (aOR = 1.67, 95% CI = 1.51

- 1.85, $p < .001$) and over twice the odds of attempting suicide in the past year (aOR = 2.33, 95% CI = 2.05 - 2.65, $p < .001$).

Being unable to meet basic economic needs was associated with 50% higher odds of experiencing depression (aOR = 1.50, 95% CI = 1.35 - 1.66, $p < .001$), 41% higher odds of experiencing anxiety (aOR = 1.41, 95% CI = 1.26 - 1.59, $p < .001$), 42% higher odds of having considered suicide in the past year (aOR = 1.42, 95% CI = 1.28 - 1.57, $p < .001$) and 52% higher odds of attempting suicide in the past year (aOR = 1.52, 95% CI = 1.32 - 1.74).

Economic Security and Suicidal Thoughts and Behaviors Among LGBTQ+ Young People

Economic insecurity is associated with higher rates of both considering and attempting suicide.



Looking Ahead

Economic security, however defined, has a persistent impact on the mental health and suicidal thoughts and behaviors of LGBTQ+ young people. Being food insecure, without stable housing, or unable to meet basic needs was consistently associated with higher rates of depression, anxiety, suicidal ideation, and suicide attempts. An important step forward is to recognize the fact that economic insecurity presents challenges far beyond financial implications, it also directly impacts the mental health and wellness of LGBTQ+ young people. Indeed, despite copious federal resources having been dedicated to both economic insecurity and mental health,^{1,4} they are rarely talked about in tandem in conversations about youth mental health.

Many researchers have called economic security a social determinant of mental health,⁵⁻⁷ a label which aligns with our findings on its relationship with mental health and suicide risk among LGBTQ+ young people. More importantly, this framing allows us to broaden our perspective about what constitutes effective mental health intervention; programs and policies that target economic security can yield mental health improvements. Economic interventions specific to LGBTQ+ young people can take on many forms, such as anti-discrimination laws in the workplace or gender-expansive equity in health insurance.^{8,9} Notably, the most profound interventions to lower rates of economic insecurity, such as food and nutrition assistance,¹⁰ housing assistance,¹¹ or basic cash assistance¹² have all been shown to be beneficial for the entire population, especially younger people, when implemented.

The economic realities for LGBTQ+ people are not monolithic. As previous research has shown, people of color and transgender populations are particularly more likely to be living in poverty than others in the LGBTQ+ community.³ However, the potential effects of programs to foster economic security in these marginalized communities are also likely to have the greatest impact. One promising example is an ongoing study aimed at providing microeconomic support to facilitate better mental health outcomes among transgender and nonbinary adults.¹³ While there will always be a place for mental health care, targeting upstream determinants like economic security is a necessary part of any public health strategy that prioritizes mental health and suicide prevention.

The Trevor Project is committed to supporting LGBTQ+ young people through crisis intervention, research, and advocacy initiatives. TrevorSpace, our dedicated social media platform, offers LGBTQ+ young people a safe and supportive community where they can connect with supportive peers, regardless of where they live. Our 24/7 crisis services—available by phone, chat, and text—ensure that LGBTQ+ young people have access to highly trained counselors whenever they need help. Our education team empowers adults with the tools and knowledge to effectively support LGBTQ+ young people across all identities, while our advocacy team works to promote access to welcoming environments in all geographic areas, both at the

federal and state level. Additionally, we are committed to continuing to publish research focused on the relationship between economic security and LGBTQ+ mental health.

You can read more related research from The Trevor Project here: [Unstable Housing and LGBTQ+ Youth Suicidality](#) and [Homelessness and Housing Instability Among LGBTQ Youth](#). Additionally, The Trevor Project provides [resources for both LGBTQ+ young people and their allies](#), such as [Resources for LGBTQ+ Youth Experiencing Homelessness](#).

Methods

Data were collected through The Trevor Project's [2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People](#). A total of 18,663 LGBTQ+ young people between the ages of 13 to 24 were recruited via ads on social media. After accounting for missing data on the variables of interest, the effective sample size used in this research brief includes data from 16,869 participants.

All demographic items were assessed by asking participants to select a single identity category from a provided list of options.¹⁴ To assess economic security, participants were asked about food security, experiences with homelessness, and socioeconomic status. Questions about food security asked participants how often they worried that food at home would run out before getting money to buy more in the last month and how often they were hungry but didn't eat because they did not have enough food in the last month.¹⁵ Homelessness was assessed by asking participants if they currently or have ever been homeless. Response options included 'No', 'Yes, I have been in the past, but I am currently not', and 'Yes, I am currently homeless.' To assess socioeconomic status, participants were asked how they would describe their current overall personal financial situation, with response options ranging from 'I have more than enough to live comfortably' to 'I don't meet basic expenses such as food, housing, and clothing'.¹⁶ The GAD-2 was used to assess recent symptoms of anxiety¹⁷ and the PHQ-2 was used to assess recent symptoms of anxiety.¹⁸ Questions assessing past-year suicide contemplation and attempt were taken from the Center for Disease Control and Prevention's Youth Risk Behavior Survey.¹⁹

Chi-square models were run to determine differences in rates of suicide risk and mental health outcomes between groups. After checking assumptions, logistic regression models were run to examine the association between food insecurity, homelessness, economic security, and mental health outcomes, controlling for age, sexual orientation, gender identity, and race. All analyses are statistically significant at the $p < 0.05$ level, meaning that there is less than 5% likelihood that these results occurred by chance.

Data Tables

Demographic Characteristics of LGBTQ+ Young People by Food Security in the Past Month

	Food secure in past month (n = 12,543)	Food insecure in past month (n = 5,868)	p-value
Age			<.001
13-17	50.3%	44.3%	
18-24	49.7%	55.7%	
Sexual orientation			<.001
Gay	13.5%	11.2%	
Lesbian	16.7%	15.1%	
Bisexual	28.8%	26.2%	
Queer	11.8%	13.5%	
Pansexual	14.4%	20.7%	
Asexual	10.1%	8.2%	
Heterosexual	1.1%	0.8%	
Not Sure	3.5%	4.2%	
Gender identity			<.001
Cisgender	45.0%	31.6%	
Transgender, nonbinary, or gender questioning	55.0%	68.4%	

Race/ethnicity			<.001
Asian American / Pacific Islander	6.8%	3.5%	
Black / African American	6.9%	9.5%	
Hispanic / Latinx	11.6%	14.3%	
Middle Eastern / Northern African	0.7%	0.5%	
Native / Indigenous	0.9%	1.8%	
White	62.6%	56.5%	
More than one race/ethnicity	10.4%	13.9%	
Region			.<.001
Northeast	17.4%	14.7%	
Midwest	22.9%	23.0%	
South	33.9%	36.8%	
West	25.8%	25.5%	

Demographic Characteristics of LGBTQ+ Young People by Housing Status

	Never houseless (n = 15,811)	Ever houseless (n = 2,680)	p-value
Age			< .001
13-17	56.1%	50.7%	
18-24	43.9%	49.3%	
Sexual orientation			< .001
Gay	11.4%	13.0%	
Lesbian	13.7%	16.5%	
Bisexual	24.7%	28.7%	
Queer	14.3%	12.1%	
Pansexual	22.5%	15.3%	
Asexual	7.8%	9.8%	
Heterosexual	1.3%	1.0%	
Not Sure	4.3%	3.7%	
Gender identity			< .001
Cisgender	42.6%	30.1%	
Transgender, nonbinary, or gender questioning	57.4%	69.9%	

Race/ethnicity				<.001
Asian American / Pacific Islander	2.6%	6.3%		
Black / African American	10.7%	7.3%		
Hispanic / Latinx	12.2%	12.5%		
Middle Eastern / Northern African	0.5%	0.7%		
Native / Indigenous	2.1%	1.0%		
White	54.1%	61.7%		
More than one race/ethnicity	17.7%	10.6%		
Region				<.001
Northeast	13.8%	17.0%		
Midwest	22.2%	23.0%		
South	36.0%	34.6%		
West	27.9%	25.3%		

Demographic Characteristics of LGBTQ+ Young People by Basic Needs

	Able to meet basic needs (n = 14,491)	Unable to meet basic needs (n = 2,378)	p-value
Age			< .001
13-17	66.7%	52.5%	
18-24	33.3%	47.5%	
Sexual orientation			< .001
Gay	11.4%	13.2%	
Lesbian	14.7%	16.3%	
Bisexual	25.7%	28.2%	
Queer	15.0%	12.4%	
Pansexual	21.2%	15.5%	
Asexual	7.8%	9.7%	
Heterosexual	1.0%	1.0%	
Not Sure	3.2%	3.6%	
Gender identity			< .001
Cisgender	42.6%	30.7%	
Transgender, nonbinary, or gender questioning	57.4%	69.3%	

Gender identity			< .001
Cisgender	42.6%	30.7%	
Transgender, nonbinary, or gender questioning	57.4%	69.3%	
Race/ethnicity			< .001
Asian American / Pacific Islander	2.8%	6.1%	
Black / African American	8.7%	7.2%	
Hispanic / Latinx	12.4%	12.1%	
Middle Eastern / Northern African	0.7%	0.7%	
Native / Indigenous	1.6%	1.1%	
White	59.7%	61.7%	
More than one race/ethnicity	14.0%	11.1%	
Region			.< .001
Northeast	14.9%	16.8%	
Midwest	38.0%	22.8%	
South	23.9%	34.0%	
West	23.2%	26.4%	

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