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Real-Time Exposure to Negative News Media and Suicidal Ideation Intensity Among LGBTQ+ Young Adults

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IMPORTANCE With a recent surge in anti–lesbian, gay, bisexual, transgender, or queer (LGBTQ+) policies and associated news and media coverage, there is a need to study the association of LGBTQ+ focused news or media exposure and short-term changes in suicidal ideation (SI) among LGBTQ+ youth.

OBJECTIVE To examine within-person direct and indirect associations between exposure to general and LGBTQ+ negative news or media and SI intensity through expectations of rejection.

DESIGN, SETTING, AND PARTICIPANTS This intensive longitudinal cohort study used a smartphone-based ecological momentary assessment (EMA) protocol wherein participants responded to EMAs 3 times per day for 28 consecutive days. Young adults aged 18 to 24 years who self-identified as LGBTQ+, resided in Tennessee, and had past-year SI and at least mild depression (defined as a score ≥5 on the Patient Health Questionnaire-9) were eligible for inclusion. Participants were recruited through social media advertisements, LGBTQ+ community organizations, and mental and behavioral health clinics. Participants were recruited between March 30, 2023, and August 23, 2023, and data analyses were conducted from August 28, 2023, through April 20, 2024.

EXPOSURES At each EMA, participants reported on recent exposure to negative news or media. A 3-level categorical exposure variable denoted (1) no news or media exposure (reference); (2) exposure to general negative news or media; and (3) exposure to LGBTQ+ negative news or media. Each EMA also assessed expectations of rejection due to LGBTQ+ identity on a scale of 0 (not at all) through 10 (very much).

MAIN OUTCOMES AND MEASURES Three primary outcomes assessed current (ie, "right now") intensity of active SI, passive SI, and self-harm ideation, each measured on a scale from 0 (not at all) to 10 (very strong). Multilevel modeling approaches were used to account for the hierarchical structure of EMA data, with assessments (level 1) nested within people (level 2). Linear mixed models and multilevel mediation models were used to examine within-person associations between exposure to negative news or media and the 3 primary outcomes, as well as the mediating role of expectations of rejection.

RESULTS Of 31 total participants, 22 were assigned female sex at birth (71%), and 16 (52%) self-identified as transgender or gender diverse. The median (IQR) participant age was 21 (18-22) years, and a total of 2189 EMAs were completed, with a median (range) compliance of 90.5% (41.7%-100%). At the within-person level, recent exposure to LGBTQ+ negative news or media was significantly associated with increased active SI (estimate [*b*], 0.14; 95% CI, 0.04-0.25; *P* = .009), passive SI (*b*, 0.23; 95% CI, 0.04-0.41; *P* = .02), and self-harm ideation (*b*, 0.13; 95% CI, 0.02-0.23; *P* = .02). No statistically significant associations were detected for exposure to general negative news or media. In multilevel mediation models, heightened expectations of rejection explained some of the total effect of exposure to LGBTQ+ negative news or media on active SI (23%) and passive SI (37%).

CONCLUSIONS AND RELEVANCE This intensive longitudinal cohort study found that SI intensity modestly increased in the hours immediately following exposure to LGBTQ+ negative news or media among LGBTQ+ young adults. These findings have timely implications for research and intervention, particularly within sociopolitical and geographic contexts where news or media coverage about LGBTQ+ topics is intensified.

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Editorial
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Exposure to news and media coverage of distressing topics is associated with elevated levels of psychological distress, anxiety, depression, and trauma-related symptoms, with associations documented across print, radio, and television news and social media posts.[1-5] News exposure through social media platforms and 24-hour news networks is now a ubiquitous part of everyday life—95% of individuals in the US report following the news and 1 in 10 individuals in the US reports checking the news every hour.[6] The frequency of news exposure in everyday life emphasizes the need for methods that can adequately capture its real-time associations with mental health. Yet most research has used cross-sectional methods, in which participants retrospectively report their media consumption over extended periods of time, thus limiting the ability to establish temporal associations between news exposure and mental health. Like news exposure, suicidal ideation (SI) is also prone to rapid changes, with studies showing that SI frequently has a sharp onset and a brief duration, often lasting an hour or less.[7,8]

The association between distressing news exposure and SI may be especially relevant for youth who are lesbian, gay, bisexual, transgender, or queer or who have a nonheterosexual sexual orientation or noncisgender gender identity (LGBTQ+). Indeed, LGBTQ+ people face substantially elevated rates of SI and suicidal attempt compared with their cisgender and heterosexual peers.[9-11] Widespread news and media coverage highlights increasing stigma toward LGBTQ+ youth in the US, demonstrated by a sharp increase in the last several years in the number of anti-LGBTQ+ laws and policies. In 2023 alone, approximately 500 anti-LGBTQ+ laws were proposed in state legislatures, with a concurrent increase in anti-LGBTQ+ hate and extremism, much of which targeted transgender and gender-diverse youth,[12-15] and corresponding news and media coverage. Expectations of rejection—a consequence of stigma-based social rejection associated with increased SI—refers to anxious expectations that one will be socially rejected or stigmatized in the future.[16,17] Seeing or reading distressing news and media coverage about LGBTQ+ people may serve as a potent stigma-related stress experience, reinforcing rejection expectations and thus increasing risk for SI among LGBTQ+ young adults.

To our knowledge, little research has examined associations between exposure to negative LGBTQ+ news and media and mental health among LGBTQ+ young adults. A handful of cross-sectional survey studies have connected such exposure to higher levels of depression, anxiety, trauma-related symptoms, and rumination among transgender and gender-diverse youth and adults.[18-20] Additionally, a natural experiment showed that LGBTQ+ adults residing in geographic regions with greater exposure to negative television advertisements about marriage equality ballot measures reported 34% higher stress compared to those living in regions with no advertisement exposure.[21] No research to date, however, has studied the role of LGBTQ+ negative news and media coverage on SI or used methods that can capture these associations in real time. The present study uses ecological momentary assessments (EMAs) to examine associations among real-time exposure to negative news and media, expectations of rejection, and SI intensity among LGBTQ+ young adults.

Key Points

Question Is real-time exposure to negative news or media (eg, a news headline) associated with short-term changes in suicidal ideation (SI) intensity among lesbian, gay, bisexual, transgender, or queer (LGBTQ+) young adults?

Findings In this intensive longitudinal cohort study of 31 LGBTQ+ young adults aged 18 to 24 years, participants completed 3 assessments per day for 28 consecutive days, resulting in 2189 total assessments. Real-time exposure to LGBTQ+ negative news or media, but not general negative news or media, was significantly associated with heightened intensity of active SI, passive SI, and self-harm ideation.

Meaning These findings suggest that SI intensity may modestly increase in the hours immediately following identity-specific, but not general, negative news or media exposure among LGBTQ+ young adults.

Methods

Participants and Procedure

A total of 31 participants were recruited as part of the ongoing SPIRiT (Suicide Prediction in Real-Time) study, conducted at Vanderbilt University. Participants were recruited between March 30, 2023, and August 23, 2023. There were 6 inclusion criteria: (1) identify as LGBTQ+ based on self-reported sexual orientation and gender identity[22]; (2) reside in Tennessee; (3) aged 18 to 24 years; (4) report past-year thoughts of suicide on the Ask Suicide-Screening Questions Tool[23]; (5) report at least mild depression on the Patient Health Questionnaire-9 (score ≥5)[24]; and (6) have access to a smartphone compatible with the EMA software (MetricWire [MetricWire]). Participants were excluded if they had been diagnosed with a psychotic disorder or if they had attempted suicide within the past 90 days. The decision to exclude those with recent suicide attempts from this study was made to balance the goal of obtaining a community sample of participants at elevated risk of SI with the ethical imperative of only recruiting a sample with a level of severity that the study team could manage. This consideration was particularly important given that participants were geographically dispersed across the state, and not all participants were connected to clinical care. The sample size (N = 31) was selected to be similar to other EMA studies assessing SI intensity outcomes.[25,26]

Participants were recruited through Tennessee-based LGBTQ+ community organizations and events (eg, Pride), mental and behavioral health clinics, and geotargeted social media advertisements. Interested individuals completed an online screener to determine study eligibility. Those potentially eligible completed a videoconference call with a research assistant to confirm eligibility, learn about the study protocol, complete written informed consent, and schedule a

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subsequent videoconference baseline assessment. The baseline assessment included 3 sections: (1) completing self-report questionnaires; (2) filling out a Stanley-Brown Safety Plan[27] used as part of the study risk management protocol; and (3) downloading the EMA smartphone application and receiving training on EMA procedures. All study procedures were approved by the Vanderbilt University institutional review board. This study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guidelines.

EMA Data Collection

EMA data collection began the day immediately following the baseline assessment. Participants received EMAs 3 times per day for 28 days. Assessments were deployed based on the participant's local time zone during a random time within the following blocks: 8:00 AM to 10:00 AM (morning), 2:00 PM to 4:00 PM (afternoon), and 8:00 PM to 10:00 PM (evening). Participants had a 2-hour window to complete each assessment after receiving the EMA alert ("Complete your Project SPIRiT survey now!"), with up to 6 reminder notifications per EMA. Participants earned $1 for each completed EMA and a weekly $10 bonus for completing more than 70% of EMAs in the previous 7 days. An adapted risk management protocol based on a previous EMA study with suicidal adolescents was used to manage participant safety.[25]

Baseline Measures

Participants reported sociodemographic characteristics including age, race, ethnicity, sexual orientation, gender identity, education level, and employment. The Self-Injurious Thoughts and Behaviors Interview-Revised[28] assessed lifetime history of suicidal thoughts and behaviors. The Suicidal Ideation Attributes Scale (SIDAS),[29] a 5-item, self-report scale validated in studies of LGBTQ+ young adults,[30] assessed past-month SI intensity.

EMA Measures

Outcomes were assessed through 3 EMA items based on previous research assessing real-time SI intensity.[7] At each occasion, participants reported the current ("right now") intensity of their active SI, passive SI, and self-harm ideation on a scale of 0 (not at all) to 10 (very strong). Participants responded on a sliding scale of discrete values with labels provided only for the end points. Passive SI was reverse scored so that higher values reflected lower desire to stay alive. We separately evaluated these 3 SI outcomes considering well established literature differentiating SI from nonsuicidal self-harm,[31,32] as well as literature showing that while active SI and passive SI are each associated with suicidal behavior, particularly among LGBTQ+ people, they are distinct constructs that likely have differential associations with suicidal behaviors.[33,34]

At each EMA, in reference to the time period "since the last survey," participants reported exposure to negative news and media and expectations of rejection. Participants first reported exposure to negative news and media, adapted from a previous EMA study.[35] Those indicating exposure were then asked if it involved LGBTQ+ topics. Based on their responses,

Table 1. Sample Characteristics and Baseline Suicidality

Variable	Study group (N = 31), No. (%)
Age, median (IQR), y	21 (18-22)
Race[a]	
Asian	2 (7)
Black/African American	4 (13)
Other	1 (3)
White	24 (77)
Ethnicity	
Non-Hispanic/Latinx	28 (90)
Hispanic/Latinx	3 (10)
Sex assigned at birth	
Female	22 (71)
Male	8 (26)
Intersex	1 (3)
Education	
High school diploma or GED	8 (26)
Some college or associate's degree	4 (13)
Currently enrolled in college	12 (39)
4-y College degree	5 (16)
Currently enrolled in graduate school	2 (7)
Employment	
Full-time	4 (13)
Part-time	2 (7)
Part-time work, full-time student	13 (42)
Permanently or temporarily disabled and not working	1 (3)
Permanently or temporarily disabled, but working off the books	1 (3)
Unemployed, student	5 (16)
Unemployed, other	4 (13)
Homemaker	1 (3)
Sexual orientation (select all that apply)	
Straight or heterosexual	1 (3)
Lesbian	6 (19)
Gay	4 (13)
Bisexual	13 (42)
Pansexual	4 (13)
Queer	10 (32)
Questioning	2 (7)
Asexual	5 (16)
Gender identity (select all that apply)	
Girl/woman	20 (65)
Boy/man	6 (19)
Transgender girl/woman	3 (10)
Transgender boy/man	6 (19)
Nonbinary	9 (29)
Genderfluid	2 (7)
Gender nonconforming	1 (3)
Genderqueer	1 (3)
Agender	3 (10)
Other	3 (10)
Gender category	
Transgender or gender diverse	16 (52)
Cisgender	15 (48)

(continued)

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Table 1. Sample Characteristics and Baseline Suicidality (continued)

Variable	Study group (N = 31), No. (%)
Baseline suicidality	
Suicidal Ideation Attributes Scale score, median (IQR)[b]	11 (3-21)
Ever seriously considered suicide	22 (71)
Ever attempted suicide	13 (42)
Age at first suicide attempt, median (IQR), y[c]	14 (12-15)
Age at last suicide attempt, median (IQR), y[c]	16 (15-18)
Lifetime suicide attempts, median (IQR), No.[c]	3 (2-4)
Ever engaged in nonsuicidal self-injury	20 (65)
Age at first nonsuicidal self-injury, median (IQR), y[d]	13 (12-15)
Age at last nonsuicidal self-injury, median (IQR), y[d]	19 (17-22)

Abbreviation: GED, General Education Development.

[a] Race assessed by baseline assessment questionnaire; all possible response options were: American Indian or Alaska Native; Asian; Black/African American; Native Hawaiian or Other Pacific Islander; White; more than 1 race/multiracial; and other. All responses with nonzero values are shown.

[b] Five-item, self-report scale assessing past-month frequency and intensity of suicidal ideation (range = 0-50). Score computed among participants who reported past-month suicidal ideation (n = 21).

[c] Computed among participants who reported suicide attempt (n = 13).

[d] Computed among participants who reported nonsuicidal self-injury (n = 20).

a 3-level categorical variable was created: (1) no news or media exposure, (2) exposure to general negative news or media, or (3) exposure to LGBTQ+ negative news or media. Based on prior studies of LGBTQ+ stigma,[36,37] a single item assessed expectations of rejection on a scale of 0 (not at all) to 10 (very much). Exact item wording for all EMA measures is provided in eTable 1 in Supplement 1.

Statistical Analysis

In total, 31 participants completed 2189 assessments over the 28-day study period, reflecting a median (range) EMA compliance rate of 90.5% (41.7%-100%). Intraclass correlations (ICCs), which provide a ratio of how much variance in each variable is due to between-person vs within-person variability,[38] were computed to examine the extent to which EMA study variables fluctuated over the 28-day study period. To further visualize variability, average raw score time-series plots were graphed for EMA variables.[7]

Due to the hierarchical structure of EMA data, where momentary observations (level 1) are nested within participants (level 2), statistical analyses used multilevel modeling approaches. First, associations between momentary exposure to negative news and media and intensity of active SI, passive SI, and self-harm ideation were assessed using 3 separate linear mixed models with random intercepts only and restricted maximum likelihood estimation. In each of these models, the independent variable was the dummy coded 3-level variable denoting exposure to negative news and media. The reference group was no news or media exposure. Second, 3 multilevel path analysis models were conducted with exposure to negative news or media entered as the predictor, expectations of rejection entered as the mediator, and active SI, passive SI, and self-harm ideation entered as outcomes. All variables were entered at the same level (level 1), referred to as 1-1-1 models.[39,40] We used a latent variable–centering approach wherein within-person and between-person models are estimated simultaneously, which decomposes the variance, allowing examination of within-person effects in isolation from between-person effects.[41] Within-person effects are reported and discussed, given this study's focus on understanding the effect of an individual's momentary negative news or media exposure on their own fluctuation in SI intensity via increased expectations of rejection. Temporal precedence for tests of mediation was supported through the 3 SI intensity outcomes assessed "right now" at each EMA, with predictor and mediator variables assessed "since the last survey." The EMA software (MetricWire [MetricWire]) exclusively recorded complete responses. Therefore, our analysis included assessments where all questions were answered during the survey instance. Adequate model fit was evaluated and confirmed using root mean square error of approximation (≤0.06) and comparative fit index (≥0.95).[42] Two-tailed $P < .05$ indicated statistical significance. Data analyses were performed from August 28, 2023, to April 20, 2024 in R version 4.2.2 (The R Foundation) with the *lavaan*, *semTools*, *EMAtools*, and *ggplot2* packages.[43-46]

Results

Median (IQR) participant age was 21 (18-22) years. Of 31 participants, 22 (71%) were female, 8 (26%) were male, and 1 (3%) was intersex. Two participants identified as Asian (6%), 4 (13%) identified as Black/African American, 1 (3%) identified as other, and 22 (71%) identified as White, non-Hispanic/Latinx. In total, 16 participants (52%) identified as transgender or gender diverse, and 15 participants (48%) identified as cisgender (**Table 1**). At baseline, 21 participants (68%) reported past-month SI, with a median (IQR) SIDAS score of 11 (3-21), reflecting low to moderate past-month SI intensity. In their lifetimes, 22 participants (71%) had seriously considered suicide, 20 participants (65%) had engaged in nonsuicidal self-injury, and 13 participants (42%) had attempted suicide. Among those who had attempted suicide, participants reported a median (IQR) of 3 (2-4) suicide attempts.

Descriptive Statistics and ICCs

Descriptive and variability statistics for EMA variables are provided in **Table 2**. Of the 31 LGBTQ+ participants, 22 (71%) reported active SI, 30 (97%) reported passive SI, 23 (74%) reported self-harm ideation, 25 (81%) reported general negative news and media exposure, and 26 (84%) reported LGBTQ+ negative news and media exposure at least once over the 28-day study period. ICCs show that 58% of the variance in active SI, 29% of the variance in passive SI, 38% of the variance in self-harm ideation, and 47% of the variance in expectations of rejection was due to within-person, assessment-to-assessment variation. Average plots for EMA variables are presented in eFigure 1 in Supplement 1. Aligned with previous EMA research of SI and its precursors,[7] plots depicted no clear linear effects over time.

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Table 2. Means, SDs, Assessment-Level Prevalence, and Intraclass Correlations (ICCs) of Ecologically Assessed Variables Across the Study Period (N = 2189 Assessments)

Ecologically assessed variable	Mean (SD)	Assessment-level prevalence, %[a]	ICC (95% CI)
Negative news or media exposure			
Exposed to LGBTQ+ negative news or media	NA	12	NA
Exposed to general negative news or media	NA	6	NA
Not exposed	NA	82	NA
Active SI[b]	0.34 (1.01)	14	0.42 (0.31-0.57)
Passive SI[b]	1.89 (2.51)	56	0.71 (0.61-0.82)
Self-harm ideation[b]	0.36 (1.23)	12	0.62 (0.51-0.75)
Expectations of rejection[c]	1.52 (2.41)	38	0.53 (0.42-0.67)

Abbreviations: LGBTQ+, lesbian, gay, bisexual, transgender, queer; NA, not applicable; SI, suicidal ideation.

[a] Assessment-level prevalence quantified as the proportion of ecological assessments with value greater than 0 across the study period.

[b] Variables measured on a scale from 0 (not at all) to 10 (very strong).

[c] Variable measured on a scale from 0 (not at all) to 10 (very much).

Table 3. Within-Person Associations Between Exposure to Negative News or Media and Suicidal Ideation (SI) Intensity

	Active SI		Passive SI		Self-harm ideation	
Predictor	Estimate (95% CI)	*P* value	Estimate (95% CI)	*P* value	Estimate (95% CI)	*P* value
Intercept	0.35 (0.10 to 0.59)	.008	1.99 (1.19 to 2.80)	<.001	0.33 (−0.01 to 0.66)	.06
LGBTQ+ negative news or media exposure	0.14 (0.04 to 0.25)	.009	0.23 (0.04 to 0.41)	.02	0.13 (0.02 to 0.23)	.02
General negative news or media exposure	−0.06 (−0.20 to 0.08)	.38	0.07 (−0.17 to 0.32)	.56	0.13 (−0.01 to 0.26)	.07
No negative news or media exposure	Reference	Reference	Reference	Reference	Reference	Reference
Random effects						
Within-person residual variance	0.60	NA	1.85	NA	0.57	NA
Between-person variance	0.44	NA	4.79	NA	0.85	NA
ICC[a]	0.42	NA	0.72	NA	0.60	NA
Sample size, No.	31	NA	31	NA	31	NA
Observations, No.	2189	NA	2189	NA	2189	NA
Marginal R^2/conditional R^2	0.002/0.425	NA	0.001/0.721	NA	0.002/0.597	NA

Abbreviations: ICC, intraclass correlation; LGBTQ+, lesbian, gay, bisexual, transgender, queer; NA, not applicable.

[a] ICC indicates the proportion of variance explained by between-person differences, calculated as: between-person variance/(within-person residual variance + between-person variance).

Associations Between Exposure to Negative News and Media and SI Intensity

Results of hierarchical linear mixed models examining associations between exposure to negative news and media and SI intensity are presented in **Table 3**. Exposure to LGBTQ+ negative news and media, but not general negative news and media, was significantly positively associated with active SI, passive SI, and self-harm ideation intensity.

The Mediating Role of Expectations of Rejection on Associations Between Exposure to Negative News and Media and SI Intensity

Within-person effects from multilevel path analysis models are presented in the **Figure**. Significant indirect effects were present from exposure to LGBTQ+ negative news and media to higher-intensity active SI and passive SI, but not self-harm ideation, through expectations of rejection (*a1*b*). Calculations of the proportion of the association between LGBTQ+ negative news and media and SI intensity that was mediated by expectations of rejection (*[a1*b]/c'1*) found that mediation through expectations of rejection accounted for 23.2% and 36.8% of the total effect for active and passive SI, respectively. No indirect effects from general negative news and media to SI outcomes through expectations of rejection were significant (*a2*b*).

Sensitivity Analyses

In a first set of sensitivity analyses, we reran analyses including baseline SI intensity as measured by the SIDAS as a person-level (level 2) covariate; none of the within-person estimates or significance levels from the main analysis changed. Baseline SI intensity was positively associated with higher average active SI, passive SI, and self-harm ideation over the study period (eTable 2 in Supplement 1). In a second set of sensitivity analyses, we reran all analyses with a subset of 22 participants who reported at least 1 nonzero instance of active SI across the 28-day study period, the subgroup of which contained 1495 assessments. We undertook this approach for 3 reasons. First, it aimed to address potential distributional assumptions within the linear mixed-effects models by excluding participants who contributed only 0 values. Second, it intended to improve the generalizability of findings by focusing on LGBTQ+ young adults directly affected by the phenomena under study. Third, it allowed us to assess the robustness of results within a higher-risk segment of the overall sample. In these sensitivity analyses, all statistically significant findings remained consistent with the main analyses (eTable 3 and eFigure 2 in Supplement 1). However, estimates for within-person associations between exposure to LGBTQ+ negative news and media and SI intensity were larger, suggesting that

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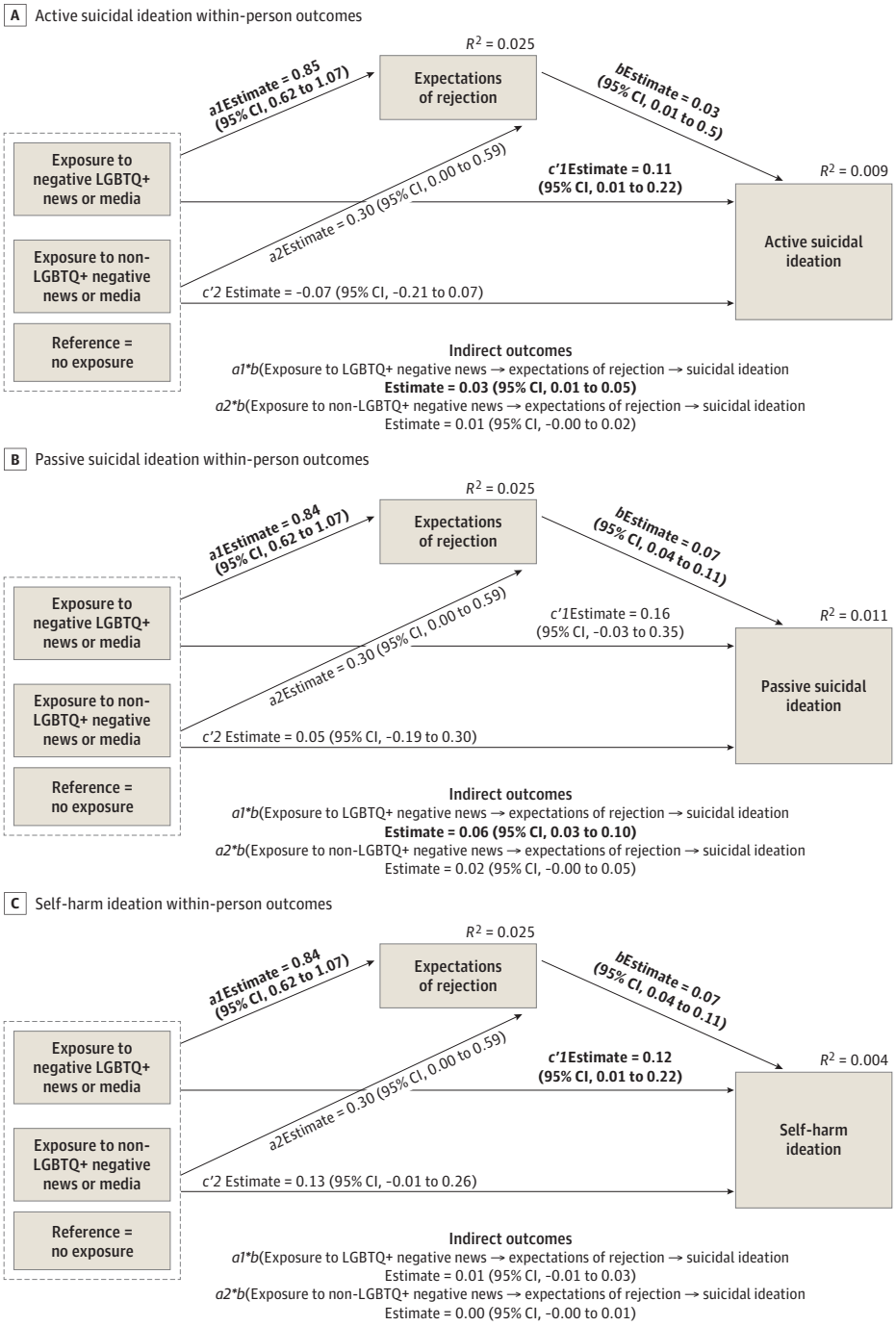
Figure. Multilevel Path Analysis Models



Results of the multilevel path analysis models testing expectations of rejection as a mediator of the association between exposure to negative news or media and active suicidal ideation (SI) (A), passive SI (B), and self-harm ideation (C). Models only present within-person, rather than between-person, effects. In all panels, *a1* path is exposure to LGBTQ+ negative news or media on expectation of rejection; *a2* path is exposure to general negative news or media on expectations of rejection; *b* path is expectations of rejection on SI outcomes; *c'1* path is the direct effect of exposure to LGBTQ+ negative news or media on SI outcomes; and *c'2* path is the direct effect of exposure to general negative news or media on SI outcomes. Indirect effects are presented below each mediation model for *a1*b* and *a2*b*. Bold indicates statistical significance at $P < .05$. LGBTQ+ indicates lesbian, gay, bisexual, transgender, queer.

the within-person relationships between exposure to LGBTQ+ negative news and media and SI intensity may be particularly pronounced among those actively experiencing SI.

Discussion

In this intensive longitudinal cohort study of LGBTQ+ young adults in Tennessee, we found that recent exposure to LGBTQ+ negative news and media was associated with a small but statistically significant heightened intensity of active SI, passive SI, and self-harm ideation. Notably, no statistically significant associations were observed when respondents reported recent exposure to general negative news and media, underscoring the potentially distinctive role of identity-specific negative news and media exposure on real-time SI intensity. Analyses further revealed that a moderate proportion of the within-person association between LGBTQ+ negative news and media

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exposure and both active and passive SI intensity was mediated by expectations of rejection. Results from sensitivity analyses restricted to those who reported at least some active SI over the 28-day study period revealed stronger associations for all 3 SI intensity outcomes, indicating potentially heightened associations among LGBTQ+ young adults experiencing active SI. These findings have timely implications for research and intervention, particularly within sociopolitical and geographic contexts where public rhetoric about LGBTQ+ people and policies is intensified.

Participants reported exposure to LGBTQ+ negative news and media through news headlines, television advertisements, and social media posts on 258 of 2189 total EMAs (11.8%) across the 28-day study period. This highly prevalent exposure to distressing LGBTQ+ negative news and media was likely driven by the study's sociopolitical and geographic context—recruitment commenced during the 2023 Tennessee legislative session, which was marked by the introduction of at least 24 bills targeting the state's LGBTQ+ residents.[47,48] These bills were widely reported in national, local, and LGBTQ+ focused news media outlets.[49-56] Findings from the present study buttress results from cross-sectional research,[18,57] which emphasize that the adverse impacts of anti-LGBTQ+ policies extend beyond their direct consequences (eg, restricting LGBTQ+ visibility) and might be amplified through extensive news and media coverage.

This study has important implications related to media reporting, policy, and clinical intervention. Regarding media reporting, interventions targeting media organizations can promote responsible reporting practices and increase awareness of the potential suicidogenic impact of negative LGBTQ+ news coverage. National and international organizations have developed resources for media professionals to encourage responsible reporting on suicide and self-harm.[58-60] The current study suggests extending these practices, such as avoiding sensationalism, collaborating with mental health experts, and providing mental health resources, to reporting on negative LGBTQ+ news. Regarding policy implications, this study joins numerous others in documenting the potential mental health harms of policies that restrict LGBTQ+ visibility and rights.[61] Conversely, inclusive and affirming policies are associated with mental health benefit.[61] Regarding clinical implications, the within-person increases in SI intensity following exposure to negative LGBTQ+ news and media were small in absolute terms, ranging from 0.13 to 0.23 on a 0 to 10 scale, but nonetheless indicated a heightened level of SI beyond an individual's typical levels, the clinical relevance of which requires further study. Routinely assessing the impact of negative media exposure among LGBTQ+ young adults receiving clinical services may be warranted, especially during heightened periods of negative public discourse about LGBTQ+ people and policies. LGBTQ+ affirmative cognitive behavioral therapy, which targets the psychosocial pathways through which stigmatizing experiences impact mental health (eg, hypervigilance, shame), is effective in helping LGBTQ+ young people cope with minority stress experiences,[62-64] particularly those LGBTQ+ young people residing in high-stigma geographic contexts.[65] Thus, equipping mental health care providers with the skills to provide LGBTQ+ affirmative cognitive behavioral therapy to mitigate the suicidogenic impact of negative LGBTQ+ news and media represents a promising avenue for future intervention,[66] particularly in high-stigma locales.

Limitations

This study has 4 key limitations. First, to manage participant burden in this intensive longitudinal cohort study, we did not assess the type (eg, news headline vs social media post) or content of negative news or media exposure. Consequently, we were unable to assess how the nature of news and media exposure may have influenced the intensity of SI, an important direction for future research. Second, our study's generalizability might be constrained, given that we recruited a relatively small sample of LGBTQ+ youth from 1 Southern state. Additionally, this study focused solely on SI intensity and did not evaluate suicidal behavior. Future studies should consider recruiting a more geographically diverse and higher-risk sample, such as LGBTQ+ youth being discharged from inpatient psychiatric hospitals, and evaluating outcomes related to suicide attempts and self-harm. Third, this study solely assessed negative, rather than positive, news and media exposure. Existing literature indicates that some news consumption can influence positive mental health outcomes, such as optimism.[35] Hence, future studies should investigate the role of positive and affirming LGBTQ+ news and media content on LGBTQ+ young adults' mental health. Last, due to sample size constraints, we were unable to probe potential heterogeneity of effects across social identities, including gender modality (eg, transgender vs cisgender), sexual orientation, and race or ethnicity, which are important avenues for future research.

Conclusions

In this intensive longitudinal cohort study, LGBTQ+ young adults at elevated risk for suicide experienced modestly heightened SI intensity in the hours immediately following exposure to LGBTQ+ negative, but not generally negative, news and media. This association was partially mediated through real-time expectations of rejection. This study provides rigorous evidence of the role of widespread coverage of negative LGBTQ+ news and media, including anti-LGBTQ+ laws and policies, on mental health among LGBTQ+ young adults.

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