



Psychosocial Intervention

<https://journals.copmadrid.org/pi>



Discrimination, Work Stress, and Psychological Well-being in LGBTI Workers in Spain

Miguel Moya and Alba Moya-Garófano

Mind, Brain and Behavior Research Center (CIMCYC), University of Granada, Spain

ARTICLE INFO

Article history:

Received 16 July 2019
Accepted 20 January 2020
Available online 18 March 2020

Keywords:

LGBTI
Homophobia
Work stress
Mental disorders
Depression

Palabras clave:

LGTBI
Homofobia
Estrés laboral
Trastornos mentales
Depresión

ABSTRACT

Discrimination and prejudice against LGBTI people in Spain are much lower than they used to be; however, negative attitudes towards them may still persist. The purpose of this study was to analyze whether LGBTI individuals perceive the existence of prejudice or discrimination due to their sexual orientation in the workplace. To assess these perceptions in relative terms, we compared them with those of heterosexual individuals. We also analyzed whether perceived discrimination was associated with work stress, the presence of common mental disorders, and depression. Results revealed that LGBTI employees reported experiencing greater discrimination in the workplace because of their sexual orientation, which in turn led to a greater incidence of work stress, mental disorders, and depression. Our findings confirm that job discrimination against LGBTI people is still present, along with some of its harmful consequences, and highlight the need for interventions to reduce prejudice against LGBTI persons in the workplace.

La discriminación, el estrés laboral y el bienestar psicológico en personas trabajadoras LGTBI en España

RESUMEN

A pesar de que la discriminación y el prejuicio hacia el colectivo LGTBI en España hayan disminuido, es posible que aún pervivan actitudes negativas hacia estas personas. En la presente investigación analizamos si las personas LGTBI perciben la existencia de prejuicio o discriminación hacia ellas en el ámbito laboral debido a su orientación sexual. Para analizar en términos relativos dichas percepciones, las comparamos con las que tienen las personas de orientación heterosexual. Después se examinó si la percepción de discriminación está relacionada con el estrés laboral, la presencia de trastornos mentales y la depresión. Los resultados mostraron que las personas LGTBI experimentaban mayor discriminación en su trabajo en virtud de su orientación sexual, produciéndose mayor estrés laboral, trastornos mentales y depresión. Estos resultados confirman la pervivencia de discriminación hacia las personas LGTBI en el ámbito laboral y algunas de sus perniciosas consecuencias y muestran la necesidad de intervenciones para la reducción del prejuicio hacia los trabajadores LGTBI.

In Spain, lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals have traditionally been subjected to high levels of discrimination and rejection. For example, Act 16/1970 of 4 August on dangerousness and social rehabilitation ([Ley sobre Peligrosidad y Rehabilitación Social, 1970](#)), passed by the Franco regime in 1970 to replace the Vagrancy Act [*Ley de Vagos y Maleantes*], still listed homosexuals and transsexuals among the elements considered as a threat to society. The situation started to change with the adoption of the Constitution in 1978 and Spain is currently one of several countries leading the way in the recognition of LGBTI citizens' rights. For example, same-sex marriage was legalized in Spain on July 3 2005, making it the third country in the world to formally recognize

this practice (after The Netherlands and Belgium), and several laws against homophobia have been enacted. A few examples are the law that protects individuals against LGBTI-phobia and discrimination based on sexual orientation and identity in the Madrid region ([Ley de Protección Integral contra LGTBifobia y la Discriminación por Razon de Orientación e Identidad Sexual en la Comunidad de Madrid, 2016](#)) and the law that guarantees the rights, equal treatment, and non-discrimination of LGBTI individuals and their relatives in Andalusia ([Ley para Garantizar los Derechos, la Igualdad de Trato y no Discriminación de las Personas LGTBI y sus Familiares en Andalucía, 2018](#)). These formal improvements have run parallel to the social acceptance of LGBTI individuals: according to a study conducted

Cite this article as: Moya, M. & Moya-Garófano, A. (2020). Discrimination, work stress, and psychological well-being in LGBTI workers in Spain. *Psychosocial Intervention*, 29(2), 93-101. <https://doi.org/10.5093/pi2020a5>

Correspondence: mmoya@ugr.es (Miguel Moya).

ISSN:1132-0559/© 2020 Colegio Oficial de la Psicología de Madrid. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

by the [Pew Research Center \(2013\)](#), 88% of the Spanish population recognizes and defends the rights of homosexuals, whereas only 11% is opposed to equality. These figures rank Spain first in acceptance of LGBTI people, ahead of Germany (87% acceptance), Canada, and the Czech Republic (80% in both cases).

However, prejudice and discrimination against the LGBTI community are likely to persist. As an example, in a study conducted in 2013 by the Spanish Federation of Lesbian, Gay, Transgender, and Bisexual People ([FELGTB-COGAM, 2013](#)) on a sample of 703 participants self-defined as LGBTI, 45% of respondents reported having felt discriminated against due to their sexual orientation or gender identity in various situations or circumstances (e.g., when attempting to rent accommodation, in restaurants, bars or shops, dealing with banks or other financial establishments). [Domínguez-Fuentes et al. \(2012\)](#) found in a sample of 220 gay men who were residents in southern Spain that 70% of them expressed they had felt rejected for being homosexual. Moreover, in 2017, Spanish LGBTI organizations recorded a total of 623 hate incidents (not police reports) against people based on their sexual orientation or gender identity ([FELGTB, 2018](#)); more than half of the incidents analyzed took place in spaces close to the victim (e.g., workplace, school, neighborhood, home).

The persistence of prejudice and discrimination against LGBTI individuals has clear negative consequences, particularly for their psychological well-being. Many studies have shown a higher prevalence of depression and anxiety disorders among lesbian, gay, and bisexual groups when compared to heterosexuals (e.g., [Bostwick et al., 2014](#)). These differences may be the result of the stress that prejudice and perceived discrimination can cause ([Bruce et al., 2015](#); [Meyer, 2013](#)). As an example, a study conducted with LGBTI individuals in Belgium showed that their well-being was mainly grounded on specific unsupportive social interactions in the first place, followed by stigma consciousness, internalized homophobia, and confidant support ([Vanden Bergh et al., 2010](#)). Other studies found that, apart from explicit prejudice and discrimination, LGBTI people also experience other types of prejudice of a subtler nature ([Hebl et al., 2002](#); [Morrison et al., 2009](#)).

In the present research we intended to explore whether LGBTI workers perceive more discrimination because of their sexual orientation than heterosexual workers. We also intended to assess whether LGBTI workers experience more work stress and more common mental disorders and depression than heterosexual workers. More importantly, we planned to explore whether differences between LGBTI and heterosexual workers in depression and mental disorders are a direct consequence of their sexual orientation or are due to the discrimination perceived and the levels of work stress than they experience as a consequence of job discrimination. Our research aimed to test the minority stress model ([Meyer, 2013](#)) in the Spanish work context. According to this model, LGBTI individuals face high levels of stress in the workplace due to their minority position, a situation which may lead them to experience mental health disorders.

Discrimination against LGBTI People in the Workplace

Work environment has the most precise legislation in the European Union regarding discrimination against LGBTI people. Yet, a European-wide survey conducted by the European Agency for Fundamental Rights ([FRA, 2012](#)) revealed that 16% of LGBTI persons surveyed in Spain reported having felt discriminated against at work due to their sexual orientation or gender identity.

In the above-mentioned study carried out in 2013 by the Spanish Federation of Lesbian, Gay, Transgender, and Bisexual People ([FELGTB-COGAM, 2013](#)), this percentage increased to 31.2%. This may be due to the fact that participants in this study were mainly members of LGBTI organizations, who are theoretically more

sensitive to discrimination. In the United States, a review of fifty studies examining job discrimination against LGBT individuals found that 16% to 68% of LGBT people reported discrimination at work ([Badgett et al., 2007](#)). Data from a national probability survey representative of the U.S. population in 2008 also showed that 38% of LGB employees reported being harassed at work, and 27% experienced employment discrimination based on their sexual orientation ([Sears & Mallory, 2011](#)). Discrimination against LGBTI workers is reflected in many indices, such as those related to hiring decisions or salaries. Accordingly, [Flage \(2019\)](#) found, in a meta-analysis about discrimination against gays and lesbians in hiring decisions in OECD countries, that openly homosexual applicants faced similar discrimination as ethnic minority applicants. Discrimination in the selection process for LGBTI individuals was also significantly greater for low-skilled than for high-skilled job candidates, and significantly higher in European countries than in North America. Another meta-analysis of studies published between 1995 and 2012 about the effects of sexual orientation on earnings ([Klawitter, 2015](#)) found that gay men earned less and lesbians earned more than their heterosexual counterparts. Sexual orientation discrimination was an important explanation for the results of gay men. However, explanations were less conclusive regarding the results of lesbian women (e.g., lesbian women tend to have higher educational level, heterosexual women tend to be more subjected to traditional gender roles and may therefore give greater priority to their family than their career).

Specifically, studies reveal that LGBTI individuals report discrimination at work, which is associated with lower physical and emotional well-being, and negative work results ([DeSouza et al., 2017](#)). In Spain, a study conducted by [Di Marco et al. \(2018\)](#) using 39 in-depth semi-structured interviews with LGBTI employees found that they experienced incivility at work in the form of jokes, use of language, stereotypes, and nosy behaviors. Although subtle forms of prejudice appear to predominate over hostile and overt ones in the workplace, overt forms of prejudice still occur with a high frequency. Specifically, in the aforementioned study by [FELGTB-COGAM \(2013\)](#), the types of discrimination experienced by those who reported feeling discriminated against at work were (in decreasing order): jokes (72.73%), discriminatory treatment by colleagues (47.52%), harassment (23.97%), obstacles to career advancement (20.25%), and obstacles in their access to work (19.83%). Similarly, [Molero et al. \(2017\)](#) conducted a study with a Spanish sample of lesbian women and gay men. Participants reported experiencing subtle discrimination (an example of item measuring this dimension is "Even when people seem to accept LG persons, I think that, deep down, they have some misgivings") to a greater extent than overt discrimination (an example of item capturing this dimension is "In Spanish society LG people are visibly rejected"). However, differences were not considerable (mean scores were 3.34–subtle–vs. 3.09–overt–in the entire sample). In another study, [Molero et al. \(2013\)](#) had previously found in various stigmatized groups in Spain (e.g., Latin American immigrants, Romanian immigrants, people with HIV, gays and lesbians) that subtle forms of discrimination were more related to two measures of psychological well-being–affect balance and self-acceptance–than blatant forms of discrimination. In any case, the negative consequences of both subtle and overt forms of prejudice seem to be rather similar ([Jones et al., 2016](#)).

Therefore, it seems important to gain further insight on the job discrimination experienced by LGBTI employees. It is key to determine whether these experiences actually take place and, if so, to assess their level of impact on work stress and psychological well-being of LGBTI individuals, testing the main contribution of the minority stress model. One of the first questions we intended to address was whether LGBTI employees perceive discrimination due to their sexual orientation to a greater or lower extent than heterosexual employees. Our first hypothesis (*H1*) was that

LGBTI employees, compared to heterosexual ones, would report experiencing higher sexual orientation job discrimination. Next, we analyzed work stress—a possible consequence of job discrimination against LGBTI employees—and its potential influence on psychological well-being focusing on two of its indices: common mental disorders and depression.

Work Stress among LGBTI Employees

Discrimination of LGBTI workers due to their sexual orientation is likely to be reflected in higher levels of work stress. Lazarus and Folkman (1984) defined stress as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (p. 19). It is common to differentiate between individual and social stressors. The former are related to the events that can occur to a particular person at an individual level, such as loss of a job or a loved one. By contrast, social stressors refer to conditions in the social environment, such as the belongingness to stigmatized social categories (e.g., based on socioeconomic status, race/ethnicity, gender, or sexuality).

According to the minority stress model (Meyer, 1995, 2013), the stressors that LGBTI people can experience vary in a continuum, from distal to proximal. Distal minority stressors can be defined as objective stressors that do not depend on an individual's perceptions or appraisals—although certainly their report depends on perception and attribution. Stressors related to expectations of rejection and discrimination are located in the middle of the continuum, including the surveillance that these expectations require and, sometimes, the concealment of the minority identity. Finally, proximal stress processes are more subjective and therefore related to self-identity as a lesbian, gay, or bisexual person (e.g., internalized homophobia). According to this model, circumstances in the environment and/or having a certain minority status lead to exposure to stressors—some general and others specific—in minority group members. These stressors can positively or negatively affect mental health outcomes, depending not only on their intensity but also on individuals' coping strategies and social support available.

Some of the main job stressors are related to the job itself, such as job contentment (e.g., fragmented or meaningless work), workload and work pace, work schedule, roles in organization (e.g., role ambiguity or conflict), and low participation in decision-making. Other job stressors are more related to the organizational culture (e.g., poor communication, low levels of support for problem-solving and personal development), interpersonal relationships at work (e.g., social or physical isolation, interpersonal conflict, lack of social support, bullying, harassment), and career development (e.g., career stagnation and uncertainty, under- or overpromotion, job insecurity, low social value of work) (Leka & Jain, 2010).

Stress is one of the factors with the highest influence on well-being at work (Bliese et al., 2017). Specifically, work stress has been associated with mental health concerns (Bonde, 2008; Stansfeld & Candy, 2006) and poor physical health (Kivimäki et al., 2002). With this in mind, Nixon et al. (2011) conducted a meta-analysis of 79 studies analyzing the relationships between job stressors (e.g., organizational constraints, interpersonal conflict, role conflict) and physical symptoms (e.g., backache, headache, eye strain, disturbed sleep, dizziness, fatigue, loss of appetite, gastrointestinal problems). They found a significant relationship between job stressors and physical symptoms in cross-sectional and longitudinal analyses. Occupational stress has also been associated with diminished performance (Sullivan & Bhagat, 1992; Virtanen et al., 2009) and poorer safety results in the workplace (Spurgeon et al., 1997).

Meyer (2013), after reviewing research evidence on the prevalence of mental disorders in lesbians, gay men, and bisexuals

(LGBs) using meta-analyses, concluded that LGB individuals are exposed to excess stress due to their minority position and that this stress leads to mental disorders. Thus, taking the aforementioned references into account showing the persistence of prejudice towards LGBTI individuals and their experience of minority stress, our second hypothesis (H2) was that LGBTI employees would report higher levels of work stress than heterosexual ones.

Psychological Well-being among LGBTI Employees

Common mental disorders, most often involving mood, anxiety, and drug use disorders (Steel et al., 2014), are very widespread and represent a considerable proportion of the global burden of disease (World Health Organization - WHO, 2008). Data from the World Mental Health Surveys reveal that 12% to 47% of a country's population will suffer one or more mental disorders in their lifetime (Kessler et al., 2007). These disorders include insomnia, anxiety, fatigue, irritability, depressive mood, difficulty concentrating, and somatic complaints. Mental disorders are a serious public health concern (World Health Organization - WHO, 2003) since they are well-known causes of major functional disability and distress. They also have a major socioeconomic impact due to work absenteeism and the increased demand on health services.

A particularly relevant mental problem is depression, which is “a mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration” (Marcus et al., 2012, p. 6). Major depression is one of the most arduous health conditions, both at individual and population levels (Vilagut et al., 2016). It is also the most common mood disorder, with a lifetime prevalence reported to range between 7% and 21% (Bromet et al., 2011). Major depression is also related to a considerable functional disability, reduced quality of life, an increased burden—both for patients and caregivers—, and a greater risk of death (Eaton et al., 2008). According to the World Health Organization (WHO, 2017), the proportion of the worldwide population affected by depression in 2015 was estimated at 4.4%, with a higher prevalence among women (5.1%) than men (3.6%). Its prevalence also varies depending on geographical location and age: it is higher in older people, but depression is also present in adolescents.

As indicated previously, many studies have shown a higher prevalence of depression and anxiety disorders among lesbian, gay, and bisexual groups when compared to heterosexuals (e.g., Bostwick et al., 2014; Meyer, 2013). Thus, our third hypothesis (H3) was that LGBTI individuals—versus heterosexual individuals—would report higher levels of mental disorders and depression.

The Present Research

According to Meyer (2013), evidence of the stress suffered by LGBTI people is based on two methodological approaches: studies examining within-group processes and their impact on mental health and studies comparing the prevalence of mental disorders between minority and non-minority groups. Our research falls within the second approach. However, in studies on between-group differences, only exposure—minority status—and outcomes—prevalence of disorder—are usually assessed. Unfortunately, minority stress processes that may lead to a higher prevalence of disorders are inferred but not analyzed (Meyer, 2013). One of the contributions of the present research is the fact that participants are explicitly asked not only about their minority status, but also about their experience of discrimination at work and their stress levels, providing a direct test of the minority stress model.

The literature review included in the previous sections showed the existence of the following relationships: a) between being an LGBTI

person and experiencing psychological and well-being problems (e.g., Bostwick et al., 2014); b) between experiencing discrimination at work for being LGBTI and physical and psychological well-being (e.g., DeSouza et al., 2017); c) between discrimination and stress in general (e.g., Bruce et al., 2015); and d) between stress and psychological well-being (e.g., Nixon et al., 2011). However, no studies have addressed all these constructs in relation to each other in LGBTI people focusing on work environment. Moreover, studies conducted in Spain have found that there is perceived (manifest or subtle) discrimination of LGBTI persons in general (Domínguez-Fuentes et al., 2012; Molero et al., 2017) and specifically in the workplace (Di Marco et al., 2018; FELGTB-COGAM, 2013). However, the relationship between perceived discrimination, stress, and well-being in LGBTI workers has not been analyzed. In this research we tried to include all the aforementioned relationships. Thus, we expected to find (Hypothesis 4) that these higher levels of mental disorders and depression among LGBTI people would be caused by work stress resulting from the discrimination experienced for being LGBTI. Specifically, we proposed the following mediation model: being LGBTI will lead to greater sexual orientation discrimination, resulting in higher stress levels and consequently in an increase of common mental disorders and depression. The main contribution of our research, in addition to showing that LGBTI people in Spain still perceive discrimination at work, is to highlight the mediating role of job discrimination and the stress experienced at work for being LGBTI. That is, being a LGBTI worker does not necessarily lead to psychological and well-being problems in itself; it does so through being discriminated at work, which increases work stress.

Method

Participants

The study was conducted with 377 participants, although 11 did not answer the question about sexual orientation and were removed from the study. Of those remaining, 137 participants defined themselves as heterosexual, 134 as gay, 61 as lesbian, and 34 as bisexual. Individuals self-defined as gay, lesbian, or bisexual were grouped into the same category, with a total of 229 LGBTI individuals in the scale answered by the largest number of participants. Regarding level of education, 62.1% had a university degree, 30.9% had completed secondary studies, and 7.1% had completed primary school. In terms of marital status, 46% were single, 28.4% married, and 6.8% separated or divorced. In the sample, 95.7% of participants were working at the time (70% full-time) and 4.3% were not employed. Regarding gender identity, 50.5% defined themselves as cis men, 37.2% as cis women, 1.7% as trans men, 2.9% as trans women, and 7.7% as non-binary.

We analyzed patterns of missing data for each scale. In total, 2.7% of participants did not answer the measure of work stress, 4.1% did not complete the CESD-7, and 6.3% did not complete the SRQ-20. Analyses were conducted with a sample of 356 participants for the measure of work stress, 351 for analyses concerning the SRQ-20 and 343 for the CESD-7. Supplemental analyses where missing data were replaced using multiple imputation produced no substantive differences from the results presented below.

Procedure

Participants were contacted through a mainstream Spanish trade union organization. Specifically, the LGBTI section of that union broadcast a message among its affiliates that included a link to access the survey. The message explained that the research, conducted by the Department of Social Psychology of a university in southern Spain and the trade union, was intended to assess the working conditions of LGBTI people and determine the psychosocial risks to which they are

exposed. The anonymous nature of responses and confidentiality was clearly indicated, as well as the possibility of leaving the survey when participants deemed appropriate. It was clarified that when asked about work-related issues, participants should respond having in mind the job they currently had or, if they did not have a job, thinking about the last one they had had. Finally, participants were thanked for their participation.

Participants completed a questionnaire that included various measures and scales via the Qualtrics platform. For the present research we shall analyze the measures included below.

Perceived job discrimination on the basis of sexual orientation.

We assessed this construct with a purpose-built measure that evaluated the extent to which participants felt that their sexual orientation may have caused a problem or difficulty in several job-related aspects (e.g., promotion, relationships). Two items were selected from a survey by the Center for Sociological Research [*Centro de Investigaciones Sociológicas*] and another item was selected from a survey by the Spanish Federation of LGBT people and the Madrid LGBT Collective (FELGTB-COGAM, 2013, p. 17) about discrimination due to sexual orientation and/or gender identity in Spain. This measure comprised 7 items that presented potential situations of job discrimination due to sexual orientation, with which participants had to show their agreement or disagreement on a scale ranging from 1 (*totally disagree*) to 5 (*totally agree*). The items of this scale were the following: [my sexual orientation] “has hindered me when applying for a job”, “has caused me problems in my relationship with my colleagues”, “has caused problems in the recognition of my work”, “has harmed me in accessing to positions of responsibility in my job”, “has led me to be the target of jokes at work”, “has caused me workplace harassment”, and “has made me be treated discriminatorily by colleagues”.

Higher scores in this measure indicate greater perceived discrimination. A total mean score on the scale was calculated, showing high internal consistency ($\alpha = .94$) ($\alpha = .94$ for the heterosexual subgroup, and $\alpha = .94$ for the LGBTI subgroup).

Work stress. We used a Spanish adaptation (obtained through a back-translation procedure involving professional translators) of the Stress in General (SIG) scale by Stanton et al. (2001) to measure work stress using two dimensions: seven items to assess pressure (SIG-1) and eight items to assess threat (SIG-2). This measure has shown good convergent and discriminant validity. The measure is applied by presenting participants with a list of adjectives (e.g., “agitated”, “tense”) and asking them to consider whether or not this characteristic describes their workplace. To reply, participants must use a No (scored 0) or Yes (scored 3) response format. Higher scores indicate higher levels of work stress. In this study, the full scale showed high internal consistency ($\alpha = .87$) ($\alpha = .86$ in the heterosexual subgroup and $\alpha = .88$ in the LGBTI subgroup). The internal consistency of the pressure subscale was $\alpha = .82$ ($\alpha = .82$ in the heterosexual subgroup and $\alpha = .83$ in the LGBTI subgroup); the internal consistency of the threat subscale was $\alpha = .77$ ($\alpha = .75$ in the heterosexual subgroup and $\alpha = .77$ in the LGBTI subgroup).

Common mental disorders. We used a screening tool to assess nonspecific psychological distress. Overall mental health was assessed with a Spanish translation of the Self-Reporting Questionnaire-20 (SRQ-20; Harding et al., 1980), which consists of 20 items referring to somatic, anxious, and depressive symptoms. This tool was developed by the World Health Organization to detect non-psychotic disorders and has since been widely used in many countries. It explores the various forms of emotional distress experienced by people in the last four weeks (e.g., symptoms of insomnia, fatigue, irritability, memory and concentration problems, as well as other somatic indicators such as headaches, tremors, or indigestion). The short format and dichotomous answers used (yes/no) make it a promising tool for the busy environment of primary care. Every Yes answer by a participant is scored with 1 point, resulting in a symptom score ranging from 0 to

Table 1. Means (and Standard Deviations) of Each Measure as a Function of Participants' Sexual Orientation

Measure	Heterosexual	LGBTI	<i>t</i>	Effect size
Job discrimination ¹	1.55 (0.86)	2.20 (1.22)	-5.51**	0.61
Work stress ²	1.24 (0.69)	1.42 (0.73)	-2.25*	0.25
Work stress (pressure)	1.64 (0.97)	1.80 (0.97)	-1.47	0.16
Work stress (threat)	0.90 (0.80)	1.14 (0.87)	-2.58*	0.27
Depression (CESD-7) ³	1.68 (0.65)	1.90 (0.73)	-2.68**	0.32
Common mental disorders (SRQ-20) ⁴	4.28 (4.44)	6.04 (5.37)	-3.11**	0.36

Note.¹Scores ranged from 1 (*totally disagree*) to 5 (*totally agree*). Higher scores reflect higher perceived discrimination. ²Scores were either 0 or 3. Higher scores reflect higher work stress. ³Scores ranged from 1 (*rarely or never*) to 4 (*all or most of the time*). Higher scores reflect higher depressive mood. ⁴Scores ranged from 0 to 20. Higher scores reflect poorer mental health. Effect size was calculated with Cohen's *d*.

20; higher values indicate lower mental health. Importantly, the cut-off point for considering the existence of a common mental disorder is 8 (Ludemir et al., 2008). Numerous studies have shown the good psychometric properties of the SRQ-20 (Ludemir et al., 2008). In this study we used the Spanish version by Navarro-Mantas et al. (2018), provided by the World Health Organization. The scale had high internal consistency ($\alpha = .91$) ($\alpha = .89$ for the heterosexual subgroup and $\alpha = .91$ for the LGBTI subgroup).

Depression. Given its relevance, we considered it essential to measure this specific form of mental disorder. To this end, we used the Center for Epidemiologic Studies Depression Scale (CESD-7), the short form of Radloff's (1977) CESD-20, as an instrument to measure depressive symptoms. This version was developed by Herrero and Gracia (2007) and validated in a Spanish general population sample. The scale was developed as a quick and reliable way to diagnose depression in the Spanish-speaking world and has shown adequate psychometric properties according to its authors. It consists of seven items that participants must answer about how they felt in the last week (e.g., "I felt as if I could not get rid of the sadness" or "I had trouble concentrating on what I was doing"). The scale has a response format ranging from 1 (*rarely or never*) to 4 (*all or most of the time*), with the intermediate options 2 (*rarely or few times – 1/2 days*) and 3 (*a considerable number of times – 3/4 days*). After inverting item 6, which is the only one drafted positively ("I enjoy life"), higher scores indicate a higher depressive mood. In this study the scale showed high internal consistency ($\alpha = .9$) ($\alpha = .88$ for the heterosexual subgroup and $\alpha = .96$ for the LGBTI subgroup). Scores on this measure have been associated with sex (i.e., women tend to show higher scores than men), physical and mental health, and social integration (Herrero & Gracia, 2007). Although this instrument is useful for measuring the risk of depression, it should not be considered as a measure of depression itself. It would be more appropriate to consider it as a measure of general distress and as a tool that facilitates the detection of depressive symptoms in clinically undiagnosed individuals who may be at risk of developing depression.

Results

As shown in Table 1, the scores of the two different groups of participants differed in the four measures analyzed. In short, LGBTI individuals reported experiencing higher discrimination and prejudice at work than heterosexuals because of their sexual orientation; they also reported higher levels of work stress, common mental disorders, and depression. Therefore, hypotheses 1, 2 and 3 were confirmed. Only in one case (the "pressure" subscale of the work stress measure) were the differences between the LGBTI and heterosexual groups not significant.

Several ANOVAs were performed including sexual orientation and participant gender as independent variables (only cis men and women were included). There were no significant effects of gender, or interactions between participant gender and sexual orientation in job discrimination or work stress. However, there was an interac-

tion between gender and sexual orientation in the measure of common mental disorders, $F(1, 310) = 12.6, p < .001, \eta_p^2 = .04$. Among heterosexual workers, women ($M = 5.41, SD = 4.9$) had higher levels of common mental disorders than men ($M = 2.92, SD = 3.23$); among LGBTI workers, men ($M = 6.26, SD = 5.36$) scored higher than women ($M = 4.67, SD = 4.3$) in such disorders. There was also a significant interaction between participant gender and sexual orientation in the measure of depression, $F(1, 302) = 5.66, p = .02, \eta_p^2 = .02$. Among heterosexual workers, women ($M = 1.79, SD = .73$) had higher levels of depression than men ($M = 1.56, SD = .47$); by contrast, among LGBTI workers, men ($M = 1.91, SD = .71$) had higher depression scores than women ($M = 1.74, SD = .62$).

Table 2 shows correlations between the four measures included, shown separately for the LGBTI and heterosexual participants. In this case we only included the overall score in the work stress scale. As expected, perceived sexual orientation discrimination was positively correlated with work stress, mental disorders, and depression in both groups. Work stress was positively correlated with the two indicators of psychological health, which were also positively correlated with each other. Tests (*z*) were performed to analyze whether the magnitude of correlations differed between the heterosexual group and the LGBTI group; the magnitude of correlations did not differ significantly in any variables.

Table 2. Correlations between Variables Included in the Study

Measure	1	2	3	4
1. Job discrimination		.282**	.309**	.310**
2. Work stress	.403**		.452**	.486**
3. Depression	.436**	.462**		.799**
4. Common mental disorders	.428**	.543**	.835**	

Note. Heterosexual employees are above the diagonal; LGBTI employees are below the diagonal.

* $p < .05$, ** $p < .01$.

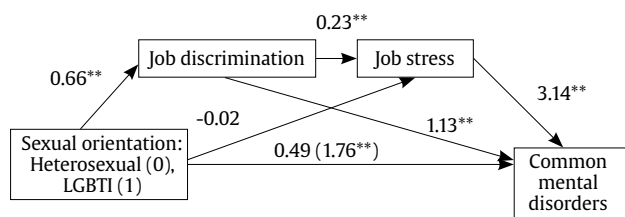
To test the mediation models predicted in Hypothesis 4, we used the PROCESS Macro for SPSS (Hayes, 2013), Model 6, with 10,000 bootstrap resamples. Participants' sexual orientation (coded as 0 = heterosexual, 1 = LGBTI) was introduced as an antecedent variable; scores on the Job Discrimination Scale and the Work Stress Scale (total score) were entered as mediators (in sequential order). In a first analysis, scores on the SRQ-20 (mental disorders) were entered as an outcome variable. Results of this analysis are shown in Figure 1 and Table 3. Belonging to the LGBTI group increased perceived discrimination, which in turn led to higher work stress, resulting in an increase in mental disorders: the indirect effect considering both mediators was significant, $0.47, SE = 0.11, [0.27, 0.72]$. The indirect effect of sexual orientation—job discrimination—SRQ-20 was also significant, but the relationship between sexual orientation and the SRQ-20 mediated by work stress was not (Table 3). Specifically, sexual orientation influenced common mental disorders through job discrimination. Once LGBTI people felt discriminated at their job, this could affect common mental disorders directly or through

Table 3. Direct and Indirect Effects for Mental Disorders and Depression

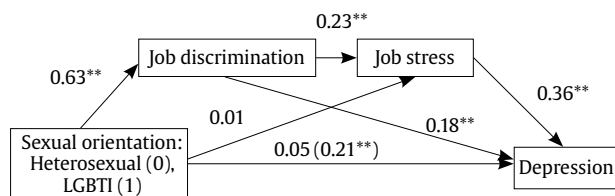
DV	Direct effect	Indirect effect 1	Indirect effect 2	Indirect effect 3
Mental disorders (SRQ-20)	0.49 [-0.46, 1.44]	0.74 [0.38, 1.17]	0.06 [-0.41, 0.54]	0.47 [0.27, 0.72]
Depression (CESD-7)	0.05 [-0.09, 0.19]	0.11 [0.06, 0.18]	0.00 [-0.05, 0.06]	0.06 [0.03, 0.08]

Note. Unstandardized indirect effect estimates are presented (Hayes, 2013). Brackets show 95% confidence intervals for each estimate; confidence intervals that do not include zero represent a significant indirect effect. Indirect effect 1 = indirect effect of sexual orientation on DV through job discrimination. Indirect effect 2 = indirect effect of sexual orientation on DV through work stress. Indirect effect 3 = full serial mediation model (see Figure 1 and 2).

work stress. Participants' sexual orientation did not lead to common mental disorders unless it was associated with job discrimination. Interestingly, the direct effect of sexual orientation on mental disorders was not significant, 0.49, $SE = 0.48$, $p = .31$, 95% CI [-0.46, 1.44]. In other words, the relationship between sexual orientation and mental disorders was entirely accounted for by the two mediating variables (i.e., job discrimination and work stress).

**Figure 1.** Mediation Model for Participant's Sexual Orientation, Job Discrimination, Work Stress, and Common Mental Disorders.

The same analysis was conducted using the measure of depression (CESD-7) as the outcome variable. Figure 2 and Table 3 show the results of this analysis. Belonging to the LGBTI group increased perceived discrimination, leading to higher work stress, resulting in higher depression: the indirect effect considering both mediators was significant, 0.06, $SE = 0.01$, 95% CI [0.03, 0.08]. The indirect effect of sexual orientation—job discrimination—CESD-7 was also significant, but the relationship between sexual orientation and the CESD-7 through work stress was not (Table 3). Again, as in the case of common mental disorders, once LGBTI people felt discriminated at their job, this discrimination could affect depression directly or through work stress. Participants' sexual orientation did not lead to depression unless it was associated with job discrimination. In this case, the direct effect of sexual orientation on depression was not significant either, 0.05, $SE = 0.07$, $p = .5$, 95% CI [-0.09, 0.19]. In other words, the relationship between sexual orientation and depression was entirely accounted for by the two mediating variables (i.e., job discrimination and work stress).

**Figure 2.** Mediation Model for Participant's Sexual Orientation, Job Discrimination, Work Stress and Depression.

The two mediation analyses were conducted introducing participants' gender identity as a covariate, leading to similar results.

ANOVAs (differences between heterosexual and LGBTI workers) and mediation analyses were conducted including the sector in which participants worked (e.g., administration, agriculture, food, retail, construction) as a covariate. In comparisons between LGBTI and heterosexual people, results showed that differences (Table 2) remained significant in job discrimination, work stress (threat),

depression, and mental disorders; differences were no longer significant for general stress. In mediation analyses, the significance of indirect effects remained the same as those reported without including sector as a covariate.

We also repeated all the analyses (ANOVAs and mediational analyses), including only cis men and women (that is, excluding trans men, trans women, and 7 non-binary participants). Results of ANOVAs were almost the same as those including all participants (except in the case of work stress, in which differences between heterosexual and LGBTI participant became marginally significant, $p = .07$). The most important results, related to mediation analyses, were unaffected by including only cis participants.

Discussion

Spain appears to be one of the countries with the lowest levels of prejudice and discrimination towards LGBTI people. However, certain old anti-LGBTI attitudes may continue to exist and manifest themselves more or less covertly.

Work environment is a very important part of people's lives not only from a quantitative point of view—e.g., the number of hours of our life that we spend in it or the fact that it is the main source of income for most people—but also from a qualitative viewpoint: it has a decisive impact on self-image and self-esteem and influences our psychological well-being and much more.

In this study we explored whether there are any differences between LGBTI and heterosexual workers of both sexes in the degree of discrimination that they perceive in their workplace because of their sexual orientation. Results showed that, compared to heterosexual individuals, LGBTI individuals perceived higher levels of discrimination and difficulties at work because of their sexual orientation. Although these levels of discrimination were relatively low (an average score of 2.2 out of 5), this does not mean that they are without consequences, as we discuss below. Our findings are consistent with those of other surveys and studies conducted in Spain (European Agency for Fundamental Rights - FRA, 2012; Di Marco et al., 2018; FELGTB-COGAM, 2013) and other countries (DeSouza et al., 2017), that show that LGBTI individuals report feeling discriminated against because of their sexual orientation or gender identity in the workplace.

Our results also revealed that employees self-defined as LGBTI reported higher levels of work stress than heterosexual ones. This finding is consistent with those of several other studies, which show that the working conditions of LGBTI employees are more adverse than those of heterosexual ones (Badgett et al., 2007; DeSouza et al., 2017). Furthermore, our data also showed that individuals self-defined as LGBTI reported higher levels of mental disorders and depression than heterosexual ones. This agrees with numerous studies that have demonstrated a heightened prevalence of depressive and anxiety disorders among LGBTI (vs. heterosexual) individuals (e.g., Bostwick et al., 2014). These findings are important because our measure of job discrimination included mainly blatant behaviors. Research conducted in Spain with LGBTI people has found that psychological well-being is more affected by subtle than blatant forms of discrimination. Given that the prejudice towards LGBTI people in Spain is not expressed in manifest forms (Pew Research

Center, 2013), our results suggest that the effects could have been greater if we had used subtle discrimination measures.

Although it was not one of the objectives of our research, an interesting pattern of results appeared when we analyzed the interaction between participant's gender and their sexual orientation in job discrimination, work stress, common mental disorders, and depression. There were no significant effects of gender nor interactions between gender and sexual orientation in job discrimination or work stress. Yet, in common mental disorders and depression, women scored higher than men in the heterosexual group but men scored higher than women in the LGBTI group. The pattern of results among heterosexual participants reflected the traditional finding of many studies that women exhibit more depressive symptoms than men do (Herrero & Gracia, 2007; Nolen-Hoeksema, 1987), as well as more common mental disorders (Steel et al., 2014). Findings in LGBTI workers were also coincidental with research showing that sexual minority men experience more of certain kinds of anti-LGBTI discrimination than sexual minority women do (Balsam et al., 2005; Herek, 2009) and that men also report higher symptoms of poor mental health (i.e., anxiety, depression) than sexual minority women do (Semlyen et al., 2016). Yet, other studies did not find differences in the percentage of men and women who revealed their sexual orientation at work (Dewaele et al., 2019); others reported that a higher percentage of lesbians in comparison to gay men reported feeling discriminated against or harassed in the last 12 months on the grounds of sexual orientation (European Agency for Fundamental Rights - FRA, 2012).

However, the most relevant findings are those that confirm that sexual orientation discrimination leads to an increase in the levels of work stress in LGBTI employees, resulting in a higher incidence of mental disorders and depression. It is important to underline that belonging to the LGBTI collective does not itself lead to more common mental disorders and more depression through work stress. For this to happen, LGBTI workers must feel discriminated against in the workplace; this is what produces higher work stress and in turn leads to depression and mental disorders. Unfortunately, our results show that LGBTI people still feel more discriminated against because of their sexual orientation than heterosexual workers. Hence, this discrimination causes different negative consequences for them.

Our results are a direct confirmation of the minority stress model (Meyer, 2013) in Spain in work context. According to this model, LGBTI individuals are exposed to excess stress due to their minority position and this stress can lead to mental disorders. So far, most studies supporting this model only assessed exposure (i.e., minority status) and outcomes (i.e., prevalence of disorders), and minority stress processes that might lead to a higher prevalence of disorders were inferred (Meyer, 2013). Our results show that work stress produced by minority status and/or discrimination associated to this status are the variables related to depression and mental disorders among LGBTI workers.

Our study focused on the consequences of work stress on psychological well-being and mental health, which has been corroborated by other studies (Bonde, 2008; Stansfeld & Candy, 2006). However, work stress has also been related to poorer physical health (Kivimäki et al., 2002; Nixon et al., 2011), reduced performance (Sullivan & Bhagat, 1992; Virtanen et al., 2009), and worse safety outcomes in the workplace (Spurgeon et al. 1997), among other negative consequences.

This study showed similar results in two different —although related— indices of psychological well-being: common mental disorders and depression. In both cases, LGBTI employees scored higher than heterosexual ones, and that was due to their experience of discrimination based on their sexual orientation and associated stress. Common mental disorders are not only a source of suffering for those affected by them, but also have countless consequences in many contexts (e.g., economic, physical, work or family-related) (WHO, 2003). Although the mean scores found in this measure did not reach the cut-

off point to consider the existence of a common mental disorder, which is currently 8 (Ludemir et al., 2008), the figures reached by the LGBTI subgroup (6.04) were not very far from this threshold.

Depression is one of the most burdensome health conditions, both at individual and population levels (Vilagut et al., 2016), being the most widespread mood disorder (Bromet et al., 2011). In our study, the scores obtained in depression (1.68 in heterosexuals and 1.90 in LGBTI people) were within the range of those found by Herrero and Gracia (2007) in the Spanish adult population (1.74 in one sample and 1.83 in the other).

This research has some limitations that should be addressed in future studies. First, it is virtually impossible to access a representative sample of LGBTI workers; thus, having accessed the sample through a trade union may imply that participants are especially aware of the problems of LGBTI people. Future studies should verify whether these results are also found in LGBTI individuals with a more diverse background. Second, it would be important to conduct this kind of research in heterosexual and LGBTI participants who work in the same organizations. Although we statistically controlled the effect of the type of sector in our analyses, variables related to the environment, industrial sector and others, may have affected the results. Third, another limitation of this study is the use of a cross-sectional design. Thus, it is not possible to determine whether sexual orientation and related minority stress has a causal influence on differences between sexual minority and heterosexual individuals in depression and common mental disorders. This is a common limitation of the literature on the relationship between sexual orientation and mental health (Bridge et al., 2019). Longitudinal studies would make it possible to assess whether depression and mental health differences predict later sexual orientation-related mental health disparities. Last, the construct of job discrimination can be measured with more complex scales. For instance, Molero et al. (2013) found that subtle forms of discrimination affected psychological well-being of LGBTI people more than blatant forms. Thus, an instrument including both forms of discrimination could enrich findings.

In short, the results of our research show that, despite the great progress made in Spain in reducing prejudice and discrimination against LGBTI employees, this social stigma still persists, affecting levels of work stress and psychological well-being of these individuals. It is therefore essential to be aware of the problem and to conduct interventions aimed at reducing this discrimination so that psychological health of LGBTI workers is not affected.

Conflict of Interest

The authors of this article declare no conflict of interest.

References

- Badgett, M., Lau, H., Sears, B., & Ho, D. (2007). *Bias in the workplace: Consistent evidence of sexual orientation and gender identity discrimination*. The Williams Institute, UCLA. <https://escholarship.org/uc/item/5h3731xr>
- Balsam, K. F., Beauchaine, T. P., Mickey, R. M., & Rothblum, E. D. (2005). Mental health of lesbian, gay, bisexual, and heterosexual siblings: Effects of gender, sexual orientation, and family. *Journal of Abnormal Psychology*, 114, 471–476. <https://doi.org/10.1037/0021-843X.114.3.471>
- Bliese, P. D., Edwards, J. R., & Sonnentag, S. (2017). Stress and well-being at work: A century of empirical trends reflecting theoretical and societal influences. *Journal of Applied Psychology*, 102(3), 389–402. <https://doi.org/10.1037/apl0000109>
- Bonde, J. P. (2008). Psychosocial factors at work and risk of depression: A systematic review of the epidemiological evidence. *Occupational and Environmental Medicine*, 65, 438–445. <https://doi.org/10.1136/oem.2007.038430>
- Bostwick, W. B., Boyd, C. J., Hughes, T. L., West, B. T., & McCabe, S. E. (2014). Discrimination and mental health among lesbian, gay, and bisexual adults in the United States. *American Journal of Orthopsychiatry*, 84(1), 35–45. <https://doi.org/10.1037/h0098851>

- Bridge, L., Smith, P., & Rimes, K. A. (2019). Sexual orientation differences in the self-esteem of men and women: A systematic review and meta-analysis. *Psychology of Sexual Orientation and Gender Diversity*, 6(4) 433-446. <https://doi.org/10.1037/sgd0000342>
- Bromet, E., Andrade L. H., Hwang, I., Sampson, N. A., Alonso, J., de Girolamo, G., de Graaf, R., Demyttenaere, K., Hu, C., Iwata, N., Karam, A. N., Kaur, J., Kostyuchenko, S., Lépine, J. P., Levinson, D., Matschinger, H., Mora, M. E., Browne, M. O., Posada-Villa, J., ... Kessler, R. C. (2011). Cross-national epidemiology of DSM-IV major depressive episode. *BMC Medicine*, 9, 90. <https://doi.org/10.1186/1741-7015-9-90>
- Bruce, D., Harper, G. W., & Bauermeister, J. A. (2015). Minority stress, positive identity development, and depressive symptoms: Implications for resilience among sexual minority male youth. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 287-296. <https://doi.org/10.1037/sgd0000128>
- DeSouza, E. R., Wesselmann, E. D., & Ispas, D. (2017). Workplace discrimination against sexual minorities: Subtle and not-so-subtle. *Canadian Journal of Administrative Sciences. Revue Canadienne des Sciences de l'Administration*, 34, 121-132. <https://doi.org/10.1002/CJAS.1438>
- Dewaele, A., Van Houtte, M., Buysse, A., Lyubayeva, A., Trippas, M., & Baeken, A. S. (2019). What predicts visibility management at work? A study of gay, lesbian, and bisexual Flemish government employees. *Psychologica Belgica*, 59(1), 78-95. <https://doi.org/10.5334/pb.443>
- Di Marco, D., Hoel, H., Arenas, A., & Munduate, L. (2018). Workplace incivility as modern sexual prejudice. *Journal of Interpersonal Violence*, 33(12), 1978-2004. <https://doi.org/10.1177/0886260515621083>
- Domínguez-Fuentes, J. M., Hombrados-Mendieta, M. I., & García-Leiva, P. (2012). Social support and life satisfaction among gay men in Spain. *Journal of Homosexuality*, 59, 241-255. <https://doi.org/10.1080/00918369.2012.648879>
- Eaton, W. W., Martins, S. S., Nestadt, G., Bienvenu, O. J., Clarke, D., & Alexandre, P. (2008). The burden of mental disorders. *Epidemiologic Reviews*, 30(1), 1-14. <https://doi.org/10.1093/epirev/mxn011>
- European Agency for Fundamental Rights - FRA. (2012). *EU LGBT survey. European Union lesbian, gay, bisexual and transgender survey. Results at a glance*. FRA-European Union Agency for Fundamental Rights. Viena.
- FELGTB. (2018). *La cara oculta de la violencia hacia el colectivo LGBTI*. FELGTB. Madrid. <https://www.ccoo.es/0365b3c2319c4f2cc48614aae462a25000001.pdf>
- FELGTB-COGAM. (2013). *Estudio 2013 sobre discriminación por orientación sexual y/o identidad de género en España*. <http://www.felgtb.org/rs/2447/d112d6ad-54ec-438b-9358-4483f9e98868/bd2/filename/estudio-2013-sobre-discriminacion-por-orientacion-sexual-y-o-identidad-de-genero-en-espana.pdf>
- Flage, A. (2019). Discrimination against gays and lesbians in hiring decisions: A meta-analysis. *International Journal of Manpower*. <https://doi.org/10.1108/IJM-08-2018-0239>
- Harding, T. W., De Arango, M. V., Baltazar, J., Climent, C. E., Ibrahim, H. H. A., Ladrado-Ignacio, L., Srinivas, R. S., Murthy, & Wig, N. N. (1980). Mental disorders in primary health care: A study of their frequency and diagnosis in four developing countries. *Psychological Medicine*, 10, 231-241. <https://doi.org/10.1017/S0033291700043993>
- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis. A regression-based approach*. Guilford Press.
- Hebl, M. R., Foster, J. B., Mannix, L. M., & Dovidio, J. F. (2002). Formal and interpersonal discrimination: A field study of bias toward homosexual applicants. *Personality and Social Psychology Bulletin*, 28, 815-825. <https://doi.org/10.1177/0146167202289010>
- Herek, G. M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence*, 24, 54-74. <https://doi.org/10.1177/0886260508316477>
- Herrero, J., & Gracia, E. (2007). Una medida breve de la sintomatología depresiva (CESD-7). *Salud Mental*, 30, 40-46.
- Kessler, R. C., Angermeyer, M., Anthony, J. C., DE Graaf, R., Demyttenaere, K., Gasquet, I., de Girolamo, G., Gluzman, S., Gureje, O., Haro, J. M., Kawakami, N., Karam, A., Levinson, D., Medina Mora, M. E., Oakley, Browne, M. A., Posada-Villa, J., Stein, D., J., Adley Tsang, C. H., Aguilar-Gaxiola, S., ... Ustün, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 6, 168-76.
- Kivimäki, M., Leino-Arjas, P., Luukkonen, R., Riihimäki, H., Vahtera, J., & Kirjonen, J. (2002). Work stress and risk of cardiovascular mortality: Prospective cohort study of industrial employees. *British Medical Journal*, 325: 857. <https://doi.org/10.1136/bmj.325.7369.857>
- Klawitter, M. (2015). Meta-analysis of the effects of sexual orientation on earnings. *Industrial Relations*, 54(1), 4-32. <https://doi.org/10.1111/irel.12075>
- Jones, K. P., Peddie, C. H., Gilrane, V. L., King, E. B., & Gray, A. L. (2016). Not so subtle: A meta-analytic investigation of the correlates of subtle and overt discrimination. *Journal of Management*, 42(6), 1588-1613. <https://doi.org/10.1177/0149206313506466>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
- Leka, S., & Jain, A. (2010). *Health impact of psychosocial hazards at work: An overview*. World Health Organization.
- Ley 16/1970, de 4 de agosto, sobre Peligrosidad y Rehabilitación Social. *BOE núm. 187*. <https://www.boe.es/buscar/doc.php?id=BOE-A-1970-854>
- Ley 3/2016, de 22 de julio, de Protección Integral contra LBTBfobia y la Discriminación por Razón de Orientación e Identidad Sexual en la Comunidad de Madrid. *BOE núm. 285*. <https://www.boe.es/buscar/pdf/2016/BOE-A-2016-11096-consolidado.pdf>
- Ley 8/2017, de 28 de diciembre, para Garantizar los Derechos, la Igualdad de Trato y no Discriminación de las Personas LGBTI y sus Familiares en Andalucía. *BOE núm. 33*. <https://www.boe.es/buscar/pdf/2018/BOE-A-2018-1549-consolidado.pdf>
- Ludmir, A. B., Schraiber, L. B., Oliveira, A., Franca-Junior, I., & Jansen, H. A. (2008). Violence against women by their intimate partner and common mental disorders. *Social Science & Medicine*, 66, 1008-1018. <https://doi.org/10.1016/j.socscimed.2007.10.021>
- Marcus, M., Yasamy, T. Y., Ommeren, M., Chisholm, D., & Saxena, S. (2012). Depression: A global health concern. In World Federation for Mental Health (Ed.), *Depression: A global crisis* (pp. 6-8). Occoquan, VA. http://www.who.int/mental_health/management/depression/wfmh_paper_depression_wmhd_2012.pdf
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56. <https://www.jstor.org/stable/2137286>
- Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Molero, F., Recio, P., García-Ael, C., Fuster, M. J., & Sanjuán, P. (2013). Measuring dimensions of perceived discrimination in five stigmatized groups. *Social Indicators Research*, 114, 901-914. <https://doi.org/10.1007/s11205-012-0179-5>
- Molero, F., Silván-Ferrero, P., Fuster-Ruiz de Apodaca, M. J., Nouvilas-Pallejá, E., & Pérez-Garín, D. (2017). Subtle and blatant perceived discrimination and well-being in lesbians and gay men in Spain: The role of social support. *Psicothema*, 29(4), 475-481. <https://doi.org/10.7334/psicothema2016.296>
- Morrison, M. A., Morrison, T. G., & Franklin, R. (2009). Modern and old-fashioned homonegativity among samples of Canadian and American university students. *Journal of Cross-Cultural Psychology*, 40(4), 523-542. <https://doi.org/10.1177/0022022109335053>
- Navarro-Mantas, L., Velásquez, M. J., de Lemus, S., & Megías, J. L. (2018). Prevalence and sociodemographic predictors of intimate partner violence against women in El Salvador. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260518779065>
- Nixon, A. E., Mazzola, J. J., Bauer, J., Krueger, J. R., & Spector, P. E. (2011). Can work make you sick? A meta-analysis of the relationships between job stressors and physical symptoms. *Work & Stress: An International Journal of Work, Health, & Organizations*, 25, 1-22. <https://doi.org/10.1080/02678373.2011.569175>
- Nolen-Hoeksema, S. (1987). Sex differences in unipolar depression: Evidence and theory. *Psychological Bulletin*, 101, 259-282. <https://doi.org/10.1037/0033-2909.101.2.259>
- Pew Research Center. (2013). *The global divide on homosexuality greater acceptance in more secular and affluent countries*. <https://www.pewglobal.org/2013/06/04/the-global-divide-on-homosexuality/>
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401. <https://doi.org/10.1177/014662167700100306>
- Sears, D., & Mallory, C. (2011). *Documented evidence of employment discrimination and its effects on LGBT people*. The Williams Institute. Los Angeles, CA. <https://williamsinstitute.law.ucla.edu>
- Semlyen, J., King, M., Varney, J., & Hagger-Johnson, G. (2016). Sexual orientation and symptoms of common mental disorder or low wellbeing: Combined meta-analysis of 12 UK population health surveys. *BMC Psychiatry*, 16, 67. <https://doi.org/10.1186/s12888-016-0767-z>
- Stansfeld, S., & Candy, B. (2006). Psychosocial work environment and mental health—A meta-analytic review. *Scandinavian Journal of Work, Environment & Health*, 32, 443-462. <https://doi.org/10.5271/sjweh.1050>
- Spurgeon, A., Harrington, J. M., & Cooper, C. L. (1997). Health and safety problems associated with long working hours: A review of the current position. *Occupational and Environmental Medicine*, 54, 367-375. <https://doi.org/10.1136/oem.54.6.367>
- Stanton, J. M., Balzer, W. K., Smith, P. C., Parra, L. F., & Ironson, G. (2001). A general measure of work stress: The Stress In General Scale. *Educational and Psychological Measurement*, 61(5), 866-888. <https://doi.org/10.1177/00131640121971455>
- Steel, Z., Marnane, C., Iranpour, C., Chey, T., Jackson, J. W., Patel, V., & Silove, D. (2014). The global prevalence of common mental disorders: A systematic review and meta-analysis 1980-2013. *The International Journal of Epidemiology*, 43(2), 476-93. <https://doi.org/10.1093/ije/dyu038>
- Sullivan, S. E., & Bhagat, R. S. (1992). Organizational stress, job satisfaction and job performance: Where do we go from here? *Journal of Management*, 18(2), 353-374. <https://doi.org/10.1177/014920639201800207>
- Vanden Bergh, W., Dewaele, A., Cox, N., & Winke, J. (2010). Minority-specific determinants of mental well-being among lesbian, gay, and bisexual youth. *Journal of Applied Social Psychology*, 40(1), 153-166. <https://doi.org/10.1111/j.1559-1816.2009.00567.x>
- Vilagut, G., Forero, C. G., Barbaglia, G., & Alonso, J. (2016) screening for depression in the general population with the center for epidemiologic

- studies depression (CES-D): A systematic review with meta-analysis. *PLoS ONE*, 11(5), e0155431. <https://doi.org/10.1371/journal.pone.0155431>
- Virtanen M., Singh-Manoux A., Ferrie, J. E., Gimeno, D., Marmot, M. G., Elovainio, M., Jokela, M., Vahtera, J., & Kivimäki, M. (2009). Long working hours and cognitive function: The Whitehall II Study. *American Journal of Epidemiology*, 169(5), 596-605. <https://doi.org/10.1093/aje/kwn382>
- World Health Organization - WHO. (2003). *Investing in mental health*. World Health Organization. https://www.who.int/mental_health/media/investing_mnh.pdf
- World Health Organization - WHO. (2008). *The global burden of disease. 2004 update*. World Health Organization. https://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/
- World Health Organization - WHO. (2017). *Depression and other common mental disorders global health estimates*. World Health Organization. https://www.who.int/mental_health/management/depression/prevalence_global_health_estimates/en/