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Mental Health Among Black and Latinx Sexual Minority Adults Leading Up to and Following the 2016 U.S. Presidential Election: Results from a Natural Experiment

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Abstract

Purpose: Multi-level hostility toward sexual minority (SM; includes, but is not limited to those identifying as gay, lesbian, bisexual, queer, or same-gender loving) and other minority populations (e.g., racial/ethnic) increased after the 2016 U.S. presidential election. This may generate stress and mental health problems among those groups, and particularly among SM people of color. This study assessed whether the mental health of Black and Latinx SM adults declined after the 2016 U.S. presidential election.

Methods: Data were from a daily national probability survey (thus, mean changes in mental health outcomes over time may reflect population shifts in mental health) of Black and Latinx SM adults ($N = 537$), recruited 7 months before and 17 months after the November 8, 2016 election. Using a between-subjects design, spline-based regressions (spline set at election date), adjusted for sociodemographic characteristics, estimated four mental health outcomes (past-month number of ''poor mental health'' days and psychological distress, past-year suicidal ideation, and social wellbeing) as a function of survey completion date.

Results: There was marked worsening in each of the mental health outcomes over the postelection period (past-month poor mental health days, $B = 0.05$, standard error [SE] = 0.02, $p < 0.05$; psychological distress, $B = 0.28$, SE = 0.14, $p < 0.05$; suicidal ideation, odds ratio = 1.13, 95% confidence interval >1.00–1.26, $p < 0.05$; and social wellbeing, $B = -0.05$, SE = 0.02, $p < 0.05$). None of the outcomes varied over the pre-election period.

Conclusions: This study provides evidence of worsening mental health among Black and Latinx SM adults in the United States during the 1.5 years after the 2016 U.S. presidential election.

Keywords: 2016 presidential election, Black, Latinx, mental health, sexual minority

Introduction

OVER THE PAST 50 YEARS, the sociopolitical environment surrounding sexual orientation has changed dramatically, having profound effects on the lives and, ultimately, the mental health of sexual minority (SM; includes, but is not limited to those identifying as gay, lesbian, bisexual, queer, or same-gender loving) people.[1] The Stonewall Uprising (1969) brought large-scale public awareness to the SM civil rights movement and contributed to increased visibility of SM issues and people in society.[2] During the height of the HIV/AIDS epidemic, ACT-UP (1987) and other advocacy organizations paved the way for legislative action and improvements in health care and social services for SM people.[3] In 2015, same-sex marriage was legalized across the United States, and legal same-sex marriage is positively

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associated with SM mental health.[4,5] Although there remains much to do (e.g., enactment of comprehensive antidiscrimination laws nationwide that extend to housing, public accommodations, and education[6]), it can be argued that the sociopolitical environment has generally improved for SM people over time. For instance, 72% of Americans now approve of same-sex relationships being legal, compared with 32% in 1986.[7] However, it should be noted that despite being vanguards for many of the sociopolitical changes benefitting the SM population, SM people of color have not experienced the same sociopolitical gains as White SM people, and research on SM people of color has also lagged.[8,9]

Amid a generally improving sociopolitical environment, the election of Donald J. Trump as President of the United States on November 8, 2016 marked a turning point for SM people. The new administration sought efforts to reverse civil rights advancements for SM populations (e.g., in 2017, the Justice Department declared that federal civil rights protections do not apply to sexual orientation),[10,11] which were accompanied by increases in public expressions of hostility, discrimination, and violence.[12–14] For instance, compared with 66 hate crimes reported in Washington, D.C. in 2015, there were 106 reported in 2016, 177 in 2017, and 205 reported in 2018 (because reporting of hate crimes is not mandatory, these numbers are likely underestimating the true occurrences of hate crimes).[13] Over this period in D.C., stark rises in reported hate crimes were noted for both SM and racial/ethnic minority populations,[13] and prior investigations have shown that the majority of SM-motivated hate crimes are committed against SM people of color.[14] In addition, numerous policy actions by the Trump administration, as well as some states and localities (e.g., attempts to remove questions about SM status from federal data collection efforts, transgender military ban, United States/Mexico border wall) and hate-inspired events (e.g., Unite the Right Rally in Charlottesville, VA) also directly targeted sexual and/or racial/ethnic minority people.[15,16] See Figure 1 for a timeline of several relevant events that occurred over the course of this study.[17,18]

Minority stress theory suggests that public animus toward SM people, which may be reflected in discriminatory actions and policies, increases SM experiences of stress and is ultimately harmful to their mental health.[19,20] Based on this, we hypothesized that increases in oppressive rhetoric and actions after the 2016 election would be associated with population-level declines in SM mental health. Given increases in hostility toward both SM and racial/ethnic minority populations after the election,[21–23] SM people of color may be especially vulnerable because they may be the targets of both SM-based and racially based stressors.[24] Evidence from qualitative and convenience samples shows that the election indeed had swift and negative impacts on SM mental health, generally, including increased experiences of discrimination, and related increases in depressive symptoms and reduced wellbeing.[25–29] However, to our knowledge, no prior studies have assessed these questions using national population-based samples, or among SM people of color more specifically. In this study, we used data from a daily national probability sample of Black and Latinx SM adults, which allowed us to perform a natural experiment that assessed population trajectories of mental health and wellbeing before and after the November 2016 U.S. presidential election.

Methods

Sample

Data were from the *Generations* Study, designed to assess the impact of the changing social environment (e.g., laws, policies, and culture) on the health and wellbeing of SM men and women from three age cohorts (18–25, 34–41, and 52–59 years).[30,31] Respondents were recruited using a daily national probability sampling design, giving us the opportunity to conduct a natural experiment, as the 2016 presidential election occurred partway through recruitment for the study. Using the Gallup Daily Tracking Survey as initial contact, participants were screened for eligibility for the
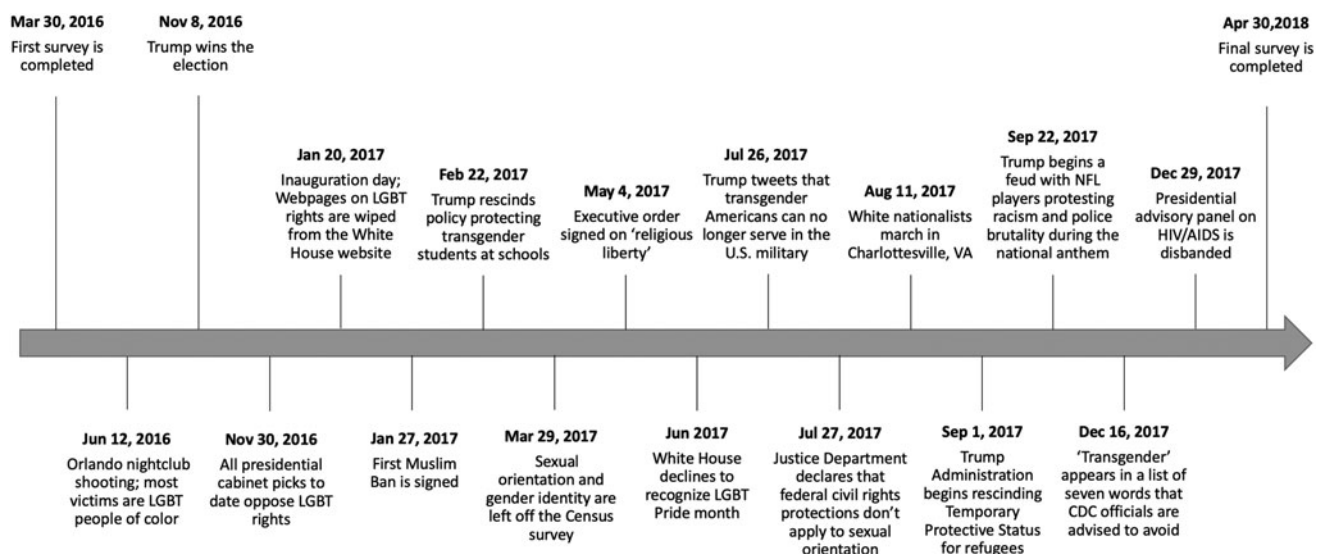
FIG. 1. A brief timeline of events and policies relevant to sexual minority and racial/ethnic minority populations in the United States that occurred during data collection.[17,18] CDC, Centers for Disease Control and Prevention; LGBT, lesbian, gay, bisexual, transgender; NFL, National Football League; U.S., United States.

Generations Study. The Daily Tracking Survey is a telephone interview of a national probability sample of 1000 adults daily, ages 18 years and older. Random-digit dialing (RDD) was used to reach both landline and cell phone users, as well as an additional random selection method for choosing respondents with landlines. The RDD list was stratified to ensure that the unweighted samples were proportionate by U.S. Census region and time zone. The data were then weighted daily to compensate for disproportionalities in nonresponse and selection probabilities. More detailed information about the study's methodology is available online.[32]

Participants were eligible to participate in *Generations* if they identified as gay, lesbian, bisexual, queer, or same-gender loving; were not transgender (transgender respondents were referred to a parallel study, TransPop[33]); were 18–25, 34–41, or 52–59 years of age at screening; self-identified as Black, Latinx, or White; and completed at least a 6th grade education. Eligible respondents were invited to participate in a self-administered survey, either online or by mail. In total, 1518 eligible respondents completed the survey; White respondents were recruited and completed the *Generations* survey between March 2016 and March 2017, whereas Black and Latinx respondents were recruited and completed the survey between March 2016 and April 2018. Thus, this study was restricted to Black and Latinx respondents ($N = 537$) because this subsample had an extended recruitment period that allowed for an assessment of the potential impact of prolonged exposure to sociopolitical changes that occurred over the 17 months after the election.

Ethics statement

Participants provided oral consent before screening and read a consent information sheet before completing the *Generations* survey. No signed consent forms were collected because it was determined that a signed consent form, if collected, would impose an unnecessary risk to the respondents' confidentiality. The study was approved by the Institutional Review Boards at the University of California, Los Angeles and collaborating institutions.

Variables

Mental health outcomes. Four outcomes, each assessing different aspects of mental health were assessed using reliable and validated measures.[32] Number of poor mental health days in the past month was assessed with the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" (range: 0–30).[34]

Nonspecific psychological distress in the past month was assessed using the Kessler 6 scale, a 6-item scale from the National Comorbidity Survey.[35] Scale items asked respondents how often, in the past 30 days, they had felt "nervous," "hopeless," "restless or fidgety," "so depressed that nothing could cheer you up," "that everything was an effort," and "worthless." Response options for all items ranged from 0 (none of the time) to 4 (all of the time), and the scale was created as a sum of all items (range: 0–24).

Suicidal ideation was assessed in the past year using two questions.[36] Respondents were asked, "did you ever in your life have thoughts of killing yourself?" (no; yes, once; yes,

more than once). Those reporting past suicidal ideation were asked "about how old were you?" (if happened once) or "about how old were you the most recent time?" (if happened more than once). Past-year suicidal ideation ($N = 173$) was calculated by subtracting respondents' age at their last ideation from their current age (dichotomized response; yes vs. no).

Social wellbeing assessed respondents' appraisals of their current circumstances, ability to function in society, and their wellness. The scale consisted of 15 items including, "I believe that people are kind," "society has stopped making progress," and "society isn't improving for people like me." All items were assessed from 1 (strongly agree) to 7 (strongly agree), and a mean score was created of all 15 items (range: 1–7).[37]

Covariates. Sexual identity was assessed by self-report, and responses were collapsed into three groups (lesbian/gay, bisexual, and other [e.g., pansexual, queer]). Race/ethnicity was assessed at screening, in which respondents were categorized as either Black, Latinx, or White. This study was restricted to those categorized as either Black or Latinx. Immigration status was assessed with the question "were you born in the United States?" (yes/no). Sex was assessed as assigned sex at birth (female vs. male). Age cohort was assessed based on respondents' ages at screening (18–25, 34–41, and 52–59 years). Cohort parameters were established based on identification of major historical events corresponding with critical points in the life course of SM people.[38] Income was assessed categorically (<100% federal poverty level [FPL], 100%–199% FPL, 200%–299% FPL, and ≥300% FPL). Educational attainment was assessed categorically (high school or less, some college, college, and more than college). Census region was assessed categorically (Northeast, Midwest, South, and West). All missing covariates except income and immigration status were imputed by the study team using Predictive Mean Matching.[39] Respondents with missing income ($n = 16$) and immigration status ($n = 11$) were excluded from multivariable analyses using listwise deletion.

Analyses

Analyses include, first, descriptive statistics for the sample, including frequencies and weighted percentages. Multivariable regression models then assessed whether the mental health outcomes varied across sociodemographic characteristics. Negative binomial regressions were used to model poor mental health days and logistic regressions were used to model suicidal ideation. Ordinary least-squares regressions were used for the other outcomes.

Then, a between-subjects study design was used to compare mental health outcomes between subjects completing the survey before versus after the 2016 election. Dates were centered around the election date (November 8, 2016), and ranged from −223 days (pre-election) to 538 days (postelection). First, mean differences in outcomes were compared between surveys completed pre- versus postelection using adjusted Wald tests. A series of piecewise (i.e., spline-based) regressions then assessed whether survey completion date was associated with each outcome, separately before and after a spline set to the election date. Because of small single-day changes in the outcomes, dates were collapsed into sequential 60-day (∼2 month-long) time intervals for

regression analyses to produce meaningfully interpretable coefficients and odds ratios (ORs). Both unadjusted and multivariable models were estimated for all outcomes. All covariates were included in multivariable models. Finally, predicted mean values and probabilities were estimated and displayed visually for each outcome by survey completion date, controlling for model covariates. For these models, survey date was modeled in single-day increments. All analyses were weighted (weights were developed by Gallup each day after daily recruitment to adjust for nonresponse bias[32]), allowing for generalization to the U.S. population of Black and Latinx SM adults.

Results

Descriptive results

Descriptive statistics of the sample are given in Table 1. Among the respondents, 40.16% completed the survey in

TABLE 1. DESCRIPTIVE STATISTICS ($N = 537$)

	n	Weighted %
Survey completion date		
Pre-election	211	40.16
Postelection	326	59.84
Sexual identity		
Lesbian/gay	292	47.81
Bisexual	170	37.02
Other	75	15.18
Race/ethnicity		
Black/African American	239	43.73
Latinx/Hispanic	298	56.27
Born in the United States		
Yes	475	92.98
No	51	7.02
Sex		
Female	289	61.60
Male	248	38.40
Income		
<100% FPL	111	26.38
100%–199% FPL	124	26.87
200%–299% FPL	68	12.55
≥300% FPL	218	34.20
Education		
High school or less	139	46.84
Some college	196	33.03
College	138	14.70
More than college	64	5.43
Age cohort		
18–25	304	70.94
34–41	138	19.24
52–59	95	9.81
Census region		
Northeast	81	13.21
Midwest	64	14.08
South	235	44.44
West	157	28.26

Sixteen respondents were missing income and 11 were missing immigration status (''Born in the United States''). There was no other missing information.

FPL, federal poverty level.

the 7 months before the election and 59.84% completed it in the 17 months after the election. Nearly half (47.81%) of respondents identified as lesbian or gay, 37.02% identified as bisexual, and 15.18% selected a different identity label (e.g., pansexual, queer). Over half of the respondents were Latinx/Hispanic (56.27%) and 43.73% were Black/African American; 92.98% were born in the United States. The majority of respondents were female (61.60%) and young, with 70.94% being in the youngest (18–25 years) age cohort. Approximately half of the respondents had a high school education or less (46.84%), and about one quarter lived below the FPL (26.38%). The largest proportion of respondents lived in the southern census region (44.44%), and the smallest proportion lived in the Northeast (13.21%).

The mental health outcomes varied across several sociodemographic characteristics (Table 2). Compared with lesbian/gay respondents, bisexual respondents ($B = 0.23$, standard error [SE] $= 0.10$, $p < 0.05$; $B = 2.01$, SE $= 0.66$, $p < 0.01$) and those with other SM identities (e.g., queer, pansexual; $B = 0.42$, SE $= 0.13$, $p < 0.01$; $B = 1.86$, SE $= 0.93$, $p < 0.05$) reported more poor mental health days in the past month and greater psychological distress, respectively. Respondents with higher incomes reported less psychological distress (e.g., for ≥300% FPL, $B = -3.20$, SE $= 0.81$, $p < 0.001$) and greater social wellbeing (e.g., for ≥300% FPL, $B = 0.48$, SE $= 0.12$, $p < 0.001$) than those with incomes <100% of the FPL. Similarly, compared with respondents with a high school education or less, those with greater than a college education had fewer poor mental health days in the prior month ($B = -045$, SE $= 0.21$, $p < 0.05$), less psychological distress ($B = -2.19$, SE 0.90, $p < 0.05$), and greater social wellbeing ($B = 0.47$, SE $= 0.17$, $p < 0.01$). Finally, compared with 18- to 25-year-olds, older respondents reported fewer poor mental health days in the past month (e.g., for 34- to 41-year-olds, $B = -0.26$, SE $= 0.10$, $p < 0.05$), less psychological distress (e.g., for 34- to 41-year-olds, $B = -1.72$, SE $= 0.76$, $p < 0.05$), and lower odds of past-year suicidal ideation (e.g., for 34- to 41-year-olds, OR $= 0.52$, 95% confidence interval [CI] $= 0.29–0.93$, $p < 0.05$).

Mental health before and after the election

Although there were no mean differences in outcomes between those surveys completed pre-election and those completed postelection (all $ps > 0.174$), spline-based regression models showed differences in health trajectories in the pre- versus the postelection time periods (Table 3 and Fig. 2). During the pre-election period (7 months), there were no significant population-level changes in any of the mental health outcomes. In contrast, during the postelection period there was marked worsening in mental health. In bivariate models, there were increases in the average number of past-month poor mental health days ($B = 0.05$, SE $= 0.02$, $p < 0.01$) and increased odds of suicidal ideation (OR $= 1.17$, 95% CI $= 1.05–1.30$, $p < 0.01$) during the postelection period compared with the pre-election period. In adjusted models, there was marked worsening in all the mental health outcomes during the postelection time period. The average number of past-month poor mental health days ($B = 0.05$, SE $= 0.02$, $p < 0.05$), nonspecific psychological distress ($B = 0.28$, SE $= 0.14$, $p < 0.05$),

TABLE 2. MENTAL HEALTH STATUS ACROSS SOCIODEMOGRAPHIC CHARACTERISTICS, ADJUSTED REGRESSION MODELS

	Poor mental health days, past month B (SE)	Psychological distress B (SE)	Suicidal ideation, past year OR (95% CI)	Social wellbeing B (SE)
Sexual identity				
Lesbian/gay	Ref.	Ref.	Ref.	Ref.
Bisexual	0.23 (0.10)*	2.01 (0.66)**	1.37 (0.79–2.38)	−0.13 (0.11)
Other	0.42 (0.13)**	1.86 (0.93)*	1.83 (0.93–3.60)	−0.04 (0.12)
Race/ethnicity				
Black/African American	Ref.	Ref.	Ref.	Ref.
Latinx/Hispanic	0.07 (0.09)	0.41 (0.58)	1.12 (0.69–1.83)	0.12 (0.09)
Born in the United States				
Yes	Ref.	Ref.	Ref.	Ref.
No	0.01 (0.14)	−0.60 (0.67)	0.96 (0.41–2.25)	0.12 (0.16)
Sex				
Female	Ref.	Ref.	Ref.	Ref.
Male	−0.10 (0.09)	−0.20 (0.61)	0.72 (0.14–1.22)	0.12 (0.10)
Income				
<100% FPL	Ref.	Ref.	Ref.	Ref.
100%–199% FPL	−0.09 (0.12)	−1.99 (0.88)*	0.94 (0.48–1.84)	0.01 (0.14)
200%–299% FPL	−0.20 (0.13)	−2.35 (0.98)*	2.02 (0.92–4.46)	0.26 (0.15)
≥300% FPL	−0.23 (0.13)	−3.20 (0.81)***	1.35 (0.70–2.58)	0.48 (0.12)***
Education				
High school or less	Ref.	Ref.	Ref.	Ref.
Some college	−0.14 (0.10)	−0.25 (0.65)	0.84 (0.50–1.43)	0.17 (0.11)
College	−0.25 (0.12)*	−1.20 (0.72)	0.90 (0.48–1.69)	0.23 (0.11)*
More than college	−0.45 (0.21)*	−2.19 (0.90)*	0.56 (0.22–1.42)	0.47 (0.17)**
Age cohort				
18–25	Ref.	Ref.	Ref.	Ref.
34–41	−0.26 (0.10)*	−1.72 (0.76)*	0.52 (0.29–0.93)*	0.03 (0.12)
52–59	−0.23 (0.17)	−3.00 (0.72)***	0.33 (0.16–0.72)**	0.00 (0.13)
Census region				
Northeast	Ref.	Ref.	Ref.	Ref.
Midwest	0.11 (0.15)	0.60 (1.16)	1.19 (0.50–2.83)	−0.20 (0.19)
South	−0.19 (0.13)	−0.88 (0.89)	1.12 (0.56–2.25)	−0.07 (0.17)
West	−0.05 (0.13)	−0.44 (0.97)	1.38 (0.67–2.88)	0.08 (0.18)

Negative binomial models were used for poor mental health days. Logistic regression models were used for suicidal ideation. Ordinary least-squares regression models were used for all other outcomes. All models are restricted to Black and Latinx respondents.

*p < 0.05, **p < 0.01, and ***p < 0.001.

CI, confidence interval; OR, odds ratio; Ref., reference; SE, standard error.

TABLE 3. MENTAL HEALTH STATUS BY SURVEY COMPLETION DATE

	Mean differences	Bivariate models	Adjusted models
Poor mental health days, past month [mean (SE); B (SE)]			
Pre-election	11.51 (0.90)	−0.01 (0.05)	0.00 (0.04)
Postelection	12.89 (0.70)	0.05 (0.02)**	0.05 (0.02)*
Psychological distress [mean (SE); B (SE)]			
Pre-election	8.86 (0.49)	−0.02 (0.30)	−0.06 (0.27)
Postelection	9.70 (0.37)	0.24 (0.14)	0.28 (0.14)*
Suicidal ideation, past year [% (95% CI), OR (95% CI)]			
Pre-election	35.90 (28.46–44.08)	0.80 (0.66–0.97)	0.83 (0.68–1.02)
Postelection	35.66 (29.66–42.15)	1.17 (1.05–1.30)**	1.13 (>1.00–1.26)*
Social wellbeing [mean (SE); B (SE)]			
Pre-election	4.38 (0.08)	0.01 (0.04)	0.05 (0.04)
Postelection	4.36 (0.05)	0.04 (0.02)	−0.05 (0.02)*

Adjusted Wald tests compared mean differences in outcomes pre- versus postelection. For each regression model, the outcome is modeled as a function of survey completion date (dates collapsed into 60-day increments for ease of interpretation). Negative binomial models were used for poor mental health days. Logistic regression models were used for suicidal ideation. Ordinary least-squares regression models were used for all other outcomes. All models are restricted to Black and Latinx respondents. Adjusted models also control for sexual identity, race/ethnicity, immigration status, sex, income, educational attainment, age cohort, and Census region.
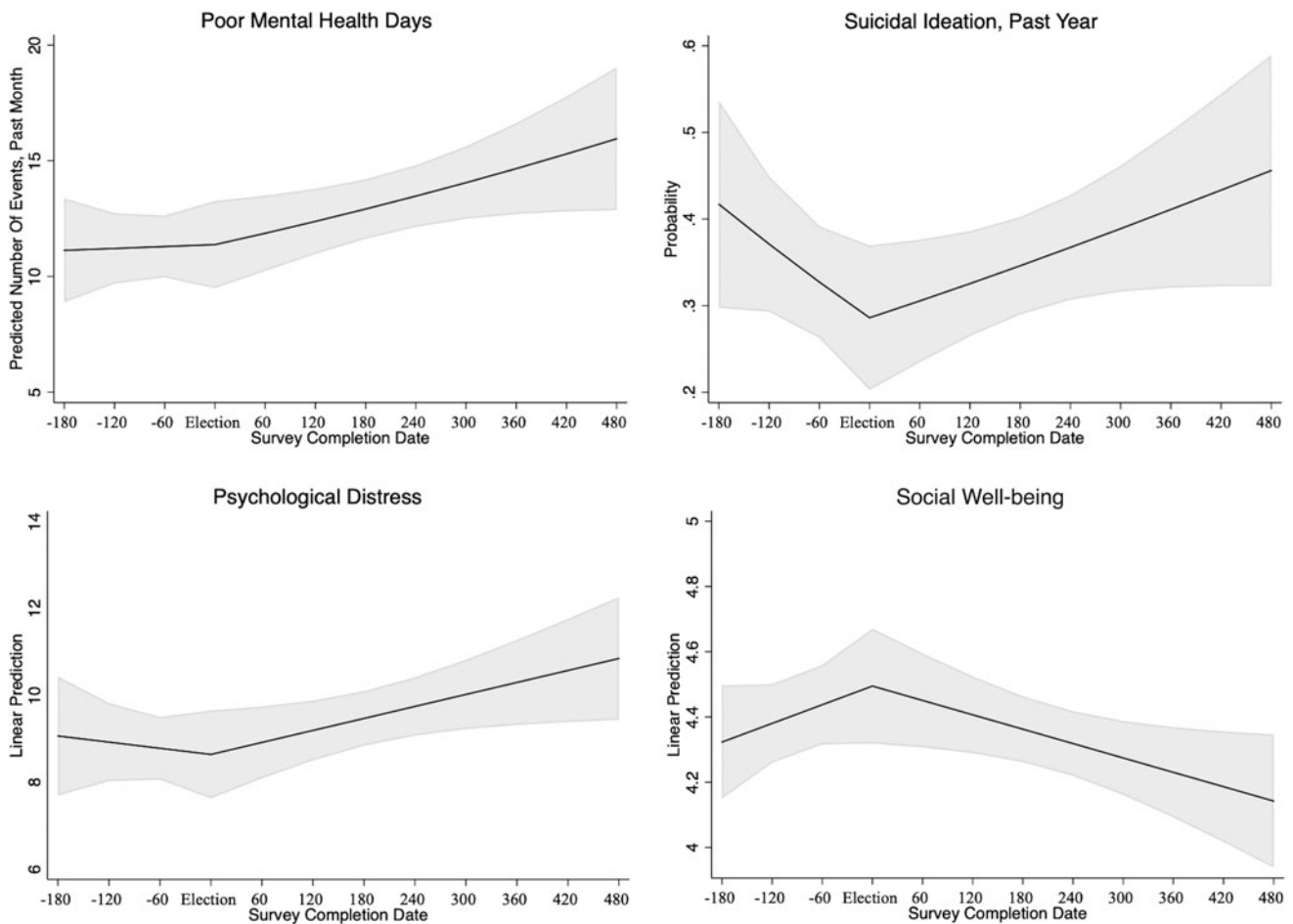
*p < 0.05 and **p < 0.01.

FIG. 2. Predicted values (mean values or probabilities) for each mental health outcome by survey completion date.

and the odds of suicidal ideation (OR = 1.13, 95% CI >1.00–1.26, $p < 0.05$) increased and social wellbeing decreased ($B = -0.05$, SE = 0.02, $p < 0.05$).

Discussion

Over the course of the 20th and early 21st centuries, social movements for sexual and racial/ethnic minority groups in the United States have yielded significant gains, including the expansion of civil rights through the Supreme Court's decision that same-sex couples have a constitutional right to marry and the election of the nation's first Black president. With these sociopolitical shifts came the expectation of improved health and mental health outcomes for minority populations.[40] This cultural narrative of linear progress for minority populations was upended in the 2016 U.S. election, when a candidate with explicit anti-minority sentiments was elected as president. We sought to examine if there was an immediate impact of this historical event on mental health among Black and Latinx SM adults in the United States using a daily national probability sample. This type of sample carries the advantage that respondents have an equal probability of being surveyed on the first day of data collection as they do on the final day. As such, the mean value for any given mental health-relevant outcome (e.g., average psychological distress) should not vary as a function of time, unless there were actual reactionary population shifts in the outcome over the course of follow-up. However, it is important to note that our study assesses the ecological, general impact of the U.S. Presidential election on population mental health trends, and was not designed to assess the impact of specific policy changes or even specific racist or antisexual or gender minority rhetoric.

This study showed that the mental health of SM racial/ethnic minority adults remained fairly stable during the 7 months before the 2016 U.S. presidential election. In contrast, there were moderate, yet statistically significant trends toward worsening mental health status among this population over the 17 months after the election. The sociopolitical environment immediately after the election was characterized by racially charged and discriminatory policies, fear mongering, and hate—much of it directed toward sexual and racial/ethnic minority groups.[10,11,13] Indeed, a number of changes (e.g., rescinding several Obama-era nondiscrimination regulations that offered protections to LGBT people; attempts to exclude LGBT persons from public health surveys) were put into place.[41,42] These developments coincided with worsening mental health for Black and Latinx SM people.

Although we were not able to assess direct causal links between the sociopolitical environment and worsening mental health, other research has shown that policy changes can have a lasting impact on the health of populations. For instance, in the early 2000s, several U.S. states passed constitutional amendments prohibiting same-sex marriages, and these changes had observable negative impacts on mental health (i.e., increases in mood, anxiety, and substance use disorders) for SM adults living in states that implemented the bans.[43] It is not yet known whether there will be long-term population declines in mental health related to the 2016 U.S. election, or what impact the election of President Biden in 2020 and his administration's policy changes will have on these mental health trends.

It is important to note that when mean values for each of the mental health outcomes were compared pre- versus post-election (e.g., a mean of 11.5 past-month poor mental health days pre-election vs. 12.9 postelection), these comparisons were not statistically significant. However, observing mean values may not adequately capture population changes in health following social environmental shifts that occur within relatively short periods of time (i.e., between March 2016 and April 2018). Indeed, when mental health outcomes were modeled as a function of survey completion date, the compounding effect of the changing social environment was significantly associated with several mental health outcomes, signifying how these social changes may have a cumulative impact on health. These findings are in alignment with an array of studies showing how cumulative stress and discrimination are associated with poor mental health outcomes.[44,45]

Limitations

Our measures were limited, and we do not know what exactly caused the observed results. We cannot attribute them specifically to the election, but it is noteworthy that the election of 2016 was a momentous event in American society and, although not specifically tested here, we show that it was associated with mental health decline. Although these results show gradual changes in population mental health outcomes over time, a longer period of data collection would have allowed us to more directly compare average mental health before the election to average mental health after the election. Indeed, we posit that the gradual changes in population mental health seen here are owing to a number of compounding changes in the environment, which are damaging for sexual and racial/ethnic minority populations. However, we cannot determine whether the pattern we observed represents an immediate reaction to a stressful event, or whether they signify longer term impacts in population health. Finally, eligibility for the *Generations* Study was determined based on a single race/ethnicity question in which all respondents endorsing a Latinx ethnicity were coded as such, regardless of race. It is therefore likely that some Afro-Latinx respondents were coded as Latinx.

Conclusions

Using a national probability sample of Black and Latinx SM adults, we estimated population trajectories of four mental health outcomes (number of poor mental health days in the past month, nonspecific psychological distress, suicidal ideation, and social wellbeing) before and after the 2016 U.S. presidential election. Results from this study provide evidence of worsening mental health and social wellbeing in the 17 months after the election. Additional research is needed to assess whether these changes will persist over time, or whether they represent temporary population shifts in mental health. Indeed, it is plausible that minority population mental health will improve under the Biden administration if the social and policy environment becomes more favorable toward sexual and racial/ethnic minority populations. Public health and clinical professionals should consider the effects of sociopolitical changes on population mental health, and advocate for policies and structural changes that benefit public health—both inside their own organizations (e.g., hospitals and universities), and in society at large.

Disclaimer

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Authors' Contributions

E.A.K. contributed to study design and analysis and drafted the article. D.A.W., S.K.C., G.W.H., M.L., P.L.H., and I.H.M. contributed to study design and provided critical review of and revisions to the article. All coauthors reviewed and approved the article before submission.

Author Disclosure Statement

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