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Sleep moderates real-time associations between minority stress exposure and next-day suicidal ideation intensity in high-risk LGBTQ+ youth: An ecological momentary assessment study

Introduction: Poor sleep is associated with greater suicidal thoughts and behaviors (STB), and sleep and STB are sensitive to the impact of social stress. These psychosocial factors may be



especially relevant for LGBTQ+ youth, who experience greater social stress (i.e., minority stress), poorer sleep, and heightened STB compared to non-LGBTQ+ youth. However, a scarcity of research has utilized intensive longitudinal data to investigate the mediating/moderating effect of sleep on the relationship between minority stress and next-day SI intensity in real time.

Methods: A sample of fifty high-risk LGBTQ+ youth from the US Southeast (average age = 18.52, range = 13-24; 76.0% assigned female) was entered into a smartphone-based ecological momentary assessment (EMA; 3 EMA/day for 28 consecutive days) protocol. Participants reported daily sleep quality and duration, minority stress exposure, and active SI intensity (desire to kill oneself), passive SI intensity (desire to not stay alive), and non-suicidal self-injury ideation intensity (desire to hurt oneself). Data were aggregated at the day-level, and linear univariate mixed effects models with fixed slopes and varying intercepts were used to determine within-person relationships among minority stress, sleep, and next-day SI intensity.

Results: Mediation analyses were not significant. Interaction models showed that sleep quality significantly moderated the relationship between presence of minority stress (dichotomous variable) on next-day active and passive SI intensity and between level of minority stress exposure (continuous variable) and next-day passive SI intensity. Interaction probing suggested that sleep quality was a protective factor that may disrupt the real-time suicidogenic impact of minority stress.

Conclusions: Smartphone-based EMA is effective in capturing fluctuations in minority stress, sleep, and SI intensity in LGBTQ+ youth. Clinical providers should consider sleep quality and ways to increase it when working with high-risk LGBTQ+ youth facing minority stress.