

variables involved in the analysis. The descriptive statistics were calculated for the total sample and when categorized by the sexual identity of participants. Table 1 below includes the descriptive statistics:

The inspection of table 1 reveals that heterosexuals have both, on average (49,96) and median terms (45,50), more negative attitudes towards people with same-gender attraction than their non-heterosexual counterparts. However, since the maximum score on the scale is 100, almost half of the participants seem to have positive attitudes towards LGB. When it comes to mental health, non-heterosexual participants have more depression symptoms, higher suicidality risk and perceived stress than heterosexual participants. As regards internalized homophobia and gay-related stressful events, bisexual participants seem to experience lower levels of internalized homophobia, but higher levels of gay-related stressful events.

Factors Affecting Depression and Suicidality

Non-Parametric Test: Both depression ($p=0,001$) and suicidality ($p<.001$) are not normally distributed according to the results of the Kolmogorov-Smirnov test. Hence, non-parametric tests were required to examine the effect of socio-demographic data and sexual orientation on depression

and suicidality. Two types of tests were performed. The independent median test checks the equality of medians across different groups and the Mann-Whitney U-test/Kruskal-Wallis test checks the similarity of distributions across different groups. To begin with gender, the independent median test ($p=0,051$) and the Kruskal-Wallis test ($p=0,073$) suggested no significant difference in depression among different gender groups. However, there is a significant difference according to both the independent median test ($p=0,043$) and the Kruskal-Wallis test ($p=0,019$) in the variable of suicidality. Based on the pairwise comparisons performed after the tests, median suicidality risk is significantly different between women and men ($p=0,018$) and between women and transgender ($p=0,036$). Specifically, women had a lower risk of suicidality than men and transgender. The distribution of suicidality is significantly different between women and transgender ($p=0,007$) and between men and transgender ($p=0,045$). Moving to the participants' educational background, both the independent median test ($p=0,010$) and the Kruskal-Wallis test ($p=0,008$) concluded that there is a significant difference in suicidality levels across different groups. However, again based on the independent median test ($p=0,340$) and the Kruskal-Wallis test ($p=0,200$) results, such a difference is not reported for depression levels. Pairwise comparisons for

Table 1: Descriptive Statistics.

Attitudes Towards Homosexual Women and Men							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
30	31,28 (9,21)	30	36,36 (19,12)	45,5	49,96 (25,76)	32	39,79 (20,84)
Depression							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
16	18,28 (10,80)	14	18,82 (9,35)	5	7,17 (5,86)	16	18,38 (10,49)
Suicidality							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
23	23,19 (3,69)	25	25,09 (4,44)	20	20,67 (2,23)	23	23,52 (3,85)
Perceived Stress							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
30	31,74 (7,61)	33	32,09 (8,89)	24	24,13 (6,13)	30,5	31,80 (7,77)
Internalized Homophobia							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
127	138,83 (42,17)	113	130,73 (57,17)	-	-	126,5	137,44 (44,68)
Gay-Related Stressful Events							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
6	5,19 (3,90)	7	6,36 (4,57)	-	-	6	5,39 (4,01)

differences in suicidality median levels showed a significant difference between the participants who have a university's degree and those who have a master's degree ($p=0,002$) and between those who have a master's degree and those who have completed junior high school ($p=0,049$). Specifically, participants with a master's degree have a higher suicidality risk than those with a university degree, but a lower suicidality risk than those who have completed junior high school. Moreover, there is a significant difference in the distribution of suicidality between Ph. D holders and those who have completed junior high school ($p=0,024$), and between participants with a university degree and participants with a master's degree ($p=0,005$). Accordingly, the distribution of suicidality is also significantly different between participants with a university's degree and those who have completed junior high school ($p=0,013$), between those who have completed senior high school and participants with a master's degree ($p=0,030$) and between those who have completed senior high school and junior high school ($p=0,022$). Based on the results of independent median tests and Kruskal-Wallis tests, sexual orientation affects both depression and suicidality ($p<.001$ in all cases). Pairwise comparisons showed that there is a significant difference in median levels of depression between heterosexuals and bisexuals ($p<.001$) and between heterosexuals and people with same-sex attraction ($p<.001$). The same applies to the pairwise comparisons performed after the Kruskal-Wallis test ($p<.001$ in all cases). Individuals with same-sex attraction have the highest level of depression, followed by bisexuals.

Concerning suicidality, pairwise comparisons showed a significant difference in median levels between heterosexuals and bisexuals ($p=0,007$) and between heterosexuals and people with same-sex attraction ($p=0,005$). In addition, there is also a significant difference in the distribution of suicidality between heterosexuals and bisexuals ($p<.001$) and

between heterosexuals and people with same-sex attraction ($p=0,001$). When depression and suicidality levels were compared between the two groups of heterosexuals and LGB individuals, the independent median test showed a significant difference in medians for both variables ($p<.001$ in both cases). Specifically, LGB individuals have higher depression and suicidality levels than heterosexuals. Mann-Whitney's U-test which tests for differences in distribution, showed a significant difference in the distribution for both depression and suicidality across the two sexual orientation groups ($p<.001$ in both cases). Regarding the effect of nationality, the independent median tests' results suggested no significant difference in depression ($p=0,578$) and suicidality ($p=0,198$) levels. Kruskal-Wallis tests also concluded that nationality does not affect the distribution of depression ($p=0,602$) and suicidality ($p=0,072$). In the same vein, depression ($p=0,141$) and suicidality ($p=0,779$) were not affected by marital status according to the independent median test. The Kruskal-Wallis test corroborates the above-mentioned finding for depression ($p=0,331$) and suicidality ($p=0,883$). Accordingly, depression ($p=0,853$) and suicidality ($p=0,441$) were not affected by area of residency based on the independent median test. The Kruskal-Wallis test validates the above-mentioned finding for both depression ($p=0,439$) and suicidality ($p=0,633$). Finally, depression ($p=0,076$) and suicidality ($p=0,098$) were not affected by religious according to the independent median test. The Kruskal-Wallis test also did not find a significant difference for both depression ($p=0,167$) and suicidality ($p=0,070$).

Correlations: Pearson's correlation coefficient was calculated to study the relationship between depression, suicidality and the rest continuous variables, i.e. attitudes towards LGB, internalized homophobia, gay-related stress and age of participants. Beginning with age, there is a negative and significant correlation between age and depression ($r=-0,300, p=0,001$). The correlation between age and suicidality is not significant ($p=0,483$). Depression ($r=-0,21, p=0,024$) and suicidality ($r=-0,26, p=0,006$) are negatively related to attitudes, suggesting that higher levels of depression and suicidality are related to more positive attitudes towards LGB. There is positive correlation between depression ($r=0,66, p<.001$) and suicidality ($r=0,32, p=0,01$) with internalized homophobia. Finally, there is a positive correlation between depression and gay-related stress ($r=0,54, p<.001$).

Regressions: The final step was to perform multiple linear regressions to assess the role of sexual orientation and gay-related stress in depression and suicidality. Regressions were performed for the total sample and the LGB participants separately. Internalized homophobia and gay-related stress were involved only in the regression for the LGB participants. Perceived stress was used as an explanatory variable in the regression for the total sample. Table 3 below presents the multiple linear regressions for the total sample:

Table 2: Correlations.

Correlations			
		Depression	Suicidality
ATLG	Pearson Correlation	-,213*	-,258**
	Sig. (2-tailed)	0,024	0,006
	N	112	112
Internalized homophobia	Pearson Correlation	,664**	,318*
	Sig. (2-tailed)	0	0,01
	N	64	64
Gay-related stress	Pearson Correlation	,538**	0,22
	Sig. (2-tailed)	0	0,081
	N	64	64

**significant at 5% significance level * significant at 10% significance level.

Table 3: Multiple linear regressions for the total sample.

	Depression				Suicidality			
	β	t	p	Adj. R ²	β	t	p	Adj. R ²
Constant term	14,423	1,256	0,212		28,237***	6,089	0,000	
Age	-0,148*	-1,773	0,080		0,002	0,056	0,955	
Gender _{woman}	-3,136**	-2,205	0,030		-0,520	-0,906	0,367	
Gender _{transgender}	-4,968	-1,236	0,220		-0,082	-0,051	0,960	
Nationality _{Greek}	-9,820	-1,231	0,222		-9,598***	-2,979	0,004	
Nationality _{Albanian}	-7,676	-0,928	0,356		-7,713**	-2,308	0,023	
Marital Status _{not married}	-1,586	-0,722	0,472		-0,333	-0,375	0,709	
Marital Status _{married}	1,854	0,873	0,385		1,225	1,428	0,157	
Educational Level _{junior high school}	4,627	0,663	0,509		5,153*	1,827	0,071	
Educational Level _{senior high school}	1,420	0,407	0,685		0,638	0,453	0,651	
Educational Level _{university}	0,689	0,202	0,841		0,407	0,295	0,769	
Educational Level _{master}	2,134	0,600	0,550		2,327	1,621	0,109	
Residency _{village}	-2,736	-0,929	0,355		-1,075	-0,904	0,368	
Residency _{small city}	-0,040	-0,025	0,980		0,403	0,631	0,530	
Religion _{Christian}	-8,513*	-1,798	0,076		-0,804	-0,421	0,675	
Religion _{Protestant}	-6,065	-0,765	0,446		2,202	0,688	0,494	
Religion _{Atheist}	-7,492	-1,564	0,121		-0,847	-0,438	0,662	
Religion _{Not religious}	-1,233	-0,182	0,856		6,684**	2,440	0,017	
Religion _{Agnostic}	-7,438	-0,895	0,373		-0,095	-0,028	0,977	
Sexual Identity _{homosexual}	-0,460	-0,179	0,858		-0,291	-0,281	0,779	
Sexual Identity _{heterosexual}	-4,446	-1,659	0,101		-1,100	-1,016	0,312	
ATLG	0,027	0,750	0,455		-0,025*	-1,728	0,087	
Perceived Stress	0,838***	8,457	0,000	0,634	0,162***	4,051	0,000	0,473

*** significant at 1% significance level **significant at 5% significance level * significant at 10% significance level

The multiple linear regression with depression as a dependent variable is overall statistically significant [F(22,110) = 9,67, $p < .001$]. The model explains 64% of the variability of depression. Women ($\beta = -3,14$, $p = 0,040$), older participants ($\beta = -0,15$, $p = 0,080$) and Christian Orthodox participants ($\beta = -8,51$, $p = 0,076$) seem to have lower depression levels. Higher perceived stress levels are associated with higher depression levels ($\beta = 0,84$, $p < .001$). The regression with suicidality as a dependent variable is also overall statistically significant [F(22,110) = 5,49, $p < .001$], and the model explains 47% of the variability of suicidality. Greek ($\beta = -9,59$, $p = 0,004$) and Albanian participants ($\beta = -7,71$, $p = 0,023$) have a lower risk of suicide. Furthermore, participants who have completed junior high school ($\beta = 5,15$, $p = 0,071$) and not religious participants ($\beta = 6,68$, $p = 0,017$) have a higher risk of suicide. More negative attitudes towards LGB are related to a lower suicide risk ($\beta = -0,025$, $p = 0,087$), while higher perceived stress levels also indicate a higher suicide risk ($\beta = 0,16$, $p < .001$). The table below involves the regressions for the LGB sample:

The regression with depression as a dependent variable is overall statistically significant [F(22,63) = 6,14, $p < .001$], and the model explains 64% of the variability of depression. Women ($\beta = -7,06$, $p = 0,020$), Christian Orthodox ($\beta = -12,26$, $p = 0,095$) and atheists ($\beta = -11,77$, $p = 0,096$) have lower depression levels. Participants in a relationship have higher depression levels ($\beta = 9,99$, $p = 0,015$). Higher internalized homophobia is related to higher depression ($\beta = 0,11$, $p = 0,013$), while the same applies to gay-related stress ($\beta = 1,05$, $p = 0,014$). As regards the regression with dependent variable suicidality, it is overall statistically significant [F(22,63) = 3,69, $p < .001$]. The model explains 48% of suicidality's variability. Participants in a relationship ($\beta = 4,21$, $p = 0,019$), those who have completed junior high school ($\beta = 9,15$, $p = 0,015$) and who have a master's degree ($\beta = 4,40$, $p = 0,025$) have a higher risk of suicide. Higher internalized homophobia is also related to a higher risk of suicide ($\beta = 0,06$, $p = 0,001$).

Table 4: Multiple linear regressions for the sample of LGB.

	Depression				Suicidality			
	β	t	p	Adj. R ²	B	t	p	Adj. R ²
Constant term	20,955	1,148	0,258		23,854***	2,965	0,005	
Gender _{woman}	-7,063**	-2,415	0,020		0,283	0,219	0,828	
Gender _{transgender}	-4,816	-0,645	0,522		4,606	1,400	0,169	
Nationality _{Greek}	-14,216	-1,078	0,287		-7,405	-1,273	0,210	
Nationality _{Albanian}	-20,132	-1,622	0,112		-7,411	-1,355	0,183	
Marital Status _{not married}	2,730	0,746	0,460		0,632	0,392	0,697	
Marital Status _{married}	9,991**	2,546	0,015		4,210**	2,434	0,019	
Educational Level _{junior high school}	10,507	1,283	0,207		9,148**	2,535	0,015	
Educational Level _{senior high school}	1,282	0,283	0,779		1,012	0,506	0,615	
Educational Level _{university}	2,044	0,453	0,653		1,472	0,740	0,463	
Educational Level _{master}	2,182	0,509	0,613		4,396**	2,327	0,025	
Residency _{village}	1,972	0,436	0,665		-0,114	-0,057	0,955	
Residency _{small city}	-0,420	-0,172	0,864		-0,351	-0,327	0,745	
Religion _{Christian}	-12,263*	-1,711	0,095		-0,838	-0,265	0,792	
Religion _{Protestant}	-3,920	-0,406	0,687		3,975	0,933	0,356	
Religion _{Atheist}	-11,772*	-1,706	0,096		-1,312	-0,431	0,668	
Religion _{Not religious}	-1,689	-0,185	0,854		4,780	1,187	0,242	
Religion _{Agnostic}	-11,791	-1,139	0,261		-1,395	-0,306	0,762	
Sexual Identity _{homosexual}	0,020	0,006	0,995		0,454	0,325	0,746	
Age	-0,121	-0,954	0,346		-0,065	-1,165	0,251	
ATLG	0,114	0,795	0,431		-0,077	-1,216	0,231	
Internalized Homophobia	0,105**	2,612	0,013		0,063***	3,592	0,001	
Gay-Related Stress	1,049**	2,578	0,014	0,642	-0,070	-0,388	0,700	0,484

*** significant at 1% significance level **significant at 5% significance level * significant at 10% significance level.

Discussion

The results from the empirical analysis and specifically from the non-parametric tests showed that sexual orientation affects both depression and suicidality levels. Participants with same-gender attraction have the highest median depression and suicidality levels. The latter is consistent with previous findings that suggest that sexual minorities are more likely to develop mental disorders and depression compared to heterosexuals [12-16] and the studies which found that suicidal ideation and suicide attempts are more frequent in sexual minorities [3,18,19,13]. The findings contrast those that concluded that bisexuals experience higher depression [13,25-30] and suicide risk levels compared to both people with same-sex attraction and heterosexuals [13,28,31-36]. The findings of the empirical research are in line with the strand of literature that supports that people with same-sex attraction are at a higher risk of depression [37,38,25,28,29,30] and have more suicidal thoughts than heterosexuals [28,31-36]. The results from the regressions for the total sample did not find sexual orientation as a significant predictor of

depression and suicidality. However, in the LGB sample, gay-related stress seems to increase the risk of depression and suicide, corroborating the few previous studies that examined the role of gay-related stress in depression [42-45] and suicidality [46]. As previous papers indicated, the involvement of demographic characteristics in the models led to the conclusion that different groups are subject to different discrimination levels and hence experience higher levels of depression and suicide risk [23,24].

Conclusion

The non-parametric tests showed that several socio-demographic variables affect depression and suicidality levels. Those are gender, educational background and sexual orientation. People with same-gender attraction reported the highest levels of depression and suicidality, followed by bisexuals. Based on the results from correlations, older participants have lower depression levels. Furthermore, higher depression and suicidality are related to more positive attitudes towards LGB. In addition, higher internalized

homophobia levels are linked to higher depression levels and suicide risk. Finally, gay-related stress is associated with higher levels of depression but not suicidality. The results from the multiple linear regressions for the total sample showed that women, older and Christian Orthodox participants have lower depression levels. Higher perceived stress levels are associated with higher depression levels. Greek and Albanian participants have a lower risk of suicide. Additionally, participants who have completed junior high school and not religious participants have a higher risk of suicide. More negative attitudes towards LGB are related to lower suicide risk, while higher perceived stress levels also indicate higher suicide risk. Women, Christian Orthodox and atheists have lower depression levels for the LGB sample. Participants in a relationship have higher depression levels. Higher internalized homophobia is related to higher depression, while the same applies to gay-related stress. Participants in a relationship, those who have completed junior high school and those who have a master's degree, have a higher risk of suicide. Higher internalized homophobia levels are also related to a higher risk of suicide. The most important limitation of the research is that questionnaires were only distributed online. Hence, only those willing to participate in the research were included in the final sample. The latter led to a convenient sample that did not represent the population under examination. Therefore, the results cannot be generalized to the Greek population. Furthermore, although gay-related stress was found here to be a significant predictor of depression of LGB, the reason this relationship is observed is not clear. Perhaps semi-structured interviews would have helped in examining this relationship in depth. It would be interesting in the future to compare the predictors of depression and suicidality separately for heterosexuals and separately for the LGB participants. Such research could also assess the role of sexual orientation and sexual orientation-related stress in depression and suicidality. Additionally, mixed research can assist in understanding how gay-related stress is associated with depression and suicidality. However, as few types of research exist that involve the role of gay-related stress, more research is needed in this area in Greece.

Declaration

Ethics approval and consent to participate,

Consent for publication,

Availability of data and materials

Non Declaration

Competing interests,

Funding,

Authors' contributions,

Acknowledgements

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