

Call to action: LGBTQ+ focused mental health research strategy

1

Call to Action: The Need for an LGBTQ+ Focused Mental Health Research Strategy as a
Result of the COVID19 Pandemic

Paul Gorczynski^{1*} & Fabio Fasoli²

¹ School of Sport, Health and Exercise Science, University of Portsmouth

² School of Psychology, University of Surrey

Author Note

Correspondence concerning this article should be addressed to Paul Gorczynski, School of Sport, Health and Exercise Science, Faculty of Science and Health, University of Portsmouth

Email: paul.gorczynski@port.ac.uk

Call to Action: The Need for an LGBTQ+ Focused Mental Health Research Strategy as a
Result of the COVID19 Pandemic

Several researchers and health organizations have evidenced that health research disparities exist between lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) populations and heterosexuals.¹⁻³ Such research gaps have contributed to a health knowledge deficit for LGBTQ+ populations and resulted in limited evidence-based interventions that address the many health inequities that disproportionately affect these populations across the lifespan.¹ Evidence points to LGBTQ+ populations experiencing greater rates of chronic disease (e.g., diabetes, coronary heart disease, certain forms of cancer), social health problems (e.g., violence, discrimination, exclusion, loneliness), and mental health symptoms and disorders (e.g., depression, anxiety, substance use, suicide).¹⁻⁴ Despite calls for the inclusion of sexual and gender identity being collected as part of demographic information in health research and the creation of LGBTQ+ focused health interventions,¹⁻³ such calls have not been fully addressed.

As we move toward a collaborative and multidisciplinary research approach in response to COVID19, it is vital that mental health researchers adopt a health equity model where the mental health needs of LGBTQ+ people are addressed so that health services can be structured to ensure their wellbeing.⁵ Such research is vital and desperately needed. Further omission of LGBTQ+ people, especially during the pandemic, will only contribute to an already significant deficit of health knowledge and health services.

Given the limited research pertaining to the mental health inequities experienced by LGBTQ+ people, several strategies need to be taken to address the mental health symptoms and disorders experienced by this population as a result of the COVID19 pandemic. Most importantly, invisibility of mental health research pertaining to LGBTQ+ people must be

acknowledged.¹⁻³ This can be done in three ways: 1) researchers need to design collaborative and participatory research agendas that are inclusive of LGBTQ+ people, 2) collect demographic data pertaining to sexual and gender identity; and 3) collect other essential demographic data to allow for meaningful comparative data analysis along lines of diversity and intersectionality, including race and ethnicity, (dis)ability, age, income, class, and geography.

This three-pronged approach will ensure inclusion in the research process and the collection of necessary data that will usher in the creation of large comparative data sets, from both qualitative and quantitative research projects. Only through inclusive research agendas can we identify necessary individual, environmental, and social determinants of health, and structure effective mental health interventions for LGBTQ+ people that are rooted in evidence, supported by government policy, and funded appropriately.

Declaration of interest:

Dr. Gorczynski has nothing to disclose.

Dr. Fasoli has nothing to disclose.

References:

1. Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press; 2011. Available from <https://www.ncbi.nlm.nih.gov/books/NBK64806/>
2. Gorczynski PF, Brittain DR. Call to Action: The need for an LGBT-focused physical activity research strategy. *Am J Prev Med*. 2016;51(4):527-530. doi:10.1016/j.amepre.2016.03.022
3. Westwood S, Willis PB, Fish J, Hafford-Letchfield T, Semlyen J, King A, et al. Older LGBT+ Health Inequalities in the United Kingdom: setting a research agenda. *J Epi Comm Health*. 2020;74:408-411. [doi:10.1136/jech-2019-213068](https://doi.org/10.1136/jech-2019-213068)
4. Russell ST, Fish JN. Mental health in Lesbian, Gay, Bisexual, and Transgender (LGBT) youth. *Annu Rev Clin Psychol*. 2016;12:465-487. doi:10.1146/annurev-clinpsy-021815-093153
5. Fredriksen-Goldsen KI, Simoni JM, Kim H-J, Lehavot K, Walters KL, Yang J, et al. The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *Am J Orthopsychiatry*. 2014;84:653-63.