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LGBTQI+ mental health during the pandemic

My name is Paul Gorczynski. I am a psychologist who conducts research relating to various topics including mental health and sport and exercise psychology. My work extends to mental health service delivery policy for LBGTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, plus) people and I currently serve as a Parliamentary Fellow with the Women and Equalities Select Committee in UK Parliament.

During the early weeks and months of the pandemic, I found myself engaged in thoughts about meaningful connections: what did it mean to be connected to someone? What did it mean to not feel that? In a sense, what did it feel like to be lonely?

Loneliness can be described as an emotional state, one where individuals feel dissatisfied that their social needs are not being met by desired qualities and quantities of social interaction. These feelings of dissatisfaction, or loneliness, can be temporary and situational, or they can be chronic and last a very long time. Loneliness can lead to a variety of mental health symptoms and disorders.

In the spring of 2020, many of us found ourselves disconnected from others. Closures and lockdowns meant that we could not see our friends or family, and socialising was highly restricted, limited in size, and often kept to brisk walks. As many of us may remember, benches were off-limits. During that time, I was fortunate enough to live close by to my dear friend, Fabio Fasoli, a lecturer of social psychology at the University of Surrey.

Walk and talk

As we looped our neighbourhood in south London, we often found ourselves lost in conversation about connection and what it meant for overall mental health. In particular, as gay men, we were concerned about the mental health of other LGBTQI+ people. News reports of LGBTQI+ people being trapped in hostile home environments; experiencing homophobia, biphobia, and transphobia; as well as mental health symptoms and disorders were beginning to emerge. However, as we read newly released scientific literature on mental health at that time we noticed an unsettling trend: that limited demographic data was being collected and disseminated about sexuality and gender identity in relation to mental health.

This was a problem for a number of reasons. An absence of data meant that communities that have traditionally been marginalised and excluded from the research process were still being ignored and left out. Research prior to the pandemic had demonstrated that LGBTQI+ individuals experienced high rates of mental health symptoms and disorders, and that mental health services were not well designed or equipped to help these individuals. Limited data collection during the pandemic would not address mental health service challenges for LGBTQI+ people.

An LGBTQI+ focused mental health research strategy

So, we decided to act. On one of our walks we laid out a call-to-action to researchers of mental health: an LGBTQI+ focused mental health research strategy in response to COVID-19. Here we called for a participatory, collaborative, and multidisciplinary response to COVID-19. This response was rooted in equity, so that the mental health needs of LGBTQI+ people were better understood and took into account individual, environmental, and social determinants of health. Ultimately, we wanted to help lay the path to a culturally competent design of policies and mental health services. We also wanted to help end the invisibility of LGBTQI+ people in mental health-related research.

Explorations of loneliness

In addition to this call-to-action, we also embarked on another exploration: that of loneliness amongst sexual minority individuals.

Research prior to the pandemic had shown that amongst those who identified as sexual minorities, loneliness ranged from 13 to 35%. Specifically, we wanted to examine levels of loneliness amongst sexual minorities in comparison to those who identified as heterosexual.

Part of our research focus was to demonstrate a real need to take loneliness seriously, especially in relation to other mental health symptoms and disorders. We also wanted to help start a dialogue on future research and clinical practice to address loneliness amongst LGBTQI+ people. We believed that our research could meaningfully lay the groundwork for the exploration of enabling environments that could help foster feelings of safety and social connectedness. Our findings showed that sexual minority individuals experienced higher rates of loneliness in comparison to those who identify as heterosexual.

Overall, these projects have spurred me on to try to help influence national policy and future mental healthcare services for LGBTQI+ people in the UK. Today, through a Parliamentary Office of Science and Technology Fellowship, I work with the Women and Equalities Select Committee in the UK Parliament on research that concerns the mental health needs of the LGBTQI+ community in the UK in relation to the pandemic. A prominent focus of my work is the exploration of connectedness and loneliness amongst LGBTQI+ people. Findings related to this project will be made available later this year.

Connect with your community

Now, two years into this pandemic, I find myself still thinking about meaningful connections. Thoughts of friends, family, and the broader communities that I am a part of occupy a great deal of my time.

This February, as we celebrate LGBTQI+ history month, I would encourage everyone to connect, in whatever way you feel comfortable (and, of course, in accordance with required public health practice and policy).

Connect with friends, family, and your communities. Embrace them.

In London, there's also plenty of community programming helping us celebrate this important month and helping us to see people and places we may not have seen in a very long time. For instance, my local council, Lambeth, has a lovely LGBTQI+ history month programme that creates space for important discussions of history, art, literature, film, health, and community building. Check it out!