



Mental health and well-being of LGBTQ+ people during the COVID-19 pandemic

Gaia Sampogna, Antonio Ventriglio, Matteo Di Vincenzo, Valeria Del Vecchio, Vincenzo Giallonardo, Valeria Bianchini & Andrea Fiorillo

To cite this article: Gaia Sampogna, Antonio Ventriglio, Matteo Di Vincenzo, Valeria Del Vecchio, Vincenzo Giallonardo, Valeria Bianchini & Andrea Fiorillo (2021): Mental health and well-being of LGBTQ+ people during the COVID-19 pandemic, International Review of Psychiatry, DOI: [10.1080/09540261.2021.2019686](https://doi.org/10.1080/09540261.2021.2019686)

To link to this article: <https://doi.org/10.1080/09540261.2021.2019686>



Published online: 30 Dec 2021.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

REVIEW



Mental health and well-being of LGBTQ+ people during the COVID-19 pandemic

Gaia Sampogna^a, Antonio Ventriglio^b, Matteo Di Vincenzo^a, Valeria Del Vecchio^a, Vincenzo Giallonardo^a, Valeria Bianchini^c and Andrea Fiorillo^a

^aDepartment of Psychiatry, University of Campania Luigi Vanvitelli, Largo Madonna delle Grazie, Naples, Italy; ^bDepartment of Clinical and Experimental Medicine, University of Foggia, Foggia, Italy; ^cDepartment of Life, Health and Environmental Sciences, Psychiatric Unit: Trattamenti Riabilitativi Psicosociali, Interventi Precoci, TRIP, Psychosocial Rehabilitation Treatment, Early Interventions University Unit, University of L'Aquila, L'Aquila, Italy

ABSTRACT

The COVID-19 pandemic has had a profound negative impact on the mental health of the general population. The COVID-19 pandemic and its related containment measures have increased structural disadvantages faced by marginalized communities, such as LGBTQ+ people. LGBTQ+ is an acronym used to identify lesbian, gay, bisexual, transgender and queer people plus all community members using different terms to describe their sexual orientation or gender identity. It is likely that the COVID-19 pandemic has exposed them to increased minority stress, which can also affect their physical health. Since the beginning of the pandemic, the few available studies on the mental health of LGBTQ+ have reported frequent worries about the future, negative emotions, and feelings of uncertainty. Moreover, they have faced further difficulties such as undertaking hormone therapy, accessing to health facilities or living with family members not accepting their condition. The COVID-19 pandemic has added a significant burden to the well-being of LGBTQ+ people, and therefore there is the need to provide them with dedicated supportive interventions in order to promote the early detection of mental health problems or of full-blown mental disorders.

ARTICLE HISTORY

Received 14 December 2021
Accepted 14 December 2021

KEYWORDS

Minority stress; LGBTQ+; trauma; pandemic; discrimination

Background

The COVID-19 pandemic has had a profound negative impact on the mental health of the general population (Kaufman et al., 2020; Marazziti & Stahl, 2020; Twenge & Joiner, 2020; Unützer et al., 2020). The pandemic can be considered a new type of traumatic event, being unexpected, causing a severe disruption of daily routine life (Sanchez-Gomez et al., 2021) due to the containment measures issued worldwide for reducing the spread of the disease.

The pandemic has affected the mental and physical health of the general population at any age and everywhere in the world (Ghebreyesus, 2020; Unützer et al., 2020), in terms of high levels of distress (Li et al., 2020; Tyrer, 2020) and of post-traumatic reactions (Morina & Sterr, 2019), social isolation with suicidal ideation (McIntyre & Lee, 2020; Rooksby et al., 2020; Wasserman et al., 2020), depressive, anxiety and sleep symptoms (Karatzias et al., 2020; Krystal et al., 2019; McCracken et al., 2020; Solomou &

Constantinidou, 2020). In particular, traumatic stress reactions, including intrusive re-experiencing and heightened arousal, are frequent (Bridgland et al., 2021) and may be due to its direct threats to important life resources, such as safety, health, income (Hodgkin et al., 2020), work, housing, and social support (Knapp & Wong, 2020). Furthermore, these traumatic reactions may be worsened by the indirect exposure to the pandemic, e.g., via mass-media coverage and the phenomenon of infodemic (Rovetta & Bhagavathula, 2020); by the psychosocial consequences of the pandemic, in terms of unemployment, isolation (Kato et al., 2020), non-sudden illness/death (Elbogen et al., 2021; Green et al., 2020; Wang et al., 2021); and by the lack of clear and reliable therapeutic guidelines for the management of the COVID-19 infection (Patrucco et al., 2021).

The consequences on mental health vary on the basis of the different target population, such as healthcare professionals, people infected by the COVID-19, people living with disabilities or affected

by chronic physical and mental disorders (Li et al., 2020), and special population, such as pregnant women (Brown, 2020; Chandra & Nanjundaswamy, 2020; Glover, 2020; Kinser et al., 2021), elderly (Miklitz et al., 2021), young people (Duarte et al., 2020; Magson et al., 2021; Squeglia, 2020) or minority groups, such as migrants and sexual and gender minorities. The term ‘sexual minorities’ refers to individuals who identify themselves as lesbian, gay, bisexual, or any other non-heterosexual identity, whereas the term ‘gender minority’ refers to individuals who have gender identities not associated with their birth sex (Mayer et al., 2008). Self-identification of gender can be nonbinary, with some individuals experiencing a gender identity that is outside the categories of man or woman. Sexual and gender minorities may include LGBTQ+ people. LGBTQ+ is an acronym for lesbian, gay, bisexual, transgender and queer people plus community members who use different terms to describe their sexual orientation or gender identity. LGBTQ+ people have specific health, personal and economic needs, which are expected to have been severely impacted by the pandemic.

The health needs of the LGBTQ+ population differ from those of heterosexual individuals due to considerable higher levels of stress experienced by LGBTQ+ individuals for being exposed to the so-called ‘minority stress’. In fact, LGBTQ+ people experience stress stemming from experiences of stigma and discrimination, which in turn places them at risk for a number of negative physical and mental health outcomes. LGBTQ+ people experience forms of minority stress in terms of discrimination, expectation of rejection and prejudice, internalized homophobia and identity concealment (Frost et al., 2015; McConnell et al., 2018). Compared to the general population, LGBTQ+ people are significantly more likely to report depression, anxiety, and substance use and a reduced level of social and family support (Baams, 2018). The suicide risk in LGBTQ+ individuals is 6-times higher than the general population. The levels of minority stressors positively predict mental health outcomes, therefore increased discriminating attitudes may lead to increased minority stress, favouring the incidence of mental health problems (Mattei et al., 2021). Therefore, LGBTQ+ individuals, belonging to a minority group with high levels of minority stress, are exposed to a heightened risk of developing mental disorders and may face disproportionate COVID-19-related mental health issues.

The COVID-19 pandemic might cause mental health problems and increasing discriminating

attitudes towards LGBT individuals. In fact, Mattei et al. (2021) found that increased unemployment is associated with increased discrimination towards both homosexual and transgender individuals.

Compared to the high number of studies on the effects of the pandemic on the mental health and well-being of the general population, research on the impact of the pandemic on LGBTQ+ population has been relatively scarce (McGowan et al., 2021), despite the well-known pre-existing health inequalities in this group. Moreover, available data from LGBTQ+ population has been mostly collected by sector charities. In fact, McGowan et al. (2021) reported that in the UK no research is available on incidence, symptom severity, hospitalization, or death rates in LGBTQ+ population. The lack of research on this special population is of significant concern, when considering pre-existing health inequalities between LGBT and heterosexual/cisgender populations.

In this paper, we aim to review and describe the impact of the COVID-19 pandemic on the mental health of LGBTQ+ population, with a special focus on adolescents and young LGBTQ+ people and on elderly LGBTQ+ people, representing ultra-high-risk populations for mental health problems. We will also discuss the research and clinical practice implications for LGBTQ+ people.

Impact of the pandemic on the mental health of LGBTQ+ people

Compared to the general population, LGBTQ+ people report a poorer general health (Westwood et al., 2021) due to the minority stress (Frost et al., 2015), the cumulative effects of lifelong exposure to prejudice and discrimination, and the increased health risk behaviours linked to stress adaptation. In Hong Kong and India, LGBTQ+ individuals reported increased levels of depression and anxiety related to both COVID-19 and to specific LGBTQ+ -related stressors (Sharma & Subramanyam, 2020; Suen et al., 2020). Similarly, a global sample of men who have sex with men demonstrated elevated depression and anxiety symptoms related to COVID-19 impact on accessing HIV care (Santos et al., 2020).

LGBTQ+ individuals report a worsening of their own mental health, in terms of high levels of depressive and anxiety symptoms, hostility, hopelessness and negative changes in psychological well-being compared to the general population (Mirabella et al., 2021). LGBTQ+ population is likely to suffer from minority stress, including both distal stressors (i.e.,

prejudice or discrimination events or conditions) and proximal stressors (i.e., concealment of sexual orientation, and internalization of societal stigma), generating high levels of personal burden. In particular, in Brazil, Torres et al promoted a population-based cross-sectional online study of LGBT+ individuals, aged 18 years or older, living in one of the five geographical regions of Brazil, named 'the Brazilian LGBT+ Health Survey'. The survey aimed to evaluate health-related measures (i.e. diseases, behaviours, health care access, and experiences with health care), sexuality, perception of internal stigma and social oppression, violence, perceived discrimination in everyday life (e.g. being treated with less courtesy or respect, receiving poorer service at restaurants or stores, receiving poorer service from doctors or hospitals, people acting as if you were not clever, people acting as if they were afraid of you, and being threatened or harassed), levels of loneliness and social network (Torres et al., 2021). Authors found that LGBTQ+ people faced a worsened discrimination in accessing health services, which represents a significant barrier to achieving better mental health and health-related behaviours. A similar survey carried out in Italy (Mirabella et al., 2021) found several difficulties during the COVID-19 pandemic in terms of mental, physical, and social well-being as well as certain difficulties related to access to health facilities in LGBTQ+.

During the first phase of the lockdown, the national containment measures including physical distancing and stay-at-home orders caused loss of social support and increased social media use, which has a significant negative impact on the mental health of LGBTQ+ people. The worsening of mental health status has been confirmed by the increasing rate of alcohol consumption and tobacco use in this population after the first three months of the pandemic (Torres et al., 2021).

Contrary to the general population, LGBTQ+ individuals living with family members during the lockdown reported higher levels of depressive and anxiety symptoms, confirming the fact that inside the households, they experience body-shaming, misgendering, and discrimination from parents and relatives. In fact, households can represent an unsafe environment for transgender individuals (Mirabella et al., 2021). These findings confirm the need to promote peer-to-peer initiatives for the LGBTQ+ communities in response to the emergency, since the increased connectedness among LGBT communities represents a predictor of well-being (Stanton et al., 2017).

Finally, LGBTQ+ individuals drastically reduced the access to health service, probably due to the logistic difficulties during the acute phase of the pandemic, but also due to the poor inclusivity approach of healthcare professionals. Therefore, healthcare professionals should be adequately trained and informed on the specific health demands of the LGBT population in order to increase their access to healthcare services.

Impact of the pandemic on the mental health of young LGBTQ+ people

Although the detrimental effects of the pandemic are affecting the general population at any age, it is expected that the most severe and protracted consequences will be observed in younger populations. In fact, the pandemic is posing multiple challenges to young people, through the disruption of daily educational, academic, professional, social and family life (D'Onofrio & Emery, 2019). In particular, LGBTQ+ youth are simultaneously experiencing universal and identity-specific stressors as a result of the COVID-19 pandemic. Due to the quarantine and containment measures, young people have been confined at home, usually with unsupportive family members and not being able to access supportive resources (Fish et al., 2020). Moreover, the home-based quarantine causes a sudden interruption of the process of socialization and peer-support, which represents an essential element for the mental health of LGBTQ+ adolescents and young people (Gonzales et al., 2020). Therefore, it is critical to understand how the pandemic may be contributing to mental health disparities for LGBTQ+ adolescents and emerging adults.

In a sample of US young LGBTQ+ people, Kamal et al. (2021) found elevated levels of depression and PTSD symptoms, and COVID-19-related worries and grief, confirming previous studies carried out in Hong Kong and India (Santos et al., 2020; Sharma & Subramanyam, 2020; Suen et al., 2020). On the other hand, Mitchell et al. (2021) found that cisgender sexual minority females and gender minority youth were more likely to report that they enjoyed not having the social pressure of needing to be with people and liked being at home. In fact, before the pandemic, everyday life and social interactions may have included dealing with peers who are judgmental, discriminating or not accepting non-binary persons. Therefore, being confined at home should have added a 'protective' role on their mental health, alleviating the daily stress. However, this finding warrants additional attention in order to evaluate the long-term impact of the

phenomenon, since it is likely that such ‘positive’ effect is not long-lasting.

Data collected so far on the mental health of young LGBTQ+ people deserve to be carefully considered in order to develop appropriate supportive strategies for them. A possible alternative to provide support is represented by online platforms, which can be easily accessed by young people and can serve as common ground to share their experience during the pandemic (Fish et al., 2020).

Impact of the pandemic on the mental health of elderly LGBTQ+ people

There is limited research on the experience of older LGBTQ+ people during the pandemic (Candrian & Cloyes, 2021). In a qualitative study carried out in the UK, Hafford-Letchfield. et al (2021) found that elderly LGBTQ+ people presented a positive narrative of the pandemic and the lockdown period, describing an increased social kindness and perceived a better social inclusion. In this study, elderly LGBTQ+ individuals described significant and varied practices of caregiving, rising to the challenge of COVID-19 with an explicit demonstration of empathy, insight and reciprocity. One of the most critical aspects for elderly LGBTQ+ people is the lack of social contacts and social interactions during lockdown. In fact, those who were doing well were most likely to be in couple relationship and/or have strong social or personal networks. Being single and living alone is a potential source of loneliness and isolation. It was not being single and living alone per se that was the issue, but the gap between desired and actual social/personal connectedness, as reflected in the concept of ‘loneliness’, which is particularly relevant for older women. Moreover, Westwood et al. (2021) found that being able to adapt to the ‘new’ situation and to engage with online/virtual social networks and activities appeared to be an essential feature for many older lesbians/gay women. However, elderly people reported that virtual contact could not be considered as a valid substitute for in-person contacts. This highlights the significance of age differences within and among older LGBTQ+ people, and in particular the need for policy-makers and service providers to target oldest people for greater help and support in developing and practicing building connections online.

Practical clinical implications and the way forward

Since March 2020, the COVID-19 pandemic has disrupted the lives of people worldwide; schools and

universities have switched on at-distance learning, non-essential businesses closed, and daily life has been completely interrupted. Such sudden disconnection and isolation from family and friends has contributed to higher rates of depression, anxiety, post-traumatic symptoms, suicidal ideations, sleep disorders and loneliness in the general population. Some populations are more vulnerable to the COVID-19 pandemic and its social repercussions, notably racial, ethnic and sexual minority communities (Laurencin & McClinton, 2020). As highlighted in the present paper, LGBTQ+ individuals have reported poorer mental health compared to the general population, in particular when considering adolescents and elderly people.

Therefore, it is necessary to promote innovative and multilevel strategies to adequately support these at high-risk groups. Actions should be promoted at the population level, aiming to reduce the stigma and discrimination against minority communities (Jorm et al., 2019; Sinha et al., 2019). This should be a collective action, aiming to improve knowledge about sexuality, gender diversity and gender fluidity as well as to promote the integration and the inclusion of LGBTQ+ people in the community. Another level of action is that of healthcare system, which is frequently difficult to access for LGBTQ+ people. As witnessed during the first acute phase of the pandemic, LGBTQ+ people have drastically reduced access to healthcare services, with a consequent negative impact on their long-term mental and physical health (Candrian & Cloyes, 2021). The levels of knowledge, and the types of attitudes and behaviours of healthcare professionals play a key role in the process of referral to health services. Therefore, healthcare systems should include friendly settings for sexual minorities, creating welcoming conditions inclusive of LGBTQ+ patients, fostering an environment that supports and nurtures all patients and families, facilitating the disclosure of sexual orientation and gender identity, advancing effective communication, and promoting community involvement and advocacy (Dahlen et al., 2021; Whitley et al., 2019).

A final level of action is represented by international scientific associations, such as the World Psychiatric Association and the European Psychiatric Association, which should promote education, research and clinical practice guidelines related to the management of mental health problems of people from sexual minorities (Stewart & Appelbaum, 2020; Wasserman et al., 2020).

Conclusions

It is likely that the COVID-19 pandemic increases discrimination towards LGBTQ+ individuals and worsens mental health problems in this population groups. Strict monitoring and specific policies are needed to tackle this risk to occur. In addition, attention and advocacy exerted by all mental health professionals aware of their social responsibility are needed to reduce inequalities and discriminating attitudes within the society.

Disclosure statement

No potential conflict of interest was reported by the author(s).

References

- Bridgland, V. M. E., Moeck, E. K., Green, D. M., Swain, T. L., Nayda, D. M., Matson, L. A., Hutchison, N. P., & Takarangi, M. K. T. (2021). Why the COVID-19 pandemic is a traumatic stressor. *PLoS One*, *16*(1), e0240146. <https://doi.org/10.1371/journal.pone.0240146>
- Baams, L. (2018). Disparities for LGBT Q and gender non-conforming adolescents. *Pediatrics*, *141*(5), e20173004.
- Brown, S. (2020). Perinatal mental health and the COVID-19 pandemic. *World Psychiatry*, *19*(3), 333–334. <https://doi.org/10.1002/wps.20779>
- Bryant, R. A. (2019). Post-traumatic stress disorder: A state-of-the-art review of evidence and challenges. *World Psychiatry*, *18*(3), 259–269. <https://doi.org/10.1002/wps.20656>
- Candrian, C., & Cloyes, K. G. (2021). “She’s dying and I can’t say we’re married?”: End-of-life care for LGBT older adults. *The Gerontologist*, *61*(8), 1197–1201. Nov 15 <https://doi.org/10.1093/geront/gnaa186>
- Chandra, P. S., & Nanjundaswamy, M. H. (2020). Pregnancy specific anxiety: An under-recognized problem. *World Psychiatry*, *19*(3), 336–337. <https://doi.org/10.1002/wps.20781>
- Dahlen, S., Connolly, D., Arif, I., Junejo, M. H., Bewley, S., & Meads, C. (2021). International clinical practice guidelines for gender minority/trans people: Systematic review and quality assessment. *BMJ Open*, *11*(4), e048943. <https://doi.org/10.1136/bmjopen-2021-048943>
- D’Onofrio, B., & Emery, R. (2019). Parental divorce or separation and children’s mental health. *World Psychiatry*, *18*(1), 100–101. Feb <https://doi.org/10.1002/wps.20590>
- Duarte, C. S., Monk, C., Weissman, M. M., & Posner, J. (2020). Intergenerational psychiatry: A new look at a powerful perspective. *World Psychiatry*, *19*(2), 175–176. <https://doi.org/10.1002/wps.20733>
- Elbogen, E. B., Lanier, M., Blakey, S. M., Wagner, H. R., & Tsai, J. (2021). Suicidal ideation and thoughts of self-harm during the COVID-19 pandemic: The role of COVID-19-related stress, social isolation, and financial strain. *Depress Anxiety*, *2021*, 23162. <https://doi.org/10.1002/da.23162>
- Fish, J. N., McNroy, L. B., Pacey, M. S., Williams, N. D., Henderson, S., Levine, D. S., & Edsall, R. N. (2020). “I’m kinda stuck at home with unsupportive parents right now”: LGBTQ youths’ experiences with COVID-19 and the importance of online support. *The Journal of Adolescent Health*, *67*(3), 450–452. <https://doi.org/10.1016/j.jadohealth.2020.06.002>
- Frost, D. M., Lehavot, K., & Meyer, I. H. (2015). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine*, *38*(1), 1–8. <https://doi.org/10.1007/s10865-013-9523-8>
- Ghebreyesus, T. A. (2020). Addressing mental health needs: An integral part of COVID-19 response. *World Psychiatry*, *19*, 129–130. <https://doi.org/10.1002/wps.20768>
- Glover, V. (2020). Prenatal mental health and the effects of stress on the foetus and the child. Should psychiatrists look beyond mental disorders? *World Psychiatry*, *19*(3), 331–332. <https://doi.org/10.1002/wps.20777>
- Gonzales, G., Loret de Mola, E., Gavulic, K. A., McKay, T., & Purcell, C. (2020). Mental health needs among lesbian, gay, bisexual, and transgender college students during the COVID-19 pandemic. *The Journal of Adolescent Health*, *67*(5), 645–648. <https://doi.org/10.1016/j.jadohealth.2020.08.006>
- Green, M. F., Lee, J., & Wynn, J. K. (2020). Experimental approaches to social disconnection in the general community: Can we learn from schizophrenia research? *World Psychiatry*, *19*(2), 177–178. <https://doi.org/10.1002/wps.20734>
- Hafford-Letchfield, T., Toze, M., & Westwood, S. (2021). Unheard voices: A qualitative study of LGBT+ older people experiences during the first wave of the COVID-19 pandemic in the UK. *Health Soc Care Community*, *2021*, 13531. <https://doi.org/10.1111/hsc.13531>
- Hodgkin, D., Moscarelli, M., Rupp, A., & Zuvekas, S. H. (2020). Mental health economics: Bridging research, practice and policy. *World Psychiatry*, *19*(2), 258–259. <https://doi.org/10.1002/wps.20753>
- Jorm, A. F., Kitchener, B. A., & Reavley, N. J. (2019). Mental Health First Aid training: Lessons learned from the global spread of a community education program. *World Psychiatry*, *18*(2), 142–143. <https://doi.org/10.1002/wps.20621>
- Kamal, K., Li, J. J., Hahm, H. C., & Liu, C. H. (2021). Psychiatric impacts of the COVID-19 global pandemic on U.S. sexual and gender minority young adults. *Psychiatry Research*, *299*, 113855. <https://doi.org/10.1016/j.psychres.2021.113855>
- Karatzias, T., Shevlin, M., Hyland, P., Ben-Ezra, M., Cloitre, M., Owkzarek, M., & McElroy, E. (2020). The network structure of ICD-11 complex post-traumatic stress disorder across different traumatic life events. *World Psychiatry*, *19*(3), 400–401. <https://doi.org/10.1002/wps.20795>
- Kato, T. A., Kanba, S., & Teo, A. R. (2020). Defining pathological social withdrawal: Proposed diagnostic criteria for hikikomori. *World Psychiatry*, *19*(1), 116–117. <https://doi.org/10.1002/wps.20705>
- Kaufman, K., Petkova, E., Bhui, K., & Schulze, T. (2020). A global needs assessment in times of a global crisis: World

- psychiatry response to the COVID-19 pandemic. *Bjpsych Open*, 6(3), E48. <https://doi.org/10.1192/bjo.2020.25>
- Kinser, P. A., Jallo, N., Amstadter, A. B., Thacker, L. R., Jones, E., Moyer, S., Rider, A., Karjane, N., & Salisbury, A. L. (2021). Depression, anxiety, resilience, and coping: The experience of pregnant and new mothers during the first few months of the COVID-19 pandemic. *Journal of Women's Health*, 30(5), 654–664. <https://doi.org/10.1089/jwh.2020.8866>
- Knapp, M., & Wong, G. (2020). Economics and mental health: The current scenario. *World Psychiatry*, 19(1), 3–14. <https://doi.org/10.1002/wps.20692>
- Krystal, A. D., Prather, A. A., & Ashbrook, L. H. (2019). The assessment and management of insomnia: An update. *World Psychiatry*, 18(3), 337–352. <https://doi.org/10.1002/wps.20674>
- Laurencin, C. T., & McClinton, A. (2020). The COVID-19 pandemic: A call to action to identify and address racial and ethnic disparities. *Journal of Racial and Ethnic Health Disparities*, 7(3), 398–402. <https://doi.org/10.1007/s40615-020-00756-0>
- Li, J., Yang, Z., Qiu, H., Wang, Y., Jian, L., Ji, J., & Li, K. (2020). Anxiety and depression among general population in China at the peak of the COVID-19 epidemic. *World Psychiatry*, 19(2), 249–250. <https://doi.org/10.1002/wps.20758>
- Magson, N. R., Freeman, J. Y. A., Rapee, R. M., Richardson, C. E., Oar, E. L., & Fardouly, J. (2021). Risk and protective factors for prospective changes in adolescent mental health during the COVID-19 pandemic. *Journal of Youth and Adolescence*, 50(1), 44–57. <https://doi.org/10.1007/s10964-020-01332-9>
- Marazziti, D., & Stahl, S. M. (2020). The relevance of COVID-19 pandemic to psychiatry. *World Psychiatry*, 19(2), 261–261. <https://doi.org/10.1002/wps.20764>
- Mattei, G., Russo, T., Addabbo, T., & Galeazzi, G. M. (2021). The COVID-19 recession might increase discriminating attitudes toward LGBT people and mental health problems due to minority stress. *The International Journal of Social Psychiatry*, 67(4), 400–401. <https://doi.org/10.1177/0020764020960770>
- Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: What we know and what needs to be done. *American Journal of Public Health*, 98(6), 989–995. <https://doi.org/10.2105/AJPH.2007.127811>
- McConnell, E. A., Janulis, P., Phillips, G., 2nd, Truong, R., & Birkett, M. (2018). Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 1–12. <https://doi.org/10.1037/sgd0000265>
- McCracken, L. M., Badinlou, F., Buhrman, M., & Brocki, K. C. (2020). Psychological impact of COVID-19 in the Swedish population: Depression, anxiety, and insomnia and their associations to risk and vulnerability factors. *European Psychiatry*, 63(1), e81. <https://doi.org/10.1192/j.eurpsy.2020.81>
- McGowan, V. J., Lowther, H. J., & Meads, C. (2021). Life under COVID-19 for LGBT+ people in the UK: Systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations. *BMJ Open*, 11(7), e050092. <https://doi.org/10.1136/bmjopen-2021-050092>
- McIntyre, R. S., & Lee, Y. (2020). Preventing suicide in the context of the COVID-19 pandemic. *World Psychiatry*, 19(2), 250–251. <https://doi.org/10.1002/wps.20767>
- Miklitz, C., Westerteicher, C., Lippold, S., Ochs, L., Schneider, A., & Fließbach, K. (2021). The impact of COVID-19-related distress on levels of depression, anxiety and quality of life in psychogeriatric patients. *Eur Arch Psychiatry Clin Neurosci*, 2021, 1–14. <https://doi.org/10.1007/s00406-021-01340-1>
- Mirabella, M., Senofonte, G., Giovanardi, G., Lingiardi, V., Fortunato, A., Lombardo, F., & Speranza, A. M. (2021). Psychological well-being of trans* people in Italy during the COVID-19 pandemic: Critical issues and personal experiences. *Sexuality Research and Social Policy*, 14, 1–11. <https://doi.org/10.1007/s13178-021-00633-3>
- Mitchell, K. J., Ybarra, M. L., Banyard, V., Goodman, K. L., & Jones, L. M. (2021). Impact of the COVID-19 pandemic on perceptions of health and well-being among sexual and gender minority adolescents and emerging adults. *LGBT Health*, 2021, 238. <https://doi.org/10.1089/lgbt.2021.0238>
- Morina, N., & Sterr, T. N. (2019). Lack of evidence for the efficacy of psychotherapies for PTSD and depression in child and adolescent refugees. *World Psychiatry*, 18(1), 107–108. <https://doi.org/10.1002/wps.20596>
- Patrucco, F., Gavelli, F., Fagoonee, S., Solidoro, P., Undas, A., & Pellicano, R. (2021). Current treatment challenges in the COVID-19 pandemic. *Polish Archives of Internal Medicine*, 131(9), 854–861. <https://doi.org/10.20452/pamw.16077>
- Rooksby, M., Furuhashi, T., & McLeod, H. J. (2020). Hikikomori: A hidden mental health need following the COVID-19 pandemic. *World Psychiatry*, 19(3), 399–400. <https://doi.org/10.1002/wps.20804>
- Rovetta, A., & Bhagavathula, A. S. (2020). COVID-19-related web search behaviors and infodemic attitudes in Italy: Infodemiological study. *JMIR Public Health and Surveillance*, 6(2), e19374. <https://doi.org/10.2196/19374>
- Sanchez-Gomez, M., Giorgi, G., Finstad, G. L., Urbini, F., Foti, G., Mucci, N., Zaffina, S., & León-Perez, J. M. (2021). COVID-19 pandemic as a traumatic event and its associations with fear and mental health: A cognitive-activation approach. *International Journal of Environmental Research and Public Health*, 18(14), 7422. <https://doi.org/10.3390/ijerph18147422>
- Santos, G. M., Ackerman, B., Rao, A., Wallach, S., Ayala, G., Lamontage, E., Garner, A., Holloway, I. W., Arreola, S., Silenzio, V., Strömdahl, S., Yu, L., Strong, C., Adamson, T., Yakusik, A., Doan, T., Huang, P., Cerasuolo, D., Bishop, A., & Howe, S. (2020). Economic, mental health, HIV prevention and HIV treatment impacts of COVID-19 and the COVID-19 response on a global sample of cisgender gay men and other men who have sex with men. *AIDS Behav*, 2020, 1–11. <https://doi.org/10.1007/s10461-020-02969-0>
- Sharma, A. J., & Subramanyam, M. A. (2020). A cross-sectional study of psychological wellbeing of Indian adults during the Covid-19 lockdown: Different strokes for different folks. *PLoS One*, 15(9), e0238761. <https://doi.org/10.1371/journal.pone.0238761>

- Sinha, M., Collins, P., & Herrman, H. (2019). Collective action for young people's mental health: The citiesRISE experience. *World Psychiatry, 18*(1), 114–115. <https://doi.org/10.1002/wps.20615>
- Solomou, I., & Constantinidou, F. (2020). Prevalence and predictors of anxiety and depression symptoms during the COVID-19 pandemic and compliance with precautionary measures: Age and sex matter. *International Journal of Environmental Research and Public Health, 17*(14), 4924. <https://doi.org/10.3390/ijerph17144924>
- Squeglia, L. M. (2020). Alcohol and the developing adolescent brain. *World Psychiatry, 19*(3), 393–394. <https://doi.org/10.1002/wps.20786>
- Stanton, M. C., Ali, S., & Chaudhuri, S. (2017). Individual, social and community-level predictors of wellbeing in a US sample of transgender and gender non-conforming individuals. *Culture, Health & Sexuality, 19*(1), 32–49. <https://doi.org/10.1080/13691058.2016.1189596>
- Stewart, D. E., & Appelbaum, P. S. (2020). COVID-19 and psychiatrists' responsibilities: A WPA position paper. *World Psychiatry, 19*(3), 406–407. <https://doi.org/10.1002/wps.20803>
- Suen, Y., Chan, R., & Wong, E. (2020). Effects of general and sexual minority-specific COVID-19-related stressors on the mental health of Lesbian, gay, and bisexual people in Hong Kong. *Psychiatry Res, 292*, 113365. <https://doi.org/10.1016/j.psychres.2020.113365>
- Torres, J. L., Gonçalves, G. P., Pinho, A. A., & Souza, M. H. D. N. (2021). The Brazilian LGBT+ Health Survey: Methodology and descriptive results. *Cadernos de Saude Publica, 37*(9), e00069521. <https://doi.org/10.1590/0102-311X00069521> PMID: 34669766.
- Twenge, J. M., & Joiner, T. E. (2020). Mental distress among U.S. adults during the COVID-19 pandemic. *Journal of Clinical Psychology, 76*(12), 2170–2182. <https://doi.org/10.1002/jclp.23064>
- Tyrer, P. (2020). COVID-19 health anxiety. *World Psychiatry, 19*(3), 307–308. <https://doi.org/10.1002/wps.20798>
- Unützer, J., Kimmel, R. J., & Snowden, M. (2020). Psychiatry in the age of COVID-19. *World Psychiatry, 19*(2), 130–131. <https://doi.org/10.1002/wps.20766>
- Wang, Q., Xu, R., & Volkow, N. D. (2021). Increased risk of COVID-19 infection and mortality in people with mental disorders: Analysis from electronic health records in the United States. *World Psychiatry, 20*(1), 124–130. <https://doi.org/10.1002/wps.20806>
- Wasserman, D., Iosue, M., Wuestefeld, A., & Carli, V. (2020). Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic. *World Psychiatry, 19*(3), 294–306. <https://doi.org/10.1002/wps.20801>
- Westwood, S., Hafford-Letchfield, T., & Toze, M. (2021). Physical and mental well-being, risk and protective factors among older lesbians/gay women in the United Kingdom during the initial COVID-19 2020 lockdown. *Journal of Women & Aging, 6*, 1–22. <https://doi.org/10.1080/08952841.2021.1965456>
- Whitley, R., Shepherd, G., & Slade, M. (2019). Recovery colleges as a mental health innovation. *World Psychiatry, 18*(2), 141–142. <https://doi.org/10.1002/wps.20620>