

LGBTQ+ populations experience newfound anxiety and depression in COVID-19 pandemic

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By Scott Maier [1]



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The lesbian, gay, bisexual, transgender and queer (LGBTQ+) communities have experienced increased anxiety and depression since the onset of the COVID-19 pandemic, especially those who haven't struggled with these conditions before, according to researchers at UC San Francisco.

The study of nearly 2,300 LGBTQ+ participants, appearing online June 17, 2020, in the *Journal of General Internal Medicine* [2] (JGIM), could benefit members of these communities by showing that others in their communities also may be facing greater anxiety and depression, and mental health services are available for care, researchers said.

"What I was hearing at the beginning of the pandemic was that people who were already anxious were more anxious than ever, and we didn't find that," said lead author Annesa Flentje, PhD [3], a research faculty member at the UCSF Alliance Health Project [4] (AHP), which supports the wellness and mental health of LGBTQ+ people through HIV/STD testing, behavioral health services, and provider education and training. "In looking at averages across the LGBTQ+ population, we found the greatest changes in anxiety were among people who weren't anxious prior to the pandemic."

The COVID-19 pandemic has heightened mental health conditions in people worldwide due to changes in community function; restriction of activities and social contacts; and fear about the virus, economic downturn and food access. Sexual and gender minority populations — non-heterosexual, transgender and gender-expansive — may be particularly at risk due to other economic and health factors such as fear of stigmatization or declining care because of prior negative experience.

"Research from the HRC Foundation has found that LGBTQ+ Americans are more likely than the general population to live in poverty and lack access to adequate medical care, paid medical leave, and basic necessities during the pandemic," said Tari Hanneman, director of the Health and Aging Program at the Human Rights Campaign (HRC) and PRIDE Study Participant Advisory Committee member.

"Therefore, it is not surprising to see this increase in anxiety and depression among this population," Hanneman said. "This study highlights the need for health care professionals to support, affirm and provide critical care for the LGBTQ+ community to manage and maintain their mental health, as well as their physical health, during this pandemic."

The *JGIM* study participants were recruited from the PRIDE Study [5] (Population Research in Identity and Disparities for Equality), which currently has more than 18,000 participants. It is the first large-scale, long-term national health study of people who identify as LGBTQ+ or another sexual or gender minority, conducting annual questionnaires to understand factors related to health and disease in this population.

A total of 2,288 PRIDE Study participants completed the 2019 annual questionnaire (beginning in June 2019) and a COVID-19 impact ancillary survey (March 23-April 19, 2020). Most were white, with nearly 19 percent identifying as a racial or ethnic minority. Multiple genders were represented, with cisgender women (27.2 percent) and men (24.6 percent) the most frequent. Sixty-three (63) percent had sex assigned at birth as female. Participants primarily identified their sexual orientations as queer (40.3 percent), gay (36.5 percent) and bisexual (30.3 percent).

Depression was determined through the Patient Health Questionnaire (PHQ)-9, which is widely used to screen for depression and grades symptom severity on a scale of 0-27, with 27 representing the most severe depression. The study used the General Anxiety Disorder (GAD)-7 to assess anxiety, on a scale of 0-21, from least to most severe.

Overall, depression increased by an average PHQ-9 score of 1.21 (7.10 to 8.31) and anxiety by a GAD-7 score of 3.11 (to an average of 8.89). Among those who screened positive for depression at the first survey, average PHQ-9 scores decreased by 1.08, and for those who screened negative, scores increased by 2.17. The researchers found no GAD-7 score change among the study participants who had screened positive for anxiety in the first survey, but saw an overall increase of 3.93 among those who initially were negative.

“On an individual level, for some people there may not have been a very big change, and for others, there was a big change,” said Flentje, associate director and UCSF site director for the PRIDE Study. “We observed changes in these scores that are as big as the types of changes we see in the opposite direction when we use interventions that work to reduce anxiety and depression.”

The researchers recommend health care providers check in with LGBTQ+ patients about stress and screen for mood and anxiety disorders, even among those with no prior history of anxiety or depression. Individual therapy and medications may be effective treatments, as well as more large-scale, COVID-19 supports like peer-led groups and mindfulness practice.

“As time goes on, the sustained social distancing, economic impacts, and personal illness, grief and loss will likely have more and different effects on mental health,” said Flentje, who is also an assistant professor in the UCSF School of Nursing. “It will be important to find out what happens over time and to identify who is most at risk, so we can be sure to roll out public health interventions to support the mental health of our communities in the best and most effective ways.”

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- ***Journal of General Internal Medicine:*** Depression and Anxiety Changes Among Sexual and Gender Minority People Coinciding With the Onset of COVID-19 Pandemic ^[2]

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