KALEIDOSCOPE INTERNATIONAL TRUST

The Commonwealth Equality Network

# IPF MENTAL HEALTH

## WHEN THE HEARTH WENT COLD: THE IMPACT OF COVID-19 ON THE MENTAL HEALTH OF LGBTI+

# INTRODUCTION: WHERE DID THE FIREPLACE GO?

Before the coronavirus pandemic, the Taala Foundation, a Ugandan NGO that gives mental health support to LGBTI+ people, would hold what they called the 'Taala fireplace': a safe space for people of diverse sexualities and genders, where different psychological approaches to help support participants' mental health could be used.[1] People would gather by the fire and speak about their fears, hopes and dreams. The Taala fireplace mirrored the role of the traditional African fireplace that people gathered around in their homes with their families and, through stories, would seek mental healing. In a country where the law especially when combined with stigmatising social attitudes that serve to ostracise and discriminate against LGBTI+ people, the Taala fireplace was the family many sexual and gender diverse people never had before.[2]

With the onset of COVID-19, restrictions on public gatherings meant that LGBTI+ Ugandans who needed mental health support could no longer gather around this fireplace. As the government asked people to stay home and enjoy the warmth of family, many LGBTI+ Ugandans wondered where they could turn to when their families rejected them, or as they faced discrimination in their daily lives. The economic situation became worse for everyone, and many lost their jobs.

While government restrictions were clearly necessary to control the pandemic, they also had a detrimental impact on the few support systems available to gender and sexual minorities, across the Commonwealth and the world over. Yet, as we have explored through other research, it is worth noting many Commonwealth countries were especially vulnerable as a result of the residual legacy of British colonialism, which resulted in discriminatory laws that still impact LGBTI+ communities today.[3]

As safe community-based spaces such as the Taala fireplace have closed, the impact of the coronavirus on the mental health of LGBTI+ people has been laid bare. This paper is a discussion of this impact and aims to highlight the lives and voices of some of the people who struggled before the pandemic and are struggling even more now as a result of it.

As we move into post-COVID recovery, the case for a holistic response that includes rapid interventions focused on well-being is clear, especially given that emerging evidence demonstrates that the pandemic has had a disproportionate impact on marginalised groups and minorities, including LGBTI+ people.

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[1] S. Hama Owamparo (2020). Curving out a new meaning of happiness at the Taala fireplace. Available from: https://taalafoundation.org/curving-out-a-new-meaning-of-happiness-at-the-taala-fireplace-a-review-of-a-pilot-mental-health-initiative-among-gender-and-sexual-diverse-people-in-uganda/2020/

[2] Ibid

[3] S. Tamale (2003). Out of the closet: Unveiling sexuality discourse in Uganda. Available from: http://www.awdflibrary.org/bitstream/handle/123456789/361/13%20Tamale_OutoftheCloset_FemAfrica.pdf?sequence=2&isAllowed=y

# COVID-19, SOCIAL NORMS, MENTAL HEALTH AND MINORITIES

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, rather than simply as an absence of disease or infirmity.[4] This focus on a positive understanding of health – 'having' – rather than a negative one – 'not having' or 'an absence of' – is worth emphasising. Likewise, mental health is a state of wellbeing in which an individual is aware of their own abilities and supported to fulfil their potential by being able to cope with the normal stresses of life, work productively, and make a contribution to their social surroundings.[5]

While mental health is an important aspect of health, many people have nonetheless long faced barriers to accessing related healthcare services. This is particularly true of LGBTI+ people,[6] a fact which has been made worse by the pandemic: in the UK, for example, COVID-19 stretched the National Healthcare Service (NHS) to close to its breaking point, and mental healthcare – including that tailored to LGBTI+ people – took a backseat in the face of related emergency needs and care.[7] [8] Additionally, a survey by the Movement Advance Project found that not only were LGBTI+ people more likely to have lost access to healthcare, they were also more likely to have lost jobs or to have faced food insecurity throughout the pandemic.[9]

The link between poverty and poorer mental health is well established,[10] [11] and the socio-economic conditions of some marginalised minorities make it harder for them to cope in the face of shocks such as COVID-19. The aforementioned survey also notes that LGBTI+ people of colour have been particularly affected,[12] which is consistent with other findings that groups most hit by COVID-19 are many of the same population groups that have been historically marginalised [13] In the UK, where such data is recorded, people from different Black, Asian and Minority Ethnic (BAME) groups were proportionally some of the most affected by the pandemic. For instance, compared to people who identify as white British, people of Bangladeshi ethnicity were found to have twice the risk of death from COVID-19,[14] while Asian, Caribbean and other Black ethnic groups faced up to a 50 percent higher risk.[15] Black men were also three times more likely to be diagnosed with COVID-19 than white men,while Black women were twice as likely to be diagnosed with COVID-19 as white women.[17]

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[4] World Health Organisation [WHO] (1946). Constitution of the World Health Organization. Available from: https://www.who.int/about/who-we-are/constitution

[5] World Health Organisation [WHO] (2018). Mental health: Strengthening our response. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[6] Moagi, M. M., van Der Wath, A. E., Jiyane, P. M., & Rikhotso, R. S. (2021). Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review. Health SA = SA Gesondheid, 26, 1487. https://doi.org/10.4102/hsag.v26i0.1487

[7] World Health Organisation [WHO] (2018). Mental health: Strengthening our response. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[8] LGBT Foundation (2020). Hidden Figures: The Impact of the Covid-19 Pandemic on LGBT Communities. Available from: https://www.lgbt.foundation/coronavirus/hiddenfigures?__cf_chl_jschl_tk__=dd4a57072d2bb2e4e8e690722cc2e6bd944e5ab0-1618988186-0-AWtxdROOIiWUXMcNF8gzLZUjh8zjbxsdIvmfCwbrCZaPl0XxOAXuvKhh0kVVzYbhzD2gYi8QZT-N1FGxerkV7avvc2DQCUSXcraE0uEQDPWhB3qU12hgiIeHptnNGf0y_2d-ltaiNEurK20op75GxmOatGDGB3etL5T3FCn6xYvlIMB5pP1dKcMNKh2baII4_Jmht0JNWJwvJD4bblbuBiyYvJNWkrO_A4IWDcdxSlQ2FGUMb9ivrWfJcZ8PwLcNrnZjkUWB2tyDwRSq_ek3_M4Ej8vRWRe5ErPHAJuM_xCfVqhC1Mi7oKkSenDDyUHQeCJj1vwGMTVmcm1LDp-bqhA816bCgHL9NJM9kZUvzs469QmmmUYYPScstL_BRt-HZ-VUfJ4bqw_BUt4XWTuEHfm4W0hYUNTyRZa9yV-6CODD

[9] MAP (2020). The Disproportionate Impacts of COVID-19 on LGBTI+ Households in the U.S. https://www.lgbtmap.org/2020-COVID-LGBTI+-households

[10] Payne S. (2000). Poverty, social exclusion and mental health: Findings from the 1999 PSE survey. Poverty and Social Exclusion Survey of Britain: Townsend Centre for International Poverty Research. Bristol: University of Bristol.

[11] Dooley D, Catalano R, Wilson G. (1994). Depression and unemployment: Panel findings from the epidemiologic catchment area study. Am J Community Psychol; 22: 745-65.

[12] MAP (2020). The Disproportionate Impacts of COVID-19 on LGBTI+ Households in the U.S. https://www.lgbtmap.org/2020-COVID-LGBTI+-households

[13] L. Allwood and A. Bell (2020). COVID-19: Understanding inequalities in mental health during the pandemic. Available from: https://www.centreformentalhealth.org.uk/sites/default/files/2020-06/CentreforMentalHealth_COVIDInequalities_0.pdf

[14] Ibid

[15] Ibid

[16] Ibid

[17] Ibid

Many LGBTI+ people, in particular those at the intersection of minority sexual orientations and/or gender identities and other factors – ethnicity or race, a loss of employment, or lower education levels – found themselves having to face the immediate emergency while also shouldering the intensifying effects of historical disparities, a serious toll on mental health at a time when mental healthcare services for LGBTI+ people were rolling back or disappearing.

Thirty-one-year-old Kenyan single mother, **NJUKI**, is a lesbian who says sometimes she did not have enough to feed her child after she lost her business during the pandemic:

**"I was hawking hospital supplies and non-pharmacal equipment when the pandemic started. The business became attractive, and government and hospitals started giving tenders to bigger companies. We, the small people, were put out of business. I had to start a new business during a pandemic. I began selling sports equipment and holding online fitness sessions. It is not easy starting a business. I failed to pay for my shop. I had debts. My child and I started eating less. We cut out fruit because we could not afford it. I fell into depression for weeks, and it was scary. I did not seek professional help because I could not afford it. I kept to myself and did not tell anyone I was struggling. I could not approach my family because we were raised never to show vulnerability. I have never come out to my parents, and they were not an option for either psychological or financial support."**

Many LGBTI+ people have also been put in a position where they have had to return to dangerous living situations with people do not accept them or to whom they have not yet disclosed their sexual orientation or gender identity to. Thus, they are presumed to be heterosexual and/or cisgender, must 'act straight' and possibly face attempts at coercion into fulfilling heteronormative expectations. For example, in India, there are cases where LGBTI+ people – who returned to live with their parents as a result of lockdowns and economic hardship – found themselves being compelled into arranged matrimonial agreements by family members.[18] In one instance, a 21-year-old tragically died by suicide after being forced into conversion therapy,[19] and there are reports of trans people have been forced to discontinue hormonal therapy.[20] Living situations such as these have had a harmful impact on the mental health of the LGBTI+ people in them – harm compounded by the reduction in access to allies, safe spaces, and support groups that would normally provide refuge.[21 22] As a result, many LGBTI+ people have reported suffering from 'crippling loneliness',[23] a significant health problem associated with an increased risk of poor mental health in terms of depression, anxiety, and suicidal thoughts, and a need for healthcare services.[24]

[18] S. Charapani (2020). Queer youth find their rights violated at home. Available from: https://timesofindia.indiatimes.com/city/chennai/queer-youth-find-their-rights-violated-at-home/articleshow/76948601.cms

[19] Ibid

[20] Ibid

[21] Suen, Y. T., 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 research, 292, 113365. https://doi.org/10.1016/j.psychres.2020.113365

[22] The Trevor Project (2020). Implications of COVID-19 for LGBTQ Youth Mental Health and Suicide Prevention. Available from: https://www.thetrevorproject.org/wp-content/uploads/2020/04/Implications-of-COVID-19-for-LGBTQ-Youth-Mental-Health-and-Suicide-Prevention.pdf

[23] S. Charapani (2020). Queer youth find their rights violated at home. Available from: https://timesofindia.indiatimes.com/city/chennai/queer-youth-find-their-rights-violated-at-home/articleshow/76948601.cms

[24] M. E. Beutel, E.M. Klein, E. Brähler, et al. (2017). Loneliness in the general population: prevalence, determinants and relations to mental health. BMC Psychiatry 17, 97. https://doi.org/10.1186/s12888-017-1262-x

Gayle Rubin's Charmed Circle sexuality theory proposes heterosexual relationships are the structure in which capitalism is anchored.[25] In many societies to varying degrees, female partners often are more likely to be the one to stay home and do unpaid labour – such as childcare – or to take on less work in the formal economy than men, and thereby subsidise men's work in the public sphere.[26] Even as more women take on formal employment, they still do the bulk of unpaid care, estimated to amount to $10.8 trillion USD a year – more than three times the global tech economy.[27] As such, it is in the state's interest to promote the heterosexual family structure, which subsidises and drives economies – regardless of inequalities it creates and reproduces.

In a structure where the default is to view issues through a heterosexual lens, the economic, social and therefore mental health needs of sexual and gender minorities are not acknowledged – and it stands to reason that this will continue to be the case, and have an amplified impact during emergencies. Though a body of evidence on the impacts of the pandemic on the mental health and wellbeing of LGBTI+ people is emerging,[28] in many countries, health clinics do not record information on sexual orientation and gender identity, which makes it hard to establish its full extent.[29] And if, faced with a strain on resources, governments are less likely or able to invest in the non-COVID-related healthcare and other needs of the general population, then those of sexual and gender minorities such as sex or gender reassignment surgeries, are even less likely to be properly resourced.[30 31] In many Commonwealth states – 35 of which still criminalise homosexuality – the conversation about post-COVID-19 interventions that are responsive to and inclusive of the specific well-being needs of LGBTI+ people is yet to even begin.

In some cases, governments not only normally ignore the mental health of LGBTI+ people in their pandemic response, but have also used the pandemic as a pretext to target them.[32] In Uganda, for instance, security forces raided an LGBTI+ shelter in late 2020, paraded people presumed to be homosexual before the press, arrested them, and kept them in prison for a month, where they were allegedly tortured.[33] The fear of being targeted for who they are leaves many LGBTI+ people across the Commonwealth feeling unsafe.[34] As a community, we are still in the process of coming to peace with the effects of living under these conditions on our mental health and well-being.

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[25] S. Tamale (ND). Researching and theorizing sexualities in Africa. Available from: https://www.sxpolitics.org/sexuality-and-politics/pdfs/volume1/2.pdf

[26] Craig, L. (2020). Coronavirus, domestic labour and care: Gendered roles locked down. Journal of Sociology. 56(4): 684-692

[27] Oxfam (2020). Care in the time of coronavirus. Available from: https://www.oxfam.org/en/research/care-time-coronavirus

[28] See, for instance, J.D. Kidd et al (2021). Understanding the Impact of the COVID-19 Pandemic on the Mental Health of Transgender and Gender Nonbinary Individuals Engaged in a Longitudinal Cohort Study. J Homosex. 2021 Mar 21;68(4):592-611.

[29] K. D. Krause (2020). Implications of the COVID-19 Pandemic on LGBTQ Communities. Available from: https://pubmed.ncbi.nlm.nih.gov/33239566/

[30] Daniari, S. (2020). Trans surgeries postponed indefinitely amid coronavirus pandemic. NBC News. Available from: https://www.nbcnews.com/feature/nbc-out/trans-surgeries-postponed-indefinitely-amid-coronavirus-pandemic-n1167756

[31] Flaherty, A., Sharma, M., Crosby, D., and Nuara, M. (2020). Should Gender-Affirming Surgery Be Prioritized During the COVID-19 Pandemic? Otolaryngology–Head and Neck Surgery. 163(6): 1140-1143.

[32] Kaleidoscope Trust (2020). LGBTI+ in the Commonwealth in the COVID-19 Era. https://www.commonwealth-covid19.com

[33] P. Akumu (2020). 'Nowhere to go': the young LGBT+ Ugandans 'outed' during lockdown. Available from: https://www.theguardian.com/global-development/2020/nov/23/nowhere-to-go-the-young-lgbt-ugandans-outed-during-lockdown

# ACTING STRAIGHT TO SURVIVE[35]

Across the globe, COVID-19 has rolled back LGBTI+ rights in a matter of months, socio-economic situations have forced LGBTI+ people to return to families who do not accept them, and many live with people from whom they must hide their sexual orientation or gender identity.

Rose, a 31-year-old lesbian and human rights activist from Kenya, points out that some of the industries that employ most LGBTI+ people were hardest hit by the pandemic. For instance, the hotel and hairdressing industry:

> **"They had nothing to eat. They had to go home. Many people were locked out because they could not afford rent. They had to return home where they had to hide (their sexual orientation or gender identity). As an LGBTI+ person in Kenya, you now have to act straight to survive. As long as someone is providing for you, they will find something to control you with. We had learned to be self-sufficient and not need to rely on hostile families. But now many of us had no choice but to return to them.**
>
> **As a queer woman with a child, I had to ask my grand aunt to look after my child. I did not see my child for almost eight months, and I could feel the distance between my child and I growing. He is a child, and he grew bored of speaking to me on the phone. We now turned to video calls and things are getting better. But it is hard. I have never come out to my relatives. They suspect, but it is not a topic that is up for discussion.**
>
> **I have seen the repercussions of coming out as a queer parent. In some cases, your relatives try to take away your children because they fear you will afflict them with your queerness. Many queer parents do not come out for this reason. Many of them have internalised stigma. In our community, you need your people. We especially need them in times of shocks such as COVID-19. Because we need their help, we have to act straight."**

Isa, 23, was a waiter at a high-end Ugandan restaurant before COVID-19 broke out. He was visiting his friend at an LGBTI+ shelter when Ugandan security forces raided it at the beginning of the pandemic in March 2020. He was paraded on the streets with other people presumed to be homosexual. They were marched through market crowds who hurled insults and objects, including stones, at them. People took photos and videos of them and shared them on social media. He then went to jail for a month and, when he returned, he had no home or job.

> **"My landlord told me: 'I cannot allow you here, you have to look for another place.' I had nothing to do. I had to go home but when I returned my dad said: 'I cannot have a child like you.' My siblings could not help me. They were powerless. So, I left. When I went to check if I could return to work and get money to rent another house, I found my boss had fired me. My colleagues begged him to let me stay because I was a great waiter. But my boss said: 'We shall miss you. You are a good person. But we are Moslem, and we cannot employ a gay person.'**
>
> **Because of COVID-19 and the raid on the shelter, my family got to know the truth. That I am gay. And when you are gay, you cannot be considered as a person. Even at home, they cannot respect what you say. Being gay is a curse, and COVID-19 has made it worse. Sometimes I feel bad. I worry all the time. For now, HRAPF [a local NGO] is taking care of us but I do not know what will happen next. I cannot change who I am, and pretending is exhausting and does not make sense. So, I will just pray and wait and see what happens next."**

[34] Kaleidoscope Trust (2020). LGBTI+ in the Commonwealth in the COVID-19 era. Available from: https://www.commonwealth-covid19.com/

When the pandemic broke out, Natalie, 30, from Jamaica, was already in 'a bad mental space'. She was trying to switch from her civil society job to a private corporation. A lesbian and mother, she needed a better-paying job. But when she resigned, she found herself unemployed in a pandemic for a year.

> **"Civil society jobs are easier to get for queer people, especially if the organisation handles queer issues. But they are usually project-based and do not last long. There is no job security, and you cannot get a loan because banks see you as not being secure. I quit my civil society job, believing I would survive on my part-time job as assistant lecturer as I transitioned to the corporate world. But I did not get the job I expected, and university closed because of coronavirus. I was allowed to stay in the lecturer houses on the premises, but I had no stipend anymore. I was not living with my child, and this took a toll on me. It was all mentally taxing. With limitations on movement, I could not even go for walks."**

Indian writer and LGBTI+ rights activist Priya Menon explains that, with or without the pandemic, most LGBTI+ people in India can only come out if they are financially independent or have the support of their family.

> **"Even though India decriminalised same-sex relationships, the trans and gay community are still especially targeted with discrimination because they are visible. Many of them are rejected by their families and forced to drop out of school or college because of bullying. Often, they resort to begging or sex work to earn a living. But during the pandemic, when movement was restricted, they could not even earn from these."**

As these stories show, COVID made an already vulnerable population even more vulnerable. For many, years of working hard to achieve independence were undermined overnight by factors completely out of their control. Notably, community support structures were also cut off. The lived situation has been worse in countries where the socio-legal regime is hostile to LGBTI+ people, since LGBTI+ individuals find themselves struggling to survive and address immediate needs in the middle of a global emergency while having to navigate a societal context where they are treated as criminals. Yet, even in Commonwealth countries where same-sex relationships are no longer criminalised, as is the case in India, long-held negative beliefs about LGBTI+ people have been reinforced during a time when community members have felt the most vulnerable.

Like any other person, sexual and gender minorities have found themselves in need of a helping hand during the pandemic. Only many have had to go back to downplaying their sexual orientation or gender to have a chance at getting the support they needed – with adverse effects on their mental health. The interplay of hetero-capitalist social norms, economic and social standing, ethnicity, race and other factors – such as whether they were already living with a mental health disorder, have other chronic diseases, were already living in poverty or were living in areas where there was no mental health support in the first place – has determined how LGBTI+ people have fared during the pandemic, and the picture is bleak.[36]

[36] Op. Cit no. viii

# REKINDLING THE FIREPLACE: CONCLUSION AND RECOMMENDATIONS

Anyone who has cooked with firewood in a hearth knows that it never truly goes cold. All you have to do is bury a little fire under the ash and, days later, you will find it still warm. The LGBTI+ movement the world over has worked hard over the years to fight for their rights and human dignity. From challenging oppressive legislation, building alliances for support, pushing for more inclusive healthcare (including mental health), to supporting freedom of expression and celebrating sexual and gender diversity with pride, the fire of the movement continues to burn bright.

The pandemic has threatened to snuff it out, but LGBTI+ people remain resilient even when systems and policies have let them down. That being said, even as we can now see a future where the pandemic will end, the impact the past two years have had on the vulnerable such as LGBTI+ will not be easily erased. It will take considerable efforts by governments, human rights activists, the donor community, and the support of all those who believe in the basic right to not just live but live a healthy and fulfilled life to rekindle the fire and bring back the luminousness of the LGBTI+ hearth. The Commonwealth has an important opportunity for reflection and taking decisive steps to ensure that LGBTI+ survive the pandemic with their mental health intact and are supported into a future where they can flourish.

The first step is to invest more money in mental health, and for Commonwealth countries to have mental health plans that recognise the different ways in which people, especially sexual and gender minorities, have been affected by the pandemic. Mental health interventions that fully consider intersectionality are more likely to be effective. Countries should also have plans in place to continue with this inclusive mental health support even after the pandemic.

Like mental health support, economic support and access to support should not be delivered through a blanket, but rather in a manner which is cognisant of intersectionality-based approaches. These measures should also recognise the interplay between wider contextual factors such as poverty, unemployment, gender identity and sexual orientation, among others. Governments should clearly map and understand these intersecting factors and have long-term plans to ensure that measures are effective, holistic, and do not reinforce existing discrimination or cause new harms.

The rhetoric of love and family — as well as staying safe at home during the pandemic — has been mostly broadcast through the heterosexual lens. It is important for stay-at-home and safety campaigns to show diverse homes and reinforce messages of love, acceptance, and mental health support regardless of sexual orientation or gender identity.