

RAPID RESEARCH IN COVID-19 PROGRAMME

How has Covid-19 social distancing amplified the mental health vulnerabilities of gay, bisexual and other men who have sex with men (GBM)?

AIMS

This project looks at the impact of Covid-19 lockdown and social distancing on GBM's mental and wider health, drug and alcohol use and psychological resilience in Scotland.

We investigated how GBM used e-resources and wider services during lockdown, so we can advise GBM-facing and mainstream organisations how best to work with GBM to improve their health.

KEY FINDINGS

- Before Covid-19, GBM reported higher levels of depression and anxiety than wider society. As a group, they also reported more recreational drug use and more higher risk sex (that is, sex with a higher risk of HIV infection) than wider society.
- During lockdown, GBM reported a significant increase in anxiety and depression, measured using clinical scales, and a significant reduction in their perceived mental health.
- GBM reported a significant reduction in their perceived general health but a significant increase in their levels of moderate exercise. Experiences of loneliness also increased.
- GBM also reported a significant reduction in recreational drug use and higher risk sex.
- Men described multiple issues that were important in maintaining or improving their mental health including; creating a daily structure, regular exercise, eating 'proper' food, getting outside (e.g. for walks), talking to friends and family, reducing alcohol and volunteering.
- Although 25% of GBM said they had used mental health e-resources during lockdown, qualitative data explained that this was often restricted to using an app once or twice before abandoning it. Gay-specific barriers impaired their ability and willingness to access mainstream services and organisations (e.g. voluntary organisations, sports groups).

WHAT DID THE STUDY INVOLVE?

In December 2019 – March 2020 we conducted a survey of over 1000 GBM in Scotland focusing on their mental, sexual and wider health. These provided our baseline, pre-Covid-19 data.

In June-July 2020 we repeated this survey and included questions on Covid-19, lockdown and social distancing. We recruited GBM from gay dating websites / phone 'apps' and mainstream social media (Facebook, Twitter and Instagram). Our study collaborators sent invitations to their service users and we asked participants to send invites to their friends and family via email and text. Overall, 506 men in Scotland completed our survey and agreed to receive repeat surveys in the future.

We also asked survey participants if they would take part in a qualitative research interview to tell us about their experiences of lockdown and social distancing. Then we invited certain men to take part in an interview as follows; those who said their mental health was poor and either had or had not used mental health e-resources during lockdown, and men with good mental health who had used mental health e-resources during lockdown. We have conducted 20 qualitative interviews.

Lay GBM contributed to survey design, recruitment and dissemination of resources on this project.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Compared to pre-Covid-19, during lockdown GBM reported significant increases in;

- Mild and moderate anxiety, measured using the Generalised Anxiety Disorder-7 Scale.
- Mild, moderate and severe depression, measured using the Patient Health Questionnaire-9.
- Almost half of GBM (44%) said lockdown had had a negative impact on their mental health.
- No changes in psychological resilience, gay stigma or binge drinking were observed.
- However, qualitative evidence suggested some men *reduced* their drinking due to lack of socialisation opportunities, while others increased alcohol consumption as a coping mechanism.
- Recreational drug use reduced during lockdown, although qualitative evidence suggested this was due to fewer socialisation opportunities and would likely rebound post-Covid-19 restrictions.
- Higher risk sex (that is, sex with an increased risk of HIV infection) with casual partners significantly reduced, due to compliance with regulations regarding inter-residence visits and social distancing. Qualitative evidence suggested this, and STI incidence, would likely rebound post-Covid-19.
- Loneliness was a key problem for GBM, even for those who did not live alone, since everyday, planned, spontaneous and serendipitous interactions with friends, family, colleagues, acquaintances and strangers that 'normal life' provided were suddenly removed during lockdown.
- Most socialisation shifted from in-person to virtual interactions and had to be planned. While videoconferencing was praised, especially compared to voice calls, most agreed that in-person interactions were superior, due to interpersonal engagement absent from electronic socialisation.
- Most men felt that their experience was more shaped by the overwhelming social changes imposed during lockdown, rather than a uniquely gay lockdown experience.
- However, some described how being gay had a direct negative impact on their mental health and social capital during lockdown (e.g. hiding their sexuality when returning to live with their parents).
- Although 25% of men used mental health e-resources in lockdown, misunderstanding how the resource would help them (e.g. that it would be immediately helpful) led to rapid disengagement.
- Institutionalised and perceived homophobia, combined with a lack of understanding of gay related issues, were barriers to GBM accessing mainstream services and community organisations.

WHAT IMPACT COULD THE FINDINGS HAVE?

- Mainstream services and community organisations need support to reduce access barriers for GBM to provide appropriate services and referral mechanisms. They must understand that, while sexuality is important, it is not *necessarily* related to GBM's mental and wider health issues.
- A community-based approach, opening up services and organisations to GBM, alongside developing further LGBT+ specific resources, is needed to reduce health inequalities.
- Apps and videoconferencing are beneficial but must not replace in-person social opportunities.
- Since lockdown threatens Scotland's *commercial* gay venues, innovative work creating gay spaces with a *social* purpose (e.g. volunteering, activism, social entrepreneurship) is needed to foster community development and social support networks crucial for GBM's mental health recovery.
- Moreover, these issues highlighted for GBM are likely to impact the whole LGBT+ community.

HOW WILL THE OUTCOMES BE DISSEMINATED?

First, we are developing a series of resources for GBM-facing and mainstream organisations to explain GBM's key health issues and advise services how to be more accessible to GBM as follows;

- A. Individual A4 Infographic Briefings - which focus on GBM's i) physical health and exercise, ii) mental health, iii) sexual health, iv) use of e-resources for health and v) social relationships.
- B. Video Briefing - a 5-minute video, drawing together the infographics' key messages.
- C. Masterclass - addressing these topics, delivered by our partner organisations across Scotland.
- D. Case Studies Series - drawing on our research, each describes a hypothetical case to highlight GBM's key issues and explain which GBM-facing and mainstream services would benefit them.

Secondly, we will hold feedback and capacity development events, i) for the GBM community and ii) bringing together GBM-facing and mainstream NHS and 3rd Sector services to enhance the implementation of findings into services and stimulate interdisciplinary collaboration and research.

Third, three academic papers are planned to; i) examine how changes in GBM's mental and wider health, drug and alcohol use during lockdown are mediated by psychological resilience; ii) understand how GBM used e-resources to address loneliness, mental and wider health during lockdown and iii) explore GBM's experiences of lockdown, their coping strategies alongside barriers and facilitators of accessing mainstream support services and organisations.

Future research is needed to improve the mental and wider health of GBM. Individual health interventions, targeting key inequalities (e.g. mental health, drug use) are warranted as is continued work to optimise GBM's access to mainstream services. However, more pressing are community level interventions, that build social capacity amongst GBM communities, by developing sources of socialisation, support and healthy activities, outwith gay bars/clubs and online dating culture. We will use resources A-D and our capacity development events as a platform to create a community level intervention (target: NIHR) to address Covid-19 health recovery for GBM in Scotland.

Since these issues are relevant for the wider LGBT+ community, future research must address the urgent need to understand health inequalities of LGB women, non-binary and trans folk in Scotland.

CONCLUSION

Before Covid-19, GBM had poorer mental health than the wider population. Covid-19 has served to exacerbate this inequality, by amplifying anxiety, depression and loneliness among GBM. GBM also access e-resources and mainstream services suboptimally. Although GBM's sexual risk taking and recreational drug use reduced during lockdown, this is likely to rebound post-Covid-19.

This project is creating resources to highlight the current health inequalities of GBM for both GBM-facing and mainstream organisations and help the latter ensure their services are more accessible for GBM. Future research is needed to reduce inequalities in both health and service access for GBM through individual and community level interventions. Crucially, research is also urgently required to identify health inequalities within in the wider LGBT+ community in Scotland.

Our next step is to develop a community level intervention that focuses on building community capacity and social capital amongst GBM in Scotland, to address Covid-19 mental and wider health recovery and ensure GBM's existing health inequalities are not further amplified by the pandemic.

ADDITIONAL INFORMATION

Project Start Date 01 June 2020

Project End Date 31 August 2020

Funding £49,728

Collaborators University of Strathclyde, University of Glasgow, NHS Greater Glasgow and Clyde, NHS Lothian, NHS Lanarkshire, HIV Scotland, Waverley Care / SX, Terrence Higgins Trust, Health Protection Scotland

RESEARCH TEAM & CONTACT

Dr Jamie S. Frankis, BA, PhD, SFHEA, Reader in Health Psychology. Dr Demi Strongyloou, MSc, PhD, Research Fellow. Mr Ross Kincaid, MSc, Research Associate.	j.frankis@gcu.ac.uk
Glasgow Caledonian University, School of Health and Life Sciences, Cowcaddens Road, Glasgow G4 0BA	0141 331 3228