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## LGBTQ+ focused mental health research strategy in response to COVID-19

Several researchers and health organisations have shown that health research disparities exist between lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) populations and heterosexual people.<sup>1-3</sup> Such research gaps have contributed to a health knowledge deficit for LGBTQ+ populations and resulted in few evidence-based interventions that address the many health inequities that disproportionately affect these populations across the lifespan.<sup>1</sup> Evidence points to LGBTQ+ populations having greater rates of chronic disease (eg, diabetes, coronary heart disease, and certain forms of cancer), social health problems (eg, violence, discrimination, exclusion, and loneliness), and mental health symptoms and disorders (eg, depression, anxiety, substance use, and suicide).<sup>1-4</sup> Despite calls for the inclusion of sexual and gender identity being collected as part of demographic information in health research and the creation of LGBTQ+ focused health interventions,<sup>1-3</sup> such calls have not been fully addressed.

As we move toward a collaborative and multidisciplinary research approach in response to COVID19, it is vital that mental health researchers adopt a health equity model where the mental health needs of LGBTQ+ people are addressed so that health services can be structured to ensure their wellbeing.<sup>5</sup> Such research is vital and desperately needed. Further omission of LGBTQ+ people, especially during the pandemic, will only contribute to an already substantial deficit of health knowledge and health services.

Given the scarcity of research pertaining to the mental health inequities experienced by LGBTQ+ people, several strategies need to be taken to address the mental health

symptoms and disorders experienced by this population as a result of the COVID19 pandemic. Most importantly, invisibility of mental health research pertaining to LGBTQ+ people must be acknowledged.<sup>1-3</sup> This can be done in three ways: researchers need to design collaborative and participatory research agendas that are inclusive of LGBTQ+ people; collect demographic data pertaining to sexual and gender identity; and collect other essential demographic data to allow for meaningful comparative data analysis along lines of diversity and intersectionality, including race and ethnicity, (dis)ability, age, income, class, and geography.

This three-pronged approach will ensure inclusion in the research process and the collection of necessary data that will usher in the creation of large comparative datasets, from both qualitative and quantitative research projects. Only through inclusive research agendas can we identify necessary individual, environmental, and social determinants of health, and structure effective mental health interventions for LGBTQ+ people that are rooted in evidence, supported by government policy, and funded appropriately.

We declare no competing interests.

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