



“Under House Arrest”: Mental Health and Minority Stress Experiences of LGBTQ+ Young Adults During the COVID-19 Pandemic in Europe

Anna Malmquist¹ · Marina Miscioscia^{2,3} · Daniela Leal⁴ · Fiona Tasker⁵ · Cecilia Bredenberg¹ · Alessio Gubello⁶ · Jorge Gato^{4,7} · Marie Houghton⁵ · Matilda Wurm⁸

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Abstract

Introduction Increased rates of mental health issues among LGBTQ+ people have been reported during the COVID-19 pandemic, particularly among young people.

Method Semi-structured interviews were conducted in 2021 with 61 young adult LGBTQ+ people residing in France, Italy, Portugal, Sweden, and the UK. Each interview was summarized on a template covering the participants' experiences of pandemic restrictions, mental health, and minority stress during this period. A thematic analysis was conducted on the templates.

Results The pandemic restrictions had a large impact on the participants' lives, leaving them stuck at home. Not having access to the LGBTQ+ community was an additional stress, as this is a venue for support. Half of the participants had suffered from mental health issues during the pandemic. Those who were living in non-affirmative households had a particularly difficult time and experienced overwhelming stress. Increased feelings of gender dysphoria were seen among trans participants due to the lack of access to gender-affirming healthcare. Most participants experienced less distal minority stress than usual due to social isolation restrictions.

Conclusion The COVID-19 pandemic and the associated social restrictions had a large impact on the lives of LGBTQ+ young adults. Many experience worse mental health, although relief from distal minority stress was common.

Policy Implications Policy makers must consider the needs of LGBTQ+ young adults as they seek to explore and establish their gender and/or sexual identity. During a pandemic, it is particularly important to help young LGBTQ+ people to engage with the LGBTQ+ community.

Keywords Sexual and gender minority · COVID-19 · Young adults · Minority stress · Mental health · Social restrictions

Introduction

Due to experiences of structural oppression and discrimination, LGBTQ+ people experience higher rates of depression, suicidal thoughts, anxiety, and substance use concerns

compared to their heterosexual cisgender counterparts (Blais et al., 2015; Hall, 2018; Hatzenbuehler, 2011; Parent et al., 2019; Russell & Fish, 2019; Testa et al., 2017). Increased rates of mental health issues among LGBTQ+ people have

✉ Anna Malmquist
anna.malmquist@liu.se

¹ Department of Behavioural Sciences and Learning, Linköping University, Linköping, Sweden

² Department of Developmental Psychology and Socialization, University of Padua, Padua, Italy

³ Neuropsychiatric Unit, Department of Women's and Children's Health, Padua University Hospital, Padua, Italy

⁴ Centre for Psychology, Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal

⁵ Department of Psychological Sciences, Birkbeck University of London, London, UK

⁶ Faculty of Psychology and Education Sciences, Université Libre de Bruxelles, Brussels, Belgium

⁷ Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal

⁸ Department of Law, Psychology and Social Work, Örebro University, Örebro, Sweden

been largely attributed to experiences of minority stress (Brooks, 1981; Meyer, 2003).

The minority stress model can explain how exposure to distal (external) stressors (e.g. prejudice, discrimination, violence, and threats) adds stress to LGBTQ+ people (Meyer, 2003). In addition, proximal (internal) stressors (e.g., fear of rejection, hypervigilance, and internalized negative attitudes) can create stress when individuals are not directly exposed to stigma. For many, especially transgender people, this results in a need for continuous emotional and relational work to carve out a place where one's existence is acknowledged and where life is livable (Lundberg et al., 2022). The model, initially developed to explain health disparities in LGB people (Meyer, 2003), also has been shown as relevant for understanding minority stress among transgender people (Hendricks & Testa, 2012). Considering this, additional stressors, such as a pandemic, may be especially challenging for LGBTQ+ people.

Since its rapid spread in early 2020, COVID-19 has affected the world's population. With massive responses to fight back the spread of the virus, all European citizens were subjected to restrictions for long periods of time. Early on, researchers raised concerns over the negative effects that may arise from demands for social distance (e.g., Holmes et al., 2020), and particular concern was raised about the effects on already vulnerable populations, such as young LGBTQ+ people (e.g., Fish et al., 2020). Drawing on 61 interviews, the present study explored the experiences of living under pandemic restrictions among young adult LGBTQ+ people in five European countries: France, Italy, Portugal, Sweden, and the UK.

Established rates of mental health issues made the psychological wellbeing of LGBTQ+ youth an early concern during the initial phases of the pandemic and associated imposition of social restrictions (Fish et al., 2020). Now, 3 years later, the bulk of research evidence has attested to these earlier concerns. Several studies have confirmed that LGBTQ+ people have suffered poorer mental health during the pandemic than they did prior to the pandemic (Akré et al., 2021; Kidd et al., 2021; Nowaskie & Roesler, 2022; Runkle et al., 2022; Salerno et al., 2021; Scroggs et al., 2021; Wood et al., 2022). Further, the rise in rates of mental health issues has been shown to be steeper among LGBTQ+ people than among non-LGBTQ+ people (Akré et al., 2021; Lewandowski et al., 2022; Mullin et al., 2022; Nowaskie & Roesler, 2022; Slemmon et al., 2022; Wood et al., 2022).

Several studies have offered explanations for the elevated increase in mental health issues among LGBTQ+ people during the pandemic. These reasons include being rejected or not supported by family of origin (Gato et al., 2020; Gattamorta et al., 2022; Zhang et al., 2022), having an emotionally or physically unsafe home environment (Adamson et al., 2022), not being able to access LGBTQ+ communities (Kidd

et al., 2021), not being able to access transgender health-care (D'Angelo et al., 2021), and a disproportionate rise in the rates of alcohol consumption among LGBTQ+ people (Salerno et al., 2021).

The impact of distal minority stress during the pandemic has been explored by some researchers with reports indicating a complex pattern of results. For instance, one study concluded that increased mental stress was associated with increased victimization among young adult LGBTQ+ people during the first pandemic wave, although only a small proportion of the participants reported being victimized (Salerno & Boekeloo, 2022). In contrast, another study indicated that LGBTQ+ people reported that their exposure to distal minority stress decreased during lockdown (Scroggs et al., 2021). This reduction in distal stress may also apply to the participants in the current study who all lived under varying degrees of COVID-19 restrictions. In four of the five countries included in this study (France, Italy, Portugal, and the UK), these measures included long periods of lock-downs where the population was not allowed to leave home or travel unless strictly necessary. Therefore, schools, universities, and all non-primary necessity businesses were closed. Curfews were established during the spring of 2020 and gradually lifted in the summer of the same year (Décret, 2020a; DPCM 8 March, 2020a; Ferreira da Silva et al., 2022; Jarvis et al., 2021). However, restrictions including lockdowns were reintroduced during the autumn/winter of 2020, and some restrictions continued until the spring/summer of 2021 (Décret, 2020b; Décret, 2020c; DPCM 3 December, 2020b; DPCM 22 April, 2021; Ferreira da Silva et al., 2022; Jarvis et al., 2021).

Sweden's response to the pandemic differed from the other countries, as restrictions were largely voluntary (Ludvigsson, 2020). In March 2020, Swedish universities initiated distance learning, employees were recommended to work from home, and all unnecessary travel avoided if possible. As in other countries, restrictions were eased during the summer of 2020, but stricter voluntary restrictions were reinstated in late 2020 and were gradually lifted during 2021 (Public Health Agency of Sweden, 2020).

Research Aim

Most of the studies reviewed above explored the impact of the COVID-19 pandemic on LGBTQ+ people through conducting online quantitative surveys, thus providing an outline of general results and some answers to specific research questions to elucidate explanatory covarying factors. Collecting more nuanced qualitative data might help to disentangle the subtleties of idiographic experience that underlie the complex pattern of results that has emerged from quantitative studies. Therefore, the current study set out

to explore how LGBTQ+ young adults reflected upon their experiences of social restrictions during the pandemic and how these relate to their experiences of minority stress and in turn impacted their psychological wellbeing. Drawing on semi-structured interviews with 61 young LGBTQ+ adults from five European countries, the aim of the present study was to provide insight into how the pandemic was experienced by these young people themselves and to consider how some managed to avoid the deterioration in mental health that many LGBTQ+ people experienced.

Methods

Data Collection

The present work was conducted as a collaboration between researchers based within the field of LGBTQ+ psychology, who between them have a variety of gender and sexual identities. Researchers based in Italy, Portugal, Sweden, and the UK recruited participants (aged between 19 and 34 years) for the study in their country and conducted the interviews. The Italian research team also recruited participants and conducted interviews in France. The procedures used to collect data varied somewhat between the countries.

Participants from Italy and Sweden were recruited through an online survey directed to young LGBTQ+ people during the first wave of the COVID-19 pandemic, which was distributed in social media, e.g., in Facebook groups for young LGBTQ+ people. The survey included a question where respondents were requested to indicate their interest in participating in an interview study. Respondents who indicated their interest provided their email addresses and were contacted by the researchers. Participants in the UK were recruited through a similar survey but were encouraged to contact the researchers themselves to schedule an interview, a prompt met by only a few adult participants under 35 years. The recruitment of the French participants happened via word of mouth and on social media platforms. LGBTQ+ associations in the Paris area were contacted through emails explaining the project, which were then forwarded to others. The Portuguese interviews were conducted as part of a larger research project about parenthood and social networks of sexual minority and heterosexual persons and also recruited via snowball sampling.

People who expressed an interest in participation were given further information about the purpose of the study and the procedure of the interview. Semi-structured interviews were conducted between January and December 2021, following an interview guide including questions about how life had changed with the pandemic restrictions, fear of catching or spreading the virus, and experiences of mental health and minority stress during the

pandemic period. Most interviews were conducted through the secure video calling platform, Zoom Meetings, while a few were conducted over the telephone. Interviews lasted between 30 and 135 min. All interviews were audio recorded and transcribed verbatim. Participants in Italy, Sweden, France, and the UK were interviewed in single interviews with one of the core research teams or a psychology student from that country. In Portugal, participants were interviewed as couples, because couple interviews were necessitated within the ethical specification of the wider Portuguese research project. In the Portuguese interviews included in the current paper, both partners' experiences have been included in the analysis.

The researchers employed various methods to ensure confidentiality within the transcript data. Pseudonyms were assigned to the participants and all identifying information, such as names of people, locations, institutions, and job titles, were redacted or suitably disguised.

Participants

The total sample consisted of 61 self-identified LGBTQ+ young adults, aged 19–34, with a mean age of 26 years (see Table 1 for a summary of demographic details). Most participants had a sexual minority identity ($n = 57$, 93.4%), and about one-third had a gender minority identity ($n = 20$, 32.8%). The participants resided in five European countries during the pandemic: Portugal ($n = 17$, 27.9%), Italy ($n = 15$, 24.6%), Sweden ($n = 15$, 24.6%), France ($n = 10$, 16.4%), and the UK ($n = 4$, 6.6%). Most participants were part of the white ethnic majority inhabitants in their respective European countries ($n = 51$; 83.6%). Most participants were employed ($n = 36$, 59.0%), but many were students ($n = 23$, 37.7%), with some working alongside their studies. Two participants (3.3%) were unemployed.

Twenty-one participants (34.4%) were living in their parental home at the time of their interview, while 18 (29.5%) shared housing with their partner, six lived with friends or fellow students (9.8%), and 16 lived alone (26.2%). Participants' housing situations differed between the countries. To live alone was the most common situation experienced by French participants, while most Italian and Portuguese participants lived in their parental homes. Most of the Swedish participants, and all of the British ones, shared housing with their partner or lived alone. These housing differences corresponded to the general patterns observed in Europe since young adults tend to remain longer living in their parental homes in southern Europe compared to Northern or Central Europe (Angelini et al., 2022). Several participants had moved house during the pandemic period, e.g., moving in with their partner or returning back to a parental home.

Table 1 Participant characteristics (total sample $n=61$)

Age	Mean (range, SD)
26 years	(19–34, 3.7)
	<i>N</i> (%)
Gender identity	
Woman	27 (44.3)
Whereof cisgender	22 (36.1)
Whereof transgender	5 (8.2)
Man	24 (39.3)
Whereof cisgender	19 (31.1)
Whereof transgender	5 (8.2)
Nonbinary	8 (13.1)
Questioning	2 (3.3)
Sexual identity	
Bi- or pansexual	23 (37.7)
Lesbian	13 (21.3)
Gay	16 (26.2)
Heterosexual	4 (6.6)
Queer	2 (3.3)
Other	3 (4.9)
Ethnic majority/minority	
Ethnic majority	51 (83.6)
Ethnic minority	10 (16.4)
Country of residence	
Portugal	17 (27.9)
Italy	15 (24.6)
Sweden	15 (24.6)
France	10 (16.4)
UK	4 (6.6)
Occupation	
Employed	36 (59.0)
Studying	23 (37.7)
Unemployed	2 (3.3)
Housing situation	
Living in parental home	21 (34.4%)
Living with partner	18 (29.5%)
Living alone	16 (26.2%)
Living with friends, in dorm, etc	6 (9.8%)

Data Analysis

The large data set covered 61 interviews in five different languages, English, French, Italian, Portuguese, and Swedish. None of the researchers spoke all five languages and translation of entire transcripts into English was not possible owing to tight budgetary constraints. Thus, to provide a manageable dataset within the current investigation, the first author designed a qualitative data template (Brooks et al., 2015) whereby the findings from each interview were coded into predetermined topics of interest (see supplementary material for the template). The template consisted of

three open spaces where each participant's reflections about restrictions, mental health, and minority stress during the pandemic were summarized, and verbatim quotes from the transcript to support the summary interpretations were supplied by the core research team and translated into English prior to being placed in the dataset used in the current investigation. In this way, one template for each participant was collated by the first author. Besides solving the problem of language barriers, the template clarified areas of interest, which lowered the risk for variability due to individual interpretation. Since all research teams had prior experience with qualitative studies related to LGBTQ+ issues, researchers were used to considering their own positionality in relation to the data and were encouraged to reflect on how their own identity might influence results.

To gain an overview of the entire dataset, the first author carefully read through all 61 templates and all translated quotes. Short notes were made during the reading. In the next step, summarized data in the template were carefully coded and sorted into broad themes. Thus, the lead author employed a similar procedure to that used in Braun and Clarke's (2006) thematic analysis, albeit that coding proceeded on template data summaries, not original transcripts. In addition, to ensure that participants' demographic characteristics could also be taken into consideration, data summaries were sorted based on the participants' gender and sexual identities, housing situation, and country of residence. Finally, the results were written up, and quotes were added to illustrate the findings. Each selected quote was carefully read by the native English-speaking researchers in the research team. Any unclear formulations were discussed between them and the researchers who had translated the quote from the original language. Some adjustments were made to ensure both the accuracy of the translation and the maintenance of the meaning conveyed by the participant.

Results

The results of the study covered three sets of findings. The first described how participants experienced both the pandemic and the associated social restrictions. The second described whether participants perceived connections between living under pandemic restrictions and their own psychological well-being. The third described how participants' experiences of minority stress were reported and whether they perceived connections between distal minority stress and psychological wellbeing.

Experiencing Pandemic Restrictions

Despite differences between governments regarding when, where, and how restrictions were put in place during the

first waves of COVID-19, participants' experiences of the restrictions were similar rather than distinct across all five European countries. Four themes summarized their reflections: canceled activities and engagements; being stuck at home; not being able to access their LGBTQ+ community; and the challenges of socializing online.

Canceled Activities and Engagements

With the restrictions enforced to diminish the spread of COVID-19, most participants described a loss of activities and social contacts. These restrictions were stressful for this group of young LGBTQ+ adults, among which many suffered from mental health issues. Several spoke of sadness, or frustration, over not being able to meet friends or family members unless they shared housing. Participants also mentioned not being able to do their usual social activities, such as hobbies, socializing at bars, visiting concerts, and the like. In addition, many participants suffered from not being able to go to the gym, or places where they otherwise could be physically active. In the following quotes, Rui and Maria described feelings of suffocation due to not being able to socialize as usual:

Stay at home because somebody tells me to do it, no! I don't like it. I like to go out, walk down the street, see other people, and stay with them... Basically, I like to feel free, I don't like to feel like a prisoner at home, it kills me, I don't know what to do, I became annoying! (Rui, cisgender gay man, 28, Portugal)

Gathering together, my family loves it! Being at the table, being with the family, eating, drinking, talking about everything and anything else. And with the pandemic, right? We had to reduce contacts. (Maria, cisgender bisexual woman, 27, Portugal)

The restrictions regarding traveling had affected some participants significantly. Travel restrictions hindered participants in long-distance relationships who were unable to visit their partner. Some said they had canceled major plans, for example, plans for studying abroad or being able to return home during such studies. Eleonora could not leave Italy to study abroad due to travel restrictions:

I felt like I was in limbo, stuck in Italy, because I hadn't realized yet that I was going to be stuck [here] that long, I thought a couple of weeks, then a month, then a month and a half, and then I stayed like six months. But who knew! (Eleonora, cisgender bisexual woman, 25, Italy)

Participants who had shifted to remote work or studies during the pandemic experienced a major impact on their everyday lives. One unemployed participant mentioned considerable difficulty in trying to find a job during the

pandemic. Other participants highlighted difficulties when performing their work, or in staying focused on their studies, while at home. Sandra, who was working remotely when interviewed, reflected on the difficulties she experienced when trying to separate work from leisure time when being at home in her apartment 24/7:

Working, watching TV, and [it's] really hard right now to separate work and life. [...] I'm doing everything at home right now. [...] Several times I've thought of something I should do, at 9 pm, and then I've started working again. (Sandra, transgender bisexual woman, 20, Sweden)

A handful of participants mentioned how they had not always been compliant with the pandemic restrictions and on some occasions decided to disregard them to meet their partner or friends. This included participants living under voluntary restrictions, as well as those under strict lockdowns.

Being Stuck at Home

Staying isolated at home was hard for most of the participants, both for those who were living alone and for those who lived with others. One participant, who lived with his partner said "I felt under house arrest" (Duarte, cisgender pansexual man, 26, Portugal). Pierre was more expansive when describing his experiences of feeling isolated in his apartment:

I really felt like I was freaking out because I couldn't meet a man, I could not see my friends, I had no contact, I have no contact with my family, so here and then and yeah it was complicated. (Pierre, cisgender gay man, 34, France)

While most participants experienced being "stuck at home" and feeling isolated as a stressful challenge, a few participants did thrive under these conditions as this gave them the opportunity to focus on their studies or work or to process things for themselves. Raj took extra courses:

I think the pandemic gave me more opportunities than disadvantages because a lot of things. The schools and things like that went online and it gave me more time [...] because that travelling and things like that takes a lot of time. (Raj, cisgender bisexual man, 21, France)

Among those who shared their home with their partner, several described growing feelings of tension in their relationship because of being isolated in a small space. Eli reflected on this:

[Our] relationship has probably been affected a lot. Just because we both work from home [laughs]. [...] You really get on each other's nerves, over really pointless

shit, just because we both need space and time alone.
(Eli, nonbinary bisexual person, 24, Sweden)

Participants who shared housing with their parents, siblings, friends, or fellow students also reported relationship tension, and this was particularly true for those who did not feel comfortable or safe in their homes. Giacomo described a strained relationship with his family of origin:

I would put myself in a room, spend the rest of the day in there and the rest of the family would stay outside. But it wasn't always like that, in the moments when we did confront each other, however, the situation was rather frosty. (Giacomo, transgender heterosexual man, 20, Italy)

In contrast to those who felt trapped by relationship tension at home, other participants described how they had decided to move in with their partner during the pandemic, to escape the loneliness of being in a single household, and to be able to see their partner during a period of lockdown. Likewise, other participants moved back in with their parent/s for similar reasons with the aim of beating loneliness. Nevertheless, moving back to live with the family of origin was not always a positive experience as some participants had felt compelled to return to living with their unsupportive parent(s) because of the housing difficulties they faced during the pandemic, e.g., due to canceled university or training programs, or for financial reasons.

Not Being Able to Access Their LGBTQ+ Community

With most venues being closed during the pandemic, many participants expressed frustration about not being able to access venues where they usually met up with others in the LGBTQ+ community. Many LGBTQ+ associations had been running support groups for their members at various public venues. In their interviews, several participants stressed how important the LGBTQ+ community was to them because it offered them the opportunity to be supported or just to socialize in a space where they felt safe and included. Angelica pinpointed how important the local LGBTQ+ association was for her and how difficult it was not to access this:

I could no longer go to the places that I used to go and hangout places even for gays and lesbians, gay bars, clubs of this type or even LGBT associations that I attended on several occasions [...] it was always for me a reference point, as a group of people, as places to go. (Angelica, cisgender lesbian woman, 32, Italy).

For some participants, closed LGBTQ+ bars and other meeting places meant missed opportunities to find a partner. Luc expressed his frustration over this circumstance:

I'm 28 years old and I don't have anyone, so I'm kind of under pressure, even before COVID and during COVID, to just find someone, the social pressure to find someone, but I also felt during COVID: "Okay, I'm losing my time right now, I won't be able to find someone, the pressure is even harder now." (Luc, cisgender gay man, 28, France)

The Challenges of Socializing Online

Many participants transferred some of their social connections from in-person to online formats and used video chats to keep in touch with family or friends. Some mentioned that they regularly gathered online to chat, eat, drink, or perhaps watch a movie together. Even living-apart-together partnerships were continued online. Isabel spent the first lockdown in Portugal physically separated from her partner:

We were physically apart but continued to communicate [...] by videocall, all possible dynamics. We were not physically together for a significant period of time, three or four months. And of course, a distance relationship is different. (Isabel, cisgender lesbian woman, 27, Portugal).

In contrast, for other participants, online socialization with family, friends, or a partner had felt so uncomfortable they had decided to avoid online meetings if possible. Angelica described her feelings about making video calls:

The idea of getting in touch with a person in this way, a loved one who was my mother, my father, my sister, etcetera, gives me an absurd sense of sadness. [...] It makes me feel bad, it's not something I do lightly, it doesn't come naturally to me. In fact, I've done very few of them [video calls], even with friends. (Angelica, cisgender lesbian woman, 32, Italy)

Aside from managing the new social dynamics of meeting family, friends, or partners online, the imposition of social restrictions with the pandemic also opened the challenge of how to enjoy, or benefit from, LGBTQ+ community spaces online. Activities within the LGBTQ+ community were offered online by many organizations, including the provision of regular support groups. Although the pandemic provision of online resources was important and valuable for many participants, others spoke about the impossibility of replacing a physical meeting with a virtual one. Two transcript extracts from transgender lesbian women highlighted contrasting glimpses of divergent experiences with online provision. Sombria found online support to be both important and helpful long-term:

Every time I've done one of those [online events] that's felt really nice [...] To feel like "Oh these are people

like me” [...] “This thing is run by people like me” [...] that’s made me feel really connected. (Sombria, transgender lesbian woman, 32, UK).

In contrast, Jessika described her agonizing experience of online support group meetings. Jessika detailed how her regular visits to a support group had been tremendously important to her prior to the onset of the pandemic, but then explained that when these meetings went online she quickly felt unable to continue:

I felt that I really needed that, what can I say, the physical contact, it does not feel the same online, it is not the same connection, you do not get the same support, it feels like, everyone is so far away like, when it is just audio and video. (Jessika, transgender lesbian woman, 24, Sweden).

Mental Health Experience

The pandemic period impacted the mental wellbeing of the participants in a variety of ways. About half of our sample described themselves as suffering from some severe mental health issues, such as depression or severe anxiety, at least some of the time during the pandemic. Additionally, one-third described the pandemic as mentally stressful but did not describe any severe health problems due to this. Only one-fifth of participants reported feeling mentally well during the pandemic. Three themes reflect different experiences of mental health during the pandemic: suffering from poor mental health; suffering from milder mental stress; and feeling well, despite the pandemic and associated restrictions.

Suffering From Poor Mental Health

Severe mental health issues were experienced among half of the participants, distributed across participants from all five countries, and were particularly common among gender minority participants. Several described how they struggled with mental health issues already before the onset of the pandemic, and most of them thought as Josephine did that their state had worsened with the pandemic: “My mental health is worse than usual. It’s covered in a pandemic fog somehow.” (Josephine, cisgender lesbian woman, 29, Sweden). Others indicated that the pandemic period coincided with the onset of their mental health issues. Common conditions were anxiety disorders, panic disorders, and depression. For example, Giacomo and Daniel both reflected on this:

I had fallen into a state of depression. I had excessive hair loss, I didn't eat. I remember that it was a continuum between crying, stress, anger. (Giacomo, transgender heterosexual man, 20, Italy)

Just imagine me, totally neurotic, I wasn't leaving the house, I couldn't sleep well, I was feeling horrible, horrible! (Daniel, cisgender gay man, 29, Portugal).

Several participants with poor mental health described a fear of catching COVID-19. Some feared the virus because they belonged to a high-risk health group, while others mainly feared spreading the virus to others, e.g., their elderly relatives. A few participants suffered from obsessive–compulsive disorder and had become obsessed with excessive cleaning and hand washing to avoid contamination:

I have OCD since before, and am basically this lovely hypochondriac type, so I’ve definitely been worried. [...] If I would have it, I would probably infect someone else, and then you don’t know how this person will get along, and then it’s like “Do I want this on my conscience or not?” [...] I have definitely not met anyone in person. (Jessie, nonbinary person, attracted to women, 24, Sweden)

Most participants experiencing poor mental health suffered from loneliness and some specifically mentioned the lack of stimulation and routines caused by the social restriction measures. Some described an inability to keep up daily routines for mealtimes, sleep, and hygiene. Participants who suffered from agoraphobia or social phobia described their worsened mental health during isolation, and for some, the return to an open society between or after lockdowns, was the hardest part. One participant had experienced suicidal thoughts, and a few described heavily drinking. John had been drinking when isolated at home:

I kind of felt a little crazy being like in my apartment all day [...] I need to get out. I need to do something, you know, you couldn’t like just stay in too. So, I think I definitely drink more during COVID just because there was nothing else to do. (John, cisgender gay man, 26, France)

Some participants mentioned how healthcare appointments had been canceled or postponed because of the pandemic situation. A few had not been able to access psychological treatment despite seeking help, and some had postponed seeking help because of their country’s healthcare situation. Several transgender participants suffered badly from not being able to access gender-affirming treatment, including hormonal treatment. Giacomo had this experience:

[Hormonal treatment] was supposed to start, but because of the pandemic they had to stop everything, and I haven’t heard from them for a long time, so I experienced it very badly, more from a medical point of view. It has been a constant postponement, unfortunately. (Giacomo, transgender heterosexual man, 20, Italy)

Postponed treatment led several trans participants to experience increased gender dysphoria. Because of the prolonged waiting period for assessment and treatment, a few participants sought self-medication. Even when aware of the serious health risks of buying hormones online, these participants could not see any other option available to them. Addison explained how their appointment with a gender dysphoria team kept being postponed because specialist healthcare staff had been redeployed to meet the needs of COVID-19 patients:

You get told six to eight months [of waiting time], then you get another letter saying “Oh no its twelve months now”, then you get told on the phone “Sixteen months”, and then you get another letter saying “Eighteen to twenty-four”, it is a massive kick in the teeth. (Addison, nonbinary person, attracted to women, 25, Sweden)

Suffering from Milder Mental Stress

Across all five countries, a third of participants reported feeling more stressed than they usually did during the pandemic but did not describe any episodes of severe mental health issues. Common experiences were feeling stressed, lonely, and frustrated. Cheng explained how loneliness and boredom had made him suffer:

I cannot stay at home a very long time now. Otherwise, I would be-, I will be depressed. I want to go out. I want to see my friends. (Cheng, cisgender gay man, 25, France)

Adjusting to the new conditions within lockdown, or heavy restrictions, was a strain for most participants. Uncertainty about the future, the longevity of these restrictions, or the course of the pandemic added to this. Sarah described their difficulties adjusting to the new conditions at the onset of the pandemic, while Liam discussed how challenging it was to cope with the second pandemic wave:

There were bad times on a psychological level. I had no control over what was going on because it was all so much bigger than me. [...] And so the only thing I could do was breathe and figure out what I could improve. (Sarah, nonbinary person, attracted to men, 21, Italy)
November [2020] I felt was, I felt that it was heavier than most months. Because there was a lot at work, there were new [pandemic] restrictions, it was a very long time left until the light was coming, beginning to come back, and you hadn't heard anything about vaccines like, so it felt like it was dark on all fronts. (Liam, cisgender gay man, 26, Sweden)

Like some of the participants who experienced more severe mental health problems, some in the group reporting milder problems also felt stress and concern about the spreading of the virus, including fears of being infected, infecting others, or worries about the safety of their loved ones. Some participants became obsessed with following news updates on the pandemic or developed hypochondriacal tendencies. Chaira shared her house with her mother, who worked with COVID-19 patients. Chiara explained how stressful it was for her, hearing her mother's testimonies:

I remember one morning she came home after a 12-hour shift, she says, crying desperately, saying, “Three people died on me tonight, three in one night.” And I was, I mean I didn't know how to cope with that. And so I was terrified, I was terrified, I was so scared. (Chaira, cisgender bisexual woman, 25, Italy)

Feeling Well, Despite the Pandemic and Associated Restrictions

About one-fifth of the participants saw themselves as being relatively unaffected in mental health terms during the pandemic. These participants found that the imposition of pandemic restrictions offered them a time of calm and peaceful reflection, albeit interspersed with small periods of mild stress about catching or spreading COVID-19 or times when they missed not being able to meet up with family or friends. Notwithstanding, this group of participants generally felt well during the pandemic and were able to adapt to the new conditions without untoward suffering. In some cases, participants linked coping well with the pandemic to their enhanced comfort derived from being home-based, or in greater contact with people they cared for and who cared about them. For example, Nataila linked her mental well-being during the pandemic to being surrounded by people doing pleasurable everyday activities, like watching TV with her family and hanging out with her friends online. From declaring her overall mental wellbeing during the pandemic, Natalia segued into explaining this in terms of being surrounded by people and how both family and friends provided enjoyable company and entertainment:

I had stable mental health, I guess, I was surrounded by people, so it wasn't that bad. [...] We used to watch movies and series with my family at home, but also with my friends online. [...] It was fun. (Natalia, cisgender bisexual woman, 22, France)

Some participants explained how staying at home fitted with their personal preferences. Filipe described feeling relaxed and enjoyed spending time at home with his partner:

It didn't affect me that much because I like being at home, I like watching movies. That for me was, I must have been one of the people who got through the pandemic better in terms of isolation at home. (Filipe, nonbinary queer person, 24, Portugal)

Other participants explained how working or studying from home had decreased their daily stress levels. Participants also described the advantages of lockdown periods because it gave them time and space to reflect on themselves, their identity, and their dreams for the future. Thus, the pandemic and lockdown periods gave some participants increased space for self-reflection to make important decisions, such as ending a dysfunctional relationship or helping them come to terms with their gender or sexual minority identity. Sam had been exploring her gender identity:

I think like both having that extra kind of freedom and solitude to explore more, [it] has been kind of an opportunity to experiment more with identities and things. (Sam, transgender bisexual woman, 26, UK)

Minority Stress Experiences

Most participants experienced varying degrees of distal minority stress during the pandemic, e.g., situations where they had been exposed to prejudice, threats, or violations either overtly or through being the target of microaggressions directed at their gender and/or sexual minority identity. Among the participants, exposure was encountered in public spaces as well as experienced at home and online and three clear themes were evident: minority stress exposure at home; minority stress exposure online; and being less exposed than before.

Minority Stress Exposure at Home

Not being able to get away from distal minority stress at home was particularly stressful for some participants. For example, one participant described being exposed to distal minority stress in her dorm with fellow students exotifying her bisexuality and her intimate relationship with another woman, which led to this young woman leaving her dorm and moving in with her partner.

While most participants who lived with their parent(s) reported good mental health or milder stress, some spoke of being exposed to distal minority stress emanating from an intolerant parent. They found themselves isolated in an environment where their gender or sexual identity was disrespected. Their reaction to this included proximal minority stress as they had to retreat back into the closet for fear of encountering disrespect. Thus, to mentally survive the stressful period of being isolated at home, these participants

toned down their queer side to present a normative appearance and manner. In turn, this concealment led to the feeling of their authenticity being erased as they were rendered invisible as a complete person, such as Giuseppe described:

When I was at home, quarantined with my family, let's say a part of me didn't exist. [...] I mean, it's kind of the "don't ask, don't tell" rule. (Giuseppe, cisgender queer man, 23, Italy).

A few participants had been in a situation where they felt able to confront a parent over stigmatization rather than engage in the process of concealment and invisibility. Giorgio, a transgender man, described how he had experimented with his gender expression during the pandemic by starting to explore how to express a more feminine side of himself. When his family showed their dislike of this experimentation, Giorgio confronted their intolerance:

I asked for a mini-family meeting the three of us in the living room to explain that I, it's not like I can put polish on my nails ten minutes earlier in my room and then if I have to go to the kitchen or the toilet I take my nail polish off and then when I get back to my room I put it back on. I mean, it was kind of impossible for me. (Giorgio, transgender heterosexual man, 26, Italy)

For some participants, pandemic isolation in a parental home had prevented them from spending time with their partner, not only because of the government-imposed household restrictions on external social contacts, but also because parents did not know that a "friend" was actually a partner. For example, Angelica's partner did not want to tell her parents about her romantic relationship with a woman and thought that frequent visits to Angelica's home might have aroused parental suspicion:

There were days when it was really a bad situation. Also, because I had some limits relating to my girlfriend's company as she was not out, she was concerned about spending too much time together with me [as] her parents don't know what relationship we have. (Angelica, cisgender lesbian woman, 32, Italy)

Exposure to Minority Stress Online

When spending more time online during the pandemic, a few participants described experiencing escalating levels of exposure to online intolerance. Fredrik described his frustration at becoming involved in discussions about whether or not transgender people, like him, do exist:

I do not know if it has increased, or if it is because you are there [online] more, but ... it feels like there is some kind of discussion about transgender people,

like whether “they exist or not” [...] I feel like someone is discussing my life in a way that is not, yeah as if it is a concern, or as if it is something that, something that you can discuss like “whether it is okay or not”. (Fredrik, transgender heterosexual man, 28, Sweden)

Another participant, Ellen, explained how distal minority stress situations had become more difficult to handle when it was impossible to meet face to face. She had been exposed to a stressful situation when she had been unwillingly outed at work. Ellen’s stress level was added to, because she did not know how the aftermath of this situation had been handled by her colleagues and boss:

Because then I do not know, again this distance thing, I do not know what is happening, I do not know what they are saying, or what this colleague specifically is saying or what is happening, I have no idea if it turns out the way that other colleagues promised me. (Ellen, cisgender lesbian woman, 29, Sweden)

While most LGBTQ+ people learn how to cope with exposure to distal minority stress situations in person, being confronted online may require different coping strategies. One participant talked about how uncomfortable they felt correcting people who used the wrong gender pronoun in an online conversation, an experience that repeatedly happened to them during the pandemic.

Being Less Exposed to Minority Stress Than Before the Pandemic

With canceled social gatherings, remote work or educational studies, and widespread restrictions on access to public arenas, several participants described how they had been less exposed to distal minority stress during the pandemic, simply because they no longer went to places where they otherwise experienced it. Emma had an unsupportive family of origin and the pandemic had meant a welcome suspension of stressful family gatherings:

In a normal year I meet them, [...] maybe ten times spread over the year, [...] I probably often feel quite tired, because it, they feel very LGBTQ excluding. So now, during the pandemic, I have not been able to meet them. (Emma, gender questioning asexual person, 25, Sweden)

Others spoke of regularly occurring minority stress situations at work, in social gatherings such as parties, and in public spaces such as cafés, bars, and the like. Some participants experienced lockdown as a respite from exposure to the level of distal minority stress they had previously encountered in public spaces. This sense of relief from exposure was particularly prominent among transgender

participants. For instance, Sombria and Eli both remarked on different aspects of this:

[Minority stress] wasn’t an issue for the first lockdown because there was no one around [...] I had that first few months with kind of not really much danger. (Sombria, transgender lesbian woman, 32, UK).

I think honestly, I have been exposed to less minority stress because I have been exposed to fewer situations of being among people. I do not go into a clothing store, so therefore I am not worried that someone will expose me to violence in the clothing store. It is quite a basic concept, which is also in itself a bit dangerous, because it, it strengthens this agoraphobia that you can have as a trans person or as an LGBTQ person in general as well, if you avoid situations, you will not be exposed to as much stress and violence. (Eli, nonbinary bisexual person, 24, Sweden)

Although participants had been exposed to fewer instances of distal minority stress than usual due to the imposition of pandemic restrictions on the use of public spaces, Eli was hesitant to conclude that this was an entirely positive thing. Instead, Eli pointed out that while not being visible might be a relief in the short run, reduced opportunity “to be visibly out there” was not good for the LGBTQ+ movement in the long run. Eli continued by explaining the cyclical processes of minority stress:

The more visible we get, the more we become accepted. But also, the more visible we get, the more we risk ourselves, so then it’s very understandable if you don’t want to be seen, or you don’t want to stand on the barricades. But at the same time, like, how are we supposed to do it otherwise? (Eli, nonbinary bisexual person, 24, Sweden)

Eli expressed that they feared that the lower visibility of LGBTQ+ people would lead to increased expressions of prejudice and increased experiences of distal minority stress. They thought LGBTQ+ people would therefore take countermeasures to avoid exposure and avoid more situations. Indeed, other participants in the sample took a variety of measures to pass or to simply avoid being noticed, a form of proximal minority stress. In Francesca’s case, the recommendation during the pandemic to wear a face mask in public led to her becoming comfortable appearing in public behind a face mask that concealed her physical appearance with Francesca experiencing an additional benefit through being able to pass more easily:

I feel a tremendous anxiety when I walk down the street without a mask on to protect me, from the minority stress, from the anxiety about the prying eyes of others who, in my head, are looking at me exclusively

for that reason [me being transgender], that is because I automatically think about that and therefore I have, a lot of anxiety related to that. I have a lot of anxiety, because taking off the mask means being naked in front of people. (Francesca, transgender pansexual woman, 33, Italy)

Francesca depicted the pandemic as a period when she had been able to spend time in her own cocoon, i.e., in a safe space where she could experiment with her gender expression away from the possible risk of violence. But in turn, this isolation, and perhaps an inherent conflict between a growing empowerment stemming from the developing expression of her own gender identity combined with an increasing sense of the need to conceal it from others, also led Francesca to increase her alcohol use to a level that she was concerned about.

Discussion

When participants shared their experiences with us, it was striking what a huge impact the pandemic and associated restrictions had on their daily activities. At various points in the pandemic, previously active lives at work or school, or at leisure when engaging in hobbies, working out at the gym, or socializing with friends, family, and partners, were all replaced by remote work or studies and a significantly diminished social life. While these limitations have affected the population in general (Holmes et al., 2020), the effects on LGBTQ+ young adults were particularly worrying given the generally poorer mental health experienced by this group (Fish et al., 2020). In addition, some participants had made huge sacrifices, for example, because they could not meet up with a partner they did not live with, or they had been forced to cancel their plans to study abroad or to access much-needed healthcare such as gender-affirming interventions. Many participants reported difficulties adjusting their daily routines to comply with the changes in the circumstances of the pandemic or its associated social restrictions. Consequently, many participants struggled to find stimulation and meaning in their lives. The feeling of being “stuck at home” was frequently reported and led to loneliness among those participants who lived alone, or kindled relationship strain for others who shared their home with someone else. We were struck by the variability of experiences described by the 61 LGBTQ+ people from the five European countries we interviewed. Different people experienced being disadvantaged, or in a minority of cases being advantaged, by the imposition of social restrictions during the pandemic. The LGBTQ+ young adults we interviewed were keenly aware that the pandemic had set in motion varying consequences for their psychological wellbeing.

Interestingly, pandemic restrictions were described as being experienced in rather similar ways among participants across all five countries. While the populations of France, Italy, Portugal, and the UK were confined under mandatory restrictions and curfews for long periods, most of the restrictions in Sweden were not legally enforced although they were strongly recommended. However, participants from all five countries largely claimed to have been compliant with whatever restrictions were imposed. The few participants who mentioned instances of noncompliance were distributed across the five nations sampled. This is in line with a US study showing that LGBTQ+ people had lower rates of SARS-COV-2 infection compared to non-LGBTQ+ people, a finding that perhaps indicates that LGBTQ+ people in general have been more socially isolated (Jackson et al., 2022). A high compliance with restrictions could possibly be understood in relation to on average poorer physical health among LGBTQ+ people (O’Neill, 2020). However, within our sample of young adult participants aged under 35 years, few participants described fears for their own health but instead feared passing on the virus to someone whose health they considered to be at greater risk.

Findings from the present study also delved into the reasons why nationally imposed social distancing measures became a particular challenge for LGBTQ+ young adults. While many of the adjustments and stresses related to the COVID-19 pandemic were not unique to the LGBTQ+ population, governmental imposition of social distancing restrictions sometimes led to an LGBTQ+ person being confined in a home where they felt unsafe (Adamson et al., 2022). In such a situation, being isolated at home meant coping with much more than just the boredom of canceled activities. As shown in this and previous studies, young LGBTQ+ people living with unsupportive or rejecting parents were particularly vulnerable during the pandemic lockdowns (Gato et al., 2020; Gattamorta et al., 2022; Zhang et al., 2022). However, it is important to note that at least in our sample experiences of poor mental health were found not only among those living with parents but also among participants who lived alone, with their partner, or in shared accommodation such as student dorms. Likewise, participants who had enjoyed good mental health during the pandemic were similarly spread across different types of living situations. Thus, a positive family climate could also have been a protective factor for many (Vázquez et al., 2023).

Social restrictions limited young adults’ access to the LGBTQ+ community. Even when support was offered online, either by LGBTQ+ associations or through other services, some participants in our study felt unable to make good use of it. Online engagement in general could lead to being exposed to distal minority stress, which often needed a different set of resilience strategies to those that participants had previously developed and practiced when encountering

overt or covert prejudice in person. One group of participants who often felt under pressure in online interactions were transgender people. This is in line with recent developments in the rise in levels of hate speech and expression of transphobia across countries (ILGA, 2023). In addition, transgender participants mentioned problems accessing healthcare services. Waiting lists for first-time appointments at gender clinics were long and lengthening, largely because of the high level of demand and the shortage of provision at gender clinics and related endocrinological and surgical services (see also D'Angelo et al., 2021). In summary, even though some difficulties were similar for LGBTQ+ people and heterosexual cisgender people, some topics in participants' stories highlighted particular challenges. The main specific challenges were: living with an unsupportive family; not being out and therefore not being able to invite a partner over; not being able to get an assessment for gender-affirming care; not being able to access LGBTQ+ communities that in turn limited the availability of sources of connection, support, and venues for identity exploration.

Unsurprisingly, most participants experienced a deterioration in their psychological wellbeing during the pandemic. Among our interviewees about half described suffering from some more severe symptoms of mental health problems. These findings echo those from previous research showing that LGBTQ+ people suffered from increased rates of poor mental health during the pandemic (Akré et al., 2021; Kidd et al., 2021; Nowaskie & Roesler, 2022; Runkle et al., 2022; Salerno et al., 2021; Scroggs et al., 2021; Wood et al., 2022). Participants who suffered from poor mental health were found across all five countries. Thus, despite the non-mandatory restrictions in Sweden, both mild and more severe mental health problems were still reported by many Swedish participants. Mental health problems were particularly common among binary and nonbinary transgender participants—an unsurprising finding given the generally higher rates of mental health problems among transgender young adults (Wittlin et al., 2023).

The mental health symptoms described by participants highlighted the massive mental health costs of the fear surrounding COVID-19 and the isolating effects of the pandemic restrictions. Participants reported a variety of symptoms ranging from depression, anxiety, panic attacks, obsessive-compulsive disorders, gender dysphoria, suicidality, and heavy drinking. Some participants described their downslide into mental health problems as coinciding with their inability to adjust to new routines during lockdown periods. Some participants even reported being unable to maintain a consistent daily routine for sleeping, eating, and physical exercise. In addition to those suffering more serious effects on their mental health, many other participants described experiencing mild or moderate levels of distress at various points during the pandemic,

which they attributed to the loneliness, stress, or frustration they felt or to the tension provoked around the pandemic and associated restrictions. While the restrictions also influenced the general population negatively (Holmes et al., 2020), participants described several stressors specifically related to their minority status. Thus, in line with the minority stress theory (Meyer, 2003), we argue that LGBTQ+ young adults experienced additional stressors that were added to the general stressors experienced by everyone that in turn influenced their health negatively.

Notwithstanding, it is notable that a few participants, who had previously experienced mental health problems prior to the pandemic, reported that their symptoms declined with the onset of the pandemic and associated restrictions. However, only about one-fifth of the participants described feeling well throughout the pandemic. Among those who remained well, some explained how being isolated suited their personality or harmonized with personal preferences. Others found that the social confinement sometimes offered unexpected opportunities, such as spending more time with loved ones, being social online, feeling less stressed, taking time for self-reflection, and exploring new ideas or activities. Thus, isolation was not necessarily a negative experience if the isolated person had the capacity to adapt and find purpose and meaning in that experience. For most of our participants, however, this was not the case.

Participants' experiences of minority stress during the pandemic were mixed. Some participants had been isolated in emotionally unsafe home environments, with parents who did not affirm, or in some cases were hostile toward their young adult LGBTQ+ child. Isolation at home magnified the stress levels of participants because they were both exposed to distal minority stress in their homes, and the social restrictions limited the opportunities to seek support externally, or simply spend more time away from home. Some mentioned an increased exposure to distal minority stress online, but most participants reported being exposed to less distal minority stress than they usually were because of the imposition of social restrictions during the pandemic. These findings aligned with those found in previous studies showing that many LGBTQ+ people did experience a reduction in distal minority stress during the pandemic (Scroggs et al., 2021). Our qualitative findings additionally indicated that those who experienced greater minority stress than they usually did during the pandemic were very negatively affected by it (see also the quantitative findings of Salerno & Boekeloo, 2022). As pointed out by one participant in the present study, being exposed to less distal minority stress may be a personal relief at least in the short-term, but if this led to LGBTQ+ people not being visible, then it was not a long-term gain across the whole community.

Social Policy and Clinical Implications

In terms of social policy implications, it is important to acknowledge how the pandemic limited the experiences enjoyed by LGBTQ+ youth as they entered young adulthood. The pandemic, and its associated social restrictions, curtailed the exploration of gender and/or sexual identity at a developmental point in young people's lives when many LGBTQ+ youth eagerly anticipated their growing independence from their family of origin and the expansion of their social horizons through the uptake of employment or university. Thus, LGBTQ+ young adults were unable to experience and test out the authenticity or coherence of their developing sense of self in relation to others. Some young adults experienced the pandemic restrictions as a protection from prejudice, but this could also later make it more difficult to go back out into a wider society where they feared hostility. These costs are important to consider when forming future policies about social restrictions. During a pandemic, it is particularly important to help young LGBTQ+ people engage with the LGBTQ+ community, which can be achieved by devoting additional resources to facilitating and sustaining safe inclusive online LGBTQ+ community spaces.

On a societal level, our results revealed the extent of the changes needed to reach equality in living conditions for LGBTQ+ young adults, especially when considering the difficulties faced by young adults who identify as transgender. If the pandemic restrictions were experienced as relief from distal minority stress, then social policy changes are needed to enable all young adults to exist outside their homes without fear. This may be done through enacting anti-discrimination policies and/or by enforcing the policies that are already in existence, as well as enhancing the level of existing support provided by social services necessitating appropriate education on LGBTQ+ issues for policymakers, law enforcers, and health and social care professionals.

Clinicians must focus on their clients' specific emotional reactions to the stressors experienced during the pandemic to avoid a slide into poor mental health, for example by promoting resilience and reducing the spillover effect of stress on young LGBTQ+ adults' personal journey and intersubjective relationships. Clinicians need to facilitate and support functional coping strategies by helping clients to retrospectively process their life story through the pandemic to consider the individual losses and gains that their personal experience of the pandemic contributed to. Here trauma-informed therapy, or feminist therapy approaches recommending life-story review, may be particularly helpful (Brown, 2004; Iantaffi, 2020).

Strengths and Limitations

The major strength of our study has been in the extensive qualitative data collection and analyses across five different countries, thus revealing a broad perspective on the experiences of LGBTQ+ young adults living in Europe during the pandemic. We suggest that rather than the particularities of specific national circumstances, it was the general unpredictable course of the COVID-19 pandemic and the associated restrictions of social interactions that have had a major impact on the psychological wellbeing of LGBTQ+ young adults. Nevertheless, the specific effects of national pandemic circumstances on psychological wellbeing remain to be explored further.

Our study used targeted sampling and we cannot statistically establish associations between mental health outcomes, pandemic circumstances, or participants' experiences of minority stress. Furthermore, the vast majority of the participants in this study were ethnic majority people, and none spoke explicitly of physical disabilities. Thus, the experiences of LGBTQ+ people belonging to additional marginalized groups were underrepresented in the current study. Nonetheless, through utilizing Thematic Analysis, our study has illuminated some of the connections seen by LGBTQ+ young adults between the impact of the pandemic, minority stress, and mental health experiences. By not setting out to recruit a clinical sample, our participants were drawn from across the LGBTQ+ community indicating both the widespread nature of the psychological distress experienced and the resilience strategies that some participants were able to deploy.

Data collection for this study was conducted between January and December 2021; therefore, some participants were still under lockdown or heavy restrictions when being interviewed. Other participants had already experienced some relief from such restrictions and reflected on the pandemic period in retrospect. As reflections may change over time, this is a potential limitation of the study.

Another limitation of this study is the diversity of data collection methods employed by the different participating countries. For example, in contrast to data collection in France, Italy, Sweden, and the UK, single people were not represented in the Portuguese sample. In Portugal, participants were interviewed in couples, while in the other countries, all interviews were conducted as individual interviews. Thus, participating together with your partner may have affected the Portuguese interviews (e.g., some may have been more reluctant to address relationship stress).

As the interviews were conducted in several different languages, some nuance in the data may have been lost when quotes were translated into English. Furthermore, it must be considered a limitation that the entire data set

was not translated into English, and therefore an inductive analysis of the entire dataset was not possible to conduct.

Conclusion

The COVID-19 pandemic had a large impact on the lives of LGBTQ+ young adults and negatively impacted the mental health of some, although a minority experienced a gain in wellbeing. That the pandemic was experienced as relief from distal minority stress by some clearly stresses how marginalized LGBTQ+ people still are in their respective countries. Access to support from LGBTQ+ community groups, as well as health and educational services, was important for the wellbeing of LGBTQ+ young people during the pandemic. The further tailoring of public policies and support from health and educational services, alongside continued work to promote equality, is needed to forestall the negative impacts of pandemics or major health scares in the future (Council of Europe Secretary General Marija Pejčinović Burić, 2020).

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Author Contribution Anna Malmquist (conception and design of the work; analysis and interpretation of data), Marina Miscioscia (acquisition, analysis, and interpretation of data), Daniela Leal (acquisition and analysis), Fiona Tasker (conception and design of the work; acquisition and interpretation of data), Cecilia Bredenberg (acquisition and analysis), Alessio Gubello (acquisition and analysis), Jorge Gato (acquisition and analysis), Marie Houghton (acquisition and analysis) and Matilda Wurm (interpretation of data). The work was drafted by Anna Malmquist and revised critically for important intellectual content by the other authors. All authors have approved the version to be submitted for publication and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Availability of Data and Material The data is based on interviews conducted after ethical approval and is only available to the researchers.

Code Availability Not applicable.

Declarations

Ethics Approval The study was approved by the respective institutional ethical boards in each country.

Consent to Participate Written informed consent was provided by the participants in France, Italy, Portugal, and the UK, while oral informed consent was given by the participants in Sweden.

Consent to Publish Informed consent included consent to publish pseudonymized quotes from the interviews.

Conflict of Interest The authors declare no competing interests.

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