

Pride and protection: standing up for LGBT+ mental health



The celebration of Pride in June each year is a way to recognize triumph over oppression. It is a time to acknowledge the past and to commit to protecting LGBT+ people by promoting inclusion, equality, and mental health and well-being.

Pride is the pithy and affectionate name of a tradition that transcends trial and tumult. It has been forged over time into the recognition and affirmation of the equality and dignity of LGBT+ people, a group comprising people from the spectrum of sexual and gender minorities. In striving to find inclusive labels, LGBT+, the succinct initialism most often used by Nature journals, serves to refer collectively to people who identify as gay, lesbian, transgender and people of other – and potentially marginalized – sexual orientations and gender identities, including people who identify as asexual and intersex individuals.

Much like the inclusive LGBT+ moniker that encompasses so many groups, Pride is by definition greater than its parts. The origin story often begins with the Stonewall Uprising, when the Stonewall Inn in New York City was raided by police on the evening of 28 June, 1969. Catering to a primarily homosexual crowd, patrons and neighbors protested and fought back, which led to a 6-day stand-off. It became a flashpoint for gay rights, solidifying the community, and where grassroots activism literally led the way. In 1970, on the first anniversary of the riots, the Christopher Street Liberation Day March became a blueprint for small-scale, local groups of activists, organizers and participants to rally and march, and eventually became symbolic around the world to signify the need for change, social justice and the demand for equal treatment. Liberation was an early and unifying theme. Those who marched did so to protest police harassment and brutality against people who were considered deviant, to denounce violence against sexual and gender minorities, and to call out the restrictive anti-homosexuality and anti-vice laws of the time. Protests and



protesters were out, loud and would not back down. Pride had arrived.

In the years since Stonewall, there has been hard-won progress toward tearing down outmoded oppression and ensuring civil rights and protections due to the determination of activists and allies. Nevertheless, LGBT+ people continue to experience discrimination and violence today. Liberation has been piecemeal. Countries with severely restrictive histories, such as Angola and Botswana, for example, have seen recent wins through decriminalization of same-sex sexual relations and the emergence of legislative protection against discrimination. By some [measures](#), many countries, although particularly those that are more developed and in the west, have become more tolerant and accepting of homosexuality over the past few decades. Despite positive trends, in much of Africa, the Middle East, Russia and Eastern Europe, the deep chasm in social acceptance of sexual and gender minorities is evident.

Even in countries where there is considerably greater social acceptance and comparatively better civil rights protections, stigma and discrimination against LGBT+ people persist. In the UK, for example, LGBT+ youth still disproportionately [report](#) being bullied, and most indicate worry about their mental health on a daily basis. Prompted by truculent facets of American political and religious ideology, a growing resurgence of open hostility toward LGBT+ people, and in particular transgender individuals, in the United States has become of great concern. According to [legislative tracking](#) by groups such as the American Civil

Liberties Union (ACLU), there are nearly 500 bills active in the US that target LGBT+ civil rights, healthcare, public accommodations (such as public bathrooms) and free speech. In reaction to the heightened levels of rhetoric and calls for violence, the US Department of Homeland Security has recently warned state and local government and law enforcement of a rising number of attacks on and threats toward LGBT+ people. Violence is unacceptable but perhaps equally disconcerting is that much of the vitriol is tied to legal objections for physical and mental health needs, for example against access to gender-affirming care for transgender individuals and providing information and support in schools for LGBT+ youth. In response to an Emergency Regulation issued in April 2023 by the Attorney General of Missouri restricting access to gender-affirming care, Health and Human Services Secretary Xavier Becerra, put it clearly, “These actions strip parents and guardians of their ability to make the most intimate of decisions and interfere with the independent medical judgement of health care providers. Most tragically, these actions send a message to our trans, nonbinary, and gender-nonconforming youth that partisan politics matters more than their mental or physical health.”

Against this backdrop of bigotry, present day Pride celebrations become even more significant and carry forward the spirit of liberation and community. New York City’s Pride theme for 2023 is ‘Strength in Solidarity’ – an apt statement on the need for unity within the LGBT+, especially in light of the inflamed political, social and cultural conflicts. The burden of discrimination and antagonism for the health and well-being of LGBT+ people should not be shouldered by them alone. To that end, the communities of people who care for health – clinicians, practitioners, educators and researchers – should be key allies in pushing back against legislation that seeks to curtail LGBT+ civil rights, medical care and bodily autonomy.

One crucial area where LGBT+ mental health and well-being, especially, can be supported is through research and dissemination of that research. Like so many other groups

that face oppression or who are underrepresented, for LGBT+ people, representation matters. Good public health and social policy are informed by data. Historically, inclusion of minority sexual and gender individuals in interventional research and epidemiology has been limited. A number of recent mandates have sought to rectify that. As an impetus for more involvement and deliberation of the roles of sex and gender in research, several Nature Research journals co-published an editorial¹ in 2022 that required authors to include specific, disaggregated sex and gender reporting – laying a foundation to improve data inclusivity in publications. But more work must be done to create guidelines and mandates for collecting and reporting data on LGBT+ people.

This month's issue of *Nature Mental Health* also acknowledges the need for integrating sex and gender in mental health research in order to improve the inclusivity of development of psychopharmacological treatments, outlined in a [Comment](#) by Christina Dalla, a neuropsychopharmacology researcher from Greece. We also feature a [Q&A](#) with Jack Turban, a physician–scientist whose work has focused on the mental health of transgender and gender diverse youth and translating that into clinical care and using data to inform public policy.

Inclusivity is a meaningless concept without incorporating sexual and gender minorities. And data are but one domain where we can begin to improve research and, ultimately, mental health. As allies, however, it is incumbent on all of us who wish to promote social

justice and to protect LGBT+ people by contributing to the frameworks that support public policy that promotes equality. It is also our responsibility to liaise with the LGBT+ community (and individual communities) as authors, reviewers, and advisors, to consider how better to feature individuals and initiatives, and to support content that is relevant and needed, including best practices and standards of care. Protecting LGBT+ people from discrimination and promoting their rights, safety, and mental health is something that should instill pride in all of us.

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Reference

1. *Nature* **605**, 396 (2022).