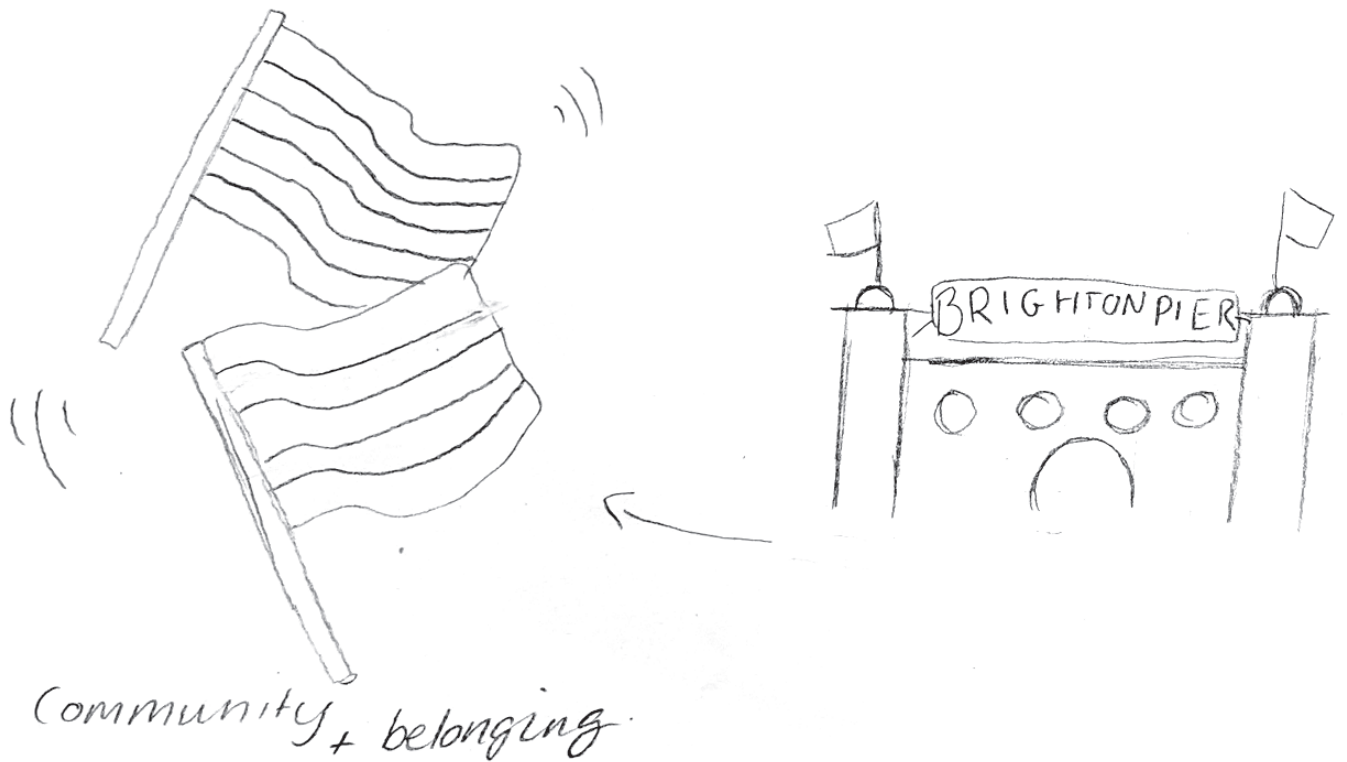


# Pathways between LGBTQ migration, social isolation and distress: *liberation, care and loneliness*

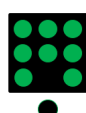


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and Rita Hirani<sup>3</sup>



**University of Brighton**

Centre for Transforming  
Sexuality and Gender



Loneliness &  
Social Isolation  
in Mental Health  
Research Network

mind  
**OUT**  
LGBTQ mental  
health service

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<https://blogs.brighton.ac.uk/ctsg/2022/09/01/project-core-tsg-university-of-brighton-and-mindout-pathways-between-lgbtq-migration-social-isolation-distress-liberation-care-and-loneliness/>

<https://bit.ly/3Ddlxj4>

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**Helen Jones** (she/her) was the founder and Director of MindOut for 22 years and was awarded an MBE and an honorary MA for her work in LGBTQ community mental health. Her passions are the power and wisdom of lived experience and making mental health a community concern. She is delighted to have contributed to this research, which builds on everything MindOut has achieved to date.

**Rita Hirani** (she/her) is the CEO of MindOut and a social entrepreneur and trainer, with 35+ years of experience in the voluntary sector. She has pioneered innovative projects for marginalised communities in the field of domestic violence and abuse, community services, and helplines.

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Thanks also to the Steering Panel members: the three anonymous lived experience representatives, Prof Katherine Johnson and Prof Nigel Sherriff.

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Any views expressed here are those of the project investigators and do not necessarily represent the views of the *Loneliness & Social Isolation in Mental Health Research Network* or UKRI.

## Content Note

This report contains quotes from LGBTQ people who experience distress. It mentions a range of mental health diagnoses, traumatic experiences, suicidal behaviour, hospitalisation, abuse, and being the target of homo/trans/bi-phobic abuse. The report also mentions living with neurodiversity. There are also descriptions of the experiences of isolation and loneliness.

If there is something in this report that you want to talk about, please speak to someone you trust. MindOut are available via phone: 01273 234839 or email: [info@mindout.org.uk](mailto:info@mindout.org.uk)

You are welcome to contact the authors by emailing [z.boden-stuart@brighton.ac.uk](mailto:z.boden-stuart@brighton.ac.uk) or [n.mcglynn2@brighton.ac.uk](mailto:n.mcglynn2@brighton.ac.uk)

# 1. Executive Summary

## 1.1 Overview of the Study

'Pathways between LGBTQ migration, social isolation and mental distress', is a research project that ran from September 2020 – September 2022. It was a collaboration between researchers from the Centre for Transforming Sexuality and Gender at the University of Brighton and the Brighton-based LGBTQ mental health charity, MindOut. The research was funded by UK Research and Innovation via the Loneliness and Social Isolation in Mental Health Research Network, hosted at University College London.

The project aimed to understand the significance of LGBTQ people's migration histories and how they shape their experiences of mental health, loneliness/belonging and social isolation/inclusion. The project looked at both international and intra-national displacement and relocation, where sexuality and/or gender identity were factors in the move to Brighton. This report presents the findings from this project, which were collected through in-depth interviews and creative methods. These included the participants annotating maps of Brighton and drawing representations of their migratory journeys.

## 1.2 Key Findings and recommendations

The report presents the findings as four main themes:

### • **Queer quests: Pathways to Brighton**

This theme describes how having felt lonely and isolated, for many, Brighton was seen as a place to escape to. The LGBTQ mental health services, trans health care and LGBTQ-aware health and social care in the city were major factors in people's choice to relocate.

### • **An LGBTQ city: "Find my community, finding myself"**

This theme describes how liberating people found living in a city with a high number of LGBTQ people, how they felt relatively safe and connected there, and how their experiences of the place shaped their mental health, particularly their healing experiences of Brighton's green and blue spaces.

### • **Cheated expectations**

This theme describes the disappointment of continued loneliness and experiences of exclusion on the grounds of mental health status, neurodiversity and other intersectional issues such as age, gender, class and financial resources.

### • **Epilogue: Taking your troubles with you and finding safe havens**

The last theme describes people's hesitation to move elsewhere and the belief that, whilst Brighton has provided a lot, it may be impossible to escape from some experiences and feelings. Finding safe havens, such as MindOut's services, have been the key to surviving and thriving in the city.

The report ends with some recommendations that are relevant for LGBTQ and mainstream support services, funding bodies, local and national government, and LGBTQ people with lived experience of mental health difficulties. These include recommendations to:

- Provide tailored support to LGBTQ newcomers experiencing distress
- Destigmatise loneliness within LGBTQ communities and beyond
- Fund LGBTQ mental health services to provide long-term support to those who need it
- Make LGBTQ spaces more inclusive of people with mental health needs

## 2. Introduction

In the UK there have been significant social and political changes in relation to LGBTQ<sup>4</sup> lives. Generally speaking, the population is more accepting of people's differing sexualities,<sup>5</sup> and there have been substantial legal changes within the last 20 years including: the legalisation of same-sex marriage; the repealing of Section 28 (which banned the promotion of homosexuality in schools); the equalising of the age of consent; the introduction of the Gender Recognition Act, which provided trans people with the right to legally change their gender; and the inclusion of sexual orientation and gender reassignment as Protected Characteristics in the Equality Act 2010. However, for LGBTQ people there remain persist inequalities in relation to their material lived realities such as health,<sup>6</sup> safety,<sup>7</sup> employment<sup>8</sup> and recognition.<sup>9</sup> ILGA-Europe's 2021 report highlights continuing anti-trans rhetoric in the UK and an increase in hate crimes, with sexual orientation-based hate crimes increasing the most (19%) and anti-trans hate crimes second most (16%).<sup>10</sup>

Policy and evidence that seeks to address LGBTQ inequalities often collectivises experiences into 'LGBT'<sup>11</sup>. This means the vast differences in experiences of people within the LGBTQ umbrella are ignored. Race and ethnicity, age, gender, disability, neurodiversity, mental health status, religion, and socio-economic status – and their intersections – play an important role in shaping how LGBTQ peoples' lives are lived. In addition, people's specific life experiences, including when and where they grew up, and where they now live have a part too. The narrative of LGBTQ lives 'getting better' in the UK often overlooks this intersectional complexity and ignores issues that are seen as 'too tough'.<sup>12</sup> The research described in this report aimed to focus primarily on just two aspects of this complexity through considering how LGBTQ people's mental health status and migratory journeys has shaped their experience of belonging and/or isolation.

<sup>4</sup> LGBTQ (Lesbian, Gay, Bisexual, Trans and Queer) is used as an inclusive umbrella term in this report for any person with a minoritised gender and/or sexual identity. We sometimes also use 'queer' as a similarly inclusive term.

<sup>5</sup> Curtice et al., 2019

<sup>6</sup> Zeeman et al., 2019

<sup>7</sup> Home Office, 2020

<sup>8</sup> Bachmann & Gooch, 2018a

<sup>9</sup> Melville et al., 2020; Bachmann and Gooch, 2018b

<sup>10</sup> ILGA-Europe, 2021

<sup>11</sup> Lawrence & Taylor, 2020

<sup>12</sup> Ibid.

## 3. Background

In this section, we set out some of the evidence and policy that provides a context to understanding LGBTQ mental health and distress<sup>13</sup>, social isolation, and the role of migration in LGBTQ lives.

### 3.1 LGBTQ Mental Health

Within the fields of medicine and psychology: LGBTQ identities have been (and in some contexts still are) positioned as abnormal and seen as disordered. This legacy shapes and informs perceptions and practice today.<sup>14</sup> Given this, it is important to emphasise that the inequalities that LGBTQ people face are not due to innate differences but are outcomes of persistent and on-going marginalisation within society. The continued presence of homophobia, biphobia, heterosexism, cissexism and transphobia, along with intersecting oppressions of racism, ableism, misogyny etc., produce these inequalities. In turn, this marginalisation can lead to 'minority stress', a form of psychological distress originating from the direct and indirect effects of being stigmatised and discriminated against.<sup>15</sup>

LGBTQ people experience significant health inequalities.<sup>16</sup> In particular, they are two to three times more likely than heterosexual people to experience enduring psychological distress, both as young people and adults.<sup>17</sup> Whilst mental health challenges are not inevitable for LGBTQ people and many LGBTQ people live happy and healthy lives, Stonewall's Health report found that there are elevated rates of depression, anxiety, and other forms of distress within the LGBTQ population, compared to the non-LGBTQ population.<sup>18</sup> A significantly elevated suicide risk has also been identified across all LGBTQ groups,<sup>19</sup> with Stonewall finding that 42% of LGBTQ people experienced suicidal distress in the last 12 months, compared to a 5-8% of the general population.<sup>20</sup> The UK Government's national Suicide Prevention policy<sup>21</sup> and LGBT Action Plan<sup>22</sup> acknowledge that LGBTQ people need tailored and local approaches to support their mental health. In Brighton, MindOut is one of the organisations that provides this type of support for LGBTQ people.

Inequalities experienced by LGBTQ people vary within and between LGBTQ individuals and groups. For example, research showed that 41% of non-binary people said they had harmed themselves in the last year, compared to 20% of LGBT women and 12% of GBT men<sup>23</sup>. A survey on gay and bisexual men in the UK found that being younger, having a lower education status, being from a minoritized ethnic group, being bisexual, and having lower income were all correlated with higher risk of poor mental health.<sup>24</sup> Trans-focused research has found specific contributors to minority stress that are detrimental to the mental health and well-being of trans people.<sup>25</sup> In the context of Brighton & Hove, LGBTQ People of Colour (PoC) reported higher levels of discrimination and harassment at work than White British LGBTQ people, including discrimination for being LGBTQ, gender-based discrimination and racial discrimination.<sup>26</sup>

Given the historic and contemporary pathologisation of LGBTQ people within the fields of medicine and psychology, there is a well-founded mistrust in formal mental health services.<sup>27</sup> This complicates opportunities for LGBTQ people to seek support and engage with services that may offer help. However, third sector providers, like MindOut, are trusted by their local LGBTQ communities.<sup>28</sup>

<sup>13</sup> Distress is used in this report as an inclusive term for a wide range of forms of psychological suffering, including those that may attract a psychiatric diagnosis (e.g. depression, anxiety, psychoses, suicidality etc.)

<sup>14</sup> King & Bartlett, 1999; Smith et al., 2004; Pearce, 2018

<sup>15</sup> Meyer, 1995; Meyer, 2003

<sup>16</sup> Stonewall, 2018

<sup>17</sup> Hatzenbuehler et al., 2008; Grollman, 2012

<sup>18</sup> Stonewall, 2018

<sup>19</sup> Haas et al., 2011; Yildiz, 2018

<sup>20</sup> Forkmann et al., 2012; Lee et al., 2010

<sup>21</sup> HM Government, 2019

<sup>22</sup> Government Equalities Office, 2018 <sup>23</sup> Stonewall, 2018

<sup>24</sup> Hickson et al., 2017

<sup>25</sup> Ellis, Bailey & McNeil, 2015

<sup>26</sup> TDC & Switchboard, 2018

<sup>27</sup> Johnson, 2007

<sup>28</sup> Browne & Lim, 2008; Ellis, Bailey & McNeil, 2015

## 3.2 LGBTQ Loneliness and Social Isolation

Policy papers identify LGBTQ people as at risk of loneliness and social isolation<sup>29</sup>. The reality is that LGBTQ people are systematically socially excluded<sup>30</sup> and have higher levels of social rejection and discrimination compared to non-LGBTQ people<sup>31</sup>. A hostile social environment can be present throughout all stages of LGBTQ lives and, whilst things in the UK are changing for the better, half of LGB adults remain unable to be open about their sexuality with friends or family.<sup>32</sup> Social rejection and homophobic bullying at home<sup>33</sup>, school<sup>34</sup> and university<sup>35</sup> lead younger LGBTQ people to spend more time alone and to feel lonelier than their non-LGBTQ peers.<sup>36</sup> Middle-aged and older LGBTQ people are more likely to live alone, be childless, and have fractured relationships with birth families<sup>37</sup> and they report heightened loneliness compared to their non-LGBTQ peers.<sup>38</sup>

Those who are socially isolated have higher levels of psychological distress.<sup>39</sup> In addition, LGBTQ people who do experience mental distress, or receive a psychiatric diagnosis, are at further risk of isolation, as they may experience a 'double stigma' of being both LGBTQ and experiencing challenges to their mental health.<sup>40</sup> For example, evidence suggests that LGBTQ youth who experience mental health problems are at risk of further social exclusion.<sup>41</sup>

This picture can obscure the ways that social relationships and feelings of belonging have a protective role, and how LGBTQ people have always created their own networks of care outside of formal services. Family<sup>42</sup> or other forms of social support<sup>43</sup> can reduce the effects of distress, and a network of other LGBTQ people can buffer against sources of social distress and discrimination.<sup>44</sup> Benefits of peer support include combatting isolation, sharing experience, and reducing stigma.<sup>45</sup> LGBTQ communities and spaces are often associated with wellbeing and inclusion.<sup>46</sup> One study that focused on the Marlborough Pub in Brighton demonstrated how it was an important queer community space where informal relationships of care flourished.<sup>47</sup> These relationships were valuable for queer and trans recognition, and providing feelings of safety and opportunities to be heard. Understanding social isolation and connection, inclusions and exclusions, loneliness, and the relational context of LGBTQ lives more broadly is therefore fundamental for understanding their increased risk of distress.

## 3.3 LGBTQ Experiences of Home and Migration

In the 'Tackling Loneliness' briefing published by the House of Commons, leaving home and homelessness are identified as risk factors for loneliness<sup>48</sup>. This disproportionately affects LGBTQ people, who often leave home as part of their 'coming out' process. For some this is affirming,<sup>49</sup> but often coming out *necessitates* migration<sup>50</sup> in the face of social rejection, estrangement, and homelessness.<sup>51</sup> Stonewall has found that 18% of LGB and 25% of trans people have experienced homelessness.<sup>52</sup>

LGBTQ people undertake significant internal and international migration in search of safety, acceptance, and a sense of 'home'.<sup>53</sup> This 'queer migration'<sup>54</sup> occurs when the "needs or desires of non-heterosexual identities, practices and performances are implicated in the process of displacement".<sup>55</sup> It has been popularly imagined as movement from discriminatory rural sites or the Global South, to supposedly tolerant urban sites and the Global North,<sup>56</sup> but this view has been widely critiqued as simplistic. LGBTQ migration practices and trajectories are much more diverse and complex.<sup>57</sup>

International LGBTQ migrants may leave to escape persecution, but also because of family, socioeconomics, and life satisfaction.<sup>58</sup> Migration within countries may also occur for various reasons, but less is known about this and there had been no previous research within the UK to our knowledge. US census research suggest economics,<sup>59</sup> crime levels<sup>60</sup> and interstate inequalities<sup>61</sup> may be factors. In the Western context, migration for gay and lesbian individuals is associated with coming-out and self-actualization of a queer identity through finding and/or creating new families, new relationships, new communities and new places.<sup>62</sup> Relationships – with partners and families – are important across diverse geographical contexts and shape when and where LGBTQ people choose to relocate within countries.<sup>63</sup>

29 House of Commons, 2021

30 Fish, 2010

31 Katz-Wise & Hyde, 2012

32 Stonewall, 2018

33 Puckett *et al.*, 2015

34 Van der Star *et al.*, 2018

35 Copp & Koehler, 2017

36 Toomey *et al.*, 2018; Perales *et al.*, 2019

37 Wilkens, 2015; Yang *et al.*, 2018

38 Fredriksen-Goldsen *et al.*, 2011

39 McDonald, 2018; DeLonga *et al.*, 2011; Torres & Gore-Felton, 2007

40 Pilgrim *et al.*, 2009; Johnson *et al.*, 2007

41 Tackás, 2006

42 McConnell *et al.*, 2016

43 Perales & Todd, 2018

44 Kuyper & Fokkema, 2010

45 Borthwick *et al.*, 2020

46 Formby, 2017

47 Wilcox & Graber, 2022

48 House of Commons, 2021

49 Bonet *et al.*, 2007; Gorman-Murray, 2008

50 Brown, 2000; Puar *et al.*, 2003

51 Tunåker, 2015

52 Stonewall, 2018

53 Weston, 1995; Sinfield, 2000;

Pilkey, 2013; Wimark, 2021

54 Luibhéid & Cantú Jr, 2005

55 Gorman-Murray, 2009, p443

56 Fortier, 2001; Weston, 1995

57 Fournier *et al.*, 2018; Gorman-

Murray, 2007; Luibhéid, 2008

58 Fournier *et al.*, 2018

59 Black *et al.*, 2002

60 Walther & Poston, 2004

61 Beaudin, 2017

62 Knopp, 2004

63 Wimark & Östh, 2014; Wimark,

2016



Only one study directly asks LGBTQ people why they migrate intranationally, and this found relationships were the most important factors.<sup>64</sup> Similarly, only two studies to our knowledge explored how LGBTQ migration interacts with mental health, and both focused on North American contexts. Ueno and colleague's note that their data and analyses are insufficient to identify underlying motivations for migration or meaning-making around their mental health experiences.<sup>65</sup> However, Lewis' study goes further by looking at the narratives of gay men who had relocated, concluding that life-course events, including trauma and estrangement, as well as coming out and other transitions such as moving job, were significant in understanding people's mental health in relation to their migration.<sup>66</sup> Our project aimed to extend this emerging literature by explicitly taking social isolation and loneliness into account, addressing the British context, and by focusing on people who are already using LGBTQ mental health services and therefore are likely to be experiencing significant challenges to their wellbeing.

### 3.4 Brighton & Hove as a place of significance for LGBTQ mental health, loneliness, and social isolation

Brighton and Hove<sup>67</sup> has been referred to as the "Gay Capital"<sup>68</sup> and more recently, the "Trans Capital"<sup>69</sup> of the UK. It has a high LGBTQ population (11-15%) compared to the national estimate (~2%),<sup>70</sup> plus a significant trans population.<sup>71</sup> This indicates there are high rates of LGBTQ immigration into the city. Brighton has long been mythologised as liberal, radical, and bohemian,<sup>72</sup> however, this imaginary can mean material inequalities are overshadowed. In reality, Brighton also includes some of the most deprived areas of the UK<sup>73</sup> and has significant suicide rates.<sup>74</sup>

Brighton is perceived to be at the forefront of best practice LGBTQ policymaking in the UK.<sup>75</sup> As it has many LGBTQ-specific services and groups,<sup>76</sup> it might be presumed that it is a place of easy inclusion for LGBTQ people. However, LGBTQ communities and spaces are neither homogeneous nor utopian, and they include their own hierarchies and exclusions.<sup>77</sup> Bisexual, trans, PoC, disabled and religious LGBTQ people report discrimination *within* LGBTQ spaces across the UK<sup>78</sup> and in Brighton specifically.<sup>79</sup> In 2008, the Count Me In Too report found LGBTQ people in Brighton and Hove felt isolated and this was associated with twice the likelihood of suicidal ideation.<sup>80</sup> More recently, a Brighton Coroner's Court audit found LGBTQ people were over-represented in suicide rates.<sup>81</sup> International LGBTQ migrants to Brighton and Hove may be at particular risk of isolation, and mental health is considered the most important issue for local migrant populations.<sup>82</sup> Indeed, the suggestion that everything is 'sorted' for LGBTQ people in places like Brighton might be compounding experiences of exclusion and social isolation. The existence of large LGBTQ populations and associated communities does not negate experiences of social isolation or loneliness and can create its own unique forms of inclusion and exclusion.<sup>83</sup> It is this complex pattern of inclusion and exclusion that we have explored in this research project.

64 Gorman-Murray, 2009

65 Ueno *et al.*, 2014

66 Lewis, 2014b

67 In this report we use Brighton to refer to the city of Brighton and Hove as well as the surrounding environs

68 Browne & Bakshi, 2013

69 Smith, 2022

70 ONS, 2017

71 Brighton & Hove City Council (BHCC), 2016

72 Hemingway, 2006

73 Ministry of Housing, Communities and Local Government, 2019

74 ONS, 2021

75 Browne and Bakshi, 2013; McGlynn, 2017

76 Browne & Bakshi, 2013

77 Oswin, 2008; Nast, 2002; Wilkens, 2015

78 Stonewall, 2018

79 Browne, 2007

80 Browne & Lim, 2008

81 BHCC, 2019

82 BHCC, 2018

83 Valentine & Skelton, 2003

## 4. Research Question and aims

The guiding question for this research was:

- What are the pathways between LGBTQ migration, social isolation and/or loneliness and mental health experiences for people who use LGBTQ mental health services and who have relocated to Brighton and Hove?

The aims of this research were to:

- Investigate LGBTQ migration as a pathway between social isolation and/or loneliness and mental health experiences.
- Understand the significance of LGBTQ mental health service-users' migration histories for their experiences of loneliness and social isolation, and belonging and inclusion.

## 5. Methodology

This project used a qualitative and experiential methodology. We conducted interviews with people who used LGBTQ mental health services to gather in-depth subjective accounts of participants' migration histories and experiences of mental health, loneliness and isolation, and we asked them to create personal maps to explore how these experiences interacted in their lives.

### 5.1 Governance

The research team consisted of Principal Investigator, Dr Zoë Boden-Stuart and Co-Investigators, Dr Nicholas McGlynn and then-CEO of MindOut, Helen Jones, along with Research Officer Matt C. Smith. All members of the research team identify as members of the local LGBTQ communities, who had experienced distress, and were migrants to the city themselves. The research was supported by a steering group composed of three people with lived experience of using MindOut services, as well as Professor Nigel Sherriff and Professor Katherine Johnson, who are two academics with specialist knowledge and experience of LGBTQ health research. Towards the end of the project, we were joined by the new CEO of MindOut, Rita Hirani.

### 5.2 Ethical Considerations

The research received ethical approval from the University of Brighton Tier 2 Ethics Board (ref. 2020-7334). Participants were provided with detailed information about the project ahead of time and signed a consent form. Participation was anonymised through the use of pseudonyms, and we obscured aspects of participants' accounts where necessary to protect their identities. We prioritised the wellbeing of participants, including arranging follow-up support with MindOut if requested.

### 5.3 Participants

Participants were all previous or existing users of MindOut's services. To participate, they had to be over 18, have relocated to Brighton from elsewhere, experienced distress, and experienced loneliness and/or social isolation. Sixteen people took part in the research. Their migration journeys originated in villages, towns and cities in the UK, North America, South/Latin America and Europe. The majority of participants were from the Global North. They ranged in age from their late teens to late 70s and experienced a wide range of challenges to their mental health, forms of neurodiversity, dis/ability and physical health needs. Many had travelled widely before settling in Brighton.

### 5.4 Interviews

Participants were interviewed twice by members of the University of Brighton research team, which resulted in a total of 30 interviews, each lasting around one hour. Interviews took place online due to the pandemic. We prepared questions ahead of time, but participants were able to guide the conversation (semi-structured interviews). The first interview focused on how participants' came to relocate to Brighton, and we used a newly developed visual methods interview that allowed us to explore the changes to relationships and living situations over time (extending a previous methodology).<sup>84</sup> We asked participants to draw us a kind of 'map' that represented different aspects of their journey to Brighton, geographically, across time, and in terms of the important relational experiences they had. The second interview looked at participants' experiences in Brighton and encouraged participants to annotate a printed map of Brighton, to illustrate how they feel about and use the spaces and places in the local area. We provided participants with maps, stickers, pens and crayons to use ahead of time. Afterwards, the interviews were transcribed by a professional transcriber, who also identified as LGBTQ.

<sup>84</sup> Boden et al., 2018; Boden & Eatough, 2014

## 5.5 Analysis

Our analysis for this report focuses on summarising what the participants told us and uses the drawings and maps as supporting information. The analysis presented in this report is thematic. The University of Brighton research team undertook the analysis through a collaborative research approach. The analysis was experiential, in that it focused on how people experienced and made meaning from their migration journeys to Brighton. We read each transcript, identifying themes, then looked to find commonalities through detailed note-taking and discussion. We then streamlined those themes into the key themes which have organised this analysis.

*To request further information on the research methodology, please email*  
**z.boden-stuart@brighton.ac.uk**

# 6. Findings

This section of the report describes our key findings. It quotes directly (but anonymously) from the participants who took part in the research.

## 6.1 Summary table of themes in the research

The below table gives an overview of the themes and sub-themes we developed from the interviews. Below this, we describe each theme in turn, illustrating each sub-theme with quotes and images from the research.

Main themes	Subthemes				
<b>Queer quests: Escaping to Brighton</b>	Isolation as nothing new	Escaping to Brighton	Access to LGBTQ support		
<b>An LGBTQ city: "Find my community, finding myself"</b>	Brighton as freedom to be me	Brighton as a healing place	Being connected	Relative safety	
<b>Cheated expectations</b>	The 'gay bubble' bursts	Loneliness and distress in the "European capital of gayness"	The exacerbating impact of the pandemic	Mental health and the 'scene'	The housing situation
<b>Epilogue: Taking your troubles with you and finding safe havens</b>	Relocating: No clean breaks	MindOut as a safe haven			

## 6.2 Queer quests: Escaping to Brighton

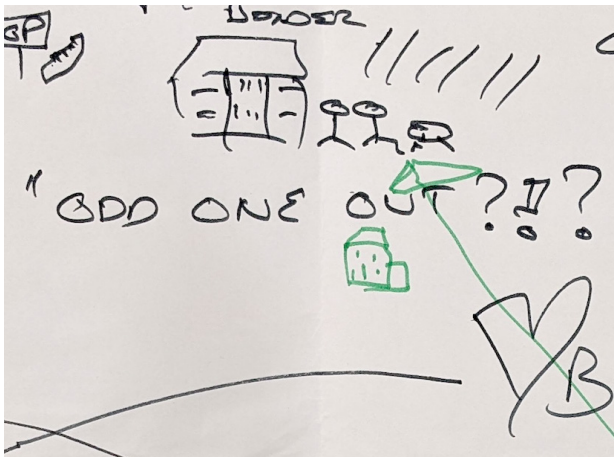
This first theme looks at the reasons why people relocated to Brighton. It considers both the 'push' factors, including isolation, a sense of not fitting in, a lack of access to queer communities, and dedicated support, and the 'pull' factors, including Brighton's reputation as a queer city, and the access to LGBTQ organisations and support services that Brighton provides.

### 6.2.1 Isolation as nothing new

For many of our participants, experiences of isolation and loneliness began in early life. They identified their gender and/or sexual identity, mental health and/or neurodiversity as relevant to their sense of not fitting into their families and communities.

Many believed their LGBTQ identities were the direct reason they felt isolated, lonely, excluded or rejected. These traumatic experiences were both part of people's experiences growing up, and part of their adult lives. Si, a gay man in his 40s, who experiences panic attacks and has multiple mental health diagnoses, felt out of place from an early age. He was rejected by his family and forced to leave the family home, something that he's now able to reflect on and reframe:

*"I was always the odd sheep of the family. In, in my later stage I now say I'm the rainbow sheep, at the time I just felt like a confused sheep" (Si)*



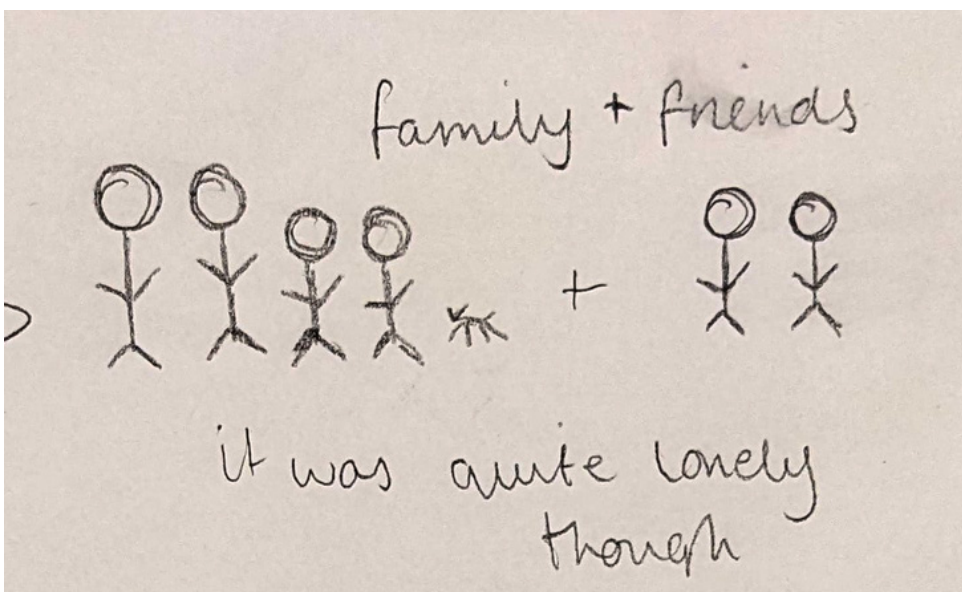
Extract from Si's map of his journey to Brighton

Rita, who is now in her 70s and experiences chronic anxiety, described how recently, in the last town she lived in, she struggled to feel included because of her sexuality:

*"I always felt that I was [...] on the outside, looking in. I joined groups, but they were never quite- they were welcoming but I never felt I was in the loop [...] Never quite included [...] I was okay, any group I joined, for the first couple of weeks. And then they would start asking about my home life, and I've been with my partner, we've been together for forty years this, this month [...] And as soon as I reveal... [...] I used to think, I wonder if it's me? That once I've said something, I change things. But there was always this feeling that something had, a screen had come down, and that they'd all taken a step back."* (Rita)

Geographical isolation was also important in some participants' accounts and connected to the feeling of missing out on desired LGBTQ connections, activities, and spaces. Leela, a trans person in her 30s, talked about being "starved for queer entertainment as a teenager". Bridget described how the city she grew up in was "very repressed, very depressed", which added to her sense of isolation and distress. Edward, who is a transmasculine bisexual person, around 40 years younger than Bridget and from a different country, nevertheless shared the same sentiment:

*"[Where I grew up is] very quiet. Very like, sheltered, not much going on [...] It was very lonely. I didn't really know anyone else [... it's] quite a conservative kinda place [...being trans] doesn't really get talked about, and like, so, it was quite isolating."* (Edward)



Extract from Edward's map of his journey to Brighton

However, the assumption that isolation is associated with only rural or “repressed” areas was also challenged in our study. Joanie, who is a disabled lesbian in her 60s, previously lived in a major British city, but also felt “*isolated because of my sexuality*”:

*“When I lived in [city], once a month I would have contact with LGBTQ people in an older LGBT group; but to have that contact I had to travel over an hour to get there. [...] I had to really make a conscious effort to see LGBTQ people”* (Joanie)

Whilst many participants felt their sexuality or gender identity was the main barrier to feeling accepted, others like Al thought that being LGBTQ exacerbated their existing feelings of not fitting in. Al is a genderqueer person in their 50s, who is neurodiverse and has chronic physical health needs, and a long-term mental health diagnosis. They explained:

*“I felt the one that was a fish out of water, didn’t fit in really. So, I suppose the [gender] transitioning then just exacerbated that [...] people didn’t... I think they were worried they would offend me or... and some people did say weird, some pretty weird stuff [...] Other people I think just didn’t know how to be with me after a while.”* (Al)

Participants like Bridget and Laura also had other explanations for why they felt isolated. Laura, who is a lesbian in her 30s, is also neurodiverse. She described her traumatic childhood as “*absolute hell*” and felt “*isolated and ostracised my entire life*”. She told us how she and her friends were known as “*weirdos*” at school. Bridget, a lesbian in her 60s who has chronic physical and mental ill health, felt she was seen as ‘weird’ in ways not just based on her sexuality:

*“I never felt I had a connection to the world. Not because I was gay in [country] but because I was weird. You know, my head was weird, I had sort of weird ideas, I... you know, I just didn’t fit in at all.”* (Bridget)

Many participants referred to feeling like an outsider, not fitting in, or being the “*black sheep*” (Al) of their family, and, although not a universal experience, the majority of our participants had felt isolated and lonely in their young lives. Many had experienced rejection from family or exclusion by peer groups. In this way, participants often arrived in Brighton already feeling isolated, and this shaped their hopes for the city.

### **6.2.2 Escaping to Brighton**

For many people the journey to Brighton was not straightforward. Some had moved directly here from their families-of-origin, most though relocated to cities in the UK or overseas first and made their way to Brighton a little later in their lives, often through connections with people who already lived in the city. Regardless, the majority of our participants still described the move to Brighton in terms of escaping from somewhere difficult, lonely or unsafe (push factors) to somewhere they could be happier (pull factors).

The lack of acceptance of sexuality and gender diversity by family and community was clearly a big ‘push’ factor for many people, as were traumatic early experiences. Edward, who was in his early 20s, was looking for “*almost like an escape from my parents*” having just come out as trans. But older people in our study, including both those who had moved to Brighton many years ago and those who arrived very recently, also described trying to escape people who were unaccepting of their LGBTQ identities. Teri is a lesbian in her early 60s who arrived in Brighton 20 years ago:

*“my sexuality was a huge part of why I had felt I really, really needed to get away from the town I grew up in”* (Teri)

Joanie, who is also in her 60s, only came to Brighton in the last few years, but she shares the same sentiment as Teri. Joanie's previous accommodation was dangerous, and she regularly faced homophobic harassment:

*"where I lived, I couldn't be open about my sexuality. And that mainly was for fear, and I felt very vulnerable where I lived [...] I didn't realise at the time how stressful it was, and how unsafe it was, and what pressure I was under. And how isolated I felt."* (Joanie)



Extract from Joanie's map of her journey to Brighton

Both younger and older participants also described coming to Brighton as an opportunity to escape abuse and other traumatic early experiences. Lake, a teenage non-binary/trans person described looking for "my way out" of a very traumatic childhood. Laura similarly described trying to escape an abusive early life, where her sexuality was just one aspect of the challenging situation they experienced growing up. Rich, a gay man in his early 60s, grew up in a family who were very unaccepting of his sexuality. He left home at 18 for a job on the south coast, eventually making his way to Brighton:

*"I was scared of my mother, I was scared of my father, [...] an unsafe, unsafe place, so... and it was also very controlling [...] I couldn't wait to get out"* (Rich)

Others, like Rita, who left her (mixed sex) marriage when she came out as a lesbian, described estrangements and "trouble" or rejection from family.

However, Brighton also offered 'pull' factors, being well-known as an LGBTQ city. Most participants had visited Brighton before relocating, often multiple times, whilst others had heard positive things about the city before they moved. All knew that it was a place where many LGBTQ people lived. In this way, Brighton was mythologised and idolised, as Lake describes:

*"I'd taken a few like day trips to Brighton with people and I just really liked the city and I think I kind of idolised it [...] it's gonna be really great, and I'm gonna make all these friends and stuff"* (Lake)

For people like Lake, Laura, Si and others, who were looking for a "way out", Brighton appeared to be liberal, queer haven. However, others like Teri, also described the city as accessible, beautiful, and liberal, in ways that may be linked to, but go beyond, its brand as an LGBTQ 'capital':



*“the only place I could think of going was Brighton. So, when I said like [sexuality] wasn’t the main thing, I suppose it was, I suppose, well, the combination of the small-town aesthetic, the accessibility and being, you know, quite nice, sometimes, to look at, some places. That and the fact that there were gay people here, lesbians here and gay people, so, yeah, it was important. [...] that thing that people say about Brighton, bohemian, liberal, easy going, you know, anything goes, sort of thing, that attracted me” (Teri)*

Participants often described the move to Brighton as one of escape from situations that felt unsafe, unaccepting, isolating and distressing. Brighton was seen to provide an accessible and appealing LGBTQ haven, in which these problems might not exist.

### **6.2.3 Access to LGBTQ support**

Participants in our research experienced a range of mental health needs and had varying diagnoses, as well as advocacy, health, and social care needs. Many people in our study emphasised how important it was for them to gain access to Brighton’s LGBTQ mental health and advocacy services, as well as mainstream health and social services, which they believed would more accepting and understanding of gender and sexual diversity.

Si, who moved to Brighton, left, and then came back again more recently, described how his needs had changed over time and in response to his fluctuating mental health. Whilst initially it was the LGBTQ ‘scene’<sup>85</sup> that brought him to Brighton, following difficult experiences with mental health care elsewhere, it was access to the good LGBTQ services that brought him back to the city:

*“when I first thought about coming down here, it was all about [LGBTQ pub...] places to go, and being gay in a- out in the street, you know, Pride and all this sort of thing. But actually, when I come back, I come back [recently], all that stuff was right at the end of the list. At the top of the list was the mental health services. When I was in [previous town] I had another couple of breakdowns and it was just disgusting, the care that I was getting.” (Si)*

<sup>85</sup> The ‘scene’ typically refers to LGBTQ commercial bars and clubs and the people who go there. In Brighton, the scene centres on the area of St James’ Street in Kemptown

For Leela, the trans health and support services in Brighton defined where they wanted to live:

*“there are other cities with good, like, LGBT representation, but I couldn’t think of where else in this part of the country had as good a, like, trans support services [...] my GP in Brighton has done more for me in a year than the GIC has done in the six years since I got referred to them” (Leela)*

Si and Leela both stress that whilst the LGBTQ social scene might be important, for many of our participants Brighton’s LGBTQ specific support services are what really matter.

Harlow, a nonbinary bisexual person who lived in North America and Europe before relocating to Brighton, described how a queer community is created through its organisations and services:

*“I put a lot of emphasis on LGBTQ services and organisations, because it’s kind of like a compounding reason of that, that’s like who I consider to be my community [...] I appreciate organisations and events and services that are oriented towards serving that community, because just it feels nice” (Harlow)*

Brighton is seen as a place where there will be other LGBTQ people, services and organisations, and also as a place where ‘mainstream’ services will be more knowledgeable, accepting and trustworthy of LGBTQ people and experiences. Rita, like Leela, expressed gratitude for the health services in Brighton, as well as the social services that she and her wife need in their older age. Rita is a carer for her wife, who has significant physical health problems. They live together in supported housing.

*"I just felt we'd been fools not to come here before, but we really couldn't afford it, and I'm so relieved we've come to this at a time in our lives when we need to use the medical profession, social services. And in [previous area] the medical profession was really iffy when it came to finding out that you were gay. [...] I didn't trust the medical services. Whereas in Brighton, I do." (Rita)*

Joanie was also looking ahead to her older age. Because of her physical needs, she had used social services in the past and been homophobicly abused. Brighton offered the opportunity to mitigate against the risk of this happening again:

*"I had some really negative experiences with carers. And I thought, 'when I get older, I might need a lot more care.' And I wanted to feel that if I needed a lot more care, I had a chance of having an LGBT carer, or someone who was very au fait with, you know, looking after a lesbian and not being judgemental and accept me for who I am" (Joanie)*

Both Rita and Joanie contrasted their "iffy" and "negative" experiences using mainstream services elsewhere with more positive perceptions of services in Brighton. For Joanie, Brighton's significant LGBTQ population means that she's more likely to have an LGBT carer – but its status as an LGBTQ 'capital' means she also expects non-LGBTQ care workers to understand and accept LGBTQ people and their concerns.

LGBTQ specialist mental health, advocacy and support services were seen as a high priority for many in our study and were commonly named as a reason for relocating to Brighton. The belief that health and social care services would be more accepting and familiar with working with LGBTQ people was seen as important, and was contrasted with poor, and sometimes abusive, experiences elsewhere.

#### **6.2.4 Queer Quests: Summary and reflections**

This theme describes how participants relocated to Brighton in the hope of finding safety, support and acceptance, as well as friendship and care from a larger and relatively well-resourced LGBTQ community. Lewis, in their work on LGBTQ migration in North America, argues that migration is "a tool used to negotiate a variety of life circumstances and transitions (e.g., establishing careers, creating meaningful community identities) rendered challenging by variegated landscapes of stigma and inclusion".<sup>86</sup> In our study people relocated to Brighton at significant lifecourse transitions, including identity changes, such as coming out (in terms of sexuality and gender) and transitioning, but also related to individuation in early adulthood (by choice as part of a normative trajectory into university or work, or forced through estrangement and rejection), and in older age, when care needs were foregrounded and economically-viable opportunities such as supported housing became available. Lewis argues that migration and identity formation are "strongly interlinked",<sup>87</sup> but that mundane reasons for LGBTQ migration are also important. In our study, decisions to migrate were multi-factorial, including both 'push' and 'pull' factors as varied and mundane as work, study and friendship, as well as LGBTQ specific needs and experiences, such as access to trans healthcare, or an escape from isolation and loneliness, an unaccepting family-of-origin, or a "repressive" community. These factors are interlinked with each individual's lifecourse, however a common theme is moving to Brighton as a 'queer quest',<sup>88</sup> an opportunity for participants to receive affirmation of their queer selves and to find safety and acceptance.

<sup>86</sup> Lewis, 2014a: p.225

<sup>87</sup> Ibid.: p232

<sup>88</sup> Knopp, 2004

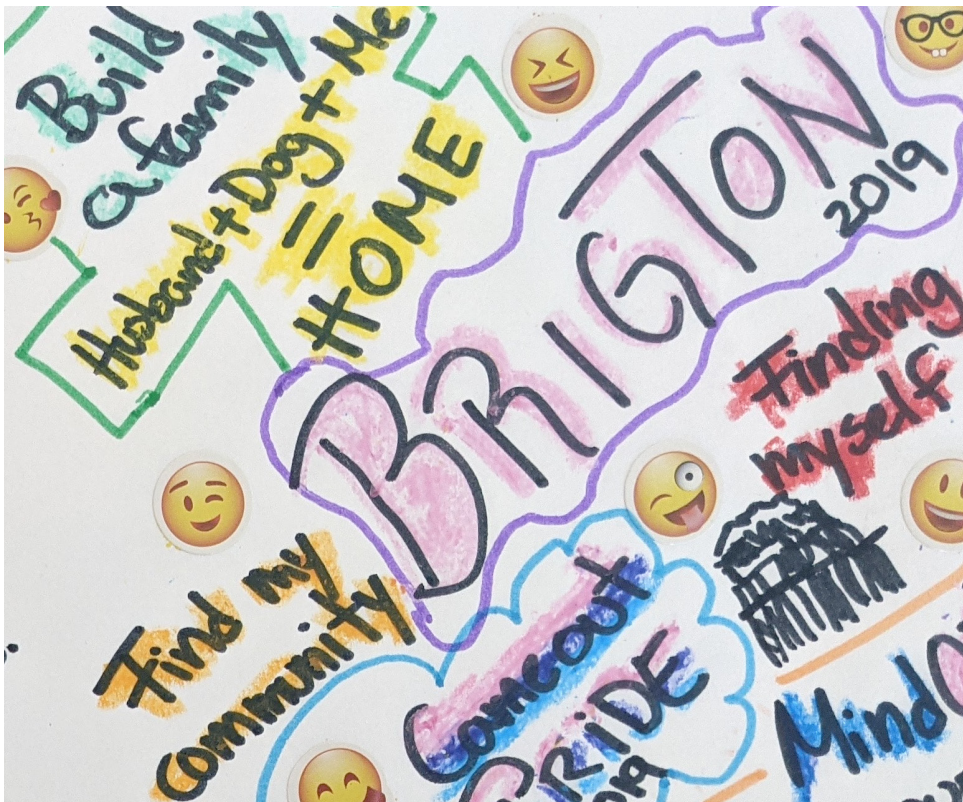
However, the queer quest narrative may obscure some of the more complex realities of people's geographic journeys, which often involved multiple relocations, and in several cases moves to and from Brighton, before resettling in the city. It also obscures the psychological processes involved in how participants made sense of their journeys, both at the time they took them, and in retrospect, which could be 'messy' and complicated too, with multiple revisions and complex reasoning part of how our participants narrated their journeys.

For our participants, who had significant mental health needs, the role of interconnectedness in terms of community and support was particularly important. The queer quests our participants described, included a move towards perceived networks of care, both formal and informal. Garcia and Crosby described how their North American participants migrated both for “a more welcoming social environment” but also for “access to gender-affirming health care” and this was reiterated amongst the trans people in our study, especially those who were earlier on in their transitions.<sup>89</sup> However, our participants also described needs for physical healthcare, neurodiversity support, social care, and mental health care from people and organisations that were less likely to be discriminatory, and may provide further opportunities for affirmation.

89 Garcia & Crosby, 2020, p231

### 6.3 An LGBTQ Community: “Find my community, finding myself”

This theme describes how participants described the positive – and hoped for – aspects of Brighton life, as an opportunity for connection, acceptance, liberation, and inclusion. As Lucia, a bisexual woman from the Global South, expressed in the journey map she drew, in finding her community, she was more able to find herself.



Extract from Lucia's map of her journey to Brighton

#### 6.3.1 Brighton as freedom to be me

Many of our participants described arriving in Brighton as liberating or “freeing” (Joanie). Whether recently, or many years ago, and regardless of their identities or mental health status, the concept of ‘freedom’ was used repeatedly by our participants.

For some people this freedom was a release from the sexist and heteronormative expectations of family and culture. This included Lucia, who is in her 30s and had experienced depression and anxiety:

*“coming here to Brighton and start like, completely being, I don't know it's like, being a little bit more free? About me and being myself and yeah, not, not having people expecting me to act in certain ways or react or behave or stuff like that.” (Lucia)*

For others, like Leela, freedom manifested concretely in everyday activities like going to the chemist and being asked for their pronouns, and feeling that she was still accepted as a transfeminine person without having to confirm to others expectations of femininity, such as wearing make-up. For others, freedom manifested emotionally in a feeling of being at home or of feeling more open. Rich described the experience of freedom in Brighton as a release by using a metaphor of being boxed in and then coming out. He had experienced an oppressive family who were intent on denying his sexuality, and then he later became involved with a religious group who also wanted to him to change:

*“the church being controlling, the [family] being controlling; you have to fit into this box. [...] And Brighton was like really coming out of the box. Without realising consequences of being fitted into the box.”* (Rich)

Freedom to express queer intimacy was also raised by several participants. Both Leela and Rita noted how feeling able to hold hands with their partners in the street was incredibly significant. Both had arrived in Brighton relatively recently.

*“I saw one of my partners the other day and walked down the street holding their hand and that seems like a real minor thing, but where I used to live I never would have done that. [Elsewhere] I won’t walk about holding her hand ‘cause it’s, like, enough of a target on your back potentially for being queer – being queer, happy, and in a relationship walking down the street just feels like sometimes a bit too much of a bullseye to paint on your back.”* (Leela)

*“It was absolutely amazing! We could actually walk along holding hands, which we’d never been able to do before. [...] it was, it was giddy-making, you know? It was really, we suddenly realised we didn’t have to walk apart; if we ever held hands, if someone came along in [town] you split immediately. Didn’t even sort of link arms and suddenly, we were walking through Kemptown, and there were gay people, and you can see gay people, and it was wonderful!”* (Rita)



*Extract from Rita’s map of her journey to Brighton*

Other participants spoke about this type of everyday intimacy (holding hands, kissing) and an acceptance that dressing or presenting however they wanted would pass unnoticed relative to other places they had lived. This created an atmosphere of inclusion and the freedom to be playful, as Judith an older lesbian describes:

*“[It’s] an open-minded place where you could be what you wanted to be [...] we used to just dress up in really weird way, and then go do normal things like go to Tesco, just to see! You know, and people wouldn’t bat an eye, and you just think, ‘God if we were back in the place I used to live everybody’d be like, oh, stay away!’”* (Judith)

Feeling more able to 'be what you want to be' or 'just be me' was echoed by many participants who described the positive impact on their mental health. Rita, who had lived in many towns and cities in the UK and Europe, most strongly expressed how the freedom that Brighton offered changed how she felt in herself and with others:

*"it was exhilarating, and it was liberating. I suddenly realised the shackles are off. You know? I don't have to hide what I am here; I don't have to be careful around people. I don't have to suss them out first [...I was] much, much more bold, much more upfront. You know? Not, not holding back and assessing and--I mean, there's a lot of talk about women going into places where they might get attacked and I think lesbian women, we're forever outside of our comfort zone and assessing your suspi- what's this person like, you know? [...] And always, there's this holding off, this stepping back and assessing. But you don't have to do that in Brighton, it's lovely"* (Rita)

In this quote, Rita describes the intersectional difficulties that she experienced as a woman and as a lesbian, but remains optimistic in her assessment of Brighton as a place that allowed her to drop her guard and, therefore, be more confident socially. Edward, a trans person felt similarly that Brighton had increased his confidence and, in turn, this helped him feel like Brighton is "more my home":

*"Brighton has really helped me kind of like a lot with like my anxiety and just being more at ease with myself [...] it's given me more confidence. And, just to be myself, which I never, I never had while I was up in [previous town ...] I've really seen a difference since being down here."* (Edward)

However, some participants, like Rich, acknowledged this freedom was not absolute and being in Brighton could still feel risky at times:

*"Brighton was, was freedom, I guess. Yeah. Yeah. I was hoping to get a lot more freedom, but it, it still [...] the wariness of certain people in that new world."* (Rich)

Freedom and liberation were common concepts used by our participants to describe how it felt to arrive in Brighton, in contrast to their previous experiences which were often (though certainly not always) oppressive. Experiences of being emboldened socially, of feeling able to express queer intimacies in public, of feeling more at home and more affirmed in their queer identities were all encapsulated in the idea that Brighton equals freedom.

### **6.3.2 Brighton as a healing place**

Of equal importance to the LGBTQ opportunities Brighton provides, aspects of the city were also frequently described as places of healing. Its seafront and its green spaces, such as parks and gardens, were important for many people in this research in relation to their mental health. The 'calming', 'healing' and 'therapeutic' experiences of these spaces were associated with everyday activities, such as walking, that were deeply restorative for people's mental health.

The beach was frequently identified as a place that was supportive of mental health. Leela for example identifies the sound of the sea and the solitude that the beach offers as supporting her to self-regulate:

*“When I’m having a bad day, the ability to just go sit on the beach and listen to the sea... Real good for my mental health. [...The beach] has become a very quiet little sanctuary where I go when I need some peace and quiet away from everyone [...] the ability to go there and just be not surrounded by anything, to be able to hear the sea and nature go by, it’s just so unbelievably calming” (Leela)*

This idea was echoed by many of the other participants, who found it “calming” (Edward) and “therapeutic” (Joanie). In particular, the sea was associated with healing, something that the Brighton coastline has been associated with for centuries<sup>90</sup>.

*“the beach is incredible for my mental health. I think water draws you. It is healing, Brighton is very, very healing [...] there’s a reason why there’s so many people with mental health issues or physical health issues that come to Brighton (Judith)*

When Joanie was creating her map, it was the pier and the sea that she used to illustrate the healing nature of her move to Brighton:

*“I’m trying to show the Pier with the water underneath it. And I’m doing it in purple because purple’s a healing colour [...] And for me, moving to Brighton was healing” (Joanie)*

The surrounding countryside of the South Downs, as well as the parks and gardens within Brighton were also mentioned as places of restoration and support. They offered a quiet space that was more accommodating to participants who were neurodiverse, like Al, who liked the quiet of a local garden, which they described as an “oasis”. Bridget noted that it was the beauty of the surrounding countryside that provided “a great refuge”.

The proximity and accessibility of green space was important, particularly for those who could not afford a garden, with frequently visited parks either being a short bus journey or walk from home. Lake lives on the edge of the city, in supported housing. Whilst they are struggling as a trans/nonbinary person in their single sex accommodation, they have access to a large park nearby, which they describe as “a gift” for their mental health:

*“the woods up here – so many trees, and it’s really nice walking through there and just listening to the birds. It’s a very relaxing place to be. So, I’ve actually had a lot of like mental health walks there with, like, my support worker [...] It’s a place that I definitely associate with reflectiveness and very difficult emotional work, but it’s, if, if I would choose a place to do it, it would be [the park]” (Lake)*

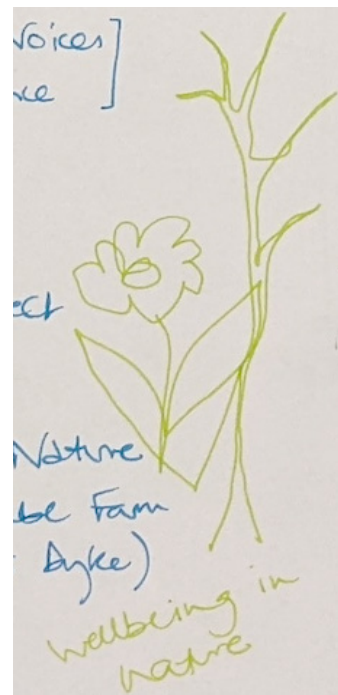
For many, the local green spaces took on particular, everyday importance during periods of lockdown in the pandemic. Access to open spaces provided respite from the bustle of the city.

Interviewer: *What was it that you liked about being in the green spaces?*

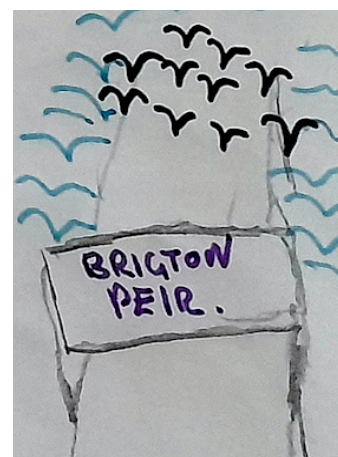
Rita: *It gave you a breather, because Kemptown is all very close, and as I say, it’s in your face. But suddenly you know, you’re up high and looking out over the whole of Brighton, looking out over the racecourse to the sea, that was fantastic.”*

Some participants also found their local green spaces facilitated new relationships, like Lucia, who made friends with local LGBTQ people whilst walking her dog:

*“Brighton is more open minded than other cities. To the park that I go with my dog, I’ve been meeting a lot of people, and a lot of, of the LGBT community, too, that goes with their pets there [...] we also create like a small community of dog, dog parents” (Lucia)*



Extract from Al’s map of their journey to Brighton



Extract from Joanie’s map of her journey to Brighton

<sup>90</sup> Musgrave, 2011



Extract of Lucia's annotated map of Brighton

Participants in the research described many ways in which Brighton provided the opportunity for a sense of healing, calm and respite, primarily through engagement with the natural world. The beach, countryside and parks, even private gardens, provided spaces of solitude that felt safe and restorative. Green spaces also offered the opportunity to connect with others, especially at times of lockdown when socialising was limited.

### 6.3.3 Being connected

For many of our participants, living in Brighton meant making connections with other LGBTQ people, which they found supportive. LGBTQ organisations, events and services were ways that people connected with others like them, but the physical geography of the city, and participants' location within it, were also important factors in people experiencing queer connections.

For some participants, there was a relative ease with which they were able to connect with other LGBTQ people. Joanie was delighted by her experience of meeting other older LGBTQ people through the various groups and events she has attended since relocating:

*"I feel down here I have got more lesbian and gay friends than I had in that other city where I had lived for fifty years!" (Joanie)*

For many the ability to 'be involved' was facilitated by Brighton's relatively small size, and living centrally where there are multiple options for getting around. Al, for example, was involved with a lot of groups and LGBTQ activist activities, and living centrally supported them to physically access those activities without the barriers that typically came about because of their neurodiversity:

*"just having that freedom when I... when I can, it's nice, not being... having to deal with issues going on buses, more sensory issues" (Al)*

Similarly, Tom, a gay man who had moved around the Brighton area quite a bit, emphasised the importance of proximity for accessing 'the community':

*"I knew I didn't want to live quite so far out, 'cause I think that, you know, even though you could, you know, still make the same effort, I think it, it made, it puts a distance, puts a little bit of mental distance as well, on being, I don't know, part of the community [...] I wanted to make sure that I, you know, actually sought out groups and sought out things to do." (Tom)*

The possibilities that Brighton affords for connecting with other LGBTQ people were a big part of our participants' hopes for, and experiences in, Brighton. Finding ways to access these communities and activities was important and living centrally was one way that some participants felt able to stay connected.

#### 6.3.4 Relative safety

As well as being a place of acceptance, healing and connection, several participants noted that they felt physically and emotionally safer in Brighton. Safety was described as important in relation to feeling at home or experiencing a sense of belonging in Brighton. For some, the perception of safety was increased through seeing Pride flags and stickers across the city, and seeing other visibly LGBTQ people on the street, and so safety related to feeling accepted as an LGBTQ person, but also to feeling more generally welcome in the city. This was often understood in contrast to past experiences of feeling unwelcome.

Joanie shared a story about her first morning in Brighton that demonstrates the tangible difference that feeling safe in her home brought about for her:

*“the first morning I woke up, it was about four, five in the morning, there was a lot of noise outside. And automatically, I pulled my quilt up and I thought, ‘Oh no, what’s happening to [the man] next door?’ [...] and then I realised, I was not in [city] again, and I sort of looked out of the window and there was a lot of seagulls just outside my window fighting and making noise. I went, ‘Oh! It’s okay!’ And I went back to bed again and I went back to sleep! And it was only then I realised, the amount of, lack of sleep I had when I lived in [city]. ‘Cause I was always on red alert so to speak, waiting for something to happen.” (Joanie)*

Bill, an older gay man who had lived all around the southeast of the UK, also compared Brighton favourably to other places. Because of his experience of “a whole load of homophobic abuse” in a town not too far from Brighton, he expressed gratitude for the safety that the Brighton ‘bubble’ provided:

*“[it’s] very nasty, you know, just five miles out of Brighton or whatever, you step that far out and it’s a completely different atmosphere [...] I think sometimes we forget how lucky we are to live where we do.” (Bill)*

However, participants were quick to acknowledge that Brighton is far from perfect. For example, Lake, who was our youngest participant, had only been in the city a short time and was struggling to make friends or feel settled. They summed up the tenuous feeling of safety that Brighton gave them:

*“Why am I clinging on to the city so much? Yeah, the way I see it is like, I do have services down here that I use, I, I know the city well. There’s less of a chance I’m gonna get battered for being trans, which is always a plus! Fuckin’ hell.” (Lake)*

The safety experienced in Brighton is always relative to the danger of living elsewhere, and that threat is only reduced in Brighton, not obliterated. Joanie also recognises this:

*“I’m not under the delusion that people don’t suffer prejudice and homophobia in Brighton ‘cause, you know, I know they do. But I feel it is safer to be a lesbian here, and especially an older lesbian” (Joanie)*

Safety was an important aspect of people’s experience in Brighton, and participants expressed gratitude for living somewhere where they believed they were safer than elsewhere. However, all were well aware that Brighton is not straightforwardly safe for LGBTQ+ people and that safety is only a relative concept.



### 6.3.5 An LGBTQ City: Summary and reflections

This theme explores how Brighton provided opportunities for freedom, healing, connection and safety for many of the participants in this research.

As in other studies of queer migration, our participants chose Brighton, at least partly, because of its reputation as an LGBT city. Gorman-Murray, whose research is based in Australia, makes use of the term “gravitational group migration” using it to explain the “desire to move nearby like-minded others in a neighbourhood with a gay and lesbian presence”.<sup>91</sup> According to Gorman-Murray, these spaces offer a range of benefits including a sense of belonging, a sense of comfort within the self and interpersonally, and access to social spaces. In our research this extended to access to tailored LGBTQ mental health and advocacy services too. Opportunities to express intimacy without fear are part of the reason that LGBTQ people migrate. Gorman-Murray describes this as a “significant sense of ease in performing embodied sexualities”.<sup>92</sup> Our participants similarly described how intimate acts as everyday as holding hands with your partner moved from feeling impossible in previous spaces, to becoming comfortable in Brighton, and could be performed without fear of attack. Similarly, dressing however participants wanted, or being playful with their identities felt more possible. In interviews, we were moved by the joy and elation that this brought to some of our participants, who had never felt free enough to make these gestures publicly before. However, Browne & Bakshi have argued that this idea of the ‘ordinariness’ of LGBTQ lives in Brighton (which allows newcomers to experience such liberation) can also obscure some of the tensions and exclusions that still exist in the city, as we explore in the next theme.<sup>93</sup>

Although academics have argued that the ‘migration-as-liberation’ narrative is problematic, especially in the case of queer relocation from the Global South to the Global North,<sup>94</sup> in our research participants did describe subjective experiences of liberation at emotional, bodily, and cognitive levels, as well as interpersonally. These experiences of ‘freedom’ were said to positively affect their mental health. Participants described feeling more at ease, more expressive, more at home, and more confident. Improvements in mental health were further understood to be facilitated by access to blue and green spaces, and Brighton was identified as a place of healing and as therapeutic. Reviews show that green spaces<sup>95</sup> and blue spaces,<sup>96</sup> such as the sea, are associated with positive mental health outcomes. However, the role of green and blue spaces has so far overlooked the intersection between LGBTQ lives and mental health. In addition, the experience of blue and green spaces as important to LGBTQ people’s experience of city spaces more generally has also been overlooked, as research has tended to focus on the urban environment e.g. the scene, Pride events, etc.<sup>97</sup>

91 Gorman-Murray, 2009: p450

92 Ibid.

93 Browne & Bakshi, 2013

94 Chossière, 2022

95 Callaghan et al., 2021

96 Hermanski et al., 2022

97 Browne & Bakshi, 2012

98 Johnston, 2016.

99 Ibid.

Improvements in mental health also appeared to relate to the feeling of (relative) safety participants found in Brighton. This comes in part through Brighton being experienced as a space of affirmation. Johnston describes affirmation as a form of care that shapes our relational self.<sup>98</sup> Affirmations come not just from interactions with others, but also our interactions with places and objects, memories and our evolving sense of identity.<sup>99</sup> In our research, participants described how Brighton provided a space where positive affirmations are more frequent, such as seeing LGBTQ couples holding hands, noticing Pride flags in shop windows, or access to gender-neutral toilets. Additionally, Brighton provided a relative lack of negative affirmations, such as threatening or abusive behaviour. However, memories of past negative experiences, and their impact on people’s sense of self were not easily erased, as we explore next.

### 6.4 Cheated expectations

Brighton, despite participants’ hopes and their positive experiences, still proved a challenging place for some people to feel at home. In this theme, we look at how, for those who had perhaps idealistic expectations, the reality of facing prejudice on the grounds of sexuality, gender and mental health status was deeply disappointing. Loneliness, isolation and exclusion persisted for many after they moved to Brighton, and this was only exacerbated by the pandemic lockdowns which were taking place at the time of the interviews.

### 6.4.1 The 'gay bubble' bursts

For those participants who had hoped Brighton would provide a queer liberal enclave (as described above), the reality could be disappointing, as Leela explains:

*"The thing that made me sad moving to Brighton was realising that Brighton is not as liberal as it appears to be when you visit. It's way better than anywhere else I've lived, but I literally have a sixty-year-old Nazi over the road who hurls transphobic abuse at me out his window in the summer."* (Leela)

As with in the theme 'relative safety', Leela describes Brighton as only relatively liberal. This was different to when she was visiting when Brighton seemed to offer a haven, free from transphobia. Now that she lives in the city, she is confronted with the painful reality that nowhere seems to be free from transphobia, even Brighton.

Teri also describes her recognition that Brighton is not free from prejudice, and that despite the large LGBTQ population, there remain issues – particularly intersectional issues – for queer people in the city. Her particular concern is around women's experiences and with what she sees as *"inequality and invisibility"* for the lesbian population.

*"we might live in Brighton, you know, we might live in the heart of gay Europe [laughs] but there's still, for various reasons, from various backgrounds, from various classes, from the various cultures that make up now our very cosmopolitan little city, you know, there are still a lot of, erm, a lot of invisibility, a lot of invisibility, a lot of prejudice or, you know, suspicion."* (Teri)

Laura feels similarly excluded or unseen within the LGBTQ communities of Brighton, and describes struggling to fit with other queer people:

*"Brighton is quite pretentious and quite full of stereotypes, it's really difficult to meet people, they are, it's a very cliquey place"* (Laura)

Others also felt there were class divides within Brighton, and particularly within the LGBTQ communities. By speaking of Brighton as *"pretentious"*, Laura echoed Teri's experiences of snobbery and exclusion by people she sees as more middle class than her. Like Teri and Laura, Bridget, who had lived in Europe and the UK, also struggled with the class divides she experienced within the lesbian communities when she arrived in Brighton, despite having found a sense of belonging in queer communities elsewhere:

*"The lesbian community in Brighton [!] didn't really connect with, to be honest. It was very different from that [elsewhere in the UK]. [...] Bit up itself [...] not so friendly [...] Everyone got a bit of an agenda about what they were going to do. Big middle class, working class split [...] I think that was a disappointment coming to Brighton. Yeah, didn't get on with the, with the sort of scene"* (Bridget)



Extract from Bridget's map of her journey to Brighton

Si also recognised the cliquy aspect of the LGBTQ scene, but felt excluded for a different reason. Having, he believed, made friends online before moving to Brighton, he was confused to find he was overlooked by people when they met in real life:

*“all of a sudden these [...] guys I’d been chatting to on apps and all the rest of it, was sort of just looking through me. [...] They knew who I was and perhaps they didn’t like what they saw, as I say, perhaps they didn’t see me as a Bear<sup>100</sup> [...] I was like ‘oh, it’s not as friendly, it’s not all glitter, it’s not all rainbows, it’s not...’ You know, some of it’s pretty bitchy and cliquy and, you know them and they know you, and I sort of confided in a couple of people about my mental health and I sort of feel that – this is a few years ago now, it is different to how it is now – but there was that sort of oh, don’t go [there], you know, too much baggage” (Si)*

Si believed his mental health status was one of the main reasons that he was not embraced by the Bear community. As with Bridget and others, his hopes that it would be *“all glitter [...] all rainbows”*, that is uniformly positive, was met with disappointment. This realisation seemed to sting even more because of the initial hopes of finding a queer utopia.

100 A subculture of gay men

Expectations of Brighton were sometimes high and the reality – a city with problems not unlike others – was deflating for some of our participants. Exclusions, particularly from within the LGBTQ communities, were particularly painful, perhaps because they were less expected, and intersectional exclusions were particularly hard to bear.

#### **6.4.2 Loneliness and distress in the “European capital of gayness”**

For many participants Brighton was initially seen as a queer haven where they could, perhaps for the first time, fit in and feel accepted. Certainly, moving to Brighton provided a sense of liberation for many participants. However, despite the high number of LGBTQ people in Brighton and the many services, clubs and leisure spaces in the city, many of our participants still struggled with feeling lonely and isolated, often because of intersectional complexities. For example, Lake described how they “had a lot of hope” initially, but had failed to develop any significant friendships, something exacerbated by problems around feeling accepted in their gender identity within their single-sex accommodation, and because of their poor mental health.

Like Bridget, Teri and Laura, (quoted in the previous theme) Judith was also surprised not to connect with other queer women, as she had done elsewhere. Despite the very high numbers of LGBTQ people in Brighton, many of our participants felt lonely and isolated even though they had opportunities to make connections, or even had those connections already in place. This points to some of the particular interpersonal challenges of living with mental health issues. Judith makes the link between her experiences of isolation and a deterioration in her depression:

*“while I’m single I, I can feel very isolated and alone and you know, I, I love Brighton but I do find that it’s very transient and I haven’t made friends here like I have previously in my life. [...] I’ve had to learn throughout this illness, is to contact people when I need help and when I’m feeling isolated, ‘cause I can get very depressed when I feel isolated and lonely” (Judith)*

Like Judith, Si and Joanie acknowledge their role in isolating themselves when they’re feeling particularly bad:

*“I suppose lonely is very individual experience and you can sometimes be in a big group but still be lonely. [...] But yeah, I have felt lonely, with my mental health and my depression, that has really - I have isolated myself, which makes obviously loneliness even worse.” (Si)*

*"I would have days when I didn't want to get out of bed, I felt very isolated, but that's mainly because I didn't feel I could reach out to people. You know, I would pull my quilt up over my head, 'cause that was the safest place for me to be" (Joanie)*

The struggle to find and maintain meaningful relationships in the shadow of challenges to mental health is echoed in Teri's account:

*"I have never, ever, ever felt as, been and felt as lonely as I have living in Brighton, ever. [...] I have just found it a strange place and I have met and made friends and lost friends, such strange people. Erm... I have met more, I've had more really bad and unhealthy relationships, friendships as well as, you know, intimate relationships, with people in Brighton. And I don't know whether it's just because I've just had such a horrible, horrible time with my depression and mental health, but I've never felt as lonely, ever, in my life. And I've never, I suppose that compounds itself, when you get that lonely and desperate, you kind of, I think, hook up with people who are not people who you might normally have chosen to trust or get close to [...] I've been so down and desperate. But I don't think it can just be me, even me getting past 40, because I've always had friends everywhere else I've lived, and made good friends. But I haven't been able to do it here at all. (Teri)*

Teri points to the desperation that can accompany loneliness, and the potential for poor judgement that can may be an attempt to ease the pain of isolation. However, both Teri and Judith also point to place-specific reasons why they think making friends in Brighton has been harder for them than elsewhere, despite their enduring mental health challenges.

Lake was also struggling to make connections, having only recently arrived in the city. They try to weigh up their experience by considering what they have gained and what they have left behind. Despite their hopes of finding friends and community, loneliness and exclusion have increased since they arrived, but they still feel that the move has been beneficial:

*"The positive is stuff like I've been having that professional support [...] the exclusion has gotten worse in... a lot of ways, so that's been, been difficult, you know, the pain of being misunderstood and the pain of loneliness has certainly been amplified [...] one of the, the major good things, though, has been being away from my abusive family" (Lake)*

Even for those people, like Lucia, who were living with a partner, loneliness was part of their experience in Brighton, especially when first arriving in the city. Lucia recognises that her internal struggles were also implicated in her experiences of loneliness:

*"at the beginning when I moved [to Brighton]. [...] a lot of things going on with me, so even if I was living with my partner, it was like I still feeling lonely and I think that's the worst kind of loneliness, when you're with someone and you still feel lonely" (Lucia)*

Similarly, Laura describes how reaching out to friends in a time of crisis – a time when you might really need support – was too difficult because of her sense of stigmatisation and shame with her mental health experiences:

*"the mental health crisis that I was experiencing at the time, it was incredibly isolating [...] my first suicide attempt and it, like, I ended up in hospital for two days on a drip. And I didn't tell anyone, and that's not 'cause I didn't have anyone, that's because of the guilt and the shame of it. And I didn't want people coming to see me in hospital" (Laura)*

Several of the participants emphasised how loneliness is a personal experience that may not fit the mould of how loneliness is seen by others. Al asked *"what does conventionally lonely mean?"* This seems to point to the stigmatising nature of loneliness, normative expectations about who might be a 'lonely person', and the challenges of acknowledging, and finding words for, these feelings. Edward had similar thoughts:

*“at the moment I am very lonely [...] loneliness, like, doesn’t look like one certain type of thing. Like, loneliness is, is very much, like, it comes in, in all shapes and sizes [...] so just because you don’t fit the, the stereotypical definition of lonely doesn’t mean that you’re not lonely [...] I was often telling myself you know, like, I wasn’t lonely and I’m, I’m fine, but it’s kind of made me realise that I am kind of suffering from loneliness and that’s not necessarily a bad thing. Because I, I can then reach out to find ways to cope with it.” (Edward)*

Rich also seems to struggle to initially acknowledge he has been lonely, but also connects his loneliness with his history of trauma:

Interviewer: *“Have you felt lonely in Brighton?”*

Rich: *“Well, I think a lot of the time... maybe my own space... I haven’t felt lonely. But having said that... since... different things come up with the trauma stuff [...] I dunno if that’s the same as being lonely, I’ve felt frustrated [...] who am I kidding? Yeah, course I have.”*

For some of the participants, the experiences of being isolated, excluded and lonely in Brighton, a place where they imagined things could be different, led them to conclude that there must be something intrinsically wrong with them:

*“[I’m] trying to blend in with all these people, it’s because, I don’t fit. I don’t understand, I still don’t understand why, now, what’s so bad about me?” (Laura)*

*“If I have felt this lonely and isolated, you know, for twenty years in the European capital of gayness, it does beg the question, so is there something wrong with me? Do I not, why can’t I find what I want, when I’m, you know, supposedly surrounded by gay people?” (Teri)*

Whilst everyone in the research had experienced loneliness at other points in their lives, the experiences of loneliness, exclusion and isolation were also prevalent once they had settled in Brighton, despite the mythology and expectation of LGBTQ inclusion in the city. In many cases, this seemed to be a source of some confusion and disappointment, and in some cases led people to question their worth and ultimately blame themselves for their loneliness. The cyclical relationship between deteriorating mental health and isolation was familiar to many participants, and for some the stigmatising and sometimes shameful experiences surrounding mental health crises could further exacerbate this.

### **6.4.3 The exacerbating impact of the pandemic**

The interviews undertaken for this research took place during the third English lockdown in spring 2021<sup>101</sup>. As such, isolation and loneliness was exacerbated for some participants.

A small number of the participants had moved into Brighton during the pandemic, which made creating social connections particularly difficult. Harlow, who arrived from overseas in between the first two British lockdowns, put it very succinctly:

*“it kind of feels like if you’re walking at like an amusement park, like Disneyland or something, and, like, all the rides were closed” (Harlow)*

Harlow’s excitement at moving to Brighton, in part to be reunited with their partner after a particularly challenging period, was dampened by the reality of lockdown. Spending most of their days at home alone, their mental health deteriorated:

*“I think that is what I’m missing so much, it’s just like the possibility to meet new people and do new things [...] I just feel like I have lost a lot of, like, whimsicality and, like, a lot of, yeah, I don’t know, like excitement and interest and, like, spirit that I like feel like I usually have so much of, but I really don’t have an outlet to like put that into the world anywhere” (Harlow)*

<sup>101</sup> See <https://www.instituteforgovernment.org.uk/charts/uk-government-coronavirus-lockdowns>

Leela was in a similar situation having arrived in Brighton very recently, expecting to have the opportunity to connect with other queer people and organisations, but conversely feeling very isolated:

*“it’s weird living in Brighton because there are all of these queer communities and support groups that I was looking forward to, like, going and engaging with [...] all of those things have shut down because everybody’s got super insular [...] it feels both the most connected I’ve ever felt in my life to people, but also the most isolated”*

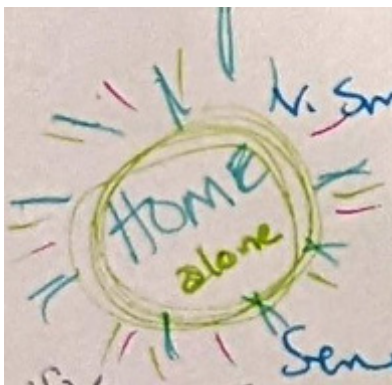
(Leela)

Edward echoes feeling cut off from social opportunities. Edward’s partner had to move away for work during the pandemic, leaving Edward alone in a studio flat. Edward, who was not working or studying due to his mental health, spent most of his time alone:

*“Definitely, I feel so isolated. [...] I just feel so disconnected from everyone. Like I feel very connected to my partner, because we talk every day and like are kind of going through it together, but I feel so isolated from everyone else because there is, yeah, there’s just so little opportunities to like be around people, be social”* (Edward)

For Al, regardless of the many years they had been in Brighton, the lockdown heightened their isolation and resulted in a mental health crisis:

*“I’ve retreated more into just being... in my place, and lockdown has... added more to that, and I think that contributes to the fact that [...] that I made an attempt on my life, last year* (Al)



Extract from Al’s map of their journey to Brighton

Nevertheless, for others, even though the pandemic was very isolating, being in Brighton at that time and having access to local LGBTQ services online was potentially lifesaving:

*“I feel that Covid has made me even more isolated than before [...] I firmly believe and really believe – and this sounds a bit as if I’m catastrophising – that if I had been where I was in [city], I wouldn’t have survived, ‘cause I would have been isolated thoroughly, lonely, depressed, and I really feel I would have taken my life.*

(Joanie)

For these participants, loneliness and isolation existed prior to the pandemic, but for many the lockdowns exacerbated these experiences. For those people who relocated into the city during the pandemic, making connections within the queer community was particularly hard as physical locations, such as bars and services were closed. For those who had been there longer, some were able to connect with local support via online services, but for others, the increased isolation pushed them into crisis.

#### 6.4.4 Mental health and 'the scene'

The area of Brighton around St James' Street, often known as the Gay Village, provoked the strongest feelings when we asked people about where in the city they did, and did not, feel welcome. This is the area of Brighton most connected with the 'scene', and it was variously seen as particularly welcoming and safe or, as excluding and unsafe, occasionally by the same people at different times. Safety (or feeling unsafe) was a thread that ran through many people's accounts and related directly to the participants' mental health.

St James' Street was recognised as having changed dramatically over the years. Andrew, who had first moved to Brighton in the 1970s, before moving away and later returning, felt that *"homophobic attacks became quite regular"* and chose to move out of the Village area. Several participants noted how the area around the bottom of St James' Street could feel dangerous for queer people, despite being the main street associated with the Gay Village. Judith felt threatened by people who *"get ridiculously drunk and then go up St James' Street to harass gay people"*. She clarifies that:

*"feeling safe is, is very important to me, very, very important. 'Cause if I... it's a trigger, what I call a trigger for a bipolar episode"*

Si also explained how the area had a negative effect on his mental health, discounting the threat of violence, and focusing on the sense of desperation that can be encountered there:

*"I think it's literally got two sides to James Street, there's like the village/scene side [...] and then there's also the deprived side, maybe? Is that the right word, I don't know, but, yeah, I don't feel as safe walking in St James' Street as I do in some other areas, and that's not because, I don't like, I don't think I'm gonna be attacked or anything but my anxiety's a bit up. And you can't help everyone that asks you for money etc. etc. And, yeah, I find it upsetting sometimes, just what people are going through."* (Si)

LGBTQ neighbourhoods and gay villages are commonly imagined to be areas of affluence, but as Si points out, in Brighton the gay village borders some of the city's most deprived areas, and many locals (including LGBTQ locals) are impoverished.

Whilst many participants picked out places, especially bars and clubs around St James' Street, that they enjoyed and felt connected to, others did find the 'scene' excluding. Rich connected this to his traumatic past:

*"I struggle with the Gay Village side of stuff [...] I struggle with being connected to the gay side of things. [...] I don't feel particularly safe. And, maybe it feels quite superficial."* (Rich)

Teri lamented to closure of various women's spaces, and wondered about the inequality between men's and women's experiences within the Gay Village:

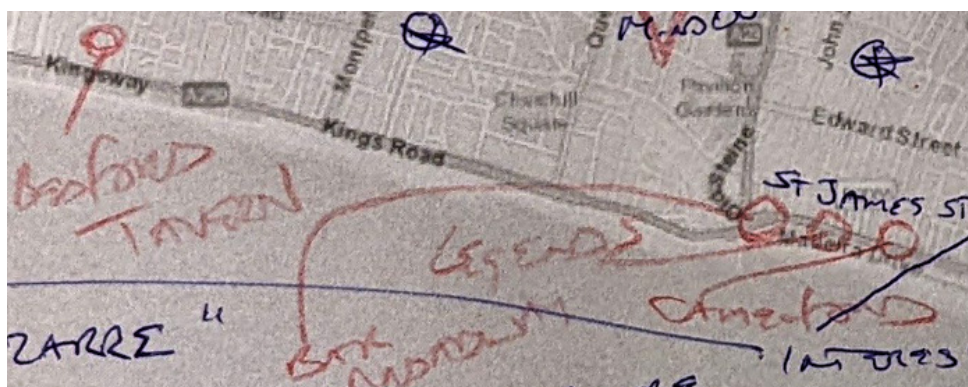
*"St James' Street. I think, in the like twenty years I've been here I've only ever met anyone in, location in St James' Street maybe ten times in twenty years. That's the gay village, isn't it? [...] it's horrible. And it's so male-orientated. [...] it's hilarious that it's, you know, just promoted as being so, erm, what do you call it, desirable to live there, you know, 'It's the heart of the gay village', and I just, I think it's hilarious. Because what is it? It's a street with a few pubs on it."* (Teri)

Gender was not the only reason that the scene, and the area around the Gay Village, was experienced as excluding. Age was also seen as important, as well as the increase of straight people going into traditionally LGBTQ bars and clubs.

*"Some of the, the bars can be a bit ageist [...] I have felt uncomfortable in [LGBTQ club] in the past because it feels like that that space has been, I don't know, at the weekends certainly, commandeered a little bit by students, who are not of the LGBT community. [...] I think maybe a little bit more dedication to, to those spaces being safer for LGBT. And actually, now, now I'm saying that, I have experienced [LGBTQ bar] as well, like, almost got into a, quite a horrible fight with a heterosexual couple who were being quite, you know, unkind [...] I like the idea of inclusivity and diversity, I don't like rejecting people based on their sexuality, I don't agree with that, but I think a little bit more consciously aware of making sure that the spaces are safer for LGBT people" (Tom)*

The scene also felt excluding for people who were struggling with their mental health, or for whom their neurodiversity made bars and clubs uncomfortable. Si described how being visible on the scene could feel too overwhelming for him at times. In these cases, he preferred to socialise in places outside the city, where he was less likely to be seen by certain people:

*"sometimes when you do go to the right places, as such, yeah, it's not as friendly or you know, it is a bit cliquy or it's... Some types of drag and different things and I'm not necessarily a major drag fan, and I haven't been because of my mental health. I haven't been out that much anyway and that is just too full on sometimes, and I haven't wanted to be seen. 'Cause I've had body confidence issues and depression and all the rest of it. So that's where I'd much rather just be lost in a little pub somewhere, even out in the Downs or something like that. [...] In some of the bars, I feel you have to be seen on your best day really." (Si)*



Extract from Al's map of their journey to Brighton

As a younger woman, Laura felt that being out on the scene was the only way to meet other LGBTQ people. Despite it being very difficult for her due to her neurodiversity and sensory sensitivity, she forced herself to go clubbing:

*"That fast-paced scene life was not me, but I would force myself to do it 'cause everyone would be like, 'If you don't, you're by yourself.' [...] And like, I would get depressed [...] I did that 'cause I thought that's the only way that I would meet other gay people at the time. Because I just don't fit the stereotype, and when I look back, I was literally like trying to put, I was a circle trying to put myself through a square hole" (Laura)*

Affordability was another reason, connected to mental health, that contributed to people feeling excluded from the scene:

*"I'm not on the scene [...] I haven't been for years, okay. I've had massive financial problems and I've had massive mental health problems, which meant I couldn't go out." (Teri)*



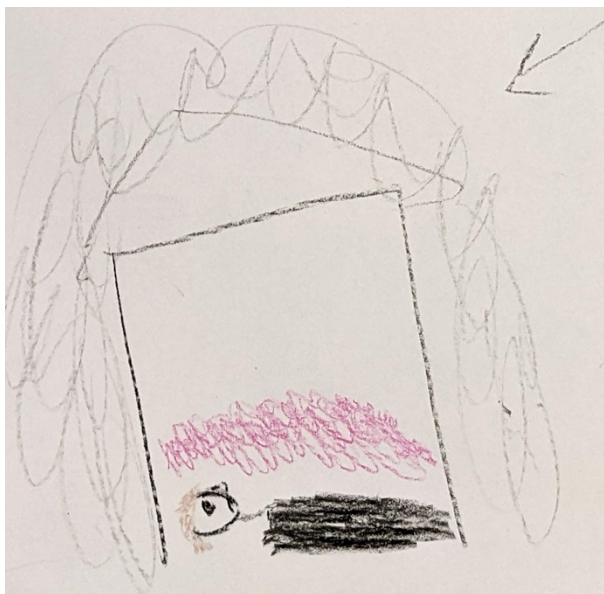
The existence of a large LGBTQ scene is no remedy for isolation for LGBTQ people experiencing distress and might even compound it. Being part of the scene was understood as problematic by some people who took part in the research, primarily because of feeling unsafe or excluded in or around the Gay Village. The fear of violence or harassment interacted with feelings of exclusion on grounds of gender, age, mental health or neurodiversity, and economically.

#### 6.4.5 The housing situation

The final area of struggle associated with Brighton was housing. Brighton has some of the most expensive housing for sale<sup>102</sup> and rent<sup>103</sup> in the UK. Participants described housing as problematic multiple times in the research. Those who owned their own houses or flats had typically bought them many years ago, and they were conscious of their privileged position. People with good housing considered themselves “lucky”, as Bridget and Bill said. Those who arrived more recently were typically renting, in supported or sheltered housing, or in some cases had experienced homelessness.

The ability to afford secure and desirable housing was important in relation to experiencing home as a space that was safe, calm and conducive to mental health. Bridget described her home as her “security”. In contrast, the lack of affordable and liveable housing was associated with a deterioration in mental health. Lake had been homeless when they first arrived, and at the time of interview had been accommodated in supported housing:

*“I don't know if you've ever had the experience of living on someone's sofa for three months, but it's, it's not good for your mental health [...] I just feel like once again I'm in this kind of oppressive atmosphere of like claustrophobia and scared of other people” (Lake)*



Extract of Lake's map of their journey to Brighton

Si struggled to afford accommodation in the city and describes how poor housing impacted his mental health:

*“This flat I'd moved to in Hove was a hovel, you know, it was cheap but [...] I just never felt relaxed [...] not a very good environment to live in, and yeah, I just literally hit the bottom, shut myself away really (Si)*

The affordability of housing was the major challenge, and it was one of the things people were aware of, even before they moved into the city. Harlow described it as “London prices but on the beach”. Bill had first moved to Brighton many years ago and had been able to buy a house in Kemptown:

102 <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/medianhousepricefor-nationalandsubnationalgeographiesquarterlyrollingyearhpssa-dataset09>

103 See table 704: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-rents-lettings-and-tenancies>

*“Coming to Brighton nowadays is very different to when I came [...] the sheer cost of, of that, the problems of, of getting established in, in work because, you know, you look at salaries, wages down here, and then you look at the property prices and you think, however do these people cope with that?” (Bill)*

Those struggling to ‘cope with that’ included Teri, who found housing a serious barrier to living a fulfilled life in Brighton:

*“it’s outrageously expensive, which makes living here very prohibitive. [...] it makes me very, very, very angry how Brighton, how virtually impossible it is to make a good enjoyable kind of life here, comfortable financially when everything is, mainly housing is just so expensive and non-existent, unless you’re a student” (Teri)*

For those who were in supported housing, there were other challenges. Needing a higher level of care, or being housed after being homeless, meant little or no choice in the location regarding where they lived. Rita and her wife, who had initially lived in supported housing in Kemptown, had to move into the suburbs to access the level of care they needed:

*“we were offered this huge flat in [suburbs...] and it was really too good to miss for the sort of conditions that, you know, our present experience warranted it. [...] but we do miss Kemptown terribly, and I’m getting upset as I say it [...] I miss the freedom and the company. We had gay friends there. [...] where we’re living now, I feel a little bit more isolated than we did.” (Rita)*

Al also expressed some concern about being isolated in their sheltered housing, although their housing remained central and gave Al connections to the services and activities they required:

*“there’s the two or three other gay residents here, male. To my knowledge there’s no one who would identify as lesbian, but they might, I don’t know I, I guess I’m the only, I’m pretty sure I’m the only trans person” (Al)*

The pandemic added an extra dimension to the isolation some people felt in their homes. A few of the participants, like Leela and Edward were living in studio flats, with a lack of separate spaces. For some this was everything they needed, but for others this was associated with feeling isolated. When drawing his map, Edward considered his home as a lonely place:

*“I could put my own flat as a place of loneliness because I am just on, I’m on my own [...] my flat’s very small, it’s a studio flat so I, I don’t really have many spaces that are kind of separate” (Edward)*

Housing was a significant concern for many people in this research, and there was a strong awareness of Brighton’s issues with affordable housing, even from people who owned their own homes. Many in the sample were living in supported, sheltered or otherwise subsidised housing, which limited their choices about where they lived, and with whom.

#### **6.4.6 Cheated expectations: Summary and reflections**

This theme describes how participants faced a number of challenges in Brighton that meant for some, the city was tinged with disappointment. Whilst not everyone who took part in the research felt this way, the majority of the participants described how intersectional issues, safety, geography, and economics made the city less welcoming than they had hoped or led to them feeling excluded.

Class, gender and age were given reasons why people felt excluded from certain places or groups within Brighton's LGBTQ communities. Race was not mentioned, but that is undoubtedly because our participants were not a racially diverse group. Race and racism are often overlooked when considering the diversity of Brighton,<sup>104</sup> and our project could have done more to reach the (approximately 25%) people of colour who use MindOut's services.<sup>105</sup> Class was very important for a minority of participants. McDermott suggests that, in the UK, the intersection between class and sexual identity can compound inequalities.<sup>106</sup> This seems to be particularly voiced by working class lesbians in our research, some of whom yearned for times and places where they had felt more included, and where politics took more of a centre stage in their lives. This is echoed in research where working class lesbians reported feeling 'out of place' within the contemporary scene.<sup>107</sup> Age was also described as a reason why people felt excluded from the scene. Emerging research on LGBTQ ageing indicates there are considerable inequalities: with older LGBTQ people likely to have been chronically exposed to, and survived, hostile social environments across their lifetime, with the consequent cascading and cumulative effects on their well-being in older age.<sup>108</sup> Mental health and neurodiversity also contributed to feeling excluded, including within LGBTQ spaces. *Count Me In Too*, the LGBTQ survey of Brighton published in 2007, found similar evidence regarding the impact of mental health on inclusion in 'the scene'. Issues such as the role of body image also played a part for some participants.<sup>109</sup> Finally, lived experience of distress could be a reason for feeling excluded by others, as well as leading to self-isolation or poor judgement around relationships.

The pandemic exacerbated pre-existing feelings of isolation and loneliness. A recent report by Switchboard<sup>110</sup> on the impact of the pandemic on local LGBTQ people, reported very high levels of depression and suicidality, and struggles to access support, particularly for gender diverse people. It was clear in our research, that the pandemic was a particular challenge that had very significant mental health costs to people who were living alone or had just moved to Brighton.

## 6.5 Epilogue: Taking your troubles with you and finding safe havens

Whilst people undoubtedly relocated to Brighton at least in part because of its reputation as a 'gay' city, the large LGBTQ population, and the access to tailored and queer-friendly services, as this report shows, living in the city is far from utopian for LGBTQ people who experience distress. In this final theme, we explore the dilemma faced by some of our participants when thinking about where to live as an LGBTQ person with mental health concerns, and what they value in Brighton.

### 6.5.1 Relocating: No clean breaks

Not everyone who we interviewed was happy to stay in Brighton. Many participants mentioned the shortage of affordable housing, and some noted the fast-paced gentrification of the city's suburbs that is changing the shape of local communities. However, some participants also experienced the process of relocating elsewhere as potentially risky:

*"I think even now, I really, when we move, I'm really afraid of how people will treat us."* (Rita)

For many participants, having found relative comfort in Brighton, they did not want to take that risk again. Several participants spoke of feeling that Brighton had a 'hold' over them, because of the good access to support and the relative safety that the city provides. Judith, who experiences chronic and debilitating physical and mental health issues describes how she feels tied to Brighton:

*"this is the weirdest town when it comes to- it does kinda snare ya. When it comes to support for my physical and mental health, this is the best place in the world for me to be. Just because there are so many charities and things and, you know."* (Judith)

104 Mazzilli, 2021

105 <https://mindout.org.uk/wp-content/uploads/2021/12/MindOut-Annual-report-2021-Final.pdf>

106 McDermott, 2011

107 Taylor, 2008

108 Fredricksen-Goldsen *et al.*, 2017

109 Nodin *et al.*, 2015

110 <https://www.switchboard.org.uk/wp-content/uploads/2021/07/Covid-19-Report.pdf>

Si was one of two participants whose migratory pathways involved moving to Brighton, leaving, and then returning again later in life. Si recognises that his mental health challenges are connected to physical places, but are also something he carries with him:

*“You could have the best designed city and it could be amazing, weather could be fantastic etc etc, but if you’ve got triggers in certain places, that’s gonna be hard to deal with wherever you are. So yeah, there’s places I’ve got triggers within the city. I try to override them, try to rewire and look at them differently, but ultimately my anxiety levels are increased just by being in those places. [...] it doesn’t matter where you move, if you’ve got luggage the same inside you.” (Si)*

The triggers he mentions are places connected with past distress, for example, mental health service buildings. Given his experiences of distress – his “luggage” – no matter where he went, he felt likely to have some difficult experiences that would colour his time in that place. Despite the hopes for a fresh start, it might feel to some that there are no opportunities for a ‘clean break’.

One participant, Teri, was planning to leave Brighton, for both financial reasons and because she had not been able to make the kind of relationships that would keep her in the city:

*“I’ve got nothing I will miss here, virtually, virtually nothing I’ll miss, nobody I will be leaving behind here when I go. It’s just not worked for me. [...] I was desperately lonely when I came down, I’m desperately lonely twenty-one years [later] when I leave.” (Teri)*

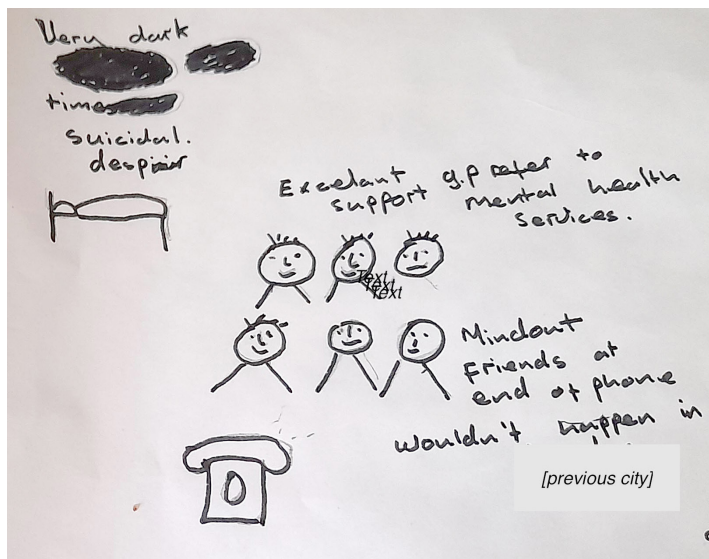
Despite the feeling that she was “done” with Brighton, Teri described how the decision to move on was fraught with complexities for her as an older lesbian, even though her sexuality was not her primary concern in choosing where to live:

*“I think I’m frightened of being totally isolated from a lesbian and women’s community that I can associate with and be part of. [...] the two most important things for me about moving [north] will be getting a dog and finding a new [sports] team. Erm, but, thirdly, and really, you know, not far behind that, is I don’t real, I need to know that there will be services, support, social opportunities for me as a lesbian, as a gay woman. [...] it would be so much cheaper to just go a little bit further into [the surrounding areas] it would be cheaper and, in a lot of senses, I’d like it. I could access the countryside more, there would be a little bit more of local community, I hope. But there might not be any gay people. So it’s really hard. [...] it’s not a dilemma that straight people would ever have, is it?” (Teri)*

For some, Brighton was the best place they could live, but for others the compromises felt too great. Relocating as an LGBTQ person could be challenging, and several participants mentioned the complexities with finding somewhere to live where you can feel at home.

### **6.5.2 MindOut as a safe haven**

Despite the disappointments and challenges that many faced in Brighton, participants unanimously praised MindOut as offering a sanctuary within the city. They called MindOut “my little safe zone” (Si), “my lifeline” (Judith), and “part of my recovery, my healing” (Bridget).



Extract from Joanie's map of her journey to Brighton

All the participants had felt supported by MindOut, many suggesting that their help had been fundamental in their survival, as well as their flourishing. The fact that MindOut provides “a dedicated service” (Tom) for LGBTQ mental health was important for participants who felt it provided an opportunity to get support without judgement:

*“It's the first time that I ever seen a place where you can talk about your mental health and also about your sexuality without being judged” (Lucia)*

*“And to speak to someone that I knew was going to be non-judgemental, who knew about gay relationships, who was aware of all the nuances, it was so easy, compared to any other sort of counselling that I've had before, totally different.” (Rita)*

Edward talked about how MindOut provided holistic and long-term care that made a difference:

*“they're there no matter how long it takes, or no matter how, like, how big your problem is or how small your problem is, they're there for the long run [...] Never once have they said, 'This is not something we can deal with, you have to go somewhere else for it.' They've, they've, they've just they've stuck by me and I can't be more grateful to them to be honest. Like they're just, they're, they're just brilliant, they're, they're just amazing.” (Edward)*

Care like this seemed to support participants to start to recover from trauma, abuse, rejection and mental health challenges. For some this meant, being supported to stay alive, to connect with others, to talk about their experiences, and for others it meant being able to flourish, as Bill describes:

*“I've had some, some really fabulous times and fabulous parties in Brighton [...] it feels great to be to be able to focus on those. That's probably, well I, no doubt, I've got no doubt that that's due to the, the counselling with MindOut. I, I was helped to look forward and to stop looking down at the ground” (Bill)*

Connecting with others at MindOut was also a chance to find reassurance and support. MindOut offered Lucia the chance to realise she was not alone, even though she was feeling lonely, misunderstood, and struggling with her mental health:

*“About loneliness: I think that's something really important in my life, to the part of feeling lonely and feeling not understood [sic]. It's something that I realise that a lot of people were going through, because at that point I was in a really low, low part of myself. I didn't realise that other people were going through the same things, and maybe we could have, like, support each other” (Lucia)*

# 7. Summary and Recommendations

## 7.1 Summary

The aim of this project was to explore the pathways between LGBTQ people's migratory journeys, their relational lives past and present (especially their experiences of belonging, isolation, inclusion and loneliness), and their mental health. We did this qualitatively, by asking LGBTQ people who used MindOut's mental health services about their lived experiences, how they understood their journeys to Brighton, and what sense they made of their lives and migratory choices. We also asked them to draw their journeys as this can help people to explore different feelings and memories that may relate to their accounts. Additionally, we asked them to annotate a geographical map of Brighton and to show us what and where was important to them as sites of belonging and exclusion.

We chose to do this research in Brighton because we know that many LGBTQ people move to the city from elsewhere in the UK and internationally, and that the city has a reputation for being an LGBTQ city. This 'queer migration' is different than other forms of migration, as gender and/or sexual identity is a significant factor in the decision to relocate, often in a search for greater belonging, safety, and LGBTQ specific facilities, clubs and organisation. However, this isn't to say that economics, relationships, educational opportunities, and other factors may not also be relevant. In our research, we were also interested to know how people's mental health experiences played a part.

Coming to Brighton can be seen as a **'queer quest'** which was often described as an escape from a more difficult situation. Most participants, although not all, had experienced significant turmoil or trauma in their early lives, some were estranged from family, and many had felt isolated because of their sexual and/or gender identities and the invisibility of LGBTQ lives in their localities. Many described not fitting in or being seen as 'weird', and mental health experiences and neurodiversity was part of this, in addition to having LGBTQ identities. Many participants had felt lonely in their earlier lives, and this shaped their expectations for their move to Brighton. Some had also had good experiences of belonging and feeling at home, positive coming out stories, and good relationships with their families-of-origin. However, this was not the case for everyone, especially younger trans and non-binary people and many of the older people in our research, who were frequently estranged or distant from family and the communities they grew up in. People also told us about numerous mental health crises, experiences of assault and sexual violence, struggles with work, difficulties in feeling settled in the places they lived, and relationship breakdowns. Again, this is tempered by participants' descriptions of feeling happy, connected, and part of queer communities. In other words, people's lives were nuanced, with highs and lows, and their journeys to Brighton were often complex, and could include settling in the city, leaving and then returning again. Many people had lived in a number of places, including in several different countries before coming to Brighton. Nevertheless, Brighton was generally seen as a place where our participants' needs as LGBTQ people with mental health challenges could be met. Instead of relocating here because of the excellent LGBTQ social scene, sports clubs and so on, our participants talked about the tailored mental health support, trans health care, advocacy services, LGBTQ-aware social and healthcare, and LGBTQ-friendly supported or sheltered accommodation. The services that drew our participants to Brighton centred around basic needs, rather than leisure pursuits, or even social connection: affirmative accommodation, care, therapy, and access to respectful and safe services that meet the needs of the participants was fundamentally important.

However, living in **an LGBTQ city** provided queer connections and a level of safety that enabled many participants to feel liberated. Participants felt able, sometimes for the first time, to engage in simple acts of intimacy, such as holding hands, and to present themselves congruently with their identity, such as wearing what they wanted, or having safe places to meet others. These feelings of freedom, safety and connection had subsequent effects on their mental health, confidence and flourishing. Many people talked about the healing nature of Brighton, which has long been seen as a place to 'be cured' (the sea at Brighton has been associated with healing since the 1700s).<sup>111</sup> Brighton is perhaps unusual in being surrounded by the South Downs and the sea, making access to the countryside and the coast relatively easy for most people, even by public transport or on foot. Additionally, there are many parks and the seafront is part of the city. These green and blue spaces were significant in people's maps of the city. The pandemic only made these spaces more important, and extended their use from places of solitude, safety and grounding, to also being places of social connection when social mixing was not permitted inside.

Despite many of our participants feeling the move to Brighton improved their situation, there was still a sense of **cheated expectations**. Feelings of loneliness and isolation did not necessarily disappear when people arrived in Brighton. Participants were aware of, and in some cases had experienced, harassment and discrimination on the basis of their gender and/or sexuality since living in Brighton, emphasising the belief that their safety was relative, not absolute. Many had also experienced exclusion from within LGBTQ communities and for some there was disappointment and confusion about how lonely they were feeling, despite living in the "European capital of gayness" as Teri called it. Participants felt their mental health and neurodiversity, and other intersectional issues such as gender, age, class and financial resources, were particular barriers to making social connections within the LGBTQ communities. For some, the fact that they had struggled to feel at home, or to make long-lasting friendships in the city, meant they started to wonder 'what is so bad about me?'

<sup>111</sup> <https://brightonjournal.co.uk/historic-brighton-dr-richard-russell-and-the-miracle-of-sea-water-therapy/>

Certain places were mentioned as sites of loneliness or exclusion. The 'gay village' and the commercial 'scene' were particularly difficult for some and could be connected with feeling unsafe, excluded or unwelcome, although others also saw this area as an important social hub and had strong community bonds with particular venues. Housing was also another site of distress and loneliness, including for people living alone in studio flats, and for those whose mental health or other care needs took them into accommodation that was either unsuitable, unsafe, or which was located away from their social connections. As this research was undertaken during the COVID-19 pandemic, the lockdowns had exacerbated some participants' experience of being isolated, especially those living alone and those who had just arrived in the city.

Arriving in Brighton as an LGBTQ newcomer when you have a history of loneliness, trauma and mental health issues, is not straightforward. Participants in this research described both the euphoric experiences of liberation and connection when they first arrived, and the painful disappointment of continued loneliness or struggles to find ways to 'fit' with others. Whilst living in an LGBTQ city seemed fundamentally important to our participants, especially in terms of the provision of LGBTQ services, there was the realisation that you may be **taking your troubles with you** wherever you go. Brighton was seen as a place that could 'snare' you, in part because of the fears associated with moving to other, perhaps less LGBTQ-friendly places. **Finding safe havens**, such as the groups and services provided by MindOut, was key to surviving and thriving in Brighton.

## 7.2 Recommendations for action

Working together with the steering group, we coproduced a set of recommendations for practice, training, campaigning, policy and research that have arisen from the findings of this pilot research. These are:

### 1. Provide tailored support to LGBTQ newcomers experiencing distress

LGBTQ people with experiences of distress who arrive in Brighton, and other similar cities, are likely to need tailored support to negotiate their new city and feel at home. Just because a city has a large LGBTQ community does not necessarily mean that LGBTQ people will immediately make friends or feel a sense of belonging. LGBTQ people with mental health needs may benefit from meeting others with similar experiences, and well-supported groups offer one way for people to make connections in a safe environment. Intergenerational interventions, befriending and peer-led approaches are also likely to be well-received. Resources that signpost newcomers to key sources of support and ways of forming connections with other LGBTQ people beyond the scene are also likely to be welcomed.

### 2. Destigmatising loneliness within LGBTQ communities and beyond

Campaigning should focus on destigmatising loneliness within LGBTQ communities and reducing feelings of shame and fear in LGBTQ people who may be isolated. Interventions that help enable people to create connections and meaningful relationships are likely to protect mental health.

### 3. Fund LGBTQ mental health services to provide long-term support to those who need it

LGBTQ mental health and community services and organisations need secure, long-term funding to provide ongoing (not time-limited) interventions for people who need them. The findings in this report reiterate the need for services to work with individuals and groups over prolonged periods of time and across a range of inter-related needs. This type of consistent, holistic support is deeply valued by those who receive it and is essential to enable people with complex needs to thrive.

### 4. Make LGBTQ spaces more inclusive of people with mental health needs

Non-specialist LGBTQ organisations and spaces can do more to be inclusive of people with mental health needs. Receiving training in how to create a trauma-informed environment and how to support people in distress, for example via mental health first aid and suicide prevention training, can save lives.

### 5. Provide affirmative and affordable housing solutions suitable for LGBTQ people across the lifespan

In Brighton, but also in many other cities, housing is a major concern. The provision of affirmative, safe and affordable places to live is essential. LGBTQ affirmative supported housing that meets a range of mental and physical health needs, and the needs of people who are neurodiverse, is crucial. Accommodation needs to be proximate to LGBTQ services and venues so that people can feel part of a community and connect with other LGBTQ people. LGBTQ specialist homelessness support and spaces of refuge are also needed. Accommodation services would also benefit from training in the intersections between LGBTQ lives and mental health.

### 6. Provide services that reach LGBTQ people at home

As homes can be sites of loneliness for people experiencing distress, interventions that bring support directly into people's homes are particularly beneficial. The pandemic led many services to increase their online and telephone interventions and continuing these seems important. Interventions that focus on befriending and peer mentoring are likely to be particularly well-received by LGBTQ people with mental health needs. There is excellent practice within this field, however these services need ongoing funding to continue.



## **7. Provide LGBTQ crisis care**

LGBTQ people in crisis may feel particularly vulnerable in mainstream mental health services. Provision of tailored services, such as an LGBTQ crisis house, could provide the level of safety and affirmation required to save lives and help people step towards recovery.

## **8. Adopt innovative interventions that harness the healing power of nature**

Participants in this research clearly benefited from accessing Brighton's natural environment, especially the coast and the countryside of the South Downs. Regardless of their location, services could draw on the healing power of green and blue spaces by adopting innovative interventions, like walking and eco-therapies, to support LGBTQ people.

## **9. Train mainstream services to do better for LGBTQ people**

There is (still) a need for regional and national health and social care services to improve their interactions with LGBTQ people, including those with mental health needs. All services need to receive LGBTQ affirmative practice training on a regular basis.

## **10. Understand more about how LGBTQ migration interacts with mental health and belonging**

The intersection between migration, mental health, isolation and loneliness, and LGBTQ lives needs more attention in research and policy. Strengths- and assets-focused approaches may be particularly useful in helping us understand how LGBTQ people create belonging and build networks of care within and between communities.

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