

A community and a health issue of concern

(GS Paper 2, Social Justice)

Context:

- During the recent celebration of Pride month (June) globally and in India, an incredible social media presence was witnessed filled with striking images and stories.
- Despite the reading down of Section 377, the National Legal Services Authority (NALSA) judgment as also successive progressive movements, India's class, caste and regionally diverse LGBTQIA++ communities remain at risk of **life-long mental illnesses and challenges**.
- This can take the form of severe mental illness or transient and long standing dysfunctional harmful behaviours.

BEING LGBTQIA++
What does it really mean?

Who are the LGBTQIA++

LGBTQIA++ is an acronym used for an inclusive community of non-binary, non-heterosexual or non-cisgender individuals, borne out of the continuous fight for human rights on the basis of sexual orientation, gender identity and gender expression (SOGIE).

L Lesbians are women who are sexually and romantically attracted to other women.

G Gays are men who are sexually and romantically attracted to other men.

B Bisexuals are people who are attracted to both men and women. Pansexuals may also be associated with bisexuality since they are attracted to individuals regardless of gender.

T Transgender men and transgender women are people whose sex assigned at birth is not congruent with their gender identity (whereas cisgender people are those whose sex assigned at birth is congruent with their gender identity).

Q Queer people are those whose gender identities do not conform to binary perspectives of men and women, or to cisgender and transgender identities.

I Intersex people are born with physical or biological sex characteristics that are not typically male or female.

A Asexual people experience little to no sexual attraction.

++ refers to a continuous, inclusive spectrum of more sexual or gender identities across cultures.

What is SOGIE?

SEXUAL ORIENTATION refers to sexual identities of people depending on who they are sexually or romantically attracted to (like lesbian, gay, bisexual, asexual, even "straight" or heterosexual, etc.)

GENDER IDENTITY is how a person identifies with their gender, which can be cisgender, transgender, or queer.

GENDER EXPRESSION is how a person expresses their gender which can be masculine, feminine or androgynous.

SOGIE is part of each and everyone's human sexuality. EVERYONE has SOGIE, and not just the LGBTQIA++.

Frequently asked questions

BEING LGBTQIA++... IS IT A CHOICE?
No. Despite a lot of rigorous scientific research, experts have not found any specific factors that can determine a person's SOGIE. Findings so far point to a complex interplay between nature and nurture. Most people experience little to no sense of choice in their SOGIE.

BEING LGBTQIA++... IS IT A MENTAL DISORDER?
No. Various psychological organizations and associations from U.S.A., U.K., Colombia, South Africa, Australia, etc. have concluded various sexual orientations and gender identities are normal variants of human sexuality.

CAN WE CHANGE A PERSON'S SOGIE?
No. We cannot change a person's sexual orientation, gender identity and gender expression. Some forms of "conversion therapy" that claim to change one's SOGIE have not only been proven to be ineffective but also very harmful.

Factors responsible:

- This is caused by **life-long dissonance, deep-rooted stigma, discrimination** and often abuse, that the community experiences. It often leads to extreme distress and poor self-worth, resulting in self-hate and suffering.
- The community is often fearful and has such deeply internalised stigma that it is challenging to even articulate what it feels like, forget about seeking help.
- While the mental health needs of the LGBTQIA++ communities are not different from others, their identities, social contexts and the discrimination give them stressors that impact their mental health, relentlessly, from a young age.

- **Sexual orientation and gender identity are rarely discussed in social, educational or familial environments**, and if ever done, these discussions are stigmatising. Society marginalises LGBTQIA++ people throughout life, no matter how accomplished they may be.

Vulnerable:

- The LGBTQIA++ youth are **likely to suffer 1.75 times more anxiety and depression** than the rest of society while the **transgender community is even more vulnerable as its members suffer 2.4 times higher** anxiety and depression.
- In India and elsewhere, from an early age, **everyone is pressured**, openly or structurally, into **accepting gender roles and sexual identities**. Those who do not comply are bullied, abused, and assaulted under the pretence of correcting them.

Inadequate health services:

- When help is sought even by the most empowered, queer affirmative mental health services are hardly available. A large majority of the psychiatrists in India still consider diverse sexual orientations and gender identities as a disorder and practice ‘correctional therapy’.
- This is also true of general health care as well. In an ongoing study, the Raahat Project found that a large number of trans and gay men preferred to pay and seek help in the private sector rather than access government health care due to harassment and stigma.

What needs to be done?

- There is need for a national focus on LGBTQIA++ mental health that has become further acerbated by the global COVID-19 pandemic.
- It needs comprehensive long-term solutions that make queer mental health a priority and address community needs but also engage everyone to change the environment in which they exist.
- These solutions must engage with all stakeholders, including educational institutions, communities, health-care providers, mental health professionals, police personnel and families who are often a key source of mental health stress.
- This is not easy as this is not a priority for the Government and funding agencies, and is also neglected in society.

Awareness and other steps:

- One way to change the status quo is to ensure that every aspect of mental health work in India must include aspects of queer mental health issues, especially in schools and universities, to **destigmatise diverse gender and sexual identities**.
- A key aspect is **building self-care skills** among queer adolescents and youth. Strong components of behaviour change and awareness and also building capacity are important ways to build agency among these youth populations.
- What we need is a movement on queer mental health guided by **non-discrimination and public awareness in order to change social attitudes**.
- Community building is an important part of improving the mental health for LGBTQIA++ people. There is need to create supportive, safe and educative spaces, access points for health care and information on mental health.
- One such project that the **Raahat Project** has been working on through participatory methods has opened a host of issues that LGBTQIA++ communities face in leading colleges on an ongoing basis. The challenge is on how to address these issues in a holistic way when institutions are so queerphobic.

Conclusion:

- In the end, ignoring the mental health needs of LGBTQIA++ communities comes at a great cost to them and to society.
- Without addressing both the preventive and support aspects of the mental health of LGBTQIA++ people one will compound an already neglected problem of mental illness that will be hard to handle in the future. This would not just be injustice, but also a crisis created by deliberate neglect.