

A COMMUNITY AND A HEALTH ISSUE OF CONCERN

Relevant for: Developmental Issues | Topic: Rights & Welfare of Minorities Incl. Linguistic Minorities - Schemes & their performance; Mechanisms, Laws, Institutions & Bodies

‘Queer affirmative mental health services are hardly available’ | Photo Credit: Getty Images/iStockphoto

During the recent celebration of [Pride month](#) (June) globally and in India, we witnessed an incredible social media presence filled with striking images and stories. It would not have been amiss to also pause and reflect momentarily on the state of mental health of LGBTQIA++ communities in India. The reflection would undoubtedly have been a sobering one.

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.

Why? 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 our 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. This is payment extracted by a heteronormative society that demands assimilation .

In such an environment, it is hard to come out to yourself; forget the others. Even within the LGBTQIA++ communities, the lines are easily fractured by caste, class, and, more recently, by religious affiliation. It is difficult to find friends and family who understand what the person feels.

If they are able to cope with this, there is the constant othering. The life one leads and lived experiences have little or no overlap with those around oneself. In every sense, the person remains an outsider. If a person's gender identity is different from the sex assigned to them at birth, this conflict and othering is extreme. The person feels trapped and conflicted, that feeds their gender dysphoria.

This relentless dissonance and othering can result in internalised homophobia, often leading to anxiety, loneliness and substance use. It is not surprising then, that 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.

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.

How then do we build communities that sustain the good mental health of LGBTQIA++ communities? What we need is a national focus on LGBTQIA++ mental health that has become further exacerbated by the global COVID-19 pandemic.

We need 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.

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. We 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.

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 we 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.

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