



Policy Brief

Affirmative Counselling and Psychotherapy for Lesbian, Gay, Bisexual and Transgender (LGBT) population: Priorities for Policy, Practice and Research in India

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Abstract

Traditionally lesbian, gay, bisexual and transgender (LGBT) individuals have been viewed as “mentally ill” by mental health professionals. This stance has not changed the world majorly over, including India contributing to the stigma and discrimination of people who identify as LGBT. It affects not only their mental health but also their access to appropriate mental health care in general.

In the last two decades, the importance of providing culturally appropriate and LGBT affirmative counselling and psychotherapy has been recognized. However, knowledge and understanding of affirmative counselling and psychotherapy need to be addressed in the Indian context. Remarkably, very few researchers and mental health practitioners have investigated the LGBT affirmative counselling and psychotherapy in India. As a result, mental health professionals know little about this unique population.

This commentary presents the need for affirmative counselling and psychotherapy for working with gay, lesbian bisexual and transgender clients and offers future directions for strengthening capacity for affirmative counselling and psychotherapy in India.

Keywords: Mental Health, Affirmative Psychotherapy, Counseling, LGBTQ, India

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LGBT in the Indian context

Lesbian, Gay, Bisexual and Transgender individuals in India imply all sexual minorities including lesbian, gay, bisexual individuals, men who have sex with men, i.e. MSM as well as several local identities such as Kothi, panthi-persons who denote same-sex desires and transgender persons (Parasar, 2007; Badgett, 2014). The umbrella term transgender includes inter-sexed individuals, transvestites, transsexual and cultural identities like Hijra, Mashi, Kinnar, Pavaiya, Aravani, Jogtas, Jogappa, Sakhi, Shiv-shaktis, etc. (UNDP, 2010).

LGBT individuals generally live a life where their wishes, hopes, and dreams do not match the social-norm and heteronormative expectations of those around them. They often experience minority stress (Ryan, Huebner, Diaz, & Sanchez, 2009). Navigating life without role models, family and social support heighten this stress. The rates of depression, anxiety, and suicide are far higher in LGBT individuals (King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008; Jayadeva, 2017; Nakkeran & Nakkeran, 2018) compared to their heterosexual counterpart. Also, access to mental healthcare services is limited.

Meaning of LGBT Affirmative Counselling and Psychotherapy

Affirmative Counselling and Psychotherapy is the practice that acknowledges alternative sexuality and incorporates the issues and stressors of the sexual minority in the therapeutic process (Ranade &

Chakravarty, 2013). American Psychological Association defines an affirmative therapeutic approach as “supportive of clients' identity development without a priori treatment goals for how clients identify or express their sexual orientations” (APA, 2009). The practice of culturally appropriate counselling and psychotherapy indicates that affirmation strengthens the holistic framework and designate counsellors as partners to LGBT individuals' recovery and growth (Finnerty, Goodrich, Brace, & Pope, 2014).

Need for LGBT Affirmative Counselling and Psychotherapy

LGBT individuals experience a range of unique stressors, engender stigma and violence, reinforce social inequities, and undergo targeted discrimination. As a consequence, it creates vulnerabilities to health problems, including mental health. The need for LGBT affirmative counselling and psychotherapy can be summarised (ACA, 2014; Herman & Herlihy, 2006; Kaplan, 2014; Kort, 2008; Proujansky, & Pachankis, 2014; Ranade & Chakravarty, 2013) as follow:

1. Homosexuality is not a mental illness; it is a healthy developmental outcome.
2. LGBT individuals face multiple stressors from childhood to adulthood, which affects their experiences, relationships and health status.
3. LGBT individuals often internalise homophobia or transphobia of the larger society.

4. Counsellors or psychotherapists, irrespective of their sexual orientation often express homo-negativity or trans-negativity, which negatively influence the therapeutic process.
5. LGBT community in India encompasses diverse sexual and gender identities as well as cultural and sexual practices.

Affirming LGBT clients' sexuality, experiences, and relationships become vital for helping them deal with homophobia/transphobia, prejudice and personal challenges (Johnson, 2012; Ranade & Chakravarty, 2013). Systematic reviews of counselling practices with LGBT clients reveal that counselling and psychotherapy overall facilitate coping and positive change (King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008). It is imperative that the counsellor or therapist comprehends LGBT issues to make therapeutic interventions effective. However, relative lack of knowledge about LGBT individuals' among mental health professionals points to the need for deliberations on psychological practice standards for this unique population. Reflections are essential at three levels – policy, practice, and research which are elaborated as below:

Policy level interventions

The Supreme Court decriminalised homosexuality in 2018. Recently, the Government has approved the Transgender Persons (Protection and Rights) Bill 2014 (and amended the bill in 2018) recognising rights

of transgender persons (TP-PR Bill, 2014; TP-PR Bill 2018). Furthermore, Indian Psychiatric Society (IPS) in 2014, stated that there is no evidence to believe homosexuality as a mental illness (Iyer, M., February 7, 2014) and reiterated that homosexuality is a normal developmental outcome in the year 2018 (Power, June 8, 2018). Despite these changes, conversion therapies are still practised in India. These therapies usually involve electroconvulsive therapy, hypnosis, the administration of nausea-inducing drugs, or more commonly psychotherapy (Singh 2016).

Other legal challenges include dealing with same-sex marriage and discrimination cases. Same-sex marriage is not legally recognised yet. While anti-discrimination laws which protect LGB individuals from discriminatory acts such as loss of employment, housing, violence on the streets, in homes or at the workplace do not exist, existing anti-discriminatory law for the transgender population is not exercised adequately.

LGBT-affirmative mental health services

Integration of LGBT-affirmative psychiatric services in public health services is essential. Currently, with Ayushman Bharat Scheme, screening and basic mental health services are one of the twelve comprehensive primary care services at the Health and Wellness Centre (HWC), which is the grass-root level primary healthcare facility of the Public Health System in India. Primary Health Centre (PHC) has an

additional provision of essential psychiatric services under the District Mental Health Programme (DMHP). Major district hospitals do have psychiatric units offering psychiatric medication, whereas medical colleges and hospital for mental health do have super-specialist mental health care services. It provides an opportunity to sensitise the specialist mental health team, as well as general health team at various levels (HWC, PHC and DMHP) on LGBT issues, affirmative psychiatric (referral and treatment) services. At the same time, integrating these health services with strong referral linkages can facilitate equitable access to mental healthcare services. Importance of imparting LGBT-affirmative counselling and psychotherapy knowledge and skills to existing mental health professionals cannot be undermined.

Continuing education and training

The results of various studies suggest that training on LGBT affirmative psychotherapy certainly enhance counsellors' and therapists' attitudes, knowledge, and skills (for example, Johnson, 2012; Pepping, Lyons, & Morris, 2018; Veltman, & Chaimowitz, 2014). Thus, imparting knowledge and skills on LGBT-affirmative counselling to health service providers at various institutions (such as school counsellors, counsellors working with community-based organizations, mental health professionals from public healthcare facilities such as psychiatrists, counsellors, psychologists, clinical psychologists, rehabilitation

psychologists, psychiatric nurse, psychiatric social workers, etc.) can be significant in provisioning culturally appropriate and affirmative counselling services. It warrants the need for standard and accredited curriculum for skill-building workshops and short-term courses on affirmative counselling and psychotherapy. Accreditation of these courses from the Central Mental Health Authority or respective State Mental Health Authority is anticipated to ensure minimum training quality and certification.

Evidence-based advocacy and human-rights based programming to curtail human rights violation and access to mental health services is essential for not only creating awareness about LGBT rights but also for ensuring the quality of service delivery. In this vein, affirmative counselling and psychotherapy deserve recognition as a prevention and treatment modality. Additionally, integrating it into the curriculum of graduate medical courses, post-graduate and doctoral programmes of counselling, clinical psychology and psychiatry is indispensable.

Affirmative mental health practices

Mental health practice can be divided into three primary practice areas: preventive, promotive as well as psychiatric treatment. Currently, in India, psychiatric treatment interventions are emphasised. Preventive and promotive services are yet in the initial stages. Moreover, the role of counsellors,

psychologists and psychotherapists are ambiguous.

Scope for counselling and psychotherapy in Indian settings

The scope of counselling and psychotherapy practice exist in numerous settings such as school, hospital, HIV prevention targeted interventions and community-based organisations. Furthermore, the standard guideline for LGBT-affirmative counselling and psychotherapy practice that cater to the entire LGBT spectrum is necessary for the promotion of non-discriminatory mental health practices.

Inclusiveness Counselling and clinical set-up should include comprehensive, inclusive resources. Culturally sensitive information education and communication materials-print and video media—for both practitioners and LGBT clients should be provisioned in the language most LGBT population can understand. Other resources such as the directory of affirmative counsellors and psychotherapists, ethical guideline and practice manual of LGBT-affirmative counselling and psychotherapy are the demands of the present time.

Resources for the LGBT population

There exist very few resources for LGBT clients compared to heterosexual clients in Indian society. LGBT clients don't have access to social supports outside of the therapeutic environment and Government schemes such as social protection, education, livelihood,

and shelter. Counsellors and Psychotherapists need to gather information on available resources, Government schemes, community-based organisations for LGBT clients, share and link clients with appropriate resources.

Research

The lack of research and resources allocated for LGBT individuals only perpetuates the existing misperceptions and prejudices among healthcare professionals worldwide. Moreover, LGBT health outcomes and life experiences are different from others. Typically, health professionals are confused about the differences between sexual orientation (same-sex, bisexual or heterosexual attraction), behavioural identity in the public health context (men who have sex with men) and gender identity (an internal sense of being male, female, or other).

Understanding LGBT individuals' lifestyle, social networks and support systems; socio-cultural response to sexuality and gender within Indian families; the difficulties of growing up; the coming-out process; the particular mental health vulnerabilities and their health needs are essential for providing affirmative counselling and psychotherapy. Further, there is a need to synthesise existing epidemiological studies of mental health illnesses and establish surveillance sites at community-based organisations across states in India to capture incidence and prevalence of mental illnesses and identify at-risk sub-groups within the LGBT population.

Although there is evidence for the effectiveness of counselling and psychotherapy, we know little about how counselling and therapies are provided to LGBT people. Documenting existing affirmative counselling and psychotherapy practice in India would be insightful.

Conclusion

Heterosexist theoretical and practice models do not address the unique issues of the LGBT population. LGBT-sensitive conceptual framework, operational definitions, outcome measures of counselling and psychotherapy in India may strengthen the affirmative counselling and psychotherapeutic practices. LGBT-affirmative counselling and psychotherapy practice, research and advocacy need to be prioritised.

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