

Accessibility to Mental Healthcare and Stigma Experienced by the LGBTQ+ Community in India

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ABSTRACT

Access to mental healthcare is disproportionately distributed among people from different backgrounds and communities. The study aims to explore stigma and the accessibility of mental healthcare for the LGBTQIA+ community in India. LGBTQIA+ community faces stigma on two levels: stigma related to their sexuality and stigma related to accessing mental healthcare and mental illness. The study employed a qualitative research approach to thematically analyze the lived experiences of the LGBTQIA+ community in India. The study comprised a total of 8 participants, consisting of 4 bisexual females, 2 gay men, 1 lesbian female, and 1 bisexual transgender individual who were interviewed in depth. The age of the participants spanned from 18 to 26. The following themes were identified: Self Stigma, Perceived Stigma, Concerns regarding Confidentiality, Early Experiences, Lack of Parental Support, Financial Instability, Uncertainty about mental healthcare, Prejudice from Mental Health Professionals, and Religion. The findings suggest that stigma due to societal factors, external and internal constraints overlap to create barriers to accessing mental healthcare.

Keywords: *Stigma, Mental Healthcare Accessibility, LGBTQIA+ community, Mental Health*

Mental health is a vital part of a person's existence. It exerts a significant impact on an individual's holistic well-being throughout their entire lifespan. Mental health is a state of holistic well-being where an individual possesses the ability to successfully navigate difficult life situations, regulate their emotions, fulfill social obligations, and cultivate meaningful relationships within their community (Galderisi et al., 2015). However, the availability of mental health care is not equally distributed among individuals. Ensuring easy accessibility and guaranteeing equitable opportunities are essential elements in cultivating equality in mental well-being.

Minority populations encounter inherent disparities when it comes to accessing healthcare services. Individuals belonging to the LGBTQIA+ community in India are significantly less likely to access mental health services. The LGBTQIA+ population in India refrains from seeking mental healthcare due to negative perception, isolation, discrimination, insufficient awareness, and notably the absence of empathy from mental health professionals (Wandrekar & Nigudkar, 2020). Studies show that individuals who identify as sexual minorities, especially women, are greatly lacking representation in mental healthcare

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settings. The primary reason for this is the negative perception attached to their sexual orientation and their reluctance to undergo possibly harmful treatments (Bowling et al., 2016). Transgender individuals in India, particularly transgender men, exhibit uncertainty and reluctance with regards to availing mental health interventions (Ganju & Sagguriti, 2017).

A substantial portion of individuals in India who identify as members of LGBTQIA+ encounter difficulties in openly expressing their sexual and gender orientations. In a majority of cases, even personal family and friends may not be aware of their true identities. Transgender women in India primarily live in economically disadvantaged communities, and their financial condition worsened during the Covid-19 outbreak (Pandya & Recay, 2021). The LGBTQIA+ community experiences a significantly higher risk of homelessness, foster care, poverty, unstable housing, and familial rejection compared to cisgender/heterosexual individuals. These challenges have been further exacerbated throughout the pandemic (Salerno et al., 2020). Given these circumstances, it is crucial to prioritize the accessibility of mental health services for the LGBTQ+ population.

The presence of stigma is a substantial barrier that hinders the LGBTQIA+ community's ability to seek mental health services. They face stigma from two different sources: one is connected to their sexual orientation and gender identity, while the other is linked to their mental health condition. The Indian populace exhibits a pervasive stigma towards individuals with mental illness (Venkatesh et al., 2015). Members of the LGBTQ+ community encounter both social stigma and prejudice, resulting in an added layer of stigma surrounding mental health issues. Discrimination and stigma towards minority groups are evident through several means, including acts of bullying, harassment, familial rejection of LGBTQ+ individuals, and the refusal of healthcare services based on their non-conventional lifestyle as seen by society (Mallory et al., 2019).

The sexual minority stress theory, developed by Ilan Meyer, has been utilized as a conceptual framework to comprehend the disparities in health among sexual minority individuals and has been crucial in driving research on health in recent years (Meyer & Frost, 2013). The hypothesis posits that the disparity in healthcare access faced by sexual minorities, as well as racial and gender-diverse communities, can be attributed to stressors resulting from a culture that is openly hostile and discriminatory towards queer individuals. This frequently results in persistent harassment, abuse, internalization, and victimization, which can have an adverse effect on their access to adequate healthcare (Meyer & Frost, 2013).

Meyer's idea clarified the elevated prevalence of mental health disorders among minority cultures. Sexual minorities experience internalized homophobia due to both actual and perceived societal rejection. The increased stress caused by stigma, discrimination, and negative life events enhances their vulnerability to developing mental health illnesses (Meyer & Frost, 2013). Stigmatisation leads to a decrease in self-esteem and self-efficacy, and an increase in vulnerability to HIV/AIDS (Wandrekar & Nigudkar, 2020). There are three categories of stress that differ in proximity to the source, ranging from the furthest to the closest: 1) External stressors, such as widespread discrimination and victimization through direct personal interactions, 2) heightened alertness resulting from anticipated rejection or prejudice; and 3) internalized homophobia (Russell & Fish, 2016). The minority stress model highlights the significant influence of stigma on mental illness, emphasizing the essential requirement for easily accessible mental healthcare in minority communities.

METHOD

Aim:

To study the experience of Stigma and Mental Health Care accessibility of the LGBTQ+ community of India.

Research Design

A qualitative study was undertaken to comprehend the individuals' distinct viewpoints and enable detailed narration of their experiences. A phenomenological approach was used to reveal the various experiences of individuals in seeking mental healthcare and the stigma encountered. Individual interviews were undertaken to thoroughly collect data regarding the individuals' experiences. The interviews were conducted through telephone and online platforms including Google Meets and Skype.

Participants

The participants were selected through convenience sampling from several online media sites, including WhatsApp, Instagram, and Facebook. The study comprised a total of 8 participants, consisting of 4 bisexual females, 2 gay men, 1 lesbian female, and 1 bisexual transgender individual. The age of the participants spanned from 18 to 26. The majority of the participants are enrolled in graduate, postgraduate, and doctorate programmes, whereas two participants are currently employed. The study participants have resided in India for nearly all of their childhood and adolescence years. They belong from states such as Madhya Pradesh, Delhi, Kerala, Tamil Nadu, Odisha, and Chattisgarh.

Procedure

The participants were invited for individual interviews. The interview format was chosen according to the participants' convenience. Prior to commencing the interview, the participants were debriefed about the study and were informed about the possible risks and benefits. Two open-ended questions were predominantly employed to elicit responses. The participants were inquired about their experiences about the accessibility of mental healthcare and interactions with mental healthcare specialists. The participants were asked "Can you please describe your experience with accessing mental healthcare and with mental healthcare professionals?" and "Can you tell me about your experience with others (friends, family, colleagues, neighbors etc.) as someone belonging from the LGBTQ+ community?" The interview was conducted in an unstructured manner, giving participants the freedom to relate their experiences without any specific guidelines or restrictions. Further relevant inquiries were made to gather additional information related to the main issue. Every interview was captured in audio format.

Data Analysis

A thematic analysis was performed to examine the data. The interviews were recorded and transcribed verbatim. The data underwent several rounds of analysis for the purpose of becoming familiar with it, and was subsequently coded manually. The study discovered and categorized common themes related to the overarching issue of stigma and accessibility to mental healthcare. The selected themes were verified through cross-validation with the participants.

Ethical Considerations

The research was carried out in accordance with the ethical principles outlined in the 7th edition of the American Psychological Association (APA). Prior to initiating the study, the consent of the participants was collected in a meticulous manner. Participation in the study

was entirely optional, and participants had the freedom to withdraw at any stage of the study. Before being introduced to the study, participants were told about potentially upsetting material, such as themes related to homophobia or materials involving stigma.

The acquired data was organized in a coded and anonymous manner to ensure the confidentiality of participants' identities. The researchers took measures to guarantee the well-being of the participants, both physically and mentally. Additionally, the participants will have the opportunity to request and obtain the study's data and interpretations.

RESULTS AND DISCUSSION

Results

The data obtained from the individual interviews with the participants revealed various themes, including Self Stigma, Perceived Stigma, Concerns regarding Confidentiality, Early Experiences, Lack of Parental Support, Financial Instability, Uncertainty about mental healthcare, Prejudice from Mental Health Professionals, and Religion. The topics explore the various variables and the significant impact of stigma on the LGBTQIA+ Community's ability to obtain Mental health Care.

Self-stigma

A significant proportion of subjects were found to be unaffected by self-stigma. According to the research, they exhibit a sense of ease and acceptance regarding their sexual orientation and do not experience any self-deprecating emotions. One respondent stated that “I know there is nothing wrong with it (their sexuality).” The majority of the participants have peers and colleagues who exhibit a non-judgmental and welcoming attitude, strengthening their confidence in their sexuality and diminishing any unpleasant emotions linked with it.

Perceived stigma

The participant reported experiencing societal stigma. The social stigma makes it difficult for them to trust others to respect their confidentiality and maintain a non judgemental attitude. One of the participants stated that “in India, there's a lot of prejudice against the community and so I was worried that that same thing would be there in the professionals.” Participants fear how others will react when they find out about their sexuality because of the stigma. “They might treat me differently, they might treat me bad” were some of the concerns. Additionally, one of the participants noted that the therapist's nonverbal cues shifted upon revealing their sexual identification, and the therapist appeared uneasy with their "effeminate traits." The social stigma surrounding sexual minorities engenders apprehension, including apprehension of mental health professionals who may disclose their sexual orientation without their consent. In addition to the social disapproval associated with sexuality, individuals also encountered social disapproval about mental health care.

Confidentiality Concerns

Most participants expressed fear that the mental health specialists they sought help from may disclose their confidential information. The responses consistently highlighted concerns around confidentiality. One participant disclosed that their therapist violated confidentiality by revealing their sexual identity to their parents. “My biggest fear would be them telling my parents' ' stated another participant.

Early Experiences

The majority of individuals initially sought mental healthcare through school counselors. The school counselors' responses ranged from providing support to displaying

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dismissiveness towards the participants' struggle with their sexual identification. One participant's school counselor violated confidentiality, while another participant's school counselor dismissed their concerns as a temporary phase.

Lack of Parental Support

The individuals conveyed their inability to divulge their sexual orientation and mental health concerns to their parents. Several individuals expressed concerns about being "excommunicated" from their family if their parents discover their sexuality, whether through a mental health professional or any other means. However, individuals who disclosed their sexual orientation to their parents encountered highly unfavorable reactions. In addition, certain parents subscribe to the prevailing stigma surrounding mental healthcare and displayed significant aversion towards the idea of attending therapy.

Financial Instability

The survey includes young adults aged 18-26 who lack financial stability, as the majority of them rely on their parents for financial assistance. The individuals desiring to partake in therapy are unable to do so due to their financial limitations.

Uncertainty Regarding Mental Health Care

The participants stated that they conduct extensive research before selecting a psychologist to ensure that the psychologist is affirming of LGBTQ individuals. One of them stated that they would be willing to disclose their sexual orientation, as long as they have attended two to three sessions beforehand. Additionally, another individual stated that upon noticing the therapist's inclusion of her pronouns in her biography, they experienced an increased sense of ease in approaching her.

Prejudice from Mental Health Professionals

The individuals had encountered subtle manifestations of prejudice from mental health practitioners. One participant noted that while the mental health professional did not overtly display any unfavorable sentiments, they harbored prejudice in their mind. Another participant stated, "what if she says something or does something that will make me feel different or othered basically and I just didn't want it and I guess a part of me just didn't want to risk that so that's why I didn't say anything." The process was impeded due to participants' uncertainty about being authentic, resulting in the concealment of numerous aspects.

Religion

Participants representing various religious affiliations were informed that their sexual orientation is considered a transgression and is deemed "contrary to the laws of nature." One of the participants stated that their therapist posed the question, "why do you have to worry when you have God with you?" The participants encountered prejudice based on religious beliefs, which hindered their ability to obtain mental healthcare.

DISCUSSION

The Minority Stress Theory proposes that individuals who identify as sexual and gender minorities experience societal pressures as a result of their marginalized social status (Frost & Meyer, 2023). The findings indicate that prejudice and stigma function as external stressors that impede individuals from sexual and gender minorities in their ability to obtain mental health care. The participants who sought mental healthcare were dissatisfied with the approach of the mental health providers. Perceived stigma refers to the recognition of negative attitudes held by others, while self-stigma is the process of internalizing the

perceived public stigma (Latalova et al., 2014). The individuals in this study are more influenced by public stigma (perceived) than by self-stigma. Members of the LGBTQIA+ community not only encounter social disapproval because of their sexual orientation or gender identity, but they also encounter societal disapproval linked to mental health conditions and their treatment. The double impact of stigma hinders individuals from obtaining mental healthcare.

Individuals are also cautious about encountering any adverse interventions and violation of confidence. The fields of psychiatry and psychology have a well-established tradition of stigmatizing sexual and gender minorities (King, 2019). Interventions were developed with the aim of "curing" homosexuality, which was categorized as a disorder (King, 2019). Furthermore, their past encounters, particularly throughout their childhood, have also contributed to their uncertainty in seeking mental healthcare. Participants have encountered implicit bias from mental health practitioners based on their sexual orientation and/or gender identity.

Financial instability emerged as the primary external limitation in receiving mental healthcare. Due to their financial dependence on their parents, the majority of participants, who are students, are unable to afford any mental health treatments. This is mostly because their parents are reluctant to provide financial support for such services. Some mental health professionals introduced religion into therapy in order to diminish mental issues and/or categorize sexuality as a sinful act. The convergence of stigma, adverse encounters, and external limitations has significantly diminished the accessibility to mental healthcare for the LGBTQIA+ community.

SUMMARY AND CONCLUSION

The study reveals that individuals belonging to the LGBTQIA+ community encounter difficulties in obtaining mental healthcare as a result of various pressures exerted upon them. Findings revealed that societal influences resulted in the perception of stigma about sexuality, gender, and mental health. Nevertheless, the participants stated that they have not internalized negative opinions from others concerning their sexual orientation and/or gender identity. Participants hold mistrust about mental health providers as a result of unfavorable encounters, underlying bias, and apprehension towards adverse treatments. Additional factors such as inadequate parental support, socio economic instability, and religious beliefs were identified as determinants of limited accessibility to mental healthcare.

Limitations and Further Research

The study was conducted on individuals from several states in India. To enhance generalizability, a future study may focus specifically on a certain state or city. The study did not investigate the members' expectations of mental health practitioners or strategies for enhancing accessibility to mental healthcare. Additional research should be conducted to explore how mental health practitioners could change their attitude and behavior in order to enhance trust and establish a favorable atmosphere for therapy.

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Conflict of Interest

The author(s) declared no conflict of interest.

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