



# Pointing to a huge gap in mental health care and palliative care for gender minorities based on inputs provided by 60 participants of a workshop

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## INTRODUCTION

Sahodaran Community Oriented Health Development (SCOHD) was founded in 1998 at Puducherry (in India) to protect the rights of MSM and lesbian, gay, bi-sexual and transgender persons (LGBT).<sup>1</sup> They and the members of their collaborating institutions were disturbed with frequent news of suicidal attempts and runaway by the community members in SCOHD, and majority of them were transgender. In order to take a positive step to address this problem, a two-day workshop to explore the health needs and to introduce the concepts of palliative care for life limiting conditions and coping mechanisms for mental health issues to transgender in SCOHD was organized in Puducherry with the help of experts in the field.

## WORKSHOP

The two-day workshop was attended by 60 transgender persons. There were 22 persons on day one, all of them below 40 years of age. On day two, we had 38 participants, all of them above 40 years. Both the days started with a session on introducing “three good things about oneself”. The participants were then asked to write one major problem that is haunting them in a chit of paper. They were asked not to reveal their identity. Few common problems were selected from the chits with the help of social worker students who came to assist resource speakers and were given to the participants in groups to role play the problem along with its possible solutions. After their group presentations, they were briefed about few more solutions and coping strategies.

Over the two days, we received 43 chits. All the written chits in Tamil were translated to English and then all were qualitatively analyzed to understand the problems. Their problems include physical, mental health and social issues. Physical issues include pain,

physical illness and weight loss; mental health issues were: worthlessness, suicidal ideations, hopelessness, substance abuse, sleep issues, loneliness and loss of appetite.

Social issues include lack of family support, mocking by the public, stigma, workplace

bullying, abuse and poverty to list a few. The problems identified from the participants of the workshop are all thus interdependent and cannot be demarcated as physical, mental or social aspects but definitely makes them vulnerable to mental disorders. Few excerpts from the chits:

*"I am an orphan. No family. I am in love with a guy but he is not showing the same feelings. So I tried to commit suicide several times. Have physical ailments. My community is not taking care of me so disturbed mentally. No money / no food. Feel so lonely – always feel like committing suicide. No moral support"*

*I am facing very difficult because of debt issues. Having sleep disorders. No one is respecting me. Even family members ask me to go and die. I can't even take any food.*

*"I don't have any problem but only one problem I have like we all walking in road. That so many boys are teasing me. For example, you are the transgender, you all the "g" this are problem. That time I have shame, at that time my thought is I going to attempt the suicide that is the one of the main problem, please kindly tell solution for problem. Thanking you".*

Gender related problems written were their inability to take a decision, inability to disclose, frightened to disclose, family pressure to end their life, inability to give birth and inequality faced in this society.

*"I am afraid if the people who have seen in men's dress will tease me when I dress like a woman, I feel very angry over this. I don't know why"*

*"I am afraid of my teacher"*

Discrimination faced from society with no difference from healthcare professionals was explicit in participants' conversations with resource speakers.

*"I am all alone at home. I do not have anybody with me, for me to take care of or to take care of me. People including health care professionals approach us with hatred. If you get a wound, you bleed red, I too bleed red and not green; and then why should you see us differently?"*

Health inequities are also the consequence of dimensions like stigma and discrimination.<sup>2</sup> This was evident from the feedback received from the workshop participants. The discussions showed that there is lack of opportunities even for educated or skilled ones among them. Thus, they are pushed to the fringes of society where they have to do sex work or begging to make their ends meet. This may thus reinforce the existing vulnerabilities. They are even bullied and abused in educational institutions, at work place, by law enforcers and healthcare professionals.

Now, it is inevitable to say that the inequalities faced by transgender persons are due to embodiment caused by biological, social and environmental

factors. The prevailing dimensions of health are normative constructs and reflect the circumstances of majority. Minority stress model mentions that stress and anxiety experienced by sexual and gender minorities due to stigma and prejudice is different from that experienced by most people in everyday life. Thus the circumstances transgender live in fail to automatically fall into these majoritarian categories.<sup>3,4</sup>

According to Global Acceptance Index (GAI) that measure the relative level of social acceptance of LGBT people and their rights in 141 countries from 1981 to 2014, India appears to improve till mid-2000 but then declined and the index dropped to 2.99 in social acceptance (from 2009 to 2013) when compared to 3.04 (from 2004 to 2008).<sup>4</sup> In 2014, Supreme Court of India recognized "transgender" as "third gender" in order to protect their fundamental rights<sup>5</sup> but the national mental health survey of India 2015-2016 has even failed to take an additional step to understand the needs of gender and sexual minorities in India and got confined to the usual mistake of gender being labeled as male and female.<sup>6</sup>

## CONCLUSION

It is a fact that sexual and gender minorities experience health inequality and poor health including mental health.<sup>(7,8)</sup> About 31% of TG persons in India end their life by committing suicide and about 50% of TG persons in India would have attempted suicide before their 20<sup>th</sup> birthday.<sup>8</sup> This could be due to the interaction of several factors ranging from individual to environmental.<sup>8</sup> Thus, the vulnerability of TG persons is complex and layered and care services are likely to fall drastically short of their needs. It is internationally acknowledged that health systems of low and middle income countries are failing to address the mental health needs of their population and it is high time to scale up mental health, palliative care and other social care services in the community through integration of mental health into non-specialized health settings, ensuring continuity of care by providers at various levels of health system and through effective collaboration.<sup>9</sup>

Multiple factors push transgender persons into serious health related sufferings including mental illness. There is very little literature on health inequalities and embodiment in gender and sexual minorities in India. Further exploration on biological, social and environmental factors that determines health among transgender can only assist with feasible solutions.

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