Marginalized and Underrepresented Groups: LGBTQI+ People

Lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) individuals and others with diverse sexual orientations, gender identities gender expressions, and sex characteristics (SOGIESC) have diverse life experiences, needs and vulnerabilities, and strengths and capacities. However, they are often presented as a homogenous group, which may lead to limited awareness about the needs of each of the subpopulations in the LGBTQI+ community and result in untailored, poor-quality mental health care (Women's Refugee Commission 2021). Globally, the LGBTQI+ communities are subjected to institutionalized prejudice, including:

- Multiple, intersecting forms of discrimination based on other factors such as race, ethnicity, age, religion, poverty, migration, and disability and health status (in education, health care, housing, and employment)
- Restrictive policies and criminalizing laws that limit their rights and protections
- Interpersonal experiences of rejection
- Harassment and/or violence
- Harmful gender norms
- Social and family exclusion
- Stigma

All this is in addition to internalized feelings of self-directed shame about their sexuality and/or identity (Fish 2020; Wainberg et al. 2017; Outright International 2023; UNDP 2015). Some studies link feelings of stress and shame to the "Minority Stress Model" theory that proposes that "[sexual] minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization and may ultimately impact [sic] access to care" (Dentato et al. 2013). Navigating life with these daily stressors has a direct impact on the quality of an individual's mental health and psychosocial well-being, resulting in an increased risk for mental health challenges, including suicide or suicidal ideation (Sarno, et al. 2020). This is further compounded for those who live in low- and middle-income countries (LMICs) and areas affected by conflict and humanitarian crises. In addition, LGBTQI+ individuals often face violence and discrimination when seeking refuge and in humanitarian emergencies.

Figure 1: Mental health continuum

Source: Adapted from the University of Waterloo Thrive Toolkit

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YOUTHPOWER2 LEARNING AND EVALUATION

The mental health continuum acknowledges that everyone moves through life experiencing changes in their mental health and psychosocial well-being—from thriving, to surviving, struggling, and in crisis—that affect a person's daily functioning (University of Waterloo n.d.). Life events and circumstances influence where one sits on the mental health continuum at any given point in time, which includes opportunities and supports in a person's life, distressing events, the kinds of services they have access to, the quality of their relationships, and environmental factors.

This paper provides a review of the mental health needs for LGBTQI+ youth and adults as presented in the literature. The paper discusses the social determinants of mental health for LGBTQI+ people globally (in both high-income and LMIC settings) and the common mental health and psychosocial challenges among LGBTQI+ youth and adults. The structural and historical factors presented in this paper are examples of social determinants and barriers that can have a direct impact on the mental health and psychosocial well-being for some LGBTQI+ youth and adults, including suggestions and tools for the growth and development of states of well-being.

Common Mental Health and Psychosocial Challenges

Young people who experience violence on the basis of SOGIESC are shown to have higher rates of anxiety, depression, and suicide; be more likely to get involved in risky drug use and sexual activity; and have lower academic performance than their counterparts (UNESCO 2016). The United Nations notes that LGBTQI+ youth and lesbian, bisexual, and transgender women are at particular risk of physical, psychological, and sexual violence in family and community settings (ICRC – Norwegian Red Cross 2021; UNDP 2015). LGBTQI+ youth rejected by their families experience disproportionate levels of suicide, homelessness, and food insecurity. Studies confirm that negative treatment by family members predicts mental and substance use disorders (Wainberg et al. 2017; UNDP 2015). In addition, childhood abuse (sexual, physical, and emotional) and sexual victimization rates during adulthood are higher among LGBTQI+ persons than among heterosexual persons (Wainberg et al. 2017). The following section provides an overview of common mental health and psychosocial challenges as presented in the literature around the globe.

Common Mental Health and Psychosocial Needs and Challenges around the Globe as Discussed in the Literature

Several studies in LMICs identify youth sexual minorities as being at high risk for suicidal attempt and behaviors (Vijayakumar et al. 2021). Vijaykumar et al. (2021) reported on studies that explore the association between sexual minority status and suicidal ideation and/or attempts in LMICs:

- In the Southeast Asia and Western Pacific regions, lesbian and bisexual women and bisexual adolescents are at high risk; a recent population-wide cross-sectional survey conducted in China estimated a lifetime prevalence of suicidal ideation at 56.4 percent and suicidal attempt at 16.1 percent among transgender men and women.
- In the Eurasian region, in Kazakhstan, gay men reported more suicidal behavior than bisexual men, and in Serbia, suicide attempts were five times more common in bisexual persons and 27 times more common in homosexual than in heterosexual people.
- In the Eastern Mediterranean region, in Lebanon, a study found a prevalence rate of 46 percent of reported suicide attempts in the trans women community.
- In the Americas, a study reported a lifetime suicide attempt rate of 33 percent in transgender participants in Argentina, with 17 years being the median age for the first attempt (Vijayakumar et al. 2021).
- In a study conducted across Indonesia, Malaysia, Myanmar, Thailand, and Vietnam, harmful alcohol use and illicit drug use were identified as major risk factors for LGBTQI+ youth, highlighting the need to focus on prevention and treatment of addictive behaviors (Vijayakumar et al. 2021).

- An online survey of Brazilian transgender youth found that discrimination and instability at home were the main drivers of substance misuse.
- A study of students in Thailand found that social victimization because of sexual orientation or gender identity was associated with a higher likelihood of drug misuse (Pike, Kraus-Perrotta, and Ngo 2023).

Violence against LGBTQI+ people is well documented and reported in all regions around the world. A recent Oxfam blog on violence against LGBTQI+ people in Central America describes high rates of street violence, an increased risk of being murdered, frequent experiences of high rates of violence in the home, and exclusion from the job market (Oxfam 2021). Examples from the literature include psychological bullying, physical assault, torture, gender-based violence, kidnapping, torture, and targeted kills (United Nations 2017). Gender-based violence and rape are deployed with the intended purpose of forcibly "correcting" a person's sexual orientation or punishing someone for their perceived or actual diverse SOGIESC identities (United Nations 2017). From October 2022 to September 2023, the Trans Murder Monitoring project recorded 321 murders of transgender and gender diverse people around the globe. More than 80 percent of these murders occurred in LMICs.[1]

Research conducted mostly in high-income countries (HICs) indicates that LGBTQI+ youth and adults are subjected to health inequities that result in higher rates of mental disorders, substance misuse and dependence, suicidal ideation, suicide attempts and deaths, and self-harm than their heterosexual and cisgender counterparts (Fish 2020; Wainberg et al. 2017; Kraus-Perrotta, Gamsey, and DeMulder 2022). In youth, experiences of anti-LGBTQI+ stigma and discrimination elevate distress, interfering with development, health, and well-being (Pike, Kraus-Perrotta, and Ngo 2023). Common challenges LGBTQI+ youth experience include both intrapersonal and interpersonal struggles related to their academic engagement, social competence, feeling supported, and a sense of belonging, which increase their risk for lower well-being, poor mental health, and substance misuse (Pike, Kraus-Perrotta, and Ngo 2023). The impact of violence, discrimination, stigma, criminalization, and bullying on LGBTQI+ students and educators in an education setting are far reaching. It can contribute to a hostile or unsafe educational climate, and can put LGBTQI+ students and educators at a greater risk of physical and mental health problems including substance abuse, depression and anxiety, and suicidal ideation and behavior. These negative impacts during education can lead to life-long effects on employment, economic well-being, mental health, and inclusion in society (USAID 2023).

The results of a meta-analysis of research carried out in HICs demonstrate that depression, anxiety, and alcohol and substance misuse were at least 1.5 times more common in LGBTQI+ people than in heterosexual persons (Wainberg et al. 2017). Lesbian and bisexual women were at particular risk of substance dependence (Wainberg et al. 2017). Campisi et al. (2020) indicate that a recent systematic review found higher rates of depression among young LGBTQI+ persons.

A national study on the mental health of intersex adults in the United States found that 53 percent of the adults who completed the survey reported fair or poor mental health. Participants reported experiences with depression, anxiety, cognitive tasks, and difficulty with daily tasks.[2] Intersex individuals are often subjected to unnecessary and non-consensual medical interventions and genital mutilation to "correct" natural variations in sex characteristics, whether at birth or later in life, which could lead to devastating mental health consequences. Intersex individuals may or may not identify as part of the LGBTQI+ community, and may struggle with feeling that their unique challenges in life are invisible and/or forgotten.[3]

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[1] More information available at: https://transrespect.org/en/tmm-update-tdor-2021/.
[2] Daily tasks relates to function/functioning in the monitoring and evaluation guidance in the YouthPower MHPSS Toolkit) (Rosenwohl-Mack et al. 2020.
[3] More information available at: https://www.hrc.org/resources/understanding-the-intersex-community#:~:text=Some%20intersex%20people%20may%20also%20identify%20as%20LGBTQ%2B.

Structural and Historical Factors That Influence Mental Health and Psychosocial Well-Being for LGBTQI+ Youth and Adults

Social, economic, and physical environments influence mental health and psychosocial support needs (World Health Organization and Calouste Gulbenkian Foundation 2014). They are often referred to as determinants of mental health and the barriers to states of well-being. The social determinants and barriers of mental health differ depending on a range of factors that vary based on where a person lives, their race, ethnicity, age, and SOGIESC. The following are key social and historical factors that influence the mental health of members of LGBTQI+ communities in LMICs and conflict-affected contexts.

Inclusive Development Considerations for MHPSS

SIX DOMAINS OF INCLUSIVE DEVELOPMENT	STRUCTURAL AND HISTORICAL FACTORS	BARRIERS TO MHPSS SERVICES
LAWS, POLICIES, REGULATIONS, AND INSTITUTIONAL PRACTICES	Consensual same-sex sexual relations are criminalized in 64 countries (Reality Check Team 2023) and punishable by death in at least 11 countries.[4] The countries with the harshest laws are often those that still have colonial-era penal codes, with the highest numbers in Sub-Saharan Africa (Brown at al. 2020), North Africa, the Middle East, and South Asia. There are 13 countries that criminalize transgender identities, and most countries do not legally recognize transgender people's existence, exposing them to violence and marginalization (Outright International 2023). Many more countries de facto criminalize transgender people under vague "morality" or "public nuisance" laws. Additionally, authorities in nearly all countries that criminalize same-sex relations routinely make no distinction between sexual orientation and gender identity (Wareham 2020).	LGBTQI+ youth and adults may not seek help because of fear of arrest or other legal consequences, lack of protection, blackmail, disclosure of identity, harassment, denial of services, and concerns about being rejected by family and friends. LGBTQI+ youth seeking support may fear expulsion or official discipline in situations with discriminatory laws or school policies.

[4] More information available at: https://www.humandignitytrust.org/lgbt-the-law/map-of-criminalisation/.

SIX DOMAINS OF INCLUSIVE DEVELOPMENT	STRUCTURAL AND HISTORICAL FACTORS	BARRIERS TO MHPSS SERVICES
CULTURAL NORMS AND BELIEFS	LGBTQI+ persons have historically been excluded from written and oral histories, and colonial narratives may suppress gender diversity and same-sex relations. In some contexts, negative rhetoric paints LGBTQI+ as being unAfrican and against religion. [5] Young people perceived as LGBTQI+ continue to be at increased risk of school-related gender-based violence and bullying throughout the world. Being subjected to bias-based harassment, including SOGIESC-related bullying, is associated with worse health outcomes than bullying for other reasons (Konsciw and Zongrone 2019). Some hold the perspective that society perpetuates narratives of LGBTQI+ people as abnormal, unnatural, sick, immoral, misguided, in a phase, and so on—or criminal—that create enabling environments for punishment, "correction," and/or "treatments" to be falsely justified, tolerated, or excused instead of recognized and addressed as abuse, violence, and violation of human rights.[6]	These norms underpin the values MHPSS providers may deploy when supplying services, leading to low-quality and stigmatizing care. Lack of awareness and the taboo nature of diverse SOGIESC may also create a barrier for LGBTQI+ people to disclose their mental health needs. LGBTQI+ individuals may also experience exacerbating factors that reduce or prevent use of MHPSS, such as insecurity, poverty, insecure housing, social and familial exclusion, poor community networks, discrimination, homophobia, biphobia, transphobia, interphobia, socioeconomic status, educational level, age, ethnic/linguistic minority, and disability status (Women's Refugee Commission 2021).
ROLES, RESPONSIBILITIES, AND TIME USE	Identity management strategies (i.e., being out in some contexts but not all) have been shown to elevate distress and poor mental health among LGBTQI+ adults and affect academic achievement for youth. LGBTQI+ youth are subjected to higher rates of peer victimization, stigmatization, social stress, and family and social rejection than their cisgender and heterosexual peers (Pike, Kraus-Perrotta, and Ngo 2023).	Intersectional stigma (related to HIV status, sexual and gender identity, and mental health) can present barriers to service availability, access, and use. Fear of being "outed" without explicit consent may also deter LGBTQI+ people from seeking or opening up during MHPSS.

[5] Partner consultation, Outright Action International. August 31, 2023.
[6] Consultation with Emily Dwryer. August, 31 2023.

SIX DOMAINS OF INCLUSIVE DEVELOPMENT	STRUCTURAL AND HISTORICAL FACTORS	BARRIERS TO MHPSS SERVICES
ROLES, RESPONSIBILITIES, AND TIME USE (CONTINUED)	In talking about being out, it is important to note that the coming out narrative and process are somewhat culturally contextual—not everyone sees things in those terms or feels that that narrative is the one they want or need to follow in their context. This might be relevant in terms of what service provider staff expect to hear and so on.	
PATTERNS OF POWER AND DECISION-MAKING	LGBTQI+ people may face abuse, including unethical and harmful practices to "change" sexual orientation, forced or coercive sterilization, forced genital and anal examinations, and unnecessary surgery and treatment on intersex children without their consent.	LGBTQI+ individuals may not seek MHPSS due to a lack of trust in mental health services and/or concerns that mental health providers may try to "change" sexual orientation and gender identity (Kiss et al. 2020) using so-called "conversion therapies" that are unethical and unscientific; some countries have outlawed these harmful practices (Office of the High Commissioner on Human Rights 2020).[7] Depression, anxiety, and post-traumatic stress disorder are correlated with HIV acquisition risk, including among young people; and young people living with HIV are at increased risk for mental health challenges and neuropsychiatric conditions (Newman 2022).
ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES	While sexual minorities face social, economic, and legal barriers in nearly all countries, same-gender and same-sex behavior is more severely sanctioned in in some countries than others, and LGBTQI+ individuals' ability to challenge and/or overcome these barriers is more difficult in countries where the discrimination is ongoing, endemic, and more complex to address because of sociocultural, legal, and political factors (Pike, Kraus-Perrotta, and Ngo 2023; Vijayakumar et al. 2021).	Exclusion from the workforce and inability to equally participate in formal economies can lead to mental health challenges. It also means that many LGBTQI+ persons may lack resources to pay for (or have access to health care that covers) MHPSS. LGBTQI+ persons who are not economically independent may also face unique challenges in pursuing MHPSS.

[7] More information available at: https://outrightinternational.org/our-work/human-rights-research/converting-mindsets-not-our-identities.
https://www.state.gov/summary-of-interagency-action-plan-to-combat-so-called-conversion-therapy-practices-globally-in-accordance-with-e-o-14075/#:~:text=14075%20%E2%80%9CAdvancing%20Equality%20for%20Lesbian,Secretary%20of%20the%20Treasury%2C%20the

SIX DOMAINS OF INCLUSIVE DEVELOPMENT	STRUCTURAL AND HISTORICAL FACTORS	BARRIERS TO MHPSS SERVICES
PERSONAL SAFETY AND SECURITY	Increased Risk for Gender-Based Violence (GBV) and Sexual Exploitation: There is a growing body of evidence that demonstrates that LGBTQI+ individuals with diverse SOGIESC are uniquely vulnerable in armed conflict, migration, and displacement (Women's Refugee Commission 2021; Outright International n.d.). LGBTQI+ youth and adults are disproportionately affected by violence, including bullying and discrimination on the basis of their actual or perceived sexual orientation or gender identity (UNDP 2015; UNESCO 2016).	In many conflict-affected areas, national legal frameworks that recognize only female victims of rape do not protect LGBTQI+ individuals who experience sexual violence (Kiss et al. 2020). In countries where consensual same-sex acts are still criminalized, LGBTQI+ persons who seek MHPSS or report abuse in sexual and gender-based violence can fear a lack of confidentiality, particularly in places where there are mandatory reporting laws, resulting in threats to their personal safety from both official law enforcement or vigilante groups (Kiss et al. 2020).

Recommendations for Program Design and Illustrative Interventions for LGBTQI+ People

MHPSS programming should be designed to make sure LGBTQI+ individuals feel safe in accessing the services. In LMIC contexts, the safest place for LGBTQI+ individuals to access services is by making sure MHPSS service delivery is inclusive. Interventions for LGBTQI+ individuals can be effectively integrated into programs, strategies, and approaches across sectors (USAID 2023). When designing MHPSS programs, there should be an MHPSS technical advisor to provide technical oversight and leadership to MHPSS programming, as well as training for program staff. Recommendations for working LGBTQI+ individuals can be found in the next section. Programming should follow the socio-ecological model with strategies at the individual, peer/family, community, and society levels.

Individual Services

Make sure individuals have access to support for developing and maintaining improved MHPSS.

Programming and services that include individual services should be designed to be inclusive and focus on "do no harm" principles. This includes ensuring safety and security are an important programming aspect, working with providers to ensure decreased stigma, using evidence based and person centered interventions, ensuring that the community is part of the design and that people with lived experience are consulted and are partnered with. A program participant-centered approach entails (1) identifying and prioritizing the rights, wishes, and safety of the program participant; (2) treating the program partcipant with dignity and respect; and (3) establishing a supportive, safe, and respectful environment. LGBTQI+ youth and adults should have access to individualized mental health treatment that addresses their specific mental health challenges, including suicidality, major depression, anxiety, substance use, and difficulty coping with traumatic events.

Table 1: Examples of Illustrative Individual Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE INDIVIDUAL INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Providing access to age-appropriate self-help curricula that are developed for use in schools (Education Sector Pullout).
Supplying life skills sessions for marginalized and underrepresented groups with the purpose of increasing their assets, social networks, and safety (Stark et al. n.d.) (Gender and GBV Sector Pullout).
Securing access to GBV services that are responsive to the needs of survivors, including GBV case management (Gender and GBV Sector Pullout).[8]
Providing case management services for survivors of [torture, GBV, and sexual violence] that respond to their psychosocial needs[9] (Gender and GBV Sector Pullout).
Providing one-on-one counseling with a lay counselor trained in basic cognitive behavioral therapy (CBT) (Health Sector Pullout).
Organizing structured multi-national group activities such as fitness, arts and crafts, vocational skills, and technical skills that help adolescents become more engaged with their emotions and develop empathy[10] (Youth Employment Sector Pullout).
Providing clinical mental health services by a trained clinician who has received training for working with LGBTQI+ individuals (Health Sector Pullout).

Family-Based MHPSS

Provide caregivers with opportunities to strengthen their caregiver–to–family member relationships and social connections.

Parent- and family-focused interventions (e.g., psychoeducation; parent and family skills training; behavioral, psychosocial, and trauma-focused CBT) may be beneficial to child's and youth's mental health and well-being, as well as parenting behaviors and family functioning (Aladro et al. 2022). When involving family of origin, it is important to make sure the youth is not put at increased risk and vulnerability. When the family of origin is not a safe option, family-focused interventions can include the youth's chosen family.

Community-Level Interventions

Raise awareness and support approaches for positive behavior change around mental health and psychosocial needs within health care, school, and community settings to address stigma and discrimination.

Given the vulnerabilities of LGBTQI+ youth and the implications for health across the lifespan, prevention and intervention strategies are particularly relevant for adolescents (Fish 2020). However, other than sexual health, research that systematically develops and tests LGBTQI+-related or -specific

[8] More information available at: https://www.unfpa.org/sites/default/files/pub-pdf/MHPSS-CountryCasesAndOverview.pdf
[9] More information available at: https://mcjnewsblog.wordpress.com/2016/03/14/applying-a-profound-stress-and-attunement-approach/#:~:text=Attunement%3A%20Attunement%20is%20the%20process,profound%20stress%20indicators%20through%20empathy.&text=Through%20this%20framework%20they%20develop,adaptive%20responses%20to%20adolescents'%20stressors
[10] More information available at: Woman Space E.Pdf.

youth mental health promotion strategies across contexts is limited (Fish 2020). Research shows that LGBTQI+-specific supports at the community level are associated with lower substance misuse among sexual and gender minority youth, including peer-to-peer groups that include both LGBTQI+ and non-LGBTQI+ individuals (Fish 2020).

Table 2: Examples of Illustrative Peer-based Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE PEER-BASED INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Implementing afterschool programs with structured psychosocial activities (Education Sector Pullout), where individuals can build positive peer relationships (Gender and GBV Sector Pullout) increasing their protective factors.
Training youth peer coaches and mentors in job readiness skills (Gender and GBV Sector Pullout). Making sure individuals have equal access to life skills and job readiness skills by equipping youth peer coaches and mentors with the skills they need to make sure job readiness activities are inclusive.
Organizing mentor-led structured group activities to help youth be more aware of their emotions. The groups includes physical fitness, arts and crafts, vocational skills, leadership, academic clubs, and technical skills (Panter-Brick et al. 2019; Dinarte and Egana-del Sol 2019) (Violence Prevention, Peace and Security Sector Pullout). Mentors should be trained effectively integrating LGBTQI+ individuals into the structured activities and supporting them.
Providing structured activities for youth that target physical activity, interpersonal skills, and curriculum focused on developing coping skills (Waves for Change 2019/20; McFarlane 2017) (Violence Prevention, Peace and Security Sector Pullout).

Develop programs that engage communities and schools in building safe, non-violent, inclusive, and effective learning environments that promote mental health and well-being.

Schools are perhaps the single most studied context for LGBTQI+ youth (Fish 2020). School-based programs can have significant positive effects on children's and adolescents' well-being, including reduced depression and anxiety symptoms and well-being (Aladro et al. 2022). Schools have been identified as having potential for strengthening education and support around HIV, sexual and reproductive health, and mental health through curriculum development, integrated programs, teacher training (e.g., understanding and responding to the needs of LGBTQI+ students, requiring that LGBTQI+ topics are covered in undergraduate and graduate training courses), and linkages to behavioral health professionals. School-based programs can address stigma and train teachers as first responders to identify and refer youth to health and mental health professionals. Training to increase teachers' understanding of mental health and reduce their own stigma toward LGBTQI+ students is vital (Newman et al. 2022).

Positive LGBTQI+ student supports, including supportive staff, inclusive curricular materials, and inclusive anti-bullying/harassment policies that entail guidance for students and family members on how to effectively respond to anti-LGBTQI+ harassment and violence, have been shown to improve academic experiences for LGBTQI+ students who report better school experiences and psychological well-being (Kosciw and Zongrone 2019).[11]

[11] More information available at: https://www.usaid.gov/document/integrating-lgbtqi-considerations-education-programming-0

Table 3: Examples of Illustrative Community-level Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE COMMUNITY-LEVEL INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Implementing social and emotional learning curriculum in classrooms (Education Sector Pullout).
Establishing referral systems within the school system that include internal referrals to school counseling services and external referrals to other services, including but not limited to child protection case workers, counseling services, and social welfare (Education Sector Pullout).
Additional considerations: ▪ Training staff and external partners in how to work with LGBTQI+ individuals including maintaining confidentiality, and safety and security considerations ▪ Providing teachers and educators with psychosocial support (Education Sector Pullout) ▪ Training for teachers and school administrators on how to work with all youth, including youth, and how to recognize who needs additional services and referral pathways (Waves for Change 2019/20) (Violence Prevention, Peace and Security Sector Pullout)

Society and Systems

Make sure an effective policy, legislative, and financing environment is inclusive of marginalized and underrepresented groups, available and accessible, and puts supportive mechanisms in place for quality MHPSS service delivery for all.

Support prohibition of discrimination against LGBTQI+ adults and youth in all contexts, including in education, employment, health care, housing, social protection, criminal justice, and asylum and detention settings. Make sure that LGBTQI+ individuals are consulted and participate in the design, implementation, and monitoring of laws, policies, and programs that affect them, including development and humanitarian initiatives.

Table 4: Examples of Illustrative Society and Systems Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE SOCIETY AND SYSTEMS INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Making sure legislation secures the rights of people with mental health conditions. This may include: ▪ Supporting law reform processes to abolish laws and regulations that permit coercion and discriminate against LGBTQI+ individuals who receive mental health care (UNICEF MHPSS Framework, Output 4.1) ▪ Establishing laws that protect client's confidentiality and removing laws that require MHPSS workers to report LGBTQI+ individuals
Integrating mental health considerations for marginalized and underrepresented groups into health policies that focus on specific populations at higher risk of mental health challenges, such as people with HIV, pregnant adolescents, and humanitarian and migrant populations (UNICEF MHPSS Framework, Output 4.1).
Supporting legislation that ensures access to mental health care for all, including establishing policies and financing for the delivery of MHPSS services within the community (UNICEF MHPSS Framework, Output 4.1)

Recommendations for Effectively Working with LGBTQI+ People

In the humanitarian sector, services and programs geared toward LGBTQI+ persons often focus on gay men or men who have sex with men, overlooking the needs of lesbians, trans men, trans women, intersex persons, nonbinary persons, and individuals who have multiple marginalized and underrepresented identities based on race, religion, and other traditionally marginalized categories (Newman et al. 2022). It is critical that interventions and programs addressing LGBTQI+ persons be tailored according to respective risks and needs of L, G, B, T, Q, I, and other groups and subpopulations, while also recognizing the intersectionality of the components of an individual's identity (Women's Refugee Commission 2021; ICRC – Norwegian Red Cross 2022). Depending on the social, legal, and political constraints, it may not be feasible or safe to disaggregate data by sexual orientation and gender identity. Nonetheless, all services should be developed in close collaboration with LGBTQI+ persons, networks, and organizations (Women's Refugee Commission 2021). Additional best practices include:

- Not all tools are adapted to different cultural contexts. When planning to use psychometric tools, check what exists that holds external cultural validity and is age appropriate, or what needs to be adapted and piloted. For more information on adapting and piloting assessment tools, please check the Youth MHPSS Toolkit.
- Implement MHPSS services that use a participatory approach. A participatory approach makes sure LGBTQI+ individuals are meaningfully and safely engaged as partners in all aspects of humanitarian preparedness, response, and recovery (Women's Refugee Commission 2021).
- Integrate a rights-based approach into MHPSS service implementation. A rights-based approach entails identifying and addressing the underlying causes of discrimination and inequality to make sure that all persons realize their right to freedom, dignity, and safety from violence, exploitation, and abuse—regardless of age, gender, race, religion, nationality, ethnicity, marital status, SOGIESC, or other characteristic (Women's Refugee Commission 2021).
- Ensure LGBTQI+ individuals have access to multi-sectoral, integrated services that include medical, mental health, sexual and reproductive health services. Safety and security, adequate shelter, social and livelihood support, and access to education and legal services are also essential to meeting their needs (ICRC – Norwegian Red Cross 2022). Programs should prioritize service mapping to identify where LGBTQI+ people can safely and freely access critical services.
- Confirm that programming or services are client-centered, evidence-based, and inclusive. A client-centered approach entails identifying and prioritizing the rights, wishes, and safety of the client; treating the client with dignity and respect; and establishing a supportive, safe, and respectful environment (Women's Refugee Commission 2021).
- Secure confidentiality. Confidentiality is essential, especially because LGBTQI+ persons may be concerned that their SOGIESC will be revealed to their families or communities (Women's Refugee Commission 2021). This includes making sure all case notes and files are kept in a secure location and accessible only to the individual providing the MHPSS services.
- Make sure providers maintain a non-discriminatory, non-judgmental, and empathic approach. Using language that reflects and signals that the provider is familiar with diverse SOGIESC can help build trust, comfort, and rapport.
- Consider supplying service providers with training and sensitization on LGBTQI+ protection issues and SOGIESC, considering other factors, and implementing a participant-centered approach (ICRC – Norwegian Red Cross 2022). Knowledgeable, trustworthy, LGBTQI+-friendly MHPSS providers are key to support service uptake.

- Verify that service delivery organizations implement a gender, disability, and age analysis, inclusive of diverse LGBTQI+ groups, to identify and address barriers to use of MHPSS services (ICRC – Norwegian Red Cross 2022).
- Partner with LGBTQI+-led organizations that can often more effectively deliver services to (and reach) LGBTQI+ individuals.

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