

Mental Health Issues of LGBTI People in Indonesia: Determinants and Interventions

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Indonesia

53rd Master of Public Health/International Course in Health Development
19 September 2016 - 8 September 2017

KIT (Royal Tropical Institute)
Health Education/
Vrije Universiteit Amsterdam

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A thesis submitted in partial fulfilment of the requirement for the degree of
Master of Public Health

by

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53rd Master of Public Health/International Course in Health Development (MPH/ICHD)

19 September 2016 - 8 September 2017

KIT (Royal Tropical Institute)/ Vrije Universiteit Amsterdam

Amsterdam, the Netherlands

September 2017

Organised by:

KIT (Royal Tropical Institute) Health Unit

Amsterdam, the Netherlands

In co-operation with:

Vrije Universiteit Amsterdam/ Free University of Amsterdam (VU)

Amsterdam, the Netherlands

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BNN	<i>Badan Narkotika Nasional</i> (National Narcotics Agency)
BPS	<i>Badan Pusat Statistik</i> (Statistics Indonesia)
DHO	District Health Office
GBQ	Gay, Bisexual, Queer
GDP	Gross Domestic Product
GII	Gender Inequality Index
GNS	Gender Non-conformity Stigma
GOI	Government of Indonesia
GSA	Gay-Straight Alliance
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
ILGA	International Lesbian, Gay, Bisexual, Trans and Intersex Association
JKN	<i>Jaminan Kesehatan Nasional</i> (National Health Insurance)
LGB	Lesbian, Gay, Bisexual
LGBT	Lesbian, Gay, Bisexual and Transgender
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
MOF	Ministry of Finance
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MSM	Men-who-have-sex with-men
NAC	National AIDS Commission
OHCHR	Office of the United Nations High Commissioner for Human Rights
OOP	Out-of-pocket
PHO	Provincial Health Office
SDGs	Sustainable Development Goals
SOGIE	Sexual Orientation and Gender Identity and Expression
UNDP	United Nations Development Programme
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organization

Key Concepts

A. Related to sexuality

Bisexual – Individuals who are emotionally and sexually attracted to people of their own gender and people of other genders (National LGBT Health Education Center, 2016).

Cisgender – Individuals who have a match between the sex they were assigned at birth, their bodies, and their gender identity. The term is used to replace “non-transgender” or “bio man/bio woman” (APA, 2015).

Gay – Individuals who are emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men (National LGBT Health Education Center, 2016). In this study the term gay is used to refer to men who are attracted to another men.

Gender identity – A person’s internal sense of being a man/male, woman/female, both, neither, or another gender (National LGBT Health Education Center, 2016).

Gender minority – Used to describe people whose gender expression and/or gender identity does not match traditional societal norms (transgender community) (Fenway Health, 2010).

Gender queer – Describes a person whose gender identity falls outside the traditional gender binary (i.e. identifies with neither or both genders). Other terms for people whose gender identity falls outside the traditional gender binary include gender variant, gender expansive, etc. (APA, 2015; National LGBT Health Education Center, 2016).

Heterosexual – A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women (National LGBT Health Education Center, 2016).

Intersex – Refers to a range of conditions associated with atypical development of physical sex characteristics. Intersex individuals may be born with chromosomes, genitals, and/or gonads that do not fit typical female or male presentations (APA, 2015).

Lesbian – A sexual orientation that describes a woman who is emotionally and sexually attracted to other women (National LGBT Health Education Center, 2016).

Sexual orientation – Refers to the sex of those to whom one is sexually and romantically attracted (APA, 2015).

Sexual minority – Used to describe people whose sexual orientation is not only heterosexual (Fenway Health, 2010).

Transgender – An umbrella term that incorporates differences in gender identity wherein one’s assigned biological sex doesn’t match their felt identity. This umbrella term includes persons who do not feel they fit into a dichotomous sex structure through which they are identified as male or female. Transgender people may or may not choose to alter their bodies hormonally and/or surgically (Fenway Health, 2010; APA, 2015).

Transgender man – refers to someone who was identified female at birth but who identifies and portrays his gender as male. Alternate terms: transman, affirmed male, gender-affirmed male, FTM (female-to-male), man (Fenway Health, 2010).

Transgender woman – refers to someone who was identified male at birth but who identifies and portrays her gender as female. Alternate terms: transwoman, affirmed female, gender-affirmed female, MTF (male-to-female), woman (Fenway Health, 2010).

Waria – Indonesian term to refer transgender women. They can identify themselves as woman, bigender, or others (Arus Pelangi, 2017).

B. Related to mental health disorders

Anxiety – or anxiety disorders, that differ from normal feelings of nervousness or anxiousness, and involve excessive fear or anxiety. There are several types of anxiety disorders, including generalised anxiety disorder, panic disorder, specific phobias, agoraphobia, social anxiety disorder and separation anxiety disorder. In this study, the term anxiety refers to generalised anxiety disorder, and the other anxiety disorders will be mentioned (i.e. social anxiety) will be mentioned when studies indicate so (American Psychiatric Association, 2017a).

Depression – or major depressive disorders, is a common mental disorder, causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home. Depression symptoms can vary from mild to severe (American Psychiatric Association, 2017b).

Substance use disorder – refers to a condition in which an individual's recurrent use of alcohol and/or drugs causes significant behavioural, physical, social, and psychological impairments. In 2013, with the publication of the fifth edition of the DSM (DSM-5), substance use disorder took on an even broader meaning, when the substance abuse and substance dependence criteria were eliminated as separate diagnostic categories and combined into a single substance use disorder. With the removal of the substance abuse and substance dependence classifications, the DSM-5 addresses the use of substances separately, with each substance constituting its own specific use disorder (alcohol use disorder, stimulant use disorder, etc.), but using the same overall criteria for diagnosis. In this study, the term is used to cover substance use, substance abuse, substance misuse, substance dependence, and addiction or addictive disorder. The specific terms are used when the information is available (SAMHSA, 2016).

Suicidal ideation – also known as suicidal thoughts, is thinking about, considering, or planning suicide (Centers for Disease Control and Prevention, 2017).

Suicide attempt – a non-fatal, self-directed, potentially injurious behaviour with an intent to die as a result of the behaviour; might not result in injury (Centers for Disease Control and Prevention, 2017).

Abstract

Background: The high level of intolerance towards LGBTI people in Indonesia and no specific protection laws and policies for these groups assumingly have a negative impact to LGBTI people in this country.

Objective: The study aims to describe four major mental health issues (depression, anxiety, substance use disorder and suicide) among LGBTI people in Indonesia, to explore its determinants, and to analyse the intervention programmes elsewhere addressing the issues.

Method: Literature review and desk study was conducted in order to achieve the study objectives. A conceptual framework that was adapted from the National LGBTI Health Alliance in Australia is used to explore the determinants of and intervention programmes for mental health issues for LGBTI people.

Findings: There is a lack information of mental health and LGBTI people in Indonesia. Findings from many other countries show that LGBTI people are more vulnerable to mental health problems than heterosexual-cisgender people, with disparities within the diverse of LGBTI groups. Compared to other three determinants, violence and discrimination play a more significant role in the mental health of LGBTI people. A few studies from different countries show positive results of mental health intervention programmes. However, the differences of social and political context of the countries should be considered.

Conclusion: It is likely that LGBTI people in Indonesia also suffer from mental health disorders as their peers in other countries. A slight adjustment to the conceptual framework is proposed. There is an urge to create a more conducive social environment and inclusive policies.

Key words: LGBTI, mental health, Indonesia

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Indonesia

Word count: 13,181

Introduction

To obtain my bachelor's degree in Psychology, in 2007 I conducted a research that aimed to find out the forming process of and the factors that affect the self-concept of butch lesbians. The topic of this qualitative research was influenced by my interest in social issues and what I was doing for Indonesian Planned Parenthood Association (IPPA/PKBI), an NGO that focuses on sexual and reproductive health rights, gender and human rights issues which I joined in 2003. Since then, I have devoted myself to work on this issue both professionally and voluntarily.

Before I went to KIT to continue my study in Public Health, I worked for ISEAN-Hivos Programme, a project committed to strengthen transgender and men-who-have-sex-with-men communities in the islands of Southeast Asia in order to reduce their vulnerability to and impact of HIV & AIDS. At the same time, lesbian, gay, bisexual, transgender and intersex (LGBTI) people that have not been accepted yet in most of Indonesian society due to social values and moral standards, increasingly experienced structural hate speech and threats. This situation raises concerns on what this does to the psychological wellbeing of LGBTI people in Indonesia. Even in countries with better social acceptance towards, acknowledgment of, and protection for LGBTI people rights, research shows that the prevalence of mental health disorders among these groups are high, compared to the cisgender-heterosexual group.

This thesis seeks available information that is related to the mental health status of LGBTI people in Indonesia. I am fully aware that the topic is very broad considering LGBTI covers various sexual and gender identities. It was my intention to expand the coverage of the study because by doing this I could be able to identify the knowledge gap related to this topic, to determine which groups are most left behind. Thus this study can be used as a foundation for further research on this field.

I do really hope that this study will open the discourse on the importance of promoting mental health for those who are socially vulnerable to mental disorder, not only in Indonesia, but also in another countries where these groups continue to experience inequality. Recommendations given in this study will primarily be addressed to non-government organisations, including community-based organisations, as - due to the controversial topic - the state may be reluctant to respond.

1.2. Health system

Government decentralisation from central government to local authorities at province and district level started in 1999 (BPS *et al.*, 2013; MOH, 2016), including the health services. The relationship between the Ministry of Health (MOH), Provincial Health Office (PHO) and District Health Office (DHO) is no longer hierarchical. The DHO, which operates health services through *Puskesmas* (the primary health centres) and its networks, under the responsibility of the mayor/regent as the district authority, and the PHO is of the governor as the province authority. Both provincial and district authorities fall under the Ministry of Home Affairs (MOHA). The MOH is still responsible for some tertiary and specialist hospitals, as well as making and overseeing regulations, ensuring the availability of resources and taking the lead in the supervision of social insurance schemes. A few programmes, such as immunisation, remained vertical and directly function at the provincial and district level (WHO, 2017c). As of December 2015, there were 9,754 *Puskesmas* (35% of those equipped with inpatient care) and 2,488 hospitals, of which 64% were public and 22% were specialised hospitals, supported by 647,170 health professionals and 229,814 health support workers (MOH, 2016).

The national health spending at the national level, as a proportion of gross domestic product (GDP) increased from 3.6% in 2012 to 5% in 2016 (MOF, 2016; WHO, 2017c). In 2012, the government share of total health expenditure was 40%, against 60% of private, primarily out-of-pocket (OOP) payments. Introduced in 2014, the national health insurance scheme, the *Jaminan Kesehatan Nasional* (JKN), pools contributions from members and the government under a single health insurance implementing agency (BPJS Kesehatan). The focus of increased health spending through this programme is on curative care services and a health infrastructure that supports medical care, not on public health and prevention programmes (WHO, 2017c).

1.3. Mental health system

The basic mental health services have been integrated into general health services in *Puskesmas* and their networks, general practitioners with the competence to provide the services, home care, community-based rehabilitation and facilities outside the health sector. At the central level, the Directorate of Mental Health of the MOH is responsible to coordinate the implementation of mental health programmes. While at the local level, it is the responsibility of the PHO and DHO. In 2013, mental health services were provided in only 21.5% of *Puskesmas* and 33% of public hospitals. There were eight provinces that did not have a mental hospital, and five of those did not even have a mental professional or psychiatrist. The Law 18/2014 on Mental Health mandates provincial authorities to provide at least one mental hospital in their provinces. Nationally, there were only 700 psychiatrists, whereas it is estimated that for around 24,000 psychiatrists are needed to serve the population. Psychotropic medications, which are used to treat mental illness by affecting the human central nervous system, have been already listed in the National List of Essential Medicines and available at various levels of health care facilities (GOI, 2014; MOH, 2014b; WHO, 2017c).

The total budget for mental health is estimated 3% of the MOH's budget, more than 90% of this goes to the mental hospitals. Other ministries also have mental health offices or programmes, such as the Ministry of Education and Culture, the Ministry of Social Affairs, the Ministry of Human Resources, and the National Narcotics Agency (BNN) (ASEAN, 2016).

Chapter 2: Problem statement, objectives, methodology

2.1. Problem statement

The World Health Organisation (WHO) definition of health has widened the view of health to mental and social dimensions. Mental health is an integral part of health, it is intimately connected with physical health and behaviour. Further, WHO defines mental health as:

"... a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." (WHO, 2016a).

The increasing concern for mental health issues is demonstrated by the inclusion of these issues in the Sustainable Development Goals (SDGs). SDG Target 3.4 calls for the promotion of mental health and wellbeing, and Target 3.5 calls for strengthening the prevention and treatment of substance abuse, including narcotic drugs abuse and harmful use of alcohol (WHO, 2015).

It is estimated that nearly 10% of the world population suffer from depression and anxiety, the most prevalent mental disorders. As ranked by WHO, depression is the single largest contributor to global disability and the major contributor to suicide deaths. In 2012, there were over 800,000 estimated suicide deaths worldwide. Among young adults aged 15-29 years suicide is the second leading cause of death, and accounts 8.5% of all deaths in this group (WHO, 2017b).

Mental disorders are often comorbid with substance use disorders: mental disorders can lead to substance use disorder and vice versa. In the USA, 60% of people with substance use disorder also suffer from mental disorder (NIDA, 2007). In 2013, it is estimated that some 27 million people in the world suffered from substance use disorders, and almost half of them injected drugs. In 2012, 3.3 million deaths (5.9% of all deaths worldwide) were attributable to alcohol consumption (WHO, 2016b).

In Indonesia, according to Basic Health Survey 2013, in 2012 it is estimated that 14 million of Indonesian aged 15 years and over or 6% of the population had a common mental disorder (depression and anxiety). While other data from BNN estimated that there were 3.8 million people or 2.2% of the total population who abused drugs or substances in 2011 (MOH, 2014b), there is no further information available on the comorbidity of the common mental disorders and the substance use disorder in Indonesia.

Mental health and mental disorders are not only determined by individual attributes, but also by social, cultural, economic, political and environmental factors. Certain individuals and groups in a certain context are more vulnerable to experiencing mental health problems, including lesbian, gay, bisexual, transgender and intersex (LGBTI) people (WHO, 2013). Results of studies in some high-income countries provide information that these populations do indeed suffer from mental health problems. For example, 25% of Irish LGBT had taken medication for anxiety or depression at some stage and 37% of Australian LGBT aged 16 and over reported being diagnosed or treated for any mental disorder in the past three years (Mayock *et al.*, 2009; Morris, 2016). Globally, the risk for depression, anxiety disorders, and alcohol and other substance dependence among lesbian, gay and bisexual (LGB) people were 1.5 times higher than among heterosexual people, and the suicide attempts in this group was 2 times higher than in heterosexual group (King *et al.*, 2008; Marshal *et al.*, 2011). Among transgender people, recent research found that up to one-third of self-identified

transgender people report making one or more suicide attempts in their lifetime, and it occurs more frequently among transgender adolescents and young adults than among the older age group (Haas *et al.*, 2011).

The higher risk for LGBTI persons of experiencing mental health problems is attributed to excess stress due to their minority position, as Meyer explained by minority stress model (Meyer, 2003). In most countries, LGBTI persons are not accepted and are being targeted by homophobic and transphobic violences. While the official data are very limited, the 2015 Report of the Office of the United Nations High Commissioner for Human Rights shows that violence against individuals perceived to be LGBTI occurs in every region in the world. For instance, 1,612 transgender persons were murdered between 2008 and 2014 across 62 countries (OHCHR, 2015). Same-sex activity is criminalised in 73 countries and in several countries transgender posing or expressing as the opposite sex is prohibited (Carroll, 2016; Ghoshal and Knight, 2016).

In Indonesia, the extremely high level of intolerance towards LGBTI continues to put these groups being subjected to stigma, discrimination, and acts of violence in a variety of settings. A study in three provinces in Indonesia in 2013 reveals that in the last 3 years 46% of lesbian, gay, bisexual and transgender women respondents experienced psychological violence, 79% have suffered from physical violence and 45% from sexual violence (Laazulva, 2013). The details are as follow:

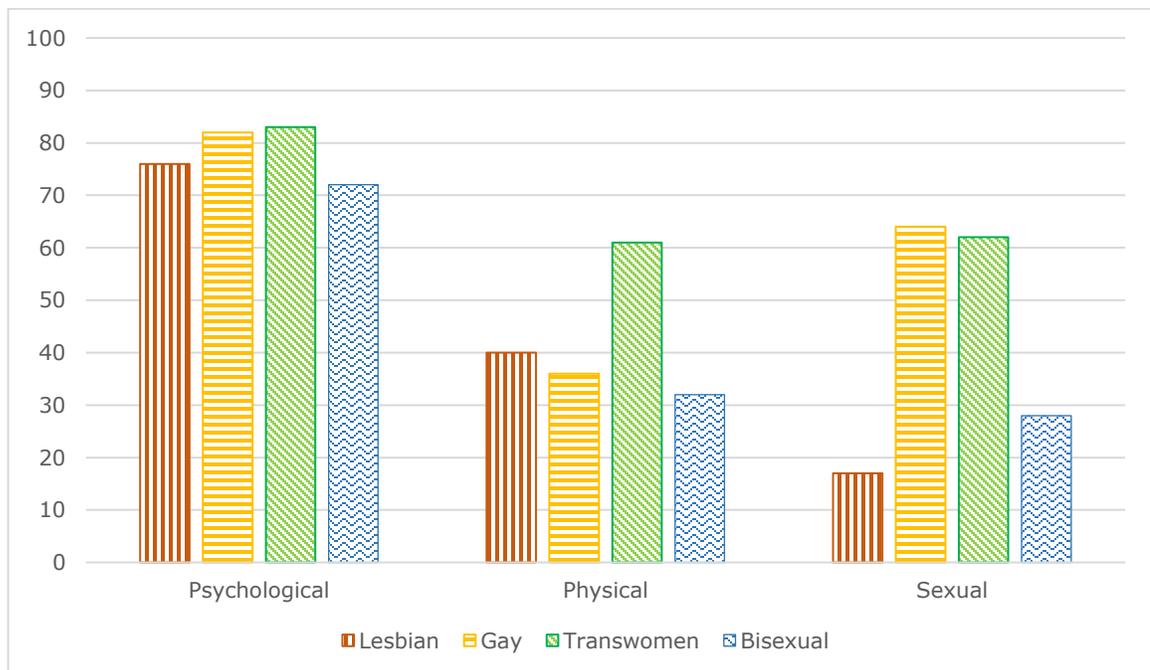


Figure 2 The percentage of LGBT experienced violence in Jakarta, Makassar and Yogyakarta (Laazulva, 2013)

The Indonesian national laws generally do not recognise or support the rights of LGBTI people. Neither marriage nor adoption by LGBTI people is permitted. However, there are no specific anti-discrimination laws that pertain to sexual orientation and gender identity and expression (SOGIE). The decentralisation which allows local authorities to make local regulations has also affected the LGBTI population in this country. Even though at national level there are no explicit laws criminalising homosexuality, it is

criminalised in five local ordinances where it is seen as an immoral behaviour. Police generally fail to protect LGBTI persons from attacks by hard-line Islamist activists and thugs. Policies related to LGBTI rights are variable with some national commissions recognising and expressing official support to gay, bisexual and transgender women populations as a result of the HIV epidemic. Sexual minority women, transgender men and intersex individuals usually are not covered in the HIV programmes. In Indonesian society, there is a contrast between those who are progressive and accepting of LGBTI individuals and a much larger population who are generally not aware of SOGIE issue (UNDP and USAID, 2014).

2.2. Justification

Mental disorders cost the affected individuals, their family and the society. For the individuals, mental disorders can be a risk factor for physical illness, and they will be more vulnerable to human rights violations due to the social stigma attached to mental disorders. Mental disorders may lead both the individuals and family members, as they are often the primary caregivers of people with mental disorders, to unemployment and inability to make a contribution to their communities and national economy (WHO, 2003).

Regarding LGBTI people, ensuring good mental health for this population is aligned with what the Yogyakarta Principles state as one of the responsibilities of states, namely to ensure that:

"Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity." (Yogyakarta Principles, 2007)

However, both topics - mental health and LGBTI - are still neglected in many countries, especially in low and middle-income countries like Indonesia. Most of the studies conducted in health-related issues among LGBTI people only focused on HIV & AIDS issues, particularly among gay, bisexual men and *waria* communities, due to the high-risk sexual behaviour among these groups. There are no documents found with a combination of the keywords mental health, LGBTI and Indonesia, showing that there is an urgent need to conduct research on this topic in order to have better understanding of the mental health status of LGBTI people and what interventions can be implemented to respond to mental health problems in this population.

Since mental health covers a wide range of topics that cannot all be addressed, this study will only focus on mental health issues that LGBTI people are at increased risk of. In their framework for promoting the mental health of LGBTI people, which is used as the conceptual framework of this study, Leonard & Metcalf (2014) mention that the risk of anxiety disorders, depression, substance use disorder and suicide are higher among LGBTI people, while for other mental health disorders such as schizophrenia and bipolar disorder, the rates are similar between LGBTI and non-LGBTI people.

2.3. Study objectives

2.3.1. General objective

The study aims to describe the four major mental health issues (depression, anxiety, substance use disorder and suicide) among LGBTI persons in

Indonesia, to explore its determinants, and to analyse the intervention programmes elsewhere addressing the issues in order to develop recommendations to improve the wellbeing and health status of LGBTI persons in Indonesia.

2.3.2. Specific objectives

1. To describe the four major mental health issues (depression, anxiety, substance use disorder and suicide), and to explore its determinants among LGBTI persons in Indonesia;
2. To identify and describe effective intervention programmes addressing mental health issues of LGBTI persons at global level;
3. To make recommendations for the intervention programmes to reduce mental health issues among LGBTI persons in Indonesia.

2.4. Methodology

2.4.1. Study design

To achieve the objectives, this thesis is based on literature review and desk study.

2.4.2. Searching and screening procedure

Studies were searched through PubMed, Vrije Universiteit Library Search (VU Libsearch), as well as SAGE Journal and Taylor & Francis Online that were accessed with VU account. Besides English, key words in Bahasa Indonesia were also used. Key words used for literature searching:

English		Bahasa Indonesia	
"mental health" OR "mental disorder" OR depressive OR depression OR anxiety OR suicide OR suicidal OR "substance disorder" OR "drug abuse" OR "substance abuse"		<i>"kesehatan mental"</i> OR <i>"kesehatan jiwa"</i> OR <i>depresi</i> OR <i>kecemasan</i> OR <i>"bunuh diri"</i> OR <i>narkotik</i> OR <i>napza</i>	
AND			
LGBT OR "sexual minority" OR lesbian OR gay OR homosexual OR bisexual OR transgender OR intersex OR "sexual orientation" OR "gender identity" OR "gender expression"		<i>homoseksual</i> OR <i>biseksual</i> OR <i>waria</i>	
AND			
determinant OR factor OR influence OR aspect OR cause	promotion OR prevention OR programme OR intervention	<i>determinan</i> OR <i>faktor</i>	<i>intervensi</i> OR <i>pencegahan</i> OR <i>promosi</i>

Table 1 Key words used for literature searching

Of the total 573 identified relevant titles, 433 articles were excluded. The exclusion criteria are: study protocol, review of study or book, medical diagnosis and treatment, published before 2000 and the full text are unavailable. Finally, the abstracts of 140 articles were checked. There were no

studies found from Indonesia and only a limited number from Asia: China (5), India (1), Israel (1), Japan (1), Thailand (1), Vietnam (1) and multi-countries (China, Taiwan and Vietnam). Most of these studies focused on sexual minority groups, including MSM. Two studies were on transgender women. There are no Asian studies found that focus on or include transgender men and intersex people.

To fill the gap and enrich the findings, some studies from the USA (70% of the 140 articles), Canada, Europe and Australia were included. However, there were still no articles on intersex people related to their mental health issues. Google was used to find this information and two studies were found, one in Germany and one in the UK. Studies from Indonesia and the Philippines (thesis and national-level journal) were also found through a Google search.

Grey literature was collected by using the same key words in Google, and by visiting official website of LGBTI organisations such as the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), Gay and Lesbian Equality Network (GLEN), LGBT Health and Wellbeing, Australian National LGBTI Health Alliance, Arus Pelangi, as well as other organisations that are concerned with LGBTI issues such as UNDP, WHO.

2.4.3. Conceptual Framework

In order to explore the determinants of mental health issues among LGBTI people and how intervention programmes address the issues, a conceptual framework is used in this study. The framework is adapted from the LGBTI Mental Health Promotion Framework that is developed by National LGBTI Health Alliance in Australia, based on the VicHealth Participation for Health Framework. This model is also used by WHO in their mental health promotion tool (Herrman *et al.*, 2005; Leonard and Metcalf, 2014). The framework focuses on four key determinants of mental health (social connection; access to social and economic resources; freedom from violence and discrimination; and physical wellbeing and mental health promoting behaviours), identification of the target population and action areas, settings for action, and expected outcomes and long-term benefits. The four key determinants and themes for action cross individual, organisational, community, and societal domains. They are interrelated and mutually reinforcing of one another (Leonard and Metcalf, 2014).

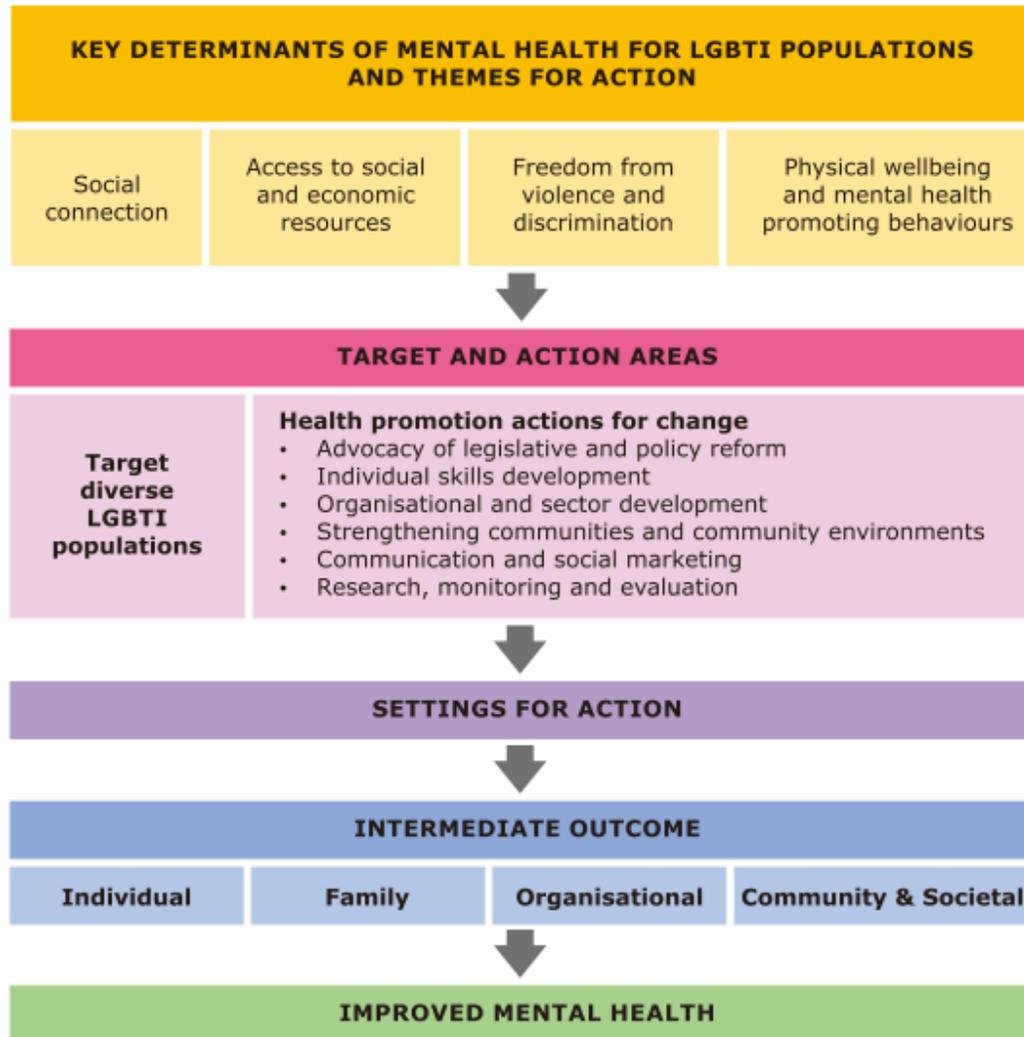


Figure 3 Conceptual Framework of Mental Health of LGBTI People. Adapted from LGBTI Mental Health Promotion Framework (National LGBTI Health Alliance, 2014)

2.4.4. Limitations of the study

This study is based on literature and desk review only because of the resource and time constraints that made it impossible to collect primary data from Indonesia. In addition, studies on mental health among LGBTI people from Indonesia were very scarce. Only small-scale studies, written in Bahasa Indonesia, unpublished (thesis) or published locally were found. Some universities only published the abstract of a thesis or dissertation, while the full text were only available as hard copies. Therefore there is a chance that the study does not capture all the relevant determinants. Studies from other countries, especially from Asia, were included to enhance the findings. However, as the context is different with Indonesia setting, the findings could not fully inform the actual situation of mental health status of LGBTI people in Indonesia.

Chapter 3: Findings

Before presenting the findings on depression, anxiety, substance use disorder and suicide among LGBTI persons in Indonesia, its determinants and the interventions that have been implemented in other countries to address the issues, I will start this chapter by describing the situation of LGBTI people in the context of Indonesia to get a better understanding of the challenges they have to deal with that may affect their mental health status.

The key mental health issues among LGBTI will be presented afterwards. The findings will be grouped into three groups: common mental disorders that covers depression and anxiety, substance use disorder, and suicidal ideation & suicide attempt. Subsequently, the determinants of and the interventions that address mental health issues for LGBTI people will be presented based on the conceptual framework mentioned previously. The findings related to determinants are grouped based on the four points mentioned in the first block of the conceptual framework. The "health promotion actions for change" in the second block of the framework are used to cluster the findings that related to interventions.

3.1. The situation of LGBTI people in Indonesia

There is evidence that diverse sexual behaviours and gender identities have existed in the archipelago of Indonesia for centuries. In some traditional cultures, homosexuality among men was common in spiritual ceremonies and art. People with homosexual behaviours or non-binary gender identities were given a high position in their society, such as the *Bissu* priests in South Sulawesi. However, LGBTI as identity only emerged in Indonesia in the last decades, especially in the urban areas. The *waria* term which refers to transgender women was introduced in the 70's, in the same decade when the terms gay and lesbian started to be used by the homosexual community in Indonesia (Oetomo, 2001; Boellstorff, 2005). Only in recent years, transgender men (transmen or *priawan*) and intersex people were able to identify themselves and the LGBTI organisations acknowledged them. Many different local terms are used to describe sexual orientations and gender identities, like *banci* or *bencong* to refer to *waria* and sometimes gay men (Boellstorff, 2005; Badgett *et al.*, 2017).

It is difficult to estimate the number of LGBTI people in Indonesia since sexual orientation, gender identity, and intersex status are not categorised in national surveys. The Indonesian population administration does not have the third gender category, thus *waria* are considered as men. Most children with intersex condition often undergo corrective surgery at major hospitals at a very early age (UNDP and USAID, 2014). A survey from the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) showed that 58% of respondents from Indonesia believed that children whose genitals are unclear at birth should be surgically assigned a gender by medical professionals (Carroll and Robotham, 2016). This practice makes intersex individuals unaware of their own conditions when they are grown up, which leads to less visibility of this population.

Due to HIV & AIDS programmes, estimates of men-who-have-sex-with-men (MSM) and *waria* are available. In 2012, the MOH estimated that there was a total of 1.2 million MSM and 38,000 *waria* in Indonesia, which correspond to 1.64% and 0.06% of the total population (MOH, 2014a). The estimated number of lesbian, bisexual women, transgender men and intersex individuals remain unknown since these groups are not considered as high-risk population for HIV.

In the USA, it is estimated that 1.7% of the adult population identifies as gay or lesbian, 1.8% as bisexual and 0.3% as transgender (Gates, 2011). If there are similar percentages in Indonesia, this suggests that there are more than four million bisexuals, four million gay and lesbian and seven hundred thousand transgender people in the country. As in most other countries, government agencies in Indonesia do not collect statistics about intersex status. However, the American Psychological Association estimates that 1 in every 1,500 individuals is born with intersex traits (APA, 2006). Using this estimate, there would be approximately 170,000 intersex individuals in Indonesia.

Most LGBT people (65%) identified themselves as LGBT in their teenage years (12-18 years old), the same age range as when they started to feel attracted to same sex. More than half of them did not deny their feelings (Laazulva, 2013). Many *waria*, but less transgender men, went through gender transition also when they were teenagers. Self-administered hormones without consultation is a common practice (UNDP and USAID, 2014).

Regarding the mental health issue, transgenderism is still classified as a gender identity disorder in the Indonesian Guidelines for the Diagnosis and Classification of Mental Disorders (PPDGJ), whereas homosexuality has been removed from the list since 1983, long before WHO did it in 1992 (UNDP and USAID, 2014).

3.2. Key mental health issues among LGBTI persons

This part will present findings on the prevalence of anxiety, depression, substance use disorder and suicide behaviours among LGBTI people that, according to Leonard & Metcalf (2014), are more likely to suffer from these problems compared to the non-LGBTI population.

3.2.1. Common mental disorders: Depression and Anxiety

One study in Indonesia with 60 respondents found that 16.7% of gay men and 76.7% of lesbian reported that they were at a high level of social anxiety (Yogestri and Prabowo, 2014). These figures are 3 and 13 times higher than the prevalence of common mental health disorders in the Indonesian general population (MOH, 2014b). As for depression, another study revealed that the mean of depression score among gay participants ($M = 11.6$) was higher than among lesbian participants ($M = 8$), yet the mean scores for both groups were categorised as "considered normal" and "mild mood disturbance"¹ (Larasati, 2012). Unfortunately, information on the prevalence of those with moderate to extreme depression in these two groups is not available.

In a comparison, 45% of Jamaican sexual minority individuals (lesbian, gay and bisexual) suffered from lifetime major depressive disorder, the most common mental problems among this group (White *et al.*, 2010). The prevalence was reported 30% to 47% among MSM individuals in India and 15% among sexual minority youth in the USA (Mustanski *et al.*, 2010; Logie *et al.*, 2012).

Compared to heterosexuals, the prevalence of depression and anxiety were two times higher among young sexual minority groups in Hong Kong (Wong *et al.*, 2017). This finding supports a meta-analysis conducted by King *et al.* (2008)

¹ The standard cut-off scores of Beck's Depression Inventory are 0–9 for normal range, 10–18 for mild to moderate depression, 19–29 for moderate to severe depression, and 30–63 for severe depression.

that shows the risk of past-year prevalence of depression in LGB people was at least twice that of heterosexual. The most recent meta-analyses from Lucassen *et al.* (2017) revealed that the rates of depressive disorder among sexual minorities were almost three times higher than among heterosexual peers. However, the study did not show a timeframe of the occurrence of the depressive symptoms.

Specific groups within the LGB community may suffer from depression and anxiety differently as shown in the USA, where the prevalence of depression was 29% among LGB older adults and 62% among young stimulant-using homeless gay and bisexual men (Nyamathi *et al.*, 2012; Fredriksen-Goldsen *et al.*, 2013). Among bisexual individuals in New York City, the prevalence of anxiety was 31% (Bauer *et al.*, 2016).

There was no information on depression and anxiety among Indonesian transgender people. A study from another Southeast Asia country, Thailand, found that transgender women reported significantly higher depression rates compared to the cisgender respondents (Yadegarfar *et al.*, 2014). The prevalence of depression among transgender people was 45% in China and 28% to 44% in the USA (Bockting *et al.*, 2013; Nuttbrock *et al.*, 2014; Yang *et al.*, 2015). Compared to transgender women, transgender men suffered more from depression and anxiety, especially those living in rural areas (Horvath *et al.*, 2014).

Little is known about the mental health issues among intersex people. A study in the Germany showed that 59% of intersex people experienced clinical levels of psychological distress, including depression and anxiety (Schützmann *et al.*, 2009). While in the UK the percentage was 41%, two times higher than of patients with cancer (Kennedy, 2006).

Information on depression and anxiety among LGBTI people in Indonesia is limited to gay and lesbian persons only. Yet, the information is not adequate enough to show the burden of depression and anxiety in these groups. However, based on data from other countries we can assume that the prevalence of depression and anxiety among Indonesian LGBTI persons is also higher than among general population.

3.2.2. Substance use disorder

A study conducted in three big cities in Indonesia (Jakarta, Makassar, and Yogyakarta) revealed that 20% of lesbian, gay and bisexual respondents and 32% of transgender women had experience in substance use (Laazulva, 2013). Nevertheless, there was no information about the substance type and the severity of the substance use. Another study was found on substance use among transgender women in Indonesia who were currently using injection drug. However, this ethnographic study only provided information about how the behaviour was linked to alcohol drinking and that it was influenced by other transgender women, but not on the prevalence (Pranata and Ernawan, 2005).

In Jamaica, substance use disorder was the second mental health problem among sexual minority groups, the lifetime prevalence was 43.5%. This is including alcohol, cannabis, and cocaine (White *et al.*, 2010). In surveys heavy alcohol drinking was reported by 30% of Vietnamese sexual minority women in

the past month and 47% of Southwest China sexual minority men in the past 6 months (Nguyen *et al.*, 2016; Xu *et al.*, 2017).

A meta-analysis of mental disorders among gay, lesbian and bisexual in North America, Europe, Australasia found that the risk for alcohol and other substance dependence over 12 months was 1.5 times higher compared with heterosexuals, and it was significantly higher among lesbian and bisexual women (King *et al.*, 2008).

In the USA, while the cannabis use was high among transgender women (15% to 21%) and transgender men (29% to 32%), the heavy alcohol drinking and other substance abuse were relatively low, both for transgender women and transmen in rural and non-rural areas (Horvath *et al.*, 2014).

The number of diagnostic criteria should be met to determine whether someone is in the mild, moderate or severe substance use disorder. In this case, many of the data mentioned above, including the Indonesian, cannot be used to estimate the number of substance use disorder among LGBT people. However, in contrast with the estimation of people who use drugs or others substances in Indonesia's general population, which is 2.2% (MOH, 2014b), it shows that the prevalence of drug or substance abuse among Indonesian LGBT is high.

3.2.3. Suicidal ideation and suicide attempt

The study conducted in three Indonesian cities by Laazulva (2013) also found that 40% of gay respondents reported at least one suicidal ideation in their lifetime, while among lesbian, bisexual and transgender women the responses were 29%, 30%, and 35% respectively. As for suicide attempts, 24% of gay respondents reported to have tried at least once in their lifetime, whereas among lesbian, bisexual and transgender women the percentages were 18%, 16%, and 21% respectively. Unfortunately, there is no information found on the prevalence of suicidal ideation and suicide attempt in the general population in Indonesia that can be compared to the above figures. Data only found from the Global School-based Health Survey, reported that among adolescents aged 13–17 years in the general population the prevalence of suicidal ideation was 6% for female and 4% for male respondents, and of the suicidal ideation with plan was 1.4% for female and 2% for male respondents (Mckinnon *et al.*, 2016).

As a comparison, the lifetime prevalence of suicidal ideation was 18% to 26% among Chinese MSM, whereas the lifetime prevalence for suicide attempt among this group was 5% to 13% and 17% among Vietnamese sexual minority women (Chen *et al.*, 2015; Mu *et al.*, 2016; Nguyen *et al.*, 2016). In Canada, almost 50% of gay and bisexual men reported lifetime suicidal ideation and 12.5% reported attempted suicide (Ferlatte *et al.*, 2015). A study from the Philippines showed that compared to their heterosexual peers, young Filipino gay and bisexual men were two times more likely to report having lifetime suicidal ideation (Manalastas, 2013).

Concerning the past-year prevalence, a study conducted in three Asian cities (Shanghai, Taipei, and Hanoi) revealed that the prevalence of suicidal ideation and suicide attempts in the preceding 12 months in sexual minority youth were also higher than in heterosexual youth, 12.8% vs. 8.1% for suicidal ideation and 4.0% vs. 2.4% for suicide attempt (Lian *et al.*, 2015). Similar findings from the USA show sexual minority girls and boys reported more suicidal ideation

compared to heterosexual peers, 24.93% vs 13.24% and 11.58% vs 8.12% respectively (Russell and Toomey, 2013). Sexual minority youth were three times more likely to have suicidal ideation and almost four times more likely to attempt suicide (Bostwick, Meyer, *et al.*, 2014).

The differences of the prevalence also occurred within the sexual minority group. For example in the USA, bisexual individuals were more likely than homosexual women and men to have suicidal ideation and suicide attempts (Mereish *et al.*, 2014). Black and Latino LGB were almost three times more likely to experience lifetime suicide attempts and Latino and Alaskan/Pacific Islanders 1.5 times more likely to have past-year suicide attempts compared to White LGB (O'Donnell *et al.*, 2011; Bostwick, Meyer, *et al.*, 2014)

Among New York transgender people, the lifetime prevalence of suicide attempt were 36% for transgender men and 24% for transgender women (Perez-Brumer *et al.*, 2015). Among Germany intersex people, almost half of the respondents in a study reported lifetime suicidal ideation, which is comparable to the prevalence rates of sexually and/or physically traumatised women group, and 5.4% of the respondents reported suicide attempts (Schützmann *et al.*, 2009).

While there was no data on the past-year prevalence of suicidal ideation and suicide attempt among Indonesian LGBT, a study shows that the lifetime prevalence is higher than LGBT in other countries, especially among gays and lesbians. Contrary to the findings from the USA, bisexual people in Indonesia reported less suicidal ideation and suicide attempt than gay and lesbian. Another study from the USA could be used as a notion that the prevalence of suicide attempts among transgender men in Indonesia may be higher than the transgender women counterpart.

3.3. Determinants of mental health problems

Information about determinants of mental health problems for LGBTI people in Indonesia is only available for one determinant and limited to the group of gays and lesbians. From other Asian, African and Caribbean countries, the information is also limited and, again, confined to sexual minority groups only. No information was found on the determinants of mental health problems for transgender and intersex people in Indonesia and other Asian, African or Caribbean countries, as overviewed in the table below:

Country context	Determinants of mental health problems of LGBTI			
	Social connection	Access to resources	Violence and discrimination	Physical activity
Indonesia	O (among lesbian and gay)	X	X	X
Other Asian, African or Caribbean countries	V (among lesbian, gay, bisexual)	O (among gay and bisexual men)	V (among lesbian, gay, bisexual)	X

V Data available **O** Some data available **X** No data at all

Table 2 The overview of identified determinants of mental health problems for LGBTI people in Indonesia and other Asian, African or Caribbean countries

The details of the identified determinants will be presented as follow:

3.3.1. Social connection

This section covers the mental health issues of LGBTI people in relation to social support as an important dimension of what it means to be part of a group. Social support is the experience of being valued, loved and cared about by others, such as family, friends or partner. Besides the actual received support, there is also a perceived support which is defined as the confidence of individuals of the availability of adequate support (Roohafza *et al.*, 2014). Also included in this section is the involvement of LGBTI people in LGBTI communities and organisations, as well as the concealment of sexual and/or gender identity as one of the requirements to be involved in the LGBTI community.

Young adult gays and lesbians in Indonesia with higher perceived social support score were less depressed than those with lower score (Larasati, 2012). This finding is corresponding with studies among Jamaican and Vietnamese sexual minorities which found that participants who reported experiencing withdrawal of family support were more likely to have a mental disorder, higher suicidality and alcohol use (White *et al.*, 2010; Nguyen *et al.*, 2016). It also corresponds with a study among Israeli sexual minority youth that showed that support from family and friends were significantly associated with lower level of mental health distress, including depression and anxiety, and in which the family's support had a stronger association than the friends' (Shilo and Savaya, 2011). In the USA, among young stimulant-using homeless gay and bisexual men, the risk of reporting depression symptoms was 11 times higher for those with no social support (Nyamathi *et al.*, 2012).

School connectedness (feeling close to people at, part of and happy at school) was also associated with suicidal ideation, as it is shown among American sexual minority youth. Those who reported suicidal ideation reported statistically lower levels of school connectedness (Russell and Toomey, 2013).

Another finding from Larasati (2012) was that lesbian and gay respondents who were currently in a relationship had a low depression level compared with those who were not. Likewise, Australian older gay men aged 40 years and over who were in ongoing relationships were psychologically healthier than those were not (Lyons *et al.*, 2013).

Aside from social support, positive feelings of LGBT community belonging was also significantly associated with reduced the level of depressive symptoms and perceived stress among LGBT older adult (Fredriksen-Goldsen *et al.*, 2013, 2014). However, the Indonesian study found that there was no significant difference in depression level between gays and lesbians who were involved in LGBT community and those who were not (Larasati, 2012). Unfortunately, this study did not measure how the respondents perceived the support they may receive from the LGBT community and the sense of belonging to the community.

Differences are also found on identity concealment that would affect mental health of LGBTI people. Being out as sexual minority was associated with depression among sexual minorities in rural areas of the USA (Marsack and Stephenson, 2017). A similar finding from Jamaica shows that individuals who were out as sexual minority were six times more likely to suffer from mental health problems (White *et al.*, 2010). Contrastingly, sexual orientation and gender identity concealment increased perceived stress, anxiety and depression among Thailand gay men and lesbian women, Hong Kong sexual minority groups, and American transgender people (Fredriksen-Goldsen *et al.*, 2014; Ojanen *et al.*, 2016; Wong *et al.*, 2017). However, in Thailand it was only statistically significant among gay men.

For LGBTI individuals in Indonesia, being out can be complicated. Concealing ones sexual and gender identity can be seen as a coping strategy in order to protect themselves from real harm, but it can backfire and become stressful, for example it may give them more pressure to engage in heterosexual marriage which is the norm in most Indonesian society (Meyer, 2003; UNDP and USAID, 2014). Data from Laazulva (2013) showed that only 21% of gay and 16% of lesbian respondents reported that they are always open about their sexual orientations and gender identities. More *waria* respondents are always open (62%), but more than half of bisexual respondents do always conceal their sexual orientation. The study also reported that less than 20% of LGBT respondents were accepted when they were out to their family or friends.

A global survey in 2013 showed that 93% of respondents in Indonesia believed that homosexuality should not be accepted by society (Pew Research Center, 2014). In addition, the result from ILGA's survey revealed that 41% of respondents feel very uncomfortable and 32% somewhat uncomfortable if their neighbour were gay or lesbian (Carroll and Robotham, 2016). These figures of social rejection will somehow affect LGBTI people in Indonesia to conceal their sexual or gender identity. Many of LGBT people decide not to live with their parents (while it is a common practice for Indonesians to stay with their parents before they get married) and move to urban areas because it promises anonymity, make them easier to find other LGBT people and with less possibility to be found out by their families as LGBT (Oetomo, 2001; Laazulva, 2013). One transgender man in a qualitative study involving twelve Indonesian transgender men expressed:

"Family is really the biggest issue because they are not accepting at all... They are still not accepting, so I may say that I'm still in the closet right now... I'm still living in the dual life. With my friends, I am a man, but with my family, I'm a girl." (Gordon and Pratama, 2017)

The disconnectedness of LGBTI people in Indonesia to their family and society will affect their mental health status as happens to their peers in other countries. However, it is worth to note that LGBTI communities and organisations across this archipelago may help them to regain social supports that could give advantage to their mental health status. A study shows that the involvement of LGBT respondents in LGBT organisations and events were relatively high, especially among *waria*, 78% and 86% respectively (Laazulva, 2013).

3.3.2. Access to social and economic resources

This determinant assumes that equity of opportunity with regard to education, employment, income, housing and healthcare access for LGBTI people will protect positive mental health and wellbeing of these communities. Unfortunately, there was no study found on how this determinant affects the mental health status of Indonesian LGBTI.

While a study among sexual minority groups in rural areas of the USA revealed that education level was not significantly associated with higher depression score (Marsack and Stephenson, 2017), another study conducted in northeast China found that education level of MSM provided significant protection against suicidal ideation (OR = 0.6) and suicide attempt (OR = 0.3) (Mu *et al.*, 2016). A study among Japanese gay, bisexual and other men questioning their sexual orientation (GBQ) support the Chinese study. GBQs who have not completed a university degree were almost two times more likely to attempt suicide (Hidaka and Operario, 2006). A study in the USA revealed that LGBs without a bachelor's degree were more at risk of psychiatric disorder than those with the degree (Barnes *et al.*, 2015).

Bisexuals, including bisexual transgender, with lower education were 2.4 times as likely to have mental health problems such as depression, anxiety, suicidal ideation, drinking problem and polysubstance use (Bauer *et al.*, 2016). Sexual and gender minority people in the USA with college education or higher were less likely than those with lower education to have suicidal ideation and suicide attempts (Mereish *et al.*, 2014; Perez-Brumer *et al.*, 2015).

Being homeless all the time during the previous four months was also positively associated with high depressive mood scores among young stimulant-using homeless gay and bisexual men (Nyamathi *et al.*, 2012).

Bauer *et al.* (2016) also showed that bisexuals in the lowest income quartile were four times as likely to have mental health problems as those in the highest income quartile. A research among Australian gay men aged 40 years and older supports this finding. Positive mental health was greater in those who had higher income and were working fulltime (Lyons *et al.*, 2013).

Low income could be a barrier to access health care that eventually will affect the mental health of LGBTI people. Among LGBT older adults in the USA, those

with financial barriers to health care were three times more likely to have depressive symptoms (Fredriksen-Goldsen *et al.*, 2013, 2014).

More than 30% of LGBTI people in Indonesia lived with an income level below the national minimum wage (Arus Pelangi, 2017), even though a study in three cities in Indonesia revealed that the education level of LGBT in Indonesia was relatively high (Laazulva, 2013), even higher than the education of women in the general population (BPS *et al.*, 2013). This may be due to limited opportunity, especially for *waria*, to find a proper job. While gender-conforming gay, lesbian and bisexual persons are not discriminated at work as long as they conceal their sexual orientations, it is almost impossible for *waria* to work in the formal sector because of their gender expression (UNDP and USAID, 2014).

Compared to 90% or more of LGB respondents who attained at least secondary school, among *waria* the percentage was only 68% (Laazulva, 2013). This is due to many *waria* deciding to run away from home at a younger age, leading them to lose financial support for their school (UNDP and USAID, 2014). In correspondence to this, Gordon and Pratama's study (2017) revealed that almost all transgender male respondents have experienced bullying in educational settings that might result in dropping out of school or being suspended.

Another consequence of leaving their parents is that many *waria* do not have the family card which is the basis of identity cards. Without identity cards, it makes it difficult for them to access public services (UNDP and USAID, 2014).

Looking at the situation of LGBTI people in Indonesia, we can assume that while the education level can protect the mental health of most LGBTI people in Indonesia, poverty as the result of low income may raise the risk of mental health problems among this population. *Waria* are likely to suffer more from mental health issues in consequence of limited access to education and economic resource due to family and social rejection.

3.3.3. Freedom from violence and discrimination

Studies on the association between violence, discrimination and mental health of LGBTI in Indonesia were not found. However, several studies from other countries support the hypothesis that there is a strong relationship between the experiences of violence and discrimination and the mental health problems among LGBTI people.

As described by WHO, violence can be distinguished by the ways it may be inflicted, like physical, sexual and psychological violence (including verbal and hate speech), and deprivation or neglect (WHO, 2017a). A study among Canadian gay and bisexual men shows that depression was associated with most of all these types of violence (physical, sexual, verbal, and bullying). The association of these types of violence with anxiety was even more significant (Ferlatte *et al.*, 2015).

In the USA, transgender women who experienced physical abuse were almost four times more likely to have major depression than those who did not, and those who experienced psychological abuse were six times more likely than those who did not (Nuttbrock *et al.*, 2014).

The risk of suicidal ideation and attempts were two times higher among Japanese GBQ who reported being verbally harassed and American LGBT who reported experiencing victimisation than those who did not report any history of violence (Hidaka and Operario, 2006; Mereish *et al.*, 2014). Among American LGBT, victimisation was also associated with the lifetime substance use disorder (AOR = 2.35).

A study in Gauteng, South Africa, showed that hate speech was a significant risk factor for vulnerability to depression among lesbian and gay people (Polders *et al.*, 2008). Receiving threats of violence also increased the risk for mental health problems, as shown among Filipino gay and bisexual men (OR = 1.55) and the Jamaican gay and lesbian population (OR = 4.6). The latter group also reported eviction as a type of violence that could increase the risk for mental health problem eleven times (White *et al.*, 2010; Manalastas, 2013).

Related to discrimination, which is seen as the enacted stigma, there are the other types of stigma, namely perceived (anticipated) stigma and internalised stigma (Churcher, 2013). They are included in this part, as they also play an important role in the mental health of LGBTI individuals as shown in studies among sexual minority groups and transgender people in the USA (Bockting *et al.*, 2013; Marsack and Stephenson, 2017).

LGB in the USA who reported past-year gender discrimination were two times more likely to have any past-year mental health issues (Bostwick, Boyd, *et al.*, 2014). Similar to this finding was the result of the study among Canadian gay and bisexual men. Those who reported experiencing work discrimination were two times more likely to have depression or anxiety symptoms (Ferlatte *et al.*, 2015).

A study from South India showed that separate groups may respond differently to various types of stigma. The enacted stigma was a significant predictor of depression among MSM in semi urban sites in India, while among MSM in urban sites the perceived stigma was the significant one (Logie *et al.*, 2012). Among Chinese MSM who reported suicide behaviour at least once in their lifetime, 31% said it was due to self-rejection of homosexuality (internalised stigma) (Chen *et al.*, 2015).

Internalised stigma was significantly associated with psychological distress among gay and bisexual men in Southwest China (Xu *et al.*, 2017), and with depression symptoms among LGB older adults in the USA. In this LGB group, the internalised stigma remained significant even after protective factors were added to the study model (Fredriksen-Goldsen *et al.*, 2013).

As explained by Hatzenbuehler *et al.* (2014), stigma can operate not only at the individual (such as the internalised stigma) and interpersonal level, but also at a structural level. Among transgender women and men in the USA structural stigma, which is indicated by the level of supportive environment, is associated with the lifetime suicide attempt (Perez-Brumer *et al.*, 2015). Lack of legislation of same-sex marriage in China was reported by 11% of MSM who experienced suicide attempts as one of the causes of their suicide behaviour (Chen *et al.*, 2015).

Barnes & Meyer (2012) examined the association between religious affiliation and mental health among LGB in the USA. While the association between the exposure to non-affirming religious settings and depressive symptoms could

not be proven, the study showed that LGB who attended non-affirming churches had significantly higher internalised homophobia (Barnes and Meyer, 2012).

Considering all of the abovementioned findings and the data that almost 90% of Indonesian LGB and *waria* experienced violence in different forms (physical, psychological and sexual) during the last three years and that Indonesian transgender men experienced various forms of discrimination in many settings (social networks, educational and religious institutions, employment, and health care) (Laazulva, 2013; Gordon and Pratama, 2017), it is highly likely that many LGBTI in Indonesia are suffering from mental health problems.

Adding to that, following an escalation of violence that was triggered by a series of public anti-LGBT comments by government officials and religious organisations in early 2016, the Indonesian Psychiatrists Association (PDKSJI) released a notice in February 2016 stating that homosexual and bisexual people are having psychiatric problems and transgender is categorised as mental disorder (Human Rights Watch, 2016). This stigma from mental health professionals can cultivate and justify discrimination and human rights abuse towards LGBTI people in Indonesia, and lead them to a situation that is unfavourable to their mental health status.

3.3.4. Physical wellbeing and mental health promoting behaviours

Included in this section are the association between physical activity and wellbeing (including substance use) with the mental health status of the LGBTI population.

Among older adults, obesity and lack of physical activity are associated with higher depressive symptoms and perceived stress (Fredriksen-Goldsen *et al.*, 2013, 2014). Among young stimulant-using homeless gay and bisexual men, those who reported severe or very severe body pain were almost six times more likely to have depression symptoms (Nyamathi *et al.*, 2012).

Canadian gay and bisexual men and American LGBT who were HIV positive or infected by STIs were more likely to suffer from depression and anxiety and to have suicidal ideation (Mereish *et al.*, 2014; Ferlatte *et al.*, 2015).

LGBT in the USA who reported lifetime substance use disorder were four times likely to have suicidal ideation and attempts. Substance use mediated the LGBT-based victimisation and suicidality and smoking increased almost two times the odds of depressive symptoms (Mereish *et al.*, 2014).

While there is no information available on how the physical activities and wellbeing affect mental health status of LGBTI people in Indonesia, the data from other countries show this association. As a consideration, only 54% of LGBTI in Indonesia have health insurance and only half of those are covered by the national health insurance (Arus Pelangi, 2017).

Another consideration is that the new HIV infections among MSM contributed 20.2% to the total new HIV infections in 2013 in Indonesia and it was expected to increase to 23.6% in 2015 (NAC, 2014). Also, due to limited job opportunity, 22% of *waria* respondents were reported to engage in selling sex that may put them at high-risk of HIV and STIs transmission (Laazulva, 2013). HIV status is

associated with mental health issues as is shown by studies in Canada and the USA (Mereish *et al.*, 2014; Ferlatte *et al.*, 2015).

Initiative has been taken by some of the LGBTI-based organisations in Indonesia that provide support for psychosexual wellbeing. However, the services are given not by professionals, seem inconsistent and are not equally distributed (UNDP and USAID, 2014).

These situations may elevate the risk of mental health problems in the Indonesian LGBTI population.

3.4. Intervention programmes addressing mental health issues for LGBTI people

The findings related to interventions of mental health issues for LGBTI people will be grouped and presented based on the box “health promotion actions for change” in the second block of the conceptual framework. There was no information found on the effectiveness of mental health intervention programmes targeted at LGBTI people in Indonesia. However, several studies were found from various other countries. At the end of this section, I will present an overview table with types interventions identified in the international literature and an initial assessment of the feasibility of such interventions regarding Indonesian context. Further deliberation will be discussed in the next chapter.

3.4.1. Advocacy of legislative and policy reform

Policy and regulation reform are usually seen as indicator of the success of advocacy work. Anti-discrimination policies in health setting are needed to ensure LGBTI people have equal access to health services, as it has been implemented in several countries. Unfortunately, there was no information on how such policies affect the mental health status of LGBTI people.

However, other policies that do not focus on health settings can also benefit the mental health status of the population, including LGBTI people. For example, in educational settings, the increased awareness of school-based bullying that leads to policy changes has benefited LGBT students, especially when the policies are inclusive for sexual and gender minority. A study in Oregon, USA, supports this hypothesis. The odds of self-reported past-year suicide attempts for lesbian and gay students in this state was 2.25 higher for those living in counties with fewer school districts with inclusive anti-bullying policies. The association was still significant even after controlling for sociodemographic characteristics and exposure to peer victimisation. However, the association was not significant for bisexual students (Hatzenbuehler and Keyes, 2013).

A similar finding was found from a study in Canada. The odds of suicide attempts were lower in schools with explicit anti-homophobic bullying policies for gay and bisexual boys (AOR = 0.38) and lesbian and bisexual girls (AOR = 0.55). There were significantly lower odds of past-year discrimination, suicidal thoughts and attempts for LGB students in schools with at least three years of established policies, but not for those in schools that recently established them (Saewyc *et al.*, 2014).

3.4.2. Individual skills development

This section covers programmes that aimed to improve individual skills that are useful for LGBTI people to develop a positive mental health.

The effect of increased individual skills to mental health among LGBTI people is shown by the evaluation report of LGBT Mental Health Demonstration Project, which was designed and implemented in 2010 by LGBT Health and Wellbeing, a Scotland based organisation. Over the 3.5 years of the implementation, this project has worked with 3,000 people, with around 2 in 3 people accessing the group services covering different topics through workshops, courses, events and monthly wellbeing groups. The impact study of the project revealed some success stories: 55% of clients who had suicidal ideas reported a reduction in suicidal ideation after using the group or one-to-one services. Sixty four percent of the clients reported that they were less likely to self-harm. LGBT people involved in the services reported that they were feeling more able to access support from their peers (81%), more resilient (64%) and able to manage their mental health (54%), and a reduction in feelings of isolation (73%). SpeakOut Creative Writing Project, one of the workshops that aimed to create an empowering space for participants to explore ways to express their voices, was not only able to publish an anthology book, but as a result of the workshops 80% of the participants said they felt better about themselves and 36% felt more aware of things that affect their mental health (LGBT Health, 2014).

Another project that focuses on individual skills development was Hatch Youth, a group-level intervention for LGBTQ youth between 13 and 20 years of age in Texas. The one-hour group meetings were organised into three sections, namely unstructured social time, consciousness-raising (education), and a youth-led peer support group. A cross sectional study was conducted to evaluate the implementation of this project and it revealed that LGBTQ youth who attended Hatch Youth for more than one month reported higher social support, and the increased social support was associated with decreased depressive symptomology, increased self-esteem and improved coping ability (Wilkerson *et al.*, 2016).

The evaluation result of "40 & Forward" project also underlines the importance of individual skills to the mental health. The project was organised by The Fenway Institute of Massachusetts for older gay and bisexual men (age 40 and up) with depression, loneliness/isolation, and social anxiety. Between 2008 and 2011, 97 gay and bisexual men were involved in group level intervention that aimed to reduce psychological distress, change HIV-related behavioural beliefs and address HIV sexual risk behaviours. Six consecutive weekly sessions were facilitated by a peer. During two hours of each session, the activities were focused on how to provide and receive social support and how to improve interpersonal skills that related to social relationships and sexual health. Compared to baseline data, there were significant reductions in the symptoms of psychological distress mean scores in the post-intervention. Moderate effects were found in depressive symptoms (reduced from 22.12 to 17.67). In social anxiety, loneliness and fear of negative evaluation, although there were also reductions (30.83 to 28.20, 52.49 to 50.31 and 38.43 to 35.65, respectively), the effects were small (Reisner *et al.*, 2011).

Peer Support Groups of the MindOut project, a mental health service that specifically helping LGBT individuals in Brighton and Hove (UK), aimed to reduce isolations for LGBT individuals experiencing mental health issues, including

suicidal distress (Hanna, 2011). The services have advantaged LGBTI people as shown in the programme evaluation, one member of the group commented:

"In the six years I have been coming to Out of the Blue it has been the most amazing experience and is my life line. It allows me to look within and find ways to face myself and my issues. I honestly don't think I would still be alive without it."

3.4.3. Organisational and sector development

This section focuses on how the mainstream mental health services include LGBTI issues in their programmes and how the LGBTI-health services include mental health issue. One article was found on a programme for LGBT individuals with major mental illness, the LGBT Affirmative Programme of South Beach Psychiatric Centre (the Heights Hill Mental Health Service of South Beach Psychiatric Centre). As of 2004, the programme has provided services to over two hundred individuals since it started in 1996. A consumer satisfaction survey (N = 22) conducted in 2000 showed that gay men were the majority of those who accessed the programme (63.6%). 68.2% reported that their mental health had improved "very much" and "somewhat" because of the LGBT programme. Despite the small sample size, the survey revealed positive possibilities to provide psychosocial services for LGBT individuals with mental health illness in the mainstream mental health service through increasing staff's knowledge and skills related to LGBT patients and creating a safe space for this population (Hellman and Klein, 2004).

As cited by Ojanen (2016), an experimental study conducted by Ratanashevorn (2013) showed that gay-affirmative group counselling was able to reduce internalised homophobia among 32 gay men living in Bangkok. The experimental group received six treatment sessions (Ojanen *et al.*, 2016). Unfortunately, the details of the study and how the reduced internalised stigma affected the mental health of the group could not be found due to the language barrier.

The results of a study conducted among gay and bisexual men who were in a substance use treatment programme in the New York Metropolitan Area show the importance of providing specialised treatment for LGBT people. Although the abstinence rates for gay/bisexual men in LGBT specialised treatment was not significantly different compared with the rates for heterosexual men in the traditional programme, the abstinence rates for gay/bisexual men in the specialised programme were higher than the rates for gay/bisexual men in traditional programme, 73% and 56% respectively. A high percentage of gay/bisexual men in the traditional programme left treatment because their needs were not met/discharged (19%). Among gay/bisexual men in the specialised programme and heterosexual men, the percentage was below 10%. Even though these differences did not reach levels of significance, it is important to note that compared with gay/bisexual men in the traditional programme, those who were in the LGBT specialised programme reported more favourable results (Senreich, 2010).

3.4.4. Strengthening communities and community environments

This section focuses on how the capacity of LGBTI groups or communities is strengthened and encouraged to take active participation in the mental health programmes. The aforementioned MindOut can be a good example. Started in 1999 as a part of Mind, an organisation focused on mental health promotion, MindOut is now run by LGBTQ people. The advice, information, and advocacy service was accessed by 160 individuals during the period of April to June 2011, from whom the evaluation of the service was collected. However, only thirteen returned the evaluation form. Eighty five percent of the respondents found the advocate 'very supportive' and 69% were 'very satisfied' with the service received (Hanna, 2011). One of the respondents commented:

"Helping me with getting the mental health support I needed, helping me with my housing."

Strengthening communities and community environments can also be defined as creating space for LGBTI people and non-LGBTI people to interact and to develop understanding and respect. Gay-Straight Alliance (GSA) is one of the activities that has given benefit to the mental health of LGBTI people as shown by a Canadian study (Saewyc *et al.*, 2014). The study found that while the presence of GSA in secondary school did not significantly reduce the odds of past-year suicidal ideation and attempts, it was associated with lower odds of discrimination for LGB boys and girls (AOR = 0.47 and 0.61 respectively). Having both GSAs and policies was significantly associated with lower odds of discrimination for LGB boys and girls, though the association with the odds of suicidal ideation and suicide attempts was only significant for LB girls, not for GB boys (Saewyc *et al.*, 2014).

3.4.5. Communication and social marketing

A study on the impact of a depression awareness campaign on mental health among gay men in Switzerland was the only article found that focused on this section. The Blues-out campaign was launched in 2009 by the Geneva Gay Men's Health Project, the University of Zurich and Dialogai. The basic information of depression and a referral list of mental health providers and institutions were spread through posters, banners, brochures, and websites. The project was not only limited to the campaign but also a cooperation with primary care physicians and establishing networks of institutional partnerships as support for those affected. An evaluation study conducted in 2011 involved 486 gay men. The data were merged with data from 217 gay men who participated in a pre-intervention survey in 2007. Compared to pre-intervention, there were significant changes in mental health indicators among gay men. The lifetime suicidal ideation and plans decreased from 55.8% to 47.8% and from 38.5% to 27.5% respectively. The lifetime self-reported chronic depression also decreased from 57.0% to 46.9%, as well as the 4-week psychological distress from 29.2% to 21.0%. However, although it was statistically significant, the effect size was small ($\phi = 0.08$ to 0.1). Another finding from this study was that the campaign could only reach 33% of the targeted population (Wang *et al.*, 2013).

3.4.6. Research, monitoring, and evaluation

No articles or reports were found showing the impact of research, monitoring and evaluation on the mental health status of the LGBTI population.

Below is the table of interventions identified in the international literature and the initial assessment of the feasibility of such interventions regarding Indonesian context. The criteria of the assessment are based on "Assessment of Applicability & Transferability Tools" developed by Buffett *et al.* (2007)

Mental health actions for change	Criteria of feasibility				
	Political leverage	Social acceptability	Available resources	Potential reach to the population	Comparability of target population
Advocacy of legislation and policy reform	X	X	V	VV	V
Individual skills development	X	V	VV	VV	VV
Organisational and sector development	X	X	X	V	V
Strengthening communities	X	X ¹	V	V	V
Communication and social marketing	X	X	X	VV	V
Research, monitoring, and evaluation ²	NA	NA	NA	NA	NA

¹ It can be applicable for programmes that strengthen LGBTI organizations' capacity, but will not be applicable for programmes such as school-based Gay-Straight Alliance.

² Cannot be applied due to no information found related this action

 Data available from different countries, covers diverse group of LGBTI	 Data available from different countries but only limited to some groups	 Data available from one country and only limited to some groups	 No data at all
VV Highly likely to be applicable in Indonesia	V Applicable in Indonesia with some limits	X Not likely to be applicable in Indonesia	

Table 3 The overview of identified interventions from international literature and the feasibility of the interventions in Indonesian context

Chapter 4: Discussion

Mental health has been recognised globally as an integral part of health, including in the Sustainable Development Goals (SDGs) and other international documents. Because mental health is also determined by socio-cultural factors, certain groups are more vulnerable to mental health problems. LGBTI people are among this group due to the challenging situation they have to deal with.

The recent literature review aimed to describe and explore the determinants of mental health issues among LGBTI persons in Indonesia. However, studies related to this topic in the context of Indonesia are very scarce and internationally published Indonesian articles were not found. This shows that the issue of mental health of LGBTI persons in Indonesia is not a priority subject for the research community, NGOs and policy makers, not even those who focus on mental health or on sexual and gender minority issues.

However, international studies, mostly from the USA, have demonstrated that LGBTI people are at high risk of mental health problems. Findings show that compared to heterosexual and cisgender populations, LGBTI individuals are more likely to suffer from depression, anxiety, substance use disorder, suicidal ideation and suicide attempts. A related point to consider is that studies on intersex people are very limited. Some research that included intersex people respondents had to remove them from the analysis due to their small sample size. This may be due to the lack of visibility of this group, for example in Indonesia genital surgery is performed to most children born with intersex conditions.

While the findings show the vulnerability of LGBTI people to mental health problems, it is important to note that the majority of this population does not suffer from the problems.

Disparities of mental health problems within LGBTI population

Findings also show that there are differences in the burden of mental health problems within the LGBTI population due to different socio-economic status, sexual and gender identities, and the combination of those.

The disparity appears between the Indonesian *waria* and gay, lesbian and bisexual people. *Waria* are more likely to have mental health problems than the other sexual and gender minority groups. This is due to their disconnectedness to their family, lower level of education and income, and the vulnerability to violence and discrimination as shown in the findings. Little is known about the situation of transgender men and intersex people.

The risk of mental health problems may be also higher for individuals who are at the intersection of sexual orientation and gender identity. Lesbians, for example, aside from their sexual identity as a homosexual, also have to deal with challenges due to their gender identity as women that live in a patriarchal society. Likewise, LGBTI who are members of ethnic minorities may experience homophobia or transphobia in their ethnic communities and alienation from their ethnic identity in the LGBTI community (Meyer, 2003). Bisexual individuals still face prejudices and stereotypes not only from heterosexuals but also from the gay and lesbian community. This may elevate their risks to mental health problems, as shown by Bauer et al. (2016), who found that bisexual transgender women were more likely to have multiple mental health and/or substance use disorders than bisexual cisgender women.

In such countries that have been gradually acknowledging and protecting the rights of LGBTI people, the difference of the mental health issues across generations may be more obvious since the younger generations receive more support, while the older generations are overshadowed by the past time when stigma towards sexual and gender minority was

stronger, including in the mental health area that historically put them as mentally disturbed. In Indonesia where the fulfilment of the rights for LGBTI people is still structurally opposed, the differences of mental health status between youth and older adult LGBTI may be more associated with the unique needs and challenges of each age groups. However, it is important to explore the effect of the recent rise of anti-LGBT rhetoric to LGBTI people, especially youth. Attention should also be given more to those who live in provinces or cities where homosexuality is criminalised and those who live in rural areas with limited access to resources and LGBTI groups or organisations.

Violence and discrimination as the main determinant of mental health problems

The conceptual framework used in this study was helpful in clustering the determinants of mental health for the LGBTI population. Findings from many countries have proven that all of the determinants undeniably affect the mental health status of LGBTI people. While it is mentioned that the determinants are interrelated and mutually reinforcing of one another and it is also acknowledged that “...*discrimination and exclusion are the key causal factor leading to poor mental health*” (Leonard and Metcalf, 2014), the framework itself could not clearly capture the relationships between the determinants and the key factor.

From the situation of LGBTI in Indonesia described in the findings, it seems that the violence and discrimination have a greater influence on the other determinants than the other way around. We can examine it with the first determinant: social connection. The example of how this determinant interrelated with violence and discrimination, thus aggravates the poor mental health status of LGBTI people, is what we can see from *waria*. Some of them are disconnected from their family because of the rejection of their gender identity that manifests in physical or psychological violence. The social support, then, may be limited to some friends or the transgender women community.

The violence and discrimination can also prevent LGBTI people to have access to social and economic resources. In the case of *waria*, some of them decided to leave school due to violence from their peers, or because they left their parents when they were young and did not have financial support to continue their study. This leads to low level education that eventually will make it difficult to find a proper job. Even if they have higher education levels, the formal sector will not accept them. There were also cases where gay and lesbian individuals in Indonesia were fired from their jobs because their employers discovered their sexual orientation.

Lastly, the violence and discrimination may affect the physical wellbeing which is mediated by access to social and economic resources. Again, using *waria* as an example, due to the low level of education and limited job opportunity, some of them chose to be sex worker that put them at high-risk of HIV and STIs transmission. The financial barrier may also hinder them to access health care.

The situation illustrated above confirms that SOGIE-based violence and discrimination are indeed the main influencing factor of the mental health problems for LGBTI people. Consequently, a slight adjustment to the conceptual framework is suggested in order to have better understanding on how these determinants interplay in the mental health status of LGBTI people. Below is a proposed framework of mental health promotion for LGBTI People:

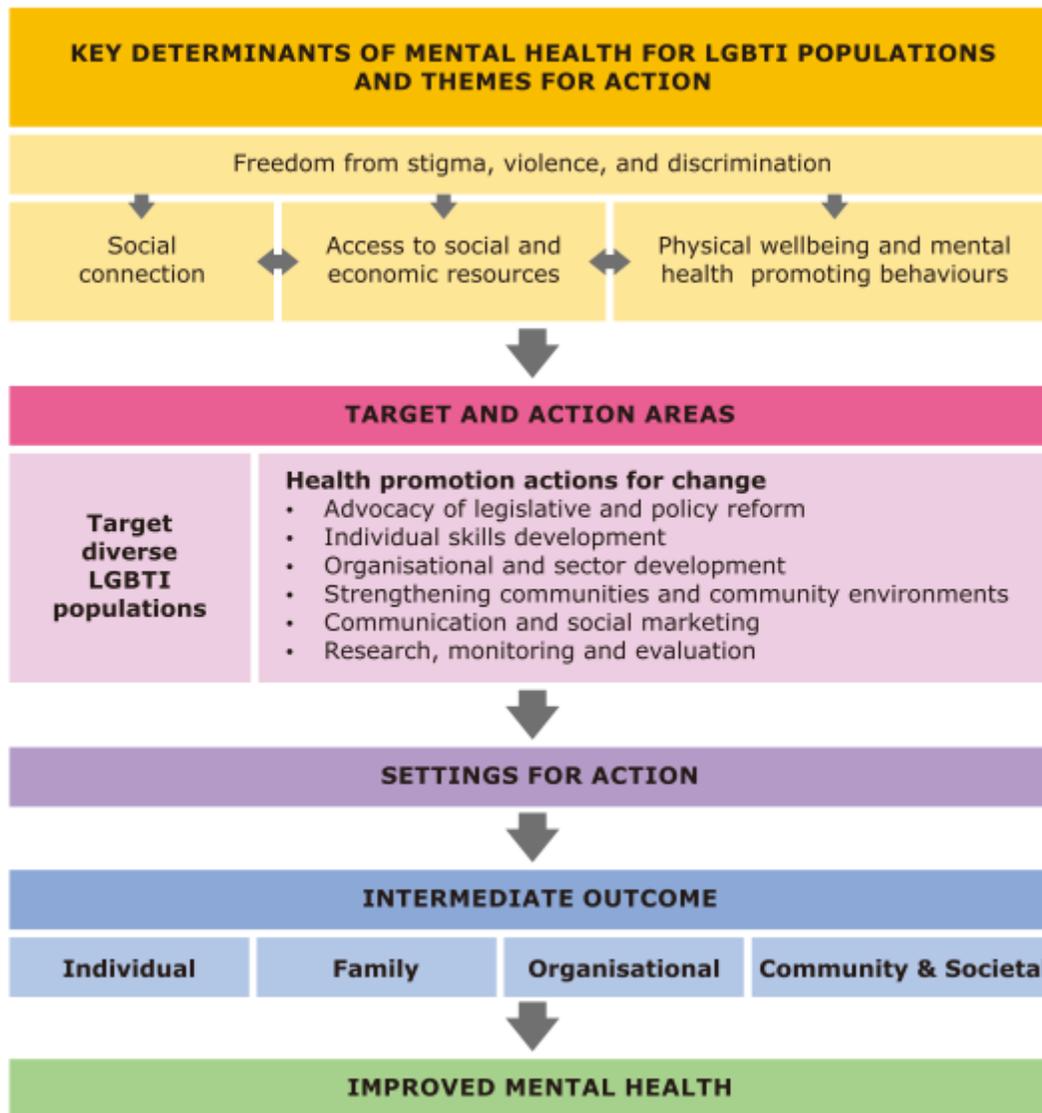


Figure 4 Proposed Framework of Mental Health of LGBTI People.

Comprehensive intervention programmes for better mental health status

There is a very small number of studies found on the evaluation of interventions in the area of mental health issues targeted at LGBTI people. Even in the USA, Australia and European countries where several projects have been implemented to help LGBTI individuals improve their wellbeing, the published reports or studies of the project impact are very rare. Some data are found from organisation reports, with less scientific methods.

The interventions presented in the findings show that they are not only focused on LGBTI people who are already experiencing mental health problems, but some are also directed at those who are without mental health problems. However, there is a question on how these programmes can really respond to the determinants of mental health issues among LGBTI people.

Some interventions are targeting LGBTI people with individual approaches, equipping them with certain skills such as coping mechanisms and how to improve interpersonal relationships in order to gain more social support. Nevertheless, these programmes do not take into account the fact that social support cannot be received without the willingness of the others to provide the support. In this case, it is important to involve significant others like family and friends in the programmes, which is only possible to be done in the context where the programmes are being implemented.

The school-based programme in Canada may be the good sample of comprehensive intervention. It combines a policy-level approach by developing explicit anti-homophobia bullying policies, and an interpersonal-level approach by creating support groups for LGBTI students. The intervention challenges homophobia (and transphobia), which is known as the root of many problems that LGBTI people have to deal with, by addressing social connection issues, ensuring that LGBTI people have access to education and tackling violence and discrimination. This intervention also shows that to address mental health issues, it is important to involve other sectors, such as education. However, to apply this programme in Indonesia will be very difficult due to the socio-cultural and political background.

Developing inclusive anti-bullying policies in Indonesian schools would be tough for at least two reasons. First, there are no policies yet at national or local level that obligate schools to have programmes and policies related to bullying, nor has the national curriculum addressed this issue. Second, the LGBTI issues are often rejected in schools. My experience working in the development of sexuality education, many schools were reluctant to teach about SOGIE and even asked us to remove the topic from the curriculum. In addition, establishing Gay-Straight Alliances (GSAs) in Indonesian schools would not be easy to do. The chance to get permission to organise these activities is almost impossible. Even at the university level, in 2016 a group of students called the Support Group and Resource Centre on Sexuality Studies of the University of Indonesia (SGRC-UI) has received intimidation and terror once they published a counselling service "the LGBT Peer Support Network". Later on, the Minister of Higher Education stated that LGBT student organisations should be banned from university campuses (Human Rights Watch, 2016). The other challenge is how to engage LGBTI students in such activity while they may aware of the consequences: being bullied by their peers or being expelled from the school.

Involving mental health organisations and service providers will be also a challenge in Indonesia. The negative statement from Indonesian Psychiatrists Association on LGBTI showing that they still have a lack of knowledge about SOGIE, setting a bad precedent for the future of LGBTI wellbeing in Indonesia. It is also worth noting that the willingness of the MOH to work with LGBTI groups, specifically gay, bisexual men and transgender women, is driven by the HIV & AIDS epidemic, with lack of recognition of the psychosocial needs of these groups. Most of the Indonesian government bodies and other sectors may be hesitant to explicitly include SOGIE issues in their programmes.

Looking at the situation of the Indonesian mental health system mentioned previously, there is still a lack of concern to mental health issues in general, let alone those of specific groups such as LGBTI people. LGBTI are not explicitly addressed in the mission of the Directorate of Mental Health (MOH, 2015):

"Mental health services need to pay attention to high-risk groups (adolescent problems, substance use disorders, adulthood with work stress, psychogeriatric problems), specific groups that require certain mental health services (street children, inmates, victims of violence towards minority groups and human trafficking, and people living with HIV & AIDS."

Using public campaigns to raise awareness on mental health issues for LGBTI people may not also be an appropriate approach to be applied in current Indonesia because LGBTI are still considered as a controversial issue and the group has recently received sporadic threats, hate speech and violence (Human Rights Watch, 2016).

To some extent, non-governmental and community-based organisations in Indonesia can be relied on to provide services related to mental health issues as it has been conducted in other countries. Private health care providers that focus on HIV and STIs prevention and treatment, especially for MSM and *waria*, can start to expand their services to mental health issues with widen target group: lesbian, bisexual women, transgender men and intersex people. More than a hundred LGBTI community-based organisations are spread over 28 provinces in Indonesia and most are experienced on organising training and capacity building programmes, specifically in HIV and human rights issues. They should be invited to work together to promote mental health services for LGBTI people in Indonesia. The issue of programme sustainability and evaluation should be considered in the designing process of such programmes.

Chapter 5: Conclusion and Recommendations

5.1. Conclusion

The study demonstrates that there is a lack of information on mental health and LGBTI people in Indonesia. Findings from many other countries in different regions show that LGBTI people are more vulnerable to mental health problems than heterosexual-cisgender people due to poor social connections and social support, limited access to social and economic resources, and poor physical wellbeing. SOGIE-based violence and discrimination significantly influence the mental health issues of LGBTI people, both directly and indirectly by limiting the other three determinants. It is important to note that disparities of mental health problems exist within the LGBTI group across gender and sexual identities, age, socio-economic status, ethnicity affiliation and other factors. *Waria*, for example, are more likely to have mental health problems than the other Indonesian sexual and gender minority groups. And those with lower level of education and income suffer more from these problems.

There is no information on the mental health intervention programmes that specifically targeted at LGBTI people in Indonesia. Only few studies from different countries that focus on such programmes show some positive results of the involvement of mental health providers, LGBTI individuals and organisations themselves, as well as other sectors, such as education. However, the social and political context of the countries where the programmes were implemented should also be considered. In those countries, the sexual and gender minority groups are relatively more accepted by the society and politically, some policies are already formed in order to protect LGBTI people rights, including their rights to health. Therefore, designing anti-bullying policies and programmes inclusive for sexual and gender minorities would not get many rejections from schools and other actors in the education sector. In contrast to that, the approach would not be feasible in Indonesia today. There is an urge to create a conducive social environment and inclusive policies at the higher level to ensure that LGBTI people in Indonesia are able to achieve better mental health status. At the moment, the role of non-governmental and community-based organisations are expected to fill gap in mental health services for LGBTI people in Indonesia.

5.2. Recommendations

Based on the findings and conclusion of this study, a number of recommendations have been identified in order to improve mental health status of LGBTI people in Indonesia. These include:

- a. Establish a task force that focuses on mental health promotion programmes for LGBTI people in Indonesia. The two national-level LGBTI networks can be assigned to lead the task force. Other sectors that are concerned with mental health and with LGBTI issues should be involved, such as community-based organisations, practitioners (psychiatrists, psychologists, nurses), academia, as well as the human rights commission and progressive religious organisations.
- b. Conduct research to explore the magnitude and the influencing factors of mental health problems among LGBTI people in Indonesia. The task force should seek support both from national and international research institutes to do the research. The research should be designed with a recognition that LGBTI people in Indonesia are not a single entity. They are diverse in terms of sexualities, gender identities, intersex status, health status, ethnicity, religious and ethnicity affiliation, geographic location as well as socio-economic status.

- c. Advocacy to increase funding allocated for mental health promotion. While it may target the general population, LGBTI people as the part of the population could also get the benefits from mental health promotion activities.
- d. Promote guidelines for mental health practitioners on how to work with LGBTI clients. Several guidelines are available from other countries (such as the USA and Ireland), that can be used as a basis principle to develop the national guidelines. The mental health associations at the national level should be involved in the process.
- e. Advocacy to create anti-violence and anti-discrimination policies in all sectors, especially in health, education and employment.
- f. Promote mental health awareness to LGBTI community-based organisations. The task force is responsible for developing promotion materials and manuals/guidelines as well as providing resources.

References

- American Psychiatric Association (2017a) *What Are Anxiety Disorders?*, American Psychiatric Association. Available at: <http://psychiatryonline.org/doi/10.1176/appi.pn.2017.7b28> (Accessed: 10 August 2017).
- American Psychiatric Association (2017b) *What Is Depression?*, American Psychiatric Association. Available at: <http://psychiatryonline.org/doi/10.1176/appi.pn.2017.7b28> (Accessed: 10 August 2017).
- APA (2006) *Answers to Your Questions about Individuals with Intersex Conditions*. Washington: American Psychological Association.
- APA (2015) *Key Terms and Concepts in Understanding Gender Diversity and Sexual Orientation among Students*. USA: American Psychological Association.
- Arus Pelangi (2017) *Situation of Human Rights and Access to Justice for LGBTI Community in Indonesia*. Jakarta: Arus Pelangi.
- ASEAN (2016) *ASEAN Mental Health Systems*. Jakarta: The ASEAN Secretariat.
- Badgett, M., Hasenbush, A. and Luhur, W. (2017) *LGBT Exclusion in Indonesia and Its Economic Effects*. Los Angeles: The Williams Institute UCLA School of Law.
- Barnes, David M., Hatzenbuehler, Mark L., Hamilton, Ava D. and Keyes, Katherine M. (2015) 'Sexual orientation disparities in mental health: the moderating role of educational attainment', *Soc Psychiatry Psychiatr Epidemiol*, 49(9), pp. 1447–1454. doi: 10.1007/s00127-014-0849-5.Sexual.
- Barnes, David M. and Meyer, Ilan H. (2012) 'Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals', *Am J Orthopsychiatry*, 82(4), pp. 505–515. doi: 10.1111/j.1939-0025.2012.01185.x.Religious.
- Bauer, Greta R., Flanders, Corey, MacLeod, Melissa A., Ross, Lori E., Ward, BW, Streiner, DL, et al. (2016) 'Occurrence of multiple mental health or substance use outcomes among bisexuals: a respondent-driven sampling study', *BMC Public Health*. BMC Public Health, 16(1), p. 497. doi: 10.1186/s12889-016-3173-z.
- Bockting, Walter O., Miner, Michael H., Swinburne Romine, Rebecca E., Hamilton, Autumn and Coleman, Eli (2013) 'Stigma, mental health, and resilience in an online sample of the US transgender population', *American Journal of Public Health*, 103(5), pp. 943–951. doi: 10.2105/AJPH.2013.301241.
- Boellstorff, Tom (2005) *The Gay Archipelago: Sexuality and Nation in Indonesia*. New Jersey: Princeton University Press.
- Bostwick, Wendy B., Boyd, Carol J., Hughes, Tonda L., West, Brady T. and McCabe, Sean Esteban (2014) 'Discrimination and mental health among lesbian, gay, and bisexual adults in the United States.', *The American journal of orthopsychiatry*, 84(1), pp. 35–45. doi: 10.1037/h0098851.
- Bostwick, Wendy B., Meyer, Ilan, Aranda, Frances, Russell, Stephen, Hughes, Tonda, Birkett, Michelle and Mustanski, Brian (2014) 'Mental Health and Suicidality Among Racially/Ethnically Diverse Sexual Minority Youths', *American Journal of Public Health*, 104(6), pp. 1129–1136. doi: 10.2105/AJPH.2013.301749.
- BPS (2017a) *2010 Population Census*. Available at: <https://sp2010.bps.go.id/> (Accessed: 5 June 2017).

BPS (2017b) *Penduduk Menurut Wilayah dan Agama yang Dianut (Population by Territories and Religions)*. Available at: <http://sp2010.bps.go.id/index.php/site/tabel?tid=321&wid=0> (Accessed: 27 June 2017).

BPS, BKKBN, MOH and ICF (2013) *Indonesia Demographic and Health Survey 2012, Statistics Indonesia*. Jakarta: BPS (Statistics Indonesia), BKKBN (National Population and Family Planning Board), MOH & ICF International.

Buffett, C., Ciliska, D. and Thomas, H. (2007) *Can I Use This Evidence in my Program Decision? Assessing Applicability and Transferability of Evidence*. Canada: National Collaborating Centre for Methods and Tools (NCCMT) School of Nursing, McMaster University.

Carroll, Aengus (2016) *State-Sponsored Homophobia. A world survey of sexual orientation laws: criminalisation, protection and recognition, State Sponsored Homophobia*. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA).

Carroll, Aengus and Robotham, George (2016) *The personal and the political: attitudes to LGBTI people around the world*. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA).

Centers for Disease Control and Prevention (2017) *Definitions: Self-directed Violence*. Available at: <https://www.cdc.gov/violenceprevention/suicide/definitions.html> (Accessed: 10 August 2017).

Chen, Hongquan, Li, Yang, Wang, Lixin and Zhang, Beichuan (2015) 'Causes of suicidal behaviors in men who have sex with men in China: a national questionnaire survey', *BMC Public Health*, 15(91), pp. 1–4. doi: 10.1186/s12889-015-1436-8.

Churcher, Sian (2013) 'Stigma related to HIV and AIDS as a barrier to accessing health care in Thailand: a review of recent literature', *WHO South-East Asia Journal of Public Health*, 2(1), pp. 12–22. doi: 10.4103/2224-3151.115829.

Fenway Health (2010) *Glossary of Gender and Transgender Terms*. Boston: Fenway Health.

Ferlatte, Olivier, Dulai, Joshun, Hottes, Travis Salway, Trussler, Terry and Marchand, Rick (2015) 'Suicide related ideation and behavior among Canadian gay and bisexual men: A syndemic analysis', *BMC Public Health*. *BMC Public Health*, 15(597), pp. 1–9. doi: 10.1186/s12889-015-1961-5.

Fredriksen-Goldsen, Karen I., Cook-Daniels, Loree, Kim, Hyun Jun, Erosheva, Elena A., Emler, Charles A., Hoy-Ellis, Charles P., Goldsen, Jayn and Muraco, Anna (2014) 'Physical and mental health of transgender older adults: An at-risk and underserved population', *Gerontologist*, 54(3), pp. 488–500. doi: 10.1093/geront/gnt021.

Fredriksen-Goldsen, Karen I., Emler, Charles A., Kim, Hyun Jun, Muraco, Anna, Erosheva, Elena A., Goldsen, Jayn and Hoy-Ellis, Charles P. (2013) 'The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors', *Gerontologist*, 53(4), pp. 664–675. doi: 10.1093/geront/gns123.

Gates, Gary J. (2011) *How many people are lesbian, gay, bisexual, and transgender?* Los Angeles: The Williams Institute UCLA School of Law.

Ghoshal, Neela and Knight, Kyle (2016) *Rights in Transition: Making Legal Recognition for Transgender People a Global Priority*. New York: Human Rights Watch.

GOI (2014) *Undang-undang Republik Indonesia Nomor 18 Tahun 2014 Tentang Kesehatan*

Jiwa (Law of the Republic of Indonesia No 18 Year 2014 on Mental Health). Jakarta: The Government of the Republic of Indonesia.

Gordon, Danny and Pratama, Mario Prajna (2017) 'Mapping Discrimination Experienced by Indonesian Trans* FtM Persons', *Journal of Homosexuality*, 64(9), pp. 1283–1303. doi: 10.1080/00918369.2016.1244446.

Haas, Ann P., Eliason, Mickey, Msph, Vickie M.Mays, Robin, M., Ma, Mathy, Mst, M. S. W., Ms, Susan D.Cochran, Augelli, Anthony R. D., Silverman, Morton M., Fisher, Prudence W., Hughes, Tonda, Faan, R. N., Rosario, Margaret, Russell, Stephen T., Malley, Effie, Msw, Jerry Reed, Od, David A.Litts, Haller, Ellen, Scd, L.Sell, Mph, Gary Remafedi, Bradford, Judith, Annette, L., Brown, Gregory K., Diamond, Gary M., Mark, S., Mpa, Friedman M. S. W., Mph, Robert Garofalo, Turner, Mason S., Hollibaugh, Amber and Clayton, Paula J. (2011) 'Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations', *Journal of Homosexuality*, 58(1), pp. 10–51. doi: 10.1080/00918369.2011.534038.

Hanna, Paul (2011) *An Independent Evaluation of MindOut*. Brighton & Hove: MindOut LGBT Mental Health Project.

Hatzenbuehler, Mark L., Bellatorre, Anna, Lee, Yeonjin, Finch, Brian, Muennig, Peter and Fiscella, Kevin (2014) 'Structural Stigma and All-Cause Mortality in Sexual Minority Populations', *Soc Sci Med*, 103, pp. 33–41. doi: 10.1016/j.socscimed.2013.06.005.

Hatzenbuehler, Mark L. and Keyes, Katherine M. (2013) 'Inclusive Anti-Bullying Policies and Reduced Risk of Suicide Attempts in Lesbian and Gay Youth', *J Adolesc Health*, 53(10), pp. S21–S26. doi: 10.1016/j.immuni.2010.12.017.Two-stage.

Hellman, Ronald E. and Klein, Eileen (2004) 'A Program for Lesbian, Gay, Bisexual, and Transgender Individuals with Major Mental Illness.', *Journal of Gay & Lesbian Psychotherapy*, 8(3–4), pp. 67–82.

Herrman, Helen, Saxena, Shekhar and Moodie, Rob (2005) *Promoting mental health: Concept, Emerging Evidence, Practice, World Health Organization*. Geneva: World Health Organization. doi: 10.1111/j.1466-7657.2004.00268.x.

Hidaka, Y. and Operario, D. (2006) 'Attempted suicide, psychological health and exposure to harassment among Japanese homosexual, bisexual or other men questioning their sexual orientation recruited via the internet.', *Journal of epidemiology and community health*, 60(11), pp. 962–967. doi: 10.1136/jech.2005.045336.

Horvath, Keith J., Iantaffi, Alex, Swinburne-Romine, Rebecca and Bockting, Walter (2014) 'A comparison of mental health, substance use, and sexual risk behaviors between rural and non-rural transgender persons', *Journal of Homosexuality*, 61(8), pp. 1117–1130. doi: 10.1055/s-0029-1237430.Imprinting.

Human Rights Watch (2016) *'These Political Games Ruin Our Lives' Indonesia's LGBT Community Under Threat*. USA: Human Rights Watch.

Kennedy, Kirsty (2006) *Psychological Distress in People with Intersex Conditions*. Leeds: Androgen Insensitivity Syndrome Support Group (AISSG).

King, Michael, Semlyen, Joanna, Tai, Sharon See, Killaspy, Helen, Osborn, David, Popelyuk, Dmitri and Nazareth, Irwin (2008) 'A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people', *BMC Psychiatry*, 8(1), p. 70. doi: 10.1186/1471-244X-8-70.

- Laazulva, Indana (2013) *Menguak Stigma, Diskriminasi, dan Kekerasan pada LGBT di Indonesia (Uncovering Stigma, Discrimination, and Violence against LGBT People in Indonesia) - Case Study in Jakarta, Yogyakarta, and Makassar*. Jakarta: Arus Pelangi.
- Larasati, Marsya (2012) *Hubungan antara persepsi terhadap dukungan sosial dan depresi pada homoseksual usia dewasa muda (The relationship between perceived social support and depression among young adult homosexuals - Thesis)*. University of Indonesia.
- Leonard, William and Metcalf, Atari (2014) *Going Upstream: A framework for promoting the mental health of lesbian, gay, bisexual, transgender and intersex (LGBTI) people*. Newtown NSW: National LGBTI Health Alliance.
- LGBT Health (2014) *LGBT Mental Health Demonstration Project Impact Report 2010-2014*. Edinburgh: LGBT Health and Wellbeing.
- Lian, Qiguo, Zuo, Xiayun, Lou, Chaohua, Gao, Ersheng and Cheng, Yan (2015) 'Sexual orientation and risk factors for suicidal ideation and suicide attempts: a multi-centre cross-sectional study in three Asian cities.', *Journal of Epidemiology*, 25(2), pp. 155–61. doi: 10.2188/jea.JE20140084.
- Logie, Carmen H., Newman, Peter A., Chakrapani, Venkatesan and Shunmugam, Murali (2012) 'Adapting the minority stress model: Associations between gender non-conformity stigma, HIV-related stigma and depression among men who have sex with men in South India', *Social Science and Medicine*. Elsevier Ltd, 74(8), pp. 1261–1268. doi: 10.1016/j.socscimed.2012.01.008.
- Lucassen, Mathijs FG, Stasiak, Karolina, Samra, Rajvinder, Frampton, Christopher MA and Merry, Sally N. (2017) 'Sexual minority youth and depressive symptoms or depressive disorder: A systematic review and meta-analysis of population-based studies', *Australian & New Zealand Journal of Psychiatry*, 0(0), p. 486741771366. doi: 10.1177/0004867417713664.
- Lyons, Anthony, Pitts, Marian and Grierson, Jeffrey (2013) 'Factors Related to Positive Mental Health in a Stigmatized Minority : An Investigation of Older Gay Men', *Journal of Aging and Health*, 25(7), pp. 1159–1181. doi: 10.1177/0898264313495562.
- Manalastas, Eric Julian (2013) 'Sexual Orientation and Suicide Risk in the Philippines : Evidence from a Nationally Representative Sample of Young Filipino Men', *Philippine Journal of Psychology*, 46(1), pp. 1–13.
- Marsack, Jessica and Stephenson, Rob (2017) 'Sexuality-based stigma and depression among sexual minority individuals in rural United States', *Journal of Gay & Lesbian Mental Health*. Taylor & Francis, 21(1), pp. 51–63. doi: 10.1080/19359705.2016.1233164.
- Marshal, Michael P., Dietz, Laura J., Friedman, Mark S., Stall, Ron, Smith, Helen, McGinley, James, Thoma, Brian C., Murray, Pamela J., D'Augelli, Anthony and Brent, David A. (2011) 'Suicidality and Depression Disparities between Sexual Minority and Heterosexual Youth: A Meta-Analytic Review', *Journal of Adolescent Health*, 49(2), pp. 115–123. doi: 10.1021/nl061786n.Core-Shell.
- Mayock, Paula, Bryan, Audrey, Carr, Nicola and Kitching, Karl (2009) *Supporting LGBT Lives: A Study of the Mental Health and Well-Being of Lesbian, Gay, Bisexual and Transgender People*. Dublin: Gay and Lesbian Equality Network.
- Mckinnon, Britt, Gariépy, Geneviève, Sentenac, Mariane and Elgar, Frank J. (2016) 'Adolescent suicidal behaviours in 32 low-and middle-income countries', *Bull World Health Organ*, 94, pp. 340–350. doi: 10.2471/BLT.15.163295.

- Mereish, Ethan H., O'Cleirigh, C. and Bradford, Judith B. (2014) 'Interrelationships between LGBT-based victimization, suicide, and substance use problems in a diverse sample of sexual and gender minority men and women', *Psychol Health Med.*, 19(1), pp. 1–13. doi: 10.1080/13548506.2013.780129. Interrelationships.
- Meyer, Ilan H. (2003) 'Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence', *Psych Bull*, (129), pp. 674–697. doi: 10.1021/nl061786n. Core-Shell.
- MOF (2016) *Informasi APBN 2016 (Information on the 2016 State Budget)*. Jakarta: Ministry of Finance of the Republic of Indonesia.
- MOH (2014a) *2012 Size Estimation of Key Affected Populations (KAPs)*. Jakarta: Ministry of Health of the Republic of Indonesia.
- MOH (2014b) *Rencana Aksi Kegiatan Tahun 2015-2019 Direktorat Bina Kesehatan Jiwa (The 2015-2019 Plan of Action of the Directorate of Mental Health)*. Jakarta: the Directorate of Mental Health of Ministry of Health of the Republic of Indonesia.
- MOH (2015) *Visi dan Misi Direktorat Bina Kesehatan Jiwa (Vision and Mission of the Directorate of Mental Health)*. Available at: <http://sehat-jiwa.kemkes.go.id/visimisi> (Accessed: 3 August 2017).
- MOH (2016) *2015 Indonesia Health Profile*. Jakarta: Ministry of Health of the Republic of Indonesia.
- Morris, Sally (2016) *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People and Communities*. Sydney: National LGBTI Health Alliance.
- Mu, H., Li, Y., Liu, L., Na, J., Yu, L., Bi, X., An, X., Gu, Y., Zhou, Y., Li, S., Zhang, R., Jiang, C. and Pan, G. (2016) 'Prevalence and risk factors for lifetime suicide ideation, plan and attempt in Chinese men who have sex with men', *BMC Psychiatry*. *BMC Psychiatry*, 16(1), pp. 1–10. doi: 10.1186/s12888-016-0830-9.
- Mustanski, Brian S., Garofalo, Robert and Emerson, Erin M. (2010) 'Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths', *American Journal of Public Health*, 100(12), pp. 2426–2432. doi: 10.2105/AJPH.2009.178319.
- NAC (2014) *Indonesia Country Progress Report 2014*. Jakarta: National AIDS Commission of the Republic of Indonesia. doi: 10.1017/CBO9781107415324.004.
- National LGBT Health Education Center (2016) *Glossary of LGBT Terms for Health Care Teams*. Boston: National LGBT Health Education Center.
- Nguyen, Trang Quynh, Bandeen-Roche, Karen, German, Danielle, Nguyen, Nam T. T., Bass, Judith K. and Knowlton, Amy R. (2016) 'Negative treatment by family as a predictor of depressive symptoms, life satisfaction, suicidality, and tobacco/alcohol use in Vietnamese sexual minority women', *LGBT health*, 3(5), pp. 357–365. doi: 10.1089/lgbt.2015.0017.
- NIDA (2007) *Comorbid Drug Abuse and Mental Illness What Is Comorbidity and What Are its Causes?* Maryland: National Institute on Drug Abuse, National Institutes of Health, US Department of Health and Human Services.
- Nuttbrock, Larry, Bockting, Walter, Rosenblum, Andrew, Hwahng, Sel, Mason, Mona, Macri, Monica and Becker, Jeffrey (2014) 'Gender abuse and major depression among transgender women: A prospective study of vulnerability and resilience', *American Journal of Public Health*, 104(11), pp. 2191–2198. doi: 10.2105/AJPH.2013.301545.

Nyamathi, Adeline, Branson, Catherine, Idemundia, Faith, Reback, Cathy, Shoptaw, Steven, Marfisee, Mary, Keenan, Colleen, Khalilifard, Farinaz, Liu, Yihang and Yadav, Kartik (2012) 'Correlates of Depressed Mood among Young Stimulant-Using Homeless Gay and Bisexual Men', *Issues in Mental Health Nursing*, 33(10), pp. 641–649. doi: 10.3109/01612840.2012.691605.

O'Donnell, Shannon, Meyer, Ilan H. and Schwartz, Sharon (2011) 'Increased risk of suicide attempts among Black and Latino lesbians, gay men, and bisexuals', *American Journal of Public Health*, 101(6), pp. 1055–1059.

Oetomo, Dede (2001) *Memberi Suara pada yang Bisu (Giving Voice to the Voiceless)*. 1st edn. Yogyakarta: Galang Press.

OHCHR (2015) *Discrimination and violence against individuals based on their sexual orientation and gender identity*. Geneva: the Office of the United Nations High Commissioner for Human Rights.

Ojanen, Timo T., Ratanashevorn, Rattanakorn and Boonkerd, Sumonthip (2016) 'Gaps in responses to LGBT issues in Thailand: Mental health research, services, and policies', *Psychology of Sexualities Review*, 7(1), pp. 41–59.

Perez-Brumer, Amaya, Hatzenbuehler, Mark L., Oldenburg, Catherine E. and Bockting, Walter (2015) 'Individual- and structural-level risk factors for suicide attempts among transgender adults', *Behav Med*, 41(3), pp. 164–171. doi: 10.1080/08964289.2015.1028322.Individual-.

Pew Research Center (2014) *The Global Divide on Homosexuality*. Washington DC: Pew Research Center.

Polders, Louise A., Nel, Juan A., Kruger, Piet and Wells, Helen L. (2008) 'Factors affecting vulnerability to depression among gay men and lesbian women in Gauteng, South Africa', *South African Journal of Psychology*, 38(4), pp. 673–687. doi: 10.1177/008124630803800407.

Pranata, Setia and Ernawan, Yusuf (2005) 'Studi etnografi pengguna injection drug user (IDU) pada kelompok waria di Surabaya (An ethnographic study of injection drug users among waria community in Surabaya)', *Buletin Penelitian Sistem Kesehatan*, 8(2), pp. 77–83.

Reisner, Sari L., O'Cleirigh, Conall, Hendriksen, Ellen S., McLain, Jennifer, Ebin, Julie, Lew, Katherine, Callis, Barry, Cranston, Kevin, Carr, Robert, Giovanniello, Chuck, Gonzalez, Daniel, VanDerwarker, Rodney and Mimiaga, Matthew J. (2011) "40 & Forward": Preliminary evaluation of a group intervention to improve mental health outcomes and address HIV sexual risk behaviors among older gay and bisexual men.', *Journal of Gay & Lesbian Social Services: The Quarterly Journal of Community & Clinical Practice*, 23(4), pp. 523–545. doi: <http://dx.doi.org/10.1080/10538720.2011.611113>.

Roohafza, Hamid Reza, Afshar, Hamid, Keshteli, Ammar Hassanzadeh, Mohammadi, Narges, Feizi, Awat, Taslimi, Mahshid and Adibi, Peyman (2014) 'What's the role of perceived social support and coping styles in depression and anxiety?', *Journal of Research in Medical Sciences*. Wolters Kluwer -- Medknow Publications, 19(10), pp. 944–949.

Russell, Stephen T. and Toomey, Russell B. (2013) 'Risk and Protective Factors for Suicidal Thoughts Among Sexual Minority Youth: Evidence from the Add Health Study', *Journal of Gay & Lesbian Mental Health*, 17(2), pp. 132–149. doi: 10.1080/19359705.2012.753398.

Saewyc, Elizabeth M., Konishi, Chiaki, Rose, Hilary A. and Homma, Yuko (2014) 'School-

Based Strategies to Reduce Suicidal Ideation, Suicide Attempts, and Discrimination among Sexual Minority and Heterosexual Adolescents in Western Canada', *Int J Child Youth Family Stud*, 5(1), pp. 89–112. doi: 10.1167/iov.07-1072.Complement-Associated.

SAMHSA (2016) *Behind the Term: Substance Use Disorder Substance Use Disorder*. Rockville: Substance Abuse and Mental Health Services Administration.

Schützmann, Karsten, Brinkmann, Lisa, Schacht, Melanie and Richter-Appelt, Hertha (2009) 'Psychological Distress, Self-Harming Behavior, and Suicidal Tendencies in Adults with Disorders of Sex Development', *Arch Sex Behav*, 38, pp. 16–33. doi: 10.1007/s10508-007-9241-9.

Senreich, Evan (2010) 'Are specialized LGBT program components helpful for gay and bisexual men in substance abuse treatment?', *Substance use & misuse*, 45(7–8), pp. 1077–1096. doi: 10.3109/10826080903483855.

Shilo, Guy and Savaya, Riki (2011) 'Effects of Family and Friend Support on LGB Youths' Mental Health and Sexual Orientation Milestones', *Family Relations*, 60(3), pp. 318–330. doi: 10.1111/j.1741-3729.2011.00648.x.

UNDP (2016) *Human Development Report 2016: Indonesia, United Nations Development Programme*. New York: UNDP.

UNDP and USAID (2014) *Being LGBT in Asia: Indonesia Country Report*. Bangkok: UNDP & USAID.

Wang, Jen, Häusermann, Michael, Berrut, Sylvie and Weiss, Mitchell G. (2013) 'The impact of a depression awareness campaign on mental health literacy and mental morbidity among gay men', *Journal of Affective Disorders*. Elsevier, 150(2), pp. 306–312. doi: 10.1016/j.jad.2013.04.011.

White, Yohann R. G., Barnaby, Loraine, Swaby, Antoneal and Sandfort, Theo (2010) 'Mental Health Needs of Sexual Minorities in Jamaica', *International journal of sexual health*, 22(2), pp. 91–102. doi: 10.1080/19317611003648195.

WHO (2003) *Investing in Mental Health*. Geneva: World Health Organization.

WHO (2013) *Mental Health Action Plan 2013-2020, WHO Library Cataloguing-in-Publication DataLibrary Cataloguing-in-Publication Data*. Geneva: World Health Organization. doi: ISBN 978 92 4 150602 1.

WHO (2015) *Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals*. Geneva: World Health Organization.

WHO (2016a) *Mental health: strengthening our response*. Available at: <http://www.who.int/mediacentre/factsheets/fs220/en/> (Accessed: 12 May 2017).

WHO (2016b) *World health statistics 2016: monitoring health for the SDGs, sustainable development goals*. Geneva: World Health Organization.

WHO (2017a) *Definition and typology of violence*. Available at: <http://www.who.int/violenceprevention/approach/definition/en/> (Accessed: 16 July 2017).

WHO (2017b) *Depression and other common mental disorders Global: health estimates, World Health Organization*. Geneva: World Health Organization. doi: CC BY-NC-SA 3.0 IGO.

WHO (2017c) *The Republic of Indonesia Health System Review*. India: World Health Organization, Regional Office for South-East Asia.

Wilkerson, J. Michael, Schick, Vanessa R., Romijnders, Kim A., Bauldry, Jessica, Butame, Seyram A. and Center, the Montrose (2016) 'Social Support, Depression, Self-Esteem, and Coping Among LGBTQ Adolescents Participating in Hatch Youth', *Health Promotion Practice*, 18(May), p. 152483991665446. doi: 10.1177/1524839916654461.

Wong, Janet Yuen-Ha, Choi, Edmond Pui-Hang, Lo, Herman Hay-Ming, Wong, Wendy, Chio, Jasmine Hin-Man, Choi, Anna Wai-Man and Fong, Daniel Yee-Tak (2017) 'Dating violence, quality of life and mental health in sexual minority populations: a path analysis.', *Quality of life research*. Springer International Publishing, 26(4), pp. 959–968. doi: 10.1007/s11136-016-1415-2.

Xu, Wenjian, Zheng, Lijun, Xu, Yin and Zheng, Yong (2017) 'Internalized homophobia, mental health, sexual behaviors, and outness of gay/bisexual men from Southwest China', *International Journal for Equity in Health*. International Journal for Equity in Health, 16(36), pp. 1–10. doi: 10.1186/s12939-017-0530-1.

Yadegarfar, Mohammadrasool, Meinhold-Bergmann, Mallika E. and Ho, Robert (2014) 'Family Rejection, Social Isolation, and Loneliness as Predictors of Negative Health Outcomes (Depression, Suicidal Ideation, and Sexual Risk Behavior) Among Thai Male-to-Female Transgender Adolescents', *Journal of LGBT Youth*, 11(4), pp. 347–363. doi: 10.1080/19361653.2014.910483.

Yang, Xiaoshi, Wang, Lie, Hao, Chun, Gu, Yuan, Song, Wei, Wang, Jian, Chang, Margaret M. and Zhao, Qun (2015) 'Sex partnership and self-efficacy influence depression in Chinese transgender women: A cross-sectional study', *PLoS ONE*, 10(9), pp. 1–13. doi: 10.1371/journal.pone.0136975.

Yogestri, Rakhmahappin and Prabowo, Adhyatman (2014) 'Kecemasan sosial kaum homoseksual gay dan lesbi (Social anxiety among gay and lesbian)', *Jurnal Ilmiah Psikologi Terapan*, 2(2), pp. 199–213. doi: 10.1017/CBO9781107415324.004.

Yogyakarta Principles (2007) *The Yogyakarta Principles. Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity*. Yogyakarta: Yogyakarta Principles.

Acknowledgments

I would like to express my gratitude to the government of the Netherlands for awarding me a scholarship through the StuNed Scholarship Programme and the Nuffic Neso Indonesia team for the assistances.

I also would like to thank the ICHD coordinators Prisca Zwanikken, Lisanne Gerstel, Hermen Ormel, Sumit Kane, Dinu Abdella and other facilitators and staff of KIT who have given support during this course. Many thanks to the thesis advisor and back-stopper for the useful advice and contribution to the completion of my thesis.

My deep thanks to my parents and family for their supports and prays.

To all ICHD family, thank you for the amazing learning process and wonderful time we had in Amsterdam. Especially for the Cucuwacko's, we had a lot of fun together!

To My Milky, thank you for always being there for me and for your love.

This thesis is dedicated to LGBTI people in Indonesia and other parts of the world.