

Mental Health of **LGBTIQ+** Communities in the **Indonesia**

This research brief provides an overview of the mental health challenges faced by LGBTIQ+ individuals in Indonesia. Conducted between November 2023 and January 2024, the study aimed to highlight mental health disparities within these communities and identify barriers to accessing mental health services. The research was led by the Institute for Population and Social Research at Mahidol University (Thailand) in collaboration with Gaya Warna Lentera Indonesia Network in Indonesia, alongside other local and regional partners in three additional countries, with funding from the APCOM Foundation.

SNAPSHOT

Over **50%**

of LGBTIQ+ individuals reported persistent feelings of downheartedness, sadness, and generalized unhappiness in the past two weeks.



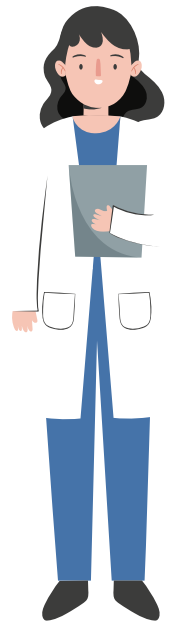
The **average PHQ-9 score was 6.09**, indicating mild depressive symptoms:

- **5%** experienced severe depressive symptoms.
- **6%** experienced moderately severe symptoms.
- **33%** experienced mild depression.
- **9%** experienced moderate depression.

72%

identified a need for mental health services:

- **33%** accessed mental health services.
- **36%** sought mental health services but did not receive them.



36%

of respondents were unaware of any mental health services tailored to diverse sexual orientations and gender identities.

Community-Based Organizations (CBOs)

- **Focus on Mental Health:** Five organizations reported mental health as their primary focus.
- **Services Offered:** Screening and referral, short-term therapy (fewer than 10+ sessions).
- **Challenges Faced:** Funding shortages, societal stigma and discrimination, and a lack of government policy addressing the mental health of people with diverse sexual orientations and gender identities.

METHODOLOGY

Data Collection

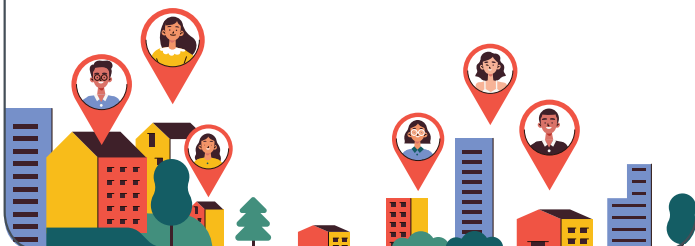
The study utilized a cross-sectional online survey, conducted between November 2023 and January 2024 via the Qualtrics platform, to explore the mental health landscape of LGBTIQ+ individuals in Indonesia. The survey ensured anonymity and confidentiality to encourage honest responses.

Participant Recruitment

GWL-INA used social media platforms like Facebook, Instagram, and WhatsApp to disseminate the survey in Indonesia, collaborating with networks and CBOs such as Srikandi Sejati and YIM for active recruitment. Challenges included participants needing help with survey questions and limited support capacity, underscoring the need for more accessible guidance.

LGBTIQ+ Respondents (N=734)

✓ Average age: 33.6 Years	✓ Residence: 32% lived in the capital city; the remainder resided in urban or rural areas.
✓ Education: 56% Completed upper secondary education 23% hold a bachelor's degree 2% achieved higher degrees	✓ Self-identified Sexual Orientation and Gender Identity 33% Gay 6% Lesbian 26% Transgender 18% Bisexuals
✓ Religion: 81% Identified as Muslim.	✓ Openness About Identity: 42% are open about their identity 43% remain ambiguous
✓ Sex Assigned at Birth: 84% Male 14% Female 2% Unspecified	✓ Intimate Relationships: 53% are in relationships
✓ Intersex Identification: 23% Identified as intersex, likely indicating cultural misunderstandings about gender	



CBOs Capacity Survey

The CBOs capacity survey ran alongside the individual survey to assess the ability of CBOs to address mental health issues for LGBTIQ+ individuals. Recruitment was done through purposeful sampling and facilitated by networks, including GWL-INA in Indonesia.

Survey Instrument and Data Analysis

The survey included questions on general characteristics, mental health status, and barriers to care, using the PHQ-9 to assess depressive symptoms. Data was analyzed descriptively to highlight mental health issues and service utilization.

Ethical Considerations

The study followed ethical guidelines approved by the Ethical Review Board of Mahidol University, with informed consent from all participants and secure data storage.



CBOs Respondents (N=11)

- **Size:** Two organizations have fewer than ten employees, seven have 10-50, and one has 51-100 employees (one did not respond).
- **Years of Operation:** Four organizations have been operating for more than 10 years, four for 1-5 years, and two for 6-10 years.

Mental Health Services for LGBTIQ+

- **Focus on Mental Health:** Five organizations have mental health as their primary focus, another five have a partial focus, and one does not work on mental health.
- **Staffing:** Six organizations have dedicated professionals specializing in the mental health of individuals with diverse sexual orientations and gender identities.

Types of Mental Health Services for LGBTIQ+

- **Services Offered:** Screening and referral, as well as outreach and preventive programs, are the most commonly offered services. One organization provides group therapy or support groups.
- **Fee Structure:** Four organizations offer free services, two have a sliding fee scale, and three use other arrangements.

KEY FINDINGS



Over **50%**

of LGBTIQ+ respondents reported persistent feelings of downheartedness, sadness, and generalized unhappiness:

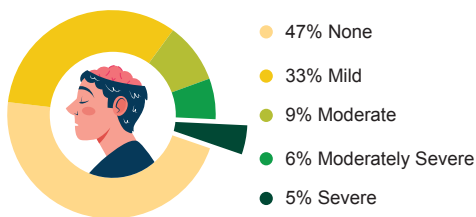
- 10% felt this way nearly every day.
- 39% felt this way on several days.

The average **PHQ-9 score** was **6.09**, suggesting that respondents experienced **mild depressive symptoms** on average.

53%

of respondents reported some level of depression:

Self-assessment Depression Severity (PHQ-9)



Top 10

Reasons for feeling downhearted or depressed include:

- 29% Fear of stigma, discrimination, or prejudice
- 27% Economic or financial hardship
- 26% Fear or anxiety about disclosing sexual orientation or gender identity
- 24% Relationship or interpersonal issues
- 21% Loneliness
- 21% Pressure to shoulder familial responsibilities
- 19% Challenges with family acceptance
- 19% Challenges with self-acceptance
- 19% Pressure to conform to societal norms
- 20% General life stresses unrelated to sexual orientation or gender identity

Safety

- 43% are ambiguous about their openness, and 10% are not open at all.
- Primary reasons for not being open include:
 - 50% fear discrimination.
 - 56% are worried about negative responses from family and friends.
 - 16% fear violence or harassment.
- 32% reported being physically or sexually assaulted at least once in the past five years.
- 18% consistently avoid showing affection in public to prevent potential violence.



Mental Health Service Utilization

- 72% of respondents identified a need for mental health services:
 - 33% accessed services
 - 36% sought services but did not receive them.
- Barriers to accessing services include:
 - 36% Lack of awareness about LGBT-friendly services
 - 35% Cost or lack of insurance coverage
 - 20% Distance from service providers
 - 17% Fear of judgment or discrimination
 - 15% Discomfort discussing SOGI with professionals
 - 13% Providers' lack of LGBT-specific knowledge

Barriers to Accessing Mental Health Services

- 64% of respondents felt the need for services but chose not to seek them.
- Primary barriers include:
 - 52% were uncertain about locating LGBT-friendly services.
 - 43% were concerned about costs and insurance issues.
 - 28% feared judgment.

Capacity of CBOs in Addressing the Mental Health Issues of LGBTIQ+ in Indonesia

- **Coverage:** Five organizations serve fewer than 10 clients per month, while one organization serves between 10-50, another between 51-100, and one serves more than 100 clients. One organization does not provide services.
- **Barriers Due to Stigma:** Eight organizations frequently reported cases where individuals refrained from seeking help due to stigma and fear of discrimination.

- **Challenges Faced:** CBOs encounter funding shortages, societal stigma and discrimination, and a lack of government policies addressing the mental health needs of individuals with diverse sexual orientations and gender identities.
- **Effectiveness of Services:** Only two organizations rated their services as very effective, while two rated them as not effective.
- **Capacity:** Only two organizations have staff members formally trained in LGBTQ+ mental health.

PRIORITIZED POLICY RECOMMENDATIONS FOR MENTAL HEALTH SERVICES IN INDONESIA

- 1 Increase Accessibility to Mental Health Services:** Expand access to mental health services specifically tailored for LGBTIQ+ individuals, including funding for programs and training healthcare providers on LGBTIQ+ mental health issues.
- 2 Healthcare Provider Training:** Implement mandatory training for healthcare professionals on sensitivity, inclusivity, and LGBTIQ+ specific mental health needs to reduce discrimination within healthcare settings.
- 3 Raise Awareness on Mental Health:** Launch public campaigns to reduce stigma around mental health in the LGBTIQ+ community and encourage individuals to seek care.
- 4 Strengthen Anti-Discrimination in Healthcare:** Enforce and enhance anti-discrimination policies within healthcare systems to ensure safe and inclusive environments for LGBTIQ+ individuals.
- 5 Support for Mental Health Crisis and Trauma:** Establish support services for LGBTIQ+ and Transgender individuals dealing with trauma, including accessible crisis reporting mechanisms for mental health emergencies.
- 6 Community-Based Mental Health Support:** Invest in safe spaces and community centers that offer mental health services, counseling, and peer support for LGBTIQ+ individuals.

Conclusion

The findings from this survey underscore the critical need for accessible, inclusive, and affordable mental health services for LGBTIQ+ communities in Indonesia. Addressing the identified barriers and enhancing the availability of supportive services is essential to improve the mental health outcomes for these marginalized groups. The CBO capacity report highlights the gaps in service delivery and the need for more resources and training to support these efforts. This research serves as a call to action for policymakers, healthcare providers, and community organizations to work collaboratively towards a more inclusive and supportive environment for LGBTIQ+ individuals.

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