

COMMENT

Will the Supreme court's judgement on Section 377 affect mental healthcare for LGBT groups?

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I started this article with a certain amount of indignation at Vinay Chandran's severe comments on mental health professionals in India and their negative attitude to homosexuality. Having had discussions about this issue with many of my colleagues and students, I know that "we" (at least in my circle) do not discriminate on the basis of sexuality, just like we do not discriminate on grounds of caste, creed, race or religion. All these form part of training in Good Clinical Practice.

However, being a scientist trained in research methods, I felt it was important to look at the recent evidence in publications from Indian psychiatrists before I responded to his concerns. Several papers in the early 1980s talked about "treatments" for homosexuality. Fortunately, there are no such papers in the recent years. In fact the President of the Indian Psychiatric Society has made a specific mention about decriminalisation of homosexuality in his recent presidential address at the Annual Conference of the Indian Psychiatric Society (IPS) conference in January, 2009. In his talk entitled "Roadmap to Indian Psychiatry", he says, "The IPS should have an advocacy team to facilitate the link between the society and the officialdom in matters such as undergraduate psychiatric training, decriminalisation of 'attempted suicide' and 'homosexuality', better functioning of DMHP, and refining Mental Health Act." (1)

This is a positive statement and has been read and heard by all psychiatrists in the country. One hopes that it will also change practices. However, it would be useful if the IPS website could carry an affirmative statement about sexual minorities and the need to focus not just on decriminalisation but also on their mental health needs.

Ambiguous messages and responsible publishing

While certainly lauding the efforts of the President of the IPS, I would like to also focus on the need for responsible writing about homosexuality in psychiatric journals in India in order to be clear in the messages being conveyed.

A recent article entitled 'Roadmap for sexual medicine – agenda for the IPS' published in 2008, in the *Indian Journal of Psychiatry* states:

Since 1980s, workers like Bagadia et al have shown the usefulness of non-pharmacological measures in treatment of impotency and pre-mature ejaculation. Also, a manual providing algorithms for erectile dysfunction,

PME, *dhat* syndrome and homosexuality has been made. But, there is dismal research in relation to the use of pharmacological agents for sexual dysfunction from India. (2)

What message does this send out to readers? Does it mean that there are treatment algorithms for homosexuality just like those for erectile dysfunction? Why include homosexuality in the same subject topic as sexual disorders?

I quote from another article that was the address at an IPS meeting and was subsequently published in 2008 in a psychiatric journal. The author raised several issues that are treatment and management dilemmas for Indian psychiatrists and emphasised the strong need for de-stigmatisation. One situation discussed as part of the problems faced in clinical care was titled "Penalty to doctors".

Annie went to her psychiatrist and divulged that she had a homosexual relationship and extra marital relationship while seeking treatment for depressive disorder.

- Should he report to the police?
 - Will he be punished for not reporting the crime?
 - Will he get the protection of privileged communication?
- (3)

As I read this clinical vignette which was presumably used for discussion in the talk and subsequently published, there were so many things which were unclear. What is being considered punishable here? The extramarital affair or the homosexual relationship? Is it not important when we bring up these issues in print, that some affirmative messages are also made or solutions given, in order to prevent mis-communication? Is it not responsible publishing to clarify the stance lest it be misinterpreted?

Another thought that struck me that this is a direct application of the recent judgement. Now that Section 377 does not apply, one hopes that such case discussions will cease in conference discussions.

How can we improve the response of mental health professionals in India to homosexuality?

We need discourses and publications on specific mental health needs of lesbian, gay, bisexual and transsexual (LGBT) groups just like we have discussions on women, children and the

elderly. Now that Section 377 no longer applies, psychiatrists can do their real job – treating emotional distress among those who need it. These would include helping LGBT groups in communicating with their families, building supportive networks, helping in disclosure and handling depression and anxiety just like they would in any other person who seeks help.

At NIMHANS where I work and organise teaching for trainees in psychiatry, we have in the last few years at least one teaching session every year for postgraduates focussing exclusively on mental health needs of LGBTs. The highlight of these sessions includes using our LGBT clients as teachers. This has been a very powerful method to remove stigma and decreases fear, suspicion and misunderstandings on both sides.

More public statements need to be made from psychiatrists regarding de-stigmatising homosexuality to restore trust that has been gradually lost over the years.

The Supreme Court judgement has brought down a wall. It is now the responsibility of mental health professionals to reach out, walk over the debris and help build a shelter for those who need it.

References

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Editors: Sandhya Srinivasan, George Thomas

Published by: Forum for Medical Ethics Society and Centre for Studies in Ethics and Rights, Mumbai. December 2007. 288 pages. Rs 200

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Published by: Forum for Medical Ethics Society and the Centre for Studies in Ethics and Rights, Mumbai. November 2005. 248 pages. Rs 150.

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