



## Out of the closet

### Abstract

An editorial on lesbian, gay, bisexual, and transgender (LGBT) community and the initiatives of an activist for the community with those of the Society for Mental Health in LAMIC (SoMHIL) as well as the Open Journal of Psychiatry & Allied Sciences (OJPAS®).

**Keywords:** Lesbian. Gay. Bisexual. Transgender.

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### A BEGINNING

“Out of the closet: challenges of the LGBT in clinics and community” was the topic of our symposium in the 72nd Annual National Conference of Indian Psychiatric Society (ANCIPS 2020) at Kolkata on 25 January 2020.[1]

On February 21, 2020, we see the release of Shubh Mangal Zyada Saavdhan, the film about a gay man in love with his neighbour, starring Ayushmann Khurrana. Let us begin with what the actor has to say, “I was born and brought up in a small city, and growing up, I did not have adequate knowledge, understanding on this. I have seen my perspective about the LGBTQ community evolve and I slowly recognised the societal stigma and stereotypes associated with the community at large and it pained me.”[2]

The same was the story this side until we have come across the fourth author, who is from Guwahati and lives in Minneapolis, Minnesota, USA.

### MIDDLE PART

We came to know that it is not a four-letter word, LGBT; instead, there are many more letters into it: LGBTTTTIQQA that stands for Lesbian, Gay, Bisexual, Transgender, Transsexual, Two spirits, Intersex, Queer, Questioning, and Asexual respectively.

### Discussion on LGBTIQA

We held a discussion on the topic at Gauhati Medical College Hospital (GMCH), Guwahati and it was attended by Principal, Vice-Principal, Superintendent, psychiatrist, endocrinologist, plastic surgeon, urologist, psychologist, psychiatric social worker, medical and nursing student, editor of newspaper, and activist. This is the first time in GMCH, that a formal, organised discussion on this topic is conducted.[3]

### LGBTTTTIQQA support group

We had a Zoom Meeting with Troy R Weber-Brown, Psychotherapist/Gender Therapist in Sexual and Gender Medicine – CentraCare Health Plaza, 1900 CentraCare Circle, Suite 2375, St Cloud, MN 56303, who is carrying out support group sessions for Minnesota’s lesbian gay bisexual transgender & queer (asexual pansexual two-spirit) (LGBTQ+) mental health providers’ network.[4]

### ‘Glocalisation’

The world is a global village. By the click of the mouse, we can appraise ourselves about the worldwide developments. It is pertinent to keep ourselves up-to-date with global happenings in order to remain vibrant. But, at the same time, while applying globally acceptable approaches to our population, we need to keep in mind the local cultural and geographical issues. And once

such modified approach becomes successful, the same needs replication for global acceptance. This two-way global-local approach led a school of thought to coin the term 'glocalisation' to represent the true practical picture of globalisation.[5]

### **LGBT support group**

Keeping glocalisation in mind, we started a support group in Guwahati consisting of eight weekly sessions.[6] It is a joint effort in collaboration with Xukia, which is working on the LGBTQI discourse in India's Northeast region.

### **LGBTQI support group**

The support group continued, that starts with participants sharing their name, preferred pronoun, and affirmation, followed by agenda.[7]

### **Patty Oh!**

One of our support group meet was hosted at Patty Oh![8] The restaurant owned by one of our active members, Shankar Choudhury, is India's only LGBT-friendly restaurant, noted so in both Zomato and Swiggy.

### **OJPAS® and SoMHiL**

The World Bank lists 31 countries as low income.[9] In addition, there are 53 lower middle and 56 upper middle income countries. The rest are high income countries.

Countries belonging to one particular group show multiple diversities. Yet, this is an accepted concept. So, is the terminology of low and middle income countries; in short, LAMIC.[10]

If we take India as a prototype of LAMIC, we can see the huge patient population here. At the same time exists a big gap between service users and service providers in terms of mental healthcare.[11]

Agreed that patients do suffer from this gap. But, on a positive note this results in tremendous clinical experience and expertise of the healthcare team. Also agreed that in the context of such a busy clinical work setup, time is always a constraint. But still, when we look into the translation of this experience and expertise into research work, the quality or rather the lack of it strikes out.

An interesting piece of work looked into the indexing and abstracting of psychiatric journals in major international bibliographic databases: [12] National Library of Medicine's Medline or PubMed and Clarivate Analytics', then Thompson Reuter's Web of Science.[13,14]

As of July 2007, the number of psychiatric journals indexed in Medline and Web of Science was 222. Two hundred and thirteen journals from high income countries represent 95.9% of the total publications; the remaining nine publications (4.1%) were from upper middle income countries. No psychiatric journal from any low income country was identified in Medline or Web of Science databases.

More than 80% of the world population live in LAMIC. The greatest burden of mental disorders is borne by them.[12]

Yet, the representation of scientific literature depicting the plight of this population is conspicuous by its scarcity.

"The 5/95 gap" to denote the indexation in major international bibliographic databases of psychiatric journals coming from LAMIC, "contribute to the difficulties in achieving fair representation in the main literature databases for the scientific production in these countries" and "a major obstacle to disseminating LAMIC research is the scarcity of indexed journals with a strong LAMIC focus".[15]

Subsequently, there were initiatives to promote psychiatric journals from LAMIC.[16,17]

One such example is our own Indian Journal of Psychiatry where the second author in an assistant editor[18] and that is now indexed in both PubMed and Web of Science.

This initiative was mostly at the leadership of Mario Maj, the Editor of the World Psychiatry, the official publication of the World Psychiatric Association and it is the highest impact factor psychiatric journal. It is based on Milan.[19] Another similar initiative to promote LAMIC psychiatry is Global Mental Health. This is an publication of the Cambridge University Press.[20]

All these were initiatives for LAMIC from the high income countries. Our wait was for a LAMIC-focused psychiatric journal that is published from a LAMIC.

The Society for Mental Health in LAMIC, in short SoMHiL aims to promote behavioural sciences in LAMIC, i.e., the low and middle income countries.

The first and third authors are the President and Secretary of SoMHiL respectively with Atanu Baruah as Convenor.[21]

In collaboration with Academy Publisher and on behalf of Academia Dysphrenia,[22] a journal is published, namely Open Journal of Psychiatry & Allied Sciences (OJPAS®), and it completed a decade of publication.

The two blue half-circles of the globe in the cover of OJPAS® represent the high income countries and the LAMIC respectively. Through brain literature, the aim is to bring both these two regions of the globe at par.[23]

### **Publications**

OJPAS® is publishing articles on the subject of LGBTTTTIQQA.

Case study on "Intra-psychic disarray of gender identity and sexual orientation: in the process of coming out as transsexual" by Budhiswatya Shankar Das and Soumitra Ghosh,[24]

Original article on "Self-reported sexual orientation, relationships pattern, social connectedness, disclosure, and self-esteem in Indian men who use online gay dating website" by Geeta Soohinda, Prabhleen Singh Jaggi, Harshavardhan Sampath, and Sanjiba Dutta,[25]

Original research paper on "A study of high risk behaviour among LGBT people of Manipur" by Niranjana Hebbar YR and Rajkumar Lenin Singh,[26]

Case series on "Disclosure of sexual orientation: case series depicting parental response" by Budhiswatya Shankar Das,[27]

Case report on “‘I am no male or female or any other, I have no sex’”: a case report on asexuality” by Niranjana Hebbar YR, Senilio Magh, and Ashutosh Dash,[28]

Original research paper on “A study on perceived parenting style among transgender” by Akanksha Mohta, Prasanta Kumar Roy, and Pradeep Kumar Saha,[29]

Review article on “Practice of family therapy in a heteronormative society of India from queer theory perspective” by Budhiswaty Shankar Das, Soumitra Ghosh, and Sudarshan R Kottai,[30]

Commentary on “Homosexuality: how therapists can help?” by Mudassir Hassan.[31]

## Enriching endeavour

To enrich our endeavour, now we have as Convener, LGBT – Task Force of Indian Psychiatric Society (IPS),[32] one of our editorial board members, Anweshak Das.[33]

SoMHiL had taken steps to take forward the legal rights of the transgender by imparting knowledge to them and giving them legal aids in matters of name change in documents, liaising with legal experts and employers for various judicial issues. Though to protect the rights of the transgender persons the Indian republic had passed the Transgender persons (Protection of Rights) Act 2019 (TPA, 2019)[34] but still its implementation has a long way to go. If we analyse the TPA, 2019 elaborately then some issues of the transgender rights like their marriage, adoption of a child, right to social security, and pensions are not mentioned in the act. It is also non-committal about the budgetary provisions to make the rights available to every transgender person and though they could access services in the healthcare institutions but the act is silent about ‘right to reasonable healthcare’. Moreover, the hormonal and sex reassignment surgeries (SRS) are also not proactively discussed for which in our practice we see a lot of lacunae in information being provided by different health professionals to them. Further, the TPA, 2019 under Section 7, mandates SRS for ‘gender’ and ‘name’ change in all documents after being certified by the district magistrate but it violates the ‘right to self-determination’, which is a basic tenant of this legislation. Hence, in our practice we find increased rates of psychiatric issues like depression and suicide attempt as every transgender cannot possibly think and plan for SRS to meet his/her needs. SoMHiL has raised voices through various awareness and interactive programmes in schools and colleges on several issues and had tried to address the concerns of the audience though some of which are quite nascent at the current scenario among transgender issues hence, difficult to clarify with reasonable facts.

## Conclusion

Let us conclude with the mention about our ongoing work, titled “Attitude towards and knowledge about Lesbian, Gay, Bisexual and Transgender (LGBT) among medical doctors, medical interns and nursing professionals: an observational study” carried out in the Gauhati Medical College Hospital (GMCH), Guwahati. In addition, we are currently holding sensitisation talks in different education institutions.[35]

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