



Survey Report

CBOs Capacity for Mental Health Services for Diverse SOGIESC

Indonesia, the Philippines, Singapore and Thailand



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Acknowledgement:

We extend our profound gratitude to all the individuals and organizations that contributed to the successful realization of this study on mental health issues within the LGBMSM and Transgender communities in Thailand. Our heartfelt thanks go out to the survey participants who shared their personal experiences and insights, providing us with invaluable data for this important research.

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Appreciation goes to the invaluable contributions of our team at the Institute for Population and Social Research, Mahidol University; Poz Home from Thailand, Oogachaga from Singapore, GWL-INA from Indonesia, and TLF SHARE from the Philippines. Their collaboration was key in the distribution of the survey and the collection of robust data.

Together, we form a stronger, more inclusive narrative that we hope will catalyze positive change and foster enhanced mental health support for the LGBMSM and Transgender communities.



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Acronyms

CBO

Community-based organization

LGBMSM

Lesbian, Gay, Bisexual, Men who have Sex with Men

NGO

Non-governmental organization





“The aim of this project is to address mental health challenges of LGBTQI populations through community-led research. Our community partners can now do evidence-based advocacy using the data gathered. It demonstrates community leadership in developing culturally relevant strategies to support the mental health of LGBTQI populations in their country, and also mapping of community-led service delivery that can integrate mental health services for their diverse communities.”

Midnight Poonkasetwattana
Executive Director
APCOM



“Behind every data point in this survey lies a story of courage — communities standing strong, even when resources are scarce. As we monitor this project, we are reminded that true impact begins with empathy, and grows when we walk hand in hand with our partners. Together, we are not only building capacity, but nurturing hope for better mental health and dignity for all.”

Naphat Krutthai (Jim)
SOGIESC Inclusion and Corporate
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Executive Summary

This report presents the findings of a study focused on the mental health of the Lesbian, Gay, Bisexual, Men who have Sex with Men (LGBMSM) and Transgender people community in Southeast Asia, a region where this topic has been notably under-researched. The study's primary aim is to identify and develop culturally sensitive and effective interventions to address the unique mental health challenges faced by the LGBMSM community in this region.

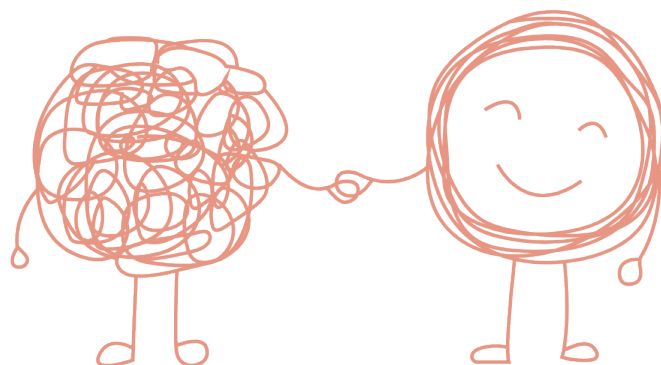
Key objectives of the study included investigating the capacities of Community-Based Organizations (CBOs) in addressing mental health needs, assessing the availability and accessibility of LGBMSM and Transgender people-friendly mental health services, and recommending actionable interventions to improve conditions for the LGBMSM community in Southeast Asia.

The scope of the research extended to Thailand, Indonesia, the Philippines, and Singapore. It focused on understanding the experiences of individuals within the LGBMSM and Transgender people communities and evaluating the roles and effectiveness of CBOs and NGOs in these countries. A cross-sectional online survey methodology was employed, using Criterion-Based Purposeful Sampling to ensure the inclusion of relevant and active organizations in the study.

The methodology also included a structured recruitment process for CBOs, a variable sample size based on the presence of CBOs in each target country, and the use of questionnaires tailored for both CBOs and LGBMSM and Transgender people community members. These questionnaires were made available in multiple languages to cater to the diverse linguistic contexts of the participating nations.

This study represents a collaborative effort between the Institute for Population and Social Research and local partners in each country, funded by the APCOM Foundation. It aims to provide valuable data and insights for policymakers, academics, activists, and healthcare providers, thereby contributing to improved advocacy efforts and potentially driving meaningful reforms in the region.





This report dives into a crucial research project examining the capacity of Community-Based Organizations (CBOs) in Southeast Asia to deliver mental health services to LGBTQI+ individuals, with a particular focus on lesbian, gay, bisexual, and men who have sex with men (LGBMSM) Transgender people.

The research recognizes the unique mental health challenges faced by LGBMSM and Transgender individuals due to cultural norms, discrimination, and legal issues. This study aimed to identify these challenges and develop culturally sensitive interventions to address them.

The findings reveal a promising yet concerning landscape. While many organizations are already involved in mental health initiatives, a significant gap exists in the availability of specialized services specifically tailored to the LGBMSM and Transgender people community. Additionally, the effectiveness of existing services requires improvement.

Several key barriers stand in the way of better mental health outcomes for the LGBMSM and Transgender people community. These include funding shortages, a lack of trained professionals, ongoing societal stigma, and insufficient policy support.

By acknowledging these challenges, the research paves the way for developing solutions. This report serves as a foundation for creating a more supportive environment where everyone in Southeast Asia, regardless of sexual orientation or gender identity, has access to quality and affirming mental healthcare.

1

Introduction

This study addresses the mental health of the Lesbian, Gay, Bisexual, Men who have Sex with Men (LGBMSM) community in Southeast Asia. Notably under-researched in this region, LGBMSM individuals face unique challenges due to cultural norms, discrimination, and legal issues impacting their mental health. Our aim is to develop interventions that are culturally sensitive and effective for the LGBMSM community. This research provides data for policymakers, academics, and activists to inform advocacy, potentially driving regional reforms. Conducted at a critical time, this study seeks to facilitate meaningful change for the LGBMSM community in Southeast Asia.

Purpose and Objectives

- **Investigate Capacities of Community-Based Organizations (CBOs):** Assess their effectiveness in addressing the LGBMSM community's unique mental health needs.
- **Assess Service Availability and Accessibility:** Identify the extent of LGBMSM-friendly mental health services and barriers to access.
- **Recommend Interventions:** Propose strategies to improve mental health conditions for the LGBMSM community.

Scope

The research focuses on mental health challenges within LGBMSM communities in Thailand, Indonesia, the Philippines, and Singapore. It examines experiences of individuals and evaluates the roles of CBOs and NGOs in these countries. The study uses a cross-sectional online survey to capture current perspectives and conditions. Collaborating with local NGOs, including Poz Home, Oogachaga, GWL-INA, and TLF SHARE, and funded by the APCOM Foundation, this project is titled "Developing a Regional Strategy on Mental Health Issues for LGBMSM Communities in Southeast Asia."

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Methodology

- **Survey Method:** Criterion-Based Purposeful Sampling targets CBOs/NGOs engaged in LGBMSM mental health. Inclusion criteria focus on active organizations with relevant LGBMSM-focused activities. Exclusion criteria apply to organizations with a non-specific focus or non-operational status.
- **Recruitment Process:** Initial CBO listing, outreach communication, formal consent, and data collection via a Qualtrics-hosted survey. Continuous monitoring and support ensure active, informed participation.
- **Sample Size and Demographics:** The sample varies by the number and presence of CBOs in each country, aiming for maximum representation.
- **Limitations:** The study employs questionnaires for CBOs and LGBMSM community members, with translations in Thai, Bahasa, and Tagalog for respective countries. Singapore's data collection is in English. Local collaborators assist in questionnaire distribution, coordinated centrally by Mahidol University for consistency and data integrity.

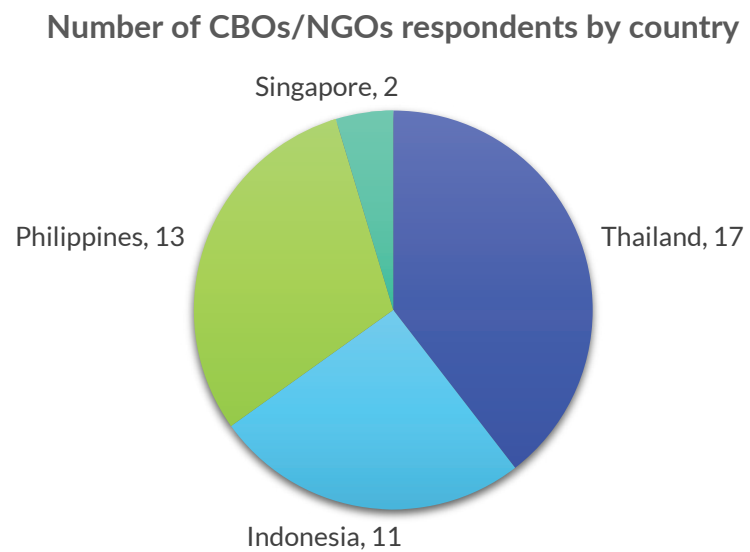
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SURVEY FINDINGS

3.1 General Information

Figure 1 presents the distribution of survey respondents categorized by country. Among a total of 43 participants, the majority were from Thailand, accounting for 17 respondents, which is 39.5% of the sample. Indonesia was represented by 11 respondents, making up 25.6% of the sample. The Philippines had a slightly higher representation with 13 respondents, constituting 30.2%. Singapore had the least representation with 2 respondents, equating to 4.7% of the total sample.

Figure 1:
Distribution of CBOs/NGOs
respondents by
country of operation



Characteristics	Country of operation				Total
	Thailand	Indonesia	Philippines	Singapore	
Duration of operations					
1-5 years	1 (6.3%)	4 (36.4%)	4 (30.8%)	0 (0.0%)	9 (21.4%)
6-10 years	6 (37.5%)	2 (18.2%)	4 (30.8%)	0 (0.0%)	12 (28.6%)
More than 10 years	9 (56.3%)	4 (40%)	5 (38.5%)	2 (100.0%)	21 (50.0%)
Total	16 (100%)	11 (100%)	13 (100%)	2 (100.0%)	42 (100%)
Size of the organization*					
Less than 10 employees	9 (56.3%)	2 (20.0%)	9 (69.2%)	1 (50.0%)	21 (51.2%)
10-50 employees	6 (37.5%)	7 (70.0%)	4 (30.8%)	1 (50.0%)	18 (43.9%)
51-100 employees	0 (0.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	1 (2.4%)
More than 100 employees	1 (6.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (2.4%)
Not respond (Missing)	-	1	-	-	1
Total	16 (100.0%)	10 (100.0%)	13 (100.0%)	2 (100.0%)	41 (100.0%)
*Number of employees, including permanent and short-term staff and paid volunteer) excluding unpaid volunteers					

*Number of employees, including permanent and short-term staff and paid volunteer) excluding unpaid volunteers

Table 1:
Operational information

Table 1 provides a breakdown of the characteristics of organizations by country of operation, specifically detailing the duration of operations and the size of the organization. For the duration of operations, the majority of organizations in Thailand (56.3%) and Indonesia (40%) have been operating for more than 10 years. In the Philippines, the distribution is more even across durations, with a slight majority (38.5%) also operating for more than 10 years. Singapore's two respondents have been in operation for more than 10 years. When aggregating the data, 50% of all organizations surveyed have been operating for more than a decade.

Regarding the size of the organization, in Thailand, the most common size category is 'less than 10 employees' (51.2%), which is also the prevalent size in the Philippines (69.2%). In Indonesia, the majority of organizations (70%) have between 10 to 50 employees. Singapore's one organization falls within the 10-50 employees category and another one is 'less than 10 employees'. Overall, across all countries, most organizations have less than 10 employees (51.2%), followed closely by those with 10-50 employees (43.9%). Very few organizations have 51-100 employees (2.4%), and the same small percentage has more than 100 employees.

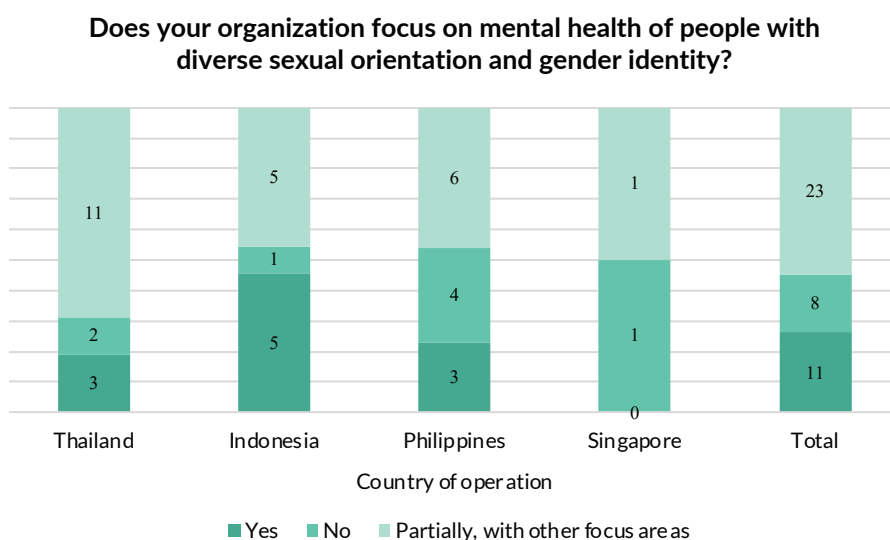
The totals for each country show complete participation, with 100% reporting in each category. The overall total shows data for 42 organizations concerning operation duration and 41 for organization size, indicating a high level of engagement from the surveyed organizations in providing their operational details.

Unfortunately, the survey conducted to evaluate the characteristics of organizations in Southeast Asia, in terms of operational duration and size, did not include questions regarding the legal status of these entities. Consequently, it is not possible to distinguish which of the surveyed organizations are legally registered as Non-Governmental Organizations (NGOs) or operate as Community-Based Organizations (CBOs). This gap in the data means we cannot definitively categorize the organizations into these two distinct types, leaving an aspect of their identity and structure undetermined from the survey results.

3.2 Mental Health Service Provision

Figure 2 presents data on whether organizations in four Southeast Asian countries primarily focus on the mental health of people with diverse sexual orientation and gender identity. In Thailand, 11 organizations indicate 'No' primary focus on this area, with 2 saying 'Yes', and 3 acknowledging a partial focus. In Indonesia, the majority, 5 organizations, also respond with 'No', 1 with 'Yes', and 5 indicating a partial focus. The Philippines shows a relatively even distribution, with 6 organizations not focusing on this area, 3 partially focusing, and 4 indicating 'Yes' as their primary focus. The Philippines shows a relatively even distribution, with 6 organizations not focusing on this area, 3 partially focusing, and 4 indicating 'Yes' as their primary focus. In Singapore, one organization reports no primary focus on this area while another one indicating a partial focus. Overall, out of the total 42 organizations surveyed, 11 organizations claim it as their primary focus while the majority of 23 do not focus on mental health for people with diverse sexual orientations and gender identities, and 10 have a partial focus.

Figure 2:
Primary focus on mental health



The survey was specifically designed to ascertain whether organizations have a primary focus on mental health issues concerning individuals with diverse sexual orientation and gender identity, aligning with the main emphasis of the study. It is important to note that while the survey captures this primary focus, it does not encompass the full range of activities or additional areas of work that these organizations might engage in. The scope was intentionally narrowed to understand the prioritization of mental health services within these entities, and as a result, other significant areas of their work were not included in the survey's questioning. This focused approach provides clarity on the commitment and resources dedicated to mental health issues in the context of the broader mission of these organizations.

The significance of having professionals who specialize in the mental health of individuals with diverse sexual orientations and gender identities cannot be overstated. These professionals possess the unique skills and understanding necessary to provide sensitive, informed, and effective care tailored to the specific experiences and challenges faced by the LGBTQI+ community. Their expertise ensures that mental health services are not only accessible but also affirming and supportive of the individuals' identities, fostering a therapeutic environment where clients feel understood and valued. This specialized focus can greatly enhance the quality and effectiveness of mental health interventions, leading to better client outcomes and contributing to the overall well-being and resilience of the community.

Figure 3:
Dedicated professionals specializing
in mental health



Thirty-three respondents indicated that their organizations have a primary or partial focus on the mental health of individuals with diverse sexual orientation and gender identity and agreed to provide further details about their work in this area. These details include the presence of professionals specializing in this field, the types of mental health services offered, the number of clients served, availability of specialized services for specific sub-groups, the provision of remote or online mental health services, and the organizations' fee structures for these services. The sole respondent from Singapore reported that their organization does not focus on the mental health of people with diverse sexual orientations and gender identities; hence, their data is not reflected in the subsequent findings.

Figure 3 details the presence of dedicated professionals specializing in the mental health of individuals with diverse sexual orientation and gender identity across organizations in three Southeast Asian countries, with a total summary included. In Thailand, more organizations (8) do not have such specialists than those that do (5). Indonesia has 6 organizations having dedicated professionals and 4 without. The Philippines has twice as many organizations without dedicated professionals (6) as those that do (3). Singapore, the only one organization indicated that their organizations have a primary or partial focus on the mental health of individuals with diverse sexual orientation and gender identity reported that its organization has dedicated professionals specializing in the mental health. Combining the data, the total indicates that more organizations across these countries, 18 in total, do not have dedicated professionals specializing in this field, compared to 13 organizations that do.

Types of mental health services offered.

The chart displays the types of mental health services provided by organizations in Thailand, Indonesia, and the Philippines, as indicated by a survey question that requested respondents to select the option that best describes the main service they offer, allowing for only one answer.

In Thailand, the most common service is outreach and preventive programs, followed by screening and referral. No organization selected crisis intervention and immediate response. In Indonesia, screening and referral, along with outreach and preventive programs, are the most commonly offered services, with a single organization providing group therapy or support groups. The Philippines has a more diverse distribution, with short-term counseling being the most offered service, followed by a mix of outreach and preventive programs, group therapy or support groups, and medication management and psychiatric services. Singapore is the only site where the long-term therapy (10+ sessions) have been conducted.

Overall, the total results show that outreach and preventive programs are the most frequently offered services by the surveyed organizations, with short-term counseling and screening and referral also being significant. Medication management and psychiatric services, group therapy or support groups, and crisis intervention have lesser representation. This data provides an overview of the primary mental health services available to individuals with diverse sexual orientations and gender identities in these countries.

Figure 4:
Mental health services offered

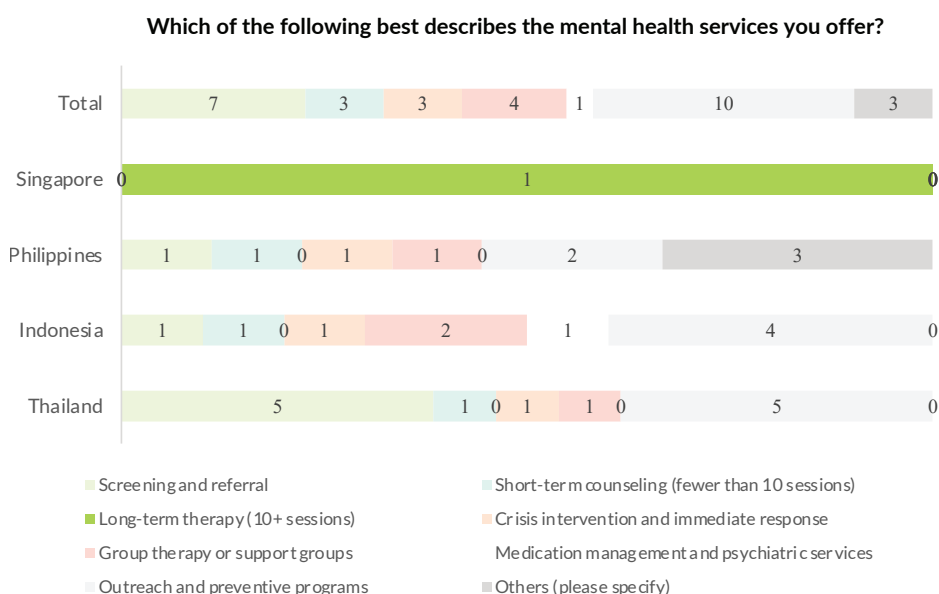


Table 2 summarizes the offerings of mental health services by organizations in three Southeast Asian countries:

Specialized services for sub-groups show that in Thailand, 8 organizations currently offer these services, 1 used to offer them, and 4 do not. In Indonesia, 4 organizations offer specialized services, 4 used to but currently do not, and 2 never have.

The Philippines has 3 organizations offering such services, 1 that used to, and 4 that do not. This brings the total to 15 organizations currently providing specialized services, 5 that have in the past, and 10 that do not. In Singapore, one organization provides specialized services for sub-groups.

Regarding the availability of remote or online services, in Thailand, 10 organizations offer them, 1 used to, and 2 do not. Indonesia has 5 that currently offer remote services, 1 that used to, and 4 that do not. In the Philippines, only 2 provide these services, 1 used to, and the majority of 5 do not. Across the surveyed areas, 16 organizations offer remote services, 3 used to provide them, and 11 do not offer them at all. In Singapore, 1 organization currently provides remote or online services.

For the fee structures of mental health services, 12 organizations in Thailand offer their services free of charge, and 1 has a different fee arrangement. In Indonesia, 4 provide free services, 2 have a sliding fee scale, and 3 have other arrangements. In the Philippines, 5 offer free services, and 2 have other fee structures. Singapore have a sliding fee scale. Altogether, 22 organizations provide free mental health services, 2 use a sliding fee scale, and 6 have various other fee structures.

Table 2:
Operation of mental health services

Mental health services	Country of operation				Total
	Thailand	Indonesia	Philippines	Singapore	
Specialized services for sub-groups ¹					
Yes, currently.	8 (61.5%)	4 (40.0%)	3 (37.5%)	1 (100%)	16 (50.0%)
Yes, but not at present.	1 (7.7%)	4 (40.0%)	1(12.5%)	0 (0.0%)	6 (18.8%)
No	4 (30.8%)	2 (20.0%)	4 (50.0%)	0 (0.0%)	10 (31.3%)
Total	13 (100.0%)	10 (100.0%)	8 (100.0%)	1 (100%)	32 (100.0%)
Availability of remote/online services ²					
Yes, currently.	10 (76.9%)	5 (50.0%)	2 (25.0%)	1 (100%)	18 (56.3%)
Yes, but not at present.	1 (7.7%)	1 (10.0%)	1 (12.5%)	0 (0.0%)	3 (9.4%)
No	2 (15.4%)	4 (40.0%)	5 (62.5%)	0 (0.0%)	11 (34.4%)
Total	13 (100.0%)	10 (100.0%)	8 (100.0%)	1 (100%)	32 (100.0%)
Fee structures for mental health services ³					
Yes, free of charge.	12 (92.3%)	5 (50.0%)	5 (71.4%)	0 (0.0%)	22 (71.0%)
Sliding fee scale based on income.	0 (0.0%)	2 (20.0%)	0 (0.0%)	1 (100%)	3 (9.7%)
Other (please specify)	1 (7.7%)	3 (30.0%)	2 (28.6%)	0 (0.0%)	6 (19.4%)
Total	13 (100.0%)	10 (100.0%)	7 (100.0%)	1 (100%)	31 (100.0%)
1. Does your organization provide specialized services or programs for sub-groups within the community of people with diverse sexual orientation and gender identity, such as transgender-specific therapy or support for older LGBT individuals? 2. Does your organization offer remote or online mental health services for individuals with diverse sexual orientation and gender identity (e.g., teletherapy, online support groups)? 3. Are your mental health services provided on a sliding fee scale or free of charge for those unable to pay?					

Figure 4 displays the number of clients or patients with diverse sexual orientation and gender identity served per month by organizations in Thailand, Indonesia, and the Philippines over the past 12 months. There are 8 organizations reported not providing mental health services during the past 12 months, 2, 1 and 5 from Thailand, Indonesia and the Philippines, respectively.

In Thailand, 5 organizations reported serving more than 100 clients per month, 2 organizations served between 51-100, 2 organizations served between 10-50, and 4 organizations served less than 10. None reported not providing services. For Indonesia, 5 organizations served less than 10 clients per month, while 1 organization served each in the ranges of 10-50, 51-100, and more than 100. One Indonesian organization did not provide services. The Philippines had a different distribution, with 5 organizations not providing mental health services during the past 12 months. Lastly, in Singapore, the only one organization reported serving more than 100 clients per month.

In total, 4 organizations across all countries reported serving more than 100 clients, 2 served between 51-100, 8 served between 10-50, and 10 served less than 10. This data provides insight into the reach and scale of mental health services provided to individuals with diverse sexual orientations and gender identities in these regions.

Figure 4:
Mental health services offered

How many clients/patients identifying as individual with diverse sexual orientation and gender identity does your organization typically serve in a month on average during the past 12 months?

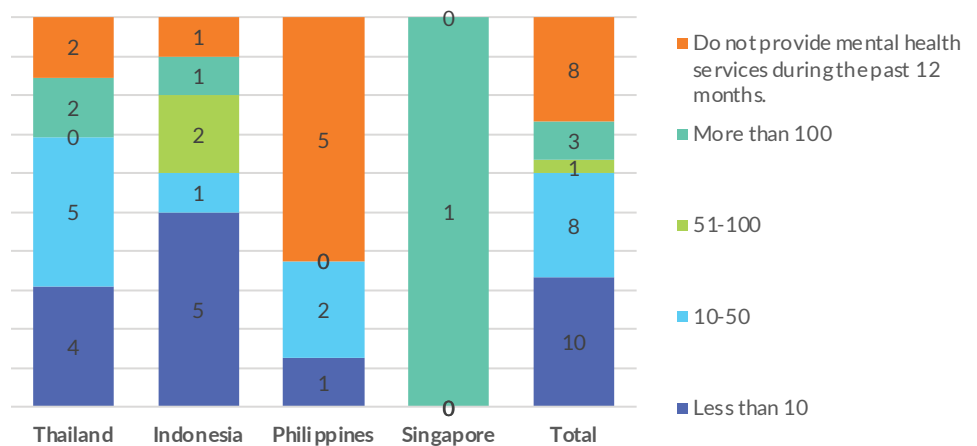


Table 3 presents the responses from the organizations across Thailand, Indonesia, the Philippines, and Singapore regarding plans for mental health interventions for individuals with diverse sexual orientations and gender identities as follows:

In Thailand, out of 14 organizations, 3 are currently planning interventions, 5 are interested but have no concrete plans, 3 previously had interventions but have discontinued them, and 3 have no interest or plans to initiate such interventions. Indonesia has a total of 10 organizations responding, with the majority, 6, actively planning interventions. 3 organizations are interested in planning, 1 has stopped previous interventions, and none have indicated disinterest in future plans. Twelve organizations from the Philippines are in the planning phase, 10 show interest without concrete plans, and none reported discontinuing past interventions or a lack of interest in future planning. Singapore's single organization has shown interest but has not yet formalized any plans for mental health interventions.

Table 3:
Plans for mental health interventions
for individuals with diverse sexual
orientations and gender identities

Overall, 11 organizations across the surveyed countries are currently planning interventions, 21 are interested but without defined plans, 4 have discontinued previous interventions, and only 3 are not interested in planning future interventions, making up a total of 39 responses.

Is your organization planning to initiate a mental health intervention for individuals with diverse sexual orientation and gender identity?	Country of operation				Total
	Thailand	Indonesia	Philippines	Singapore	
Yes, we are currently planning.	3 (21.4%)	6 (60.0%)	2 (16.7%)	0 (0.0%)	11 (28.2%)
Yes, we are interested in but do not have any concrete plans yet.	5 (35.7%)	4 (36.4%)	10 (30.0%)	2 (100.0%)	21 (53.8%)
We used to have a mental health intervention for LGBTQI+ people but no longer.	3 (21.4%)	1 (9.1%)	0 (0.0%)	0 (0.0%)	4 (10.3%)
No, we are not interested or have any plans in the near future.	3 (21.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (7.7%)
Total	14 (100.0%)	11 (100.0%)	12 (100.0%)	2 (100.0%)	39 (100.0%)



3.3 Perceptions and Effectiveness

Cases of refraining from seeking help due to stigma

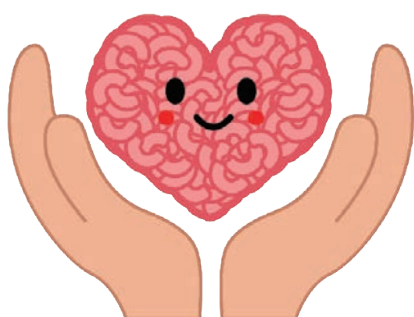
The survey asked participating organizations about their experiences with LGBTQI+ individuals refraining from seeking mental health support due to stigma or discrimination, regardless of the source of support. Responses were categorized as Frequently, Occasionally, Rarely, Never, and Not Sure, with percentages and corresponding numbers for each country. These results may highlight potential barriers to mental healthcare access for those who need it most, indicating areas for improvement.

The data reveals a concerning trend: stigma and discrimination are significant barriers to mental healthcare access for LGBTQI+ individuals across Southeast Asia. Over 38% (12 out of 29) of organizations from Thailand, Indonesia, the Philippines, and Singapore reported encountering cases where individuals frequently refrained from seeking help due to these fears. Indonesia stands out with the highest number (8) of such cases, followed by the Philippines (3) and Thailand (1). In contrast, only one organization in Thailand reported never witnessing this issue, suggesting a potential gap in access to culturally competent mental health services.

Table 4: This finding underscores a critical barrier: fear of stigma and discrimination. Many LGBTQI+ individuals forgo mental health support due to these anxieties within their communities.
Refraining from seeking help due to stigma

Have you encountered any cases where individuals with diverse sexual orientation and gender identity refrained from seeking help due to fear of stigma or discrimination from the wider community?	Country of operation				Total
	Thailand	Indonesia	Philippines	Singapore	
Frequently	1 (8.3%)	8 (80.0%)	3 (37.5%)	0 (0.0%)	12 (38.7%)
Occasionally	5 (41.7%)	1 (10.0%)	2 (25.0%)	1 (100%)	9 (29.0%)
Rarely	3 (25.0%)	1 (10.0%)	1 (12.5%)	0 (0.0%)	5 (16.1%)
Never	1 (8.3%)	0 (0%)	0 (0%)	0 (0.0%)	1 (3.2%)
Not sure	2 (16.7%)	0 (0%)	2 (25.0%)	0 (0.0%)	4 (12.9%)
Total	12 (100%)	10 (100%)	8 (100%)	1 (100%)	31 (100%)





Effectiveness of current mental health services.

LGBTQI+ individuals face unique challenges that can negatively impact their mental health. These include chronic stress due to social stigma, prejudice, and discrimination; family rejection or difficulty coming out; gender dysphoria for transgender and non-binary individuals; and challenges forming and maintaining healthy relationships. Mental health professionals equipped to understand these issues can play a vital role in supporting the LGBTQI+ community's well-being.

The survey explored how well participating organizations addressed the LGBTQI+ community's unique needs. Only 9 out of 31 organizations rated their services as "very effective or effective," while 10 considered them "somewhat effective." Notably, no organizations in Thailand and only one each in Indonesia and the Philippines believed their services were "very effective." Conversely, three organizations in Thailand, two in Indonesia, and one in the Philippines rated their services as "not effective."

These findings suggest a need for improved service delivery to better address the mental health needs of the LGBTQI+ community. Additional support for these organizations would be crucial in achieving this goal.

How would you rate the effectiveness of your current mental health services in addressing the unique needs of the LGBTQI+ community?	Country of operation				Total
	Thailand	Indonesia	Philippines	Singapore	
Very Effective	0 (0%)	2 (20.0%)	1 (12.5%)	0 (0%)	3 (9.7%)
Effective	3 (25.0%)	2 (20.0%)	0 (0%)	1 (100%)	6 (19.4%)
Somewhat Effective	5 (41.7%)	3 (33.3%)	2 (25.0%)	0 (0%)	10 (32.3%)
Not Effective	3 (25.0%)	2 (22.2%)	1 (12.5%)	0 (0%)	6 (19.4%)
Not sure	1 (8.3%)	1 (11.1%)	4 (50%)	0 (0%)	6 (19.4%)
Total	12 (100%)	10 (100%)	8 (100%)	1 (100%)	31 (100%)

Table 5:
Effectiveness of services to address
unique needs of LGBTQI+ community.

Plans for initiating mental health interventions.

Regarding plans for mental health interventions for individuals with diverse sexual orientations and gender identities (LGBTQI+), the participating organizations showed strong interest. A significant number of organizations (**39 out of 47**) are either actively developing (**11**) or considering (**21**) LGBTQI+ specific mental health interventions. This indicates a growing awareness of the need for culturally competent mental healthcare for this community.

Indonesia shows the strongest commitment with **6** organizations developing interventions and **4** considering them. Thailand follows closely with **3** and **5** organizations, respectively. The Philippines and Singapore have a lower percentage of organizations actively planning interventions but still show some interest.

While the data is encouraging, some challenges remain. Four organizations (**3 in Thailand, 1 in Indonesia**) have discontinued LGBTQI+ specific interventions. Reasons may include lack of funding, staff training, or insufficient personnel. Interestingly, two organizations (**1 each in Thailand and Indonesia**) believe mental health interventions are unnecessary for LGBTQI+ individuals. These perspectives highlight the need for further education and advocacy to address potential biases and ensure inclusive mental healthcare.

Figure 5:
Plan for mental health interventions



Overall, many organizations recognize the importance of LGBTQI+ mental health and are taking steps to address it. However, these challenges underscore the need for continued efforts to ensure all individuals can access appropriate mental healthcare services.

3.4 Capacity and Training

The survey also revealed limitations in the availability of trained professionals. Only 17 out of the 38 responding organizations reported having 1-5 staff members formally trained in LGBTQI+ mental health. This breakdown shows:

- Thailand: 5 out of 14 organizations (36%)
- Indonesia: 3 out of 10 organizations (30%)
- Philippines: 7 out of 12 organizations (58%)
- Singapore: 2 organizations (100%)

This uneven distribution and the remaining 20 organizations with no trained staff highlight the need for capacity building initiatives to ensure a wider pool of qualified professionals equipped to serve the LGBTQI+ community.

3.5 Barriers and Challenges

The table outlines the primary challenges organizations in Thailand, Indonesia, the Philippines, and Singapore face in addressing mental health for individuals with diverse sexual orientations and gender identities (SOGI).

Funding shortages are the most reported challenge across the board, with 34 organizations acknowledging it as a major barrier, including 14 in Thailand, 8 in Indonesia, 11 in the Philippines, and 2 in Singapore. This suggests that financial constraints are a significant hurdle for mental health service providers in the region, potentially limiting the scope and reach of their services.

The lack of trained professionals is another notable challenge, with 32 organizations citing this as an issue— 11 each from Thailand and the Philippines, and 10 from Indonesia. This indicates a regional need for more education and training programs to equip professionals with the skills to meet the specific mental health needs of the LGBT community.

Societal stigma and discrimination are less frequently reported but still significant, with 16 organizations highlighting it. The Philippines has the highest number of organizations (8) identifying this as a problem, followed by 5 in Indonesia, 1 in Thailand and 2 in Singapore. This points to the broader social challenges that may impede individuals from seeking or receiving mental health care.

Limited awareness or knowledge of LGBT-specific issues is identified by 21 organizations, suggesting a need for increased education and sensitivity training to better understand and address the unique challenges faced by the LGBT community in these regions.

The lack of government policy specifically addressing the mental health of people with diverse SOGI is reported by 21 organizations as a barrier. This is most prevalent in the Philippines (9), followed by Indonesia (6) and Thailand (4), and Singapore (2), indicating a potential gap in public policy that, if filled, could provide a more supportive framework for mental health services catering to these individuals.

Lastly, 'Other' challenges are noted by 2 organizations in Indonesia, which could encompass a variety of unspecified issues unique to their specific context.

Table 6:
Challenges faced in addressing
mental health for diverse SOGI

Overall, these challenges underscore the complexities of providing adequate mental health services to the diverse SOGI population in Southeast Asia. Addressing these issues could involve a multipronged approach, including securing more funding, enhancing professional training, combating societal stigma, increasing public awareness, and advocating for supportive government policies.

Challenges faced in addressing mental health for diverse SOGI	Country of operation				Total
	Thailand	Indonesia	Philippines	Singapore	
Funding shortages	14	9	11	2	34
Lack of trained professionals	11	10	11		31
Societal stigma and discrimination	1	5	8	2	15
Limited awareness or knowledge of LGBT-specific issues	8	6	7	-	20
Lack of government policy on mental health of people with diverse sexual orientation and gender identity	4	6	9	2	19
Other	-	2	-	-	2

3.6 Resources needed to Address LGBTQI+ Mental Health

The survey identified key resources needed to effectively support LGBTQI+ mental health. Here's a breakdown of the top requests from participating organizations:

- **Training and Capacity Building (36 organizations):** This was the most frequently requested resource, highlighting the need for staff development and specialized training in LGBTQI+ mental health care.
- **Financial Resources (35 organizations):** Many organizations require additional funding to support staff training, program development, and outreach efforts. The breakdown by country is as follows: Thailand 12 organizations, Indonesia 7 organizations, Philippines 12 organizations, Singapore: 2 organization.
- **Collaboration with other organizations (34 organizations):** Partnering with other LGBTQI+ advocates and service providers can enhance service delivery and outreach. It's worth noting that one organization in Indonesia expressed no interest in collaborating with others. This finding suggests a potential area for further outreach and education to build a more collaborative support network.
- **Collaboration with government agencies (32 organizations):** Cooperation with governmental entities is crucial for policy advocacy, funding opportunities, and broader systemic change. All organizations from all four countries stated this cooperation is the need.

These findings underscore the need for a multi-pronged approach to address LGBTQI+ mental health. Investing in training, securing funding, and fostering collaboration can create a more robust support system for this community.

4 Recommendations for Supporting LGBTQI+ Mental Health

The data from this survey highlights the urgent need to improve mental health services for LGBTQI+ individuals in Southeast Asia. Here are some key recommendations to bridge this gap:

Building Expertise: We need to invest in programs that equip CBOs and NGOs with the skills and knowledge to deliver specialized LGBTQI+ mental healthcare. This means providing funding for professional training so they can effectively address the unique challenges faced by this community, such as minority stress, family rejection, and gender dysphoria.

Strengthening Resources: Many CBOs and NGOs struggle financially to support their vital work. Increasing funding opportunities specifically for organizations offering or planning LGBTQI+ mental health services can make a significant difference. This will allow them to expand their services, hire trained professionals, and reach more individuals in need.

Collaboration is Key: A strong support network is crucial. Fostering closer collaboration among CBOs, NGOs, healthcare providers, and government agencies can lead to improved service delivery, joint advocacy efforts, and the development of more inclusive mental health policies. By working together, we can create a more seamless and effective support system for LGBTQI+ individuals seeking mental healthcare.

Creating Safe Spaces: Discrimination in healthcare settings is a major barrier. Implementing and enforcing clear anti-discrimination policies across healthcare systems will send a powerful message. This will help create a safe and welcoming environment where LGBTQI+ individuals feel comfortable seeking the help they deserve.

Policy Advocacy: Long-term change requires advocating for government policies that address the specific mental health needs of LGBTQI+ individuals. This includes policies that allocate funding for LGBTQI+ mental health services and ensure insurance coverage for mental health treatment. By advocating for inclusive policies, we can ensure all individuals have equal access to the care they need.

Shifting the Conversation: Public awareness campaigns are essential for tackling stigma and discrimination. Supporting initiatives that educate the broader community about LGBTQI+ mental health issues can foster understanding, empathy, and a more supportive environment for LGBTQI+ individuals seeking mental healthcare.

Research and Data Collection: Support and fund research initiatives focused on LGBTQI+ mental health to better understand the specific needs, challenges, and effective interventions. Data collected should be used to inform policy development, service provision, and advocacy efforts.

By implementing these recommendations, we can create a future where everyone, regardless of sexual orientation or gender identity, has access to quality and affirming mental healthcare. This will lead to improved mental health outcomes for the LGBTQI+ community and a more inclusive society for all.

5

Conclusion

The “Survey Report on CBOs Capacity for Mental Health Services for Diverse SOGI” reveals a critical gap in support and resources for LGBTQI+ individuals in Southeast Asia. While many CBOs (Community Based Organizations) and NGOs (Non-Governmental Organizations) are making efforts, significant barriers still prevent effective mental health services from reaching this community.

To address these challenges, a collaborative and comprehensive approach is crucial. This means focusing on several key areas. Firstly, capacity building for mental health professionals is essential. Training on the specific needs of LGBTQI+ individuals, such as understanding minority stress, family rejection, and gender dysphoria, is necessary. Equipped with this knowledge, healthcare providers can deliver more culturally competent and effective services.

Secondly, financial support is vital for many CBOs and NGOs. These organizations often lack the resources to develop and deliver effective mental health programs for LGBTQI+ individuals. Providing financial assistance can help them expand their services, hire trained professionals, and reach a wider range of people in need.

Thirdly, stronger partnerships between organizations working on LGBTQI+ issues and government agencies are essential. Collaboration can lead to improved service delivery, joint advocacy efforts, and the development of more inclusive mental health policies. Fourthly, implementing clear anti-discrimination policies and practices within healthcare systems is crucial. Discrimination in these settings is a major barrier for LGBTQI+ individuals seeking mental health support. Creating a safe and welcoming environment for everyone is essential.

Fifthly, long-term change requires advocating for policies that promote equal access to mental healthcare for all, regardless of sexual orientation or gender identity. This includes policies that address funding for LGBTQI+ mental health services and ensure insurance coverage for mental health treatment.

Finally, raising public awareness about LGBTQI+ mental health issues is vital. Educational campaigns can help address stigma and discrimination, encourage help-seeking behaviors, and create a more understanding and supportive environment for LGBTQI+ individuals within their communities.

Through targeted interventions and policy reforms, we can create a more inclusive environment and improve mental health outcomes for LGBTQI+ individuals. This will ensure everyone, regardless of sexual orientation or gender identity, has access to the mental health support they need.

INDONESIA

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“At GWL-INA, we are committed to empowering our community through advocacy and support...

so that our community not only survives but thrives.”

Hamdani

Monitoring & Evaluation Officer
GWL-INA

PHILIPPINES



“This research project... provided the LGBTQI movement of the Philippines with baseline knowledge that will tremendously help in advocating for policies and proposing programs...”

Ferdi Buenviaje
Executive Director
TLF-Share

SINGAPORE



“For the first time, we have a comprehensive snapshot of the state of LGBTQI+ mental health in Singapore... we collected useful data and highlighted significant findings.”

Leow Yangfa
Executive Director
Oogachaga

THAILAND



“This research resonates deeply with our mission...”

It’s crucial that we address these inequalities, as they not only affect individual well-being but also the health of our community at large.”

Somchai Phromsombat
Executive Director
The Poz Home Center Foundation



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