



# **MODULE FOR HOLISTIC PSYCHOSOCIAL WELLBEING OF LGBTQIA+ COMMUNITY**



**Department of Psychosocial Support in Disaster Management  
National Institute of Mental Health and Neurosciences  
(Institute of National Importance)  
Bengaluru - 560 029**



# MODULE FOR HOLISTIC PSYCHOSOCIAL WELLBEING OF LGBTQIA+ COMMUNITY

## *Authors*

**Dr. JAYAKUMAR. C** - M.S.W, M. PHIL, Ph. D  
Associate Professor, Project Investigator  
Department of Psychosocial Support in Disaster Management, NIMHANS

**Dr. DINAKARAN** - MD Psychiatry  
Assistant Professor, Co-Project Investigator  
Department of Psychosocial Support in Disaster Management, NIMHANS

**Dr. BALASHANTHI NIKKETHA** - M.S.W, M. PHIL, Ph. D  
Project Coordinator  
Department of Psychosocial Support in Disaster Management, NIMHANS

**V. T JANE MARIA** - M.S.W  
Research Associate  
Department of Psychosocial Support in Disaster Management, NIMHANS

**C.E KERAN** - M.S.W  
Research Associate  
Department of Psychosocial Support in Disaster Management, NIMHANS

**M. VINISHA** - M.S.W, M. Sc  
Project Associate  
Department of Psychosocial Support in Disaster Management, NIMHANS



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## **Illustrations by:**

1. Shobana. M – Art Teacher D.A.V School, Chennai
2. Aarthi Ananth – Graphic Designer
3. Jeslin Mourina I – Designer



## NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES

INSTITUTE OF NATIONAL IMPORTANCE

P.B. 2900, Bengaluru - 560 029 (India)

### Dr. Pratima Murthy

MBBS, DPM, MD, FRCP (Glasgow)  
Director and Senior Professor of Psychiatry



Off : 91-80-26564140, 26561811  
26565822, 26995001 / 2  
Res : 91-80-22239127  
Fax : 91-80-26564830 / 26562121  
E-mail : pratimamurthy@gmail.com  
pmurthy@nimhans.ac.in

## FOREWORD

The National Mental Health Survey 2016, India estimated the lifetime prevalence of any mental morbidity at 13.67% among Indians and the treatment gap for overall mental morbidity at 84.5%. Mental health treatment and care have been challenges that service providers and policy makers alike have been facing. Mental health issues need not always present as serious morbid mental health conditions. There are issues like stress related disorders and substance misuse that may also cause significant dysfunction and burden among people. However, these are largely unrecognised and untreated. To make mental health a priority for all has been a primary agenda for nations globally.

The National Institute of Mental health and Neuro Sciences, Bengaluru has been designing and implementing targeted interventions and programs for varied population groups. Women, children, elderly persons with disability and sexual and gender minorities have unique mental health needs that are inadequately addressed. Along these lines, the mental health needs of the LGBTQIA+ persons is also an important issue. Depression, Anxiety, BPAD, Substance dependence are some of the common mental health conditions experienced by persons from the LGBTQIA+ community. In addition, poor sleep and appetite, alcohol and substance abuse, irritability and anger outbursts, mood swings, problems in inter personal relationships and self harm behaviours are significant problems in this group. These behaviours, with or without an underlying mental health disorder, can be detrimental to their wellbeing and prevent them from experiencing good quality of life. It therefore becomes important to plan and implement specific programs to address such issues among them. Sensitising and building awareness among health professionals and care providers along with strengthening their capacity to competently address LGBTQIA+ issues is very much needed. In this regard, the Department of Psycho Social Support in Disaster Management, NIMHANS and UNDP, under the aegis of Ministry of Health and Family Welfare India have collaborated to develop a module on "Holistic Psycho Social wellbeing of LGBTQIA+ communities." The module aims at enhancing the user's awareness and building skills to manage psycho social issues faced by the community. This module is an outcome of multiple consultations, interviews and groups discussions coupled with peer reviews and pilot testing. With illustrations and activities that are reader friendly, the module may be used by people who are interested in providing care and support for LGBTQIA+ persons.

I appreciate UNDP and other stakeholders for developing this manual for the LGBTQIA+, I trust this will go long way in scaling up and expanding mental health care to the most marginalized group. In the endeavour leaving no one behind. I congratulate the team for the effort and best wishes.

**Dr. Pratima Murthy**  
Director, NIMHANS



## MESSAGE

Many individuals around the globe face violence, inequality, and discrimination at some point in their lives. However, LGBTQIA+ persons are particularly vulnerable due to the prejudice and stigma attached to their identity. They face numerous challenges on social, economic, physical, and emotional levels, impacting their mental health. Although progress has been made in recent years with increased tolerance and acceptance for the LGBTQIA+ community in India, issues of inequality and lack of equal opportunity persist. Addressing the psychosocial needs of this community is more critical than ever.

The Government of India, together with non-government organizations and development partners, has taken progressive steps to provide equal access to basic rights and opportunities, including employment to LGBTQIA+ individuals. However, much more needs to be done. UNDP has played a crucial role in advocating for the LGBTQIA+ community, working closely with the government and community-based organizations to address their needs. This includes supporting policy formulations and implementation that are beneficial for the community.

Recognizing the importance of addressing the psychosocial needs of LGBTQIA+ individuals, UNDP has spearheaded several programmes with a focus on psychosocial counselling. One such programme is the partnership with the National Institute of Mental Health and Neurosciences and UNAIDS to develop a 'Psychosocial Wellbeing Module for the LGBTQIA+ Community.' This module was created through a comprehensive process that involved a diverse group of stakeholders, including community members, academics, mental health professionals, field experts, and volunteers.

I commend the authors of this module and all stakeholders for their hard work and valuable input. I am confident that this module will help foster resilience and holistic psychosocial well-being for the LGBTQIA+ community.

A handwritten signature in blue ink, appearing to read 'Shoko Noda', enclosed in a thin blue rectangular border.

**Shoko Noda**  
Resident Representative, UNDP India



## MESSAGE

Addressing the psychosocial needs of people is a fundamental right to good health. Leading up to, during and following the COVID-19 pandemic, the needs of the LGBTQIA+ community demanded particular priority. The community face significant ongoing issues such as accessing resources for their day-to-day living, accessing health care services, education and employment due to stigma, discrimination and marginalization.

UNAIDS is at the vanguard of addressing issues related to sexual and reproductive health and right-based justice. It continues to work with various stakeholders from the LGBTQIA+ community such as gay men, MSM and transgender people, all of whom are vulnerable to HIV and lack access to health care services. Addressing the Psychosocial stresses of marginalized gender and sexually diverse communities will help to reduce high risk behaviour, mitigate negative health impact and improve overall wellbeing.

UNAIDS has been working with the LGBTQIA+ communities since its inception as many of this communities' members are particularly vulnerable to HIV and AIDS infections and structural barriers that inhibit their abilities to participate in aspects of the social and political structures of many societies.

Accordingly, I congratulate the National Institute of Mental Health and Neuro-Sciences, Bengaluru under MoHFW and UNDP for developing a **'Psychosocial Wellbeing module for the LGBTQIA+ community'**. The module addresses several social, economic, biological and psychological issues faced by the LGBTQIA+ community as well as individuals in their developmental stages of life. The module was derived from a systematic scientific process and addresses the psychosocial needs of LGBTQIA+ persons.

We appreciate the efforts taken by the authors of this training module which will enable capacity building in LGBTQIA+ people and provide psycho-social care and support. We hope this training module could be of great help for Government and Non-Government stakeholders in directing the Psycho-social needs of the LGBTQIA+ community in the process towards reaching Psychosocial wellbeing.

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JOINT UNITED NATIONS  
PROGRAMME ON  
HIV/AIDS

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UNESCO  
WHO  
WORLD BAK

UN House,  
55 Lodi Estate,  
New Delhi-110003, India  
Tel: +91 22 46532333  
Fax: +91 11 24627612  
Email: [bridgerd@unaids.org](mailto:bridgerd@unaids.org)  
[www.unaids.org.in](http://www.unaids.org.in)



**David Bridger**  
Country Director  
UNAIDS India



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES**  
INSTITUTE OF NATIONAL IMPORTANCE, Bengaluru - 560 029.  
(Department of Psychosocial Support in Disaster Management)

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## **FOREWORD**

The mental health of vulnerable populations is a significant issue in health care service provision: allocation of services, accessibility, and effective delivery continue to pose major challenges for health care providers. The Department of Psychosocial Support in Disaster Management (DPSSDM), NIMHANS works towards enhancing wellbeing and quality of life, of different vulnerable populations. LGBTQIA+ communities, are marginalized and face constant discrimination. Their challenges were amplified due to the COVID-19 pandemic resulting in severe impact on their health and psychosocial wellbeing. Persons from the LGBTQIA+ communities suffered multiple health consequences such as depression, anxiety and significant alcohol and substance abuse. Hence it is imperative to provide and integrate health and psychosocial care through mainstreaming opportunities coupled with carefully planned strategies for care and service delivery.

This module is a step in addressing the needs of the LGBTQIA+ community. It has been prepared with inputs from various stakeholders including persons with lived experience, government, non-government departments, civil society, mental health professionals, academicians, experts and volunteers.

This initiative, I feel is a significant step towards enhancing psychosocial wellbeing. I am sure that this comprehensive holistic wellbeing module will be a handy tool for rolling out effective capacity building to all the stakeholders. I congratulate and wish the team great success in carrying this work forward by helping it reach decision makers and communities alike.

**Dr Vivek Benegal**  
Prof and Head DPSSDM,  
NIMHANS

**E-mail: [pssindm@nimhans.ac.in](mailto:pssindm@nimhans.ac.in)**  
**Website: [www.nimhans.ac.in](http://www.nimhans.ac.in)**

**Tel: 080-26972288/2889**  
**Fax: 91-80-26564830 /2121**



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES**  
INSTITUTE OF NATIONAL IMPORTANCE, Bengaluru - 560 029.  
(Department of Psychosocial Support in Disaster Management)

**Dr. Jayakumar C**  
Associate Professor

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## **ACKNOWLEDGEMENT**

We would like to take this opportunity to thank all the people who have worked with us by providing support, encouragement and motivation in the development of this module. This holistic psychosocial wellbeing module of LGBTQIA+ community is an important tool in disseminating the knowledge and the ground realities of the community to the trainees through various sessions. We extend our gratitude to the staff, workers and volunteers without whom none of this would have been possible. They have been with us throughout the project at various capacities.

We are thankful to all the stakeholders who participated in the National Consultative meeting who represented UNDP, NACO, UNAIDS, John Hopkins University of Medicine, Ministry of Health and Family Welfare, SAATHI, C-SHaRP, and The Humsafar Trust, Pahal Foundation, Sappho for equality, Blued City Holdings India Operations and Mitr Trust, for giving their valuable insights and opinion on the mental health and psychosocial needs of the LGBTQIA+ community members. We thank all our stakeholders from various governmental and non-governmental institutions/ organisations in the regional consultative meeting namely from various State AIDS Control Societies (SACS), NESTAM VIZAG, Sahodaran, Solidarity foundation, Sangma Organisation, Aneka, Sexual Minority Forum, Delhi Commission Protection of Child Rights, Association of Transgender Health in India, Shaksham Prakriti Welfare Society, Himachal Queer Collective, Shaan Foundation, Sambhali Trust, Indian Academy of Paediatrics (IAP), Salvation of the oppressed Eunuchs, POSH at work, Mumbai Seenagers, Vikalp Women's Organisation, Queer Up, Skill development Mission, Directorate of Social Welfare, Assam and stakeholders from various academic institutions and legal professionals.

We gratefully acknowledge the participants of Key Informant interview and Focused group discussion for taking time and give us their support & guiding us in finalizing the training content. Further, we extend our special thanks to Dr. Ketki Ranade, Dr. Venkatesan Chakrapani, Dr. L Ramakrishnan, Dr. Aqsa Shaikh for peer reviewing the draft of the manual and for giving us further inputs to standardize the manual. We appreciate all the artists, designers for illustrations & the layout of the manual.

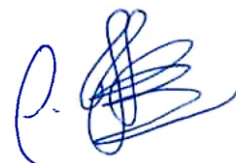
We also place on record the support and service provided by The Humsafar Trust, Mumbai and their team for helping throughout pilot testing in various means. We extend our gratitude to all the stakeholders from both governmental and non-government organisations for participating in Pilot training program and for giving us valuable insights on the manual framework and methodology.

**E-mail: [pssindm@nimhans.ac.in](mailto:pssindm@nimhans.ac.in)**  
**Website: [www.nimhans.ac.in](http://www.nimhans.ac.in)**

**Tel: 080-26972288/2283**  
**Ph: No:9910888173**



Our special thanks to Dr. Pratima Murthy [Director, NIMHANS] for taking keen interest in this collaborative work and supporting us. We express our sincere thanks to Dr. Vivek Benegal [HOD, DPSSDM, and NIMHANS] and Dr. Sekar Kasi [Former HOD, DPSSDM, NIMHANS] for their continuous support and encouragement in developing this module. Dr B N Gangadhar[Former Director, NIMHANS] for allowing us to undertake this work. We are also grateful to Prof Shekar P Seshadri [Former Dean, Behavioural sciences] for his unrelenting encouragement. We would like to express our gratitude to Dr. Gowri N Sengupta, the then DDG NMHP, MoHFW for her continuous guidance in finalization of module. We would like to acknowledge the guidance and inputs received from Dr. Shobini Rajan, DDG NACO, MoHFW. Our special thanks to Rachita Rao, Kannan. M, Sandhya P. D, Daniel Selva, Dr. Madhavi Puri and other volunteers for aiding in different phases of the project. Lastly, we thank Dr. Chiranjeev Bhattacharjya from UNDP for initiating this endeavour and continuously supporting us through this journey.



**Dr. Jayakumar C**  
Associate Professor & PI  
DPSSDM, NIMHANS



## GLOSSARY

**Non-binary-** Gender non-binary refers to a gender identity that does not fall within the woman-man binary. A non-binary person is someone who does not identify as a man or a woman.

**Lesbian women-** Women who are primarily attracted romantically, erotically, and/or emotionally to other women

**Gay men-** Sexually oriented or attracted to the same gender.

**Bisexual person-** A person who can have sexual and romantic attractions towards those of their gender as well as those of other genders [Pansexual person]

**Transgender person** is referred to as someone whose gender identity does not match the sex they were assigned at birth. People assigned male or female, and Intersex persons, can be Transgender.

**Transman-** Transgender man refers to a person assigned female at birth, but whose identity is that of a man. Transgender man can be shortened to Transman

**Transmasculine-** refers to people who are assigned female at birth and identify themselves as masculine.

Thirunangai - Tamil Nadu

Jogta, Jogappa, Jogti-Hijra - Maharashtra and Karnataka

Shiva- Shakthi - Andhra Pradesh and Telangana

Nupi-Maanbi - Manipur

**Transwoman-** Transgender woman refers to a person who was assigned male at birth, but whose gender identity is that of a woman. Transgender woman can be shortened to Transwoman.

**Transfeminine-** Refers to people who are assigned male at birth and identify themselves as feminine

Thirunambi - Tamil Nadu

Nupi-Maanba - Manipur

**Intersex condition-** A combination of chromosomes, gonads, hormones, internal sex organs, and genitals that differs from the two expected patterns of male or female.

**Queer people-** An umbrella term to describe individuals who do not identify as straight and/or Cisgender.



**Asexual-** Asexual is a sexual orientation that exists on a spectrum. While most asexual people have little interest in having sex, they may or may not experience romantic attraction.

**Psychosocial** involves both the Psychological and Social aspect of an individual.

**Wellbeing** combines of Physiological, Social, Emotional and Mental health factors.

**Biphobia** refers to a negative attitude towards bisexual person or it is a belief that monosexuality is superior.

**Heteronormative** is a presumption that everyone is straight, which means an individual is sexually and romantically attracted to the opposite gender.

**Homophobic** refers to Negative attitude/ feeling towards people who are sexually or emotionally attracted to the same gender or to people who identify themselves with the LGBTQIA+ community.

**Homonegativity** refers to negative attitude or feeling towards people who are sexually or emotionally attracted to same gender or to people who identify them with the LGBTQIA+ community.

**Stress** is a body's reaction to any event or thought which makes individual feel frustrated, angry, or nervous.

**Queer- affirmative** is an approach to in therapy that holds a positive view of LGBTQIA+ community. The therapists use verbal and non-verbal means to demonstrate an affirming stance towards sexual and gender minority clients.





## LIST OF ABBREVIATIONS

**LGBTQIA+** - Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual denotes people with diverse gender identities and sexualities.

**UNDP** - United Nations Development Programme

**NIMHANS** - National Institute Mental Health and Neurosciences

**GAS**- Gender Affirming Surgery

**PSC**- Psychosocial Care

**NISD**- National Institute of Social Defence

**MoSJE**- Ministry of Social Justice and Empowerment

**GoI** - Government of India

**MoHFW**- Ministry of Health and Family Welfare

**NACO**- National AIDS Control Organisation

**NHRC**- National Human Rights Commission

**UNAIDS**- United Nations Programme on HIV/AIDS

**PLHIV** - People who Live with HIV

**KII**- Key Informant Interview

**SOGIESC**- Sexual Orientation, Gender Identity, Gender Expressions or Sex Characteristics





# EXECUTIVE SUMMARY

## BACKGROUND OF THE MANUAL

Persons from the LGBTQIA+ community endure psychological, social and physical distress in all phases of their lives owing to their identity and the social stigma associated with it. They face rejection and isolation from their primary and secondary support systems like family, friends, neighbors, work colleagues and caregivers like health care providers. The trauma and exclusion experienced by them lead to immense stress affecting their wellbeing. This also leads to mental health sequel resulting in depression, anxiety, alcohol and substance use disorders and self harm behaviors. During the COVID-19 pandemic, the psycho social wellbeing of the LGBTQIA+ persons came to the forefront as their challenges increased causing many to resort to self injurious behavior and experience depression and anxiety. Coupled with social exclusion due to the misconception that they spread the virus, they struggled with livelihood and psycho social needs. During this period addressing their wellbeing was pertinent. It was also realized that support and care programs should center around providing skills to manage every day and long-term challenges. These skills in addition to awareness building strategies can empower persons from the LGBTQIA+ community to achieve an enhanced quality of life and wellbeing.

Thus, NIMHANS and UNDP have collaborated in this project to develop a 'Holistic Psychosocial Wellbeing Module' to address their physiological, emotional, mental, and economic impacts not only during COVID-19 which can be applied through their entire life.

## PURPOSE OF THE MODULE

The module aims to bring psychosocial wellbeing to LGBTQIA+ individual by using the life span and life skill approach to address issues impacting their lives. The training enables the trainer to identify the Psychosocial stressors among LGBTQIA+ individuals and to help LGBTQIA+ individuals to tackle /or overcome their stressors accordingly.

## METHODOLOGY EVOLVED TO FRAME MODULE

The module was developed through various steps such as National-level consultation, Review of Literature, State-level consultation, Card sorting, Focused group discussions, Key Informant Interview, developing the module, peer review, pilot testing and standardising of the module.



## FRAME WORK OF MODULE DEVELOPMENT

- National level consultation involved various stakeholders from government and non-governmental organisation.
- State-level consultation meetings were held in four regions namely, the Southern, Northern, Eastern, and Western parts of India. Every region had three separate consultation meeting for Government, Non-Government organisation and for community stakeholders/ experts in the field of Research, Practice and Training.
- An extensive Review of the literature covered various topics, such as, cultural beliefs, stereotypes, religious beliefs of LGBTQIA+ individuals, lived experiences, social issues, native literature, Rights, Acts, Legislations, work of various State Social Welfare Boards and Policies, mental health issues, psychosocial issues, and interventions for the community.
- The card sorting method was used to filter module content.
- Key Informant interviews were conducted with the experts from the field to further determine the various significant themes
- The module was Crystallised based on the outcome of National consultation meeting, regional level consultation meeting – card sorting, Review of relevant literature, FGDs and KIIs.

# FRAMEWORK



SESSION	CONTENT
Personal sharing with lived experience	<ul style="list-style-type: none"> <li>➤ Personal sharing involves the various issues faced by an individual during each phase of life.</li> <li>➤ It helps build good rapport and relationships and brings about a sense of belongingness within the group that reduces the feeling of loneliness.</li> </ul>
Stress, wellbeing and LGBTQIA+: An introduction	<ul style="list-style-type: none"> <li>➤ Stress is a feeling of being overwhelmed- where there arises difficulty in coping. Two types of stress include Eustress &amp; Distress</li> <li>➤ Physical, behavioural, emotional, and relational are the different reactions that occur during a traumatic experience.</li> <li>➤ The Wellbeing of an individual caters to their health, happiness, and prosperity. It also includes having good mental health, life satisfaction, a purpose in life develop and an ability to manage stress.</li> </ul>
Impact of stress across life span	<ul style="list-style-type: none"> <li>➤ The issues faced by sexual minorities during each phase of life is divided into 5 stages as Children (0-12), Adolescents (13-17), Early Adulthood 18-34), Middle Adulthood (35-60) and Geriatric (60 above).</li> <li>➤ The Lifespan approach focuses on four major domains: psychological, cognitive, emotional and social; the impact of stress on each life span.</li> </ul>
Enhancing Family support for LGBTQIA+ PERSONS	<ul style="list-style-type: none"> <li>➤ Family support is essential for the wellbeing of LGBTQIA+ persons.</li> <li>➤ Skills and strategies that can be use to cope with negative relationships with family members.</li> </ul>
Emotional thermometer	<ul style="list-style-type: none"> <li>➤ Emotional thermometer ranges from low to intense reactions and is used to know the current emotional state of a person, which enables to build self-awareness.</li> </ul>





Coping with stress	<ul style="list-style-type: none"><li>➤ Coping enables one to recognize the source of stress and the different positive methods that can help an individual to overcome stress.</li></ul>
Psychosocial care and techniques	<ul style="list-style-type: none"><li>➤ Psychosocial care aims to reduce distress and provide care for individuals and families by looking at their psychological, social and emotional well-being.</li><li>➤ Psychosocial care consists of seven psychosocial techniques that are ventilation, empathy, active listening social support, externalization of interest, relaxation and spirituality which can be applied in difficult circumstances.</li></ul>
Life skills for wellbeing	<ul style="list-style-type: none"><li>➤ Life skills help to cope with stressors and help adapt to situations.</li><li>➤ Eight life skills- Communication skills, Decision making skill, Self-awareness, Empathy, Interpersonal relationship skills, Self-esteem building, Anger management and financial management.</li></ul>
Rainbow of care	<ul style="list-style-type: none"><li>➤ Rainbow of care involves receiving and seeking social support from various sources for enhancing wellbeing.</li></ul>
LGBTQIA+Affirmative Counselling	<ul style="list-style-type: none"><li>➤ LGBTQIA+affirmative counselling involves holding positive view towards LGBTQIA+ communities and making suitable changes to enable an inclusive professional setting</li></ul>
Care for Special population	<ul style="list-style-type: none"><li>➤ Vulnerable populations are prone to high risk of reduced health and experience various barriers. The vulnerable section among the sexual minority community include children, elderly, people living with HIV, mentally ill, and differently abled persons.</li></ul>







Enhancing resilience	<ul style="list-style-type: none"><li>➤ Social support involves being socially connected with positive groups that help to build the resilience (ability to recover) of an individual</li><li>➤ There are four types of social support- emotional, appraisal, instrumental and informational.</li></ul>
Caring of carers: do's and don'ts as a caregiver	<ul style="list-style-type: none"><li>➤ Caregivers take care of people in need and are exposed to various emotions, and by doing so they sometimes fail to take care of their well-being</li></ul>
Identifying the impact of stress: measurement and assessment tools	<ul style="list-style-type: none"><li>➤ Measurement and assessment tools are used to measure qualitative and quantitative data. To identify the impact of stress in LGBTQIA+ community individuals, certain scales like Self-Reporting Questionnaire, Anxiety Measuring Scale are applied.</li></ul>
Referral, Follow-up and Networking	<ul style="list-style-type: none"><li>➤ Referral refers to directing or redirecting an individual to the appropriate resources</li><li>➤ Ways in which an individual can seek help from professionals.</li><li>➤ Networking to connect with people or use available resources when in need.</li></ul>
Application of the training	<ul style="list-style-type: none"><li>➤ The Application of the training is to understand the skills and techniques acquired from the three-day training program.</li></ul>

## CONCLUSION

The current module is a Capacity-Building material which can be used by multi-sectoral stakeholders such as medical professionals, social workers, psychologists, community-level workers and volunteers.





<b>SL. NO</b>	<b>CONTENT</b>	<b>PG. NO</b>
1	Introduction	1
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3	Pre-Assesment and overview to training	10
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8	Emotional Thermometer	32-33
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15	Enhancing Resilience	59-60
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17	Identifying the impact of stress: Measurement and assessment tools	64
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19	Networking	67-68
20	Application of the training	69
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# TRAINING SCHEDULE



SESSION	TITLE	METHODOLOGY	DURATION
<b>DAY 1</b>			
1	Registration	Individual work	20 mins
2	Inauguration	-	25 mins
3	Overview of training and Pre-assessment	Lecture and Assessment	45 mins
<b>BREAK</b>			
4	Personal sharing	Group activity	45 mins
5	Stress, Well-being and LGBTQIA+: An Introduction	Brain Storming Activity	30 mins
<b>LUNCH</b>			
6	Impact of stress across life span	Group activity and group presentation	45 mins
7	Enhancing Family support for LGBTQIA+ persons	Group activity	20 mins
8	Emotional Thermometer	Individual work	15 mins
9	Coping with stress	Activity and Discussion	50 mins
<b>BREAK</b>			
10	Psychosocial care and techniques	Group Activity	45 mins
11	Summary	Discussion	15 mins
<b>DAY 2</b>			
12	Recap	Discussion	10 mins
13	Life skills for wellbeing	Group Activity	60 mins
14	Rainbow of Care	Activity and Discussion	20 mins
15	LGBTQIA+ Affirmative Counselling	Group activity and sharing	35 mins



<b>LUNCH</b>			
16	Caring for special population: Children, differently abled person, and older adults.	Group activity and discussion	75 mins
17	Enhancing resilience	Individual work	20 mins
<b>BREAK</b>			
18	Caring for Carers: Do's & Don'ts as a caregiver	Discussion and group activity	30 mins
19	Summary	Discussion	15 mins
<b>DAY-3</b>			
20	Recap	Discussion	20 mins
21	Identifying the impact of stress: Measurement and assessment tools	Individual Work	30 mins
22	Referral and follow up	Group activity with discussion	30 mins
23	Networking	Group activity	20 mins
<b>BREAK</b>			
24	Application of the training	Role play	70 mins
25	Post assessment and Feedback	Individual work	50 mins
<b>LUNCH</b>			
26	Oath Taking	Group activity	20 mins
28	Valedictory	-	40 mins
29	Annexure	Discussion	30 mins

# INTRODUCTION

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual+ (LGBTQIA+ plus includes other identities of the community) represents the group of people whose gender identity, sexual orientation and characteristics are different from the presumed majority of the population. The people from these communities are more likely to experience intolerance, discrimination, harassment, and the threat of violence due to their non-

mainstream sexual orientation or gender identity/gender expressions, or sex characteristics (SOGIESC) than those who belong to the Cisgender and or heterosexual category. This is due to homophobia/ homonegativity (the fear or hatred of homosexuality), Biphobia/ biphobia or transphobia/ transprejudice or other prejudice against minorities SOGIESC. Some of the factors that reinforce SOGIESC- related negative attitudes are religious, political and moral beliefs. The community members have difficulty accessing their basic rights due to the Cisgender heteronormative outlook of the larger society. The verdict of the Supreme Court in the year 2018 decriminalizing homosexual relations alone is insufficient to compensate for years of discrimination and stigma. People from various sections of society have a compromised perception of this population, their needs, and their issues. Law enforcement officers, bureaucrats and various other professionals have a poor understanding of this group of individuals and which has led to perpetuating discrimination and harassment against them (BBC, 2015; Hunte, 2020; Masood, 2018; Ming, Hadi, & Khan, 2016; Nag, 2020; Singh & Chatterjee). Even among mental health professionals, there is limited understanding of LGBTQIA+ issues because of outdated psychiatry and other medical curricula that classify non-normative sexual orientation as psychosexual disorders, and do not reflect the depathologisation of homosexuality and transgender identities by the World Health Organizations and other professional bodies (Pattojoshi et al.2017).



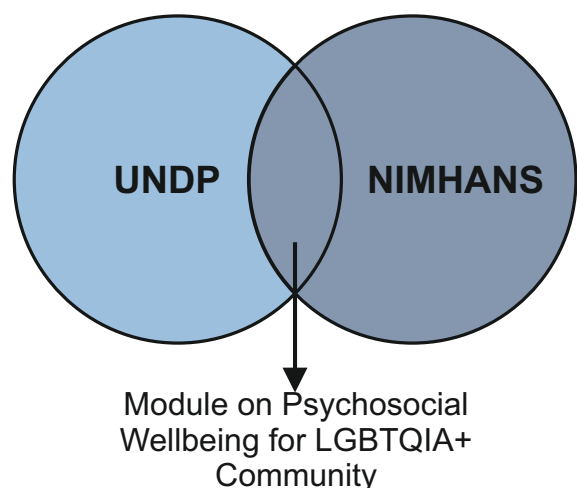
## RATIONALE FOR THE MANUAL

Globally and nationally, there are several acts and legislations that protect the rights and interests of the LGBTQIA+ community. These are framed to promote inclusivity and ensure gender equality. However, most encounter an increased prevalence of exclusion and stigma in society. The sexual and gender minorities also face incessant stressors through out their life course. Absence of appropriate coping skills and inability to obtain adequate societal support are dual challenges that the community faces. This, coupled with various mental health problems, emphasises the need for psychosocial enhancement training programs to the forefront with the active engagement of the community members themselves.

Thus, realising the above need, The United Nations Development Programme, New Delhi approached NIMHANS, Bangalore, to initiate a joint endeavour that focusing on the Holistic Well-being of the LGBTQIA+ Community. The following is a brief about the key collaborators and the project aims and strategies.

## KEY COLLABORATORS

THE NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES (NIMHANS) is a premiere institute based in Bangalore with a tri fold focus on patient care, capacity building and research. The institute has a high standard of clinical care, a post-graduate training facility, facilitates high-quality research and provides a leadership for national policies. Multidisciplinary approach is the core philosophy on which NIMHANS is built. NIMHANS has twenty-seven departments, nine centres, and offers eighty-five courses. The Institute is committed to inculcating advance knowledge in Medical, Nursing and Para-medical professionals to improve their skills and to employ manpower to meet the needs of the nation. The institute collaborates with various governmental and non-governmental organisations and institutions for long-term and short-terms projects to enhance the mental health and wellbeing in the society. The institute was conferred the status of 'Institute of National Importance' in the year 2012.



**The United Nations Development Programme (UNDP)** is UN's global development network. It works to advocate change and connect countries, to help people build a better life through knowledge, experience, and resources. The organisation is working with one hundred and seventy countries and territories, world wide. They provide their own solutions to challenges and develop national and local capacities to achieve human development and sustainable development goals. UNDP focuses on three areas such as.: sustainable development goals, democratic governance on peace building and climate and disaster resilience. All their projects, protect Human Rights and promote Gender Equality.

Thus, the National Institute of Mental Health and Neurosciences and United Nation's Development Programme have jointly initiated and developed this module titled, "Holistic Psychosocial Well Being Module for LGBTQIA+ Community" on observing the need for Psychosocial Training to address their Social and Psychological issues.

## OVERVIEW OF THE PROJECT

The project was conceptualised to enhance the psychosocial wellbeing of the LGBTQIA+ community. Observing a lacuna in addressing the mental health and social needs of the community, both partnering agencies collaborated to develop a Capacity Building venture in the form of a training program. The vision was to train master trainers, who belong to the community or who have interest in working with the community. The Master trainers would in turn provide this training to persons belonging to the LGBTQIA+ community. Scientific methodology was employed in developing the module by using different qualitative methods. The experience of several researchers, practitioners and academicians was applied from direct interactions with them. In keeping with the guiding phrase, "Nothing about us without us", several individual and group-based consultations with the community members were conducted at different phases of the work. As a result of all these efforts, the module has been prepared based on which a 3-day training program could be conducted by a facilitator or a group of facilitators.



## AIM:

- The aim of the project aims to profile the mental health issues of the LGBTQIA+ community and to develop and standardise a Holistic Psychosocial Wellbeing Module addressing the needs of the LGBTQIA+ community.

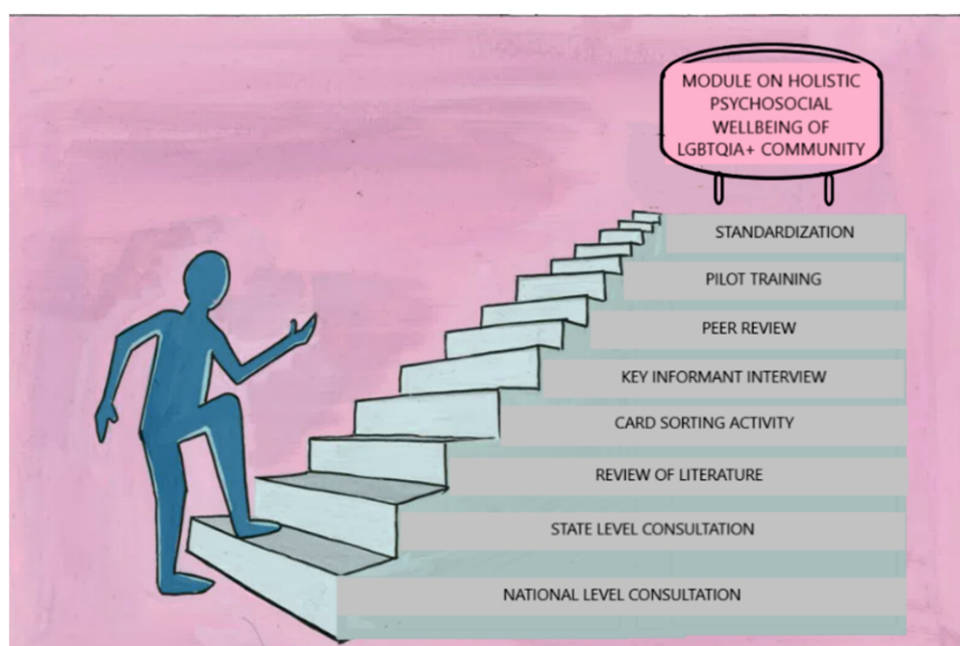
## OBJECTIVES OF THE PROJECT:

- To identify psychosocial stressors among the LGBTQIA+ community
- To identify major and minor mental health issues within the LGBTQIA+ community
- To develop a standardised psychosocial care module.
- To disseminate all information on mental health issues of LGBTQIA+ towards making National Policy Changes.

## OBJECTIVES OF THE MANUAL:

- To help trainers identify and understand psychosocial issues faced by the community and to address it using appropriate techniques.
- To help users understand the concept of their wellbeing and to reduce stress and this enhance the community's wellbeing.

## STEPS IN DEVELOPING THE MODULE







The project was initiated with a National Level Consultation involving various stakeholders and community members from different organizations and departments from both Government and the non-government agencies. The consultations involved representatives from National Institute of Social Defence, Ministry of Social Justice and Empowerment- Government of India, Health services MoHFW – Government of India, National Aids Control Organization, National Human Rights Commission, United Nations Programme on HIV/AIDS, Chief health and governance United Nations Development Programme, Director NIMHANS and several community representatives.

A detailed Review of literature on various topics such as cultural belief, stereotypes, religious beliefs of LGBTQIA+ individuals, lived experience, social issues, native literature, Rights, Acts, Legislations, work of various State Government Social Welfare boards and policies, mental health issues, psychosocial issues, and interventions of the LGBTQIA+ community was undertaken.

Following the National Consultative meeting, State Level Consultative Meetings was held in South, North, West, and Eastern regions across India. Independent consultations were also held with stakeholders from Government organizations, non-Governmental organizations and experts from areas of research, practice and training were consulted. The consultative meetings spanned over three months. These discussions were led by the project team members with the help of an interview guide.

The themes that emerged from the consultative meetings were further sorted and filtered through Card sorting activity by the project team. Key informant interviews were conducted with the experts from the field to further determine and outline various significant areas.

Finally, the different chapters for the manual on which the training would be based were crystallised, using the outcome of the National consultative meeting, regional level consultative meeting – card sorting, Review of relevant literature, Focused Group Discussions and Key Informant Interviews.

The module was further standardized and taken for pilot testing at Bangalore and Mumbai among community members and NACO Counsellors.



## UTILITY OF THE MANUAL:

This manual on the Holistic Wellbeing of the LGBTQIA+ Community can be used by trainers, for capacity building in providing psychosocial wellbeing of the LGBTQIA+ persons. It helps trainers acquire the information and skills required for this process by enabling them to facilitate meaningful skill and content-based training.

It can be used by medical professionals, social workers, psychologists, community level workers and volunteers.

This module is designed as a manual for easy and effective use by the trainers. The content is categorised into a 3-day training manual that is appended at the beginning of the manual. Each session is further divided into Introduction, Process and Activity. The time and materials required for the activities and the sessions have been mentioned. A novice trainer will benefit from the contents provided in the manual and for an experienced trainer, the information could serve as an add on. All sessions have a mixed methodology, such as lecture discussion, presentation, activities, energisers, games, group brainstorming and free association.

Basic mental health training could be considered a pre-requisite for the trainer. However, it is not mandatory. The trainers could also be people with previous experience and interest in working with the LGBTQIA+ community. They could also belong to the community or could even be non-community allies.

The participants for the training could be medical professionals, social workers, psychologists, community-level workers and volunteers.

## TRAINING OVERVIEW





The training sessions include participatory, activity-based and interactive sessions to provide an overview of the spectrum of the LGBTQIA+ community, an introduction to stress, coping with stress and well-being using lifespan approach and tools to identify the impact of stress. Training sessions will also incorporate explanations on psycho-social care for the community, life skills for well-being, LGBTQIA+ Affirmative counselling, enhancing social support and resilience, care for caregivers and referrals. As a part of the training, pre-assessment and post-assessment tests will be done to understand the knowledge of trainees before and after the training program.

## **PREREQUISITES FOR THE TRAINING PROGRAM:**



The training program requires a training plan, resource persons, manuals, flyers, and worksheets for all the trainees. A well-ventilated hall which can accommodate up to forty people with chairs and equipment necessary for lectures such as a projector, projector screen, computer, white board, and markers are also required. Stationery like pens, pencils, sketch pens, erasers, sharpeners and bold markers are required for the training. Materials for energisers like balloons, paper, chart paper, and bold sketch pens can also be provided.



# DAY-1

## TRAINING SCHEDULE

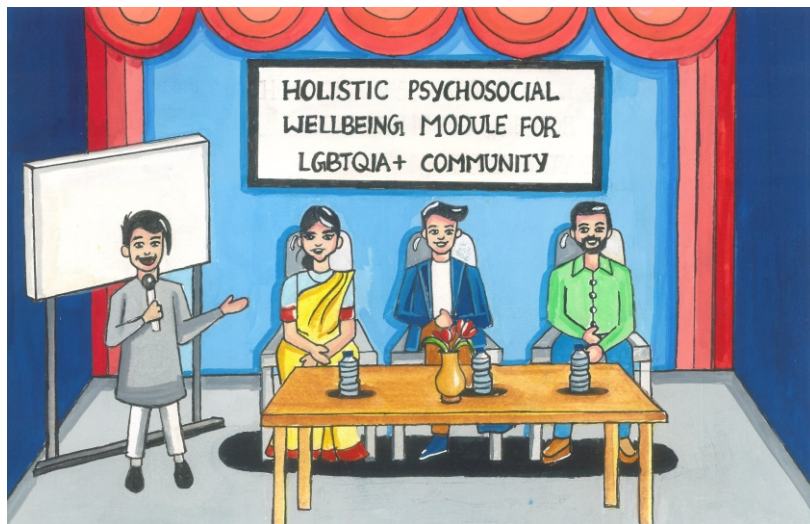
SESSION	TITLE	METHODOLOGY	DURATION
<b>DAY 1</b>			
1	Registration	Individual work	20 mins
2	Inaugural	-	25 mins
3	Overview of training and Pre-assessment	Lecture and Assessment	45 mins
<b>BREAK</b>			
4	Personal sharing	Group activity	45 mins
5	Stress, Well-being and LGBTQIA+: An Introduction	Brain Storming Activity	30 mins
<b>LUNCH</b>			
6	Impact of stress across life span	Group activity and group presentation	45 mins
7	Enhancing Family support for LGBTQIA+ persons	Group activity	20 mins
8	Emotional Thermometer	Individual work	15 mins
9	Coping with stress	Activity and Discussion	50 mins
<b>BREAK</b>			
10	Psychosocial care and techniques	Group Activity	45 mins
11	Summary	Discussion	15 mins

## REGISTRATION



A socio demographic profile will be used to collect information from the participants using an intake form twenty minutes before the commencement of the session. The participants are required to fill in all the open-ended questions asked in the form, such as Name, preferred salutation, age current address, education, Religion, and their social and medical transitioning.

## INAUGURAL



The invited dignitaries who are invited should be seated in the hall fifteen minutes prior to the inaugural session. The invited dignitaries can be seated on the dais and the training program will officially start after the lighting of the lamp. The dignitaries will introduce themselves to the participants and share their expected outcome of the three days training session on the holistic psychosocial wellbeing of LGBTQIA+ community.

## PRE-ASSESSMENT AND OVERVIEW TO TRAINING

### Introduction:

The participants will be given a questionnaire on their "wellbeing and knowledge of holistic psychosocial wellbeing" before the commencement of the training. The scale will help the facilitator to understand the knowledge which each participant has, on the knowledge/attitude/skill in understanding the mental health wellbeing of LGBTQIA+ community.



The facilitator will give a brief overview of the training program to the participants and will ask the participants about their expectations of the training program.



### Materials required:

- ✓ Assessment sheets
- ✓ Pens

**Objective:** To assess their wellbeing and knowledge of holistic psychosocial wellbeing through standardised scales and questionnaires.

**Process:** Facilitator will help the participants to fill the assessment sheets by explaining about each scale and by reading it out loud.

**Materials required:** Assessment sheets and pens.

**Outcome:** The facilitator will be able to assess the participants knowledge and well-being through the assessment questionnaire.

# SESSION 1

## PERSONAL SHARING OF THE PARTICIPANTS

### Introduction:

Sharing one's life experience could help develop openness and rapport with fellow participants. It also gives a sense of belongingness and gives participants hope of not being alone for the training.



**Objective:** To introduce the participants to one another and to enable them to know the lived experience of each participant.

**Process:** The facilitator encourages the participants to share their experiences with the larger group. The facilitation helps participants to warm up to each other for a smooth, spontaneous, and functional training process. After this the facilitator sets the ball rolling by introducing the training and setting some basic ground rules for the training sessions.



### Materials required:

- ✓ Chart Paper
- ✓ Bold Sketch



### Activity 1

The facilitator welcomes the participants to the training session and asks them to introduce themselves. The following three questions can be asked:

- 
- 
- What is the biggest challenge in your life currently?
  - What is your greatest strength?
  - What do you expect from this workshop?

Each participant shares their experience. This will help the group warm up to each other and the trainers to understand the expectations of the participants. This will enable the individuals to understand the struggles that everyone must go through in life; by being part of the LGBTQIA+ community. While the participants narrate their experiences, the facilitators write down the common themes arising from the narratives on a chart paper.

The expectations spelt by the participants are also noted on the chart paper.

The facilitation helps the group understand the common themes of their struggle. It brings out issues of stigma, discrimination, coping skills, stress, lack of accessibility to resources, vulnerability to mental health issues, social support and similar issues. A quick summary of the expectations is also done. After this, the facilitator explains the rationale for the current workshop, the focus of it, methodology and logistics. The ground rules (timings, place, attendance, participation, breaks, questions, and clarifications during the session) are also laid down.

## Activity 2

Each participant is invited to introduce themselves by giving their name, a posture or a symbol which defines them, and act on how they feel about attending the session. Each participant is given a chance to speak in this ice breaker. At the end of the activity, the group should be warmed up to one another.

### Outcome:

The session will enable participants to understand the existing issues and stressors, outline their expectations and set right any unrealistic expectations, that they might have had.

### KEY TAKEAWAY

- Personal sharing brings out the various issues faced by an individual during each phase of life which includes their lived experience.
- It helps build good rapport and relationships and will bring about a sense of belonging with each other that will reduce the feeling of being alone



## SESSION 2

# STRESS, WELLBEING AND LGBTQIA+: AN INTRODUCTION

### Introduction:

Stress involves the feeling of being overwhelmed or not being able to cope with mental or emotional pressure. In such situations, the body and mind react in terms of 'fight' or 'flight.' During a traumatic experience, an individual undergoes various reactions such as: - physical, behavioural, emotional, and relational. The wellbeing of an individual caters to their health, happiness, and prosperity. It also includes having good mental health, life satisfaction, having a purpose in life and an ability to manage stress. Stress rises from one's thoughts, experiences and actions - most of which an individual can control. May lead to the wellbeing is not fulfilling results in ill-being, Which which can result in psychological break down and emotional and physical exhaustion.



To clearly understand the LGBTQIA+ community it is necessary to understand the term, 'Gender' and 'Sexuality'. Gender is a social construct referring to behaviours, roles and norms that are associated with being a women or men, as well as in a relationships with each other. Since it is a socially constructed gender, norms, roles and behaviours varies from one geographical location to another and over time. The term sexuality is different from the term gender as it refers to who an individual is attracted or oriented towards.

Gender binary is the cultural norm to classify people as male or female. Individuals who do not fit into the gender binary come under the umbrella of non-binary.

#### Materials required:

- ✓ Chart Paper
- ✓ Bold Sketch Pen
- ✓ Paper
- ✓ Pen

**Objective:** To understand the concept of stress and, wellbeing, and to get an awareness about the LGBTQIA+ community.

**Process:** The facilitator explains the concept of

- Stress and wellbeing,
- Types of stress,
- Different reactions to stress– physical, behavioural, emotional, and relational,
- Stress leading to distress,
- Relationship between wellbeing and ill-being.



### Types of stress

**Eustress-** It comes under good stress where the stressors motivates a person towards performance or health.

**Distress-** Stress that causes prolonging feeling of fear or anger

**Example-** Sexual minorities may experience anxiety and stress before and during the coming out process, this stress motivates the person to overcome the coming out process and to be themselves.

**Example-** During the coming out process of a sexual minority person, one may undergo various stressors such as anxiety depression which will affect the psychosocial wellbeing of an individual

## Characteristics:

<b>EUSTRESS</b> (Positive stress)	<b>DISTRESS</b> (Negative stress)
<ul style="list-style-type: none"> <li>• Enhances motivation</li> <li>• Short term</li> <li>• Exists within our coping abilities</li> <li>• Sense of excitement</li> <li>• Enhance performance</li> <li>• Mainly focused on energy</li> </ul>	<ul style="list-style-type: none"> <li>• Generates anxiety or concern</li> <li>• Short term and long term</li> <li>• Perceived outside of our coping abilities</li> <li>• Unpleasant feeling</li> <li>• Reduces performance</li> <li>• Result in mental and physical problems.</li> </ul>

## Reactions to stress

**Physical reactions:** It is manifested through bodily complaints and sometimes there is no physical cause, whereas, at times, it occurs when an individual is undergoing emotional stress.

**Behavioural reactions:** It is when coping capacity of a person becomes difficult during a traumatic situation. This results in symptoms which are projected through their behaviour.

**Emotional reactions:** It causes a change in emotions which is evident because there occurs a change in the behaviour pattern of an individual.

**Relational reactions:** It reduces the quality of inter personal relationships

<b>PHYSICAL</b>	<b>BEHAVIOURAL</b>	<b>EMOTIONAL</b>	<b>RELATIONAL</b>
✓ Headache	✓ Loss of interest	✓ Anxiety	✓ Change in role and responsibility
✓ Tiredness	✓ Restlessness	✓ Fear	✓ Lack of trust
✓ Palpitation	✓ Difficulty in concentration	✓ Guilt	✓ Lack of emotion
✓ Vague pain all over body	✓ Disturbed sleeping pattern	✓ Helplessness	✓ Unpleasantness
✓ Tense muscles	✓ Reduced activity	✓ Sadness	✓ Arguments
✓ Poor food intake		✓ Over thinking	✓ Dependency
		✓ Anger	
		✓ Irritability	
		✓ Suicidal thoughts	



### Activity 1

The participants are divided into four groups by calling out numbers. They are given one chart paper and a marker pen each. Each group is allotted one topic-physical signs, behavioural signs, emotional signs, and relational signs of stress. They are asked to discuss and write down the specific signs on the chart paper. After the allocated time, two members from each group will be asked to share it with the larger group. As they share, members from the other teams add to the discussion.

#### Outcome:

At the end of the session, participants will be able to understand the concept of stress, wellbeing, and ill-being.

#### KEY TAKEAWAY

- Stress is a feeling of being overwhelmed and difficulty in coping.
- Two types of stress include: Eustress & Distress
- Physical, behavioural, emotional, and relational are the different reactions that occur during a traumatic experience.

## SESSION 3

# IMPACT OF STRESS ACROSS LIFE SPAN

### Introduction:

The Life span approach is used to understand changes in human life course. It consists of the complete process of human development from conception to death. It involves observing and studying biological, cognitive, and psychosocial changes in a person's life. It is important to understand the different transitions a LGBTQIA+ person experiences and how it impacts their life. Comprehension of relevant stressors in the life-cycle stages can help one understand the needs and expectations of the community. Life span here is divided into five stages: Childhood (0-12), Adolescence (13-17), Early Adulthood (18-34), Middle Adulthood (35-60), Geriatric (60 above) for easy understanding and clustering of stressors.



**Objective:** To make the participants aware and understand the various issues faced during each stage of life, from childhood to old age.

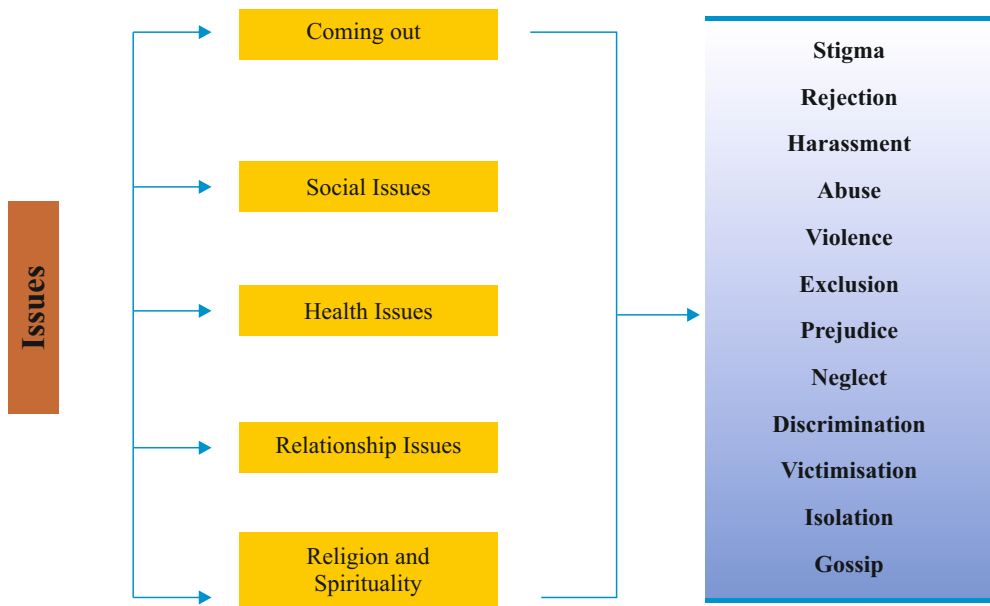


STRESS ACROSS LIFE SPAN



**Process:** The facilitator explains the five life stages of the LGBTQIA+ persons through a group activity. The following are some of the issues faced by LGBTQIA+ persons across their life span. For easier understanding the life span of the LGBTQIA+ population is divided into the following age groups- 0- 12, 13- 17, 18- 34, 35- 60, and 60 and above. The issues are clubbed into Relationship, Health, Social, Religious and Spiritual. In addition to these issue, stressors and challenges of coming out are also discussed.

- Materials required:**
- ✓ Chart Paper- 2
  - ✓ Sketch Pen - 1
  - ✓ Scale
  - ✓ Pencil 1 for each group



CHILDHOOD (0- 12)				
	PHYSICAL	SOCIAL	BEHAVIOURAL PATTERNS	PSYCHOLOGICAL
<b>ISSUES</b>	<ul style="list-style-type: none"> <li>• Early genital surgery causing life-long harm in the case of children with ambiguous genitalia</li> </ul>	<ul style="list-style-type: none"> <li>• Physical bullying and sexual harassment of gender-non conforming children regardless of sexual orientation,</li> </ul>	<ul style="list-style-type: none"> <li>• Toy preference in case of gender non conforming children, some of whom may be gender dysphoric</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation of gender non conforming children by peers of the same assigned sex.</li> </ul>

	<ul style="list-style-type: none"> <li>• Issues in development of reproductive organs for those with differences in sexual development</li> </ul>	gender identity and sex characteristics	aggression	<ul style="list-style-type: none"> <li>• Imbalance in parent child interaction owing to gender non conformity</li> </ul>
<b>IMPACT</b>	<ul style="list-style-type: none"> <li>• Chronic pain</li> <li>• Incontinence (lack of voluntary control over urination/ defecation) in the case of intersex children</li> <li>• Inaccurate gender assignment in case of children who are intersex or those who grow up to be transgender</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of concentration</li> <li>• Lack of education Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Dissatisfaction with sex assigned/reassigned at birth for intersex children</li> </ul>	<ul style="list-style-type: none"> <li>• Impact on emotional well being</li> <li>• Impact on parents of having a child with intersex condition and personal trauma of the child on realising the intersexuality.</li> </ul>
<b>CONSEQUENCE</b>	<ul style="list-style-type: none"> <li>• Barrier to make own decision on sexual function</li> <li>• Scarring and loss of sexual sensation</li> <li>• Issues in fertility for some intersex persons</li> <li>• Gonadal cancer risk for some intersex persons</li> </ul>	<ul style="list-style-type: none"> <li>• Drop out from school in children facing peer bullying because of gender non conforming or real/perceived sexual orientation or gender identity.</li> <li>• Less social interaction</li> <li>• Anxiety</li> <li>• Depression</li> </ul>	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Harassment</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Stress, anxiety, and depression of parents</li> <li>• Emotional and behavioural changes.</li> <li>• Self-victimization</li> <li>• Self-centeredness</li> <li>• Identity confusion in children</li> </ul>

## ADOLESCENCE (13-17 YEARS)

	ISSUES	IMPACT	CONSEQUENCES
<b>COMING OUT</b>	<ul style="list-style-type: none"> <li>• Identity confusion</li> <li>• Stigma &amp; discrimination</li> <li>• Inaccurate knowledge on issues of SOGIESC minorities</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation</li> <li>• Lack of peer group support</li> <li>• Minimal opportunity to socialize</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Distress related to discrimination and stigma</li> <li>• Social anxiety</li> <li>• General anxiety disorders</li> </ul>
<b>RELATIONSHIP</b>	<ul style="list-style-type: none"> <li>• Lack of acceptance within peer group &amp; family</li> <li>• Lack of support</li> <li>• Difficulty in identity formation</li> </ul>	<ul style="list-style-type: none"> <li>• Impact on self esteem</li> <li>• Getting into unhealthy relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Poor coping strategies – substance abuse, self-harm &amp; suicide</li> </ul>
<b>HEALTH</b>	<ul style="list-style-type: none"> <li>• Accessibility of health care</li> <li>• Fear in revealing their identity</li> <li>• Conflict in exploring oneself</li> <li>• Bullying &amp; trauma</li> <li>• Heightened dysphoria experienced by some transgender children during puberty</li> </ul>	<ul style="list-style-type: none"> <li>• Engaging in unsafe sex practice</li> <li>• Interpersonal &amp; intrapersonal conflicts</li> </ul>	<ul style="list-style-type: none"> <li>• Sexually transmitted infections/diseases</li> <li>• Eating Disorder</li> <li>• Depression</li> <li>• Isolation</li> <li>• Rejection</li> <li>• Low Self Esteem</li> <li>• Suicidal Thoughts</li> <li>• Anxiety</li> <li>• Substance Abuse</li> <li>• Suicidal Ideation</li> <li>• Trauma</li> <li>• Self Esteem</li> </ul>





<b>SOCIAL</b>	<ul style="list-style-type: none"><li>• Discrimination at home, school &amp; society</li><li>• Lack of financial support</li><li>• Lack of peer group support</li><li>• Societal bias</li><li>• Verbally, socially &amp; physical bullied in school</li><li>• Experiencing sexual violence</li></ul>	<ul style="list-style-type: none"><li>• School dropout</li><li>• Aggressive behaviour</li><li>• Run away from home</li><li>• Decreased academic achievements</li><li>• Lack of interest in activities</li></ul>	<ul style="list-style-type: none"><li>• Homelessness</li><li>• Depression</li><li>• Anxiety</li><li>• Low self esteem</li><li>• Sadness &amp; isolation</li><li>• Changes in sleeping &amp; eating patterns</li><li>• Suicidal ideation</li><li>• Substance abuse</li></ul>
<b>RELIGION AND SPIRITUALITY</b>	<ul style="list-style-type: none"><li>• Gender confusion of transgender and gender non conforming children, and low self-esteem due to religious and cultural beliefs.</li></ul>	<ul style="list-style-type: none"><li>• Negative thought</li><li>• Forced marriage</li><li>• Run away from home</li></ul>	<ul style="list-style-type: none"><li>• Depression, anxiety, isolation, and rejection</li></ul>



## EARLY ADULTHOOD (18-34 YEARS)

	ISSUES	IMPACT	CONSEQUENCES
<b>COMING OUT</b>	<ul style="list-style-type: none"> <li>• Sense of incongruence related to societal expectation around heterosexuality.</li> <li>• Potential alienation</li> <li>• Sense of not belonging.</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty in managing relationships, education and employment</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation</li> <li>• Social anxiety</li> <li>• Depression</li> </ul>
<b>RELATIONSHIP</b>	<ul style="list-style-type: none"> <li>• Difficulty in finding a committed partner</li> <li>• Sustaining romantic relationship</li> <li>• Forced marriage</li> <li>• Lack of healthy relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation &amp; loneliness</li> <li>• Fear of getting into relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Impact on career development</li> <li>• Socializing</li> </ul>
<b>HEALTH</b>	<ul style="list-style-type: none"> <li>• Sexual and reproductive health disparities</li> <li>• Hormone therapy to alleviate gender dysphoria in transgender persons</li> <li>• Gender-affirmative surgery</li> <li>• Lack of LGBTQIA+ friendly health providers and care facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Substance abuse</li> <li>• Unsafe sex practices</li> </ul>	<ul style="list-style-type: none"> <li>• Cervical cancer</li> <li>• Breast/chest cancer</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Increased suicidal behaviour</li> <li>• Nicotine and alcohol addiction</li> </ul>



<b>SOCIAL</b>	<ul style="list-style-type: none"><li>• Lack of acceptance in workplace</li><li>• Lack of social support</li><li>• Lack of access to legal services</li><li>• Lack of acceptance among family members, friends, and relatives</li><li>• Pressure from family of origin to enter into socially approved marriage</li></ul>	<ul style="list-style-type: none"><li>• Workplace discrimination</li><li>• Rejection</li><li>• Fear of termination</li><li>• Harassment</li><li>• Marginalisation and discrimination</li></ul>	<ul style="list-style-type: none"><li>• Financial crisis</li><li>• homelessness</li></ul>
<b>RELIGION AND SPIRITUALITY</b>	<ul style="list-style-type: none"><li>• Rejection from religious affiliations</li><li>• Fear of religious or spiritual consequences</li></ul>	<ul style="list-style-type: none"><li>• Rejection</li><li>• Marginalisation</li><li>• Stigma and discrimination in places of worship.</li></ul>	<ul style="list-style-type: none"><li>• Trauma and pain throughout the process from coming out</li><li>• Isolation</li></ul>





<b>MIDDLE ADULTHOOD (35-60 YEARS)</b>			
	<b>ISSUES</b>	<b>IMPACT</b>	<b>CONSEQUENCES</b>
<b>COMING OUT</b>	<ul style="list-style-type: none"> <li>• Exclusion</li> <li>• Violence</li> <li>• Neglect from the community in all forms of gathering</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of accessibility</li> <li>• Lack of acceptance from peer group</li> <li>• Abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Financial instability</li> <li>• Victimized for being against socially constructed norms</li> </ul>
<b>RELATIONSHIP</b>	<ul style="list-style-type: none"> <li>• Interpersonal problems</li> <li>• Violence</li> <li>• Compatibility issues</li> <li>• Communication issues</li> <li>• Handling double relationships to hide their identity.</li> </ul>	<ul style="list-style-type: none"> <li>• Losing loved one's</li> <li>• Suspecting partners</li> <li>• Abandoning</li> <li>• Jealousy</li> <li>• Guilt</li> </ul>	<ul style="list-style-type: none"> <li>• Grief</li> <li>• Anxiety</li> <li>• Suicidal ideation</li> <li>• Substance use</li> <li>• Depression</li> <li>• Loneliness</li> <li>• Negligence</li> </ul>
<b>HEALTH</b>	<ul style="list-style-type: none"> <li>• Cardiovascular disease</li> <li>• Obesity</li> <li>• Risk of cancer in reproductive organ for Intersex person</li> <li>• Diabetes</li> <li>• Hypertension</li> <li>• Confusion</li> </ul>	<ul style="list-style-type: none"> <li>• Neglect</li> <li>• Denial</li> <li>• Fear</li> <li>• Access to services</li> <li>• Discrimination</li> <li>• Victimization</li> <li>• Self-doubt</li> <li>• Confusion</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic stress</li> <li>• Isolation</li> <li>• Social distress</li> <li>• Low self-esteem</li> <li>• Suicidal ideation</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Post-Traumatic Stress Disorder</li> </ul>





<b>SOCIAL</b>	<ul style="list-style-type: none"><li>• High level of discrimination and negative attitudes in workplace.</li><li>• Lack of knowledge and awareness about the community due to stigma</li><li>• Physical and emotional violence</li></ul>	<ul style="list-style-type: none"><li>• Physical and emotional problems such as stress, mental disorders, depression and social outcomes.</li><li>• Exclusion from family and other peer support group</li><li>• Oppression</li></ul>	<ul style="list-style-type: none"><li>• Termination from workplace</li><li>• Harassment</li><li>• Losing opportunities</li><li>• Discrimination</li></ul>
<b>RELIGION AND SPIRITUALITY</b>	<ul style="list-style-type: none"><li>• Exclusion from religious places</li></ul>	<ul style="list-style-type: none"><li>• Questioning about their identity and orientation</li><li>• Guilt</li></ul>	<ul style="list-style-type: none"><li>• Sense of denial and loneliness</li><li>• Depression</li><li>• Isolation</li></ul>



## OLDER ADULTHOOD (60 AND ABOVE YEARS)

	ISSUES	IMPACT	CONSEQUENCES
<b>COMING OUT</b>	<ul style="list-style-type: none"> <li>• Lack of social support</li> <li>• Societal attitude and institutional policy changes</li> <li>• Accessing health care services, social services and government assistance</li> <li>• Difficulty in acquiring residential care facility or nursing home for long- term care.</li> <li>• Affirming medical procedures</li> <li>• Refusal of healthcare authorities to recognize one's intimate partner as family member to be consulted on health-related decisions and palliative care.</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of sexually transmitted diseases</li> <li>• Rejection</li> <li>• Loss of assistance</li> <li>• Lack of services</li> </ul>	<ul style="list-style-type: none"> <li>• Depression, anxiety, stress and isolation</li> <li>• Social isolation</li> <li>• Psychosocial Distress</li> </ul>
<b>RELATIONSHIP</b>	<ul style="list-style-type: none"> <li>• Rejection</li> <li>• Loss of family member or partner</li> <li>• Stigma and discrimination</li> <li>• Developing new romantic relationships or friendships</li> <li>• Systemic bias</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation and loneliness</li> <li>• Difficulty in developing new relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Disenfranchised grief (grief that goes unacknowledged by social norms)</li> <li>• Low resilience and self – sufficiency</li> <li>• Psychological distress and loneliness.</li> </ul>



<b>HEALTH</b>	<ul style="list-style-type: none"><li>• Complications in getting surgeries</li><li>• Less verbal expression</li><li>• Hearing and vision impairment</li><li>• Increasing probability of arthritis</li><li>• Hypertension</li><li>• Heart disease</li><li>• Osteoporosis</li><li>• Sexually transmitted diseases</li><li>• Obesity</li><li>• Risk of cancer</li><li>• Cognitive impairment (confusion or dementia)</li></ul>	<ul style="list-style-type: none"><li>• Fear</li><li>• Side effects due to multiple medications</li></ul>	<ul style="list-style-type: none"><li>• Decreased mobility</li><li>• Isolation</li><li>• Stress of loneliness &amp; lack of life satisfaction</li><li>• Depression</li><li>• Anxiety</li><li>• Suicidal ideation</li><li>• Poor coping mechanisms- smoking, alcohol abuse,</li><li>• Reduced self esteem</li></ul>
<b>SOCIAL</b>	<ul style="list-style-type: none"><li>• Violence, harassment, and prejudice</li><li>• Oppressive environment</li><li>• Discrimination within the LGBTQIA+ community towards vulnerable groups like People with HIV, differently abled people, and people with alcohol and substance dependence</li><li>• Imposed societal norms and pressures</li><li>• Stigmatization, rejections, and victimization</li><li>• Difficulty in interacting with health care providers</li></ul>	<ul style="list-style-type: none"><li>• Safety concerns</li><li>• Financial constraints</li><li>• Unemployment, underemployment</li><li>• Fired from jobs</li><li>• Frequent workplace transition</li><li>• Discrimination and marginalization</li><li>• Low self-esteem and self-hatred</li></ul>	<ul style="list-style-type: none"><li>• Poor mental health</li><li>• Experiences minority stress</li><li>• Stress due to body image concerns</li></ul>





<p><b>RELIGION AND SPIRITUALITY</b></p>	<ul style="list-style-type: none"> <li>• Rejection from religious community and ethnic community</li> <li>• Discrimination</li> <li>• Religious abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological distress</li> <li>• Low self-esteem</li> <li>• Guilt</li> <li>• Shame</li> <li>• Internal conflict</li> </ul>	<ul style="list-style-type: none"> <li>• Loss in spirituality</li> <li>• Negative coping: substance use</li> <li>• Suicidal ideation</li> </ul>
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Personal identity with factors of race, gender or class acting as ‘multipliers’ of experience is known as Intersectionality. In short, intersectionality is how gender, sexual orientation, gender identity and other identities are interlocked.

**Activity:**

The participants must be divided into five groups, and each group will be given a particular life stage to be discussed. In the given life stage, the members must discuss the issues, impact and consequences faced by the LGBTQIA+ community. After the discussion, two volunteers from each group will present the key points of the discussion. The key points will be noted by the facilitator on a chart paper. After the representatives discuss, the other group members are asked to add on any issues missed out by the current group in the respective life stage. As each group completes the discussion, the facilitator summarises the points and discusses additional stressors. When all five groups complete the discussion, the facilitators further summarise the salient points and highlight the presence of cumulative stressors and the need for stress management and coping.

**Outcome:**

The session will enable the participants to understand the various issues, impacts and consequence faced by the community.

**KEY TAKEAWAY**

- The various transitions that take place in a person’s life and how it impacts their life is known as life span approach.
- Lifespan approach focuses on four major impacts occurring at psychological, cognitive, emotional, and social levels.
- The issues faced by sexual minorities during each phase of life is divided into five stages as Childhood (0-12), Adolescence(13-17), Early Adulthood 18-34), Middle Adulthood (35-60) and Older Adulthood (60 above).





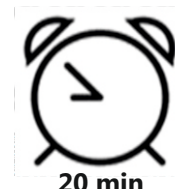
## SESSION 4

# ENHANCING FAMILY SUPPORT FOR LGBTQIA+ PERSONS

### Introduction:

Families are an important contributor to an individual's life and wellbeing. We depend on our families for our physical, emotional and social needs. It is also our source of learning, sharing and growth. As a primary agent of socialization, it is the first group that we belong to after birth. Families help their members with their various challenges.

Thus, families are one's primary support system. In the case of persons from the LGBTQIA+ community, families play a significant role in helping them cope with stressors and adjust to their identity and orientation. Many times families also play a negative role in coping due to issues of non-acceptance and hostility.



### Objective:

To help participants understand the family related stressors faced by LGBTQIA+ persons. To help them enhance family relationships as a means to facilitate wellbeing.

### Process:

The facilitator explains the meaning nature and types of family. The functions of family are also explained. Family life cycle stages proposed by Duval can be explained to the participants along with the developmental tasks of each stage.

Life cycle stage	Developmental task (what happens in this stage)
Marriage between partners	Bonding between the couple, setting up a home, adjustment to partner and to in laws
Child bearing families	Birth of a baby, caring for the new born, raising the toddler, thinking of the child's future
Families with preschool children	Enrolling child in a school, adjusting to educational needs
Families with school age children	Monitoring child's academic, psychological and social progress, Raising a good child, work life balance, gender role and parenting responsibility

Families with teenagers,	Taking care of adolescent needs, guiding them towards a secure future, dealing with health issues in self or in extended families.
Families launching young adults	Dealing with career choices, dealing with separation from children, keeping in touch with them,
Middle aged families	Dealing with empty nest syndrome, preparing for retirement, coping with exit and loses in the family, retiring, taking care of self, health issues, caring for grandchildren
Aging families	Death of a partner, illness, seeking meaningfulness, feelings of contentment

Following this a discussion on when the participants came out to their families can be initiated. Many a times due to lack of adequate support from family of origin, LGBTQIA+ persons tend to live with chosen families. These are non-biological kinship bonds. They engage in and live with persons who may not be related to them by birth but may share love, support and care. The facilitator can acknowledge this and reiterate the importance of such supportive alliances.





### **Activity 1:**

The participants are divided into smaller groups and are given chart paper and marker pens. They are asked to discuss the various issues faced by LGBTQIA+ persons in the context of the family. After the discussion, each group can share their experience with the larger group. The issues may include non-acceptance, aggression, hostility, violence, myths and misconceptions, stigma, coercion conversion therapy, abandonment and desertion, etc... The facilitator should note that during these sessions, participants may get emotionally disturbed due to reliving the traumatic experience. Facilitator should respond appropriately to these outbursts and help them calm down.

### **Activity 2:**

The participants are given a white sheet and some sketch pens. They are asked to draw and represent a figure/ object/ scene showing how they wish their relationship with their family of origin to be. This is a hypothetical representation; their current relationship may be very different. After the allotted time, the facilitator asks a few volunteers to show the sketch and talk about it. Issues of expectations and steps to meet those expectations may be discussed.

### **Activity 3:**

The participants are divided into smaller groups and are given chart paper and marker pens. They are asked to discuss how they can mend their relationship with their family members. Some members may not wish to straighten out the relationship with their families. The facilitator can ask the others could respect their view and not confront them. When participants are discussing in smaller groups the facilitator can go around and give inputs. Some of the helpful strategies can be learned by sharing experiences. During the discussion, significance of communication, using professional support to intervene, assertiveness and expression of warmth and affection can be emphasized.



#### **KEY TAKEAWAY**

- Family support is essential for wellbeing of LGBTQIA+ persons.
- Skills and strategies can be used to cope with negative relationships with family members.

## SESSION 5

# EMOTIONAL THERMOMETER

### Introduction:

These emotions range from positive to negative. When we experience stress, the negative emotions are very high and hinder our coping ability. To handle stress better, the first step is to be aware of the stressor and monitor the range of emotions it produces. The emotional thermometer is an exercise used to rate levels of emotion an individual is experiencing such as happiness, love, sadness, fear, surprise and many more. It helps an individual to become aware of this and work on it.



**Objective:** To become aware of one's current emotional state by rating oneself.

**Process:** The facilitator in this session will help the participants to find their current emotions by using an emotional thermometer, which transmits low to intense

### Materials required:

- ✓ Emotional thermometer worksheet
- ✓ Pen
- ✓ Bold Sketch Pen

### Activity:



The participants will be given an emotional thermometer worksheet having scales ranging from 0 – 10. The participants are asked to rate on how they are feeling at the current moment ranging from very good to very bad. This helps an individual to identify the nature of emotions and the intensity they experience.

After the participants have graded their respective emotions, the facilitator initiates a discussion on the source of the emotions. They can be asked "what made you feel that way?"



As the participants recall the triggering event, the facilitator elaborates on the association between stressful situations and the emotions experienced. The significance of identifying the source of negative emotions is also discussed. The participants may also be asked about the situations that made them feel good on that day. The session ends with the need to balance positive and negative stressors in one's life. Participants are encouraged to build capacities and skills to manage the negative emotions caused by stress.

**Outcome:**

This activity will enable the participants to become more aware and identify the areas that will help in enhancing their wellbeing.

**KEY  
TAKEAWAY**

- Emotional thermometer ranges from low to intense and is used to know the current emotional state of a person which enables to build self-awareness.

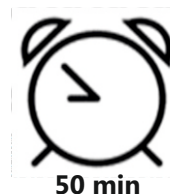


## SESSION 6

# COPING WITH STRESS

### Introduction:

Stress is experienced in different forms by everyone. Stress can overwhelm, however, stressful situations in everyday life make it necessary to handle it. Coping describes strategies in both behaviour and thoughts employed by persons to manage unpleasant emotions. Coping enables a person to adjust or handle a new situation. This experience can lead one to either cope positively or negatively.



**Objective:** To enable participants to understand their personal coping skills and differentiate the positive from negative coping skills.

**Process:** The facilitator explains to the participants the nature, need and types of coping strategies.

Persons belonging to the LGBTQIA+ community experience oppression and marginalisation at home, school, workplace, community all of which are major factors contributing to stress. Among the sexual minorities, stress is experienced in the physical, psychological, and social domain of the person's life. The negative emotions caused by stress include anger, sadness, lack of motivation, frustration and similar reactions. As the nature of stress is varied, the coping strategies employed by them are also different. Coping can range from diverting attention from the stressor to shouting angrily at the person who has caused the negative emotion.

### Materials required:

- ✓ Chart paper
- ✓ Bold sketch pen
- ✓ Coping strategy worksheet
- ✓ Pencil



Positive coping strategies	Negative coping strategies
<ul style="list-style-type: none"><li>• To identify the source of the problem</li><li>• To look for various approaches or solutions to the problem.</li><li>• Sharing one's worry or problems with whom they feel comfortable.</li><li>• Breaking down the problem into smaller steps and then making a progress with it.</li><li>• Having a sense of confidence while handling a situation.</li><li>• Focusing on facts</li><li>• Distracting oneself from the stressor</li><li>• Accepting the problem</li><li>• Following a routine</li><li>• Engaging in productive activities and hobbies</li><li>• Getting help from experts</li></ul>	<ul style="list-style-type: none"><li>• Confusion</li><li>• Blaming others and situations</li><li>• Blaming self</li><li>• Self-doubt</li><li>• Passive withdrawal</li><li>• Avoiding the problems</li><li>• Postponing the issue (procrastination)</li><li>• Suicidal thoughts</li><li>• Feeling helpless or hopeless</li><li>• Feeling guilty</li><li>• Harming self</li><li>• Feeling overwhelmed or numbed</li><li>• Dissociation from problems</li><li>• Alcohol and substance use</li></ul>

### Activity 1

The facilitator gives the following instructions before beginning the activity.

One clap – Jump

Two claps- Sit

Three claps – Stand





The participants are expected to follow the clap and do the assigned movement. The group is asked to stand in a circle, if an individual makes a mistake, they will move out from the circle and the game will continue again. The facilitator will continue the game until one person wins.

After the activity is over a discussion on why the participants made mistakes even though the activity seemed so simple is carried out. All the points made by the participants are written on a chart paper which is placed at the centre of the hall.

The last five participants are asked what made them perform the task correctly. The strategies used by them are noted down. The facilitator elaborates on positive coping strategies and their impact on managing stress. It is also explained that the negative coping strategies are unhealthy and do not help to reduce stress.

### **Activity 2:**

The participants are divided into groups of five. They are asked to discuss positive and negative coping strategies specific to the LGBTQIA+ community. If there are adequate numbers, each group may be allotted either one of the subgroups namely Lesbian and Gay, Bisexual, Transgender and Queer, Intersex and Asexual, to discuss positive and negative coping strategies specific to it.

Following this, a discussion will take place to know if the groups have understood correctly.

### **Outcome:**

To enhance positive coping strategies and give up negative coping strategies

### **KEY TAKEAWAY**

- Coping helps to recognize the source of stress and the different positive methods that can help an individual to overcome stress.



## SESSION 7

# PSYCHOSOCIAL CARE FOR LGBTQIA+ PERSONS

### Introduction:

Psychosocial care is concerned with psychological, social, and emotional well-being of an individual. It is the process of helping individuals who are stressed to deal with it. It comprises strategies and techniques aimed at reducing distress and providing skills for individuals and families. This curative care technique can be used by volunteers, trainers, and non-mental health professionals. Psychosocial care techniques consist of ventilation, empathy, active listening and social support, externalization of interest, relaxation, and spirituality. One way of helping the LGBTQIA+ population to manage their stress and ensure their wellbeing would be to apply the psychosocial care techniques.



**Objective:** To make the participants aware of psychosocial care, its importance, and its techniques.



**Process:** The facilitator makes a brief presentation and explains the seven psychosocial care techniques to help participants understand the importance and applicability of different types of activities.

**Materials required:**

- ✓ Emotional thermometer worksheet
- ✓ Pen
- ✓ Bold Sketch Pen

## Seven techniques of psychosocial care

TECHNIQUE	EXPLANATION
<b>Ventilation</b>	Ventilation is the process of sharing pent up feelings, thoughts and emotions.
<b>Empathy</b>	Empathy is a way of understanding what an individual is going through by placing self in the distressed person's position. It can also be described as feeling with the person who is in distress.
<b>Active Listening</b>	It is an intentional act of hearing and processing information shared by a person in distress. It is an important skill to provide emotional support.
<b>Social support</b>	Social support enables an individual to create a bond in a difficult situation and make one feel secure. It plays an important role in the health and wellbeing of an individual. It is the process of reaching out to various existing sources of support in one's life.
<b>Externalization on interest</b>	Externalization of interest helps an individual divert negative emotions experienced due to stress. It involves individuals engaging in activities that interests them, and make them feel productive.
<b>Relaxation &amp; Recreational</b>	These are the two main components of psychosocial care that help in faster and greater healing and normalization of life.
<b>Spirituality</b>	The meaning of 'spirituality' differs from person to person. For some, it is visiting their religious places, whereas for others it is getting in touch with the spiritual side, in the form of yoga, meditation, reflection of self and prayer.

## Activity 1:

The participants are divided equally into groups. Each group is given a case scenario. The group is expected to read, discuss, and identify the seven psychosocial care techniques used in different situations.

### Case scenario

Lala an 18-year-old (assigned female at birth) felt that she does not feel inclined to the assigned gender. By the time she is 13 she starts to menstruate. She feels confused and starts questioning herself on what is happening and desperately wants to identify herself as a male. Her parents started having an unstable relationship. Due to this she started experiencing anxiety leading to low self-esteem, and social isolation, dropped out from school due to hopelessness. The underlying feelings of frustration, confusion, and not being able to share it with anyone makes Lala feel vulnerable.

During this helpless situation, she meets Alexa who was friendly and a good listener. This created a comfortable atmosphere for Lala where she was able to share her distress and pent up emotions. Alexa explained to Lala that this is a process that all transgender person's experience and it is called coming out.

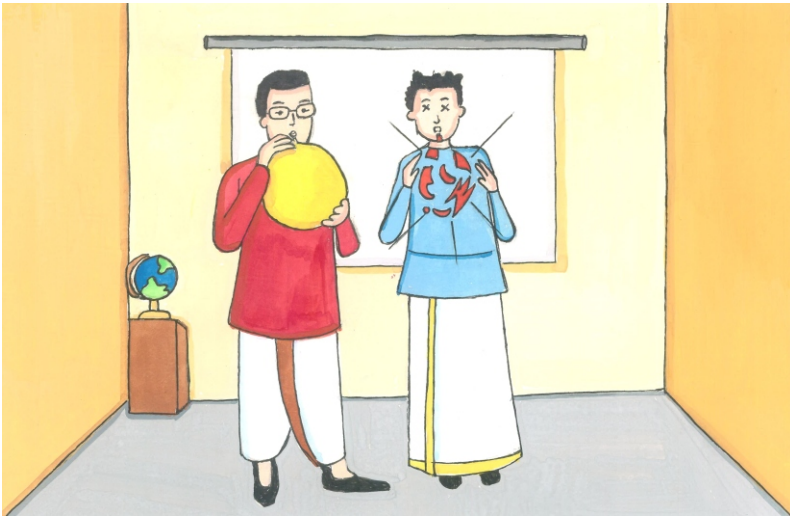


Alexa was able to understand Lala's suffering from her point of view. She started spending more time with Lala and got to know that Lala was talented and interested in singing and encouraged her to participate in singing contests. Lala felt a sense of relief while practising for the contest since it brought her back to a less stressful life. This made Lala identify her interest. Alexa also encouraged her to pursue education and provided networks to various support groups like NGOs, LGBTQIA+ affirmative counselling, medical services and many more. All their support helped Lala to overcome her psychosocial distress. After receiving support from professionals, Lala underwent sex reassignment surgery and changed her name to Rishi.

The points for debriefing may include the concept of psychosocial care and the different techniques prescribed under it.



## Activity 2 (Ventilation)



### Materials required:

- ✓ Balloon


The participants will be divided into two groups of equal number. Both groups will be provided with balloons. One group will blow the balloon until it bursts while the second group will blow the balloons and release the air simultaneously. An experiential sharing will be undertaken with both groups, to determine the reactions of holding and releasing the air from the balloons. Taking this example, the facilitator shall explain the possibility of experiencing stress, if feelings are suppressed and not ventilated.

## Activity 3 (Empathy):

### Materials required:

- ✓ Chart paper
- ✓ Bold sketch pen
- ✓ A4 sheet and pen





Six volunteers will be divided into pairs and instructed to list the activities which they would like their respective partners to do if they were enemies. Activities such as dancing, sit-ups, acting like different animals, and singing, can be written by each pair. Having completed this task, each person will be asked to read the list of activities they have written for the other partner and to enact it instead of asking their partner to do it. The main objective is to make the participants realize that often we think only from our point of view, which is very easy, but be able to get into another person's feelings and trying to see it from their perspective is indeed very difficult.

**Outcome:**

The participants should be able to understand and implement the psychosocial care techniques as a curative strategy. They should be able to help and reach out to individuals who are either experiencing or have experienced psychosocial distress.

**KEY  
TAKEAWAY**

- Psychosocial care aims to reduce distress and provide care for individuals and families.
- Psychosocial care involves looking at psychological, social, and emotional well-being of an individual.
- Psychosocial care consists of seven psychosocial techniques that are ventilation, empathy, active listening, and social support, externalization of interest, relaxation and spirituality which can be used in difficult circumstances.

## DAY 2

### TRAINING SCHEDULE

DAY 2			
12	Recap	Discussion	10 mins
13	Life skills for wellbeing	Group Activity	60 mins
14	Rainbow of Care	Activity and Discussion	20 mins
15	LGBTQIA+ Affirmative Counselling	Group activity and sharing	35 mins
LUNCH			
16	Caring for special population: Children, differently abled person, and older adults.	Group activity and discussion	75 mins
17	Enhancing resilience	Individual work	20 mins
BREAK			
18	Caring of Carers: Do's & Don'ts as a caregiver	Discussion and group activity	30 mins
19	Summary	Discussion	15 mins

## SESSION 8

# LIFE SKILLS FOR WELLBEING

### Introduction:

Life skills are defined as the ability for adaptive and positive behaviour that enable individuals to deal effectively with demands and challenges of everyday life (WHO,1999). Life skills are a set of important skills that are required to cope with day-to-day stress of life. They give individuals the ability to adapt to all kind of situations and achieve their full potential. For persons from the LGBTQIA+ community, life skills can promote wellbeing and help them become active and productive members of the community.



**Objective:** To make the participants understand the nature and need for life skills. To help them inculcate the same in day-to-day living.

**Process:** The facilitator will explain the eight-life skills to the participants through lecture and activity for each life skill.

#### Materials required:

- ✓ Chart paper
- ✓ Bold sketch pen
- ✓ Paper and pen

Life skill	
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Communication refers to exchange of information from one person to another. The information can be transferred through speaking, writing, or any other medium.</li> <li>• Types: Interpersonal and Intrapersonal communication.</li> <li>• Intrapersonal communication skills let people understand about themselves, understanding situations, in enhancing decision making skills and analysing issues. Refers to communication process within an individual</li> <li>• Interpersonal communication refers to communication between two or more people. it involves relations between persons. Important in building and maintaining relationships.</li> </ul>



<b>Decision making</b>	<ul style="list-style-type: none"><li>• Decision making is a logical step for choosing a best alternative in a particular situation and a course of action which had been selected from several alternatives</li><li>• Involves other skills such as analysing, sensitivity, logical thinking, creativity and many more.</li><li>• It gives an outcome which can be either an action or an opinion.</li></ul>
<b>Self-awareness</b>	<ul style="list-style-type: none"><li>• Self-awareness helps individuals to reflect their own self and introspect their own mental and emotional processes.</li><li>• Practicing self-awareness makes individuals active, gain positive self-development, and increase acceptance levels.</li><li>• Self-awareness helps in making correct decisions.</li><li>• This skill enhances self-confidence of individuals and helps in overall wellbeing.</li></ul>
<b>Interpersonal relationship</b>	<ul style="list-style-type: none"><li>• Humans are social beings who constantly interact with other fellow human.</li><li>• Relationships enhance an individual's emotions and regulate the behaviour of a person in future interactions.</li><li>• A bond between two or more people is generally defined as an interpersonal relationship. A positive interpersonal relation helps to maintain and balance mental health and physical health.</li></ul>
<b>Self esteem</b>	<ul style="list-style-type: none"><li>• Self-esteem is a subjective evaluation of one's own worth or overall positive evaluation of self.</li><li>• "Self-image", "self-perception", "self-concept" refers to the way we think and view ourselves.</li><li>• Self-esteem may directly or indirectly impact a person's life. Having high self-esteem will help to maintain mental health, good relationship, and better communication with others</li></ul>





## Anger management

- Anger management helps one to know how to express and recognize feelings in an appropriate manner.
- It decreases emotions and the physiological arousal that anger causes and is a way to reduce the effect that anger has on a particular person or situation.
- Managing anger can result in quick problem solving in every situation and helps to handle situations and its strengthens relationships.

### Activity 1 (Effective communication):

**Materials required:** Paper, and Pen

The facilitator will ask for a volunteer and give them an instruction for a simple art piece [ it can be a diagram using different shapes]. The volunteer shouldn't face the participants they have to face some other direction. The participants are asked to follow the instruction of the volunteer without questioning the individual.

Once, the volunteer finishes giving instructions then the facilitator will check the diagram of the participants. And the second time volunteer and the participants are given the privilege to question and answer to seek clarifications. Again, the participant has to check the diagram if it has been drawn well. Third time the volunteer is given the instruction to show imaginary diagram while instructing the participant to draw. This activity will let participants know how verbal and non-verbal communication plays an important role in clear and effective communication.



### Activity 2 (Self Esteem and Self- awareness):

**Materials Required:** Paper, Pen/ pencil

Participants are asked to write five positive and five negative behaviours or actions of theirs within the given time by the facilitator. Few representatives from the participants will be asked to share their five positive and negative behaviours. By doing this activity, the participants will be able to know how aware they are about themselves.



### **Activity 3 (Anger Management):**

**Materials required:** A4 size paper, crayons, pencil

The facilitator asks the participants to depict 'A Day You Remember' when they burst out with anger by drawing it on a paper. At the end of the activity the participants are asked to share it with the group on how they felt while doing the activity (the process) and the scene they have depicted. A discussion on how they could have managed better and what would be their strategies for future will be discussed.



### **Activity 4 (Interpersonal relationship):**

**Materials required:** Pen

The participants are divided into two equal groups and are asked to stand in a line facing each other. Participants pen is collected by the facilitator kept in the centre calculating the two lines. Now both the groups are instructed to have equal amount of pen from the pens kept in the centre within 10 to 15 seconds once the facilitator starts the time. After the time gets over, the facilitator has to check how many pens each group have. They can have three chances to get equal number of pens. In this activity, the facilitator can let participants know how communication, decision making, self-awareness, self esteem can play a vital role in interpersonal relationship.

### **Activity 5 (Decision Making):**

**Materials required:** Paper cup

Divide participants into two groups. Ask them to stand in a line facing each other and with some gap in-between. Keep a paper cup in-between each pair. Ask them to follow instruction which is given by the facilitator. The facilitator will say head, shoulder, knee, hand, leg and suddenly when facilitator say cup the participants should to take the cup from the ground. A quick move has to be made by the participants to take the cup before the other person. This activity will enable the participants to understand the importance of decision making.



**KEY  
TAKEAWAY**

- Life skills helps to cope with stressors and to adapt to situations.
- Communication is exchange of information and are of two kinds: Interpersonal and Intrapersonal communication.
- Decision making involves choosing the best alternative for a particular situation and is interlinked with other skills such as analysing, sensitivity, logical thinking, creativity and more.
- Self- awareness builds self- confidence.
- Interpersonal relationship helps to maintain and balance mental health and physical health.
- Self-esteem helps in maintaining good mental health, communication, and relationship with others.
- Anger management regulates anger and helps in quick solving of problem in a situation.



## SESSION 9

# RAINBOW OF CARE

### Introduction:


In the presence of multiple sources of stress, a wide range of interventions or management strategies are required. Persons who are LGBTQIA+ undergo varying degrees of stress. Stigma and discrimination, exclusion from rights and legislations, non-acceptance from the family of origin, lack of adequate social support, interpersonal problems with partners, financial and health challenges may be some of the stressors. To address these issues adequately, no single approach will be effective. A multi-faceted approach in the form of 'rainbow of care' is required.



Like a rainbow, that is a sign of hope, it represents the LGBTQIA+ community. Rainbow is of seven major colours called VIBGYOR which signifies the diversification of each colour. Likewise, in 'rainbow of care' it is necessary to see all aspects such as physiological, social, economic and emotional and give them hope. The intervention of each issue is related to the different layers of colours in a rainbow and integration of intervention will collectively give them a ray of hope as how rainbow gives hope and new beginnings.

**Objective:** To make the participants understand the integration of psychosocial care with spectrum of care aiming at preventive intervention.





**Process:** Facilitator/ Trainer will enable the participants to understand the various support systems that LGBTQIA+ individual can avail through this activity.

**Activity:**

A picture of a rainbow is drawn; the participants will be asked about the importance of rainbow and its components. Using this analogy, the participants will be asked to list all the possible support that can be provided. As a rainbow has many colours and each colour is significant, the rainbow of care also stands for various aspects such as food, shelter, health, compensation, paralegal, livelihood, and psycho-social care. As a caregiver one must investigate the holistic needs to provide psycho-social care and manage the stress/ distress of a person from multiple fronts.

**Outcome:**

The participants should be able to understand the importance of the holistic approach through the 'rainbow of care' as trainer explains. Through this activity, participants should be able to learn the various aspects which come under their spectrum of care.

**KEY  
TAKEAWAY**

- 'Rainbow of care' involves receiving and seeking social support from various sources for enhancing wellbeing of persons.

## SESSION 10

# LGBTQIA+ AFFIRMATIVE COUNSELLING

### Introduction:

LGBTQIA+ affirmative counselling is an approach in which professionals hold on to the positive view towards LGBTQIA+ identities and relationships and work on the negative influence, which the client has, due to homophobia. The counsellors work on the self, attitude, ethics, knowledge, and process skills by understanding and combating the heterosexual norms which is existing in the society and tackling homophobia among the clients.



**Objective:** To know about LGBTQIA+ affirmative counselling and tips to become LGBTQIA+ affirmative counsellor.

**Process:** Through a group activity the facilitator will make the participants understand how simple changes in the approach could help professionals to become LGBTQIA+ affirmative counsellors

A LGBTQIA+ affirmative counsellor, plays an important role in their client's mental wellbeing by affirming their experience and giving them a space to open up about their issues without any hesitance. In a LGBTQIA+ affirmative counselling setting, individual gets a sense of trust, safety, and a feeling of not being judged.

### Materials required:

- ✓ Chart paper
- ✓ Bold sketch pen
- ✓ A4 sheet
- ✓ Sketch pen packet
- ✓ Scale





**The following tips can be used by counselling professionals to be LGBTQIA+ affirmative:**

- Be aware of the difference between sexual orientation, gender identity, gender expression and sex characteristics.
- Understand the community and familiarise yourself with the issues.
- Get to know the locally available resources for LGBTQIA+ community for further referral.
- In the Intake form, gender option should be kept open ended.
- Keep the counselling environment LGBTQIA+ friendly by keeping good number of articles about the community.
- Use correct language and terminology. If there is any doubt on it, it is better to ask about their identity and pronoun.
- Getting involved in LGBTQIA+ community events and activities could further widen knowledge about the community.

**Tips for people to be affirmative:**

Do's	Don'ts
Make an effort to educate yourself about LGBTQIA+ community	Don't invalidate their identity
Listen to individuals from LGBTQIA+ community to be an ally or to educate yourself about the community	Don't think that all individuals we come across are heterosexual or cisgender
Ask for their pronouns and use it while addressing them	Don't isolate someone in your life because they decided to come out.
Use and respect the chosen name	Don't generalise issues and problems faced by individuals
Respect the individual's confidentiality	Don't enforce religious/ traditional views on someone who belongs to LGBTQIA+ community
Use inclusive language	Make no assumptions
Be conscious of your biases	Don't make unrealistic promises



**Activity:**

The facilitator divides the participants into groups. All the participants are given a detailed information on how a general intake form looks like and later participants will be asked to brainstorm and prepare a LGBTQIA+ affirmative intake form. In the last five minutes, one volunteer of each group can present their intake form and explain the different questions they have included in the form. Participants will gain awareness on how certain questions are non-inclusive and help the participants to develop a LGBTQIA+ affirmative intake forms.

**Outcome:**

The session will enable the participants to understand about LGBTQIA+ affirmative approach in counselling.

**KEY  
TAKEAWAY**

- LGBTQIA+ affirmative counselling involves holding positive view towards LGBTQIA+ communities and by making changes can enable an inclusive professional setting





# SESSION 11

## CARING FOR SPECIAL POPULATION

### Introduction:

The groups and communities, who are at higher risk of poor health and as a result experience social, economic, and environmental barriers are termed as vulnerable populations. Though persons who belong to the LGBTQIA+ population are generally categorized as vulnerable, there are certain groups who are especially vulnerable among LGBTQIA+ community. Children, adolescents, older adults, people who are economically and socially disadvantaged, persons who are diagnosed with HIV/AIDS, persons with disability may be a few among the vulnerable among the marginalized.



**Objective:** To make the participants aware of the existence of vulnerable groups among the marginalized community. To enable them to become aware of ways to help themselves.

### Materials required:

- ✓ Bold sketch pen
- ✓ Pencil
- ✓ Chart paper

**Process:** Despite the presence of many vulnerable groups, due to magnitude of stress and the nature of stressors, five groups are elaborated in this manual. The facilitator explains about the five vulnerable groups in the community, why they are considered vulnerable and outline effective ways and strategies to provide care for these vulnerable group.

The table below discusses the reasons and the care strategies for the people who are vulnerable among the LGBTQIA+ community.



## CHILDREN

### WHY THEY ARE VULNERABLE?

Adolescent children from the LGBTQIA+ community are more prone to leave their homes due to lack of support and acceptance from their family member. They tend to engage in negative coping strategies for livelihood and survival. These may include violence, aggression, alcohol and substance abuse, self-harm and suicide.

### Tips for care:

- ✓ Find a good time to talk and listen actively.
- ✓ Assure them that they are not in trouble.
- ✓ Be open, authentic, and relaxed.
- ✓ Explain the role of therapist is to provide help and support.
- ✓ Assure that sharing by the child will be confidential.
- ✓ Schedule short sessions to avoid fatigue.
- ✓ Provide activities using toys, blocks, games to engage the child.
- ✓ Psycho-social First Aid in times of crisis – help the child to ventilate and address the current need.
- ✓ Provide guidance for accessing shelter homes.
- ✓ Help the child to connect with social groups (NGO's & CBO's) who can help the child to access education, financial assistance, and aid for health care.



## LGBTQIA+ PEOPLE WITH DISABILITIES

### Why they are vulnerable?

While the differently-abled people who are cis-gender with disabilities face more difficulty in living. It is evident that being a person with disability and belonging to the LGBTQIA+ community will have more adverse effects in handling day to day stress of living. Availing of government schemes and medical services are more difficult for them which may lead to severe physical and psychological health issues.

### Tips for care:

- ✓ Psychological counseling and strategies to handle their issues.
- ✓ Assisting in ways to access health care needs and financial assistance.
- ✓ Encouraging them to participate in small group meetings to develop resilience.
- ✓ Provide proper referral to access legal aid.
- ✓ Providing services based on the specific needs of the community.



## ELDERLY PEOPLE

### Why they are vulnerable?

Elderly people from the LGBTQIA+ community face loneliness, difficulty in accessing the basic needs, especially healthcare because of lack of family support and increasing inability to care for themselves, and lack of LGBTQIA+ affirmative care system for senior citizens.

### Tips for care:

- ✓ Psychological counselling and effective ways to handle loneliness
- ✓ Assisting in ways to access health care needs and financial assistance
- ✓ Encouraging to participate in small group meetings to develop resilience
- ✓ Providing proper referral in order to access their legal needs
- ✓ Motivating for annual medical check-up
- ✓ Encouraging mobility and provide tips for good sleep patterns
- ✓ Educating on the need of medication if required

## PEOPLE LIVING WITH HIV

### Why they are vulnerable?

Due to lack of awareness, discrimination and stigma, health care providers do not have enough information/awareness about LGBTQIA+ community and it acts as a barrier in seeking health related services. Among the LGBTQIA+ community, people who live with HIV are most affected as their daily living and personal care is affected as they lack support from family, friends and other care providers.

### Tips for care:

- ✓ Regular exercise to maintain good physical and mental health
- ✓ Healthy eating helps body to fight HIV and other infections
- ✓ Encouraging people with HIV to avail help from counsellors and therapists who are trained to help people with HIV
- ✓ People with HIV should stay 'up to date' on their medicines
- ✓ Advise them to with draw from substance and alcohol intake

## MENTAL ILLNESS

### Why they are vulnerable?

There is a wide range of mental health conditions, When a person is emotionally and behaviourally disturbed, we find them having a mental health condition. There are many misconceptions related to access to mental health, Many who seek help for their mental health wellbeing are stigmatised and discriminated by the society. Being a part of LGBTQIA+ community whose inclusion is ongoing process people become more vulnerable to face issues like non-acceptance, negligence and discrimination.

### Tips for care:

- ✓ Encourage people to talk to someone whom they trust.
- ✓ Have a healthy life style by doing regular exercise, eating a balanced diet, have good sleep because physical health improves mental health and well-being.
- ✓ Ask them to externalise their interest.
- ✓ Ask them to stay away from harmful substances.



### **Activity:** Group brain storming

The facilitator will divide the participants into five smaller groups. Each group will be given a topic (Children, differently abled, elderly people, people who live with HIV and mental illness). The participants are expected to discuss among the group and come out with reasons why they are considered vulnerable and propose effective strategies to care for the vulnerable groups.

### **Outcome:**

The process will help the participants to understand the existence of the most vulnerable among the vulnerable community. Also, to understand the issues faced by them and effective ways to deal with it.

#### **KEY TAKEAWAY**

- Vulnerable population are prone to high risk of reduced health and experience various barriers.
- Some of the more vulnerable populations among the sexual and gender minority communities include children, elderly, people who live with HIV and people with disabilities.

## SESSION 12

### ENHANCING RESILIENCE

#### Introduction:

The ability to recover from hardship and move forward in a positive adaptive way and reaching out to others for help and support in a difficult circumstance is a key part of being resilient. The coping capacity of the existing mental health conditions due to bullying, discrimination, violence and other trauma related to coming out will be improved by being resilient.



**Objective:** To help participants understand, how being resilient, helps in difficult circumstances.

**Process:** The facilitator will explain the concept of resilience and explain how an individual can become resilient.



S. No	WAYS TO IMPROVE RESILIENCE
1	Connect with people by volunteering in any event or by joining a support group. It will help people build positive and good relationship with each other.
2	Do not ignore your problems and issues. Rather see how you can overcome the issues through making a plan and working according to it.
3	Be hopeful that you will be able to overcome the circumstances rather than staying in that particular situation and thinking that the past cannot be changed.
4	Accomplishment gives us a meaningful life. Thus, setting goal every day and working towards it helps individuals to move forward in life
5	Focus on the issues, we face in a day-to-day basis or during a difficult circumstance. We can try focusing on how we were able to cope up with the difficult situation in the past and what strategies we used to cope with that situation. It will definitely help to find, positive and negative behaviour patterns in the past.
6	In difficult circumstances we tend not to look after ourselves thus taking care of one's own needs and feelings is important and there is a need to care for ourselves.

### ACTIVITY 1 Crossing the Bridge

The facilitator will divide participants into groups of equal numbers. Each group will be given five A4 sheet sized newspaper cuttings. Within the specific area the participants are expected to step only on the sheets placed at some distance and to reach the destined mark. Since social support is a key part of being resilient, this activity will help participants to acknowledge the importance of social support while coping with a difficult circumstance.

#### OUTCOME:

The session will give participants a clear view of why being resilient is important and will explain the importance of improving resilience.

#### KEY TAKEAWAY

- Resilience is the ability to adapt to difficult circumstances and issues.
- It helps in protecting individual from various traumas, anxiety and depression in crucial situations as it enables them to cope with it.



## SESSION 13

### CARING OF CARERS: DO'S AND DONT'S AS A CAREGIVER

#### Introduction:



Caregivers who look after community members during the social transitioning, medical transitioning of trans persons, or old age of LGBTQIA+ persons face a lot of emotions/ issues. Friends, family, relatives, siblings, and community members can serve as caregivers at the time of distress. These caregivers tend to face various types of emotions like anger, loneliness, guilt and burnout. At times they fail to take care of their well-being because they neglect their emotions. Due to such thoughts, they fail to take responsibility for their well-being, from taking help from friends, family, and relatives and from professionals. If their emotions are not addressed adequately, it could be detrimental to their wellbeing.



**Objective:** To make the participants understand the invisible emotions care givers face.

**Process:** The facilitator will make the participants understand about the invisible emotions the caregivers face and its effect through an activity. After the activity, facilitator could take up the issue on how and where the caregivers can get help for their wellbeing.





## Things caregivers can do for their health and wellbeing:

- Caregivers can seek help from mental health professionals if they have disturbed sleep, poor appetite, piled up emotions, irritated and unable to control their emotions
- They can share their feelings with friends or family members with whom they are comfortable.
- Exercising (walk or stretches), getting sufficient sleep, having a healthy food in-take, giving me-time, talking to friends and connecting within oneself will give good health and well-being.

### **Activity:**

The participants are divided into pairs and one of them is blindfolded. The blindfolded person must reach a certain distance on their own in the beginning and in the later part they will be guided by their pair to reach the destination. Many barriers in the form of bag, chair, water bottle and many more can be kept on the path. The participants are supposed to cross the area without pushing or getting hit from the objects kept, this activity could help the participants to understand how hard it is for them to manage emotions by themselves and how getting help from others will help in overcoming the negative emotions.

### **Outcome:**

The session will help the participants understand the invisible emotional disturbances a caregiver undergoes on occasions and gives participants tips on building good health and wellbeing.



### **KEY TAKEAWAY**

- Caregivers take care of people who are in need and are exposed to various emotions and by doing so they sometimes fail to take care of their own well-being.

## DAY 3

### TRAINING SCHEDULE

DAY-3			
20	Recap	Discussion	20 mins
21	Identifying the impact of stress: Measurement and assessment - other tools	Individual Work	30 mins
22	Referral and follow up	Group activity with discussion	30 mins
23	Networking	Group activity	20 mins
BREAK			
24	Application of the training	Role play	70 mins
25	Post assessment and Feedback	Individual work	50 mins
LUNCH			
26	Oath Taking	Group activity	20 mins
28	Valedictory	-	40 mins
29	Annexure	Discussion	30 mins

## SESSION 14

# IDENTIFYING THE IMPACT OF STRESS: MEASUREMENT AND ASSESSMENT TOOLS

### Introduction:

Measurement and assessment tools are used to measure qualitative and quantitative information. To identify the impact of stress on LGBTQIA+ community individuals certain scales like Self-Reporting Questionnaire, Anxiety Measuring Scale can be used.



**Objective:** To identify and understand the impact of stress on LGBTQIA+ individual.

**Process:** The participants will be given standardised measurement scales on Anxiety, self-reporting question to identify mental health issues. The facilitator will give a very brief introduction about the measuring scales and the scoring. The measurement and assessment scales are attached in the annexure part of the module. After the participants fill up the measurement scales, and the scoring pattern is explained to them, they will understand if someone who is taking this test requires help. It will also be explained to them when they administer the scale on another person and the score indicates a problem, then they have to refer the person to a professional for help. The following session will help them do the same.



### Outcome:

Participants will be able to understand each measuring scale, its scoring and will fill in the standardised scale.

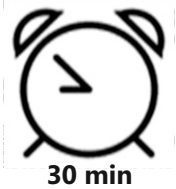
# SESSION 15

## REFERRAL AND FOLLOW UP



**Introduction:**

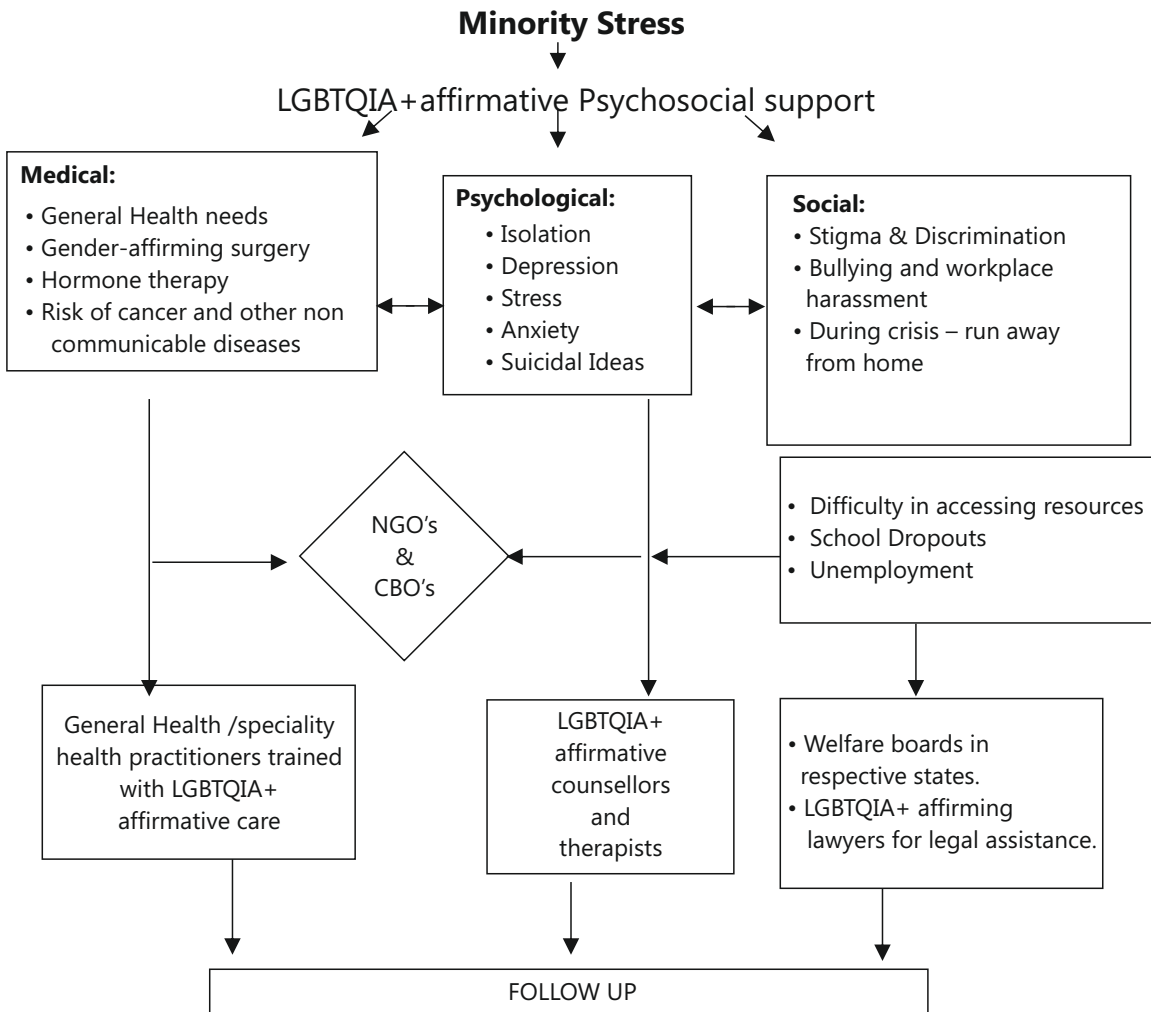
The act of directing or redirecting someone to the appropriate resources. It helps the client to find the assistance of an expert. A referral from a professional gives a reassurance and trust to the client about the service.



**Example:** Referring a person having difficulty to access legal aid to a lawyer.

The flow chart given below gives direction for referral for specific issues of LGBTQIA+ Community

**Referral Process:**



## Why follow up?

Follow-up is a process of continuous monitoring. It is necessary to evaluate the effectiveness of the interventions given to the LGBTQIA+ community throughout the process.



### Materials required:

- ✓ Case vignette
- ✓ Cue cards

**Activity:** Participants will be given a bunch of cards with different professional roles on it and a case vignette each. The participants are expected to select a respective referral card from the bunch and explain why and how that professional can help the case given in the vignette.

### Outcome:

The participants shall be able to understand what is referral and follow up. When and how to provide referral.

### KEY TAKEAWAY

- Referral refers to directing or redirecting an individual to the appropriate resources.
- The various ways in which an individual can seek help from professionals can be understood in this session.

## SESSION 16

# NETWORKING

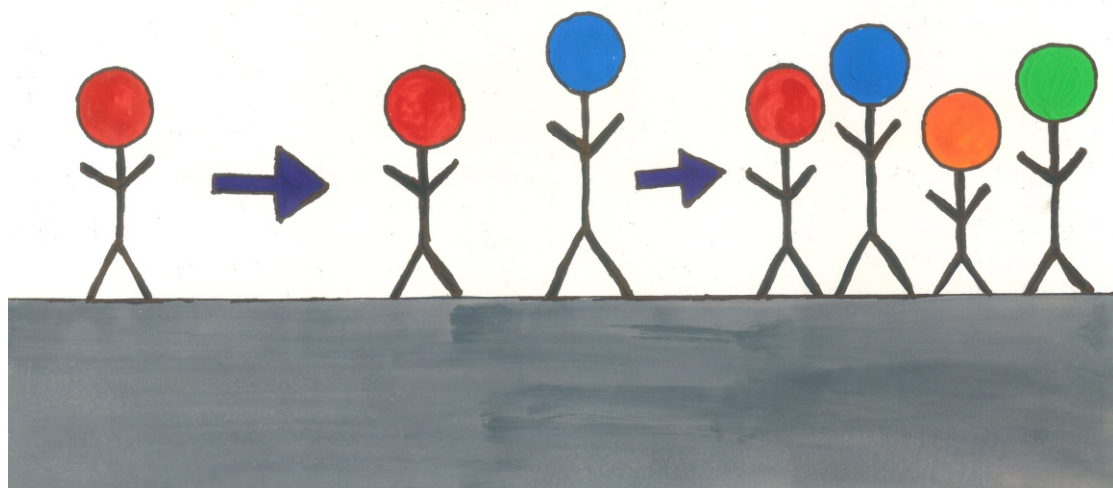
### Introduction:

Networking helps LGBTQIA+ persons to create relationship connection with organisations, institutions, and communities to get resources and achieve their goals. Volunteering for a social cause, helping people to avail resource, connecting people with professionals at the right time and enable WhatsApp groups for seeking job opportunities, are some examples of networking. Individuals can get contacts from friends, family members, and members of organisations, lay persons, and neighbours for networking with them.



**Objective:** To understand the effectiveness of networking

**Process:** The facilitator will give a brief introduction to the session on what is networking and how individuals can extend their network. In the later part of the session/ in the beginning of the session the facilitator will conduct activity for the participants to have a better understanding of the subject.





### Activity 1:

Participants are divided into groups with equal numbers having one member as a head who will lead the group. The facilitator could ask the participants to write down all the words which involve alphabets from A to U. In the given time, the participants will start writing words by discussing and brainstorming. This activity will help the participants to understand how different people contribute to achieve the goal. Activity can be seen as a goal which the head has to achieve and group members are the network from whom the leader gets help.

**Outcome:** Through lecture and activity the facilitator will make the participants understand the concept of networking in one's life.

#### Materials required:

- ✓ Chart paper
- ✓ Bold sketch pen
- ✓ Paper
- ✓ Pen
- ✓ Pencil
- ✓ Scale

#### KEY TAKEAWAY

- Networking is a way of connecting with people or available resources at the right time.



## SESSION 17

### APPLICATION OF THE TRAINING

#### Introduction:

Application of the training session is conducted to help the participants understand the skills and techniques learnt from the three-day training program on Holistic Psychosocial Wellbeing of LGBTQIA+ Community.



**Objective:** To check the understanding of the participants through role play.

**Process:** The facilitator will separate the group and assign topics for each group for the role play.



#### Activity:

The facilitator will divide the participants into a group of 7 and each group will be given one spectrum of the community to enact on the life span stages. Each group must apply all their learning and showcase how they can help individuals in the difficult circumstances, by the interventions that they have learnt during the sessions. Groups will be given time to write the script and to practice the play. Each group will be given a grace time of five minutes to enact their play before the larger group. After the completion of all the plays the facilitator will give feedback to them.

#### Materials required:

- ✓ Chart paper
- ✓ Bold sketch pen

**Outcome:** The participants will be able to reflect on their learning understanding and knowledge gained through the role play.

#### KEY TAKEAWAY

- Application of the training is to understand the skills and techniques acquired from the three-day training program.

## SESSION 18

### POST ASSESSMENT AND FEEDBACK

#### Introduction:

The participants will be given a set of questionnaires on their wellbeing and knowledge on holistic psychosocial wellbeing, after the completion of training. Comparing both pre and post assessment sheets the facilitator will be able to understand the knowledge gained by participants and the effectiveness of the Training Module.



**Feedback:** The participants will be given time for giving feedback on how each session has created an impact and how it was beneficial for them. They can also give suggestions for improving the sessions.

**Objective:** To assess their wellbeing and knowledge on holistic psychosocial wellbeing through scale, questionnaires and through feedback.

**Process:** Facilitator will help the participants to fill the assessment sheets by explaining each scale and by reading it out loud. At the end of each session or towards the end of the day, participants will be asked for feedback by the facilitator.



#### Materials required:

- ✓ Assessment sheets
- ✓ Pen

**Outcome:** The facilitator will be able to understand the participant's knowledge and well-being through the given assessment sheets and by feedback.

## SESSION 19

### OATH TAKING

#### Introduction:

At the end of the training session the participants take an Oath to put into practice what they have imbibed from the training programme.

**Objective:** To instil among participants a sense of Commitment, Service, and Dedication.



**Process:** As the facilitator reads out the oath, the participants should stand in a circle and repeat the lines with a lighted candle in their hands. This light symbolises their dedication to the Psychosocial Wellbeing Training.

- ❖ We will keep the shared information confidential.
- ❖ We will respect and trust persons belonging to the LGBTQIA+ community.
- ❖ We will take care of the psychosocial wellbeing of SELF and the others around us.
- ❖ We will reach out and seek help when we feel low.
- ❖ We will not make false promises to persons belonging to LGBTQIA+ community and their families.
- ❖ We will always be happy and positive.

**Outcome:** The oath taking ceremony concludes with the participants wishing each other. After oath taking, the facilitators will give general instructions on the training module and the processes.

## ANNEXURE

### **Guidelines for a facilitator:**

The holistic psychosocial wellbeing module was developed with the intention of building capacity to address the psychosocial issues of the LGBTQIA+ communities among various stakeholders. Any person interested in this area could browse through the contents and conduct training workshops to achieve the above-mentioned objective. The following are a few guidelines that could come in handy in the process. If you wish to be a facilitator the following section on what is facilitation, the basic principles of facilitation and the role of facilitator will indeed be a useful resource for training.



Facilitation of training workshops and programs is both an art and a science. Teaching, training, and facilitation are tasks that are often considered to overlap each other. The differences between the three depends on the person who is taking up the task, the goal and objective of the task, the methodology adopted to do the process, the participant and beneficiaries who are end users of the task.

Facilitation is the act of giving simple, objective guidance, to a group of people that helps them move towards a learning curve. The facilitator adapts, adjusts and is flexible to the goals of the workshop, participant's need and the dynamics of the group. There are various styles of facilitation from rigid to permissive, from structured upright to unstructured and free.



## Principles of facilitation:

<ul style="list-style-type: none"><li>• Listening</li></ul>	Always listen to what the participants are saying, be it sharing personal stories or giving feedback. Listening is key to responding and moving in the workshop forward.
<ul style="list-style-type: none"><li>• Create an atmosphere that is inclusive and inviting</li></ul>	A warm and accepting ambience helps participants to feel non threatened and welcomed. It will aid in easy transfer of information and break the communication barriers.
<ul style="list-style-type: none"><li>• Openness to improvisation</li></ul>	Be ready to make changes in the content, format and methodology of your workshop. Plan ahead but be ready to respond to what is happening at that moment.
<ul style="list-style-type: none"><li>• Be genuine</li></ul>	Your personal style of facilitation matters. Don't try to duplicate somebody else's style. Are you a humorous or a serious facilitator? Identifying your natural style is important.
<ul style="list-style-type: none"><li>• Do not be afraid of accepting</li></ul>	When you are unaware of some part of the content, acknowledge it and suggest process or activity that would help the group answer the question at hand
<ul style="list-style-type: none"><li>• Refrain from giving advice</li></ul>	Facilitation is not advice giving or continuous lecturing
<ul style="list-style-type: none"><li>• Do not be judgmental</li></ul>	Bringing in personal feelings and opinions can be counterproductive to the training process.
<ul style="list-style-type: none"><li>• Energy within the group is crucial</li></ul>	The group's energy levels can either be optimal and help them attain learning outcomes or it could be too much leaving them overwhelmed and drained. Using appropriate activities and exercises help workshops to be engaging and fruitful.





## The role of a facilitator:

Prepare by reading the content and deciding on the methodology

Set and get expectations from participants

Guide the group to achieve outcomes and move forward

Ensure equal and full participation

Plan and lead activities and instructions

Facilitate mutual understanding of the participants.

Ensure inclusive and collaborative decision making during the sessions

Key responsibilities for the workshop should be shared with participants.

Allocate adequate time for each session and stick to it

Use recaps and summaries to ensure continuity of sessions



## **Facilitator ensure the following:**

The following are a few points that the facilitator should ensure for the smooth conduct of the training. Some of the below points are to be mentioned to the trainees some are to kept in mind by the facilitator.

- The participants should be asked to put their mobiles phones in silent mode.
- They should be asked to take prior permission with valid reasons if they are to miss a session in between
- All group activities should be photographed and can be shown after the training sessions/during breaks (if possible & convenient).
- A group photograph should be taken on the inaugural day.
- Participants list with name, designation, address, contact numbers and e-mails should be circulated at least thrice during the training.
- One copy of participant details need to be circulated so that necessary corrections can be made. The same need to be submitted to the facilitator/programme director for making the certificates.
- All the training materials and equipment should be kept ready before the training.
- The participants should be informed about the duration of lunch and tea break and other group activities clearly every time. They should also be told about the time when the next day training would start.
- This training is participative in nature and strictly the facilitator has to adhere to the session timings.
- The participants are encouraged to share their difficulties and other issues in the programme so that required modifications can be made.
- No participants shall be given certificate if s/he remains absent for more than one hour during training days.







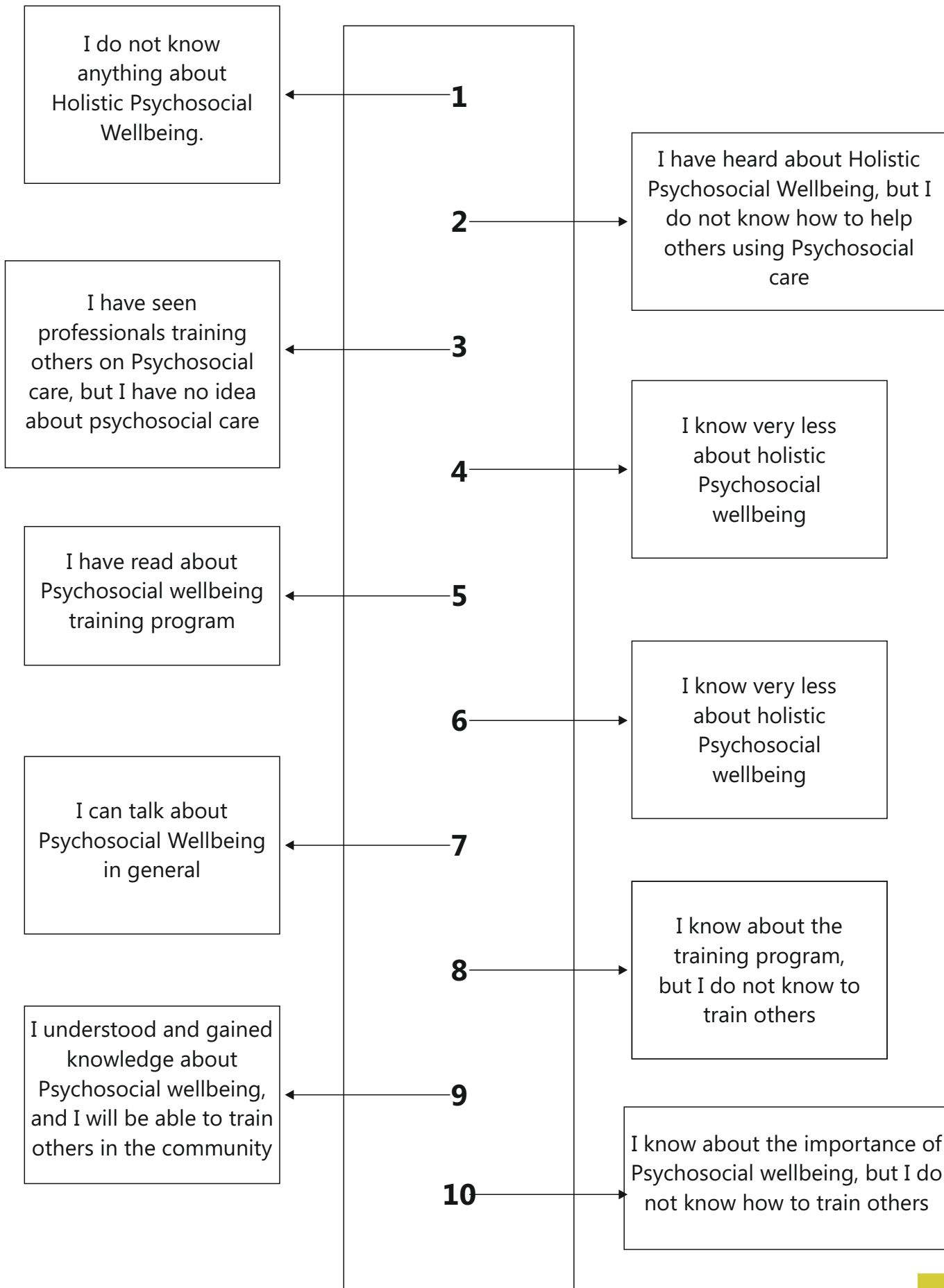
## Training specific instructions

- The facilitator should strictly adhere to the programme schedule (content/process) i.e., the facilitator should not include his/her personal dialogues/discussion into the session.
- Time duration should be strictly followed and after every session the facilitator has to summarize with at least 3 points.
- The day 2 and day 3 should start with recap sessions which should be ideally 15 minutes (first session in the morning).
- Each session should include 20% input or facilitation from the facilitator and the facilitator should encourage 80% discussion/participation from the participants.
- Frequent use of energizers can stimulate participants and can break the monotony.
- Use appropriate examples of the LGBTQIA+ persons from their social and family situations to make participants relate to the session whenever necessary.
- Group composition can be changed for every activity to enhance group cooperation and learning.
- Before starting every session, the objective and outcome need to be oriented to the participants.
- Encourage the participants to participate in the training.
- Do not use harsh words, avoid partiality and discrimination. Do not impose or show your authority.
- Remember that you are dealing with people who have rich personal experience and emotions. The facilitator's work is to encourage the participants to share their experience and add knowledge or help participants identify healthy/unhealthy ways of dealing with stress.
- Validate the feelings of the participants when s/he shares some personal issues.
- Give sufficient space for participant to ventilate, listen actively and be empathetic.
- Be sensitive to the participants' needs and feelings/emotions
- Maintain confidentiality and encourage the participants to do the same.



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- Do not be judgmental and critical towards the participants.
  - Any group will have a lion – a person who is very dominant, a giraffe – a person who pokes often, rabbit – a person who beats around the bush, a tortoise – a person who will not come forward at all. The facilitator should know to handle all the people.
  - Gently point out to dominant persons to give chance or opportunity to others, for persons who talks more to wait for their chance, for persons who speaks lot to be concise and to speak up to the point. The facilitator has to encourage those persons who are reluctant to speak. This will make all the participants to participate equally in all the activities.
  - The formation of subgroups is a normal reaction in any group process. They can be both constructive as well as destructive. The facilitator should be mindful of this and should take steps to break such groups whenever necessary.
  - Ask participants not to skip any questions while filling the questionnaire.
  - Do not give any suggestions like professionals or advice or start counselling. The work of the facilitator is to encourage individual/group sharing, provide content specific information, identify people in need of professional help and facilitate appropriate referrals.
  - The facilitator should start every session with the aim, methodology and conclude with carry home messages.
  - Prompters are given for each session in a folder/file. The facilitator should use the appropriate prompter for the session.

# PRE- AND POST-ASSESSMENT







## POST ASSESSMENT QUESTIONNAIRE

1. What was your core learning from the three-day training program?
2. Which session in the training do you think was more relatable and helpful for you?
3. Which methodology in the training session was more helpful in understanding the concept?
4. Rate your confidence and knowledge on Psychosocial wellbeing after attending the training program in a scale of 1 to 10.
5. In a scale of 1 to 10, rate the Training program on Holistic Psychosocial wellbeing?
6. Any suggestions about the three-day training program?





## **INTAKE FORM SOCIO DEMOGRAPHIC PROFILE PRE-ASSESSMENT**

- 1 Name:
  - 2 Preferred salutation:
  - 3 Age:
  - 4 Birthplace
  - 5 Current residence:
  - 6 Education:
  - 7 Marital status:
  - 8 Religion:
  - 9 Employment details:
  - 10 Monthly Income:
  - 11 Contact address and number:
  - 12 Who do you live with?
  - 13 Mention your primary and secondary sources of support
- If you are a person from the LGBTQIA+ community, please answer the following question number 14 and 15.
- 14 How old were you when you realised that your sexual orientation, gender identity and/ or sex characteristics were different from what was assumed/ expected by your family/society?
  - 15 How old were you when you came out?
  - 16 What are the current life stressors that are challenging you?
  - 17 What are your expectations from this training?
  - 18 Have you attended any stress management or wellbeing training in the past?
  - 19 If yes to the above question, mention the year and name of the training.
  - 20 On a scale of 1-10 how satisfied are you with your current life?

## GAD-7 Anxiety

The Generalized Anxiety Disorder Scale-7(GAD – 7) is a 7-item self-rated screening tool and severity indicator for GAD (General Anxiety Disorder). General Anxiety Disorder is a chronic and excessive anxiety and worry about number of events or activities that is difficult to or not under control.

Scoring: GAD-7 score is calculated by assigning scores of 0,1,2 and 3 to the response categories of 'not at all', 'several days', 'more than half the days' and 'nearly every day' and adding together the scores for the seven questions.

Interpretation: Sores of 5, 10 and 15 are taken as the cut off points for mild moderate and severe, respectively.

S. No	ITEMS	Not at all	Several days	More than half the days	Nearly everyday
1.	Feeling nervous, anxious or on edge	0	1	2	3
2.	Not being able to stop or control worrying	0	1	2	3
3.	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5.	Being so restless that it is hard to sit still	0	1	2	3
6.	Becoming easily annoyed or irritable	0	1	2	3
7.	Feeling afraid or awful	0	1	2	3

Spitzer, R.L., Kroenke, K., Williams, J. B., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of internal medicine,166(10), 1092-1097.

## SELF REPORTING QUESTIONNAIRE-20

Please read the entire introduction before you fill in the questionnaire. It is very important that everyone taking the questionnaire follow the same instructions.

The following questions are related to certain pains and problems, that may have bothered you in the last 30 days. If you think the question applies to you and you had the described problem in the last 30 days, Answer Yes.

On the other hand, if the questions do not apply to you and you did not have the problem in the last 30 days, Answer No

Scoring: each of the 20 items is scored 0 or 1. A score of 1 indicates that the symptom was present during the past month, a score of 0 indicates that the symptoms was absent. The maximum score is therefore 20.

S. No	ITEMS	YES	NO
1	Do you often have headaches?		
2	Is your appetite poor?		
3	Do you sleep badly?		
4	Are you easily frightened?		
5	Do your hands shake?		
6	Do you feel nervous, tense, or worried?		
7	Is your digestion poor?		
8	Do you have trouble thinking clearly?		
9	Do you feel unhappy?		
10	Do you cry more than usual?		



11	Do you find it difficult to enjoy your daily activities?		
12	Do you find it difficult to make decisions?		
13	Is your daily work suffering?		
14	Are you unable to play a useful part in life?		
15	Have you lost interest in things?		
16	Do you feel that you are a worthless person?		
17	Has the thought of ending your life been on your mind?		
18	Do you feel tired all the time?		
19	Do you have uncomfortable feelings in your stomach?		
20	Are you easily tired?		

Beusenberg, M, Orley, John H & World Health Organization. Division of Mental Health, 1994.





## ENERGISER

### 1. What am I feeling?

Participants sit in a circle. Each participant will get their turn and during which they have to act out their emotions. Other participants must find out what feelings they are expressing. The person who finds out will be the person to act.

### 2. Mirror image

Participants choose pair, each pair decides which one of them will be the “mirror”. Partner has to copy the action whatever the other person (mirror) does. This activity will enable the participant to understand how each person’s action and behaviour is different from the other.

### 3. Pass the action

Participants stand in a circle. Person A has been asked to stand in the centre. Person A is moving towards any person of choice by doing any action which they like. When Person A takes Person B’ place then person B must move to the centre using A’s action and should do another action from the centre to C’s place. This game continues till everyone has participated in the task.

### 4. Group balance

Participants should get into twos. The pairs should hold each other’s hand. The facilitator will give instructions like to bend forward, backward, to sit down, stand up, etc. Participants are supposed to follow the instruction without leaving the partners hands. Likewise, facilitator will change the grouping of participants into four, two, individual, etc. In the end, the participants are counted off as even and odd numbers. On a signal, the facilitator will ask the even to fall forward and odd to fall backward.

### 5. Robots

Participants are divided into group of three and in each group one person is a robot controller and the other two are robots. The controller should manage the robots by touching on their shoulder to show direction. If the controller touches the right shoulder, then the robot is supposed to turn right and if the controller touches the left shoulder, then the robot is supposed to turn left. The activity starts when the facilitator directs all the robots towards a direction. Two robots are not supposed to hit each other, and the controller must try to stop the robots from crashing into obstacles. In-between facilitator can also swap roles so that everyone gets a chance.





## 6. **Bring me**

Participants sort themselves into small groups and stand as far as possible from the facilitator. One group will be called out and are asked to stand near the facilitator. Facilitator then calls out "Bring me.... and adds objects name such as bag, pen, purse, etc. the group must run and bring whatever has been asked by the facilitator from the other teams.

## 7. **Birthday Graph**

Participants are asked to line up according to their birthday, birth month or year. The facilitator will say call one of the three to line up.

## 8. **Port/Starboard**

The participants stand in the centre of the room. The facilitator gives command like starboard, port and man the ship. If the facilitator shouts "Starboard" then the participants are supposed to rush towards their right and if the facilitator shouts "Port" then the participants are supposed to rush towards their left. If they shout "Man the ship" they are supposed to rush to the centre.

## 9. **An orchestra without instruments**

The participants are asked to create an orchestra without any instruments. The orchestra will only use sounds which is made by the human body. They can use hands, feet, voice, various sounds, etc. They can play a tune which is well-known and play it before the larger group or they can create their own composition.

## 10. **Do opposite of what I say, but say exactly what I say**

Instruction:

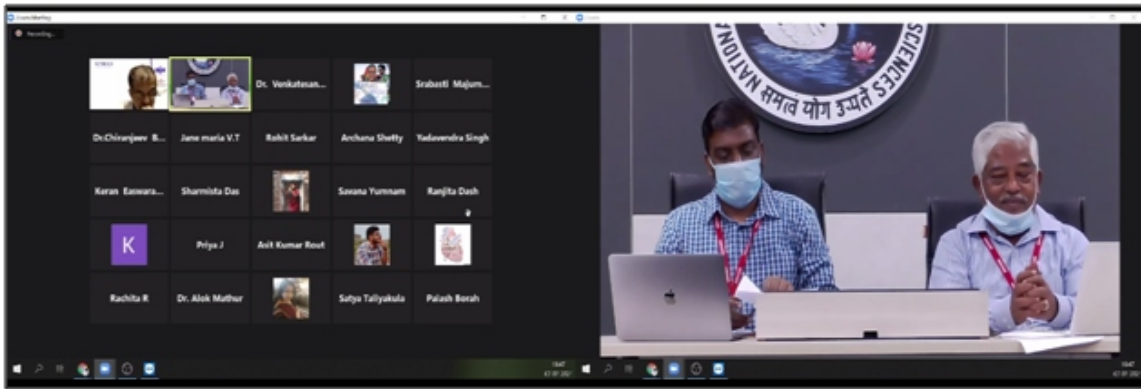
Lean in (participants need to say lean in but the action should be lean out) like the same for the following words, lean out, lean left, and right.

- ✓ Open eyes
- ✓ Nod your head
- ✓ Sit down
- ✓ Lift your right hand
- ✓ Stand on one foot
- ✓ Wink your right eye
- ✓ Turn to your left



# PICTURES

## NATIONAL CONSULTATIVE MEETING WITH STAKEHOLDERS



## REGIONAL CONSULTATIVE MEETING WITH STAKEHOLDERS



# GLIMPSES OF REGIONAL CONSULTATIVE MEETING





# GLIMPSES OF REGIONAL CONSULTATIVE MEETING





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