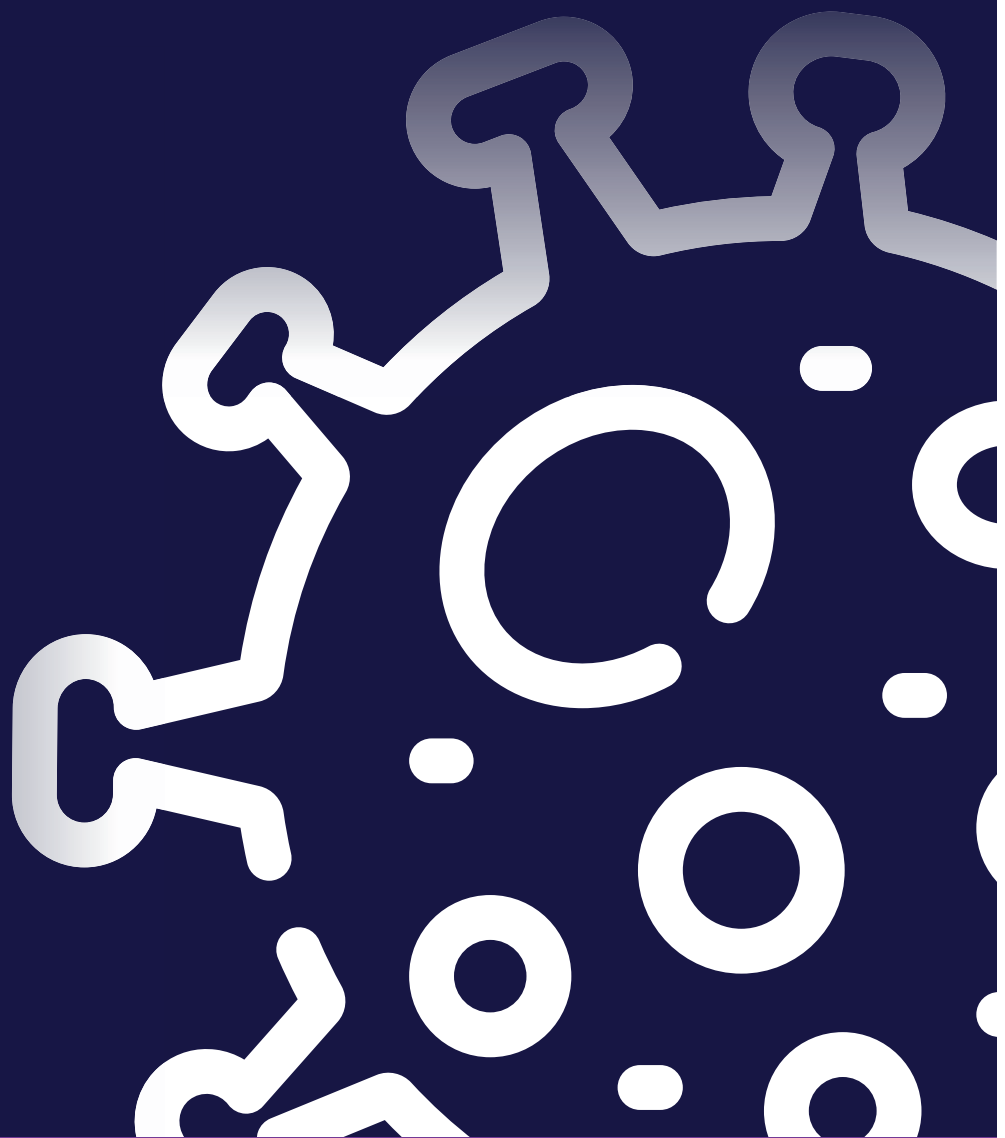


Fighting for their rights, fighting for their mind

The impact of COVID-19 on mental
health and LGBT+ activism

Veronika D'Anna, Debora Del Pistoia
and Marco Perolini

October 2022



EMBARGOED until 24th November 2022

Westminster Foundation for Democracy (WFD) and Kaleidoscope Trust (KT) are implementing a joint programme working to strengthen the inclusion of women and girls, LGBT+ people, and other people with intersecting identities and experiences in democratic processes.

Building on WFD's and KT's programmes on equality, the Commonwealth Equality Project (CEP) and the Global Equality Project phase I (GEP I), which ran from October 2020 to March 2022, the Global Equality Project phase II (GEP II) will work in at least 18 countries and territories in Africa, the Caribbean, Asia and the Pacific from through to March 2023.

The programme will support local decision-makers and civil society actors as they progress towards a more equal and inclusive world in which women and girls, LGBT+ people, and other people with intersecting identities and experiences are included in political and societal decision-making processes.

The programme is funded by the UK Foreign, Commonwealth and Development Office (FCDO).

Westminster Foundation for Democracy (WFD) is the UK public body dedicated to supporting democracy around the world. Operating directly in over 30 countries, WFD works with parliaments, political parties, and civil society groups, as well as on elections to help make countries' political systems fairer, more inclusive and accountable.

@WFD_Democracy
www.wfd.org

Established in 2011, Kaleidoscope Trust is a UK-based charity focused on fighting for the human rights of LGBT+ people across the Commonwealth. We fund, fight for and empower those upholding the human rights of LGBT+ people by working with governments, change-makers and civil society organisations to effect meaningful and lasting change in the lives of LGBT+ people everywhere.

@Kaleidoscope_T
www.kaleidoscopetrust.com

Acknowledgements

This report was researched and written by Veronika D'Anna, Debora Del Pistoia and Marco Perolini. Shaun Martinez provided comments and suggestions throughout the drafting process. Maria Achilleos, Juan Miguel Sánchez Marin and Graeme Ramshaw provided comments and suggestions at a more advanced drafting stage. Irina Rekhviashvili managed the production process.



Contents

Acronyms	1
Introduction	2
The mental health of LGBT+ people and activists during the COVID-19 pandemic	3
Poor mental health among LGBT+ people	3
The impact of the COVID-19 pandemic on LGBT+ people and activists	4
Mental health and LGBT+ activism during the pandemic	4
Methodology	6
Armenia	7
The Philippines	11
Senegal	15
Conclusions: an opportunity for prioritising mental health in the post-pandemic recovery	20
Recommendations	22
References	24

Terms and acronyms

Intersex	Intersex is an umbrella term used to describe a wide range of innate bodily variations in sex characteristics. Intersex people are born with sex characteristics that do not fit typical definitions for male or female bodies, including sexual anatomy, reproductive organs, hormonal patterns, and/or chromosome patterns. It is important to note that not all individuals with variations in sex characteristics identify as intersex. Some do not accept the term because they find that it conflicts with how they present or identify, or because it is viewed as an indicator of gender identity often conflated with transgender.
LGBT+	LGBT stands for lesbian, gay, bisexual, and transgender/trans. However, it is recognised that those categories do not include all those whose sexuality is not heterosexual, or whose gender identity is not based on a traditional gender binary. The "+" symbol is therefore used to include intersex people and people whose identities do not fit typical binary notions of male and female or who decide to identify themselves using other categories to describe their gender identity or their own understanding of their sexuality. This will include, for example, people who identify themselves as queer (a general term describing people not fitting into existing norms), questioning (people who explore their sexual orientation or/and gender identity), or pansexual (people who are attracted to all sexes and genders). It should be remembered, however, that some people may not want to identify themselves with any existing category.
SOGIESC	sexual orientation, gender identity, gender expression and sex characteristics.
WHO	World Health Organization

Introduction

The COVID-19 pandemic has taken a toll on mental health worldwide. High mortality rates, unknown aspects of the virus, as well as strict public health measures, have led to a surge of anxiety, depression and/or substance misuse.

While the pandemic has negatively impacted the lives of everyone, marginalised groups have borne a higher cost. Indeed, the pandemic has magnified pre-existing discrimination, violence, oppression, as well as social stigma and economic hardship, faced by LGBT+ people.

Many governments have discriminated against LGBT+ people while implementing public health measures. Leaders have, for example, blamed LGBT+ people for spreading the virus; police have harassed, ill-treated and arbitrarily arrested LGBT+ people for alleged violations of public health measures. LGBT+ youth often spent extended periods in hostile households; restrictions on freedom of movement severed or compromised their ties with friends and peers, as well as access to support mechanisms.

Therefore, LGBT+ people experienced higher levels of anxiety and depression than their cisgender and heterosexual peers during the pandemic. Their mental health needs remained unmet as the pandemic disrupted crucial mental health services, such as counselling and psychotherapy, precisely when they desperately needed them. Other mental health support mechanisms, such as those provided by LGBT+ organisations, also faced disruptions. Many

LGBT+ organisations struggled to access any funding during the pandemic, which, in turn, restricted their capacity to offer services and support. LGBT+ activists often felt stressed and anxious because of their inability to fully respond to the dire needs of their communities.

Understanding the positive impact that activism has on the mental health and wellbeing of LGBT+ people, who often experience poor mental health because of discrimination, is crucial not only for fulfilling the right to the highest attainable standard of health, but also for ensuring that LGBT+ organisations are adequately funded, and mental health is given priority in the post-pandemic recovery.

This study focuses on the impact of the COVID-19 pandemic on LGBT+ activists, as well as on the dynamics and spaces of their activism. By investigating the experiences of LGBT+ activists and organisations during the pandemic, it identifies specific recommendations for policymakers to ensure that mental health services are of good quality, and are available, accessible, and affordable to everyone without any discrimination. Moreover, this report calls on governments, international institutions and other stakeholders to ensure that the negative mental health outcomes of LGBT+ people and activists are adequately prioritised and addressed in the post-pandemic recovery.

The mental health of LGBT+ people and activists during the COVID-19 pandemic

Mental health is a state of wellbeing that enables individuals to realise their abilities, cope with life's normal stresses, and contribute to their communities.¹ States have committed to upholding the right to the highest attainable standard of physical and mental health without any discrimination.² However, LGBT+ people are more likely to suffer from physical and mental ill health,³ including depression, anxiety, loneliness, and suicide attempts, than the general population.⁴ While the pandemic has taken a toll on everyone's mental health, it has dramatically increased the levels of anxiety and depression experienced by LGBT+ people.⁵

Poor mental health among LGBT+ people

LGBT+ people have been pathologised throughout history. The World Health Organization (WHO) removed gender non-conformity from the "mental and behavioural disorders" section of the International Classification of Diseases (ICD) only in 2019.⁶ Intersex people are still pathologised, as the 2019 revision of the ICD refers to "disorders of sex development".⁷

In many countries, trans people are required to obtain a psychiatric diagnosis to access crucial trans health care, as well as to obtain legal recognition of their gender.⁸ These requirements contribute to the stigmatisation, prejudice and stereotypes that are responsible for mental ill health among trans people.⁹ Physical and

mental abuse continue to be justified with references to psychiatry and medicine, as is the case in many countries worldwide where LGBT+ people are forced to undergo so-called "conversion therapies" to "alter" their sexual orientation or prevent them from transitioning.¹⁰

Globally, staggering inequalities exist in both physical and mental health outcomes between LGBT+ people and the general population.¹¹ The physical and mental health of LGBT+ people is worse, on average, than that of the general population. For example, lesbian, gay, bisexual and transgender people are more at risk of developing specific types of cancer.¹² Moreover, suicide attempts, suicidal ideation, depression and anxiety are 50% more common among them than in heterosexual people.¹³ Rates of depression are five times higher among transgender people and 3.5 times higher among lesbian, gay and bisexual people than in the general population.¹⁴ Rates of suicidal ideation are particularly worrying among intersex people; according to a 2015 Australian survey, 60% of them had considered suicide compared with 3% of the general population.¹⁵ A 2021 US-based survey indicated that 48% of intersex youth had considered suicide in the previous year, compared with 41% of LGBT+ youth who are not intersex.¹⁶

Differences in health outcomes also result from the intersection between SOGIESC and other characteristics such as age, income, class, race and disability. Transgender and gender-diverse people belonging to racial minorities experience a higher level of discrimination in accessing mental health services than their white counterparts.¹⁷ Family rejection has been identified as a specific factor contributing to poorer mental health outcomes for LGBT+ youth.¹⁸

The poorer mental health outcomes among LGBT+ people are associated with emotional distress resulting from their belonging to a minority group; the role played by discrimination, stigmatisation and victimisation; as well as the barriers that they experience in accessing mental health services.¹⁹ These barriers often result from discrimination, stereotypes, lack of awareness among health professionals and distrust of health professionals among LGBT+ people.²⁰

The impact of the COVID-19 pandemic on LGBT+ people and activists

The COVID-19 pandemic has had a major impact on everyone's mental health. In some countries the prevalence of anxiety and depression has doubled.²¹ Moreover, the pandemic disrupted the provision of mental health services in 93% of countries worldwide; for example, three-quarters of mental health services provided at school or in the workplace and 60% of counselling and psychotherapy services were disrupted.²²

The pandemic affected the mental health of LGBT+ people to an even greater extent.²³ LGBT+ people reported increased levels of depression and anxiety,²⁴ as well as difficulties in accessing available mental health services, more often than the general population.²⁵ According to a global survey, 74% of the LGBT+ respondents developed anxiety during the pandemic, 24% felt very lonely, and 30% felt unsafe in their homes.²⁶ In a survey conducted in Southeast Asia, 62% of the LGBT+ respondents stated that they had felt worried about their mental health during the pandemic.²⁷ The mental health of trans people was specifically affected by further delays in accessing trans healthcare treatment, such as, for example, surgeries and hormone treatment.²⁸

Moreover, gendered lockdown rules in some countries created further stigmatisation from wider society and fear among trans people.²⁹

Policies and practices violating the human rights of LGBT+ people during the pandemic have contributed to worsening their mental health.³⁰ In some countries, laws criminalising same-sex sexual conduct as well as other laws criminalising vagrancy and/or other petty offences have further exposed LGBT+ people to arbitrary arrests and harassment by police while enforcing lockdown measures that restricted freedom of movement.³¹ Moreover, political and religious leaders, as well as some media, have fuelled discrimination and stigma by blaming LGBT+ people for spreading the virus.³²

In view of these hostile contexts, it is hardly surprising to note that activists mobilising with LGBT+ organisations have suffered increased levels of stress and burnout. In a survey conducted with 34 LGBT+ organisations worldwide, 88% of those surveyed indicated the wellbeing of their staff and volunteers as the main concern during the pandemic.³³

Mental health and LGBT+ activism during the pandemic

The dearth of information available on the mental health outcomes of LGBT+ activists, including in countries where significant progress has been made towards LGBT+ equality, speaks to the invisibility of LGBT+-specific mental health issues. Anecdotal evidence suggests that LGBT+ activists experience family rejection more often, as well as stigma and discrimination, including from mental health care professionals, because their activism increases the chances of being visible and "out" to wider social circles than their close friends and community.³⁴

The mental health of activists who mobilise in the social justice and human rights movement often deteriorates during their mobilisation; most notably, activists experience high levels of burnout.³⁵ Activists who mobilise in high-risk environments often develop emotional exhaustion because of the threats that they face, which can lead to their disengagement.³⁶ Activists have indicated that a culture of selflessness and a deep sensitivity towards their engagement results in them neglecting stress and burnout.³⁷ Some activists may rely on individual coping mechanisms as they are concerned that raising their vulnerabilities may lead to the demobilisation of other activists; these attitudes contribute to the invisibilisation of mental health issues in activists' circles.³⁸

However, activism also produces positive mental health outcomes. For example, social support networks emerging from activism are usually associated with better mental health outcomes for LGBT+ people.³⁹ Social support from LGBT+ peers can indeed play a major role in improving mental health and building stronger relationships within communities.⁴⁰ Peer social support can prevent negative mental health outcomes, in particular for LGBT+ youth who lack support from their family.⁴¹

Moreover, the role of physical supporting environments such as the gender and sexuality alliances (GSAs), which foster alliances between LGBT+ people and other communities, are associated with positive psychological and physical outcomes, notably LGBT+ wellbeing and safety.⁴² Indeed, outness, activism, and resilience build upon each other.⁴³

Policies such as mandated lockdowns and isolation periods during the pandemic abruptly disrupted support networks for LGBT+ people. The closure of safe community spaces and the consequent inability to physically connect with peers caused increased anxiety, feelings of isolation, self-harm, and suicidal ideation, in particular in hostile environments.⁴⁴

LGBT+ organisations, already largely underfunded before the pandemic, especially in the Global South,⁴⁵ experienced existential threats as they struggled for survival to access any funding due to the pandemic's economic burden and the tendency among donors to reallocate available funding to support national healthcare systems and other COVID-19 response measures.⁴⁶ Limited organisational capacity and resources hampered effective responses by LGBT+ organisations and groups to emerging needs and concerns of their members and communities.⁴⁷ The pandemic negatively impacted newly emerged forms of activism, including intersex activism, which had grown rapidly when opportunities for physical meetings emerged, for example in 2011 when the first International Intersex Forum took place.⁴⁸

Despite these difficulties, civil society organisations provided relief to LGBT+ people whose livelihoods were destroyed by the pandemic, in instances where, for example, they worked in the informal economy.⁴⁹ These support mechanisms, which included the collection and distribution of food packages, hygiene products, medical supplies, and at times direct financial support, are an expression of the sense of community and intimate bonds that LGBT+ networks foster.⁵⁰

Methodology

This report is based on qualitative research carried out remotely between 15 March and 18 April 2022 by a team of three researchers. Extensive desk research informed a phase in which in-depth qualitative interviews were conducted online. The research is based on a comparative case study approach among three countries, namely Armenia, Senegal and the Philippines.

These countries have been chosen on the basis of three criteria:

1) socio-political factors creating a hostile environment for LGBT+ activists, such as laws and policies criminalising same-sex sexual conduct, high levels of homophobia and transphobia and a high prevalence of discrimination and violence, and/or policies and practices restricting the space for expressing dissent; 2) relatively strict public health measures put in place by the authorities to tackle the COVID-19 pandemic; and 3) concerns regarding access to mental health services and support for the general population, as well as for LGBT+ people specifically.

The research team conducted in-depth qualitative interviews with 20 individuals in the three countries of focus. Researchers conducted five interviews with seven people in Armenia, five interviews with eight people in the Philippines, and five interviews with five people in Senegal. Interviews were conducted with LGBT+ adults who mobilised for LGBT+ rights during the COVID-19 pandemic in their countries of origin (14 people), as well as with mental health professionals (three people) and experts on LGBT+ rights (three people).

Interviewees were selected with the support of local grassroots organisations and/or activists and identified through snowball sampling.⁵¹ Researchers conducted qualitative in-depth semi-structured interviews based on the same set of open questions for the three countries of focus. All interviews, except for one, were conducted through online secure voice communication tools in English (Philippines and Armenia) and French (Senegal) without interpretation.⁵²

When indicated in the footnotes, the identities of the interviewees have been protected by using a pseudonym or other means to anonymise their personal information.

Armenia

“When you are an open member of the LGBT+ community, an activist, your entire family becomes a target. When most of the country is against you and what you represent, your life and that of those who love and care about you becomes hell.”⁵³

Artak Adam, a queer activist, who mobilises with Pink Armenia

Hostility from all fronts: public authorities, the Church, health institutions, and family

While Armenia has signed and ratified several international and regional human rights treaties and instruments,⁵⁴ LGBT+ people do not enjoy the same rights as their non-LGBT+ peers:⁵⁵ they face violence and abuse at the hands of both police and private individuals and groups. There is no legal protection against discrimination, hate crime or hate speech based on SOGIESC or a legal procedure allowing trans and intersex people to obtain legal recognition of their gender.⁵⁶

Same-sex sexual conduct was decriminalised in 2003, but homosexuality is still considered to be a mental illness for some purposes.⁵⁷ For example, homosexuality is a ground to be exempted from military service following an assessment conducted in a psychiatric facility.⁵⁸ In some instances, health professionals encourage “conversion therapies”.⁵⁹

Little information is available regarding intersex people: “it’s our biggest gap,” said Mamikon Hovsepian from the NGO Pink Armenia in an interview. “The Armenian Ministry of Health allows for genital surgeries on intersex children, who often grow up without even knowing about their intersex status, as their parents keep it a secret out of shame. While in our advocacy work we address intersex issues, it is hard to reach out to intersex people directly, as they themselves often hide their identity.”⁶⁰

Lilit Martirosyan, a trans woman and president of the Human Rights Defender NGO, Right Side, explained that authorities are generally unresponsive and refuse to open investigations into public threats and hate crimes targeting

LGBT+ people.⁶¹ LGBT+ people are often denied access to healthcare institutions and cannot get the health support they need, including essential hormonal therapies for trans people.⁶² There are no healthcare services geared to LGBT+ people and there is no understanding of LGBT+-specific health concerns in health institutions.⁶³

A centralised mental health system focused on inpatient, psychiatric care

As of 2017, government healthcare expenditure devoted to mental health was 19.5% of the overall health budget.⁶⁴ Psychiatric care, administered mainly in specialised psychiatric institutions or departments within hospitals, is the main form of mental health support available⁶⁵ and many of these institutions are reported to be riddled with human rights violations.⁶⁶

Marietta, a member of the Armenian Psychiatric Association, emphasised that there is little available data and that statistics regarding mental health needs are not recorded, and that this is even more the case for information regarding the mental health of LGBT+ people. In an interview, she pointed out: “Mental health services are highly centralised in the capital and the state budget is focused on inpatient care offered mostly free of charge in psychiatric hospitals. Psychosocial and psychological support must be sought at private mental health specialists, whose services not everyone in the country can afford.”⁶⁷

While the country has attempted to develop community-based services, most of the existing services remain those offered by private healthcare institutions and the civil society sector.⁶⁸

“The social stigma associated with seeking mental health care support represents an added layer of stigmatisation to the one LGBT+ people already experience due to their sexual orientation and gender identity,” Marietta explains.⁶⁹ Available research shows that staff members working in mental healthcare institutions do not always have specific training in mental health; training and awareness on mental health issues and challenges as experienced by LGBT+ people are even less common.⁷⁰

The lack of updated and accurate data on mental health, including about the mental health of LGBT+ people, is indicative of the lack of attention given to the issue. In an interview, Mamikon from the LGBT+ NGO Pink Armenia emphasised some progress in acknowledging the importance of mental health in the aftermath of the 2020 Nagorno-Karabakh war: “After the war, the government has made some progress in countering the stigma associated with seeking mental health support; there are now public mental health services available to ex-soldiers, which contributes to showing the public that mental health support is not something to be afraid of.”⁷¹

COVID-19 public health measures implemented during the pandemic

After the first case of COVID-19 in the country was confirmed at the end of February 2020, the government of Armenia imposed some initial measures, including the closure of all educational institutions.⁷² In March, as the number of cases grew, the government declared a state of emergency for a month, banning all gatherings of over 20 people, including religious ceremonies.⁷³

All businesses had to be shut with exceptions for medical institutions, banks, pharmacies, and

food shops. The people who did leave home during the lockdown had to produce identity documents and a written statement to justify their movements.⁷⁴ The parliament passed a law that required telecommunications companies to provide authorities with phone records, including phone numbers and the location, time, and date of their customers' calls and text messages⁷⁵ with a view to enabling the authorities to track and monitor anyone infected with COVID-19. Human rights activists and the ombudsperson raised concerns over the lack of adequate human rights safeguards.⁷⁶

In April 2020, when the state of emergency was prolonged for another month, the government allowed most businesses to resume operations, if they met certain safety conditions.⁷⁷

Impact of COVID-19 public health measures on LGBT+ people and activists

The Right Side NGO recorded a number of cases of discrimination and violence against trans people during the COVID-19 pandemic.⁷⁸ The NGO New Generation also reported 130 cases of alleged violations of the rights of LGBT+ people during 2020, including in their family context (37%), the conscription process and military service (20%), labour relations within the service sector (20%), law enforcement (12%), and health services (11%).⁷⁹

The requirement, introduced on 24 March, that individuals on the streets had to produce identity documents when requested by police, meant that trans people whose appearance, passport name, and gender marker did not match risked facing harassment and violence at the hands of police. Trans people and gender-diverse people were therefore hesitant to leave the house.⁸⁰

In addition to human rights violations, many LGBT+ people suffered economic hardship, as public health measures destroyed their livelihoods. This especially affected those working in hospitality who were more likely to be left without a source of income. Pink Armenia offered financial support to those LGBT+ people who had lost their job during the pandemic but who did not qualify for government support.⁸¹

"Most of the transgender people in Armenia," shared Lilit, "work as sex workers, which is illegal. When the lockdown cut them off their livelihoods, many returned to live with their families. This at times meant having to hide their true identity, due to homophobia and transphobia among their relatives, which is traumatic – many members of our community needed psychosocial support, which we were able to offer thanks to international funding. People also needed the basics – food packages, hygiene products, medicines."⁸²

LGBT+ people were not identified as a vulnerable group by support programmes set up by the government.⁸³ "Those who tried to continue to work as sex workers online became the target of increased hate speech, as they were more visible and therefore became more vulnerable," added Lyudmila, an activist working with the Right Side NGO.⁸⁴ She explained they had to develop new ways of supporting the community.

Also, according to Artak, "hate speech exploded like a fireball online."⁸⁵ Whereas in the past, activists like Ani would meet closed-minded people face to face and engage in a dialogue that made people understand that LGBT+ people aren't any different really, "online it became easier to dismiss someone as a person, as a human."⁸⁶

“People forgot what they had been in the process of learning and instead remembered how to hate,” said Artak.⁸⁷

While there was a need to offer more support and services online, this was difficult. As Lilit put it, “our community did not know how to use social media platforms, all connection was lost. It was very difficult to organise any activities during the lockdown because our members are not digitally literate enough to use zoom or similar platforms.”

LGBT+ activists active on social media noticed a stark increase in hate speech, which affected their mental health in addition to the sense of isolation they were experiencing. The Nagorno-Karabakh war also affected activism. “After the war, people’s spirits were broken,” said Ani, “no one had enough mental resources to fight for our rights.”⁸⁸

The NGO Pink Armenia set up separate social media accounts to make it easier for the members of their community to follow and like online content; “we published secret videos on secret accounts to protect our members. We wanted to create content like videos and messages of hope that would help them through the lockdown; videos and posts they could look at under the covers at night, where they had some privacy,”⁸⁹ said Mamikon.

“In addition to hatred from outside, LGBT+ people in Armenia also struggle with internalised homo- and transphobia,” explained Artak, “by being stuck at home, the hatred towards oneself just sat there, festering inside.”⁹⁰

“We decided to translate articles that colleagues from other countries had published, talking for example about how LGBT+ people and

activists can protect themselves during the pandemic, in terms of mental health, such as the risks of self-isolation and how to deal with increased levels of anxiety,”⁹¹ said Mamikon.

In his interview, Mamikon also said: “We’ve worked with counsellors since 2007, but it was very difficult to convince people to make use of this help; people still associate it with something dangerous, far away, and scary. Due to increased needs, during the pandemic, we also increased the counselling support – online during the lockdown and then offline. However, LGBT+ people who had, for instance, lost their job during the pandemic and had to return home to live with at times abusive or intolerant families, did not have the privacy needed to talk openly.”⁹²

Philippines

“LGBT+ activism takes a toll on our mental health, we should be able to become more resilient, if we are not able to continue our fight, who will?”

Clarisse, a pansexual cisgender woman who mobilises with UP Babalayan

A hostile environment for expressing dissent

Same-sex sexual conduct among adults is not a criminal offence in the Philippines. According to a 2019 survey carried out by the Pew Centre, 73% of the respondents in the Philippines stated that homosexuality should be accepted, a percentage considerably higher than in other countries in the region such as South Korea (44%) or Indonesia (9%).⁹³

Despite these positive aspects, the country is not a beacon of tolerance for LGBT+ rights. In some areas, including the Bangsamoro Autonomous Region in Mindanao, LGBT+ people are regularly discriminated against and

targeted by hate crime, which the authorities often fail to effectively investigate.⁹⁴ As Diana, a trans woman, activist, and counsellor pointed out in an interview: “LGBT+ people are tolerated but not accepted because we still don’t have access to the same opportunities; there is no legal gender recognition, no anti-discrimination law and no same-sex partnership law.”⁹⁵

Comprehensive protection against discrimination based on SOGIESC is indeed lacking. While some anti-discrimination provisions have been adopted at the local level,⁹⁶ in 2020 the Congress failed to pass national legislation tackling discrimination faced by LGBT+ people in the workplace, at school, or in access to healthcare.⁹⁷ Moreover, following a disappointing ruling of the Supreme Court in 2007, transgender people are not allowed to obtain legal gender recognition, which contributes to discrimination, stigma and poor mental health outcomes.⁹⁸

LGBT+ activism takes place in a context rife with grave human rights abuses committed against civil society organisations, human rights defenders, trade unionists and journalists. The authorities often make use of national security and anti-terrorism laws to label human rights defenders as “terrorists” or “communists”, a practice often referred to as “red-tagging”, which usually leads to arbitrary arrest, detention, harassment and extrajudicial killings. According to the United Nations, more than 200 human rights defenders were killed between 2015 and 2019. Impunity for these killings remains widespread.⁹⁹

A strict response to the pandemic led to further human rights violations

The COVID-19 pandemic has aggravated the

human rights situation in the country and fuelled abuses of LGBT+ people's human rights.¹⁰⁰ The response to COVID-19 in the Philippines was one of the strictest in the world;¹⁰¹ measures such as curfews, quarantines and restrictions on freedom of movement remained in place for months. Face-to-face schooling was entirely suspended for nearly two years.¹⁰² President Duterte publicly declared that security forces would shoot those violating public health measures and disobeying orders.¹⁰³ Thousands of people were arrested for allegedly violating emergency measures in what the UN High Commissioner for Human Rights described as a highly militarised response to the pandemic that often violated human rights.¹⁰⁴

In some instances, LGBT+ people were exposed to degrading treatment for alleged violations of curfew restrictions. For example, on 5 April 2020, law enforcement officials arrested three LGBT+ persons and forced them to dance and kiss in public while being streamed on social media.¹⁰⁵

Most of the available resources in the health sector were shifted towards tracing, diagnosing, and treating COVID-19 cases.¹⁰⁶ Health workers in the country raised concerns regarding the lack of personal protective equipment (PPE), lack of beds and staff, as well as unpaid benefits and allowances. As a result of their criticism, the Alliance of Health Workers was "red-tagged" by a public official who stated that the Alliance was part of a communist front.¹⁰⁷

Limited public spending on mental health and lack of mental health professionals

Anxiety, depression and other mental health issues are widespread in the Philippines. In 2017, more than 6 million people, out

of a population of 105 million, were living with anxiety and/or depression.¹⁰⁸

The attempted suicide rate among young people was shockingly high even before the pandemic. In 2015, 17% of the students in the Philippines who responded to a global student health survey stated that they had attempted suicide in the previous year.¹⁰⁹ In a survey carried out in 2015 with lesbian, bisexual and trans women and men, 18% of the respondents reported that they had attempted suicide.¹¹⁰ The number of suicide-related deaths increased by 25.7% in 2020, when the COVID-19 pandemic broke out.¹¹¹

Despite the high prevalence of mental health issues, Filipinos are generally reluctant to seek professional help; seeking support from friends and family is usually the preferred option.¹¹² This reluctance stems from the high costs of mental health services and lack of coverage by health insurance, as well as the individual and social stigma attached to mental health.¹¹³

Public expenditure on mental health is very low as it represents only 0.22% of the overall health budget. There are about two mental health professionals per 100,000 inhabitants;¹¹⁴ estimates suggest that there are only 548 psychiatrists and 133 psychologists in the whole country, most of whom live in the metropolitan region of Manila.¹¹⁵ Most mental health care is provided in facilities such as psychiatric hospitals or outpatient mental health facilities. Prior to the pandemic, some LGBT+ organisations provided free mental health services for victims of gender-based violence in the context of specific programmes funded by international donors.¹¹⁶

Free counselling is an exception to the rule as emphasised by all the interviewees. Diana

explained that many mental health services were not accessible to people with low income, including those provided by public hospitals. She noted that the trans women she was counselling had to cover the cost of the service on their own. Concerns exist regarding the affordability of mental health services in the country as national insurance only covers inpatient services for acute mental health issues and the cost of psychotropic medication is only partially covered for outpatients.¹¹⁷

Some recent improvements include, for example, the 2018 Mental Health Act, the first piece of mental health-specific legislation in the Philippines. The law has established a human rights framework for people living with mental ill health by protecting their rights to be free from discrimination and from degrading treatment, as well as the right to informed consent.¹¹⁸ In 2019 the Universal Health Care Act enrolled everyone into the national health insurance programme irrespective of the contributions made; the insurance covers hospitalisation costs resulting from acute mental health issues but not counselling fees.¹¹⁹

Has the pandemic opened spaces for prioritising mental health?

High mortality rates, as well as a militarised implementation of public health measures, fuelled a climate of uncertainty and fear in the Philippines. In a survey conducted in the early phase of the pandemic, 28.8% of the respondents reported moderate to severe anxiety and 16.9% moderate to severe depression.¹²⁰ High burnout levels were reported by many LGBT+ activists during the pandemic because of extra demands, fewer resources and changing ways of working.¹²¹

LGBT+ people were further exposed to discrimination, stigma, and gender-based violence, which took a toll on their mental health. In a regional survey carried out in Southeast Asia, including in the Philippines, 40% of the LGBT+ respondents stated that they had faced gender-based violence and 50% of them pointed out that they had suffered stigma or discrimination during the pandemic.¹²² Transgender people experienced further anxiety because of the barriers that they faced to seeing their endocrinologists, undergoing medical tests, and accessing hormone treatment and surgery.¹²³

The activists who were interviewed for this report emphasised a shift in their organisational priorities, which entailed, for example, an increased focus on online support and counselling and/or the provision of financial relief. In an interview, Toni Gee, a trans woman and president of an organisation in Zamboanga city (Mindanao), explained that many members of her organisation were working as make-up stylists or hairdressers, and they found themselves with no financial support during the pandemic.¹²⁴ LGBT+ organisations responded to these challenges by intensifying their social media activities and providing some online support to their members. Toni Gee explained the positive impact of the enhanced social media presence. She emphasised: "We couldn't move and go out for our outreach programmes and the internet is quite unreliable for many members, so we were mostly chatting on Facebook with members of our community. I think our social media presence had a good impact because we collected donations for LGBT+ people and the local authorities then asked us to identify LGBT+ people who were excluded from the official support mechanisms."¹²⁵

The increasing shift towards online activism can potentially be associated with wider outreach; online activism and counselling entail, however, some limitations. In an interview, Diana, who provided online counselling during the pandemic, emphasised: "Online counselling is sometimes hampered by internet connectivity; in the Philippines internet connection is not always reliable, especially outside the cities. Also, when a client turns off the camera, you don't know what's going on, if the person has burst into tears etc. People may be more conscious because they are at home and their parents for example are in the room nearby".¹²⁶

All the activists interviewed for this report pointed out that mental health had acquired a new significance for LGBT+ activists and organisations during the pandemic. Ryan, the executive director of the Asean SOGIE CAUCUS, explained: "Mental health became more of a priority for LGBT+ activists during the pandemic. Some groups have developed self-care programmes, which was not very usual before. Groups are also incorporating the well-being of activists in their programmes and funding proposals. Before it was not a priority for LGBT+ organisations and there wasn't much funding for it. This despite burnout being very common among activists."¹²⁷

Ging, an activist who works with OutRight Action International, emphasised that the pandemic had made activists realise the importance of self-care: "The personal is political but sometimes we [activists] forget the personal and we end up in burnout. Self-care was a foreign concept to activists before the pandemic. It's important that activists realise that self-care is a radical act that is important to sustain our activism. Activism exposes us to a lot of stories and triggers and

self-care means that we take time to assess and process those triggers. The pandemic made us acknowledge the importance of taking care of ourselves. Funders also need to realise the importance of self-care as they usually provide funds for the beneficiaries of projects but not for those who implement them."

In an interview, four activists who mobilised with the LGBT+ students' organisation UP Babalayan explained that their organisation had not focused specifically on mental health before the pandemic. However, a youth organisation provided training to activists and members on mental health.¹²⁸ Anna, the president of the organisation, emphasised: "It is sad that we needed a pandemic to realise the importance of mental health. Now we would like to focus more on mental health. For example, we would like to make sure that our internal affairs committee is more equipped to deal with mental health issues of our members."¹²⁹

For Ryan, the pandemic has opened up opportunities as it has eased the stigma that previously surrounded mental health. They emphasised that information on mental health, tips, and contact information for service points are currently more visible in public spaces and online spaces.¹³⁰

Senegal

“LGBT+ defenders were already exhausted when the pandemic broke out due to the difficult struggles of recent years.”

Bacary, LGBT+ expert and consultant on mental health

Hidden lives: a long-standing hostile environment for LGBT+ people in Senegal

Same-sex sexual conduct among adults is criminalised in Senegal. Under article 319 of the Penal Code, “unnatural acts” between same-sex adults are punishable with a penalty of up to five years’ imprisonment.¹³¹ Laws preventing discrimination based on sexual orientation or gender identity are lacking.¹³²

Senegalese authorities claimed¹³³ that homosexuality is not a crime as such and that article 319 persecutes “unnatural acts” constituting public indecency. However, the ambiguity of the provision provides law enforcement officers with a high level of discretion to use the law to target individuals

based on their real or perceived sexual orientation or gender identity or expression, both in public and private spaces.¹³⁴

The repression of homosexuality reached a peak in 2008 following the publication by a national tabloid of pictures reportedly of a marriage party between two Senegalese men, and of articles warning against the spreading of homosexuality in the country. The unprecedented public controversy led to a massive wave of homophobia,¹³⁵ fuelled by religious movements and media in a logic of affirmation of cultural nationalism, with homosexuality framed as Western deviance.¹³⁶ From 2008 onwards, article 319 of the Penal Code started to be increasingly enforced through arbitrary arrests targeting LGBT+ people. Although gay men appear to fall victim to police harassment and homophobic hate crimes more often, lesbian, bisexual and trans people were also targeted, but their arrests went largely unreported.¹³⁷ LGBT+ people, in particular gay men or those perceived as such, increasingly became targets of popular vengeance and threats; many fled the country or went into hiding within Senegal.¹³⁸ In a 2018 survey about experiences of gay men aged over 30 in Dakar and the two central cities of Touba and Mbacké, almost a quarter of respondents said they had fled Senegal to Mauritania, Gambia, Guinea or Morocco to escape stigma, violence or incarceration.¹³⁹

Today, LGBT+ people live with the constant threat of arrest, violence and discrimination – including beatings and rape – by state agents, unknown individuals, but also by family members or partners. They are reluctant to file complaints, as they risk becoming the accused if their sexual orientation is discovered.¹⁴⁰

“If you are gay in Senegal, you need to live hidden”, said Souliman, who identified as male and homosexual, now in exile. “You live in fear to be discovered, to be rejected by your family or beaten by the neighbours. The need to live hidden generates mental pressure and stress.”¹⁴¹

LBT women are victims of specific violations and abuses, such as sexual violence and forced marriages. However, the discriminatory socio-cultural practices affecting lesbian and bisexual women and trans people have been largely ignored¹⁴² and very little information is publicly available.

Shrinking spaces for the LGBT+ community in Senegal

While Senegalese civil society generally enjoys associational and organisational rights, groups and organisations openly supporting the LGBT+ community are systematically exposed to harassment by the authorities, operate in a hostile environment, and their members are regularly exposed to reprisals. Due to the restrictions of the civic space for LGBT+ activism, civil society groups are not able to openly register as LGBT+ rights organisations. Most groups have registered as organisations to implement sexual health programmes since the early 2000s, when the mobilisation for LGBT+ rights emerged in Senegal within the context of the HIV public campaigns.¹⁴³ As male homosexuals were considered to be key populations, most of existing organisations are composed of gay and bisexual men.¹⁴⁴ There are few lesbian organisations, mostly registered as women’s rights organisations. Other groups, mostly composed of LBT people, develop informal solidarity networks through acquaintance

groups or through sports associations.¹⁴⁵

Today, despite the extremely hostile context, an associative network gathers over twenty organisations defending LGBT+ rights in Senegal, most of them formally recognised.¹⁴⁶ To date, there is no organisation specifically representing intersex people and the issue is not covered by existing LGBT+ organisations.¹⁴⁷ Almost none of them have a physical office because this would expose them to physical assaults, nor do they have information available online, and in general they operate in a very informal and discreet way.¹⁴⁸

Since 2019, prominent religious movements have launched a smear campaign against LGBT+ groups, releasing a list of LGBT+ NGOs and their leadership who had been previously recognised by the authorities, ‘accusing’ them of conducting pro-LGBT+ activities. In the same year, the Human Rights Committee expressed concerns about hate speech and calls by media and public figures for violence against LGBT+ defenders,¹⁴⁹ which led many to lose their jobs or flee.¹⁵⁰

The impact of the pandemic on LGBT+ people and activism

Senegal was among the first sub-Saharan African countries to register COVID-19 cases in March 2020. The early implementation of public health measures, including self-isolation, curfews, and temporary school closures contributed to slowing transmission in a country with a very fragile health system.¹⁵¹ However, some measures taken by the authorities imposed disproportionate restrictions on freedom of expression and peaceful assembly.¹⁵²

The COVID-19 pandemic worsened the hostile environment for LGBT+ people and activists, with a considerable escalation in the frequency and gravity of prosecutions under article 319, together with a rise of online hate speech and offline attacks fuelled by false rumours on social networks blaming the LGBT+ community for spreading COVID-19. LGBT+ organisations became scapegoats and were accused by the authorities and religious groups of operating underground and plotting against the government, fuelling the popular negative representation of the community.¹⁵³

Local rights groups reported an anti-LGBT+ crackdown leading to dozens of incidents and cases of physical assaults on LGBT+ people and activists¹⁵⁴ and to the arrest of more than three dozen suspected gay men in 2020 alone.¹⁵⁵

The climate of homophobia increased further during the first half of 2021, notably following a national rally organised by religious leaders and civil society calling for tighter measures to repress homosexuality.¹⁵⁶ In December 2021, 11 MPs submitted a draft bill doubling the prison terms for those convicted for same-sex activities, "LGBT+ behaviours" or LGBT+ activities specifically.¹⁵⁷ The proposal was later rejected by the parliament,¹⁵⁸ but further calls for a tougher crackdown against LGBT+ people escalated within the electoral context.¹⁵⁹

According to Bacary, LGBT+ expert and consultant on mental health, as a result of smear campaigns and online threats, dozens of LGBT+ human rights defenders (HRDs) were forced into temporary exile or into regularly changing the address of the association to escape threats. The climate of fear exacerbated by the pandemic heavily undermined the

wellbeing of LGBT+ defenders who stayed in Senegal. Most of them feared for their safety and experienced emotional distress, which hindered their support work towards peers.¹⁶⁰

Social stigma and lack of resources limit access to mental health services

Similarly to other neighbouring countries, where generally sparse health infrastructures are mainly focused on infectious diseases (malaria, tuberculosis, HIV, and so on), mental health is one of the lowest priorities in Senegalese public health.¹⁶¹ Mental health research in Senegal is still scant and there is a lack of crucial national statistics to measure the prevalence of mental illness in the general population. Data on specific sub-populations is almost non-existent, contributing to the invisibility of the phenomenon and to low institutional and public awareness.¹⁶²

While specific figures are not available, mental health expenditures are presumed to be very low.¹⁶³ The limited number of mental health professionals is also challenging: in 2017, there were only 0.02 psychologists and 0.20 psychiatrists per 100,000 inhabitants.¹⁶⁴ A 2018 report by the Ministry of Health and Social Action highlights "the lack of human resources, qualified personnel in psychiatric care, budget allocated to mental health and the unavailability of psychotropic drugs".¹⁶⁵ In addition to social barriers, the uneven distribution of mental health care across the country and the resulting remoteness of the population hinder access to services. More than 80% of the few available psychological and psychiatric resources are concentrated in the Dakar region.¹⁶⁶ Among the 46 active psychiatrists, only seven work outside the region of Dakar. Some rural areas,

where the stigma about mental illness is more widespread, have no healthcare facilities at all.¹⁶⁷

Due to the low number of psychologists in the country, psychiatrists are often the only mental health resource available. However, social stigma linked to mental illness often makes people reluctant to seek treatment and they use psychiatric services almost always as a last resort, preferring traditional practitioners in the first instance (marabouts, healers, and so on).¹⁶⁸

Access to mental health services for LGBT+ people, activists and organisations

According to Bacary, LGBT+ people had almost no access to health services in Senegal even before the pandemic, because they were rejected because of their sexual orientation, gender identity and gender expression.¹⁶⁹

Stigma, homophobic discourses and fear of arrest and prosecution have strongly limited the accessibility of essential services, including mental health, to LGBT+ people. The lack of confidentiality in the care structures is also often underlined by people interviewed for this report as an obstacle to accessing these care structures.

Soulaiman underlined that the criminalisation of same-sex acts also discourages LGBT+ people from disclosing their sexual or gender identity to medical staff for fear of reprisals. Referring to a negative personal experience with a psychologist in Dakar, he added that in many cases psychologists are not prepared to deal with trauma and violence experienced by LGBT+ people.¹⁷⁰

Babacar, president of the group Free Senegal explained that “There is a total lack of mental health care for the LGBT+ community in Senegal, even in the context of programmes to treat HIV and especially in rural areas where health professionals do not exist. The people most targeted by discrimination in health centres are “goor-jigen” [Wolof term for ‘man-woman’, today used to indicate gay males] and people in transition.”¹⁷¹

Aminata, former coordinator of mental health for an international NGO, said that many international NGOs, including before the pandemic, provided emergency funds for physical and mental health care to LGBT+ local organisations, informal groups and individuals to support them to cope with the obstacles they experience in accessing essential psychological and psychiatric treatments. During the pandemic, these funds were mainly readdressed to cover individual urgent needs such as emergency shelters for LGBT+ people who had been forced out of their homes or emergency relocations out of the country for LGBT+ activists.¹⁷²

Mental health concerns of LGBT+ activists during the pandemic

The pandemic has brought mental health to the centre of the debate within the community. LGBT+ organisations and informal groups experienced high pressure due to the increased social support requests from LGBT+ peers, many of whom had been evicted from their homes or had lost their jobs. LGBT+ defenders had themselves to reorganise their way of living, working, and providing support, while being simultaneously exposed to public scapegoating. This led to high burnout among the LGBT+ activists.

Babacar, founder of the first shelter for LGBT+ people in Senegal, highlighted that “During the pandemic, many people within the community became depressed and needed counselling, as they could no longer afford to live, many had lost their jobs. We assisted many people who had started to abuse alcohol and drugs. For people taking antiretrovirals to treat HIV, alcohol is very dangerous and can provoke other health problems; some of the people we followed quickly became terminally ill and some died. These experiences have had a brutal impact on the mental health of frontline community leaders.”¹⁷³

In an interview, Bacary emphasised that “Many LGBT+ groups and defenders were already exhausted when the pandemic broke out due to the difficult struggles of recent years. It was extremely challenging for them to elaborate new strategies to respond to the new needs of the community. A major challenge was to find psychologists who could be comfortable with the community and trusted by LGBT+ people. Most of the few psychologists are linked to HIV programs and therefore are prepared to address the needs of male homosexuals within sexuality programs but are not necessarily ready to respond adequately to other needs and to other LGBT+ people. The organisational response lacked sometimes innovation and creativity. In few cases, LB groups managed to develop informal solidarity networks, organise self-esteem activities (like football matches) within safe spaces to heal depression and anxiety while reconnecting with community members.”¹⁷⁴

Aminata explained that during the pandemic her organisation had to drastically re-orient the nature of the emergency funds for LGBT+ groups and individuals. “We supported many LGBT+ people whose mental health was heavily affected after being kicked out of their homes or threatened, assisting them with emergency housing or relocation outside the country. We tried to set up a psychosocial support system with people who are trusted within the community and create a self-support network. Unfortunately, the project had to be stopped several times for safety concerns.”¹⁷⁵

Collectif Free Senegal started to think about using new online technologies to have psychologists available remotely for consultation from outside the country, in order to fill the gap in health professionals prepared to work with the LGBT+ community. “We want to launch a psychological hotline for the whole sub-region, through a protected and anonymous system”, said Babacar.¹⁷⁶

Both Aminata and Bacary agree that while the pandemic has not necessarily removed the stigma surrounding mental health within the LGBT+ community or the population in general, it has at least made mental health needs clearly visible to civil society organisations and international donors.

Conclusions: an opportunity for prioritising mental health in the post-pandemic recovery

While all three countries of focus are “partially free”,¹⁷⁷ significant differences exist regarding the fulfilment of the rights of LGBT+ people; same-sex sexual conduct among adults is not criminalised in either the Philippines or Armenia. However, while LGBT+ people and activists are exposed to strong social stigma in Armenia, they are socially “tolerated” in the Philippines. There, dozens of LGBT+ organisations and groups advocate for the rights of LGBT+ people, despite the general repression of dissent, with security forces often targeting those human rights defenders who voice criticism against the government. In Senegal, same-sex sexual conduct is criminalised, LGBT+ people and activists have been increasingly targeted in recent years and LGBT+ organisations face barriers in the process of registration and cannot openly advocate for LGBT+ rights. LGBT+ people do not enjoy effective legal protection against discrimination and hate crime in any of the three countries.

As discrimination, stigma and prejudice are social determinants of mental health, the mental health outcomes of LGBT+ people in the three countries of focus are likely to be worse than those of the general population. However, comprehensive data is lacking as the mental health of LGBT+ people has not been prioritised in any of the three countries by either the authorities, international donors or, especially before the pandemic, LGBT+ organisations themselves.

The lack of attention to poor mental health outcomes of LGBT+ people occurs with the backdrop of a general lack of investment in, and low public expenditure on, mental health. Differences exist regarding the level of public spending on mental health in the three countries, which reflect general differences in income. While Armenia is considered an upper-middle income country, the Philippines and Senegal are classified as lower-middle income countries.¹⁷⁸ In Armenia, 19.5% of the overall available health budget is spent on mental health, while in the Philippines only 0.22% of the health budget is used to fund mental health. Yet, in Armenia, mental health is quite a new concept, and few NGOs offer services and assistance in this field, while the Philippines has a wide range of civil society initiatives, some of which partly focus on improving mental health outcomes for LGBT+ people. Although official figures are unavailable in Senegal, as the availability of mental health services in the country is very limited, the public expenditure on mental health is likely to be very meagre.

Social stigma attached to mental ill health results in reluctance among the general population to seek mental health professional services. Available data in the Philippines suggests that while mental health issues are generally quite widespread, seeking support from mental health professionals is often the last resort. Similarly, in Senegal, people usually make use of traditional healers and treatment as their first choice rather than seeking support from mental health professionals because of stigma and the lack of facilities, in particular in rural areas.¹⁷⁹ In Armenia, mental health is seen either as something easily dismissed, that can be solved by seeking council in Church, or stigmatised to the extent that those who are treated in psychiatric settings cannot

return to their families as they are no longer accepted after hospitalisation.¹⁸⁰ While in the Philippines few counsellors and services cater for the needs of LGBT+ people, the general climate of homophobia and transphobia in Senegal forces LGBT+ people to hide their identities when accessing mental health services for fear of reprisals, which could include being reported to the authorities or discrimination.

Despite differences in the three national contexts, the pandemic has had a tremendous impact on LGBT+ people in all three countries. The livelihoods of many LGBT+ people were destroyed, and, in some instances, the authorities excluded LGBT+ people from relief mechanisms put in place during the pandemic. LGBT+ people faced further stigma, discrimination and persecution, which are likely to have further impacted their mental health. While the countries of focus responded to the pandemic by implementing different public health measures of varying duration, LGBT+ people faced increased discrimination, especially in Senegal where the authorities made use of lockdown measures to further crack down on LGBT+ people and activists, and fuelled virulent scapegoating that contributed to further violence.

The ravaging effects of the pandemic pushed LGBT+ organisations to shift their focus and put in place some mechanisms to alleviate the burden that the pandemic placed on their communities, including online counselling, support mechanisms and/or financial assistance for LGBT+ people whose livelihoods had been destroyed by the pandemic. However, online activities and support mechanisms often fall short of overcoming the lack of peer support and socialising in real life, which is crucial for LGBT+ people who live in hostile environments. The pandemic contributed to raising the activists' awareness of mental health, including their own, and the need for self-care. Mental health issues have become more visible in the countries of focus; while stigma attached to mental ill health persists, it appears that there is more awareness among LGBT+ organisations and activists of the need to prioritise mental health, wellbeing and self-care. This remains very challenging in a context where funding is insufficient, mental health services are not available and/or affordable and LGBT+ people continue to be subject to stigma, prejudice and discriminatory laws and practices.

Recommendations

In order to fulfil the right to the highest attainable standard of health of LGBT+ people without discrimination, states should:

- repeal all laws, policies and practices that discriminate against LGBT+ people, adopt comprehensive anti-discrimination legislation and put in place inclusive programmes tackling gender-based and domestic violence;
- with a view to fulfilling the highest attainable standard of mental health of trans people, ensure access to a quick, transparent and accessible mechanism to change names, including to gender-neutral names, based on the self-determination of the person;
- remove trans identities from national classifications of mental health diseases in line with the changes to the International Classification of Diseases adopted by the WHO in 2019; and
- ensure that the rights of all intersex people are upheld by developing and implementing a rights-based healthcare protocol to guarantee their bodily integrity, autonomy and self-determination and to ensure that no child is subjected to non-emergency, invasive and irreversible surgery or treatment with harmful effects and without informed consent.

Moreover, states, international institutions and donors and mental health service providers should:

- scale up mental health, especially within primary healthcare, including in rural areas, as a priority alongside physical health in the national and

international response to – and recovery from – COVID-19, and in order to achieve the UN Sustainable Development Goals (SDGs);

- increase funding and capacity of, as well as investments in and public expenditure on, mental health, so that mental health services are available, accessible, affordable, of good quality and respectful of all minorities;
- include LGBT+ people in mental health policies at national, regional and local levels as a specific target group, alongside other minority groups, in view of their poorer mental health outcomes compared with the general population;
- fund and promote research to assess the prevalence of mental health issues within LGBT+ populations as well as within other minorities, especially in comparison with the general population;
- ensure that quality and affordable mental health services such as counselling, psychotherapy and so on are integrated in relevant programmes that aim to promote the right to health of LGBT+ people, men who have sex with men, women, sex workers and drug users (such as HIV prevention and treatment, gender-based violence and disability-related programmes);
- integrate LGBT+ groups' and organisations' perspectives into research, planning, monitoring and evaluation activities, in particular to ensure better visibility of the situation of LGBT+ mental health in hostile environments and provide tailored response programmes;
- ensure the affordability of essential mental health services, including a range of mental health interventions, within universal health coverage

at international and national level, including by expanding existing international initiatives such as the WHO Special Initiative for Mental Health 2019-2023;

- support capacity building of LGBT+ organisations and groups in areas such as protection, counselling, psychosocial support as well as the wellbeing and mental health of activists;
- promote training programmes for mental health professionals specialising in SOGIESC and the mental health issues faced by LGBT+ people to ensure that mental health professionals can provide services based on the needs of LGBT+ people without any discrimination;
- expand the use of new telecommunication tools and train healthcare professionals and users in digital health technologies and telecommunication, in order to:
 1. deliver essential mental health services to LGBT+ people living in areas underserved by existent services; and
 2. facilitate cross-country collaboration and exchange of expertise among mental health professionals working with LGBT+ communities;
- establish easily accessible emergency funds to cover the psychosocial needs of LGBT+ people, including mental health but also poverty as a result of destroyed livelihoods, in the context of future emergencies; and
- ensure that adequate funding is available to promote working practices that are conducive to good mental health outcomes for LGBT+ people and activists, and to support the mental health and wellbeing of LGBT+ activists in view of their high levels of stress, anxiety and burnout.

References

- 1 World Health Organization (WHO), Comprehensive mental health action plan 2013-2020, available at https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1
- 2 The right to the highest attainable standard of health is protected by the UN Covenant on Economic, Social and Cultural Rights, UNCESCR (article 12), which has been ratified by 171 countries worldwide. The CESCR also establishes that states should ensure that anyone can exercise the right to the highest attainable standards of health without any discrimination (article 2.2). In 2015, all UN member states committed to improving the health and wellbeing of everyone as part of the 2030 Agenda for Sustainable Development.
- 3 Wilson C, Cariola L. LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research. *Adolesc Res Rev*. 2019;5(2):187-211. doi:10.1007/s40894-019-00118-w.
- 4 Dawson L, Kirzinger A, Kates J. The Impact Of The COVID-19 Pandemic On LGBT People. San Francisco: Kaiser Family Foundation; 2021. <https://www.kff.org/coronavirus-covid-19/poll-finding/the-impact-of-the-covid-19-pandemic-on-lgbt-people/>. Accessed 5 May 2022.
- 5 Akre E, Anderson A, Stojanovski K, Chung K, VanKim N, Chae D. Depression, Anxiety, and Alcohol Use Among LGBTQ+ People During the COVID-19 Pandemic. *Am J Public Health*. 2021;111(9):1610-1619. doi:10.2105/ajph.2021.306394.
- 6 See: WHO/Europe brief – transgender health in the context of ICD-11. [Euro.who.int. https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/who-europe-brief-transgender-health-in-the-context-of-icd-11](https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/who-europe-brief-transgender-health-in-the-context-of-icd-11). Published 2022. Accessed 5 May 2022.
- 7 Intersex Human Rights Australia. Joint Statement On The International Classification Of Diseases 11; 2019. <https://ihra.org.au/35299/joint-statement-icd-11/>. Accessed 5 May 2022. WHO publishes ICD-11 - and no end in sight for pathologisation of intersex people – OII Europe. OII Europe. <https://oii-europe.org/who-publishes-icd-11-and-no-end-in-sight-for-pathologisation-of-intersex-people/>. Published 2018. Accessed 5 May 2022. Carpenter M, Intersex Variations, Human Rights and the International Classification of Diseases. *Journal of Health and Human Rights*. 2018;20(2):205-214. <https://www.hhrjournal.org/2018/08/intersex-variations-human-rights-and-the-international-classification-of-diseases/>. Accessed 5 May 2022.
- 8 Suesch Schwend A. Trans health care from a depathologization and human rights perspective. *Public Health Rev*. 2020;41(1):1-17. doi:10.1186/s40985-020-0118-y.
- 9 White B, Fontenot H. Transgender and non-conforming persons' mental healthcare experiences: An integrative review. *Arch Psychiatr Nurs*. 2019;33(2):203-210. doi:10.1016/j.apnu.2019.01.005.
- 10 UN News. One UN human rights expert's fight To eliminate 'conversion therapies'; 2022. <https://news.un.org/en/story/2022/02/1112242>. Accessed 5 May 2022. Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. Report On Conversion Therapy. OHCHR; 2020. <https://www.ohchr.org/en/calls-for-input/reports/2020/report-conversion-therapy>. Accessed 24 March 2022. Mendos, LR Curbing Deception: A world survey on legal regulation of so-called "conversion therapies", ILGA World; 2020. https://ilga.org/downloads/ILGA_World_Curbing_Deception_world_survey_legal_restrictions_conversion_therapy.pdf. Accessed 24 March 2022.
- 11 Phillips C. How covid-19 has exacerbated LGBTQ+ health inequalities. *BMJ*. 2021;372:m4828. doi:10.1136/bmj.m4828. Zeeman L, Sherriff N, Browne K, et al. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European Journal of Public Health*. 2019;29(5): 974-980. doi:10.1093/eurpub/cky226.
- 12 See, for example, American Association for Cancer Research, Cancer Disparities in the LGBT population, <https://www.aacr.org/blog/2021/01/26/aacr-conference-examines-cancer-disparities-in-the-lgbtq-population/>
- 13 King M, Semleyn J, Tai SS, et al. A systematic review of mental disorder, suicide and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 2008;8(1): 1-17. doi:10.1186/1471-244X-8-70.
- 14 Moagi MM, van Der Wath AE, Jiyane PM, Rikhotso RS. Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review. *Health SA Gesondheid*. 2021;26:1487. doi:10.4102/hsagv26i01487.
- 15 Jones T. The needs of students with intersex variations, *Sex Education*. 2016;16(6): 602-618. doi:10.1080/14681811.2016.1149808.
- 16 The Trevor Project, The Mental Health and Well-being of LGBTQ Youth who are Intersex, 2021, <https://www.thetrevorproject.org/wp-content/uploads/2021/12/Intersex-Youth-Mental-Health-Report.pdf>. Accessed 26 March 2022.
- 17 See White et al, supra note 9.
- 18 See Wilson et al, supra note 3.
- 19 See Moagi et al, supra note 13. See Zeeman et al, supra note 11.
- 20 See Moagi et al, supra note 13. Rees SN, Crowe M, Harris S. The lesbian, gay, bisexual and transgender communities' mental health care needs and experiences of mental health services: An integrative review of qualitative studies. *Journal of Psychiatric and Mental Health Nursing*. 2021;28(4):578-589. doi:10.1111/jpm.12720.
- 21 OECD. Tackling the mental health impact of the COVID-19 crisis: An integrated and whole-of-society response; 2021. <https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0ccafa0b/>. Accessed 26 March 2022.
- 22 Salerno JP, Williams ND, Gattamorta KA, LGBTQ populations: Psychologically vulnerable communities in the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*. 2020; 12(S1): S239. World Health Organization. The impact of COVID-19 on mental, neurological and substance use services; 2020. <https://www.who.int/publications/i/item/978924012455>. Accessed 28 March 2022.
- 23 Salerno JP, Devadas J, Pease M, Nketia B, Fish JN. Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being. *Public Health Reports*. 2020;135(6):721-727. doi:10.1177/0033354920954511.
- 24 Akre et al, supra note 5.
- 25 Ormiston C, Williams F. LGBTQ youth mental health during COVID-19: unmet needs in public health and policy. *The Lancet*. 2022;399(10324):501-503. doi:10.1016/s0140-6736(21)02872-5. Outright Action International. Vulnerability Amplified: The Impact of the COVID-19 Pandemic on LGBTQ People; 2020. https://outrightinternational.org/sites/default/files/COVIDsReportDesign_FINAL_LR_0.pdf. OHCHR. COVID-19 and the Human Rights of LGBTI People; April 2020. <https://www.ohchr.org/Documents/Issues/LGBT/LGBTpeople.pdf>. Accessed 29 March 2022.
- 26 Greenhalgh H. One in three gay men feel unsafe at home during coronavirus. Reuters. <https://www.reuters.com/article/us-health-coronavirus-lgbt-trfn/one-in-three-gay-men-feel-unsafe-at-home-during-coronavirus-idUSKBN2202S6>. Published 2020. Accessed 2 April 2022.
- 27 Maddalena T. Don't let the Pandemic Marginalize LGBTQ People Further. ILGA World. July 2020. <https://ilga.org/dont-let-the-pandemic-marginalize-LGBTIQ-people-further>
- 28 Phillips. supra note 11.
- 29 Griffin J, Rivera Antara D. 'Separation by sex': gendered lockdown fuelling hate crime on streets of Bogotá. *The Guardian*. <https://www.theguardian.com/global-development/2020/may/08/separation-by-sex-gendered-lockdown-fuelling-hate-on-streets-of-bogota>. Published 8 May 2020. Summers H. Panama's trans community failed by gendered lockdown measures. *The Guardian*. <https://www.theguardian.com/global-development/2020/sep/30/panamas-trans-community-failed-by-gendered-lockdown-measures-report>. Published 30 September 2020.

- 30 Reid G. Global Trends in LGBT Rights During the Covid-19 Pandemic, *Human Rights Watch*; 2021. <https://www.hrw.org/news/2021/02/24/global-trends-lgbt-rights-during-covid-19-pandemic#>. Frontline AIDS, New Pandemic, Same Blame; 2020. <https://frontlineaids.org/new-pandemic-same-blame-game/>.
- 31 OHCHR. COVID-19: The suffering and resilience of LGBT persons must be visible and inform the actions of States; 2020. <https://www.ohchr.org/en/statements/2020/05/covid-19-suffering-and-resilience-lgbt-persons-must-be-visible-and-inform?LangID=E&NewsID=25884>.
- 32 Ibid. Strudwick P. LGBTQ People Have Become The New Scapegoats For The Coronavirus. *BuzzFeed UK*. <https://www.buzzfeed.com/patrickstrudwick/coronavirus-lgbtq-scapegoats-south-korea-uganda-hungary>. Published 2020.
- 33 LGBTI+ in the Commonwealth in the COVID-19 Era. Kaleidoscope International Trust. The Commonwealth Equality Network. <https://www.commonwealth-covid19.com>.
- 34 Frontline Defenders. LGBTQ+ and sex workers rights: defenders at risk during Covid-19. December 2020. https://www.frontlinedefenders.org/sites/default/files/front_line_defenders_covid-19.pdf.
- 35 Chen CW, Gorski PC. Burnout in Social Justice and Human Rights Activists: Symptoms, Causes and Implications, *Journal of Human Rights Practice*. 2015; 7(3): 366-390. <https://doi.org/10.1093/jhuman/huv011>
- 36 Peña AM, Meier L, Nah AM. Exhaustion, Adversity, and Repression: Emotional Attrition in High-Risk Activism, *Perspectives on Politics*. 2021: 1-16. doi:10.1017/S1537592721003273.
- 37 Chen supra note 34.
- 38 Nah AM. Navigating mental and emotional wellbeing in risky forms of human rights activism. *Social Movement Studies*. 2021; 20(1): 20-35. doi:10.1080/14742837.2019.1709432.
- 39 McDonald K. Social Support and Mental Health in LGBTQ adolescents: A review of the literature. *Issues in mental health nursing*. 2018;39(1):16-29. doi:10.1080/01612840.2017.1398283. Parra LA, Bell TS, Benibgui M, Helm JL, Hastings PD. The buffering effect of peer support on the links between family rejection and psychosocial adjustment in LGB emerging adults. *Journal of Social and Personal Relationships*. 2018;35(6):854-871. doi:10.1177/0265407517699713.
- 40 Frost DM, Meyer IH, Schwartz S. Social support networks among diverse sexual minority populations. *American Journal of Orthopsychiatry*. 2016;86(1):91. doi:10.1037/ort0000117.
- 41 Parra, supra note 38.
- 42 Davis B, Stafford MBR, & Pullig C. How Gay-Straight Alliance Groups Mitigate the Relationship Between Gay-Bias Victimization and Adolescent Suicide Attempts, *Journal of the American Academy of Child and Adolescent Psychiatry*. 2014;53(12):1271-1278. doi:10.1016/j.jaac.2014.09.010.
- 43 Scheadler TR, Haus KR, Mobley TA, & Mark KP, LGBTQ+ Grassroots Activism: An Opportunity for Resilience, *Journal of Homosexuality*. 2022. doi:10.1080/00918369.2022.2040928.
- 44 Outright Action International, supra note 24.
- 45 Funders for LGBTQ Issues and Global Philanthropy Project, 2015/2016 Global Resources Report: Government and Philanthropic Support for Lesbian, Gay, Bisexual, Transgender, and Intersex Communities. 2018. https://lgbtfunders.org/wp-content/uploads/2018/04/2015-2016_Global_Resources_Report.pdf.
- 46 Ogrm A. What happened to the money? Fundraising toolkit for trans organising in times of COVID-19, TGEU. 2021. <https://tgeu.org/toolkit-for-trans-organising-in-covid-times/>.
- 47 Outright Action International, supra note 24.
- 48 Ghattas DC, Kuzemko I. COVID-19: A report on the situation of intersex people in Europe and Central Asia. Organisation Intersex International Europe. 2020. <https://www.oiieurope.org/covid-19-survey-report/>.
- 49 Council of Europe, Commissioner for Human Rights. COVID-19: The suffering and resilience of LGBT persons must be visible and inform the actions of States, Statement by human rights experts on the International Day against Homophobia, Transphobia and Biphobia. 17 May 2020. <https://www.coe.int/en/web/commissioner/-/covid-19-the-suffering-and-resilience-of-lgbt-persons-must-be-visible-and-inform-the-actions-of-states>.
- 50 Ibid.
- 51 Heckathorn DD. Comment: Snowball versus respondent-driven sampling. *Sociological methodology*. 2011;41(1):355-366. doi:10.1111/j.1467-9531.2011.01244.x.
- 52 French and English were not the interviewees' mother tongues.
- 53 Online interview with Artak Adam, 4 April 2022.
- 54 A list of the human rights treaties signed and ratified by Armenia is available here: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=8&Lang=EN.
- 55 Council of Europe. Committee Equality and Non-Discrimination. Alleged violations of the rights of LGBTI people in the Southern Caucasus. 2022. <https://pace.coe.int/files/29589/pdf>.
- 56 Mills C, Walker N, Loft P, Fella S. LGBT+ rights and issues in Europe. Research Briefing. 2022. <https://commonslibrary.parliament.uk/research-briefings/cbp-9479/>. Pink Armenia. OHCHR: Universal Periodic Review. Pink Armenia. 2019. <https://updoc.ohchr.org/uprweb/downloadfile.aspx?filename=7433&file=EnglishTranslation>.
- 57 Council of Europe, supra note 54.
- 58 Ibid. See also Paitjan A, Dadash-Zadeh N. Armenia and Azerbaijan: Cross Views on Army and Homosexuality. *Journal of Conflict Transformation Caucasus Edition*. 2020. <http://caucasusedition.net/armenia-and-azerbaijan-cross-views-on-army-and-homosexuality/>.
- 59 Online interview with Mamikon Hovsepyan, Pink Armenia, 18 April 2022. Pink Armenia, supra note 55.
- 60 Ibid.
- 61 Online interview with Lilit Martirosyan, President of the Human Rights Defender NGO, Right Side, 7 April 2022.
- 62 Ibid.
- 63 Online interview with Lyudmila, 7 April 2022. Lyudmila is a pseudonym chosen by the interviewee and used in this report in compliance with her informed consent.
- 64 WHO. Mental Health ATLAS 2017 Member State Profile, Armenia. 2017. https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2017-country-profiles/arm.pdf?sfvrsn=40bb963f_1&download=true.
- 65 Online interview with Marietta Khurshudyan, 8 April 2022.
- 66 Rushforth M, Jensen S. Mental Health Concerns in Armenia. *Ballard Brief*. 2021. <https://www.ballardbrief.org/our-briefs/mental-health-concerns-in-armenia>.
- 67 Online interview with Marietta Khurshudyan, 8 April 2022.

- 68 Ibid.
- 69 Ibid.
- 70 UN, General Assembly, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on his visit to Armenia. 2018. https://digitallibrary.un.org/record/1627460/files/A_HRC_38_Add-2-EN.pdf.
- 71 Online interview with Mamikon Hovsepyan, Pink Armenia, 18 April 2022.
- 72 Heinrich Böll Stiftung, Dr. Stefan Meister. Covid-19 in the South Caucasus – fast reactions and authoritarian reflexes, 2020. <https://eu.boell.org/en/2020/04/07/covid-19-south-caucasus-fast-reactions-and-authoritarian-reflexes>.
- 73 Grigoryan A. Armenia's unique experience with COVID-19. 2022. <https://nuewesterneurope.eu/2022/01/12/armenias-unique-experience-with-covid-19/>.
- 74 Ibid.
- 75 Human Rights Watch. Armenia: Law Restricts Privacy Amid COVID-19 Fight. 2020. <https://www.hrw.org/news/2020/04/03/armenia-law-restricts-privacy-amid-covid-19-fight>.
- 76 Arakelyan L. Armenia: Can Mass Surveillance Halt Covid-19? Institute for War and Peace Reporting, 2020. <https://iwpr.net/global-voices/armenia-can-mass-surveillance-halt-covid-19>.
- 77 Meister S, Introduction by the Special Editor: COVID-19 in the South Caucasus – Successful Lock Down, Structural Deficits, Caucasus Analytical Digest. 2020;115. https://ge.boell.org/sites/default/files/2020-05/CAD115_0.pdf.
- 78 Right Side NGO. International Transgender Day of Visibility. <http://rightsidengo.com/news/public-statement-2/>.
- 79 US Department of State, 2020 Country Reports on Human Rights Practices: Armenia. 2021. <https://www.state.gov/reports/2020-country-reports-on-human-rights-practices/armenia/>.
- 80 Online interview with Lilit Martirosyan, President of the Human Rights Defender NGO, Right Side, 7 April 2022. See also Nikoghosyan N. Can transgender people speak in Armenia? 2020. Open Democracy. <https://www.opendemocracy.net/en/odr/can-transgender-people-speak-armenia/?fbclid=IwAR3cEUx7p5ewpCHNeHYPy68uGDxBcuwcXNDzmNrp2tfaY5Bf15nQNoZeu0>.
- 81 Online interview with Mamikon Hovsepyan, Pink Armenia, 18 April 2022.
- 82 Online interview with Lilit Martirosyan, President of the Human Rights Defender NGO, Right Side, 7 April 2022.
- 83 Pink Armenia, Input for the report on "The Impact of COVID-19 on the Human Rights of LGBT Persons, Communities and/or Populations" 2020. <https://www.ohchr.org/Documents/Issues/SexualOrientation/IESOGI-COVID-19/CSOs/Pink.docx>.
- 84 Online interview with Lyudmila, 7 April 2022.
- 85 Online interview with Artak Adam, 4 April 2022.
- 86 Online interview with Ani Arzumanyan, 6 April 2022.
- 87 Online interview with Artak Adam, 4 April 2022.
- 88 Online interview with Ani Arzumanyan, 6 April 2022.
- 89 Online interview with Mamikon Hovsepyan, Pink Armenia, 18 April 2022.
- 90 Online interview with Artak Adam, 4 April 2022.
- 91 Online interview with Mamikon Hovsepyan, Pink Armenia, 18 April 2022.
- 92 Online interview with Mamikon Hovsepyan, Pink Armenia, 18 April 2022.
- 93 Pew Research Centre. The Global Divide on Homosexuality Persists. 2020. <https://www.pewresearch.org/global/2020/06/25/global-divide-on-homosexuality-persists/>.
- 94 Amnesty International. Hate crimes against LGBTQI+ in BARMM must not go unpunished. 2021. <https://www.amnesty.org.ph/2021/09/hate-crimes-against-lgbtqi-in-barmm-must-not-go-unpunished/>. In September 2021, the Bangsamoro Transition Authority Parliament adopted a resolution condemning the discrimination and violence committed against LGBT+ people in the municipality of Datu Piang on 18 and 19 September 2021, Resolutions 524 and 526, available at <https://parliament.bangsamoro.gov.ph/resolutions/#>.
- 95 Online interview with Diana, 31 March 2022. Diana is a pseudonym chosen by the interviewee and used in this report in compliance with her informed consent.
- 96 Human Rights Watch. "Just Let us Be." Discrimination Against LGBT Students in the Philippines. 2017. <https://www.hrw.org/report/2017/06/21/just-let-us-be/discrimination-against-lgbt-students-philippines>.
- 97 Human Rights Watch Country Profiles. Sexual Orientation and Gender Identity Philippines. 2021. <https://www.hrw.org/video-photos/interactive/2021/04/23/country-profiles-sexual-orientation-and-gender-identity#philippines>.
- 98 UNDP. Commission on Human Rights of the Philippines, Legal Gender Recognition in the Philippines: A Legal and Policy Review. 2018. [rbap-hhd-2018-legal-gender-recognition-in-the-philippines.pdf](https://www.undp.org/publications/legal-gender-recognition-in-the-philippines) (undp.org).
- 99 Human Rights Council. Situation of human rights in the Philippines. 2020. <https://www.ohchr.org/sites/default/files/Documents/Countries/PH/Philippines-HRC44-AEV.pdf>.
- 100 US Department of State. 2020 Country reports on Human Rights Practices: Philippines. 2021. https://www.state.gov/wp-content/uploads/2022/03/313615_PHILIPPINES-2021-HUMAN-RIGHTS-REPORT.pdf.
- 101 Hupal K. The Philippines' COVID-19 Response: Securitising the Pandemic and Disciplining the Pasaway. *Journal of Current Southeast Asian Affairs*. 2021;40(2):224-244. <https://doi.org/10.1177/1868103421994261>.
- COVID-19 Government Response Tracker, Stringency Index. University of Oxford. <https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker>.
- 102 Balagtas See A. Time Magazine. Rodrigo Duterte is Using One of the World's Longest Lockdowns to Strengthen His Grip on the Philippines. *Time Magazine*. 2021. <https://time.com/5945616/covid-philippines-pandemic-lockdown/>.
- 103 Amnesty International. President Duterte gives "shoot to kill" order amid pandemic response. 2020. <https://www.amnesty.org/en/latest/news/2020/04/philippines-president-duterte-shoot-to-kill-order-pandemic/>.
- 104 UN News. 'Toxic lockdown culture' of repressive coronavirus measures hits the most vulnerable. 2020. <https://news.un.org/en/story/2020/04/1062632?fbclid=IwAR3XlWVpWLY9c5ZWRjSuo5s6lHKiHpG32W-brlSScOrXdkvowRFu0K1YZ0>.
- 105 Human Rights Watch. Philippines Uses Humiliation as COVID Curfew Punishment. 2020: <https://www.hrw.org/news/2020/04/08/philippines-uses-humiliation-covid-curfew-punishment#>.

- 106 World Bank. The Impact of the COVID-19 Pandemic on Low Income Households in the Philippines: Impending Human Capital Crisis. COVID-19 Low Income HOPE Survey. 2020; page 5. <https://documents1.worldbank.org/curated/en/801361614768664623/pdf/The-Impact-of-the-COVID-19-Pandemic-on-Low-Income-Households-in-the-Philippines-Impending-Human-Capital-Crisis.pdf>.
- 107 Rappler.com. Health workers' group urges CSC, Ombudsman to probe Badoy over red-tapping spree. 2021. <https://www.rappler.com/nation/health-worker-alliance-urges-ombudsman-probe-lorraine-badoy-red-tagging/>.
- 108 UNDP. Prevention and Management of Mental Health Conditions in the Philippines: the Case for Investment. 2021. <https://www.ph.undp.org/content/philippines/en/home/library/prevention-and-management-of-mental-health-conditions-in-the-phil.html>.
- 109 Republic of the Philippines Department of Health. Global school-based student health survey Philippines (2015). Country Report. https://doh.gov.ph/sites/default/files/publications/2015GSHS_PHL_FinalCountryReport_0.pdf.
- 110 Galang. 'Bes, OK Ka Lang Ba?' ('Friend, are you OK?') A Baseline Study on the Well-Being of Lesbians, Bisexual Women, and Trans Men. 2015. http://www.galangphilippines.org/media/GALANG-Philippines_WBI-Infographics-2015.pdf.
- 111 Domingo K. Suicide deaths up 26 percent in pandemic year: PSA. ABS-CBN News. 2021. <https://news.abs-cbn.com/news/03/17/21/suicide-deaths-up-26-percent-in-pandemic-year-psa>.
- 112 Tuliao AP, Velasquez PAE, Bello AM, Pinson MJT. Intent to Seek Counseling Among Filipinos: Examining Loss of Face and Gender. *The Counseling Psychologist*. 2016;44(3):353-382. doi:10.1177/0011000015627197. Martinez AB, Co M, Lau J, Brown JS. Filipino help-seeking for mental health problems and associated barriers and facilitators: a systematic review. *Social Psychiatry and Psychiatric Epidemiology*. 2020;55(11):1397-1413. doi:10.1007/s00127-020-01937-2.
- 113 Tuliao AP et al., supra note 111.
- 114 WHO. Mental Health ATLAS 2017 Member State Profile. Philippines. 2017. https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2017-country-profiles/phl.pdf?sfvrsn=7d8915ac_1&download=true.
- 115 UNDP, supra note 107.
- 116 Interview with Ging, an activist and staff member of OutRight Action International, 4 April 2022.
- 117 UNDP, supra note 107.
- 118 Lally J, Samaniego RM, Tully J. Mental health legislation in the Philippines: Philippine Mental Health Act. *BJPsych international*. 2019;16(3):65-67. doi:10.1192/bji.2018.33.
- 119 Tomacruz S. PhilHealth should cover psychiatric consultation fees. *The Rappler*. 2018. <https://www.rappler.com/nation/204570-senator-sonny-angara-philhealth-consultation-fees-mental-illnesses/>; Martinez AB, supra note 111.
- 120 Tee ML, Tee CA, Anlacan JP, Aligam KJG, Reyes PWC, Kuruchittham V, Ho RC. Psychological impact of COVID-19 pandemic in the Philippines. *J Affect Disord*. 2020 Dec 1;277:379-391. doi:10.1016/j.jad.2020.08.043.
- 121 Asean SOGIE CAUCUS. The Impact of COVID-19 on LGBTIQ+ Organizations in Southeast Asia. 2021. <https://aseansogiecucus.org/images/resources/publications/20211130%20The%20Impact%20of%20COVID-19%20on%20LGBTQ%20Organizations%20in%20Southeast%20Asia%20-%20ASEAN%20SOGIE%20Caucus.pdf>.
- 122 Asia Pacific. Stigma, discrimination and gender-based violence in the COVID-19 pandemic: young key populations in Asia and the Pacific. *Asia Pacific*. 2020. <https://www.ykptaskteam.org/survey/young-sex-workers-blog-unfpa-apro-tbc-6>.
- 123 Online interview with Diana, 31 March 2022. Diana is a pseudonym.
- 124 Online interview with Toni Gee, 1 April 2022.
- 125 Online interview with Toni Gee, 1 April 2022.
- 126 Online interview with Diana, 31 March 2022. Diana is a pseudonym.
- 127 Online interview with Ryan, 24 March 2022.
- 128 Interview with Anna, Alex, Clarisse and Julia, 12 April 2022.
- 129 Supra note 127.
- 130 Online interview with Ryan, 24 March 2022.
- 131 Senegal, Penal Code, Article 319, Paragraph 3, resulting from Law No. 66-16 of 12 February 1966, available at: <http://www.droit-afrique.com/upload/doc/senegal/Senegal-Code-1965-penal.pdf>.
- 132 Human Rights Watch. Submission to the Committee on Economic, Social and Cultural Rights on Senegal. 2019. <https://www.hrw.org/news/2019/01/15/submission-human-rights-watch-committee-economic-social-and-cultural-rights-senegal>.
- 133 OHCHR. Government responses to the questions raised by the Committee against torture, 3rd Periodic Report of Senegal. 2012. https://www2.ohchr.org/english/bodies/cat/docs/CAT.C.SEN.Q.3.Add1_fr.pdf.
- 134 Bertolt B. Les ambiguïtés de la question homosexuelle au Sénégal Cahiers d'études africaines. 2020(239); 645-669.
- 135 Coly, A. The invention of the homosexual. The politics of homophobia in Senegal, p. 27-52, in Mbaye B, Muhonja BB, eds. *Gender and Sexuality in Senegalese Societies: Critical Perspectives and Methods*. Lanham, Maryland: Lexington Books; 2019.
- 136 Bertolt B, Massé L. Mapping Political Homophobia in Senegal. *African Studies Quarterly*. Volume 18. 2019. 21-39. https://www.researchgate.net/publication/338116887_Mapping_Political_Homophobia_in_Senegal.
- 137 Oudenhuisen L. "You Have to Know How to Play, Otherwise They Will Catch You": Young Women and the Navigation of Same-Sex Intimacies in Contemporary Urban Senegal, *Université de Leiden*, 2018.
- 138 Human Rights Watch. Fear for Life: Violence against Gay Men and Men Perceived as Gay in Senegal. 2010. <https://www.hrw.org/sites/default/files/reports/senegal1110webcover.pdf>.
- 139 Le Réseau National des Populations Clés du Mali et al. Enquête sur l'expérience et les perceptions des HSH âgés de plus de 30 ans, à Dakar, Touba et Mbacké 2017-2018. <https://plateforme-elsa.org/wp-content/uploads/2018/11/RENAPOC-Dakar-EnqueteHSHages2017-2018.pdf>.
- 140 Legrand A, Yomb Y, Bourrelly M, Lorente N, NKom A. MSM law in francophone Africa and the fight against AIDS: the hypocrisy of certain countries. *HIV AIDS Policy Law Rev*. 2010;14(3):13-17.
- 141 Interview with Soulaïman, Tunis, 30 March 2022. Soulaïman is a pseudonym.

- 142 Patuel F. A l'intersection des discriminations: la situation des personnes lesbiennes, bisexuelles et transgenre au Sénégal (confidential report). 2020.
- 143 Broqua C. Góor-jigéen : la resignification négative d'une catégorie entre genre et sexualité (Sénégal). *Socio: La nouvelle revue des sciences sociales*. 2017;(9):163-183. doi:10.4000/socio.3063.
- 144 Armisen M. Nous existons. Cartographie des organisations LGBTQ en Afrique de l'Ouest. 2016. <https://plateforme-elsa.org/wp-content/uploads/2016/03/NousExistons-RepertoireLGBTQAfrique.pdf>.
- 145 Patuel, supra note 141.
- 146 The name of the network and of specific organisations have not been mentioned in this report for security reasons.
- 147 COC Netherlands, Une analyse contextuelle de l'état du mouvement LGBT au Sénégal. 2021.
- 148 Online interview with Bacary, Senegalese LGBT+ expert and consultant on mental health, 29 March 2022. Bacary is a pseudonym.
- 149 Human Rights Committee. Concluding observations on the fifth periodic report of Senegal. 2019. <https://digitallibrary.un.org/record/3861415?ln=en>.
- 150 Online interview with Bacary, Senegalese LGBT+ expert and consultant on mental health, 29 March 2022. Bacary is a pseudonym.
- 151 Physicians (per 100,000 people) - Senegal. <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=SN>.
- 152 Article 19. Senegal: COVID-19 response violates rights. 2021. <https://www.article19.org/resources/senegal-covid-19-response-violates-rights/>.
- 153 Moreiras M, Barkallah A. The tale of Gay capital turned homophobic state. *Africanews*. <https://www.africanews.com/2021/04/22/the-tale-of-gay-capital-turned-homophobic-state/>.
- 154 Human Rights Watch, World Report 2021. <https://www.hrw.org/world-report/2022/country-chapters/senegal>.
- 155 ILGA World. State sponsored homophobia. 2020. https://ilga.org/downloads/ILGA_World_State_Sponsored_Homophobia_report_global_legislation_overview_update_December_2020.pdf.
- 156 Manoel-Floris M. Sénégal: Les homophobes parquent à Dakar. 76 Crimes en Français. 2021. <https://76crimesfr.com/2021/05/23/senegal-les-homophobes-parquent-a-dakar/>.
- 157 Paquette D. Lawmakers in Senegal push to double prison time for same-sex relations, 2021. *Washington Post*. <https://www.washingtonpost.com/world/2021/12/14/senegal-prison-lgbtq-bill/>
- 158 Papa Atou Diaw P. La proposition de loi sur la criminalisation de l'homosexualité au Sénégal rejetée, BBC.2022. <https://www.bbc.com/afrique/monde-59781984>.
- 159 ADHEOS. Sénégal: Un opposant promet de durcir la loi contre l'homosexualité s'il est président. 2022. <https://www.adheos.org/senegal-un-opposant-promet-de-durcir-la-loi-contre-lhomosexualite-sil-est-president/>.
- 160 Online interview with Bacary, Senegalese LGBT+ expert and consultant on mental health, 29 March 2022. Bacary is a pseudonym.
- 161 Monteiro NM, Ndiaye Y, Blanas D, Ba I. Policy perspectives and attitudes towards mental health treatment in rural Senegal. *Int J Ment Health Syst*. 2014;8:9. doi:10.1186/1752-4458-8-9.
- 162 Petit V. Circulation et quête thérapeutiques en santé mentale au Sénégal. *Revue francophone sur la santé et les territoires, hypotheses.org*. 2019. <https://hal.archives-ouvertes.fr/hal-02426114/document>.
- 163 Monteiro, supra note 160.
- 164 WHO. Mental Health ATLAS 2017 Member State Profile: Senegal. https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2017-country-profiles/sn.pdf?sfvrsn=8a84bb94_1&download=true.
- 165 Ministry of Health and Social Action of Senegal. Rapport d'activités 2018 de la division santé mentale et perspectives 2019-2020. <https://www.sante.gouv.sn/sites/default/files/RAPPORT%202018%20%20ANALYSE%20SITUATIONNELLE%20DE%20LA%20SANTE%20MENTALE%20AU%20SENEGAL.pdf>
- 166 Petit, supra note 161.
- 167 Petit V. An anthropological demography of mental health in Senegal. In: *The Anthropological Demography of Health*. Oxford: Oxford University Press; 2020. doi:10.1093/oso/9780198862437003.0005.
- 168 American Psychological Association. Psychological practice in Senegal: Challenges and opportunities. 2021. <https://www.apa.org/international/global-insights/psychological-practice-senegal>.
- 169 Online interview with Bacary, Senegalese LGBT+ expert and consultant on mental health, 29 March 2022. Bacary is a pseudonym.
- 170 Interview with Soulaïman, Tunis, 30 March 2022. Soulaïman is a pseudonym.
- 171 Online interview with Babacar Sidibé, President of Collectif Free Senegal, 7 April 2022.
- 172 Interview with Aminata, former coordinator of mental health activities for an international organisation in Senegal during the pandemic, 23 March 2022. Aminata is a pseudonym.
- 173 Online interview with Babacar Sidibé, President of Collectif Free Senegal, 7 April 2022. Neither the shelter nor the organisation are formally recognised in Senegal. For security reasons, the organisation has been registered in France.
- 174 Online interview with Bacary, Senegalese LGBT+ expert and consultant on mental health, 29 March 2022. Bacary is a pseudonym.
- 175 Interview with Aminata, former coordinator of mental health activities for an international organisation in Senegal during the pandemic, 23 March 2022. Aminata is a pseudonym.
- 176 Online interview with Babacar Sidibé, President of Collectif Free Senegal, 7 April 2022.
- 177 According to the Freedom House Global Freedom Score 2022, Senegal scored 68; both Armenia and the Philippines scored 55. *Countries and Territories | Freedom House*.
- 178 The World Bank. *The World by Income*. 2020. WDI - The World by Income and Region (worldbank.org).
- 179 Monteiro, supra note 160.
- 180 Van Baelen L, Theocharopoulos Y & Hargreaves S. Mental health problems in Armenia: low demand, high needs. *The British Journal of General Practice*, 2005;55(510): 64-65.

Westminster Foundation for Democracy (WFD) is the UK public body dedicated to supporting democracy around the world. Operating internationally, WFD works with parliaments, political parties, and civil society groups as well as on elections to help make countries' political systems fairer, more inclusive and accountable.

 www.wfd.org

 [@WFD_Democracy](https://twitter.com/WFD_Democracy)

 [@WestminsterFoundation](https://www.facebook.com/WestminsterFoundation)



Scan here to sign up to WFD news



Westminster Foundation for Democracy is an executive Non-departmental Public Body sponsored by the Foreign, Commonwealth & Development Office.



Foreign, Commonwealth
& Development Office