

Gaps in responses to LGBT issues in Thailand: Mental health research, services, and policies

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Focusing on Thailand, we give a historical overview of LGBT identities and issues, highlight psychological, psychiatric and nursing research on LGBT mental health and services, and review LGBT-related policy statements of professional associations and state-affiliated instances dealing with mental health. Our review demonstrates that stigma, victimisation and familial rejection in Thailand are linked to stress, depression, substance use and suicidality among Thai LGBT people. Research has insufficiently covered transgender men, bisexuals and intersex people. Access to mental health services and their appropriateness are impeded by generic factors (e.g. overcrowded services, stigma, and confidentiality concerns) and low practitioner knowledge of LGBT issues, stereotyping of LGBT clients, and anticipation of practitioners not being accepting or understanding LGBT identities. LGBT-related policy statements have been issued by state-affiliated bodies, but not by professional associations. While sometimes supportive, many policy documents have used stigmatising terminology and perpetuated anti-LGBT prejudice. LGBT-specific counselling and health services have been established, therapeutic strategies have been investigated and information on LGBT issues has been disseminated, but LGBT sensitivity remains to be mainstreamed in Thai health and counselling services. Providing training on LGBT issues, publicising the Yogyakarta Principles and getting professional associations engaged with LGBT issues are among the ways forward.

Keywords: LGBT; mental health; public policy; Thailand.

FOCUSING on the mental health professions (psychology, psychiatry, and psychiatric nursing) is important to lesbian, gay, bisexual and transgender (LGBT¹) individuals' wellbeing for three key reasons: (1) LGBT people experience specific mental health issues as a result of stigma, discrimination, victimisation and particular identity development patterns (Meyer, 2003); (2) LGBT people face additional obstacles that compromise the availability and appropriateness of mental health services for them (King et al., 2007; McNeil et al., 2012); and (3) the policies issued and

the language used by mental health professions influence how society at large views and treats LGBT people (Winter, 2011).

In this article, we review LGBT issues in Thailand, with a focus on LGBT mental health research, services and LGBT-related policies of national-level instances dealing with mental health. Based on our review of policy documents, we observe that psychology engages little with LGBT issues in contemporary Thailand, but psychiatry has played a more important role in issuing policies and guidelines related to LGBT issues. This may be due to psychiatry's dominant

¹ Some of the issues we cover in this article also may apply to intersex individuals (e.g. gender-based bullying or lack of access to appropriate health care). However, because the materials we have reviewed mostly do not refer to the situation of intersex individuals, we do not wish to create the impression that much is known about the issues of intersex people in Thailand, when the opposite is the case. Our acronym also does not include the letter Q for *queer*, because self-identification as queer is very rare in the Thai context.

role in the Thai mental health field. Because LGBT mental health research is also being conducted in faculties of nursing and nurses play an important role in the Thai mental health sector, we examine not just psychology, but also psychiatry and nursing.

In the first part of the article we give a historical overview of LGBT identities in Thailand, chart the parameters of tolerance, hostility and discrimination, and review how LGBT issues are reflected in Thai law, academia, and non-governmental organisations (NGOs). In the second part, we review research on mental health issues among LGBT people in Thailand, including the availability and appropriateness of mental health care for these groups. In the final part we then describe the role of professional associations and state-affiliated bodies in regulating the mental health field, and review the limited policy statements and guidelines issued by these bodies on LGBT issues, together with additional information obtained directly from some of these bodies.

Our perspective is that of both insiders and outsiders. The first and second authors (TTO and RR) are counselling psychologists by training, while the third author (SB) is a registered nurse and an instructor in the field of Psychiatric and Mental Health Nursing. TTO is Finnish, holds a Bachelor's degree from the UK, and has lived in Thailand for 10 years. We have all provided counselling to Thai LGBT clients and have written Master's theses on Thai LGBT mental health issues at Thai universities. As of February 2016, only SB held membership of a Thai regulatory body (Thailand Nursing and Midwifery Council), and none of us were members of Thai professional associations.

Historical overview of LGBT issues in Thailand

Previous research on Thai history and LGBT issues has often emphasised two notions that are only partially true: that Thailand was never colonised (Harrison & Jackson, 2011), and that Thailand is an LGBT-friendly country (Jackson, 1999).

Emergence of Thai LGBT identities

Thailand avoided direct colonisation by Western powers, but it has been argued that the country's engagement with colonial powers played a role in the emergence of contemporary gender/sexual identities (Jackson, 2003). Pressure from colonial powers prompted Thailand's ruling elite to embark on a project of Westernisation, legitimised by claims that by civilising itself, the country could justify to colonial powers that colonisation was not necessary (Harrison, 2011, p.16). One focus of this Westernising drive was reducing the previously unisex character of Thai hairstyles, clothing and names; by the 1940s, lists of permitted men's and women's names had been drawn, women were required to wear dresses and hats, and men were mandated by law to wear trousers and kiss their wives goodbye before going to work (Jackson, 2003). Jackson (2003) has argued that LGBT identities only began to be understood as genders distinct from men and women when stereotypically narrow gender roles had been mandated for men and women by the Thai state. Prior to the 1950s, Thai words about same-sex relations mostly denoted behaviours, not identities (Boongmongkon & Jackson, 2012).

The Thai word *phet* can refer to either biological sex (especially in formal contexts) or gender (in everyday discourse); the latter is defined through fixed combinations of biological sex, gender identity, gender expression and sexuality (Jackson, 2003). Non-mainstream genders include *kathoey*, which now exclusively refers to transgender women and seems to have been conceptualised as a gender by the 1950s, masculine *gay* males since the 1960s, 'gendered *tom* and *dee* female same-sex identities' since the late 1970s (Jackson, 2003, p.102), and others. The proliferation of alternative genders continues today. A study by Mahidol University, Plan International Thailand and UNESCO Bangkok (2014) on 2070 secondary school students provided 11 response options for recording genders other than man or woman²; each response

option was used by some participants, 11.9 per cent chose options other than man or woman, and 11 participants chose 'other,' suggesting the list of 13 genders was not exhaustive. New terms are being adopted because they portray one's identity in a more favourable light or more accurately than old terms (Winter, 2011). For example, some think that the word *kathoey* is vulgar and prefer *sao praphet song* or *phu ying kham phet* as politer or modern, whereas others use *kathoey* as a self-referent to reclaim the term (Chonwilai, 2012).

Parameters of tolerance, hostility and discrimination

The notion of Thailand as an LGBT-friendly country is common in guidebooks and academic texts. The visibility of transgender women and gay entertainment venues are some often-cited examples of acceptance (United Nations Development Programme & USAID/UNDP & USAID, 2014). The Tourism Authority of Thailand exploits the notion of Thailand being LGBT-friendly on its website (<http://gothaibefree.com/lgbt-thailand/>) aimed at bringing more LGBT tourists to the country. Thailand does seem to be among the more tolerant nations in south-east Asia with recent World Values Surveys indicating that in Indonesia and Malaysia, almost two-thirds of respondents did not want gay or lesbian neighbours, whereas in the Philippines, Thailand, Singapore and Vietnam, this figure was no more than a third (Manalastas et al., 2015).

However, a recent Thailand country review (UNDP & USAID, 2014) notes discrimination and hostility toward LGBT people in families, educational institutions, workplaces, religious contexts, health care settings, in the media and the military. Suriyasarn (2014) and UNDP and USAID (2014) have provided recent reviews of the

overall situation and specific incidents of discrimination, hostility and violence. Thailand has been called a 'tolerant but unaccepting' country for LGBT people (Jackson, 1999). Tolerance depends on the social context or 'time and place' (*kala-thetsa*), and the visibility of any difference from mainstream norms of what is considered 'appropriate' (*mo-som*) in a given situation (Jackson, 2003). Such considerations limit visibly transgender individuals' access to prestigious positions in Thai society (Chokrungravanont et al., 2014; Winter, 2011). For gays and lesbians, the level of visible difference from mainstream gender norms is also important in determining whether they encounter hostility and discrimination (Suriyasarn, 2014). Thus, *transprejudice* (transgender-related prejudice; Winter, 2011) is more salient than heterosexism or homophobia in the Thai context, even for gays and lesbians. Bisexual people might largely escape discrimination as long as they maintain their invisibility.

Ethnic background, class, religion, and birth sex influence the level of stigma and hostility experienced by LGBT people in Thailand. Many people in Thailand have Chinese origins, and families with Chinese origins may be more hostile to LGBT issues and put more pressure on a gay or lesbian child to get married than Thai families with no significant Chinese ancestry (Jackson, 2014; Sinnott, 2004). Middle-class families may place more emphasis on safeguarding the family's reputation than working-class families, and so put more pressure on outward conformity to gender and sexuality norms, but middle-class LGBTs may also have more life options because they have more money (Sinnott, 2004). Women's same-sex relationships may be viewed as mere friendships, so they may face less hostility than male-male relationships, but

² These identities were: *kathoey* [transgender woman], *sao praphet song* [transgender woman], *phu ying kham phet* [transgender woman], gay [gay male], *chai rak chai* [man who loves men], tom [masculine lesbian], *phu chai kham phet/transman*, *dee* [feminine lesbian attracted to toms], *les* [feminine lesbian], *ying rak ying* [woman who loves women], and *bi* [bisexual of either sex] (Mahidol University et al., 2014, p.34).

they are also unlikely to be viewed as real partnerships, so women in such relationships may face particular pressure to marry a man or to live with and take care of their parents (Sinnott, 2004). According to UNDP and USAID (2014), 94.6 per cent of Thais are Theravada Buddhists; many Thai Buddhists believe that being born as LGBT is a result of misdeeds in past lifetimes, or of inability to control one's desires. Visibly transgender women are not allowed to ordain as monks. However, members of the Muslim minority (4.6 per cent) may experience even more religiously-based hostility. Christian LGBT people in Thailand might also experience specific religion-related problems, but we are not aware of any research on Christian Thai LGBTs.

LGBT people and Thai law

LGBT issues in Thailand historically received little legal attention. The never-enforced sodomy law was repealed in 1956 (Jackson, 2003), however, at the time of writing this article, transgender individuals cannot change their legal sex, and there is no same-sex partnership legislation (Chokrungravanont et al., 2014), despite continued advocacy for both laws (Sanders, 2011). The Rights and Liberties Protection Department at the Ministry of Justice has drafted a same-sex partnership law, but it has not been considered by the legislature. The draft has been critiqued for its unequal provisions (e.g. higher minimum age than for heterosexual marriage, no adoption rights) by Foundation for SOGI Rights and Justice³ (FOR-SOGI: www.forsogi.org) and other groups that advocate for a civil society drafted version of the law or a revision of the Civil and Commercial Code that currently regulates heterosexual marriage.

The now-abrogated 2007 constitution had anti-discrimination provisions, but how to access justice in discrimination cases was unclear. A new anti-discrimination law was

enacted in 2015. Literally titled Act on Equality between the Sexes, B.E. 2558 (2015), and often called the Gender Equality Act (a translation of the act with this title was issued by the Human Rights Watch, 2015), this Act makes it illegal to discriminate against someone 'because the person is a man or a woman, or has expressions that differ from their birth sex' (Article 3). Discrimination based on gender expression is thus explicitly illegal, but sexual orientation might also be covered, because same-sex relations can be understood as expressions that contradict the heteronormative understanding of what it means to be a man or a woman. Discrimination is considered fair and legal if done 'in order to provide welfare and safety protection, in accordance with religious principles, or for national security reasons' (Article 17). Regulations of the National Commission on Social Welfare Promotion (2012) also recommend state agencies to provide wide-ranging support to LGBT and intersex people (alongside 12 other specified groups), including LGBT-sensitive counselling services, but little concrete action has followed from these regulations.

LGBT issues in Thai academia

In Thai academia, attention to LGBT topics has been given since the 1950s, when some articles were written on kathoey issues; research on male homosexuality became more popular in the 1970s. Jackson (1997) reviewed 207 Thai-language texts on gay, lesbian and transgender topics between 1956 and 1994. Jackson noted that 156 (75.5 per cent) of these works dealt with male homosexuality, 38 (18.5 per cent) with kathoeyes and just 13 (6 per cent) with female homosexuality. Thus, historically, most Thai academic output focused on homosexuality among gender-normative males. The dominant research paradigm viewed homosexuality as perverse, pathological and immoral;

³ SOGI refers to *sexual orientation* and *gender identity*; in the official English name of FOR-SOGI, the acronym is used instead of the full terms. Use of the acronym has remained very limited in Thai language, other than in reference to the name of the foundation.

expressed in 100 of 156 studies on male homosexuality, this paradigm was aimed at finding its causes to eliminate it. Jackson noted that psychology and psychiatry played a major role in constituting this paradigm.

Around 1995 to 2005, few studies on Thai LGBT issues were conducted in psychology or psychiatry; in this period, other social sciences, the humanities and faculties of education were more active in producing affirmative studies on LGBT issues (Ojanen, 2009). Perhaps there was confusion regarding what would be a legitimate research agenda when searching for a cure or prevention had finally been abandoned as research programmes, but LGBT-sympathetic works might also have been met with resistance from older academics, given the historical dominance of the anti-LGBT paradigm in Thai academia (Jackson, 1997; Sinnott, 2004, 2011).

Reviews of Thai research on LGBT issues (Ojanen, 2009; Sinnott, 2011) have noted that recent Thai research has been sympathetic to LGBT people, voicing and supporting their concerns rather than calling for a prevention or cure of a supposed sexual or gender deviance. One reason for this paradigm shift might have been the extensive research inputs by pro-LGBT, non-Thai researchers like Jackson (1997, 1999, 2003, 2012, 2014), Sinnott (2004, 2011), and Winter (2011). However, Jackson (2012, p.12) gives the main credit for this paradigm shift to 'Thai feminist and queer NGOs and academics'. Some of these groups established the Sexuality Studies Association (<http://www.ssa.ipsr.mahidol.ac.th/>), which arranges conferences and publishes a *Sexuality Studies Journal*. These outlets have played a key role in the dissemination of non-stigmatising, Thai-language gender and sexuality research. In the first author's observation, these conferences are not widely attended by psychologists or psychiatrists, limiting their impact on the mental health field.

Emergence of Thai LGBT NGOs

The lesbian group Anjaree (established 1986) was the first formal LGBT group in Thailand (Sinnott, 2004, 2011). According to founding member Anjana Suvarnananda (personal communication, 17 April, 2016), it ended its operations in December 2015. Around the same time, the defunct Fraternity for AIDS Cessation in Thailand (FACT) was established by Natee Teerarojjanapongs to tackle an emerging HIV epidemic among men who have sex with men (Natee Teerarojjanapongs, 1990). Preventing the spread of HIV was also an impetus for the founding of Rainbow Sky Association of Thailand (RSAT; www.rsat.info) in 1999, which now has several provincial offices and is the largest LGBT organisation in Thailand.

The number of LGBT groups and organisations grew very rapidly around 2010, aided by HIV-prevention funding (Ojanen, 2014b; UNDP and USAID, 2014), which these organisations have also used for other activities, such as human rights or identity-related work (Burford & Kindon, 2015). FOR-SOGI, which funded the policy review described later on in this article, is one of the few Thai NGOs operating without HIV funding and dealing exclusively with SOGI rights, awareness and acceptance. FOR-SOGI was formed after its founding members had been verbally abused and physically threatened by protesters opposing a gay pride parade in the northern Thai city of Chiang Mai in 2009, so they felt that a specific group was needed to address anti-LGBT violence and hostility.

LGBT mental health research

In this section, we highlight recent research on LGBT mental health in Thailand. More LGBT research is available in the fields of anthropology, communication arts, and education, but in this section we focus on the specific contributions of nursing, psychology and psychiatry. The most common topic in recent Thai LGBT mental health research has been depression. Happiness, stress, loneliness, and suicidality have also been studied.

Qualitative studies have focused on identity development and management. All questionnaires used by studies reviewed in this article were of Thai origin or Thai translations of English-language instruments. Some scales of foreign origin cited in this section have been fully validated for use in the Thai context, and based on the cited materials, others have at least been translated and back-translated as well as reviewed by more than one bilingual expert in the subject matter.

Pornthep Pearkao (2013a) studied stress and depression in a convenience sample of 113 gay male and 57 kathoey (transgender women) participants, all members of the LGBT organisation RSAT. Their average depression levels (measured with a Thai nine-question test) were low, but their stress levels (measured with the Suanprung Stress Test-20) were high. Stress was linked to concerns about HIV and other sexually transmitted infections, being financially cheated by partners, the prospect of having to marry heterosexually (among gay participants) and societal pressure to act as a man (among kathoey participants). However, the same sample had happiness levels (measured with THI-15 Thai Happiness Indicators) comparable with the general Thai population (Pornthep Pearkao, 2013b). The author explained that though the participants were under considerable stress, they might have compensated for social stigmatisation by insisting they were happy or by working extra hard, which Thai society expected of them as a form of compensation for their perceived defect of being gay or kathoey. Although not noted by the author, the participants' membership in an LGBT organisation might have provided them with extra social support and helped them to cope with stress better than gay or kathoey individuals without such support.

Sumonthip Boonkerd (2014) examined the prevalence of depression (measured with the Thai nine-question test) among 339 lesbians (age 19 to 40 years) in four north-eastern provinces and linked it to hetero-

sexist victimisation (measured with the Harassment, Rejection, and Discrimination Scale) and coping styles (measured with the Brief COPE inventory). Overall, 27.7 per cent of the participants were depressed. Depressed participants were significantly more likely to report having been called names that mocked their lesbian identity, having been otherwise mocked because they were lesbians, and having heard their family members talk negatively about lesbians, suggesting that heterosexist victimisation is a risk factor for depression among Thai lesbians. Depressed participants were significantly more likely to use emotion-focused and maladaptive coping styles than non-depressed participants.

Similarly, a study by Mahidol University et al. (2014) linked depression (measured with the Center for Epidemiologic Studies-Depression scale) to school-based bullying targeting students believed to be LGBT (measured with a custom-made behavioural checklist and follow-up questions about perceived motivations) in a study of 2070 general secondary school students in five provinces of Thailand. Six per cent of those who had not been bullied in the past month had a test score indicating they were likely to be depressed, in contrast to 22.6 per cent of those who had been bullied because they were perceived to be LGBT, and 12.4 per cent among those bullied for other reasons. When compared to those not bullied at all, students bullied because they were thought to be LGBT also were more likely to have attempted suicide (6.7 per cent vs. 1.2 per cent), have had unprotected sex (9.2 per cent vs. 2.5 per cent), drink alcohol (24.7 per cent vs. 13.4 per cent) and have unauthorised absences (31.2 per cent vs. 15.2 per cent). These findings emphasise the need for bullying prevention and psychosocial support to victims of anti-LGBT bullying (many of whom do not self-identify as LGBT).

Yadegarfar, Ho and Bahramabadian (2013) linked depression (measured with the Depression Anxiety and Stress Scale-21/DASS-21) to education levels in a

convenience sample of 190 Thai transgender women recruited through RSAT (age 15 to 25 years); those who had not completed high school had higher levels of depression, but reported feeling less lonely (measured with the UCLA Loneliness Scale) than those with higher educational attainment. A previous unpublished study by Yadegarfar (2012, cited in Yargarfar et al., 2013) found that loneliness among Thai transgender participants predicted depression, suicidal behaviour and sexual risk-taking behaviour. This emphasises the importance of social support to psychosocial adjustment among Thai transgender people.

Yadegarfar, Meinhold-Bergmann and Ho (2014) conducted a comparative study of 129 transgender and 131 cisgender male adolescents. The transgender adolescents reported 'higher family rejection [custom-made scale], lower social support [Social Support Appraisals Scale], higher loneliness [UCLA Loneliness Scale], higher depression [DASS-21], lower protective factors and higher negative risk factors related to suicidal behaviour [Positive and Negative Suicide Ideation Inventory], and were less certain in avoiding sexual risk behaviours' (p.347). Family rejection, social isolation and loneliness predicted depression, suicidal thinking and sexual risk behaviours in both groups, again pointing at the important protective role of social support.

Two psychological theses found that depression levels were higher among closeted Thai gay males (Uckaradejdumrong, 1996) and lesbians (Chooprasert, 2001) than those who were out; however, the difference in depression levels between closeted and out participants was only statistically significant among gay males. Hostility scores were also significantly higher among the closeted gay males; these two were the only subscales of the Symptom Checklist-90 (which both theses used) that showed significant differences between closeted and out participants in either study. This finding suggests mental health benefits for being out for Thai gay males, and contrasts with some Thai mental

health practitioners' tendency to discourage disclosure of sexual orientation or gender identity, aimed at preventing family conflict and social problems (Ojanen, 2010).

A series of qualitative theses have recently been written at the Faculty of Psychology at Chulalongkorn University. These theses explore the experience of coming out to family (Taecho Chaivudhi, 2011), *not* coming out to family (Nopphasit Sirijaroonchai, 2012), the process of self-acceptance among gay males (Phakphoom Decha-ananwong, 2012), and the identities and experiences of *tom* and *dee* lesbians (Pimsirion Siritinapong, 2011). The Faculty arranged a seminar showcasing some of these studies on August 23, 2014, suggesting that a stream of psychological research on gay and lesbian topics is emerging there, with the support of the faculty. These studies and their linkages to Western gay identity development models are discussed in more detail by de Lind van Wijngaarden and Ojanen (2015).

One earlier qualitative study on coming out among gay men in Khon Kaen Province, conducted by a physician specialising in psychiatry (Antika Jacqueline Klein, 2003), lists factors that make coming out easier (e.g. self-confidence, independence, unwillingness to give in to societal demands, as well as having supportive friends, colleagues and family members) and notes that non-verbal communication of one's gayness through behavioural hints is more common than verbal declarations of it.

Availability and appropriateness of mental health care to LGBT people

What happens when LGBT people use mental health services in Thailand? We could find very little research on this, so in this section we draw mostly on Ojanen's (2010) Master's thesis, based on interviews with nine Thai mental health practitioners (four psychiatrists and five psychologists; two women and seven men) and seven clients (three identified as gay, three identified as transgender women, and one identified as a man who has sex with men) in and around

Bangkok. The practitioners' ages ranged from 32 to 62; the clients were 20 to 45 years old. According to both practitioner and client interviews, generic constraints of state psychiatric hospitals play a major role in determining the quality of services LGBT clients receive. For example, because of the scarcity of psychiatrists, a psychiatrist practising at a hospital operated by the Department of Mental Health might see 60 outpatients during the three morning hours of a single day. The average three-minute session per client provides little opportunity for therapeutic discussions, so the emphasis is on medication. When patients meet clinical psychologists in these hospitals, they might spend an hour per patient, but for psychological testing rather than counselling. Confidentiality may be compromised by non-private, non-soundproof consultation spaces, and by having to explain one's issue to several staff members before seeing the psychiatrist. This description matches Tapanya's (2001) earlier analysis of the generic problems in Thai mental health services.

All three public health insurance systems cover psychiatric treatment at public hospitals if the patient first receives a referral from a primary care physician, and all Thai citizens are entitled to membership in one of these systems (Lotrakul & Saipanish, 2006). Due to the low number of psychiatrists (an estimated 300 for a population of 68 million), many receive mental health services directly from primary care physicians, who can prescribe psychiatric medications; however, they usually have not received recent mental-health related training (World Health Organisation [WHO], 2011). A survey of 434 primary care physicians noted an average visit length of three to five minutes in primary care settings; the surveyed physicians cited time constraints, lack of experience in psychiatric care, limited psychiatric knowledge, lack of interviewing skills and lack of interest in psychiatric services (in descending order) as

the most important barriers to psychiatric diagnosis (Lotrakul & Saipanish, 2006), which can be used as an indicator of mental health service provision among general practitioners.

In private hospitals and clinics, a session might last 30 to 60 minutes, which is more appropriate for counselling or psychotherapy (Ojanen, 2010). One private counselling agency (Bangkok Counselling Service) states on its website that it offers counselling from 'a gay affirming perspective believing that being lesbian, gay or bisexual is healthy and natural'⁴. However, neither private nor public health insurance usually covers mental health services on the private sector, so these services may be too expensive for low-income individuals. Fees in Bangkok range from around 800 baht to several thousand baht per session. As of 2015, Thai law mandated a nationwide daily minimum wage of 300 baht, but the policy was set to be scrapped by the end of the year (B300 wage, 2015).

Professional mental health services operated by NGOs are rare. We are aware of only one, the Hotline Center Foundation (<http://www.hotline.or.th/>); LGBT people are only a part of its diverse clientele. Some NGOs run by and for LGBT people (e.g. Rainbow Sky Association of Thailand) provide counselling services, primarily online and by telephone, but these services are provided by peer counsellors, who may have only received a few days' counselling training (Ojanen, 2015). Peer counsellors may have limited therapeutic skills and knowledge about mental health issues, compared to professionals. These services are primarily intended as sexual health, not mental health, services. However, LGBT peer counsellors are likely to have a better understanding of LGBT identities and concerns than most professional practitioners (Ojanen, 2009, 2010, 2015). Peer counsellors may be ideally suited for helping those of the same identity; for example,

⁴ <http://www.bangkokcounsellingservice.com/our-services/>

transgender women may understand the issues of other transgender women better than gay males do (Chaiyajit, 2014).

Regardless of the sector, using mental health services remains stigmatised as something 'crazy people do'. Mental health stigma in general is linked to the notion of mental illness as a result of bad karma accrued by misdeeds in past lives, and the idea of people suffering from mental illness being a public nuisance (Burnard, Naiyapataana & Lloyd, 2006).

Service utilisation among LGBT people is often initiated by parents who cannot accept their child's same-sex attraction or transgender expressions (Ojanen, 2010). Services not described as psychiatric (e.g. NGO peer counselling systems) avoid much of the stigma suffered by formal mental health services, and are more acceptable to potential clients. Anticipating that a mental health practitioner would not accept one's sexual/gender identity also contributes to non-intention to use mental health services, especially among lesbian and bisexual Thai women (Ojanen, 2014a).

In all professional mental health services, practitioners' LGBT sensitivity depends on their personal interest in LGBT issues, because the education of mental health professionals in Thailand seems to offer minimal LGBT-related content. Some practitioners with personal interest in LGBT issues are sympathetic. However, many rely on unhelpful stereotypes (e.g. one psychologist believed that masculine gays always abandon their more feminine partners, so she would tell her feminine gay clients they should not have hopes for a long-term relationship; Ojanen, 2010). No practitioners interviewed by Ojanen (2010) said they considered same-sex attraction a mental disorder, but one psychologist was willing to attempt changing sexual orientation through psychotherapy, viewing heterosexuality as more conducive for a happy life. Overall, sexual orientation change efforts seem rare in the Thai context.

Initiatives to improve the appropriateness of mental health care to LGBT people in Thailand

Some initiatives have been taken to improve the accessibility and appropriateness of mental health care for LGBT individuals in Thailand, usually by concerned individuals or small groups, rather than by institutions following a formal policy.

International Women's Partnership for Peace and Justice (<http://womenforpeaceandjustice.org>) provides 'feminist empowering counselling courses, Training of Trainers (TOT), and meditation retreats'. Ouyporn Khuankaew, co-founder and lead trainer, explained the feminist counselling trainings integrate examination of the linkages of patriarchy, heterosexism, homophobia and transphobia, and how these result in direct and indirect violence against straight women and LGBT people (personal communication, 6 August, 2014).

Panel discussions aimed at educating mental health practitioners are also arranged. These discussions enable lesbians, gay men and transgender women to convey their experiences, thoughts, feelings and issues to practitioners and may invoke empathy better than lectures (Sukamon Wipaweeponkul, private communication, 21 April, 2014). The absence of self-identified transgender men, bisexual or intersex panellists reflects their overall invisibility in Thai society.

Rattanakorn Ratanashevorn (2013) examined whether gay-affirmative group counselling could reduce internalised homophobia among gay males living in Bangkok, using a custom-designed group counselling format and a custom-built internalised homophobia scale; 32 Thai gay males with a mean age of 26.8 ($SD=4.96$) were randomly assigned into an experimental group, which received six treatment sessions, or to a wait-list control group. Internalised homophobia was significantly lower in the experimental group after participation, whereas in the control group it remained unchanged. This study demonstrates that there are concrete steps practitioners can take to help clients dealing with internalised homophobia.

In September, 2014, the Adolescent Clinic (2014) at Ramathibodi Hospital in Bangkok opened a 'gender variant clinic' serving transgender, same-sex attracted and questioning adolescents. The clinic focuses on helping gender variant youth in mental health and other medical issues, and assists their parents to accept and understand their children. Currently, many Thai transgender youth practise hormonal self-medication without medical supervision, so the clinic provides advice about the risks and benefits of hormone use, and safer hormone use if needed. Given that the clinic is housed at a state hospital, consultation fees will be reasonable, but some expensive hormonal medications may not be covered by public health insurance. This clinic is the first medical-professional operated service in Thailand targeted specifically at LGBT that focuses on psychosocial adjustment (rather than sexual health and HIV). Opening the clinic was informed by research on gender variant adolescents in Bangkok secondary schools by Dr Jiraporn Arunakul (who works at the clinic) and Dr. Sanchawan Wittayakornrerk. They found that 11 per cent of Bangkok students identified as LGBT or questioning, and that higher parental acceptance of gender variance was associated with smaller odds of depression, suicidal thoughts, and higher happiness scores as well as better grades, thus providing a rationale for working towards parental acceptance (Adolescent Clinic, 2014).

B-Change Foundation has launched two web-apps, BE (<http://www.be-app.me/>) and PLUS (<http://www.plus-app.me/>). The former is for young LGBT and questioning individuals; the latter for gay and bisexual men living with HIV. These apps are intended to link members of the target groups with relevant services and to provide information on psychosocial adjustment, in Bangkok and four other south-east Asian cities; they also feature user-rating mechanisms for the LGBT friendliness of the services. Their impact has not been meas-

ured yet, but the formative research underlying their design has been published (Hanckel et al., 2014; Hanckel, 2016).

Our review suggests that the most extensively studied mental health issue among Thai LGBT people is depression. Depression is likely to affect a higher proportion of LGBT people than non-LGBT people, especially those who face anti-LGBT stigma and victimisation, parental rejection, and/or feel they have to conceal their LGBT identity.

Thai LGBT people face the same generic constraints in accessing mental health services as other Thais, such as service use stigma and crowded, expensive, or non-professional services. In addition, LGBT clients may be stereotyped and misunderstood by mental health practitioners. They are not likely to encounter sexual orientation change efforts, but they may be advised to stay in the closet, which may not be helpful.

Our review reflects significant gaps in recent Thai mental health research. Other mental health issues, transgender men, bisexual and intersex people, and older LGBT people have received little if any attention from researchers in the mental health professions. The small-scale nature of many studies cited in this section calls to question their generalisability, as does the common practice of recruiting convenience samples from LGBT organisations. Accessing such studies may also be difficult, as many of these are not published and are only available as hard copies from universities. This might particularly limit the visibility of graduate research conducted at universities outside Bangkok.

Initiatives to improve quality of mental health care to LGBT people have included LGBT-sensitive counsellor training courses, LGBT speaker panels to sensitise practitioners, research on how to reduce internalised homophobia through counselling, a gender-variant youth clinic, and online counselling and referral support services.

LGBT-related policies of instances dealing with mental health

In this section, we focus on LGBT-related policies of instances dealing with mental health in Thailand, including professional associations of psychiatrists, psychologists, psychiatric nurses and social workers, as well as additional state-affiliated instances that play important regulatory and service provider roles in the mental health field.

Our preliminary review of the websites of professional associations with a potential role in mental health work did not reveal any LGBT-related policies or statements. The main focus of this section is, therefore, on policies and statements issued by state-affiliated, health-related instances, particularly the Department of Mental Health (DMH, under Ministry of Public Health), the Thai Medical Council (the medical profession's self-regulation organ, chartered by the state), and the Royal College of Psychiatrists of Thailand (an advisory, academic and regulatory organ), that are available online.

We also sent formal letters (on behalf of FOR-SOGI) to each organisation mentioned in this section, asking if they had issued any 'policies, practice guidelines, and/or statements on issues related to gender/sexual diversity or LGBTI populations' (with a definition of LGBTI, in other words LGBT plus intersex, in a footnote). We followed up the request by telephone, fax and/or email. This policy review is ongoing and additional information might be obtained after the publication of this article. Only some organisations had responded to our requests by February 2016, and those that did respond, stated they had issued no such documents. This contradicts our understanding, which is that some documents issued by the state-affiliated bodies do constitute LGBT-related policies, guidelines or statements (reviewed below).

Professional associations

Our preliminary review of Thai professional associations suggests that their role is narrower than, for example, their counter-

parts in the UK. Within psychology, clinical psychology is currently the only licensed specialty (under the Mental Health Act, B.E. 2551 (2008), which does not mention other psychological specialties). Clinical psychology has its own professional association: the Thai Clinical Psychologist Association (<http://www.thaiclinicpsy.com/>). The Thai Psychological Association (<http://www.thaipsy.com/>) has a broader focus and welcomes graduates from all psychological degree programmes as members, based on information from its website. However, we have received no definitive response to our request for information. Membership in these associations is voluntary and being a member does not grant any formalised status to professionals (unlike, for example, being a Chartered Member of the British Psychological Society). However, membership might still informally increase a practitioner's professional credibility.

The same is true for the Psychiatric Nurse Association of Thailand, the Psychiatric Association of Thailand, and the three professional associations of social workers that social workers in medical contexts might affiliate with: Thailand Association of Social Workers; the Thai Medical Social Workers' Association; and the Psychiatric Social Worker Association. These professional associations appear to be mostly aimed at the development of professional standards, knowledge creation and dissemination, and upholding the status of each profession. For example, the Thai Medical Social Workers' Association (personal communication, 28 May, 2015) stated that by policy, their role was developing professional standards for medical social workers, and conducting and disseminating relevant research.

Professional standards might present an entry point for LGBT-related guidelines. However, these associations may perceive that generic professional principles are sufficient for protecting LGBT clients. For example, the Psychiatric Social Worker Association (personal communication,

6 November, 2015) stated that the association 'does not have policies on sexual diversity, because psychiatric work must be based on valuing human dignity, not judging individuals, [but] respecting and accepting their individuality.' Some professionals may also consider LGBT issues as being low priority, when compared to other social problems, like drug abuse or stress caused by political instability; the perception of Thailand as an LGBT-friendly country is in part responsible for this stance (Ojanen, 2010, p.149).

***Department of Mental Health (DMH),
Ministry of Public Health***

The DMH is a major player in mental health issues, operating all but one of Thailand's c.20 psychiatric hospitals and additional community mental health centres, engaging in mental health promotion, policy-making and knowledge creation and management through its bureaus (Mental Health Knowledge Bank, Department of Mental Health Thailand, 2012).

Engaging the DMH may be crucial for advocating for LGBT issues in the Thai mental health field. In 2001, Chantalak Raksayu, on behalf of Anjaree, requested the DMH to issue an official statement to counter the public perception that homosexuality is a mental disorder. The DMH complied in 2002, by issuing a one-page document (Anjaree Group, n.d.) stating that 'relations between same-sex loving people' had already been removed from the *International Classification of Diseases, 10th edition, Thai Modification (ICD-10-TM*, current version issued by Ministry of Public Health, 2012, corresponding to the *ICD-10* issued by WHO, 2010). Some have claimed that this document brought about depathologisation of homosexuality in Thailand (e.g. Armbrrecht, 2008; Chokrungravanont et al., 2014), but in fact the document simply reiterated that the WHO had already removed the category 'Homosexuality' from the 1992 version of the *ICD*, which also applied to Thailand (Anjaree Group, n.d.).

In 2013, news was circulated about a private tutoring school run by an engineer, offering courses aimed at changing same-sex attracted individuals to heterosexuals and making their gender expressions normative (Palida Phutthaprasoet, 2013). A DMH representative interviewed for the news item supported these courses, stating it was great the private sector was providing services to those the state could not reach, suggesting that the DMH continued to support sexual orientation/gender identity change efforts. This suggests that although same-sex attraction has not officially been considered a mental illness for over 20 years in Thailand, attitudes within the DMH have not kept pace with policy.

Regulatory Councils

Medicine, nursing, and social work are regulated by the Medical Council of Thailand, the Thailand Nursing and Midwifery Council, and the National Council on Social Welfare of Thailand. Professionals in these fields must be registered as members of these self-regulation organs. Each council has power to issue regulations for health-related professions, and some LGBT-related regulations have been issued by the Medical Council.

Around 2008, there was public controversy about the lack of regulation of sex reassignment surgery (SRS) and related surgical procedures, such as castration, which were being performed on teenagers (Chokrungravanont, 2014). The Medical Council responded by issuing regulations banning such surgeries in minors and stipulating that such surgeries have to be approved as clinically indicated by two psychiatrists, one of whom must be Thai; those who are 18- to 19-years-old must have parental consent (Medical Council Regulations, 2009). In Announcement of the Medical Council 58/2552 B.E. (2009), available online only in English translation, the Medical Council also mandated the Royal College of Psychiatrists of Thailand to provide further guidance on practice with individuals requesting SRS.

On the Thailand Nursing and Midwifery Council's website, the only reference to LGBT issues in policy documents is in a strategic development plan for 2007–2016; a situation analysis notes that reduced interaction in Thai families is currently resulting in health problems among Thai youth, 'for example, drugs of abuse, mental health, HIV/AIDS and homosexuality' (Thailand Nursing and Midwifery Council, 2009, p.2). This statement reflects a view that homosexuality is a (health) problem. The National Council on Social Welfare of Thailand website contained no references to LGBT issues.

Royal College of Psychiatrists of Thailand

The Royal College of Psychiatrists of Thailand operates under the Medical Council. Membership is open to psychiatrists and is voluntary. It plays mostly an academic role, but it also sets standards for psychiatrist licensure. The Royal College of Psychiatrists of Thailand (2009) has issued a set of guidelines for the involvement of psychiatrists and other specialist physicians in the 'management of gender dysphoria and transsexualism'. These guidelines uphold the view of 'transsexualism' as a psychiatric disorder, which must only be treated under medical supervision. This stance follows the *ICD-10-TM* (Ministry of Public Health, 2012) and the *ICD-10* (WHO, 2010). The guidelines themselves are similar to those issued by the World Professional Association for Transgender Health (WPATH, 2011). But unlike the seventh version of the WPATH guidelines, which recognise that 'being transsexual, transgender, or gender non-conforming is a matter of diversity, not pathology' (p.4), the Thai guidelines make no such qualifying statements.

These guidelines (Royal College of Psychiatrists of Thailand, 2009) also echo the change in how same-sex attraction is viewed by psychiatrists. They emphasise that 'the state most often encountered in individuals who have behaviour contrary to their sex is *phawa rak ruam phet* (homosexuality)... this

state is not a psychiatric illness' (p.3). The terminology these guidelines use is not as sympathetic or contemporary as their diagnostic stance. For example, referring to same-sex relations as 'behaviour contrary to one's sex' can be considered heterosexist because it involves the assumption that only heterosexuality is natural and other sexualities are 'contrary'. However, the guidelines note that even when a patient presents with 'egodystonic homosexuality' (which remains diagnosable as 'F66.1 Egodystonic Sexual Orientation' under the *ICD-10-TM*, Ministry of Public Health, 2012), the individual's family should be guided 'not to have high hopes that [he/she] will revert to a heterosexual' and to accept the individual (p.7). In sum, these guidelines call for psychiatrists and family members to accept same-sex attraction, but do so using heterosexist language. The College's website also features an interview with the College's previous president, who notes in passing that whereas in foreign countries, 'overt homosexuals' might be permitted to enter the profession of psychiatry, in Thailand openly gay physicians would not be allowed to become psychiatrists (Royal College of Psychiatrists of Thailand, 2005).

Our preliminary review of LGBT-related policy statements by Thai mental health related instances suggests that professional associations of the mental health professions (psychology, psychiatry, psychiatric nursing and social work) currently play no role in issuing LGBT-related policies and have not taken a stance on any LGBT issues. Those that responded to us indicated it was not a part of their role. The stance indicated by one of them suggests the others might also view that generic professional principles are sufficient for guiding work with LGBT clients.

State-affiliated bodies led by psychiatrists or other physicians have played a role, by issuing binding regulations, voluntary practice guidelines, and by making public statements. All the policies and statements reviewed above were prompted by external

requests or social controversies, not proactive policy-making. Those instances that responded to our formal request for further information claimed to have issued no LGBTI-related policies, guidelines or statements, highlighting these instances' perception that they are not involved in any LGBTI-related policy-making. This might reflect the marginal role of the regulations, guidelines and statements made thus far; the individuals providing the responses to us on behalf of their organisation may simply have not been aware of them.

The policies and official statements available online (reviewed above) are somewhat contradictory: They usually acknowledge that same-sex attraction is not a mental illness, then sometimes support trying to change a person's sexual orientation. Existing policy consistently views transgenderism as a mental abnormality, and though it permits medical transitioning processes, it aims at regulating these processes as medical treatment, through psychiatric gate-keeping and assessment. Policies and official statements continue to use outdated and stigmatising language.

Ways forward for Thailand's mental health professions on LGBT issues

Mental health professionals, working in state-affiliated practice settings, academia, or professional associations, all have an opportunity to promote LGBT mental health, and refrain from harmful practices that harm LGBT people. Principles 17 (Right to the Highest Attainable State of Health) and 18 (Protection from Medical Abuses) of the Yogyakarta Principles (2007) suggest that under international law, this is also the duty of state bodies.

Awareness-raising and engagement by LGBT civil society are needed to sensitise these instances to what matters for LGBT mental health, what can be done about it, and how. Training for existing and future mental health professionals on LGBT issues, with involvement from LGBT people, is needed. To raise awareness, a key point to

make is that without specific attention to LGBT issues, mental health professionals may unknowingly treat LGBT clients in an unhelpful way. New, innovative services for LGBT people, such as the Gender Variant clinic at Ramathibodi Hospital, need continued support, but sensitivity about LGBT issues is also needed throughout the health sector, not just in group-specific services. Systematically examining the barriers LGBT people face in utilising mental health services, and addressing those barriers, is necessary.

Publicising the Yogyakarta Principles and increased international collaboration with colleagues in other countries, including Association of south-east Asian Nations (ASEAN) countries where these professions have had more extensive engagement with LGBT issues, particularly the Philippines (Ofreneo, 2013), may be useful in awareness-raising and skill-building for Thai mental health professions.

Following broader ethical principles, mental health professions also need to be conscious about how the language they use and the policies they issue influence the public perception of LGBT people. Past policies and statements have used stigmatising terminology, and continuing to pathologise transgenderism or supporting sexual orientation change efforts communicates that there is something wrong with being LGBT. Communicating the opposite message would be beneficial to LGBT people's mental health and social standing. Mental health professionals in all contexts are in a position to make statements and recommendations on LGBT issues that can be taken seriously by the public.

Thai psychiatric nurses, psychologists, and social workers have recently not engaged with LGBT issues as much as psychiatrists. On the dominant public mental health sector, these professions have more opportunities for in-depth client contacts than psychiatry, given the less extreme limits on the duration of each contact, and the greater number of nurses when compared to

psychiatrists and psychologists. This potentially gives both professions opportunities to provide more helpful therapeutic interactions than psychiatry currently does on LGBT-related issues.

Professional associations of Thai mental health professions have not taken a stance on LGBT issues. There is considerable scope for professional associations in all mental health professions to further clarify their role, raise awareness of mental health issues, reduce mental health stigma, and improve the reputation of their profession with the general public. Including appropriate responses to LGBT issues in the professional standards they develop is one way for these associations to demonstrate that the work of the professions they represent is work that matters for the wellbeing of real, living people in contemporary Thai society. As a matter of priority, it would help to allay fears of LGBT individuals in need of help if each professional association publicly indicated on their website and social media channels that they do not consider homosexuality, bisexuality, or transgenderism to be mental illnesses, and that they do not endorse sexual orientation or gender identity change efforts.

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Note on referencing style

In Thai-language academic texts, Thai authors are normally referred to by first name alone, or first name and surname. To ensure readers can access the cited works, this article cites authors of Thai-language works by both name and surname. Because the Thai spelling of authors' names cannot be inferred from Romanised transcriptions, Thai script is given in square brackets. For the same reason, titles of Thai-language works are given in both Thai script and English translation.

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