



GLOSSARY OF TERMS

APA American Psychological Association

DSM The Diagnostic and Statistical Manual of Mental Disorders

GID Gender Identity Disorder

ICD International Classification of Diseases

JAKIM Department of Islamic Development Malaysia (Jabatan Kemajuan Islam Malaysia)

KPWKM Ministry of Women, Family and Community Affairs (Kementerian Pembangunan Wanita dan Komuniti

Malaysia)

LGBT Lesbian, gay, bisexual and transgender

MoE Ministry of Education (Malaysia)

МоН Ministry of Health (Malaysia)

MoHE Ministry of Higher Education (Malaysia)

SOGIESC Sexual Orientation, Gender Identity and Expression, and Sexual Characteristics

UN United Nations

WHO World Health Organisation

KEY DEFINITIONS

SOGIESC Stands for Sexual Orientation, Gender Identity and Expression and Sexual Characteristics. In this paper,

the term SOGIESC minorities will be used primarily to describe LGBT+ people in Malaysia.

LGBT+ An acronym for lesbian, gay, bisexual and transgender people. It is an umbrella term often used to refer to

sexual and gender minorities who are not heterosexual or cisgender.

Lesbian A woman who is romantically, sexually and/or emotionally attracted to women.

Gay A man who is romantically, sexually and/or emotionally attracted to men.

Bisexual A person who is romantically, sexually and/or emotionally attracted to people of any two genders.

Transgender Transgender people are people whose experienced gender does not correspond with the gender

stereotypically associated with their assigned sex (e.g. a person assigned male identifying as a girl is a

transgender woman).

Cisgender Cisgender people are people whose experienced gender corresponds with the gender stereotypically

associated with their assigned sex (e.g. a person assigned male identifying as a boy is a cisgender man).

Non-binary/ People are umbrella terms used to describe those whose gender does not fit neatly into the man and

Pansexual

Genderqueer woman gender binary.

Asexual A person who does not experience sexual attraction, or only experience sexual attraction under specific

A person who is romantically, sexually and/or emotionally attracted to people of all genders.

conditions.

What It Means To Suffer in Silence: Challenges to Mental Health Access Among LGBT People (Policy for Action 2/2019)

Jade See

Abstract

SOGIESC minorities (more commonly known as LGBTQ+ people) in Malaysia are at high risk of suffering from mental health disorders due to minority stress, stigma and violence.

Malaysia's mental healthcare services are not equipped in addressing the needs of this population.

Mental health frameworks, approaches, understanding and attitudes towards SOGIESC minorities often stem from the pathologisation of this population. Malaysia's understanding of sexuality and gender also falls behind international standards and best practices.

This report highlights the alarming endorsement of conversion therapy by state and non-state actors, despite scientific consensus and demonstrated harm caused by such pseudo-science methods.

It also highlights the challenges faced by SOGIESC minorities when trying to access mental health services, including lack of relevant knowledge and discriminatory attitudes among healthcare providers.

The paper concludes with six main areas for recommendations on moving forward with LGBT-friendly mental health services, including the depathologisation of SOGIESC minorities, a ban on conversion therapies and incorporating SOGIESC and human rights into the learning curriculum of health professionals.

Recommendations

- Depathologise the treatment of SOGIESC minorities and adopt an inclusive and affirmative approach to mental health
- Review and amend relevant mental health guidelines and policies to ensure they adheres to international human rights and evidence-based frameworks
- Ban and criminalise all forms of conversion therapy
- Ensure all mental health and allied health training curriculums incorporates knowledge on SOGIESC and human rights
- Protect and facilitate full acceptance of SOGIESC minorities and people living with mental illnesses
- Increase regulation of private mental health services

Introduction

SOGIESC minorities in Malaysia face significant barriers in exercising human rights due to criminalization, state prosecution and discrimination. Laws which criminalise non-normative relationships and gender identities still exist across federal and state laws, and in both civil and syariah laws.

A common example is Section 377 of the Penal Code which criminalises sexual acts "against the order of nature", including consensual sex acts among samesex partners.

In July 2016, JAKIM launched a 5-year action plan titled *Pelan Tindakan Menangani Gejala Sosial Perlakuan LGBT 2017-2021* (Action Plan to address the Social Ills of LGBT Behavior 2017-2021) to purportedly curb LGBT behaviour in partnership with 22 strategic partners including the Ministry of Health¹.

Other state actions that have been observed include conversion therapy programmes, anti-LGBT sermons and raids on LGBT-centric premises.

State-sponsored violence towards SOGIESC minorities have become more pervasive, insidious and systemic, leading to higher risk and incidence of violence towards SOGIESC minorities.

Public perception towards SOGIESC minorities in Malaysia remains poor. Homonegative attitudes in Malaysia, defined as negative attitudes toward non-heterosexual sexualities, remains one of the highest in Southeast Asia at 58.7% based on World Values Survey data².

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A 2013 Pew Research Center opinion survey also showed that 86% of Malaysians believe homosexuality should not be accepted by society³.

Poor public perceptions put SOGIESC minorities at greater risk of violence within their personal and public lives, with limited access to legal recourse and remedial action should violence occur.

Cumulatively, these violence and aggressions – be it direct or vicarious, systemic or random – have an adverse and significant impact on the mental health of SOGIESC minorities.

Mental health risks of **SOGIESC** minorities

The minority stress model by Meyer found that unsupportive social climates and rejection expose SOGIESC minorities to excess stress, which causes adverse health outcomes⁴.

This has resulted in health disparities between SOGIESC minorities compared with the SOGIESC majority.

A meta-analysis by Meyer concluded that regardless of family background, SOGIESC minorities were found to be 2.5 times more likely to have a history of mental disorders than the SOGIESC majority, including depression, anxiety and post-traumatic stress disorders, and were twice as likely to live with a mental disorder.

Multiple studies have supported the above findings, which found that SOGIESC minorities displayed higher rates of suicide, psychological distress, low self-esteem, loneliness, self-harm, smoking, substance and alcohol use.

Youths among them also reported higher risk of substance use, sexually transmitted diseases (STDs), cancers, cardiovascular diseases, obesity, isolation, rejection, anxiety, depression, and suicide⁵.

These impacts are found to be strongly linked with prejudice and discrimination against SOGIESC minorities, exacerbated by poor quality of care and lack of healthcare providers' awareness on SOGIESC.

Rejection of these individuals, especially by family, also had serious consequences on mental health.

Lesbian, gay and bisexual adults who faced higher levels of family rejection were more likely to report attempted suicide, high levels of depression and illegal drug use⁶.

Family rejection was also found to predict adolescents' level of depression, suicidal ideations and behaviours, homelessness and sexual risk behaviors among both transgender youths⁷.

Despite the abovementioned statistics clearly describing the mental health challenges faced by SOGIESC minorities, many are discouraged from accessing these services.

Understanding of SOGIESC minorities and mental health: Comparison between Malaysia and international standards

Table I illustrates a comparison between Malaysia's mental health guidelines, policies and understanding of SOGIESC minorities with international standards.

Malaysia's guidelines and policies fall starkly behind international standards and best practices as they currently include pathologising SOGIESC minorities – who are viewed as suffering from a mental illness, abnormality or an undesired lifestyle.

Existing guidelines also focus on imposing conformity of non-normative sexualities or genders to those of the SOGIESC majority (i.e cisgender, gender binaries and heterosexuality).

While Malaysia's guidelines recommend humane, non-judgmental and respectful approaches when interacting with SOGIESC minorities, pathologisation results in lack of acceptance, conditions where the latter are forced to feel fearful, concerned or pressured not be themselves. This is considered a form of violence.

LGBT+ affirming approaches, a best practice approach that accepts, validates and advocates the needs of SOGIESC minorities, is absent from all mental health guidelines and policies in Malaysia.

	International Standards & Best Practice	Malaysia
Understanding of sex, gender & sexuality	 Sex, gender and sexuality are distinct and clearly defined. Sexes, genders and sexualities beyond the male-female binary are acknowledged. Non-normative sexual orientations and gender identities are no longer considered a mental disorder or illness. 	 Gender and sex are conflated and incorrectly used interchangeably. Sexes, genders and sexualities beyond the male-female binary are not acknowledged. Non-normative sexual orientations and gender identities are pathologised, perceived as a mental illness, abnormality or an unbecoming lifestyle.
Best practice mental health approaches with SOGIESC minorities	 LGBT+ affirming and inclusive approaches are recommended. Focuses on dealing with conditions that arise from struggles and stigma faced as a SOGIESC minority. 	 Humane, non-judgemental and respectful approaches to SOGIESC minorities are recommended. Focuses on 'treating' non-normative sexual orientations and gender identities to enforce conformity to the SOGIESC majority.
Conversion therapy	 Declared a form of torture due to its harmful effects. International recommendation for it to be outlawed, and currently so in 10 countries. 	 Widespread, run and endorsed by state and non-state actors (e.g. NGOs, support groups, JAKIM). Viewed as effective in 'treating' SOGIESC minorities of their non-normative sexualities and genders.

Table I: Comparison between Malaysia and international standards on SOGIESC minority-related mental health policies and guidelines.

Understanding of sex, gender & sexuality

Historical

Due to the spectral form of gender and sexuality, non-normative sexualities and genders are a natural form of human variation and diversity.

This diversity is not exclusive to humans, as it is also present in a large variety of animals, such as lions, giraffe, penguins, dolphins and sheep⁸.

A lack of understanding of this diversity has led to SOGIESC minorities being historically viewed as abnormal, needing to be pathologised and even criminalized as a result.

Significant progress in professional fields and activism resulted in improved understanding and gradual depathologisation of SOGIESC minorities⁹.

Sexual Orientation

Homosexuality was first classified as a mental disorder in the first edition of the Diagnostic and Statistical Manual of Mental Disorders (known as DSM-I) in 1952 as a personality disturbance, then as a sexual deviation.

With increasing understanding of the nature of homosexuality, the American Psychiatric Association (APA) removed homosexuality from the DSM-II in 1973¹⁰, replacing it with sexual orientation disorder (SOD), i.e. those who display distress over their sexual orientations, as opposed to those comfortable with them. However, this legitimized the practice of conversion therapies.

Eventually, all sexual orientation-related pathologies were removed during the revision of DSM-III in 1987, and removed from the eleventh edition of the International Classification of Diseases (ICD-II) in 2018¹¹.

Gender Identity

The term gender identity disorder (GID) was introduced in the ICD-10 and DSM-III to cover a spectrum of conditions, which were then combined and standardized as 'gender identity disorder' in DSM-IV.

Transsexualism and GID were essentially defined as having persistent or recurrent discomfort with one's assigned sex and "crossdressing as the other sex".

The release of DSM-V in 2013 saw the reclassification of GID to gender dysphoria, a significant shift in definition and understanding of gender minorities¹².

Gender dysphoria is defined as a conflict between a person's assigned gender and the gender one identifies with. It also emphasizes that gender nonconformity (i.e. gender expression is different from what is stereotypically associated with) is not a mental disorder.

A statement by APA made clear that the reclassification was meant to depathologise trans identities, reduce stigma while ensuring continued access to clinical care¹².

In 2018, the ICD-11 followed suit by removing gender identity disorders and gender incongruence as a mental and behavioural disorder.

Gender incongruence was then reclassified as a sexual health condition to depathologise transgender people and enable them to access the necessary health services they require¹³.

Current international understanding

As discussed above, understanding of sex and gender has improved over the years, leading to the depathologisation of SOGIESC minorities.

The following is an illustration of modern understanding and definitions of sex, gender and sexuality:

Sex: Sex is assigned to a newborn based on a person's biological or physical characteristics (e.g. having a vulva), genes and hormones. Once a sex is assigned, a child's gender is presumed. A person born with a penis is assigned as a boy, and a person with a vulva is assigned a girl. Biological sex, like gender, is found to be complex and spectral.¹⁴

Gender Identity: Refers to each person's deeply felt internal and individual experience of gender¹⁵. The experience may or may not correspond with the gender stereotypically associated with their sex assigned at birth, including one's personal sense of the body and other expressions of gender, such as dress, speech and mannerisms.

Gender is not determined by a person's assigned sex or associated physical characteristics. It cannot be chosen or forced to change. The understanding of one's own gender often comes at an early age, with most at the age of 4 having a stable sense of gender. Multi-disciplinary studies found the spectrum-like nature of gender, comprising of the non-binary or genderqueer population¹⁶.

Gender Expression: Refers to the way in which we express our gender through body language, actions and appearance. Gender expression is fluid and its extremes are generally categorised as masculine, feminine and androgynous. Gender expression is distinct from identity, and a person's gender identity cannot be assumed solely based on their gender expression. For example, a boy's gender identity does not change even if he enjoys wearing skirts or dresses – he is merely expressing his gender with tools that society typically associates with women and femininity.

Sexual Orientation: Refers to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender, the same gender or more than one gender. Sexuality and gender are distinct: Gender is personal (how we see ourselves), while sexuality is interpersonal (who we are physically, emotionally and/or romantically attracted to).

Sex Characteristics: Refers to physical characteristics that are indicative of biological sex, including chromosomes, gonads, sex hormones or genitals.

As discussed above, sex, gender and sexualities are currently and internationally understood to be distinct, interact with each other and the environment. This subsequently produces different mental health needs and outcomes. Best practice guidelines therefore emphasise on acknowledging the uniqueness of each individual on their sexuality and gender, which affirm their identities¹⁸.

Examples of Pathologisation of SOGIESC Minorities

Excerpt from the Director-General's foreword

"In recent times, unhealthy issues and lifestyles are increasingly rampant in our society. One particular alarming issue is same-sex relationships. ... The new phenomenon of... LGBT is concerning and is linked with the act of sex or sexual orientation of an individual. In medicine, such sexual behaviours are often associated with a diagnosis of Gender Identity Disorder (GID)." (Page iii)

The use of derogatory terms

- "Mak nyah: a term referring to the group of *pondan*". Pondan is a derogatory term that refers to transgender women. (Page 5)
- "Pengkid: women dress as men" Pengkid is a derogatory term that has a meaning akin to tomboy. This also pathologises women who do not behave, dress or conform to stereotypical feminine standards, e.g. cutting their hair short, does not wear skirts or dresses. (Page 5)

Perpetuation that transgender people are abnormal/ an undesirable lifestyle

• To "prevent GID in babies and children", the guidelines recommend that "Parents need to be more sensitive and ensure their children are not influenced by transgender characters in social media. The media should not depict transgender characters as a societal norm". (Page 16)

Box 1: Examples of pathologisation of SOGIESC minorities. Source: Garispanduan Pengendalian Masalah Kesihatan Gender di Klinik Kesihatan (Ministry of Health)

Official Malaysia

In Malaysia, the key mental health guideline on SOGIESC minorities is the "Guidelines on Dealing with "Gender Health Problems" in Public Clinics" (Garispanduan Pengendalian Masalah Kesihatan Gender di Klinik Kesihatan) ¹⁷. These guidelines are adopted across the entire public healthcare system.

Despite compounding evidence, mental healthcare guidelines and policies on SOGIESC minorities in Malaysia moves with the understanding that non-normative sexual orientations, gender identities and expressions are a pathology, mental disorder or abnormal lifestyle choice to be cured, inhibited or prevented.

These guidelines, containing homophobic and transphobic content, could therefore discourage SOGIESC minorities in accessing affordable public mental health services.

Sex and gender are incorrectly conflated and used interchangeably in aforementioned mental health guidelines.

The term "gender confusion" (kecelaruan gender), occasionally interchanged with "GID", is used to define and explain two separate things: the differences in physical sex characteristics in children and babies, and non-normative genders in teenagers and adults. Sex is still perceived to determine and dictate gender and sexuality.

The conflation of sex and gender pathologises any "deviations" from the strict norms of gender and sexuality. This brands non-normative sexualities, gender identities and expressions as abnormal and shameful, which contribute to perpetuating cycles of prejudice, violations and microaggressions in the mental health settings.

This exacerbates any negative mental health conditions that SOGIESC minorities might be facing, including self-hatred, hypervigilance, anxiety and depression.

Examples of Sex, Gender and Sexuality Conflation

Definition of Female (Conflation of Gender and Sexuality)

"With XX chromosomes and born with female sexual organs (ovaries and vagina), women are individuals who experience puberty in the form of producing menstrual blood between 9 to 15 years old according to Mazhab Syafei (one of four schools of Islamic jurisprudence in Sunni Islam), and are naturally sexually attracted to men.". (Page 3)

Definition of Intersex (Conflation of Gender and Sex)

"Born with ambivalent genitalia in terms of gender at birth, childhood or adulthood due to **abnormalities in a man or woman's biological status**, that includes physical characteristics such as sex chromosomes, gonads, sex hormones, internal reproductive structures and external genitalia." (Page 3) — Implying that an intersex person is born a "man" or "woman", incorrectly assigning their sex at birth.

Box 2: Examples of sex and gender conflation. Source: Garispanduan Pengendalian Masalah Kesihatan Gender di Klinik Kesihatan (Ministry of Health)

Best practice mental health approaches with SOGIESC minorities

International standards

LGBT affirming therapies are the recommended approach to working with SOGIESC minorities in mental healthcare¹⁹. It validates clients' sexualities, genders and expressions, focuses on enabling access to services that could facilitate a SOGIESC minority's needs, including psychotherapy, hormonal therapy and gender-affirmative surgeries.

The core of LGBT affirming therapy lies in the notion that non-normative sexualities and genders are not mental illnesses, does not need to be changed and should instead be wholly accepted.

Areas of therapy include helping clients cope with personal and minority stressors, building resilience and improving wellbeing and interpersonal relationships. It is a human right, evidence-based approach that places the wellbeing of SOGIESC minorities at the forefront. This is the current best practice recommended by international standards^{20,21}.

It must be noted that there is limited literature and lack of an overarching framework on what constitutes most effective psychotherapy with SOGIESC minority clients.

However, research studies and review of existing literature found that LGBT affirmative therapies display higher efficacy, especially in combating minority stress, decreased internalized heterosexism, increase resilience and foster healthy development²⁴.

Higher tendencies of self-actualisation, quality of life, feelings of satisfaction and empowerment was also found among older SOGIESC minorities²³. Therapists who are highly knowledgeable about SOGIESC, the community and has a holistic attitude towards them are strongly preferred by SOGIESC minority clients, which facilitates trust and mental health improvements²².

Measures that facilitate a SOGIESC minority's transition or affirmation beyond mental health, such as the availability of safe hormone therapy, is equally important in improving their mental health.

Murad et al conducted a meta-analysis of 28 papers involving approximately 2,000 transgender persons and found the majority (78-80%) saw significant improvement in gender dysphoria, psychological symptoms, quality of life and sexual function upon access to hormone therapy and gender-affirmative surgery.²⁴

Official Malaysia

The Ministry of Health's mental health guidelines recommends humane, respectful and non-judgmental approaches to SOGIESC minorities.

It also acknowledges the existence of homophobia, defined as "fear and intense hatred towards homosexuals", and potential violence that SOGIESC minorities may face as a result of their non-normative sexuality or gender, such as school bullying. This acknowledgement is a good first step as it emphasises on tolerance towards SOGIESC minorities.

Unfortunately, while gender dysphoria is mentioned, there are no guidelines on how to assess and discuss LGBT affirming treatment options, including hormone therapy, gender-affirmation surgery (currently banned by a national fatwa in Malaysia) and psychotherapy.

In conclusion of this section, current practice pathologise SOGIESC minorities, lacks LGBT affirming approaches, and treatment focuses on "curing" SOGIESC minorities to ensure they conform to the majority.

The lack of LGBT affirming mental health guidelines only serve to harm SOGIESC minorities within the mental healthcare system.

The incorporation of such sentiments into official guidelines have the potential to cause systemic harm to the physical and mental health of SOGIESC minorities, potentially exacerbating their conditions and discouraging them from accessing public mental health services.

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Conversion therapy

Conversion or reparative therapy refers to any 'counselling', 'therapy', 'support groups' or rituals aimed at eliminating or suppressing non-normative sexualities and gender.

All conversion therapies are based upon the assumption that a person's sexual orientation or gender identity is a mental illness, and must therefore be changed or cured of it.

These "therapies" are widely condemned by international bodies, including the United Nations²⁵ and APA²⁶.

Three key reasons were cited, which shall be elaborated:

- Lack of scientific merit or evidence surrounding the efficacy of conversion therapy.
- 2. Attempts to fix something that is not an illness to begin with.
- Significant and credible body of evidence showcasing the profound harm of conversion therapy.

Harm and efficacy of conversion therapy

Multiple research studies, including a peer-reviewed literature review by the APA in 2009, examined conversion therapy and found little scientific merit to justify such programmes.

Early research literature (1960s onwards) on conversion therapy, which attempted to justify such therapies, were found to contain methodological concerns and errors, including lack of construct validity and concerns over data inferences, which result in limitations in making causal claims²⁶.

Recent research provides more valid causal evidence on the efficacy of conversion therapy. While reports of positive accounts from conversion therapy were recorded (such as relief, happiness), these effects were short-term.

Longer term studies showed an initial experience of positive effects prior to negative effects. While some studies found short term changes in behaviour, no long-term behavioural changes were recorded post conversion therapy.

Instead, conversion therapy was found to bring about long-term and short-term harm.

Due to its harmful effects and low efficacy, conversion therapy is now considered a form of torture by international agencies.

The United Nations even deemed conversion therapies to be "unethical, unscientific and ineffective and, in some instances, tantamount to torture."

Effects include trauma, suicidal ideations, anxiety, guilt, hopelessness, depression, relationship strains, social isolation, poor self-image, intrusive imagery, self-hatred, intimacy difficulties, sexual dysfunction and symptoms of post-traumatic stress disorder (PTSD).

It has also been documented to worsen wellbeing, self-esteem and mental health, and reinforces self-hatred and alienation in an unaccepting environment.

Due to its harmful effects and low efficacy, conversion therapy is now considered a form of torture by international agencies. The United Nations even deemed conversion therapies to be "unethical, unscientific and ineffective and, in some instances, tantamount to torture" ²⁷.

Some mental health professionals justify referring SOGIESC minority clients to conversion therapy upon request, citing a client's free will and agency to decide their need.

On the contrary, best practices indicated that doing so would not be acting in the clients' best interest as it would likely harm their wellbeing.

Instead, international best practice guidelines recommend working with the client on how and why the feeling of want or need for conversion therapy arose in the first place.

Situation in Malaysia

Conversion therapy is legal and encouraged in Malaysia. It is run by both state and non-state actors, recommended and endorsed by mental health practitioners in the public and private sector.

State-Run Conversion Therapies

State-run conversion therapies are mostly under the purview of JAKIM, state religious departments and the MoH, although details on capacity and extent of their respective involvements differ.

Similar to all other conversion therapies, the aim is to "cure" a SOGIESC minority from their non-normative sexuality or gender, which is viewed as a mental illness or adverse condition.

Public conversion therapies are often targeted at Muslims and could be recommended to those accessing public mental health services via referrals.

Table 2 lists a number of state-run conversion therapy programmes.

Non-State Sponsored Conversion Therapies

State-sponsored conversion therapy became a catalyst to popularise conversion therapy. Many are religious based, run by support groups, churches, NGOs, and so on.

The content differs, but could include prayers, exorcisms, shaming, etc.

The majority of these therapies are run in private, with a number of religious NGOs working closely with the government in their provision of conversion therapy.

In the private healthcare system, there are no guidelines on whether mental health professionals could practice conversion therapy.

It is not uncommon for mental health professionals to recommend or refer patients to conversion therapy, both formal and informally, especially upon a patient's request.

Programme	Rehabilitation
Mukhayyam Programme ^{28,29}	Created in 2011, this is a three-day camp organized by JAKIM eight times a year. It targets Muslim transwomen, but gradually included other SOGIESC minorities over time. It has been said to consist of mostly health, religious and motivational talks, e.g. Fardhu-Ain classes. It was said participants join the program without coercion.
	The original purpose of the program was to assist transgender persons bereft of employment due to discrimination, and initially involved the Malaysian AIDS Council. However, later iterations saw the program introducing rehabilitative and reparative components to SOGIESC minorities. The program boasted 1,450 SOGIESC minorities successfully cured ²⁷ .
Ilaj Wa Syifa ^{29,30}	This is a conversion therapy programme targeted at lesbians and gays. Not much is known beyond that it operates via a face-to-face session.
E-Book (e-Panduan Hijrah Diri) ³¹	A 146-page rehabilitation e-book titled "Panduan Hijrah Diri" (Guide to Self-Migration) was developed by JAKIM to "return to the right path". The e-book offers no cure for being gay, but presents themes of abstinence, faith, prayer, and guilt-tripping. Human lust and masturbation are blamed for homosexual acts, with abstinence being the recommendation to "prevent" homosexuality.

Table 2: Types of known state-led conversion therapy programmes. Source: Justice for Sisters.

Damian*

Damian* is a cisgender gay man. He experienced symptoms related to depression and anxiety, and visited a registered psychiatrist working in the private sector two years ago. During his assessment with the psychiatrist, he disclosed to the psychiatrist that he was gay.

After the assessment, the psychiatrist gave a pamphlet to Damian. The pamphlet contains information about a Christian conversion therapy support group. He said "I'm a doctor, so I cannot tell you what it right or wrong. But I recommend you to this place and meet people in this support group. They face the same thing you do and want to change. They can change, so can you."

Damian did not go to the conversion therapy as he does not believe his sexuality is a mental illness, and is at peace with it. "But what was horrible was that he went and spoke to my mum privately, who accompanied me to that session. He told her that I was gay because she was a bad parent, and that I picked it up because she allowed me too much access to the internet. While she is okay with me being gay, my mum still feels guilty until this day, as if my depression was her fault. It makes me angry and sad just thinking about it."

* Name has been changed to protect identities

Case Study 1: Example of endorsement of non-state sponsored conversion therapy by a psychiatrist.

Consequences

It must be noted that the running and endorsement of conversion therapy has a huge impact on SOGIESC minorities regarding their trust towards the local mental health services, and the quality of such services in addressing their needs.

Public services: Many are discouraged from seeking mental healthcare or disclosing their sexuality and gender in public health services, especially Muslims.

This is due to fear of being referred to JAKIM, i.e. prosecution or being referred to mandatory conversion therapy.

Even the notion of having to defend, justify or explain their sexuality and gender, and the anticipation of all that, puts many SOGIESC minorities from accessing public mental health services.

Those who are able to afford would seek private services, while does who are unable to suffer in silence.

Private services: The fear in visiting private mental health services is less strong due to the lack of prosecution.

However, anticipation of violence or microaggression still put off some SOGIESC minorities from treatment. Affordability is often an issue as private mental health services are expensive.

According to the Private Healthcare Facilities and Services (Private Hospitals and other Private Healthcare Facilities) Regulations 2006, individual psychotherapy charges (not less than 45 minutes) are capped at RM250 per session³². Cost regulations do not exist for counsellors and clinical psychologists³³.

Other Challenges in Accessing Mental Health Services

SOGIESC minorities face further challenges in accessing mental health services, as it may not address their unique need or facilitate their experiences.

In addition to the lack of LGBT affirming and inclusive services, below illustrate other challenges SOGIESC minorities face when accessing mental health services.

Lack of SOGIESC Understanding among Mental Health Professionals

SOGIESC minorities have unique and specific mental health needs as a result of the challenges they face. However, many mental health professionals are not aware or well versed with these needs.

Many are not even aware of basic knowledge on sexual orientation, gender identity and expression and sexual characteristics. While it is imperative that all health professionals are aware and trained in these issues, it is more important for mental health professionals to be informed to facilitate the improvement and maintenance of mental health among SOGIESC minorities.

If mental health professionals are ignorant to their needs of and not possessing basic knowledge, they

would be unable to provide the best possible treatment or therapy for their clients, nor will they be able to address SOGIESC-related concerns.

It also has an impact on patients, who will lose trust or confidence in their therapist – a key, fundamental requirement for successful therapy.

Kumar*

Kumar* is a transman referred to a clinical psychology in Ipoh General Hospital a few years ago. He said the clinical psychologist had zero knowledge on the basics of SOGIESC. During the session, she gave him a Myers-Briggs Type Indicator (MBTI) test.

"When the result came out, she said that my MBTI scores showed that I was more 'Feeling' (F) than 'Thinking' (T), despite being a man. She said that it means that I don't have enough hormones, because it is abnormal for men to feel or perceive. This is such a wrong, damaging and toxic perception of masculinity. It's normal for men to be emotional."

In addition, he said that the clinical psychologist knew nothing about SOGIESC minorities and was asking him basic questions on gender. "She was asking me questions are 'Are you a girl or a boy!". I had to spend my time explaining to her about who I am, about SOGIESC minorities. I had to be stern on my perceptions and boundaries and tell her what to do or what to say."

"The thing is, as a client, the responsibility to learn about SOGIESC minorities does not and should not fall on me. It falls on the mental health professionals to do so. To have to educate the professionals is exhausting and definitely does not help my mental health. You could end up making it worse."

* Name has been changed to protect identities

Case Study 2: Example of a lack of SOGIESC understanding by a mental health assessment officer in a public hospital.

Ahmad*

Ahmad* is a transgender man who went to Hospital Kuala Lumpur's (HKL) Psychiatric Department to secure an appointment for his suspected depression in late 2018.

During his initial assessment, the healthcare worker noticed his Identification Card (IC) stated an assigned female gender. "He began to ask invasive questions to satisfy his curiousity. He asked about my genitalia, my internal reproductive organs. He knew nothing about LGBT, sexuality and gender, did not know transmen existed, and initially thought I was an intersex or a transwoman. He also asked about how I had sex, about my hormones, etc."

"His body language was also bad. Throughout the whole time, he sat with his posture withdrawing away from me. He also wanted to refer me to a psychiatrist for GID (Gender Identity Disorder), even though it's already removed from the DSM. In the end, I just snapped at him and we went quiet."

"This is what we (trans people) mean when we talk about microaggressions against trans people in the healthcare setting. The healthcare worker should have been trained on SOGIE, or at least not to ask all these invasive questions to trans people. The sad thing is, this is an incredibly common problem trans people face. That's why we don't want to or dread to see a doctor when we fall sick."

* Name has been changed to protect identities

Case Study 3: Example of endorsement of non-state sponsored conversion therapy by a psychiatrist.

Attitudes of mental health workers towards SOGIESC Minorities

Mental healthcare provision is made possible by a range of healthcare professionals, including mental health professionals, medical nurses, receptionists, general practitioners, activists and people from nongovernmental organisations.

Each healthcare professional plays a role in ensuring a SOGIESC minority client receives the best possible care from the moment they contact the service to when they leave³⁴.

Negative perceptions, attitudes and behaviour by healthcare professionals has an impact on mental healthcare services.

Recent local research shows that medical doctors who hold stigmatised views and feelings towards transgender people expressed greater intention to discriminate against them.

Greater intent to discriminate increases likelihood of discriminatory behaviour, be it overt hostility or micro-aggressions³⁵.

In the area of mental health, there have been cases of healthcare professionals (be it nurses, receptionists or psychiatrists) turning hostile, pursuing or probing about their non-normative sexuality or gender despite it unrelated to a client's condition, etc.

Client Flow

Clients interact with many staff members when accessing a mental health facility, such as receptionists, janitors, nurses. They also interact with the space of the health facility, such as accessing the toilets, sitting in the waiting room.

Therefore, all these elements collectively play a role in shaping the experience of SOGIESC minority accessing the facility, impacting quality of service.

Many aspects of the client flow may not be facilitative of SOGIESC minorities, these include:

 Staff: In addition to receptionists, all staff are responsible in shaping the experience of SOGIESC minorities, in encouraging or discouraging them from seeking mental healthcare. It is therefore essential that they are knowledgeable about SOGIESC and their needs.

- Receptionists are among the first staff members interacting with clients and have access to personal client information. Receptionists who are not trained in SOGIESC knowledge may ask questions that expose SOGIESC minorities without their consent, e.g. referring to a trans person's dead name (often their birth name that does not reflect their true gender).
- Waiting room: Many clinics, especially public facilities, share waiting rooms. This particularly affects transgender people, including those who do not "pass", i.e. lacking of physical features stereotypically associated with a particular gender, and those who do.
 - For example, a transwoman called by their dead name (a male-sounding name based on their identification card) in a public waiting room could lead to judgement of those in the waiting room to that person, leading to adverse emotions like shame and fear.
- Restroom/toilets: Many health facilities do not include a gender-neutral toilet. When possible, health facilities should include appropriate restroom or toilet facilities to accommodate clients with diverse gender identities and expressions, either through gender-neutral, unisex or private restrooms.
- Clinical records, forms and charts: SOGIESC minorities may not be out as a result of safety. Transgender individuals in particular normally prefer a name that is different from their legal name. Clinic forms and charts should allow for options for a preferred name, types of names to use during correspondence (such as through phone calls) and options for more than two genders.
 - Mechanisms should also be in place to prevent misidentification of clients due to a discrepancy between preferred and legal name, and genders.

Recommendations

I. Depathologise SOGIESC minorities

ISSUE: Malaysia's mental healthcare guidelines are not up-to-date with international standards. The continued pathologisation of SOGIESC minorities causes harm by exposing a marginalised population to violence, which discourages them from accessing mental health services.

To counter this, Malaysia's mental healthcare system must be updated to international standards by ensuring it is LGBT+ inclusive.

RECOMMENDATIONS

The Ministry of Health (MoH), Ministry of Education (MoE) and Ministry of Women, Family and Community Development (KPWKM) must:

- a. Review and amend all mental health guidelines and policies to ensure nonnormative sexualities, gender and expressions are depathologised.
- All programmes and campaigns running on the basis that minority SOGIESC behaviours are a pathology, abnormality or social ill must be cancelled or updated to international standards (depathologised and become LGBT inclusive and affirmative).
- 2. Review and amend relevant mental health guidelines and policies to ensure they adhere to international human rights and evidence-based frameworks

ISSUE: The lack of LGBT affirmative mental health services is a barrier for SOGIESC minorities in accessing mental health services. Incorporating human rights and evidence-based framework is an essential catalyst to enable SOGIESC minority clients to access quality mental health services, build resilience and reduce the levels of discomfort, trauma and violence they face.

Currently, there are no legislative provisions protecting the rights of SOGIESC minorities suffering from mental health illnesses.

RECOMMENDATIONS

 The MoH, MoE and KPWKM must review and amend all relevant mental health guidelines and policies to ensure it adheres to

- international human rights framework for SOGIESC minorities. These guidelines must be LGBT-affirming, inclusive and puts the needs and wellbeing of SOGIESC minorities at the forefront.
- b. The MoH must ensure the amended guidelines are applicable to all providers of mental health services. Enforcement, monitoring and evaluation mechanisms must be put in place so that any practices contrary to human rights-centric practices are acted upon at its soonest.
- c. Legislation be it through an antidiscriminatory bill or an additional provision to the Malaysian Mental Health Act 2001 – could be introduced by parliamentarians to protect the healthcare rights of SOGIESC minorities, especially in mental health.

3. Ban and criminalise all forms of conversion therapy

ISSUE: Conversion therapy has been proven to be incredibly harmful to SOGIESC minorities, with poor levels of efficacy.

This stems from the commonality of all conversion therapies: the purpose to change a person's gender or sexuality, which is not inherently pathological and is impossible to change. This encourages SOGIESC minorities to suppress their identities, which results in trauma and feelings of distrust towards local mental health services.

RECOMMENDATIONS

- a. An amendment to the Mental Health Act 2001 or a separate bill must be made to ban, cancel and criminalise all forms of conversion therapies by parliamentarians. All government agencies and representatives must also cease to endorse conversion therapies.
- b. The MoH, in collaboration with the KPWKM and MoE could set up a robust reporting mechanism and an independent committee so that any forms of conversion therapy could be promptly addressed.

4. Ensure all mental health and allied health training curriculums incorporates knowledge on SOGIESC and human rights

ISSUE: Majority of mental health and allied health professionals in Malaysia are not equipped with basic knowledge and understanding of SOGIESC minorities. They are ill equipped to provide treatment and recommendations that best suit the needs of SOGIESC minority clients.

RECOMMENDATIONS

The MoH, MoHE, alongside relevant education agencies and tertiary education institutions, must ensure the following:

- a. Knowledge on SOGIESC and human rights must be incorporated into the training curriculum of all up-and-coming mental health and allied health professionals.
- All training on ethics and professional conduct must be reviewed and updated to include human rights and protect SOGIESC minorities.
- c. Make mandatory SOGIESC and human rights training as part of an accreditation criteria for all mental health and allied health professional courses.
- d. Sensitise up-and-coming mental health and allied health professionals on SOGIESC minorities by ensuring all practical training for mental health professionals involve a mandatory rotation to local NGOs working on SOGIESC issues.
- Increase academic research on improving LGBT+ affirming and inclusive mental health services and public acceptance towards SOGIESC minorities.

Protect and facilitate full acceptance of SOGIESC minorities and people living with mental illnesses

ISSUE: Public perception towards SOGIESC minorities are poor as a result of deep societal stigma. There exist very little legal provision and enforcement mechanisms that protect their rights. To ensure the mental health of SOGIESC minorities,

it is imperative that concerted public effort is made to facilitate full acceptance of SOGIESC minorities.

RECOMMENDATIONS

- a. Decriminalise SOGIESC minorities by repealing all national, civil and syariah laws that criminalises behaviours related to SOGIESC minorities, including Section 377 of the Penal Code.
- Establish constitutional, legislative and judicial protection for SOGIESC minorities. This must be done in consultation with local LGBT+ community members and activists.
 - Protections must cover issues such as anti-discrimination bills, allowing trans persons to change their gender, campaigns and programmes to foster acceptance of SOGIESC minorities, training to first responders on interacting with SOGIESC minorities and people with mental illnesses.

6. Increase regulation of private mental health services

ISSUE: There currently exist very few regulations and enforcement mechanisms among private mental health practitioners, especially clinical psychologists, that protects the client. The Allied Health Professions Act 2016 does not cover certain regulatory aspects such as cost regulation, to ensure professionals do not overcharge for their services.

RECOMMENDATIONS

Ensure that the Allied Health Professions Act 2016 is well enforced by ensuring robust reporting mechanisms and independent investigation teams to address issues of any faux mental health professionals.

- a. Ensure that all mental health professions are governed by an independent and properly governed certification body, under the watch of the MoH.
- b. The MoH and certification bodies must work together to require all mental health professionals to register and pass all requirements by a certification body to practice.

References

- Jabatan Kemajuan Islam Malaysia (JAKIM). (2016). Bicara Usrati Jannati & Majlis Pelancaran Portal Piswi, Pelan Tindakan Keluarga Sakinah Dan Pelan Tindakan Menangani Gejala Sosial Perlakuan LGBT. Available online at <a href="http://www.islam.gov.my/berita-semasa/34-bahagian-keluarga-sosial-komuniti/629-bicara-usrati-jannati-majlis-pelancaran-portal-piswi-pelan-tindakan-keluarga-sakinah-dan-pelan-tindakan-menangani-gejala-sosial-perlakuan-lgbt
- Manalastas, Eric Julian & Ojanen, Timo & Torre, Beatriz & Ratanashevorn, Rattanakorn & Choong, Chee & Kumaresan, Vizla & Veeramuthu, Vigneswaran. (2017). Homonegativity in Southeast Asia: Attitudes Toward Lesbians and Gay Men in Indonesia, Malaysia, the Philippines, Singapore, Thailand, and Vietnam. Asia-Pacific Social Science Review. 17, 25-33.
- Pew Research Center. (2013). The Global Divide on Homosexuality: Greater Acceptance in More Secular and Affluent Countries. Available online at http://www.pewresearch.org/wpcontent/uploads/sites/2/2014/05/Pew-Global-Attitudes-Homosexuality-Report-REVISED-MAY-27-2014.pdf
- Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674-97.
- 5. Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus*, *9*(4), e1184. doi:10.7759/cureus.1184
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., Silverman, M. M., Fisher, P. W., Hughes, T., Rosario, M., Russell, S. T., Malley, E., Reed, J., Litts, D. A., Haller, E., Sell, R. L., Remafedi, G., Bradford, J., Beautrais, A. L., Brown, G. K., Diamond, G. M., Friedman, M. S., Garofalo, R., Turner, M. S., Hollibaugh, A., ... Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. Journal of homosexuality, 58(1), 10-51.
- 7. Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). Lesbian, Gay, Bisexual, and Transgender Youth and Family Acceptance. *Pediatric clinics of North America*, 63(6), 1011-1025.
- Bailey, N.W. & Zuk, M. (2009). Same-sex sexual behavior and evolution. *Trends in Ecology and Evolution*. 24(8):439-46. doi:10.1016/j.tree.2009.03.014.

- Reed, G. M., Drescher, J., Krueger, R. B., Atalla, E., Cochran, S. D., First, M. B., Cohen-Kettenis, P. T., Arango-de Montis, I., Parish, S. J., Cottler, S., Briken, P., ... Saxena, S. (2016). Disorders related to sexuality and gender identity in the ICD-11: revising the ICD-10 classification based on current scientific evidence, best clinical practices, and human rights considerations. World psychiatry: official journal of the World Psychiatric Association (WPA), 15(3), 205-221.
- Drescher J. (2015). Out of DSM: Depathologizing Homosexuality. Behavioral sciences (Basel, Switzerland), 5(4), 565-75. doi:10.3390/bs5040565
- ICD-II: International Statistical Classification of Diseases and Related Health Problems: Eleventh Revision, 1st edition.
- American Psychiatric Association. (2013). Gender Dysphoria. Download in: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA DSM-5-Gender-Dysphoria.pdf
- 13. World Health Organisation. (2018, June 18). ICD-11: Classifying disease to map the way we live and die. Gender Incongruence. Link: https://www.who.int/health-topics/international-classification-of-diseases
- Visualizing Sex as a Spectrum: Infographic reveals the startling complexity of sex determination. August 29, 2017. Available at https://blogs.scientificamerican.com/sa-visual/visualizing-sex-as-a-spectrum/
- Gender Spectrum. Understanding Gender. Available online at https://www.genderspectrum.org/quick-links/understanding-gender/
- Neuroscience Proves What We've Known All Along: Gender Exists on a Spectrum. January 20 2015. Available at https://www.huffingtonpost.com/ravishly/neuroscience-proves-what-biol/494820.html
- Kementerian Kesihatan Malaysia. Garispanduan Pengendalian Masalah Kesihatan Gender di Klinik Kesihatan. (2017). First Edition.
- American Psychological Association (APA).
 Guidelines for Psychological Practice with Lesbian,
 Gay, and Bisexual Clients. (2012). Available online at https://www.apa.org/pubs/journals/features/amp-a0024659.pdf
- American Psychological Association (APA).
 Guidelines for Psychological Practice With Transgender and Gender Nonconforming People. (2015). Available online at https://www.apa.org/practice/guidelines/transgender.pdf

- Veltman, A., & Chaimowitz, G. (2014). mental health care for people who identify as lesbian, gay, bisexual, transgender, and (or) queer. Canadian journal of psychiatry. Revue canadienne de psychiatrie, 59(11), 1-7, 1-8.
- O'Shaughnessy, Tiffany & Speir, Zachary. (2017). The State of LGBQ Affirmative Therapy Clinical Research: A Mixed-Methods Systematic. Psychology of Sexual Orientation and Gender Diversity. 10.1037/sgd0000259.
- 22. Gay + Lesbian Equality Network (GLEN). Lesbian, Gay, Bisexual and Transgender Service Users Guidance for Staff Working in Mental Health Services. (2013). Available online at https://www.ilga-europe.org/sites/default/files/lesbian_gay_bisexual_and_transgender_service_users_-guidance_for_staff_working_in_mental_health_services.pdf
- Hinrichs, K.L.M., & Donaldson, W. (2017).
 Recommendations for Use of Affirmative
 Psychotherapy With LGBT Older Adults. *Journal of Clinical Psychology*. 73(8). 945-953. Doi https://doi.org/10.1002/jclp.22505
- 24. Hassan Murad, Mohammad & Mohamed, Benyagoub & Zumaeta Garcia, Magaly & Mullan, Rebecca & Murad, Ayman & J Erwin, Patricia & M Montori, Victor. (2009). Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. Clinical endocrinology. 72. 214-31. 10.1111/j.1365-2265.2009.03625.x.
- Citing 'pervasive abuse,' new UN report presents recommendations on protecting LGBT rights.
 (2015). UN News. Available online at https://news.un.org/en/story/2015/06/500372-citing-pervasive-abuse-new-un-report-presents-recommendations-protecting-lgbt
- Report of the American Psychological Association
 Task Force on Appropriate Therapeutic Responses
 to Sexual Orientation. (2009). The American
 Psychological Association. Available online at
 https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf
- Discrimination and violence against individuals based on their sexual orientation and gender identity: Report of the Office of the United Nations High Commissioner for Human Rights. (2015). Available online at https://ilga.org/wp-content/uploads/2016/02/AHRC2923-English.pdf.

- 28. Jabatan Kemajuan Islam Malaysia (JAKIM). Program Intervensi Kerohanian Terhadap Golongan LGBT oleh JAKIM. Source:

 http://jknterengganu.moh.gov.my/v1/index.php/muatturun/category/18-mini-simposium?download=76:2-3-program-intervensi-kerohanian-lgbt
- Justice for Sisters. Public Funds Must Not be Used to Create Harmful Educational Environments. (2018). Available online at https://justiceforsisters.wordpress.com/2018/02/08/public-funds-must-not-be-used-to-create-harmful-educational-environments/
- Caci LGBT tak bantu usaha pemulihan, kata Jakim.
 October 29, 2018. Available at
 https://www.freemalaysiatoday.com/category/bahasa/2018/10/29/caci-lgbt-tak-bantu-usaha-pemulihan-kata-jakim/
- 31. Abstinence and guilt trips: Jakim's rehab tools against LGBT in e-book. 25 October 2018. Available at https://www.malaymail.com/s/1686311/abstinence-and-guilt-trips-jakims-rehab-tools-against-lgbt-in-e-book
- Su Lin, L. (2017). Presentation: Bridging Barriers: A study on improving access to mental healthcare in Malaysia. Available online at https://penanginstitute.org/wp-content/uploads/jml/files/research_papers/Bridging%2
 OBarriers PenanginstituteinKL LimSuLin.pdf
- Act 774. Allied Health Professions Act 2016.
 Available online at http://www.federalgazette.agc.gov.my/outputaktap/aktaBl_20160218_ACT776-Bl.pdf
- 34. Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. 2015. Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities. Washington, DC: Futures Group, Health Policy Project. Available online at http://www.weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf
- Vijay, A., Earnshaw, V. A., Tee, Y. C., Pillai, V., White Hughto, J. M., Clark, K., Kamarulzaman, A., Altice, F. L., ... Wickersham, J. A. (2018). Factors Associated with Medical Doctors' Intentions to Discriminate Against Transgender Patients in Kuala Lumpur, Malaysia. *LGBT health*, 5(1), 61-68.

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