

Trans-affirmative psychosocial care provision during public health emergencies: Insights from the COVID-19 pandemic

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Introduction and Background

TransMHPrep is a qualitative research study hosted at Sangath a 27-year-old mental health organisation.

iHEAR, Sangath Bhopal, is an initiative that aims to work towards achieving health equity for marginalised communities like the LGBTQIA+ and disability communities using participatory approaches.


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RESEARCH ARTICLE

Experiences of transgender persons in accessing routine healthcare services in India: Findings from a participatory qualitative study

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Impact of the COVID-19 pandemic on the mental health of transgender persons in India: Findings from an exploratory qualitative study

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Introduction and Background

Impact of COVID-19 on the TGD Community:

- Compounded impact of stigma, social isolation, healthcare inaccessibility, and disrupted livelihoods and economic insecurity.
- Systemic barriers in **healthcare access** (e.g., transphobia, misgendering, service denial).
- Challenges in accessing **mental healthcare**, exacerbated by stigma, precarious employment, and lack of legal/social support.

- **Disrupted chosen family/kinship networks** due to lockdowns and travel restrictions.
- **Hostile family environments** during lockdown increased mental distress.
- Restricted access to **gender-affirming care** (HRT, surgeries) heightened dysphoria.

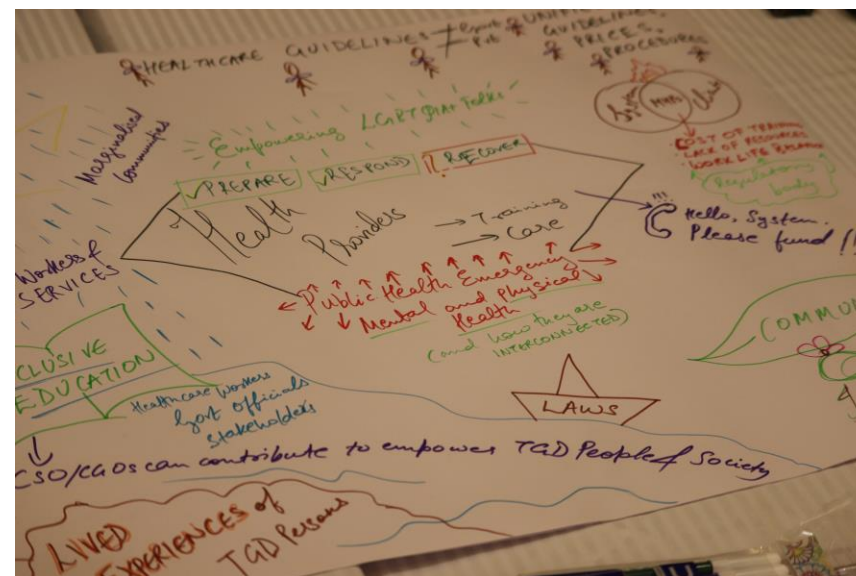
Importance of Documenting Experiences:

- Cataloguing the work of Mental Health Professionals (MHPs) and Civil Society Organizations (CSOs) who supported TGD persons during the pandemic.
- Identifying gaps within health systems in responding to the needs of TGD persons

Implications

Articulating systemic gaps for marginalised and neglected communities using participatory research

1. Who are our systems designed to support? Who is left out?
2. What are the unique and shared challenges of different marginalised communities?
3. How can we learn for communities to design future response measure?



Aim

1: To Understand and Document Experiences

- Explore the experiences of Mental Health Professionals (MHPs) and Civil Society Organizations (CSOs) in supporting trans and gender diverse (TGD) people during the COVID-19 pandemic.

2: To Inform Best Practices for future PHE

- Develop and refine TGD-affirmative best practices to ensure effective psychosocial care related pandemic preparedness for future public health emergencies.

Methods

TransMHPrep is a qualitative study rooted in Community-Based Participatory Research (CBPR). It is Co-led by trans and gender diverse (TGD) persons in the research team and a community advisory board (CAB).

Phase 1: Data Collection and Analysis

- Obtained IRB approval (reference number: AB_2024_99)
- Conducted interviews with 18 Mental Health Professionals (MHPs), representatives of Civil Society Organizations (CSOs) and peer support workers across India who provided psychosocial support to the TGD community during the pandemic.
- Utilized an exhaustive framework analysis of the data to develop a guidance document on best practices.

Phase 2: Community Consultation and Dissemination

- Best practices reviewed through a community consultation with the TGD community.
- Final recommendations will be disseminated among the community, MHPs, policymakers, health systems, and medical educators.

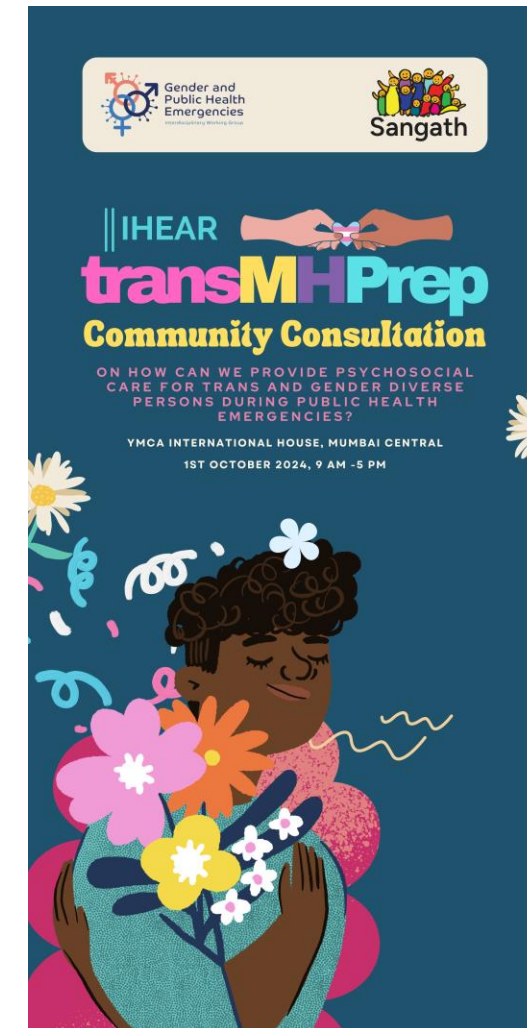
Participant Demographic

1. **Designation:** Participants include a mix of professionals: psychologists, psychiatrists, clinical psychotherapists, psychiatric nurses, peer supporters, and CSO representatives.
2. **Age:** The age range of participants spans from the mid-20s to early 50s.
3. **Gender Identity:** Many participants identify as part of the trans and gender diverse (TGD) community, ensuring lived experiences are central to the study.
4. **Total Work Experience:** Work experience varies, with some participants having over 10-15 years of experience, while others are early-career professionals with 3-4 years of experience.
5. **Mode of Practice:** The modes of practice range from online services, hybrid (online and on-ground), to in-person (on-ground) and NGO/CSO involvement
6. **State:** Participants come from different states across India, including Maharashtra (MH), Tamil Nadu (TN), Delhi (DL), West Bengal (WB), Uttar Pradesh (UP), Karnataka (KA), reflecting geographic diversity in the study.

Developing the Best Practice Framework

Challenge	LIMITED ACCESS TO MHPS DUE TO PROVIDER BURNOUT		
Best Practice	BUILD STRATEGIES TO FOCUS ON PROVIDER WELLBEING AND PEER SUPPORT MECHANISMS		
	Prepare	Respond	Recover
State	4.1 Define emergency protocol for PHE with focus on remuneration and role division of MHPs in PHC	4.2 Provide funding for wellness programs aimed at mental health providers serving marginalized communities like TGD populations	4.3 Invest in training and recruitment of MHPs across sectors
CSO/CBO	4.4 Create a rotating set of MHPs to ensure reduced pro bono caseload	4.5 Lobby with state to ensure regulatory bodies monitor and evaluate case loads	4.6 Create grassroots support mechanisms for MHPs

4



Discussion

Key Findings:

- Increase in natal family violence, forced conversion therapy, and loss of livelihood.
- Systemic barriers include lack of trans-affirmative mental health support, reduced health system capacity, lack of centralized state response, and limited support for CSOs.
- Gender-affirming services relegated to non-essential during the pandemic.

Specific Challenges for MHPs and CSOs:

- Lack of formal training in trans-affirmative care.
- Indirect barriers like transport, financial constraints, practitioner burnout, and human resource shortages.
- Legal challenges and aid restrictions during lockdowns.

Best Practices

1. Community-based approaches

- Community outreach
- Focused on understanding needs and what needs to be done to make services and aid accessible
- Importance of community repositories of affirmative health and legal support
- Stellite camps, networking with local kirana (grocery) stores and pharmacies for aid provision

2. Low cost, timely mental health support

- Queer, trans affirmative and anti-caste pro-bono services
- Rotating helplines
- Crisis intervention
- Access to medication

3. Online support and community groups

- Peer support groups
- Informal support groups
- Arts-based methods

Best Practices

4. MHPs and health professional education and training

- Public health emergency competencies
- Trans affirmative competencies
- Crisis management competencies
- Referral networks
- Sensitisation of hospital staff

5. Build mechanisms to focus on provider well-being

- Protocols
- Role division
- Rotation
- Fair remuneration
- Support spaces for providers
- Investing in training, recruitment and regulation

Best Practices

6. Economic and Livelihood Assistance

- Allocating budget for financial aid for direct benefit transfers
- Implement targeted financial assistance programs
- Assistance in setting up bank accounts and availing schemes
- Reducing bureaucratic barriers
- Auditing the uptake of aid

7. Housing and Safety

- Create alternate housing options for TGD persons facing domestic violence
- Allowing CBOs to reach communities
- Sensitising aid workers and police

Best Practices

8. Neglected intersections

- Ageing persons, oppressed caste groups, sex workers, PLHIV and other comorbidities

9. Access to HRT and gender affirming care

- Denoting HRT as essential medication
- Trans affirmative wards and infrastructure

10. Funding for community-based work

- Funding CSOs for holistic emergency relief including rent and utilities

Limitations

1. Sample from urban centers with greater concentration of services
2. Only drawing on experiences during the pandemic within public health emergencies
3. Lack of governmental perspectives

Conclusion

- Mental health support during public health emergencies is intertwined with economic, safety and broader health and community needs.
- A holistic approach, must respond to these needs together to leave no one behind
- Preparedness for future public health emergencies necessitates initiative, investment and coordination between different stakeholders like the state, funding organisations, CSOs, health professionals and communities during a non-emergency period.

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