

Scope and Effectiveness of Digital Interventions for Psychological Issues Among the LGBTQ Population in India

Jitendra Kumar Verma¹, Narendra Kumar Singh²

Vinit Kumar Singh³, Mohit Shukla^{4*}

Young individuals who identify as lesbian, gay, bisexual, transgender, intersex, queer, or have other sexual orientations or gender identities outside of the norm (LGBTIQ) are known to have a variety of health outcomes that differ from those of their peers (Zemen et al., 2019). A higher incidence of mental health issues, such as depression and suicidality, is among them (Eskin et al., 2005). The LGBTQ community encounters numerous obstacles to obtaining assistance, including a lack of resources and accessibility, a desire for independence, and the fear of stigma associated with disclosing specific health issues, such as mental diseases or HIV (Kang et al., 2003). Young people who identify as LGBTIQ+ suffer a number of extra challenges, such as limited parental support, which can result in homelessness and unemployment owing to discrimination that manifests these help-seeking behaviours (Brown et al., 2016). Additionally, this group encounters special challenges when trying to get therapy, including perceived and actual stigma related to their identities, worries about disclosure, and compromised confidentiality (Mayer et al., 2008). In terms of the effectiveness of digital health initiatives with young LGBTIQ+ people, a number of studies found that digital health interventions may increase the number of young MSM who get tested for HIV (Ybarra et al., 2017). The persistence of health inequalities among LGBTIQ young people may be significantly influenced by these obstacles to accessing and using health care (Kates et al., 2018). Therefore, reducing these barriers is a crucial step in enhancing this population's health, defining it as "a state of well-being in which the individual realizes his or her own abilities,

¹ Assistant Professor, Department of Social Work, Vivek College of Education, Bijnor, Uttar Pradesh-246701 ² Senior Psychiatric Social Welfare officer, Department of PSW, Central Institute of Psychiatry, Ranchi, Jharkhand-834006

³ Medical Social Service Officer, All India Institute of Medical Sciences, Bhopal-462020 ⁴ Fellow, Department of psychosocial support in disaster management, NIMHANS, Bengaluru

Correspondence Address:

Mohit Shukla, Fellow, Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neuro Sciences, Bengaluru-560029

Email Id: mohit.shukla102@gmail.com

Received: 02.09. 2022

Revised: 13.09. 2022

Accepted: 11.10. 2022

Published: 25.11. 2022

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this Article online	
Website : www.jpsw.co.in	Quick Response Code 
DOI : https://dx.doi.org/10.55242/JPSW.2022.3202	

How to cite:

Verma J K Singh, NK Singh, VK Shukla, M., (2022): Scope and effectiveness of digital interventions for psychological issues among the LGBTQ population in India: Journal of Psychosocial Wellbeing, 3(2):5-8.

can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organization, 2005, The three core components of this definition are (1) feeling well, (2) effective functioning of an individual, and (3) effective functioning for a community.

The impact of mental health deterioration on sustainable development:

The inability of the individual to expel the behavior that causes the deterioration of mental health is an economic burden on countries, families and individuals in several respects, including (Ngai al ,2010) : (A)The economic burden of mental disorders is great. Mental disorders significantly impair economic growth through their effects on labor supply, earnings, participation, and productivity.(B)Unmet mental health care needs are associated with increased risk of social problems (e.g., school dropout, alcohol and drug use, disability, unemployment, unsafe sexual behaviors, crime and poverty) that may influence economic growth.(C)In many developing nations, limited efforts have been made to address or change the social determinants of health, including actions that allow people to adopt and keep healthy lifestyles and those that create living conditions and environments that support health.(D)Mental health promotion is an integral part of health promotion theory and practice where persons with mental illness need affordable, available, accessible, and proper sustainable mental health services for them to continue education (children and youth) or remain in an economic sustaining livelihood (employment).(E)These associations play a major role in risk behaviors, such as unsafe sexual behavior, road trauma and physical inactivity resulting in lack of meaningful, or dismissal from, employment, and in turn becomes an associated cause for depression and alcohol and drug use among people with mental disorders and their families.

Theoretical Perception: The proposed feeling is based on a new theory called the three-ring theory (sustainable rationality for positive life, sustainable moral motives, and

emotional sustainability). We tested the model through simulation methodology on a case study, and the results revealed the following:

1. Results of the clinical cases:(Sustainable mental health in alcoholics)

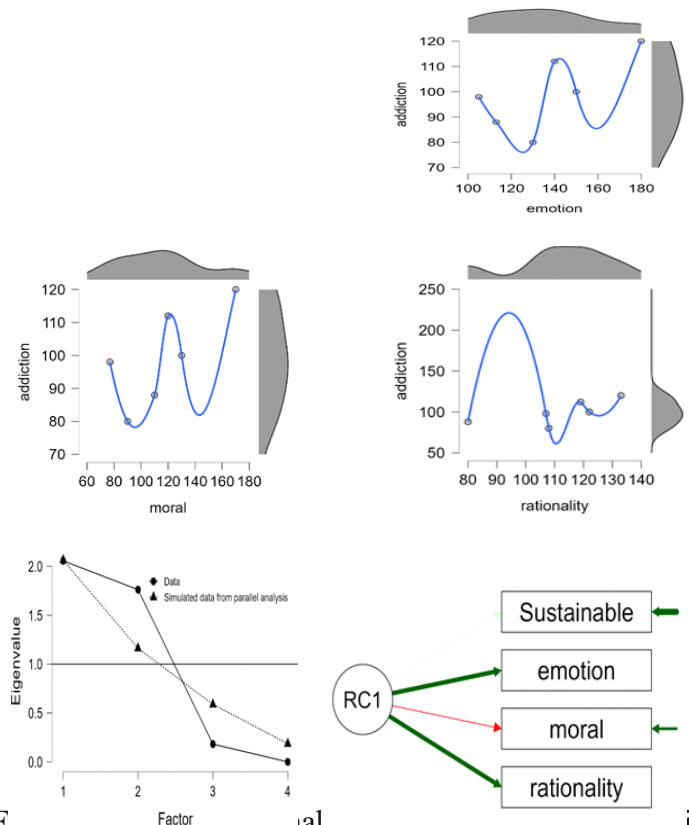


Figure 2 shows sustainable rationality for positive life, sustainable moral motives, and emotional sustainability levels among alcoholics.

cases:(Sustainable mental health in no alcoholics)

Figure 2 shows sustainable rationality for positive life, sustainable moral motives, and emotional sustainability levels among non-alcoholics.

Discussions

Through this model, we assume that the moral motivation for sustainability contributes to the rationalization of sustainable mental health in a significant way, and that is embodied in the individual's desire for a psychological life reconciled with himself, the world and others, and not harming himself and others in terms of social and economic terms. Therefore, we recommend that researchers continue to verify this assumption with other approaches.

Recommendations

We suggest that controversy and interest be raised in promoting sustainable mental health for abused women, children and adolescents, in order not to waste mental health, and to enhance sustainable motivation for morals, conscience and reason, so that training and treatment of them through learning to control mental health through economy in avoiding the soul from diseases and addictions that lead to economic burdens And financial and social because of the lack of rationalization of morals, motives and emotions.

Sustainable Mental Health:

Digital health treatments, such those offered via computers, internet, cell phones, or tablets, have been noted as a significant potential route to enhance health care access and utilisation among young people in this category (Perry et al.,2018). Young LGBTIQ individuals frequently and proficiently use digital technologies. However, there have been numerous established advantages to technology use among LGBTIQ youth. Youth who identify as LGBTIQ can explore their identities on the internet anonymously and safely, find peers who share their identities, and come out to others in a risk-free setting (Craig et al.,2014). For LGBTIQ+ people who were having mental health issues, the content of digital health treatments focused on internalising symptom reduction and targeted drug misuse prevention focused on broader dimensions of psychological well-being (Pachankis et al., 2010). The LGBTQ young people's unmet mental health needs can be addressed through digital mental health (DMH). However, just one of the high-value DMH apps with automatable material that were available in app stores as of February 2022 provided programming tailored to LGBTIQ individuals (Cohen et al.,2022).By increasing acceptance and affirmation, reducing misconceptions and negativity about their sexuality, increasing social support and health education, and utilising cognitive behavioural therapy, digital platforms like various websites, social media, online forums, mobile apps, and others played a key role in improving the mental health of sexual minorities (Tasnim et al.,2020)

The quick expansion that many mental health start-ups that provide DMH frequently emphasise has the unintended consequence of making them more likely to target the general heterosexual, cisgender community. Despite the present DMH environment, research have shown that lonely LGBTQ frequently seek online for support and community and are more likely than their peers to use DMH. By fostering a community and highlighting the significance of LGBTQ+ pride, DMH can also be used to increase the resilience of LGBTQ youth. This could be accomplished through recognising notable LGBTQ individuals or by establishing virtual connections with other LGBTQ youth who might not have access to an LGBTQ+ community in person (Cohen et al.,2022).As is well known, compared to the general population, LGBTIQ youth are much more likely to experience a variety of physical and mental health issues. Digital interventions may help to lessen disparities in mental health care.The range of therapies available to this population must be synthesised. Digital health interventions for LGBTIQ youth may more consistently impact cognitive and affective results than behavioural outcomes.

The interventions not only had the potential to be successful, but were also generally deemed to be realistic and acceptable. There are some obvious directions in which this area of study could go in the future. Building on this data foundation with more exacting randomised controlled trials and community-based trials is clearly necessary given how crucial it is for future funding and dissemination. LGBTIQ youth-specific digital health initiatives have the potential to reduce health inequities in this population. Finally, it is important to adopt mental health and digital health policies for sexual minorities in order to address current gaps, offer this community with care that is inexpensive and accessible, and protect their privacy by assuring data security. Digital health treatments could one day play a significant role in reducing health disparities among young LGBTIQ persons.

REFERENCES:

Brown, A., Rice, S. M., Rickwood, D. J., & Parker, A. G. (2016). Systematic review of barriers and facilitators

- (2016). Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia-Pacific Psychiatry*, 8(1), 3-22.
- Cohen, J. M., Feinstein, B. A., & Fox, K. (2022). The promise of digital mental health for LGBTQ+ youths. *Psychiatric services*, appi-ps.
- Craig, S. L., & McInroy, L. (2014). You can form a part of yourself online: The influence of new media on identity development and coming out for LGBTQ youth. *Journal of Gay & Lesbian Mental Health*, 18(1), 95-109.
- Eskin, M., Kaynak-Demir, H., & Demir, S. (2005). Same-sex sexual orientation, childhood sexual abuse, and suicidal behavior in university students in Turkey. *Archives of sexual behavior*, 34(2), 185-195.
- Kang, M., Bernard, D., Booth, M., Quine, S., Alperstein, G., Usherwood, T., & Bennett, D. (2003). Access to primary health care for Australian young people: service provider perspectives. *British Journal of General Practice*, 53(497), 947-952.
- Kates, J., Ranji, U., Beamesderfer, A., Salganicoff, A., & Dawson, L. (2018). Health and access to care and coverage for Lesbian, Gay, Bisexual and Transgender (LGBT) individuals in the US. *Kaiser Family Foundation*.
- Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: what we know and what needs to be done. *American journal of public health*, 98(6), 989-995.
- Pachankis, J. E., & Goldfried, M. R. (2010). Expressive writing for gay-related stress: psychosocial benefits and mechanisms underlying improvement. *Journal of consulting and clinical psychology*, 78(1), 98.
- Perry, Y., Strauss, P., & Lin, A. (2018). Online interventions for the mental health needs of trans and gender diverse young people. *The Lancet Psychiatry*, 5(2), e6.
- Tasnim, S., Trisha, N. F., Fan, Q., Sultana, A., Mishu, S. H., Hasan, N. T., & Hossain, M. M. (2020). Improving mental health and wellbeing among sexual and gender minorities using digital interventions: a systematic review.
- Ybarra, M. L., Prescott, T. L., Phillips, G. L., Bull, S. S., Parsons, J. T., & Mustanski, B. (2017). Pilot RCT results of an mHealth HIV prevention program for sexual minority male adolescents. *Pediatrics*, 140(1).
- Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L., & Health4LGBTI Network Taibjee Rafik Toskin Igor Jonas Kai van Der Veur Dennis Allen Odhrán Troussier Thierry De Sutter Petra. (2019). A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European journal of public health*, 29(5), 974-980.