



Mental health challenges of LGBTQ+ community and training needs of mental health professionals: A literature review

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Abstract

This review is aimed to discover literatures on mental health challenges faced by LGBTQ+ individuals. This study contains researches on psychological issues faced by the individuals of LGBTQ+ community due to the belief of society about these individuals being different from the mainstream societal beliefs. It further reviews the need for an affirming and inclusive mental health policies and services for LGBTQ+ individuals. This review of the literature summarizes research findings on the mental health issues faced by LGBTQ+ people. It emphasizes on epidemiology, risk, protective factors, and availability of care. On the other hand, this paper also reviews the literatures on the training needs of psychologists who work with LGBTQ+ community. Researcher have studied recent studies, articles, research papers for this research. Highlights of this study are current curriculum innovations, cultural hurdles, knowledge gaps, and the importance of queer-affirmative practices. In accordance to improve mental health practitioners' sensitivity and competency few methods and suggestions are discussed in this research paper. This paper is primarily focused on Indian research papers followed by researches done outside India.

Key Words: LGBTQ+ community, Mental health problems, Psychological problems, Mental health professionals, Training needs, Queer affirmative therapists, Experiences, India

1. Introduction

The LGBTQ+ community's mental health has become a critical issue in today's health discussion, particularly in nations like India where social and cultural taboos are deep rooted. LGBTQ+ people continue to experience violence, discrimination, and marginalization at many levels of society despite substantial changes in legal and legislative frameworks. Nying (2026) These factors have a significant negative influence on their psychological health and ability to receive mental health services. (Gaur et al., 2023)

Literature Review:

Research articles, journal papers, scholarly articles, theses, dissertations, novels, and more are all analyzed in a literature review. A literature review involves studying and critically evaluating the literature for the goal of the research, not only summarizing or paraphrasing the abstract. (McCombes, 2023) To get a sense of what has already been done, a researcher searches for an increasing number of previous works that are relevant to his desired research topic.

A review of the literature is a crucial part of any research project since it provides a solid basis for the study. It serves as proof for the research as well as a source of knowledge for knowledge development and the creation of guidelines for future studies. (Snyder, 2019)

Mental Health:

Mental health is a fundamental component of overall well-being, influencing how individuals think, feel, act, and relate to others in daily life (Mental Health, n.d.). World Health Organization defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." (Mental Health, n.d.).

Abbafati and colleagues stated that mental health issues are very common all over the world and represent a leading cause of disability, impacting hundreds of millions of individuals annually. (Abbafati et al., 2020). In India alone, mental health disorders constitute a significant share of the overall disease burden. (Patel et al., 2018). Despite this, stigma and discrimination continue to be major obstacles to obtaining effective mental health care Shrivastava et al. (2026).

In general, mental health is a complex and vital aspect of leading a fulfilling and productive life. Understanding its intricacies and addressing its challenges are essential for enhancing both personal and community well-being. (Mental Health, n.d.)

LGBTQ+ Community:

The LGBTQ+ community consists of a varied and

growing group of people who identify as lesbian, gay, bisexual, transgender, queer or questioning, along with those who do not conform to traditional heterosexual and cisgender identities.

“Lesbians (L) are females attracted to a female, whereas Gay (G) are males attracted towards males. Bisexuals (B) are attracted to both genders. Queer (Q) is an umbrella term for all gender-fluid people. + is for all other gender fluidities.” (Sexual Orientation and Gender Diversity, n.d.)

Recent data indicate that as social attitudes and visibility change, more people are feeling safe to openly identify as LGBTQ+, contributing to the community's steady growth (Who Makes up the LGBTQ+ Community? A Look at the Growing Population - ABC News, n.d.). The LGBTQ+ community in India embodies resilience and harmony, navigating a journey from criminalization to partial legal recognition. While significant strides have been made, the road ahead requires stronger socio-legal protections, mental health access, and cultural acceptance.

Mental Health Professionals:

Mental health professionals are specialists trained to help people manage and overcome mental health problems, emotional issues, and behavioral challenges (NIMHANS, 2017). It includes psychologists, psychiatrists, psychiatric social workers, counselors, and psychiatric nurses (Patel et al., 2018).

India's large population has created an increasing demand for mental health services, emphasizing the important role of mental health professionals Neupane and Molla (2026). However, there remains a significant need to raise awareness and provide specialized training, especially in working with diverse groups such as LGBTQ+ individuals. While efforts by the government and private organizations aim to expand training programs and increase the mental health workforce, more progress is needed to meet these challenges effectively.

Patel and colleagues (2018) note that mental health professionals in India have recently begun receiving more training in critical areas such as suicide prevention, crisis intervention, and culturally sensitive counseling. (Patel et al., 2018). However, continuous professional development and support remain essential to effectively address the evolving and complex mental health needs of clients, especially as social expectations and challenges shift within the Indian context

Review of Literature:

Mental health challenges of LGBTQ+ community:

Three components of minority stressors of LGBTQ

youth are, Sexual identity distress, stigma consciousness and heterosexist experiences. The research of Kelleher (2009) on “Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people” aimed to find how minority stress impacts psychological distress. Cathy Kelleher administered a test on 301 young adults of Ireland aged between 16 to 24 years and found that each stressor had a substantial independent association with psychological distress. Health professionals and policy makers who were concerned about difficulties faced by LGBTQ youth due to minority status had great impact of this study and they accelerated the development and creating interventions for those who are at high risk. (Kelleher, 2009)

Research done by Sutter Megan and Perrin Paul B. in 2016, titled as “Discrimination, mental health, and suicidal ideation among LGBTQ people of color”. Several negative psychological and physiological health problems including suicidal ideations are the after results of discrimination based on race/ethnicity, sexual orientation and gender identity, says previous researches. Survey was conducted on 200 nonwhite LGBTQ people for analyzing their experiences of LGBTQ based discrimination, racism, mental health and suicidal ideation in an online study in United States. A structural equation model was created to study discrimination and found that LGBTQ based discrimination had an implicit impact on mental health leading to suicidal ideations whereas racism affected on mental health but was not having any connection with suicidal ideation. Hence the study concluded that LGBTQ based discrimination of nonwhite people was the main area for implementing interventions and reducing suicidal ideations. (Sutter & Perrin, 2016).

Aditi Tripathi and Toran Talwar conducted a study on “Parental acceptance and challenges faced by LGBTQ youth in India and their mental health” in 2022. Semi structured telephonic interviews of twelve individuals were conducted through social media platform. Study found that, parents are more supportive than previous as people are becoming aware about LGBTQ community, though it takes time to get acquainted with new lifestyle as a family and support is necessary for parents as well. Family must be taught for how to be affirmative and supportive to their own child to avoid negative psychological effects. (Tripathi & Talwar, 2022)

A study done by Sanra Singpho (2022), titled as “Homosexuality and the stigmatized homophobia in Indian society”. The main aim of the study was, to study people's attitude, knowledge and understanding about homosexuality. To examine

hidden homophobia among people. 66 participants were surveyed through an online questionnaire. For this cross-sectional survey snowball sampling method was used. Young adults between ages of 18 to 35 were most active (81.8%) participants followed by 36 to 55 years (10.6%) and 1 to 17 years (7.6%) with the ratio of 48.5% male and 51.5% female participants. Researcher found that, approx. 65% from total surveyed population acknowledge the concept of same sex marriage, whereas 24% said clear no and 11% are not sure about their opinions. (Singpho Sanra, 2022)

Meenal Solanki and Priyanka Tiwari studied about level of depression, anxiety, and stress in individuals of LGBTQ+ community. She compared this with heterosexual or straight adult population. 101 participant had participated in each group. A survey was done using DASS 21. Descriptive and inferential statistics were produced through data analysis. T-tests and correlation studies were used in inferential statistics. Compared to cishet counterpart, Indian LGBTQ+ adults had higher level of stress, depression and anxiety. Crucial need for policy making and its implementation had been highlighted. Indian LGBTQ adults encounters execrable mental health outcomes this underlines a necessity to address this in clinical setting (Solanki & Tiwari, 2024).

Main objective of this review study was to evaluate the literature thoroughly in order to identify specific mental health requirements, difficulties in receiving health care services and to suggest research and programmatic urgencies for efforts to address these issues. Researcher collected data of 67 articles from PubMed, PsycINFO, and Google Scholar, which include scoping reviews, published peer reviewed and gray literatures. The review emphasizes that transgender individuals in India remain on the fringes of society, enduring widespread stigma, discrimination, socio-economic and educational marginalization, violence, and poor overall health, including mental health challenges. They often encounter significant obstacles in accessing quality healthcare services, both for general medical needs and gender-affirming care. Reported barriers to healthcare include discriminatory practices within medical facilities, absence of standardized treatment protocols, limited health literacy, and low utilization of healthcare services by transgender persons. Additional factors such as inadequate education, gender-based violence, economic disadvantages, lack of health insurance, exclusion from social welfare schemes, and systemic shortcomings within the healthcare system further hinder their access. In conclusion, transgender individuals in India are denied their fundamental right to healthcare. To

address these challenges, it is essential to adopt a rights-based framework in both programming and research to improve healthcare access for this marginalized community. (Pandya & Redcay, 2021).

Bisexual women are disproportionately affected by mental health difficulties and frequently report poorer outcomes from psychological therapies compared to other groups within the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community. Despite this, much of the existing research on therapeutic outcomes has tended to conceptualize LGBTQ+ individuals as a homogenous population, thereby overlooking the distinct experiences of bisexual women. The present study examined the experiences of bisexual women in accessing psychological therapy for mental health concerns in which eight participants were engaged in online, semi-structured qualitative interviews. Interviews were designed to explore their therapeutic journeys and perspectives on improving service provision. Researcher audio-recorded, transcribed, and analyzed the data inductively using Reflexive Thematic Analysis. Participants reported facing compounded challenges related to their bisexual and female identities, further intensified for those who were neurodivergent or from marginalized ethnic backgrounds. These intersecting experiences often led to an expectation of biphobia from therapists, which participants managed by adopting protective strategies such as concealing their identity. Negative therapeutic experiences included instances where therapists pathologized bisexuality, while positive experiences were characterized by nonjudgmental, collaborative approaches. Although participants stressed the importance of having their identities acknowledged within therapy, they held varied views on whether client-therapist identity matching was essential. The findings underscore the complex dynamics bisexual women navigate in clinical settings, particularly when intersecting with other marginalized identities, and the active efforts they make to safeguard their well-being. The study highlights the need for therapists to receive specialized training on the specific needs of bisexual women and to integrate awareness of social and systemic injustices into their clinical practice. (Pitt et al., 2023)

Mental Health Professionals and Training needs:

A group of medical students from various medical institutions across the world have presented their study on Mental healthcare for young and adolescent LGBTQ+ individuals in the Indian subcontinent, post the coronavirus disease which led to significant change in dispensation of healthcare. This article investigates the various root causes of mental health challenges faced by LGBTQ

individuals in the Indian subcontinent. The authors discuss how different adverse experiences affect LGBTQ youth in this region. They also examine the current state of healthcare services available to this traditionally marginalized community. Furthermore, the article provides recommendations for improving healthcare systems specifically for LGBTQ youth in India. A key conclusion of the research is the urgent need for reliable, centralized data on the number of LGBTQ individuals, their healthcare needs, and the barriers and facilitators they encounter in accessing care. The authors emphasize that collecting accurate information is difficult, and without such data, the medical and mental health needs of this diverse population remain largely unrecognized. Additionally, the importance of specialized training for healthcare professionals is highlighted, stressing that such training can foster greater compassion and acceptance. High-quality, evidence-based medical education equips providers to deliver better, more holistic care tailored to the needs of LGBTQ individuals (Gaur et al., 2023).

With the understanding of LGBTQ people in rural areas experiencing negative mental health consequences and encountering multiple barriers in accessing the mental health services the authors of the paper Development and Evaluation of Training for Rural LGBTQ Mental Health Peer Advocates, namely Tania Israel, Cathleen Willging, David Ley developed and piloted a unique program to prepare peer advocates as paraprofessionals to assist rural LGBTQ people with mental health needs in New Mexico. A total of thirty seven people participated in training to improve their knowledge and skills to assist LGBTQ related mental health needs. This program consisted of self-administered assessments, focus groups and open ended interviews. The results were analyzed through pre- and post-tests. The initial training indicated no significant difference in pre- and post-tests, however, with revised training significant improvements were observed. Qualitative data of the exercise indicated participants appreciation for the opportunity to increase information and skills concerning the LGBTQ community (Israel et al., 2016).

A study done by Laura B. Farmer, Laura E. Welfare, Penny L. Burge titled as "Counselor Competence With Lesbian, Gay, and Bisexual Clients: Differences Among Practice Settings". This study was done on total 468 participants which includes counselors from school and community practice, counselling students, as well as counsellor educators. To study the proficiency to assist lesbian, gay and bisexual clients. Despite having less knowledge and abilities, participants reported having strong LGB-affirming

views. Compared to counselors in other settings, school counselors reported much lower levels of LGB competence. Implications include the suggestion that LGB-affirmative attitudes indicate receptivity toward such growth and the significance of graduate and postgraduate training to enhance LGB knowledge and abilities (Farmer et al., 2013).

Milton L Wainberg, Pamela Scorza, James M Shultz, Liat Helpman. Jennifer J. Mootz, Karan A. Johnson, Yuval Neria, Jean-Marie E Bradford, Maria A. Oquendo and Melissa, R Arbuckle had a review on how the mental health gap is being addressed by health systems in low- and middle-income countries (LMICs), as well as highlighting issues and key topics for additional study. The majority of the world's disease burden is caused by common mental disorders, but there is strong evidence that these and more serious mental disorders can be effectively treated with evidence-based interventions provided by qualified lay health workers in primary care or low-resource community settings. One obstacle to service uptake is stigma. Despite being essential to closing the mental health gap, prevention has not become a clear area of study or programmatic emphasis. In order to inform policy and scale up services, research-to-practice implementation studies are necessary (Wainberg et al., 2017).

This study reviewed literature on LGBT cultural competence interventions and evaluated a 4-hour "Converging Cultures" workshop for healthcare providers. Using a pretest-posttest design with 130 participants, the workshop significantly improved LGBT-affirmative beliefs and knowledge. Open-ended responses highlighted the importance of self-reflection in developing cultural competence. The authors recommend integrating such training into regular curricula to better support sexual and gender minority patients and reduce marginalization (Schweiger-Whalen et al., 2019).

Kimberly Rutherford, John McIntyre, Andrea Daley, and Lori E. Ross explored how mental health professionals develop the skills needed to work effectively with LGBTQ clients, considering the health disparities this population faces. Researchers interviewed eight experienced providers, including psychiatrists, psychotherapists, social workers, and a psychologist, all specialized in LGBTQ care. The findings revealed that while many professionals' own LGBTQ identities and experiences influenced their career paths, such identification was not necessary to provide supportive care. Using a phenomenological approach for analysis, the study identified a major gap: the lack of formal training and resources focused on LGBTQ-sensitive mental health care. Participants recommended making LGBTQ health

topics a mandatory part of professional education, covering areas such as relevant terminology, inclusive interviewing techniques, understanding stigma's impact, and addressing the specific needs of sexual and gender minorities. The research emphasized the scarcity of training opportunities for medical and mental health professionals in LGBTQ care and called for further studies to examine how this training deficiency contributes to ongoing health disparities (Rutherford et al., 2012).

(Marar et al., 2024) surveyed 68 mental health professionals including psychologists, psychiatrists, and trainees to assess their exposure to LGBTQIA+ affirmative care training and readiness to provide inclusive services. The study discovered that 77.9% felt unprepared to work with LGBTQIA+ clients and 79.4% of participants had not received formal LGBTQIA+ training. Though higher self-confidence among practitioners was linked to greater clinical experience, formal training did not significantly impact their perceived readiness. The author emphasized on the urgent need to incorporate comprehensive LGBTQIA+ affirmative care training into mental health education and licensing systems. They also suggest that future research should involve larger and more diverse groups of participants.

Discussion:

This review underlined that LGBTQ+ individuals in India experience a range of mental health challenges, including higher levels of stress, depression, anxiety, and psychological distress compared to their heterosexual counterparts (Solanki & Tiwari, 2024). These issues are closely linked to minority stress, which arises from sexual identity struggles, societal stigmatization, and heterosexist attitudes (Kelleher, 2009). Multiple studies indicate that these factors affect not only individuals but also impact families, schools, healthcare institutions, and the wider community (Tripathi & Talwar, 2022).

Singpho's (2022) research showed that the issue of societal stigma on homophobia and knowledge about homosexuality remains deeply rooted in Indian society. While there are encouraging signs—such as a significant proportion of participants supporting same-sex marriage—about one-third of respondents either reject or are unsure about accepting homosexuality as normal (Singpho Sanra, 2022). This ambivalence and lack of understanding continue to fuel discrimination, leading to poor mental health outcomes and reluctance among LGBTQ+ individuals to seek help.

International experience shows that targeted peer-led and skills-based training can improve mental health support in marginalized and rural LGBTQ+

settings (Israel et al., 2016). However, a significant gap between policies that call for queer-affirmative healthcare and the real-world application of such practices in clinics, hospitals, and mental health services still remains in India.

The fear of stigma or previous negative experiences with professionals, led many LGBTQ+ individuals avoid seeking health services altogether. Mental health professionals often demonstrate insufficient training and lack the cultural competence required to effectively work with LGBTQ+ clients. Several studies reviewed indicate that most Indian psychiatrists and psychologists have limited knowledge, they display moderate attitudinal awareness, also exhibits low clinical preparedness while addressing the needs of LGBTQ+ individuals. Only a small proportion of professionals in certain studies reported having undergone LGBTQ+-specific or cultural competency training. Furthermore, evidence suggests a negative association between cultural competence and factors such as age and religiosity among professionals, underscoring the importance of developing tailored, ongoing training initiatives to enhance affirmative practice. (Salim et al., 2025).

Often at the intersection of multiple marginalizations, transgender individuals, uphold an especially heavy burden of poor mental health, exclusion, and healthcare neglect (Pandya & Redcay, 2021). Structural barriers and deep-seated social prejudices continue to undermine mental health equity for LGBTQ+ individuals in India, due to increased legal recognition and greater social visibility in recent years. A key obstacle for mental health professionals is, the lack of practical, hands-on training and lived-experience education. In rural and small-town areas, the lack of trained peer advocates and community-specific interventions exacerbates the problem, further restricting access to mental health support for those in greatest need. (Israel et al., 2016).

Conclusion:

In summary, The LGBQ+ community in India faces significant mental health challenges due to stigma, discrimination, and lack of support. Several mental health professionals are not adequately trained to address the unique needs of LGBQ+ individuals, this leads to gaps in effective care delivery. A collaborative approach involving healthcare providers, policymakers, educators, families, and the LGBQ+ community will help to overcome these challenges to close the gap between the community's needs and the quality of current services. Improving outcomes requires better education and training for mental health practitioners, the development of inclusive healthcare settings, and the creation of supportive

environments within families and society. India can guarantee the mental health and well-being of all its citizens, regardless of sexual orientation or gender identity only through comprehensive systemic changes and a shared dedication to inclusion and respect. Such coordinated efforts are vital to truly support and enhance the psychological health of LGBTQ+ individuals.

Limitation and Future Recommendation:

This literature review gives very valuable insights about mental health challenges faced by LGBTQ+ community as well as training needs of mental health professionals, but there are few limitations to this study. Most of reviewed researches are from countries other than India, which may lack culturally specific research. The search was based on specific databases which may not include other relevant researches. There is a need for empirical studies assessing effectiveness of LGBTQ+ affirmative training programs for mental health professionals. Qualitative as well as longitudinal researches will provide deeper understanding of the long term psychological impacts of judgmental attitudes and discriminations. Future research will evolve training needs of therapists working with LGBTQ+ population.

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