



Lessons Learned

Moving beyond individual counselling of LGBTI people to address central psychosocial issues on community level in Tshwane (Pretoria).

SUMMARY

The activity that OUT is focussing on, is the provision of psychosocial services to LGBTI people in Tshwane (Pretoria), with the specific focus for this Lessons Learned Document, on how to move beyond the individual approach to a community approach. This activity aimed to achieve the target of reaching 300 face-to-face sessions per annum, 360 telephonic and electronic interventions per annum, and 100 participants in the monthly Youth Group meetings, for the period January 2014 till December 2014. The activity was marketed through the distribution of IEC Material (OUT pamphlet, promoting the services), and the distribution of monthly Mental Health Posters (providing information on mental health issues with a different theme and five easy facts every month), as well as on three websites (www.out.org.za, www.m2m.co.za, www.w2w.co.za), and OUT's marketing network. OUT learned that the psychosocial services took a backseat at the cost of the emphasis and funding of HIV work. With this Lessons Learned Document, OUT will seek to learn how to expand these services and move them to community level.

INTRODUCTION AND BACKGROUND

OUT has provided psychosocial services since its inception in 1994. Over the years, there have been a range of services, including various forms of counselling, various types of support groups, and seminars and workshops.

OUT's psychosocial services took somewhat of a backseat with recent emphasis and funding of HIV work. Funding is much more readily available for HIV work, especially for men who have sex with men (MSM), while funding for LGBTI mental health issues remain almost non-existent.

The OUT mental health services, for which there has been sufficient demand, is counselling, which includes telephonic, electronic and face-to-face counselling. In recent years there has been an increase in electronic and face-to-face counselling, while telephonic counselling has been on the decline.

Many groups that were held over the years, have been stopped because of low participation. OUT has had a psychotherapeutic support group for gay men, which ran for 4 years, a HIV support group for 2 years, a group for lesbian mothers for a year, and a group for parents of LGBT people for a year. Currently, the only existing group is a youth group, which attracts about 10-20 people to a meeting. OUT has also decided not to provide social spaces for LGBTI people, as we believe that LGBTI people in Pretoria have their own social networks and we will link with these, when appropriate.

In the last year, OUT has started with the development of its mental health programmes. It includes participation with the Psychological Association of South Africa's development of affirmative guidelines for LGBTI therapy, and planning a range of 4 articles on mental health issues.

OUT would like to further explore how it could expand on its mental health programmes. We know that clients can access us through counselling and we have identified (over the years) that the three most common issues are depression, "coming out" and relationship issues. We want to know how we can address these central issues on a community level and beyond the individual therapy session.

FUNDING

Funding for the above activity was made available by COC Netherlands over the last four to five years.

TARGET POPULATION

The target population that receives the psychosocial services, is LGBTI persons from 18 and older, from various backgrounds and races, ranging from under-resourced to resourced clients.

METHODOLOGY

The methodology that OUT followed, were conducting interviews with several key informants. The following people were interviewed:

- Prof Juan Nel (psychologist), because of his expertise on gay mental health issues and programming.
- The counsellor at the Gay Christian Church in Pretoria, on the programmes she manages.
- The OUT Peer Educators, who works with individual contacts within townships. They would primarily provide perspectives on what programmes could be possible within townships.
- Triangle Project on their Safe Spaces programme and the mental health issues that are dealt with.
- The following questions were asked to the key informants:
 - Do you think the above mentioned issues can and should be addressed within communities?
 - Why do you think so? What would be the benefit/s, if any?
 - Are there any community mental health services available that you are aware of? Can you describe how it works?
 - If yes, do you access these services?
 - How do you propose it can be done? What would get people involved and keep them involved?

- Do you foresee any challenges?
- How can these challenges be addressed?

The questions were used to initiate the discussion and the key informants were not expected to respond to each question individually, but to rather supply OUT with an overall impression.

The interviews were then written-up in a report with recommendations to OUT on its future mental health programming.

MENTAL HEALTH THEMES IDENTIFIED

Besides the three main mental health themes (depression, “coming out”, and relationship issues) that OUT had identified over the years, a number of other important themes were identified through the interviews with key informants. They appear to be important, since they have a huge impact on the sense of wellbeing (or lack off) that LGBTI people experience, and are also important to bear in mind when planning to expand mental health services beyond the individual session to community level. These themes also appear to intersect with one another at various points, and ultimately can cause or contribute to depression, anger and aggression, guilt, fear, etc.

The following are important themes:

- The role of religion (in this case Christianity): the condemning Biblical texts that appear to condemn homosexuality, when read within a fundamentalist framework, can cause rejection (by the church, community, family and self) and eventually lead to feelings of guilt and depression.
- Sexual- and intimacy problems, caused by above condemnation and rejection. It usually leads to feelings of guilt (internalised tension), because it is perceived as “wrong”.
- Rejection as a theme on its own, has an impact on the person’s psyche and relationships.
- Anger and aggression in relationships (caused by above), can ultimately lead to intimate partner violence.
- People often prefer to stay in the “closet”, since they fear “coming out”. Some even enter into heterosexual relationships and marriages.
- The above can lead to reckless behaviour, like substance abuse, and unsafe sexual practices. This, in turn, may lead to acquiring sexually transmitted diseases, like HIV and other STI’s.
- Other problems in relationships can include boredom with one sexual partner (and eventual experimentation on sexual level).
- Rape, and the impact it has on intimacy, with the forthcoming question: does it make me gay?
- Loneliness, when a person cannot find a significant partner.
- “Cutting”: some people may resolve to this behaviour in order to try and deal with intense emotions.
- Financial issues that can often lead to one person landing in financial debt.
- Parents of LGBTI children often have a lack of knowledge and internalise the issue by asking: What did I do wrong? Gay parents with children have issues with own children, adopted children and insemination. Gay parents are often rejected by family and their own children, especially when they only come out as gay at a late stage in their lives.

The themes of depression/rejection often cause detachment, where the person detaches from their community, family and church. A mental health programme, that focusses on a community approach, will have to address the re-integration of the individual into the above. The above themes cannot be addressed in isolation, and from a medical/biological perspective alone.

Having mentioned the relevant themes, one should not lose sight of the existence of a carelessness when it comes to mental health. People often feel they don’t have a problem and have an attitude of “I don’t need a shrink”. Furthermore, one will find that people only seek help when a crisis arise. Lastly, seeking mental health care, can be very costly, and people do not necessarily have the financial resources to access mental health services.

The one key informant stressed that, despite the overwhelmingly negative impact of the identified themes on the individual’s psyche, there is a positive outcome as well. LGBTI people develop much needed life- and coping skills, while having to deal with the above issues, as well as a resilience. This should also be kept in mind in the development of a mental health programme that seeks to move to a community level.

POSSIBLE FORUMS OF INTERVENTION THAT EXISTS

The key informants identified a number of possible forums of intervention. These are:

- **Support groups** with a specific mental health focus. The counsellor at the Gay Church facilitates such a support group, where she implements a narrative approach. People need to be able to “tell their stories” in a safe and non-judgmental environment. An example is to sketch a scenario for the group and ask them how to deal with the situation. A limitation is that such groups often have a limited lifespan.
- The **internet and social media** can be used to create virtual communities, where people then share with and support each other. It can also be used to raise awareness and educate. A benefit is that it has a wide reach beyond a specific location. Limitations are that some people may not have access to the internet, and such groups need to be supervised by an administrator/facilitator.
- **Community radio stations** seem to be popular and can be used to create awareness and educate communities. A limitation might be the access to such stations, and the availability of timeslots. One needs timeslots which will have the biggest reach (largest amount of listeners) in order to have significant impact.
- **Community dialogues** can be used effectively. The idea is to start with a wide angle at first, for instance, start with a general dialogue with the youth on youth issues. LGBTI youth can then be identified, and a separate meeting can be arranged with them to address specific issues. Lastly a meeting between LGBTI youth and their parents can be arranged if necessary. A limitation may be the attitude of a specific community against LGBTI people.
- **IEC material** can be utilised and distributed to inform and educate communities. The limitation is that people often do not read a poster or pamphlet.
- The **peer educators** can be used to locate community organisations, social spaces, sport clubs and other clubs, and community forums (coordinating bodies where groups and clubs are represented). Community forums usually coordinates community events and encourages entrepreneurship. These bodies can be accessed to network and find other groups, clubs and spaces.

Examples of the above, are:

- Dance clubs (recreational groups)
- Night clubs/taverns
- Community spaces such as parks
- Sport clubs

An interesting point to note, is that, according to the peer educators, the areas/townships where OUT’s Peer Education Programme runs (Mamelodi, Soshanguve, Hammanskraal) appear to be at least tolerant of, and accepting of LGBTI people. This is significant for the planned expansion of the mental health programme.

- The influence and power of **church women’s groups (in this case Christian)** should not be underestimated. In one instance such a group of mothers is regularly mobilised to make court appearances in legal cases where lesbian women are raped (hate crimes). This is a possibility to be explored, bearing in mind that the church often appear to be condemning of LGBTI people.
- The **Safe Spaces** model as implemented by Triangle Project in Cape Town, appears to be a useful model and one that can be implemented in Pretoria as well. When an interest group is identified in the community, the organisation (OUT, in this case) assists the group to organise and structure themselves into a formal group (Safe Space), with a constitution, chairperson, and formal program. The organisation facilitates this process of formalisation, offers necessary training and assistance, until the Safe Space can operate independently. The role of the organisation then changes to a mentoring role, and the organisation then do trainings and presentations on topics, as requested by the Safe Space. An example of such a Safe Space in Cape Town is a group of grandmothers who felt the need to do something and support their LGBTI grandchildren.

NEXT STEPS

The next steps for OUT will be to explore the above possibilities and to implement where possible the following:

- Utilise the **peer educators** to establish connections with community forums where they can build a network of contacts with community organisations, social spaces, sport clubs and other clubs, as well as establish where a need for community dialogues exists. They will also need to build a network of LGBTI friendly clinics/health care providers, police stations, political organisations, and community radio stations. From this network of connections, OUT needs to organise community events (at least one in each township area for the next year), to create awareness of the available services. From these events possible interest groups will be identified, as well as dialogue opportunities.

- Establish **Safe Spaces** where an existing need is identified. OUT will facilitate the formalisation of these spaces.
- Explore the possibility of accessing **church women's groups**. Out has established contact with a person who could possibly assist with building relations.
- **Virtual media interventions** will receive more focussed attention via OUT's existing social media channels.

OTHER POSSIBLE INITIATIVES FLOWING FROM THE NEXT STEPS

Possible initiatives that can flow from the next steps, are the establishment of **drama clubs, choirs, community Pride events, regular community radio programmes or talk shows, mobilisation of allies of LGBTI people (like parent groups among others), community competitions.**

A competition can be launched where a play can be written with a LGBTI theme. The winning play can then be performed by the drama club at a community event.

ORGANISATIONAL BACKGROUND

OUT was founded in 1994 as a support group to support the needs of LGBTI people in Tshwane (Pretoria), South Africa. After a survey in gay spaces, a telephonic counselling line was introduced. After several needs analysis, it was found that gay people and MSM face discrimination when trying to access health services, and they have a need for competent health services. Therefore OUT offers direct health and mental health services, such as an on-site health clinic for HCT, STI and TB Screenings and general health needs, and also telephonic, electronic and face-to-face counselling services. OUT also offers sensitisation training for health care providers, and developed several training manuals. OUT is involved in advocacy work, advocating for legal rights and protection of LGBTI people, and has also been involved in several research projects.

Vision of the organisation

OUT is dedicated to building healthy empowered lesbian, gay, bisexual and transgender communities in South Africa and internationally. OUT wants to reduce hetero-sexism and homophobia in society.

Mission of the organisation

OUT works towards lesbian, gay, bisexual, transgender peoples' physical and mental health, and related rights.



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5. Working with buddy groups in Zimbabwe
4. 'MAN TO MAN', a joint approach on sexual health of MSM in the Netherlands via the Internet
3. Lessons learned from project "Visual information on sexual health and the exercise of citizenship by the GLBTI beneficiaries of the Organization in Quito, Ecuador".
2. Coffee afternoons: Prevention Project aimed at young gay men from Tegucigalpa (Honduras)
1. Womyn2Womyn (W2W) quarterly open day, for lesbian and bisexual (LB) women at the Prism Lifestyle Centre in Hatfield, Pretoria (South Africa)

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