

# INVISIBLE SCARS

(ENKOVU EZITALABIKA)



A FOCUS ON THE MENTAL HEALTH  
OF QUEER PEOPLE IN UGANDA

BY ELVIS HERBERT AYESIGA





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(EnkovuEzitalabika)

**A focus on the mental health of queer  
people in Uganda**

**By Elvis Herbert Ayesiga,**

Icebreakers Uganda, 2019

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# FIRST POEM

Imagine me or you

**Imagine** knowing at a young age that you are different

**Imagine** that you see your difference contrasted everyday  
in the relationships you grow up around

**Imagine** that your peers hurl insults at you, defining how  
you are different

**Imagine** that the social and cultural institutions inform you  
that your difference is not acceptable

**Imagine** that you long to be with others who are also  
different, but don't have a way to connect with them

**Imagine** knowing that coming out to your health provider  
will cause you more issues

**Imagine** you don't know where you can get the mental  
health services you need

**Imagine** your partner beats you or hurts you; and after that,  
he or she says they love you

**Imagine your child** he or she is going through mental health  
issues because of his/her sexuality or discrimination within  
the society

By Elvis Ayesiga

For many lesbian, gay, bisexual and transgender (LGBT) people, this has been the reality of their childhood and their development into adulthood. The lasting effects of experiences with such prejudice and discrimination are profound.



## Foreword

Voice could not have been happier when Elvis, the author, invited us to support this survey and publication. As a grant facility, we promote diversity and inclusion of people with mental health challenges and those who are lesbian, gay, bisexual and transgender (LGBT). Hence, research done around the intersectionality of these two, especially in Uganda as one of the Voice focus countries, is a value-added asset for current and future generations.

Elvis' wake-up call was when a suicidal transwoman reached out to him before her final act. This made him realise the need to have these 'situations' researched and documented, which may save a life or lives. It certainly saved hers! A small campaign, #SeeTheInvisible was launched by Elvis' organisation, Icebreakers Uganda in collaboration with Sexual Minorities Uganda as part of Data 4 Change, a project from the Small Media Foundation with a grant from Voice. The campaign made Elvis realise that achieving and maintaining good mental health was a big issue for the queer community in Uganda. This message defies popular perceptions that mental illnesses and being queer are un-African.

Elvis' road to discovery began, unveiling the invisible mental scars of LGBT persons in Uganda. Elvis talked to over 200 people, ranging from health service providers, government and non-government workers, to friends and families of the LGBT community; and most importantly, to LGBT people themselves.

This publication reveals very deep and personal stories and the three poems, highlighting the struggle of queer people with mental illnesses. It shows the barriers within the Ugandan (mental) health services, but also offers solutions to overcome them, and highlights the allies willing to work alongside the people. Most importantly, the resilience and strength of the individuals shine through, despite very traumatic experiences, leaving the reader with a sense of healing, hope and solidarity.

Voice is proud to be part of this publication from Icebreakers Uganda and the author, and to make visible the invisible scars. We hope that this report will help in advocating for a future where having mental health issues and being queer are simply part and parcel of the (health) system.

**Voice Coordination Team**  
**[www.voice.global](http://www.voice.global)**





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We acknowledge the contribution of health providers, especially psychiatrists from both public and private health centres, and family and friends of the LGBT persons who participated in the research. Thanks to the services and individuals who helped to promote the research. We also want to extend our special thanks to Elesmode Productions, a Multimedia & Arts Youth start-up in Kampala, Uganda, which designed the questionnaires and edited the stories shared.

This research is published by Voice and supported by Icebreakers Uganda, Sexual Minorities Uganda, Freedom and Roam Uganda, Elesmode Productions, Pollicy, Her Internet and Fem Alliance Uganda. These organisations all comprise individuals who have expertise on LGBT issues, experience in researching LGBT populations and/or experience of working with the LGBT community.

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## About the author

Ayesiga Herbert is an LGBT activist, researcher, YALI Alumni and social worker by profession. Currently, he is the Programs Director at Icebreakers Uganda, a non-profit support organisation for LGBT persons, which is focused on Sexual Health Rights advocacy and community mobilisation for HIV/AIDS awareness and prevention for all LGBT Ugandans. He pioneered the first research on mental health issues within the LGBT community in Uganda and the #SeeTheInvisible campaign, aimed at raising awareness of mental health issues. The campaign also ensures that those at risk receive proper, timely and effective treatment.

His in-depth understanding of relevant legislation procedures and techniques has led him to push for change against stigma and discrimination based on sexuality and gender issues. His social work principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. As a fresh graduate in 2013, he applied for the position of school counsellor at his former secondary school. He was successful, but on his first day at work, he was given notice. The authorities said that he was not allowed on the school grounds because of allegations that he was gay. His complaints fell on deaf ears, which was very frustrating. But at the same time, this was the beginning of his journey as an activist.

### The courage within me

*"The trauma I suffered when I was young piled me with issues that concerned my family, friends and relationships at that time. It took a toll on me and drove me to a decision to alienate myself from people. I thought that I was alone. I began to contemplate suicide with the intention to completely get rid of a certain pain I felt. If anyone dared piss me off, the urge to hurt them and hurt myself would overwhelm me. There were episodes when I would hit my head against the wall. I later realised something was wrong with me. For about a year, my hands became numb. I went to several hospitals and doctors would examine me thoroughly, but they failed to find anything conclusively wrong with me. Not until I was able to go to Aga Khan University Hospital in Nairobi through my sister's assistance was it discovered that I had a mental disorder. I was diagnosed with Deep Depression and Anxiety in 2014.*

*During the time I started treatment, I became insomniac. Even when I slept, I would wake up feeling exhausted. This hampered my adherence to medication, which*



Elvis

**Herbert Ayesiga**





*dragged me back into the pit of depression and anxiety. It came to a point that I could barely speak because words could hardly form in my mouth. The compilation of stress from work, and self-stigma because of my sexuality, doubled with the societal pressures of marriage, led me back to my psychiatrist, who I had never confided in about my private life. Once she had asked me if I was gay and I obviously denied it. I had convinced myself that if I came out to her, she wouldn't give me the treatment I needed. But finally, I got the courage and told her that I was gay. She was totally receptive and strongly encouraged me to cut some people out of my life for my peace of mind. She also encouraged me to adhere to my medication, despite the side effects.*

*In early 2017, I was inspired to take on the initiative to research on mental health within the LGBT community, particularly in Uganda, since I barely had any person to share my experiences with, except for my psychiatrist. I thought to myself that if I personally had struggled with a mental illness and internal and external stigma because of my sexuality, then there ought to be others that were also going through the same. Using my Facebook platform, I opened a dialogue about mental health. I reached out to those that needed psychological help by referring them to places where I was certain they could receive the required assistance. The process revealed to me that while I was struggling with my own issues, there were some people dealing with a hell worse than mine.*

*In September 2017, I was privileged to attend a workshop organised by Data4Change, which was run by Small Media Foundation and DefendDefenders. With a diversity of people, we brainstormed on what project we could do. Because of my life experience and research, I suggested mental health. In collaboration with Grace of Sexual Minorities Uganda, we designed a campaign called #SeeTheInvisible to target LGBT people faced with mental illness.*

*We have been able to reach several LGBT persons suffering from mental health issues. We continue to collect more stories related to this subject. I had never thought there were so many people dealing with mental health problems. The majority are caught up in substance abuse while they fight to conceal their gender identity or sexual orientation. The dilemma of self-acceptance is real, and it is difficult. There are some that confront this challenge, who are betrayed by their loved ones and shunned by their friends."*





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## INTRODUCTION

Without mental well-being, we cannot be healthy. We all experience emotional ups and downs from time to time, caused by events in our lives. Mental health conditions go beyond these emotional reactions to specific situations. They are medical conditions that cause changes in how we think and feel, and in our mood. The LGBT and queer community face these challenges just like everyone else. But they may experience even more hurdles to caring for their mental health. This is usually related to prejudices and financial issues.

LGBT individuals are more likely to experience a mental illness such as depression or anxiety and suicidal thoughts. The stigma that surrounds mental illnesses can keep people from seeking help.

### Mental health background of the LGBT community in the world

The history of mental health treatment of LGBT and queer populations is an uneasy one. In the 1950s and 60s, many psychiatrists believed that homosexuality, as well as bisexuality, was a mental illness. Gay men and lesbians were often subjected to treatment against their will, forced hospitalisations and aversion therapy, including electric-shock therapy.

Fortunately, there have been great strides made in the decades that followed since the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973. Despite this, there are still disparities and unequal treatment of LGBT people seeking care. Although more therapists and psychiatrists today have positive attitudes toward the LGBT community in most developed countries, in developing countries such as those in Eastern Africa, people still face unequal care due to a lack of training of professionals, and/or understanding, and religious and cultural beliefs. Health care providers do not always have up-to-date knowledge of the needs of the LGBT community or training in LGBT mental health issues. Providers who lack knowledge and experience working with members of the LGBT community may focus more on a person's sexual orientation and/or gender identity than a person's mental health condition.





## An overview of evidence available on the mental health of LGBT people in Uganda

On 5 February 2012, an anonymous person wrote an article on how the Ugandan Diagnostic and Statistical Manual of Mental Disorders (DSM) had been adopted from the USA many years before. The DSM had previously removed homosexuality as a mental illness. The article followed a validation meeting that took place in January 2012 in Kampala, reporting on preliminary findings of a survey on lesbian and Men having Sex with Men (MSM) health. Activists expressed concern that most health workers interviewed said that homosexuals were insane people deserving psychiatric intervention. Although two prominent mental health practitioners in Uganda disagreed with the activists, saying homosexuality was no longer classified as a mental health disorder, they could not explain why many health workers still insisted on viewing homosexuality that way.

In that same year, Dr Margaret Mungherera, a leading mental health expert, told Behind the Mask in Kampala that Uganda was using the current American Psychiatric Association diagnostic manual.

***“We are not allowed to discriminate against anyone as health workers. Even if you are a criminal in custody, we treat you with dignity,” Dr Mungherera said.***

Dr Alexis Bisangwa, a senior psychiatric expert in Uganda, agreed with Mungherera, saying, “It (homosexuality) is not there anymore,” referring to the International DSM.

In Ugandan government hospitals, the units within the Departments of Psychiatry and Mental Health are run by psychiatrists, medical sociologists, social workers, clinical psychologists, psychiatric clinical officers, nursing officers, medical health assistants and other support staff.

They collaborate closely with the Butabika Mental Hospital and other institutes, including the Institute of Psychology and Makerere University Institute of Social Research.

The survey found that many health workers apply their personal values – religious, cultural or traditional. When treating homosexual people in health centres, contrary to the code of ethics that emphasises non-discrimination.

***Junic Wandya, former Freedom and Roam Uganda (FARUG) project coordinator said, “This is fuelling self-medication, especially among transgender people who are stigmatised because of their physical appearance. Uganda’s health system***





*needs to treat lesbians and MSM with dignity; and gay people need to be able to divulge the history of their ailments to the health workers without fear of reprisal, ridicule or arrest."*

Evidence demonstrates that the elevated risk of mental ill-health and suicidality among LGBT communities is related to sexuality, gender identity or intersex characteristics in and of themselves. This is due to the psychological distress that can occur as a result of experiences of discrimination, prejudice, abuse and exclusion in relation to their LGBT identity, experience or history. Adequate responses are needed in terms of policy and programmes.

Although international research gives rise to significant concern regarding mental health and suicidal behaviours among LGBT people, important knowledge gaps remain. This is caused by the lack of data: exclusion of standardised questions regarding sex, gender, gender identity, sexuality, relationship status, and intersex status in general population research, and insufficient data collected by mental health services about their service users.

As data informs evidence-based policy, this exclusion leads to inaccuracy in reporting and significantly underestimates the issues, leaving LGBT populations relatively invisible in mental health and suicide prevention policies, strategies and programmes. Icebreakers Uganda and partners will continue to collect data for future research.

The Ministry of Health Uganda has some evidence on the Sexual Reproductive Health and Rights (SRHR) and HIV services of key populations, especially MSM and transgender groups. While this data is valuable, it may not be representative of the population, and may have a limited ability to provide a comprehensive data set for analysis. The data does not present a holistic picture of LGBT people in Uganda. This makes it difficult to consider how sexuality, intersex variations, gender and other social determinants intersect with other minority populations who are affected by cultural perceptions, disability, and religious faith.

## A Strategic Focus on Mental Illness and Suicide

While certain mental illnesses are associated to some degree with suicidal behaviour, not all people who are vulnerable to suicide experience mental illness, and not all people who experience mental illness will be at risk of suicide.

Although it is not possible to explain suicide as a result of mental illness, mental illness is a significant risk factor. This is also true for LGBT people.

Mental health and suicide prevention are sometimes served under separate







strategies that provide targeted and separate initiatives. However, since mental illness and suicidal behaviour are strongly linked and impacted by a shared range of social and economic circumstances, it is important to consider shared solutions for overlapping risk areas. These risks can include responses to stressful life events, unemployment or underemployment, insecure housing, chronic illness, alcohol and substance abuse, and past experiences of trauma or abuse, relationship issues, and the comorbidity of many of these factors.

## I tried to kill myself with a bottle of pills

*"Fact of the matter is, I trusted no one. Looking back, I guess how could I? From the time my parents chased me away, to the time the person who was giving me shelter raped me, to the time I was used by guys because I did not have a place to stay from one place to another. The feeling of not trusting anyone and wanting to be alone led me to a deep depression and anxiety disorder where I was scared of my own shadow and people touching me, because I would only feel like they need something from me like sex or money, but mostly sex. But I thank God, slowly I have started trusting again thanks to my psychiatrist. Not all people you know are evil or want something from you." Anonymous*

A compounding factor for risks to LGBT people and communities is their experiences of stigma, prejudice, discrimination, abuse, violence, isolation and exclusion. The expectation and fear that these experiences may happen at any time creates a hostile and stressful social environment that impacts on mental well-being, and is often described as Minority Stress. There is evidence that such experiences, in conjunction with existing predisposing risk factors, result in a heightened vulnerability to various mental health issues, specifically depression and anxiety, as well as an elevated risk for suicidal ideation and behaviours.

A holistic strategy would also consider the role that other sectors play in improving mental health and reducing suicide for LGBT populations, including LGBT organisations and general health service providers working with physical health, sexual health, drug and alcohol abuse, and domestic and family violence.

## My turning point

*"I started getting paranoid over small issues and I'd spend the whole night awake thinking about something. In the morning I'd be okay, which always left me wondering why I lost sleep. It started off very subtly until I got paranoid about everything, like where I ate, what I ate, to an extent that where I got served food I wasn't feeling secure about, I'd not eat. This really affected my health and I ended up with stomach ulcers and my blood pressure was alarmingly high. I used to think that homophobic people or the state would attack me and I would check the doors*





Frank  
Mugisha

*for almost 10 minutes in one night. I would sleep with lamps under my bed because I thought there were things under my bed that could harm me. I was like a child. I remember that I got a visa to travel one day, but I couldn't bring myself to travel, so I cancelled.*

*Some of it was to do with work I'm doing, where one faces so many obstacles. Sometimes, I want to reach out to friends I went to school with so they can positively influence my life and the work I do. I can't, because I'm stigmatised. Most of us came into this community because we needed a new family. Then you discover that people are facing their own challenges. When I go for advocacy meetings, especially when I have to face people that change the policies in this country, I meet with homophobic people. Just the way they look at someone makes one feel unworthy.*

*My turning point came when a fellow human rights defender shared a story similar to mine. They shared their story with me. It was similar to my experience and it was when I saw a therapist. At first it felt like she wasn't helpful because like many people I thought I couldn't get help through a therapist. She then took me to an outside office setting. We would go for lunch or coffee and she would listen to my problems. That was when she decided to deal with my physical health first. Blood pressure issues reduced and I was eating and sleeping again. When that was dealt with, I felt more comfortable and started my journey to well-being." Frank Mugisha, Executive director of SMUG*

### Difference between mental health and mental illness

The World Health Organization (WHO) famously says, "There is no health without mental health." In the course of a lifetime, not all people will experience a mental illness, but everyone will struggle or have a challenge with their mental well-being (i.e. their mental health) just as we all have challenges with our physical well-being from time to time.

According to the American Psychiatric Association (APA), mental health involves effective functioning in daily activities, resulting in productive activities (work, school, caregiving), healthy relationships and the ability to adapt to change and cope with adversity. It refers to our emotions, our thoughts and feelings, our ability to solve problems and overcome difficulties, our social connections, and our understanding of the world around us.

On the other hand, mental illness refers collectively to all diagnosable mental disorders –health conditions involving significant changes in thinking, emotion





and/or behaviour, and distress and/or problems functioning in social, work or family activities. There are different kinds of mental illnesses, and they have different symptoms that impact people's lives in different ways.

*"Mental health is when you are mentally healthy, whereby you are functioning well in the day to day of your life, while mental illness is when you are diagnosed with a disorder which can be treated." Trevor, aged 26 (during a focus group discussion).*

According to the National Alliance on Mental Illness (NAMI), the risk of a mental health condition, such as depression, anxiety disorders, or post-traumatic stress disorder, is almost three times as high for youth and adults who identify as LGBT.

There are 300 million people who suffer from depression worldwide, according to WHO. In Uganda, a research study, "The prevalence of depression in two districts of Uganda," conducted in January 2005, found that as many as up to one in six inhabitants in two districts, Adjumani and Bugiri, showed signs of depression. That is every sixth person around you. And it is a growing problem. By 2020, WHO predicts that depression will be the second leading cause of world disability; and by 2030, it is expected to be the largest contributor to disease burden in the world.

While individuals from the LGBT community are likely to experience a mental health condition at three times the rate, the chances of suffering from a major depression are twice as high as that of the general population.

## I battled depression for two years

*"As LGBT populations, our entire life is characterised by depression, loneliness, being lost and living in fear. All these factors cause mental breakdown. I battled depression for two years because of my sexuality, and before I sought professional help, I was always confused over whether it's right or wrong, if am normal, and what society thought of me.*

*Depression is more than just feeling a bit down for a few days. People who constantly feel moody, upset, unsatisfied and unhappy must not hesitate to visit a psychologist and receive regular treatment for as long as needed. Depression can cause physical symptoms such as headaches, sleeplessness and constant tiredness which may last for months and months.*

*People with depression can also feel anxious, become irritable as much as they are irritated and agitated every day. But it affects everyone differently and only in rare*





*cases is it a reason for violence against others. If people admit their symptoms and talk to someone about their feelings, those suffering depression can get the help they need. The biggest barrier to getting help is stigma, arising from the fear of disclosing mental health problems.”Banji, community member*

According to a report by Men of the Night Uganda, Fem Alliance Uganda, Transgender Equality Uganda and Defenders’ Protection Initiative, poor physical and mental health have been associated with Intimate Partner Violence (IPV). The perpetration and experience of IPV can lead to mental health issues such as depression or post-traumatic stress disorder (PTSD), that may leave MSM and Transgender persons with suicidal and isolationist tendencies. In their first research report on “Prevalence of Intimate Partner Violence (IPV) Among LBTQ/ WSW Persons in Uganda,” published December 14, 2018, Fem Alliance Uganda revealed that people generally only understand IPV in the heteronormative context. This leaves a gap regarding gender and sexual minorities.

According to an article by Kuchu times, published in 2019, there is a misconception that IPV does not occur in same sex relationships/partnerships especially within LBQ/women having sex with women (WSW). However, it is undeniable. According to the study mentioned above, 61 respondents in Kampala, Malaba and Mbale (46%) reported that in the previous year they have felt low enough to attempt to take their lives because of IPV. This is a very high incidence of suicidal thoughts for a relatively small community. It can be attributed to having experienced IPV, as well as the daily frustrations of living as an LBTQ/WSW in a society that is not accepting. Both those who have experienced IPV, and those who have not are susceptible.

## Objective of mental health research or study within the LGBT community in Uganda

Little is known about current experiences of LGBT and queer people in relation to mental health services. Therefore, the aim of the research was to explore LGBT people’s experiences of mental health issues and service provision in Uganda, with the objective to identify barriers and opportunities, to highlight service gaps, and to identify good practice in addressing the mental health and well-being of LGBT people.





## METHODOLOGY

A mixed methods research design was deployed, using literature review, one-on-one interviews, focus group discussion and interview questionnaires, both quantitative and qualitative approaches. The research elicited 251 respondents who agreed to participate. Respondents included LGBT persons, those out and those still in the closet, activists, health providers, psychiatrists, family and friends. Twenty-two family members, (13 female and nine male) were reached in one-on-one interviews, as well as 30 friends (18 female and 12 male); and 15 health providers from different institutions were also reached through one-on-one interviews, where they answered questionnaires and online calls.

Two focus group discussions were conducted with LGBT persons. Each group had 20 participants, which made a total of 40 participants.

Twelve LGBT activists were reached through one-on-one interviews; 38 LGBT in the closet between the ages of 20 and 40 through one-on-one interviews online and offline; and 94 LGBT who are out within the community, and 21 to their families and friends in Uganda, were reached in the same way.

Over 15% of all participants interviewed had received a psychiatric diagnosis. Findings include that while 14% of respondents were able to be 'out' to practitioners, 32% felt that mental health professionals lacked knowledge about LGBT issues and 39% felt practitioners were unresponsive to their needs.

This report is based on in-depth interviews conducted by Icebreakers Uganda's Programs Director/Researcher, from November 2016 to August 2018 in Uganda. They took place mainly in Kampala, Hoima, Mbarara, Jinja, Mukono, Kasese, Masaka and Bushenyi districts. The research involved LGBT persons, health providers, family and friends of the LGBT persons and those who are not.

All those interviewed agreed to have their stories documented after researchers gained informed consent. Because interviewees from the LGBT community can face discrimination, extreme social stigma or being attacked for speaking out, we have used pseudonyms to protect their identities and ensure their safety. Interviewees did not receive compensation for participating in this study.

All interviews were conducted in English or Luganda. Some interviews were audio-recorded for accuracy and transcribed afterwards in detail. The researcher also made notes. Some participants sent in their written stories; others phoned in.





Efforts were made to verify all testimonies of mental health documented in this report. Verification interviews were conducted with friends or family present to give their friends or children an opportunity to talk about their experiences with mental health.

In addition, some friends or family were interviewed and willing to have their views published in this report. Due to limited funding, we were not able to reach all age groups, nor all districts of Uganda, and not all stories collected are published here. The research findings collected in this report led to the birth of the #SeeTheInvisible campaign ([www.seetheinvisible.ug](http://www.seetheinvisible.ug)) and project, coordinated by Icebreakers Uganda and Sexual Minorities Uganda.







## RESEARCH FINDINGS

### Demographics

Among the 184 LGBT respondents who were reached through one-on-one interviews and focus group discussion, 31 were lesbian, 63 were gay and 43 were bisexual (17 female and 26 male). There were 28 transgender people, 11 Trans men and 17 Trans women. Nineteen participants were not sure or not ready to apply a label to themselves, and they represented themselves as queer.

 **31**  
LESBIAN

 **63**  
GAY

 **43**  
BISEXUAL

 **28**  
TRANSGENDER

 **19**  
QUEER

Figure 1 Graph showing LGBT persons reached in the research

This research confirms that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Stigma and discrimination against LGBT persons have been associated with high rates of psychiatric disorders, substance abuse, and suicide.

Personal situations and social acceptance of sexual orientation and gender identity affect the mental health and personal safety of LGBT individuals.



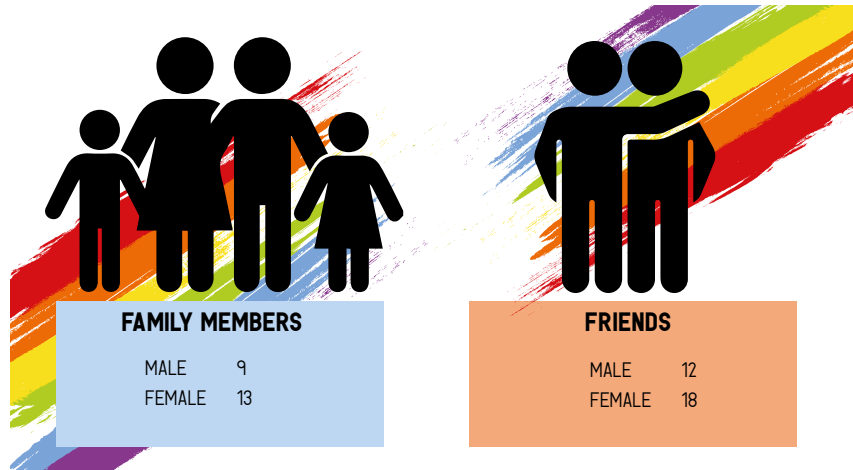


Figure 1 Graph showing LGBT persons reached in the research

The graph shows family members and friends of the LGBT persons and those who are not related to them. Twenty-two family members were reached: 13 female (which included six mothers, four sisters, two aunts and one female cousin-sister) and nine males (including three fathers, one uncle and five brothers). Thirty friends were reached, of whom 18 were female and 12 male. Female family members and friends appeared to be more understanding and to compromise more than males when their LGBT children, brothers, sisters, or friends come out to them or get outed.

### **My mother called me mad because I am**

*"I am gay; suffer from anxiety and depression, which have worsened over the last two years. I have become a loner, I cannot stand other people around me, so that even when I go out to the club or the bar with my friends, I would rather sit by the bar alone or feel like leaving in the first 10 minutes.*

*These episodes started when my mom checked through my phone and read my private texts of different guys (men) chatting with me, some rather intimately. She cursed me, saying I will never be happy and that apart from being the worst kind of sinner, that I am mad for doing 'such things'. She could not bring herself to saying what things. "Anonymous*





## PREVALENCE

Compared to people that identify as heterosexual, LGBT individuals are three times more likely to experience a mental health condition.

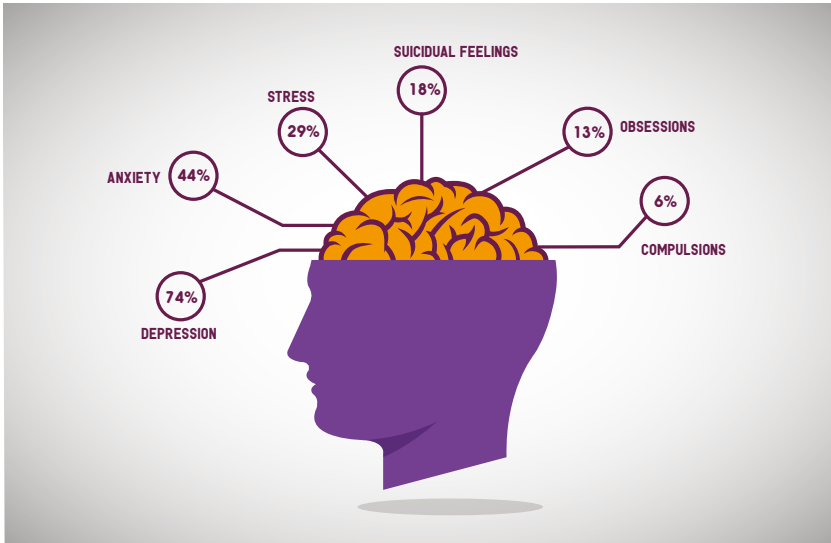


Figure 3 Common mental illnesses

This pie chart shows findings from respondents on the most common mental illnesses affecting the LGBT community in Uganda.

Depression: 74 participants (40%); anxiety: 44 participants (24%); stress: 29 participants (16%); suicidal thoughts: 18 participants (10%); obsessions: 13 participants (7%); and compulsions: six participants (3%).

### Depression

*"It's [depression] an issue for lots of people. People I work with that aren't gay are suffering from depression, but I think it's made even more difficult if you're gay because I think your sexuality is part of your make-up. To struggle with that is like struggling without a kidney. I think your sexuality is a very important part of your life and if you're not comfortable with it you can struggle with it all your life." Gay man, aged 46*

### Depression

Of the in-depth interview participants, 40% reported having experienced feelings of depression at some point in their lives; 15% felt down or depressed in the past





12 months, and 20% reported having felt depressed in the previous 30 days. Of the sample, 25% had taken medication prescribed by a doctor for the treatment of anxiety or depression at some stage; 8% were currently taking such medications.

### Relationship between depression and LGBT identification

Of the in-depth interview participants, 40% attributed the experience of depression directly to social and/or personal challenges connected with their LGBT identity. They identified a range of psychological and external stressors which contributed to their psychological distress, including the stigma that LGBT people experience, their lack of integration within the community, their social isolation and problems of self-acceptance. They also experienced low levels of, and/or limited access to, formal or informal mechanisms of social and psychological support. Participants who experienced homophobic bullying or other forms of victimisation were particularly susceptible to depression.

*"I didn't see that coming. I knew something wasn't right, but I just didn't know what it was. My own prejudices flew to the surface. I don't want this thing! I don't want to worry about medication or mood swings." Silvia, aged 23*

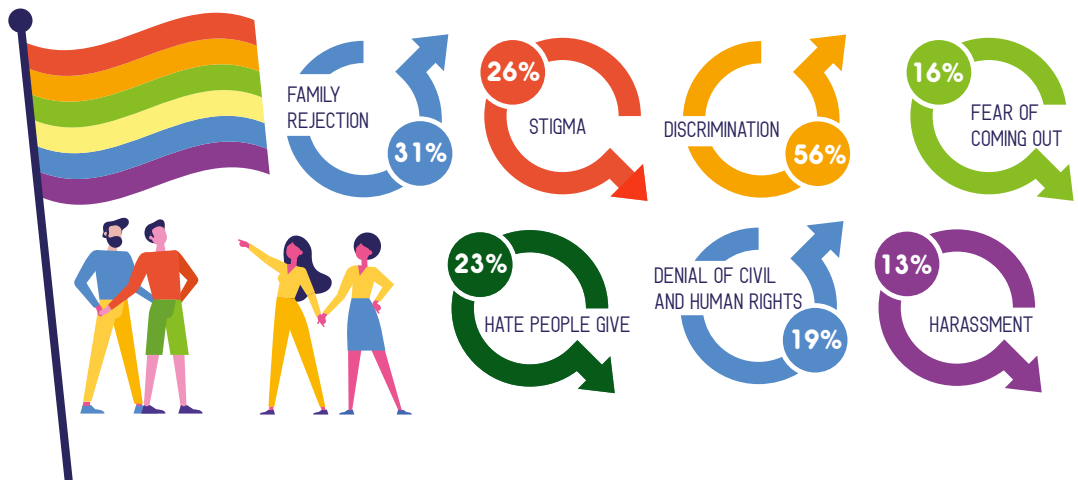


Figure 4 Causes of mental health issues

This graph shows the findings of the causes of mental health issues within the LGBT community who were interviewed.

The leading cause of mental health issues is discrimination (30%), followed by family rejection (17%), stigma (14%), hate people give (13%), denial of civil and human rights (10%), fear of coming out (9%) and harassment (7%).





### One of the lucky ones

*"I reached out after reading Dr Frank Mugisha's post on Facebook concerning depression. I too went through the same; in fact I'm still going through it, though am one of the lucky ones who survived suicidal tendencies. I am glad to be at a point where I can seek help without fearing stigmatisation. I feel like I can help others too who are going through depression because of the persecution we face."*

Susan

## Self-harm and Suicide

Self-harm, also known as self-injury, is defined as the intentional, direct injuring of body tissue, done without the intent to commit suicide; whereas suicide is the act of intentionally causing one's own death. According to the website of the NAMI, worldwide LGBT youth are four times more likely to attempt suicide, experience suicidal thoughts, and engage in self-harm, compared to youths that are heterosexual.

### Self-harm amongst participants

In-depth interview participants indicated they had self-harmed at least once in their life. However, the proportion of participants who had harmed themselves intentionally in the recent past was relatively low. Findings indicate that 7% had harmed themselves intentionally within the previous 12 months, while 3% had self-harmed within the last thirty days. Among those who had self-harmed, some also reported having attempted suicide on at least one occasion.

**Age:** The average reported age of onset of self-harm was 15–30 years. It tended to coincide with a difficult period during adolescence, often linked to the personal struggle of coming to terms with one's sexuality.

**Gender:** According to gender, female and transgender women respondents were almost twice as likely to have self-harmed as males. Almost 30% females reported having self-harmed at some point, compared to 21% males.

### Relationship between self-harm and LGBT identification

In-depth interview participants linked their self-harm behaviour to a range of emotions and psychological states, including feeling alone and different, feeling attacked, feeling silenced and angry, and to feelings of anxiety related to perceived rejection on the part of parents, peers and others. For many of those who self-harmed, the onset of self-injurious behaviour coincided with a particularly difficult or painful period linked to the personal struggle of coming





to terms with their sexual orientation or gender identity. These findings strongly suggest that self-harm was a coping response to social contexts characterised by invalidation, and the experience of being judged as different or in some way unacceptable.

### **My story, my scars**

*"I can see the expression on people's faces when they see the scars on my arms—the clearly self-inflicted scars. There is a moment of shock, then immediately, a recoil, instantly looking away—so they don't seem like they were staring. It used to bother me. But I have come to accept these scars; they don't define me. They are battle scars, a small piece of my story; the lasting result of a disease that nobody can see and often very few can understand.*

*I've battled with anxiety for as long as I can remember. I can't remember what made me decide to cut myself. I remember watching a story about a girl who cut herself to feel happy. Well, I bet because her story felt relatable, because I was fighting similar demons and going through similar experiences, I sought the same solution. I thought maybe self-inflicted harm would help me heal from the pain I was already facing, especially to forget I was raped. So, I tried it, and it provided a couple of minutes of relief. It became my secret. This continued until my best friend found out. She encouraged me to stop. I did . . . for some time. Over a period of a year I quit, but relapsed again, feeling like a disappointment.*

*Eventually, I developed to the point where my anxiety attacks were daily, in fact, multiple times every day. It was time to seek help because I could no longer function. This was scary to me! I felt like a 'crazy' person going to see a psychiatrist. We were always told 'only crazy people see psychiatrists.' The psychiatrist helped me realise that this, whatever I was going through, wasn't my fault. I learned to accept this over time and finally, after a lot of trial and error, we figured out medications that worked for me. I can't even describe the freeing feeling of being able to do what I want, being back in control of my life, my decisions and my actions. I can work, leave the house, go to the shops and do my own shopping. . . I know this may not last and that I might relapse, but I am happy in the place I am and I will FIGHT my hardest to evade and avoid those relapses, because the road I am on now is so much better than the one I left behind." Anonymous*

### **Suicide attempts**

The interviews revealed that 4% of respondents attempted suicide at least once or twice in their lifetime. Transgender people and gay men specifically stated that







they had had thoughts of attempting suicide because of rejections from family and their partners (LGBT relationships).

### **My worst moments**

*"When my partner left me for another, I attempted three times to take my life because there is nothing more painful [than] when the person you love breaks up with you, where you have been depending on him for all and everything; and my worst moments were when he used to bring in guys and have sex with them when I was there because I didn't have a place to go. Sometimes I felt like burning him with his boys." Nasser, aged 20*

**Age:** The average age of first attempted suicide amongst respondents was 20 years. All interviewees aged 25-30 at the time of the research admitted at some time having given serious consideration to ending their lives, while just under 4% reported having attempted suicide.

**Gender:** According to the findings, 10% (11/106) of males and transgender women, and 12% (10/78) of females and transgender men had attempted suicide at least once in their lifetime.

In total, 21 people out of 184 had attempted suicide. Within this group, a higher proportion of those identifying as transgender people (11) had attempted suicide than those who identified as gays (two), lesbian (two) and bisexual (seven). All who identified as transgender people (28 out of 184, 15%) indicated they had attempted suicide at least once; most had tried to take their lives on more than one occasion.

### **Is suicide a selfish act? Recovery after my partner took his own life**

*"Today, for the first time since my partner \*Jeff died by his own hand in 2014, someone said directly to me: "Suicide is a selfish act." I was not angry or insulted, but rather very sad that people still believe this to be true. If anything, in the mind of the one who takes their own life, it's a selfless act. In Jeff's case, in his writings and the discussions he had with me before he died, he indicated that he felt he was a burden to those who loved him. In his suffering mind, Jeff felt we would all be better off without him.*

*Based on my experience with Jeff, I believe his mind was so tortured and he was suffering deep mental pain; he was not thinking rationally when he took his own life. That is not what I would call selfish. Jeff was the kindest, most giving and thoughtful man I have ever known, and he would never do anything to intentionally hurt anyone. As human beings, it is difficult for us to relate to mental pain and*





*empathise with what someone so afflicted is feeling. I believe this is one of the reasons that suicide is so stigmatised and misunderstood. Most of us can easily understand physical pain, since at some point or another in our lives, we have experienced some form of it. I suffered depression in the months after Jeff died and believe it was in no way even close to what Jeff must have felt suffering from depression. The despair and hopelessness I felt were so tortuous, I can't even imagine what Jeff was going through in his final days. A few weeks before he died, Jeff told me he was so afraid. He could not (or would not) share with me what he was afraid of. Only now do I realise how much he must have been suffering. "Jeff's BF*

### Relationship between suicidality and LGBT identification

Of those interviewed, 11% of the LGBT participants had attempted suicide more than once, suggesting that LGBT people have a higher risk for suicidality.

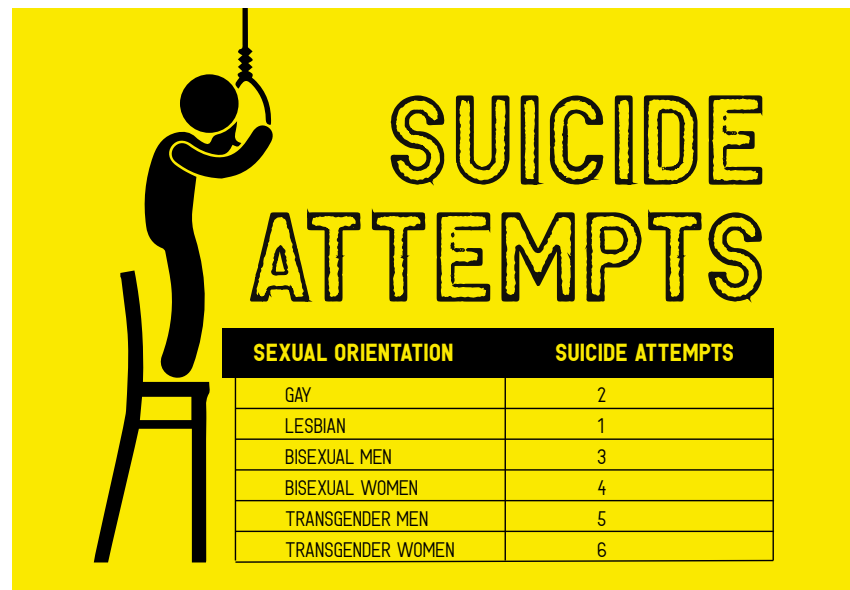


Figure 5 Suicide attempts

Findings revealed that 21 research participants who had planned, and/or attempted suicide related their suicidality directly (although typically not exclusively) to their LGBT identity, and a range of experiences or feelings associated with it. Almost half of research participants who had ever attempted suicide viewed their first suicide attempt as 'very much related' to their LGBT identity. As such, suicidal distress amongst LGBT can be understood as a direct response to institutionalised discriminatory and homophobic beliefs and





practices they encounter in several social institutions and settings, such as family, school, and the workplace.

### **Mental Illness almost cost me my life, but it cost me my love**

*"I tried to take my own life a month ago.*

*I had a great guy within my reach, he loved me, that I know, but I lost him because I allowed my mental illness to control my actions, my thoughts and my decisions.*

*I allowed my fears to shove him away, and that is what I hate most about this sickness; how it has affected my personal relationships. "Those I care about seem to be dropping like flies, that is all I can think about now -- who's next? Who will I turn away next? Who will leave again?"*

*Through the worst of these momentary thoughts of suicide, I had a friend who understood me and cared enough to listen and counsel me. I thank God I didn't go through with it. What is sad though is that I have almost drowned back into that deep hole and I am afraid that I can – I might do it again.*

*I was recently diagnosed with antisocial personality disorder, which means that I am incapable of having feelings towards other people aside from the close core of people that I consider closest to my heart. Regardless of how those other people feel about me, my feelings for any emotional connection with them are extremely blunted and muted.*

*One of my greatest fears is of ending up alone. I distress over the fact that with this new diagnosis, along with its symptoms, I'll never have a solid relationship and will die alone. The thought has toyed with my psychology and got me so down over the past few months. It triggered a major depressive episode which forces me to sleep a little too much. It is as though shutting out the rest of the world gives me peace, but I wake up to my sadness again. "By Love*

### **Alcohol abuse**

Forty-nine percent of LGBT individuals interviewed confirmed that they abused substances (alcohol and others). Among them, 29% of LGBT individuals interviewed abuse alcohol, compared to five to 10% of the general population. Findings from the countrywide non-communicable diseases risk factor cross-sectional survey done by Global Health Action in 2016, show that the level of alcohol use among adults in Uganda is high and 9.8% of the adult population has an alcohol-use-related disorder.





### **Drugs and depression can be lovers**

*"I am a drug user. I mostly use marijuana and sometimes I have taken prescribed drugs. Many times, I have experienced paranoia, panic, antisocial personality disorder. I have felt crazy, always desired to be alone. I felt unloved, even by myself and other people. The trust issues that come with it, the emotional breakdown and at its worst the suicidal thoughts I had were equally aggravated by the drug use. The reasons for my drug use are basically depression, stress, financial constraints and of course, the pleasurable feeling and the high when you take the drugs.*

### **How I have dealt with it**

*I have sought group therapy and I pledged to surround myself with positivity. I resist anyone who says negative things that make me feel bad about myself. By devoting myself to volunteer work in my neighbourhood where I feel like I am contributing to make another person's life better, I know I am making the world a better place. I sometimes go to the bodaboda (motorbike) stage and teach the guys about condom use. I give out food stuffs to impoverished children... this keeps my mind busy and focused on good things.*

*In fact, keeping my self-esteem in check removes any doubt that comes with depression. I do this by learning to love myself before others. This is ideally why I will take the drugs. It's the only escape from reality, human betrayals, my release from thoughts of friends that I have lost. . . with the drugs you will not feel empty, but in the end, once I abuse the drugs, I am led to a mental breakdown. So, I push myself to do more positive things like reading self-help books; for example, one by 'Stephen R Covey, 'The 7 habits of highly effective people'. One interesting area in the book is where he talks about people and he says, 'people are inherently capable to aspire to greatness and have the power to choose.' These readings give you moral support and the zeal to rise up, get back up and do better, be better.*

*In conclusion, I would like to encourage everyone who is going through the same or has gone through it, to be positive and remember the world is a better place with you in it; therefore, contemplating suicide because the mind convinces you it's the only way out is wrong. Listen to the voice within, that little voice is powerful, listen to it and do better with yourself." Anonymous, lesbian, aged 28*

Members of the LGBT community report, on average, higher rates of binge drinking and heavy weekly drinking than those who identify as heterosexual. Both binge drinking and heavy drinking may, over time, contribute to the development of alcoholism and substance abuse. Ninety LGBT respondents pointed out that their substance and alcohol consumption was strongly associated with a felt need





to 'mask' distressing emotional states and that some used alcohol as a coping mechanism or a form of self-medication.

*"I have used substances in the past to try to deaden the pain. Sometimes this has been a direct action after suffering as a gender minority and being treated as if I do not have value." Chris, bisexual, age 32*

*"There was a lot going on and I was confused about my sexuality. And not knowing how to express it, it's very destructive. And you know, the distress carried on into my early twenties. And to be honest, for a couple of years, about 23, 24, a lot of it was just being masked by alcohol abuse. So a lot of people thought it was just student high thing, whereas I was blotting out how I actually felt. That was not a pleasant time for me." Edmor, aged 26*

In the research, more members of the LGBT community than heterosexual people confirmed that they were daily smokers; 36 responses suggested that this too was a coping mechanism.

*"I had never smoked cigarettes – I specifically started smoking in the hopes that I would forget what is happening to me, but smoking cigarettes did not help, so I started smoking "enjaga" (marijuana)." \*Anonymous, gay, aged 26*

## Insomnia

Sleep plays a part in healthy brain function, helps us emotionally to cope with day-to-day stresses, and keeps our heart, blood pressure, blood sugar and weight healthy.

During the research, we found some troubling results when we looked at day-to-day concerns, such as sleep issues, and feelings of hopelessness and depression. Twenty LGBT community members had challenges of insomnia, which resulted in feelings of depression and hopelessness.

*"Not sleeping has been an issue in my life where sometimes I force myself to take sleeping pills so that I can be able to sleep at night and in that process, I got addicted." Josh, gay man, 23*

## Seeking help

More than one in five LGBT individuals reported withholding information about their sexual practices from their doctor or another health care professional. Nearly 30% of transgender individuals reported postponing or avoiding mental health care when they did not feel well, especially those who are on hormones.





Twenty interviewees mentioned this was caused by discrimination and disrespect shown by health providers.

*"Such people need help because no one is born homosexual; they should seek help before it's too late." Psychiatrist, Butabika National Referral Hospital*



Figure 6 Out of 184 LGBT people, 156 did not know where to go for mental health services

There is a need to create or find mental health centres which are LGBT friendly and offer free or affordable services to the LGBT community.

Among 15 health providers interviewed, six were supportive because of the work and interactions they have with LGBT persons; two of them have LGBT persons as clients who have become friends.

*"Never please anyone to make them happy at your mental health expense; many LGBT persons are dying in silence because they are trying to please their families and friends to like them instead of liking themselves first and this leads to depression, anxiety and suicidal thoughts." Psychiatrist, International Medical Centre.*

*"We are all born to love different, so there is no need to make one feel less human."  
"Well, my current doctor didn't really understand what I was trying to say, and I was trying to be discreet about it, not because I felt ashamed ... And in the end, I had to, you know, just say it very clearly, 'Look my partner is female, you don't seem to be*







*picking up on that. I'm sexually attracted to women'. And so, you know, he was a bit shocked ..."*Jennifer, lesbian, aged 29

Among the 22 family members who were interviewed, nine were supportive of their LGBT relatives and three of them were a supporting anchor to their LGBT family members during hard times. The remaining participants were not supportive when it came to their views towards LGBT persons or having a gay family member.

*"When I got to know my sister, she was a lesbian, I stopped socialising and talking with her and I don't let her to come near my kids because I know she will spread her lesbians to my kids."*John, aged 41

The nine who were supportive were between the ages of 18 and 25, and 26 to 30, which shows that the younger generation is generally more understanding than the older generation because of their religious and cultural beliefs.

### ***I already knew***

*"I remember when my big brother came out to me; he was scared that I will never love him the same, but to his surprise, I told him I already knew and was waiting for him to tell me. Then I asked him why he took so long to tell me, and he told me, not telling me it was eating him day by day, and sometimes it would give him sleepless nights."*Milcah, aged 26

Among 30 heterosexual people interviewed, 16 of them were supportive of the LGBT community and any LGBT friends. And others were negative towards the LGBT community.

*"My ex-friend told my friends I was gay after checking my phone texts during one of those crazy nights in Kampala bars and this stopped them from going out with me."*Anonymous, aged 21

*"My friends hacked my twitter account to get to know if I was gay, and after getting to know, they shared and preached me in our WhatsApp group that there was still time to change; this forced me to block them."*Anonymous, aged 26

*"My best friend is gay, and he is the most kindest person I have ever met in my life, although sometimes I feel bad when people say that we use them to get men, or because they are easy persons to be around at."*Jana, aged 23, Makerere University student





Regarding social support, emotional support, and their overall lives, just 20% of the LGBT community members reported that they were supported by friends, family members and health providers. This contrasts with 80% who were not supported by friends and family regarding their sexuality. There respondents who noted a lack of support from their friends, family members and health care providers often reported being isolated due to being misunderstood or even feared by others.

*"Every time NTV Uganda showed or aired news about homosexuality, my parents' faces would change and say negative things like if I found out my son or daughter is homosexual, I don't know what I would do." Alfred, bisexual man, aged 24*

*"Since coming out as transgender woman, I have lost nearly every friend I have ever had; most of my family no longer speaks to me . . ." Anonymous, transgender woman, aged 20*

Although many experienced stigma and discrimination from the public, some found great value in constructing personal networks of support with others in the LGBT community. Thanks to the safe space available at different LGBT organisations, such as Icebreakers Uganda, Freedom and Roam Uganda, or Transgender Equality Uganda, LGBT community members can come and express themselves with other LGBT members.

*"I'm fortunate to have a place where I can go and express myself without being discriminated of who I am at IBU, which is very LGBT-friendly ... I think LGBT communities are more accepting and less judgmental about it." Jackson, gay, aged 29*

*"Being around transgender people who understand me has been the single most important factor in reducing my isolation. Many transgender people are able to relate to me in ways that my health care providers and family members don't." D, transgender man, aged 27*

### **Financial issues also play a role:**

*"In the past, I often had trouble sleeping due to Post Traumatic Stress Disorder (PTSD)-related nightmares, but therapy helped and now I sleep quite well, although sometimes I have a challenge of consultation fee (50,000 UGX per session)." Anonymous, lesbian, aged 22*

### **The following shows the importance of role models:**

*"Being unable to construct my own identity because there were no voices I could*





*relate to is probably one of the primary factors for my mental health struggles.*

*"Rebecca, bisexual woman, aged 41*

## Accessibility of mental health services

More than half of all LGBT respondents reported that they have faced cases of providers denying care, using harsh language, or blaming the patient's sexual orientation or gender identity as the cause of an illness. This has prevented many LGBT people in Uganda from accessing services. Transgender people reported specific barriers to health care, including difficulty in obtaining the information they need to access appropriate services, and fears about confidentiality.

*"When I came out to my psychiatrist that I was gay during one of our sessions because he kept on asking me if I had a girlfriend, and when I did, he replied, Son, the issue you are not feeling well or not getting well is that homosexuality is a mental illness, but I will be able to treat you. I just stepped out." \*Ben, aged 27*

*"I would be able to offer mental health services to the LGB persons but not the transgender people because they attract public attention," said a doctor. As a researcher who was doing the research, I felt completely bad how people chose whom to treat according to the way people present themselves, without knowing we all struggle the same." Herbert, the author*

The financial costs to access mental health services are also a source of stress because every session costs more than 50,000 UGX (14USD).

In December 2017, after the launch of #SeeTheInvisible campaign, many LGBT persons started coming out to seek mental health support and share their stories with the rest of the LGBT community. It led to the development of mental health group sessions within IBU, which take place in the last week of every month. They engage health providers in line with mental health services to offer mental health group sessions. As a result, some health providers started collaborating to offer free group mental health therapy. Yet, we still have a big gap in that field because one-on-one sessions usually need consultation fees.

Furthermore, most mental health service providers are not fully sensitised and knowledgeable on LGBT issues.

*"We would like to offer services to the LGBT persons, but we have a challenge that some or all of our health providers at national mental referral hospitals are not knowledgeable about LGBT issues and others have their personal and cultural beliefs. This type of thinking can affect the clients who come in to access*





*a service. Instead of taking a service, a client will take other issues from the hospital.* *—\*Doctor at Butabika, National Referral Hospital*

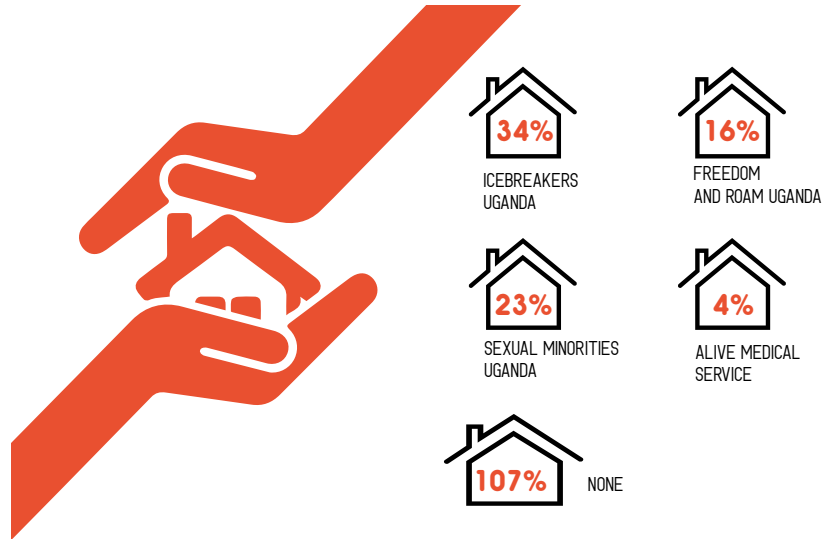


Figure 7 Access to mental health services

The graph shows the number of people who access mental health services from different institutions. Many LGBT persons do not know where they can access mental health services. The few who do know access mental health information and services needed from IBU, SMUG, FARUG, and AMS.

## Treatment Issues

When it comes to mental health treatment in Uganda, it is expensive in terms of consultation fees and medication. Usually, the consultation fee to see a specialist ranges from 50,000 UGX (14USD) to 100,000 UGX apart from medication, which can be more than 100,000 UGX (28USD). Few LGBT persons can access those services, leaving those at the grass root levels unable to access treatment needed for them to live better lives.

Although some general public hospitals provide free consultation, they have limited stocks of medical drugs to offer. These need to be purchased by the client in private pharmacies. Also, the attitude of health providers in those hospitals can be negative, especially if they get to know that you are an LGBT person.





### Depression in the workplace

*"As an employer, I would encourage teamwork and social interaction, doing away with boss-junior relationship things. Opening space for one on one interaction with individual staff, and collective staff discussion on the topic could be some ways to approach and address depression in the workplace. It is important to encourage openness. As employers we always say, 'when you are going through something please feel free to come to me,' but most employers do not create that safe environment for their employees to confide in them. It has to be a practice of an organization whether in structure or policies to enable staff to speak out freely. Where it is not a culture in the employment setting, employees would rather keep their depression to themselves.*

An employer has to be flexible when it comes to time. Let's say we are closing work at 2:00pm; some will want to stay longer because they have issues at home. I should be willing to accommodate you as your employer and let you stay on, especially if it doesn't pose any security risks. An employer should also emphasise and grant leave days. There are employees who are workaholics who make you think they just love working; yet they are going through depression and they're trying to cope.

The other thing is to have a resident counsellor offering individual and group sharing sessions. Because of the nature of our work we cannot avoid breakdown of any kind. The issue of confidentiality is very important, so in extreme cases we should encourage our employees to get counselling.

*I've also noticed that in some of these workplaces and social settings, people throw around, 'don't depress me,' a lot. The word depression is being thrown around loosely, which tones down the meaning and takes away the attention that it needs to be given."*

### The reality about counselling for LGBTIQ persons in Uganda

*"I am a trained counsellor and I do my very best to adhere to the core values of counselling. The key thing is to be congruent with the client, unconditional positive regard and empathy, plus preserving confidentiality. Counselling should be client centred: take the person who has come to you as a client, not a 'patient'. Unfortunately, when it comes to same sex and sexual identity counselling, most counsellors will assume a religious/scripture-based method to address the issues brought to them, which will always get in their way of supporting a client. As an LGBTI person, one should be able to terminate the process of counselling should one feel violated by or unsafe with the counsellor/therapist. This is because bias on either side will affect the process as the client already feels unsafe to discuss the*





Pepe  
Onziema

*real issues. The counsellor's bias will limit them from providing complete care to the client.*

*That said; there's hope for the community that should not go unrecognised. More queer people are training and graduating as psychologists, community psychologists, and psychotherapists. We also have a couple of 'mainstream' counsellors who are becoming more aware and empathetic to the LGBTIQ community and willing to offer their services for a fee.*

*The only downside so far of the queer-to-queer counselling is that queer clients are yet to feel comfortable speaking to a queer counsellor in the community. I think this is because we are all in the same tight community, where confidentiality is a major problem. Don't get it wrong, we are not saying that queer counsellors don't uphold confidentiality. Rather, that since we are going through similar challenges, that the community clients perceive there's no need to 'circulate it'.*

*As a queer counsellor, my biggest challenge has been the lack of professionalism by other counsellors, the lack of safe places to seek mental health services and the fact that some grief transfers to me. Heterosexual identifying counsellors in my experience have not been able to provide me with a full opportunity to trust them with my fears and community grief. Yes, even a counsellor needs counselling. (Smiles).*

*Hopefully the #SeeTheInvisible campaign will address these issues and we will be able to open a conversation and give a humane face to depression and mental illness. "Pepe Julian Onziema, Program Director SMUG*

*"How are you?" Someone asks,*

*"Fine, thank you."*

*That's your automatic reply isn't it? But if you think about it, is everything good, all the time?*

*There are times when you just don't want to show that things aren't perfect. There are times when you might not even want to acknowledge that yourself.*

*So you answer, "Fine, thank you".*

*This campaign is for you. We want you to know that you are not alone.*

## #SeeTheInvisible







# SECOND POEM

## Tribulation

This is no TRIBAL ULULATION  
It is—my life's TRIBULATION  
Tears of crimson blood stains  
From self-inflicted body cuts of the night previous  
Sounds of voices in my head yelling "You're NOT Good Enough!"  
Laughter of intolerant faces stained with disdain and discrimination  
A nation of self-righteous folk gladly hedging their bets  
On who must Live and who must Die;  
Nightmares of life imprisonment and at worst—the death sentence  
For things out of my control like love and sexual attraction  
I am not allowed to love whom I love or covet that which I want  
I'm even afraid to touch myself coz I'm almost touching him  
I am afraid I shall be found out, and the wages of love are death  
Alas, nothing torments more than self-denial.

So, I have found self-inflicted wounds from razor blade-scissors  
Are quite the relief channel that relinquishes the pain I feel.


Along the dusty Kampala streets I walk while I talk to myself;  
They glare at me and say he's MAD coz he talks to himself  
These privileged faces that have never had to wash away guilt of forbidden love  
affairs

Them. Clogged with big fat pockets of gold and heavy lunch meals  
While I scrap tables' crumbs and beg for a dollar a week to survive.  
I cry in my sleep, sleepwalk in my dreams, dream of death and disease  
My mind is infested with nothing positive but self-pity, suicidal attempts and floods  
of guilt

This is no Guilty Pleasure  
It's no Tribal Ululation  
This is my life, mental frustration.

I live in my head, yet you expect me to stay awake at work  
Working 10 hours a day for a few thousand shillings that are merely half the dollar  
I hear Boss give orders and resent his success coz I have not tasted success



A man wearing a grey hoodie, a grey baseball cap, and blue jeans is crouching on a concrete sidewalk. He is looking down at a small, crumpled piece of paper he is holding in his left hand. The background is a plain, light-colored wall with some shadows. The overall tone is somber and reflective.

I fear I might never know the taste of success  
Happy evades me. If Happy were love, indeed I'm cursed  
I am allowed to pain and feel and hurt,  
Yet I don't need your pity coz it triggers my own self pity  
and makes me think your life is perfect; and I hate you for it.  
To resolve my temper, I dash to stinking filthy restrooms  
Thrust my skull against porcelain toilet seats  
And while you drain your bladder  
I drain my wrist and squeeze the voices out of my head  
I am sick, I know I am sick

But at last I shared my trials and tribulations with you.  
You looked me in the eye and said I was making it up.

By Douglas D. Sebamala for Ayesiga Herbert

# OUR STORIES

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## My mental health awakening

I recall being young, living on Luthuli Avenue in Bugolobi, a Kampala suburb, when a strange, dirty man in tattered clothes, shaggy hair and barefooted, walked through our gate, took off his clothes and walked right into our living room while we watched TV before going to the bathtub. I had never seen a 'big person' naked; I was six years old. We were screaming and calling out for the househelp, who was in the kitchen preparing lunch. She called my aunt, and shortly a van with people in white robes, plus men with guns, came and took him away. Something struck me about the "mad man" (as he was referred to). My little mind could not quite comprehend what it was. Later I learnt that the "mad man" was someone who had stayed in our home before and he had gone missing, only to return in the shape he did. I remember feeling so awful at the way he was roughed up and taken away in the van. I never saw him again. After that we saw many "dirty people in tattered clothes/mad people" on the streets. It almost became 'normal'; one of my cousins and I would take them food, and they would chase us away.

The second vivid scenario happened when I was nine years old, and on holiday in my hometown of Arua. One early morning we woke up to loud screams and cussing from a very lovely woman in our neighbourhood in Mvara. Loud sirens of an ambulance and footsteps of people running. I thought rebels had invaded our home. We were not allowed to go out as children. I peeped through a crack in the wooden window, only to see the lovely woman being bundled up so tight by people in white coats, while her son and daughter wailed. I caught myself wet in the face from tears. I wanted to do something. I opened the window and jumped out and ran to the ambulance, at least to say goodbye to her. I was told she's sick and she's going to hospital. I never saw her again. As I write this, I'm reminded of my little achy heart back at nine years old and how helpless I felt. Mental illness was not something that was talked about in an affirming way when I was growing up. Everything I heard about mental illness scared me; words like 'madness' and 'crazy' were used to describe people who suffered it.

My attitude towards mental health is informed and shaped by these two profound incidents in my childhood. When I was growing up, I was lucky to be exposed to information on mental illness as I lived with my aunt who is a psychiatrist. I read her books and asked her questions about whatever puzzled me about the topic, and more. This began to build and shape my attitude towards people who were experiencing some sort of mental illness such as depression or anxiety. I learnt to relate with people in a compassionate and empathetic way.

My personal experience of anxiety and depression dates from the time I was sixteen, almost seventeen, when I decided to leave my comfy home and people





that I deeply cared for, to live on my own. I believe I experienced some form of emotional breakdown, although I stayed afloat and vibrant. Although it was my choice, I was crushed at every thought of living alone and having no plan to continue education. I began to change from a vibrant teen; I became deeply introverted and experimented with alcohol and cigarettes to escape the pain of my thoughts. Sometimes I felt like I was going crazy. I often thought I had made a mistake to leave and how being a failure was just a matter of time. Gradually, I became very sexually expressive and very assertive of my gender identity as a trans man. I became impatient with anyone who did not see me as I am. I fought a lot and I was beaten up quite a bit in social spaces (hahaha). The question "are you a boy or a girl?" irked me to the core, but my greatest pain at the time was my need to complete my studies. And now that I'd left home, it meant I couldn't do so, but returning home was not an option I was willing to consider. I suddenly began to pour my heart and mind onto paper, writing poems and going into artistic spaces. I played pool competitively and got cash for it. The little cash began to boost my confidence, but also, I was treated with some respect and less bullying targeting my gender identity. Slowly, I made significant peace with how people would treat me, so I developed a healthy attitude towards my situation. One thing I did often was to cry as much as I needed to because it eased the emotional tensions. I paid attention to my emotions, my fears; I accepted my strengths as well as my weaknesses, and accepted compliments whenever they came. This lifted a huge load off my mind.

I cannot point out the exact turning point in my awareness of mental illness and mental health, but I spontaneously took up a course in Psychotherapy and Counselling, in which I have a Certificate. I have reached out and assisted over 100 individuals in the course of 10 years, mainly supporting queer identifying persons. Pepe Julian Onziema

### "Different"; something "wrong"

In 2016, I was diagnosed with obsessive compulsive disorder, anxiety and depression. I must confess though, I think I have always known that I live with these conditions, but it wasn't until last year that I decided to do something about it.

From early childhood, I felt a void from within, always felt as if there was something 'different', something 'wrong', with me. I never felt like every normal kid, never felt like I belonged, never like I fit in -anywhere. Instead of hanging out with friends, taking a chance on having fun, or even being able to study and focus on school, my days were spent worrying, worrying about one thing, everything and





nothing. Fears that I was going to die, fears that I had a brain tumour, fears that I was going blind, fears that my parents will kill me when they found out that I AM GAY, fears that I had diabetes, fears that I would be arrested for being who I am, fears that my house would burn down, fears of people, fears that I wasn't good enough, pretty enough or I wasn't smart enough, fears of failure and fears that I had no future. The list goes on and on. These fears led to constant rituals, rituals that I had to do to try to ease the anxiety that my fears and frustrations were causing me. Derrick, aged 23

### ***I have a cocktail of mental health disorders. I need help***

I am a 21-year-old lesbian, who is currently feeling lost, lonely and drained of all motivation to live. I have been signed off work for my consistently low mood and stress, and recently broke up with my partner who said she 'can't cope with me'. Only recently did I come to terms with the reality that I suffer from mental health disorders. I have been diagnosed with bipolar, anxiety and depression and it is real torture dealing with this alone. My mom keeps telling me, 'all you have to do is trust God. . . 'and blah, blah, blah, 'like I did. I don't know why you're not over it yet. It didn't take me this long!'

What do I tell her? What I'm I supposed to tell her? And, how do I tell my homophobic family members that I am bi?

For more than 20 years I did not think I was worthy of love. I had to suppress my sexuality for many years for obvious safety reasons. When you live in Uganda, you must. Hiding and being silent about your sexuality is how best you can live under the light. Anonymous

### ***Mental Health issues should not make you feel unworthy***

Everyone is worthy of love. If I could, I would give you a hug and just sit by you, stand with you and just be there. At my worst I had to live one minute at a time. I told myself I would eventually be alright.

Please seek help through your people next to you. There is help out there. It does and might take time, but you'll get there. Please reach out for help. You are worthy of a good life; you deserve life and love. But you need to start with self-love. Anonymous

### ***Anyone can suffer from bipolar disorder***

I was diagnosed with bipolar disorder. I didn't see it coming. I knew something wasn't right with me, but I wasn't sure what! Again, my own preconceived prejudices flew to the surface. 'I don't want this thing- whatever it is, I don't want







to worry about medication, mental health teams and mood swings,' I bantered with myself. But my biggest question was in fact, how the hell do I tell other people, especially my LGBT community and family members that I...? I have a psychiatrist's appointment every month, but it's too expensive to see her and even more costly buying the drugs. I feel ashamed, annoyed and weak, which I assume is how those around me would view me and react negatively. I cannot even find courage to tell my psychiatrist that I am a lesbian. I already fear to be discriminated. Rachael, aged 32

### ***People misunderstand mental health issues***

When I was first diagnosed with depression at the age of 25, my best friend told my boyfriend to stay away from me. Some people misunderstand depression to be madness. This was my first encounter with the stigma attached to mental illness. It was absolutely shocking that my friend went around telling my LGBT friends to be careful with me. Maybe he thought that he was going to catch it from me. Or that having depression meant that I was going to go on a crazy rampage that would hurt him. Thank heavens I found a new boyfriend who understands and listens to me. We talk about it and he sees me through my worst moments. I love him. David, aged 26

### ***I have been discriminated against in the heterosexual and gay community***

I was diagnosed with bipolar in my 20s, yet I have for a long time had issues with discrimination, largely because I am gay, and at this time the discrimination increased owing to my mental health issue. It got worse when both members of the LGBT community (friends) and people around me made fun of my issues or teased me about it. I felt segregated from both ends. I could not fit anywhere anymore; not in the heterosexual world because I am gay, and not in the gay world because I suffer from bipolar. After my boyfriend passed away, I had so many worries, I fretted being alone, the sadness of losing someone you love got to me endlessly. . . I tried to commit suicide. It is all thanks to God that one of my friends came to see me and he referred me to a psychiatrist, who examined me. I am on my way to healing. Martin, aged 38

### ***A break-up broke me***

I was about 19 when I was diagnosed with depression after enduring a long-term relationship with a partner who suddenly broke up with me. I started distancing myself from friends and family. I thought about killing myself because people were endlessly asking me questions about us, what happened and what I was going to do next. The pressure can be overwhelming, and the questions even more painful. And, also, being alone reminded me of my partner, and the good times we had. It hurt. Jimmy, aged 24





### ***I lost myself in all my failed relationships***

At 26 I was diagnosed with anxiety. I had been jumping from one relationship to another and giving my love 100% to the people I met. I easily fell in love and had sacrificed the best years of my life to men who did not love me back. I always thought about the pictures of these guys, the memories I made with them. I sort of became a stalker, demanding that they should chat with me, checking their WhatsApp, and many other self-compromising things. But my last relationship put me in a dark place where I was diagnosed with HIV and at the same time constant anxiety disorder. I received and felt the double stigma and discrimination from both family and from some friends who I told about my issues. Nelson, aged 27

### ***Fighting anxiety is a journey***

Anxiety is something that I deal with personally, and daily. Most of the time though, with help, I can manage it. It is very tricky and often a frightening thing to speak about, no matter how versed (or comfortable) I become with the treatment I am receiving. Yesterday I couldn't pull it together. Yesterday all my systems failed. Yesterday reminded me just how human I am. Today though, I can't be mad or embarrassed about yesterday. I can only honour the messiness that comes with life. For anyone who struggles mentally, I can certainly understand you, at least a fraction of where you stand, and I am praying for you as I am for myself. Lucly Kakande

### ***Public ignorance of sexuality caused my mental health issues***

I'm a transgender woman, and I've been suffering with mental health issues for about six years, since I started understanding who I really am. I have been on that journey almost all my life and now I have to daily deal with other people's perceptions of me. I did not get mental health issues because I am a transwoman, rather because of lack of understanding and awareness by the general public I associate with. I suffer from depression and stress due to abuse from the public, verbal insults and physical assault, and I also face indirect discrimination from the LGBT community because I am more different. I am over showy they say. There is a saying, 'just accept me, don't try and understand me.' If we can all do that, we can reduce mental health problems within the transgender community by a significant amount. Anonymous, transwoman, aged 23

### ***I've been judged and stigmatised***

I currently suffer from post-traumatic stress disorder that has also brought on social anxiety. I have good days and bad days. I find it particularly hard to engage in emotional courtships like dating, because of my symptoms. When I meet guys, I am always upfront with them about my mental health, although 90% of the time I get judged and stigmatised. This is incredibly disheartening. Simon, aged 33





### *I received death threats from my family*

I am Jaime, married and divorced. While I broke away from my first marriage, I have struggled with bipolar and depression since I was 18. I have no family to speak of, as I was kicked out of the house for being lesbian, with accompanying death threats if ever I tried to contact anyone in that family. My current marriage is shaky. But I refuse to let it destroy me, so I choose to live life and be happy... I refuse to allow the sadness of being married to a man rob me of all the good things I have going for me. And if I need to fight to make that happen, then it's worth all the blood, sweat and tears to stay out of the pit of despair. Because once you fall in the abyss of despair and melancholy, it is really hell getting out. Jaime, lesbian, aged 22

### *I messed up, wound up with HIV and Bipolar*

I am a 22-year-old down to earth, jolly young man who loves to live and laugh. Cheating on my partner led me down the road of bipolar and I eventually contracted HIV. I know!! A horrendous combination; right! The initial stages of dealing with HIV and Bipolar were very difficult for me. But it all started when I began cheating on my partner, with whom I had been for over two years. We were facing a couple of issues, like most relationships do; we were judging ourselves, he was stressing me, name it; but it was not him that infected me with HIV and I bless the heavens that I never infected him with it when I got it.

I messed up, I was sleeping with different guys because I felt like my partner was pushing me to cheat on him; I had so much emotional instability, I was always waging wars in my head, and all of that led me to getting diagnosed with bipolar. I thank my ex-partner for being there for me in my time of need. He could have chosen never to speak to me, to avoid me or never give me support after our break-up, not after all the cheatings and lies I made him go through. Cheating on your partner is the worst thing you can ever do, especially when they are always there for you in good and bad times. If I could turn back time I would never have cheated, and maybe we would still be together. Maybe I would not have HIV either.

### *Anonymous gay man*

#SeeTheInvisible Campaign inspired me to speak up

My name is Caitlin and I'm 34 years old this year. I was first diagnosed with depression and anxiety when I was 24. While my depression kicked in over the last ten years, I am aware that I have probably been struggling with anxiety my whole life. I am writing this today after hearing others share their stories of mental illness on IBU's Facebook page, and #SeeTheInvisible Campaign. I felt inspired to do the same, because silence won't make the difference, speaking up does. At times, living with depression and anxiety feels overwhelming and makes life







feel hopeless. I have tried five different psychiatric medications and I am currently on a prescription of two types. I am on my second year with individual therapists. These relationships with the therapists have been immensely helpful, but having them come and go has been painful, mostly because of job transfers, monetary constraints and of course, my sexuality.

My negative thoughts are telling me not to submit this because 'who cares about my struggles? Others have it way worse', but I'm continuing to type this anyway because I want others who are struggling to know 'you are not alone'. I also want to say that YES, I HAVE A MENTAL ILLNESS, but that is NOT all that I am. I am a daughter, an aunt, a friend and most of all, someone's partner. Caitlin, aged 34

### ***My story of recovery is not over***

The year 2018 has been one of my most challenging, with several mental breakdowns, but I still have hope for healing. I am thankful to have a doctor who is willing to try new things and accept me the way I am. I am currently in my third week of treatment for depression. All of this is still new, but I think things have slightly begun to shift. I notice now, it's easier to get up in the morning—sometimes, the days at work seem more manageable; some days that voice that says I'm not good enough is a little quieter. My friends have also said I seem calmer.

My story of recovery is not over, but hopefully, with continued treatment, things will continue to improve. I am writing this to say mental health is important, mental illnesses are real, and help is available. Henry, aged 21

### ***Accepting my mental issues was my first step to recovery.***

When I was 26 years old, my symptoms of mental illness caused several problems for me. I started experiencing emotional breakdowns, and for the first time I was hospitalised in Butabika Hospital (Uganda's largest mental health care hospital). One of my darkest moments was a traumatic experience, faced with a lot of fear, feeling angry about my sexuality, sad and confused over why I am the way I am. In addition, not getting along with family and friends was causing me emotional trauma. I felt as if I had a void in my life and yet I had nowhere to go. Not being able to function in society was a problem for me. These are things I was feeling while I was hospitalised for the first time. Anonymous

### ***Moving forward with life***

Having to accept my mental illness means taking charge of my life and moving forward. This has played a big part in my recovery. Acceptance started after giving myself credit for my strengths and weaknesses and accepting my limitations.





Also, believing that I have something to offer the world and in society, choosing to be positive and making healthy choices for my life. Not giving up on life has been very positive for me. It has helped me to make a lot of progress and supplemented my journey as a Peer Educator. Also, being involved with IBU's #SeeTheInvisible Campaign has helped me with acceptance. Also, having a family which accepts me the way I am, and friends... and being a student has very much helped me as it keeps my mind occupied with something constructive. Staying in treatment and taking my medications has equally helped me with self-acceptance. Peer Educator

### *Coping skills (Hope is the "cornerstone of recovery")*

It is very important for me to use coping skills that can help me get through a tough day. Having good coping skills, for me, means I have a plan for managing my mental illness. There are several coping skills that I use; some of these could work for you. You can take a hot shower, listen to music, watch television, and keep a balance with your schedule during the week. Keeping consistent with medication and treatment is also important, take plenty of breaks when you are doing your school assignments or a break from a stressful day's work, and do not procrastinate about getting your homework done.

It's a good idea to have a great support system to help manage your symptoms, and people who can help you with moral support. I also make sure to get enough sleep and eat healthy, along with physical exercise. I want to make sure I keep a balance in my life and maintain constant activity during the week.

Knowing that hope is the 'cornerstone of recovery,' and believing you can have success with your life is critical. Your successes and dreams take on many different directions before you arrive at your destination. Success to me means building upon my strengths and moving forward in life. Hope means that you believe in yourself, with the choice to feel positive and never accepting defeat. Anonymous

### *Confession is scary*

The scariest moment of my life was telling my best friend that I was going to the hospital, and that I had been diagnosed with anxiety and depression. But to my great relief, my fears were met with compassion, care and concern. And when my mother found out, she was devastated, and asked to visit me in the hospital immediately. This was a pleasant turn of events. Ziana, bisexual, aged 29

### *Today I was gay and heterosexual the next day*

It is hard staying true to yourself when you feel judged from every corner you



turn. So, I resorted to hiding my sexuality, I would be gay today, and the next day heterosexual. This type of mind switch, the self lies and self-loathing, thinking of what would happen if people found out, and the fear, the confusion and difficulty of understanding my sexuality pushed me to the edge. I was diagnosed with depression due to that constant fear, fear of not understanding my sexuality. It has only worsened, today; I am even in a deeper depression.

But I am thankful to my sisters who accepted me; they took me as I am, accepted that I am gay and have since been extremely supportive. My partner and friends are compassionate and patient. On the days I rest, my partner is always there for (with) me, or he sends his sister to take care of me and check up on me. The empathy and acceptance that he radiates feels like a double scoop of love for me. Anonymous

### **Being Bipolar**

Being bipolar is one of the reasons I try to be positive. I've dusted myself off many times. I know failure really well. No matter how many times I nearly disintegrate, swing too high or too low, my soul waits for me. It is whole and healthy, and it is a tremendous friend. This illness will never diminish it or steal my essence. You have no idea how grateful I am. Fred, gay, aged 32

### **Suffocating the life out me**

I'm not yet out of the closet and I haven't told anyone about my sexuality; this is suffocating the life out of me. The people around me are homophobes; at least everyone in my life has expressed their disgust and hate for gay people. I just continue to live among them because they don't know my sexual orientation. I am currently stuck on the thought of leaving this country after I graduate. But am also looking at things like leaving my family behind forever and the medical profession I am studying for; not all countries accept Ugandan qualification papers. If I stay in Uganda, I will live in depression forever. Anonymous



# #Seetheinvisible





### ***Mental illness is a real issue***

The admission that one is mentally sick! It's a tough one. But I have been mentally ill for 20 years plus. Of course, many of my acquaintances came to know of it. I am a medical doctor. And the STIGMA of being mentally ill is more problematic to such as me!! . . . Whether I like it or not, stigma against mental illness is a real issue.  
Anonymous

### ***We too struggle in silence***

In addition to physical danger, exposure to abuses, violence, extreme injustice, shrinking civil societal space, all manner of injustices can lead to emotional hardships experienced by activists. This kind of environment is so repressive that it impacts psychologically on human rights workers and their organisations. Feelings of frustration, insomnia, confusion, fear, guilt et al. are very common and they impact greatly on the mental health of advocates by way of depression, stress, anxiety, burnout and paranoia. Bombastic Magazine, 2018





## MESSAGES FROM COMMUNITY ORGANISATIONS

Mental health sessions are not sessions for MAD people; anyone can access mental health sessions. Experiencing mental health problems is often upsetting, confusing and frightening. You become unwell, 'lose your mind', you feel persistently sad and hopeless. The effects of depression and anxiety disorders may extend beyond a person's imagination. It affects the way you think about yourself, relate to others, and interact with communities around us. Mental illness affects our thoughts, feelings, abilities, and behaviours and you appear less confident in everything you do. Sanyu Hajjara Batt, Executive director, Lady Mermaid's Bureau

LBQ women suffer multiple faces of mental health issues caused by family rejections, sexual and gender-based violence, especially corrective rape and intimate partner violence, driving them into major depressions, traumatic suicidal thoughts, toxic and reckless sexual behaviours. These are some of the issues that affect health and the lives of LBQ women in Uganda, so there is a need to come together to fight for mental health. Mutyaba Gloriah, Programs Officer, Freedom and Roam Uganda

In Uganda, three out of ten persons are reported to experience some form of mental illness. The Ugandan Police put the number at 147 people who committed suicide in 2018. I am certain that these statistics do not cover sexual and gender minorities due to homophobia. In 2018, the Ugandan Parliament passed the Mental Health Act, which provides for mental health treatment at primary health centres, emergency admission and treatment, and for voluntary and assisted admission and treatment among others. The law also provides for patients' consent to treatment. Although the law seems quite progressive and takes patients' or clients' rights into consideration, it leaves me wondering how it would apply to specific marginalised groups such as LGBT and Sex Workers.

In conclusion, general mental illness must be given a face and a voice, but specific visibility and attention should also be placed on mental illness that is a result of homophobia and transphobia. I speak openly about my own tough times struggling with burnout and anxiety. This is to promote visibility of survivors and those brave enough to face their fears, and to reassure those who feel they are struggling that they're not alone. Let's keep raising awareness and sensitivity on





LGBT mental health. Pepe Julian Onziema, Program Director SMUG  
For so many years, LBQ persons have been victims of mental health issues, but with limited realisation about the illness as a result of inadequate knowledge. The normalisation of mental health illnesses within the LBQ community has greatly affected the growth of our movement as leaders, and key activists have fallen victim, resulting in many of them giving up on their activism work. I have personally been a victim of mental health challenges and during my healing process, I realised that the best cure for this illness is “your inner self” as all advice given to you is perceived through a point of judgment.

It is a sad situation that even now we have inadequate and inappropriate LBQ tailored interventions in relation to mental health. I am afraid that this might continue to ruin our organising and well-being—and affect our entire mandate. Shamilah Batte, Executive Director, Organization for Gender Empowerment and Rights Advocacy (OGERA Uganda)

LGBT persons with mental health issues need psychosocial support. We need to stop stigmatising those seeking mental health treatments. We should stop labelling people with derogatory terms as mad, zonto, mulalu, mental case, crazy among other degrading names. Morgan Kanyike, Executive Director, Youth on Rock Foundation

LGBT persons are facing mental health issues without knowing it. Let us support those seeking mental health care because there is no shame in seeking help. Luswata Brant, Executive Director Icebreakers Uganda.

In August 2014, I was diagnosed with depression; I lost my partner to Hepatitis B, a virus he had for several years. Doctors, especially at Most at Risk Population Initiative (MARPI), tried everything they could to save his life, but it was all futile. This was one of the hardest things I have ever gone through, not just emotionally, but also socially. My partner had just died so I was obviously heartbroken and in mourning and having nearly the entire community gossip about me and my deceased lover was very traumatising.

People rumour-diagnosed me with HIV and Hep B; there was literally a different story being spread every other day. Even when I tried to tell my side of the story, people found a way of twisting it to fit their own theories. I got to a point where I stopped explaining myself to people and chose to embark on my own healing journey. I was determined to mourn my partner in peace and in dignity and find my footing after such a great loss. Every time I was seen with someone, even if that person was just a friend, people would be quick to tell them about my assumed





status and warn them that they were at risk of ending up like my dead partner. Even one year after his death, people were still complicating my life. I eventually decided to seek counselling at MARPI and from some of my close friends from Ice Breakers Uganda. These are the people I used to go to and talk to and they could give me words of hope that all would be well. Even when we used to go to hangout places like night clubs, I used to find people interested in me, but people used to talk to them and tell lies about me. It killed my chances and dreams of getting a new partner I could confide in.

It was later in 2016. I remember that I decided to stop dwelling on what the community thought and chose to lay proper strategies to get out of depression. Indeed, this was a success. I stopped using much of my brain to think about this and that! Working on a series of Art pieces to meet my basic needs was more of my daily routine, as well as choosing to remove negative people from my circle. Day by day, a change was observed, motivating some of the community members who were and still are facing issues of depression and anxiety. Muleme Steven, Executive director, Visual Echoes for Human Rights Advocacy (VEHRA).

LGBT human rights activists in Uganda are exposed to situations that may lead to depression, trauma and psychological disorientation. They also fear that they may be identified/labelled as mad or crazy. We need more advocacy to create awareness of mental health amongst human rights advocates. Douglas Mawadri, Safety and Protection Officer SMUG

In my opinion, a few queer individuals are biased towards some mental health approaches or they are simply unaware of where to seek out the much-needed mental health support. This in turn affects our cognitive thoughts and triggers depression and anxiety, plus all its friends.

Personally, I have learned to seek out unconventional forms of therapy that work best for me, like journaling, conversational crafts, art therapy, and using elements of nature. The list goes on.

***Fun fact: Did you know that 60% of the total surface area of our brain is committed to only our hands...? So, using our hands influences thoughts, cognitive health, and well-being and stimulates the cortex. There's a reason I craft. KakyoTrinah, Team leader Kakyo project***

At Kuchu Times, we believe that access to adequate information on #MentalHealth and illnesses is key to mental wellness for us as LGBT+ persons. In so many ways, we each live with the effects of what it means to be hated,





violated, abused and unloved for being who we are and who we love. We must acknowledge and speak of these experiences, seek help and support each other where we struggle. We will continue to share LGBT+ positive information on mental health, lived realities and community work in addressing these issues and sharing support services available. Our stories, Our voices, Our lives. Muganzi Routhie, Programs Director Kuchu Times Uganda

Accept who you are. Keep active. Support each other. Take a break. Talk about your feelings. Don't be afraid to ask for help when you need it. This is how to lift the lid on mental health and wellness. Our lives begin to end the day we become silent about things that matter. SSemanda Joseph, Executive Director MAHIPSO

It is not always obvious when people have mental health issues. There are different degrees of mental health problems. So, it's safe to say that everyone at some point has had an issue to do with mental health, especially, when you are in or part of an LGBT community because we have already been pushed into the corner by society. Mental health is a big challenge. We are not always able to have an honest talk about these things. Her Internet wants to give space on our website for a session, particularly on mental health and well-being. Our strength lies in disseminating information in terms of mental health sensitisation, like the research which you are working on, so that it can reach a big percentage within the LGBT community and others.

Stories in the research report can be shared anonymously to reach people who are going through the same situations to show them that they are not alone. It would help them to cope and overcome different situations and share personal contacts for affordable and LGBT friendly health providers.

More activists, and human rights defenders are coming on board in the fight for mental health issues which are affecting the day to day lives of LGBT community members in Uganda. Almost nothing has been done on mental health, but a lot has been done on Sexual and Reproductive Health and Rights and HIV services which we also need, so we should use the same energy that we use on SRHR issues. This can be done by organising sports activities, yoga and well-being days to talk about mental health. IBU and other LGBT organisations should look at what others health issues beside SRHR can be worked on or talked about. Sandra Kwikiriza, Executive Director, HER Internet







## SUPPORTING YOURSELF OR YOUR LOVED ONES

There is no single answer to the question how mental health conditions affect the LGBT community or why health disparities exist. Stigma and discrimination certainly contribute. Many LGBT individuals face barriers to getting good care for mental health. Also, the research shows that LGBT individuals don't know where to access care/treatment, or have postponed getting care, or did not get it at all because of disrespect or discrimination from health care providers. Fear is high among transgender individuals to access mental health care because of the fear of being mistreated by the health providers. We need to be able to live as we identify and be loved as we are. When we have these things, we experience less stress and increased self-esteem. There has been a lot of research on identity and the findings always show that when we are able to accept our identity, we feel whole. This allows us to feel more confident about who we are.

You can be genuine and curious about someone's life without being invasive. Ask open-ended questions. Take the person's lead on which language terms to use. If you are unsure, ask directly. Be willing to make mistakes and try again without being defensive. Ask people about their preferred pronouns, and then use them. If you make a mistake, apologise and move on. Do not ask trans-identified people about their birth name or the medical steps toward transition.

Give support in the way you would give it to anyone. Active listening is a good way to start. So is asking how you can help. It is also important that we always show respect and acceptance through words and actions. Reflect the person's language about partners and identity. Ask open-ended questions. And educate yourself on how to be a good ally.

### Finding an LGBT inclusive provider

Finding a mental health provider is not easy and that is why LGBT people always feel hesitant to access care; they fear being discriminated against or outed. While these concerns are completely understandable, it is important to seek help.

*"I will never forget the day when a psychiatrist told me being gay was a mental illness. Since then I hate all psychiatrists because of the one who made me feel like who I am was an illness." Ascot, aged 27*





Finding a mental health care provider that takes your personal experiences into account and how they affect your mental health will help you in your recovery. Ask friends and LGBT organisations for referrals or suggestions of LGBT-friendly healthcare providers.

If you are uncomfortable about coming out and being open with your provider, bring a trusted friend or family member with you to your appointment.

#### Tips for Talking to Your Provider

1. If you feel comfortable, come out when you meet with your provider.
2. Ask questions about the provider's experience working with LGBT people.
3. Be confident about disclosing relevant information about your sexual orientation and/or gender identity.
4. Be open about your thoughts and feelings of depression, suicide, anxiety, fear and self-harm.
5. Ask for more information about any health-care-related referrals, including to other therapists and psychiatrists.

### What to do if you are suffering or know someone else is

If you are a member of the LGBT community and feel you are suffering from a mental health problem, then it is important to remember that you are not alone. Help is out there. It is important to share how you are feeling with somebody you trust, or alternatively, a health care professional. Seeking help is not a sign of weakness; it is a very brave thing to do. The sooner you can talk to somebody, the sooner you can get your life back on track. If you are currently feeling suicidal, we implore you to seek medical assistance immediately. If you know a friend or loved one is suffering, it is important to be as supportive and compassionate as possible. Suffering from a mental health problem can be daunting, and the support of loved ones is vital in the recovery process.





## RECOMMENDATIONS

The findings of this research highlight the significant role played by social and structural factors in determining the mental health of LGBT people in Uganda. The recommendations are therefore directed primarily at achieving social and institutional change as a means of tackling LGBT mental health issues. While recognising the need for transformation of those social and cultural structures and ideologies that underlie LGBT mental health issues, we also identify several areas or spaces that offer scope for positive intervention or change at the personal and interpersonal levels.

### LGBT Health and Mental Health

#### Ministry of Health's Mental Health Policy

The Ministry of Health should provide information to health providers about mental health issues within the LGBT community and promote the patient charter. The objective of the Patients' Charter is to empower health consumers to demand high quality health care, to promote the rights of patients and to improve the quality of life of all Ugandans and finally eradicate poverty nation wide to the aim is to ensure that health and mental health services are provided in a way that is accessible and appropriate to LGBT people. We recommend integrating mental health with other health services like SRH and HIV services.

Agencies and mental health units/departments in government hospitals with responsibility for suicide prevention and mental health promotion should identify and recommend good practice in caring for members of the LGBT population who might be at risk of suicidal behaviour.

The Uganda Mental Health Commission or Units/departments in government hospitals should ensure that mental health service standards include care policies for LGBT people, based on their human rights.

The voluntary mental health sector, in collaboration with LGBT organisations, should ensure that its service provision is inclusive of LGBT people. Specific attention should be paid to the needs of transgender people within health policy, both physical and emotional, since according to the research, they are at high risk. The mental health and emotional needs of transgender people should be recognised.





## Health Professionals

The findings show that health professionals often have little knowledge or understanding of LGBT identity as a potential risk factor for self-harm, suicidal behaviour and depression. LGBT organisations and health professionals (e.g. counsellors, social workers, doctors, psychologists and hospital psychiatrists) should collaborate to increase mutual understanding and provide affordable LGBT friendly services.

*Continuous sensitisation of health providers is needed in line with mental health issues affecting the LGBT community. As the old proverb goes: "Rome was not built in a day".*

To prepare future (mental) health professionals, universities and institutions which offer courses in line with mental health should be guided by the DSM, and include a course about gender and sexuality in their curriculum. This would teach the students about specific health needs of LGBT people, how to respond to individuals who disclose LGBT identity, the 'coming out' process and its potential impact on health and well-being. These courses should include the impact of stigma and discrimination on the lives and mental health and well-being of LGBT people, concerns that LGBT people may have in relation to confidentiality, and guidelines for an LGBT-inclusive practice.

## Mental Health Programme/Service Delivery

There is a need to assess and map out LGBT friendly and affordable/free inclusive mental health services in Uganda, where members can be referred and access the help they need.

LGBT organisations should support front-line responders, specifically, the voluntary LGBT helplines throughout the country, and help them to be fully resourced to carry out mental health promotion and suicide prevention work. There is a need to come up with mental health awareness programmes which are LGBT-specific in urban and rural areas.

LGBT and non-LGBT organisations need to train peer educators or mental health ambassadors within the LGBT community on how to handle cases in line with mental health, namely, first aid screening counselling, referral places and how to capture data which can be used for advocacy.

LGBT organisations need to establish an evidence base of LGBT populations that adequately represents LGBT mental health histories, experiences, identities,



relationships and accurate recording of deaths by suicide.

IBU should come up with a referral directory for mental health services, which LGBT organisations and their peer educators can use to refer clients for free or affordable mental health services.

## LGBT people in the community

Peer educators need to be aware of the stressors that affect LGBT people's day to day lives within their community.

There should be sensitisation meetings and dialogues about LGBT mental health issues with stakeholders who can influence change.

Organise group sessions or therapy sessions every month to reach out to LGBT members with mental health issues at a place where they can express themselves freely without discrimination.

LGBT persons should always reach out to those who are in need when they call or text for some help. This usually involves actively listening to their issues, rather than hiding ourselves from them. This kind of hiding from our friends can lead to suicidal thoughts of those calling for help.

Training/workshops organised by LGBT and non-LGBT organisations should offer comprehensive courses that raise awareness of the needs of LGBT people and help them to appropriately address and challenge heterosexism, homophobia and transphobia in the country.

Disclosing to a person(s) you trust, who you think can support you to go through it all is vital. LGBT organisations should know where to refer their clients/ members for adequate treatment which can support LGBT persons to get on the path to recovery.

LGBT organisations should encourage research and documentation on the causes of mental health issues in the LGBT community in Uganda and Africa for better programmes. And organise campaigns and information sharing on social media to create awareness on mental health among the communities of LGBT and other groups.

## LGBT family and friends

LGBT organisations should be resourced to work with the parents of LGBT people to provide guidance to them on how best to support their children.





IBU and other organisations should develop a booklet and resource pack and make it accessible to the parents and friends of LGBT people and others within the LGBT community.



## MENTAL HEALTH AND SUICIDE PREVENTION

Mental well-being can be promoted by:

- Having a supportive group of friends and family members. This is often key to successfully dealing with the stress of day-to-day life and maintaining good mental health.
- Seeking care when necessary. While many lesbians, gay, bisexual, and other men who have sex with men may not seek care from a mental health provider because of a fear of discrimination or homophobia, it is important to keep this as an option and to find a provider that is trustworthy and compatible.
- Having information about LGBT youths' risk of suicidal behaviour available in friendly health centres or safe spaces and creating awareness in the community using Information Education Communication material.
- Identifying LGBT-inclusive services and providers for referrals of LGBT persons for screening programmes, crisis lines.
- Including LGBT persons in programme development and evaluation of mental health services.
- Developing peer-based support programmes about mental health. Including life skills training and programmes to cope with stress and discrimination to reduce risk behaviours.
- Supporting parents or guardians and other family members of LGBT person who are willing to come to terms with their children's sexuality.





# MEETING THE MENTAL HEALTH NEEDS OF THE LGBT COMMUNITY

Anyone can experience depression or addiction at any stage of life. But for young people coming to terms with their sexual orientation or gender identity, the risk is even more significant. That is why it is especially important to have the support of friends, family, and community. As our interviews show, an understanding community and health care system go a long way toward directly improving the health of LGBT individuals.

***"We feel the same, we love the same, we hurt the same. . . We just need to be treated with care and understanding and respect." Herbert, Programs Director IBU***

Our research found that there are still plenty of stresses and challenges that the LGBT community faces. People who are bisexual or gender nonconforming or transgender, who may not be comfortable within some of society's usual labels, are at a higher risk for depression, substance abuse, and other mental health problems. It is important that we, as an LGBT organisation, pay attention and provide support where we can. This includes getting friends or family members struggling with addiction the support and help they need, being there for them when they need to talk, and being supportive and respectful of their life choices.

At Ice breakers Uganda, we offer quality health services and referrals to treatment centres that are tailored to meet your needs, including services with experience and expertise with the LGBT community. If you are struggling with life's challenges, know that help is here for you.

Visit our social media pages Website: [www.icebreakersug.org](http://www.icebreakersug.org),  
[www.seetheinvisible.ug](http://www.seetheinvisible.ug) Facebook: [icebreakersugandatoday](https://www.facebook.com/icebreakersugandatoday), and find hope for a better tomorrow.

## Ask Yourself

Difficulty falling or staying asleep or sleeping too much?	Feeling bad about yourself or that you are a failure or have let yourself or your family down?	Are you nervous, agitated or unable to sit still?
Feeling tired or having little energy?	Feeling down, depressed, or without hope?	Moving or speaking so slowly that people could have noticed?
Lack of appetite or overreacting? To what?	Little interest or pleasure in doing things?	Difficulty falling asleep or staying asleep or sleeping too much?





# THIRD POEM

## My anxiety and I


So, my anxiety and I have  
What some people may call  
a friends with benefit relationship.  
We have no love for each other  
but she still likes just  
fucks with me sometimes  
Ya know?

We moved in together some years ago  
"have inside jokes,  
Like when I say  
I'm wanna go talk to that person over there  
My anxiety looks at me and goes BITCH PLEASE  
"is the reason I didn't talk to you

She's possessive,  
She doesn't like me talking to other people  
She's irrational, because of her,  
I'll take the long way to my building  
To avoid someone I already passed by twice,  
because I don't know if it's acceptable to say  
'Hey!' A third time, because of her  
I don't correct people at the restaurant when they  
get my order wrong,  
I just eat it.

Cause you know, maybe these sweet potato fries  
are what I wanted, but the broccoli you gave me  
Is what I needed, Thank you  
Because of her

I take the long way to my building  
to avoid someone who kinda looked like my ex-boyfriend  
B'se whenever I hand her the aux cord  
She makes sure to playback

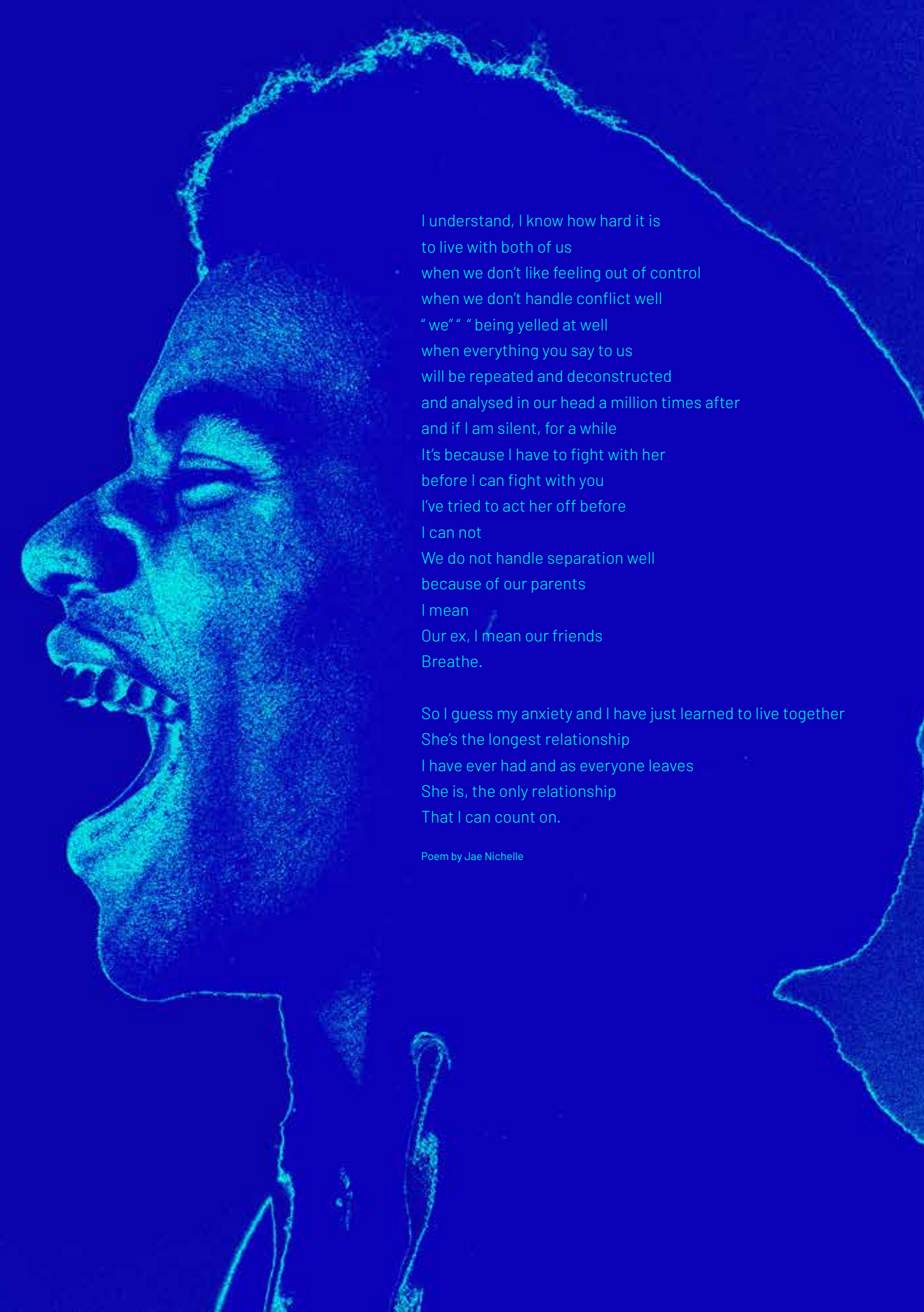


All the times he told me no one else  
would ever want me

Because of her  
I still think no one else will ever want me  
I constantly wonder,  
What happens to a black girl  
Who is too anxious  
to ever feel like magic?  
Can she still fly?  
" " " " be fly with wings that tremble  
Can " forget the lifestyle of ant that feeling  
that no matter what she does  
She is in danger of being crushed  
And my anxiety, doesn't like to be made  
Into metaphors  
but what I'm trying to say is  
She is constantly reminding me of  
how easy I am to crush as I speak

I am pushing against her  
weight on my shoulders  
and that is why I  
shake sometimes, I have to fight  
I have to stand up straight  
Stop rocking  
She and I picked this outfit together  
Something that dries fast  
if I am sweating  
It is because doing this poem feels like fighting  
a boxing match that you  
can't even see and I am determined to  
KNOCK HER OUT!

I have been fighting her  
for control, of our house for years  
fighting not to crack  
stop rocking, don't shake breathe  
I think, the reason my relationships don't work out  
Is because no one knows they're signing up  
for a threesome.



I understand, I know how hard it is  
to live with both of us  
when we don't like feeling out of control  
when we don't handle conflict well  
"we" " " being yelled at well  
when everything you say to us  
will be repeated and deconstructed  
and analysed in our head a million times after  
and if I am silent, for a while  
It's because I have to fight with her  
before I can fight with you  
I've tried to act her off before  
I can not  
We do not handle separation well  
because of our parents  
I mean  
Our ex, I mean our friends  
Breathe.

So I guess my anxiety and I have just learned to live together  
She's the longest relationship  
I have ever had and as everyone leaves  
She is, the only relationship  
That I can count on.

Poem by Jae Nichelle

# ANNEX- URES

## 1. Glossary and abbreviations

### **Bisexual:**

Term used to describe anyone sexually and romantically attracted to both males and females.

### **FARUG:**

Freedom and Roam Uganda

Female-to-Male Transgender: transgender persons who were assigned female at birth but consider themselves to be male (see definition of Transgender below).

### **Gay:**

A man whose primary sexual and romantic attraction is to other men. The term is more commonly applied to men who self-identify as same sex attracted, rather than men who have sex with men, but do not self-identify as gay.

### **Gender identity:**

A person's internal sense of whether one is male or female.

### **Heteronormativity:**

The assumption that heterosexuality and heterosexual norms are universal, or at least the only acceptable conditions. Closely related to heterosexism (see below), heteronormativity negatively affects LGBT people in a variety of ways, from actively oppressing those who do not fulfil heterosexual expectations to rendering them 'invisible'.

### **Heterosexism:**

The presumption that heterosexuality is the norm or standard or is considered the 'natural' or superior sexual preference.

### **Heterosexual:**

A person whose primary sexual and romantic attraction is to people of the opposite sex.

### **HIV:**

Human immunodeficiency virus

**Homonegativity:**

A term used to describe a negative attitude towards LGBT identification or LGBT people.

**Homophobia:**

Describes a fear, dislike or hatred of same-sex relationships, of gays and lesbians, and/or of one's own feelings for individuals of the same gender.

Internalised Homophobia: For many people, regardless of sexual orientation, homophobia can be internal and not always recognised by the individual. However, internalised homophobia can and does cause many negative effects for lesbian, gay and bisexual people. It can affect the way people see themselves and the way others (heterosexual society) treat them. Internalised homophobia often leads to denial of one's true sexuality in situations that are threatening or require the individual to "come out".

**IBU:**

Icebreakers Uganda

**IPV:**

Intimate Partner Violence

**LBT:**

Abbreviation for lesbian, bisexual women and trans men

**LBQ:**

Abbreviation for lesbian, bisexual women and queer

**Lesbian:**

A woman whose primary sexual and romantic attraction is to other women. This term often refers to women who are same sex attracted rather than women who have sex with other women, but do not self-identify as lesbian.

**LGB:**

Abbreviation for lesbian, gay and bisexual persons. Sometimes written as GLB

**LGBT:**

Abbreviation for lesbian, gay, bisexual and transgender persons. Used throughout this publication as the standard term.

**LGBT-sensitive:**

Used to describe programmes, services, and individuals that have made a

commitment to serving the needs of LGBT people and communities. That commitment is rooted in knowledge and awareness of the needs of this population.

***LGBT-specific:***

Used to describe supports, programmes or activities geared primarily or exclusively to LGBT people.

***Male-to-Female Transgender:***

Transgender persons who were assigned male at birth but consider themselves female.

***Men who have sex with men (MSM):***

Men who engage in sexual behaviour with other men, but do not necessarily identify as “gay,” “homosexual,” “bisexual,” etc.

***Minority Stress:***

Minority stress can be understood as psychosocial stress derived from minority status. When applied to lesbians, gay men, bisexual and transgender people, a minority stress model proposes that prejudice based on sexual orientation is stressful and may lead to adverse mental health outcomes.

***OCD:***

Obsessive Compulsive Disorder

***‘Out’:***

“Coming out” is the relatively public act of declaring oneself lesbian, gay, bisexual or transgender. It is important to remember that a person may be out in selected circumstances, such as to friends, but not to family, co-workers or neighbours. In this report, “coming out” is also used to describe the process through which transgender people come to recognise and publicly acknowledge their gender identity. As the coming out process is never over for LGBT people, this is an ongoing, sometimes daily, decision, and can cause the person significant stress.

***PTSD:***

Post-traumatic stress disorder

Self-harm: deliberate injury inflicted by a person on his/her own body without suicidal intent. The term includes a wide range of behaviours ranging from highly lethal to less lethal, to superficial self-injury.

**Sex:**

A person's biological status typically referred to as male, female, or intersex. The indicators of one's biological sex include sex chromosomes, gonads, internal reproductive organs, and external genitalia.

**Sexual Identity:**

A person's sense of identity defined in relation to the categories of sexual orientation (see below), usually only using the four main terms, lesbian, gay, bisexual and heterosexual. Someone's sexual identity may not necessarily match their sexual behaviour.

**Sexual Orientation:**

An umbrella term which describes the whole spectrum of sexual and emotional attraction, including the four most commonly used terms, lesbian, gay, bisexual and heterosexual.

**SMUG:**

Sexual Minorities Uganda

**Suicidality:**

The term covers a wide spectrum of behaviours, including completed suicide, suicide attempts, and suicidal ideation. Completed suicide refers to death from injury, poisoning or suffocation where there is evidence to suggest the injury was self-inflicted and that the deceased person intended to kill him/herself. A suicide attempt is a potentially self-injurious behaviour with a non-fatal outcome for which there is some evidence that the person intended to kill him/herself. Suicidal ideation refers to thinking about suicide, which can be of varying degrees of intensity and severity.

**Transgender:**

an umbrella term to refer to people whose gender identity and/or gender expression differ(s) from the sex assigned to them at birth.

**Transphobia:**

a fear, dislike or hatred of people who are transgender, transsexual or challenge conventional gender categories of male/female.

**Women who have sex with women (WSW):**

Women who engage in sexual behaviour with other women, but do not necessarily identify as "lesbian," "bisexual," "queer" etc.

For more information, please visit our website: [www.icebreakersug.org](http://www.icebreakersug.org) and [www.sexualminoritiesuganda.com](http://www.sexualminoritiesuganda.com)

## 2. Research and interview questions

### ***Introduction for all participants:***

Please read the following information before beginning the research or interview.

I am .....working with IBU to carry out a mental health research within LGBT community and I would like to ask you some questions. They will take about 15 to 20 minutes. I will not record your name and any information that you provide is confidential.

Your participation is voluntary, but I hope you will participate since your views are important to us. Only the research team will have access to the data from this research.

If you have any questions about this research, feel free to ask them anytime throughout the research by contacting the research team.

I .....agree to participate in the mental health research conducted by ..... I understand that if, at any time I wish to terminate my participation in this research I have the right to do so without penalty.

I understand that my anonymity will be maintained in analysis and reporting. All data will remain anonymous, and no personal identifiable data will be collected.

I understand in signing this consent form, I give the research team permission to present this work, both in written and oral form, without further permission from me.

### ***LGBT participants interview***

- a) Nickname, age, gender, sexual orientation, education level
- b) How knowledgeable are you about Mental Health issues?
- c) Can you think of the two most common Mental Health issues?
- d) Can you name at least one organisation or health centre that provides Mental Health services? If none, why?
- e) How many LGBT people do you think suffer from Mental Health issues?
- f) Would you be able to notice the signs and symptoms of a person suffering with a Mental Health problem? If yes, which signs and symptoms are those?
- g) Would you know where to go if you were suffering with a Mental Health issues?
- h) Have ever been diagnosed with mental illness? If yes, can you tell us which



mental illness you were diagnosed with?

- i) Did you come out to your practitioner?  
If yes, what was his or her reaction? If no, why not?
- j) How did you feel after coming out to your practitioner?
- k) What causes mental health problems within the LGBT community?
- l) What challenges did you or LGBT persons face in accessing mental health services?
- m) Have you ever thought about attempting suicide? If yes, why and what stopped you?
- n) Have you ever attempted suicide in your life? If yes, why?
- o) Have you ever tried to cause harm to yourself without knowing? If yes, why?
- p) Any recommendation?

### ***Family members and friends' informant interview***

- a) What do you understand by mental health and mental illness?
- b) What is your attitude towards the LGBT person?
- c) Do you know anyone who is an LGBT person?
- d) If yes, tell us how you feel about him or her.
- e) What challenges do they face within the community?
- f) Do you know anyone who has gone through mental health issues who is LGBT?
- g) If yes, please share with us their stories with us.
- h) What can be done to provide mental health services within the LGBT community?

### ***Health provider's informant interview***

- a) What is mental health and mental illness?
- b) What are your views on LGBT persons?
- c) What is your institution's position on providing mental health support to LGBT persons?
- d) What is your take on mental health issues within the LGBT community?
- e) What are the mental health issues faced by LGBT persons and what causes them?
- f) Is your institution knowledgeable about LGBT issues?
- g) Do you provide mental health support to LGBT persons?
- h) If yes, what mental health services do you offer?
- i) If No, why not?
- j) What do you need in order to be able to provide mental health services?

### ***Focus Group Discussion***

- a) Please introduce yourselves.
- b) What is mental health and mental illness?
- c) How knowledgeable are you about Mental Health issues?
- d) What are the most common Mental Health issues you know?
- e) Mention any one or two organisation/s or health centres that support Mental Health Issues.
- f) How many LGBT people do you think suffer from Mental Health Issues?
- g) What have you done for them?
- h) Would you be able to notice the signs and symptoms of a person suffering with a Mental Health problem?
- i) Would you know where to go if you were suffering from Mental Health issues?
- j) Have you ever been diagnosed with mental health illness?
- k) If yes, what kind?
- l) Did you come out to your practitioner?
- m) If yes, what was his or her reaction?
- n) If no, why not?
- o) How did it make you feel after coming out to your practitioner?
- p) Would you consider a Mental Health issue more severe than a physical illness?
- q) What causes mental health problems within the LGBT community?

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# Invisible Scars

(EnkovuEzitalabika)

**A focus on the mental health of queer people in Uganda**

**By Elvis Herbert Ayesiga,**

Icebreakers Uganda, 2019

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# INVISIBLE SCARS

[ENKOVU EZITALABIKA] BY ELVIS HERBERT AYESIGA

