



**ACCESS TO MENTAL
HEALTH SERVICES FOR
LGBTI+ PERSONS
IN TÜRKİYE**



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FOREWORD

This report discusses the struggle of LGBTI+ rights holders in Türkiye to access mental health services where we aim to provide a comprehensive analysis, based on the review of the detailed individual cases and relevant facts and experiences. We made this decision because the issues faced by LGBTI+ community are rooted in intricate and profound systemic and institutional problems. Individual cases may only show part of the problem and may not be enough information for developing broader solutions. This report aims to address the obstacles that hinder LGBTI+ rights holders' access to mental health services in a broader context, and to examine in depth how policies and practices affect the LGBTI+ community.

It can be difficult to uncover and track the violations experienced by LGBTI+ persons on an individual basis as they are often closeted about their sexual orientation and gender identity. Due to this challenge, the report had to address broader structural factors, rather than individual cases, and worked with mental health experts who have a more systemic view.

In addition, if interviews are to be conducted with individuals receiving support from mental health services, it's important to ensure that the monitoring process itself doesn't violate their human rights. This requires a team of experts from different disciplines, including psychologists available to offer support in case of any issues that may arise. It's also essential to adhere to ethical codes. Given the painful mental health problems of the individuals involved, it has been crucial to focus on systemic issues rather than individual cases.

Our approach is to reveal the structural and institutional dynamics that instigate difficulties for the LGBTI+ community. Such issues frequently emerge through policies, laws, and institutional procedures. Regarding the LGBTI+ community, social stigma, and ignorance, including that of institutions and institutional officials, also play an important role. In this context, discrimination, and disparities in access to mental health services are not only directly related to individual experiences, but also to these large-scale structural factors. The report aims to scrutinize these structural issues and suggest practical policies to improve the LGBTI+ community's access to mental health services.

This comprehensive approach will allow us to understand the discrimination and inequalities faced by LGBTI+ persons in society and address these problems from a broader perspective. The report seeks to identify the steps that need to be taken to raise awareness on this issue and to ensure equal and fair access to mental health services for the LGBTI+ community. We hope that these efforts will make a significant contribution to the development of a more inclusive and equitable approach in our society.

1. EXECUTIVE SUMMARY

Lesbian, gay, bisexual, transgender, intersex and other people of diverse sexual orientation and gender identity (LGBTI+) report more negative mental health outcomes than cisgender and heterosexual people. The reasons for this difference are experiences of discrimination and violence in society, prejudiced attitudes and behaviours towards individuals and LGBTI+ persons as a group, and stigmatisation of LGBTI+ identity.¹

While there is no hierarchy of rights, the right to life is of utmost significance as the absence of it hinders the enjoyment of other rights. Additionally, it is the duty of the state not only to acknowledge and outline this right but also to guarantee its effective realisation by providing a conducive environment for its enjoyment. The right to life encompasses not only negative obligations, such as refraining from killing, but also positive obligations. Within this framework, in this context, the right to health is an integral part of the right to life. There can be no claim to the right to life in circumstances where healthcare services are inaccessible, health-related measures are not implemented, and health is not safeguarded; it must be recognised that health forms the foundation of the right to life. The components of the right to health are safe physical access to and affordability of services for all. Similarly, providing legal and physical measures for disadvantaged groups to have access to health services, ensuring that the services provided respect medical ethics while ensuring a certain medical and scientific quality are also considered among these elements. In this context, states have the obligation to respect, protect and fulfil the right to health. The fact that states are required to progressively achieve the full realization of the rights in this field, does not mean absolute dismissal of the components involved, and urgent action must be taken for their fulfilment even with a gradual attainment concerning the health services.

The lack of LGBTI+ inclusive mental health services in Türkiye is among the major barriers. The mental health professionals who were interviewed during the monitoring process revealed that LGBTI+ people have to do a lot of examination and research in order to access inclusive mental health services, and after this process, they could access a limited number of professionals who provide inclusive mental health services. LGBTI+ persons who somehow cannot access such professionals report that they are exposed to discriminatory attitudes and behaviours. Findings show that discriminatory attitudes towards LGBTI+ persons are widespread, especially in public hospitals, and that LGBTI+ persons therefore either refrain from accessing such services or are unable to access these services. While these services should be provided equally to all citizens, and but LGBTI+ people are subjected to a range of discrimination. In addition to this, professionals

¹ Moagi, M.M., Van Der Wath, A.E., Jiyane, P.M. & Rikhotso, R.S. (2021). Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review, *Health SA Gesondheid*, 26(0). <https://doi.org/10.4102/hsag.v26i0.1487>

and organizations that offer inclusive and affirming services for LGBTI+ people are limited, which leads to interruptions in access to services, long waiting times for appointments, and interview/session durations that do not allow for a comprehensive service. The absence of inclusive LGBTI+ curriculum in the studies of mental health specialists during both undergraduate and postgraduate education, and the that educational institutions do not prioritise this matter have been identified as an obstacle to the training of well-equipped human resources.

Hate speech against LGBTI+ persons and broad anti-LGBTI+ rhetoric has increased over the years in Türkiye and have been reinforced by the discourses of political subjects, which leads to rising concerns among both mental health professionals and service users about the disruption, prevention and total ban of LGBTI+ inclusive mental health services. Again, while such rhetoric creates acute and chronic need for LGBTI+ persons to necessitate mental health services, it also inhibits their motivation to use these services. Similarly, increasing pressure on LGBTI+ organizations and political rhetoric regarding the closure of these organizations raise concerns about the organisations' own safety and cause LGBTI+ organizations to refrain from expanding the services they provide². Meanwhile, aggregated hate speech and targeting is also directed directly at the professionals who provide inclusive mental health services to LGBTI+ persons. Professionals face not only hate speech and targeting, but also violence³.

LGBTI+ persons who have convictions and concerns that they cannot receive inclusive and affirmative services in Türkiye state that they prefer the service points LGBTI+ organizations, mental health professionals and other institutions that they know provide inclusive services because they trust these organisations.

The health system, dominated by a binary gender structure, excludes intersex service users in particular. Not only in terms of mental health but also in relation to other health problems, intersex people may be subjected to various practices by unqualified persons without being informed and without their consent. The limited number of intersex service users encountered by the mental health professionals interviewed suggests that intersex people cannot actively benefit from the health system.

Processes that directly affect LGBTI+ people, such as exemption from military service and the transition/adjustment process, as well as those that take place within the legal and health systems, are not standardised in practice. Difficulties in accessing accurate information about these processes, as well as discriminatory attitudes and behaviour towards LGBTI+ persons in such processes, are additional stressors for them. The difficulty in accessing accurate information about these processes and the discriminatory attitudes and behaviours that LGBTI+ persons may be exposed to emerges as yet other additional stress factor for LGBTI+ persons. It is also reported that for LGBTI+ persons, both processes become an obstacle not only to access mental health services but also to sustain their lives. In addition, factors such as disruptions in the gender adaptation/transition process due to long waiting periods, and the low number of hospitals where such process is carried out negatively affect the mental health of transgender people.

LGBTI+ rights holders who benefit from mental health services report that the mental health services they access through LGBTI+ organizations are corresponding to their needs and that they are able to receive support to improve their mental health without worrying about discrimination or prejudice.

² <https://kaosgl.org/haber/ttb-hekimleri-hedef-gosteren-gazeteleri-basin-konseyi-ne-sikayet-etti>

³ <https://www.diken.com.tr/psikiyatri-uzmani-basar-evinin-onunde-saldiriya-ugradi/>

2. INTRODUCTION AND BACKGROUND

LGBTI+'s access to health services in general and mental health services in particular have recently been addressed more clearly within the LGBTI+ movement. One reason is that the use of mental health services has become more widespread in Türkiye and globally and is relatively more easily vocalized in everyday life. Another reason for this is the increased awareness that mental health services are also within the scope of the right to health. While health was mainly centered on physical health in the recent past, it is now described as a "state of complete physical, mental and social well-being" parallel to the definition adopted by the World Health Organization (WHO). The United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR) also contains provisions on the right to health. This right is mainly described in Article 12 of the Covenant and is defined as "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".⁴ In addition, the 2017 Report of the UN Special Rapporteur on the Right to Health is important⁵. This report emphasizes that mental health services should be universally accessible. For LGBTI+ persons, this means the vitality of access to unbiased and inclusive services. When the challenges faced by LGBTI+ persons in Türkiye are evaluated in light of the universal principles stated in the report, the critical value of developing special policies and support mechanisms for this group transpires.

The Report of the UN Independent Expert on Sexual Orientation and Gender Identity provides insight into the issue in focus.⁶ This report focuses on discrimination based on sexual orientation and gender identity and addresses international obligations regarding the human rights of LGBTI+ persons. When the obstacles in the access to mental health services for LGBTI+ persons in Türkiye are reviewed within the framework of the human rights standards as emphasized by this report, the need to reduce discrimination and to provide equitable services come to the fore.

In the light of both reports, the importance of integrative and inclusive policies for improving access to mental health services for LGBTI+ persons in Türkiye becomes evident. This should include prevention of discrimination based on gender identity and sexual orientation in health services, training of professionals and increasing public awareness.

The analyses and comments of UN reports and expert statements on the mental health of LGBTI+ children and youth can be summarized as follows:

⁴ <https://www.ihd.org.tr/ekonomik-sosyal-ve-ktel-haklar-uluslararası-sleesi/>

⁵ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf?OpenElement>

⁶ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G22/597/09/PDF/G2259709.pdf?OpenElement>

The Right to Education and Freedom from Discrimination (Human Rights Watch, “Just Let Us Be”- Philippines Report): As emphasized ⁷ the lack of inclusive and complete sex education for LGBTI+ youth can have significant mental health implications. In educational settings where heteronormativity is reinforced and LGBTI+ identities are excluded or stigmatized, LGBTI+ children and young people may experience feelings of isolation, confusion and lack of self-esteem. This can lead to depression, anxiety and mental health problems that make them more vulnerable to increased risk of bullying and harassment.

Protection in Detention Settings (All Survivors Project Report): Special Rapporteur on the situation of human rights defenders and UN Independent Expert on Protection against violence and discrimination based on sexual orientation and gender identity emphasize the need for protective measures for LGBTI+ prisoners. This is of utmost importance for the mental health of LGBTI+ children and young people in detention, who face an increased risk of physical, sexual and emotional abuse due to societal prejudices. Such experiences can lead to consequences such as severe and prolonged psychological trauma, anxiety disorders and increased risk of self-harm and suicidal behaviour.⁸

Discrimination and Statelessness (OHCHR Report): The Special Rapporteur on Minority Issues discusses that discrimination based on sexual orientation and gender identity can lead to non-citizenship. Statelessness, or the fear of it, can create a pervasive sense of insecurity and vulnerability among LGBTI+ children and youth. This insecurity can lead to chronic stress, anxiety and feelings of helplessness, all of which are detrimental to mental health. Furthermore, the marginalisation associated with statelessness can prevent access to mental health services, which worsens existing situations.⁹

Advocacy and Protection for LGBT Rights (UN Human Rights Council, Report of the United Nations Special Rapporteur on the right to education): As UN experts have noted, the challenges faced by LGBT rights advocates reflect the broader social context in which LGBTI+ children and youth grow up. Being aware of or recognising the dangers faced by advocates can lead to feelings of fear, stress and vulnerability among LGBTI+ youth. This environment can hinder the development of a positive self-identity and lead to mental health problems such as anxiety and depression. It also emphasizes the importance of supportive figures and safe spaces for LGBTI+ youth that is paramount for their mental health.¹⁰

In line with this narrative on health, the right to access health services has been addressed as the right to access all the services that individuals need for their health. However, unfortunately, health services are still not a service area that is unconstrained from the social and cultural context where everyone can have access equally. 17 May Association’s report, From Discrimination to Poverty: LGBTI+’s in Türkiye, states that the legislation in Türkiye does not protect LGBTI+s in accessing the right to health without discrimination and it reveals a conjoint cause and effect relationship between health and poverty. Access to the right to health becomes important in order not to fall into poverty and to get out of poverty. Emphasising that mental health services in public institutions are not inclusive for LGBTI+ persons, the study underlines that LGBTI+ persons either have to allocate additional resources by turning to the private sector to benefit

7 <https://www.hrw.org/report/2017/06/22/just-let-us-be/discrimination-against-lgbt-students-philippines>

8 <https://srdefenders.org/information/media-advisory-un-experts-issue-joint-statement-on-defenders-of-lgbt-peoples-rights/>

9 <https://daccess-ods.un.org/tmp/5437268.01872253.html>

10 <https://www.hrw.org/report/2017/06/22/just-let-us-be/discrimination-against-lgbt-students-philippines>

from mental health services or they cannot benefit from these services at all.¹¹ Basically, all health services are constructed as dynamic structures that are shaped depending on the legal legislation and regulations of the country in which they are provided; the educational philosophies and perspectives applied both centrally and privately by the institutions providing education on health services; the internal policies and structures of the institutions providing health services, and finally, the knowledge, values, behaviours and attitudes of the people providing these services. In addition to this, general convictions about upbringing children as well as the patterns of behaviour, and child rearing models in heteronormative climate manifests itself as a form of violence applied by adults especially on LGBTI+ children.

So, how does this situation affect lesbian, gay, bisexual, transgender, intersex and other people of diverse sexual orientation and gender identity (LGBTI+)?

UN level expert reports draw attention to the inequalities in the health status of LGBTI+ persons, pointing out that breast, cervical cancer and HIV infection and mental health problems such as anxiety, depression, self-harm and suicide are found at higher rates in LGBTI+ persons.¹² It should be noted that LGBTI+ inclusive measures in the field of health are not discrimination, but positive actions to eliminate inequalities.

In the case of Türkiye, we foresee that there may be many obstacles to LGBTI+ persons' access to health services through structural, systemic, cultural and social methods and interventions. As a matter of fact, in the Concluding Observations on the Combined Fourth and Fifth Reports of the Committee on the Rights of the Child on Türkiye, it is pointed out that LGBT children have limited opportunities to benefit from basic services, including health and protection from violence, and to have an adequate standard of living.¹³

Putting aside the barriers created by individual health service providers, the belief that everyone has gender identities that are compatible with the sex assigned to them at birth and that this is the only rule (cisnormativity) and the belief that everyone is heterosexual and that this is the only rule (heteronormativity), are dominant in health services. Here are a few examples of various situations that may pose an obstacle to LGBTI+'s access to the inclusive health services they need in Türkiye:

- Not allowing any gender other than those prescribed by the binary gender system on the patient registration form,
- Gender assignment in the form of addressing patients as "sir/madam" and addressing people by their assigned names in hospitals,
- The dissemination of statistically inaccurate information such as assuming that those living with HIV are mostly LGBTI+ and the prejudice caused by this,
- The scarcity of hospitals that can carry out the medical part of the trans identity construction process and the lack of standard practices in these hospitals make the gender transition/adaptation process of transgender people difficult due to the differentiation of standards,
- The scarcity of trainings on LGBTI+ health and the fact that these trainings are rarely included in undergraduate and graduate education,

11 <https://www.17mayis.org/images/publish/pdf/ayrimciliktan-yoksulluga-turkiye-de-lgbti-lar-27-09-2022.pdf>

12 <https://kaosgildernegei.org/images/library/2019birlesmis-milletler-cinsel-yonelim-ve-cinsiyet-kimligine-dayali-sid-det-ve-ayrimciliga-karsi-koruma.pdf>, § 19

13 https://etkiniz.eu/wp-content/uploads/2023/06/CRC_C_TUR_CO_4-5_52894_TUR.pdf, § 18

- The fact that the efforts to make it possible for the patient to safely open up to the health service provider with his/her sexual identity can only exist in the personal and/or organised efforts of a very small group of health workers across the country.

In the field of mental health services, the fact that the legislation on working in the field of mental health in Türkiye defines a very limited area and that the working areas of many mental health professional groups (such as psychology, psychological counselling and guidance) are incompletely defined in a way that does not correspond to the training provided is a major obstacle.¹⁴ Although the work carried out by professional organizations in this field continues, the ambiguity of professional standards opens an insecure space for discrimination and rights violations in the case of LGBTI+ persons. The lack of professional principles prohibiting discrimination also prevents the investigation of discrimination. As an extension of the lack of legislation, the lack of professional organizations that are authorized to supervise and monitor the competencies required for the practice of the profession makes this obstacle even more serious.

We also know that there are practices that pathologise LGBTI+ existence, incompatible with science and ethics, violating the prohibition of torture and ill-treatment, such as the so-called “conversion therapies”¹⁵ (practices that claim that sexual orientation and gender identity can be harmonised with heteronormativity and cisnormativity through various interventions and are considered as torture and ill-treatment) at one end¹⁶ and practices that are inclusive and affirming of LGBTI+ existence and identity at the other.

When the gap is so significant, LGBTI+ persons who want to access inclusive mental health services need to take the initiative, engage in a self-navigated research process and reach the inclusive services that should be provided to them at a standard level. Unfortunately, accessing mental health services by excluding a phenomenon such as identity, which is closely connected to the person themselves, in other words by hiding the identity, is the most preferred method in this undertaking. One of the hinderances in this preference is the possibility that hiding identity itself may turn into a stress factor that may negatively affect a person’s mental health, while another is that an element that may be very important in mental health assessment is left out of the assessment process, or even replaced by the wrong elements due to the cis-heteronormative assumptions mentioned above. In such situation, for example, how far can the healthcare service accessed by a patient who starts psychiatric drug treatment after a full psychiatric evaluation in which LGBTI+ identity is hidden take them to “full well-being”? Would it be possible to say that this person has fully accessed health services? Can we say that this person has “fully and adequately” accessed health services? In order for us to be able to say this, it is necessary to carry out multi-faceted and multi-layered studies on legal legislation, education standards in the field, widespread knowledge and perception of human rights in the country, and attitudes towards LGBTI+s in the locality.

¹⁴ Law on the Practice of Medicine and Medical Sciences, <https://www.mevzuat.gov.tr/mevzuatmetin/13.1219.pdf>

¹⁵ Madrigal-Borloz, V. (2020). Practices of so-called “conversion therapy”: Report of the Independent Expert on Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity (A/HRC/44/53). <https://www.ohchr.org/en/documents/thematic-reports/ahrc4453-practices-so-called-conversion-therapy-report-independent>

¹⁶ The Yogyakarta Principles (18) regulate the right to “Protection from Medical Abuse” on the basis of sexual orientation and gender identity. The article states that “No one shall, on the basis of sexual orientation or gender identity, be forced to undergo any medical or psychological treatment, procedure, test or be confined to a medical center. Without any classification to the contrary, a person’s sexual orientation and gender identity is not in itself a medical condition and does not constitute a condition to be treated, cured or suppressed.” The prohibition of torture in the International Covenant on Civil and Political Rights forms the basis for this regulation. While everyone has the right to understand and express their identity, the irreparable physical, emotional and psychological damage caused by reparative therapy violates the Prohibition of Torture and Ill-Treatment. <https://yogyakartaprinciples.org/>

The LGBTI+ movement and the organizations within this movement have been searching for ways to provide inclusive mental health services for a considerable time precisely because of this necessity. However, although the mental health literature identifies global factors (expectation of discrimination in accessing services, hiding one's identity to avoid prejudice, etc.) regarding the access of LGBTI+ persons to mental health and the obstacles they face, in Türkiye, this issue is still spoken/discussed through anecdotal information (such as the fact that the information remains in the communication between the professionals working with LGBTI+ persons, the effort to produce information through individual cases). Our main motivation for preparing this report is to identify the current situation from a human rights perspective concerning LGBTI+'s access to mental health services, to bring visibility to the issues we discussed within the movement and with mental health experts, and to determine whether Türkiye's adversarial relationship with LGBTI+'s has affected the field of mental health.

The System and State Obligations Regarding Access to the Right to Health in Türkiye:

The Committee on Economic, Social and Cultural Rights (CESCR), the body that monitors the ICESCR, states that states have fundamental obligations to ensure at least minimum basic levels of the right to health. These include ensuring access to health facilities, goods, and services without discrimination, particularly for vulnerable or marginalized groups. States should provide health care and services to all individuals without discrimination. This includes ensuring that marginalized and disadvantaged groups have equal access to health services. States are obliged to progressively achieve the full realization of the right to health with the resources available to them. This means the continuous improvement of health services and their accessibility. States are also obliged to adopt laws and policies to realize the right to health and to ensure that these laws are enforceable in the courts. People should have the opportunity to seek legal remedies when their right to health is violated¹⁷.

Health care in Türkiye consists of a mix of public and private sector organisations. The 2003 comprehensive health reform increased the ratio of private to public health services and made health services available to a larger proportion of the population. Health services are largely financed by the Social Security Institution (SSI). Health legislation in Türkiye includes various regulations such as laws, regulations, circulars, directives and by-laws. This legislation regulates the basic principles of health services and the rules on access to these services.

There are a number of regulations governing health services. These regulations cover emergency health services, private hospitals, organ and tissue transplantation services, private health institutions for outpatient diagnosis and treatment, nursing, traditional and complementary medicine practices, medical devices, cosmetic products and many other areas. There are also regulations on job and job descriptions of healthcare professionals, medical laboratories, genetic disease diagnosis centers and inpatient treatment institutions.

¹⁷ <https://www.ohchr.org/sites/default/files/Documents/Issues/ESCR/FAQ%20on%20ESCR-en.pdf>

3. METHODOLOGY AND HUMAN RIGHTS FRAMEWORK

After reviewing the national and international literature on LGBTI+ persons' access to mental health and the obstacles they face, the issues to be researched by the monitoring team were determined. In order to make human rights violations in this field visible, it was decided to interview both mental health professionals who provide services and LGBTI+ persons who are beneficiaries of these services. Some of the interviews were conducted with mental health professionals who provide professional services to LGBTI+ persons (public hospitals, private practices and LGBTI+ organizations: Young LGBTI+ Association, Muamma LGBTI+ Association, Pink Life LGBTI+ Solidarity Association, Social Policies, Gender Identity and Sexual Orientation Research Association-SPoD) and the service users who access inclusive mental health services through 17 May Association, an LGBTI+ organization, and SPoD. In total, 7 mental health professionals who provide inclusive and affirming services to LGBTI+ persons and 5 service users with rights were interviewed. Mental health experts were selected from public, private and civil society experts in order to make different contexts visible and to identify common points - where any - in these contexts.

Within the scope of this study, the definition of health as defined in the WHO Constitution was adopted and the right to health was recognized in accordance with Article 25/2¹⁸ of the Universal Declaration of Human Rights (UDHR); United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR)¹⁹ art.12, Article 3 of the Convention on Human Rights and Biomedicine²⁰ (OVIEDO Convention), General Comment No. 14 of the Committee on Economic, Social and Cultural Rights²¹ (General Comment No. 14)), Yogyakarta Principles²² and based on Article 56²³ of the Constitution on Health Care and Environmental Protection.

The right to health ²⁴, The right to health is an integral part of the right to life, one of the most fundamental human rights. The right to life cannot be mentioned in a place where health services are not available, health-related measures are not taken and health is not protected. Health is the basis of the right to life. In addition to international documents, according to the Constitution of the Republic of Türkiye, the State, in order to ensure that everyone maintains his/her life in physical

¹⁸ <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

¹⁹ <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>

²⁰ <https://www.coe.int/en/web/bioethics/oviedo-convention>

²¹ https://insanhaklarimerkezi.bilgi.edu.tr/media/uploads/2016/05/05/BMde_Insan_Haklari_Yorumlari_1981_2006.pdf

²² <https://yogyakartaprinciples.org/>

²³ https://www.anayasa.gov.tr/media/7258/anayasa_eng.pdf

²⁴ For a detailed examination of the right to health and its elements in the context of international human rights and legal regulations in Türkiye, please check. Atabay, S. Ş. (2022). *Sağlık Hakkı ve Unsurları*, Türkiye Biyoetik Dergisi, 9(3), s. 105-113.

and mental health, and to increase savings and efficiency in human and material power and to realize cooperation, shall plan and regulate health institutions to provide services from a single source²⁵. Based on this provision of the Constitution, the 52nd Law, published with different dates and titles, regulates the right to health as an implementing text.²⁶

The realization of the right to health depends on the fulfilment of the following basic elements:

- **Availability:** Health-related goods and services, health and health care facilities must be available at a minimum level within the borders of the state, taking into account the level of development.
- **Accessibility:** Availability alone is not sufficient. These goods and services, health and health care facilities must be accessible to all. Health facilities should be legally and de facto open, especially to disadvantaged groups. Health services should be physically accessible to all in a safe manner and the cost of the service should be affordable by all.
- **Acceptability:** Health services should respect medical ethics and be culturally acceptable.
- **Quality:** There should be a certain medical and scientific quality in the service provision of health facilities.

The State has an obligation to respect, protect and fulfil the right to health. The obligation of States to realize this in a phased manner does not mean that States can completely reject the elements in this area. Even if there is a gradual realization of health services, the necessary measures for their realization must be taken immediately.

²⁵ https://www.anayasa.gov.tr/media/7258/anayasa_eng.pdf

²⁶ <https://www.saglik.gov.tr/TR-10358/kanunlar.html?Sayfa=1>

In addition, due to intersectionality, the legislation section of the REPORT ON THE HUMAN RIGHTS OF LESBIANS, GAYS, BISEXUALS, TRANS, INTERSEX AND + PEOPLE LIVING WITH HIV can be referred to: Author: Kerem DİKMEN, <https://www.17mayis.org/images/publish/pdf/hiv-ile-yasayan-lgbti-larin-insan-haklari-raporu-15-02-2021.pdf> (115 - 117)



4. BARRIERS TO THE ACCESS OF MENTAL HEALTH SERVICES IN THE CONTEXT OF THE RIGHT TO HEALTH

With this report, it was aimed to identify the institutional capacity that causes rights violations in the processes of LGBTI+’s access to inclusive health services in Türkiye. It was determined that LGBTI+ persons cannot access mental health services within the scope of access to the right to health. When mental health services are evaluated in terms of availability, accessibility, acceptability and quality, it was observed that the availability of mental health services provided by the public is very limited, accessibility is prevented due to discriminatory attitudes and practices, and it is not equal and inclusive for LGBTI+ persons in terms of acceptability and quality of service.

Research in the field of mental health shows that LGBTI+ persons report more negative mental health outcomes (such as anxiety, depression, eating disorders, alcohol and substance use, self-harm and suicide) compared to cis-gender and heterosexual persons due to discrimination, prejudice, stigmatization and targeting in society. Although this is the case, similar to the situation in the society, the concern of being exposed to discrimination, prejudice and stigmatization in health services causes LGBTI+ persons to delay, avoid or even give up applying to mental health services.²⁷

LGBTI+ persons cannot benefit from public health services due to fear of discrimination, lack of protection of privacy rights related to sexual orientation and gender identity and data security concerns. Instead, they turn to private health services or mental health services provided by LGBTI+ organizations. LGBTI+ organizations emphasize that homophobic and transphobic discrimination in the field of health, especially in the field of mental health, prevents LGBTI+ individuals from accessing their health rights and that this situation also violates their right to personal development. Therefore, these organizations try to provide basic counselling services and the expectations of LGBTI+ persons from these organizations are generally related to mental health services.

²⁷ Moagi, M.M., Van Der Wath, A.E., Jiyane, P.M. & Rikhotso, R.S. (2021). Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review, *Health SA Gesondheid*, 26(0). <https://doi.org/10.4102/hsag.v26i0.1487>

“(as a previous experience) I met with a state hospital psychiatrist. I could not directly declare that I was LGBTI+. I was secretly making them feel between the lines. I don’t know their point of view. There is a mistrust that they are heterosexual, and that they are in the state hospital. I didn’t know what to do, I received medication support. In our 15-minute meetings, I couldn’t talk about any of my private matters, which was uncomfortable. So I think it seemed more reliable for me to get support from an LGBTI+ association, and at the same time, I thought it would be more useful because it was directly about LGBTI+ individuals.” (A. Service user)

“Naturally, why do you want to get it from an LGBTI+ association? The fact that the experts you are referred to are reliable. When I go there or when I say that I need such a thing, that need should not be criticised or questioned, and when I want to get that need, the people I interview with should understand me first and foremost. In other organizations, you have to explain these things or you may have to give ‘LGBT 101’ to those people when you are referred. There is no such thing here.” (U. Service user)

Right holders state that being referred to mental health professionals through LGBTI+ organizations is both more economically viable and provides access to health services without discrimination. They also emphasize that this method reduces the financial burden by providing free or low-cost mental health services, especially to economically challenged people. In this context, these services provided by LGBTI+ organizations help LGBTI+ people to protect their economic status by reducing the need to resort to high-cost options to avoid discrimination.

It was stated that the psychological counselling provided by the Pink Life Association²⁸ during the trans adaptation process is provided with a holistic perspective, unlike psychiatric follow-ups in hospitals, and this is a factor that leads the clients to seek mental health services from Pink Life.

A specialist working in private practice stated that people who received services from them found their name when they searched for names working in the field, and that they were reached through the referral of colleagues because they had experience in the field of LGBTI+ mental health, provided inclusive services and this was known.

“They say that they research the names working in this field. They say that they watch training videos on the internet and they choose me because I am experienced in this field, or my colleagues guide me because they know that I work in this field.” (S., Specialist Doctor)

A mental health specialist working in a public hospital similarly stated that the applicants first researched institutions and individuals providing LGBTI+ inclusive services, that service users felt better because it was known that he provided inclusive services to LGBTI+ persons, and that the need for LGBTI+ persons to access non-heteronormative services in the field of sexual therapy played a role in the preference of service users.

“(…) In practice, I know that LGBTI+s do research before they go to a therapist. Especially if it is a state hospital, they research the people. (...) They go to any psychiatrist and say I want to see S. without any explanation, and they act more comfortable with me.

²⁸ <https://pembeyahat.org/en/about-us>

They explain the content of their complaints more easily or they say that they are related to the bullying they have been subjected to related to identity or bilateral relations.” (S., Dr. Psychologist)

“When sexual violence is mentioned, it is always (like) a complaint about heterosexuals, all the books (even DSM, used by psychiatrists) have heteronormative things written for them. There are not many people working in that field. There are not many people they can go to as sexual therapists in this field.” (S., Dr. Psychologist)

Another mental health specialist working at a public hospital stated that in addition to the factors mentioned above, some service recipients ““came across one another”” and that they were able to come out with their LGBTI+ identities or start bringing problems related to their LGBTI+ existence upon realizing that the specialist was LGBTI+ inclusive during the service process.

The interviewed experts stated that they felt insecure in terms of inclusiveness while directing people to public resources in the processes of providing mental health services to LGBTI+ persons, that the lack of human and financial resources negatively affects the quality and quantity of the service provided, that in cases of interdisciplinary work, they have concerns that experts in other disciplines will not provide an inclusive and positive service and that in some cases they may be insufficient, They mentioned that the session and time limitations in public mental health services are an obstacle to providing an effective service, that working with families with LGBTI+ children can be challenging, and that they are concerned about the negative developments towards LGBTI+ people in Türkiye preventing them from doing their own work.

They stated their needs in this field as integrating the issue of discrimination in mental health trainings, faster access to inclusive and affirmative services, making inclusive services more visible, increasing mental health trainings based on sexual orientation and gender identity diversity, increasing the number of experts working with an affirmative approach, and more and different institutions and individuals producing discourse on LGBTI+ rights and access to health.

Discrimination that LGBTI+ persons are exposed to in accessing mental health services in public hospitals harms the mental health well-being of LGBTI+ persons, trying to change their sexual orientation, not taking seriously/ignoring issues related to gender identity, humiliating/intimidating LGBTI+ existence, exposing them to discourses that feed myths about LGBTI+ persons and imposing these myths, They stated that they frequently encounter discriminatory practices such as being exposed to stereotypical approaches within the binary gender system, using people as research objects, not using an LGBTI+ inclusive language, pathologizing LGBTI+ identity, sharing opinions without scientific basis as information:

“ Non-binary people (who are outside the binary gender norms) may experience this (discriminatory treatment) more. They have to explain to the therapist (that they are outside the binary gender norms) because the therapist may still be speaking from a binary perspective. Apart from this, some families also come here. A professor they go to says very absurd things. He directs the family with very wrong information about sexual orientation. (...) They may talk to (another expert) beforehand and come here with even more myths. The client may not even realize this. They may come with a myth, let's say a myth about homosexuality or sexuality that has grown. When I make a comment, I may encounter things like I was not told this or I was told in a different way. Trans subjects are the same way, as if there is a clear response to what they feel.

(...) There may be things that they go and hear that this is a problem, that they prefer this. But there are also therapists who try to place it in a norm if they feel that way. For example, a trans woman subject comes with more norms about being a woman.” (H, Psychologist)

“I often hear that they meet with experts who are obliged to be more heterosexual, especially those who already think that gender identity does not progress independently of sexual orientation, or I can still say that the questions asked as a determining factor of trans + identity in the follow-up of the gender adjustment process are very stereotypical. I can say that many things such as ‘What were the toys you played with as a child?’ or people who have no idea are trying to connect this to different issues, and many of the myths or known falsehoods we talked about are still a matter of research by some mental health professionals. There may be imposing myths or research, linking them to a cause and effect relationship (...) the language used may disturb the person. For example, it is possible to say that the process is handled with biological determinist concepts such as (...) you will change gender, not the gender transition process, adaptation process.” (C., Psychological Counsellor)

The fact that some other mental health specialists, from whom service users had previously received mental health support, did not provide services by stating that they did not work on sexual orientation and gender identity issues was also stated as examples of discrimination reported by service users:

“(applicants) can say ‘I want to raise an issue related to sexual orientation or gender identity, but they try to tell me that it’s not something we can work on’. These can sometimes be very basic things. Like ‘Am I sick?’” (Ş., Psychologist).

Hate speech against LGBTI+’s reflected in the media in Türkiye has been perpetuated by political actors and public authorities, especially in the last few years²⁹. Anti-LGBTI+ discourses are turned into public policy. In the context of the prohibition of discrimination, the state does not fulfil its obligation to protect and fulfil, as well as its obligation to respect, and thus prepares the ground for discrimination and violence against LGBTI+ persons with these discourses.

Regarding the increasing hate speech against LGBTI+ persons and the access of LGBTI+ persons to mental health services, experts stated that LGBTI+ persons and their families may be concerned about the termination/closure of inclusive and affirmative mental health and other health services and the prevention of these services.

“For example, now (the institution) has started not to take child adolescent transgender people. Who will look after these children? Who will meet their needs? You prevented them from accessing treatment because of this attitude. They are anxious because it is not a medicine they can buy without a prescription. Expensive drugs, for example hormone suppressants. The family says, let’s find the money from somewhere, but where will they find an endocrinologist who will prescribe it and follow it? These

²⁹ <https://tr.euronews.com/2023/05/11/secim-surecinde-lgbtalara-yonelik-siyasi-soylemlerin-devletin-tum-kurumlarinda-etki-si-olac>
<https://artigercek.com/guncel/turkiyede-lgbti-karsitligi-kimsenin-kulagin-in-ustune-yatamayacagi-bir-donemden-266038h>

children sometimes feel so stuck with dysphoria... As I said, adolescence is very fragile. It corresponds to a problem equivalent to life that can lead to suicide attempts.” (S., Specialized Doctor)

Regarding the effects of hate speech in the media on people’s mental health, experts stated that people’s anxiety levels increase, they may feel hopeless, unprotected and pessimistic about the future and their existence in Türkiye, they may isolate themselves, and they have worries and fears about their safety and life. In addition, it was stated that the families of LGBTI+ children may also feel guilty and lonely.

Two LGBTI+ organizations stated that there was an increase in the number of support requests in parallel with the increase in hate speech in the media, while one LGBTI+ organization stated that the number of applications decreased during the processes when targeting in the media increased.”(...) transphobic or generally LGBTI+ phobic discourses in the media directly increase the number of calls to the counselling line. Even in the first few days after the election (...) I received farewell calls from more than one person from a place like ‘Associations will be closed, there are very few places we can talk’. Afterwards, these calls stopped. Especially when targeting increases in the media, there is a decrease in the number of calls on the one hand, and people may not call at the point where they are targeted, thinking that they are being recorded because their phone number is open, or thinking that something will happen to them.” (C., Psychological Counsellor)

A mental health specialist working at a public hospital stated that hate speech in the media can make them feel “intimidated, like they are doing something wrong” while providing inclusive and affirmative services, and that they are concerned about the well-being of LGBTI+ persons to whom they provide services.

The interviewed experts stated that service users frequently mentioned the hate speech they were exposed to in the society during mental health service processes:

“They definitely talk about individual experiences, very intense. This can be the social environment, family or partner. I see a lot of applicants who are exposed to phobia and hate speech, especially through their former partners.” (Ö., Specialized Clinical Psychologist)

“In general, the most frequent applications here are based on hate speech that they are exposed to because of their assigned gender.” (C., Psychological Counsellor)

It was shared by the experts that LGBTI+ persons may experience problems with housing and employment, may be deprived of existing support mechanisms (such as family support, social support), may be pushed into isolation and social isolation, may be subjected to bullying and these experiences may turn into internalized stigmatization due to discriminatory situations and hate speech in the society. In addition, an LGBTI+ organization stated that they have concerns about confidentiality and security in terms of disseminating the services they offer due to hate speech against LGBTI+ persons in the society:

"(...) On the one hand, we are in a period where we have to think about many things like security, we are at a time when we do not disseminate our full addresses. It was known before, it was even on Google maps, but not now." (H., Psychologist)

An expert from another LGBTI+ organization emphasized the importance of mental health services for LGBTI+'s due to the need arising from hate speech in the society and stated that when there are accessible services, people quickly display the behavior of utilizing these services

"(...) If we have the resources, and especially after the client is exposed to a phobia, my own observation is that there is really a desire to access therapy very quickly. Therefore, there is a process in which they do what they are told to do.(such as seeing a psychiatrist if it is a psychiatrist interview or a preliminary interview) When there are resources, this progresses very fast. When there are no resources, if the quotas are full, then it can go to an even worse stage. Somehow we have to keep the client waiting. This can be three weeks, it can be a month. Again, we stay in contact during this process, but it still affects the situation. In addition, since there are LGBTI+ employees in the association, it is also difficult to struggle against this within the association." (Ö., Specialized Clinical Psychologist)

4.1. The Needs of Intersex People

The fact that most societies and states only recognize the binary gender system means that the existence of intersex people is often not recognized within the health system. Therefore, intersex people's right to health and access to mental health services in particular is of particular importance. This is because, on the one hand, their existence is almost unrecognized within the health system, and on the other hand, it is known that medical interventions on the bodies of most intersex people starting from before birth, without consent or information, negatively affect the mental health of intersex people.³⁰ In terms of human rights, the prohibition of torture and inhuman and degrading treatment, the right to self-determination and bodily integrity, and access to mental health services for intersex people, who are subjected to violations such as torture, inhuman and degrading treatment, the right to self-determination and bodily integrity, have been specifically analyzed in this study as an important issue for both the field of mental health and human rights.

An interviewee who accessed mental health services through LGBTI+ organizations stated that he "encountered deficiencies due to prejudice and insufficient information" in his previous mental health service experiences and described this experience as follows:

"They did not fully understand the concepts of intersex and nonbinary. They thought that I was looking for my "real" gender, that I was in between, that I was undecided. However, it was not me who was in between, it was society. Since there was no visibility of intersex and nonbinary in society, I couldn't find a place to put my identity, otherwise I had no doubts about myself." (B., Service user)

³⁰ ILGA Europe & OII Europe. (2016). Protecting Intersex People in Europe: A toolkit for law and policymakers (Prepared by, Dan Christian Ghattas).

It was found that the number of intersex beneficiaries was very low, regardless of the organization or individual providing the service, and that some organizations and individuals had never received any intersex applications before.

The experts stated that except for one organization (Pink Life LGBTI+ Solidarity Association), other LGBTI+ organizations do not actually provide counselling on the specific needs of intersex people (due to a lack of applicants), but these organizations are in a position to provide basic information. An expert from an LGBTI+ organization stated that she was not sure about the timeliness and scope of the information on intersex in the trainings provided to mental health professionals, and expressed the need for extra thought when referring intersex applicants to psychotherapy as follows:

“Lesbian, gay, bisexual... I feel that I can direct applications coming from these three very comfortably. This is my personal experience. Because I know that people in the network are more interested and knowledgeable about this issue, but I think a bit more when I refer (intersex people).” (Ö., Specialized Clinical Psychologist)

It was reported that majority of the applicants to the Pink Life Association came with medical needs (endocrinology, surgical operations) rather than mental health needs, and that the information in consultation was used to meet the needs of intersex clients due to issues intersecting with the gender affirmation process. It was reported that only one of these applicants requested psychological support for interpersonal and social problems due to gender identity and gender expression, and that this support was terminated by the applicant after the psychiatry follow-up started.

A mental health specialist working in a public institution stated that they had followed up only one case so far, that the person in this case had learnt as an adult that they were intersex, and that they provided support in adapting to this new situation, in addition to providing psychoeducation services on sexuality:

“Because they faced a new situation there, they didn’t know what to put and where to put it. Concepts about sexuality, that first shock, then denial, the whole mourning process, in fact, we provided support for the process of adapting to a new situation.” (S., Dr. Psychologist)

Another mental health professional working in a public institution described this as a “shortcoming”, noting that she had limited contact with a limited number of intersex service users, and that these users were similarly provided with support to “assess, absorb and understand” this new information after learning that they were intersex.

4.2. Transition/ Gender Affirmation Process

Within the scope of the right to access to health services, the Yogyakarta Principles (17)³¹ stipulate that states “shall facilitate access to competent and non-discriminatory treatment, care and support for those seeking bodily changes related to gender transition”. In addition, the health pillar of the transition/gender affirmation process is a special area related to transgender people’s access to mental health as it is a process started and followed under the leadership of psychiatry specialists in Türkiye.

³¹ <https://kaosgliderneji.org/images/library/yogyakarta-web.pdf>

The systemic dimension of the transition/gender affirmation process can be listed as follows:

- The needs of LGBTI+ persons in general for access to accurate information,
- The fact that the process takes years to unfold is exhausting for individuals and has negative effects on their mental health (stress, anxiety, depression and suicide),
- Stress and uncertainty caused by the fact that the process is carried out in a limited number of institutions and without following a standard,
- Restriction of access to services due to lack of competent and well-equipped human resources for the process and consequently prolonged appointment processes.

"(...) The process is very long and it requires a lot of effort each time. The finalization of the lawsuit, the process in the hospital... The person feels that they have to overcome mountains to reach there. There are also economic problems at the moment. For many clients, that mountain is getting bigger. If their financial situation is not sufficient and they do not receive support from their family, they think that they will not be able to cope with the process. Both the process is long and the financial burden. Where there was no problem before, there is a problem in court. This time it takes even longer. Therefore, transgender people are very worn out in this process (...)" (H., Psychologist)

However, it was emphasized that inclusive and affirmative mental health services positively affect people's mental health.

An expert stated that LGBTI+ persons may have difficulties in building their lives without completing the transition/gender affirmation process as follows:

"People have different goals in their lives in many contexts, but they feel as if they cannot focus on them without this work (the transition/gender affirmation process). Part of their life is like a pandemic. It is as if they spend it in quarantine and then continues their life." (H., Psychologist)

A specialist working in his own private practice explained how essential the transition/gender affirmation process is for individuals and the negative effects of prolonging this process as follows:

"...it's like they are trying to walk with a big ingot chained to their feet..." (S., Specialised Doctor)

It was stated that the long waiting times for appointments were exhausting for individuals and their families and that this was a source of stress, and that it amounted to "usurping access to treatment".

"In international standards, a minimum follow-up period of three months recommended for the field of transgender people's mental health in the guidelines. Preparations for hormones, etc., again, it works as surgery after mental support planning that needs to be accompanied. I do not see this structure as problematic, but this structure is progressing in a token way. Six-month follow-up like drawing a line on the wall. A different doctor comes every time, the same questions every time. 'Did this or that

happen in childhood?’ Bro, what are you doing? What? Tell me ‘if you need anything’. There should be a follow-up on needs. What does psychiatry follow-up every three months mean for someone who will go through a gender affirming process? I’m talking about a university hospital. It’s very difficult to progress with different doctors even once a month. Or you are doing an endocrine clinic at a university, for example, it is very difficult to get an appointment. It works half a day a week as a trans clinic. There are so many applicants and they squeeze it into 4 hours a week. If you miss it, you can make another appointment. These are very stressful for people. Will I be able to get an appointment? Will I be able to start hormones?’ (S. Specialised Doctor)

In addition, it was also shared that the “abrasive/irritating” approaches of some doctors in the hospitals put pressure on the clients in the process, that people are worried about being exposed to discrimination and phobia during the transition process, and that the mental health of the clients may be negatively affected due to the ignorance of the physicians in the hospital follow-up processes and the lack of consideration of the unique needs of the individuals (for example, a non-binary person having to make a “false declaration” within the binary gender system in order to continue the process).

“On the one hand, in the binary gender system, colleagues who do not have much up-to-date knowledge in this field do not understand nonbinary identities, or it does not occur to them that a trans person can be homosexual. What kind of a service are we talking about where they say ‘I am nonbinary, I don’t want any genital operation, but if I say this, they probably won’t give me hormones’ and continue as if they are trans? Which need does it meet?” (S., Specialised Doctor).

All experts emphasized the importance of multidisciplinary work and expressed the need for increased human resources, financial resources and physical facilities to provide affirmative/inclusive services.

4.3. Military Exemption Process

In Türkiye, every individual who is over the age of 18 and whose assigned gender identity is male (regardless of their self-expressed gender identity) is legally obliged to perform compulsory military service³². According to the internal legislation of the Turkish Armed Forces (TAF), it is possible for LGBTI+ persons to be exempt from compulsory military service. For this, a procedure involving the TAF and public hospitals is followed. Basically, LGBTI+ persons can be exempted from military service upon the evaluation of a psychiatrist who interviews the person in public hospitals and the approval of a committee consisting of specialized doctors and health professionals from other fields. The fact that this process is built on LGBTI+ identity has been specially analyzed in this study as it may open up space for many potential experiences of discrimination.

Access to accurate information is one of the main needs of LGBTI+ persons in the exemption process from compulsory military service. Myths about exemption processes need to be replaced with accurate information. It was stated that LGBTI+ persons may have complaints due to stress, anxiety and depressive mood before starting the process, and these complaints may increase as

³² <https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=1111&MevzuatTur=1&MevzuatTertip=3>

the process progresses. It was emphasized that LGBTI+ persons are worried about discriminatory treatment and phobia by mental health experts during the exemption from military service. It was also stated that LGBTI+ persons, after being exempted from military service, may be concerned about the negative impact of this exemption on their subsequent social and working life and discrimination due to exemption. It was also added that for some people, the compulsory military service condition may become an obstacle for LGBTI+ persons to build a life for themselves. In addition to the uncertainty caused by the lack of a standard in the implementation of the exemption process and the anxiety that may arise due to this, it was stated by experts that especially transgender people may need accompaniment in hospital processes in order to prevent discrimination and phobia.

5. CONCLUSION AND RECOMMENDATIONS

As stated in the presentation part of the report, the interviews clearly reveal that there are social, systemic, structural and cultural barriers to LGBTI+ persons' access to mental health services in Türkiye. Experts clearly state that LGBTI+s are exposed to discriminatory, phobic, prejudiced and stigmatizing attitudes and behaviors while accessing common mental health services. On the other hand, it is clearly stated by both experts and service users that the existence of inclusive and affirmative mental health services has a positive effect on the mental health of LGBTI+s. On the other hand, in parallel with the increase in anti-LGBTI+ discourse in Türkiye, there is a legitimate concern about the prevention of access to inclusive and affirmative mental health services and the abolition / prohibition of these services.

The need for specialists to work with LGBTI+s in an inclusive and affirmative manner, and the need for financial resources to provide these services in parallel with this, appear as the main need to transform this situation. As the reason for the insufficiency in human resources, the lack of LGBTI+ inclusive mental health education in Türkiye is emphasized by experts. In a related way, the interdisciplinary and multidisciplinary nature of the studies on LGBTI+ mental health clearly reveals the need for well-equipped human resources not only in the field of mental health but also in other fields of health services.

LGBTI+ organizations stand at a key point in terms of LGBTI+s' access to mental health services in Türkiye. Since access to mental health services as a human right may be a matter of equity rather than equality for LGBTI+s, LGBTI+ persons who are (rightly) concerned that they will not find a place for themselves in the widespread service atmosphere may prefer to use LGBTI+ organizations as a first step service option. On the other hand, along with the hate speech against LGBTI+s in Türkiye, the pressure on LGBTI+ organizations is also increasing. It is predicted that the current Constitutional amendment agenda will restrict LGBTI+s' freedom of expression and freedom of association. While the lack of resources experienced by LGBTI+ civil society organizations reduces the quality of the services provided, the consultancy services provided by LGBTI+ organizations are also endangered by hate speech and hate policies. Therefore, the systemic inadequacy of equality and equity, which is tried to be bypassed through civil society, begins to become chronic with new obstacles to LGBTI+ persons' access to services as a right.

LGBTI+ organizations are important not only in terms of facilitating LGBTI+s' access to inclusive and affirmative mental health services, but also in terms of empowering LGBTI+ persons. All of the people who accessed inclusive and affirmative psychotherapy through LGBTI+ organizations (in parallel with the fact that most of the LGBTI+ organizations providing mental health services

provide comprehensive trainings on LGBTI+ mental health and have professional networks of mental health professionals providing affirmative and inclusive services) positively evaluated the mental health service they received from the LGBTI+ organization. For one person, being able to focus on mental health problems by including LGBTI+ identity, for another person, being “horizon-opening”, for another, being an inclusive and economically supportive service, for another, the feeling of “comradeship” established with the association in addition to the financial support provided were all reported as the reason for this positive evaluation.

In the same direction, it is clear from this study that LGBTI+ organizations are also effective in terms of LGBTI+ persons being informed about their rights and exercising these rights (for example, being informed that accessing inclusive and affirmative mental health services is a right, that this is provided by LGBTI+ organizations, and people applying to these services). In this respect, it is quite possible that the culture of human rights among LGBTI+s and its reinforcement with the experience of positive mental health services and this situation may increase the awareness of LGBTI+ persons about potential violations of rights that they may be exposed to in the future. In addition, the fact that the services provided by LGBTI+ organizations include social work and legal counselling services in parallel with mental health services can be considered as a good example of the interdisciplinary work emphasized in the interviews. Therefore, political pressure on LGBTI+ organizations is not only a pressure on freedom of association, but also an obstacle to the provision of human rights-based services and the dissemination and promotion of human rights awareness.

Recommendations for the Presidency:

- **Education and Awareness:** The government should organize educational programmes and campaigns to raise public awareness on LGBTI+ issues. Information should be provided about the challenges and needs of LGBTI+ persons in various settings such as schools, workplaces and health institutions.
- **Specialization in Health Care:** Training should be organized for healthcare professionals to understand the specific needs of LGBTI+ persons. This will enable psychologists, psychiatrists and other health professionals to work more effectively with LGBTI+s.
- **Legal Protection and Support:** Specialized support services and hotlines should be established for LGBTI+ persons to prevent discrimination and reduce violence against them.
- **Access to Health Services:** In order to facilitate LGBTI+s’ access to health services, it is important to integrate LGBTI+ friendly policies into state-sponsored health insurance programmes and services.
- **Community Participation and Representation:** In order to hear the voice of the LGBTI+ community and understand their needs, people from this community should be encouraged to take an active role in the formulation of state policies.
- **Research and Data Collection:** More research should be conducted on the mental health status and needs of LGBTI+ persons and this data should be used in the policy-making process.

Recommendations for the Parliament:

- **Comprehensive Anti-Discrimination Laws:** Enacting comprehensive anti-discrimination laws or strengthening existing laws to prevent discrimination against LGBTI+ persons on the basis of their sexual orientation and gender identity.

- **Laws on Gender Identity and Freedom of Expression:** Enact legislation that protects and promotes gender identity and freedom of expression. This is particularly important for transgender and other gender identities.
- **Equal Marriage and Family Law:** Making legal arrangements to ensure equal marriage or civil union rights and access to family formation rights such as adoption for LGBTI+ persons.
- **Equality in Health and Education:** Making legal arrangements for fair and equal access of LGBTI+ persons to health and education services and organizing these services in a way to prevent discrimination based on sexual orientation or gender identity.
- **Social Awareness and Education:** Supporting education programmes and campaigns to raise public awareness on LGBTI+ issues. Providing trainings on sexual orientation and gender diversity, especially in schools.
- **Hate Crime Legislation:** Introducing legal regulations that specifically recognize and punish hate crimes committed against LGBTI+ persons.
- **Participatory Policy Making Process:** Actively involving representatives of the LGBTI+ community in legislation making processes. This ensures that policies are more effective and inclusive.
- **Establishing Research and Audit Committees:** Establish special committees to oversee the implementation of policies related to the rights and welfare of LGBTI+ persons. These committees should monitor and report on whether laws and policies are effectively implemented.
- **Reviewing Government Actions:** Regular parliamentary review of government policies and practices on the rights of LGBTI+ persons. This is a critical step to check whether the government is fulfilling its responsibilities.
- **Budget Audit:** Auditing the effective use of the budget allocated for LGBTI+ persons. This is important to assess whether the government has allocated sufficient resources in this area and whether the resources are used effectively.
- **Discussions and Sessions on Public Policies:** Regular parliamentary debates and hearings on issues related to the rights and welfare of LGBTI+ persons. These sessions increase the awareness of policy makers and society on these issues.

Recommendations for Municipalities:

- **LGBTI+ Sensitive Services:** Municipalities should provide specialized services for LGBTI+ persons. This may include services such as counselling services, health services and social support programmes.
- **Awareness and Training Programmes:** Awareness and training programmes on LGBTI+ issues should be organized for municipal staff and the local community. These programmes are important for raising awareness against discrimination and providing support for LGBTI+ persons.
- **Local Regulations and Policies:** Municipalities should develop local regulations and policies to protect and promote the rights of LGBTI+ persons. This may include regulations prohibiting discrimination and equal service access policies.

- **Events and Community Participation:** Organizing events that support the LGBTI+ community and ensuring their participation in municipal decision-making processes. This can be LGBTI+ Pride marches, cultural events and community meetings.
- **Creating Safe Spaces:** Creating safe spaces for LGBTI+ persons. This could include safe social spaces for young people, refugees and support centers.
- **Local Support and Counselling Centers:** Establishment of local support and counselling centers for LGBTI+ persons. These centers can provide psychological counselling, legal aid and social support services.
- **Public Opinion Campaigns and Awareness Raising:** Conducting public opinion campaigns and awareness raising activities on LGBTI+ rights. This can positively change society's attitudes towards LGBTI+ individuals.
- **Collaborations and Partnerships:** Strengthen the place of LGBTI+ persons in society and increase services for them by developing collaborations with civil society organizations, local businesses and educational institutions.

Recommendations for Organizations Working in the Field of Mental Health:

- **Special Training and Awareness Programmes:** Training and awareness programmes should be organized for mental health professionals to address the specific needs of LGBTI+ persons. These trainings should aim to increase sensitivity on sexual orientation and gender identity issues and raise the level of knowledge on this issue.
- **Research and Data Collection:** Conducting research on the mental health of LGBTI+ persons and collecting this data. These researches can be used in the development of services and policy-making processes.
- **Developing Professional Standards and Guidelines:** Developing guidelines and policies on best practices and ethical standards to follow when working with LGBTI+ persons. This improves service quality and guides professionals.
- **Creating Support Groups and Networks:** Establish support groups and networks for LGBTI+ persons and their relatives. These groups enable individuals to share their experiences and support each other.
- **Collaborations and Partnerships:** Develop collaborations with the LGBTI+ community, other healthcare providers and civil society organizations. These partnerships can help expand the scope of services and better respond to community needs.

Recommendations for Academy:

- **Comprehensive Research and Studies:** Conduct comprehensive academic research on the experiences, needs and challenges of LGBTI+ persons. This research can provide valuable information for policy making and public awareness.
- **Integration into Curricula:** Inclusion of LGBTI+ issues in university curricula. This can be in various disciplines such as social sciences, health sciences, law and education.
- **Training and Awareness Programmes:** Organizing training programmes for students, faculty and university staff on LGBTI+ awareness and sensitivity.

- **Safe Spaces and Support Services:** Creating safe spaces for LGBTI+ students and staff on campus and providing support mechanisms such as psychological counselling, legal support and social services.
- **Student Clubs and Organizations:** Support and encourage LGBTI+ student clubs and organizations. These groups enable students to interact with each other and create support networks.
- **Equality and Inclusion in Academic Policies:** Ensuring equality and inclusion on the basis of sexual orientation and gender identity in university policies and regulations. This should cover a wide range of issues from admissions policies to recruitment and promotion processes.
- **Conferences and Seminars:** Organize conferences, seminars and panel discussions on LGBTI+ issues. These events increase knowledge and awareness for the academic community and the general public.
- **Collaborations and Networking:** Collaborations and networking activities with other universities, civil society organizations and governmental institutions on LGBTI+ research and education.
- **Scholarships and Research Funding:** Providing scholarship programmes for LGBTI+ students and special research funds for academics researching on LGBTI+ issues.