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April 11, 2016

Nila Moeloek
Minister of Health
Republic of Indonesia

Re: LGBT People in Indonesia and Mental Health Standards

Dear Minister Nila Moeloek,

We are writing to express our deep concern about a series of comments and measures against lesbian, gay, bisexual, and transgender (LGBT) people in Indonesia from Indonesian officials and agencies over the past three months, including a call from mental health officials in your ministry to provide diagnostic and curative treatments for LGBT people.

Human Rights Watch is a nongovernmental organization that investigates and reports on human rights abuses in over 90 countries. For three decades we have researched, reported on, and sought to improve the human rights situation in Indonesia.

We are particularly concerned by the February 19 notice from the Indonesian Psychiatrists Association (PDSKJI). Referring to Law No. 18/2014 on Mental Health and Guidelines for the Classification of Mental Disorder Diagnosis (PPDG)-III, the association stated that “people who are homosexual and bisexual are categorized as people with psychiatric problems,” and “a person who is transsexual is categorized as a person with a mental disorder (ODG).”

We urge you to uphold international scientific standards and publicly reject the Indonesian Psychiatrists Association’s assertion that equates homosexuality and transgender identities with mental health conditions. The views of the PDSKJI on this matter are misinformed, out of step with international scientific practices, and can facilitate human rights abuses. We understand from media reports that you are seeking clarity on similar statements made by Dr. Fidiansjah, your ministry’s mental health director

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regarding homosexuality.¹

We urge your office, which is entrusted with protecting the health of the Indonesian people, to publicly condemn the PDSKJI statement as unscientific and discriminatory, and to reject the categorization of LGBT identities as mental health conditions. As reflected in the resources attached to this letter, including statements from national mental health organizations in Turkey, Lebanon, Hong Kong, Thailand, India, South Africa, Brazil, the Philippines, and Argentina, the PDSKJI's proposed categorization of LGBT identities as mental health conditions would isolate Indonesia from the intellectual mainstream of scientific medicine and fall short of Indonesia's international human rights obligations.

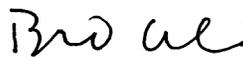
Based on the information presented in this letter, Indonesia's constitutional protections regarding non-discrimination and freedom of expression, and the government's international human rights obligations, we believe it is crucial that your ministry issues a public statement clarifying the ministry's position that LGBT identities are not mental health conditions and need no diagnosis.

We would be happy to discuss this matter further at your convenience.

Sincerely,



Graeme Reid
Director, Lesbian, Gay, Bisexual, and Transgender Rights Program
Human Rights Watch



Brad Adams
Asia Director
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¹ "Government to probe psychiatrist for false LGBT claim," *The Jakarta Post*, March 24, 2016, <http://www.thejakartapost.com/news/2016/03/24/government-probe-psychiatrist-false-lgbt-claim.html>.

Global Perspectives on LGBT People and Mental Health

International Mental Health Standards

In a March 2016 statement, the **World Psychiatric Association (WPA)**, of which PDSKJI is a member, issued a statement reiterating that “it has been decades since modern medicine abandoned pathologising same-sex orientation and behavior,” and reminding that “psychiatrists have a social responsibility to advocate for a reduction in social inequalities for all individuals, including inequalities related to gender identity and sexual orientation.” It concluded:

WPA believes strongly in evidence-based treatment. There is no sound scientific evidence that innate sexual orientation can be changed. Furthermore, so-called treatments of homosexuality can create a setting in which prejudice and discrimination flourish, and they can be potentially harmful. The provision of any intervention purporting to “treat” something that is not a disorder is wholly unethical.²

A 2015 joint statement issued by 12 United Nations agencies, including the World Health Organization (WHO), called on states to protect LGBT people from violence, torture, and ill-treatment, including by ending “unethical and harmful so-called ‘therapies’ to change sexual orientation.”³

The **American Psychiatric Association (APA)**, which sets global standards for mental health diagnostics in its Diagnostic and Statistical Manual (DSM), removed the diagnosis for homosexuality from the DSM in 1973 and has subsequently, along with multiple national mental health practitioner organizations, condemned discriminatory treatment of LGBT people.⁴

As you may be aware, the APA wrote an open letter to PDSKJI on March 8, 2016, expressing their concerns regarding the scientific validity and ethical implications of PDSKJI’s stance

² World Psychiatric Association, “WPA Position Statement on Gender Identity and Same-Sex Orientation, Attraction, and Behaviours,” March 21, 2016.

³ United Nations Joint Statement, “United Nations entities call on States to act urgently to end violence and discrimination against lesbian, gay, bisexual, transgender and intersex (LGBTI)1 adults, adolescents and children,” September 2015, http://www.ohchr.org/Documents/Issues/Discrimination/Joint_LGBTI_Statement_ENG.PDF.

⁴ Other American organizations include: American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American Counseling Association, American Medical Association, American Psychoanalytic Association, American Psychological Association, American School Counselor Association, and the National Association of Social Workers.

on homosexuality.⁵ In response to the letter, the PDSKJI chairman, Danardi Sosrosuhardjo, has indicated that there are differences in the ways Indonesian and American psychiatrists consider homosexuality.

In a seemingly positive step, Danardi said, “If someone is already established steadily as or has defended homosexuality, their psychiatry will not be tinkered with again.” However Danardi’s statement contravened international standards as he went on to outline how PDSKJI’s statement—and his beliefs—distinguish that lesbian, gay, and bisexual people have “psychiatric problems” (ODMK) but not “mental disorders” (ODGJ). He said: “The ODMK group is a healthy community, a normal community, but have the risk of falling into a mental disorder. Thus, with this Act, the ODMK group actually needs to be paid more attention in order to ensure that those classified as ODMK do not fall into ODGJ category.”⁶

Such a distinction has no substantive difference in international mental health standards and disturbingly positions mental health practitioners to intervene in LGBT people’s free expression of their sexual orientation. It is also out of line with how national professional mental health bodies and ministries of health around the world have understood their obligations to uphold non-discrimination standards for LGBT people.

It is crucial that your ministry clarify, in line with international standards and the growing global consensus outlined in this letter, that LGBT sexual orientation and gender identity are not mental disorders, and that mental health practitioners have a duty to uphold principles of non-discrimination in their care for LGBT people.

Global Consensus Against Diagnosing and “Curing” Homosexuality

National organizations around the world have scientifically invalidated and ethically condemned both the diagnosis of homosexuality as a mental disorder as well as efforts to provide therapies aimed at “curing” or changing sexual orientation or gender identity.

In its code of ethics, published in 2004, the **Turkish Psychological Association** mandated that “psychologists do not use their knowledge as a tool for psychological pressure,” which means clinicians cannot “force clients into declaring, denying or

⁵ American Psychiatric Association, letter regarding concern over the Indonesian Psychiatric Association’s recent classification of homosexuality as a mental disorder, March 8, 2016, https://www.psychiatry.org/File%20Library/Newsroom/APA-denounces-IPA-LGBT-classification.pdf?_ga=1.265630154.433623477.1458129090.

⁶ “Diprotos Asosiasi Psikiater Amerika soal LGBT, Ini Tanggapan PDSKJI,” *Portal Kabar*, March 17, 2016, http://portalkbr.com/nasional/03---2016/diprotos_asosiasi_psikiater_amerika_soal_lgbt_ini_tanggapan_pdskji/79483.html.

changing their worldview, sexual orientation, political, religious and moral values.” The code further states that:

Psychologists respect the dignity and the rights of all people under all circumstances. Psychologists do not make discriminations based upon age, identity, gender, sexual identity, sexual preference, ethnic background, religion, socio-economic status, or disability.⁷

In response to a spate of harassment and arrests of LGBT people, the **Lebanese Psychiatric Society** stated:

Homosexuality was once thought to be the result of troubled family dynamics or faulty psychological development. Those assumptions are now understood to have been based on misinformation and prejudice.... Homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities.... There is no published scientific evidence supporting the efficacy of “reparative therapy” as a treatment to change one’s sexual orientation. More importantly, altering sexual orientation is not an appropriate goal of psychiatric treatment.⁸

The **Hong Kong Psychological Society** stated that “psychologists understand that homosexuality and bisexuality are not mental illnesses,” and “psychologists understand that efforts to change sexual orientation are not proven to be effective or harmless.”⁹

Thailand’s Ministry of Public Health confirmed that “persons loving the same sex are not considered mentally abnormal or in any way ill.”¹⁰ The **Royal College of Psychiatrists of Thailand** stated: “[Homosexuality] is encountered in both sexes, that is, men who like men (gay) and women who like women (lesbianism), and individuals who like both sexes (bisexualism); this state is not a psychiatric illness.”¹¹

The official publication of the **Indian Psychiatric Society** stated:

⁷ Turkish Psychological Association Ethics Code, April 18, 2004.

⁸ Statement from the Lebanese Psychiatric Society Executive Committee, July 2013, <http://static1.squarespace.com/static/52567f12e4b02768cf839a59/t/567bd7c8a128e603ba937910/1450956744013/LPS+homosexuality+-+revised+2015.pdf>.

⁹ Division of Clinical Psychology, Hong Kong Psychological Society, “Position Paper for Psychologists Working with Lesbian, Gay, and Bisexual Issues” (August 1, 2012).

¹⁰ Department of Mental Health, Ministry of Public Health, Kingdom of Thailand, “Issuing an Academic Affirmation on Homosexuality,” January 29, 2002, <http://www.sapaan.org/article/39.html>.

¹¹ Clinical Practice Guideline in Management of Gender Dysphoria and Transsexualism 2009, Royal College of Psychiatrists of Thailand, September 18, 2009.

There is no evidence for the effectiveness of sexual conversion therapies. Such treatments also raise ethical questions. In fact, there is evidence that such attempts may cause more harm than good, including inducing depression and sexual dysfunction. However, faith-based groups and counsellors pursue such attempts at conversion using yardsticks, which do not meet scientific standards. Clinicians should keep the dictum “first do no harm” in mind. Physicians should provide medical service with compassion and respect for human dignity for all people irrespective of their sexual orientation.¹²

The **Indian Medical Association** asserted a similar point in a submission to the Supreme Court, saying that they were “seriously concerned that homosexuality is looked upon as a disorder,” and affirming:

Psychiatrists also need to do our real job—treating emotional distress among those who need it. These would include helping lesbian, gay, bisexual, transgender (LGBT) groups in communicating with their families, building supportive networks, helping in disclosure and handling depression and anxiety just like they would in any other person who seeks help.¹³

The **Psychological Association of the Philippines** (PAP) declared, “Decades of scientific research have led mental health professional organizations worldwide to conclude that lesbian, gay and bisexual orientations are normal variants of human sexuality,” and that “PAP aligns itself with the global initiatives to remove the stigma of mental illness that has long been associated with diverse sexualities and to promote the wellbeing of LGBT people.” Crucially, PAP’s statement highlighted that “anti-LGBT prejudice and discrimination tend to be based on a rhetoric of moral condemnation and are fueled by ignorance or unfounded beliefs associating these gender expressions and sexual orientations with psychopathology or maladjustment.”¹⁴

The **Psychological Society of South Africa** has called on psychology professionals to support LGBT people by “using relevant international practice guidelines in the absence of South African-specific guidelines,” and by “cautioning against interventions aimed at changing a person’s sexual orientation or gender expression such as ‘reparative’ or

¹² T.S. Sathyanarayana Rao and K.S. Jacob, “Homosexuality and India,” *Indian Journal of Psychiatry*, 54(1) (2012): 1-3.

¹³ “Homosexuality not an illness: health professionals to SC,” *Indian Express*, February 16, 2011.

<http://archive.indianexpress.com/news/homosexuality-not-an-illness-health-professionals-to-sc/750770/>.

¹⁴ Psychological Association of the Philippines, “Statement of the Psychological Association of the Philippines on Non-Discrimination Based on Sexual Orientation, Gender Identity and Expression,”

<http://www.pap.org.ph/?ctr=page&action=resources>.

conversion therapy.”¹⁵

The **Pan American Health Organization** (PAHO), the regional office of the World Health Organization representing North and South America, has stated, “Efforts aimed at changing non-heterosexual sexual orientations lack medical justification since homosexuality cannot be considered a pathological condition.... In none of its individual manifestations does homosexuality constitute a disorder or an illness, and therefore it requires no cure.” PAHO further clarified for practitioners that “suggesting to patients that they suffer from a ‘defect’ and that they ought to change constitutes a violation of the first principle of medical ethics: ‘first, do no harm.’”¹⁶

The **Federal Council of Psychology in Brazil** said that psychologists should not “engage in any action that favors the pathologizing of behaviors or homoerotic practices or adopt coercive action aimed to guide treatments for homosexuals unsolicited,” or “cooperate with events and services who offer treatment and cure of homosexualities.” The association called on psychologists to “not pronounce, or participate in public statements, or means of mass communication, in order to strengthen existing social prejudices against homosexuals as having any psychiatric disorder.”¹⁷

Argentina’s law on mental health protection states that “In no case may a diagnosis in the mental health field be made solely on the basis of ... sexual orientation.”¹⁸

Standards for Transgender Health Care

With regard to transgender people, PDJSKI’s statement is also out of line with international standards and best practices. PDJSKI states that “a person who is transsexual is categorized as a person with a mental disorder (ODG).”

The **World Professional Association for Transgender Health** (WPATH) has clarified:

Some people experience gender dysphoria at such a level that the distress meets criteria for a formal diagnosis that might be classified as a mental disorder. Such a

¹⁵ Psychological Society of South Africa, “Sexual and Gender Diversity Position Statement,” June 7, 2013.

¹⁶ PAHO, “‘Cures’ For an Illness that Does Not Exist: Purported Therapies Aimed at Changing Sexual Orientation Lack Medical Justification and are Ethically Unacceptable,” May 15, 2012, http://new.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17703.

¹⁷ Federal Council of Psychology, Resolution 001/99, Mar. 22, 1999, http://site.cfp.org.br/wp-content/uploads/1999/03/resolucao1999_1.pdf.

¹⁸ National Mental Health Law, Law No. 26657, Chapter 2, Article 3, *Official Gazette of the Argentine Republic*, Year CXVIII, No. 32,041, December 3, 2010.

diagnosis is not a license for stigmatization or for the deprivation of civil and human rights. Existing classification systems such as the DSM and the International Classification of Diseases (ICD) define hundreds of mental disorders that vary in onset, duration, pathogenesis, functional disability, and treatability. All of these systems attempt to classify clusters of symptoms and conditions, not the individuals themselves. A disorder is a description of something with which a person might struggle, not a description of the person or the person's identity.¹⁹

The WHO is currently considering major changes to its revised version of the International Classification of Diseases (ICD), due out by 2018, which will significantly transform the ways physicians around the world code and categorize transgender people's experiences. The proposed revisions, while still in draft form, would move transgender-related diagnoses out of the mental disorders chapter. This move is in line with other changes in recent years.

For example, the Gender Dysphoria diagnosis in DSM-5, published in 2013, replaced a previous diagnosis in DSM-IV, Gender Identity Disorder. The new diagnosis of Gender Dysphoria emphasizes that a person's dysphoria, rather than their gender identity, is the appropriate focus of treatment. The Supreme Court of India has also affirmed that the important mental health issues for transgender people are not their gender identity itself, but the anxieties caused by the stigma and discrimination they face.²⁰ This is an important distinction for health officials to maintain: it is not a person's gender identity that calls for a diagnosis, but rather that the anxieties associated with gender transition—including adverse symptoms caused by stigma, discrimination, and violence—can benefit from mental health care treatment.

¹⁹ WPATH, "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 7," 2012, http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf.

²⁰ Supreme Court of India, NALSA v. India, WRIT PETITION (CIVIL) NO.400 OF 2012, <http://supremecourtindia.nic.in/outsday/wc40012.pdf>.