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MASS: mobilising alliances to enhance community capacity building for SOGIESC-affirming mental health services

Submission date	Recruitment status	[X] Prospectively registered
27/05/2025	No longer recruiting	[ ] Protocol
Registration date	**Overall study status**	[ ] Statistical analysis plan
03/06/2025	Ongoing	[ ] Results
Last Edited	**Condition category**	[ ] Individual participant data
27/08/2025	Mental and Behavioural Disorders	[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
LGBTQ+ people in Malaysia often face discrimination, especially when it comes to mental health care. Many struggle to find safe and supportive services, and harmful practices like conversion therapy are still used. This study aims to improve mental health support for LGBTQ+ individuals by training mental health professionals to be more inclusive and affirming. The project brings together experts from different fields to understand the challenges and create better training for practitioners.

Who can participate?
The study is looking for:
LGBTQ+ individuals aged 18 and above
Mental health professionals who support LGBTQ+ clients
Members of NGOs or professional bodies working on LGBTQ+ or mental health issues

What does the study involve?
Participants may be asked to:
Share their experiences through interviews or discussions
Help researchers understand the challenges faced in mental health care
Provide feedback on training materials for mental health professionals

What are the possible benefits and risks of participating?
Benefits:
Contributing to better mental health care for LGBTQ+ people in Malaysia
Helping shape training that could improve services in the future
Risks:
Talking about personal experiences may be emotional or sensitive
All information will be kept confidential, and support will be available if needed

Where is the study run from?
The study is based at Universiti Malaya in Malaysia.

When is the study starting and how long is it expected to run for?
November 2024 to October 2027.

Who is funding the study?
National Institute for Health and Care Research (NIHR) in the United Kingdom.

Who is the main contact?
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Contact information

Type(s)
Public, Scientific, Principal investigator

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Study information

Scientific Title
Mobilising Alliances to Enhance Community Capacity Building for SOGIESC-affirming Mental Health Services

Acronym
MASS

Study objectives
This study is a qualitative study and therefore has no hypothesis. Our study's purpose is to collaboratively enhance the local training capacity of SOGIESC-affirming mental health practitioners by mobilising allied resources and experts among community advocacy

organisations, SOGIESC-affirming mental health practitioners, social scientists, and clinicians. The study has 4 research objectives, which are further operationalised into resesarch questions which guide the research activities.

Research objectives (RO):
RO1: Collating and analysing data on social context, discursive practices and stakeholder perspectives in relation to mental health(care) and SOGIESC minorities in Malaysia
RO1.1: Conduct Corpus-based Critical Discourse Analysis of public discourses related to mental health(care) and SOGIESC minorities to identify themes surrounding inclusion, gaps, and stakeholder voices.
RO1.2: Perform a Situational Analysis to gather stakeholders' perspectives on mental health services for SOGIESC minorities, including surveys, focus groups, and interviews.
RO1.3: Conduct Conversation Analysis of psychotherapy sessions to gather linguistic and interactional evidence to inform SOGIESC-affirming communication skills training for mental health practitioners.
RO2: Enhancing training tools for SOGIESC affirming mental health practitioners
RO3: Implementing, evaluating, and validating the enhanced training tools for SOGIESC affirming mental health practitioners
RO3.1: Conduct enhanced training modules for SOGIESC-affirming mental health practitioners and assess the skills of practitioners who complete the modules.
RO3.2: Evaluate the enhanced training tools for SOGIESC-affirming mental health practitioners, including peer review and feedback from participants, clients, and peer supervisors.
RO3.3: Submit training modules for validation by Monash University Malaysia academics.
RO4: Consolidating and disseminating findings and advocacy to engage with stakeholders
RO4.1: Compile CA-based guidelines for SOGIESC-affirming communication in mental healthcare and a report with recommendations for Mobilising Alliances for SOGIESC-affirming Mental Health Services.
RO4.2: Conduct advocacy and engagement activities to enhance awareness and inclusive practices among broader stakeholder groups, including symposiums, roundtable discussions, and community engagement campaigns.

note-SOGIESC =sexual orientations, gender identities and expressions, and sex characteristics.

Rationale for the study
Globally, SOGIESC (sexual orientation, gender identity, expression, and sex characteristics) minorities face pervasive stigma and discrimination, notably within healthcare settings. In Malaysia, conservative attitudes and discriminatory laws compound these challenges, denying SOGIESC minorities access to SOGIESC-affirming and culturally safe mental healthcare. Government-sanctioned narratives pathologise LGBTQ+ identities through state-endorsed conversion therapy practices, policy gaps and guidelines that fail to safeguard the human rights of SOGIESC minorities, exacerbating mental health and care disparities stemming from stigma, discrimination, and limited SOGIESC-affirming mental healthcare and social support. Civic and community spaces for SOGIESC rights are also shrinking, leaving SOGIESC minorities increasingly marginalised and lacking access to mental health care. Objective: In response to the absence of systemic protections, public services or policies providing inclusive mental health services for SOGIESC minorities in Malaysia, our project proposes a micro-system, participatory approach to enhance the community-based capacity-building for mental health services to be more inclusive, affirming, and culturally safe for these populations in Malaysia. Therefore, we aim to enhance the local training capacity of SOGIESC-affirming mental health practitioners by mobilising allied resources and experts among community advocacy organisations, SOGIESC-affirming mental health practitioners, social scientists, and clinicians.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 25/08/2025, Universiti Malaya Research Ethics Committee (Non-Medical) (UMREC – Bahagian Perkhidmatan Penyelidikan (BPP) Level 2, Institut Pengurusan & Perkhidmatan Penyelidikan (IPPP) UM Research Management & Innovation Complex, University of Malaya, Kuala Lumpur, 50603, Malaysia; +60 3-7967 7022 (ext. 2369); mrec@um.edu.my), ref: UM.TNC (P&I)/UMREC_5019

Primary study design
Observational

Study design
Discursive qualitative study

Study type(s)
Other

Health condition(s) or problem(s) studied
Mental health

Interventions
The MASS study utilises a bottom-up qualitative approach, engaging key stakeholders and integrating discourse analytic principles to enhance the local training capacity of SOGIESC-affirming mental health practitioners. The nature of this study means that we are unable to categorise it as 'interventional', 'observational' or other commonly used types of methodologies. Utilising a discursive approach, we will enhance, validate and test training materials for SOGIESC-affirming mental health services, as set out in the following four research objectives (RO):
RO1- Collating and analysing data on social context, discursive practices and stakeholder perspectives in relation to mental health(care) and SOGIESC minorities in Malaysia)
RO2: Enhancing training tools for SOGIESC affirming mental health practitioners
RO3: Implementing, evaluating, and validating the enhanced training tools for SOGIESC affirming mental health practitioners
RO4: Consolidating and disseminating findings and advocacy to engage with stakeholders

We will employ varied methodologies to address each of the Research objectives as follows:
To address Research Objective 1 (RO1: Collating and analysing data on social context, discursive practices and stakeholder perspectives in relation to mental health(care) and SOGIESC minorities in Malaysia), a mixed method discursive approach will be used in Work package 1. This will involve incorporating, mixed-method corpus-based critical discourse analysis of public archives, situational analysis of stakeholders' voices through surveys, focus groups, and interviews and conversation analysis of audio-video recordings of mental healthcare interactions. This discursive data will be utilised to gather insights and map current mental healthcare situation, challenges and needs for SOGIESC minorities and non-government organisations (NGOs) in Malaysia.
The findings from the situational mapping in WP1 will form the bases for the activities related to the second research objective (RO2: Enhancing training tools for SOGIESC affirming mental health practitioners). Utilising the findings from RO1, we will enhance the training materials for SOGIESC affirming mental health professionals, to incorporate evidence and insights from the discursive and qualitative analyses of multiple datasets analysed in RO1.

For RO3, (Implementing, evaluating, and validating the enhanced training tools for SOGIESC affirming mental health practitioners) we will utilise a practical approach to implement the enhanced training materials via conducting training sessions and collecting and evaluating participant feedback. Additionally, expert validation will be conducted during this phase.
RO4: Consolidating and disseminating findings and advocacy to engage with stakeholders. This stage involves carrying out advocacy and engagement activities to raise awareness and promote inclusive practices among stakeholders by publishing and disseminating a conversation analysis-based guidelines of SOGIESC-affirming communication in mental healthcare

Intervention Type
Other

Primary outcome(s)
Due to the nature of this study, we do not have a 'primary outcome' in the sense of an interventional study. However, this study aims to enhance capacity in SOGIESC affirming mental health professionals in Malaysia.

Primary Outcome Measures (Project-Level):
1. Increased communicative awareness, knowledge, and skills of best practices among MHPs:
1.1. Data collected: Self-reported confidence and knowledge; peer evaluations; observed communication practices
1.2. Method: Post-training survey (qualitative + quantitative); peer evaluation forms; conversation analysis (CA) of peer-evaluated sessions
1.3. Timepoint: Immediately post-training and within 3 months of practice implementation
1.4. Target: ≥80% of trained MHPs report improved understanding and confidence; ≥80% observed to implement at least one interactional practice or principle taught
2. Increased awareness and engagement with enhanced training resources:
2.1. Data collected: Number of downloads, views, and engagement metrics (clicks, shares, comments)
2.2. Method: Web analytics; social media insights; platform metrics
2.3. Timepoint: Continuous monitoring post-launch, with reporting at 3, 6 and 12 months
2.4. Target: Sustained or increasing engagement with training resources across dissemination platforms

Key secondary outcome(s)
Due to the nature of this study, we do not have a 'secondary outcome' in the sense of an interventional study. However, in the long run, the enhanced capacity may contribute to improved mental health outcomes for SOGIESC minorities, and our advocacy efforts could contribute towards policy changes and advance human rights efforts in our local context.

Secondary Outcome Measures (Project-Level):
1. Improved client service experience in settings with trained MHPs:
1.1. Data collected: Client satisfaction scores; qualitative reports of therapeutic experiences
1.2. Method: Client feedback surveys (anonymous), follow-up interviews, and service experience logs during peer supervision
1.3. Timepoint: Pre-training and then during peer supervision, which is post-training
1.4. Target: Increased satisfaction; decreased reports of negative experiences related to gender /sexuality
2. Adoption of training resources by training providers, professional bodies, and local advocacy groups:
2.1. Data collected: Download/view metrics; endorsements or usage by relevant institutions

2.2. Method: Web analytics; documented statements of adoption; citations or mentions in training syllabi or advocacy toolkits
2.3. Timepoint: Monitored quarterly over 12 months post-resource release
2.4. Target: Evidence of institutional uptake or integration into training/advocacy
3. Policy discussions and alliance-building among stakeholders:
3.1. Data collected: Number of formal policy discussions; mentions or use of alliance blueprint
3.2. Method: Meeting minutes; reports from stakeholders; policy briefs
3.3. Timepoint: Throughout the project lifecycle and final count at Month 12
3.4. Target: At least two formal discussions with professional bodies; blueprint referenced or adapted by stakeholders

Anticipated Long-Term Outcomes (Beyond Project Duration):
These are not measured within the scope of this project but are projected impacts based on successful implementation and stakeholder uptake:
4. Increased training capacity for MHPs
5. Increased number and availability of SOGIESC-affirming, communicatively competent practitioners
6. Improved accessibility and safety of mental health services for SOGIESC minorities
7. Sustained interdisciplinary collaboration in SOGIESC-affirmative work and beyond

Completion date
30/10/2027

Eligibility

Key inclusion criteria
1. LGBT+ Clients of Mental Health Services (RO1.2, 1.3, 3.1, 3.2)
1.1. Self-identify as LGBT+ (lesbian, gay, bisexual, transgender, or other queer identities of gender and sexuality).
1.2. Aged 18 years and above.
1.3. Willing to participate voluntarily and provide informed consent.
1.4. Ideally, comfortable communicating in Malaysian local language(s) (for RO1.3 only).

2. LGBT-Affirmative Mental Health Practitioners (MHP) (RO1.2, 1.3, 3.1, 3.2)
2.1. Licensed or registered MHP (e.g., clinical psychologist, psychiatrist, counselor, social worker, or therapist).
2.2. Self-identify or demonstrate commitment to LGBT-affirmative practice.
2.3. Currently practising in a professional mental health capacity.
2.4. Willing to participate voluntarily and provide informed consent.
2.5. Ideally, comfortable communicating in Malaysian local language(s) (for RO1.3 only).
2.6. Ideally, residing in rural/underrepresented/diverse geographical areas (for RO1.2 only).

3. LGBT+ Persons in General (RO1.2)
3.1. Self-identify as LGBT+ (lesbian, gay, bisexual, transgender, or other queer identities of gender and sexuality).
3.2. Aged 18 and above.
3.3. Ideally, residing in rural/underrepresented/diverse geographical areas.
3.4. Willing to participate voluntarily and provide informed consent.

4. NGO Members/Representatives (RO1.2)
4.1. Currently or previously affiliated with an NGO or body related to mental health, LGBT+

rights, or community support (e.g., SEED, Malaysia Board of Counsellors).
4.2. Have experience working in or advocating for LGBT+ issues, mental health, or both.
4.3. Willing to participate voluntarily and provide informed consent.

Participant type(s)
Health professional, Population

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Key exclusion criteria
1. LGBT+ Clients of Mental Health Services – Exclusion Criteria
1.1. Under 18 years old.
1.2. Unable to provide informed consent (e.g., due to severe cognitive impairment).
1.3. Engaged in ongoing crisis situations that may interfere with participation (e.g., currently experiencing acute distress or hospitalization).

2. LGBT-Affirmative Mental Health Practitioners (MHPs) – Exclusion Criteria
2.1. Not licensed or registered as a mental health professional.
2.2. Do not practice or endorse LGBT-affirmative approaches.
2.3. Have had complaints or disciplinary actions related to unethical or harmful practices toward LGBT+ clients.
2.4. Unable to provide informed consent.

3. LGBT+ Persons in General – Exclusion Criteria
3.1. Under 18 years old.
3.2. Do not self-identify as LGBT+.
3.3. Unable to provide informed consent.

4. NGO or Professional Body Members/Representatives – Exclusion Criteria
4.1. Not affiliated with any relevant NGO or professional body (current or past).
4.2. No experience in LGBT+ or mental health-related advocacy or services.
4.3. Unable to provide informed consent.

Date of first enrolment
01/09/2025

Date of final enrolment
25/08/2026

Locations

Countries of recruitment
Malaysia

Study participating centre
Universiti Malaya
Kuala Lumpur
Kuala Lumpur
Malaysia
50603

Sponsor information

Organisation
University of Malaya

ROR
https://ror.org/00rzspn62

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Please refer to the Data Management and Access Plan here: https://netscc-webapps.soton.ac.uk/damps/damps.phtml?id=175098xz-2x69-4zcx-8332-6zxe50132169

IPD sharing plan summary

Other, Data sharing statement to be made available at a later date