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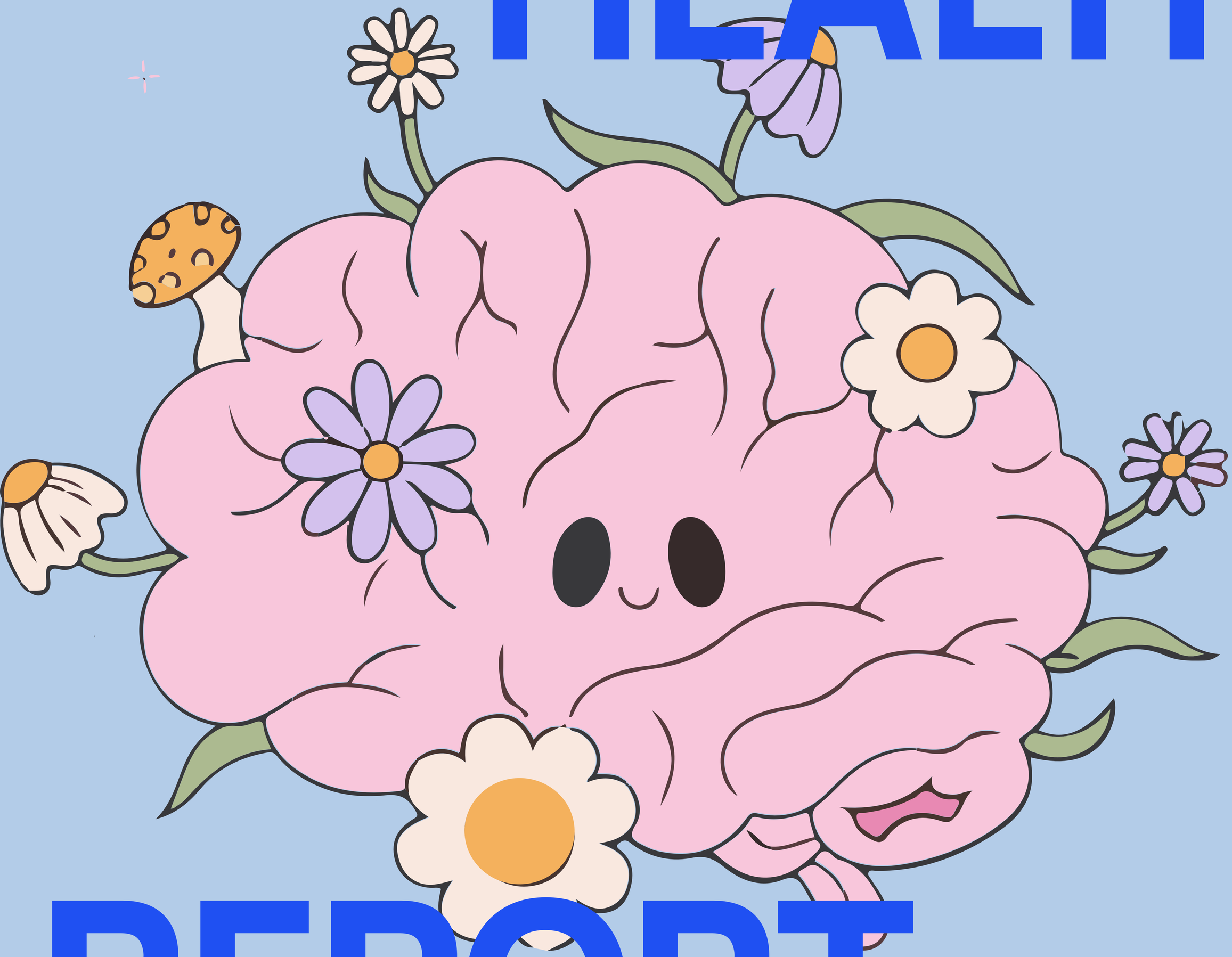

REPORT

Vulnerable and Marginalised Groups with a Focus on LGBTI+ Persons in Kosovo
Including Case Presentation Supported by CEL Kosovo (2025)

JANUARY 2026

CENTRE FOR EQUALITY AND LIBERTY OF LGBT COMMUNITIES IN KOSOVO (CEL)

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Contents

1. Executive Summary

This report provides an overview of the mental-health situation of LGBTI+ persons in Kosovo, based on evidence and insights gathered through CEL Kosovo's psychological support services during 2025. It reflects trends observed through counselling sessions, crisis interventions, case management, and referrals handled by licensed mental-health professionals engaged by CEL Kosovo.

General Mental-Health Context in Kosovo

Kosovo continues to face systemic challenges in mental-health care, including limited availability of services, insufficient numbers of trained professionals, and the persistent stigma surrounding mental-health issues. Access is uneven across regions, with rural municipalities experiencing significant service gaps. Vulnerable groups—particularly youth, survivors of violence, and socially marginalized individuals—often confront barriers to receiving timely and appropriate care. This environment disproportionately affects minority groups, including LGBTI+ persons, who already face additional layers of discrimination and social exclusion.

Mental Health of LGBTI+ Persons

LGBTI+ individuals in Kosovo remain among the most vulnerable populations regarding mental health. Findings from CEL Kosovo's 2025 psychological sessions show that community members frequently experience elevated levels of anxiety, depression, trauma symptoms, internalized stigma, and stress related to identity concealment. Family rejection, discrimination in schools and workplaces, social isolation, online harassment, violence, and housing insecurity were among the most common contributing factors reported by beneficiaries.

Throughout 2025, a notable number of clients sought support due to acute crises, including suicidal ideation, domestic violence, or sudden loss of housing following disclosure of sexual orientation or gender identity. Transgender and gender-diverse persons demonstrated the highest risk levels, often presenting complex mental-health needs related to identity affirmation, family conflict, and systemic barriers in accessing safe healthcare.

2. Introduction

The purpose

The purpose of this report is to provide a comprehensive overview of the mental-health situation of LGBTI+ persons in Kosovo, based on evidence and insights collected through the psychological support services offered by CEL Kosovo during 2025. The report aims to document the trends, challenges, and patterns identified through one-to-one counselling sessions, crisis interventions, referral cases, and follow-up monitoring conducted by licensed mental-health professionals engaged by CEL Kosovo.

Through the systematic analysis of cases supported throughout the year, the report seeks to:

- Identify the most common mental-health concerns experienced by LGBTI+ individuals seeking support (e.g., anxiety, depression, trauma, stress, suicidal ideation).
- Assess the primary social, structural, and interpersonal factors contributing to these mental-health challenges, including stigma, discrimination, family rejection, violence, and socioeconomic vulnerability.
- Highlight the barriers faced by LGBTI+ persons in accessing safe, reliable, and affirming mental-health services in Kosovo.
- Provide an evidence-based foundation for advocacy, awareness-raising, and programmatic planning for institutions, civil society actors, and mental-health professionals working with vulnerable and marginalized groups.
- Present anonymized case summaries to illustrate the lived experiences of beneficiaries, their needs, and the support outcomes achieved through CEL Kosovo's interventions.

Ultimately, the report serves to strengthen understanding of the mental-health realities faced by LGBTI+ persons in Kosovo and to inform more inclusive and targeted responses that promote their well-being, safety, and psychosocial resilience.

Target Groups

This report focuses on the following vulnerable and marginalized groups supported through CEL Kosovo's psychological services during 2025:

- LGBTI+ persons (lesbian, gay, bisexual, transgender, intersex, non-binary and gender-diverse individuals);
- LGBTI+ youth facing family rejection, school-based discrimination, and identity-related stress;
- Transgender and gender-nonconforming persons encountering heightened psychosocial risk factors;
- LGBTI+ survivors of violence (physical, psychological, sexual, or institutional);
- LGBTI+ persons living in unsafe, unsupportive, or conflict-ridden households;
- LGBTI+ individuals experiencing socioeconomic vulnerability (unemployment, housing insecurity, informal work);
- LGBTI+ persons facing mental-health crises, including suicidal ideation or self-harm;
- LGBTI+ individuals referred to CEL Kosovo through partner institutions, NGOs, or citizens.

Methodology

The findings presented in this report are based on qualitative and quantitative data gathered through CEL Kosovo's psychological support program throughout 2025. The methodology combines case documentation, professional assessments, and ongoing follow-up activities to provide a comprehensive overview of the mental-health situation of LGBTI+ persons seeking support.

The report draws on the following primary data sources:

- Individual psychological counselling sessions provided by licensed psychologists engaged by CEL Kosovo;
- Follow-up monitoring records documenting progress, referrals, and outcomes;
- Internal incident documentation related to violence, discrimination, or family rejection;
- Professional notes submitted by psychologists involved in the intervention process.

All data was collected in line with ethical guidelines for mental-health practice, ensuring confidentiality, informed consent, and the safety of beneficiaries. Case codes (not names) are used throughout this report to preserve anonymity.

3. Mental Health Context in Kosovo

Legal and Institutional Framework

3.1.1 Overview

Kosovo's mental health system is governed by a dedicated mental health law and implemented through public health institutions under the Ministry of Health (MoH), with oversight reinforced by the Ombudsperson Institution (including its National Preventive Mechanism) and external monitoring standards referenced through European human-rights mechanisms. Recent sector strategies and international assessments consistently indicate that, while the legal basis exists, institutional performance is constrained by uneven implementation, incomplete secondary legislation (by-laws), and persistent capacity and coordination gaps, particularly for vulnerable groups and in justice-sector interfaces.[1]

3.1.2 Primary legislation regulating mental health care

Law No. 05/L-025 on Mental Health (2015)[2] is the principal legal act governing mental health protection and service provision. It defines the scope of mental health care across levels (primary, secondary, tertiary) and establishes a framework for service modalities that include facility-based and community-oriented structures such as mental health centres and integrated community homes. The law confirms that mental-health care should be provided without discrimination and foresees both institutional and community-based services. At the same time, the Law on Health (No. 04/L-125) defines the overall organization of the health system and the state's obligation to provide comprehensive health care, including mental-health services, through primary, secondary, and tertiary care. However, a research analysis "Presence of Inmates with Mental Health Problems in Detention and Correctional Centers in the Republic of Kosovo"[3] show that while this legal framework is broadly aligned with European standards, implementation is uneven and under-resourced, and many people in need of psychological support never reach appropriate services

In practice, the effectiveness of this law depends on detailed secondary legislation and standardized operational procedures (e.g., protocols, referral pathways, and quality/safeguarding procedures). Kosovo's Health Sector Strategy indicates that implementation has faced obstacles, including

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1 The Assembly of Kosovo (2015), Law No. 05/L-025 on Mental Health, available at: https://gzk.rks-gov.net/ActDetail.aspx?ActID=11229&langid

2 Ibid

3 Torture, by Nimani Hajdari (20200), Presence of Inmates with Mental Health Problems in Detention and Correctional Centers in the Republic of Kosovo, available at: https://tidsskrift.dk/torture-journal/article/view/143217

non-issuance of by-laws foreseen by the law and the absence (at the time of the strategy's assessment) of a comprehensive mental health strategic plan, contributing to gaps between legal intent and service delivery.[4]

Access to psychosocial services remains one of the weakest links. The laws foresee community-based mental-health services and integration of mental-health care into general health structures, but in practice, counselling and longer-term psychosocial support are poorly developed in the public sector and concentrated in a few urban centers.[5] The European Commission Kosovo Report 2025 notes that mental-health services are integrated in the health system but also highlights that Kosovo is in the process of revising the Law on Mental Health to better align it with the EU acquis, implicitly acknowledging that the current legal and institutional arrangements still need improvement.[6]

Complementary reports, such as the 2025 UN situational analysis on the rights of persons with disabilities, underline systemic gaps in community-based support, a shortage of trained professionals, and fragmented coordination between health and social services—all of which affect people with mental-health needs.[7] In this context, NGOs and community organizations often step in to provide psychosocial support that the state does not consistently guarantee.

When it comes to the rights of LGBTI+ persons, Kosovo has a strong anti-discrimination framework in law. The Law on Protection from Discrimination (No. 05/L-021)[8] explicitly prohibits discrimination on the grounds of sexual orientation and gender identity in areas such as employment, education, housing, and access to services, and it allows for affirmative measures to promote equality.

The Constitution of Kosovo[9] and related human-rights legislation reinforce the principle of equality, while the Ombudsperson of Kosovo is designated as the equality body responsible for receiving and investigating complaints of discrimination, including those based on sexual orientation and gender identity.[10]

However, Council of Europe and civil-society monitoring show that, despite this formal protection, implementation is weak: many LGBTI+ people continue to experience discrimination, harassment, and social exclusion, and only a small number of cases ever reach institutions through formal complaint mechanisms.[11]

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[4] Ministry of Health (2024), Health Sector Strategy 2025 -2030, available at: https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Healt49443676.2903.pdf

[5] Torture, by Nimani Hajdari (20200), Presence of Inmates with Mental Health Problems in Detention and Correctional Centers in the Republic of Kosovo, available at: https://tidsskrift.dk/torture-journal/article/view/143217

[6] European Commission (2025), Commission Staff Working Document Kosovo 2025 Report, available at: 127563ea-4c03-44a4-b56c-2d569afd86a5_en

[7] United Nations Kosovo (2025), Situational Analysis on the Rights of Persons with Disabilities Kosovo, available at: cover_kosovo_report copia

[8] Assembly of Kosovo (2015), The Law No. 05/L-021 on the Protection from Discrimination, available at: LAW NO. 05/L-021 ON THE PROTECTION FROM DISCRIMINATION

[9] The Constitution of the Republic of Kosovo (2008), available at: https://mapl.rks-gov.net/wp-content/uploads/2017/10/1.CONSTITUTION_OF_THE_REPUBLIC_OF_KOSOVO.pdf

[10] Outright International, Country Overview Kosovo, available at: Kosovo | Outright International

[11] Zyra për Qeverisje të Mirë, Zyra e Kryeministrit të Kosovës (2021), Study on Promotion of Diversity and Equality, available at: https://rm.coe.int/ks-discrimination-survey-en

Public institutions bear clear legal responsibilities but often lack the capacity and resources to fulfill them in a way that is meaningfully felt by vulnerable groups. The Ministry of Health is responsible for organising and supervising mental-health services, issuing secondary legislation, and ensuring that treatment and rehabilitation respect human rights standards.[12] Other state actors including municipal health authorities, centres for social work, and oversight bodies such as the Health Inspectorate and the Ombudsperson are tasked with monitoring conditions and protecting the rights of people with mental-health conditions.[13] Yet human-rights reports continue to document shortcomings in practice, including limited access to quality care, inadequate conditions in some institutions, and a lack of tailored, LGBTI-affirming psychosocial services within the public system.[14] For LGBTI+ persons, this means that although the law promises equality and non-discrimination, the public mental-health system is still not fully prepared to respond to their specific needs and experiences, which is precisely the gap that CEL Kosovo's psychological services are helping to fill.

3.1.3 Sector policies and institutional mandates

Mental health is embedded within broader health-system reform and planning instruments led by the MoH. The Health Sector Strategy 2025–2030[15] explicitly references institutional measures to address mental health challenges, including the operationalization of a dedicated MoH function (division/unit) and the development of short-term action planning, while simultaneously acknowledging implementation barriers and system constraints. At the service delivery level, institutional arrangements commonly include:

1. Primary Health Care (PHC) settings (family medicine and municipal services) as entry points for identification, referral, and continuity of care.
2. Secondary-level specialized mental health services within hospital structures and through community-based units (e.g., mental health centres and integrated community homes).
3. Tertiary-level specialized services (including complex psychiatric care), typically anchored in national referral facilities.

International health-system assessments emphasise PHC reform and the importance of integrated service delivery models that can support long-term care needs, an approach that is directly relevant to mainstreaming mental health within community-based and person-centred care pathways.[16]

3.1.4 Oversight, safeguards, and human-rights compliance mechanisms

Kosovo has domestic monitoring mechanisms relevant to mental health settings, complemented by reference to European standards on prevention of ill-treatment and protection of persons deprived of liberty.

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12 Assembly of Kosovo (2015), Law No. 05/L-025 on Mental Health, available at: LAW NO. 05/L-025 ON MENTAL HEALTH

13 Ombudsperson Institution (2016), The Ombudsperson published the Report on the right to life, available at: https://oik-rks.org/en/2016/08/10/the-ombudsperson-published-the-report-on-the-right-to-life

14 United Nations Kosovo (2025), Situational Analysis on the Rights of Persons with Disabilities Kosovo, available at: cover_kosovo_report copia

15 Ministry of Health (2024), Health Sector Strategy 2025 -2030, available at: https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Healt49443676.2903.pdf

16 World Health Organisation (2025), Rapid assessment of primary health care and palliative services in Kosovo[1], available at: https://iris.who.int/server/api/core/bitstreams/545e1cd1-a5c7-4fa0-9669-20ee7796aaba/content

Ombudsperson Institution and National Preventive Mechanism (NPM)

The NPM's annual reporting covers inspections and conditions in places of deprivation of liberty, including mental health centres and integrated community homes, explicitly grounding its monitoring in the Mental Health Law and related rights safeguards. These reports provide an institutional accountability channel for identifying systemic risks (e.g., conditions of care, safeguards, documentation, and access issues) and issuing recommendations to competent authorities.[17]

Council of Europe anti-ill-treatment monitoring (CPT arrangements for Kosovo)

Kosovo is subject to special monitoring arrangements for The Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) visits, which include examination of psychiatric and social care settings and associated legal safeguards. While Kosovo's status differs from Council of Europe member states, CPT reporting and related monitoring still serve as a practical benchmark for detention-related safeguards and institutional conditions relevant to mental health and forensic/closed settings.[18]

3.1.5 Vulnerable groups and the complementary role of civil society

While the formal legal framework is universal, access to safe and effective services is not evenly distributed. Civil society organisations (CSOs) play a complementary service and referral function, particularly where stigma, discrimination, and trust barriers undermine service uptake.

CEL Kosova's practice-based evidence on therapy utilisation among LGBTI+ persons provides a detailed view of demand for psychosocial support and patterns of presenting issues, reflecting both unmet needs and barriers to accessing appropriate services through mainstream channels. This body of evidence is particularly relevant for programme designs that aim to improve service accessibility, safeguarding, and referral pathways for marginalised communities.[19]

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17 Ombudsperson Institution (2023), Annual Report of the National Preventive Mechanisms against Torture, available at: https://oik-rks.org/wp-content/uploads/2023/04/Annual-report-npm-2022.pdf

18 Council of Europe (2021), The CPT published report on Kosovo, available at: https://www.coe.int/en/web/cpt/-/the-cpt-publishes-report-on-kosovo-

19 CEL Kosovo (2024), Queer people and therapy; Report on the psychological effects of marginalisaiton, available at: Queer people and therapy

General Mental Health Trends in Kosovo

Kosovo is undergoing a gradual reform of its mental health system, marked by a shift from a predominantly hospital-based, biologically oriented model toward community-based and integrated services. This reform trajectory aligns with international recommendations and has contributed to some measurable improvements, such as reduced reliance on long-term institutionalisation. However, recent assessments by international organisations emphasise that service availability, human resources, and equitable access remain insufficient, particularly for young people and other vulnerable groups. Structural challenges—including limited numbers of trained mental health professionals, under-resourced community services, and uneven coverage between urban and rural areas—continue to constrain the effectiveness of reform efforts.[20] [21]

Recent empirical evidence highlights a high prevalence of common mental health conditions among young people. A cross-sectional study conducted in May 2023 among 563 young adults aged 18–25 in Kosovo found that 42.6% met the threshold for anxiety and 45.5% for depression, based on validated screening tools. The study further identified gender and socio-economic inequalities, with females and individuals from lower socio-economic backgrounds experiencing significantly higher symptom levels.[22] These findings are consistent with broader regional and post-pandemic trends and underscore the scale of unmet mental health needs among Kosovo's youth population.

Despite the existence of a legal framework and strategic commitments to mental health reform, systemic barriers persist. Poverty, high youth unemployment, post-conflict trauma, and persistent stigma around mental illness continue to negatively influence mental well-being and help-seeking behaviour. From a human-rights perspective, international and civil society reporting has raised concerns about institutional care settings, particularly for persons with severe mental disabilities, citing insufficient individualised care, inadequate staffing levels, and shortcomings in compliance with international standards of dignity and human rights.[23] These challenges indicate that policy intent has not yet been fully translated into consistent practice and quality service delivery.

Within this broader context, LGBTI+ persons in Kosovo constitute a particularly high-risk group for mental health problems. Reporting and research published since 2020 consistently point to elevated exposure to stigma, discrimination, and social exclusion, which are strongly associated with depression, anxiety, stress, and suicidal ideation. A regional attitudes survey found low levels of societal acceptance and high fear of discrimination among LGBTIQ+ individuals in the Western Balkans, correlating with poorer mental health outcomes.[24]

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[20] European Commission (2024) Kosovo Report 2024, available at: https://enlargement.ec.europa.eu/document/download/c790738e-4cf6-4a43-a8a9-43c1b6f01e10_en?filename=Kosovo%20Report%202024.pdf

[21] World Health Organisation (2025), Rapid assessment of primary health care and palliative services in Kosovo[1], available at: https://iris.who.int/server/api/core/bitstreams/545e1cd1-a5c7-4fa0-9669-20ee7796aaba/content

[22] Cambridge University Press, N. Fanaj, S. Mustafa and E. Krasniqi (2025), Anxiety, Depression and Quality of Life among youth in Kosovo, available at: https://www.cambridge.org/core/journals/european-psychiatry/article/anxiety-depression-and-quality-of-life-among-youth-in-kosovo

[23] Disability Rights International (2021), Not on the Agenda: Human Rights of People with Mental Disabilities in Kosovo, available at: https://www.driadvocacy.org/reports/not-agenda-human-rights-people-mental-disabilities-kosovo

[24] ERA (2023), Attitudes towards LGBTIQ+ people in the Western Balkans, available at: https://lgbti-era.org/publications/attitudes-towards-lgbtiq-people-in-the-western-balkans

In Kosovo specifically, media and civil society reporting highlight the psychological impact of a patriarchal social environment and widespread stigma,[25] while CEL Kosovo report[26] stresses the significant lack of dedicated studies and affirming mental health services for this population. Recent academic research further confirms that sexual minorities in Kosovo report moderate to high levels of depression, anxiety, and stress, with stigma emerging as a key explanatory factor.[27] Overall, while Kosovo has made progress in modernising its mental health system, current reforms have not yet adequately addressed the specific needs of marginalised groups, particularly LGBTI+ persons, highlighting the need for targeted, inclusive, and rights-based interventions.

3.2.1 Prevalence of stress, anxiety, and depression

Recent evidence indicates high levels of stress, anxiety, and depressive symptoms in specific high-risk groups in Kosovo, particularly among health-care workers and other populations exposed to occupational strain and broader socio-economic stressors (e.g., cost of living, insecurity, post-conflict stress). While Kosovo lacks a single, frequently updated national prevalence survey that is consistently cited across institutions, available peer-reviewed studies and WHO framing suggest a substantial burden of common mental disorders and a continuing need for scalable community-based support.[28]

3.2.2 Barriers to accessing mental health services

Access barriers in Kosovo are consistently associated with health-system constraints and affordability/logistics, including limited availability of specialized staff, uneven service readiness at primary care level, and practical constraints such as distance/transport and administrative barriers for vulnerable groups. WHO's recent assessment of primary health care reform underscores that, despite reform progress, further work is needed to ensure integrated, accessible services that can meet population needs across the life course—relevant for strengthening detection, referral, and continuity for mental health conditions.[29]

3.2.3 Stigma and discrimination in communities and institutions

Stigma remains a key driver of delayed help-seeking, underreporting, and discontinuity of care, with particularly acute impacts on marginalized groups. Practice-based and rights-focused reporting indicates that discrimination and fear of exposure can reduce trust in institutions and discourage timely use of psychosocial services; this is documented notably in relation to LGBTI+ communities' experiences accessing therapy and support.[30] Broader research also confirms that stigma and discrimination materially undermine prevention and treatment outcomes.[31]

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[25] Balkan Insight (2023), Struggle for Acceptance: Kosovo Societal Stigma Challenges LGBT Community's Mental Health, available at: https://balkaninsight.com/2023/09/15/struggle-for-acceptance-kosovo-societal-stigma-challenges-lgbt-communitys-mental-health/

[26] **World Health Organisation (2025), Rapid assessment of primary health care and palliative services in Kosovo[1], available at: https://iris.who.int/server/api/core/bitstreams/545e1cd1-a5c7-4fa0-9669-20ee7796aaba/content**

[27] **Taylor & Francis Online (2023), Discrimination, stigma and mental health: what's next?, available at: https://www.tandfonline.com/doi/full/**

[28] National Library of Medicine (2022), Prevalence of Perceived Stress, Anxiety, and Depression in HCW in Kosovo during the COVID-19 Pandemic: A Cross-Sectional Survey, available at: https://www.mdpi.com/1660-4601/19/24/16667

[29] World Health Organisation (2025), Rapid assessment of primary health care and palliative services in Kosovo[1], available at: https://www.who.int/europe/publications/i/item/WHO-EURO-2025-12383-52157-80093

[30] CEL Kosovo (2024), Queer people and therapy; Report on the psychological effects of marginalisaiton, available at: Queer people and therapy

[31] Renato de Filippis, Samer El Hayek, Mohammadreza Shalbafan (2025), Editorial: Community series in mental-health-related stigma and discrimination: prevention, role, and management strategies, volume III, available at: https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2025.1704050/full?

outreach, school-linked services, and PHC-integrated mental health models to reduce geographic inequities.[32]

4. Mental Health Situation of Vulnerable and Marginalised Groups

LGBTI+ persons in Kosovo represent one of the most vulnerable groups in terms of mental health outcomes. Evidence from civil society reports, regional surveys, media investigations, and academic studies published since 2020 consistently indicates that sexual and gender minorities experience heightened mental health risks driven by stigma, discrimination, socioeconomic exclusion, and limited access to appropriate support services. While Kosovo has formally committed to human rights and mental health reform, these commitments have not yet translated into inclusive, affirming, and accessible mental health care for LGBTI+ communities.[33] [34] [35]

Key Mental Health Challenges for LGBTI+ Persons in Kosovo

- Discrimination and societal stigma

Persistent societal stigma remains the most significant driver of poor mental health among LGBTI+ persons in Kosovo. A patriarchal social context and low levels of public acceptance result in fear of disclosure, concealment of identity, and chronic stress. Regional attitude surveys confirm that LGBTIQ+ individuals in the Western Balkans report high fear of discrimination and low perceived social support, factors strongly correlated with anxiety, depression, and reduced help-seeking behaviour.[36] Media and civil society reporting further document internalised stigma, social isolation, and suicidal ideation linked to societal rejection.[37]

Socioeconomic vulnerability

Discrimination in education, employment, and housing increases socioeconomic precarity among LGBTI+ persons, which in turn exacerbates mental health risks. Young LGBTI+ individuals, in particular, may face family rejection that leads to financial dependence, unstable housing, or informal employment.

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[32] World Health Organisation (2025), Rapid assessment of primary health care and palliative services in Kosovo[1], available at: https://www.who.int/europe/publications/i/item/WHO-EURO-2025-12383-52157-80093

[33] CEL Kosovo (2024), Queer people and therapy; Report on the psychological effects of marginalisaiton, available at: Queer people and therapy

[34] ERA (2023), Attitudes towards LGBTIQ+ people in the Western Balkans, available at: https://lgbti-era.org/publications/attitudes-towards-lgbtiq-people-in-the-western-balkans

[35] ILGA – Europe (2024), (2024) Annual review of the human rights situation of LGBTI people in Europe and Central Asia – Kosovo, available at: https://www.uprights.org/2025/02/18/out-now-ilga-europes-annual-review-of-the-human-rights-situation-of-lgbti-people-in-europe-and-central-asia/

[36] ERA (2023), Attitudes towards LGBTIQ+ people in the Western Balkans, available at: https://lgbti-era.org/publications/attitudes-towards-lgbtiq-people-in-the-western-balkans

[37] Balkan Insight (2023), Struggle for Acceptance: Kosovo Societal Stigma Challenges LGBT Community's Mental Health, available at: https://balkaninsight.com/2023/09/15/struggle-for-acceptance-kosovo-societal-stigma-challenges-lgbt-communitys-mental-health/

CEL Kosovo Report[38] highlights that economic insecurity and lack of independence are closely intertwined with psychological distress, especially where social safety nets are weak and discrimination limits access to formal labour markets.

Limited access to affirming mental health services

Access to mental health services that are confidential, non-pathologising, and affirming of sexual orientation and gender identity remains limited. Many LGBTI+ persons avoid seeking psychological support due to fear of discrimination, breaches of confidentiality, or negative prior experiences with health professionals. Where services are accessed, the availability of practitioners trained in LGBTI-affirming care is scarce, particularly in public health institutions, resulting in reliance on a small number of civil society providers or private therapists.[39] [40]

Exposure to violence

LGBTI+ persons in Kosovo face elevated exposure to psychological, physical, and sometimes sexual violence, including harassment, threats, and hate-motivated incidents. Fear of reporting incidents to authorities—due to mistrust or anticipated secondary victimisation—further compounds trauma and psychological harm. Such exposure to violence is a well-documented risk factor for depression, anxiety, post-traumatic stress symptoms, and feelings of insecurity.[41]

Lack of supportive family and community structures

Family rejection and lack of community support significantly undermine mental well-being. In a context where family networks play a central role in social protection, rejection can lead to profound isolation and long-term psychological harm. International and regional evidence consistently shows that LGBTI+ individuals who lack family acceptance face substantially higher risks of suicidal ideation, self-harm, and severe mental health conditions, particularly during adolescence and early adulthood.[42] [43]

Impact on Overall Well-Being

Mental health challenges among LGBTI+ persons in Kosovo have far-reaching consequences beyond psychological distress, affecting multiple dimensions of overall well-being. Poor mental health can reduce educational attainment due to absenteeism, disengagement, or early dropout, particularly where school environments are unsafe or discriminatory. In the labour market, anxiety, depression, and low self-esteem combined with discrimination, limit employability, job retention, and career progression, reinforcing cycles of poverty and exclusion.

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[38] World Health Organisation (2025), Rapid assessment of primary health care and palliative services in Kosovo[1], available at: https://www.who.int/europe/publications/i/item/WHO-EURO-2025-12383-52157-80093

[39] ILGA – Europe (2024), (2024) Annual review of the human rights situation of LGBTI people in Europe and Central Asia – Kosovo, available at: https://www.uprights.org/2025/02/18/out-now-ilga-europes-annual-review-of-the-human-rights-situation-of-lgbti-people-in-europe-and-central-asia/

[40] Kosovo 2.0 (2019), Many LGBTI people in Kosovo are deprived of psychological services, available at: Many LGBTI people in Kosovo are deprived of psychological services - Skender Sopa

[41] Ibid

[42] CEL Kosovo (2024), Queer people and therapy; Report on the psychological effects of marginalisaiton, available at: Queer people and therapy

[43] ERA (2023), Attitudes towards LGBTIQ+ people in the Western Balkans, available at: https://lgbti-era.org/publications/attitudes-towards-lgbtiq-people-in-the-western-balkans

Mental health challenges also negatively influence physical health, as chronic stress and untreated psychological conditions increase vulnerability to somatic illness, substance use, and unhealthy coping mechanisms. Social participation is often constrained, with many LGBTI+ individuals withdrawing from public life, community engagement, or civic participation to avoid exposure to stigma or violence. Finally, persistent fear and lack of protection undermine personal safety and security, contributing to hypervigilance, reduced trust in institutions, and long-term psychosocial harm. Together, these impacts illustrate that mental health inequalities among LGBTI+ persons are not isolated clinical issues, but structural and human-rights concerns requiring targeted, inclusive, and systemic responses.

5. Focus Section: Mental Health of LGBTI+ Persons in Kosovo

Specific Risk Factors

LGBTI+ persons in Kosovo continue to face intersecting and cumulative risk factors that significantly increase vulnerability to mental health problems. Homophobia and transphobia remain widespread in both private and public spheres, reinforcing fear of disclosure and chronic psychological stress. Family rejection is a critical risk factor, particularly for adolescents and young adults, often resulting in social isolation, housing instability, and emotional distress. In the labour market, workplace discrimination, including harassment, exclusion, and informal dismissal undermines economic security and self-esteem, exacerbating anxiety and depressive symptoms.

Digital environments present additional risks: online harassment and hate speech targeting sexual orientation and gender identity have increased visibility but also exposure to psychological harm. Hate crimes and threats, though underreported, contribute to trauma, hypervigilance, and fear for personal safety. These risks are compounded by a lack of specialised, LGBTI-affirming mental health services, limiting timely and appropriate responses to complex mental health needs.

Trends Observed in 2025

Observations from CEL Kosovo and partner mental health professionals indicate a continued high demand for psychosocial support among LGBTI+ persons in 2025, with no evidence of a sustained decline in cases. The most affected age group remains adolescents and young adults (approximately 16–30), particularly those navigating identity disclosure, family conflict, or early labour-market entry.

The most frequently reported mental health concerns include anxiety disorders, depressive symptoms, chronic stress, trauma related to violence or rejection, and suicidal ideation. Practitioners report increased complexity of cases, with co-occurring stressors such as economic insecurity and social isolation. While greater visibility of LGBTI+ issues has improved awareness and help-seeking among some individuals, it has also coincided with heightened backlash and online harassment, contributing to sustained psychological pressure.

Barriers to Accessing Support

Despite growing needs, access to mental health support remains constrained. A major barrier is the limited number of mental health professionals trained in LGBTI-affirming care, particularly within the public health system and outside urban centres. Many individuals fear breaches of confidentiality, involuntary disclosure, or discriminatory treatment, leading to delayed or foregone care.

Financial barriers further restrict access, as private therapy, often perceived as safer and more confidential, remains unaffordable for many, especially young people and those experiencing employment discrimination. The absence of structured referral pathways between public institutions and trusted civil society providers exacerbates inequities in access and continuity of care.

6. Services Provided by CEL Kosovo and Partners

Psychosocial Services Offered

CEL Kosovo provides direct, community-based psychosocial support tailored to the specific needs of LGBTI+ persons. Services include confidential one-to-one counselling addressing anxiety, depression, trauma, identity-related stress, and family rejection, as well as crisis intervention for individuals at risk of self-harm or acute psychological distress. CEL Kosovo also facilitates peer support sessions, creating safe spaces for shared experiences, mutual support, and resilience-building. Where specialised or long-term care is required, CEL Kosovo operates structured referral pathways to trusted mental health professionals and institutions, ensuring continuity of care while prioritising confidentiality and safety.

Collaboration with Mental Health Professionals

CEL Kosovo maintains active collaboration with a network of psychologists and psychiatrists who are sensitised to LGBTI+ issues and trained in affirming approaches. Through partnerships with NGOs and relevant public institutions, CEL Kosovo strengthens referral mechanisms, case coordination, and multidisciplinary responses to complex mental health needs. This collaborative model helps bridge gaps between civil society and the public health system, enabling LGBTI+ persons to access professional support that is both clinically appropriate and respectful of their identity and human rights.

Capacity-Building Activities

To address systemic barriers and improve sustainability, CEL Kosovo implements capacity-building programmes targeting key stakeholders. These include specialised trainings for mental health professionals on LGBTI-affirming care, ethics, and confidentiality; trainings for social workers on inclusive case management and referral practices; and empowerment sessions for LGBTI+ community focal points to strengthen peer support and early identification of mental health risks. In addition, CEL Kosovo engages public institutions through awareness-raising and professional development activities aimed at reducing stigma, improving institutional responses, and integrating human-rights-based approaches into mental health and social services.

7. Cases Identified and Assisted by CEL Kosovo (2025)

Overview of Cases

Total number of cases identified in 2025

Between December 2024 and December 2025, a total of 1,539 counselling and psychotherapy sessions were delivered to approximately 170 unique clients. The data reflect continuous, structured mental health service provision, with a strong emphasis on follow-up sessions rather than one-off interventions.

Month	Sessions delivere	Unique cases (clie
December 2024	98	46
January 2025	108	51
February 2025	116	53
March 2025	122	54
April 2025	97	48
May 2025	114	56
June 2025	126	56
July 2025	96	45
August 2025	115	52
September 2025	126	61
October 2025	136	57
November 2025	138	65
December 2025	147	60
Total	**1,539**	**~170***

Table 1. Number of cases identified from December 2024 until December 2025

Number of cases assisted by mental health professionals

100% of identified cases in 2025 (≈170 cases) were assisted directly by qualified mental health professionals.

Support was provided through:

- Licensed psychologists and psychotherapists,
- Structured therapeutic sessions,
- Continuous follow-up for moderate- and high-complexity cases.

In total, more than 1,400 psychotherapy and counselling sessions were delivered in 2025, confirming that the intervention model focused on professional mental health care, rather than ad hoc or peer-based support.

Types of interventions provided

Based on the datasets, the following interventions were provided in 2025:

1. Primary interventions (core services);
- Psychological counselling;
- Individual psychotherapy;

- Supportive and psychodynamic therapy;
- Long-term therapeutic follow-up.

These interventions represent the vast majority of service provision and were delivered directly by mental health professionals.

1. Complementary interventions (as part of care pathways)
- Referral to health services, including:
  - Psychiatric services,
  - Pharmacological treatment when required.
- Case follow-up and coordination with external service providers.

Important clarification:
The 2025 datasets do not include direct provision of legal support or emergency shelter. However:
- Referrals to relevant external services were made when needed,
- The intervention focused on mental health stabilisation and psychosoci**al recovery.**

8. Key Findings

Summary of Cases

The below graph illustrates the monthly trend in the number of unique mental health cases supported from December 2024 – December 2025. The data show a generally stable and gradually increasing pattern of case engagement throughout 2025, with a noticeable rise from August onwards and a peak in November 2025. Despite minor seasonal fluctuations, including a temporary decline during mid-summer, the overall trend confirms sustained demand for mental health services and continuous case engagement across the year.

Indicator	Value
Total sessions delivered	1,539
Unique clients supported (non-duplicated estimate)	~170
Average sessions per client	9.0
Service model	Predominantly medium- to long-term individual psychotherapy

Table.2 Key Aggregate Figures (December 2024 – December 2025)

Note: The data track service provision through anonymised case codes, allowing continuity of cases to be identified across reporting periods.

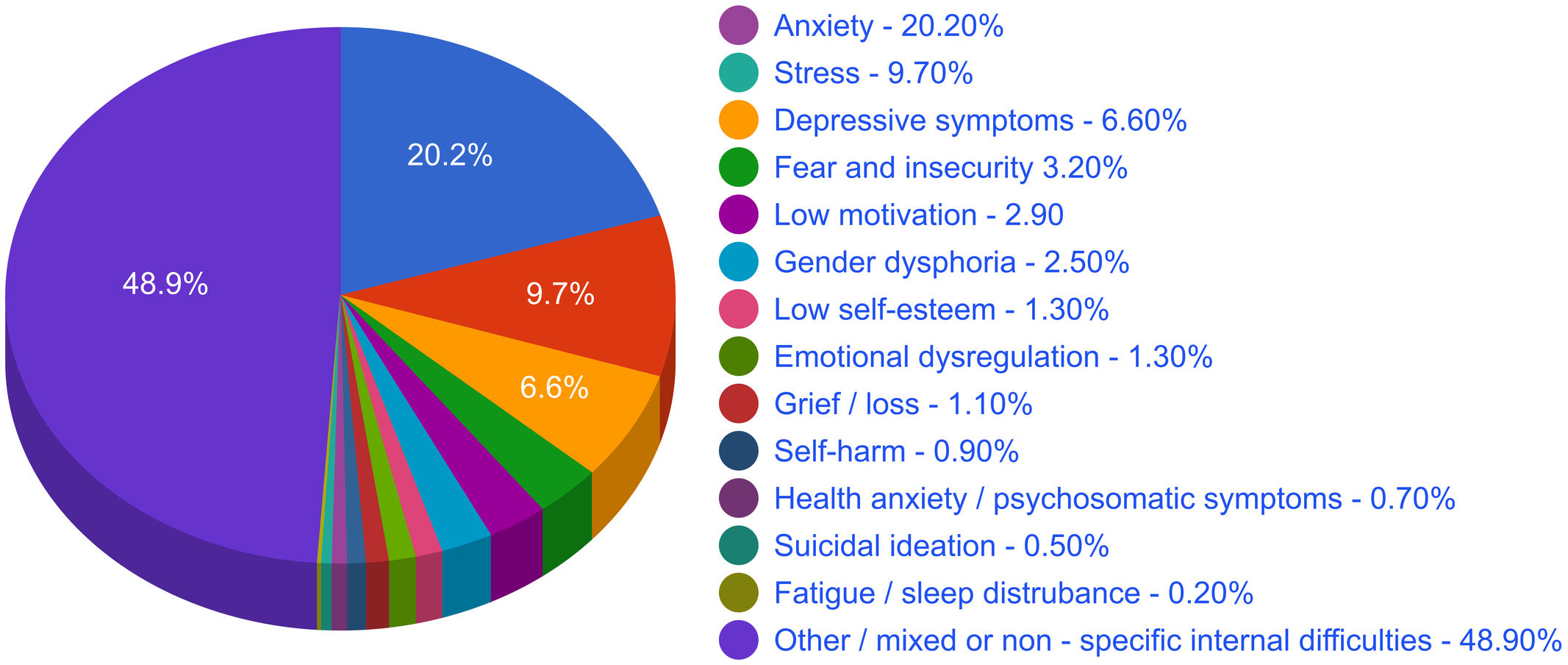
Comparative Analysis of Issues Discussed in Sessions

Issue category	equency in sessions	Nature of presentation	Trend over time
Anxiety & chronic stress	Very high	Persistent worry, somatic symptoms, panic, hypervigilance	Increasing and sustained
Depressive symptoms & emotional exhaustion	High	Low mood, fatigue, hopelessness, burnout	Increasing, especially mid–late 2025
Trauma & PTSD-related symptoms	Medium–high	Trauma recall, emotional numbing, fear responses	Stable, long-term cases
Emotional dysregulation Interpersonal & relationship difficulties	High	Difficulty managing emotions, irritability, overwhelm	Increasing
Interpersonal & relationship difficulties	High	Family conflict, partner issues, social withdrawal	Stable
Low self-esteem & identity-related distress	Medium	Self-doubt, shame, identity conflict	Increasing
Psychosomatic / health anxiety	Medium	Bodily symptoms without medical cause	Stable
Adjustment & life-transition stress	Medium	Work stress, financial pressure, life changes	Increasing
Medication-related concerns	Low–medium	Side effects, adherence issues	Stable
Crisis-level distress	Low	Acute emotional crisis	Decreasing proportion

Table 3. Issues discussed in the sessions

Internal Problems Reported by Clients

Analysis of the data received by CEL Kosovo from the organization of sessions indicate that clients most frequently presented with anxiety and stress-related internal difficulties, followed by depressive symptoms and emotional regulation challenges. The data confirm a pattern of chronic psychological distress, rather than isolated or crisis-only presentations.



Graph 2. Internal Problem reported by clients in %

Dominance of anxiety- and stress-related distress

The data clearly show that anxiety (20.2%) and stress (9.7%) are the most prevalent internal issues expressed by clients, together accounting for nearly one-third (29.9%) of all sessions. This pattern indicates that clients are primarily experiencing persistent, ongoing psychological pressure rather than isolated emotional reactions.

Anxiety was commonly described in sessions through:

- constant worry and fear,
- panic symptoms,
- hypervigilance,
- difficulty regulating thoughts and emotions.

The high prevalence of anxiety suggests that clients are living in conditions of prolonged insecurity, where stressors are not episodic but continuous, leading to chronic mental strain.

Depressive symptoms as a secondary but significant pattern

Depressive symptoms (6.6%) emerged as a major secondary internal issue. These sessions often included:

- emotional exhaustion,
- loss of motivation,
- feelings of hopelessness or worthlessness,
- diminished capacity to engage in daily activities.

Importantly, depressive symptoms frequently co-occurred with anxiety and stress, indicating comorbid conditions rather than isolated depressive episodes. This reinforces the need for integrated therapeutic approaches addressing both anxiety and mood regulation.

Emotional regulation and identity-related vulnerabilities

Issues such as emotional dysregulation (1.3%), low self-esteem (1.3%), and gender dysphoria (2.5%) reflect identity- and self-perception-related distress. While these categories represent smaller percentages individually, they are clinically significant, as they often:

- persist over long periods,
- intensify during identity disclosure processes,
- interact strongly with external stressors such as family rejection or discrimination.

Gender dysphoria and low self-esteem were particularly prominent among clients navigating identity acceptance and social belonging, reinforcing the importance of affirming, identity-sensitive therapeutic practice.

Severe risk indicators: self-harm and suicidal ideation

Although self-harm (0.9%) and suicidal ideation (0.5%) represent a small share numerically, they constitute high-risk clinical presentations. These cases required:

- immediate therapeutic intervention,
- careful risk assessment,
- sustained follow-up.

Their presence, even at low percentages, underscores the necessity of maintaining specialised mental health capacity and crisis-response mechanisms within the service model.

Meaning of the “Other / mixed internal distress” category

The “Other / mixed internal distress” category (48.9%) captures sessions in which clients expressed significant internal psychological difficulties that could not be clearly classified under a single, standardised symptom category (e.g. anxiety, depression, stress), based on the wording used by therapists in the session records.

Based on the data provided by therapists, this category includes the following:

- Diffuse emotional distress, such as:
  - Feeling overwhelmed,
  - Emotional pain or inner conflict,
  - Confusion, uncertainty, or emotional heaviness,
  - Distress described narratively rather than diagnostically.
- Multiple overlapping internal states, where clients simultaneously expressed:
  - Anxiety combined with sadness, fear, or emotional exhaustion,
  - Stress intertwined with low self-worth or identity-related confusion,
  - Emotional reactions that could not be separated into a single dominant symptom.
- Early-stage or exploratory therapeutic sessions, in which:
  - Clients were beginning to articulate their emotional experiences,
  - Symptoms were still emerging or being clarified,
  - The focus was on reflection, emotional processing, or self-understanding rather than symptom labelling.
- Identity-related internal conflicts expressed implicitly, including:
  - Internalised stigma,
  - Shame, guilt, or self-doubt,
  - Tension between personal identity and external expectations, without explicitly naming anxiety, depression, or dysphoria.

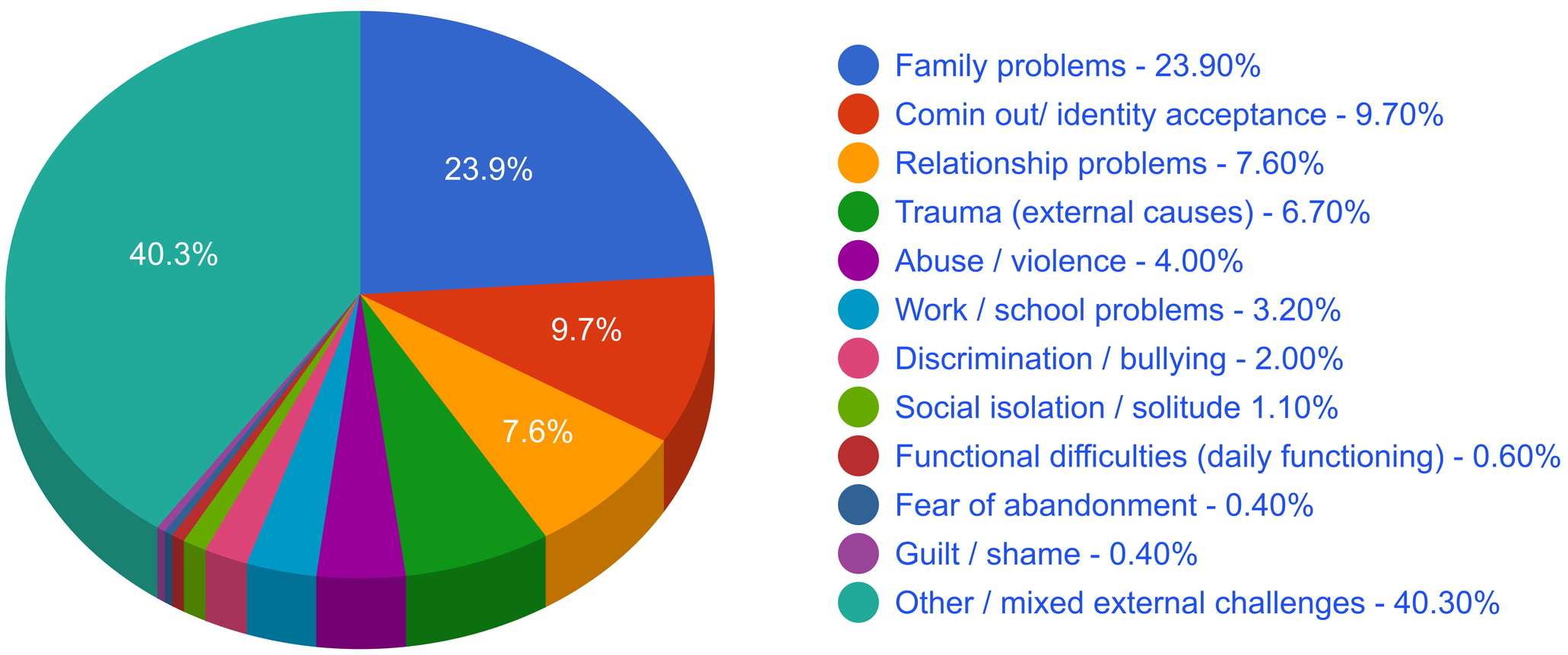
- Non-clinical but psychologically relevant expressions, recorded by therapists using terms such as:
  - “reflection,”
  - “emotional state,”
  - “inner process,”
  - “client exploring feelings,” which indicate meaningful psychological work but do not map neatly onto diagnostic categories.

The large share of sessions classified under “Other / mixed internal distress” reflects the complex and overlapping nature of clients’ psychological experiences, as recorded in therapists’ narrative session notes. Rather than indicating vague or undefined problems, this category captures early-stage therapeutic exploration, combined emotional states, and identity-related internal conflicts that do not conform to single diagnostic labels but nonetheless represent significant mental health needs.

External Problem reported by clients

External problems refer to contextual, social, relational, economic, and structural challenges originating outside the individual that negatively affect clients’ mental health, emotional well-being, and daily functioning. These problems are not intrinsic psychological conditions, but environmental stressors that shape, trigger, or intensify internal mental health difficulties such as anxiety, depression, emotional dysregulation, and trauma-related symptoms.

Based on the Excel session records completed by therapists between December 2024 and December 2025, external problems are identified through clients’ narratives and contextual descriptions of their life circumstances, as documented in free-text session notes.



Graph 3. External Problem reported by clients in %

Family environment as the primary external stressor

Family-related problems (23.9%) emerged as the most significant external challenge. These issues included:

- family conflict,
- lack of acceptance of sexual orientation or gender identity,
- emotional pressure and control,
- psychological abuse or rejection.

Family dynamics often served as the root cause or amplifier of internal distress, particularly anxiety, depression, and identity-related issues. The prominence of this category highlights the central role of the family environment in shaping mental health outcomes.

Identity disclosure and acceptance as a major stress factor

Coming out / identity acceptance (9.7%) represents the second most common external challenge. Clients frequently described:

- fear of disclosure,
- internal conflict about identity,
- negative reactions from family, partners, or community members.

This category is closely linked to both family problems and anxiety-related internal distress, indicating that identity-related stress is not an isolated issue but embedded in broader relational contexts.

Relationship and trauma-related challenges

Relationship problems (7.6%) and trauma (6.7%) reflect experiences that significantly disrupt emotional stability. These challenges often involved:

- intimate partner conflict,
- breakups and relational loss,
- exposure to emotionally or physically traumatic events.

Trauma-related challenges were less frequent than family or identity issues but were more complex and long-lasting, often requiring extended therapeutic engagement.

Abuse, discrimination, and structural vulnerability

Abuse/violence (4.0%) and discrimination/bullying (2.0%) represent structural forms of harm that directly undermine psychological safety. Although these categories appear numerically smaller, they are high-impact stressors, frequently associated with:

- trauma symptoms,
- chronic anxiety,
- loss of trust in institutions and social environments.

Discrimination was often reported indirectly, embedded within family, workplace, or community contexts, suggesting that its actual influence may be broader than the percentage alone indicates.

Interpretation of the “Other / mixed external challenges” category

The “Other / mixed external challenges” category, representing 40.3% of all reported external problems, encompasses a broad range of complex, overlapping, and long-term external stressors that could not be accurately captured under a single predefined category in the session records. This category does not reflect marginal or undefined issues; rather, it represents the cumulative and intersecting realities in which many clients live.

Based on the Excel session records completed by therapists, this category mainly includes:

- Simultaneous exposure to multiple external stressors, such as:
  - Family conflict combined with economic insecurity,
  - Relationship breakdown alongside housing instability,
  - Identity-related stress compounded by workplace or educational pressure, where no single factor could be identified as dominant without oversimplification.

- Chronic contextual pressure, including:
  - Prolonged instability in living conditions,
  - Sustained uncertainty related to employment, education, or income,
  - Long-standing family tension that is ongoing but not recorded as acute conflict, which affects mental health over time rather than through discrete events.

- Indirect or narratively described external difficulties, documented in session notes using formulations such as:
  - “difficult life circumstances,”
  - “pressure from the environment,”
  - “problems in everyday functioning due to surroundings,” indicating external stress without explicit categorical labeling.

- Social exclusion and lack of support, expressed through:
  - Absence of a supportive social network,
  - Feelings of isolation within family or community,
  - Limited access to safe and affirming spaces, without explicitly naming discrimination or solitude as the primary issue.

- Structural and institutional challenges, including:
  - Limited access to affirming health, social, or legal services,
  - Bureaucratic or administrative barriers,
  - Fear or distrust of institutions, which were discussed in sessions but not consistently coded under specific headings.

9. Recommendations

Recommendations for National Institutions

(Ministry of Health, Ministry of Justice, Ministry of Education, Ombudsperson Institution)

- Strengthen implementation of the Mental Health Law by issuing pending by-laws and operational protocols, with explicit safeguards for vulnerable and marginalised groups, including LGBTI+ persons.
- Integrate LGBTI-affirming psychosocial care into public mental health services, ensuring non-discrimination, confidentiality, and informed consent in all public facilities.
- Increase public funding for community-based psychotherapy, recognising that most cases require medium- to long-term support rather than short-term crisis intervention.
- Systematically collect anonymised mental health data (disaggregated by age, gender identity, and vulnerability where ethically appropriate) to inform policy and planning.

Recommendations for Municipal-Level Mental Health Centres

- Expand access to psychological counselling at primary care level, particularly in municipalities outside Prishtina, to address urban–rural service gaps.
- Introduce regular supervision and capacity-building for municipal mental health staff on trauma-informed and LGBTI-affirming care.
- Develop outreach and early-identification mechanisms, especially for youth and individuals facing family rejection or housing instability.
- Strengthen coordination with Centres for Social Work, particularly in cases involving violence, homelessness, or family conflict.

Recommendations for Civil Society Organizations (CSOs)

- Maintain and expand safe, community-based psychosocial services, as CSOs continue to fill critical gaps left by the public system.
- Invest in long-term therapeutic models, responding to evidence that most clients require sustained engagement rather than short-term counselling.
- Strengthen peer-support structures, particularly for youth, transgender, and gender-diverse individuals, to complement professional mental health care.
- Document practice-based evidence systematically, translating case trends into advocacy messages for institutional reform.
- Enhance referral networks with health, legal, and social services to address the multidimensional needs of beneficiaries.

Recommendations for International Donors and Development Partners

- Prioritise funding for long-term mental health interventions, moving beyond project-based crisis responses to sustained psychosocial care.
- Support capacity-building for mental health professionals in LGBTI-affirming, trauma-informed, and human-rights-based approaches.
- Fund integrated service models, linking mental health support with housing, employment, and protection services.
- Encourage outcome-oriented M&E frameworks, including qualitative indicators capturing stabilisation, resilience, and functional improvement.
- Promote partnerships between institutions and CSOs, recognising civil society's critical role in reaching marginalised populations.

Recommendations for Mental Health Professionals

- Adopt trauma-informed and affirmative therapeutic approaches, recognising the cumulative impact of stigma, discrimination, and violence.
- Prioritise continuity of care, as repeated sessions are a key indicator of therapeutic progress and client trust.
- Address co-occurring conditions holistically, particularly anxiety, depression, emotional dysregulation, and identity-related distress.
- Engage in regular supervision and peer consultation, especially when working with high-complexity or crisis-prone cases.
- Advocate ethically within institutions for safer, more inclusive mental health practices.

Recommendations for Communities and Families

- Promote family-based awareness and psychoeducation, recognising family rejection as a major driver of mental health crises.
- Encourage supportive communication and acceptance, particularly for adolescents and young adults navigating identity disclosure.
- Challenge stigma at community level, through dialogue, education, and visible support for mental well-being.
- Recognise mental health as a shared responsibility, not solely an individual issue, particularly for vulnerable family members.

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