



“A&D Staff Attitudes regarding LGBT clients”

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Acknowledgements

Participants

Partner Organisations

Dr Joe Debattista

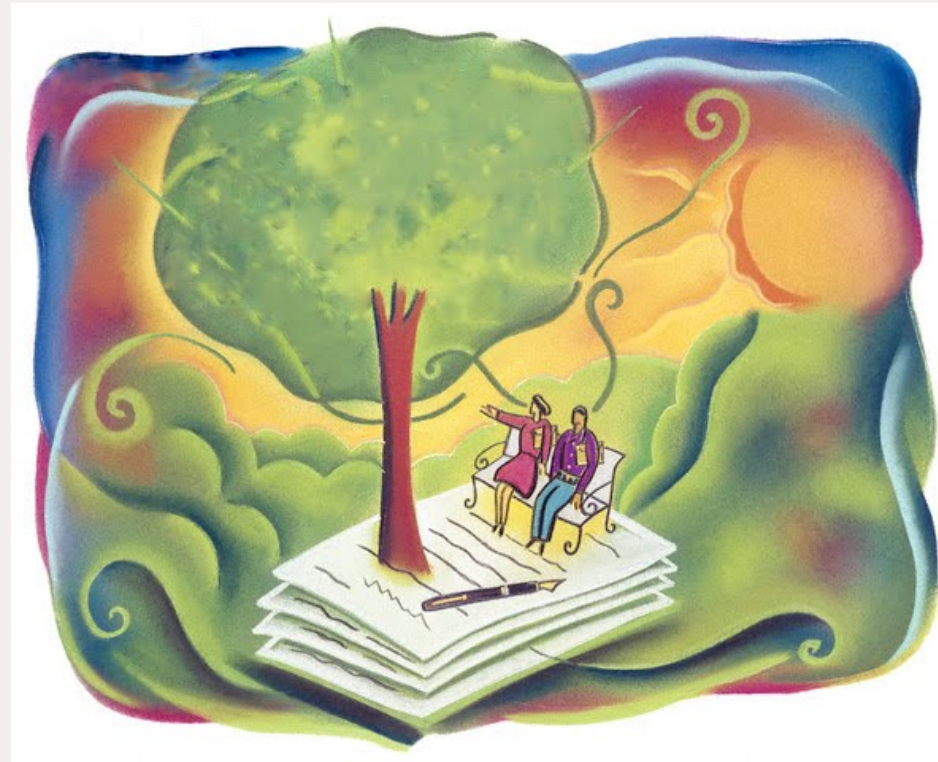
Dr Jane Fischer

Shane Garvey

Kathryn Kenny

Mary Stewart

Why are staff attitudes and knowledge relevant?



Background

- ❑ Higher rates of A&D misuse among LGBT populations, compared to general population
- ❑ Unique challenges (e.g., discrimination, stigma) predispose mental health issues and A&D use (see Flentje et al, 2015; Mullens et al., 2009)
- ❑ Reduced access to A&D services, amongst this group

Background

- ❑ Reported insensitivity and misunderstanding re: LGBT-specific issues; and perceived/actual barriers to service utilisation (Staunton, 2007)
- ❑ Barriers may be related to staff attitudes, organisational factors or both (see Mullens et al., 2010; 2011; Roxburgh et al., 2016)
- ❑ Lack of awareness and understanding can impact engagement and outcomes (Talley, 2013)

METHOD

Study overview

- ❑ Examine and compare staff attitudes, knowledge and awareness of LGBT issues
- ❑ Site: 2 A&D services (1 state-wide Gov't service; and 1 Qld/NSW faith-based NGO)
- ❑ Collaborative research

Survey

- ❑ Adapted from other LGBT tools (Eliason, 2000: GLHV, 2013; ATLG per Herek, 1984)
 - ❑ Attitudes
 - ❑ Experience/knowledge/familiarity
 - ❑ Demographics
 - ❑ Awareness of organisational policies & procedures

- ❑ Ethics approved by QH Ethics
- ❑ Data analysis per SPSS19

Participants

- ❑ Government A&D Service (Qld; n = 65); response 22%
- ❑ NGO A&D Service (Qld/NSW; n = 65); response 43%
- ❑ Recruited to participate (internally)



RESULTS

Respondent characteristics

Demographic characteristics	Govt. n=65	Non Govt. n=65
Age (average, range)	43; range 40-50	32; range 20-30
Gender		
Female	68%	85%
Male	32%	15%
Sexual orientation		
Heterosexual	83%	86%
Homosexual	9%	7%
"Other"	8%	7%
Residence		
Large urban area	48%	75%
Small regional city	23%	15%
Small town	9%	7%
Rural area	20%	3%

Attitudes towards LGBT clients

- ❑ Majority indicated support re: LGBT issues
- ❑ Small number reported negative views*
- ❑ Majority disagreed with adverse statements
- ❑ Less supportive views expressed re: transgender persons

- ❑ Majority reported to be “comfortable” working with gay, lesbian, bisexual and transgender clients
- ❑ 3%-10% reported not feeling “comfortable” working with transgender clients

Attitudes towards LGBT clients

- ❑ Majority reported that LGBT clients should be “accepted completely”, according to their own personal religious beliefs
- ❑ 6-9% felt that sexual behaviour among LGBT clients should be “condemned” or were “sinful or immoral”

Knowledge & Organisational policies

- ❑ Greater self-reported knowledge/familiarity expressed by government staff across some areas
- ❑ Responses indicated general uncertainty re: many topics
 - ❑ General knowledge: bisexuality, legal issues, family issues, domestic partnership laws
 - ❑ Organisational: gender identification options on intake form, definition of family to include same-sex partners, policies regarding bullying, abuse, or inappropriate behaviour, access to discrimination policies regarding sexual orientation and gender identity

Limitations

- ❑ Self-reported survey; self-selection bias
- ❑ Low response rate
- ❑ Characteristics and beliefs regarding non-respondents-unknown

Implications

- Practice:
 - Systems approach to address challenges and increase knowledge/familiarity (clinician, team, service)
 - Adequately capturing demographic information (sexuality, gender)
 - Increased awareness, especially regarding bisexuality and transgender issues
 - Supervision to address countertransference and process issues and to support clinician development

Implications

- Research:
 - Broader research regarding a larger sample, in other clinical and community settings
 - Investigate client perceptions of staff knowledge and attitudes; and impact on engagement/treatment (including barriers & enablers)
 - Evaluate staff training and outcomes
 - Continued partnership with LGBT communities

Discussion

- ❑ Overall support and familiarity regarding LGBT clients; less familiarity with transgender issues
- ❑ A smaller subset of staff indicate strongly negative views
- ❑ General lack of knowledge regarding organisational policies



To be effective treatment has to address socio-cultural features that influence onset, maintenance and relapse... and the unique factors that contribute to health disparity...

See Branstron & van der star, 2013

Questions?





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