SCHOOL OF PUBLIC HEALTH
PREVENTION RESEARCH CENTER
Promoting LGBTQ+ Mental Health and Wellness

UMD-PRC Progress Report
Community Behavioral Health Centers' Considerations for Adopting and Implementing LGBTQ-Affirmative Services

Background

- As a result of stigma and discrimination, LGBTQ youth and adults are more likely to experience mental health symptomology and meet the criteria of a substance use or mood disorder when compared to their heterosexual and cisgender peers.
- Formal behavioral health care is an essential factor in eliminating LGBTQ health inequities, but identifying and accessing adequate and LGBTQ-sensitive care can be difficult.
- Many mental health care providers are not properly trained on how to work with the LGBTQ community and can oftentimes cause additional harms during treatment.
- To inform the development and dissemination of LGBTQ-specific professional development trainings, we conducted six focus groups with behavioral health organization supervisors and therapists to examine what factors motivate community behavioral health centers to:
    1. Participate in LGBTQ-specific professional development
    2. Adopt LGBTQ-sensitive policies and practices

Preliminary Findings

- *Implementation Process*: Supervisors and therapists emphasized a top-down approach for training adoption and implementation—the decisions to engage in professional development are largely driven by organizational leadership, and sometimes in conjunction with therapists.
- *Motivating Factors:* Participants underscored the need for LGBTQ-specific training and the desire to *'meet' clients where they are*, improved *self-confidence*, and *improved comfort* level in the content; this included the need for education on language and terminology. Supervisors also discussed how LGBTQ-specific services would offer a competitive advantage over business competitors.
- *Prohibiting Factors*: Participants spoke of competing priorities that could negatively impact the adoption of training, including the implementation of other approaches (e.g., trauma-informed care), personnel focus (e.g., site accreditation), and logistical concerns (implementation of medical record revisions or policies)
- *Other Key Findings:* Participants struggled to foresee resources they might need to (1) engage in the training and (2) implement LGBTQ-sensitive practices. Participants stated that cost, time, space, length of time, lost billable hours, and food offered during in-person training were factors that would influence training engagement. CEUs were the top motivating factor for therapists and supervisors.

Conclusions

- Behavioral health organizations are highly motivated to engage in LGBTQ-specific professional development programs. Program development and implementation need to consider how engagement might be influenced by cost, including lost time, and CEUs for engaging organizations in these practices.

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