“A&D Staff Attitudes regarding LGBT clients”

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Senior Lecturer (Psychology)

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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

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