PIR
Capacity
Building
Project

LGBTI Pathways to Care

Acknowledging sexuality and preferred gender within the care of mental health.

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A Member of the Mental Illness Fellowship of Australia

PIR Region:	Brisbane North
Date:	April 2017
Key issue(s)	This project sets out to address 3 key system reform issues around how we work with members of the LGBTI Community • Capturing appropriate gender and sexuality information from participants registering and being assessed for PiR. • Generating of statistical information around gender and sexuality via FIXUS (Client Information Management System) • Providing culturally appropriate inclusive services training for staff around LGBTI awareness and a small resource around why we do this to enhance working with LGBTI Communities.
Main Objective(s)	To gain a better understanding of the needs from those who identify as LGBTI by allowing these participants the opportunity to identify and to allow the respectful personal identity of each person – their preferred identity and preferred descriptors of sexuality and gender. To commence data capturing of gender and sexuality (which will inform funding bodies and government via FIXUS data). To upskill staff to be comfortable and equipped to have conversations needed for appropriate action planning with participants.
Summary of Impact or Result	The impact is a better connection to PiR and mental health services for the LGBTI Community. Upskilling for staff who complete the face to face training and the online training. A better snapshot of gender and sexuality data. Tangible resources for PiR staff.
Context	Acknowledging sexuality and preferred gender identity. ***Why do we ask?***

In 2015 the Queensland AIDS Council surveyed mental health service providers in the West Moreton-Oxley region to identify their level of knowledge and confidence in providing inclusive, safe and responsive services for lesbian, gay, bisexual, transgender and intersex (LGBTI) people. LGBTI people in the region were also surveyed to gain an understanding of their recent experiences in accessing mental health support services and how services can be more responsive to their needs.

The mental health service providers surveyed were not always certain if LGBTI people were accessing their service. Some service providers asked clients if they identified as LGBTI, some LGBTI people disclosed without providers asking their clients, and other providers did not know but thought LGBTI people were accessing their service because they 'guessed' or had 'suspicions' that people were LGBTI.

Some LGBT people said that if a provider does not ask about their sexuality or gender identity, or skims over it, then it is a missed opportunity and it would make them feel uncomfortable about revealing this information on their own without being invited to do so. It may also omit an important discussion and could make the LGBT person feel invisible and alienated. LGBT people did not like it when service providers gave awkward, delayed, dismissive or inappropriate reactions upon disclosure. Some people found it such a relief when the provider asked 'the question' in a conversational away as they knew that their response was not going to be a problem.

(Many Shades of Blue Report; Davis 2015)

During consultations with community and service providers, the evidence showed a low skill level generally for workers when assisting and working with LGBTI people. It was also evident that opportunities to participate in specific LGBTI training wasn't always available or offered by service providers to staff.

It is important to equip workers with the skills and resources needed to worked effectively with LGBTI communities. Eg terminology, sensitive language and appropriate referral pathways.

Stakeholders/Partnerships	

MIFQ, PHN, QuAC, MindOUT (National LGBTI Health Alliance), Relationships Australia Queensland, Qld Health

The project involved a series of consultations with other organisations and community members.

Initially this was conducted via network meetings involving organisations and government departments that were working directly with the LGBTI Community to gain an insight around access by the LGBTI community into mental health care settings/services and to identify existing barriers.

The second round of consultations was with the LGBTI National Health Alliance and the partnering *MindOut orgs where the intake questions and training were assessed and reviewed.

The third round involved PiR Coordinators testing the demo version of the FIXUS client management system which included the new questions around gender and sexuality. A survey was conducted to assess the processes and impacts of using the new section of the client management system. An analysis of this survey was done which directed some changes to input flow and ordering of the questions. This research also assisted in directing some of the content for the training that was to be presented to the PiR Coordinators.

*MindOut partnering Organisations – Relationships Australia, ARTIUS, Open Minds, QuAC and MIFQ.

Project Management	

An ASTAR was completed to create a project plan and address the projected outcomes:

Time lines and processes were identified.

Initial discussions took place with the System Reform Lead person to ascertain the scope of the project and feasibility.

Funding was obtained through the PHN through a Proposal for Local System Reform Funding application.

Description of Activities	
Sector Consultations through the MindOUT National LGBTI Health Alliance partnering organisations and other service providers in the health sector.	

Training consultations with Relationships Australia Queensland.

Presentation to all PiR Coordinators at "ALL SF Meeting" by Ged Farmer MIFQ and Chris Pye Relationships Australia Qld.

LGBTI one day Awareness Training Sessions x 2 delivered by Ged Farmer MIFQ and Chris Pye Relationships Australia Qld.

Consultations with QuAC and Ignition Films to develop E-Learning module

Consultations with Jimmy Evens Designs to produce LGBTI Pathways to Care Brochure, "Why we ask"

Project Impact	

This will result in a permanent system change in how we capture intake data around sexuality and gender.

Key highlights and innovations are that FIXUS has been updated and changed to allow this information to be captured with a view to having national implications. Data capturing providing statistical information for reporting. Resources to PiR Staff. Upskilling of staff around LGBTI communities and the mental health issues associated with these communities. Greater uptake of mental health services by the LGBTI community including PiR. NDIS readiness for the LGBTI communities.

Lessons Learned	

Was the budget/allocated resources/time adequate? The Budget for expenses was adequate but staff time was very much underestimated. Coordinating corresponding times with stakeholders was quite difficult.

Were additional funds/resources/time needed? Additional staff time was required

What were the key barriers and challenges and limitations which hindered effective implementation of the system reform project? Some of the barriers were coordinating mutual times for meetings with the stakeholders resulting in extensive time delays. Other barriers were the extensive editing that was required after the consultant providing content had submitted the product. The content was extremely voluminous and needed extensive editing and rewriting to allow for a package which could run within the 30 minute time frame limit.

What worked well? The training was very successful. The brochure has worked really well and provides a good resource for PiR Coordinators. The national MindOUT coordinator commented that the brochure was a very high standard LGBTI resource.

What could be improved? Clarity around the provision of the content for the E-Learning training from the consultant agency.

Recommendations future projects. I would recommend that ongoing face to face training is provided to enhance the work that is needed and to upskill new and existing staff.

What were the critical elements that supported effective implementation of the project? A critical element was the funding and commitment provided by the PHN and the PHN staff. Another critical element was the commitment shown by Relationships Australia to implement the training and tailor it to suit the PiR Coordinators within the PiR program.

Elements of best practice in service delivery model and partnership approaches Best practice training module (face to face) and booklet provided.

Elements of best practice in governance and management structures PHN structures – processes for funding, follow up supports for the project from PHN.	
Appendices	***the questions to be added***

How would you describe your sexuality -

1. **Heterosexual or straight**
2. **Homosexual (Lesbian or Gay)**
3. **Bisexual**
4. **Same sex attracted**
5. **Not sure; undecided**
6. **Prefer not to say**
7. **Other preference**

How would you describe your gender and or Sex -

1. **Female:**
2. **Male:**
3. **Transgender:**
4. **Gender Diverse:**
5. **Both Male and Female:**
6. **Intersex:**
7. **Not sure; undecided:**
8. **Other preference:**

Definitions:

Sexual Orientation - Whether someone is attracted to same-sex partners, other-sex partners, both, or neither

Sexual Identity - The identity a person adopts based on his or her sexual orientation

Sexual orientation and sexual identity may not be the same

Sexual orientation usually does not change, but sexual identity may change over time

Lesbian - A woman attracted to other women

Gay - Attracted to the same sex; can refer to men or women

Bisexual - Attracted to people of more than one gender

Transgender - Someone whose birth sex is different from their gender identity

Queer - A broader term for LGB people, takes back a previously hated term

Heterosexual/straight - Attracted to the opposite sex

LGBTI refers to members of a *community* rather than a *sexuality* and represents a broad diversity of people.

A reference point would be – www.lgbtihealth.org.au

Intersex: is a form of biological diversity. Intersex people are born with atypical physical sex characteristics that mean they don't meet stereotypical definitions of male or female. These include a diverse range of genetic, chromosomal, anatomic and hormonal variations that can be seen as being neither male or female, both male and female at once, or somewhere between male and female.

Definitions Cont:

Same Sex Attracted - Same-sex attraction includes erotic thoughts, feelings, and behaviours directed toward the same sex. A person who experiences same-sex attraction may experience emotional and sexual feelings or attractions, and may or may not engage in sexual behaviour.   Same-sex attraction cannot be identified simply by the presence or absence of outward sexual behaviour. Ref;
http://www.samesexattraction.org/what-same-sex-attraction.htm

Asexual   - not interested in or does not desire sexual activity, either within or outside of a relationship. asexuality is not the same as celibacy, which is the wilful decision to not act on sexual feelings. asexuals, while not physically sexual-type folks, are none the less quite capable of loving, affectionate, romantic ties to others.

Pansexual   - is someone who is agreeable to many types of sexual behaviour.

Acronyms   - LGBTI stands for Lesbian, Gay, Bisexual, Transgender (or gender diverse) and Intersex. Sometimes other letters are used so you may see LGBTIQAP+ or LGBTIQAP which stands for Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual "Pansexual" & "Polysexual". "P" here stands both for Pansexual & Polysexual whereas "Q" may stand both for "Queer" and "Questioning".

Outcomes:

The project has enabled a greater understanding around the needs of people who identify as LGBTI.

The project has changed the intake and assessment processes allowing for more accurate information around preferred gender identity and for the first time allowing a pathway to record and gather information around sexual identity and preferred gender identifiers.

Having a greater understanding will allow PiR Coordinators to create more accurate action plans and to be able to make more appropriate referrals and linkages for participants.

PiR participants will have improved access to referral pathways and care coordination as this knowledge is further shared with their allocated coordinator. This will allow coordinators to tailor referral pathways to suit the individual's needs.

It is expected that PiR Participants will experience a higher quality outcome when action plans are initially drafted for the individuals including considerations to the family support structure as well. An example could be a member of the LGBTI community who also needs additional support for their family or carers who might be referred to an organisation such as PFLAG (Parents and Friends of Lesbians and Gays). This can be particularly important for the families of Transgender people.

The system change will mean that we will now be able to start to record LGBTI status for statistical recording giving more accurate information around the numbers of participants who identify as LGBTI.

Outcomes Cont:

Other benefits could be that funding can be influenced to support the mental health and needs of the LGBTI community.

A greater accuracy around capturing the demographics of the LGBTI community accessing PiR.

(Training evaluations and trial of input evaluations are in summary form and uploaded to the system reform platform on FIXUS.)

Recommendations:

LGBTI awareness training is recommended for all staff. Basic training is provided via the E-Learning platform that was developed and all PiR Coordinators should complete this training to create awareness around working with LGBTI participants.

It is recommended that the E-Learning module be updated every 2 years to include the latest research and terminology trends.

It is recommended that E-Learning is hosted on an E-Learning platform so that reports can be generated. Hosting costs are estimated at around $1000 annually to do this. If using an E-Learning platform is not possible then a HTML version can be hosted for a minimal amount of around $100 per year but this will not allow reports or log in's to be generated.

It is recommended that a reprint of the brochures "LGBTI Pathways to Care" be reprinted as required so each PiRC has copies for their own reference and to use this when working with participants.

Bibliography:

Good Practice Guide

Many Shades of Blue:
Enhancing service delivery to address the mental health needs of LGBTI
Populations; Sherryn Davies 2015

Website sources;
- PFLAG   www.pflagbrisbane.org.au
- Open Doors   www.opendoors.net.au
- QuAC   www.quac.org.au
- RAQ   www.raq.org.au
- Mind Out   www.lgbtihealth.org.au/mindout.
- GLHV   www.glhv.org.au/

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PARTNERS IN RECOVERY

This system reform project was undertaken by MIFQ as part of our commitment to support the mental health and wellbeing of the LGBTI community and to create better Pathways to Care.

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