

## Auseinet Forum - Putting It All Together: A National Forum on Promotion, Prevention and Early Intervention for Mental Health, Adelaide, Australia, September 2002

### **Presentation - Diversity Stream**

#### ***Same Same but Different: An audit response within the health sector to the needs of same sex attracted youth*** **Julie Woodrow, Greater Murray Area Health Service, NSW, Australia**

The purpose of this project was to survey health service managers regarding their views on rural health responses to the needs of same sex attracted youth (SSAY). This project was initiated as the result of evidence that identified SSAY being at increased risk of suicide and other health related matters.

The survey was conducted in an Area Health Service in rural south eastern New South Wales. Health service managers were asked a series of questions that explored their awareness and beliefs about policies, procedures and issues of discrimination in relation to SSAY. Analysis was performed by thematic qualitative analysis and SPSS statistical analysis.

Of the 119 respondents (62% response rate), 94% identified young people as clients of their service, but only 47% were aware of SSAY. Eighty nine percent of managers knew of policies that protect against discrimination, however 37% believed consumers were not being made aware of these policies. Only 30% of the managers believed that the policy of young people's right to confidentiality was being implemented, while only 22% believed that staff provided opportunities for clients to explore issues of sexual diversity within the organisation. Nineteen per cent of managers cited incidents of discrimination based on sexuality that placed individuals at risk.

These results demonstrate that existing health services do not always implement policies designed to meet the needs of SSAY. Generally health managers felt that a combination of education and enhanced specialist services would support staff in working more effectively with this group.

#### **Introduction**

*"What does it mean to live in a world where I and my peers are vulnerable to homophobic violence? It means that as an individual and fellow member of this community I will not be allowed the basic human right of walking down the street and carrying out everyday duties in a relaxed and confident state of mind. It means that some people are willing to take our right to safety in ways that are cruel, unfair and in some cases fatal "*

Charlene Smith's speech at the Community United Against Violence launch May 22, 2000 Sydney

In recent years, Commonwealth and State governments have been working together to reduce the incidence of suicide and attempted suicide. This has resulted in a range of strategies being developed to address this issue across the lifespan, however few have focused on the needs of high-risk minority groups.

Studies conducted in Australia and overseas, suggest that the risk status for young people who identify as other than heterosexual is significantly higher than that of the general population. In fact, same sex attracted youth (SSAY) are over-represented in suicide deaths, attempted suicides, depression, substance use, homelessness and as victims of violence and abuse.

#### **Health Status of Gays & Lesbians**

- Depression 8 times that of the general population
- Assault against lesbians is 6 times that of the general population.
- Assault against gay men is 4 times that of the general population.
- 46% of same sex attracted youth reported experiencing violence.
- 20 – 42% of same sex attracted youth attempt suicide.

- Lifetime attempted suicide rates are 20 – 50 times that of the general population.
- The use of tobacco, amphetamines, alcohol and marijuana is significantly higher among lesbians than the National Household Survey.
- The reported use of amphetamines, alcohol, ecstasy, marijuana and volatile nitrates is significantly higher among gay males than the National Household Survey. ( 1,2,3,4,5,6, )

Research suggests that many SSAY are taking their own lives as a result of the rejection and abuse they experience because of their sexual orientation.<sup>7</sup> The NSW Centre for Mental Health identified that gay and bisexual young people consistently report high attempted suicide rates and lifetime rates of 20 to 50 per cent. A study of 5000 suicides of young people aged 15 to 24 years, attributed over 30% of deaths to the emotional turmoil over societal prejudices around same sex, sexuality<sup>8,9</sup>

Studies conclude that SSAY are at greatest risk of suicide during the time when their awareness of their own sexual identity is emerging. The same research has identified societal attitudes as being a significant factor in the disproportionate representation of gays and lesbians in suicide deaths, attempted suicides, as victims of assault, as homeless youth, abusers of legal and illicit substances and those in our community who are affected by depression.<sup>8,10,11,12</sup>

A recent Australian report into alcohol and other drug use among gays and lesbians cited the stress of ‘coming out’ to family and friends as being a significant factor associated with depression, low self-esteem, anxiety, paranoia and confusion around sexuality. Young people in a Western Australian study cited self-hatred, negative reactions from others and a need to end their own pain as the reasons for suicidal and other health risk, behaviours.<sup>13</sup>

## **Rurality**

Rurality is a compounding factor for gays and lesbians with isolation and lack of anonymity seen as particular issues. Families often avoid discussion about same sex sexuality and will generally not intervene, even when their children become the targets of abuse and hostility at school. Foster explores the negative impact rurality has on gays and lesbians and on the provision of services in rural America.

*“While many gays and lesbians confront non-acceptance from the general population regardless of locality, they are perhaps nowhere more subject to hostility or more reminded of their differences than in rural communities.” p 24.<sup>14</sup>*

A recent Victorian study into the discrimination and abuse experienced by gay men and lesbians, revealed that the most common complaint from participants was that they received inadequate or inappropriate treatment from GP’s, dentists and hospital staff. Between 1994 and 1999, reported discrimination in the area of ‘medical treatment’ increased and breaches of confidentiality were most commonly reported by participants from rural or regional areas.<sup>15</sup>

Members of helping professions who live and work in rural communities are under significant pressure to reflect dominant social values in all aspects of their lives. Social acceptance within rural communities is often contingent upon people supporting the dominant ideology. When these values promote a negative bias against gays and lesbians, it may be difficult for workers to foster inclusive practices, particularly when confronted with professional isolation and limited opportunities for education and training.<sup>14,16</sup>

## **Long-term Health Implications**

The role of social factors such as inclusion, connection to family and peers, access to positive role models, a sense of safety and belonging are fundamental to health and wellbeing of all people. Abuse, social isolation and rejection by family and friends are often a daily reality for many gays and lesbians. This sense of alienation and invisibility has a major influence on their health seeking behaviour, with only 11% having sought help from health care professionals.<sup>15,17,18</sup> The rates of smoking, use of legal and illicit drugs are higher amongst gays and lesbians than in the general population. There is also a disproportionate prevalence of depression, anxiety, suicide attempts and completed suicides.<sup>3,20</sup>

## **Health Services**

The sense of alienation experienced by gays and lesbians accessing health services is highlighted in a report into alcohol and other drug use.<sup>1</sup> Respondents to that survey identified a reluctance to disclose their sexuality for fear of being treated inappropriately or insensitively and voiced an added concern that confidentiality would be breached, particularly within rural communities.<sup>1</sup>

*"Where do the helping professions stand in the struggle for the development of supportive cultures which allow diverse groups in society to flourish?"<sup>19</sup>*

In 1996, the New South Wales Minister for Health, stated that:-

*"The main identified issue for these groups (young lesbians and gay men) is the need for accessible and welcoming services. Young lesbians and gay men are often rejected by their family and friends or the wider community, are often the targets of abuse or violent attacks. It is important that services are sensitive and responsive to the needs of this group, and that they can create an environment with no room for judgement or discrimination." (NSW Health 1996)*

Sexuality in itself is not a catalyst for suicide, rather, it is the environment within which it is explored that places unreasonable burdens upon our most vulnerable youth.

### **Project aim**

The aim of the SSAY Project is to ascertain the views, awareness and understanding of health service managers within a NSW Area Health Service as to the health and support needs of SSAY. The survey will also identify managers' current service response to SSAY issues.

### **Methodology**

A multi-method quantitative and qualitative survey / questionnaire was developed to reflect the key areas of concern or need for same sex attracted young people. This survey specifically targeted 193 staff within the organisation who held positions with management responsibility and sought their responses to a range of tick the box, likert scale and open-ended questions. Survey respondents were asked to only state the setting in which they worked and their gender.

Managers were briefed on the nature of the project and the process for information dissemination at the July 2001 Health Service Managers meeting. The survey and covering letter, together with a return addressed envelope (not reply paid), were placed in a small envelope with the name and position title of the recipient. The letters, grouped for each site, were placed in a large envelope and labeled with site details. The envelopes were then left at the meeting for site managers to take and distribute. A total of 193 surveys were prepared for distribution, 119 (62%) were returned within the required time frame and included in the survey analysis.

### **Summary of findings**

The findings are presented firstly by the responses from the tick boxes and the open-ended questions and secondly by some quantitative analysis from the Likert scaled questions.

Whilst 94% of respondents identified young people as clients, less than half of these identified same sex attracted young people as clients. Of that number, only 7% identified same sex attracted young people as comprising 6 -10% of their client base.

**94% of managers identified young people as clients, yet 53% were unaware of same sex attracted young people accessing their service.**

**Studies in Australia and overseas suggest that  
8 - 11% of young people aged  
14 to 18 years are same sex attracted.**

(7,10,21,12,15)

**Whilst managers identified a high awareness of relevant policies among staff, they recognised that the people's attitude was the most significant issue faced by same sex attracted youth.**

Although a high level of staff awareness of policies was reported, 12% of managers were unable to identify any process where consumers were made aware of policies that protect against discrimination. A further 37% stated that consumers were not made aware of these policies.

When asked if it was policy within their organisation/service to inform young people of their right to confidentiality, 62% of respondents said yes. However, of this number, 35% believed that the policy was not regularly implemented and a further 20% were unsure.

More than half (52%) of the managers surveyed believed their service acknowledged sexual diversity, however 46% of this group were only able to identify one of the indicators, 28% identified two and 26% identified three or more from a list of eleven items. These indicators were; access to relevant resources, provision of staff awareness training, displaying relevant symbols or signage, anti-discrimination policy statements displayed in waiting room, section in policy manuals on anti-discrimination, use of gender neutral language by staff, use of inclusive language by staff, inclusive images displayed, inclusive brochures on display, inclusive language in forms, strategies that ensure inclusion developed.

At least 19% (22) of respondents acknowledged that they were aware of discrimination based on sexuality and half of these believed that the person was placed at risk as a result of this discrimination. Thirty eight percent of these respondents felt the matter had not been handled satisfactorily and a further 26% were not sure.

Only 15% of respondents felt the needs of same sex attracted youth were being met within their local community and 33% were unsure.

When asked to name the services / supports available for same sex attracted young people within the boundaries of the Greater Murray, 46% (55) of managers either did not respond or indicated that they knew of none. A further 24% (29) identified a range of services and supports, many of which would not be suitable. Twenty nine percent (29% or 34) of managers were able to name supports and services specifically geared to the needs of same sex attracted young people.

The biggest concern (70%) for same sex attracted young people identified by managers was the impact of the attitudes of staff and the general community.

*"They are rejected by the community - rural 'men' do not accept 'same sex attraction' as normal therefore these young people would be very lonely and isolated if they lived in this area" (survey 80)*

*"Staff not accepting the relationships and therefore have tunnel vision and bias is shown." (survey 19)*

Managers identified education, training, staff in-services, information and more services and supports as being of greatest assistance in supporting staff to work more effectively with same sex attracted young people.

In general, managers acknowledged having little awareness of the issues confronting same sex attracted young people and were appreciative of them being raised.

## **Quantitative findings**

Quantitative analysis of specific variables deemed valuable to the survey have been run using the SPSS statistical package which include to date t-tests, chi-squares and one way analysis of variance. Several of the quantitative findings are presented below.

Managers in hospitals and community health organisations were the major respondents to the surveys (Hospital managers, N=81, Community Health managers, N=22) Those managers in community health were more likely than hospital managers to:

1. Believe their organisation offers numerous opportunities to talk and work on issues of sexual diversity with SSAY (p= .01).
2. Feel that it is policy within their organisation to inform young people of their right to confidentiality at the first consultation (p= .01).
3. Believe the environment within their service acknowledges sexual diversity for SSAY (p= .05).
4. Feel that the needs of SSAY are being met within the local community (p= .05).

Those managers who were less aware of policies within their organisation that protect against discrimination based on sexuality, were more likely than those that were aware of such policies, to say people were not informed of their right to confidentiality at the first consultation (p= .01).

The more managers believed their staff regularly implement peoples' right to confidentiality the more likely they were to say their organisation:

1. acknowledged sexual diversity (p= .001).
2. talked and worked on issues of sexual diversity (p= .005).

The more managers believed their staff regularly implement peoples' right to confidentiality the more likely they were to say the needs of SSAY were being met within the community (p= .05).

The more managers believed that the environment within their service acknowledges sexual diversity for SSAY, the more likely they were to say their organisation:

1. talked and worked on issues of sexual diversity (p= .001).
2. dealt with circumstances of discrimination satisfactorily when they arose (p= .05).

The more managers believed that the environment within their service acknowledged sexual diversity for SSAY, the less likely they were to say that issues of sexual discrimination placed a person at risk (p= .05).

Managers were more likely to say SSAY needs were being met within the community when they:

1. felt there were fewer issues of discrimination within their organisation and placing a person at risk (p= .05).
2. thought issues of sexual discrimination were dealt with satisfactorily within their organisation (p= .01).
3. believed there were more avenues to talk and work on issues of sexual diversity with SSAY (p= .001).

## **Discussion**

It is clear from this survey that managers generally recognise that the needs of some SSAY are neither being met within the community, nor in their service. In general, respondents seemed unaware of the correlation between sexuality and increased health risks, yet the majority of managers appeared keen to engage in processes that would minimise these risks. Certainly, those managers that believed their organisation was supportive and responding to the needs of SSAY also believed there were fewer issues of sexual discrimination and lack of confidentiality within that organisation. They also felt that the local community was trying to meet the needs of SSAY. Thus, the more aware managers were of SSAY issues, the more they felt support strategies were in place. This was clearly more evident with community health managers than with hospital managers.

There is a need for services to work towards a more inclusive approach to health that is underpinned by an understanding of the unique and special needs of SSAY. Training, resource development and the establishment of partnerships with consumer groups should support such a process.

A role clearly exists for the health sector in general, to provide support, affirmation, referral, information and resources to young people regardless of their sexual orientation. For this to occur effectively, it seems evident that staff of the Area Health Service would benefit from a structured and comprehensive process that addresses a range of key elements including environmental setting, education, practice competency, resources, information and supports. Any such process should be linked to measures of service quality and provide measures of gain and benefit over time (benchmarking).

## **Recommendations**

From the findings of this survey the following recommendations are put forward to assist health services better meet the future support needs of same sex attracted youth. These recommendations are the result of consultation with a selected group of key managers whose responsibilities exist across a range of disciplines.

- That health services support and endorse the development of an organisational culture which recognises and values sexual diversity.
- That health services support the development of a strategic plan for the evolution of an inclusive culture for SSAY.
- The three main components of this plan will be:
  1. The development and implementation of policies and procedures related to SSAY.

Recognising the relationship these have to:

- Staff recruitment, selection and retention.
- Confidentiality
- Consumer participation
- Performance management

2. The development of training/learning programs for staff at all levels of health services.

3. Ongoing review and monitoring of strategies, policies and practice.

### **Limitations**

This survey examines only one of seventeen Area Health Services in New South Wales; it is expected that there will be factors that vary between Areas. These factors will be influenced by location, population density, culture, access to relevant services and supports.

The survey tool has been developed based on an extensive review of literature, however it may have benefited from consumer input into its design.

In-depth interviews with managers would provide valuable insight into the values, issues and barriers for service providers. The limited resources and time available for the project has impacted on the scope of the analysis.

### **A Final Quote**

From a young woman in rural south east NSW.

“If you live in a small rural town, how do you know how to meet other women?

***How do you not go crazy with loneliness and frustration?***

***Who can you talk to?***

***How do you know you are OK – normal?”***

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