

Letter to the Editor

Determining staff experience of lesbian, gay, bisexual and gender identity presentations in child and adolescent mental health settings

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Background

Previous studies have found LGBT individuals often receive poor healthcare compared to the general population (Ward *et al.* 2014). An American Public Health study found there was a need and interest for faculties to develop procedures, policies, and programs that improve access to LGBT competent physicians and to train physicians to be LGBT competent (Khalili *et al.* 2015). Prior studies have researched various disciplines awareness or beliefs relating to lesbian, gay, bisexual (LGB) and gender identity patients, including nursing and occupational therapy (Manzer *et al.* 2018).

The National Transgender Discrimination Survey found a lack of provider knowledge, with 50% having to teach their medical providers about transgender care (Grant *et al.* 2010). Consideration of awareness of use of pronouns, or having gender inclusive assessment forms and records, are examples of areas where staff may not have been upskilled.

Objectives

We set out to explore staff experience, attitudes, and awareness of LGB and gender identity presentations in Irish child and adolescent mental health settings. Our objective was to explore levels of staff satisfaction with training regarding these presentations and to ascertain if there is interest in future training regarding working with these client groups. We aimed to identify if there are differences when responses are analyzed by age, gender, occupation, years of clinical practice, and prior training.

Methods

A survey was designed based on prior studies, namely the Sexual Orientations Belief Scale (SOBS) and the Gay Affirmative Practice Scale (GAP) and included the following measures: LGB and gender identity healthcare experience, attitudes, and awareness. The SOBS is a multidimensional instrument with which to assess a broad range of beliefs about sexual orientation, which evidence suggests are highly correlated with positive and negative attitudes about sexual minorities (Arseneau *et al.* 2013).

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The GAP is a self-administrated scale to assess the degree in which practitioners engage in principles consistent with gay affirmative practice (Crisp, 2006). It consists of 30 itemized statements that are rated on a Likert scale.

Results

Sixty people were invited, and 42 respondents consented and completed the survey in full, representing 70% uptake. Descriptive analysis of the data took place, with specific analysis under the themes of demographic, experience, training, awareness, attitudes, and beliefs.

Fifty-two percent were dissatisfied with their training on LGB presentations, and 69% were dissatisfied with training on gender identity. Those who disagreed were adequately trained on both LBG presentations (28.6%, $n = 12$) and gender identity presentations (47.6%, $n = 20$), were mostly female, aged 31–40 years, and were working as a nurse or non-trainee registrar. Overall, 90.5% indicated they would attend additional training.

Conclusions

Results indicated that CAMHs staff are dissatisfied with their current level of training in both sexual orientation and gender identity. Respondents were suggested to seek HSE online training or Gender Identity Skills Training if interested in immediate resources.

It is envisaged that gender identity services in Ireland require development, with the July 2021 announcement of the “National Gender Service,” a public service provided by the Health Service Executive and St John of God Hospital based in Dublin (National Gender Service, 2021). As service models evolve, it is important to ensure appropriate training is available so mental health staff can remain updated.

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Conflict of interest. None.

Ethical standards. Approval for the study was granted by CREC (Cork Research and Ethics Committee) in August 2020. The authors assert that all procedures contributing to this work comply with the ethical standards of

the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008.

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