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Webinar

## Working collaboratively to address the social and emotional wellbeing of older LGBTI people

Wednesday, 27<sup>th</sup> April 2016

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



### Tonight's panel



A/Prof Ruth McNair  
GP (Vic)



A/Prof Damien Riggs  
Psychotherapist (SA)



Prof Mark Hughes  
Social Worker (Qld)



A/Prof Lynette Mackenzie  
Occupational Therapist  
(NSW)

### Facilitator



Dr Catherine Boland  
Psychologist (NSW)

## Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chat box.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

## Learning Outcomes



**Through an exploration of the needs of older lesbian, gay, bisexual, transgender or intersex (LGBTI) people, the webinar will provide participants with the opportunity to:**

- Describe inclusive, accessible and appropriate aged care for LGBTI people, both in the home and in aged care facilities
- Identify LGBTI specific needs that should be addressed for older LGBTI people, including involvement of the next of kin, recognition of discrimination experiences and advance care planning
- Identify challenges, tips and strategies in providing a collaborative response to supporting the social and emotional well-being of older LGBTI people.

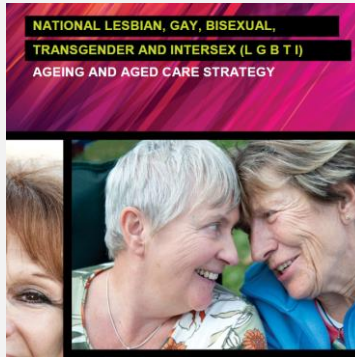
## General Practitioner Perspective



### What would LGBTI inclusive care look like for Jan and Louise? Using the guiding principles

#### Principle 1: Inclusion

- Acknowledge Jan's same sex partner as her legal next of kin
- Respect their need for privacy and intimacy



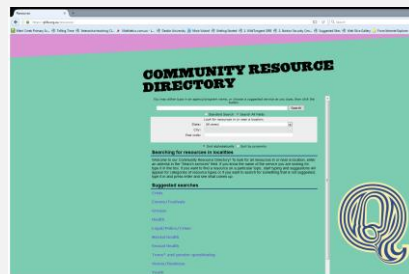
A/Prof Ruth McNair

## General Practitioner Perspective



#### Principle 2. Empowerment

- Enable Louise to discuss Jan's increasing isolation with senior staff
- Provide professional advocacy if needed
- Disclosure
  - Diverse approaches to disclosure from complete non-disclosure – 'de-gaying' the house, to complete openness
  - Acknowledge disclosure may only occur once trust is established
- Connection with LGBTI communities
  - Louise may need/want to connect – no assumptions here
  - See QLife website: [www.qlife.org.au](http://www qlife.org.au) for list of local LGBTI resources



A/Prof Ruth McNair

## General Practitioner Perspective



### Principle 3. Access and Equity

- All aged care services (home based and residential) to create an LGBTI inclusive environment
  - Language used
  - Inclusive intake forms
- Includes non-discrimination from all staff



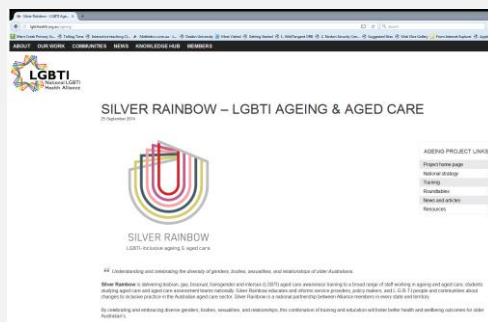
A/Prof Ruth McNair

## General Practitioner Perspective



### Principle 4. Quality of Care

- Develop LGBTI inclusive policies
  - Respect of diversity, anti-discrimination on basis of sexual orientation and gender identity
- Staff professional development
  - Knowledge – LGBTI histories and socio-political context, understanding families of choice, resources
  - Skills – facilitating disclosure, encouraging cultural safety with other clients



A/Prof Ruth McNair

## General Practitioner Perspective



### Principle 5. Capacity Building of LGBTI individuals and communities

- Engage with LGBTI carers and clients to contribute to making the service LGBTI inclusive



A/Prof Ruth  
McNair

## Psychotherapist Perspective



- How might we view the case differently if we were told that Jan is transgender?
  - Common finding that many transgender women identify as lesbian
- What additional factors might complicate Jan and Louise's experience?
  - Cisgenderism as the ideology that delegitimises people's own understandings of their bodies and genders (Ansara & Hegarty, 2012)



A/Prof  
Damien Riggs

## Psychotherapist Perspective



- Transitioning later in life
  - “In the 1960s and 1970s the scenario was very different from how it is now. You left school and did your duty. You didn’t query anything. You got your career and marriage and had children. You didn’t have time to think about what you were and that was the environment that I was in.” (Christine, in Hines, 2007)
- Health issues may impact upon successful outcomes in terms of transitioning



A/Prof  
Damien Riggs

## Psychotherapist Perspective



- Transgender people consistently report negative experiences with healthcare providers
  - Lack of knowledge, pathologising views, long wait times to access services, gatekeeping, needing to educate the professional in order to receive services
- Relationship between poor service experiences and mental health



A/Prof  
Damien Riggs

## Psychotherapist Perspective



- Responses from family can compound isolation
  - Case study by Marshall and colleagues suggests that family members may undermine transgender women living in care facilities
- Responses from partners
  - Transitioning when in a relationship can lead to issues of control and abuse



A/Prof  
Damien Riggs

## Psychotherapist Perspective



### References

- Ansara, Y. G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologising and misgendering children from 1999 to 2008. *Psychology and Sexuality*, 3(2), 137–160.
- Hines, S. (2007). *Transforming gender: Transgender practices of identity, intimacy and care*. Bristol: Policy Press.
- Marshall, J., Cooper, M., & Rudnick, A. (2015). Gender dysphoria and dementia: A case report. *Journal of Gay & Lesbian Mental Health*, 19(1), 112-117.



A/Prof  
Damien Riggs

## Social Worker Perspective



### Role of the social worker

- Psycho-social assessment, includes:
  - Impact of health – physical and mental health
  - Sense of self, identity, relationships, community
  - Social supports, community resources
  - Experience across the lifecourse
- Attention to power
- Facilitating narratives
- Focusing on strengths
- Challenging environment



Prof Mark  
Hughes

## Social Worker Perspective



### Case advocacy

- Representing the interests of another person – usually due to incapacity or discrimination
- Enabling 'voice' & self advocacy
- Building support across systems & collaboration
- Facilitating access to resources
  - Legal representation
  - Political leverage
  - Advocacy services



Prof Mark  
Hughes



## Social Worker Perspective



### Cause advocacy

- Taking up a social issue on the part of a group of people
- Coalition building
- Lobbying for political & legal reform
- Engaging in 'policy practice'
- Enabling 'whole of organisation' culture change



Prof Mark  
Hughes

## Occupational Therapist Perspective



### The occupational therapy role

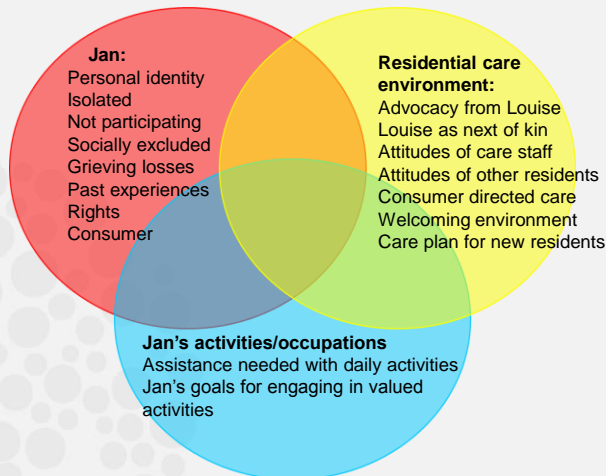
- The primary goal of occupational therapy is to **enable** people to **participate** in the activities of everyday life. Occupational therapists achieve this outcome by working with **people and communities** to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by **modifying the occupation or the environment** to better support their occupational engagement (Occupational Therapy Australia website).
- In the Aged Care Assessment Team process, OTs contribute to evaluating an older person's health needs prior to admission to an aged care facility.
- "People have the **right** to be **supported** to **participate** in activities and be **included** and **valued** as members of their family, community and society." (World Federation of Occupational Therapy, 2006).



A/Prof Lynette  
Mackenzie

## Occupational Therapist Perspective

### Analysis of the case study



A/Prof Lynette  
Mackenzie

## Occupational Therapist Perspective

### Potential interventions

- Case conference to include Jan, Louise and senior staff & other disciplines to devise an inclusive care plan
- Investigate depression
- Identify Jan's participation goals for herself and develop programs to meet these
- Staff training in inclusive practice
- Consider if any formal complaints need to be made.
- Consider alternative care if needed



A/Prof Lynette  
Mackenzie

Q&A session

## Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within one week.
- Our next webinar:

**Working collaboratively to support students experiencing anxiety whilst completing end of high school studies**

Wednesday, 25th May 2016

Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit [www.mhpnp.org.au](http://www.mhpnp.org.au)

**Thank you for your contribution and participation**