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Podcast Transcript

How to challenge bias in mental health practice

Georgina (00:00):

Welcome to Mental Health in Practice, a podcast from the Mental Health Professionals Network. In this episode, we are exploring how assumptions and bias can influence practise and what helps us remain curious, reflective, and person-centered throughout our careers. My name is Georgina Bell, and I'm the manager of harm reduction here at ACON. I'm joined today by Glenn Noble, who also works at ACON as a counsellor, which is New South Wales leading LGBTQ+ health organisation. We're a fiercely proud community organisation, and we provide community health, inclusion, and HIV responses for people of diverse sexualities and genders across New South Wales. Like I said, we'll be talking about assumptions and bias and how that can influence our practise. Glen, I guess from your perspective, why do you think this is an important conversation for us to be having?

Glenn (00:50):

Well, I think when it does come to bias and assumptions, it's natural for us as human beings to have these kind of things. And so as practitioners, we are still very human about that. And I think it's important to be aware of what our biases and assumptions really are because it can impact the work that we do in whatever discipline that we're working in. That's why I think it's important to have these kind of conversations to recognise what our assumptions are and how they can influence the practise that we are doing with clients.

Georgina (01:25):

Yeah, totally. I feel like because bias is so universal and it is something that we all have, the key is really bringing awareness to that and actually acknowledging that. And I think the more that we can have these types of conversations and talk about and normalise having bias, the more we can bring that critical lens to it and make sure that it isn't causing harm or negatively influencing our practise.

Glenn (01:49):

Yeah, I think that's the important point, as you mentioned, to normalise this, that it's a very normal thing for this to happen for all of us. It's nothing wrong per se. How we deal with it is the question. And I think some of the work that you and I have done together in the sector on behalf of ACON sort of speaks to that quite a bit. We go out and sort of educate people about why ACON exists and what we know about the LGBTQ community and how we can help our fellow practitioners work with our community and realise some of their own biases that they bring to this.

Georgina (02:28):

Yeah, that's right. I mean, I guess on one hand, bias is something that everybody has, and in a way it's just a way that our brains can make things a bit simpler or take some shortcuts. Sometimes it's a way that we address fears or simplify our fears or make us feel like we have a bit more control. And so I guess in that way, there's no sense in having guilt or shame around that bias, but it's important that we still address it and bring a critical lens to it in terms of how it might show up in our work and impact in

ways that we're not even aware of at times. And yeah, totally, Gunn, I think that's a big reason why ACON exists in the first place and I guess what underpins our role in the health sector.

Glenn (03:16):

I think as a community-led organisation, our goal is to provide a sort of culturally safe, inclusive, and affirming space for people to come and get some help from. And what we know from reports and experiences that our clients talk about, that isn't always available in the broader community, and that's something we sort of pride ourselves on.

Georgina (03:40):

Definitely. And I guess thinking about clients having that unique experience, we hear from our clients often that being able to come to an organisation like ACON where it is community-led, where there is inclusive and affirming practise really transforms the type of care that they can receive, but even the willingness that people have to come in the first place. So I think for people knowing that they're going to come and be accepted and maybe not be approached with some of the biases or assumptions that they might've faced in other settings already leads to a more open and willing engagement with seeking something, whether that's counselling or another type of service that we offer. It could be as simple as accessing a resource or testing or any of those types of things that we have here. And I guess thinking about that in other settings, but also in our own practise, I'm thinking about some of those ways that bias can influence care.

(04:38):

And as we were saying before, that can be both positive and negative. But yeah, what has been your experience hearing from clients or seeing in your own practise about how that bias can shape care in different ways?

Glenn (04:52):

Well, I think when it comes to my discipline to counselling in particular, all of the research is the relationship is the vehicle that success is built on. So if we can form a trusting relationship, then we're sort of halfway home. And I think particularly when it comes to the community that we serve, but I think this applies universally to any sort of minority community or people that have experienced stigma or marginalisation at all, that going through life, I think these clients develop quite a specific way of looking for signs that they won't be accepted or that there is sort of stigma or if there is judgement about them, if there is some bias in there. And I think some fairly unconscious sort of signals can send that to people. So I think when it comes to these people, they're on the lookout to know whether they're safe or not.

(05:49):

It's a skill that they develop over their lifespan. So I think that we have to be quite deliberate about how we display this for people, how we communicate this to people in order to build a relationship that will allow the therapy to do what they're here to do so we can achieve the outcomes that our clients really want.

Georgina (06:07):

Yeah, totally. And thinking about intentional ways that we can make folks feel safe and that they can trust us to deliver the care that they're seeking. I'm thinking about things all the way through the journey for a client. So right from the website stating what we're for and who we're for and the values that underpin our work, all the way through to having whether it's a pride flag or a symbol of inclusion in the waiting room or in the foyer, all the way through to the service itself and that person approaching the individual with curiosity and kindness. And I guess it's those subtle, but also overt indicators to someone that you're going to be welcome here, you're going to be safe here. And it's interesting because that's signalling that they're not going to experience negative bias, but in a way I look at that almost as a bit of positive bias.

(07:01):

It's like we are here for you. We actually believe in you. We are bringing a positive bias and a positive assumption to working with LGBTQ+ communities. And those assumptions are that people deserve to receive good healthcare, that they are welcome fully as they are in any expression of their gender or sexuality. So I guess it can influence in both of those directions where people might experience negatively from bias in some settings, they might have positive experience from another type of bias in another setting. So it's been something interesting to reflect on, I think working with AECON is the power that all of that can have on health outcomes.

Glenn (07:39):

Well, yeah, I think so. And I think most organisations have an intake process which has questions about gender and sexuality in them because most funders require those questions to be asked. And I think people can tell whether you're comfortable asking those questions or not. And I think that's the most important sign to recognise if I, as doing an intake with somebody, feel uncomfortable about asking a question about something, then what's that for me? Why do I feel uncomfortable about that? And that's something I think the way of addressing this within ourselves.

Georgina (08:14):

Yeah, that's a good point, Glenn. I think that's something that we come across as well in some of the work that we've done working with other services is other practitioners having really good intention and really wanting to work collaboratively and positively with the LGBTQ+ community, but having a bit of that hesitation or fear around asking a question or feeling worried about how that might come across. And I think it's a really interesting and important thing to do as a practitioner to go, why do I feel uncomfortable with that? And how might that make my client feel when they sense that uncomfortability?

Glenn (08:53):

Yeah, I think people rarely feel offended by questions.

Georgina (08:57):

Yeah. And it almost has that assumption that there's something offensive in the answer. I think as well, it's the same for most of my practise and my work is around drugs and alcohol, and it can be the same thing. You can sense quite quickly in someone's tone or body language any of those underpinning beliefs

or values that people have about drug use. And I think one of the beautiful things about harm reduction as a practise is that it is quite neutral. So it takes no moral view of drug use. It just says that it happens. We don't condemn or condone drug use, so we're not promoting it, but we're also not telling people not to do it. We're instead just accepting that it's a thing that some people do. And I think that can be quite a powerful experience for people when they're so used to coming up against judgement and sensing that kind of uncomfortability and even asking about someone's drug use.

(09:52):

Or I think something I've learned throughout my career, I remember starting early in my career and learning that just because someone discloses something about drug use or discloses something in their life doesn't mean that that's the thing that they need the support on or that's the reason that they've come in for care. So yeah, learning just to take a step back and take things a bit slower before you jump into, aha, I found the problem. I found the thing that we need to work on together. It's kind of, hang on, slow down. We don't need to find a problem.

Glenn (10:25):

Yeah. Okay. And I guess when it comes to harm reduction, again, part of that relational part of this is how to make people feel comfortable enough to actually tell you what's happening and what they want without that fear of judgement . How do we communicate that is a really important question, I think.

Georgina (10:44):

Yeah, absolutely. And that's the journey sometimes that we have to go on or we always go on with a client around trust building. It's not going to be 100% at the beginning, and it never will be. It's something that's built through sometimes many hours, sometimes even longer in terms of building up that sense of trust. And I think especially if people have had other experiences elsewhere, that might take a little bit longer and need to go a little bit slower.

Glenn (11:14):

Yeah, no, agreed. Yeah. Yeah.

Georgina (11:16):

So thinking about bias and assumptions and how it influences care positively, negatively in all directions, thinking about times in our own practise when our assumptions were challenged, Glenn, do you want to share an experience that you've had of where your assumptions popped up, you noticed them and you had to challenge them?

Glenn (11:38):

Well, yeah, when thinking about this topic, one that really comes to mind for me was as a sort of beginning counsellor and working here at Aikon, that for me growing up without much religion in my life at all, it wasn't in my family or in my community. The connections I had to religion weren't particularly positive because within our community, the LGBTQ+ community and religion had always seemed quite adversarial in a way and didn't agree with each other. I think for me, I had an assumption that they didn't mix particularly well. And it didn't take me very long. In fact, there was a few clients that I had

that confirmed this kind of bias for me until one in particular challenged that and said, "Oh no, religion is really important to me and these are all of the reasons why." And for me, it was a second of just recognising what this client was saying to me.

(12:44):

And it made complete sense. He was very articulate in being able to identify all of the positive impacts of his belief and his faith and how that was a real comfort to him. And yeah, it took me a minute to realise that firstly I had an assumption. There wasn't a universal truth and that I was bringing this into the room. It was interesting just reassessing how this sort of really sat for different people. And it was a very individual experience, which then informed my practise in quite a significant way. The way I was able to speak about religion with people and be curious and ask questions about it changed quite dramatically, that it became a sense of fascination when quite often I would bring up religion and faith as a background kind of question. And yeah, I think it really let me be closer to my clients and try and understand their perspective in a really different kind of way, which I think helped our relationship.

Georgina (13:50):

Yeah, it's such a beautiful example because it is so clear how an assumption can be there in the background and we don't even know that it exists until it pops up in an interaction like that. And it almost acts as a closed door. And it feels like by you unpacking that and addressing it and noticing it, it almost opens that door to all these other possibilities for connection and understanding and a whole new realm that you can explore with your clients in a really beautiful, accepting way.

Glenn (14:21):

What about you, Gina? When it comes to harm reduction, how did you start to notice your bias in this?

Georgina (14:28):

Yeah, I think for me, it's been a journey into working in harm reduction, which has this neutral, do not condemn nor condone drug use, no moral attachment to drug use lens, which really meets people where they're at. Sometimes the practise can lean a little bit more towards the assumption that folks have ways of managing their drug use in safer ways and we give them options to do that. And so sometimes that can lead, for me anyway, into a bias that most people want to do that. Whereas sometimes actually as part of harm reduction for some people, abstinence and stopping their relationship with a certain substance is the best way for them to achieve the life that they want. So I think it's interesting to think about how even a model of care that has this intention of being really non-judgmental and really neutral can become another type of assumption if we're not careful and if we don't continuously return to that curiosity and to that individual approach of this person here in front of me, let's really listen properly rather than jumping in with some of those shortcuts.

(15:49):

Like I said before, bias can be a bit of a shortcut. And sometimes when we're in a practise for a long time, those can feel really tempting to go, okay, I've got an idea for you here. I've got a bit of advice or whatever it is, but actually sitting a little bit longer in that question mark with someone and listening for them around, or even helping them to explore what might be the best thing for you here. And I think for me, working now in a programme level, in a population health level, it's really important that we don't

bring assumptions into our ways of working. So that might even be making sure when we are doing consultations and focus groups to inform our resources that we're getting a really broad perspective in the group, that we're getting lots of different people there, different ages and genders, but also different relationships to substances.

(16:43):

So folks who might be wanting to be abstinent or have practised abstinence, people who are practising more harm reduction and moderated use, or people who have a much more neutral relationship with substances and just want to learn more about safety. So for me, it's been a journey of continuously practising that curiosity and having all perspectives present can keep rounding the edges of those beliefs. So it's a continuous thing. I don't think we ever arrive in a place of no bias. I think we have a learning, and then sometimes we might spring too far in one direction and have to come back a little bit and always stay in that humble, curious space.

Glenn (17:26):

Yeah, I hear what you're saying as the ongoing curiosity. And I think one of the benefits that we have, one that I have working here in the teams that we work in is that there is an awareness of this, that to be able to tell people the bias that you've recognised in yourself doesn't involve any shame as a professional, that we are very supportive of each other in the positive aspects of understanding our own bias. That if you recognise for yourself that you're holding a bias, that this is progress, that this is an achievement in itself rather than something that shouldn't have existed in the first place and that you should somehow be ashamed of or something.

Georgina (18:12):

That's so true, Glen. I like that framing of it as a celebration of, yay, you recognised a bias or yay, I noticed this new thing in myself that by knowing it, I can now be a better practitioner.That's such a win rather than never being open to learning those. Sometimes, yeah, sometimes difficult things to learn about ourselves. Sometimes it can be a bit confronting in a session or in an interaction when we get a response in ourselves that we weren't expecting, but really great to have colleagues and supervisors and whoever else around us to actually honestly bring that to. And it reminds me of something Vicki Reynolds, a social worker in Canada who has a lot of great resources that I love, that she talks about having your solidarity team, and that's people that you really trust to hold you to your ethics and to have that non-judgmental space for you to bring this stuff up with and focus on it with.

(19:10):

I think especially when we're talking about gender and sexuality, but also racism and how that can come up in our work and thinking about other biases that we might bring around all sorts of things. I'm listing lots of things in my head, but yeah, that stuff needs space to be unpacked so that it doesn't harm our clients.

Glenn (19:30):

And I think also for me, starting out as a practitioner, it was a fairly steep learning curve as well to recognise all of the information I didn't have. When it comes to cultural backgrounds in particular, it was an interesting learning curve of me going and talking to peer workers and socially to friends and to

partners of friends who had different sort of cultural backgrounds than I did about what it was really like for them and what were some of the aspects of this for them and just really milking people for information about their experience of their own culture or background.

Georgina (20:12):

Yeah. And I think it's so true, Glen, that same for me, thinking back to my early career to now, why I almost feel like I came in with more confidence and then it slowly became less so as I realised all the things I didn't know and didn't understand. And also sometimes look back at my early practise and have a bit of a cringe around the ways that I practised that were quite ignorant to really important factors that were showing up in my work, whether that's power imbalance of clinician and client or me as a white settler here working with people of different cultural backgrounds or First Nations people. And I've been so privileged to work with so many incredible, more wise and more practised social workers and community members, particularly First Nations colleagues and community members who just have been so patient and gentle to do that teaching and to help me to become hopefully less and less harmful the more that I go through my career.

(21:15):

But yeah, I think it is that kind of unlearning before learning again sometimes. And I think that goes in cycles throughout our career of being really humbled. Even now over a decade into my career, I have days where I'm like, "I don't know anything." And then that has to be balanced with the sense of, no, I do have strong practises and evidence bases underpinning what we do. And I think it's balancing both of those of be super curious and open and humble to other people's diversity of experience while also holding onto some solid practises and frameworks that are tried and tested and evidence-based. And holding both of those together I think is the balancing act, right?

Glenn (22:00):

I think that's the thing because these are also skills that we're talking about. Being aware of your bias is a skill to develop as well as all the practise. And I think once you feel confident that you can have interventions that are sort of meaningful, then the bits that you don't know, there can also be a confidence in that as well, that it's a powerful thing to accept that you don't know something and feel okay about it, that it's not a deficiency, that it's not something you should know. It's gaining education, particularly when it comes to working individually one-on-one. Yeah, having the confidence to say, "Oh, I don't know about that. What can you tell me?" Can be a very bonding experience between you and somebody else.

Georgina (22:44):

Yeah, I like that. Having the confidence to stay curious and confidence to not know. Yeah, I guess it's a place that we continuously want to be in is knowing that we don't know everything and being okay with that and therefore being quite open to learning, being open to being wrong, being open to being corrected. I still remember the first time I was leading a workshop, and it happened many times after this. I just remember the first time when I got corrected on something that I'd said in a break very gently and lovingly actually by one of the participants who came up to me and said, "Oh, there was just something that you said that was a little bit offensive and could have been considered offensive, and I

just thought you might want to know." And I remember feeling really embarrassed. And then it took me a little while to go, "No, I'm actually so grateful.

(23:40):

I'm so grateful that this person came up to me and told me that." And it was a blind spot for me. It was not something I knew could be offensive. I just didn't know. And so they told me, and from then on, I think I might've said it once after. You kind of slip up again because it's in your vocabulary or whatever. But I always remember that of such a beautiful, gentle correction from this person that helped me to be better. And actually thank goodness they did that so that I didn't keep making that mistake, but also eat that humble pie for a moment and go, "I was wrong. And I maybe should have known that earlier and I didn't, and that's okay. Let's move with gratitude for the lesson and incorporate it."

Glenn (24:25):

The early lessons are really memorable because they're quite surprising. But I think as a practitioner in both of our disciplines, this becomes a regular occurrence. And I think that that becomes then more comfortable. We're okay with being corrected. We're okay with being wrong about stuff. And I think that's one of the important thing. The growth is how we get through this.

Georgina (24:48):

That's right. And it will keep happening. We will keep being wrong and being corrected or needing to learn something again or returning to an old mistake. And I think that's certainly part of the practise of growing is remaining humble and open to those learning experiences and never arriving at a place where you think you know it all.

Glenn (25:11):

Yeah, I think so.

Georgina (25:12):

I know something that we've worked on together, Glen, is workshops with other practitioners around ACON's inclusive and affirming practise guidelines and some of the tools and tried and tested ways that we have of building that trust and good practise with folk. Should we share a bit of where people might be able to get some of those resources?

Glenn (25:35):

I think you're right, that part of the work we do with ACON is sort of the advocacy work for our community as well. And so we have produced some guides about affirming language, both around sexuality and around gender differences and some good practise guides that are available on our website. Some of them are on the SESPN website. The NADA website are using some of them as well.

Georgina (26:02):

I'm sure this can be a links in bio situation.

Glenn (26:05):

Yep. We'll put some of them together so the resources just as a start point to think about some of these things.

Georgina (26:11):

So thinking about everything that we've discussed today, maybe we can both reflect on how we've approached addressing our own bias in our practise. And I like this question of thinking about our younger professional self and what advice or thinking back to that young version of us, what we might say to them.

Glenn (26:31):

For me, it is a bit about get used to this process and be familiar with recognising bias and continuing to be curious. Keep on talking about this in supervision, in training with your colleagues, in peer supervision, in all of these environments. Make sure that you have something set up where you can bring this in and change this through discussion with other people.

Georgina (26:58):

I love that, Glenn. I love the get used to it. Get used to being wrong, get used to needing to learn, get used to making mistakes. I think that's a really beautiful lesson. Thanks. I totally agree with that. And I think what I would add, thinking back to my younger self, a lesson that I come back to again and again is this sense of trusting people. So trusting the people that I work with. I think that's a helpful practise against assumptions because our assumptions are sometimes a way to control outcomes or think that we know more than we do. Whereas trusting others and trusting the people that we work with is really about, no, they've got it. They actually hold the expertise. They hold the power. They hold the autonomy to make their own decisions and name their own problems and go on their own path.

(27:55):

And I think has also helped me to unlearn this assumption that as a social worker, you are there to help and the client is there to be helped. I think unlearning that and instead addressing folks with this sense of deep trust and respect of I'm just here to facilitate your own journey towards whatever goals you have and whatever help you are seeking, but to really trust them in that process. They've got it. They've got this.

Glenn (28:26):

That's a really beautiful way of framing it because I think we always need to keep addressing the power in our relationships with the people that we work with and check that and trust the other person as an equal in this. That's a really nice way of framing it.

Georgina (28:41):

That's right. That power imbalance exists, right? So it's a way to name it and mitigate it safely. One thing that helps me to come back to that practise of trusting people and trusting the people that I work with is this beautiful poem/spell by a beautiful community organiser that I follow called Adrian Marie Brown, and it's called Trust the People. And it particularly helps me in my facilitation practise. So I often facilitate groups and workshops and community spaces and things like that. And it's this real practise of

letting go of control and just trusting the people in the room to bring the energy and bring the magic and to have their own wellbeing at the forefront. That's been a really beautiful poem and spell for me to return to in this work. I'm sure I can pop it in the show notes or in the episode page for people to check out.

(29:35):

Well, thank you, Glenn. This has been a really great conversation and thank you for listening to the Mental Health In Practise podcast from the Mental Health Professionals Network. If you'd like to learn more about today's guests or access related resources, visit this episode's landing page. We'd also love your feedback. You'll find a short survey on the landing page to share what was useful and what you'd like to hear more of. Thank Thank you for your commitment to multidisciplinary care and lifelong learning.

Glenn (30:03):

Thanks. Bye.