

Friend's of OZ

Introduction

The LGBTQIA population is among one of the most socially disadvantaged groups around the world. In some countries, the LGBTQ population even faces serious legal predicaments. Countries that adopt laws and regulations inclusive of LGBTQ populations stand in dramatic comparison to countries like Uganda, India, and Russia, where homosexuals, bisexuals, and other sexual minorities' safety, well-being, and basic human rights are endangered by criminalization, imprisonment, or even death penalty punishing sexual minorities (Boroughs et al., 2015). It is suggested that aging LGBTQ populations are more likely to live alone compared to older heterosexual populations and suffer from issues such as homelessness, social isolation, domestic violence, unemployment, mental health problems, financial disparity, poverty, and disability (Boggs et al., 2016).

Noteworthy, negative health and life outcomes are not only occurring among the older LGBTQ population but are also found common in LGBTQ youth. LGBTQ youth often experience challenges in terms of the relationship between themselves and their family and peers due to the stigma associated with their gender identity and sexual orientation (Newcomb et al., 2019). Besides, the rate of suicide, substance abuse, and HIV is higher among LGBTQ youth compared to youth in the general population (Ross et al., 2014). LGBTQ youth experience relationship problems with their family, and many of them choose to conceal their sexual identity and sexual orientation because of the fear of getting rejected by their family member

(Mills-Koonce et al., 2018). For those who do disclose their sexual identity and orientation to their family, they are likely to experience rejection from their family, and parental rejection is linked to an increased likelihood of mental disorders, suicidality, and substance use among LGBTQ youth (Parker et al., 2018). Aside from family rejection, LGBTQ youths also experience difficulties between themselves and their peers. It is reported that as many as 70% of LGBTQ report having experienced indirect or direct bullying in their lifetime (Allen, 2014).

Therefore, negative social and health outcomes are experienced by the LGBTQ population across all age groups. While it is hard for social work professionals to initiate transformative interventions and programs in countries that have specific regulations and laws denying the basic human rights of the LGBTQ population, human service professionals in countries affirming and approving that LGBTQ individuals should have access to social entities including school, healthcare system, and social service agency need to strive to develop innovative and effective strategies to accommodate various needs of LGBTQ population so that the negative consequences and the waste of social resources resulted from social and health issues of LGBTQ population can be alleviated and reduced.

Program

The program designed to help the LGBTQ population to acquire better health and social outcomes should incorporate a holistic approach. It will require expertise and experience from social workers, psychologists, psychiatrists, counselors, community leaders, researchers, and policymakers because the difficulties experienced by the

LGBTQ population are diverse. Specifically, this program not only serves as an intervention to elevate and empower LGBTQ populations but also as a research project that exposes systems of power and oppression and verifies the relationship between intervention and outcome.

The personnel involved in this intervention and research ought to construct the whole research and program components with personal and professional values aiming to help the LGBTQ population solve their problems. Besides, the personnel involved in the intervention program and research should view themselves as community members, and they have the responsibility to utilize reflexivity to situate themselves without imposing personal values and beliefs onto the research process and outcome (Dodgson, 2019).

The research will be a damage-centred research project because the LGBTQ community has long been portrayed as a suppressed group as the result of socio-historical context. Researchers should participate in the project with the assumption that community-based intervention would be able to solve problems faced by the LGBTQ population, including mental disorders, strained family and peer relationships, and housing instability. This damage-centred research acknowledges the predicaments faced by the LGBTQ community and assumes that the LGBTQ population has poorer quality of life, less access to social resources, and vulnerability to negative health and social outcomes. The goal of this program is to alleviate mental illnesses among the LGBTQ population, allow them to access affordable housing, and help them to build meaningful relationships with their peers. Furthermore, the

ultimate goal of this program and research is to make policymakers aware of the issues faced by the LGBTQ population and facilitate the development of legislation and law that cater to the need of the LGBTQ population.

Onto the components of this research. Both qualitative and quantitative methods will be used in the research. The qualitative method includes semi-structured interviews between the LGBTQ participant and researcher and focus groups among LGBTQ participants. On the other hand, quantitative data collection relies on the self-rating scale, clinician rating scale, and surveys to determine whether or not the participant is able to alleviate their mental health problems, gain access to stable housing, and develop benign relationships between themselves and their family and peer after the participation of the program.

As mentioned before, the program itself will be designed with an aim to help LGBTQ participants in terms of their mental health, housing accessibility, and interpersonal relationship. The research itself will be a non-experimental design because having a control group means that LGBTQ individuals in the control group will not receive the services they need, and leaving their needs unaddressed for research purposes would be unethical. The inclusion criteria of this research is that all the participants have to identify themselves as a gender minority, which means that all the participants have to fall into at least one of the categories in the LGBTQ population (gay, lesbian, bisexual, transgender, and queer). If the applicant meets the inclusion criteria, further information regarding mental illness, housing stability, and interpersonal relationship will be gathered. First of all, the assessment and screening

of participants' mental health will be carried out by psychologists and psychiatrists in this research. Before the participation, psychologists and psychiatrists would use self-rating scales and clinician rating scales to assess and screen wannabe participants to determine if they have depression, anxiety, or any other mental disorders, and the severity of participants' mental illness will also be assessed. The self-rated mental health (SRMH) questionnaire is a valid and reliable instrument used to generally assess the mental health condition (McAlpine et al., 2018). So SRMH will be used in the program. The Symptom Checklist-90 (SCL-90) is also a reliable, valid, and effective instrument to assess symptomatic distress and mental health condition (Sereda & Dembitskyi, 2016). So it will be used alongside with SRMH so that the accuracy and precision of initial diagnosis and assessment can be ensured. Considering that self-rated scales is subjective and can suffer inaccuracy and false report as some of the participants would give socially desirable answers in the scale, a clinician administered rating scale will also be used for initial and final assessment before and after the research. The Brief Psychiatric Rating Scale (BPRS) is one of the most reliable and valid instruments used by clinicians to determine the presence of one or more psychiatric disorders in respondents (Hofmann et al., 2022). Hence, BPRS will also be used in this research. Besides, social work professionals would gather information on the participants' housing conditions, determining whether or not they have experienced or are experiencing housing instability. Finally, an interpersonal relationships questionnaire will be given to the participant to assess his or her past and current relationship with their family and peer. Hence, the independent

variable of this research is the participation in the program, and there would be three dependent variables, including the severity of mental illness among participants, housing stability, and interpersonal relationship.

To address the issue of mental health among participants, this program would work in collaboration with qualified counselors, psychologists, and psychiatrists, who would use a wide variety of treatment methods to treat the specific mental illness among participants after the recruitment process. This may or may not involve medication. Moreover, this program would provide temporary to long-term free or affordable housing options for participants experiencing unstable housing. This will require that the program has its own places to accommodate LGBTQ individuals, and collaboration with local homeless shelters would also be important in the case that the number of LGBTQ individuals participating exceeds the number of beds or rooms in this program. To allow LGBTQ participants to build relationships and connect with their peers or people living in the same community, focus groups and weekly or bi-weekly meetings will be held in the community center or online, or over the phone to allow LGBTQ participants to connect and socialize with each other. Finally, volunteer community activities will also be included in the program, where we will match a participant with another participant and connect them to families or organizations who are in need of volunteer services.

Aside from helping LGBTQ individuals to overcome their mental disorders, gain access to affordable housing, and connect with other LGBTQ individuals, this program will also hold lessons in community centers or at schools to teach the mass

majority about the LGBTQ population. Specifically, the lesson will explain that sexual orientation and gender identity are not personal choices. Rather, a series of genetic and biological factors are what dictate a person's gender identity and sexual orientation (Bogaert & Skorska, 2020). By giving lessons on the genetic and biological factors contributing to one's gender identity and sexual orientation, this program can expect to raise awareness and reduce the discrimination and prejudice towards the LGBTQ population.

One of the most important issues for this program is that members of the LGBTQ group may not feel safe and comfortable disclosing their sexual identity and orientation and come forward to participate in this program because of the fear of getting discriminated against. To solve this issue, the Friend's of OZ program would hold weekly or bi-weekly meetings online or in-person, depending on the preference of the participant so that participants would not worry that other people would know who they are. We would also let participants know that all their information will be kept with absolute confidentiality and anonymity.

Evaluation

Due to the fact that this research adopts a non-experimental design, the evaluation will mostly be conducted based on pre- and post-test studies as well as case studies. The evaluation of the Friend's of OZ program is mainly divided into three parts. The first evaluation criteria assesses to what extent LGBTQ participants can expect an alleviation of their mental disorders. Before the program, the participants would complete a series of self-rating scales and receive a clinical diagnosis of their mental

disorders through clinician rating scales. Upon completing the research and program, LGBTQ participants will complete the same self-rating scales again and receive a further re-diagnosis from the clinician to determine whether or not the program effectively addresses their mental disorders and alleviates their symptoms.

Secondly, the program staff and researchers will conduct follow-up interviews to know whether or not the housing instability is solved among LGBTQ participants. An increase or decrease in the percentage of LGBTQ participants accessing affordable and stable housing will be used for evaluation. The temporal nature of housing stability and instability requires follow-up interviews as short as several months after the program participation. Sometimes, it may require constant evaluations for years in order for researchers and program staff to know whether the participant experiences housing instability after participating in the program.

Thirdly, the evaluation of the program will be based on the development of interpersonal relationships among participants. The Interpersonal Relationship Scale (IRS) will be used both before and after the program to compare the ability to build interpersonal relationships among participants before the program and after completing the program. The Interpersonal Relationship Scale possess high level of validity and reliability (Garthoeffner et al., 1993). So most likely it will be able to evaluate the development of interpersonal relationship among participants, that is, how well the participants are able to build and maintain relationships with their family members and peers.

While it is important to evaluate how the program effectively solves the 3 of the immediate issue faced by LGBTQ participants, what is essential to the program rests on the contention that students and the general population participating in LGBTQ lessons can become aware of the issue experienced by the LGBTQ population and acquire the knowledge that gender identity and sexual orientation are the results of biological and genetic factors. In other words, to educate students and general population using lessons in communities and schools is to equip students and general population with cultural competency training; cultural competency training has proven to have a positive effect in terms of reducing discrimination and hatred that general population holds towards LGBTQ population (Seay et al., 2022). Hence, after the lessons, the LGBT Cultural Competency Self-Reflection Questionnaire will be used to explore how students and the general population participating in LGBTQ lessons of this program changed their view towards the LGBTQ population.

Aside from using pre- and post-test studies, that is, using self-rating scales and clinician rating scales to record quantitative data both before and after the program, the evaluation will also incorporate the method of case studies. To be more specific, semi-structured interviews will take place between the researcher and participant because those being researched are seen as creators of knowledge in transformative research, and their opinion, thought, and feeling may also have the power to optimize and transform the research. Open-ended questions such as ‘how do you feel about this program?’, ‘what else could be done to help you?’, and ‘how has your life changed since you participated in the program?’ will be asked during the semi-structured

interview. Through asking open-ended questions, making observations, and documenting the response from participants, researchers and program staff will be able to make the corresponding adjustments and adaptations in order for the program to be more effective and efficient in the future.

Communication is yet another important aspect throughout the research process and evaluation process. Communication in the research project refers to the notion that the evidence and knowledge found in the research project could be effectively and efficiently understood and used by both academic and non-academic audiences and stakeholders. It is essential for researchers to convert data, documents, and other evidence into content that is easily understandable and could be made implications of by policymakers or other stakeholders. Vice versa, the stakeholders are supposed to express their opinion and expectation on the research to the researcher. Thus, this program will adopt the method of participatory communication in which all the stakeholders, researchers, and participants are able to share their personal experience, opinion, expectation, and knowledge in a way that can enhance the research findings, transform the research process, and give future direction to the research (Cornish & Dunn, 2009).

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