Developing a Peer Advocate Intervention for Rural LGBT People

A decade of studies confirm that lesbian, gay, bisexual, and transgender (LGBT) people suffer disproportionately from mental health and substance use problems in comparison to their heterosexual counterparts. The higher prevalence of disorders within this population is most reasonably explained by minority stress, referring here to stigma, prejudice, discrimination, and violence toward socially disadvantaged groups. The PIRE’s previous formative research in the rural and multi-ethnic state of New Mexico suggests that professional providers frequently fail to recognize how the experience of minority stress affects rural LGBT people and are often ill-prepared to provide quality services to this population. Rural LGBT people, particularly those who are isolated from supportive social networks, have few LGBT-specific resources to draw from when in need of assistance for mental health and substance use problems. The PIRE has developed an intervention that uses well-trained peer advocates as a creative response to this situation. The advocates perform several vital functions in rural areas: reduction of social contextual factors associated with minority stress that adversely affect wellbeing and service utilization among LGBT people; outreach to professional providers and others; and cultivation of LGBT social support. The day-to-day work of the advocates is informed by an “empowerment protocol” that specifies the general range of community-based activities they engage in to provide assistance to rural LGBT help seekers. To obtain the knowledge and skills needed to effectively implement this protocol, peer advocates take part in didactic and interactive training exercises that are being evaluated and refined in the course of this research.

This study, funded by the National Institute of Mental Health, has three aims: (1) Develop the empowerment protocol, coaching manual, and peer advocate support system; (2) Design and implement a training curriculum to prepare individuals to serve as peer advocates; (3) Conduct a pilot test of the empowerment protocol that will yield preliminary qualitative and quantitative data on feasibility, acceptability, and impacts on treatment access and utilization and social support for LGBT
help seekers. In pursuit of all three aims, we are evaluating procedures to recruit and retain peer advocates and LGBT help seekers—both members of a widely dispersed, rural population—in intervention research. Data generated from this multi-method study are also being used to improve utility of the protocol and refine the PIRE’s multi-faceted training curriculum. Most importantly, these essential data comprise the groundwork for a broader scale effectiveness trial of a promising intervention for an underserved and understudied population. To our knowledge, there are no similar interventions tailored for rural sexual and gender minorities, even though such individuals face significant mental health disparities. The PIRE now has a LGBT youth-focused mental health project in school settings under development as a result of this initiative.

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