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“Queer Practice”

**A consideration of some
psychiatric/mental health
social work practitioners’
constructions of gay male sexualities**

**A thesis submitted in partial fulfilment
of the requirements for a degree of
Master of Social Work**

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ABSTRACT

It has been almost three decades since the American Psychiatric Association declassified *homosexuality* in itself as a mental disorder warranting 'corrective' treatment. While *sexual preference*, as an exclusionary feature of the Mental Health (Compulsory Assessment and Treatment) Act 1992 in this country, can be seen as reflecting declassification, it does not suggest that same-sex oriented or gay men are exempt from mental ill health. It cannot be denied that positive legislation has made a difference to the lives and opportunities for many, but ongoing homophobic violence and external/internal heteronormative constructions and practices remain a primary problematic influence on the lives and wellbeing of those for whom same-sex desire or activity is a subjective reality, and bearing implications relative to, if not compounding, mental ill health.

In social work practice, we often refer to the significance of ecological assessment of the consumer *in context*, reflecting social work as psychosocial intervention focused at the interface between the consumer and his environment. However, how do we, as psychiatric/mental health social workers, understand or conceptualise or construct a consumer's context in our work with same-sex oriented men who present with mental ill health? What theoretical orientation informs our understandings of the consumer and/in his context? Indeed, how do we construct that context, and do such constructs engage a process of ongoing reflective consideration within an integrated framework of clinical psychiatric/mental health social work practice with gay male consumers? Can the theoretical ideas/frameworks upon which we base our practice adequately acknowledge and identify strategies to contest the impact of a heteronormative social context on a consumer's mental health? Indeed, is practice beyond the directly clinical permitted or possible in the contemporary practice context?

The study was two-fold. Part One consisted of unstructured interviews with psychiatric/mental health social work practitioners with regard to their integrated practice with same-sex oriented or gay male consumers in psychiatric/mental health settings. There are no right or wrong responses, no good or bad practitioners, merely an invitation to, and a reflection of, a discourse or critical debate that I hope will continue.

Part Two consisted of a half-day presentation I gave on *Integrated Queer Practice* which outlined an integrated practice framework and considered queer theorising as an example of critical social science theorising subsequently reflected in clinical theorising and the application of these in relation to a mock case study. This presentation was followed by a Focus Group discussion to consider whether or not such a practice could, would and should be applied.

The participants' self-reflective discourses reflect the diversity of understandings and challenges of practice with this consumer group within the constraints of the contemporary psychiatric/mental health social work practice context. Social work practice within this practice field reflects the extensive changes in service definition and models of delivery subsequent to the extensive reconfigurings of the health sector over recent years. This has left many of the practitioners with a "here and now" focus on the management of symptom and risk within an immediate context, significantly narrowing the scope of practice at the expense of active contestation of heteronormative social constructs impacting on the well-being of same-sex oriented consumers.

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