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RESEARCH ARTICLE



The integration of queer-related curriculum in psychology training in Aotearoa/New Zealand: a survey with programme directors

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ABSTRACT

As a key profession within the mental health workforce, psychologists can offer affirmative services that lead to positive therapeutic outcomes for queer clients. This study examined how training programmes to become a registered psychologist in Aotearoa New Zealand currently provide content on working with queer clients. In 2022, all ($N = 17$) programme directors of psychology training were invited to participate in a survey that assessed the cultural responsiveness of their training programmes and 15 responded. One-fifth (19%) classified their programme as containing at least 'a moderate amount' of queer content. Four-fifths (79%) reported that knowledge of caring for queer clients would be 'very' or 'extremely' important in psychology practice and/or thought more time should be dedicated to such content. Over half (57%) adopted an 'add on' approach to deliver queer content (e.g. guest lectures). During a time when queer communities experience drastically high rates of mental health issues and high exposure to minority stressors, there is a critical gap in the meaningful threading of queer content across the psychology curriculum. We have outlined ten points for reflection on developing this aspect.

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Introduction

Internationally, concerns have been raised about how psychology teaching does not reflect the diversity of the human population and is, therefore, inadequate in preparing psychologists to work with communities from multicultural backgrounds (Tan et al., 2023). There is a consensus that mainstream psychology falls short of considering the social determinants of health and the needs of minoritised populations, such as those with queer identities and expressions (Boroughs et al., 2015; Case et al., 2009; Hope & Chappell, 2015; Riggs & Fell, 2010). In this paper, we investigate how queer content is being integrated into the psychology training programme curriculum in Aotearoa

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New Zealand (hereafter referred to as Aotearoa), through a survey that invites responses from programme directors.

Broadly, we used 'queer' as an umbrella term to refer to people of diverse gender, sexuality, and sex characteristics who do not conform to cisheteronormative norms. Cisheteronormativity refers to the institutionalised norm that delegitimises queer people's understandings of sex, sexuality, and gender, particularly when these differ from the assumption of being cisgender and heterosexual (Tan et al., 2020). In Aotearoa New Zealand (hereafter referred to as Aotearoa), colonisation has attempted to erase evidence of the existence of gender and sexuality diversity within Māori culture; although *takatāpui* (an inclusive term for queer in the Indigenous Māori language of Aotearoa) history is being reclaimed by scholars such as Emeritus Professor Ngahua te Awekotuku and Dr Elizabeth Kerekere through oral accounts, archival materials and carvings (Kerekere, 2017; Te Awekotuku, 2001). Other common umbrella terms in Aotearoa include MVPFAFF+ (an inclusive term for Pacific gender diversity comprising *māhū*, *vakasalewalewa*, *palopa*, *fa'afafine*, *fa'atama*, *akavaine*, *fakaffine*, *fakaleiti/leiti*, LGBTQIA+ and rainbow (Human Rights Commission, 2020). Mirroring international figures, the Household Economic Survey – a population-based survey conducted by Statistics New Zealand (2021)— estimated that 4.2% of adults aged 18 or above in Aotearoa are queer, including 0.8% who identify as transgender or nonbinary (Statistics New Zealand, 2021).

Scholars around the world (Logie, 2012; Pega & Veale, 2015) have urged for recognition of queer identities as a social determinant of health due to the disproportionate rates of minority stressors (experiences of rejection and discrimination that arise from cisheteronormativity) that contribute to higher rates of mental health conditions among queer people (Frost & Meyer, 2023). Moreover, barriers to accessing equitable and culturally safe health care (including general and gender-affirming care), safe educational spaces, and supportive employment environments are risk factors for poor mental health (Fenaughty et al., 2022; Tan et al., 2020; Veale et al., 2019).

Overseas studies have reported a range of negative mental healthcare experiences that queer people encounter (Ho et al., 2024; Shipherd et al., 2010), with local research closely reflecting international findings (Adams et al., 2013; Fraser et al., 2022). In a nationwide study of utilisation of mental health services amongst 955 queer young people, Fraser et al. (2022) found that half had been mistakenly assumed as straight and/or cisgender by health professionals (51%), and one-fourth had providers confessing that they required more education on working with queer clients (26%) or had providers insensitively focused on queer identity when that was not the issue they presented with (25%). Key concerns for queer young people about seeking mental health support were providers responding awkwardly after clients came out as queer (69%), providers lacking knowledge on queer issues (57%), and experiencing discrimination from providers as a queer client (50%). As such, there are serious issues in the mental health workforce when it comes to being able to confidently, safely, and effectively work with queer people in Aotearoa.

Queer-affirmative care in psychology training

Te Tiriti o Waitangi¹ is central to the delivery of psychology training in Aotearoa, as psychologists have obligations to demonstrate core competency in responding to the needs of Māori. Under Te Tiriti Article III, Crown organisations such as the New Zealand Psychologists Board (the Board) also have duties to ensure equitable outcomes for all groups, including queer people. Te Pae Tata (the current Interim New Zealand Health Plan) identified queer people as a priority population to access equitable mental healthcare (Health New Zealand, 2022). As a key profession within the mental health workforce, psychologists are essential in providing affirmative services that can lead to positive therapeutic outcomes for queer clients (Hayward & Treharne, 2022). Often, psychologists are the first mental health professionals with whom queer clients share their identity (Boroughs et al., 2015). In Aotearoa, registered psychologists also serve as the first point of contact for most trans and non-binary people who wish to obtain a referral to access gender-affirming healthcare such as

hormones and surgeries (du Preez et al., 2022). While psychologists are often perceived as providing predominantly one-on-one support, psychologists in Aotearoa work across all levels of the health system. This includes service delivery, health promotion, mental health workforce training, and leadership in the management of health systems (Hodgetts et al., 2016).

Despite the explicit benefits of providing queer-affirmative care, such as improving the provider-client healthcare interaction, retaining queer clients in longer-term therapy engagement, and enhancing the mental well-being of queer clients (Carroll et al., 2023; Fitterman-Harris et al., 2023), overseas studies have indicated limited consideration for queer issues within psychology training programmes (Case et al., 2009; Hope & Chappell, 2015; Riggs & Fell, 2010). In a survey of doctoral students in the United States on perceived barriers to integrating queer-affirmative training within their programmes, common themes emerged encompassing limited staff competency in knowledge regarding sexual orientation and gender identity, the dismissal and disinterest of staff in queer training, and limited representation of queer-identified staff (Fitterman-Harris et al., 2023). Echoing findings from international contexts (Fitterman-Harris et al., 2023; Riggs & Fell, 2010), it is observed that opportunities and incentives for psychology staff members in Aotearoa to enhance their knowledge in queer-affirmative care are scarce (Hayward & Treharne, 2022). In 2019, a Reference Group for the Board released the Best Practice Guidelines for Working with Sex, Sexuality, and Gender Diverse clients (New Zealand Psychologists Board, 2019). The guidelines established standards for delivering culturally competent and safe services for queer clients and included a recommendation for the Board and schools of psychology to improve graduate training in this area (du Preez et al., 2022).

Objective

Building on an earlier study that explored the training experiences of psychology students in queer competency in Aotearoa (Hayward & Treharne, 2022), the current study aimed to examine the attitudes of directors of professional psychology programmes towards expanding opportunities for training psychologists to provide for queer clients. We chose to focus on the response of directors here as they oversee the direction and operation of training programmes including coordinating internship placements, recruiting students, appointing staff, and managing accreditation of the programme with the New Zealand Psychologists Boards. Our overall objective was to develop reflexive questions for training programmes, and subsequently future psychologists, to become more queer affirming.

Method

The authorship team comprises Māori, Pākehā, and Malaysian Chinese educators with expertise in queer-affirmative care across different sub-disciplines of psychology at various universities in Aotearoa. All authors have been involved in research promoting mental health equity for queer people in Aotearoa, with some holding specialised roles. These include servicing takatāpui and Indigenous queer youth (LH), researching the provision of clinical education for queer clients (GT), advising the New Zealand Psychological Society on responding to queer issues (KT, GT, and GF), and developing guidelines for competent care for queer clients (GF). However, only a few authors (KT, LH, and DS) were part of the core research team from which data for this paper were derived – the first series of the Kia Whakapapa Pounamu survey (Waitoki et al., 2023) that contains both open- and close-ended questions.

In September 2022, an invitation to participate in the Kia Whakapapa Pounamu survey was sent to all directors of psychology training programmes across Aotearoa ($N = 17$). These programmes are accredited (including provisionally) by the Board to provide registration pathways to train as a psychologist from various sub-disciplines (e.g. clinical psychology, health psychology, community psychology, and behaviour analysis). A total of 15 programme directors responded to the survey

before February 2023, giving a response rate of 88.2%. The mean number of years that participants had been in the role of a professional psychology programme director was four years (ranging from less than 1 year to 12 years).

Although the survey largely focused on the cultural responsiveness of training programmes towards Māori, replicating a previous survey (Abbott & Durie, 1987), one core part of the survey comprised questions on the delivery of queer content in psychology training (see Table 1). We assessed attitudes of directors towards the amount, degree of importance and time of queer content being taught as well as the mode of coverage in the existing programme. These questions had been adapted from an earlier study with medical schools (Taylor et al., 2018) or created by the research team with discussion of the relevant wording (Waitoki et al., 2023). The study received ethical approval from the Human Research Ethics Committee, Faculty of Māori and Indigenous Studies, University of Waikato. For more details about the survey methodology, please refer to another published study (Waitoki et al., 2023).

Analysis

Descriptive and Spearman correlation analyses were carried out using IBM SPSS v29. We determined statistical significance for correlation analyses when $p < .05$ (critical value $\rho = .45$ for $N = 15$). The sample size was determined pragmatically by contacting all eligible programme directors nationwide. Responses to the open-text question about how queer content was covered were analysed following the principles of inductive content analysis (Vears & Gillam, 2022). The analysis was conducted by the first author in consultation with other authors to condense the responses about different delivery modes into comprehensible categories. Eventually, the responses were grouped into categories to illustrate the different degrees of coverage of content on providing for queer clients.

Table 1. Directors' responses to the questions regarding their attitudes on coverage of queer content.

| | Responses (and percentage) | | | | | Mean (SD) |
|---|----------------------------|------------------------|--------------------------|--------------------|-------------------------|-------------|
| | None (0) | A little (1) | A moderate amount (2) | A lot (3) | A great deal (4) | |
| Content amount In your view, how much of the psychology training curriculum is dedicated to LGBTQIA/Takatāpui+ content? | 1 (6.7) | 11 (73.3) | 2 (13.3) | 1 (6.7) | 0 | 1.2 (0.68) |
| Content requirement Please rate the extent knowledge of LGBTQIA/Takatāpui+ content is required in psychology practice ^a | Not at all important (0) | Slightly important (1) | Moderately important (2) | Very important (3) | Extremely important (4) | 2.86 (0.95) |
| Content time How much more or less time should be dedicated to LGBTQIA/Takatāpui+ content? | Much less (0) | Slightly less (1) | About the same (2) | Slightly more (3) | Much more (4) | 3.07 (0.70) |
| | 0 | 0 | 3 (20.0) | 8 (53.3) | 4 (26.7) | |

^aOne director did not respond to this question; percentages are of the 14 who responded.

Results

Quantitative findings

The responses to quantitative survey questions are detailed in [Table 1](#). Across the 15 programme directors, one-fifth (20.0%) classified their training programme as containing 'a moderate amount' or 'a lot' of content on providing for queer clients. Four-fifths (80.0%) thought 'slightly' or 'much' more time should be dedicated to queer content. Over three-quarters (78.5%) reported that knowledge about providing for queer clients would be 'very' or 'extremely' important in psychology practice.

[Table 2](#) shows the correlations between different variables on the attitudes of directors towards content providing for queer clients. We found a significant positive correlation between content importance and content time. This correlation indicates that programme directors who rated knowledge about working with queer clients as important were more likely to respond that the training curriculum should include more content about providing for queer clients.

Table 2. Correlation matrix table of director's attitude on coverage of queer content.

| | Content amount | Content requirement | Content time |
|---------------------|----------------|---------------------|--------------|
| Content amount | 1 | 0 | -0.16 |
| Content requirement | 0 | 1 | 0.69** |
| Content time | -0.16 | 0.69** | 1 |

** $p < .01$.

Qualitative findings

We identified two broad patterns in queer content coverage from the open-text question: 1) Only a class/guest lecture/seminar/reading (i.e. an 'add-on' approach) and 2) More exposure to queer content (i.e. an integrated approach). The scope of these two patterns is detailed in [Appendix](#), along with full quotes.

1) Only a class/guest lecture/seminar/reading

Over half of the programmes (57.1%) incorporated an 'add-on' approach to teach students about working with queer clients. This approach involves minimal integration into the main curriculum. For example, one director noted how programme staff provided coverage in one session and a guest provided an 'add-on' session: 'Lecture by a staff member. Half-day workshop by a trans person'. (Director 1).

Overall, the add-ons comprise a range of teaching activities, including 'individual seminars' (Directors 2), 'guest lectures' (Directors 6, 7 and 8) and 'specific workshops' (Director 3). Other examples included information about non-specific coverage of diversity without indicating whether this was specific to working with queer clients: 'As for cultural content, diversity is built into the way we teach clinical psychology. We also have specific workshops devoted to different types of diversity'. (Director 3).

This category also included information about how some programmes do not yet have the capacity to teach about working with queer clients: 'We do not have good working models' (Director 2), 'minimal resources or access to literature' (Director 5). Another Director noted they are in the midst of developing competency in working with queer clients: 'We are hoping to have guest lectures and a genderfluid person as an advisor on our programme' (Director 7).

2) More exposure to queer content

Out of 14 directors who responded to the open-ended question, attempts were made to increase exposure to content about providing for queer clients within two-fifths (42.9%) of psychology training programmes. Some directors reported how their programmes have a commitment to weaving this content throughout classes, lectures and case studies (Directors 9, 12 and 13). For example, one director noted how integrating content about providing for queer clients was combined with a focused session: 'A dedicated class and woven into some other relevant aspects of our teaching'. (Director 9).

Another director explained their ongoing efforts to increase content: 'It varies a bit year to year and we are still developing this as a content area, but for example this year, we had as a speaker a clinical psychologist and peer support worker from a practice that specialises in working with gender and sexual diversity; in previous years we have had different people come in and talk about either/both their lived experience or research on mental health and wellbeing in LBGTQIA+ people. This would also be followed up in individual and group supervision as students work with clients in these communities'. (Director 10).

Other directors noted commitments to teaching about working with queer clients during 'pre-internship skills courses and the internship' (Director 11), and 'Integrated in lectures, and case discussions' (Director 12). More comprehensively, Director 14 noted, 'LBGTQIA+ content is covered in taught classes, workshops, readings, and supervision, and is assessed formally in written and oral assessments as well as informally'.

Discussion

Psychology training programmes must evolve in order to address the social and health inequities experienced by minoritised communities (Boroughs et al., 2015; du Preez et al., 2022; Weinstock, 2019). To gain acceptance among queer people and shift away from the history of pathologisation (Riggs et al., 2019), psychology needs to move towards providing queer-affirmative mental health-care and increasing training opportunities for psychologists to practice as culturally competent and safe clinicians.

A recent study with students training in clinical psychology in Aotearoa found there to be 'really nothing' about providing care for trans and non-binary people (Hayward & Treharne, 2022, p. 314). Our findings expand on that study by exploring the attitudes towards queer cultural competency content and explanations given by directors across a range of psychology professional training programmes in Aotearoa. Our findings echo previous studies (Hayward & Treharne, 2022; Hope & Chappell, 2015; Riggs & Fell, 2010) that found psychology training programmes contain limited queer content. Moreover, most programmes (57.1%) adopted an 'add-on' approach to delivering queer content (e.g. guest lectures) rather than meaningfully threading it across the curriculum. Indeed, such an approach can create an impression that including queer content is a tick-box exercise rather than one that equips psychologists to provide appropriate care for queer people (du Preez et al., 2022). Future research is required to unpack the mode of integration of queer content within training programmes, the overall teaching hours of queer content and the efficacy of such content in preparing psychologists to work with queer clients.

When compared to a study of staff responsible for curriculum oversight of medical professionals in Aotearoa (Taylor et al., 2018), we found directors of psychology programmes were more likely to report that more queer content should be delivered (80.0% vs 43.0%). However, not all directors shared this goal of expanding queer content as part of the psychology training. In this study, directors of programmes with the least content on queer-affirmative care were less likely to think that more content was needed. This can create a cyclical problem where progress is only made by directors who have identified a gap in queer content training, while such gaps continue to widen for programmes with directors who do not view this as a priority. Furthermore, directors' high rating on the importance of knowledge about working with queer clients did not necessarily translate to more content dedicated to this topic in the current training curriculum. Previous research suggests that

there are systemic barriers (e.g. funding, colleagues not prioritising queer content and limited equity scheme for queer people in the graduate selection process) that hinders incorporating queer content (Gamble Blakey & Treharne, 2019; Waitoki et al., 2023).

The gaps in training and knowledge required to care for queer communities have ramifications for both psychologists and queer clients. A study with clinicians in Aotearoa reported that knowledge of queer-affirmative care was only acquired 'on-the-job' (Carroll et al., 2023, p. 3), suggesting that psychologists were tasked with educational and financial burdens to train themselves to be queer-competent. When there is little or no formal training and educational opportunities to learn about queer healthcare, there is also a risk of that onus is placed on queer clients to educate clinicians about queer issues and health needs (Fraser et al., 2022; Treharne et al., 2022; Veale et al., 2019).

A few studies have documented the benefits of educating students on queer knowledge and the wider sociocultural context surrounding queer people within psychology training. First, queer-affirmative practices such as using inclusive languages and introducing pronouns can be normalised (Case et al., 2009). Second, students can reflect on the privilege associated with their identities (including being cisgender and/or heterosexual) as they develop their role as an ally to queer communities (Case & Stewart, 2010). Third, students are equipped with skills to draw on evidence-based research on social determinants of health, minority stress theory, and queer-affirmative care to challenge cisheterosexist practices (Riggs & Fell, 2010; Weinstock, 2019). A crucial thread of this research is Indigenous theorising about queerness and the intricate determinants of health for queer people experiencing multiplying and intersecting forms of minority stressors. Within an Aotearoa context, this includes the work of Dr Elizabeth Kerekere and 'Te Whare Takatāpui' (Kerekere, 2023) which foregrounds six values – Whakapapa (genealogy), Wairua (spirituality), Mauri (life spark), Mana (authority/self-determination), Tapu (sacredness), and Tikanga (rules and protocols) – needed to sustain a tūrangawaewae (a place to stand/be) for improving health and wellbeing. Equally, we acknowledge the developing MVPFAFF+ theorising driven by Phylesha Brown-Acton, and the Manalagi Project (Thomsen et al., 2023). These Māori and Pacific studies represent an important addition to the minority stress theory, complexifying how intersectionality can be embedded for racialised queer groups within an Aotearoa context.

Lastly, training on cultural safety² and queer competency helps students to feel confident in providing care for queer clients (du Preez et al., 2022). In Aotearoa, it is a core competency for psychologists to demonstrate cultural competence in working with clients from different backgrounds (New Zealand Psychologists Board, 2018). The Best Practice Guidelines (New Zealand Psychologists Board, 2019) identified three areas of cultural competence when working with queer clients: *awareness* (e.g. privilege, social discourses shaping queer health, and diversity of queer communities), *knowledge* (e.g. minority stressors and colonisation impact on takatāpui) and *skills* (e.g. inclusive language and assessment). Our findings raise questions about whether professional practice training is producing psychologists who are capable of meeting these guidelines. It is recommended that future research explore the role of accreditation bodies (e.g. the New Zealand Psychologists Board) and the implications of any efforts made in developing a psychologist workforce that can work effectively with queer clients.

Over the years, psychologists have advocated for a whole-of-society approach that scrutinises structural inequities in society. This is not to downplay the importance of addressing individual-level health aspects that continue to be strongly evidence-based means of ameliorating or preventing mental health difficulties; rather, psychologists can effectively contribute to human flourishing by addressing the root causes of unequal access to social determinants of health (Hodgetts et al., 2016; Human Rights Commission, 2020). Indeed, the code of ethics urges psychologists in Aotearoa to acknowledge their position of power and influence in challenging unjust societal norms (e.g. cisheterosexism, racism, and oppression) that unfairly disempower minoritised communities (Code of Ethics Review Group, 2002).

Clinical psychology students are interested in receiving training on queer-affirmative care (Hayward & Treharne, 2022). However, there are currently neither specifications nor guidance on

how to train psychologists to be queer-competent within psychology programmes in Aotearoa (du Preez et al., 2022), and few guidelines are available internationally (Boroughs et al., 2015). This is, in part, by design so that training programmes have flexibility in identifying suitable pathways to deliver queer content based on their available resources and expertise. In recognition of the limited availability of content on queer-affirmative care and programme directors' inclination to dedicate more time to bridge this training gap, we have outlined ten points for reflection based on our knowledge of navigating institutional challenges as queer and ally scholars and supporting literature from local (du Preez et al., 2022; Hayward & Treharne, 2022) and overseas (Boroughs et al., 2015; Riggs & Fell, 2010; Weinstock, 2019). These preliminary questions are formulated to stimulate reflexivity amongst directors and staff of training programmes in developing a culturally safe platform for delivering queer-affirmative content.

Local community resources

1. Community collaboration: What opportunities are there to partner with local queer community organisations to offer internship placement or contribute to teaching on queer-affirmative care, and be appropriately paid for this work?

Programme capacity

2. Staff capacity: Are there staff members in the programme who can confidently deliver content on queer-affirmative care? If not, what is your programme putting in place to upskill programme staff? In the meantime, are guest lecturers being adequately acknowledged for their contributions to fill gaps in the programme?
3. Evaluation of queer competency: What evaluation tools are available to measure student learning outcomes of queer-affirmative content? Do these tools should include measures of queer cultural competency (awareness; knowledge; and skill acquisition)?

Programme structure

4. Cisheteronormativity: How does your programme challenge cisheteronormativity? What goals could you set to work towards challenging cisheteronormativity?
5. Intersectionality: How does your training programme attend to multiple intersecting structures of oppression, such as cisgenderism, heteropatriarchy, ableism, colonisation and racism? Note that it may be an oversimplification to conceptualise queer people with other minoritised identities as experiencing 'additional' forms of minority stressors (Tan et al., 2020).
6. Safe space: Does your training programme provide a safe environment for queer students and staff to express themselves without experiencing discrimination?
7. Power and privilege: What opportunities are available for students and staff to perform critical reflexivity on their cisgender and heterosexual privilege when learning about queer psychology? What affirmative action policies can be implemented to address the programme' structures that have historically favoured cisgender and heterosexual individuals?

Programme content

8. Social determinants of health: Does your training programme include content on minority stress, equity, social justice, social determinants of health, and critique of colonisation and the normalisation of cisheterosexuality?
9. Depathologisation: How does your training programme engage in depathologising frameworks when using diagnostic tools such as DSM and ICD in teaching on queer psychology?

10. Localised resources: Has your training programme incorporated local, freely available resources on queer-affirmative care? Exemplars in Aotearoa include 'A Practical Guide for Mental Health Professionals' (Fraser, 2019) and 'Te Whare Takatāpui' (Kerekere, 2023).

The bicultural context of Aotearoa necessitates the development of a bicultural psychology curriculum that recognises he tirohanga Māori (Māori worldview), mātauranga Māori (knowledge systems), and hauora Māori (holistic health), while also upholding Te Tiriti o Waitangi (NSCBI, NZPsS, & The NZCCP, 2018). It is crucial to have a culturally competent written curriculum that caters to Māori and other minoritised groups (e.g. Pacific peoples, Asian peoples, queer and takatāpui communities) who form a large portion of individuals seeking psychological services in Aotearoa (NSCBI, NZPsS, & The NZCCP, 2018). Directors of psychology training programmes play key roles in formally documenting how they address the needs of Indigenous and minoritised communities and ensuring that teaching practices are culturally responsive to community needs. By explicitly outlining the content and progression of cultural competency education over the years, psychology students can acquire pedagogy, in a scaffolding approach, that prepares them to work confidently, collaboratively, and safely with a diverse range of clients.

Limitation

There are a few limitations that should be considered when interpreting the study's findings. First, it is likely that some directors did not list the full range of coverage modes for queer content within their programme; these data could be better captured through a close-ended question. The reliance of open-ended responses limits the precision of our categorisation of an 'add-on' approach. Second, the cross-sectional nature of the study means that we are unable to discern the antecedent for the correlational findings of content requirements and time. While we suggest that directors who rated the requirement of queer knowledge in psychology as important were more likely to respond to the need to dedicate more time to including more queer content, the reverse hypothesis could also be true. Next, a few directors commented that their responses to the survey were based on a broad reflection of the training, which may differ when prompted to reflect on the more specific aspects of the programmes (e.g. formal classroom teaching, internship, and supervised practices) (Waitoki et al., 2023). Lastly, we recommend that future research builds upon our study by examining the specific types of queer content and the particular issues covered (and overlooked), thereby enabling a comprehensive identification of pertinent training gaps.

Conclusion

The findings of this study demonstrate that a majority of professional psychology training programmes include content on meeting the needs of queer clients. However, directors of programmes with the least content on queer psychology were less likely to think that more content was needed. Comments about the provision of this content demonstrate two broad categories of teaching – in single sessions or integrated content. Both approaches include useful pedagogical tools but 'add-on' approaches run the risk of being viewed as tokenism and generally lack the comprehensive coverage that is needed to ensure new psychologists can meet guidelines on providing for queer clients. Future research is needed to explore whether the same issues are evident in psychology professional practice training programmes in other countries. This future research must account for the diversity in legal protections of queer people in other countries/states (e.g. various states of the US).

The discipline of psychology can take active steps to dismantle inequities and support healthy queer development globally. During a time when queer communities experience drastically high rates of mental health issues following heightened exposures to minority stressors (Adams et al., 2013; Veale et al., 2019), imparting knowledge on caring for queer communities is more crucial than

ever. More Indigenous research is required to develop theories that unpack the nuances of mental health experiences for diverse Indigenous queer communities.

Accreditation bodies for training programmes and programme directors can work collectively to identify solutions and ensure all programmes have engaged in actions that promote the understanding of queer-affirmative care. We argue that efforts to deliver queer content must go beyond an 'add on' approach, as this is not sufficient to upskill psychologists to offer specialised care to queer clients (du Preez et al., 2022). By meaningfully integrating queer content within psychology training, students can develop critical thinking about their roles as allies and advocates in offering queer-affirmative care to mitigate health and social inequities affecting queer communities. Although the current study focuses on psychologists as part of the allied health professionals, the reflection points for developing queer-affirmative content have relevance to other health professional programmes that seek to incorporate a depathologising lens in equipping students with the competency to care for queer clients.

Notes

1. The country known as New Zealand was founded on Te Tiriti o Waitangi (The Treaty of Waitangi) signed between Māori hapū (collective of kinship groups) and the British Crown. Māori continue to call for the Crown to make reparations for breaches of the Treaty, which have resulted in significant inequities for Māori as tangata whenua (Indigenous peoples of Aotearoa) (Kerekere, 2017).
2. Cultural safety is a concept coined by Dr Irihapeti Ramsden in Aotearoa that emphasises the need for health professionals to undertake a process of reflection on their own cultural identity and professional practice. The guidelines for cultural safety published by the New Zealand Psychologists Board (2009) defined 'cultural safety' as 'an outcome of psychology education that enables safe service to be defined by those who receive the service'.

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Logan Hamley is a researcher at Whakauae Research. On his father's side, he has connections through the nations of Ngāti Rangi and Whanganui that span the central and Western parts of the North Island of Aotearoa New Zealand. His mother's side trace their ancestry through to the United Kingdom, predominantly the Shetland Islands and Northern Ireland. As an Indigenous queer person, his interests lead him towards an interest in support wellbeing, leading to a degree in psychology. His research broadly explores various elements of wellbeing, and how psychology and Kaupapa Māori research, theory and practice can enable wellbeing for Māori. He often uses creative methods, in particular poetry, as an analytic tool in exploring these issues. Has also worked in queer community spaces, including as co-chair of Rainbow Youth, the largest rainbow organisation for LGBTQ+ young people in Aotearoa, New Zealand.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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Appendix. Categories of mode of queer content coverage

Table A1. Categories of mode of queer content coverage.

| Only a class/guest lecture/seminar/reading | More exposure to queer content |
|--|--|
| <p>Lecture by a staff member. Half day workshop by a trans person.^a</p> <p>We do not have good working models. Most are individual seminars.</p> | <p>A dedicated class and woven into some other relevant aspects of our teaching.</p> <p>It varies a bit year to year and we are still developing this as a content area, but for example this year, we had as a speaker a clinical psychologist and peer support worker from a practice that specialises in working with gender and sexual diversity; in previous years we have had different people come in and talk about either/both their lived experience or research on mental health and wellbeing in LBGTQIA+ people. This would also be followed up in individual and group supervision as students work with clients in these communities.</p> |
| <p>As for cultural content, diversity is built into the way we teach clinical psychology. We also have specific workshops devoted to different types of diversity.</p> | <p>This is covered in the two pre-internship skills courses and the internship, through teaching provided by a new staff member for whom this is their area of expertise. There are plans to increase coverage into the prerequisite courses and consider other opportunities to improve coverage of content.</p> |
| <p>It is covered as part of the crossover with the clinical psychology students.^a</p> <p>Minimal resources or access to literature.</p> | <p>Integrated in lectures, and case discussions.</p> <p>We have one workshop that focuses on this although we weave this content into our case examples, paper cases and exam cases.</p> |
| <p>Selected readings, guest lectures.</p> | <p>LBGTQIA/Takatāpui+ content is covered in taught classes, workshops, readings, and supervision, and is assessed formally in written and oral assessments as well as informally.</p> |
| <p>We are hoping to have guest lectures and a gender fluid person as an advisor on our programme.</p> <p>Guest lectures.</p> | |

Note that 1 director did not respond to this question. ^aThese two directors are from the same institution.