A Facilitators Guide

Intersectional Approaches to Mental Health Education

The Workplace Wellbeing team would like to acknowledge that UBC is situated on the traditional, ancestral and unceded territory of the Musqueam (UBC Vancouver) and Syilx (UBC Okanagan) peoples and that we are uninvited guests on this land. We extend this acknowledgement to the territory on which you currently reside and its caretakers since time immemorial.

We are grateful to have the opportunity to share this knowledge with you and we acknowledge our mentors and learning communities, who passed on this knowledge to us. The wellbeing of our community is the cornerstone of our work, and we appreciate you taking this time to engage with your mental and emotional health.

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UBC Collaborators: UBC First Nations House of Learning, UBC Equity and Inclusion Office, UBC Human Resources (Workplace Health Services and Health, Wellbeing and Benefits), specifically the valued wisdom and insights of Amy Perreault, Amy Vozel, Kyle Shaughnessy, Kristen Pike, Rachel Sullivan, Alicia Hibbert, Truelove Twumasi, Kelly Eaton and Crystal Hutchinson.

We acknowledge that is an evolving document as much of this work is emergent, particularly as it relates to language. If you would like to provide feedback or suggestions, please email efap.info@ubc.ca.

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Introduction & purpose

This guide is designed to support mental health literacy education from a place of inclusion and diversity. It is made up of information obtained through literature review about the intersections between mental health and other aspects of identity such as gender, race and sexuality.

The information is not exhaustive or fully representative, and is likely to be updated in the future as new research emerges. This guide is meant to support mental health and health promotion professionals in having conversations about the impacts of varying risk factors, stigmas and discriminations (homophobia, transphobia, racism, sexism, colonialism, classism, and ableism) as they relate to mental health, and to supplement information that may be lacking in existing training programs or courses.

Intersectionality, a concept developed by scholar Kimberle Williams Crenshaw in 1989, is a way of understanding the impact and experiences of overlapping and intersecting identities. By taking an intersectional approach to mental health education, we acknowledge how multiple forms of inequity can sometimes be compounded to create unique challenges including discrimination and disadvantage.

Overview of existing research and information on mental health within and across various communities.

Please refer to the references section for the literature consulted and referenced.

Intersectionality and mental health

People living with mental illness may be members of multiple groups that experience stigma which can impact quality of life and slow down treatment.

- Identities and personal experiences vary within social or cultural groups.
- Historically, persistently, and systemically marginalized people often experience greater frequency of mental health problems as the result of discrimination and harassment within western/North American systems (including capitalism, colonialism, patriarchy, etc).
- Individuals with overlapping and intersecting identities face additional discrimination and harassment (including microaggressions).
- The use of normalizing messages (ie. people living with mental illness are just like everyone else) can stop people with multiple marginalized identities from seeking help.
- Intersectionality is one of the six core principles of trauma-informed care (in which trauma is seen as being disproportionately experienced by certain groups because of long-standing structural inequities).
- Approaching mental health treatment in a way that relates to intersecting identities can help identify service gaps and prevent or reduce further harm.

Disability and mental health

Disability is a disadvantage or restriction of a person's ability to take part in certain activities or to interact with the world around them. These disadvantages—due to systems and structures that take little or no account for people who have physical or mental impairments — exclude people from participating in social activities. The social, emotional and financial impacts of disability can create chronic strain and adverse mental health impacts.

- People with disabilities report lower levels of health-related quality of life and experience a higher risk of mental health problems.
- Populations that may already be marginalized (for other intersecting identities) experience greater overall negative health impacts if they also live with one or more disabilities.
- Women with disabilities are at an elevated risk for depression compared with men with disabilities, women without disabilities, and general population.
- LGBT2Q+ people with disabilities experience increased isolation and marginalization.
- There are higher rates of disability amongst racialized individuals, often connected to socioeconomic or immigrant status, as well as barriers to accessing appropriate and adequate health services.
- Colonial opression, culturally non-responsive systems, and discrimination cause challenges for Indigenous people, especially those with disabilities. Society often denies opportunities to people with disabilities, unfairly distributes resources, causes poverty, and provides inadequate technology.
- There are high rates of mental illness amongst people living with chronic conditions (e.g. cardiovascular disease, celiac disease, epilepsy, multiple sclerosis, fibromyalgia, arthritis).
- Mental health problems themselves are also associated with an increased risk of a range of chronic physical health conditions.
- Commonly experienced medical symptoms (mental and physical fatigue, sleep problems) can hide underlying mental health problems, making timely diagnosis difficult.

PROMISING PRACTICES IN MENTAL HEALTH SUPPORTS

- Disability experiences are personal and individual. It's important to consider a person's own assessment of their wellbeing (based on functioning, mood and satisfaction with life).
- The treatment of mental illnesses should be included in the prevention, treatment and care of chronic conditions (e.g. via multidisciplinary medical teams).
- Attention to the prevention of chronic conditions among people with mental illnesses can enhance quality of life.
- Existential and spiritual considerations should be included in disability treatment and programs to support overall mental health.
- Addressing pain management and trauma during treatment can result in better mental health outcomes.
- Social support has been shown to protect against the negative effects of stressors associated with disability.
- Unwanted/non-consensual assistance from others may lead to reduced autonomy, self-worth and personal responsibility.

Gender and mental health

Gender is a social construct where behaviours and expectations are placed on individuals based on established ideas of femininity and masculinity. It's linked to culture, society, power and politics.

- Gender inequity can lead to poor mental health outcomes due to discrimination, violence, abuse, and poor working conditions.
- There is evidence of gender bias in the application of diagnostic criteria for mental illnesses.
- Gender diverse individuals who do not conform to perceived expectations of gender (based on their appearance, hormonal or anatomical status, or social and legal attributes such as names and gender markers), face additional barriers in accessing mental health services.
- Gendered assumptions about how symptoms are experienced or presented often lead to perceived gender differences in mental illnesses.
- Negative social attitudes and internalized messages related to ones gender identity can lead to chronic stress.

Sexual orientation, gender identity and mental health

Under-representation, perceived difference and lack of acceptance are experiences that can have long lasting effects on the mental health and wellbeing of those who identify as LGBT2Q+.

- There is a history of confusing LGBT2Q+ identities with mental illnesses. Until 2013, being transgender was still considered a mental illness, and being gay or lesbian was considered a mental illness until 1973 (DSM V). Discrimination and violence experienced by LGBT2Q+ people leads to chronic stress, anxiety, isolation, and internalized negative emotions (shame, guilt).
- Trauma related to family and community rejection, systemic discrimination, and community violence leads to disproportionately negative health outcomes for LGBT2Q+ people, such as mental health issues, addiction, and suicidality.
- These negative health outcomes are compounded for LGBT2Q+ individuals who also experience racism, colonialism, and ableism.
- Challenging heterosexism, transphobia and systemic forms of oppression are keys to improving mental health outcomes within LGBT2Q+ communities.
- Connection to a supportive community and peer group is shown to be a protective factor against mental illness.

Indigenous perspectives and mental health

Diverse notions of mental health and resilience exist within Indigenous communities – often grounded in culturally distinct concepts like community, environment, collective history, the interrelation between mental, emotional, physical, and spiritual health, tradition, agency and activism. Differences in Indigenous and western ways of knowing are sources of misunderstanding in health and health care.

Colonialism refers to an intentional process by which a political power from one territory exerts control over a different territory. It involves unequal power relations, and includes policies and/or practices of acquiring full or partial political control over other people or territory, occupying the territory with settlers, and exploiting it economically.

COLONIALISM AND ITS CONTINUED EFFECTS

- Colonialism is an important determinant of Indigenous health worldwide. Cultural suppression and forced assimilation have profound effects on health and social outcomes - even across generations.
- The intergenerational trauma faced by Indigenous communities, due to the residential school system and the 60's scoop, is directly related to current negative health outcomes such as mental illness, psychological distress and suicidal ideation/attempts.
- There is an under-representation of Métis and urban/off-reserve populations in the current data and research, and of Two-Spirit and LGBTQ+ Indigenous people.

INDIGENOUS MENTAL HEALTH

- Indigenous mental wellness is often comprised of two components: wellness and a process of healing. This can include both traditional healing practices and western approaches to mental wellness.
- The harms done to Indigenous communities via colonial mechanisms (residential schools, the Indian Act, the 60's Scoop, etc.), heavily relied on the suppression and persecution of cultural practices and medicines. Because of this, reconnecting with traditional practices is crucial to the healing process.
- Relationality and connection are key in Indigenous wellbeing. Examples of this include gathering for ceremony, sharing stories, community celebration, etc. Narratives and stories can bolster resilience by supporting collective experiences, emotional regulation and problem solving.
- Connections to Elders, along with culture, ceremony and traditional medicines, are important in supporting wellbeing and resilience, by positively impacting self-esteem and individual identity .

SERVICE DELIVERY

- Most mainstream mental health services pose significant barriers to Indigenous peoples as they are not always culturally safe spaces or places.
- It's important to examine what mental health practices and interventions are most beneficial for different Indigenous peoples in different contexts (and not as a homogeneous group).
- Support resources and systems need to be culturally appropriate, relevant and specific - if not, they can have damaging impacts.
- Counselling from a western perspective can be viewed as a form of continued oppression/colonialism, so ensure to seek consultation on best practices for working effectively with and within Indigenous communities.

PROMISING PRACTICES

- Ceremony, circles and prayer have been identified as important practices and should include themes related to community, identity and interdependence.
- Health is approached as an ongoing process of holistic healing, not from a place of crisis.

Race and mental health

Historically a disproportionate number of racial and ethnic minorities have faced systemic discrimination related to mental health: more often diagnosed with mental illnesses, more often detained by law enforcement, less often referred to appropriate resources.

- Racism and overt discrimination are chronic stressors associated with stress, depression and ill-health.
- People who experience microaggressions and discrimination across multiple systems (people/society/institutions) experience increased negative health outcomes.
- Culture and context play a significant role in recognition of a mental health problem.
- Deeply held religious and/or cultural beliefs can create barriers to seeking mental health support, as mental health problems may not be identified as such (being tied instead to supernatural, spiritual, religious, or moral ideologies).
- The inaccurate use of western diagnostic criteria for mental illnesses (which often excludes context, culture, ethnicity, and family) leads to large racial discrepancies in how they are treated.
- There is an ongoing lack of racial diversity among both research subjects and researchers in this area which leads to a lack of understanding how race affects mental health
- Strong ethnic/racial identity, increased immigration density, and high value of self, can protect against the negative mental health impacts of racial discrimination.

If we aren't intersectional, some of us, the most vulnerable, are going to fall through the cracks.

-Kimberle Williams Crenshaw

Discussion questions

Opportunities for expanded discussion with program participants

Visualization scenario:

Imagine knowing at a young age that you are different. Imagine that you see your difference contrasted everyday in the relationships you grow up around. Imagine that your peers hurl insults or jokes defining how you are different.

Imagine that social and cultural institutions tell you that your difference is not acceptable. Imagine that you long to be with others who are also different, but don't have a way to connect with them. (Zwiers, 2009)

For many this has been the reality of their childhood and development into adulthood. The lasting effects of experiences with such prejudice and discrimination are profound.

Questions for further discussion:

- How might everyday microaggressions related to race, ethnicity or culture contribute to chronic stress?
- How might gender/gender identity impact mental health?
- How might culture play a role in recognizing mental health problems?
- Why might western interventions/treatments be harmful to Indigenous clients? How could a lack of social representation impact the mental health of people within LGBT2Q+ communities?

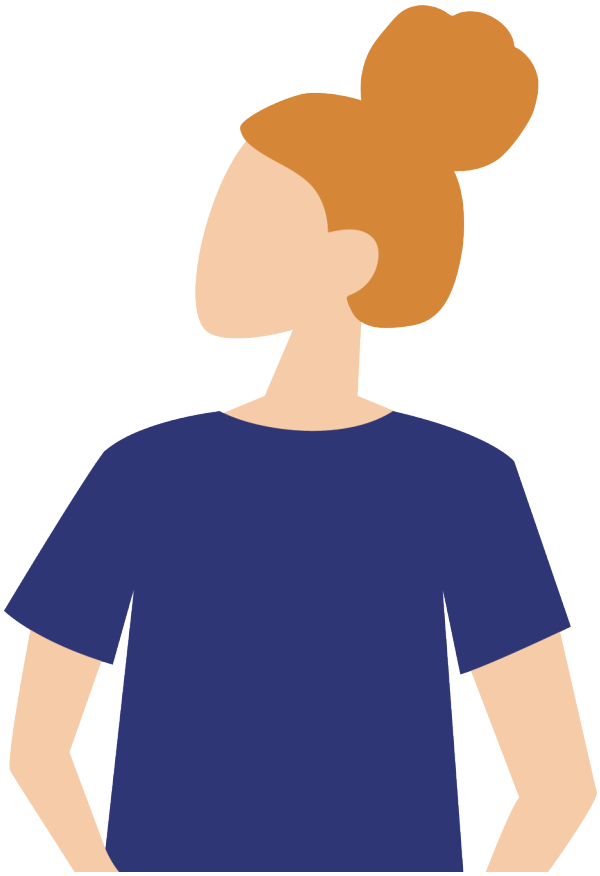
Facilitator reflection

Power dynamics, privilege, and positionality between a facilitator and audience, play a key role in how messages are received and delivered.

As a facilitator, it's critical to have an understanding of your positionality (race, gender, class, sexual orientation, ability), in relation to both program participants, and the training material.

Reflective questions

- What are ways you identify yourself? What communities do you feel a part of?
- How do you understand your identity(ies) differently in some contexts compared to others?
- Consider an experience in a group setting where you were conscious of your race, class, gender, migration status, sexual identity, or any other part of your identity(ies).
- How do/does your identity(ies) impact the roles or positions you hold in group settings or organizational structures? Does this change in different groups or group formations?
- Environments that promote notions of "diversity" and "inclusion" often perpetuate dominant structures and end up privileging certain experiences and lives. How can we imagine and foster alternative environments?



Notes

Glossary

Colonialism	An intentional process by which a political power from one territory exerts control over another. It involves unequal power relations, and includes policies and/or practices of acquiring full/partial political control over other people or territory, occupying the territory with settlers, and exploiting it economically.
Disability	A person who experiences functional restrictions or limitations of their ability to perform the range of life's activities. They may also experience attitudinal and/or environmental barriers that hamper their full and self-directed participation in life.
DSM-V	The Diagnostic and Statistical Manual is a manual for clinical assessment and diagnosis of mental disorders.
Existential	Related to or dealing with human existence.
Gender	Gender is a social construct where behaviours and expectations are placed on individuals based on constructed ideas of femininity and masculinity. It's linked to culture, society, power and politics.
Intersectionality	The interconnected nature of social categorizations such as race, class, disability, sexual orientation, and gender identity as they apply to a given individual or group. Intersectional identities create overlapping and interdependent systems of discrimination or disadvantage.
Heterosexism	A system of attitudes, biases, and discrimination that favor heterosexuality and heterosexual relationships as the cultural norm, or as superior.
LGBT2Q+	Lesbian, Gay, Bisexual, Transgender, Two-spirit. Queer (or Questioning). The '+' is for all the new and growing ways we become aware of sexual orientations and gender diversity.
Marginalized	Marginalization occurs through a social process by which individuals or groups are (intentionally or unintentionally) distanced from access to power and resources. They are constructed as insignificant, peripheral, or less valuable/privileged to a community or "mainstream" society.
Microagressions	Everyday verbal, behavioural or environmental indignities, slights, put-downs and insults (intentional or unintentional) experienced by marginalized people that can cause ongoing stress and trauma.
Positionality	The social, cultural and political context that makes up ones identity. It also describes how this identity influences, and potentially biases, your understanding of and outlook on the world.
Transphobia	The fear, hatred, disbelief, or mistrust of people who are transgender, thought to be transgender, or whose gender expression doesn't conform to traditional gender roles.

Definitions supported by the UBC Equity and Inclusion Office's Glossary of Terms.

Resources

Crisis Centre BC
Immediate access to barrier-free, non-judgemental, confidential support and follow-up to youth, adults, and seniors throughout 24/7 phone lines and online services
1-800-784-2433
https://crisiscentre.bc.ca/get-help/

Disability

BC Coalition of People with Disabilities
Supporting people, with all disabilities, to live with dignity, independence and as equal and full participants in the community.
https://disabilityalliancebc.org/

British Columbia Aboriginal Network on Disability Society (BCANDS)
Advancing the unique disability and health priorities of Indigenous persons through collaboration, consultation, and the delivery of comprehensive client services
1-888-815 -5511
http://www.bcands.bc.ca/

Canadian Council on Rehabilitation and Work (CCRW)
Helping persons with disabilities find a job or career and support for employers to hire persons with disabilities.
1-800-664-0925
https://www.ccrw.org/

DAWN Canada — DisAbled Women's Network
Working to end the poverty, isolation, discrimination and violence experienced by women with disabilities and Deaf women.
https://www.dawncanada.net/

IBPOC communities

Affiliation of Multicultural Societies & Service Agencies of BC
Collaborative leadership, knowledge exchange and stakeholder engagement to support agencies that serve immigrants and build culturally inclusive communities
1-888-355-5560
https://www.amssa.org/

Healing in Colour
A directory of BIPOC therapists committed to supporting BIPOC in all our intersections
https://www.healingincolour.com/

Black Lives Matter Vancouver – Community Resources
Working against police brutality and anti-blackness and uplifting black voices
https://blacklivesmattervancouver.com/resources-2/#resources

Multicultural Helping House Society
Helping newcomers of all cultural backgrounds successfully participate in Canadian society and economy
(604) 879 3277
http://helpinghouse.org/

Indigenous communities

Métis Crisis Line
The toll-free number is available for immediate crisis intervention, but also a variety of other issues like relationship troubles, depression and anxiety, financial issues, and bullying and peer pressure support.
1-833-MÉTISBC

Hope for Wellness Help Line
Offers immediate mental health counselling and crisis intervention to all Indigenous peoples across Canada. Phone and chat counselling is available in English, French, and Cree, Ojibway and Inuktitut on request.
1-855-242-3310

Aboriginal Wellness Program
Offers adult counselling and support groups
604-675-2551
http://www.vch.ca/locations-services/result?res_id=1017

BC Association of Aboriginal Friendship Centres
Friendship Centres are community hubs. They offer culturally safe programs and services, and provide a welcoming space for all members of the community to share knowledge and connect with others.
250-388-5522
https://bcaafc.com/

FNHA First Nations Health Benefits Mental Health Services
Counselling services from qualified mental health providers for individuals experiencing a difficult situation to resolve their emotional distress and enjoy greater wellness. Coverage for counselling includes: Mental Wellness and Counselling (MW&C); The Indian Residential School Resolution Health Support Program (IRS RHSP); and The Missing and Murdered Indigenous Women and Girls Health Support Services (MMIWG HSS).
1-855-550-5454
https://www.fnha.ca/benefits/mental-health

LGBT2Q+ communities

QMUNITY
Queer, trans, and Two-Spirit folks coming together to meet, guide, support each other and create community.
(604) 684-5307 ext. 100
https://qmunity.ca/

The Greater Vancouver Prideline
604-684-6869
BiLine 604-692-6305

Trans Care BC
Gender affirming care and transgender health services
1-866-999-1514
http://www.phsa.ca/transcarebc

Mental Health Program at the Health Initiative for Men (HIM)
Check out some of the ways that gay guys are taking time for their minds – resources, coaching and counselling.
http://checkhimout.ca/mind/

Programs and counselling support with multi-lingual services.

Family Services of Greater Vancouver
Free Masters' level therapists offering individual, couples, and family counselling. Services provided in English, Cantonese, Korean, Mandarin, and Spanish.
604-874-2938 (extension 4141)
https://fsgv.ca/programs/counselling/

MosaicBC
Free, confidential counselling support and multicultural outreach services by phone/email during Covid-19 (9am-5pm, weekdays). Services in English, Punjabi, Hindi.
236-521-7080
women.support@mosaicbc.org
victim.support@mosaicbc.org

BounceBack Coaching
Free, evidence-based Cognitive Behavioural Therapy program. Led by coaches who are trained by clinical psychologists to deliver the program. and available in English, French, Mandarin, Cantonese, or Punjabi.
1-866-639-0522
https://bouncebackbc.ca/

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