

Intersectionality and Mental Health



Leading with kindness, care and compassion



Mental health challenges impact us all, but these impacts are **compounded for people also experiencing stigma and discrimination as a result of intersecting identities** (race, gender, class, ability, sexuality etc.).

Research demonstrates that **psychologically safe leadership** contributes to:

- increased engagement
- employee retention
- increased creativity and learning
- more connected and resilient teams



KEY TERMS

Social Determinants of Health:

The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems that shape and influence health outcomes. These include economic policies and systems, development agendas, social norms, social policies and political systems.

Intersectionality: The interconnected nature of social categorizations such as race, class, disability, sexual orientation, and gender as they apply to a given individual or group. Intersectional identities can create interdependent systems of discrimination and disadvantage.

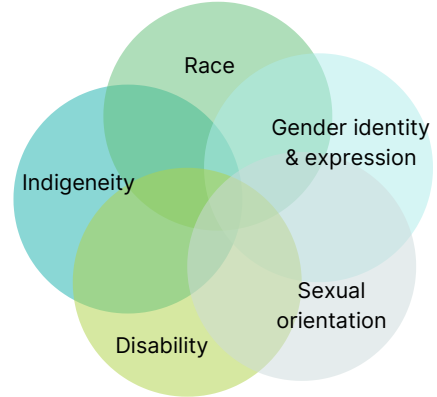
Positionality: The social, cultural and political context that makes up one's identity. It describes how this identity influences, and potentially biases, your understanding and outlook of the world. Identities and personal experiences vary within social and/or cultural groups.

Microaggressions: Everyday verbal, behavioural or environmental indignities, slights, put-downs and insults (intentional or unintentional) that can cause ongoing stress and trauma.

IDENTITY AND MENTAL HEALTH



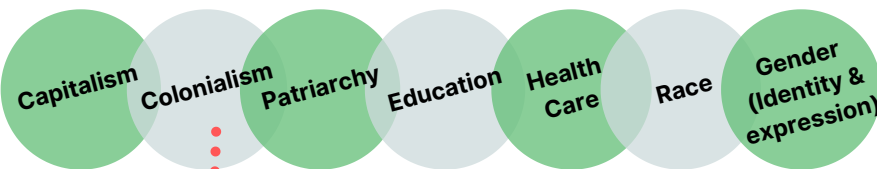
Frequency of **mental health problems and negative health outcomes** are experienced by **marginalized communities**.



WHY?

- Discrimination**
 - Racism
 - Rejection (family/community)
 - Isolation
- Harassment**
 - Microaggressions
 - Trauma
 - Violence
- Structural Inequities**
 - Barriers to access/care
 - Lower quality of life/care
 - Lack of culturally trained mental health professionals

EXAMPLES



Cultural suppression/persecution and forced assimilation have profound effects on health and social outcomes **across generations**.

PROTECTIVE FACTORS

- Reconnection to traditional practices and medicines
- Connection to a peer group
- Supportive communities
- Chronic disease prevention for those with mental illnesses
- Social support
- Considering a person's own assessment of their wellbeing



WORKPLACE DISABILITY & ACCOMODATION

47%

Est. % of workplace disability claims related to mental illness.

795K

of Canadians with disabilities not working. * **Attitudinal and environmental barriers** play a big role in inability to return to work

Mental health problems

Mental health problems are associated with an increased risk of chronic physical health conditions

People living with chronic health conditions experience high rates of mental illness.

Chronic conditions

NEXT STEPS & FUTURE ACTION

Read UBC's **Intersectional Approaches to Mental Health: A Facilitator's Guide** for more info and data references.

Use UBC's **Activating Inclusion Toolkit** to incorporate equity, diversity and inclusion into your planning, initiatives, policies and systems.

Access consulting services from UBC's **Equity and Inclusion Office** or **Workplace Wellbeing team**.