

The Pathways Project

BACKGROUND

The Pathways Project is a community-based research project studying access to effective depression treatment for women and/or trans people of diverse sexual orientations and gender identities across Ontario. The goal of this research was to use the knowledge gained to inform service delivery to improve mental health in these communities. An intersectional approach was used in this research; questions were asked not only about lesbian, gay, bisexual, trans and queer (LGBTQ) identities, but also its intersections with other identities and experiences that may be associated with oppression and/or privilege (e.g., experiences of being racialized, living in poverty). For more information on the project, visit: <http://www.lgbtqhealth.ca/projects/pathways.php>

APPROACH

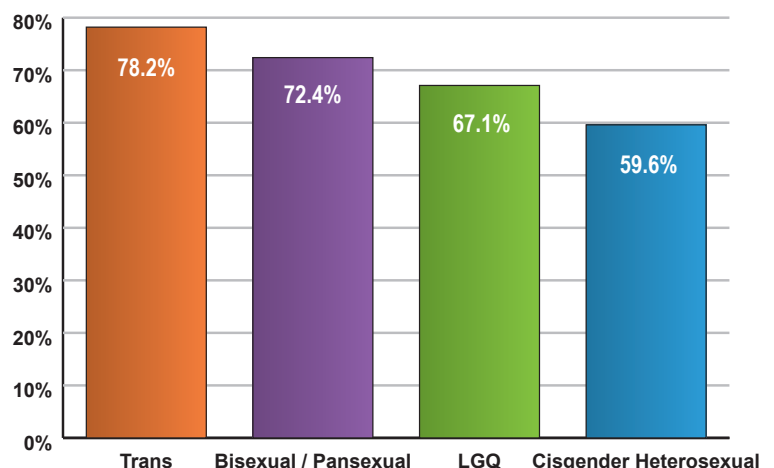
Our online questionnaire asked about participants' demographic information, relationships and social support, health and mental health symptoms, and use of and satisfaction with mental health services. The survey was completed by 704 people from across Ontario – and 26 of those met with researchers for follow-up interviews to discuss their experiences in more detail.

For the purposes of this study, 'low socioeconomic status' was defined on the basis of participants' employment status, household income, the source of that income, number of people supported by it, and portion of monthly income spent on housing. In order to be able to look at the intersections between LGBTQ identities and socioeconomic status, we aimed to have about half of our participants meet our definition of low socioeconomic status. Using this definition, a total of 329 people experiencing low socioeconomic status participated in the study.

KEY FINDINGS

Our study examined the rates of people's perceived unmet need – times during the past 12 months where they experienced a need for treatment, services, resources or support that was not fulfilled. While all groups had high rates of both unmet need and untreated depression, our results show that trans people had the highest rate of unmet need (78.2%), followed by bisexual/pansexual people (72.4%), lesbian and queer identified women (67.1%), and cisgender (non-trans) heterosexual women (59.6%).

Perceived unmet need for mental health care by sexual orientation/gender identity



KEY FINDINGS (CONTINUED)

When we also took peoples' sexual and/or gender identities into consideration, we found that low income LGBTQ people had a nearly 22% higher rate of perceived unmet need for mental health support, compared to higher income, cisgender, heterosexual participants. Low income LGBTQ people surveyed also had a 13% higher rate of unmet need than LGBTQ people of higher income.

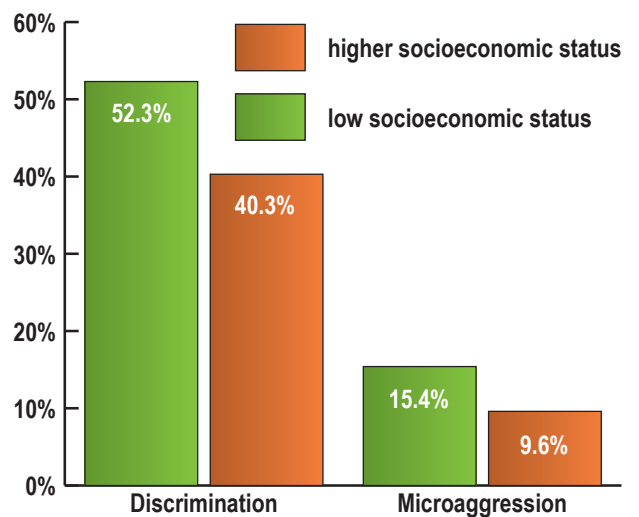
More than half of respondents who had a low income or lived in poverty also reported experiencing discrimination, which included being unfairly fired, targeted by police, bullied, denied housing or experiencing physical violence related to one's identity. Lower income respondents also indicated they had experienced microaggressions (subtle, everyday occurrences of non-physical aggression or hostility directed at people due to their different racialized or cultural identities, sexuality, gender identity, ability or class status) at a higher rate than people who were surveyed who were not of low income status.

Our results suggest that people who experience discrimination due about multiple aspects of their identities have elevated rates of unmet need for mental health care support. When factoring in other identities, we found that LGBTQ participants who were of lower income and identified their racial, ethnic, or cultural identities as something other than white only (i.e – "racialized") had a nearly 20% higher rate of unmet need for mental health services than cisgender, heterosexual people who had higher incomes and were not racialized. Low income, racialized LGBTQ participants also had a nearly 15% higher rate of unmet need for mental health support than LGBTQ people with higher incomes who were not racialized. These rates of unmet need may be tied to discrimination from service providers, or a lack of services, for individuals who have multiple identities that are marginalized.

"I'm constantly stressed out about money, right. Constantly stressed out about, like, am I going to make it this month..."

– Métis bisexual participant

Experiences of Discrimination and SES



"I have to struggle a lot and, you know, my greatest fear [is] of being homeless."

– Chinese-Canadian lesbian participant

"I have a group of friends who will come over, and if I call them, they'll be over. It's the best thing I can do. We're lucky in that sense, that we have those people, but not everybody does."

– Arab and white bisexual participant

IMPLICATIONS

We know that lower socioeconomic status has impacts on a person's quality of life – the inability to afford medications, a lack of stable housing, and the stress of trying to make ends meet can have real physical and emotional effects. When you experience multiple forms of discrimination, the effects can be cumulative. Experiences of discrimination are also often interrelated (racist sexism, classist transphobia). While finding support providers that understand and appreciate one aspect of your identity can be a challenge, finding support that speaks to your whole self – all your various identities – can be much more complicated.

While health care institutions in the province recognize socioeconomic status and other oppressions as factors that influence people's health and wellbeing, services available to respond to those experiences are often limited. Service providers who have access to a variety of resources for people experiencing the stresses of poverty and other systems of oppression can more effectively meet individuals' needs.

“Everything in our society is broken up – we don't connect the dots anymore. I hope one day we have services that see us as whole beings that need support and health and care for all areas of our life and how they interconnect [...] and that we need to be preventative with stuff.”

– Aboriginal, two-spirit and gay participant

We all can play a role in making change. Service providers can advocate within their organizations for programming to address poverty as a social determinant of mental health. They can also advocate for organizational changes to make health and social services more accessible to people with low incomes (e.g., using sliding fee scales for LGBTQ counseling services, providing tokens to people attending groups, etc). In addition, service providers could become involved in organizational efforts to engage various levels of government in adequately funding subsidized housing, employment programs and educational/training opportunities for low-income LGBTQ people.

If community members feel it's safe to do so, they can speak out about discrimination, or join friends, family and community groups to organize, protest and speak out together. We can all work to advocate for change in our government, social service organizations, and communities to increase support and accessibility for low income people, and to challenge our present economic system to eradicate poverty.

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