

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>

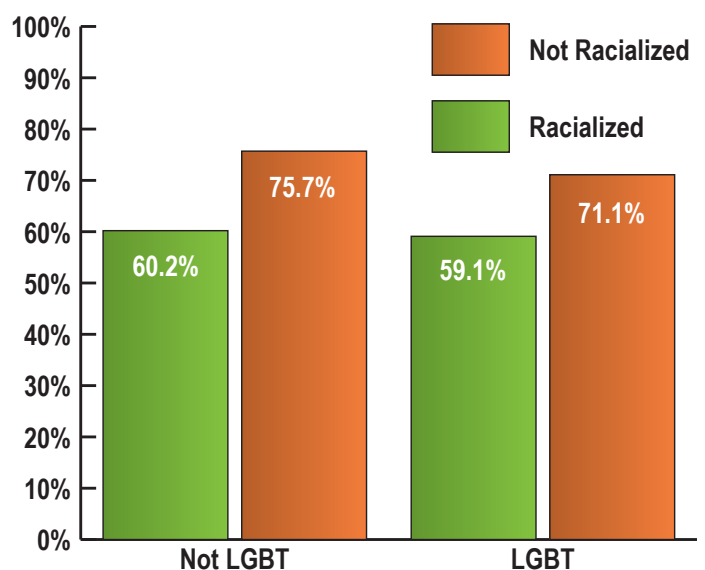
APPROACH

Our online questionnaire asked about participants' demographic information, relationships and social support, health and mental health symptoms, and use 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. We interviewed 281 people who identified their racial, ethnic, or cultural identities as something other than white only (e.g. racialized). Overall, participants described their identities as part of Aboriginal, African, Caribbean, Asian, Arab, or Latin American communities, heritage or experience. 51 of the participants named their identities in distinct ways we grouped together under the category of "Other".

KEY FINDINGS

Our results suggest that people who experience discrimination due to multiple aspects of their identities have further elevated rates of unmet need for mental health support. When factoring in other experiences of oppression, we found that LGBTQ participants who identified as racialized had a nearly 5% higher rate of unmet need for mental health support than LGBTQ people who were not racialized. When compared to cisgender, heterosexual people who were not racialized, racialized LGBTQ people also had a nearly 16% higher rate of unmet need for mental health support.

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



KEY FINDINGS (CONTINUED)

Our survey asked participants about experiences of microaggressions: subtle, everyday occurrences of non-physical aggression or hostility directed at people due to discrimination about their race, ethnic or cultural identity, sexuality, gender identity, ability or class status. Survey results noted that racialized respondents experienced microaggressions at a 7% higher rate than those who were not racialized. Racialized respondents also reported experiencing general discrimination at an 8% higher rate than those who were not racialized.

Experiencing discrimination about multiple parts of your identity can increase the difficulties you have in accessing mental health services. Survey respondents who were racialized, LGBTQ and had low socioeconomic status experienced a 20% higher rate of unmet need for mental health care than non-racialized, cisgender, heterosexual respondents with higher socioeconomic status. Racialized, low socioeconomic status, LGBTQ participants also had a 14% higher rate of unmet need for mental health care than non-racialized LGBTQ respondents with higher socioeconomic status.

“There is no support for Koreans – I’m pretty sure Chinese [communities] have their own, but for smaller communities, to have a native language speaker with anti-oppressive – with a bit of a progressive mind to help them out [would be helpful].”

– Korean-Canadian trans participant

“Being depressed and being a black woman are sort of synonymous and this is just the reality of the body that I live in, you know? It feels that way sometimes. I’m sure if I sat down and analyzed the system, depression is a result of being a black woman, or rather, racism and sexism and all of these things.”

– Black bisexual participant

“I find that um, when I talk to other gay lesbian people, they might be out there and everything, but I always feel much more – everything’s much more personal to me. I’ll say things like ‘I’ve been a minority my whole life, and it’s obvious! I walk down the street and you can see it!’ Whereas other people, you can hide. You know, if you’re gay, you can hide. But if you’re black, other people notice that.”

– Black lesbian participant

IMPLICATIONS

We know that the experience of being racialized has impacts on a person's quality of life – legacies of imperialism and colonialism, targeted policing and exclusion of racialized communities, and the daily stress of microaggressions can have real physical and emotional effects. People can also experience other forms of discrimination around gender, sexuality, ability, class or other identities. Those experiences of discrimination are potentially also interrelated (racist AND sexist, classist AND transphobic). While finding support that understands and appreciates one aspect of your identity can be a challenge, finding support that speaks to your whole self – and the various identities you have – can be much more complicated, particularly if you experience a variety of forms of discrimination.

The current biomedical model utilized in health care provision doesn't recognize oppression as a factor that influences people's health and wellbeing. Our data suggest that health care that is informed by the social location and experiences of clients is an essential link in service provision. Service providers who acknowledge the stresses of racism and its relationship to other systems of oppression can more effectively meet individuals' needs. Providers must be aware that behavior, tone and other non-verbal cues can have an effect on individuals' perceptions of the care they are receiving, and ultimately themselves.

We all can play a role in making change. Service providers should be supported to educate themselves and their colleagues about racism and its effects on health, and advocate for change to make health and social services more accessible to racialized people. If community members feel it's safe for them 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 make them more equitable for racialized people, and to end racism.

“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.”

– Aboriginal, two-spirit and gay participant

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