

Advancing Equity in Ontario: Understanding Key Concepts

May 2014



**Canadian Mental
Health Association**
Ontario
Mental health for all

**Association canadienne
pour la santé mentale**
Ontario
La santé mentale pour tous

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Executive Summary

Equity issues in mental health have a significant and often negative impact on the people, communities, and health system of Ontario. Consider that our lesbian, gay bisexual and trans (LGBT) youth are over four times more likely to attempt suicide than their straight peers.ⁱ That people with mental health issues face discrimination in employment, housing and many other essential and health-promoting areas of life.ⁱⁱ That Northern Ontarians face the highest rates of depression, hospitalization and medication use, but have access to less comprehensive, available and accessible mental health services and supports.ⁱⁱⁱ

The issues are wide-ranging, complex, touch diverse regions and populations across the entire province, and require action at the level of health system policy, planning and practice. Despite growing stakeholder interest in health equity, there remains no clear understanding of what equity means in the mental health context, and consequently, no clear plan of action to respond to the challenges faced by Ontario at the policy, planning and practice levels.

This discussion paper marks a critical step in the Canadian Mental Health Association (CMHA), Ontario's work to advance greater equity in mental health in Ontario. The purpose of this discussion paper is to increase understanding within our health system about equity issues in mental health, and lay the foundation for CMHA Ontario's next step: an action plan to advance greater equity in mental health for all Ontarians.

Three dynamic and overlapping relationships between equity and mental health can be identified:

1. **Equity matters for mental health** - Due to decreased access to the social determinants of health, inequities negatively impact on the mental health of Ontarians. Marginalized groups are more likely to experience poor mental health and in some cases, mental health conditions. In addition, marginalized groups also have decreased access to the social determinants of health that are essential to recovery and positive mental health.
2. **Mental health matters for equity** - Poor mental health and mental health conditions have a negative impact on equity. And while mental health is a key resource for accessing the social determinants of health, historical and ongoing stigma has resulted in discrimination and social exclusion of people with lived experience of mental health issues or conditions (PWLE).
3. **Equity and mental health intersect** - People often experience both mental health issues and additional inequities (such as poverty, racialization, or homophobia) simultaneously. Intersectionality creates unique experiences of inequity and mental health that poses added challenges at the individual, community and health systems level.

These issues disproportionately impact three clusters of populations:

1. People with lived experience of mental health issues (PWLE)
2. People who experience marginalization related to the social determinants of health such as sexual orientation, poverty, racialization and disability
3. PWLE who also experience additional marginalization related to the social determinants of health.

CMHA Ontario is currently leading the development of an **Action Plan for Equity in Mental Health** in collaboration with issue experts and stakeholders. The Plan begins with five strategy areas for action by mental health, health and broader social policy stakeholders at the individual, community and health system levels:

- **Embed equity in provincial mental health policy and planning** by considering impacts of all policy, planning and service delivery decisions on PWLE and other marginalized populations
- **Expand the evidence-base for equity issues in mental health** through collection of socio-demographic health data, knowledge exchange and new knowledge creation
- **Foster collaboration with PWLE and other marginalized populations** at the policy, planning and service delivery levels
- **Build healthy communities** by taking action to address the impacts of the social determinants of health
- **Challenge discrimination, stigma and exclusion of PWLE** by enhancing human rights and accessibility mechanisms and promoting income security and access to affordable housing

Specific policy, planning and service delivery recommendations will be identified for each action area.


For more information or resources, visit the CMHA Ontario website at www.ontario.cmha.ca/equity.

EQUITY AND MENTAL HEALTH


UNDERSTANDING THE LINKS

EQUITY ISSUES IN MENTAL HEALTH SIGNIFICANTLY IMPACT ONTARIO

Equity Matters for Mental Health




**LOWEST INCOME
CANADIANS REPORT
SIGNIFICANTLY POORER
MENTAL HEALTH**



**WOMEN ARE TWICE AS
LIKELY TO HAVE
DEPRESSION THAN MEN**

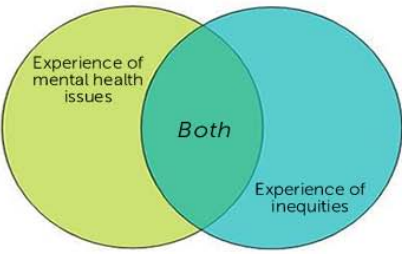
LGBT youth face approximately 4 times the risk of suicide than their heterosexual peers.



MENTAL HEALTH MATTERS FOR EQUITY



Equity and Mental Health Intersect



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Introduction

Equity issues in mental health have a significant and often negative impact on the people, communities, and health system of Ontario. Consider that our lesbian, gay bisexual and trans (LGBT) youth are over four times more likely to attempt suicide than their straight peers.^{iv} That people with mental health issues face discrimination in employment, housing and many other essential and health-promoting areas of life.^v That Northern Ontarians face the highest rates of depression, hospitalization and medication use, but have access to less comprehensive, available and accessible mental health services and supports.^{vi}

The issues are wide-ranging, complex, touch diverse regions and populations across the entire province, and require action at the level of health system policy, planning and practice. Despite growing stakeholder interest in health equity, there remains no clear understanding of what equity means in the mental health context, and consequently, no clear plan of action to respond to the challenges faced by Ontario at the policy, planning and practice levels.

This position paper marks a critical step in the Canadian Mental Health Association (CMHA), Ontario's work to advance greater equity in mental health in Ontario. The purpose of this position paper is to increase understanding within our health system about equity issues in mental health, and lay the foundation for CMHA Ontario's next step: an action plan to advance greater equity in mental health for all Ontarians.¹

¹ The development of this resource was informed by key informant interviews with leading experts in the areas of health equity and mental health. A literature scan was also conducted to identify key trends and themes. An external panel of experts provided comments on an earlier version of this work.

About CMHA Ontario

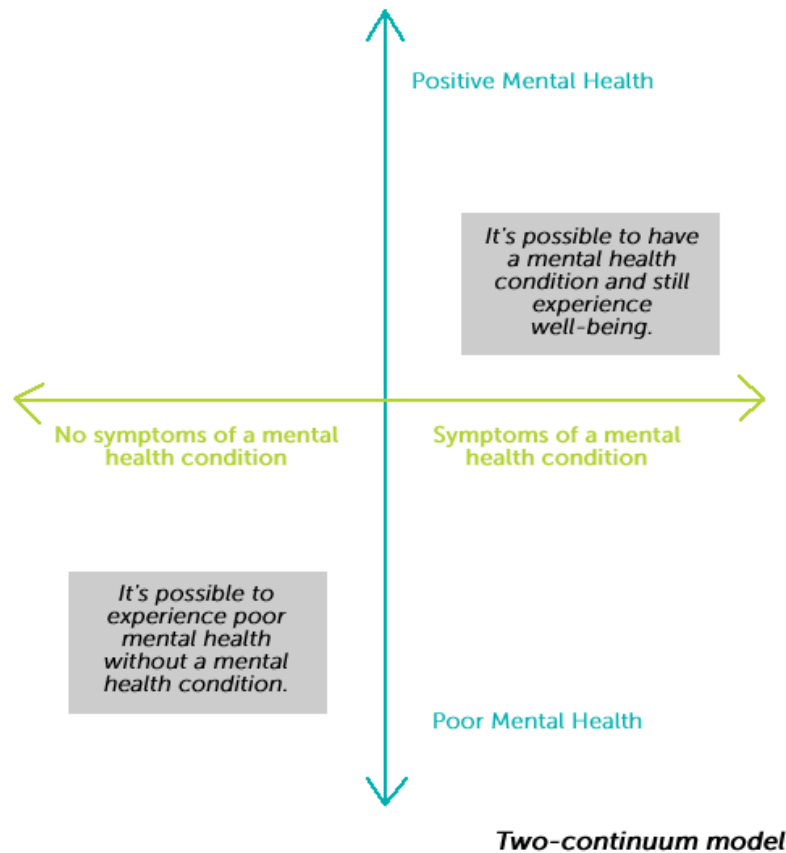
The Canadian Mental Health Association (CMHA), which operates at the local, provincial and national levels across Canada, works towards a single mission: to make mental health possible for all. The vision of CMHA Ontario is a society that believes mental health is the key to well-being. We are a not-for-profit, charitable organization which is funded by the Ontario Ministry of Health and Long-Term Care. Through policy analysis and implementation, agenda setting, research, evaluation and knowledge exchange, we work to improve the lives of people with mental health and addictions conditions and their families. As a leader in community mental health and a trusted advisor to Government, we actively contribute to health systems development through policy formulation and by recommending policy options that promote mental health for all Ontarians. CMHA Ontario works closely with the 31 local Branches in communities across the province to ensure the quality delivery of services to approximately 50,000 individuals each year in the areas of mental health, addictions, dual diagnosis and concurrent disorders which occur across the lifespan.

CMHA Ontario has identified equity as a priority area for action, including a focus on identifying and responding to systemic barriers that impact health, furthering equitable distribution of health promoting resources, and ensuring equitable access to health services and supports.

However, before addressing equity in mental health in Ontario, it is important to define key concepts to further understanding of the issue.

Defining Key Concepts: Mental Health

MENTAL HEALTH is more than the absence of a mental health condition: it is a positive sense of well-being, or the capacity to enjoy life and deal with the challenges we face.^{xvii}

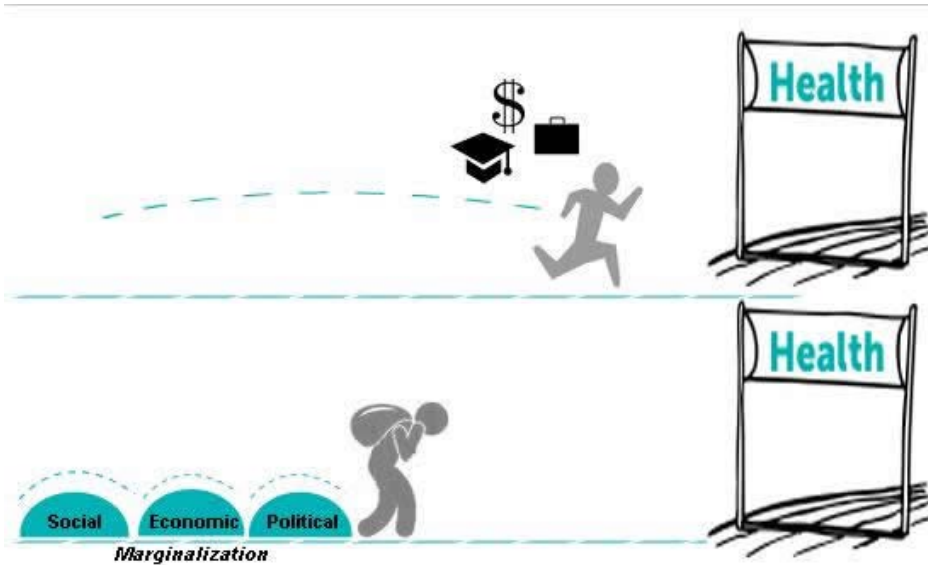


Mental health impacts every one of us. We all have mental health, just as we have physical health. People living with a mental health condition can experience positive mental health and it is possible to experience poor mental health without a mental health condition. The *two-continuum model* helps us understand this. The axis includes one continuum (or line) to show presence to absence of symptoms of a mental health condition, and one continuum to reflect positive (or optimal) to poor mental health.

Mental health is fluid. It is influenced by a range of factors, including our life experiences and the social and economic conditions that shape our lives: the social determinants of health.

Defining Key Concepts: Equity

INEQUITIES can be understood as the social, economic and political marginalization (disadvantage or exclusion) that some groups face in society. **EQUITY** is a way to address marginalization. In contrast to equality, which seeks the same treatment for all individuals, an equity-based approach recognizes that different actions are required to achieve similar outcomes for different individuals or groups due to the uneven distribution of power, wealth and other resources in society. **HEALTH INEQUITIES** are systemic, avoidable and unfair differences in health outcomes, a symptom of broader inequities in society.^{xxvii}



Adapted from graphic presented in Denmark's National Strategy to Reduce Social Inequalities in Health (2007)

From an equity perspective, marginalization is rooted in histories of differential access to power in society (such as racism, poverty and the

stigma associated with mental health issues) and maintained by ongoing social, economic and political factors which can be called the **SOCIAL DETERMINANTS OF HEALTH**.

In Ontario, the social determinants of health include:

- Aboriginal status
- Disability
- Early life experiences
- Access to education
- Employment status and working conditions
- Food insecurity
- Access to health services
- Geography (rural/northern regions)
- Gender and gender identity
- Housing
- Immigration status or experience
- Income and income distribution
- Interaction with the justice system
- Race
- Sexual orientation
- Social exclusion, and
- Access to a social safety net^{vii}

Three social determinants are particularly significant for mental health: freedom from discrimination and violence; social inclusion; and access to economic resources.^{viii}

Experiences of marginalization **INTERSECT**. For example, a South Asian woman living in Kitchener-Waterloo may have just lost her job, and also be living with bipolar disorder. Her life experiences are simultaneously informed by her gender, mental health, race, income and employment situation, and geography. Similarly, her lived experience of mental health issues and of the mental health system will be informed by all. It would be difficult or impossible to separate out the impacts of one factor from another. Instead, all factors must be considered together.

Due to its deep and entrenched roots, addressing inequity requires complex systemic change at multiple levels and settings.

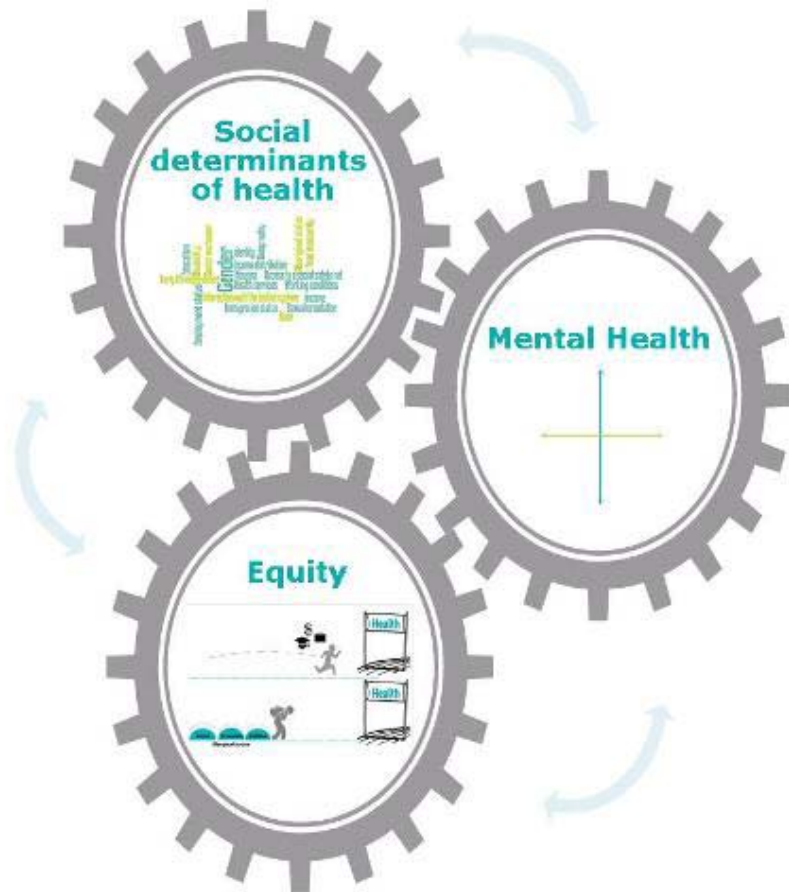


The Social Determinants of Health

What's the relationship between equity and mental health?

Three dynamic and overlapping relationships between equity and mental health can be identified:

1. Equity matters for mental health
2. Mental health matters for equity
3. Equity and mental health intersect



1. Equity matters for mental health

Due to decreased access to the social determinants of health, inequities negatively impact on the mental health of Ontarians. Marginalized groups are more likely to experience poor mental health and in some cases, mental health conditions. In addition, marginalized groups also have decreased access to the social determinants of health that are essential to recovery and positive mental health. For example, evidence indicates that:

- Canadians in the lowest-income bracket are 3 to 4 times more likely than those in the highest-income bracket to say that their mental health is fair to poor^{ix}
- Lesbian, gay, bisexual and trans (LGBT) people face higher rates of depression and anxiety, and LGBT youth are more likely than their heterosexual peers to die by suicide^x
- Women in Ontario are twice as likely to have depression than men^{xi}
- People living in Ontario's low-income neighbourhoods are more likely to have depression than those in the highest-income neighbourhoods^{xii}

2. Mental health matters for equity

Poor mental health and mental health conditions have a negative impact on equity. And while mental health is a key resource for accessing the social determinants of health, historical and ongoing stigma has resulted in discrimination and social exclusion of people with lived experience of mental health issues or conditions (PWLE). The result for PWLE is even less access to the social determinants of health. For example, evidence indicates that:

- PWLE have been denied housing or faced harassment from landlords on the basis of their mental health disability^{xiii}

- Many PWLE, particularly those experiencing a severe and persistent disability, experience unemployment; a study of Ontario's community mental health sector found that just 25% of participants were employed^{xiv,xv}
- PWLE are less likely to be hired or promoted due to employer stigma and discrimination^{xvi}
- Opportunities for PWLE to engage and participate in the health system (through peer support and consumer survivor initiatives, for example) are underfunded and under-recognized^{xvii,xviii}
- PWLE who have come into contact with the justice system face discrimination in the criminal justice, health care and social services systems that can result in barriers to accessing mental health and social services, as well as violence and victimization in the correctional system^{xix}
- More than 25% of Canadian survey respondents do not trust a person living with a mental health condition and 24% are afraid when around people they know have mental health conditions^{xx}

3. Equity and mental health intersect

While the previous two points reflect the dynamic and reinforcing relationship between equity and mental health, it is also important to consider how they intersect. People often experience both mental health issues and additional inequities (such as poverty, racialization, or homophobia) simultaneously. Intersectionality creates unique experiences of inequity and mental health that poses added challenges at the individual, community and health systems level. For example, evidence indicates that:

- Immigrant, refugee and ethno-racial groups face multiple barriers in accessing mental health services and supports ranging from gaps in language interpretation services; discrimination, or stigma from service providers; lack of culturally-appropriate service delivery

models; and issues related to overlapping social determinants of health (such as poverty or unemployment)^{xxi}

- Some populations, including temporary workers, international students, visitors and undocumented migrants are excluded from provincial health insurance coverage and consequently face barriers in accessing mental health services^{xxii}
- Bisexual people in Ontario report significant need for mental health supports, but report negative experiences with service providers, including judgment, dismissiveness or invasive questions about their sexuality^{xxiii}
- People in Northern Ontario report higher rates of depression, higher use of medication and higher hospitalization rates, but have access to a less comprehensive, available and accessible basket of services^{xxiv}

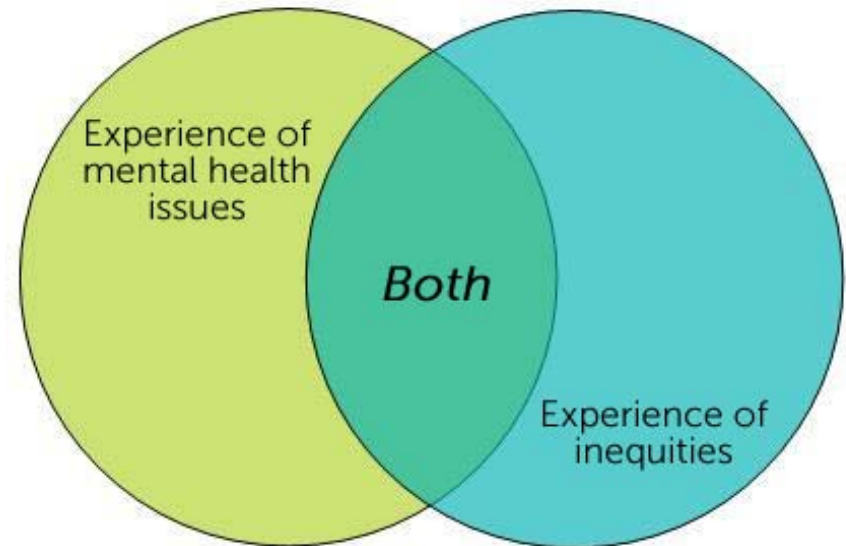
Who and what are impacted?

As the examples above illustrate, equity issues significantly impact multiple population groups across the province. Three clusters of populations can be identified:

1. People with lived experience of mental health issues (PWLE)
2. People who experience marginalization related to the social determinants of health such as sexual orientation, poverty, racialization and disability
3. PWLE who experience additional marginalization related to the social determinants of health

Action to advance equity in mental health must be responsive to the needs of all three clusters. While the clusters can provide us with a lens to consider who is impacted by equity and mental health issues, it is important to bear in mind that each cluster reflects multiple and diverse populations.

The impacts of equity issues in mental health are felt at the individual, community, service provider, and health system levels. Inequities have a significant negative impact on individual and community health outcomes that result in complex health needs and access barriers that pose challenges for service delivery. Socio-economic inequities are also health system cost drivers; it has been estimated that they are responsible for 20 percent of Canada's total health care spending.^{xxv}



Next Steps: Building a Collaborative Action Plan

CMHA Ontario is currently leading the development of an **Action Plan for Equity in Mental Health** in collaboration with health equity and mental health experts and stakeholders. The Plan begins with five strategy areas for action by mental health, health and broader social policy stakeholders at the individual, community and health system levels:

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