



A CRITICAL EXPLORATION OF SOCIAL INEQUITIES IN MENTAL HEALTH RECOVERY WORLD CAFÉ

CENTRE FOR THE STUDY OF



**GENDER
SOCIAL INEQUITIES
AND MENTAL HEALTH**

SFU



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MENTAL HEALTH RECOVERY: A BRIEF HISTORY

- Philosophy of recovery began to be adopted in mental health in the 1980s and 1990s in US, Canada, New Zealand, Australia
- Arose in part from consumer/survivor movements that highlighted the rights and concerns of people with mental health problems
- Emerged also from new understandings of mental health problems
- Currently being adopted in BC across mental health services and is the central focus of the Mental Health Commission of Canada's Mental Health Care Strategy

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MENTAL HEALTH RECOVERY: DEFINITIONS

- ◉ Meant to counter stigmatizing and discriminatory beliefs
- ◉ Both a process & an outcome
- ◉ Draws on the lived experience of individuals
- ◉ Emphasizes choice & autonomy - 'person-centred'
- ◉ Interdependence
- ◉ Recovery as multi-dimensional

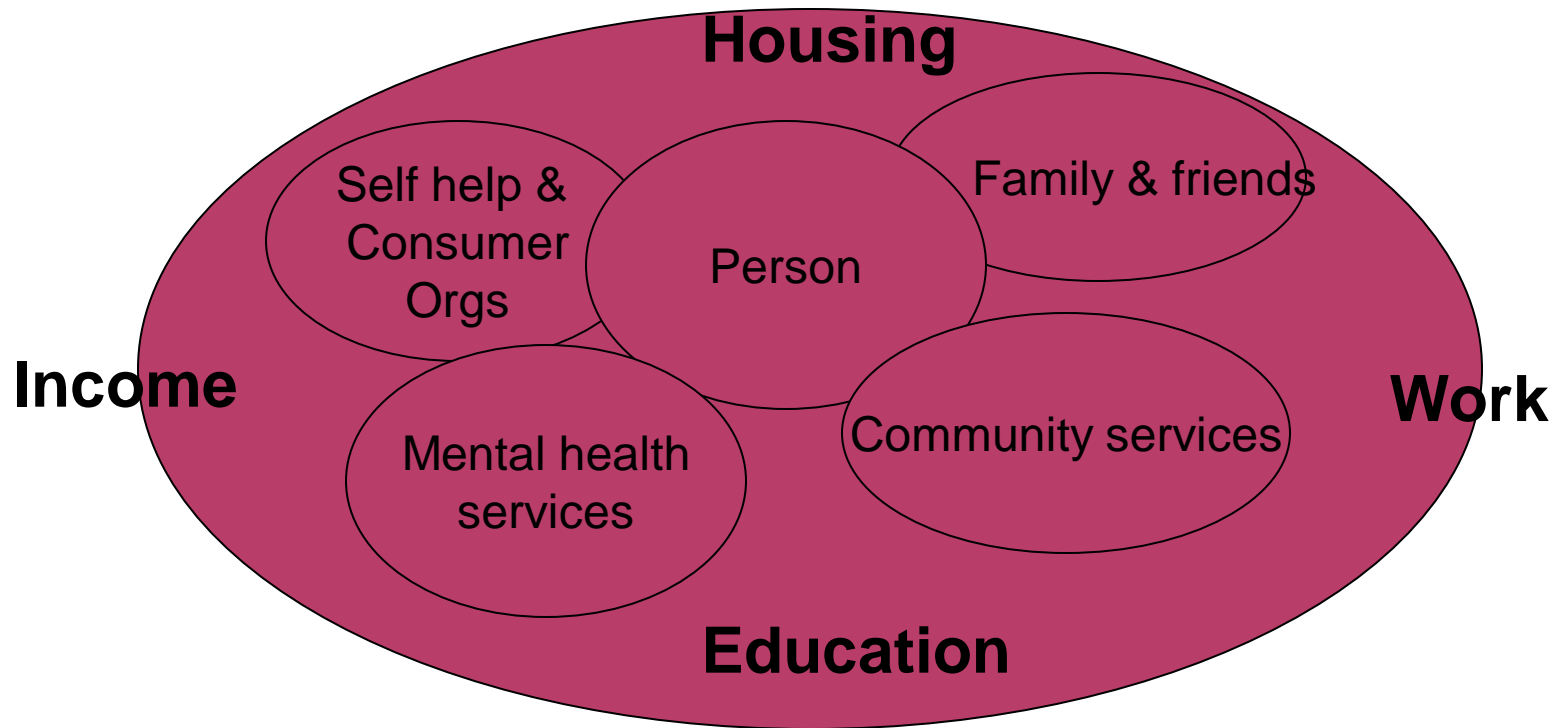
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FRAMEWORK FOR SUPPORT (TRAINOR, POMERAY & PAPE, 2004)





MENTAL HEALTH RECOVERY AND SOCIAL INEQUITIES

- ◉ Most models of recovery focus on the individual
- ◉ Social models place more emphasis on the environment
- ◉ Models rarely take into account social and structural determinants of mental health

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MENTAL HEALTH RECOVERY AND SOCIAL INEQUITIES

Commission on the Social Determinants of Health (WHO) (2008) definition:

“Together the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries.”

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SOCIAL DETERMINANTS OF MENTAL HEALTH

- ▶ Economic security
- ▶ Mental health care services
- ▶ Housing
- ▶ Early childhood development
- ▶ Social support
- ▶ Gender
- ▶ Race, ethnicity and culture
- ▶ Colonization
- ▶ Immigration status
- ▶ Sexual orientation & gender identity
- ▶ Disability

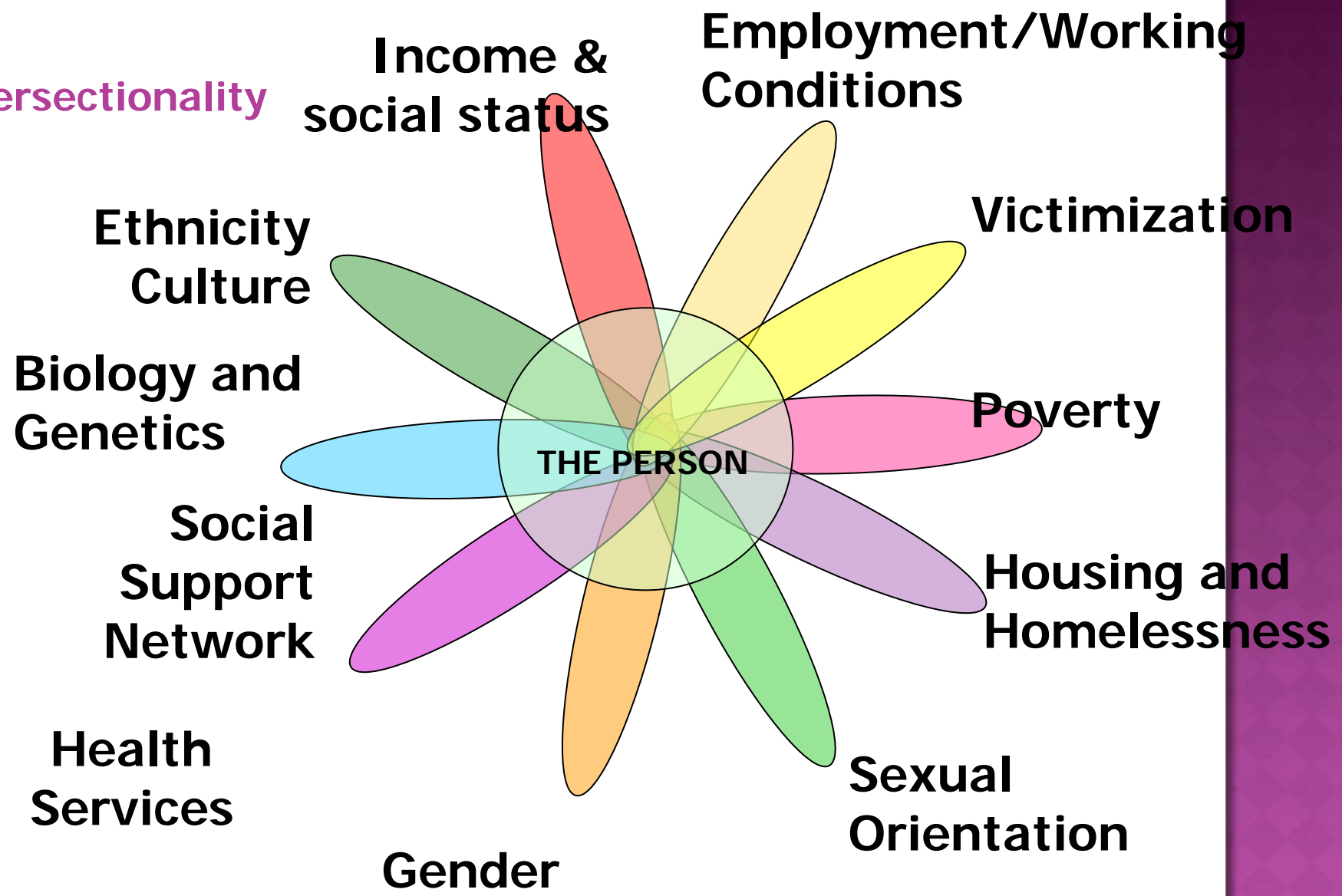


STRUCTURAL DETERMINANTS OF MENTAL HEALTH

- ◉ Prolonged and systemic discrimination against certain social groups by race, class, ethnicity, sexual orientation, gender and other social locations
- ◉ Prolonged and systemic discrimination against people with mental health problems
- ◉ Enforced through professional practices, beliefs/attitudes, policy and bureaucratic practices



Intersectionality





BARRIERS TO IMPLEMENTING MENTAL HEALTH RECOVERY MODELS

- ◉ Imbalance in the system - psychiatric care emphasized over social care (e.g., housing, income security, etc.,)
- ◉ Lack of resources & Distribution of resources
- ◉ Insufficient and ongoing training in mental health
- ◉ Stigma & discrimination

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