Addressing Intersectionality in Behavioral Health Care

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Objectives

- Participants will be able to identify two strategies for effectively engaging patients with intersecting identities

- Participants will be able to describe three examples of attributes in patient with intersecting identities that exacerbate mental health symptoms.

- Participants will recommend at least one change in process to identify intersectionality in patients.

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Intersectionality

Intersectionality is a term that is used to address the impacts of marginalization, particularly when the marginalization occurs across multiple aspects of the person's identity.

Crenshaw (1989) began to look at the manner in which oppression tended to fall along a singular construct. She recognized the importance of the layering of multiple identities and the the exponential affects.

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Factors Affecting Intersectionality

Primary Factors	Structural Factors	Contextual Factors
Race	Education	Geographic Location
Ethnicity	Poverty	High Crime
Gender	Inequality in Income	Trauma Exposures
Sexual Orientation		Previous Experiences with MH
Religion		Incidents of Discrimination
Disability		Previous Experience with Health Care Systems
Pregnancy		Interaction with Police
Nationality		
		Seng, et al. (2012)

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Concepts to Remember

Intersectionality focuses on the interaction between the various identities.

Intersectionality is fluid and contextual. It may change with time and situation.

Providers must be aware of their own beliefs, biases, and attitudes towards each of the intersecting identities.

The role of oppression and the way it is manifest may be different for each identity.

Oppression can be both externalized and internalized.

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Understanding the Absence of Privilege

• Privilege has different meanings across the various dimensions of intersectionality.

• Privilege has often been used in a context to describe the abilities a person has that are bestowed by society, typically based on dominant group expectations.

Primary

Contextual

Structural
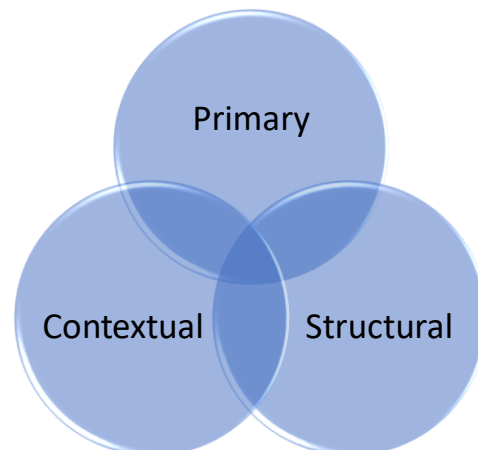
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Microaggressions

- Subtle actions or comments that are directed towards a person that are based on the commenter's biased beliefs about a particular group.
  - These can be verbal, behavioral, or environmental.

- Research suggests that those who experience higher levels of microaggressions have lower self-esteem, higher levels of depression and score higher on trauma scales.

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Mental Health Facts

- 4% of adults have an SMI
- Mental health is the leading cause of disability
- Approximately 43% of people with mental illness receive treatment
- Lack of cultural understanding by providers effects accurate diagnosis
- Those who identify as LGBTQ+ are 2.5 times to experience depression, anxiety, and substance use
- The rate of suicide for youth identifying as LGB is 4 times greater
- Those in minority groups report stigma from healthcare providers

Retrieved from American Psychiatric Association at https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

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2/24/2021

Incorporating Intersectionality into Care

- In order to achieve more positive outcomes in treatment, we must take a more relational approach and understand not only what has happened, but how those experiences have shaped the patient. We must also recognize how those experiences continue to shape the patient's willingness to engage in treatment.

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Incorporating Intersectionality

- Making the patient/client the "expert" in identifying and managing the presenting concern.

- Asking the patient/client about how they believe the problem began, what is causing it to continue, what types of solutions they feel may be beneficial.

- Be direct in asking about experiences of oppression and discrimination and how those experiences have shaped their current situation or presentation.

- Ask about structural factors that may impede success.

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Incorporating Intersectionality

- Do not ignore the experiences of a patient/client related to experiences of oppression and discrimination.
- Incorporate scales into the assessment process.
- Gain more training on Structural Competency.
- Discharge to more appropriate treatment settings.

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Case Example - BS

- 37 yrs old
- Caucasian
- 12 admissions over the past 3 years
- Transgender male to female
- Patient is preoperative
- Frequent opioid use
- Two accidental overdoses
- Diagnosed with SUD, MDD
- Unstable housing and frequently presents when homeless

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Case Example - TW

- 45 yrs old
- African American
- 6'3" and weighs 300 lbs.
- Sporadic attendance with OP and IOP
- MDD with Psychotic Features
- Frequently loses jobs
- Has had multiple arrests
- Minimal education, has difficulty reading
- Refuses to do paperwork or follow up with community services

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Additional Steps

The treatment provided in the short term is an essential step in providing exceptional care to those with intersecting identities, however, it is not a long-standing solution.

Other essential steps in truly comprehensive care:

- Form multidisciplinary teams that encompass internal and external members that support the greater community.
- Advocate for Social Justice at the organizational, community, and state level.
- Address mistakes. Apologize. Rephrase. Commit to doing better.

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Training and Assessments

- Structural Competency
- Everyday Discrimination Scale
  - https://scholar.harvard.edu/files/davidrwilliams/files/discrimination_resource_dec._2020.pdf
- Perceived Discrimination Scale
  - http://sparqtools.org/mobility-measure/perceived-discrimination-scale/
- Engagement Interview Protocol
  - https://education.psychiatry.org/diweb/catalog/item/eid/C19023?_ga=2.149097328.756539534.1614164639-1954885871.1614164639
- Impact of Microaggression on Mental Health Outcomes
  - https://education.psychiatry.org/diweb/catalog/item/eid/C18023?_ga=2.220449886.756539534.1614164639-1954885871.1614164639

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