FOR PROFESSIONALS WORKING WITH YOUNG PEOPLE

FACT SHEET

INTERSECTIONALITY AND YOUTH MENTAL HEALTH

AT A GLANCE

- This fact sheet aims to provide a brief overview of intersectionality as a concept, its history, and what it means for youth mental health.
- It aims to build knowledge of what intersectionality means as a concept, framework, and way of working.
- Included is a reflective exercise to help readers begin to apply this knowledge.

WHAT IS INTERSECTIONALITY?

Intersectionality describes how multiple social aspects of identity, such as gender, race and sexuality, intersect or interact with each other. Intersectionality is about seeing a person as a whole, and encourages thinking beyond discrete labels that make up someone's identity and experience in the world. Originating from early Black feminist movements from the United States, intersectionality is a framework that can help us understand how aspects of our identity can bring about multiple experiences of marginalisation based on systems of social-structural oppression, for example, sexism, racism, poverty and heterosexism.(1) Intersectionality does not see these issues as separate, but linked and reinforced by systems of power that have real consequences for individuals.

While we all have intersecting identities, intersectionality focuses on the experiences of those from historically oppressed and marginalised communities. Intersectionality acknowledges that some identities can experience privilege in one context and oppression in another. It highlights the dynamic, multi-dimensional and interactive nature of human experiences. Intersectionality does not assume that some identities will always have a greater impact on someone's life than other identities; instead, an intersectional lens recognises that people's lives cannot be explained by a single category. An intersectional lens encourages looking at all aspects of intersecting identities and how these relate to someone's lived experiences while acknowledging the persistence of social power structures that maintain domination and oppression across multiple settings.

A BRIEF HISTORY OF INTERSECTIONALITY

The term intersectionality was coined in 1989 by Professor Kimberley Crenshaw, a scholar-activist based in the United States.(1) The roots of intersectional theory can be found in earlier Black feminist movements from the United States, going back to the 19th century. These movements were the first to highlight the interaction between gender and race, and provide a critique against racism within the feminist movement, and sexism within racial justice movement. They were also the first to advocate for structural changes to promote social justice and equity that recognises the compounding impact of intersecting, marginalised identities between gender, race, class, sexuality and many more.

Intersectionality is a powerful example of scholarly work that has come out of lived expertise. Research and academia has a history of inequity and marginalisation of minority groups, so it's important to recognise and celebrate that intersectional theory was developed by the communities it relates to. Using an intersectional lens as part of mental health care can help to spread and embed this knowledge in practice. Most importantly, it can provide a framework to avoid compartmentalising complex and interconnected intersectional identities into a single, social identity, such as race, faith or gender, as the source of poor health outcomes, but to recognise the compounding impact of multiple marginalisation on how young people view themselves and their place in society.

KEY PRINCIPLES OF INTERSECTIONALITY INCLUDE:

- a focus on the intersecting identities of people from historically marginalised groups, for example, ethnic minorities, LGBTQIA+ communities, First Nations communities, people with low income, and people with disabilities;
- an acknowledgement of inequality and injustice that exist within marginalised groups that mirror the broader societal power structure;
- a recognition that social-structural factors can create disparate health outcomes across society;
- understanding that multiple marginalisations can have a compounding impact on health outcomes, including mental health;
- the assertion that social categories or identities are not independent and unidimensional, but interdependent and multiple; and
- a recognition of the impact of context and that intersectional identity can be navigated across multiple settings.

> "Intersectionality acknowledges that some identities can experience both oppression and privilege depending on the situation. In my experience, privilege and oppression are not separate concepts, they are intertwined with each other. You can experience different levels of oppression and privilege depending on the situation, your identities, and how others perceive your communities."

MAC, YOUNG PERSON

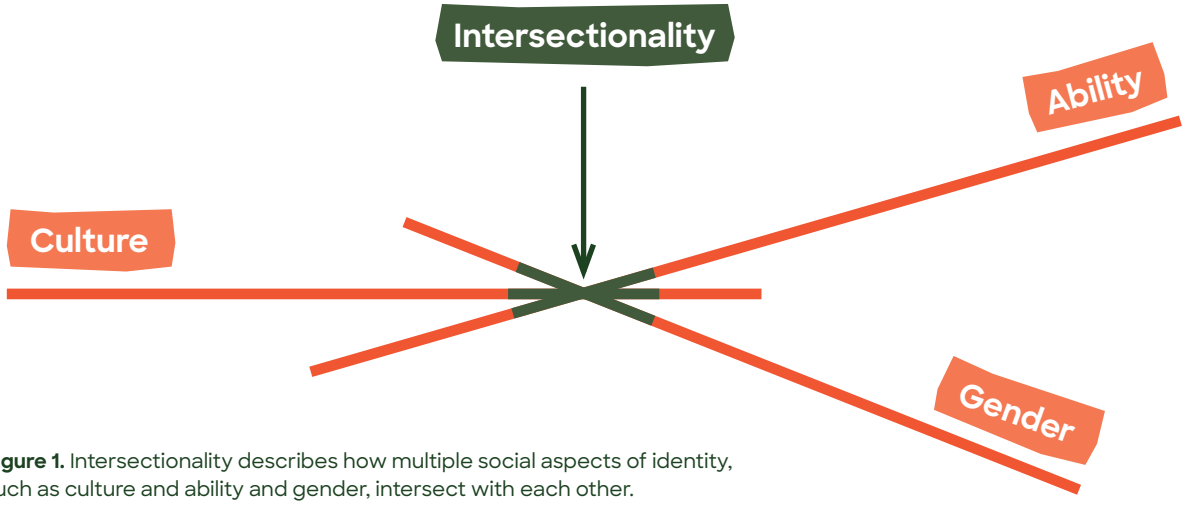


Figure 1. Intersectionality describes how multiple social aspects of identity, such as culture and ability and gender, intersect with each other.

SOCIAL IDENTITY, POWER AND OPPRESSION

To understand intersectionality, it's useful to understand some key concepts related to identity and systems of privilege and marginalisation.

Social identity: the self that is shown to other people; often this involves categories and labels related to visible characteristics such as gender, ethnicity, ability, age, or associations with certain social groups.

Privilege/power: unearned advantage based on social identity.

Oppression/marginalisation: unearned disadvantage based on social identity.

Social systems that create and reinforce power and privilege based on people's social identity include colonialism, patriarchy, and heteronormativity. These create experiences of marginalisation and oppression including racism, sexism, and homophobia. Whenever a system creates power and privilege for some people, e.g. white European men, it also creates marginalisation and oppression for others, e.g. women of colour. These are just some examples, the interaction between systems of power and oppression are complex and can change over time and context.

> "Often, when talking about intersectionality, it is in relation to oppression and discrimination that a minority group faces, but it is important to note that intersectionality is not inherently negative. The only reason it is viewed as such is a result of how society responds to those communities rather than the communities themselves. For example, being gay doesn't cause mental health issues, the way society discriminates against gay people can cause mental health issues."
>
> MAC, YOUNG PERSON

WHAT DOES INTERSECTIONALITY MEAN FOR YOUTH MENTAL HEALTH?

There is extensive evidence to show that, at a population level, the distribution of mental ill-health is not equal.(2) Rather, it follows a social gradient where groups who are less advantaged in terms of power and access to resources experience worse mental health outcomes compared to those who are more advantaged. This pattern relates to experiences with systems of oppression, for instance, racism, ableism, classism, sexism, homophobia and transphobia. These systems of oppression can lead to experiences of structural and individual discrimination, which can increase susceptibility to mental ill-health. They might also influence a person's opportunity, ability and willingness to access mental health care when they need it.

An intersectional lens acknowledges that multiple social identities can lead to multiple marginalisation, which can compound social determinants and increase the risk of mental ill-health. This idea has been described as multiple jeopardy.(3)

Intersectional identity is, however, not inherently negative. Available research suggests that the interaction of multiple social positions can have different effects on mental health.(4) This means that intersections are not necessarily additive in terms of negative impact on mental health. In fact, social categories may interact in certain ways to help support wellness. The term positive intersectionality has been used to explore the way multiple, marginalised identities are identified, embraced and used to strengthen resilience and connect with others to fight for social justice. Connection to a community with shared lived experiences can reaffirm and contribute to maintaining a positive self-image and general well-being.(5) More research is needed to fully understand how mental health patterns emerge across intersectional positions, and how positive intersectionality can be used to improve mental health outcomes.

> *Using an intersectional lens means taking a holistic approach to understanding individual experiences, and how social identities, positions and forces interact in a person's life.

WHAT DOES INTERSECTIONALITY MEAN FOR PRACTICE?

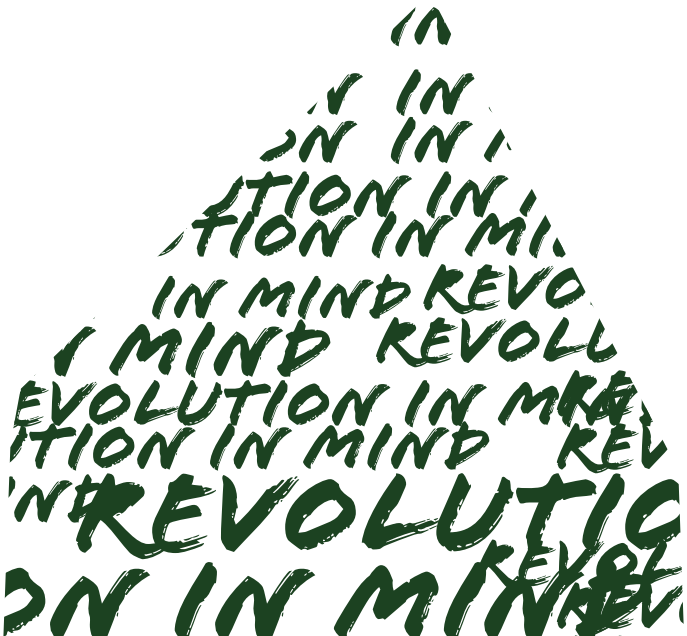
Working with an intersectional framework can help the youth mental health workforce to support young people with multiple intersecting identities.

PERSON-CENTRED CARE

Person-centered care sees young people as partners in care. It involves individualising responses and care, recognising that every young person is unique.

Intersectionality strongly aligns with a person-centered, holistic approach to mental health care. To consider the interactions between aspects of identity across multiple social categories is to see someone as a whole person. Taking an intersectional approach involves recognising all aspects of a young person's identity that might interact to increase risk or resilience to mental ill-health. An exploration with a young person on how they understand their intersecting identities, how it has played out in multiple settings and ways to navigate their identities can assist them to construct a holistic self-image that embraces intersecting, marginalised identities.

Person-centered care should also be reflected in the systems that support young people's mental health. Although there are benefits of having some specialist services aimed at specific communities, for instance, refugee health services and Aboriginal and Torres Strait Islander health services, generalist health and mental health services must have access points, processes, structures and workforces with appropriate skills and knowledge that support diverse communities. This will help to prevent young people from disengaging from services that are thought to be 'not for them' if they identify with multiple community groups. Exercising cultural humility and not imposing one's own knowledge, values, and identity onto others can foster a service whereby young people feel heard, valued, and recognised without being forced to choose one identity at the expense of sacrificing another.



INCLUSIVE AND AFFIRMATIVE CARE

Intersectionality focuses on the experiences of people from historically oppressed communities, highlighting the need for inclusive care that draws on cultural safety and humility.

Cultural safety emphasises providing a safe environment where identities are recognised, respected, and embraced so individuals can be comfortable with who they are without their identities being questioned, attacked, or denied.(6)

To implement cultural safety, mental health services and practitioners are to first and foremost acknowledge that their own identity, including power and privileges, have shaped their understanding and construction of the world and people around them. To exercise cultural safety is to practice cultural humility. Cultural humility is the process of learning about our own culture and beliefs as well as the significant cultural issues of others.(7) Cultural humility focuses on reflection on our own values and biases.

Taking an intersectional approach can support cultural safety and humility by building an understanding of how multiple marginalisation can affect a young person's risk and resilience for mental ill-health, as well as supporting reflection on our own social identities and how our practice has been shaped by social norms created by power structures.

> "I think it is really crucial to note that the systems put in place to support mental health have historically not been designed to fully support those coming from minority groups. Acknowledging this allows for professionals to hear what people with intersectional identities are saying more clearly and with an open mind, to put aside bias they may have subconsciously learned when being trained a certain way."

FINN, YOUNG PERSON

TRAUMA-INFORMED CARE

Intersectionality focuses on social categories that have been historically marginalised and many of these communities still experience oppression today. Trauma-informed care recognises the pervasive impacts of oppression through the traumatic stress experienced by individuals and collectively by communities, and that trauma can emerge from experiences of oppression in a range of ways, including through abuse, violence, loss, neglect, disaster and systems.(8) Importantly, this can include traumatic experiences accessing healthcare either as an individual or as a community, where young people have felt their intersectional voices and experiences have been diminished or ignored.

Mental health professionals should be aware that the trauma experienced from pervasive and persistent systems of marginalisation is qualitatively different to other forms of trauma associated with more acute events or that is not directly connected to sense of self through identity.(9) Systems of oppression such as racism, heterosexism, classism, religious intolerance and ableism, are continued realities of the world today. An intersectional approach to trauma-informed care recognises that young people can be exposed to trauma from these systems directly or indirectly through their communities, and that the continued realities of these systems represent an ongoing threat. An intersectional trauma-informed approach can support health professionals and services to take active steps to avoid re-traumatisation of marginalised communities, by recognising power differentials and providing affirmative, inclusive and culturally safe care.

Intersectionality and trauma-informed practices aim to move beyond identifying trauma and oppression, to applying this knowledge to transform oppressive systems that lead to traumatic experience. Both approaches recognise that systems change is necessary to promote health equity.

> "It's important to acknowledge the difference between trauma caused by oppressive systems compared to trauma that isn't associated with how society treats a community or person. The recovery will look different and treatment needs to be different too."

MAC, YOUNG PERSON

HUMAN RIGHTS-BASED CARE

Intersectionality provides an opportunity for the mental health system to bring social justice and equity to the forefront by focusing on a diverse range of social determinants of health. In doing so, mental health services and practitioners can start the process of examining and deconstructing power inequities that exist within their system, and use human rights and social justice principles to create a practice that advocates for, and strengthens young people's agency for resilience and self-determination.

Intersectionality can also help define clinical roles as rooted in advocacy and following principles of equity. Mental health professionals can be an ally to young people with intersectional identities, while also working collaboratively to build and strengthen young people's agency. Taking an intersectional approach to service delivery recognises that systems of oppression interact at the individual level in complex ways. Intersectionality brings human rights into focus, which can help to create opportunities for promoting the well-being of all young people and end the system of oppression and injustice based on their intersectional identities.

> "A mental health service that is actively working to dismantle the inequalities within their system allows for the patient to feel more comfortable and safer allowing for better outcomes from the service."

MAC, YOUNG PERSON

STRENGTHS-BASED CARE

Although intersectionality highlights systems of oppression, taking an intersectional approach can help mental health workers to acknowledge the strength, courage and resilience of young people accessing support for their mental health.

Taking an intersectional approach that recognises and celebrates these positive aspects of identity can help to create safe spaces for young people to express the full range of their identity. This includes supporting a sense of belonging and connection to communities of choice. Using an intersectional lens with a person-centred and strengths-based approach recognises that identifying in a specific way does not always mean someone will be or needs to be an active member of that specific community. For instance, for culturally diverse LGBTIQ+ young people, an exploration into strategies to navigate their intersectionality in different settings, including the family, cultural community and the LGBTIQ+ communities, can assist them to identify, reaffirm, and connect with multiple communities as a form of resilience. Supporting a young person's choice in how they navigate their intersectional identity can help them to draw their own strength from these experiences.

> "Super important! For a service to be good the young person MUST be able to feel as if they can express every and any aspect of their identity."

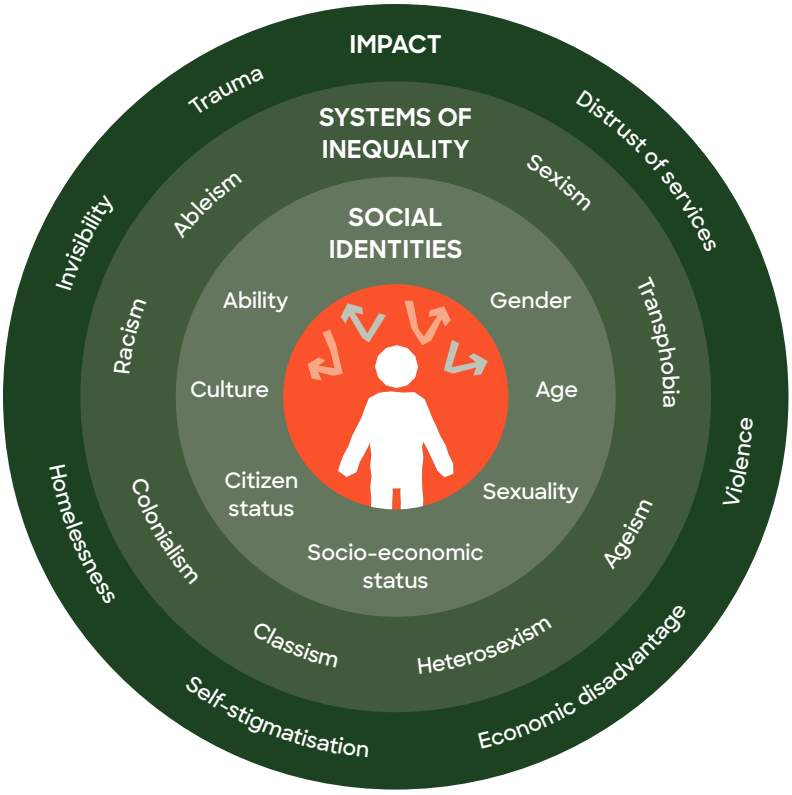
MAC, YOUNG PERSON

REFLECTIVE EXERCISE

Working with an intersectional lens requires genuine and constant self-reflection. Sometimes this means being uncomfortable with what we don't know about ourselves and about others.

The following questions are designed to help you reflect on your own experience, using an intersectional lens. Thinking about your own identity, consider:

- How has the intersectional framework helped you to understand your identity?
- How are you positioned in relation to the dominant ideology and power structures?
- What privileges do you carry into your practice?
- What do you need to let go of to exercise cultural humility?
- What can you do to recognise intersectionality in the young people that you are working with?
- What can you do to establish a meaningful dialogue with young people to assist them embracing and navigating their intersectionality in different settings?
- What can you do in your own service/ organisation to dismantle these power imbalances?



> "I think the fact that professionals are in a position of power is often overlooked and is key to note, especially when encouraging self-reflection."

FINN, YOUNG PERSON

Figure 2. Intersectionality is a framework to understand how the social aspects of someone's identity can intersect at the individual level to reflect systems of privilege and marginalisation at the societal level, leading to lived experiences of discrimination. This illustration, adapted from the Victorian Government Diversity and Intersectionality Framework, provides some examples but there are many other elements to identity and types of lived experience.

CASE STUDY

The following case study is designed to help you begin applying the knowledge you've gained from this fact sheet. When reading this case study, consider:

- the different social categories adding to the young person's intersectional identity;
- how these aspects of identity are adding to the young person's risk of mental ill-health; and
- how these aspects of identity are adding to the young person's resilience.

Paul is a trans-femme 16-year-old of Egyptian descent, who was assigned male at birth. Paul's pronouns are she/her/hers. Paul was born in Australia and lives with her family. Paul is currently on the waitlist of the gender clinic at a major metropolitan health service. Paul is engaged in specialist education and mental health services due to a mild intellectual disability and a diagnosis of bipolar disorder. Paul's mental health is currently stable, and she has been able to make a few friends at school, pursue her interests and attend school.

Paul's family is supportive of her gender identity, however they worry that her relationship to gender is related to her mental health difficulties, given these difficulties emerged around the same time as her trans-femme identity. They also have concerns about how the cultural community might exclude Paul because of her gender identity. Despite this, her family attempt to use Paul's correct pronouns and encourage Paul to dress how she feels comfortable. Paul describes her family as supportive. Psychoeducation has also been provided to Paul's school, which is also supportive. Paul has mentioned several times that people often ask her where she is from, even though she was born in Australia.

Paul has identified personal goals related to self-esteem and building her confidence. Paul's favourite activities include spending time with her cousins, and making electronic music after school.

Reflecting on this case study, consider the following:

1. Using the intersectional lens, what are some power structures that can contribute to Paul experiencing marginalisation in society?
2. What power structures within your service/practice can create a barrier to providing a culturally safe environment for Paul?
3. Using a practice of unlearning, what can you communicate to Paul to create safety?
4. Using a cultural humility framework, what can you implement to establish collaboration with Paul in navigating her intersecting identities?
5. Using a positive intersectionality lens, what conversation can you have with Paul to meet her goal of building resilience and self-esteem?

RELATED RESOURCES

- Orygen suite of resources: Trans and gender diverse young people
- Orygen suite of resources: Cultural diversity and mental wellbeing

ADDITIONAL RESOURCES

- LBGTIQ Intersect
- Australian LGBTIQ Multicultural Council

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ACKNOWLEDGEMENTS

Orygen would like to acknowledge the following people and organisations for their significant contribution to developing and reviewing the content of this resource:

- Ashleigh Lin, Telethon Kids Institute
- Budi Sudarto, Ananda Training and Consultancy
- Finn Duff, young person
- Mac Zamani, young person
- Penelope Strauss, Telethon Kids Institute
- Rory Blundell, Zoe Belle Gender Collective
- Yamiko Marama, Orygen

Orygen would like to acknowledge everyone who helped to develop the overall content area, approach, and processes to develop this resource: partners at Telethon Kids Institute, the combined lived and professional expertise of a dedicated Expert Working Group, a brilliant group of youth advisors and family advisors, and additional consultation with a range of experts in gender diversity and youth mental health.

More information about the collaborative process of developing this resource can be found in our case study: Collaborative development of gender diversity and youth mental health resources.

Suggested citation Fact sheet: Intersectionality and youth mental health. Melbourne: Orygen; 2021.

Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to First Nations people living today.

Stock photography has been used in this publication, models are not Orygen clients.

Orygen is funded by the Australian Government Department of Health.

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