



DisAbled Women's Network of Canada  
Réseau d'action des femmes  
handicapées Canada

# Parliamentary Brief

## **There is No Health without Mental Health**

**Prepared for the Standing Committee on the Status of Women /  
Comité permanent de la condition féminine  
House of Commons / Chambre des communes**

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Submitted by  
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## ABOUT THE DISABLED WOMEN'S NETWORK (DAWN) CANADA

The DisAbled Women's Network (DAWN) Canada is a feminist cross-disability human rights organization that works to address systems of oppression. We focus on addressing issues of disability through our four pillars of research, education, policy and advocacy. We amplify the voices of women and girls across the gender spectrum through an intersectional lens.

DAWN's mandate is to end the poverty, isolation, discrimination and violence experienced by women and girls with disabilities and Deaf women living in Canada and promote the advancement and inclusion of women and girls with disabilities and Deaf women by creating change at a systemic level. As a result of our longstanding advocacy in these areas, DAWN Canada has significant knowledge about the intersection of race, gender, and disability in experiences of discrimination.

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## Introduction

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Mental health is a prevalent theme in the lives of young women and girls and has grave implications on both their personal and professional lives. The dominant discourse in mental health has been disseminated by way of the bio-medical model which is Eurocentric in nature. This has created instances where vulnerable and racialized women and girls experiencing mental health issues are stigmatized, experience disparities in treatment and mental healthcare, and are faced with barriers accessing resources and social support. The lack of consideration for cultural differences, intersections of identities and social locations, and systemic inequality, further disadvantages marginalized communities.

## Mental Health & Disability

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There are several aspects of young women and girls' identities and experiences that have grave implications on their mental health, one of which being the correlation between disability and the onset or occurrence of mental health issues. According to Statistics Canada, 24% of young women and girls are living with a disability<sup>1</sup> and they are a critically disadvantaged and underprivileged group that face intersecting oppressions such as “disproportionate rates of poverty, violence, incarceration, and discrimination,” compared to their male and/or able-bodied counterparts, which creates a catalysis for mental health issues.<sup>2</sup>

As demonstrated in a study conducted by Chaudhury et al. (2006), disability correlated with mental illness was seen as being a prime contributor to the global burden of disease, and was closely associated with psychiatric disorders, such as “schizophrenia, bipolar affective disorder, anxiety disorders, depression, obsessive–compulsive disorder, dementia, and mental and behavioral disorders.”<sup>3</sup> The study concluded that individuals with disabilities who also experience mental health issues experience greater difficulties in the areas of self-care, interpersonal relationships, communication and understanding, and work functioning.<sup>4</sup> Furthermore, in recent Disability focus groups facilitated by myself and colleagues for a project named “Engendering Disability-Inclusive Disability,” similar correlations were made by the participants. For this project, researchers and organizations from around the world have come together with the goal of amplifying the voices of diverse women, girls, non-binary, and gender non-conforming individuals with disabilities, such as Indigenous, Black, racialized, Deaf, and those with lived experience

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<sup>1</sup> <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018002-eng.htm>

<sup>2</sup> Canadian Feminist Alliance for International Action (FAFIA) and DisAbleD Women's Action Network - Réseau D'Action des Femmes Handicapées du Canada (DAWN Canada) (2017). *Women with Disabilities in Canada: Report to the Committee on the Rights of Persons with Disabilities on the Occasion of the Committee's Initial Review of Canada*. Retrieved from [https://fafia-afai.org/wp-content/uploads/2017/02/FAFIA\\_DAWN\\_CRPD2017.pdf](https://fafia-afai.org/wp-content/uploads/2017/02/FAFIA_DAWN_CRPD2017.pdf)

<sup>3</sup> Chaudhury, P. K., Deka, K., & Chetia, D. (2006). Disability associated with mental disorders. *Indian journal of psychiatry*, 48(2), 95–101. <https://doi.org/10.4103/0019-5545.31597>

<sup>4</sup> Chaudhury, P. K., Deka, K., & Chetia, D. (2006). Disability associated with mental disorders. *Indian journal of psychiatry*, 48(2), 95–101. <https://doi.org/10.4103/0019-5545.31597>

of institutionalization/foster care. In these focus groups, participants highlighted the implications their disabilities had on their ability to navigate the systems that envelope them, and that the barriers and challenges they faced further caused the deterioration of their emotional and mental state, most of which being diagnosed with severe mental health disorders.

## **Race-based Trauma & Mental Health**

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Another aspect of young women and girls' identities that is paramount to their mental health is race and the prevalence of race-based trauma. Race-based trauma (or race-based traumatic stress injury) is defined as an “emotional or physical pain or the threat of emotional or physical pain stemming from racism in the form of harassment, discrimination or discriminatory harassment (aversive hostility)”(Carter, 2007)<sup>5</sup>. 35% of Black and Indigenous women and girl in Canada live with a disability<sup>6</sup> and empirical evidence has drawn a connection between racism and substandard mental health<sup>7</sup>. According to Carter (2006) empirical evidence has drawn a connection between racism and poor mental health, and demonstrates that racism is traumatic and jeopardizes the mental health of persons of color. There are several types of racism that cause race-based trauma, which can be found at the systemic, structural, and institutional levels, as well as in contexts of oppression.<sup>8</sup>

Furthermore, systemic inequalities affect the way certain marginalized communities access resources and social support. According to Fante-Coleman et al. (2020), “Black children and youth in Canada face disproportionate challenges in accessing mental healthcare”<sup>9</sup>. This creates a basis where mental health issues are further compounded by the psychological stress of systemic racism. Fast et al. (2010) identified that attempts have been made by various researchers to measure the relationship of perceived discrimination with other mental health outcomes such as depression, suicide attempts and alcoholism among Indigenous individuals. The studies found that discrimination was correlated with higher alcohol use and suicide attempts and protective factors such as involvement in traditional activities disappeared when respondents had suffered from high levels of perceived discrimination<sup>10</sup>. Gran-Ruaz et al. (2022) also found that Black Canadians experience poor mental health outcomes due to race-based trauma, as well

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<sup>5</sup> Carter, R. T. (2007). Racism and psychological and emotional Injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, 35, 13-105.

<sup>6</sup>[https://dawnCanada.net/media/uploads/page\\_data/page64/DAWN\\_Canada\\_Recommendations\\_for\\_the\\_NAP\\_to\\_end\\_GBV.pdf](https://dawnCanada.net/media/uploads/page_data/page64/DAWN_Canada_Recommendations_for_the_NAP_to_end_GBV.pdf)

<sup>7</sup> Carter, R. T. (2006). Race-based traumatic stress. *Psychiatric Times*, 23(14), 37-37.

<sup>8</sup> *ibid.*

<sup>9</sup> Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review*, 5(2), 115-136.

<https://doi.org/10.1007/s40894-020-00133-2>

<sup>10</sup> Fast, E., & Collin-Vézina, D. (2010). Historical trauma, race-based trauma and resilience of indigenous peoples: A literature review. *First Peoples Child & Family Review: An Interdisciplinary Journal Honouring the Voices, Perspectives, and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*, 5(1), 126-136.

as disparities in access to quality mental health care resulting from implicit racial bias.<sup>11</sup> Overall, this is particularly concerning as Medical Assistance in Dying is being extended to individuals with mental health disabilities and may be extended to youth in the future.

## **Mental Health & Young Women: Disturbing Statistics**

According to Statistics Canada<sup>12</sup> "the most common type of disability among youth was mental health related (8%). This represented about 60% of the more than half a million (546,410) youth aged 15 to 24 with a disability. Young women are over-represented in this number; of 325,670 youth, 213,630 were young women, or 65% of the sample.

Our critical analysis of systems of oppression also leads us to identify that young Indigenous individuals have higher suicide rates than the rest of Canadian society. In 2007, the Indigenous Healing Foundation<sup>13</sup> reported that "one-third of all deaths among indigenous youth are attributable to suicide." A recent 2018<sup>14</sup> U.S. study also shows that the consequences of racism particularly affect the health of young black children, who have the highest rate of suicide among younger children.

## **Girls and Young Women at the Crossroads of Oppressions: The Correlation between Systemic Inequities and Mental Disability**

In May 2020, we produced our report *Girls Without Barriers*<sup>15</sup> which, based on an intersectional analysis, focused on the various social issues faced by girls and young women with disabilities in Canada. By placing the most marginalized girls and young women in society at the center of our concerns, we found that the Canadian social system is responsible for producing and worsening the mental health of girls and young women at the intersection of oppressions. This has led us to identify new situations, rarely addressed in the public and political space concerning mental health. We will therefore address three non-exhaustive sub-themes:

### **1) Girls and young women awaiting status, detentions and administrative violence:**

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<sup>11</sup> Gran-Ruaz, S., Feliciano, J., Bartlett, A., & Williams, M. T. (2022). Implicit racial bias across ethnoracial groups in Canada and the United States and Black mental health. *Canadian Psychology/Psychologie canadienne*. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018002-eng.htm>

<sup>12</sup> Findlay, Leanne. 2017. Depression and suicidal ideation among Canadians aged 15 to 24. Statistique Canada. Repéré à <https://www150.statcan.gc.ca/n1/pub/82-003-x/2017001/article/14697-fra.html>

<sup>13</sup> Fondation autochtone de guérison, 2007. Suicide chez les Autochtones au Canada. <https://www.fadg.ca/downloads/le-suicide.pdf>

<sup>14</sup> Bridge, JA et al. 2018. "Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015". *JAMA Pediatrics*. 172(7), p. 697–699.

<sup>15</sup> Alimi Sonia, Bassily Nelly. 2020. Filles sans barrières : analyse intersectionnelle sur les filles et jeunes femmes en situation de handicap au Canada, 1re édition, DisAbled Women's Network of Canada / Réseau d'action des femmes handicapées du Canada. DAWN Canada.

During the 2018-2019 year, the Canadian Council for Refugees<sup>16</sup> deplored the presence of children in detention centers where more than 118 children were held. An open letter signed by more than 2,000 health professionals from across Canada points out that these detention conditions will have a negative impact on their health, and could result in disability. The letter<sup>17</sup> states: Canadian research and reports have repeatedly shown that detention, even for short periods, has serious mental health consequences for both adults and children, including high levels of depression, anxiety and post-traumatic stress disorder in adults. Children also experience severe symptoms such as developmental regression, sleep disorders, anxiety and depression.

## **2) Self-esteem and body image of girls and young women with disabilities:**

A study shows<sup>18</sup> that "girls, boys and adolescents with mild physical disabilities perceive themselves as less competent not only in terms of their physical abilities, but also [...] in terms of their appearance and social life". This study also shows that feelings of body dissatisfaction experienced during adolescence can have serious consequences in adulthood. This feeling of inferiority creates "poor self- and body-image" which limits their social interactions, isolates them and influences their mental health.

In addition, racialized girls and young women with disabilities (living in the West) are at greater risk for low self-esteem. Indeed, U.S. research<sup>19</sup> on Black girls' self-esteem shows that some Black girls "depend on white norms to define their identity, develop negative feelings about being Black, and [have] low self-esteem." It is also important to note that transgender children who experience conflict between their body appearance and their identity are also at greater risk for developing mental health-related disabilities. A 2016 U.S. study<sup>20</sup> specifically on this topic indicates that trans children are highly affected by anxiety and depression. In a societal context where many systemic oppressions are unfolding, girls with disabilities at the intersection of different identities will face more obstacles in building a strong and positive self-image or self-esteem.

## **3) Disordered eating:**

Low self-esteem also impacts psychological well-being and can lead young women to develop risky behaviors. Research shows that young women with disabilities are the

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<sup>16</sup> Conseil canadien pour les Réfugiés. 2019. "Le CCR demande au Canada de mettre fin à la détention des enfants aux fins d'immigration". Repéré à <https://ccrweb.ca/fr/media/mettre-fin-detention-enfants-2019>.

<sup>17</sup> Mettre fin à la détention des immigrants. Juin 2017. Lettre ouverte à destination de l'honorable Ginette Petitpas Taylor, ministre de la Santé; de l'honorable Ralph Goodale, ministre de la Sécurité publique et de la Protection civile; de l'honorable Ahmed D. Hussen, ministre de l'Immigration, des Réfugiés et de la Citoyenneté, et du très honorable Justin Trudeau, premier ministre du Canada. [endmigrantdetention.wordpress.com/](http://endmigrantdetention.wordpress.com/)

<sup>18</sup> Miyahara, Motohide et Jan Piek . 2006. "Self-Esteem of Children and Adolescents with Physical Disabilities: Quantitative Evidence from Meta-Analysis". *Journal of Developmental and Physical Disabilities*, 18(3), p. 219-234.

<sup>19</sup> Buckley, Tamara R. and Robert T. Carter. 2005. "Black adolescent girls: Do gender role and racial identity impact their self- esteem?" *Sex Roles*, 53(9–10), p. 647–661.

<sup>20</sup> Olson, Kristina et al. 2016. "Mental Health of Transgender Children Who Are Supported in Their Identities". *Pediatrics*, 137(3), p. 2.

group with the highest prevalence of eating disorders. In addition, the research specifies that the transition from adolescence to adulthood is the period of greatest risk. The sense of dissatisfaction with their bodies, as well as the many changes associated with this period, particularly lead girls to experience depressive episodes. A study in Canada<sup>21</sup> shows that there is a high prevalence of eating disorders in girls aged 5 to 12. In fact, of a total of 161 cases, 138 were girls, 22 were boys and one child indicated that he was of neither sex. In addition, an American study<sup>22</sup> shows that the prevalence of eating disorders in children aged 5 to 12 is high. A U.S. study also found that young women with disabilities are at increased risk of being affected by this problem. The survey found that of 71 young women with physical disabilities (average age 23) surveyed, 8% had eating disorder symptoms.

## **Recommendations**

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- Dismantling racial structures and colonial undertones that permeate various systems and negatively impact the mental health of young racialized girls and women with disabilities, by adopting anti-oppressive approaches in policy, legislation, and programming. This consists of inviting services users full participation, respectful egalitarian empowering terminology, deconstructing medical model and encouraging alternatives, just working relationship, promoting mental health education to vulnerable populations, embracing cultural diversity, promoting principles of social justice.
- Educating health and social service professionals on the intersectionality of mental health.
- Removing barriers to income security, employment, education, safety, health, and other human rights for young women and girls living with disabilities in Canada.
- A review of how MAID impacts racialized and equity-seeking groups labelled with mental illness. Specifically, engaging with individuals with lived experience of these equity seeking groups
- Apply and respect the international human rights of children without distinction of their race, their capacities, their genders.

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<sup>21</sup> Pinhas, Leora et al. 2011. "Incidence and age-specific presentation of restrictive eating disorders in children. A Canadian paediatric surveillance program study" *Archives of Pediatric and Adolescent Medicine*, 165(10),p. 895-89

<sup>22</sup> Gross, Susan et al. 2000."Young women with physical disabilities: Risk factors for symptoms of eating disorders". *Journal of Developmental and Behavioral Pediatrics*, 21(2), p. 87–96.

- Prevent the social consequences of ableism, racism, colonialism which impacts on several levels the mental health of girls and young women with disabilities at the crossroads of oppression
- Fund projects that highlight positive role models of girls and young women with disabilities in the media, school materials, etc.

## **Conclusion**

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In view of the elements that we have highlighted in this brief, we understand that the mental health situation of girls and young women with disabilities is alarming. We also know that the COVID-19 pandemic has greatly worsened the situation, increased social disparities and further marginalize girls and young women with disabilities. We call on the House of Commons to put at the center of their analysis the girls and young women most impacted by mental health issues, girls and young women who are indigenous, black, racialized, and without status. There can be no health without considering mental health, there can be no inclusive practice without putting the most marginalized social groups in Canadian society at the center of your concerns.