

# Integrating Intersectional Perspectives into Substance Use Health and Mental Health Services



In March 2024, CAPSA responded to a call to action from the community to address and speak to the experience of multiple intersecting forms of discrimination and substance use stigma from the perspective of service providers we have trained. CAPSA co-hosted participants from across 56 service provider organizations at a summit to discuss pathways to care for those who experience multiple systemic barriers when seeking Substance Use Health and Mental Health care. The day was co-designed with community stakeholders, caregivers, people who use services, and those who identify with more than one of these categories. The planning involved multiple engagements, (virtual, written, survey and in-person) over one year. The summit highlighted key differences in how multiple forms of intersecting discrimination, equity, anti-racism and colonialism were understood, which provided rich opportunities for participants to share their own experiences and those of the communities they serve. The conclusions reinforced the need for action, rather than further discussion; collaboration; humility; integration of care pathways; compassion; better processes for integrating client perspectives; and more education. The following represents the shared product of the work done with participants over the course of the summit.

## People and Power: Integrating Client Perspectives More Effectively

To address barriers to health equity, participants discussed the need to first integrate intersectional experiences (i.e. experiences that reflect multiple forms of inequality or discrimination, compounded and reinforced by dominant systems of power) into Substance Use Health and Mental Health services. Participants began by considering how service providers interact and connect with clients. Examining these interactions can reveal stigmatizing and discriminatory practices that negatively affect health outcomes for clients. These practices must be addressed as systemic barriers that fundamentally prevent equitable healthcare access. With clients this involves prioritizing person-first and person-centered care, which promotes autonomy and self-determination. Redistributing organizational power and resources to support community-led solutions can yield key insights to dismantle barriers and improve care. As part of community-led solutions, it is essential to engage people with lived and living expertise when trying to generate system level change. Creating opportunities for co-design and co-leadership with people with lived and living experience can meaningfully incorporate client perspectives into service delivery. This requires establishing trust that these opportunities will be equal partnerships, with accountability regarding how feedback will be utilized. Within organizations, leadership and staff must model authenticity, humility, and respect to garner the trust required to engage with the community and integrate their experiences for equitable care.

## Collaboration and Collective Advocacy Within Service Systems

Collaborative, integrated care can further support reducing systemic barriers. Collaboration among service providers can streamline access to care and improve service quality. Between service providers, collaboration also serves to avoid service duplication and identify gaps within the current system. Sharing knowledge through existing relationships and building new relationships on an ongoing basis can advance mutual goals, streamline service delivery, and create an integrated system of providers in a community. Trust is fundamental for effective collaboration, emphasizing the need for reciprocity and respect among organizations, communities, and service providers. To support this level of trust and co-operation, collaborative system technology to facilitate referrals and share information while protecting confidentiality would overcome current barriers.

# Putting Insights Into Action

## Implementing Organizational Change

Organizational change begins by fostering adaptability, trust, and inclusivity within organizations. When trying to change organizational culture, it is crucial to examine the relationships between people and policy. Trust and information flow between leadership and frontline staff is critical to enact change. Resistance to change can be addressed by easing anxiety about new processes or systems, providing space to grieve structures that took effort to establish but no longer serve our needs, and celebrating the small gains being made along the way. We must call out systems of power within our organizations and communities when attempting to bring about change. Soliciting feedback from clients and staff can serve as a starting point. Strategies like establishing EDI policies and forming quality improvement committees can provide further steps. Ultimately, organizational change requires a culture of trust, transparency, and shared goals for improvement.

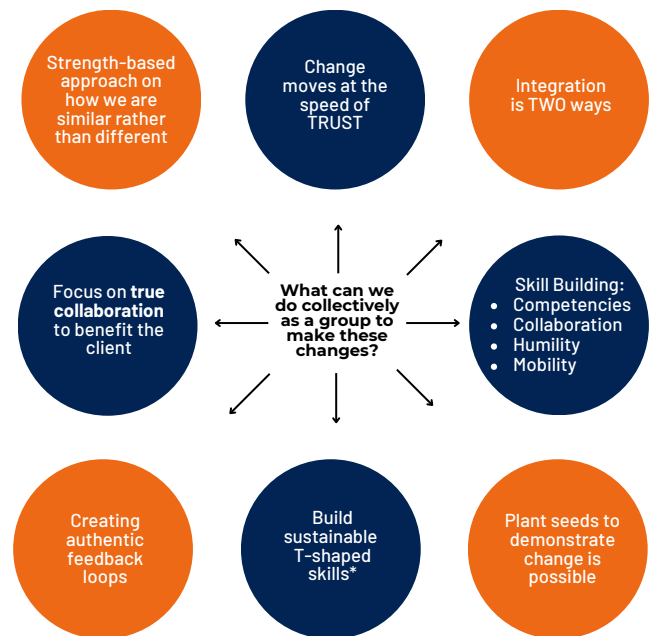
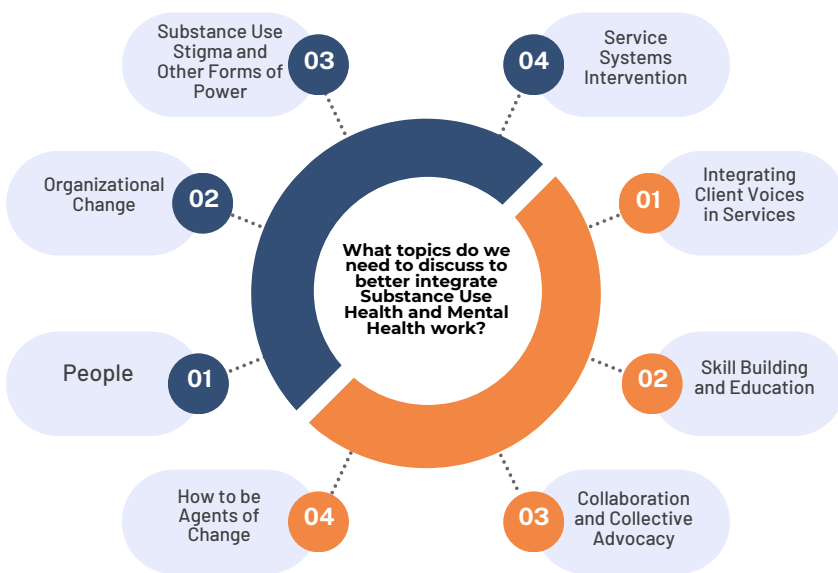
## Skill Building and Education

Education, training, and skill building are key tools to drive organizational change. Opportunities for ongoing learning must be made accessible for all, regardless of experience level or role within the organization. It is vital to acknowledge that learning is ongoing and that supportive environments are necessary to facilitate continued education. Strategies such as incentivizing training, learning from other organizations on their equity journeys, and utilizing existing resources tailored to relevant organizational contexts can further support moving equity forward. Education, spanning from frontline staff to executive leadership, is essential for promoting an equity lens throughout the organization and driving organizational change.

To learn more about Substance Use Health and the impacts of stigma, visit [Stigma Ends With Me: Deepening The Practice at www.capsa.ca/training](http://www.capsa.ca/training)

# Co-Designing Change: Intersectional Stigma, Anti-Racism and Health Equity

**DIFFERENT PERSPECTIVES + SHARED GOAL + SHARED POWER = BETTER SOLUTIONS**



## “Non-Acceptance of Harms, Together”



Sharing authority, resourcing equitably



Supporting community and lived expertise



Using our collective power for change



Establishing accountability – did we get it right?

## Next Steps:

*Did we get it right?*

- Accountability in practice
- Integration into strategies and education

Based on the Intersectional Stigma, Anti-Racism, and Health Equity Summit graphic originally produced by The Royal Ottawa Mental Health Centre, March 2024

\*T-shaped skills reflect an individual’s expertise or knowledge of a given field on the vertical line, with the horizontal line representing cross-discipline competencies.