

Unmasking Gender Inequity: Spotlight on Women's Mental Health

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The mental health implications of the COVID-19 pandemic are staggering; public health countermeasures have caused secondary impacts including isolation, job loss, increased caregiving responsibility, and increased risk of exposure to the virus due to the gendered nature of work.

Women are shouldering many of these burdens, and their mental health is suffering.

Spotlight on Women's Mental Health is the BC Women's Health Foundation's second piece in their new series,

<u>Unmasking Gender Inequity</u> - revealing the impacts of the COVID-19 pandemic on women's health in BC.

We acknowledge that the BC Women's Health Foundation carries out our work on the traditional, ancestral, and unceded territory of the x^wməθk^wəýəm (Musqueam), Swwú7mesh (Squamish), Stó:lō and Sləíİwətaə/Selilwitulh (Tsleil-Waututh) Nations.

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NEARLY FOUR IN TEN WOMEN (38%) REPORT THEIR MENTAL HEALTH HAS WORSENED SINCE MID-MARCH 2020.

THIS IS REFLECTED IN AVERAGE CLINICAL SCORES OF DEPRESSION AND ANXIETY FOR WOMEN, WHICH HAVE BEEN INCREASING SIGNIFICANTLY SINCE THE ONSET OF THE PANDEMIC IN ADDITION TO MEASURES OF LONELINESS, STRESS AND WORRY.

IT IS ALSO REFLECTED IN MENTAL HEALTH RELATED PRESCRIPTIONS: WOMEN CLAIMED 2.4 TIMES MORE PRESCRIPTIONS RELATED TO ANXIETY, DEPRESSION, OR SLEEPING SUPPORT THAN MEN FROM APRIL TO DECEMBER 2020. YET, OUR SURVEY SUGGESTS OVER 40% OF WOMEN DO NOT HAVE ACCESS TO THE MENTAL HEALTH SUPPORT THEY NEED.

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Recent data suggests these statistics are being replicated across Canada:



10% OF WOMEN REPORTED EXPERIENCING SUICIDAL THOUGHTS/FEELINGS IN SEPTEMBER.

3% OF WOMEN REPORTED DELIBERATELY HURTING THEMSELVES.

WOMEN WERE MORE LIKELY TO INDICATE NEGATIVE EMOTIONS

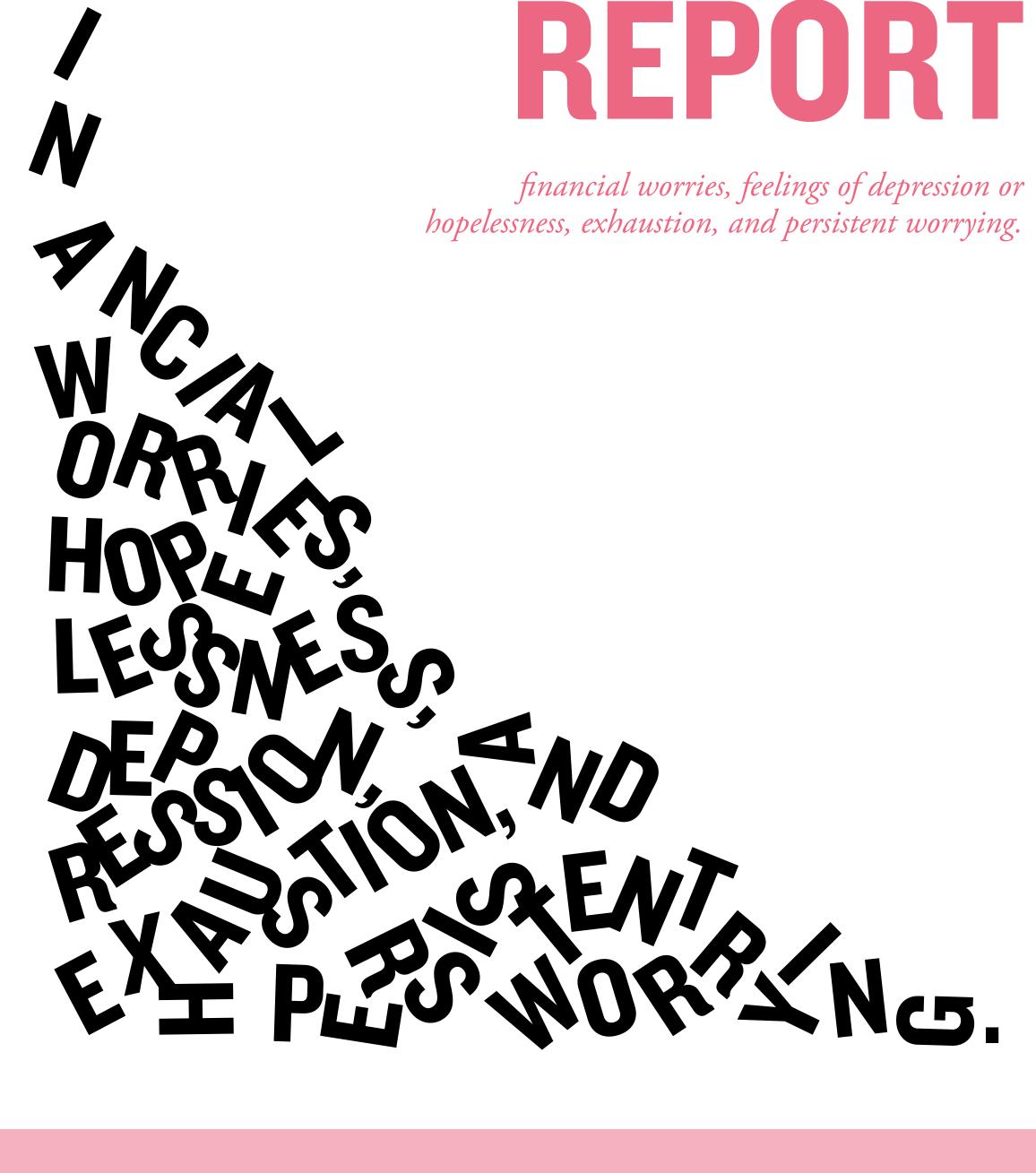


RELATED TO THE COVID-19 PANDEMIC THAN MEN, INCLUDING BECOMING ANXIOUS, WORRIED, STRESSED, LONELY, ISOLATED, BORED, SAD, DEPRESSED, AFRAID, HOPELESS, PANICKED, AND UNPREPARED.

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SIGNIFICANT NUMBERS **OFWONEN** REPORT

financial worries, feelings of depression or



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ADDED LAYERS IMPACTING WOMEN'S MENTAL HEALTH



RACE

Indigenous women and those from a minority community are more inclined to rate their emotional health poorly (27% and 35% more likely respectively) since the beginning of the pandemic.



LGBTQ+

Non-binary and queer people report significantly greater levels of depression, anxiety, loneliness, stress, and worry than cis-men or cis-women.

CAREGIVING

73% of women report negative health outcomes from increased caring for, or concern about, elderly or disabled family members, with anxiety being the main impact.

FINANCIAL INSECURITY

Since the pandemic, financial concerns are affecting nearly half of women (46%) resulting in mental health issues like worry, anxiety, stress and depression.

AGE

Younger women report greater mental health concerns - over 50% of women under age 25 report their mental health as worse than pre-pandemic, compared to 38% overall.

ESSENTIAL WORKERS

72% experienced a change in work -related stress due to the COVID-19 pandemic, two thirds are experiencing worry, anxiety or stress, and two in five are experiencing depression.



OVER 40% OF WOMEN **REPORTED NOT** HAVING ACCESS SUPPORT

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WHAT'S WORKING For women?

Here are the *top four successful strategies* women across Canada are using to successfully cope with stress related to the COVID-19 pandemic:

WALKING OR EXERCISING OUTSIDE

Check out: <u>Best trails in British Columbia</u> CONNECTING WITH FRIENDS

MAINTAINING A HEALTHY LIFESTYLE: GETTING ENOUGH SLEEP, EATING A BALANCED DIET, AND EXERCISING

Check out: <u>BC Healthy Living Alliance</u>

OR FAMILY

Check out: <u>10 ways to connect virtually</u> <u>with family and friend</u>

DOING A HOBBY

Check out: 50 Low-cost Hobbies

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"HAVE HAD **TO CASH** IN RRSPS AND SELL MY CAR TO KEEP **OUR FAMLY** AFLOAT. IWAS WORR WE'D LOSE OUR HOUSE."

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Designed for those living in BC, accessible from anywhere.

N?

Wellness Together Canada offers this <u>five-</u> <u>minute self-assessment</u>.

nh

<u>UBCP/ACTRA</u> offers a full list of BIPOC and LGBTQ+ Mental Health Supports.

Need help immediately? <u>Call the Crisis Line Association of</u> <u>BC</u> at 310-6789 for emotional support, information and resources specific to mental health (no area code needed).

Λ1

Π7

<u>This page</u> on the BC government site offers a list of support for healthcare workers, young people, students, educators, parents, seniors, and more.

N2

Mind Map BC is a custommade database of outpatient mental health services including professional counselling, peer counselling, support groups, and others.

N5

<u>Here to Help</u> offers options for free psychotherapy or counselling.

NR

eMentalHealth offers <u>this list</u> of publicly funded and free services for immigrants and

victims services across BC.

Association of BC offers a

The Ending Violence

comprehensive list of

newcomers.

<u>N</u><u>Q</u>

Bounce Back is a free skillbuilding program designed to help adults and youth 15+ manage low mood, mild to moderate depression, anxiety, stress or worry.

Thank you to the team leading the <u>Assessing the</u> <u>Mental Health Impacts of</u> <u>COVID-19: A National</u> <u>Survey</u> at UBC for their contributions to this resource list.

MENTAL HEALTH SIPPOR

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INDIGENOUS MENTAL HEALTH RESOURCES

NATIVE WOMEN'S ASSOCIATION OF CANADA

The <u>Native Women's</u> <u>Association of Canada</u> has a team of in-house Elders, available Monday–Friday, from 9–11 a.m. EST and 1–3 p.m. EST. CANADIAN INDIGENOUS NURSES ASSOCIATION

The Canadian Indigenous Nurses Association offers <u>this</u> <u>list</u> of resources specific to healthcare workers.

INDIGENOUS MIDWIFERY

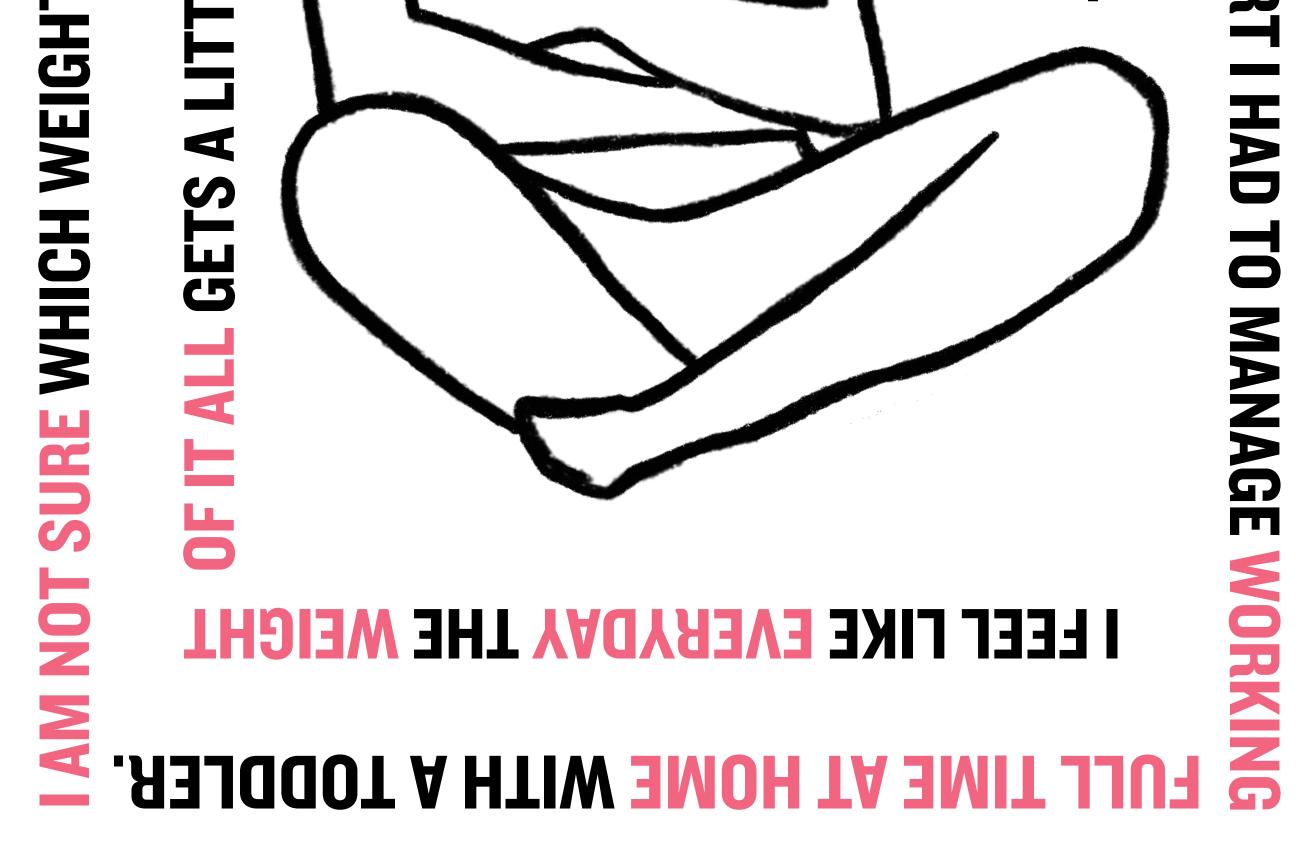
Indigenous Midwifery has developed <u>resources</u> <u>supporting postpartum</u> <u>wellness</u> during COVID-19.

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<u>BC Friendship Centres</u> offers Mindful Mondays, morning wellness webinars.

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WHEN THE PANDEMIC HIT MY CHILDCARE WAS **GONE, AND WITH NO FAMILY SUPPORT AS A MOM, OR THE SHAME I FEEL IN** PERFORMING POORLY IN MY JOB HT IS HEAVIEST - THE GUILT I CARRY TLE HEAVIER.



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WHAT CAN YOU DO?

AS A WOMAN,

VALIDATE

Let these learnings validate the experience. May the experiences from the women across BC assure you that you are not alone.

AS ANYONE,

ADVOCATE

Consider ways you can lift up those around you, practise non-judgemental support, consider sharing your personal story to contribute to

EXPLORE

This list of free, evidence-based resources is available to support and manage your own mental health.

CONNECT

Reach out to someone you trust. Talking about your mental health experience can be an important step towards getting the support you need. destigmatizing mental health.

EDUCATE

Spend time with these facts, consider how they might impact your day-to-day life, and visit *umaskgenderinequity.ca* to learn about more impacts of the COVID-19 pandemic on women's health.

DONATE

Contribute to *the research* that will inform leaders on how to centre women's mental health in pandemic recovery plans.

DATA SOURCES + ACKNOWLEDGEMENTS



We are grateful to Community Savings

Additional BC data is from the Women's Health Research Institute's Rapid Evidence Study of a Provincial Population Based COhort for GeNder and SEx (RESPPONSE) study. We thank Dr. Gina Ogilvie, Dr. Lori Brotto, Dr. Angela Kaida, Dr. Liisa Galea, and their investigative team.

Prescription medication data is from Pacific Blue Cross anonymized paid claims from April - December 2019 and 2020. We thank the Pacific <u>Blue Cross</u> for their ongoing Pillar Partnership with the BCWHF to enable gender-focused collaborations such as this.

Canadian data are drawn from the study Mental health impacts of

<u>Credit Union</u> for generously partnering with us on Unmasking Gender Inequity: Spotlight on Women's Mental Health.

BC data is from a BCWHF commissioned survey of 1,000 women aged 16 and up collected September 2020 and conducted by Mustel Group. We thank the *Pacific* Blue Cross Health Foundation for their financial contribution to this survey.

<u>COVID-19</u> conducted in partnership between the University of British Columbia and the Canadian Mental Health Association. We thank Dr. Corey McAuliffe, Dr. Emily Jenkins, Allie Slemon, Dr. Kimberly Thomson, Dr. Saima Hirani and Dr. Anne Gadermann for their research contributions and resource list.

The term 'women' is used in this piece to reflect self-identified women.

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