



An intersectional analysis of inequalities in young people's mental health within the higher education context

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Social determinants of mental health inequalities

- Mental health trajectories shaped by social group memberships
 - **Sex** (Rosenfield & Smith, 2012; Thorley, 2017)
 - **Socioeconomic status (SES)** (Cosco et al., 2016; McLaughlin et al., 2012)
 - **Sexual identity** (Plöderl & Tremblay, 2015; Russell & Fish, 2016)
 - **Ethnicity** (Stevenson & Rao, 2014)
- Social identities and positions act as proxies for systemic marginalisation (Dhamoon & Hankivsky, 2011; Evans, 2019)
- Disadvantage does not occur along a “single-axis framework” (Crenshaw, 1989, p. 140)

Intersectionality

“Intersectionality is an analytic sensibility, a way of thinking about identity and its relationship to power. Originally articulated on behalf of black women, the term brought to light the invisibility of many constituents within groups that claim them as members but often fail to represent them.”

“If you don’t have a lens that’s been trained to look at how various forms of discrimination come together, you’re unlikely to develop a set of policies that will be as inclusive as they need to be.”



Kimberlé Crenshaw, American lawyer and scholar who founded intersectionality theory

Quantitative approach to intersectionality



Quantitative intersectional approach uses social identities and positions as analytical categories (Codirolí McMaster & Cook, 2019; McCall, 2005)



Additive model

Cumulative effect: social identities and positions act independently

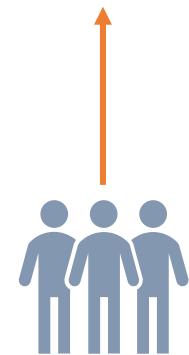
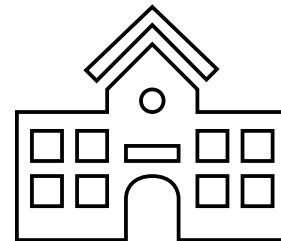
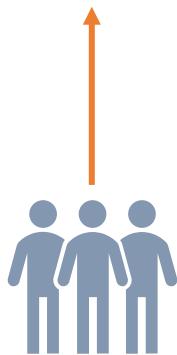
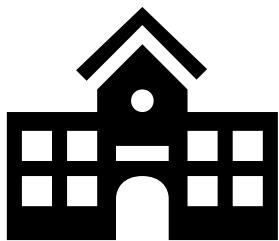


Multiplicative model

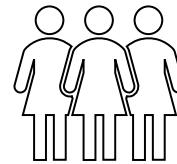
Aggravating effect: there are interactions between identities and positions indicating that characteristics multiply and amplify each other

Intersectional Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA)

Traditional multilevel modelling



MAIHDA



Social
Strata



University as a Social Context

- Third of students reported a lifetime disorder (Auerbach et al., 2018)
- University may play a role in shaping mental health inequalities
- Does the university context shape any **multiplicative** or **additive** effects of social identities and positions on longer-term mental health outcomes?

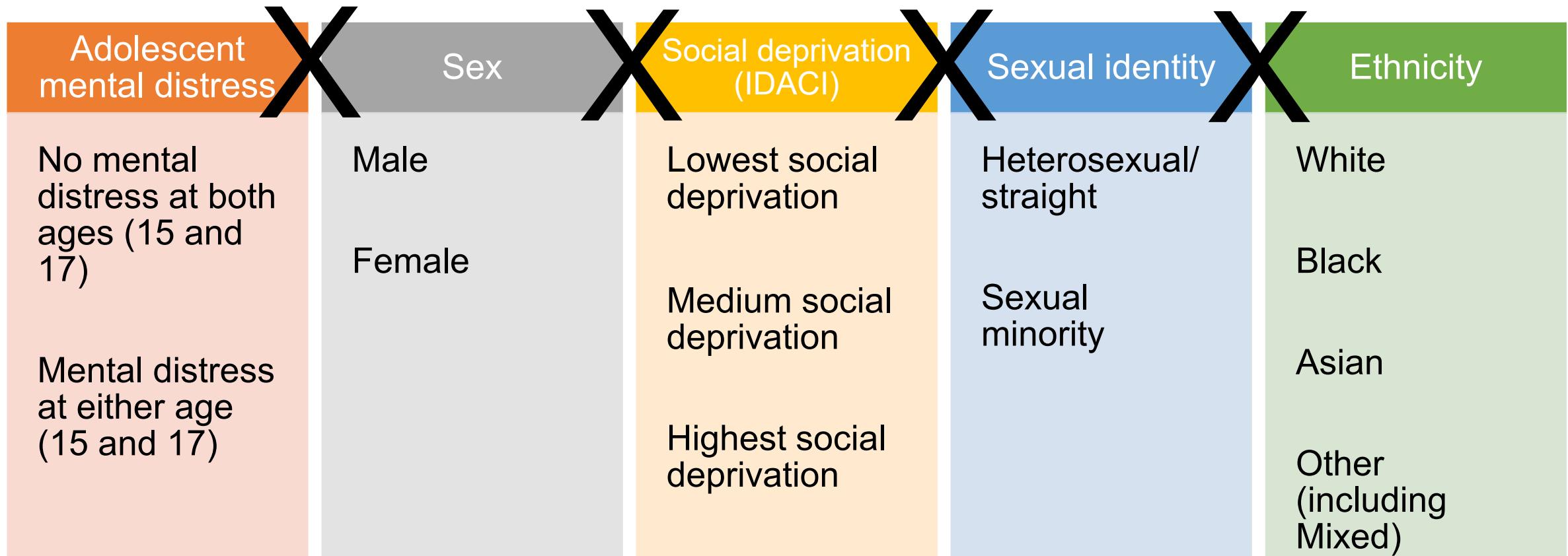
Longitudinal Study of Young People in England (LSYPE)

Wave	1	2	3	4	5	6	7	8
Age	14	15	16	17	18	19	20	25
Year	2004	2005	2006	2007	2008	2009	2010	2015
Sample	15770	13539		11801			8682	7707

University

- Sex
- Ethnicity
- GHQ-12
- Social deprivation (IDACI)
- GHQ-12
- GHQ-12
- Declared mental illness
- Self-harm
- Sexual identity

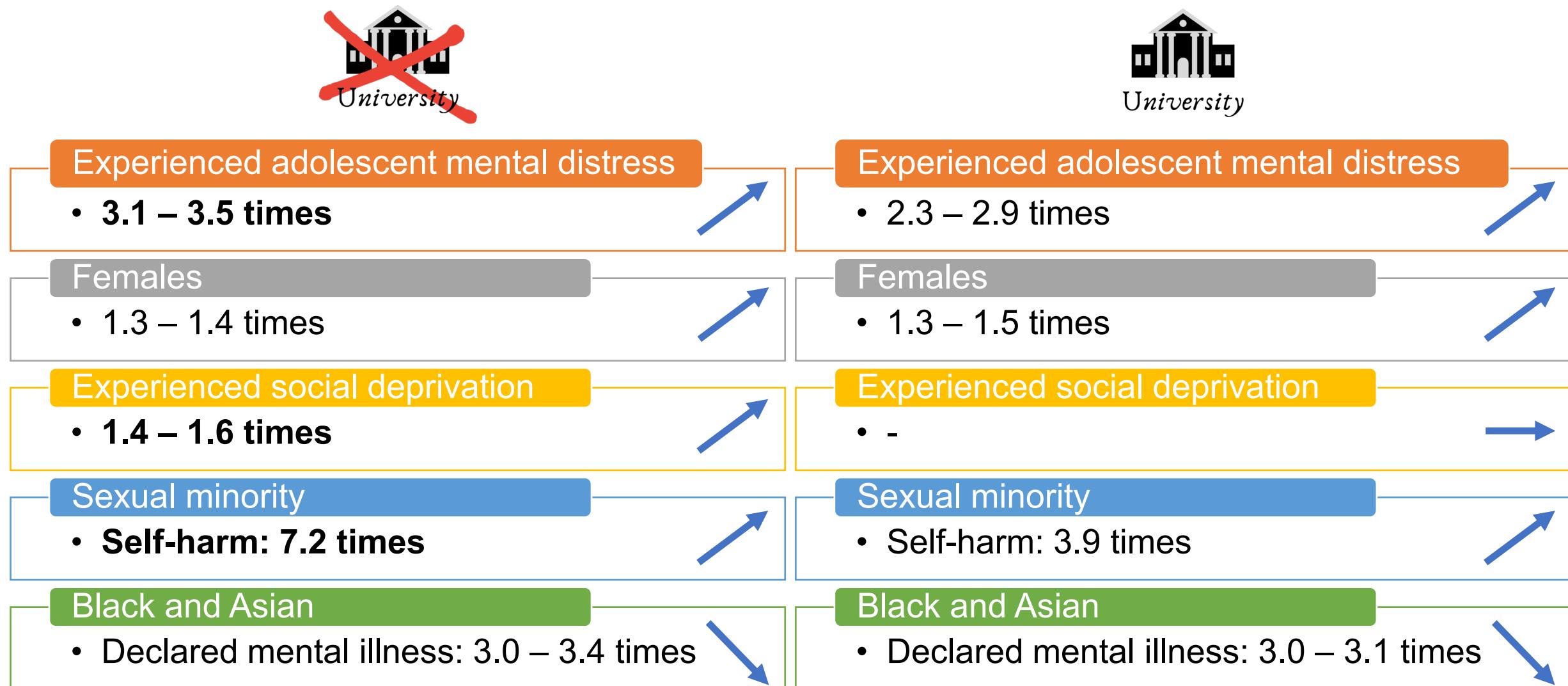
Social identities and positions



No evidence of multiplicative effects
on mental health problems at age 25



Additive effects predicting mental health problems at age 25



Discussion

- Need to be cautious when interpreting the impact of multiple identities
- University environment could be having a positive effect on outcomes
- Interventions for marginalised groups might be beneficial if they are targeted at the broad social group memberships
- Useful to understand more about what appears to be benefiting those particular groups of individuals who have been to university



Differences in mental health inequalities based on university attendance: Intersectional multilevel analyses of individual heterogeneity and discriminatory accuracy

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