



MHPSS Bulletin

August-September

A bulletin to connect people, networks, and organizations across British Columbia, fostering the sharing of resources and building knowledge in the field of mental health and psychosocial support in emergency settings. Past issues of the bulletin and recordings of Lunch and Learn webinars will be available on our website using the button below.

Provincial Psychosocial Services

Education & Learning Opportunities

Public Online Course (Free) by Provincial Psychosocial Services

- [Eco-Anxiety and Climate Distress](#): Learn about ecological/ environmental stress and distress, how it affects you and your community, and ways to mitigate it.
- [Getting Through Tough Days](#): Learn about how stress affects you and practical ways that can help you get through those particularly tough days.

New Resources:

Brochure (PDF) [Returning Home After an Evacuation](#)

Brochure (PDF) [Loss of Home and Possessions](#)

All courses and trainings listed in this Bulletin are voluntary and intended to provide additional learning opportunities. They do not replace or fulfill any mandatory training requirements set by an organization.

Lunch and Learn Webinar

Our **September 17th, 12pm- 1pm**, Lunch and Learn speakers will be Joshua Black and Stephanie Laing.

To prepare for this session, please watch the 45-minute film [No Fixed Address: The White Cart Memorial](#) in advance.

No Fixed Address: The White Cart Memorial is a powerful and intimate documentary that sheds light on a deeply overlooked aspect of the homelessness crisis: people's grief following the death of someone they care about. Through the voices and stories of individuals living with unstable housing, the film explores what it means to grieve without a house, and how loss echoes through a community already struggling to survive. More information on the film can be found at whitecart.ca.

Meeting Link: [Memorial to Movement: Lessons from the White Cart Memorial and Community Responses to Grief](#)

Email Nikki to get added directly to the distribution list for all future webinar invitations edu.pps@phsa.ca

Engaging and Useful Links to Explore

As we are in the midst of the wildfire season, we thought these resources might be of interest to you:

You can check out the Alberta Health Services information sheet on [Wildfire smoke and your mental health- information for professionals](#)

Interior Health also offers information on [Mental health & wellness during wildfire season](#) | [Interior Health](#)

For information on evacuations and mental health, you can check out the Government of Canada [Evacuations and your mental health - Canada.ca](#)

You might also find *Resources for Evacuated GNWT Employees* helpful.

<https://www.fin.gov.nt.ca/en/resources-evacuated-gnwt-employees/additional-supports-evacuated-gnwt-employees-and-their-families>

The *Benefits with Commonwealth of Virginia* offers considerable information on the impacts of extreme events and disasters, stress and coping, pillars of resilience, as well as how to support others. [Coping with the Stress of Relocation After a Disaster \(Part 1\): Introduction - Commonwealth of Virginia EAP](#) | [Anthem](#)

A Brief on Inclusive and Affirming Care for 2S/LGBTQIA+ People Impacted by Disaster

Two Spirit, and lesbian, gay, bisexual, trans, queer, intersex, asexual, plus (2S/LGBTQIA+) are communities with diverse sexualities, genders, and sexes. There is no one way to look or be a 2S/LGBTQIA+ person: We are as diverse as the stars in the sky. This includes Two-Spirit people, an Indigenous-specific identity and role, as well as queer and trans communities, intersex people, asexual people, and many others. We also are a group of people who hold multiple identities, some of us are people of colour, disabled, or otherwise experience marginalization and barriers to equity.

Context of 2S/LGBTQIA+ communities in disaster situations

2S/LGBTQIA+ communities experience layered barriers before, during, and after crises. Although not inherently more vulnerable, risks are increased due to social, structural, and systemic inequities, shaped by cisheteronormativity, racism, colonialism, ableism, ageism, and poverty, to name a few. These intersecting forms of marginalization mean that 2S/LGBTQIA+ people face barriers to safety, support, and recovery in the event of disasters. Despite this disproportionately impact, 2S/LGBTQIA+ people are not well integrated into disaster programs, planning, or training. Emergencies exacerbate many existing stressors, such as access to shelter and healthcare.

Housing and shelter-related barriers that 2S/LGBTQIA+ people experience include actual and perceived discrimination. Discrimination is often shaped from prior negative experiences accessing shelter or help and can lead to avoidance of support or shelters during a disaster. Many disaster response resources and shelters fail to recognize 2S/LGBTQIA+ families (e.g., same-sex partners, chosen family, or non-traditional family structures), making it harder for families to stay together and disrupting support systems. Shelters also increase safety and privacy concerns. In addition, 2S/LGBTQIA+ communities face heightened risks of physical, sexual, and verbal violence and social isolation during disasters. These risks are compounded for 2S/LGBTQIA+ people facing multiple forms of marginalization, particularly transgender people and 2S/LGBTQIA+ youth and people of colour, who face higher rates of housing instability, making evacuation and recovery more challenging.

Health and health-care related barriers also intersect with broader inequities. 2S/LGBTQIA+ people experience distinct health impacts during disasters, particularly climate-related disasters. These include elevated levels of asthma and cardiovascular disease, mental health concerns, HIV, and increased vulnerability to heat stress due to impacts of wearing restrictive shapewear and certain medications. Disasters disrupt access to essential gender-affirming care, medications, and supplies. These health risks are further compounded for individuals with multiple marginalized identities, such as those who are Indigenous, Black, Brown, or persons of colour, newcomers,

disabled, older adults, or living with low income.

Suggestions for 2S/LGBTQIA+ affirming disaster support:

- **Inclusive language and communication:**

- Use inclusive language by interrogating your assumptions, using neutral language and avoiding gendered terms.
- Approach all people by introducing your name and pronouns, and invite others to share.
- Mirror the language other people use for themselves.
- Use the name and pronouns people tell you as a sign of respect.
- Neutralize terms when possible (e.g., partner/s; parent/guardian; child/children).
- When mistakes happen, apologize once, correct yourself, and use the right language going forward.
- Ensure intake forms use inclusive language and explain when certain fields cannot be changed due to system barriers.

- **Trauma-informed, intersectional approach:**

- Use a trauma-informed approach, recognizing that many 2S/LGBTQIA+ people, especially those who are Indigenous, Black, Brown, people of colour, newcomers, disabled, older adults, or low income, have experienced discrimination and violence in institutional settings.
- Offer choices whenever possible to support autonomy.
- Build trust through respectful, collaborative interactions.

- **Affirming Housing/Shelter Placements:**

- Whenever possible, place people in safe, private housing based on their gender identity.
- Recognize that intersecting marginalization (e.g., racism, poverty, disability) increases exposure to discrimination, privacy concerns, and violence in congregate settings.

- **Recognize chosen families:**

- Challenge assumptions about who 2S/LGBTQIA+ people are and of what a family looks like.
- Recognize the importance and strength in family, chosen family, community networks, and support persons and seek to accommodate these relationships in emergencies.

- **Advocate for affirming health and healthcare access:**

- Support access to medications, gender-affirming care, and essential health services, recognizing that disruptions disproportionately affect those facing multiple forms of marginalization.
- Be aware of intersecting health inequities that shape people's needs and vulnerabilities during emergencies.

- **Advocate for interpersonal, organizational, and structural change, such as:**

- Gender neutral, single-stalled, and accessible washrooms.

- Inclusive intake forms, ensuring safer data collection and privacy protections.
 - Anti-discrimination policies.
 - Regular, relevant staff education.
 - Collegial discussion of safe and affirming disaster response for (and with) 2S/LGBTQIA+ people.
 - Inclusion of 2S/LGBTQIA+ people in research, preparedness, and response.
- **Partner with local 2S/LGBTQIA+ organizations before emergencies occur:**
 - Build relationships with local 2S/LGBTQIA+ organizations before emergencies occur.
 - Recognize that these communities are highly organized, innovative, and resource-rich, offering expertise and supports created for and by community members.
 - Learn about local resources, histories, and needs to strengthen preparedness and response.

Resources to learn more:

Head, J. (2024). Disaster equity: Preparedness, response, and recovery for LGBTQIA+ patients of health centers. National LGBTQIA+ Health Education Center.

<https://www.lgbtqihealtheducation.org/publication/disaster-...>

The 519. (2024). Framing Queer Resilience and Climate Justice: Exploring Approaches to 2SLGBTQI+ Resilience to Climate Change and Other Shocks and Stresses.

<https://www.the519.org/wp-content/uploads/2015/05/The-519-20...>

Wound, Ostomy and Continence Institute. (2024). 2SLGBTQIA+ Basics for Health Care Professionals. Wound, Ostomy and Continence Institute.

<https://www.wocinstitute.ca/2slgbtqi>

About the author: Jess Crawford (they/them) is a white settler, perpetual guest with British and German ancestry, currently living on WSANEC Lands. They are a queer, trans, non-binary, and neurodivergent Registered Nurse with a background in gender affirming care, mental health, and community health. Feel free to connect with Jess through their website: <https://sites.google.com/view/jess-crawford-rn/about-me>.

Definitions

Psychosocial: The term 'psychosocial' refers to the dynamic relationship between the psychological dimension of a person and the social dimension of a person. The *psychological* dimension includes the internal, emotional and thought processes, feelings and reactions, and the *social* dimension includes relationships, family and community network, social values and cultural practices. 'Psychosocial support' refers to the actions that address both psychological and social needs of individuals, families and communities. (Psychosocial interventions. A Handbook, page 25.)

The title "MHPSS" in this bulletin refers to a broad approach to mental health and psychosocial support in emergencies. It does not signify the endorsement or inclusion

of specific services or organizations.

Provincial Psychosocial Services

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