

COVID-19 PANDEMIC GUIDELINES FOR MENTAL HEALTH SUPPORT OF RACIALIZED WOMEN AT RISK OF GENDER-BASED VIOLENCE

POLICY BRIEF (November 2020)



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PUBLIC MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT GUIDELINES

Area	Guidelines
Macro level	
Approaches and Frameworks to Policy Responses	<ul style="list-style-type: none"> ✓ Consider GBV as a public health issue ✓ Integrate gender-responsive programming to COVID-19 responses ✓ Apply critical race, intersectional, human rights, community-based and participatory approaches to emergency health responses and evaluation ✓ Ensure that COVID-19 policy frameworks integrate women’s safety approaches into their multisectoral strategic responses ✓ Provide safety principles (e.g. safe mobility measures) for integration in the responses ✓ Prioritize strengths-based models to promote and enhance community, agency, and resourcefulness
Decision-making	<ul style="list-style-type: none"> ✓ Include diversity of voices and perspectives from Indigenous, Black and Asian communities, and other racialized groups, to ensure equity and comprehensive pandemic and post-pandemic responses ✓ Ensure meaningful participation of women and girls, and that of grassroots and community-based organizations, in decision-making processes - plan development, implementation and monitoring, recovery plans, and longer-term solutions to address GBV during and after COVID-19 ✓ Promote women and girls’ leadership and representation in national, provincial and local/community level COVID-19 policy spaces
Data Collection	<ul style="list-style-type: none"> ✓ Follow the United Nation guiding principles and recommendations for data collection to ensure women and girls’ safety. Principles must be informed by the socio-economic and environmental realities of women and girls. ✓ Produce disaggregated data - race, gender, sex, ethnicity, age, disability, occupation, socioeconomic status, migratory status, geographic location
Funding	<ul style="list-style-type: none"> ✓ Increase dedicated funding for specialized services and supports, including essential social determinants of health - income supports, housing, child-care, food security ✓ Provide additional funding for organizations already serving women and girls experiencing GBV, especially in remote and rural communities, and focused funding for initiatives addressing GBV and empowering women among agencies serving newcomers ✓ Promote substantive equality as a policy objective in government programs and services
Indigenous Communities	<ul style="list-style-type: none"> ✓ Work with Indigenous communities on wellness and emergency COVID-19 responses ✓ Apply a human rights-based approach to COVID-19 plans, with independent oversight and provide additional funding to protect Indigenous people’s health and human rights

Migration Policies	✓ Include protective migration policies to suspend forced deportations and grant permanent resident status to immigrants
Social Protections	<ul style="list-style-type: none"> ✓ Strengthen safety nets and expansion of social protections for marginalized groups – income allowance, stimulus packages, housing subsidies, rent eviction moratoriums, childcare funding, reduce wage gaps ✓ Ensure institutional accountability of the institutions and systems that serve Indigenous, Black and other racialized communities
Meso level	
Service Provision	<ul style="list-style-type: none"> ✓ As per the World Health Organization’s guidelines, ensure services for women and girls are a priority and considered essential in the context of the COVID-19 response ✓ Ensure that these services remain open, accessible (e.g. in multiple languages), inclusive, and are well-funded. Eligibility for services should not be determined or impacted by migrants’ status – e.g. with precarious immigration status ✓ Expand access points to mental health services ✓ Apply holistic survivor-centred principles and trauma- and violence-informed supports to service provision ✓ Apply Anti-Racism Anti-Oppression policy to service provision ✓ Adapt and strengthen online supports, helplines, online counselling and technology-based solutions ✓ Apply media safeguards to online supports ✓ Address barriers and the digital divide to access remote services ✓ Promote cultural safety models to service provision ✓ Strength women and girls’ safety nets -health coverage, basic income, housing, childcare
Public Discourses and Messages	✓ Change public discourses and messages in COVID-19 responses to emphasize that GBV survivors’ needs matter, that services are available
Capacity Building	<ul style="list-style-type: none"> ✓ Increase awareness and training on GBV across systems – health, social, education, protection, security, justice ✓ Promote mechanisms to enhance GBV capacities of frontline workers – healthcare providers, law enforcement and court officials, etc. – including online and hybrid education training ✓ Promote capacity building, and training. More inclusion of racialized populations in the health care system
Micro level	
Awareness, Sensitization and Advocacy	<ul style="list-style-type: none"> ✓ Enhance campaigns to raise awareness among service providers – health, justice - and to sensitize the general population. Need a stronger integration of race and intersections with gender, immigration status, income/poverty ✓ Support and fund advocacy efforts from racialized women, grassroots organizations and initiatives, cross-sectoral collaborations in advocacy and campaigns ✓ Engage community “gatekeepers”

This Policy Brief was developed as part of the project titled: **COVID-19 Pandemic Guidelines for Mental Health Support of Racialized Women at Risk of Gender-Based Violence**. Principal Investigator: Nazilla Khanlou, RN, PhD, Faculty of Health, York University. A project funded by the Canadian Institutes of Health Research (CIHR) Operating Grant: Knowledge Synthesis: COVID-19 in Mental Health & Substance Use.

For more information visit:

Project Report: <https://cihr-irsc.gc.ca/e/52062.html>

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