

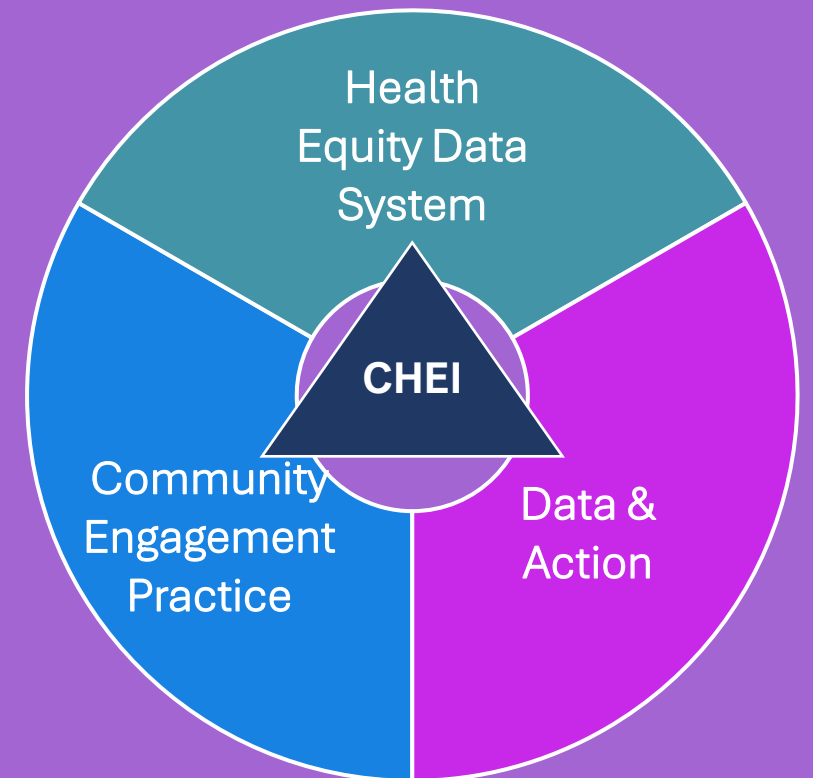


# MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

## Community Health Equity Initiative (CHEI)

Community Health Equity Survey 2023  
Mental Health Spotlight

Part 4: Drivers of Mental Health Inequities  
Employment and Mental Health



# 2023 CHES MENTAL HEALTH SPOTLIGHT



## Part 4: Drivers of Mental Health Inequities

Part 4 of the 2023 CHES Mental Health Spotlight showcases findings from the 2023 CHES that connect data on mental health and various drivers of health inequities.

This slide deck is meant to be viewed after you have read through Parts 1 through 3 of the Mental Health Spotlight. To access the entire spotlight and the full mental health report, please visit the 2023 CHES Mental Health Spotlight page on [www.mass.gov/CHEI](http://www.mass.gov/CHEI).

Part 1: Community Health Equity Initiative Overview and Racial Justice Framing

Part 2: Mental Health in Massachusetts: Equity Framing and Data Overview

Part 3: Inequities in Mental Health

**Part 4: Drivers of Mental Health Inequities**

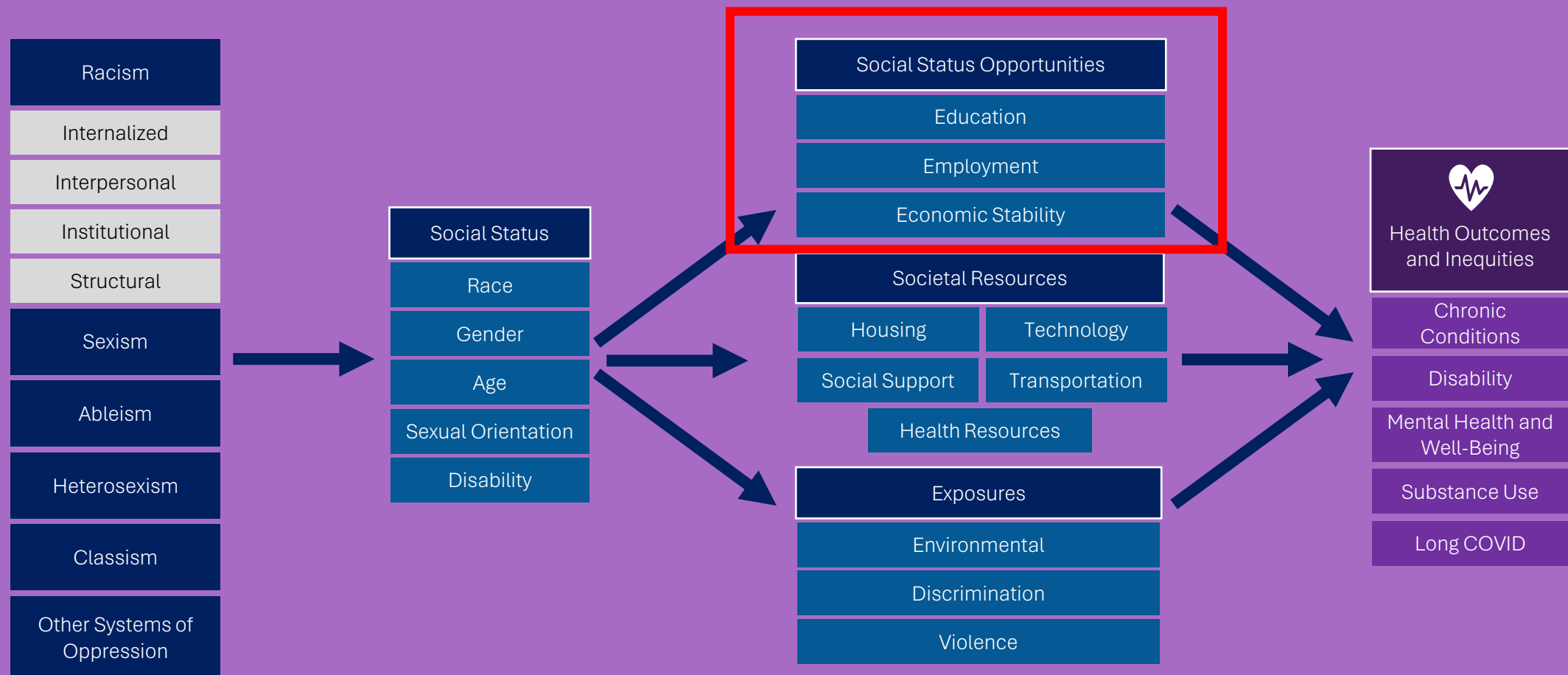
Part 5: Promoting Mental Health: Potential Areas of Action to Address Root Causes of Inequities

# DRIVERS OF MENTAL HEALTH INEQUITIES

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## Social Status Opportunities



# DRIVERS OF MENTAL HEALTH INEQUITIES



## Social Status Opportunities: Employment



Having safe and steady employment is important for promoting physical and mental health.

Employment promotes economic stability of individuals and families, which is important for accessing important health-promoting resources.

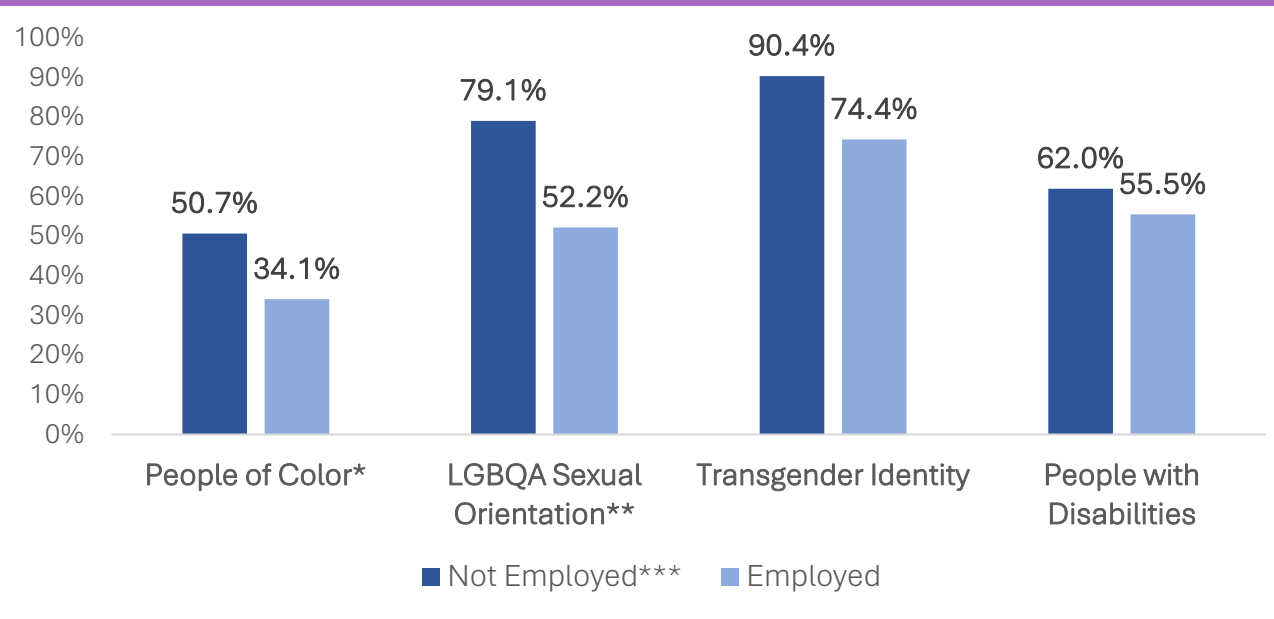
The nature and conditions of work also have a large impact on health. Having healthy and safe workplaces, livable wages, and job security are important for our overall health, including mental health.

# DRIVERS OF MENTAL HEALTH INEQUITIES



## Social Status Opportunities: Employment

### Psychological Distress by Employment Status Among Communities of Focus



Individuals within communities of focus that reported being employed had better mental health outcomes overall compared to those that were unemployed.

For example, within the LGBTQA community, rates of psychological distress among employed adults were significantly lower compared to unemployed adults (79.1% vs 52.2%).

\*People of color include respondents that reported one of the following race/ethnicities: American Indian / Alaska Native, Asian, Native Hawaiian, Pacific Islander, Black, Hispanic/Latine/a/o, Middle Eastern/North African, or Multiracial.

\*\*LGBQA includes respondents that reported their sexual orientation as being lesbian, gay, bisexual, queer, asexual, or other.

\*\*\* Not employed includes individuals that reported being out of work or unable to work.

# DRIVERS OF MENTAL HEALTH INEQUITIES



## Social Status Opportunities: Employment

Individuals that reported being out of work were nearly twice as likely to report high or very high psychological distress and over twice as likely to report suicidal ideation and social isolation compared to those that reported being currently employed.

The relationship between employment and health was more pronounced within certain communities of focus.

For example, among adults who reported being unemployed, individuals identifying as **Gay, Lesbian, Bisexual, Pansexual**, or **Asexual** had significantly higher rates of psychological distress than those who identify as straight/heterosexual.

### Psychological Distress Among Unemployed Adults by Sexual Orientation

