Poverty, Mental Health, and Counsellors for Social Justice: Reflections on an Interactive Workshop
Pauvreté, santé mentale, et les conseillers et conseillères pour la justice sociale : Réflexions sur un atelier interactif

Cristelle Audet
University of Ottawa
Sandra Collins
Melissa Jay
Athabasca University
Kathleen Irvine
Adler School of Professional Psychology
Andria Hill-Lehr
Nova Scotia Community College
Christina Schmolke
Edmonton, Alberta

ABSTRACT

Poverty is a hidden yet pervasive reality affecting the health of many Canadians. Counsellors may not fully grasp the impacts of poverty because of their social and economic privilege. This article summarizes an interactive workshop offered by the Social Justice Chapter at the 2010 conference of the Canadian Counselling and Psychotherapy Association. Its purpose is to (a) raise consciousness about Canada's poor track record in ensuring basic supports for mental and physical well-being of all people and about the impact of poverty on mental health, (b) bring to life the experiences of those living at or below poverty levels, (c) examine the impact of poverty on counselling practice in Canada, and (d) generate momentum for exploring systems-level interventions designed to address these needs.

RÉSUMÉ

La pauvreté est une réalité cachée et pourtant omniprésente qui affecte la santé de nombreux Canadiens. Souvent, les conseillers et conseillères ne peuvent saisir pleinement les impacts de la pauvreté en raison de leurs privilèges économiques et sociales. Cet article résume un atelier interactif offert au Congrès annuel 2010 de l'Association canadienne de counseling et de psychothérapie par la section justice sociale. Les buts sont : (a) de conscientiser les conseillers et conseillères face au bilan décevant du Canada quant à l'engagement à pourvoir aux besoins essentiels du bien-être physique et mental de tous et de l'impact de la pauvreté sur la santé mentale, (b) de donner vie aux expériences de ceux et celles vivant au niveau ou en dessous du seuil de pauvreté, (c) d'examiner l'impact de la pauvreté sur la pratique du counseling au Canada, et (d) de donner de l'élan à des moyens d'interventions au niveau systémique visant à répondre à ces besoins.

> First, we must come to act on poverty less from charity and more from justice. Concern for the marginalized is rooted not so much in pity towards the poor but comes from our inner compass of right and wrong. (Rainer, 2009)

Poverty is a social issue, affecting a significant portion of the world's population. Although poverty rates have declined in the last several decades, the global poverty rate was 23% in 2005, and the optimistic target of the United Nations' (UN) *Millennium Development Goals* is 15% by 2015 (UN, 2011). Canada is in the G20 and is one of the world's economic powers, yet 9% of its population lives below the poverty line (Statistics Canada, 2012). According to the United Nations Children's Fund [UNICEF] (2012), Canada's relative child poverty rate is consistently higher than most other wealthy nations, ranking 23rd out of the 35 industrialized nations (UNICEF, 2012). There is a "profound gap between Canadian health promotion word and deed" (Raphael, 2008, p. 30). In 2009, the first full year following the recession of 2008, the richest 20% of Canadians earned on average $117,500 more than the poorest 20%. The author of the 2010 report titled *The Rise of Canada's Richest* indicates "Wages and work related compensation are the leading measure of income inequality in Canada, accounting for two thirds of the income held by the richest 1%" (Yalnizyan, 2010). The recent recession has pushed Canadian families already living in poverty into dire straits (Campaign 2000, 2011; Pasma, 2010b; Townson, 2009b).

Despite these statistics, poverty may not be an issue that regularly captures the attention of counsellors and researchers (Albanese, 2010; Black, Stone, & Hutchinson, 2007; Caldwell, 2009). The magnitude of the effect of poverty on mental health is also difficult for counsellors who live among the economically privileged to fully grasp (Black et al., 2007; Caldwell, 2009). Thus, poverty has emerged as a focus in ongoing discussions within the Canadian Counselling and Psychotherapy Association's (CCPA's) Social Justice Chapter, particularly related to the lack of dialogue among counsellors about poverty, the dearth of curriculum related to socioeconomic issues in counselling programs, and the weak attention to poverty and economic privilege in literature related to multicultural counselling and social justice. These discussions enabled us to observe that, to a large degree, our own position of economic privilege shielded us from full consciousness of the depth and breadth of client issues related to poverty.

Members of the Social Justice Chapter offered an interactive workshop at the CCPA 2010 annual conference that aimed to raise the consciousness of participants about Canada's poor track record in ensuring basic supports for mental and physical well-being for all and the impact of poverty on mental health. Approximately 35 participants engaged in exercises and activities designed to bring to life the experiences of those living at or below poverty levels. The workshop highlighted the role of counsellors committed to social justice in effecting change locally and nationally, and participants generated ideas for interventions designed to address the needs of clients living in poverty.

This article will first describe the issue of poverty in Canada and highlight the implications of poverty for counselling practice. We then provide a summary of the

activities and outcomes of the workshop, with a view to raising awareness about poverty as a social determinant of mental health and encouraging counsellors and other healthcare practitioners to more fully comprehend the impact of poverty on their clients and initiate social justice action within their practices.

LITERATURE REVIEW

Poverty in Canada

We preface this section by noting that there has been increased debate about poverty in Canada since the 1990s. According to our review, the debate appears fuelled by—if not mired in—the fact that the Canadian government has yet to establish a definition of poverty. Interestingly, the federal government has acknowledged that "the absence of an official poverty line in Canada makes it difficult to hold Canadian governments accountable for their obligations under the International Covenant on Economic, Social and Cultural Rights" (Collin & Campbell, 2008, p. 3). Without an agreed-upon conceptualization and measurement of poverty, policy makers are unable to effectively draw from poverty data in policy debates about issues regarding groups most affected by poverty. The government's recent decision to replace the census form for 2011 with the National Household Survey (NHS) is a case in point. Although one objective of the survey was to discern how Canada has fared since the 2008 recession, the income and shelter data generated by the survey did not offer concrete insight into the low-income population. Furthermore, information gathered with the NHS cannot be compared to the previous census information regarding poverty, as the two forms apply a different standard of measurement. Challenges to measuring progress, given the lack of valid and reliable tools, obfuscate the issue of poverty and constrain society's ability to address poverty with government support. This leads us to conclude that poverty is, to some extent, a political issue.

One of the challenges faced by the poor is the misperception of others, including healthcare practitioners, about poverty in Canada. Many believe that Canada has only relative poverty: People feel poor relative to others, but actually have enough to live comfortably. Although Canada does not have an official definition of "poverty," the most commonly used measure is the low-income cut off (LICO), defined as households spending 20% more than the average household on basic necessities (Statistics Canada, 2013). Because the average Canadian household spends 35% of household income on food, clothes, and shelter (Campaign 2000, 2007), the current LICO is 55%. The most recent figures show that 9% of Canadians live below the poverty line and could not meet all of their basic needs (Statistics Canada, 2012).

What is often not clearly understood is that the average low-income family in Canada lives on an annual income that is well below the poverty line. The term *poverty depth* has been coined to reflect the magnitude of the economic and cor-related challenges these families face. In 2009, the average depth of poverty for Canadian families was $8,000 below the poverty line (Statistics Canada, 2011).

The recent worldwide economic crisis has served to exacerbate the gap between the rich and the poor. Hundreds of thousands of families saw their income cut while the cost of living increased (Campaign 2000, 2011; Pasma, 2010a). Before the economic downturn in 2008, after-tax income rose for 62.4% of individuals, while 37.6% experienced a decline; between 2009 and 2010, however, income rose for 52.8% and declined for 47.2% (Statistics Canada, 2012). Between 1997 and 2008, the demand on food banks increased 6%. Food prices rose 4.9%, while core inflation increased only by 0.3%. In a one-year period spanning October 2008 to October 2009, the average rental price for a two-bedroom apartment increased by 2.3%, while inflation for that period was only 0.1% (Pasma, 2010b). These numbers reflect Canadian averages, which may mask regional disparities in both cost of living and inflation rates.

Immigrants, First Nations people, and individuals making less than $10 an hour or who have a high school education or less end up in lower-paying positions; they are also disproportionately more likely to lose their jobs, particularly in times of economic crisis (Albanese, 2010). Across all jurisdictions, Canadian families supported by one minimum-wage earner all fall below the poverty line and are now considered the *working poor* (Campaign 2000, 2009).

In 1989, the House of Commons unanimously passed an all-party resolution to eliminate child poverty by the year 2000. More than two decades later, the rate of child poverty remains the same. Forty percent of Canadian children living in poverty have at least one parent who is working full time, although often at minimum wage (Pasma, 2010b).

Poverty as Social Injustice

According to Finn (2011), Canada's wealth—"most of it generated by workers—is being shamefully maldistributed" (p. 4). In particular, certain groups are more affected by poverty than others, based on their cultural identities. Although it is important for counsellors to be aware of the impact of poverty on certain groups, we encourage counsellors to consider why certain groups are disproportionately affected by poverty compared to other groups and the systemic barriers that contribute to poverty within these groups. Groups where there have been demonstrable inequalities related to poverty in Canada include, but are not limited to, women, recent immigrants and immigrant families, Aboriginal peoples, and persons with disabilities (Campaign 2000, 2011; Noël & Larocque, 2009; Statistics Canada, 2006, 2009).

Women. Women on their own are the poorest of the poor. This is especially the case for older women, who are 13 times more likely to be poor than seniors living in families. More than 14% of older women on their own (an estimated 123,000) had poverty-level incomes in 2007 (Campaign 2000, 2009; Statistics Canada, 2007; Townson, 2009a). These numbers are higher than the child poverty rate. Mothers raising children in single-parent families are almost five times more likely to live in poverty than women in two-parent families. Although the wage gap between men and women has lessened over the past decade, it still persists

(Cornish, 2008). Women working full-time still earn 71 cents for every dollar that men earn, placing Canada fourth in terms of wage gaps among member countries of the Organization for Economic Co-operation and Development (Cool, 2010). Moreover, single mothers are more likely to end up with employment that is low-waged and part-time (Roy, 2006). Higher rates of poverty among mother-led households have been attributed to women being more likely than men to be granted custody of children after divorce. They also shoulder a disproportionate amount of the care-giving and volunteer work in homes, schools, and communities, while juggling employment, education, training, childcare, and other family responsibilities. These conditions appear to reflect a society that undervalues the work of women, both paid and unpaid (Little, 2011).

Immigrants/immigrant families. Non-immigrant families experienced a 5% increase in median income between 2000 and 2005, while immigrant families witnessed a 1% decrease (Community Foundations of Canada, 2008). In the same period, income for new immigrants fell by 3%. Several factors explain why many newcomer families disproportionately live in poverty: lack of Canadian work experience, contacts in the job market, or recognition of foreign qualifications, as well as language barriers (Shields, Rahi, & Scholtz, 2006; Statistics Canada, 2009). In the 1990s, interestingly, many immigrants were able to exit low-income status within their first year in Canada, compared to immigrants arriving after 2000, who were more likely to experience chronic low income spanning their first five years (Picot, Hou, & Coulombe, 2007). Extended poverty among newcomers has been attributed, in part, to changing immigration policies that pose a barrier to securing adequate employment (Canada Mortgage and Housing Corporation, 2009; Picot, Lu, & Hou, 2009).

Aboriginal peoples. According to Noël and Larocque (2009), the poverty rate among Aboriginal peoples, living both on and off reserves, was nearly twice as high as the national poverty rate at 21.7% in 2006. One in 4 Aboriginal children lives in poverty, compared to the national average of 1 in 9. Overcrowding and *hidden homelessness* (people who do not have a permanent home and bounce between different people's couches) is all too common for Aboriginal Canadians due to a chronic housing shortage. Overcrowding is nearly 6 times more likely for Aboriginal households (17%) compared to non-Aboriginal households (3%; Statistics Canada, 2008). Lastly, their employment rate hovered at 53.8%, while the national average was 63.0% (Statistics Canada, 2009). While Aboriginal Canadians living in larger cities fared better economically, the proportion of employed Aboriginal adults earning less than $15,000 annually also grew. Lower employment rates and income below the national average have resulted from a long history of colonization, discrimination, and government policies geared to assimilation (Armstrong, 1999; Assembly of First Nations, 2007).

Persons with disabilities. We have drawn figures from the Statistics Canada *Participation and Activity Limitation Survey* (2006) because a more recent study of this magnitude has not been conducted. At that point, among working-age people aged 15 to 64 years and living in poverty, 23.1% of persons with disabili-

ties were employed compared with 48.4% of people without disabilities. Keeping in mind the national poverty rate of 11.1% at that time, poverty rates remained slightly higher among persons with any disability (14.4%). It is noteworthy that even higher poverty rates existed among persons with psychological (22.3%) or communication-based (24.1%) difficulties compared to physical difficulties, such as mobility (15.2%) or visual impairment (17.1%).

The link between poverty and nondominant group affiliation provides solid evidence of systemic barriers to economic success that are disproportionately encountered by certain members of society. Indeed, ethnicity, gender, and age are some of the risk factors that have been associated with poverty and its effects (Armstrong, 2007; Caldwell, 2009). The implications of poverty and near poverty are pervasive. The experience of poverty has been described as including "economic deprivation, low education, and unemployment, which creates a self-perpetuation that places those in this economic status at greater risk for health-compromising behaviors" (Caldwell, 2009, p. 288). Mental health status has been closely linked to cultural oppression, racism, and other forms of discrimination (Black et al., 2007; Friedli, 2009; Public Health Agency of Canada [PHAC], 2006). Those with multiple nondominant identities face even more complex and far-reaching barriers, for example Aboriginal women or persons of colour with disabilities (Townson, 2009b). It is incumbent on the helpers and helping professions to attend to these systemic factors.

Poverty as a Social Determinant of Mental Health

Although we have reflected on poverty primarily in the context of income, the following declaration by the United Nations aptly reflects the social consequences of poverty:

> Poverty is more than a shortage of income. It is the denial of opportunities and choices most basic to human development—to lead a long, healthy, creative life and to enjoy a decent standard of living, freedom, dignity, self-esteem, and the respect of others. (United Nations Development Programme, 1998, p. 14)

There is recent literature that links poverty, mental health, and well-being (Caldwell, 2009). In 2009, the World Health Organization (WHO) released a seminal report entitled *Mental Health, Resilience, and Inequalities*, which points to a shift in how the connection between health and poverty is conceptualized (Friedli, 2009). The WHO challenged the traditional notion that people are poor because their health difficulties create a barrier to employment. Although ill health can certainly impact one's ability to engage in or maintain employment, the converse is also true: poverty has a causal impact on mental health and well-being (Raphael, 2008, 2010). Most often, poverty is a precursor to, rather than a consequence of, poor health. Social determinants of health are defined by the "quantity and quality of a variety of resources that a society makes available to its members" (Raphael, 2008, p. 30). Poverty as a social determinant of health is connected to the distribution of both economic and social resources (Pope & Arthur,

2009; PHAC, 2006; Raphael, 2010). Poverty is a social justice issue. Systemic barriers and social-cultural oppression are often at the heart of preventing people from accessing resources they require, a form of distributive injustice that violates the social justice principles of accessibility and equity (Arthur & Collins, 2010; Arthur, Collins, McMahon, & Marshall, 2009). Ultimately, poverty erodes the emotional, spiritual, and intellectual resources essential to well-being (Caldwell, 2009; Friedli, 2009).

In North America, low socioeconomic status increases the risk of depression, anxiety, eating disorders, intellectual disability, learning disabilities, substance abuse and dependence, low self-esteem, and strain or instability in family relationships (Blair & Scott, 2002; Ceci & Williams, 1997; Diala, Muntaner, & Walrath, 2004; Fujiura, 2003; Lorant et al., 2003; Lynch, Kaplan, & Salonen, 1997). These concerns are often the impetus for clients to seek counselling and raise the question of counsellor preparedness in assisting clients when the source of malaise is poverty.

Poverty in a Counselling Context

Comparatively, poverty as a social justice issue has been less of a focus within the counselling profession than within other helping professions, such as social work. Within counselling, certain systemically oriented therapies, such as marriage, family, and couples therapy, as well as approaches drawing on a social-constructionist perspective, have promoted a systemic view of mental health problems (see Aldarondo, 2007, for a historical account of social justice in helping professions). However, counselling's focus has been predominantly on the individual, assisting clients to adapt to or cope with their environment. Counsellors explore intrapsychic causes of and solutions to presenting problems, rather than considering systemic issues that may contribute to and sustain the problem (e.g., Manis, Brown, & Paylo, 2009; Vera & Speight, 2007). Given the minimal attention in training programs to social justice practice, many counsellors may feel ill equipped in advocacy skills (e.g., Caldwell, 2009; Liu & Estrada-Hernández, 2010; Vera & Speight, 2007).

The growing social justice movement and the increased prominence of poverty in North America, however, has generated some discussion on the important role counsellors can have in addressing poverty (Caldwell, 2009; Liu & Estrada-Hernández, 2010). Counsellor advocacy, with or on behalf of clients, is increasingly recognized as an important set of competencies (Lewis, Ratts, Paladino, & Toporek, 2011; Lewis, Toporek, & Ratts, 2010; Manis et al., 2009; Vera & Speight, 2007), attested by competency guidelines developed by the American Counseling Association specifically related to advocacy (see Ratts, Toporek, & Lewis, 2010). Indeed, advocacy approaches extend to working with individuals disaffected and marginalized by poverty, and include client advocacy and empowerment, community collaboration, and social/political advocacy (Armstrong, 2007; Caldwell, 2009; Liu & Estrada-Hernández, 2010).

While there is recognition that counsellors should have a role in addressing poverty, barriers to doing so successfully have also been identified. Caldwell (2009)

argued that the dearth of counselling theory and research on poverty results from culturally encapsulated training, and it has limited the development of service delivery to the economically disadvantaged. Perhaps the greatest obstacle is counsellor self-awareness, as Caldwell noted: "Those in privilege rarely look for alternative explanations that do not assume status quo standards and patterns of behavior" (2009, p. 288). The risks of inattentiveness to one's own privilege and relationship to poverty can be far-reaching—from dehumanizing the client and diminishing the therapeutic relationship, to perpetuating oppression by maintaining "status quo" views of those affected by poverty. Heightening one's awareness—to the experiences, perspectives, biases, and meaning of poverty and privilege—is often cited as the first step to orienting oneself to client poverty (e.g., Liu & Estrada-Hernández, 2010). What follows is an example of how counsellors might engage in heightening their awareness about poverty.

EMBRACING THE REALITY AND IMPLICATIONS OF POVERTY

The Social Justice Chapter is composed of over 120 members of the Canadian Counselling and Psychotherapy Association who share an interest in promoting equity, social justice, and inclusiveness for all members of society. The purpose of the chapter's workshop was to bring to light some of these issues related to poverty, mental health, and social justice in a way that encouraged participants to embrace awareness at a deeper level than simply cognitive acknowledgement. The three workshop activities, described below, were designed to raise consciousness, challenge perceptions, and motivate action.

Concept Map: Privilege, Poverty, and Social Oppression

We began by dividing attendees into three equal groups. Each group was provided with a different colour of paper and assigned one of the following constructs: privilege, poverty, or social oppression. They were not told what construct the other groups were using. The groups engaged in a five-minute brainstorm to generate 10 words related to their respective concept, writing one word per sheet on the coloured paper provided. The result was a set of 10 colour-coded words for each construct.
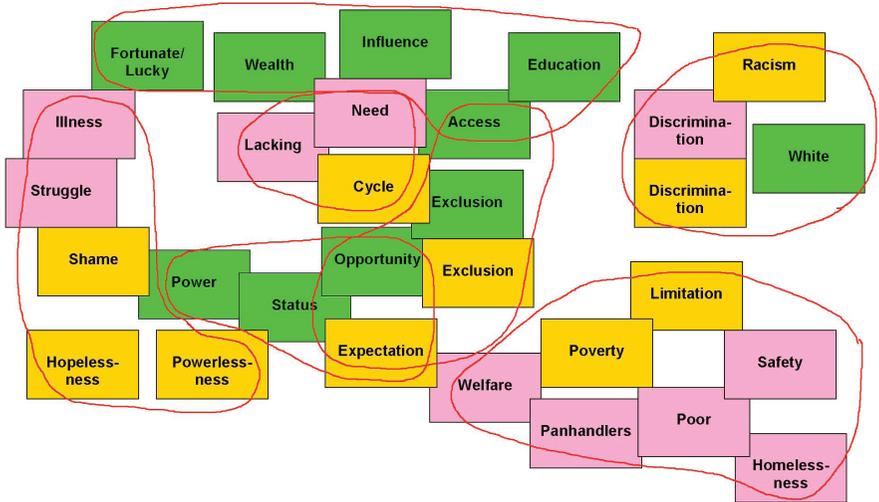
Next, all participants worked together to create a concept map using the words generated, following a modified concept mapping process. Concept mapping is a way of representing and organizing knowledge to create meaningful relationships or interconnections between various concepts (Buehl & Fives, 2011). In a concept map, each word or item is connected to another and linked back to the original idea. It often results in a visual representation that reveals connections between different items and makes evident how individual ideas contribute to a larger whole (Buehl & Fives, 2011).

We combined the 30 words generated by the three groups and then began to rearrange the words in physical space, taping the words to the wall using a consensual decision-making process. Words that appeared to be interrelated or similar in

meaning were placed closest together, and words that appeared less interconnected were placed furthest apart. Figure 1 provides a representation of the final concept map. The coloured-patterned display of words enabled us to identify and discuss links or overlapping themes among the three core constructs: green for privilege, pink for poverty, and orange for social oppression.

Most noteworthy was the overlap in words associated with each of these constructs. The lines grouping various words were added later by the authors to demonstrate some of the thematic interconnections that emerged from the exercise and discussion: differential access/opportunity, discrimination, practical/physical and emotional/psychological corollaries, power and status, and so on. The participants concluded that poverty is a common theme in social injustice and that it is inextricably linked to privilege and oppression. In other words, the contrasting experiences of individual and/or group social, cultural, economic, or political privilege or oppression were conceptually related to the experience of poverty. The nature of this relationship and the interconnection among these constructs provided a foundation for the rest of the workshop.

Figure 1.
Representation of Concept Map by Participants Showing Connection Between Concepts of Privilege, Poverty, and Social Oppression

Note. Three groups of participants generated the concepts: green for privilege, pink for poverty, and orange for social oppression. The concept map emerged as all three groups worked together to form a logical clustering of the concepts. Later, the authors added the red lines to highlight some of the inter-linking ideas.

Deconstructing Poverty and Privilege

The next activity was designed to move from conceptual understanding to a more personalized awareness of poverty and privilege. This exercise can be completed individually or in small groups and requires two stacks of fake $10 bills amounting to $200 in each stack for each participant. Prior to the activity, we acknowledged that, as with any experiential exercise, participation may evoke emotional reactions for some participants. We also emphasized that participation was completely voluntary at all times and that participants were welcome to stay behind to debrief once the workshop was over if they wished. An expression of a social justice value in itself, this step was intended to empower participants to decide for themselves the extent to which they felt the workshop space was "safe enough" for them to participate and share disclosures of poverty and privilege with colleagues in a professional setting. We provided participants with the following instructions:

> Each person has two stacks of bills with $200 in each stack. One stack represents money that belongs to you while the other stack represents money "from a pot." You will be asked a series of questions. Depending on your response to each question, you will either take money from the pot and add it to your money, or give up some of your money and put it in the pot. Once all questions are answered, add up the money in your own stack. The maximum amount of money you can have is $400 and the least amount is $0.

The list of 30 questions, shown in Table 1, was adapted from the National Curriculum & Training Institute (2005) *Privilege Exercise*, integrating similar reflective questions from other sources (Black et al., 2007; Hays, Chang, & Decker, 2007; McIntosh, 2003). The questions were framed in such a manner that they elicited either a privilege-based response (italicized in the table), which required adding money to one's personal stack from the pot, or a poverty-based response, which required returning money from one's personal stack to the pot. To enhance personal awareness of one's social and economic positioning, each question was introduced with the prompt: "When you were growing up …"

Participants completed and debriefed the exercise in small groups, with the understanding that they could disclose as much or as little as they felt comfortable with, drawing on the following prompts:

1. What is it like to end up with differing amounts of money at the end of this exercise?
2. Were you surprised by your relative amount of money at the end of this exercise?
3. Reflect on the concept map generated in the first exercise and share any insights from your experiences about the links between poverty, privilege, and social oppression.
4. In what ways might various cultural identity factors (gender, ethnicity, socioeconomic status, sexual orientation, age, etc.) influence the experience of privilege or nonprivilege?

5. What are your thoughts and feelings about this exercise?

Following this same process, readers are also invited to work through and reflect on the questions in Table 1.

Table 1.
Questions Included in the Privilege Exercise

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1. *If either of your parents were professionals, doctors, lawyers, etc., take 2 bills.*
2. If you were raised in an area where there was prostitution, drug activity, etc., close by, give up 1 bill.
3. *If there were more than 50 books in your house, take 1 bill.*
4. If you ever had to skip a meal or were hungry because there was not enough money to buy food, give up 2 bills.
5. *If you were taken to museums, art galleries, or plays by your parent or parents, take 1 bill.*
6. If one of your parents was unemployed or laid off, not by choice, give up 1 bill.
7. *If you attended a private school, take 2 bills.*
8. If your family ever had to move because they could not afford the rent, give up 1 bill.
9. *If prior to age 18, you took a vacation out of the country, take 2 bills.*
10. If you had to rely primarily on public transportation because you could not afford a car, give up 1 bill.
11. *If you were generally able to avoid places that were dangerous, take 1 bill.*
12. If you had to share a bedroom with more than one person, give up 1 bill.
13. *If you got new clothes at the beginning of each school year, take 1 bill.*
14. If you had to work after school to help support the family, give up 2 bills.
15. *If you had any hired help (maid, servant, nanny) in your home, take 2 bills.*
16. If you grew up in a family, where parents were separated or divorced, give up 1 bill.
17. *If you had a television in your home, take 1 bill.*
18. If you could not afford to go to a dentist at least once a year, give up 1 bill.
19. If your family was ever on welfare or social assistance, give up 1 bill.
20. *If you always had fresh fruit and vegetables to eat, take 1 bill.*
21. If you were ever teased and/or felt embarrassed at school because you couldn't afford to dress like the other kids, give up 1 bill.
22. *If your family owned your own house, take 2 bills.*
23. If you ever ate at a "soup kitchen" or got food at a food bank, give up 2 bills.
24. *If your parent or parents ever owned a new car, take 2 bills.*
25. If you commonly had rodent or insect problems in your home, give up 1 bill.
26. If your parent or parents had trouble paying the bills, give up 1 bill.
27. *If you generally had at least two pairs of footwear at any one time, take 1 bill.*
28. If either of your parents had to work at more than one job to make ends meet, give up 1 bill.
29. If you ever went "dumpster diving" or looking through others garbage/castoffs for food or other goods, give up 2 bills.
30. *If your family ate out routinely, take 1 bill.*

Note. The questions were adapted from the National Curriculum & Training Institute (2005) *Privilege Exercise*, with similar reflective questions added from other sources (Black et al., 2007; Hays et al., 2007; McIntosh, 2003). We acknowledge that poverty is a complex phenomenon and encourage readers to think critically about each statement – for the purposes of the exercise, common social perceptions of poverty are drawn upon to accentuate the perceived and actual differences between *haves* and *have nots*. Each question is introduced with the prompt: "When you were growing up…." Italicized questions are framed to elicit a privilege-based response, while non-italicized questions elicit a poverty-based response; each category is scored accordingly.

We acknowledge that participants likely selected the aspects of their experiences of poverty and privilege they wanted to give voice to in a workshop context with colleagues; nonetheless, several important observations emerged from these discussions. Although there was disparity in relative economic and social wealth among participants, there was general consensus that the group represented the "privileged" to a large degree. For some, this was enlightening in and of itself. Reflection on the earlier concept mapping provided some insights into the connections between poverty, privilege, and social oppression, particularly in terms of the impact of and on education, opportunity, and access, as compared to exclusion, limitation, and need. There was also general acknowledgement of the complexity of the interface of cultural identity factors with poverty and privilege, with some participants noting that their own experiences were shaped by gender, ethnicity, ability, and other cultural factors.

This exercise can provide an experiential process for further developing self-awareness by reflecting on poverty and privilege in our own lives, while hopefully expanding our sensitivity to how our poverty and privilege can intersect with those of others. One noteworthy process observation shared by the group was how the rustling of fake bills in response to the questions became quite telling of the group's general privilege, as well as any relative disparities within the group. This exercise, along with the concept map, provided a contextual, personal, and interpersonal positioning for the next exercise, which shifted the focus to clients' experiences of poverty.

Poverty, Mental Health, and Social Justice: A Case Study

For the final exercise, participants remained in their small groups to consider the case study in Table 2 and reflect on the counsellor's role in addressing poverty on both individual and systemic levels. This case study is fictitious. Participants were asked to assume that they were the central figure, Anne, in the case example. Furthermore, the money they were left with from the previous exercise represented their disposable income after housing and utilities have been paid. We asked that, while reviewing the case study, participants try to (a) anticipate other demands that they, as Anne, would face to get through the month with their remaining disposable income; and (b) reflect on what it was like for them to navigate those demands with their disposable income.

Table 2.
Case Study: What About Anne?

Anne immigrated to Canada several years ago. She has training as a nurse's aide and 10 years of work experience in rural hospitals in Asia; however, her training is not recognized in Canada. Her spoken English is fairly good. She is shy but clearly clever. She is unable to find work in her field.

Anne is a single parent with an 8-year-old boy who has been struggling in school for the past year. Her son has gone from an outgoing and happy child to frustrated, withdrawn, and acting out at home and at school. Anne has two other children under the age of 5. She works part-time at two different jobs to make ends meet. She has been referred to the school psychologist, who is recommending an educational assessment for her son to assess learning or developmental issues. This is a prerequisite to putting in place additional supports for him.

The school board covers most of the costs for the assessment. However, Anne must take a day off work and pay what the psychologist refers to as a nominal administrative fee of $80. The psychologist explains that the fee is a reflection of the philosophical belief of the school that change is more likely when there is shared responsibility and commitment to the process.

Anne's second child was recently diagnosed with early-onset diabetes and requires medication. She has no extended health care benefits. She is looking for a third job to attempt to make the extra money for her child's medications.

She doesn't mention any of this to the school psychologist, because she is ashamed that she cannot properly care for her children and senses judgement in the questions about the stability of her son's home life.

Participants then engaged in a small group debrief and were provided with prompts to guide the reflection process: (a) How was decision-making affected by differential privilege (disposable income) within the group? (b) What might the short- and long-term consequences of these decisions be? (c) Identify two key insights from these exercises to share with the large group.

When debriefing in the larger group, we asked for key insights that emerged. Two of the most significant observations were the lack of awareness of cultural factors and cultural differences in the approach to Anne, and the significant gap created by differential privilege. This differential privilege extended to the recipients of services, creating a two-tier system of differential access. Anne's sense of shame was reinforced by the assumption that her willingness rather than her ability was the barrier. Participants wondered who would advocate for her, take the time to tap into her resourcefulness and resiliency, and diffuse her shame. Other barriers identified included the level of engagement of the school system; the family's lack of a support network and connection/access to community resources; and societal perceptions of poverty, cultural diversity, and social class. One of the conclusions drawn by participants was that more in-depth engagement was required with Anne and her family to understand the contextual and systemic factors impacting the family as a whole. The cascading impact of lack of privilege was also noted as participants attempted to place themselves in the position of Anne, navigating this complex, and potentially escalating, situation with limited resources, supports, and opportunities.

The Role of the Counsellor

Continuing to draw from the case of Anne, we asked participants to consider themselves in the role of the psychologist recommending an educational assessment for Anne's son for learning or developmental issues. We asked what types of social justice interventions might help ease the dis-privilege and burden of poverty for Anne and her children. This led to a more general discussion about the implications, for counsellors, of the links between poverty, privilege, social injustices, and mental health.

Participants noted the need for a philosophical or theoretical shift toward awareness of social justice issues, such as the effects of poverty, as well as self-reflection on the part of the counsellor (and perhaps the profession) about the impact of

privilege on both the lens through which counsellors view the world and our ability to fully empathize with our clients. Further practice implications included the importance of assessment processes that are inclusive of systemic issues; extending our roles to include advocacy; collaborating with various services within the community being served (e.g., food banks, housing options); helping clients meet basic needs; connecting clients with appropriate community supports and resources; and the need for institutional/organizational support and facilitation of social justice awareness and action. The hope was that these changes would open up new possibilities for individuals like Anne and her children.

<div align="center">DISCUSSION AND REFLECTIONS ON THE WORKSHOP</div>

Each of these exercises brought to light new and deeper insights into the privileged positioning of most counsellors relative to many of the clients they serve, the salience of poverty to clients' health and well-being, the systemic influences on poverty and privilege, and the potential roles for counsellors in directly and indirectly mitigating the effects and challenging the sources of poverty and social oppression in clients' lives.

Envisioning a Just Society

As noted in the concept mapping exercise, people are marginalized in our society as a result of poverty, which limits their access to educational and employment possibilities (Sampson, Dozier, & Colvin, 2011), which may then lead to poverty persistence. Individuals or groups facing various forms of social oppression are disproportionately disadvantaged (Arthur & Collins, 2010; Black et al., 2007). The contrasting vision of a just society is one in which no individuals or groups are granted inherent advantages or disadvantages and where resources, opportunities, and socially assigned value are equitably distributed (Fouad, Gerstein, & Toporek, 2006). Finn (2011) argues that, at least financially, the "attainment of social justice in Canada is well within our reach" (p. 4). We argue that counsellors have a role to play in making social justice a reality in Canada.

The Complexity of Privilege

Counsellor self-awareness is a foundational component of counselling, and of multicultural counselling in particular (Collins & Arthur, 2010a, 2010b). However, the very nature of privilege is such that it typically rests outside our individual and collective consciousness as the holders of various forms of social, economic, and political privilege (Black et al., 2007; McIntosh, 2003). Privilege can be defined as an unearned advantage, embedded in social status or position, which brings benefits or resources not available to others (Black et al., 2007; McIntosh, 2003). Oppression stands in stark contrast to the experience of privilege in its resultant lack of power, psychosocial health risks, and barrier to access and opportunities (Hays et al., 2007). Oppression is easier for counsellors to identify and grasp hold of. However, for counsellors to move forward together to create a

more just society, they must also take steps to make privilege conscious and visible (Black et al., 2007; Hays et al., 2007).

When Poverty Affects Well-Being

Participant observations from these exercises are reflected in recent literature that links poverty, mental health, and well-being. Counsellors frequently assist clients with depression, anxiety, intellectual and learning disabilities, substance abuse and dependence, low self-esteem, and strain or instability in family and other relationships. Counsellors may assess the role of poverty in a client's life and how it may be contributing to their presenting problem; however, they are less likely to consider the systemic barriers and social oppression that keep poverty firmly in place and the counsellor's role in alleviating these social injustices (Arthur & Collins, 2010). According to the PHAC (2006, p. 15), it is these "organizational, institutional, cultural and societal contexts of their lives" that "both enable and constrain their options." With this in mind, our final exercise, described under the "Role of the Counsellor" above, focused on illuminating practical considerations when working with clients who are disadvantaged by poverty.

Counsellors as Advocates for Social Change

It is becoming increasingly common for counsellors both to recognize the complex interface between issues like poverty, social justice, and mental health and to seek ways to engage in social justice action (Baluch, Pieterse, & Bolden, 2004**;** Constantine, Hage, Kindiachi, & Bryant, 2007). As noted in this article, action begins with awareness—awareness of privilege and awareness of oppression—and then requires the translation of this awareness into action (Constantine et al., 2007; Goodman et al., 2004; Reeser, 2007). This action targets equitable distribution of resources, opportunities, rights, social supports, and worth (Crethar, Rivera, & Nash, 2008).

This positioning is crucial in mitigating the tendency of more individualistic or intrapsychic approaches to blame the client rather than attending to the systemic contributions to their mental health problems (Neville & Mobley, 2001). For example, take the case study of Anne, who might be encouraged to structure her priorities differently, overcome her resistance to asking for help, or recognize the psychological importance of her active participation in paying for her son's assessment. Each of these potential approaches serves to deepen her shame, locate the problem with her and her family, and ignore the social and cultural determinants of the problem (Arthur & Collins, 2010; WHO, 2012). Perhaps paradoxically, this lack of consideration of the social and systemic contributions to an individual's well-being may actually be both maladaptive and oppressive on the part of the practitioner. The American Counseling Association advocacy competencies (Lewis, Arnold, House, & Toporek, 2001) stress the importance of recognizing and acting upon the multiple levels of systems that impact client well-being, advocating both with and on behalf of clients. Counsellors should focus on the causes—not just the consequences—of poverty, where the target of change is the circumstances of

peoples' lives rather than people themselves (Friedli, 2009; Pope & Arthur, 2009; Vera & Shin, 2006; Vera & Speight, 2003).

One of the central themes of the social justice literature, and a key factor in working with Anne and her family, is the concept of empowerment. But it is important for counsellors to move beyond defining empowerment as simply supporting the client behind the scenes; they also need to embrace the importance of engaging with the client to advocate for and facilitate systems change. One of the major voices for linking health to social conditions is the WHO (2012). Its Commission on Social Determinants of Health (2008) ties empowerment to action, noting three key loci of intervention in working with individuals or groups in poverty: material requisites (basic human needs), psychosocial (control over lives), and political voice (participation in decision making). These are reminiscent of Maslow's (1943) hierarchy of needs. In the case of Anne, it is clear that without attending to her basic human needs in an active way, she is left disempowered, shamed, and without a sense of control over her life or the lives of her children.

SOCIAL JUSTICE: A STARTING PLACE FOR ACTION

All counsellors will encounter clients for whom there are significant socioeconomic barriers to health and well-being. The challenge is how to begin to respond to those barriers in a way that both empowers clients and begins to reshape the social determinants of their distress. The following practice principles are drawn from a number of resources on social justice and are provided as initial suggestions for guiding the social justice practice of counsellors in the context of poverty (Arthur & Collins, 2010; Lewis et al., 2001; Morrow, Hanivsky, & Varcoe, 2004; Rosier & Corsaro, 1993; Russell, 1996; Smith, 2005). Items further down the list expand the boundaries of what might traditionally be defined as counselling practice in support of expanded social justice perspective and roles (Arthur & Collins, 2010).

- Attend training and continuing education opportunities focused on issues of poverty and social justice.
- Engage in reflective practice, beginning with some of the exercises provided in this article.
- Carefully assess your own socioeconomic status and reflect on the professional implications for working with clients from a different socioeconomic background.
- Attend to your own internalized, and often subconscious, biases, beliefs, and stereotypes that may unintentionally impact or oppress clients.
- Promote resiliency by focusing on client empowerment through a strength-based approach.
- Normalize negative interpersonal and individual-systems experiences, while ensuring that your own services are responsive to both cultural and socio-economic diversity.

- Explore how socioeconomic status affects presenting concerns, recognizing the causal effect of poverty and social oppression on mental health.
- Fortify social networks and improve interprofessional and interdisciplinary communication to enhance comprehensiveness of service delivery for clients.
- Create a referral list of resources for clients (and one for yourself, as direct advocate). Relevant resources include local food banks, housing options, legal aid, community-based services, religious support organizations, school centres, crisis lines, and child care options, to name a few.
- Provide information, assistance, and advocacy that reaches beyond increasing coping resources to effecting changes in the social determinants of client health.
- Engage in advocacy within systems, lobby for change, educate others, and engage in sociopolitical action to promote social and economic justice.

FINAL REFLECTIONS

For the social justice committee offering this workshop, this was an opportunity to move deeper into an understanding of the relationships between poverty, mental health, and social justice. It opened our eyes to the complex, multidirectional, and mutually reinforcing relationship among these factors. Based on the following comments made by participants, they too were enlightened: "awakening, eye-opening, enlightening, justice, complicated, equality, inspired, informative, thought-provoking, love, motivation, resistance, care/connection, connection, reflexive." This combination of key reflections also mirrors the complexity of this issue and of our positioning of ourselves as counsellors for social justice. Readers are invited to continue to engage in this discussion through the Social Justice Chapter at www.counsellorsforsocialjustice.ca.

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About the Authors

Cristelle Audet is an associate professor of educational counselling in the Faculty of Education, University of Ottawa. Her main research interests are counsellor education, social justice, and international counselling.

Sandra Collins is a professor in the Graduate Centre for Applied Psychology at Athabasca University. Her teaching and research foci include multicultural counselling, social justice, counsellor education and supervision, gender identity, and sexual orientation.

Melissa Jay is a registered provisional psychologist working at Cochrane Addiction & Mental Health and as an adjunct instructor at City University of Seattle in Calgary. Her main research interests are attachment, adolescent suicidality, and social justice.

Kathleen Irvine is core faculty at the Adler School of Professional Psychology (Vancouver Campus) and a psychologist in private practice.

Andria Hill-Lehr is a counsellor in the Adult Learning Program at the School of Access, Nova Scotia Community College, providing personal, career, and academic counselling for adults who wish to return to school to obtain a high school diploma and/or wish to pursue post-secondary studies or training.

Christina Schmolke is a registered psychologist in Edmonton, Alberta, who specializes in trauma, adult attachment, and addiction.

Address correspondence to Cristelle Audet, University of Ottawa, Room LMX 280, 145 Jean-Jacques Lussier, Ottawa, ON, Canada, K1N 6N5; e-mail <caudet@uottawa.ca>