

# Discrimination and Microaggression Experiences on Young Adult Mental Health: Considerations for Health Equity

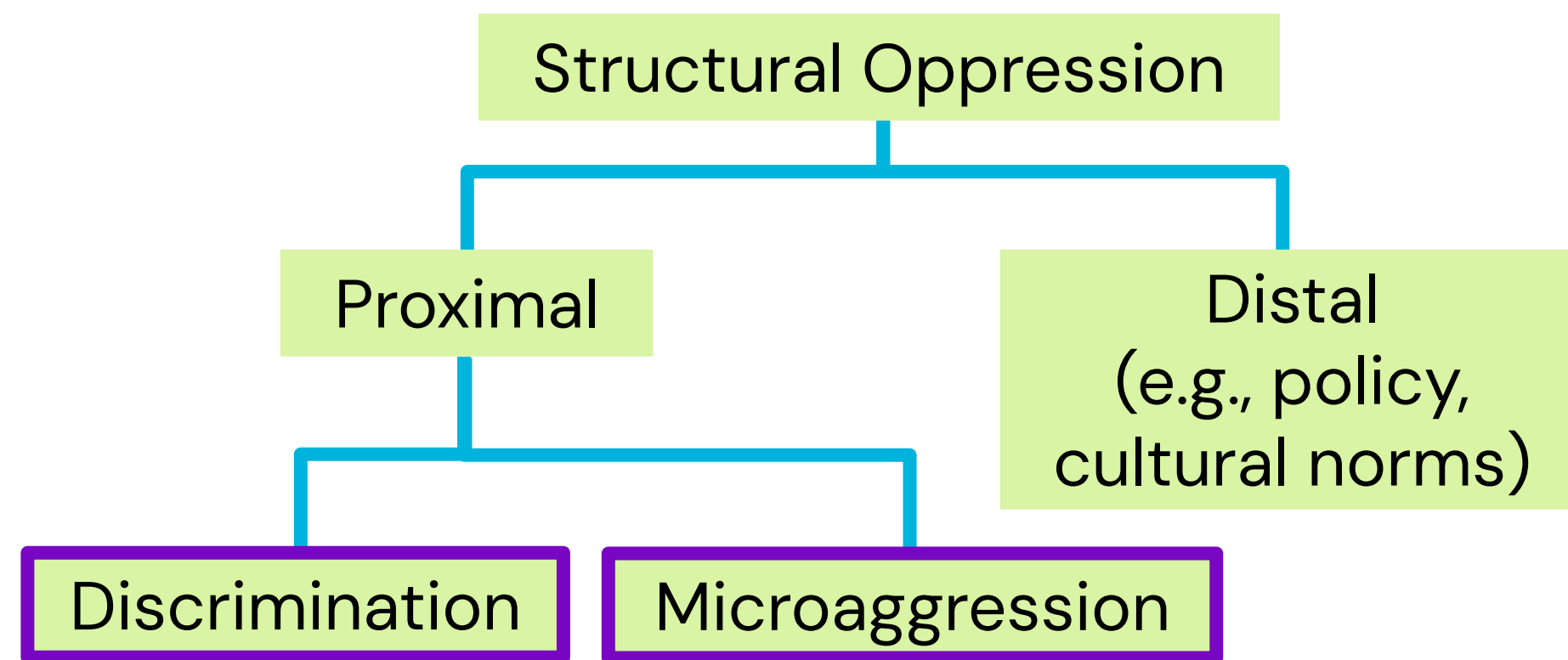


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## INTRODUCTION

- Social determinants of health (SDOH): "non-medical factors that shape health"<sup>1</sup>
- Structural oppression increasingly recognized as an important SDOH which drives health disparities<sup>2,3,4</sup>



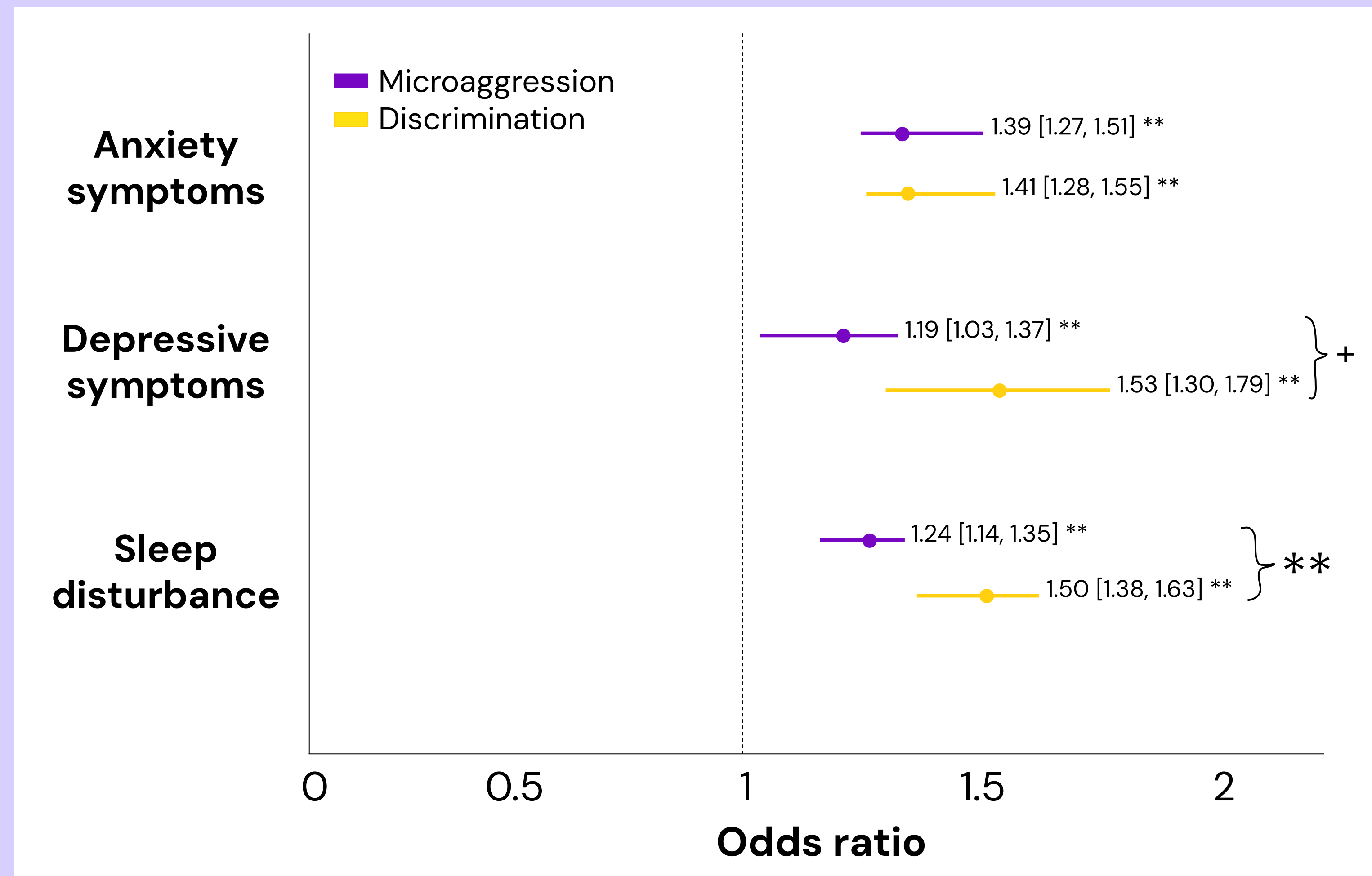
→ **How might discrimination and microaggression differentially predict mental health?**

## METHODS

- **Participants:** 48,606 college undergrads<sup>5</sup> (66% cisgender women, 65% White)
- **Predictors:** last-year discrimination and microaggression exposure (yes/no)
- **Outcomes:** anxiety symptoms, depressive symptoms, sleep disturbance
- **Data Analysis:** multilevel binary logistic regressions performed in Mplus ( $\alpha=.01$ )

Microaggression and discrimination **equally predicted** anxiety, while discrimination **more strongly predicted** depression and sleep.

Microaggression appeared **more closely linked to anxiety**, while discrimination appeared **linked to all outcomes**.



Note: \*\* $p < .001$ , \* $p < .01$ , + $p < .05$

## RESULTS (CONT)

- Microaggression exposure: 16.8%
- Discrimination exposure: 10.4%
- Both exposures: ~7%
- Racially marginalized students ( $n=17,187$ ; 10% Asian, 4.5% Black, 7.5% Latine, 11% Multiracial, 3% Other) reported greater microaggression and discrimination exposure than Whites

## IMPLICATIONS

- Different treatment approaches for patients with microaggression versus discrimination exposure
- Structural oppression as a form of adversity; implications for patient screening and intake
- Imperative to reconsider individualistic conceptualizations of mental health

## REFERENCES

<sup>1</sup>World Health Organization, 2008; <sup>2</sup>Braverman et al., 2011, *Annu. Rev. Public Health*; <sup>3</sup>Vines et al., 2017, *Soc. Epidemiol.*; <sup>4</sup>Williams & Mohammed, 2009, *J. Behav. Med.*; <sup>5</sup>Lederer & Hoban, 2022, *JACH*

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