

Factors that Impact How Black Youth Access the Mental Healthcare System in Ontario

PATHWAYS TO CARE PROJECT



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PROJECT PARTNERS



PROJECT FUNDERS



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ANCESTRAL ACKNOWLEDGEMENT

“We acknowledge the Indigenous Africans who were forcefully removed from their native lands and dispersed across Europe and North America. This involuntary migration heavily contributed to the movement of African-descended people across the African diaspora to places like Canada. As students and learners, we deem it highly necessary to think deeper, and examine the processes that led to the dispossession of Indigenous peoples on this land and settler colonialism. Stolen people, on stolen land. In entering a conversation about anti-Black racism, it is important to centre the humanity of Black children and Black families and to examine systems, such as the education system, that act upon them.”

Source: Natasha Henry, President of the Ontario Black History Society, Educational Consultant, and Historian.



LAND ACKNOWLEDGEMENT

As this project aims to work in various regions across the province, we have provided the land acknowledgements for each region where we conducted consultations.

TORONTO

We conducted focus groups on the traditional territory of the Haudenosaunee (ho-den-oh-sho-nee) Confederacy (aka the Six Nations Confederacy), the Wendat, and the Mississaugas of the Credit First Nation.

This land is also part of the Dish with One Spoon territory, a treaty between the Haudenosaunee Confederacy (aka the Six Nations Confederacy), the Anishinaabek (ah-nish-nah-bek), and allied nations to peaceably share and care for this land, its waters, and all of the biodiversity in the Great Lakes region.

OTTAWA

Ottawa and the National Capital Region sit on the traditional territories of the Algonquin, Mohawk, and Anishinabewaki. The Algonquin Anishnaabeg people have lived on this land for time immemorial and have long been stewards of this land. We further acknowledge that the Crawford Purchase covers this land.

HAMILTON

Hamilton sits upon the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee, and Mississaugas. This land is covered by the Dish with One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee and Anishinaabek to share and care for the resources around the Great Lakes. We further acknowledge that this land is covered by the Between the Lakes Purchase of 1792, between the Crown and the Mississaugas of the Credit First Nation.

KITCHENER-WATERLOO

The Waterloo, Kitchener, and Cambridge campuses of the University of Waterloo are situated on the Haldimand Tract, land granted to the Haudenosaunee of the Six Nations of the Grand River. They are within the territory of the Neutral, Anishinaabe, and Haudenosaunee peoples.

LONDON

We acknowledge that the land on which we gather is the traditional territory of the Attawandaron, Anishinaabeg, Haudenosaunee, and Lunaapeewak peoples, who have long-standing relationships to the land, water, and region of southwestern Ontario. The local First Nations communities of this area include Chippewas of the Thames First Nation, Oneida Nation of the Thames, and Munsee-Delaware Nation.

WINDSOR

The land we are working on today sits on the traditional territory of the Three Fires Confederacy of First Nations, comprising the Ojibway, the Odawa, and the Potawatomi.



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INTRODUCTION



PATHWAYS TO CARE

The Pathways to Care (PTC) project aims to increase access to mental health services for Black children, youth, and their families across the province of Ontario. In doing so, the project aims to contribute to the extant research on access to mental healthcare for Black children and youth, implement an effective knowledge translation of the project's findings, and use those findings to intervene at the system, institution, and community levels.

The PTC project responds to a long history of Black Health Alliance's (BHA) advocacy for the mental health needs of Black people in Canada. In 2015, Black Health Alliance held a series of community forums that led to the reports *A Sound Mind* and *A Sound Mind II*. These forums brought together community members, medical professionals, and community organizations to discuss what the community was experiencing regarding mental health and wellbeing. BHA learned that there needed to be an action-oriented strategy to address stigma and access to care. In 2017, members of BHA also participated in engagements across the province of Ontario with Black youth, where they learned that a lack of mental health support, particularly for youth, was a concern that needed to be addressed.

At the same time, community members have advocated to expand the Substance Abuse Program for African and Caribbean Canadian Youth (SAPACCY) out of the Centre for Addictions and Mental Health (CAMH). SAPACCY has been one of the few mental health programs that focuses specifically on the needs of Black youth in the mental healthcare system. However, advocates have noted the program needs more significant funding and an expansion across the province to assist youth who do not live in the Greater Toronto Area.

Given its consultations and advocacy, BHA recognized a need for a larger, cohesive strategy to address the needs of Black youth in Ontario. Partnering with TAIBU Community Health Centre, CAMH, the Wellesley Institute, and Strides Toronto (formerly East Metro Youth Services), BHA created the PTC project to respond to the current needs of Black children and youth. The project was funded by the Public Health Agency of Canada, the Ontario Trillium Foundation (Youth Opportunities Fund).



PATHWAYS TO CARE AIMED TO:



Conduct community-based research across six Ontario cities to better understand each community's needs, challenges, and opportunities for change



Develop a comprehensive strategy to inform the sector's improvement



Define and improve the pathways to care for Black children and youth in need of mental health and addiction services



Develop resources, tools and supports to increase the capacity of agencies to deliver culturally safe, responsive mental health and addiction services

VALUES AND PRINCIPLES

As a project, we promote and advocate for:



Community-based solutions to the ongoing crisis in accessing mental health services for Black youth



Increased capacity of Black-led organizations to deliver Black youth-focused services




Funding for mental health services intended for Black youth

BACKGROUND

Canada is home to many ethnically diverse communities. Toronto, in particular, is known for its multiculturalism. In Ontario, 4.5% of the population identifies as Black (Statistics Canada, 2016). Though Black Canadians have advocated for equitable access to mental healthcare for some time, there is very little national or provincial data that speaks to the prevalence of mental illness or the needs of Black youth. However, numerous community reports have spoken to the needs of Black youth. In *A Sound Mind* (Black Health Alliance, 2015) and *A Sound Mind II* (Black Health Alliance, 2016), the mental health and well-being of Black youth were a primary focus. These reports determined that Black youth experienced challenges that impacted their mental health, including lack of employment, penalization in the education system, increased interactions with the criminal justice system, and lack of available support. In addition, youths' experiences with systemic anti-Black racism contributed to their mental health challenges.

Evidence suggests that anti-Black racism (ABR) is a structural cause of mental illness and distress (Williams, 2018). ABR impacts access to resources such as **employment and housing**, both of which are factors that determine overall health and well-being (Pager & Shepherd, 2008). Beyond that, Black youth face **racial discrimination**, which is associated with poor mental and physical health (Pager & Shepherd, 2008; Berger & Sarnyai, 2015). When Black communities experience mental illnesses such as depression, they are more likely to be chronically depressed and have more severe symptoms than other populations (Williams, 2018). Unfortunately, Black people are also less likely to receive care when they experience mental distress. Research has found that in Canada, Black youth are more likely to encounter longer wait times when attempting to access care, and they are more likely to experience barriers related to a lack of services near them and financial challenges (Fante-Coleman & Jackson-Best, 2020).






Black youth with poor access to care who experience a mental health crisis are more likely to be involved with law enforcement and the justice system. In a study completed by Archie et al. (2010), 23% of Black youth were introduced to the mental healthcare system through law enforcement. Since 2020, numerous Black youth have been killed during crisis responses with law enforcement across the province, including Regis Korchinski-Paquet, Caleb Tubila Njoko, and D'Andre Campbell. Moreover, youth aged 20–34 are more likely to be shot and killed by police in Canada than any other age group (Flanagan, 2020). Black youths' experiences with the police while in crisis signify more profound challenges within the mental healthcare system (Wiktorowicz, 2020).

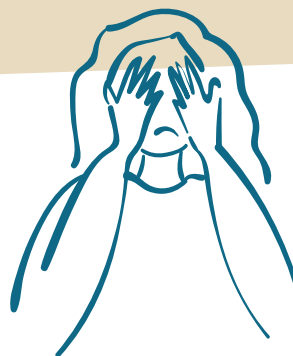

In general healthcare settings, Black folks prefer to receive care from medical professionals who look like them (Laveist & Nuru-Jeter, 2002). Having a Black therapist may be particularly important for Black youth because there is evidence that they experience racism and discrimination from the same mental health providers that they have sought out to help them (Lovell & Shahsiah, 2006). Beyond that, the traditional mental health services provided to youth may not be equipped to handle the specific needs of Black youth (Alexander, 2008). To adequately address Black youths' needs, culturally responsive care is necessary. Care that fails to consider the cultural needs of Black youth can cause further harm by reinforcing stereotypes or silencing clients who cannot bring their whole selves to their care (Office of the Provincial Advocate for Children and Youth, 2018; Alexander, 2018). There remains a gap between what practitioners understand as a need and the necessary practices to adequately address anti-Black racism in care.

Moreover, providers often lack the tools and support from their organizations to provide culturally responsive care.

Of course, all youth experience challenges in an ill-equipped mental healthcare system. However, Black youth have specific needs and experiences that compound a lack of access to care. The current mental healthcare system is ill-equipped to handle the growing needs of all youth who require access (Malla et al., 2018). A system that responds to the needs of all youth acknowledges the cultural diversity in Canada (Malla et al., 2018) and ensures all youth have adequate access to care.



UNDERSTANDING THE IMPACT OF ABR AND OTHER FACTORS THAT CONTRIBUTE TO POOR MENTAL HEALTH AND WELL-BEING AMONG BLACK YOUTH IS NECESSARY TO RESPOND EFFECTIVELY TO THE CHALLENGES BLACK YOUTH FACE WHEN ACCESSING CARE.



RATIONALE



This report aims to provide an overview of the findings from the Pathways to Care focus groups. Since the beginning of the Pathways to Care project, we have been fortunate to work with numerous Black youth, community members, and service providers. Some participated as committee members and contributed to our project's initiatives, while others were focus group participants. Many more were community leaders who connected us with potential participants and other community organizations. We all shared a common goal to understand the needs of Black youth seeking care, because we recognized the specific challenges they face growing up in a structurally racist society. We also witnessed how those challenges were compounded by a system that is ill-equipped to respond to the experiences of ABR and which, in some cases, perpetuated ABR itself. To have a complete understanding, we used focus groups to speak directly to Black youth, their communities, and their service providers.

In February 2020, we published a scoping review on the barriers and facilitators to care for Black children and youth in Canada (Fante-Coleman & Jackson-Best, 2020). The scoping review explored what other journal articles and community organizations identified as barriers to care. We looked at 1700 articles, of which 23 spoke specifically to the experiences of Black youth.

We found that Black youth experienced systemic barriers to care, including wait times and geographic and financial barriers. We also found that Black youth had difficulty accessing mental health professionals, including Black mental healthcare providers (Fante-Coleman & Jackson-Best, 2020).

In this report, we aim to build on and go beyond what we learned in the scoping review and learn first-hand what the challenges are for Black youth attempting to access care. Moreover, we identify what Black youth, their communities, and service providers thought were the solutions to increasing access to care.





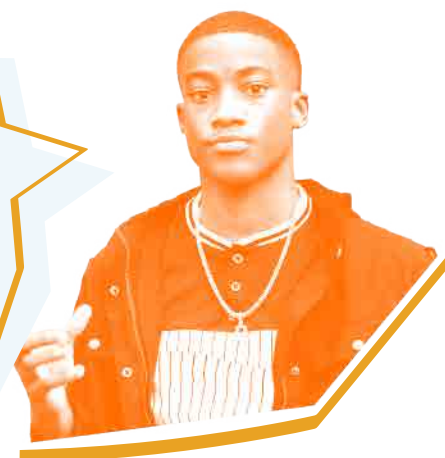
THE POWER OF STORYTELLING AND CONNECTION

Throughout our project, participants have told us that they believe in the power of storytelling. Participants were often overjoyed to have a space to discuss the challenges they experienced. In our focus groups, we witnessed the power of storytelling and sharing among peers. Though the focus groups were part of a data collection process, what often ended up happening was the creation of a community. Youth made connections and realized they were not alone in their experiences. As well, mental healthcare workers who did not know that they had colleagues who shared their values made professional connections in their regions. The focus groups became safe sharing spaces. Participants often noted how excited they were to have a space to share, convene, and make connections.

The purpose of this project has always been to centre and amplify the voices of community members, particularly youth, and bring to the fore their experiences accessing (or not accessing) mental healthcare. We continue to do so with the findings of this report.

« Just finding this space where I can share my experience with you is part of me finding these tools and resources or being able to, you know, have a conversation with my family doctor and be like, “Hey, I need these services, can you direct me towards them?” Or being able to build relationships with men who identify with my experience. »

[Matt, FG7 Toronto Youth in the Justice System]



« I just want to add that I think it’s really important to hear the experiences of other Black people. So that, you know, we just don’t always feel alone. You know, we’re not the only one going through pain. So, I think it’s really nice to hear the experiences of others. »

[Rebecca, FG14 Kitchener-Waterloo Black Youth]

« I think particularly for people of African descent, Black people, we know about telling a story. »

[Miranda, FG15 Kitchener-Waterloo Service Providers]



« This is actually my first time just being in a focus group ever. I'm excited 'cause I think this is a topic that I'm extremely passionate about both professionally and personally. I am excited. »

[Joyce, FG1 Toronto Service Providers]



METHODS

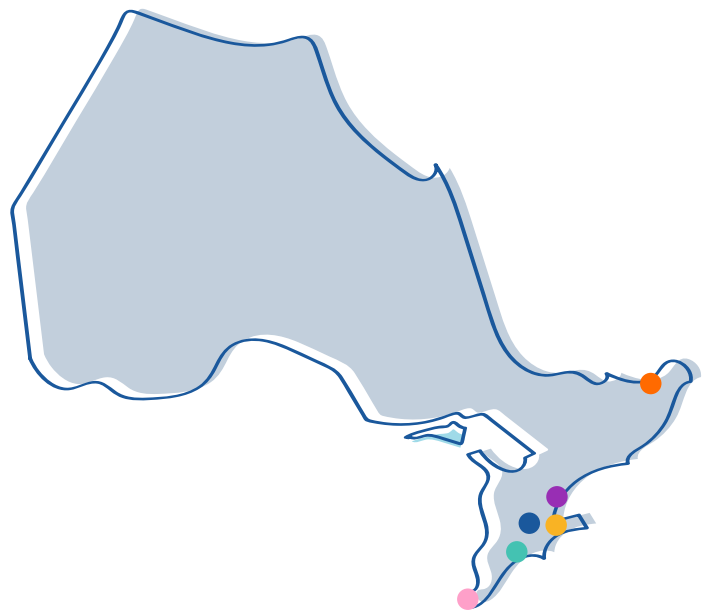
SETTING

The Pathways to Care project aimed to conduct research in six regions across the province, from east to west: Ottawa (National Capital Region), Toronto (Greater Toronto Area [GTA]), Hamilton, Kitchener-Waterloo (Waterloo Region), London-Middlesex, and Windsor-Essex. The project took place in the province of Ontario. Toronto is Canada's largest city and one of the most multicultural cities globally, and approximately half of Toronto's population was born outside Canada (City of Toronto, 2016). As housing costs increase in Toronto, Black community members have increasingly moved to regions outside of the Greater Toronto Area, joining established Black communities. For example, the Black population in the Ottawa-Gatineau census metropolitan area (Ontario) increased four per cent between 2011 and 2016. Similar increases occurred in Hamilton (2.64%), Waterloo (2.19%), London (1.9%), and Windsor (3.31%) (Statistics Canada, 2011; Statistics Canada, 2016).

Each of these communities has unique characteristics that distinguish their experiences from those of Black service users in the GTA. Ottawa (and the National Capital Region) is an attractive region for French-speaking newcomers to Canada because of its proximity to Quebec and its focus on bilingualism (Veronis, 2015). As Canada's capital, Ottawa serves as the base for many government jobs, which often require proficiency in both English and French. Likewise, London (Veronis & Huot, 2017) and Windsor have sizeable French-speaking Black communities.

Kitchener-Waterloo, in Waterloo region, is quickly growing in diversity and attracts newcomers because of its growing tech industry and two universities, the University of Waterloo and Wilfrid Laurier University.

Many of these regions have historic Black communities that often predate the war of 1812. Cities such as Hamilton (Wells, 2021) and Windsor (Ontario Heritage Trust, 2017) have Black communities that can trace their ancestry to the enslaved and free Black folks who fled to Canada via the Underground Railroad. Windsor, in particular, had a sizeable settlement of Black folks in the municipality of Sandwich, now part of the City of Windsor (Frost, 2013).



APPROACH

The PTC project used a community-based participatory research (CBPR) approach, which emphasized the influence of participants on the research process (Flicker, Travers, Guta, McDonald & Meagher, 2007). A central tenet of CBPR is the collaborative process through which research is devised, conducted, and implemented. CBPR emphasizes that the community should initiate research relevant to communities' needs and focus on the research outcomes (Flicker et al., 2007).

CBPR promotes an egalitarian relationship between researchers and community members to ensure that all project stakeholders can contribute to its development. The goal of CBPR is that all aspects of a research project are designed with, directed by, and beneficial to communities.

In this project, we had three committees that determined project direction and provided feedback:



The youth action committee (YAC) made up of Black youth;



An expert reference committee, which included mental health workers (therapists, psychologists, etc.);



A community advisory committee, which included members of the Black community-at-large.

In addition, we received project direction and assistance from the project's key partners: Strides Toronto, the Wellesley Institute, CAMH, and TAIBU Community Health Centre. This report focuses on a qualitative approach to better understand the perspectives and needs of Black children and youth accessing mental healthcare. The research design of the overall PTC project used mixed methods, including surveys (used for social network analysis) and focus groups. We chose focus groups because they encourage participants to co-create their understandings of mental health and further explore the subjective experiences of Black youth seeking care (Wilkinson, 1999).

RECRUITMENT



Participants were recruited using convenience sampling. We recruited participants based on their interest and ability to participate in the project (Etikan, 2016). Recruitment methods included contacting potential participants via email, posting on social media (i.e., Facebook, Instagram, Twitter) and reaching out to affiliated community organizations and individuals in each target region of the project (Toronto, Ottawa, Hamilton, Kitchener-Waterloo, London and Windsor). In-person recruitment was initially intended for this project, but the impact of the COVID-19 pandemic required a shift in recruitment strategy. One promising method was using community liaisons who were deeply connected to each region the project intended to work in. The PTC team worked with community liaisons to ensure that they were knowledgeable about the project and aware of participants' requirements. Community liaisons could answer any initial questions potential participants may have had. They provided the PTC team with interested research participants' names, email addresses, and phone numbers.

Prospective research participants were screened via phone by the PTC's researcher and were provided information about the focus groups, the length of each session, and the required forms to fill out.

PARTICIPANTS WERE SCREENED TO ENSURE THAT THEY WERE EITHER:

-  **BLACK YOUTH**
-  **FAMILY AND COMMUNITY MEMBERS OF BLACK YOUTH**
-  **A SERVICE PROVIDER WHO WORKED DIRECTLY WITH BLACK YOUTH**

Except for geographic location (all participants needed to live or work in the area of interest), inclusion criteria differed for each focus group type. For focus groups with Black youth, participants needed to be between the ages of 12 and 29 and self-identify as Black. Family and community participants needed to know or support Black youth who had sought mental healthcare or experienced mental health challenges. Service providers needed to have a practice that included mental health and focused on Black youth seeking mental healthcare. Neither family and community nor service provider participants needed to self-identify as Black.



FOCUS GROUPS

Between May 2020 and August 2021, the PTC team conducted **23 focus groups**. Seven focus groups took place in the Greater Toronto Area, and three focus groups were completed in Ottawa, Kitchener-Waterloo, Hamilton, and London. In Windsor, four focus groups were facilitated with Black youth, service providers, and family and community members, and an additional focus group was facilitated with Black francophone youth. A detailed breakdown of focus groups can be found in Table 1. Focus groups were facilitated by the PTC’s researcher, except for the Windsor Black francophone youth focus group, which was facilitated by the Bilingual Health Promoter. Because of the COVID-19 pandemic, focus groups took place virtually, via Zoom, and were recorded with a traditional recording device. Focus groups were approximately two hours long. Participants were given an informed consent form and a demographic survey (“About You”) before the beginning of each focus group. The researcher reviewed the informed consent form before each session began; participants under the age of 12 required parental consent. Participants received a \$40 honorarium via e-transfer or cheque. All study procedures were reviewed and approved by the Community Research Ethics Office (#154).

Focus Group Number	Focus Group Type	Location	Date	Participants	Regional Total
1	Service Providers	Toronto	May 28th, 2020	4	
2	Service Providers	Toronto	June 23rd, 2020	3	
3	Family and Community	Toronto	July 16th, 2020	5	
4	Black Youth	Toronto	July 28th, 2020	7	
5	Black Youth (2SLGBTQ+)	Toronto	July 30th, 2020	6	
6	Black Youth (PTC Youth Action Committee)	Toronto	August 26th, 2020	6	
7	Black Youth (Youth in the Justice System)	Toronto	December 8th, 2020	6	37

Focus Group Number	Focus Group Type	Location	Date	Participants	Regional Total
8	Family and Community	Ottawa	December 10th, 2020	4	17
9	Service Providers	Ottawa	December 15th, 2020	9	
10	Black Youth	Ottawa	December 17th, 2020	4	
11	Black Youth	Hamilton	March 16th, 2021	7	20
12	Service Providers	Hamilton	March 25th, 2021	8	
13	Family and Community	Hamilton	March 29th, 2021	5	
14	Black Youth	KW	April 6th, 2021	12	21
15	Service Providers	KW	April 12th, 2021	3	
16	Family and Community	KW	April 22nd, 2021	6	
17	Black Youth	London	June 3rd, 2021	5	11
18	Service Providers	London	June 10th, 2021	4	
19	Family and Community	London	June 22nd, 2021	2	
20	Black Youth	Windsor	June 29th, 2021	5	22
21	Service Providers	Windsor	June 30th, 2021	4	
22	Family and Community	Windsor	July 6th, 2021	5	
23	Black Youth (FR)	Windsor	August 26th, 2021	8	
TOTAL				128	

PARTICIPANTS

Participants were **128 residents** of the regional areas of Toronto, Ottawa, Hamilton, Kitchener-Waterloo, London, and Windsor. Youth participants ranged from elementary school students to university students. Family and community members included parents, siblings, and friends. Lastly, service providers ranged from social workers to psychotherapists and psychiatrists. Service providers' workplaces ranged from private practices to school boards, mental healthcare organizations, and hospitals.

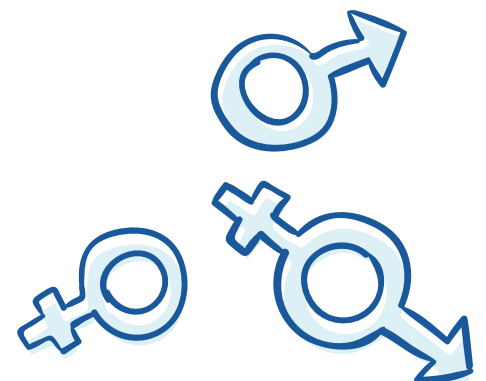
GENDER IDENTITY

85 participants identified as girls/women (67.5%), while 29 participants (23%) identified as boys/men. One (0.8%) girl/woman participant identified as trans. One (0.8%) participant identified as gender-fluid, one (0.8%) identified as a boy/man and third gender, and another identified as solely trans.

Among youth participants (n=66), 22 (33.3%) identified as boys/men, among whom one (1.5%) identified as a boy/man and third gender, and one participant identified as gender-fluid. 39 participants identified as girls/women (n=59.1%), among whom one (1.5%) identified as a girl/woman and trans. Lastly, one participant identified as trans (1.5%) and gender-fluid (1.5%).

TABLE 1. GENDER OF PARTICIPANTS

Gender of Participants	N	Percent
No Response	12	9.38
Boy/Man	28	1.9
Boy/Man, Third Gender	1	0.78
Gender-fluid	1	0.78
Girl/Woman	84	5.6
Girl/Woman, Trans	1	0.78
Trans	1	0.78
Total	128	100



AGE

Overall, participants (n=112, missing 14) ranged in age from 14 to 67 years old (M=27.64, SD=11.29). Youth participants (n=59, missing 7) were aged 14–31 (M=22.01, SD=4.8). Service providers (n=30, missing 3) were aged 27–54 (M=37.36, SD=7.868). Family and community members (n=23, missing 4) were between 21 to 67 years of age (M=39.39, SD=13.10).

RACE AND ETHNICITY

The majority (92.3%, n=95) of participants identified as Black. 24% of participants identified as a person of colour, and 6.7% identified as white. Though most participants identified as African (including East African, South African, and West African) (35.7%, n=55), some identified as Caribbean (34.3%, n=48), and 17.5% of participants (n=27) identified as North American. Overall, for non-Black participants, the sample was diverse. A description of participants' ethnicities can be found in Table 2.

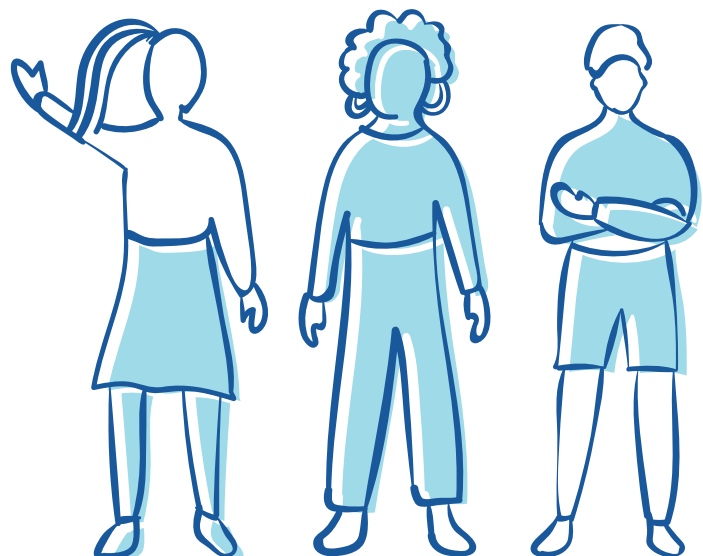
TABLE 2. RACE OF PARTICIPANTS

Race of Participants	N	Percent
Person of Colour	125	24.00%
Black	95	91.30%
White	7	6.70%
Not Sure	1	1.00%
Total	128	123.10%



TABLE 3. ETHNICITY OF PARTICIPANTS

Race of Participants	N	Percent of Cases	Cumulative Percent
Arab	4	2.60%	3.40%
South African	6	3.90%	5.10%
West African	25	16.20%	21.40%
Southern European	2	1.30%	1.70%
Eastern European	1	0.60%	0.90%
East African	24	15.60%	20.50%
North American	27	17.50%	23.10%
East Asian	1	0.60%	0.90%
Caribbean	52	33.80%	44.40%
Western European	6	3.90%	5.10%
Chinese	2	1.30%	1.70%
Filipino	1	0.60%	0.90%
First Nations	1	0.60%	0.90%
Southeast Asian	1	0.60%	0.90%
Northern European	1	0.60%	0.90%
Total	154	100.00%	131.60%



MEASURES

Focus group guides (Appendices A, B, C) were used to encourage participants to detail their opinions on Black folks' mental health, their experiences accessing the mental healthcare system, and what they believed were the solutions for improving access to care. Questions were developed in partnership with the YAC to ensure they reflected what the YAC and the PTC team wanted to know. We wanted to ensure that we asked questions that spoke to community and mental health, accessing mental healthcare, and envisioning a better system of care. We asked questions such as, "What do you want people in our community to know about mental health?", "What are your conversations about mental health like with your family and friends?", and, "How would you describe the care you receive from service providers?" We also asked what participants wanted to change about the current system in Ontario.

ANALYSIS

Focus group data were transcribed by PTC staff and transcription consultants, and with the assistance of Otter.ai, a transcription software. We analyzed data using NVivo, a data analysis software, following the steps proposed by Braun and Clarke (2006) for conducting thematic analysis. We organized the data into codes (small snippets of quotes). We then organized those codes into larger themes, which reflected what we wanted to know about Black youths' access to the mental healthcare system. We reviewed the themes to ensure they were relevant and the information was well-organized. We also combined similar themes. After this, themes were reexamined to make sure they were clear and reflected the story that we wanted to tell.


A codebook was created to keep track of codes and themes. We reviewed all codes and themes, completed an analysis for each region, and did a final analysis once all regions were complete. We reached data saturation, meaning no new codes or themes emerged, with the completion of the Windsor focus groups. We determined which themes to include in this report based on their frequency in the focus groups and their relevance to our research questions. For this report, themes were considered relevant if they were mentioned in at least two different regions. All themes needed a minimum of five references to be included.

Findings were validated through a member-checking process, in which we highlighted which themes were most relevant for each focus group and region. A PDF document that described each theme, provided a quote about that theme, and described the theme's relevance to the project was provided to all focus group participants. We asked participants for feedback to ensure that nothing was missed in our analysis.





RESULTS

This report highlights the key findings and themes shared with Pathways to Care during our focus group consultations. In the consultations, participants were asked to discuss community and mental health, their experiences accessing mental healthcare or working in mental health, and what they hoped to see in a more equitable mental healthcare system. Weaving itself through all Black youths' experiences with the mental healthcare system is ABR, which is present at all levels of society. In this report, we hope to highlight how ABR impacts access to mental health services. Themes that speak specifically to ABR are denoted by a .

For the French version of this report, all quotations from the English focus groups were translated into French. For that reason, some meaning may have been changed/lost in the translation process. We have tried our best to reduce translation errors by reviewing quotes and working with multiple French speakers.

FACTORS AT THE FOLLOWING
LEVEL IMPACT BLACK YOUTHS'
ACCESS TO CARE



SOCIETAL LEVEL



SYSTEMIC LEVEL



REGIONAL CHALLENGES



COMMUNITY SPECIFIC
CHALLENGES



ORGANIZATIONAL LEVEL



PRACTITIONER LEVEL



COMMUNITY LEVEL



INDIVIDUAL LEVEL





SOCIETAL IMPACTS ON THE MENTAL HEALTH OF BLACK YOUTH

Black youth in our focus groups discussed challenges to accessing care at the societal level, including the impact of capitalism on mental health (including financial barriers) and institutional racism.

CAPITALISM AND MENTAL HEALTH

Capitalism and Mental Health. Black youth named racial capitalism as a source of their distress. Black youth defined racial capitalism as an economic system predicated on the exploitation of Black folks, which continues from the transatlantic slave trade to the present day. Black youth described racial capitalism as isolating, because it encourages people to exist in silos instead of communities. Black youth also identified the experience of paying for mental healthcare as a symptom of capitalism. They identified a conflict between the idea of therapy as a form of care and the expense of paying for said care. Participants also linked the social determinants of health (SDOH) to their mental well-being, noting that factors like income and access to transportation, in addition to racism, made it difficult for them to access care.

FINANCIAL BARRIERS

Participants named financial barriers numerous times as a barrier to accessing care, and costs prevented Black youth from accessing the care they needed. In many cases, costs also prevented youth from getting a mental health diagnosis, as assessments can cost up to CAD \$4000 out-of-pocket, and the necessary medications can be expensive. While free services are available, they often lack culturally responsive care, and they rarely offer services from Black mental healthcare providers. Moreover, Black youths' access to care is often delayed by the long wait times for free services. Black youth preferred the care offered by private providers, but they felt that they could not afford it.

« I think a big barrier, especially for youth living in low-income communities, is that in order to access . . . you can't afford to go to someone who might actually be able to be beneficial and help you. So I think that the financial barrier is such a big barrier, especially in Black and Indigenous communities, and white communities in our city, but particularly Black and Indigenous communities.»

(Leisly, FG11 Hamilton Black Youth)



INSTITUTIONAL RACISM

Black youth are aware that racism impacts many aspects of their lives, affecting their overall health and well-being. Black youth named systemic racism as a factor that caused harm. Black youth tied the global impacts of racism and colonialism to their mental well-being. Moreover, participants recognized that institutional racism was responsible for the lack of culturally responsive services and care.



« Like, you try and put on a brave face, but if you're facing systemic racism or discrimination, like, it does affect you. Even if it's not showing in your expression, deep down. Mentally it's like a block, or it's like something that's affecting you deeply and emotionally. »

[Jay, FG4 Toronto Black Youth]

« I mean, the people that I was working with . . . didn't have the Black experience here in Canada, because they're newcomers. But I think that colonialism and racism, like, those things are global. So a newcomer coming from Eritrea, listening to people's experiences of harm and violence, not only by this state. But there's interpersonal issues. And then when people come here, those things continue. I think it's difficult and very painful. »

[Sharon, FG15 Kitchener-Waterloo Service Providers]



Black youth faced race-based oppression in multiple systems at the same time. It was not uncommon for Black youth to face discrimination at school and in the overall education system, which led to criminalization and interactions with law enforcement. Black youth reported being unfairly disciplined in school and unprotected from racism from their instructors and peers. The over-discipline of Black youth in the education system, and Black youths' lack of access to the mental healthcare system, were compounded by the fact that Black youth were criminalized for displaying signs of mental illness. Black youth were reported to the police when they were in crisis, and they felt that the police were unhelpful. When family and community members requested assistance from law enforcement, Black youth were arrested, which put family members in a difficult position the next time they needed to help their loved ones access crisis services. The criminal justice system was another source of frustration, especially among Black youth dealing with mental health challenges.

POLICY LEVEL

Many of the challenges that Black youth face in accessing care are related to Canada's mental health policies. The current funding structure in Ontario has led to silos within mental health organizations. Many organizations are funded for a particular kind of care, which makes it difficult for Black youth with multiple mental health challenges to get the care they need. Funding mandates are either narrow or they require significant oversight, which leads to overhead burdens, particularly for small organizations. There is a strong need for mental health services specific to the needs of Black youth, as the current funding and availability of services are insufficient and require a long-term funding commitment and service development. A community of practice, in which mental healthcare workers who prioritize Black mental health could convene and collaborate, would go a long way to ensure a standard of care for Black youth in Ontario.

PRACTICE LIMITATIONS

Canada lags behind the United States (US) regarding techniques used to diagnose and treat mental illnesses. Practitioners familiar with both systems lamented that Canada was behind the US in terms of how the system was organized. Moreover, social workers were frustrated that they were given less latitude in care provision compared to their counterparts in the US.



« I find that the [US] is about ten years ahead of the curve, in terms of . . . the things that we're going through now, the growing pains that we're going through in terms of mental health policy, and the way we shape mental health services is what was going on ten years ago. »

[Ebony, FG21 Windsor Service Providers]

WE PROPOSE THE FOLLOWING SOLUTIONS:

INCREASED FUNDING FOR MENTAL HEALTH AND WELL-BEING SERVICES

FUNDING FOR AN ORGANIZATION THAT WILL LEAD A COMMUNITY OF PRACTICE TO SET THE STANDARD OF CARE FOR BLACK YOUTH

INCREASED AVAILABILITY OF FREE SERVICES

SUBSIDIZATION OF PRIVATE PRACTICES TO REDUCE CURRENT GAPS AND WAIT TIMES IN CARE, BUT ONLY AS A STOPGAP UNTIL FREE UNIVERSAL MENTAL HEALTHCARE



SYSTEMIC LEVEL

THERE WERE FOUR BARRIERS TO CARE THAT OCCURRED WITHIN THE MENTAL HEALTHCARE SYSTEM:

- SILOED CARE

- LACK OF CRISIS SUPPORT

- WAIT TIMES

- LENGTH OF SERVICES

SILOED CARE

Silos were previously mentioned in this report. The overall sentiment among participants was that organizations did not work together to coordinate care across the system. Moreover, individual mental health workers were often tasked with bridging gaps between organizations. Participants, especially family members and caregivers, were extremely frustrated by how siloed the system was and how often it led to Black youth dropping out of care. Black youth who dropped out of care were primarily those with multiple, complex needs. Mental health workers also disliked the siloed nature of the system. Even though organizations were in constant conversation with each other, there was no system to ensure that Black youth could successfully transition to their next point of care. Siloed care was further complicated by private practices, which may have been ideal for Black youth, but private practitioners work independently.



« Everyone works in silos. And everybody talks, there's so many clubs and community groups trying to do the same thing or something similar. That amounts to nothing. »

[Melina, FG22 Windsor Family and Community]

There is a presumption that youth can easily access systems. Very little attention is paid to the specific circumstances of Black youth, who may not live near services and transit or have access to a vehicle. Beyond that, Black youth often feel that they are not given enough information to move to the next step in their care journey.

LACK OF CRISIS SUPPORT

Mental healthcare workers recounted their patients' experiences of being denied access to emergency departments and crisis care organizations. Silos became more concerning when Black youth were experiencing mental health crises.



« For me to have to call and speak to hospital staff who tell me, “Tell the community to go handle it,” or, “You go handle it yourself,” or, “Call the police.” It was so disappointing, and then it’s also hard for me to encourage these youth that I’m trying to give education to about, “These are the numbers you call if you’re worried about someone. Try this.” While I am getting pushback as a psychiatrist. . »

[Sula, FC9 Ottawa Service Providers]

In many regions, crisis hotlines are overburdened and cannot answer calls quickly. Participants reported wait times of an hour or more. There are simply not enough crisis lines, which often leads Black youth, family and community members, and service providers to rely on law enforcement to handle crises because of their availability. Law enforcement involvement is an insufficient response, especially given the recent deaths of Black youth involved in crisis calls. Family and community members were often distressed when calling the police because of the risk it presented to Black youth.

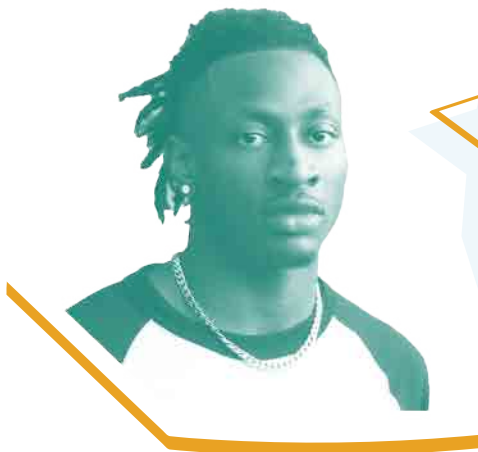


WAIT TIMES

Youth often wait for months to access care services, only to realize that their care provider is a poor fit for their needs. In every focus group we conducted, Black youth discussed the long waits to access care and identified it as a barrier. Black youth described waiting between three to six months to access a service. It often takes youth years to find adequate treatment because of wait times. Long wait times increased the risk that Black youth would disengage from mental healthcare services. Wait times are likely the single most significant barrier to care for Black youth.

« The wait process is really a struggle as well, like, it took me like a few years to actually get proper treatment, I guess, yeah, and it's still not really doing so well. »

[Leisley, FG11 Hamilton Black Youth]



« I think for myself personally, one of the biggest barriers with mental health support is just the waiting times, the wait times. For example, like, you want to connect to a psychotherapist and the wait time is, like, four-plus months. »

[Sam, FG5 Toronto 2SLGBTQ+ Black Youth]



LENGTH OF SERVICES

Services were too short-term for Black youth, who wanted long-term services that suited their needs, and Black youth often had to move between services. Because of an overall lack of continuity of care, Black youth had to start from scratch and re-explain their experiences. Navigating services that were only available for a short time was highly frustrating for Black youth, who wished to have longer relationships with their care providers. The short length of services was tied to funding stipulations, which often limited Black youth to a specific number of sessions (typically six) or a specific time frame (e.g., one, two, or six months), regardless of whether Black youth felt that their reasons for seeking care had been resolved. As aforementioned, Black youth often had difficulty finding services that suited their needs, so shorter time frames for care were especially burdensome. Moreover, having to relive challenging periods of their lives often brought up trauma.



« You make all those connections, you build that trust with that worker . . . more and more there's this short-term service and a lot of change in workers and not as much care for that continuity of care. A lot of my clients just come back and they're like, "I am not explaining the story all over again, I'm done with this," but you haven't gotten to the end of the work. »

[Kayla, FG1 Toronto Service Providers]

WE PROPOSE THE FOLLOWING SYSTEMIC **SOLUTIONS:**

DEDICATED BLACK MENTAL HEALTH SERVICE

CRISIS SUPPORTS

PROVINCIAL DATABASE OF CARE
PRACTITIONERS

LONG-TERM SERVICES



REGIONAL CHALLENGES

Although there were similarities across regions, some regions had challenges specific to them and their communities.

TORONTO

Many participants in Toronto found the mental healthcare system to be too complicated to access. Black youth knew that programs and funding existed but could not find them, and their challenges were compounded by financial difficulties and the short length of services

When Black youth accessed publicly funded services, they often felt out of place, as these services did not typically respond to their cultural experiences

The criminalization of youth in Toronto was also mentioned repeatedly as a barrier. Youth were unsure about calling crisis services in fear of police being the first responders

The disconnect between Black youth who experienced criminalization and their service providers was deepened when providers diminished or dismissed Black youths' experiences

Fear of hospitalization also prevented Black youth from seeking care in Toronto. Black youth reported being forced into hospitalization or having friends who were forced, which prevented them from being honest with their therapists and/or made them decide not to seek care

OTTAWA

Participants felt that there was a lack of recognition of the impact of ABR on mental health

Lack of counselling opportunities for Black youth

Disjointed systemic response to crisis care: emergency rooms (ERs) often reject patients, and there is an overreliance on police to provide crisis care. Participants ran into challenges with the Ottawa Hospital (Civic campus), Queensway Carleton Hospital, and the Royal's mental health outreach team

Some organizations were considered great resources, including Roots and Culture Canada, the 613-819 Black Hub, Upstream Ottawa, and FAMHAS



LONDON-MIDDLESEX

Shortage of services available to Black youth that goes over and above the lack of services in other regions

Youth spoke of the difficulty they faced in finding a culturally responsive therapist, and they felt that all the available services in the region were “very white”

Many participants, including service providers, described the services in the region as non-inclusive, and they spoke of the failure of regional hospitals to appropriately address mental healthcare for Black youth

Many mainstream organizations have very little focus on Black mental health, despite a sizable Black population

There was only one organization that focused on Black youth, W.E.A.N. Community Centre, but they were a grassroots organization rather than a service that Black youth could access

Youth described having to be “acutely” unwell before receiving services in the region, and they felt that there was little support dedicated to preventing crisis events

Need for more free services and resources that provide a smooth transition to other forms of care when Black youth age out

WINDSOR

Siloed nature of care services was the biggest regional challenge

Participants described large gaps in the services available and their awareness of said services; for example, they were unaware of a resolution table that helped Black youth with complex needs find services

Services have a very narrow focus and are often unable to help Black youth with multiple needs

The current system puts pressure on parents to surrender their children to the state to get them the care that they need, because their children’s needs are too complex for traditional services

Lack of mental health-focused organizations for Black youth and newcomers

Black youth were not getting the services they needed when they entered the care pathway, and because there was very little coordination of care between services, they often fell through the gaps

Participants wanted to implement a no-wrong-door system, meaning services would ensure that Black youth got the care they needed, no matter where they entered the care pathway

HAMILTON

Profound lack of culturally responsive mental healthcare services for Black youth

Black youth wanted a space just for them that went beyond traditional mental health offerings, including a space where they could speak that offered a variety of Black youth-focused programs

In general, there was a sense that there needed to be more funding for Black-focused mental health services in the region

Organizations that youth considered great resources were St. Joseph's Healthcare Hamilton's Youth Wellness Centre, the Hamilton Center for Civic Inclusion, and the Crisis Outreach and Support Team (COAST)

WATERLOO

Lack of services and minimal resources available for Black youth despite a very well-resourced region

Lack of understanding of what regional resources are available for Black youth





COMMUNITY-SPECIFIC CHALLENGES

BARRIERS SPECIFIC TO 2SLGBTQ+ YOUTH

Challenges in finding services that responded to all their mental health needs and affirmed their identities.

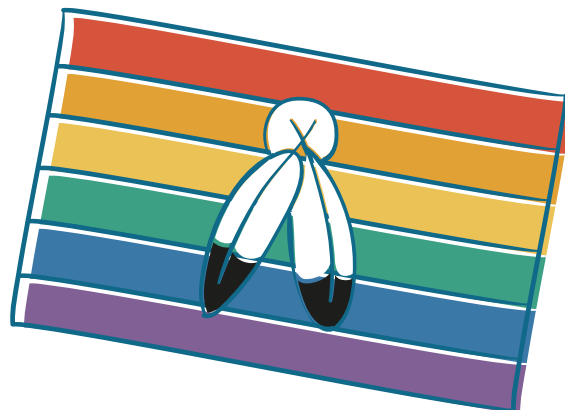
Having to choose between a mainstream, anti-Black service organization that would celebrate and understand their sexual orientation and gender identities, and a Black-focused organization that could be homophobic and transphobic. Black 2SLGBTQ+ youth felt that mainstream services often centred whiteness, but at the same time, they couldn't bring their whole selves to Black-focused organizations.

Black trans youth faced further erasure in mental health spaces that were unequipped with the language and knowledge of Black trans experiences, giving Black trans youth even poorer access to care.

While Black 2SLGBTQ+ youth sought out Black queer and trans spaces for mental support among their peers, lateral violence often made these spaces complex for them to navigate .

The challenges that Black 2SLGBTQ+ youth experienced when accessing care were compounded by the stigma they experienced from family members, community members, and care providers.

Youth wanted to see better representations of Blackness within mainstream organizations and more queer and trans friendly, Black-focused organizations.



BARRIERS SPECIFIC TO YOUTH WHO HAVE INTERACTED WITH THE JUSTICE SYSTEM

Black youth with experience in the justice system were far more likely to be low-income than other Black youth in our focus groups, which impacted the way they moved through the world and how they interacted with mental healthcare and other systems

Black youth in this focus group noted that there was a societal commitment to their criminalization, which began at an early age in the education system, and they were wary of police officers who they felt often targeted them

Black youth in this focus group noted that they received very little support from the mental healthcare system. Financial challenges shut them out of accessing care. These challenges were compounded by long wait times and therapists who did not understand their backgrounds and experiences

These youth were also wary of starting a therapeutic process that they would be unable to afford in the future

These youth were often rejected and alienated from traditional mental healthcare and peer support groups. They had to lean on self-care methods and self-reliance to support their mental health and well-being

These youth wanted to eliminate financial barriers to mental healthcare, increase peer support opportunities, and divert funds away from policing and toward more community-based supports. Mental health diversion was also of importance





ORGANIZATIONAL CHALLENGES

THERE WERE THREE BARRIERS TO CARE FOR BLACK YOUTH AT THE ORGANIZATIONAL LEVEL:

**-ORGANIZATIONS
NOT COMMITTING TO
CULTURAL RESPONSIVENESS**

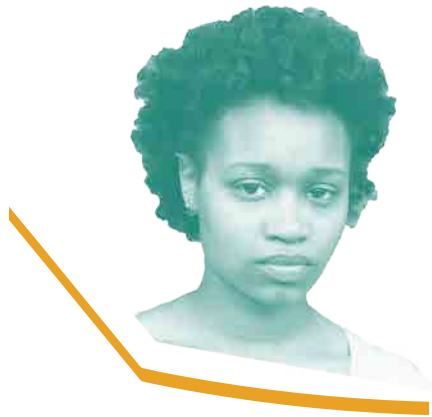
**- A LACK OF BLACK
PROFESSIONALS**

**- A LACK OF AGENCIES
SPECIFICALLY FOR
BLACK YOUTH**

ORGANIZATIONS NOT COMMITTING TO SAFETY

It was clear to many participants, particularly Black youth and service providers, that many mental healthcare organizations failed to develop and implement protocols for addressing ABR, and that they failed to incorporate cultural responsiveness into their care. Many participants felt that mental healthcare organizations were reactive, and that they failed to work towards anti-racist solutions meaningfully. Instead, organizations reacted in times of crisis, whether the crisis was social (e.g., protests after the murder of George Floyd) or organizational (e.g., patients naming the service as anti-Black). Despite what organizations aimed to do or what their policies attempted to address, participants felt that mainstream (i.e., non-Black) organizations were not making real progress. Beyond that, participants felt that organizations were more interested in doing surface work to appear culturally competent, and to promote themselves as a safe space for Black youth, without addressing their internal systems.





« Surface level, it looks good. You know, maybe they hang some posters, [a] couple people will say a couple good things. But after time, you can see how toxic some places are, really, truly toxic. So yeah, my experience not even just currently, but in the past, it's often just surface level. »

[Robyn, FC18 London Service Providers]

Organizations often expected Black service providers to address all things related to ABR. Many Black service providers recounted having to encourage their organizations to make statements in the wake of the murder of George Floyd, or having to handle other ABR-focused communications and initiatives. Unfortunately, even when Black service providers contributed their efforts, they were often wasted or rejected.



« [The organization I worked for] had a comprehensive human resources manual that we would go through . . . [we were beginning to have] discussions about [the] need to review it and make sure, especially in light of last year, everyone had their hashtags and their, their squares, and made their statements. I think that has motivated some people to at least look. I think that's what was going on where I was. However, I would say that it's a good thing, obviously. But it became, I felt that it was going to be on me to ensure that there was a critical lens of what was already there. Because what ended up happening was we went through it, everyone said it was fine the way it was, of course . . . I thought there were a lot of holes, gaps, things that could be done...

That ended up being a prominent experience for me, and I'm sure there are many other Black people in all of the sectors who became the equity, diversity, inclusion person for free when everyone discovered that racism and police violence existed last year.

Though I think it is important to hear from people who have lived experience, it shouldn't be solely [on me]. Because it's uncomfortable for me to be in a room full of people who think that everything is fine, to continually have, like, always having to be like, "No, actually, I know that you think that, it was great that they said that, like, discrimination isn't okay." But what does that actually mean? We talked about, especially with clients, clients being racist, or being sexist, what happens? What happens when that happens? Because I am Black, and this is an anti-Black world. So it will happen, like, what am I supposed to do? Who am I supposed to talk to about that? What is going to be done? And so it's frustrating for me to be the person who was not only supposed to identify all of the issues, but then also provide all of the solutions as well. »

[Sharon, FG15 Kitchener-Waterloo Service Providers]



Organizations often expected Black service providers to do this additional and emotionally laborious work for free. Because the work was not intentional, it often led to poorer care for Black youth, who were not receiving services that had meaningfully improved but services that were being presented as such. Youth often engaged in these services only to find that they were not safe.

« When we talk about cultural competency, we need to realize the fact that these organizations, they're basically creating a system of discrimination where some white person or non-Black person can improve their resume by talking of cultural competency, but at the same time [they're] creating pressure on the two Black people that because you're Black, therefore, you must know »

[Seun, FG9 Ottawa Service Providers]



A LACK OF BLACK PROFESSIONALS



Organizations are not hiring and retaining enough Black mental healthcare workers to be able to serve Black youth properly. A lack of Black mental healthcare workers to serve Black youth was a theme across all regions. In our focus groups, Black youth repeatedly said they wanted to receive care from Black mental healthcare workers. Black youth felt that Black mental healthcare workers understood their needs and histories in a way that non-Black workers could not. Black youth often felt alienated from care when paired with a non-Black service provider, and they felt that this alienation made care less effective for them. Service providers gave many reasons why they thought there was a lack of Black workers. In contrast to what may be a popular belief, service providers in our focus groups did not attribute a lack of Black service providers in organizations to a lack of Black service providers in general. Instead, they attributed their scarcity to inequitable hiring practices and alienation from organizations, because Black service providers were also recipients of ABR.

LACK OF AGENCIES SPECIFICALLY FOR BLACK YOUTH

Many agencies focus on the health and well-being of Black communities (e.g., Tropicana Community Services, TAIBU Community Health Centre). Still, many of these agencies respond to multiple needs in their community and don't have an explicit focus on Black youths' mental health and well-being. Beyond that, many are located within the Greater Toronto Area and do not provide services to smaller communities in Ontario. There are no agencies that focus specifically on Black youth and their mental health. Black youth require services that relate to their experiences in the world, including intensive day programming and forensic psychiatry. Currently, there are two services that we are aware of that provide this level of intensive care to Black youth: SAPACCY and Upstream Ottawa. Otherwise, Black youth are often reliant on mainstream organizations and hospital services.

WE PROPOSE THE FOLLOWING SOLUTIONS FOR ORGANIZATIONS:

DEVELOP PROGRAMMING SPECIFICALLY FOR BLACK YOUTH

DEVELOP HOLISTIC PROGRAMS THAT BLACK YOUTH CAN ACCESS: TALKING CIRCLES; FOOD-RELATED PROGRAMS; EMPLOYMENT, GARDENING, AND COOKING WORKSHOPS, ETC.

CREATE MORE SERVICES THAT OFFER LONG-TERM CARE

USE A SLIDING SCALE FOR CLIENTS WHO MAY HAVE CHALLENGES PAYING FOR SERVICES

DEVELOP, IMPLEMENT, AND EVALUATE PRACTICES FOR COMBATING ABR

HIRE BLACK MENTAL HEALTHCARE WORKERS, AND DEVELOP POLICIES INTENDED TO ENSURE THEIR RETENTION AND PROMOTION

PARTNER MAINSTREAM ORGANIZATIONS WITH BLACK GRASSROOTS ORGANIZATIONS TO CONNECT WITH MORE CHALLENGING-TO-REACH BLACK YOUTH



PRACTITIONER LEVEL

FOUR FACTORS AFFECTED HOW BLACK YOUTH ACCESSED CARE WITH MENTAL HEALTH WORKERS:

- **STIGMA AND RACISM FROM PROVIDERS**
- **LACK OF TRUST**
- **LACK OF CULTURAL AWARENESS AND ACKNOWLEDGMENT OF RACISM**
- **NON-BLACK WORKERS UNABLE TO ASSIST BLACK YOUTH**

STIGMA AND RACISM FROM PROVIDERS

Black youth are often stigmatized by their mental healthcare providers, which compounds the challenges they may face in their communities. Black youth often recounted that they felt looked down on by service providers, and they were often not believed when they recounted how racism impacted their lives.

« There were times where I felt like I was looked down on. I don't know, it wasn't such a positive experience for me, it's kind of hard for me to talk about. »

[Alex, FG4 Toronto Black Youth]



Many service providers felt that Black youth weren't being adequately cared for in mental health organizations:



« Since I started focusing more on mental health, [it's] because I realized that the mainstream organizations that don't serve our needs, and there's a lot of assumptions, right, when it comes to our kids, right, kids that, like, may be acting out because there's the need, when there's a Black kid, they don't pay attention to what is going on. »

[Daylia, FG18 London Service Providers]

Youth reported that service providers would make assumptions and rely on racist stereotypes, which was echoed by Black service providers, who noted that non-Black service providers tended to have a 'narrow view' of Black youth:

« I went to the crisis stabilization place in London, right? And then I was connected to this one lady, and we would talk once a week, and then I kind of caught her saying things that were a little off . . . I just noticed her saying, like, oh, like, the people in this area—which would be . . . more of, like, a hood area or something, or, like, a complex—are more likely to get . . . these types of calls because they live in this area. »

[Sasha, FG17 London Black Youth]





« How do I put it . . . [care is] too westernized . . . to white people a certain experience [can sound like] what I went through was abuse. But to me that was very normalized in my community. Like, I am just going to say, like, spanking, you know, to western people or to some people it would be like, “Oh, you experienced abuse,” “How could they do that?”, “How degrading can your family members be for spanking you?” or whatever, and that was not my experience. Like, I didn’t appreciate the fact that people were putting words in my mouth. »

[Alex, FC4 Toronto Black Youth]

LACK OF CULTURAL AWARENESS AND ACKNOWLEDGMENT OF RACISM

One of the biggest challenges for Black youth seeking care was working with service providers who lacked an understanding of Black youths’ culture and community. Providers, particularly white mental healthcare workers, were often not taught to think about the diversity of their future clients. Many providers lack an understanding of ABR’s impact on communities. Unless providers work consistently to educate themselves on the experiences of Black youth, they will lack important information that directly impacts Black youths’ care.

Examples of providers’ lack of cultural awareness included a rigid definition of family structures; a need for Black youth to carefully navigate discussions about corporal punishment, lest their providers file a report to child protection services; and a poor understanding of the significance of the hijab (a head covering worn by some members of the Islamic faith).

Black youth noted that providers were often uncomfortable talking about or acknowledging racism in their sessions:

« I was experiencing gaslighting. By this white mental health professional, navigating the role of a six-foot, dark-skinned Black man. And saying that I am being followed, or under scrutiny [more than] other populations, and they are saying, “How do you know you are being followed?” or, “How do you know you are being watched?” Just constantly having to explain that is very exhausting. . . . The fragility is activated, and they don’t want to acknowledge that systemic racism is a real thing. »

[Sam, FG5 Toronto 2SLGBTQ+ Black Youth]



Providers who lacked an understanding of race and racism would disregard Black youths’ experiences or claim they didn’t see colour, not realizing that Black youth wanted their race, and the impact of racism on their mental health, to be seen, heard, and empathized with. Many Black youth felt that providers who did not understand the impact of ABR were unqualified to provide care to them. Youth felt that specific and ongoing training was necessary in order for non-Black providers to work with Black youth.

LACK OF TRUST

Due to the ABR that Black youth experience, there is historic distrust among Black youth seeking mental healthcare in Ontario. Black youth lose trust in the system when they have to change providers and when they feel misunderstood by their providers. Furthermore, Black youth become frustrated when they feel they are not receiving the help they need, and their frustration is amplified by providers who don’t understand their lived experiences. Because of this distrust, Black youth often turn to their communities for care, to protect themselves from further bad experiences.



NON-BLACK WORKERS UNABLE TO ASSIST BLACK YOUTH

Black youth expressed a desire for care from Black providers. Because non-Black providers did not share lived experiences with them, many Black youth felt non-Black providers wouldn't understand their struggles. Many Black youth suggested that it would be easier to work with a Black service provider, as they would have an inherent understanding of ABR even if they had cultural differences from their clients.



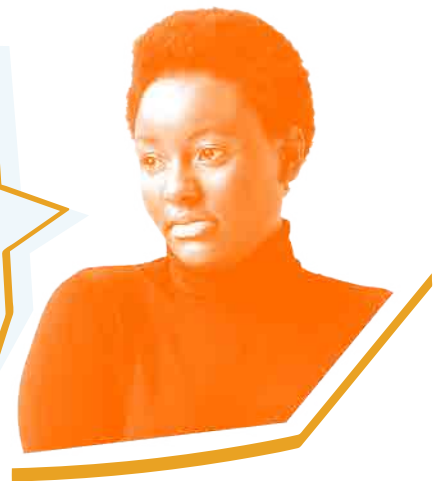
« I am considering stopping my therapy at the moment, just because I've kind of been through a bunch of therapists and it hasn't . . . all of them have been white . . . at one point, I was told that I was really too confident to be in therapy because I wore my hair up. »

[Leisley, FG11 Hamilton Black Youth]

Black youth described having their points missed or misunderstood when they worked with non-Black service providers. They spent a significant amount of time explaining racism and its impact instead of being helped. Black youth already face barriers to accessing services, including long wait times, so every minute they spend explaining is an additional minute of failing to receive adequate care. Though we spoke with many non-Black service providers who genuinely wanted to address the gaps in care for Black youth, it must be recognized that sometimes the only appropriate service provider for a Black youth is one who shares a common identity with them.

« I have friends who have to sit in therapy sessions where they have to explain why something is racist, right? So instead of sitting there and processing a racist experience, you're there having to talk to a white counsellor about why that thing was racist, right? So that takes away from what you're able to process because you're no longer processing and just, like, talking to things, you're educating your white therapist on, like, race issues, right? »

[Brenda, FG13 Hamilton Family and Community]



WE PROPOSE THE FOLLOWING SOLUTIONS FOR PRACTITIONERS:

CULTURAL HUMILITY

SERVICE PROVIDERS SHOULD POSITION THEMSELVES AS LEARNERS WHEN WORKING WITH YOUTH OF DIFFERENT RACES AND ETHNICITIES. AT THE SAME TIME, PROVIDERS SHOULD TAKE INITIATIVE AND DO RESEARCH TO LIMIT THE NEED FOR THEIR CLIENTS TO TEACH THEM

LISTEN TO SERVICE USERS' PERSPECTIVES ON THEIR OWN CULTURES

FIND COMMONALITIES AND MEANINGFUL WAYS TO ENGAGE WITH YOUTH BEYOND THEIR IDENTITIES

ACKNOWLEDGE PRIVILEGE

CALL OUT RACISM BOTH WITHIN AND OUTSIDE OF THE CARE SPACE

WORK TO BUILD A STRONG RAPPORT WITH YOUTH BEFORE ENGAGING IN TOUGH CONVERSATIONS ABOUT RACE AND RACISM, AND CENTRE EMPATHY IN ALL DISCUSSIONS

ADAPT FOR MODALITIES FOR CULTURAL RESPONSIVENESS

REFRAME ASSESSMENT TOOLS TO CONSIDER ABR

USE EXAMPLES THAT REFLECT AND AFFIRM CLIENTS' CULTURAL BACKGROUNDS

THINK ABOUT THE USE OF MODALITIES WITHIN A LARGER SYSTEMS CONTEXT

INDIVIDUALIZED CARE

TAILOR CARE TO EACH INDIVIDUAL AND THEIR SPECIFIC NEEDS

DON'T ASSUME BLACK YOUTH ARE ALL IMPACTED BY RACISM IN THE SAME WAY

REJECT BIASES AND ASSUMPTIONS, BUT REMAIN INFORMED

LET CLIENTS LEAD WITH THEIR EXPERIENCES

UNDERSTANDING INTERSECTING IDENTITIES

LEARN HOW ABR INTERSECTS WITH GENDER AND SEXUAL ORIENTATION

LEARN HOW ABR INTERSECTS WITH MUSLIM IDENTITIES AND ISLAMOPHOBIA (ANTI-BLACK ISLAMOPHOBIA)

LEARN HOW BEING A NEWCOMER, REFUGEE, OR NON-STATUS PERSON CAN IMPACT MENTAL HEALTH AND WELL-BEING





COMMUNITY-LEVEL BARRIERS

- FAMILY AND MENTAL HEALTH

- STIGMA

- COMMUNITY KNOWLEDGE

FAMILY AND MENTAL HEALTH

Family had a significant impact on Black youths' relationships with their mental health, and their families impacted their decisions whether to seek care. How each family dealt with mental health varied among Black youth, as it would in any other community. Some families were highly supportive: they encouraged open discussion of mental health and well-being and facilitated access to services. Other families were less familiar with mental health, and discussions about mental illness were taboo. Trauma also played a role in how families handled mental illness. Many Black youths' family members had generational trauma from war and displacement, family conflict, and undiagnosed and untreated mental illnesses.

There were also generational differences between how youth wanted to talk about and work through their mental health and how their older family members talked about it. Some Black youth reported that their families thought of mental illness as a North American problem, a sign of weakness, or something that should remain private. Many Black youth felt that they were missing out on much-needed conversations with their elders, but this was not the case for all Black youth; many participants mentioned having open conversations about mental health with their older family members. Thus, discussions about mental illness vary in Black communities, in the same way that they do in others.



STIGMA

Mental illness remains stigmatized in Black youths' communities, and it remains one of the biggest challenges to Black youths' decision whether to access services. Many Black youth reported being told that mental illness isn't real, and that it is a sign of being cursed or a symptom of a lack of sustained prayer. The use of medication and therapy is similarly looked down upon, and many Black youth talked about resisting medication and therapy in fear of being stigmatized. Steeped in a culture of silence regarding mental health and well-being, Black youth described feeling isolated from their communities and wanting more family and community support.

« There's a stigma with mental health that you can't have mental health [issues], and Black people shouldn't have mental health [issues], and if there's anything wrong with you, there's nothing wrong with you at all. You pick up, and you keep going. »

[Ramona, FG7 Toronto Youth in the Justice System]



« I had my appointment with my doctor . . . she had asked me if I had any family history of anxiety or depression or anything like that, and I couldn't tell her because there are no conversations about mental health in my family, you know? »

[Bella, FG4 Toronto Black Youth]

« In our community, it's really on a hush-hush about mental health and . . . we don't allow ourselves to talk about it a lot. »

[Denton, FG11 Hamilton Black Youth]



«They're not only dealing with stigma with mental health and stigma with their culture, their race, but then they are sometimes ostracized from the very community. So it's like, where do you go? »

[Joyce, FG1 Toronto Service Providers]



« A lot of [youth] are actually concerned about their friend seeing them walk through the door, to see therapy or knowing that they are seeking therapy . . . whether that would lead to bullying or people calling them crazy or something. »

[Nina, FG15 Kitchener-Waterloo Service Providers]



COMMUNITY KNOWLEDGE

Stigma was tied to a poor understanding of mental health. Black youth wanted community members to better understand mental health, mental illness, and how symptoms did or didn't present. In addition, Black youth felt that their communities should learn the best ways to support those living with mental illness. Normalizing therapy and medication within the community was also important to Black youth.

If family and community members can talk about mental illness, Black youth are more likely to recognize when they need help and seek care. Community-wide mental health discussion would also help reduce stigma by removing community members' uncertainty.

Youth felt that their peers often provided much needed support but that they had not received the same level of support from their families and larger community. Black youth felt that other Black youth understood them, and they felt that they could have more empathy for what their peers were going through. Because there were fewer power dynamics involved than when working with a mental healthcare provider, youth often turned to each other first for advice.

« I feel like maybe that could be what other communities are doing. And that's how they're able to overcome some issues is that open, honest conversations are being had. »

[Ashley, FG18 London Family and Community]



« You know, the need for the education in mental health is a big thing, but even us as parents, us as friends, us as family, we don't know how to deal with these things either. »

[Robin, FG9 Ottawa Service Providers]



WE PROPOSE
THE FOLLOWING
**SOLUTIONS AT THE
COMMUNITY LEVEL:**

PEER SUPPORT FOR BLACK YOUTH

FAMILIES LEARNING MORE ABOUT MENTAL
HEALTH, ILLNESS, AND WELL-BEING

DEVELOPMENT OF COMMUNITY-BASED
SUPPORTS FOR BLACK YOUTH

FURTHER COMMUNITY EDUCATION ON SIGNS
AND SYMPTOMS OF MENTAL ILLNESS AND
HOW TO ADDRESS THEM

OPEN CONVERSATIONS WITH FAMILY AND
COMMUNITY MEMBERS ABOUT MENTAL
HEALTH AND WELL-BEING





INDIVIDUAL LEVEL

TWO BARRIERS IMPACTED BLACK YOUTH AT THE INDIVIDUAL LEVEL:

- **ALIENATION FROM CARE SEEKING**

- **UNCERTAINTY ABOUT AVAILABLE SERVICES**

ALIENATION FROM CARE SEEKING

Youth decided not to access mental healthcare for many reasons, including fear of being stigmatized. Mental illness itself was a barrier that added to existing challenges; when Black youth are in crisis, their existing challenges are amplified. Black youth must want to seek care, then have easy and timely access to it.

« I feel like, honestly, my biggest barrier might just be my mental health itself, do you know what I mean? You know, taking into account all of the other factors that we brought up earlier with regards to, like, am I going to be able to find a healthcare provider that is able to understand what I put on the table? »

[Safe, FC11 Hamilton Black Youth]



Black youth who had previously accessed care and had negative experiences were also hesitant to seek care again, especially if the services they used were not culturally responsive or appropriate. Stigma also played a role: Black youth did not want to be seen as different because they decided to go to therapy.



« A lot of people don't want to take advantage of those programs, because they don't want the public to see that they're sick, they're ill. Right? So it's just for them to realize that there is nothing wrong with getting the help. »

[Sherry, FG3 Toronto Family and Community]

Because of their negative experiences and the negative experiences of their peers, Black youth often decided to rely on self-care to maintain their mental health. For many Black youth this meant focusing on journaling, shadow work, mindfulness, and fostering gratitude to promote positive mental health and well-being. While self-care is a good practice, Black youth noted that they engaged in it because they felt left out of the system, and that they couldn't afford to wait for and rely on traditional mental healthcare to improve their mental health and well-being. Black youth with experience in the justice system were far more likely to rely on self-care.

UNCERTAINTY ABOUT AVAILABLE SERVICES

The mental healthcare system is complicated and overwhelming for Black youth to navigate. There are many private and public services that are either free, paid for out of pocket, and/or covered by insurance. Black youth are often unsure who to trust when they seek care, and they are often unaware of what services are available and how to enter the care pathway. These factors combine to present an initial barrier to care.

« I'm really just confused right now, I don't really know who to go to, there really is no one to go to right now. »

[Najma, FG14 Kitchener-Waterloo Black Youth]

« A lot of people don't know where to start when they want to get connected to support. »

[Charlene, FG21 Windsor Service Providers]





DISCUSSION

This report aimed to identify what hindered Black youths' access to mental healthcare in Ontario. According to focus group participants, the mental healthcare system in Canada fails to address Black youths' needs. Black youth are impacted by barriers embedded within the mental health system and barriers related to ABR, which Black youth experience both within and outside of mental health services. Our findings from the focus groups underscore that **sustained, intentional steps must be taken to increase Black youths' access to care.**

Challenges for Black youth occurred at many levels of society. Challenges at the individual level (e.g., deciding not to seek care) were tied to broader societal factors, such as alienation and financial barriers, and these factors were compounded by a complicated mental healthcare system. For many Black youth, race-based discrimination both within and outside of the mental health system presented a challenge that was specific to their social location. Even though the system is disjointed and all youth face long wait times, Black youth are particularly vulnerable to the impact of ABR. For instance, if a young Black person waits a long time to access a service and then experiences racism within that service, they must decide whether they should continue to access the service, which may cause them further harm, or join a long waiting list for a service that may or may not be more appropriate. There is currently no way for Black youth to know whether a service is safe. ABR is a thread that weaves itself through Black youths' lived experiences, and it may increase a young Black person's likelihood to struggle with mental health challenges, then compound their struggle by making culturally responsive care inaccessible.

Black youth named **many social barriers to positive mental health and access to care, including capitalism, institutional racism, and policy limitations.** The system requires transformation in order for Black youths' access to care to improve. Currently, services are too short-term, and many services that focus on Black youth lack long-term funding. There is currently no provincial standard or guideline for providing care to Black youth, nor is there a lead organization that could coordinate care specifically for Black youth. By making an effort to prioritize Black youths' needs from a systems perspective, and by reducing or eliminating the cost of mental healthcare, Ontario can significantly increase Black youths' access to care. Private practitioners may be a suitable alternative until the system is transformed; however, their services need to be subsidized to ensure that Black youth can access them.

VULNERABILITY

SOCIAL BARRIERS

DEPRESSION

At the systems level, coordination of care was poor, which created gaps that Black youth often fell through when trying to find the right mental health services. By assuming that Black youth or their communities can easily access a service, the system and the organizations within it fail to address these gaps, especially since Black youth often wait a long time to access services that may or may not be appropriate for them.

The lack of crisis support services in the Ottawa, London, and Hamilton regions was also of concern. Black youth, families, and community members did not want to rely on police during times of acute crisis, and they preferred to gain direct access to services instead of relying on the ER.

Adequate crisis support for Black youth in Canada is literally a matter of life and death, as police are unequipped to deescalate without the threat of arrest, bodily harm, or death. Crisis services are particularly important for Black youth, because they face wait times over and above those of their non-Black peers, which may increase Black youths' risk of mental health crisis. Black youth reported that long wait times discouraged them from accessing therapy or other mental health services, especially since most services were short-term. Potential solutions to some of these system-level challenges include a no-wrong-door care pathway and dedicated crisis supports for Black youth in every region. These crisis supports should connect Black youth to mental health services. A provincial database of all providers (public, private, etc.) who work with Black youth would also be helpful.

Organizations are also failing to meet the needs of Black youth. Overall, mainstream services (i.e., non-Black-focused) fail to implement culturally responsive care.

Though organizations profess to want to create safe spaces for Black youth, it is often apparent to Black youth that services aren't designed for them. Organizations often fail to make real change or progress at the policy level. Instead, they are reactive, or they rely on Black mental healthcare workers to do unpaid diversity, equity, and inclusion work. Organizations need to look internally and evaluate their practices to ensure that they address ABR effectively. Moreover, hiring and retaining Black mental healthcare workers is necessary to ensure that the needs of Black youth are met. Unfortunately, Black mental healthcare workers experience the same discrimination in the workplace that Black youth experience in care. Until organizations become proactive about improving care for Black youth and eliminating ABR from their services, it is unlikely that any of their changes will be effective. Other suggestions for organizations include the development of programming specifically for Black youth, including programs beyond 1:1 mental healthcare.



Mental healthcare providers found it hard to articulate how they would incorporate anti-racist praxis into their work, and this lack of clarity was felt by Black youth, who experienced stigma and racism from their providers. Because their providers lacked an understanding of their experiences with racism, Black youth lost trust in the care they received, and they often found it challenging to remain engaged with services. Some Black youth received care from non-Black mental healthcare workers and found it helpful. However, many Black youth preferred to receive care from a Black mental healthcare worker, which makes it increasingly important for organizations to hire and retain Black employees. Providers should work to understand Black youths' experiences and intersecting identities, and adapt how they approach treatment modalities (e.g., cognitive behavioural therapy [CBT], narrative exposure therapy [NET]), to ensure that Black youth feel comfortable in care regardless of their providers. Providers should also accept that they cannot understand everything about an identity, race, or culture, and they should allow Black youth to take the lead in care.

Community members can support Black youth by encouraging open, honest conversations about mental health and well-being within their families and larger social networks. Black youth wanted to have more in-depth discussions about mental health and well-being, but they feared being ostracized by their communities. While mental health stigma is not unique to Black communities in Canada, it does present in a unique way that needs to be addressed within Black community spaces.

Black youth repeatedly advocated for themselves both within and outside of the mental health system. Black youth who sought care often self-advocated during sessions, pushing back against harmful narratives and firmly asking their providers for what they needed. Traditional care was difficult for many Black youth to access, so many Black youth prioritized self-care methods like journaling and cultivating peer relationships. Unfortunately, self-care was often prioritized in response to a distrust of the system, so it is not a solution but a symptom of a larger problem.

Black youth are resilient and resourceful, but the goal should be to create a system that all youth can access that supports and affirms their mental health and well-being, not a system that Black youth have to strategically navigate.



WHAT NEEDS TO BE DONE?

There are key areas of concern related to Black youths' access to care that need to be addressed. Improving the mental healthcare system and access to care will require many changes at many different levels of society.

BARRIER

There is currently no way for Black youth to know that a service is culturally safe and responsive to their unique experiences and needs.

SOLUTION

PTC has designed tools intended to increase access to culturally safe and responsive care, including the ConnectMe database and our interactive map.

There is also a need for a community of practice, which would empower organizations to work together to develop best practices. A community of practice would improve referral processes: it would ensure that Black youth do not get lost when moving between services because a program has ended, or because a service is too short-term or a poor fit.

Overall, the mental healthcare system needs to develop an evaluation plan to determine the effectiveness and safety of organizations that work with Black youth and receive provincial funding. Additional funding should be earmarked for programs designed explicitly for Black youth, with funding based on evaluation.

BARRIER

No mental health service designed specifically and exclusively for Black youth exists in Ontario.

SOLUTION

Funding should be provided for the creation of a mental health service designed for Black youth. This service should include more holistic offerings (e.g., nature- and food-related programs, gardening, and cooking classes) to reduce barriers to entry and ensure that Black youth feel comfortable in the space.

BARRIER

Crisis services are overburdened and do not respond to the cultural needs of Black youth.



SOLUTION

In each of PTC's target regions, there is a need for crisis services designed for Black youth that do not involve law enforcement. In March 2022, Toronto piloted the Toronto Community Crisis Service in two areas of the city. The service aims to provide an alternative response to mental health crisis checks and wellness checks. It will be important to monitor this service and evaluate its effectiveness for possible replication in other regions.

BARRIER

Mainstream services are failing to implement culturally responsive care.



SOLUTION

Explicit standards for delivering mental healthcare to Black youth are necessary. Services need to establish best practices for care for Black youth. To this end, PTC is developing two evidence-based tools:

- 1 A practice framework that sets a standard for healthcare settings and organizations, which concerns access to mental health services, assessment, diagnosis, self-management, care and treatment of Black children and youth.
- 2 A treatment protocol to help service providers structure sessions and determine assessment methods and tools, modalities for care, and care approaches for Black children and youth.

BARRIER

There is a lack of Black providers in mainstream mental healthcare services, and the Black providers who are hired face discrimination in the workplace.



SOLUTION

Systemic barriers (e.g., financial barriers) to education must be reduced to increase the amount of Black providers in mainstream services. Organizations need to develop strategies to address, evaluate, and eradicate ABR in their workplaces and when providing care to Black youth.

BARRIER

Black youth want to receive care from Black providers.

**SOLUTION**

Mainstream organizations need to hire and retain more Black providers in order to adequately care for Black youth. In addition to providing therapeutic services, Black caseworkers would be able to guide Black youth through the assessment and intake processes.

BARRIER

Low-income Black youth are often left out of the system and have a difficult time staying engaged in care. Their poor access to the mental healthcare system is further complicated by a lack of understanding of their world views and lived experiences.

**SOLUTION**

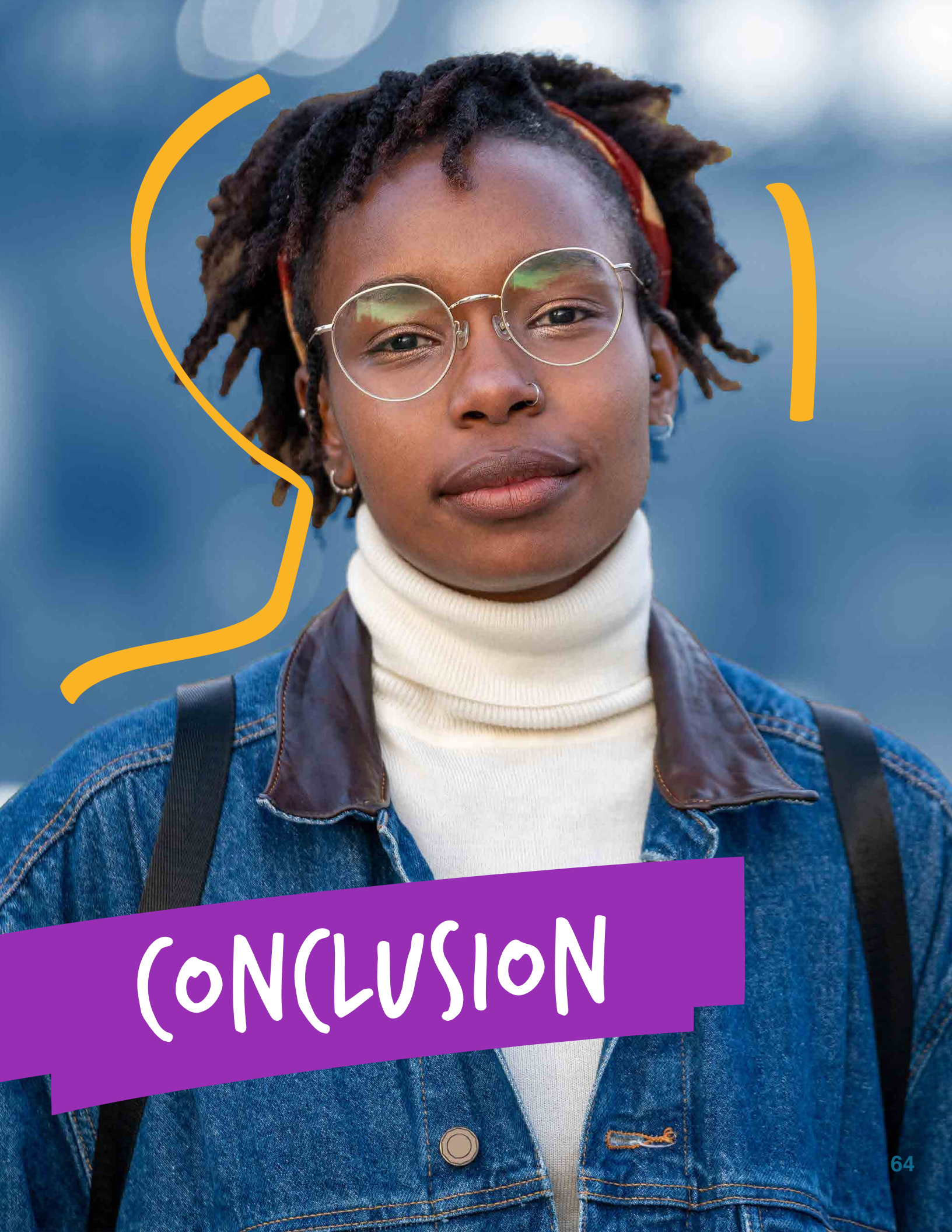
Financial barriers to care must be reduced by increasing funding at the systems level, and organizations should offer sliding scale fees to their clients.

BARRIER

Black 2SLGBTQ+ youth face difficulties accessing services that are affirming of their race, culture, sexual orientation and gender expression. Youth often feel that they have to choose between racially safe services and services that celebrate their sexual orientation and gender identities.

**SOLUTION**

2SLGBTQ+ focused and mainstream organizations should improve their care offerings to be culturally safe for Black 2SLGBTQ+ youth, at the same time the development of an organization or program designed specifically for the needs of Black 2SLGBTQ+ youth would address the current gap in care.

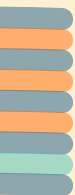


CONCLUSION



This report aimed to give an overview of the barriers that prevent Black youth from accessing care. It is necessary to understand the barriers embedded within the mental healthcare system in Ontario versus the barriers that arise due to ABR, the latter of which Black youth experience both within and outside of mental healthcare services. Sustained and intentional steps must be taken to increase Black youths' access to care.

Though this report is only an overview, it details many of the challenges that Black youth face when trying to navigate mental healthcare services, and there are many implications within it for policy-makers, organization leaders, mental healthcare workers, and the broader community. All areas of society need to be addressed to ensure that Black youth feel safe in their communities and in care. Childhood and adolescence are particularly important periods of our lives, and a concerted effort must be made to ensure that Black youth have access to safe and culturally responsive care throughout their mental health journeys.





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APPENDICES

APPENDIX A

FOCUS GROUP GUIDE — SERVICE PROVIDERS

Target Audience: Service Providers, Health Professionals, and Decision-Makers

Hi, everyone. My name is _____, and my pronouns are _____, and I'd like to welcome you and thank you for participating in this focus group. We will be asking you some questions about mental health for Black children and youth and their access to mental healthcare. Your responses will help the Pathways to Care project and its stakeholders make recommendations to policy-makers, mental healthcare organizations, and service practitioners. It will also help the Pathways to Care project create partnerships with mental healthcare organizations that want to serve Black children and youth.

Our discussion today will take about ninety minutes, and we'll take some breaks along the way to stretch our legs. This conversation is informal, so please speak freely when answering questions and feel free to respond to other participants' comments. If you don't understand a question, please let me know. I am here to ask questions, listen, and make sure everyone has a chance to share. Please know that you are not obligated to answer any questions, and you can always choose to say, "Pass," no questions asked.

We have limited time together today, so if we start to get off-topic I may interrupt you so we can move forward. Don't feel bad about this; group conversations often get sidetracked, since we all want to share.

We will be tape recording the discussion tonight, because we don't want to miss any of your comments. No one outside of our research team will have access to the data. No names will be included in any reports, and your comments are confidential.

We request that your comments don't leave the room. I hope you'll feel free to speak openly and honestly. We will be providing resources at the end of our discussion. If you have to leave for any reason, please give us a thumbs-up if you are OK and a thumbs-down if you would like some assistance.

I am starting the audio recorder now.

INTRODUCTORY QUESTIONS

- 1- To begin, why don't we introduce ourselves and tell each other where we live?
- 2- Next, why don't we discuss how we came to be in this focus group? What are your expectations for this meeting?

ORGANIZATIONAL QUESTIONS

- 3- How would you describe your organization's practice focus?
A- PROMPT: What is the practice approach in your organization?
- 4- In general, how would you describe the support you receive from the organization that you work for?
- 5- Are any equity policies or equity practices present in your workplace? If so, how?
- 6- What are your thoughts on interdisciplinary teams in mental healthcare?

PRACTICE QUESTIONS

- 7- What do you think is the most salient barrier to care for your clients?
A- PROMPT: Financial barriers?
B- PROMPT: Geographical barriers?
C- PROMPT: Stigma?
- 8- What is the practice model at your workplace?
A- PROMPT: What is the practice approach at your workplace?
B- PROMPT: What do the working assumptions and policies at your workplace look like?

9- Have your workplace's practice models been assessed for cultural competence?

10- How would you assess whether someone had a mental health problem?

11- Does race play a role in your assessment of whether someone has a mental health problem?

A- PROMPT: Do the assessment tools you use to make an assessment or diagnosis factor in race?

B- PROMPT: Do your assessment tools account for experiences of racism and race-based discrimination?

12- How does your practice factor in the impact of racism and race-based discrimination on a client's mental health?

13- In other focus groups, we are having conversations with Black youth who identify as 2SLGBTQ+ and Black youth with experience in the justice system. In your experience, what are the unique barriers to care for these groups?

14- How is intergenerational trauma addressed by your organizational and treatment practices?

15- What are the biggest challenges of working with and providing care to Black youth?

A- PROMPT: What would you change about the work you are currently doing?

ENVISIONING A BETTER PRACTICE

16- What information about mental healthcare do you think is lacking for Black youth?

17- What treatment practice do you believe needs more attention to ensure it is evidence-based?

18- If you have done so, describe how you have innovated care for Black youth within the constraints of your current practice.

19-What tools could help you better serve Black children and youth and their families?

20-What changes could be made to your organizational practices to make serving Black children and youth and their families easier?

21- Our previous research has shown a disconnect between anti-racist theory and practice. What does anti-racist practice look like to you?

A- PROMPT: How can we embody anti-racist praxis in the room?

22- In other focus groups, we are having conversations with Black youth who identify as 2SLGBTQ+ and Black youth with experience in the justice system. How can intersectionality play a role in clinical treatment for these groups?

23- How can religion play a role in clinical treatment?

24- How can barriers to care related to the social determinants of health be addressed?

I am stopping the audio recorder now. Do you have any questions off the record?

Thank you so much for taking the time to share with us today. Your responses will help us better serve Black children and youth seeking mental healthcare in Ontario. Your input is so important, and it will greatly impact the direction of our project. We have a list of resources for you if you would like them.

APPENDIX B

FOCUS GROUP GUIDE — BLACK CHILDREN AND YOUTH

Target Audience: Black Children and Youth

Hi, everyone. My name is _____, and my pronouns are _____, and I'd like to welcome you and thank you for participating in this focus group. We will be asking you some questions about mental health for Black children and youth and their access to mental healthcare. Your responses will help the Pathways to Care project and its stakeholders make recommendations to policy-makers, mental healthcare organizations, and service practitioners. It will also help the Pathways to Care project create partnerships with mental healthcare organizations that want to serve Black children and youth.

Our discussion today will take about ninety minutes, and we'll take some breaks along the way to stretch our legs. This conversation is informal, so please speak freely when answering questions and feel free to respond to other participants' comments. If you don't understand a question, please let me know. I am here to ask questions, listen, and make sure everyone has a chance to share. Please know that you are not obligated to answer any questions, and you can always choose to say, "Pass," no questions asked.

We have limited time together today, so if we start to get off-topic I may interrupt you so we can move forward. Don't feel bad about this; group conversations often get sidetracked, since we all want to share.

We will be tape recording the discussion tonight, because we don't want to miss any of your comments. No one outside of our research team will have access to the data. No names will be included in any reports, and your comments are confidential.

We request that your comments don't leave the room. I hope you'll feel free to speak openly and honestly. We will be providing resources at the end of our discussion. If you have to leave for any reason, please give us a thumbs-up if you are OK and a thumbs-down if you would like some assistance.

I am starting the audio recorder now.

INTRODUCTORY QUESTIONS

- 1- To begin, why don't we introduce ourselves and tell each other where we live?
- 2- What are your expectations for this meeting?
- 3- What comes to mind when you think about mental health?
- 4- What would you consider to be a mental health challenge?
- 5- What do you want people in our community to know about mental health?

COMMUNITY AND MENTAL HEALTH

- 6- If you experience mental health challenges, how do they affect your daily life?
- 7- What are your strategies for coping with mental health challenges? How do you deal with mental health challenges and addictions from day to day?
- 8- Would you say you have support in dealing with your mental health challenges?
 - A- PROMPT: From whom?
 - B- PROMPT: Where have you met resistance?
 - C- PROMPT: How do you feel about the support you receive?
- 9- How would you describe your mental health-related conversations with your family and friends?
 - A- PROMPT: [If they say they don't discuss mental health] Why not?

ACCESSING MENTAL HEALTHCARE QUESTIONS

10- What has been your experience so far with trying to access mental healthcare?

A- PROMPT: How has your experience made you feel about the mental healthcare system in Ontario?

B- PROMPT: How would you describe your most recent attempt to seek care?

C- PROMPT: Where do you seek care?

11- How would you describe the care you receive from service providers? Good? Bad? What makes it this way?

12- If you think you need care but don't seek it out, what prevents you from seeking it the most?

A- PROMPT: Why does this stop you from seeking care?

B- PROMPT: Is your family a factor in your decision? Is religion?

C- PROMPT: Do you experience financial barriers to care?

Geographical barriers? Do you think service providers lack necessary cultural awareness?

13- If you do seek care, at what point do you consider it a need?

14- What factors would most improve your access to care?

15- If you access free mental healthcare services, what would make care more accessible to you?

A- PROMPT: Flexible hours?

B- PROMPT: More 2SLGBTQ+-friendly care?

C- PROMPT: Free services closer to you?

16- Have you ever felt that your race affected your care? How so?

ENVISIONING A BETTER SYSTEM OF CARE

17- Stigma came up as a possible barrier to care. In your opinion, what is the best way to tackle stigma?

A- PROMPT: In our community?

B- PROMPT: With healthcare professionals?

18- What changes would you like to see the government make to the mental healthcare system?

19- How would you describe your ideal mental healthcare experience?

20- PROMPT: What can organizations change to make your current mental healthcare experience better?

21- What makes a mental healthcare organization appealing to you? What makes you want to know more?

A- PROMPT: Black-led? Black-serving?

B- PROMPT: Many organizations state that anti-oppressive work (or anti-racist work) is important, but few to none of them know what it looks like. What does anti-oppressive work look like to you?

C- PROMPT: What are some ways for service providers to do anti-oppressive work?

D- PROMPT: What are some ways for service providers not to do anti-oppressive work for service providers?

22- Thank you so much for sharing. Does anyone have any final comments they would like to add?

I am stopping the audio recorder now. Do you have any questions off the record?

Thank you so much for taking the time to share with us today. Your responses will help us better serve Black children and youth seeking mental healthcare in Ontario. Your input is so important, and it will greatly impact the direction of our project. We have a list of resources for you if you would like them.

Target Audience: Family and Community Members of Black Youth

Hi, everyone. My name is _____, and my pronouns are _____, and I'd like to welcome you and thank you for participating in this focus group. We will be asking you some questions about mental health for Black children and youth and their access to mental healthcare. Your responses will help the Pathways to Care project and its stakeholders make recommendations to policy-makers, mental healthcare organizations, and service practitioners. It will also help the Pathways to Care project create partnerships with mental healthcare organizations that want to serve Black children and youth.

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INTRODUCTORY QUESTIONS

1- To begin, why don't we introduce ourselves and tell each other where we live?

2- What are your expectations for this meeting?

3- What comes to mind when you think about mental health?

4- What would you consider to be a mental health challenge?

5- What do you want people in our community to know about mental health?

A- PROMPT: What do you want people in our community to know about addictions?

COMMUNITY AND MENTAL HEALTH

6- If you are a parent of a Black youth who experiences mental health challenges, how do these challenges affect your child's daily life?

7- What are your strategies for coping with mental health challenges? How do your family and community deal with mental health challenges and addictions from day to day?

8- If you are a parent, would you say you have support in helping your children deal with mental health challenges?

A- PROMPT: From whom?

B- PROMPT: Where have you met resistance?

C- PROMPT: How do you feel about the support you receive?

9- How would you describe your mental health-related conversations with your family and friends?

A- PROMPT: [If they say they don't discuss mental health] Why not?

ACCESSING MENTAL HEALTHCARE QUESTIONS

10- What has been your experience so far with trying to access mental healthcare for your child?

A- PROMPT: How has your experience made you feel about the mental healthcare system in Ontario?

B- PROMPT: How would you describe your most recent attempt to seek care for your child?

11- How would you describe the care Black youth receive from service providers? Good? Bad? What makes it this way?

12- If you think a family or community member needs care but won't seek it out, what do you think prevents them from seeking it the most?

A- PROMPT: Why does this stop them from seeking care?

B- PROMPT: Are other family or community members a factor in their decision? Is religion?

C- PROMPT: Does your family member or friend experience financial barriers to care? Geographical barriers? Do they think service providers lack necessary cultural awareness?

13- What factors would most improve your family member or friend's access to care?

A- PROMPT: Financial support?

B- PROMPT: Caregiver support?

14- In your opinion, what would make care more accessible to Black youth in your community?

A- PROMPT: Flexible hours?

B- PROMPT: More 2SLGBTQ+-friendly care?

C- PROMPT: Free services closer to you?

15- Do you think race affects Black youths' mental healthcare? How so?

ENVISIONING A BETTER SYSTEM OF CARE

16- What are your thoughts on incorporating religion into mental healthcare?

A- PROMPT: What does this look like to you?

17- Stigma came up as a possible barrier to care. In your opinion, what is the best way to tackle stigma?

A- PROMPT: In our community?

B- PROMPT: With healthcare professionals?

18- What changes would you like to see the government make to the mental healthcare system?

19- How would you describe your ideal mental healthcare experience?

A- PROMPT: What can organizations change to make your family member or friend's current mental healthcare experience better?

20- What makes a mental healthcare organization appealing to you? What makes you want to know more?

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B- PROMPT: Many organizations state that anti-oppressive work (or anti-racist work) is important, but few to none of them know what it looks like. What does anti-oppressive work look like to you?

C- PROMPT: What are some ways for service providers to do anti-oppressive work?

D- PROMPT: What are some ways for service providers not to do anti-oppressive work for service providers?

21- Thank you so much for sharing. Does anyone have any final comments they would like to add?

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