Social Network Analysis of the Ontario Mental Health Sector:

A Community Report for Service Providers in Ottawa, Hamilton, Kitchener-Waterloo, London, and Windsor

Authors: Melissa Booker, MHE
Deneece Plummer, BSW, RSW

PTC Pathways to Care

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A Report for Service Providers
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ABOUT THE PATHWAYS TO CARE PROJECT

Pathways to Care is a community-driven and youth-led systems change project committed to transforming the mental healthcare system for Black children, youth, and their families.

REPORT RESEARCHERS

Melissa Booker, MHE
Deneece Plummer, BSW, RSW

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ILLUSTRATION

Melisse Watson

PROJECT STAKEHOLDERS

FUNDERS

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GLOSSARY: KEY TERMS

- Alpha: In statistics, alpha is the cut off limit for rejecting the null hypothesis and accepting the alternative hypothesis. Alpha is traditionally set to 0.05. If statistical tests produce an alpha value less than the set cut-off alpha value, then we reject the null hypothesis.

- Anti-Black Racism: Prejudice and discrimination specifically directed at Black people which is rooted in centuries of slavery, colonization, and stereotypes. Anti-Black racism has been normalized in Canadian institutions so it has shaped laws, practices, and policies all of which contribute to the continued social, political, and economic marginalization of Black people. This marginalization manifests in the mass incarceration of Black people, under-representation in positions of power, and the racial wealth gap.

- Barriers: Factors that prevent a person from gaining access to something. In this case, factors that prevent access to mental health and addictions care.

- Black-focused Organization: An organization whose programs and services cater to Black communities and are primarily staffed or led by Black people.

- Degree Centrality: The total number of incoming and outgoing connections a node has. In the PTC Social Network Analysis, a node represents an organization.

- Edge: The line that connect nodes in a social network graph. In the Pathways to Care Social Network Analysis, a node represents an organization.

- Facilitators: Factors that help a person gain access to something. In this case, factors that improve access to mental health and addictions care.

- Fisher's Exact Test: A Fisher's Exact test is a statistical test performed to see if there is a relationship between two variables.

- Graph: In Social Network Analysis, a visual representation of social network data.

- In-degree Centrality: The number of incoming links a node has.

- Mainstream Organization: An organization whose programs and services do not cater to Black communities specifically.

- Mental Health: A state of emotional, social, and psychological well-being that helps a person to participate fully in their life. The ability to regulate their emotions, cope with challenges, and meet the needs of their social roles.

- Mental Health Service Providers: People who possess the skills and qualifications to treat others who face challenges with their mental health. This can include psychiatrists, psychologists, and social workers.

GLOSSARY: KEY TERMS

- **Node:** In Social Network Analysis, nodes are typically people or organizations; in social network graphs, nodes are often represented as circular points.

- **Null Hypothesis:** in the field of statistics, it states there is no significant relationship between the variables being studied.

- **Out-degree Centrality:** The number of outgoing links a node has.

- **Pathways to Care Strategic Framework:** The strategic framework will be made up of three documents. Data from our research will be used to create a policy advocacy document, practice framework, and treatment protocol. These documents will be provided to organizations so they can confidently fulfill Black children and youth's mental health needs long-term.

- **P-value:** The probability that the hypothesis being tested in true.

- **Racism:** Racism is a system of oppression that is upheld by power and White Supremacy and rooted in a history of colonization and slavery. Racism occurs at all levels of society including at the institutional and interpersonal levels.

- **Social Network Analysis:** The practice of analyzing and measuring relationships between people, organizations, and groups.

- **White Supremacy:** the belief that White people are superior to people of colour because of their race. White Supremacy is also a political ideology that involves the maintenance of the political, social, and economic dominance of White people over other people of colour.

ACRONYM LIST

- **ABR:** Anti-Black Racism
- **BLM:** Black Lives Matter
- **CAMH:** Centre for Addiction and Mental Health
- **CHC:** Community Health Centre

- **CMHO:** Children's Mental Health Ontario
- **GTA:** Greater Toronto Area
- **N/A:** No Answer
- **PTC:** Pathways to Care Project
- **SNA:** Social Network Analysis

PART I: THE SOCIAL NETWORK ANALYSIS SURVEY

Background and Purpose

The Pathways to Care (PTC) Social Network Analysis (SNA) has 2 main parts. The first part is the SNA survey for mental health service providers in Ontario, Canada, followed by the creation of graphs to visualize social networks in the mental health sector. The second part of the SNA involves running statistical tests using the survey data. Data were collected from these 5 cities: Ottawa, Hamilton, Kitchener-Waterloo, London, and Windsor.

The SNA survey was created so mental health service providers across Ontario could share information about where they work as well as their knowledge and experiences about the following topics:

1) The location of their organization

2) Whether their organizations serve Black children and youth

3) The names of other organizations that may serve Black children and youth as well as potential referral patterns

4) Which organizations serve Black children and youth and whether organizations have a stated goal to serve them in their mission statement or whether the decision to serve them is related to another factor such as the Black population density in that area

5) Organizational practices and policies that are related to serving Black children and youth. Some examples of organizational practices and policies are Black-specific mental health programs or mandatory Anti-Black Racism (ABR) training for all staff

SOCIAL NETWORK GRAPHS

PTC opened the SNA survey on September 30, 2020 and closed it on February 2, 2021. We used the responses from a subset of the survey questions to make the 4 SNA graphs; 4 graphs were made for each city with a total of 20 graphs created. Each graph achieved a specific PTC research goal.

Table 1. Each graph and the corresponding PTC research goal and social network analysis survey question.

Survey Question	Research Goal	Social Network Graph #
1. Please list 1 key organization you collaborated on mental health care projects or issues in the past 1 year, along with the focus of your work.	To build a map of mental health and addictions care resources for Black youth and to gain insight into the presence and/or absence of collaborative partnerships between organizations.	1
2. Which organization do you primarily rely on for accurate information or advice to help you in your mental health care work? a) CAMH e) Youthlink b) TAIBU CHC f) Skylark c) CMHO g)SickKids d) Strides Toronto h) Other (please specify)	To learn which organizations are regarded (by their peers) as mental health/addictions care leaders in each city.	2
3. What organizations would you like to work with (that you have not previously worked with)? Please list the names of up to 3 organizations.	To help build and identify areas for strong organizational partnerships in this sector.	3
4. What organization (other than your own) would you describe as a leader in mental health care for Black youth in your city?	To learn which organizations are regarded as mental health care leaders for Black youth in each city.	4

Note. Each graph was produced for Hamilton, Ottawa, London, Kitchener-Waterloo, and Windsor. Except for survey question 2, all the above questions were open-ended.

SOCIAL NETWORK ANALYSIS METHODS

Social Network Graph Visualization Software: Gephi

Gephi was used to make the social network graphs. Gephi was chosen because it is user-friendly which means that users do not need advanced coding skills that would be required to use other SNA programs. Labels were not included for all nodes in graphs because this would have made the connections between organizations difficult to see.

Overview of the Statistics Calculated

In Gephi, statistics can be calculated to help learn more about the structure of a social network; the statistics we calculated were used to determine the node size and node color in all our graphs. Below is a list of SNA statistics we calculated along with information about what they measure and why it is important for PTC.

Modularity

Modularity detects communities. In SNA, communities are groups of nodes that are clustered together; detected communities are often colour-coded to make them easier to see. For the PTC SNA, nodes represent organizations that provide mental health services. Nodes in graph 2 were colored according to communities detected by Gephi. Each colour represents a different community of organizations that are more densely connected to each other than the rest of the nodes in the other communities (represented by different colours).

Degree Centrality

Degree Centrality measures how many connections each node has. These connections are represented as lines connecting nodes in a graph. The higher the Degree Centrality score a node has, the higher the total number of incoming and outgoing connections it has, which means that node is popular in the network. Degree Centrality can be divided into two types: In-degree and Out-degree Centrality. In-degree centrality is the number of incoming links to a node. Out-degree Centrality is the number of outgoing links to other nodes.

SNA SURVEY RESULTS: GRAPHS

The data from the 20 graphs enables PTC to deepen our understanding of how mental health organizations in the sector co-exist with one another. Note that PTC classifies organizations as Mainstream or Black-focused based on organizations' self-identification and the focus of their work as evidenced by their websites, projects, and past publications. The nodes in the graphs below represent the organizations where participants work. In some cases there were multiple SNA survey participants from the same organization.

Social Network Analysis graphs were based on data collected from Pathways to Care's Social Network Analysis survey; participants were mental health service providers from Ottawa, Hamilton, London, Kitchener-Waterloo, and Windsor. Graphs 1-4 visualize relationships between a diverse set of organizations in the mental health sector in each city. Each graph is numbered and captioned according to the corresponding survey question and research goal (see Table 1 for details).

In graphs 1, 3, and 4, nodes are categorized as Black-focused (coloured Black) or Mainstream (coloured purple). Graphs 2 and 3 have arrows showing the direction of connections between nodes. Nodes in graph 2 are colored based on the modularity statistic, which shows communities that are naturally clustered together. In some graphs, there are nodes that have a half circle attached to them, these represent organizations that are connected to themselves.

# SNA SURVEY RESULTS: GRAPHS
Ottawa
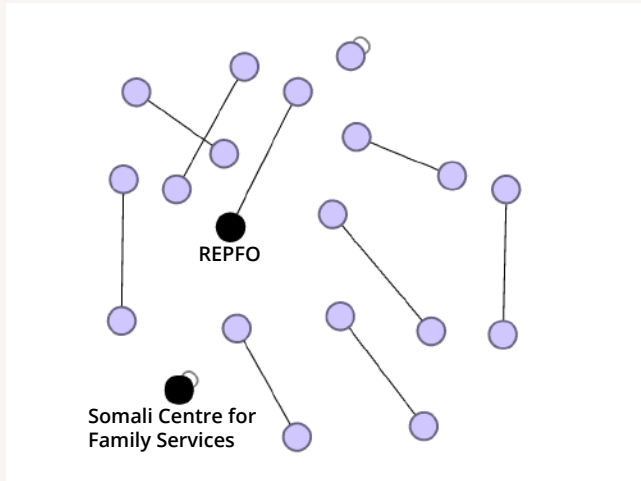
(a) Project collaboration between Black-focused and Mainstream organizations in the mental health sector is almost non-existent with only 2 Black-focused organizations in the network, Somali Cente for Family Services and REPFO (Regroupement Ethnoculturel des Parents Francophones de l'Ontario).
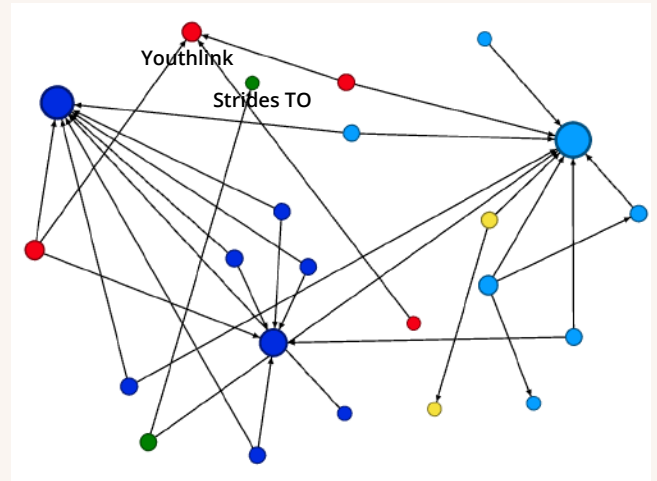
(b) Mental health providers in Ottawa report relying heavily on organizations in Toronto for support for their work, except for Youthlink and Strides TO (Strides Toronto) which are the smallest nodes due to having the lowest degree centrality scores.
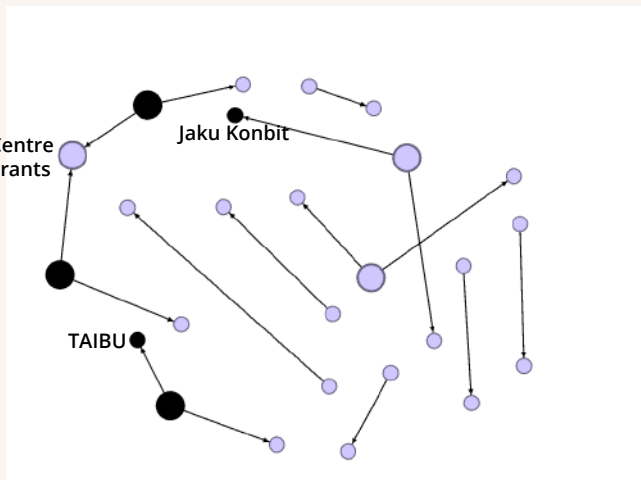
(c) Most organizations in this network expressed interest in working with Mainstream organizations. Jaku Konbit and TAIBU CHC (located in Toronto) were the only 2 Black-focused organizations participants want to work with.
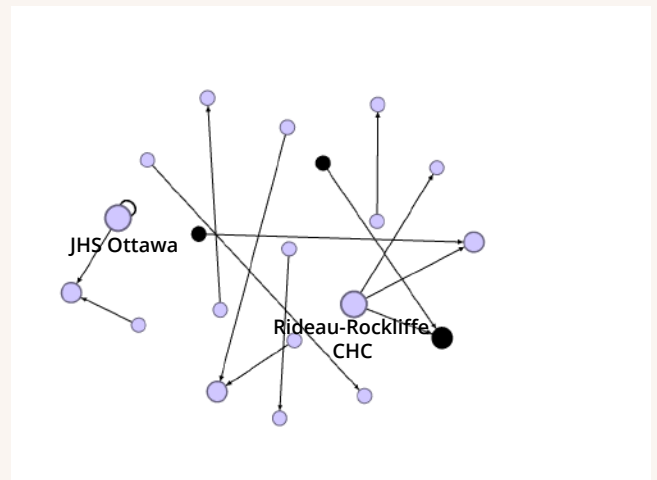

(d) The majority of organizations in this network were from Mainstream organizations, with 3 Black organizations having the lowest degree centrality scores hence their smaller size. Rideau-Rockliffe Community Resource Centre and John Howard Society of Ottawa (JHS Ottawa) have the highest degree centrality scores, and a few participants cited organizations in Toronto as leaders for Black youth.

Figure 1. Social Network Analysis graphs were based on data collected from Pathways to Care's Social Network Analysis survey; participants were mental health service providers from Ottawa.

SNA SURVEY RESULTS: GRAPHS
Hamilton
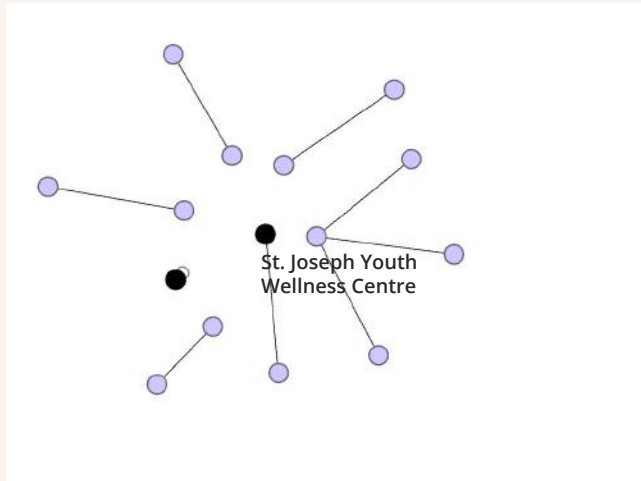
(a) Most nodes in the network are Mainstream, with only 2 Black-focused organizations, indicating minimal collaboration among organizations from 2019-2020. St. Joseph Youth Wellness Centre has the most connections (i.e. 3).
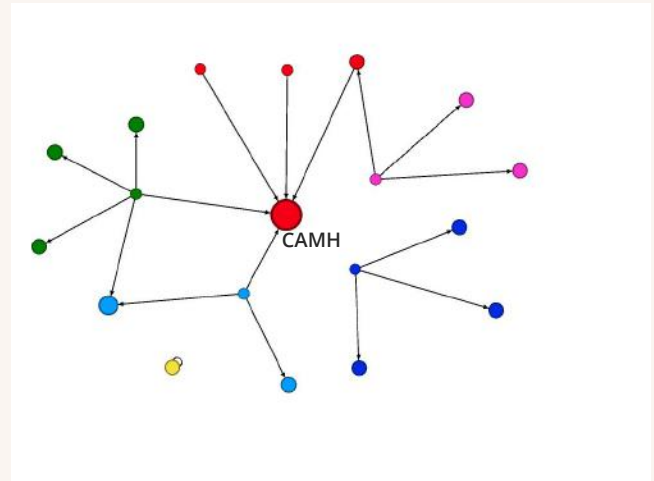
(b) Participants predominantly relied on the Cente for Mental Health and Addiction (CAMH) for support, that is why it is the largest node with the highest degree centrality. No Black-focused organizations in Hamilton were cited as sources of support for mental health work.
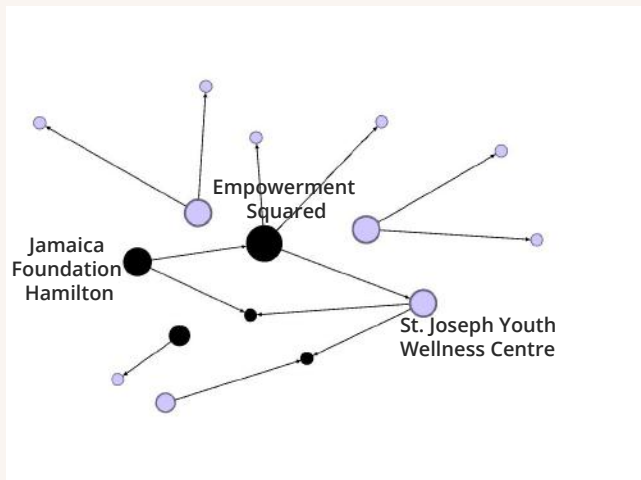
(c) Very few Mainstream organizations in Hamilton seem interested in collaborating with Black-focused organizations; Black-focused organizations have few incoming connections.
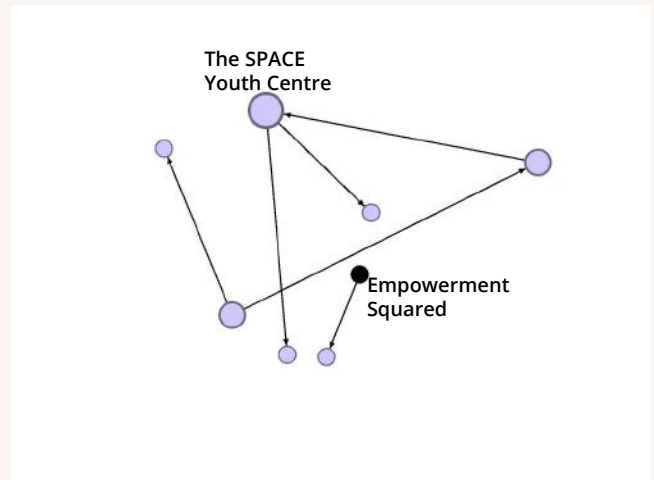
(d) All nodes are relatively the same size and have a similar number of connections except The SPACE Youth Centre. 1 Black-focused organization was identified as a leader in mental health. It's possible no organization is viewed as a strong mental health leader for Black children and youth in Hamilton.

Figure 2. Social Network Analysis graphs were based on data collected from Pathways to Care's Social Network Analysis survey; participants were mental health service providers from Hamilton.

SNA SURVEY RESULTS: GRAPHS
Kitchener-Waterloo
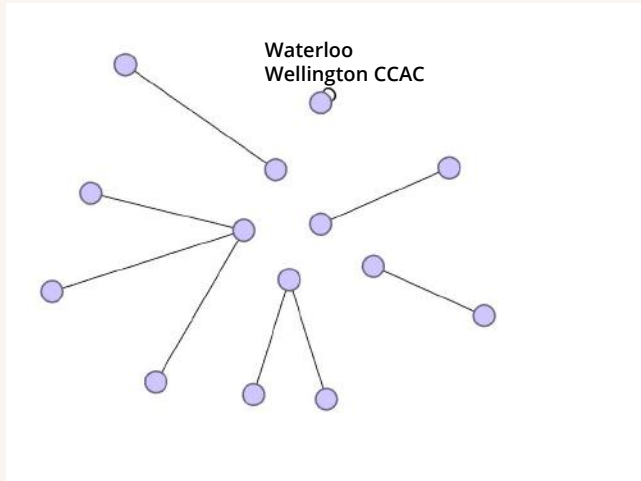
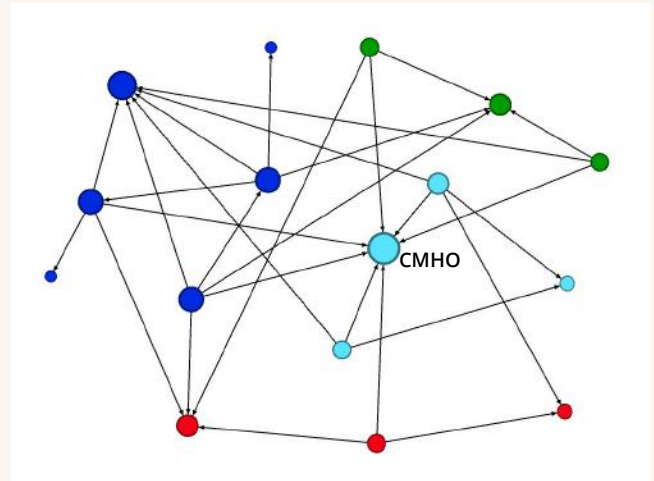**(a)** All organizations in this network are Mainstream organizations, suggesting no project collaboration between Black-focused and Mainstream organizations in the past year. A participant from Waterloo Wellington Community Care Access Centre (CCAC) identified their organization as a project collaborator.

(b) CMHO has the highest in-degree centrality score as shown by the many incoming arrows, meaning it is relied on for professional support the most by participants.
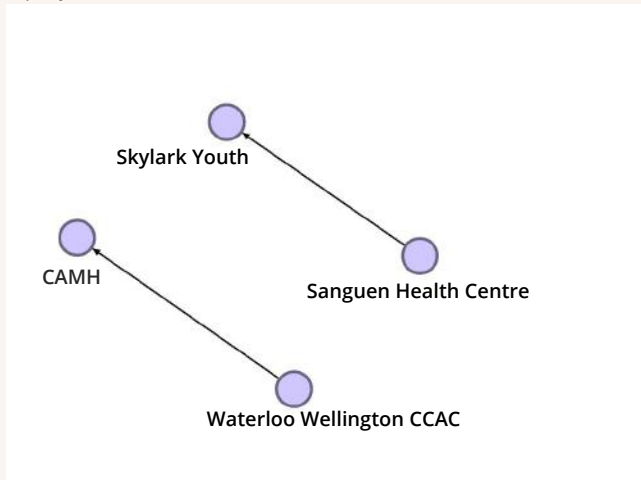
(c) Though not asked for local organizations, participants still expressed interest in working with 2 Mainstream organizations in Toronto (CAMH and Skylark Youth).
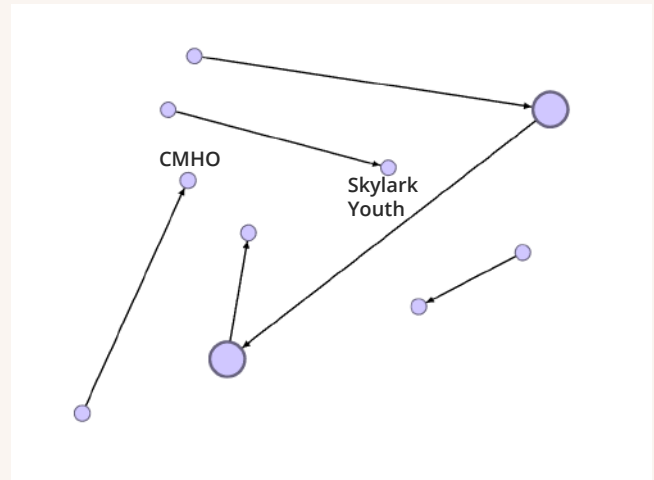

(d) Only Mainstream organizations are identified as mental health leaders for Black youth and children, including 2 organizations in Toronto (CMHO and Skylark Youth).

Figure 3. Social Network Analysis graphs were based on data collected from Pathways to Care's Social Network Analysis survey; participants were mental health service providers from Kitchener-Waterloo.

SNA SURVEY RESULTS: GRAPHS
London
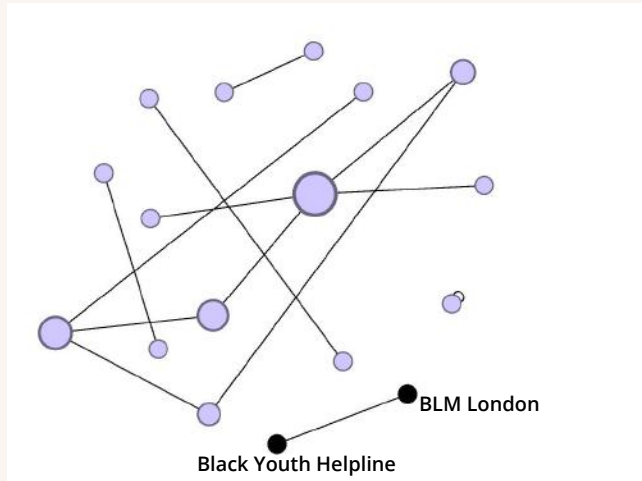
(a) This network is mostly composed of Mainstream organizations. Only 2 Black-focused organizations report having collaborated with each other in the past year.
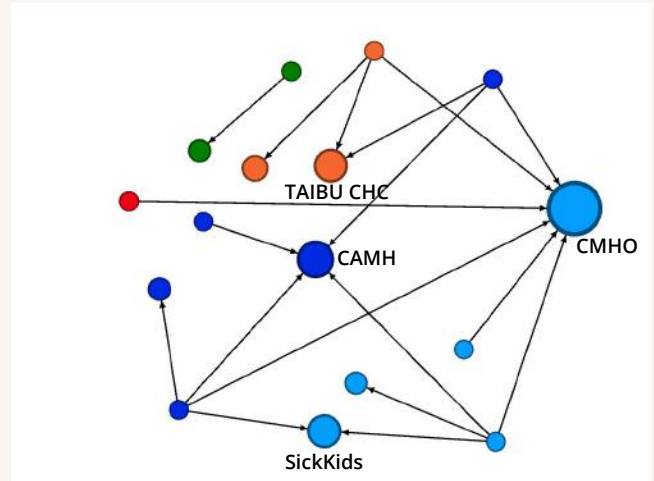
(b) Service providers in London mainly rely on these Mainstream organizations for support with their work: CMHO, CAMH, TAIBU CHC, and SickKids.
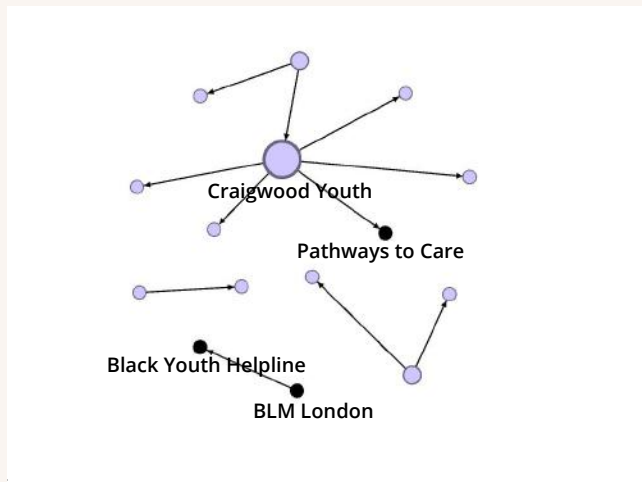
(c) Most Mainstream organizations in this network are not interested in future collaborations with Black-focused organizations. Most participants in this network work at Craigwood Youth Services (Craigwood Youth).

(d) Most service providers who responded to this survey question work at Craigwood Youth Services. Note only 1 Black-focused organization (BLM London) identified another Black-focused organization (Black Youth Helpine) as a mental health leader for Black youth in London.

Figure 4. Social Network Analysis graphs were based on data collected from Pathways to Care's Social Network Analysis survey; participants were mental health service providers from London.

SNA SURVEY RESULTS: GRAPHS
Windsor

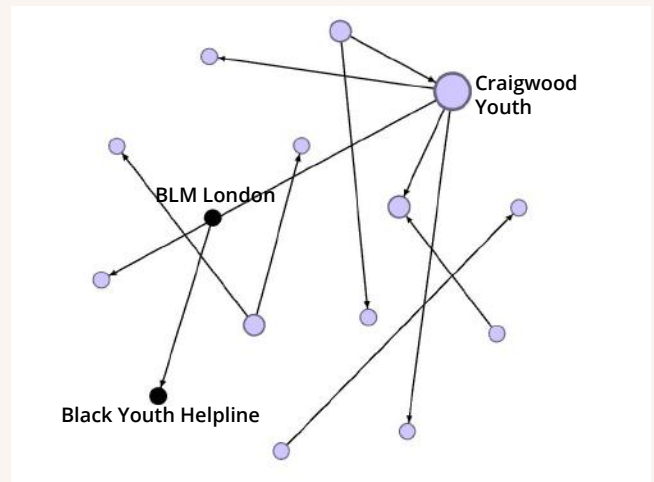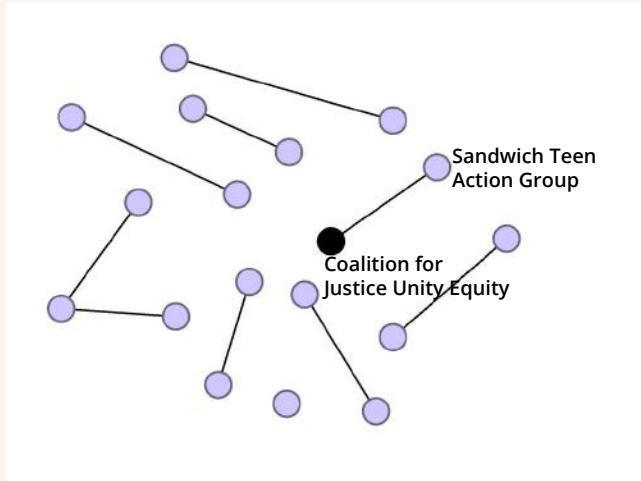**(a)** In this network, nearly all collaborations occurred between Mainstream organizations in the past year. Only 1 Mainstream organization (Sandwich Teen Action Group) and 1 Black organization called CJUE (Coalition for Justice Unity Equity) collaborated in the past year.
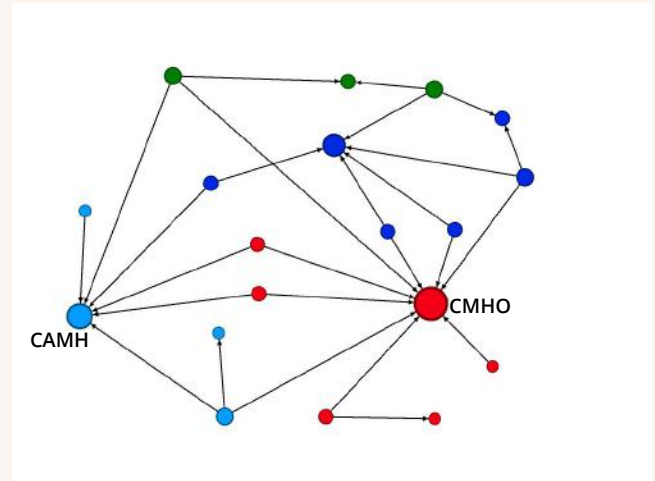
(b) Most participants relied on CMHO and CAMH for support with their mental health work.
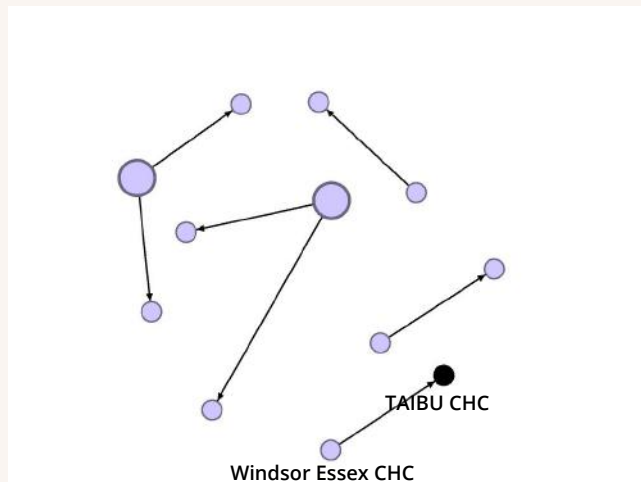
(c) Nearly all the Mainstream organizations in this network expressed interest in working with other Mainstream organizations, except Windsor Essex Community Health Centre.
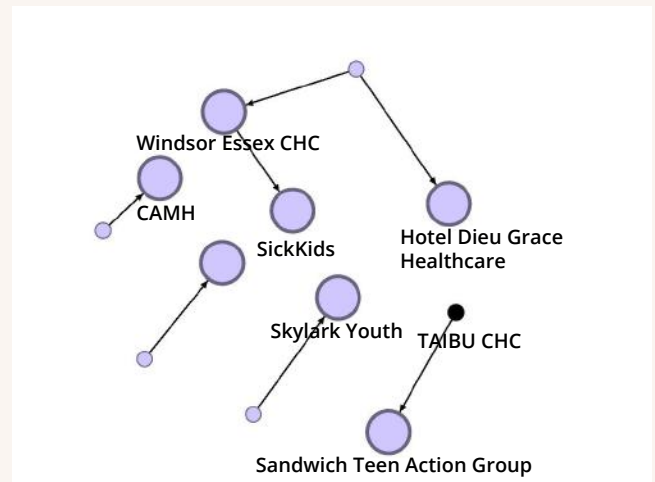
(d) There are few nodes in this graph, suggesting there is not one organization in Windsor universally regarded as a powerful mental health leader for Black youth. No Black-focused organizations were recognized as leaders for Black youth in Windsor. 4 organizations in Toronto (TAIBU CHC, Skylark Youth, CAMH, and SickKids) were identified as mental health leaders for Black youth, despite participants being asked about local organizations.

Figure 5. Social Network Analysis graphs were based on data collected from Pathways to Care's Social Network Analysis survey; participants were mental health service providers from Windsor.

CONCLUSION

The 4 graphs generated as part of the PTC SNA provide a snapshot of the most compelling findings regarding organizational partnerships in the mental health sector across 5 cities in Ontario.

The graphs also help us think about the strength of relationships between organizations. Although conclusions about causation cannot be made from the graphs, they serve as effective visual tools to support the strengthening and building of partnerships between Black-focused and Mainstream organizations.

Key Messages for Mental Health Service Providers

Resource and Information Hubs

- Critically examine your organizational partners and who your organization turns to when information or advice is needed. Ensure some of those organizations cater to Black communities and have Black leadership.

Organizational Relationships

- To ensure your services are culturally appropriate, seek information and resources from Black-focused organizations and credit them for their work.

- Build and sustain respectful and strong relationships with Black-focused organizations across Ontario by donating to and uplifting their work regularly, not only in times of crisis. This can avoid racial tokenization.

- Suggest that leadership hire racialized program evaluators to ensure projects and initiatives are meeting Black communities' needs in a culturally appropriate way.

- Assess the diversity and inclusion policies when it comes to leadership, board membership, and staff at all levels and make a strategic plan that is transparent to the community so feedback can be obtained and organizations can be held accountable. Suggest that your organization's leadership assign and/or create this role for an employee or contractor with the appropriate lived experience and professional experience.

PART II: STATISTICAL DATA ANALYSIS
Background and Purpose

To analyze the SNA survey data, Fisher's Exact tests were run in a data analysis software called SPSS. A Fisher's Exact test is a statistical test performed on a small sample size to see if there is a relationship between two variables. The alpha level for all tests we ran was 0.05. Alpha is the cut-off level for statistical significance. Each time a Fisher's Exact test is run; SPSS generates a p-value. If the calculated p-value is less than 0.05, our results are significant, and we can reject the null hypothesis and conclude that a relationship exists between the two variables being studied. If statistical test results yield an alpha value greater than the set cut-off value, we cannot reject the null hypothesis, meaning our tests did not provide enough evidence to prove that a relationship between the two variables being studied exists.

These tests were run to determine whether relationships existed between pairs of variables from the SNA survey (see Appendix B for a complete summary of the statistical tests and results).

HOW TO INTERPRET STATISTICAL TESTS

Null Hypothesis (assumes variables x and y are not related) — Statistical Test — Alternative Hypothesis (assumes variables x and y are related)

Is the P-value calculated less than or equal to 0.05?

No (don't reject null) — The 2 variables being studied *are not* related

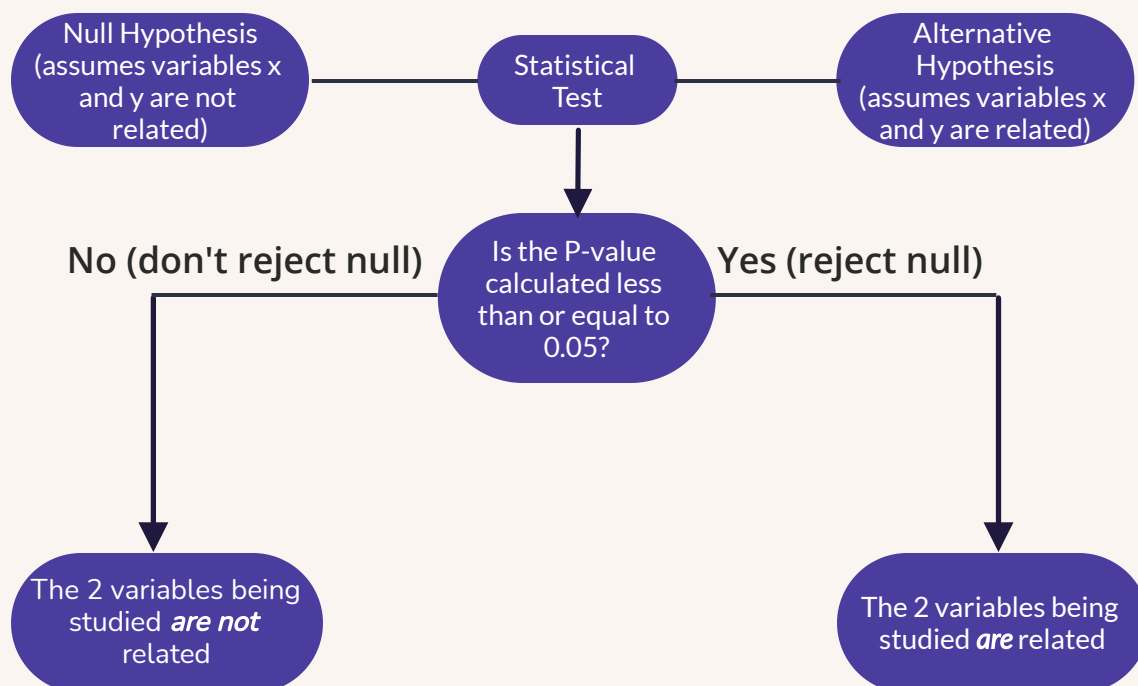Yes (reject null) — The 2 variables being studied *are* related

Figure 6. Flow chart that explains the process of running a statistical test and how to interpret the results based on the p-value calculated.

DISCUSSION

Cross-Regional Collaboration Between Black-focused and Mainstream Organizations

Very few Black-focused organizations are present in Graph 1 for Ottawa, Hamilton, Windsor, London, and Kitchener-Waterloo. This indicates that in the past year (2019-2020), collaboration between Black-focused and Mainstream organizations was non-existent or extremely rare with Mainstream organizations working almost exclusively with one another on mental health projects. Minimal collaboration might have occurred due to the existence of few Black-focused organizations in London, Windsor, and Kitchener-Waterloo (see appendix A). Additionally, this lack of available mental health resources and care for Black youth is likely related to institutional ABR, predominantly white leadership in the mental health sector, and the lack of Black mental health service providers. Without increased cross-regional collaboration between Black-focused and Mainstream organizations, Black youth will continue to face numerous barriers to accessing culturally appropriate care and Black youth's needs will continue to go unmet (Fante-Coleman & Jackson-Best, 2020). Work will also continue to be unnecessarily siloed, resulting in the replication of similar projects and wasted resources.

Alongside the SNA survey, PTC held a series of focus groups with service providers, Black youth, and their communities and families. Focus group participants in Ottawa mentioned the lack of prioritization of Black mental health numerous times. When asked about Black mental health and collaboration with other organizations, a focus group participant stated:

"But [as] a foundation that focuses on Black mental health I find that we're not often taken seriously... [when we] talk to other organizations to try to express what we're trying to do and we have many qualified people on our board but it's like 'oh that's very nice, we'll keep in touch' but we never get a response back when you try to check back it's like 'oh I'm sorry we've been busy, I'll call you whenever I can' and we're not taken seriously... and I find that even in some situations we're seen as a threat."

There is a major disconnect between organizations' intent to collaborate with Black-focused organizations and their actions. In all 5 cities, SNA Graph 1 shows that collaboration between Black-focused and Mainstream organizations has been minimal in the past 1 year, despite the fact that many Mainstream organizations serve Black people. The lack of Black mental health prioritization and other issues can begin to be amended through increased and sustained collaboration between Mainstream and Black-focused organizations. The survey's findings build on PTC's focus group research about the barriers and facilitators for service providers when it comes to applying an anti-oppressive lens to their work.

DISCUSSION
Reliable Sources for Organizational Support and Advice

Mental health providers across all 5 cities seem to rely heavily on agencies in Toronto for advice and support for their work; this is unsurprising, yet problematic as this might dissuade agencies from working on building similar mental health pillars in their cities or from collaborating with others outside Toronto. All the response options for survey question 2 (see Table 1 for details) were mental health organizations in Toronto; an 'Other' option was present, however, when participants selected it, they predominantly mentioned Mainstream organizations as sources for support. Only including organizations from Toronto might be indicative of PTC's bias given that the project was born in Toronto and its project partners are located there.

Though Ottawa, Hamilton, and London are the three regions with higher numbers of Black mental health organizations and services (3, 4, and 3 respectively), it seems that participants still seldom turn to them as sources of credible advice and support for their work. This could indicate that many respondents view Mainstream organizations in Toronto as resource hubs, although if we listed more Black-focused organizations as options for each city perhaps participants would have selected some. In future SNA projects, survey options will be tailored to each city and include a few local Black-focused organizations. This could make it possible to better identify local information hubs and assess their reputation. The inclusion of Black-focused organizations as response options may also shed light on how well-known the Black-focused organizations are in comparison to the Mainstream ones.

Since Mainstream organizations are overwhelmingly represented in graph 2 (see Table 1 for further information) for all 5 cities, this likely indicates that most Mainstream organizations are interested in working exclusively with Mainstream organizations. This finding is not unexpected given that our SNA survey research has revealed that the leadership of mental health organizations is predominantly White. More research is needed to uncover why the phenomenon is occurring, it could be because they are unaware of Black-focused organizations, do not see the benefit in collaborating, or do not understand the unique mental health needs of Black communities.

Intent to Collaborate

Across the 5 cities, most survey participants worked at Mainstream organizations; they predominantly said they were interested in working with other Mainstream organizations in the mental health sector. In general, few Black-focused organizations were mentioned as potential collaborative partners except for Kitchener-Waterloo where no Black organizations were identified as potential collaborators. Despite this survey question not specifying a location for organizations, most participants expressed interest in Toronto-based mental health organizations. It's worth noting that TAIBU is the only Black-focused organization mentioned from Toronto, perhaps it has an immense Ontario-wide reach compared to other Black-focused organizations. A few participants from Mainstream organizations in Ottawa and London identified their respective police forces as desirable collaborators; interestingly, this finding is directly at odds with the research finding that involves the identification of law enforcement as a negative pathway to accessing mental healthcare for Black children and youth (Fante-Coleman & Jackson-Best, 2020).

DISCUSSION
Mental Health Leaders for Black Children and Youth

Except for a Black-focused organization in Ottawa called Jaku Konbit, participants in the remaining cities did not identify any particular organizations as leaders in the mental health sector for Black children and youth. Jaku Konbit was the only Black-focused organization identified as a mental health leader for Black children and youth in Ottawa; perhaps Jaku Konbit has been fostering stronger relationships with Black-focused and Mainstream organizations in the sector, and has come to be relied on as a reliable resource for information on mental health care for Black communities. Although SNA survey participants were asked about mental health leaders in their respective cities, the majority of them mentioned organizations in Toronto, namely CAMH, Skylark, CMHO, and SickKids. In London and Hamilton, no organizations were repeatedly identified as leaders in the sector for Black children and youth. This could mean that no specific organization is a strong leader in the mental health sector in Kitchener-Waterloo according to Mainstream organizations; however, given our small sample size, it is not possible to conclude this with certainty. Targeted research is needed to learn more about who Black-focused organizations regard as mental health leaders in the sector and who they turn to locally for resources and support. The participants from Mainstream organizations in Toronto could be potential PTC implementation partners. Their voices could indirectly reach some smaller local organizations in each city and support them in building their capacity to implement the PTC strategic framework and provide care that meets the needs of Black youth in the future.

DISCUSSION

Recommendations for Mental Health Service Providers

While research gaps continue to be filled, below are some recommended actions providers can take to make their workplaces and the care they give more accessible and responsive to Black communities' needs.

Supporting Diversity and Inclusion at Your Workplace

Providers can support their Black staff by ensuring that their voices are always present, and their suggestions are seriously considered during decision-making and hiring processes. To accomplish this, providers and leadership can hire racialized diversity and inclusion human resources professionals to devise a set of equitable and transparent hiring policies and an evaluation plan. Providers can also meet with leadership and as a group, advocate for the prioritization of diverse racial representation and inclusion at every level of staff, including environmental and food services, board members, advisory groups, administrators, and clinical staff.

Providers can also organize and demand that leaders create a coalition or paid program evaluation positions dedicated to creating an evaluation plan to monitor the effectiveness of diversity and inclusion practices and policies at their organization as this will motivate staff to prioritize these issues and continuously hold them accountable to Black communities. Hiring externally for this role will also avoid unfairly burdening existing Black employees with this emotionally exhaustive work. Since employees can be more likely to evaluate a program positively, this will also help combat bias in evaluating how the organization is incorporating ABR frameworks into their practice.

DISCUSSION
Recommendations for Mental Health Service Providers

The below recommendations are meant to support providers in understanding the steps they can take at their organization to enhance Black youth and children's access to suitable mental healthcare. For young people, early onset of mental illness and a delay or the inability to access appropriate care can have harmful long-term effects on a young person's family and their social development and economic opportunities (Malla et al., 2018).

Black Representation Among Mental Health Providers

Across PTC's 5 study areas in Ontario, it is clear that Black representation among mental health care providers is lacking. Focus group discussions in Ottawa centered around the lack of Black mental health professionals in the sector and how ill-equipped the system is to efficiently connect clients to Black service providers.

When discussing finding a Black therapist, one participant stated:

"You try to get a Black therapist... But, even if you call. I've used EAP (Employee Assistance Program) in my former job, and I'd ask them to say, 'Can you get me a Black therapist?' and they won't even have it. And I'm like, 'How do you not know how many people in your system are Black?' So, trying to find even somebody in that space is really really difficult..."

Black youth undoubtedly experience barriers in accessing mental health care providers; however, youth have cited that having a 'connection' to providers as being crucial to them (Office of the Provincial Advocate for Children & Youth, 2018). To youth, a close 'connection' to mental health providers was considered a vital source of social support (Whitley et al., 2017). Without adequate representation, sustainable organizational change will may be impossible to achieve as Black clients may feel unable to trust providers without similar lived experiences. Inadequate representation of Black providers and Black leadership in the form of CEOs and directors means organizations will (regardless of intention) not prioritize the mental health needs and oppression faced by Black youth and children because those issues are not directly part of their lived experience or understood as systemic.

To improve Black representation at mental health organizations, providers can consider creating quotas for interviewing and hiring. These quotas must be made public on organizations' websites or other social media to allow communities to hold them accountable. Providers can demand that leadership begin offering services or programs that are not solely European/Western-centric. This will signal to Black providers that they will be free to offer various modalities of care to their clients that conceptualize illness and healing in ways that resonate more with racialized youth and children. Mainstream organizations need to show providers that they are not going to be burdened by having to do additional diversity and inclusion work that is not part of their role; they should also make an effort to avoid tokenization. Black Tokenization occurs when Black individuals are only featured on projects that relate to ABR or racial diversity, but have their other concerns and suggestions dismissed by management at work.

DISCUSSION
Recommendations for Mental Health Service Providers

Addressing Organizational Funding Limitations

Most mental health agencies in Ontario are not-for-profit organizations that rely on government funding to continue their crucial work. Leadership at these organizations and the Ontario governmental level is predominantly White, thus their funding decisions and project priorities tend to exclude Black youth's mental health. Much of the advocacy work aimed at changing the mental health system has unfairly burdened racialized communities and community-based organizations (Shahsiah & Yee Ying, 2006). To support sustainable changes to the mental health care system and ensure Black mental health is consistently prioritized, other more privileged leaders can lobby for increased funding from granting bodies and academic institutions (Gajaria et al., 2021).

This graph was created to highlight and compare (across the 5 PTC study areas) the importance mental health service providers place on funding requirements and their impact on innovation for programs and services at mental health organizations.

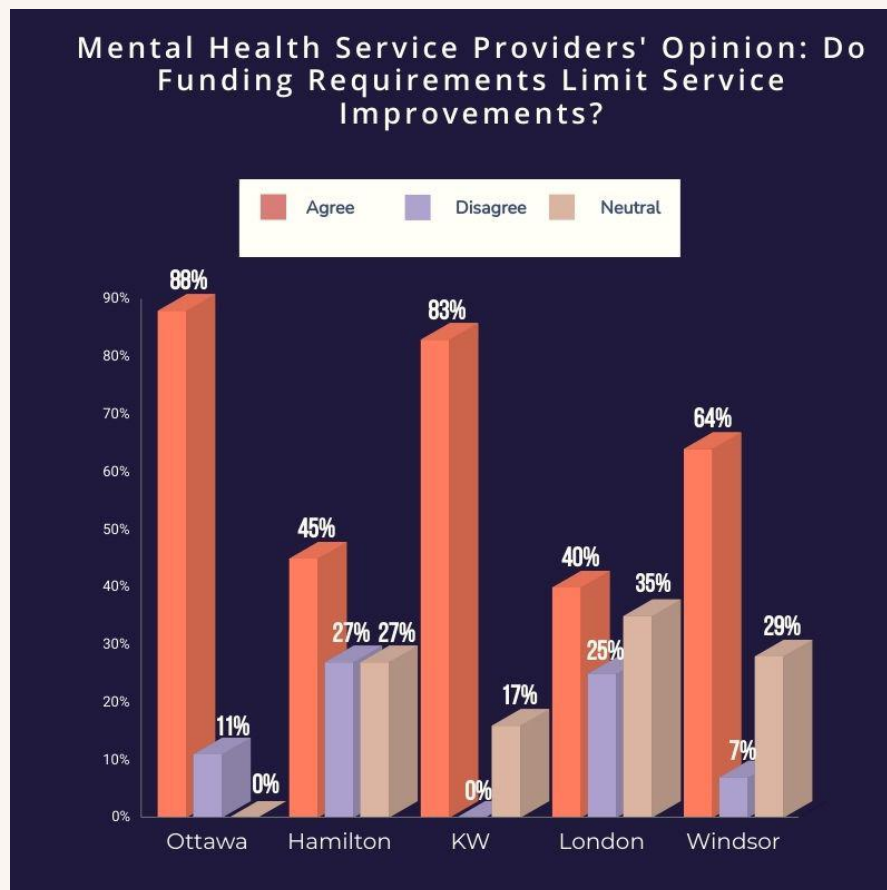**Mental Health Service Providers' Opinion: Do Funding Requirements Limit Service Improvements?**

Figure 7. Mental health service providers' ratings of whether funding application criteria restrain innovation for mental health services at their organization, the city providers work in is represented on the x-axis.

DISCUSSION
Recommendations for Mental Health Service Providers

Addressing Organizational Funding Limitations

Front-line workers in Ottawa, Hamilton, London, Windsor, and Kitchener-Waterloo agree that funding requirements limit innovation for programs and services at their organization. In contrast, 25% of participants in London and 27% of participants in Hamilton disagree with the abovementioned notion. Interestingly, a relatively high proportion of participants from London and Hamilton appear to be unsure or uninformed about the power funding requirements exert over program and service development at their respective organizations. Additional research is required to understand whether those 'Neutral" participants are simply unaware of or uninterested in funding requirements and decisions. Seeing as most SNA survey participants from all 5 cities were front-line workers (non-management staff), it is likely most are not privy to the details regarding grant application processes and funding requirements.

Funding did not appear to be a major barrier to program and service innovation at the mental health organizations that responded to the SNA survey, interestingly this did not seem to be related to a service provider's role in the organization. To hold staff and leadership accountable to the Black communities and one another, formal program evaluation and reporting systems need to be created and implemented at each organization. Providers can advocate for and support the hiring of an external contract or permanent evaluator to minimize bias. Bias in program evaluation can take the form of hiring a current employee as an evaluator which may increase the likelihood of overemphasizing or fixating on the positive effects of the program while neglecting to highlight its weaknesses (Harris, 2010). Funding transparency should also be part of that evaluation and reporting system to ensure that employees and Black communities are aware of how leadership at each organization prioritizes their needs and allocates funds to culturally appropriate services. This information will assist Black communities in organizing, advocating for their needs, and assessing whether funding decisions are evidence-based and guided by their communities.

DISCUSSION

Recommendations for Mental Health Service Providers

Addressing Organizational Funding Limitations

Largely due to the COVID-19 pandemic that began in 2020, our SNA survey recruitment was affected and thus we were unable to obtain as many participants as we had hoped. Due to the small sample size, the Fisher's Exact tests we ran did not yield statistically significant results. However, this does not necessarily mean there is no relationship between the primary role of a participant and whether they believe funding requirements limit innovation at their organization. An overview of the data from all 5 regions clearly showed that apart from Windsor, most participants were employed in non-management roles (in Windsor it was nearly 50-50). London and Hamilton were the only cities where the most SNA survey participants indicated that they did not believe funding requirements hampered organizational innovation (25% and 27% respectively). It's vital to note that numerous London-based participants worked at Craigwood Youth Services, so it is possible that this biased the results due to overrepresentation or another unexplored reason. In Hamilton, about half of the respondents identified as Black which is quite high in comparison to other cities. Funding requirements may be less stringent or important to front-line workers in Hamilton or perhaps front-line workers are less familiar with funding requirements and the grant application process inherent in not-for-profit work. Future research should endeavor to include a representative sample of those occupying mental health management roles to explore whether the type of role an employee has affects how constraining they view funding requirements.

CONCLUSION

AREAS PROVIDERS CAN TARGET TO BRING ABOUT SUSTAINABLE ORGANIZATIONAL CHANGE AT THEIR WORKPLACE

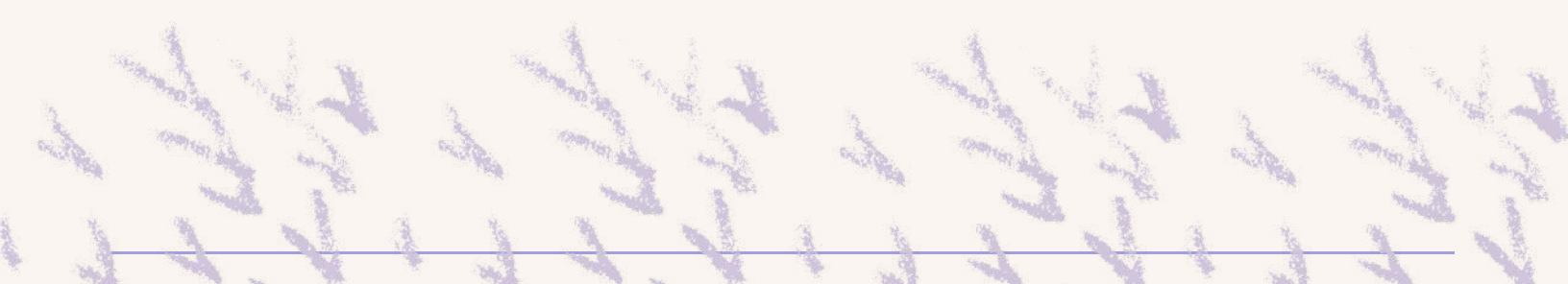| **Racism and Discrimination**	**Knowledge of Black Mental Health Needs**	**Support Black Organizations**

To enhance mental health outcomes and access to culturally appropriate care for Black children and youth, systems change is required. Mental health service providers are an integral part of the mental health system in Ontario, therefore they have ample opportunity to reimagine what equitable and intersectional mental healthcare access and care looks like. Service providers are responsible for ensuring they provide Black children and youth with care that is tailored to meet their needs. Understanding that poorer mental health outcomes and access to care among Black children and youth are rooted in ABR and the intergenerational effects of a history of slavery and colonization is a starting point. Microaggressions and discrimination are everyday occurrences for Black children and youth, which can lead to increased stress levels, and harmful coping mechanisms such as substance use. Service providers who are interested in positively impacting the mental health of Black children and youth should challenge ABR wherever it appears in their personal lives. Challenging can take the form of educating others and oneself, using personal platforms (e.g. social media) to elevate the voices of Black communities, and confronting individuals who say Anti-Black remarks.

To foster meaningful relationships with Black-focused organizations in the mental health sector, service providers can suggest the following to leadership: regular donations to Black-focused mental health organizations, hiring and retaining diverse talent, equitable compensation for all creators, consultants, and speakers, and the elevation of Black organizations' work via community events and social media engagements. Providers at Mainstream organizations can advocate for the normalization of routine ABR training for all service providers. This training should emphasize the importance of routinely supporting Black-focused organizations and communities and the avoidance of performative allyship that only occurs in times of highly publicized crisis for Black communities such as Black Lives Matter protests. Given that ABR is systemic, meaning it occurs at the societal, institutional, and interpersonal levels, sustaining progressive organizational change requires long-term commitment. If organizational leadership is resistant to change, providers can demand changes publicly from CEOs and directors so they feel less comfortable with maintaining the status quo and can be held accountable by staff and communities.

In Ontario, there is a lack of meaningful and long-term collaboration between Mainstream and Black-focused organizations. By targeting the above areas, providers can play a pivotal role in their organizations sustaining meaningful relationships with Black-focused organizations. This will work towards building an efficient mental health sector that ensures timely access to care and improves mental outcomes for all children, youth, and their families.

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ADDITIONAL RESOURCES

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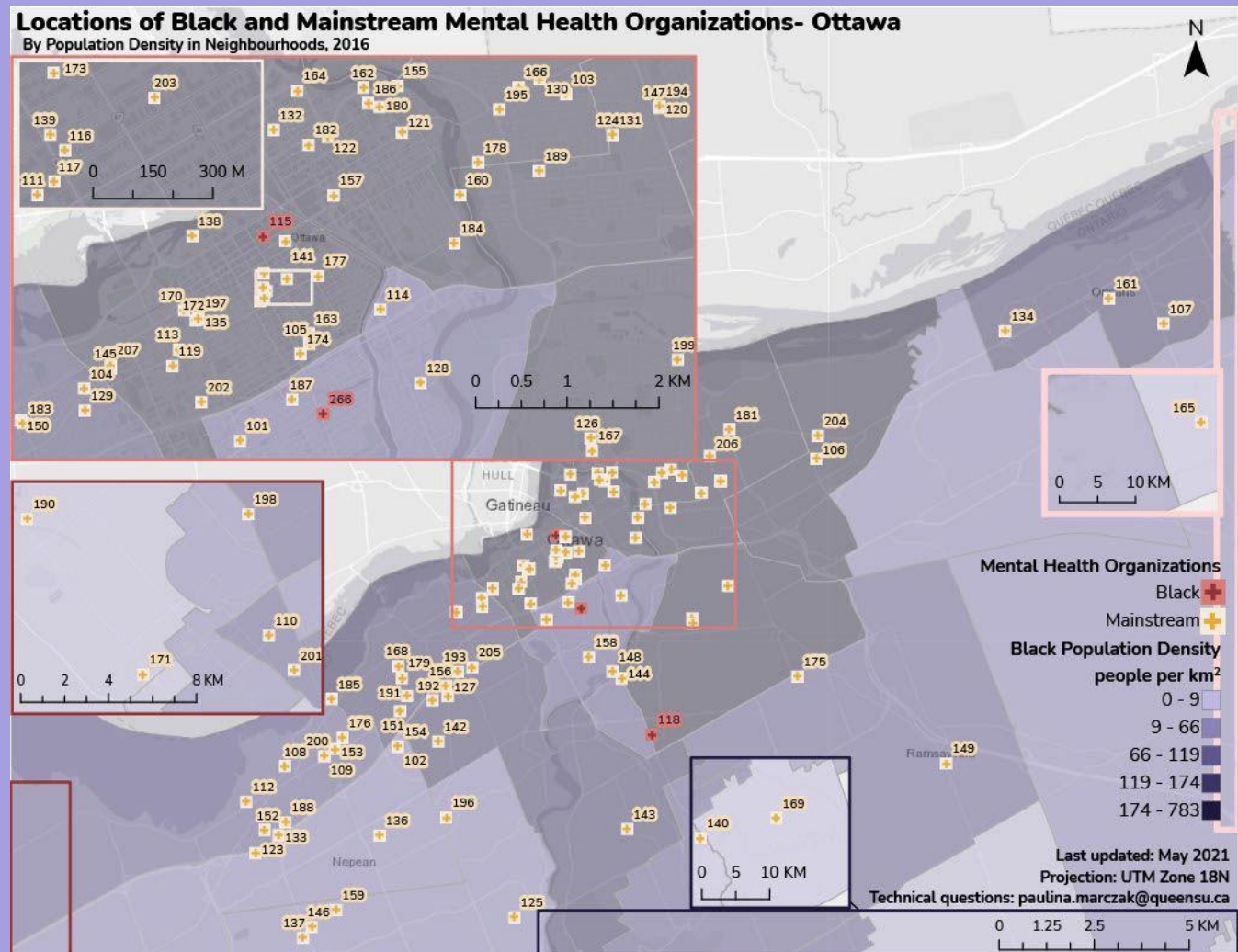# APPENDIX A: MAPS OF THE 5 PATHWAYS TO CARE STUDY REGIONS

Ottawa

Figure A1. Map of Black and Mainstream organizations that provide mental health services in Ottawa. Black population density in each neighborhood is also shown.

Hamilton

Locations of Black and Mainstream Mental Health Organizations- Hamilton
By Population Density in Neighbourhoods, 2016

Figure A2. Map of Black and Mainstream organizations that provide mental health services in Hamilton. Black population density in each neighborhood is also shown.

Kitchener-Waterloo

Figure A3. Map of Black and Mainstream organizations that provide mental health services in Kitchener-Waterloo. Black population density in each neighborhood is also shown.
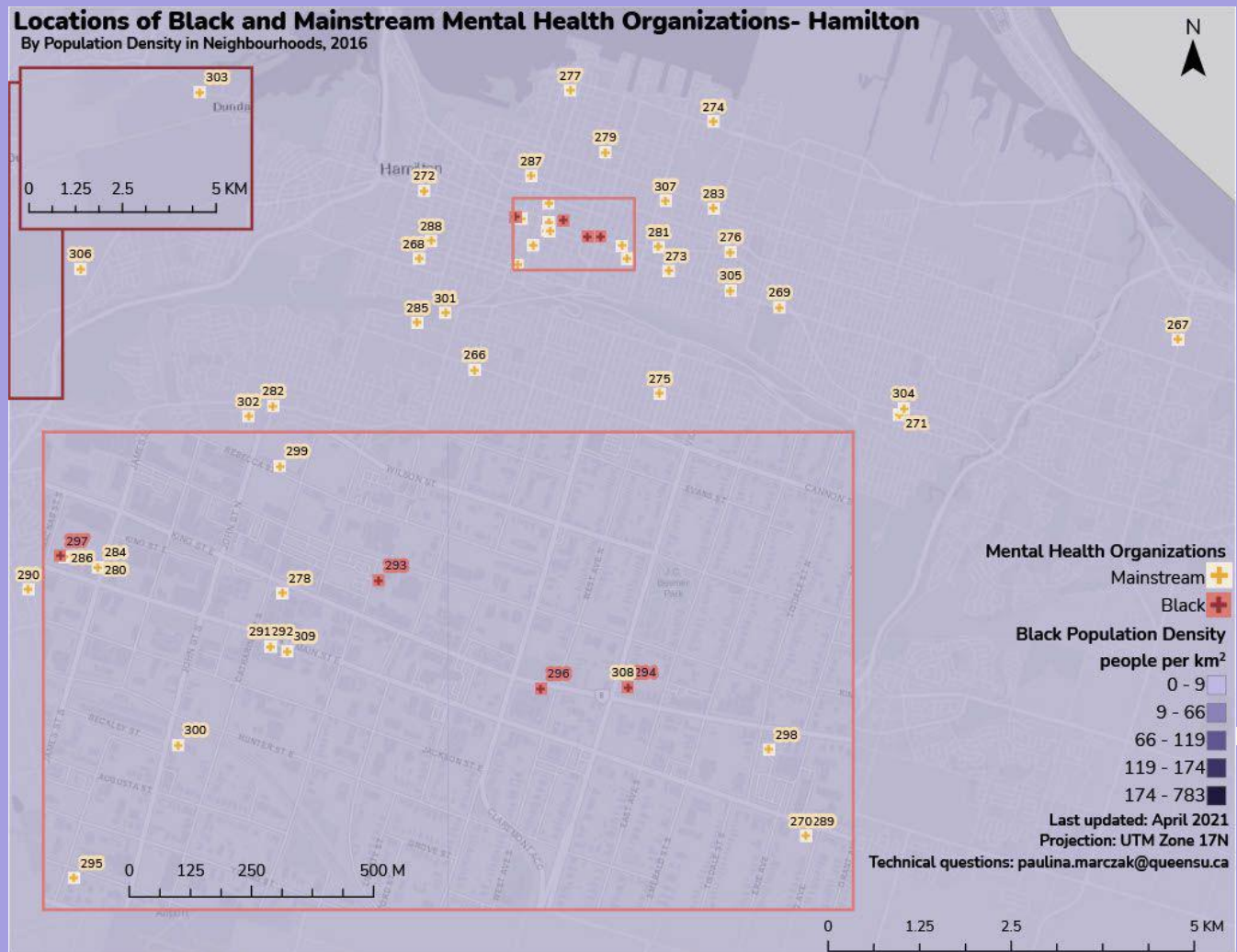
London

Figure A4. Map of Black and Mainstream organizations that provide mental health services in London. Black population density in each neighborhood is also shown.

Windsor

Figure A5. Map of Black and Mainstream organizations that provide mental health services in Windsor. Black population density in each neighborhood is also shown.

SUMMARY OF STATISTICAL RESULTS

Table A1. A summary of SNA Fisher's Exact test results from mental health service providers in Ottawa, Hamilton, Windsor, Kitchener-Waterloo, and London.

Test #	Variables	P-values	Overall Significance
1	1. Black or Mainstream organization 2. The belief that the participants' organization uses ABR frameworks/principles to engage with clients	Ottawa= 0.255 Hamilton= N/A Kitchener-Waterloo= 0.486 London= N/A Windsor= 1	There is insufficient evidence that a relationship between these 2 variables exists.
2	1. The primary role of the participant at their organization 2. The belief that mental health care for Black youth requires a specific set of standards	Ottawa= 0.263 Hamilton= 0.51 Kitchener-Waterloo= 1 London= 0.415 Windsor= 0.175	There is insufficient evidence that a relationship exists between these 2 variables. A larger sample size for Windsor, might have yielded significant results.
3	1. How much ABR training staff have received at the participant's organization 2. The belief that the participant's organization is Black-led	Ottawa= 0.305 Hamilton= 1 Kitchener-Waterloo= 0.2 London= 0.37 Windsor= 0.125	There is insufficient evidence to support that a relationship exists between these 2 variables.
4	1. How much ABR training staff have received at the participant's organization 2. The belief that their organization needs a specific framework and treatment protocol for Black youth	Ottawa= 0.262 Hamilton= 0.592 Kitchener-Waterloo= 0.077 London= 0. 448 Windsor=1	There is insufficient evidence that a relationship exists between these 2 variables.
5	1. The primary role of the participant at their organization 2. The belief that funding requirements limit innovation for services at their organization	Ottawa= 1 Hamilton= 1 Kitchener-Waterloo= 1 London= 1 Windsor= 0.106	A larger sample size for Windsor could have yielded significant results.

Note. Each Fisher's Exact test was run using SPSS and results were summarized for this table. The alpha level for these tests was 0.05. N/A (no answer) was obtained when there was not enough data to run that particular test.