

Honouring Our Promise: Ending Anti-Black Racism

EXECUTIVE SUMMARY

December 2022



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Agencies within Toronto's infant, child, and youth mental health (ICYMH) sector stand at a crossroads today. As part of their commitment to dismantle anti-Black racism, these agencies have committed to developing a multi-year road map that includes actions that will make a measurable impact to dismantle anti-Black racism, including delivering training to all sector staff, management, and boards of directors, as well as aligning sector policies, programs, and practices with best practices in anti-racism and anti-oppression. This report and the accompanying strategy, *Honouring Our Promise: Ending Anti-Black Racism (HOPE)*, continues this journey.

The July 2020 statement acknowledged racism as a public health crisis and recognized the impact of anti-Black racism on the mental health and life outcomes of members of the Black community. A sector-wide Anti-Black Racism (ABR) Task Force was formed to develop a multi-year road map to make a measurable impact on anti-Black racism within the ICYMH sector. The Ontario Ministry of Health provided funding to facilitate the development of this strategy.

This work began with the hiring of a consulting firm, Turner Consulting Group, to conduct the research and consultations in order to understand the issues impacting Black infants, children, and youth in Toronto and their access to mental health services.

The African Canadian population is young, ethnically and linguistically diverse, and growing fast

The 2016 Census of Canada found that 265,000 African Canadians resided in the city of Toronto, representing 10% of the population. The Black population in Toronto is growing at a faster rate than the city's population overall. As a result, Black Canadians will increasingly constitute a larger proportion of the city of Toronto's population and a larger proportion of infants, children, and youth in Toronto. Statistics Canada projections indicate that the Black population in Toronto could increase to between 400,000 and 500,000 people in the next 14 years.

The African Canadian population in Toronto has a younger age profile than the city's population; 25% of African Canadians in the Toronto CMA are aged 14 and under, compared with 16% of the total population. Similarly, a larger proportion of African Canadians are aged 15 to 24 (18%), compared with the proportion of the overall population (13%). This younger age profile is also reflected in the median age: African Canadians in Ontario have a median age of 30.6 years, compared with 39.8 years for the total provincial population.

The Census also found that Black Ontarians identify with more than 200 ethnic origins and have been born in a number of countries, including those on the African continent and throughout the Caribbean, as well as the United Kingdom and United States. The largest proportion of Black Torontonians were born in Canada.

Racism and the social determinants of health

The World Health Organization (WHO) defines social determinants of health as:

The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.¹

The social determinants of health include things such as income and social protection, education, unemployment and job insecurity, housing, social inclusion, and structural conflict. The WHO considers the social determinants of health as more important than health care or lifestyle choice in influencing both mental and physical health.

For African Canadians, racism impacts all aspects of their lives and thus the social determinants of health. In addition, the physical and mental health of African Canadians is directly affected by their experiences of racism. The impact of racism on health has been recognized by many organizations as a major social determinant of health.² The Public Health Agency of Canada has included anti-Black racism and systemic racism as key drivers of the health inequalities experienced by Black Canadians.³ In 2020, Toronto Public Health recognized racism as a public health crisis.⁴ The motion presented to city council listed policing, the criminal justice system, housing, employment, and education as some of the factors contributing to racial inequality. Dr. Kwame McKenzie notes that despite the resilience of Black Torontonians, anti-Black racism has been taking its toll on the population's mental health; as a result, the Black community faces a greater risk of having serious mental health problems.⁵ He notes that the reasons for this increased risk lie in the social determinants of health, with Black Canadians being disproportionately exposed to

¹ World Health Organization. (n.d.). *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

² National Collaborating Centre for Determinants of Health. (2018). *Let's talk: Racism and health equity* (Rev. ed.). <https://nccdh.ca/resources/entry/lets-talk-racism-and-health-equity>

Paradies, Y., Ben, J., Denson, N., et al. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS ONE*, 10(9). <https://doi.org/10.1371/journal.pone.0138511>

³ Public Health Agency of Canada. (2020). *Social determinants and inequities in health for Black Canadians: A snapshot*. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot.html>

⁴ City of Toronto. (2020, June 8). *Addressing Anti-Black racism as a public health crisis in the city of Toronto*. Toronto Board of Health Report. <https://www.toronto.ca/legdocs/mmis/2020/hl/bgnd/backgroundfile-147784.pdf>

⁵ McKenzie, K. (2020, January 27). *Toronto's Black community faces far greater risk of having serious mental health problems*. *Toronto Star*. <https://www.thestar.com/opinion/contributors/2020/01/27/torontos-black-community-faces-far-greater-risk-of-having-serious-mental-health-problems.html>

risk factors linked to poor mental health, such as poorer education and housing, unemployment, poverty, community violence, and criminalization.

For Black infants, children, and youth, the lens must be expanded to consider the circumstances of their parents and caregivers, including their experiences of anti-Black racism, and the social determinants of health, so that the focus is not only on the impacts of biological (e.g., brain chemistry), genetic (e.g., family history of mental history), and personal (e.g., life experiences such as trauma and abuse) factors.

Protective factors

In addition to the factors that contribute to poor mental health among Black infants, children, and youth, there are also factors that build their resilience and ability to deal with adversity, thus offering them protection from poor mental health. As youth grow and reach their developmental competencies (the ability to navigate social, emotional, cognitive, and behavioral tasks at different developmental stages), there are contextual variables that promote or hinder the process.⁶ These protective factors support children’s ability to develop a positive sense of identity, efficacy, and well-being and are an essential part of attaining developmental competence.⁷

Protective factors “are influences that make it **less likely** that individuals will develop a mental health problem.”⁸ These include biological, psychological, or social factors in the individual, family, or community. Protective factors, which help lower the risk of suicide and other destructive behaviours, include secure attachment, emotional self-regulation, supportive relationships with family members, school and community engagement, healthy peer relationships, racial diversity, sense of belonging in one’s community, and positive racial identity.

Barriers to accessing and receiving mental health services

Findings from the literature

The literature review identified a number of barriers to seeking and receiving appropriate and effective mental health services for Black people. These include:

- **Stigma and reluctance to seeking mental health services:** Across society there continues to be a great deal of stigma associated with mental health and mental illness. While 1 in 5 Canadians will experience a mental health condition

⁶ Interagency Working Group on Youth Programs. (n.d.). Youth.gov. *Developmental competencies and resilience*. <https://youth.gov/youth-topics/youth-mental-health/definitions-developmental-competencies>

⁷ Eccles, J. S., & Roeser, R. W. (2009). Schools, academic motivation, and stage–environment fit. In R. M. Lerner & L. Steinberg, *Handbook of adolescent psychology (Vol. 1): Individual bases of adolescent development* (3rd ed., pp. 404–434). John Wiley & Sons.

⁸ The Connect Program. (n.d.). *Risk factors, protective factors, and warning signs*. <https://theconnectprogram.org/resources/risk-protective-factors>

in any given year, stigma continues to impact whether a person will seek mental health services.

- **Misdiagnosis of mental health issues resulting from the lack of culturally appropriate diagnostic tools and clinician bias:** Complicating the ability of mental health professionals to address the mental health issues facing African Canadians is the lack of culturally appropriate diagnostic tools and treatments. The diagnostic tests and screening tools used by mental health professionals were designed for and by White people. As a result, these tests and tools may misdiagnose or underdiagnose mental health issues among people of African descent, who may present with different symptoms.
- **Lack of culturally appropriate services and culturally sensitive and anti-racist mental health professionals:** Gaps in service utilization can also be attributed to the lack of services and the near absence of culturally appropriate mental health services. Discrimination and lack of culturally competent care, including experiences of racism, were identified as barriers to accessing effective mental health care by racialized people in Canada.

Findings from consultations with Black youth and parents/caregivers

To supplement the literature review and better understand the specific issues facing Black infants, children, and youth in Toronto, consultations were held with Black service users as well as with agency staff, management, leaders, and board members. The following issues were identified:

- **Factors that impact the mental health of Black infants, children, and youth:** Racism in the community and schools along with family stressor impact the mental health of Black infants, children, and youth. The lack of activities for Black youth, particularly during the COVID-19 pandemic, has negatively impacted their well-being, social development, and mental health.
- **Stigma:** One common theme in focus groups with Black youth, parents/caregivers, and agency staff was that the stigma associated with mental health created a significant barrier for members of the Black community to access mental health services. Youth shared that they feared stigma from within their own families and the wider Black community if others learned that they have a mental health issue or were seeking services for a mental health issue. Some also feared that if those outside their family became aware of their mental health issue, it would further marginalize them.
- **Cultural barriers:** Black youth and parents/caregivers shared that cultural issues pose a barrier to accessing mental health supports. They noted that in some cultures and some languages, there are no words or concepts to speak about mental health. They shared that the term “mental health” doesn’t

translate readily into many languages, which limits their ability to speak about mental health issues. They also shared that there are generational issues within various cultures that create a disconnect between parents/caregivers and children on issues of mental health. This leaves children struggling to cope with issues on their own because they cannot turn to their parents or caregivers for help and support.

- ***Fear of being referred to the child welfare system:*** Black parents/caregivers also shared their concern that access to mental health and other services could expose them to the child welfare system and the possibility that their children could be apprehended.
- ***Misdiagnosis by and racism from health care providers:*** Black parents and caregivers also shared their concern about, and their experiences with, their children being over-diagnosed with behavioural or mental health issues when their children exhibited developmentally appropriate behaviours.
- ***Lack of continuity of care:*** Some parents/caregivers also shared that when they are able to receive mental health services from an agency, the high staff turnover at the agency prevents continuity of care. Agency staff echoed that the turnover of Black staff had an impact on their ability to serve Black children and youth and their willingness to continue accessing services.
- ***Distrust of systems and agencies:*** Both Black youth and Black parents/caregivers shared a general suspicion about interacting with social and public services and concern about the implications of these interactions. They shared their suspicion of mainstream agencies, which purport to serve all Torontonians. Because these agencies take a universal approach to service delivery, which is seen as benefiting the White community, some feel that by definition they cause harm to Black people and families.
- ***Representation:*** Because of this distrust, many shared their preference for receiving mental health and social services from Black staff and through Black-focused agencies. Throughout the focus groups, many people shared the importance of having Black staff deliver services to Black service users and that the lack of Black staff is a barrier to service. They expressed a greater degree of trust that Black staff and agencies understand them, understand their experiences, and have their best interest at heart. The sense that Black service providers are more trustworthy also has other positive implications: it may increase the likelihood that Black service users would continue to access mental health services, believe the diagnosis, and continue with the course of treatment.
- ***Lack of culturally responsive services:*** Black youth and parents/caregivers also shared that the services available to Black infants, children, and youth are generally not culturally responsive. Instead, the models that have been

developed for and by White people are simply applied to Black people. In addition, they also shared concerns that the services are provided primarily in English, with some services available in French. However, they shared that services are generally not available to those who speak neither English nor French.

- ***Location, few services, and lack of knowledge of services:*** Black youth and parents/caregivers also shared that they don't readily know about the mental health services available to Black infants, children, and youth. In addition, the services that are available are few in number or are not conveniently located. They also shared that they often do not have timely access to services offered by community agencies and, as a result, they have often had to pay for the needed mental health services.
- ***Wait times:*** The limited number of mental health services in Toronto also means that Black youth and parents/caregivers have experienced long wait times to access services. They also shared that if they wished to see a Black therapist, the wait time was even longer than average. They noted that as they waited for these services, their mental health issues would often worsen.
- ***Quality of service:*** Some parents/caregivers and youth also shared that they were not always happy with the quality of service they receive, with some describing being treated poorly when trying to access mental health services.
- ***Service hours:*** Many Black youth and parents/caregivers identified that their access to services was limited by the times that the services were available, which is typically 9 a.m. to 5 p.m., Monday to Friday. This meant that parents/caregivers have to take time off work and students miss class time to receive mental health services.

Findings from consultations with agency staff and leaders

Discussions with staff, managers, EDs, CEOs, and board members uncovered a number of issues regarding the challenges with serving Black infants, children, and youth.

- ***Lack of cultural competence and failure to provide culturally responsive programs and services:*** Many agency staff and leaders recognized that there is a challenge for agencies to deliver culturally appropriate and responsive programs and services. There was concern that not all staff have the skills and knowledge to effectively work with Black service users.
- ***Black staff are critical to better serving Black service users, but experience anti-Black racism themselves:*** While many people recognized that all staff need to develop the skills and knowledge to effectively work with Black service users, they recognized the value of Black staff to better serving the Black community. But Black staff shared that their work is made more difficult by their

own experiences of anti-Black racism, which in turn impacts their mental health and their ability to provide good service to their clients.

- ***Focused attention is needed to create and sustain change:*** While some agencies shared that they have begun their journey to dismantle anti-Black racism, many shared that they have much more work to do in this regard. They shared their concern and frustration that their agency's equity and anti-racism/anti-oppression initiatives have not been sufficiently effective to create the change needed to better serve the Black community.
- ***Need to better serve the Black community:*** While there are many anti-racist staff who have a deep understanding of the issues, agency staff and leaders recognized that more needs to be done to ensure that all staff have a deep understanding of anti-Black racism and are able to provide culturally appropriate and responsive services to Black service users. They identified that in addition to changing their approach to delivering mental health services, agencies must also remove the barriers Black families face in accessing these services.
- ***Underfunding of agencies and sector:*** The chronic underfunding of organizations in the mental health sector impacts their ability to be innovative and responsive to the needs of the Black community. They shared that while agencies have experienced an increase in the demand for service over the years, and in particular during the pandemic, there has not been a corresponding increase in funding. As the pandemic continues and as the impact on children continues, they shared that they expect to see the high level of unmet need continue over the coming years.
- ***Traditional, Eurocentric ways of delivering services don't take into account the social determinants of health:*** Concern was expressed that many agencies take an individual approach to mental health, a model that doesn't take into account the social determinants of health. Many also take a traditional, Eurocentric way of delivering services, which may not reflect the cultures of many Black service users. They also shared that the mental health model used tends to focus on the individual, not taking into account the social determinants of health and the full context of service users' lives. As such, they feel that significant aspects of Black clients' lives are overlooked and therefore significant issues go unaddressed.
- ***Challenge recruiting and retaining Black staff:*** Because many organizations recognized the need to hire Black staff following the murder of George Floyd, many agencies are experiencing challenges recruiting and retaining Black staff. This has contributed to an increase in wait times for clients seeking to work with Black staff.

- **Lack of Black people in leadership positions:** Many noted that agencies are not currently reflective of the communities they serve, including the Black community. While some agencies may have Black staff on the front lines, participants shared that more needs to be done to reflect this diversity at all levels of the organization, including leadership and on boards.

Call to Action

The exploration of the issues through the literature review and consultations highlights the need for agencies in Toronto's ICYMH sector to:

- **Engage** with African Canadian parents/caregivers and communities to ensure that they are aware of the infant, child, and youth mental health services available to them
- **Educate** Toronto's Black communities about mental wellness in order to normalize conversations, increase understanding, and reduce stigma about mental health
- **Build confidence, competence, and courage** of sector staff and leaders to provide culturally responsive services and to speak about and address anti-Black racism
- **Improve** access to culturally appropriate and responsive programs and services where and when people need them
- **Reflect** the Black community at the front lines of the organization, in leadership positions, and on the board of directors
- **Support** the well-being, success, and advancement of Black staff
- **Collaborate** with other agencies to share best practices and engage in learning
- **Advocate** for change within this and other sectors to dismantle anti-Black racism.

This report helps the sector develop an understanding of the issues and creates a foundational understanding of the need for change. The accompanying strategy identifies the actions needed to make this change.

However, fostering anti-racist workplaces and providing culturally appropriate services will require coordinated effort across the sector. Above all, it will require bold leadership if the strategy is to be implemented and if real and sustained change is to be made to better serve Black infants, children, and youth in Toronto.

As the pandemic continues and household budgets become strained, there is a growing urgency for Toronto's ICYMH sector to address anti-Black racism and provide culturally appropriate and responsive programs and services if we are to secure a better future for Toronto's Black infants, children, and youth.