Honouring Our Promise: Ending Anti-Black Racism

RESEARCH REPORT

December 2022

TCG TURNER CONSULTING GROUP

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The logo for this project includes the Adinkra symbol for hope.

It was used as the inspiration for the name of this project, highlighting the need for Toronto's infant, child, and youth mental health sector to move beyond statements to the action that will honour the promises made to end anti-Black racism and better serve African Canadians.

Acknowledgements

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We are most grateful to the Black youth, parents/caregivers, staff, and community members who participated in the consultations and shared their experiences openly, often reliving their own personal traumas in an effort to increase our understanding of the issues and to create more responsive services for Black infants, children, and youth and their families.

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A Note on Terminology

The terms **African Canadians, Black Canadians, people of African descent,** and **Black** are used interchangeably throughout this report to refer to all people of African ancestry residing in Canada, regardless of whether they have arrived in Canada directly from their ancestral homeland on the continent of Africa or from other parts of the world. These terms include all people of African descent residing in Canada, regardless of their citizenship status.

The use of multiple terms reflects the lack of consensus about terminology among the diverse Black communities in Toronto and across the country.

Section 1: Introduction

The disproportionate impact of the COVID-19 pandemic on Black and racialized communities in Toronto exposed the structural and systemic racism inherent throughout Canadian society. The murder of George Floyd by police, only months after the pandemic had begun, shone a spotlight on anti-Black racism and sparked anger worldwide. Extensive school closures due to the pandemic and rising gun violence in Toronto brought even more attention to the impact of racial injustice on the mental health of the Black community, particularly that of young Black people.

These tragic events prompted agencies within Toronto's infant, child, and youth mental health (ICYMH) sector to begin discussing the need to address anti-Black racism, particularly the need to improve access to timely and culturally appropriate mental health services. As a result, several core service providers formed Anti-Black Racism (ABR) Task Forces within their agencies.

In July 2020, core service providers signed a statement of commitment to action on anti-Black racism. This 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. Through this statement, the ICYMH sector committed to taking collective action to address anti-Black racism within their organizations and within the city. A sector-wide ABR Task Force was formed to develop a multi-year road map to make a measurable impact on anti-Black racism within Toronto's 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 to understand the issues impacting Black infants, children, and youth in Toronto and their access to mental health services. Based on this research, a strategy was developed to address the identified issues and thus improve access to culturally appropriate and responsive mental health services for Black infants, children, and youth. This work was done on behalf of and guided by the ABR Task Force, which consisted of staff from several agencies in the sector.

The project involved the following activities:

- A review of the literature to understand the issues impacting the mental health of Black infants, children, and youth in Toronto as well as the issues of anti-Black racism in the mental health sector
- Consultations with stakeholders in the Black community, namely Black youth, parents/caregivers, and community members, to understand the issues they face in accessing culturally appropriate and responsive services
- Consultations with agency staff, management, leadership, and board members, both Black and non-Black, to understand the challenges faced in delivering culturally appropriate and accessible services to Black infants, children, and youth
- Consultations with other relevant stakeholders to further understand the issues and to identify what more agencies in the sector can do to better serve Black infants, children, and youth, and
- An assessment of what agencies are presently doing with respect to anti-Black racism, anti-racism, and anti-oppression.

The findings of this research were used to develop the following resources and documents that agencies can use to inform their work to dismantle anti-Black racism in the ICYMH sector:

- ***A background report*** that summarizes the learnings from the literature review and consultations
- ***Infographics*** that summarize the composition of the Black community and the social determinants of health that impact the mental health of Black infants, children, and youth
- ***A vision and a four-year strategy*** to strengthen anti-racist practices, programs, and services in the sector
- ***A resource list*** of best practices and resources to support organizational and sector excellence in relation to anti-Black racism, anti-racism, and anti-oppression
- ***Recommendations for training*** required to achieve excellence in providing services to Black infants, children, and youth and their families.

This project was led by Strides Toronto, a multi-service organization providing services to young people from birth to age 29 and their families in Toronto. Strides Toronto, which is also the lead agency for the ICYMH sector in Toronto, delivers a range of community, residential, and treatment services to improve the mental, social, and physical health of infants, children, and youth and their families. In its role as the lead agency, Strides Toronto works with 24 core service providers to design and implement system-level improvements that transform access to services, experience of services, and the mental health outcomes for Toronto's diverse communities.

The core service providers in the ICYMH sector include the following organizations:

Arrabon House Inc.

Boost Child and Youth Advocacy Centre

Breakaway Addiction Services

CAFCAN Social Services

Central Toronto Youth Services

Centre francophone de Toronto

Child Development Institute

George Hull Centre for Children and Families

Jessie's: The June Callwood Centre for Young Women

Jewish Family and Child Services

Kennedy House

LOFT Community Services

Lumenus Community Services

Massey Centre for Women

North York General Hospital

Rosalie Hall

Sancta Maria House

Scarborough Health Network

SickKids Centre for Community Mental Health

Strides Toronto

Turning Point Youth Services

Yorktown Family Services

Youthdale Treatment Centres

YouthLink

This background report summarizes the research conducted by the consulting team, including the literature review and the consultations with the Black community and ICYMH agencies. The report is divided into six sections:

- Section 1 introduces the project and this report.

- Section 2 provides an overview of the demographic composition of the African Canadian population in Toronto. This overview helps the reader understand the size and diversity of the Black population in Toronto and those the ICYMH sector seeks to better serve.

- Section 3 defines anti-Black racism and the various forms it takes at both the micro and macro levels. If agencies in Toronto's ICYMH sector are to dismantle anti-Black racism, then those working in the sector must understand what anti-Black racism is and how it is reflected and expressed throughout society, within agencies, and by individuals.

- Section 4 explores what the literature tells us about anti-Black racism and the mental health of Black infants, children, and youth. This section is not meant to be an exhaustive review of the literature. Instead, it is an exploration of the research evidence and emerging themes on the topic and is meant to contextualize the issues that will need to be addressed through the strategy to address anti-Black racism in Toronto's ICYMH

sector. Because little academic research has been conducted on the mental health of Black Canadian infants, children, and youth, this section includes information found in policy papers and grey literature as well as research conducted in other parts of the world.

- Section 5 summarizes the issues identified and recommendations for change as determined by consultations with Black communities and agencies.

- Section 6 distills the collected information to identify the calls to action for the ICYMH sector if it is to succeed in better serving the needs of Black infants, children, and youth.

Based on the information in this report, the consultants worked with members of the ABR Task Force to develop a strategy to better serve Black infants, children, and youth. The strategy is provided as an accompanying document.

Section 2: Demographic Composition of African Canadians in Toronto

This section provides an overview of the demographic composition of the African Canadian population in Toronto. It is designed to help the reader understand the size and diversity of the Black population in Toronto and those the ICYMH sector seeks to better serve. Much of the information in this section is summarized in an infographic included in Appendix A.

While the 2021 Census of Canada was recently completed by Statistics Canada, at the time of writing, data had not yet been released on the African Canadian population in the city of Toronto. As such, this section relies on data from the 2016 Census. In addition, Statistics Canada provides much of its publicly available data for the Toronto census metropolitan area (CMA) and the province of Ontario rather than specifically for the city of Toronto. Where available, we have used data for the city of Toronto. Where this data is not available, data for the Toronto CMA or province is used.

Growing African Canadian population

The 2016 Census of Canada showed for the first time that the number of African Canadians surpassed 1 million people, representing 3.4% of the country's population.

As Table 1 shows, in 2016, just over half of all African Canadians (52%, or 627,715) lived in Ontario, constituting 4.7% of the provincial population; over one-third of all African Canadians (37%, or 442,015) lived in the Toronto CMA, constituting 7.5% of the population of this region.

The largest population of African Canadians in the country lived in the city of Toronto (20%) and represented almost 9% of the city's population.

[1] A census metropolitan area (CMA) is defined by Statistics Canada as one or more adjacent municipalities centred on a population centre (known as the core). The Toronto CMA includes the city of Toronto as well as the surrounding municipalities of Ajax, Aurora, Bradford West Gwillimbury, Brampton, Caledon, East Gwillimbury, Georgina, Halton Hills, King, Markham, Milton, Mississauga, Mono, New Tecumseth, Newmarket, Oakville, Orangeville, Pickering, Richmond Hill, Uxbridge, Vaughan, and Whitchurch-Stouffville.

Table 1. African Canadian Population (2016).

Region	Total Population	African Canadian Population		
		#	% of Total Population	% of African Canadian Population
Canada	35,151,728	1,198,540	3.4%	–
Ontario	13,448,494	627,715	4.7%	52.4%
Toronto CMA	5,928,040	442,015	7.5%	36.9%
City of Toronto	2,731,571	239,850	8.8%	20.0%

Source: Statistics Canada, Census of Canada, 2016.

The African Canadian population has three notable features: it is growing fast; it is diverse; and it is young.

The African Canadian population is growing fast

The African Canadian population is growing faster than the population of the city of Toronto. Table 2 shows the size and growth rate of the city's population from 2001 to 2016.

As Table 2 shows, since 2001 the Black population in Toronto has grown faster than the population of the city as a whole. As a result, African Canadians are representing an increasingly larger proportion of the city's population.

Table 2. Growth Rate of African Canadian Population and City of Toronto Population (2001–2016).

Year	African Canadian Population (City of Toronto)			City of Toronto Population	
	#	% of City of Toronto Population	Growth Rate Since 2001	#	Growth Rate Since 2001
2001	204,075	8.2%	–	2,481,494	–
2006	208,555	8.3%	2%	2,503,281	1%
2011	218,160	8.3%	7%	2,615,060	5%
2016	239,850	8.8%	18%	2,731,571	10%

Source: Statistics Canada, Census of Canada, 2006 ,2001, and 2016; Statistics Canada, National Household Survey, 2011.

Between 2001 and 2016, the city's population grew by 10%, from about 2,481,000 to nearly 2,732,000. Over that same time period, the Black population grew by 18%, from just over 204,000 to almost 240,000. As a result, the Black population grew from 8.2% to 8.8% of the city's population.

Statistics Canada projects that by the year 2036, the Black population in Canada could increase to between 2 million and 2.5 million people, which would represent between 5% and 5.6% of Canada's population.[2] This means that the Black population in Toronto could increase to between 400,000 and 500,000 people in the next 14 years.[3]

[2] Morency, J., Malenfant, E. C., & MacIsaac, S. (2017). *Immigration and diversity: Population projections for Canada and its regions, 2011 to 2036*. https://www150.statcan.gc.ca/n1/pub/91-551-x/91-551-x2017001-eng.htm

[3] This estimate assumes that 20% of Canada's Black population continues to reside in the city of Toronto.

The African Canadian population is ethnically and linguistically diverse

There is a great deal of ethnic diversity within Toronto's African Canadian population, which includes immigrants from around the world, their second- and third-generation children and grandchildren, as well as Black Canadians whose families have been in Canada since the 1600s and 1800s.

In the late 1960s, the Government of Canada changed its immigration policy. Instead of following a policy that limited the number of racialized people entering Canada, the government began using a point system to assess applicants based on a number of factors, including English and French language skills, education, and occupation. This change in the immigration policy saw greater numbers of Black immigrants coming from the Caribbean. Before that time, the United States had been the primary source of Black immigrants. More recently, there has been an increase in the number of immigrants from African countries as well as the number of Black refugees from around the world.

Table 3 shows the place of birth of African Canadians who reside in the city of Toronto. It lists the top 10 countries of birth, along with Canada.

Table 3. Place of Birth of African Canadians in the City of Toronto (2016).

Place of Birth	#	%
Canada	105,800	44.1%
Jamaica	40,570	16.9%
Ethiopia	8,520	3.6%
Somalia	8,390	3.5%
Nigeria	7,430	3.1%
Trinidad and Tobago	6,840	2.9%
Guyana	5,150	2.1%
United Kingdom	2,250	0.9%
Kenya	1,975	0.8%
United States	1,920	0.8%
Haiti	1,770	0.7%
Total	**239,850**	100.0%

Source: Statistics Canada, Census of Canada, 2016.

As Table 3 shows, by far the most frequent country of birth for Black Canadians in Toronto is Canada at 44%, followed by Jamaica at 17%.

In the 2016 Census, Black Ontarians identified with more than 200 ethnic origins, with Jamaican being the most frequently reported ethnicity and the majority identifying with Caribbean ethnicities.[4]

[4] Statistics Canada. (2019, February 27). *Diversity of the Black Population in Canada: An overview*. https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019002-eng.htm

Before 1981, Africans constituted 5% of Black newcomers to Canada, while those from the Caribbean constituted 83% of Black newcomers. Between 2011 and 2016, the proportion of immigrants from Africa increased to 65%, and the proportion from the Caribbean decreased to 27%.[5] Black newcomers now come from about 125 different countries, with the top countries of birth for recent Black immigrants to Canada being Haiti, Nigeria, Jamaica, Cameroon, and the Democratic Republic of the Congo. Nearly 80% of Black Ontarians reported English as their mother tongue, and close to 6% reported French as their first language. In addition, Somali, Akan (Twi), and Amharic were the other most frequently reported first languages for Black Ontarians.[6]

A large proportion of Francophone newcomers to Ontario are Black. Black people represented 31% of the 83,940 immigrants who reported French as their first official language spoken. Among newcomers (those arriving between 2011 and 2016), this proportion was 48%.[7]

The African Canadian population is young

The African Canadian population in Toronto has a younger age profile than the population overall. As Table 4 shows, 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%).

Table 4. Age Profile, Toronto CMA (2016).

Age (years)	African Canadian Population (Toronto CMA)			Total Population (Toronto CMA)	
	#	% of Population	% of Age Group	#	% of Population
0 to 14	100,435	24.6%	7.0%	983,760	16.8%
15 to 24	74,760	17.6%	6.5%	774,945	13.2%
25 to 54	184,695	40.6%	4.7%	2,553,925	43.6%
55 to 64	39,525	8.4%	2.9%	734,760	12.5%
65 and over	42,605	8.8%	2.5%	815,455	13.9%
Total	**442,020**	**100%**	**4.7%**	**5,862,855**	**100%**

Source: Statistics Canada, Census of Canada, 2016.

At the provincial level, 29% of Ontarians are aged 25 and under, compared with 42% of African Canadians. 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.

[5] Statistics Canada. (2019, February 27). *Diversity of the Black Population in Canada: An overview.* https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019002-eng.htm

[6] Statistics Canada. (2019, February 27). *Diversity of the Black Population in Canada: An overview.* https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019002-eng.htm

[7] Ibid.

As a result of this younger age profile, Black Canadians make up a larger proportion of the younger age groups. For example, while Black people represent 4.7% of the population in the Toronto CMA, they represent 7.0% of those aged 14 and under and 6.5% of those aged 15 to 24. Conversely, Black people represent only 2.5% of those aged 65 and over.

While immigration is a major source of growth of the African Canadian population, given their long history in Canada, an increasing proportion are Canadian-born, with the vast majority of children and youth born in Canada.

Table 5 breaks down Toronto CMA's Black population by generation and age group. For each age group, the table shows the proportion that is first-generation, second-generation, and three or more generations Canadian.

Table 5. Age and Generational Profile for African Canadians, Toronto CMA (2016).

Age (years)	Total		First Generation		Second Generation		Third + Generation	
	#	%	#	%	#	%	#	%
0 to 14	100,435	100%	12,400	12%	72,725	72%	15,320	15%
15 to 24	74,760	100%	19,355	26%	50,500	68%	4,910	7%
25 to 54	184,695	100%	130,500	71%	49,440	27%	4,750	3%
55 to 64	39,525	100%	37,790	96%	700	2%	1,025	3%
65 +	42,605	100%	41,390	97%	475	1%	735	2%
Total	**442,020**	**100%**	**241,440**	**55%**	**173,835**	**39%**	**26,740**	**6%**

Source: Statistics Canada, Census of Canada, 2016.

As Table 5 shows, younger African Canadians are more likely to be Canadian-born. While 96% of those aged 55 and over are first-generation Canadians (i.e., born outside of Canada), only 12% of those aged 0 to 14 and 26% of African Canadians aged 15 to 24 are first-generation Canadian. Instead, 87% of African Canadian children aged 0 to 14 and 74% of those aged 15 to 24 were born in Canada.

Black population by ward

Another important feature of the Black population in Toronto is that it is not evenly distributed across the city of Toronto. Table 6 shows the number of Black people residing in each of Toronto's 25 wards, along with the proportion of the ward they represent. The final column shows the proportion of the city's Black population that resides in that ward.

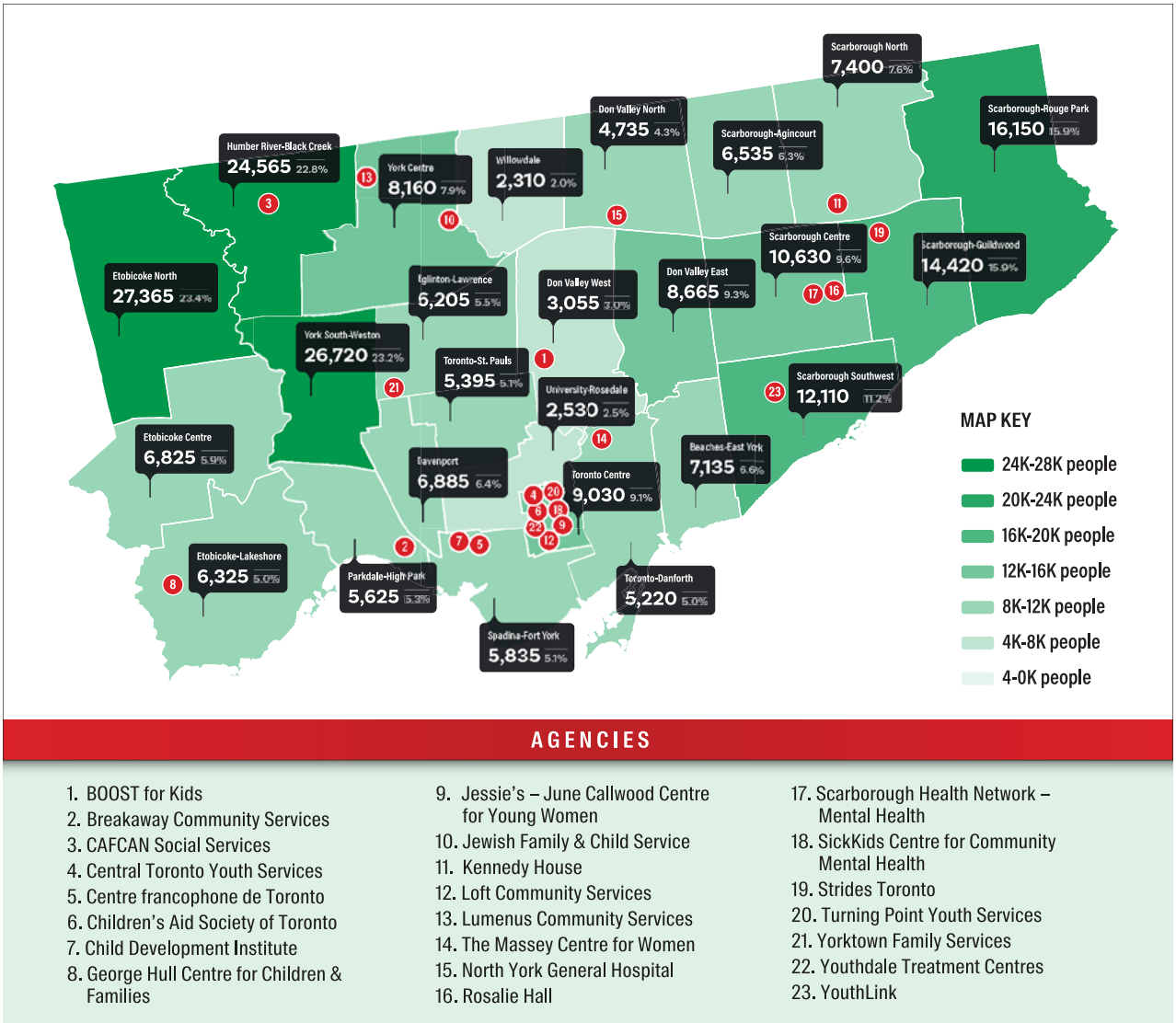
As Table 6 shows, a larger proportion of the Black population in the city of Toronto lives in the northeast and northwest. In this part of the city, Black people constitute a significant proportion of the population (Humber River-Black Creek, 23%; Etobicoke North, 23%; York South-Weston, 23%; Scarborough-Rouge Park, 16%; Scarborough Guildwood, 16%). Also notable is that 28% of the city's Black population

resides in Scarborough (in the wards of Scarborough-Rouge Park, Scarborough-Guildwood, Scarborough North, Scarborough Agincourt, Scarborough Centre, and Scarborough Southwest), with an additional 33% residing in the northwest part of Toronto (the wards of Humber River-Black Creek, Etobicoke North, and York South-Weston).

Table 6. Black Canadians, City of Toronto Wards (2016).

Ward Name	Black Population		
	#	% of Ward population	% of Black population
Scarborough-Rouge Park	16,150	15.9%	6.7%
Scarborough-Guildwood	14,420	14.3%	6.0%
Scarborough North	7,400	7.6%	3.1%
Scarborough Agincourt	6,535	6.3%	2.7%
Scarborough Centre	10,630	9.6%	4.4%
Scarborough Southwest	12,110	11.2%	5.0%
Don Valley North	4,735	4.3%	2.0%
Willowdale	2,310	2.0%	1.0%
Don Valley East	8,665	9.3%	3.6%
Don Valley West	3,055	3.0%	1.3%
University Rosedale	2,530	2.5%	1.1%
Toronto Centre	9,030	9.1%	3.8%
Beaches-East York	7,135	6.6%	3.0%
Toronto-Danforth	5,220	5.0%	2.2%
York Centre	8,160	7.9%	3.4%
Eglinton-Lawrence	6,205	5.5%	2.6%
Toronto-St. Paul's	5,395	5.1%	2.2%
Davenport	6,885	6.4%	2.9%
Spadina-Fort York	5,835	5.1%	2.4%
Humber River-Black Creek	24,565	22.8%	10.2%
Etobicoke North	27,365	23.4%	11.4%
York South-Weston	26,720	23.2%	11.1%
Etobicoke Centre	6,835	5.9%	2.8%
Etobicoke-Lakeshore	6,325	5.0%	2.6%
Parkdale-High Park	5,625	5.3%	2.3%
City of Toronto	**239,850**	**8.8%**	**100%**

The map that follows shows this population data along with the locations of the ICYMH agencies. Included on the map is each agency's main service location; satellite or pop-up locations are not shown. Despite the availability of these additional sites, the map highlights significant issues with access to services, as a number of the ICYMH agencies are not located in the wards with the largest number of Black people.



AGENCIES

1. BOOST for Kids
2. Breakaway Community Services
3. CAFCAN Social Services
4. Central Toronto Youth Services
5. Centre francophone de Toronto
6. Children's Aid Society of Toronto
7. Child Development Institute
8. George Hull Centre for Children & Families
9. Jessie's – June Callwood Centre for Young Women
10. Jewish Family & Child Service
11. Kennedy House
12. Loft Community Services
13. Lumenus Community Services
14. The Massey Centre for Women
15. North York General Hospital
16. Rosalie Hall
17. Scarborough Health Network – Mental Health
18. SickKids Centre for Community Mental Health
19. Strides Toronto
20. Turning Point Youth Services
21. Yorktown Family Services
22. Youthdale Treatment Centres
23. YouthLink

Implications

This data highlights a number of issues that the ICYMH sector needs to consider if it is to better serve the Black community:

- **Fast-growing population:** The Black population in Toronto is growing at a faster rate than the 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. In addition, Statistics Canada projections indicate that the Black population in Toronto could almost double in the coming 14 years. This highlights the need for the ICYMH sector to ensure that it is responding to the increasingly diverse population it serves.
- **Diverse population:** The data shows that the Black population in Canada consists of people born in a number of countries, including those on the African continent and throughout the Caribbean, as well as the United Kingdom and the United States. However, the largest proportion of Black Torontonians were

born in Canada. This highlights the diversity of cultures, religions, and languages spoken within this community. As such, mental health services ought to be responsive to this diversity.

Black people represent about 31% of the immigrants to Ontario who have French as their first official language. This suggests that services provided in French must also consider the diversity among their service users and the need to provide culturally responsive information, programs, and services. For those who speak neither English nor French, it is more difficult to discuss mental health, understand instructions and medical terms, and read information. The fact that some languages do not have words to discuss mental health makes it all the more challenging. This makes it extremely important for service users to be able to communicate in their first language.

In addition, studies have shown that although immigrants have better mental and physical health upon their arrival than the Canadian-born population, this "healthy immigrant effect" is lost after they have spent 7 years in Canada. Racialized immigrants are at particular risk of deteriorating health soon after arrival in Canada.[8, 9, 10] Refugees face increase risks of post-traumatic stress disorder and common mental health disorders (anxiety and depression), and Canadian-born children of immigrants experience increased risk for substance misuse and suicide.[11, 12] The large proportion of immigrants within the Black community highlights the need for culturally appropriate information and services in order to support newcomer families and their children. Recognizing that the mental health of newcomers deteriorates the longer they are in Canada, it also suggests that proactive measures are needed to support the mental health of Black newcomers.

- **Location in the city:** Mapping the location of the Black community in Toronto and the location of ICYMH services across the city highlights issues of access. This suggests the need to co-locating service, establish satellite offices, and create pop-up locations so that the services go where community members live rather than the other way around.

[8] Gushulak, B. D., Pottie, K., Roberts, J. H., et al. (2011). Migration and health in Canada: Health in the global village. *Canadian Medical Association Journal, 183*(12), E952–958.

[9] Newbold, K. B. (2005). Self-rated health within the Canadian immigrant population: Risk and the healthy immigrant effect. *Social Science & Medicine, 60*(6), 1359–1370.

[10] Ng, E., Wilkins, R., Gendron, F., & Bertholet, J. M. (2005). *Dynamics of immigrants' health in Canada: Evidence from the National Population Survey*. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/82-618-m/82-618-m2005002-eng.htm

[11] Bourque, F., van der Ven, E., & Malla, A. (2011). A meta-analysis of the risk for psychotic disorders among first- and second-generation immigrants. *Psychological Medicine, 41*(5), 897–910.

[12] Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet, 365*(9467), 1309–1314.

Section 3: Defining Anti-Black Racism

This section defines anti-Black racism and the various forms it takes at both the micro and macro levels. If agencies in Toronto's ICYMH sector are to dismantle anti-Black racism, then those working in the sector must understand what anti-Black racism is and how it is reflected and expressed throughout society, within agencies, and by individuals. This section also presents a framework to contextualize the information summarized from the literature and the feedback gathered through the consultations.

The concept of anti-Black racism was first expressed by the Black community and officially recognized by the provincial government in 1992. Following the "Yonge Street Riots," which began as a protest against the killing of a Black man by Toronto police in the spring of 1992, the provincial government of the day asked Stephen Lewis, a former ambassador to the United Nations, to explore race relations in Ontario. The report to the premier catalogued the many ways in which systemic racism affects the Black community and named anti-Black racism. In his report, Stephen Lewis wrote:

> First, what we are dealing with, at root, and fundamentally, is anti-Black racism. While it is obviously true that every visible minority community experiences the indignities and wounds of systemic discrimination throughout Southern Ontario, it is the Black community which is the focus.[13]

The Government of Ontario's anti-racism strategic plan[14] draws from the work of the African Canadian Legal Clinic[15] to define anti-Black racism:

> Anti-Black racism is prejudice, attitudes, beliefs, stereotyping and discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement. Anti-Black racism is deeply entrenched in Canadian institutions, policies, and practices, such that anti-Black racism is

[13] Lewis, S. (1992). *Stephen Lewis report on race relations in Ontario*. Government of Ontario. https://www.siu.on.ca/pdfs/report_of_the_advisor_on_race_relations_to_the_premier_of_ontario_bob_rae.pdf

[14] Government of Ontario. (2021). *Ontario's anti-racism strategic plan*. https://www.ontario.ca/page/ontarios-anti-racism-strategic-plan

[15] African Canadian Legal Clinic. (2012). *Errors and omissions: Anti-Black racism in Canada.* https://www2.ohchr.org/english/bodies/cerd/docs/ngos/AfricanCanadianLegalClinic_CANADA_CERD80.pdf

> either functionally normalized or rendered invisible to the larger white society. Anti-Black racism is manifested in the legacy of the current social, economic, and political marginalization of African Canadians in society such as the lack of opportunities, lower socio-economic status, higher unemployment, significant poverty rates and overrepresentation in the criminal justice system.

As this definition expresses, anti-Black racism goes beyond interpersonal experiences of racism; that is, anti-Black racism operates at the micro (or individual) level and at the macro (or system) level. Anti-Black racism is "a network of social relations at social, political, economic, and ideological levels that shapes the life chances of [people of African descent]."[16] At these two levels, research has identified seven dimensions of anti-Black racism that occur:

- Macro level: Ideological, cultural, structural, institutional/systemic
- Micro level: Conscious and unconscious bias, interpersonal, internalized.

These forms of anti-Black racism are explored in this section, and the impact of anti-Black racism on mental health is explored in the following section.

Anti-Black racism at the macro level

As a structural phenomenon, anti-Black racism operates independently from the intentions of individuals within organizations or society. In this way, it creates forces and barriers "that are not accidental, occasional, or avoidable. These forces are systematically related to each other in ways that restrict [Black Canadians'] movement."[17]

Ideological racism: An ideology is a collection of ideas that affects how we see and understand the world. The core of any oppressive system is the ideology that one group is better than another and has the right to control others. The ideology describes the dominant group as more intelligent, harder working, more capable, more deserving, and superior, with the opposite qualities attributed to marginalized groups.[18] Not only does the dominant group holds these ideas about itself, but it also communicates these ideas to marginalized groups through the dominant culture, including news and entertainment media, books, religion, as well as the education, criminal justice, child welfare, and health care systems. This ideology informs laws, government policy, government funding decisions, as well as organizational policies, practices, and procedures and is used to justify the creation and maintenance of oppressive systems that create poor outcomes, deepen inequities, and subject marginalized people to physical and psychological violence.

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[16] Bonilla-Silva, E. (2017). *Racism without racists: Color-blind racism and the persistence of racial inequality in America* (p. 18). Rowman & Littlefield.

[17] DiAngelo, R. (2018). *White fragility: Why it's so hard for white people to talk about racism* (p. 24). Beacon Press.

[18] Grassroots Institute for Fundraising Training. (n.d.). *Four I's of oppression*. https://www.northeastern.edu/lawstudentaffairs/wp-content/uploads/2019/07/Orientation-Readings-2019-Combined.pdf

The ideology that supports and maintains anti-Black racism, and the perception that White people are more intelligent and more deserving than Black people, is white supremacy. White supremacy was born to justify the transatlantic slave trade by making Europe's efforts to colonize and conquer the world seem like a "natural" process, wherein "superior" White races would dominate "inferior" African peoples.[19] This ideology was critical to the dehumanization of African peoples and the maintenance of the institution of slavery for over 400 years. It created a separate and inferior "Black race" while simultaneously creating a superior "White race."[20] As author and journalist Ta-Nehisi Coates has stated, racial classifications and the ideology of racial inferiority were created to justify the enslavement of African peoples. "Race is the child of racism, not the father," he argues. By that, he means that, first, Europeans exploited African peoples for their resources and labour, not based on how they looked. Then, Europeans created the ideology of inferior races to justify this exploitation.[21]

Similarly, historian Ibram X. Kendi explains how this ideology has persisted into the 21st century and has become normalized to the point where it often goes unnoticed. This normalization has resulted in the common perception that the poor outcomes for Black people is due to the poor choices or inherent inferiority of Black people themselves rather than the systemic racism that they experience. Kendi states that "The beneficiaries of slavery, segregation, and mass incarceration have produced racist ideas of Black people being best suited for or deserving of slavery, segregation, or the jail cell. Consumers of these racist ideas have been led to believe there is something wrong with Black people, and not the policies that have enslaved, oppressed, and confined so many Black people."[22]

Cultural racism: Cultural racism occurs when the experiences of the dominant group are taken to be universal and a baseline against which others are evaluated.[23] With respect to anti-Black racism, the dominant White population has normalized their culture through language, news and entertainment media, books, toys, and religion, as well as through the education, health care, child welfare, and criminal justice systems. In this way, the dominant White population has established the ways of communicating and being that are considered "normal" and what is considered "abnormal." Through culture, society also sends a strong message about who belongs, who is important,

[19] DeVega, C. (2014, April 23). *10 things everyone should know about white supremacy. Alternet*. https://www.alternet.org/2014/04/10-things-everyone-should-know-about-white-supremacy/

[20] DiAngelo, R. (2018). *White fragility: Why it's so hard for white people to talk about racism* (p. 91). Beacon Press.

[21] Ibid.

[22] Kendi, I. X. (2016). *Stamped from the beginning*. Nation Books.

[23] Mullaly, B., & West, J. (2018). *Challenging oppression and confronting privilege* (3rd ed.). Oxford University Press.

and who is not; these messages are reinforced across society in schools and textbooks, movies, advertising, and everyday words and expressions. Because these ideas are constantly reinforced, they are easily believed and internalized by members of both the dominant group and marginalized groups.[24]

Systemic racism: Systemic (or institutional) racism occurs within organziations. It occurs when systems, policies, practices, or procedures within organizations result in unequal access or outcomes for racialized people.[25] Various academics have referred to systemic racism as the "new racism." They argue that it has new strength precisely because it often goes unnoticed and does not appear to be racism.[26] It is embedded within institutional policies and practices that are subtle, systemic, and seemingly race-neutral.

Structural racism: Structural racism occurs between institutions and across society. It occurs when white supremacist ideology is embedded within the laws and social policies of the country, within organizations, and in the ways in which organizations interact with each other to produce discriminatory treatment, unfair policies, and inequitable opportunities and outcomes. Structural racism includes the ways in which these aspects of society work together to produce and maintain racial inequality, even in the absence of the oppressive intent of individual systems and the individuals within these systems. Structural racism also includes the interconnectedness of institutions, systems, and rules across society that legitimize, reinforce, and perpetuate racism.

Systemic and structural racism interact to maintain and reproduce racial inequity even as Canadian society is becoming increasingly diverse and as individuals are becoming more welcoming and inclusive. Sociologist Eduardo Bonilla-Silva refers to this phenomenon as "racism without racists," which "aids in the maintenance of white privilege without fanfare, without naming those who it subjects and those who it rewards."[27]

Anti-Black racism at the micro level

Interpersonal anti-Black racism occurs between individuals and comes from individuals' conscious and unconscious biases, microaggressions, and discriminatory actions, behaviours, and language. At the micro level, anti-Black racism can also be internalized and operate within peoples of African descent themselves.

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[24] Ibid, 21.

[25] Canada Research Chairs. (2019). *Institutional equity, diversity and inclusion action plans: A best practices guide*. Government of Canada. https://www.chairs-chaires.gc.ca/program-programme/equity-equite/index-eng.aspx

[26] Sniderman, P. M., Piazza, T., Tetlock, P. E., & Kendrick, A. (1991). The new racism. *American Journal of Political Science, 35*(2), 423–447. https://doi.org/10.2307/2111369

[27] Bonilla-Silva, E. (2017). *Racism without racists: Color-blind racism and the persistence of racial inequality in America*. Rowman & Littlefield.

Conscious and unconscious bias: Conscious bias includes biased attitudes about a group of people that individuals are aware of holding. Unconscious (or implicit) bias includes biased attitudes that operate outside of our awareness. While unconscious biases are difficult to be aware of, they influence one's actions more than one's conscious biases do. Both conscious and unconscious biases are formed and reinforced by anti-Black racism at the macro level. As Dr. Mahzarin Banaji notes, "Implicit biases come from culture. I think of them as the thumbprint of the culture on our minds."[28]

Microaggressions: The term "microaggressions" was first coined in the 1970s by Dr. Chester Pierce, a professor of education and psychiatry at Harvard University. He described microaggressions as common, subtle, seemingly innocuous, conscious, or automatic slights that can cause psychological harm. The "micro" in microaggressions refers to the fact that these aggressions occur at the micro, or individual, level rather than at the macro level. The "micro" does not refer to the size of the impact of these aggressions—in fact, a lifetime of microaggressions have been found to have a serious impact on a person's mental and physical health.

Dr. Derald Wing Sue, a psychologist at Columbia University, has since expanded on Dr. Pierce's original definition. He describes microaggressions as verbal comments and nonverbal behaviours that communicate negative, hostile, and derogatory messages rooted in conscious and unconscious bias against people based on their membership in marginalized groups.[29] There are four types of microaggressions, including micro-assault, micro-insult, micro-invalidation, and environmental microaggressions, and they all have negative effects on the individual's mental, emotional, and physical health.

Internalized racism: Internalized racism occurs within individuals. When people are targeted, discriminated against, or oppressed over a long period of time, they can internalize the oppression. They begin to believe and make part of their self-image the myths and misinformation that society communicates to them about their group.[30] This can be particularly true for children who experience racial microaggressions and various forms of anti-Black racism, as they don't have the ability to process or make sense of these experiences. Because they are unable to attribute these experiences to anti-Black racism, they may instead internalize these messages, believing that there is something wrong with them that causes others to treat them in a harmful manner.

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[28] Osta, K., & Vasquez, H. (2019). *Don't talk about implicit bias without talking about structural racism.* National Equity Project. https://medium.com/national-equity-project/implicit-bias-structural-racism-6c52cf0f4a92

[29] Sue, D. W. (2010). *Racial microaggressions in everyday life. Psychology Today*. https://www.psychologytoday.com/blog/microaggressions-in-everyday-life/201010/racial-microaggressions-ineveryday-life

[30] Center for Community Health and Development. (n.d.). *Community Tool Box: Section 3. Healing from the effects of internalized oppression*. University of Kansas. https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/healing-from-interalized-oppression/main

Section 4: A Review of the Literature

This section explores what the literature tells us about anti-Black racism and the mental health of Black infants, children, and youth. It is not meant to be an exhaustive review of the literature. Instead, it is an exploration of the research evidence and emerging themes on the topic and is meant to contextualize the issues that will need to be addressed through the strategy to address anti-Black racism in Toronto's ICYMH sector. Because little academic research has been conducted on the mental health of Black Canadian infants, children, and youth, this section includes information found in policy papers and grey literature as well as research conducted in both the United States and the United Kingdom.

The infographic included in Appendix B summarizes much of this information.

4.1 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.[31]

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

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

of health.[32] 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.[33] In 2020, Toronto Public Health recognized racism as a public health crisis.[34] 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 is taking its toll on the population's mental health and that, in fact, the Black community faces a greater risk of having serious mental health problems.[35] He notes that the reasons for this increased risk lie in the social determinants of health, with Black Canadians being disproportionately exposed to risk factors linked to poor mental health, such as poorer education and housing, unemployment, poverty, community violence, and criminalization.

It is important to understand the mental health of Black infants, children, and youth through the lens of social determinants of health so that the focus of anti-Black racism efforts extend beyond the biological (e.g., brain chemistry), genetic (e.g., family history of mental history), and personal (e.g., life experiences such as trauma and abuse) impacts on mental health to also consider the environmental and social (e.g., housing, education, employment, and access to health care and mental health services). For infants, children, and youth, it also requires that we extend the lens to examine the situation of their parents and caregivers, including their experiences of anti-Black racism.

This section will explore some of the ways in which the mental health of Black infants, children, and youth are impacted by the social determinants of health. Given the limited scope of this report, some but not all of these social determinants will be explored.

Education

Education is intrinsically linked to health and well-being and is strongly associated with life expectancy, morbidity, and health behaviours.[36] Educational attainment also

[32] Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee., G. (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

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

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

[34] 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/bgrd/backgroundfile-147784.pdf

[35] 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

[36] The Lancet Public Health. (2020). Education: a neglected social determinant of health. *The Lancet Public Health, 5*(7), E361. https://doi.org/10.1016/S2468-2667(20)30144-4

impacts health over one's lifetime by influencing employment opportunities and income. In addition to providing education, schools are also important to the health and well-being of children and youth because they are spaces for social and emotional development and physical exercise. While schools provide a respite from abusive households for some students, for others schools are punitive and unwelcoming spaces where students experience racist bullying and microaggressions, not only from peers, but also from teachers. A number of studies have found that the move to remote learning resulting from the pandemic has been welcomed by some Black students, as they found that it limited the amount of racist bullying they experienced, thereby allowing them to better focus on learning.[37]

Ontario's public school system has long been one in which anti-Black racism has been perpetuated against Black children. As Robyn Maynard writes:[38]

> For many Black students, though, schools are places where they experience degradation, harm, and psychological violence. Even as education environments continue to under-serve many communities from different backgrounds, there are unique dimensions to the experiences of Black youth, who experience schools as carceral places characterized by neglect, heightened surveillance, and arbitrary and often extreme punishment for any perceived disobedience. Because Black youth are so often not seen or treated *as children*, schools too often become their first encounter with the organized and systemic devaluation of Blackness present in society at large.

Various studies have examined the experiences of Black students in Ontario's public education system and documented that they do not fare as well as their White peers. The 2017 report *Towards Race Equity in Education* analyzed the data available from the Toronto District School Board (TDSB), the only Ontario school board that collected race-based student data at the time. The report analyzed the student achievement data for the 2006–2011 high school cohort and supplemented that analysis with information gathered on the experiences and perspectives of teachers, parents/caregivers, and Black students.[39] The TDSB data showed that:

- *Black students were streamed into programs below their level of ability*: Compared with White students, a smaller proportion of Black students were

[37] Collins-Nelson, R., Beier, J. M., & Raha, S. (2021, September 16). *Bullying, racism and being 'different': Why some families are opting for remote learning regardless of COVID-19*. The Conversation. https://theconversation.com/bullying-racism-and-being-different-why-some-families-are-opting-for-remote-learning-regardless-of-covid-19-165063

[38] Maynard, R. (2017, November 29). Canadian education is steeped in anti-Black racism. *The Walrus*. https://thewalrus.ca/canadian-education-is-steeped-in-anti-black-racism/

[39] James, C. E., & Turner, T. (2017). *Towards race equity in education: The schooling of Black students in the Greater Toronto Area*. York University. https://edu.yorku.ca/files/2017/04/Towards-Race-Equity-in-Education-April-2017.pdf

enrolled in the Academic program of study, while a larger proportion of Black students were enrolled in the Applied and Essentials programs of study. 53% of Black students and 81% of White students were in the Academic program of study. Conversely, Black students were over twice as likely to be enrolled in the Applied program (39% compared with 16% of White students) and three times as likely to be in the Essentials program (9% versus 3% of White students).

- *Black students were less likely to graduate from high school at the end of 5 years:* At the end of the 5-year period, 69% of their Black peers had graduated from high school. By contrast, 84% of White students had graduated from high school.
- *Black students were more likely to not complete high school.* After 5 years of high school, Black students were twice as likely to not have completed high school (20%) compared with White students (11%).
- *Black students were less likely to go on to university.* Only a quarter of Black students (25%) had applied to and were accepted by an Ontario university. Almost half (47%) of the White students in this cohort applied to and were accepted by an Ontario university.
- *Black students were less likely to be identified as gifted:* Of the White students in this cohort, 4% were identified as gifted compared with only 0.4% of Black students. This means that of the 5,679 TDSB Black high school students in the 2006–2011 cohort, only 23 had been identified as gifted. If Black students were identified as gifted at the same rate as White students, 227 would be identified as gifted.
- *Black students are more likely to be suspended and expelled:* By the time they finished high school, 42% of all Black students had been suspended at least once compared with only 18% of White students. Of the 213 students who were expelled over the 5-year period (2011–2012 to 2015–2016), 48% were Black. Yet, Black students constitute only 12% of the high school student population.

The consultations with students, parents/caregivers, and school staff attributed much of these gaps to anti-Black racism and the stereotypes held by teachers about the abilities of Black children. As the report notes, these stereotypes and the racism of low expectations begins in kindergarten and continues into high school. Participants shared that the education system continues to send the message to Black children and youth that they are less capable while at the same time limiting their opportunities and undermining their success both at school when they are students and when they become adults.

Through the consultations, Black parents/caregivers, students, and teachers, shared their experiences of Black students being suspended and expelled at disproportionate rates for behaviours similar to those of White and other racialized students.

This echoes what numerous research studies have found—Black students are more likely to be suspended and expelled from the public school system and even from daycare. It is not that Black students are more disruptive or harmful than other students. It is because teachers pay closer attention to the behaviours of Black students (boys in particular) and are more likely to see Black children as older and therefore more responsible, more threatening, and more violent. Some of these studies and their findings include the following:

- A Yale Child Study Center study found that preschool teachers spend more time focused on their Black students, in expectation of bad behaviour. Because of this focus, they overidentify the behaviours of Black children as challenging and overlook similar behaviours of White boys and girls.[40]
- Walter Gilliam, PhD, Director of the Edward Zigler Center in Child Development and Social Policy at Yale University School of Medicine, has spent the last decade documenting preschool expulsions. He has identified three child-related factors that make a child more likely to be kicked out of preschool: being Black, being male, and looking older than their classmates. "If you're a big, [B]lack boy, the risk is greatest by far," he says.[41]
- A study by Stanford University psychologists found that teachers' racial stereotypes influenced how they handled discipline after students' first infraction. The researchers found that when students misbehaved a second time, teachers were more likely to stereotype Black students as troublemakers and recommend harsher discipline.[42]
- Researchers have found that Black children are perceived as less innocent than White children, more responsible for their actions, and in less need of protection.[43] The study's author, Phillip Atiba Goff of UCLA, told the American Psychological Association that "Our research found that [B]lack boys can be seen as responsible for their actions at an age when [W]hite boys still benefit from the assumption that children are essentially innocent."[44]

[40] Bender, M. (2016, October 4). *Yale study tests implicit bias of preschool teachers*. Yale Daily News. https://yaledailynews.com/blog/2016/10/04/yale-study-tests-implicit-bias-of-preschool-teachers/

[41] Weir, K. (2016). *Inequality at school: What's behind the racial disparity in our education system?* American Psychological Association. https://www.apa.org/monitor/2016/11/cover-inequality-school

[42] Okonofua, J. A., & Eberhardt, J. L. (2015). Two strikes: Race and the disciplining of young students. *Psychological Science, 26*(5), 617–624. https://doi.org/10.1177/0956797615570365

[43] Goff, P. A., Jackson, M. C., Di Leone, B. A. L., et al. (2014). The essence of innocence: Consequences of dehumanizing Black children. *Journal of Personality and Social Psychology, 106*(4), 526–545. https://doi.org/10.1037/a0035663

[44] Weir, K. (2016, November). *Inequality at school: What's behind the racial disparity in our education system?* American Psychological Association. https://www.apa.org/monitor/2016/11/cover-inequality-school

- Black children and youth face significant racial stereotyping from adults who work with them. One study found that young Black children were more than twice as likely to be rated as unintelligent or violence-prone compared with White children of the same age.[45] The author noted that "These findings are highly concerning given the strong scientific evidence that negative racial attitudes are associated with poorer quality care and services and with disparities in health, education and social outcomes."

In addition, various studies have found that Black students are also more likely to be placed in classes for students with special needs:

- The analysis of the TDSB data presented in the report *Towards Race Equity in Education* showed that a greater proportion of Black than White students were identified as having non-gifted exceptionalities (14% versus 10%) and non-identified special needs and/or an Individual Education Plan (IEP) (12% versus 6%).[46]
- Other studies have found that Black boys are the most likely to receive special education services and the least likely to be enrolled in honours classes. Across Black, White, and Hispanic males and females, 6.5% were receiving special education services, 9.7% had an IEP, and 25% were in honours classes. For Black boys, 9% were receiving special education services, 14.7% had an IEP, and 14.5% were enrolled in honours classes.[47] Of the Black male ninth graders receiving special education services, 16% had never been diagnosed.

The education system has also become a significant pathway into the criminal justice and child welfare systems for Black students. The term "school-to-prison pipeline" describes the funnelling of Black students out of public schools and into the juvenile and criminal justice systems. This is done through harsh school discipline policies and the focus on the behaviours of Black students. In addition, school resource officers disproportionately target Black students and criminalize behaviours that are dealt with through other means when exhibited by White and other racialized students. Studies have also found a connection between low literacy and later involvement with crime.[48] This data shows that offenders are three times as likely as the rest of the population to

[45] Priest, N., Slopen, N., Woolford, S., et al. (2018). *Stereotyping across intersections of race and age: Racial stereotyping among White adults working with children. PLoS ONE, 13*(10). https://doi.org/10.1371/journal.pone.0201696

[46] James, C. E., & Turner, T. (2017). *Towards race equity in education: The schooling of Black students in the Greater Toronto Area*. York University. https://edu.yorku.ca/files/2017/04/Towards-Race-Equity-in-Education-April-2017.pdf

[47] Toldson, I. A., & Charis, K. D. (2015). How Black boys with disabilities end up in honors classes while others without disabilities end up in special education. *The State Education Standard, 15*(2), 32–36. https://nasbe.nyc3.digitaloceanspaces.com/2015/05/Toldson-Charis.pdf

[48] Canadian Association of Chiefs of Police. Literacy and Policing in Canada: Target Crime with Literacy. Fact Sheet 2. http://policeabc.ca/files/factsheets_englishPDFs/Ch02FactSheet02.pdf

have literacy problems, with 79% of those entering the Canadian correctional system not having a high school diploma.

The education system further harms Black students by over-reporting them to the child welfare system. While all professionals who work with children in Ontario are required by law to report suspected child abuse or neglect, teachers have been found to over-report Black children to Children's Aid Societies for issues that White and other students are not reported, thereby contributing to the overrepresentation of Black children in care:[49]

> Some examples of when child welfare has been the first call made include a parent late to pick up their child from school, a student who has multiple absences, a student brings what the teacher deems to be an inadequate lunch, or when a student uses dramatic language such as, "My mom is going to kill me." A further example provided by a participant is that an educator contacted child welfare in anticipation of abuse when a student had poor grades on their report card. In this case, the Jamaican heritage of the student caused sufficient concern on the part of the teacher that child welfare was called on the day report cards were sent home.

Furthermore, there is concern that schools use the threat of reporting a parent to child welfare to get the parent to comply or as a form of reprisal. In one case reported in the media, a single Black mother stated that her son's school called the Children's Aid Society five times alleging maltreatment. She claimed that these calls were payback for her advocacy for her son's education and her resistance to their recommendation that her 7-year-old son be placed in a special program for suspended and expelled students. As the mother noted in the *Toronto Star* article:[50]

> They say [B]lack parents are not there. Here I am. I'm that active single [B]lack mother who's basically not fitting their stereotype but yet I'm being punished for advocating for my child.

The data shows that in Toronto, Black children are overrepresented in the child welfare system. While Black children represent 8% of all children in Toronto, they make up 42% of all children in care with Toronto Children's Aid Society.[51] While anti-Black racism influences why Black families are more likely to be investigated and Black children removed from their homes, various studies have identified that children are more often removed for issues related to poverty rather than abuse.

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[49] Turner, T. (2016). *One Vision One Voice: Changing the child welfare system to better serve African Canadians. Practice framework part 1: Research report*. Ontario Association of Children's Aid Societies. https://www.oacas.org/wp-content/uploads/2016/09/One-Vision-One-Voice-Part-1_digital_english-May-2019.pdf

[50] Rankin, J. (2017, February 25). Single black mom battles school over calls to CAS. *Toronto Star*. https://www.thestar.com/news/insight/2017/02/25/single-black-mom-battles-school-over-calls-to-cas.html

[51] Contenta, S., Monsebraaten, L., & Rankin, J. (2016, June 23). CAS study reveals stark racial disparities for blacks, aboriginals. Toronto Star. https://www.thestar.com/news/canada/2016/06/23/cas-study-reveals-stark-racial-disparities-for-blacks-aboriginals.html

As the Ontario Association of Children's Aid Societies has noted:[52]

> In Ontario, indicators of poverty—such as unemployment, lack of housing, and food insecurity—play an important role in family crises that lead to Children's Aid Society involvement. The majority of child welfare cases are not related to extreme abuse, but instead involve families that are struggling with challenging issues such as mental health, trauma, and economic hardship that are the product of social and economic systems.

Involvement with the child welfare system also contributes to poor mental health. While children may have experienced the emotional effects of abuse and neglect, which may be the cause of child welfare involvement, all children who have been removed from their homes experience the trauma of being separated from their parents. In addition, some may have harmful experiences once placed in a foster or group home. One study found that receipt of child welfare services is associated with an increased risk for adult mental health issues, suicide attempts, and completed suicide.[53]

Community violence

Similar to what is being seen in 2022, back in 2005, Toronto experienced a surge in youth violence, particularly among young African Canadian males.[54] The Centre for Addiction and Mental Health examined the homicide statistics for that year and determined that 52 of Toronto's 78 homicides were gun-related deaths, with the majority of victims and assailants being young males.[55] In addition, two studies examining Toronto homicide rates between 2004 and 2014 found that not only is community violence in Toronto racialized, it disproportionately affects young Black males, in particular young Somali Canadians.[56] Furthermore, Statistics Canada cites

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[52] Ontario Association of Children's Aid Societies. (n.d.). *Understanding child welfare in Ontario: It might surprise you*. https://oacas.libguides.com/poverty

[53] McKenna, S., Donnelly, M., Onyeka, I. N., et al. (2021). Experience of child welfare services and long-term adult mental health outcomes: A scoping review. *Social Psychiatry and Psychiatric Epidemiology, 56*, 1115–1145. https://doi.org/10.1007/s00127-021-02069-x

[54] Carter, K. (2011). *Long-term training in learning and work for youth at risk: Sustainability and creativity in policy and execution of youth at risk programs in Toronto* [Unpublished master's thesis]. University of Toronto. https://tspace.library.utoronto.ca/bitstream/1807/27314/9/Carter_Karen_20113_MEd_thesis.pdf

Gee, M. (2013, February 22). We can't keep tiptoeing around Black-on-Black violence. *The Globe and Mail*. https://www.theglobeandmail.com/news/toronto/we-cant-keep-tiptoeing-around-black-on-black-violence/article8907404

[55] Centre for Addiction and Mental Health. (2006). *A balanced approach to youth violence: Policy statement*. https://camh.ca/-/media/files/pdfs---public-policy-submissions/a-balanced-approach-to-youth-violence-2006-pdf.pdf

[56] Khenti, A. (2018). *Three decades of epidemic Black gun homicide victimization in Toronto: Analyzing causes and consequences of a criminological approach* [Unpublished doctoral thesis]. York University.

Aden, M., Issa, A., Rayale, S., & Abokor, L. (2018). *Another day, another Janazah: An investigation into violence, homicide and Somali-Canadian youth in Ontario*. Youth Leaps.

that racialized people born in Canada are three times more likely to be a victim of a violent crime than racialized people who are foreign-born.[57]

In Ontario, amid growing concern about increased gun violence committed by and against young people, particularly Black males, and the troubling trends in anti-social behaviour and threats to public safety, the government launched a committee to explore the underlying causes of youth violence. The resulting report, *The Review of the Roots of Youth Violence*, summarized the findings of an extensive literature review and public consultations.[58] In exploring the causes of gang activity and gun violence, mental illness and violence were identified as reactions to desperate socioeconomic circumstances resulting from institutional and structural racism. Other studies have noted that violence and crime further impacts communities by scaring off businesses and reducing the use of public spaces, further decaying people's sense of safety and diminishing the mental health of the community as a whole.[59]

After the increase in gun violence in 2005, health and justice advocates called for governments to replace the reactive "tough on crime" approach with a proactive approach that addresses the root causes of violence.[60] In response, cultural programming was implemented and violence decreased.[61] Unfortunately, the recommendations from the Roots of Youth Violence report were never fully implemented, even when gun violence—and police budgets in reaction to it—once again began to rise.

In 2019, Toronto Public Health again called for a public health approach to addressing community violence, highlighting that the root causes of community violence include the intersections between poverty, racism, discrimination in education, lack of economic opportunity, and counterproductive criminal justice policies.[62]

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[57] Perreault, S. (2004). *Visible minorities and victimization*. Canadian Centre for Justice Statistics Profile Series. https://www.publicsafety.gc.ca/lbrr/archives/cnmcs-plcng/cn000033859531-eng.pdf

[58] McMurtry, R., & Curling, A. (2008). *The review of the roots of youth violence report* (Vol. 1). Queen's Printer for Ontario. https://youthrex.com/report/review-of-the-roots-of-youth-violence/

[59] United Way of Greater Toronto and The Canadian Council on Social Development. (2004, April). *Poverty by postal code: The geography of neighbourhood poverty city of Toronto, 1981–2001*. United Way of Greater Toronto. https://www.unitedwaygt.org/wp-content/uploads/2021/10/poverty-by-postalcode-research.pdf

[60] Centre for Addiction and Mental Health. (2006). *A balanced approach to youth violence: Policy statement*. https://camh.ca/-/media/files/pdfs---public-policy-submissions/a-balanced-approach-to-youth-violence-2006-pdf.pdf

[61] Carter, K. (2011). *Long-term training in learning and work for youth at risk: Sustainability and creativity in policy and execution of youth at risk programs in Toronto* [Unpublished master's thesis]. University of Toronto. https://tspace.library.utoronto.ca/bitstream/1807/27314/9/Carter_Karen_20113_MEd_thesis.pdf

[62] City of Toronto Medical Officer of Health. (2019, October 23). *Community violence in Toronto: A public health approach*. https://www.toronto.ca/legdocs/mmis/2019/hl/bgrd/backgroundfile-139315.pdf

The City of Toronto's Medical Officer of Health's report recognized that community violence is a complex issue requiring a collaborative approach across sectors and communities.[63] As such, the report notes that a public health approach, which would focus on the social determinants of health and equity, has been recognized as an effective way to help prevent community violence.

In discussions about gun violence in Toronto, its impact on surviving victims, families, and the community has often been overlooked. However, medical professionals in Toronto have recently begun paying attention to the wider impact of gun violence in recognition that it underlies common traumatic stress reactions and thus health and well-being. In response to trauma, people experience anxiety, depression, feelings of sadness, fear of being in public spaces, hypervigilance, difficulty concentrating, being easily startled, flashbacks, nightmares, and other sleep disturbances, as well as more maladaptive responses such as aggression or substance use.[64] The BRAVE (Breaking the Cycle of Violence with Empathy) program, established in 2020 by Sunnybrook Hospital in Toronto, was designed to take a public health and trauma-informed approach to violence prevention. It is the first program of its kind at a Canadian trauma centre. It supports victims of gun violence by promoting positive alternatives to violence in order to reduce retaliation, criminal involvement, and reinjury among youth injured by violence.[65]

Income and employment

Various studies of the city's population by race and income show that racialized people are concentrated in low-income neighbourhoods, while White residents are concentrated in high-income areas. This data shows that while Black people make up 9% of the city's population, they represent 13% of the residents in low-income neighbourhoods and 3% of the residents in high-income neighbourhoods.[66] Statistics Canada data shows that 23% of the Black population in the Toronto CMA experienced low income based on the low-income measure, after tax (LIM-AT), compared with 11% of non-racialized people.

Contributing to higher poverty rates are higher unemployment rates and lower average incomes. In 2016, Black people in the Toronto CMA experienced an unemployment rate of 12% compared with an unemployment rate of 6% for White people. In addition,

[63] Ibid.

[64] Castaneda, R. (2018, December 3). The devastating toll of gun violence: 'It has...destroyed my life.' *US News*. https://health.usnews.com/wellness/articles/2018-12-03/how-gun-violence-trauma-reverberates-beyond-direct-victims

[65] Centre for Injury Prevention. (n.d.). *BRAVE program.* Sunnybrook Health Sciences Centre. https://sunnybrook.ca/content/?page=centre-injury-prevention-brave

[66] Contenta, S. (2018, September 29). *Toronto is segregated by race and income. And the numbers are ugly. Toronto Star*. https://www.thestar.com/news/gta/2018/09/30/toronto-is-segregated-by-race-and-income-and-the-numbers-are-ugly.html

while White people earned $87,312 in average employment income in 2015, Black people earned $35,946, or 41% of what their White counterparts earned.[67]

Black youth also experience unemployment rates double that of their White counterparts. During the pandemic, Black youth aged 15 to 24 experienced an unemployment rate of 31% in January 2021, compared with 16% for White youth.[68]

Policing and the criminal justice system

It is well documented that Black Torontonians and low-income communities are over-policed, which has led to the rise in the proportion of federal inmates who are Black, even as crime rates have fallen.

Toronto's Black communities have long raised concerns about racial profiling, police brutality, and the over-policing of their communities. One long-standing tactic used by Toronto police was carding. Carding is defined as a subset of street checks "in which a police officer randomly asks an individual to provide identifying information when the individual is not suspected of any crime, nor is there any reason to believe that the individual has information about any crime. This information is then entered into a police database."[69] Between 2008 and 2013, Toronto police filled out at least 2.1 million contact cards involving 1.2 million people. Of the 1.2 million people, 24% were Black—or 288,000 people.[70] By contrast, Toronto's Black population represents about 8% of the city's population, or 239,850 people. While there is no evidence that carding has an effect on crime or solving crimes, this practice continued for many years[71] until it was banned by provincial legislation in 2016.[72]

Despite this change and other changes to police practices, studies continue to find that Black people are disproportionately charged, subjected to use of force, and killed by Toronto police. A report released in June 2022 found that Indigenous and racialized people, and Black people in particular, were not only overrepresented in enforcement actions by police, but the level of force used against them was more severe. While Black people represent only 9% of the population of Toronto, 24% of

[67] Statistics Canada. Data tables, 2016 Census of Population.

[68] Statistics Canada. (2021, February 24). *Study: A labour market snapshot of Black Canadians during the pandemic*. The Daily. https://www150.statcan.gc.ca/n1/daily-quotidien/210224/dq210224b-eng.htm

[69] Tulloch, M. H. (2022). *Report of the Independent Street Checks Review*. Queen's Printer for Ontario. https://www.ontario.ca/page/report-independent-street-checks-review

[70] Toronto Star. (2014, July 23). *Preliminary Toronto Star analysis of updated Toronto Police Service carding data*. https://www.scribd.com/doc/235025545/Preliminary-Toronto-Star-analysis-of-updated-Toronto-Police-Service-carding-data?secret_password=mGZM52gxriFAzd8invDe

[71] CBC News. (2018, December 31). *Little to no proof police carding has effect on crime or arrests: Ontario report*. https://www.cbc.ca/news/canada/toronto/little-to-no-proof-police-carding-has-effect-on-crime-arrest-ontario-report-1.4962601

[72] CBC News. (2016, March 22). *Ontario regulation bans random carding by police*. https://www.cbc.ca/news/canada/toronto/yasir-naqvi-carding-1.3501913

the people that Toronto police interacted with in 2020 were Black, and 39% of the people that Toronto police used force against in 2020 were Black, where force was defined as being pepper sprayed, tasered, or taken down by a police dog.[73] In addition, of the 7,114 strip searches conducted that year, 31% were conducted on Black people. Other data analyzed by the Ontario Human Rights Commission (OHRC) shows that Black people are more likely to be killed by Toronto police. Between 2013 and 2017, a Black person was nearly 20 times more likely than a White person to be fatally shot by police in Toronto.[74] Additional data shows that Black people represent almost one-third (32%) of all charges by police, but charges against Black people were more likely to be withdrawn, and only 20% of all charges resulted in conviction.[75]

The overincarceration of African Canadians in both the federal and provincial prison systems is well documented. A number of studies have identified racism as a key factor in the disproportionate incarceration of Black people, including the 1994 *Report of the Commission on Systemic Racism in the Ontario Criminal Justice System*[76] and the more recent examinations of racial profiling by the OHRC.[77]

Both Black women and men experience incarceration at a much higher rate than their White counterparts. Black women are incarcerated in the federal prison system at three times the rate that White women are, while Black men are incarcerated at close to four times the rate that White men are. These higher rates of incarceration mean that, in 2021, African Canadians made up 9.4% of the Canadian federal prison population but only 4.3% of the Canadian population in that year.[78] Rates of incarceration for African Canadians have increased while Canada has been experiencing an overall decline in the police-reported crime rate for more than 20 years[79] and while the White offender

[73] Toronto Police Service. (2022). *Race and identity based data collection strategy: Understanding use of force and strip searches in 2020*. https://www.scribd.com/fullscreen/578462243?access_key=key-14x2zy69z8ecwa0wzhbu

[74] Ontario Human Rights Commission. (2018). *A collective impact: Interim report on the inquiry into racial profiling and racial discrimination of Black persons by the Toronto Police Service.* https://www.ohrc.on.ca/sites/default/files/TPS%20Inquiry_Interim%20Report%20EN%20FINAL%20DESIGNED%20for%20remed_3_0.pdf

[75] Ontario Human Rights Commission. (2020). *A disparate impact: Second interim report on the inquiry into racial profiling and racial discrimination of Black persons by the Toronto Police Service*. https://www.ohrc.on.ca/sites/default/files/A%20Disparate%20Impact%20Second%20interim%20report%20on%20the%20TPS%20inquiry%20executive%20summary.pdf

[76] Gittens, M., & Cole, D. (1995). *Report of the Commission on Systemic Racism in the Ontario Criminal Justice System*. Queen's Printer for Ontario.

[77] Ontario Human Rights Commission. (2017). *Under suspicion: Research and consultation report on racial profiling in Ontario*. https://www.ohrc.on.ca/sites/default/files/Under%20suspicion_research%20and%20consultation%20report%20on%20racial%20profiling%20in%20Ontario_2017.pdf

[78] The Office of the Correctional Investigator. (2022). Annual Report 2020-2021.

[79] Statistics Canada. (2018, May 17). *Canada's crime rate: Two decades of decline*. https://www150.statcan.gc.ca/n1/pub/11-630-x/11-630-x2015001-eng.htm

population has also been decreasing. In the 2012–2013 *Annual Report of the Office of the Correctional Investigator*, this increase is broken down by race:[80]

> All new net growth in the offender population can be accounted for by increases in Aboriginal (+793), Black (+585), Asian (+337) and other visible minority groups. By contrast, during the same time period, the total Caucasian offender population decreased (–466 or 3%).

The correctional investigator noted that he had seen an increase of 69% in the number of Black inmates in each of his 10 years on the job, with African Canadians identified as the fastest growing group in federal prisons.[81] In his 2014 case study of the experience of Black inmates, the correctional investigator pointed out that[82]

> . . . despite being rated as a population having a lower risk to re-offend and lower need overall, Black inmates are more likely to be placed in maximum security institutions, Black offenders are imprisoned longer, overrepresented in use of force incidents, and overrepresented in segregation placements.

A recent report by the Auditor General found that despite decades of reporting on systemic racism in the federal prison system and the ways in which it continues to harm Black inmates, the federal government has failed to address the issues.[83]

In addition, data obtained by Reuters paints a similarly troubling picture of overincarceration within Ontario's correctional facilities.[84] Reuters reports that there were approximately 6,000 African Canadians remanded to pretrial detention, almost five times the number of those incarcerated federally. Black people are also incarcerated in pretrial detention in the provincial prison system at three times the rate that their White counterparts are—White people are incarcerated at a rate of 277 people per 100,000, while the Black population is incarcerated at a rate of 955 people per 100,000. In addition, Reuters' analysis of the data shows that African Canadians spent more time in Ontario jails on average than White people charged with the same crime in 11 of the 16 offence categories examined. Furthermore, the data also showed that "[B]lack people arrested and held in custody between 2011 and 2016 were more likely than [W]hite people to spend more than a year in pretrial detention."[85]

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[80] Office of the Correctional Investigator. (2013). *Annual report of the Office of the Correctional Investigator 2012–2013*. http://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20122013-eng.aspx

[81] Ibid.

[82] Ibid.

[83] Office of the Auditor General of Canada. (2022). *Report 4: Systemic barriers—Correctional Service Canada*. https://www.oag-bvg.gc.ca/internet/docs/parl_oag_202205_04_e.pdf

[84] Paperny, A. M. (2017, October 20). *Black people awaiting trial in Ontario jails spend longer in custody than white people*. CBC News. https://www.cbc.ca/news/canada/toronto/race-ontario-jails-wait-trial-disparity-1.4364796

[85] Ibid.

The impact of incarceration reverberates throughout an individual's life and also through the lives of their children and families, introducing significant stress into a child's life and negatively affecting their physical and mental health. Children with an incarcerated parent face numerous threats to their emotional, physical, educational, and financial well-being as well as the risk of psychological strain, disruptive behaviours, suspension or expulsion from school, economic hardship, and criminal activity.[86] While this type of child–parent separation is classified as an adverse childhood experience (ACE), it is different from other ACEs because of the unique combination of trauma, shame, and stigma it carries.

One study analyzed data from the 2011–2012 National Survey of Children's Health in the United States to determine the impact of having a parent in jail or prison.[87] The study found that children with incarcerated parents were three times more likely to suffer from depression or behavioural problems as well as developmental delays. These children were also found to be more likely to experience a range of physical conditions, including higher levels of asthma, obesity, speech problems, and overall poor physical health.

The incarceration of a parent can also affect children through destabilization of family finances, relationships, and other elements of daily life.[88] The financial strain can be particularly devastating for families already living in poverty, as many of those affected by incarceration are. While the family may have lost a caregiver and/or a source of income, there is now the additional expense of phoning and visiting the incarcerated parent, particularly as the parent may be incarcerated at a great distance from their home.

While the effect of parental incarceration is complex and depends on the relationship prior to incarceration,[89] it can be significant given that the strength of the parent–child bond and the quality of the child and family's social support system play significant roles in the child's ability to overcome challenges and succeed in life.[90]

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[86] Martin, E. (2017). Hidden consequences: The impact of incarceration on dependent children. *NIJ Journal, 278*. https://www.nij.gov/journals/278/Pages/impact-of-incarceration-on-dependent-children.aspx

[87] Turney, K. (2014, August 19). Stress proliferation across generations? Examining the relationship between parental incarceration and childhood health. *Journal of Health and Social Behavior, 55*(3), 302–319.

[88] Quandt, K. R. (2014, August 26). Charts: Kids are paying the price for America's prison binge. *Mother Jones*. https://www.motherjones.com/crime-justice/2014/08/incarcerated-parents-childrens-mental-physical-health

[89] Tasca, M. (2015). *'It's not all cupcakes and lollipops': An investigation of predictors and effects of prison visitation for children during maternal and parental incarceration: Final report to the National Institute of Justice*. https://www.ncjrs.gov/pdffiles1/nij/grants/248650.pdf

[90] Shlafer, R., Gerrity, E., Ruhland, E., et al. (2013). *Children with incarcerated parents — Considering children's outcomes in the context of family experiences*. University of Minnesota Extension, Children, Youth and Family Consortium. https://conservancy.umn.edu/bitstream/handle/11299/151818/ChildrenwithIncarceratedParentsJune2013ereview.pdf

Programs in the prison and community that support the maintenance and strengthening of the parent–child bond and the successful re-entry of the incarcerated parent into society have positive short-term impacts—they help to reduce recidivism for the incarcerated person[91] as well as the risk factors facing their children.

Despite the importance of maintaining these familial connections, the OHRC's *Report on Conditions of Confinement at Toronto South Detention Centre* found that prisoners face systemic challenges to maintaining family and community contact because the institution[92]

- Prioritizes video visits over in-person visits
- Uses in-person visits as a reward for good behaviour and revokes visits as a sanction for behaviour that falls short of misconduct
- Cancels visits during frequent lockdowns
- Requires prisoners to place collect telephone calls and limits their ability to call cell phones.

Other studies have also noted that because of delays in seeking treatment and barriers to mental health services, Black and other racialized people are 40% more likely to access mental health services through the criminal justice system than are White people.[93] In addition, almost half of prisoners have been identified as experiencing anxiety and/or depression compared with only 15% of the general population, and young male offenders have much higher rates of mental health issues than their peers in the general population.[94]

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[91] Cochran, J. (2012). The ties that bind or break: Examining the relationship between visitation and prisoner misconduct. *Journal of Criminal Justice, 40*(5), 433–448. https://doi.org/10.1016/j.jcrimjus.2012.06.001

[92] Ontario Human Rights Commission. (2020). *Report on conditions of confinement at Toronto South Detention Centre*. http://www.ohrc.on.ca/en/report-conditions-confinement-toronto-south-detention-centre

[93] Bignall, T., Jeraj, S., Helsby, E., & Butt, J. (2019). *Racial disparities in mental health: Literature and evidence review*. Race Equality Foundation. https://raceequalityfoundation.org.uk/health-care/mental-health-report-published

[94] Kane, D. (2014). *Prevalence, patterns and possibilities, the experience of people from black and ethnic minorities with mental health problems in the criminal justice system*. National Association for the Care and Resettlement of Offenders.

Williams, K. (2015). *Needs and characteristics of young adults in custody: Results from the Surveying Prisoner Crime Reduction (SPCR) survey*. Ministry of Justice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449586/Young-adults-in-custody.pdf

Cleary, A., Ames, A., Kostadintcheva, K., & Muller, H. (2014). *Surveying Prisoner Crime Reduction (SPCR)—Waves 3 and 4 (post-release), Samples 1 and 2 technical report*. Ministry of Justice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296776/spcr-waves-3-and-4-technical-report.pdf

Parental experiences of racism

Many studies have documented how the stresses of racism experienced by parents and other caregivers can have harmful effects on caregiving behaviours and the mental health of children.

One study of Black adolescents found that parental experiences of racial discrimination were associated with symptoms of anxiety and depression in the child, independent of the child's experiences of racial discrimination.[95] A large longitudinal study in the United Kingdom, the Millennium Cohort Study, examined the pathways by which discrimination among ethnic minority mothers can affect four domains of social and emotional behaviour in children—conduct, peer problems, emotional symptoms, and hyperactivity.[96] This study found that maternal experiences of discrimination in 2006 directly predicted child outcomes in 2012. In addition, the mother's experience of discrimination in 2006 was associated with poorer maternal mental health and harsh parenting practices in 2008, and both factors were associated with the child's social and emotional development in 2012.

Infant mental health is also highly interconnected with and affected by maternal mental health before and during pregnancy. This impact continues after childbirth, as strong emotional attachment and bonding is critical to the infant in their first year of life. Studies have shown that African American mothers experience a higher prevalence of perinatal mood disorders, including postpartum depression and anxiety.[97] They also face social and structural barriers that limit their ability to seek and receive interventions and treatment addressing the root causes of their perinatal mood disorder. These barriers include limited access to resources, lack of universal screening, and lack of access to culturally appropriate mental health education.

COVID-19

The COVID-19 pandemic has highlighted the systemic inequalities experienced by Black and racialized communities. Data from the City of Toronto in July 2020 showed that despite representing just over half of the population, racialized people constituted 83% of reported COVID-19 cases.[98]

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[95] Gibbons, F. X., Gerrard, M., Cleveland, M. J., et al. (2004). Perceived discrimination and substance use in African American parents and their children: A panel study. *Journal of Personality and Social Psychology, 86*(4), 517–529. https://doi.org/10.1037/0022-3514.86.4.517

[96] Becares, L., Nazroo, J., & Kelly, Y. (2015). A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations. *Social Science & Medicine, 142*, 128–35. https://doi.org10.1016/j.socscimed.2015.08.025

[97] Estriplet, T., Morgan, I., Davis, K., et al. (2022). Black perinatal mental health: Prioritizing maternal mental health to optimize infant health and wellness. *Frontiers in Psychiatry, 13*. https://doi.org/10.3389/fpsyt.2022.807235

[98] Yousif, N. (2022, May 15). Requests for mental health care higher than ever for racialized communities hardest hit by COVID-19. *Toronto Star*. https://www.thestar.com/news/gta/2022/05/15/requests-for-mental-health-care-higher-than-ever-for-racialized-communities-hardest-hit-by-covid-19.html

Various studies have identified that young Black and racialized people have been disproportionately impacted by COVID-19, particularly with respect to their mental well-being. In addition, research has found that extended school closures have had negative social and health consequences for children and may have widened the gap in educational attainment.[99] In light of existing systemic racism and the disproportionate impact of COVID-19 on racialized communities, there is increased concern about the disproportionate impact on the mental health of racialized children and youth.[100]

Despite the benefit that pandemic-related school closures brought to some students in Toronto (i.e., reducing their exposure to racism and other forms of oppression), several agencies reported an increase in the number of racialized people seeking mental health services during the pandemic. The Access Point, a centralized line for mental health resources in the city, reported that calls from racialized people in particular increased by 274% since the pandemic began, compared with an overall increase of 170%.[101]

Despite the increased need, mental health agencies continue to experience underfunding, resulting in long wait times for those seeking service. Recognizing this, The Wellesley Institute has called for a specific focus on the provision of mental health services for racialized people, stating:[102]

> Responses to make up for the disproportionate effects of the pandemic on some groups should prioritize mental health services and upstream approaches that address the social determinants of health to reduce inequities in outcomes for racialized communities, in addition to culturally responsive, safe and accessible mental health services.

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[99] The Lancet Public Health. (2020). Education: A neglected social determinant of health. *The Lancet Public Health,* 5(7), E361. https://doi.org/10.1016/S2468-2667(20)30144-4

[100] Children's Hospital of Eastern Ontario. (2021, May 19). *Kids are in crisis: Canada's top advocates and experts unite to declare #codePINK* [Press release]. https://www.cheo.on.ca/en/news/kids-are-in-crisis-canada-s-top-advocates-and-experts-unite-to-declare-codepink.aspx

Mental Health Commission of Canada. (2020). *Lockdown life: Mental health impacts of COVID-19 on youth in Canada*. https://www.mentalhealthcommission.ca/sites/default/files/2021-02/lockdown_life_eng.pdf

[101] Yousif, N. (2022, May 15). Requests for mental health care higher than ever for racialized communities hardest hit by COVID-19. *Toronto Star*. https://www.thestar.com/news/gta/2022/05/15/requests-for-mental-health-care-higher-than-ever-for-racialized-communities-hardest-hit-by-covid-19.html

[102] Sanford, S., Um, S., Tolentino, M., et al. (2022). *The impact of COVID-19 on mental health and well-being: A focus on racialized communities in the GTA*. https://www.wellesleyinstitute.com/wp-content/uploads/2022/03/The-Impact-of-COVID-19-on-Mental-Health-and-Well-being-A-Focus-on-Racialized-Communities-in-the-GTA.pdf

4.2 The impact of racism on the mental health of Black infants, children, and youth

Several decades' worth of research has shown that racism is toxic to the mental health of racialized people. Both overt expressions of racism and microaggressions in child care and the public school system have a profound impact on the well-being of Black infants, children, and youth, causing them harm that can last a lifetime.

Various studies have explored the impact of a lifetime of microaggressions and racism on the mental and physical health of young people and adults.[103] These studies have connected experiences of interpersonal racism to short-term increases in depressive symptoms.[104] Experiences of racism has also been shown to affect the identity formation of young people[105] as well as their self-esteem and feelings of self-worth.[106]

Microaggressions along with the lack of psychological safety at school have long-term effects on Black children. Research shows that repeated, persistent exposure to systemic and interpersonal racism at crucial developmental stages is a form of chronic stress experienced by young Black people and contributes to adverse physical and mental health outcomes.[107] One review of the literature found that not feeling safe at school was related to mental health difficulties including depression and anxiety symptoms, increased rates of suicide, and increased use of substances to cope.[108]

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[103] Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice, 39*(3), 329–336.

Nadal, K. L., Griffin, K. E., Wong, Y., et al. (2014). The impact of racial microaggressions on mental health: Counselling implications for clients of colour. *Journal of Counseling & Development, 92*, 57–66.

[104] English, D., Lambert, S. F., Tynes, B. M., et al. (2020). Daily multidimensional racial discrimination among Black U.S. American adolescents. *Journal of Applied Developmental Psychology, 66*, 101068. https://doi.org/10.1016/j.appdev.2019.101068.

[105] Akhtar, S. (1995). A third individuation: Immigration, identity, and the psychoanalytic process. *Journal of the American Psychoanalytic Association, 43*(4), 1051–1084. https://doi.org/10.1177/000306519504300406

[106] Durham, J. I. (2018). Perceptions of microaggressions: Implications for the mental health and treatment of African American youth. *Journal of Infant, Child, and Adolescent Psychotherapy, 17*(1), 52–61. https://doi.org/10.1080/15289168.2017.1412673

[107] Jernigan, M. M., & Daniel, J. H. (2011). Racial trauma in the lives of Black children and adolescents: Challenges and clinical implications. *Journal of Child & Adolescent Trauma, 4*(2), 123–141.

Jones, S. C. T., Anderson, R. E., Gaskin-Wasson, A. L., et al. (2020). From "crib to coffin": Navigating coping from racism-related stress throughout the lifespan of Black Americans. *American Journal of Orthopsychiatry, 90*(2), 267–282. https://doi.org/10.1037/ort0000430

Paradies, Y., Priest, N., Ben, J., et al. (2013). Racism as a determinant of health: A protocol for conducting a systematic review and meta-analysis. *Systematic Reviews, 2*, article 85. https://doi.org/10.1186/2046-4053-2-85

[108] Anderson, K. K., Cheng, J., Susser, E., et al. (2015). Incidence of psychotic disorders among first-generation immigrants and refugees in Ontario. *CMAJ, 187*(9), E279–E286. https://doi.org/10.1503/cmaj.141420 ▸

Researchers Sue, Capodilupo, and Holder have explored the experiences of microaggressions and hypothesize that these subtle forms of racism are much more common today than overt incidents of racism.[109] Because they are so subtle, microaggressions are harder to identify and understand, particularly for young people. Children experience microaggressions as varied as being told by another child that their skin looks dirty; watching a crying White child being treated with compassion by child care workers, yet being dismissed when they cry; and being ignored when standing at the checkout counter in a store. While often subtle, microaggressions can send powerful messages to young people, signalling to them that they don't belong, are intellectually inferior, are untrustworthy, and are unworthy of adults' empathy and time. Microaggressions instill in the victim feelings of powerlessness, invisibility, forced compliance, loss of integrity, and pressure to represent an entire social group.[110]

A large volume of research has identified that everyday racism contributes to chronic stress with various physiological consequences, including disturbed sleep, unhealthy weight, high blood pressure, and cardiovascular disease.[111] Chronic stress induced by racism has been identified as the primary factor in accelerated biological aging of African Americans and racial disparities in maternal health, termed "weathering."[112] In addition to accelerating aging at the molecular level, weathering causes vulnerabilities to various health conditions and also contributes to early onset of chronic diseases, in particular hypertension and diabetes.[113]

Cave, L., Cooper, M. N., Zubrick, S. R., & Shepherd, C. C. J. (2020). Racial discrimination and child and adolescent health in longitudinal studies: A systematic review. *Social Science & Medicine, 250*. https://doi.org/10.1016/j.socscimed.2020.112864

Hardeman, R. R., & Medina, E. M. (2019). Structural racism and critical race theory: Contributions to adolescent health inequities and outcomes. In L. Barkley, M. V. Svetaz, & V. L. Chulani (Eds.), *Promoting health equity among racially and ethnically diverse adolescents: A practical guide* (pp. 55–63). Springer International.

[109] Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice, 39*(3), 329–336.

[110] Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice, 39*(3), 329–336.

[111] Grandner, M. A., Jackson, N., Patel, N. P., et al. (2012). Perceived racial discrimination as an independent predictor of sleep disturbance and daytime fatigue. *Behavioral Sleep Medicine, 10*(4), 235–249.

Cunningham, T. J., Berkman, L. F., Kawachi, I., et al. (2013). Changes in waist circumference and body mass index in the US CARDIA cohort: Fixed-effects associations with self-reported experiences of racial/ethnic discrimination. *Journal of Biosocial Science, 45*(2), 267–278.

Lewis, T. T., Everson-Rose, S. A., Powell, L. H., et al. (2006). Chronic exposure to everyday discrimination and coronary artery calcification in African-American women: The SWAN heart study. *Psychosomatic Medicine, 68*(3), 362–368.

[112] Martin, N. (2017, December 7). *Black mothers keep dying after giving birth. Shalon Irving's story explains why*. NPR. https://www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why

[113] Geronimus, A. T., Hicken, M. T., Pearson, J. A., et al. (2011). Do US Black women experience stress-related accelerated biological aging? *Human Nature, 21*(1), 19–38.

One recent study of 1,574 Baltimore residents found that 20% reported experiencing "a lot" of racial discrimination, with this group also experiencing higher systolic blood pressure than those who perceived "very little" racial discrimination. The group that felt they had been discriminated against "a lot" exhibited greater declines in kidney function over a 5-year period.[114]

Researchers have also examined the link between racism and mental health, particularly in children and adolescents. Their findings suggest that exposure to racism and its negative consequences for mental health begins early in life. A review of 121 studies that examined the links between youth mental health and discrimination concluded that youth between 12 and 18 years of age who reported racial discrimination were more likely to experience mental health issues than youth who did not report discrimination.[115] This study found that exposure to discrimination predicted worse mental health (e.g., anxiety and depression symptoms) in 76% of the 127 associations examined. Similarly, discrimination was inversely associated with positive mental health (e.g., resilience, self-worth, self-esteem) in 62% of the 108 associations examined. Black children and youth may also be at elevated risk of suicide compared with their White counterparts. Recent studies in the United States have found that suicide rates for African American children under age 13 are roughly double those for White children. This is a reversal of a trend that had shown suicide rates in the United States as traditionally being higher among Whites than Blacks across all age groups.[116] Because similar data is not collected by race in Canada, we do not know whether and to what extent a racial difference in suicide rates exists in this country.

Racism, like other emotional stressors, creates physical responses in the body. Chronic exposure to anti-Black racism leads to hypervigilance, a stressor that can have a permanent effect on health through the elevated tension Black people may experience while navigating society.[117] An exploration of the impact of racism on Canadians' health found a connection between experiences or perceptions of racism and poor or fair health."[118] The impact over time can be significant given that Black

[114] Oaklander, M. (2014, November 15). Racism could negatively impact your health, study finds. *Time*. https://time.com/3586323/kidneys-health-racism-discrimination

[115] Priest, N., Paradies, Y., Trenerry, B., et al. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. *Social Science & Medicine, 95*, 115–127.

[116] Bridge, J. A., Horowitz, L. M., Fontanella, C. A., et al. (2018). Age-related racial disparity in suicide rates among U.S. youths from 2001 through 2015. *JAMA Pediatrics, 172*(7), 697–699.

[117] Harrell, J. P., Hall, S., & Taliaferro, J. (2003, February). Physiological responses to racism and discrimination. *American Journal of Public Health, 93*(2), 243–248.

[118] Nestel, S. (2012). Colour coded health care: The impact of race and racism on Canadians' health. Wellesley Institute. https://www.wellesleyinstitute.com/wp-content/uploads/2012/02/Colour-Coded-Health-Care-Sheryl-Nestel.pdf

people experience daily acts of racism. One study in Washington, D.C., asked 101 Black teenagers to track their experiences of racism over a 2-week period. The teens reported an average of more than five instances per day.[119] Those who experienced more instances of discrimination over the 2 weeks also showed more symptoms of short-term depression, such as difficulty sleeping, loneliness, and anxiety. Other studies have shown that second-hand exposure to racism, such as police killings of unarmed Black men, can also harm the mental health of Black people.[120]

Research on the brain shows that early experiences affect the physical architecture of the developing brain, affecting one's ability to cope with adversity later in life.[121] Studies show that prolonged toxic stress through exposure to abuse and neglect can cause physical changes in a child's developing brain. Left unaddressed, these issues can trigger severe problems later in life, including addiction and other mental health issues. Negative impacts of racial discrimination may be particularly pronounced for Black children, especially given the lack of access to children's mental health programs in general as well as the difficulties Black children face in accessing culturally relevant services.[122] This lack of access may contribute to the significant underrepresentation of Black youth in mental health and treatment-oriented services and overrepresentation in containment-focused facilities.[123]

The mental health effects of microaggressions are cumulative partly because victims are constantly having to navigate their reactions by analyzing the intent of the perpetrator. Because microaggressions take place on a daily basis, the coping process is psychologically exhausting. One important coping mechanism is what is referred to as "sanity checks," which allows individuals to unpack their experiences with a supportive person because it is not always possible for the victim to confront the perpetrator.[124] Sanity checks are particularly important for Black children, as this process allows them to understand or validate what they are experiencing and helps them to avoid internalizing their experiences.

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[119] Harmon, A. (2020, January 20). How much racism do you face every day? *New York Times*. https://www.nytimes.com/interactive/2020/us/racism-african-americans-quiz.html

[120] Bor, J., Venkataramani, A. S., Williams, D. R., & Tsai, A. C. (2018). Police killings and their spillover effects on the mental health of black Americans: A population-based, quasi-experimental study. *The Lancet, 392*(10144), 302–310.

[121] Alberta Family Wellness Initiative. (n.d.). *The Brain Story.* https://www.albertafamilywellness.org/what-we-know/the-brain-story

[122] MHASEF Research Team. (2015). *The mental health of children and youth in Ontario: A baseline scorecard*. Institute for Clinical Evaluative Sciences.

[123] Gharabaghi, K., Trocmé, N., & Newman, D. (2016). *Because young people matter: Report of the Residential Services Review Panel*. Queen's Printer for Ontario. https://cwrp.ca/sites/default/files/publications/residential-services-review-panel-report2016.pdf

[124] Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008). racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice, 39*(3), 329–336.

By the time a young Black person does receive mental health services, they have already encountered many experiences of daily racism, including microaggressions, which have had a compounding effect on them. As such, it is important for mental health service providers to consider their experiences of racism and how it may be impacting the young person's behaviours:

> By the time clients come to the attention of social workers, they have experienced "a thousand little cuts"—compounded emotional wounds, physical wounds, and psychological wounds. The manifestation of those is what often brings the client to the attention of a social service agency; people with many "cuts" who may now be acting out in a way that is harmful to self and others, dysfunction in their family roles, and unacceptable behavior according to cultural norm.[125]

4.3 Racism in the workplace

The systemic nature of racism

Within organizations, racism results in the underrepresentation of racialized people, concentration in frontline positions, underrepresentation in positions commensurate with their level of education, and poor treatment in the workplace. This is acknowledged not only by scholars but also by various orders of government, including the Government of Ontario and the City of Toronto. Discrimination against racialized people as well as Indigenous peoples, persons with disabilities, and women was deemed to be so entrenched within the labour market that the federal government appointed Judge Rosalie Abella to lead the Commission on Equality in Employment in 1983. The Commission's purpose was to inquire into and propose solutions to barriers to employment faced by the equity-seeking groups. Released in 1984, the landmark report defined the concept of employment equity to address the inequality in employment faced by these groups. This report resulted in the passing of employment equity legislation, which applies to the federal government, federally regulated companies, and federal contractors. While decades have passed since organizations have been required to address workplace equity, Black and racialized people continue to experience racism in the workplace.

In the report, Judge Abella focuses on systemic discrimination, which she defines as individuals being denied opportunities for reasons that have nothing to do with their skills and abilities to do the job. The report elaborates on the meaning of systemic discrimination as follows:

> Discrimination in this context means practices or attitudes that have, whether by design or impact, the effect of limiting an individual's or a group's right to the opportunities generally available because of attributed rather than actual

[125] Hunn, V., Harley, D., Elliott, W., & Canfield, J. P. (2015). Microaggression and the mitigation of psychological harm: Four social workers' exposition for care of clients, students, and faculty who suffer 'a thousand little cuts.' *The Journal of Pan African Studies, 7*(9), 41–54.

> characteristics. What is impeding the full development of the potential is not the individual's capacity but an external barrier that artificially inhibits growth.
>
> It is not a question of whether this discrimination is motivated by an intentional desire to obstruct someone's potential, or whether it is the accidental by-product of innocently motivated practices or systems. If the barrier is affecting certain groups in a disproportionately negative way, it is a signal that the practices that lead to this adverse impact may be discriminatory.[126]

The OHRC similarly defines systemic or institutional racial discrimination as patterns of behaviour, policies, or practices that are part of the social or administrative structures of an organization, and that create or perpetuate a position of relative disadvantage for racialized persons.[127]

The OHRC also specifies that systemic discrimination includes patterns of behaviour that are part of the social and administrative structures of the workplace, patterns of behaviour that are part of the organizational culture, or individual attitudes that are so widespread and engrained within the fabric of the organization that they create or perpetuate a position of relative disadvantage for some groups and privilege for other groups or for individuals based on their group identity.[128] As a result, the underrepresentation of racialized groups within management and professional positions, for example, creates and maintains systemic discrimination by reinforcing the notion that racialized employees are not interested in, or qualified for, these positions. Systemic discrimination that creates underrepresentation within the organization thereby reinforces and perpetuates that underrepresentation.

By its very nature, systemic discrimination is subtle and often hidden in organizational policies and informal practices. As the Canadian Human Rights Tribunal stated in *Basi v. Canadian National Railway*:[129]

> Discrimination is not a practice which one would expect to see displayed overtly. In fact, rarely are there cases where one can show by direct evidence that discrimination is purposely practised.

The subtle and systemic nature of discrimination in employment was noted in the review of the race-based discrimination complaints made under the Ontario Public

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[126] Abella, R. S. (1984). *Equality in employment: A Royal Commission report* (p. 2). Human Resources and Skills Development Canada. https://publications.gc.ca/collections/collection_2014/rhdcc-hrsdc/MP43-157-1-1984-1-eng.pdf

[127] Ontario Human Rights Commission. (2005, June 9). *Policy and guidelines on racism and racial discrimination* (p. 30). https://www.ohrc.on.ca/en/policy-and-guidelines-racism-and-racial-discrimination

[128] Ontario Human Rights Commission. (2004). *Surfacing racism in the workplace: Qualitative and quantitative evidence of systemic discrimination*. http://www.ohrc.on.ca/en/race-policy-dialogue-papers/surfacing-racism-workplace-qualitative-and-quantitative-evidence-systemic-discrimination

[129] *Basi v. Canadian National Railway* (No. 1) (1988), 9 C.H.R.R. D/5029 at D/5038 (C.H.R.T.).

Service Workplace Discrimination and Harassment Prevention (WDHP) Policy. Of the 53 cases reviewed, the reviewer found that all involved allegations of a systemic nature.[130] The report notes that "In the interviews with the complainant participants, virtually all pointed to seemingly neutral policies and processes in respect of temporary or acting appointments, with or without competitions, and promotions, as the underlying basis of their WDHP complaints."[131]

It is the subtlety of anti-Black racism in today's workplace that allows for racial inequality to persist and deepen while organizations and individuals at the same time espouse a commitment to equity, diversity, and inclusion. Racism in the workplace impacts not only one's employment opportunities but also one's mental health.

Hiring and advancement

The Black population has and continues to experience higher rates of unemployment largely owing to discrimination in the labour market as documented by numerous studies in the United States. In short, Black people with the same qualifications as their White counterparts are less likely to be invited for an interview and less likely to be hired. Far fewer studies have been conducted in Canada, but those that have been show similar patterns.

In 2017, one Canadian study created résumés of four fictional female job applicants—two White and two Black, some with a criminal record—which were sent out for entry-level retail jobs. The study found that the Black applicants with no criminal record received fewer call-backs than White applicants with a criminal record.[132]

Various reports also suggest that Black Canadians face systemic discrimination not only in hiring but also in advancement. The Canadian Labour Congress recently identified systemic discrimination as a barrier preventing Black Canadians from advancing within the federal public service. In a recent interview, the vice president of the Canadian Labour Congress stated, "There are efforts to hire people. But once people are recruited, we saw that visible minorities, and especially [B]lacks, remained at the level where they were hired."[133]

Also critical to understanding anti-Black racism in the workplace is understanding when it is triggered. Historian Caroline Anderson, in her book White Rage, explores the

[130] Government of Ontario. (2022, June 28). *Independent external review of complex WDHP cases*. https://www.ontario.ca/page/independent-external-review-complex-wdhp-cases

[131] Ibid. p. 4.

[132] Cruickshank, A. (2017, December 17). Black job seekers have harder time finding retail and service work than their white counterparts, study suggests. *Toronto Star*. https://www.thestar.com/news/gta/2017/12/26/black-job-seekers-have-harder-time-finding-retail-and-service-work-than-their-white-counterparts-study-suggests.html

[133] Ngué-No, F., & McKie, D. (2018, March 30). Local black Canadians face 'systemic barriers' to senior-level jobs, critics say. CBC News. https://www.cbc.ca/news/canada/ottawa/black-population-ottawa-increase-barriers-work-1.4600403

resistance with which Black progress is met:

> The trigger for [W]hite rage, inevitably, is [B]lack advancement. It is not the mere presence of [B]lack people that is the problem; rather, it is blackness with ambition, with drive, with purpose, with aspirations, and with demands for full and equal citizenship. It is blackness that refuses to accept subjugation, to give up.[134]

As such, Black people often experience sabotage and are undermined in response to their competence and desire to advance within organizations.

Harassment and microaggressions

There are many well-publicized and ongoing issues of harassment of Black employees in their workplace. For example, former members of the Canadian Forces say that racism forced them out of the military. One member was discharged in 2004 after 3 years of service because of post-traumatic stress disorder, a diagnosis that came after he suffered racism at the hands of his colleagues.[135] The allegations served as the basis of a class-action lawsuit launched against the Canadian Forces in 2016, which the federal government has offered to settle out of court.[136] The Canadian Forces faces several other class-action lawsuits related to sexual assault, racism, harassment, and discrimination. The alleged racism includes racist jokes, racist nicknames, and denial of warm clothing, food, and sleep.

More pervasive are the far subtler racial microaggressions experienced by Black employees. Because of their subtlety, when microaggressions are identified, they are often dismissed on the grounds that they do not constitute a real or significant harm.[137] As a Forbes journalist put it, "The problem with this is, it removes all the blame from the aggressor and puts it all on the receiver, thus making it the receiver's responsibility to overcome it as opposed to the aggressor's responsibility to alter their behaviour. Of course, it would also be easy to label those who take offence as overly sensitive—but, again, such sweeping statements as this remove the responsibility from those acting in a discriminatory manner."[138]

Reprisal

Another key feature of workplace racial discrimination and harassment is that the victim's concerns are often ignored or the person who has experienced the offence

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[134] Anderson, C. (2017). *White rage: The unspoken truth of our racial divide* (pp. 3–4). Bloomsbury.

[135] Mulligan, P. (2018, May 8). *2 former Forces members say racism forced them out of the military*. CBC News. http://www.cbc.ca/news/canada/nova-scotia/2-former-forces-members-say-racism-forced-them-out-of-the-military-1.4652129

[136] Ibid.

[137] Friedlaender, C. (2018). On microaggressions: Cumulative harm and individual responsibility. *Hypatia, 33*(1), 5–21. https://doi.org/10.1111/hypa.12390

[138] Barratt, B. (2018, October 28). The microaggressions still prevalent in the workplace. Forbes. https://www.forbes.com/sites/biancabarratt/2018/10/28/the-microaggressions-still-prevalent-in-the-workplace

is punished for naming the harassment; calling out racism is seen as worse than the racism itself. In fact, when they experience racism in the workplace, many people don't report it out of fear that raising the issue would get them labelled a "troublemaker" and thus invite harassment and discrimination much worse than the original behaviour they were facing at the time.

In the Canadian Forces situation described earlier, a former member indicated that when he reported the abuse to a superior office, he was told to put up with it or leave the Forces.[139] Similarly, Black employees in the Ontario Public Service have shared that they suffered racial harassment and then faced reprisal when they made complaints about the harassment.[140] In a meeting with the then Minister of Anti-Racism, Black employees shared their experiences of discrimination and harassment in the workplace and also of being suspended, demoted, or fired for raising the issue, while the people they complained about faced no repercussions. The concerns of Black employees were so problematic that the Ontario Public Service placed a moratorium on suspending racialized public servants pending the review of existing policies and procedures.[141]

In addition, Black men and women who are experiencing mental health issues often try to hide them or delay seeking help for fear of being shunned, labelled, and further marginalized and targeted in the workplace. Owing to misunderstandings about what mental illness is, they may not even be aware that they are experiencing mental health issues; as such, they may have difficulty recognizing the signs and symptoms of mental health conditions. Some may also underestimate the effects and impact of mental health conditions. These challenges can then impact their work performance, which further complicates their workplace experiences and, for some, could lead to their dismissal.

4.4 Protective factors

In addition to the factors that contribute to poor mental health among Black infants, children, and youth, there are also factors that offer them protection from poor mental health by building their resilience and ability to deal with adversity. 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.[142] These "protective factors" support

[139] CBC News. (2014, March 13). 'Systemic' racism in Canadian Forces needs inquiry, veterans say. http://www.cbc.ca/news/canada/nova-scotia/systemic-racism-in-canadian-forces-needs-inquiry-veterans-say-1.2571614

[140] Mochama, V. (2018, February 15). Ontario puts moratorium on suspending racialized public servants. *Toronto Star*. https://www.thestar.com/news/gta/2018/02/15/province-puts-moratorium-on-suspending-racialized-public-servants.html

[141] Ibid.

[142] 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

children's ability to develop a positive sense of identity, efficacy, and well-being and are an essential part of attaining developmental competence.[143]

Protective factors "are influences that make it **less likely** that individuals will develop a mental health problem." (emphasis in the original)[144] These include biological, psychological, or social factors in the individual, family, or community. Protective factors help lower the risk of suicide and other destructive behaviours. Some of these protective factors are listed in the following table.

Protective Factors for Mental, Emotional, and Behavioural Disorders in Adolescents[145]

Individual	Family	School, Neighbourhood, and Community
• Positive physical development • Academic achievement/ intellectual development • High self-esteem • Emotional self-regulation • Secure attachment • Hope for the future • Mastery of communication and language skills • Ability to make friends and get along with others • Good coping skills and problem-solving skills	• Family provides structure, limits, rules, monitoring, and predictability • Supportive relationships with family members • Clear expectations for behaviour and values • Adequate socioeconomic resources for the family	• School and community engagement • Engagement in religious activity • Healthy peer relationships • Positive teacher expectations • School policies and practices to reduce bullying • High academic standards • Presence of mentors and support for development of skills and interests • Positive norms • Clear expectations for behaviour • Physical and psychological safety

Two protective factors not included on the list of protective factors for the broader community but that have been identified as relevant to racialized people will be discussed in the next section: racial diversity and sense of belonging, and positive racial identity.

[143] 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.

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

[145] The Connect Program. (n.d.). *Risk and protective factors for youth*. https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth

Substance Abuse and Mental Health Services Administration. (2009). *Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle*. https://iod.unh.edu/sites/default/files/media/Project_Page_Resources/PBIS/c3_handout_hhs-risk-and-proetctive-factors.pdf

Sense of belonging and diversity in the community

In exploring racial differences in mental health, various studies have found that sense of belonging is associated with positive well-being and mental health and lower rates of depression.[146, 147] European studies of immigrant and ethnic minorities have also found that those who live in areas that have a higher proportion of residents from their own racial background experience better mental health.[148, 149] While the Black community does not live in ethnic enclaves to the extent that South Asians do, other studies have shown that living in more racially diverse neighbourhoods was associated with a stronger sense of belonging in Canada.[150] Toronto's racial diversity may help explain the overall positive self-rated mental health reported by Black people and be a protective factor against poor mental health.[151]

Positive ethno-racial identity

Positive racial identity has been identified as another key protective factor for racialized people.[152] Emerging evidence highlights that a positive racial identity is a psychosocial protector for both mental health functioning and health risk behaviours such as substance use.[153] A positive ethno-racial identity is based on the idea that feeling connected to a broader social group can enhance one's sense of self and self-esteem. In addition, having a strong tie to one's cultural identity may also strengthen social support networks within families or communities with a shared cultural background.[154]

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[146] Stebleton, M., Soria, K., & Huesman, R. (2014). First-generation students' sense of belonging, mental health, and use of counseling services at public research universities. *Journal of College Counselling, 17*(1), 6–20.

[147] Young, A. F., Russell, A., Powers, J. R. (2004). The sense of belonging to a neighbourhood: Can it be measured and is it related to health and well being in older women? *Social Science & Medicine, 59*(12), 2627–2637.

[148] Termorshuizen, F., Smeets, H. M., Braam, A. W., et al. (2014). Neighborhood ethnic density and psychotic disorders among ethnic minority groups in Utrecht City. *Social Psychiatry and Psychiatric Epidemiology, 49*(7), 1093–1102.

[149] Veling, W., Susser, E., van Os, J., et al. (2008). Ethnic density of neighborhoods and incidence of psychotic disorders among immigrants. *American Journal of Psychiatry, 165*(1), 66–73.

[150] Termorshuizen, F., Smeets, H. M., Braam, A. W., & Veling, W. (2014). Neighborhood ethnic density and psychotic disorders among ethnic minority groups in Utrecht City. *Social Psychiatry and Psychiatric Epidemiology, 49*(7), 1093–1102.

[151] Veling, W., Susser, E., van Os, J., Mackenbach, J. P., Selten, J., & Hoek, H. W. (2008). Ethnic density of neighborhoods and incidence of psychotic disorders among immigrants. *American Journal of Psychiatry, 165*(1), 66–73.

[152] Phinney, J. S., & Kohatsu, E. L. (1997). Ethnic and racial identity development and mental health. In J. Schulenberg, J. L. Maggs, & K. Hurrelmann (Eds.), *Health risks and developmental transitions during adolescence* (pp. 420–443). Cambridge University Press.

[153] Caldwell, C. H., Kohn-Wood, L. P., Schmeelk-Cone, K. H., et al. (2004). Racial discrimination and racial identity as risk or protective factors for violent behaviors in African American young adults. *American Journal of Community Psychology*, 33, 91–105.

[154] Birman, D., & Simon, C. D. (2013). Acculturation research: Challenges, complexities, and possibilities. In J. Trimble, F. Leong, L. Comas-Diaz, & G. Nagayama Hall (Eds.), *APA handbook of multicultural psychology* (pp. 207–230). American Psychological Association.

Research shows that instilling racial pride in Black teens reduces their vulnerability to the effects of racial discrimination and contributes to better mental health and educational outcomes. One study found that racial pride and preparation for possible bias was a protective factor against the damaging effects of racial discrimination by teachers and other students.[155] This study also found that racial pride was directly and positively related to three out of four academic outcomes: grade-point averages, educational aspirations, and cognitive engagement.

It was also directly related to resilience in the face of discrimination. Studies have found an association between cultural socialization and preparation for bias with positive mental health outcomes.[156] In fact, a belief in meritocracy—the idea that we live in a just world where those who are ambitious and who persevere will be successful—can lead to risky behaviour when youth experience problems that are beyond their control.[157] This study found that traditionally marginalized youth who grew up believing that hard work and perseverance naturally leads to success showed a decline in self-esteem and an increase in risky behaviours during their middle-school years.

In addition, having strong ties with one's cultural background and/or racial and ethnic identity is associated with positive outcomes for the mental health of racialized people.[158] A 1993 study of African American college students revealed that the internalization of a positive Black identity was related to healthy psychological functioning. Another study found that African Americans who reported higher levels of racial self-esteem also had higher levels of personal self-esteem.[159] Having a strong sense of racial and/or ethnic identity can have a buffering effect on the harmful effects of racism as described in research on African American and Latinx adolescents.[160]

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[155] Wang, M.-T., & Huguley, J. P. (2012). Parental racial socialization as a moderator of the effects of racial discrimination on educational success among African American adolescents. *Child Development, 83*(5), 1716–1731.

[156] Caughy, M. O., O'Campo, P. J., Randolph, S. M., & Nickerson, K. (2002). The influence of racial socialization practices on the cognitive and behavioral competence of African American Preschoolers. *Child Development, 73*, 1611–1625.

Constantine, M. G., & Blackmon, S. M. (2002). Black adolescents' racial socialization experiences: Their relations to home, school, and peer self-esteem. *Journal of Black Studies, 32*, 322–335.

[157] Godfrey, E. B., Santos, C. E., & Burson, E. (2017). For better or worse? System-justifying beliefs in sixth-grade predict trajectories of self-esteem and behavior across early adolescence. *Child Development, 90*(1), 108–195.

[158] Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Brooks-Cole.

[159] Hughes, M., & Demo, D. H. (1989). Self-perceptions of Black Americans: Self-esteem and personal efficacy. *American Journal of Sociology, 95*, 132–159.

[160] Edwards, L. M., & Romero, A. J. (2008). Coping with discrimination among Mexican descent adolescents. *Hispanic Journal of Behavioral Sciences, 30*(1), 24–39. https://doi.org/10.1177/0739986307311431

Sellers, R. M., Copeland-Linder, N., Martin, P. P., & Lewis, R. L. H. (2006). Racial identity matters: The relationship between racial discrimination and psychological functioning in African American adolescents. *Journal of Research on Adolescence, 16*(2), 187–216.

4.5 Barriers to accessing and receiving mental health services

While there is a need for mental health services for Black infants, children, and youth, and the need is increasing, there are also a number of barriers to seeking mental health services. Furthermore, when service is eventually sought, there are barriers to receiving appropriate and effective mental health services. This section explores some of the barriers that the Black community faces when accessing and receiving mental health services.

Stigma and reluctance to seek mental health services

Across society there continues to be a great deal of stigma associated with mental health and mental illness. Around 1 in 5 Canadians will experience a mental health condition in any given year,[161] but stigma continues to impact whether a person will seek mental health services. Stigma is a multidimensional issue that not only drives discrimination against people experiencing mental health issues, but also prevents people from seeking help.[162] Stigma can take many forms, including experienced stigma (day-to-day experiences of stereotypes, prejudice, and discrimination), anticipated stigma (the expectation of being a target of stereotypes, prejudice, and discrimination), and internalized stigma (the self-stigma one holds about oneself).[163]

Higher levels of stigma around mental health have been observed globally among people from racialized communities. Given the disproportionate exposure young people from racialized communities face to many of the known risk factors linked with poor mental health, addressing stigma is essential to ensuring that children and young people from these populations can access and receive help when needed.[164]

A 2016 study by the Mental Health Commission of Canada identified stigma as a barrier to accessing mental health services by racialized communities.[165] It found that stigma surrounding mental health persists in racialized communities, with some families being fearful of being viewed differently within their own communities and by

[161] Centre for Addiction and Mental Health. (n.d.). *Mental illness and addiction: Facts and statistics*. https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics

[162] Eylem, O., De Wit, L., Van Straten, A., et al. (2020). Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis. *BMC Public Health, 20*(1), 1–20.

[163] Fox, A. B., Earnshaw, V. A., Taverna, E. C., & Vogt, D. (2018). Conceptualizing and measuring mental illness stigma: the mental illness stigma framework and critical review of measures. *Stigma and Health, 3*(4), 348–376.

[164] Le, H., Onabajo, A., Adesiyan, P., et al. (2022, April 26). *Young Changemakers tackling mental health inequalities in racialised communities*. Centre for Mental Health. https://www.centreformentalhealth.org.uk/publications/voice-change

[165] McKenzie, K., Agic, B., Tuck, A., & Antwi, M. (2016). The case for diversity: Building the case to improve mental health services for immigrant, refugee, ethno-cultural and racialized populations (1st ed.). Canadian Mental Health Commission. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2016-10/case_for_diversity_oct_2016_eng.pdf

society should someone in the family be diagnosed with a mental illness. The desire to hide the problem or the need to maintain privacy to avoid the judgement of others may stop people from seeking help. This fear was echoed in a recent study of undergraduate African Caribbean students who reported that the influence of family and friends can negatively impact their help-seeking behaviour because of the stigma and fear of being looked at differently if they were diagnosed with a mental health issue.[166]

Ottawa Public Health's recent *Mental Health of Ottawa's Black Communities* report cites a number of barriers emanating from stigma that deter open discussion of mental health and mental illness. These barriers include fear of being judged, not wanting to worry or distress family and friends, and fear and uncertainty as to how others may react, or what they might say in response.[167] Participants of the same study mentioned cultural issues that impeded mental health conversations, including the community's stereotypical attitude towards men who report having mental health issues, in addition to parents and caregivers who don't have the language and understanding to discuss mental health.

One Canadian study that explored why Muslim women may not be accessing services found that they faced stigma and discrimination both within and outside the Muslim community. Within their community, the women shared that they were cultural, religious, and family stigmas about mental health that prevented them from accessing much-needed mental health care.[168] A UK study also found that refugee and asylum-seeking women were not accepting of the need for mental health services and were reluctant to seek mental health services because of the stigma associated with mental illness.[169] This report identified that the stigma and shame associated with mental health was one of the main barriers to care. There is also literature suggesting that, for a number of reasons, people of African descent living in North America tend not to seek counselling for mental health issues (e.g., depression, anxiety, post-traumatic stress disorder) or for help dealing with conflict in the marriage or family, with stigma being one of them.[170] Others argue that Black people are resistant to seeking treatment for fear of being considered "crazy," being viewed as airing one's "dirty laundry" in

[166] Le, H., Onabajo, A., Adesiyan, P., Jones, T., & Busari, E. (2022, April 26). *Young Changemakers tackling mental health inequalities in racialised communities.* Centre for Mental Health. https://www.centreformentalhealth.org.uk/publications/voice-change

[167] Cohut, M. (2020, July 3). *Racism in mental healthcare: An invisible barrier*. Medical News Today. https://www.medicalnewstoday.com/articles/racism-in-mental-healthcare-an-invisible-barrier

[168] Latif, R., Rodrigues, S, & Galley, A. (2020). Muslim women's mental health: A community-based research project. https://cmha.ca/wp-content/uploads/2020/09/MWMH-FINAL.pdf

[169] Psarros, A. (2014). *Women's voices on health: Addressing barriers to accessing primary care*. Women's Health and Equality Consortium.

[170] Williams, M. T. (2011, November 2). *Why African Americans avoid psychotherapy.* Psychology Today. https://www.psychologytoday.com/us/blog/culturally-speaking/201111/why-african-americans-avoid-psychotherapy

public, or being an embarrassment or reflecting badly on their families. Arti Patel echoes perceptions about stigma in an article written for the Huffington Post, citing Toronto-based psychologist Dr. Natasha Browne:

> For Africa, Caribbean and Black (ACB) Canadians, the struggle for mental health is often a silent one. A Black man or woman experiencing a mental health challenge is more likely to hide it or delay seeking help over the fear of being shunned or labelled by the people around them.[171]

Owing to misunderstandings in the Black community about mental illness, individuals may not even be aware that they or their family members have a mental health issue. They may also have trouble recognizing the signs and symptoms of mental health conditions. Some may also underestimate the impact of mental health conditions and the importance of seeking help.[172]

Contributing to the hesitancy of parents and caregivers to access mental health services for their children is the treatment of their children by the education and other systems. Black parents and caregivers have long complained that owing to anti-Black racism, their children are overidentified by educators as having behavioural issues and special education needs, a label that is then used to push their children out of mainstream classrooms.[173] This experience, coupled with streaming, suspensions, and experiences of interpersonal racism, may lead parents and caregivers to resist the further labelling of their children by mental health professionals. In addition, there is the fear that mental health issues could be viewed as a symptom of family-related issues, which may then trigger the involvement of the Children's Aid Society. As such, parents and caregivers may fear the implications of seeking mental health services for their children.

Stigma may also be related to the historical racism of psychiatry and psychology and approaches to mental wellness that are not aligned with the beliefs of Black and African cultures. This makes the idea of treating mental health issues through the dominant Western therapeutic approach problematic, leaving many young people fearful of disclosing to their families that they have accessed therapy.[174]

Because of the stigma associated with therapy, Black people many seek help through other means, such as through their place of worship. In one study that explored the

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[171] Patel, A. (2015, June 30). *Stigma and silence: Black Canadians and the fight for mental health awareness*. https://www.huffingtonpost.ca/2015/06/29/black-canadians-mental-health_n_7345182.html

[172] Ibid.

[173] James, C. E., & Turner, T. (2017). *Towards race equity in education: The schooling of Black students in the Greater Toronto Area*. York University. https://edu.yorku.ca/files/2017/04/Towards-Race-Equity-in-Education-April-2017.pdf

[174] Liao, M. (2021, September 29).*'I'm not broken': Racialized students on navigating mental health in their communities. The Eyeopener*. https://theeyeopener.com/2021/09/im-not-broken-racialized-students-on-navigating-mental-health-in-their-communities

health of African Nova Scotian women, many participants reported that racism was a factor influencing their depression and that they felt the burden of having to maintain functioning to support other family members as well as themselves.[175] Most of the 50 Black women in the study reported that they turned to religion and spirituality to cope with their depression. They either confided in their church ministers/pastors or read the Bible and prayed. However, other studies show that while Black people may turn to religion to support their mental health and well-being, pastors may not always have a good understanding of mental health and may not refer individuals to mental health services when appropriate. The researchers of this UK study suggest that mental health service providers should establish partnerships with faith groups to communicate, inform, and influence appropriate help-seeking behaviour.[176]

Contributing to the reluctance that Black people feel in seeking mental health care is the expectation of poor treatment when they do, resulting in underutilization of mental health services. UK studies found that young people from racialized communities were more likely to expect bad experiences and perceive the mental health system to be unhelpful, racist, and untrustworthy, which in turn delayed their seeking help for mental health problems[177, 178] Instead of seeking formal support through doctors, counsellors, or psychologists, young Black men in the UK were more likely to seek informal support, such as from friends and family.[179] Some studies have also found that because of poor experiences in the education system, racialized students may not turn to services in their schools when experiencing mental health challenges. For example, a study focusing on Pakistani young people aged 11 to 19 in the UK showed that even when students were aware they were experiencing mental health issues, they did not feel that they could trust their teachers or school counsellors enough to turn to them for help.[180]

These studies show an urgent need to provide culturally sensitive and readily accessible mental health information and supports tailored to children and young

[175] Etowa, J., Keddy, B., Egbeyemi, J., & Eghan, F. (2007). Depression: The invisible grey fog influencing the midlife health of African Canadian women. *International Journal of Mental Health Nursing, 16*(3), 203–213.

[176] Bignall, T., Jeraj, S., Helsby, E., & Butt, J. (2019). *Racial disparities in mental health: Literature and evidence review*. Race Equality Foundation. https://raceequalityfoundation.org.uk/health-care/mental-health-report-published

[177] Meechan, H., John, M., & Hanna, P. (2021). Understandings of mental health and support for Black male adolescents living in the UK. *Children and Youth Services Review, 129*, 106192.

[178] Kapadia, D., Zhang, J., Salway, S., et al. (2022). *Ethnic inequalities in healthcare: A rapid evidence review*. NHS Race and Health Observatory. https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf

[179] Meechan, H., John, M., & Hanna, P. (2021). Understandings of mental health and support for Black male adolescents living in the UK. *Children and Youth Services Review, 129*, 106192.

[180] Ali, N., McLachlan, N., Kanwar, S., & Randhawa, G. (2017). Pakistani young people's views on barriers to accessing mental health services. *International Journal of Culture and Mental Health, 10*(1), 33–43.

people from Black and racialized communities. This in turn can encourage help-seeking behaviours and produce better health outcomes for these young people.[181]

Pathways to mental health services

Stigma and a hesitancy to seek mental health care can lead to a delay in treatment. In a review published in 2020, young Black people in Canada were found to have waited twice as long as other young Canadians to access mental health services.[182] This delay can result in Black children and youth being more likely to access mental health services through compulsory than voluntary care pathways. Frequently, when the mental health needs of Black youth aren't met through mental health services, the lack of care leads to contact with the criminal justice system.[183] This is reflected in data showing that in Ontario, Black youth are underrepresented in treatment-oriented voluntary services and overrepresented in imposed services such as correctional facilities and hospitalization.[184]

In the UK, young Black people were significantly more likely to be referred to inpatient and emergency services than their White British counterparts.[185] This rate is consistent with adult data, where "too often and in too many areas the experiences of those of Black African and Caribbean heritage is one of either being excluded or detained."[186] In fact, the national rate of detention under the Mental Health Act for the "Black or Black British" group was over four times that of White people.[187]

An analysis of pathways to mental health services in the UK shows that racialized people are less likely to access services through primary care doctors and more

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[181] Le, H., Onabajo, A., Adesiyan, P., et al. (2022, April 26). *Young Changemakers tackling mental health inequalities in racialised communities*. Centre for Mental Health. https://www.centreformentalhealth.org.uk/publications/voice-change

[182] Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review, 5*(2), 115–136. https://doi.org/10.1007/s40894-020-00133-2

[183] McMurtry, R., & Curling, A. (2008). The review of the roots of youth violence: Findings, analysis and conclusion. Queen's Printer for Ontario. https://youthrex.com/wp-content/uploads/2019/02/FINAL-YouthREX-RS-Review-of-Roots-of-Youth-Violence-Colour.pdf

[184] Gharabaghi, K., Trocmé, N., & Newman, D. (2016). *Because young people matter: Report of the Residential Services Review Panel*. Queen's Printer for Ontario. https://cwrp.ca/sites/default/files/publications/residential-services-review-panel-report2016.pdf

[185] Chui, Z., Gazard, B., MacCrimmon, S. *et al.* Inequalities in referral pathways for young people accessing secondary mental health services in south east London. *Eur Child Adolesc Psychiatry 30*, 1113–1128 (2021). https://doi.org/10.1007/s00787-020-01603-7

[186] Department of Health and Social Care and Department for Education. (2017). Transforming children and young people's mental health provision: A green paper. https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

[187] Chui Z., Gazard B., MacCrimmon S., Harwood H., Downs J., Bakolis I., Polling C., Rhead R., Hatch S.L. Inequalities in referral pathways for young people accessing secondary mental health services in south east London. Eur Child Adolesc Psychiatry. 2021 Jul;30(7):1113-1128. doi: 10.1007/s00787-020-01603-7. Epub 2020 Jul 18. PMID: 32683491; PMCID: PMC8295086.

likely to access services through crisis care, which often results in more negative than positive experiences.[188] Other data shows that racialized patients are disproportionately admitted to hospital settings, where their movements are restricted by physical restraints, instead of experiencing outpatient and holistic mental health care.[189] Studies also suggest that for Black patients, multiple hospitalizations and involuntary admissions result in their distrust of the mental health system.[190]

In another research study, the authors found that racialized people in Canada are more likely to have negative experiences after accessing mental health supports and tend to express that their experiences of race-based discrimination are discounted.[191] These poor experiences along with the microaggressions they encounter in the health care system could reinforce their hesitancy to seek care.[192] Ottawa Public Health's recent *Mental Health of Ottawa's Black Communities* report highlights that it can be extremely challenging to access services when clients are met with additional systemic and structural barriers involving language, culture, socio-economic status, racism, and discrimination.[193]

Diagnosing mental health issues among African Canadians

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

[188] Jeraj, S., Shoham, T., and Islam¬-Barratt, F. (2014). Mental health crisis services for black and minority ethnic people. Race Equality Foundation. http://raceequalityfoundation.org.uk/wp-content/uploads/2018/10/REF-Overview-Report-Final-Version.pdf

Rabiee, F., & Smith, P. (2014). Understanding mental health and experience of accessing services among African and African Caribbean Service users and carers in Birmingham, UK. *Diversity and Equality in Health and Care, 11*, 125–134.

[189] Department for Health and Social Care. (2019). *Modernising the Mental Health Act: Increasing choice, reducing compulsion—Final report of the Independent Review of the Mental Health Act 1983*. https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review

[190] Bhui, K., & Bhugra, D. (2002). Mental illness in black and Asian ethnic minorities: Pathways to care and outcomes. *Advances in Psychiatric Treatment, 8*(1), 26–33.

US Department of Health and Human Services. (2001). Mental health care for African Americans. In *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General* (pp. 51–76). Substance Abuse and Mental Health Services Administration.

[191] Shahsiah, A., & Ying Yee, J. (2006). *Striving for best practices and equitable mental health care access for racialised communities in Toronto*. Access Alliance Multicultural Community Health Centre and Across Boundaries.

[192] Walls, M. L., Gonzalez, J., Gladney, T., & Onello, E. (2015). Unconscious biases: Racial microaggressions in American Indian health care. *Journal of the American Board of Family Medicine, 28*, 231–239.

[193] Ottawa Public Health. (2020). *Mental health of Ottawa's Black community*. https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_English.pdf

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.

One study found that a widely used depression screening test, known as the Center for Epidemiologic Studies Depression Scale (CES-D), will fail to correctly diagnose depression in many young African Americans experiencing depression and poverty.[194] These standard depression diagnostic tools will not diagnose depression in African Americans because they express their depression differently from other demographic groups, typically through complaints about conflicts with others, as well as physical pain or discomfort. Sean Joe, professor at the Brown School of Social Development at Washington University, has argued that many depression screening tests "were developed by studying middle class [W]hite women, so the language that was chosen [to describe depression] represents that cultural experience."[195]

The diagnosis of Black people may also be impacted by the clinician's own biases. One study found that even when African American and White people presented with similar symptoms, African Americans were more likely to be diagnosed with psychosis.[196] Another study found that Black men are more likely to be diagnosed with schizophrenia when expressing symptoms of mood disorders or post-traumatic stress disorder.[197]

In addition, a clinician's understanding of systemic and structural racism may impact their interpretation of the experiences shared by African Canadians, thereby influencing the diagnosis. For example, mistrust of the education, policing, and other oppressive systems—which are symptoms that mimic paranoia—may lead to the overdiagnosis of schizophrenia among African Canadians.[198] Reflecting on this issue, Annelle Primm, the American Psychiatric Association's deputy medical director and director of the Division of Diversity and Health Equity, states that "Culturally driven 'healthy paranoia,' which describes a type of suspiciousness regarded as a survival skill in African Americans, can be mistaken for a psychotic symptom, which may become fodder for misdiagnosis of schizophrenia in unenlightened clinicians."[199]

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[194] Lu, W., Lindsey, M. A., Irsheid, S., & Nebbitt, V. (2017). Psychometric properties of the CES-D among Black adolescents in public housing. *Journal of the Society for Social Work and Research, 8*(4), 595–619.

[195] Pandika, M. (2018, February 13). *The test we use to detect depression is designed for white people.* Vice. https://tonic.vice.com/en_us/article/vbpdym/depression-screening-not-effective-for-black-youth

[196] Moran, M. (2015). Overdiagnosis of schizophrenia said to be persistent among black patients. *Psychiatric News, 50*(1), 12. https://doi.org/10.1176/appi.pn.2015.1a17

[197] National Alliance on Mental Illness. (n.d.). *Black/African American.* https://www.nami.org/find-support/diverse-communities/african-americans

[198] Moran, M. (2015). Overdiagnosis of schizophrenia said to be persistent among black patients. *Psychiatric News, 50*(1), 12. https://doi.org/10.1176/appi.pn.2015.1a17

[199] Moran, M. (2015). Overdiagnosis of schizophrenia said to be persistent among black patients. *Psychiatric News, 50*(1), 12. https://doi.org/10.1176/appi.pn.2015.1a17

The misdiagnosis of Black people with mental Illness has a long history in North America, as psychiatry has a history of labelling resistance to oppression as a mental health issue, not a rational response to oppression. For example, "drapetomania," a now-discredited condition, was the diagnosis given to the so-called mental illness that caused enslaved Africans to run away to escape enslavement.[200] In addition, at the height of the Black Power era in the United States in 1968, two psychiatrists used the diagnosis "protest psychosis" to describe involvement in the civil rights movement as a form of "delusional anti-whiteness" grounded in psychosis.[201] Today, the resistance of Black students to racism in their schools is often labelled as "oppositional defiant disorder."[202] Furthermore, Black students are more likely to be suspended for reasons related to attitude (including willful defiance) rather than behaviour. Willful defiance is defined as disrupting school activities or otherwise willfully defying the valid authority of school staff.[203] This broad definition means that Black students can get suspended for everything from failing to follow directions to talking back to a teacher, which may include behaviours arising from their attempts to resist the racism they experience in the school.

In addition, racism has not been included in the traditional definition of trauma.[204] To correct this oversight, many community organizations, academics, as well as psychologists and psychiatrists have begun to expand the definition of trauma. In his race-based traumatic stress theory, Columbia University psychologist Robert T. Carter argues that some racialized people may experience racial discrimination as psychological trauma—that is, racism can elicit a physiological response comparable to that of post-traumatic stress[205] and is thus referred to as racial trauma or race-based traumatic stress. Some racialized people experience higher rates of post-traumatic stress disorder compared with their White counterparts, a difference that may be attributed to racialized people's experience of racism. Racial trauma can result from major experiences of racism such as workplace discrimination or hate crimes or from everyday experiences of discrimination and microaggressions.[206]

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[200] Petrella, C., & Gomer, J. (2016, October 5). *Black protest, White backlash, and the history of scientific racism*. African American Intellectual History Society. https://www.aaihs.org/black-protest-white-backlash-and-the-history-of-scientific-racism

[201] Ibid.

[202] Grimmett, M. A., Dunbar, A. S., Williams, T., et al. (2016). The process and implications of diagnosing oppositional defiant disorder in African American males. *The Professional Counselor, 6*(2), 147–160.

[203] CBS Sacramento. (2019, April 23). California may ban schools from suspending students for 'willful defiance'. https://www.cbsnews.com/sacramento/news/willful-defiance-bill-senate

[204] Grimmett, M. A., Dunbar, A. S., Williams, T., Clark, C., Prioleau, & Miller, J. S. (2016). The process and implications of diagnosing oppositional defiant disorder in African American males. *The Professional Counselor, 6*(2), 147–160.

[205] Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*(1), 13–105.

[206] Alvarez, A. N., Liang, C. T. H., & Neville, H. A. (Eds.). (2016). *The cost of racism for people of color: Contextualizing experiences of discrimination*. American Psychological Association.

Historical trauma refers to cumulative emotional and psychological wounding resulting from group traumatic experiences that is transmitted across generations and affects entire communities.[207] This type of trauma is often associated with groups that have suffered intergenerational losses and assaults on their culture and well-being, including people of African descent who endured centuries of enslavement, Indigenous peoples who experienced displacement and genocide, and Jewish people who endured the Holocaust. The lasting impact of the trauma is not just about what happened in the past, but also about the things still happening in the present that serve as reminders of historical targeting.[208]

Challenges accessing culturally appropriate and bias-free services

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.[209] A 2018 study published in the *Canadian Journal of Psychiatry* found that in Ontario, racialized people face not only a lack of access to mental health resources, but also a lack of culturally sensitive mental health services.[210]

As the need has increased, there continues to be a shortage of mental health services for infants, children, and youth. The Canadian Institute for Health Information in its infographic on child and youth mental health has plotted the data for hospitalizations for mental health conditions for children and youth.[211] The data shows that in 2020, nearly 25% of all hospitalizations for children and youth aged 5 to 24 were for mental health conditions. In addition, there was a steady increase in the use of mood and anxiety medication by children and youth aged 5 to 24 in the previous 5 years.

There is a documented lack of culturally appropriate services to meet the needs of Black infants, children, and youth. Culture, along with experiences of racism,

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[207] Substance Abuse and Mental Health Services Administration. (2016). *Tips for disaster responders: Understanding historical trauma when responding to an event in Indian country*. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4866.pdf

[208] Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*(3), 316–338.

[209] Chiu, M., Amartey, A., Wang, X., & Kurdyak, P. (2018). Ethnic differences in mental health status and service utilization: A population-based study in Ontario, *Canada. Canadian Journal of Psychiatry, 63*(7), 481–491.

Guzder, J., & Rousseau, C. (2013). A diversity of voices: The McGill 'working with culture' seminars. *Culture, Medicine, and Psychiatry, 37*(2), 347–364.

[210] Chiu, M., Amartey, A., Wang, X., & Kurdyak, P. (2018). Ethnic differences in mental health status and service utilization: A population-based study in Ontario, Canada. *Canadian Journal of Psychiatry, 63*(7), 481–491.

[211] Canadian Institute for Health Information. (2022, September 19). *Children and youth mental health in Canada*. https://www.cihi.ca/en/children-and-youth-mental-health-in-canada

influences many aspects of mental health and mental illness and impacts how people communicate about mental health, as well as whether and when they seek help. In addition, anti-Black racism impacts diagnosis and how Black people are treated by service providers. As a result, when Black Canadians do seek help, they face challenges accessing services that are bias-free and culturally appropriate.[212] The report of the Residential Services Review Panel found that Ontario's current residential services system does not adequately support children and youth outside of the mainstream, including Black youth.[213] The Panel also found very few culturally appropriate programs and services for Black youth, with the youth themselves sharing their experiences of being criminalized and stereotyped because of their racial identity. For Black youth, the result is that they are significantly underrepresented in mental health and treatment-oriented services and overrepresented in containment-focused facilities.

Various studies have found that once racialized people contact mental health services, many of them shared that they lack access to culturally appropriate services and in fact are treated harshly by the service provider. A UK study found that Black and other racialized people are more likely to report harsh experiences with mental health services and poorer outcomes.[214] In a study in Toronto that explored why Muslim women may not be accessing services, the women shared that when they did access services, they felt judged by service providers who didn't understand their culture and faith.[215]

The relationship between the client/patient and mental health service provider is an important factor in service utilization in the health sector and one that can help or hinder outcomes. Several Black participants in the Ottawa Public Health study recounted their experiences with mental health professionals. They reported that they felt the service providers were unable to provide knowledgeable, safe, and effective care and were ill-equipped to understand their needs.[216] The study participants shared that many service providers did not appear to know how to interact with clients of African descent in a way that was respectful. The report also found that in many cases,

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[212] MHASEF Research Team. (2015). *The mental health of children and youth in Ontario: A baseline scorecard*. Institute for Clinical Evaluative Sciences.

[213] Gharabaghi, K., Trocmé, N., & Newman, D. (2016). *Because young people matter: Report of the Residential Services Review Panel*. Queen's Printer for Ontario. https://cwrp.ca/sites/default/files/publications/residential-services-review-panel-report2016.pdf

[214] Bhui, K., Nazroo, J., Francis, J., et al. (2018). *The impact of racism on mental health*. The Synergi Collaborative Centre. https://legacy.synergicollaborativecentre.co.uk/wp-content/uploads/2017/11/The-impact-of-racism-on-mental-health-briefing-paper-1.pdf

[215] Latif, R., Rodrigues, S, & Galley, A. (2020). Muslim women's mental health: A community-based research project. https://cmha.ca/wp-content/uploads/2020/09/MWMH-FINAL.pdf

[216] Ottawa Public Health. (2020). *Mental health of Ottawa's Black community*. https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_English.pdf

participants who accessed services felt they had received substandard care and, as a result, did not pursue further assistance or counselling following these encounters.

Racialized students at Toronto Metropolitan University (formerly Ryerson University) reported that not only do they have to overcome the stigma associated with mental health issues and the shame associated with asking for help, but they also experience challenges finding a racialized therapist who can understand their particular situation. Some also shared that therapy doesn't always work, which ends up making them feel worse because they feel that it's their fault.[217] These students felt that much of the difficulty they have encountered with mental health services was due to the therapist's lack of understanding of the experiences of racialized people:

> Students say this is because therapists lack the necessary understanding of how racialized people experience mental illness—often ignoring family dynamics and delegitimizing their experiences. Consequently, when therapy fails, this can lead to guilt, confusion and more shame about their mental health.

The Western approach to mental health services has not only created barriers for racialized people seeking these services but also caused harm. For example, after the Rwandan genocide, European therapists were brought to the country by international aid agencies to help the surviving population. However, rather than helping, this therapy caused a great deal of harm to the survivors, and the therapists were eventually asked to leave. As described by one person:[218]

> Westerners were optimistically hoping they could heal what had gone wrong . . . But people who hadn't been through the genocide couldn't understand how bad it was and their attempts to reframe everything were somewhere between offensive and ludicrous. The Rwandans felt that the aid workers were intrusive and re-traumatising people by dragging them back through their stories.

Andrew Solomon, a Westerner and professor of psychology, was researching a book in Senegal and had taken part in a traditional ceremony to exorcise his depression. He paraphrased how a Rwandan man contrasted Western therapy to a similar practice in Rwanda:[219]

> Their practice did not involve being outside in the sun where you begin to feel better. There was no music or drumming to get your blood flowing again. There

[217] Salhia, M. (2022, February 19). Help wanted: Racialized students say an understanding therapist is hard to come by. *The Eyeopener*. https://theeyeopener.com/2022/02/help-wanted-racialized-students-say-an-understanding-therapist-is-hard-to-come-by

[218] Leach, A. (2015, February 5). Exporting trauma: Can the talking cure do more harm than good? *The Guardian*. https://www.theguardian.com/global-development-professionals-network/2015/feb/05/mental-health-aid-western-talking-cure-harm-good-humanitarian-anthropologist

[219] Leach, A. (2015, February 5). Exporting trauma: Can the talking cure do more harm than good? *The Guardian*. https://www.theguardian.com/global-development-professionals-network/2015/feb/05/mental-health-aid-western-talking-cure-harm-good-humanitarian-anthropologist

> was no sense that everyone had taken the day off so that the entire community could come together to try to lift you up and bring you back to joy. Instead they would take people one at a time into these dingy little rooms and have them sit around for an hour or so and talk about bad things that had happened to them. We had to ask them to leave.

In addition to this cultural divide, Western therapists often lack an understanding of systemic racism and an ability to integrate it into a discussion with a racialized person. One article in the *American Journal of Psychotherapy* noted that despite the significant impact of racism on the mental health of African Americans, it is not a subject covered in clinical training programs or supervision.[220]

Black people may also experience racism when accessing services and may not be provided with the mental health services they need. A study by the Canadian Mental Health Association found that more than 30% of people with serious mental illness who are turned away from emergency departments when they try to access care go on to experience police encounters.[221] In recent years, there have been a number of reports across Canada of Black people seeking mental health supports and being turned away, with some ending up dead owing to lack of care or because the police were called. In Regina, Saskatchewan, Samwel Uko sought medical help twice for mental health issues and was forcibly removed from the Regina General Hospital. His body was found in Wascana Lake a few hours later.[222]

Increasing attention is being paid to police interactions with people experiencing a mental health crisis. Many are questioning whether police are the appropriate first responders for these 911 calls, particularly since police involvement when a Black person is in crisis has led to a number of deaths. Included in this number is D'Andre Campbell, who called police himself in 2020 when he felt a schizophrenic episode coming on. He died in his home after police used a stun gun and shot him twice in the chest.[223]

In addition, Black people also experience longer wait times when they do try to access mental health services. Speaking to the CBC about equitable access to mental health care, Dr. Kwame McKenzie stated that "when a mental illness is diagnosed, the wait

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[220] Stoute, B. J. (2020). Racism: A challenge for the therapeutic dyad. *The American Journal of Psychotherapy, 73*(3), 69–71. https://doi.org/10.1176/appi.psychotherapy.20200043

[221] Canadian Mental Health Association. (2003). *Study in blue and grey—Police interventions with people with mental illness: A review of challenges and responses*. https://cmha.bc.ca/wp-content/uploads/2016/07/policereport.pdf

[222] Issa, O., & Quon, A. (2022, May 31). *Samwel Uko's family continues search for justice from the system that failed their son*. CBC News. https://www.cbc.ca/news/canada/saskatchewan/samwel-uko-parents-speak-out-1.6472561

[223] Nasser, F. (2020, June 12). *D'Andre Campbell fatally shot by police in Brampton home after calling for help, family says*. Global News. https://globalnews.ca/news/7058201/dandre-campbell-family-peel-regional-police-shooting

times for people in [B]lack communities to get treatment are double the provincial average—16 months compared with eight."[224] In the study conducted by Ottawa Public Health, 49% of participants identified long wait times as one of the key barriers to mental health access.[225] The participants expressed that wait times were longer for services that were free of charge or where the service providers were of a similar cultural or racial background. Delays in being seen by a mental health professional can exacerbate symptoms and situations and lead to adverse outcomes, including clients becoming sicker and more volatile, where they might be in position to hurt themselves or others. As well, long wait times in the mainstream health care system burden emergency services.

Research confirms that when racialized people do access mental health services, they face inequalities in their experiences and outcomes in mental health. Existing data shows overrepresentation and ethnic disproportionality for certain mental health conditions,[226] slower rates of recovery, and higher rates of unemployment following a period of treatment.[227]

[224] Lee-Shanock, P. (2018, March 2). *$19M in federal funds for mental wellness in black communities desperately needed, experts say*. CBC News. https://www.cbc.ca/news/canada/toronto/19-million-for-mental-health-programs-in-black-communities-sorely-needed-1.4558513

[225] Ottawa Public Health. (2020). *Mental health of Ottawa's Black community*. https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_English.pdf

[226] Khan, L., Saini, G., Augustine, A., et al. (2017). *Against the odds: Evaluation of the Mind Birmingham Up My Street programme*. Centre for Mental Health. https://www.centreformentalhealth.org.uk/publications/against-odds

[227] Morgan, C., Fearon, P., Lappin, J., et al. (2017). Ethnicity and long-term course and outcome of psychotic disorders in a UK sample: The ÆSOP10 study. *The British Journal of Psychiatry, 211*(2), 88–94.

[228] Khan, L., Saini, G., Augustine, A., Palmer, K., Johnson, M., & Donald, R. (2017). *Against the odds: Evaluation of the Mind Birmingham Up My Street programme.* Centre for Mental Health. https://www.centreformentalhealth.org.uk/publications/against-odds

Section 5: Summary of Consultations

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. This section summarizes the issues identified and the recommendations for change made through these consultations.

Over 500 people participated in these consultations.

A series of focus groups was held in February and March 2022. Information was shared with agency staff and service users to enable them to register directly with the consultants. In total, 138 people registered for the series of 23 focus groups for the following groups:

- Black parents/caregivers and community members
- Black youth
- Young Black parents
- Black agency staff
- Black managers
- Non-Black agency staff
- Non-Black managers.

In addition, invitations were sent to board members of each of the 23 agencies in the sector. In total, 34 Board members registered to participate in a focus group.

One-on-one interviews were also held with 13 executive directors and chief executive officers (EDs/CEOs).

A series of guiding questions was used to guide the discussions in all focus groups. These questions were as follows:

- What are the issues Black infants, children, and youth face that may impact their mental health?

- What are the barriers that Black parents and caregivers face in accessing mental health services for Black infants, children, and youth?
- How well do the existing services meet the needs of Black infants, children, and youth?
- What more do agencies need to do to better serve Black infants, children, and youth?

Agency staff, EDs/CEOs, and board members were also asked the following:

- What are some of the positive aspects about working for an organization that provides mental health support services?
- What are the most challenging aspects of working for an organization providing mental health support services?
- What do you think are the key issues facing Black staff in agencies that provide infant, child, and youth mental health services?
- What more do agencies need to do to hire and retain Black staff?
- How well do staff in your agency serve Black infants, children, and youth? What is working well? Where are the barriers and gaps?
- How well are the programs and services meeting the needs of Black infants, children, and youth? What is working well? What more do agencies need to do to improve the experience of these service users?

All groups were asked what recommendations they would make to address the identified issues.

An online survey was also designed to gather input from these groups. The survey was designed by the consultant and distributed by each agency to service users and staff. In total, 317 people completed the survey, including:

- 10 Black children or youth
- 21 parents or caregivers of a Black infant, child, or youth
- 205 staff of a participating agency
- 63 managers or board members of a participating agency
- 18 people who belonged to another or multiple groups or who chose not to disclose.

The findings from these consultations are summarized in the sections that follow.

5.1 Issues impacting the mental health of Black infants, children, and youth

All groups were asked about the issues impacting the mental health of Black infants, children, and youth. This section summarizes their collective responses.

Racism in the community and schools

Throughout the discussions with Black youth and parents/caregivers, they identified that the stress of racism experienced by Black young people, both in the community and in schools, has impacted their mental health. Black youth shared that constantly being viewed with suspicion and the lack of support they receive is a chronic source of pressure that significantly impacts them. As a few people shared:

> *Having people who actually believe you can never do well in life because you're Black affects you.*
>
> *Being rejected ends up messing with your mental health because you feel that you are not wanted.*

Black youth shared that they are looked at suspiciously as they go about their daily lives, such as being treated poorly when they go into a store:

> *People are passing judgment on Black people so quickly. When you're walking into a store, you want to buy something, they look more at us than other races.*

Compounding that experience is how Black youth are treated by police, including being stopped and questioned as they go about living their lives. As some of them commented:

> *The fact that you are stigmatized, you are seen as a potential criminal. It's enough to affect our mental health as a Black youth.*
>
> *For me, I've experienced racial profiling for a long time and that's really something that is stressful. It's traumatizing and stressful for me. I'm still young and I've experienced a couple of times where I've been stopped by the police just for a "check up". I'm wondering why? There's no crime that has been committed.*

Consultation participants also shared that Black children and youth's daily experiences within the public education system further harms their mental health. Some Black youth shared their negative experiences of being treated differently and poorly by teachers and peers alike, the racism of low expectations, being streamed, and being overdisciplined. They also spoke about their experiences of racist bullying, which often goes unaddressed by teachers and school administrators and is therefore allowed to continue. These experiences not only negatively impact Black students' academic outcomes, but also their mental health and well-being.

> *I got bullied in school. Most especially from the White kids, who think they are better than you. The fact that, due to your skin colour, people tag you as inferior, it's a challenge.*

> *Based on some of the experiences that my daughter has gone through in school, I would say she is being stereotyped . . . I remember an incident with a science test that she didn't do good with. The teacher pointed that out in front of everybody and made a comment like, "You people," that kind of stuff.*

Some Black parents and caregivers shared that their children's negative experiences at school have impacted their behaviours. As a result, teachers and school administrators have often identified their children's behaviours as indicative of "underlying issues" or a reflection of issues in the home rather than seeing these behaviours as appropriate responses to a stressful environment. As such, while the teachers are suggesting that their child has behavioural issues, the parents wonder about the nature of the school environment and how their children are being treated by teachers and peers to provoke these behaviours. As a few consultation participants commented:

> *Students act up in the classroom, especially when it comes to Black History Month. You have a White teacher teaching Black history who doesn't fully understand the dynamics or have lived experience of what it is. Oftentimes, there are microaggressions from the teacher or some backhanded comments from other students. These all affect the mental health of youth.*

> *My daughter kept hitting kids and not listening. That is the behaviour they explained to me. But what's going on in school is completely different from home. These are things that I didn't see. She had a tantrum and she was all over the floor. She doesn't do that here at home. I tried to get some type of therapy for her. There was a resource to find Black therapists but a lot of them didn't start working with children until age 7 or age 9. She's 5. Looking through all that, I thought, What am I supposed to do? I need to nip this in the bud because my focus was to make sure that she was able to start French Immersion in September.*

> *I started her with daycare just to ease her into an environment where she's around a lot of kids. Within the first few days, she got into trouble. When I asked her what happened, she said, "It was because he told me my skin was dirty." What happened to the other child? Was he disciplined? Because my daughter is the only one that I'm hearing that continues to get into trouble . . . That's one of the reasons why I'm trying to make sure that I am completely available so I can be involved and make sure that my child is not labelled as being the problem child.*

Parents and caregivers shared that they need to advocate for their children to receive equitable treatment. Without this advocacy, their children will be labelled as having behavioural issues or special needs.

> *We had a rocky start to the school year because my daughter is very inquisitive. Whenever she would go to the office, the educators would say, "We're going to have to get you some help because you're clearly having a hard time adjusting"*

> *. . . It turns out that it was just her environment and she wasn't being engaged . . . I ended up getting a behavioural specialist that I had to pay out of pocket for . . . I do have to say the school handled everything well. I'm fortunate that the vice principal is also a Black woman from my country. So, I was able to talk to her and say, "I would feel comfortable if I also brought in my own behavioural therapist just so everyone can be on the same page and I can get feedback from both" . . . I still have some more questions about being gifted because it sounds like she's bored. In the end, they went to the learning hub and started giving her Grade 1 work.*

Some parents and caregivers also commented that their children's needs are overlooked because of the stereotypes held by teachers. As such, mental health issues, learning disabilities, and other issues may not be identified through the school system, leaving parents and caregivers to identify these issues on their own and have them assessed.

> *Our daughter was recently diagnosed with a learning disability as well, because I went to an outside agency to get an assessment done. Even the therapist agreed with me that the school didn't see anything wrong because unfortunately, sometimes with children that are marginalized, like Black youth, they don't get the help that they need from the education system.*

Family stressors

Parents/caregivers, youth, and agency staff also identified family stressors as additional sources of mental health issues facing Black infants, children, and youth. Included among these family stressors is living in poverty, which places additional pressures on families.

Some also noted that challenges within the household contribute to Black youth leaving the family home. The lack of safe and stable housing for these youth, particularly if they spend time living in shelters or group homes, was specifically identified as a stressor that impacts their mental health. Youth also identified that not having their own income and the pressures of living in poverty have also impacted them and contributed to poor mental health.

Others also pointed to the high rates of single-parent households in Toronto's Black communities, which contributes to the stressors affecting the family and the mental health issues among young Black people. Echoing the data, they noted that living in single-parent households, particularly those headed by Black women, increases the likelihood that children will also experience poverty. In addition, there are many parents who may also be working multiple jobs in order to provide for their families, leaving them with less time to spend with their children.

Because of these stressors affecting Black families, agency staff shared that it is particularly important for staff to understand the social determinants of health and ensure that they are referring families to other services so that their additional needs

can be met. However, some noted that while other clients may be referred to these other services, the same referrals are not always made for Black families. As one person working in an agency commented:

> *We can provide funds to cover the phone bill and for groceries. But certain workers only share this information with certain clients . . . A lot of workers are holding back on telling Black clients about the available programs that can be accessed. They save that information for their preferred clients.*

Lack of activities for Black youth

Black parents/caregivers and Black youth shared that the past few years have had a particularly negative impact on the mental health of Black children and youth, especially because of the restrictions related to the COVID-19 pandemic. They shared that after-school and summer programs had previously enabled Black children and youth to socialize with their peers, remain active, and engage in activities, all of which contributed to their well-being. When those activities were not available, children and youth were isolated, leading some to experience negative impacts on their social development and mental health.

5.2 Barriers to accessing mental health services

Consultation participants were also asked about the barriers that Black families face in accessing mental health services for Black infants, children, and youth. A number of barriers were identified, including those emanating from within the Black community, from individuals within the mental health sector, as well as from agency policies and approaches to service delivery.

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.

Youth and parents/caregivers from the Somali community noted that because the Somali community in Toronto is very small, they were concerned that others in the community might hear about their mental health issues. They were also concerned about the impact it might have on their relationships with family and community. Youth also feared that they would be seen as an embarrassment to their family if those in the community were to find out about their mental health issue.

Many consultation participants shared that mental health is not something that is generally discussed within their families or communities. They shared that the

behavioural or mental health issues that infants, children, and youth experience are often seen as a phase that will pass or as attention-seeking behaviour. As a result, many believe that rather than seeking treatment, it is best to ignore the issues. As some people described it:

> *In the Caribbean community, they try to persuade children and youth that if they are feeling depression or anxiety, that it's not mental health, it's something else, like you're just not feeling well, or you're tired, or you're lazy, or you're just not motivated.*
>
> *One father told me that his son told him all these issues that he was having and the father felt he would "grow out of it." It seems as if he did not want to confront it and hoped that the son would get well. But in delaying and procrastinating, the son got worse. In this society, you've got to confront it very early so that the appropriate measures can be taken to give these young people some help. If it's looked after early, maybe they can get help, but not paying attention, that's when it gets worse and worse.*
>
> *Another barrier is stigma and embarrassment. Some of these youth don't even want to go into these agencies because they're afraid who they're going to see or who they might run into.*
>
> *In the Caribbean culture, sometimes they don't take it seriously. I had an ex-boyfriend who committed suicide. He had told his mother how he was feeling. I even told his mother he overdosed on drugs before and she just said, "He's looking for attention. Ignore him," not really believing him.*

Some parents/caregivers also shared that when they were able to get services for their child, the other parent would undermine the child's treatment and discourage them from taking their medication because of the stigma associated with mental illness. As such, these parents/caregivers shared that education is needed for the entire family in order to reduce the stigma associated with mental health and accessing mental health services and to ensure the family was supportive following the prescribed treatment.

Cultural barriers

In addition, 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 their children. Black children and youth shared that their parents live in a very different world than they do and that they therefore don't understand the social issues that Black youth are currently experiencing.

This leaves children struggling to cope with issues on their own and unable to turn to their parents or caregivers for help and support. A number of people also noted that children often hide the mental health issues they are experiencing out of fear of being punished or disowned by their parents/caregivers.

Some also felt that when youth do disclose challenges, their parents/caregivers are more likely to suggest that they seek support from their church or mosque because religion is seen as a means of addressing their issues.

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. Black agency staff echoed this concern, sharing their experience of Black families' resistance to accessing mental health and other social services out of fear that they would be seen as unfit parents, which would lead the agency to contact the Children's Aid Society. This concern is not unwarranted given the overrepresentation of Black children in the child welfare system and the experiences shared by consultation participants of being referred to a Children's Aid Society by service providers and by neighbours:

> *When I went searching for the psychoeducational assessment for my daughter, I was adamant that I really wanted a location that was Black run and I couldn't find a single Black organization, regardless of distance . . . I found a free service because I did not have insurance. I felt like they didn't understand a lot of cultural barriers that we face. It was really difficult. I left after the first session because they instantly called children's aid on me after I expressed some frustration, so I was not interested in continuing with them.*

> *The first thing they jump to when they see me is, "She's a single Black mom" so there has to be some sort of neglect . . . I've had children's aid called on me because my household was noisy, literally. I am the only Black person in my building . . . The child welfare worker came in and it was the first thing he said because he noticed that it was a quiet building and he only saw White people around. He said he hung out in the lobby for a little bit just to see the environment. The first thing he asked me was, "Are you the only person of colour in this building?" I said yes. He didn't even bother to look around. He just said, "I'll send you a closing letter."*

Misdiagnosis by and racism from health care providers

Black parents and caregivers also shared their concern about, and their experiences with, their children being at risk of being over-diagnosed with behavioural or mental health issues when they are exhibiting developmentally appropriate behaviours. The parents/caregivers felt that because they are Black, their children are seen as older and therefore their behaviours are more likely to be seen as problematic, even when

similar behaviours are exhibited by their White counterparts. As a result, they feel that Black parents and caregivers must be vigilant in protecting their children and must also be strong advocates for their children if they do become involved with a mental health agency. Parents and caregivers note that the risks to their children begin in the public school system, with teachers and school administrators repeatedly diagnosing their children and threatening parents/caregivers that they will call the Children's Aid Society if they do not comply with their recommendations. This leaves parents/caregivers challenged to distinguish between actual signs of mental health issues and other issues their children may be responding to. It also leaves them suspicious of the teacher's suggestions and hesitant to seek out mental health services out of fear that the teacher's perceptions are biased.

Again, this fear was not unwarranted, as a number of parents and caregivers shared their experiences of teachers diagnosing their children and suggesting that they be on medication:

> *I understand that teachers don't diagnose and that's why I feel like it's not their job to say, "Your son probably has ADHD," before a doctor's assessment. He was never diagnosed. I've had teachers tell me they think he needs medication because he can't sit still. He walks around when he reads and they think he has ADHD. That's a lack of judgment. They should never do that. They're not allowed. They are not a doctor.*

> *I was 16 when I had my first son. As a young Black mother, I've been judged. I've been literally pressured to put my son in programs when he was giving trouble. They don't even respect me or show me that they even care to respect me, but they want to put my son in this program.*

Agency staff also shared that schools often focus on the child's behaviours and don't dig deeper to understand the underlying reasons for the behaviour. As one person commented:

> *Sometimes the mental health issues are seen as behavioural issues; they don't dig deeper. They just see him as a bad kid.*

Black parents and caregivers also shared that their experiences of their children being misdiagnosed, symptoms being overlooked, and their children's issues not being taken seriously extends beyond the school to include mental health service providers. They emphasized that they need to continue being strong advocates for their children if they are to get the best service. One parent described her experience of trying to get a mental health diagnosis for her son over a 2-year period:

> *My son was going through this since the beginning of 2020. It took until September for it even to be addressed as a mental health issue. All that time they kept going over physical health. We went to the hospital twice and they were very dismissive. At the last visit there were two different doctors. At the last visit the*

> *doctor didn't even see him. We were admitted Thursday night. She wasn't there Friday, Saturday, and Sunday. She came into work Monday, so she didn't see him at all. Monday was also the family meeting. At that meeting, after not seeing him at all, she was of the impression that "he's acting up." How exactly is she coming up with her opinion and she hasn't even been around him or spent time with him? She was pretty much saying, "He just needs to go home and be in a familiar environment, he's just acting up." He was never assessed . . . [After various appointments and misdiagnoses] . . . she offered referral to a walk-in clinic, with psychiatrists . . . This is the doctor that discovered my son was hearing voices. September was the first time we had an in-depth interview of almost two hours. She was able to tease out that he's been hearing voices. She spoke with him for a few weeks, having weekly visits for a while. At some point she found it very urgent that we should go to the hospital . . . Things were getting even worse. He was fully catatonic at this point. He was not able to do anything, to move or feed himself. They admitted him.*

Once they get involved with mental health professionals, parents and caregivers also shared their experiences of losing the ability to make decisions for their children. Some feared that if they were to take their child to be assessed, their child would end up on medication, with any resistance from the parent putting them at risk of having their children apprehended by a Children's Aid Society. Others shared their concerns that once their child gets caught up with the mental health system, it is difficult to get them out, whether or not their child needs continued treatment or service.

> *You feel like you're being judged all the time . . . Then they're ready to force us to take pills. I don't want to give my child all these pills. These people right away want to prescribe some sort of medication in a very high dosage. I've been taken to court by CAS because I didn't give medication on the weekend. They said the medication was to keep him calm for him to learn. I don't feel you need medication if you are not at school . . . CAS is there watching you and teachers are watching you. It's a whole lot of watching.*

> *When you accept the help, they almost become in control. I did allow my son to go to what they called a "therapeutic school." My son was doing so much better and I said, "I want him to go back to a regular school." They said no because they were getting extra money for him to be in this program. I found out my son was depressed there. I had to do what was best for my son and fight them to get him out. I had to literally say, "I'm going to take him out and homeschool him if you do not release him." I had no idea it was going to be that hard to get him out of that far away school. He had to wake up so early to get on the school bus and go across town . . . There was a fight for me to get him out, to the point where I had to cancel the school bus because I'm not sending him. They are not going to be in control of my child. It's just not going to happen. We got him out and he's been doing amazing ever since.*

Black youth and parents/caregivers shared that it is also difficult to get an appropriate diagnosis because of the racism they have experienced from health care providers. They shared that accessing mental health services is difficult and that racism creates an additional barrier for African Canadians. They shared that when they do seek mental health services, their issues are not taken seriously because of the racist lens through which they are viewed by non-Black health care providers:

> *The world doesn't take it seriously when a Black person is experiencing it compared to the White community.*
>
> *When a person of colour says that they're going through something, I feel like a non-person of colour doesn't take it as serious.*
>
> *I used to get told from workers in the mental health industry that they would look at a Black person and think Black people don't need help; that Black people don't get mental issues . . . People that work in mental health don't really see a need to help us because everybody just thinks that we don't need it.*
>
> *Even when you're bringing it to the attention of a medical practitioner, you're not being heard and your concerns for your child are not being validated.*

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. For example, just as their child was getting comfortable with one person, that person would leave the agency or go on leave, and the child would then need to start the process over with a new person. 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:

> *I remember I had some sessions with a specific counselor. My daughter grew close to her. And then we found out that she was on leave, which means now my daughter would have to meet with someone else. She was not happy with that.*
>
> *When I first started, there was a lot of Black staff, but they're no longer there either . . . I feel that's hard on the youth, because sometimes you connect with the workers and then the workers are no longer there. They grow and get attached, and then they're gone, which also messes with their mental health. A lot of clients, once they start to open up to you, want you to be the one that they always open up to. They want to tell that person everything . . . And then they leave the agency. It has an impact.*
>
> *I had this challenge where I had to visit the doctor, but by each appointment there was also change in the doctors. I had to deal with different people. I had to explain my situation over and over in appointments. What if there was a way where I could have the same person? Or maybe the previous doctor I met would bring the next*

> *person to take my appointment? Something so that I won't have to just keep on repeating myself over and over again. It's kind of annoying.*

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.

Black youth and parents/caregivers shared not knowing about the mental health services that are available and having to search for what is available:

> *Most times we don't even know some of the resources in our community. We don't know where to go, or where to search for help. I think that's one of the major problems.*

> *I could remember when my younger brother had some issues we had to go online and search for resources. Where can we find these services? It would help if those kinds of services were made known, if we were given more awareness. We don't pay attention until you are dying for the services.*

They shared that the lack of timely access to mental health services has serious impacts on Black infants, children, and youth. In some cases, as a few people shared, these delays led some to die by suicide:

> *Mental health services should be free and easily accessible to everyone regardless of their age, regardless of the colour, anything. Many people are now starting to become depressed. Depression is leading people to suicide. There's a lot of young people like me who are committing suicide because mental health services are not accessible to them.*

Others commented that the services available are not close enough to where the large populations of Black Torontonians reside. For example, they shared that there are few mental health services available in northwestern Toronto or in Scarborough, where a significant proportion of the Black population lives. Instead, many services are located in the downtown core of Toronto, which has a smaller proportion of Black people. This creates significant challenges to those needing to travel by public transit to access mental health services. They also shared that they don't see these agencies co-located at community health centres, which are close to many of the largest Black communities and are seen as welcoming spaces to Black people. This need to travel outside of their communities creates a barrier to access. Some also noted that owing to conflicts between youth in neighbouring communities, many youth would not enter rival neighbourhoods in order to access services. As such, the location of these services within communities is critically important if agencies are seeking to increase access by Black Torontonians.

Agency staff echoed these sentiments, commenting that parents/caregivers need to have a great deal of knowledge and time in order to access their services. They felt that agencies can do more to reduce the barriers to access. A number of staff shared that their agency is not advertising their services to the Black community. Therefore, they don't feel that those in need know about and can access their services. As a few agency staff commented:

> *We have to find a way to bring these people in. Instead, we are waiting for those who can find us. We have to be intentional about bringing in Black people, and it takes a different approach.*
>
> *A lot of the newcomers in the Jane and Finch community didn't feel safe to travel to a downtown hospital. They didn't want to venture out of the community. They were safe within those one or two blocks. Now we're servicing the Regent Park area and they don't want to cross the bridge. The families just want to stay where they're safe. So now we actually go into their communities. We run some programs with the staff there that know the families the best. The big thing for us is learning more about the families in the community. The only way we do that is by the staff who are with these families day in and day out . . . What has worked really well is not just sitting in our ivory tower and saying, "come to us," because half the issue for our families is travel.*

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:

> *I wanted services for something that I'm going through today and you would have to book appointments for two or three months down the road. I felt like that was too long.*
>
> *The wait list is sometimes overwhelming. To wait 18 months for service is quite lengthy, especially when someone already has reservations about seeking service. Sometimes because of the long wait they are less open to receiving services or will decide that they don't want to continue to receive service.*
>
> *My current program, we have one Black therapist. If our Black clients say they specifically want to work with a Black therapist, they end up having a bit of a wait. That's definitely a barrier.*

Quality of service

Some parents/caregivers and youth also shared that they were not always happy with the quality of service they receive. They shared that it is extremely disappointing to reach out to an agency, wait weeks or months for an appointment, and then be treated poorly.

> *When you go to attend these services, they are rushing through your issue. It's not so much about me, but it's more like they need to get their numbers. You're still left with your experience to deal with.*

Some agency staff agreed that the intake process is often designed to get information from the client rather than establish a relationship. This process can undermine trust and create a barrier to the client's desire to continue to access services, particularly if the service provider is White. As one person commented:

> *There is a comprehensive intake process to support the work for the service provider but is not supportive to the parent, especially when they have past experiences of racism or discrimination. We make Black youth sit across from a White service provider, therapist, psychologist, or psychiatrist to answer all kinds of questions before they can even get help.*

Service hours

Many Black youth and parents/caregivers identified that their access to services was limited by the times that the services were available. They shared that many services are only available from 9 a.m. to 5 p.m., Monday to Friday. This meant that if parents/caregivers were working during the day, they would have to take time off work and pull their child out of school to access the services. Youth also shared that they have been given a date and time for a meeting, without any consideration for the fact that they are in school and with no flexibility in when and how they would meet with a service provider:

> *I think agencies should consider my education and a few other things. Rather than just give out a date and assessment to meet up for the appointment, they could ask me, "When are you free? When is your study period?" The appointment was just treated as a command—this date, this time. If you miss it, you've missed your appointment.*
>
> *I tried to do it for some time and therapists, they work nine to five. If I don't work, I don't get paid. So, it was difficult for me to get that type of support consistently.*
>
> *Another part of it is accessibility because there's so few children's clinics in Toronto and even the ones that were accessible, it was always during the worst hours. It wasn't weekends or after school. It was always when a mother is typically at work or the kid is at school.*

Being able to access these services on the weekend and in the evening is therefore important to increase the Black community's access to mental health services. In addition, providing alternatives to in-person meetings would also be helpful, such as being able to access services virtually or by telephone. Some agency staff shared that offering virtual sessions during the pandemic increased the likelihood that clients would continue to attend their sessions. This agency found this to be so successful that they are considering making it a permanent option.

Some agency staff shared that their 24/7 phone services have the highest call volumes between midnight and 5:00 a.m. As such, services that are only available from 9:00 am to 5:00 pm may be limiting access to the many people in need of mental health 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.

As a few people commented:

> *All of the systems in North America are built on colonialism. They're not here to serve us or the racialized communities. Government, policing, even our medical supports are all based on colonialist views and white supremacy. They are not built for us. But they'll open the door and say, 'come on in.' You can go in, but you have to fit into what they are doing. They are not tailoring it for you.*
>
> *It's very intimidating because the same system that historically has destroyed our communities, we're supposed to run to for help.*
>
> *Based on our own lived experience and that of friends, we are definitely resistant to actually accepting the service because you're wondering what they are trying to do. Is that diagnosis going to follow my child? I don't trust the system because of how it is for my Black son, especially for boys.*

Agency staff also shared that they notice that parents/caregivers distrust the system. Consequently, parents/caregivers won't allow their child to be assessed for fear of the implications the assessment results might have:

> *I noticed with a lot of young parents I work with, they seem to want to shut down everything. We do developmental checklists with their kids. With these young moms, I notice as soon as we want to do it, they say, "There's nothing wrong with my child. I don't want to do it." They think you're going to label their child. They think the child is going to get taken away if the child is not at a certain development level. But actually we're doing these things to help them and guide them in the right direction . . . We were really concerned. We were trying to tell her that there are services that could help and assist you. They say, "No, there's nothing wrong." They don't want their child to be labelled. Some people are in denial.*

Some from the Somali community noted that Somalis generally don't trust those outside the community. They not only prefer to seek services from Black people, but they specifically want services from those who are also Somali.

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.

Parents/caregivers also shared that dealing with Black staff meant there was a certain level of cultural understanding:

> *It's important to have people that look like them. It's better to have Black therapists than people that have been culturally educated. And there's a lot who have just learned what the white system has taught them. They want someone to talk to that looks like them and understands them.*
>
> *It's nice how people are trying to understand but having someone that already understands would be a lot better. I'm not saying that I don't like my therapist. She's great. But with a Black therapist I wouldn't have to explain most things to them. They already know from experience.*
>
> *Lack of representation is a barrier to service . . . A lot of times there's still resistance from the Black community to engage in mental health services. However, when they do see individuals who look like them and who can build a level of comfort, it definitely goes a long way. I've seen a difference.*

Some also shared that access to Black staff means that they are more likely to be treated with compassion because of a similar lived experience and that they were less likely to experience racism in the delivery of service:

> *If I see a White person and a Black person there and I need help, best believe I'm going to the Black person. I know I won't experience racism, but I also know that my people are compassionate.*
>
> *White staff need to have more understanding about what we as Black people go through. Some of us don't experience bad service, but some of us experience a lot of judgment . . . People can be very racist to us and judge for the littlest things. Black agencies, they get it. I understand that there are other races that try to help, but they just don't understand how to help because they don't walk in our shoes every day.*

While most Black parents/caregivers shared that they prefer to be served by Black staff, there were also those who shared that, for them, it didn't matter whether the

person was Black. Instead, they simply wanted a competent and trustworthy therapist who could effectively work with them and in whom they felt confident, which they shared is the bigger challenge:

> *Sometimes we don't really need somebody that looks like us. I would rather see somebody that I have confidence in and trust that person. Then I will be able to tell that person exactly what is going on with me or what I need. Sometimes we have people that look like us and they do the opposite of what we expect them to do. So, it goes both ways . . . You just have to find somebody you can trust and have confidence in then, things will work a little bit better, but it is hard.*

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 language.

In addition to the mental health services, they shared that services that provide food and personal care products such as hair care products often do not consider the needs of Black clients. As one agency staff shared:

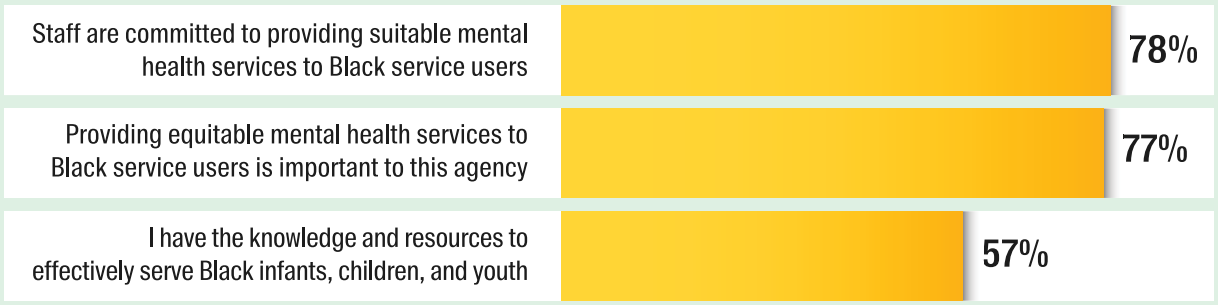
> *At these agencies there is not a lot of culturally based stuff. Sometimes the food they have access to is not things they're used to. Even hair products . . . they provide hair products that are not for Black people's hair. A lot of things that they have access to are not things that Black youth are used to at home. Sometimes they want some jerk chicken. They don't want pasta or nuggets and fries. The youth do not use the products we give them. Half of it ends up going in the garbage because they get expired or they have shampoos or hair dyes for White people. They're able to access it, but what are they going to do with it? They can't really do much with these products.*

> *Some of these youths were complaining about the food and it's not fair for them. The food is a big deal. When we're giving them the food, you see the disappointment on their face. They want some cultural food.*

5.3 Challenges serving Black infants, children, and youth

The online survey asked agency staff about their ability to effectively and appropriately serve Black infants, children, and youth.

Graph 1. Perceptions of Ability to Serve Black Service Users. Agency Staff.

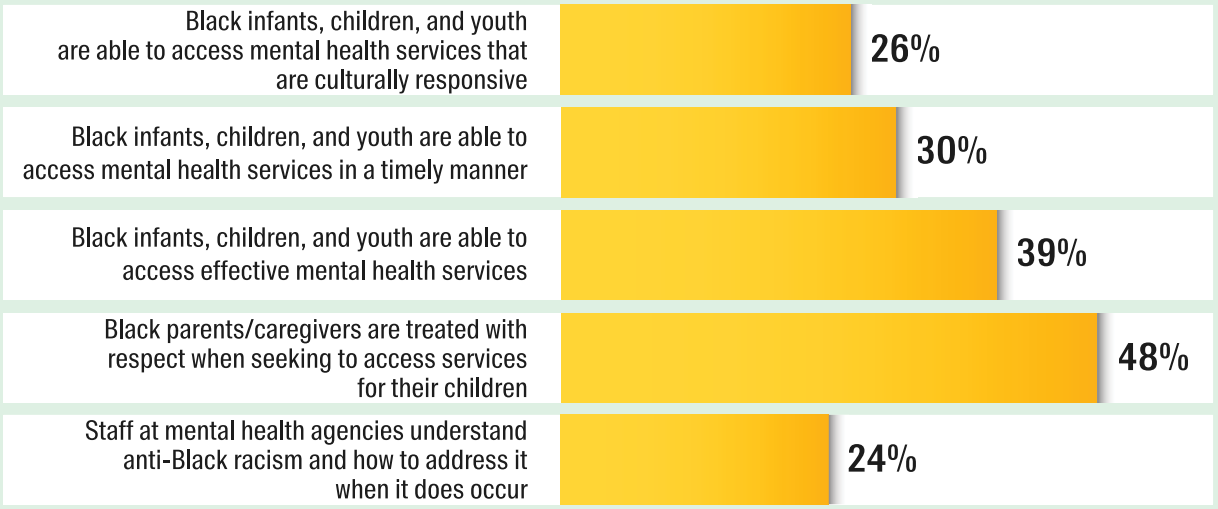


N=213

As Graph 1 shows, the majority of survey respondents agreed that staff are committed to providing equitable mental health services to Black service users (78%) and that providing equitable mental health services to Black service users is important to the agency (77%). However, only 57% reported that they have the knowledge and resources to effectively serve Black infants, children, and youth.

The survey also asked agency staff about their perceptions of the Black community's ability to access services.

Graph 2. Perceptions of Access to Services. Agency staff.



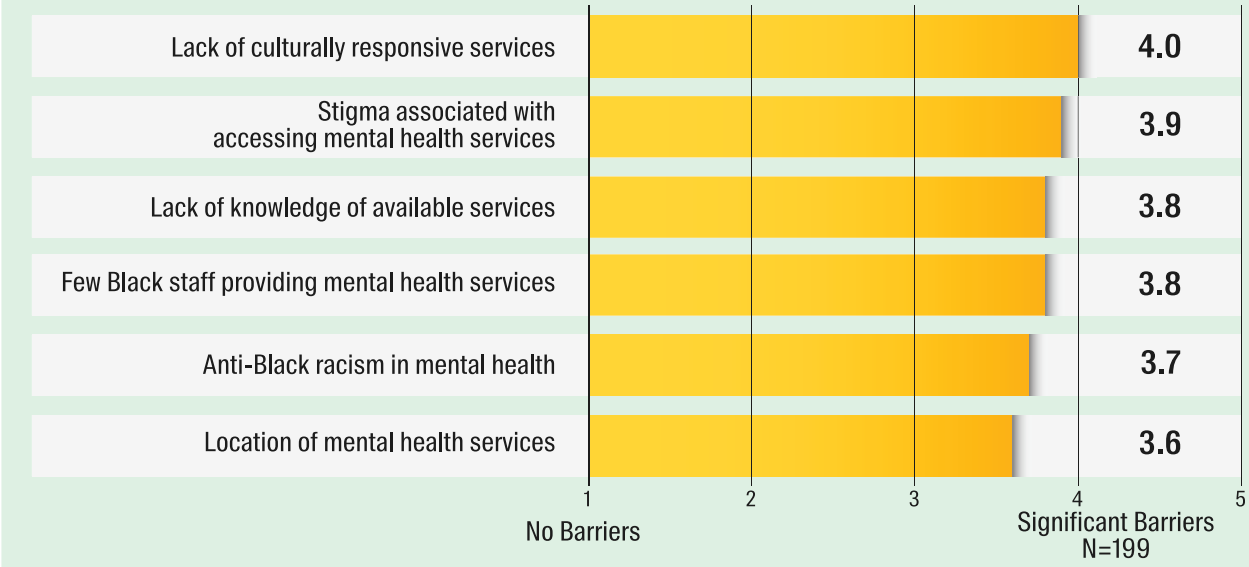
N=206

As Graph 2 shows, only a small proportion of survey respondents that work within these agencies agreed that Black infants, children, and youth are able to access

mental health services that are culturally responsive (26%), timely (30%), and effective (39%). In addition, 48% agreed that Black parents/caregivers are treated with respect when they seek to access services for their children, and only 24% agreed that agency staff understand anti-Black racism and how to address it when it does occur.

Agency staff were also asked about their perceptions of the barriers that Black people face to accessing services. They were asked to rate each potential barrier on a scale of 1 to 5.

Graph 3. Perceptions of Barriers to Accessing Services. Agency Staff.



As Graph 3 shows, all the barriers listed were identified as being barriers to the ability of Black people to access services. While there is little difference in how each barrier was scored, the barriers are placed in order of most significant to least significant according to respondents.

Agency staff, including management and EDs/CEOs, were also ask about the challenges that they experience serving Black infants, children, and youth. They identified the following concerns.

Lack of cultural competence and failure to provide culturally responsive programs and services

Some shared that agency staff are not always culturally competent and some lack the skills to be able to work with Black clients:

> *I have seen staff who work with families, but they just don't get it. You can see that they don't get it. They say all the polite things, but they don't realize that they're actually not reaching the client. They're talking to the client, but there is no communication. They're not reaching the client and then they may write up that client as being uncooperative, but really the client was not engaged . . . I'm speaking specifically about White staff. I'm speaking specifically about the approach used may work with a lot of clients, but sometimes it doesn't work with our community.*

> *The way they ask the question and the tone and the body language comes across as fake. I'm not saying that they're being fake, I'm saying that's how it's perceived.*
>
> *I have sat in on consultations where staff members, especially with trauma, feel reluctant to share the race of the client. They may not feel comfortable and may not realize the importance of the race and the culture of the client.*
>
> *A lot of people who are on the front line are White workers or non-Black workers. They say that they didn't feel like they have had the education that they need to work with Black clients. They didn't know enough about the Black youth experience to be able to do this work. Young people are not getting the service that they feel comfortable with or they feel good about. The workers feel like they're scrambling a little bit and are very unsure and not confident in themselves.*
>
> *The leaders of our different divisions do not have the language or understanding with regard to how to provide support to staff when they're engaging with Black families. They themselves don't have the words or the language to provide the support that's needed.*

Some non-Black staff also shared that when working with Black families, they have not considered the impact of race on the therapeutic relationship nor its impact on the lives of Black clients:

> *I have never really thought if they would prefer to speak to a Black resource consultant. That's not something I'd ever considered before. Speaking as a White settler, I do my best to provide services. If I think about it, probably 50% of my clients at this point are Black but I've never thought about its impact.*
>
> *Something I think that I am lacking in is talking to the families about whether they have faced any discrimination based on race. Or, "Are there any concerns you might have that you'd like me to keep in mind as we go through this work together?" That's just not a question that I've been asking. I think that this conversation's actually prompting me to really think about how I can centre that in my work with Black clients, because that is significant. Being a White person, I might not be a safe person for them just based on the colour of my skin because of history and what's currently happening in our world. I think I do the best job I can and I'm constantly learning and evolving and taking workshops and trainings on how to better service clients that are BIPOC-identifying. I don't think we have a strategy in place for these clients at the agency. Right now, we're really focusing as an agency on anti-Black racism within staff and from clients to staff, but we're really not considering the perspective of clients or staff to clients or client experiences outside of the agency.*

In discussions with agency staff, they shared that their agencies are at different stages along their journey to providing culturally relevant programs and services to the Black community. There were those who felt that their agency was at the beginning of their

journey and has not yet placed any focus on providing culturally responsive programs and services. Some shared that while the agency is in the process of focusing its attention on better serving Black service users, they have not been particularly successful. Staff from other agencies shared that they have been successful in developing and delivering Black-focused programs that are meeting the needs of their service users. As some agency staff commented:

> *We have the awareness of people's identity and experience and how all of their support, culture, community, etc., can be drawn into their mental health journey. Staff know it is important but they don't know how to put this awareness into action.*

> *We have to integrate the cultural needs of our clients. As an organization, we have been making our own effort to train our staff to better respond to a group of people. But it has not been a system response. There is some accountability due to the licensing and the process that happens yearly but it is not rigorous enough. We have to do way more work.*

There were also those who shared that their agency's Eurocentric approach to service delivery means that Black clients are not getting the services that they need to address their issues. They shared that agencies deliver services in one way, which doesn't meet the needs of all service users:

> *We don't address issues of racial trauma in therapy. It is a one-size-fits-all approach to CBT/DBT etc. There is no programming that has an Africentric lens.*

> *The modalities that many of our staff practice (CBT, trauma informed, attachment, narrative) are not able to be adjusted enough to meet the needs of our BIPOC clients. These treatment options were designed with a level of social functioning and our clients are just trying to survive day to day with food, shelter, jobs. We need treatments specific to addressing their needs and cultural identity.*

> *We don't have programs specifically aimed at Black youth and families. They need to fit into existing programs that don't explicitly focus on race or racism; that don't centre Black youth.*

> *At my workplace, it's kind of weird because they say that they focus a lot on Black youth, but to be honest, I don't really see Black youth coming in. I could count the amount of Black youth that I've seen and I have been there for [many] years . . . I don't really know if there are any services that are actually meeting the needs of these Black youth. It's kind of weird because [this agency] is on the news telling people, "This service is for Black youth." I know that's what their focus is, but I felt like they were selling the media a dream.*

Failure to consider spiritual needs

A few people shared that agencies fail to consider the spirituality of Black service users. They felt that a failure to integrate spirituality results in a failure to fully

understand the service user and appropriately meet their needs:

> *I have noticed that for both staff and youth coming from Black communities, many of them have religious and spiritual needs, usually Christian and sometimes Muslim faith backgrounds. However, staff are generally not comfortable having discussions relating to clients' faith and subconsciously see their faith more as a hindrance to their clinical progress or mental well-being. Especially in the mental health field, there is extensive research in how addressing faith supports better clinical outcomes likely due to an intrinsic sense of worth, meaning, or purpose given by a higher power . . . I find it appalling that Christian, Muslim, and Jewish supports are so lacking in this mental health sector, especially for Black youth.*

No consideration of the social determinants of health

A number of staff also shared that their agencies use a mental health model that focuses on the individual, which doesn't take 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 significant issues therefore go unaddressed:

> *During COVID, lots of staff evolved in their thinking in the way they look at issues and trauma as something we feel. They are starting to understand that context matters to connect issues, racism, and how oppression plays a role in mental health.*
>
> *The average age kids are in our care is 14-15. They have fourteen years of experience prior to coming through our doors and generations sometimes of trauma. I think about the Iceberg Analysis. What they experience is deep rooted; we may not be able to see it. As a system, we have to do much better with social determinants of health. When we look at equity in jobs, the basic needs, poverty, housing, etc., all of these contribute to mental health.*

No assessment of outcomes for Black service users

A number of agency staff noted that their agency does not collect demographic data on service users. As a result, their agency does not fully understand who its service users are and to what extent the services they offer are being accessed and how effective they are. They shared that the collection and analysis of this data would help agencies understand and address the barriers to providing services to Black infants, children, and youth.

Challenges hiring and retaining Black staff

Many of the agency staff and leaders we spoke with identified the importance of hiring and retaining Black staff if they are to provide better service to Black infants, children, and youth. They also identified that while it is important, their agency faced challenges with hiring and retaining Black staff. Some identified that they are unable to pay a competitive salary and thus regularly lose staff to other agencies or to the public sector.

Others identified a general lack of ability to attract Black staff, noting that they are unsure what the issue is:

> *We need to be able to hire staff from the Black community who are knowledgeable. But for some reason, we don't attract many professionals from the racialized community.*
>
> *We are sadly in need of the right resources—people who represent the community and have the skills and knowledge to be able to provide the service. Make it sustainable and inviting to staff to be part of the organization. It is not just about hiring; it is also about sustaining people; people who can work together. There is a gap when it comes to the connection to the community itself.*
>
> *We have difficulty hiring and retaining Black staff because wages are so low. Now that there is a demand for Black staff, they are in a good position to go into private practice . . . Folks are not willing to put up with organizations that do not pay fair wages, so they turn to practice in health care and the school system.*
>
> *It is a very competitive job market. Our organization pays less than some of our peers. We compete often with educational organizations and hospitals and we don't pay as well as they do. Black and racialized employees are in demand. Good organizations are seeking them out recognizing they need a diverse staff. Once we recruit staff, we have to ensure we have an environment they feel is inclusive and addressing issues for micro and macro aggression and we are actively addressing issues.*
>
> *We hire, train, and invest in people and then they leave and go to a larger mainstream organization earning more money. These organizations are getting these staff who are now more equipped to deal with Black families.*

Agency leadership

A number of employees also shared that for the mainstream agencies, which are led by a predominantly White board and White senior leaders, the lack of diversity among leaders creates a barrier to understanding and making the changes needed to better serve the Black communities:

> *Organizationally, when we look at the leadership and management, we don't represent the communities we serve. We have not been as thoughtful and intentional around recruitment and hiring practices and who we select to do the work and who we invest in to do the work.*
>
> *This is a huge issue. It has to start with the organization discussing the importance of achieving diversity amongst staff, leadership, and the board level. All three levels have to be addressed not just direct service staff representing the population we work with. It is imperative that management positions are also designed for Black and Indigenous women and women of colour in general.*

> *You will be able to retain the staff when you have managers that also represent them and then at the board level as well.*
>
> *You walk into an organization and it is common to see the receptionist and some of the staff are Black. But then the managers are all White and then you go into the board room and they are all also White. You need comprehensive representation at all levels and not a few token Black staff . . . Everyone has to take responsibility so the Black and Indigenous staff feel supported and they are not alone doing the work.*

No issues

Not all of those who responded to the survey agreed that Black people faced barriers to accessing mental health services. A few believed that there were adequate services that the Black community just did not know about:

> *I believe the greatest barrier is knowledge of services available. Tons of organizations offer services exclusively to or with Black folks as a focus. Staff and clients may not be aware of what services they can access that cater to Black youth/adults since services that are accessible to all people are more widely visible.*

There were also a few who blamed Black parents/caregivers for the issues with their children. As one person commented:

> *Their parents do not take responsibility to properly look after their children and [that] puts the onus on society.*

In addition, there were a number of agency staff who shared that they did not know of any issues with serving Black infants, children, and youth and their families. There were a few agency employees who completed the survey who felt that Black service users did not experience any barriers to accessing and receiving effective mental health services for infants, children, and youth. As one person commented:

> *Their parents should make a more concerted effort to parent and look after their children and their families and learn how to navigate and advocate for their rights.*

5.4 Perspectives of agency staff and managers

Positives

All staff and managers shared their deep commitment to providing services not only to Black infants, children, and youth, but to all service users. They were asked about the positive aspects about working for an agency that provides mental health services. Their responses included being able to

- Serve children and youth when they are most in need
- See the results and impact of one's work
- Develop partnerships with other agencies

- Give back to the community
- Support access to much-needed services
- Work with committed staff and volunteers
- Work in an atmosphere that is supportive and joyful
- Increase the comfort of Black service users who feel more comfortable with Black staff
- Counter the assumptions that members of the Black community have about therapy that is grounded in whiteness
- Advocate within the community and for the community in meetings and on various committees.

Challenges

Staff and management were also asked about the challenging aspects of working for an organization providing mental health services. Their responses could be grouped into the following themes:

- ***Disconnect between leadership and the frontlines:*** Staff expressed their concern that those in management positions have not been in a frontline role for many years and, as such, they may not fully understand the changes in current practice and the challenges to providing current services. As a result, they feel that input should be sought from those on the front lines when making decisions about service delivery.
- ***Eurocentric approach to serving clients.*** Black staff in particular shared that their agencies take a limited and Eurocentric approach to serving clients, which does not typically serve the needs of their Black service users:

  We are very slow to adopt a different way of thinking or way of doing things. There is the attitude of if you don't fit into the box and take the services the way we would like you to take them, then it's you that's not working; instead of us not working for you. That's a big challenge especially working with a lot of newcomers that come from different countries and youth that are here. I think that's a poor way to look at it.

  We use a diagnostic tool that is not focused on Black young people or our BIPOC population. It is very centered around whiteness. It is written by a White man who has asked us as Black managers to "fluff it up," but when we made comments and raised concerns that it needed to change, he would not change it. So, it is not meeting all the needs of our Black clients.
- ***Increased need and workload without a corresponding increase in funding.*** A number of staff and managers shared that the funding to their agencies has not been sufficient to meet the needs of the populations they serve. They shared

that the need for mental health services had been steadily rising prior to the pandemic. Since the start of the pandemic, they have witnessed a significant increase in the need for mental health services among Black infants, children, and youth, yet the funding has not kept pace.

Equity, diversity, and inclusion and anti-racism/anti-oppression

Staff and managers also raised their concern that work related to equity, diversity, and inclusion and anti-racism/anti-oppression initiatives within their agencies has not been sufficient to create significant change. They shared that while the agencies within the sector are branding themselves as being anti-racist or inclusive, this has not been reflected in the policies, practices, or experiences of Black staff or service users.

After the murder of George Floyd, many agencies made a commitment to addressing anti-Black racism. But 2 years after this commitment was made, staff shared that agencies have yet to make any change in how they serve the Black community:

> *When I'm in the community or working with families, based on their perspective, they are not getting support like they should based on how the agency is branding themselves. Even now there's a big push for anti-Black racism and being supportive of the Black community, but it's not really felt in the community.*

> *I think we need to move from this performative checkbox. We did the training. Now it is time to operationalize and embed it into the work. When I say embed it into the work, it is actually the work. That's what people need to understand. It isn't something that goes on top of what it is we do. It should be embedded and be part of what we do.*

> *I wonder how long we're going to sit at this aspirational stage and when we will start to operationalize what it is we say we should be doing? This is two years in now, and some for people, [anti-Black racism] started a couple of years ago. For other people, [anti-Black racism] has been their whole life and their parents' lives. It needs to move forward now.*

> *We actually do like our jobs. We do like working with these families, but we're just frustrated that this change is taking so long. We know what needs to be done. And in the meantime, we will lose good people and people will get frustrated and tired who actually like the field.*

> *I don't think we serve the Black community well. For many people, since George Floyd, that's when anti-Black racism started. Before then, for many people, anti-Black racism didn't exist or it isn't that bad. People didn't understand the extent of it or the roots of it. A man had to be murdered on TV for people to think there might be a problem.*

Some shared that anti-Black racism continues to get in the way of agencies providing better service to the Black community. They observed that the issues affecting the

Black community are not dealt with in the same way that issues in other communities are. Their perspective is that anti-Black racism is what stops agencies from addressing anti-Black racism:

> *We raise issues, in terms of Indigenous issues, or LGBTQ, but I find when it comes to the Black community, the buy-in isn't as great as some of the other priority populations that we work with. It is the outcome and the impact in terms of when we're looking at our strategic planning, from leadership, from the board. Even when we're putting forth different program initiatives, it feels as if when it has to do with the Black community, there's a lot more loopholes or barriers to accepting or moving forward on these issues. Whereas when it comes to some other priorities, it just seems like the pathway is a lot smoother and easier of a transition.*

Some agency staff shared that in some cases, their agency is changing policies. But the approach being used is very top-down, which does not allow for changes in practice. As such, they felt that the work was purely performative and reflected the desire for the agency to be seen to be doing something, with the result that no real change is being made in how well Black families are being served:

> *With respect to [anti-Black racism], I think that there are people in higher positions who genuinely want to see things done differently and recognize there is a need. I think there are some genuine people, but my educated guess would be that it's just a political thing to be seen doing that.*

Key issues facing Black staff

The online survey asked all agency staff to indicate the extent to which they agreed with a number of statements.

Graph 4. Perceptions of Inclusive Workplace. Agency Staff.

Survey respondents were not overly positive about the experiences of all staff within the agencies in which they work and were less positive about the experiences of Black staff.

As Graph 4 shows, only 54% of survey respondents agreed that their agency makes a concerted effort to recruit, hire, and retain staff who have an understanding of racism and oppression, with fewer (45%) agreeing that their agency makes a concerted effort to recruit, hire, and retain qualified Black staff. While 53% agreed that staff at their agency get the supports they need to be successful, only 27% agreed that Black staff do. In addition, while 61% agreed that staff experience a positive and supportive work environment, only 28% agreed that Black staff do.

Agency staff who completed the survey were also asked about their perceptions of how workplace anti-Black racism is addressed.

Graph 5. Perceptions of How Workplace Anti-Black Racism is Addressed. Agency Staff.

As Graph 5 shows only 28% agreed that when issues of anti-Black racism arise in the workplace, they are effectively addressed, with 36% agreeing that supervisors and managers understand workplace anti-Black racism and how to address it.

In the focus groups, Black staff and managers were also about their experiences as employees and the challenges they face in their work environments. The vast majority shared that they experience challenges as employees, which impacts their mental health and also their ability to provide good service to their clients. The issues they shared are grouped into a number of themes below.

Lack of agency commitment and competency to address anti-Black racism

One recurring theme expressed by Black staff and managers is their employers' lack of commitment and competency to address anti-Black racism when it does occur. Black staff and managers also shared that they have experienced racism from managers, colleagues, and clients, yet a lack of knowledge coupled with a lack of commitment to address anti-Black racism within the agency meant that racist behaviours are not appropriately addressed. In addition, the lack of policies and processes to address these issues means that staff don't bring these issues forward because they feel that the issue would not be handled well or that they will face reprisal for raising the issue.

Black staff and managers shared that when they have raised their concerns about anti-Black racism or made a complaint, there is often an inadequate response from the agency. In their experience, the agency does not always investigate a complaint of harassment or discrimination, nor does their manager act to stop the inappropriate behaviours. Instead, they shared that they are often blamed for how they handled the racism they experienced:

> *There is a lack of commitment to addressing anti-Black racism, lack of supports, lack of investment in policy and structural change.*
>
> *There is a general mistrust of management and Caucasian peers. Not feeling heard and not feeling comfortable to bring up issues out of fear of reprisal.*
>
> *I now need to be very mindful of what I do. I need to document, document, document, and I always need to have another staff with me because if this is the way they're going to take my complaint, I'm going to have to cover my own ass.*
>
> *Managers lack understanding of anti-Black racism. They do not recognize that they are contributors to racism within the work environment.*
>
> *Managers avoid these topics in team meetings and supervision. They do not know how to respond appropriately for clinical supervision and vicarious trauma.*

Microaggressions and interpersonal racism from managers and colleagues

Many Black staff and managers shared that they experience inappropriate behaviours on a regular basis that are not typically addressed when raised with managers. They shared that this makes already difficult work even more difficult and stressful:

> *As Black staff, there are a lot of biases occurring in the workplace. Lots of racism. A lot of time it's microaggressions. It's not in your face, it's very subtle. They're not coming out and calling you the N-word, but it's other things that are happening that for sure are making you feel smaller than you should feel. I might speak on a topic and then they are shocked that I know about that topic. Why should I not know about it? Why should I not be as educated as you are, because I'm in this skin? Or because I have an accent, or because I'm from the islands? Why do I not have the right to have that same knowledge?*
>
> *A lot of people, both staff and professionals, are doing things that they're just not aware of. So, they do need to be called out, but every situation is different. How do we call that out? Who does the calling out? What do we want to see done differently?*
>
> *Continued issues of microaggressions that are regularly excused as "honest mistakes."*

Lack of representation and isolation

A number of non-Black employees shared that they work with very few Black colleagues. This was echoed by Black staff who identified the lack of representation

and the resulting isolation in the workplace as an ongoing issue for them.

A number of Black staff shared the experience of being expected to be the expert on Black people and anti-Black racism, with non-Black staff coming to them with all their concerns. This places an additional burden onto these employees, who are providing a great deal of service in addition to the job for which they were hired. These employees also felt that the reliance on them as the expert on the Black community reflects the lack of a shared desire to learn about the Black community and anti-Black racism:

> *I am the only Black staff in this program. So, there's a huge emotional and burden on me and so much responsibility. I'm always the person that folks go to ask, "Is this right?" I always have to be the last decision maker on whether we've done right by Black community. I wish that there were more people around that could share that work and that burden. It feels heavy and it also feels isolating, especially if it has to be me to do that work.*
>
> *There's also the issue where Black staff are always looked to or called on to have all of the solutions to anti-Black racism. Even in spaces cultivated to increase dialogue, there's that pressure on me to have all the solutions and to be responsible for the solutions.*
>
> *Black staff are often asked to lead Black events, speak on Black issues, and do the work that represents Black staff, youth, and families assuming only Black staff are the ones who need to teach others and it is the responsibility of Black staff to lead the change.*

In addition, Black staff also shared that they are also expected to take the lead on organizing the agency's Black History Month events. Because they are Black, it falls on them to come up with ideas and implement them, in addition to their regular duties.

Racism from clients

In addition to racism from managers and their colleagues, agency staff noted that Black staff also experience racism from clients, which is not always appropriately handled by their supervisor or agency management:

> *They experience racism from clients and previous lack of action from management.*
>
> *There are many issues that for years have not been addressed or have been swept under the rug, including racist treatment of staff by clients and families.*
>
> *Black staff are constantly questioned about what our credentials are when we have an opinion about a situation going on. Basically, the question is, "Why should we listen to you?" I just had a parent say, "I was asking for a professional opinion, not your personal opinion." I said, "I'm in a professional setting doing my job.*

> *I wasn't giving you a personal opinion. This is my professional opinion because we're not buddies sitting at home." It kind of took him aback. So, you can disagree with me, but that doesn't mean what I'm saying isn't valid. I find that Black staff are often questioned when they have a professional opinion.*

Racist treatment of Black clients

Black staff also shared that not only are they affected by the racism they experience directly, but they are also impacted by their colleagues' racist treatment of the agency's Black clients. This vicarious racism, which occurs when someone hears or witnesses racism directed at another person, adds to their experiences of racism at the agency:

> *It's more of the subtle things that's happening and it makes me feel uncomfortable as a Black person, whether it is said to myself as a staff, to another Black staff, or even to a client. I'm hearing other staff speaking about a client in a more negative racial way. Do I address it? Do I make a big deal about this and then just walk away with that feeling? Then it becomes internalized and I have to hold it and deal with it.*

Colleagues' lack of understanding of racism

Black staff and managers also shared that while they work with some excellent colleagues who have a deep understanding of the issues and are great allies, there are some who have a limited understanding of racism and how it manifests interpersonally, within their agency, and in society at large:

> *Most people in society would agree racism exists in society. I'm baffled at the thought that we agree that racism exists, but we don't think it exists within our school system, our police system, our hospital system, or within our team, wherever we're working. That's why it makes it a bit harder to have those discussions and to point out things, because they think it doesn't happen here. It happens out there. We've been working together for years. We love each other. We go to lunch together. But they don't get it.*
>
> *Definitely racism is a big issue, but it's so subtle. It's what they do, it's what they don't do, and it's their lack of awareness that they're doing it or not doing it. It's pervasive. It's in every sector.*

Lack of self-care and burnout

The Black staff and managers with whom we spoke also shared feeling that there is little support from the agency for their self-care and the prevention of burnout. They shared that in addition to the challenging nature of their jobs, the racism they experience as an employee and the added stressor of being one of only a few Black people in the agency adds to their mental health challenges. In addition, owing to the COVID-19 pandemic, Black staff and managers have been doubly impacted, first by the stressor of addressing the impact of the pandemic on their families, and second by the

stressor of addressing the increased need among the agency's clients. This has made it difficult for them to take care of their own mental health:

> *We see a lot of burnout, not specifically in our program, but within the organization itself. You see a lot of turnover happening because life happens. We're also dealing with COVID as well as dealing with folks and their mental health challenges. Sometimes that takes precedence.*
>
> *There's still some stigma for Black mental health providers to admit to their own mental health concerns. They understand mental health issues, but believe it is only for their clients to feel like that and not for themselves.*

Lack of support for development and advancement

Black staff also shared that their development and advancement is often not supported by their supervisors and managers. They shared feeling devalued because their ideas, experience, and contributions to the agency go overlooked. Yet, they see their White colleagues being groomed and supported for advancement after only a few years with the agency:

> *We get passed over for opportunities. We train people, then have those people become your manager or move up to different positions. People that have been there for just two years and they're promoted because they're blonde and blue eyed. You are there and the thought never occurs to them that you have the skills. You do really good work. You get excellent evaluations, but they're not asking you to apply for the job. They're talking to other people and telling them to apply.*
>
> *Black folks are placed on pedestals until they "mess up" and then are quickly blamed. This is different from how others are treated. They are being consistently supported and allowed to have successes and errors as part of full growth.*

No issues

Non-Black staff were also asked about what they perceive to be the issues facing Black staff. While many echoed the concerns shared by Black staff, a large proportion of non-Black staff indicated that they don't know what issues Black staff face. Some shared that they lack this knowledge because they work with very few Black colleagues and that these are issues that are not discussed at their agency.

In addition, there were a few agency staff who responded to the survey who did not believe that Black staff experience any workplace issues. As one person commented:

> *Blacks are oversensitive to issues and use Blackness as an extortion tactic to get their way.*

5.5 Perspectives of executive directors, chief executive officers, and board members

Comments shared in discussions with EDs, CEOs, and board members echoed some of the issues raised by service users and staff. In addition, they identified a number of other issues that would support agencies in the ICYMH sector to better serve Black infants, children, and youth and their families.

Need to better serve the Black community

Many of the EDs, CEOs, and board members recognized that the sector has not done a particularly good job of serving Indigenous, Black, and other racialized communities. They identified that in addition to needing to change their approach to delivering mental health services, they must also remove the barriers Black families face in accessing these services.

Some shared that while they had a general understanding of the need to address anti-Black racism, the murder of George Floyd crystallized the issue for them. As one person commented, "It was undeniable, we could not ignore it anymore. It forced conversations for us to be frank." Others shared that while many had identified anti-Black racism as a priority for the sector, it wasn't always at the top of their agenda.

Some senior leaders identified that if anti-Black racism is to be addressed in the sector, agencies should work collaboratively and develop a coordinated approach to this work. They shared that this would allow them to learn from each other, support system-level change, and advocate as a united voice.

Underfunding of agencies and sector

EDs, CEOs, and board members shared that 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. In addition, as the pandemic continues and as the impact on children continues, they shared that they expect to see the high level of need continue over the coming years:

> *There is a lack of lack of investment in this sector. We don't have enough resources to do the work, especially around keeping up with wages and inflation for our staff. We have a lot of turnover and not enough money to support the backbone infrastructure of the organization while accountability increases. We are working on a shoestring budget.*

> *Funding is always going to be a problem. There is only so much money to go around. Mental health needs require significant budget and resourcing. It is still not an area that is really understood. There is lots of learning that still needs to be done about the increasing need of youth. What we are seeing now is the tip of the iceberg.*

> *Kids are experiencing more than two years of school challenges due to COVID and they are likely to emerge with a lot of mental health challenges as a result of it. We have to prepare for the massive need that is going to arise in the coming years.*
>
> *You also need the right resources to support recovery and the number of underlying issues and challenges these kids face. But community mental health is not necessarily supported with the right resources, not just resources to fund FTEs but appropriate training to those coming to support the kids.*

Traditional, Eurocentric ways of developing and delivering services

EDs, CEOs, and board members also indicated that many of their agencies take an individual approach to mental health, a model that doesn't take into account the social determinants of health. This traditional approach to service can be a barrier to delivering culturally relevant services to Black infants, children, and youth:

> *In terms of the broader medical system, mental health can at times gets stuck in very traditional ways of thinking about mental health and not evolving and progressing.*
>
> *They have many more layers of complexity in terms of their experience, and that context needs to be taken into conversations when working with young people. We need to understand the realities of racialized young people and families.*

Some shared that they are currently taking different approaches to developing and delivering service to the Black community, which they are finding very effective. As such, there appear to be some best practices in the sector that can be shared with other agencies. As one person commented:

> *The program has thrived in a short period of time, more than any other program we implemented in the last 10–15 years. It is very much community and staff influenced. Management has been supportive and hands off. The staff, clients, and community advisory committee know best. The committee tells us what needs to happen and we make it happen. The outcome has been phenomenal.*

Location of services

EDs, CEOs, and board members also identified that the location of services within Toronto is a challenge. Some have identified a number of ways in which they have attempted to provide better access to services, such as by locating services within community agencies, but admit that much more needs to happen:

> *Our goal is to put clinical resources in communities where we believe our clients live—to be more present and accessible, making it easier for young children and families to reach out . . . We need to partner with partners in the communities to make the service more accessible and build trust. This is the new model.*

Impact of the pandemic

EDs, CEOs, and board members recognized that they have heavily relied on staff in the past 2 years to deliver services under challenging conditions. They acknowledged

that staff themselves have been experiencing their own personal challenges while also supporting an increasing number of clients. As such, they understand that as the pandemic continues, consideration must be given to the challenges that staff are facing as service providers and also as individuals and members of families:

> *People are trying to do this work going through hard things themselves. It's hard to mobilize people at times. Often you are not able to do all you wish you could.*
>
> *The need to consider the impact on our health and human resource workforce; people are exhausted. We are trying to change and engage our own workforce and inspire them. It is important work we need to push forward with, but we are now dealing with pandemic fatigue . . . People are intensely fatigued. We have to work our way through this while we pursue this very important priority.*
>
> *We are hiring people from the communities that we serve. It means staff themselves are experiencing trauma and some of the challenges that our clients are experiencing.*

Challenge to recruit and retain Black staff

Some EDs, CEOs, and board members noted that following the murder of George Floyd, they recognized the importance of having Black staff to support Black clients. But because other agencies have recognized the same need at the same time, their agency has experienced challenges in recruiting and retaining Black staff. They noted that this has increased the wait list and wait times for clients seeking to work with Black staff:

> *Young people and families very often want to see themselves reflected in the service and those helping them. One of the good things that came out of George Floyd's death and other violence, a lot of our racialized staff are in demand.*
>
> *Staff recruitment and retention are a growing challenge. We are competing with the education, school boards, health, and hospital sectors.*

Lack of Black people in leadership positions

A number of EDs, CEOs, and board members also identified that their agencies are not currently reflective of the communities they serve, including the Black community. While their agencies may have Black staff on the front lines, they shared that more needs to be done to reflect this diversity at all levels of the organization, including leadership:

> *There is a continued strong White management presence. We are sadly in need of the right resources—people who represent the community and have the skills and knowledge to be able to provide the service. Make it sustainable and inviting to staff to be part of the organization. It is not just about hiring; it is also about sustaining people; people who can work together. There is a gap when it comes to the connection to the community itself.*

> *Organizationally, when we look at the leadership and management, we don't represent the communities we serve and we have not been as thoughtful and intentional around recruitment and hiring practices and who we select to do the work and who we invest in to do the work. As a management team, and as a board, we signed up for the 50–30 challenge. That is new for us, but we are excited about learning and doing more.*

Challenges diversifying the board and creating inclusive environments

Board members also identified that there is a need to increase diversity on the board and to create inclusive environments to ensure that all board members are able to contribute their best to the organization:

> *We come to the board with middle-class values because we have achieved a certain level of the work we do. But this is not always helpful in the work the agency does and being able to understand the various experiences of the people we serve and being able to be more effective.*

> *Lots of the board members look like me. Privileged White male living in affluent neighborhoods. Makes it difficult to understand the community we are serving.*

> *You can have diversity, invite new people to the party, but you need inclusion. You also have to ask them to dance. We are working on that. We have to create spaces where people feel comfortable and it is a safe space for them to speak up.*

Many organizations are just beginning their equity, diversity, and inclusion journeys

A number of EDs, CEOs, and board members reported that their agencies are at the beginning of their equity, diversity, and inclusion journeys and do not yet have a well-developed equity infrastructure through which to address anti-Black racism. Some also identified that employees are at different places along their journeys and have varying levels of understanding of issues of equity:

> *From the [equity, diversity, and inclusion] organizational review, people are not in the same place in terms of their understanding of the issues, their confidence and knowledge in addressing issues. Some people are not even aware that there are issues. That speaks to not just training but how do we hold people accountable for delivering service in a way that is culturally competent and responsive.*

> *I am leading an organization, and not everyone is on the same page in terms of where we are heading. We need to provide a strong vision of where we want to get to and a good strategy of how we are going to get there.*

> *Equity should be a philosophy embedded in everything we are doing, yet we make it a task. We recognize where the gaps and opportunities and we are working on it. We are creating a committee and opportunities to have safe conversations around equity and looking at diversity with respect to our staff and practices with respect to intake.*

Section 6: Call to Action

Over the past several months, a review of the literature has been completed, and the experiences of Black service users and staff in Toronto's ICYMH sector have been explored. The exploration of the issues has highlighted the many ways in which anti-Black racism shows up in the sector and underscored the urgency of dismantling anti-Black racism if Black infants, children, and youth are to be best served.

The findings of this work indicate that agencies need to provide culturally appropriate and responsive services to African Canadians while also recognizing and responding to the diversity of Toronto's Black communities. For many agencies, this will mean a shift from Western approaches to mental health to those that incorporate the culture, religion, and language of Black communities. These services must also reflect a deep understanding of how anti-Black racism impacts the lives of African Canadians and consider the social determinants of health so that anti-Black racism efforts extend beyond the biological (e.g., brain chemistry), genetic (e.g., family history of mental history), and personal (e.g., life experiences such as trauma and abuse) impacts on mental health to include the environmental and social (e.g., housing, education, employment, and access to health care and mental health services).

It is not enough to pay attention to the experiences of Black service users; their experiences often reflect the experiences of Black staff. No organization can provide effective and anti-racist services to Black communities if staff themselves have ongoing and unaddressed experiences of anti-Black racism. Any effective strategy to better serve the Black community must also address the experiences of Black staff. This will not only help to retain Black staff, but also help all staff understand which behaviours are unacceptable in their interactions with Black clients and service users. It will also create an environment in which employees feel empowered and safe to speak up when they witness clients and service users experiencing anti-Black racism. Furthermore, it will strengthen the agency's competence in addressing anti-Black racism when it does occur.

There is also a need to increase Black communities' collective understanding of mental wellness and mental health and the services available to them when there is a need.

Agencies must also remove the barriers to accessing services (such as service hours and location) and the barriers created by poor treatment when Black service users do access services.

To lead this change, senior leaders from across the sector must be more diverse and representative of the communities they serve. Black staff ought to be included in management positions, as EDs/CEOs, and as boards members. While all leaders should understand anti-Black racism, and possess the confidence, competence, and courage to engage in discussions about anti-Black racism and lead the implementation of a strategy to dismantle anti-Black racism, including Black people at these various tables will ensure that there are individuals with lived experience engaged in these discussions. This will also support the retention of Black staff who will now see a path for advancement for themselves with the agency.

Change also needs to be measured and monitored. This means collecting demographic data on service users and their service experiences. This also means collecting demographic data on staff and their work experiences. This will help agencies further understand where barriers, gaps, and issues exist and will inform direction and decisions. It is only through the collection of this data that agencies will understand their starting point and be held accountable for change. It will also ensure that the voices of those most impacted by anti-Black racism will continue to be sought out and centred.

This exploration of the issues calls on agencies in Toronto's ICYMH sector to:

- **Engage** with African Canadian parents/caregivers and communities so 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 to develop an understanding of the issues and creates a foundational understanding of the need for change. The accompanying strategy, identifies the action needed to make this change.

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

As the pandemic continues and household budgets are increasingly strained, there is an urgency 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.

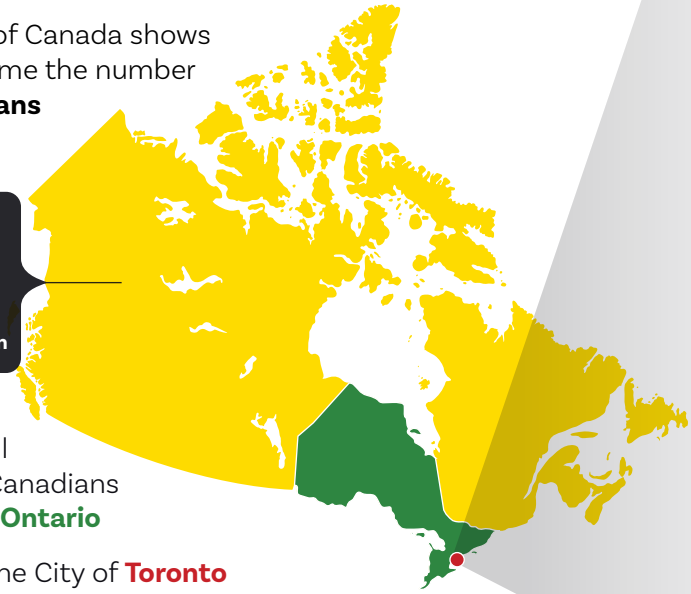
Demographic Overview
Black Community in Toronto
2016 Census

African Canadian Population

The 2016 Census of Canada shows that for the first time the number of **African Canadians** has surpassed

1 Million

3.4%
of Canada's population



Half of all African Canadians reside in **Ontario**

- **20%** reside in the City of **Toronto**

239,850 African Canadians live in the City of **Toronto**, representing **9%** of the population.

Between **2001 & 2016**, the Black population in the city grew by **18%**, from just over 204,000 to almost 240,000.

Statistics Canada projections show that by **2036**, the Black population could increase to

400,000 - 500,000

Language

Ontario

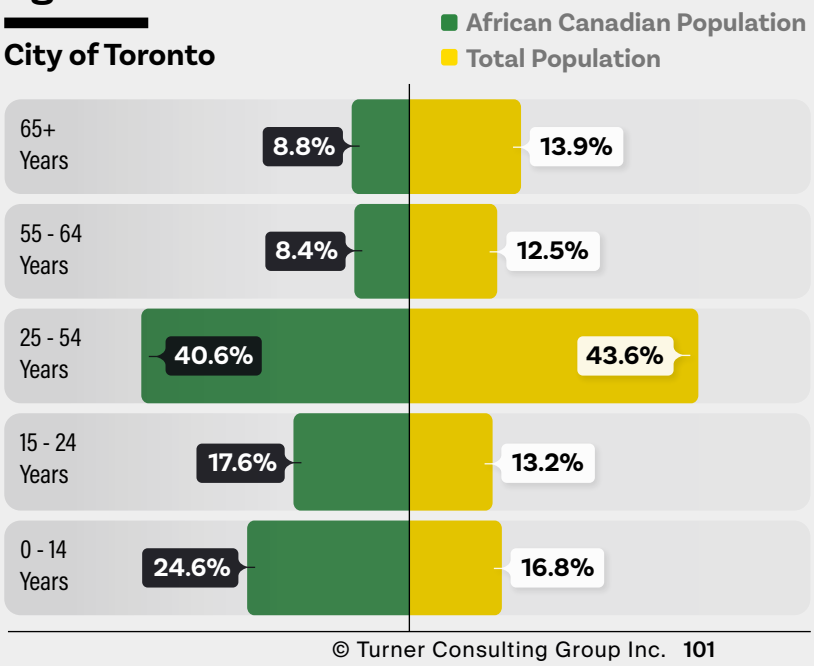
80%
of Black Ontarians reported **English** as their mother tongue.

6%
of Black Ontarians reported **French** as their mother tongue.

Black people represented **31%** of the 83,940 immigrants with French as their first official language.

Age

City of Toronto

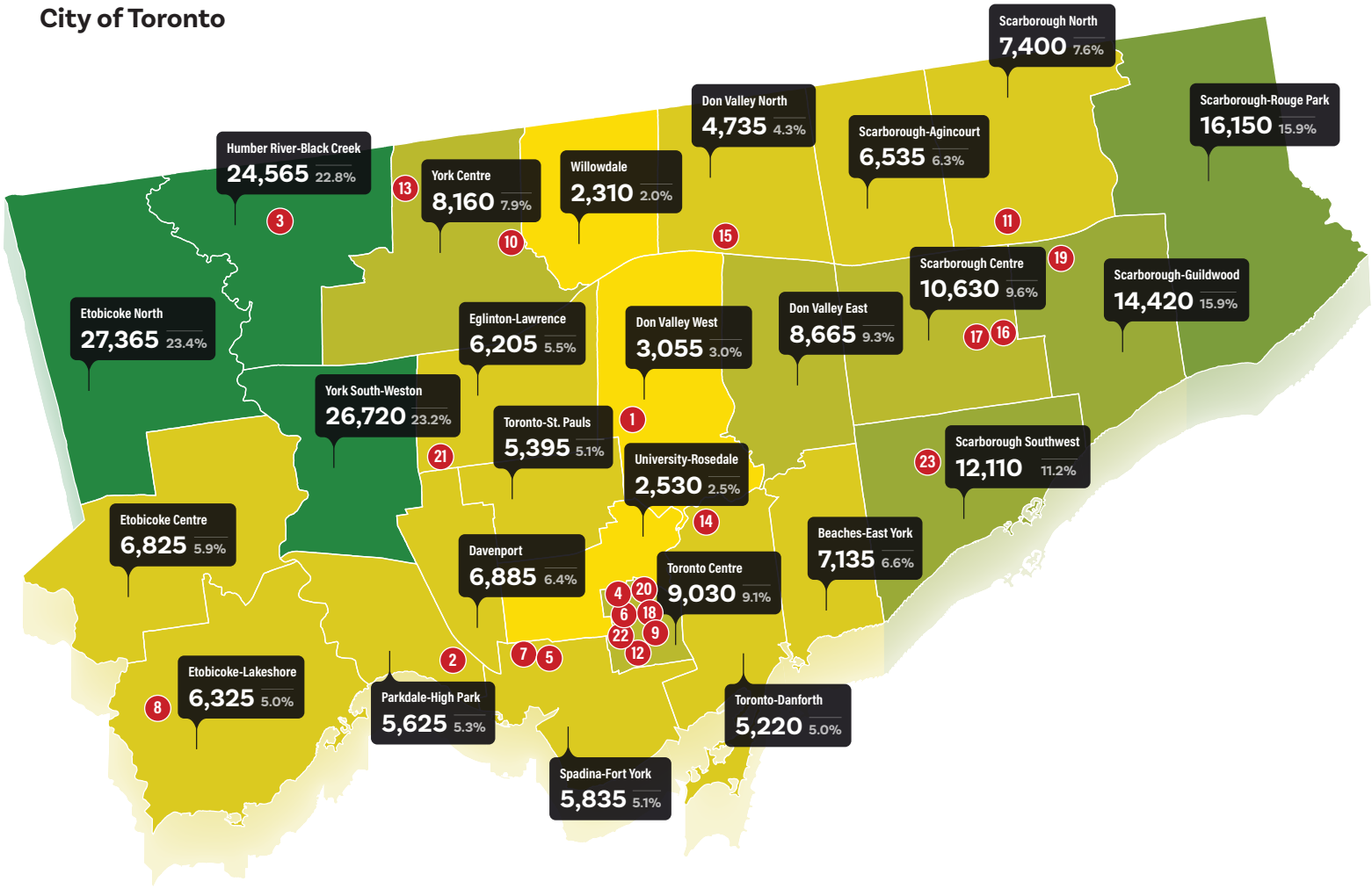


December 2022

Demographic Overview: Black Community in Toronto

Black Population by Toronto Wards

City of Toronto



Map Key

- 24K-28K people
- 20K-24K people
- 16K-20K people
- 12K-16K people
- 8K-12K people
- 4K-8K people
- 0-4K people

Agencies

1. BOOST for Kids
2. Breakaway Community Services
3. CAFCAN Social Services
4. Central Toronto Youth Services
5. Centre francophone de Toronto
6. Children's Aid Society of Toronto
7. Child Development Institute
8. George Hull Centre for Children & Families
9. Jessie's – June Callwood Centre for Young Women
10. Jewish Family & Child Service
11. Kennedy House
12. Loft Community Services
13. Lumenus Community Services
14. The Massey Centre for Women
15. North York General Hospital
16. Rosalie Hall
17. Scarborough Health Network – Mental Health
18. SickKids Centre for Community Mental Health
19. Strides Toronto
20. Turning Point Youth Services
21. Yorktown Family Services
22. Youthdale Treatment Centres
23. YouthLink

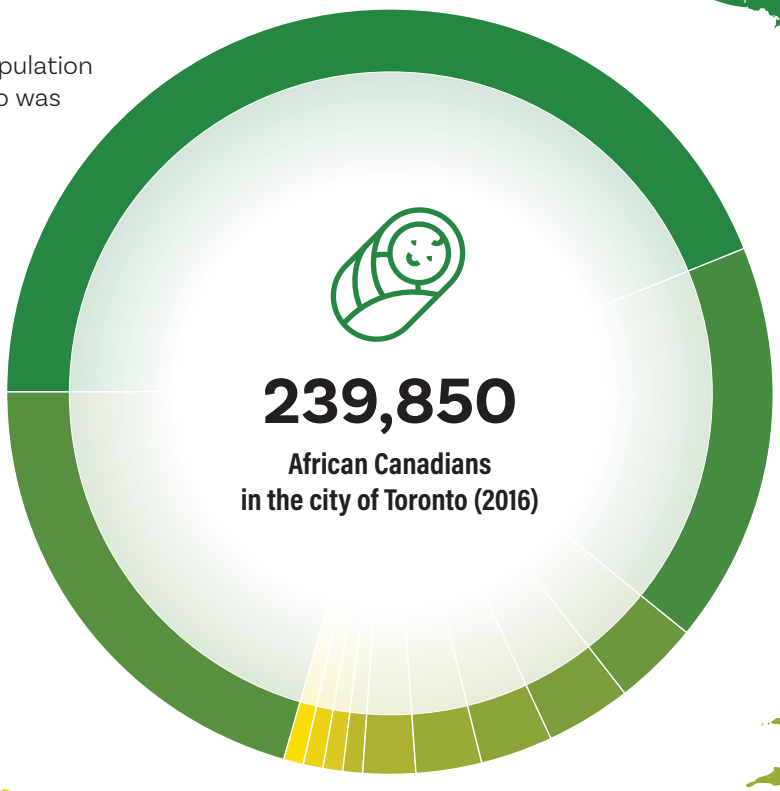
Demographic Overview: Black Community in Toronto

Place of Birth of African Canadians

City of Toronto

17% of the Black population in the city of Toronto was born in **Jamaica**.

Between **1991** and **2001**, those from **Africa** rose to **48%** of Black newcomers to Canada. Those from the **Caribbean** and **Central and South America** dropped to **47%** of Black newcomers.




Canada
105,800


Jamaica
40,570


Ethiopia
8,520


Somalia
8,390


Nigeria
7,430


Trinidad & Tobago
6,840


Guyana
5,150


United Kingdom
2,250


Kenya
1,975

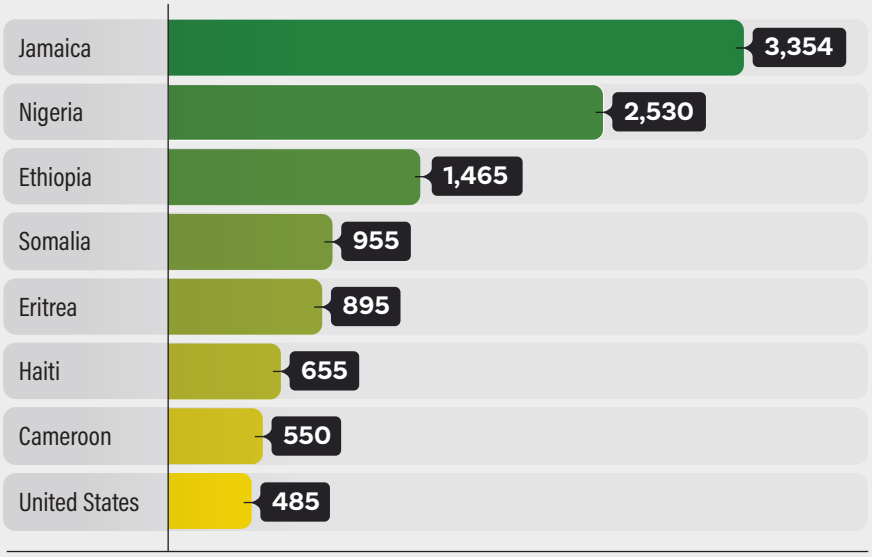

United States
1,920

Haiti
1,770

Other
49,295

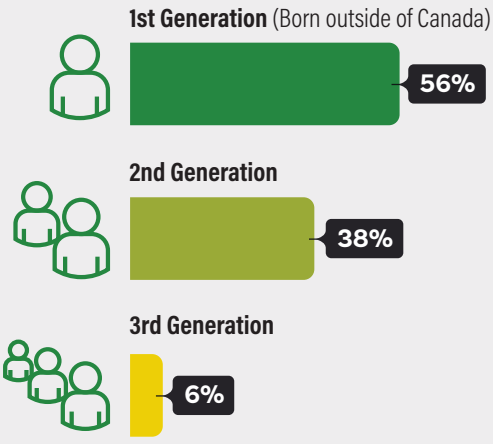
Place of Birth, Recent Immigrants (2011-2016)

City of Toronto



Generation Status

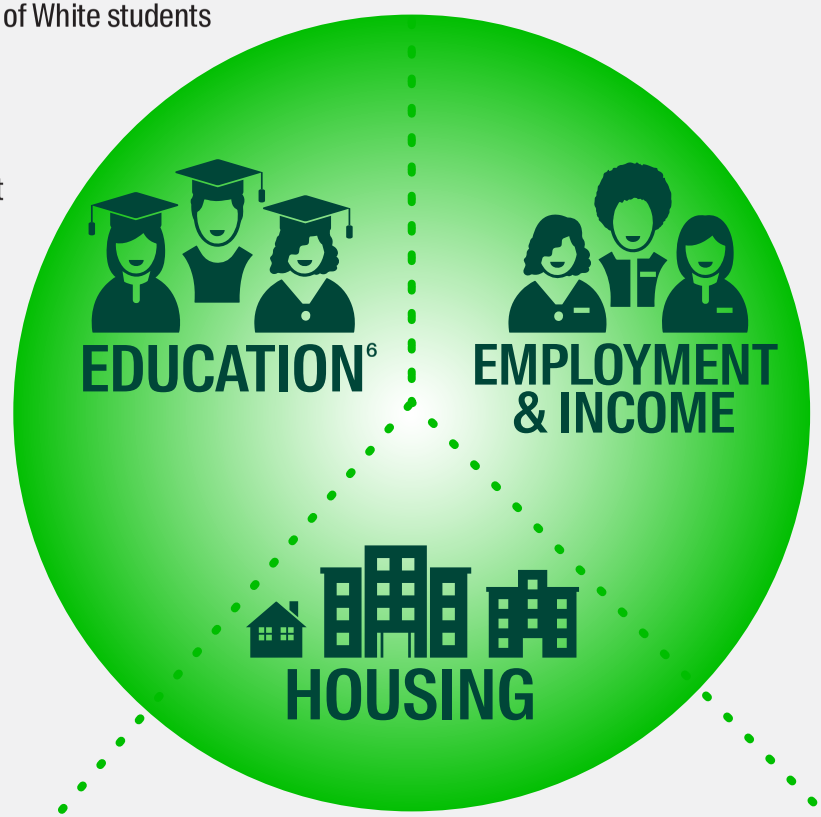
City of Toronto



December 2022

ANTI-BLACK RACISM and the Social Determinants of Health

> The social determinants of health (SDH) are 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.
>
> – *World Health Organization*



53%

53% of Black students and 81% of White high school students were enrolled in the academic program of study

20%

20% of Black students drop out of high school, compared with 11% of White students

42%

42% of Black students had been suspended at least once by the time they finish high school, compared with 18% of White students

48%

48% of the students expelled from school were Black, while they represent only 12% of all students

3

Three child-related factors make a child more likely to be kicked out of preschool: **being Black, being male, and looking older than their classmates**[7]

1.9X

Black women are **1.9 times more likely** to be unemployed than White women; Black men 1.5 times more likely than White men[1]

33%

33% of Black children aged 0-14 and 27% of Black youth aged 15-24 lived in low-income households, compared to 13% and 12% of White children and youth respectively [2]

31%

31% of Black youth were unemployed in January 2021, almost twice the rate of non-visible minority youth (16%)[3]

21%

21% of Black Canadians reported living in housing below standards, which means their housing costs more than they can afford, is crowded, and/or requires major repairs. 8% of White Canadians reported living in housing below standards.[4]

Substandard and unaffordable housing is associated with infectious diseases, chronic illness, respiratory infections, asthma, poor nutrition and mental illness[5]

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ANTI-BLACK RACISM
and the Social Determinants of Health

70% of children surveyed who experienced racism at school stated that the experience had an impact on their wellbeing[8]

When a mental illness is diagnosed, Black people wait **16 months for treatment,** compared with 8 months for others.[12]

THE IMPACT

Exposure to discrimination predicted worse mental health (e.g., anxiety and depression symptoms). It can also lead to **chronic stress and trauma.**[9]

Black and other racialized people are **40%** more likely to access mental health services through the criminal justice system than are White people[11]

Lack of access to treatment can **increase interactions with police.** While incarcerated, youth experience additional adverse experiences, such as solitary confinement and abuse[10]

Protective Factors

The following factors have been found to be protective factors for African American, Canadian, and UK youth from mental illness and suicide

- Social support networks such as friends, church, recreational groups, and/or sports
- Family support
- Participation in religious practices
- Sense of belonging
- Access to effective mental health care
- Strong and positive racial identity
- Positive self-esteem
- Racial awareness

Risk Factors

- Lack of safe places and social support
- Social isolation
- Poverty
- Exposure to community violence
- Hopelessness, racism, and discrimination Internalized anti-Black racism

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[2] Statistics Canada, 2016 Census of Population. Custom tabulation.

[3] Statistics Canada. (2021, February 24). Study: A labour market snapshot of Black Canadians during the pandemic. https://www150.statcan.gc.ca/n1/daily-quotidien/210224/dq210224b-eng.htm

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