Research Paper:

The Mental Health Status of Black Canadians: Barriers, Facilitators & the Importance for Black

Healing Spaces

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Introduction

According to the 2016 Census, Black Canadians make up 3.5% of Canada's total population (Maheux & Do, 2019). They range from Black individuals who have immigrated in the last decades to Canadian-born citizens whose families have been settled in Canada for generations. Due to the systemic racism and discrimination that persist in policies and practices, Black Canadians have and continue to experience unequal access to social, economic, political, and cultural resources, which directly and indirectly impact their health (Aden et al., 2020, p. 5). In this paper, we will discuss the importance of accurately identifying the barriers to mental health care for Black Canadians. We will begin by discussing the history of anti-Black racism in Canada, which has been enforced by institutions, and the discrimination that Black Canadians face to access necessities such as housing, and employment. We will also discuss how stereotypes of Black people have led to prejudices and impacted their treatment in Canada. We will then discuss how this has affected their mental health and their access to effective mental health services. We will examine the barriers to mental health care services including structural and financial barriers, racism and discrimination, the lack of diversity and cultural competence within mental health organizations, personal and community barriers, and the impact of immigration on Black Canadians' mental health. From these barriers, we will discuss potential facilitators to access mental health services including an increase in education and awareness, financial support, the development of a culturally competent and diverse workforce, and the impact of a supportive

community. Finally, we will discuss how the creation of healing spaces such as the Black Healing Centre will increase access to mental health services for Black Canadians.

Anti-Black Racism in Canada

Canada is globally perceived as a progressive country in terms of human rights policies. However, research has shown that the Canadian government has yet to effectively address and tackle the prevalent systemic racism and anti-Black racism present in the country (Mullings et al., 2016, p. 20). For instance, although there were no legal segregation laws in Canada, segregation was still practiced throughout the early 20th century. In a research conducted by High on Quebec's history of racial discrimination in the 20th century, High explains that establishments and service providers had the right to choose to deny service to Black individuals (High, 2017, p. 25). As a result, anti-Black racism was manifested through actions such as the denial of services in restaurants, stores, and buses (High, 2017, p. 25). High gives the example of Fred Christie, a black man from Verdun, who took and lost his case to the Supreme Court of Canada after he was refused service at a Montreal bar. While his case was one of the few that made it to headlines, numerous Black individuals living in Canada during the twentieth century have confirmed that they dealt with anti-Black racism, prejudices, and discrimination on a daily basis. They expressed that they were also regularly taunted with racist insults and comments (High, 2017, p. 25).

The African Canadian Legal Clinic defines anti-Black racism as "prejudice, stereotyping and discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement." (Mullings et al., 2016, p. 23). This concept can be linked to racialization as defined by Aden et al., "the social process whereby certain groups come to be designated as different and consequently subjected to differential and unequal treatment" (Aden et al., 2020, p. 5). In their paper, Mullings et al. argue that in Canada, anti-Black racism is present

and rooted in institutions, policies, and practices. However, because it is not generally showcased through explicit intolerant and discriminatory laws, it is less visible to the white society (Mullings et al., 2016, p. 23). It is also diminished when compared to the systemic and explicit anti-Black racism present in the United States (Neustaeter, 2020). Nevertheless, the impact on Black Canadians is still very real and manifests itself through economic disadvantages, social division, and political marginalization. This can be observed in the gap of opportunities, higher unemployment rates, higher cases of racial profiling, lower socio-economic status, lower high school completion rates, and overrepresentation in the criminal justice system (Mullings et al., 2016, p. 23) (Etowa et al., 2017, p. 381).

While policymakers prefer to resort to racialized rhetoric of community blaming, these inequalities are a result of years of discrimination, marginalization, and omission of Black communities' needs in Canada. For instance, anti-Black racism in Montreal has predominantly restricted housing options for Black individuals. Research shows that Black communities living in poorer neighborhoods in North America are disproportionately affected during the restructuring of metropolitan cities (High, 2017, p. 23). For example, the Montreal neighborhood, Little Burgundy, was historically composed of a Black community. However, through years of urban renewal and gentrification, the Black community that once lived there has been displaced, dispersed, and left in crisis (High, 2017, p. 35). The story of this neighborhood is just one among many of Black neighborhoods being destroyed through gentrification and 'economic development'. Black Canadians from other provinces such as Nova Scotia (Africville) and Vancouver (Hogan's Alley) have also been subject to displacement as a result of governments making decisions without consulting the inhabitants of the community (Vincent, 2021).

In Canada, employment is also used as a tool to uphold anti-Black racism and discrimination. Throughout the 20th century, Black people were excluded from most employment opportunities. In the early 20th century, the only jobs Black men were allowed to have, were porter jobs, and when employed, they were oftentimes exploited as they were not protected by labour rights and were excluded from white railway union membership (High, 2017, p. 29). Due to the continuous injustices and frustrations, in 1917, Black porters came together to form the first large Black union in North America known as "The Order of Sleeping Car Porters" (High, 2017, p. 29). While Black Canadians were able to attain this achievement, their employment stability was soon weakened when there was a decline in the use of passenger train travel in the 1950s (High, 2017, p. 33). Since the 20th century, there has been progress in terms of employment opportunities for Black Canadians. However, research indicates that anti-Black racism and discrimination still hinder career development and opportunities for several Black communities. Statistics Canada carried an analysis in 2021 that showed that Black Canadians aged 25- to 54-year-olds were more likely to hold a degree in higher education (42.8%) than non-visible minorities (33.6%). However, Black Canadians still experienced lower levels of employment (86.1%) compared to non-visible minority Canadians (91.1%) (Statistics Canada, 2021). Similarly, a study conducted by the Harvard Business School Working Knowledge, found that individuals with 'whiter' names are more likely to be called back when applying to jobs. In their study, they found that there was an increase in callbacks by 15% when Black candidates 'whitened' their names on their resumes (Gerdeman, 2017). In another study, author Bowden notes that in their research, 54% of the participants expressed that they experienced ongoing discrimination in Canada. Out of that 54%, 40% said that the discrimination happened mainly at their workplace. This was observed through

dismissive attitudes by managers, lower pay rates, getting overlooked for promotions, and being taunted with racist and ignorant comments and jokes (Bowden, 2019).

Racist and ignorant comments are also a part of a bigger issue generally known as stereotyping. As Mullings et al. explain, racial stereotypes are used to marginalize communities and discriminate against them. These stereotypes are often propagated in mass media and systemic institutions. They are then reflected and maintained by society in general (Mullings et al., 2016, p. 24). When it comes to anti-Black racism, stereotypes have influenced how society treats Black individuals. Black men are often seen as violent, dangerous, and criminals. Black women are believed to be loud, unreasonably angry, and lazy. (Mullings et al., 2016, p. 24). Both Black women and men are also often dehumanized and oversexualized in a white-dominated society. These stereotypes fuel prejudices, fear, and mistrust of Black individuals. They are also used to justify the mistreatment of Black people as shown earlier, in the context of housing and employment (Mullings et al., 2016, p. 29) (Aden et al., 2020, p. 37). This also contributes to the over-policing and over-monitoring of Black individuals and communities (High, 2017, p. 26). Mullings et al. state that "policing techniques and activities of racial profiling are used to stereotype, stigmatize, harass and discriminate against African Canadians." This explains the significant increase of Black Canadians in prisons across the country. Mullings et al. found that between 2005 and 2015, the number of African Canadians in federal prisons had increased by 77.5%. Meanwhile, the number of white individuals in prison had decreased by 6.8%. The rate at which Black inmates have been confined in isolation has also increased by 100.4% and decreased for the white population by 6.1% (Mullings et al., 2016, p. 23). The research above discusses some of the impacts of racism on Black Canadians and how they continue to affect their lives and mental health. Essentially, the forced displacement, employment instability, and stereotypes, contribute

to the marginalization of Black Canadians. This profoundly affects their mental wellness, as research indicates that exclusion and isolation negatively impact one's mental health and exasperates their mental wellbeing.

Mental Healthcare and Black Canadians

Anti-Black racism and discrimination restrict access to health care in Canada. Fante-Coleman and Jackson-Best state that Canada has been ranked 3rd last in an analysis on healthcare systems in the global north. This ranking was mostly due to the gaps in performance regarding equity, healthcare outcomes, and access (Fante-Coleman & Jackson-Best, 2020, p. 116). Nonetheless, research has shown that marginalized communities are more likely to need mental health care services, "Black youth in the US are more likely to be diagnosed with major depressive disorder (MDD) than white youth and six times more likely to die by suicide due to their depression" (Fante-Coleman & Jackson-Best, 2020, p. 116). Similarly in Canada, Black youths are more likely to remain untreated or uncared for, because the costs to receive adequate mental healthcare have created health disparities among racialized populations (Fante-Coleman & Jackson-Best, 2020, p. 116) (Grace et al., 2016, p. 9). It is important to highlight the barriers that Black youths face when trying to access mental health care, as a recent study done by Fante-Coleman and Jackson-Best found that Black youths tend to only have access to mental healthcare through either the justice system or emergency care such as hospitalization. This is a direct result of the over-policing of Black communities, and lack of provision of services until the youths need urgent critical care (Fante-Coleman & Jackson-Best, 2020, p. 116).

Mistrust in the healthcare system is another factor that contributes to the reluctance and delay in access to mental health services among Black Canadians. The Mental Health Commission of Canada released a report in 2021 showing that between 2001 and 2014 only 38.3% of Black

Canadian residents that reported dealing with poor or fair mental health, used mental health services (Mental Health Commission of Canada, 2021, p. 1). Grace et al. found similar results in their research, as the Black participants in their study expressed dealing with more stressors in their lives but using mental health services less than the white participants (Grace et al., 2016, p. 5). These observations were highlighted again during the COVID-19 pandemic, as the existing inequalities in the world made it that marginalized communities, including Black Canadians, were impacted by the pandemic to greater extents. The Mental Health Commission of Canada shared the results of a survey done in 2020 where Black individuals reported poorer self-rated mental health than white individuals "27.9% of Black visible-minority respondents, compared to 22.9% of White respondents" (Mental Health Commission of Canada, 2021, p. 1). Therefore, it is necessary to identify and understand the mental health state of Black Canadians and the barriers to mental health care to provide solutions that will rebuild the trust in the healthcare system and allow Black Canadians to access services in other pathways than emergency care, hospitalizations, and the judicial system.

Barriers to the Access to Mental Health for Black People in Canada

In their paper, Fante-Coleman and Jackson-Best define barriers as "reasons or obstacles that prevent individuals from seeking, obtaining, or completing mental health treatment." (Fante-Coleman & Jackson-Best, 2020, p. 117). In this section we will discuss further the barriers Black Canadians face when trying to access mental healthcare, including systemic barriers, such as racism and discrimination, financial barriers, and the lack of a diverse and culturally competent mental health workforce. We will also examine personal and community-related barriers, and the impact global issues such as immigration have on Black people living in Canada in relation to mental healthcare.

Structural Barriers

Fante-Coleman and Jackson-Best identified several structural barriers for Black individuals who try to access mental health care in Canada. Wait times, physical locations of practitioners and affordability, were highlighted as the dominant barriers to accessing mental health care for Black communities (Fante-Coleman & Jackson-Best, 2020, p. 128). The Mental Health Commission of Canada observed that Black-Caribbean Canadians wait twice as long as white patients to meet with a mental health provider (approximately 16 months compared to 7 months) (Mental Health Commission of Canada, 2021, p. 1). Similarly, in Aden et al.'s research, 49% of the participants reported having to wait for long periods of time before being able to see a mental health practitioner (Aden et al., 2020, p. 9). According to Fante-Coleman and Jackson-Best, the reasons behind this issue include a lack of funding for mental health services and a shortage of practitioners (Fante-Coleman & Jackson-Best, 2020, p. 128). These long wait times act as barriers as patients may feel discouraged from seeking mental health support. In other cases, their symptoms could worsen to critical states and lead to severe mental health needs and illnesses (Aden et al., 2020, p. 28). Fante-Coleman and Jackson-Best also noted that family doctors in Canada were often used as a pathway to mental health services and specialists. However, the inequalities in the healthcare system have made it that fewer Black individuals in Canada have access to a family doctor. In their research, Anderson et al. reported that "only 35% of Black-Caribbean and 51% of Black-African participants had access to a family physician, compared to 62% of white participants." (Fante-Coleman & Jackson-Best, 2020, p. 128) (Anderson et al., 2015, p. 226) (Mental Health Commission of Canada, 2021, p. 1). In their article, DasGupta et al. also stated that in Ontario, Black women were three times less likely to have a family doctor than non-racialized women (DasGupta et al., 2020). This research indicates that the current infrastructure of

the healthcare system does not adequately tend to Black Canadians' mental health needs. It is paramount that government agencies, health care, and community organizations work together to address structural issues such as long wait times and the shortage of mental health care practitioners, that are associated with seeking mental health care in Canada.

<u>Financial barriers</u>

Mental healthcare is one of the costliest expenses in Canada. Approximately $51 billion is spent annually on mental health-related issues (Grace et al., 2016, p. 1) (Fante-Coleman & Jackson-Best, 2020, p. 116). This is because Canada's healthcare system still relies on private or out-of-pocket funding for health issues such as prescription drugs, dental care, and mental healthcare. Fante-Coleman and Jackson-Best state that apart from hospital in-patient services, mental health services in Canada require a payment that is either covered out-of-pocket or through private insurance coverage, including insurance from employment. For individuals that do not receive adequate insurance through their employment, the need to pay out-of-pocket may deter them from seeking mental health services (Fante-Coleman & Jackson-Best, 2020, p. 128). This current system is highly ineffective as approximately 1 in 5 Canadians has or will experience a mental illness in their lifetime (Grace et al., 2016, p. 1). In fact, because of how unaffordable and inaccessible mental healthcare is, 1 out of every 5 children in Canada currently do not receive the mental health services they need (Fante-Coleman & Jackson-Best, 2020, p. 116). In their research, Aden et al. reported that 66% of the participants found the cost of mental health care expensive and unaffordable (Aden et al., 2020, p. 28). This also applied to medication and continuous treatments. One of the main reasons why Black individuals may be less likely to afford mental health care services, is because they experience higher rates of financial instability (Aden et al., 2020, p. 5). Even during the Covid-19 pandemic, Black individuals faced greater financial

instability and challenges, "37.5% of Black visible-minority respondents, compared to 22.1% of White respondents, reported COVID-19-related financial insecurity." (Mental Health Commission of Canada, 2021, p. 1). Statistics Canada confirmed these observations when they carried out a study that showed that the unemployment rate among Black Canadians had increased to about 70% higher compared to other non-visible minority Canadians (Statistics Canada, 2021). In general, financial stability allows people to have access to housing and other necessities such as food security and clothing. It also gives individuals the freedom to devote their time and money to their health, in and out of a doctor's office (Aden et al., 2020, p. 19). However, as reported by the Mental Health Commission of Canada, on average, Black Canadians face higher rates of poverty, have higher levels of unemployment, and lower incomes (Mental Health Commission of Canada, 2021, p. 1). Therefore, they are less likely to have a healthy life balance as they must deal with urgent stressors such as securing their basic needs. Black Canadians are also less likely to have access to adequate tools to cope with the stressors in their life, which takes a toll on their mental health (Aden et al., 2020, p. 26).

Racism and discrimination in Canada

As the Mental Health Commission of Canada explains, the mental health state of Black Canadians has been neglected through generations. Black people continue to deal with the consequences of colonialism, slavery, segregation, racism, and oppression (Mental Health Commission of Canada, 2021, p. 1). The daily occurrences of discrimination and micro-aggressions are significant contributors to Black Canadians' poor mental health. In 2020, the Ottawa Public Health department carried out a study to better understand the experiences of the Black population living in Ottawa, including their relation to mental health and the mental health care system. In their survey, they found that 48% of the participants had experienced prejudice or

were discriminated against (Aden et al., 2020, p. 9). Racism and discrimination affect people's health and limit them in terms of opportunities. Black individuals must work harder to access employment, housing, and other necessities. As suggested earlier, in such living conditions, the focus on maintaining a good mental health may be pushed aside to focus on more critical and urgent issues (Aden et al., 2020, p. 22). Even when Black individuals do attempt to receive mental health services, they are still more likely to face discrimination through islamophobia, homophobia, internalized bias, and anti-Black racism from mental health care providers (Aden et al., 2020, p. 36).

Lack of diverse and culturally competent mental health workforce

Fante-Coleman & Jackson-Best describe how the lack of a diverse and culturally competent mental health workforce acts as a barrier to accessing healthcare for Black Canadians. Due to the presence of anti-Black racism in the healthcare system, Black individuals often report a lack of trust in health care providers (Fante-Coleman & Jackson-Best, 2020, p. 117). In their research, Aden et al. surveyed and interviewed 130 Black individuals living in Ottawa on their experiences with mental health and the mental health care system. When asked about the services they received from a mental health provider, 56% of the participants' answers varied from 'fair' to 'very poor.' Additionally, 63% of their interviewees said that their provider was dismissive and approximately 40% said that they felt unwelcome and prejudiced against (Aden et al., 2020, p. 10). Such experiences prevent Black Canadians from seeking support for their mental health needs. It also makes it more likely that they will not continue their treatments once diagnosed (Fante-Coleman & Jackson-Best, 2020, p. 117) (Aden et al., 2020, p. 27).

The lack of diversity in the mental health workforce remains a prevalent barrier for Black people in the global north. The Mental Health Commission of Canada states that in the US, 86%

of psychologists are white, while approximately only 4% are Black (Mental Health Commission of Canada, 2021, p. 2). The fact that the mental health workforce is a white-dominated field, limits the types of services and treatments available for Black patients. (Fante-Coleman & Jackson-Best, 2020, p. 128). As Fante-Coleman and Jackson-Best explain, mental health treatments also remain generally Eurocentric. As a result, individuals may be reluctant to seek support from providers knowing that their culture will not be acknowledged or understood. The lack of available Black professionals in the mental health sector acts as a barrier for Black individuals who wish they had a mental health professional that they can relate to, as they are more likely to understand their lived experiences. Fante-Coleman and Jackson-Best state that "sharing common ground facilitates connection-building between the patient and care provider". This highlights the urgent need to invest in more Black mental health professionals. Consistently, a 2018 survey conducted by the Mental Health Commission of Canada noted that 60% of the participants expressed that they would more likely use mental health services if they had access to Black health professionals (Mental Health Commission of Canada, 2021, p. 2). This argument is also supported by Aden et al.'s study where Black participants expressed that "it was extremely important to have access to a provider with shared-identities and who look like them, that will better understand their experiences of being Black in Canada." (Aden et al., 2020, p. 24). This is partly because the participants are then less likely to have to explain and educate their health provider on their lived experiences. (Fante-Coleman & Jackson-Best, 2020, p. 129) (Mental Health Commission of Canada, 2021, p. 2) (Aden et al., 2020, p. 26). This was also observed in Aden et al.'s research, as 57% of the participants expressed that having a provider that did not understand their needs was a barrier to mental healthcare (Aden et al., 2020, p. 9).

Furthermore, it is important to have diverse and culturally competent mental health care practitioners that understand cultural concepts. The 'Strong Black woman' trope is an example of a cultural concept which describes "a strong, self-reliant, independent, yet nurturing Black woman who denies her own well-being to meet the expectations of others " (Etowa et al., 2017, p. 379). This concept is a direct result of racism and has affected Black women's health through generations as they feel immense pressure to be perfect and are unable to ask for support when needed. This leaves them overwhelmed, stressed, and isolated as they do not receive adequate care and support (Etowa et al., 2017, p. 380). This concept can also be used as a tool to exploit Black women beyond their limits and needs. Etowa et al. describe how this social construct endangers Black women and raises the likelihood of long-term health concerns (Etowa et al., 2017, p. 388). Some of the consequences of having culturally incompetent mental health professionals include improper diagnoses, incorrect medicating, and over or under-medicating (Fante-Coleman & Jackson-Best, 2020, p. 129) (Aden et al., 2020, p. 5). Overall, the lack of representation and cultural competence creates an environment where individuals are unable to receive services and care that are relevant to their needs and well-being.

Personal and community barriers

As explained by Fante-Coleman & Jackson-Best, internalized, and externalized stigma on mental illness is a significant barrier for individuals who need or seek mental health support (Fante-Coleman & Jackson-Best, 2020, p. 130). In Aden et al.'s research, 66% of the participants expressed that "most people think less of a person who has a mental illness." (Aden et al., 2020, p. 7). Another 66% said that receiving treatment for one's mental health can be seen as "a sign of personal failure" (Aden et al., 2020, p. 7). This is harmful because it limits the agency of individuals who want to seek mental health services and support, as they do not want to be

perceived negatively by their community and, or themselves. They may then avoid or delay reaching out to mental health providers. They may also be inconsistent in their treatments, which will impact their healing and recovery journey (Fante-Coleman & Jackson-Best, 2020, p. 130) (Aden et al., 2020, p. 28). The stigma on mental health and illness contributes to a lack of discussion and education in the Black community (Aden et al., 2020, p. 15). The Mental Health Commission of Canada touches upon some of the myths and misconceptions that have become popular due to the stigmatization and lack of education on mental health, such as "Ongoing mental or emotional challenges are an inherent part of the Black experience (otherwise known as "the struggle") — therefore, mental illness isn't a problem in Black communities", or "Mental health support is reserved for people experiencing severe mental illness or psychiatric issues" (Mental Health Commission of Canada, 2021, p. 2). These misconceptions are detrimental because they hinder Black Canadians' ability to seek mental health services. Black individuals are then more likely to ignore or not recognize signs and symptoms until they reach a critical mental health state (Aden et al., 2020, p. 28) (Fante-Coleman & Jackson-Best, 2020, p. 130) (Mental Health Commission of Canada, 2021, p. 2).

The impact of immigration

While the history of Black Canadians can be traced back as far as the 17th century, over the last decades, there has been an influx of immigrants and refugees who have relocated to Canada. According to a 2016 report done by Statistics Canada, approximately 623,195 Black immigrants are living in Canada (Maheux & Do, 2019). These include landed immigrants, permanent residents, and naturalized Canadian citizens. For immigrants, the approach to mental health may differ because of cultural differences (Grace et al., 2016, p. 2). Separation from one's home and support systems, language barriers, and the adaptation to a new society where one may

experience racism, discrimination, and isolation can lead to poor mental health (Grace et al., 2016, p. 2). As noted by Aden et al., these challenges act as barriers for immigrants who need mental health support. As they are integrating into a new society, they may be unaware of the mental health services available for them. They may also be unable to communicate to the practitioners or be misunderstood if the providers do not offer culturally relevant services (Aden et al., 2020, p. 28). In Fante-Coleman and Jackson-Best's study, only 3.8% of the participants that identified as immigrants considered reaching out to mental health providers. This was mainly due to the lack of culturally competent services and holistic approaches that have created mistrust among immigrants in the healthcare system (Fante-Coleman & Jackson-Best, 2020, p. 130). Therefore, these barriers restrict new immigrants and refugees who need or are seeking mental healthcare, from receiving adequate and readily available services and support.

Suggestions for Facilitators to Mental Healthcare for Black Canadians

Education & destigmatization of mental health

Fante-Coleman & Jackson-Best describe mental health facilitators as "factors that aid entry to and retention within the mental healthcare system." (Fante-Coleman & Jackson-Best, 2020, p. 117). As discussed earlier, access to mental health services and support is essential for individuals to remain healthy and avoid critical health conditions or illnesses (Aden et al., 2020, p. 9). For this to happen, Aden et al. suggest an increase in the education and awareness on mental health in Black communities. In their survey, several participants were unaware or had little knowledge of the mental health services available to them (Aden et al., 2020, p. 38). Aden et al. argue that policies that aim to promote mental health resources could be used to tackle this issue. These programs and materials should be in different languages to reach a wider population (Aden et al.,

2020, p. 39). Increased education around mental health will require the combined effort from public health, community centers, educational institutions, and other health organizations.

Due to the stigma and lack of education on mental health, individuals experiencing mental illness continue to face discrimination and restrictions in their everyday lives. For example, research done in 2019 by the American Psychiatric Association found that approximately 50% of workers were apprehensive about discussing mental health issues at their workplace. This was mainly because they feared that they would be fired or face retaliation if they asked for or received mental healthcare. Such attitudes have also been reflected in housing/rental practices, and educational institutions (Borenstein, 2020). This shows that society still generally treats people living with mental illness as disposable. This hinders their independence, and ability to seek the support and services they need if they must prioritize basic needs such as housing and employment security. To address this issue, Purtle et al. suggest policies that tackle the stigma on mental health and illness outside of health organizations. Having regulations that are implemented on federal, provincial, and municipal levels, will support the normalization and discussion on mental health. It will also protect individuals who need mental health support from being socially excluded and marginalized. Instead, more focus will be placed on the research and education on how to support them and help them integrate into society (Purtle et al., 2020, p. 208).

Financial support

Mental health services and treatments are presently unaffordable for many Canadians especially for marginalized communities such as Black Canadians. As a result, there needs to be an increase in funding, and the inclusion of mental healthcare in the universal healthcare system (Fante-Coleman & Jackson-Best, 2020, p. 115). Individuals should not need to have private insurance through employment or stable income to afford access to mental healthcare. Aden et al.

suggest offering mental health services and treatments with a sliding scale option to accommodate low-income individuals and families (Aden et al., 2020, p. 38). In Aden et al.'s research, 71% of the participants expressed that affordable mental health services would encourage them to seek mental healthcare (Aden et al., 2020, p. 9). Presently, mental health services are also inaccessible due to a shortage of practitioners. An increase in funding in the healthcare system could help tackle the shortage of mental health care providers and the inadequate physical locations of practitioners' offices and health services (Aden et al., 2020, p. 28). This would in turn, reduce the long wait times before seeing a practitioner, and would help individuals maintain a healthy state, and/or begin treatment before their symptoms become critical (Aden et al., 2020, p. 31). Aden et al. also suggest the development of policies that improve the quality of life and reduce the stressors that are contributing to mental health crises and illnesses (Aden et al., 2020, p. 30). For example, policies should be directed at increasing the funding towards efforts that provide access to necessities including adequate housing, employment, education, and financial security, to help individuals be less excluded from society. Overall, this would have a positive impact on their mental health, "evidence has shown that policies that promote financial and housing security among low-income populations could produce mental health benefits by reducing exposure to chronic stressors." (Purtle et al., 2020, p. 207). As financial and housing insecurity are significant sources of stress on individuals, Purtle et al. suggest policies that aim at increasing the minimum wage and public housing subsidies (Aden et al., 2020, p. 30) (Purtle et al., 2020, p. 207). As the impacts of the Covid-19 pandemic continue to unravel and affect Black communities at higher rates, such policies are therefore, urgently needed.

<u>A culturally competent, diverse, and representative workforce</u>

It is crucial that individuals feel comfortable and have access to caretakers who understand their needs. As Aden et al. state, "Client-provider interaction in mental health is a critical factor in care delivery and is considered the first stage to care satisfaction and healing." (Aden et al., 2020, p. 31). In their research, a participant expressed that she had a more positive experience when receiving mental health support and services from a center that had a diverse and representative staff, "people want to see mental health providers that reflect the diversity of their community." (Aden et al., 2020, p. 28). Around three-quarters of the participants also stated that "they were looking for a therapist that looked like them and who had 'shared values'" (Aden et al., 2020, p. 27). This is because people who share similar experiences are more likely to understand and support each other (Aden et al., 2020, p. 38). To facilitate access to mental health services and care for Back communities in Canada, health organizations should direct efforts at having a diverse and representative workforce (Fante-Coleman & Jackson-Best, 2020, p. 115) (Mental Health Commission of Canada, 2021, p. 3). The providers of services in these organizations should also be trained on anti-racism and cultural sensitivity (Aden et al., 2020, p. 41) (Mental Health Commission of Canada, 2021, p. 3). Anti-racism and anti-discriminatory training and practices need to be developed with the insight and participation of Black Canadians and community leaders, as they can more accurately represent and advocate for their diverse needs (Mental Health Commission of Canada, 2021, p. 3). In their research, Aden et al. found that 71% of their participants agreed that having a culturally-aware workforce would encourage them to access mental health services. Another 74% agreed that having providers that understand their needs would be another facilitator (Aden et al., 2020, p. 9). An increase in Black mental health care providers, and a more culturally sensitive mental health care system, would minimize the prejudice

and discrimination that Black Canadians experience when interacting with some mental health providers. These trainings should also be implemented in educational institutions, workplaces, and law enforcement organizations (Aden et al., 2020, p. 41). Their impacts will expand to other sectors and spaces in society and will lead to a better educated and more sensitive population as a whole. As suggested by Aden et al., boards should also be created to oversee, monitor, and evaluate the impact and effectiveness of these policies and programs. This will help ensure that Black communities in Canada have access to proper and effective mental healthcare and services (Aden et al., 2020, p. 41).

Fante-Coleman & Jackson-Best explain that for structural changes to take place, organizations need to implement practices that go beyond the surface level. Claiming that one is anti-racist and support Black communities is a good first step. However, it will also require taking steps to change the leadership roles, workforce, approaches, and practices to truly make mental health services accessible to Black Canadians (Fante-Coleman & Jackson-Best, 2020, p. 130). Racialized providers should not be tokenized and there should be a thorough evaluation and assessment of clients' experiences and how the new policies and practices are enforced (Fante-Coleman & Jackson-Best, 2020, p. 130). In addition, Black individuals would be more comfortable seeking mental health services and continuing their treatments if these were less centered on Western standards and approaches. Having a holistic approach that does not center Western standards in the mental health care system would encourage people from different cultures to ask for support and services from health care providers and institutions (Fante-Coleman & Jackson-Best, 2020, p. 130). The Mental Health Commission of Canada also suggested including Black individuals and perspectives in mental health awareness campaigns to make them more relatable and inclusive to Black communities (Mental Health Commission of Canada, 2021, p. 3). Finally,

having a workforce and practices that are culturally competent will help tackle issues that were mentioned earlier in the paper including misunderstandings, and misdiagnoses (Aden et al., 2020, p. 37).

<u>Support from family, friends, and one's community</u>

Another facilitator mentioned by Fante-Coleman and Jackson-Best is the continuous support from one's community. They note that family and friends are valuable to one's mental health as they are a source of care and support, "the importance of parent and caregivers' attitudes, capacity, and recognition of their child's mental illness and a supportive social network" (Fante-Coleman & Jackson-Best, 2020, p. 117). In Aden et al.'s research, 87% of the participants said they felt part of their community, and that this was a facilitator to caring for one's mental health, "For Ottawa's Black community, having a sense of belonging and social connectedness was a critical component to accessing services, and their families and communities were a source of support in encouraging help-seeking behaviors" (Aden et al., 2020, p. 20) (Aden et al., 2020, p. 8). This kind of support reduces the chances that people dealing with mental illness or who wish to receive mental health support will feel isolated if they express their needs. Studies have shown that the support from their loved ones, positively impacts individuals on their recovery from mental illness. Family and friends can also help in times when one is initially seeking mental health support and needs more information on the available services (Fante-Coleman & Jackson-Best, 2020, p. 130). In their research, younger children that had the support of their parents in their recovery showed higher rates of treatment completion and lower dropout rates (Fante-Coleman & Jackson-Best, 2020, p. 130).

The lack of health race-based data related in Canada limits the ability to accurately understand and address the prevalence of mental health needs in different Black communities. As a result, information on this topic is often based on the studies carried out in the United States (Fante-Coleman & Jackson-Best, 2020, p. 116) (Aden et al., 2020, p. 42). To tackle this issue, Fante-Coleman and Jackson-Best suggest that more funding should be directed towards research focused on Black communities in Canada. This could be done by coordinating with community centers and health organizations (Fante-Coleman & Jackson-Best, 2020, p. 115). Aden et al. suggest periodic data collection and evaluation on different populations including Black communities in Canada, to accurately understand their well-being, barriers, and needs, concerning to mental health (Aden et al., 2020, p. 42). Funding should also be invested in the research on mental health treatments and practices that are culturally competent, holistic, and inclusive, as to not only rely on clinical interventions (Fante-Coleman & Jackson-Best, 2020, p. 133).

Increasing Access to Mental Healthcare with Healing Spaces

To ensure Black Canadians have access to relevant and adequate mental health services, government and health care agencies need to support and collaborate with community organizations that work directly with marginalized communities. This will ensure that the needs of the most marginalized people in Canada are heard and addressed (Aden et al., 2020, p. 39). This observation was mentioned by participants in the research done by Ottawa's Public Health Department, which examined the experiences Black communities living in Ottawa had with the mental healthcare system. The participants believed that Black community centers that provide mental health services and programs would be more effective if they had stable funding (Aden et al., 2020, p. 39). To address this need, the authors of this paper have started the Black Healing

Centre (BHC), an initiative that aims to open a physical healing space for Black people in Tio'tia:ke also known as Montreal. As highlighted throughout this paper, the wellbeing of Black Canadians is severely impacted by anti-Black racism, discrimination, and lack of culturally competent health care practitioners. With this research, the Black Healing Centre aims to provide services to Montreal's Black community and tackle three of the most prominent barriers found in this paper when it comes to accessing mental health care. The first gap that the BHC aims to fill is the lack of culturally competent practitioners. The center will address this by employing and providing space for various Black mental health practitioners to utilize. This will be a safer space for Black Montrealers who are seeking or need mental health support and wish to interact with a Black practitioner. Having a Black-led and run healing space will also help decrease stigma around seeking mental health care for Black individuals who have lost trust or have been mistreated by the healthcare system. To help raise awareness and de-stigmatize mental health and illness, the BHC also aims to create resources and materials centering on and advocating for Black mental health. In 2021, the BHC team filmed and released their first docu-series titled '(My) Black Mental Health'. The purpose of this documentary was to shed light on the mental health experiences of Montreal's Black community. It was an opportunity to discuss with leaders and members from the community to hear their views on mental health, as well as, learning about their experience with the mental healthcare system and their mental health journey (Black Healing Centre, 2021). Overall, the participants in the docu-series expressed the urgent need for a healing space, specifically for Black individuals. This was due to some of their past experiences with non-Black therapists where they had to deal with racism and microaggressions (Black Healing Centre, 2021). The second barrier that the BHC aims to address is the lack of availability and range of mental health services for Black Montrealers. As mentioned earlier, the services and treatments in the

mental healthcare system are generally Western and Eurocentric. This has at times discouraged individuals from seeking mental health services and has hindered their healing and recovery journeys. The Black Healing Centre aims to address this barrier by providing group therapy to Black Montrealers from the ages of 18-50. In the summer of 2021, the BHC hosted its first drama therapy workshop series at the Black Community Resource Centre. The workshop was offered to six Black Montreal seniors and lasted for five weeks. The objective of this program was to strengthen the sense of community among participants and decrease the isolation that was created by the Covid-19 pandemic. During the last workshop, most of the seniors expressed that the program had made them feel less lonely as they were able to engage in discussions with people with whom they shared similar experiences. The seniors' drama therapy workshop series is an example of one of the various programs the BHC intends to create and host at the center. One of the main values at the BHC is to create holistic healing programs that can sustainably support various members of Montreal's Black community. The last gap that the BHC is targeting is the financial burden that prevents people from marginalized communities such as Black Montrealers from seeking mental healthcare. The BHC aims to address this barrier by subsidizing its services to ensure that no one is turned away for lack of funds. The BHC will achieve this by opening a revenue-generating dine-in café, where 30% of the profits will go toward paying the BHC's mental health practitioners. In addition, the BHC team will apply for grants and crowdfund to support the center and its programs. The BHC is important because it will be one of the first spaces in Montreal, and Canada as a whole, whose primary objective is to help support Black people on their healing journeys. A space where Montreal's Black population feels seen, heard, and supported by people who know and understand their lived experiences.

Conclusion

Inaccessibility to mental healthcare in Canada is a critical public health concern. Research indicates that although Canada is one of the most diverse countries in the global North, marginalized communities such as Black Canadians still face significantly more barriers when it comes to accessing mental healthcare. The wellbeing of Black Canadians is negatively impacted by numerous stressors such as anti-Black racism and discrimination. As our paper illustrates, discrimination and institutional racism in Canada play a significant part in excluding Black individuals from employment, housing, and healthcare. It is important to understand the specific barriers and facilitators that Black communities in Canada experience when trying to access mental health support and services. Without tackling barriers such as racism, financial insecurity, and the lack of education on mental health, the inequalities in the well-being of Canadian populations will persist. Enhancing mental health accessibility for Black Canadians is presently even more crucial as research shows that the Covid-19 pandemic has disproportionally impacted the health of Black individuals and communities. As the research in this paper indicates, some of the effective ways to address barriers to mental healthcare include incorporating sliding scales, maintaining a culturally sensitive healthcare workforce (who understands the lived experiences of people from marginalized groups), and centering holistic approaches to healing. With this research, the BHC's research team hopes that federal, provincial, and municipal governments see the necessity to invest in community-led initiatives such as the Black Healing Centre, that facilitate community building and foster a sense of belonging for marginalized individuals. Finally, we hope to inspire other Black mental healthcare practitioners and advocates, to open healing centers in their own cities, as we continue to work towards the collective healing of our communities.

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