Supporting Black Youths' Mental Health, Education and Wellbeing Through Community-Based Interventions: A Research Report

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JANE AND FINCH WELLNESS ADVOCATES FOR YOUTH

Supporting Black Youths' Mental Health, Education and Well-being Through Community-Based Interventions: A Research Report

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Introduction

Mental health challenges and service provision among racialized youth, especially Black youths, have been longstanding areas of concern for scholars and practitioners (Gold et al., 1980). Scholars who are focused on the relationship between race and mental health have found a strong link between racism and mental health (Wu et al., 2003; Parades et al., 2015; Chiu et al., 2018). While this link has been extensively studied in the United States and Europe among Black youths (Asari et al., 2018; Rose et al., 2017), there is still limited empirical research exploring the impact of mental health challenges or service provision among Black youths in Canada. On the one hand, this gap in research is worrisome since mental health professionals in the Greater Toronto Area (GTA) have referred to the mental health problem in the Black community as a *crisis* (Taylor and Richards, 2019). On the other hand, it presents opportunities for community-based researchers and allied health professionals to collaboratively explore experiences at the nexus of mental health (inclusive of service provision and utilization) and Black youths in Canada.

Additionally, the link between education and mental health has also been well studied (Colizzi et al., 2020; Kadzin, 1993). Historically, Black students in Canada have been subjected to exclusionary policies or substandard education (Henry, 2019). When the *Common School Act* was amended in 1850 to include "Separate Schools Clause" (The Canadian Encyclopaedia, n.d.), Black students were sent to substandard schools; however, "when Black children scored lower in academic testing the results were explained as a result of genetics/race, not poor learning conditions" (School Mental Health Ontario, 2020). This longstanding anti-Black racism has gone on for far too long in Canada without any appropriate systemic redress. Anti-Black racism, which has now been acknowledged as a mental health issue in Canada by health professionals, is a "particular racism experienced by Black people" (Pon, Gosine & Philip, 2011, p.389).

This research report explores existing scholarly and grey literature on Black youths' mental health, the relationship between racism and mental health in the community and in the system, and the importance of community-based and culturally informed intervention strategies. It also presents findings from a multi-modal qualitative study of the Learning Beyond Adversity (LBA) program using data collection instruments such as observation, focus group interviews of youth, program mentors and parents and action research elements, specifically journaling. In so doing, it supported the Jane and Finch Wellness Advocates for Youth (JF-Way) intervention research project and its investigation of existing knowledge and practices that can effectively support Black youths' mental health and education and the program professionals who engage them.

The Jane-Finch Wellness Advocates for Youth (JF-WAY)

The JF-WAY is a collaborative program between York University's Faculty of Education, Black Creek Community Health Centre (BCCHC), Educare Selfcare Studio and the Learning Beyond Adversity Program (LBA) a holistic and culturally-focused educational and mental health support program based in northwest Toronto. Designed and implemented as a restorative justice and youth mentorship program, LBA aims to gain a greater understanding of the issues that affect the mental health of Black and Brown youth in the community. The program utilizes culturally appropriate approaches, with a focus on Black and Brown youth. JF-WAY program acknowledges the importance of combining the lived and educational experience of mentors to support youth participants to navigate the nuances of community violence and systemic oppression. The mentors engage the youth through psychoeducation, discussions, workshops, life skills activities and personal experience to learn from each other. The mentors focus on preparing youth for individual personal growth, knowledge and understanding.

The JF-WAY supports the mental health of families that live, work, and learn in the community and builds on the existing capacity of Jane & Finch to address mental health issues through an anti-black racism lens that is both direct and culturally relevant. The overall objective of the JF-WAY project is to improve the community's mental health literacy, as well as strengthen the physical and social environment.

This intervention research project seeks to examine existing knowledge and practices to address mental health concerns among Black youths. It will also gather new information from consultations with various community stakeholders: youth, families, and agencies. Interventions for the Jane-Finch WAY will be developed and deployed based on findings from literature and consultations. The core project activities of the Jane-Finch WAY will take place in a neutral & safe space in the community: LBA is known for its expertise in engaging hard-to-reach youth by connecting them with much needed resources, trained mentors, and advocates from the community. The project was conducted over 24 months and encompassed a research plan that was developed with the project team, including youth. The plan also included a scan of peer-reviewed publications such as Health & Social science databases specific to mental health and the African/Caribbean/Black (ACB) population. A needs assessment was conducted with diverse stakeholders: youth, parents, educators, health and social service providers, justice workers, housing, and employment services staff. Specific attention was given to systems that work with and impact the lives of Black Canadians. Interview guides focused on identification of stakeholder views on the state of mental health for Black youths and opportunities for promising practices and interventions to achieve wellness.

Program interventions were developed based on the findings from the research environmental scan (literature review & community consolations). Youth enrolled in the

LBA program and were assessed to determine individual needs. Each youth participant was assigned a peer support worker to help navigate health and social service needs. Families also participated in group meetings/programs with topics identified by youth. Youth advocates worked with service providers to ensure that culturally relevant services are delivered for Black youths and families.

Findings from the project will be disseminated widely and shared with decision-makers such as local politicians in hopes of impacting policies for improving mental health services to Black Canadians.

Significance of the Research

While Canadian-based research on Black youths' mental health still lags behind the United
States and the United Kingdom, there have been important attempts to highlight gaps in research by Black Canadian researchers about the availability and access to mental health services (Fante-Coleman & Jackson-Best, 2020; Taylor & Richards, 2019). In addition to access to mental health services and their appropriateness, these studies have also emphasised the central role of historical anti-Black racism (Black Health Alliance, 2018) in exacerbating Black youths' mental health challenges. While there have been recent empirical studies among African youth (Yohani et al., 2020) and Caribbean youth (Naidoo, 2020), more empirical studies are needed to devise culturally appropriate intervention strategies to support Black youths (see Anderson et al., 2018). What these important studies reveal is the existence of a problem, but they fall short of pointing toward (or devising) effective, culturally-informed intervention strategies. Additionally, Black health advocates and organizations tend to focus on health advocacy to highlight the systemic neglect of Black mental health. While advocacy for Black mental health has yielded positive outcomes such as the federal government's investment in various mental health initiatives, research still needs to address the cultural appropriateness of available services given that therapists of colour are often trained in Eurocentric intervention models. This research therefore emphasizes a move beyond advocacy or ensuring that mental health services are not merely based on the racial identities of therapists but instead, on the cultural, experiential, and normative needs of Black youths.

Exploring Black Youths' Mental Health:
A Systematic Literature Review

As this research aimed to answer a particular set of questions that seek to understand the experiences of Black youths and the structural mechanisms organized around them in Canada, the review of literature was guided by the following questions:

- What are the mental health needs of marginalized and 'at-risk' Black youths?

- What are the interventions and resources (systemic, community and familial) needed to support their mental health well-being?

A systematic literature review of secondary data was chosen as the most suitable methodology to explore the study's research questions. Booth, Sutton and Papaioannou (2016) describe this approach as involving the use of a "specific and reproducible method to identify, select and appraise studies of a previously agreed level of quality [...] that are relevant to a particular question" (p. 11). A systematic approach also entails a strong research synthesis wherein the results of each study are analysed and summarized to not only provide the most "trustworthy" answer to a specific question or set of questions, but also to identify gaps in knowledge (p. 11).

As a starting point to the research synthesis portion of the review, the "Search, Appraisa*L*, Synthesis and Analysis" (SALSA) Framework was employed (Grant & Booth, 2009, as cited in Booth, Sutton & Papaioannou, 2016, p. 23). SALSA provides a basic framework through which to approach data gathering and synthesis that involves an exhaustive search of the literature that is driven by complex quality assessment and sophisticated analysis (p. 23). Moreover, research synthesis can "[communicate] the strength of available evidence and the quality of included studies, thereby indicating how much confidence [one] should have in the results" (p. 11). It can also help in determining how well a certain policy, program or intervention is working for a particular set of users, in this case, Black youths, to shed light on where action or further research may be needed (p. 11).

Using the general guidelines of the SALSA Framework, research was carried out in the following steps:
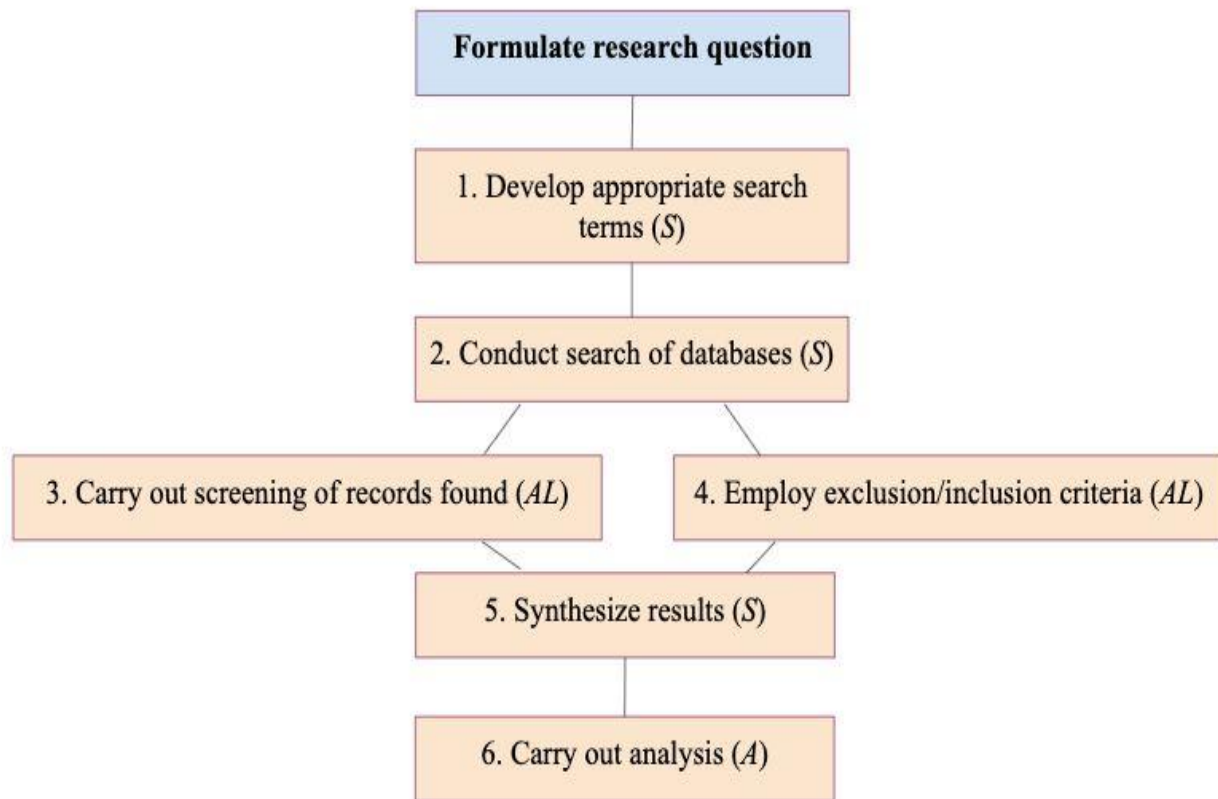
Figure 1: *The SALSA Framework (Booth, Sutton & Papaioannou, 2016).*

After an initial research question was formulated, the "Search" (S) phase of SALSA was employed in steps 1 and 2, then "Appraisal" (AL) in steps 3 and 4, followed by "Synthesis" in (S) in step 4, and lastly with "Analysis" (A) in step 6 (Booth, Sutton & Papaioannou, 2016).

This methodology also incorporated a critical element. Booth et al. (2016) state that a critical approach to systematic literature reviews "aims to demonstrate extensive research and critical evaluation of quality", and that it goes beyond a conventional systematic review by including a "degree of analysis and conceptual innovation" (p. 24). Analysis plays a more significant role within critical reviews as it aims to "identify conceptual contribution to embody existing [theory] or to derive new theory" (p. 24). While this research did not necessarily aim to derive new theory, it is supporting the application of particular theories and frameworks within future policy, practice and program development initiatives directed at Black youths.

Furthermore, a systematic literature review methodology allowed us to find the most comprehensive body of knowledge and extended the discussion of findings beyond

Ontario; this also aided in formulating a strong set of recommendations to improve access to adequate mental health services for Black youths. By looking at scholarly works based in other areas of the world, it also becomes possible to set a potential standard by which to develop and implement appropriate interventions.

To identify studies relevant to these questions during the "Search" and "Appraisal" stages of SALSA (Grant & Booth, 2009, as cited in Booth, Sutton & Papaioannou, 2016, p. 23), a search of electronic databases listed below was carried out between May 27, 2020 and June 21, 2021 using combinations of these various search terms: Anti-Black racism,", "Black youths", "Black youths' mental health", "youth", "mental health", "mental illness", "mental health services", "well-being", "Ontario", "Canada".

Databases searched:

1. ProQuest
2. Google Scholar
3. JSTOR
4. PsycARTICLES
5. York University "Omni"

Beyond these databases, an extensive grey literature search was also conducted to identify relevant policies, program pamphlets and program evaluations from service providers and non-profit organizations such as Canadian Mental Health Association (CMHA), Black Health Alliance, Mental Health Commission of Canada, Government of Ontario, among others. To ensure relevance of findings, the following inclusion and exclusion criteria were applied:

Inclusion Criteria	*Exclusion Criteria*
- English language - Qualitative or quantitative - Published between 1980 and 2021 - Only documents discussing mental health or substance use services - Published in Canada, United States, United Kingdom or Australia - Discussed the use of acute care of crisis services generally in Ontario	- Documents published more than 15 years ago - Documents that address either "children" or "adults" only - Documents that discuss only behavioural, developmental, or physical health services and not mental health services - Documents published outside of Canada, United States, United Kingdom or Australia where approaches to care may be vastly different - Documents discussing non-Black adults' mental health issues

Table 1: Inclusion and Exclusion Criteria

Search Results

The search results varied significantly depending on how the literature search was filtered. For example, a simple search for "youth mental health" on *ProQuest* yielded over 500,000 results. These narrowed down to about 120,000 when the entry was "Black youths' mental health." And with "Black youths mental health in Canada", the results dipped to about 20,000 results. The search numbers did not differ much on York University "Omni" and JStor engines. However, the numbers increased by nearly a factor of ten on Google scholar. A further perusal of the list by titles and abstracts revealed that most of the articles on the list did not meet the inclusion criteria outlined above.

 The search also revealed that the most important and relevant papers about mental health in the Black community, but mostly Black youths, were published in the last ten years. The Black youths' involvement in violent crimes as a function of systemic anti-Black racism has been well established (Lewis, 1992). Anti-Black racism is a significant causal factor in many mental health issues in the Black community and is a recent acknowledgement by system professionals and government officials. Unsurprisingly, there are only a few papers addressing anti-Black racism as a health-affecting issue of which many were published in the last five years.

Black youths: An Overview

In the 2016 Census, the Black population totalled 1,198,540, encompassing 3.5% of the country's population (Statistics Canada, 2016). It had doubled between 1996 and 2016. Despite this growth, systemic attitudes and service provision to the community have either remained the same or worsened (BEP, 2017). For its younger population, however, the situation has become even more worrisome because the Black community, according to Statistics Canada (2016), is the youngest in Canada. In 2016, 26.6 % of the Black community was below 15 years of age compared to 16.9 % for the general population. Its median age is 30 years compared to 40 years for the Canadian general population. This means that the Black community needs more services and resources tailored to the needs of its young people. While the mental health *crisis* in Black communities has been acknowledged by governments at local, provincial, and federal levels, appropriate health services for Black people continue to lag. As a result, mental health services are either non-existent, few, inaccessible, or new and unknown by the youth seeking mental health assistance (Francis, 2021).

Whereas Black people are marginalized as a social group, research shows that Black youths are among the most marginalized demographic in Canadian major cities like Toronto, Montreal, Calgary, and Edmonton (Black Health Alliance, 2018). Black youths, who are still not old enough to develop sophisticated ways of dealing with societal inequities and inequalities, end up bearing the brunt of marginalization. Marginalization

therefore exposes them to various social determinants of health such as racism, income, unemployment, education level, housing, and poverty (Black Health Alliance, 2018). These determinants therefore expose Black youths to various mental health challenges while having no access to adequate or appropriate health services. Available mental health services are either not culturally appropriate or they are inaccessible to the Black youths who need them (Francis, 2021). This results in youth suffering in silence while contending with various mental health issues.

On a more positive note, however, Black youths push back at systemic neglect and marginalization by sharing their experiential narratives (Hairstory, 2019), through art, poetry, music, and advocacy when they have lost friends or loved ones to gun violence (Urbanik & Roks, 2021). Anthony Morgan, a Toronto-based human rights lawyer, aptly captures this Black youth resilience in his Op-Ed in the *Toronto Star*.

> What do you think Black youths were trying to say in all those school and community-based programs where we created rap songs, spoken word poems, stories, paintings, etc.? We were using the arts to bare our youthful souls and lament a supposedly free and democratic society that seemed to be unable to see us unless we were or were potentially carrying a gun, a basketball, a baby or a welfare application. (Morgan, 2015)

Jennifer Kelly (1998) also noted this Black youth resilience and resistance against systemic marginality in her qualitative study of Black youths' experiences in two Edmonton high schools. She found out that Black students bolstered their sense of self-worth by learning about Black and African history from their parents or community-based programs during *Black History Month*. They learnt on their own about important African civilizations, Black leaders like Steve Biko, Malcolm X, and Black women pioneers like Mary Shadd, the first woman in Canada to be a newspaper publisher. Kelly explains that Black students were able to challenge their non-Black peers and teachers through a subjugated, yet important history. Because mainstream school curricula do not teach these historical realities as part of Canadian history, Black students are forced to find informal ways to self-educate for their own mental well-being and cultural pride (Kelly, 1998).

Black Youths's Definition of Mental Health

Mental Health, according to Kadzin (1993), "includes two broad domains": (1) *"[the] absence of dysfunction in psychological, emotional, behavioral and social sphere* and (2) *optimal functioning or well-being in psychological and social domains"* (p.128). For Black youths, mental health entails working, studying, and socializing in spaces where they expect no (or minimal) exposure to a life of poverty, police harassment, belittlement by teachers, societal racism and microaggression. Underscoring youth mental health is the idea of being valued and accepted in society, but most importantly, within Canadian

institutions (Hairstory, 2018). Black youths not only want to be listened to, but they also want to be included in any mitigation programs or strategies devised by system professionals. Below are some institutional factors that fuel Black youths' marginality and exposure to mental health problems.

Schooling and Education

The literature indicates that the main source of mental health problems among Black youths is the exposure to, or involvement in, gun violence and crime (Khenti, 2013). However, the involvement in gangs and gun crimes has its roots in the inability by systemic professionals, especially the police, to address Black youths' issues from the perspective of the youth. Instead of working with Black youths to address youth issues, the police, according to Davis (2017), interpret Black youths lived experiences "as signs of their cultural inability to conform to Canadian values" (p.733). This is not only a misrepresentation of Black youths' experiences, but also a refusal to understand what Black youths experience. Some of these problems start in the school. As Briggs (2018) has argued, "there are systemic obstacles within the education system that cause alienation and disengagement amongst Black youths" (p.542). Like the police, white teachers do not value Black students as they do white students, so their interest in helping them is either limited or non-existent. In her research with Black leaders within the school system in Ontario, Lopez (2020) finds that Black teachers tend to show more interest in helping Black students than their white counterparts.

This racist neglect causes Black youths' "disengagement" from academic work (Briggs, 2018), and alienation from the school as a nurturing and inclusive institution (Lopez, 2020). The consequence of this neglect and alienation is poor academic performance and a negative attitude toward education. Students often resort to defensive attitudes or actions to cope with a sense of inadequacy due to poor performances and teachers' alienating mindsets. Without guidance and support, Black youths face "exclusionary practices in the form of disproportionate suspensions, expulsions, and streaming (or tracking) into work related courses rather than academic streams" (Briggs, 2018, p.436). When they drop out of school out of frustration, they risk falling into the systemic school-to-prison pipeline (Maynard, 2017; Alexander, 2013). Instead of addressing this problem to ensure that these youth are guided away from anti-social temptations, "the onus is placed on them in terms of their ability to transcend the limitations imposed on them" by institutions (Jiwani & Al-Rawi, 2019, p.13). In their study of racialized teachers, Abawi and Ezadirad (2020) find that there is still a diversity gap between the commitment to hire racialized teachers and adherence to that commitment. About the school as a supportive environment, Livingstone et al. (2014) argue that "[the] main concerns students raised about their schools was the absence of multicultural curricula, the lack of teacher support, and the limited number of extra-curricular and after-school programs" (p.296). This exclusionary educational environment in mainstream Canadian schools is, in the words of Garcia, Crifasi and Dessel (2018, p.669), the lack of "safe classrooms" that engenders "oppression pedagogy." When this kind of exclusionary institutional environment is normalized, Black students become exposed to neglect, self-esteem issues

and the risk of mental health problems. Schools are therefore among the initial spaces in which Black youths mental health may be ensured.

Skills and Socio-Economic Challenges

Discriminated at school and confronted by anti-Black racism in Canadian institutions, Black youths often face economic hardships. According to James (2009), anti-Black racism makes it difficult for Black people to compete economically with white people. The economic hardship faced by Black youths is partly due to premature school leaving, dropping out and systemic racism in school. Without adequate education, the youth become vulnerable to gang recruitment or easy-money schemes associated with drug trafficking and other illegal activities. As Khenti (2013) has argued about gun violence and crime, "[the] public health perspective is supported by variables linking crime to social isolation, persistent high unemployment, and concentrated poverty (p.12). Now, Toronto Board of Health has declared anti-Black racism as a public health crisis (Dryden & Nnorom, 2021). What should follow then is an effective path from this declaration to the creation of effective mitigation strategies as a redress to social and economic inequalities.

Poverty is a racialized phenomenon in Canada (Abawi & Eizadirad, 2020; Maynard, 2017; Batelaan, 2020), so most Black youths come from low-income families in stigmatized communities like Jane and Finch (George, 2013). When these youth do not get a proper education because of systemic neglect and parental constraints due to their socioeconomic status, the children remain in the same socioeconomic condition in which they were raised. These children in turn become adults, only to raise their children in lower socioeconomic conditions. Consequently, the alienating challenges students face in the school system are rationalized by teachers as their natural deficiency (Dei, 2008). Lack of a proper education translates to lack of skills, jobs, and sources of income, which is interpreted by system professionals as their natural indolence.

Encounters with the Justice system

Nevertheless, youths' failure to find legal employment drives them to engage in alternative and dangerous ways of earning a living (Khenti, 2013). These alternative ways expose youth to drug trafficking, gun crime and violence; but system professionals often misrepresent these constraining conditions as Black youths natural proclivity to violence. Teachers, law enforcement officers and the justice system do not investigate the social and economic factors that make Black youths engage in violent behaviours and in criminal activities. Teachers are quick to call the police without first addressing the underlying

issues with the youth (Hairstory, 2019). Treating Black youths as young people with normal youth issues that need addressing would help teachers seek alternative ways of ensuring good manners and peace in school without involving the police. Involving the police with Black youths in school exposes them to the criminal justice system at a very young age, and this not only stigmatizes them, it also exposes them to the defeatist mindset that they are destined for jail. The youth therefore "act out" because they become detached from a system that they believe does not want to regard them as young people but as criminals or potential criminals.

The overrepresentation of the Black youths in the criminal justice system is a result of anti-Black racism that perceives Black children as a danger to society from as early as elementary school (Maynrad, 2017). The way teachers construct Black youths as criminals or potential criminals due to anti-Black racism becomes the very consciousness that is adopted by the police officers, the criminal justice system and the Canadian society. The Canadian media therefore feeds into this narrative to project Black youths as drug dealers, gang members, and natural criminals (Jiwani & Al-Rawi, 2018). Teachers can therefore play a very pivotal role in reducing or even preventing Black youths' early encounters with the justice system.

Racism and Discrimination

Through racist and colonial discourses, Black youths have been constructed to have a lesser social value than white children (Maynard, 2017). This means that racism marks them for racial surveillance from the time they are born, and this follows them in their entry into Canadian social and educational institutions. Stereotypes and tropes about their assumed natural inferiority and mythical propensity for crimes therefore prevent teachers from treating them as normal children requiring time and resources to guide them (Lopez, 2020). For some teachers and school administrators, Black youths are not expected to perform well academically, so less effort is exerted when teaching them (Kelly, 1998). Systemic anti-Black racism therefore creates a looped system of racist misrepresentation and deterministic attitudes that assume a total knowledge of who Black youths are from historical assumptions before they are even given the chance to tell their stories (Foster, 2003; Jiwani and Al-Rawi, 2018). This cycle of misrepresentation creates a vicious cycle of distorted Black youths' humanity.

Canadian institutions create or exacerbate marginalizing conditions that drive Black youths out of school and into crimes or anti-social activities. The youth and their families are then blamed when it is the system that creates the socioeconomic conditions in which Black youths find themselves. Without critically appraising background conditions that make Black students act differently in school, teachers simply dismiss students as problematic (Jiwani and Al-Rawi, 2018). Their reaction to how the teachers treat them is

then criminalized without addressing the cause of youths' reaction to systemic constraints. In their participatory research focused on Black youths in two Montreal high schools, Livingstone et al. (2014) note that youths' success in school is a joint community task. The youth stated that their "family, peers, schools, and neighbourhood" all play an important role in their ability to succeed in school. As Eizadirad (2016) has argued, one of the dangers of normalized "biased meta-narratives" is that they produce "forms of knowledge that oversimplify the causation of youth violence and associate it with deficiency models that pathologize specific races, their culture, and place of residence" (p.170). Unless there is a change in the institutional representation of Black youths, they will continue to suffer in an environment that creates the same problems it is expected to solve.

Figure 2: *The Cycle of Misrepresentation*
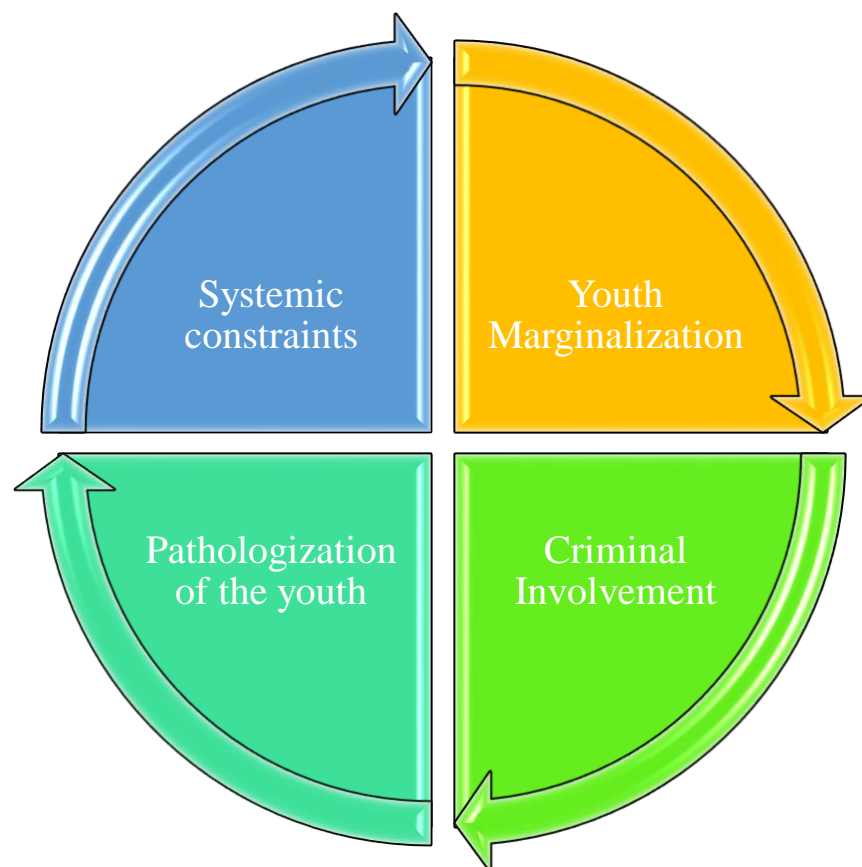
Accessing Mental Health Services

While research on Black youths' mental health in Canada is still limited, the provincial and the federal governments have acknowledged systemic anti-Black racism and its

mental health effects (Government of Canada, 2019, 2020; Government of Ontario, 2020). Acknowledging the mental health effects of anti-Black racism only recognizes part of the problem, however. More scholarly research is needed to understand the mental health crisis (Khenti, 2013) and to devise mitigation strategies as noted earlier.

Mental health literature focused on access to mental health services in the Black community has shown that systemic constraints still prevent Black youths from accessing mental health services (Fante-Coleman and Jackson-Best, 2020; Taylor and Richards, 2019). In addition to systemic anti-Black racism (Black Health Alliance, 2018), there are also cultural barriers when accessing mental health services. Among the presenting issues unearthed in the literature specific to mental health of racialized people, two themes are consistent. They are: (1) the impact of racist encounters on the mental health of racialized people, and (2) the influence of culture on how racialized communities perceive mental health. Other themes such as access to services and barriers to service uptake have also emerged. In a study of immigrants' access to and utilization of available mental health services in London, Ontario, Chiu et al. (2018) found that "[barriers] to mental health service use [...] include individual and family factors, such as shame and stigma, as well as system-level factors, such as lack of culturally sensitive mental health services or institutional racism" (p. 488). Consequently, systemic barriers (attributed to racism) and cultural factors (attributed to stigma and shame) significantly impact the mental health of racialized communities in Canada. As Yohani et al. (2020) explain, cultural stigma is a significant factor in service-seeking behaviour that even talking about having mental health issues is considered being "crazy" within certain Black communities.

Significantly, when racialized communities are constantly exposed to racist encounters but refuse to access mental health services because of cultural stigma or systemic barriers (Fante-Coleman & Jackson-Best, 2020), their mental health challenges can worsen. Culture also plays into systemic barriers when system professionals are not culturally informed or sensitive because they use white normative health parameters. According to Dryden and Nnorom (2021), anti-Black racism is embedded in the Canadian health care system. Consequently, Black patients with mental health issues access services in a system not designed to serve them, which leads to further traumatic experiences. As Carter et al. (2013) have shown, there is always a subsequent mental health effect after one's encounter with an emotionally stressful event. When a racialized person is consistently exposed to racist encounters, this develops into a "race-based traumatic stress injury" (Carter et al., 2013, p.3). According to Carter (2007), race-based traumatic stress occurs after events that are experienced as sudden, out of one's control and emotionally painful. It is the cumulative effect of exposure to racist encounters that makes the experience traumatic (Loo et al. 2001, p.504). As shown in the previous sections, this cumulative effect follows Black youths in almost all Canadian institutions, exacerbating race-based traumatic stress injury, especially its mental health component.

Culturally-Informed Interventions

Unfortunately, in Canada, there are still no culture-specific, community-based coping or therapeutic strategies for Black youths facing mental health challenges. While there are agencies that hire culturally competent therapists or therapists of colour, these services are still provided within predominantly white institutions in a tokenistic approach. Additionally, having Black therapists does not necessarily mean the service is culturally informed. However, Black clients have said that it indeed helps to work with a therapist who may understand social, race and other identity issues Black people go through, and this helps create a safe space for them (Francis, 2021). Several examples are *Vancouver Black Therapy & Advocacy Foundation* (*VBT & AF)* in Vancouver, *FAMHAS Foundation* in Ottawa, and the *Pathway to Care* in Toronto. These Black-centered programs have stressed the crucial role Black therapists play in creating understanding and safe spaces where Black people with mental health issues can share their thoughts in inclusive and supportive environments.

However, Black therapists, who were trained in Eurocentric institutions, will need a further step to create therapeutic processes that are informed by community values and cultures. This would make the community, whose mental health literacy is very limited (FAMHAS Foundation, n.d.), part of the holistic approach to the mitigation of mental illnesses. In the United States, Anderson et al. (2018) studied how a social support they referred to as "racial socialization", has been used by parents of adolescents to help both the parents and the youth cope with racist encounters. This is a method that focuses on the strengths of the parents and the youth within the community. A community-based and community-informed program like this would make the Black community a formal part of the mental health mitigation in the community and in the schools. It would also be important to begin this cultural intervention with the hiring of an adequate number of racialized teachers (Abawi & Eizaridad, 2020) or teachers who can identify with racialized students and their needs (Lopez, 2020). Howard and James (2019) have found that Black students feel valued when they find that decisions about their educational needs are made with the involvement of their parents. This bridges the gap between home and school culture, makes students belong, and informs teachers to be respectful of diverse cultural aspects students bring to class and the school culture. Arguing in terms of schooling as a "community", George Dei (2008) has argued that a student's identity and cultural background should be part of the pedagogy and curriculum development.

Since Black students who get suspended or expelled from school because of the systemic incapacity to properly teach Black students end up getting involved in criminal activities (Dei, 2008), a sad nexus is created between the school system, the carceral system and the conditions that expose Black youths to mental health problems. Therefore, according to Colizzi et al. (2020), combating mental health problems cannot be left to mental health professionals alone because research shows that an inter-disciplinary approach is more effective.

Culturally sensitive mental health service provision has therefore been identified as an important and useful support to racialized populations, inclusive of Black youths. Fante-Coleman and Jackson-Best (2020) state that Black youths typically access mental health services when incarcerated. This systemic barrier results from the lack of culturally informed intervention strategies for Black youths. As Rose et al. (2017) have argued, "[over] the last 15 years, longitudinal research consistently documents the relationship between early mental health functioning and later educational outcomes" (p. 2325). As mentioned previously, having Black therapists is only part of the solution. While Black communities have important cultural assets that can help mitigate mental health issues among Black youths in the community, the community's understanding of mental health requires careful dissemination of mental health information to show that having a mental illness is not being crazy (Yohani et al., 2020). Black communities, in all their diversities, may make mental illness amenable to their values and cultures if they understand what mental health means.

The Mental Health Commission of Canada (2013) understands that language or strategies used for mental health programs must be appropriate for the target demographic. As a result, it asked its Youth Council (YC) to "translate" its mental health strategy document, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada* (2013), into a document written in a language the youth can understand. This document was therefore published from the youth's perspective as *The Mental Health Strategy for Canada: A Youth Perspective* (2013). The council argued that "The main aim of their project was to develop a supplemental document that highlights the experiences and vision of young people working toward system change, ultimately making the original Strategy a more accessible document to all." Developing a similar strategy for Black Canadian youth within the context of anti-Black racism and cultural appropriateness, is equally important. This may be developed with or by the Black youths to ensure that their voices are heard in intervention processes that involve them.

Therefore, cultural relevance in intervention methods and strategies (Anderson et al., 2018) for Black youths problems not only help in mitigating factors that contribute to mental health issues, but they also highlight the importance of community cultural wealth in addressing community problems (Jimenez, 2020; Yosso, 2005). These programs can help offer intervention strategies individually or collectively to mitigate race-based trauma (Ainslie, 2013). As already noted above—and it is worth repeating here—Howard and James (2019) have shown that Black students find it culturally and socially uplifting when they realize that their home cultures and values inform decision making in their school. This is what has been called "micropolitics of education", an important process that may serve as the earlier process of ensuring Black youths' mental health. As Dei (2008) has argued that "the notion of the micropolitics of education also calls into play the dynamics of everyday relations and the interplay of school culture, social climate, and environment that shape and construct learners' identities" (p.353). This micropolitics of education may also help highlight the voices of Black students that are elided when it comes to how, and what they are taught (see Livingstone et al., 2014). The inclusion of

Black youths' voices and perspective reduces their alienation, makes them focused on their schoolwork and mitigate risk of dropping out.

Implications and Recommendations

Through this literature review, several implications have emerged in response to the research questions. While Black professionals, governments at all three levels, and other Black-led non-profit organizations have started to open a way that may lead to important mental health mitigation processes, opportunities are present for a lot more to be done.

- **Professionals' Relations with Black youths**: The health needs of the marginalized Black youths include being treated as young people who need support and guidance as they grow up to be responsible adults. Teachers, social workers, police officers, and even judges, would significantly play a positive role if they change their approaches from rationalizing Black youths as problem-youth to young people with *normal problems* that need *normal mitigation processes*. This normal-child lens therefore calls on teachers to support Black students and avoid prejudging their abilities in schools. Police officers may help to curb the over-representation of Black youths in the criminal justice system if they listen to the youth before arresting them. Social workers would be part of the solution if they avoid discourses about Black youths' propensity to crime and listen or refer to background narratives that inform Black youths' behaviours.

- **Beyond Black Therapists**: Mitigation programs should go beyond the hiring or referrals of Black youths to Black therapists. In addition to having Black therapists in significant numbers, there must also be community-based and community-informed healing processes from which Black therapists must draw alongside Eurocentric models. Having Black therapists may help create racial collegiality in a supportive environment, but it may not be adequate if the clients are sent back to communities that are not supportive of mental health service users.

- **Black Voices**: System professions like teachers, police officers, probation officers, and social workers, may enhance the effectiveness of their services if they listen to what Black youths and the Black community say about systemic constraints. This review revealed that system professions marginalized the voices of Black youths when these voices are central to the effectiveness of services. This important collaborative relationship would involve teachers, the Black community and other system professionals in addressing youth mental health problems starting with the "micropolitics of education" and the social horizon that inform Black youths' behaviour in school and in society.

Conclusion

Significantly, this review supports the Jane and Finch Wellness Advocates for Youth (JF-Way) intervention research project which examines existing knowledge and practices addressing mental health concerns among Black youths. From the proceeding discussion, four conclusions can be drawn: 1) Racism is one of the causes of mental health issues among racialized communities so more studies are needed to understand racism-mental health link among Black youths; 2) More empirical studies on Black youths' mental health in Canada are necessary to understand the mental health crisis in all its systemic and cultural complexities; 3) Culturally appropriate intervention strategies need to be devised to combat this crisis; and 4) the school system, if it engages in "micropolitics of education", can serve as one of the earlier interventions and safeguards against mental health problems among Black youths. Parents, teachers, and the local cultural communities are indispensable in students' learning so their cooperation in the early years of children learning may interrupt systemic alienation, the development of antisocial behaviour and possible entry into the carceral system. The mitigation of these three social problems may lead to safeguards against mental health problems. The literature also indicates that culturally sensitive mental health service provision is vital to racialized populations, inclusive of Black youths. Early interventions that support mental health functioning are positively related to later educational outcomes. Black communities' cultural assets can help mitigate mental health issues among Black youths. However, communities require support in understanding mental health challenges, related information and how their cultural contexts and practices can be affirming aspects of interventions aimed at supporting youth.

Learning Beyond Adversity: A Case Study

The Learning Beyond Adversity Program (LBA) is a restorative justice and education program designed to help youth have academic success while navigating the nuances of community violence and systemic oppression. LBA utilizes culturally appropriate approaches, with a focus on Black and Brown youth. The aim is to support students' credit recovery so they can earn their high school diploma based on the following approaches:

Trauma-focused Cognitive Behaviour Therapy (TCBT):
TCBT is an evidenced-based treatment for individuals who have experienced and been impacted by trauma. It focuses on helping the individual change their thinking about a situation by examining how thinking affects their feelings and behaviours. The goal is to change the way people think and act based on their response to the stressor by focusing on teaching and learning through psychoeducation. Participants will be supported through treatment to engage in healing and closure once developing therapeutic rapport and safety. TCBT is effective in reducing symptoms of Post-traumatic Stress Disorder

(PTSD), depression, anxiety, violence, externalizing behaviors, sexualized behaviors, and feelings of guilt/shame.

JF-WAY Youth Program Participants

The number of youth program participants by gender (male, female, other gender) and age group (17 and under; 18 to 64)

- Total Program Participants n=17
- 1 out of 10 youth under 17 years old
- 9 out of 10 youth from 18 to 30 years old
- 3 female youth
- 14 male youth
- 5 Mentors from 21 to 64 years old
- 2 Female mentors
- 3 Male mentors

Methods

Study Design

This multi-modal qualitative research explored the mental health needs of marginalized and 'at-risk' Black youths, and the interventions and resources (systemic, community and familial) needed to support their mental health well-being. Program support has been provided by the JF-WAY, a mental health program funded by the Public Health Agency of Canada under the auspices of the Black Creek Community Health Centre (BCCHC) and York University in partnership with Educare Selfcare Studio, the Learning Beyond Adversity (LBA) program. Using the LBA program as a case study, the reseach examined the potential of culturally-informed, community-based interventions in supporting Black youths mental health. This report is based on ethnographic field notes collected at the LBA program, focus group interviews with youth participants, youth mentors, an in-depth interview with the Executive Director of the Black Creek Community Health Centre and participant's journal reflections.

The objectives of the JF-WAY project were to:

1) Identify and explore gaps in availability and access to mental health services among Black youths.

2) Increase mental health literacy among Black youths and the Black community generally.

3) Understand the mental health needs of marginalized Black youths who are NEET

4) Understand the unique impact of COVID-19 on Black youths' mental health.

5) Identify cultural best practices used by the youth and the Black community to address mental health

To this end, the research project examined the potential of culturally-informed, community-based interventions in supporting Black youths mental health.

Participants

The research study focused on Black youths who are Not in Education, Employment or Training (NEET) and are LBA participants. The priority population for the program includes:

- Youth aged 14 and up that identify as African, Caribbean, Afro-diasporic and Black (20-25) and are: involved with the criminal justice system; with low education attainment rates; low socioeconomic status; food insecurity issues; experiencing hidden homelessness or homelessness
- Immediate families/caregivers/siblings of youth (40 - 50)

The study recruited participants in the LBA program operating at the Black Creek Community Health Centre (BCCHC), the partnering agency. All participants self-selected to participate in the research study following an invitation to participate and informed consent procedures were administered.

Observation

The research team observed weekly or biweekly LBA sessions. Notes were made of the manners of interaction, how the youth and the mentors responded to discussion questions, and the general atmosphere of LBA as a safe space. The research team also participated in the discussion of the topics raised at the LBA sessions. The sessions, which were facilitated by adult mentors, were mostly two hours in length. Participant observation supported the larger intervention research project which sought to examine existing knowledge and practices to address mental health concerns among Black youths. Training for youth, staff of youth serving agencies, and residents of the community are built on the existing capacity of Jane and Finch community to address mental health issues through an anti-Black racism lens that is both direct and culturally relevant.

TIMETABLE OF SESSION DATES AND TOPICS – 2020

DATES	TOPICS
February	
10	Race-Based Data
25	Culture & White Supremacy
March	
10	Positive Mentorship and Parenting
24	COVID-19 and Systemic Control
April	
7	Self-care during the pandemic
21	State Control and Colonial Legacies
May	
4	Positive and Negative Impacts of COVID-19
19	Mental Health in the Black Community
June	
2	Police Violence and the Black Community
16	Naming the Group
30	Anti-Black racism and 'Black pride'
July	
14	White Privilege
28	• Nick Cannon and the Jewish comment • Various Mental Health Issues: Group Activity
August	
25	• COVID-19 and schooling: online/offline learning • Teachers Prejudgement of Black students
	•
September	
8	• 'Vision Board/Frame' • SRO in School
22	• Gun violence • 'If given an opportunity' questions.
October	
6	• Drugs Influence in the Community • Healthy diets and natural immunity boosting

20	• Fear and Anxiety about vaccines and capitalist control
November	
3	Community Crisis Response Program (CCRP) Presentation • Mental Health and Self-care • Gun violence
17	Gun violence and indiscriminate shootings
December	
1	Thinking Through Personal Problems
15	Year-End Party

Focus Groups

Three 90 to 120 minute- focus groups were convened to engage the following participant groups: 12 youth, four mentors and seven parents. Focus groups were used to facilitate detailed discussions of some of the persistent and emergent topics raised in LBA sessions and through the researchers' observations. Questions explored Black youths' mental health, perceptions of systemic issues and support systems, knowledge of mental health resources, the impact of the COVID-19 pandemic on Black mental health and the design and delivery of education and mental health services to Black youths.

In-Depth Individual Interview

The executive director of the Black Creek Community Health Centre was interviewed in a 60 minute in-depth-interview. The interview also explored themes inclusive of Black youths' mental health, mental health literacy, and the design and delivery of education and mental health services to Black youths.

Observation

The research team observed biweekly LBA sessions and documented the manner of interaction, how the youth and the mentors respond to discussion questions. The researcher also participated in discussions. The sessions were facilitated by adult mentors and were approximately two hours in length.

Action Research

Six youth participants engaged in journaling and reflected on the theme: "Mental health and my strength." The youths were asked to record (in writing or through video journaling) their daily social interactions and experiences and how these interactions affect their mental health. All participants completed their journaling through written reflections.

Data Analysis
Data were coded using open coding instead of pre-setting concepts. This meant that the codes used to theme and then analyze the data that flowed from emergent themes. After the thematic coding, the data were subject to detailed thematic analysis in order to find connections between different concepts and themes. Participants' journaling data were analyzed using narrative analysis.

Findings

Several themes emerged from focus group interviews, in-depth interviews, youth journaling and observation of bi-weekly LBA sessions. The themes are: (1) Complexities of Black youths' Mental Health and Health Inequities, (2) Mental Health Literacy (3) Access to Services, (4) LBA as a Tailored Psychoeducational Intervention, (5) Collective Problem-solving and Culturally Informed-Mentorship, (6) Impact of COVID-19, (7) Black youths' Resilience and (8) Lack of Sustainable Support and Funding.

Complexities of Black Youths Mental Health and Health Inequities

Participant narratives, as well as long-term immersion in the field, revealed the complexity of Black youths' experiences and their navigation of mental health challenges. They routinely reflected on the ways in which they are impacted by violence and trauma. At the outset of the program, one youth participant explained how he is triggered by racial slurs and insults:

> So, for a white person to call you a nigger, it's like obviously it triggers you. No matter what, you're not in the wrong to punch a person in the face unless there's a reason. You know what I'm saying? If you punch a person in the face and there's no reason, then that means you know what you did, and your outcome is your outcome. But if someone is being racist, and you decide to do what you did, as long as you know what you're doing, it's not a bad thing.

Childhood trauma has been identified as another source of mental health challenges among participants. One youth mentor reflected on the impact of childhood trauma in the community. He stated:

> The Police beating up people, and I would walk past because I'm a little kid and I know that I'm doing nothing. And I'm watching them (police) beat them up and

> continue to go. Remember those times, the fences were tall . . . beating you, yet all you're hearing is the noise, and they're letting you go after. Growing up and seeing all these things. It's traumatic.

In tandem with trauma is the impact of violence on youth in urban communities. Youth participants and mentors stated that violence and death are entrenched in their communities. One mentor spoke of the ways in which death and dying are very much a part of the minutiae of everyday life:

> This is something that we live with every day, and we glorify it. We glorify it with music, because our music deals with a lot of killing... death, death . . . a somebody dead. If we're playing sports in our thing, it's death, death, death. We've become what we preach, and we practice.

Another mentor concurred with other mentors in explaining that mental health challenges are normalized within the Black community and manifests in many ways. He stated:

> Thing has been normalized, embedded in your culture, and we function with it. We walk up and down, and we partied to it, and people look at us and like, my God! Yeah, it's a part of the culture. It's a part of the community we live in. I truly believe that. That to me is the biggest problem in the community – mental health on all different levels.

In identifying the ways in which mental health challenges are experienced, youth participants explained that broken relationships are symptomatic of people's inability to cope with mental health issues. He stated:

> My mom was able to raise me as a young man with no father. I would also say in transparency, a lot of times these men who are broken already get good woman and break them. They end up being um ... losing their way due to the esteem that they have.

The normalization of mental health challenges combined appears to be reinforced by the fact that discussion of mental health and counselling are largely taboo in the community. One youth mentor explained that reticence in seeking assistance or discussing mental health is a longstanding issue:

> For a lot of us, it's all pride, right? Nobody wants to come and say, you know what? I'm feeling something wrong with me. I need some counselling. Back in our time, it was like almost taboo. It's normalized in the community, and if you try to deal with it as a person who is . . . they'll be like, what the hell is going on here? If I knew what mental health was 30 years ago, I tell you, I wouldn't have so many baby mothers [laughter].

Youth mentors contend that youth mental health concerns are increasingly grave given that youth are also struggling with concurrent disorders with the introduction of more potent and dangerous narcotics in local communities. He stated:

> Our young students, our young youth, they don't just smoke a joint or spliff and drink a beer. These kids are into Molly, Xanax, Lean, all these synthetic drugs. This is what they're on, on young undeveloped minds. And we wonder why you get these kids who are crazy. And it's so normalized that they will sit with you and have a regular conversation. And you won't see that mental health or that problem trigger off until certain things arise. And you'd be like, "My Gosh! Why is this dude foaming at the mouth?" You can't believe this is so and so. It's so normalized in the community that we function with it.

Black youths also reported variations in support they receive from a community agency when they do seek support. One youth participant explained that he benefited from anger management interventions, but the program eventually closed, and he was left without support. He stated:

> They [Jamaican Canadian Association] were good. But then eventually they closed down. I had an anger management problem, and that was one of the places I used to go to. I'd go there [and] sit down. She gives me like a folder full of activities and ways to control my anger. Like you know, stuff that I should be doing, and ways to keep me from erupting to being angry and being this aggressive person that I was. I used to fight with my siblings. I'm not going to lie to you. Didn't matter if it was a boy or a girl. I would fight with them and then I realized I need to control my anger. I need to get the help that I need because eventually I'm going to do that to the wrong person.

The Government of Canada (2018) has argued that health "inequalities are the result of individuals' and groups' relative social, political, and economic disadvantages." Because of the racialization and ghettoization (Maynard, 2017) of poverty in Canada, African Canadian youth find themselves living in neighbourhoods with poor access to important health services. Available services are either inaccessible because of lack of transportation, systemic anti-Black racism/Afrophobia or cultural barriers (Francis, 2021). African Canadians have not been an historically valued population so lack of access to important health services is one of the legacies of colonialization and slavery. For African Canadian youth, mental health and well-being are about: avoiding a life of poverty; being respected and supported by teachers in school; being talked to by the police before any assumptions are made; living a life free of gun crime and drug abuse; being properly educated and finding a job, etc. Youth mental health, according to Kazdin (1993), would mean avoiding social conditions that expose the youth to constant anxiety, systemic maladjustment, and emotional malfunctions.

Mental Health Literacy (MHL)

Kutcher et al. (2016) explain that MHL involves "understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatments; decreasing stigma related to mental disorders; and, enhancing help-seeking efficacy" (p.155). In the Black community, however, the level of Mental health literacy (MHL) among Black youths is very low while their need for mental health services is disturbingly high.

One youth mentor noted that both youth and adults' mental health literacy levels need to be addressed:

> I think that in the Black community, we all need to understand what mental health is first and talk about it. Especially with these youths today… But there needs to be proper educated individuals who have the experience and the skills and the education to talk to these individuals. Not only the youths but adults as well. Because if you don't, it's gotta get out of hand, right. And they need to have proper resources in the community where it's more reachable.

Another youth mentor contended that mental health literacy is a crucial step in being able to identify when one is having a challenge and being able to seek support:

> Honestly, a lot of people have some deep issues. People don't even know where the issues are coming. It's like, once you figure out what your issue is, you have to be willing to work it out and fix it. If you're not willing to, you're still going to be having the same problems that you had before.

In reflecting on the nuances of mental health literacy and self-awareness, one youth participant commented:

> It comes from a lot so it's like the structure, things that you're seeing that ruined it for you. Like you know, having friends and then losing those friends because of stupid situations. But mental health, it's like you as a person you seem strong, cope with it, understand what your mental health is so you can deal with it more often from frustrating … you know, or losing help, getting depression, falling and then giving up. A lot of things when it comes to mental health is just you as a person. You just need to pay attention to just you. That's why people say make sure you work on yourself before you work on others – make sure you help yourself before you help others.

Another explained the process of paying attention to one's mental health or recognizing distress in others, in their peers, and educating them:

> I mean, you see your boy talking to himself at the bus stop or in front of your door waiting for you. You look through the window and you see him pacing and talking to himself, that's him . . . Something is wrong there. You should be the first to say, "Yo, I've seen you talking to yourself. You alright?"

For Black youths, mental health problems are compounded by marginalizing and traumatizing experiences (Carter et al., 2013) in school, with the police, the criminal justice system and societal anti-Black racism. These traumatizing experiences, which tend to go unaddressed, may lead to mental distress, mental problems, or mental disorders (Mental Health Literacy, 2021.). Black youths are therefore exposed to traumatizing social conditions society does not recognize as causal factors in mental health deterioration. Luckily, the social, health and economic effects of mental health problems have become a crisis that can no longer be ignored in the Black communities.

One youth mentor stated that early intervention and mental health literacy are necessary components of interventions supporting Black youths:

> To me, kind of having this understanding now and knowing that some of these individuals that we named as 'bad man,' and that we would say have 10 bodies or 10 goals they were gone from long time. They needed support from the time they were kicked out of school from being troublemakers. So, when they slap the teacher in the face and running, that's not normal behaviour, because I know that when I go home and they call my mom and said, "so and so slap the teacher" . . . HUH!!... So how come we all don't have these filters.

Black health researchers, health advocates and the Canadian authorities at all levels of government have now focused on how to increase Black MHL and facilitate access to affordable mental health services. As Marcus and Westra (2012) have argued, people tend to "have poor mental health literacy as they do not recognize common mental health problems" (p.2). One youth mentor detailed how youth typically access services in the mental health system or move through to adulthood without receiving assistance.

> I understand mental health as a psychological impact that could impact the individual's physically, emotionally and in all different facets to them acting out behaviours. And these acting out behaviours are what we would call the symptoms in helping an individual understand what's going on depending on the onset of what they would call psychosis. If you were diagnosed from, say for example, between 14 to 16, by you're 18, you're connected to the developmental centre for the rest of your life, and they're going to track you. So that funding is going to help you to discern if you're going to get ODSP, if you're going to get Ontario Works, if you should get housing. So, a lot of these adults in communities like this they're

not, I would say, for lack of a better word, they were never institutionalized in a way that would help them systemically throughout their life. Whey they're adults, they're out of school, out of work and on the block.

For Black people, however, the level of MHL has cultural and systemic barriers. Cultural barriers prevent people from discussing mental health issues so young people are suffering in silence for fear of being considered "Crazy" (Yohani et al., 2020). For many in the Black community, mental either is *either...or*. You are either mentally healthy or you are "crazy." But MHL involves understanding that MH is a continuum. Yohani et al., (2020) contend that MHL describes a mental health pyramid whose continuum includes the following: 1) No distress, problem or disorder; 2) Mental distress; 3) Mental health problem; 4) Mental disorder / illness. Increased MHL would mitigate serious health iniquities that exist in Canada (Government of Canada, 2019). Fante-Coleman and Best (2020) have argued that African Canadian youth avoid seeking mental health assistance because of Anti-Black racism/Afrophobia, so some of them only access mental health services when they are incarcerated.

Access to Services

Issues of access to mental health services, service utilization and help-seeking behaviours reveal the complexities associated with Black youths receipt of vital support in a timely manner.

Executive Director of BCCHC, Cheryl Prescod explained that mental health challenges often have their genesis in childhood. She stated:

> Mental health for me is just a sense of well-being, period. And that is emotional, social, you know, everything that makes up your well-being. I think there's a larger proportion of people who are suffering with mental and emotional issues because of life issues and circumstances. The way they've been treated. I think a lot of the mental illness in some of these communities are due to trauma experienced by children.

Yet, Black youths may seek mental health supports much later and only if they are part of a range of services or interventions. She explained:

> What we find is the young people, especially from this community, they don't feel that they have the time to see a social worker in the traditional sense and sit down and talk about it. But what they might do is, they might drop in for a program, where they're listening to music or discussing certain things, or they're playing a

game of dominoes or cards or what not. And that's where they might talk about their problems. That's where, having somebody (a staff person) who can understand what they're going through, maybe able to start helping them, and eventually, get them to the right door, whether it's to a social worker, a mental health counsellor, or get them to talk to somebody about well, their parents might not be working, and they need jobs.

Stigma associated with mental illness or challenges is a key determinant in help-seeking behaviours and service utilization.

The fact that there is a sense that people are okay. That there's no such thing as mental illness. It's really just . . . it's like, come on! calm down, you'll be fine. People don't like to be labelled. The label of mental illness is something that no one wants because of the stigma associated with it. And in the Black community, I think that stigma is even more so than in other communities. In my opinion, if things were more accessible, if they were more organizations offering care, mental health services to the Black community, people will go to it. There would be some sort of a shift in uptake of those services. We have to think about if people have access, they will come. You open the doors and it's welcoming, people are treated in a different way, I think they will come."

She further explained that a lack of compliance was also rife among the population which can create a gateway to further complications such as criminalization. She said:

Unfortunately, it's one of the hardest things to deal with because lack of compliance. The child does not necessarily want to come and get the help. Usually, it's mom because again, statistically, we do have a higher proportion of single moms in this neighbourhood raising their children. Often, when the situation gets to a point where young son starts displaying this behaviour, often it shows itself in some sort of criminal behaviour or behaviour that's criminalized.

The executive director also pointed to the link between mental health and educational needs. As problems or issues exacerbate in the educational setting, Black youths' mental health declines. She said:

A lot of young people are dealing with educational issues, and because of that, they're having trouble at home, or not only that they're having trouble at home, it may be discovered that the reason they're having educational issues is because things are not that great at home.

Given these challenges, it was further highlighted that the availability of Black social workers to support Black youths is a matter requiring attention. She stated:

> Even though we know what the evidence is telling us that the needs are there, but sometimes our hands are tied, because we cannot recruit a Black social worker or a Black mental health nurse. We have to abide by the so-called HR rules. And I think that's something that really is problematic in communities, where you have a higher proportion of individuals from a particular community.

LBA as a Tailored Psychoeducational Intervention

Dryden and Nnorom (2021) have argued that anti-Black racism/Afrophobia is a social problem in Canadian medicine that needs eradication. While the City of Toronto (2019), the Government of Ontario (2020) and the Government of Canada (2020), now acknowledge that anti-Black racism/Afrophobia is an important contributor to mental health issues, the problem of health inequalities will need more than declarations and policy prescriptions. Admittedly, the Toronto Board of Health (Dryden & Nnoroom, 2021) and Ottawa Board of Health (Laucius, 2020) have declared anti-Black racism/Afrophobia to be a public health issue. These important and necessary declarations are valuable, but addressing health inequalities and inequities needs efficacious methods that can translate declarations and policy advisories into effective health service provision. While some of the findings in this study re-emphasize issues that have already being noted by scholars such as a lack of teachers' interest in helping African Canadian students (see Lopez, 2020), criminalization (Jiwani & Al-Rawi, 2019), lack of inclusive curricula (Livingstone et. al., 2014), systemic neglect (Briggs, 2018), they speak to the central place of systemic lived reality of African Canadians. Moreover, the findings also underscore the pivotal role of safe cultural spaces and culturally informed mentorship and their effectiveness in helping African Canadian youth become responsible adults in Canada.

The JFW/LBA program does not only provide a safe space, but it has also been very effective in steering away young people from bad influences through considerate mentorship, experience validation and advice without condescension. They are mentored in a place that respects their experiences, their cultures, and their values. One youth mentor explained that the LBA program is designed to address psychoeducational needs of the youth. He stated:

> When we work with the youth, depending on their challenges, we design an intervention— a clearly-made intervention to suit that individual's challenges, right? If it's academic, then we design an intervention that requires some assistance. If it comes to help in academic, if it comes to talking, to counselling, that's how we do it.

So, in a nutshell, all the kids that we used to work with in the educational aspect of what we do, it was always tailored to their needs.

Mindful of the needs of youth participants and the need to maintain a collaborative learning environment, mentors reported that they actively seek youth involvement in program planning and delivery. One mentor stated that youth increasingly become confident and want a say in programming. He stated:

The youth let us know what their needs are and when we need to make changes. We meet once a week, and we try to put different things in to have a program structure, but to their point, let's focus on just getting what we want done. We heard them (youth) and now the time will be allocated to them developing the skits, rehearsing and performing.

The program affirms cultural practices that may be prevalent within the community in relation to mental health identification and treatment. Cultural sensitivity and being open to other therapies are also central to youth support. One youth mentor explained:

So, helping individuals dispel the myths culturally to understand that while that may be a part of your belief, I wouldn't deny you from doing the rituals or the things that you want to do to administer some change in your child. However, if that doesn't work, let's try some psychiatry in regard to diagnosis. And the diagnosis doesn't always have to lead to medication. It could lead to some of the alternative treatments that my colleague was pointing to, whether it be learning sensory activities, whether it be learning meditation or they're learning how to cope with self through CBT.

When these young people know that the institutional settings into which they enter will listen to them, they may become responsive to what professionals in these institutions say. As shown in the literature review, young African Canadians suffer serious mental health problems from a combination of conditions that include anti-Black racism/Afrophobia and health conditions that have not been addressed because of lack of access to adequate and appropriate help (Black Health Alliance, 2018). Comfort with system professionals may make young people approach institutions for help because cultural barriers (Chiu et al., 2018) consider conversations about mental health "western" or conversation about having mental illness being "crazy" (Yohani et al. (2020). African Canadian youth may also find it easy to approach organizations for mental health assistance if they know they will be listened to and supported beyond the societal normative attitudes.

The LBA program, the mentors explained, seeks to diversify coping strategies based on cultures in the Jane and Finch community. A youth mentor commented on how race and culture are central to the interventions:

> If you ask me, I think it's how do we cope with what's going on, and how are we quieting the mind? I would say culturally in a community like Jane and Finch with over 160 cultures, it's hard to look at it as one thing, because each culture within the dynamics of Jane & Finch looks at it differently. So, as it relates to me being a Black man and being a Caribbean man and having association to Africa, I would say we can look at it culturally as per someone doing something to you or being 'smithed' or just having a life-altering event.

Howard and James (2109) have noted that African Canadian students find it uplifting to know that their home cultures and values inform decision making in their schools. Consequently, when they hear mentors and tutors counsel them on the importance of education in life, they see no incongruence between what teachers do and what teachers say. When these young people attend remedial classes at the LBA program to complete their high school credits, the schooling take place in a caring place that feels like community (Dei, 2008); or as in the words of the youth themselves, "a home away from home." As Assari and Calwell (2018) have shown, teachers' negative attitude toward students negatively affects students' performance in school. The LBA program avoids what Garcia, Crifasi and Dessel (2018, p.669) have called the "oppression pedagogy" and produce an environment of "safe classrooms."

The LBA participants have stressed that the JFW has created a safe space in which they are able to share their ideas without any fear of prejudgements or criminalization. What enables this safe space is in the logic mode of the LBA and the experiential background of the JFW mentors. The LBA program is premised on the ability of the students to learn beyond the adversities they are going through. Within the HYBRID LBA/JFW model, the mentors and the tutors adopt a behaviour-in-time approach as opposed to behaviour-in-discourse used by mainstream teachers and school administrators.

According to the LBA tutors and mentors, students find the program welcoming and the staff supportive and approachable, leading to what Garcia, Crifasi and Dessel (2018) have referred to as a 'safe classroom'. A youth mentor explained what it means for youth to be engaged in a safe space. She stated:

> I had one youth, he didn't know how to read, and he didn't know how to write a proper sentence. And he was embarrassed to say that to one of the other students because, you know, some people can make fun and they're not really comfortable.

> Having that patience and sitting down with him and helping him with his work, he felt more comfortable. He was more dependent on me to take the time and help him. The teachers back in his high school, they didn't give him that attention. Having that comfortable space to speak to somebody, it helped him a lot, and it helped all the other students as well. The teachers back in his high school, they didn't give him that attention. Having that comfortable space to speak to somebody, it helped him a lot, and it helped all the other students as well.

Youth mentors and participants agree that the supportive environment has a significant effect on the latter's attitude toward school and their ability to perform well. On March 10, 2020, one of the JFW mentors showed the effectiveness of the LBA program by relating a story of a student he worked with previously. According to the mentor, the student could not do math problems when he came to the program; but within four months, the students was able to do math problems that when he went back to school, his teachers were surprised by the change. According to the mentors, these young people should not be judged by what has already been written about them. They should, they say, be given a chance to tell their stories beyond documentary formalities.

When these young African Canadian youth enter the JFW mentorship space, the *safety* of the space is no longer *de jure*, it is *de facto*. It is not something that is merely spoken about by LBA /JFW mentors and tutors; it becomes a phenomenological reality. The program is safe not because the mentors and the tutors say they are, they are safe because the youth live that safety. Undoubtedly, studying in an environment of affirmation and support has a positive impact on the mental health of African Canadian youth. At the program one observes these young LBA men and women, who are considered written off by the mainstream school system, focused on their work and respectful of their tutors and mentors. HairStory (2019) has noted this important cultural aspect in guiding youth to responsible adulthood. The youth "need support services that are culturally relevant and tap into the strengths of community supports and resources" (p.104).

A youth participant commented on her experience in the program and her interaction with mentors. She stated:

> They showed us that they cared. They showed us like, yo, it doesn't matter about the neighbourhood, what you're going through and all that stuff. As long as you come here, we will help you. We will push you to get to what you need to get. We will get you out of school. We will get you your credits. And that gave us that push that we needed.

Another youth participant concurred:

It's different. Like school, if you don't do your work they don't care, right? But as I said, these guys force you to do your work. They're all gonna ask.

The *de facto* safety of the program space has implications for system professionals who provide services to African Canadian youth. As phenomenologists say, system professions must delve deep into the "essences" of youth experiences before they judge the behaviours, actions, and academic capacities of these young people. The success of African Canadian young people depends very much on the attitude of system professionals so the *modus operandi* of the LBA tutors and mentors would be very helpful if adopted. What this means is that teachers, the police, social workers, and health workers would note what has already been written about these young people but still find out the "essence" of these experiences on their own by talking to these young people to gain "first-hand" experiences (Merleau-Ponty, 1962; Husserl, 1983). In other words, it would be helpful to these professionals and African Canadian youth if professionals move beyond the natural attitude. Because the LBA tutors and the JFW mentors have shown that moving beyond the natural attitude helps, system professionals may make their services effective if they critically interrogate the conditions that lead to "disproportionate suspensions, expulsions, and streaming (or tracking) into work related courses rather than academic stream" (Briggs, 2018, p.436).

As one youth participant at the HairStory (2019) argued, "How helpful is it for staff in group homes to call the cops at the first sign of difficulty?" (104). It may help for system professionals to self-interrogate—to move beyond the natural attitude—rather than assuming that the problem is either a natural criminality (Jiwani & Al-Rwai) or a deficiency in parenting (Pon, Gosine & Phillips, 2011). It may help to, as the program's mentors and tutors do, listen to these young people. Young people do not talk because the professionals are talking; they talk because the professionals are listening.

Collective Problem-Solving and Culturally-informed Mentorship

On November 3, 2020, two presenters from the Community Crisis Response Program (CCRP) from the City of Toronto presented at the JFW about gang involvement, self-care and self-improvement and the place of culture in the lives of African Canadians. To illustrate to the LBA youth the importance of priorities in their lives, the presenters facilitated three activities. The first was a game with tennis-size balls of different colours that were passed around in a circle with specific instructions. The second activity was a table to be completed about how the participants spend their 24-hour day: sleep, work, television, exercise, socializing, etc. The third activity was a YouTube video about the late

Eritrean-American rapper, Nipsy Hussle. The rapper, who had changed from being a gang member to be a successful rapper and entrepreneur, was killed by a gang member on March 31, 2019, in Los Angeles (LA).

In the video, Nipsy talked about how he was culturally lost in the streets of LA and only found cultural grounding when he first went to Eritrea. The presenter wanted to show what the youth could relate to and present it in a manner that is culturally sensitive and informed. While some of the LBA youth argued that Nipsy did not have to go to Eritrea to find a sense of self, the way the presenter discussed the matter with the youth was significant. The youth argued that he could have found that sense of self within America if he had tried to. It was a significant heuristic moment of exchange between the mentors, the facilitators and the youth given the fact that these were youth who feel marginalized by the system (Eizadirad, 2016). What the discussion revealed is that the youth understood that, despite all their challenges, they could still find cultural grounding within Canada in programs like LBA/JFW. The mentors not only exposed the youth to Afrocentric ideas and African histories (Asante, 2020), they also found themselves freely exchanging ideas and debating in an atmosphere where their cultures are front and centre. Their experiences, histories and cultures are not peripheral in the way they usually are in mainstream schools. As a student told Livingstone et al. (2004) in their participatory research, CADA history "is more than an intellectual curiosity for Black youths, it is also a deeply personal, emotional, and even spiritual subject." (p.297)

One youth participant commented on the connection he has to the LBA program staff and the program's impact on academic progress. The participant stated:

> I'll be honest with you. I've been with Strings [youth mentor] for so long. He's been my teacher. He's been my principal. He's been my staff, friend, uncle. Once I left my school (Westview), where I knew I wasn't getting the support and the help that I was getting from LBA … Well Strings, like I said, he's like an uncle to me, because he knows my mom. He's like family. He gave me that support, told me, "Yo, come to my school. I have this for you.

A significant finding of this research is that system professionals do not pay a close attention to what the youth say about their experiences. Besides the example of the youth who said on August 25, 2020, that a teacher made him the troublemaker instead of paying attention to the reason why he was speaking in class, there was a consensus even among the mentors that African Canadian students are judged based on societal assumptions. At the LBA program, the youth feel respected and listened to. They are allowed to disagree with the mentors without being pathologized. They find themselves making behavioural and academic mistakes and criticized without being belittled as unintelligent (Dei, 2008).

One youth mentor discussed the relationship mentors have with community members and that the LBA program thrives from longstanding and meaningful relationships within the community. Therefore, the LBA staff, while maintaining appropriate boundaries, functions as non-sanguineous relations to participants and their families. He stated:

> We used to run up and down with their mother or their father, their cousin or their uncle. It's different than when you just walk into the neighbourhood and, 'oh, I'm working here,' and you just know Tom because you're working here. It's a different thing when you know their families, you know their cousins. You've seen them go through trials and tribulations and still come out. You have a different commitment to that family.

The organizational and communal mentorship supports provided by LBA are buttressed by their expressed commitment to the community. One youth mentor commented on a colleague's support for at-risk youth in the community:

> And for him to have such a reputation in the community where his daughters could speak to other families to say you know what, these children are safe here. This is a respite for them, is huge. So, understanding these types of things where the mentorship might end at Black Creek, but it continues for us based on our commitment to the community.

One youth participant reflected on her relationship with her family in contract to that of the LBA. She said:

> My family doesn't really support me like emotionally like that. They're not easy to talk to so yeah, never…. Their mentality and stuff. Their mentality is really old. In my culture, like kids have no opinion in my culture.

Another participant journaled about her experience at the program and its positive atmosphere which supports her growth and confidence. She noted:

> I am excited to go to program today because my mental health is always positive. We learn new things constantly and we always look out for each other. I'm also very excited to film today and I think that it's something that will bring me out of my comfort zone.

Youth participants have, over time, trusted the expertise of mentors and community members who are able to work through cultural obstacles in order to have mental health conversations with youth and their families. They are receptive to criticism or constructive feedback because they feel acknowledged and listened to. The mentors and

the tutors at the LBA emphasized during the September 8 session, that African Canadian youth should be supported and encouraged. Lopez (2020) has noted this need for support and encouragement for African Canadian students. A supportive and an encouraging atmosphere not only made it easy for the students to open up, but it also made it easy for them to be open to suggestions. Listening to the youth would break the current vicious cycle of misrepresentation. A youth in HairStory (2019) underscores this morally problematic vicious cycle of misrepresentation in Canadian institutions: "Because the system fails to address the needs that lead to our offending in the first place, many of us reoffend" (p.106). Both JFW mentors and the LBA youth showed a lack of trust in the Canadian institutions based on their experiences. The Toronto Police Service has not traditionally kept race-based data. Because of the disproportionate effects of COVID-19 on racialized Canadians, especially African Canadian (Batelaan, 2021), many participants remain doubtful regarding the honesty in state policies.

Impact of COVID-19 on Youth Mental Health

Youth participants disclosed that the COVID-19 pandemic has had a significant on them personally and as members of the wider community. One participant explained the impact of the pandemic:

> This year has been very stressful for people dealing with COVID-19. A lot of people in Canada lost their jobs and homes due to COVID-19 which has put people in a depressive state and caused them to have further health issues due to stress.

She further explained that there has been constant bombardment from the mass media and social media platforms about pandemic and vaccine messaging. She commented:

> Everyday, when you turn on the news channel you either hear about COVID-19 or the vaccines. So far, I've seen the results of people taking the vaccines and they are horrible. Some have been diagnosed with Bell Palsy which is a condition that looks like they suffered a stroke. Another one I seen people shaking non-stop, loss of memory, women babies are being born still born, in excruciating pain.

One participant shared concern about the rapid changes taking place during the pandemic and the related impact on mental health. She stated:

> With all the COVID-19 numbers going up in Ontario there could be a chance that Ontario could go back on lockdown again which is stressful for parents who work and have small children. The Delta variant has come into Canada causing a lot of anxiety on everyone. People are fed up using the mask on their faces for long hours. Mental health challenges have risen due to the pandemic.

Another participant also expressed hope that there will be a recovery process and shared her expectations:

> I know this virus will go away and we will get back to our normal lives we all have to be patient and stay strong. This virus cannot last forever.

Black Youths' Resilience

Since the African Canadian population is the youngest in Canada (Statistics Canada, 2016), a population that is exposed to various social ills beyond their control, it means that a large part of the people suffers in silence. So, lack of access to mental health services is a result of both cultural barriers and systemic anti-Black racism/Afrophobia. The JFWAY/LBA program shows that these problems can be effectively mitigated if system professionals are willing to understand the everyday life conditions of African Canadian youth. Some of these conditions, which have resulted in what is now considered a mental health crisis in Ontario (Taylor and Richards, 2018), are, a constant fear of violent death, anxiety about a possible police arrest, and the mourning of dead friends or loved ones lost to gun violence (Urbanik & Roks, 2021). Yet, participants were able to identify the ways in which they are resilient or can be resilient.

One participant explained that building confidence and self-esteem are critical to being resilient. He stated:

> Load up your self-esteem. I mean in life, you're going to come across certain types of people or you're going to come across certain types of things but, as long as you have your confidence and your self-esteem up then you shouldn't just let it bother you. It shouldn't be fazing you. Because as long as you know you're good at the end of the day, who cares what someone else has to say. Are they putting food on your table, money in your pockets? No. They're just stupid. Just look at them. When you hear someone saying something, just think in your head, you're dumb. Walk about your day.

Other participants explained the strategies they deploy to support their well-being and resilience. In journaling about her strengths, one participant explained the link between her physical and mental well-being and the ways in which she tries to maintain a healthy lifestyle. She noted:

> Part of my daily routine is to incorporate exercising in my day-to-day schedule. It's important for my body to get the nutrients in my muscles in order for them to function. This has helped with my mental health because I'm able to have energy to do things in my daily life.

One participant journaled his aspirations as he moves through the LBA program and reflected on his goals and possible outcomes. He noted:

Being a man/being in the process of self-improving to become a man/better man is absolutely important to me. Whether it be a friend, parent/father, brother, elder, teacher, mentor etc.

Lack of Sustainable Program Support and Funding

The abrupt ending of programs was raised as a major concern among youth and mentors who pointed to limited and under-funded program offerings available in the community. One mentor said:

And we're always looking at sustainability. The youth feel vulnerable where if you set up, like I'm going to come participate in this program for two years and then it's done. However, not really getting the opportunity unless someone like Cheryl Prescod, the ED at Black Creek believes in our wealth and our work, which is in this case, she does, and we've been given free rein to do it so, that's what we're doing. So, more money, more time, and more commitment, and believing in individuals like ourselves that are here today.

One mentor suggested that sustained support for programs is the most effective way to promote positive outcomes over the long term. He explained:

It should be long-term funding if you really want to see change. If you really want to see change in criminality, you really want to see change in substance abuse in the community, well, fund these things for the long term.

In explaining funding models and the impact on services, when interviewed BCCHC, Cheryl Prescod stated:

We don't have a Black lens to our program necessarily, unless it's sort of a specifically funded program through some sort of different bucket of funding, but our overall programs are not. Close to us, in this area, is the Jamaican Canadian Association (JCA) and there's Caribbean African Canadian Social Services (CAFCAN). They are a Black serving organization, and they do have some mental health services.

She further explained that collaborative programs such as JF-WAY are integral to supporting youth in driving the changes that they wat to see in their communities as more so within their personal lives. She said:

We have to listen to people more and listen to their experiences and respond to them. And I think the more we do that, the better things will turn in a positive

direction. And programs, like the *Jane-Finch Way*, where we give the youth the power to even guide us on: what do you want to talk about? what do you want to name this group? how do you want us to continue? was helpful. And I think if we had more of these, it would really be the beginning of changing the tide of it. These youths will be the ones to start advocating for change.

Discussion

Youth Mental Health and Community-Based Interventions

While the low MHL is a global (World Health Organization [WHO], 2018) and Canadian problem (Marcus and Westra, 2012), it has a greater impact on marginalized groups such as the Black youths as noted above. Black youths live in low-income neighbourhoods marked by various social determinants of health such as racism, income, unemployment, low education level, poor housing, poverty, crime, etc. (Black Health Alliance, 2018). In both Canada and the United States, youths in major urban areas do not usually seek assistance to get mental health support. Intervention research has therefore focused on methods that would make it easy for the youths to increase their MHL and enable easy access to mental health services.

To mitigate cultural and systemic barriers, researchers have focused on community-based (Castillo et al., 2019) and school-based (Kutcher, Wei and Morgan, 2015; Zare et al., 2021) mitigation processes. Community-based intervention processes would ensure that mental health services are offered in a culturally sensitive and considerate manner. Anderson et al. (2018) studied an intervention approach that utilizes racial collegiality to bring parents and students together to reflect on racial stressors (Loo et al., 2001) to come up with ways to deal with mental trauma that come with anti-Black racism. According to Anderson et al. (2018), to shield children from the "negative emotional and physiological health outcomes associated with racial encounters, Black families have utilized racial socialization (RS)" (p.27). Safeguarding Black youths' mental health therefore requires a concerted effort by the parents, schools, and system professionals.

As Rose et al. (2017) have argued, combating mental health problems is a society-wide problem that cannot only be addressed by professionals. Because Black youths are exposed to traumatic experiences because of anti-Black racism, intervention approaches should consider collective therapeutic programs for communities at the margins of society (Ainslie, 2013). Addressing collective trauma by using processes such as racial socialization creates safe spaces where Black youths and parents discuss their collective trauma and stressors that lead to mental stress, mental problems, and mental disorders.

A collective approach to mitigation also ensures that these processes are not only sensitive to the needs of the community and the youth, it also ensures that they are culturally appropriate (Pina, Pollo and Huey, 2019; Castillo et al., 2019; Fante-Coleman and Jackson-Best, 2020; Cheng et al., 2018). Lack of culturally appropriate services and the insensitivity by system professions to Black youths' mental health needs is the reason why Black youths do not access mainstream mental health services in a manner consequent to their exposure to stressors (Jones et al., 2020). A collective approach to mitigation processes has been found by some researchers to be an Afrocentric approach that is holistic and collective. According to Omonzejele (2008), good health is not subjective but communal. This means that an individual's mental health may include "mental, physical, spiritual, and emotional stability for oneself, family members, and community" (p.120). In his research of alumni of a school in Hempstead in Texas, Ainslie (2013) found the use of collective healing power:

> The interviews provided a vessel through which a community's cumulative grievances and mourning found expression. The project had created a space within which narratives of a collective trauma could be told (p.145).

For culturally appropriate mental health intervention strategies for Black youths according to Jones et al. (2020), they should consider "historical, economic, cultural, social, and psychological factors that influence one's life and community, and thus behaviour decisions and outcome (p.332).

Wrap-Around Services and Black Youths' Education and Mental Health

Mental Health, according to Kazdin (1993), "includes two broad domains": (1) "[the] absence of dysfunction in psychological, emotional, behavioral and social sphere and (2) optimal functioning or well-being in psychological and social domains" (p.128). For Black youths, mental health entails working, studying, and socializing in spaces where they expect no (or minimal) exposure to a life of poverty, police harassment, belittlement by teachers, societal racism and microaggression Youth mental health means being valued and accepted in society, but most importantly, within Canadian institutions (Hairstory, 2018). Black youths not only want to be listened to, but they also want to be included in any mitigation programs or strategies devised by system professionals.

The health research literature shows that the main source of mental health problems among Black youths is the exposure to, or involvement in, gun violence and crime (Khenti, 2013). Black youths are part of the youth Bridgeland and Mason-Elder (2012) have called "opportunity youth" (p.5). They have been denied opportunities by society and are therefore looking for opportunities to prosper. Unfortunately, this social condition causes constant anxiety, fear, anger leading to mental health stress and mental health problems. However, the involvement in gangs and gun crimes has its roots in the inability by systemic professionals, especially the police, to address Black youths' issues from the perspective of the youth.

Instead of working with Black youths to address youth issues, the police, according to Davis (2017), interpret Black youths' lived experiences as "as signs of their cultural inability to conform to Canadian values" (p.733). This is not only a misrepresentation of Black youths' experiences, but also a refusal to understand what Black youths experience. Some of these problems start in the school. As Briggs (2018) has argued, "there are systemic obstacles within the education system that cause alienation and disengagement amongst Black youths" (p.542). Like the police, white teachers do not value Black students like white students so their interest in helping them is either limited or non-existent.

In her research with Black leaders within the school system in Ontario, Lopez (2020) finds that Black teachers tend to show more interest in helping Black students than their white counterparts. This racist neglect causes Black youths "disengagement" from academic work (Briggs, 2018), and alienation from the school as a nurturing and inclusive institution (Lopez, 2020). The consequence of this neglect and alienation is poor academic performance and a negative attitude toward education. Students often resort to defensive attitudes or actions to cope with a sense of inadequacy due to poor performances and teachers' alienating mindsets. Without guidance and support, Black youths face "exclusionary practices in the form of disproportionate suspensions, expulsions and streaming (or tracking) into work related courses rather than academic streams" (Briggs, 2018, p.436). When they drop out of school out of frustration, they risk falling into the systemic school-to-prison pipeline (Maynard, 2017; Alexander, 2013). Instead of addressing this problem to ensure that these youth are guided away from anti-social temptations, "the onus is placed on them in terms of their ability to transcend the limitations imposed on them" by institutions (Jiwani and Al-Rawi, 2019, p.13). In their study of racialized teachers, Abawi and Ezadirad (2020) finds that there is still a diversity gap between the commitment to hire racialized teachers and adherence to that commitment. About the school as a supportive environment, Livingstone et al. (2014) argue that "[the] main concerns students raised about their schools was the absence of multicultural curricula, the lack of teacher support, and the limited number of extra-curricular and after-school programs" (p.296). This exclusionary educational environment in mainstream Canadian schools is, in the words of Garcia, Crifasi and Dessel (2018, p.669), the lack of "safe classrooms" that engenders "oppression pedagogy." When this kind of exclusionary institutional environment is normalized, Black students become exposed to neglect, self-esteem issues and the risk of mental health problems. Schools are therefore among the initial spaces in which Black youths' mental health may be ensured.

An integrated approach to mental health is therefore necessary in addressing Black youths' mental issues because of the complexity associated with them. Wraparound programs, which aim to "improve the lives of individuals and their families with complex needs through a collaborative and team-based approach" has been found helpful" (Barrett-Wallis and Goodwill, 2020, p.759). As Colizzi et al. (2020), have argued, combating mental health problems cannot be left to mental health professionals alone

because research shows that an inter-disciplinary approach is more effective. Wrap-around programs that include parents, teachers and cultural communities have been effective in supporting students' emotional and educational well-being. The efficacy of wraparound programs is that they are strength-based (Debicki, 2012; Rossiter et al., 2006) and "underpinned by a youth-centred philosophy of care and a coordinated model of service delivery designed to overcome some of the systemic barriers to support for youth in care" (Bartlett and Freeze, 2020, p.45)

Dei (2008) has argued that students cultural should be part of the pedagogy to ensure a holistic approach to Black students' education. In their study of the Afrocentric school in Toronto, Howard and James (2018) have found that students feel included and respected when they realize that their parents and their cultures become part of the school's decision-making process. This makes school an inclusive community (Dei, 2008) and reduces the chance of students losing interest in school and becoming disengaged (Briggs, 2018). Wraparound programs are capable of addressing complex issues of Black youths such as risk of dropout and criminal involvement (Rossiter et al, 2006; Barrett-Wallis and Goodwill, 2020).

Having acknowledged the complex nature of social issues, many agencies provide wraparound programs that attend to the needs youth and families have. *Roots Community Services* (n.d.) offers Wraparound programs such as Black "Youth School Success Initiative" that is geared toward equipping youth with skills and helping them graduate from high school. Yorktown Family Services (2021) over a wraparound program where "youth and family build a Wraparound Team, who are people the youth and family identify as important in their lives and who can be a support to help them accomplish their goals" (n.d.). Other agencies offer health and wraparound programs that address different types and family and youth issues. Skylark, for example, offer four types of wraparound programs with two of which fear toward keeping families together and seeking justice for children and youth.

In Minnesota, a non-profit agency, *Youthprise,* uses a program called "Opportunity Reboot" to train and connect youth using a wraparound training program that increases youth opportunities for positive mentorship, career guidance, individualized and multi-sector support (Syvertsen, Wu, Boat and Roskopf, 2021). Opportunity Reboot uses a strength-based approach that uses community resources in an integrated process that ensures that the youths are given the guidance and mentorship they need to expand the horizon of possibilities available to them. According to Syvertsen et al. (2021) many intervention programs are siloed so they do not integrate academic, technical, and socio-emotional support in their programs to support youths' positive development.

Concluding Program Recommendations

Based on the findings of this multi-modal qualitative study, several implications have emerged in response to the research questions. While Black professionals, Black-led non-profit organizations and federal, provincial, and municipal levels of governments have initiated important mental health mitigation processes, there are still opportunities for a lot more to be done to support Black youths.

- **Resources Required to Support Black Youths:** Promising practices aimed at supporting Black youths' mental health can include, but are not limited to: attention to mental health literacy, and youth-centric language; culturally-affirming mental health services; early intervention strategies, wrap-around or integrated services; intensive family support services; readily accessible community-based services at the point of need; services that harness the synergies between the education system, community agencies and the justice system; mentorship opportunities; employment and training programs; school bridging programs; long-term availability of mental health resources to ensure the continuity of care if needed, and most importantly, well-funded care and support.

- **More Empirical Research**: More empirical research is needed to understand if what is called "mental health" has other names in different Black cultures. It may not be important that mental health issues are not referred to as "mental health" problems, but it is crucial that they are addressed in a way that make Black communities central to (and welcoming of) mitigation processes. When the Calgary Catholic School District realized that immigrants were hesitant about their services, they removed "mental health" from their name and became the "Inter-Cultural Wellness Program (Calgary Catholic School District, n.d.). Research is also needed to understand the therapeutic methods used by Black mental health professionals. Health advocates have highlighted the importance of having Black therapists. However, apart from identity and perhaps, similar experiences, it is not very clear from the literature what make Black therapists different and more effective.

- **Informal Community Leadership:** State policies should be geared toward funding programs that are not only embedded in the community but also have proven track records in service effectiveness. Programs like LBA and the JF-WAY are run by experienced and effective leaders who understand youth issues and have practically made important impact in the lives of young people. African Canadian communities and policymakers need to make use of these invisible but effective leaders.

- **Cultural and Safe Spaces:** Safe spaces have been shown by the JF-WAY/LBA program to be effective, so they need replication in Toronto. Admittedly, cultural, and safe spaces need not be physical spaces. System professionals can create ideal conditions that can engender an important collaborative nexus between the school,

parents, the students, and the African Community cultural leaders. An effective and sustained communicative infrastructure between the school, the student and the cultural community can create an effective non-physical cultural and safe space. In this condition, the community would bring the cultural dimension to the schools and the teachers would therefore use that to create safe spaces. Alternatively, teachers and school administrators can visit the JF-WAY/LBA programs to learn what makes African Canadian youth, who are written off by the system, respectful of LBA tutors and focused on their schoolwork.

- **Valuing Voice and Personhood:** System professionals, like the JF-WAY mentors and the LBA tutors may be more effective if they do not make character judgements based on societal assumptions and discourses that have already been created about the youth by colonization and slavery. Decisions made using what the youth say themselves, and what these professionals ascertain from the youth first-hand, may help reduce assumptions and stigmatization. Instead of "he's a gang member," an important approach maybe, "They say he is a gang member and criminal, but I will first find out about his life. He is getting poor grades and misbehaves in class, so I need to find out more about him from his experiences."

- **Youth-Run Programs:** It would be important to give the youth a greater responsibility in running the JF-WAY while the mentors are there to guide them. African Canadian youth have been stigmatized by the system as socially irresponsible so it would be important if they are allowed to play an important role in programs like the JF-WAY because mainstream programs do not give them the same value. The intellectual and behavioural growth the LBA youth at the JF-WAY is an important indicator that their self-esteem, self-respect and confidence would be greatly enhanced.

- **Increasing Mental Health Literacy (MHL):** Increasing MHL in the Black communities will not only increase conversations about mental help and free the youth from cultural stigmas (Chiu et al., 2018) regarding mental health, but it will also increase awareness about self-care and how to access mental health services when needed (Cheng et al., 2018). When community MHL improves and taboo conversations about MH become part of the family health conversation, it may become possible for Black youths to start paying attention to what mental is broadly understood to be. They may also start to adopt help-seeking behaviours to deal with mental distress, mental problems, and identify mental health disorders (Kutcher et al., 2015).

In addition to cultural barriers, there are also systemic barriers to Black MHL and toaccessing mental health services. Because of anti-Black racism, Black youths who

seek mental health assistance find themselves criminalized rather than being given professional assistance. This drives the youth away from spaces where they can have access to mental health knowledge that may help them safeguard their mental health. Without a proper understanding of mental health, youths find themselves suffering in silence for fear of being further traumatized by system professionals who see them as problems rather than as young people with problems needing professional attention. As stated by Fante-Coleman and Jackson-Best (2020), anti-Black racism has created a systemic condition in which Black youths access health services only when incarcerated.

Increasing mental health literacy among Black youths would involve increasing awareness to demystify mental health and break through taboos about mental health conversations in the Black communities. There are Black youths who seek mental health support outside the community, but this support becomes ineffective because these youth still go back to the communities and families that consider mental health conversations taboo topics. Additionally, there are individual families that understand mental health if one of their own is undergoing mental health distress or illness, but they would still not discuss that with other relatives or community members because of cultural fear of their child being considered "crazy" in the community. It is therefore important that mental health literacy is positive at the level of the community and not restricted to the individual or family. This would ensure that families are able to share information about their mental health challenges or talk about what their children are going through. Since Black communities face systemic anti-Black racism (Pon, Gosine and Philips, 2018) as a legacy of colonization and slavery, there is a rampant collective trauma Black people experience. Increasing mental health literacy at the community level would increase the possibility of creative, community-based collective healing programs such as "racial socialization" (Anderson et al., 2018) or the use of narratives for community collective healing (Ainslie, 2013). This may also increase Afrocentric approaches to mental health that are culturally appropriate, holistic, and inclusive (Hatcher, King, Barnett and Burley, 2017).

Increasing mental health literacy in the Black community would also improve the chances of health-seeking attitudes (Cheng et al., 2017) in a system that is still Anti-Black. Black youths will not only understand mental health in its generality, but they will also be shown where to go should they feel worried, anxious, or fearful in school or at home. This will help them learn how to engage in healthy behaviour and attend to mental health distresses before they intensify into something far more worrisome such as mental illness.

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