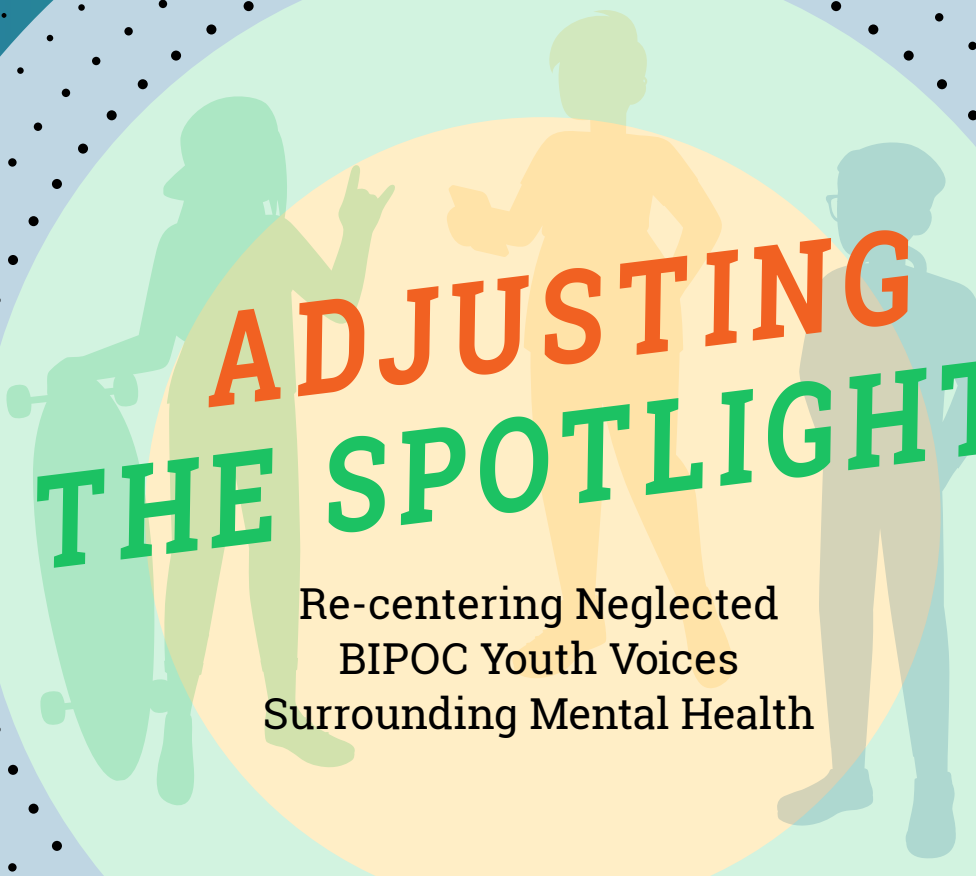
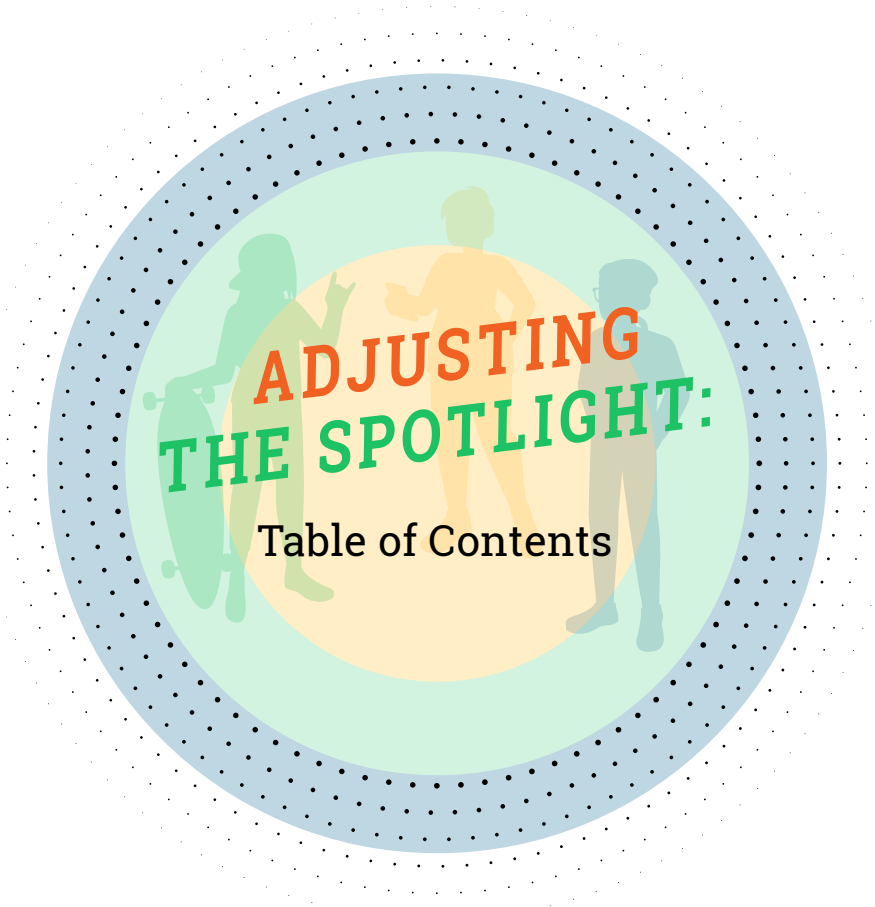


ADJUSTING THE SPOTLIGHT:

Re-centering Neglected BIPOC Youth Voices Surrounding Mental Health

The New Mentality
DISABLE THE LABEL

CMHO
Children's Mental Health Ontario
Santé mentale pour enfants Ontario



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EXECUTIVE SUMMARY

The New Mentality (TNM) is a program of Children's Mental Health Ontario that engages and amplifies youth voices in the Ontario child and youth mental health system. Through our Youth Action Committee (YAC), youth members from across Ontario work together to develop youth-led policy recommendations with the goal of creating change in the mental health system.

In early 2020, YAC members decided to focus their policy recommendations on equity. After much discussion, the topic was narrowed down to racial equity and addressing how race affects mental health treatment in Ontario. Youth cited their lived experiences and persistent racial inequities worldwide that impact access and understanding of the mental health system as their reasoning for choosing this topic.

YAC members released a survey targeted to BIPOC youth aged 13-25 years old in Ontario to better understand the role that racism plays in accessing and receiving mental health services for BIPOC youth. The data collected from these surveys was followed up with two online consultations with BIPOC YAC members that resulted in insightful discussions on race, racism, and mental health.

This policy paper outlines three main findings from the YAC survey and consultations and six recommendations based on the main findings.

THE THREE MAIN FINDINGS ARE:

- Finding #1: BIPOC youth face barriers from racism, discrimination, cultural insensitivity and cultural stigma that prevent access to mental health services and create negative experiences upon usage.
  - BIPOC youth experience racism and discrimination due to their unique and intersecting identities.
  - Current mental health services lack cultural sensitivity.
  - White service providers lack an understanding about intergenerational trauma due to a lack of lived experience.
  - Cultural stigma is unique to BIPOC youth and is not acknowledged within the system.
  - The implication of culturally incompetent care is that youth will seek informal support when in crisis.

- **Finding #2:** The existence of economic disparities amongst BIPOC communities and inadequate access to financial resources poses barriers when accessing services and when attempting to continue with necessary care.
  - Financial barriers prevent BIPOC youth from accessing services.
  - While child and youth mental health services are publicly funded, youth may lack access to equitable economic resources such as transportation or technology that would enable them to access mental health services.
  - There are significant economic disparities amongst racialized communities.
  - The disproportionate effects of COVID-19 on financial stability for BIPOC communities further exacerbate their already scarce resources.

- **Finding #3:** Social exclusion within schools, communities and institutions can lead to serious mental health effects for BIPOC youth and prevent adequate access or usage of mental healthcare.
  - Negative social influences and racially targeted bullying within schools affects the mental health of BIPOC youth and poses significant barriers.
  - Social exclusion prompts BIPOC youth to access informal support in times of crisis.
  - There are significant geographic concerns and long wait times which prevent BIPOC youth from getting effective care.
  - There are parallels between the healthcare and the mental health system for BIPOC individuals related to social exclusion.

The following recommendations are made in this policy paper as per the findings. Each recommendation is followed by short-term and long-term goals.

- **Recommendation #1:** Offer more relevant anti-racist and anti-oppressive training to staff working in the child and youth mental health sector, with mandated follow-ups and continuous development, to create culturally sensitive environments and increase cultural competency.

- **Recommendation #2:** Hire more diverse service providers and allow youth to make requests for specific service providers.

- **Recommendation #3:** Provide effective anti-racist education and anti-oppressive practices within schools.

- **Recommendation #4:** Implement more types of mental health services.

- **Recommendation #5:** Ensure effective navigation and discovery of mental health services.

- **Recommendation #6:** Mandate race-based data collection.

ABOUT US

Children's Mental Health Ontario (CMHO) represents publicly funded Child and Youth Mental Health Centres in Ontario. Their advocacy is important in supporting investments, programs, and informing policies, with the ultimate goal of developing a mental health system which prioritizes the needs of children, youth and families.

The New Mentality (TNM) is a program of Children's Mental Health Ontario that specializes in meaningful youth engagement. It is a community of passionate youth volunteers supported by adult allies who create change in the child and youth mental health system in Ontario. Through our Youth Action Committee (YAC), youth work to create youth-led policy recommendations to stakeholders responsible for change.

The Youth Action Committee is a provincial advisory committee in partnership with Children's Mental Health Ontario and The New Mentality, made up of youth across Ontario between the ages of 16-25 years. With a passion for addressing issues within the mental health system, the committee works to reduce the stigma around mental health and develops youth-led policy that reflects the needs of youth.

In identifying the barriers that prevent youth from getting the care that they deserve within the mental health system, the YAC develops a plan of action to tackle these complex problems. Since 2012, the YAC has been working in collaboration with CMHO staff, TNM Groups and adult allies, to collect data through community outreach, surveys and consultations to inform their policy work and propose policy recommendations.

ACKNOWLEDGEMENTS

This paper was shaped, developed, and executed by the passionate and brilliant leaders of Children's Mental Health Ontario and The New Mentality's joint Youth Action Committee.

Members of the 2020 YAC committee include:

- Hodan Mohamud, Co-Chair
- Lewis Han, Co-Chair
- Victoria Kaulback
- Victoria Corbett
- Eric Hendrick
- Nneoma Grace Achioso
- Madison Suh
- Gregory Doucet
- Nourin Ali

Members of the 2021 YAC committee include:

- Hodan Mohamud, Chair
- Eric Hendrick
- Lewis Han
- Nneoma Grace Achioso
- Madison Suh
- Gregory Doucet
- Erin Park
- Aditya Thakur
- Alisha Sharma
- Diya Mohan
- Murphy-Issac Boyse
- Gin Phillips

This policy paper is written by 2021 Youth Action Committee member Alisha Sharma, with the combined support, effort and brilliant ideas of the outstanding team of advocates who formed the 2021 YAC. Without the help of the adult allies, Mary-Anne Leahy, Fizza Abbas, Reshem Khan, and Evelyn Ascencio, as well as the CMHO policy team, Christal Huang and Jide Alaga, this policy paper would not have been possible. Their knowledge and expertise about developing policy and understanding racial issues within the mental health system was imperative in informing and creating this paper.

Facilitated and led by the YAC Co-chair Hodan Mohamud, the committee was responsible for the two primary sources of data used: the province-wide survey and consultations, both specifically for youth from Black and Indigenous communities, and who identify as people of colour (BIPOC). Thank you to Nicole D'Souza for offering clinical support throughout the consultations.

A huge thank you to all the youth who participated in the YAC survey and YAC consultations. Your contributions, experiences, stories and voices matter.

Funding for this project was provided generously by Children's Mental Health Ontario, the Government of Ontario and the Cowan Foundation. The views expressed in the publication are a summary of project findings.

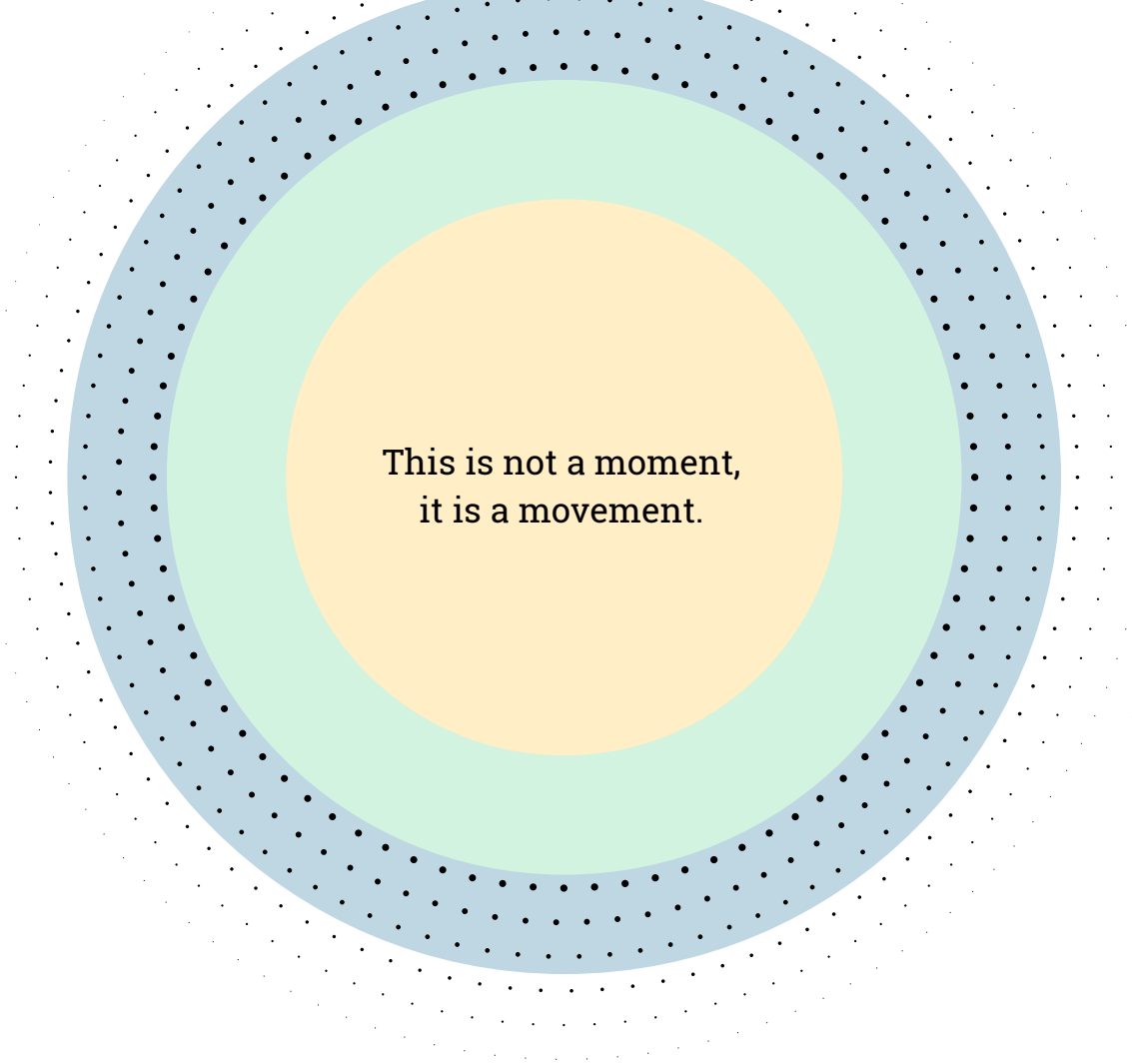
INTRODUCTION

BIPOC youth are youth who belong to or identify with any of the following communities:

Black
Indigenous
People
Of
Colour

In early 2020, the Youth Action Committee (YAC) discussed the different kinds of challenges that youth face with respect to their mental health, and in accessing and using mental health services across Ontario. After much discussion and investigation, the YAC felt that there were many groups of people that were facing inequitable treatment within the mental health system, and had inequitable access to such services.

The YAC decided to focus the conversation around race and mental health in March of 2020. The topic of equity was initially chosen, however as this term can encompass a multitude of issues, it was decided that the topic of equity be further narrowed down to racial equity. This was primarily based on the lived experiences of YAC members, what they have seen in their communities with respect to publicly funded mental health services, and what was happening more broadly in their communities, in Ontario, and across the world with respect to systemic racism and oppression. Recently, in 2021, the media has focused on the Black Lives Matter movement, particularly gaining attention within the United States, which has also forced Canadians to take a deeper look into systemic racism. In Canada, more specifically, there has been the discovery of 215 unmarked graves (and counting) of Indigenous children at residential schools, which sparked national outrage and brought attention to the intergenerational effects of Canada's colonial history. The Black Lives Matter movement, intergenerational effects of residential schools and other BIPOC equity issues are not new. Rather, they have been ongoing for many years, and its existence, combined with the lived experience of YAC members, is what drove the decision to choose this specific topic.



Information on the topic of race and mental health is crucial, because children and youth from marginalized communities are the most at risk of developing serious mental health conditions, and the least represented in care and treatment. BIPOC youth face unique challenges and barriers such as racism, discrimination and cultural insensitivity. This policy paper recognizes the importance of addressing the unique yet neglected needs of BIPOC youth, in order to provide more equitable and appropriate mental healthcare.

> "Service providers want to get to the root of the mental health issue. What they don't understand is that roots are tangled, woven within and between each other."
>
> *Youth, 19, Kapuskasing*

Three key findings were derived from the YAC survey and youth-led consultations in the broad areas of cultural insensitivity, economic challenges, and social exclusion, which were then combined with other external research and data sources to inform recommendations in this report. Six key recommendations are presented as per the findings and YAC input, which include relevant anti-racist training, hiring more diverse service providers, providing effective anti-racist training in schools, implementing more types of mental health services, ensuring effective navigation of services, and mandating race-based data collection.

METHODOLOGY

This policy paper is informed by data collected through the Youth Action Committee Survey launched in 2020 and consultations hosted in 2021, both of which specifically targeted BIPOC youth across Ontario for data collection.

SURVEY

The survey was specifically designed for BIPOC youth and used to collect information about how one's racial and overall identity affects their access and use of mental health services in Ontario. The YAC survey was launched in October 2020 and closed in November 2020, specifically for BIPOC youth across Ontario, and is the main source of data that contributed to the writing of this paper. The survey was administered online using SurveyMonkey, and was promoted through social media advertisements, community mental health partners and TNM youth engagement groups' social media platforms. Each survey respondent was entered into a raffle to win one of five $100 gift cards, as a token of appreciation for their participation in the survey.

234 youth, between the ages of 13-25 years, responded to the survey. The survey consisted of 50 questions, was available in both French and English, and included both multiple choice and open ended responses. To maximize youth voice and include all responses, the open ended responses were thematized. There was a 39% completion rate, while the remaining participants answered most questions but skipped between them very liberally. It was decided that all responses should be used in order to maximize the data available and youth input on this topic.

Youth were asked questions about their racial identity, their socioeconomic status, and other intersecting pieces of their identity such as gender, religion, etc. Youth were also asked to share their experiences accessing and using mental health services, and any changes that they would like to see within the mental health system for a more positive experience.

CONSULTATIONS

In June 2021, the YAC held two consultations with BIPOC youth across Ontario.

The consultations were held over a virtual platform in order to respect the COVID-19 guidelines put in place by the provincial government. The 11 BIPOC youth members of the YAC participated in the consultations. They were asked to share their experiences about how their racial identity has not only affected their mental well-being and personal lives, but also how it has impacted the way they access, use and are treated within mental health services or programs offered in their communities. Youth were able to emphasize changes they wanted to see and explain their areas of concern.

The overall discussions were facilitated by the chair of the YAC and supported by TNM and CMHO staff, who were responsible for supporting the youth in the discussion and taking notes. There was also clinical support available on the line.

BACKGROUND

Currently, there is minimal research on general racial disparities within Canada and Ontario, and much less catered towards the mental health system. There also isn't much data available on the experiences of racialized youth in mental health, and much of what is available lacks direct input from these communities.

A misguided understanding of these experiences can undermine honest efforts to improve access to mental health services, and risks further alienating racialized youth. Thus, the results of the survey and consultations have informed this policy paper in order to amplify the voices and unique stories of BIPOC youth across Ontario.

BIPOC youth are placed in a unique position where they face racism, but also dually experience discrimination from their unique intersecting identities. Intersectionality plays an important role in this policy paper. It must be recognized that race is not the only part of a BIPOC youth's identity, rather they may also identify with other equity-seeking groups, such as belonging to LGBTQ2S+, disabilities, and low-income communities. Thus, they suffer from mental health issues, face barriers and have negative experiences within the system that are unique to their identities while also experiencing existing barriers felt by the general population.

> "It is important for mental health professionals to acknowledge the gap in lived experiences. As we feel that our identity is integral to the work, especially when we have intersectional identities. Not just race, but things such as gender, income and sexuality."
>
> *Youth, 17, Scarborough*

Research has shown that such racism and discrimination risks further perpetuating existing stereotypes *[Loh & Chau, 2020]* and causing health inequities *[Mahabir et al., 2021]*. As a result, it does not come as a surprise that an investigation and analysis of the YAC survey and consultations discovered that BIPOC youth are disproportionately affected by the social determinants of health and subjected to culturally insensitive and culturally incompetent environments when engaging with the mental health system.

Not only do BIPOC communities lack equitable access to economic resources that pose financial barriers when trying to access services, but they are also disproportionately, socially excluded within schools and their communities, which can negatively impact their well-being and perpetuate existing cultural stigma.

Youth have reported experiencing racial bias and racial stereotyping, effectively damaging their trust with mental health services and service providers in the process. When this occurs, a one-size-fits-all approach is likely to be used for all BIPOC youth, which in reality can be irrelevant to their needs and can further deter them from seeking care.

Moreover, current mental health services lack cultural competency and fail to meet the needs of BIPOC youth. Service providers ignore, trivialize, or are unable to understand how youths' unique racial identity, experiences, and cultural understanding of mental health can affect their well-being and the way they perceive mental health and seek help.

There are significant consequences to inadequate and inequitable mental health services. Without appropriate care, mental health conditions can impact an individual's quality of life; it causes feelings of distress, anxiety, worry, and negatively impacts self-efficacy and energy levels *[Connell et al., 2012]*. Families of youth may experience stress from providing emotional and physical support, may feel isolated in the fight for recovery in a society that socially excludes them, and may suffer from financial instability *[WHO, 2003]*.

The YAC survey and consultations gave youth the opportunity to suggest changes for the mental health system upon these findings. The most common policy recommendations that were provided and that are presented within this policy paper, are as follows:

- Offer more relevant anti-racist and anti-oppressive training, with mandated follow-ups and continuous development, to create culturally sensitive environments and increase cultural competency
- Hire more diverse service providers and allow youth to make requests
- Provide effective anti-racist education and anti-oppressive practices within schools
- Implement more types of mental health services
- Ensure effective navigation and discovery of mental health services
- Mandate race-based data collection

While many policy problems and recommendations are unique to this paper, connections can be made to previous YAC policy papers in which similar issues were identified.

For example, in the 2013 "Speak Up Speak Out" policy paper, significant flaws within the school system were discussed with respect to education on mental health and school staff's ability to understand youth experiences or be compassionate. While there have been some improvements since the release of this paper, it is unfortunate to discover that BIPOC youth still have concerns about staff lacking compassion and understanding, similar to those of 8 years ago. Thus, they do not feel comfortable when reaching out about racist events that occur within schools that inevitably impact their mental health and well-being.

Additionally, the 2016 "Waiting for Change" zine addressed long wait times for mental health programs more generally, and especially for northern and remote communities. The 2018 "Crisis to Quality" paper later pointed out the lack of diverse service providers and the need for anti-oppressive practices to be implemented. To date, these concerns still remain for BIPOC youth accessing and using mental health services. This policy paper explores these concerns further and makes policy recommendations to improve the experience for BIPOC youth.

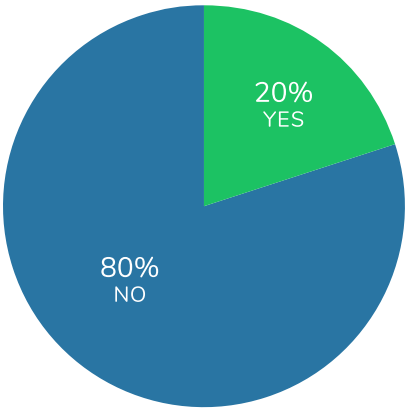
FINDING #1

BIPOC youth face barriers from racism, discrimination, cultural insensitivity and cultural stigma that prevent access to mental health services and cause negative experiences upon usage.

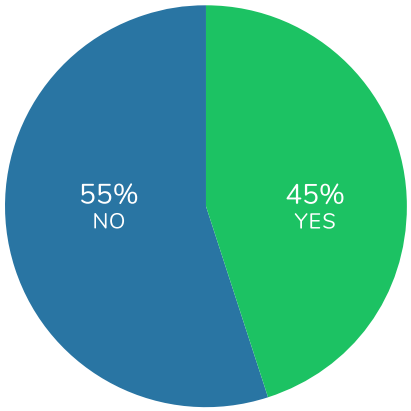
Finding #1 compares results from YAC BIPOC data collected during the pandemic to pre-pandemic data of the general population. It discusses the sub-topics of racism and discrimination, cultural insensitivity, a lack of understanding of intergenerational trauma, and cultural stigma. The implication, of BIPOC youth seeking informal support during a crisis, of the combined effect of these topics, is highlighted.

The YAC survey and consultations found that BIPOC youth are disproportionately affected within the mental health system. During the pandemic, over 80% of youth in Ontario aged 13-25 were not accessing mental health services in any capacity as per the YAC survey, compared to 55% in the same age range prior to the pandemic *[Chiu et al., 2020]*.

Percentage of BIPOC Youth Accessing Mental Health Services in Any Capacity
During the Pandemic – When Completing the YAC Survey

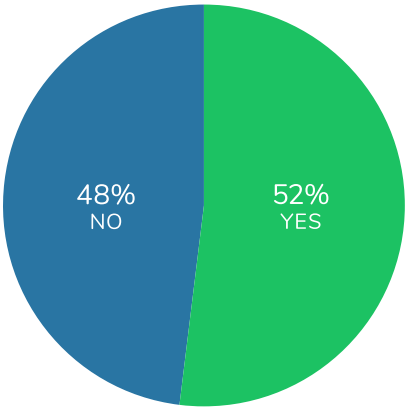


General Population of Youth Accessing Mental Health Services
Pre-Pandemic Results

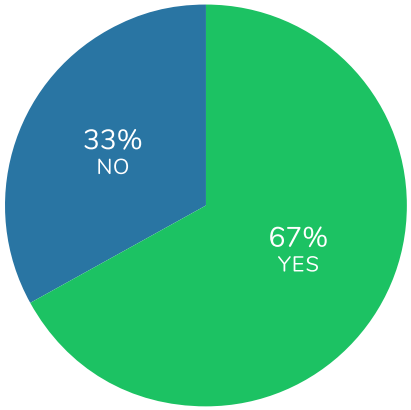


Additionally, among Ontarians 15-25 years-old from the general population, 33% report that the services they have accessed have not met their needs *[Sunderland & Findlay, 2013]*, compared to 48% of the BIPOC youth who participated in the YAC survey.

Mental Health Services
Meeting the Needs of BIPOC Youth
When Completing the YAC Survey



Mental Health Services Meeting the Needs
of Youth From the General Population
Pre-Pandemic Results



The detrimental impacts of the pandemic may be a key contributing factor for these results, as 60% of survey participants reported being negatively impacted by COVID-19. However, while the pandemic is not solely to blame for these alarming numbers, the pandemic has further exacerbated pre-existing inequities of racism, discrimination, cultural insensitivity, and a lack of understanding about internalized cultural stigma.

BIPOC YOUTH EXPERIENCE RACISM AND DISCRIMINATION DUE TO THEIR UNIQUE AND INTERSECTING IDENTITIES

21% of youth face discrimination as a barrier to accessing mental health services, which can further perpetuate negative experiences and deter youth from seeking mental healthcare.

> "When you access services, people will make assumptions about your race and even your gender. Address you with the incorrect pronouns, and sometimes if you do not fit the racial stereotype, they will assume that race is no longer a part of youth identity. Race affects other parts of my identity, and it is a part of my identity. It should be acknowledged appropriately."
>
> *Youth, 17, Scarborough*

Youth from both the survey and consultations stated that this can be attributed to the assumptions made by service providers, not only about their race, but about other aspects of their intersecting identities such as their size, trauma, religious apparel, gender, physical appearance, income and sexuality. **These discriminatory experiences make youth feel excluded, impact their confidence, and ultimately erodes their trust with the service provider — which is an integral part of building a clinical relationship.** Sometimes youth were actively turned away from care for these reasons:

> "When someone makes a brazen assumption about you, you lose trust and that impacts your ability to seek care. Then who do you talk to?"
>
> *Youth, 17, Richmond Hill*

> "Assumptions and stereotypes are a way to exclude people and impact confidence."
>
> *Youth, 17, Scarborough*

> "Support from white service providers can also be seen as very strong and overdone, as opposed to understanding. For example, upon the news of the 215 Indigenous children's unmarked graves found at Kamloops residential school, support was given immediately by wearing orange shirts. No one took the time to actually ask questions about our community and think of long-term active solutions. When we are over acknowledged, it is performative, and it's clear that no one really genuinely cares."
>
> *Youth, 18, St. Thomas*

This feeling of judgment and racial bias was very common amongst BIPOC youth when interacting with the mental health system. 78% of youth felt judged upon accessing mental health services, 73% felt that the treatment they were receiving was irrelevant to their needs and 68% felt that they could not relate to their service providers.

Care was not helpful as providers lacked understanding of the needs of racialized youth or members of a different cultural background. Often, when youth access mental health services, service providers either refuse to acknowledge racial identity and its intersections, or they try to specifically cater services to BIPOC youth in broad strokes, which actually tends to alienate youth and make them feel like they are the problem.

MENTAL HEALTH SERVICES LACK CULTURAL SENSITIVITY

These actions are also the result of a lack of cultural sensitivity, as service providers do not understand the cultural stigma associated with mental health and thus try to fill in the gaps by ignoring or over acknowledging racial identity.

Cultural insensitivity is one of the top three barriers experienced by 33% of youth, and one way that it presents itself is through racial stereotypes. Service providers tend to group cultures and backgrounds together in order to understand the experiences of BIPOC youth and then provide services. **In reality, each culture is unique and the way in which it plays a role in youth's perception of mental health will vary alongside other intersectionalities mentioned earlier.** When service providers treat BIPOC youth as a homogeneous group, this causes them to be more inclined to take a one-size-fits all approach to complex problems.

> "If you do not fit the cultural stereotype, service providers think that cultural nuances and norms do not apply to you anymore."
>
> *Youth, 17, Scarborough*

> "As a Black youth, I was told that I was overreacting by a counsellor and was stereotyped."
>
> *Youth, 19, Kapuskasing*

> "Stereotypes cause providers to bypass what you say – they have a know-it-all tendency and don't actually listen to what you're saying."
>
> *Youth, 19, Kapuskasing*

> "As an Indigenous youth, stereotypes were thrown at me by white and non-native communities. We are always spoken over, our voice silenced."
>
> *Youth, 18, St. Thomas*

The urge to conform to these racial stereotypes, racial biases and assumptions is a common occurrence amongst youth. Since they are not being fully listened to and their unique racial identities are not acknowledged or neglected when receiving treatment, they feel like conformity is necessary in order to receive the care they deserve. This means they have to be careful about what to say and how to act. In many cases, when BIPOC youth decide to stand up for themselves, they are once again negatively stereotyped.

> "Racialized youth have to cater to white groups. Often told to tone it down."
>
> *Youth, 19, Kapuskasing*

> "You end up having to be careful about what to say or how to say it."
>
> *Youth, 19, Kapuskasing*

> "When racialized people don't conform to the stereotypes or assumptions that the majority have made about them and they speak up and stand up for themselves, they're seen as being angry, difficult, etc. They push people and it gets to a point where it goes too far."
>
> *Youth, 19, Kapuskasing*

WHITE SERVICE PROVIDERS LACK AN UNDERSTANDING ABOUT INTERGENERATIONAL TRAUMA DUE TO A LACK OF LIVED EXPERIENCE

Additionally, providers lack an understanding of the impacts of intergenerational trauma, and the fact that every youth comes from a family with a different perception of mental health.

> "With race and mental health just starting to approach anxiety, depression, and stress, BIPOC communities are in a different place of understanding when acknowledging and responding to mental health."
>
> *Youth, 18, Oakville*

The families of BIPOC youth grew up with different experiences that have influenced their way of prioritizing and understanding mental health. Usually this means that parents neglected their mental health due to a lack of education on the topic or lack of opportunities to discuss their mental health and seek help or support if needed. Consequently, some racialized families will tell youth to "get over it," try and compare their own experiences from immigrant countries, and do not understand what it means to be in a predominantly white country. As a result, youth take on the stress and anxiety of their families in addition to their own, while also trying to deal with families that may lack empathy. This makes it hard for youth to get the parental support they need in the midst of feeling all the stress and anxiety that has been carried and suppressed by generations before them.

> "There is a large disconnect between our parents' trauma and our trauma. Parents don't always notice that we are taking on some of their stress or anxiety, but we can't say much either."
>
> *Youth, 18, Scarborough*

> "We are feeling all of the stuff that has been carried and suppressed by generations before."
>
> *Youth, 18, St. Thomas*

> "There is a lack of empathy from parents and it's challenging for them to understand what we are going through. And without that empathy it's hard for them to support us through our challenges, but it's so important for us to have that parent support."
>
> *Youth, 22, London*

> "We are trying to work with parents to deal with their mental health and our own at the same time."
>
> *Youth, 18, St. Thomas*

> "Especially youth who have parents that are immigrants, who don't understand mental illness because it is never spoken about or they were never educated about it in their own native country — or they are aware of mental illness and mental health but it is a taboo topic — they can't relate to or even assist their children."
>
> *Youth, 22, London*

> "People don't understand the years and years of trauma that come with residential school experiences, being taken away from family. This impacts family life with the way families show love, affection and how they raise their children."
>
> *Youth, 18, St. Thomas*

Moreover, 68% of youth cannot relate to their service provider as they do not reflect their identity. Youth therefore have no choice but to explain parts of their cultural background and its effects on their mental health, as service providers lack the lived experience to initially understand them. Not only is trying to explain the dynamics of their culture difficult, but it leads to exhaustion, and many youth feel that it is better to disconnect from services and providers, than to continuously explain themselves.

Throughout the consultations, youth stated that they feel like they have the added responsibility of having to redefine mental health and tackle cultural stigma in their communities while advocating to service providers, along with the stress of trying to seek treatment and care for their own mental health problems.

> "As racialized youth, we feel like we can't take a break from advocating."
>
> *Youth, 19, Kapuskasing*

> "Mentally draining to teach service providers about these issues."
>
> *Youth, 18, Scarborough*

> "If there is a cultural barrier, I have to be the one to point it out."
>
> *Youth, 17, Scarborough*

> "We need to be loud enough for people to hear us."
>
> *Youth, 21, St. Thomas*

> "Hard to empathize and feel any sort of way. Easier to disconnect and distance ourselves from providers than it is to trust and understand them. Providers don't understand that."
>
> *Youth, 19, Kapuskasing*

> "Exhausting for BIPOC to always explain, so we often bypass it."
>
> *Youth, 19, Kapuskasing*

Another reason why white service providers may lack cultural sensitivity and competency, is a lack of diversity in the sector, which 63% of youth indicate is a barrier. When services lack diversity and representation, there is no opportunity for other providers to learn about cultural differences and be mindful of them. Thus, youth feel the pressure to educate non-racialized service providers, which further exacerbates their negative experiences and adversely impacts their mental health.

> "Working with white mental health professionals, they often dance around the topic of race."
>
> *Youth, 19, Kapuskasing*

> "Our generation is finally having the luxury, the time and the opportunity of talking about our mental health."
>
> *Youth, 18, St. Thomas*

These specific racial experiences are integral to a BIPOC youth's identity and should be recognized — as they finally have the luxury to pay attention to their mental health and address issues such as stigma and intergenerational trauma, something their families did not have.

CULTURAL STIGMA SURROUNDING MENTAL HEALTH IS UNIQUE TO BIPOC YOUTH AND IS NOT ACKNOWLEDGED WITHIN THE SYSTEM

Furthermore, cultural stigma can cause BIPOC youth to have serious second thoughts about accessing services. More than half of survey participants expressed that stigma is accompanied with fear, mistrust, and confidentiality concerns with respect to parent involvement.

For many youth, there is a thick layer of shame, stemming from internalized cultural stigma, that comes with accessing services. This can cause youth to delay seeking care, and accompanied with cultural insensitivity, can prevent them from fully disclosing health conditions in fear of being treated with bias or simply being denied services *[Loh & Chau, 2020]*.

Confidentiality concerns and fear of parental involvement is particularly true for virtual mental health services, where a lack of privacy and lack of comfort were the top two barriers preventing youth from accessing the help they needed. Of the 20% of survey respondents who are accessing services, 16% are accessing them virtually. Since 80% of youth live with their families who carry mental health stigma or unsupportive cultural attitudes, there is the chance that their families would be able to hear them.

> "Growing up with parents of colour, they like to tug at a rope that we are actively trying to untangle."
>
> *Youth, 18, St. Thomas*

> "Being biracial, my white side of the family doesn't understand the dynamics of racialized family members. When one family interacts with each other, they don't understand the dynamics of the other family. This changes if siblings are not racialized and don't live with family. As the eldest child, I am expected to be the well behaved one especially since I have more identifiable racialized physical traits. This includes dealing with racism within my family. Parents will also deal with conflicts differently because of this."
>
> *Youth, 19, Kapuskasing*

There is also a lack of transparency between the services and youth receiving care, as they are unaware about how much their families will be involved. It must be acknowledged that a BIPOC youth's parent's response to youth receiving care may be drastically different when it comes to mental health, due to such cultural differences, and as such privacy becomes a huge concern.

THE IMPLICATION OF CULTURALLY INCOMPETENT CARE IS THAT YOUTH WILL SEEK INFORMAL SUPPORT WHEN IN CRISIS

The overall negative implication of racial discrimination, racial bias and culturally insensitive care that lacks an understanding of cultural stigma, is that youth will seek informal mental health supports when in crisis. While 71% of youth have experienced a mental health crisis in their lifetime, 39% did not seek help, and very few respondents (9%) accessed community based services or helplines. Instead, 69% of youth reported that they rely on themselves and 83% reported relying on their friends for mental health support.

When given an opportunity to explain why they sought informal support, youth stated it was because they felt it was the most comfortable, the least judgemental, most trusting, and most understanding of all their options. Clearly, as youth are not receiving the culturally sensitive and culturally competent care that they require, they will seek it in places that are not the most ideal from a clinical perspective.

FINDING #2

The existence of economic disparities amongst BIPOC communities and inadequate access to economic resources poses financial barriers when accessing services and when attempting to continue with necessary care.

Finding #2 begins with YAC data that shows the financial barriers experienced by BIPOC youth in Ontario, ultimately tying it to how the ongoing COVID-19 pandemic has further exacerbated this problem. Data from external sources about economic racial disparities that exist within Canada and Ontario more generally are then presented to further reinforce this issue among racial communities.

FINANCIAL BARRIERS PREVENT BIPOC YOUTH FROM ACCESSING SERVICES

Low-income communities are the most vulnerable to mental health conditions, yet they are the least likely to have access to mental healthcare *[Steele et al., 2006]*. While child and youth mental health services are publicly funded, youth may lack access to equitable economic resources such as transportation or technology when accessing mental health services. This is particularly a concern for BIPOC youth, as marginalized groups are overrepresented in low-income communities.

The YAC survey found that, while 98% of youth surveyed are either living comfortably or are just getting by, income and living costs were at least sometimes a source of stress for 88% of youth. More specifically:

- 18% of those surveyed said that income and living costs were always a source of stress;
- 30% of youth reported that income and living costs were often a source of stress;
- 39% of youth reported that income and living costs were occasionally a source of stress.

This aligns with studies which have found that poverty, along with impacting mental well-being and threatening mental health, is linked to social deprivation, as well as experiences of stress, stigma and self-harm *[Raphael, 2009]*. In fact, rates of suicide in low-income neighbourhoods are higher than the provincial average *[MHASEF, 2018]*. Between 2012 and 2014 the rate of deliberate self-harm among youth in low-income neighbourhoods was twice that of wealthier neighbourhoods *[MHASEF, 2018]*. Mental health and addictions-related emergency department visits and hospitalizations was two times higher of individuals from poor neighbourhoods than wealthier neighbourhoods *[MHASEF, 2018]*.

Low-income youth were the most likely to report experiencing barriers when accessing mental health services. Primarily, 75% reported experiencing financial barriers.

Currently, there is an inaccessibility of mental health services with respect to hours. 82% of youth are in school, of which 33% are in high school, and 15% are working full-time jobs alongside school. It is also worth noting that many low-income youth have families that are working. As a result, most mental health services are not available due to the busy schedules of youth, and parents or guardians are unable to take time off of work in order to provide transportation to and from appointments.

Inefficient service hours that do not accommodate the fast-paced lives of low-income BIPOC youth is not the only financial barrier. Along with not being able to take time away from school or work, youth are unable to afford effective transportation such as their own vehicles or even public transport, which means some in-person services may not be an option for them. This forces low-income youth to go to virtual mental health services for the support that they need, but they are often unable to afford the required technology to access them or their low-income positions may not allow them to be in a setting that offers complete privacy.

Many services that are deemed accessible oftentimes do not have the supports in place for people to receive them. Thus, while child and youth mental health services may be publicly funded, often financial barriers such as transportation, technology and housing are neglected and overlooked when designing or implementing cost-effective and accessible services.

> "There are financial barriers, like parents can't take time off of work to take you to appointments."
>
> *Youth, 17, Scarborough*

> "You can have services but how do you even access services without proper social services to help you get them. For example, transportation and access to technology."
>
> *Youth, 18, Scarborough*

Additionally, it must also be noted that due to a lack of knowledge about available care, many youth stated that they did not know where to find mental health services, if they were available, how to find out more information, and were unsure about whether or not services were free. This is especially true for transition-aged youth who are unsure of what adult mental health services will look like, as there is a lack of clarity about the transition.

Child and youth mental health services are publicly funded, yet many youth do not know whether services are free, and this causes them to have second thoughts about accessing services, in case services would not be covered by their insurance. This concern is a completely valid one.

In Canada, some of the best insurance coverage for mental health services is available to individuals with wealthier and more stable forms of employment, meaning that those who have low-income jobs or are unemployed do not have access to much coverage *[CMHA, 2018]*. The universal healthcare coverage tends to inequitably support psychiatric treatment for mild and severe illnesses for individuals with a higher socioeconomic status compared to disadvantaged groups *[Steele et al., 2006]*.

When there is a lack of knowledge about whether or not child and youth mental health services exist and are publicly funded to provide free care, youth start to feel stressed and anxious about how their financial position will allow them to get the treatment that they need. Youth are afraid that they will have to pay out of pocket for treatment or if their insurance is capable of covering the costs.

Additional YAC survey results support these findings. Youth are most likely to be initially referred to mental health services through school (58%), family physicians (11%), hospitals (75%), and web-based services (6%). Rather than directly accessing mental health services, BIPOC youth's initial point of contact with treatment is often through external referrals.

It is important to acknowledge that simply the existence of publicly funded mental health services is not enough to provide efficient treatment for BIPOC youth in Ontario. Existence does not necessarily mean that youth know about the services that are available to them. Thus, a lack of knowledge about cost-free services can act as a huge barrier, especially for low-income communities.

THE DISPROPORTIONATE EFFECTS OF COVID-19 ON FINANCIAL STABILITY FOR BIPOC COMMUNITIES

From the YAC survey and consultations, youth said that some of the positive effects of the COVID-19 pandemic is that transportation constraints decreased, allowing families to be more available to provide transportation to and from appointments. However, most in-person services have been limited and unavailable amidst provincial restrictions. With virtual services being the apparent option available, BIPOC youth and their families are no longer in a financial position that allows them to afford the necessary resources to access services, such as technology or more private settings.

These findings are consistent with a crowdsourcing data collection initiative which found that the COVID-19 pandemic was more likely to affect visible minorities with respect to job losses and reduced working hours, and had a greater impact on visible minority participants' ability to meet financial needs *[Hou et al., 2020]*. Such drastic effects of the pandemic does not come as a surprise considering that racialized communities have generally higher poverty rates *[Hou et al., 2020]*, and are subject to inequitable access to the labor market *[Mahabir et al., 2021]*.

THERE ARE SIGNIFICANT ECONOMIC DISPARITIES WHICH EXIST AMONGST RACIALIZED COMMUNITIES

More specifically, many studies and research have demonstrated that racial communities in Canada have inequitable access to the labor market, resulting in higher rates of poverty amongst these groups *[Mahabir et al., 2021]*. In Canada, despite the fact that 51.6% of racialized immigrants have an education which makes them overqualified for their forms of employment *[Chen et al., 2010]*, there is an overrepresenation of racialized communities within low-income employment, precarious work and even unemployment *[Mahabir et al., 2021]*.

More specifically, in Toronto, racialized groups represent 62% of those living in poverty and 66.6% of workers with low-income jobs are racialized *[Mahabir et al., 2021]*.

Access to economic resources plays a significant role in impacting one's mental health and accessing mental health services, which has been further pointed out in previous research, as well as the YAC survey and consultations. Evidence has demonstrated that low-income communities are vulnerable to higher rates of mental health illnesses *[Steele et al., 2006]*, such as anxiety, depression, psychological distress and suicide *[Barnes et al., 2015]*, thus having a greater need for mental health services *[Steele et al., 2006]*.

Youth are feeling the socioeconomic effects of the pandemic, and the way in which it has further impacted their already scarce economic resources, especially when accessing mental health services.

FINDING #3

Social exclusion within schools, communities and institutions can lead to serious mental health effects for BIPOC youth and prevent adequate access or usage of mental healthcare.

Finding #3 highlights how BIPOC youth are subject to negative social influences and racially targeted bullying, as well as geographic challenges and long wait times when accessing mental health services. Research shows that there are parallels in the broader healthcare system. The alarming implication of social exclusion prompting BIPOC youth to access informal support when in crisis is further discussed.

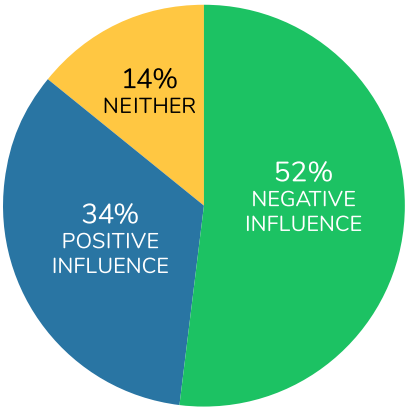
NEGATIVE SOCIAL INFLUENCES AND RACIALLY TARGETED BULLYING WITHIN SCHOOLS AFFECTS THE MENTAL HEALTH OF BIPOC YOUTH AND POSES SIGNIFICANT BARRIERS

As represented in the charts below, families and local communities were more likely to have a negative influence on BIPOC youth mental health. In particular, families were the most likely to have a negative influence on LGBTQ2S+ youth and youth with disabilities. This is particularly concerning, as 80% of youth currently live with their families due to the COVID-19 pandemic. Provincial restrictions have made them feel lonely and trapped with their families who are generally unsupportive of their mental health conditions and carry internalized cultural stigma.

Youth have also expressed that while the pandemic has allowed them to avoid anxiety-inducing social situations from their original stressful and fast-paced lives and spend more time with the people they love, it has also made them fear for the lives of their loved ones or their own. Thus, not only has BIPOC youth's families had a negative influence on their mental health, but the added stress of the pandemic has created additional feelings of anxiety.

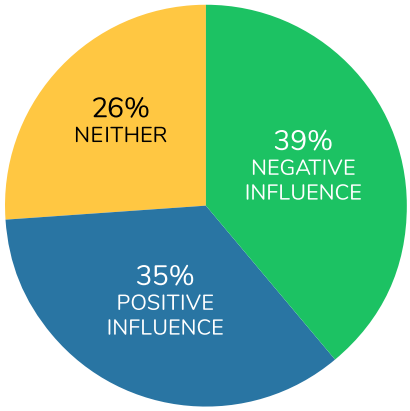
Family Influence on BIPOC Youth Mental Health

YAC Survey Results



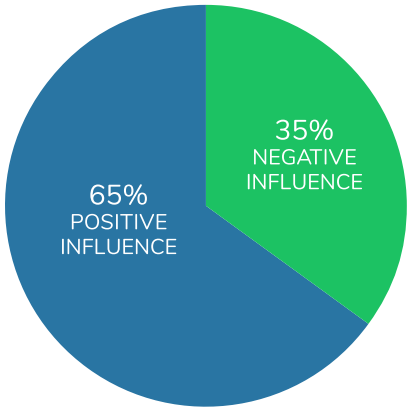
Community Influence on BIPOC Youth Mental Health

YAC Survey Results



Social Circle Influence on BIPOC Youth Mental Health

YAC Survey Results



Additionally, while 65% felt that their social circles were a positive influence on their mental health, the opposite was true for Indigenous youth, newcomers, or youth with disabilities. 67% of Indigenous youth, 67% of newcomers and 45% of youth with disabilities stated that their social circles were a negative influence on their mental health.

A few reasons why BIPOC youth may feel that their local community and social circles have a negative influence on their lives, is because of bullying, microaggressions and macroaggressions that can begin within schools and progress further into the community, workplace and within social circles. Throughout the consultations, many youth mentioned that racially targeted bullying or bullying based on one's identity is rarely discussed within schools. There is also no mechanism in place to report this type of behaviour, leaving schools unprepared to deal with such situations. This makes youth feel like they do not belong, makes them uncomfortable with their identity and often youth do not realize they are even being bullied, nor the drastic effects of it until later in life.

> "Bullying is an issue at schools and racialized youth are an easier target in the north."
>
> *Youth, 19, Kapuskasing*

> "Police presence in schools is common."
>
> *Youth, 19, Kapuskasing*

> "Bullying is deeper in the GTA, it comes in many different forms, and peers may also make fun of names."
>
> *Youth, 18, Burlington*

> "Bullying is not discussed as much but these discussions need to happen."
>
> *Youth, 19, Kapuskasing*

"I have been facing a lot of micro and macro aggressions in university, and it takes years to build up courage to speak up against it. It wasn't until fourth year that I was able to build up the courage to talk to the President of my university about incidents of racism on campus."

Youth, 22, London

"Bullying begins to focus on parts of your identity that you cannot change."

Youth, 19, Kapuskasing

"Peers would racially stereotype my home country."

Youth, 22, London

"Difficult being one of the handful of Black students in their STEM program in university."

Youth, 22, London

"There have been some questionable encounters with peers and professors on campus as assumptions have been made based on my skin, and I was subjected to stereotyping and labels."

Youth, 22, London

"Bullying that's more racially targeted or based on identity, when reflecting as an adult I realize how it wasn't okay."

Youth, 22, London

"I didn't realize how bad these incidents were at that moment. It took me years to understand the effects of these racist incidents."

Youth, 18, Burlington

Only 20% of youth rely on teachers for mental health support. Many youth choose to avoid seeking support from teachers when experiencing racially targeted bullying, as there are no effective mechanisms in place to address these issues nor do they feel that teachers have the compassion to understand BIPOC youth's racist experiences. Therefore, they do not feel like school is a safe space to get the help that they need in order to address these experiences.

"People find schools are easy and safe spaces to access but if they don't have space or if they need something more serious, then they don't have anything."

Youth, 18, St. Thomas

"Dealing with microaggressions and no mechanism in place in institutions (e.g., schools) to report situations which are unmotivating."

Youth, 18, Scarborough

"Schools, institutions of all levels are not prepared to deal with the repercussions of racist incidents."

Youth, 18, Oakville

> "Schools overlooked mental health concerns and emphasized physical health – this was different in white communities where they spoke about mental health more."
>
> *Youth, 18, Burlington*

There is also no clinical collaboration between schools and community-based mental health services. Community mental health support that is available is barely mentioned within classrooms, and support within schools encompasses very few providers that have fragmented the mental health system by making them school board employees instead of partnering with community mental health agencies. This results in a significant disconnect between educational institutions and community-based mental health programs that youth are often referred to from schools, making the transition between school and care much more difficult, and preventing efficient navigation.

With the added stress of negative social influences and experiences, especially bullying and aggression, youth's sense of security, well-being *[Loh & Chau, 2020]*, and a sense of community belonging or social acceptance is threatened *[Orpana et al., 2016]*. This can have lasting effects over a youth's life course *[Loh & Chau, 2020]*.

THERE ARE SIGNIFICANT GEOGRAPHIC CONCERNS AND LONG WAIT TIMES WHICH PREVENT BIPOC YOUTH FROM GETTING EFFECTIVE CARE

As per the YAC survey, 24% of youth cited geographical concerns and 63% stated wait times as a barrier to mental health services.

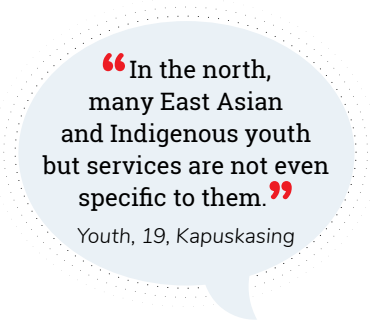
In northern and remote communities, there are significant service gaps as there are few mental health services available, most of which do not include the much needed treatment programs for moderate to severe mental health illnesses. This means that children cannot wait for programs because they are not even offered *[CMHO, 2020]*.

> "In a remote community, closest services are about two hours away. There are only two services that are known, so kids with a diagnosis try to work it through themselves."
>
> *Youth, 19, Kapuskasing*

> "Children in the north are sent to the GTA – programs are often cut in northern and remote communities."
>
> *Youth, 19, Kapuskasing*

Furthermore, funding for community child and youth mental health is not needs based, but rather based on historical allocations. Consequently, areas where populations have increased or where there is a greater need for services, will have longer wait times. This occurs primarily in northern and remote communities, and results in families having to travel farther away to access services. Many youth have to leave their homes to get services in communities that may not be culturally appropriate to their needs, as each region has tailored services based on their local population's needs *[CMHO, 2020]*.

There is also a lack of diversity within the mental health services that are offered in northern and remote communities. While there may be a large white population, Indigenous communities, Black communities and people of colour are often neglected. Culturally competent services are often unavailable, which is a concern since there is a large Indigenous population and increasing migration of racialized communities to northern and remote regions of the province. Thus, not having diversity among mental health workers can have drastic effects on BIPOC youth experience with services, particularly in these regions.



With a high population of Indigenous people and a growing population of Black communities and people of colour in northern and remote regions, BIPOC youth from these regions are further disproportionately affected by geographic barriers and wait times.

Longer wait times, experienced by 63% of youth from the YAC survey, means they do not receive treatment until it is too late, and must then be hospitalized or visit the emergency department *[CMHO, 2020]*. In fact, the YAC survey discovered that 7% of youth are referred to mental health services from hospitals, and of that 7%, Indigenous youth are the most likely to be referred. Another 2014 study found that equity-seeking groups, such as Black, Indigenous, LGBTQ2S+, Francophone and immigrant communities, are less than half as likely to come in contact with mental health services compared to the general population *[OCHS, 2014]*.

Wait times not only impact initial contact with mental health services, but it also impacts continuity of care, which many youth reported was lacking, and is thus a barrier in receiving adequate treatment. Youth found it difficult to develop a relationship with service providers and build trust, since they did not have any long-term support. While services may have been helpful at the time of the appointment, follow-up appointments were too few or too far apart.

PARALLELS BETWEEN THE SOCIAL EXCLUSION IN HEALTHCARE AND THE MENTAL HEALTH SYSTEM FOR BIPOC INDIVIDUALS

There is a significant parallel between how racialized people are treated within the healthcare system and the mental health system specifically, which can result in deterrence or negative experiences in most cases. BIPOC communities have reported experiencing racial bias, racial stereotyping, racism and discrimination when accessing healthcare. This has resulted in inequitable treatment, healthcare quality and an undertreatment of pain *[Mahabir et al., 2021]*. These negative experiences deter individuals from continuing to navigate the healthcare system or access services, which has also been a common occurrence with mental health services as per the YAC survey results. A more detailed explanation of these parallels is provided in the research appendix.

SOCIAL EXCLUSION PROMPTS BIPOC YOUTH TO ACCESS INFORMAL SUPPORTS IN TIMES OF CRISIS

Given their experiences of racism both in the community and across the healthcare and mental health system, as well as the lack of services, 96% of youth use informal mental health support. This includes connecting with friends (83%), relying on themselves (69%), and depending on family (53%)

While 71% of youth have experienced crisis, 39% did not seek help and only 9% of youth accessed help from either community programs or helplines. This number is significantly low considering that most professional mental health advice is to get clinical care. The reason why most youth choose informal support is because they felt like they had no options as they were unsure about where they could access services and which were available. They also felt that informal supports were the most accessible and offered the fastest service, or they were told by an authority figure to seek a source they trust when experiencing mental health crises.

Social exclusion plays a huge role in determining how youth respond to serious situations such as a mental health crisis. BIPOC youth in particular are disproportionately socially excluded within their communities and their schools, with the added negative influence of their families on their well-being. Thus, it becomes very difficult for youth to reach out for help when they feel like they do not belong, are not accepted and aren't receiving culturally appropriate services that they rightfully deserve.

> "When you don't have services that are available close to home and those that are available have long wait times, you have to leave your home to find services that are very far away. It's easier to deal with it on your own, which many of my friends had to do, even in times of crisis. It's lonely, and sometimes it can get very serious and lead to hospitalization, but it feels like we don't have any other choice."
>
> *Youth, 19, Kapuskasing*

KEY POLICY RECOMMENDATIONS

Six key recommendations are presented as per the findings and YAC input, which consists of relevant anti-racist training, hiring more diverse service providers, providing effective anti-racist training in schools, implementing more types of mental health services, ensuring effective navigation of services, and mandating race-based data collection; each of which is divided into short term and long-term goals.

Recommendation #1: Offer more relevant anti-racist and anti-oppressive training, with mandated follow-ups and continuous development, to create culturally sensitive environments and increase cultural competency.

Youth who participated in the survey and consultations stated that while anti-racist and anti-oppressive training may be done at mental health agencies, trainings are not ongoing and do not necessarily implement the teachings into practice.

Training should not simply be presented as a "skill-building session," as that inaccurately depicts the purpose of the training. Rather, it should be a form of self-awareness and personal development when it comes to cultural insensitivity, cultural competency, racism and discrimination within the workplace.

It also should not be a one time session completed throughout a service provider's career or position of employment, and instead should be continuous, done on an ongoing basis, in order to improve and better serve BIPOC youth.

> "BIPOC youth are not a to-do list. We are much more than that."
>
> *Youth, 18, Burlington*

From surveyed youth who had a positive experience with mental health services, 77% stated they felt respected, 52% felt that providers understood their experiences, and 52% felt that providers were interested in their identity. It is clear that youth want to be treated with compassion and honesty, feel like their experiences are valid, their trauma and intersectionality is acknowledged, and that providers should be able to refer youth to relevant services when required to do so.

Developing anti-racist training that addresses these needs, puts learning into practice, and continuously improves itself when needed, is imperative. There are short-term goals and long-term goals that can be accomplished in order to reach a point at which anti-racist training is effective and put into practice.

SHORT-TERM GOALS

- Providing monthly resources about anti-racist and anti-oppressive practices for mental health services workers that encourage them to self-reflect and self-improve by recognizing internal biases.
  - These resources can be books, documentaries, articles, magazines, and more. Such resources can be found online, and at local libraries.

- Identify the use of language and actions that may result in microaggressions or macroaggressions.
  - There are plenty of online resources that provide an overview of what these aggressions look like, which would be useful to provide to service providers in both electronic and hardcopy formats.

- Determine the level of progress service providers have undertaken with anti-racist and anti-oppressive practices and their current levels of understanding about these practices.
  - How do service providers feel about anti-racist training and anti-oppressive practices at the moment? What do they think needs to be done in order to create a culturally sensitive environment and to increase cultural competency?
  - Addressing the concerns of service providers is equally as important as those of youth, as a common ground must be identified in order to initiate effective practices.

> **"When service providers try to understand BIPOC youth, I often find that if they are educated and understand that BIPOC youth have different experiences, they may try to take a different approach. But this approach often completely misses the point, creating a bigger disconnect. The effort is appreciated, but the effort comes off like a micro or macro aggression. Difficult to work through that."**
>
> *Youth, 19, Kapuskasing*

LONG-TERM GOALS

- Host annual provincial youth conferences, either virtually or in-person, with BIPOC youth that have lived experience, youth involved in mental health advocacy initiatives with recognized organizations, and service providers from across the province.
  - Youth will be able to share their experiences, concerns, ideas and proposed changes which will then be used to improve areas of the mental health system.
  - Service providers will have the opportunity to hear feedback, make relevant changes, and work with the youth to determine major areas within the mental health system that need improvement.

> "It's caused by laziness, and the inflexibility to change. The system is upheld and ran by mostly white folks, from doctors to therapists to crisis counselors, who are not taking the time to self educate and rework the system because it "would take too long" and "delay services" (to the primarily white audience they DO reach) and they "don't have funding" (yet seem to have funding for loads of non essential projects?). I want to see a system that corrects itself IMMEDIATELY or WITH URGENCY when problems/gaps are identified (through an accessible and open feedback system). I want to see them actually putting in the work, especially the daily "small things" that take almost no effort and have a large impact."
>
> *Youth, 21, St. Thomas*

- Establish a permanent provincial youth committee of BIPOC youth that will work with experts on anti-racist and anti-oppressive training in order to inform a training that can be implemented provincially within mental health services.
  - This committee will annually review the outcomes and efficiency of the created anti-racist training within mental health services through data collection, and will then use the results to improve the training.
  - Youth on the committee must be appropriately compensated, either through honorariums, volunteer hours or hourly wages.

> "Wish that BIPOC could teach people more [about] themselves instead of being acknowledged — and being forced to acknowledge those teaching about it. Especially in a system lacking people of colour."
>
> *Youth, 19, Kapuskasing*

> "Difficult to think of an answer on how to fix this. Difficult to teach someone not to be uncomfortable about race and if they've never been exposed to BIPOC communities — they can start by asking but overall it is difficult for them to understand without lived experience."
>
> *Youth, 18, Scarborough*

- Implement cultural practices into mental healthcare delivery and treatment.
  - Educate service providers about the different approaches that immigrant families and Indigenous communities take to address their health.
  - This can be done in association with an annual conference, or the provincial committee, to inform an education guide about various cultural practices.

> "Wish that there wasn't a rudimentary simple overview of how BIPOC works. In university, when they teach psychology, BIPOC mental health is seen from a eurocentric point of view."
>
> *Youth, 22, London*

- Mandate anti-racist training follow-ups with service providers every 6 to 12 months.
  - These follow-ups should be a safe space where service providers can convene, share what they have learned, how they have implemented their training, what they can improve on, and what they can learn from others in this process.

- Mandate the development of anti-racist training through routine check-ins with youth accessing and using mental health services.
  - Check-ins can be done through surveys, consultations and focus groups where youth are given the opportunity to speak about their experiences with community mental health services. Youth feedback will be used to further improve the training and create a more culturally competent environment.
  - In order to promote youth engagement, incentives such as honorariums can be provided to participants.

- The provincial government must allocate the required funding to mental health agencies for these routine follow-ups to occur, and to continue the development of training through youth feedback in community programs.
  - In addition to this funding, grants should be put in place for mental health agencies that can be used to pursue projects in planning as an incentive to efficiently complete these mandates.

Recommendation #2: Hire more diverse service providers and allow youth to make requests for specific service providers.

One of the main barriers that youth experience when accessing mental health services is a lack of diversity. 18% of youth feel that their service provider does not have a shared identity, and 30% of youth want to see more diversity. This is especially true for northern and remote communities, where BIPOC communities do not have many culturally competent service providers, and thus cannot access relevant care.

Key policy changes will be needed to hire more diverse service providers, educating diverse communities about pursuing careers within the mental health system, and allowing youth to make requests for specific service providers.

SHORT-TERM GOALS

- Allow youth to request specific service providers. Such requests are necessary and should be permitted in order to meet the needs of youth who require providers with similar lived experience and/or those that reflect their identity.
  - Service providers should create a profile about themselves which includes racial identity, other parts of their identity, and lived experience. This will then be used by youth to make any necessary requests.

- Make racialized communities aware of the careers and opportunities available within the mental health system.
  - This can be done through community outreach and outreach within schools in order to educate and provide information about available career pathways.

- Hiring providers who already have a background on anti-racist training.
  - Ask questions about one's background and experience with anti-racist and anti-oppressive practices. Employing individuals with some previous experience can help initiate the process of establishing a more culturally sensitive environment.

LONG-TERM GOALS

- Hire more diverse service providers within the mental health system.
  - Identify flaws in the current hiring process that prevent diverse individuals from pursuing careers within the mental health system and that aim to tokenize racialized individuals.
  - Diverse service providers should not be hired in a tokenistic way, for example, based on a percentage of racialized individuals an agency needs in order to be *considered* diverse. Rather, they should be hired because of the value their experiences bring to the system.

- Youth have said that while their geographic location may have a large racialized population, the service providers don't necessarily reflect that. Thus, an effort should be made to hire service providers proportionate to the BIPOC communities within specific regions.
  - When hiring service providers in specific geographic regions, consider the background of the individual, and if they belong to a community that reflects that of the location.
  - These individuals should be given first priority in employment in order to promote cultural sensitivity, competency and improve service delivery for BIPOC youth.

Recommendation #3: Provide effective anti-racist education and anti-oppressive practices within schools.

Bullying, microaggressions and macroaggressions are common and negatively impact BIPOC youth's mental health across Ontario. These actions are racially targeted, but may also target other parts of youth's intersecting identities such as sexuality, gender, income and more. The current school system has not updated bullying presentations to address racially targeted bullying, what racism looks like, and how to manage such situations for BIPOC youth. There is also very little understanding and empathy from teachers, guidance counsellors and other school staff to allow for a proper safe space where BIPOC youth can report these issues.

Thus it is important that school is a safe space where they can express these concerns, and that the education on bullying be updated to include current problems that BIPOC youth may face with their peers. Teachers and staff should also be educated on this issue, and have sufficient training to be able to deal with these situations.

SHORT-TERM GOALS

- Ensure students' pronouns are included on attendance sheets.
  - This should be made optional.
  - Allow every student to indicate their pronouns at the beginning of every class, especially at the beginning of every year.
  - Allow students to make any changes necessary later in the year.

- As many youth are concerned that indicating pronouns may not be taken seriously and can result in bullying from students who do not understand the purpose of pronouns, it is important that there is some sort of education provided on the topic of pronouns.
  - Schools should educate their students on pronouns, their importance and how they should be respected when used. This can be done through school-wide presentations or teachers may take the lead on this in their own classrooms.

LONG-TERM GOALS

- Racially targeted bullying, microaggressions and macroaggressions must be made a mandatory part of the school bullying presentations that already exist.
  - The current school presentations on bullying are outdated, as they do not include the topics of racism or aggressions. Youth are emotionally and physically affected by these events – some don't even know they are being bullied because they don't understand what it is.
  - Since bullying is different in schools today, more culturally competent education needs to be delivered on this topic.

- Educate school staff on anti-racist and anti-oppressive practices.
  - As many school staff are unprepared to deal with situations where racism or racially targeted bullying occurs, it is important that the appropriate anti-oppression and anti-racist training be provided. This will allow a safer space for youth to express their concerns and better equip staff to understand the unique issues that BIPOC students have to deal with.

Recommendation #4: Implement more types of mental health services.

In order to tackle inequitable access to economic resources, unstable socioeconomic conditions and social exclusion, youth have expressed the need for services that do not require extensive travel arrangements and more types of services in general.

It is important for youth to have a variety of mental health service options available to them, in order to ensure that youth of different economic backgrounds can access services that fit their budget needs in the best possible way. Whether that be in terms of distance in order to limit costly travel or in-person services to combat the costly technological needs for virtual services that many youth cannot meet.

There is also an accessibility issue with respect to privacy and confidentiality, as many youth feel that they do not have the privacy and confidentiality that they need. Services are not transparent about family involvement in treatment, which can pose problems due to the cultural stigma that comes with mental health for many BIPOC communities. So there must be an effective solution to ensure the privacy needs are met.

SHORT-TERM GOALS

- Creating an existing list of accessible services that do not require extensive travel arrangements or expensive technology to receive care.
  - This should be created by service providers for youth, and can be done in partnership with other mental health agencies.
  - The list should be continuously updated when new services are discovered or established.

- Mental health services should be transparent about their privacy and confidentiality policies. This will allow youth to know the amount their families will be involved in their care and treatment.
  - The policies should be provided both as a hardcopy or electronic copy, and stated verbally before beginning treatment and care.

LONG-TERM GOALS

- Implement more services that are both virtual and in-person.
  - There are currently very few services that are available to youth in northern and remote communities, so an effort should be made to establish more programs in those regions.

- Allocate provincial funding to provide accessibility solutions.
  - In order to meet transportation, technology and other accessibility needs, the government should have enough funding to provide solutions for these concerns. For example, providing mental health agencies with a budget which can be used to provide transportation or technology for youth who require it.

Recommendation #5: Ensure Effective Navigation and Discovery of Mental Health Services.

Youth expressed that a key barrier preventing access to mental health services is a lack of knowledge about which services are available, if they are even meant for BIPOC youth, and if there are any at all. Thus, it is important to ensure that there is effective navigation and discovery of mental health services so that BIPOC youth are not left in the dark.

SHORT-TERM GOALS

- Ensure that advertisements and media displaying mental health services include diverse individuals.
  - Many youth feel that services are not meant for them, as advertisements and community outreach does not reflect their identity or communities. Simply having diverse individuals on posters, brochures, billboards and other advertisements will help reach out to the BIPOC community.

- Outreach to BIPOC families within the community to try and break negative preconceived notions about accessing services.
  - Many families carry cultural stigma and are uneducated about the importance of mental health due to their cultural backgrounds. Making an effort to outreach to and educate this particular audience can make all the difference for many BIPOC youth struggling to gain family support in times of poor mental health.

LONG-TERM GOALS

- Establish a provincial navigation hub that helps BIPOC youth find mental health services relevant to their needs.
  - This hub should be able to match a youth's profile to a service that is the best fit for them.

- Implement an alumni mentorship program, where youth who have previously accessed mental health services in their community or transitioned from child to adult services, can guide youth who are trying to do the same.
  - Youth want to consult with someone who has already had experiences with the system, lived experience or shares their identity and cultural struggles.
  - Appropriate compensation should be given to alumni aiding in the navigation and discovery of services for other youth.

Recommendation #6: Mandate race-based data collection.

Despite the fact that children and youth from marginalized communities are the most at risk of developing serious mental health conditions, they are least represented in care and treatment. Currently, there is minimal research on racial disparities within the mental health system. There also isn't much data available on the experiences of racialized youth in mental health, and much of that which is available lacks direct input from these communities. Thus, race-based data collection is imperative in the development of a more equitable mental health system.

However, many youth have concerns about how the data will be used. Collecting race-based data should be used to establish equity, which this policy paper intends to do, and not to undermine BIPOC communities in any way. It should be clear that this data is to be used in a positive manner, to help these communities and bring to light their unique challenging positions within the system, and the data should not be used against them or negatively.

This key policy recommendation is a long-term goal that must be accomplished with care and honesty. Below are the goals that should be met in order to reach a point at which data is effectively monitored, collected and used.

LONG-TERM GOALS

- Mandate race-based data collection within every mental health agency and require provincial reports to be conducted upon the data.
  - This data should be annually released to the public, in order to monitor policy development and identify room for improvement.

- Race-based data collection should be in collaboration with, and managed by, BIPOC communities.
  - BIPOC communities are able to understand and communicate their unique cultures, as well as the racial inequities that they face within the mental health system. They will allow for the most effective race-based data collection.
  - Data must be handled with BIPOC communities to ensure that the information collected is being used with positive intentions, and not against the community.
  - Existing frameworks and guidance mechanisms should be utilized to ensure the safety of this endeavour. Examples of this include race-based data collection principles from other organizations, such as the Engagement, Governance, Access, and Protection (EGAP) Framework from Black Health Equity Working Group, First Nations Principles of OCAP, and other existing methods.

> "We are the change."
> *Youth, 18, St. Thomas*

CONCLUSION

In conclusion, in order for Ontario's mental health system to provide equitable services for BIPOC youth, service providers must understand the unique barriers and challenges that they face. Racism, discrimination, cultural insensitivity, internalized stigma, inadequate access to economic resources and social exclusion are experiences that are not understood and that prevent effective mental healthcare.

BIPOC youth's voices have not been listened to and have not been treated with the compassion, trust and respect that they rightfully deserve. Every youth has the right to effective mental health treatment and care, which is currently lacking for racialized youth across the province. This policy paper provides policy recommendations to establish racial equity within mental health services across the province, and to ensure that BIPOC youth are prioritized in a system that has neglected them for far too long.

While change within the mental health system can not be immediate, the short-term goals provided throughout this paper is a realistic place to start before progressing into the long-term goals. The system must recognize racism, discrimination, internal bias and racial stereotyping and create an inclusive, equitable and diverse environment. It is imperative that these policy recommendations be executed and the appropriate funding be allocated for this to occur.

RESEARCH APPENDIX

RACIALIZED COMMUNITIES ARE DISPROPORTIONATELY AFFECTED BY THE ADVERSE EFFECTS OF THE SOCIAL DETERMINANTS OF HEALTH

While it is known that 50% of mental health conditions start by the age of 14 years, many are undetected and aren't treated. Mental health is often put at risk through adverse social determinants of health, such as social, economic and environmental factors, or even much broader concepts such as trauma, racism and discrimination, which has played a key role in the 30% global increase of mental health conditions since 1990 *[WHO, 2019]*.

Black communities, Indigenous communities and people of colour (BIPOC), are especially vulnerable to the adverse impacts of social determinants of health on their mental health.

Despite a significant lack of data, the little that is available demonstrates that many BIPOC individuals face racism and discrimination.

- In Canada, as per the 2003 Ethnic Diversity Survey, over one in four Canadians reported having experienced at least one form of discrimination in their lifetime *[SC, 2003]*.
  - The most common type experienced by those individuals that were surveyed, was racial discrimination *[SC, 2003]*.

- The 2013 Canadian Community Health Survey Rapid Response Discrimination Module, supports these findings; lesbian, gay and bisexual individuals were three times more likely, and African, Caribbean, Black Canadians and Indigenous people were two times more likely to face inequitable treatment in comparison to the general population *[Tam, 2019]*.

- More specifically, for youth who identified as transgender in another Canadian survey, 70% experienced discrimination based on their identity, 63% because of their sex, 60% because of their appearance and 59% because of their sexual orientation *[Veale et al., 2015]*.

Racism and discrimination is also apparent within the mental health system and results in inequities:

- In the 2012 Canadian Community Health Survey, it was found that 20% of Canadians with a mental health illness were affected by negative opinions or unfair treatment due to poor mental health *[Orpana et al., 2016]*.

- Further exacerbating these experiences, the 2014 General Social Survey on Canadians' Safety found that 10% of Canadians with a mental health disability experienced violent victimization, twice as much compared to the general population *[Burczycka, 2018]*.

- A 2016 survey from the Canadian Centre on Substance Use and Addiction found that 49% of people experienced stigma and discrimination when in recovery from addiction *[McQuaid, 2017]*.

It must also be noted that racialized communities are disproportionately affected by mental health conditions due to their unique experiences with racism, discrimination and the adverse effects of the social determinants of health.

- A 2012 Canadian longitudinal study found that Black immigrants and South Asian males were more likely to develop mental distress in comparison to other ethnicities *[Pahwa et al., 2012]*.

- In a 2006 study, Indigenous people were two times more likely to die by suicide than the national average; more specifically Indigenous youth are 5-6 times more likely, Inuit individuals are 25 times more likely and Inuit youth are 40 times more likely *[GC, 2006]*.

- In another 2004 study, Ethiopian individuals were 9.8% more likely to experience depression than the national average and Chinese Canadians who didn't complete high school were more likely to report mental distress than those who had completed their studies *[Fenta et al., 2004]*.

PARALLELS BETWEEN THE SOCIAL EXCLUSION IN HEALTHCARE AND THE MENTAL HEALTH SYSTEM FOR BIPOC INDIVIDUALS

There are evident parallels between social exclusion effects upon mental health and access to related services, as well as the healthcare system. In a recent study, it was said that social class and race are linked to health inequities *[Mahabir et al., 2021]*.

Racialized healthcare users stated that racial discrimination was a continuous challenge that they experienced when receiving healthcare, where they were viewed as inferior, didn't have equal medical care access, and received inadequate quality of healthcare. This finding aligns with a report by the Institute of Medicine in the United States, which determined that racial bias and racial stereotyping resulted in unequal treatment, inadequate healthcare quality and undertreatment of pain. It also aligns with a literature review which found evidence of unequal treatment and lower healthcare quality for Canadian racialized groups. Clearly, racialized healthcare users experience inequity within the healthcare system, and experiences of racism in this setting results in individuals delaying or simply not seeking the care that they need *[Mahabir et al., 2021]*.

There is a significant parallel between how racialized people are treated within the healthcare and mental health system, which can result in deterrence or negative experiences in most cases. As cultural stigma and different negative cultural perceptions already exist around mental health, this makes it difficult to access the services that racialized communities need. If individuals are experiencing racism and discrimination in a place they feel comfortable accessing, such as healthcare, this can later deter them due to negative experiences. This can then have a major impact on future decisions about other parts of their health, specifically mental health, and if they choose to access or use these services.

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