

---

Political Affairs

# Filling in the Blanks: An Analysis of Canada's Black Mental Health Service Disparity

August 15, 2023

**Ililli Ahmed**

*This paper was written as a tribute to a dear friend, an incredible student, and a magnetic community leader. May he rest in peace.*

---

## Introduction

The disregard towards Black Canadian mental health within the realm of service delivery is an irrefutable concern. At the core of this issue is a disturbing lack of data, both qualitative and quantitative, surrounding Black mental health, Black mental health patient experience and rates of mental illness across the African, Caribbean and Black (ACB) community. With this, important questions must be asked: how can holistic pro-black public policy be established for the diaspora if the diverse community experiences are not holistically observed, and what would the implementation of pro-black mental health solutions look like in practice?

In spite of the failed data provision in representing Black livelihoods, this paper will not only define the concept of mental health, but will also connect the compounding effects of anti-black, historical institutionalism on Black Canadian mental health, and the resulting, disparaging gaps in available services. Significant emphasis

will be placed on the need for Black-centric mental health care due to the unique experience of blackness itself, in relation to network theory. Literature reviews of Canadian-based quantitative, qualitative and community-based research will be analyzed in order to holistically identify the depth of the aforementioned issue, stemming from grassroots organizations, national statistics and emphasis is placed on a recently released City of Ottawa document relaying Black Ottawan perspectives towards the city's existing mental healthcare procedures. In navigating the depths of this policy issue, this paper will present three potential public policy solutions, all of which may serve to improve the status of mental health services for Black Canadians. These include: the theorization and feasible implementation of Black-centric health division in populous Canadian hospitals, the initiation of government-subsidized and/or grassroots pro-Black walk-in clinics in major Canadian cities and finally, the creation of a national panel of Black doctors and mental health experts, focused on the dedicated monitoring and advising of Canada's Black

mental health service provision. The development of each policy solution is discussed, with the underlying conclusion being that, no matter the form, an accessible, inherent and nationally syndicated effort must be made in order to provide Black Canadians with effective mental health care.

### **Literature Review**

When discussing mental health in relation to Black Canadians, the term will coincide with the World Health Organization's definition, stating that mental health is "a state of well-being in which the individual [...] can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (Galderisi et. al.,2015). Mental health will also be defined in reference to resulting psychological conditions of poor mental health such as depression, anxiety, psychosis, personality disorders and schizophrenia. When discussing systemic anti-Black racism, this phenomena will be identified as institutional, inherent flaws found within Canada's colonial healthcare system that prevent the holistic, empathetic and inclusive recovery of Black folk (Maynard, 2017).

The negative impact of social determinants on health, in a general sense, is well-known within the wellness community. In fact, Canadian institutions such as Canada's Mental Health Commission have identified racism and discrimination as significant indicators of mental well-being (Mental Health Commission of Canada, 2009). The following year, in 2010, two York University

researchers presented an extensive and comprehensive report detailing the impact of immigration, race, class and gender on Canadian physical and mental health (Mikkonen & Raphael, 2010). This report identified that marginalized communities, as a whole, experience lower rates of overall physical and mental health than White Canadians (Ibid). A 2019 study conducted by the Community of Interest for Racialized Populations and Mental Health and Addictions corroborates this by identifying that Canadian immigrants of Ethiopian origin are 9.8% more likely to experience depression in their lifetime than the national average (Community of Interest for Racialized Populations and Mental Health and Addictions, 2019). The importance of this existing data, as scarce as it may be, lies in its establishment of the overarching bias within health expectancy in relation to identity. This is the foundation upon which anti-black mental health service disparity continues to exist.

With regards to the delivery of mental health services to Black Canadians, the existing systemic barriers — those of biased service deliverers, lack of multilingual initiatives and economically/transportationally inaccessible facilities to name a few —are profound. In 2020, Ottawa Public Health released a report identifying Black Ottawa concerns regarding the city's mental health services (Aden and al., 2020). Within the sample group of 130 Black Ottawans aged between 16-69, of varying sexual and gender identities, nearly 30% of participants who accessed mental health services experienced prejudice, 63% experienced dismissive attitudes from service providers

and 44% were subject to insensitive comments or invasive questioning. Overall, 56% rated mental health services as “poor” or “very poor,” and 57% believed that due to their race and experiences, the service provider in question was unable to understand and treat their needs properly (Ibid).

Undoubtedly, the presented data alludes to 2 overarching conclusions. Firstly, the absence of Black mental health professionals decreases the quality of service provided to Black clients as a result of superficial, biased and/or lackluster cultural awareness. Secondly, a lack of informed service providers and the non-utilization of a pro-Black lens leads to inadequate service care for the community.

### **Theory**

In consideration of the analyzed information, the extent of anti-black mental health aid is glaringly clear, however, it is essential to question the existing social structures that perpetuate this reality; with this, the theories of historical institutionalism (HI) — which highlights the continued implementation of outdated ideals in decision making spheres— and network theory— identifying the importance of non-institutional actors in enacting systemic change— must be analyzed in relation to this policy issue.

### **Historical Institutionalism (HI)**

HI philosophy permeates the studies of both public policy and political science; at the core of the theory are concepts such as critical juncture, path dependency and resistance to change, all of which rely on one

another interchangeably (Fioretos et al., 2016). HI establishes that, in the face of uncertainty, decision-making actors will choose to re-inforce long standing institutional ideals and procedures rather than pursuing innovation (Ibid). As a result, path dependency and resistance to change are realized, in which outdated perspectives continue to advise modern-day institutional decision-making (Ibid).

In many aspects, historical institutionalism can be blamed for the inherent disregard for Black mental health in service delivery. According to theorist Kenneth Sheples (2016), institutions are elements that are “standing between the individual and the alternatives comprising available social choices,” (Thelen & Conran, 2016) in which their function is to consolidate the power of dominant political agents, whilst reflecting said actors’ perspectives on social, political and economic issues (Ibid). The power provided by said elements, which Thelen and Conran (2016) reduce to issues of limits, compromise, power and time, establish the argument that institutions remain both at the forefront and detriment of hypothetical institutional change and political development. Of course, this is most relevant in reference to the existing discrepancies concerning Black Canadian mental health data. As explored using HI, it is clear that the existing gap is not only intended, but equally perpetuated by Canadian institutions.

### **Network theory**

Considering the length to which Canadian institutional frameworks will go to disregard

the livelihoods of Black Canadians, it is difficult to establish effective policy solutions that require deliberate governmental input. With this, network theory becomes integral. This theoretical lens— which exists, in many ways, as a direct opposition to historical institutionalism — is recognized as exceptionally fluid, complex and ever changing. According to Amsterdam theorists Erik-Hans Klijn and Joop Koppenjan, network theory relates to a resurgence of government procedures, one that relies on the influence of external non-governmental actors on policy procedures (Klijn & Koppenjan, 2012). Undoubtedly, with its roots in the sociological perspectives of Karl Marx, Antonio Gramsci and Jean-Jacques Rousseau, there is no doubting that this framework relies on the dismantling of consolidated policy functions in favour of integrating traditionally non-powerful groups into the inclusive development of policy.

To many, network theory is a shining light in the perseverance of Black mental health services and strategies. This is due to the simple fact that, through historical institutionalism, there is little chance for substantial, fast-paced social action. As discussed in her novel “Policing Black Lives: State violence in Canada from slavery to the present,” Robyn Maynard suggests that colonial structures cannot be the foundation of structural change, as the very existence of these institutions perpetuate age-old racism, suggesting rather the mobilization of people and networks as influencers of political movement (Maynard, 2017).

Beyond the lens of ineffective and dismissive institutions, and in light of

grassroots, network based activism, there are existing promising practices surrounding pro-Black mental health service provision. According to uOttawa scholar Jude Mary Cénat, the very treatment in which Black people receive mental health treatment must be informed by Black experiences (Cénat, 2020). Cénat (2020) describes ideal services in which mental health providers must have an awareness of racial issues, an understanding of the relation of discrimination, micro-aggressions, and all around anti-blackness on trauma-based responses and resulting behaviour, whilst avoiding the negation of experiences felt by diverse Black patients of intersecting identities (Ibid). Cénat (2020) continues by contemplating that professionals should not disregard or invalidate a client’s blackness, while instead using their identity as a way to identify appropriate means of service delivery and an opportunity to provide culturally appropriate care (Ibid). Finally, Cénat (2020) discusses potential screening measures for mental health professionals, in which cultural appropriation, racial bias and stereotyping assessments are conducted to unearth preconceived notions that may be detrimental to client satisfaction (Ibid).

### **Promising Practices**

Thankfully, Ontario holds numerous promising practices regarding the integrative and holistic mental wellness of Black Canadians. Ottawa’s Black Mental Health Coalition (OBMH), for example, is a community-based organization working in collaboration with a multitude of grassroots Ottawa organizations, such as the Somerset West Community Health Centre, Muslim

Family Services and Ottawa Public Health, in hopes of establishing a regional mental health strategy for Ottawa's ACB community (Ottawa Black Mental Health Coalition, n.d). What is of particular importance in the case of this group is the dedication to intersectionality within the development of Black Canadian mental health resources; this is clearly demonstrated by the range of local membership to the initiative, ranging from specific ethno-cultural perspectives and minority-centric affordable housing initiatives, to Black centric LGBTQ+ advocacy groups (Ibid). Additionally, the OBHM continues to work in collaboration with the City of Ottawa and alongside prominent, pro-Black city councilors such as Rawlson King (Ibid).

Outside of Ottawa, the Black Health Alliance (BHA) is integral; since its foundation over 20 years ago, Black Health Alliance has worked to integrate comprehensive Black mental health care to all members of the African, Black and Caribbean community (Black Health Alliance, 2019). The Pathway to Care initiative, in particular, is a 5-year initiative spanning between 2019-2023, with the goals of engaging a multitude of black youth across Ontario on the basis of both mental health service provision and addiction sectors, whilst conducting Black centric mental health research across six of Ontario of Ontario's largest cities in order to inform comprehensive strategy on Black mental health service delivery and capacity (Ibid). Unfortunately, however, OBMH and the BHA pertain only to Ontario, and there is a discrepancy in the availability of similar organizations in the rest of Canada's provinces and territories.

### **Methodology:**

The methodology of this paper is varied; first and foremost, a literature review of social determinants of health was conducted, to which additional documentary analysis pertaining to the unique context of Black Canadian mental health and prevailing service disparities were added. Articles were found at both the academic and community level, namely from Google Scholar and the uOttawa library database, as well as via grassroots groups such as BHA and OBMHC. The emphasized report concerning Black Ottawan experiences with mental health services was furnished by Ottawa Public Health, in affiliation with the City of Ottawa. A total of 12 documents were employed throughout this essay; this is not to say that the search for resources was not extensive, however, much of the available data surrounding Black mental health focuses on African-American communities and cannot be easily applied to Black Canadians. In addition to this, it is evidently clear that Canadian scholarly bodies do not have readily available statistics and testimonials surrounding the topic, which has already been identified as a major barrier to the holistic discussion of Black mental health and anti-black service disparity. However, the utilization of Black-centric accounts of Canadian living, such as Robyn Maynard's novel "Policing Black Lives," (Maynard, 2017) as well as reports provided by Black community organizations allowed for integration of systemic anti-blackness and health disparity into the fabric of this paper.

**Discussion:**

In reviewing key compounding factors within the realm of Black mental health service disparity, there is no doubting the negative impacts of systemic barriers and institutional disregard on the profundity of this issue. In fact, due to the lack of mental health research on specific Black ethnic groups, sexualities and socio-economic backgrounds, to name a few, it is very difficult to draw an all-encompassing conclusion on the needs of Black Canadian mental health. However, in relation to the existing information, no matter its limitations, it is fundamentally and resoundingly clear that mental health aid and resources must be implemented on a community level, and inherently informed and administered via Black perspectives.

This conclusion is best tied to the presentation of the aforementioned theoretical frameworks; due to the inherent anti-blackness of institutional health systems in alignment with critical juncture, path dependency and resistance to change, transformation within these systems can never be the main catalyst for change. To attempt to fix a policy issue concerning Black mental healthcare within a system that is broken on a much larger scale would prove futile, generic and transparent. Nonetheless, in offering a mixture of institutional and grassroots change, in which the latter is emphasized, there is the possibility to uncover a new path to the improvement of Black mental health services.

**Policy Solutions:**

In light of these conclusions, find below three potential solution to remedy the disparities in Canadian Black Mental service provision:

1. The construction of Black-centric health division in major Canadian hospitals:

The implementation of this option falls within the realms of political, operational and financial feasibility. The proposed Black mental health wing would be a safe space for Black Canadians, easily accessible by public transportation due to the central nature of hospital bodies, in which to receive anti-racist mental health diagnosis, suicide prevention aid, counselling, medication and psychiatry. The inaugural wing will consist solely of Black mental health professionals, evoking a sense of community within a traditionally anti-Black sphere, who will provide informed, intersectional, non-judgmental services.

2. The creation of Black centric walk-in clinics in major Canadian cities:

The creation of grassroots, Black centric healthcare drop-in centers can provide the same effect as the previous policy suggestion, but in a more culturally accessible, affordable and non-incapacitating format. The political feasibility remains the same, however, this solution would rely heavily on community-based support, but may also receive government funding via flagship Government aid, such as the Trillium fund support, or within the Trudeau government's "Promoting Health

Equity: Mental Health of Black Canadians Fund.”

3. The integration of a national panel of Black doctors, mental health experts and community leaders to advise and monitor Canada’s provision of Black mental health services

This final proposal, both politically and financially feasible, would emphasize quantitative approaches to Black mental health service provision by establishing concrete, referable data surrounding community needs. This panel would also have the research capacity to identify additional impacts on Black mental health disparities such as housing, income, gender identity and ethnicity, to prevent the existing homogenous discussion of Black Canadian needs. The appointment of Black medical experts from various fields to said national panel would serve to solidify the numerical data behind the lone qualitative information that currently exists, whilst ensuring a “for us, by us” research design. Additionally, this panel would provide a mixed quantitative and qualitative annual report pertaining to the treatment of Black mental health.

**Conclusion:**

Throughout the course of this analysis, it has been made resoundingly clear that Black Canadians continue to be failed by present-day mental health systems. The bias of service providers, lack of quantitative and qualitative data, inaccessibility of available

services and anti-black experiences within mental health spheres are just a few barriers amidst a plethora that prevent the holistic and regenerative healing of this nation’s Black folk. In reference to the presented theoretical framework of HI, the lack of pro-Black mental health initiative, from an institutional perspective, is nothing short of deliberate, whereas network theory’s approach of grassroots organizations demonstrates tangible advancements, stipulating that a brighter future is achievable beyond institutional control. In combining both approaches, as employed in the presented policy solutions to remedy anti-Black mental service delivery, the future of Black Canadian mental healthcare is illuminated. There is no doubting that this conclusion will remain a quintessential factor in providing the mental healthcare that the Black Canadian community require and deserve.

*Find below a list of Canadian, Black-centric mental health resources:*

*Black Youth Helpline:* <https://blackyouth.ca/>

*Across Boundaries:* <http://www.acrossboundaries.ca/#>

*List of Black Therapists:* <https://www.blacktherapistlist.com/>

*Black LGBTQ Mental Health:* <https://www.thetrevorproject.org/2020/06/01/supporting-black-lgbtq-youth-mental-health>

**Works Cited:**

Aden, H., Oraka, C. & Russel, K. (2020). Mental Health of Ottawa's Black Community. Retrieved from [https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC\\_Technical-Report\\_English.pdf](https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_English.pdf).

Black Health Alliance. (2019). "Annual Report 2018/2019." Retrieved from <https://blackhealthalliance.ca/wp-content/uploads/Black-Health-Alliance-2018-2019-Annual-Report-1.pdf>.

Cénat, J. M. (2020). How to provide anti-racist mental health care. *The Lancet Psychiatry*.

Community of Interest for Racialized Populations and Mental Health and Addictions. (2019). "Racialized Populations and Mental Health Court Diversion." Retrieved from <https://ontario.cmha.ca/wp-content/uploads/2019/05/Racialized-Populations-and-MH-Court-Diversion-May-2019.pdf>

Fioretos, K., Falleti, T., & Sheingate, A. (2016). *The Oxford handbook of historical institutionalism*. Oxford University Press. Retrieved from <https://www-oxfordhandbooks-com.proxy.bib.uottawa.ca/view/10.1093/oxfordhb/9780199662814.001.0001/oxfordhb-9780199662814>.

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World psychiatry : official journal of the World*

*Psychiatric Association (WPA)*, 14(2), 231–233. <https://doi.org/10.1002/wps.20231>

Klijn, E. H., & Koppenjan, J. (2012). Governance network theory: past, present and future. *Policy & Politics*, 40(4), 587–606. Retrieved from [file:///Users/owner/Downloads/PPOverview articleKlijnandKoppenjan.pdf](file:///Users/owner/Downloads/PPOverview%20articleKlijnandKoppenjan.pdf).

Maynard, R. (2017). *Policing Black lives: State violence in Canada from slavery to the present*. Fernwood Publishing.

Mental Health Commission of Canada. (2009). "Mental Health Indicators for Canada." Retrieved from <https://www.mentalhealthcommission.ca/English/resources/mhcc-reports/mental-health-indicators-canada>

Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: the Canadian facts*. York University School of Health Policy and Management. Retrieved from [https://books-scholarsportal-info.proxy.bib.uottawa.ca/en/read?id=/ebooks/ebooks1/gibson\\_chrc/2010-08-06/6/10390848](https://books-scholarsportal-info.proxy.bib.uottawa.ca/en/read?id=/ebooks/ebooks1/gibson_chrc/2010-08-06/6/10390848)

Ottawa Black Mental Health Coalition. (n.d). "About Us." Accessed March 22nd, 2021. Retrieved from <https://obmhc.ca/about-us/>.

Thelen, K., & Conran, J. (2016). Institutional Change. *The Oxford Handbook of Historical Institutionalism*. Retrieved from <https://www-oxfordhandbooks->

[com.proxy.bib.uottawa.ca/view/10.1093/oxfordhb/9780199662814.001.0001/oxfordhb-9780199662814-e-3.](http://com.proxy.bib.uottawa.ca/view/10.1093/oxfordhb/9780199662814.001.0001/oxfordhb-9780199662814-e-3)