A PHENOMENOLOGICAL STUDY EXPLORING THE LIVED MENTAL HEALTH EXPERIENCES OF AFRO-CARIBBEAN CANADIAN YOUTH UTILIZING MENTAL HEALTH SERVICES

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Abstract

Little is known about the mental health experiences of Black youth, especially those from the Afro-Caribbean community, due to a paucity of studies within the Canadian context and a lack of Black youth mental health perspectives. To respond to this gap, this study explored the lived mental health experiences of Afro-Caribbean Canadian youth (ACCY) aged 16–18 who use mental health services. This helped gain their perspectives on their mental health experiences in Southern Ontario urban areas. This study was informed by post-colonial theory and critical race theory (CRT) and the concept of anti-Black racism (ABR). An interpretative phenomenological analysis (IPA) rooted in Heideggerian hermeneutic was utilized to respond to the main research question and three sub-questions. Data were collected from 13 participants comprising four groups: six ACCY; three faith-based leaders; two mental health workers; and two parents. Overall, 10 females and three males participated in the study; the three males were all ACCY.

One of the significant findings from this study revealed that ACCY understand their mental health experiences as an invalidation of their knowledge, feelings, and emotions and who they are as Black youth. ACCY reported that they were invalidated within key institutions and in their home environment, which negatively impacted their mental health and well-being. However, the adult participants understood the mental health experiences of ACCY differently from the youth. They understood that ACCY's mental health experiences were misunderstood as deviant behaviours and ACCY's behaviours were criminalized rather than recognized as mental health issues to be addressed. This study found that the invalidation and misunderstanding of the mental health experience of ACCY within dominant institutions were race-based and resulted from experiences of systemic and pervasive ABR. I argue that systemic ABR is the root cause of the mental health experiences of ACCY being invalidated. In terms of ACCY's access to and use

of mental health services, the study identified a dual pipeline: a school-to-mental health pipeline and a prison-to-mental health pipeline. ACCY prefer to access mental health services from Black mental health workers who understand them and can validate their lived experiences with systemic ABR and identity as Black youth.

This dissertation concludes with recommendations for social work and restructuring the key institutions by addressing pervasive ABR within them to centre Black youth's mental health, give them the opportunity to voice, help them affirm racial pride, and include them in full participation in Canadian life by nurturing a sense of belonging.

Dedication

I could not have gotten to this place in my life without the unconditional love, sacrifice, and support of the three most important women in my life.

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List of Acronyms

ABR	Anti-Black Racism
ACCY	Afro-Caribbean Canadian Youth
ADHD	Attention-deficit/hyperactivity disorder
BIPOC	Black Indigenous and People of Colour
BLM	The Black Lives Matter
CAMH	Centre for Addiction and Mental Health
CRT	Critical Race Theory
IPA	Interpretative Phenomenological Analysis
MHCC	Mental Health Commission of Canada
WHO	World Health Organization
YouthRex	Youth Research & Evaluation eXchange

Chapter 1: Introduction

My dissertation examines the lived mental health experiences of Afro-Caribbean Canadian youth (ACCY) in Southern Ontario. Their experiences are situated at the intersection of youth mental health, the Western biomedical model of psychiatry and ways of knowing, anti-Black racism (ABR), human rights, and social justice. Two historical moments—the COVID-19 pandemic and the Black Lives Matter movement—had direct impact upon my work. Both of these phenomena highlighted the socio-economic and political vulnerability of Black communities. Available Canadian data reveal how the number of hardships faced by Black people has been magnified by COVID-19 and ABR (Alliance for Healthier Communities, 2020). Due to the systemic barriers that Black communities face in Canada, prominent Black leaders and activists have been calling attention to the systemic issues that perpetuate the oppression of Black bodies (Alliance for Healthier Communities, 2020; Taylor & Richards, 2019). Areas of concern include: the overcriminalization of Black people; the overrepresentation of Black children and youth in the child welfare system; the racialization of poverty; and, housing insecurity (Alliance for Healthier Communities, 2020). Poverty, as a social determinant of health, has been directly linked to poorer health outcomes in Black communities (Alliance for Healthier Communities, 2020).

I believe that Black children and youth deserve to live in a society where the social and structural systems work to promote their mental health and well-being by enhancing their quality of life rather than diminishing it. However, it is well established that Black youth have a societal disadvantage due to their race (Anucha et al., 2017; Chadha et al., 2020; C. E. James & Turner, 2015). Research also has identified socio-economic challenges, such as poverty, as negatively impacting the mental health of Black youth (Fante-Coleman & Jackson-Best, 2020). An analysis

of the damaging impacts of these racial and political conditions helped me to conceptualize the lived experiences of ACCY.

Systemic racism continues to shape the everyday experiences of Black youth (Anucha et al., 2017; Fante-Coleman et al., 2022; C. E. James & Turner, 2015; Salami et al., 2021). The realities of systemic racism call into question Canada's commitment to the Canadian Charter of Rights and Freedoms (1982), specifically in relation to equality and fairness for all. The experiences of Black people are constrained by a unique form of racism known as anti-Black racism (ABR) that exists within the dominant social systems (Lewis, 1992). Institutional responses to address ABR fall squarely under the agenda of human rights. As I discuss in depth in Chapter 3, to address the relationships between race and mental health, and to capture the lived mental health experiences of ACCY, I have framed this study within two theoretical approaches—post-colonial theory and critical race theory (CRT)—and have applied the concept of ABR throughout. In this chapter I: I locate myself within the narrative; outline the purpose of the study (the problem, the rationale, the research questions, and the study context); orient readers to the research by defining all key concepts; and, in conclusion, address the organizational framework of this dissertation.

Locating Myself as Mental Health Practitioner and Researcher

I am a woman of Afro-Caribbean descent. I have more than 10 years of professional experience in the field of child and youth mental health. This experience has been both the impetus for my doctoral research and the knowledge base from which I was able to proceed with the work. My professional experiences and observations have led me to conclude that the mental health of Black youth in Canada is a human rights issue. For example, the institutions that are

tasked with the responsibility of promoting good mental health and well-being—schools, mental health systems, and child welfare agencies (to name a few)—are the very sites where Black youth are often oppressed, marginalized, excluded, and controlled. Unfortunately, however, the existing data that account for the lived experiences of Black youth are very limited; further, they do not disaggregate race. To address this gap and because the population is grossly underrepresented in research, I am herein exploring the lived mental health experiences of ACCY living in urban areas of Southern Ontario.

The Purpose of the Study

The purpose of this study is to gain an understanding of the mental health experiences of ACCY using mental health services in Southern Ontario urban areas. This study provides crucial insights into the ways ACCY perceive and understand mental health, mental illness, and well-being/wellness; these insights are key to providing better mental health support to Black youth and to the Afro-Caribbean community as a whole. The study is directly informed by the ontological and epistemological positions that are central to my understanding of the perspectives and reality of ACCY—positions which I address in Chapters 3 and 4. Exploring lived knowledge has the potential to bring about real and necessary changes at the structural level. The scholarly examination of practices addressing ABR needs to be developed further, so as to draw attention to the harmful impacts of systemic racism on mental health (K. K. Anderson et al., 2017; Fernando, 2002; Ndegwa & Olajide, 2003). This study will add to the existing literature and contribute to the development of social work pedagogy and practice that address ABR attitudes/systems. To do so effectively, it will consider the intersectionality of oppressions (Matsuoka, 2015) experienced by Black youth.

Statement of the Problem

As the literature review (Chapter 2) reveals, direct participation by affected children and youth in Canadian research regarding their mental health problems is limited (Armstrong et al., 2000; Roose & John, 2003). The perspectives of these individuals are rarely heard and acknowledged; rather, information is often gleaned from parents, caregivers (Harden, 2005; Pejlert, 2001), and youth who have not experienced mental health challenges (Armstrong et al., 2000; Roose & John, 2003). Existing literature identifies the lack of Black youth perspectives on mental health as a growing area of concern (Fante-Coleman & Jackson-Best, 2020; Salami et al., 2020). There is also a considerable gap in Canadian research; most research on the mental health system originates from the United States (Alio et al., 2020; Assari et al., 2017; Neblett et al., 2009; Pachter et al., 2018). This gap exacerbates the marginalized status of Black youth, whose experiences in mental health and in Canadian society are grossly underrepresented.

More specifically, the literature reveals a lack of understanding of how ACCY conceptualize mental health, well-being, and mental illness, as well as the impact of race, mental health stigma, and spirituality on their well-being. To address this lack of knowledge and the underrepresentation of Black youth in research—and to support positive structural change in the mental health system—my study sheds light on the lived experiences of ACCY.

Rationale for the Study

There are two major rationales for this study: the first arises out of my professional experiences as a social worker in child and youth mental health; the second stems from the significant gap in the literature on Black youth mental health in the Canadian—and specifically Southern Ontario—context. Over the past 10 years I have worked with Black youth and their

families in various settings throughout Southern Ontario. My professional experience has made me acutely aware of the lack of attention given to the mental health experiences of Black youth. For example, I have personally observed racial differences in mental health diagnoses, access to and the use of services, and pathways to care. My observations are consistent with American studies that reveal racial disparities in mental health diagnoses (Fabrega et al., 1993; Nguyen et al., 2007) and access to and use of mental health services (Breland-Noble, 2004; Caldwell et al., 2016; Neighbors et al., 2007). American studies further report that Black youth are more likely to be diagnosed with psychiatric behavioural problems such as conduct disorders (Fabrega et al., 1993; Nguyen et al., 2007). Additionally, American studies show that Black youth present with symptoms of attention-deficit/hyperactivity disorder (ADHD) at a higher rate than their white counterparts (Reid et al., 2000).

Existing studies thus indicate that the mental health struggles of Black youth are more frequently perceived and treated as behavioural issues rather than as mental health challenges. This misperception often becomes the impetus for bringing these youth into contact with the criminal justice system, where their mental health issues are further overlooked. V. B. Sheppard and Benjamin-Coleman (2001) found that a disproportionate number of Black youth who presented with serious mental health and emotional problems were in correctional facilities and foster homes; white youth who presented with similar issues were treated in a hospital setting. Further investigative work—exploring police encounters with children and youth who were accessing mental health services in Peel Region in Canada (Liegghio et al., 2020)—reports the need for support during a period of mental health distress as a primary reason for requesting police intervention.

There are multiple systems and people involved in pathways to care for youth, including the justice system (Edbrooke-Childs & Patalay, 2019; MacDonald et al., 2018). Research from the United Kingdom demonstrates that Black youth are less likely to be self-referred or to receive a referral for mental health services by their primary health care provider (Edbrooke-Childs & Patalay, 2019). Other studies have shown that racialized youth receive mental health services at a lower rate than do white youth (Garcia et al., 2016). Scholars postulate that the underutilization of mainstream mental health services is likely a result of ethno-racial groups accessing spiritual and/or other forms of support (Islam et al., 2017; C. C. Williams, 2001).

In my work, I also have encountered racialized youth who have requested spiritual support. Qualitative research conducted in Southern Ontario urban areas has found that racialized youth seek mental health support from their spiritual leaders (Islam et al., 2017). Similarly, research in Alberta found that Black youth use religion as a source of mental health support (Salami et al., 2020). In recent years I have recognized a desire on the part of the children and youth for whom I provide mental health care for additional spiritual support for their difficulties. Accordingly, I have tried to provide more effective supports by targeting faith-based leaders who work with youth to raise awareness about common mental health problems. Research has shown that spirituality is linked to positive mental health outcomes (Hope et al., 2017). However, its effectiveness in responding to the mental health needs of Black youth, specifically ACCY, is not well-researched. As a result, my research also examines the ways ACCY use spiritual and religious support to address mental health challenges.

Another important rationale is that there is currently no known study investigating the lived mental health experiences of ACCY in the mental health system in urban Southern Ontario.

Population characteristics in Southern Ontario urban areas have evolved over the past 20 years. Once densely populated with non-racialized families of Eastern and Western European descent, the area has grown into a diverse and racialized region characterized by a plethora of cultures, languages, religious denominations, and faiths (Social Planning Council of Peel, 2007). The Black population is the second largest racialized group residing in this region (Peel Anti-Black Racism Project, 2023). Despite the growing presence of a populous Black community in this area, Black people face several challenges: institutional and systemic racism, a lack of culturally appropriate services, and an absence of diversity in social workers who serve the community (Social Planning Council of Peel, 2007). These challenges are due, in part, to the human service sector not responding to the changing demographics of this area (Social Planning Council of Peel, 2007). Consequently, this region is ideal for exploring the mental health experiences of Black youth.

There are a few known areas of research that have examined the well-being of Black youth residing in Southern Ontario urban areas. One is a social inclusion and equity study on education and employment that reports Black youth encounter several challenges in society and are marginalized due to experiences of systemic ABR (C. E. James & Turner, 2015). One of the most recent investigations is a literature review on how microaggression affects different aspects of the lives of Black youth—including mental health (Peel Anti-Black Racism Project, 2023). The review reveals that Black youth are negatively impacted by educational, public, and social microaggressions, all of which have led to further stereotyping and discrimination and the resulting lower self-esteem and other mental health-related issues evident in Black youth (Peel Anti-Black Racism Project, 2023). These are important research findings in that they shed light

on the existence of the race-based discrimination that Black youth experience. My study adds to this emerging body of literature by investigating the lived mental health experiences of ACCY utilizing mental health services. The pervasiveness of ABR in dominant institutions in Canada, including the mental health system, is of critical importance as it directly impacts the well-being of Black youth. The United Nations Human Rights Office of the High Commissioner (2018) has declared that mental health is a human right. Black youth do not experience optimal mental health due to their encounters, on a day-to-day basis, with racial discrimination in key institutions in Canada (Anucha et al., 2017; C. E. James & Turner, 2015). Consequently, these youth are being denied one of their fundamental human rights.

Data published by Kids Help Phone reveal that the mental health of Canadian Black youth is amplified by occurrences of ABR (Charity Village, 2024). Unlike in the United States, Canada is slow to collect disaggregated race-based data on ABR to account for the mental health experiences of Black youth (Fante-Coleman & Jackson-Best, 2020), including where they access and come into contact with mental health supports. Rodney and Copeland (2009) asserted that collecting of disaggregated race-based data is important because it clearly identifies the health disparities of racial and ethnic groups. The lack of disaggregated race-based data leads to misrepresenting specific needs and unique characteristics of racialized populations, with consequences that the research does not lead to interventions that will benefit those populations. Canadian Black youth deserve to live in a society that actively promotes their well-being and enhances their quality of life. It is, therefore, essential that the lived mental health experiences of Black youth be studied and understood from their perspectives.

As my literature review (Chapter 2) demonstrates, scholars have argued for the value of conducting research that is derived from the personal experiences of children and youth so that they are not viewed as objects, but as co-constructors of knowledge who have agency to speak from their vantage points (Brady et al., 2015**;** A. James & Prout, 1990)**.** Youth participation in research on issues that impact their lives is highly recommended (A. James & Prout, 1990). The scholarship on children and youth as research participants argues that the inclusion of their voices is essential to understanding their experiences and needs, which is entirely compatible with my own epistemological and ontological perspectives. This position is evident in the way Black youth voices have primacy in my study, to gain a better understanding of their experiences and to demonstrate the value of their perspectives within the Canadian context. Combined critical theories and interpretative phenomenological analysis (IPA) provide crucial insights into the mental health experiences of ACCY and, in turn, it responds to their needs from a critical perspective while holding the principles of social justice and human rights alongside the reality of ABR.

Research Questions

To address the research problem outlined above, I have one primary research question: *What are the mental health experiences of ACCY and how do these shape their utilization of mental health services?* In order to respond to this question, I explored the following three sub-questions: (a) *How do ACCY understand the concepts of mental illness, well-being, wellness, and mental health;* (b) *How do these understandings shape ACCY's experiences of utilizing mental health services;* and, (c) *How do ACCY understand/perceive their parents' or guardians'*

understanding of mental illness and how does this understanding influence the utilization of services?

Context of the Study

It is important to understand the context of the study where the above research questions have been explored. To provide this context, I will: (a) discuss the current situation in mental health systems for Canadian youth and younger children; (b) provide an overview of the Black population in Canada; and (c) review the realities of Black youth and mental health.

Child and Youth Mental Health in Canada

The mental health of children and youth is a pressing concern in Canada. Kessler et al. (2007) reported that the onset of "roughly half of all lifetime mental disorders" occurs during the early development stage at age 14 and is increased to "three quarters by the mid–20s" (p. 359). The developmental growth phase of children and youth means that they are distinctly affected by mental health problems (Neblett et al., 2009). Gender (Assari et al., 2017) and racial identity (Alio et al., 2020; Pachter et al., 2018) have also been identified as factors that can intersect with the developmental growth phase and impact mental health.

It is estimated that children and youth in Canadian society are affected by a diagnosable mental health problem at an approximate rate between 14% and 5% (Manion, 2010). In 2012, the Mental Health Commission of Canada (MHCC) reported that mental illness affects at least one in five Canadians every year of all ages, and a large percentage of those impacted will not seek mental health services (MHCC, 2012). For the younger population, the stigma of mental illness often prevents them from accessing mental health services (Hinshaw, 2005). Manion (2010)

reported that only a quarter of children and youth with a diagnosable mental illness will receive adequate care and treatment.

A survey conducted by HEADSTRONG that focused on the impact of COVID-19 on Canadian youth between the ages of 14 and 24 showed that the well-being of marginalized youth with low economic status is declining (MHCC, 2020). Exposure to conflict at home also indicated a positive correlation with increased anxiety in this group (MHCC, 2020). Other data published by the MHCC (2021) focusing on the impact of COVID-19 on youth mental health reported that 45% of individuals between the ages of 16 and 24 struggle with symptoms associated with anxiety that range from moderate to severe. Similarly, an increase in substance use, mainly alcohol and cannabis, was reported among these youth (MHCC, 2021). Despite the increase in youth mental health problems, social distancing policies presented difficulties accessing in-person mental health supports (MHCC, 2020). Indeed, the prolonged nature of the COVID-19 pandemic has had serious negative consequences for today's youth.

The Black Population in Canada

For the purposes of my discussion, the Black population refers to people whose ancestral background originates from the continent of Africa. Early settlement of Black people in Canada originated from the continent of Africa and was tied to the institution of slavery (Hogarth & Fletcher, 2018). Black historian Natasha Henry stated that Black people have lived in Canada for more than 400 years, and named Mathieu de Coste as the first Black person who was brought to Canada (Okwuosa, 2022). She further shared that the Black people who came after de Coste were enslaved (Okwuosa, 2022). Slavery started in Canada as early as 1760 and continued until its abolition in 1834. The abolition of slavery saw an increase in the migration of Black people to

Canada and included those fleeing racial oppression in the United States (Maynard, 2017). In the 19th century, Black people in the United States (both enslaved and free) sought refuge in Canada, where it was illegal to practice slavery (Hogarth & Fletcher, 2018). They resettled in several provinces including Nova Scotia, Ontario, Alberta, and Saskatchewan.

In the 1700s, most Black residents in Nova Scotia were enslaved individuals who lived in Halifax (Government of Canada, 2024). Records indicate that in 1750, the Black population included approximately 400 enslaved individuals and 17 free people (Government of Canada, 2024). Despite the continuation of slavery during this time, the number of free Black individuals rose to 104 (Government of Canada, 2024). The presence of Black Loyalists and refugees from the United States contributed to the growing Black population in Nova Scotia (Government of Canada, 2024). By 1834, these groups were instrumental in establishing many of Canada's historic Black communities (Government of Canada, 2024). African Baptist churches became a significant aspect of community life (Government of Canada, 2024). However, Black Canadians faced systemic ABR and most actively resisted racial segregation in public spaces and institutions (Government of Canada, 2024).

Black Canadians and people from the Caribbean share a history marked by colonialism and slavery. The abolition of slavery did not end the suffering and dehumanization of Black people; indeed, they continue to face racial discrimination in public spaces and institutions (Hogarth & Fletcher, 2018). Canada’s immigration system has been implicit in perpetuating discriminatory practices against Black people due to early policies that favoured people from European countries (Statistics Canada, 2019). In the 1950s and 1960s, changes to Canada’s

immigration policies based on race and place of origin (Statistics Canada, 2019) led to an influx of people from non-European countries.

Canada's population is composed of diverse groups of people, making it a multicultural country. A profile on the demographics of the Black population in 2021 approximated that there were 1.5 million Black people in Canada—4.5% of Canada's total population and 16.1% of the population classified as a visible minority (Statistics Canada, 2024). The Black population is expected to increase to more than 3.0 million by 2041 (Statistics Canada, 2024). The Black population in Canada is youthful, with a reported median age of 29.6 years in 2016 (Statistics Canada, 2019). Black children under age 15 constitute 26.6% of the overall Black population and account for 16.9% of Canada's total population. Ontario is home to one of the largest settlements of Black people in Canada, with most living in Toronto (Alliance for Healthier Communities, 2020; Statistics Canada, 2019). The Afro-Caribbean population is largely concentrated in Ontario and Quebec; it is considered one of the largest non-white ethnic groups in Canada and has a growing young population which is accompanied by high rates of immigration (Lindsay, 2007). Jamaica and Haiti are listed as the countries with the highest concentration of Black people living in Canada (Statistics Canada, 2019).

As in the United States, Black communities in Canada face a number of societal challenges. Rodney and Copeland (2009) postulated that Black people in Canada are a disadvantaged economic and social group—a position which stems from ABR that is deeply rooted in colonialism and slavery and which gave rise to racial segregation and racism (Alliance for Healthier Communities, 2020; Hogarth & Fletcher, 2018). Although the institution of slavery no longer exists and was abolished in 1834 in Canada (Henry, 2019), intergenerational trauma

continues to be passed among generations. Its harmful legacy is evident in the disproportionate representation of Black people in the criminal justice and child welfare, and under-representation in the education systems (Alliance for Healthier Communities, 2020; Anucha et al., 2017). The activities of these institutions intersect in various ways that shape the lived mental health experiences of Black youth.

Black Youth and Mental Health

In 2018, there were 7 million youth between the ages of 15 and 29 living in Canada, mostly in urban areas, including Toronto and Montreal (Statistics Canada, 2019). From 1996 to 2016, Canada saw a 2.9% increase in the number of Black youth aged 15–30, from 2.5% to 5.4%, and Black females comprised 51.6% of the Black youth population (Statistics Canada, 2019). These youth face several systemic challenges within Canadian society (Anucha et al., 2017; Chadha et al., 2020). The Ontario Human Rights Commission (2017) and the Peel District School Board (Chadha et al., 2020) have recognized that ABR is a systemic form of racism that adversely affects Black youth. Within the education system, they are more likely to be streamed into lower academic programs and face harsher punitive school disciplinary measures (Chadha et al., 2020). Schools' exclusionary disciplinary measures put Black children and youth at a disadvantage (Pesta, 2018; Welch, 2018; Welch & Payne, 2010). Anucha et al. (2017) identify ABR in criminal justice, education, child welfare, and employment systems as everyday issues impacting the well-being of Black youth. As Lewis (1992) succinctly states, "it is Black students who are being inappropriately streamed in schools; it is Black kids who are disproportionately dropping-out. It is Blacks who are being shot; it is Black youth that is unemployed in excessive

numbers" (p.2). The occurrence of ABR in these systems also calls for an investigation of this issue within the mental health system and its impact in the lives of Black youth.

Although the mental health of Black youth in Canada is a pressing issue, there is little research investigating their own experiences (Taylor & Richards, 2019). A participatory action research project conducted in Alberta by Salami et al. (2020) was undertaken to promote the mental health of Black youth. The researchers concluded that Black youth face mental health disparities due to: an absence of anti-racist practices in mental health services; inadequate racial representation among service providers and among those in decision-making roles; a lack of culturally appropriate services; and, finally, the stigma associated with mental illness (Salami et al., 2020).

Observations collected in an Ontario hospital setting found that Black children were being *"psychiatrized"* at a higher rate than white children (Meerai et al., 2016). Liegghio (2016) has defined psychiatrization as the process in which contact is made between persons, irrespective of age, and the field of psychiatry. Liegghio (2016) further stated that the point of contact between a person and the field of psychiatry occurs when the person's "body, their psychology, and/or particular expressions of emotional and psychological distress" is viewed as "mental illness" (p. 111). Hence, the overpsychiatrization of Black children has resulted in an overdiagnosis and false inflation of the prevalence of mental illness in this population. The overpsychiatrization of Black children serves as an indication that this population is disproportionately and likely highly misdiagnosed due to either implicit or explicit racism. For specific populations, such as Afro-Caribbean youth (who are an underrepresented group in mental health research), findings from studies conducted outside the Canadian context have

shown that their mental health are affected by environmental adversities (Rumbaut, 1994), including limited opportunities (Barker, 2003).

To reiterate, even though Black youth experience negative mental health outcomes, the prevalence of mental health problems impacting this population is unknown. This is partly due to Canada lagging behind in the collection of race-based data in some dominant institutions (Alliance for Healthier Communities, 2020). Scholars view mental illnesses as a product of Black youth internalizing a sense of inferiority due to instances of colourism, ABR, and various micro-aggressions that they experience (Salami et al, 2020). Most of what is known of their experiences is published in grey literature and from empirical research conducted in the United Kingdom and the United States. A common theme that emerges from available research on the mental health of racialized children and youth is that it is too often examined outside of their cultural contexts (Timimi, 2002). Copeland (2006) asserted that the cultural context in which Black youth define and manage their mental health can support mental health providers in developing effective programs. However, the use of Black youth culture in mental health diagnoses and treatment is not evident in the field of psychiatry, which has been critiqued for its close associations with colonialism, white supremacy, and ABR (Fernando**,** 2014). Numerous scholars have aptly critiqued the Western biomedical model for its lack of attention and response to the correlation between racism and mental health (Fernando, 2002; Ndegwa & Olajide, 2003). Fernando (2002) has asserted that, in order to counteract the racist traditions in the field of psychiatry, the connectedness between a person's environment and culture has to be taken into consideration.

Critical race theorists have put forward the notion that racism, socio-economic status, and political factors shape the mental health experiences of Black people (Barker, 2003; Brown, 2003, 2008). For racialized and ethnic minority youth, mental health is directly shaped by experiences of discrimination, something that has been identified as a risk factor among scholars in precipitating psychological distress, symptoms, and various disorders (Alio et al., 2020; Carter, 2007; Speight, 2007; Thompson-Miller & Feagin, 2007; Hope et al., 2017; Seaton et al., 2008). Their vulnerability to mental health problems is heightened when racialized youth perceive high levels of discrimination, which result in increased anxiety and depressive symptoms (Rumbaut, 1994; Seaton et al., 2008). Researchers have also found that an individual's perception of discrimination brings about the actual experience of discrimination. Studies have shown that Black youth from socially and economically disadvantaged neighbourhoods are more severely affected by exposure to racial discrimination (Opara et al., 2020). As a result, racial discrimination can trigger major depression and anxiety in African American and Afro-Caribbean youth (Pachter et al., 2018), the impact of which is greater for Black males (Assari et al., 2017). Accordingly, I have chosen to mobilize race in my research as a necessary and progressive step towards understanding the impact of race, with its related contingencies, on the mental health experiences of Black youth.

Incorporating the knowledge produced from the perspectives of Black youth can serve as a useful tool to broaden social work's epistemological and ontological stance on issues related to race, as well as its use in social work education, research, and practice.

Key Concepts

Within the theoretical framework of this study, I make use of several key concepts, each of which is based on an extensive literature review. These concepts include:

1. *Afro-Caribbean Canadian youth service users*, which herein includes youth between 16 and 18 years of age who are of Afro-Caribbean descent, born in Canada, and currently living in urban areas of Southern Ontario.
2. *Colourism**,*** which Crutchfield et al., (2020) defined as "a social determinant of health that has historical roots in racial subjugation and ethnic oppression" (p. 814)
3. *Mental health and mental illness*, which I understand as social constructs that intersect with race, gender, class, age, ability, and culture to shape one's identity. Mental health is thus linked to systems of domination and oppression. This perspective of mental health calls for an investigation into how the dominant systems that Black youth encounter in their everyday lives shape their mental health experiences. Understanding mental illness as a social construct shifts the focus away from biological explanations of this phenomenon to other systems of knowing and their perspectives of what constitutes mental health and mental illness
4. *Mental health experiences of Afro-Caribbean Canadian youth*, which I envision as situated at the intersection of mental health, ABR, human rights, and social justice. I further understand the experiences *of* Black youths as being influenced in their understanding of mental health/illness and wellness/well-being by the perspectives of their parents/guardians, faith-based leaders, and mental health service workers.

5. *Mental health problems*, a term I use interchangeably with *mental health issues* by adopting the 2010 MHCC definition of mental health problems as "a broader term that includes both mental disorders and symptoms of mental disorders which may not be severe enough to warrant the diagnosis of mental disorder" (MHCC, 2010, p. 2).
6. *Mental health services*, which I use to refer to any therapeutic intervention, such as individual and family counselling, crisis support, and psychosocial and psychoeducational groups offered by child and youth community mental health agencies.
7. *Race*, which is defined in this study as a relational concept that is socially and culturally constructed (Carter, 1995). This definition includes essentialist notions of what constitutes race, and how it gives rise to the process of *racialization* (that is, a process of assigning racial attributes to persons solely based on phenotype). Barot & Bird (2001) argued that the naming of the differences in racialized groups leads to differential treatment; in essence, it leads to *racism,* which comprises discriminatory acts inflicted on Black and racialized bodies that can be expressed in overt and subtle ways (Delgado & Stefancic, 2023). Racism encompasses stereotypes, prejudices, and discrimination (Hayden, 2015). I argue that race, racism, and racialization are the product of dominant institutional policies and practices, thus influencing not only youth, but all individuals.
8. *Spirituality and religiosity*, which can be understood as protective factors that buffer against mental health problems and aid in building meaningful relationships with oneself, others, and a higher power. Spirituality and religiosity have significant cultural relevance to particular groups that are oppressed by white hegemonic power structures. Both can and do bring about transformative changes to economic, political, and social structures. I

see spirituality as a site for understanding mental well-being that can be understood as a decolonizing and liberating approach that stands apart from the Western biomedical models of mental health.

9. *Well-being and wellness*. I define well-being as a positive emotional response that is impacted not only by biological factors, but also by environmental factors. I define wellness as a function of well-being; it is a positive mental state that sustains a person's well-being when one has access to resources and opportunities in the spaces that they occupy.

Summary and Organization of the Dissertation

This introduction identifies the problem addressed by this thesis and provides a purpose, rationale, background, and context for this research project. I also highlighted research questions and key concepts for this study to orient the readers to the dissertation research. I conclude this chapter by providing the organization of this dissertation. It is organized into seven chapters. This introductory chapter is followed by Chapter 2, a comprehensive literature review that focuses on areas that are relevant to my study. Chapter 3 describes the theoretical and conceptual framework for this study, which is guided by post-colonial theory, CRT, and the concept of ABR, and discusses their relevance to my study. Chapter 4 outlines my research methodology based on my ontological and epistemological position. Chapter 5 presents the study's findings, including an analysis of participants' responses and the art-based activity. Chapter 6 discusses and offers an interpretation of the major themes that emerged from the data analysis in relation to my key theories namely, post-colonial theory, CRT and the concepts of ABR as well as existing literature on the topics. Chapter 7 concludes the study and addresses its contributions and

implications for social work, the limitations of the study, and recommendations for future research.

Chapter 2: Literature Review

The purpose of this chapter is to examine relevant studies to identify gaps and share current knowledge on Black youth mental health. A literature review was conducted for published and grey literature using key concepts such as: Black youth, race and mental health; mental illness stigma and mental health service utilization; religiosity, spirituality and mental health; research and Black youth; and, racism and discrimination. Emerging research on Canadian Black youth mental health reports areas of concern (Anucha et al., 2017; Fante-Coleman & Jackson-Best, 2020; Salami et al., 2020). One of the most pressing issues is the scarcity of race-based disaggregated data on mental health and Black youth in Canada; these data are necessary if we are to understand and conceptualize the experiences of members of this population (Fante-Coleman & Jackson-Best, 2020). Due to the scarcity of Canadian research on the mental health experiences of Black youth (Fante-Coleman & Jackson-Best, 2020; Salami et al., 2020; Taylor & Richards, 2019), this literature review also includes relevant studies from the United Kingdom and the United States. I organized examination of the relevant literature into the following seven sections: (a) defining mental health; (b) biological theories and concepts of race; (c) mental health, psychiatry, and mental health services use; (d) spirituality/religiosity and mental health; (e) Black youth, research, and the construction of childhood; (f) race and the construction of Black youth mental health; and (g) identity formation and psychological well-being.

Defining Mental Health

In the literature review on Black youth and mental health, there is no universal definition of what constitutes mental health and well-being. Despite this conceptual gap, definitions of

mental health are established in both psychiatry and psychology scholarship. In both fields, mental health and mental illness are seen as distinct, yet related concepts. Psychiatry and clinical psychology present a deficit model of mental health based on the absence of disease (Rogge, 2011). This focus is on a person's cognitive, emotional, and behavioural health which is assessed with psychiatric and psychological tools. However, these tools are based on Eurocentric perspectives that historically and contemporaneously fail to address the heterogeneity that exists within different cultural groups (Crawford-Daniel & Alexis, 2014). Consequently, this can and does cause misunderstandings that result in misrepresentations of Black and other racialized groups' cultural understanding of and responses to mental health issues.

In contrast to the fields of psychiatry and clinical psychology, positive psychology adopts a view of mental health as positive well-being. The work of Westerhof and Keyes (2010) offers a definition of mental health that does not limit it to the absence of disease. Rather, the authors articulate mental health as "a complete state i.e., not merely the absence of mental illness but also the presence of mental health" (p. 112). According to Rogge (2011), positive psychology "focuses on why people are and stay healthy and well: on their flourishing and functioning rather than on their dysfunctions and disorders" (p. 51). In its essence, positive psychology focuses on the conditions that promote positive mental health and well-being. This perspective of mental health is widely used by Aaron Antonovsky in his work on Salutogenesis (Rootman & O'Neil, 2017). In this school of thought, a sense of safety and a person's social milieu are known to promote positive mental well-being (McCall & Laitsch, 2017). However, positive psychology has been critiqued for its propensity to underestimate the degree to which external factors can and do negatively impact a person's well-being (Rogge, 2011). For example, critical race

scholars have linked the prevalence of mental health problems to socio-political and environmental factors in racialized communities (Brown, 2003, 2008; Carter, 1995).

Definitions of mental health are established by scholars in the field of mental health. However, what is missing from these definitions are the perspectives of Black youth, among others, who have experienced mental health issues. For Black youth, their conceptualizations and accounts of mental health/illness, well-being, and wellness are rare in the literature. For instance, a qualitative study conducted by Kranke et al. (2012) investigating African American adolescents' mental health showed that this population conceptualizes mental illness as stigmatizing, and it can lead to social isolation, the concealment of diagnoses, and hidden medication use. Within the Canadian context, much more research is needed to explore how Black youth conceptualize mental health and its contingencies.

Despite the conceptual confusion around defining mental health by scholars, the most widely used definition comes from the World Health Organization (WHO). The WHO defines mental health as "a state of well-being in which the individual realizes his or her own abilities, 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" (World Health Organization, Department of Mental Health and Substance Abuse, 2005, p. 2). However, this conceptualization is also problematic as it conceives of mental health as individualistic, thereby placing the responsibility on the individual to foster their own positive well-being. By rejecting the impacts of external factors, this conceptualization of mental health masks the reality of racism as an inevitable experience in the lives of racialized people and its influence on their mental health and well-being. Furthermore, it does not take race into account at all as a core element in determining the

distribution of social, economic, and political resources and how these factors create unfavourable conditions for fostering well-being (Hayden, 2015; Yee et al., 1993).

Society is not egalitarian; not all groups have the same access to material resources and enjoy the same privileges. Rather, there are multiple layers of oppression operating in any given person's life (such as ageism, sexism, racism, and classism) that can inhibit the attainment of good mental health. In defining mental health, attention must be given to the interlocking systems of oppression that negatively impact lives on a daily basis. Instead of viewing mental health from an individualistic lens, a socio-political structural approach is better suited to reflect the state of well-being that people experience in society. This approach can illuminate the environmental, socio-economic, and political factors that create conditions such as racism and poverty that are known to affect individuals' mental health and trigger episodic or long-term mental illnesses.

To contextualize the mental health experiences of Black youth, it is necessary to turn to the literature that explores historical and contemporary notions of race, which is identified as a key factor in Black and racialized groups' experiences with systemic racism and racial discrimination that negatively impacts their mental health and well-being. It is also equally important to examine biological theories of race to understand how Black people are constructed.

Biological Theories and Concepts of Race

A study of Black youth and mental health cannot be conducted without addressing race and racial discrimination. These concepts are central to the lived experiences of Black people (Brown, 2003, 2008; Carter, 1995). The history of Black people in Canada is deeply rooted in colonialism, its institutions, and the legacy of slavery (Hogarth & Fletcher, 2018). However, this

history is often excluded from Canada's metanarrative that depicts the nation as a safe haven for diverse populations (Barlow & Edwards, 2021). The consequences of colonialism and slavery have resulted in the continuation of systems of white supremacy, anti-Black racism (ABR), and racial segregation that continue to negatively impact the lives of Black people (Hogarth & Fletcher, 2018).

Slavery perpetuated the dehumanization of Black people through many centuries in order to maintain an oppressive system that has contributed to the political and economic hegemony possessed by white populations (Wacquant, 2002). At its essence, slavery provides insight into how power operates in society by creating disparities in key structures necessary to advance human growth and development. Black people, however, have been subjected to lives of disenfranchisement, not only on social, political, and economic fronts (Wacquant, 2002), but also mentally (Leary, 2005). Slavery inflicted trauma on Black peoples' minds, bodies, and spirits (Leary, 2005). Trauma—defined as "an injury" resulting from a violent encounter—can alter a person's beliefs and behaviour and can be used as a lens for exploring the experience of Black people in society (Leary, 2005, p. 14). Trauma has been cited as a risk factor for the onset of mental health problems (Fanon, 1952/1967).

The end of slavery did not bring an end to the disenfranchisement of Black people; their experience with oppression continued to the Civil Rights movement and beyond. In the 20th century, new waves of struggles were being tackled by the Civil Rights and Black Power movements in the United States and Canada in an attempt to seek social justice for a race that continued to face oppression. The agenda of Canadian Black Power movement encompassed the fight against white imperialist hegemony: to show its allegiance to the Black Power movement in

the United States; to educate its members and the younger Black community about anti-colonial struggles; and, to hold discussions on Marxism, African history, and colonialism in Canada (C. Harris, 2014). Now, more than 50 years since the Civil Rights movement, the struggle for social justice continues—as the political and institutional structures that organize society continue to reinforce a racial hierarchy that perpetuates the oppression of Black people, individuals, and groups continue to advocate against the oppression and systems of domination.

The historical understanding of race and racial difference can be traced back to the scientific study of race and is deeply connected to colonialism and slavery. The Enlightenment period gave rise to Western science and modernism. Race science was a pseudoscientific Eurocentric system of knowing that misrepresented Darwin's seminal theory of evolution and incorporated Spencerian social Darwinism and Eugenics philosophy in its construction of a superior race (Turner & Collison, 2003). One of the primary objectives of race science was to provide a universal theory of what it means to be human versus animal. Such an approach to understanding biological human differences became prominent during the Enlightenment period and beyond (R. Miles & Brown, 2003). Proponents of race science claimed that their theory of a racial hierarchy as a genetic or biological difference was the result of the objective scientific study of human differences (King, 1981). These adherents argued that the genetic variances that existed between races can be uncovered through scientific experiment (Turner & Collison, 2003). This ideologically based pseudoscience gained significant popularity as it supported pre-existing beliefs and practices regarding the existence of biological differences between races (King, 1981; Turner & Collison, 2003). As a result, European science produced a biological understanding of race and racial difference that has filtered through time and retained its

influence; this conceptualization directly impacts contemporary understandings of race (Ndegwa & Olajide, 2003), with deleterious effects on Black bodies through acts of racial discrimination.

The biological premise of race science posits that the category of race determines a person's biological characteristics from which their intellectual, cognitive, psychological, and emotional qualities can be judged (Ndegwa & Olajide, 2003). Race science's biological approach to explaining human differences othered Black people by constructing "the African mind as both opposite of and inferior to the average European psyche" (Heaton, 2013, p. 8). Mental ability and race were primary areas explored by proponents of race science (Carter, 1995; McDowell & Jeris, 2004). Brain size was a central criterion that was used to measure a person's level of intelligence (Turner & Collison, 2003). White people were assigned higher mental abilities due to the incorrect belief that they had larger brains. Race scientists claimed that Black peoples' mental abilities were incomparable to adult white brains and were rather more closely aligned to the developmental level of a European (white) child. (Meerai et al., 2016).

Apart from mental abilities, physiological features including skin colour were utilized as mechanisms from which to differentiate race (Leary, 2005). In the process of ascribing differences, a hierarchy of race was created that resulted in the cementing of racially segmented social positions in society (Turner & Collison, 2003). White people—almost exclusively men—occupied positions of power and privilege and were situated at the top of the racial hierarchy, whereas Black people were located at the bottom in a position of inferiority (Turner & Collison, 2003). Race science produced claims about race that perpetuated stereotypical views of Black people and led to scientific racism (R. Miles & Brown, 2003; Wu et al., 2003). For example, Black men with mental health illness were and continue to be perceived as dangerous. Such

negative stereotypes continue to act as the impetus for Black bodies coming into contact with the criminal justice system.

In comparison to the Black race, the white race was established as the standard by which all other races are judged based on supposed biological or genetic factors (Ndegwa & Olajide, 2003). However, evidence to support the superiority and inferiority of race is regarded as insufficient (Takeuchi & Gage, 2003). Race science regularly ignored the scientific method in favour of poor scientific practices that validated its ideology; as a result, it has been debunked as a science and theory (King, 1981). Opponents of race science have argued that biological differences occur within groups, rather than across groups, and critiqued the scientific knowledge of racial difference (King, 1981). Despite the claims of race science being refuted and debunked, this pseudoscience produced a form of racism that justified colonialism and slavery and has resulted in commonly held beliefs and stereotypes that continue to support oppression to this very day. Psychiatry, a colonial institution, is implicated in the study of human differences. The relationship between psychiatry, mental health, and race is an area that offers insights about the role that psychiatry plays in the mental health experiences of Black people.

Mental Health, Psychiatry, and Mental Health Services Use

The establishment of the field of child psychiatry in Canada, currently known as child and adolescent mental health, took place in the early to mid-20th century (Steinhauer, 1982). Prior to the emergence of this field, children's behavioural and emotional issues were seen as moral failures as opposed to deviance that needed medical intervention (Rey et al., 2019). After society's perception of children changed during the late 19th century, the 20th century became known as the "Century of the Child," with attention placed on childhood and behavioural

problems. The mental hygiene agenda of the early 20th century contributed to the development of child psychiatry and led a number of disciplines, including education and the youth justice system, to address what they identified as 'abnormal' behaviours in children (Thomson, 2019).

According to Richardson (1989), "mental hygiene was a scientific movement concerned with discovering absolute principles and systematically applying them as solutions to problems in social contexts. The intent was to create a more efficient and ordered society" (p. 4). This resulted in the medicalization and criminalization of children's behaviours. Children labelled as 'problem children' were criminalized in places such as British Columbia (Thomson, 2019). K. A. Smith (2022) stated that "in 1908, the Juvenile Delinquent Act was a culmination of concern around modern youth, and child welfare. It emerged as one of the ways that youth could be managed and treated uniquely" (p. 2). In an effort to address what were deemed problematic behaviours in youth and restore "normal" behaviour, the court established mental health clinics to handle presenting mental health issues in "troubled" youth (Lourie & Hernandez, 2003). The delinquent behaviour of youth resulted in the emergence of the specialized field of child and youth mental health (Jones, 1999).

The history of child psychiatry, child psychology, childhood, and child psychopathology has been influential in shaping early and current understandings of children's mental health. Child psychiatry and psychology play a significant role in studying and assessing the behavioural, developmental, social, and emotional problems in childhood and they have linked child psychopathology to developmental phases in childhood (Rey et al., 2019). Psychiatry is the dominant institution for pathologizing and diagnosing mental health

problems (Barker, 2003). A major criticism of psychiatry is that it emerged from the colonial construction of human difference whereby Eurocentric culture is viewed as the benchmark for assessing what is constructed as normal (Fernando, 2014; Kirmayer, 2007). This standard was exported to the colonies where racialized bodies were and are examined by European cultural standards. Bhugra and Bhui (1997) located culture as a core element in determining a person's cognitive development and behaviour, and they advocated for a culturally relevant practice for analyzing the presentation of psychiatric symptoms. Kirmayer (2007) specified areas of concern that cultural psychiatry must attend to that include the provision of mental health services for ethnic minority groups (Kirmayer, 2007). Despite this scholarship, mainstream mental health services—because of the continued use of the Western biomedical model and inequities in the hiring of Black people, Indigenous people, and people of colour (BIPOC) into decision-making roles—do not focus exclusively on interventions that are culturally relevant for racialized populations (Fernando, 2014).

In Canada, there are a few known ethno-racial human service agencies responding to the mental health needs of Black youth. Although these agencies are geared toward providing culturally relevant services, they often struggle with a lack of funding that puts their programs at risk (Social Planning Council of Peel, 2007). Consequently, the Canadian mental health care system is not adequately meeting the needs of Black youth. Kirby & Keon (2006) reported that the mental health of Canadian children and youth is neglected in the health care system (see Davidson, 2011). Scholars have argued for the mental health of Canadian children and youth to be prioritized partly because of the insidious effects of childhood mental health disorders (McEwan et al., 2007). Emerging research in this field of study has revealed gaps in child and

youth mental health (McEwan et al., 2007; Meerai et al., 2016), including a lack of funding policies, few available services, and differential pathways to care along racial lines (Edbrooke-Childs & Patalay, 2019; MacDonald et al., 2018). A pathway refers to the ways in which mental health service users and those seeking help come into contact with and navigate services (Sass et al., 2009). The dominant pathway systems include education, mental health services, and the youth justice system, all of which are implicated in pathways to care for Black youth (Edbrooke-Childs & Patalay, 2019; MacDonald et al., 2018).

In a study on pathways to care in Canada, K. K. Anderson et al. (2015) reported that primary care physicians were less involved in Black Caribbeans' use of mental health services and that Black Caribbeans were more likely to access care through inpatient referrals. Research that addresses the link between referrals and mental health care has indicated that referrals from primary care physicians can facilitate helpful pathways that may not necessarily result in the use of emergency services as first contact (K. K. Anderson et al., 2013). However, a Black African with a first episode of psychosis in Canada is reported to have a higher rate of emergency use for initial mental health services. Pathways to care are also impacted by individual help-seeking behaviours and gender stereotypes (Ferrari et al., 2018). For instance, Black youth are less likely to be self-referred for mental health services (Edbrooke-Childs & Patalay, 2019) because they may be reluctant to share their mental health concerns out of fear of misunderstandings and/or further stigmatization (Lindsey et al., 2013). In terms of gender, stereotypes of masculinity deter males from utilizing mental health services (Ferrari et al., 2018). With respect to females, their help-seeking behaviours are often pathologized as attention seeking, thus hindering service use (Ferrari et al., 2018).

Black youth face significant barriers to mental health care at the individual, community, and systemic level. Barriers at the individual level include youth not recognizing that they have mental health problems (Nguyen et al., 2007), as well as parents' and caregivers' lack of awareness about the causes of mental illness (Lindsey et al., 2013). As a result, they may not be able to identify mental health problems as an area of struggle for Black youth (Planey et al., 2019). Furthermore, parents and caregivers may have limited knowledge about mental health resources, the interventions available to treat mental health problems, and their effectiveness (Lindsey et al., 2013). However, if parents and caregivers are able to recognize that mental health issues cause problems, they can help youth find supports and mainstream interventions (Lindsey et al., 2013).

For Black and white parents, the experience of seeking mental health services is vastly different; indeed, Black parents are often treated as lacking agency and with little respect (Gamble, 2021). In my professional experience, I have seen clear evidence that, within the mental health system, Black parents are viewed differently from their white counterparts. They are, for example, more likely to be pathologized as providing inconsistent care for their children's mental health needs and/or they are blamed for their children's mental health and behavioural problems. This characterization of Black parents poses a significant barrier for their children's use of mainstream mental health services. Thurston et al. (2017) found that addressing the factors that limit parents' help-seeking behaviours can have a positive impact on service use and, consequently, on children's mental health. Gamble (2021) asserted that a collaborative relationship between Black parents and mental health providers can be seen as a viable step toward enhancing the quality of mental health care provided to Black children (Gamble, 2021).

At the community level, the stigma and shame around mental illness are barriers to the use of mental health services (Kranke et al., 2012). The stigma of mental illness occurs at different levels within society, from the individual to the structural level, and can be expressed in the form of social, public, structural, self, and associated stigmas (Hinshaw & Cicchetti, 2000; Rüsch et al., 2005). For example, social stigma is regarded as a social construction based on societal interactions toward stigmatized groups (Frost, 2011). Within the realm of mental health, stigma is defined as the negative characterization of people with mental illness by society (Frost, 2011). For instance, a person diagnosed with schizophrenia can be assigned negative attributes (such as being dangerous and, in most cases, as being dependent upon others). By attributing negative connotations to mental illness (Frost, 2011), social stigma is further perpetuated by the dominant group exercising power over those with marginal power (Link & Phelan, 2001).

The impact of mental health stigma on Black youth can be understood through social processes, including the racialization and criminalization of mental illness as well as the psychiatrization and criminalization of racialized bodies. These processes can be viewed as highly stigmatizing and intersecting with each other to perpetuate the marginal status of Black people with mental illness in society. As a result, it has been found that Black youth tend to conceal mental health diagnoses (Kranke et al., 2012).

Several American studies have explored mental health service use by Black youth (Breland-Noble, 2004; Caldwell et al., 2016; Neighbors et al., 2007). Research conducted on mental health use has shown that Black youth exit mental health out-patient treatment programs prematurely (Carson et al., 2010). Systemic issues are reported to be inherent barriers for Black youth in accessing mental health services (Lindsey et al., 2013). Salami et al. (2020) asserted that

the mental health care of Black youth is negatively impacted by cultural and systemic barriers, and they call for effective policy changes to transform mental health practices in the Black community in Canada. In addition, Opara et al. (2020) reported that one of the barriers for children and families seeking mental health intervention is a generalized generational distrust of medical practices within Black communities. This lack of trust includes service providers and services (Lindsey et al., 2013) and is rooted in the influence of Eurocentric norms in the provision of mental health services (C. C. Williams, 2001). A lack of trust deters Black youth and their families from accessing mainstream mental health support. The literature highlights that Black youth are more likely to access spiritual support for mental health concerns (Fante-Coleman & Jackson-Best, 2020). Black parents are also seeking mental health support for their children from faith-based leaders (Thurston et al., 2017). Hence, it is worth exploring the role that religion and spirituality play in the mental health experiences of Black youth and Black communities.

Religiosity/Spirituality and Mental Health

Religion is defined as "an institutionalized pattern of beliefs, behaviours, and experiences, oriented toward spiritual concerns, and shared by a community and transmitted over time in traditions" (Canda & Furman, 1999, p. 59). During the early colonial period, religion was used as a controlling institution for colonizing Black people (Cone, 1984). As a site of oppression, religion used Judeo-Christian teachings to perpetuate slavery, racism, and the justification for the human suffering and indignities inflicted on Black lives, while simultaneously upholding the privileged status of white people (Burrow, 1994; Cone, 1990). Resistance to the oppressive nature of religion during the era of slavery occurred through the

establishment of Black churches as a source of support for mental well-being (Stanford, 2007). Their focus was on restoring the self—a key concept in the literature on spirituality—from the traumas inflicted on the lives of Black people (Dantley, 2005).

The Black church became the cornerstone for hope. It gave meaning to life's problems and humanized Black people through its messages of liberation theology (Stewart, 1999). The church also became a site for involvement in various struggles against political and social oppression (Kirylo & Boyd, 2017). Religious activities such as prayer, fasting, attending church services, and reading sacred texts (Cone, 1984) encouraged and continues to encourage community cohesiveness, a place of belonging, social support, and moral codes of conduct that provide guidance on living a purposeful life (Tovar-Murray, 2011). From this perspective, religiosity and spirituality can be understood as a site of resilience.

The association between religion and mental health is well-established in the literature on adult mental health. Research reveals that individuals' participation in religious activities, such as attending church and praying, have a positive effect on one's mental health and well-being (Hackney & Sanders, 2003; Koenig et al., 2001; Pargament, 2002). An area that is under-researched is the relationship between divine control/religious beliefs and mental health (Schieman, 2011). Divine control refers to the belief that God is in control of a person's life. Available findings have indicated that the relationship between divine control beliefs and psychological distress is impacted by a person's race and socio-economic status; in this way, African Americans of low economic status who adhere to divine control beliefs have been shown to have better mental health (Schieman, 2011).

The literature on religiosity also recognizes racial discrimination as an important issue that negatively impacts the lives of Black youth (Hope et al., 2017). Hope et al. (2017), using data collected from the National Survey of American Life-Adolescent Supplement to investigate religious support for Black adolescents facing discrimination, found a relationship between the experience of discrimination and psychiatric disorders. Moreover, their study found that those who faced discrimination were reported to exhibit psychiatric symptoms (Hope et al., 2017). Gender differences were also noted, and males in general reported higher levels of discrimination than their female counterparts (Hope et al., 2017).

Unlike religion, "spirituality refers to a universal quality of human beings and their cultures related to the quest for meaning, purpose, morality, transcendence, well-being, and profound relationships with ourselves, others, and ultimate reality" (Canda & Furman, 1999, p. 3). Spirituality is also defined as "personal and private beliefs that transcend the material aspects of life and give a deep sense of wholeness, connectedness, and openness to the infinite" (Myers et al., 2000, p. 265). Moreover, it includes the "connection between oneself, others, and ultimate reality, which can be experienced within a religious or nonreligious framework" (Coholic, 2017, p. 265). Spirituality is the interconnectivity between the multiple relationships individuals have with self, family, environment, and the spirit world that shape their feelings, values, and belief systems (Grieves, 2008). J. Fisher (2011) categorized spirituality into four domains—personal, communal, environmental, and transcendental—and proposed spiritual health to be the fundamental factor in determining an individual's well-being.

Hill and Pargament (2003) also studied the link between spirituality and mental health. Their findings indicate that spirituality reduces a person's struggles with depression and stress.

Further research conducted on the effect of spirituality and/or religiosity in the lives of Black youth has indicated that it acts as a protective factor to buffer against mental health problems (Hope et al., 2017) and to reduce the impact of mental illness stigma (Crosby & Varela, 2014). Spirituality and religiosity also have been shown to foster a positive quality of life (Panzini et al., 2017) and to increase academic performance (Anye et al., 2013) in African American college students (K. L. Walker & Dixon, 2002). Other research has found that Black Caribbean youth find religion and religious activities to be a protective factor that fosters the development of healthy self-esteem (T. Rose et al., 2017). In addition, strong religiosity among youth has been shown to lead to the promotion of behaviours that can contribute to better mental and physical health outcomes (Bowen-Reid & Smalls, 2004). Despite the above-mentioned benefits of religiosity, religion is reported to perpetuate and sustain discrimination against members of the LGBT community in the Caribbean Island of Saint Lucia (C. C. Williams et al., 2020).

Chandler (2010) has linked religiosity and spirituality to the underutilization of mainstream mental health services in Black communities. Research findings from this perspective argue that Black families use spiritual and religious supports to treat mental health problems (Whitley, 2012). Historically, religiosity and spirituality have provided a safe haven and a sense of community for Black people during times of racial and economic suppression (McBride, 2013). Even in contemporary times, religion occupies a vital role in the lives of Black people and acts as a buffer against psychiatric illnesses (Hope et al., 2017). However, much more research is needed to explore the role of religion and spirituality in shaping the mental health experiences of Black youth, especially those from Afro-Caribbean backgrounds living in Canada.

Thus far, this review of the literature has established the link between race and psychiatry and its harmful impacts on the mental health and service utilization of Black people in general, and Black youth in particular. In an effort to more fully capture the mental health experiences of Black youth, it is imperative to explore young people's involvement in research and how childhood is socially constructed.

Black Youth, Research, and the Social Construction of Childhood

Overall, children as research participants have been and continue to be marginalized in studies concerning their well-being (A. James & Prout, 1990). For those living with disabilities, their voices have been neglected for too long (Curran & Runswick-Cole, 2014). When race is factored in, Black youth are grossly underrepresented in the existing research. C. C. Williams (2005) views the inclusion of racial and ethnic populations in research as necessary for improving health outcomes. Children's marginalized voices need to be accounted for in research by employing research methodologies that are able to capture their experiences (A. James & Prout, 1990). Participatory action research (Liegghio et al., 2010), ethnography (A. James & Prout, 1990), and phenomenological research are particularly well-suited to investigate children and youth's subjective experiences of mental health. Phenomenological research, which I employ and is discussed in detail in Chapter 4, is ideal for giving voice to children and youth and their perspectives on the phenomena that impact their lived experiences.

Developed by the work of A. James and Prout (1990), the new sociology of childhood is a paradigm in childhood studies that recognizes that children and childhood are socially constructed (Corsaro, 2015; A. James & Prout, 1990; Jenks, 2009). In this paradigm, social construction of children and childhood is examined within the boundaries of a child's culture,

race, ethnicity, class, and gender (A. James & Prout, 1990). This perspective is useful in research on children's mental health as it diverges from a biologically deterministic scientific approach**.** Similarly, Norozi and Moen (2016) have argued that childhood "is tied close to social circumstance and cultural process" (p. 79). Culture has an impact on children and their childhood **(**Norozi & Moen, 2016) as it speaks to a person's way of life (R. Williams, 1961). Viewing childhood as impacted by cultural factors allows for children to be studied in the culture with which they identify and accounts for their specific experiences. However, most of the studies on children and childhood have been conducted in Western cultures (Burke et al., 2011; Bluebond-Langner & Korbin, 2007; Kerker et al., 2015). Following the new sociology of childhood school of thought, mental health studies that omit a person's cultural influence on their development are incomplete and are guilty of overgeneralizing their results to reflect the reality of all children (Penn, 2014).

Rather than adhering to fixed universal ideas of children and childhood, the new sociology of childhood pays attention to children's subjective experiences (Gittins, 2009). Such a focus brings to the fore the understanding that children in different cultural environments may have a variety of childhood experiences (Morrow, 2011) that can impact their mental health. As a result, A. James et al. (1998), Walkerdine (2009), and others have viewed childhood as a plural concept whereby "childhoods" is used to signify the reality that multiple childhoods exist.

Another central idea emerging from the new sociology of childhood challenges the notion that children are "human becoming" and instead asserts that they are "human being" (Qvortrup, 1994). In contrast to "human becoming," the concept of "human being" understands that children are social agents, meaning that they are "active in the construction of their own lives, the lives of

those around them, and the societies in which they live" (A. James & Prout, 1990, p. 8). Scholars whose work is informed by the new sociology of childhood want the traditional view of children as inferior humans to be challenged within research and policy (LeFrançois & Coppock, 2014; Liegghio et al., 2010). For example, LeFrançois and Coppock (2014) critique adultism, a type of aged-based discrimination that refers to the disadvantages children experience as a result of an adult-dominant perspective on childhood research which eliminates children's voices and opinions. This form of oppression is present in research undertaken in the field of psychology and psychiatry; it reveals the asymmetric power dynamic that exists between children and adults which occurs at the individual and systemic levels (LeFrançois & Coppock, 2014). At the systemic level, adultism is evident in the policies that are created and enacted by adults with the intention of protecting children's lives. However, these policies are devoid of children's perspectives (LeFrançois & Coppock, 2014).

Little is known about Black children's childhood experiences due to the paucity of literature exploring the subject matter. The available literature reveals that, in African societies, children are entrusted with the responsibility of maintaining social order predicated on respect for self and elders in their community (Tisdall & Punch, 2012). In doing so, children become active social agents who have the capacity to appropriate cultural knowledge in their interaction with others (Corsaro, 2015). For Black children and youth immersed in Eurocentric culture, occurrences of ABR influence their childhood experiences in institutional settings and in society at large. Since research with Black children and youth is rare in disciplines such as social work, the new sociology of childhood's notion of social constructionism offers a promising link to understanding how the experiences and behaviours of Black children and youth are constructed

in psychological and psychiatric discourses. Under this framework, structural and systemic issues are accounted for in discourses on children's mental health.

Race and the Construction of Black Youth Mental Health

The Facilitating Access, Change and Equity in Systems (F.A.C.E.S.) of Peel Collaborative (Social Planning Council of Peel, 2015) reported that Black youth face ABR within Canadian society. Similarly, Anucha et al. (2017) identified ABR in key institutions as an everyday issue that impacts the well-being of Black youth. The 2016 Canadian census showed that Black youth aged 13 to 17, irrespective of gender, recorded lower educational achievements than their white counterparts (Turcotte, 2020). Additionally, young Black males were reported to be significantly impacted in the labour market, as their unemployment rate was approximated to be double that of white males (Turcotte, 2020). These socio-economic factors are predictors of mental well-being. As a consequence, Black youth are at greater risk of poor mental health and well-being partly due to low educational achievements and precarious employment. Therefore, it is necessary to employ critical analysis and theories in research on Black youth and mental health to capture their experiences. As will be discussed in Chapter 3, the scholarship on post-colonial theory, CRT and the concept of ABR are useful for exploring this topic.

However, given the lack of research examining the mental health experiences of Black youth in Canada, literature from the United States and the United Kingdom must be examined. Such literature indicates that a direct relationship exists between race and mental illness wherein Black bodies are significantly disadvantaged within the mental health system (Barker, 2003; Loewenthal & Cinnirella, 2003; M. Sheppard, 2002). Empirical research has revealed that Black people are more likely to be both misdiagnosed and overdiagnosed with mental illness (M.

Sheppard, 2002). Fabrega et al. (1993) identified a pattern which indicates that specific types of mental health diagnoses in the Black population are prevalent. For example, African American youth are more likely to be diagnosed with conduct disorders and psychotic disorders and are less likely to be diagnosed with mood, anxiety, and substance-use disorders (Fabrega et al., 1993). Moreover, young Black men are overdiagnosed with severe mental illnesses such as schizophrenia, which is often referred to as a "Black disease" (Metzl, 2010) that is highly stigmatizing (Angermeyer et al., 2003).

The overrepresentation of Black bodies with mental illness and the differential treatment they experience can be characterized as the racialization of mental illness (Barot & Bird, 2001). Illustrative of this point is that Black people are more likely to face coerced admission to mental health services than are white people (Browne, 1991). The racialization of mental illness intersects with other social processes, such as the psychiatrization of racialized bodies and the criminalization of mental illness, which produces stigmatizing conditions. Criminalization is the process of classifying certain behaviour as criminal whereby the criminal justice system decides on one's fate (W. H. Fisher et al., 2006). The criminalization of mental illness is evident in the significant population of people with mental illness who are in the prison system (Lamb & Weinberger, 1998). The prison system's mandate does not promote wellness; prison is a place that can be highly stigmatizing and harmful. Nonetheless, the system is directly involved in the treatment of people with mental illness (Chaimowitz, 2012). W. H. Fisher et al. (2006**)** referred to the criminalization of mental illness as an alternative means for handling psychiatric and deviant behaviours.

Research from the United States indicates that racism and racial discrimination can have an adverse effect on health, both physically and mentally (Alio et al., 2020). For example, Black youth from socio-economically disadvantaged neighborhoods are more severely affected by exposure to racial discrimination (Opara et al., 2020). Experience of and cumulative exposure to racial discrimination produces psychological injuries (Carter, 2007; Speight, 2007; Thompson-Miller & Feagin, 2007; M. T. Williams et al., 2022). These injuries can trigger clinical diagnoses—including major depression and anxiety—in African American and Afro-Caribbean youth (Pachter et al., 2018), with the impact being more consequential for Black males (Assari et al., 2017). Post-traumatic stress disorder (PTSD) is reported to be a mental health disorder perpetuated by racial discrimination, although is it not widely recognized as such in the field of psychiatry (Carter, 2007). For Black youth, racial discrimination creates a unique experience and has a strong association with suicidality (Assari et al., 2017). When compared to their white counterparts, suicide is shown to be a mental health crisis that disproportionately affects Black children and youth between the ages of five and twelve (Opara et al., 2020). Although the risk factors that predispose Black children and youth to suicide are not well-established in the literature, Opara et al. (2020) have posited that the risk factors include segregated neighbourhoods, low socio-economic status, exposure to crime and violence, under-resourced schools, and inaccessibility to adequate health care. A 2019 study revealed that when racial discrimination is controlled, family and peer support in a predominantly Black community positively correlate to Afro-Caribbean adolescents' psychological well-being (Gardner & Webb, 2019). The research findings demonstrate that close social support from family and peers leads to

higher self-esteem and lower rates of clinical diagnoses of anxiety and depression (Gardner & Webb, 2019).

Racism is a systemic form of oppression (I. M. Young, 2011) that negatively affects the lives of Black and racialized people. Alio et al. (2020) argued that "racism, whether experienced personally or vicariously, perceived or 'real,' has been associated with poor health outcomes" (p. 495). Even though a number of studies have linked racial discrimination to adverse health outcomes, debates in the literature exist concerning the limitations of measuring racism (Alio et al., 2020). One such debate relates to the significant methodological issue of how to measure discrimination, whether it is real or perceived (Alio et al., 2020). Perceived racial discrimination is usually measured through surveys that enable people to share their personal experiences of discrimination. However, some argue that the survey method is not well-suited to measure actual discrimination (Cooper et al., 2008). As a consequence, questions remain concerning what type of mental health problems specific forms of racial discrimination produce (Carter, 2007; Speight, 2007). Other methods used to measure discrimination are longitudinal and cross-sectional data (Brown et al., 2000), laboratory, and field experiments (Blank et al., 2004). Despite the methodological issues with measuring discrimination, it is well-established in the literature that racial discrimination has very real consequences that negatively impact people's lives.

Within the mental health system, race and gender disparities in psychiatric diagnoses are concerning for Black youth. Attention-deficit/hyperactivity disorder (ADHD) and conduct disorder are two well-known psychiatric behavioural diagnoses identified in children and youth. Clinicians, parents, and teachers play an instrumental role in identifying symptoms of ADHD in students (Gathje et al., 2008; Sayal et al., 2008). Studies on ADHD report disparities across race

and gender (Coker et al., 2016; Fadus et al., 2020; Miller et al., 2009; Reid et al., 2000). Black children and youth have higher presentations of ADHD symptoms than their white counterparts **(**Coker et al., 2016; Fadus et al., 2020; Miller et al., 2009; Reid et al., 2000). The prevalence of ADHD in Black children and youth is linked to socio-economic and environmental conditions that expose them to higher risk factors for ADHD (Miller et al., 2009). However, scholars have also critiqued the diagnostic assessment tools of Western psychiatry and clinician biases as contributing to high rates of ADHD diagnoses in Black children and youth (Miller et al., 2009). The Conners Rating Scale (Samuel et al., 1997) and the Behavioural Rating Scale (Reid et al., 2000) are used for the purpose of identifying symptoms of ADHD. The use of these Western biomedical assessment tools in diagnosing ADHD raises questions about the validity of the diagnoses (Timimi, 2002). It is worthwhile to note that early research on ADHD was highly racialized and gendered, with an almost exclusive focus on white males (Mannuzza et al., 1989). Moreover, the assessment tools used to diagnose ADHD lack cultural competency in accounting for how symptoms of ADHD may or may not manifest in African American youth (Miller et al., 2009).

Despite the existing literature that reports higher rates of ADHD in Black children and youth, emerging research on race and ADHD indicates that Black children and youth are less likely to be diagnosed with ADHD (Coker et al., 2016; Fadus et al., 2020; Miller et al., 2009). Miller and colleagues attributed the low rates of ADHD diagnoses in Black youth to a lack of access to health services, the negative side effects of ADHD medication, and parents not viewing ADHD symptoms as disabling (Miller et al., 2009). Furthermore, Hervey-Jumper et al. (2008)

found that persons who remain untreated for ADHD can exhibit impulsive behaviour, thus putting themselves at risk for substance use and contact with law enforcement.

Within the school environment, a behavioural classroom is one of the strategies used to address behavioural problems in children; African American children are over-represented in this setting (Maddox & Wilson, 2004). A child's vulnerability is made visible through educational policies and practices whereby certain groups, such as Black children and youth, are more likely to be targeted as "out of control" or "aggressive" rather than needing help (Maddox & Wilson, 2004). This coincides with research that states Black children's behaviours, rather than their emotions, are diagnosed and misdiagnosed as anger (Assari et al., 2018; Mallett, 2016; McLaughlin et al., 2007; Opara et al., 2020). Due to the negative characteristics the public attaches to a diagnosis of ADHD, such as dangerousness (J. S. Walker et al., 2008), and the prevalence of ADHD in Black children and youth (Adam & Kocsis, 1984 as cited in Samuel et al., 1997; Reid et al., 2000), a diagnosis of ADHD in these populations leads to the following two questions: (a) to what extent do mental health diagnoses perpetuate racism; and (b) is mental illness used to disadvantage certain groups in society? The life trajectory for children with behavioural problems often shows a pathway toward juvenile delinquency (Hervey-Jumper et al., 2008; Mannuzza et al., 1989), and it is well-established that these conditions affect quality of life. However, little is known about the quality of life for Black children and youth diagnosed with ADHD from their perspective.

Other diagnoses that are prevalent in the African American youth population compared to non-Hispanic and white youth are disruptive behaviour disorder and conduct-related problems (Nguyen et al., 2007). Studies have revealed that conduct disorder, which includes oppositional

defiant disorder, is more prevalent in males than females (Derks et al., 2007; Pajer et al., 2008). In addition to gender disparity, race variance is also reported in diagnoses of conduct disorder. Although African American and white youth may present with the same symptoms, African American youth are more likely to be diagnosed with conduct disorder while white youth are more likely to be diagnosed with mood disorders and anxiety (Fadus et al., 2020). Clinicians' implicit and conscious bias is well documented in the overdiagnosis of Black youth with conduct disorder (Fadus et al., 2020; Mizock & Harkins, 2011). Mizock and Harkins's (2011) work on diagnostic bias and conduct disorder revealed that higher rates of conduct disorder in African American youth are met with more negative outcomes that often involve the mental health system (where they have less access to care) and the youth justice system (where they experience harsher penalties in the form of longer sentences). The diagnostic tools used, environmental conditions, clinician biases, and a lack of culturally sensitive training all play significant roles in the overdiagnosis of Black bodies with conduct disorder (Mizock & Harkins, 2011). Furthermore, diagnosing Black youth during the adolescent developmental stage has consequential effects on their identity formation.

Identity Formation and Psychological Well-Being

In general, young people have a higher level of consciousness of self and their environment during the adolescence phase (Neblett et al., 2009). According to Peguero et al. (2019), the adolescence period presents a number of opportunities and challenges for young people. During this developmental stage, they experience a heightened level of awareness, and their cognitive, reasoning, and reflective skills are enhanced (Cooper et. al, 2008). For Black adolescents, the challenges they experience can contribute to increased vulnerability, which has

the potential to trigger psychological challenges (Harris-Britt et al., 2007) due to exposure to school-based discrimination (Wittrup et al., 2019).

School is an ideal environment for children and adolescents during their formative years and developmental stages. In such an environment, the formation of identity and skills acquisition occur, all of which can produce healthy development. However, research on the psychological well-being of Black children and youth has revealed that they encounter racial discrimination in academic settings (Wittrup et al., 2019), and the culture of the schooling environment impacts their identity formation (Peguero et al., 2019, p. 197), academic successes (Eizadirad, 2020; Wittrup et al., 2019), and overall psychological well-being. Punitive disciplinary policies and practices create disparities in the schooling experiences for Black students (Pesta, 2018; Welch, 2018; Welch & Payne, 2010; Wun, 2016). Likewise, under-funded and low-resourced schools present challenges for students to learn and achieve academic success (Eizadirad, 2020; Peguero et al., 2019). Peguero et al. (2019) view school disorder as detrimental to the educational outcomes of students, especially those from Black and racialized backgrounds, as it leads to high dropout rates. The positive development of Black adolescents is often marred by unfavourable school policies and practices. The literature also indicates that disparities exist in the educational achievements between Black and white students (Wittrup et al., 2019). Black students and those from racialized backgrounds are more likely to be found in schools that are disordered. As a result, the school environment and culture pose a number of barriers to Black students, including a lack of safety and fewer opportunities for positive youth identity development (Peguero et al., 2019).

During adolescence, Black youth may also internalize racism, which is linked to psychological injuries (Carter, 2007; Speight, 2007; Thompson-Miller & Feagin, 2007). Speight (2007) examined the effects of internalized racism and found it to be more harmful to psychological health when compared to racial discrimination; she also advocated for more research to investigate how this phenomenon produces psychological injuries. Speight (2007) further noted that "internalized racism is all about the cultural imperialism, the domination, the structure, the normalcy of the 'way things are' in our racialized society" (p. 129). Through the social process that Speight (2007) described, racialized groups believe the stereotypes that have been constructed about their race and, thereby, devalue their own self-worth.

A positive sense of self in Black youth is a reflection of a strong racial and ethnic identity that can serve as a protective factor against racial discrimination (Harris-Britt et al., 2007). However, it is a challenge for Black youth living in a white-dominant culture to develop a positive racial and ethnic identity because they are fully cognizant that society is not egalitarian or harmonious; rather, they understand that society is divided by race and maintains rules that are unfair (DeFreece, 2016). Moreover, Black children and youth also have to navigate two cultures—their own culture and the dominant white culture (Spencer et al., 1991). As a consequence, the changes that Black adolescents experience can contribute to increased vulnerability, which has the potential to trigger psychological challenges (Harris-Britt et al., 2007).

As is the case with the adult Black population, Black youth engage in the negotiation of their identity (Neblett et al., 2009). For example, a study conducted by Dlamini and colleagues (2009) explored how Black youth construct social identities in Windsor, Ontario, a Canadian city

with a high concentration of immigrants from the continent of Africa. Findings from the study showed that some youth refused to adopt racialized identities. Regardless of their responsiveness to a given identity, Black youth are identified as "being Black" within dominant white culture (Dei & James, 1998). This racialized identity exposes youth to a number of negative stereotypes (Dei & James, 1998) that are associated with Blackness; these stereotypes stem from the colonial construction of race, as well as from the current social and political structures that continue to oppress racialized groups. In most instances, Black youth embrace "*becoming* Black," which allows them to make sense of how identities are constructed along the lines of race, gender, and class and to understand how certain identities are privileged and others are oppressed (Dei & James, 1998).

Do Black youth with ancestral background from the Caribbean have similar experiences to those from the continent of Africa in the formation of a positive identity? Moreover, do youth of Caribbean descent who immigrated to Canada share similar experiences in developing a strong racial and ethnic identity as those who were born in Canada? It is important to raise these questions because Blackness constructed within a white-dominant culture may create a different experience than when it is constructed in societies where Black people are the majority population. There has been some research exploring the link between race and mental health where the researchers have differentiated between race and ethnicity as a means to investigate the experience of ethnic minority groups. When ethnicity is incorporated into research, Black youth from Caribbean countries, including Jamaica and Haiti, tend to face more adversity in the United States (Rumbaut,1994), in part due to language adjustment and limited opportunities (Barker, 2003), in part due to acculturation (Lashley, 2000). Their vulnerability to mental health

problems is heightened when they perceive high levels of discrimination, which results in increased cases of anxiety and depressive symptoms (Rumbaut, 1994; Seaton et al., 2008). Perceived discrimination is defined as the personal experience of discrimination (Cooper et al., 2008). Seaton et al. (2008) have examined the association between perceived discrimination and psychological well-being from data collected by the National Survey of American Life; their findings indicated that, in terms of gender, Caribbean girls perceive higher levels of discrimination than African American girls, thereby resulting in higher rates of depression (Seaton et al., 2008). In addition, perceived discrimination was found to be greater for African American and Caribbean boys when compared to their female counterparts (Seaton et al., 2008).

The mental health of racialized and ethnic minority youth is shaped by experiences of discrimination, a risk factor noted among scholars in precipitating psychological distress, symptoms, and disorders (Fanon, 1952/1967; Hope et al., 2017; Seaton et al., 2008). Research exploring perceived discrimination in the youth population has reported that race and ethnicity are factors intrinsic to a person's experiences (Harris-Britt et al., 2007). Illustrative of this point is a study conducted by Harris-Britt and colleagues (2007) who examined the impact of perceived discrimination in the lives of African American youth. Their research revealed that, out of the 128 Grade 8 students who participated in the study, all experienced discrimination; some participants reported experiencing recent acts of discrimination in the form of micro-insults. The school is a key site where racialized and ethnic minority youth face discrimination, which increases the risk of poor academic achievement among Black youth and contributes to other disparities, such as suspension, expulsion, and grade retention (Hope et al., 2017). Having a sound education is a protective factor for future life enhancement. When this fundamental right

is denied due to institutional practices, it significantly limits the life opportunities for those affected. For Black youth, a lack of education can be best understood as another layer of oppression. To support the positive development of Black youth, Ortega-Williams and Harden (2021) have called for an investigation into the effects of ABR and historical trauma.

Summary

The above literature review demonstrates a strong interconnection between race and mental health, and it highlights the social, political, economic, and cultural factors impacting the lives of Black youth. Critical theories are needed to examine the mental health experiences of ACCY; Black youth face several disadvantages in society including systemic ABR, partly due to their race, that have negative impacts on their mental health and well-being. Despite this understanding, there is an almost complete lack of research that incorporates the voices of ACCYs in order to understand their mental health experiences within the Canadian context. This absence represents a significant gap in the existing research on child and youth mental health, particularly in relation to their perspectives on and experiences of mental illness, mental health, well-being/wellness, and mental health stigma in relation to racialization. More research on the mental health of Black youth is needed as this population is marginalized in the existing research. In general, children as research participants are underrepresented in research on issues that directly affect them. Their underrepresentation is due to the way childhood studies evolved, which can be traced to the historical construction of childhood that is based on Eurocentric norms and standards. However, the new sociology of childhood offers a promising link for conducting research with children, including those from racialized communities. Furthermore, while religiosity and spirituality are well-established as integral to the mental health and well-

being of adults, there is limited research on their effect on Black children and youth. My research provides significant input into the field of mental health by shedding light on the experiences of ACCYs in Canada through their own voices.

Chapter 3: Theoretical Approaches and Conceptual Framework

This chapter maps out the theoretical approaches and conceptual frameworks of this study. Existing literature has shown that it is essential to use critical theories to examine the impact of race and mental health on Black youth. Thus, to capture the mental health experiences of Afro-Caribbean Canadian Youth (ACCY), this study utilizes two theories: post-colonial theory and critical race theory (CRT). Post-colonial theory analysis on language and the representation of non-white is crucial for understanding how race and mental health are defined, and their consequential effects on the mental health and well-being of Black youth. CRT examines race and the effects of systemic discrimination through storytelling and counternarratives. Both post-colonial theory and CRT share perspectives on the consequential effects of colonialism; but, as is shown herein, they complement each other. In addition, I use Anti-Black racism (ABR) as a concept with CRT to focus on and analyze the everyday experiences of Black youth in Canadian society and how these encounters shape their mental health experiences. I also use the concept of ABR to develop social work practices that respond to ABR.

In the sections that follow, I present the key tenets of the theoretical approaches and conceptual framework, and their applicability to this study. Post-colonial theory is presented first to provide a historical context of the forces and structures that have and continue to negatively impact Black lives. Starting with post-colonial theory provides the reader with foundational information that is necessary to understand the significance of CRT and concept of ABR for this study. I then discuss CRT, which helps to reveal systemic discrimination. I end this chapter by

reviewing the concept of ABR, which helps to focus on the experiences of Black youth within dominant systems and society.

Post-Colonial Theory

Post-colonial theory today includes many divergent positions. For this study, those post-colonial theorists who have provided a historical account of how colonialism gave rise to cultural imperialism and the near annihilation of non-Western cultures such as those from the Caribbean and the continent of Africa are particularly useful. Thus, this study draws heavily on, but is not limited to, the scholarship of Black post-colonial thinkers like Césaire (1950/1972), Fanon (1952/1967), Ndegwa & Olajide (2003) and Du Bois (1903) in order to highlight how the colonial civilizing mission has inferiorized non-Western cultures and shaped racialized peoples' mentality and identity formation. The work of Fanon (1961/1965) has helped highlight how racial oppression operates through medicalized diagnoses and languages to control Black bodies. This study further values the contribution by India's post-colonial writer Gayatri Spivak (1988); her concept of epistemic violence, which is violence perpetuated through language and discourse, is mobilized in similar ways as in the work of the above scholars. Edward Said's (1978) concept of "otherizing" is essential in post-colonial theory to delineate the impact of colonialization on the misrepresentation of the colonized. This body of scholarship on post-colonialism helps this study by embracing the idea of a decolonizing epistemology as a viable step towards deconstructing colonial oppressive knowledge of groups that are "otherized" and reconstructing positive representation and knowledge of their humanity and culture from a position of strength and not deficiency.

A critical tenet of post-colonial theory is that colonialism is a hegemonic force that advanced the political, religious, cultural, and economic agendas of the colonizers and their civilization mission (Césaire, 1950/1972). Colonialism is a system that exerts control over a people and their land (Césaire, 1950/1972) through social, economic, cultural, and political policies and structures that legitimize white domination (Kane, 2007). Under colonialism, civilization was understood in terms of European standards. The colonizers' mission sought to bring civilization to countries and their perceived barbaric and backward people (Césaire, 1950/1972). In the quest of advancing civilization, colonialism led to the profound disruption and, at times, the almost complete eradication of the colonized people's way of life through the colonizers' imposition of their own culture (Césaire, 1950/1972). To achieve this goal, "the task of the colonist was to replace Indigenous histories and cultures with the newly constructed racial ideologies" (Kane, 2007, p. 355). In doing so, whiteness was socially and eventually scientifically constructed as superior to Blackness. This conceptualization conceived of Black people as not being fully human; rather, they were viewed as animals (Césaire, 1950/1972). This perception of human beings as animals advanced colonial systems of oppression, such as slavery, that were aided by scientific racism and raced-based medicine. Scientific racism continues to depict race as a biological trait by which intellectual, cognitive, psychological, and emotional abilities are judged (Ndegwa & Olajide, 2003). This belief is evident in the ways in which Black bodies are imagined as biologically, intellectually, mentally, and psychologically inferior to those who are white (Ndegwa & Olajide, 2003). These depictions of Black humanity are synonymous with the traits possessed by animals.

As Wolfe (1999, 2006) has pointed out, colonialism is not an event, but rather a structure that maintains its coherence over time. Post-colonial theory thus provides a lens from which to analyze colonialism through its systems and structures, many of which remain intact and continue to maintain power over the dehumanized and oppressed. An important tenet of post-colonial theory is its focus on helping colonized people work toward reclaiming their humanity and the cultural and racial identities that have been subjugated to colonial oppressive misrepresentations of who they are (Césaire, 1950/1972; Fanon, 1952/1967; Said, 1978). The system of colonialism, as Césaire (1950/1972) succinctly posits, is one that:

> Dehumanizes even the most civilized man, that colonial activity, colonial enterprise, colonial conquest, which is based on contempt for the native and justified by that contempt, inevitably tends to change him who undertakes it; that the colonizer, who in order to ease his conscience gets into the habit of seeing the other man as an animal, accustoms himself to treating him like an animal, and tends objectively to transform himself into an animal. (p. 20)

Colonialism constructed Black and racialized bodies as people without a history and culture (Césaire, 1950/1972; Fanon, 1952/1967). Unlike colonialism, post-colonial theory is geared toward the restoration of the colonized: their unique histories, their humanity, and their systems of knowing. This theory also works to counteract harmful misrepresentations of colonized people.

Post-colonial thinkers view cultural imperialism as a consequence of colonialism (Césaire, 1950/1972; Fanon, 1952/1967; Said, 1978, I. M. Young, 2011). According to I. M. Young (2011), cultural imperialism "involves the universalization of a dominant group's

experience and culture, and its establishment as the norm" (p. 59). Said (1978), in his analysis of the Orient and the process of othering, addressed the representation of the othered in which the European understanding of non-European cultures was established as the correct and just lens from which to produce knowledge of the other. Césaire (1950/1972) asserted that African cultures were incomparable to European culture as Africans were perceived as having no culture, that they were a people in need of civilization (Césaire, 1950/1972). Thus, European culture reinforces the superiority of white people by attributing racial inferiority and evil to darkness (Fanon, 1952/1967). This type of racial stereotyping of others has proliferated through society and continues today. One of the many negative consequences of colonialism is the misrepresentation of racialized groups as violent and dangerous (Oliver, 2003). Colonialism can be best understood as "a systematized negation of the other, a frenzied determination to deny the other any attribute of humanity, colonialism forces the colonized to constantly ask the question: 'Who am I in reality?'" (Fanon, 1961/1965, p. 182). Speight (2007) asserted that "the dominant group has the power to define and name reality, determining what is 'normal,' 'real,' and 'correct'" and in effect "ignores, discounts, misrepresents, or eradicates the target group's culture, language, and history" (p. 130). This cultural imperialism and its impact on colonial mentality is one of the greatest impacts of colonialism. The inferior treatment/vision of the colonized culture resulted in the colonizer placing greater value on the dominant culture. Moreover, the devaluation of one's own culture and viewing it as inferior has led to the internalization of racial oppression (Fanon, 1961/1965).

Internalized racism is attributed to cultural imperialism and the normalization of how society is structured to shape the experiences of racialized groups (Speight, 2007). Through this

social process, racialized groups believe the stereotypes constructed about their race, and through these distortions, they learn to devalue their self-worth. Racialized groups are likely to encounter messages that are capable of colonizing their bodies and minds (Speight, 2007). As Fanon (1952/1967) states, "for not only must the black man be black; he must be black in relation to the white man" (p. 110). Du Bois (1903) referred to this process as a "double consciousness" that comprises a white consciousness and a Black consciousness. One example of cultural imperialism is the idea of colourism. Dupree-Wilson (2021) found that a system of racial hierarchy was developed during slavery stemming from the birth of biracial children born to slave masters. These slave masters showed preferential treatment towards Black people with a lighter complexion—a practice which, to some extent, indoctrinated Blacks into believing that a European phenotype is more desirable than darker skin. Colourism thus perpetuates racial discrimination when racialized groups are defined by the norms of the dominant culture. Consequently, this form of oppression colonizes the mind and can result in psychological injury when groups impacted by cultural imperialism internalize the continual negative messages about their race, culture, and ethnicity (Fanon, 1961/1965). Therefore, decolonization of the mind is necessary for groups constructed as inferior to contextualize the historical processes that led to them being ascribed an inferior status. The white consciousness that Black people struggle with is a reminder of their racialized selves and, according to Barker (2003), a double consciousness can trigger psychological distress.

To counter the dominance of colonial power that remains today and its misrepresentation of colonized bodies, post-colonial theory aims to construct knowledge outside of the dominant narrative by giving a voice to those who are racialized. When language is used to decolonize the

distorted narratives of the colonized, it (a) centres the histories of colonialism and cultural imperialism, (b) moves away from endorsing a monolithic hegemonic truth, and (c) fosters opportunities for racialized groups to participate in knowledge production. Moreover, within the boundaries of post-colonial theory, assumptions about racialized groups are interrogated as a means of challenging Eurocentric systems of knowing and practice. R. J. C. Young (2003) postulated that "postcolonialism claims the right of all people on this earth to the same material and cultural well-being" (p. 2). Post-colonial theory, for all intents and purposes, aims to deconstruct colonial understandings of others (J. M. Anderson, 2004; Fanon, 1952/1967; Said, 1978). Rather than accepting the premise that race is a biological reality, post-colonial theorists argue that race is a social construction (Fanon, 1952/1967; Said, 1978) that seeks to move the focus from the individual onto society. Moreover, post-colonial theory aids in researching human suffering from a historical standpoint in an effort to understand current waves of oppressive practices related to systemic inequalities in areas such as health (J. M. Anderson, 2004). In this study, post-colonialism provides the theoretical framework which provokes the ontological shift that is necessary to examine mental health problems in Black and racialized populations.

Psychiatry, which can be considered a colonial institution due to its close alignment to Eurocentric norms, culture, and systems of knowing, is well established today as the dominant Western biomedical model for addressing mental health problems (Pietikäinen, 2015). Under this model, mental illness is conceptualized as a biological pathology residing within the body (Thoits, 2010). It is viewed as a disorder caused by genetic abnormalities that can be remedied through pharmaceutical intervention (Deacon, 2013). The biological origins of mental illness are well established in the West and said to perpetuate racist views of mental illness (Fernando,

2002, 2014; Ndegwa & Olajide, 2003). This perspective of the origins of mental illness has been critiqued in the scholarship on race and mental health. Likewise, the field of psychiatry has been critiqued for its close association with race science (Barker, 2003) and for pathologizing non-white people outside of the contexts that shape their experiences (Fernando, 2002; Ndegwa & Olajide, 2003). According to Fanon (1961/1965), colonizers used medical language to pathologize Black peoples' resistance to colonial racial oppression and regulate their bodies in order to advance the colonizers' social, political, economic, and cultural agendas.

Fanon's (1961/1965) assertion is historically rooted in the institution of slavery. For example, the psychiatric diagnosis of Drapetomania, which is the desire of slaves to run away from slavery (Torkington, 1991; D. R. Williams et al., 2010), was deemed to be an abnormal mental condition. The existence of this condition and its diagnosis is an example of a systemic method of control used to locate mental illness within the individual, rather than being indicative of people trying to get away from the barbaric system of slavery. Such a condition and its diagnosis demonstrate how mental illness has been socially constructed to maintain the socio-economic and political interests of the colonizers. A focus on the biological factors of mental health problems diverts attention away from deep-rooted structural issues that produce oppressive conditions for Black people. Critics reject the Western biomedical model in favor of examining the role and impact of social and environmental factors on mental health, including social inequality (Horwitz, 2010) and racism (Brown, 2003, 2008), which can trigger the onset of mental health pathologies. Barker (2003) viewed psychological instability as a product of one's environment:

> Black peoples' vulnerability to psychological compromise, caused by poverty and discrimination and heightened by their social environment in combination with often profound and peculiar life events, will inevitably lead to breakdown in many, manifesting itself through a 'psychosis,' with the nature of the presentation representing metaphorically, feelings of alienation, fear and disempowerment, often expressed through the themes of racism, belonging, and identity. (p. 86)

This analysis calls attention to the necessity to move beyond a biological explanation of mental health problems by considering how race-related issues and adverse environmental conditions shape the mental health of Black lives. Despite these important interventions, the understanding of mental illness/health and well-being/wellness continues to be perpetuated by Western biomedical pathologizing discourses. These issues are discussed further in the literature review chapter, including the positive psychology view of mental health as a phenomenon that is positive, related to, but separate from mental illness (Westerhof & Keyes, 2010). Mental well-being and wellness are also seen as positive phenomena that constitute mental health.

The Western biomedical model's construction of mental health and well-being masks the reality and impact of racism by inferring its inevitability and denying the reality of its profoundly negative impact on the mental health and well-being of Black people in general, and Black youth in particular. This raises a number of questions about the utility of the Western biomedical model in the assessment and treatment of racialized people with mental health concerns. The positivist approach of the Western biomedical model used in the assessment of mental health problems in children and youth is problematic (Reid et al., 2000; Samuel et al., 1997). It has been critiqued for lacking cultural relevance in its assessment and treatment of people who are not affiliated

with the dominant culture (Crawford-Daniel & Alexis, 2014). A major issue that remains present when the mental health of racialized individuals is examined within a cultural lens is the idea that cultural competence theories are equipped to address their mental health needs. One of the primary issues with cultural competency is that race and culture are conflated categories that are collapsed when greater emphasis is placed on race, while Eurocentric culture remains unproblematized (Beagan, 2018). Another significant gap in the biomedical model is its slow integration of other systems of knowing into its practice, such as spirituality/religiosity. The biomedical model ultimately endorses the Eurocentricity of knowledge production that continues to produce and reproduce race-based norms that inform mental health diagnoses, treatment, and care.

Critical Race Theory

During the era of the Civil Rights movement, concerns were raised about the lack of response to systemic oppression, racial inequalities, and oppression experienced by people of colour (Delgado & Stefancic, 2001). A new approach to addressing systemic racism was needed, which led to the emergence of CRT. This theoretical framework was developed from critical legal studies and radical feminism in the mid-1970s (Delgado & Stefancic, 2001; C. I. Harris, 1993).

One of the core tenets of CRT states that race is a social construction that produces oppressive conditions for racialized people (Carter, 1995). Critical race theorists contend that "race and races are products of social thoughts and relation. Not objective, inherent or fixed, they correspond to no biological or genetic reality; rather, races are categories that society invents, manipulates, or retires when convenient" (Delgado & Stefancic, 2023, p. 9). In essence, race is

"a sociopolitical designation in which individuals are assigned to a particular racial group based on presumed biological or visible characteristics such as skin colour, physical features and in some cases language," rather than an actual biological phenomenon (Carter, 1995, p. 15). This means that the biological construction of race is flawed and unwarranted. According to Brown (2003), "Races are categories that society invents, manipulates, and recreates" (p. 294), and they are used to determine political rights and the allocation of social and economic resources (Hayden, 2015; Yee et al., 1993). Likewise, racism is the expression of "ideologies of superiority, negative attitudes and beliefs about outgroups, and differential treatment of members of those groups by both individuals and societal institutions" (D. R. Williams et al., 2010, p. 285). It is my contention that a study of Black youth and mental health cannot be done without addressing the concepts of race, racism, and racialization—concepts that are intrinsic to the lived experiences of Black people (Brown, 2003, 2008; Carter, 1995).

Racialization is often conceptualized as the process of assigning differences to an individual or group based on physical attributes, and cultural affiliation (Barot & Bird, 2001). These differences result in differential treatment of individuals and groups and can be highly stigmatizing due to the social, political, and economic forces that shape attitudes. In most cases, these differences are used to oppress people (Small, 1994). Racialization results from the social process that has historically constructed race through a biological perspective (King, 1981; Ndegwa & Olajide, 2003). Moreover, "categorical beliefs about the biological and/or cultural inferiority of some racial groups can attack the self-worth of at least some members of stigmatized racial groups and undermine the importance of their very existence" (D. R. Williams

& Williams-Morris, 2000, p. 255). Consequently, the effects of racialization and its manifestation in the daily lives of Black youth may magnify mental health issues.

CRT theorists have critiqued the liberal ideological notion that society is governed by a meritocracy that is colour-blind. Today, CRT provides an analytic framework grounded in racial justice to examine systemic and institutional racism embedded in laws, policies, practices, and norms (Delgado & Stefancic, 2001). Systematic discrimination is embedded in policies and practices in areas such as health care, education, and employment that maintain the marginalized position of racialized persons (I. M. Young, 2011). In this study, I use CRT to examine mainstream mental health policies and practices with Black youth as they relate to issues such as the criminalization of Black bodies, access and pathways to mental health care, and service provision.

Another core tenet put forward by critical race scholars postulates that racism is ingrained in the fabric of American society, making it appear normal (Bell, 1992; Delgado & Stefancic, 2001; Freeman, 1978). These scholars further assert that racism "is the usual way society does business, the common, everyday experience of most people of color in this country" (Delgado & Stefancic, 2001, p. 7). This normalizing gaze of racism has contributed to a slow societal response to racial oppression, and it feeds into liberal accounts of a society that is beneficial to all if one works hard enough. However, the realities of ongoing racial struggles counter the liberal notion that opportunity exists for everyone due to democracy, justice, fairness, and equality. Hayden (2015) presented CRT as:

> a frame that views race and racism as driving forces in the creation of barriers. These barriers result in reduced life chances/opportunities and quality of life for blacks, as well

> as diminished freedom, equity, social justice, and human rights. These barriers in turn lead to increased life opportunities and quality of life for whites, as well as greater freedom, equity, social justice and human rights. (p. 44).

CRT examines unequal power relations by paying particularly close attention to concepts such as whiteness and white privileges to deconstruct dominant ideologies, norms, and values embedded in colonial systems of knowing and practices. Its key tenet, interest convergence, speaks to the outcomes of racism as advancing the interests of white people while providing them with physical and material benefits (Delgado & Stefancic, 2023).

Intersectionality and storytelling are two tenets of CRT used to analyze the matrix of power and domination that impacts peoples' intersectional identities, as well as to explore the subjective experiences of peoples' lived realities with racism (Delgado, 1989). These tenets are ideal for exploring the mental health experiences of ACCY through storytelling and counternarratives; they are often used by critical race theorists to counter the dominant colonial representations and understandings of those who are non-white. According to Ladson-Billings (2013), storytelling serves as a vehicle for the transmission and preservation of cultural norms and histories. Therefore, it offers Black youth the opportunity to share and retain knowledge of their histories, and to contextualize their experiences from their own perspectives. Through storytelling and counternarratives, the colonial constructs of Black lives are resisted and reconstructed. Storytelling and counternarratives are useful to those who have lived experiences with mental health challenges as it gives them opportunities to participate in knowledge production.

The epistemological and ontological stance of this study rests on the idea that Black youth are holders and producers of valuable knowledge. This position is the impetus for conducting an interpretative phenomenology study with ACCY as participants. The voices of Black youth as research participants are often marginalized, meaning that their stories are not being told from their perspectives and are too often missing from research. This gap in the literature including the representation of knowledge from Black youth can be addressed by researchers who adopt a critical lens and conduct research with this population group. Critical race scholars argue that there are psychological benefits afforded to people when they are given the opportunity to tell their own stories (Ladson-Billings, 2013). The use of storytelling and counternarratives in CRT provide researchers with a theoretical framework that gives voice to the oppressed to situate and analyze their narratives in an effort to understand the realities of their lived experiences. Exploring the experiences of ACCY is one way of not essentializing (Ladson-Billings, 2013) or homogenizing the experiences of Black youth; rather, it is a step towards understanding the unique experiences of ACCY whose histories, families, cultures, and backgrounds are different. Storytelling and counternarratives in CRT are critical and powerful tools for researchers to explore the experiential knowledge of Black youth through their stories.

Another element that CRT adds to scholarship on race and mental health, and to this research, is an analysis of how the family as an institution is tasked with the responsibility for building resilience in their children to buffer against racial discrimination, something that is done through racial-ethnic socialization messages (Harris-Britt et al., 2007). Racial-ethnic socialization is viewed by CRT theorists as a socializing tool embraced by Black families in the dominant culture to teach their children the significance of Blackness, while at the same time

serving as a protective factor against racism, and instilling race and ethnic pride (Harris-Britt et al., 2007; Neblett et al., 2009). Ultimately, the overarching goal of racial-ethnic socialization is to cultivate a strong sense of positive racial and ethnic identity in children and youth and, at the same time, to help them develop a strong sense of self-esteem in order to protect them from psychological distress (Harris-Britt et al., 2007; Neblett et al., 2009).

Understanding the association between race and psychological distress from the perspective of CRT is necessary to bring about an ontological shift that allows for the conceptualization of Black youth and mental health in relation to their exposure to anti-Black racism (ABR). Such a conceptualization considers how racial stressors shape the mental health experiences of ACCY. Within the Canadian context, Black youth are immersed in dominant cultures that endorse ideologies of whiteness, while at the same time, Blackness is pathologized. Therefore, it is crucial to understand how Black youth are racialized and the impact that this social process has on their identity formation and mental health. When this experiential knowledge is explored from the perspectives of Black youth, it can help to advance the theorization of a useful framework for addressing ABR.

Anti-Black Racism Framework

ABR as a concept is rooted in the historical enslavement of African people whose racial identity is constructed as Black (Hogarth & Fletcher, 2018). ABR complements CRT as it focuses on race as a significant intersectional identity to examine the everyday experiences of Black people in society. ABR infringes on the dignity of Black peoples' humanity as it systematically reduces the value of Blackness. Canada, like the United States, has a history of Black enslavement and racial segregation which created the conditions for Black people to be

racialized; this is in contrast to white people who were not socially constructed as having a race or ethnicity. In other words, the race and ethnicity of white people remains unnamed. In Canadian society prior to the 1940s, racial discrimination was not prohibited as a dehumanizing mechanism (Rees, 2017). At this time, incidents of racism remained invisible in Canadian consciousness as racism was not a topic open for public scrutiny (Rees, 2017). The fight against ABR is ongoing. Early responses to ABR were orchestrated by advocacy groups and members of racialized communities (Rees, 2017). More recently the Black Lives Matter movement underscored the urgency to eradicate this form of racism after the brutal killing of an unarmed Black man, George Floyd, in the United Stated in 2020. In response, globally and here in Canada, people protested against ABR embedded within key institutions.

Akua Benjamin, a social work professor and advocate, coined the term anti-Black racism to highlight the unique experience of Black people marred by racial discrimination occurring at the systemic level (Black Health Alliance, n.d.). ABR is now referred to as a pandemic negatively impacting Black lives. Clarke et al. (2018) conceptualized ABR as:

> a pervasive, overarching climate of attitudes, beliefs, institutional practices, and policies that are embedded in Canada's White supremacist history and culture that denigrate people of African descent, and it is manifested in various forms of structural violence and racialized inequalities in multiple social systems, including education, housing, racialized poverty, workplace, and criminal justice. (p. 44)

The pervasiveness of ABR in Canadian institutions is first disclosed by the provincial government in Stephen Lewis's *Report of the Advisor on Race Relations to the Premier of Ontario* (1992):

> First, what we are dealing with, at root, and fundamentally, is anti-Black racism. While it is obviously true that every visible minority community experiences the indignities and wounds of systemic discrimination throughout Southern Ontario, it is the Black community which is the focus. It is Blacks who are being shot, it is Black youth that is unemployed in excessive numbers, it is Black students who are being inappropriately streamed in schools, it is Black kids who are disproportionately dropping-out, it is--housing communities with large concentrations of Black residents where the sense of vulnerability and disadvantage is most acute, it is Black employees, professional and non-professional, on whom the doors of upward equity slam shut. Just as the soothing balm of "multiculturalism" cannot mask racism, so racism cannot mask its primary target. (p. 2).

This report argues that what is now known as ABR is systemic in nature and deeply woven into the structures of public institutions in Ontario, including education, child welfare, and the justice system. Recently, government research on ABR and youth tends to focus on encounters within the education system (Chadha et al., 2020; Dei, 1996; C. E. James et al., 2010; C. E. James & Turner, 2015); however, the mental health system—another significant site in which Black children and youth experience ABR—remains under-theorized in this specialized field.

Anucha et al. (2017) identified the existence of ABR in the criminal justice system, child welfare system, the education system, and the employment sector as an everyday issue that impacts the well-being of Black youth. Discriminatory experience, in particular, is cited among scholars as a risk factor that precipitates psychological symptoms, distress, and disorder in Black lives (Brown, 2003, 2008; Hope et al., 2017; Seaton et al., 2008). For Black youth, the experience of racism may vastly influence how they view the developmental changes they

experience during adolescence. During this time, Black youths may also internalize racism. D. R. Williams et al. (2010) argued that "the internalization of racist beliefs within the larger culture can lead to negative self-evaluations that can adversely affect psychological well-being" (p. 286). The experiences of Black youth can contribute to increased vulnerability as the result of a number of factors, including exposure to racial discrimination, which has the potential to trigger psychological challenges (Harris-Britt et al., 2007).

ABR as a framework focuses on the Black experience and can be conceptualized as an action-oriented approach geared toward attaining racial equity for Black people by transforming policies and practices that produce and reproduce anti-Black racism. Although the contribution of the ABR framework in the field of child and youth mental health remains undeveloped, my work offers a link between ABR and social work practices. Understanding how interlocking systems of oppression operate in the lives of Black youth, their families, and their communities provides crucial insight into the ways in which oppression shapes their mental health experiences. Therefore, adopting a social justice approach will help facilitate conversation around racial inequity; from this position, an ABR framework is essential for grounding this study in social work education and practice. From a social justice perspective, this framework is also useful for collecting disaggregated race data in order to capture the realities of ACCY experiences within the mental health system, including pathways to care. Dominant systems such as education, mental health services, and the youth justice system are implicated in the ways in which Black youth experience adverse pathways to care (Edbrooke-Childs & Patalay, 2019). For example, Black youth with mental health issues are more likely to be incarcerated or sent to foster homes, unlike white youth who are more often treated in a hospital setting (V. B. Sheppard

& Benjamin-Coleman, 2001). Incorporating this body of knowledge can be considered a step toward embarking on the critical use of appropriate frameworks and approaches to address the mental health of Black youth. Thus, by placing race and the policies and practices of institutions in the centre, as primary factors that impact the mental health and care of Black individuals, we can begin to evaluate how ABR informs access and treatment.

Summary

In this chapter I presented the theoretical approaches and conceptual framework of this study. The focus on the decolonizing epistemology informed by post-colonialism helped me to demonstrate the value of incorporating the voices of Black youth from a theoretical perspective, while simultaneously contributing to the work of deconstructing colonial understandings of mental health/illness and well-being/wellness. In essence, post-colonial theory's analysis of language and discourse was essential in my understanding of how mental health, mental illness, well-being, and wellness are constructed by people of Afro-Caribbean descent. Furthermore, the use of post-colonial theory counteracts epistemic violence perpetuated on racialized bodies by ways of stereotypical representation and as illegitimate knowers and knowledge producers (Spivak, 1988). In other words, under post-colonial theory, racialized people are seen as having systems of knowledge that are legitimate for understanding their lived realities. By using post-colonial theory in my study, ACCY are seen as legitimate and important knowledge holders who are given the opportunity to tell their stories within their own racial and cultural lens.

Similar to post-colonial theory, CRT is a framework that sets out to disrupt colonial understandings, but it grounds race as the core unit of analysis in an effort to unmask the biological understanding of race and institutions of discrimination (Bell, 1992; Delgado &

Stefancic, 2001; Freeman, 1978). CRT provides a current lens from which I address the ongoing significant effects of colonialism that continue to exist in Canadian institutions.

Race is a key concept in this study. The examination of race as a social construction is essential for understanding how Black bodies are racialized and experience racism in dominant Eurocentric cultures. Racism is not only embedded in the fabric of society, but it is also a lived reality for Black people. As a consequence, CRT is an ideal theoretical lens for this study, as it enabled me to analyze how key institutions intersect to shape the mental health of ACCY. Moreover, the use of storytelling and counternarratives used in CRT allowed me to place the experiential knowledge of Black youth at the centre of my analysis as a means to expose various sites of oppression and counteract hegemonic narratives. Additionally, CRT's emphasis on the transformative mechanism of raising race consciousness as a way to change the structural systems that produce racial oppression is incorporated into my work.

ABR is a unique form of racism experienced by Black people. This form of racism is deeply embedded in key institutional policies and practices that result in differential treatment of Black people. In an effort to capture the unique experiences of Black youth, ABR as a concept is a fruitful approach. Canada's colonial history of racism against Black people to the present day is central to this study. ABR enabled me to fully interrogate the ways in which this particular form of racism is embedded in systems of oppression (Dei, 1996). My work investigates these sites of oppression through the everyday race-based discrimination that ACCY experience within the mental health system and other institutions that shape their mental health and well-being.

Chapter 4: Methodology

Little is known about the mental health experiences of Afro-Caribbean Canadian youth (ACCY) and Black youth mental health perspectives in Canada. Further, the lived experiential knowledge and realities which these youth possess are not reflected in the mainstream mental health system. This study seeks to address these gaps by researching the mental health experiences of ACCY in Southern Ontario urban areas where a large number of ACCY reside (Social Planning Council of Peel, 2007). In this chapter, I (a) clarify the ontological and epistemological stands of this study, (b) present my research questions, method, and design, and, (c) discuss the rigour, credibility, and trustworthiness and the limitations of Interpretative Phenomenological Analysis (IPA).

Ontological and Epistemological Positions for this Study

My ontological and epistemological positions directly challenge the dominant positivist view that there is only one truth and the only way to uncover it is through the scientific method. Rather, epistemologically, my position is that knowledge is socially constructed whereby multiple systems of knowing can, and do, exist simultaneously. Understanding peoples' past is a significant step for contextualizing their experiences and the factors that shape their "ways of knowing and being" in this world (Matsuoka & Sorenson, 2001, p. 3). It is, therefore, necessary to employ an interpretative lens to understand the everyday lived realities of ACCY. Thus, ontologically, I see that people's realities and truths cannot be reduced to a single reality or truth claim and the inclusion of ACCY's voices can challenge the dominant ideologies, as the existing literature asserts. I argue that established knowledge of the mental health experiences of ACCY, which is void of their voices and perspectives, should be questioned and thoroughly

problematized. Hence, the epistemological orientation of my research is premised on the notion that Black youth, their parents or guardians, mental health workers, and faith-based leaders are legitimate and important knowledge producers, all of whom are instrumental in understanding the lived mental health experiences of ACCY.

This ontological and epistemological position of my research calls for an interpretative qualitative research design that both accesses the subjective knowledge and experiences of ACCY and assesses the roots and outcomes of the various forms of inequalities that exist, such as race, gender, class, and sex. I believe that using an interpretive approach will help me not only understand what shapes ACCY's mental health experiences but also investigate what transformative changes are necessary to seek social justice. From this angle, my approach is both interpretive and critical. To examine participants' intersectional realities, as I discussed in Chapter 3, this study employs post-colonial theory, and CRT, and the concept of anti-Black racism (ABR).

Researching the mental health experiences of ACCY is my passion. My experience as an Afro-Caribbean woman and a mental health professional provides me with unique insight into the challenges associated with recruiting participants for a study pertaining to mental health, as mental illness is a taboo subject in the Afro-Caribbean community. To overcome such difficulties, before I embarked my dissertation study, I spent several years obtaining substantial work experience in Southern Ontario's urban areas and have developed strong networks with mental health practitioners and faith-based leaders.

Research Questions

Taking the above ontological and epistemological positions, I asked the following overarching research question: *What are the mental health experiences of ACCY and how do these experiences shape their utilization of mental health services?* In addition, I have developed the following three sub-questions to assist this study: (a) *How do ACCY understand the concepts of mental illness, well-being, wellness and mental health?*; (b) *How do these understandings shape ACCY's experiences of utilizing mental health services?*; and, (c) *How do ACCY understand and/or perceive their parents' or guardians' understanding of mental illness and how does this understanding influence the utilization of services?*

Each of these questions provides a solid base from which I am able to glean important contextual data that sheds light on the experiences of ACCY. In order to respond to the research questions, I designed this study by using Interpretative Phenomenological Analysis (IPA) approach involving ACCY as well as three groups of adults (parents of ACCY, mental health workers, and faith-based leaders) that I believed would help me understand the mental health experiences of ACCY.

Interpretative Phenomenological Analysis

I used IPA, rooted in Heideggerian hermeneutic, as an approach to guide my research design. This qualitative research method is initiated by Jonathan Smith in the field of psychology as a viable means to capture participants' lived experiences and their meanings (Tuffour, 2017). This approach differs from Edmund Husserl's phenomenology with opposing views on bracketing. Husserl argues for researchers to take up a phenomenological attitude by suspending or bracketing out their natural attitude as a means of capturing pure experiences as they appear to

the human consciousness based on subjective experiences (K. A. Lopez & Willis, 2004). This approach, Husserl contends, enables researchers to be cognizant of their biases and to view the participants as the expert (K. A. Lopez & Willis, 2004). Husserl's phenomenology, intended to "describe the essence or core commonality and structure of the experience" and its goal is "to uncover and describe essences of phenomena that have not been previously conceptualized (Miller & Minton, 2016, p. 11-12). In other words, Husserl's phenomenology, being transcendental does not seek after the interpretation or explanation of a phenomenon. In contrast, Hermeneutic (like Heideggerian), "describe the meaning of the lived, embodied experience of a phenomenon" that is investigated (Miller & Minton, 2016, p. 11).

Furthermore, Heideggerian phenomenology differs from that of Husserl in that it allows researchers to utilize their expert knowledge throughout the research process. Heidegger (1927/1962) asserts that bracketing cannot be fully achieved. According to Pascal (2010), Heidegger believes that "to bracket our experience we must shed our experiences, therefore losing our capacity to understand through shared experiences and meaning (p. 3). In respect to Heideggerian phenomenology, I rejected bracketing and rather engaged in critical self-reflexivity throughout the research process to maintain authenticity of the participants' perspectives, my interpretations, and to consciously examine and re-examine any biases I may have that can be influenced by my subjectivities (Tracy, 2010), and the social-economic, political, and cultural forces that shape peoples' lives (Engward & Goldspink, 2020).

Unlike classical phenomenology, Heideggerian phenomenology and more broadly its concept of "Being-in-the-World" challenges the subject and object and the body and mind duality, as it views them as inseparable and rejects the separation of a person from their world

(Heidegger, 1962). In this regard, Heidegger's phenomenology prioritizes subjective experience. Pascal (2010) asserts that Heideggerian phenomenology aims to recognize "the embodied, emotional, temporal, and socio-cultural experiences of participants" by situating people's existence within their social, cultural, and historical contexts (p. 8). This means that a person must be understood in relation to the social structures that shape their everyday lives. Furthermore, the epistemological and ontological foundations of Interpretative Phenomenological Analysis (IPA) rooted in Heideggerian hermeneutics allow for the interpretation of people's subjective experiences to construct meaning (Larkin et al., 2006; Pascal, 2010).

The exploratory and interpretative nature of Heidegger's hermeneutics is considered inductive and is aligned to social constructivism as peoples' reality is understood by accessing their personal accounts of a phenomenon, in order to understand their affects and cognitions (Larkin et al., 2006). Taking all of this into account, Heidegger's phenomenology appears consistent with the theoretical approaches utilized in this study. Although the relationship between phenomenology and critical theory has faced criticism in the past for being uncritical, Fast (2024) noted that:

> In the past two decades there has been a kind of renaissance or rebirth of phenomenology, which, in being combined with critical theory, is being framed at long last as "political" and "critical." Prior to this, phenomenology had been rendered suspect within schools of critical theory, being deemed "uncritical" and as a merely "bourgeois philosophy" that fails to take seriously economic and historical material conditions (p. 43).

Today, by integrating critical theory, we are witnessing a rebirth of phenomenology. I have combined this theoretical approach with Heidegger's phenomenology, making it more critical. The combined effects of this study's methodology and critical theories will provide insight into the lived mental health experiences of ACCY in their environment by accessing their knowledge and experiences.

Within the boundaries of Heideggerian hermeneutics, people are thought to be immersed in "a world of objects, relationships, and languages … that our being-in-the-world is always perspectival, always temporal and, always 'in-relation-to' something." (J. A. Smith et al., 2009, p. 18). Therefore, context is crucial to understanding the particular meaning people attach to their lived experiences of the particular phenomena under investigation (J. A. Smith et al., 2009). IPA allows for an in-depth examination of the participants' perceptions and experiences within a larger context (Larkin et al., 2006; Pietkiewicz & Smith, 2014). Thus, this approach enables me to situate ACCY's mental health experiences within a historical, political, social, and cultural frame from which I analyze how the external structural forces shape their lived experiences. Furthermore, this approach enables me to fully capture ACCY's understanding and experience with the external structural forces and is compatible with my epistemological and ontological perspective: ACCY are the primary knowledge holders of their lived mental health experiences and are the experts.

IPA is informed by three important elements: phenomenology, hermeneutics, and ideography (Langdridge, 2007). Phenomenology is a discipline that "aims to focus on people's perceptions of the world in which they live in and what it means to them" (Langdridge, 2007, p. 4). In essence, "we direct our observations towards people's perception of those objects" (Kolnes

& Rodriguez-Morales, 2016, p. 50). Hence, a phenomenological approach will help to centre the voices of ACCY in my research in relation to the structural constraints that affect their mental health and well-being.

Hermeneutics is known as "the theory of interpretation" (J. A. Smith et al., 2009, p. 3) and can be used in research to gain an interpretative account of participants' experiences (Larkin et al., 2006). IPA utilizes a process known as "double hermeneutic" to help both a researcher and a study's participants make sense of the participants' experience (J. A. Smith et al., 2009; J. A. Smith & Osborn, 2003). Hermeneutics contextualizes participants' experiential "claims within their cultural and physical environments, and then attempts to make sense of the mutually constitutive relationship between 'person' and 'world' from within a psychological framework" by exploring what the experience means to the participants (Larkin et al., 2006, p. 117). My use of Heideggerian hermeneutics sense of 'being' situates an individual's lived experiences within an historical, social, cultural, economic, and personal context, and allows me to fully engage in the "double hermeneutic" process to analyze participants' interpretations theoretically (Groenewald, 2004; J. A. Smith et al., 2009). Post-colonial theory, CRT, and the concept of ABR are used to contextualize participants' accounts of the phenomenon experienced.

Ideography is another key element of IPA that relates to what the experience means to the participants (J. A. Smith et al., 2009). Ideography "is concerned with the particular and focuses on grasping the meaning of something for a given person … in a particular context" (Kolnes & Rodriguez-Morales, 2016, p. 50). Therefore, ideography allows me to explore ACCY's personal accounts of their lived mental health experiences in Southern Ontario urban areas and how they comprehend these experiences (Pietkiewicz & Smith, 2014; J. A. Smith et al., 2009).

In an effort to understand what the experiences mean, IPA informed my in-depth analysis of every single account "until some degree of closure or gestalt has been achieved" after which I move to a more "detailed analysis of the second case and so on through the corpus of cases" (J. A. Smith, 2004, p. 41). This sort of analysis is conducted before the researcher can make a general claim (J. A. Smith et al., 2009). Ideography encourages the use of cross-case analysis to closely examine the similarities and differences in the themes generated and uses participants' voices to substantiate the themes (Pietkiewicz & Smith, 2014). In this study, I use individual interviews as my primary tool for collecting data and draw upon an art-based activity as the secondary method of data collection. Additionally, a sociodemographic questionnaire (see Appendices A, B, C, & D) was used to collect information at the beginning of the interviews.

Sampling Method and Sample Size

The data for this study was collected from four groups of people: ACCY, their parents, mental health workers and, faith-based leaders. To select participants, I utilized homogeneous sampling and criterion sampling methods. Homogeneous sampling speaks to the shared characteristics that exist among research participants (Kolnes & Rodriguez-Morales, 2016; Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014). For example, in this study, Afro-Caribbean descent is a criterion used to establish homogeneity among participants. IPA scholars Pietkiewicz and Smith (2014) discuss the importance of homogeneous samples as they produce rich data from a relatively small group of people. In addition, due to the intense level of analysis required of the researcher, a small sample size is recommended (Kolnes & Rodriguez-Morales, 2016; Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014). Moreover, IPA researchers suggest a small sample size ensures participants' voices and experiences are illuminated and well

represented; it further advantages researchers, who must engage in a detailed and time-consuming analysis of each case (Pietkiewicz & Smith; J. A. Smith et al., 2009). Thus, a small sample size of one to three people is considered ideal for some IPA studies (J. A. Smith, 2011) as it can capture in-depth accounts of the participants' experiences. My sample includes two parents, two mental health workers, three faith-based leaders and six youth. More details of my participants will be provided in the findings chapter. This study has a larger sample size for the youth because I wanted to be able to adequately capture any divergence among the homogenous sample and to promote a youth-centered approach.

IPA tends to utilize a "small purposively-selected and carefully-situated sample" (J. A. Smith et al., 2009, p. 29) to ensure that those selected can offer their personal account of the research phenomenon under investigation (Pietkiewicz & Smith, 2014). Creswell (2007) notes that the knowledge researchers have of who should be included in the study and the settings in which to conduct the research strengthen "an understanding of the research problem and central phenomenon in the study" (p. 125). For these reasons, I have used my knowledge about the sample population to utilize purposeful sampling to ensure homogeneity of the participants, which "focuses on selecting information-rich cases whose study will illuminate the questions under study" (Patton, 2002, p. 230).

Criterion sampling is widely used in phenomenology research. Also, it helps to develop homogeneous sampling. The criterion sampling method establishes predefined criteria for selecting participants who have experiences with the phenomenon under investigation (Patton, 2002). For this study, mental health experience, Afro-Caribbean descent, and age are major criteria. Thus, criterion sampling is used by including participants with predetermined criteria for

in-depth analysis to collect rich data. According to Patton (2002), rich data can aid in revealing flaws in systems, and provide opportunities to ameliorate systems and programs.

Participants

I have included as research participants adults whose observations and knowledge of ACCY's mental health experiences can help respond to the main research question and sub-questions. In keeping with the principle of IPA research to use homogenous sampling, (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014), I ensured that all participants were of Afro-Caribbean descent, meaning people with Caribbean background whose ancestry originates from African. I used criterion sampling using the selection criteria below to recruit participants for this study to ensure homogeneity of the participants. Using criteria sampling for this study was essential for key contacts to have clear criteria of potential participants.

Afro-Caribbean Canadian Youth Service Users

In this study, ACCY are defined as those who are of Afro-Caribbean descent between the ages of 16 and 18, were born in Canada, live in urban areas in Southern Ontario, and are current users of mental health services and spiritual and religious support. I used ACCY who are utilizing both spiritual and religious support to understand how they are used and their effectiveness in addressing mental health concerns. I categorized individual and family counselling, crisis support, psychosocial and psychoeducational groups under the category of mental health services. I defined spiritual support as an intimate relationship a person has with God or a higher power that can be accessed through meditation, personal reflection, comfort object and prayer to give them hope and comfort; instead, I considered religious support is the support ACCY receive from members of their church community including faith-based leaders.

This type of support includes prayer, biblical counselling, fasting, youth groups, and bible lessons.

The focus on current users helped me to understand what mental health services they are using, how they and their parents or guardians accessed the services, and how they currently operate. This particular configuration allowed me to explore the most up-to-date relationships with service providers, parents or guardians, and faith-based leaders. Youth participants were asked to self-identify in order to meet the eligibility criteria. Those selected were between the ages of 16 and 18. This age group is ideal for a number of reasons: (a) these youth are capable of understanding the nature of the study and to give informed of consent, (b) the cut-off age for most youth mental health services is 24, although it sometimes includes individuals up to the age of 30 in Ontario, (c) the age grouping increased the likelihood that participants were still living with parents or guardians, which means that they still have some influence in their children's mental health care, and, (d) the participants are still in the high school system and are most likely to be affected by school policies that can impact their mental health and well-being. Because of the likelihood that parental influence was still a factor for the study's participants, they were better able to respond to the sub-research questions that explore how they understand/perceive their parents' or guardians' awareness of mental illness and its influence on service utilization.

Parents

The parents in this study are all immigrants from the Caribbean and of Afro-Caribbean descent who live in urban areas in Southern Ontario. Parents who live with the youth participants were selected for this study. The perspectives of the parents are very important, as they are often used as participants in research in an effort to better understand the mental health experiences of

children and youth (Knitzer, 1989). The parents' perspectives aid in understanding how they conceptualize mental illness and the well-being and mental health of their child, and how their influence impacts the use of mental health services.

Mental Health Workers of Afro-Caribbean Descent

For the purposes of my study, I define mental health workers as professionals, who self-identify as being of Afro-Caribbean descent, who work in a community mental health agency that provides community-based mental health services for ACCY between the ages of 16 and 18 residing in Southern Ontario urban areas, and who have been working with ACCY for a year or more. These workers were able to speak of their understanding of the experiences of ACCY in the mental health system and its impact on the Black community. Individuals from this group share what mental health services are available, how they operate, how youth and their families come into contact with mental health services, what youth and family engagement looks like, service delivery and utilization, and how race and the stigma of mental illness are addressed within the mental health system.

Faith-Based Leaders

I define faith-based leaders as Afro-Caribbean individuals who have been serving in Southern Ontario urban areas by providing spiritual guidance for ACCY with mental health related issues for at least one year. These leaders are able to speak of their understandings/perspectives of ACCY's experiences of mental health. Their perspectives provide crucial insight into how spiritual and religious support impacts the mental health of families. Research conducted by the Centre for Addiction and Mental Health (CAMH) reveals that immigrant families access mental health through faith-based leaders (Islam et al., 2017). From

my experience providing Mental Health First Aid training, the Mental Health Commission of Canada (MHCC) has been targeting faith-based leaders from diverse communities, including those from Afro-Caribbean background, in an effort to increase mental health education and reduce the stigma associated with mental health. Moreover, faith-based leaders are helpful when trying to understand the impact of religiosity and spirituality on a person's mental well-being. They also provide insights into the important relationship between race, religiosity/spirituality, and mental health. And lastly, they provide information on the use of religiosity/spirituality as alternatives or complements to Western biomedical interventions.

Recruitment

This study is built on my years of professional and personal networks in the Afro-Caribbean community. To gain rich data, recruitment is critical. Through my networks, I identified key contacts to help me recruit interviewees. These key contacts included mental health agencies and faith-based leaders who have aided in the process of recruiting participants. Having these relationships helped to facilitate rapport-building and engagement with ACCY. High levels of trust are important to the success of the project and makes participants feel more comfortable when speaking about challenging topics (M. B. Miles & Huberman, 1994).

In addition to the key contact strategy, with permission, I posted a flyer (see Appendices E, F, G, & H) in the waiting areas of various mental health organizations, emailed copies to the managers, and left copies at the reception areas to be distributed to those who were interested in participating. I also asked mental health workers to circulate the flyer among their contacts who provide services for ACCY and their parents or guardians. Moreover, I also advertised my research in panel discussions that were organized by faith-based leaders. When prospective

participants contacted me via phone, I explained the nature of their participation in this study in more detail and assessed their eligibility according to my participation criteria. If they met the eligibility criteria and agreed to participate in the study, an interview date and time was mutually agreed upon. Those selected were invited to complete an informed consent form. For those who did not meet the eligibility criteria, I thanked them for their time. No participants withdrew from the study.

Data Collection

One of the primary methods of data collection of this study is the use of one-on-one, in-depth, semi-structured interviews. This approach enabled me to probe participants' responses with follow-up questions. This method is compatible with the fundamental principles of IPA, which allows the researcher to develop engagement and build rapport with participants while at the same time producing rich data (J. A. Smith & Osborne, 2003).

The COVID-19 pandemic impacted both the manner and the duration of the data collection process—in part because additional ethical approval was needed to accommodate the ways in which interviews needed to be undertaken. Data were collected from March 2020 to March 2022. All interviews were conducted in English using mutually agreed upon methods; initial face-to face meetings had to—following a second ethics review—be changed to phone or Zoom meetings. Interviews with the youth lasted between 90 and 120 minutes to accommodate the art-based activity. Interviews with adults lasted about 90 minutes. Sample interview questions are included in Appendices I, J, K, & L. In total, 13 participants were interviewed. Five interviews were done face-to-face with three youth, a parent and a mental health worker. A total of three interviews were conducted by phone with two faith-based leaders and a mental health

worker. Five interviews were done on Zoom and consist of three youth, a parent and a faith-based leader. The recorded data from face-to- face interviews and Zoom were more audible than those from phone calls. In contrast to the phone calls, the face-to-face and Zoom interviews allowed me to read the participants' body language, nonverbal cues and facial expressions. In spite of the differences, all provided rich data which helped me to understand ACCY's complex experiences; no distinct thematic differences emerged from the different data collection methods.

With the youth, an art-based activity was an optional but additional data collection method. Fine and Sirin (2007) demonstrated how an art-based activity helped to collect rich data, revealing something difficult to understand from verbal-only interviews—specifically, how youth "make meaning, speak back, incorporate and resist the contradictory messages that swirl through them" (Fine & Sirin, 2007, p. 17). The art-based activity is "an innocuous measure" used to understand "the conflicts that occur interpersonally and in social and cultural domains" (John, 2009, p. 48). In this study I asked the youth through the art-based activity the following questions: (a) what does it mean for you to be Black and Canadian; and, (b) how does your identity affect your mental health and well-being at home, school, and in Canadian society?

To facilitate the art-based activity, art supplies were dropped off to some youth at an agreed-upon location before the date of the interview. Other youth opted to use art materials they had at home to complete the activity via Zoom. The art-based activity was youth-focused and designed for the youth in an effort to strengthen my understanding of their experiences. I explained its purpose and the procedure to them and ensured that they understood that it was optional. All of the youth participants chose to take part in the art-based activity. The art-based activity produced identity maps of what it means to be Black and Canadian. The identity maps

contained information to be interpreted "with an analytic eye for what is absent; enabling researchers to analyze at once *what is* but also *what is not said*" (Fine & Sirin, 2007, p. 31). Each youth participant was interviewed once. During the interviews all the youth participants chose to do the art-based activity. Right after completing it, they explained what they created. The participants' interpretation of their identity map was audio recorded with their permission and transcribed as part of the research data. The youth participants consented to me keeping the original copy of the drawing for further analysis. In cases where the researcher was not able to access the original copy, the participant sent a copy of the original via email.

From my work with youth in a clinical setting, I have observed that some youth are more comfortable expressing themselves through art, and such an activity provided the space for the youth to speak about their experiences in an open manner. Although the art-based activity was optional, all six participating youth took part in it. A script (see Appendix M) was read to explain the activity to the youth. The youth spent about 10 minutes to draw and the rest of the time they spoke about their experiences by narrating their drawings. I drew upon Sirin and Fine (2007) identification of the drawings as "identity maps."

Art-based activities align with two of the theoretical underpinnings of IPA: hermeneutics and ideography. Hermeneutics allow researchers to contextualize and to make meaning of participants' accounts of their lived experiences (J. A. Smith et al., 2009); likewise, ideography, is instrumental in providing in-depth analyses of the participants' experiences (J. A. Smith et al., 2009) from the identity maps produced by the youth. This understanding is achieved by an analysis of individual identity maps followed by a cross-case analysis to search for areas of similarities and differences in participants' personal accounts. Although art-based activities have

not been documented in IPA research, Fine and Sirin's success motivated me to test it in this exploratory research in an effort to more fully capture youth's voices and to make the research more youth focused. I can recall it being most engaging for the youth. For example, the youth more readily told their stories by giving me examples and their interpretations of their lived experiences as Black youth in Canada. Overall, as I show in the findings chapter, identity maps provided rich personal accounts and were useful in helping me to better understand the youth's experiences.

Interview Procedure

When I spoke to potential participants by phone who were interested in the study, I went over the study in detail, responded to all of the questions they had, obtained their verbal consent to participate in the study, and set up the time for an interview and location to meet (physical location for in-person, Zoom, or phone). A copy of the informed consent form was emailed to all participants to ensure that they had a copy prior to the interview. Three participants did not have access to a printer and a scanner to sign and return a soft copy of the informed consent. With their permission, a public building such as a shopping centre was selected as the drop-off point for the signed informed consent before the interview.

IPA guides us to analyze each interview first before conducting another interview so that more pointed questions to highlight participants' experiences can be used; in turn, this method helps to collect rich data (Pietkiewicz & Smith, 2014; J. A. Smith et al., 2009). On the day of the interview, information about the nature of the study was revisited and any questions posed by participants were addressed. After participants were fully informed about the study and had signed the informed consent form or verbally confirmed their participation (see Appendices N,

O, P, & Q), I engaged the participant in a small talk about the COVID-19 pandemic. This was done to develop engagement, build rapport, and help participants become more comfortable so they could share their stories (Pietkiewicz & Smith, 2014). As a mental health professional, I have used, and continue to successfully use, small talk to help clients relax and feel more comfortable. Once it appeared that participants were at ease, I began the semi-structured interviews. The semi-structured interviews consisted of several open-ended questions (see Appendices I, J, K, & L), but not in any specific order; rather I followed the participants' lead, encouraged them to speak in-depth on the subject matter, and I followed-up with prompts or probes—a process of which is reflective of IPA (Pietkiewicz & Smith, 2014).

At the end of the interview, participants received a small honorarium of $20.00 as a token of my appreciation for their time and sharing their experiences. The audio-recorded interviews were transcribed by a professional transcriber to whom I explained and who fully understood confidentiality and anonymity of research. To ensure confidentiality, the transcriber signed a confidentiality agreement form (see Appendix R). All identifying information was removed at the time of data transcription.

Analyses of Interviews and Art-Based Activity

The process of interview data analysis followed the work of several researchers (Larkin and Thompson, 2012; Pietkiewicz and Smith, 2014; and, J. A. Smith et al., 2009) who have clearly mapped out how to complete this process and provided a clear step-by-step guide. Their approaches to data analysis include: (a) reading the transcripts many times; (b) transferring notes into emerging themes; and, (c) examining the emerging themes for relationships and clustering themes (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; J. A. Smith et al., 2009). These

steps are necessary to capture and represent participants' narratives and experiences of the phenomenon under investigation. They also help researchers to conduct their research in an efficient manner (Love et al., 2020). These steps are followed by writing an interpretative phenomenology study using excerpts from the participants' responses. Pietkiewicz and Smith (2014) argue for researchers to exercise flexibility and be creative during the analytic process. Following strong recommendations by J. A. Smith (2011) and other founders of IPA, I began to analyze the data as soon as the first interview was conducted and transcribed. First, I read the transcriptions multiple times and each transcribed interview was treated as an individual case. I also read the transcriptions simultaneously while listening to the audio to understand what they were telling me (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014). This process was repeated for all interviews.

An important part of the analysis process is the organization and management of the data (Hammersley & Atkinson, 2007). I did this by using a computer-assisted qualitative data analysis software (CAQDAS) NVivo 12. CAQDAS helps manage the data, increases accuracy, and provides a better audit trail, thus ensuring rigour for the study (Saldaña, 2013). This study utilized the initial coding proposed by Saldaña (2013) as it allows novice researchers to break down qualitative data into manageable parts to conduct a close examination of the data to generate themes. Here are some examples for my coding: (a) descriptive coding (e.g., "We're just incarcerated for things we have no intention of doing" as 'unsafe;' "I got stopped by two officers saying that I match a description of someone who was throwing something at a bus" as 'systemic anti-Black racism'); (b) in vivo coding (e.g., "I felt like I was invalidated going through them [depression and anxiety]" as 'invalidated' and "being arrested but officers being

more rough on you because you are Black, being misunderstood" as 'misunderstood') were also used. After reading a transcript, I engaged in free coding to keep my biases in check and to be reflective throughout the entire process (Larkin & Thompson, 2012). Codes assisted in identifying statements and emerging themes and patterns (Saldaña, 2013) whereas tree nodes were helpful in organizing the data into major categories and subcategories.

I began the analytic process with a close line-by-line analysis "to identify 'objects of concern' (anything that matters to the participants, e.g., events, relationships, values, etc.) and then look for 'experiential claims' (these are linguistics and narrative clues as to the meaning of these objects)" (Larkin & Thompson, 2012, p. 106). This was accomplished by using three types of exploratory notes and comments integral to phenomenological data analysis: (a) descriptive notes and comments, which provide a description of the events and circumstances that helped capture the lived mental health experiences of ACCY (J. A. Smith et al., 2009); (b) linguistic notes and comments, which focus on how the participants use language; and (c) conceptual notes and comments, which focus primarily on how participants understood or made sense of what they were experiencing (J. A. Smith et al., 2009). Emerging themes were examined "for patterns and connections" and were clustered together (Kolnes & Rodriguez-Morales, 2016; Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; J. A. Smith et al., 2009). Related themes were grouped together to further develop a cluster of themes (J. A. Smith et al., 2009). All interviews were analyzed individually to allow for themes to emerge (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; J. A. Smith et al., 2009) and were compared and built on what the data indicated.

After the interviews were analyzed individually, I began to search for patterns, themes, and theoretical connections across cases and among each group (youth, parents, faith-based leaders, and mental health service providers) to compare and connect those that were related by themes and subthemes. The process was completed by creating a table of themes of the group and writing their narratives using verbatim excerpts from their interviews (Larkin & Thompson, 2011; J. A. Smith et al., 2009). Qualitative data analysis is an iterative process. Once the above process of analysis was completed, I reviewed my interpretation of the data using the three theories employed in this study. During the analysis process, I continued analytic 'memo writing' that included my exploratory notes and comments. I also kept a research journal for my personal reflection.

The identity maps created from the art-based activity contained further data to be interpreted. All transcripts from the art-based activity were uploaded into NVivo 12 in order to manage and code the data. Similar to the work of Fine and Sirin (2007), this research study used Josselson's version of the hermeneutics of restoration (faith) and the hermeneutics of demystification (suspicion) to analyze the identity maps. I began the analytic process with the hermeneutics of restoration by studying the identity maps individually and reading the transcription for the art-based activity. This was followed by coding for the words, places, people, symbols, and feelings that the youth used to describe, identify, and label individuals and their experiences and environments expressed in their identity map.

The aforementioned step aided in the process of developing themes and subthemes that provided a textual description of the participants' experiences in order to understand how ACCY situate themselves in their environments and the impact that this placement has on their lives.

This process also allowed me to represent the youth's narratives at face value. The hermeneutic of restoration upholds the idea that people are not only experts of their own experiences, but also that their personal accounts can produce valuable knowledge to counteract established norms (Josselson, 2004). Its aim is "to re-present, explore and/or understand the subjective world of the participants and/or the social and historical world they feel themselves to be living in" (Josselson, 2004, p. 5). Moreover, emphasis is placed on producing an authentic representation of the participants' narratives void of any distortions (Fine & Sirin, 2007; Sirin & Fine, 2007; Josselson, 2004).

In contrast, the hermeneutic of demystification holds that experience is not "transparent to itself: surface appearances mask deep realities; a story told conceals an untold one. What is taken for granted in a hermeneutics of restoration is problematized from this vantage point" (Josselson, 2004, p. 13). An analysis of the hermeneutic of demystification employs "more critical and psychoanalytic techniques to assess if and how multiples selves are drawn—near, with, separate from or against each other" (Fine & Sirin, 2007, p. 32). With reference from the hermeneutics of demystification, the identity maps that the youth created were analyzed. More specifically, I analyzed whether ACCY used a single self or multiple selves to capture how they identify themselves racially, if the self was presented as a whole, split or in multiples, and the meaning they attached to this in their identity map. The analytical process began by decoding hidden messages in the identity maps. This was accomplished first by studying each drawing with a critical eye while listening to the transcripts and then by creating codes that are similar to the ones created for the interview transcripts in an effort to search for statements and themes. The final stage of this analytical process of art-based data, as recommended by Josselson (2004),

was to employ the use of my chosen theories—post-colonial theory, CRT, and the concept of ABR—to ground my work.

For the interviews and the art-based activity, CRT was used to understand the development of race/ethnic identity and how and where identities are located within the dominant discourses. This was done by using key concepts of CRT such as race, racialization, racism and racial discrimination to identify words and phrases used by the youth to describe themselves, their experiences, and the structural forces and systems that influence their identity, sense of self and belonging. ABR was employed to examine the treatment of Black youth within dominant systems by analyzing personal accounts of differential treatments. Post-colonial theory was used to examine how ACCY used language to construct their identity that counteracts racial stereotyping of Black bodies. In addition, using post-colonial theory, an analysis was also conducted for cultural, racial, political, and socio-economic factors that were highlighted in the identity maps as well as for how the youth's social and environmental location shaped how they identified and viewed their lives. I intended to achieve theoretical triangulation to analyze the data utilizing post-colonial theory and CRT to situate ACCYs' experiences within dominant institutional practices and policies.

Research Journal

I kept a journal to document my professional experiences in the field and throughout the research process. By keeping a reflective journal and taking analytic memos, I was able to document my experiences, thoughts, feelings, and reactions and to reflect on some of the challenges, both personal and ethical, that I encountered during the research process (Saldaña, 2013). The journal also helped me to remember details of the interviews, my observations of

participants' responses and concerns they had. Qualitative data analysis can be impacted by the researcher's own social position. Bracketing or suspending a natural attitude is recommended in Husserl's (1913/1982) phenomenology as it requires researchers to not allow their worldviews, experiences, and assumptions to influence the data. However, hermeneutic phenomenology neither supports bracketing nor devalues the experiences of researchers. From my position, I believe continuous critical self-reflection needs to be employed as a tool throughout the research process to help researchers be consciously aware of how they can impact the research outcome. The reflective journal facilitated this process.

Rigour, Credibility, and Trustworthiness

Quality and the validity of research are important in the IPA approach (Kolnes & Rodriguez-Morales, 2016; Larkin & Thompson, 2012; J. A. Smith, 2011). Judging the quality and validity of qualitative research can be challenging, as "there are no fixed, universal criteria for establishing truth and knowledge" (Kolnes & Rodriguez-Morales, 2016, p. 51) in this type of research. However, there are established guidelines that seek to ensure the quality and validity of IPA work (Larkin & Thompson, 2012; J. A. Smith, 2011; Yardley, 2000). J. A. Smith (2011) and Larkin and Thompson (2011) established guidelines for conducting rigorous IPA research. An acceptable IPA study must meet the following four criteria: (a) it has to clearly subscribe to the theoretical principles of IPA namely, phenomenology, hermeneutics, and ideography; (b) it must be sufficiently transparent so readers can see the steps that are taken to conduct IPA research; (c) it must be coherent, plausible, and interesting; and, (d) it includes sufficient sampling to show density of evidence for each theme (J. A. Smith, 2011, p. 17; Kolnes & Rodriguez-Morales, 2016, p. 52).

Similarly, some of the features of rigorous IPA research suggested by Larkin and Thompson (2012) are that researchers exercise caution during the data collection stage in an effort to ensure that data is collected from the appropriate participants, to make good use of triangulation, and to pay attention to the reflective and analytic elements of the research. Triangulation strategy is useful for maintaining trustworthiness, credibility and rigour of the findings. I made use of two types of triangulation in this study: first, the data were collected from four different groups of participants through interviews and, for --the youth, more data were collected from the art-based activity; secondly, theoretical triangulation strategy was used to ensure that the theoretical frameworks for this research study—those of CRT, an ABR framework, and post-colonial theory—were illuminating the same or similar themes that emerged from the data (Patton, 2015). As is demonstrated in Chapters 5 and 6, triangulating these three frameworks enabled me to capture systems of oppression and social injustices that have a significant impact on the well-being of ACCY. Keeping my research journal, field notes, and analytical memos strengthened the credibility, trustworthiness, and rigour of my work (Patton, 2015). Credibility was also maintained by regular debriefing with my supervisor and through continuous engagement with the data analysis phase of the study.

Yardley (2000) considers high-quality IPA work to consist of: (a) sensitivity to context, commitment, and rigour; (b) coherence and transparency; and, (c) impact and importance. I ensured that sensitivity to participants' accounts of the phenomenon experienced was maintained in my research "by the use of open-ended questions that allowed the participants to enunciate what was important for them" (Kolnes & Rodriguez-Morales, 2016, p. 59). I committed time to developing my skills and competencies and followed the steps for conducting IPA research

closely to ensure rigour (J. A. Smith et al., 2009). In addition, member checking was offered to participants to verify the findings. Seven participants accepted member checking, which helped to ensure that the data collected were representative of their experiences as well as to reduce any bias I had inadvertently brought to the data (Lincoln & Guba, 1985).

In keeping with understanding how Eurocentric research with the white populations has created bias in psychology and conceptions of mental health, and that there is no such thing as "value free" research, I am consciously aware that my affiliation with the Afro-Caribbean culture and my professional work in the field of child and youth mental health does impact my research. It is for these reasons that I utilized peer debriefing, in which I shared the study's findings and my interpretations of them with my supervisor (J. Rose & Johnson, 2020). This process helped to keep me focused, to be critically aware of my own biases, and to achieve rigour, credibility, and trustworthiness in my qualitative research (Padgett, 1998). For transparency, I presented "a detailed description of the steps taken in the analysis and the presentation of quotations and text excerpts that show the reader what the analytic interpretations are based on" (Kolnes & Rodriguez-Morales, 2016, p. 59). In regard to impact and importance, my hope is that the findings from this research can be used to improve the mental health experiences of ACCY and their community.

Research Ethics

This proposed study followed the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. Prior to undertaking my research, I successfully completed the Tri-Council online tutorial on September 24, 2019 and received a certification of completion (see Appendix S) as a prerequisite to receiving ethics approval. Ethical approval for the study was

obtained March 5, 2020 through the Office of Research Ethics at York University (see Appendix T). My research was approved as a minimal risk study. In response to COVID-19 restrictions, I applied for and received ethics approval to collect data using Zoom on March 18, 2021. A one-year extension was also granted to conduct my research (see Appendix U). This study ensured the voluntary nature of participation, anonymity, confidentiality, and minimal risk to the participants. Participants were informed about the purpose of the study, the data collection process, and any identifiable risks and benefits associated with their participation. Participants were also informed that they had the right to voluntarily withdraw from the study at any time without facing any consequence. Given that the sharing of personal experiences entailed a risk of creating some level of discomfort or emotional distress, participants were provided with information on mental health resources in the community. With the participants' consent, the interviews and art-based activities were audio recorded. When the recorded audio data were transcribed, all identifying information about people, situations, and organizations were removed and pseudonyms were used instead. Only the principal investigator (Fiona Edwards) knows the identity of the participant. I protected participants' identity by removing all identifying information from the data, and by maintaining anonymity and confidentiality throughout the study. All data were completely anonymized. Each participant chose a pseudonym to use when referring to them during the interview and in the dissertation study report. Thus, participants' real names were not known to anyone but myself and they remain anonymous. All information was transcribed, and the data were safely stored on a password-protected computer and on an encrypted USB stick. Hard copies are locked in a file cabinet only accessible by the principal investigator at her place of residence. I publish from the data and will keep them until I complete

the publications. Thereafter, all data will be destroyed. As I noted earlier, a professional transcriber was used. This transcriber signed a confidentiality agreement.

Limitations of IPA

Despite my best efforts, the study has several limitations. Firstly, IPA is questioned as a method of producing accurate accounts of the meaning of people's experiences (Emiliussen et al., 2021; Tuffour, 2017) as the researcher's biases can affect the objectivity of the study. This level of questioning resolves around researchers engaging in double hermeneutics whereby their point of view can influence the interpretation of the meaning of participants' experience. Moreover, this bias can affect the authenticity and credibility of the findings and may yield different results if the study is replicated. Secondly, the quality of the data collected may be impacted by the researcher's expertise during the data collection phase (Tuffour, 2017). Although it is not a prerequisite, IPA study prefers researchers to be versed in using collection tools to collect rich data to ensure participants' voices are fully represented (Tuffour, 2017). Lastly, since IPA draws upon a small sample size, the study's finding may not be suitable for making generalized claims, and IPA's interest in people's personal experiences may likely trigger negative emotions during the data collection phase which may lead to ethical issues (Noon, 2018).

Summary

This chapter has provided the methodological approach of this study, which is grounded in qualitative research inquiry namely, Heideggerian hermeneutics. This interpretative phenomenological approach (IPA) is suitable for understanding the meaning ACCY constructed of their mental health experiences and reflective of my ontological and epistemological

positions. The research design for this study and its analytical process to respond to the research questions have been thoroughly described. Also addressed in this chapter were discussions of rigour, credibility, and trustworthiness along with the limitations of IPA.

Chapter 5: Findings

This chapter presents the findings of the study conducted on the mental health experiences of ACCY using mental health services in Southern Ontario urban areas. It begins with a description of the participants' socio-demographic characteristics drawn from the information collected in the socio-demographic questionnaire. This is followed by the presentation of findings from interviews with all participants and those from the art-based activity with the youth participants. These findings are presented based on the four major themes: (a) the invalidation and misunderstandings of the mental health experiences of ACCY; (b) the existence of systemic anti-Black racism (ABR) within the education, criminal justice, and mental health systems; (c) the impact of colourism and racism on the mental health and well-being of ACCY; and, (d) racial pride on the mental health and well-being of ACCY.

Description of Participants' Socio-Demographic Characteristics

The study involved 13 participants comprised of four groups: six ACCY; three faith-based leaders; two mental health workers; and two parents. Overall, 10 females and three males participated in the study; the three males were all ACCY. At the time of the interviews, the ACCY participants were between 16 and 18 years old. They were still in high school, lived at home, and all used spiritual and religious support. Of the 13 participants, there were two pairs of mothers and sons. The youth and adult participants' demographic profiles, outlined in Tables 1 and 2 respectively, show that all participants were of Afro-Caribbean descent. Pseudonyms were used for all participants in this study. The participants' self-identified ethnic backgrounds are Grenadian (2), Jamaican (7), Trinidadian (2), Grenadian-Jamaican (1), and Jamaican-Vincentian (1). Among the six ACCY participants, three self-identified as Black-Canadian, two as Black,

and one as Afro-Caribbean. All ACCY were accessing mental health services. During the height of the COVID-19 pandemic, mental health services were accessed virtually and/or by phone. Some of the ACCY were accessing services on a weekly, bi-weekly, and monthly basis. Although churches had to close their doors during the pandemic, ACCY attended church and accessed youth ministry online, and had accessed religious support by phone.

Four ACCY (two females and two males) were involved with the youth justice system but only three were court-mandated (one female and two males) to receive mental health services; one female youth was referred by the police and another self-referred; and one male youth was referred by his mother to community mental health services. One male youth was diagnosed with attention-deficit/hyperactivity disorder (ADHD) at the age of 12, and one female youth was diagnosed with generalized anxiety and depression at the age of 17. Four of the six ACCY (two male and two females) had been streamed into an applied education program. A male and female ACCY were placed in the academic program. See the summary of this in Table 1. The two parents who participated had lived in Canada for over 20 years, with migration histories from the Caribbean. One parent came from Jamaica and the other from Trinidad and Tobago. The mental health workers and two faith-based leaders had more than 10 years of experience working in their fields and the faith-based leader Jane, had more than 5 years of experience. Demographic information on the adult participants is presented in Table 2. The tables below present participants' selected socio-demographic characteristics.

Table 1

Demographic Information of Youth Study Participants

Name	Gender	Age	Self-identification	Ethnicity	Diagnosed	Involvement in Youth Justice System	Mental Health Program	Academic program
Jade	F	16	Black, Vincentian-Jamaican	Jamaican- Vincentian	N	Y	Court-mandated mental health services	Applied
Solani	F	16	Black	Jamaican	N	Y	Ongoing counselling services	Applied
Spencer	F	18	Black-Canadian	Grenadian	Y	N	Ongoing counselling services	Academic
Andy	M	16	Afro-Caribbean	Trinidadian	N	Y	Court-mandated mental health services	Applied
Ron	M	16	Black-Canadian	Jamaican	N	N	Ongoing counselling services	Academic
Russell	M	17	Black-Canadian	Grenadian- Jamaican	Y	Y	Court-mandated mental health services	Applied

Note. Pseudonyms were used for all participants in this study.

Table 2

Demographic Information of Adult Study Participants

Name	Gender	Ethnicity	Years of service	Years in Canada
Mental health worker				
Cheeks	F	Grenadian	10+ years	
Marshall	F	Jamaican	10+ years	
Faith-based leader				
Maria	F	Jamaican	10+ years	
Ann	F	Jamaican	10+ years	
Jane	F	Jamaican	5+ years	
Parent				
Tina	F	Jamaican		30+ years
Tracy	F	Trinidadian		20+ years

Note. Pseudonyms were used for all participants in this study.

The Invalidation and Misunderstanding of the Mental Health Experiences of ACCY

One of the major themes that emerged from interviews with participants and the art-based activity with the youth is that ACCY viewed their mental health experiences as invalidation; however, the adult participants viewed them as misunderstanding.

The youth described their mental health experiences as the invalidation of their knowledge, feelings, emotions, experiences, and identity as Black youth. When it comes to race, mental health, and mental illness, Spencer (an 18-year-old female participant diagnosed with depression and anxiety at the age of 17) observed that the mental health experiences of ACCY are vastly different from their white counterparts due to experiences of oppression:

> I can acknowledge that there is a difference from someone who is Black and depressed and someone who is white and depressed because they don't have a whole system trying to screw them. I don't want to say it's worse for Black youth. Actually, I do. I do want to say because let's be honest, it's quite obvious. But it's just because those struggles were never represented. I felt like I was invalidated going through them because it was tougher to do stuff, but then no one was acknowledging that it was actually a lot harder for me to do things than other white people or more privileged people who had the same things going on as me.

For Spencer, what was presented as normal in terms of race, mental health, and mental illness left her feeling that her struggles with depression were not acknowledged or validated:

> The first thing I want to say is the time I grew up, the poster child for depression and anxiety was this skinny white girl, that kind of thing, like the tumbler depression thing. It was kind of invalidating. I didn't really fit that mold. I wasn't white.

Despite her mental health diagnosis, the typical representation of a depressed kid was the one of a white kid and she felt her mental health experience was not being represented due to her race, Spencer sadly shared that she had to "self-validate" to accept her mental health struggles. Spencer found that it was important "just being able to self-validate and realize there's no one image for this one certain disorder. You don't have to fit this physical appearance to be able to have the same mental thing going on."

Ann, a faith-based leader with over 10 years of experience, stated that stereotypical views of ACCY and their mental health were not only present in the mental health system; the education and criminal justice systems were also sites where ACCY were judged, racialized, and

'othered'. A good counter story came from Russell, a 17-year-old male youth participant who was diagnosed with ADHD at age 12. He frustratingly expressed that school failed to validate who he was and his experiences. This invalidation of his everyday experiences led to Russell's behaviour being pathologized. He said, "a lot of the stress that I was bringing to school was coming from home, but at school they were looking at me as a bad kid."

Jane, a faith-based leader with over 5 years of experience stated, "It's just that the school system does not really understand, I think, culturally how Afro-Caribbeans express themselves" (which is different from those from other cultural backgrounds). Instead of validating Russell's experience, he was labeled 'a bad kid'. As a consequence, he was expelled from school and sent to an alternative school to complete his secondary education. Russell angrily expressed that the education outcome for him would have been different if the school had taken the time to examine the source of the stress he was displaying. He shared that "most of what impacts my mental health is what goes on at my house too with my stepfather because me and my stepfather don't have a good relationship." However, Russell's hardship at home was never acknowledged at school, and his mental health experiences were not validated as how he experienced them. His behaviour at school—as opposed to his mental health—received more attention.

Like Russell, Solani, a 16-year-old female youth participant, reported ongoing challenges in a parent-child relationship, and she stated that her mental health can manifest as either negative or positive emotions: "A traumatic experience, that's a negative mental health experience; something that makes you happy or makes you feel good would be a happy mental health experience." Ron, a 16-year-old male youth participant shared his observation on mental health experiences as "people who are hurting on the inside and don't express themselves as

much. So, they're kind of encasing themselves with their worries and their feelings." Marshall, a mental health worker who has over 10 years of experience working with youth and their families, observed that ACCY "use feelings to describe their mental health experiences."

Marshall's observations were more in line with those of the youth participants than they were like the other adult participants, who considered the mental health experiences of ACCY to be generally misunderstood as deviant behaviours, which are often criminalized as opposed to being recognized as mental health issues to be addressed. Cheeks, a mental health worker with over 10 years of experience, raised awareness of this bias:

> [The] mental health issues [of ACCY] are not being seen as mental health issues. Like a lot of time, you just see acting out instead of actually [seeing it as] the trauma that they face or the different societal issues and structural issues that they continue to have to face every single day and work on.

Cheeks' statement calls to attention wider systemic issues within society that shape the everyday lived experiences of Black youth. The adult participants suggested that ACCY are marginalized due to biased interpretations of their behaviours within non-Black communities and dominant institutions. Ann, a faith-based leader, stated:

> They are judged. People are always going to look at them and expect the worst-case scenario first. They're going to think behaviour first, nothing else.… Their struggles are similar to other youth who have mental health struggles and challenges, but it is compounded by the colour of their skin.

Maria, another faith-based leader with over 10 years of experience, stated: "Mental health was not really labelled as mental health, the well-being, or wellness of their mental health … I think

just misunderstanding. There were a lot of misunderstanding in term of [ACCY's] mental health." According to Cheeks, the lack of understanding of ACCY's mental health occurs within dominant institutions, in the community, and by parents and caregivers; there is a failure to understand the youth's struggles as related to trauma or mental health issues:

> So [their mental health struggles are] not understood by our elders … by parents and caregivers. Not really understanding what that means, and then the school system, teachers are not understanding … what the struggles are, teachers are not seeing their issues as mental health issues or traumas. They are just seeing it as a problem, so they don't necessarily help them get access to mental health supports like they would help other youths.

Unfortunate but great examples came from Solani and Russell. They commented that their parents did not understand their mental health struggles and sought support from the police, who then intervened in the parent-child conflicts. Solani reported that "the police would get called like on the daily basis [to address behavioural concerns identified by her mother]. They've been to the house so many times now [to stop me from expressing how I feel]." Although Solani's encounters with the police have never led to an arrest, she was referred by the police to attend counselling services to address behavioural issues. Russell reported that he was arrested at one point and kicked out of the home when the police intervened in parent-child conflict without considering his point of view. ACCY's accounts showed that their mental health can be negatively impacted by challenges in parent-child relationship and systemic ABR.

Misunderstanding of the youth's mental health as behaviours contradicted ACCY's conceptualization of their mental health. ACCY viewed mental health to be a state of awareness

and functioning that is centred on a person's feelings, emotions, and reactions to the events that trigger them. Spencer defined mental health in this way:

> Just mindfulness and paying attention to not only your situation but how you react to that situation, how you feel about things, noticing if you're having a bad day, noticing good things, being grateful. Mental health for me is just the processing of noticing and acknowledging feelings and emotions about certain things and doing what makes you happy, testing your boundaries, finding things that you find comfort in like comfort activities, comfort objects.

Andy viewed mental health as "someone who can't really process things in their mental state on how they're feeling or they have trouble, like a really hard time understanding how they're feeling." Ron recognized that the processing of one's emotions and feelings may require external support. He pointed out that mental health is "people who can't help themselves, they're probably going to try to seek out other help or probably keep to themselves in isolation." In defining mental health, ACCY highlighted that persons with mental health concerns need support for their emotional state.

In differentiating mental health from mental illness, the ACCY understood mental illness as a treatable, diagnosed disorder. Russell stated that mental illness is "something that goes on in your head that's unbearable. It's something that you can't deal with. It's something that requires medication." Spencer added, "from a clinical perspective, mental illness is just a label you would give something like depression, so you know how to make them be better." Jade shared, "my understanding of mental illness is like a diagnosis like bipolar disorder, schizophrenia, and stuff along those lines." Andy viewed mental illness as "someone who can't really process things in

their mental state on how they're feeling or they have trouble, like a really hard time understanding how they're feeling." Ron recognized that the processing of one's emotions and feelings may require external support.

These ACCY's understanding of mental illness differs from those of their parents. They believed that their parents viewed mental illness as stigmatizing. Solani, a 16-year-old female youth participant, shared her experience:

> I guess I want to talk about [mental illness] more in the Black community because that's what I can really relate to. Usually if your parents … if people realize there's something wrong with you, they're so quick to label you "crazy—there's something wrong with you," and they think that therapy is a bad thing. You saying you need therapy is like an insult, it's terrible. "How could you even bring it up?" And instead of actively trying to help you do these things or get you diagnosed, they're just very against it.

Tracy, a parent participant whose son also participated in the study understood mental illness as people who are "capable of committing suicide. They will take their life if you don't be careful about it." Parent participant Tina, whose son also participated in the study, viewed mental illness in the same way as ACCY as "something that you're suffering with that requires medication, just basic medication." Tina shared that mental illness is stigmatizing in the Afro-Caribbean community and spoke on its effects on help-seeking behaviour: "nobody wants to know that something is wrong with their mind. You don't say it, and nobody wants to go to counselling because they think, 'I'm going to be labeled. I'm crazy. I'm crazy if I go." The data analysis did not show a strong relationship between ACCY's perceptions of their parents' understanding of mental illness and their utilization of mental health services. However, the ACCY's

understanding of mental health and well-being has had a significant impact on the utilization of mental health services.

The participants in this study drew attention to the existence of a significant gap in our understanding of Black youth mental health; their experiences are often invalidated, which leads to inappropriate responses by key institutions and parents. These accounts show that both institutions and parents missed several opportunities to respond to ACCY's emotional needs. Other key themes from the data reveal the participants considered inappropriate responses by key institutions for the ACCY to be the results of systemic racism against Black people.

The Existence of Systemic Anti-Black Racism

The data show that the ACCY in this study experienced systemic ABR within the education, criminal justice, and mental health systems. Systemic ABR has resulted in the invalidation of the mental health experiences of ACCY and has led to ongoing issues that impacted their mental health and well-being. ACCY's experiences are presented below.

The Existence of Systemic Anti-Black Racism Within the Education System

Some of the youth spoke about the negative effects of school on their overall mental health. Jade and Russell's experiences captured the theme very well. Jade shared a disappointing history of punitive disciplinary measures she experienced at school. She has been suspended approximately 11 times and sent to the principal's office for behavioural issues beginning in elementary school and continuing into her high school years. She believes that race has played a key role in how she has been treated in the school system: "I feel like my skin colour has something to do with the way I'm being mistreated in school." Jade was asked whether her relationship with her teachers affected her mental health:

> Yes, they did because I felt like I was always picked on. I was always being called out. I was always being put in the centre of attention … by teachers, principals, guidance counsellors in the school.… Like, in the past I wouldn't be doing anything and I just would—I would be called out for no reason at all and like certain kids would be allowed to do things and I'd ask to do the same and they'd tell me no, but I'd do it anyway because I never understood why they told me no. And teachers would act very difficult towards me. It was always negative. It was never positive.

In detailing her encounters with differential treatment in the education system, what stood out for Jade was the lack of explanation she received from the school for why she was not allowed to do what "certain [white] kids" were allowed to do, resulting in a sense of discrimination and invalidation. Both Jade and Russell reported that Black students were treated differently than their white counterparts. Russell made the following observation:

> Even in school there's a lot of times white kids get off with physical fighting but if two Black kids are fighting, you're not seeing those kids for weeks. They're getting suspended for a while but white kids come right back to school after fighting. So it's weird.

In other words, there was no explanation. Their differential treatment of the experiences was not worthy of being explained to Black kids. Without explanations, their experiences were judged, negated, discredited, and thus invalidated. This follows what Jade observed. Maria, a faith-based leader, made this observation:

> A lot of ACCY in the mainstream school are literally sent to a behaviour class. Not to say there aren't concerns, but a lot of times the kids will be labelled because a behaviour

> presents itself and so a lot of time the students would say, “the teachers don’t understand me because they don’t even understand my background, and they don’t understand the culture that I live in.”

Tina, a parent participant, considered such a lack of understanding as one reason ACCY are at risk of encountering racism within the school system, because their culture and history are not represented in mainstream education. She also felt that the risk was greater for males. Tina advocates for better representation for ACCY in schools and had some suggestions:

> I think they need to do more Black history education. They need to talk about what our own culture experienced in the past and where our future is moving forward. And also I think especially young Black boys, if they learn more about their culture inside of the school and if they see more people that look like them, they would fare better. They wouldn’t be bored. They would be more interested.

Themes of racialization and othering emerged from the data. Youth participant Russell shared that being Black and having an ADHD diagnosis was used to other him in the classroom:

> I feel like teachers at school make me look embarrassed in front of the class, and not only me, but a lot of the other students who were diagnosed with ADHD in my class, which is mostly the Black kids for some reason. They make us look like we’re pretty much dumb in front of the class. They’ll say, “Are you sure you understand?” The way they say it is you know other students are looking at you. Teenagers judge … so, the way the teacher says it it’ll make kids laugh at you after class.

From Russell’s account, he observed differential treatment of Black students’ experiences labelled as ADHD. They are judged as behavioural rather than emotional experiences. Based on

Russell's experience in the classroom, it happens through invalidation of his knowledge, race and mental health, and being judged as lesser. This was orchestrated by the teachers without professional reflection, which exposed Russell to being further othered and stigmatized by his peers. Russell shared that the actions of the teacher and his peers made him feel unsafe and angry.

According to Maria, a faith-based leader, schools can be unsafe spaces for ACCY when they are not fully validated, which in turn can derail their academic trajectory:

> And even to hear a youth saying no one else cares is pretty heavy and that's something that is difficult to sit with. But just hearing their stories and understanding where they were coming from … if they could have access or when they could have been talked to … they are kicked out of the classroom because they are having a bad day. Instead of being addressed as to what their concerns were. And so, for them they will leave school, they would not go there because it became a place where they feel they didn't feel safe anymore.

From the perspectives of the participants, ACCY consistently experienced systemic ABR within the education system. Four of the six ACCY participants—two males and two females—were automatically placed in applied streams. Russell, who was placed in an applied stream, shared his experience:

> I'm currently in applied right now and being in the applied course is, I don't know, and it was weird because I didn't even ask to be in applied but they automatically put me in applied. When I chose my courses, I didn't even choose applied.

Russell made it clear that the school does not afford Black students the agency to make academic decisions that would enhance their life. His account of systemic ABR in course selection within the educational institution is echoed by faith-based leader Maria: "Within the school system they would say, 'well you're going to applied [program],' they would not give them a choice. They will tell them: 'this is what you are going to, you're going to applied subjects instead of academic subjects.'" Jade shared her feelings of upset as she provided the following reason for the academic streaming of Black youth: "Yes, because they think Black people aren't smart and they think Black people are very distracted, like they can't go higher than applied leve1."

Tracy, a parent participant, stated that Black youth are also othered as criminals within the education system, and they are not given the same protection as non-Black students. She came to this conclusion when a school police officer uttered these words to her as they were arresting her son: "You know what, we are the officers for that school, and we will protect our children." For example, it was clear to Tracy in the conversation with the school police officer that he implied 'our children' meant non-Black children. Tracy expressed anger and frustration over the criminalization of her son in school and its traumatizing effects, and she believes race impacted how the police treated her son.

These experiences reveal the education system as a place where systemic ABR is present in disciplinary practices and course selection. At school, ACCY were unheard, invalidated, and even criminalized. They were not given the chance to explain themselves or the space to utilize and realize their true potential. Adult participants expressed concerns that the behaviours and ways of being of ACCY are being assessed within a Eurocentric culture that is not their own. Both youth and adult participants described the school as unsafe: ACCY were othered and

criminalized. More importantly, they observed the school as unsafe because the Black youth often found their first contact with criminal justice system originated at the school. Thus, the school intersected with the criminal justice system for the Black youth.

The Existence of Systemic Anti-Black Racism Within the Criminal Justice System

Four of the six ACCY participants reported having had encounters with the youth criminal justice system; of these participants, Andy, Russell, and Solani reported having had more than one encounter. Andy who was arrested at home shared that "[the policer officer] kind of just took me by the arm and placed me under arrest." Russell reported that he first made contact with law enforcement at age 15. In his most recent police encounter, Russell was aggressively handled while being handcuffed and sustained physical injuries on his body:

> The skin under my chin was off. I had a black eye. My cheek was open. My head was hurting. I got hit in the head.… One white officer grabbed me by the back and threw me on the ground. I looked up and they were all Caucasians. There wasn't one Black person at the scene. They were all white officers.

Describing his experiences of violence in the community with the police, Russell shared that he felt unsafe and violated during these interactions. He also expressed that his recent encounter is similar to most of his Black friends who have been arrested. Russell's observations demonstrate the existence of systemic ABR in the criminal justice system:

> The white and the Black [people who are locked up in jail] constantly fight and every time there's a fight, the Black person is always the first one in handcuffs. Always. That's what I noticed. A white person gets handcuffed but the first person they're attending to is always the Black person. Any time there's a fight they're coming to rip the Black person

> off. If there's a fight you see four of the seals [a branch of police officers] holding down one Black guy and the white guy is still standing there. Always happens.

Male youth participants Andy and Russell shared that they have been racially profiled on more than one occasion. Andy shared his experience being racially profiled for a crime he did not commit: "I was just walking down the road because I was going to pick up a package for my brother. I got stopped by two officers saying that I match a description of someone who was throwing something at a bus." According to Andy, this experience was "nerve-wracking and scary."

The adult participants also identified ways in which ACCY face ABR from police officers. Cheeks, a mental health worker, said that "police officers for example would stop Afro-Caribbean youth and would criminalize them for things they would not criminalize white children for." Drawing from her own experience working in the youth criminal justice system, faith-based leader Maria shared that systemic ABR occurs in the criminal justice system as evident by the overrepresentation of Black youth:

> From my experience, 90% of the young people incarcerated in the youth justice system being Black youth—that is a concern by itself because that's just one population, that's just one culture, but yet so many of them are high school dropouts. Some of them have a criminal record. When you see the proportion of a culture dropping out of school be so high, I think that within itself speaks volume to say that there is something wrong within the system.

Maria's emphasis on the school-to-prison pipeline makes visible the way school disciplinary policies intertwine with those of the criminal justice system to create oppressive conditions for Black youth.

Similar to Russell's account of being treated in an aggressive manner by the police, Jade expressed anger that, when she was arrested in the community, she was "manhandled" and treated in an undignified way—not as a respectable young woman:

> I was treated like a man. They manhandled me and they dragged me like a ragdoll, like a ragdoll, yeah.… They threw me on the floor and they like pulled down my arm and put the handcuffs on me on my back and then pulled me up from my arms.

Russell described his experience with police brutality, and it impacts on his mental health:

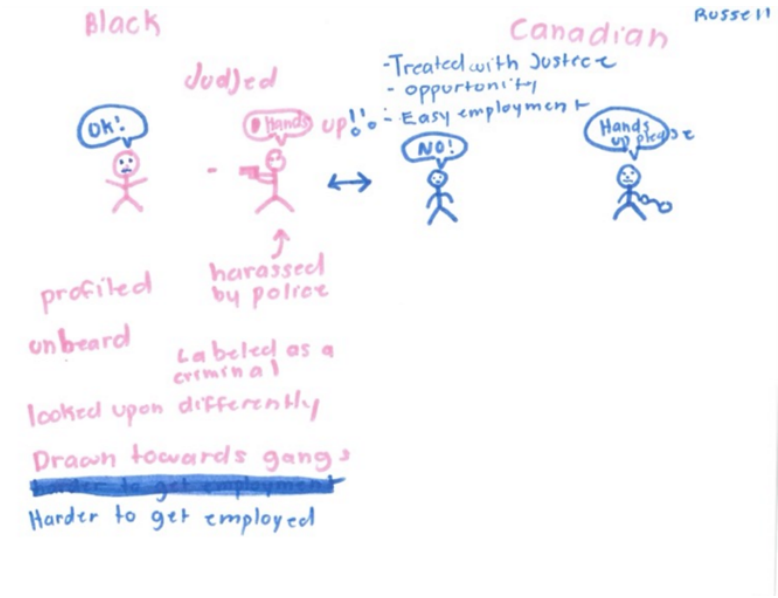
> I think one of the main experiences that triggered it [mental health] is my encounter with the police. Basically, I was arrested and was beat up by the police for no reasons. They searched me first and beat me up after. It traumatized me and made me afraid of police. It makes me not want to be around police. It makes me feel like I have to act like a criminal even though I'm not because I just want to avoid them at all means because of the encounter I had with them in the past. So, I don't like being around them.

Russell and Jade both reported that their encounters with police negatively impacted their mental health. Jade also expressed that her experience "was very traumatizing, and it was shocking at the same time because it wasn't something I expected. And also, I always had flashbacks. There were always flashbacks." Ron has not had any encounters with the criminal justice system, still he passionately expressed that Black youth feel unsafe around police officers: "[the police are] not giving us a fighting chance. We don't get our chance to explain ourselves. We're just

incarcerated for things we have no intention of doing." Ron's comments call attention to the differential treatment of Black bodies compared to their white counterparts within the criminal justice system. Russell's identity map reflects Ron's point, further information he shared in the art-based activity (Figure 1).

Figure 1

Identity Map by Youth Participant Russell



Russell bitterly described his identity map by pointing out that systemic racism exists in Canada and is perpetuated against Black bodies in the criminal justice system:

> So, I split the paper up into two sides, Black and Canadian, and on the Black side there's a picture of two figures. One is a cop and one is a Black civilian, and the cop is saying, 'Hands up,' and the Black male doesn't have anything on him but the cop still fired a shot at him. And I drew that there because there's a lot of things like that, that happen in Canada and America. It might not be as loud. It might not be as—what's the word for

> it?—big in Canada, or visible. It might not be as visible in Canada, but it definitely happens in Canada.

In narrating his identity map, Russell further elaborated that the police showed preferential treatment for the white Canadian who, unlike the Black person, resisted his command:

> The police officer has handcuffs in his hand and he's saying, "Put your hands up please." And the Canadian [a white person] is saying "no." But in the other picture the Black person said "OK" and he still got shot but this person [white] is saying "no"—the Canadian—but the officer still doesn't have a gun out.… They're so quick to draw their gun on Black people because they either think you have a gun or you're going to do something violent towards them. And a lot of Black people get shot because of that.

Russell's accounts illustrate that negative stereotypes predispose Black people to systemic ABR—which plays a significant role in how the police treat Black youth in society. Parent participant Tracey shared that "white [police] protect white children… because of their colour. In my life growing up in Canada, I always feel, and I always see that the cops treat white children different from Black children." Marshall, a mental health worker who advocates against the criminalization of Black youth, shared that "[Black kids] need to feel safe when they see an officer in uniform knowing that if they need help that they can go up to that officer and receive help." However, due to the mental health impact of encounters with the police, ACCY prefer to avoid police, regardless of the circumstances.

From the participants' accounts, it is clear that systemic ABR within the criminal justice system has resulted in the invalidation of the mental health experiences of ACCY. Systemic ABR within the criminal justice system has affected their physical and psychological safety and

devalues their worth as human beings. Both male and female ACCY have been treated aggressively. Their experiences with law enforcement through racial profiling and criminalization have had negative impacts on their mental health where they were left traumatized and feeling unsafe. Interestingly, for some Black youth, the criminal justice system is the entry to the mental health system. In Ontario, the youth diversion program under the criminal justice system has become a significant referral source to mental health services.

The Existence of Systemic Anti-Black Racism Within the Mental Health System

The mental health workers in this study reported that the Youth Justice Program is a key pathway for ACCY to access mental health supports. Three of the six ACCY participants were court-mandated to receive mental health services. Statistically, most racialized youth receive mental health services through the Youth Justice Program. The mental health workers also reported that ACCY accessed mainstream mental health services through referrals made by the school and child welfare; however, they are less likely to be referred by their families or general practitioners. Cheeks further shared that ACCY are more likely to use brief counselling services and observed that "they use a lot of the drop-in stuff"—which she described as being more informal— "more than the officially sit-down counselling."

The ACCY stated that their mental health experiences were invalidated in the mental health system. Spencer's narratives captured the theme of invalidation well. She passionately narrated her experience in accessing psychiatric services and shared that "when it comes to race, diagnosis, and medication, just being taken seriously is a huge thing." Elaborating on her experiences with psychiatry, Spencer felt her perspective of what was happening to her mentally was not taken seriously during her assessment:

> But the main issue came down to when I finally saw my psychiatrist … she was the first person who would speak over me or interrupt or just try to get to the butt of the question without making an effort to hear me out or my explanations as to why I was feeling certain things.

Spencer's experience was one of many stories detailing how ACCY were invalidated and devalued as individuals when they were not given the opportunity to tell their stories. Mental health worker Marshall shared another story:

> I can share with you a youth who does not like to go to a psychiatrist; he said his sessions are rushed. The psychiatrist is not interested in what he's trying to say. All he does is just push more meds on him.… He feels like the medication the doctor is giving to him is getting stronger and stronger and stronger. Even though he told the doctor the medication is not working, he keeps increasing it. The medication is not treating the problem.

While Spencer viewed her experiences within the mental health system as invalidating, mental health workers, Cheeks and Marshall, and Ann, a faith-based leader, shared that the Afro-Caribbean culture is misunderstood and devalued because Canada's current mental health system is still Eurocentric and fails to consider the mental health needs of ACCY within the context of their own culture. Cheeks put it succinctly, saying, "I think that our systems and our services are not created for them." Checks and Marshall further expressed their opinion that mental health services are not culturally safe for ACCY to express themselves, and these services are sites where ACCY are misunderstood and judged. Ann, who has experiences working closely with psychiatrists, expressed her concerns around ACCY being assessed by non-Black mental health professionals:

> They don't understand the culture. Some of the questions they asked and the way the youth respond, sometimes doctors can be quick to judge the responses until someone else is able to say, "you know what no, hold on, that's cultural. That piece is cultural. That piece is normal. Let's not be quick to say this … is problematic, it's abnormal."

In respect to mental health services and race, faith-based leader Ann felt that Black youth are not fully supported: "in society, Black youth are generally met with more resistance and less supports in all aspects of their lives, mental health included." Parent participant Tina also shared her insights around access to services:

> As stated before, I think the mental health issue is real in our community, in our culture, and we also need to have access to these services and not be limited. It needs to be available to the young people. It needs to be available to men, women, and children. It needs to be available to parents because they too have mental issues, especially raising these young people in this time of day, right? And maybe some cultural training.

Other than access as described by Tina, the mental health workers reported on systemic ABR in the provision and funding of mental health services. According to Cheeks: "we don't have Afro-Caribbean male counsellors to be able to support our youth and also let them see there are other ways of thinking and that it's okay to be different from what society tells us." The mental health workers shared that other issues impacting Black youth mental health include a lack of funding, culturally appropriate services, and long wait times. Cheeks described the lack of funding and support:

> From my knowledge, I don't know if there is a lot of funding available for youth, ACCY, specifically for their mental health services. Especially the age group we are taking about,

> 16 to 18. Even though there is Ministry funding money, it's not specifically to support ACCY in the things that they need and in the ways that their mental health is impacted. There isn't a lot of support in that way.

Appropriate mental health supports are needed, as ACCY reported that they have a different experience when receiving services from a Black mental health worker compared to a white worker. For example, Solani emotionally spoke of her experiences accessing mental health services from a white worker by stating, "this [white] lady doesn't understand anything I'm talking about. She doesn't get it." This lack of understanding left Solani to conclude that "it makes more sense that I have someone who is from the Black community, whether they're African or Caribbean, to try to understand how I'm feeling because it does help." Marshall supported Solani's assertion with her statement that ACCY need "someone who would actually listen and be there for them along their journey and provide them with any necessary tools and support that they may need at that time." Unfortunately, Cheeks shared that, in the mental health system, ACCY "won't get the same support or same understanding or care. So, I think they need people who look like them that can understand them, that can hear them."

ACCY's conceptualization of well-being and wellness supports the importance of validating their mental health experiences and identity as Black youth within the mental health systems. They conceptualized well-being and wellness as the same phenomenon, as a means to "understand" oneself and be free to express themselves. Spencer shared that well-being is "having the capacity to understand yourself enough to be able to take care of yourself properly." For Russell, well-being is when ACCY are able to share their feelings freely with someone who understands them and can relate to their experiences. He excitingly shared this understanding:

> I think well-being is when you just know how to cope with everything and you're free. You're a lot freer than you were before. I feel like well-being is when you don't have to bottle up your feelings anymore and you let out most of your feelings already and you've spoke about them like I'm doing right now.

Russell's understanding of well-being as the safe sharing of one's feelings and experiences was also echoed by Andy, who defined this concept by saying, "I just believe it's your whole state on how you're feeling and what feeling you could [share with] others." Ann, a faith-based leader shared that the well-being of ACCY is "everywhere they feel they are heard and accepted and not judged." Cheeks suggested that well-being for ACCY would be achieved by living in a society that is free of racism; this would be a society where they are free to self-express and occupy any space without the fear of being discriminated against because of the colour of their skin.

ACCY shared that it is beneficial for them to have access to Black mental health workers. They reported that receiving mental health support from a representative of their race and culture provides them with a safe space to express themselves and reflect positively on their mental health and well-being. Youth participant Solani shared her experience with a racialized mental health worker:

> It's just been helpful having someone to talk to, to actually have somebody there to listen to my problems, my side, my point of view and try their best to comfort me in that time. That's the best thing about it.

Spencer felt similarly and shared her experience:

> I'm lucky that I had got in contact with Black counsellors and basically Black people who I could talk to. I was very fortunate for that, especially since I live in Southern Ontario urban area. I know other people who aren't as fortunate as me, but I got lucky. I'm just hoping that more people get to have the good experiences that I had.

Jade's response was a further illustration of this point:

> [I feel like] if there were more Black counsellors, I'd feel more connected and they'd understand certain things because maybe they experienced the same thing, so they'd know how it feels. They'd be able to connect with your emotions.

The male youth participants expressed similar sentiments, as Russell recounts:

> I feel more comfortable speaking to my own race about certain things than with the opposite race. Because even though not every white person is racist, there still could be something instilled in their head that "you're Black." I'm pretty sure they still have that thing in their head that "you're Black and I'm white."

Ron echoed this, saying, "I felt safe. I felt that I could talk to my counsellor more about anything." Andy shared a similar sentiment: "Yeah. They accept everyone … just the Black woman I'm working with, I feel a bit more comfortable because she understands me and stuff like that."

I wished to find out why ACCY use spiritual and religious support, despite the stigma of mental illness in the church. Thus, one of the criteria for participation is ACCY must use spiritual and religious support. Consistent responses by ACCY were that, in the absence of supportive mental health services for them, they sought spiritual and religious support. Ron shared that he feels supported by members of his church, who he considers to be just like family.

He found this support to be meaningful because church members shared the same or similar problems and experiences: “Everyone in my church, we’re kind of like family. So, if I’m having a problem someone will just come and try and help me through it because they’ve probably been through it before.” Youth participant Andy also pointed out that support from his church has not only provided him with a community but validates his feelings:

> It does help me find myself in a community with good and safe people and just helps me figure out who I can be and what I can be … it makes me feel like I have a safe space to go to and just trust people and then have people hear me out and stuff like that, yeah.

The faith-based leaders also reported that religious supports allowed ACCY to find a home where they can discuss what happened in their lives. The role of religious supports was addressed by Ann:

> I think that it encourages them. I think it is the hope. I think it normalizes their experiences. I think it gives them a sense a community. It gives them a sense of home. You can see home as somewhere you are comfortable. Somewhere you are accepted. Somewhere you can be yourself. So, when you get that peace, this is what it provides for them.

ACCY used religious activities, including prayer and scriptures, to cope and find answers to the issues that impact their lives. For example, Jade said, “I prayed for things to change and to better myself.” Ron believed that “prayer relieves everything, making it feel like it’s in His hands and He will help me through everything.” And Andy felt that “you can just sit there, pray and just have it as a meditation type thing or just keep it peaceful with yourself and just to clear thoughts and take the time to relax your mind and mental state.” In addition to prayer, scriptures from the

Bible help ACCY to never give up when life gets hard and help them understand who they are as human beings. Ron found it reassuring "how certain people in the Bible wouldn't give up per se. They pursue whatever they're doing and strive for greatness."

Although the ACCY reported being validated accessing spiritual and religious support, faith-based leader Maria shared that they are also invalidated when they are provided with the solution to just pray about their mental health struggles without additional mental health support. Maria reported:

> At times that is not what the youth are asking for. They're just asking for a listening ear. They're asking for resources to deal with what they're going through. Just for someone to be able to listen to them and to be able to empathize with them. To validate what they are experiencing and also give them that support instead of just saying well go pray about it.

The participants' accounts revealed the existence of systemic ABR in the mental health system similar to experiences within education and criminal justice. As the findings above demonstrate, the three areas of systemic ABR intersect in the ACCY's mental health experiences. ACCY's narratives showed that addressing racism would lead to more validation and positive outcomes in their mental health experiences. Countering systemic ABR in the mental health system, in particular, calls for the provision of services that are safe, culturally specific, and racially affirming to ACCY youth as they experienced a specific type of racism, colourism, that shapes their mental health and well-being.

The Impact of Colourism and Racism on the Mental Health and Well-Being of ACCY

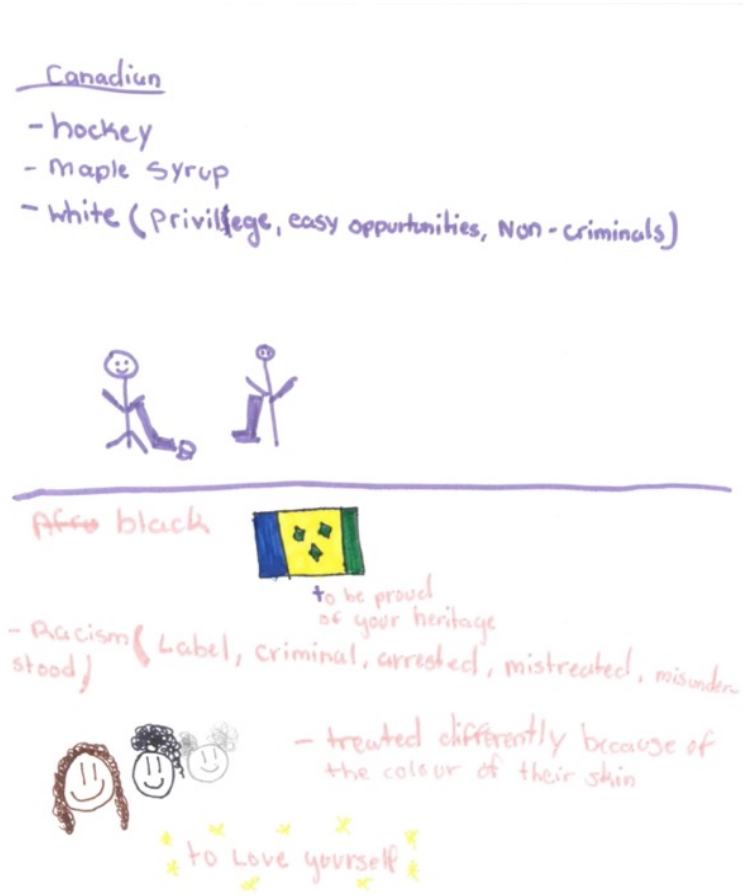
The theme of the impact of colourism and racism on the mental health and well-being of ACCY emerged strongly in the art-based activity data, in particular, from the youth participants'

identity maps. Three important themes emerged from the art-based activity: (a) systemic racism; (b) colourism; and, (c) racial pride. Gender differences were found in the ACCY's identity maps on how they experienced racism. These will be discussed here by incorporating some of the identity maps into interview results.

ACCY expressed that they experience race-based discrimination and a sense of devaluation in Canadian society based on the colour of their skin. Colourism is a particular type of racism they reported experiencing both inside (Espino & Franz 2002) and outside of their racial group (Crutchfield et al., 2020; Dupree-Wilson, 2021; Hunter, 2005, 2007). Jade explained that skin colour resulted in differential treatment: "sometimes light skins are being treated better than dark skins." Jade's identity map (Figure 2) captured this well by portraying Black females of different shades.

Figure 2:

Identity Map by Youth Participant Jade



Spencer reflected on her lighter skin tone, saying, "well I can acknowledge obviously that I'm very privileged to have a paler skin tone because of colourism and stuff and all this stuff going on in society." Andy, who has a darker skin tone, shared how he is impacted by colourism: "When people actually point out your skin colour and stuff like that, it makes you feel different from them. It's like, 'I'm no different because we're all the same.'"

Colourism also shows up as a form of systemic racism that ACCY experience within institutions and in society. It impacts the way ACCY are treated and how they view themselves. Andy shared the following experience:

> Because of the skin colour and just how people would view other people of a skin tone, sometimes you feel like you're being watched. People might be thinking you're trying to steal something because I have been at a store once with my friend who's from the Caribbean and they're darker than me and they kind of kept their eyes on us. The store clerk had one of their employees move around and keep their eyes on us while we were buying something. So yeah, it just feels like you're being watched. Sometimes you go in a store then you feel like you're watched but sometimes you don't really feel watched.

Faith-based leader Ann also spoke about the impacts of colourism on the lives of ACCY:

> They are treated unfairly because of the colour of their skin first and foremost. I do feel at times that societies just in general are intimidated by Black youth, Black men and women, and they fear Black men and women, youth and adults. If you are intimidated by and fear them, you are not going to treat them equally … you are trying to keep the youth down. Black youth are disadvantaged from the get-go. Unless they have the backing, they will continue to struggle.

One may suspect such impacts of colourism also invalidate ACCY. Another faith-based leader Maria added an interesting point that colourism is also connected to where a person lives:

> [ACCY] always felt that they have to work harder than anyone else as privileges are not given to them. They always have to prove who they are. They've experiences where they

> do not have the network that others would have. Once you are from a certain address you are automatically labelled.

In other words, colourism applies not only to an individual but also to space. ACCY also shared that society does not value them based on their racial identity and the struggles they have with their Canadian identity. Ron stated that "freedom is literally what Canada is about, being able to think freely, do whatever you need to do to succeed." However, according to other ACCY, the identity "Canadian" is synonymous with whiteness. This is expressed in their identity maps. Spencer stated that "I put what it means to be Canadian, which is like playing hockey, maple syrup and being white, like white privileges, easy opportunities, being seeing as non-criminals when they've done something wrong." And Russell shared a belief that there is "'easy employment' because once you're Canadian, white Canadian especially, they'll feel like you're more family to them than Black people." Ron, Spencer and Andy suggest that freedom does not come easily for ACCY. No validation and no freedom cost their mental health.

Speaking about her son being Black, Tina also expressed her concerns for the lack of freedom ACCY are afforded: "As a Black youth he's going to get challenges outside of my home. So, he's going to look different from the others, they're going to see him because the way he dresses, they're going to think negative of him." The racial discrimination and a lack of freedom of ACCY's experience in society led Marshall, mental health worker, to make this conclusion:

> The majority of [ACCY] fear being Black because of what is happening in the world today. They are very cautious when they are walking the street. They are struggling. A lot of them want to be educated on their race when they are stopped by the police. They are

aware that they don't have the white privilege. They have to work twice as hard to get somewhere in life. They see themselves at a disadvantage.

Ron's identity maps (Figures 3, 4) captured a divided society and represent what it means to be Black and Canadian: freedom is for non-Black Canadians.

Figure 3

Identity Map A by Youth Participant Ron

Figure 4

Identity Map B by Youth Participant Ron

Referring to his identity maps, Ron shared that Blackness means that "you're separated from society." Youth participant Jade also reflected on what it means to be Black within the Canadian context:

> [It] comes with racism and people labelling you as a bad person, being arrested but officers being more rough on you because you are Black, being misunderstood, and also Black people are treated differently because of their skin colour and they're treated more harsh, like animals.

Similar to Ron, Andy felt invalidated and a lack of freedom:

> As Canadian, you kind of feel privileged and you have your freedom. And then as Afro-Caribbean, sometimes you feel like you're being watched most of the time and then you feel like people choose others over you based on your skin tone.

ACCY in this study agreed their experience of racism invalidated them, gave a limited sense of freedom, and has affected their mental health. Jade reported that being Black has had a negative impact on her mental health as it can trigger a sense of invalidation and insecurity: "It affects me because I'd have to overthink things and constantly question myself, asking, 'Oh, am I doing this right?' or 'How is this person going to react if I do this?'" Interrogating herself also prompted Jade to ask, "Do I look presentable? Do I look normal?" For Russell, being Black has affected his mental health in many places, including school and society. Russell shared his experience:

> It impacts my mental health because it makes not only me but other Black males afraid to leave their house, afraid to go in certain places where they know they're outnumbered by white people. Even myself, I feel uncomfortable going to places that I know are going to be outnumbered with white people and it's mostly offices and places of education that you're outnumbered and there's more white people there.

Jade added, "When you're Black, they mistreat you, they always jump to conclusions, they always think you're up to no good when you're really not." Despite these challenges ACCY explained how they thrive within the racist society. Andy described how he deals with these situations:

> If I'm wearing a jacket, I kind of just unzip it and have my space between the shelves so they don't have to assume that I'm stealing something or kick me out of the store for no reason. I just pick up my stuff, keep it in my hand. I don't really do a lot of movement. I just pick up my stuff and go to the counter.

Jade shared her own strategies:

> Well, for example what I've learned how you should move around certain people, for example officers when being pulled over, not to make quick movement, to let them know

> every sudden movement you make and not to react with such aggression because then they'll think you're a bad person when in reality you're just reacting out of anger.

Jade believes that it is important to provide Black youth with race socialization messages so those "that haven't experienced [racism] yet have an idea of what could happen and how they can prepare themselves for that situation." Mental health worker, Marshall, elaborated on the need for ACCY to educate themselves against racism:

> A lot of [ACCY] want to be educated on their race when they are stopped by the police.… We always tell our Black youth when they are walking on the street and the police stop you the first thing you is show your hands, so that they are aware that you're not armed. It's policing.

Despite ACCY's experiences with systemic ABR, they reported that being Black has been a positive mental health experience at home. Spencer excitedly stated that "my mom wouldn't say, 'I'm going to kick you out because you're Black." The positive experience of Blackness at home also translates into racial pride for ACCY that helps to uphold their mental health. Although Solani expressed that her mental health was impacted because her mother tried to kick her out of her home, it was not because of her race, but rather it was a result of her mother's lack of understanding of Solani's mental health.

Racial Pride on the Mental Health and Well-Being of ACCY

The ACCY revealed that, despite their ABR struggles in society, they embrace their Blackness and take pride in who they are. They see Black pride as an essential aspect of their mental health and well-being. Black pride allows ACCY to validate their identity in spite of it being invalidated by others outside of the Black community. For example, youth participant

Spencer shared that "with being Black and stuff, I think the thing I wrote down that stands out the most would be Black pride and stuff." For Ron, excelling academically is intertwined with Black pride, and he draws inspiration from Black culture: "Some of the smartest people I've learned about are African American or African Canadian. So yeah, they strive for excellence." Jade takes pride in being Black and shared, "I want society to know that being Black is beautiful. Being Black is nothing bad. Being Black is unique, very unique and [you should] always express your melanin." She went on to say that "I see my skin colour as beautiful.… I see it as beautiful. I love my skin tone. I love it."

According to ACCY, being Black goes beyond a person's pigmentation. As Spencer succinctly put it, "but being Black isn't all about skin tone." Ron added, "it's about being a human being and to be treated as one." Using his identity map, Ron asserted that being Black is also about having equal rights, but he acknowledged that systemic ABR limits Black peoples' rights. Ron emphasized the importance of freedom that, as a Black youth, he wants to "be able to have the rights that any other person should have and to be able to go about their day without being stopped for anything they didn't do."

The Black Lives Matter (BLM) movement has had a profound impact on raising race consciousness among ACCY, with Jade sharing that "the impact that [the BLM movement] had on me was it really opened my eyes more to being who I am and with my skin tone. It really opened my eyes more to how people treat people of colour." Solani expressed that "I don't want there to be a divide between what colour your skin is. I think it's absolutely ridiculous that there is, but unfortunately, I alone can't change that." She reported that there is a lack of solidarity among white people when it comes to addressing systemic racism, saying "the oppression that

we deal with, the systematic racism that comes with it, that's what they don't want to deal with. That's what they would rather stay away from."

In Ron's identity map (refer to Figure 4), he drew the Black Lives Matter flag as a symbol of racial pride and said, "Black lives matter but not just Black lives, all lives should matter. But in this case Black lives aren't being treated very well." ACCY's responses demonstrate that when Black youth are treated unfairly, they go through a process of self-scrutiny to understand their worth. Russell shared, "I did a lot of soul searching and I know deep down that I'm not a bad kid because I don't have a bad heart. My heart is clean." The Black Lives Matter movement helped ACCY. Andy expressed that: "Yeah, I'm perfectly happy for who I am and where I am and how I look and stuff like that." Solani shared that, in her earlier years, she wanted to be light skinned. She revealed that she is now at a stage in her life where she embraces the colour of her skin:

> It has a positive impact because I take it with pride. I'm happy of who I am. I'm proud to be Black, not interested to be anything else … I'm happy with who I am. It does have a good image on me because, I don't know, I'm just not negative. I don't feel negative about being Black. It just feels good.

From the ACCY's perspectives, they view being Black not as something to be feared but something to be embraced and celebrated with pride. Black youth embracing being Black is one of many ways in which they feel validated, and something they can use to counter the negative constructions of Blackness that they experience in the world. The ACCY drew inspiration from the Black Lives Matter movement as it not only increased their consciousness on race and racism but validated them and helped balance their mental health and well-being.

Conclusion

This chapter presented the findings from the data collected from interviews and the art-based activity. Responses to the sub-research questions helped answered the main research question. I will summarize responses to each sub-research question and then my response to the major research question.

The first sub-question was *"How do ACCY understand the concepts of mental illness, well-being, wellness, and mental health?"* ACCY's understanding of these concepts points to a person's emotional state and not their behaviours. They understood mental illness as a diagnosed disorder and used biomedical terminologies such as anxiety and depression to define mental illness. According to the ACCY well-being/wellness is a state of being understood, whereas mental health is understood as a state of functioning that considers a person's feelings and emotions.

The study provided significant findings for the second sub-research question, *"How do these understandings shape ACCY's experiences of utilizing mental health services?"* ACCY prefer to utilize mental health services from someone of the same race and culture as they are heard, valued, and validated because their conceptualizations of mental illness, mental health and well-being/wellness as related to a person's emotional state.

Significant understanding also emerged in response to the third question, *"How do ACCY understand/perceive their parents' or guardians' understanding of mental illness and how does this understanding influence the utilization of services?"* The youth considered their parents' and elders' understanding of mental illness to be stigmatizing. However, this understanding did not influence the youth's utilization of mental health services.

These responses to the sub-research questions helped to address the main research question, *"What are the mental health experiences of ACCY and how do these experiences shape their utilization of mental health services?"* One of the significant findings from this study is that ACCY understood their mental health experiences as the invalidation of their knowledge, feelings, emotions, experiences, and identity as Black youth. These understandings are based on what the youth have experienced firsthand. Unlike the youth, the study found that most adult participants reported that the mental health experiences of ACCY are misunderstood as problematic behaviours that are punished and criminalized rather than as mental health struggles. However, the adults' understanding is based on how they have observed the phenomena.

The study indicates that invalidation and misunderstanding of the mental health experiences of ACCY happened as a result of systemic ABR that exists within dominant institutions that include education, criminal justice, and mental health. Systemic ABR, including colourism, limited ACCY's freedom, made them feel unsafe, and resulted in them being denied opportunities—all of which negatively affected their mental health and well-being. The youth did experience invalidation in their homes, in their communities, and at church; however, in these settings, the invalidation stemmed not from race but instead from a lack of understanding about mental health in the Black community. One conclusion that emerged from the data is that we need to take the time to understand what ACCY are experiencing to avoid perpetuating systemic ABR and to respond appropriately to their needs.

Chapter 6: Discussion

In this chapter I discuss the main findings of the study using IPA and the theoretical frameworks of post-colonial theory and CRT, and the concept of ABR. I began this study to gain a better understanding of the mental health experiences of ACCY utilizing mental health services in Southern Ontario urban areas. I begin this chapter with a discussion of the main findings of the study in relation to my overarching research question and sub-questions, which I have organized under the following three categories: (a) towards an understanding of the mental health experiences of ACCY; (b) restructuring systems of power and influence in dominant institutions (notably in systems of mental health, education, and criminal justice); and (c) the ways that ACCY are moving away from double consciousness to affirming racial pride.

Towards an Understanding of the Mental Health Experiences of ACCY

In this study, the understandings from the perspectives of ACCY revealed that their mental health experiences were an invalidation of their knowledge, feelings, emotions, and identity as Black youth; in short, they felt that they were not taken seriously. These youth viewed mental health as a state of functioning that is linked to a person's emotions and feelings and defined well-being as a state of being understood. However, ACCY's experiences were counter to what they considered mental health and well-being.

Research conducted on Black youth and mental health within the Canadian context found that they experience systemic ABR within the mental health system (Fante-Coleman et al., 2022; Salami et al., 2021), in the education system (Chadha et al., 2020; C. E. James & Turner, 2017; A. E. Lopez & Jean-Marie, 2021; Turner, 2019), and in the criminal justice systems (Owusu-Bempah & Jeffers, 2021). This study supports these recent studies and contributes to the

knowledge on Black youth and mental health. From ACCY's perspective, the invalidation of their knowledge, feelings, and emotions, and of who they are within these key institutions (the education, mental health and the criminal justice system) and within their home environments negatively impacted their mental health and well-being.

ACCY conceptualized ABR as a form of systemic discrimination that both blocks opportunities for Black youth to enjoy good mental health and well-being and prevents them from accessing culturally relevant and race-affirming mental health services. The ACCY participants in this study are from different Afro-Caribbean cultures, and some are multi-ethnic. They emphasized race and the experiences of systemic ABR—as opposed to culture or ethnicity—that have led to their invalidation within dominant institutions. This emphasis became clearer when ACCY shared their understanding of how they have been invalidated (which included both the lack of opportunity they are given to explain themselves within these key institutions and their experiences of the systemic ABR within them). Therefore, I argue that the experiences of ABR within these institutions create an unsafe environment for ACCY to enjoy good mental health and well-being.

Unlike in dominant institutions, ACCY are not invalidated in their homes because of their race; instead, they suffer because of their parents' lack of understanding of their mental health experiences and what constitutes mental health. ACCY observed that parents considered mental illness stigmatizing. As a result, ACCY's parents missed opportunities to recognize the presentation of mental health concerns in their children. This is evident from the personal accounts of Solani and Russell, whose parents sought support from the police instead of reaching out for mental health supports.

From the perspective of the adults, the ACCY's mental health experiences were labelled as behavioural problems. Because their experiences were inaccurately assessed, opportunities to address the root causes of their struggles (such as systemic discrimination and ABR) were completely missed. The findings from this study are corroborated by existing studies (e.g., Mallett, 2016; McLaughlin et al., 2007; Opara et al., 2020; Ribeiro Brown et al., 2022) that report young Black bodies are not considered as having mental health struggles, but rather as exhibiting behavioural issues. Moreover, as discussed in my literature review (Chapter 2), ample research has demonstrated that the mental health of racialized and ethnic minority youth is shaped by experiences of discrimination, including microaggressions (Hope et al., 2017; Peel Anti-Black Racism Project, 2023; Seaton et al., 2008). This study with ACCY supports these existing studies and further clarifies the experiences of Black youth. The findings indicate that the dominant institutions' biased views of ACCY and the mainstream understanding of mental health, which does not take the struggles with racial oppression and discrimination into consideration, are dramatically affecting the mental health of ACCY. Yet, the study showed that dominant institutions failed to acknowledge this. This failure of the dominant institutions needs further investigation.

Invalidation and misunderstandings of the mental health experiences of ACCY at the systemic level can be interpreted as colonial tools to otherize, oppress, racialize, misrepresent, and deny Black youth their inherent worth and dignity. Unfortunately, ACCY being invalidated serves as a tool to deny them the opportunity to be understood, accepted, and validated for their knowledge and experiences. Similar ideological mechanisms were used during the institution of slavery to perpetuate the oppression of Black people and pathologize their behaviours rather than

the systems and structures that maintained racial inequalities (Torkington, 1991). Thus, I argue that misunderstanding is also a colonial apparatus that is used to pathologize the behaviours of groups that are racialized and othered, which further subjects them to colonial violence within key institutions. Following this idea, invalidation and misunderstandings of ACCY's mental health experiences can be seen as the hegemony of colonialism reinventing through interactions within dominant institutions, dominant language, and discourse.

Based on the study's findings, these colonial tools support a biased view of ACCY's mental health and place their mental health on the periphery within dominant institutions. To disrupt colonial influences in Black youth mental health in general, an investigation of ABR would be ideal as it could look at relationships and interactions at the systemic level as opposed to exploring the behaviours of ACCY as a site of intervention. It could also lead to the development of informed practices to address ABR. Therefore, addressing colonial influences and systemic ABR is a necessary undertaking to centre the mental health experiences of ACCY. This calls for a restructuring of power and influence within dominant systems to better understand and respond to ACCY's mental health needs within the socio-political, racial, cultural, and economic contexts in which they live.

Restructuring Systems of Power and Influence in Dominant Institutions

An investigation of the lived mental health experiences of ACCY showed that power occurring in ACCY's interaction with dominant institutions was intersecting and relational and created various points of oppression. Choo and Ferree (2010) encouraged an examination of these processes, and I applied the understanding of intersectional processes to restructure the current systems of power and influence in the dominant institutions.

Restructuring the Mental Health System

The study revealed the existence of systemic ABR in the mental health system and that this system lags in implementing meaningful practice in examining ABR in the mental health care of Black youth. Youth participants' experiences revealed that systemic ABR in Black youth mental health encompasses poor representation of Black mental health workers and race-affirming services. Similar insight was shared by the mental health worker participants, who also identified limited funding for Black youth mental health as a form of systemic ABR. These gaps identified are congruent with studies conducted in Ontario and Alberta that call attention to ongoing systemic barriers in Black youth mental health (Fante-Coleman et al., 2022; Salami et al., 2021). Participants also considered the current mental health system to be still Eurocentric; since available mental health services are not meeting ACCY's specific needs, they need restructuring. Existing studies support the finding that there is "no mental health service designed specifically and exclusively for Black youth" (Fante-Coleman et al., 2022, p. 61). Drawing from CRT's tenet of interest convergence (Delgado & Stefancic, 2023), I argue that restructuring the current mental health system calls for an equitable approach to represent the interests, concerns, and ways of being and knowing of Black youth.

Critical race scholars' analysis of race and racism shows that ABR is embedded in institutional policies and practices (Delgado & Stefancic, 2023). These policies and practices maintain racial injustices and the continuous marginalization of Black communities (Fante-Coleman et al., 2022; Salami et al., 2021). Three of the six ACCY participants—one female and two males—were court-mandated to access mental health services revealing a prison-to-mental-health pipeline. This finding is supported by other studies (Edbrooke-Childs & Patalay, 2019;

MacDonald et al., 2018). These intersecting power structures are harmful to ACCY because, as dominant institutions, they identify these youth as the problem not the solution.

As mental health worker Cheeks pointed out, “Nobody is looking at the underlying issue, what is actually happening for these youth, who really seem to have some really huge struggles.” Cheeks further revealed that ACCY are stigmatized: “I think stigmatizing them and stigmatizing their mental health and putting them in a box like [your behaviour] is a problem because you are a problem” have not been helpful in the delivery of mental health services. Also being court-mandated into mental health programs has resulted in ACCY’s behaviour becoming the object of analysis, thus shifting focus away from examining the effects of systemic ABR on their mental health and well-being. A lack of attention given to these issues within the mental health system can further stigmatize Black youth and invalidate their mental health experiences. For this reason, it is imperative that “mental health systems should confront racism and engage the historical and contemporary racial contexts within which black people experience mental health problems” (Alang, 2019, p. 346).

Restructuring the mental health system must be done with the inclusion of a Black youth mental health perspective. More research with ACCY and their families is needed to understand the kind of system they want. Also, research on the factors that are impeding the restructuring of the system is a necessary step to meet the needs of ACCY and their families. My ontological and epistemological position is that there are multiple realities and systems of knowing and ACCY are legitimate knowledge producers. In this study, my position was validated by the youth’s perspectives on their mental health experiences. One of the perspectives the youth shared was related to their use of mental health services. ACCY’s conceptualization of their mental health

and well-being showed that they were more willing to access services from places and people where they felt understood, heard, valued, validated, prioritized, and treated as the solution. They benefited from accessing mental health services from a representative from their race and culture, as they had to explain less about the effects of the racism that they experience to someone who has similar lived experiences. According to Spencer, an 18-year-old female participant:

> It's so different talking to a white person versus talking to a Black person. Not to sound stereotype-y or anything but sometimes when you talk to someone, and you know that they don't get it. I don't know. It's just so much easier, especially when you have something in common [with the Black worker], something [race] so clearly obvious in common. It's so much easier. Even if you're kind of awkward, you have something to talk about or the two of you have an understanding. They just know how to deal with me. I'm not a problem, I'm a person—but they just know. They know how it feels basically.

ACCY's consciousness of racial bias and how whiteness infiltrates their relationship with non-Black workers shape their service preference. Russell, a 17-year-old male participant expressed that, despite the effort by a white mental health worker to be non-racist in the helping relationship, due to stereotypical views of Black people she may subconsciously habour racist views. Hence, a colorblind approach in the provision of mental health services may be harmful to Black youth and further perpetuate psychological issues. Fante-Coleman et al. (2022) argue that it is "increasingly important for organizations to hire and retain Black employees" (p. 58) to promote the mental health and well-being of Black youth. A shortage of Black mental health professionals can be classified as a disservice to ACCY who may feel more connected to Black

service providers who understand them. Without adequate mental health services, ACCY in this study utilized spiritual and religious support. Their access to religious support connected them with others who had undergone similar racial injustices as themselves. Although the church can help ACCY address issues of race and mental health, religious support can also be a site where mental health remains a taboo, and is silenced, and where the cultural stigmas of mental health are upheld (Lehmann et al., 2022).

In this study, spiritual and religious support served as a safe haven for ACCY to attend to their mental health and well-being. Spiritually, the youth used religious activities such as praying, attending church, reading the bible, and meditating to connect to a higher power for answers to their problems and to hope for change. Spiritual and religious support helped Black youth to become resilient in the midst of adversities and are accessed when mainstream mental health services are not readily available or fail to meet their specific needs (Fante-Coleman et al., 2022). ACCY expressed that the church was a place where they could enjoy a sense of belonging and community. It allowed them to express themselves without the fear of being judged based on their race. Several research studies have linked positive youth psychological development to religious involvement (Butler-Barnes et al., 2017; Fante-Coleman et al., 2022; Parker et al., 2023; T. Rose et al., 2014, 2020). Since ACCY and their parents found spiritual and religious support to be useful, integrating these into their mental health care is of utmost importance. However, faith-based leader, Ann pointed out that there is not yet an established pathway for mainstream mental health agencies to refer Black youth to religious support for their mental health needs. Bridging this gap in Black youth mental health is necessary to address their mental health holistically.

Overall, there is much work to be done in the mental health system to address systemic ABR, and its consequences, in order to prioritize the mental health experiences of ACCY. This work cannot be done without also addressing the occurrences of systemic ABR within the education system and how its practices channel ACCY into the mental health system.

Restructuring the Educational System

As reported by the ACCY, school is a site where their mental health experiences are invalidated and treated as behaviours. Youth participants, Jade, Andy, and Russell, raised awareness that their experiences of systemic ABR in school policies and practices have contributed to their invalidation and exposure to differential treatment. ACCY's accounts revealed that their interactions with teachers who do not understand them can result in the use of strict disciplinary measures against them. Jade, a female youth participant was suspended 11 times throughout her schooling experience and placed in the applied stream program. Russell, a male youth participant, was expelled from mainstream school based on behaviour and with no attention to his real mental health concerns. These findings are consistent with existing studies that have examined disparities in the schooling experiences of Black and racialized youth (Hope et al., 2017; Pesta, 2018; Welch, 2018; Welch & Payne, 2010; Wun, 2016). Within the education system, "school professionals often perceive Black boys' expressions of stress, anxiety, and depression as irredeemable behavior" (Ribeiro Brown et al., 2022, p.11). Likewise, depression in Black girls is perceived as a disruptive behavioural challenge (National Black Women's Justice Institute, 2021).

These misunderstandings of ACCY's mental health as behaviours are vastly different from what they consider their mental health experiences to be. What they experienced as mental

health problems were ignored and denied as relevant knowledge to inform appropriate responses to meet their mental health needs; thus, institutional responses were based on an inaccurate assessment that targeted these youth's behaviours. Maria, a faith-based leader participant, observed that Black youth are kicked out of school and sent to behavioural classrooms instead of teachers taking the time to understand their reactions to oppression. ACCY's schooling experiences are supported by studies that found that schools are more likely to use punitive disciplinary practices on Black youth (Chadha et al., 2020; C. B. Fisher et al., 2000; C. E. James & Turner, 2017; Rosenbloom & Way, 2004; Wong et al., 2003) which can indicate that Blackness is to be feared (Mullings et al., 2016). As Maynard (2022) puts it:

> For many Black students, though, schools are places where they experience degradation, harm, and psychological violence. Even as education environments continue to underserve many communities from different backgrounds, there are unique dimensions to the experiences of Black youth, who experience schools as carceral places characterized by neglect, heightened surveillance, and arbitrary and often extreme punishment for any perceived disobedience. (p. 1)

The level of marginalization Black children and youth encounter within the education system can result in psychological injuries (Henry, 2019). ACCY reported that teachers' perceptions, attitudes, and treatment toward them and their presenting behaviours can be harmful. Teachers should avoid stereotyping the behaviours of Black youth by refraining from prejudging what their natural state of being is in response to their reaction to stimuli in their environment (Garang, 2022) including systemic ABR. Borrowing from Garang (2022), I argue for a shift in the focus of professional assessment away from 'behaviour-in-discourse,' which is

representation/labelling of behaviour documented by professionals in case notes and reports, to 'behaviour-in-time,' that is considered to be observable behaviours in the moment of the helping relationship. This shift serves as an effective way to better understand ACCY's behaviour and for professionals to be critically aware of how their actions can be oppressive.

This study reported that teachers often fail to intervene in race-related incidents and are more likely to perpetuate racism against Black youth as evident in Jade's interaction with a teacher that 'othered' and invalidated her. Turner (2019) posits that the inability of teachers to intervene when racism is directed at Black students contributes to schools being unsafe. Gateri and Richards (2021) viewed this behaviour by teachers as a means of turning a blind eye to Black youth's lived reality with racism. There is a plethora of research reporting issues of ABR in the education system and how this ongoing systemic problem negatively impacts the academic successes of Black youth (C. E. James & Turner, 2015, 2017; Turner, 2019; Wittrup et al., 2019). McPherson (2022) argues that racist attitudes and beliefs about Black students have resulted in teachers having lower expectation of Black girls. Significant research suggests that there is a negative association between school-based discrimination and the academic outcomes of Black youth (C. E. James & Turner, 2015, 2017; Wittrup et al., 2019). Russell who was streamed in school and later expelled had to complete his high school education at an alternative school and felt that his academic trajectory was derailed.

The findings show that Black youth are more likely to be streamed into lower academic programs. Four of the six ACCY in this study (two females and two males) were streamed in an applied program. To stream Black youth into the applied level is to subject them to the role of an underachiever (A. E. Lopez & Jean-Marie, 2021). As Jade stated, the school does not associate

Black people with intelligence. When Black youth are placed in lower academic programs and behavioural classroom, the system works to keep them in an inferior position (C. E. James & Turner, 2015, 2017). The streaming of Black youth in applied programs can be historically linked to race science and pseudoscientific characterizations of Black people as biologically and intellectually inferior to their white counterparts (Heaton, 2013). Historically, Black children were excluded and segregated from colonial spaces, including Canada's education system where they faced several safety concerns (Henry, 2019; Turner, 2019).

In this study, ACCY also reveal how psychologically and emotionally unsafe the schooling environment can be for Black students. They do not feel a sense of belonging and security within the school environment. Feelings of abandonment and the lack of representation of Black role models within the education system contribute both to the alienation and isolation Black youth experience and to poor academic outcomes (Briggs, 2018). Maria, a faith-based leader, observed that school dropout is one of the consequences when Black youth are not supported in the classroom. To better support Black youth, Tina, a parent participant, advocated for Black history to be taught in school. Teaching Black students about their history can help them feel more connected in school and to build racial pride (Barlow & Edwards, 2021). Maria reported that teaching Black history in school should not be dedicated to a single month since being Black is permanent. However, the education system does very little to enhance the development of a positive racial identity for Black youth (Henry, 2019).

Traditionally, the school is identified as engaging in a dual pipeline for marginalized youth: the school-to-prison pipeline and school-to-mental-health-system pipeline. I further argue that, when they fail to prepare Black youth for success in the labour market, school policies and

practices also intersect with the employment system to create a triple pipeline. The experiences of Black youth in the classroom affect their transition from school into the workforce (Briggs, 2018). To add "dominant social discourses and stereotypes construct young Black males as lazy, irresponsible, unintelligent, unmotivated, and undesirable employees" (Briggs, 2021, p.176). These preconceived notions about Black males can limit employment opportunities (Briggs, 2021), an issue that Russell and Andy recognized as preventing them from finding employment.

Restructuring of power and influence within the education system must start with the validation of Black youth and their experiences, and an acknowledgment that Canada's education system has yet to fully integrate its multicultural policies and adopt an ABR framework to address the unique experiences of Black youth. Restructuring of power and influence must also take into consideration how the school acts as a dual or triple pipeline in the lives of Black youth.

Restructuring the Criminal Justice System

The pathologization of ACCY's behaviours is not limited to the mental health and education systems; this issue also occurs within the criminal justice system. Three of the six ACCY participants (two males and one female) were mandated by the youth justice system to access mental health services for behavioural issues, which further perpetuated a biased view of ACCY and their mental health. The findings of this study revealed that ACCY experienced systemic ABR in the form of racial profiling, the criminalization of Black bodies, and the use of excessive force by police officers. These actions are synonymous with the notion that Black people are to be feared (Mullings et al., 2016), and have contributed to the over-policing of Black people and their communities (Owusu-Bempah & Jeffers, 2021). According to the adult

participants, systemic ABR within the criminal justice system has also resulted in Black youth being over-policed and criminalized at a disproportionally higher rate than their white counterparts. They are given longer sentences and are not offered the same level of police protection as their white counterparts. These findings are consistent with a recent Canadian report on ABR within the criminal justice system (Owusu-Bempah & Jeffers, 2021).

In this study, ACCY males Russell and Andy and female Jade openly shared their experience of being arrested. Russell reported multiple arrests and was incarcerated for three months at the age of fifteen. Apart from being arrested, Russell as well as Andy were also racially profiled on several occasions. This is a common experience among Black males as they are stereotyped to fit the profile of criminal suspects and are portrayed as lawbreakers (Hogarth & Fletcher, 2018). The response of criminal justice toward ACCY can be understood within the parameters of the racialized constructions of Black children (Goff et al., 2014), Black femininity (Long, 2022), and masculinity (hooks, 2004). Goff et al. (2014) asserted that "Black boys are seen as older and less innocent and that they prompt a less essential conception of childhood than do their White same-age peers" (p. 526). The result of this perception is that they are treated as adults from a young age, prompting inappropriate responses to their needs as children. Black femininity is othered whereby, Black females are labelled as angry (Hogarth & Fletcher, 2018), and white women are seen as respectable (Long, 2022). This respectability was not extended to Jade when she was treated aggressively and in an undignified way during her arrest. A similar pattern of discrimination was carried out against Russell.

The otherization of Black bodies within the criminal justice system subjected ACCY, including Jade and Russell, to experience police brutality. For example, during an arrest, Russell

was physically beaten and harmed by white police officers while in handcuffs. Russell's experiences with law enforcement mirror countless stories of unarmed Black males who have been brutalized by police officers (Aymer, 2016). I argue that police brutality is a dire consequence of systemic ABR. It is a form of disciplinary power used by dominant institutions to maintain a racial hierarchy and regulate Black bodies. As depicted in this study, from the experiences of Jade and Russell, police violence continues the inferior vision of ACCY and Black peoples' humanity.

The study revealed that one of the consequences of ACCY experiencing systemic ABR within the criminal justice system is the likelihood of race-based trauma. However, "racial trauma in the lives of Black children and adolescents is rarely, if ever, acknowledged by researchers, scholars, and practitioners" (Jernigan & Daniel, 2011, p.123). Although research has linked raced-based trauma to psychological injury, it is an area in Black people's mental health that continues to be invalidated by the Western biomedical model in the field of psychiatry (C. James & Petersen, 2020). Three of the youth participants—Jade, Andy, and Russell—had contact with law enforcement that harmed their mental health and triggered symptoms of mental illnesses linked to anxiety and post-traumatic stress disorder (PTSD). Their experiences are consistent with extant literature showing a positive correlation between PTSD and police involvement (Abram et al., 2013; Gearhart et al., 2021: Loyd et al., 2019). Russell lives with flashbacks and the fear of being profiled. This fear was also expressed by Andy. Russell and Andy are hypervigilant when they leave their house to avoid coming into contact with the police. Their reactions are not unusual because "for Black males, anticipating and preparing for involuntary police contact, unfortunately, is an inevitable part of life" (Jackson et al., 2020, p. 1).

Likewise, Jade expressed being in a state of shock by how she was handled by the police. ACCY's emotional reactions are not unwarranted: anger, fear, and shock are emotional responses to traumatic events (M. T. Williams et al., 2018).

Systemic reform is needed in the over-policing and criminalization of Black bodies. Making institutional change calls for the criminal justice system to critically examine how its policies and practices perpetuate systemic ABR against Black youth and harm their mental health. This is a necessary step toward making its practice and policies fairer and more equitable to all. An approach like this can also aid in repairing the fractured relationship between the police and Black youth. Geller et al. (2014) viewed positive interaction between police and the Black community as having a good impact on Black youth's mental health and well-being. Therefore, trust building cannot be overlooked in policing the Black community. To build trust and combat systemic ABR, the criminal justice system needs to practice with the lens of an ABR framework to make transparent its activities such as carding, street checks, and racial profiling. This can be done by prioritizing the collection of disaggregated race-based data to address ongoing systemic racism, inequalities, and inequities impacting the lives of Black youth.

The study's findings showed that ACCY experienced similar patterns of discrimination within key dominant institutions that targeted their behaviours. Not only did the experiences of systemic ABR invalidate the mental health experiences of ACCY, but also led to discriminatory practices that precipitated mental health problems. Despite ACCY's encounters with systemic ABR, this study showed that they have demonstrated strong resilience in finding ways to cope with racism within the Canadian context. ACCY are also consciously aware that being Black is plagued by the experiences of systemic ABR regardless of their Canadian identity.

Moving from Double-Consciousness to Affirming Racial Pride

As discussed in the Methodology chapter (Chapter 4), the art-based activity of this study utilized Fine and Sirin's (2007) concept of the hyphenated selves: "the social and developmental psychologies of youths living in bodies infused with global and local conflict, as they strive to make meaning, speak back, incorporate and resist the contradictory messages that swirl through them" (p. 17). Fine and Sirin (2007) ground their analysis of the hyphenated selves by adapting Du Bois's (1903) work on double-consciousness, a lens in which racialized persons view themselves in Eurocentric culture. The youth in this study were not educated about the hyphenated selves at any point in this study. Instead, they were asked to create identity maps of what it means to be Black and Canadian and the impacts their identity have on their mental health and well-being. The art-based activity positioned ACCY as knowledge producers and they used the opportunity given to construct their own narratives and counternarratives about their identity.

An analysis of the identity maps produced by the youth participants revealed the impacts their identity has on their mental health and well-being. The youth experienced being Black and Canadian as two separate and distinct identities. They are cognizant that, in a racially divided society, they are not seen in the same way as white youth. Instead, being Black, they are labelled in stereotypical ways (Dei & James, 1998) that, when internalized, can lead to feelings of rejection, marginalization, and disempowerment (Anucha et al., 2017). Earlier in their lives, ACCY's viewed themselves within the context of the white dominant culture. By doing so, they were more likely to experience what Du Bois (1903) called a "double-consciousness" as they struggled with their Canadian identity, which they conceptualized as being synonymous to

whiteness. Being Canadian is an identity that comes with several privileges; however, these privileges are not equitably distributed along the lines of race. From the youth's perspectives, being Canadian is to experience a lack of freedom due to systemic ABR and discrimination that negatively impact their mental health and well-being. A Canadian identity has neither made them immune from encounters with systemic ABR nor has it sheltered them from negative stereotypes and prejudices. As born Canadians, ACCY deserve to have the same opportunities given to them as white youth.

Colourism is identified by ACCY as a form of systemic ABR. It is also recognized as an area where whiteness impacts their identity and psychological well-being. As Fanon (1952/1967) posited, "a normal Negro child, having grown up within a normal family, will become abnormal on the slightest contact with the white world" (p.143). ACCY acknowledged that colourism has influenced their everyday experience with racism. When it comes to skin colour, the female youth participants shared that people within their racial group whose complexion is closer to the European standard receive preferential treatment compared to those with darker pigmentation. Similar results were reported in studies conducted outside Canada (Crutchfield et al., 2020; Dupree-Wilson, 2021; Hunter, 2005, 2007). Black people with lighter skin are also treated better in the legal, education, and employment systems (Hannon et al., 2013).

CRT provides the space for ACCY's perspectives, voices, and counternarratives to be heard (Ladson-Billings, 2013). This study showed that ACCY are moving from a place of double-consciousness to affirming Black pride. As demonstrated in the identity maps, ACCY are using counterstories to engage in resistance to counteract colonial constructs of what Blackness entails. Solani has evolved from a place of not liking her skin tone to embracing her dark

pigmentation, something that—over time—has allowed her to enjoy better mental health. Similarly, Jade and Spencer have embraced the pride and beauty of being Black and, most importantly, self-love for Blackness. Ron has embraced positive views of Blackness and begun to view Blackness as signifying success and equal rights and Black power as excellent, irrespective of the systemic oppression Black people encounter. Russell expressed his desire for society to shift its assessment of a Black man's worth from looking at the exterior to the interior instead; he believes the heart of a man reveals his worth. These shifting attitudes from study participants show that Black youth want to be seen as human beings and to be treated with respect and dignity. These treatments validate their identity as Black youth and reflect positively on their mental health experiences.

ACCY have been able to take pride in Black culture and their Black identity. Affirming racial pride is one of the ways ACCY are validated. Parent participants play an important role in helping their children develop racial pride through racial-ethnic socialization. This is consistent with American studies that view this socialization strategy as being effective to decolonize racist ideologies against Black people and construct positive messages of Blackness (Harris-Britt et al., 2007; Neblett et al., 2009). Research has linked racial pride to improved academic performance among Black youth (Wittrup et al., 2019), and higher self-esteem (Constantine & Blackmon, 2002; Joseph & Hunter, 2011) resulting in better mental health and well-being. The Black Lives Matter movement's protest after the killing of George Floyd during the height of the COVID-19 pandemic has also helped ACCY to understand the strength and resilience of the Black community and to embrace their Black identity—an identity that they consider to be an intrinsic part of their humanity.

Conclusion

This chapter discussed the study's findings in response to the main research question and sub-questions utilizing related literature, IPA, post-colonial theory, CRT, and the concept of ABR. The themes discussed provide an understanding of the mental health experiences of ACCY and their use of mental health services. Placing the voices of ACCY at the centre of the study was useful for gaining their perspectives. A key finding suggests that systemic ABR within the mental health, education, and criminal justice systems intersects and has led to the mental health experiences of ACCY being invalidated and misunderstood. The findings show that systemic ABR is the root cause of the mental health experiences of ACCY being invalidated. The responses to my research questions not only support existing studies but provide additional knowledge. What is revealed in this study is significant for developing a Black youth mental health perspective within the mainstream mental health system which better responds to their mental health needs. The ACCY's perspectives call for the dismantling of whiteness within dominant systems and the development of informed ABR social work practice. A framework to address ABR can provide the space for ACCY to be heard and their mental health experiences validated and understood. This study demonstrates that, despite ACCY's struggles, they are resilient and use counterstories as acts of resistance to embrace and take pride in their Black identity.

Chapter 7: Implications and Conclusion

This interpretative phenomenological study, which is rooted in a Heideggerian hermeneutic, investigated the lived mental health experiences of Afro-Caribbean Canadian Youth (ACCY) in Southern Ontario urban areas and how these experiences shape their use of mental health services. My main research question asked: *What are the mental health experiences of ACCY and how do these experiences shape their utilization of mental health services?* In addition, the following sub-questions informed this study: (a) *How do ACCY understand the concepts of mental illness, well-being, wellness, and mental health?*; (b) *How do these understandings shape ACCY's experiences of using mental health services?*; and (c) *How do ACCY understand/perceive their parents' or guardians' understanding of mental illness and how does this understanding influence the use of services?*

Four groups of participants were interviewed for this study: (a) six ACCY between the ages of 16 and 18; (b) three faith-based leaders; (c) two mental health workers; and (d) two parents. An essential goal of this study was to understand the mental health experiences of ACCY in an effort to better respond to their mental health needs. This youth-focused study employed two methods of data collection: (a) one-on-one in-depth semi-structured interviews with all participants; and, (b) an optional art-based activity with the youth participants. The data collected from interviews were analyzed using interpretative phenomenological analysis (IPA), whereas those collected from the art-based activity were analyzed using Josselson's hermeneutics of restoration (faith) and the hermeneutics of demystification (suspicion). All data were analyzed within the theoretical lens of Critical Race Theory (CRT), post-colonial theory, and anti-Black racism (ABR) as a concept and a framework. In this study, I rejected the concept

of bracketing and engaged in critical self-reflexivity in an effort to be conscious of my own biases and to maintain authenticity and rigour throughout the research process (K. A. Lopez & Willis, 2004). IPA allows researchers to participate in what is referred to as a *double hermeneutic*—that is, to arrive at the meaning the participant constructed of the phenomena they experienced (Engward & Goldspink, 2020; J. A. Smith et al., 2009; J. A. Smith & Osborn, 2003). A double hermeneutic also provided the analytical space to employ theories to further interpret the meaning and significance of the key findings of the study. In this conclusion chapter, I discuss the study's contributions, implications, and limitations. Recommendations for future research will be addressed followed by a conclusion of this thesis.

Contributions of the Study

The study provides local and relevant knowledge on the mental health experiences of ACCY. The existing literature revealed that the ACCY population is marginalized and underrepresented in research (See Chapter 2). A paucity of research on Black youth and mental health within the Canadian context—in particular, a lack of Black youth mental health perspectives in the mainstream mental health system—calls for a study such as this, which provides an understanding of what constitutes mental health and mental well-being for ACCY and ultimately explores their mental health experiences and service use**.** ACCY's perspectives in this study challenge the dominant institutions to change their policies and practices by centring race and not behaviour in its assessment of Black youth's mental health. The existence of systemic ABR in these institutions is revealed to be the root cause of the negative mental health experiences of ACCY**:** their personal experiences and feelings were invalidated and misunderstood as behaviours. From the accounts of the ACCY, this study shows that they are the

experts in their lives. Their experiences and knowledge are a legitimate means to develop a Black youth mental health perspective and for key institutions to develop appropriate interventions to address their mental health needs.

This study also contributes to the literature on the social construction of childhood to highlight how Black children and youth are constructed differently than their white counterparts. In this study, ACCY are constructed as having behavioural problems and not mental health challenges. They receive differential treatment in key institutions and are continually negatively stereotyped. This differential treatment limits ACCY's freedom and exposes them to poor mental health outcomes. The uncritical construction of ACCY and their mental health views them as *the problem,* shifting focus on the youth and away from deeply rooted systemic issues.

This study also contributes to research on Black youth, mental health, anti-Black racism (ABR), human rights, and social justice, and adds to existing work that explores the mental health and well-being of Black youth and the different societal and system challenges that they face daily. Overall, the study is timely and needed as Black youth continue to experience ongoing systemic ABR, an issue that has been made visible in this study. As long as ABR exists, Black youth will continue to experience systemic discrimination, an issue that results in differential treatment, and access to resources.

Implications of the Study

This study has several areas of response: (a) implications for Black youth mental health; (b) theoretical implications; (c) implications for art-based research with Black youth; and (d) implications for social work education, policy, and practice.

Implications for Black Youth Mental Health

The study reveals the existence of a dual pipeline in Black youth mental health, which consists of a school-to-mental health pipeline and a prison-to-mental health pipeline. The activities of these institutions intersect to create oppressive conditions that negatively impact the mental health and well-being of ACCY. Transformative changes to Black youth's mental health must target these pipelines and the policies and practices that perpetuate them. The major findings from this study reveal that much more work is needed within key institutions to validate and understand the mental health experiences of ACCY if they are to better respond to this population's mental health needs. This work cannot be done without including and valuing the mental health perspectives of Black youth. To reiterate, Black youth's perspectives in mainstream mental health discourses are too often missing. The lack of their perspectives is indicative of their marginality and poor presentation within the mental health system, its practices, and its policies. Overcoming these issues calls for a restructuring of power, resources, and influence in the dominant systems and a closer examination of the intersection of race, systemic ABR, and mental health and how they inform understandings, interventions, and care. This thesis discussed the essentials for such restructuring.

Most importantly, the mental health experiences of ACCY need to be understood by dominant institutions and society at large. As acknowledged by the study participants, the mental health experiences of ACCY are not behaviours, but feelings and emotions. However, the study reports that dominant institutions and parents fail to acknowledge the youth's feelings and emotions. This reality is significant knowledge as it calls to attention how dominant institutions use ACCY's behaviours and race to stereotype them and their mental health. An understanding

of Black youth's mental health experiences is the critical first step toward transforming Canada's Eurocentric mental health system. In addition, this study also reveals that Canada's current mental health system is highly Eurocentric, though there are other systems of knowing. As stated in the discussion chapter (Chapter 6) and pointed out by Fante-Coleman et al. (2022), "There is currently no provincial standard or guideline for providing care to Black youth, nor is there a lead organization that could coordinate care specifically for Black youth" (p. 58). Mainstream mental health needs a system that is not only culturally but racially responsive to the mental health needs of Black youth. The ACCY in this study indicated a strong preference to share their experiences with others who understand them and their experiences. Therefore, the provision of services that are responsive to ABR is ideal, particularly when it comes to helping ACCY process and heal from race-based incidents. It is time that Canada's mental health system seriously considers and integrates a Black youth perspective in its policies and practices as a step towards addressing systemic ABR and its damaging mental health outcomes for Black youth.

Much as in the mental health system, ACCY are not fully supported within the education system—another situation which negatively impacts their mental health and well-being. Black youth need to be educated in an environment where they feel safe and accepted. Therefore, diversifying the workforce and providing continuous training for non-Black staff on race-related issues is necessary to help them become cognizant of the harmful effects of racial discrimination, and to teach and encourage them to intervene in racial matters more effectively. A common consensus among Black youth is that they want teachers to care for and provide them with adequate support when issues of differential treatment are reported (McPherson, 2022). Within the education system, there is a lack of racialized teachers in white spaces and a Eurocentric

curriculum that lacks diversity. The invisibility of Black history is troubling because Black youth's culture and race are not fully represented. Restructuring the education system calls for the decolonization of space that maintains white supremacy. Therefore, the implementation and mobilization of an ABR-sensitive framework to address ongoing systemic oppression is essential. This framework must start with the school providing a racially safe space for Black youth to share their lived experiences with systemic ABR without the fear of being discriminated against. Also, policies and practices must be instituted to make visible the invisibility of Blackness within the school environment. This would require the education system to validate the mental health experiences of ACCY and provide Black youth with the opportunity to speak up without being silenced.

Since ACCY also experience ABR within the criminal justice system, its policies and practices must change. Police encounters with ACCY are traumatizing and can result in racial traumas. The criminal justice system, like the education system and the mental health system, needs radical reformation to include and validate the experiences of Black youth.

Theoretical Implications

The theoretical framework of this study was useful for understanding the complexity of ACCY's lived mental health experiences within the Canadian context. Two theories—post-colonial theory and critical race theory (CRT)—and the concept of ABR were employed in this study.

The use of post-colonial theory was helpful for: (a) understanding the mental health perspectives of ACCY; (b) creating the space for the youth to engage in research; and (c) acknowledging them as legitimate knowledge producers. From a post-colonial lens, the study

highlighted how ACCY are othered in dominant discourses and institutions, as well as the epistemic violence that is conveyed about "being Black" in society to maintain a racial hierarchy. Stereotypical constructions of Black youth create a racial dichotomy whereby they are perceived in stigmatizing ways as compared to their white counterparts. Through a post-colonial lens, the study revealed that colonialism is reinventing itself through apparatuses such as language, and in ACCY's interactions and relationships with those in a position of power within dominant institutions. These changes have caused the marginality of Black youth to continue in colonial spaces as their behaviours are gazed upon and disciplined, rather than pathologizing the everyday racial and systemic discrimination they encounter. The findings of the study are consistent with post-colonial thinkers who have written extensively on how the colonists came to define those who were non-white and subjugated them to colonial rules as a mechanism for maintaining white supremacy (Césaire, 1950/1972; Fanon, 1952/1967; Ndegwa & Olajide, 2003). Overall, post-colonial theory helped me analyze the power and influences of Eurocentrism in established systems and structures. Most importantly, post-colonial theory captures ACCY's knowledge and understanding of mental health, well-being/wellness, and their mental health experiences, as well as their reconstruction of positive messages about being Black to affirm pride in their race.

Employing post-colonial theory alongside CRT allowed me to explore the dominance of colonial institutions through policies and practices that have negatively impacted the mental health and well-being of ACCY. CRT centres its analysis on race and racism, to make visible systemic and structural oppression. In this study, CRT revealed that the policies and practices of dominant institutions intersect to create oppressive pipelines that are involved in Black youth mental health through behavioural interventions. However, behavioural interventions are

punitive and do very little to address systemic and racial discrimination directed at Black youth. Utilizing CRT, this study reports that the invalidation and misunderstanding of the mental health experiences of ACCY is a result of systemic ABR that exposes whiteness as the structure that maintains the racialization of Black youth and subjects them to differential treatment in colonial spaces. CRT's concept of storytelling proved to be fruitful as it was an empowering experience for the youth to tell their stories and offer counternarratives of how systemic ABR has impacted their intersectional identities and the ways that they have resisted oppressive practices. Through storytelling, ACCY and their experiences were understood and validated.

This study revealed that an ABR-sensitive approach can be used as an extension of CRT to dismantle systemic ABR. By focusing on ACCY's interactions and relationships within dominant institutions, the ABR-centred approach of this study highlights how racism can affect non-Blacks' perceptions, beliefs, and attitude about Black youth. It reveals the extent to which systemic ABR has shaped the lived experiences of ACCY and the lack of appropriate institutional responses. From this perspective, the lived experiences of ACCY must be understood within this context, especially given the extent to which ABR shapes their lived reality. An ABR framework offers useful ways of intervening to create a mental health system that works for Black youth in general.

Implications for Art-Based Research with Black Youth

My work in child and youth mental health inspired the use of the art-based activities for this research. Some of the youth I have encountered in practice were better at expressing themselves, their feelings**,** and their emotions through art. Although I have experimented with the art-based activity in the study, it proved to be a useful data collection method for ACCY to tell

their narratives and counternarratives in creative ways. It positioned them as the expert and provided them with a safe space to self-express, be heard**,** and be understood. Pinto-Garcia et al. (2022) capture the essence of art-based research and assert:

> Arts and other creative practices enable people to identify, express and manage emotions; increase self-confidence and recognize their own personal tools to deal with difficult situations and take advantage of opportunities in life; heal trauma and deal with identity issues in non-verbal ways; explore alternative meanings to experiences through metaphors and symbols; and strengthen skills for self-regulation, empathy, trust, conflict transformation, teamwork and nonviolent communication in the interpersonal dimension. (p. 1530)

Using this method aided in developing rapport and engagement with the youth during the data collection phase of this study (Coholic et al., 2020; Nathan et al., 2023). Coholic and colleagues (2020) recognized how disengaged youth can be in research and credit art-based research for being engaging and empowering as "marginalized youths can become easily frustrated and disengaged" (Coholic et al., 2020, p. 273). Scholars who have utilized art-based research acknowledge it for its participatory approach (Hidalgo-Padilla et al., 2022) and honour participants as co-researchers (Lenette, 2022).

Not only is art-based research regarded as a decolonizing approach (Khorana, 2022), but it is also a culturally and ethically safe way to safeguard participant's rights (Lenette, 2022). As discussed in Chapter 1, Black youth are marginalized in research, and it is time for researchers to increase Black youth's participation in this area in an effort to better understand their lived experiences of any given phenomenon, by employing tools that are culturally and ethically safe.

As this study shows, ACCY have a lot to share through the art-based activity. To help them find their voices, the opportunity to tell their stories must be given. This is needed at a time when the mental health of Black youth and the Black community is in a state of crisis due to the impacts of systemic ABR and the COVID-19 pandemic. Future research should be encouraged to employ art-based research with Black youth in order to provide them with a platform that caters to storytelling and meaning making.

Implications for Social Work Education, Policy, and Practice

The field of social work's social justice mandate puts the profession in a critical place to transform the oppressive policies and practices that foster exclusivity, disempowerment, and racial injustices. Social workers play a critical role in the provision of mental health services to Black youth and can use their professional power to advocate for transformative changes in the mainstream mental health system to dismantle white supremacy. The continued use of Eurocentric systems of knowing in mental health pose significant systemic barriers for Black youth. One notable barrier is the inability of organizations to effectively engage with and mobilize anti-racism and ABR-sensitive frameworks to respond to the mental health needs of Black communities. These frameworks are better equipped to contextualize systemic discrimination and offer recommendations for change. A framework is needed for developing informed practices that address ABR and centre race as key to mental health practice with the Black community. According to Jernigan and Daniel (2011), "providers are encouraged to recognize the importance of assessment models and treatment interventions that incorporate the racial experiences of Black youths as an essential component of treatment" (Jernigan & Daniel, 2011, p. 123). Black researchers have continuously advocated for the mainstream mental health

system to critically assess how it is implicated in perpetuating ABR (Fante-Coleman, Jackson-Best et al., 2023; Salami et al., 2021). Scholars have called for the diversification of the human service labour force and an increase in Black service providers to ensure Black youth have access to culturally responsive services (Fante-Coleman, Jackson-Best et al., 2023; Salami et al., 2021). This is essential: the Black youth in this study reported that they feel more connected with Black workers. The social work profession and the mental health system must make a concerted effort to combat systemic ABR.

One of the study's intentions was to develop informed ABR-sensitive practices. Drawn from the study findings, I propose these practices address six key areas:

Education and Awareness. Several studies report on mental health stigma as a significant barrier in Black people's access to mental health services (Fante-Coleman & Jackson-Best, 2020; Gallimore et al., 2023; Salami et al., 2020). Although this study has identified the stigma against mental illness amongst Afro-Caribbean parents, it was not reported by the youth participants as having a significant effect on their use of mental health services. However, de-stigmatizing mental health in Black communities can help parents and the Black communities to identify and respond appropriately to their children's mental health needs. Rather than stigma, racial discrimination and systemic ABR have had a more profound impact. Mobilizing knowledge on Black youth's mental health must reflect what mental health and well-being constitute for Black youth. Education and awareness should address misunderstandings and biased views of Black youth's mental health and increase literacy on mental health and race. To do so, education should raise awareness of the historical roots of ABR and its manifestation in systems of power structure.

Mental Health Services/Programs. In the findings chapter, mental health worker participant Cheeks gave her assessment of the current health mental system: "I think that our systems and our services are not created for them." Existing studies have confirmed that the mental health needs of Black youth are not adequately met (Fante-Coleman et al., 2022: Salami et al., 2020). Cheeks further pointed out that dominant institutions fail to acknowledge Black youth's feelings and emotions. Their focus is on the youth's behaviours. For instance, Cheeks reported that court-mandated youth are looked at as problematic when they access mental services, not the solutions to addressing the root causes of their problems. It is time that mainstream mental health moves away from the dominant biomedical model that pathologizes Black youth's behaviour, and employs interventions that consider their race, and other intersectional identities in order to inform best practices (Ticar & Edwards, 2022).

Collecting race-based data in the mental health system is another strategy for developing informed ABR practice. From this perspective, mental health assessments must fully capture race-based data to address racial disparities and transform policies and practices. These assessments must also recognize racial trauma as a diagnosable psychological disorder that needs to be taken seriously. Racial trauma was reported in the study as an issue that negatively impacts ACCY's mental health. In addressing the mental health of ACCY and Black youth in general, an ABR-sensitive framework that includes a trauma-based lens is necessary. Practitioners can use a trauma-informed approach as they assess the impact of historical and contemporary traumatic experiences in shaping the mental health and well-being (YouthREX, 2022) of Black youth. Black scholars, including Dixon et al. (2023) and Mullings et al. (2021), have also proposed an Africentric framework to centre and focus on the mental health of people of African descent. An

Africentric framework is viewed as a viable practice approach to: (a) address race-based trauma; (b) decolonize Eurocentric mental health practices with Black people; and, (c) build resilience, empowerment, and critical consciousness (Dixon et al., 2023; Mullings et al., 2021). It is time for racial trauma and stress to be recognized in the assessment of mental health issues in the Black population to prevent persons from being undiagnosed, underdiagnosed, and misdiagnosed (C. James & Petersen, 2020). Psychological diagnostic assessment tools such as the DSM-5-TR have been critiqued for their limitation in diagnosing racial trauma in the Black population (Dixon et al., 2023). These authors postulate that "without appropriate assessment tools to recognize racism as a form of trauma, Black clients will continue to be at a disadvantage in obtaining effective mental health care" (Dixon et al., 2023, p. 22).

ACCY defined mental health as feelings and emotions, and defined well-being as the state of being understood. Social workers can work toward creating a safe space for Black youth to be understood and their concerns to be taken seriously. Not being allowed to do so can leave Black youth feeling that their experiences or ideas are not important. Mental health services that are strength-based, while also being racially and culturally affirming, may increase Black youth's use of mental health services. Black youth are devalued in society based on race. Social workers can play an integral role in racial-ethnic socialization by helping Black youth affirm Black pride to value themselves and the beauty of their Blackness. Facilitating the development of Black pride in youth, especially during this developmental phase, is ideal for coping with racism and fostering resilience (Brown et al., 2020; Evans et al., 2012; Neblett et al., 2008; Neblett et al., 2009; Stevenson & Arrington, 2009).

When looking at systemic ABR in Black children and youth mental health, what is lacking are: (a) a Black-focused mental health agency designed to lead and coordinate the delivery of mental health programs; and (b) funding for Black youth. Such an agency is warranted as mainstream mental health services are not meeting their specific needs (Fante-Coleman et al., 2022). Building this system of care, to deliver culturally competent and race-affirming services to Black youth, is an urgent need. Since ACCY reported benefiting from spiritual and religious support, social workers can aid in their spiritual well-being when this support is requested. Social workers can also advocate for mainstream mental health agencies to work closely with faith-based leaders to address Black youth's mental health.

Community Engagement. Addressing the mental health concerns of Black youth requires a systemic and community-based response. Since the study identifies a dual pipeline in the ACCY's mental health, it is imperative for the mental health, criminal justice, and education systems to develop partnerships with Black youth, their parents, their communities, and the religious organizations that influence their lives. Social workers working in dominant institutions can influence changes in the policing of Black bodies by advocating against oppressive policing policies and practices. They can also use their power to dismantle systemic ABR within the education and mental health system.

Leadership and Governance. The study highlights the issues affecting the mental health and well-being of ACCY situated within a specific geographic area. To eradicate systemic ABR, a systemic approach is required. Such an approach has to be consistently addressing systemic ABR across all mental health systems servicing Black youth. It must start by instituting equity policies and strategies across the various pathways for Black children and youth to access mental

health services. Another systemic approach is to institute policies to help develop Black mental health agencies to lead and coordinate mental health programs and to sustain funding for such program development. Furthermore, race-based data should be collected systemically. These systemic approaches should be designed to trigger transformative changes in Black youth mental health.

Research. There is a dearth of research on Black youth mental health within the Canadian context. Research is a method of inquiry (Creswell, 2007). The findings chapter revealed that ACCY hold knowledge that can be used to ameliorate their mental health and well-being. Therefore, conducting research with Black youth is the first step towards developing a Black youth mental health perspective. From the youth's perspective, mental health services and programs can be designed to meet their unique needs. Research with Black youth should encompass the mainstream mental health system developing partnerships with Black youth, parents, scholars, researchers, faith-based leaders, mental health practitioners, and other prominent figures in the Black communities to investigate gaps in Black children and youth's mental health. A research steering committee can be established to ensure that researchers are mobilizing research designs and utilizing theories that can effectively contextualize Black youth's experience. For example, the art-based research proved to be an effective approach; further, community-based participatory action based research with Black youth can be transformative to mobilize a community. This committee can also oversee the mobilization of research findings.

Staff Training and Professional Development. The human service sector in Southern Ontario remains Eurocentric despite its growing diverse population (Social Planning Council of

Peel, 2007). The Eurocentricity of the human service sector is evident in its leadership, staffing, and programs. Blacks, Indigenous, and People of Colour (BIPOC) are underrepresented in decision-making positions and staffing. Addressing these systemic issues entails hiring and retaining BIPOC workers in strategic positions and creating space for their full participation in decision-making. The mental health system should also foster a culture of equity, diversity, and inclusion of expertise and other systems of knowing to practice anti-oppressively and with a social justice-oriented approach.

In this study, ACCY raised the issue that their experiences of invalidation have occurred in their relationships and interactions with others. The invalidation they experience within dominant institutions, including mental health agencies, is race-based. Therefore, training staff to recognize ABR can help non-Black mental health workers focus on their relationships with Black youth, its colonial influence, and how it can create barriers and opportunities in their mental health care. Thus, mandatory training on race and systemic ABR should be provided for the leadership and staff in the mental health system to address their unconscious and professional biases. Training and professional development programs that target colorblindness and unconscious biases can support white workers in developing competencies to identify and respond to race-based discriminatory practices in Black children and youth mental health. Support for Black workers is also needed to address their experiences of racism. Hence, creating a conducive working environment for BIPOC workers to report and receive support to address racism is a progressive step toward combating racism.

Limitations of the Study

One of the limitations of the study stems from its homogenous nature and its small sample size. However, IPA recommends that researchers use a small sample size to investigate a phenomenon. Therefore, the small sample size in this study was intentional. Theoretical generalizability is another limitation as the intent of the study was not to produce generalizable knowledge. Despite these limitations, the study was able to response to the research questions from a small sample of participants of Afro-Caribbean descent using a deeply engaged method of analysis and interpretation. This study focuses on a specific group of ACCY. This was purposeful: the primary goal of this study was to gain understanding of this understudied group of youth and their experiences of mental health. However, it means that this study does not factor in the experiences of ACCY who were born outside of Canada, parents or guardians who are first- or second-generation Canadians, or youth of age groups outside of 16 to 18 years; furthermore, the results may only be relevant to Southern Ontario urban areas. Even though the category "Afro-Caribbean" is also treated as homogenous in this study, this may overlook the heterogeneity that exists amongst different islands that make up the Caribbean in terms of language, ethnicity, and cultural practices. My own Afro-Caribbean background and professional experiences in child and youth mental health can also be seen as a study limitation. However, the hermeneutic tradition of IPA encourages researchers to utilize their experiences and knowledge throughout the research process (Engward & Goldspink, 2020; J. A. Smith, 2004). Another limitation of the study is the lack of adult male participants; only female participants were interviewed due to their willingness to participate. Destigmatizing mental health within the Black community may likely motivate Black men to participate in research on mental health.

Recommendations for Future Research

Future research with ACCY and their mental health experiences are encouraged in other parts of Ontario and throughout Canada as a whole, as experiences of systemic ABR are not limited to Southern Ontario urban areas. Black boys are reported to be at a greater risk of experiencing ABR and being diagnosed with behavioural issues such as conduct disorder (Fabrega et al., 1993; Nguyen et al., 2007). They are less likely to be diagnosed with a mood disorder, even though they may have endured symptoms of depression that remained untreated for a longer period of time with the consequence of more severe symptoms (Bailey et al., 2019; Lindsey et al., 2017). Given that the mental health needs of Black boys in general are rarely explored, more research is needed in this area in order to more fully comprehend their social and emotional needs (Ribeiro Brown, et al., 2022). This is a clear gap in the mental health care of Black boys. According to Ribeiro Brown et al. (2022), "Mental health resources are pivotal to developing positive self-identity for Black boys who confront widespread implicit bias and structural racism" (p. 2). Addressing the mental health needs of Black boys is of paramount importance as research shows when Black boys' mental health needs remain unaddressed, the adverse effects can be life endangerment—from issues related to suicide, physical aggression, and substance abuse (Ribeiro Brown et al., 2022). Future research should also examine the varied intersectional identities of ACCY to understand their lived mental health experiences from their perspectives.

Qualitative inquiry, including IPA, is encouraged to help ACCY share their interpretations of the phenomena they experienced. An area worthy of exploration in Black youth mental health is racial trauma and its effects on mental health and well-being. Incorporating

other systems of knowing in Black youth mental health may benefit from research that examines the role of spiritual and religious supports in understanding their mental health needs.

Conclusion

This phenomenological investigation into the lived mental health experiences of ACCY is significant and timely for addressing the mental health and well-being of ACCY and developing informed ABR practices. The methodology used in the study points to promising practices and research for engaging with ACCY who are using mental health services in ways that are more engaging and youth centred.

The key findings provide a better understanding of what constitutes the mental health experiences of ACCY and how they conceptualize mental health and well-being. With this knowledge, more attention and effort can be allocated to developing policies and practices within dominant institutions to combat systemic ABR. The findings also highlight the need for a Black youth perspective in mainstream mental health discourses and for the mental health system to meet the racial and cultural needs of ACCY. It is time to centre Black youth's mental health, to give them the opportunity to explain themselves, to help them affirm racial pride and to include them in full participation in Canadian life to create for them a sense of belonging.

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Appendices

Appendix A: Youth Demographic Information

Date:	
Name:	First: Last:
Gender:	
Date of Birth:	Age:
Place of Birth:	
Race:	
Ethnicity:	
Immigration Status:	If immigrant – number of years in Canada? _____ Country of Origin:_____
Highest Education Level Completed:	
Family Composition:	Parents' Marital Status: Number of Siblings: _____ 1. Gender/Age: _____ 2. Gender/Age: _____ 3. Gender/Age: _____ 4. Gender/Age: _____ 5. Gender/Age: _____
Phone Numbers:	**Address:**

Date of Interview: _____
Transcript Code:_____
Transcript Pseudonym: _____
Age of Diagnosis _____
Nature of Mental Health Issues (i.e. diagnoses etc.?)
_____
_____
_____
What services/agencies are involved in your mental health needs? (School services, criminal justice, mental health agencies, etc.)_____
_____
_____
_____
_____

How long have you been receiving mental health services & religious supports? And who referred you?

How often do you receive mental health services & religious supports?

Appendix B: Parents/Guardians Demographic Information

Date:	
Name:	First: Last:
Gender:	
Date of Birth:	Age:
Race:	
Ethnicity:	
Immigration Status:	If immigrant – number of years in Canada? _____ Country of Origin:_____
Highest Education Level Completed:	
Family Composition:	Marital Status: Number of Children: _____ **(specify: adoptive, biological, foster, kinship)** 1. Gender/Age: _____ 2. Gender/Age: _____ 3. Gender/Age: _____ 4. Gender/Age: _____ 5. Gender/Age: _____
Phone Numbers:	**Address:**

Date of Interview: _____

Transcript Code: _____

Transcript Pseudonym: _____

Name of Identified Child: _____

Age: _____ Gender: _____

Sexual Orientation: _____ Highest Education Completed: _____

Age of Diagnosis: _____

Nature of Mental Health Issues (i.e. diagnoses etc.?) _____

_____

What services/agencies are involved in your son/daughter mental health needs? (School, criminal justice, mental health agencies, etc.) _____

_____

_____

How long has your son/daughter been receiving mental health services & religious supports?

_____

_____

How often does your son/daughter receive mental health services & religious supports? And who referred them? _____

How do your son/daughter come into contact with these services?

_____

Appendix C: Mental Health Workers Demographic Information

Date:	
Name:	First: Last:
Gender:	
Date of Birth:	Age:
Race:	
Ethnicity:	
Immigration Status:	If immigrant – number of years in Canada? _____ Country of Origin:_____
Highest Education Level Completed:	
Number of Years of Service	
Phone Numbers:	**Address:**

Date of Interview: _____

Transcript Code:_____

Transcript Pseudonym: _____

What type of mental health services do you provide (i.e., individual/family counselling, group counselling etc.?) How often do these programs run?

How often do these programs run?

Do you provide mental health programs specific to Black youth?

How do ACCY come into contact with your services?

What other services/agencies are involved in the youths' mental health needs? (Schools, criminal justice, mental health, etc.)

Appendix D: Faith-Based Leaders Demographic Information

Date:	
Name:	First: Last:
Gender:	
Date of Birth:	Age:
Race:	
Ethnicity:	
Immigration Status:	If immigrant – number of years in Canada? _____ Country of Origin:_____
Highest Education Level Completed:	
Number of Years of Service	
Phone Numbers:	**Address:** **Postal Code:**

Date of Interview: _____

Transcript Code:_____

Transcript Pseudonym: _____

What type of spiritual/religious supports do you provide (i.e. spiritual counselling, prayer, etc.?).

How often do you provide these supports?

_____

_____

_____

_____

How often do you provide these supports?

_____

_____

_____

_____

How do ACCY come into contact with your services?

_____

_____

What other services/agencies are involved in the youths' mental health needs? (Schools, criminal justice, mental health, etc.)

_____

_____

_____

Appendix E: Recruitment Flyer for Youth

Are You An **Afro-Caribbean Canadian Youth (ACCY)** Who Is Using **Mental Health Services And Spiritual And Religious Support?**

YOUR PARTICIPATION IS NEEDED!

Inviting **AFRO-CARIBBEAN CANADIAN Youth** who are:
born in Canada

- between 16–18 years old
- attending high school
- residing in Southern Ontario Urbanurban areas
- current users of mental health services and spiritual and religious support

Your experience counts!

Participate in a **CONFIDENTIAL INTERVIEW** about the mental health experiences of Afro-Caribbean Canadian Youth using mental health services

If you are interested or know someone, contact the principal researcher:

Fiona Edwards at the School of Social Work, York University
Tel. **647-896-4222 OR** Email: **chrislyn@yorku.ca**

You will be provided with $20 to partially cover transportation cost.

This study has been approved by the Ethics Review Committee of York University

Appendix F: Recruitment Flyer for Parents/Guardians

Call for **Parents/Guardians of Afro-Caribbean Canadian Youth (ACCY)** Who Are Using **Mental Health Services And Spiritual And Religious Support**

YOUR PARTICIPATION IS NEEDED!

Inviting **PARENTS/GUARDIANS** who are **Immigrants of AFRO-CARIBBEAN descent** with children:

- born in Canada
- between 16–18 years old
- who attend high school
- reside in Southern Ontario Urbanurban areas
- are current users of mental health services and spiritual and religious support

Your experience counts!

Participate in a **CONFIDENTIAL INTERVIEW** about the mental health experiences of Afro-Caribbean Canadian Youth using mental health services

If you are interested or know someone, contact the principal researcher:
Fiona Edwards, School of Social Work, York University
Tel. **647-896-4222 OR** Email: **chrislyn@yorku.ca**

You will be provided with $20 to partially cover transportation cost.

This study has been approved by the Ethics Review Committee of York University.

Appendix G: Recruitment Flyer for Mental Health Workers

Call For Mental Health Workers Of **Afro-Caribbean Canadian Youth (ACCY)** Who Are Using **Mental Health Services And Spiritual And Religious Support**

YOUR PARTICIPATION IS NEEDED

Inviting **MENTAL HEALTH WORKERS of AFRO-CARIBBEAN descent** who:

- Work in a community mental health agency
- Have been working with ACCY aged **16 to18to 18** years, for a year or more, who attend high school, are current users of mental health services and spiritual and religious support and reside in Southern Ontario urban areas

Your experience counts!!!!

Participate in a **CONFIDENTIAL INTERVIEW** about the mental health experiences of Afro-Caribbean Canadian Youth using mental health services

If you are interested or know someone, contact the principal researcher:

Fiona Edwards, School of Social Work**,** York University
Tel. **647-896-4222 OR** Email:**chrislyn@yorku.ca**

You will be provided with $20 to partially cover the cost of transportation.

This study has been approved by the Ethics Review Committee of York University.

Appendix H: Recruitment Flyer for Faith-Based Leaders

Call For **Faith-Based Leaders** Of **Afro-Caribbean Canadian Youth (ACCY)** Who Are Using **Mental Health Services And Spiritual And Religious Support**

YOUR PARTICIPATION IS NEEDED

Inviting **FAITH-BASED LEADERS of AFRO-CARIBBEAN descent** who:

- Provide religious and spiritual support
- Have been working with ACCY aged **16 to18to 18** years, for a year or more, who attend high school, are current users of mental health services and spiritual and religious support and reside in Southern Ontario urban areas

Your experience counts!

Participate in a **CONFIDENTIAL INTERVIEW** about the mental health experiences of Afro-Caribbean Canadian Youth using mental health services

If you are interested or know someone, contact the principal researcher:

Fiona Edwards, School of Social Work**,** York University
Tel. **647-896-4222** OR Email:**chrislyn@yorku.ca**

This study has been approved by the Ethics Review Committee of York University

Appendix I: Sample Interview Questions for Afro-Caribbean Canadian Youth

General questions regarding ACCY's understandings/perceptions of mental health, mental illness and well-being/wellness

I will begin the interview after the participants are fully informed about the study, they have the opportunity to pose questions about the research, and they have signed an informed consent form. At the time of taking informed consent I will thank participants for agreeing to share their understanding of mental health/illness and well-being/wellness as well as their mental health experiences. I will ask demographic information to ensure the participants meet the requirements to participate in the study. I will share that this interview is a great opportunity for me as very little is known about ACCY's understandings/perspectives of mental health/illness and well-being/wellness, and they can help me by telling their understandings/perspectives. In other words, I wish to learn from them about their understandings of their mental health experiences. With their permission the interview will be audio recorded. They can stop recording at any time. Five main areas will be explored during the interview, namely ACCY's mental health experiences, experiences of service utilization / support for mental health, their understandings/perspectives of mental health/illness and well-being/wellness, youth's understanding of their parents/guardians' understanding of their mental health, and the relationship between race and mental health and implications for service use and spiritual supports. The art-based activity will also be used to explore how ACCY's identity influences their mental health.

Mental health experiences

1. Tell me about your mental health experiences. (Probes: *Have you been diagnosed with a mental health issue? Have you seen a social worker or therapist for mental health issues?*)
2. Tell me what your mental health experiences mean to you? (Probes: *I would like to find out what comes to your mind when you hear the phrase "mental health experiences*.")
3. What impacts have your mental health experiences had on you? (Probes: *Have there been negative or positive impacts due to your experiences? How have you responded to the impacts from your mental health experiences?*)
4. Have you ever been treated unfairly because of your mental health? If yes, please explain.)

I understand that you use support for your mental health.

Experiences of service utilization / support for mental health

5. What supports do you currently use for your mental health? (Probes: *Tell me about what support you are using. Where do you go to receive support? What brought you to using this support?*)
6. Tell me about your experiences using mental health services. (Probes: *What has been helpful? What has not? What do you feel and think about using these services? Who supports you using mental health services?*)
7. Tell me about your experiences using religious/spiritual support. (Probes: *What has been helpful? What has not? What do you feel and think about using this support? Who supports you using religious/spiritual support?*)

ACCY's understandings/perspectives of "mental health", "mental illness," and "well-being/wellness"

8. What does mental health mean to you? (Probes: *How is your mental health described by you and others?*)
9. What does mental illness mean to you? (Probes: *How do you and others describe mental illness?*)
10. What does well-being/wellness mean to you? (Probes: *How is your well-being/wellness described by you and others? What does well-being/wellness look like? Can you think about where you are experiencing good well-being or wellness?*)

ACCY's understandings/perspectives of their parents/guardians' understanding of their mental health

11. How do your parents/guardians describe your mental health/illness?

12. How do your parents/guardians describe your mental well-being/wellness at home, school and at the places where you receive supports for your mental health?

I am going to shift the focus a bit and ask you some questions about race and how you identify racially. What I would like to learn is about how you think your race may or may not have an impact on your mental health, mental health issues, well-being, use of services, using spiritual supports, etc.

The relationship between race and mental health and implications for service use and spiritual supports

13. How does your race influence what services you use to treat your mental health?

14. Do you think your race impacts the way you are treated within the mental health system?

I will proceed to the art-based activity (see Appendix M). Those who did not wish to do the activity will be asked questions 16 and 17.

15. What can you tell me about your drawing or can you please describe your drawing? (Probes: *This is great! Please tell me about your drawing. It is fascinating. I will point out things in the drawing and ask how their identity influences their mental health and connect what he/she said during the first part of the interview*)

16. What is your everyday experience living here as a Black youth?

17. What impact does your identity have on your mental health and well-being?

Appendix J: Sample Interview Questions for Parents/Guardians

I will begin the interview after the participants are fully informed about the study, they have the opportunity to pose questions about the research, and they have signed an informed consent form. At the time of taking informed consent I will thank participants for agreeing to share their understanding of mental health/illness and well-being/wellness. I will ask demographic information to ensure participants meet the requirements to participate in the study. I will share that this interview is a great opportunity for me as very little is known about ACCY's understandings/perspectives of mental health/illness and well-being/wellness, and they can help me by sharing their understandings/perspectives. In other words, I wish to learn from them about their understandings of ACCY's mental health experiences. With their permission the interview will be audio recorded. They can stop recording at any time. Four main areas will be explored during the interview, namely ACCY's mental health experiences, experiences of service utilization / support for mental health, racialized parents/guardians' understandings/perspectives of mental health/illness and well-being/wellness, and parenting, race, and mental health.

General questions regarding parents/guardians' understanding of ACCY's mental health experiences, mental illness, and well-being/wellness

Mental health experiences

1. Tell me about your son/daughter's mental health experiences. (Probes: *I would like to find out what the mental health experiences of your son/daughter are.)*

2. Tell me how you understand what your son/daughter's mental health experiences mean to them?
3. What impacts have your son/daughter's mental health experiences had on their life? (Probes: *How does* your *son/daughter's describe the impacts their mental health has had? How do they respond to the impacts of their mental health?*
4. Has your son/daughter ever been treated unfairly because of their mental health? If yes, please explain.)

I understand that your son/daughter uses support for their mental health.

Experiences of mental health and service utilization / support for mental health

5. Describe the services your son/daughter is accessing and using? (Probes: *What services are they using? Tell me how they are engaging in treatment.*)
6. What is the experience of your son/daughter using services/supports for their mental health?
7. What would you like others to know about the experiences of your son/daughter using mental health services? (Probes: *What brought your son/daughter to using mental health services? What has been helpful? What has not? Who supports your son/daughter using mental health services?*)
8. What would you like others to know about the experiences of your son/daughter using religious/spiritual supports? (Probes: *What brought your son/daughter to using religious/spiritual support? What has been helpful? What has not? Who supports your*

son/daughter using religious/spiritual support?)

The ways in which racialized parents/guardians define "mental health", "mental illness," and "well-being/wellness"

9. What does mental health mean to you? (Probes: *How is the mental health of your son/daughter described by you and others?*)

10. Describe your son/daughter's mental health experiences. (Probes: *What impacts your son/daughter's mental health? Has your son/daughter ever been treated unfairly because of their mental health? If yes, please explain.*)

11. What does mental illness mean to you? (Probes: *How do you and others describe mental illness?*)

12. What does well-being/wellness mean to you? (Probes: *How is your son/daughter's* well-being/wellness *described by you and others? What does well-being/wellness look like? Can you think about where you son/daughter is experiencing good well-being or wellness?)*

Parenting, race, and mental health

13. Tell me about your experiences parenting a child with a mental illness. What has it been like for you?

I would like to shift gears and ask questions about race.

14. What has it been like raising your son/daughter here? (Probes: *What do you think*

parenting a Black youth here means? For example, cultural differences, gender differences, age differences, parental struggles, race and ethnic socialization, experiences in society, etc.)

15. How do you identify your son/daughter racially? (Probes: *What influences how you identify them? How do others identify your son/daughter racially?*

16. How has your son/daughter been treated because of how they identify? If unfairly, where and by whom? How do you support them? What is your experience supporting them?)

17. How does your son/daughter's race influence what services they use to treat their mental health?

18. Do you think your son/daughter's race impacts the way they are treated within the mental health system?

Appendix K: Sample Interview Questions for Mental Health Workers

I will begin the interview after the participants are fully informed about the study, they have the opportunity to pose questions about the research, and they have signed an informed consent form. At the time of taking informed consent I will thank participants for agreeing to share their understanding of mental health/illness and well-being/wellness. I will ask demographic information to ensure participants meet the requirements to participate in the study. I will share that this interview is a great opportunity for me as very little is known about ACCY's understandings/perspectives of mental health/illness and well-being/wellness, and they can help me by sharing their understandings/perspectives. In other words, I wish to learn from them about their understandings of ACCY's mental health experiences. With their permission the interview will be audio recorded. They can stop recording at any time. Four main areas will be explored

during the interview, namely ACCY's mental health experiences, experiences of service utilization/support for mental health, racialized mental health workers' understandings/ perspectives of mental health/illness and well-being/wellness, and race and mental health.

General questions regarding mental health workers' understanding of ACCY's mental health experiences, mental illness, and well-being/wellness

Mental health experiences

1. Tell me what ACCY's mental health experiences are. (Probes*: I would like to find out about the mental health experiences of ACCY and wondered what comes to your mind when you hear mental health experiences of ACCY.*)
2. What impacts the mental health of ACCY? (Probes: *How do* ACCY *describe the impact of their mental health experiences? How do they respond to the impacts of their mental health experiences?*)
3. Tell me how you understand what mental health experiences mean to the ACCY.
4. Have ACCY ever been treated unfairly because of their mental health? If yes, please explain.

Experiences of mental health and service utilization / support for mental health

5. I understand that you provide mental health services for ACCY and their families. What type of mental health services do you provide? (Probes: *How are these services operated?*)
6. Tell me about ACCY's experiences using services? (Probes: *How do ACCY and their families come into contact with mental health services? What type of services do they use? What has been helpful? What has not? How do ACCY engage in treatment? Who do you think supports ACCY using mental health services?*

The ways in which racialized mental health workers define "mental health," "mental illness," and "well-being/wellness"

7. What does mental health mean to you? (Probes: *How is the mental health of* ACC*Y you come into contact with described by you and others?)*
8. What does mental illness mean to you? (Probes: *How do you and others describe mental illness?*)
9. What does well-being/wellness mean to you? (Probes: *How is well-being/wellness of ACCY described by you and others? What does well-being/wellness look like? Can you think about where ACCY you come into contact with are experiencing good well-being or wellness?*)

I would like to shift gears and ask questions about race and mental health

Race and mental health

10. Does your agency specialize in Black youth mental health? (Probes: *How does your agency address the mental health needs of ACCY? Is there any collaboration between your agency and the Black community?*)

11. How do you identify ACCY racially? (Probes: *What influences how you identify them? How do others identify them racially?*)

12. How does your agency identify ACCY racially?

13. How are ACCY treated in the mental health system? (Probes: *If unfairly, what can be done to improve their experiences?*)

14. Do you think ACCY's race impacts the way they are treated within the mental health system?

Appendix L: Sample Interview Questions for Faith-Based Leaders

I will begin the interview after the participants are fully informed about the study, they have the opportunity to pose questions about the research, and they have signed an informed consent form. At the time of taking informed consent I will thank participants for agreeing to share their understanding of mental health/illness and well-being/wellness. I will ask demographic information to ensure the participants meet the requirements to participate in the study. I will share that this interview is a great opportunity for me as very little is known about ACCY's understandings/perspectives of mental health/illness and well-being/wellness, and they can help me by sharing their understandings/perspectives. In other words, I wish to learn from them about their understandings of ACCY's mental health experiences. With their permission the interview will be audio recorded. They can stop recording at any time. Four main areas will be explored during the interview, namely ACCY's mental health experiences, experiences of service utilization / support for mental health, racialized faith-based leaders' understandings/ perspectives of mental health/illness and well-being/wellness, and race, mental health, and religiosity/spirituality.

General questions regarding faith-based leaders' understanding of ACCY's mental health experiences, mental illness, and well-being/wellness

Mental health experiences

1. Tell me what ACCY's mental health experiences are. (Probes: *I would like to find out what the mental health experiences of ACCY are and wondered what comes to your mind when you hear "mental health experiences of ACCY.")*
2. What impacts the mental health of ACCY? (Probes: *How do ACCY describe the impact of their mental health experiences? How do they respond to the impacts of their mental health experiences?*)
3. Tell me how you understand what mental health experiences mean to the ACCY.
4. Have ACCY ever been treated unfairly because of their mental health? If yes, please explain.

Experiences of mental health and service utilization/support for mental health

5. I understand that you provide religious/spiritual supports for ACCY and their families. What type of religious/spiritual supports do you provide? (Probes: *How are these services operated?*)
6. Tell me about ACCY's experiences using religious/spiritual supports? (Probes: *How do ACCY and their families come into contact with religious/spiritual supports? What type of supports do they use? What has been helpful? What has not? How do ACCY engage in treatment? Who do you think supports ACCY using religious/spiritual supports?*)

The ways in which racialized faith-based leaders define "mental health", "mental illness," and "well-being/wellness"

7. What does mental health mean to you? (Probes: *How is the mental health of* ACCY *you come into contact with described by you and others?*)
8. What does mental illness mean to you? (Probes: *How do you and others describe mental illness?*)
9. What does well-being/wellness mean to you? (Probes: *How is well-being/wellness of ACCY described by you and others? What does well-being/wellness look like? Can you think about where ACCY you come into contact with are experiencing good well-being or wellness?*)

I would like to shift gears and ask questions about race, mental health and religiosity/ spirituality.

Race, mental health and religiosity/spirituality

10. How do you identify ACCY racially? (Probes: *What influences how you identify them? How do others identify them racially?*)
11. Describe how religiosity/spirituality shapes the mental health of ACCY you come into contact with.
12. How does your organization address ACCY's mental health? (Probes: *Is there any collaboration between your organization and mainstream mental health agencies?*)
13. Do you think ACCY's race impacts their use of religious/spiritual supports to treat their mental health? How are ACCY treated in the faith-based organization? (Probes: *If unfairly, what can be done to improve their experiences?*)

Appendix M: Art-Based Activity Script

Thanks for agreeing to participate in the art-based activity. Since art is a means of self-expression I am hoping that you will be able to share your experiences through your drawing. I brought pencils, markers, pens, pastels, and 8.5x11 blank white paper to draw on. Please feel free to use any and draw:

"What it means for you to be Black and Canadian, and how your identity affects your mental health and well-being at home, school and in Canadian society."

I am hoping you will spend 10 minutes or less for drawing. If you need more time, let me know, but I would like to make sure that we will have enough time to chat about your drawing so that I will not misunderstand what you draw.

Any questions?

If not, please go ahead.

After 10 minutes or so,

How is it coming? You are done? Looks great! Tell me about your work!

Appendix N: Informed Consent Form for Youth

Study Name: A study exploring the lived mental health experiences of ACCY utilizing mental health services

Researcher: Fiona Edwards, PhD thesis research

School of Social Work, York University

4700 Keele Street, Toronto, Ontario, M3J 1P3

T. 647-896-4222

Email: chrislyn@yorku.ca

Purpose of the Study

The purpose of this study is to gain understanding of the mental health experiences of ACCY using mental health services in Southern Ontario urban areas. This study will seek to gain ACCY's perceptions/understandings of mental health/illness and well-being/wellness to better support their mental health needs and the Afro-Caribbean community as a whole.

Who am I?

I am a Registered Social Worker of Afro-Caribbean descent working in the field of children and youth mental health. I am also a Certified Mental Health First Aid Instructor for Adults who Interact with Youth, and a Registered safeTALK Trainer. In these roles, I help to destigmatize mental illness and increase mental health literacy in the Greater Toronto Area for families, faith-

based leaders, volunteers and professionals working with youth who are experiencing mental health problems.

This study stemmed from my personal and professional interests. Professionally, I have over 10 years of experience working in the field of youth mental health where I provide services for a diverse population including ACCY and their families. My work in the field of youth mental health has given me access to a network of service providers and organizations that seek to improve access and delivery of mental health services to youth from diverse backgrounds.

I am in an ideal position to conduct this study and to present my findings to important organizations such as the Mental Health Commission of Canada, Southern Ontario urban areas Services Collaborative, Mental Health First Aid Canada and community agencies (e.g. Associated Youth Services of Peel, Southern Ontario urban areas Children's Centre and Rapport Youth and Family services) with a goal of addressing existing policies and programs to ameliorate mental health services for ACCY, their families and the Afro-Caribbean community.

What You Will Be Asked to Do

You will be asked to share your mental health experiences and how these affect your utilization of mental health services in a 90–120-minute interview that includes an optional art-based activity to draw what it means to be Black and Canadian, and the impact your identity has on your mental health and well-being. The interview will be conducted in English and will take place in a setting that is mutually agreed upon by the researcher and participants, most preferably

in a private room located in a public building not affiliated with the agency/organization directly involved with this research. You will be asked to have your interview audio recorded and can still participate in the study if you choose not to. Below, I will explain what anonymity and confidentiality are. Although it is optional, you will be asked to review the initial research findings to ensure I have fully captured your experiences and knowledge.

Risks and Discomforts

You will be asked to talk about your experiences. While I will try to create a safe space and reduce harm, the risk of participating is similar to you sharing your experiences with others which may include discomfort or emotional distress. However, I included a list of community agencies for resources to support you, just in case:

Associated Youth Services of Peel: 905-890-5222

WhereToStart: 905-451-4655

Crisis Response Services: 416-410-8615

Rapport Youth and Family Services: 905-455-4100

Tangerine Walk-In Counselling: 905-455-4100

Benefits of the Research and Benefits to You

I do not expect any direct benefits in participating in this study, except it provides you an opportunity to share your opinions and experiences with me. However, I hope this study will help make positive changes in our current mental health system, its policies and practices, to

support the mental health needs of ACCY, their families and the Afro-Caribbean community as a whole, and you may be able to contribute by suggesting a direction you think we should take. Your participation will also help raise understanding of mental health in the Afro-Caribbean community, and the experiences of ACCY utilizing mental health services.

Voluntary Participation

Your participation in this research is completely voluntary and you may refuse to answer any questions. Your decision not to participate or to discontinue participation will not influence the nature of your relationship with me or the nature of your relationship with the agencies or York University either now or in the future. An honorarium of $20 will be provided to partially cover transportation cost.

Withdrawal from the Study

You may withdraw your participation from the study for any reason at any time. Your decision to withdraw from the study will not negatively impede the relationship between you and the researcher, as well as the organizations closely linked to the study (such as York University). The information you share will be included in the study unless you advise to remove it. Also, you will still be eligible to receive the promised $20 honorarium even if you withdraw from this study.

Confidentiality and Anonymity

The information you provide will be kept confidential. The information you share will only be used for research, and your real name and any information that could identity you will not be

used in any type of publication or presentation or analysis. A pseudonym will be used to protect your identity. You may wish to choose an identifier that you would like me to use when referring to you in the dissertation study report. When the recorded audio data is transcribed, all identifying information about people, situations, and organizations will be removed and only the principal investigator (Fiona Edwards) will know the identity of the participant. I may use a professional transcriber. If so, this transcriber will sign a confidentiality agreement; thus, your real name will not be known to anyone but myself and you will remain anonymous.

Transcriptions will be stored on a password protected computer and USB. Hard copies will be locked in a file cabinet only accessible by the principal investigator at her place of residence. All data will be completely anonymized (i.e. any identifying information will be removed). Pseudonyms will be used in the transcribed audio so that your information will be kept anonymous. I plan to publish from the data. I will keep the data until I complete the publications, after which all the data will be destroyed.

The principal investigator and her committee (Dr. Atsuko Matsuoka, Professor, School of Social Work, York University; Dr. Maria Liegghio, Associate Professor, School of Social Work, York University; and Dr. Charmaine Williams, Associate Professor, Factor-Inwentash Faculty of Social Work, University of Toronto) will be the only people who have access to the anonymized transcripts. Confidentiality will be provided to the fullest extent possible by law.

Questions About the Research?

You can contact me, Fiona Edwards, if you have any questions about the research or your role in the study. You can contact me directly during work hours (8am-4pm, Monday-Friday) at 647-

896-4222 or by e-mail: chrislyn@yorku.ca. You also have the option to contact my supervisor, Professor Atsuko Matsuoka, School of Social Work, York University by e-mail: atsukom@yorku.ca. Additionally, you can contact the Faculty of Graduate Studies at York University at 416-736-2100 (ext. 55521).

This research has been reviewed and approved by the Human Participants Review Sub-Committee of York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process or about your rights as a participant in the study, you may contact the Senior Manager and Policy Advisor for the Office of Research Ethics, 5th Floor, York Research Tower, York University, telephone 416-736-5914 or e-mail ore@yorku.ca.

Legal Rights and Signatures

I, _____, consent to participate in the above-described research conducted by Fiona Edwards. I understand the nature of this project and wish to participate. I understand that I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Please read the following, then sign below it to indicate your understanding:

_____ I understand the procedures and consent to participate in this study.

_____ I consent to being audio-recorded during the interview.

_____ I consent to a hired individual transcribing the audio recordings.

_____ I consent to share my art work with the researcher if I consent to participate in the art-based activity.

_____ I consent to being contacted about participating in a follow-up telephone interview after the initial interview.

_____ I consent to the use of quotations (words or phrases from the interview) in a final report and in papers for publication.

I have read and understand the above information. I have received a copy of this form and I agree to participate in this study. My signature below indicates my consent.

Signature Date

_____ _____

Participant

Signature Date

_____ _____

Principal Investigator

Appendix O: Informed Consent Form for Parents/Guardians of ACCY

Study Name: A study exploring the lived mental health experiences of ACCY utilizing mental health services

Researcher: Fiona Edwards, PhD thesis research

School of Social Work, York University

4700 Keele Street, Toronto, Ontario, M3J 1P3

T. 647-896-4222

Email: chrislyn@yorku.ca

Purpose of the Study

The purpose of this study is to gain understanding of the mental health experiences of ACCY using mental health services in Southern Ontario urban areas. This study will seek to gain ACCY's perceptions/understandings of mental health/illness and well-being/wellness to better support their mental health needs and the Afro-Caribbean community as a whole.

Who am I?

I am a Registered Social Worker of Afro-Caribbean descent working in the field of children and youth mental health. I am also a Certified Mental Health First Aid Instructor for Adults who Interact with Youth, and a Registered safeTALK Trainer. In these roles, I help to destigmatize mental illness and increase mental health literacy in the Greater Toronto Area for families, faith-

based leaders, volunteers and professionals working with youth who are experiencing mental health problems.

This study stemmed from my personal and professional interests. Professionally, I have over 10 years of experience working in the field of youth mental health where I provide services for a diverse population including ACCY and their families. My work in the field of youth mental health has given me access to a network of service providers and organizations that seek to improve access and delivery of mental health services to youth from diverse backgrounds.

I am in an ideal position to conduct this study and to present my findings to important organizations such as the Mental Health Commission of Canada, Southern Ontario urban areas Services Collaborative, Mental Health First Aid Canada and community agencies (e.g. Associated Youth Services of Peel, Southern Ontario urban areas Children's Centre and Rapport Youth and Family services) with a goal of addressing existing policies and programs to ameliorate mental health services for ACCY, their families and the Afro-Caribbean community.

What You Will Be Asked to Do

You will be asked to share your perspectives of the mental health experiences of ACCY in a 90 minute interview. The interview will be conducted in English and will take place in a setting that is mutually agreed upon by the researcher and participants, most preferably in a private room located in a public building not affiliated with the agency/organization directly involved with this

research. You will be asked to have your interview audio recorded and can still participate in the study if you choose not to. Below, I will explain what anonymity and confidentiality are. Although it is optional, you will be asked to review the initial research findings to ensure I have fully captured your experiences and knowledge.

Risks and Discomforts

You will be asked to talk about your experiences. While I will try to create a safe space and reduce harm, the risk of participating is similar to you sharing your experiences with others which may include discomfort or emotional distress. However, I included a list of community agencies for resources to support you, just in case:

Family Services of Peel: 905-270-2250

Catholic Family Services: 905-450-1608

Benefits of the Research and Benefits to You

I do not expect any direct benefits in participating in this study, except it provides you an opportunity to share your opinions and experiences with me. However, I hope this study will help make positive changes in our current mental health system, its policies and practices, to support the mental health needs of ACCY, their families and the Afro-Caribbean community as a whole, and you may be able to contribute by suggesting a direction you think we should take. Your participation will also help raise understanding of mental health in the Afro-Caribbean community, and the experiences of ACCY utilizing mental health services.

Voluntary Participation

Your participation in this research is completely voluntary and you may refuse to answer any questions. Your decision not to participate or to discontinue participation will not influence the nature of your relationship with me or the nature of your relationship with the agencies or York University either now, or in the future. An honorarium of $20 will be provided to partially cover transportation cost.

Withdrawal from the Study

You may withdraw your participation from the study for any reason at any time. Your decision to withdraw from the study will not negatively impede the relationship between you and the researcher, as well as the organizations closely linked to the study (such as York University). The information you share will be included in the study unless you advise to remove it. Also, you will still be eligible to receive the promised $20 honorarium even if you withdraw from this study.

Confidentiality and Anonymity

The information you provide will be kept confidential. The information you share will only be used for research, and your real name and any information that could identity you will not be used in any type of publication or presentation or analysis. A pseudonym will be used to protect your identity. You may wish to choose an identifier that you would like me to use when referring to you in the dissertation study report. When the recorded audio data is transcribed, all

identifying information about people, situations, and organizations will be removed and only the principal investigator (Fiona Edwards) will know the identity of the participant. I may use a professional transcriber. This transcriber will sign a confidentiality agreement; thus, your real name will not be known to anyone but myself and you will remain anonymous.

Transcriptions will be stored on a password protected computer and USB. Hard copies will be locked in a file cabinet only accessible by the principal investigator at her place of residence. All data will be completely anonymized (i.e., any identifying information will be removed). Pseudonyms will be used in the transcribed audio so that your information will be kept anonymous. I plan to publish from the data. I will keep the data until I complete the publications, after which all the data will be destroyed.

The principal investigator and her committee (Dr. Atsuko Matsuoka, Professor, School of Social Work, York University; Dr. Maria Liegghio, Associate Professor, School of Social Work, York University; and Dr. Charmaine Williams, Associate Professor, Factor-Inwentash Faculty of Social Work, University of Toronto) will be the only people who have access to the anonymized transcripts. Confidentiality will be provided to the fullest extent possible by law.

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Professor Atsuko Matsuoka, School of Social Work, York University by e-mail: atsukom@yorku.ca. Additionally, you can contact the Faculty of Graduate Studies at York University at 416-736-2100 (ext. 55521).

This research has been reviewed and approved by the Human Participants Review Sub-Committee of York University's Ethics Review Board, and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process or about your rights as a participant in the study, you may contact the Senior Manager and Policy Advisor for the Office of Research Ethics, 5th Floor, York Research Tower, York University, telephone 416-736-5914 or e-mail ore@yorku.ca.

Legal Rights and Signatures

I, _____, consent to participate in the above-described research conducted by Fiona Edwards. I understand the nature of this project and wish to participate. I understand that I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Please read the following, then sign below it to indicate your understanding:

_____ I understand the procedures and consent to participate in this study.

_____ I consent to being audio-recorded during the interview.

_____ I consent to being contacted about participating in a follow-up telephone interview after the initial interview.

_____ I consent to the use of quotations (words or phrases from the interview) in a final report and in papers for publication.

I have read and understand the above information. I have received a copy of this form and I agree to participate in this study. My signature below indicates my consent.

Signature Date

_____ _____

Participant

Signature Date

_____ _____

Principal Investigator

Appendix P: Informed Consent Form for Mental Health Workers

Study Name: A study exploring the lived mental health experiences of ACCY utilizing mental health services

Researcher: Fiona Edwards, PhD thesis research

School of Social Work, York University

4700 Keele Street, Toronto, Ontario, M3J 1P3

T. 647-896-4222

Email: chrislyn@yorku.ca

Purpose of the Study

The purpose of this study is to gain understanding of the mental health experiences of ACCY using mental health services in Southern Ontario urban areas. This study will seek to gain ACCY's perceptions/understandings of mental health/illness and well-being/wellness to better support their mental health needs and the Afro-Caribbean community as a whole.

Who am I?

I am a Registered Social Worker of Afro-Caribbean descent working in the field of children and youth mental health. I am also a Certified Mental Health First Aid Instructor for Adults who Interact with Youth, and a Registered safeTALK Trainer. In these roles, I help to destigmatize mental illness and increase mental health literacy in the Greater Toronto Area for families, faith-

based leaders, volunteers and professionals working with youth who are experiencing mental health problems.

This study stemmed from my personal and professional interests. Professionally, I have over 10 years of experience working in the field of youth mental health where I provide services for a diverse population including ACCY and their families. My work in the field of youth mental health has given me access to a network of service providers and organizations that seek to improve access and delivery of mental health services to youth from diverse backgrounds.

I am in an ideal position to conduct this study and to present my findings to important organizations such as the Mental Health Commission of Canada, Southern Ontario urban areas Services Collaborative, Mental Health First Aid Canada and community agencies (e.g. Associated Youth Services of Peel, Southern Ontario urban areas Children's Centre and Rapport Youth and Family services) with a goal of addressing existing policies and programs to ameliorate mental health services for ACCY, their families and the Afro-Caribbean community.

What You Will Be Asked to Do

You will be asked to share your perspectives of the mental health experiences of ACCY in a 90 minute interview. The interview will be conducted in English and will take place in a setting that is mutually agreed upon by the researcher and participants, most preferably in a private room located in a public building not affiliated with the agency/organization directly involved with this

research. You will be asked to have your interview audio recorded and can still participate in the study if you choose not to. Below, I will explain what anonymity and confidentiality are. Although it is optional, you will be asked to review the initial research findings to ensure I have fully captured your experiences and knowledge.

Risks and Discomforts

You will be asked to talk about your experiences. While I will try to create a safe space and reduce harm, the risk of participating is similar to you sharing your experiences with others which may include discomfort or emotional distress. However, I included a list of community agencies for resources to support you, just in case:

Family Services of Peel: 905-270-2250

Catholic Family Services: 905-450-1608

Benefits of the Research and Benefits to You

I do not expect any direct benefits in participating in this study, except it provides you an opportunity to share your opinions and experiences with me. However, I hope this study will help make positive changes in our current mental health system, its policies and practices, to support the mental health needs of ACCY, their families and the Afro-Caribbean community as a whole, and you may be able to contribute by suggesting a direction you think we should take. Your participation will also help raise understanding of mental health in the Afro-Caribbean community, and the experiences of ACCY utilizing mental health services.

Voluntary Participation

Your participation in this research is completely voluntary and you may refuse to answer any questions. Your decision not to participate or to discontinue participation will not influence the nature of your relationship with me or the nature of your relationship with the agencies or York University either now or in the future. An honorarium of $20 will be provided to partially cover transportation cost.

Withdrawal from the Study

You may withdraw your participation from the study for any reason at any time. Your decision to withdraw from the study will not negatively impede the relationship between you and the researcher, as well as the organizations closely linked to the study (such as York University). The information you share will be included in the study unless you advise to remove it. Also, you will still be eligible to receive the promised $20 honorarium even if you withdraw from this study.

Confidentiality and Anonymity

The information you provide will be kept confidential. The information you share will only be used for research, and your real name and any information that could identity you will not be used in any type of publication or presentation or analysis. A pseudonym will be used to protect your identity. You may wish to choose an identifier that you would like me to use when referring to you in the dissertation study report. When the recorded audio data is transcribed, all

identifying information about people, situations, and organizations will be removed and only the principal investigator (Fiona Edwards) will know the identity of the participant. I may use a professional transcriber. This transcriber will sign a confidentiality agreement; thus, your real name will not be known to anyone but myself and you will remain anonymous.

Transcriptions will be stored on a password protected computer and USB. Hard copies will be locked in a file cabinet only accessible by the principal investigator at her place of residence. All data will be completely anonymized (i.e., any identifying information will be removed). Pseudonyms will be used in the transcribed audio so that your information will be kept anonymous. I plan to publish from the data. I will keep the data until I complete the publications, after which all the data will be destroyed.

The principal investigator and her committee (Dr. Atsuko Matsuoka, Professor, School of Social Work, York University; Dr. Maria Liegghio, Associate Professor, School of Social Work, York University; and Dr. Charmaine Williams, Associate Professor, Factor-Inwentash Faculty of Social Work, University of Toronto) will be the only people who have access to the anonymized transcripts. Confidentiality will be provided to the fullest extent possible by law.

Questions About the Research?

You can contact me, Fiona Edwards, if you have any questions about the research or your role in the study. You can contact me directly during work hours (8am-4pm, Monday-Friday) at 647-896-4222 or by e-mail: chrislyn@yorku.ca. You also have the option to contact my supervisor,

Professor Atsuko Matsuoka, School of Social Work, York University by e-mail: atsukom@yorku.ca. Additionally, you can contact the Faculty of Graduate Studies at York University at 416-736-2100 (ext. 55521).

This research has been reviewed and approved by the Human Participants Review Sub-Committee of York University's Ethics Review Board, and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process or about your rights as a participant in the study, you may contact the Senior Manager and Policy Advisor for the Office of Research Ethics, 5th Floor, York Research Tower, York University, telephone 416-736-5914 or e-mail ore@yorku.ca.

Legal Rights and Signatures

I, _____, consent to participate in the above-described research conducted by Fiona Edwards. I understand the nature of this project and wish to participate. I understand that I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Please read the following, then sign below it to indicate your understanding:

_____ I understand the procedures and consent to participate in this study.

_____ I consent to being audio-recorded during the interview.

_____ I consent to a hired individual transcribing the audio recordings.

_____ I consent to being contacted about participating in a follow-up telephone interview after the initial interview.

_____ I consent to the use of quotations (words or phrases from the interview) in a final report and in papers for publication.

I have read and understand the above information. I have received a copy of this form and I agree to participate in this study. My signature below indicates my consent.

Signature Date

_____ _____

Participant

Signature Date

_____ _____

Principal Investigator

Appendix Q: Informed Consent Form for Faith-Based Leaders

Study Name: A study exploring the lived mental health experiences of ACCY utilizing mental health services

Researcher: Fiona Edwards, PhD thesis research

School of Social Work, York University

4700 Keele Street, Toronto, Ontario, M3J 1P3

T. 647-896-4222

Email: chrislyn@yorku.ca

Purpose of the Study

The purpose of this study is to gain understanding of the mental health experiences of ACCY using mental health services in Southern Ontario urban areas. This study will seek to gain ACCY's perceptions/understandings of mental health/illness and well-being/wellness to better support their mental health needs and the Afro-Caribbean community as a whole.

Who am I?

I am a Registered Social Worker of Afro-Caribbean descent working in the field of children and youth mental health. I am also a Certified Mental Health First Aid Instructor for Adults who Interact with Youth, and a Registered safeTALK Trainer. In these roles, I help to destigmatize mental illness and increase mental health literacy in the Greater Toronto Area for families, faith-based leaders, volunteers and professionals working with youth who are experiencing mental health problems.

This study stemmed from my personal and professional interests. Professionally, I have over 10 years of experience working in the field of youth mental health where I provide services for a diverse population including ACCY and their families. My work in the field of youth mental health has given me access to a network of service providers and organizations that seek to improve access and delivery of mental health services to youth from diverse backgrounds.

I am in an ideal position to conduct this study and to present my findings to important organizations such as the Mental Health Commission of Canada, Southern Ontario urban areas Services Collaborative, Mental Health First Aid Canada and community agencies (e.g. Associated Youth Services of Peel, Southern Ontario urban areas Children's Centre and Rapport Youth and Family services) with a goal of addressing existing policies and programs to ameliorate mental health services for ACCY, their families and the Afro-Caribbean community.

What You Will Be Asked to Do

You will be asked to share your perspectives of the mental health experiences of ACCY in a 90 minute interview. The interview will be conducted in English and will take place in a setting that is mutually agreed upon by the researcher and participants, most preferably in a private room located in a public building not affiliated with the agency/organization directly involved with this research. You will be asked to have your interview audio recorded and can still participate in the study if you choose not to. Below, I will explain what anonymity and confidentiality are.

Although it is optional, you will be asked to review the initial research findings to ensure I have fully captured your experiences and knowledge.

Risks and Discomforts

You will be asked to talk about your experiences. While I will try to create a safe space and reduce harm, the risk of participating is similar to you sharing your experiences with others which may include discomfort or emotional distress. However, I included a list of community agencies for resources to support you, just in case:

Family Services of Peel: 905-270-2250

Catholic Family Services: 905-450-1608

Benefits of the Research and Benefits to You

I do not expect any direct benefits in participating in this study, except it provides you an opportunity to share your opinions and experiences with me. However, I hope this study will help make positive changes in our current mental health system, its policies and practices, to support the mental health needs of ACCY, their families and the Afro-Caribbean community as a whole, and you may be able to contribute by suggesting a direction you think we should take. Your participation will also help raise understanding of mental health in the Afro-Caribbean community, and the experiences of ACCY utilizing mental health services.

Voluntary Participation

Your participation in this research is completely voluntary and you may refuse to answer any questions. Your decision not to participate or to discontinue participation will not influence the nature of your relationship with me or the nature of your relationship with the agencies or York University either now or in the future. An honorarium of $20 will be provided to partially cover transportation cost.

Withdrawal from the Study

You may withdraw your participation from the study for any reason at any time. Your decision to withdraw from the study will not negatively impede the relationship between you and the researcher, as well as the organizations closely linked to the study (such as York University). The information you share will be included in the study unless you advise to remove it. Also, you will still be eligible to receive the promised $20 honorarium even if you withdraw from this study.

Confidentiality and Anonymity

The information you provide will be kept confidential. The information you share will only be used for research, and your real name and any information that could identity you will not be used in any type of publication or presentation or analysis. A pseudonym will be used to protect your identity. You may wish to choose an identifier that you would like me to use when referring to you in the dissertation study report. When the recorded audio data is transcribed, all identifying information about people, situations, and organizations will be removed and only the principal investigator (Fiona Edwards) will know the identity of the participant. I may use a

professional transcriber. This transcriber will sign a confidentiality agreement; thus, your real name will not be known to anyone but myself and you will remain anonymous.

Transcriptions will be stored on a password protected computer and USB. Hard copies will be locked in a file cabinet only accessible by the principal investigator at her place of residence. All data will be completely anonymized (i.e., any identifying information will be removed). Pseudonyms will be used in the transcribed audio so that your information will be kept anonymous. I plan to publish from the data. I will keep the data until I complete the publications, after which all the data will be destroyed.

The principal investigator and her committee (Dr. Atsuko Matsuoka, Professor, School of Social Work, York University; Dr. Maria Liegghio, Associate Professor, School of Social Work, York University; and Dr. Charmaine Williams, Associate Professor, Factor-Inwentash Faculty of Social Work, University of Toronto) will be the only people who have access to the anonymized transcripts. Confidentiality will be assured as far as is possible, except as required by law to follow a court order. Confidentiality will be provided to the fullest extent possible by law.

Questions About the Research?

You can contact me, Fiona Edwards, if you have any questions about the research or your role in the study. You can contact me directly during work hours (8am-4pm, Monday-Friday) at 647-896-4222 or by e-mail: chrislyn@yorku.ca. You also have the option to contact my supervisor, Professor Atsuko Matsuoka, School of Social Work, York University by e-mail:

atsukom@yorku.ca. Additionally, you can contact the Faculty of Graduate Studies at York University at 416-736-2100 (ext. 55521).

This research has been reviewed and approved by the Human Participants Review Sub-Committee of York University's Ethics Review Board, and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process or about your rights as a participant in the study, you may contact the Senior Manager and Policy Advisor for the Office of Research Ethics, 5th Floor, York Research Tower, York University, telephone 416-736-5914 or e-mail ore@yorku.ca.

Legal Rights and Signatures

I, _____, consent to participate in the above-described research conducted by Fiona Edwards. I understand the nature of this project and wish to participate. I understand that I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Please read the following, then sign below it to indicate your understanding:

_____ I understand the procedures and consent to participate in this study.

_____ I consent to being audio-recorded during the interview.

_____ I consent to a hired individual transcribing the audio recordings.

_____ I consent to being contacted about participating in a follow-up telephone interview after the initial interview.

_____ I consent to the use of quotations (words or phrases from the interview) in a final report and in papers for publication.

I have read and understand the above information. I have received a copy of this form and I agree to participate in this study. My signature below indicates my consent.

Signature Date

_____ _____

Participant

Signature Date

_____ _____

Principal Investigator

Appendix R: Confidentiality Agreement and Proof of Training by the Researcher

Project Title: A study exploring the lived mental health experiences of Afro-Caribbean Canadian youth utilizing mental health services

Principal Investigator: Fiona Edwards MSW RSW Ph.Dc

Contact Information: chrislyn@yorku.ca or 647-896-4222

I _ _____ (name of the transcriber) understand confidential information will be made known to me for a study being conducted by Fiona Edwards in the School of Social Work York University. I agree keep all information collected during this study confidential, and will not reveal by speaking, communicating or transmitting this information in written, electronic (disks, tapes, transcripts, email) or any other manner to anyone outside the research team. Further, I agree that final disposition of all data must be in accordance with the approved protocol and/or agreement with the Principal Investigator.

I am familiar with the Tri-Council Policy statement and have been apprised of my responsibilities with respect to the ethical conduct of research involving human participants and adhering to the approved protocol

Name of the Transcriber:

Signature of the Transcriber:

Date:

Name of Principal Investigator:

Signature of Principal Investigator

Date:

PANEL ON RESEARCH ETHICS

Navigating the ethics of human research

TCPS 2: CORE

Certificate of Completion

This document certifies that

Fiona Edwards

has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)

Date of Issue: **24 September, 2019**

Appendix T: Ethics Approval

YORK
UNIVERSITÉ
UNIVERSITY

OFFICE OF RESEARCH ETHICS (ORE)
309 York Lanes

4700 Keele St.
Toronto ON
Canada M3J 1P3
Tel 416 736 5914
Fax 416 736-5512
www.research.yorku.ca

Certificate #:	**STU 2020-022**
Approval Period:	**03/05/20-03/05/21**

ETHICS APPROVAL

To: **Fiona Edwards - Graduate Student**
Social Work
chrislyn@yorku.ca

From: Alison M. Collins-Mrakas, Sr. Manager and Policy Advisor, Research Ethics
(on behalf of Jennifer Kuk, Chair, Human Participants Review Committee)

Date: Thursday March 5, 2020

Title: **A study exploring the lived mental health experiences of Afro-Caribbean Canadian youth utilizing mental health services**

Risk Level: ☒ Minimal Risk ☐ More than Minimal Risk

Level of Review: ☒ Delegated Review ☐ Full Committee Review

I am writing to inform you that this research project, **"A study exploring the lived mental health experiences of Afro-Caribbean Canadian youth utilizing mental health services"** has received ethics review and approval by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines.

Ongoing research – research that extends beyond one year – must be renewed prior to the expiry date.

Any changes to the approved protocol must be reviewed and approved through the amendment process by submission of an amendment application to the HPRC prior to its implementation.

Any adverse or unanticipated events in the research should be reported to the Office of Research ethics (ore@yorku.ca) as soon as possible.

For further information on researcher responsibilities as it pertains to this approved research ethics protocol, please refer to the attached document, **"RESEARCH ETHICS: PROCEDURES to ENSURE ONGOING COMPLIANCE".**

Should you have any questions, please feel free to contact me at: 416-736-5914 or via email at: acollins@yorku.ca.

Yours sincerely,

Alison M. Collins-Mrakas M.Sc., LLM
Sr. Manager and Policy Advisor,
Office of Research Ethics

Appendix U: Ethics Renewal

YORK
UNIVERSITÉ
UNIVERSITY

Certificate #:	**STU 2020-022**
Initial Approval:	**03/05/20-03/05/21**
Amendments:	**Amendment approved: 03/18/21**
Renewals:	
Current Approval Period:	**03/05/20-03/05/21**

OFFICE OF RESEARCH ETHICS (ORE)
309 York Lanes

4700 Keele St.
Toronto ON
Canada M3J 1P3
Tel 416 736 5914
Fax 416 736-5512
www.research.yorku.ca

ETHICS AMENDMENT APPROVAL

To: **Fiona Edwards - Graduate Student**
Social Work
chrislyn@yorku.ca

From: Alison M. Collins-Mrakas, Sr. Manager and Policy Advisor, Research Ethics
(on behalf of Veronica Jamnik, Chair, Human Participants Review Committee)

Date: Thursday, March 18, 2021

Title: **A study exploring the lived mental health experiences of Afro-Caribbean Canadian youth utilizing mental health services**

Risk Level: ☒ Minimal Risk ☐ More than Minimal Risk

Level of Review: ☒ Delegated Review ☐ Full Committee Review

With respect to your research project entitled, **"A study exploring the lived mental health experiences of Afro-Caribbean Canadian youth utilizing mental health services",** the committee notes that, as there are no substantive changes to either the methodology employed or the risks to participants in and/or any other aspect of the research project, a renewal of approval re the proposed amendment(s) to the above project is granted.

Any further changes to the approved protocol must be reviewed and approved through the amendment process by submission of an amendment application to the HPRC prior to its implementation.

Ongoing research – research that extends beyond one year – must be renewed prior to the expiry date.

Any adverse or unanticipated events in the research should be reported to the Office of Research ethics (ore@yorku.ca) as soon as possible.

For further information on researcher responsibilities as it pertains to this approved research ethics protocol, please refer to the attached document, **"RESEARCH ETHICS: PROCEDURES to ENSURE ONGOING COMPLIANCE".**

Please note that prior to commencing any research activities, researchers are advised to review the latest updates on research involving human participants at: *https://www.yorku.ca/research/researchers-faqs/*

Should you have any questions, please feel free to contact me at: 416-736-5914 or via email at: acollins@yorku.ca.

Yours sincerely,

Alison M. Collins-Mrakas M.Sc., LLM
Sr. Manager and Policy Advisor,
Office of Research Ethics