



# A Sound Mind: **MENTAL HEALTH IN THE BLACK COMMUNITY**

Forum Report



# Executive Summary

The Black Health Alliance (BHA) is a non-profit, community-based corporation consisting of community organizations, health and social services professionals and community members working in partnership to advance the health and well-being of the Black community.

The Black Health Alliance (BHA) held its forum “A Sound Mind: Mental Health in the Black Community” on Saturday November 14, 2015. The forum addressed the stigma and roadblocks experienced by individuals and families living with a mental illness. The forum brought together members of the Black community, medical professionals and agencies that provide mental health services to engage in a thought-provoking, open and non-judgmental dialogue about the state of mental health in the Black community.

The keynote speaker was Dr. Kwame McKenzie, CEO of the Wellesley Institute. Dr. McKenzie spoke about the reality of mental illness within the Black community and concluded that the Black communities mental health will improve if we develop our communities, build on our strengths and successes, and play an active role in Canada’s solutions.

The forum topics included Black women, its expression and impact presented by Dr. Natasha Browne, a Registered Psychologist. Black men, its expression and impact presented by Derrick Williams, a community counsellor. A roundtable discussion that focused on culturally specific programs and services, participants included, Donna Alexander, Registered Social Worker at Substance Abuse Program for African Canadian and Caribbean Youth at CAMH, Dr. Natasha Browne community psychologist, Racquel Hamlet, Registered Social Worker at TAIBU Community Health Centre, Akwatu Khenti Director Transformative Health at CAMH and Derrick Williams a Community Counsellor.



# The State of Mental Health in the Black Community

Dr. McKenzie highlights that the health experiences of the black population, shows itself through lower life expectancy, hypertension, diabetes, obesity, cancer and aggression. The rates of mental health related problems are higher in the black communities than they should be but lower than expected compared to the barriers faced by this community. Dr. McKenzie notes in order to address mental health within the black community we need to improve mental well-being and mental capital, provide early interventions and implement new therapies.

Dr. McKenzie highlights five-steps to stay resilient on an individual level: connection to family, mindfulness (to enjoy and to remember), continues learning, staying active and giving back. The solution to improving mental capital includes mental health as well as intelligence (IQ) and emotional intelligence (EQ).

Dr. McKenzie addressed the link between living in a racialized country and developing a mental illness. Racism is complex and has a multi-level impact, for example, on a cognitive level, interpersonal, ecological, institutional, macro-political and perception. Socially inflicted trauma, economic and social inequality, inadequate or inappropriate medical care and targeted marketing of commodities than can harm health: food, alcohol and drugs impact the health of the black community. Dr. McKenzie notes that racism stress comes in three different stages: firstly, stress because of life event, secondly, stress because event is considered unfair and thirdly, stress because of inability to do anything about the situation. Racism leads to a three level stressor. Dr. McKenzie notes this perceived racism than leads to heightened stress response, perceived discrimination and mental and physical health challenges.

The unanswered question is what should we do? And Dr. McKenzie argues that we must build resilience and mental capital by building on equitable social, political and service responses that builds on mental capital. The community needs to get involved politically, in social and health policy. Lastly, we need to prevent illness and equitably treat illness that arises by taking action on social determinants of health, disparities in access to services and community engagement.

Dr. McKenzie spoke about the importance of early intervention because early intervention is associated with better high outcomes. There's also a need to increase service by culturally adopting services to the black community. Dr. McKenzie concludes by noting the need for more promotion work, prevention and targeted research that focuses on system reform and better treatment outcomes.

# Mental Illness Among Black Women, Its Expression And Impact

Dr. Natasha Browne addressed mental health in relation to black women and argued that care of the mentally ill is primarily inpatient treatment facilities with a focus on the medical model of care. Dr. Brown, highlights what is lacking is a more whole person intervention, which goes beyond the illness. This has led to the idea and maintenance of the pervasive belief system that mental health related problems only require significant interventions. Dr. Browne addresses the need for addressing the stigma of mental illness in the black community and the need to create more culturally adoptable psychotherapies for the black community.

Dr. Browne notes that seeking and securing mental health services and supports remains a challenge for the black community. This community experiences barrier, such as, limited access, racism, culturally- rooted stigma, language and unemployment. Dr. Browne argues that for African, Caribbean and black Canadians, the struggle for mental health is often a silent one, with misunderstandings within the community. Dr. Browne highlights the challenges in finding a therapist of colour or organizations that cater to the needs of the black community.

Dr. Browne states that perceptions of mental health in the Caribbean community include popular beliefs that it is brought on by spell or spirits, punishment for wrongful deeds, it is hereditary or the person is making it up. This then leads to conflict between the traditional treatment and Western based treatments. Some of the common beliefs about treatment include that treatment will not cure or help control one's problem and home herbal remedies will solve your problem. Dr. Browne notes there's a high stigma concerning mental illness in the community, for example, not disclosing to friends or family and religion/ spirituality is highly valued and often turned to.

Dr. Browne explains when it comes to black women and mental health that modern beliefs and symbolism in the black community has created some problems (e.g. "strong black women"). Black girls are often taught to "keep your head up" and get through anything, regardless of what is happening in your life. This in turn leads to black women not acknowledging depression or anxiety because they believe they cannot. Dr. Brown notes that the stereotypical notion of the strong black women can also be seen as a barrier to access mental health treatment. Few black women seek treatment and may seek treatment for somatic concerns with primary physician. Dr. Browne explains that black women seek mental health care less and at a later stage than white women due to the poor service they often receive from the system.

## What do we do?

Dr. Browne argues that in Canada, we must culturally adopt psychotherapies for the Black community and like the United States research must be conducted on the detrimental effects of racism, in addition to other research that evaluates appropriate services for black youth. To improve one's mental health, black psychologist and other mental health professionals agree that spirituality is necessary for healing. The black women must develop a healthy identity and building self- confidence. They must also foster and use social supports and recognize symptoms, because mental illness is experienced different from individual to individual. Lastly, black women must develop an attitude of optimism.

# Mental Illness Among Black Men, Its Expression And Impact



Derrick Williams spoke about mental illness among black men and argued that their experience is often an isolating one that is fraught with stigma and many misunderstandings about their experience and reluctance to access treatment. Derrick notes that the reality is that the social environment is not conducive to the mental health of black men. Beginning in adolescence black males face experience threats to their mental health and this continues throughout their lifespan.

Derrick notes the factors that impact on black men's mental health includes: employment, poverty, education, child welfare system and criminal justice system. The social vulnerabilities that impact black men are multi-layered. These major systems collude to create conditions that affect the mental health of black men.

Derrick speaks about employment and explains the most pronounced evidence of socioeconomic disparity between Canadian citizens is the statistically significant gap in wages experienced by blacks, particularly black men. Derrick spoke about the school-to-prison pipeline and explained that getting into trouble at school is often the first slip into this pipeline. School-level practices correlate with delinquency and incarceration, zero-tolerance disciplinary and a one-size-fits-all approach.

Derrick explored some of the issues affecting black youth, for example, lack of employment, suspension or expulsion from schools, youth in child protection system often cross over to the criminal justice system, youth lack voices and there's an over-criminalization of young black youth. Derrick summed up some of the issues facing black men, including, stereotyping the "Black Males" as threats, unemployment, racial profiling by police, incarceration, and lack of accessibility to services for emotional support. Most black men with mental illness do not access treatment until it is too late and their pathways to care can be traumatic.

Derrick outlined factors that promote recovery, which included working from a cultural safety lens and building strong community leaderships, mental health professionals need to address the impact of slavery and racism on the mental health of the African and Caribbean Canadian community. Service models must take into account the role of culture and history. Lastly, it is important to consider the role of trauma in the lives of black men. For example, gun violence, police brutality and the impact of war and displacement for those who have immigrated.

# Low Hanging Fruit, What Can We Do Now?

## Public Policy, Research, Culturally Competent Programs And Services

During the roundtable discussion there was light shed on how to support someone experiencing mental health related issues. Many of the panellists emphasized the importance of approach individuals' from a non-judgemental perspective and understanding where the person is coming from. Evaluation of the severity of the situation is needs and the importance of taking suicidal ideation seriously and taking people to the Emergency department.

Utilizing social supports, for example, family, neighbourhood, church, mosque, temple and community. The panellist spoke about addressing your own stigma and not perpetuating myths or caring stigma around. Family members need to access support for themselves first and allow services providers to guide them through the system or services available. From here family members can plan what they're going to do next or move forward with the appropriate services.

Mental health professionals and services providers need to work form a client-centred approach, making sure the clients are ready for the service or treatment. Services providers need to recognize the problem and prioritize the client's needs. Services providers need to explore strengths from a historical context when working with the Black community and emphasize that strengths is about being sound and allowing weakness.





# Conclusion: Feedback, Recommendations And Plan Of Action

Next Steps: Low Hanging Fruit, what can Black Health Alliance (BHA) do in the next 9-12 months to address Mental Health?

## Feedback from the Forum:

### 1. BHA Health and Social Service Professional Database

- User-friendly, list/spread or database that allows the user to quickly find individuals or organizations that provides health and/or social services to the Black community.
- Search features: Search by profession (Anaesthesiologist to Zoologist), by name (Dr. Williams), by topic (Mental Health). The list will provide the essential contact information of the individual/organization (e.g. address, telephone, email, website, services provided).
- Collaborators: OBPA, Black Pages.
- Cost: minimal, may be associated with person with the IT knowledge of how to design the desired database. Request through membership, Volunteer Toronto
- Timeline: 3 months (ongoing building of database).

### 2. Peer-to-Peer Culturally Competent Mental Health Training Projects

- Expanding the clinical competency of mental health workers within key institutions such as TDSB/TCSB, CAS, Toronto/Peel/Durham Police Services, CHCs, Hospitals, Tropicana, and JCA. Structured curriculum, or series of workshops with an evaluation component in the following areas:
- Culturally Adaptive Cognitive Behavioural Theory – as delivered by Dr. Natasha Browne through CAMH.
- Culturally Appropriate Crisis/Trauma Intervention– as discussed by Nene Kwasi Kafele.
- Collaborators: Dr. Browne, Nene Kafele/Tobono Institute, TAIBU, WHIWH's
- Costs: Variable, to be developed, funding – Trillium, City of Toronto, TDSB/TCDSB, TPS.

### 3. A Sound Mind: Black Focused Mental Health Promotion Campaign

- Similar to Bell Let's Talk, develop a multi platform campaign using My Life, My Story Testimonials, Promotion of Culturally Appropriate Services, Health Research Facts using print, radio, blogs, on-line video, poetry, art, music, photography, etc.
- Collaborators: G98.7 FM, SHARE, Telus, Planet Africa, CBC, Toronto Star, TAIBU, WHIWH's, Black CAP, African Canadian Church Network, African Community Organizations.
- Costs: \$5000 for any advertising or video production costs.

### 4. Life Skills Training

- A series of workshops that focus on coping strategies, communication skills, developing resiliency, awareness of support resources, etc.
- Collaborators: Derrick Williams, other similarly trained persons, Tropicana, JCA, TAIBU.



## 5. Research Roundtable

- Initial call to develop a research agenda. Comments from Nene: A research planning and coordination roundtable -especially with young scholars - who have nothing to lose- to coordinate all Canadian-specific and other mental health related data and publications that could be helpful. Also to identify new areas of important mental health research needs to be explored. This makes for coordinated data access for planning, advocacy, program development and community education. Advocate for race based data collection.
- Collaborators: Nene, Akwatu, Dr. Mckenzie, recruit/solicit MSW candidates, graduate students, etc.
- Costs: minimal.

Throughout these efforts there must be a concerted effort to be inclusive of the continental, African communities who suffer alongside us. The greater we pull and stick together the faster we will get results and advance our health agenda.

### **Slightly Higher Hanging Fruit:**

Multiple CHC's and Social Service Organizations, school boards and police services throughout Ontario incorporating culturally appropriate mental health services.

### **Much Higher Hanging Fruit:**

A Provincial and National African Canadian Mental Health Strategy.

# **Black Health Alliance**

[info@blackhealthalliance.com](mailto:info@blackhealthalliance.com)  
[facebook.com/BlackHealthAlliance](https://facebook.com/BlackHealthAlliance)  
[twitter.com/BlackHealthAll](https://twitter.com/BlackHealthAll)

