



Black Health Alliance supports the International Decade for People of African Descent

# A SOUND MIND II: Mental Health and Youth

## 2016 Forum Report



McCarthy Tétrault  
Foundation

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# Executive Summary

The Black Health Alliance (BHA) is a non-profit, community-based organization 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.

BHA held its second annual forum “A Sound Mind II: Mental Health and Youth” on Saturday November 12, 2016. The forum addressed:

- What does mental illness look like among Black youth now
- Sources of supports that Black youth need to cope
- Steps that diverse communities can take to protect the mental health and well-being of youth
- How to continue moving onwards and forward; and
- Fireside chat with MP Celina Caesar-Chavannes on living with mental illness

The forum convened over 200 individuals and allies from within and outside the Black community, representatives from different levels of government, medical professionals and agencies that provide mental health services. The forum engaged participants in ***thought-provoking, open and non-judgmental dialogues about mental health and Black youth.***

Keynote speaker Asante Haughton, who is a Caseworker at Pathways to Education, a positive social change activist, a poet, a global and local front line worker, shared his personal journey as ‘a survivor’ of depression and anxiety. Asante described his struggles with suicidal ideation as a young Black male growing up in low-income housing in Toronto, with a single parent who also suffered from mental illness. He highlighted the ***need to create awareness about the impact of mental illness on youth and to have open discussions and listen without shame or judgement.***

The forum also included presentations by Akwatu Khenti, Director of Transformative Health at the Centre for Addictions and Mental Health (CAMH) and Jabari Lindsay, Manager of Youth Development with the City of Toronto. A panel discussion focused on the sources of support for youth with panellists Tapo Chimbanga, a Lecturer with the Institute for Childhood Education at Leeds Trinity University; Natasha Halliday, a Youth Forensic Clinical Coordinator at Ontario Shores Centre for Mental Health Sciences; Shannon Ryan, Executive Director of the Black Coalition for AIDS Prevention and Alaaddin Sidahmed, Founder and Co-Lead of Jack.org in Waterloo. The panel was moderated by Jahmeelah Gamble who is the Host of “A Voice For All” on Rogers TV.

The forum incorporated My Life, My Story Testimonials with powerful accounts from Monah Water, Dennis Langley and Simone Walsh on their unique journeys with mental illness (s). Celina Caesar-Chavannes, Member of Parliament (MP) for Whitby and Parliamentary Secretary to Prime Minister Trudeau, closed out the testimonials in a Fireside Chat on her journey with mental illness. In her presentation, she described how communities can work together to seek concrete responses to issues such as lack of mental health supports for specific communities. Fireside Chat Moderator J.R. Dash, BHA’s Treasurer, facilitated questions from the audience to MP Caesar-Chavannes who also shared specific steps on how communities can engage government officials to support change. The forum concluded with an update on activities initiated from 2015 forum recommendations, including the progress of the African Canadian Mental Health Strategy in collaboration with the Tabono Institute, African Canadian Legal Clinic, Zero Gun Violence Movement and other organizations, individuals and healthcare proponents.

# What does mental illness look like for Black youth now?

Asante Haughton shared a very moving personal experience about his struggles to overcome depression and anxiety as a young Black male growing up in low-income housing in Toronto. He described himself as a regular guy with an irregular story, a survivor of depression and anxiety, a son of a mother who hears voices and the brother of a man who is accustomed to having conversations with himself. He recalled the third suicide letter that he wrote and his constant thoughts of suicide ideation to relieve his pain.

Asante highlighted the **issues that many young Black youth face: isolation, depression, social anxiety, low self-esteem, poverty, self-hatred, lack of parental support, violence, and misinformation**. The **main cause** he pointed out **stems from living in poverty, racial profiling and domestic and social violence**. The **negative behaviours that youth display are usually cries for help and a strong indication that the youth feels that no one cares**, he said. In his presentation, Asante highlighted the culture shock that some Black youth experience when they are faced with the underrepresentation of other Black youth in academic spaces. He pinpointed this lack of representation as one of the primary sources for the downfall of Black youth, even when they are in environments meant to uplift them.

He described the difficult conditions that he and other youth are faced with on a daily basis and the impact of those stressors on the mental health of youth in particular. Asante outlined the **trauma that he experienced as a result of the loss of friends to gun violence, incarceration, drugs, as well as experiences of failure** (perceived and projected) that he encountered while growing up. He also highlighted additional struggles that he and other youth face as a result of racism, unsafe neighborhoods, lack of proper care and how these factors create self-hate, lack of self-worth, lack of caring for the life of others and disconnection from one's environment. He emphasized that **youth will start feeling more supported when they are asked "what's wrong instead of what is wrong with them?"** He also stressed the need for communities to learn to recognize the signs and symptoms of mental illness among youth, and break down stigmas to create safe and compassionate spaces for them to feel supported.

He identified the need for programs that assist youth, in particular Black youth with their transition to university to mitigate isolation and alleviate further adverse effects. He believes that if youth are supported to develop effective coping skills they will become empowered and their mental health and well-being will improve. He also said that **if Black youth are to overcome many of these social barriers they need ongoing support beyond financial**.

Asante explained the importance of culturally sensitive and relevant resources and relatable counsellors to encourage youth to speak about the issues that they face, so they can develop the knowledge and awareness to heal. He recommends that we become aware of self-defeating behaviours such as negative self-talk and veer towards compassion for youth. Asante noted that through education and awareness, we can identify the signs of unhappiness displayed by young people and prevent the cycle of self-hatred and further violence. He also reiterated that **emphasis should be placed on safe spaces for youth where they can expect compassion instead of scorn; spaces that focus on understanding over blame**. Above all, Asante hopes that his story can uplift and help other youth to overcome the barriers they encounter.

## Panel Discussion: Sources of Support

The interactive panel discussion highlighted formal and informal resources required to support the unique needs of Black youth. The availability of appropriate services that meet their needs effectively continues to be a challenge. Questions from the audience highlighted the difficulty to initiate conversations about mental health especially among males and the stigma that exists around mental health. The panel shared their sources of support for Black youth and the need for additional resources to effectively respond to the issues they face.

Many of the panellists emphasized trauma as a key role in the onset of mental illness among Black youth. They noted that ***many youth are dealing with the trauma in silence***. Some are also dealing with fear of reprisals if they speak about violence they witnessed and/or emotional turmoil from losing someone in their community to violence. They may also be dealing with the every-day fear of living in certain neighbourhoods and these issues further compound the trauma they are dealing with in silence. Added stress from deportation of family members and friends, and direct or indirect encounters with the police are additional areas of struggles.

Programs such as Pathways to Education, in Rexdale that supports students through high school and into postsecondary school was highlighted. A key point in the discussion about this program was that since the focus of the program expanded to include mental health, it was discovered that many of the children who were labelled as delinquent were in fact dealing with un-diagnosed mental illness. A member of the panel highlighted the success of this program and explained that more than 80% of the students who were labelled as delinquent by schools, were found to be dealing with a mental illness. The students affected were able to access the supports they need to succeed through this program because it was geared to meet their needs.

Program offered at The Black Coalition for Aids Prevention (Black CAP) to address mental health and young Black gay men were also addressed. With 1 in 4 gay/Black males living with HIV, for the first time since the epidemic appeared 30 years ago, there is a significant rise in HIV among men under 25. The Black youth LGBTQ2S community is grossly underserved and is facing significant challenges in addition to everyday struggles mentioned.

***Resources and support needs to go beyond just knowledge or the lack of the use of condom. A wrap-around health system that addresses settlement, housing, employment, physical, mental emotional health and more, should be among the responses to mental health issues*** among this group. The true barriers to mental wellness discussed includes a limited body of resources to respond to health issues, intimate partner violence, depression, Post Traumatic Stress Disorder and high levels of stress.

Discussions on how we can make our Black youth feel that they are capable and can achieve, include supports such as ***having the right individuals speaking to youth to help them overcome labels; having frank conversation with them about anti-Black racism in Canada and teaching them about significant figures as examples of success in all areas, and not just in sports***. An example of best practice mentioned, is the Peel District School Board, *We Rise Together* report, that seeks to understand the educational experiences and perceptions of Black youth in Peel region. The report was used to inform an action plan for practices and programs to improve the educational experiences of Black male students. The panel agreed that investment in community health centres that focus on relationship building is urgently needed as well as serious investment in research to better identify and respond to needs effectively.

# What can diverse Black communities do to protect the mental health and well-being of the youth population?

Akwatu Khenti, Director of Transformative Health at the Centre for Addictions and Mental Health (CAMH), focused on the diversity that exists within Black communities when compared to many other groups. He emphasized that the perception that Black people are a burden to society needs to change. This view point, is toxic to the mental health of Black individuals, especially to Black children whose minds are at their most vulnerable. He stressed that ***talks about mental health and addictions*** should focus on more than the mere absence of disorder or illness. Instead, it ***must be about the overall health and mental, physical and social functioning of an individual***. Mental illness he said, can disrupt a person's life and create long term challenges.

He identified ***key factors such as stigma, violence, racial profiling, racial inequities and the school system, that compound and in some cases, contribute to the development of mental health issues among youth***. He stated that stigma is often worse than the illness and that the ***intersection of mental health stigma and racial stigma further complicates the issue of mental health***. Akwatu identified specific school practices such as the expulsion of young Black children from kindergarten at the earliest, as sources of health harm in Black communities. He further outlined that these practices eventually feed directly into the school to prison pipeline. He reiterated that schools are supposed to be safe learning zones but instead, many have become sources of racial stigma, violence and negative education, that fuel problems the community is unable to solve by itself.

Akwatu highlighted the ***impact of homicide victimization on the mental health of Black youth*** and revealed that Black homicide spans over four decades in the City of Toronto, going as far back as the late 1970's. The issue is even more alarming today. He made reference to the fact that 50% of homicide in the City are Black youth, which is an increase from about 23% fifteen years ago. What is even more disconcerting Akwatu stated, is that Black males represent 79% of homicide victims in the City. The negative impacts from the different sources of health harm he said, are usually detected only after incarceration, where there is little or no support available for Black youth. In many cases the health providers sometimes share the stigma and the lack of responses further complicates problems that the community face.

In his recommendations, Akwatu highlighted ***community health as a key factor to individual health, especially on the mental health continuum***. The choices that we can make as individuals and as a community to address mental health stigma are crucial and should encompass our cultural strengths, he said. He emphasized ***drawing on our African roots to find gems of wisdom and socialization to help us respond to some of the social challenges that we currently face*** and as we embark on different paths. He encouraged Black communities to access the help of loved ones, to support those affected by mental illness, as the ability to participate in communities plays a big part in the way people experience and recover from mental illness. He emphasized that we need to define recovery and wellness for ourselves as communities, so that individuals can be supported to define it for themselves. He also identified ***parenting our children to face chronic racism and racial discrimination from the cradle to early adulthood***, as a solution to draw on. He also strongly believes that schools need to be a primary source of mental health based services because of their role as sources of health harms to Black communities over the past several decades.



# Onwards and Forwards

City of Toronto Youth Development Manager, Jabari Lindsay presented the ***process or conditions under which many Black youth develop mental health problems***: A child is born into a low social determinants of health environment, that child experiences various forms of trauma (either as a direct victim or witness thereof), then enters into or is subject to systems of oppression (racism, sexism, ageism, homophobia), ends up in care with the Children Aid Society, encounters struggles in school, with the police and the prison system. Jabari believes these conditions plays a role in the lack of understanding of one's identity. "I don't know who I am" is a source of stress and can be in relation to one's identity in the family, school, and the broader community. Similarly, we generally lack a genuine understanding of our parents - "What's the personality of my father? What's the personality of my mother?" Issues such as stigma and identity intertwine such that we don't allow ourselves to contemplate or accept the notion that a Black male could have PTSD, depression or anxiety and that does not make him less of a man.

Jabari identified several key challenges including "unidentified or not dealt with trauma". He gave a personal example of his father re-entering his family's lives after several years of being away and the negative impact it had on his younger brother which included suicidal thoughts. Jabari noted he did not make the link between his younger brother's behaviour and his dad's return until he was 35 years old. Jabari, recounts his experience with Breaking the Cycle youth and the notion that the "bully" was once the "victim". He pointed out that, ***"I never met a shooter who was not shot at or stabbed at least once before he ever took up a gun. I never met a drug dealer who had not heard his mother say over and over she does not have enough money to pay the bills, at the same time mom is telling him in order to be a real man you have to provide."*** He also singled out popular media messages such as "Get Rich or Die Trying" that are the mantra of today's messaging, which indicates that once you get capital, you can fix your world. When repeated, they send a message to youth that money solves problems and teach them that resiliency is based on money and who you know.

As ***racialized people we are in a precarious position in that, we are hired (and expected) to solve problems in our community that we did not cause*** explained Jabari. Tasked with solving these problems, racialized individuals are trying to work through similar "mess" of their own which adds to the problems. If we are to move towards effective change, these contributory factors need to be taken seriously he said. Popular media also has the potential to play a role in changing our thinking he explained. For example, the popular TV Show Empire introduced Post Traumatic Stress Disorder (PTSD) about a Black, gay male character and this is something that should be included more in popular media. While the show missed the opportunity to introduce PTSD about a Black, heterosexual, hip hop male character, which could have helped to bring attention to the stigma, more awareness through such media outlets are crucial.

Jabari said that ***the existing mental health care system has helped to create "Failed Youth" - youth who have tried to access support using the traditional methods without success***. Therefore, ***we need to look at comprehensive solutions that are relevant and meaningful to the community***. Jabari also shared his contribution to the development of The Toronto Youth Equity Strategy, the key elements of which include: community involvement (needs assessment, program design, implementation and evaluation); community training - resiliency; trauma, grief and its impact; significance of cultural recovery; impact of violence on individuals, families and community; first draw on activities and interests (food, sports) and teach through experience not preach; and, share with the community (train the trainer). Jabari further affirms that we need to build real capital and social capital among youth.

# Fireside chat with Celina Caesar-Chavannes

Celina Caesar-Chavannes, currently serves as the Parliamentary Secretary to Prime Minister Justin Trudeau and is the Liberal MP for Whitby. She is one of five Liberal MPs in Parliament of African, Black or Caribbean descent. MP Caesar-Chavannes speaks publicly about her personal bouts with depression, a fact that remains a relative rarity for a Canadian MP. Diagnosed with depression in 2015 in the months after her 2014 by-election bid defeat, part of her mission is to shed more light on mental health issues. As an authentic and genuine voice for Canadians struggling with mental health, the successful entrepreneur, celebrated research consultant, wife and mother of three, spoke frankly about the challenges of coping with depression.

In her presentation, MP Caesar-Chavannes proved once more that story-telling is powerful, stating that owning her depression is her therapy and that by talking about it she gives others permission to also talk about mental health. ***Reaching out for help can be particularly hard for Black women like herself*** she highlighted, and her mission is to change that. MP Caesar-Chavannes reassured the audience that they were not alone in their struggle. Like the My Life My Story forum presentations, she targets helping to validate feelings of those who are struggling to empower them to share their experiences. She has also been reported to push her colleagues, including Prime Minister Trudeau, to do more on mental health. Her experience waiting six hours in a hospital before finally seeing a doctor who clearly knew she needed to be an in-patient but told her there were no beds available, gives MP Caesar-Chavannes the personal understanding to advocate for improved mental health supports. Through the right medication, yoga and exercise she is able to manage her depression.

During her interaction with the audience, MP Caesar-Chavannes spoke about her conversations with the Prime Minister on adopting the UN Decade for People of African Descent and stated that ***“Mental health needs to be addressed from a racialized, immigrant and refugee perspective so that the Black community, which is part of that targeted group, gets the help needed.”*** She continued by saying that, “We’ve heard that there is a need for more mental health support across the board in terms of coalitions and funding.” She further stated that, “I sometimes feel there’s an expectation that I do something but when I look back, I am not sure who is following along, who is supporting that expectation, so that really does put an undue burden on me that I need to fix things in the community, and that is really, very heavy.

MP Caesar-Chavannes highlighted that communities can engage government officials more effectively if:

- The community rally MPs to adopt the UN Declaration of African Descent, ‘gel’ on issues such as mental health and strategically align them under the umbrella of the Decade
- The community organizes and seize opportunities to present their asks. MPs have timeframes to remain in office so utilize them, especially the ones who are community advocates
- They push for policy initiatives related to the community instead of simply extending speaking invitations to politicians
- They write letters, speak to MPs and get as many people as possible to know about the community’s interest so that advocates in caucus can get support from colleagues to advance meaningful solutions
- They talk to MPs - prioritize asks, synthesize ideas, maximize MPs time, and know where issues rest – Federal/Provincial, explain how ideas and how they will help millions of people, be direct, don’t apologize for being the squeaky wheel.



# Conclusion: Recommendations

The following recommendations include pending items from the 2015 forum combined with those from 2016 forum presenters and participants:

## BHA Health and Social Service Professional Database

- Need for database of individuals and organizations that provide health and/or social services to the Black communities
- Collaborators: OBPA, Black Pages, community organizations and health centres
- Cost: minimal, may be associated with organization's seconded staff and/or person with IT knowledge to design
- Timeline: ongoing building of database and regular updates

## Research Roundtable

- Continue building relationships with academic institutions and community partners to plan annual research conference to highlight research on mental health in Black communities
- Develop opportunities for graduate level students doing research on issues that impact Black communities to have more access to and interaction with Black communities

## Availability of Culturally Appropriate Mental Health Services

- Advocate for multiple Community Health Centres province-wide with similar model to TAIBU Community Health Centre that provides service to meet the needs of the Black community
- Advocate and create awareness for the availability of culturally appropriate service and service providers in social service organizations, school boards and police services throughout Ontario, incorporating culturally appropriate mental health services

## Strategy Initiatives

- A Black Health Strategy that outlines a plan of action to secure adequate supports including mental health services
- Rally government officials to implement policies designed to effectively address the health of Black youth and Black communities and streamline resources to meet specific needs

# Black Health Alliance

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