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PHO Rounds: Promoting Black Excellence and Evidence-Based Innovations in Mental Health

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WELCOME!

Today's Speakers



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Agenda

- 1 Welcome
- 2 Findings from Rapid Review
- 3 Learning Through Practice:
SAPACCY
- 4 Questions and Answers with
Audience

Learning Objectives

- 1. Describe** the ways anti-Black racism in Canada has translated to detrimental outcomes and harms, including differential mental health outcomes for Black communities.
- 2. Discuss** the diversity and characteristics of mental health services with, and for, Black communities.
- 3. Describe** Black communities' leadership and impact in designing and implementing mental health programs and services.
- 4. Understand** examples of meaningful collaborations with Black communities when co-designing and co-implementing anti-racist and responsive mental health supports.

Background¹

- Black populations in Canada wait **twice as long** for mental health care compared to their White counterparts
- Research shows the effectiveness of rooting mental health supports for Black populations within community connections, histories of resilience/resistance, Afrocentric values, and Black feminist principles
- Deficit-based approaches fail to fuel existing mental health initiatives catalyzed by community members, who recognize their needs well before health systems choose to include them in their policies.
- There is a clear gap in the knowledge base with regards to what mental health programs are currently underway that are created specifically for Black communities
- Co-creation of programming with community-based groups allows our planning to be effective in improving the mental health of those we work alongside

Scope

- Our aim was to review documentation on mental health services for Black communities and summarize their structures, service type, practices, and any available evaluation.
- The search focused on published and grey literature, and aimed for records that discussed planned and implemented programs and services, and those that could provide insight for public health practices.
- This rapid review addressed the following questions:
 - **What are the characteristics of current mental health services and programs focused on Black communities?**
 - **What are reported impacts of those services and programs?**

Analytical Framework: Black Health Alliance's 5 Priorities to End Disparities²

01	COVID-19 Recovery and Joint Action on Social Determinants of Health	<ul style="list-style-type: none">• Health programs must work to rebuild community capacity strained by the COVID-19 pandemic
02	Community Building and Neighbourhood Renewal	<ul style="list-style-type: none">• Do services work to strengthen community ties and belonging?
03	Health and Social Services Infrastructure That Meets the Needs of Black Torontonians	<ul style="list-style-type: none">• Were demands that Black community groups make tangibly met?
04	Culturally Responsive Interventions	<ul style="list-style-type: none">• Is cultural safety and important values held by Black community members incorporated in care?
05	Eliminating Anti-Black Racism in Health and Social Services	<ul style="list-style-type: none">• Is an anti-racist approach applied throughout care provision?

Methods

1 Planning

- Research questions developed in consultation with PHO equity experts.
- Selected search terms with health PHO equity experts and Library Services

2 Screening

- Searched grey literature (n = 143) and peer-reviewed literature (n = 841)
- Focused on: Canadian context, English language, and 2017-2022
- One reviewer identified articles from search results for eligibility for screening
- Two reviewers completed screening in two stages

3 Extraction

- Two reviewers completed extraction on articles identified for inclusion after a full text screening
- Records that met inclusion criteria (n = 23) were listed in an Excel database and relevant data was extracted

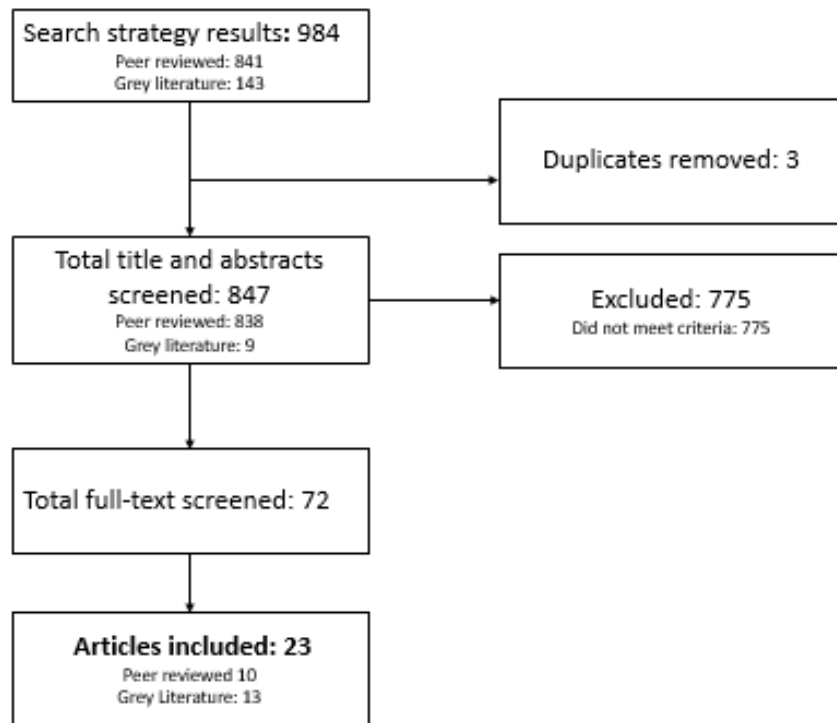
4 Reporting

- Data was organized based on the *5 Priorities to End Disparities* as presented by Back Health Alliance:
 - Culturally responsive care
 - Community building
 - Improved infrastructure
 - Eliminating anti-Black racism
 - COVID-19 recovery and joint action on social determinants of health

Eligibility Criteria

Inclusion Criteria	Exclusion Criteria
Records written in English and French between 2017-2022	Discussions on Black mental health that did not include any implementation components and/or data on impacts, such as open calls to action, theoretical frameworks, editorials, and commentaries.
Services in Canada and the US, with the purpose of increasing applicability and comparability with an Ontario context	Focus was limited to high-level 'racialized communities' (or similar terminology) without specific reference to Black populations.
Community-led and/or publicly-funded services and programs that explicitly focus on Black communities	

PRISMA Flowchart



Main Findings: Overview



Black-focused programs **provided a diversity of services**, including counselling, peer support groups, databases with Black healthcare providers, and mental health education.



13/23 programs focused on the **needs of intersecting Black communities**:

- Black youth ($n=9$)
- Black women ($n=4$)
- 2SLGBTQ+ ($n=3$)



Regarding the *Five Priorities to End Disparities*, a large number of programs focused on **culturally responsive care** ($n=10$) and **community building** ($n=10$), followed by infrastructure ($n=5$) and eliminating ABR ($n=1$).

Discussion: Culturally Responsive Care

PRACTICE

- **Adaptation of pre-existing therapeutic models**
(e.g., CBT for Black women, psychotherapy at Black churches, trauma-informed collaborative care)
- **Adaptation of services to be provided across various platforms and settings**
(e.g., mental health app for Black women, individual vs. group therapy for people living with HIV)

IMPACT

- Enhanced trust in service providers
- Decrease in PTSD symptoms
- Improved access to mental health care

Discussion: Community & Capacity Building

PRACTICE

- **Online MH promotion for individual skills**
(e.g., YBMEN: coping skills and how/where to seek MH help)
- **Peer support training programs**
(e.g., V-TRaC Lab, Black Emotional Mental Health Collective: Black community knowledge building on how to support others)
- **Partnership between community and healthcare institutions**
(e.g., Black maternal MH program collaborated with beauty salons)

IMPACT

- Increased knowledge on healing and mental health
- Increased peer support skills and improved MH attitudes

Discussion: Infrastructure

PRACTICE

- **Financial investments into Black youth mental health programming**
(e.g., expansion of SAPACCY via Government of Ontario funding)
- **Leveraging virtual technology to expand access to programming**
(e.g., Rites of Passage provides services at multiple locations via virtual delivery)

IMPACT

No documented evaluations of programs that included a focus on infrastructure.

Implications for Practice

- Take the lead from Black communities and **collaborate** to understand priorities.
- Culturally responsive care is **intersectional** (i.e., race alongside age, gender, sexual orientation, etc.).
- It is essential for mental health efforts to **address ABR** on the multiple levels of work covered in this review: systemic (e.g. investment), organizational (e.g. staffing, policies), community (e.g. engagement) and individual/personal levels (e.g. bias).
- Structured evaluations on the impact of Black-focused mental health supports focused are limited; efforts should be made to **support organizations to evaluate culturally responsive interventions.**

Limitations

- 56% of sources included were grey literature.
- The “Five Priorities to End Disparities” framework from the Black Health Alliance is based on Black communities in Toronto and the GTA.

RAPID REVIEW

Mental Health Services and Programs with, and for, Black Communities

Published: June 2023

Key Findings

- Services and programs identified were largely Black-led and/or designed, and implemented by community-based organizations and groups that included community health centres, community alliances, and not-for-profits.
- Based on the 5 Priorities to End Disparities, as presented in a report by the Black Health Alliance, we found that 'Culturally Responsive Care' was the most frequently covered priority in services and programs (n = 10), followed closely by 'Community Building' (n = 10), 'Improved Infrastructure' (n = 5), and 'Eliminating Anti-Black Racism' (n = 1).
- The main strategies for reducing barriers to mental health care and promoting meaningful engagement were: Flexibility in service or program formats (e.g., in clinic or in community settings; in-person or virtual), applying an intersectional lens (e.g., almost half of the included records applied at least one intersectional lens with youth, women, and 2SLGBTQ+ communities), and cultural responsiveness (e.g., Afro-centric adaptations of Cognitive Behavioural Therapy; integrating Black feminist thought in therapy for older women).
- The wide range of services and programs demonstrated that action on anti-Black racism should take place on multiple levels of mental health supports including systemic (e.g., investment), organizational (e.g., staffing, policies), community (e.g., engagement) and individual/personal levels (e.g., bias).

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Phillips C, Simeoni S, Noza A, Bennett Abuayyash C, Abdi S, Walji T. Rapid review: mental health services and programs with, and for, Black communities. Toronto, ON: King's Printer for Ontario; 2023.

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Learning through Practice

Centre for Addiction and Mental Health (CAMH)'s
Substance Abuse Program for African Canadian
and Caribbean Youth (SAPACCY)

SAPACCY – Who Are We?



- The Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) was established in the early 1990s, as a community-based response to the mental health and substance use crisis facing Black youth and their families
- Grounded in the lived experience of Black youth, and their families, with a mandate to provide care that is anti-racist, anti-oppressive, and culturally responsive
- Since 1999, SAPACCY moved to CAMH for clinical and administrative support.

SAPACCY – What Do We Do?



- SAPACCY promotes improved mental wellness for young people who identify as African, Caribbean and/or Black in Ontario
- Provides hospital-based and community-based mental health and/or substance use services that are holistic, anti-oppressive, Africentric, and culturally responsive for Black youth (ages 12-29) and their families/caregivers
- All of SAPACCY's providers have **lived experience** as members of diverse Black communities

SAPACCY – Why Do We Do It?

- Only 38% of Black Canadian residents with poor or fair self-reported mental health accessed mental health services (between 2001–2014).¹

According to a 2018 Survey of Black Canadian Residents (as reported by the Mental Health Commission of Canada):

- 60% said they would be more willing to use mental health services if the mental health professional were Black.¹
- 95% felt that the underutilization of mental health services by Black Canadian residents was an issue that needed to be addressed.¹

SAPACCY – Services Offered



- Individual Counselling & Psychotherapy
- Group Counselling
- Psychiatric Care & Consultation
- Comprehensive Assessment & Treatment Planning
- Health Promotion
- Case Management
- Caregiver Support Groups

SAPACCY – Partner Organizations

Hospital-based Sites:

- Centre for Addiction & Mental Health (*Toronto*)

Community-based Sites:

- Caribbean African Canadian Social Services (*North York*)
- Hamilton Urban Core Community Health Centre (*Hamilton*)
- Rexdale Community Health Centre (*Rexdale*)
- Roots Community Services (*Peel*)
- TAIBU Community Health Centre (*Scarborough*)
- Upstream Ottawa Mental Health Community Support (*Ottawa*)
- Windsor Essex Community Health Centre (*Windsor*)



Windsor Essex Community Health Centre
Centre de santé communautaire de Windsor Essex



SAPACCY – “Backbone” Partnership

Provincial System Support Program (PSSP) at CAMH



PSSP works with communities, service providers, government, and system partners, including Ontario Health's Mental Health and Addictions Centre of Excellence (CoE) to move evidence to action and create sustainable change in Ontario's mental health and addictions system.

Black Health Alliance (BHA)

BHA centres Black communities in defining the barriers and challenges affecting the health and well-being of Black communities. We provide a platform for Black people to establish a common voice around systemic problems and we co-design and implement solutions that improve health outcomes.

The Office of Health Equity at CAMH

The Office of Health Equity works internally and externally to identify changes in CAMH that will improve the experiences and outcomes of equity seeking groups. The Office works on a number of initiatives to support the advancement of equity work at CAMH.

Provincial Black Youth Advisory Panel

- Convened in November 2022
- Amplifies the voices of Black youth through use of Participatory Action Research (PAR) approaches
- Comprised of Black youth from diverse backgrounds throughout Ontario, between the ages of 12–29
- Provides guidance on program design, implementation, evaluation, knowledge mobilization and the strategic direction of SAPACCY

Black Youth Advisory Panel: Terms of Reference

Background: Why this is important

Black youth are at greater risk of experiencing poorer mental health outcomes in Ontario than their non-Black peers.

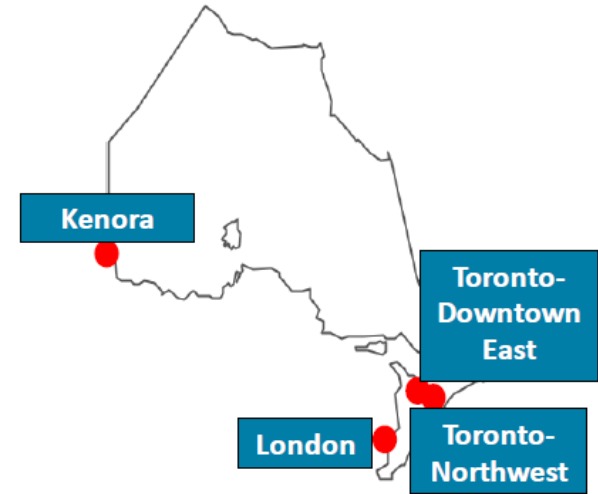
The Substance Abuse Program for African Canadian and Caribbean Youth ("SAPACCY") at the Centre for Addiction and Mental Health ("CAMH") promotes improved mental wellness for young people who identify as African, Caribbean and/or Black. SAPACCY is a provincial mental health network which includes eight (8) hospital and community partner organizations throughout the province of Ontario that provide

a culturally-responsive, healing-centred, Africentric approach to mental health and substance use services.

SAPACCY is convening a provincial Black Youth Advisory Panel ("BYAP") to advise and make recommendations to SAPACCY's governance (decision-making) bodies on the implementation, evaluation and strategic direction of the program, as well as other programs and initiatives related to the mental health and wellbeing of Black youth in Ontario.

SAPACCY – Justice Centre Partnership

- Introduced in over 70 communities around the world, Justice Centres **move justice out of the traditional courtroom** and into a community setting.
- This model of care co-locates justice facilities (e.g. courtrooms) with front-end supports (e.g. primary healthcare, Restorative Justice programming, mental health supports), prevention services (e.g. employment and skills training) and community re-integration supports (e.g. peer counselling).
- Our partnership involves completing culturally responsive mental health assessments for the court and providing streamlined access to SAPACCY for **Toronto-Northwest Justice Centre** participants.



Question and Answer

CLOSING

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Phillips C, Simeoni S, Noza A, Bennett Abuayyash C, Abdi S, Walji T. Rapid review: mental health services and programs with, and for, Black communities. Toronto, ON: King's Printer for Ontario; 2023.
2. Black Health Alliance. Perspectives on health and well-being in Black communities in Toronto: our health, our way [Internet]. Toronto, ON: Black Health Alliance; 2019. Available from: <https://blackhealthalliance.ca/wp-content/uploads/Perspectives-on-Health-and-Wellbeing-inBlack-Communities-in-Toronto-Our-Health-Our-Way.pdf>