

JUST SIX
QUESTIONS

RESEARCH
SUMMARY



Barriers and Facilitators to Accessing Mental Healthcare in Canada for Black Youth: A Scoping Review

“Given the challenges Black children and youth face in terms of mental health outcomes, the state of the mental healthcare system is concerning. The current conceptualization of mental healthcare systems is neither designed for young people nor accessible to them. Furthermore, Black youth in Canada need to navigate this insufficient system with the added challenges of discrimination and institutional racism” (p. 116).

1. What is the research about?

Given the unique challenges faced by Black youth, including racism, high levels of poverty, and social exclusion, it is important to understand the factors that facilitate and hinder their access to mental health care. Black youth who suffer from poor mental health and do not have access to care are **more likely to have a difficult time at school, struggle with familial relationships, and be involved with the justice system.** Despite overwhelming evidence describing the need to address the mental health needs of this population, there is a significant lack of research on this topic. This study examines the barriers and facilitators to accessing mental health and addictions care for Black youth in Canada.

2. Where did the research take place?

This research reviews literature focused on the Canadian context, most of which is concentrated in Ontario and Quebec.

3. Who is this research about?

This study is about Black youth in Canada. The researchers note that using the term Black can blur the lines between the unique experiences of “diverse diasporic cultures and socio-political histories of African, Caribbean and Black people in Canada” (p. 133).

4. How was the research done?

The researchers conducted a **scoping review** (a review of existing knowledge related to a broad research question) of literature relevant to mental health care access for Black youth in Canada. They used six online databases to identify academic articles that met the following inclusion criteria: peer-reviewed; focused on the Canadian context; original studies using qualitative and quantitative data; focused on Black youth residing in Canada and mental health; published in English; and conducted between 2005 and 2019.

The researchers also included **‘grey literature’** (outside of academia) from community organizations. These resources were identified with the help of colleagues who were familiar with the topic, as well as through web searches. A total of 33 documents were included in the final review, including 19 academic articles and 14 grey literature resources.

The final dataset was uploaded to an online database for analysis. The researchers analyzed the data and determined key themes through a thematic analysis.

5. What are the key findings?

The researchers found a significant gap in research on this topic, and were unable to identify any articles that focused primarily on access to care for Black youth in Canada. Much of the existing research was focused on barriers rather than facilitators to mental health care. Few resources used an assets-based approach or acknowledged achievement within the Black community. The facilitators and barriers that were identified in the research are outlined below.

A. Facilitators

i) Family and Friends

Family and friends can be an important source of emotional support, and positively impact adherence to treatment.

ii) Connection to Mental Health Service Providers

Having a positive connection with mental health service providers is important for youth, and considered a form of social support.

iii) Religiosity and Religious Institutions

Many youth feel comfortable seeking support from individuals within religious institutions.

B. Barriers

i) Systemic Barriers

Many of the challenges to accessing care were related to structural problems within the mental health care system in Canada. These include long wait times (more than twice as long as those experienced by white patients), geographical and financial barriers, lack of access to practitioners, underfunding of services, as well as a lack of culturally-competent services.

Black youth were also more likely to access care through involuntary admissions, e.g., in the context of correctional facilities or hospitalization. These adverse pathways often resulted in negative experiences.

ii) Practitioner-Related Barriers to Accessing Care

Black youth face racism, discrimination, and a lack of cultural understanding on the part of practitioners. Many practitioners are not able to provide culturally-competent supports, and there is a general lack of available Black practitioners.

iii) Racism and Discrimination

Racism contributes to poor mental health among the Black population, as well as a lack of access to mental health care services. Racism and mental health stigma result in highly prejudiced treatment of Black youth who seek mental health support.

iv) Putting Anti-Racism Praxis into Action

Traditional mental health supports are Eurocentric in nature, and fail to provide culturally-competent care for Black youth. A lack of cultural understanding in mental health care can have detrimental impacts, such as “over- or under-medicating,

improperly medicating, and misunderstanding patients’ cultural representations of their experiences, which often drew on religious imagery” (p. 129). Eurocentric care is not only ineffective, but can also contribute to the stereotyping and marginalization of racialized clients.

Practitioners who do strive to provide culturally-competent care are constrained by their workplaces. This suggests that there may be a ‘conceptual gap’ between identifying a need for anti-racist praxis and actually implementing these practices within treatment. Service providers may also lack the tools to provide anti-racist services.

v) Lack of Organizational Support

Practitioners cited a number of organizational barriers to providing culturally-competent care, including funding-related restrictions. Those who attempted to challenge existing practices often faced pushback. Funders insisted on the continued provision of evidence-based treatments, even when these approaches were not considered to be the most effective for Black clients.

vi) Personal and Community Barriers

Mental illness is often stigmatized in the Black community or attributed to religious interference. Cultural stigma around mental health often prevented Black youth from seeking mental health care. Although religion has been cited as a facilitator to care, it can also act as a barrier when religious intervention is seen as the only possible treatment option. Stigma from service providers was seen as especially harmful, and, in some cases, made youth regret seeking care in the first place.

6. Why does it matter for youth work?

This research highlights the need for those working with Black youth to understand and adapt to their unique needs. It is critical to ensure that mental health care providers are culturally competent, and that organizational staff and leadership are diverse. Organizations must acknowledge the Eurocentrism often present in existing mental health care services, and to consider the ways that this is also true for youth programming. The researchers argue that Afrocentric standards of care must be implemented in order to better serve Black youth.



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