




HARNESSING CULTURAL HUMILITY AGAINST ANTI-BLACK RACISM AND MICROAGGRESSIONS IN MENTAL HEALTH CARE



Leo. D. Edwards PhD, RSW

OBJECTIVES

1. Understanding of cultural humility
2. Practical and essential components of cultural humility to mitigate those experiences
3. Strategies to recognize our biases and stereotypes and how these impact reactions to microaggressions and anti-Black racism in mental health support.

QUICK STATS

According to a 2020 Statistics Canada survey on mental health during the COVID-19 pandemic

1. 27.9% of Black visible-minority respondents, compared to 22.9% of White respondents, **reported fair/poor self-rated mental health.**
2. 32% of Black visible-minority respondents, compared to 24.2% of White respondents, reported symptoms consistent with **moderate/severe generalized anxiety disorder**
3. 37.5% of Black visible-minority respondents, compared to 22.1% of White respondents, **reported COVID-19-related financial insecurity**



RESEARCH SNAPSHOT

Systemic barriers for Black youth to accessing mental healthcare.

Practitioner-related barriers include racism and discrimination from providers and professionals.

Personal and community-related barriers include different forms stigma, and a lack of knowledge of services.

Adolescent Research Review (2020) 5:115–136
<https://doi.org/10.1007/s40894-020-00133-2>

QUALITATIVE REVIEW



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

Tiyondah Fante-Coleman¹  · Fatimah Jackson-Best¹

Received: 2 December 2019 / Accepted: 8 February 2020 / Published online: 27 February 2020
© The Author(s) 2020

Abstract

There is evidence to suggest that Black children and youth in Canada face disproportionate challenges in accessing mental healthcare. Thus, the objective of this scoping review was to map current literature on the barriers and facilitators to care for Black youth in Canada. Both academic articles and gray literature published between January 2005 until May 2019 were reviewed. Six databases were searched for relevant academic articles: CINAHL, PsycINFO, PubMed, EBSCOhost, Social Science Citation Index, and Applied Social Sciences Index & Abstracts. Gray literature was sourced from community recommendations and Google. Thirty-three (33) sources met the inclusion criteria. Data were coded and analyzed using a thematic analysis framework. Barriers to care for Black youth were identified and occurred at multiple levels of society including systemic (i.e., wait times, poor access to practitioners, geographical challenges and financial barriers to care), practitioner-related (i.e., racism and discrimination from providers, the inability to provide culturally competent care and a lack of organizational support) and personal and community-related barriers (i.e., internalized stigma and stigma from community). Support from family and friends, as well as a good relationship with providers, were noted as facilitators. The findings of this review suggest that Black children and youth face many barriers to accessing the Canadian mental healthcare system despite its purported universality. An increase in funding, expansion of the universal healthcare system to include mental health, and concerted effort on delivering culturally competent care are requisite to facilitate access to care for this population. Further research should focus on Black youth, be rooted in community-based research, and explore intersecting identities in the context of mental illness.

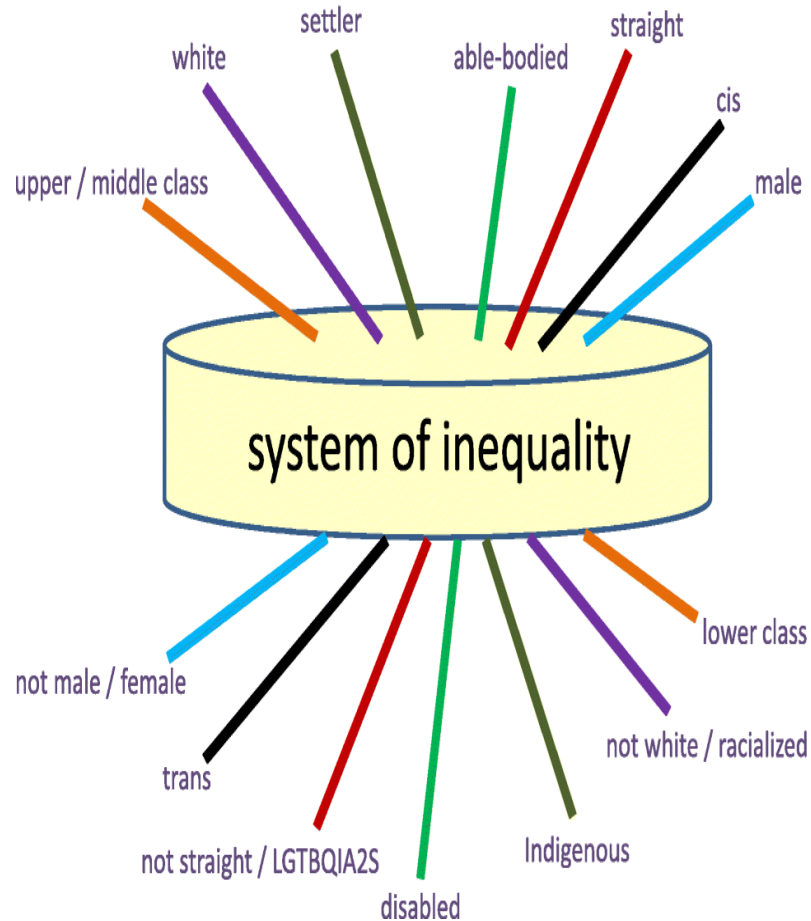
Keywords Black youth · Youth · Family · Canada · Mental health

Introduction

The mental wellbeing of children and youth is becoming a national public health issue in Canada (Archie et al. 2010). Indeed, one out of every five children in Canada who need mental healthcare is unable to access it (Canadian Mental

illnesses may not necessarily go away as they grow into adulthood (Lipman and Boyle 2008). Recently, there have been calls from the community highlighting the need to address mental health in Canadian Black children and youth (Patel 2015; Taylor and Richards 2019). Understanding the barriers and facilitators that affect access to mental





Each of the following systems of inequality* (or coins) intersects with the others to co-constitute inequalities:

- classism
- racism
- settler colonialism
- ableism
- heterosexism
- cisgenderism
- sexism

*These examples do not represent all systems of inequality; e.g., other coins not presented here include systems of inequality related to age, religion, accent, or shade of skin.



Positioned for change

HOW DO WE RESPOND?

CULTURAL HUMILITY



We can never become truly competent in another's culture. We can demonstrate a lifelong commitment to self evaluation and self critique

Minkler (2005). Journal of Urban Health

CULTURAL HUMILITY FRAMEWORK

**A process of life long learning and
compassionate self reflection**

**A commitment to recognize and mitigate
power imbalances**

**A commitment to institutional
accountability**



5 RS OF CULTURAL HUMILITY



Reflection	<p>Aim: One will approach every encounter with humility and understanding that there is always something to learn from everyone.</p> <p>Ask: What did I learn from each person in that encounter?</p>
Respect	<p>Aim: One will treat every person with the utmost respect and strive to preserve dignity and respect.</p> <p>Ask: Did I treat everyone involved in that encounter respectfully?</p>
Regard	<p>Aim: One will hold every person in their highest regard while being aware of and not allowing unconscious biases to interfere in any interactions.</p> <p>Ask: Did unconscious biases drive this interaction?</p>
Relevance	<p>Aim: One will expect cultural humility to be relevant and apply this practice to every encounter.</p> <p>Ask: How was cultural humility relevant in this interaction?</p>
Resiliency	<p>Aim: One will embody the practice of cultural humility to enhance personal resilience and global compassion.</p> <p>Ask: How was my personal resiliency affected by this interaction?</p>

CULTURAL HUMILITY & LEADERSHIP



01

Model lifelong learning and self reflection

02

Engage in difficult crucial conversation

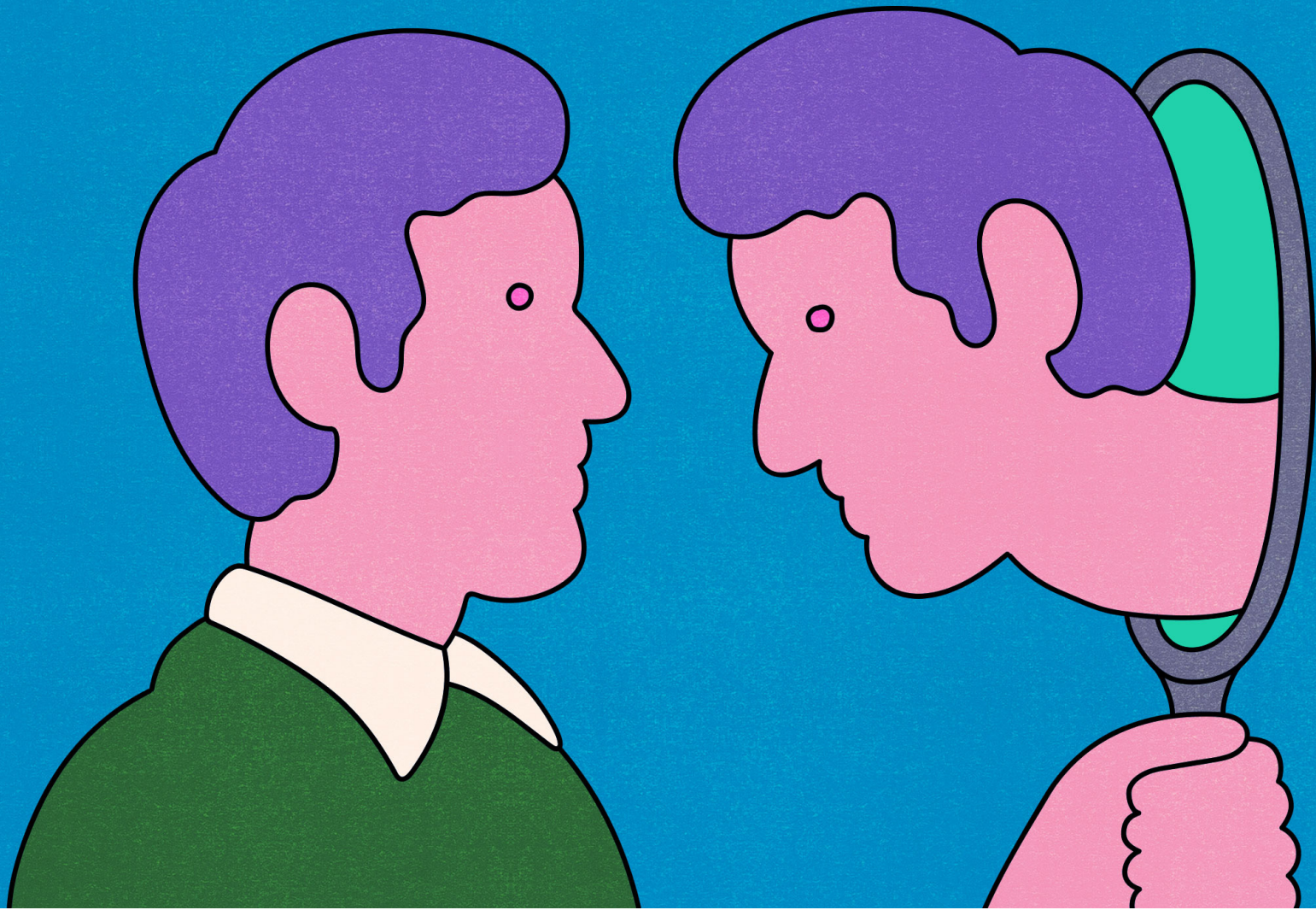
03

Practice inclusive leadership

04

Advocate for diversity and staff development

	Cultural Competence	Cultural Humility
Goals	To build an understanding of minority cultures to better and more appropriately provide services	To encourage personal reflection and growth around culture in order to increase service providers' awareness
Values	•Knowledge •Training	•Introspection •Co-learning
Shortcomings	<ul style="list-style-type: none"> •Enforces the idea that there can be 'competence' in a culture other than one's own. •Supports the myth that cultures are monolithic. •Based upon academic knowledge rather than lived experience. Believes professionals can be "certified" in culture. 	<ul style="list-style-type: none"> •Challenging for professionals to grasp the idea of learning with and from clients. •No end result, which those in academia and medical fields can struggle with.
Strengths	<ul style="list-style-type: none"> •Allows for people to strive to obtain a goal. •Promotes skill building. 	<ul style="list-style-type: none"> •Encourages lifelong learning with no end goal but rather an appreciation of the journey of growth and understanding. •Puts professionals and clients in a mutually beneficial relationship and attempts to diminish damaging power dynamics.





SELF-AWARENESS



- Where are you in this moment?
- Reflect on your thoughts, feelings, and actions?
- Do you think racism exists in structural systems such as education, health care, jobs, etc.?
- Who we are ?
- What do we bring to my work?





REFLECTIVE QUESTIONS

- Think of a time when you could have been more effective in addressing issues of racism (ism's) and equity.
- What norms or values may have kept you from connecting?
Kept you from learning something new?
- What have you learned from the experience?
- What will you do differently next time?

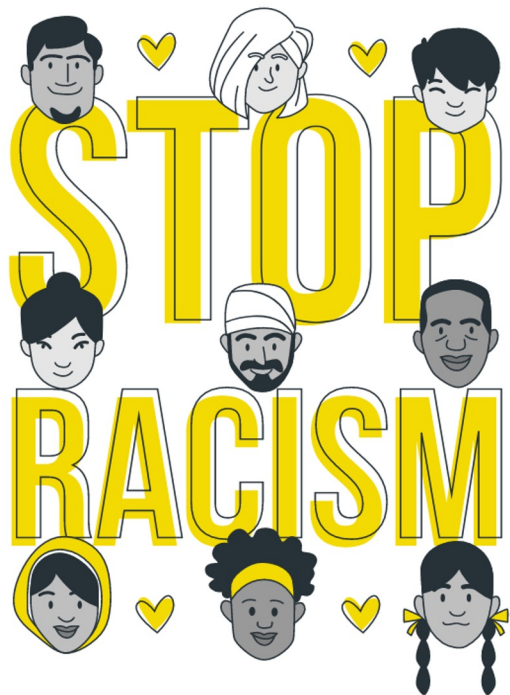


This good work takes soul searching,
practice and care to be done well!

It is about progression NOT
perfection!!!

A black and white photograph of a woman with curly hair and large hoop earrings, shouting into a megaphone. In the background, a blurred crowd is visible, with one person holding a sign that says "FIGHT RACISM".

THANK YOU & QUESTIONS 



In one word or sentence, what are you leaving with from today's session?



What is percolating inside that you'd like to continue to work on?



REFERENCES

- Clark, T. R. (2020). *The 4 stages of psychological safety: Defining the path to inclusion and Innovation*. Berrett-Koehler Publishers, Inc.
- The impact of racism on mental health. The Synergi Collaborative Centre. www.synergicollaborativecentre.co.uk
- Tinker, B. (2004). LARA: Engaging Controversy with a Non-violent, Transformative Response, workshop handout available by request from info@LMFamily.org.
- Mluleki Mnyaka & Mokgethi Motlhabi (2005) The African Concept of *Ubuntu/Botho* and its Socio-Moral Significance, *Black Theology*, 3:2, 215-237, DOI: [10.1558/blth.3.2.215.65725](https://doi.org/10.1558/blth.3.2.215.65725)
- Mobak (2022) An Issue Of Equity: Audit Report of Eva's Initiatives.
- Nixon, S. A. (2019). The coin model of privilege and critical allyship: Implications for health. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-7884-9>
- Paradies, Y., Priest, N., Ben, J., Truong, M., Gupta, A., Pieterse, A., Kelaher, M., & Gee, G. (2013). Racism as a determinant of health: A protocol for conducting a systematic review and meta-analysis. *Systematic Reviews*, 2(1). <https://doi.org/10.1186/2046-4053-2-85>
- Robinson, D., Masters, C., & Ansari, A. (2021). The 5 RS of cultural humility: A conceptual model for Health Care Leaders. *The American Journal of Medicine*, 134(2), 161–163. <https://doi.org/10.1016/j.amjmed.2020.09.029>
- What is psychological safety at work? CCL. (2022, January 26). Retrieved February 18, 2022, from <https://www.ccl.org/articles/leading-effectively-articles/what-is-psychological-safety-at-work/#:~:text=What%20is%20psychological%20safety%20at%20work%20in%20particular%3F,people%20feel%20comfortable%20being%20themselves>