

Factors That Contribute to the Mental Health of Black Youth



JUST SIX
QUESTIONS
RESEARCH
SUMMARY

“Understanding the spectrum and intersectional relevance of factors that directly influence the mental well-being of Black youth is essential” (p. E1409).

1. WHAT IS THE RESEARCH ABOUT?

Due to the limited data available on the mental health of Black youth in Canada, particularly with respect to the effects of anti-Black racism, this research sought to explore the factors that contribute to Black youth mental health.

2. WHERE DID THE RESEARCH TAKE PLACE?

The research took place in Alberta, Canada.

3. WHO IS THIS RESEARCH ABOUT?

This research is about Black youth.

4. HOW WAS THE RESEARCH DONE?

Researchers used a *community-based participatory action research* design. This approach engages the knowledge of community members to inform the research project plan, from field work and data collection to reflection and action. Because intersectionality has its roots in Black feminism, researchers also used a *feminist intersectional theoretical perspective*, which explores diverse aspects of social identities – such as race and gender – that are interdependent.

Black youth who recognized a need to focus on their mental health were invited to join a project advisory committee that was engaged in all stages of the research process. Researchers *purposely recruited* (identified and recruited with the purposes of the research in mind) Black youth through a Black youth organization, at sporting events, through researchers’ email lists of participants from previous projects, and through researchers’ personal networks. These youth identified a need to focus on their mental health, were between the ages of 16 and 30, of any gender identity, and of African, Caribbean, and Black ethnicity. Youth were recruited for **individual one-on-one interviews** and for **four conversation cafés** (informal dialogues that engage participants in discussions about a particular topic or issue).

Individual interviews were conducted in person at the University of Alberta. Demographic information, including age, gender, country of birth, religion, and language spoken at

home, were collected. A total of 30 Black youth (18 identifying as female, 10 identifying as male, and two identifying as nonbinary) participated in these interviews; 21 participants identified as Christian, four as Muslim, and five with another religion or as nonreligious.

Researchers analyzed the *qualitative data* (describing qualities, characteristics, processes) collected from the *transcribed* (written out word-for-word) interviews by focusing on **themes** of intersecting influences – race, gender, class, and other social factors – on participants’ mental health experiences. Then, researchers hosted four conversation cafés that each addressed one of the identified themes: intersectionality, mental health, intergenerational family relations, and mental health policy. To create a safe environment for youth participants to share, researchers did not record the conversation cafés and took notes instead. They then integrated their **field notes** from the conversation cafés with the interview data to thematically analyze what youth shared during those conversations.

A total of 99 Black youth (76 identifying as female, 22 identifying as male, and one identifying as nonbinary) participated in the conversation cafés; 67 participants identified as Christian, 24 as Muslim, and eight with another religion or as nonreligious.

5. WHAT ARE THE KEY FINDINGS?

The key findings of this research highlight both negative and positive factors that affect Black youth mental health.

Negative factors affecting Black youth mental health:

i) **Anti-Black racism**, and, more specifically, **microaggressions** (verbal or behavioural insults, whether intentional or unintentional, that communicate hostile, negative, and derogatory attitudes towards groups experiencing marginalization) were the most frequently identified factors negatively contributing to the mental health of Black youth. Participants described anti-Black racism as extremely damaging to self-esteem and sense of self, and anti-Black sentiments were often internalized, resulting in self-hate.

ii) There is a **disconnect between Black youth and their parents**, as older generations in Black communities may prioritize physical wellbeing over mental wellness; for example, some youth described that their parents came to Canada from dire, threatening contexts (such as civil war in their home countries). Participants shared that starting conversations

about mental health with their parents and caregivers would be difficult because of fear that they would be dismissed.

iii) **Mental health is not a well-acknowledged concept within Black communities.** Black youth felt that many older Black community members are skeptical of the existence/impact of mental health issues. This discourages youth from speaking openly about their mental health.

iv) High levels of stress caused by **academic expectations** are also a source of mental health challenges for Black youth. Participants felt that their parents and caregivers put a lot of pressure on them to perform well in school. This attitude stems from the strong belief that academic success will guarantee future success.

v) For some youth who aid in financially assisting their families, **financial stress** took a toll on their mental health.

vi) Due to tensions between one's ethnic upbringing and mainstream Canadian culture, Black youth had **difficulty navigating identity** and found **differing ideologies challenging**. This was a constant source of concern across different social contexts for Black youth.

vii) Participants reported that some **past traumatic events** they experienced were difficult to talk about and seek help for; consequently, those experiences remained repressed, which took a toll on their mental health.

viii) Some participants felt **internal conflict and guilt** for seeking support outside of their religion, especially if religion was a foundation of their core values.

Positive factors affecting Black youth mental health:

i) Participants shared that **being recognized for their academic accomplishments** was a source of affirmation and boosted their self-esteem.

ii) **Opportunities to be open about their mental health** were beneficial to Black youth because mental health became less stigmatized and youth were able to discuss their experiences without fear of judgment.

iii) **Having a strong support system and a sense of community as Black youth** assisted participants in finding their identity and gave them a clear understanding of where they belong.

iv) Some participants felt that their **spirituality** helped them remain grounded when their mental health was compromised, serving as a coping method when they did not have access to professional mental health services.

6. WHY DOES THIS RESEARCH MATTER FOR YOUTH WORK?

This research matters for youth work because of the need to improve the mental health of Black youth, particularly in response to the negative and systematic factors that influence their mental health experiences and outcomes. This needs to be done by addressing racism, strengthening community belonging, creating open environments to discuss mental health, addressing intersectional experiences, and strengthening intergenerational relationships.

Researchers suggest that there should be more collaborative efforts between mental health professionals and religious institutions to address the stigma surrounding mental health within Black communities. Because the mental health experiences of Black youth are complex, research, policy, and practice require a holistic and intersectional approach. For instance, policymakers should develop youth-focused action plans that provide a range of services geared toward improving Black youth mental health. More specific and supportive policies to address anti-Black racism and its resulting mental health disparities, especially in education and work settings, are necessary.

Researchers also suggest that mental health practitioners and service providers incorporate *culturally responsive frameworks* (i.e., values, principles, policies, attitudes, structures, and behaviours that all work effectively cross-culturally) in their practices to better understand the *social positions* (roles or resources attributed to social power and social status) of Black youth and the challenges they face. Practitioners should also address the mental health of Black parents/caregivers and their relationships with their children. Researchers also suggest introducing initiatives that create spaces for open conversation between parents, children, and peers, which could bridge the intergenerational gap.



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