

Anti-Black Racism and Building Organizational Partnerships: Implications for Recovery-oriented Practice in Mental Health



JUST SIX
QUESTIONS
RESEARCH
SUMMARY

“Accountability and transparency are integral to this systemic change, which can involve the creation of formal methods of providing feedback, complaints, suggesting organizational changes, addressing community concerns. Ultimately, leadership should actively model inclusive and anti-racist recovery-oriented practice for clinicians and all staff” (p. 28).

1. WHAT IS THE RESEARCH ABOUT?

Black youth in Canada encounter disproportionate barriers to accessing mental health services. Although race has been well-established as a **social determinant of health** – a non-medical condition or system that shapes everyday life – anti-racist and culturally responsive practices are not mandated for mental health agencies and clinicians.

This study explores how anti-Black racism prevents building and sustaining organizational partnerships in the mental health sector. Researchers sought to characterize and contextualize interagency relationships in the mental health sector in Ontario and explore their impact on mental health care provision for Black youth.

2. WHERE DID THE RESEARCH TAKE PLACE?

This research took place in Toronto, Ontario.

3. WHO IS THIS RESEARCH ABOUT?

This research is about the presence or absence of collaborative partnerships between mental health agencies that serve youth who self-identify as Black and employ clinicians who directly serve Black youth and work in Toronto or the Greater Toronto Area. Participants ranged in age from 18-59, with the majority identifying as Black, Caribbean, or African.

4. HOW WAS THE RESEARCH DONE?

Researchers categorized agencies based on internet searches and discussions across the research project’s professional networks. Agencies were named *Black* if their missions, values, and work prioritized Black youth and/or communities. *Mainstream* agencies were named as such when their missions, values, and work did *not* focus primarily on Black youth.

This study employed a **mixed methods social network** analysis approach, which involves the collection of **quantitative** data (that can be counted or compared as numbers) and **qualitative** data (that describe qualities, characteristics, processes, or experiences) to analyze existing networks and why connections exist:

- a) A **survey** was created to provide insight into the nature of relationships between agencies, with questions developed in consultation with the project’s Youth Action Committee, comprising Black youth. The survey was administered to clinicians who directly served Black youth in Toronto between March 2020 and April 2020; 60% worked at mainstream agencies and 40% worked at Black agencies.
- b) **Focus groups** were held online using Zoom between May 2020 and December 2020, and discussions were **audio recorded**. Seven focus groups were conducted with 37 participants from across Toronto and the Greater Toronto Area. Again, questions were developed with input from the Youth Action Committee.

Survey data and transcripts from the audio recordings of the focus groups were then analyzed by researchers to identify themes.

5. WHAT ARE THE KEY FINDINGS?

Three key themes describe how anti-Black racism and interagency collaboration play out in youth mental health contexts:

i) Work in the mental health sector is being done in silos, resulting in a lack of systemic coordination and impaired continuity of care for Black youth. Mainstream agencies were overrepresented; they often connected exclusively to one another and were clustered in the centre of the network, while most Black agencies were on the outskirts. Black agencies were often tasked with providing mental health care and meeting Black youth's basic needs with comparatively limited funding, reach, and political capital. Most survey respondents from mainstream agencies did not express interest in future partnerships with Black agencies.

ii) Interagency collaboration between Black and mainstream agencies was uncommon. This resulted in similar work being replicated, systemic challenges being ignored, and populations experiencing marginalization being overlooked – including Black youth, whose mental health needs were being neglected by both mainstream and Black agencies.

iii) Anti-Black racism translates into negative care experiences for Black youth. Black youth frequently encountered microaggressions, dismissal of symptoms, lack of culturally responsive resources, and suboptimal care. In some cases, Black youth felt dehumanized by clinicians, an experience they attributed to clinicians' conscious and unconscious biases. Black youth wanted to work with clinicians who understood their culture and could relate to their specific needs and experiences.

Clinician participants in mainstream agencies reported feeling ill-equipped to provide appropriate referrals to Black youth and voiced the urgent need for a connective intervention, such as a community of practice or centralized database.

6. WHY DOES THIS RESEARCH MATTER FOR YOUTH WORK?

These findings underscore the importance of fostering and sustaining stronger, more diverse interagency collaborations that could develop and expand culturally responsive care – and can inform policy, program design, development, and evaluation, and strategic planning to facilitate such collaborations. The **centralization of resources** and a governing body that is tasked with overseeing and maintaining interagency communication and collaboration at various levels could be supportive. **Long-term collaboration between agencies** and **more inclusive hiring practices** were viewed as imperative to providing Black youth with mental health services that are culturally responsive.

Youth workers must acknowledge and resist anti-Black racism. There is an urgent need for consistent anti-racism training for staff, and for a continual review of policies and practices in mental health care settings to ensure that they do not perpetuate anti-Black racism or the marginalization of Black youth.

Researchers suggest **recovery-oriented approaches to mental health care** – which aim to foster resilience, promote self-agency, and increase a sense of control – as a way for practitioners who work with Black youth to acknowledge the effects of anti-Black racism and provide a starting point for culturally responsive care.

📖 Booker, M., Jackson-Best, F., & Fante-Coleman, T. (2023). Anti-Black racism and building organizational partnerships: Implications for recovery-oriented practice in mental health. *Journal of Recovery in Mental Health*, 6(2), 4-32.