

**IMPROVING ACCESS TO
MENTAL HEALTH SERVICES AMONG
BLACK YOUTH IN HAMILTON, ONTARIO**



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Improving Access to Mental Health Services Among Black Youth in Hamilton, Ontario

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Land Acknowledgment

The City of Hamilton is situated upon the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee, and Mississauga. This land is covered by the Dish With One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee and Anishinaabek to share and care for the resources around the Great Lakes. We further acknowledge that this land is covered by the Between the Lakes Purchase, 1792, between the Crown and the Mississaugas of the Credit First Nation. Today, the City of Hamilton is home to many Indigenous people from across Turtle Island (North America), and we recognize that we must do more to learn about the rich history of this land so that we can better understand our roles as residents, neighbours, partners, and caretakers.

Acknowledging the traditional territories of the Indigenous peoples is a crucial step towards recognizing and respecting their history and contributions. In the spirit of the Dish With One Spoon Wampum Belt Covenant, which emphasizes shared responsibility and mutual care, we are committed to improving access to mental health services for all marginalized communities, including Black youth in Hamilton. By fostering a deep understanding of the histories and experiences of Indigenous peoples, we can better address systemic inequities and ensure that mental health services are inclusive, culturally sensitive, and accessible to Black youth. This commitment to learning, sharing, and caring aligns with our broader goals of equity and justice, ensuring that all residents of Hamilton, including Black youth, have the support and resources they need for their mental well-being.

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Ashley Assam



Ricardo Chisholm



Kai Hayden



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Advisory Committee Members

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Terri Bedminster, Executive Director, Refuge: Hamilton Centre for Newcomer Health
Omo Ibhawoh, Clinical Social Worker, Aivy Consult and Therapy
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Raika Bourmand, Graduate Research Assistant



Olusola Olasupo, PhD



David Green, PhD



Patricia Ogba, Msc.



Sarah Adjekum, MSW.

Preliminary Findings Presentations at Empowerment Squared and RHH, Hamilton, Ontario.



Attend the First Community Report Back

**Improving Access to Mental Health Services
Among Black Youth in Hamilton**

A Black led community based participatory research project in Hamilton.

Join us for dinner, poetry, and important discussions about our initial research findings, and the learning we can use to support ongoing work in the Hamilton community.

Friday, October 27, 2023 | 3:00 — 5:00 P.M.

At Empowerment Squared - 26 Arrowsmith Rd., Hamilton (East)

For more information contact Sarah Adjekum, MSW, RSW at bmhealth@mcmaster.ca



Study reviewed by and received ethics clearance by the McMaster Research Ethics Board MREB6072

Event Postal



Empowerment Squard Youth

Preliminary Findings Presentations at Empowerment Squared and RHH, Hamilton, Ontario.



Cross section of participants during the preliminary findings presentation at Empowerment Squared East, Hamilton



From Left, Leo Nupolu Johnson and Ian Macpherson



Cross section of participants during the preliminary findings presentation at Empowerment Squared East, Hamilton



Participants during the Presentation at Empowerment Squared



Question and answer during the presentation at RHH



Participants during the Presentation at Empowerment Squared



Participants during the Presentation at RHH

Executive Summary

Study purpose

This study builds upon the growing literature regarding the experiences of black youth with mental health issues and their access to mental health services. The current study aims to address a gap in the literature on Black youth in Hamilton, Ontario, Canada, including how to improve access to mental health services and other initiatives for these youth. Emphasis is placed on highlighting their stories of unique challenges, experiences, and perspectives related to mental health issues, including the influences of race, culture, gender identity, sexual orientation, disability, socioeconomic status, citizenship status, and other social factors.

Study Objectives

This study attempts to achieve the following objectives regarding black youth in Hamilton, Ontario:

- To identify whether and how discrimination impacts the mental health of Black youth.
- To examine Black youth's perceptions and beliefs about mental health issues and help-seeking.
- To learn about Black youths' experiences accessing mental health services and other mental health initiatives.
- To explore the factors that need to be considered in improving Black youths' access to mental health services and other mental health initiatives.

Study Questions

For the study objectives to be achieved, the following questions guided the study:

Main Research Question

- What issues need to be considered to improve Black youths' access to mental health services in Hamilton, Ontario, China.

Specific Research Questions

- How do perceptions that Black youths have about mental health issues influence their help-seeking ability.
- How do race, culture, citizenship status, gender identity, sexual orientation, socioeconomic status, and dis(ability) impact Black youths' mental well-being.
- What personal, social, and economic factors shape Black youths' experiences accessing mental health services in Hamilton, Ontario.
- What are Black youths' experiences accessing these services.

Study Phases

This study involved two phases:

- ? Community-based research
- ? Knowledge mobilization

Methodology

Data collection

- A total of 48 Black youth residing in Hamilton were recruited for the study. These youth were diverse based on culture, citizenship status, gender identity, sexual orientation, dis(ability) and socioeconomic status.
- In-depth audio-recorded semistructured interviews were conducted with each participant.

Data Analysis

- The NVivo software package was used to analyze the study data, as well as for data management.

A Summary of Recommendations

We propose the following recommendations for improving access to mental health services among Black Youths in Hamilton, Ontario, from the insights of our study participants.

- **Increased Awareness and Education**
 - Awareness: Raise awareness about available mental health services, ensuring that Black youth are informed about the resources and support they can access and where they are located.
 - Community Education: Launch community-wide educational campaigns to create awareness about the black communities most affected by mental health issues.
- **Enhance Service Accessibility and Affordability**
 - Quality and Affordable Services: Ensure that mental health services are high-quality and affordable, making it comfortable for individuals to seek professional help without financial strain.
 - Frequent Counseling Sessions: Increase the frequency of counseling sessions to better support mental health needs.
- **Community-Based and Culturally Competent Services**
 - Black Youth Centre: Establish a black youth center where individuals can feel welcomed and supported by peers who share similar experiences. Ensure that the center is accessible in terms of location and operating hours.
 - Culturally competent clinics: Increase the number of clinics and institutions that are black owned or staffed with racially diverse professionals to provide a more patient, culturally sensitive, and understanding environment.
- **Diverse and trained service providers**
 - Comprehensive Team: Employ a diverse array of professionals, including psychiatrists, nurses, doctors, psychologists, psychotherapists, therapists, naturopaths, social workers, and counsellors.
 - Educators: Include teachers specializing in mental health and cognitive functions to educate the community about mental health.
- **Effective Communication and Outreach**
 - Outreach Campaigns: Utilize emails, posters, and social media posts to increase awareness among Black youth about mental health services.
 - Virtual Access: Develop a virtual platform that is culturally sensitive for accessible mental health services 24/7, providing flexibility for youth with busy schedules.
- **Stigma Reduction and Cultural Engagement**
 - Sensitization Efforts: Sensitization campaigns were conducted to address the stigma associated with mental illness, emphasizing that mental health issues can affect anyone.
 - Cultural Engagement: culturally relevant activities, such as music and dance, are used to engage Black youth and promote mental health services.

Background: A Review of the Literature

Kourgiantakis et al. (2023) underscored the escalation and exacerbation of mental health issues among young individuals during the COVID-19 pandemic. Specifically, their study revealed a substantial surge in Canadians showing signs of mental disorders. Additionally, the research highlighted the numerous structural obstacles impeding youth and their families' access to mental healthcare, especially those challenges that have been amplified by the pandemic. The authors emphasized the significance of tackling these barriers and the demand for mental health services that are not only more readily available but also more suitable and culturally sensitive.

A comprehensive examination of the obstacles and factors that influence mental health care for Black youth in Canada revealed that they experience wait times that are nearly twice as long as those of their white counterparts, along with limited access to family doctors (Fante-Coleman & Jackson-Best, 2020). This review highlighted recurring challenges related to finances, the unavailability of services, and the inadequacy of mental health services for Black youth. Financial constraints notably impact families supporting youth dealing with mental health issues. Additionally, the review emphasized the Eurocentric orientation of mental health services. These findings stress the critical need for culturally sensitive and affirming services to address the unique needs of black youth and their families.

In Canada, a significant gap in access to mental health services exists for youth, with one in every five children needing such care unable to access it, indicating a substantial deficiency in mental health services (Fante-Coleman & Jackson-Best, 2020; Olanlesi-Aliu et al., 2023). Research by Ashcroft et al. (2021) revealed that the delivery of mental health services in Canada exhibited variations and inequities, which can be attributed to structural factors and a lack of clear strategic direction. Notably, Canadian youth have demonstrated the highest rates of mental health and addiction concerns compared to all other age groups, and these issues have seen an increasing prevalence over the past decade. Specifically, over 20% of Canadian youth experience mental health concerns, with 12% experiencing substance use problems. Despite these alarming statistics, Canadian youth face the most unmet mental health care needs, as more than 75% do not receive the specialized mental health services they require (Kourgiantakis et al., 2023). Furthermore, youth are the least likely to seek help for their mental health concerns, and even when they do, approximately 52% discontinue their treatment (Fante-Coleman & Jackson-Best, 2020; Kourgiantakis et al., 2023). These findings may be attributed to certain shortcomings within the Canadian healthcare system.

Canada's healthcare system, renowned for its universal coverage under the Canada Health Act, primarily aims to safeguard Canadian residents' physical and mental well-being. This finding underscores the importance of providing healthcare based on needs rather than financial capacity (Fante-Coleman & Jackson-Best, 2020; Kourgiantakis et al., 2023). Despite its favorable national perception, recent global assessments have rated Canada's healthcare system poorly, particularly regarding equity, health outcomes, and access (Kourgiantakis et al., 2023; Olanlesi-Aliu et al., 2023). While family physicians typically serve as the initial point of contact for publicly funded mental health services (Fante-Coleman & Jackson-Best, 2020), many lack the necessary resources or support to address the growing demand for mental healthcare. For instance, in Ontario, the absence of clear guidance and inconsistent resource allocation for mental healthcare has hindered the effective integration of mental health into primary care (Ashcroft et al., 2021; Follwell et al., 2021; Kourgiantakis et al., 2023). Therefore, the current mental healthcare framework is ill suited for young people and poses accessibility and affordability challenges. As a result, Black youth in Canada encounter this inadequacy while grappling with discrimination and institutional racism. Furthermore, mental healthcare, among other services, is not covered by

Canada's medical care plan, often necessitating out-of-pocket expenses. Thus, this dependence on private financing adversely impacts the affordability and accessibility of mental health services, particularly for racialized individuals and youth (Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023; Olanlesi-Aliu et al., 2023).

Canada boasts one of the most ethnically diverse populations globally, with approximately 20% of its residents originating from other countries. Black individuals constitute the third-largest racialized demographic in Canada, accounting for nearly 3.5% of the total population. This size is projected to increase to 5.6% by 2036 (Fante-Coleman & Jackson-Best, 2020; Olanlesi-Aliu et al., 2023; Ottawa Public Health, 2020). However, Canada does not systematically collect health-related data based on race, leading to a scarcity of epidemiological information regarding the prevalence of mental health issues, especially within Black communities (Cénat et al., 2023; Fante-Coleman & Jackson-Best, 2020; Ottawa Public Health, 2020). Nonetheless, research indicates that various forms of racial discrimination, encompassing everyday instances, racial microaggressions, and internalized racism, play substantial roles in the development of mental health challenges among Black youth (Cénat et al., 2023; Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023; Olanlesi-Aliu et al., 2023; Ottawa Public Health, 2020). Moreover, the existence of mental health disparities among different racial and ethnic groups is well documented, and Black youth frequently confront distinct obstacles when seeking access to care (Assari & Caldwell, 2017; Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023; Olanlesi-Aliu et al., 2023).

The lack of accessibility of mental health services poses a significant concern for Black youth in Hamilton, Ontario, where Black individuals account for 3.8% of the general population (Canada Population, 2023). The underutilization of mental health services within this demographic is a notable public health issue, reflective of the persisting health disparities affecting racialized communities in Canada, including Black youth (Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023; Olanlesi-Aliu et al., 2023). Extensive research has highlighted the social and economic challenges that influence the mental well-being of young Black individuals (Assari & Caldwell, 2017; Olanlesi-Aliu et al., 2023). For example, Black youth disproportionately seek mental health services through pathways associated with law enforcement and emergency services. This pattern suggests that they do not access care unless they come into contact with the justice system or their symptoms escalate to a point requiring intensive intervention. The uneven utilization of involuntary care routes may be attributed to the systemic overpolicing of this demographic, coupled with a concurrent delay in accessing care until symptoms reach a level that is difficult to manage (Fante-Coleman & Jackson-Best, 2020). However, those within this population who do not access mental health treatment may encounter challenges in educational settings, experience family conflicts, and have heightened interactions with the justice system, underscoring the potential ramifications of untreated mental health issues. Additionally, they face an increased risk of unemployment and diminished social capital in adulthood (Assari & Caldwell, 2017; Fante-Coleman & Jackson-Best, 2020).

Against this background, the promotion of positive mental health in children and adolescents is paramount because untreated mental health issues may persist into adulthood if not given proper attention. Additionally, it is crucial to address mental health concerns, particularly within the Black youth population in Canada, acknowledging the unique hurdles they face, including racism, poverty, and social exclusion (Fante-Coleman & Jackson-Best, 2020). Thus, there is an immediate imperative for further research, community involvement, and innovative approaches to address the obstacles to accessing mental health services among young Black individuals.

Factors Affecting Access

Numerous challenges and deficiencies contribute to young individuals' unmet mental health needs. These include the lack of readily available and appropriate services, high costs, prolonged waiting times, reliance on crisis-oriented interventions, and fragmented and isolated service delivery (Fante-Coleman & Jackson-Best, 2020; Kourgiantakis et al., 2023). Additionally, there is a lack of smooth transitions between child and adult mental health services. Additionally, the presence of stigma, racism, and discrimination further exacerbates the situation for Black youth (Kourgiantakis et al., 2023; Olanlesi-Aliu et al., 2023). Moreover, there is insufficient treatment and care tailored to diverse cultural backgrounds (Fante-Coleman & Jackson-Best, 2020). Furthermore, accessing mental health care becomes even more challenging for young individuals belonging to marginalized groups due to heightened structural barriers (Fante-Coleman & Jackson-Best, 2020; Kourgiantakis et al., 2023; Olanlesi-Aliu et al., 2023).

Stigma and Cultural Beliefs

Research indicates that stigma related to mental health problems poses a significant obstacle for Black youth. Cultural attitudes and views on mental health can deter individuals from seeking help. In Black communities, there is a stigma surrounding mental illness. This stigma may be rooted in cultural perspectives that perceive mental illness as a sign of weakness, moral deficiency, or even supernatural origins. Consequently, individuals and families may be discouraged from seeking assistance due to concerns about potential judgment or exclusion from their social circles (Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023).

Furthermore, mental health professionals are not immune to biases and stereotypes. Patients from marginalized backgrounds may encounter healthcare providers who hold prejudiced beliefs or make assumptions about their mental health based on their identity. Within healthcare settings, marginalization can lead to the misdiagnosis or underdiagnosis of mental health conditions (Kalambay, 2023). Additionally, healthcare practitioners may overlook marginalized individuals' distinct needs and experiences, resulting in inadequate or inappropriate treatment (Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023).

Socioeconomic Factors

Socioeconomic inequalities create unequal access to mental health services for individuals needing such care. Fante-Coleman and Jackson-Best (2020) showed that accessing mental healthcare in Canada typically requires private funding for outpatient services, which poses a challenge for nearly one-third of Canadians. Among those affected by this financial barrier, racialized individuals and young people are disproportionately impacted. Similarly, the cost of medications can also act as a financial obstacle to care, particularly when clients have to cover these expenses out of their own pockets. These financial impediments can exacerbate access issues related to race, as disparities are evident in the accessibility of clinicians for Black youth. For example, low-income Black youth often lack insurance coverage or face financial hurdles when accessing care (Assari & Caldwell, 2017; Kalambay, 2023). While socioeconomic factors help explain some disparities between Black and White individuals in accessing and using mental health services, they also influence the utilization patterns of mental health services among Black individuals (Assari & Caldwell, 2017).

Geographical Barriers

The distribution of mental health facilities across different regions can constrain accessibility, particularly for residents of underserved neighborhoods. Black youth encounter difficulties accessing services, primarily due to geographic barriers. These obstacles are evident in the inadequate availability of services within low-income communities despite the higher prevalence of mental health issues (Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023).

Distrust in the Mental Health System

Throughout history, black individuals have endured adverse consequences stemming from bias and discrimination within the healthcare system. Presently, individuals may still encounter healthcare provider bias, whether overt or subconscious, which can lead to incorrect diagnoses and insufficient treatment. Consequently, this fosters a sense of distrust in seeking assistance from mental health professionals (Kalambay, 2023; Olanlesi-Aliu et al., 2023). (Fante-Coleman & Jackson-Best, 2020) reported that only a few Black youth reported seeking mental health services because they did not trust these approaches. According to a 2018 survey, 60% of Black people in Canada said that they would utilize mental health services if they were delivered by a black healthcare professional (Kalambay, 2023; Olanlesi-Aliu et al., 2023).

Systemic and Structural Obstacles

Structural barriers refer to elements and practices deeply ingrained in social, political, legal, and service systems that systematically impede access for specific groups of individuals. These structural obstacles are associated with inadequate public health policies, underfunded mental healthcare systems, treatment gaps, poor planning, and governments' low prioritization of mental health (Kourgiantakis et al., 2023). Some systemic and structural barriers include racial prejudice and discrimination within healthcare systems and the acceptability of services and service providers. Consequently, Black youth may encounter unfavorable experiences with service providers, such as a lack of empathy and a sense of being judged, leading to mistrust. They also face racism, stereotyping, and a lack of culturally sensitive services from providers (Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023; Kourgiantakis et al., 2023; Olanlesi-Aliu et al., 2023). Notably, discrimination within society at large increases the likelihood and severity of mental health disorders and hinders access to mental health support. Additionally, historical roots of racism are deeply embedded in mental health education and intersect with the stigma surrounding mental illness, further fostering biased treatment of Black youths seeking assistance from mental health professionals (Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023; Olanlesi-Aliu et al., 2023).

Additional challenges include delays in accessing mental health practitioners and the limited availability of practitioners, particularly Black practitioners (Olanlesi-Aliu et al., 2023). Black youths typically had to wait an average of 16 months for care, which was more than twice the waiting time experienced by white patients, who waited for seven months. Black patients also face referral delays of approximately three to four months. Importantly, insufficient access to mental health professionals often leads to inadequate follow-up care and worse mental health outcomes (Fante-Coleman & Jackson-Best, 2020). Access to family doctors often serves as the primary gateway to mental health and addiction services, with 80% of Canadians relying on them for mental healthcare (Fante-Coleman & Jackson-Best, 2020; Kourgiantakis et al., 2023). However, many Black youth encounter difficulties accessing family physicians where trust can be built over time. As a result, the availability of black mental health professionals was identified as particularly crucial, but a significant shortage of black professionals in mental healthcare remains (Fante-Coleman & Jackson-Best, 2020; Kalambay, 2023; Olanlesi-Aliu et al., 2023).

In summary, the mental health services for Black youths in Canada, notably in areas such as Hamilton and Ontario, expose deep-seated challenges that demand immediate attention. Research consistently illuminates a tapestry of systemic, social, structural, and cultural obstacles that hinder black youth from obtaining vital mental health support. These challenges, rooted in factors such as financial limitations, societal stigmatization and discrimination, racial prejudices, and institutional biases, have resulted in extensive wait time, subpar service quality, and eroding confidence in our healthcare infrastructure. To authentically embrace Canada's commitment to inclusivity, fairness, and societal equity, it is imperative to increase the mental health needs of Black youth through tailored interventions and comprehensive reforms that are guided by

research data. The path forward necessitates proactive strategies, collective action, and an unwavering dedication to ensuring mental health parity for every individual, regardless of their racial or ethnic identity. The study detailed in this report provides narratives of Black youths' lived experiences in Hamilton, Ontario, to document these complexities and pave the way for meaningful change.

Methodology

The study detailed in this report used an interpretive narrative methodology (Polkinghorne, 1988, 1995) to collect and analyze the data. This methodology enables participants to articulate and give meaning to their experiences. It recognizes humans as self-interpreting beings whose interpretation of phenomena is embodied in social, cultural, and linguistic practices. Specifically, the methods used in this research were designed to examine participants' "multiple truths", lived experiences, worldviews, and perspectives rather than to confirm any hypotheses. (Polkinghorne, 1988) observes that narratives are the "primary scheme through which human existence is rendered meaningful" (p.11). Narrative inquiry is not a mere retelling or description of another's story but a dynamic process of interpretation that alters and contributes to the story's meaning. Therefore, the importance of individual experience to reality is a crucial feature of the 'n interpretive approach to narrative inquiry because it allows people to come to know themselves and others through stories and storytelling' (Polkinghorne, 1988).

Recruitment Methods and Samples

Recruitment

Participant recruitment for this study received assistance from four Black youth engagement leaders who collaborated with partner organization, Empowerment Squared, and a graduate research assistant to conduct outreach to Black and other community-based organizations and initiatives in Hamilton, Ontario. Additionally, referrals from community leaders and members contributed to recruitment efforts. Commencing in February 2023, recruitment strategies included sharing recruitment posters on social media platforms and engaging potential participants directly at McMaster University, schools and social gatherings.

Sample

This study recruited and interviewed 50 participants. However, only 48 participants met the criteria of being Black youth residing in Hamilton and were between 18 and 29 years old. The recruitment process aimed for diverse demographic information, including age, birthplace, culture, gender identity, sexual orientation, socioeconomic status, and ability/disability. Participants self-identified culturally in various ways, including African, Black, Caribbean, Latina, and Canadian. Additionally, the study included diversity in sexual orientation and gender identity, with participants identifying as heterosexual, bisexual, unstated, queer, asexual, or gay.

Data Collection

The data were collected via in-depth semistructured interviews. The interviews commenced in March 2023 and concluded in December 2023. All interviews were conducted virtually using Zoom, and participants were not required to use video. One research assistant conducted all the interviews to ensure consistency. A semistructured interview protocol created by the principal investigator was used to guide the interviews. Participants were provided with breaks and opportunities for mental health check-ins throughout the sessions to address any distress or discomfort. After the interviews, the research assistant debriefed the participants to assess their emotional well-being and provided community support resources if needed. The interviews and verbatim transcription were performed simultaneously. Five interviews were reviewed by one of the postdoctoral fellows/research coordinators in the early stage of data collection to ensure that the questions generated data to answer the research questions, and some adjustments were

made to the protocol. Participants received an honorarium of \$80 as a thank you for their participation.

Data Analysis

NVivo 14 QSR International qualitative software. It was used to manage and code the data. Twenty-seven interviews were imported into NVivo. Codes were generated inductively, as narrative analysis allows researchers to delve into the content, structure, and significance of narratives or stories shared by individuals (Nasheeda et al., 2019). Storytelling emphasizes understanding lived experiences through storytelling as a valuable source of knowledge. This method aims to grasp the essence of narratives by exploring their content, structure, and deeper meanings (Scheffelaar et al., 2021). Thus, attention is given to the perspectives of participants.

Although narrative analysis does not traditionally address interrater reliability, we employed interrater reliability to be consistent with the current trend in rigorous qualitative research (Levitt et al., 2018). Four of the 27 files coded by one postdoctoral fellow/research coordinator, an experienced coder, were also coded by another postdoctoral fellow/research coordinator and a graduate research assistant. Their codes were grouped and compared in NVivo with the codes of the more experienced coder. Paragraphs were used for unitization, and 93% to 100% agreement was achieved across the codes. Based on this level of agreement, the remaining 21 interviews were coded by the more experienced coder.

After the data were coded, themes were generated inductively. Attention was given to the research questions and the participants' responses in the context of the questions. Importantly, focus was given to how the participants constructed their stories and the meaning they gave to their experiences. This allowed the researchers to connect the themes in how the participants told their stories. Furthermore, the multiethnic Black research team, including the youth leaders, offered valuable insights, clarified perspectives, and challenged the understanding that was generated. Additionally, presentations of initial research findings involving 27 interviews to community members allowed for feedback and reflection, which challenged the researchers to engage with the data critically and ask qualifying questions in subsequent interviews. Finally, the monthly team meetings allowed for discussion and qualification of diverse perspectives in the data to ensure that voice was adequately and appropriately given to the participants.

Knowledge Mobilization

The findings of this study will continue to be shared through multiple channels to ensure comprehensive and effective communication. In the fall of 2023, preliminary findings were shared at two public events in Hamilton. In May 2023, the findings were also shared at a conference at McMaster University. Future knowledge mobilization activities will involve sharing the findings with study participants, mental health service providers, health and mental health policymakers, academics, and the public using infographics, presentations at conferences and other public events, articles published in academic journals, and a policy brief that summarizes the study's recommendations.

Ethical Consideration

The study received ethical approval from the McMaster Research Ethics Board. All participants provided written informed consent before participation, ensuring their voluntary involvement and confidentiality. Detailed information about the study, its purpose, and potential risks and benefits were provided to participants. They were assured of their right to withdraw from the study without consequences. Anonymity and confidentiality were strictly maintained throughout the research process. Participant information was deidentified, with each individual assigned a numeric code linked to their demographic data and audio recordings. Data and participant codes were securely stored on a password-protected data storage system that received ethical approval. Quotations used in the study findings were anonymized to further

protect participants' privacy, and their numeric numbers were used in the presentation of excerpts from the transcripts.

Results and Discussion

This section presents the findings from our qualitative interviews with Black youths in Hamilton, Ontario. Through an interpretive narrative approach, the study's key discoveries, the recommendations proposed by the participants, and the overall conclusions drawn from their insights are highlighted. The participants were 48 Black youth aged 18 to 28 years. The mean age of the participants was 22.65 years (SD = 3.028), and 26 participants were born outside of Hamilton but lived there for an average of 6.38 (SD = 6.34) years (see Table 1 for demographic characteristics). The data consisted of semistructured interviews ranging from 19 to 47 minutes (M = 34.70; SD = 8.32).

Table 1
Sociodemographic Characteristics of Participants (48)

Characteristics	n	%
Gender identity		
Female	25	52.00
Unstated	12	25.00
Male	9	18.80
Other	2	4.20
Pronouns		
She/her	28	58.40
He/him	5	10.40
Unstated	11	22.80
They/them	2	4.20
She/they	2	4.20
Sexual orientation		
Heterosexual	33	68.75
Bisexual	6	12.50
Unstated	5	10.41
Queer	2	4.20
Asexual	1	2.08
Gay	1	2.08
Cultural identity		
African	28	58.33
Black	15	31.26
Caribbean	3	6.25
Latina	1	2.08
Canadian	1	2.08
Living arrangement		
Parent(s) or family	23	47.89
Roommate	12	25.00
Alone	6	12.50
Partner	3	6.25
Other	2	4.20
Parent(s) and campus	1	2.08
Unstated	1	2.08

Improving Access to Mental Health Services Among Black Youth in Hamilton, Ontario

Accommodation		
None	35	72.92
Invisible	9	18.75
Unspecified	3	6.25
Visible	1	2.08
Enrollment in school		
Yes	31	64.59
No	16	33.33
Not stated	1	2.08
Highest Education		
High school	24	50.00
Undergraduate	15	31.26
College	4	8.33
Unstated	4	8.33
Graduate	1	2.08
Employment		
Employed	24	50.00
Unemployed	18	37.40
Unstated	2	4.20
Self-employed	2	4.20
About to start working	2	4.20
Romantic relationship		
No	23	47.92
Yes	19	39.58
Unstated	5	10.42
Dating	1	2.08

Note. The mean age of participants was 22.65 years old ($SD = 3.028$), and 26 participants were born outside of Hamilton but lived there an average of 6.38 ($SD = 6.34$) years. (Source: Field Survey 2024)

Narrative analysis methodology generated five primary themes that represented Black youths' perspectives on mental health in Hamilton, Ontario, and Hamilton, as well as some understanding of mental health outside of Hamilton. The participants' perspectives were constructed based on their own mental health issues and the discourses on mental health to which they were exposed. These factors affected their views on how they dealt with their mental health, how they dealt with mental health and other services in Hamilton, and their understanding of services outside of Hamilton.

These participants constructed their stories about mental health in Hamilton as a cyclical process with bidirectional influences (see Figure 1). The five primary themes captured the participants' stories and represented a good mapping of the data. The primary themes included a) constructing experiences with mental health, b) making sense of mental health discourses, c) experiences dealing with mental health in Hamilton, d) navigating mental health and other services in Hamilton, and (e) reflection on services outside of Hamilton. The findings represent the perspectives of diverse youth in Hamilton (see Table 2 for representation of themes based on gender identity), including across participants aged 18 to 28 (see Table 3 for representation of themes and subthemes by age).

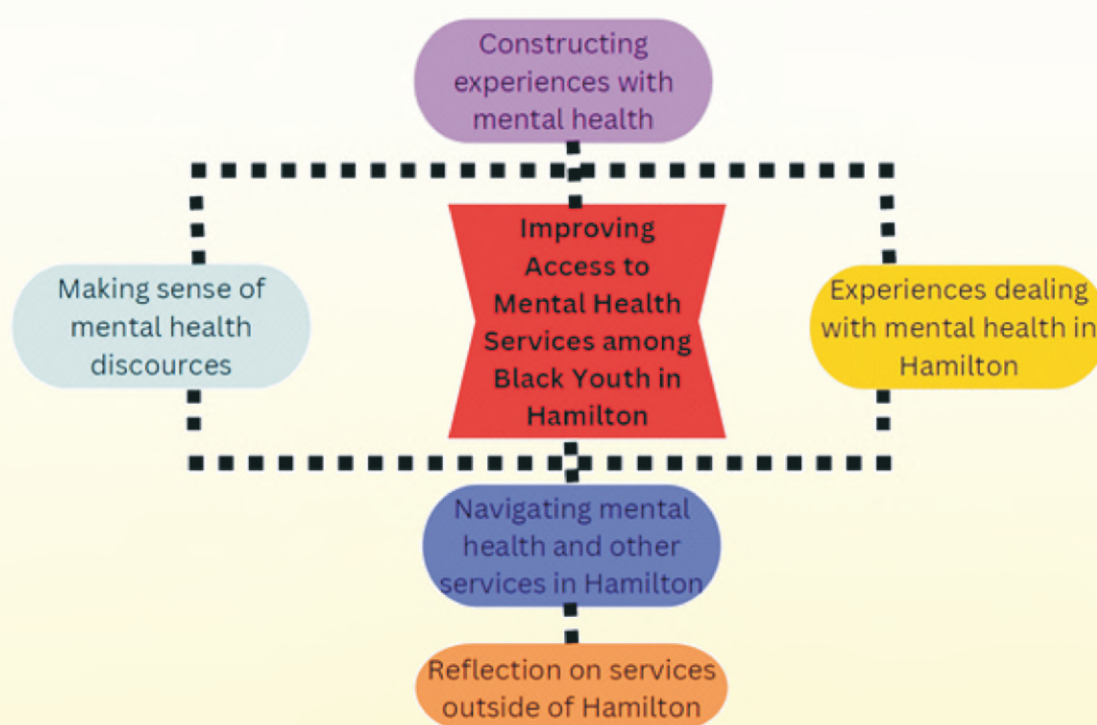


Figure 1: Relationship of Themes for Black Youth Perspective on Mental Health in Hamilton (Source: Field Survey 2024)

Table 2
Representation of Themes based on Gender Identity (N = 48)

Themes	Gender			
	Female	Male	Other	Unstated
Constructing experiences with mental health	25	9	2	12
Experiences dealing with mental health in Hamilton	24	8	2	11
Making sense of mental health discourses	25	9	2	12
Navigating mental health and other services in Hamilton	25	9	2	12
Reflection on services outside of Hamilton	4	2	0	1

(Source: Field Survey 2024)

Table 3
Frequency of Major Themes and Subthemes based on Age of Participants (N = 48)

Major Themes Subthemes	Age										
	18	19	20	21	22	23	24	25	26	27	28
Constructing experiences with mental health	6	5	4	3	3	4	6	8	5	3	1
Making sense of mental health discourses	6	5	4	3	3	4	6	8	5	3	1
Perceptions on factors associated with mental health issues from personal experiences	6	5	4	3	3	4	5	7	4	3	1
Perceptions on factors that cause mental health issues	6	5	4	3	3	4	6	8	5	3	1
Perceptions on how to deal with mental health	6	5	4	3	3	4	6	8	5	3	1
Perceptions on the impacts of culture on personal views about mental Health	5	5	3	2	0	3	6	8	4	2	0
Navigating mental health and other services in Hamilton	6	5	4	3	3	4	6	8	5	3	1
Reflection on Services Outside of Hamilton	1	0	1	2	0	1	1	0	1	0	0

Note. The numbers represent the participants in each age group who mentioned a theme and/or subtheme. (Source: Field Survey 2024)

Constructing Experiences with Mental Health

This theme delved into participants' perspectives on their mental health experiences, transcending specific locations or timeframes. It encompasses a broad spectrum of conditions, including anxiety, depression, trauma, and eating disorders. The participants provided insights into diverse aspects of mental health, such as reactions to life events, interpersonal struggles, and difficulties with concentration. They discussed their diagnosis status, motivations for seeking or avoiding a diagnosis, and the treatments they received, including the perceived effectiveness of these treatments.

The participants shared a wide range of experiences with mental health challenges, making salient their evolving self-awareness, the complexities of managing multiple conditions, and the intersection of race and mental health. Many reflected on how their understanding of mental health has deepened over time. One participant, for instance, admitted that they initially did not recognize their symptoms as depression, only realizing them with age and greater awareness. This emphasizes the crucial role of mental health education and awareness, as identifying symptoms can be difficult without proper knowledge:

Well, I would not say I knew it was depression at the time. However, as I grew older, I realized that, yeah, that was kind of depression. (080)

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Participants also recounted their struggles with multiple concurrent mental health conditions, such as ADHD and anxiety. One participant mentioned experiencing "very disturbed sleep" as a long-term symptom of anxiety, illustrating how these conditions can impact daily life. This example underscores the intricate interplay of different mental health issues, complicating both diagnosis and treatment:

Well, I have currently and have experienced like ADHD. I also have been diagnosed with ADHD and anxiety. In addition, in terms of anxiety, I have been experiencing for a truly long time, ever since I was young, like very like disturbed sleep. (004)

Additionally, participants discussed the influence of sociocultural factors on mental health. One participant shared that their depression stemmed not only from personal loss (the death of an uncle) but also from the challenges of being black in specific environments. This highlights the concept of intersectionality, where various aspects of identity, such as race and mental health status, intersect to shape an individual's experiences and well-being:

You know, I did not just have to deal with this depression because my uncle died. You know, being Black somehow sometimes is very hard in some particular areas...and I felt that was one of the things that contributed to me being depressed. (109)



Upon inquiry about their diagnosis, twenty-one participants disclosed receiving a mental health diagnosis, while eighteen participants did not. The reasons for seeking a diagnosis varied and included therapist recommendations, self-confidence issues, psychological symptoms, self doubt, support from parents or friends, unrelated life events, mental health care benefits, concern about mental health, and psychosomatic symptoms.

So now that I'm older, I do have that support because my mom does have the benefits. In addition, that is when I was diagnosed with what I was talking about before—like depression and anxiety. (007)

I explained to a friend what I was undergoing. Luckily, the friend thought about it and thought that wasn't normal. That I needed some help. For him, he was actually far. So he would not... We would not like talk one-on-one. However, he referred me to a very good counsellor. That after that, if anything happens, I would go to him. Yeah. In addition, I say that things have truly changed after seeing this counsellor. (026)

Participants who did not seek a diagnosis cited several reasons, including self-diagnosis, concerns about treatment or disclosure, cultural or religious factors, racial considerations, lack of information, no contemplation of diagnosis, worry about self-perception, and life pressures. One

participant highlighted the stigma and potential discrimination associated with documented mental health conditions within the Black community. The fear of mistreatment and prejudice due to multiple diagnosed conditions reflects a broader societal issue where mental health stigmas intersect with racial discrimination. This can lead to reluctance to seek formal diagnoses, hampering access to appropriate care and support.

I have not formally been diagnosed with ADHD... I feel like like a Black person, the more mental illnesses that you have that are documented, like the worse that you're treated. (007)

Participants underscored the internal conflict and familial barriers faced by individuals contemplating a mental health diagnosis. The fear of disclosing a diagnosis to family members, coupled with uncertainty about how to navigate the diagnostic process, creates a significant barrier to mental health care. This illustrates the need for better mental health education and support systems that can bridge the gap between awareness and action, especially in communities where mental health is a sensitive topic.

However, the main problem with me getting a diagnosis is that I would then know what the issue or what the exact cause of whatever is happening to me is happening to me... I cannot tell my parents something like that. Therefore, I do not want to have that information because I do not want to have to tell them this, this and that... And then I'm not truly sure how to get a diagnosis as well. (011)

Participants described the cultural and religious factors shaping their approach to mental health. In their family, mental health is not acknowledged as a legitimate concern, which discourages open discussion and seeking help. Additionally, their reliance on prayer and religious faith highlights how spiritual beliefs can serve as both a coping mechanism and a barrier to seeking professional mental health support. This reflects the need for culturally sensitive mental health services that respect and integrate individuals' religious and cultural backgrounds while providing comprehensive care:

I just feel like the family I come from, like mental health is not truly like something they consider like a thing... So I have just like never truly felt I should bring it up... And then also like I'm also like Christian. Therefore, I have also just been praying about it. Therefore, I feel like God has also been a factor in helping me deal with it. (013)

I just truly have to leave it to God to take care of it. Therefore, that is truly how I have coped with both situations. (120)

Twenty-two participants discussed various treatment forms, including therapy, medication, and mindfulness techniques. One participant emphasized the importance of holistic self-care practices in managing mental health. Exercise, meditation, and mindful food and media consumption were highlighted as critical strategies. This approach underscores the value of lifestyle changes and self-regulation in maintaining mental well-being, reflecting a proactive and integrative method that complements traditional mental health treatments.

And I'm able to manage my mental health through exercise and through meditation, as well as truly just self-regulating myself in terms of how I eat and the things that I consume, like social media, for example. (010)

Interestingly, the study revealed varied treatment experiences among participants. While some reported their treatment as helpful, others found it unsuccessful. Among the success stories, one participant praised psych services for being accessible and affordable, emphasizing the importance of such factors in adequate mental health support. This underscores that when mental health services are within reach, they can significantly aid individuals in managing their

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mental health issues. Accessibility and affordability ensure broader access to professional mental health care.

So I had like psych services. This approach was very helpful, accessible and very affordable. (081)

A common theme emerged among those who felt that their treatment was ineffective—a feeling of being unheard and misunderstood by professionals. They attributed this to a lack of familiarity with their specific experiences, leading to inaccurate prescriptions and worsening of their initial symptoms.

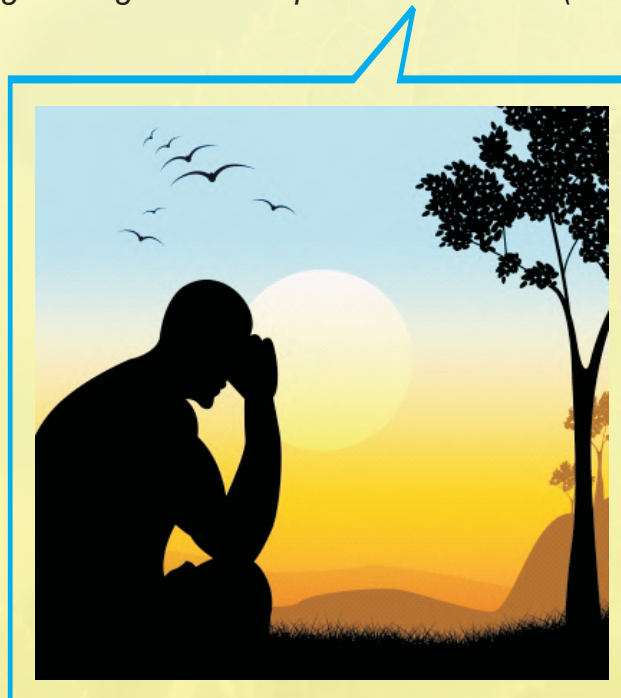
And it just did not work for me personally. (001)

Unfortunately, due to a lack of familiarity and my lived experience, I think they just prescribed me what they thought would be an immediate remedy. In addition, rather than helping, it amplified a lot of the things that I was already feeling. In addition, I did not truly feel confident navigating my mental illnesses after that. (087)

Conversely, few participants reported progress in their mental health journey, showcasing the potential for positive outcomes.

However, I think I still got the help I needed. I think there was a time I felt... I could not eat. I had this eating problem because I was feeling bad because one of the boys back then called me a monkey. I know it is something bad for somebody to do. A monkey is a very nice animal. However, if someone is calling you a monkey, it's very terrible. Therefore, I felt bad. I kind of like stayed in my room. I could not go out to school back then. In addition, I was having this knock on my door by my mom, What's the problem? You know, I could not eat. I just felt very bad, you know. Therefore, I felt if I had said something back then, I think something would have been done. There was an incident that took me to several screenings, several therapies, several counseling, you know. So yeah, that's just it. (109)

Well, for me, I felt like it was all over for me. Yeah, I felt like it was all over for me. I was very poor mental healthwise. What truly came to my rescue was a mental health group. My aunt was a churchgoer. Yeah, my aunt was a Christian. There was a church she was going to. Therefore, after her death, I also started attending a support group. Therefore, I think that is what helped me go through the whole process back then. (090)



In summary, the participants' diverse experiences with mental health challenges underscore the complexities of managing multiple conditions and the significant impact of sociocultural factors, particularly the intersection of race and mental health status. This study highlights the importance of mental health education and awareness in recognizing and addressing symptoms, the necessity of culturally sensitive and accessible mental health services, and the role of holistic self-care practices. While some participants reported successful treatment experiences, others faced barriers due to stigma, lack of understanding from professionals, familial or cultural pressures, and affordability and accessibility issues. These findings emphasize the need for comprehensive, personalized, and inclusive mental health care approaches to bridge the gap between awareness and effective action, ensuring that all individuals receive the support they need for their mental well-being.

Making Sense of Mental Health Discourses

This theme focused on how participants understood mental health from diverse sources. They emphasized how their understanding was influenced by personal experiences and cultural understanding based on family of origin and ethnicity. Additionally, their sense-making pursuits included developing and understanding how to address mental health issues. Their story was captured in four subthemes: (a) factors associated with mental health issues from personal experiences, (b) perceptions of factors that could play a role in mental health issues from a personal standpoint, (c) impacts of culture regarding personal perspectives on mental health, and (d) perspectives on how to deal with mental illness.

Factors associated with mental health issues from personal experiences

Participants delved into the intricate factors contributing to mental health challenges, recognizing the multifaceted and complex nature of their origins. They highlighted how personal experiences or life events and individual, social, and structural stresses and vulnerabilities intersect to impact mental well-being. This profound perspective underscores the interconnectedness of various factors that shape mental health outcomes, emphasizing the need for comprehensive approaches to address and support individuals' mental health needs.

Personal factors such as self-perception, thought patterns, and stress levels were identified as significant determinants of mental well-being. The participants in the study shed light on the complexity of experiences related to depression and low self-esteem. Familial pressures emerged as a prominent factor, leading individuals to internalize expectations and adopt self-imposed perfectionism to avoid disappointing others. This relentless pursuit of excellence can exacerbate feelings of inadequacy and contribute to depressive tendencies. Additionally, participants highlighted the profound impact of past relationships on self-esteem, emphasizing the importance of interpersonal dynamics in influencing mental health outcomes.

In terms of depression, I would not say I could pinpoint something specifically. I'd say, you know, like I guess the obvious things are like self-esteem. (012)

Then, they also tend to put a lot of pressure on me because I'm the first child. Then, I tend to put that pressure on myself. It makes me like a perfectionist, and I try to do everything as perfect as I can... (015)

And I think the relationship [with a romantic partner] also made me feel how, of having low self-esteem, like I was worthless. (074).

The social factors discussed included family, work, school, relationship issues, adjusting to change, and responsibilities. Several participants in the study reflected on the intricate interplay between family dynamics, societal norms, and personal identity, recognizing their profound effects on mental well-being. They shed light on how familial and societal expectations can exact a heavy psychological toll, manifesting in feelings of depression, self-doubt, and a diminished

sense of autonomy. One participant shared their experience of feeling scrutinized and condemned within their family for authentically expressing themselves, leading to a sense of confinement and emotional distress.

I'm definitely a very outspoken person. In addition, I would not label myself disrespectful, but some people in my family might say that just because I'm saying how I feel and I'm not like conforming to their ways of thinking per se. In addition, because of that, I have gotten much scrutiny from my family for not conforming to their ideals and just being my own person. Which I'd say definitely at some point has led me to be very depressed because I was getting in trouble for the way that I was thinking. So it was like I cannot even think freely. (007)

Other participants explored the impact of growing up in religiously inclined families, where they often felt inadequate and pressured to meet parental expectations, affecting their social interactions. They also discussed how significant life events, such as job loss and relocation, can trigger mental health issues.

I grew up in a big family. In addition, I feel like I did not know how to coexist because of the age gap between our family members. We also grew up in a very religious family. Therefore, I think there was this constant feeling of not being good enough, quite literally good enough, to appease our parents. In addition, sometimes that idea of being good enough also carried into social interactions out in the world. In addition, that made me very overly conscious of the way that I presented myself. To the point where I feel like I became a bit more reserved. I spent a lot more time overthinking those interactions instead of acting on the things that I wanted to do or be. (087)

The anxiety was a result of I having lost my job by that time, and I had recently just moved from our home. (026)

The study participants delved into structural factors such as finances and discrimination, linking these factors to significant mental health challenges. They revealed the strain imposed by financial and academic hurdles, emphasizing their substantial impact on mental well-being. Financial instability breeds feelings of anxiety, uncertainty, and inadequacy, magnifying existing mental health burdens.

At that point, the main issue was, I think... I will just be sincere and say I had some financial struggles, and academic. (088)

Additionally, while most of the participants revealed the detrimental effects of racial discrimination on self-esteem and body image, four participants did not mention a clear link between discrimination and mental health experiences. The former articulated the sense of marginalization and devaluation fuelled by societal beauty standards that marginalize certain racial or ethnic groups. Such discrimination fosters feelings of inadequacy, identity-related stress, and diminished self-worth. Moreover, a participant recounted a harrowing encounter with public harassment, instigating fear and reluctance to partake in daily activities such as commuting by bus. This narrative exemplifies how discrimination and targeted harassment perpetuate anxiety, profoundly impacting overall mental well-being.

There's also just kind of like... I'm not sure how to describe it. More so like underlying messages that because of my race, I'm not seen as beautiful. Therefore, like from the media, and from I guess peers as well. (003)

Like last week, I was on a bus. In addition, then my friends and I were talking, and this guy walked up to just me and started yelling in my face. I was like, "Keep it down. Some of us are trying to go to work." I'm like there a lot of us talking, and this guy stood right in front of me. I was so scared. In addition, now he made me reluctant to like want to take buses. I do

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not think I have taken a bus since that day. That is like a week ago. Therefore, yeah, I feel like he targeted me personally (121).

Honestly, no, not truly. I have not like experienced anything like that like to that degree where it could affect me, truly. Especially since it would most likely come from someone that I would not know personally. Therefore, it would not affect me like no matter what someone said about like who I am, if they do not personally know me in that way (017).

These insights underscore the intertwined challenges of financial hardship and discrimination, which deeply influence mental health. They stress the urgency of addressing structural inequalities and cultivating environments that nurture mental well-being and resilience amid adversity.

The study participants shared poignant narratives of how significant life experiences or events have left lasting imprints on their mental health. One participant recounted a harrowing car accident involving themselves and their sister, an ordeal that continued to reverberate emotionally. The trauma from this incident elicits ongoing negative feelings and anxiety, particularly when people find themselves behind the wheel or in the passenger seat. Its lingering presence casts a shadow on their daily life, instilling a pervasive sense of unease and vulnerability.

Yeah, so it was a car accident where my sister was driving. It was just the two of us. In addition, we rear-ended somebody. In addition, it was just like a traumatic experience. She has like truly negative feelings toward the experience as well... So it is not truly something that I can like just like forget or like brush of (013)



On another account, one participant reflected on the profound impact of the pandemic, especially the abrupt shift to online schooling. They articulated a deep-seated aversion to remote learning, underscoring their reliance on social interaction for mental well-being. The amalgamation of demanding coursework, pedagogical uncertainty, and social isolation culminated in heightened levels of stress and anxiety. This tumultuous period marked a stark deterioration in mental health, manifesting as disrupted sleep patterns and a diminished appetite.

And like during the pandemic, it felt like 10 times worse. I hated online school. Like hated it. Because I, to this day, thrive off of like interaction from people and being around people. Therefore, it was like that was truly rough for me. In addition, that was like a big part of my mental health like plummeting... Therefore, like a lot of the courses that I was taking, they were hard. However, then I was taking them online. Therefore, like the stress and anxiety of school, and those courses, and teachers like not truly like knowing how to handle teaching everything they have known online also kind of affected my mental health in that way. I think at one point like I was not eating. I was not eating; I was not sleeping. Like I barely slept like for two months. Therefore, that was probably the worst point of my mental health. (018)

These narratives illustrate how life-altering events, such as traumatic accidents or global crises, can profoundly shape individuals' mental and emotional landscapes. These events shape individuals' perspectives, behaviors, and coping mechanisms, underscoring the importance of fostering support networks and cultivating resilience to navigate life challenges.

In summary, the study participants provided valuable insights into the intricate factors contributing to mental health challenges, recognizing their multifaceted and complex origins. By highlighting the intersection of personal, social, and structural stresses and vulnerabilities, participants emphasized the need for comprehensive approaches to support mental well-being. Personal factors, including self-perception, thought patterns, and stress levels, were identified as significant determinants of mental health, with familial pressures and past relationships profoundly impacting self-esteem and depressive tendencies. Social factors, such as family dynamics, societal norms, and life events, were also acknowledged for their heavy psychological toll. Participants' discussions of structural factors, such as financial instability and discrimination, revealed their substantial impact on mental well-being, underscoring the urgency of addressing these systemic issues. Personal narratives of significant life experiences, such as traumatic accidents and the pandemic, illustrated the lasting emotional imprints these events have on individuals' mental health. These insights highlight the importance of fostering supportive environments and cultivating resilience to navigate life's challenges. Ultimately, this study calls for culturally sensitive mental health interventions and policies considering the interconnected nature of personal, social, and structural factors, aiming to address stigma and discrimination to enhance mental well-being across diverse communities.

Perception of Factors that Could Play a Role in Mental Health Issues from a Personal Standpoint

The study participants were asked how mental health was constructed as developing from personal and cultural perspectives. The participants provided insights into their perceptions of factors contributing to mental health issues at both the personal and cultural levels. At the personal level, participants discussed various factors, including genetics, heredity, biology, environment, medication, and brain functioning. They delved into the nature vs. nurture debate, recognizing the interplay between genetic predispositions and environmental influences in shaping mental health outcomes. One participant considered hereditary factors and environmental influences, suggesting that while there may be a genetic predisposition, experiences and circumstances also play a significant role. They cited their mothers' anxiety as a potential influence learned through observation (nurture) while acknowledging that traumatic events can also contribute to mental health challenges. This nuanced perspective underscores the complexity of mental health issues and the multifaceted nature of their origins.

Well, I definitely think it is kind of like one of those like nature versus nurture questions, and it is like hereditary...Like your parents having it, or something...However, my mom had a lot of anxiety. In addition, I could tell that growing up. In addition, I maybe kind of just like picked that up from her because you do learn things from your parents. So I guess in that way, it would be nurturing. However, I also do think it speaks to like your circumstances and stuff. In addition, like obviously even if your parents are completely mentally fine, if you go through something, something traumatic like bullying or something like that, then you're more likely going to develop some sort of mental illness. Therefore, I just think it truly depends... I do think it has a lot to do with your surroundings and your environment. (008)

Another participant recognized the role of medication in affecting mental health, indicating an awareness of the potential impact of pharmacological treatments. This viewpoint suggests that pharmacological therapies may influence mental health.

... Possibly medications that people take. (010)

A participant reflected a nuanced understanding of the multifaceted nature of mental health issues and highlighted several key points. The participant acknowledged that there is no singular cause of mental illness and emphasized the multitude of factors that can contribute to its development. The participants noted that causes vary for each individual and may include family dynamics, relationships, finances, and other societal factors. This suggests an awareness of the interconnectedness between personal experiences and broader societal contexts in shaping mental health outcomes. They emphasized that mental health issues manifest differently for everyone and are influenced by individual experiences and circumstances. They recognized that what may contribute to mental health challenges for one person, such as familial factors, may not be the same for others, for whom different stressors such as relationship difficulties or financial struggles may play a role in mental illness.

There are many causes of mental illness. Just like it affects everyone differently. Just the same way I had a mental health issue due to my family, some people it is due to relationship, finance, you know. The causes of mental health disease basically include finance, relationships, and family. Yeah, basically. (117)

Participants' reflections on how their culture views mental health causes revealed a contrast between biopsychological factors and religious or unscientific perspectives. On the one hand, participants acknowledged biopsychological factors such as personality, environmental influences, and biology as potential contributors to mental health issues. This suggests an understanding of the complex interplay between biological, psychological, and environmental factors in shaping mental well-being. However, participants also noted that religious beliefs or unscientific perspectives predominantly influenced cultural views on mental health causes in the Black community.

The participants in the study offered diverse perspectives on how mental health is perceived within different cultural contexts, focusing on biopsychological factors. One participant highlighted the cultural perception of mental health issues within their community, noting a belief in the genetic inheritance of mental illness. This finding suggests that biological factors contribute to mental health challenges. However, they also observed a stigma surrounding mental health, where individuals may be unfairly labeled "crazy" based on family history. Additionally, there was recognition of a narrow understanding of mental health, with an overemphasis on extreme traumatic events rather than everyday stressors such as bullying.

I think that for Nigerians, I do not know, I can only... Again, I got truly lucky with my mom. However, for my dad, I think he's a lot better now. I do not want to be talking about him like he is not. However, like in that community, I would feel like it is they definitely think it is inherited... but I feel like I could see somebody saying that, "Oh, her mom was crazy, and like she's crazy." However, I also do think that they would assume it would come with something like incredibly traumatic. Like somebody's dying or something like that. Not truly like bullying or anything like that, because I do not think they think that is truly like that big of an issue... I think they are kind of just one-track minded. (008)

Another participant discussed the impact of violence on mental health within their community, recognizing the prevalence of various forms of violence as contributors to trauma and mental illness among youth, children, and adults. This reflects an awareness of environmental influences on mental well-being.

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I'm talking about the community where I am right now and the community where I grew up in Liberia. There are many forms of violence that can cause trauma and mental illness in young people, young children, and even adults. (080)



Furthermore, a participant suggested a belief in the influence of dietary factors on mental health within their community, indicating an understanding of the interconnectedness between physical and mental well-being. This perspective underscores the importance of considering lifestyle factors in mental health promotion and intervention.

Therefore, there's just a general perception that maybe from what we eat here. (121)

The participants described their cultural perceptions of mental health within their communities, emphasizing the significant influence of religion. They discussed how mental health problems are frequently attributed to religious beliefs, highlighting prevalent stigma and misconceptions. Within their cultural context, mental health issues are often associated with severe conditions such as schizophrenia and are interpreted as spiritual concerns rather than psychological or psychiatric conditions. These issues are commonly believed to stem from demon possession or other spiritual entities. As a result, mental health challenges are perceived as spiritual problems best addressed through spiritual interventions, such as prayer, rather than conventional mental health support. Participants noted that while this approach might offer temporary relief, it often fails to provide long-term solutions for mental health concerns.

Yeah, so with my cultural background being Ghanaian, I hear a lot, and I would say this is specifically from my parents and some of the people in their circles, is they relate it back to like religion. If someone is experiencing a mental health issue, it could be a demon, for example, that is possessing them. (010)

Culturally, a large portion of the people in Ghana are Christian or Muslim. In addition, for them, they see it as a spiritual concern more than something mentally impacting you. In your day-to-day, it is something that you are able to pray away. In addition, sometimes it does not heal the situation. In addition, sometimes it feels like it temporarily pacifies it. (087)

Yeah, because you see when you mention to them, initially when you mention mental health, it is in your head. Severe cases of mental health, schizophrenia and such. Therefore, I think the belief here was that maybe somebody has been possessed by an evil spirit or something. So that is why they would seek prayers. (088)

Participants highlighted various unscientific perspectives on mental health prevalent within their cultures, including beliefs in witchcraft and the negative view of those with mental health

issues as simply being "crazy." These cultural contexts often attributed mental health problems to supernatural causes, further stigmatizing and misunderstanding these issues. Many participants described how feelings of mental distress are usually dismissed or minimized as mere sadness, leading individuals to internalize these beliefs and invalidate their own experiences. The association of mental health issues with witchcraft reflects a belief system in which supernatural explanations are common, exacerbating the stigma surrounding mental health.

...they relate it back to something like witchcraft, is something that you hear a lot. (010)

You have some kind of like... Like you have been possessed by something. Therefore, that is definitely how I grew up thinking about it. Or even like, "You're exaggerating your feelings. Like you're just sad, you're not depressed. You're just sad. It is fine." Like those are things that like was being told to us a lot. Therefore, then you try to internalize that. Like, Oh, maybe I am just sad, you know. (009)



Participants noted that mental health issues are often seen as predominantly affecting white individuals and not as part of their own cultural experience. This perception is compounded by a lack of vocabulary and understanding of mental health within their communities, reinforcing the notion that mental illness is an external concept introduced by other cultures.

I think a lot of us culturally see it as more of a white person's experience to be met with these illnesses. Because for them, again, with them not having the vocabulary to talk about it, they do not treat it as something that is impacting them on a daily basis. (087)

One participant shared an extreme example from their family, where mental health problems are equated with severe behaviors, such as running outside the naked eye, illustrating a profound misunderstanding of the diverse manifestations of mental illness. This perpetuates harmful stereotypes and stigma.

And it is not something that is open. It is very much like you're crazy. Like when my dad, I tell him... My dad still does not believe that I truly have a mental illness. In addition, when I tell him, he thinks that I mean that I'm, like you know, running outside naked. Like that is not... That is like the most extreme example. Therefore, in their head, they think that mental illness is like you lost your mind, basically. (009)

In contrast, another participant mentioned that all problems are perceived as physical rather than mental within their community. This highlights a cultural perspective that prioritizes physical health concerns over mental well-being, emphasizing the need for greater awareness and education about mental health.

Well, in my community, I do not think they truly believe there's something as a mental health problem, that you're going through a mental health problem. Yeah. I think we all believe all our problems are more physical. (90)

Some participants, however, expressed disagreement with how their cultural contexts perceived mental health challenges. They reflected a personal dispute about how their culture or family handles mental health issues, diverging from these traditional beliefs and practices. This indicates a critical stance toward cultural norms surrounding mental health within their familial and cultural contexts.

Yeah, that is just like one way I'd say that my culture or like my family specifically like thinks about and like deals with mental health. Which I do not agree with at all. (014)

Participants described a broader cultural perspective on mental health within the Black West African community, noting a tendency to stigmatize and avoid discussing mental health issues. They highlighted that terms such as "going crazy" are commonly used to describe individuals struggling with mental health challenges, reflecting a negative and regressive perception of mental illness within their culture. Participants emphasized that there should be open dialogs about mental health. However, the current lack of such conversations perpetuated by cultural norms has contributed to ongoing stigma and misunderstandings.

Like it is kind of like they go crazy, or like there's just something mentally wrong with them, even though that is not always necessarily the case...And just kind of with the general culture, people...like West African culture, people do not truly talk about it. In addition, I think that they view it in a way that is kind of negative and kind of a bit backward. (003)

Honestly, that is not even spoken about that much. Like it just got popular with a lot of people traveling and all that. However, it was not truly popular when I was growing up. However, right now I think a lot of people think mental illness is mostly from people who like had their kids abroad. (121)

In summary, the study participants comprehensively examined how mental health is constructed and perceived within their personal and cultural contexts. They highlighted a nuanced understanding of the factors contributing to mental health issues, acknowledging the complex interplay of genetic, biological, environmental, and societal influences. Participants emphasized the individualized nature of mental health challenges, underscoring the importance of considering personal experiences, familial dynamics, relationships, finances, and broader societal contexts. They also revealed a significant contrast between biopsychological perspectives and the unscientific, often religiously influenced views prevalent in their cultures. While some participants noted the stigmatization and misunderstandings resulting from supernatural explanations such as witchcraft or demon possession, others critiqued their communities' resistance to discussing mental health openly. This resistance perpetuates stigma and hinders effective interventions. The participants' insights underscore the urgent need for culturally sensitive mental health education and interventions that respect and address these diverse perspectives, fostering an environment where mental health issues can be openly discussed and adequately supported in a context where mental health also intersects with immigration factors.

Cultural Impacts Regarding Personal Perspectives on Mental Health

This subtheme explored how cultural beliefs shape individuals' perspectives on mental health, revealing both positive and negative impacts. The influence of culture on participants' perceptions varied significantly. Some participants felt that cultural beliefs had no bearing on their approach to mental health. For others, culture played a significant role in shaping their perspectives on mental health issues, and they discussed how their views evolved as they encountered different cultures. Additionally, some participants experienced tension between their personal perspectives and prevailing cultural norms.

The study participants demonstrated a strong sense of independence and individualism when shaping their beliefs about mental health. Rather than being heavily influenced by cultural factors, they relied on their own judgment and critical thinking. Their beliefs were primarily self-formed through information from educational institutions and online sources. Interestingly, even when raised in specific households, participants often held beliefs that diverged from their family or cultural norms, highlighting the role of immigration factors.

I do not truly think they have affected my own beliefs because I do not truly believe what they're saying. Like what I'm taught in school or what I see online have helped me build my own views. In addition, obviously by these same people I have been raised to be able to make up my own mind and build my own views and beliefs, even if they go against people who like to live in my house. So yeah, I do not truly... They have not truly shaped my own beliefs at all. For the most part, I have shaped my own beliefs. In addition, information that I have gotten from other sources has shaped my own beliefs. (018)

Participants recounted a significant shift in their views on mental health, evolving from a narrow, culturally influenced perspective to a broader, more inclusive one. Initially, they recognized their "tunnel" vision, shaped by cultural norms that emphasized silence and self-reliance regarding mental health issues. One participant explained that they initially viewed silence as a sign of strength, reflecting a common cultural stigma. However, engaging with a diverse group expanded their understanding, revealing the benefits of open communication and seeking support. This transition from suppression to openness underscores a notable personal and cultural transformation, highlighting the critical importance of discussing mental health openly. Participants reflected on how their beliefs and perspectives have transformed over time due to exposure to diverse cultures and experiences. While they were raised with specific cultural norms and beliefs from their home country, their outlook underwent significant changes when they encountered different environments. This exposure opened their eyes to new ways of understanding. One participant noted that the cultural beliefs they grew up with might not necessarily stem from a lack of education or awareness, especially regarding mental health. In their home country, larger concerns often took precedence, overshadowing issues related to mental well-being that might not be openly discussed or prioritized. However, moving to a new environment exposed them to different challenges and problems, prompting a shift in their beliefs and perspectives. This exposure to novel issues and experiences shaped their understanding of the world and their place within it, leading to an evolution in their ideas about mental health.

It narrowed my... It is what we call a tunnel. That is narrow thinking. You just think in a certain way. However, if you get to interact with people from here, then you are able to see how wide and diverse their thinking is in regards to mental health. Yeah, so for me, I think I just thought that you just keep quiet, you just go on with your life, that sort of thing, then you come to realize that being able to speak out what you're going through, being able to talk to other people, it actually helps. (090)

Therefore, I would say in the same way, more or less I have the same ideas that I have been brought up with. However, being exposed to a different world, specifically from when I was 12 years old, that was what kind of opened my eyes into this like new way of understanding the world. I always had the same cultural beliefs and norms as when I was growing up in Nigeria. I'm not necessarily saying it is bad or... I'm just saying it is more like there's a lack of education in that subject matter. It is something that is not brought up. Because I will see like people who grow up there have bigger things to worry about. So things like this is something that they do not necessarily put in the forefront of their mind. Therefore, growing up here, I have different problems to worry about. Therefore, having those different problems to worry about comes with different...like different issues I have to deal with. Therefore, it is, yeah, my ideas have kind of like changed and drifted over time from what it originally was. (016)

The participants engaged in thoughtful conversations about their mental health, which was influenced by their upbringing and cultural context. Their self-perceptions fluctuated due to societal dismissal of mental health issues. At times, they questioned the authenticity of their experiences, wondering whether external factors played a role in their symptoms. Moreover, internalized stigma led them to doubt the legitimacy of their mental health struggles. Being surrounded by peers facing similar challenges intensified this struggle, as they grappled with reconciling personal experiences and cultural beliefs.

I have my own opinions about it. However, sometimes I'm like maybe I am making this up. Like maybe I do not have this. Like I have moments of like where I do not have this like weighing down anxiety on me. In addition, I'm like, oh, maybe I'm just making that up. Like maybe I'm just being dramatic. Maybe it is because I'm here, I'm surrounded by other people who have it, and maybe that is why. Therefore, I have moments of like maybe I'm just like making it up. Maybe I do not actually have this. Because of my like upbringing, and like mental health is not real, type thing. (005)

The study findings illuminate participants' diverse and evolving perspectives regarding mental health beliefs, shaped significantly by personal autonomy and critical thinking rather than strong cultural influences. The participants demonstrated a notable shift from initially narrow, culturally influenced viewpoints to broader, more inclusive understandings of mental health. This transition underscored a profound personal and cultural transformation, emphasizing the importance of open dialog and support-seeking behaviors. This study also highlights the impacts of upbringing and cultural context on participants' self-perceptions and the challenges they faced in reconciling personal experiences with societal stigmas. Ultimately, exposure to diverse cultures and experiences played a pivotal role in reshaping participants' beliefs and perspectives, fostering a deeper understanding of mental health and its complexities in varying cultural contexts.

Perspectives on How to Deal with Mental Illness

Participants discussed how they believed mental illness should be approached from their social, economic, cultural, and spiritual perspectives. Social factors within this subtheme include the need for acceptance, encouragement to seek help, understanding, support systems, interpersonal support, patience, and the ability to address generational differences.

The study participants highlighted the need for openness, empowerment, and support in dealing with mental health issues. They collectively emphasized the importance of reducing stigma, encouraging self-help, and enhancing external support mechanisms. The participants' discussions reflected a range of perspectives, from personal experiences and individual responsibility to societal progress and the need for further empowerment. There is a clear call for action, urging individuals and society to create a more supportive and empowering environment for those facing mental health challenges.

Participants emphasized the importance of dealing with mental health openly and without shame, highlighting the need to destigmatize mental health issues. They share their own approach to being transparent about their diagnosis and accommodations, suggesting that openness can be empowering. Acknowledging that not everyone is comfortable with such transparency, the participants showed empathy for those who feel they need to hide their struggles. They expressed sadness over the fact that many people still feel unable to seek help, pointing to a broader societal issue of stigma and lack of support. Additionally, participants underscored the importance of self-help and personal agency in dealing with mental health challenges, suggesting that initial steps toward improvement must come from the individual. They also acknowledged the role of external support, implying that reaching out and speaking up can facilitate overcoming difficulties. The combination of self-help and external assistance highlights the interconnected nature of support systems in addressing mental health issues.

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I think that mental health should be dealt with openly, hopefully. Well, it is not easy. I personally do not hide my diagnosis. I always talk about it because it is not truly anything to be ashamed of. That is also including my accommodations. However, I understand that not everyone feels that way. However, the fact that people still feel the need to hide that they need help with something or they cannot reach out for help, it is just something that is...it is quite saddening. (002)

And when people know like whatever is disrupting that way, it is like it can necessarily affect them, it is better for them to necessarily help themselves. Therefore, I will say help comes from yourself first, and then other people like speaking out will kind of like help you. Like help you get through whatever you're going through. (016)

Participants expressed that individuals dealing with mental health issues require greater empowerment, indicating a need for additional tools and confidence to manage their conditions. Although Canada has made strides in addressing mental health, one participant emphasized the necessity for continued efforts to enhance empowerment, suggesting that current measures, while beneficial, remain inadequate. This focus on empowerment advocates for a proactive and promotive approach, calling for the continuous development of resources and support systems to better equip individuals.

From my perspective, I think they should be more empowered. I think we are doing well in Canada. However, they should be more empowered. (090)

The participants also highlighted several key areas that need attention to effectively address structural vulnerabilities and stresses. They emphasized the importance of raising mental health awareness, adopting a proactive approach to mental health, and ensuring the availability of diverse treatment options. Additionally, they stressed the need to remove stigma, make treatment accessible, personalize care, and adopt a holistic approach. Recognizing and addressing unhelpful cultural attitudes toward mental health were also identified as crucial. One participant noted the harmful effects of stigma and rigid sex roles. In many cultures, men are expected to be strong and self-reliant, which can make admitting to mental health struggles and seeking help seem to be a sign of weakness. By emphasizing the need to destigmatize seeking services, the participant advocated for increased mental health accessibility. This involves changing societal attitudes and creating an environment where individuals, especially men, feel comfortable seeking help without fear of judgment. Destigmatizing mental health services is crucial for making these services more approachable and acceptable.

I'm a big proponent of like mental health awareness. However, I think we have to do it in the right way. So yeah. (005)

Giving all the right education for the right set of people. Proper education and enlightening citizens. Or should I just say especially with the Blacks that are most affected, enlighten people...(084)



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In addition to the attitude the community gives to these people, it should be the one that comes with love and acceptance, not in cases where they are stigmatized and discriminated against. (080)

So culturally, I think that there are definitely advancements, but there are still a lot of things that need to be fixed. (007)

Yeah, I think first and foremost, there truly needs to be destigmatization. I cannot pronounce that word. We need to destigmatize seeking services, especially in our communities, especially among male identifying persons. So there's layers to these things. I know that a lot of men do not want to seek help because, again, we hear the ideas of men being weak if they seek help, and that truly affects, you know, them continuing treatment but also getting help in the first place. (010)

From an economic standpoint, the discussion centered on the necessity of accessible and cost-effective therapy. The participants stressed the significance of service quality and affordability in mental health care. They proposed that top-notch services should be financially attainable for those requiring assistance. Feeling "comfortable enough" to seek help implies that services should be affordable, inviting, and nonthreatening, fostering a supportive atmosphere for individuals. By addressing affordability, more people are likely to seek and maintain the necessary treatment.

I would say there should be quality services in place and affordable services where those affected can be comfortable enough to seek this help and be able to afford to seek professional help. (080)

Another participant advocated for free counseling services, eliminating financial barriers, and ensuring that everyone has access to mental health support. The emphasis on services being "easily accessible" underscores the need for convenience in obtaining mental health care. The participants recognized the importance of flexibility in service delivery by mentioning online and in-person services. This approach caters to different preferences and needs, making it easier for individuals to seek help in a way that suits them best.

Counseling services should be made free and easily accessible, online and in person. (084)

The study participants engaged in discussions about the differing levels of awareness, support, and stigma related to mental health within their families and cultural contexts. These contrasting experiences highlighted a broader societal challenge, where outdated cultural beliefs and limited understanding coexist alongside more progressive and supportive attitudes.

Participants emphasized that their cultures held outdated and stigmatized views about mental health. They observed how these cultural beliefs lead to fundamental disbelief in mental health issues. Family members often exhibit a dismissive attitude toward mental health struggles, resulting in harmful practices such as institutionalization instead of providing appropriate mental health care. The lack of support and belief perpetuates a misconception that mental health problems are only legitimate if there is an apparent external cause. This cultural mindset creates feelings of helplessness and significantly hinders individuals' ability to seek help. The prolonged sense of being unable to access support highlights the detrimental impact of stigma and cultural beliefs on one's mental health journey. Greater awareness and understanding of mental health, along with addressing dismissive attitudes influenced by cultural beliefs, are essential for supporting those seeking help.

The problem is that they do not even believe in mental health problems. They just believe people are...something's wrong with you. Therefore, they just... They put them in--what do they call--asylums. (011)

Therefore, for the longest time, it definitely made me feel like I could not get help. (007)

However, my dad was not truly supportive. He did not truly think that I had anything to be depressed about, I guess. (008)

However, a participant shared that their family's cultural beliefs and practices exhibited a more positive and progressive attitude toward mental health. According to this participant, their mother is open-minded and willing to discuss mental health issues. This openness fosters comfortable conversations and may lead to the seeking of appropriate resources. This study underscores the significance of supportive cultural contexts and family members in the mental health journey and highlights the positive impact of open communication.

As for my mom, I feel like she's more concerned or like open-minded to like hearing my issues. I feel like the more I would talk to her, like the more she will be able to have like comfortable conversations with me, or even helping me seek resources to better my mental health. (021)

Participants' discussions highlighted the tension between traditional cultural approaches to mental health and the need for more effective, modern treatments. They illustrate a default reliance on traditional medicine, reflecting cultural practices that may be deeply rooted but not necessarily effective. Furthermore, they challenge this reliance, pointing out that traditional methods often fall short, particularly for complex mental health issues.

Yeah, so I initially think it was traditional medicine or something. (088)

Unfortunately, we know that this is not always the best solution, especially for people who have complex mental health issues. (010)

In summary, participants emphasized the necessity for a holistic approach to mental health, encompassing social, economic, cultural, and spiritual perspectives. They underscored the importance of acceptance, encouragement to seek help, and support systems within their social environments. The discussions highlighted the critical need to reduce stigma, promote openness, and empower individuals to take proactive steps in managing their mental health. Participants called for greater accessibility and affordability of mental health services, emphasizing the role of both self-help and external support. They also stressed the importance of challenging outdated cultural beliefs and practices that hinder mental health awareness and care. Participants highlighted the path toward a more empowered and mentally healthy society by advocating for a destigmatized, inclusive, and supportive approach.

Experiences Dealing with Mental Health in Hamilton

This theme explored participants' perceptions of the mental health treatment they received in Hamilton, highlighting both the positive and negative aspects of the system. Twenty-five participants indicated that they sought mental health help in Hamilton, while 20 did not. Those who received treatment reported a range of experiences. Some found the treatment to be a positive and beneficial experience, while others faced challenges and negative outcomes. These diverse experiences reflect the varying effectiveness and accessibility of mental health services in Hamilton.

For those who shared positive experiences, their discussions highlighted several aspects of favorable treatment encounters. They emphasized the importance of safe and supportive environments, services that can adapt to individual needs, the potential to shift negative perceptions through consistent engagement, and the value of persisting despite initial discomfort. The positive outcomes described by participants underscored the significance of accessible, flexible, and empathetic mental health services that cater to diverse preferences and

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experiences. By offering such supportive and effective treatment options, mental health care can lead to meaningful and beneficial experiences for individuals seeking help.

One participant highlighted their positive experiences with mental health treatment, emphasizing the importance of a safe space to discuss their issues. Feeling safe and supported played a crucial role in the effectiveness of their treatment. Having a trusted person to confide in and a secure setting to express their thoughts significantly enhanced their overall treatment experience.

I think it is been helpful because I'm the type of person who likes to talk about my issues with somebody else in that kind of safe space. (03)

Another participant, despite an initial negative experience with group meetings, found one-on-one counseling at the health center to be more suitable for their needs. This adaptability and the availability of different services contributed to a more comfortable and effective treatment experience, shaping their positive perception of mental health care. For another participant, there was a significant shift from initial skepticism to full acceptance and appreciation of mental health treatment. When initially forced to attend sessions, they eventually acclimated and embraced the process, resulting in a positive treatment experience. Last, participants acknowledged the initial discomfort and hassle of undergoing mental health treatment but ultimately found the results worthwhile. This highlights how positive outcomes can outweigh the initial challenges, leading to a favorable overall experience.

My school has a lot of services, apparently. Although I do not use most of them. However, there is also the Black Students Success Centre. In addition, they hold seminars or whatever. They hold meetings. I went to one, but then I cried, so I never went back again because it was embarrassing. In addition, now I just mainly use the health center to talk to a counsellor to just update her and things like that. (002)

Yeah, I was very critical about mental health and seeking help at first. However, I was actually forced to start attending the sessions. However, after some time, I got well acclimatized with it and to actually embrace it a hundred percent. It was a nice experience for me. (090)



And getting it initially was kind of a hassle. (011)

Therefore, it was like it was definitely uncomfortable. However, the results helped, I would say. It was worth it in the end. (017)

For those with a negative experience, their discussion collectively underscored several key issues within the mental health treatment system in Hamilton, including the inadequacy of service availability, ineffective communication and validation by counsellors, and inconsistent appointment scheduling. These negative experiences reveal significant areas for improvement in

the mental health care system to ensure that services are accessible, affirming, and reliable. Addressing these issues is essential for providing effective mental health support and improving overall patient satisfaction.

One participant pointed to the issue of inadequate availability of mental health services. The participants expressed a need for more frequent counseling sessions, ideally on a biweekly basis, to better support their mental health needs. The inability to access more frequent appointments highlights a gap in the mental health care system, indicating that the current service availability does not meet the demand or individual preferences, leading to dissatisfaction and potentially less effective treatment.

However, I think the problem...like another problem is that the service is not as available as I think I would like it. For me personally, I like to see people a bit more often. Like right now I'm seeing my counsellor on like a monthly basis-ish. However, I'd like to see him on more like a two-week basis-ish because that is what works for me. However, I do not have that opportunity. (003)

One participant highlighted the importance of effective communication and validation in counseling sessions. The participant felt invalidated and unsupported due to the counsellor's repeated use of the word "sure," which conveyed uncertainty and disbelief. This negative interaction led to a feeling of not being taken seriously, which undermined the effectiveness of the walk-in counseling session. A lack of affirming and empathetic communication can significantly impact the perceived quality and effectiveness of mental health treatment.

I do not know. Therefore, I would say like the walk-in counseling was not very effective for me. In addition, one thing I truly noticed in that whole session with the counsellor was like she kept saying sure. This wasn't very reaffirming. Like it is a weird thing to capitalize on. However, like throughout the whole experience, I just felt like not validated. Like I did not feel like she believed me. Because she just kept using that word, to the point where I was like, okay, like I do not know... You know, it is just like when someone says sure, it just sounds so unsure. So that whole experience was not very affirming. (012)

Another participant discussed the issue of inconsistent and unreliable appointment scheduling. The participants described the frustration and inconvenience caused by cancelled appointments without prior notification. Such inconsistencies disrupt the continuity of care and can hinder treatment progress, causing additional stress and dissatisfaction for the patient. Reliable and consistent scheduling is crucial for maintaining effective therapeutic relationships and ensuring that individuals receive the support they need when needed.

The on and off meetings. Like the appointment you have placed like to be next week, and then you call that next week, that particular day and ask if the doctor is there. You are told unfortunately, no. They had not called you yet you had also planned to be there. That is quite an inconvenience. (081)

The participants shed light on the various challenges accessing mental health treatment in Hamilton. They identified various personal factors that create barriers to seeking and benefiting from available services. A lack of awareness about mental health resources often leaves individuals unaware of where to turn for help. Internal resistance, stemming from personal reluctance or denial, further complicates the decision to seek treatment. Cultural and familial perceptions also play a significant role, as societal norms and family beliefs about mental health can discourage individuals from reaching out for support. Time constraints add another layer of difficulty, as busy schedules and daily life demands make it challenging to prioritize mental health care. The need for relatable therapists—professions who understand and connect with individuals' cultural backgrounds—is crucial for effective treatment. Additionally, fear of mistreatment or being misunderstood by healthcare providers can deter people from seeking

help. These personal challenges significantly impacted individuals' ability to access and effectively engage with mental health services in Hamilton, highlighting the need for more inclusive, culturally competent, and accessible support systems.

...not knowing where to go, maybe wanting a certain type of help, not knowing where to find that certain type of help. Yeah, that is what I can think of off the top of my head. (018)

I would say to some extent there are services available. However, then I cannot truly predict how well people, Black youth, are aware of the existence of these services. Therefore, I feel in my opinion, I feel more like education should be turned like on making sure that people are being made aware of the existence of some of these services. (084)

I think the biggest barrier is probably myself, and like not going through with it. I think I have overcome the barrier of like family and the perceptions of like family and culturewise. Therefore, I think the only barrier is truly myself in thinking about the process of going through with talking to somebody that I may not know and like opening up certain things that I have bottled inside... And I think it's just harder when you grow up in a system that is always like you feel like you're running out of time or you feel like you do not have time on your side because you do not have the resources, the money or like things that you find are necessities if you're running after those things. The things that are important, such as your health or your mental health, are usually put on the backburner. (019)

At times you also do not prioritize that. (026)

Not truly. I have been pretty unwilling, I'm not going to lie, just because of my own perceptions that is been put on me from my family. (007)

And not to say that... I mean I love my therapist, and she's White. However, sometimes you just need someone who knows what you're going through. Therefore, if there's just..." (008)

...what I should say, having that confidence and willingness to go, irrespective of what the outcome might be. Some of them might have fears of how they will be treated. (084)

Some participants discussed critical social factors that hinder effective mental health treatment, including negative childhood experiences, lack of community support, feelings of exclusion, and unwelcomeness. They also discussed how cultural upbringing and social norms created an environment where seeking help for mental health issues has been regarded as awkward or shameful. These social issues create environments where individuals are reluctant to seek help due to fear of judgment, lack of encouragement, and societal stigma.

And just like going back to like just things that were instilled to them in their childhood. I definitely see that through a lot of my friends. They do not want to speak about how they feel because as soon as they started to speak when they were younger, like they were literally bit for it. Therefore, I do not blame them why they feel weird and vulnerable to people. Because, again, like their pain was weaponized against them. If their own parents were sitting here bashing them for what they... something that they could not control, like mental health, a lot of people are hesitant. Because like okay, if somebody is close to me, somebody who is not as close to me could do something even worse. Therefore, there's a lot of distrust, definitely. (007)

Lack of support from communities, I would say. (080)

And just feeling unwelcomed. In addition, like you would not have access to those things, or you should not have access to those things because of other reasons, depending on person. (002)

Socially? Well, again, from the way we have been raised, you feel somehow awkward for you feeling that you are seeking help. You do not want people to see that you're seeking help... Yeah, you do not want people to think or to know that you're seeking help. (090)

Several participants discussed the significant structural vulnerabilities and stressors that impeded access to mental health treatment. Economic barriers, racial stigmas, lack of representation, cultural pressures, and prioritization of basic needs over mental health are critical issues. Addressing these structural challenges requires systemic changes to ensure that mental health care is accessible, culturally competent, and affordable. By recognizing and mitigating these structural vulnerabilities, the mental health treatment system can become more inclusive and supportive for all individuals.

Many Black people, especially in Canada, are immigrants. In addition, so like being an immigrant, most times you do not have liked the most income. In addition, accessing therapies is expensive. Therefore, I think that kind of hinders a lot of Black youth, or just Black people in general, accessing therapy. Because it is just such like an expensive venture. Each session is like hundreds of dollars. In addition, like who has hundreds of dollars to spare? You know what I mean? Therefore, it is definitely an economic factor. (005)

There are also different stigmas around it, especially in terms of race. I feel like, you know, doctors may have racist stereotyping. Therefore, that can be difficult. Yeah. (004)

And I'm not sure that people know if there's any like representation. Because sometimes you want to have like a Black therapist or like foster that community within like your culture, but you're just not sure. You kind of feel like you're alone. (003)

There are many notions in the Black community about how Black people should carry themselves and like to be true to themselves. In addition, like we're strong, we're independent. In addition, like we have like been through so much worse than like whatever we're dealing with now. Like it kind of like diminishes the validity of that, or something. (014)

And lack of access to mental health care which I think help a long way to assist Black folks to want to try out this service to them. (080)

I feel like I'm still trying to figure it out. Like I have not truly adjusted. However, I guess I have just kind of settled for what I can get. (003)

Yeah, I think. Especially in Hamilton, given the current living situation, many people have had to compartmentalize what illnesses and what other internal concerns they have had because being able to afford to find some place to have shelter is taking more precedent. (087)

For the 20 participants who did not seek help in Hamilton, the reasons for not seeking mental health treatment in Hamilton included several key factors, including knowledge gaps about available and helpful treatment in Hamilton, cultural and racial factors, long wait lists, treatment skepticism, preference for self-management, social influences, financial concerns, negative past experiences, and reliance on online resources. Participants noted that the challenges of finding culturally competent therapists and long wait lists for therapists who share their cultural backgrounds are significant obstacles. Some participants preferred to manage their

mental health issues independently due to distrust of professional treatments, such as medication or specific therapies. Previous negative experiences, either personally or through peers and family members who had bad experiences with mental health treatment, led to hesitancy in seeking treatment within Hamilton. Concerns about the cost of therapy and the perception that sessions are too expensive prevent individuals from accessing professional mental health services. Additionally, some participants turn to online platforms for self-help due to the slow and ineffective nature of professional treatment options, reinforcing the need for more accessible and immediate support services.

However, aside from like school, I'm not truly sure if there's any other like services outside of like the school environment like in Hamilton in general...but I'm just not sure of where to access them or like how accessible that they are... (003)

In Hamilton, I haven't. Because when I moved here, I was already seeing someone. However, even the search to find someone that I felt comfortable with was hard, just because I am a Black woman, and I cannot see a White person or even a White man for help. Even when I did find a Black person, the wait lists were so long (09)

...I just feel like I do not know what kind of resources would even be helpful for me. Because I would not want to go on any medication and stuff like that...However, I feel like at the point I'm in in life right now, I'm like better off dealing with it on my own. Yeah (013)

I have a journal that I write in every night, and I just kind of like put my thoughts into that. In addition, I talk to my sisters as well. In addition, sometimes I talk to my parents. When I have like things that I feel comfortable talking about, I talk to my parents, I talk to my sister. I also talk to my friends. I just talk to people. Or I just write it down. Yeah. (005)

Yes. I had also met some people along the way through my workplace who were not very encouraging of the idea. I think they were reiterating a lot of things that I was concerned about, which was the lack of diversity in terms of the support that I could receive. (087)

I was not sure if they charged fees or something... A friend was telling me they charge per hour, per session. Yeah, and I thought maybe I couldn't afford it. In addition, so I dropped the idea. (088)

My dad actually had a bad experience in Hamilton. That was when he suggested going to Toronto. (111)

Yeah, it did not quite help immediately. It took a while. It is more like a process where you're surfing the internet looking for something that talks more about what you're feeling. Therefore, it took a while for me to go through some platforms, some online pages where these kind of issues are discussed. In addition, I was able to find the one that is closest to what I feel – to what I was feeling at that time. This helped me to understand what I was feeling and helped me feel more relieved knowing that I'm not the only one going through this issue. (080)

In summary, the participants' experiences with mental health treatment in Hamilton revealed a complex landscape marked by both positive and negative aspects. For some, the availability of safe, supportive, and adaptable services contributed to a beneficial treatment journey, underscoring the importance of empathetic and flexible mental health care. Conversely, others encountered significant challenges, such as inadequate service availability, ineffective communication with counsellors, and inconsistent appointment scheduling, highlighting areas

that require urgent improvement. Personal, social, and structural factors further complicate access to effective treatment. Personal barriers such as internal resistance, cultural perceptions, time constraints, and social influences such as lack of community support and feelings of exclusion discourage many people from seeking help. Structural vulnerabilities, including economic barriers, racial stigmas, and the prioritization of basic needs over mental health, exacerbate these issues. For those who refrained from seeking treatment, the reasons ranged from difficulties finding culturally competent therapists and skepticism about professional treatments to financial concerns and reliance on online resources. Addressing these multifaceted challenges is essential for creating a more inclusive, accessible, and effective mental health care system in Hamilton. By recognizing and addressing these diverse factors, Hamilton's mental health services can be improved to better meet the needs of its community.

Navigating Mental Health and Other Services in Hamilton

This theme explored participants' perspectives on the mental health services available to Black youth in Hamilton, drawn from personal experiences and observations. While some participants praised the evolving and helpful nature of these services, others highlighted significant limitations, including affordability issues, inaccessibility, race-related barriers, inadequate services, and stigma. Some participants acknowledged and appreciated efforts to enhance cultural competence within Hamilton's mental health services. However, many expressed concerns about the lack of culturally specific services tailored to the unique needs of Black youth. Participants shared their views on the types of services needed to better support Black youth, emphasizing the importance of a diverse array of service providers and community members. They also articulated several key factors to consider for increasing access to mental health services, such as affordability, accessibility, and reducing stigma.

Participants mentioned several key points that reflected favorably on the system. Their discussion collectively underscored a positive trajectory in Hamilton's mental health services landscape. Efforts to increase the availability of support and maintenance of a high standard of care are recognized and appreciated by the participants despite some areas needing further development for improved accessibility and awareness.

Yeah, I think that the services for the most part are great. (010)

Yes, thus far they've all been positive...they've all pretty much been good. (122)

Despite being new to Hamilton, one participant recognized a growing amount of available support, although they noted a need for better information on accessing these resources. This suggests an expanding infrastructure of mental health services, which, while promising, requires more effective communication and outreach to maximize accessibility.

I think that from my perception... I just moved here for university. Therefore, I'm still like learning about the city. However, I think that there's a growing number of supports, but I'm just not sure of where to access them or like how accessible that they are. Yeah. (003)

On the other hand, participants identified several key challenges and barriers that impede access to effective care. The negative aspects of navigating mental health and other services in Hamilton include significant economic barriers and broader financial constraints, limited options for youth, cultural influences, and stigma. Some participants noted that the high cost of therapy was a significant barrier. This indicates that the financial burden of therapy deters individuals from seeking the help they need. Financial difficulties extend beyond therapy costs to include associated expenses, such as transportation and medication, highlighting the broader economic challenges that can hinder access to mental health services.

I would definitely say the economic factor like factors into it. Like accessing therapy is just truly expensive. Therefore, I just didn't. Yeah. (005)

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...financial constraint. If they do not have enough money to...especially if the services are not free. Therefore, the financial aspect can be based on people paying their way to the place and having to pay for whatever is being paid for. Most likely, to obtain drugs. So those are the two things I think can be a challenge. (92)

Another participant emphasized the need for community-based services that are both accessible and affordable. This highlights the importance of integrating mental health services into community settings to enhance their affordability and accessibility.

In addition, the community could serve as a tool where services could be brought closer to community members where they can assess these services in a more comfortable way where they can also afford them. (080)

The lack of mental health services targeted specifically to youth was highlighted, suggesting that young people without insurance or benefits face difficulties accessing mental health care.

I feel like there's not a lot for youth per se, unless you have like benefits where you can go to therapy. (007)

Cultural perceptions and stigma surrounding mental health were identified as barriers. This indicates that cultural stigma can discourage individuals from seeking treatment or making finding services more challenging. Fear of judgment was also mentioned as a deterrent, underscoring the impact of social stigma on individuals' willingness to pursue mental health care.

And of course there's a piece about the cultural influence. Therefore, how does it impact perceptions of mental health? And then from there, how it impacts if they will pursue treatment, and how they'll go about that. Maybe they do not feel comfortable talking to anyone about it. Therefore, they try and look for services themselves. However, that, also like I mentioned, can be a daunting task. (010)

I think it is fear of being judged. (026)

Interestingly, while some participants recognized and appreciated efforts to improve cultural competence in mental health services in Hamilton, several others expressed concerns about the lack of culturally specific services. One participant praised the tailored approach to therapist selection, highlighting a system responsive to users' cultural and personal needs. In contrast, another participant noted the absence of services specifically designed for Black individuals, indicating a significant gap in culturally competent care.

However, you know, I see that efforts are being made. For example, when I was getting booked in with like an individual therapist, like I was given the choice to see like a Black therapist because, you know, it might be like slightly more affirming to talk to someone who looks like you and might understand the issues that you're going through. (012)

They are not like specifically for the Black, if you ask me. Because if they were indeed, I would be knowing, and I would have actually taken myself at that juncture, without having to go back home, you know. (081)

Participants shared their views on the services needed to serve Black youth better, emphasizing the importance of accessibility, anonymity, cultural competence, and representation in mental health support. One participant noted that young people often feel discomfort when required to provide personal information such as names, phone numbers, and health card details. They suggested that making services more anonymous, or at least minimizing the need for personal disclosure, would make youth feel more comfortable and willing to seek help.

And like a lot of times like youth do not want to like put your name down. However, like a lot of times you go in to get help, it is like you have to sign up. "Can I get your number? Can I get

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your name? Can I get your email?" Things like that. A lot of the times like they do not have to write that down. They do not have to... For many different reasons, you do not have to, you know, disclose that information. Therefore, if it is more like more, I guess anonymous, or like not anonymous, but like you can just come in and speak to someone without having to like show your health card. You know, it makes it a lot easier. It makes youth feel like it is more accessible, and they want to go and use those avenues. (018)

Another participant highlighted the potential impact of establishing a Black Youth Centre, where individuals could feel welcomed and supported by peers who share similar experiences. This center should be easily accessible in terms of location and operating hours, ensuring that it is convenient for young people to visit. The presence of counsellors and various available services within such a center would encourage youth to explore and utilize mental health resources.

I think if we had like a Black Youth Centre or something, I feel like that would just be absolutely amazing. Because then you would know that like the people around you can like... Even though we all have different ethnic backgrounds, the experience is the same. Therefore, I think, yeah, like opening like a Black Youth Centre, and then having counsellors in there. In addition, then hopefully get that... Like a place where they can just feel welcome to come. Of course, it has to be accessible in terms of like hours and like where it is located. It cannot be out far up there where no one can drive there. I think something like that would probably be like the best thing for youth. (009)



One of the participants also emphasized the need for more diverse and culturally competent staff in mental health services. They noted that black-owned clinics or those with more racialized staff foster an environment of patience and understanding, which is crucial for individuals seeking mental health support. This participant also underscored the importance of bridging cultural gaps, particularly in facilitating conversations about mental health within families. Improved representation and cultural competence would make mental health services more accessible and reduce the burden of extensive research to find suitable support.

...And I think if there were more clinics and other institutions that were maybe more black owned, or just, in general, more racialized, that there would be that patience that people need when looking into taking their mental illness seriously, or when they have the time to do so. I do not feel like I'm able to walk down the street and find one. I feel like you have to do a lot of research to find more support. In addition, I wish that they were more accessible. I also... I wish that there was a way to bridge the cultural gap in terms of having conversations with our parents and things like that. In addition, I also think that in terms of representation, maybe that would also contribute to easing up the dialog. (087)

Participants clearly articulated the need for a diverse array of service providers and community members to support Black youth in their mental health journeys. They highlighted the importance of cultural competence and lived experiences among these professionals. The participants emphasized the need for a comprehensive team that includes psychiatrists, especially those who are black, nurses, doctors, psychologists, psychotherapists, therapists, social workers, and counsellors, to provide a wide range of mental health services. One participant also acknowledged the value of naturopathic medicine, suggesting that incorporating natural health approaches could offer beneficial alternatives to conventional medication.

I think psychiatrists, nurses, doctors, psychologists and counsellors should be there. (074)

Counsellors, psychologists, definitely one psychiatrist...(008)

Therefore, I'd say, yeah, psychotherapists, therapists, psychiatrists, psychologists should be like employed...(012)

I do not think there are a lot of...like Black psychiatrists and things like that. (014)

I definitely think naturopaths, even though I had a bad experience with one. I think natural health is important. Like looking at naturopathic medicine, and kind of breaking away from just like medication and stuff like that. (004)

It was also noted that including youth leaders as mentors, alongside teachers who educate on mental health and cognitive functions, could play a vital role in raising awareness and understanding of mental health among youth.

...like youth leaders, I guess, who are willing to be mentors...(008)

And I guess like even like teachers...like those who teach like mental health, or those who teach like about like cognitive stuff that like can help people be more educated about like how mental health works, how the brain works...(013)

The need for service providers who understand the lived experiences of Black youth was emphasized, highlighting the importance of empathy and cultural competence. These were seen as critical for effective counseling and support. The participants also stressed the importance of professionals being well trained and certified to ensure that they can effectively provide the necessary help and support.

And on top of that, you're wanting someone who will understand the experiences that you have. Therefore, even if they look like you, do they have the lived experience to counsel you in a way that is empathetic, is a truly big one. (010)

Because it would be quite awkward if you are accessing a mental health service, the practitioner is not quite trained enough to be able to give you the necessary help you need. Therefore, that would be quite weird, I think. These professionals should be certified and trained. trained well, yeah. (80)

The value of employing individuals who have experienced similar mental health challenges was also highlighted. Such counsellors could provide relatable advice and support, drawing from their own experiences with depression and other mental health issues, thus offering a more personalized and understanding approach to care.

Because there's something about you hearing a story, and you know the story. Like this is what you're actually going through, or you passed through this stage. It helps you to know the kind of instruction; it helps you to know the kind of advice to give out to people. There

should be people who have experienced similar cases. Like who actually went through a lot of the depression, mental problems and the rest. Therefore, these counsellors should be employed. (092)

The participants highlighted several key factors to consider for increasing access to mental health services for diverse black youth in Hamilton. These factors include addressing cost barriers, enhancing accessibility, creating awareness, utilizing electronic means and social media for outreach, and leveraging cultural engagement through music and dance.

One participant highlighted that cost is a significant barrier preventing many Black youth from accessing mental health services. High expenses limit their ability to attend regular therapy sessions, resulting in infrequent visits that may not provide adequate support. Additionally, long wait times and the financial burden of immediate care further deter Black youth from seeking mental health services. Enhancing the availability and affordability of these services is crucial for improving accessibility.

I think cost...Definitely cost is like a bigger thing. Because like I have met people who like are going to therapy like in secret. However, it is so expensive. It is just they're like, 'I do not know, I can only do one session a month. I try to like get as much as I can out of that one session and apply that. I'm like, Oh my God, I feel so bad for you. Therefore, cost is likely the greatest barrier. (009)

Accessibility. That'd be the biggest one, is just making them accessible. That everybody and anybody can do it without thinking. Like if I truly do think, okay, you know what, I need to go see somebody, as a Black youth, the first thing that is going to dissuade me is going to just be the accessibility. Is like, Okay, do I truly want to wait seven months? By then, would this problem still exist? You know? Or do you have the money to even go for a professional one like tomorrow, like you want to? No, it does not truly work. Therefore, I would say accessibility, definitely. (122)

Participants emphasized raising awareness about available mental health services through education and outreach. They suggested that electronic means such as emails, posters, and social media posts can effectively reach Black youth. It is crucial to inform Black youth about the resources and support that are available in the community. Continuous engagement through these channels ensures that mental health resources remain at the forefront of awareness.

Creating enlightenment for Black Youth in Hamilton. (111)

Sending lots of emails truly helps. Like when you keep getting spammed with emails, you're bound to see it at some point...So definitely like emails, posters everywhere. What else? Social media posts because everyone is on social media. (005)

Participants reflected on the benefits of offering virtual and anonymous access to mental health services, noting that these options can reduce the stigma and logistical barriers associated with in-person visits. Online resources provide flexibility and privacy, making it easier for young people to seek help. Furthermore, community sensitization and education are essential for reducing stigma. By clarifying that mental health issues can affect anyone, these efforts help individuals normalize seeking help and encourage Black youth to utilize available services.

However, like it just might take like the edge off of like having to like actually go into somebody's office and like be like, 'Hey, like I'm depressed. What can I do?' It is like that virtual aspect just makes it a little bit easier...Maybe like having like a website for it, or like some other type of like virtual space that people do not physically have to be there to be able to access just because then it is like accessible like 24/7, might be most effective. Especially if you're dealing with like younger people because like their schedules are so

busy. In addition, like if you schedule like a meet and greet with like different professionals, but they cannot make it because they're working on an assignment or like they're working, whatever, that just could be something that is like a good way for them to like know that like they're still there, even if they are not like physically there. (014)

In addition, regarding stigmatization, there may also be sensitization regarding the stigma that comes with this. It is clear that anyone can fall like ill for mental health illness. Like you cannot just say it is meant for certain people. (074)

Participants believe that engaging Black youth through culturally relevant activities, such as Music and dance can effectively promote mental health services. They suggest that face-to-face interactions within familiar cultural contexts can encourage youth to seek support, making mental health resources more accessible and appealing.

You know, with Black youth, I think a lot can be achieved through like music and dancing. Therefore, I think maybe that is a good like way to get them involved... Therefore, I think the only way to talk to people about something that could help them is face-to-face. (121)

In sum, navigating mental health services in Hamilton presents a complex landscape for Black youth, marked by both positive strides and significant challenges. Participants acknowledged the efforts to enhance cultural competence and the availability of support, reflecting a positive trajectory in Hamilton's mental health services. However, they also identified substantial barriers, including affordability issues, race-related obstacles, inadequate services, and pervasive stigma. The discussions highlighted the critical need for affordable, accessible, and culturally competent mental health services tailored specifically to the unique needs of Black youth. Participants emphasized the importance of community-based services, diverse service providers, and culturally relevant support systems. They called for increased awareness, reduced stigma, and more effective communication to ensure that mental health resources are accessible and inviting. The establishment of Black youth centers, staffed with culturally competent professionals, and the integration of anonymous, virtual services were proposed as key strategies to improve accessibility and support. Overall, the participants' perspectives underscore the urgent need for a comprehensive, inclusive, and culturally sensitive approach to mental health care in Hamilton, aiming to create an environment where Black youth can thrive and seek help without fear or financial burden.

Reflections on Services Outside of Hamilton

The participants underscored the critical need for accessible and culturally competent mental health services, both within Hamilton and beyond. Seven participants discussed their experiences with mental health services outside of Hamilton. The participants highlighted the ongoing challenge of finding therapists who understand and can effectively support Black individuals despite efforts to locate such services outside of Hamilton. One participant expressed frustration with long wait times to access a Black therapist. On the other hand, another participant illustrated a positive experience with a helpline service. They emphasized the importance of having someone to talk to during a crisis and found the service helpful in addressing their immediate emotional needs. These participants emphasized the importance of addressing barriers to mental health care access and ensuring that services are responsive to diverse cultural and personal needs. Their experiences highlight the critical need for services that are both accessible and culturally competent to effectively support the mental health needs of Black individuals.

However, even the search to find someone that I felt comfortable with was hard, just because I am a Black woman, and I cannot see a White person or even a White man for help. In addition, even when I did find a Black person, the wait lists were so long. It was, "I have a wait list of I do not know how many people. Like once we get through them, we might

see you.” And it is kind of like, I’m in a crisis, I need someone. Therefore, I’m imagining that it’s probably the same here. I have not truly seen a lot, to be honest, about like mental health in Hamilton. I guess maybe because I have my own therapist. However, I have not truly... Like at school, maybe. However, I have not truly seen a lot of like things going on. (009)

I was just sitting in like my bedroom; I was crying after a problem that happened. Like I didn’t know who to call. I didn’t know who to talk to. Therefore, I just dialled the Kids Help Phone. In addition, that was like my first ever reach for any help for any problems I had at all. In addition, I’d say it was more like having someone to talk to about the struggles I was dealing with at the moment. In addition, it was... Yes, it was helpful. However, again, Hamilton, no, I haven’t necessarily contacted anything for problems I’m having or facing. (016)

In sum, the reflections on services outside of Hamilton highlighted a pressing need for accessible and culturally competent mental health care. Participants underscored the ongoing challenge of finding therapists who can effectively support Black individuals, with frustrations over long wait times and limited availability. Conversely, positive experiences with helpline services demonstrate the value of immediate, crisis-oriented support. Both perspectives emphasized the necessity of overcoming barriers to accessing and ensuring that mental health services are responsive to diverse cultural and personal needs. These reflections reinforce the call for a more inclusive and efficient mental health care system that can adequately address the unique challenges faced by Black individuals, both within Hamilton and beyond.

Recommendations

From the insights of this study's participants, we propose the following recommendations for improving access to mental health services among Black youth in Hamilton.

- **Increased Awareness and Education to Foster Openness, Empowerment, and Stigmatization**
 - Awareness: Raise awareness about available mental health services, ensuring that Black youth are informed about the resources and support they can access.
 - Community Education: Launch community-wide educational campaigns to create awareness about the black communities most affected by mental health issues.
 - Openness: Open discussions about mental health should be encouraged to reduce stigma and promote a supportive environment.
 - Empowerment: Empower those dealing with mental health issues by providing proper education and support. Continuous empowerment efforts, especially targeting Black youth, are needed.
 - Destigmatization: Engage in efforts to destigmatize help-seeking for mental illness in Black communities and among Black men in particular.
- **Enhance Service Accessibility and Affordability**
 - Quality and Affordable Services: Ensure that mental health services are high-quality and affordable, making it comfortable for individuals to seek professional help without financial strain.
 - Free Counseling Services: These services include free and easily accessible counseling services, both online and in person.
 - Frequent Counseling Sessions: Increase the frequency of counseling sessions to better support mental health needs.
- **Community-Based and Culturally Competent Services**
 - Anonymous Access: Create opportunities for anonymous or low-barrier access to mental

- o health services to make youth feel more comfortable and willing to seek help.
- o Black Youth Centre: Establish a black youth center where individuals can feel welcomed and supported by peers who share similar experiences. Ensure that the center is accessible in terms of location and operating hours.
- o Culturally competent clinics: Increase the number of clinics and institutions that are black owned or staffed with racially diverse professionals to provide a more patient and understanding environment.
- **Diverse and trained service providers**
 - o Comprehensive Team: Employ a diverse array of professionals, including psychiatrists, nurses, doctors, psychologists, psychotherapists, therapists, naturopaths, social workers, and counsellors.
 - o Educators: Include teachers specializing in mental health and cognitive functions to educate the community about mental health.
 - o Certified and Experienced Professionals: Ensure that all professionals are certified and trained and have experience dealing with mental health challenges similar to those of black youth.
- **Effective Communication and Outreach**
 - o Outreach Campaigns: Utilize emails, posters, and social media posts to increase awareness among Black youth about mental health services.
 - o Virtual Access: Develop a virtual platform for accessible mental health services 24/7, providing flexibility for youth with busy schedules.
- **Stigma Reduction and Cultural Engagement**
 - o Sensitization Efforts: Sensitization campaigns were conducted to address the stigma associated with mental illness, emphasizing that mental health issues can affect anyone.
 - o Cultural Engagement: culturally relevant activities, such as music and dance, are used to engage Black youth and promote mental health services.

By implementing these recommendations, Hamilton can make significant strides in improving access to mental health services for Black youth, fostering an inclusive and supportive environment that addresses their unique needs.

Conclusion

In conclusion, improving access to mental health services among Black youth in Hamilton requires a multifaceted approach that addresses both systemic barriers and cultural competency. The participants highlighted the ongoing challenges of finding therapists who understand and can effectively support Black individuals, alongside frustrations with long wait times and limited availability. However, positive experiences with helpline services underscore the value of immediate, crisis-oriented support. These reflections emphasize the necessity of overcoming access barriers and ensuring that mental health services are culturally responsive and tailored to the unique needs of Black youth. By creating a more inclusive and efficient mental health care system, Hamilton can better support the mental health and well-being of its Black youth and the Black community, in general ensuring that they receive the care they need without undue delay or cultural insensitivity.

Next Steps

1. Report and Presentation at Conferences
Objective: Share the final report and present research findings at various conferences to reach a broader audience and receive feedback.
Tasks: Prepare the report and presentation materials, submit proposals to relevant conferences, and present the findings.
2. Grant Application
Objective: Secure funding to support ongoing and future research activities.
Tasks: Identify potential funding sources and draft a compelling grant proposal that outlines the research objectives, methodology, and expected outcomes. Include a detailed budget and timeline.
3. Journal Article
Objective: Publish findings in a peer-reviewed journal to disseminate research results.
Tasks: Analyze data, write the manuscript, format it according to journal guidelines, and submit it for peer review. Respond to reviewer feedback and make necessary revisions.
4. Black Mental Health Symposium:
Objective: Share research insights and foster dialogue on Black mental health issues within the community and among professionals.
Tasks: Plan and organize the event, secure speakers, prepare presentations, promote the symposium, and manage logistics.
5. Knowledge Translation Script (Infographic):
Objective: Create an engaging and accessible infographic to communicate key research findings to a broader audience.
Tasks: Identify the most critical data points, design the infographic, and ensure the content is explicit and visually appealing.
6. Policy Brief:
Objective: Influence policy by summarizing research findings and recommending specific actions to policymakers.
Tasks: Draft a concise and persuasive document that outlines the research context, findings, and policy recommendations. Distribute to relevant stakeholders.

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