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RAPID REVIEW

# Mental Health Services and Programs with, and for, Black Communities

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## Key Findings

- Services and programs identified were largely Black-led and/or designed, and implemented by community-based organizations and groups that included community health centres, community alliances, and not-for-profits.
- Based on the 5 Priorities to End Disparities, as presented in a report by the Black Health Alliance, we found that 'Culturally Responsive Care' was the most frequently covered priority in services and programs (n = 10), followed closely by 'Community Building' (n = 10), 'Improved Infrastructure' (n = 5), and 'Eliminating Anti-Black Racism' (n = 1).
- The main strategies for reducing barriers to mental health care and promoting meaningful engagement were: Flexibility in service or program formats (e.g., in clinic or in community settings; in-person or virtual), applying an intersectional lens (e.g., almost half of the included records applied at least one intersectional lens with youth, women, and 2SLGBTQ+ communities), and cultural responsiveness (e.g., Afro-centric adaptations of Cognitive Behavioural Therapy; integrating Black feminist thought in therapy for older women).
- The wide range of services and programs demonstrated that action on anti-Black racism should take place on multiple levels of mental health supports including systemic (e.g., investment), organizational (e.g., staffing, policies), community (e.g., engagement) and individual/personal levels (e.g., bias).

## Scope

- This rapid review addresses the following questions:
    - What are the characteristics of current mental health services and programs focused on Black communities?
    - What are reported impacts of those services and programs?
- The aim was to review documentation on mental health services for Black communities and summarize their structures, service type, practices, and any available evaluation.
- The search focused on published (peer-reviewed) literature as well as grey literature (e.g., public health databases), and aimed for records that discussed planned and implemented programs and services, and those that could provide insight for public health practices.
- Inclusion criteria were:

- Records written in English and French between 2017-2022;
- Services in Canada and the US, with the purpose of increasing applicability and comparability with an Ontario context; and
- Community-led and/or publicly-funded services and programs that explicitly focus on Black communities.

- Records were excluded if:
  - Discussions on Black mental health that did not include any implementation components and/or data on impacts, such as open calls to action, theoretical frameworks, editorials, and commentaries. This is due to this review's focus on practices in services and programs; and
  - Focus was limited to high-level 'racialized communities' (or similar terminology) without specific reference to Black populations.

# Background

In 2021, 1.5 million people in Canada self-identified as Black[1,2] with the largest proportion (52.4%) in Ontario.[3] Anti-Black racism (ABR) in Canada has translated to detrimental outcomes and harms for Black communities across multiple facets of life, including health, employment, and access to resources, income, education, and others.[1] In addition to existing barriers to care, the detrimental health impacts of living with systemic and systematic racism in Canada have also been widely documented and referred to as 'racial trauma'.[4]

According to a 2020 survey by Statistics Canada on mental health during the COVID-19 pandemic respondents who identified as Black were more likely to self-report their mental health as fair/poor compared to White* respondents (27.9% versus 22.9%, respectively) and Black communities across Canada are also more likely to report barriers to accessing mental health care or supports.[5-8] When compared to White populations, Black populations in Canada also have a more difficult time securing care (family doctor, mental health supports), wait twice as long for mental health care (16 months versus 8 months), and have less access to information about mental health.[7,9] Furthermore, there is a persistent under-representation of Black health professionals in Canada, which has been cited as a significant barrier to trust-building and accessing meaningful care.[10] Evidence from the US also indicates that Black people are more likely than White people to live with long-term, chronic, and acute depressive symptoms; these differences are theorized to be rooted in provider bias and poor training that leaves Black people un(der)diagnosed and living without care for longer periods.[11]

In the face of these experiences, research shows the effectiveness of rooting mental health supports for Black populations within Black leadership and community strengths, such as community connections, histories of resilience/resistance,[12] Afrocentric values[13], and Black feminist principles[14]. Taking this type of strengths-based approach is a key strategy for centring Black experiences in health conversations and supports, and offers an important alternative to the deficit-based rhetoric that often excludes solutions or approaches that communities have built.[15]

It is important to acknowledge that while Black communities share many of the challenges and barriers rooted in multi-level racism, there is great diversity within those communities. In Canada, this diversity

*In alignment with the *APA Style Guide* and the *Canadian Medical Association Journal Guidance on Reporting of Race and Ethnicity*, we capitalized the names of racial and ethnic groups throughout this Review.

extends to language, ethnicity, ancestry, and culture.[1] Rejecting the assumption of homogeneity is particularly important within the context of health equity and health planning, for recognizing the limitations of a 'one-size-fits-all' approach, and the strengths of consulting with communities to understand their needs.

There have been multiple calls to prioritize the mental health of racialized communities, driven by the recognition of persistent inequities in access, experience, and outcomes, as well as evidence on the detrimental physical and mental impacts of living with racism[16] and systemic discrimination. These experiences have been further compounded by COVID-19, which has disproportionately impacted Black communities.[18] In Canada, community calls to prioritize Black mental health can be traced back to years prior to COVID-19,[17] with Toronto proclaiming March 1-5 as Black Mental Health Week in 2021.[18]

Black-led initiatives have also looked at understanding the priorities of Black communities around mental health, particularly within the ongoing context of COVID-19 stressors. In Ontario, a community-based report by the Black Health Alliance (BHA) documented community-wide consultations in the fall of 2020 in Toronto on Black health and well-being.[19] More specifically, they identified five priorities to end disparities ('5 Priorities'). This report was unique in a number of ways, including its timing during COVID-19, being community-led and community-informed, and having an explicit inclusion of mental health supports. The five priorities identified were: (1) COVID-19 recovery and joint action on social determinants of health; (2) Community building and neighbourhood renewal; (3) Health and social services infrastructure; (4) Culturally responsive interventions; and, (5) Eliminating anti-Black racism in health and social services. While the 5 Priorities were developed within a Greater Toronto Area (GTA) context, they provide a starting point for understanding the wellness needs of Black communities and can guide conversations on service and program design and delivery.

This review aims to share the ways that the health sector has taken an active role in providing services and programs that meet the significant need for mental health services and programs for (and with) Black communities. To understand how these services align with the community's priorities, we will also map out services to the five priorities to end disparities ('5 Priorities'), as identified in the BHA report.[19]

## Note on Terminology

We recognize the importance of reflection and intentionality when choosing language. For this purpose, we have shared the context and rationalization behind a few terms used in this review:

- 'Black' as a broad category: We acknowledge that Black communities in North America are multifaceted and diverse, and that many identify with terms other than "Black" including "African", "Caribbean", "Black Nova Scotian", "Afro-Latinx", "Afro-Indigenous", "African American," and more. When discussing a specific report or study, this review uses the original terms for the purpose of staying true to the original discussions. However, the term "Black" is used throughout this review when referring to communities of African descent in broad discussions and summaries, such as when discussing background information covering a range of papers and reports.

- Definition of Anti-Black Racism (ABR): This review adopts the definition of ABR as "policies and practices embedded in Canadian institutions that reflect and reinforce beliefs, attitudes, prejudice, stereotyping and/or discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement and colonization here in Canada."[20]

# Methods

- A rapid review was chosen as a method that facilitates responsiveness and feasibility and aligned with the scope of our question. Rapid reviews are a type of knowledge synthesis whereby certain steps of the systematic review process are simplified in order to be timely.[21]

- Both published (peer-reviewed) literature and grey literature were included in the search and was guided by consultations with Library Services at Public Health Ontario (PHO) and a health equity content specialist. The detailed search strategy, including specific search terms, is available upon request.

- The Ovid MEDLINE search (published peer-reviewed literature) was conducted on June 20, 2022 and looked at articles published 2017-2022. The search was limited to MEDLINE due to time and resource constraints. Grey literature searches were conducted from June 20-21, 2022 and updated November 5-10, 2022 using Google Canada and three custom search engines: Ontario's Public Health Units, Canadian Health Departments and Agencies, and US State Government Websites. Additional sources published in the last two years (with the exception of *Meaning and Mental Health*) were identified by hand-searching the reference lists of included sources.

- All published and grey literature search results were exported for screening in Excel. Three reviewers screened independently and met to resolve discrepancies via discussion to reach consensus at all levels of screening. Extraction of each article was completed by one reviewer and validated by the second reviewer.

- Critical appraisal of the methodological quality of the included records was not performed due to time constraints.

- The literature was summarized and presented by mapping out services and programs to the 5 Priorities to End Disparities ['5 Priorities'] (see Background section).[19] This approach allowed us to summarize and frame those services and programs within Black communities' perspectives on wellbeing and health needs. Since most of these programs had addressed multiple priorities to varying degrees, we used a 'strongest-fit' approach. The final categorizations are based on consultations between three reviewers and the rationale outlined in Table 1. A full description of each priority is available in **Appendix A**.

**Table 1. Criteria and rationale for assigning services and programs within each priority domain**

| Priority | Criteria and rationale for inclusion |
|---|---|
| COVID-19 Recovery | Services and programs that explicitly focus on COVID-19 and mental health needs, such as isolation, living with the disproportionate COVID-19 impacts, or (un)intended harms. |
| Community Building and Neighbourhood Renewal ('Community Building') | Services and programs with an explicit community-level focus and aiming to strengthen, build, and or invest in community knowledge, skills, and connections. |
| Improved Health and Social Services Infrastructure for | Services and programs that are on-going, multi-year, and demonstrate financial investment and resourcing of Black mental health supports. |

| Priority | Criteria and rationale for inclusion |
|---|---|
| Black Canadians ('Improved Infrastructure') | |
| Culturally Responsive Care | Services and programs that focus on defining culturally responsive care, describing translation to practice, and adapting and testing existing mental health care models. |
| Eliminating ABR in Health and Social Services | Services and programs that focus on the elimination of anti-Black racism in mental health supports and structures. |

(Black Health Alliance, 2019).[19]

# Results

- A total of 984 articles were identified across the published literature and grey literature searches. The published search, identified 841 articles, of which 10 met inclusion criteria.[22-31] The grey literature pointed to 143 articles, of which 13 met the inclusion criteria.[32-44] See Appendix B for a PRISMA diagram that provides additional details on the screening process.

- The literature covered a range of Black-focused programs and resources, such as community counselling, peer support groups, and online resource databases. Additionally, 13 of the 23 records applied at least one intersectional layer. These focused on working with youth, aged 18-30 (n =9)[22,26,32-35,37,38,42], women (n = 4)[23,29-31], and 2SLGBTQ+ communities (n = 3)[37,38,45]. Multiple records also considered multiple intersections, such as 2SLGBTQ+ and youth[38], pregnant and parenting persons[30], and older women[31].

- The final list of 23 records included 10 published papers compromised of two reviews[29,46], three pilot interventions[25-27], seven evaluations[22,24-30] with specific recommendations for action and considerations for community impacts. The 13 records from the grey literature comprised of 12 community based programs (accessed via website)[34-44] one brief[33] and one record from grey literature included an evaluation component[47]. A table summarizing the evaluated programs is available in **Appendix C.**

- The priority that was most frequently covered in the final records was 'Culturally Responsive Care' (n = 10), followed closely by 'Community Building' (n = 10), 'Improved Infrastructure' (n = 5), and 'Eliminating Anti-Black Racism' (n = 1). Furthermore, many records discussed impacts of COVID-19 on mental health, but none were designed to address specific pandemic elements. The 'COVID-19 Recovery' priority will not be covered beyond this section due to absence of records focusing on COVID-19 mental health and Black communities. This is not intended to imply none exist, but rather our inability to find documentation on this work at the time the search was executed.

## Community Building

Several capacity building and strengthening programs have focused on building Black communities' own knowledge in mental health, strengthening community connections around mental health, and/or supporting others with mental health[35]:

- A program at the University of Ottawa created and implemented an education program for Black community members and mental health service providers on mental health needs of Black youth. Activities included an education campaign on how/where to seek support (as a service user or provider) and anti-racism training within the context of mental health. They leverage social media, podcasts, and work with English- and French-speaking communities.[35]

- The Black Emotional and Mental Health Collective designed and delivered a peer support training program to strengthen community knowledge and education around mental health. They also drew from lived expertise in its design and delivery. More specifically, it applied a Black-centric lens to train participants on providing mental health (peer) support to others in the community and integrate discussions on sexuality and gender. Culturally responsive elements in training sessions included meditation and ancestor call-in, games and dance breaks, and meaningful case studies.[47]

- The Young Black Men, Masculinities, and Mental Health (YBMen) project used social media platforms for community engagement and skills building on strengthening mental health and sustaining social supports. YBMen team members delivered daily content on topics such skills with coping, investing in wellbeing, problem-solving, and seeking social/mental health supports.[22]

- A community-driven collaboration between researchers, Black-led community projects, and digital product developers led to the development of a searchable database of mental health organizations supporting Black children and youth in Ontario. One of their aims was to reduce barriers to accessing responsive and culturally safe care through drawing on existing services and spaces. Multiple rounds of user testing with community members drove a number of changes including: reducing usability burden by removing a questionnaire and designing a 'holistic location data' feature (that goes beyond featuring address and distance and includes transit information, building accessibility, and travel time).[48]

- 'Brother, You're on My Mind' is an evidence-based toolkit and collaboration between the National Institute on Minority Health and Health Disparities (US federal agency) and Omega Psi Phi Fraternity chapters (a national and historically African American university fraternity network). The goal of this toolkit is to leverage the fraternity's relationships and networks to build knowledge and promote conversations on depression and stress among African American men. One of the main components of this model is 'community partnership and outreach', which encourages collaborations with churches, youth groups, retirement homes, non-profits, and other community spaces through the development of related tools.[39]

Black community spaces do not need to be health-focused to be an important partner in health. Services and programs focused on leveraging and strengthening community knowledge and mental health resilience have improved Black mental health, reduced barriers to access, and supported an Afrocentric approach to care.[29] For example, a paper on Black maternal mental health indicated that mental health education and engagement services were well received not only in clinics providing health services for woman and infants, but also when designed into existing community settings such as beauty salons and informal get-togethers.[29] Collaborations with existing community spaces and networks to promote

mental health education and provide supports included working sports teams,[34] delivering mental health workshops/ conferences with community partners,[38,39] or developing cultural learning activities[38,42].

For a summary of key practices and strategies that were discussed in the services and programs above, please see sample practices and key partners that align with the 'Community Building and Neighbourhood Renewal' priority outlined below. Given the critical role that partnerships play in advancing Black mental health, the table also includes a list of potential collaborators who can guide and inform this work.

### Sample practices and key partners that align with the 'Community Building and Neighbourhood Renewal' priority

**Practice**

- Build community knowledge and awareness on mental health and stigma
- Build community skills around mental health care for both self and others
- Leverage existing gathering and networking spaces in communities to strengthen knowledge and skills on mental health
- Recognize mental health expertise within the community and collaborate on designing and implementing mental health supports
- Use multiple delivery methods (online, in-person) and program design (training modules, group classes, facilitated discussions, 'informal' supports) to foster community discussions

**Key Partners (mentioned in the literature)**

- Educators
- Community leaders
- Community partners with lived expertise
- Faith based groups
- Family and friends
- Government health agencies
- Informal gathering spaces (e.g., beauty salon, sports events
- Peers
- Post-secondary fraternity
- Pregnant people, parents and caregivers
- Students (e.g., universities)
- Tech support (e.g. app developers)

## EVALUATION AND IMPACT: COMMUNITY BUILDING

A number of the programs and services (n=5) under this domain were evaluated and reported impact in improving access and outcomes. One review article we included did not include primary analysis of the programs being discussed, but did share a high level summary pointing to the impact of wrap-around services (integrated health approach) on increasing uptake of mental health supports and improving reported mental health outcomes.[28] One of the articles also pointed to evidence about preference for Black mothers to seek informal mental health support where needed, and confirming the importance of strengthening community skills.[29]

Several programs reported a decrease in depressive symptoms among participants. Participants in the YBMEN program for Black men between the ages of 18-30 years old demonstrated a decrease in depressive symptom scores on the Gotland Male Depression Scale (GMDS).[22] They also self-reported improvement in mental health (GMDS symptom scores), conceptions of manhood, and sustainable

social support in young Black men between the ages of 18-30 years old after completing a social media-based psycho-educational program promoting those areas.[22]

Finally, the 'Black Mental Health and Justice Peer Support Training' was evaluated on a number of outcomes, and pointed to the importance of integrating culturally relevant engagement strategies to build knowledge and openness in Black communities around mental health care.[47] Pre-and post-training data indicated several statistically significant self-reported changes including;[47]

- Increased knowledge about healing justice and mental health
- Increased peer support skills
- Improvement in attitudes about mental health conditions
- Testimonies of personal, interpersonal, and professional impact (including improvement in own mental health)

## Improved Infrastructure

In the past few years, several Canadian services have been funded to care for the mental health and Black youth (range between 14-25 years old), often being embedded within larger health programming. In November 2021, the government of Ontario announced an investment of $2.9 million to improve and expand the existing The Substance Abuse Program for African Canadian and Caribbean Youth ['SAPACCY'] (program characteristics discussed separately in the 'Culturally Responsive Interventions' priority section).[49] As a result of expanded funding for 10 years,[37,49] the program was expanded beyond The Centre for Addictions and Mental Health (CAMH) to seven new satellite locations in Ontario. It's also important to note that this program includes services designed for 2SLGBTQ+, Francophone, and youth impacted by significant trauma.

Four programs below also demonstrate the diverse needs of Black youth and reflected the multi-sectorial nature of these investments:

- 'Imara Generation Project' at TAIBU Community Health Centre (Toronto) is one example of a federally funded program focused on creating a model for supporting the mental health of Black youth through multi-partner collaboration and an Africentric lens.[32] Elements of this program include providing supports from Black mental health professionals; addressing stigma; facilitating conversations and education between, and with, family, and support institutions such as education and health, on culturally appropriate services.[32]
- The 'ArTeMo Project' (multiple locations in Alberta) is committed to providing "an alternative collaborative approach" to mainstream models and aims to support both youth and their families by providing spaces for community-based engagement and education (e.g., forums, community training, evening events) around a range of topics within mental health.[38] This program provides additional mentorship and employment support for Black youth who identify as 2SLGBTQ+.[38]
- 'Rites of Passage' (multiple locations in the GTA) is a virtual program rooted in Afrikan-centric principles that supports growth into adulthood and identity development, and is delivered along with mentorship across a network of community centres and schools.[42]

In addition to the commitment of public funds to the services and programs above, we identified one community-based funding initiatives from the US. The Black Emotional and Mental Health Collective

raises funds on an on-going basis to support Black-led mental health programs across the country, and offer specialized grants such as the 'Black Gay Men's Wellness Grants'.[41]

A high level summary of key practices from the services and programs above, in addition to the partners who were involved in the efforts is provided below.

**Sample practices and key partners that align with 'Improved Infrastructure' priority**

**Practice**

- Apply 'Africentric'/'Afrocentric'/'Afrikcentric' approaches in planning and implementation
- Build system-level partnerships with institutions, inclusive of institutions that do not provide direct health care services
- Integrate family experiences and needs into mental health services
- Invest in access to, and funding for, Black mental health care programs and staff
- Reach out to pre-existing networks in Black communities (e.g., university groups)

**Key Partners (mentioned in the literature)**

- Black mental healthcare providers
- Community centres
- Community partners with lived expertise / experience
- Federal, provincial, and local governments and agencies
- Schools
- Youth and families

### EVALUATION AND IMPACT: IMPROVED INFASTRUCTURE

The records reviewed in this section did not included evaluations or reported impacts beyond individual testimonials in program descriptions (e.g., on main webpage).

## Culturally Responsive (Mental Health) Care

A number of commonalities emerged in the services and programs that had an explicit focus on the design and implementation of culturally responsive mental health care including: adapting therapeutic models, adapting to particularly populations (e.g. women, youth), and leveraging technology and online platforms. In most cases, they relied on community and lived expertise to define culturally responsive care and shape what it can look like in practice.

Four articles specifically looked at adapting therapy protocols and treatments. Three specifically focused on Cognitive Behavioural Therapy (CBT), probably due to the availability of a strong and historical body of evidence about its effectiveness.[30] These adaptations were approached in diverse ways, re-affirming the importance of avoiding a one-size-fits all approach when working with Black communities, and considering that mental health care is "responsive" by both resonating with Black communities as well as adapting to the expressed, potentially changing needs of Black community members.[19]

- One review on the use of Cognitive Behavioural Therapy (CBT) to treat depression and/or anxiety with Black and Latinx women found that out of the 13 included studies, only five integrated cultural adaptations to treatment protocols.[30] Within those five studies, only one of

the five studies specifically looked at Black women, pointing to a significant gap in this area. Adaptations included the use of non-academic language, visually engaging materials, and culturally relevant guided visualizations and inspirational literature.[30]

- One program, led by a Black church, provides 10 free sessions of evidence-based psychotherapy that were designed and led by Black community members.[28] Therapeutic services include standard CBT as well as 'religiously integrated CBT' integrating contemplative prayer, gratitude and forgiveness, spiritual resources.[28]

- An Afrocentricity-based CBT program focusing on trauma provides a 6-week group counselling curriculum delivered by trained peers ('lay health workers').[27] CBT adaptations were reflected in discussions on the impact and experiences of intergenerational and historical trauma, the contributions of Black communities through history, and building skills such as mindful breathing to manage feelings connected to stress and trauma.[27]

- One paper covered a trauma-informed model of care ('Trauma-informed Collaborative Care'-TICC) that was adapted for African American clients living with posttraumatic stress disorder.[25] The therapy team integrated a range of adaptations such as addressing barriers to treatment particularly salient to African Americans (e.g., cost).[25] They also used a community-informed approach to tailor to local settings and practices (e.g., address beliefs about mental health, discuss trust in institutions and chronic exposure to violence, use text as primary means of communication).[25]

Culturally responsive care was also the focal point of several mental health services and programs that directed supports specifically to Black youth and women:

- In Ontario, SAPACCY focuses on youth mental health and substance use using a culturally responsive and holistic care model that draws on Afrocentric frameworks (e.g. unity, creativity, purpose, and others). [50] These approaches are integrated into therapy, group counselling, social work, and support for family groups.[50] It also applies an equity lens for Black youth who identify as 2SLGBTQ+ and/or Francophone and have been impacted by significant trauma.[49]

- A university-level pilot program set in a historically Black college in the US responded to student requests for culturally responsive mental health supports through various methods. They included adopting open discussions and engagement with over 269 students through panels, town hall meetings, and a seminar series on mental health.[26] They also provided follow up for scheduling one-on-one therapy sessions to build on discussions.[26]

- Another approach to culturally responsive care was to design a meditation training program to meet the needs and perspectives of older African American women.[31] Sessions over a four week period included cognitive behavioural therapy, meditation, light yoga, and mindfulness-based stress reduction. Knowledge of the socio-historical contexts of older Black women's stressors and strengths were incorporated into the program's activities.[31]

- A review on culturally responsive care for Black mothers emphasized the importance of integrating the historical, political, social, and cultural contexts that shape the Black experience.[29] In practice, this meant including culturally relevant practices such as spirituality, community, interpersonal relationships, and the impact of racism on mental health, which were highlighted as integral to culturally responsive care.[29]

Two records specifically worked to leverage technology and web-based solutions to reduce barriers to accessing services and programs that are culturally safe and designed for (and with) Black communities:

- A mental health app was designed with African American women in mind given the high usage of mobile devices in that population.[23] This was particularly important given the gap in the participation of Black communities in the evaluation and development of previous apps.[23] Features journaling, education on depression and anxiety within their communities, and culturally-informed resources and podcasts (e.g. 'Therapy for Black Girls').[23] It also shared a directory on available Black women therapists.[23]

- The 'Positive Living Program' focused on African-immigrant communities living with HIV and depressive symptoms, and collaborated with clients with lived expertise on developing a culturally responsive and meaningful therapeutic program on distress, depression, and coping.[24] Elements included type of therapy (individual or group), facilitator characteristics, how to accommodate language and cultural differences, and other aspects.[24] The final product was a self-guided learning module that applied multiple strategies to strengthen members' skills and knowledge around mental health management such as skill-building with coping, counselling information, and connecting people with shared lived experiences. [24]

**Sample practices and key partners that align with 'Culturally Responsive (Mental Health) Care' priority**

**Practice**

- Recognize the diversity of Black experiences, cultures, and approaches to mental health
- Work with partner communities on identifying priority and key adaptations
- Integrate a trauma-informed lens as a response to the experiences of historical and ongoing racial trauma
- Leverage community expertise in mental health
- Provide Black-led and Black-informed spaces as a foundation for culturally responsive spaces
- Consider creative ways of delivering responsive services (e.g. apps)

**Key Partners (mentioned in the literature)**

- Trusted and respected community partners (e.g. university community, church)
- Mental health professionals and clinicians
- App developers and designers
- Community partners with lived expertise

## EVALUATION AND IMPACT: CULTURALLY RESPONSIVE MENTAL HEALTH CARE

The literature on the design and adaptation of culturally responsive models for mental health largely included a component of evaluation or examination of impact. Following the thematic grouping in the section above, a summary of included discussions on evaluation and impact (n=5) can be found below.

Literature that examined or evaluated the effects of adapting therapeutic protocols and treatments identified a range of positive impacts, including but not limited to improvement in overall mental health, [28] enhanced trust in service providers,[28] decreases in PTSD symptoms,[25,27] increases in collective-efficacy, [27] and improved access to mental health care in on-campus settings.[26] While these changes were not

statistically significant and varied by context and population group, findings shed light on the strengths of designing programs and services that are adapted in response to community expertise:

- Following qualitative interviews, program users at the HOPE Centre reported increased trust with service providers and an overall improvement in mental health. They also shared that the strengths of the CBT-adapted program included a religious affiliation, the supportive environment, and the accessibility/low-barrier nature of the services (based on a no-fee policy).[28]

- Another CBT adaptation, the 'Choosing Life in the Black Community: Achieving the Dream', pointed to similarly encouraging impacts. The author used a pre-post study design to examine changes in PTSD symptoms and collective self-efficacy (beliefs about a community's ability to cope with challenges); while there was no statistically significant change in either, trends pointed to a decrease in PTSD symptoms (17-item 'PTSD Checklist') and increased collective-efficacy (five related questions). Additionally, participants with more adverse childhood experiences showed significantly greater decreases in post-traumatic stress symptoms. There is evidence that this program may be particularly effective in participants that have greater past experiences of trauma.[27]

- The third therapeutic adaptation was TICC (a trauma-informed model of care), which was evaluated using a randomized control trial with two types of treatment: TICC or enhanced usual care- EUC/Control. Nine months following baseline, both PTSD symptom scores and provisional PTSD diagnosis rates were measured based on the PTSD Checklist for DSM-5. Though not statistically significant, the reported decrease in PTSD symptoms was by 36 points in TICC for symptoms versus 26 points in EUC ($p=0.08$), and the decrease in diagnosis of PTSD decreased by 57% in TICC versus 33% in EUC ($p=0.27$).[25]

- Finally, the university pilot program for engaging students around stigma and reducing barriers to accessing care was evaluated on a number of outcomes. Following the implementation of a multiple engagement activities on campus, organizers reported that 97 appointments were scheduled with the on-campus mental health clinic for diagnostic assessment, medication management, and psychotherapy.[26] Notably, there was a 58% no show rate, which was higher than the national average no-show rate of 8-12%; the authors inquired whether stigma was a contributing factor, but this was not actively assessed.[26] This points to the importance of considering the contribution of stigma in service delivery and design.

- Also, the Positive Living Program and its focus on African-immigrant community members living with HIV indicated a reduction in depressive symptoms reported by participants in a pre- and post-treatment evaluation (using the 'Patient Health Questionnaire' Depression Test).[24]

## Eliminate ABR in Health and Social Services

Working in anti-Black racism (ABR) goes beyond (re)shaping the interpersonal level (e.g., bias affecting staff interactions with clients), and aims to address the structural ABR that has been embedded in laws, policies, standards, and programs.[51] In many ways, this priority has been woven into the numerous records we have discussed in this review and has been a guiding principle for that work rather than a specific goal of a few services or programs.[19]

One record that focused on the specific goal of confronting ABR in mental health was the Centre of Addiction and Mental Health's (CAMH) 'Dismantling Anti-Black Racism' strategy.[52] It explicitly focused on anti-racism action as a driving strategy with 22 planned actions over the course of three years. The 'Year

1 update' in 2021 shared a number of actions and steps taken toward progress on dismantling ABR across three result areas associated with the 22 calls to action: (1) Care for Black patients and families that is safe, accessible, and equitable, (2) An equitable working environment for Black staff; (3) A mental health system, inside and outside CAMH, which aims to eliminate unfair treatment for Black populations. See below for an outline of the wide-ranging list of actions that precipitated those results. These actions illustrate the breadth, depth, and multi-level approaches for addressing ABR, and highlights the key roles that partnerships play in ensuring progress.

### Summary of Year 1 results, actions, and partnerships within CAMH's strategy on dismantling anti-Black racism

**Result 1: Care for Black patients and families that is safe, accessible, and equitable:**

| Result area and actions | Key partners |
|---|---|
| • Secured increased provincial funding for Black mental health<br>• Implemented equity-based response training program for forensic units<br>• Trained staff on culturally-adapted CBT<br>• Developed/ing a health equity coaching model<br>• Revised/ing all CAMH policies to integrate equity for Black patients | • Anti-Black racism and mental health advisory committee<br>• Community organizations<br>• Clinical teams and practitioners<br>• Communication and education partners<br>• Patient and family advisors<br>• Quality improvement teams |

**Result 2: An equitable working environment for Black staff:**

| Result area and actions | Key partners |
|---|---|
| • Introduced reporting of incidents of racism<br>• Launched/ing employee resource groups<br>• Launched introductory course for all staff on anti-Black racism in a Canadian context | • Clinical teams<br>• Education<br>• Horizontal violence, anti-racism, and anti-oppression working group<br>• Human resources |

**Result 3: A mental health system, inside and outside CAMH, which aims to eliminate unfair treatment for Black populations:**

| Result area and actions | Key partners |
|---|---|
| • Invested/ing in community-based partnerships for improving pathways to mental health care<br>• Collaborated/ing on community efforts to advance Black health<br>• Promote culturally responsive care<br>• Work to integrate anti-racism strategies within existing collaborations | • Anti-Black Racism and Mental Health Advisory Committee<br>• Horizontal Violence, Anti-Racism, Anti-Oppression Working Group<br>• Clinical teams<br>• Community partners<br>• Education<br>• Management |

### EVALUATION AND IMPACT: ELIMINATING ABR IN HEALTH AND SOCIAL SERVICES

Reports on progress made towards the CAMH 'Dismantling Anti-Black Racism' strategy did not include evaluation data. This is not surprising given that the strategy was slated to be implemented by March 2023, which was outside the scope of the search for this review.

## Implications for Practice

- Cultural safety is a cornerstone of meaningful mental health supports, but it is essential for mental health efforts to address ABR on the multiple levels of work covered in this review: systemic (e.g. investment), organizational (e.g. staffing, policies), community (e.g. engagement) and individual/personal levels (e.g. bias).
- Services and programs in this review demonstrated that taking the lead from Black communities, and partnering with them to understand priorities and meaningful care, are key elements of providing mental health supports.
- Mental health supports and related discussions will benefit from the adoption of strengths-based approaches, which are highly compatible with culturally safe and Afrocentric models.[53,54] In practice, this can mean listening to communities about strategies that have worked for them, recognizing identify as a strength, building on existing strong partnerships, and Black representation and expertise are included in an intentional and sustained way.
- Services and programs can greatly benefit from collaborative and multi-partner efforts. In this review, these collaborations included both 'informal' spaces (e.g., hair salon/barber), primary health care settings (e.g., wrap around services), and technology/IT (e.g., app developers).
- The recurring focus on age groups, gender, and sexual orientation in mental health supports affirms the important of integrating an intersectional lens in this work.
- The 5 priorities provided a framework for situating services and programs within Black communities' need. Strong coverage of 'Community building' efforts in the literature suggests

there is ongoing prioritization of strategies by and for communities that speak directly to their needs and experiences as it relates to this priority. The lack of available COVID-19 recovery content in both peer and grey literature highlights the urgent need for a shift away from 'response' to 'recovery' and joint action, focusing on the SDoH in collaboration and co-creation with Black communities.[19]

- There was limited documentation on evaluation and impact of the mental health supports found in this review. Building on community and lived expertise to guide the development of evaluations of mental health services and programs would help to strengthen the evidence base in this area. While co-development of interventions is well outlined in the reviewed literature, only one of the evaluations in this review identified the co-development of evaluations with Black communities as an equity-informed practice.[47] This signals an important area of opportunity for researchers and practitioners to consider when designing evaluation strategies.

# Conclusions

The work covered in this review has been led by/with, and designed for, Black communities, and affirms the need to build on community expertise in mental health supports and steer away from 'standard' models of care. The lessons we have gained include, but are not limited to: collaboration requires meaningful partnerships for co-designing and co-implementation of programs and services; investing in Black mental health requires investing in Black communities; and, recognizing the diversity of and within Black communities is key to providing culturally responsive care.

Of the 23 papers included, 30% (n=7) incorporated or reported on evaluation of impacts or specific mental health outcomes. While there was ample excluded literature (i.e. calls to action) that identified gaps and challenges in policy and practice (access to services, data collection, reporting on outcomes), few actionable initiatives that demonstrate effects are available to inform practice at this time. Given the momentum established during the COVID-19 pandemic to prioritize the intersection of mental health and equity, this is an important gap in evidence to address.

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# Appendix A: Table 1A. Black Health Alliance's (BHA) 5 Priorities to End Disparities

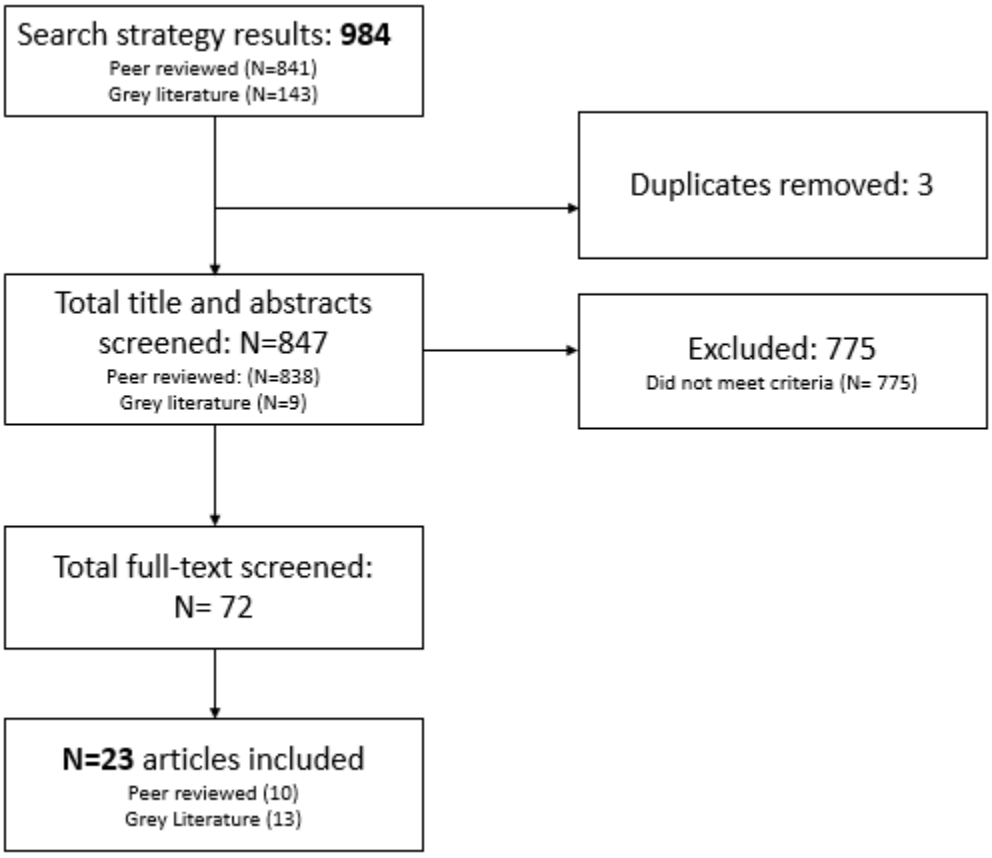
**Table 1A. Black Health Alliance's (BHA) 5 Priorities to End Disparities (listed by order of mention in the BHA report)**

| Priority | Description |
|---|---|
| COVID-19 Recovery | Equitable recovery starts with a collective decision to support the economic and social success of Black communities. A community-led COVID-19 response needs to be sustained and coupled with long-term investments for health and well-being in Black communities, including education and housing. |
| Community Building and Neighbourhood Renewal ('Community Building') | Municipal and provincial commitment are needed to strengthen local neighbourhoods and to take coordinated action on key social determinants, including food security, early childhood development, income security, educational outcomes, and pathways to career development. |
| Improved Health and Social Services Infrastructure for Black Canadians ('Improved Infrastructure') | Investment is needed to build better health and social service infrastructure for Black communities, including to facilitate access to resources and address the under-representation of Black-led or Black-serving organizations. |
| Culturally Responsive Care | Culturally responsive interventions are key to closing the gap on health outcomes by improving access and quality of care. These interventions focus on chronic disease management, mental health, as well as improved screening and prevention. |
| Eliminating ABR in Health and Social Services | It is time to hold government and providers accountable for dismantling systemic and institutional ABR in health and social services, including systemic discrimination, under-treatment, and access to care, as well as the lack of Black representation in leadership positions, planning, and decision-making. |

(Black Health Alliance, 2019).[18]

# Appendix B: Figure 1A - Flowchart of search and screening process

**Figure 1A.This figure shows a flowchart of the search and screening process for identifying relevant records through database and grey literature searches**



# Appendix C: Summary of program evaluations

**Table 2A. Summary of program evaluations**

| Author | Program Summary | Evaluation Outcomes and Measures | Evaluation Results |
|---|---|---|---|
| Coombs et al. Mental Health Perspectives Among Black Americans Receiving Services From a Church-Affiliated Mental Health Clinic. 2022.[28] | Overview: The HOPE Center, a church-affiliated freestanding mental health clinic, provided 10 free sessions of evidence-based psychotherapy to adult individuals, couples and families, (e.g. cognitive-behavioral therapy (CBT), religiously integrated CBT, interpersonal psychotherapy (IPT)) and group psychotherapy. The HOPE Center also provided access to a 24/7 crisis text line and referrals for long-term psychotherapy and medication management.<br><br>Methods: Program evaluation using semi structured qualitative interviews. | Outcomes: Description of experiences of Black Americans seeking and receiving care from church-affiliated mental health clinic and perspectives of Black Church's role in supporting mental health services<br><br>Measures: Not recorded (NR) - inductive thematic analysis. | Themes: Receipt of Services at a Church-Affiliated Mental Health Care<br>• Positive impact of religious affiliation and church promotion on accessing mental health care (i.e. receiving therapy in a church-affiliated setting was important to participants)<br>• Centre environment was described as positive, peaceful, welcoming, serene<br>• Accessibility of services (e.g. no cost) was important<br>• Positive impact of services provided (e.g. participants received skills and tools to de-stress, process trauma, manage anxiety)<br>• Barriers to services identified included lack of funding, physical space and church staff with mental health training. Further, it was highlighted that people with different spiritual or religious affiliations may not feel comfortable entering church for services. |
| Lipira et al. The Positive Living Program: Development and Pilot Evaluation of a Multimedia Behavioral Intervention to Address HIV-Related Stigma and Depression Among African-Immigrant People Living With | Overview: "The Positive Living Program" consisted of a behavioural program to address HIV-related stigma and depression among Black newcomers living with HIV through information and skills-building, and coping strategies for | Outcome: HIV-related stigma and depressive symptoms<br><br>Measures: Patient Health Questionnaire for depressive symptoms (PHQ-8), Stigma Scale for Chronic Illness (SSCI) | Results: Pre/Post Program Assessment<br>• Statistically significant decrease in PHQ-8 scores among participants from 7.8 to 5.4 (p=0.01)<br>• Decrease in mean SSCI score among participants from 38.5 to 35.6. (p = 0.20). |

| Author | Program Summary | Evaluation Outcomes and Measures | Evaluation Results |
|---|---|---|---|
| HIV in a Large, Northwestern University. 2019.[24] | HIV-related stigma and depression.<br>Methods: Semi-structured stakeholder interviews and pre-post- intervention assessment through Likert-type scale questionnaires. | | |
| McCall et al. Development of a Mobile App to Support Self-management of Anxiety and Depression in African American Women: Usability Study. 2020.[23] | Overview: Self-management of anxiety and depression through mobile app designed for African American women.<br><br>Methods: Usability evaluation of prototype of an app designed for supporting the management of anxiety and depression in African American women. | Outcome: Mobile application usability<br><br>Measures: Usability testing sessions were conducted though cognitive walkthrough, think-aloud protocols, eye-tracking glasses. The Questionnaire for User Interface Satisfaction was administered after each session to assess acceptance of the app. | Results: Prototype Usability and Recommendations<br>• The average of the mean scores for usability assessments (i.e., participants' overall reactions to the software, screen, terminology and app information, learning, and app capabilities) ranged from 7.2 to 8.8 on a scale of 0-9 (0 =low, 9 = high).<br>• Design recommendations to enhance usability for Black women included: improving the user interface by adding graphics and color; adding a tutorial for first-time users; curating a list of Black women therapists within the app; adding details about tracking anxiety and depression in the checkup graphs; and informing users that they can use the talk-to-text feature for journal entries to reduce burden monitoring for crisis support |
| Miller et al. Choosing Life in the Black Community, Achieving the Dream: A Traumatic Stress Curriculum Pilot Study. 2021.[27] | Overview: The "Choosing Life in the Black Community: Achieving the Dream" program provided an Afrocentricity-community-based CBT curriculum for trauma led by lay health workers and supervised by psychologists.<br><br>Methods: Evaluation of pilot program through a mixed | Outcomes: Post traumatic stress disorder (PTSD), collective-efficacy<br><br>Measures: PTSD checklist (PCL), Collective Efficacy Score, and Adverse Childhood Experiences via Behavioural Risk Factor Surveillance Survey (BRFSS-ACE). | Results: PTSD and Collective Efficacy<br>• Participants responded 2.02 points lower on the post-traumatic stress symptoms scale at the end of the program, but without statistical significance (p = 0.38)<br>• Participants responded 1.13 points higher on average on the collective-efficacy scale, but |

| Author | Program Summary | Evaluation Outcomes and Measures | Evaluation Results |
|---|---|---|---|
| | methods study using semi structured interviews and pre- and post-curriculum responses to validated measures of post-traumatic stress symptoms. | | without but without statistical significance (p=0.17). |
| Moore et al. Pilot Design and Implementation of an Innovative Mental Health and Wellness Clinic at a Historically Black College/University. 2018.[26] | Overview: Pilot mental health and wellness clinic on a college/university campus, including, student engagement activities (mental health panel, town hall meetings focused on mental health).<br><br>Methods: Evaluation of pilot through mixed methods study. | Measures: Student engagement (i.e. number of students attending clinic, proportion of mental health disorders); appointment attendance. | Results: Student Engagement and Attendance<br>• Increased uptake and utilization of mental health services, most often for major depressive disorder symptoms and adjustment disorder;<br>• Considerable no-show rate (a total of 97 appointments were requested but only 41 were attended) however, the reason for this was not explored. |
| Meredith et al. Trauma-informed Collaborative Care for African American Primary Care Patients in Federally Qualified Health Centers: A Pilot Randomized Trial. 2022.[25] | Overview: Pilot randomized control trial to understand whether trauma informed collaborative care (TICC) is effective versus enhanced usual care (EUC) for individuals diagnosed with provisional PTSD who self-identified as African American.<br><br>TICC includes:<br>• Active patient education and engagement using PTSD handout and motivational interviewing techniques<br>• Linkages to community resources with locally tailored information | Outcomes: Post traumatic stress disorder (PTSD)<br><br>Measures: Symptom score of PTSD and provisional diagnosis based on PTSD Checklist for DSM-5 (PSCL-5) | Results: TICC vs. EUC<br>• Nine-months following baseline, a greater improvement in PTSD symptoms was observed for patients enrolled in TICC compared to EUC.<br>• A greater decrease in PTSD symptoms for patients in TICC (36 points) than in EUC (26 points) was observed (p=0.08).<br>• A greater decrease in provisional diagnosis of PTSD was observed in TICC (57% decrease) versus EUC (33% decrease), but without statistical significance (p=0.27). |

| Author | Program Summary | Evaluation Outcomes and Measures | Evaluation Results |
|---|---|---|---|
| | • Structured cross-disciplinary communication<br>• Monthly meetings with behavioural health consultant to guide clinical care decisions<br>• Ongoing monthly phone supervision<br>Methods: PTSD Checklist (PCL) for symptoms, provisional PTSD diagnosis rates (with PTSD checklist for DSM-5). | | |
| Watkins et al. An Online Behavioral Health Intervention Promoting Mental Health, Manhood, and Social Support for Young Black Men: The YBMen Project. 2020.[22] | Overview: The Young Black Men, Masculinities, and Mental Health (YBMen) project is a social media (Facebook)-based, psychoeducational program that promotes mental health, progressive definitions of "manhood", and sustainable social support for young Black men (ages 18-30) at universities in the Midwest, USA.<br><br>Methods: Participants completed baseline surveys on their mental health, definitions of "manhood", and social support. A qualitative review of post-program interviews was conducted. | Outcomes: Masculine norms, social support.<br><br>Measures: Patient Health Questionnaire (PHQ-9), Gotland Male Depression Scale (GMDS), and Conformity to Masculine Norms Inventory (CMNI) for Self-Reliance | Results: YBMen Psychoeducational Program<br>• Forty of the participants in the YBMen program reported experiencing fewer depressive symptoms on PHQ-9 at post-program ($p < 0.01$).<br>• Statistically significant decreases were also observed in GMDS scores ($p<0.05$).<br>• CMNI for Self-Reliance ($p = 0.26$) and Heterosexual Self-Presentation ($p = 0.59$) scores were also impacted, however not statistically significantly. |
| Black Emotional and Mental Health Collective (BEAM), 2021 Annual Report.[45] | Overview: The Black Mental Health and Healing Justice Peer Support Training was implemented by BEAM, a US-based national training, | Outcomes: Knowledge about healing justice and mental health, skills in peer support, | Results: National Training Movement<br>• Trained 1,339 individuals with national representation, equipping them with tools and |

| Author | Program Summary | Evaluation Outcomes and Measures | Evaluation Results |
|---|---|---|---|
| | movement building, and grant making institution dedicated to the healing, wellness, and liberation of Black and marginalized communities. The trainings curriculum focused on applying and providing emotional support through a healing justice framework and was created for wellness workers, community members and individuals working, living in, and supporting Black and marginalized communities.<br><br>Methods: BEAM partnered with Social Insights Research to evaluate the training work using a mixed-methods data collection approach. | attitudes about mental health conditions<br><br>Measures: Pre- and post-training surveys completed by participants | resources to support their own and their communities' mental health<br>• 99% of participants reported increases in their knowledge about mental health, healing justice, and peer support<br>• 95% of participants reported increases in their ability to offer healing-centred peer support<br>• Participants reported decreases in stigmatized attitudes about mental health, including understanding of the role unconscious bias plays in supporting people living with mental health challenges |

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## Disclaimer



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