

# **SUMMARY REPORT**

## **Ad Hoc Literature Review**

Key Social Determinants of Mental Health Affecting Black Youth in Canada and the Role of Culturally Tailored, Community-Based Interventions

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## Introduction

Recent studies have revealed significant disparities in mental health outcomes between immigrant and non-immigrant children, with immigrant children, particularly Black youth in Canada, experiencing poorer outcomes. These disparities arise from deeply rooted social determinants such as systemic racism, poverty, housing insecurity, intergenerational trauma, and limited access to culturally safe care (Fante-Coleman & Jackson-Best, 2020; Salami et al., 2022). Although many Black youth demonstrate resilience, they continue to face substantial barriers to mental health services that often fail to reflect their lived experiences. These barriers include racialised stigma, a shortage of Black practitioners, culturally irrelevant care models, and discriminatory institutional practices (Waldron et al., 2024).

Culturally tailored, community-based interventions offer solutions for addressing these inequities. These models go beyond symptom management; they build mental well-being through identity, trust, and belonging. Whether through peer mentorship, culturally relevant counselling, or youth-led wellness spaces, these interventions speak directly to what Black youth have asked for.

This review draws on recent Canadian literature to examine how social determinants shape Black youth mental health and to highlight community-based interventions that work to actively reduce these disparities. **See Appendix 1** for a thematic summary of the 13 studies reviewed.

## Methods

This review used an ad hoc literature search strategy to collect relevant Canadian studies published between 2020 and 2024. We included peer-reviewed and grey literature sources focusing on Black youth (ages 12- 30) and mental health, specifically studies that addressed:

- Social determinants of mental health
- Culturally tailored and community-led interventions
- Program evaluation and outcomes

We searched PubMed, EBSCO, and Google Scholar, and included 13 studies summarized in a thematic table (see Appendix 1). Given that this is not a systematic review, the results may not fully represent all programs or populations.

## Results

### ***Social Determinants of Mental Health***

Black youth in Canada repeatedly describe how systemic and institutional racism undermines their mental well-being. Whether at school, in healthcare settings, or during interactions with police, the experience of racial discrimination creates lasting harm, leading to chronic stress, fear of being stereotyped, and, in many cases, avoidance of mental health services altogether (Fante-Coleman et al., 2023; Waldron et al., 2024; Okoye & Saewyc, 2021).

Poverty, food insecurity, and unstable housing especially during the COVID-19 pandemic, further compounded mental distress. For many youth, basic needs took precedence over emotional care, leaving little room to access or prioritize mental health supports (Salami et al., 2024; Mental Health Commission of Canada, 2021; Woodward et al., 2023).

Cultural stigma also emerged as a powerful barrier in most studies. Several youth shared the difficulty of expressing vulnerability in communities where strength is expected and silence is normalized (Owusu, 2024; Fante-Coleman & Jackson-Best, 2020). Some studies explored the tension between protective factors like faith and family, and the ways these same forces could sometimes discourage conversations about mental health (Alaazi et al., 2022; Salami et al., 2022).

Finally, youth living in under-resourced neighbourhoods described additional layers of mental distress: over-policing, unsafe public spaces, and a lack of culturally affirming, youth-friendly programs (Bollers & Eizadirad, 2025). These conditions not only reinforced marginalization but also limited access to the very resources that promote healing.

### ***Culturally Tailored and Community-Led Interventions***

In response to these intersecting determinants, researchers and community groups developed a range of culturally grounded, community-based mental health programs tailored to Black youth. Many of these initiatives were co-designed or led by youth themselves, placing trust, cultural identity, and lived experience at the centre of care. Creative approaches, like storytelling, visual art, music, and journaling, became powerful tools for exploring identity, processing emotions, and building resilience (Owusu, 2024; Salami et al., 2022).

Programs like the Catharsis Program offered trauma-informed, culturally affirming sessions led by Black mental health professionals. Through drumming, mentorship, and emotional intelligence training, the program created culturally affirming spaces where youth could heal without having to explain or defend their experiences (Bollers & Eizadirad, 2025). Other models embedded Black therapists directly into schools, youth centres, and even community hubs like barber shops and churches, meeting youth where they already felt safe and seen (Public Health Ontario, 2023; BC Alliance for Monitoring Mental Health Equity, 2023).

Importantly, these programs did more than offer mental health services. Many recognized that wellness also depends on housing stability, meaningful employment, and safety from systemic harm. As such, they provided wraparound support, from job mentorship and housing navigation to advocacy for culturally safe policies (Alaazi et al., 2022; Mental Health Commission of Canada, 2021). What set these interventions apart was their rejection of colour-blind approaches. Instead, they honoured race-based experiences and created spaces where Black youth could access support that felt both relevant and respectful.

### ***Program Evaluation and Outcomes***

Evaluation methods varied significantly across the reviewed studies. The majority used qualitative methods such as interviews, focus groups, and arts-based reflection to capture lived experience and perceived benefits (Owusu, 2024; Salami et al., 2024; Bollers & Eizadirad, 2025). Several programs also employed mixed-methods designs or adapted pre/post evaluation tools to assess changes in psychological distress, confidence, and engagement (Public Health Ontario, 2023; Woodward et al., 2023).

Across interventions, evaluations consistently highlighted positive outcomes such as reduced feelings of isolation, enhanced emotional regulation, strengthened cultural identity, and increased trust

in mental health services. Black youth reported that culturally safe programs made them feel seen, heard, and supported, especially when providers shared lived experience (Fante-Coleman et al., 2023; Salami et al., 2024).

However, the literature revealed persistent evaluation gaps. Many programs lacked standardized outcome measures or long-term tracking. Few studies disaggregated data by identity factors such as *gender identity, sexuality, or migration status*, despite their influence on access and experience (BC Alliance for Monitoring Mental Health Equity, 2023; Mental Health Commission of Canada, 2021). Programs also reported sustainability challenges, including burnout among Black staff, underfunding, and lack of institutional support for equity-driven care (Fante-Coleman et al., 2023).

Overall, the findings show that community-based mental health interventions grounded in cultural identity and community leadership can significantly improve outcomes for Black youth. Programs that directly address the social and structural determinants of mental health, *rather than narrowly focusing on symptoms*, offer the most promising pathways for long-term well-being and equity.

## **Discussion and Conclusion**

This review shows that Black youth in Canada are dealing with many connected challenges that impact their mental health. Racism, particularly anti-Black racism, intersects with poverty, educational inequality, housing precarity, and cultural exclusion to create a challenging environment for youth well-being. Many traditional mental health services fail to address these realities, leaving Black youth feeling unsupported, stigmatized, or misunderstood.

However, the literature demonstrates that community-based interventions rooted in cultural identity and lived experience can make a difference. When Black youth co-design or lead mental health initiatives, programs become more relevant, affirming, and effective. These initiatives not only provide emotional support but also build trust, foster belonging, and offer practical tools for resilience and healing.

To keep moving forward, it's important that practitioners and funders invest in Black-led, community-driven mental health services. Supporting programs that integrate mental health with housing, education, and economic empowerment will help address the broader structural conditions shaping youth outcomes. In addition, investing in robust, youth-centred evaluation methods is essential to track progress, refine strategies, and build an evidence base that reflects Black youth realities.

Finally, to truly make change, we need to close the gaps in representation, funding, and system-level accountability. Culturally grounded, Black-led mental health care must be more than a pilot project. It should be sustainable, scalable, and available to every Black youth who needs it.

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## APPENDIX 1

**Research Question:** What are the key social determinants of mental health affecting Black youth in Canada and how can culturally tailored, community-based interventions improve their mental well-being?

#	Author and Title of Article	Country/Setting/Population	Social determinant of health	Culturally tailored community-based interventions	Evaluation	Key outcomes /Findings	Lessons Learned, Challenges or Equity consideration
1	Alaazi et al. (2022), <a href="#">Mobilizing communities and families for child mental health promotion in Canada: Views of African immigrants.</a>	Canada / Alberta / African immigrant parents with children under 18	African immigrant children in Canada face intersecting mental health risks due to pre-, during-, and post-migration stressors. These include exposure to trauma, racism and discrimination in schools and institutions, parental underemployment and poverty, housing instability, cultural and language barriers, and lack of awareness or stigmatization of mental health within the community. Such stressors often lead to emotional and behavioural	The study implemented monthly 'conversation cafés' and focus groups involving African immigrant parents. These were designed to foster peer-led, culturally responsive dialogue around child mental health. Interventions emphasized parent-child communication, resilience building, economic empowerment, entrepreneurship, and culturally sensitive mental health education. Strategies also included advocacy for changes in school policies, addressing stigma, and increasing Black representation among mental health service providers to build trust and relevance.	The study used Participatory Action Research (PAR) methodology, enabling the community to co-create and direct the research. Data were collected from 81 participants through 9 themed conversation cafés (e.g., trauma, addiction, parenting) and 5 focus groups. Researchers used NVivo for thematic coding and applied Walsh's Family Resilience and Ungar's Community Resilience Frameworks to analyze and interpret findings. Community validation of emerging themes occurred through member-checking at subsequent sessions.	A strong need for culturally embedded, preventative mental health interventions that engage families and communities. Supportive parent-child relationships, parental mental well-being, and resilience education emerged as central to child mental health. Participants emphasized the need for economic empowerment, destigmatization, and institutional reforms to address structural racism and service access barriers.	Limited access to culturally safe mental health services; stigmatization; need for linguistic and conceptual reframing of 'mental health'; importance of economic empowerment and ethno-racial representation in service delivery

			challenges, low academic performance, social isolation, and reduced self-esteem.				
2	Fante-Coleman et al. (2023), <a href="#">Organizational and Practitioner Challenges to Black Youth Accessing Mental Health Care in Canada: Problems and Solutions.</a>	Canada / Ontario / Black youth aged 14–31, their caregivers, and service providers (n=128)	Anti-Black racism (ABR), systemic discrimination in health and justice systems, financial and geographic barriers, cultural stigma, lack of trust in services, and limited availability of culturally	Recommendations include hiring more Black mental health providers, reframing intake tools to reflect cultural realities, developing holistic services (e.g., talking circles, food programs), partnering with Black-led organizations, and providing longer-term, low-cost care options	Community-Based Participatory Research (CBPR) guided by Critical Race Theory (CRT); 23 focus groups across 6 Ontario regions with thematic analysis using NVivo 12; included Black youth, providers, and caregivers	Identified that ABR is entrenched in organizational structures and clinical practices; highlighted a gap between stated commitments and real action by organizations; found strong preference for care from Black providers and distrust of 'colour-blind' or culturally unaware services	Organizations often lacked genuine commitment to anti-racism; Black staff were overburdened with DEI work without institutional support; Black youth feared stereotypes, misdiagnosis, and surveillance; care must be individualized, anti-racist, and culturally grounded to be effective
3	Owusu, Petra A. (2024), <a href="#">Amplifying Black Canadian Youth Voices on Mental Health Service Utilization.</a>	Canada / Southwestern Ontario / Black Canadian youth in grades 7–8 and 11–12, co-researchers and participants in CBPR study	Systemic racism, intergenerational trauma, poverty, lack of culturally competent services, learned helplessness, stigma, internalized racism, media misrepresentation, and emotional suppression due to cultural norms	Youth-led community-based participatory research (CBPR); co-developed mental health literacy workshops and knowledge mobilization tools; use of storytelling, open letters, and arts-based activities to reflect youth voices; facilitated through Black Graduation Coaches	Qualitative design using reflexive thematic analysis under a critical realist-contextualist framework; three-phased study (focus groups, workshops, knowledge mobilization); Black youth acted as co-researchers across all phases	Youth exhibited difficulties recognizing and verbalizing mental health symptoms due to emotional suppression, cultural expectations, and stigma; strong preference for Black therapists; educational transitions shaped mental health understanding; family and peer dynamics significantly influenced help-seeking behaviour	Cultural stigma and mistrust of services hinder early help-seeking; institutional colour-blindness erases racialized experiences; promoting help-seeking requires peer-informed, developmentally appropriate, and culturally grounded interventions; centring Black youth voices increases engagement and relevance
4	Bollers & Eizadirad (2025), <a href="#">Pathways to Healing and</a>	Canada / Toronto / Black youth (ages 15–20) in Jane and Finch	Systemic racism, intergenerational trauma, poverty, community violence, lack of	Catharsis program by Generation Chosen: weekly culturally responsive, trauma-informed programming; includes	Mixed-method approach guided by Critical Race Theory and storytelling methodology; 29	Participants showed improved emotional regulation, increased confidence, strengthened sense of cultural identity, and stronger	Programs must address systemic inequities holistically, cultural identity, emotional support, and access to opportunity;



	<a href="#">Thriving: Culturally Responsive Mental Health Programs for Black Youth in Toronto</a>	community; n=55	culturally safe mental health services, over-surveillance by justice systems, and opportunity gaps in under-resourced neighbourhoods	access to Black therapists, storytelling, drumming, leadership development, financial literacy, emotional intelligence training, and identity-affirming activities (e.g., writing letters to future selves, camps)	survey responses and 2 focus groups (n=26); thematic analysis and triangulation of qualitative data from lived narratives	engagement in community; staff relatability and shared lived experiences contributed to safer and more open dialogue; access to Black mental health practitioners reduced stigma and increased	barriers include gendered participation gaps, time constraints, and unsafe neighbourhood politics; long-term funding and partnerships are necessary for sustainability and scalability
5	Mental Health Commission of Canada (2021), <a href="#">Shining a Light on Mental Health in Black Communities.</a>	Canada / National / Black Canadian individuals, with attention to COVID-19 context and systemic inequities	Anti-Black racism, colonial trauma, financial insecurity, lower access to family doctors, high unemployment, low income, mental health literacy, underrepresentation of Black professionals, and stigma	Recommendations include integrating culturally responsive care, recruiting Black mental health providers, building awareness through representation, providing community-based, culturally safe and faith-affirming services, and ensuring linguistic and conceptual relevance	Data drawn from national surveys, peer-reviewed studies, and consultations with public health professionals and community health workers; synthesized to inform health promotion strategies	Black Canadians experience worse mental health outcomes and underutilize mental health services despite high distress; 60% would prefer Black providers; stigma and mistrust are major barriers; culturally responsive care increases service uptake and trust	Cultural stigma, lack of trust, systemic underrepresentation, and socio-economic barriers inhibit help-seeking; interventions should be tailored to lived experiences and include Black voices in design and delivery; equity-focused messaging and structural reform are necessary
6	Salami et al. (2022), <a href="#">Factors that contribute to the mental health of Black youth.</a>	Canada / Alberta / 99 Black youth (aged 16–30) of African, Caribbean, and Black descent	Anti-Black racism, microaggressions, generational gap, academic stress, financial insecurity, cultural identity conflict, stigma, past trauma, and religious conflict	Youth-led community-based participatory action research; 4 conversation cafés focused on intersectionality, family dynamics, and mental health policy; co-creation of strategies for community healing; resulted in the first mental health clinic for Black youth in Western Canada	Participatory action research with individual interviews (n=30) and 4 community cafés (n=99); intersectional feminist framework; NVivo 12 used for thematic analysis; community co-researchers involved in all stages	Anti-Black racism was the most frequently cited negative influence on mental health, especially for males; intergenerational conflict, financial burden, and identity struggles were central stressors; positive influences included spirituality, safe peer relationships, and a sense of community	Mental health stigma and denial persist among older generations; religion is both a support and a barrier; peer-led, safe community spaces are critical; systemic change needed in schools, employment, and policy; services must be intersectional and culturally grounded
7	Waldron et al. (2024), <a href="#">Improving Access to Mental Health</a>	Canada / Hamilton, Ontario / 48 Black youth (aged 18–29) with diverse	Anti-Black racism, financial insecurity, cultural stigma, geographic inaccessibility, mental health	Recommendations include culturally competent clinics, Black youth centres, racially diverse and well-trained mental health teams, virtual culturally safe mental health	Interpretive narrative methodology with in-depth semi-structured interviews; 48 interviews conducted virtually using Zoom;	Mental health challenges were shaped by systemic, cultural, social, and personal experiences; many youth delayed or avoided diagnosis due to stigma or family beliefs;	Religion and culture were both coping mechanisms and barriers; community stigma remains entrenched; culturally affirming, accessible, and intersectional

	<a href="#">Services Among Black Youth in Hamilton, Ontario.</a>	cultural backgrounds, gender identities, and sexual orientations	literacy gaps, discrimination in care, limited availability of Black providers, family and religious denial, and post-migration stressors	platforms, outreach campaigns, and arts-based engagement such as music and dance; framed around narrative storytelling from youth	narrative analysis using NVivo 14 with participant validation and multiple coder reliability checks	participants valued holistic self-regulation, accessible therapy, and cultural validation in treatment; key barriers included long wait times, financial cost, and distrust	services are essential; need to normalize conversations around mental health and confront harmful beliefs such as mental illness being due to 'demons' or 'witchcraft'
8	Salami et al. (2024), <a href="#">Factors That Contribute to the Mental Health of Black Youth during COVID-19 Pandemic.</a>	Canada / National / 48 Black youth (aged 16–30) from diverse provinces and identities (e.g., gender, religion, ability)	Anti-Black racism, financial insecurity, housing precarity, food insecurity, toxic home environments, digital divide, school closures, lack of government support, systemic surveillance, and exclusion from recreational spaces	Recommendations for culturally competent, intersectional mental health policies; investment in Black-led community supports; recognition of sports and community spaces as critical coping tools; inclusion of youth in knowledge mobilization and policy reform efforts	Community-Based Participatory (CBP) approach with intersectionality and Critical Race Theory (CRT); 48 semi-structured interviews; youth co-researchers involved in data collection, analysis, and dissemination; thematic analysis using NVivo	COVID-19 stressors were compounded by racial violence, economic strain, and isolation; youth faced disrupted education, limited coping options, and increased mental distress; closures of basketball courts and over-policing seen as racially targeted; many avoided government	Public health responses neglected racial equity; anti-Black racism intersected with socioeconomic injustice; emotional suppression and alienation led to increased mental health vulnerabilities; policy must address systemic and intergenerational trauma, housing, education, and food access
9	Public Health Ontario (2023), <a href="#">Mental Health Services and Programs with and for Black Communities.</a>	Canada & U.S. /Community-based programs / Black youth, women, 2SLGBTQ+ populations, and other subgroups	Anti-Black racism, underrepresentation of Black providers, systemic barriers to care, poverty, cultural stigma, trauma, and COVID-19 stressors	Afrocentric CBT, peer support training (e.g., BEAM), culturally relevant mental health toolkits, community outreach in barbershops, sports teams, and churches, mobile apps, youth mentorship (e.g., SAPACCY, Rites of Passage), trauma-informed models, and wrap-around supports through Black-led clinics	Rapid review of 23 records (10 peer-reviewed, 13 grey literature); 7 reported outcome evaluations including pre/post measures of depressive symptoms, trauma/PTSD, stigma, usability, and mental health literacy; mapped findings to '5 Priorities' by Black Health Alliance	Programs embedded in trusted Black spaces increase access, reduce stigma, and improve engagement; CBT adaptations showed reduced PTSD and depressive symptoms; mobile tools improved usability; youth-centred, trauma-informed programs built peer support and self-efficacy	Standard mental health models fail to meet Black community needs; cultural relevance, affordability, flexibility, and community co-design are critical; evaluations often missing or underdeveloped; sustained funding and system-level reform
10	Fante-Coleman & Jackson-Best	Canada / National / Black youth	Anti-Black racism, poverty, geographic barriers, stigma	The review emphasizes the need for culturally competent, community-	Scoping review of 33 sources (19 peer-reviewed, 14 grey	Despite Canada's universal healthcare system, Black youth disproportionately	Faith and religion are double-edged, supportive but also suppressive; existing services

	(2020), <a href="#">Barriers and Facilitators to Accessing Mental Healthcare in Canada for Black Youth.</a>	(up to age 30), including immigrants, refugees, and Canadian-born populations	(internalized and community-based), inadequate cultural competence in providers, wait times, and over-policing leading to forensic entry points into care	rooted mental health systems with accessible pathways; promotes the role of caregivers, spiritual support networks, and Black-led organizations; and highlights culturally safe therapeutic relationships	literature); thematic analysis using NVivo 12; synthesis included pathways to care, stigma, trust in providers, and religious influences	access mental health care through crisis or justice pathways; therapeutic alliances, trust, and cultural rapport improve service uptake; systemic barriers persist at personal, provider, and structural levels	often lack inclusivity; more race-based health data, early engagement, and structural reform are needed to build an equitable system for Black youth mental health care
1	Okoye & Saewyc (2021), <a href="#">Fifteen-Year Trends in Self-Reported Racism and Link with Health and Well-Being of African Canadian Adolescents.</a>	Canada / British Columbia / African Canadian adolescents (n=2,448) aged 12–18 from BC Adolescent Health Surveys (2003–2018)	Racial discrimination, immigrant status, gender inequities, socio-economic disadvantage, systemic racism, limited access to mental health	While this was a secondary data analysis, it calls for the development of antiracist policies, inclusive school-based support systems, culturally safe care, and improved emotional/mental health access for African Canadian adolescents	Secondary analysis of BC Adolescent Health Survey (2003, 2008, 2013, 2018); trend analysis using logistic regression and chi-square tests; data stratified by gender and birthplace	Racial discrimination among African Canadian adolescents increased over 15 years, with the highest prevalence in 2018 (29.9%); girls and Canadian-born youth showed highest odds; those who reported discrimination were significantly more likely to experience poor health, extreme stress, suicidal ideation and attempts, and not receiving needed mental health support	Experiences of racial discrimination are associated with poor health and risk behaviours, particularly among boys and immigrant youth; interventions must address gender and immigration-specific vulnerabilities; systemic racism must be tackled through inclusive education, anti-racist public
1 2	Woodward et al. (2023), <a href="#">Evaluating the psychosocial status of BC children and youth during the COVID-19 pandemic: A MyHEARTSM AP cross-sectional study.</a>	Canada / British Columbia / 424 children and adolescents aged 6–17 across all BC health authorities	COVID-19-related isolation, disrupted education, school absenteeism, economic hardship, digital access disparities, gender identity marginalization, and lack of timely access to mental health	While not intervention-focused, the study highlights the need for widespread psychosocial assessment tools (like MyHEARTSMAP) and recommends increased access to community-based mental health support tailored to age, gender identity, and school status	Cross-sectional community-based study using the validated MyHEARTSMAP self-assessment tool; proportional odds models used to examine associations between demographic factors and severity of psychiatric, social, and youth health concerns	Over 85% of participants reported at least mild psychiatric difficulties; older youth, those not in school, and nonbinary/questioning individuals had significantly higher psychosocial difficulty scores; 74% were recommended to seek mental health services; youth outside school had greater psychiatric severity	Non-attendance at school is linked with high psychiatric severity; underrepresentation of non-English speakers and Indigenous youth noted; digital self-assessment tools are viable but equity-based adaptations are needed; suggests urgent need for inclusive, low-barrier mental health

13	BC Alliance for Monitoring Mental Health Equity (2023), <a href="#">Achieving Mental Health Equity in British Columbia.</a>	Canada / British Columbia / Equity-deserving populations including Black, Indigenous, and racialized youth, 2SLGBTQ+, immigrants, and people with pre-existing mental health concerns	Structural racism, intersectional oppression, economic inequality, geographic inaccessibility, lack of culturally safe services, and underrepresentation in healthcare systems	Calls for community-led mental health promotion, peer-led initiatives, culturally safe digital platforms, co-located care in schools and housing, culturally tailored campaigns, and annual knowledge-sharing conferences among community organization	Expert-informed recommendations synthesized from key informant interviews, environmental scans, and alignment with BC's 'Pathway to Hope' mental health strategy	Recognizes persistent mental health inequities among equity-deserving groups; advocates for holistic, community-rooted, and culturally competent approaches; reinforces the importance of structural investment and digital equity	System-level change is needed to dismantle structural racism and health inequities; cultural safety, accessibility, and sustained investment in infrastructure and human resources are critical; report urges centring lived experience in planning and delivery
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