



Mental Health of Ottawa's Black Community

Summary Report 2020

CONTENTS

- 1 About the Research 3
 - Objectives and Methodology 4
 - About the Respondents 5

- 2 Key Findings 6
 - Beliefs and Perceptions of Mental Health 8
 - Protective and Risk Factors 10
 - Access to Services 11
 - Interactions with Mental Healthcare Providers 13

- 3 Final Thoughts 15
 - Discussion 16
 - Recommendations 17

1

ABOUT THE RESEARCH

Objectives and Methodology

What are the experiences of Ottawa's African, Caribbean and Black (ACB) community in relation to mental health and the mental health care system?

A research study with Ottawa's ACB community was undertaken to:

- Assess their views and perceptions with respect to mental health, as well as their behaviours and interactions with mental health services in the City of Ottawa
- Identify significant gaps and strategies to improve services for ACB populations
- Advocate for better services and supports for the ACB population

Findings will support the development of community-based strategies to more effectively link the ACB people with quality mental health services and reduce health inequities.



The research was conducted between April and November 2019.



A total of 130 people from Ottawa's ACB community participated in a 15-20 minute self-administered or interview-led survey (n=100), or a 60-minute face-to-face interview (n=30) conducted by Ottawa Public Health.



Participants were recruited into the study at events and venues across the City of Ottawa that are typically attended by people in the ACB community.



Participants who completed the survey or an interview received a VISA gift card valued at \$25 in recognition of their time and effort.

About the Respondents

- The vast majority (87%) were under the age of 40.
- Three-quarters (75%) were Anglophones, while another almost one-quarter (23%) were bilingual.
- A slightly higher number of women (54%) than men (43%) participated. 3% identified as non-binary (1%) or other (2%).
- Two-thirds (65%) were born outside of Canada, while another one-third (34%) were Canadian-born.
- In terms of socio-economic status, the vast majority were employed/self-employed (74%). A slim majority (53%) reported household income levels under \$90,000 per year.

01 ETHNO-RACIAL IDENTITY

Black African	81%
Black Canadian	27%
Black Caribbean	6%
Black American	1%
Other	2%

04 GENDER IDENTITY

Male	44%
Female	54%
Non-Binary	1%

07 BORN IN CANADA

Yes	34%
No	64%

10 EDUCATION

High School or less College, CEGEP, Vocational School, Trade School, Apprenticeship Training	6%
University	53%

02 AGE

16 – 19	36%
20 – 29	26%
30 – 39	26%
40 – 49	5%
50 – 59	6%
60 – 69	2%

05 SEXUAL ORIENTATION

Heterosexual/Straight	76%
Asexual	8%
Gay	3%
Queer	1%
Pansexual	1%
Other	1%

08 RELIGION/FAITH

Muslim	49%
Christian	44%
African Traditional	1%
Other	1%

11 EMPLOYMENT

Employed or Self-Employed, Full Time	50%
Employed or Self-Employed, Part Time	24%
Full or Part Time Student	15%
Volunteer	12%
Unemployed & Looking for Work	9%
Not working due to disabilities	3%
Looking after children or other family members	1%
Retired	1%

03 LANGUAGE

English only	75%
French only	2%
Both	23%
None	1%

OTHER LANGUAGES

Somali	39%
Swahili	5%
Arabic	4%
Creole	2%
Amharic	1%

06 RELATIONSHIP STATUS

Single	64%
Married	26%
Steady Partner (Living Together)	3%
Steady Partner (Not Living Together)	2%
Separated/Divorced	2%

09 HOUSING

Lives with Family	38%
Rented Home/Apartment	35%
Owned Home/Condo	20%
Supportive Housing	2%
Boarding Home	1%

12 INCOME

\$0-\$29,999	22%
\$30,000-\$59,999	21%
\$60,000-\$89,999	10%
\$90,000-\$119,999	4%
\$120,000-\$149,999	4%
\$150,000 or more	7%

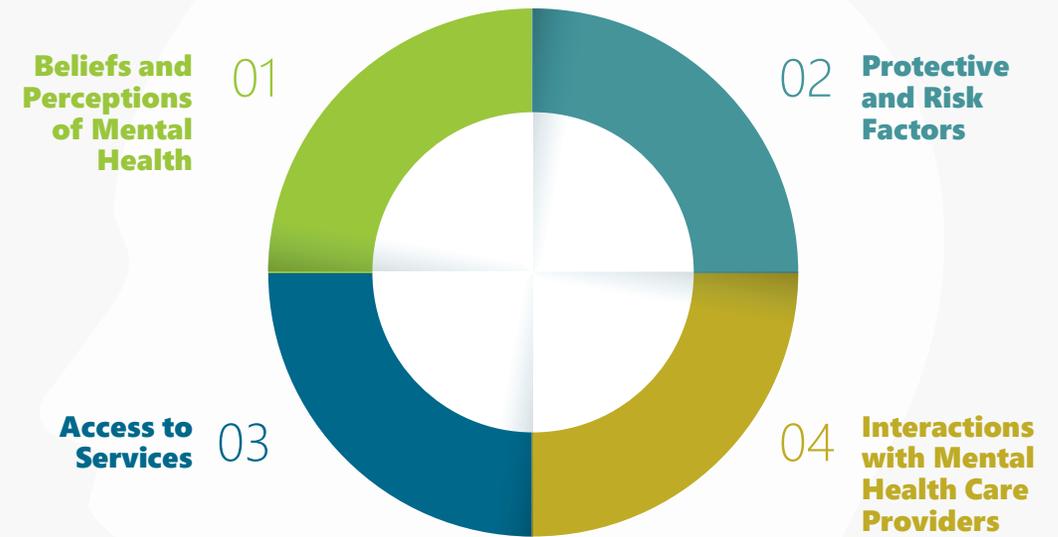
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KEY FINDINGS

There is a lack of representation in current data on the perceptions, experiences and needs of Ottawa's ACB community in accessing mental health services.

This study was designed to address gaps in our understanding of the barriers to access, which are both structural and systemic in nature. Findings reveal a number of significant obstacles: stigma, rooted in cultural sensitivities, racism, absence of employment and financial security, and lack of access to care providers with cultural competence or similar cultural and racial identity, among others.

The study explored facets within each of the following four broad themes:





Beliefs and Perceptions of Mental Health

Levels of knowledge and attitudes towards mental health vary across ACB participants. Negative associations dominated perceptions about mental health, and these were shaped by many factors in addition to general knowledge, including cultural and religious beliefs.

Participants defined mental health as...

an individual's psychological state and an ability to cope with daily challenges.

Some referred to concepts such as:



Psychological balance

Emotional Health



General well-being

The majority of survey respondents (59%) said that they were knowledgeable about mental health issues.

How knowledgeable are you about mental health related issues? (n=100)



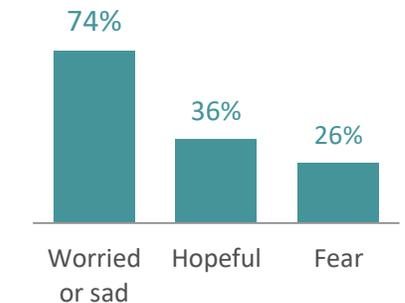
- Very knowledgeable
- Knowledgeable
- Neutral
- Not knowledgeable
- Not knowledgeable at all
- Don't know

In some cases, participants defined mental health in terms of coping skills or an ability to manage stress, think critically and respond to crises.

When asked what comes to mind when they heard that someone has a mental illness, almost three-quarters (74%) of survey respondents felt 'worried' or 'sad' for someone who has a mental illness.

Associations with Mental Illness

What comes to mind when you hear that someone has mental illness? (n=101)





Beliefs and Perceptions of Mental Health

Stigma persists as a major barrier to disclosing mental health problems to others. While participants recognized that environmental stressors and genetics are causal factors, many also felt those with a mental illness are viewed negatively.

66% 
agree that most people think less of a person who has a mental illness

40% 
agree that taking treatment for a mental health problem is a sign of personal failure

- **Stigma**
- **Fear**
- **Feeling judged**

... are major barriers to the disclosure of mental health problems to others, including seeking professional assistance.

Beliefs and perceptions of mental illness were synonymous with suffering.

“ When you tell people that you have a mental illness, there is a stigma associated with that and that would stop me from sharing. I’d rather keep it to myself. (Female, 30-39)

Those employed in the mental health field, or associated with a Community Health Centre, expressed feelings of empathy for people living with mental health challenges, while others commented that the term *disease* is what typically comes to mind.

Perceived Causes of Mental Illness





Protective and Risk Factors

Multi-level and intersecting factors protect or expose people within the ACB community to risk, in terms of their mental health status. Participants identified a wide array of individual, family, community and societal factors that influence mental health.

Protective factors that are important to maintain good health include...

- Employment and financial security
- Secure housing
- Support from immediate family
- Feeling represented in the community
- A sense of belonging and positive surroundings
- Access to social services
- Faith and spirituality
- Access to culturally sensitive mental health services
- Supportive health care providers, with whom clients identify
- Self-care



of the ACB community rate their own mental health as **somewhat good or excellent.**



87% said they felt **'very strongly, strongly or somewhat connected'** to their community. Social connectedness was viewed as key to managing and caring for one's health.

Risk factors that may increase the likelihood of adverse health outcomes include...

- Financial instability
- Absence of upward mobility
- Stigma
- Service providers not understanding clients needs
- Service inequities
- Trauma
- Daily microaggressions
- Witnessing violence in the community
- Police brutality
- Experiencing injustice
- Always living in survival mode
- Addiction
- Physical illness



have experienced some **prejudice or unfair treatment** in the past 12 months.

“ *In Ottawa and Canada, one of the things that is really hard for me is racism and oppression. It's so difficult to see people consistently striving and working and just feeling like we can't get ahead because of the system. It is really overwhelming and that creates a lot of hopelessness which is one of the signs of depression. (Male, 50-59)*

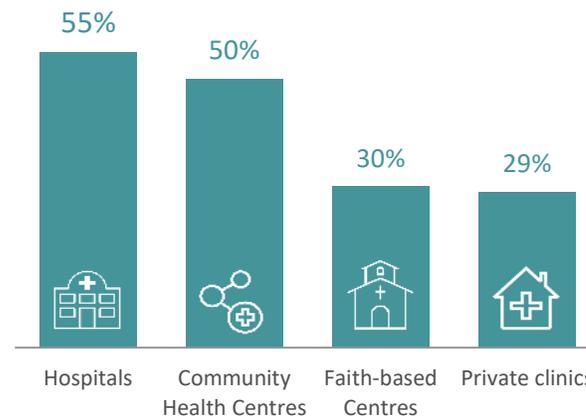


Access to Services

A relatively small proportion of the participants attempted to access mental health services either for themselves or on behalf of someone else. Most would seek these services at a hospital or a Community Health Centre. The third common place to seek mental health advice was at faith-based centres.



Locations Where Participants Would
Access Mental Health Services



**Timely access to
service was
identified as
critical.**

- ACB people often face long wait lists for providers with similar cultural or racial backgrounds as they are under-represented in the system.

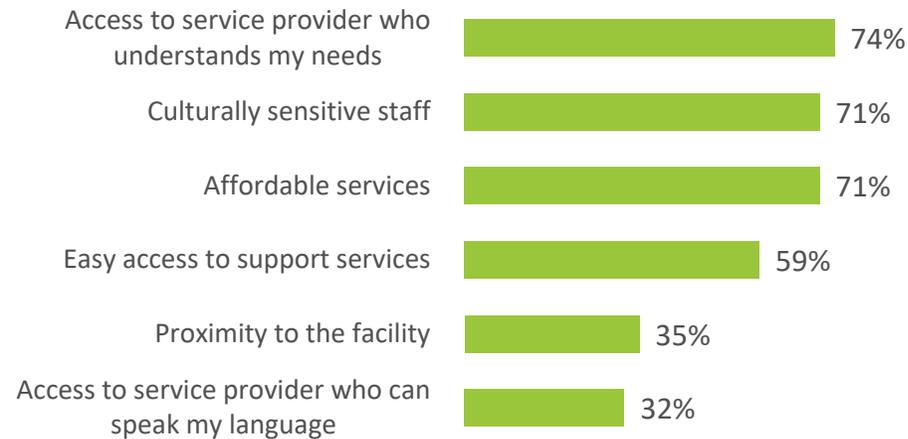


Access to Mental Health Services

ACB participants pointed to a range of factors that can facilitate or act as barriers to services. The main hurdles are financial, in addition to the availability of culturally competent providers who have a shared identity and experience. Wait times were also noted as a barrier, which can further exacerbate the situation for an individual with a mental health issue.

Facilitators of Access

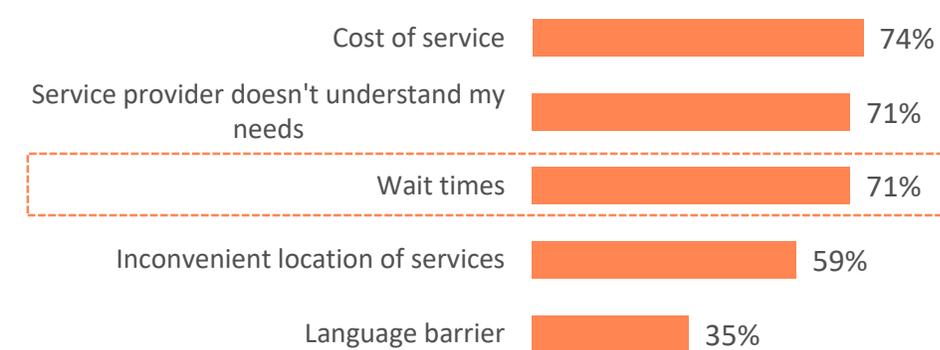
What would make your experience and access to mental health services easier?
Respondents who tried to access a mental health service for themselves or a loved one (n=35)



“ Having the financial burden greatly reduced by permanent employment with benefits was very helpful. I have no idea what people who don't have the type of work that I have do when they need to access mental health services. (Female, 40-49)

Barriers to Access

What did you find most challenging about your experience trying to access a mental health service?
Respondents who tried to access a mental health service for themselves or a loved one (n=35)



It is challenging for ACB people to access providers with similar cultural or racial backgrounds, leading to longer wait times which can exacerbate the situation, sometimes with extremely tragic outcomes.

“ They understand that sometimes, maybe folks will feel comfortable with the counselor of a certain gender but completely erase the fact that there is a different reality for folks of color to want access to mental health services from someone with similar life experience and a similar path within this society as well. (Male, 20-29)



Interactions with Mental Health Care Providers

Many of the research participants rated their interactions with mental health services and providers positively, but a significant proportion did not. They felt they were not treated respectfully, and that providers held negative attitudes or exhibited prejudice towards them.

Findings from the survey suggest that participants who tried to access a mental health service were generally less than satisfied with the service they received.



! Those who reported not being satisfied with their interactions with service providers cited issues such as :

- poor provider attitude
- lack of cultural competency
- racism and discrimination
- systemic issues (clinic setup and location)

Were you treated well by your providers and others on staff?

Respondents who tried to access a mental health service for themselves or a loved one (n=35)

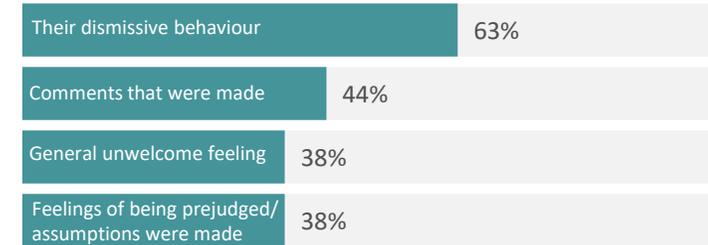


Do the service providers respect your beliefs about your mental health?

Respondents who tried to access a mental health service for themselves or a loved one (n=35)



30% of those who tried to access mental health services felt prejudice or a negative attitude towards them from their service providers, because of:



Participants described instances encountering providers whom they felt were dismissive and disrespectful – they felt rushed through their appointment. This leads to other critical issues whereby clients leave without a clear understanding of the instructions and explanations being given by providers.

“ I perceived a negative attitude about me based on my sexual orientation and based on my race. I feel that those types of prejudices exist and that they compound my experience because of pervasive homophobia and anti-Black racism that is both conscious and unconscious. (Male, 20-29)



Interactions with Mental Health Care Providers

Cultural competency surfaced as a consistent theme when participants were asked what is needed to improve client-centered service delivery for the ACB community. A lack of trained mental health care providers who are knowledgeable in this area created situations in which clients felt misunderstood, misjudged and sometimes misdiagnosed.

Some participants expressed a desire or, more urgently, a real need for service providers who are culturally competent which included:

- **Having a health team with diverse staff**
- **Eliminating service provider bias by organizing regular cultural competency training**
- **Hiring more service providers who look like them**

Systemic barriers were also identified as contributing to a lack of representation of health providers who were culturally competent and knowledgeable on Black history.

“ I spoke with some service providers and they had no clue what I was talking about. That literally just turned me off and they lost my trust. I don't want to dismiss their credibility as professionals, but I think this plays a part. (Male, 20-29)

These findings further support participants' suggestions to increase the number of ACB mental health workers and trained psychiatrists in the field in Ottawa.

“ I think we need to start hiring more Black people into the Board of Directors and Senior Management positions and not just at the frontline because, from my experience, as someone who has worked in the social service field, I can see the ways in which having people who look like you can really change the experience of accessing a service and not having to explain certain concepts because they just get it already, because they have also lived that experience. (Female, 40-49)

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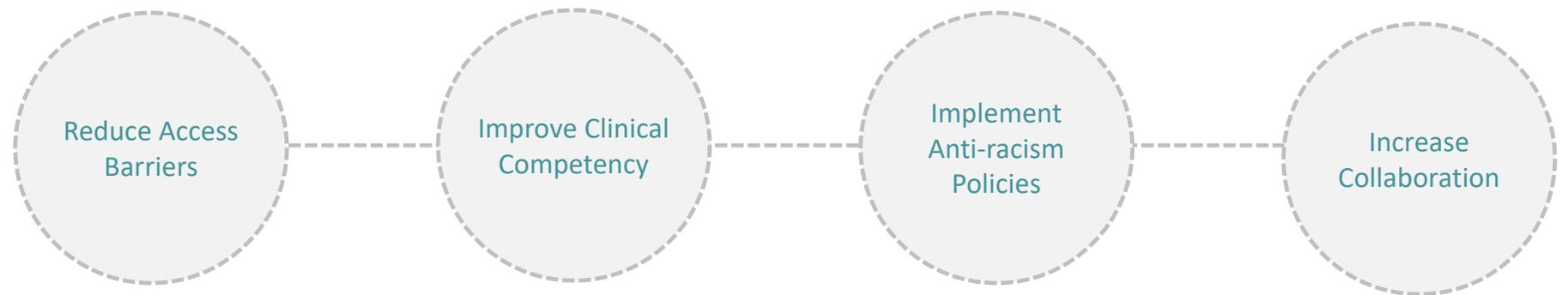
FINAL THOUGHTS



Discussion

The community's perceptions as well as their understanding of mental health and influencing factors provide insights into areas which need to be addressed to improve access to mental health services for ACB people and their experience in the mental health system.

Some of the strategies aimed at strengthening mental health system include:



- Informational
- Financial
- Geographic
- Waitlists
- Systemic issues: such as representative workforce, anti-oppression/anti-racism training

- Especially around client-provider interactions

- In workplaces
- In various sectors

- Between community agencies (settlement, faith, ethnic)
- Across the mental health, education and justice sectors



Recommendations

1 LEADERSHIP AND FUNDING

Leadership and funding structures play an important role in facilitating access to quality care by targeting investments for timely and culturally relevant services and ensuring collaboration between sectors to remove social and environmental barriers. Leadership is required to create policies and to make funding decisions aimed at improving access to quality mental health services. In addition, those in leadership positions must either reflect the community or have an improved understanding of their experiences.

2 PROMOTION AND PREVENTION

The promotion of mental health awareness and prevention of factors that contribute to the negative mental health and well-being of the ACB community requires a collaborative approach with stakeholders from various sectors, including public health. Targeted and cross-cutting initiatives within the education sector, community and faith-based organizations, and workplaces can help to foster mental health resilience and reduce health inequities in Ottawa's ACB community.

3 ACCESS AND SERVICES

Recommendations in this area are aimed at improving access to quality and evidence-based mental health services, treatments and supports that are existing within the community. Specific improvements are required to meet the needs of Ottawa's ACB community. This will require greater collaboration among the health care sector, community and faith-based organizations, education, justice and corrections sectors aimed at improving access to quality and ensuring availability of culturally competent mental health services across the care cascade.

4 DATA AND RESEARCH

Although participants to this study did not speak directly to the need for more data and research, it is important to monitor population level information on mental health and illness and improved data collection is required for this purpose. A coordinated approach to mental health research and surveillance will provide an enhanced understanding of the ACB community's well-being, their access to services and persistent barriers. Currently, there are no protocols, processes, or systems in place to collect ACB mental health data on an ongoing basis, at regular intervals.

More specific recommendations, within each of the above 4 areas, as they pertain to various sectors such as Health, Education, and Justice, etc., are included in the Technical Report.