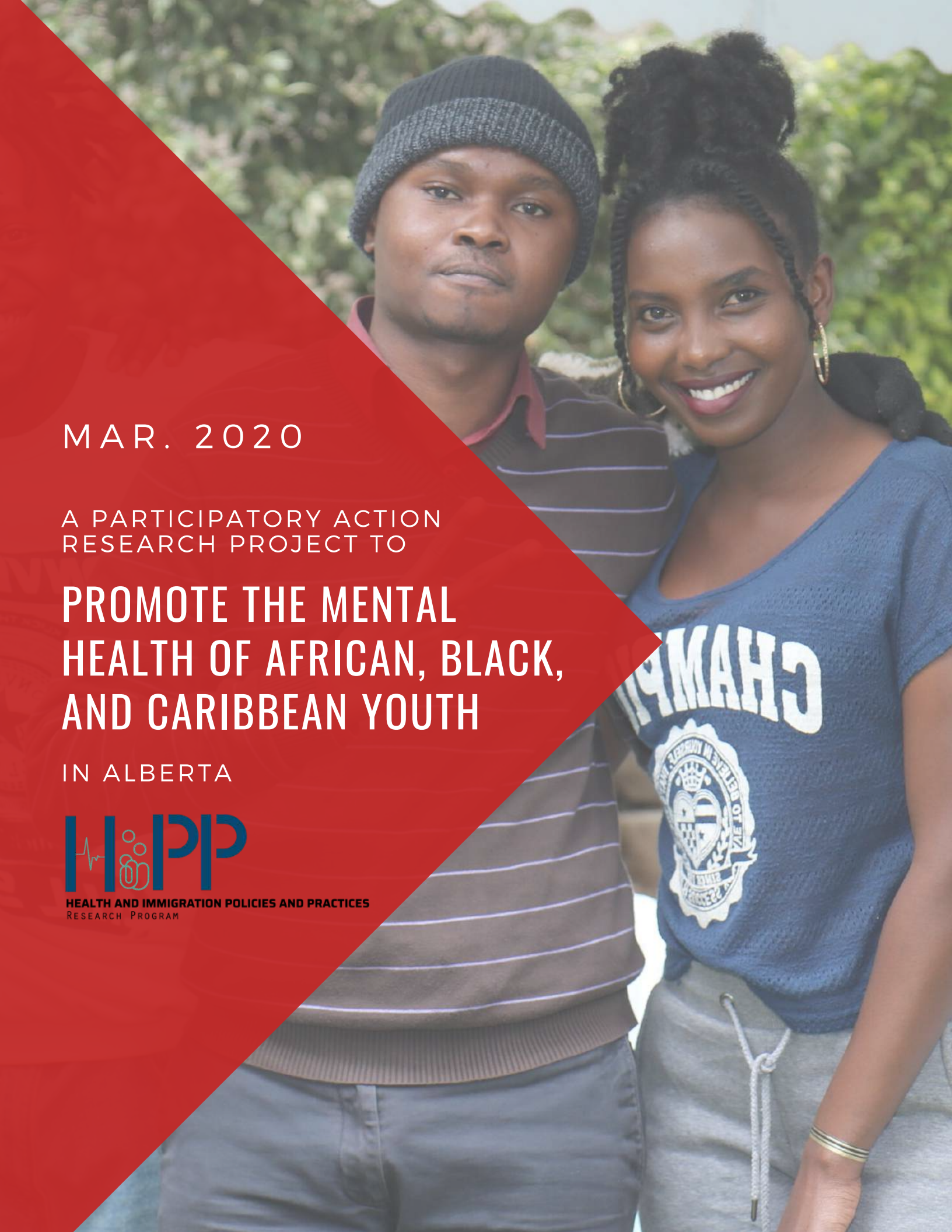

MAR. 2020

A PARTICIPATORY ACTION RESEARCH PROJECT TO

PROMOTE THE MENTAL HEALTH OF AFRICAN, BLACK, AND CARIBBEAN YOUTH

IN ALBERTA

HIPP
HEALTH AND IMMIGRATION POLICIES AND PRACTICES
RESEARCH PROGRAM

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EXECUTIVE SUMMARY

Existing literature on the mental health of African, Black, and Caribbean (ABC) youth shows an increased risk of poor mental health. However, despite the supported prevalence of mental illness, minimal research has delved into the factors that contribute to such poor outcomes. As the population within the ABC community in Alberta increases, understanding the factors that contribute to their current mental health state, as well as the barriers to mental wellness, is of great importance.

Following ethical approval from the University of Alberta Research Ethics Board, we conducted individual interviews with 30 ABC youths and held four conversation cafés with an additional 99 ABC youth. Prior to analysis, all interviews were audio-recorded and transcribed. We employed a combination of post-colonial feminist and intersectionality frameworks to aid in analysis and interpretation of the collected data.

These theoretical frameworks allow us to examine the diversity of position and power in the realm of mental health of ABC individuals. Further, it allowed us to examine how social dynamics of wealth/class, culture, and power converge to facilitate access and generate barriers towards mental health information/wellness. Shedding light on issues of agency and voice, the perspectives of ABC youth were centralized as they were provided the opportunity to lead the dialogue during the conversation cafés. We also centralized ABC knowledge systems by drawing from the expertise within the ABC community, for instance reaching out to ABC mental health professionals to participate as panelists/facilitators for the purpose of providing insight.

EXECUTIVE SUMMARY cont.

Our findings show how systemic and cultural barriers affect access to mental health care and the availability of comprehensive mental health care. These barriers impact the uptake of mental health services by ABC youth, contributing to the poor mental health of the community. To ***achieve*** communities with ***better mental health***, we make some policy recommendations to address the barriers identified.

Some of the recommendations include:

- providing campaigns/programs aimed at increasing knowledge of mental health;
- providing readily available information on the types of services available;
- diversifying the workforce and increasing ABC representation within mental health decision-making;
- increasing the availability of free mental health and counselling services for ABC youth;
- increasing community participation in mental health activi
- creating Black mental health safe spaces.

Implementing these recommendations will transform the mental health landscape within the ABC community into a less stigmatizing, more accepting atmosphere.

1. BACKGROUND

Maintaining one's own mental health is vital for the well-being of any individual, as poor mental health has negative implications on physical health and social outcomes. However, minimal qualitative data are available on the mental health needs of African, Black, and Caribbean (ABC) youth in Alberta, despite evidence indicating ABC youth experience higher rates of mental health issues relative to the general Canadian population (Anderson et al., 2015). Narrowing this knowledge gap is crucial for the following reasons. First, a significant number of people of African and Caribbean descent live in Alberta; in 2016, this population included 36,120 individuals of Caribbean origin and 136,510 individuals of African origin (Statistics Canada, 2017). Second, immigrants are at a higher risk for mental health issues. Documented evidence indicates the health of immigrants declines following relocation to Canada after a period of time. This phenomenon, labelled "the healthy immigrant effect," extends beyond physical health to include the deterioration of mental health as well (Ng, 2011; Ranjbar et al., 2017; Salami et al., 2017). For example, one study discovered a higher prevalence of mental health problems among Ethiopian immigrants compared to the general population of Canadians (Fenta et al., 2004). Specifically, the lifetime prevalence of depression among Ethiopian immigrants and refugees was 9.8%, which was higher than the lifetime prevalence rate in the Ontario population (7.3%); however, the rate among Ethiopian immigrants and refugees was approximately three times higher than the rate estimated for those who live in Ethiopia (3.2%). Third, poor mental health has implications for social outcomes, with ABC children and youth experiencing poorer social outcomes compared to other populations (Edmonton Social Planning Council, 2015).

1. BACKGROUND cont.

High rates of high school dropout, gun violence, drug trafficking, terrorist activities, and other criminal activities among ABC youth have been documented by several sources (Kon et al., 2012; Maimann, 2014; Wingrove & Mackrael, 2012).

Funded by PolicyWise for Children and Families (with further partial funding support from Heritage Canada), our research project holistically investigated the mental health needs of ABC youth as well as the implications for how these youth experience mental health. Our overall goal was to draw from the current mental health experiences of these youth and develop culturally relevant strategies and policies which, if implemented, will not only cater to the needs of ABC youth but also improve both access to and uptake of mental health services.

To lead us to these strategies and policies, we considered the following research questions:

- What are the mental health needs of African, Black, and Caribbean youth in Alberta?
- What are the barriers to access to and use of mental health services for African, Black, and Caribbean youth in Alberta?
- What are culturally relevant and effective approaches to increasing access to and uptake of mental health support by African, Black, and Caribbean youth in Alberta?
- What potential exists to mobilize African, Black, and Caribbean youth to improve mental health outcomes and/or build resilience and capitalize on their agency?

This report presents the main findings of our research project, which was conducted over a 7-month period from July 2019 to February 2020.

2. METHODOLOGY

This research used a participatory action research (PAR) approach, which is a collaborative, power equalizing approach that sees community members as equals, active in the research process, as well as experts on the issues being studied (Kemmis et al., 2014; Minkler & Wallerstein, 2008). This involves collaborative decision-making and shared leadership, with the aim of creating actionable research outcomes. In addition, we employed a youth empowerment model that saw the youth as decision-makers and collaborators throughout the research process.

The true combination of a PAR approach within a youth empowerment model is rare, although previous research shows it leads to positive actionable outcomes. A total of 10 youth were engaged as advisory committee members for this project. Of these, seven worked as research assistants and participated in conducting interviews, analyzing data, writing reports, and facilitating conversation cafés. Ethical approval for this project was granted by the University of Alberta Research Ethics Board.From June 2019 to August 2019, we conducted in-depth qualitative interviews with 30 youth from different social classes/backgrounds within the ABC community in Alberta. We used a purposeful sampling method to recruit participants. The 30 participants in the individual interviews consisted of 17 female, 11 male, and 2 non-binary participants; the majority of the conversation café (99) participants were also female. The majority of participants were youths between the ages of 18 and 30 from middle-class families and enrolled in university or some other form of post-secondary education.

2. METHODOLOGY cont.

A detailed breakdown of participant demographics can be found in Section 7. Most interviews occurred at the University of Alberta and lasted between 45 minutes and 2 hours. Interviews were audio-recorded with participant permission and later transcribed. Data from the interviews were complemented by data from four conversation cafés, each of which had between 17 and 37 youths in attendance. Analysis and interpretation of the data were completed using NVivo 11 qualitative data management software. Inductive interpretation/analysis allowed for identification of themes, which are elaborated upon in the key findings below.

3. KEY FINDINGS

This section presents the key findings of our research on the experience of ABC youth in Alberta regarding mental health. The themes reveal how social and economic factors interact, at times facilitating access to mental health supports but most often creating barriers that contribute to the current poor state of youth mental health. Specifically, the youth expressed concern over the lack of ABC representation within mental health professions, stigma surrounding mental health, and the lack of ABC community knowledge on mental health in general. Based on the findings, we suggest service strategies and policies that should be implemented to remedy the most challenging issues regarding the mental health of ABC youth.

30 BLACK YOUTHS

Individual interviews conducted with 30 black youths.

4 conversation cafes with an additional 99 ABC youth.

99 ABC YOUTH

3.1 Factors Impacting Mental Health

The most prevalent factors identified in this study include cultural expectations, racism and discrimination, openness about mental health, and establishing a sense of community belonging. The factors that impact youth mental health had implications for academic performance, status of relationships, willingness to speak about mental health, and overall connections with their communities.

3.1.1 Cultural expectations

The participants in the study emphasized that cultural expectations, such as academic pressures and social stress from relationships, had negative impacts on their mental health. Within ABC communities, education and familial relationships are highly valued. Many ABC parents especially emphasize the importance of education, which may result in extreme pressure on youth to do well in school. This may also be in conjunction with the culture of academia, where students are valued for their grades and results rather than efforts exerted. The effects of this environment on mental health also seem to be exacerbated when youth lack the resources and knowledge to care for their mental health. A participant described the influence of academic pressures on their mental health thus:

> *"...yeah, my university career was very stressful. I think being a student can definitely have negative impacts on one's mental health, especially … if you're not aware of how to take care of your mental health. I feel like just stress in general can have a very negative impact on one's mental health, and yeah, you can experience stress at high levels, definitely as a university student."*

The cultural expectation of maintaining relationships, including but not exclusive to family and friends, is another aspect that contributed to a negative impact on mental health as observed in our participants. Youth feel obligated to support and be available for those within their social spheres, despite lacking the emotional/mental capacity to do so at times.

3.1.1 Cultural expectations cont.

The youth also identified some challenges regarding social stress, including the need to provide support: to those with whom one has a relationship; when an individual is dealing with a problematic or challenging relationship; and when meaningful relationships are lacking. A participant described the struggle of balancing both her own mental health needs and the expectation of supporting a family member at the same time:

> *"How do you balance your own mental health and knowing that like, your sister almost had a mental breakdown? And you don't want that to happen to her again, so it's like I still have to be there for her too. So it's just juggling both. And then it's like no one knows that I'm going through this…"*

3.1.2 Racism and discrimination

Most participants noted that racism and discrimination had negative effects on their mental health. Experiences of racism at a young age resulted in internalized racism, causing unnecessary stress in daily life that they felt their White or non-racialized counterparts did not experience. The results of this internalization manifested in feelings of insecurity, self-loathing, inferiority, and detachment from community. Additionally, participants expressed that the constant awareness of their racial identity imposes a standard to which they feel they must adhere. Feeling the need to overperform, overcompensate, or completely align with societal expectations of Blackness is a reality shared amongst many Black youth. Conversely, societal expectations can also discourage youth to actualize their potential. The internalized feelings of insecurity and inferiority can push youth to reject promising opportunities or suppress internal passions and desires due to fear that they align/misalign with societal stereotypes and expectations. The systematic nature of racism not only manifests itself in non-Black communities and structures, but is also propagated within Black communities. Sentiments of colourism and anti-Blackness are prevalent amongst Black communities, and resultantly shape communal conceptions of self-worth, desirability, idealism, and preferences. A participant describes how anti-Blackness impacted their self-view:

> *"I grew up with so much internalized anti-Blackness. God, I hated myself. I wanted to be White so bad. I wanted to have straight hair. I wanted to have lighter skin. You know, I wanted to have smaller lips."*

North American societies often normalize microaggressions. Experiencing microaggressions, used to define instances in which environment, behaviour, verbal, and non-verbal cues suggest racist sentiments, was a shared reality amongst participants.

3.1.2 Racism and discrimination cont.

These encounters can make it difficult for ABC youth to maneuver and navigate predominantly White spaces. An individual expressed how microaggressions induce a feeling of being out of place:

> *"The ones that even say like, 'Oh I'm not racist,' but, you know, it's not… like I feel there's just this disconnect. Being racist is not just saying the N word. By the way you treat me, microaggressions are a big one. That's very common..."*

The ability of racism and discrimination to permeate through various sectors of society is well established. This reality has a detrimental effect on the mental health of ABC youth. Consistent feelings of inferiority/insecurity, racist encounters, experiences with colourism and anti-Blackness, and the regularity of microaggressions all contribute to mental illnesses.

3.1.3 Openness about mental health

It is evident from our participants' responses that the opportunity to be open and honest about mental health has a positive impact on their overall mental health. The stigma surrounding conversations about mental health, especially in ABC communities, makes it difficult for individuals to address issues they might be facing and furthermore seek ways to heal. Being able to speak openly about their mental health prevents the build-up of issues that may otherwise cause further deterioration of an individual's mental health. One interviewee described the relief that resulted from being able to speak on their mental health:

> *"I talk to 'X' about my mental health, and like, that has a positive experience on my mental health. Because yeah, they are the only one I talk to about it. So then like it kind of relieves it in kind of a sense, or like it helps me get through it at the time."*

3.1.4 A sense of community

An established sense of community among ABC youth has been identified as a factor with a positive influence on mental health. The cohesiveness and ability to connect with others who identify as ABC allows for youth to feel comfortable within themselves, something that may otherwise be absent in predominantly White spaces. This was evident with/during the use of the conversation cafés in the study. Each café was essentially a safe space where ABC youth could comfortably share thoughts and opinions on sensitive topics. This was useful for fostering connections between youth who share a common experience or building understanding between those whose experiences differ. Also, many immigrants find solidarity and support within their own communities, making it a necessary component for the well-being of individuals. The support network of the community is vital, especially when immigrants first arrive in a new country. One interviewee described the importance of being integrated in the community:

> *"Feeling like you have the community behind you is definitely something that helps me through kind of my anxious or whatever else episodes."*

The value of a strong community network should not be underestimated. Participants indicated a strong interest to continue conversation cafés on ABC youth mental health as they provided them with a space of belonging.

3.2 Barriers to Accessing Mental Health Services

3.2.1 Formal barriers

Formal barriers are present at different levels of the standard mental health system. The most commonly identified formal barriers to mental health services include the cost of mental health services, geographical barriers, lack of ABC representation in mental health services, and lack of knowledge on mental health.

3.2.1.1 Cost of mental health services

Research participants identified the cost of mental health services as a personal barrier to accessing mental health resources. To the majority of youth, mental health was financially classified in the same category as a luxury, outside their reach. This general feeling was summarized in one participant's words:

> *"... people in my community, we don't have a lot of money. We're just getting by."*

Moreover, some participants cited the fact that the majority of youth are either just beginning their careers or in academic/technical programs, and as such have tighter financial situations that could not stretch to cover the cost of counselling. Costs associated with these endeavors, or supporting their families, often took precedence over their mental health. One youth explained:

> *"And so I know I'm not making as much. I'm making enough. And then when you contribute that on top to help out the family, there's really not that much left sometimes to like go for services, to like for health services."*

Based on the perception of the participants, youth identified the mental health system as essentially meant for the wealthy, a category with which few ABC youth could identify.

3.2.1 Formal barriers cont.

3.2.1.2 Geographical barriers

ABC youth identified that a driving factor behind the lack of uptake of mental health services is that the locations of these services are not accessible. What defined accessibility varied among the youth, but the most prevalent comments were that the services were not located in Black-dominated areas or were inaccessible by public transportation. Further, the majority of these services were cited as being located in wealthy White-dominated spaces that the youth felt uncomfortable entering. One youth explained:

> *"... where I feel comfortable, where my people are at, it's not like… because then it just helps. Even if it's in the neighbourhood, and if it's not like a broken, ugly place that makes us seem like we don't deserve it, if it's a shiny, nice place in a North Side neighbourhood it's like this is for us, you know. It's not where like the other people, the good, the White, like the White people are, or whatever. You know what I mean? If it's in my neighbourhood I feel like it's I want to go there, because it's in my neighbourhood. It's… and they probably thought about me when they were making it. You know what I mean? But if it's in these other places, it's like, hm, it's not for me. I already have to… yeah."*

The social factor of their minority status, combined with the economic factor of typically being in a lower financial class, combined to produce a sense of otherness that, in a space meant for healing, was something that the ABC youth found very unappealing.

3.2.1 Formal barriers cont.

3.2.1.3 Lack of ABC representation

As of 2016, the Black population of Canada was 3.5% and projected to reach 5% by 2036 (Statistics Canada, 2019). ABC youth are generally used to seeing themselves unrepresented in nearly all aspects of daily life. Specifically, this underrepresentation becomes more apparent within service providers due to the severe lack of diversity. ABC youth largely prefer dealing with mental health service providers who are ABC themselves, as such individuals would have an increased understanding of the ABC community, its values, and dynamics. Ultimately, the youth felt that people from outside the community do not have a good understanding of the social dynamics that impact the mental health of ABC youth. One youth explained:

> *"Like whatever I'm going through, a lot of it will probably have something to do with my identity and like my life as a Black woman, as an immigrant, you know, as an African woman. And I don't want… I never want to have… like feel like my experiences are, one, not valid, or like they don't relate to what I'm talking about, you know. Because like a lot of times we go through things, and in the back of our heads we know this happened because I'm Black, or it happened because I'm a woman. But other people might not… they might not get it. And I don't want you to feel like… I would never want to feel like I'm telling my therapist this and he's like, "Um, maybe you'll look at it this way, because it's not because you're a Black woman." [Laughs] I'm not doing this, so I need you to understand my life. Yeah."*

3.2.1 Formal barriers cont.

ABC youth often find themselves having to translate their experiences to a lens that is not their own to make it understandable to outsiders. This is viewed as an added stress/emotional labour that youth would like to avoid. A female participant explained:

> *"I think that they'd be able to relate to my experiences more, and provide more nuanced advice towards my experiences, kind of thing. I feel like I wouldn't have to explain myself as much, as well, if it was someone of colour, a Black woman, specifically."*

This echoes not only the need for ABC professionals but also the need for more female ABC mental health service providers, who are even more scarce in the health industry/sector. Culture is a large part of anyone's existence, as it influences decisions, thoughts, motives, and relationships in their lives. The predominance of non-ABC mental health professionals, as well as minimal—if any—cultural training, results in a system of providers that are under/ill-equipped to comprehensively deal with the needs of ABC youth.

3.2.1 Formal barriers cont.

3.2.1.4 Lack of knowledge on mental health and services

Individuals cannot access services and programs that they do not know exist. This notion was reiterated several times by the majority of participants. The reason for this lack of knowledge was due to: (a) cultural perspectives that have negative views towards mental health services and (b) a lack of mental health promotion, including informing communities about the types of services available. As for the cultural aspect, one youth explained:

> *"Like an area that they're not very much educated on or knowledgeable on, they just tend to stray away from, rather than running towards it and trying to learn as much as they can. I feel like there just might be a fear, because of the limited perceptions they have of mental health. So they have like one sort of like little idea, like, "Oh, like one time I heard like this person with schizophrenia lashed out and killed somebody." You know what I mean? And they sort of just run with that story, and like that's what they think of mental health or mental illness as a whole. So yeah."*

With regards to mental health promotion, two youths explained:

> *"I would say possibly resources, or just knowing like what is out there that you can access. So, like services, or resources, or professionals. So, sort of just like information, I guess. Um… yeah, sometimes people just don't know. They just don't know where to access the particular need that they have."*

> *"I think there would be not knowing how to access these. Because a lot of the time, you know, you hear about it, but you don't know where you can access it, and sometimes like you don't know how to search for it. So I think that's one of them."*

3.2.1 Formal barriers cont.

Media campaigns aimed at the dissemination of information on the types of mental health services can increase ABC youth awareness of the availability of these services. Additionally, campaigns that provide information on the reality of mental health services can work to shed light on the nature of mental health services/mental health, contributing to a reduced culturally derived stigma.

3.2.2 Informal Barriers to Mental Health Supports

Informal barriers exist outside of standardized mental health systems/services and relate to the culture of the individual. The most commonly identified informal barriers to mental health are stigma and judgmentalism, intergenerational gaps, and a culture of independence.

3.2.2.1 Stigma and judgmentalism

ABC youth identified an increased prevalence of stigma against the mental health system within their communities that is typically not found in the dominant Western culture. One youth explained this difference in acceptance:

> *"Mm, cultural… well, for me, because I was born and raised in Canada, and I have a very like liberal viewpoint, so that's why I'm very understanding and open. But for my community, I understand why. Not just like my parents being immigrants, and like everybody else's parents being immigrants, but even like the first generation Canadian people, they just they get their viewpoints from their parents, so even my older sisters, they have some hard times understanding mental illness, because they just assume… not that it's not real, but like it's kind of just like a state of mind. Like you can get over it, you can overcome it. And like, you know, back home and everything like they don't see it as a thing."*

Youth cite the cause for these perceptions as essentially a lack of knowledge about the mental health system as well as experiences of individuals who did not receive the support they needed while undergoing challenges with their mental health.

3.2.2 Informal Barriers to Mental Health Supports cont.

Utilizing mental health services or openly acknowledging the presence of mental healthproblems can lead to being treated differently in ABC communities. One youth explained this treatment can include being ostracized within the community:

> *"I guess maybe, because in like an African family if you have someone who has mental health or has mental health issues, some people would think it's like demons or something. And usually they don't… I don't know. They kind of exclude people with mental health issues most of the time, so it's like an outcast from the rest of the family or community. And yeah, I guess that's really, really it."*

A main factor that underlies the stigma and distrust described above is lack of knowledge on the nature of mental health and the support it requires. Awareness-raising programs/campaigns aimed at ABC communities can pave the way towards a more accepting culture around mental health issues.

3.2.2 Informal Barriers to Mental Health Supports cont.

3.2.2.2 Intergenerational gap

Participants noted that the culture surrounding mental health in mainstream media is changing towards a more accepting one; however, this change is more prevalent in the youth mindset. As one participant said:

> *"Yes, it's – it's like not even a bad thing; it's literally just differences in generations, you know? So like our generation, it's growing up with more access and knowledge to mental health and mental issues. Our parents just never really had any exposure to that."*

The current strategies to increase acceptance/awareness of mental health are typically youth-focused, creating a noticeable gap in the understanding of mental health between youths and adults. Ultimately, this lack of access results in the perpetuation of stigma towards mental health issues/systems that is inherited from the culture. One youth explained:

> *"So the reason why they don't address mental health in the Sudanese community is because like the parents never got to address. They don't know mental health, because they've only known like civil war and like running away, and like you got to move on."*

To overcome this intergenerational gap, we recommend mental health information campaigns that target parents, in culturally and age-appropriate ways, as well as provide guidance on enhancing mental wellness within families

3.2.2 Informal Barriers to Mental Health Supports cont.

3.2.2.3 Culture of independence

A culture of independence is one that emphasizes self-reliance and the individual shouldering the full burden of everyday life by themselves. Amongst other factors, ABC youth implicated the presence of this expectation as a source of pressure that prevented them from seeking formal help with their problems:

> *"...Like I should definitely find the time, but like I think at our age we're kind of like ingrained to grind and progress and move forward, and then when we have time for ourselves we go on a week's vacation."*

What is notable about this factor is how it shaped reluctance to accept formal mental assistance in two different ways: youths rely either too much on their informal support instead of seeking mental health help, or too little on their informal support and instead on themselves. One youth explained the reasons behind over self-reliance:

> *"Because everybody's dealing with their own things, and like it's just like I don't want to be a bother to anybody. [Mm-hmm] So like I just feel like I do have the support but it's just me that doesn't want to go get them, support."*

Another youth described their experience with informal reliance:

> *"I have friends who know that they're going through things, or like even with me, probably, like at times you go through and it's like, "Oh, maybe I should like, you know, go seek help. Like see if everything is okay," but like, "No, it's fine. We'll figure it out"... so I don't feel the need to like go out and talk to somebody, a professional. So my friends and my family members make up for me not..."*

3.2.2 Informal Barriers to Mental Health Supports cont.

A constant behind these two seemingly different methods of coping is an eagerness to avoid the association of burden. Youth who self-rely feel as though relaying their struggles to anyone at all makes them a burden. However, youth who rely too much on their informal support cite wanting to avoid being a financial burden. Another notable aspect to this culture of independence is that youth do not cite this same sense of burden when dealing with physical health; rather, they view it as being a more acceptable reason to ask for help. One youth explained:

> *"…but often that means like hey, these things, the stress, the… these like illnesses that we have that aren't just physical, it's if we talk about them, it's like… it's like we're weak."*

Clearly, youth feel as though they are living in a culture that emphasizes shouldering the burden by themselves, and that this approach is exclusive to mental health in comparison to physical health. Underlying this double standard is a feeling that mental health problems are not a valid reason to push past this required independence to ask for the required help. To remedy this, we suggest promoting a campaign that is aimed at educating youth on the true nature of mental health, as well as its importance to everyday life. This may be accomplished by creating engaging videos or presentations that feature other ABC youth with the purpose of reaching ABC youth in their schools, communities, extracurriculars, etc. Once youth are truly aware of mental health issues, they are more likely going to view mental health struggles as being a valid enough reason to push through the culture of independence in the same way they would for physical health issues.

3.3 Self-strategies

In the absence of access to mental health services/supports, the ABC youth developed strategies to alleviate their mental health struggles. The majority of the ABC youth cited peer support, religious teachings/practices, and self-isolation as self-strategies for coping with issues surrounding their mental health.

3.3.1 Peer supports

The support and insight of individuals who may have experienced similar mental health issues or those who are willing to provide comfort are highly valued, as observed in our participants. ABC youth cited communicating their problems with their peers—people with whom they have an established foundation of trust—as a way to cope with their mental health struggles in situations where formal services are inaccessible. An individual explained the way in which they set up a system with their peers to fulfil their mental health needs:

> *"...So whenever we… You know, whenever we have something to talk about, something that weighs heavy on our minds, we talk about it. We always make sure to check in with each other, yeah. And we… one thing my friends and I always do is kind of let each other know that nothing's off limits, and this is like a no-judgment zone. If you want to say anything, you know, we could talk about it. We also use a lot of like humour, which may not be the most conventional like, you know, what's it? Tactic as well or whatever, but we do use a lot of humour, because that is what works for us. And yeah, we are very supportive, very structured in the way that we do that as well. With one of my friends, I have regular check-ins. So we have regular check-ins with each other, like scheduled check-ins, like on a weekly basis. Or if things are hectic, maybe every two weeks. Um… yeah, that's essentially it."*

3.3 Self-strategies cont.

Peer support has proven to be a beneficial strategy in terms of dealing with mental health, as seen in our participants. The participants particularly emphasized that they share their mental health struggles with select peers who they trust and feel are non-judgmental, as mental health is a personal matter to them.

3.3.2 Religious teaching and practices

Religious values and teachings are instilled in ABC youth, as most immigrant communities have some form of higher belief. The youth cited that, during difficult times associated with mental health challenges, they turned to these teachings to alleviate the issues they faced. In addition, some youth indicated they were able to access formal services due to using religion as a self-strategy for coping in the first place. They also seemed to recognize that religious practices alone were not sufficient to combat the struggles related to mental illness, which again led them to seek out the aid of formal services. A participant explained how the use of prayer helped them understand this:

> *"I mean, I agree that prayer can help, but I also feel as if you need to have that interaction with like friends and family, or just like that support, like from a mental health professional, for example. But I feel like if you need it, then you need it. Sometimes… like me, I'm just like, "Doesn't prayer point you to those like signs?" [Laughs] Like if you're praying and you're like, "Oh, my goodness, like I need help with this," and that kind of stuff, and then you have access to a mental health resource, maybe that's where the prayer is pointing you to, you know?"*

3.3 Self-strategies cont.

3.3.3 Self-imposed isolation

Isolation, usually self-imposed, was another mechanism that youth used to cope when dealing with mental health issues. The participants also recognized this may not be the healthiest strategy and could further exacerbate mental health struggles. However, the stigma surrounding mental health, reluctance to burden others with their issues, and lack of trust in other services would lead individuals to isolate themselves. An individual described their use of isolation in the face of mental health adversity:

> *"... just stick to myself, to be honest. Like, yeah. Like I'll tell… like maybe I'll bring something up here and there, if it's serious, but like I just deal with it on my own, which is why it's gotten so unhealthy."*

4. RECOMMENDATIONS

Policy-makers, service providers, ABC communities, and researchers must take appropriate measures to address the mental health needs of ABC youth in Alberta and increase the access to, as well as uptake of, mental health services.

We next introduce specific recommendations for policy-makers, service providers, and ABC communities and suggest directions for future research.

4.1 Policy-makers

✔ SUBSIDIZE THE COST OF MENTAL HEALTH SERVICES.

Our data indicate a major barrier for ABC youth related to accessing mental health services is cost. Low-income youth in particular have a hard time affording mental health services due to their financial situations. Policy-makers subsidizing the cost of the services would allow for increased access to and uptake of mental health services by ABC youth. Policy-makers should provide funding for ABC communities to ensure free community-based mental health services that consider the influence of anti-Black racism on the health of ABC youth.

✔ ADDRESS SOCIOECONOMIC OUTCOMES OF ABC COMMUNITIES.

Our data point to the influence of income on ABC youth mental health. For instance, youth are often unable to access services due to cost and limited income. Also, youth often feel the pressure to not only perform well in school but also over-perform. An underlying reason is the barrier to economic success for ABC youth, even after earning a university degree. Policy-makers must address systemic racism and barriers faced by ABC youth in elementary school, secondary school, post-secondary institutions, and the workplace. This can include addressing issues related to unconscious bias that predispose ABC youth to be advised against pursuing university education, micro-aggression faced by ABC youth in academic institutions, and selection barriers to upward career mobility of ABC youth in the world of work. Canada needs a policy focused on addressing anti-Black racism.

4.1 Policy-makers cont.

✔ IMPLEMENT MENTAL HEALTH INTO SCHOOL CURRICULA.

Lack of education on mental health for youth was noted not only as a major barrier to the access of mental health services but a less-reported factor negatively affecting mental health. The concept of mental wellness, incorporating both mental health and mental illness, seems to be introduced at later stages in life (high school, university, etc.). Our data indicate the need for an earlier introduction to mental wellness, preferably in elementary education curricula. This will provide an opportunity for youth to become familiar with the concept of mental health long before they may experience any related issues. Having prior knowledge of mental health issues will prove beneficial as students will be able to recognize within themselves if they are experiencing a mental health crisis. Thus, we advocate for an upstream approach that addresses mental health for both children and youth.

✔ PROVIDE CAMPAIGNS/PROGRAMS AIMED AT INCREASING KNOWLEDGE OF MENTAL HEALTH THAT TARGET IMMIGRANT COMMUNITIES.

The lack of knowledge about mental health and mental health services within ABC communities has been noted as a barrier to accessing the relevant services. Many ABC community members come from countries where mental health knowledge is very limited and they are thus unaware of the signs, symptoms, effects, and treatments associated with mental health. Media campaigns designed by policy-makers via television/radio broadcasting, pamphlets, advertisements, etc. to increase the awareness of mental health and relevant services should target ABC communities in such a way that the information is easily accessible.

4.1 Policy-makers cont.

✔ ADDRESSING THE BARRIERS TO ABC ACCESS TO MENTAL HEALTH PROFESSIONS.

The mental health field lacks ABC representation, and this can deter ABC youth from accessing mental health services when needed. Strategies must be implemented to address the barriers ABC youth encounter with respect to accessing mental health professionals. Strategies to address these barriers include removing systemic barriers to credential recognition for foreign-trained mental health professionals, addressing systemic racism experienced by ABC mental health professionals, prioritizing admission of ABC youth into mental health programs by considering both academic strengths and non-academic/community strengths, increasing access to education funding opportunities for ABC communities, and addressing systemic barriers (such as limited finances) to access the profession.

✔ FUND SAFE SPACES FOR ABC YOUTH.

During our conversation cafés, ABC youths emphasized the need for safe spaces that address youth mental health. These safe spaces should be youth-led, participatory, and located in an accessible location. Youth demonstrated a need for a ABC youth mental health hub to address the mental health of ABC youth.

4.2 Service Providers

✔ DEVELOP CULTURAL COMPETENCY TRAINING PROGRAMS FOR MENTAL HEALTH PROFESSIONALS WITH COMPONENTS IN ANTI-BLACK RACISM.

Our data provide evidence that youth experience difficulties seeking out mental health services because they perceive a lack of cultural competency within the services available. Many participants indicated they would prefer mental health professionals/services who were either of ABC origin or culturally competent and thus better equipped to comprehend cultural nuances. We propose a cultural competency training program be developed and made available to mental health professionals. Policy-makers and service providers need to work in tandem to implement training programs that would equip professionals to be culturally competent and possess the necessary skills to assist youth from ABC backgrounds. This would reduce a barrier related to youth accessing such services, therefore increasing the uptake of available mental health services. Cultural competency programs must also integrate insight on how anti-Black racism affects Black youths and how to address it. Training programs must move beyond an essentialist perspective of Blackness to acknowledge the diversity of ABC youths, as well as incorporate insight on their strengths and resilience.

✔ HIRE MORE ABC SERVICE PROVIDERS.

Service providers who do not have professionals equipped with cultural competency training need to proactively hire professionals from ABC backgrounds to cater to the mental health needs of ABC youth. An increase in the representation of ABC therapists, counsellors, psychiatrists, etc. will also promote the uptake of services, as our data emphasize the preference of ABC youth for service providers from ABC backgrounds.

4.2 Service Providers cont.

✔ PROVIDE EASILY ACCESSIBLE INFORMATION ON THE TYPES OF SERVICES AVAILABLE.

Our data show a lack of knowledge and understanding surrounding the availability of mental health services is a barrier. Many times, participants noted they did not access services simply because they were unaware of the variety of services and ways of seeking them out. Service providers should actively deliver information about the services they provide (counselling, therapy, group therapy, etc.) in a manner that targets ABC youth and communities. Having ABC youth community liaisons who collaborate with ABC youth organizations, disseminate information through social media, and disseminate information in safe Black spaces will help to address this gap.

✔ PARTNER WITH ABC COMMUNITIES.

Service providers should engage with ABC communities to establish relationships and strengthen connections with those who may need services. Service providers must be willing to become aware of cultures and needs within the ABC community to reduce the cultural insensitivities participants have cited they encounter with service providers.

✔ INCREASE SERVICES AVAILABLE IN PREDOMINANTLY BLACK AREAS.

We found that a barrier to accessing services is that most mental health services are located in areas dominated by White upper-class individuals. We recommend such services be instituted/located in areas that are predominantly Black, to increase ease of access as well as reduce feelings of otherness. Furthermore, ABC youths need safe spaces to discuss issues that affect them. Delivering mental health services in areas where Black youths congregate, such as recreational centers and malls in Black-dominated areas, will support access and use of services.

4.2 Service Providers cont.

✔ DEVELOP SERVICES AND PROGRAMS THAT ADDRESS SPECIFIC NEEDS OF ABC YOUTH.

ABC youth have unique needs due to the influence of anti-Black racism on their lives. ABC youth are also diverse and their experience is shaped by several factors including race, religion, gender, sexuality, age, nationality, immigration status, geography, etc. Intersectional experience and anti-Black racism should be considered within service delivery and programs. Also, considering their developmental stage, creation of peer support programs can improve the mental health of ABC youth. Service delivery must consider both formal and informal support as well as the potential positive and negative effects of such supports.

4.3 ABC Communities

✔ CREATION OF MENTAL HEALTH SPACES WITHIN THE COMMUNITY.

The data emphasize the need for mental health spaces where ABC youth are able to be open and transparent about their mental health needs. Community leaders should aim to create such environments where youth can seek the support and socialization of their peers as well participate in extracurricular activities as a way of improving their mental health. Such spaces will also aid in reducing the stigma surrounding mental health as they will serve to normalize mental health as a regular community topic.

✔ OUTREACH TO THE ABC COMMUNITY FOR PARTICIPATION IN MENTAL HEALTH ACTIVITIES.

ABC communities should mobilize and encourage participation among not only their youth but elders as well. Engaging the community in activities such as workshops, seminars, and community events will not only strengthen community ties but position members of the community as stakeholders in terms of the mental health of the individuals within their community.

✔ MENTORSHIP.

Successful professionals within the mental health fields are few and far between. However, these professionals are valuable resources and ABC youth could benefit from the mentorship they could provide. ABC communities should create mentorship programs to support youth.

4.3 ABC Communities cont.

✔ STRENGTHENING INTERGENERATIONAL RELATIONSHIPS.

We found tensions in intergenerational relationships between ABC youths and parents that had an influence on ABC youth mental health. ABC parents need to be educated about ABC youth mental health. There is a need for community and religious leaders to integrate mental health into all of the work they do in the community, including sermons.

✔ INTEGRATE INTERSECTIONALITY PERSPECTIVE.

Our conversation café identified differences among youths based on their intersectional experiences including gender and race. Our conversation cafés point to the need to further support non-binary youths who may experience increased mental health vulnerabilities. There is a need for broader discussion and education within the ABC community on the mental health of LGBTQ2+ communities.

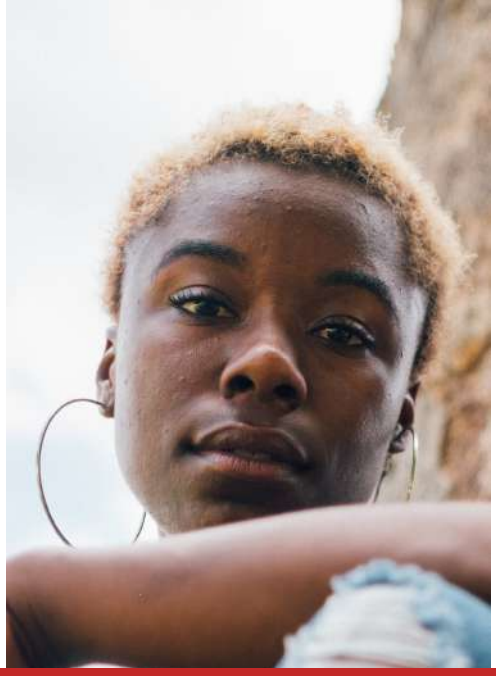
4.4 Future Research

✔ PREVALENCE OF MENTAL HEALTH ISSUES WITHIN THE ABC COMMUNITY.

Although this study served as an initial step to narrow the existing knowledge gap, there are still negligible data on the prevalence of mental health issues within the ABC community. Based on existing research, we understand that ABC populations face greater negative mental health outcomes but the extent of this is still unknown. Future research dedicated to understanding the severity of mental health situations would allow for more efficient use of services.

✔ FACTORS CONTRIBUTING TO POORER MENTAL HEALTH OUTCOMES.

Researchers should explore and investigate nuanced and underlying factors that contribute to poorer mental health outcomes in ABC youth. Furthermore, systemic and structural factors if better understood, will inform an upstream approach through which preventive and more specific solutions can be implemented to broadly improve mental health outcomes of ABC youth.



5. CONCLUSION

African, Black, and Caribbean youth in Canada experience poorer mental health outcomes than their non-Black counterparts.

Our research revealed this is the result of a combination of contributing systemic and cultural barriers that are underlined by the presence of stigma, limited knowledge of mental health, and inequities within the current mental health system; this ultimately leads to reduced use/uptake of available services.

To remedy this, we present policy and service recommendations, as follows: (1) provide campaigns/programs aimed at increasing knowledge of mental health; (2) provide readily available information on the types of services available; (3) diversify the workforce and increase ABC representation within mental health decision-making; (4) increase the availability of free mental health and counselling services for ABC youth; (5) increase community participation in mental health activities; and (6) create Black mental health safe spaces.

6. REFERENCES

Anderson, K.K., Cheng, J., Susser, E., Mckenzie, K.J., & Kurdyak, P. (2015). Incidence of psychotic disorders among first-generation immigrants and refugees in Ontario. Canadian Medical Association Journal, 187(9), E279-E286. https://doi: 10.1503/cmaj.141420

Edmonton Social Planning Council. (2015). A Profile of Poverty in Edmonton. https://www.edmontonsocialplanning.ca/wp-content/uploads/2015/01/.

Fenta, H., Hyman, I., & Noh, S. (2004). Determinants of depression among Ethiopian immigrants and refugees in Toronto. Journal of Nervous and Mental Disease, 192(5), 363-372. https://pascal-francis.inist.fr/vibad/index.php?action=search&terms=15762822

Kemmis, S., McTaggart, R., & Nixon, R. (2014). The Action Research Planner: Doing Critical Participatory Action Research [ebook edition]. Singapore: Springer.

Kon, A., Lou, E., MacDonald, M.A., Riak, A., & Smarsh, L. (2012). Working with South Sudanese immigrant students: Teacher resources. Edmonton, AB: Canadian Multicultural Education Foundation and Alberta Teachers' Association. https://www.cmef.ca/wp-content/themes/cmef/pdf/CMEF-ATATeacherResourceSudaneseStudents.pdf

Maimann, K. (2014, August 8). Somali youth struggles discussed. Edmonton Sun. https://edmontonsun.com/2014/08/08/somali-youth-struggles-discussed/wcm/efc45576-8bb2-4c7b-b77e-e20827e2cc81

Minkler, N., & Wallerstein, N. (2008). Community-based Participatory Research for Health: From Process to Outcomes (2nd ed.). San Francisco, CA: Jossey-Bass.

Ng, E. (2011). The health immigrant effect and mortality rates. Health Reports, 4(22), 25-29.

Ranjbar, V., Fornazar, R., Ascher, H., Ekberg-Jansson, A., & Hensing, G. (2017). Physical and mental health inequalities between native and immigrant Swedes. International Migration, 55(2), 80-96. doi: 10.1111/imig.12312

Salami, B., Yaskina, M., Hegadoren, K., Diaz, E., Meherali, S., Rammohan, A., & Ben-Shlomo, Y. (2017). Migration and social determinants of mental health: Results from the Canadian Health Measures Survey. Canadian Journal of Public Health, 108(4), 362-367. doi: 10.17269/cjph.108.6105

Statistics Canada (2019). Diversity of the Black population in Canada: an overview. https://www150.statcan.gc.ca/n1/en/pub/89-657-x/89-657-x2019002-eng.pdf?st=T-S-P0qr

Wingrove, J., & Mackrael, K. (2012, June 22). Why so many Somali-Canadians who go West end up dead. The Globe and Mail. https://www.theglobeandmail.com/news/national/why-so-many-somali-canadians-who-go-west-end-up-dead/article4365992/

7. DEMOGRAPHICS

7.1 Interviews

PARTICIPANT	GENDER	BIRTH COUNTRY	RELIGION / FAITH	EDUCATION
P001	FEMALE	NIGERIA	CHRISTIAN	UNIVERSITY
P002	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P003	NON-BINARY	CANADA	AGNOSTIC	UNIVERSITY
P004	MALE	ZAMBIA	CHRISTIAN	UNIVERSITY
P005	FEMALE	CANADA	SPIRITUAL	HIGH SCHOOL
P006	MALE	CANADA	CHRISTIAN	DIPLOMA
P007	NON-BINARY	CANADA	NON-RELIGIOUS	HIGH SCHOOL
P008	MALE	ENGLAND	CHRISTIAN	UNIVERSITY
P009	FEMALE	LEBANON	CHRISTIAN	UNIVERSITY
P010	MALE	RWANDA	CHRISTIAN	UNIVERSITY
P011	FEMALE	NIGERIA	CHRISTIAN	HIGH SCHOOL
P012	MALE	NIGERIA	CHRISTIAN	UNIVERSITY
P013	MALE	GUINEA	MUSLIM	HIGH SCHOOL
P014	FEMALE	EGYPT	NON-RELIGIOUS	HIGH SCHOOL
P015	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P016	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P017	FEMALE	CONGO	CHRISTIAN	HIGH SCHOOL
P018	FEMALE	HAITI	CHRISTIAN	HIGH SCHOOL
P019	MALE	NIGERIA	CHRISTIAN	UNIVERSITY
P020	FEMALE	NIGERIA	CHRISTIAN	UNIVERSITY
P021	FEMALE	SOMALIA	MUSLIM	POSTGRADUATE
P022	MALE	CANADA	MUSLIM	DIPLOMA
P023	FEMALE	ZIMBABWE	CHRISTIAN	HIGH SCHOOL
P024	FEMALE	GHANA	CHRISTIAN	HIGH SCHOOL
P025	FEMALE	NIGERIA	CHRISTIAN	HIGH SCHOOL
P026	FEMALE	BOTSWANA	CHRISTIAN	UNIVERSITY
P027	MALE	NIGERIA	AGNOSTIC	HIGH SCHOOL
P028	FEMALE	CANADA	MUSLIM	HIGH SCHOOL
P029	MALE	USA	CHRISTIAN	HIGH SCHOOL
P030	FEMALE	USA	CHRISTIAN	HIGH SCHOOL

7. DEMOGRAPHICS CONT.

7.2 Conversation Cafés

7.2.1 September 2019

PARTICIPANT	GENDER	BIRTH COUNTRY	RELIGION / FAITH	EDUCATION
P001	FEMALE	CANADA	MUSLIM	UNIVERSITY
P002	FEMALE	SINT MAARTEN	AGNOSTIC	HIGH SCHOOL
P003	FEMALE	CANADA	MUSLIM	HIGH SCHOOL
P004	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P005	FEMALE	CONGO	CHRISTIAN	DIPLOMA
P006	MALE	AFRICA	N/A	N/A
P007	FEMALE	SUDAN	CHRISTIAN	DIPLOMA
P008	FEMALE	GAMBIA	MUSLIM	HIGH SCHOOL
P009	FEMALE	RWANDA	CHRISTIAN	HIGH SCHOOL
P010	MALE	USA	CHRISTIAN	HIGH SCHOOL
P011	MALE	NIGERIA	CHRISTIAN	DIPLOMA
P012	FEMALE	KENYA	CHRISTIAN	HIGH SCHOOL
P013	FEMALE	SIERRA LEONE	CHRISTIAN	HIGH SCHOOL
P014	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P015	FEMALE	NIGERIA	CHRISTIAN	UNIVERSITY
P016	FEMALE	CANADA	MUSLIM	UNIVERSITY
P017	FEMALE	CANADA	MUSLIM	UNIVERSITY
P018	FEMALE	CANADA	MUSLIM	UNIVERSITY
P019	FEMALE	KENYA	MUSLIM	UNIVERSITY
P020	FEMALE	CANADA	CHRISTIAN	UNIVERSITY
P021	MALE	NIGERIA	MUSLIM	UNIVERSITY
P022	FEMALE	GHANA	CHRISTIAN	HIGH SCHOOL
P023	FEMALE	NIGERIA	CHRISTIAN	HIGH SCHOOL
P024	FEMALE	GHANA	CHRISTIAN	HIGH SCHOOL
P025	FEMALE	SOUTH SUDAN	NONE	HIGH SCHOOL
P026	MALE	ZAMBIA	CHRISTIAN	HIGH SCHOOL
P027	MALE	USA	CHRISTIAN	HIGH SCHOOL
P028	MALE	BURUNDI	CHRISTIAN	UNIVERSITY
P029	FEMALE	SUDAN	MUSLIM	HIGH SCHOOL
P030	FEMALE	CONGO	CHRISTIAN	HIGH SCHOOL
P031	MALE	CONGO	CHRISTIAN	HIGH SCHOOL
P032	FEMALE	SAUDIA ARABIA	MUSLIM	UNIVERSITY
P033	FEMALE	GHANA	CHRISTIAN	UNIVERSITY
P034	FEMALE	CONGO	CHRISTIAN	HIGH SCHOOL
P035	FEMALE	SOMALIA	MUSLIM	HIGH SCHOOL
P036	FEMALE	EGYPT	CHRISTIAN	HIGH SCHOOL
P037	FEMALE	LIBYA	CHRISTIAN	HIGH SCHOOL

7. DEMOGRAPHICS CONT.

7.2 Conversation Cafés

7.2.2 October 2019

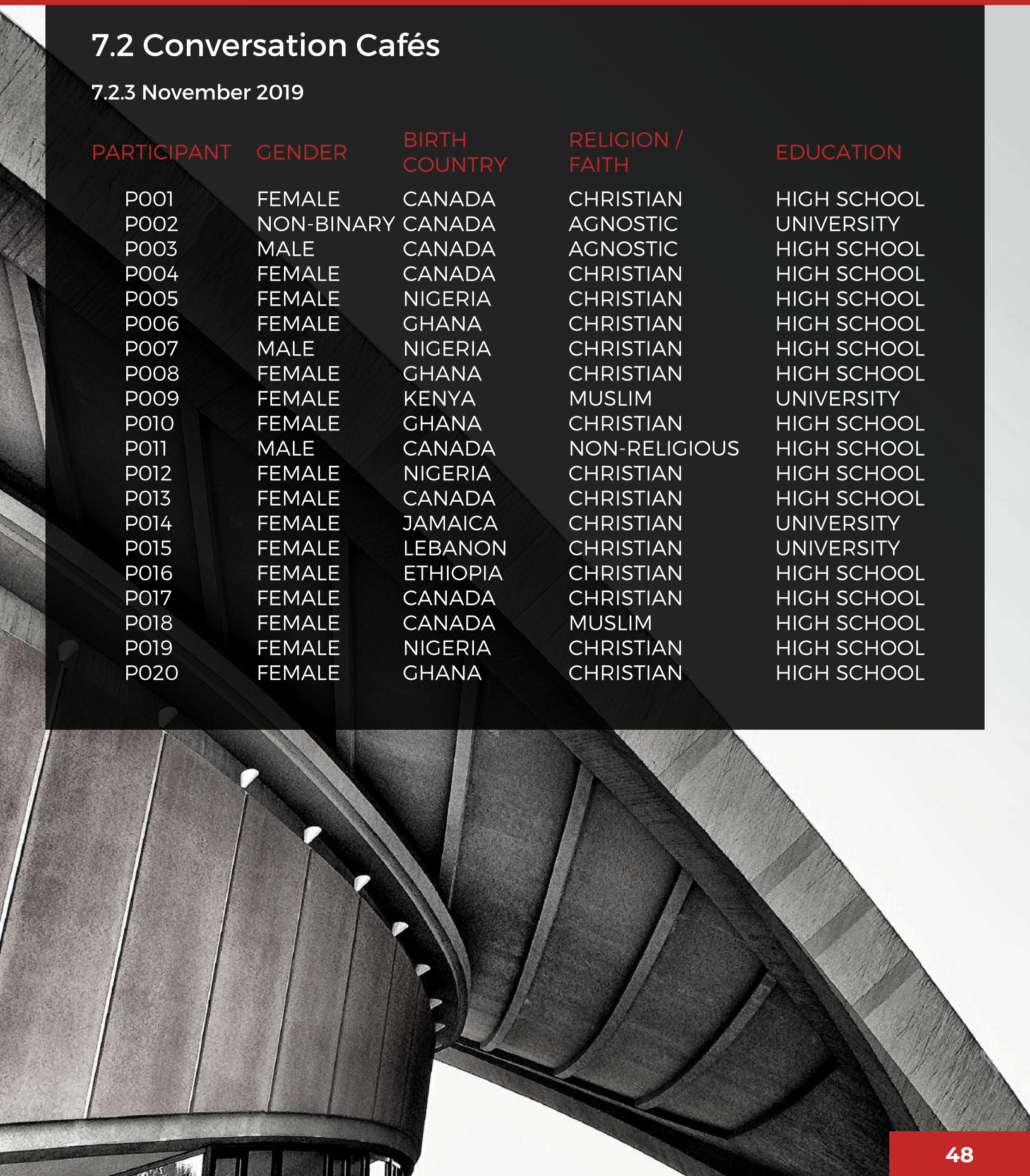
PARTICIPANT	GENDER	BIRTH COUNTRY	RELIGION / FAITH	EDUCATION
P001	MALE	ZIMBABWE	CHRISTIAN	HIGH SCHOOL
P002	MALE	LIBERIA	N/A	HIGH SCHOOL
P003	FEMALE	TANZANIA	CHRISTIAN	HIGH SCHOOL
P004	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P005	MALE	ZAMBIA	CHRISTIAN	HIGH SCHOOL
P006	FEMALE	EHTIOPIA	ORTHODOX	HIGH SCHOOL
P007	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P008	MALE	SIERRA LEONE	CHRISTIAN	HIGH SCHOOL
P009	FEMALE	CANADA	MUSLIM	UNIVERSITY
P010	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P011	MALE	RWANDA	CHRISTIAN	UNIVERSITY
P012	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P013	FEMALE	CANADA	MUSLIM	HIGH SCHOOL
P014	MALE	NIGERIA	MUSLIM	UNIVERSITY
P015	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P016	MALE	NIGERIA	CHRISTIAN	UNIVERSITY
P017	FEMALE	CANADA	MUSLIM	HIGH SCHOOL
P018	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P019	MALE	CONGO	CHRISTIAN	HIGH SCHOOL
P020	FEMALE	TANZANIA	CHRISTIAN	HIGH SCHOOL
P021	MALE	SUDAN	CHRISTIAN	HIGH SCHOOL
P022	FEMALE	KENYA	MUSLIM	UNIVERSITY
P023	FEMALE	SAUDI ARABIA	MUSLIM	DIPLOMA
P024	MALE	ENGLAND	CHRISTIAN	UNIVERSITY
P025	FEMALE	CANADA	MUSLIM	UNIVERSITY

7. DEMOGRAPHICS CONT.

7.2 Conversation Cafés

7.2.3 November 2019

PARTICIPANT	GENDER	BIRTH COUNTRY	RELIGION / FAITH	EDUCATION
P001	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P002	NON-BINARY	CANADA	AGNOSTIC	UNIVERSITY
P003	MALE	CANADA	AGNOSTIC	HIGH SCHOOL
P004	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P005	FEMALE	NIGERIA	CHRISTIAN	HIGH SCHOOL
P006	FEMALE	GHANA	CHRISTIAN	HIGH SCHOOL
P007	MALE	NIGERIA	CHRISTIAN	HIGH SCHOOL
P008	FEMALE	GHANA	CHRISTIAN	HIGH SCHOOL
P009	FEMALE	KENYA	MUSLIM	UNIVERSITY
P010	FEMALE	GHANA	CHRISTIAN	HIGH SCHOOL
P011	MALE	CANADA	NON-RELIGIOUS	HIGH SCHOOL
P012	FEMALE	NIGERIA	CHRISTIAN	HIGH SCHOOL
P013	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P014	FEMALE	JAMAICA	CHRISTIAN	UNIVERSITY
P015	FEMALE	LEBANON	CHRISTIAN	UNIVERSITY
P016	FEMALE	ETHIOPIA	CHRISTIAN	HIGH SCHOOL
P017	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P018	FEMALE	CANADA	MUSLIM	HIGH SCHOOL
P019	FEMALE	NIGERIA	CHRISTIAN	HIGH SCHOOL
P020	FEMALE	GHANA	CHRISTIAN	HIGH SCHOOL

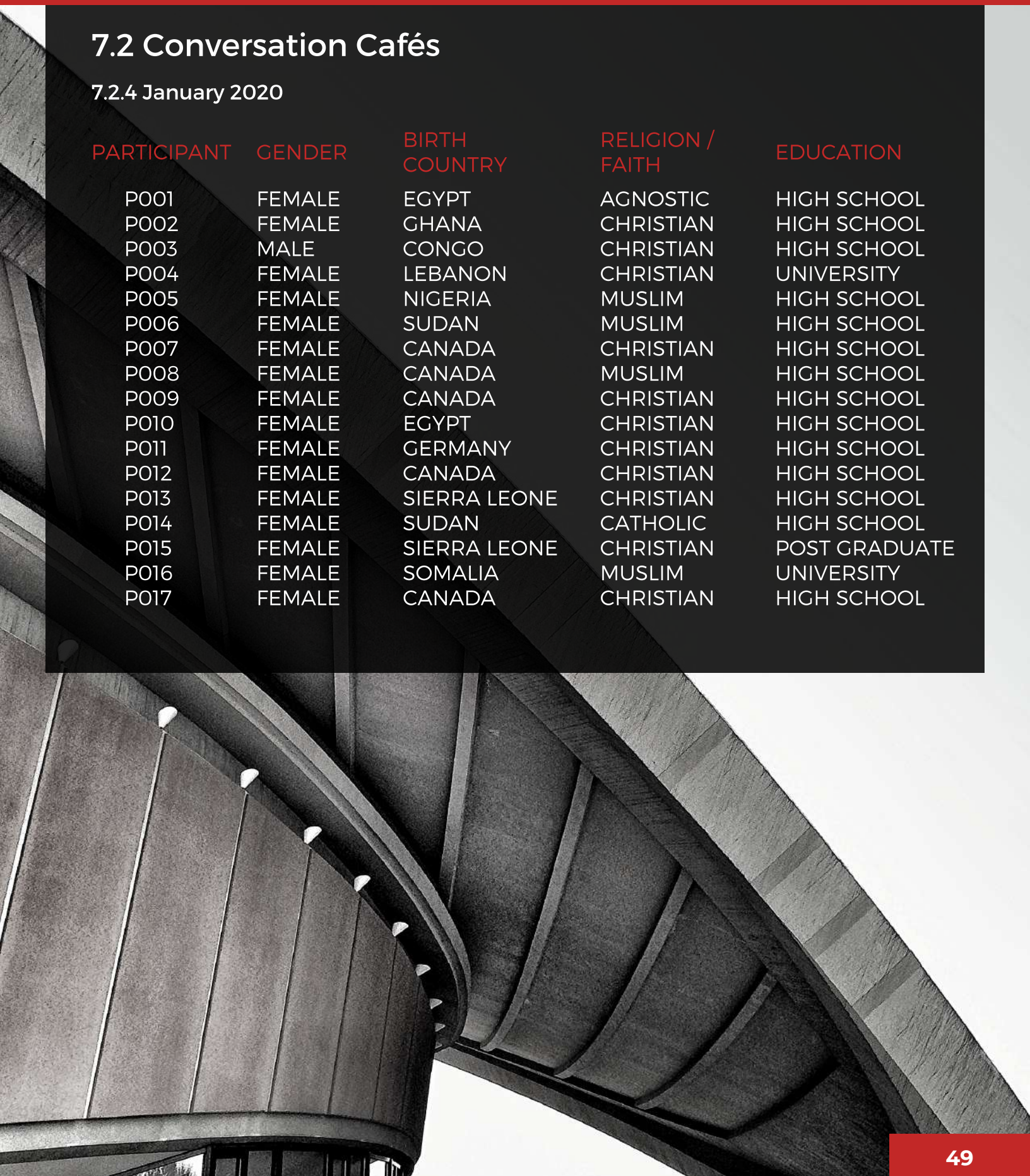


7. DEMOGRAPHICS CONT.

7.2 Conversation Cafés

7.2.4 January 2020

PARTICIPANT	GENDER	BIRTH COUNTRY	RELIGION / FAITH	EDUCATION
P001	FEMALE	EGYPT	AGNOSTIC	HIGH SCHOOL
P002	FEMALE	GHANA	CHRISTIAN	HIGH SCHOOL
P003	MALE	CONGO	CHRISTIAN	HIGH SCHOOL
P004	FEMALE	LEBANON	CHRISTIAN	UNIVERSITY
P005	FEMALE	NIGERIA	MUSLIM	HIGH SCHOOL
P006	FEMALE	SUDAN	MUSLIM	HIGH SCHOOL
P007	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P008	FEMALE	CANADA	MUSLIM	HIGH SCHOOL
P009	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P010	FEMALE	EGYPT	CHRISTIAN	HIGH SCHOOL
P011	FEMALE	GERMANY	CHRISTIAN	HIGH SCHOOL
P012	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL
P013	FEMALE	SIERRA LEONE	CHRISTIAN	HIGH SCHOOL
P014	FEMALE	SUDAN	CATHOLIC	HIGH SCHOOL
P015	FEMALE	SIERRA LEONE	CHRISTIAN	POST GRADUATE
P016	FEMALE	SOMALIA	MUSLIM	UNIVERSITY
P017	FEMALE	CANADA	CHRISTIAN	HIGH SCHOOL



A PARTICIPATORY ACTION RESEARCH PROJECT TO

Promote the Mental Health of African, Black, and Caribbean Youth

IN ALBERTA