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Research Article

# Perspectives on Cultural Competency and Black Canadians' Access to Mental Health Care in Canada: A Thematic Analysis

Kameryn Whyte[1], MSc
[1]University of East London

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**Abstract**

**Objectives:** The aim of this research was to explore the extent to which cultural competency is practised within Canadian mental health care by mental health professionals with respect to Black Canadians and African Nova Scotians. In addition, the study sought to determine how to improve Canadian mental health care for inclusivity of Black Canadians. **Design:** Five adult participants were recruited, with recruitment criteria involving self-identification as either "African Nova Scotian" or "Black Canadian," or as a mental health professional with experience working with these populations. Participants were interviewed in a one-to-one setting using a semi-structured interview guide. **Results:** A thematic analysis (Braun & Clarke, 2006) yielded three superordinate themes and eight subordinate themes. The superordinate themes were "No Blacks Allowed," "Bad Apples (Spoil the Bunch)," and "Intrinsic Understanding." Taken together, the themes suggest that while participants recognized the importance of cultural awareness training and understanding, and indicated an interest in implementing mandatory cultural awareness training for mental health professionals, the implementation of cultural competency in the practice of the mental health system in Canada remains elusive. **Conclusion:** The findings were that Black Canadians and African Nova Scotians are experiencing barriers to their accessibility of mental health care in Canada. The barriers are related to a lack of cultural awareness from mental health professionals. The findings suggest that Canadian mental health care could benefit from the implementation of cultural competency training.

*Keywords:* Black Canadians, African Nova Scotian, Mental Health

## Introduction

The World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004, p. 10). Individuals can experience periods of good and poor mental health throughout their lives in response to their various life experiences. However, prolonged periods of poor mental health are an indication of potential mental illness (American Psychiatric Association [APA], 2022). The APA (2022) defines mental illness as a term that "refers collectively to all diagnosable mental disorders—health conditions involving: significant changes in thinking, emotion and/or behaviour; distress and/or problems in social,

work or family activities" (para 5). The APA's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is used by mental health practitioners across the globe, including in Canada, to understand and diagnose individuals suffering from mental illness. Mental illness is prevalent in Canadian society, as mental disorders affect approximately one in five Canadians each year (Palay et al., 2019). Worldwide, approximately 14% of the global burden of disease has been ascribed to neuropsychiatric disorders (Prince et al., 2007). This is due to the disabling effects of depression, substance-use disorders, psychoses, and other common mental disorders (Prince et al., 2007).

While it is clear that mental health issues, in all their forms, affect many people globally, this project focuses on the Black Canadian and African Nova Scotian community, an under-investigated group in this domain. Despite the prevalence of mental illness in Canada, the Black Canadian community is an underserved population that experiences inequities in mental health care (Mental Health Commission of Canada, 2021). For example, an Ontario study found that the average wait times for mental health care for the Black Caribbean population was 16 months, in comparison to seven months for the white population (Anderson et al., 2015). These disparities deter Black Canadians from accessing mental health services and other forms of mental health care provision (e.g., community health and wellness services). A recent survey of 8,000 Ontario residents in 2016 found that despite Black Canadians reporting significantly more stressful life events, they reported less use of mental health services than white Canadians (Grace et al., 2016). One reason for the lack of utilization of mental health services by Black Canadians may be the under-representation of Black mental health professionals in service delivery, which is a common obstacle that limits accessibility (Taylor & Kuo, 2019). The following section examines the historical context of Black Canadians and African Nova Scotians in Canada, an important factor in their experience of mental health care inaccessibility.

**African Nova Scotian History**

The term "African Nova Scotian" encompasses two distinct groups. The first meaning refers to all members and descendants of the 52 land-based Black communities in Nova Scotia from 1605 onwards, which includes descendants of enslaved peoples, Black Loyalists, and Black Refugees, as well as Jamaican Maroons. African Nova Scotians are a distinct people who settled in the province now known as Nova Scotia. However, the term "African Nova Scotian" or "Black Nova Scotian" can also refer to the second meaning: all persons of African descent (Black) living in Nova Scotia, whether through birth, immigration, or resettlement (Nova Scotia Community College, n.d.). In contrast, the broader term "Black Canadian" refers to people of African or Caribbean ancestry who are citizens or permanent residents of Canada (BC Black History Awareness Society, n.d.). In summary: African Nova Scotian refers to a specific ethnic group local to the province of Nova Scotia, whereas Black Canadian refers to a larger ethnic group local to the entire country of Canada. A person who identifies as an African Nova Scotian can also be identified as a Black Canadian, but not all Black Canadians are considered African Nova Scotians. For the purposes of this paper, the term "African Nova Scotian" is focused on the first definition relating to members and descendants of the 52 land-based Black communities in Nova Scotia, while the term "Black Canadian" may be used at times to refer to the entire Black population in Canada, inclusive of African Nova Scotians.

African Nova Scotians constitute the largest multi-generational community of Black Canadians, with a presence in Nova Scotia spanning around 400 years (Jean-Pierre, 2021). This population experienced slavery for over 120 years through customary enforcement by the courts, living in a society designed to provide power, opportunities, and resources to the majority white Nova Scotian population (Williams, 2013). A racially motivated power dynamic has continued to exist, even after the formal abolition of slavery, and one relatively

contemporary example of this power dynamic lies in the history of Africville, which was an African Nova Scotian community in Halifax. In 1960, the Canadian government deemed it a slum and called for its redevelopment. Despite protest from Africville residents, the government bulldozed their homes and displaced them into housing projects throughout the province (Rutland, 2011). It has been argued that the main ideology in Nova Scotia that underpinned these events was rooted in the belief in Anglo-Celtic racial superiority (Pachai, 2007). This ideology was used against the Black settlers of Africville to displace them under the guise of industrialisation (Pachai, 2007).

This destruction of African Nova Scotian communities and forced assimilation continued in all aspects of contemporary society. For example, Black and white students who were mostly residing in segregated neighbourhoods started to integrate in 1964. As a result of this process, Black students were bused into schools with predominantly white student populations while the local Black schools were being closed (Pachai, 2007). These incidents further serve to highlight how local Black residents were displaced and forced to assimilate into the governing culture. Taken together with the story of Africville, this example shows that the history of African Nova Scotians is filled with trauma and misuse of power under the aegis of authoritative and governmental figures who controlled every aspect of Black residents' lives for years, due to a false belief in racial superiority (Pachai, 2007). This history is recent and continues to have an impact on the lives and mental health of current members of this population.

## Cultural competency as a solution for care inequalities for Black Canadians

Bassey and Melluish (2013) view cultural competency as the primary solution for eradicating the inequalities that exist in mental health services. In the context of Canada, cultural competency must be implemented with an understanding of the complex history of African Nova Scotians and Black Canadians. Particular attention should be paid to the displacement and racism that they have faced in this country, as well as the impact it has had not only on their mental health, but also on their ability to trust a governmental institution for the purpose of receiving much-needed support. African Nova Scotians represent 2% of the population within the province (Williams, 2013). As of 2021, the population of Black Canadians accounts for 4.3% of Canada's total population (Statistics Canada [SC], 2023).

Despite global initiatives to counter racism and discrimination in mental health care, these issues continue to persist for Black Canadian residents in modern society (SC, 2023). In total, 58% of Black Canadians have reported experiencing discrimination due to their race and/or culture in the five years before the COVID-19 pandemic (SC, 2023). Research has shown that experiencing race discrimination is a significant contributor to the prevalence of psychological distress that is overly present in the Black community (Kinouani, 2021). This has been linked to psychological suffering, examples of which include depression, anxiety, psychosis, and trauma (Kinouani, 2021). A 2022 study about the prevalence and effects of racial discrimination among Black individuals in Canada found that rates of depression among Black Canadians were six times higher than among the general population (Cénat et al., 2022).

The history and experiences of race discrimination against African Nova Scotians and Black Canadians in Canada have created a barrier to their accessing mental health care (Fante-Coleman & Jackson-Best, 2020; Jean-Pierre, 2021). The effects of colonialism have created a form of collective dissociation within the Black community, as they tend to create boundaries to protect their personal sovereignty, separating their emotions and internal world from others to protect their psychological independence, self-determination, self-governance, and freedom from unwanted intrusion from people of authority (Kinouani, 2021). People of colour

have different access to health care than the majority of white people in Western countries, and research has shown that they are more likely to develop a variety of health conditions due to several social factors, including stigma (Gibson et al., 2021). In addition, as marginalized people, they frequently have their cultural needs disregarded or blamed as a factor in the development of long-term illnesses, adding to their distress and poor psychological health (Gibson et al., 2021). Studies have shown that, among ethnic minorities, there is a reluctance to seek help, which accounts for their lower use of mental health services (Chiu et al., 2018). These findings demonstrate some of the barriers present in the accessibility of mental health care for Black Canadians, as well as a reluctance among the community to seek mental health support.

This research seeks to explore the experiences of mental health care service use by African Nova Scotians and/or Black Canadians from the perspective of this community group. Through interviews with service users of the target population and a mental health professional with extensive experience supporting the target population, this study will explore whether cultural competency is a potential solution to the problem of mental health care accessibility for Black Canadians in a Canadian context. This paper seeks to explore the experiences of Black Canadians in using mental health care services, in an attempt to examine how the concept of cultural competency could be implemented and tailored to this specific population and to answer the following research question: how is cultural competency practised in Canadian mental health care systems with respect to Black Canadians?

## Methods

Recruitment involved research into local, Nova Scotia-based non-profit organizations related to advocacy for the African Nova Scotian community, for the purpose of seeking mental health professionals and community members who would volunteer their participation. In addition, recruitment was conducted through advertisements on community social media pages and word of mouth via the researcher's own personal network for members who self-identified as Black Canadians. The study used the following inclusion criteria:

1. Participants must currently be residing in Canada.
2. Participants must self-identify as either Black Canadian and/or African Nova Scotian.
    i. As an exception to this, mental health professionals who do not self-identify this way must have experience working with patients that self-identified as either Black Canadian and/or African Nova Scotian.
3. Participants must have accessed the mental health care system in Canada previously.
    i. As an exception to this, participants who have not accessed the mental health care system in Canada previously must self-identify as having a mental health diagnosis.

A semi-structured interview guide consisting of 11 questions was used to facilitate the virtual interview (See Appendix A). All interviews were conducted via Microsoft Teams. Data were collected using the recording and transcription software of Microsoft Teams. The transcription was reviewed while listening to the recording afterwards, and it was amended as necessary to ensure accuracy. Ethics approval was received from the University of East London.

### Participants

Five female participants all above the age of 18 took part in the current study. Four participants self-identified as Black Canadian, and they represented the user experiences group. The fifth participant self-identified as white but worked as a mental health professional supporting African Nova Scotians,

and she represented the professional experiences group.

### Data Analysis

The transcripts were inductively analyzed in six phases according to the method of thematic analysis developed by Braun and Clarke (2006). During the first phase, the transcripts were reviewed several times and initial impressions were noted. During the second phase, complete codes were developed based on the data, and the data was collated according to similarities. During the third phase, the codes were reviewed and organized into potential themes. During the fourth phase, the themes were reviewed and used to generate a framework for analysis. During the fifth phase, the themes were analyzed and refined into superordinate and subordinate themes. During the sixth phase, extracts from the transcripts were assigned to each theme to assist in producing a report that answers the research question. The superordinate and subordinate themes generated from the data are outlined in Table 1.

**Table 1**
*Superordinate and Subordinate Themes Describing Barriers to Mental Health Care Accessibility for Black Canadians*

| Superordinate Themes | Subordinate Themes |
|---|---|
| 1. No Blacks Allowed | 1.a This is for us<br>1.b Not for us<br>1.c Seat at the table |
| 2. Bad Apples (Spoil the Bunch) | 2.a We can only trust ourselves<br>2.b Gatekeeping<br>2.c Training isn't everything |
| 3. Intrinsic Understanding | 3.a They don't know us<br>3.b You need to understand me to treat me |

### Results

### Theme 1: No Blacks Allowed

The first superordinate theme, "No Blacks Allowed," refers to how Canadian society, including mental health care, is orientated to exclude Black Canadians from consideration in the development of a service meant for all residents. It is reminiscent of the signage placed on businesses during the segregation period in the early 1900s in Canada, during which, although Black people were technically no longer enslaved, they were not welcome in society and in the workforce (African Nova Scotian Affairs, n.d.). Similarly, all of the study participants voiced the sentiment that Black people do not feel welcome in the Canadian mental health care system, and that the system was not created with them in mind. This superordinate theme consists of three subordinate themes: *this is for us, not for us,* and *seat at the table.* "This is for us" refers to the need for Black Canadians to be brought into the mental health care system in Canada (voluntarily), and to feel that this service is also meant for them. It also refers to the need within Black Canadian culture to better understand the importance of mental health, and to acknowledge and respect it within the community so that those suffering from mental illness are willing to access support. Participant 4's (P4) testimony encompasses this theme:

> *P4: I think there might be, there might also be a sort of stigma in terms of actually accessing the mental health system from Black people that exists, as well as, when you do approach it, you're not necessarily believed, in the same way, as white people are believed. Almost like you need to be in more pain, and really exhibiting the pain, to, you know, to get the treatment. So yeah, it's not just, it's not just the system, it's also, I think, the culture. There's not as much acceptance, from the community, from the Black community of mental health professionals, and seeking that treatment as there should be.*

The subtheme "Not for us" refers to the current failings of Canadian mental health care due to its lack of accessibility for Black Canadians. Lastly,

"Seat at the table" refers to the limited amount of representation Black Canadians have in mental health care, and if resolved this could be part of the solution for improving accessibility for Black Canadians. Together, these subthemes support the notions of the superordinate theme, demonstrating the adversities that Black Canadians experience when accessing the mental health care system in Canada.

***This is for us***

Most participants described the attitudes of their cultural group members toward mental health being filled with denial and disapproval. This was particularly the case for Participant 5 (P5) and P4 who described a stigma within their communities with respect to accessing mental health services. P4 described the stigma within the Black community toward mental health as being a product of past mistreatment from mental health professionals. Stigma is a significant deterrent in accessing mental health care, as it creates stereotypes about people with mental illness that harm social opportunities for the individual due to discrimination and prejudice from others in society (Corrigan, 2004). In this circumstance, the participants have described a stigma among the Black community that deters individuals in need of mental health support from accessing much-needed care. In addition, P4 provided an example of the racial bias that persists in health care settings in terms of pain perception and recognition from professionals. This racial bias stems from slavery days, when white people assumed that Black people felt less pain: this assumption was used as a means to justify the inhumane treatment of enslaved Black people (Trawalter & Hoffman, 2015). This bias has also permeated Black culture, with cultural group members giving in to this false belief that they are superhuman and can better withstand pain (Trawalter & Hoffman, 2015).

Part of making Black Canadians aware of mental health services and encouraging them to utilize these services involves eliminating the racial disparities in accessibility and utilization of mental health services (Copeland & Butler, 2007). Implementing cultural competency into mental health care is one way of combatting these issues, as having a culturally competent mental health professional could involve providing a more personalized treatment plan with consideration of how race and culture can impact one's mental health. This personalization in mental health care may better convey the sentiment that Canadian mental health services exist for Black Canadians and African Nova Scotians to utilize.

***Not for us***

Most participants described how their current experiences in the mental health care system have made them feel as though they were not welcome. Participant 3 (P3) described her experiences of feeling judged by mental health professionals and negative experiences utilizing the public mental health system in Canada. She explained that the mental health professionals she met with made assumptions based on stereotypes regarding Black culture. These stereotypes are examples of implicit bias held by clinicians, which has been associated with a deterioration in patient-physician communication, as well as lower patient ratings of the medical encounter (Williams & Wyatt, 2015). This is evidenced by P3 as she explained how these experiences with implicit bias deterred her from seeking mental health support, despite her having a lengthy history of mental illness. The effects of implicit bias have made this participant feel unwelcome in accessing mental health services in Canada.

Participant 2 (P2) discussed how, despite the current anti-racism training of social workers in Nova Scotia, social workers are still exhibiting Eurocentric, white-centred attitudes in their provision of care. Similarities can be drawn to a UK-based study by Sashidharan and Francis (1999) that discusses issues of Eurocentric bias in psychiatry and how it has led to practices and procedures that discriminate against ethnic minorities in the UK. Some examples of this discrimination toward Black people in psychiatric care include alienating Black patients from accessing services, over-diagnosing schizophrenia in Black patients, and the overwhelming number of Black people

involuntarily committed (Sashidharan & Francis, 1999). The dominance of Eurocentrism in mental health care in Canada (Li & Browne, 2000) further exhibits the lack of consideration and inclusion of the cultural diversity of Black Canadians in care and what they may need in terms of mental health support. However, one possible solution to this issue that was brought up by participants during their interviews was to have a more diverse workforce in mental health care.

***Seat at the table***

All of the participants discussed the importance of having a mental health professional from either the same cultural or racial background as the client. Participant 1 (P1) suggested that representation affects her experiences utilizing the public mental health care system in Canada and noted the lack of diversity among professionals. P1 brought up the importance of representation in mental health care and explained that seeing that there are professionals working in mental health care who are from the same background as her gives the impression that these services are not only accessible but also directed toward her. Earlier in her interview, P1 talked about the hesitancy of her culture to access care, and she provided a possible solution to this hesitancy in the form of increasing and understanding the importance of representation in mental health care.

Anti-Black racism is defined as a form of racism specifically directed against Black people and their resistance to oppressions (Benjamin, 2011). Its existence in Canada continues to negatively impact education and schooling for Black students (Lopez & Jean-Marie, 2021), which hinders opportunities for newer generations of Black Canadians to pursue higher education—including higher education to become mental health professionals. Thus, it is clear that to address the issue of under-representation in Canadian mental health care, one must also address the issue of anti-Black racism in Canadian society and institutions. Overall, the interviews with participants conveyed the importance of Black Canadians having a seat at the table in mental health care, and how this may increase accessibility for them in Canadian mental health care.

**Theme 2: Bad Apples (Spoil the Bunch)**

The second superordinate theme, "Bad Apples (Spoil the Bunch)," refers to the iniquities and debasement present in Canadian mental health institutions for Black Canadians. The interviews with participants convey testimonies of negative experiences among Black Canadians within the mental health care system in Canada (bad apples) that have negatively impacted their desire to seek necessary mental health support (spoil the bunch). Participants described negative situations experienced by them, their families, and other cultural group members during interactions with mental health professionals and those in positions of authority. For example, P3 expressed a general mistrust felt among her community members in accessing mental health services:

> *P3: Umm, in my opinion, no. I think it's accessible—I don't think it's accessible for Black Canadians. I don't think there's a lot of understanding or catering of services for Black Canadians. I think that I know many members of my family and my community that require mental health services but are extremely reluctant to access due to fear and past negative experiences. I think that if professionals took the time to explore those testimonies and understand us, then we would find more comfort in assessing these services—accessing these services.*

This theme consists of three subordinate themes: *we can only trust ourselves, gatekeeping,* and *training isn't everything.* "We can only trust ourselves" refers to the phenomenon present within Black Canadian culture—described by participants—in which cultural group members tend to have a preference in trusting only other members of their own cultural group. Participants described a fear and mistrust present within their community when it comes to accessing mental health support services in Canada, resulting from past negative

experiences. The second subtheme "gatekeeping" refers to the institutional policies and practices in place that limit the access of Black Canadians to mental health care. Lastly, "training isn't everything" refers to sentiments among some of the participants that training existing mental health professionals to have more awareness of Black Canadian culture may not be enough to make a change in accessibility for Black Canadians. They discussed issues they had personally experienced with mental health professionals that they did not trust could be resolved with new training alone. Some participants described other improvements to consider implementing in addition to cultural competency training as a possible solution. Together these subthemes support the sentiment of the superordinate theme: Black Canadians have experienced adversities in mental health care that have impacted their accessibility and willingness to seek mental health support in Canada.

***We can only trust ourselves***

Some of the participants described how one of the barriers present in accessing mental health care in Canada was the issue of trust. They described two issues of trust in mental health care: (a) a general distrust within the Black community around speaking to mental health professionals, and (b) a distrust around speaking to mental health professionals who were not from the same cultural background as them. P4 expressed that there was a general mistrust among her community members in accessing mental health services due to negative experiences and provided examples from her community. P4 also discussed issues of mistreatment, misdiagnosis, and involuntary treatment present in the experiences of Black friends and family members in her cultural group. These observations from P4 are present not only within her community but also in the experiences of Black Canadians and Black Americans across North America (Gran-Ruaz et al., 2022). The Centre for Addiction and Mental Health (CAMH) has explained that Black Canadians are found to often use mental health services reluctantly or involuntarily in the form of mandated services (Taylor & Kuo, 2019). Another study found that Black Canadians are being overdiagnosed and misdiagnosed as having schizophrenia and are overmedicated as a result, and these issues are due to racial biases and a lack of culturally informed clinicians (Faber et al., 2023). These are only a couple of examples to demonstrate the lengthy history of Black Canadians facing mistreatment in mental health care. However, these experiences have understandably caused a mistrust of mental health professionals, as expressed by the participants in their interview.

***Gatekeeping***

Many of the participants described instances of gatekeeping present in Canadian mental health care. They provide examples of both intentional gatekeeping and gatekeeping as a by-product of ignorance about the needs of Black Canadians in mental health services. Furthermore, when P2 discussed her experiences as a professional in mental health service delivery in Nova Scotia, she too brought up issues of gatekeeping. She explained that there is a barrier in Nova Scotian mental health care for all residents in that services are only offered for those experiencing a major mental health crisis. However, P2 also mentioned that Black people have an additional barrier in accessing mental health support due to inadequate service providers. She pointed out that the extremely limited availability of Black psychiatrists and psychologists in Nova Scotia means that African Nova Scotians have limited recourse to avoid non-culturally-competent service providers. Additionally, P2 provided a list of examples of institutional racism she had observed in Nova Scotian mental health care. Institutional racism is the organization of procedures within an institution that negatively impact minorities (Etoroma, 2020). In P2's observation, this was exhibited through the exclusion and lack of consideration of issues that may affect African Nova Scotians in the provision of mental health care. For instance, the rhetoric around the term "color-blind institution" is an example of colour-blind racial ideology, which promotes the denial,

minimization, and distortion of race and racism (Neville et al., 2006). This ideology in psychology has been thought to isolate racial minorities from seeking or remaining in counselling services, due to the minimization of the potential influence of race and ethnocultural factors on the therapeutic process (Neville et al., 2006). By ignoring the importance and impacts of culture and race on mental health, mental health services cannot adequately support African Nova Scotians. Another example of institutional and systemic racism can be seen in mental health care wait times for Black Canadians: young Black Canadians wait twice as long as other young Canadians to access mental health services, with a lack of funding for appropriate psychological services and mental health professionals being cited as an underlying cause (Fante-Coleman & Jackson-Best, 2020). Institutional racism in Canadian mental health care functions as a method of gatekeeping, preventing Black Canadians from accessing appropriate mental health support.

***Training isn't everything***

When asked about their thoughts on implementing mandatory cultural competency training, many of the participants indicated feeling hesitant about whether training alone would be enough to resolve the issue of accessibility for Black Canadians. They all acknowledged the importance of training but differed in their suggestions for implementation. Both P3 and P4 indicated that while they believe mental health professionals should engage in mandatory cultural awareness training, they had doubts around whether mental health professionals would apply the knowledge gained from training. One potential obstacle is white fragility, defined by DiAngelo (2011) as a state in which "even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves" such as displays of anger, guilt, or fear (p. 54). P2 proposed a combined training intervention to counter the effects of white fragility, strategically ensuring that the training facilitators are white and having participants discuss racial issues in mental health care among other white mental health professionals. This suggestion is meant to combat the fears that underpin the experience of white fragility. Together, the participants emphasized the importance of considering a combination of different factors when implementing cultural competency training, as they believe training alone would not be sufficient in resolving the issues in mental health care.

**Theme 3: Intrinsic Understanding**

The third superordinate theme, "Intrinsic Understanding" refers to the phenomenon in which participants expressed a preference for mental health professionals from the same cultural background. They described feeling immediately more understood due to the mental health professional's cultural background matching their own. From a professional perspective, P2 highlighted the need for cultural understanding in mental health service provision:

> *P2: I think it's absolutely essential uhh [pause] for the reasons that I just stated. You can't begin to understand and distinguish the variables that are involved in the severity of someone's mental health issue if you don't know its origin, and if you don't understand issues of racism and white supremacy or intergenerational trauma in the experience of people of African descent, you have absolutely no way, I've understood. So, for example, so much in so much mental health history, you know, there's misdiagnosis of Black people, there's psychiatric misdiagnosis, there's overdiagnosis and underdiagnosis and different areas. There's no understanding of the culture. There are assumptions that are made about poverty, assumptions that are made about violence, assumptions that are made about suicidality.*

This theme consists of two subordinate themes: *they don't know us* and *you need to understand me to treat me.* "They don't know us" refers to the impact of ignorance from mental health professionals in the provision of mental health support. "You need to understand me to treat

me" refers to the concept expressed by participants in their testimonies that education and understanding of cultural differences is imperative in order to provide culturally appropriate mental health services. The second subtheme focuses on the importance of education in cultural competency.

***They don't know us***

Most of the participants expressed the importance of needing to feel understood by the mental health professional when accessing mental health care. They also described their negative experiences with mental health professionals who did not understand the cultural dynamics present within their community. P1 described her experiences of judgement from white Canadian counsellors in her interview. Additionally, P5 discussed the implications of receiving support from a mental health professional outside of her cultural background. P5 expressed that there was a different dynamic present in the therapeutic relationship among her Black family and friends compared with the dynamic present in their experiences with white mental health professionals. She provided an example of the tone-deaf suggestions that were provided by these professionals, who had no understanding of the cultural attitudes toward mental health care and the complex parent-child dynamic within the Black community. In a study focused on African Nova Scotian youths' experiences in mental health care, it was found that among the African Nova Scotian community there was denial of the existence of mental illness and neglect in seeking mental health support (Waldron et al., 2023). Understanding these dynamics present within the African Nova Scotian and Black Canadian communities is fundamental to ensuring that support provided by mental health professionals is culturally appropriate. P4 reiterated this importance in her explanation of the limitations of mental health professionals from different cultural backgrounds. She also called into question the likelihood that clients would follow advice provided by mental health professionals perceived to lack knowledge and understanding of the clients' culture.

***You need to understand me to treat me***

Many of the participants expressed the importance of education and understanding of cultural background in the provision of mental health care. They argued that an understanding of Black culture is essential to providing treatment in mental health support. P5 illustrated the importance of a mental health professional having cultural knowledge before providing advice, explaining that advice given by a mental health professional without an adequate cultural understanding can have negative implications for the client. She described that, due to the power dynamics present in a parent-child relationship in her culture, following the advice of a mental health professional who lacks cultural awareness could result in the client's isolation and alienation from their family.

P2 discussed the effects of white supremacy and intergenerational trauma for Black people in Canada. White supremacy refers to the perpetuation of systemic exploitation and oppression of non-white people by white people in society (Blay, 2011), while intergenerational trauma refers to the concept that individuals continue to experience the effects of trauma that was experienced by family members from previous generations (Phipps & Degges-White, 2014). Intergenerational trauma and racial discrimination, resulting from white supremacist ideology in Canada, are significant issues for Black Canadians and can result in the intergenerational transmission of depression (Smith & Doyle, 2022). Therefore, it is extremely important for mental health professionals to understand the underpinnings of racism, intergenerational trauma, and white supremacy that exist in Black Canadian culture, in order to be equipped to provide culturally-appropriate treatment.

## Conclusion

This study explored the use of Canadian mental health care services by Black Canadians

and/or African Nova Scotians. There is a lack of accessibility in the provision of mental health services for this target population in Canada (Fante-Coleman & Jackson-Best, 2020). The goal of this study was to examine participants' experiences to uncover knowledge that may explain why these issues exist and to ascertain whether the implementation of a cultural competency model in Canadian mental health care would be an appropriate method of resolution. There is a dearth of research focused on cultural competency in Canadian mental health care for African Nova Scotians and Black Canadians (Waldron et al., 2023). Thus, this study aims to address this limitation in the research and provide more insight on this subject, in efforts to contribute to the literature and offer possible solutions for improvement of this issue in Canadian mental health care. This research aims to advocate for cultural competency practice to be mandated within the service delivery of the Canadian mental health care system, so that marginalized groups like African Nova Scotians and Black Canadians can receive appropriate mental health support.

The study's thematic analysis yielded three superordinate themes and eight subordinate themes. The three superordinate themes were "No Blacks Allowed," "Bad Apples (Spoil the Bunch)," and "Intrinsic Understanding." Taken together, these three themes further demonstrated the findings that Black Canadians experience barriers in accessing care, highlighted structural and institutional issues that are barriers to care, and showcased the importance of cultural competency in mental health service provision. Findings from this study are consistent with previous research, suggesting that there continue to be issues with accessibility for Black Canadians in mental health care. Findings also highlighted the importance of cultural awareness and understanding in consideration of appropriate mental health service delivery.

All participants acknowledged the importance of cultural awareness training and understanding and indicated an interest in implementing mandatory cultural awareness training for mental health professionals. This suggests Black Canadians are currently experiencing barriers to accessibility related to a lack of cultural awareness from professionals and could benefit from the implementation of cultural competency in Canadian mental health care as a potential solution. Findings from the present study suggest practical implications and highlight potential areas for future research.

In addition, the current findings support the need for adequate cultural competency training to be mandated in mental health service delivery. However, the specific instructional framework of the training model remains to be seen. This is another area for future research to explore, examining the framework of any existing cultural competency training offered in Canadian mental health care and developing a model that is effective in ensuring the cultural competence of all mental health professionals in the field. Future research could benefit from the findings in this study that demonstrate participants' feelings of being ostracized and unwelcome, as well as the important role that culture plays in the target population's daily lives. It would be useful to understand and consider these factors underpinning the population's experiences when developing a model of cultural competency training that is inclusive and supportive of Black Canadians accessing mental health care.

**Limitations**

This study is limited through its focus of the Black Canadian experiences from only female perspectives. There were no male participants who volunteered to share their experiences with the researcher. It is possible this is due to the tendency for Black males to conceal their emotions as a result of male gender socialization and marginalization (Watkins et al., 2010). Participants in this study focused on user experiences in mental health care, and this is a vulnerable subject that may not appeal to those who are wary of discussing emotions, especially with strangers. The researcher found it difficult to recruit Black Canadian and/or African Nova Scotian participants, whether male or female, to participate in this research study.

There appeared to be a general reluctance among cultural group members to participate in this study, which is consistent with research findings. Another limitation of this study is that the "Black" experience is combined, as all user-experience participants identified as Black Canadian, and none identified as African Nova Scotian. Although this is informative work, it is not meant to provide a monolithic description of the Black Canadian experience, and as no participant identified as African Nova Scotian, the user-experience participants' perspectives may not be an accurate representation of the mental health experience of African Nova Scotians.

Overall, future research focusing on the implementation of a standardized cultural competency practice in Canadian mental health care has the potential to improve the mental health outcomes of Black Canadians and African Nova Scotians nationwide.

**References**

African Nova Scotian Affairs. (n.d.). *African Heritage Month narratives: Week three.* Government of Nova Scotia. https://ansa.novascotia.ca/content/african-heritage-month-narratives-week-three

American Psychiatric Association. (2022, November). *What is mental illness?* https://www.psychiatry.org/patients-families/what-is-mental-illness

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.org/10.1503/cmaj.141420

Bassey, S., & Melluish, S. (2013). Cultural competency for mental health practitioners: A selective narrative review. *Counselling Psychology Quarterly, 26*(2), 151–173. https://doi.org/10.1080/09515070.2013.792995

BC Black History Awareness Society. (n.d.). *Definitions*. https://bcblackhistory.ca/definitions/

Benjamin, A. (2011). Afterword: Doing anti-oppressive social work: The importance of resistance, history and strategy. In D. Baines (Ed.), *Doing anti-oppressive practice: Social justice social work* (2nd ed., pp. 290–297). Fernwood Publishing.

Blay, Y. A. (2011). Skin bleaching and global white supremacy: By way of introduction. *Journal of Pan African Studies, 4*(4), 4–46. https://www.ebony.com/wp-content/uploads/2016/06/Skin20Bleaching20and20White20Supremacy.pdf

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Cénat, J. M., Hajizadeh, S., Dalexis, R. D., Ndengeyingoma, A., Guerrier, M., & Kogan, C. (2022). Prevalence and effects of daily and major experiences of racial discrimination and microaggressions among Black individuals in Canada. *Journal of Interpersonal Violence, 37*(17–18), NP16750–NP16778. https://doi.org/10.1177/08862605211023493

Chiu, M., Amartey, A., Wang, X., & Kurdyak, P. (2018). Ethnic differences in mental health status and service utilization: A population-based study in Ontario, Canada. *Canadian Journal of Psychiatry, 63*(7), 481–491. https://doi.org/10.1177/0706743717741061

Copeland, V.C., & Butler, J. (2007). Reconceptualizing access: A cultural competence approach to improving the mental health of African American women. *Social Work in Public Health, 23*(2–3), 35–58. https://doi.org/10.1080/19371910802148263

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, *59*(7), 624–625.

https://doi.org/10.1037/0003-066x.59.7.614

DiAngelo, R. (2011). White fragility. *International Journal of Critical Pedagogy, 3*(3), 54–70.

Etoroma, E. E. (2020). The deep roots of anti-Black institutional racism in Canada. *Social Science, Humanities and Sustainability Research*, *1*(2), 65–74. https://doi.org/10.22158/sshsr.v1n2p65

Faber, S. C., Roy, A. K., Michaels, T. I., & Williams, M. T. (2023). The weaponization of medicine: Early psychosis in the Black community and the need for racially informed mental healthcare. *Frontiers in Psychiatry*, *14*, Article 1098292. https://doi.org/10.3389/fpsyt.2023.1098292

Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review, 5*(2), 115–136. https://doi.org/10.1007/s40894-020-00133-2

Gibson, B., Schneider, J., Talamonti, D., & Forshaw, M. (2021). The impact of inequality on mental health outcomes during the COVID-19 pandemic: A systematic review. *Canadian Psychology, 62*(1), 101–126. https://psycnet.apa.org/doi/10.1037/cap0000272

Grace, S. L., Tan, Y., Cribbie, R. A., Nguyen, H., Ritvo, P., & Irvine, J. (2016). The mental health status of ethnocultural minorities in Ontario and their mental health care. *BMC Psychiatry, 16*, Article 47. https://doi.org/10.1186/s12888-016-0759-z

Gran-Ruaz, S., Feliciano, J., Bartlett, A., & Williams, M. T. (2022). Implicit racial bias across ethnoracial groups in Canada and the United States and Black mental health. *Canadian Psychology*, *63*(4), 608–622. https://psycnet.apa.org/doi/10.1037/cap0000323

Jean-Pierre, J. (2021). How African Nova Scotians envision culturally relevant and sustaining pedagogy as civic repair. *British Journal of Sociology of Education, 42*(8), 1153–1171. https://doi.org/10.1080/01425692.2021.1981247

Kinouani, G. (2021). *Living while Black: The essential guide to overcoming racial trauma.* Ebury Publishing.

Li, H. Z., & Browne, A. J. (2000). Defining mental illness and accessing mental health services: Perspectives of Asian Canadians. *Canadian Journal of Community Mental Health, 19*(1), 143–159. https://doi.org/10.7870/cjcmh-2000-0008

Lopez, A. E., & Jean-Marie, G. (2021). Challenging anti-Black racism in everyday teaching, learning, and leading: From theory to practice. *Journal of School Leadership, 31*(1–2), 50–65. https://doi.org/10.1177/1052684621993115

Mental Health Commission of Canada. (2021, February 12). *Shining a light on mental health in Black communities.* https://mentalhealthcommission.ca/resource/shining-a-light-on-mental-health-in-black-communities/

Neville, H., Spanierman, L., & Doan, B.-T. (2006). Exploring the association between color-blind racial ideology and multicultural counseling competencies. *Cultural Diversity and Ethnic Minority Psychology, 12*(2), 275–290. https://doi.org/10.1037/1099-9809.12.2.275

Nova Scotia Community College. (n.d.). *NSCC Black Community Council*. Retrieved April 3, 2024, from https://www.nscc.ca/about/vision-and-values/human-rights-equity-services/black-community-council/index.asp

Pachai, B. (2007). *The Nova Scotia Black experience through the centuries*. Nimbus Publishing.

Palay, J., Taillieu, T. L., Afifi, T. O., Turner, S., Bolton, J. M., Enns, M. W., Smith, M., Lesage, A., Bakal, J. A., Rush, B., Adair, C. E., Vigod, S. N., Clelland, S., Rittenbach, K., Kurdyak, P., & Sareen, J. (2019). Prevalence of mental disorders and suicidality in Canadian provinces. *Canadian Journal of Psychiatry*, *64*(11), 761–769. https://doi.org/10.1177/0706743719878987

Phipps, R. M., & Degges-White, S. (2014). A new look at transgenerational trauma transmission: Second-generation Latino immigrant youth. *Journal of Multicultural Counseling & Development*, *42*(3), 174–187. https://psycnet.apa.org/doi/10.1002/j.2161-1912.2014.00053.x

Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No health without mental health. *Lancet, 370*(9590), 859–877. https://doi.org/10.1016/s0140-6736(07)61238-0

Rutland, T. (2011). Re-remembering Africville. *City, 15*(6), 757–761. https://doi.org/10.1080/13604813.2011.595595

Sashidharan, S. P., & Francis, E. (1999). Racism in psychiatry necessitates reappraisal of general procedures and Eurocentric theories. *BMJ*, *319*(7204), 254. https://doi.org/10.1136/bmj.319.7204.254

Smith, L.-T., & Doyle, E. M. (2022). Preparing student therapists to work with Black mental health: Attending to the social and institutional organization of “culture” in Canadian counsellor education. *Canadian Psychology*, *63*(4), 623–636. https://psycnet.apa.org/doi/10.1037/cap0000343

Statistics Canada. (2023, February 1). *Black History Month 2023 ... by the numbers.* Retrieved April 15, 2023, from https://www.statcan.gc.ca/en/dai/smr08/2023/smr08_270

Taylor, R. E., & Kuo, B. C. H. (2019). Black American psychological help-seeking intention: An integrated literature review with recommendations for clinical practice. *Journal of Psychotherapy Integration, 29*(4), 325–337. https://psycnet.apa.org/doi/10.1037/int0000131

Trawalter, S., & Hoffman, K. M. (2015). Got pain? Racial bias in perceptions of pain. *Social and Personality Psychology Compass, 9*(3), 146–157. https://psycnet.apa.org/doi/10.1111/spc3.12161

Waldron, I., Senger, B., Cookey, J., Crown, M., & Tibbo, P. (2023). Addressing stigma and promoting help-seeking among African Nova Scotian youth experiencing psychosis and other mental health problems. *Canadian Journal of Psychiatry*, *68*(3), 200–207. https://doi.org/10.1177/07067437221125305

Watkins, D. C., Walker, R. L., & Griffith, D. M. (2010). A meta-study of Black male mental health and well-being. *Journal of Black Psychology*, *36*(3), 303–330. https://doi.org/10.1177/0095798409353756

Williams, D. R., & Wyatt, R. (2015). Racial bias in health care and health: Challenges and opportunities. *JAMA, 314*(6), 555–556. https://doi.org/10.1001/jama.2015.9260

Williams, M. Y. (2013). African Nova Scotia restorative justice: A change has gotta come. *Dalhouse Law Journal, 36(2)*, 419–459. https://digitalcommons.schulichlaw.dal.ca/cgi/viewcontent.cgi?article=2019&=&context=dlj

World Health Organization. (2004). *Promoting mental health: Concepts, emerging evidence, practice: Summary report.*

## Appendix A

## Semi-Structured Interview Guide

| Question Numbers | Questions for service users | Questions for professionals |
|---|---|---|
| 1 | Tell me a bit about your cultural background. | |
| 2 | Does your culture play a role in your daily life? If yes/no, please explain. | Have you noticed whether the culture of your patients plays a role in their daily lives? If yes/no, please explain. |
| 3 | Do you think your culture has an impact on your mental health? If yes, how so? If not, why not? Prompt: What do you think would impact your experience? | Do you think culture has an impact on your patient's mental health? If yes, how so? If not, why not? Prompt: What do you think has an impact on patient experience? |
| 4 | Do you think it is important for a health care professional to be educated about your culture? If so, why? If not, why not? | Do you think it is important for a health care professional to be educated about the culture of their patients? If so, why? If not, why not? |
| 5 | Have you used the mental health care system here in Canada (public/private)?<br>a. If yes, how was your experience accessing these services?<br>b. If not, why not? | How long have you been working as part of the mental health care system here in Canada? Have you worked in the public or private sector (or both)? How have your experiences been working for these services? |
| 6 | If a mental health professional is from the same cultural background as you, do you think it would make a difference to your experience of services? Prompt: What do you think makes the most difference in terms of your experience of services? | If a mental health professional is from the same cultural background as their patient, do you think it would make a difference to their experience of services? Prompt: What do you think makes the most difference in terms of a patient's experience of services? |
| 7 | Have you had a mental health professional from the same cultural background? If yes, what was it like? | Have you had a patient from the same cultural background as you? If yes, what was it like to work with them? |
| 8 | Do you think mental health professionals should have mandatory training in awareness of different cultures? If yes/no, please explain. | |
| 9 | If you could change something about mental health care in Canada, what would it be? | |
| 10 | Do you find that mental health care in Canada is accessible for Black Canadians? If yes, how so? If not, how not? | |
| 11 | Do you have anything else to add? | |