

## Prioritizing Anti-Racism in YWHO – Examples of Actions that Demonstrate a Real Commitment to Equity

*“Anti-racism is a process, a systematic method of analysis, and a proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities.”* Government of Ontario.<sup>1</sup>

Without focused attention and intentional action to address health inequities, the system will continue to reproduce patterns that benefit the majority, while leaving behind those that are most vulnerable, further exacerbating health inequities. Anti-racism is an entry point to address all inequities, offering a strategic approach to reduce and eliminate all forms of oppression in the mental health system.<sup>2</sup>

This document offers a list of examples of actions Youth Wellness Hubs Ontario (YWHO) could undertake to prioritize anti-racism across the initiative. This list is not exhaustive and is rather meant to offer a starting point to develop a fulsome anti-racism action plan across YWHO as it approaches the end of its demonstration period and the Leadership begins to plan the next phase of the initiative.

### Decisions Required from YWHO Executive:

1. Review the examples of actions below and identify those the YWHO Leadership can commit to and prioritize in the short-term (i.e., within the 2020/21 fiscal year) and actions that need to be integrated as part of the planning for the future phase of YWHO.
2. Support the development and review of an Anti-Racism Action Plan that includes actions approved as well as additional actions not included in this document.
3. Oversee the implementation of the actions and hold accountability for the actions within the scope of the team.

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YWHO Groups	Examples of Actions	Role/Team Most Responsible
YWHO Provincial Leadership	<p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. Diversify decision-making tables when restructuring the YWHO Provincial Leadership for the initiative's next phase, to represent the full diversity of communities served by YWHO sites in Ontario, including prioritizing representation of intersectional lived experiences (i.e., decision makers who are Indigenous, Black and people of colour who also have lived experience of mental health challenges, LGBTQ2S+ identity, lived experience of poverty and/or homelessness, disability, neurodiversity).</li> </ol> <p><b>Why?</b></p> <ul style="list-style-type: none"> <li>• Although no sociodemographic data has been collected for the Backbone, it is recognized that members of YWHO's Backbone Leadership are not representative of the province's full diversity. Particularly salient is the lack of racial diversity in the leadership teams, but there is also limited representation of people who openly self-identify as having lived experience with mental health, addiction or disability challenges, limited ethnic diversity, gender diversity, Indigeneity, neurodiversity and many other factors that are vital for framing perspectives on equity. This composition is not by chance; structural inequities affect hiring policies creating differences in the ability of racialized groups to participate in decision-making tables<sup>3</sup>. A commitment to equity requires diversifying the voices present at decision-making tables and ensuring these are representative of the communities served by the initiative.</li> <li>• A diverse workforce is essential to delivering equitable and culturally effective care to diverse populations.<sup>4,5</sup></li> <li>• Involving those most affected by an issue is essential to the development of <i>relevant, appropriate</i>, achievable and sustainable solutions.<sup>6</sup></li> </ul>	YWHO Executive Director and Backbone Leadership
YWHO Backbone	<p><b>Action:</b></p> <ol style="list-style-type: none"> <li>2. Equity Core Components that are required of sites should also be required of the Backbone, including: a capacity development plan and equity action plan (CC 10); ongoing collection and application of input from youth and families on inclusive</li> </ol>	Backbone Leadership

	<p>access (CC 11); collection and reporting on Backbone staff sociodemographic data for transparency and to inform responding to under-representation (CC 12); prioritizing and backing clinical and cultural services that reflect diverse population groups including French Language services, trauma-informed care, and anti-racist and anti-oppressive services (CC 13).</p> <ol style="list-style-type: none"> <li>3. Develop accountabilities and clearly communicate progress across the Backbone and sites on the actions taken.</li> <li>4. In the medium/long-term, redistribute and adequately resource Shkaabe Makwa and/or other Indigenous partners in the system to continue to actively engage the Provincial Indigenous Youth &amp; Family Advisory (PIYFAC) and inform the future implementation and evaluation plans for scale out so YWHO can adequately meet the needs of First Nation, Inuit and Métis youth across sites.</li> </ol> <p><b>Why?</b></p> <ul style="list-style-type: none"> <li>• One of the goals of YWHO’s Backbone is to coach and support sites to meet the model’s core components. In light of this, the Backbone should hold itself to the same, if not higher, standards for equity that sites are held to. Not adhering to these standards creates a contradiction, risking minimizing the Backbone’s credibility, and thus reducing its ability to effectively support expected shifts in practice, as well as the overall adoption of the model, and ultimately the system transformation the model is intended to generate.</li> <li>• YWHO will need to align itself with PSSP, CAMH and the Centre’s internal organizational anti-racist <b>actions</b> (<i>yet to be determined and released</i>).</li> <li>• Currently, there is only one staff (.5FTE) and one manager (&lt;.2FTE) from Shkaabe Makwa working on the YWHO backbone. This is not enough to mobilize and support all YWHO sites across the province to meaningfully meet the needs of First Nation, Inuit and Métis youth.</li> </ul>	
Hub Services	<p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>5. Engage with local sites to strengthen their approaches to addressing racism through the generation of action plans within the scope of the backbone’s role.</li> <li>6. Allocate funds to hire staff (including mental health counsellors) who are representative of the diverse youth across the province, i.e., service providers</li> </ol>	<p>YWHO Executive Director (decisions re. fund allocation)</p> <p>Backbone Finance and Operations</p>

	<p>who are Black, Indigenous and people of colour, LGBTQ2S+, and people with disabilities and neurodiversity.</p> <ol style="list-style-type: none"> <li>7. Provide clear guidance and rationale to sites around hiring diverse candidates.</li> <li>8. Allocate funding to in-house supports grounded in anti-racist practice that can adequately support needs of youth with mental health challenges who also experience racism. Mainstream mental health supports miss the mark on this and often cause more harm when youth who experience racism need a place to go for support (i.e., having experiences of racism dismissed, questioned, denied, misunderstood, misdiagnosed<sup>TT</sup>).</li> <li>9. Allocate funds to sites to develop and offer culturally-specific services/supports for Black, Indigenous and youth of colour.</li> <li>10. In the absence of in-house supports of this kind, provide financial contributions to the external anti-racist and culturally relevant supports that sites are referring youth to at this time, many of which are grassroots and donation dependent (ex. BlackLine).</li> <li>11. Consult with all sites' stakeholders, especially Kenora, Niagara and North Simcoe to understand the ways in which the model meets and misses the cultural needs of Indigenous youth and communities. Integrate these learnings into future implementation and evaluation plans. This could be part of a knowledge exchange event focused on Indigenous engagement (see item 17).</li> <li>12. For the anti-racism and anti-oppression training for all sites, contract decolonial content creators to develop components focused on decolonization and wellness for people who have lived experience of racism and are not necessarily 'learning' about it. For the LGBTQ2S+ Inclusion training for all sites, contract decolonial content creators who have lived experience of LGBTQ2S+ identity to develop content focused on decolonization and wellness for people who have lived experience of LGBTQ+ identity and are not necessarily 'learning' about it . For the trauma-informed care training, focus on developing curriculum specific to Indigenous trauma-informed practice. Make the aforementioned trainings available to the backbone.</li> </ol> <p><b>Why?</b></p>	<p>Leadership (supporting fund allocation)</p> <p>YWHO Sites (implementing recommendations)</p> <p>Backbone team (engaging local sites, gathering and responding to data on cultural appropriateness of model).</p> <p>Functional Leads &amp; Executive Director (integrating data into future implementation and evaluation plans)</p> <p>Shkaabe Makwa (scope if they would lead consultations and/or knowledge exchange event on Indigenous engagement; lead content creation for training)</p>
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	<ul style="list-style-type: none"> <li>• Studies show that mainstream mental health care was considered inconsistent with the values, expectations, and patterns of help-seeking immigrant, refugee, ethno-cultural and racialized groups<sup>7</sup>. Cultural incompatibility of mental health services acts as a barrier to access for these groups<sup>8</sup>.</li> <li>• A study highlighting the experiences of Black women and women of colour accessing primary health care in Ontario showed that service users were concerned about the lack of anti-racism/anti-oppression skills and cultural competence in the health sector and repeatedly identified the need for a holistic, anti-racist and anti-oppressive approach to service delivery<sup>12</sup>.</li> <li>• Diversifying the workforce of mental health services to reflect the populations served can contribute to the development of more appropriate services<sup>7</sup>.</li> <li>• Without properly resourcing culturally appropriate supports, hubs will struggle to prioritize them.</li> </ul>	<p>Health Equity Team (scope decolonial content creators)</p>
<p>Provincial Indigenous, Youth &amp; Family Engagement</p>	<p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>13. In the short-medium term, develop actions to respond to priorities, recommendations and feedback raised by the YWHO Provincial Indigenous Youth &amp; Advisory Circle, Indigenous staff and leadership connected to YWHO sites, and the Backbone. Use existing knowledge and research available while also involving youth in the co-creation of actions. Organize response actions in immediate, short-term, and long-term and identify teams and/or individuals responsible for each action to increase accountability.</li> <li>14. Support YWHO sites in engaging with First Nations, Inuit and Métis youth, families, and agencies through a culturally grounded process, guided by PIYFAC and Indigenous staff. Shkaabe Makwa staff recommends developing partnerships similar to the one between YWHO and ENAGB, as it can be significantly more effective for an Indigenous Hub Staff to guide a culturally grounded engagement process (see item 6).</li> <li>15. Increase representation of Black, Indigenous and communities of colour with intersectional identities (i.e., also have lived experience of being LGBTQ2S+, living in poverty, living with mental health challenges, disabilities, and neurodiversity) on the Provincial Youth Advisory Council and the Provincial Family Advisory Council, and Provincial Indigenous Family and Youth Advisory Circle, as well as local advisories to better hear and respond to the perspectives of youth and their</li> </ol>	<p>YWHO Executive.</p> <p>Backbone teams: youth/family engagement, Shkaabe Makwa, health equity, evaluation.</p>

families across the province who have been excluded and marginalized from the majority of mainstream supports.

16. Actively collaborate with all YWHO Provincial Advisories in the co-design of Backbone processes and supports that directly impact YWHO sites and actively seek and implement their feedback to improve such supports.
17. Increase lines of communication to hear about and respond to the experiences of service users from diverse priority populations at YWHO sites, including the development of an Indigenous Working Group and knowledge exchange event around Indigenous engagement. This would contribute to the creation of spaces at the hubs that are inclusive of Black, Indigenous, and communities of colour.
18. Engage the PYAC and local hubs to explore the scope this group and local youth advisories could play in leading anti-racist initiatives in their communities. Once scoped, provide funds to support this work.

**Why?**

- YWHO does not have a clear action-oriented strategy to appropriately engage and meet the culturally-specific needs of First Nations, Inuit, and Métis youth across all levels of the initiative. Based on consultations done by Shkaabe Makwa, Indigenous youth and families are not accessing hub services (except for Kenora, North Simcoe, and Niagara) potentially because of the following reasons: (a) there is very limited Indigenous partner engagement so hub services are not being promoted to Indigenous youth and families, (b) the lack of Indigenous staff employed by hubs also decreases trust of Indigenous youth and families wishing to get supports, (c) most sites expressed needing support on building Indigenous partnerships as they are unsure how to engage appropriately with Indigenous partners.
- Indigenous communities know what is best for themselves. Involving those most affected by an issue in leadership is essential to the development of relevant, achievable and sustainable solutions <sup>6</sup>.
- Backbone processes and deliverables that directly impact sites have not been consistently co-designed and co-reviewed with youth. This contradicts YWHO values and principles. Youth voices need to be centered across the initiative.

## Examples of public commitments in Canadian healthcare and youth services that include similar actions:

- Holland Bloorview Kids Rehabilitation Hospital's public commitments<sup>9</sup> include: developing an action plan and utilizing staff demographic data to improve mentorship, hiring and retention for underrepresented groups.
- YouthCO's public commitments<sup>10</sup> include: closing donations to their organization for the month of June and directing donors to give to Black-led organizations with similar mandates.

**Note:** This document is a limited list of examples to support concrete action within YWHO and is not intended to function as a comprehensive anti-racism action plan.

### References

1. Government of Ontario, Data Standards for the Identification and Monitoring of Systemic Racism, <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary>
2. Sarang, A., Ocampo, M., Durbin, J., Strike, C., Chandler, C., Connelly, J., Berkley, N., Hanson, E. (2009). How we do it: Across Boundaries' anti-racist, holistic, service delivery model. Across Boundaries, Toronto. <https://static1.squarespace.com/static/535010aee4b02e8e0e0eb13b/t/5d711255cb38ee0001d3d8eb/1567691354015/How+We+Do+It+Manual.pdf>
3. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, The Root Causes of Health Inequity. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425845/>
4. Aysola, J., Harris, D., Huo, H., Wright, C. S., & Higginbotham, E. (2018). Measuring Organizational Cultural Competence to Promote Diversity in Academic Healthcare Organizations. *Health equity*, 2(1), 316–320. <https://doi.org/10.1089/heap.2018.0007>
5. Van Hattum, T. & Blackman, A. (2019). *Advancing the Diversity of the Public Health Workplace: Why Diversity, Inclusion and Competencies Matter* [Webinar]. National Council for Behavioral Health <https://www.cdc.gov/minorityhealth/internships/2016/WhyDiversityInclusionMattersPublicHealth.pdf>
6. Ontario Centre of Excellence for Child and Youth Mental Health (2016), Walking the talk: A toolkit for engaging youth in mental health. [http://www.yetoolkit.ca/content/guiding-principles#footnoteref2\\_3t8xc2w](http://www.yetoolkit.ca/content/guiding-principles#footnoteref2_3t8xc2w)
7. Hansson E, Tuck A, Lurie S and McKenzie K, for the Task Group of the Services Systems Advisory Committee, Mental Health Commission of Canada. (2010). Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement. Website access: [http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key\\_Documents/en/2010/Issues\\_Options\\_FINAL\\_English%2012Nov09.pdf](http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf)

8. Mental Health Commission of Canada. (2016). The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations, Ottawa, ON: Mental Health Commission of Canada.  
[https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case\\_for\\_diversity\\_oct\\_2016\\_eng.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf)
9. Holland Bloorview. 2020, June 12. Holland Bloorview Statement on Anti-Black Racism <https://hollandbloorview.ca/stories-news-events/news/holland-bloorview-statement-anti-black-racism?fbclid=IwAR1ImD77RtLnYPHy9Ix2h8WR1PjycLoY7tKi61PRoAVYXbAfcjxvTHBDu34>
10. YouthCO. Supporting Black-led organizations. Retrieved from: [http://www.youthco.org/chip\\_in](http://www.youthco.org/chip_in)
11. Kafele, K. (2004). Racial discrimination and mental health in racialized and Aboriginal communities. Ontario Human Rights Commission. Website access: <http://www.ohrc.on.ca/en/race-policy-dialogue-papers/racial-discrimination-and-mental-health-racialized-and-aboriginal-communities>
12. Every Woman Matters: A Report on Accessing Primary Health Care for Black Women and Women of Colour in Ontario. Toronto, August 2010.  
[http://www.whiwh.com/sites/default/files/everywomanmatters\\_April2011.pdf](http://www.whiwh.com/sites/default/files/everywomanmatters_April2011.pdf)