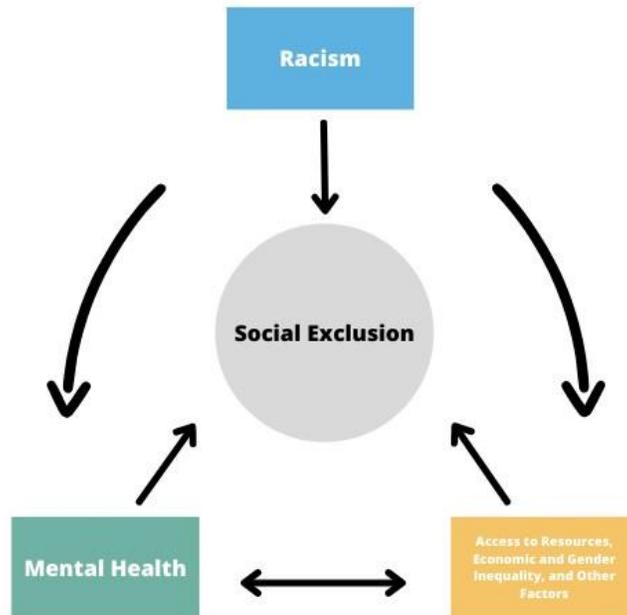


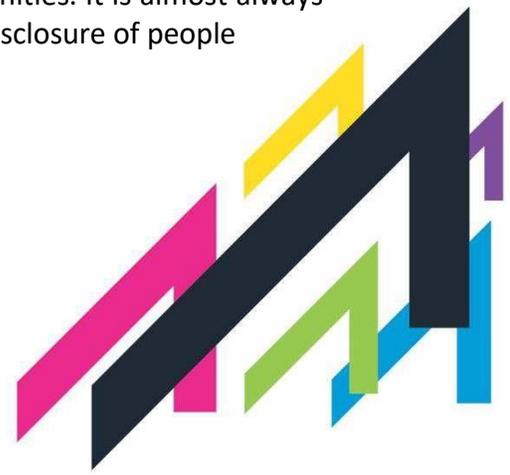
## A Community-Based Participatory Action Research: Deep In Our Minds: Mental Health, Racism, and Isolation

### Key Findings

Racism, Mental Health, and Social Exclusion are inextricably linked. The lived experiences of racialized communities underscored encounters of racism, mental health, economic and gender inequalities, which impact on social exclusion (See Diagram below). Studies will also show that race and racism are key determinants of health including mental health.



Social exclusion and Mental Health mean differently for each ethnic group. All the research participants experienced and witnessed varying forms and extent of racism and discrimination at different social levels (i.e., schools, workplaces, public spaces, and service providers). Also, the complex intersections of different inequalities and disadvantages adversely impact one's mental health. The convergence of race, immigration status and gender stereotypes and language barriers play out in the communities that contribute to mental health issues and social exclusion in different ways. Throughout the research, stigma stood out as one of the biggest barriers in addressing mental health issues among racialized communities. It is almost always equated to being "crazy" in their culture. This impacts on the early disclosure of people struggling with mental health.



## Recommendation

Following ActionDignity's model of social inclusion (See Diagram below), it is essential to facilitate a sense of belonging and active engagement in the community, increase access to racial trauma informed and equitable services. For long term solutions, there is a need to advocate for change at the systems and policy level to address the conditions that hold the mental health issues and social exclusion in place.

Diagram: Schematic Diagram of SI Program's How do we do it and what do we do?



A comprehensive and exhaustive social inclusion and mental health programming and policy should directly address racism at individual, community, service, systems, and policy levels. At the heart of this response is to recognize that racism is prevalent and heavily impacts on mental health and social exclusion among racialized communities. Hence, any interventions around mental health and social exclusion must address racism.

### At an individual level:

1. Raise the level of understanding and commitments on anti-racism and equity, diversity, and inclusion (EDI) by including these topics in community conversations, leadership training, mentoring, and integrating the same in arts and cultural performances.
2. Popularize platforms to normalize discussions, destigmatize terms and increase service seeking behaviour. (I.e., storytelling, community conversation) on mental health and social exclusion. As a starting point, it is suggested to use words such as "well-being" to set an open conversation.



3. Engage and train community members as peers or natural supports to effectively recognize, respond and refer mental health disclosures.
4. There is a need to increase community participation and connection to cross cultural awareness activities to promote cultural arts, equity, diversity, and inclusion.
5. Create more community-based programs, such as culturally responsive emotional support hotlines, and peer support groups, to accurately respond to racialized community's mental health needs.
6. More leadership capacity building for racialized communities so they acquire skills in influencing service delivery systems.

**Service and systems level:**

7. Professional services should ensure and prioritize a gender-transformative, race-sensitive, and trauma informed services and therapeutic practices on mental health. This can be done through integrating the lived and living experiences of racialized communities in the design and delivery of these services and practices.
8. Create a centralized and coordinated response model to ensure a seamless transition and referral of clients among various service providers. This includes a shared database and increased collaboration among different organizations.
9. The staff among service providers must reflect the diversity of communities they serve. Hence the need to integrate Equity, Diversity, and Inclusion framework into their hiring practises.

**Policy level:**

10. Collect race-based data to improve understanding and scoping of mental health issues and social exclusion among racialized communities.
11. Addressing mental health and social exclusion must advocate for changes in policies, practices, flow of resources, power dynamics, relationships and connections and mental models that promote discrimination and cause uneven outcomes in health, occupation, and social justice. This includes changes in existing immigration and labor policies, occupational health and safety, and foreign credentials recognition, among others.

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