



Waterloo Region's **BLACK & INDIGENOUS** **YOUTH MENTAL HEALTH** **PRACTICE MODEL**



Contributors

Lead Partners

Donna Dubie, Executive Director
The Healing of The Seven Generations

Fanis Juma, MSW, RSW.
Afrocentric Knowledge Mobilizer & Founder
African Community Wellness Initiative

Mona Loffelmann, Executive Director
African Family Revival Organization

Dr. Zino Ojogbo , Board Member
Britney Andrews, Manager of Research & Strategic Initiatives
Ajirioghene Evi, Founding Director
Kind Minds Family Wellness

Evaluation Partner

Dr. Funke Oba, Associate Professor of Social Work,
Toronto Metropolitan University

Support Partner

Camino Wellbeing + Mental Health

Funder

Ontario Trillium Foundation

2023-2025

Table of Contents

Executive Summary	1
Literature Review	2
Methodology	6
Findings	7
Organizational Profiles	11
Impact	20
Policy Recommendations	26
Practice Model	27
Conclusion	41
References	42



Executive Summary

INTRODUCTION

Black and Indigenous youth in Canada face disproportionate mental health challenges rooted in systemic racism, colonialism, and socioeconomic inequity. Mainstream services often fail to address their cultural realities, due to lack of resonance, distrust, and unaddressed roots of inequity. This report features four Ontario-based grassroots Black and Indigenous-led organizations using culturally anchored approaches to foster belonging, relatability, healing and community capacity building. They draw from their collective practice knowledge and the feedback of their larger community to propose a Black & Indigenous Youth Mental Health - Community Led Practice Model.

The African Community Wellness Initiative (ACWI), African Family Revival Organization (AFRO), Healing of the Seven Generations (H7G), and Kind Minds Family Wellness (KMFV) meet youth where they are at, using Indigenous and Afrocentric sharing/drumming/healing circles, land-based activities, intergenerational connections, mentorship, storytelling, as well as ceremonies. This report highlights the uniqueness of culturally-anchored, relatable, youth mental health services delivered by community members with shared lived experience. Tangible benefits (identity development, belonging and healing in ceremonies, healing/sharing drumming circles, canoeing etc.) disrupt ongoing exclusion and erasure, thus underscoring the importance of responsive system and service planning that address the mental health needs of Black and Indigenous youth.

WHAT'S AT STAKE FOR BLACK & INDIGENOUS YOUTH?

- Support gaps during mental health crisis resulting in harmful interactions with police and persistent overrepresentation in criminal justice system.
- Lack of access to services due to long wait times, financial barriers, language barriers, culturally unsafe service options, stigma, lack of trust in care.
- Lack of Trauma and Violence Informed Care (TVIC) options resulting in
 - Unaddressed trauma among African, Caribbean and Black-Identifying (ACBI) youth experiencing racism and displacement.
 - Unaddressed trauma among First Nations, Métis, and Inuit (FNMI) youth facing ongoing dispossession of land, heritage, language, culture, history and family rootedness and resources.



Literature Review

For Black youth, systemic racism manifests in multiple forms: Black bodies are disciplined and controlled, their coping mechanisms include dissociation or assimilating to fit in (Oba, 2018), which impacts their identity. If they resist negative identity and low expectations etc. they risk criminalization, and exclusion from academic pathways, (Oba, 2024; James & Turner, 2017). The alienation they experience at school inhibits their learning (Dei, 1997, Oba, 2018). Parents also experience discrimination, devaluation of their cultural capital (Dei 1995; Oba, 2018) as their knowledge and skills are often prejudged and dismissed by teachers and administrators. Normalizing and universalizing western culture permits practices that are antithetical to social justice (Yosso, 2002). When Black youth access mental health practitioners, it is often through the criminal justice system, where treatment is mandatory but seldom culturally safe (James & Turner, 2017). The compulsory nature of the treatment, and discriminatory attitudes among practitioners who fail to adopt anti-racist values, convince youth that mental health interventions are ineffective (Fante-Coleman & Jackson-Best, 2020). Meanwhile Ontario-based Afrocentric practitioners have identified effective clinical practice and engagement tools for working with ACBI youth in the Waterloo Region. Afrocentric practice tools such the Afrocentric Sharing Circle Model (ASCM) developed by the African Community Wellness Initiative [Yerichuk & Juma, 2021] have been used in local schools and African-led service organizations. Despite their proven effectiveness, community-led approaches remain under-resourced and not widely accessible to youth experiencing mental health needs. Data continues to show that Black youth are overrepresented in the justice system, with maltreated Black youth 81% more likely to crossover from child welfare to youth justice compared to White youth (Fallon et al., 2015). Canada's Black Justice Strategy highlights over- criminalization and longer sentences (Government of Canada, 2022). Canada's Black community continues to face socially inflicted daily trauma of racism which disenfranchises and adversely affects their health and life outcomes.



Literature Review

GAPS IN ACCESS & CULTURAL MISMATCH

Canadian mainstream mental health services are ill-equipped to assess/address Black and Indigenous youth. Long wait times and cultural mismatch are damaging. Youth consistently report that professionals misunderstand their cultural contexts offering interventions that feel irrelevant or harmful (Coombs et al., 2022). Black youth report they resist criminalization, silencing, alienation and low expectations in Canadian institutions and system, by relying on family, social, religious and cultural connections as their sources of strength, succor and support (Oba, 2018, 2024). These protective factors are however invalidated as family and community norms may clash with Western individualism (Lateef et al., 2024). For Indigenous youth, disconnection from land and cultural practices erodes wholistic forms of health and community well-being (Walsh et al., 2020).

Black children and youth experience significant health inequities due to systemic racism, socioeconomic factors, and inadequate access to culturally competent care. Only 38.3% of Black Canadians self-reported usage of mental health services, compared to 50.8% of White Canadians (Chiu et al., 2018), a disparity that recent studies (Alumona et al., 2025) confirm persists due to ongoing barriers like stigma and cultural insensitivity. Community organizations consistently report that stigma and cultural insensitivity reduce youths' willingness to seek help. In contrast, culturally anchored, community-led spaces promote belonging, identity affirmation, and coping skills. Non-clinical entry points such as circles, arts, storytelling, land-based activities, and mentorship facilitate engagement possible for young people who avoid mainstream services.



Literature Review

OVERREPRESENTATION IN SYSTEMS OF CONTROL AND URGENCY OF ACTION

The risks of inaction are clear. Without intervention, Black and Indigenous youth face:

- Escalating mental health crises, rising rates of depression, anxiety, and suicide.
- Entrenched stigma as help seeking is equated with weakness or “being crazy.”
- System dependence, cycling through child welfare and legal systems as untreated trauma push youth into punitive systems and more Indigenous children are in child welfare today than during the era of residential schools.
- Loss of trust, deepened alienation of the youth from institutions meant to serve them.

The four Ontario-based community organizations highlighted in this study are attuned to these real and adversely impactful outcomes. They have worked collaboratively to explore and document the work they already do as a foundation for developing a culturally relevant model of practice that is community driven and system connected/supported. They recognize that investing in preventing disparities offers great gains, producing cohesive healthy communities.



Methodology

DATA COLLECTION

This report utilized a non-experimental research design by relying on data collected by the Black and Indigenous led community organizations. The community groups applied Community-Based Participatory Action Research (CBPAR) approaches to document youth participant data in their regular service delivery and community data from conversation circles. Story gathering activities were rooted in Indigenous and Afro-Indigenous Knowledge System and ways of knowing to demonstrate the distinctiveness and impact of culturally anchored models. Analyzing primary program data (census records, empirical studies, organizational reports, youth questionnaires, oral stories, and program summaries) was important for understanding and contextualizing overlooked knowledge and answering unasked questions.

RESEARCH QUESTION

What is the impact of culturally anchored programming? How does the lack of culturally relevant services/practitioners impact Black and Indigenous youth and the society?

OVERRIDING OBJECTIVE

To develop culturally anchored models of practice to promote societal health and wellness by reducing health disparities for racialized youth through analyzing secondary data to understand

- Who is served by these partners?
- What they do differently i.e. their unique cultural offerings?
- Participants' reflections on access, responsiveness, relevance and impact of the services

Protective factors of cultural models (e.g., belonging, identity, trust).

DATA ANALYSIS

The partners in this project provided data through oral stories and written summaries in response to collaboratively articulated questions about their models of practice (see appendix 1). Qualitative data is analyzed in many ways (content/discourse/ narrative/ thematic analysis) based on the research purpose. A thematic analysis of the partner submissions was conducted by coding recurrent words and phrases, interpreting them to identify themes in the data. This facilitates articulation of the implications and pointers for future empirical research studies in these partner organizations with adequate funding, research staff and organizational capacity building.



Findings

The community evidence and the reviewed literature point to effective solutions: Afrocentric, Indigenous, faith-integrated, land-based, and mentorship-driven approaches that affirm identity, reduce stigma, and build resistance through thinking differently. Recognizing and resourcing these models is not ancillary; it is imperative to interrupt cycles of harm to achieve equitable outcomes. Youth and community voices point to overlapping but urgent areas of need that mainstream systems obfuscate. Four themes emerged from the data shaped by intersectional factors.

1. OVERREPRESENTATION IN JUSTICE & SYSTEM CONTACT

When mental health needs go unmet, Black and Indigenous youth encounter punitive rather than supportive systems more often. Parents note that youth often meet mental health practitioners only after justice system enmeshment, locking them into cycles of criminalization. For youth in AFRO's programs, this risk is heightened by pre-migration trauma from war zones and unanticipated post immigration racism in Canada, which amplifies isolation, alienation and unhealthy societies. Youth in ACWI's Afrocentric circles said the absence of safe spaces leaves them unheard but peer support and culturally safe circles helped them feel comfortable sharing their struggles. Similarly, Indigenous youth feel safe with grandmothers in the sanctuary offered in the Healing of the Seven Generations space



Findings

2. LACK OF ACCESS & FINANCIAL/LANGUAGE BARRIERS

Access to mental health services remains limited for Black and newcomer youth due to long wait times, high costs, and language barriers. For ACWI participants, these systemic barriers are compounded by pressures such as bullying and school stress, which heighten feelings of isolation. AFRO's work with newcomer families shows how the absence of translation and culturally competent staff leaves many unable to access even the services that do exist. The sanctuary space provided by H7G helped Indigenous youth avoid being harassed, maimed or shot on the streets as they could safely turn themselves in for questioning accompanied by trusted support staff or volunteers. All the organizations demonstrate how financial barriers shape participation: the use of stipends and honoraria reduces stress for youth and signals that their time and cultural knowledge are valued, thus facilitating authentic consistent and respectful engagement. The weekly lunch at HO7G restores dignity while addressing food insecurity through communal fellowship not possible at the food bank. Gender dynamics compound the issue, with Black girls often facing added family caregiving responsibilities that limit access while Black masculinity is equated with criminality



Findings

3. REDUCING STIGMA & CULTURAL MISMATCH

Stigma discourages help-seeking and youth reported fear of judgement and sanism. Kind Minds' programs exemplify how mistrust of mainstream services hides struggles but culturally grounded initiatives enhance trust and cultural pride. For example, their Black Youth Impact Program connects older youth with younger peers, demonstrating how peer-led mentorship reduces stigma, particularly for gender-diverse participants in women's healing circles addressing gender-based violence.

One participant shared: *"These programs have not only shaped my leadership and public speaking skills, but also have given me a sense of pride in my heritage and my ability to make a positive impact starting now. I believe that this program gives a sense of belonging and familiarity to youths' mental wellness."*

Another youth highlighted how representation reduces internalized stigma:

"This program is a positive representation of what youth can be. Hearing and interacting with successful leaders provide real life proof that goals and dreams are achievable with hard work, and this can reduce internalized stereotypes and also build self-esteem."

For funders, the lesson is this: community-led models view help-seeking as community strength not personal weakness, reducing stigma and promoting long-term resilience.



Findings

4. TRAUMA & THE NEWCOMER/RACIALIZED EXPERIENCE

For newcomer and refugee youth, mental health challenges are compounded by pre-and post-immigration trauma. AFRO reports that many participants encounter anti-Black racism for the first time after arrival, adversely impacting their identity and well-being, and young females navigate cultural shock and judgment (e.g., hijab-related bias, AFRO Youth Testimonials, 2025). Programs that use storytelling, arts, drumming, and intergenerational mentorship offer newcomers culturally safe entry points to process these experiences and build a sense of belonging.

DISSEMINATION

In the fall of 2025, the Lead Partners presented the new proposed Black and Indigenous Youth Mental Health Practice Model (See pages x -x) at the Waterloo Region's Child and Youth Planning Table Conference. Ahead of the community presentation, youth participants from the four Lead Partner organizations met in Kitchener Ontario, for a facilitated Art Voice Workshop where they documented their reflections on the topic of youth mental health through co-created art. The youth shared their art pieces with the larger community at the conference. Project Lead partners have planned conversations in 2026, including outreach to community members with live experience and system partners, as part of the ongoing knowledge mobilization effort.



Organizational Profiles

AFRICAN COMMUNITY WELLNESS INITIATIVE (ACWI)

ACWI is a research, advocacy and service delivery-focused organization serving African, Caribbean, and Black-identifying (ACBI) youth and their families in Ontario, Canada. ACWI has fifteen years of experience supporting grassroots, community-driven policy changes and Afrocentric program design with a focus on ACBI immigrant youth populations facing intergenerational trauma, poverty, and systemic stressors. In 2025, programs engaged income diverse youth participants and their families in low barrier mental health and social wellness programming.

WHAT DO THEY DO?

ACWI delivers the Black Youth Wellness Circle, an 8–12-week Afrocentric program facilitated by Black Afrocentric registered clinician with land-based expertise, combining psychoeducation via the Afrocentric Sharing Circle Model with land-based activities through the Young City Growers program. Youth participate in circle gatherings for Afrocentric psychoeducation, sharing emotions and co-creating knowledge on mental health topics. Alongside community mentours, youth are also introduced traditional hands-on African organic farming practices (e.g., planting, tilling, watering), that support emotional regulation, access to outdoor green space and community integration. Afrocentric land-based programming takes place in urban and per-urban agriculture sites like Steckle Farm and Northdale Urban Farm.



Organizational Profiles

AFRICAN COMMUNITY WELLNESS INITIATIVE (ACWI)

ACWI also runs community gardening programs at the program sites allowing for embedded intergenerational spaces that strengthen existing circles of support as key components of African, Caribbean and Black youth wellness. Participants receive paid internships or volunteer honoraria to reduce financial barriers and increase youth employment opportunities. Data collection includes youth questionnaires and facilitated circles with incentives like games and prizes to encourage dialogue.



WHY IT MATTERS?

By providing youth volunteer honorarium and paid internship land-based programming, ACWI's programming tackles financial barriers as mental health stressors while providing ancestrally affirming opportunities that promote wellness and connect youth to green spaces. ACWI's Afrocentric Sharing Circle Model (Yerichik and Juma, 2021) is an Afrocentric youth engagement tool that honours Black ancestral resources while addressing root causes faced by ACBI youth in Ontario such as socio-economic isolation, lack of opportunities to access natural green spaces for sensory wellness and emotional regulation, and disconnection from cultural community. ACWI youth reported enjoying socialization, learning planting techniques, and sharing feelings, which improved mental wellness and sense of belonging.



Organizational Profiles

AFRICAN COMMUNITY WELLNESS INITIATIVE (ACWI)

INNOVATIVE PRACTICE



Integrating paid land-based micro-farming with sharing circles promotes life skills and career skills while creating a safe space for culturally responsive psychoeducation and peer supports. Social isolation is addressed as youth build community bonds; one youth noted it helped them "share their feelings" in a safe space, reducing isolation. Youth are encouraged to identify their own wellness tools and provide input in designing other activities that support their wellness (e.g. interest in sports and escape rooms) and demonstrates how Afrocentric tools turn participants into advocates, promoting long-term community cohesion.





Organizational Profiles

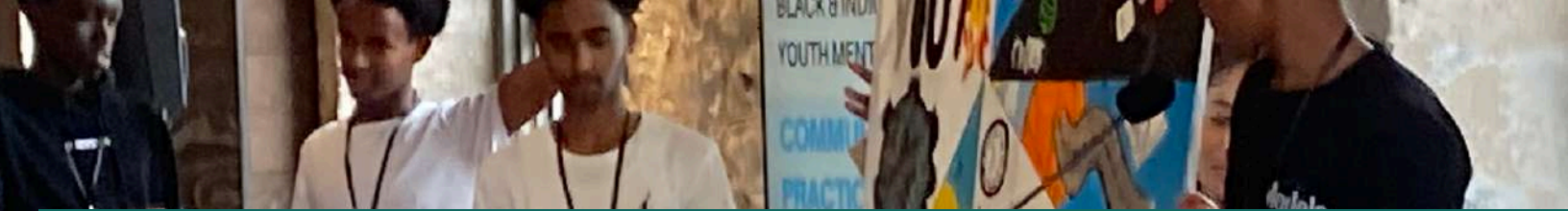
AFRICAN FAMILY REVIVAL ORGANIZATION (AFRO)

AFRO serves African, Caribbean, and Black (ACB) newcomers, refugees, and youth in Ontario, many displaced by war or violence and facing first-time racism, cultural shock, and integration challenges. Programs prioritize those from war-torn regions, providing low-barrier support to combat isolation and stigma.

WHAT DO THEY DO?

AFRO offers community-based mental health programs like the Youth Wellness Circle, rooted in peer-led, intergenerational approaches. Activities include weekly African drumming and dance sessions, storytelling, art, music, community circles, and elder-youth exchanges for healing and cultural preservation. Facilitators, drawn from ACB communities, use non-clinical language to discuss trauma, with events fostering expression through dance, batik, and communal dialogue (e.g., elders advising youth on education and self-worth).





Organizational Profiles

AFRICAN FAMILY REVIVAL ORGANIZATION (AFRO)

WHY IT MATTERS?

AFRO's programs build trust and reduce stigma by validating lived experiences, leading to improved emotional well-being, stronger identity, and intergenerational bonds—youth report feeling "safe and accepted" among peers who share backgrounds, using tools like art and journaling for stress relief.



Organizational Profiles

AFRICAN FAMILY REVIVAL ORGANIZATION (AFRO)



INNOVATIVE PRACTICE

Vibrant, intergenerational drumming circles as non-threatening entry points for trauma processing; participants highlight reduced anxiety and openness to help-seeking, with high return rates showing sustainability. This empowers youth to lead, which turns recipients into advocates and promotes community cohesion amid racism's disorienting effects.

Organizational Profiles

THE HEALING OF THE SEVEN GENERATIONS (H7G)

The Healing of the Seven Generations serves Indigenous (First Nations, Métis, Inuit) and racialized youth in Kitchener-Waterloo who have experienced residential-school trauma, child-welfare involvement, justice-system contact, and street harassment. Programs serve children, youth, and families across ages, with special focus on those in conflict with police, courts, or child-welfare systems.

WHAT DO THEY DO?

Healing of the Seven Generations offers ceremonies (smudge, sweat lodge, drum-making), grandmother-led healing lodges, employment training, and sanctuary spaces where youth interact safely with police and child-welfare workers. Activities include canoe days with police, community luncheons, supervised family visits, and the Unveiled Every Child Matters bus. Partnerships with WRDSB support youth conferences, Indigenous daycare, and cultural camps teaching traditional skills (e.g., giving thanks to animals, trees).





Organizational Profiles

THE HEALING OF THE SEVEN GENERATIONS (H7G)

WHY IT MATTERS?

Informed by the founder's lived experiences, motivated to change Indigenous youth trajectories, promote solidarity with immigrants and racialized people, engender reciprocity and respect by addressing generational trauma through intercultural experiences that foster belonging. Canoeing with police builds trust; sanctuary spaces prevent random arrests; ceremonies and daycare honor Indigenous knowledge, boosting confidence, self-esteem, and identity. Youth learn to “put the Indian back in them” through drum-making and cultural teachings - reversing historical erasure (e.g., settlers cured of scurvy but labeled “primitive”).

INNOVATIVE PRACTICE

Sanctuary space transforms mainstream interactions: youth meet police, social workers, and judges in a safe, ceremonial environment, not on the street or in courtrooms. This prevents harassment, supports healthy exposure, and integrates Indigenous medicines/teachings missing from mainstream daycare and schools, which erode language and identity. The space turns service users into cultural teachers, fostering reciprocity and long-term resilience.

Organizational Profiles

KIND MINDS FAMILY WELLNESS (KMFW)

Kind Minds Family Wellness (KMFW) is an organization in the Kitchener-Waterloo region that provides culturally informed support to the Black community. KMFW specializes in Afrocentric/culturally grounded counseling, education, and research advocacy that addresses anti-Black racism and systemic oppression

WHAT DO THEY DO?



KMFW runs the Black Youth Impact Program (BYIP) and Odọ, integrating Afrocentric counseling, cultural Kwanzaa celebrations, storytelling sessions, and Cross-Cultural Leadership workshops. Youth engage in elder and mentor-led sessions on equity, racism, and resilience, with creative visuals for reflection; former participants serve as Youth Cultural Facilitators to guide discussions and events.



Organizational Profiles

KIND MINDS FAMILY WELLNESS (KMFW)

WHY IT MATTERS?

KMFW exists to advance equity, inclusiveness, and community engagement by transforming the personal narratives of Black individuals and communities. Grounded in culturally responsive and evidence-based practices, we support the navigation of complex systems while fostering holistic wellness, dignity, and self-actualization.

KMFW is committed to creating safe, affirming spaces that honour the voices, identities, and cultural networks of those we serve.

KMFW's initiatives enhance self-esteem, leadership, and belonging, with youth reporting confidence gains in public speaking and community contribution, reducing internalized stereotypes through mentorship.



Organizational Profiles

KIND MINDS FAMILY WELLNESS (KMFW)



INNOVATIVE PRACTICE

Youth-led facilitation pipelines where participants evolve into mentors, creating full-circle empowerment; testimonials emphasize "pride in heritage" and breakthroughs in discussing bullying in safe groups. Evaluations via pre/post-tests and reflections show decreased isolation, proving culturally attuned spaces interrupt stigma and build sustainable resilience.





Impact

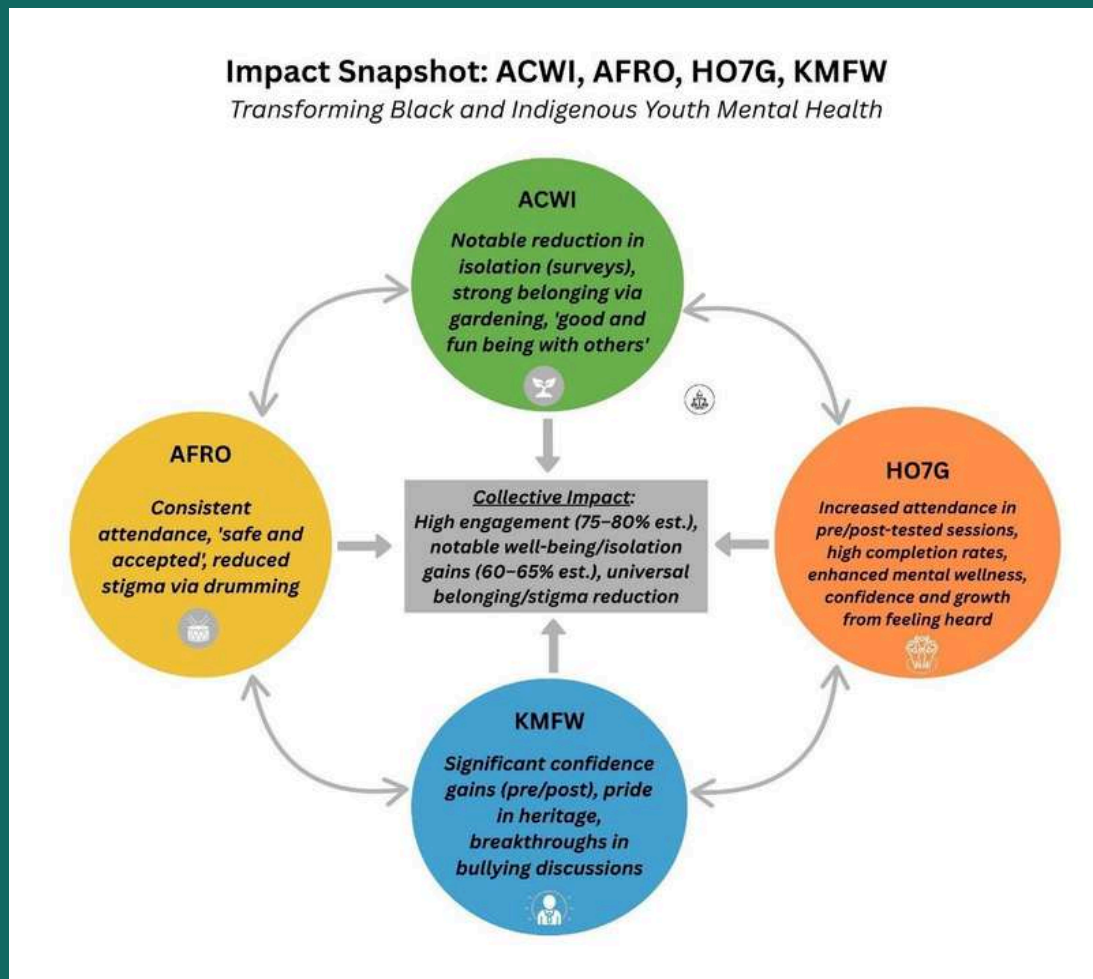
THEMATIC ANALYSIS OF EVALUATED YOUTH PROGRAM IMPACTS ACROSS LEAD PARTNERS DURING PROJECT PHASE

Impact Area	AFRO	ACWI	H07G	KMFW
Well-Being	Reduced anxiety/shame; art expression	Developing new mental wellness tools, increased peer connections	Reduced anger/ isolation; enhanced self-esteem, cultural healing	Increased self- esteem; bullying breakthroughs
Belonging	Intergenerational bonds; cultural pride	Positive connection to culture; socialization	Reciprocity with settlers; safety, involvement with grandmothers	Sense of community; heritage pride
Engagement	High return rates; peer referrals	Increase access to urban green spaces for cultural connection, life skills, employment and belonging	Sanctuary space use; canoe days; Every Child Matters recognized - largest attendance this year	Youth as facilitators; leadership growth
Measurement	Stories, observations, feedback	Afrocentric Questionnaire, Sharing Circles	Observations, youth self-reports, over 50,000 participants served this year	Pre/post-tests, reflections

Impact

EVIDENCE OF IMPACT

This Snapshot shows the measurable transformative effects of ACWI, AFRO, H7G and KMFV in high engagement, improved well-being, and cultural wholeness of the youth.





Impact

Across ACWI, AFRO, HO7G and KMFV, attendance and return rates reflect strong engagement. During ACWI's 8–12-week Black Youth Wellness Circle with high return rates for follow-up activities, including intergenerational farm events (ACWI Program Data, 2025). AFRO's Youth Wellness Circle boasts consistent weekly attendance and high return rates, driven by word-of-mouth referrals in newcomer communities (AFRO Mental Health Model, 2025).

Healing of the Seven Generations (HO7G) show increased attendance in pre/post-tested sessions, high completion rates, mental wellness, confidence, validation and growth from having basic needs met with dignity, and KMFV's Black Youth Impact Program (BYIP) shows consistent attendance in pre/post-tested sessions, with a majority completing the program. Surveys and questionnaires indicate progress in mental wellness and confidence, underscoring participation and growth.

"It makes me feel connected to my roots and to people who share similar experiences."

Youth Participant (2025)



Impact

I find them so good
being with others and
working with others
and it was good and
fun being with you all”

Youth Participant (2025)

Youth reflections reveal transformative experiences. ACWI participants noted increased belonging through gardening, “I find them so good being with others and working with others and it was good and fun being with you all” (ACWI Youth Wellness Questionnaire, 2025).

In sharing circles, youth co-generated knowledge on well-being, identifying unwell triggers like bullying and isolation, while tools such as friends, sports, and family dinners promoted wellness, reducing shame and promoting emotional awareness. AFRO youth felt “safe and accepted” in drumming circles, with intergenerational exchanges - such as elders advising “choose books over boys” to emphasize education and self-worth. On trust and identity pride, as one participant said: “It makes me feel connected to my roots and to people who share similar experiences.”



Impact

Healing of the Seven Generations showing canoe day with youth and police officers in the same canoe with food and drinks is transformational. Children as young as four becoming versed in their language, culture seen as asset, sharing/healing circles used by the organizations promote intimacy, authenticity, feelings of being seen and valued. KMFV testimonials feature leadership gains, e.g., “This program gave me a sense of pride in my heritage and my ability to make a positive impact starting now.” Observed changes include enhanced confidence (KMFV’s facilitator roles), stronger community bonds (ACWI’s socialization), and stigma reduction (AFRO’s openness to help-seeking), validated by stories and observations.

These programs demonstrate protective factors: mental wellness, reduced isolation, and empowered leadership. ACWI’s land-based focus addresses poverty via paid internships, coping skills from youth circles; AFRO’s drumming circles tackle newcomer trauma through intergenerational wisdom, belonging; and KMFV’s mentorship builds skills like public speaking, reducing stereotypes. Engagement is consistently high (75–80% est.), with notable improvements in well-being/isolation (60–65% est.). HO7G served 50,000 people, mainstream organizations now visit the office, meet with clients, universal gains in belonging and stigma reduction, suggesting a scalable model for Black youth across Canada. food security, public safety, identity formation, cultural grounding, ending cycles of addiction.

“This program gave me a sense of pride in my heritage and my ability to make a positive impact starting now.”

Youth Participant (2025)



Policy Recommendations

To scale these successes, funders and policymakers must act decisively:

- **Secure Sustainable Funding:** Allocate multi-year grants for Black- and Indigenous-led initiatives, prioritizing operational costs, staff training, and community outreach over short-term projects.
- **Validate Cultural Models:** Integrate Afrocentric and land-based approaches into provincial mental health frameworks as evidence-based practices to address cultural disconnection.
- **Build Capacity:** Invest in youth leadership training and peer facilitation programs to establish sustainable advocacy pipelines within communities.
- **Address Systemic Barriers:** Invest in anti-racism training for mainstream providers and expand access through stipends, translation, and community partnerships.
- **Monitor and Evaluate:** Support the development of culturally relevant metrics that combine quantitative data with stories and observations, to track long-term impact and adapt strategies.



Practice Model

A MESSAGE FROM THE LEAD PARTNERS

A key project deliverable was that as Lead Partners, we would support the co-design of a community-led Practice Model that responds to the mental health needs of Black and Indigenous Youth in the Waterloo Region. This model draws from the culturally anchored practice knowledge of Black and Indigenous practitioners leading the process, the knowledge and living experience of youth leaders and youth participants (and their families), as well as consultations with community members and mental health system partners. During the project phase, practitioners from the Lead Partner organizations met with Regional and Provincial mental health system actors and policy makers and gathered input from youth, families and community leaders within organizational networks. In Spring of 2025, a Practice Model Development Session was held at Camino Wellbeing + Mental Health, as additional knowledge gathering opportunity to inform the emerging model. An online platform was also created where written community contributions could be submitted.

The proposed model that has emerged from the knowledge gathering process is a promising practice policy and program recommendation for an Ontario mid-sized urban centre. Through this model, we seek to address the most urgent support gaps for Black and Indigenous Youth experiencing mental health needs. This model is informed by a practical awareness of existing community capacities, resources, opportunities and limitations and aims to put forward actionable recommendations for system-level, cross-sectoral and community level mobilization to improve mental health outcomes for our youth populations.

The Lead Partners have walked in recognition of the sacred and weighty task of holding and sharing mental health-related stories and experiences of Black and Indigenous community members. We recognize that no single model can be fully representational of the dynamic and diverse experiences within our historically silenced communities. We hope that this work is received as important community-led resource and part of an ongoing process of advocating for culturally-responsive youth mental health services in Ontario, an across Canada.



Practice Model

ABBREVIATIONS

FNMI	FIRST NATIONS, MÉTIS, AND INUIT
ACBI	AFRICAN, CARIBBEAN, & BLACK-IDENTIFYING
B & I	BLACK & INDIGENOUS
IH	INDIGENOUS HEALING
MH	MENTAL HEALTH
CS	CULTURAL SAFETY
TVIC	TRAUMA & VIOLENCE INFORMED
MAGE	MARGINALIZED GENDERS
EPI	EARLY PSYCHOSIS INTERVENTION
MOU	MEMORANDUM OF UNDERSTANDING
FTE	FULL-TIME EQUIVALENT



Practice Model

GATHERING COMMUNITY DATA AROUND FOUR KNOWLEDGE STATIONS

During the Practice Model development phase, our knowledge gathering process was designed around 4 Knowledge Stations/Key Questions:

1

What barriers do Indigenous & Black Youth encounter while navigating existing mental health services in the Waterloo Region?

2

Identify opportunities for resourcing culturally anchored services within existing funding landscape.

3

Mapping community-system relationships: What are the untapped opportunities? What are the existing partnerships, tables, etc.?

4

What are key considerations for promoting respect for culturally-anchored services in the Waterloo Region?



Practice Model

EMERGING THEMES FROM KNOWLEDGE STATIONS

KEY QUESTION 1: What barriers do Indigenous & Black Youth encounter while navigating existing mental health services in the Waterloo Region?

- Underrepresentation of Black & Indigenous MH practitioners in mainstream services
- Lack of service responsiveness to cultural, faith & spirituality-based values represented in Black and Indigenous Youth communities
- Long waitlists for diagnosis and services
- Financial barriers
- Stigma around MH issues
- Criminalizing and hyper-punitive approaches (in schools, community and service systems) to Neurodivergent Black and Indigenous youth experiencing dysregulation or MH concerns.
- Lack of Culturally Informed Gender-Responsive lens in MH service design and delivery



Practice Model

EMERGING THEMES FROM KNOWLEDGE STATIONS

KEY QUESTION 1: What barriers do Indigenous & Black Youth encounter while navigating existing mental health services in the Waterloo Region? (cont'd)

- Lack of culturally-safe emergency responsiveness to youth in crisis
- Lack of culturally safe Early Psychosis Intervention (EPI) services for youth experiencing psychosis or at risk of experiencing psychosis
- Long waitlists for diagnosis, psychoeducation assessments, and treatment
- Inadequate demographic health data collection and/or coordination of collected data across systems resulting impacting capacity for system-level service planning
- Inadequate culturally safe inpatient-outpatient care coordination and care continuity
- Inadequate culturally-safe supports for Transitional Aged Youth with MH concerns
- Lack of Culturally-Safe Disability Lens in MH service delivery



Practice Model

EMERGING THEMES FROM KNOWLEDGE STATIONS

KEY QUESTION 2: Identify opportunities for resourcing culturally anchored services within existing funding landscape.

- Respondents recognized a need for sustained funding for culturally responsive programs and services for Black and Indigenous youth
- There is an opportunity to include culturally responsive services in existing MH system and organization budgets
- There is a need for coordinated funding strategies and collaborative initiatives in partnership with local foundations, and all levels of government
- There is a need to protect existing allocated equity focused regional dollars and ensure continued appropriate allocations for B & I youth MH
- There are opportunities to include the private sector

A background image showing a group of people, including a man with glasses and a beard, sitting at a table in what appears to be a community meeting or workshop. There are water bottles and other items on the table.

Practice Model

EMERGING THEMES FROM KNOWLEDGE STATIONS

KEY QUESTION 3: Mapping community-system relationships: What are the untapped opportunities? What are the existing partnerships, tables, etc.?

- There is a number of community tables with planning and decision making capacity related to Black and Indigenous Youth MH services
- There are opportunities for developing clearer relationships between decision making tables and Black and Indigenous Youth-Serving organizations.
- There is need to develop new and refine existing MOU and contracting practices between Youth MH systems and Black and Indigenous service providers
- There is untapped opportunity to leverage Black and Indigenous Culturally-Responsive practice knowledge and system infrastructure to create wraparound supports for Black & Indigenous Youth with MH concerns.



Practice Model

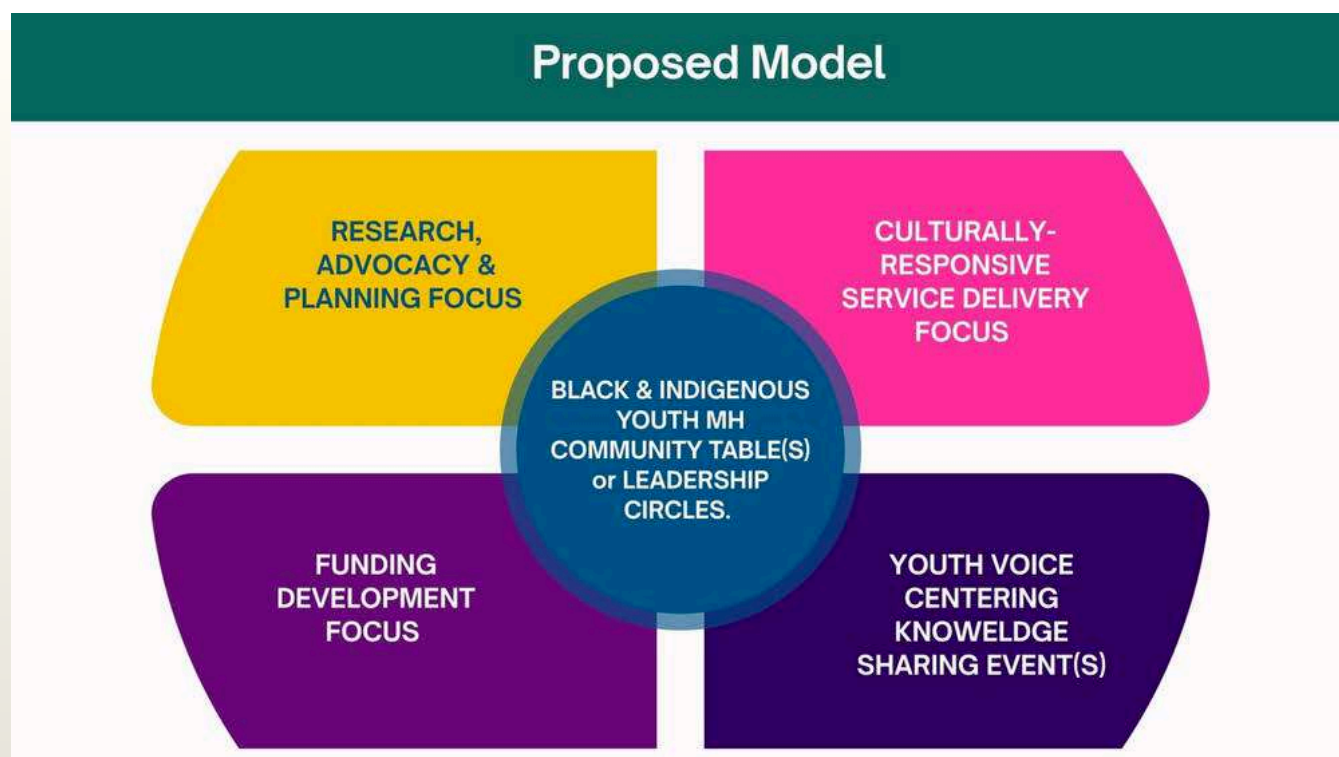
EMERGING THEMES FROM KNOWLEDGE STATIONS

KEY QUESTION 4: What are key considerations for promoting respect for culturally-anchored services in the Waterloo Region?

- Including Indigenous and Black Researchers & Traditional Knowledge Holders in service planning, policy-making and service planning related to youth MH, and providing resources for equitable participation
- Disrupting colonial patterns in contracting practices and collaborative processes, and adopting Trauma and Violence Informed Care Lens when working with Black and Indigenous Youth
- Recognizing Indigenous Healing and Afrocentric Practices as legitimate options of care for FNMI & ACBI youth seeking services and ensuring youth (and their families) have culturally-safe care options at all stages of service navigation
- Ensuring there is supported leadership from Indigenous-led and Black-led organizations in all Indigenous Healing and Afrocentric Practice-based interventions

Practice Model

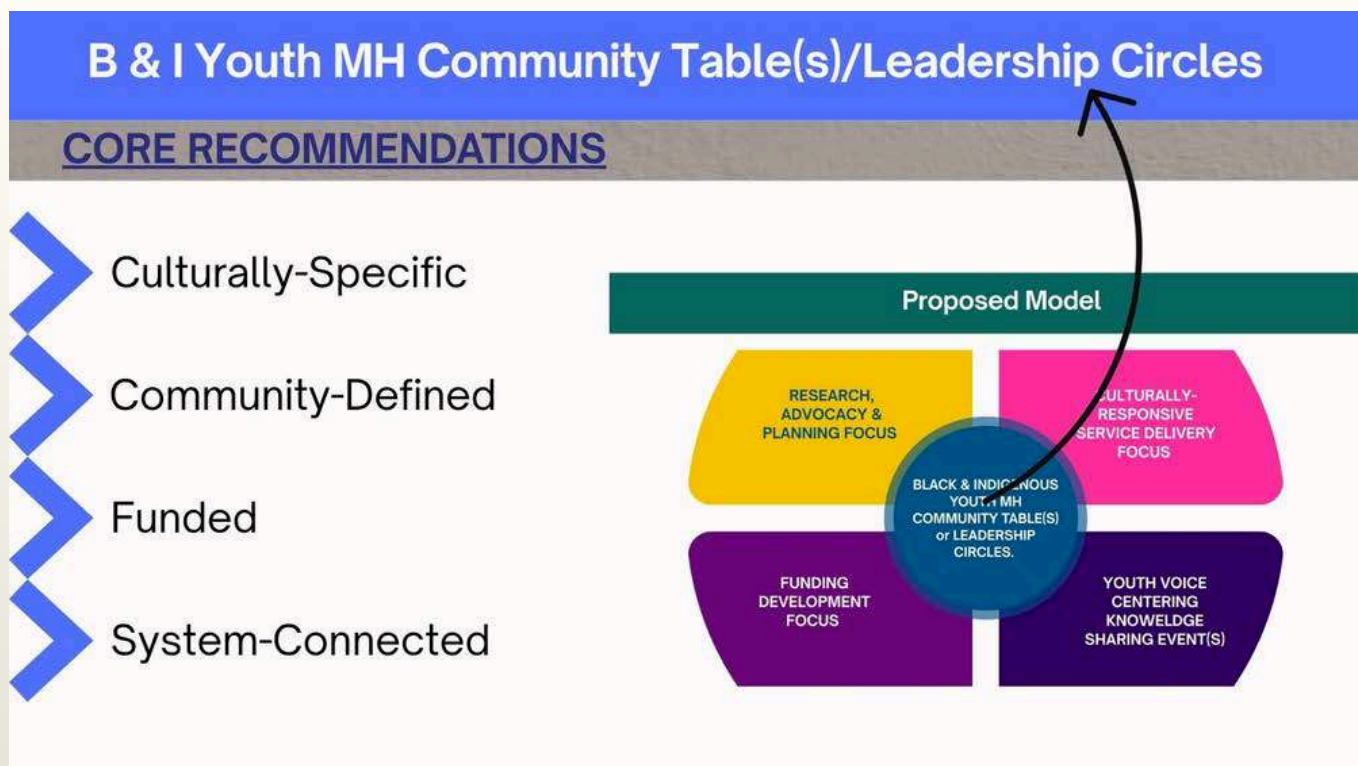
PROPOSED MODEL



The proposed Black and Indigenous Youth Mental Health Model has five key features. A Community Table(s)/Leadership Circle(s) is the anchoring feature that brings together four focus areas or pillars. Currently in the Waterloo Region, we have a number of municipal service provider, policy and planning tables connected to the topic of mental health and youth mental health, however we do not have a dedicated and resourced structure with a focus on Black & Indigenous Youth MH.

Practice Model

PROPOSED MODEL



The anchoring table(s) or circle(s) need to be responsive to the diversity and specificity of needs within the local FNMI & ACBI youth communities. Communities should have agency and self-determination around their participation (or not). It is not recommended that this organizing work is resourced as a volunteer effort born by underfunded grassroots groups but that there is a system level resourcing commitment to ensure appropriate staffing to support this model. It will be important for the new structure to have clearly defined connections to the current map of mental health service-planning map.

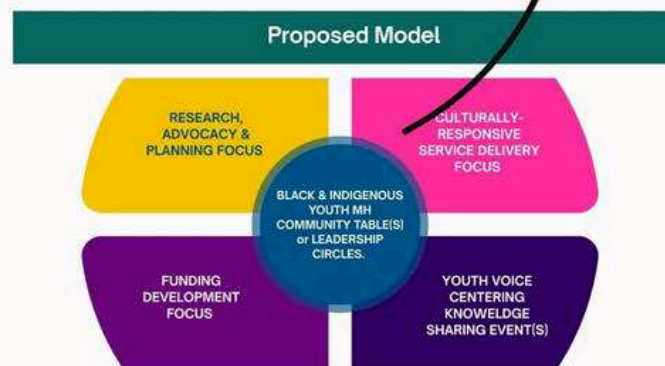
Practice Model

PROPOSED MODEL

Culturally Responsive Service Delivery Focus

CORE RECOMMENDATIONS

- In initial phase design wraparound CR supports for waitlisted Black & Indigenous youth
- Introduce 6 New Indigenous Healing & Afrocentric FTE MH Navigators connecting youth to CR services into the service map.
- MH Lead Agencies and partners to engage in coordinated contracting that empowers Afrocentric Counselling and Indigenous Healing organizations to mobilize staffing resources to advance model.
- In secondary phase, develop capacity to serve justice-diverted youth, and receive school board and child welfare referrals.



It is critical to the validity of this model that a Culturally Responsive Service Delivery apparatus is included not as an eventual outcome but as an urgent priority of this model. In recognition of the urgent needs facing Black and Indigenous youth with mental health needs in our community, we are recommending that 6 New Indigenous Healing and Afrocentric FTE's are introduced into the municipal service map. We have identified Waitlisted B & Youth as an effective (but not sole) referral point for introducing CR wraparound supports to the local Youth MH service map. We also recognize that the future success of culturally anchored, justice-diversion initiatives for youth in crisis and non-police response models, depends on an existing basic CR municipal service infrastructure for B & I youth with MH needs.

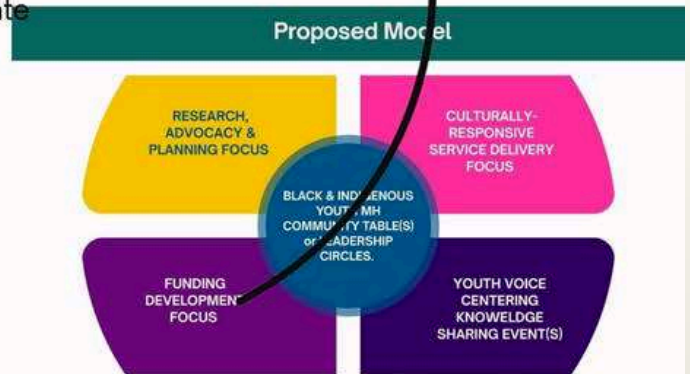
Practice Model

PROPOSED MODEL

Funding Development Focus

CORE RECOMMENDATIONS

- Prioritize mixed-funding model. Include participation and partnership from all government partners, private sector and community foundations.
- Continue to promote best practices for funding equity, protect equity-based funding allocations, and raise awareness on the impact of funding racism on Black and Indigenous Youth MH
- Support coordinated region wide-applications with appropriate CS community consultation to maximize and leverage funding opportunities.
- Improve coordinated grant application readiness through Culturally Safe consensual research and data sharing and building community trust and respectful partnerships.



There are significant opportunities for coordinated funding development efforts that currently go untapped due to siloed practices. This model provides a solution and an organizing structure to leverage existing resources and attract new funding into the community through coordinated applications and advocacy. This model is designed to naturally function as a local Community of Practice (CoP) that can safe-guard and uplift TVIC and ARAC approaches to resource planning with the goal of reducing harm and creating sustainability around mental health services for B & I youth.

PROPOSED MODEL

Research, Advocacy & Planning Focus

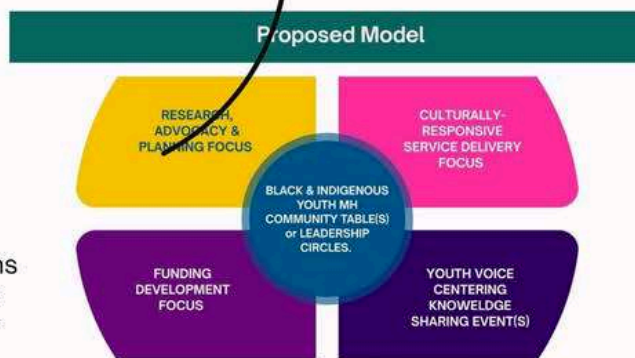
CORE RECOMMENDATIONS

Invite ongoing leadership and input from Black & Indigenous Researchers, Traditional Knowledge Holders and field experts.

Maintain Evidence & Living Experience Informed(ELEI) approaches to knowledge creation around continued improvement of proposed model.

Advocate for Equity Plans including Black Health Plans and Indigenous Health Plans within the Mental Health Service System that include dedicated resources for social prescribing and CS contracting practices.

Ensure use of demographic data collection tools across MH Service Systems that meet provincial standards and promote community access where appropriate to increase understanding of our youth population health needs.



We recommend that this model maintains a research focus and engages with local and national knowledge holders and B & I researchers. We recognize the value of Afrocentric and Indigenous scholarship and community knowledge in continuing to guide CR service interventions for B & I youth in Canada. We propose a model that uplifts anti-oppressive and participatory approaches of documenting B & I youth experiences. A research focus will also ensure ongoing recognition of B & I youth as priority health populations and promote promising practices in demographic data collection.



Practice Model

PROPOSED MODEL

Youth-Voice Centering Knowledge Sharing Events

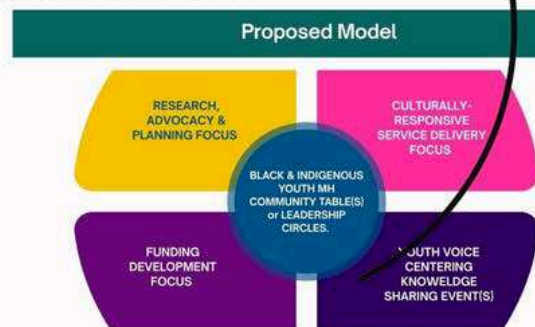
CORE RECOMMENDATIONS

Create opportunities for Black & Indigenous Youth to gather, celebrate, co-create and advance Youth MH education in the community.

Promote respect for Black and Indigenous Collectivist and Intergenerational caregiving by supporting CS gathering practices as integral to the practice model.

Support elementary, secondary and post-secondary Student Unions as important peer support spaces. Support MH knowledge sharing in cultural events, faith-based events, traditional family events and other circles of support.

Create participatory spaces for youth-led movement building as integral to model and champion opportunities for diverse youth-defined modalities to promote mental wellness. (Example: arts, sports, technology, etc.)



Supporting existing and creating new spaces in the community for youth to gather, celebrate, advocate and co-create must remain a key feature of this practice model. We recognize that B & I youth must be supported to participate and have leadership in identifying and creating tools to advance their own mental wellness. Youth-voice must continue to be respected and have a guiding role in our efforts to advance CR youth mental health services.



Conclusion

Community-led organizations like the Healing of the Seven Generations (H7G), the African Community Wellness Initiative (ACWI), African Family Revival Organization (AFRO), and Kind Minds Family Wellness (KMFV) are proving that culturally anchored supports can effectively disrupt systemic inequities and empower Black and Indigenous youth. Through innovative practices such as land-based healing, intergenerational drumming, and youth-led facilitation, these programs have cultivated resilience, reduced isolation, and built leadership, as evidenced by high engagement and transformative youth voices. By investing now in sustainable funding, validated cultural models, and capacity building, funders can reduce reliance on overburdened systems, advance racial justice, and create scalable solutions. The time for action is critical, going beyond land acknowledgement and rhetoric to committing funds to upscale these proven models across Canada, conduct research, resource grassroots organizations and demonstrate the will to build an equitable society.



References

Alumona, C. J., Maduforo, A. N., Awosoga, O. A., Johnson N. A., Scott S. D. McClurg C. Alaazi D. A. & Salami B. (2025). Health of Black children and youth in Canada: A scoping review. BMC Public Health, 25, 3024. <https://doi.org/10.1186/s12889-025-24474-6>

Bannerji, H. 1996. 'On the Dark Side of the Nation: Politics of Multiculturalism and the State of Canada.' Journal of Canadian Studies, 31(3): 250–75.

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. The Canadian Journal of Psychiatry, 63(7), 481–491. <https://doi.org/10.1177/0706743717741061>

Coombs, A., Joshua, A., Flowers, M., Wisdom, J., Crayton, L. S., Frazier, K., & Hankerson, S. H. (2022). Mental Health Perspectives Among Black Americans Receiving Services From a Church-Affiliated Mental Health Clinic. Psychiatric Services (Washington, D.C.), 73(1), 77–82. <https://doi.org/10.1176/appi.ps.202000766>

Dei, G. J. S. (1997). Race and the production of identity in the schooling experiences of African-Canadian youth. Discourse: Studies in the Cultural Politics of Education, 18(2), 241–257.



References

Fallon, B., Black, T., Van Wert, M., & Houston, E. (2015). Child welfare and youth justice: The relationship between maltreatment-related investigations and justice system involvement. Canadian Child Welfare Research Portal. <https://cwrp.ca/publications/child-welfare-and-youth-justice-relationship-between-maltreatment-related-investigations>

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>

Government of Canada. (2022). Black Justice Strategy. <https://www.canada.ca/en/public-safety-canada/campaigns/black-justice-strategy.html>

Ineese-Nash, N., Stein, M., & Patel, K. (2022). Wiingushk okaadenige (sweetgrass braid): A braided approach to indigenous youth mental health support during COVID-19. *International Journal of Indigenous Health*, 17(1), 41–72. doi:<https://doi.org/10.32799/ijih.v18i1.36721>

James, C. E., & Turner, T. (2017). Towards race equity in education: The schooling of Black students in the Greater Toronto Area. York University. <https://edu.yorku.ca/files/2017/04/Towards-Race-Equity-in-Education-2017.pdf>



References

Lateef, H., Adams, L., Bernard, D., Jellesma, F., Frempong, M. R. K., Boahen-Boaten, B. B., Leach, B. C. B., Borgstrom, E., & Nartey, P. B. (2024). Mental Health Treatment-Seeking Appraisal, Afrocentric Cultural Norms, and Mental Health Functioning: Buffering Factors of Young Black Men's Externalizing Behavior. *Journal of Racial and Ethnic Health Disparities*, 11(5), 3150–3161. <https://doi.org/10.1007/s40615-023-01771-7>

Oba, F., Miller, A., & Lamirande, M., (2024) School Leadership in Waterloo Region Must Show Black Youth Their Lives Matter, *Journal of School Leadership* 34 (1) 47-66

DOI: 10.1177/10526846231174150/ ID: JSL-22-0070.R1.

Oba, O. (2018). It takes a village – Schooling out of place: School experiences of Black African youth in Waterloo Region [Doctoral dissertation, Wilfrid Laurier University]. Scholars Commons@ Laurier.

Planey, A. M., Smith, S. M. N., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Children and Youth Services Review*, 101, 190–200. <https://doi.org.ca/10.1016/j.childyouth.2019.04.001>

Public Health Agency of Canada. (2024). The National Suicide Prevention Action Plan (2024 to 2027). <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/national-suicide-prevention-action-plan-2024-2027.html>



References

Statistics Canada. (2019). Suicide among First Nations people, Métis and Inuit (2011–2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC). Catalogue no. 99-011-X2019001. <https://www150.statcan.gc.ca/n1/pub/99-011-x/99-011-x2019001-eng.htm>

Walsh, R., Danto, D. & Sommerfeld, J. Land-Based Intervention: a Qualitative Study of Knowledge and Practices Associated with One Approach to Mental Health in a Cree Community. *Int J Ment Health Addiction* 18, 207–221 (2020). <https://doi.org/10.1007/s11469-018-9996-3>

Wexler, L. M., & Gone, J. P. (2012). Culturally responsive suicide prevention in indigenous communities: Unexamined assumptions and new possibilities. *American Journal of Public Health*, 102(5), 800–806.

Yerichuk, D., & Juma, F. (2021). Awakened to Racial Justice: Music Educator Responses to The Gahu Project. *Canadian Music Educator*, 63(1), 49–58.

Yosso, T. J. (2002). Toward a Critical Race Curriculum. *Equity & Excellence in Education*, 35(2), 93–107. <https://doi.org/10.1080/713845283>