



Mental Health in Hamilton's Black Community: A Symposium Report



SSHRC
CRSH

INGRID WALDRON, PH.D., REEMAL SHAHBAZ, MSC., OSATOHANWEN JOANNE
OKUNGBOWA, MPH., MARISA YOUNG, PH.D., PATRICIA OGBA, PH.D., OLUSOLA
OLASUPO, PH. D., DAVID GREEN, PH.D.

Acknowledgments

PERFORMERS

Afiwi Groove School - Drumming and Dance Performances
Randell Adjei - Spoken Word Performance (Ontario Poet Laureate)
Rhonda George, DJ CRYSTAL MUSIC

VOLUNTEERS

Teniola Abadahunsi
Dr. Loa Gordon
Stephanie Henry
Aditya Kalra
Hanna Tilahun Solomon

CO-SPONSORS

Afro Canadian Caribbean Association Hamilton
Refuge Hamilton Centre for Newcomer Health
Canadian Mental Health Association of Hamilton
The Hamilton Anti-Racism Resource Centre
Advanced Research on Mental Health and Society (RMS)
The Greater Hamilton Health Network
McMaster University Community Research Platform

CATERER

Conrod's Caribbean Kitchen

PHOTOGRAPHER

Abigail Samuels

WITH GRATITUDE

The Planning Committee expresses deep gratitude to all community partners, presenters, performers, volunteers and attendees for advancing critical conversations and collaborative action to support the mental health and well-being of Black people in Hamilton.

Acknowledgments

CONFERENCE FUNDER

Social Sciences and Humanities Research Council of Canada (SSHRC)

SSHRC Connection Grant - “Mental Health in Hamilton’s Black Community: A Symposium”

VENUE

McMaster University Centre for Continuing Education

1 James Street North, Hamilton, Ontario

Provided with in-kind support from the McMaster Office of Community Engagement.

SSHRC CONNECTION GRANT TEAM

Dr. Ingrid Waldron, Principal Applicant

Dr. Patricia Ogba, Co-Applicant

Dr. Olusola Olasupo, Co-Applicant

Dr. David Green, Co-Applicant

Dr. Marisa Young, Co-Applicant

RESEARCH STAFF

Reemal Shahbaz, Doctoral Research Assistant

Joanne Okungbowa, Master's Research Assistant

CONFERENCE HOST

Josie Elysia

PARTNER ORGANIZATION

Advanced Research on Mental Health and Society

SPEAKERS

Dr. Suzanne Archie

Uchechukwu Godsgift Aigbogun

Michael Dangana

Dr. Sandy Ezepue

Stephanie Henry

Dr. Kwame McKenzie

Melinda Milonga

Tychon Carter-Newman

COLLABORATORS

Rayanne Banaga

Terri Bedminster

Caitlin Craven

Susanne Dorder

Brad Evoy

Michael Opoku Forfieh

Dr. David Green

Omo Ibhawoh

Dr. Gift Madojemu

Evelyn Myrie

Dr. Olusola Olasupo

Dr. Patricia Ogba

Land Acknowledgments

We acknowledge that Mental Health in Hamilton's Black Community: A Symposium was held in the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee and Mississaugas. This land is covered by the Dish with One Spoon Wampum Belt Covenant, which was an agreement between the Haudenosaunee and Anishinaabek to share and care for the resources around the Great Lakes. We further acknowledge that this land is covered by the Between the Lakes Purchase, 1792, between the Crown and the Mississaugas of the Credit First Nation. We acknowledge this land not only in thanks to the Indigenous communities who have held relationship with this land for generations, but also in recognition of the historical and on-going legacy of colonialism.

As people of African descent, we offer this land recognition in solidarity with the Indigenous peoples as we gather on the land. For thousands of years, Indigenous peoples inhabited and cared for this land and continue to do so today. Many of us have come here as settlers, and newcomers in this generation, or generations past. We are mindful of broken covenants, and we strive to make this right with the land and with each other. We would also like to acknowledge those of us who came here involuntarily, particularly because of the Trans-Atlantic Slave Trade. And so, we honour and pay tribute to the ancestors of African Origin and Descent. We are grateful to have the opportunity to live and work on this land, and by doing so, give our utmost respect to its first inhabitants.



INDEX

Table of Content

01

EXECUTIVE SUMMARY

11

SYMPOSIUM LEARNINGS

02

SYMPOSIUM OVERVIEW

22

NEXT STEPS

04

BACKGROUND

08

SYMPOSIUM ACTIVITIES



EXECUTIVE SUMMARY



Mental Health in Hamilton's Black Community: A Symposium aimed to create a collaborative space for knowledge exchange, strengthening partnerships across sectors, and identifying pathways toward culturally responsive and equitable mental health care for Black communities in Hamilton. The event featured a combination of keynote speakers, roundtable discussions, workshops, and cultural presentations designed to foster dialogue and reflection. Symposium attendees discussed the intersections of race, mental health, and systemic inequity, emphasizing how social determinants, stigma, and institutional barriers contribute to health disparities. A recurring theme across sessions was the need to embed anti-racism, cultural safety, and community leadership into mental health research, service delivery, community-based wellness supports, and policy development. Participants also highlighted the importance of mentorship, education, and sustained investment in Black-led and community-informed initiatives. All-in-all, the symposium highlighted that improving Black mental health in Hamilton requires ongoing collaboration between academic, policy, and community partners. It demonstrated the value of collective dialogue in bridging research and practice and in shaping more inclusive, locally grounded solutions. The report concludes with next steps focused on disseminating symposium insights, engaging community stakeholders in follow-up discussions, and exploring opportunities for future initiatives that advance equity, representation, and culturally-sensitive mental health support for Black communities in Hamilton

SYMPOSIUM OVERVIEW

Mental Health in Hamilton's Black Community: A Symposium was the first event of its kind in Hamilton, Ontario, dedicated to addressing the mental health needs and experiences of Black individuals. This important gathering was held on Thursday, June 26, 2025, from 9:00 a.m. to 4:30 p.m. at the McMaster University Centre for Continuing Education, located at 1 James Street North, Hamilton, Ontario. This one-day event provided a vital space for collaboration among scholars, students, clinicians, Black Hamiltonians, community leaders, mental health service providers, and policymakers. It also aimed to work towards improving mental health outcomes for Black people in Hamilton and to strengthen partnerships that promote culturally competent, community-informed, and equitable mental health care.



This symposium was based on Dr. Ingrid Waldron & Colleagues (2024) study on the structural and social determinants of mental health among Black youth in Hamilton (Waldron et al., 2024). The study revealed that systemic racism, socio-economic marginalization, stigma, and the lack of culturally safe and representative mental health services continue to shape the experiences of Black youth seeking care (Waldron et al., 2024). It also highlighted the need for community-based research, intersectoral collaboration, and knowledge mobilization in building more accessible and inclusive mental health supports for Black individuals (Waldron et al., 2024). Grounded in these findings, the symposium sought to foster community dialogue such that there may be more equitable, inclusive, and responsive mental health systems for Black populations in Hamilton.

Overall Project Goal

The overall goal of this project was to generate sustainable connections between scholars and students, mental health policymakers, community leaders, community organizations, mental health service providers, and Black people to create integrated networks seeking to support the mental health of Black Hamiltonians. This involves leveraging strategic multidisciplinary and multi-sectoral partnerships and targeted knowledge mobilization approaches for addressing the challenges Black individuals experience accessing culturally competent mental health services in Hamilton.

Project Objectives:

To achieve the overarching goal, the four main objectives of this project were:

1. To organize a symposium that will bring together a diverse group of people such as Black people with lived experience, mental health policymakers, mental health service providers, researchers, community leaders, community organizations, and the public to engage in a dialogue on best practice approaches to address challenges in accessing mental health services among Black individuals in Hamilton.
2. To train and mentor graduate student trainees to engage with new ways of conceptualizing and addressing mental health issues experienced by Black Hamiltonians.
3. To identify and leverage collaborative partnerships among diverse professionals at and beyond the symposium to address mental health issues experienced by Black communities in Hamilton.
4. To identify diverse, creative, and targeted knowledge mobilization strategies that will facilitate the translation, dissemination and mobilization of knowledge from the project.



BACKGROUND

Good mental health and equitable access to mental health services are fundamental human rights (Adu et al., 2025b). Yet these rights are not equally realized across populations (Cénat et al., 2025; Douglas et al., 2022). In Canada, approximately one in five people experience a mental health condition and face challenges accessing appropriate care; with these inequities being even more pronounced among Black communities (Fante-Coleman & Jackson-Best, 2020; Canadian Institute for Health Information, 2023). During the COVID-19 pandemic, a Statistics Canada survey found that Black participants reported poorer self-rated mental health compared with White participants. Specifically, 27.9% of Black respondents rated their mental health as fair or poor, compared with 22.9% of White respondents (Mental Health Commission of Canada, 2021). Consistent with these findings, research shows that Black people living in Canada experience higher rates of anxiety, depression and psychological distress than the general population (Cénat et al., 2025; Adu et al., 2025b; Fante-Coleman & Jackson-Best, 2020; Waldron et al., 2024).



These disparities are rooted in interpersonal, structural and institutional forms of anti-Black racism, which act as barriers to accessing timely, safe and appropriate care (Adu et al., 2025b; Siddiqi et al., 2017; Waldron et al., 2024). Anti-Black racism refers to the discrimination, prejudice and harm directed towards people of Black African descent (Adu et al., 2025a; Douglas et al., 2022; Siddiqi et al., 2017). It disenfranchises Black people socially, economically, and politically because anti-Black racism is embedded within broader social, political and institutional systems, including laws, policies and social norms (Adu et al., 2025a; Douglas et al., 2022; Siddiqi et al., 2017).



Anti-Black racism manifests in unequal access, limitation or exclusion to resources, opportunities and rights, which can lead to detrimental effects on the physical, mental and social health of Black people and their communities across generations (Adu et al., 2025a; Douglas et al., 2022; Gee et al., 2019; Siddiqi et al., 2017). Such forms of racism contribute to implicit and explicit biases that Black people often encounter when engaging with essential systems such as housing, education, employment, law enforcement and healthcare (Adu et al., 2025b; Fante-Coleman & Jackson-Best, 2020). When in fact, these are the institutions that are meant to enhance, rather than hinder, one's quality of life (Government of Canada, 2020).

Discrimination and prejudice within essential service systems serve as significant barriers to access, as Black individuals may limit their engagement with institutions to avoid retraumatization and the worsening of their mental health. For example, research shows that Black youth and young adults often delay accessing mental health services until symptoms have become severe enough to interfere with daily functioning (Fante-Coleman & Jackson-Best, 2020). When they do engage with care, they are more likely to enter the mental health system through emergency or forensic pathways, such as during interactions with the judicial system or hospital emergency departments (Fante-Coleman & Jackson-Best, 2020). Fante-Coleman and Jackson-Best (2020) suggest that these involuntary and crisis-driven points of entry are linked to systemic over-surveillance, heightened policing of Black communities and a lack of timely, accessible mental health care (Fante-Coleman & Jackson-Best, 2020).

Institutionalized anti-Black racism in Canada acts as a barrier to key social determinants of health and has both acute and chronic effects on the overall well-being of Black people living in Canada, including their mental health (Adu et al., 2025b). Research shows that Black people born in Canada are more likely

to report early traumatic experiences related to anti-Black racism compared with Black newcomers (Adu et al., 2025b). This highlights the nuance, complexity, and diversity of experiences with anti-Black racism; as its manifestations and effects differ across intersecting identities such as age, gender, sexuality, income, education, religion, skin tone, hair texture, and other social and ascribed characteristics (Cénat et al., 2022). Studies underscoring the increased probability of poor mental health for racialized people in Canada who experience multi-layered incidents of discrimination (Sinha, 2025; Waldron et al., 2024). Sinha et al., noted that 34% of people who experienced repeated incidents of discrimination reported poorer mental health (Sinha, 2025). Similarly, studies have shown that exposure to racial discrimination increases the likelihood of suicidal ideation or attempts among adolescents compared with those who have not experienced racism (Adu et al., 2025b). With other studies reporting that “suicide rates among Black children aged 5–12 are twice as high as those among White children” (Adu et al., 2025b).



In this context, poor mental health is understood not merely as an individual condition but as an outcome shaped by broader systemic inequities that influence social and economic well-being (Cénat et al., 2025; Government of Canada, 2020). Consequently, poor mental health outcomes have become an increasingly serious public health concern, particularly within Black communities in Canada (Adu et al., 2025b; Cénat et al., 2025; Fante-Coleman & Jackson-Best, 2020; Government of Canada, 2020; Waldron et al., 2024). Addressing poor mental health is imperative, as its effects can extend across the life course (Adu et al., 2025b; Gee et al., 2019). Evidence indicates that the mental health of parents can influence fetal development in utero, shape the social and behavioural growth of children, and affect key socioeconomic outcomes such as education, employment, and social relationships throughout adolescence and adulthood (Bernard et al., 2021; Estriplet et al., 2022; Gee et al., 2019). Poor mental health increases the risk of chronic disease and can substantially diminish quality of life (Gee et al., 2019; Siddiqi et al., 2017); with increased effects among older adults who often experience social isolation and co-morbidities (Gee et al., 2019; World Health Organization, 2023).

Emerging research indicates that many of these outcomes are preventable through increased accessibility in mental health services, increased knowledge mobilization, capacity building and organizational support for practitioners, representation and inclusion of Black staff, trust and community building, culturally responsive and safe care (Adu et al., 2025b; Fante-Coleman & Jackson-Best, 2020; Waldron et al., 2024). Culturally adaptive approaches that recognize and affirm the experiences, histories, and identities of Black people have been shown to improve engagement with mental health services and promote better outcomes (Adu et al., 2025b; Fante-Coleman & Jackson-Best, 2020; Waldron et al., 2024). Despite growing awareness of these benefits, access to culturally appropriate care remains limited across most regions in Canada (Waldron et al., 2024). A major challenge in addressing these disparities is the lack of standardized, race-based mental health data (Adu et al., 2025a). Without consistent data collection across provinces and territories, it is difficult to fully understand the scope of need, identify service gaps, or design evidence-based interventions tailored to Black communities (Douglas et al., 2022). This data gap constrains both policy development and service delivery, reinforcing existing inequities in care (Douglas et al., 2022).



SYMPOSIUM ACTIVITIES

The Mental Health in Hamilton's Black Community Symposium was held on June 26, 2025, at McMaster University's Centre for Continuing Education in Hamilton, Ontario. The one-day event brought together scholars, practitioners, policymakers, community leaders, service providers and Black youth to engage in meaningful dialogue on the structural determinants of mental health and the barriers faced by Black people living in Hamilton in accessing culturally competent care.



The day began with a catered breakfast and an African drumming performance by the Afiwi Groove School, setting a culturally affirming and inclusive tone. Following a land and ancestral acknowledgment and welcome address by Dr. Ingrid Waldron, the symposium host, Josie Elysia, outlined the day's agenda. The opening keynote panel was facilitated by Dr. Gift Madojemu, a resident physician in the Department of Psychiatry and Behavioural Neurosciences at McMaster University and featured four speakers representing diverse perspectives on Black youth mental health. Tychon Carter-Newman, motivational speaker and winner of Big Brother Canada, shared his lived experience with mental health challenges. Dr. Kwame McKenzie, psychiatrist and CEO of the Wellesley Institute, provided the clinician's perspective on addressing mental illness among Black youth and adults. Dr. Suzanne Archie, psychiatrist and researcher in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, discussed her research on mental health among Black youth in Hamilton. Finally, Sandra Ezepue, Executive Director of the Hamilton Urban Core Community Health Centre, contributed insights from a community-based perspective, highlighting the work of the Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY). This multidisciplinary approach underscored the event's commitment to equitable knowledge-sharing across sectors.

SYMPOSIUM ACTIVITIES

Cultural expression continued through an African dance performance and musical interludes before the youth plenary session, where four Black youth, Stephanie Henry, Melinda Milonga, Michael Dangana and Uchechukwu Aigbogun, shared their personal experiences with mental health challenges and barriers to accessing care. These testimonies provided critical insights into the lived realities that shape the symposium's broader objectives.



In the afternoon, participants joined concurrent roundtable discussions focused on mental health research, service delivery, community-based supports and policy development. The afternoon portion of the symposium featured four concurrent roundtable discussions, each moderated by a designated facilitator. Omo Ibhawoh facilitated the roundtable on Mental Health Research, Michael Opoku Forfieh led the discussion on Mental Health Service Delivery, Rayanne Banaga facilitated the session on Community-Based Social Well-Being Supports and Susan Dorder moderated the roundtable on Mental Health Policy. Moderated by experienced facilitators, these sessions encouraged solution-oriented dialogue and intersectoral collaboration. Notes and recordings from each discussion were collected to inform the symposium report and guide future initiatives.

SYMPOSIUM ACTIVITIES

A collaborative workshop on building interdisciplinary and intersectoral partnerships followed, co-facilitated by academic and community leaders: Dr. David Green, Terri Bedminster, Caitlin Craven, and Brad Evoy. This session focused on identifying practical strategies to improve Black youth's access to mental health services and to strengthen cooperation among organizations across Hamilton's mental health landscape.



The day concluded with a spoken word performance by Ontario's Poet Laureate, Randall Adjey, and a closing session facilitated by Evelyn Mirie, President of the Afro-Canadian Caribbean Association of Hamilton. The final discussion synthesized key takeaways and highlighted pathways for fostering a more inclusive and culturally responsive mental health system for Black youth in Hamilton.

SYMPOSIUM LEARNINGS



Overview of Symposium Learnings

The event provided an interdisciplinary forum for critical dialogue on the systemic, social and cultural barriers that shape mental health outcomes for Black Hamiltonians. Participants explored the complex interplay between anti-Black racism, economic inequality, stigma and the Eurocentric orientation of existing mental health systems. These discussions illuminated how such factors collectively influence access to care, quality of treatment and the broader mental well-being of Black communities in Hamilton.

Throughout the symposium, participants identified several recurring themes reflecting both challenges and opportunities for systemic change. They emphasized that mental health outcomes are deeply affected by experiences of interpersonal and structural racism, social isolation, intergenerational trauma and youth-specific stressors related to identity, education and family responsibilities. Attendees highlighted the urgent need for culturally competent and representative care, noting that trust, relational continuity and meaningful community engagement are essential to effective service delivery. Structural inequities such as housing instability, income precarity and limited access to information were also discussed as major barriers that prevent Black people and families from seeking or maintaining care.



The symposium further underscored the importance of community leadership, stable funding and policy reform in building sustainable mental health support systems. Participants stressed that Black-led organizations possess the cultural knowledge and lived experience necessary to design and deliver effective programs. They called for a reorientation of funding and governance structures to ensure that Black communities are not only consulted but also included in decision-making processes that affect their well-being. Moreover, interdisciplinary collaboration, cross-sectoral communication, and trust-based partnerships were identified as critical components of an equitable mental health system.



Finally, participants emphasized the need for trauma-informed, anti-racist approaches and ongoing workforce training to ensure culturally safe service provision. They also highlighted gaps in research practices, particularly the lack of Black leadership and data sovereignty in mental health research. Addressing these gaps was viewed as essential for developing interventions that reflect the lived experiences and priorities of Black people living in Canada. In sum, the symposium demonstrated the urgent need for coordinated, culturally grounded and structurally informed approaches to mental health care for Black people in Hamilton. It reinforced the importance of Black leadership, community partnership, and systemic reform as foundational to achieving equitable mental health outcomes and advancing long-term community well-being.

What We Learned

1

Key Mental Health Issues Affecting Black Hamiltonians

2

Experiences Accessing Culturally Competent Services

3

Structural Factors Shaping Help-Seeking

4

Actions Needed

5

Fostering Interdisciplinary Partnerships

6

Policy Considerations

7

Community-Based Wellness Supports

8

Mental Health Services

9

Research on Black Mental Health



What We Learned

The symposium generated rich qualitative data through roundtable discussions and collaborative group workshops. With participants' consent, these discussions were audio-recorded to accurately capture the conversations and ideas shared by the attendees. The recordings were then transcribed verbatim. Correspondingly, the transcripts were analyzed using a thematic analysis approach, supported by the NVivo qualitative coding software to help organize the data. The research team began by carefully reading the transcripts several times to become familiar with the discussions. Initial codes were created to capture important words, phrases, or ideas related to participants' experiences and perspectives on mental health. These codes were then reviewed again and grouped into broader themes that represented shared concerns and priorities across participants. The final set of nine themes, presented below, reflects the collective insights, priorities, and recommendations of participants and provides a foundation for understanding the mental health realities of Black communities in Hamilton.



Symposium Themes:

1. Key Mental Health Issues Affecting Black Hamiltonians **Racial Battle**

Participants described their experiences of systemic and interpersonal anti-Black racism as a central determinant of mental health. Symposium attendees reiterated that health concerns raised by Black individuals are often dismissed or minimized. They also noted that racism frequently operates in subtle ways that may only become visible when directly confronted, yet its harmful effects are clearly reflected in health outcomes and broader inequities.



Isolation and Belonging

Feelings of isolation and exclusion emerged as a recurring pattern. Participants described feeling invisible or unrepresented, whether as descendants of enslaved people in Canada or as newcomers facing culture shock and systemic barriers. The absence of recognition for Black history, combined with the erosion of traditional communal supports, deepened feelings of disconnection. These dynamics were explained as shaping identity struggles and undermining a sense of belonging.

Cumulative Grief and Trauma

Black Hamiltonians articulated the layered emotional burdens they face, where personal hardship is intertwined by intergenerational trauma, racial violence, and the ongoing impacts of colonialism. Participants stressed that mainstream mental health services often overlook or normalize these realities, leaving racial trauma and stress unacknowledged. They described trauma as cumulative, with multiple sources of pain intersecting over time to profoundly affect mental health.

Youth-Specific Stressors

Black youth were described as facing distinct stressors related to identity, education, family responsibilities, and systemic barriers. Symposium attendees explained that many youth feel lost between cultural histories and Canadian contexts, while also grappling with intergenerational poverty and racism within schools. Limited parental involvement, often due to settlement pressures, was also identified as a contributing factor. These unaddressed stressors frequently escalate, leading to challenges such as substance use, school disengagement, and mental health struggles.

2. Experiences Accessing Culturally Competent Services Representation

Participants highlighted the importance of representation in service provision, stressing that Black service providers bring cultural knowledge and lived experience that allow for more responsive and relevant support. They stated that without such representation, the realities of Black clients are often misunderstood or ignored.

Trust and Relational Continuity

Another barrier raised was the lack of continuity in mental health care. Participants voiced frustration at having to repeatedly recount their personal stories to new providers, describing this as exhausting. They emphasized the need for long-term, trust-based relationships with care providers, which they viewed as essential for effective and supportive care.

Superficial Consultation

Participants also voiced frustration about superficial consultation practices. They reported being asked to share their experiences in research or service consultations but rarely seeing meaningful change result from their contributions. This was perceived as symbolic and more about checking boxes than genuinely incorporating community input into program or policy design.



3. Structural Factors Shaping Help-Seeking

Housing and Income Precarity

Stable housing was described as a basic human right and a foundation for mental health. Participants recounted systemic barriers to housing, including anti-Black racism in the rental market, particularly for refugees, as well as exploitative and unsafe living conditions. They pointed out that without stable housing, it becomes very difficult to meet basic needs, maintain well-being, or access mental health services.

Information Gaps

Participants reported significant gaps in information and communication across systems, which leads to confusion and fragmentation. These gaps further leave Black people without the resources or understanding needed to access mental health supports.

Eurocentric Care Systems

Participants strongly critiqued mental health systems as being rooted in Eurocentric, colonial frameworks designed largely by white professionals without input from Black communities. They stated that this systemic bias sustains inequities and produces care models that fail to account for Black experiences. Misdiagnosis, inappropriate treatment, and the absence of cultural safety illustrate how Euro-dominant models fail to account for the holistic and lived realities of Black clients.

4. Actions Needed

Fund Black-Led Organizations and Initiatives

Participants stressed the importance of directing resources to Black-led organizations rather than channeling funding primarily through white-led institutions. They stated that Black communities themselves hold the expertise, lived experience, and historical knowledge required to design and deliver programs that are genuinely effective. Investing in Black-led initiatives was seen as a critical step toward ensuring that services are tailored to the unique needs of the community.

Community Governance

In addition to funding, participants drew attention to the need for meaningful community governance in program and policy design. They conveyed that Black community members must not only be consulted but also actively included in decision-making structures. By having a direct role in governance, the community can ensure that services reflect their realities and priorities rather than being imposed by external institutions.

5. Fostering Interdisciplinary Partnerships

Trust and Respectful Collaboration

Building partnerships rooted in trust and respect was highlighted as a pivotal requirement for effective mental health support. Participants explained that interdisciplinary and intersectional collaborations must be grounded in authentic engagement with the Black community. They noted that true partnership involves listening to stakeholders, understanding community needs, and fostering long-term relationships across different sectors to create coordinated solutions.

Awareness of Partnerships

Participants also stressed the need for greater awareness of existing resources and potential collaborators. They pointed out that service providers are often unaware of the full range of available supports, which creates gaps in service delivery. Increasing awareness and knowledge of resources was seen as necessary for providers to connect clients with the care they require.

Clear Communication

Participants called for improved communication among organizations. They emphasized the importance of listening to each other's expertise, sharing information about available services, and coordinating referrals. This level of collaboration was described as key to reducing fragmentation in the system and ensuring more seamless care for Black clients.



6. Policy Considerations

Black Leadership

Participants highlighted the urgent need for Black leadership in research, policy, and service design. They mentioned that decision-making tables often exclude Black voices, which results in policies that fail to address community realities. Having Black leadership was described as essential to ensure that the perspectives, priorities, and lived experiences of the community are represented in meaningful ways.

Stable Funding

Sustainable and long-term funding was identified as another major policy priority. Participants explained that current funding structures, characterized by short timelines, year-end allocations, and project-based grants, undermine the stability of programs. They explained that meaningful progress requires consistent multi-decade investment, adequate resources, and structural commitments to address systemic disparities. Without stable funding, Black-led programs remain vulnerable and cannot fully meet the needs of the community.

Youth and Education Policy

Participants also reinforced that youth programs and education policies must be youth-led. They discussed that young people should be consulted and also given genuine power, autonomy, and leadership in shaping programs. Meeting youth where they are and tailoring initiatives to diverse populations of Black youth were seen as crucial for nurturing their resilience, engagement, and well-being.

7. Community-Based Wellness Supports Available Supports

Participants accentuated the valuable contributions of community-based organizations in Hamilton, such as Refuge: Hamilton Centre for Newcomer Health, Good Shepherd Centres, Bikita House, Wesley Urban Ministries, and the Muslim Association of Hamilton. These organizations provide critical services in areas including healthcare, housing, employment, and food security. Symposium attendees elucidated that these supports are paramount for Black communities and represent important points of access for comprehensive care.

Client-Centric Supports

In discussing service delivery, participants communicated that supports should be designed around the holistic needs of clients rather than the operational priorities of agencies. They illuminated that effective care requires listening deeply to clients, understanding their unique circumstances, and adapting services accordingly. Participants also asserted the importance of celebrating client successes and maintaining open lines of communication, which they saw as central to building trust and supporting healing.

Culture-Based Supports

Participants distinguished that it is pivotal to have culturally responsive support that recognizes the diversity within Black communities. They shared that interventions are more effective when they involve family and community networks, as this approach aligns more closely with cultural norms and collective ways of healing.

8. Mental Health Services

Trauma-Informed Care

Participants repeatedly called for trauma-informed approaches to mental health services. They articulated that such care requires providers to approach clients with mindfulness and sensitivity to the lived experiences of trauma. Symposium discussions suggested that when trauma-informed approaches are integrated into practice, youth and families feel more understood, supported, and connected to appropriate resources.

Workforce Training

Participants also stressed the importance of ongoing workforce training in anti-racism and trauma-informed practice. They noted that one-time workshops are insufficient and argued that training should be embedded into organizational accountability structures. Continuous education and monitoring were seen as necessary to ensure providers can deliver culturally safe and equitable care.

9. Research on Black Mental Health

Data Sovereignty

Participants highlighted that research on Black mental health must be co-designed and co-led by Black community members and Black researchers. They expressed frustration at being studied without having a meaningful role in shaping research agendas. To prevent exploitation, they revealed that data should be owned, stored, and controlled by Black communities themselves.

Cultural and Linguistic Competence

Participants described the importance of culturally competent research teams who can engage respectfully and provide aftercare when community members share traumatic stories. They also pointed out that language plays a critical role in trust-building. When research is communicated in Eurocentric or inaccessible language, it alienates participants and undermines engagement. They explained that true competence involves tailoring communication to different cultures, generations, and linguistic needs.

Knowledge Translation

Participants expressed concern that research often does not lead to real-world change. They explained that findings are rarely translated into programs, funding streams, or policy improvements. To address this, they called for knowledge translation practices that prioritize non-academic language and focus on creating direct, tangible benefits for Black communities.

NEXT STEPS

Following the success of *Mental Health in Hamilton's Black Community: A Symposium*, the next phase of this project will focus on sustaining momentum and translating the knowledge generated into actionable strategies for policy, practice, and community engagement. The symposium revealed that there is a need for stronger collaboration with policymakers, institutional stakeholders, and service providers to ensure structural change and sustainable impact. A central priority moving forward is to develop and strengthen relationships with local and provincial policymakers, as well as leaders within health and mental health institutions. By engaging these decision-makers directly, Dr. Waldron aims to advance policy conversations around health equity and culturally responsive mental health care. These efforts may ensure that the systemic barriers identified in the symposium learnings are addressed through advocacy and policy reform.

Dr. Waldron's recent appointment as a member of Hamilton's Black Health Community Table represents a key step in this direction. Through this collaborative network, she will continue to share insights from the symposium to inform local mental health strategies. The Table will serve as a critical platform for linking academic research with community-level initiatives aimed at improving Black Hamiltonians' mental health outcomes. In addition, this report will be distributed to all symposium participants, community partners, and organizational stakeholders. A special focus will be placed on disseminating the report to Hamilton's Black Mental Health Table, where it could serve as an evidence base for advocacy and planning. This process of targeted dissemination helps position the findings within networks that may be positioned to apply them and drive change.

In the coming months, Dr. Waldron further plans to present the symposium learnings at a range of academic, professional, and community forums to expand their reach and impact. Dr. Waldron and team will share findings with a broad audience through email, social media and presentations. Presentations will be delivered at conferences, guest lectures, and community events, and at the of Hamilton's Board of Health. These presentations will focus on the key themes identified during the symposium such as racial trauma, isolation, youth-specific stressors, the lack of culturally safe services, and the structural factors shaping help-seeking behaviors. Sharing these findings with diverse audiences may deepen understanding of the challenges discussed and encourage evidence-informed dialogue and action.

These next steps are guided by a broader goal, which is to create a coordinated, multi-sectoral approach to Black mental health in Hamilton that bridges the gap between research, policy, and community action. The aim is to collaborate with diverse partner organizations and community leaders through Hamilton's Black Health Community Table to ensure our symposium findings inform health policy and services. Through sustained collaborations, this project aims to embed principles of equity, representation, and self-determination into policy frameworks and institutional practices so that culturally safe, accessible, and responsive mental health care for Black communities becomes an enduring reality.

References

Adu, J., Wong, J. P. H., Boakye, P., Gyamfi, S., Etowa, E. B., & Owusu, M. F. (2025a). Addressing the Stigma of Mental Illness in Black Families and Communities in Ontario, Canada: Protocol for a Mixed Methods Study. *JMIR Research Protocols*, 14, e66851. <https://doi.org/10.2196/66851>

Adu, J., Wong, J. P.-H., Boakye, P., Owusu, M. F., Etowa, E. B., & Gyamfi, S. (2025b). Exploring anti-Black racism and mental health equity in Canada: A scoping review of current literature. *International Journal of Intercultural Relations*, 109, 102308. <https://doi.org/10.1016/j.ijintrel.2025.102308>

Bernard, D. L., Smith, Q., & Lanier, P. (2021). Racial discrimination and other adverse childhood experiences as risk factors for internalizing mental health concerns among Black youth. *Journal of Traumatic Stress*, 35(2). <https://doi.org/10.1002/jts.22760>

Canadian Institute for Health Information. (2023). Canadians short on access to care for mental health and substance use | CIHI. [Cih.ca. https://www.cihi.ca/en/taking-the-pulse-a-snapshot-of-canadian-health-care-2023/canadians-short-on-access-to-care-for-mental-health-and-substance-use](https://www.cihi.ca/en/taking-the-pulse-a-snapshot-of-canadian-health-care-2023/canadians-short-on-access-to-care-for-mental-health-and-substance-use)

Cénat, J. M., Dalexis, R. D., Darius, W. P., Kogan, C. S., & Guerrier, M. (2022). Prevalence of Current PTSD Symptoms Among a Sample of Black Individuals Aged 15 to 40 in Canada: The Major Role of Everyday Racial Discrimination, Racial Microaggressions, and Internalized Racism. *The Canadian Journal of Psychiatry*, 68(3), 070674372211284. <https://doi.org/10.1177/07067437221128462>

Cénat, J. M., Manoni-Millar, S., David, A., Darius, W. P., Ndengeyingoma, A., & Dalexis, R. D. (2025). Mental Health Perception in Black Communities in Canada: The Intergenerational Differences Between Youth and Parents. *Journal of Cross-Cultural Psychology*. <https://doi.org/10.1177/00220221251348674>

Douglas, D., Ndumbe-Eyoh, S., Osei-Tutu, K., Hamilton-Hinch, B.-A., Watson-Creed, G., Nnorom, O., & Dryden, O. H. (2022). Black Health Education Collaborative: the important role of Critical Race Theory in disrupting anti-Black racism in medical practice and education. *Canadian Medical Association Journal*, 194(41), E1422–E1424. <https://doi.org/10.1503/cmaj.221503>

Estriplet, T., Morgan, I., Davis, K., Crear Perry, J., & Matthews, K. (2022). Black Perinatal Mental Health: Prioritizing Maternal Mental Health to Optimize Infant Health and Wellness. *Frontiers in Psychiatry*, 13(807235). <https://doi.org/10.3389/fpsy.2022.807235>

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>

References

Gee, G. C., Hing, A., Mohammed, S., Tabor, D. C., & Williams, D. R. (2019). Racism and the Life Course: Taking Time Seriously. *American Journal of Public Health*, 109(S1), S43-S47. <https://doi.org/10.2105/ajph.2018.304766>

Government of Canada. (2020, September 8). Social determinants and inequities in health for Black Canadians: A Snapshot. Government of Canada. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot.html>

Mental Health Commission of Canada. (2021, February 12). Shining A Light On Mental Health In Black Communities. Mental Health Commission of Canada. <https://mentalhealthcommission.ca/fact-sheets/equityindiversity/shining-a-light-on-mental-health-in-black-communities/>

Siddiqi, A., Shahidi, F. V., Ramraj, C., & Williams, D. R. (2017). Associations between race, discrimination and risk for chronic disease in a population-based sample from Canada. *Social Science & Medicine*, 194, 135-141. <https://doi.org/10.1016/j.socscimed.2017.10.009>

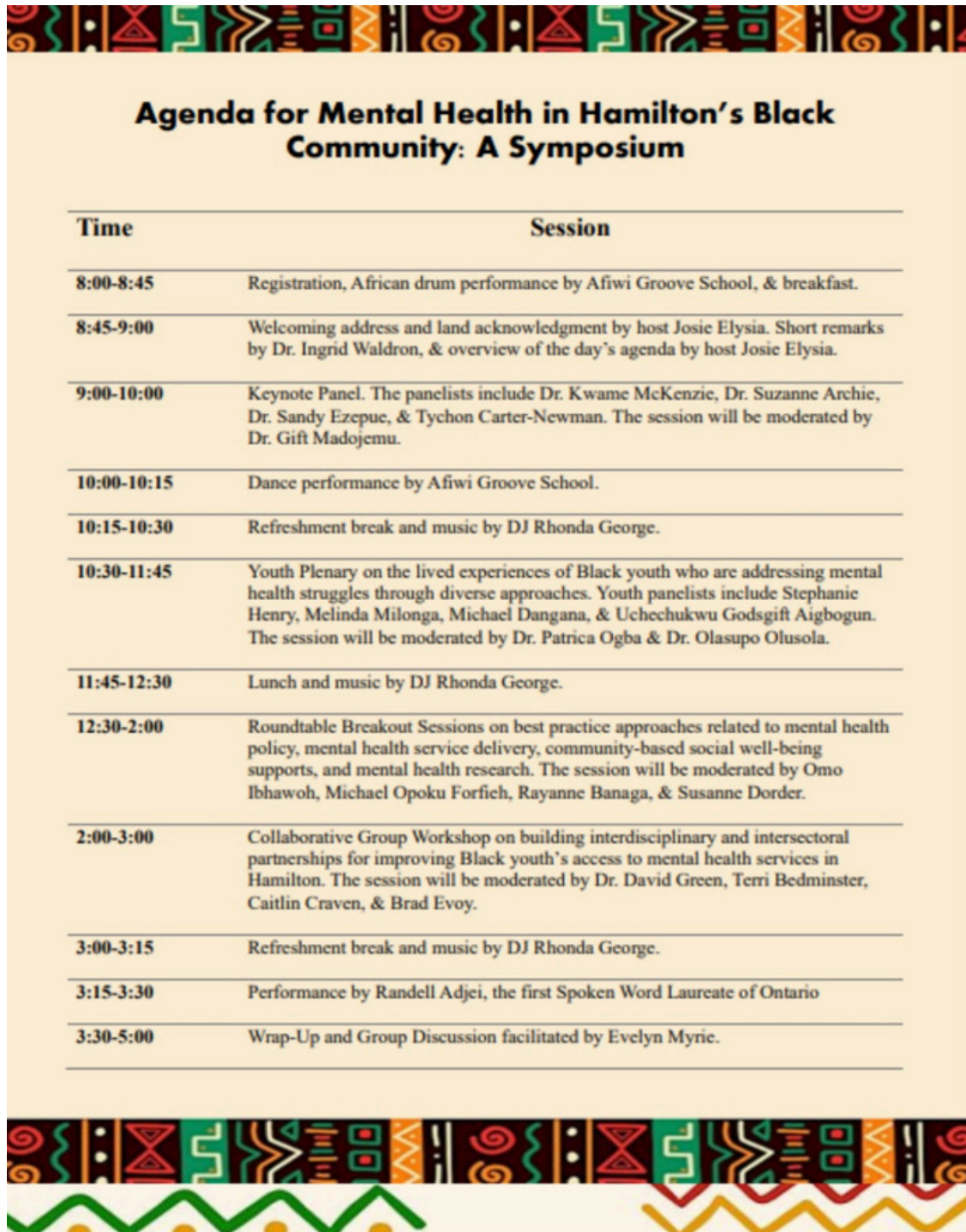
Sinha, M. (2025, July 9). Using the Survey Series on People and their Communities (SSPC), this study provides a profile of the self-reported experiences of discrimination against racialized people in Canada, looking at the prevalence and nature of discrimination based on race or ethnicity, and the risk factors associated with it. It then examines the relationship of discrimination with wellbeing and perceptions of Canadian society, and how these possible effects are mitigated by victims' connections with family and friends. [Statcan.gc.ca](https://www150.statcan.gc.ca/n1/pub/99-011-x/2025001/article/00001-eng.htm); Government of Canada, Statistics Canada.

Waldron, I. R. G., Ogba, P., Green, D., Olasupo, O., Adjekum, S. & Bourmand, R. (2024). Improving access to mental health services among Black youth in Hamilton, Ontario. Hamilton: McMaster University.

World Health Organization. (2023, October 20). Mental health of older adults. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

APPENDICES

APPENDIX I: SYMPOSIUM AGENDA



Time	Session
8:00-8:45	Registration, African drum performance by Afiwi Groove School, & breakfast.
8:45-9:00	Welcoming address and land acknowledgment by host Josie Elysia. Short remarks by Dr. Ingrid Waldron, & overview of the day's agenda by host Josie Elysia.
9:00-10:00	Keynote Panel. The panelists include Dr. Kwame McKenzie, Dr. Suzanne Archie, Dr. Sandy Ezepue, & Tychon Carter-Newman. The session will be moderated by Dr. Gift Madojemu.
10:00-10:15	Dance performance by Afiwi Groove School.
10:15-10:30	Refreshment break and music by DJ Rhonda George.
10:30-11:45	Youth Plenary on the lived experiences of Black youth who are addressing mental health struggles through diverse approaches. Youth panelists include Stephanie Henry, Melinda Milonga, Michael Dangana, & Uchechukwu Godsgift Aigbogun. The session will be moderated by Dr. Patrica Ogba & Dr. Olasupo Olusola.
11:45-12:30	Lunch and music by DJ Rhonda George.
12:30-2:00	Roundtable Breakout Sessions on best practice approaches related to mental health policy, mental health service delivery, community-based social well-being supports, and mental health research. The session will be moderated by Omo Ibhawoh, Michael Opoku Forfieh, Rayanne Banaga, & Susanne Dorder.
2:00-3:00	Collaborative Group Workshop on building interdisciplinary and intersectoral partnerships for improving Black youth's access to mental health services in Hamilton. The session will be moderated by Dr. David Green, Terri Bedminster, Caitlin Craven, & Brad Evoy.
3:00-3:15	Refreshment break and music by DJ Rhonda George.
3:15-3:30	Performance by Randell Adjei, the first Spoken Word Laureate of Ontario
3:30-5:00	Wrap-Up and Group Discussion facilitated by Evelyn Myrie.

APPENDICES

APPENDIX II: THE BIOGRAPHIES AND PICTURES OF THE SYMPOSIUM HOST AND KEYNOTE PANELISTS.



Event Host: Josie Elysia, CEO #Hashtag PR.

Josie is a multifaceted creative and educator hailing from Windsor, Ontario. She has built a dynamic career that spans across multiple disciplines including content creation, music, acting, modeling, and academia. In the entertainment world, Josie has been acting for over a year, taking on roles in both stage and screen productions. In addition to her artistic talents, Josie is an established academic. She works as a college instructor and is dedicated to shaping the minds of adult students. She also brings her expertise to younger learners through tutoring and mentoring children in language-based subjects.



Keynote Speaker: Dr. Kwame McKenzie, PhD. Senior Scientist and Director of Health Equity, Centre for Addiction and Mental Health CEO, Wellesley Institute.

Dr. McKenzie is a renowned psychiatrist, researcher, and health equity advocate who focuses on the mental health of Black Canadian communities. He currently serves as the CEO of the Wellesley Institute, a research and policy organization dedicated to improving health and health equity in the Greater Toronto Area. He is also a professor in the Department of Psychiatry at the University of Toronto, where he co-directs the department's Division of Equity, Gender, and Population. Additionally, Dr. McKenzie holds the roles of Senior Scientist and Director of Health Equity at the Centre for Addiction and Mental Health. Dr. McKenzie is an international expert on the social determinants of mental illness, suicide prevention, and the development of equitable health systems. Over his extensive career spanning more than three decades, he has published over 260 peer-reviewed papers and authored six books.

APPENDICES

APPENDIX II: THE BIOGRAPHIES AND PICTURES OF THE SYMPOSIUM HOST AND KEYNOTE PANELISTS.



Keynote Speaker: Dr. Suzanne Archie MD, FRCPC, Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University.

Dr. Archie is an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, where she also plays a key role as the Brain and Behaviour Subunit Planner for the Undergraduate Medical Education Program. Dr. Archie's ongoing research projects encompass a range of topics, from evaluating early psychosis intervention programs among Black youth in Ontario to exploring the impact of cannabis legalization on psychotic disorders. Her work often emphasizes the perspectives of Black and racialized communities, particularly in studies on cannabis and psychosis among youth. Her innovative work extends into knowledge translation, where she leverages video game technology to address early identification of psychosis and problematic cannabis use among teenagers. Notably, one of her projects, "Debris," is available on PlayStation4 and Steam, illustrating her commitment to using digital platforms for mental health education.

APPENDICES

APPENDIX II: THE BIOGRAPHIES AND PICTURES OF THE SYMPOSIUM HOST AND KEYNOTE PANELISTS.



Keynote Speaker: Tychon Carter-Newman
Mental Wealth Innovationist, TEDx Speaker,
Winner of Big Brother Canada 9, Mind State U.

Tychon is signed with the agency FKB Media Solutions as a motivational speaker. He is an influential motivational speaker and mental wellness ambassador, best known as the first Black winner of Big Brother Canada and a notable contestant on The Amazing Race Canada. Tychon leverages his personal journey and lived experiences to inspire others, particularly Black youth, to overcome systemic barriers and embrace mental wellness. This leadership also extends to his Ambassadorship with Brothers Who Care, where he works to amplify and empower Black voices. Tychon's motivational speaking draws from his own encounters with adversity, intergenerational trauma, and anti-Black racism. He has generous experience providing audiences with practical insights into several pressing issues related to psychosocial wellbeing, such as setting emotional boundaries, building assertiveness, and fostering inclusivity.

APPENDICES

APPENDIX II: THE BIOGRAPHIES AND PICTURES OF THE SYMPOSIUM HOST AND KEYNOTE PANELISTS.



Keynote Speaker: Dr. Sandy Ezepue, D.Sc, MPH, CHE

Executive Director, Hamilton Urban Core Community Health Centre.

Dr. Ezepue is the Executive Director of the Hamilton Urban Core Community Health Centre, a pivotal organization providing critical health services, including the AMANI program, which addresses mental illness and substance dependence. Under her leadership, the AMANI has been at the forefront of addressing the complex needs of vulnerable communities in Hamilton, particularly in the areas of substance abuse, mental health, and harm reduction. Sandra is an advocate for equitable healthcare access and has been vocal about the challenges posed by provincial restrictions that affect service delivery, for example the dismantling of supervised drug-use sites, emphasizing the impact on the vulnerable populations in Hamilton. Dr. Ezepue's leadership focuses on collaboration with community partners to ensure that essential services continue to be accessible and effective for those in need.



SSHRC
CRSH

Thank You