ADVANCING RACIAL EQUITY TOGETHER

A review of the literature on effective organizational practices

Ontario Centre of Excellence for Child & Youth Mental Health
Centre d'excellence de l'Ontario en santé mentale des enfants et des adolescents

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Framing the issue

The impact of heightened racial tensions has once again brought to light the need to address systemic racism and reduce health inequities.

Race/racism is one of several social determinants of health — the characteristics and circumstances that people experience that affect their health outcomes. Experiences of racism can result in poor negative mental health outcomes and affect the ability to access mental health services.[1]

In Canada, there is a history of racism toward Black, Indigenous, and People of Colour (BIPOC). Examples include the displacement of Indigenous persons through residential schools and the segregation of Black persons in schools and employment (Canadian Heritage, 2019).

The COVID-19 pandemic has further compounded racial inequities in Canada.

- Preliminary data from Public Health Ontario shows that COVID-19 disproportionately affects ethno-culturally diverse neighbourhoods in Ontario (Ontario Agency for Health Protection and Promotion, 2020).
- COVID-19 disproportionately affects the mental health of BIPOC communities; during the pandemic, Indigenous persons were more likely to report feeling depressed, twice as likely to harm themselves and three times more likely to have suicidal thoughts compared to non-Indigenous persons (Canadian Mental Health Association [CMHA] et al., 2020).

BIPOC youth in Ontario have experienced inequitable access to mental health services because of systemic racism (Fante-Coleman & Jackson-Best, 2020). Acknowledging this, the Government of Ontario (2017) developed a framework to address anti-Black racism, beginning with the child welfare, youth justice and education sectors. Building on this framework, a coordinated provincial effort in the child and youth mental health sector is needed to interrupt systemic racism and move toward more inclusive services and more equitable mental health outcomes for all children and young people.

Children's Mental Health Ontario (CMHO) has recognized the need to address systemic racism and reduce health inequities, and is working to improve racial equity, diversity and inclusion (EDI). CMHO's strategic directives have put a focus on equity within the child and youth mental health sector. At the 2020 CMHO annual conference, several young people spoke of their experiences and recommended strategies to address racial equity (Sukhera, 2020).

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[1] For a more in-depth analysis of the nature and impact of racism on mental health in the Canadian context, see the work of Aden and colleagues (2020), Fante-Coleman and Jackson-Best (2020) and McKenzie and colleagues (2016).

The New Mentality is a provincial network of youth and allies working to amplify the voices of young people to influence change within the mental health system. This group surveyed racialized young people about their experiences in accessing services before and during the COVID-19 pandemic.

In addition to these efforts, the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) has partnered with CMHO to conduct a scan of organizations' current efforts, activities and initiatives that are working or showing promise in addressing EDI. To guide the questions in the scan, we reviewed the literature to determine key areas of focus. We also explored effective approaches from the research evidence and flagged tools or measures that could be used or adapted for the scan.

This literature review is focused on organizational practices that a) address racism and improve EDI within organizations, b) support engagement with diverse children, young people and families, and c) improve mental health outcomes of these clients. To identify evidence-informed best practices that may be leveraged, we broadened our search to other sectors, such as the child welfare and public health sectors.

Methods

Our literature review involved a search of the academic and grey literature over the past five years (2015 to 2020). This is not intended to be an exhaustive search or systematic review. The search results reflect information available at the time of writing.

The literature review addressed the following questions:

- What organizational practices improve racial equity within child and youth mental health settings?
- What are the key areas that organizations target when working to improve racial equity among staff and when providing services to racialized children, youth and families?

Search terms in our review included: racism, racial discrimination, structural racism, anti-racist, equity, diversity, inclusivity or inclusion, mental health, mental health services, mental healthcare, workplace, organizational and multisector. The following databases were included: PubMed, OVID/PsycINFO, JSTOR, ProQuest, SCOPUS, SAGE, Academic Search Complete and Google Scholar. Grey literature databases included Google and YouthREX.

For our review, we included English-language empirical studies, case studies and case descriptions from developed countries (Canada, United States, Australia, United Kingdom, and others) published between 2015 and 2020. We excluded any resources that did not provide results or evaluations of their organization's efforts, such as strategic plans and commentary or opinion articles.

A glossary of terms is provided (Appendix) to define the terms used in this report.

Literature review

Our review of the literature yielded few empirical studies of EDI and anti-racism efforts in the child and youth mental health sector. This may indicate that few efforts are taking place, but it's more likely that these efforts are simply not shared in the academic and grey literature. There is an overwhelming consensus that racism is a public health issue and organizations must address racism to improve EDI (Cénat, 2020; Gray et al., 2020; South et al., 2020). Despite this, there is little evidence to provide a framework to guide organizations.

> The vast majority of articles affirmed that racial equity was an obvious business imperative. But less obvious was what to do about it. With traditional diversity interventions failing, these leaders — the majority of whom were white — reported feeling ill-equipped, even afraid, to act. (Hecht, 2020, p.1)

Based on our review of recurring themes in the available evidence, five themes emerged.

- **Organizational leadership and development**: making decisions on resources allocated to organizational activities, setting an organizational climate that supports EDI, and demonstrating commitment to anti-racism through written documents and plans.
- **Inter-organizational and multisectoral partnerships**: working with other agencies in the community, including BIPOC organizations, to successfully coordinate efforts, particularly in addressing the social determinants of health.
- **Workforce diversity and development:** focusing on building a diverse workforce, ongoing retention and engagement with BIPOC staff, and staff training on anti-racism.
- **Client and community needs and engagement**: meaningfully engaging and collaborating with BIPOC youth, families and communities, and ensuring culturally responsive services.
- **Continuous improvement**: collecting data, identifying areas of strengths and improvements, and demonstrating accountability.

These themes and their relationships are illustrated in Figure 1 below, followed by a summary of the relevant literature. The themes operate at two levels: 1) supporting and developing a diverse workforce, and 2) understanding and addressing the needs of BIPOC children, young people and families seeking services.

Figure 1. Illustration of the relationship between the five themes that emerged from the literature review.

Organizational leadership and commitment

Successful EDI and anti-oppressive practices within organizations are driven by strong leadership within an organization and a commitment to improvement. Leadership teams have the decision-making power (South et al., 2020) to advance racial equity by transforming the organization to meet the needs of people, rather than moulding people to fit the organization (Hecht, 2020). Though board of directors (Board) leadership also plays a role in setting the tone of an organization's culture, there was little evidence in the literature about the impact of Board leadership on advancing racial equity. As a result, our findings apply only to organizational leadership.

Organizational transformation to advance racial equity begins with aligning the values and policies of an organization explicitly and clearly with EDI and anti-racism efforts (McCalman et al., 2017; Walter et al., 2017). A leadership team's commitment, engagement and support of racial equity efforts enhances employee engagement and perceptions of racial equity efforts (Abramovitz et al., 2015).

Leadership teams can support anti-racism efforts in the following ways.

- Acknowledge that leadership is part of the issue (Walter et al., 2017).
- Recognize the role of the organization in upholding oppressive practices (Shahi et al., 2019).
- Identify the impact of racism within their own organization (Hardeman et al., 2016; Svetaz et al., 2020).

Success of racial equity efforts in the long term can be achieved using a range of accountability measures. These can include developing a strategic plan with clear goals and objectives, providing staff with a mechanism to raise issues or provide feedback (Gill et al., 2018), and committing staff and other resources to various initiatives (Butler et al., 2019).

Ontario's public health sector is taking steps to advance racial equity through organizational leadership. For example, Ontario Health, as part of its commitment to families across the province, has recently developed an EDI and anti-racism framework that explicitly identifies the need to address anti-Black and anti-Indigenous racism (Ontario Health, 2021).

The role of leadership in addressing racism has also been highlighted in Ontario's child welfare sector (Turner, 2020). In a series of recommendations, One Vision One Voice (OVOV) identified "courageous leadership" as part of its framework, recognizing that leadership teams have the power and responsibility to set the standards and devote resources to anti-racism efforts.

The OVOV framework suggests that a leadership team can adopt several responsibilities to address racism in their organization. These responsibilities include ensuring ongoing anti-racism training and diversity of the leadership team and staff, assessing the demographics and disparities of their community, establishing goals and benchmarks, and publishing activities and results related to these activities. For example, goals and benchmarks may involve documenting how and when the leadership team receives mandatory training or when they are updated on racial disproportionality and disparities (Turner, 2016).[2]

Summary

- An organization's leadership team and their commitment play a significant role in the success of EDI practices.
- A leadership team's ability to align values and policies, devote resources and personnel and set the standard is essential for addressing anti-racism and improving EDI.
- As a result of their central role in these efforts, leadership teams are implicated in the practices identified in the remainder of our review.

Inter-organizational and multisectoral partnerships

Given that racism is perpetuated across all systems and sectors, successful multi-sectoral partnerships are important in addressing racism and transforming mental health care (Bromley et al., 2018). Partnerships can help address other social determinants of health that are

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[2] For an example of documentation of goals and benchmarks related to racial equity efforts, please see OVOV's Practice Framework Part 3: Promising Practices and Implementation Toolkit (Turner, 2020).

important for responding to structural racism and improving health, including mental health (Bailey et al., 2017; Mishra et al., 2016).

Race/racism is one social determinant of health. Others include employment, childhood experiences, social supports, income, and social status and education (Raphael et al., 2020). It is important to note that even within the social determinants of health, people of colour experience inequities. BIPOC children and young people experience mental health disparities related to socioeconomic factors (parent education and occupation, food insecurity), childhood adversity (maltreatment, parent maladjustment, trauma exposure) and family structure. These disparities interact with personal protective factors, neighborhood risk and protective factors, and government policies (Alegria et al., 2015) to impact mental health in children and youth.

Agencies can address structural racism and improve equitable mental health care access and outcomes more readily through partnerships. Collaborative efforts can include addressing the social determinants of health, improving outreach and access to services, expanding and integrating services and coordinating care across sectors (Association of State and Territorial Health Officials, 2018). These activities can be accomplished through increased knowledge and resource-sharing among agencies (Bromley et al., 2018; Garcia et al., 2015) and collaborating on funding opportunities (Bailey et al., 2017; Payne et al., 2018; Wysen, 2021).

Successful partnerships between mental health agencies with local and federal government agencies (Bailey et al., 2017), as well as with religious and community-based organizations that have relationships with BIPOC communities, show promise to improve mental health equity (Canadian Mental Health Association Ontario, 2017; Castillo et al., 2019). Partnerships such as these can increase co-location of mental health services, improve access to services, reduce mental health stigma and fund culturally appropriate outreach and services (California Pan-Ethnic Health Network [CPEHN], 2018).

The following are examples of different types of partnerships across sectors that have the potential to improve equity and address systemic racism.

- The California Reducing Disparities Project released a strategic plan in 2018 to improve mental health equity for the BIPOC communities in the state. Their plan addressed social and environmental factors that impact health by working with child welfare agencies, juvenile justice agencies, social services offices, community centres, religious organizations, elementary schools, and colleges and universities (CPEHN, 2018).
- Religious-based organizations and schools are important partners with mental health agencies in efforts to improve outreach and overcome stigma within the Black community (Hankerson et al., 2018). In December 2020, the Public Health Agency of Canada partnered with a faith-based production company to improve mental health promotion among the Black

community through an annual Mental Health Symposium for Black Churches. This is part of Public Health Agency of Canada's new initiative Promoting Health Equity: Mental health of Black Canadians Fund (Public Health Agency of Canada, 2020).

- Among children and young people, schools can be elevated to play a central role in providing safe environments and promoting early detection and intervention of mental health issues (Knopf et al., 2016; CPEHN, 2018). Among ethnic minority youth in urban, low-income areas, school-based health centres can improve educational and mental health outcomes, such as reduced suicide planning and attempts (Knopf et al., 2016).
- Using cultural brokers in schools supports appropriate access to mental health services. For example, cultural brokers can provide young people with informal, supportive counselling and connect families with appropriate social services. They can provide contextual and cultural information during formal supports and inform young people about appropriate mental health services (Brar-Josan & Yohani, 2019).

Overall, there is a lack of research on how partnerships among agencies, community-based organizations, BIPOC-led organizations and other inter-sectoral agencies (youth justice, for example) can improve EDI and address systemic racism. Research is also lacking on how to intentionally form successful and long-lasting partnerships with these organizations.

Research from the broader public health sector, however, has identified key elements for successful partnerships between public health agencies (Wysen, 2021). Factors include aligning motives and identifying a clear purpose for projects, developing well-defined governance structures, and ensuring effective communication and coordination (Wiggins et al., 2021; Wysen, 2021). Successful partnerships also entail establishing procedures for conflict resolution and defining goals for organizational learning (Wiggins et al., 2021). Using a racial equity lens, these strategies may be leveraged to form successful partnerships within and across the child and youth mental health sector.

Workforce diversity and development

Workforce diversity

Diverse workforces that represent the communities they serve foster a sense of trust and belonging among BIPOC communities (Aden et al., 2020). Staff who identify as BIPOC are more likely than their colleagues who do not identify as BIPOC to have the knowledge and experience to understand and address the needs of BIPOC clients and communities. This knowledge and experience help to amplify BIPOC voices and accelerate progress toward equity (O'Keefe et al., 2019). BIPOC staff can establish trust by overcoming cultural and language barriers, and can provide insight about the considerations and needs of diverse clients (Aden et al., 2020; Arday, 2018).

Organizations can improve workforce diversity through effective strategies for recruitment, hiring and retention. Strategies can include collaborating with secondary and post-secondary institutions (Barksdale et al., 2014) and listing job opportunities at employment centres, community boards, and organizations that serve diverse communities (Shahi et al., 2019). The Children's Aid Society of Ottawa, for example, has taken this approach by working closely with northern communities to recruit applicants with intersectional identities from diverse backgrounds (Children's Aid Society of Ottawa, 2020).

Focusing attention on the wording of job postings and directly acknowledging the organization's commitment to anti-racism and EDI can also promote diversity. An example of a modified job posting by the National Collaborating Centre for Determinants of Health (NCCDH; Layden & Clement, 2019) demonstrates how postings can be more equity-focused.

- "As part of its commitment to diversity and being anti-racist, the NCCDH actively seeks applications from individuals within equity-seeking populations (e.g. Indigenous persons, people of colour, women, persons with disabilities, LGBTQ-identified individuals" (para. 4).

While we know quite a bit about how to recruit diverse workforces, there is less available evidence of effective ways of retaining these staff. This is a critical gap in the literature, as recruitment and retention create lasting change when aligned (Soldan and Nankervis, 2014). To better address racial equity efforts, future research should address supporting and engaging diverse staff and enhancing retention.

Across sectors and workforce populations, research suggests that organizations tend to retain staff when they treat employees with dignity and respect and support them to find enjoyment and take pride in their work (Perreira et al., 2018). Practices that support BIPOC employees include providing networking opportunities within the organization (Soldan & Nankervis, 2014) and recognizing multicultural holidays and special events (Shahi et al., 2019).

Consulting with BIPOC employees for other retention strategies can help to improve workplace satisfaction (Shahi et al., 2019). Using standardized interviews and evaluation forms can help mitigate the effect of implicit bias that perpetuates inequitable organizational practices (Jackson, 2018). To ensure that recruitment and retention strategies are advancing racial equity, human resource policies need to outline specific procedures and continuously identify appropriate benchmarks, indicators and measures to gauge success (Soldan & Nankervis, 2014).

Workforce training

To cultivate a more culturally sensitive workforce and address systemic racism, organizations often adopt mandatory training. There are different types of training, such as cultural competency, anti-racism and implicit bias.

Cultural competency training involves employees learning about other cultures and developing a sense of their own culture (National Institute for the Clinical Application of Behavioral Medicine, 2020). An example of Indigenous cultural competency training available in Ontario, British Columbia and Manitoba is the San'yas Indigenous Cultural Safety Training Program (Provincial Health Services Authority of British Columbia, n.d.). This program focuses on increasing knowledge, self-awareness and skills to improve communication and relationship-building with Indigenous communities. All employees of the provincial health authority or the Ministries of Health in Ontario, British Columbia and Manitoba are eligible to take the training free of cost. Over 60 percent of the Ontario Public Service workforce has received this cultural safety training to date.

Anti-racism training is more direct and promotes an active understanding of systemic racism, its role in mental health inequity, and ways to address it (National Institute for the Clinical Application of Behavioral Medicine, 2020). Research (Hardeman et al., 2016; South et al., 2020; Svetaz et al., 2020) shows that experts, young people receiving mental health services (Alang, 2019; Wisdom2Action, 2020) and service-providers (Dubov et al., 2018) prefer anti-racism training to cultural competency training because it supports staff to explicitly identify racism (Svetaz et al., 2020). This type of training helps service providers and clients gain an understanding of the historical and cultural context of racism (Hardeman et al., 2016), engage in self-reflection and understand the power difference between service providers and clients (Bailey et al., 2017).

Characteristics of effective training include creating a safe and productive environment, and using discomfort to surface awareness of inequities and spur positive change. This is seen in implicit bias recognition and management, or IBRM (Sukhera & Watling, 2018; Sukhera, Watling, et al., 2020) and the Equipping Primary Health Care for Equity (EQUIP) intervention (Browne et al., 2018; Varcoe et al., 2019). Although both training interventions have been evaluated in primary healthcare settings, lessons learned may be applied to the child and youth mental health sector.

Implicit biases are negative associations that occur automatically and affect our understanding, actions and decisions (Jackson, 2018). IBRM is a process that was framed by transformative learning theory. It aims to target implicit biases that may negatively affect health equity by "influencing how health professionals make decisions and communicate within their clinical practice" (Sukhera, Watling, et al., 2020, p. 3). IBRM addresses implicit biases by first triggering a disorienting experience among learners that provokes critical examination of assumptions and feelings of discomfort.

Once awareness of implicit biases surfaces, IBRM engages learners in critical reflection and active learning strategies to develop new skills and behavioural change to challenge biased decision-making and behaviour (Sukhera, Watling, et al., 2020). Creating a safe and non-threatening environment is critical to harnessing discomfort and disruption for positive change (Sukhera & Watling, 2018). For example, a safe space can be fostered by ensuring confidentiality of participation, devoting enough time for training and providing an instructor who is approachable (Sukhera & Watling, 2018).

Rather than facilitate positive change at the individual level as IBRM does, EQUIP is an organizational-level health equity intervention. EQUIP is designed to provide education for staff (for example trauma-informed care, contextually tailored care and cultural safety) and support agencies to develop, tailor and integrate racial equity efforts. The aim is to encourage organizations to identify specific implications for policies and practices. EQUIP also provides opportunities to identify areas for improvement and develop a plan of action (Browne et al., 2018). As with IBRM, EQUIP anticipates that tensions will surface as learners become more aware of their implicit biases and assumptions, and as they recognize organizational structures that perpetuate health inequities or do not align with their organization's commitment to fostering equity.

Results from EQUIP's first evaluation at four Canadian health clinics showed improved organizational structures and outcomes for staff, including increased confidence and awareness of equity-oriented practices. For example, one clinic addressed health inequities among Indigenous communities by hiring an Indigenous elder to support clients awaiting services in the waiting room and to provide Indigenous-specific information at staff meetings. Another clinic addressed the unique needs of immigrant and refugee clients by integrating trauma- and violence-informed care to their services. These examples illustrate that activities beyond staff training are important in translating knowledge about racial issues into concrete changes in services and in clients' experiences of the services (Varcoe et al., 2019).

Following the first evaluation, developers of EQUIP strengthened the program by hiring change coaches whose role is to anticipate disruption and redirect it for positive change. They also added content coaches, who encourage learners to think about addressing inequities in creative ways (Varcoe et al., 2019). Other characteristics of EQUIP include recognizing the complex interaction between healthcare components (client, staff, organization and policy levels) and giving direct care staff — rather than the leadership team — the primary power to make decisions and design and implement changes (Front Line Ownership; Varcoe et al., 2019).

In addition to fostering a safe space for training, factors need to be put in place to set up for long-term success. Leadership teams can champion training efforts by ensuring adequate resources and personnel, providing ongoing commitment and addressing other racist factors within the organization (Sukhera, Watling, et al., 2020).

When approaching workforce training, it is important to avoid mandatory training that:

- is superficial and tokenistic (Hussain et al., 2020).
- does not address defensiveness arising from white fragility (DiAngelo, 2011).
- has short-term positive effects without any long-term change (Bailey et al., 2017; Gill et al., 2018; Shahi et al., 2019).
- may not improve the therapeutic relationship with BIPOC youth and families (von Lersner et al., 2019).

Client and community needs and engagement

Client and community engagement

BIPOC young people and their families hold a wealth of knowledge that can improve equitable access, experiences and outcomes related to mental health service delivery (Cénat, 2020). Their experiences within the mental health sector can inform key decisions and increase awareness of the impact of racism. The examples here illustrate how consultations with BIPOC communities have produced key recommendations for more equitable mental health outcomes in Ontario.

- Focus group interviews with the Black community resulted in recommendations from Ottawa Public Health that mental health agencies should address systemic racism, incorporate the family in mental health treatment, provide free services to low-income individuals, and eliminate wait lists (Aden et al., 2020).
- Focus groups for Black youth in the Scarborough region of Toronto produced similar recommendations for new and improved services, such as providing compensation (food, bus tokens), engaging in activities that cater to youth interests, and offering more positive points-of-contact (Dubov et al., 2018).

CMHO, the Centre and many mental health agencies have integrated youth and family engagement into their governance structures and processes, and into efforts to improve programs and services. The recently developed quality standards on youth engagement (The Centre, 2021a) and family engagement (The Centre, 2021b) highlight the need for efforts to enhance equity, diversity and inclusion at all levels of an organization. Mental health agencies can take youth and family engagement beyond consultations to include young people and families as co-developers and partners in projects, services and processes (The Centre, 2021a, The Centre, 2021b).

The Centre's Youth Advisory Council (YAC) engages young people in leading and informing key initiative decision-making and advising strategic directions (The Centre, n.d.-b). The spectrum of engaging young people is illustrated in the Centre's Youth engagement traffic light, a resource that was co-developed with young people from across Ontario.

The New Mentality's YAC is another example of a way to partner with young people to co-develop services and make youth-led policy recommendations for stakeholders (The New Mentality, n.d.). In early 2020, The New Mentality's YAC decided to focus their youth-led advocacy efforts on addressing racism in the mental health system, based on their own personal experiences of racial inequity when accessing services in the sector.

Engagement efforts with YACs demonstrate how organizations can effectively partner with young people to lead policies and programs to meet the needs of, and advocate for, BIPOC youth.

Culturally responsive assessments and treatment

Within BIPOC communities are diverse and unique experiences, cultures, languages and histories. A lack of culturally and linguistically appropriate assessments and services is one of the many barriers that affect a BIPOC person's ability to engage fully in the mental health care system and achieve equitable outcomes (Wylie et al., 2018).

As previously discussed, some of these barriers can be overcome by having diverse staff members who can share their own knowledge and experiences.

- Assessments that are culturally tailored provide a more accurate picture of the needs of BIPOC clients. These assessments identify existing strengths and supports, which increases understanding of clients' mental health within the context of other racism and discrimination factors (Cénat, 2020) and their own culture (Payne et al., 2018).
- Culturally tailored interventions can be effective at improving mental health outcomes by exploring culturally based coping mechanisms and resources, reducing stigma (Moore, 2018).

There are many ways to provide culturally tailored services, including implementing psychotherapies that are effective among Black clients (Cénat, 2020), programs adapted to the structure of tribal governments (Payne et al., 2018) and other holistic approaches (Svetaz et al., 2020).

The use of culturally responsive programs as an effective and legitimate form of treatment has been hindered by barriers to accessing funding and recognition (Sukhera, 2020). Multi-sectoral partnerships, however, can improve funding opportunities for developing and implementing these services (Payne et al., 2018).

It is important to note that BIPOC are unique individuals, so culturally responsive programs should avoid promoting cultural stereotypes and should not be viewed as approaches that work the same way for everyone (Sundar et al., 2012; Center for Substance Abuse Treatment, 2014). Programs and services need to be co-developed with BIPOC communities so that clients' beliefs, heritage and identity are integrated in the treatment plans (Center for Substance Abuse

Treatment, 2014). Using specific service providers, such as cultural brokers and interpreters, can help overcome cultural and language barriers that clients may experience (Barksdale et al., 2014; Kirmayer & Jarvis, 2019).

Continuous improvement

When beginning or continuing efforts to improve EDI, it is important for an organization to collect information with the explicit purpose of addressing systemic racism so as to be more relevant to the communities it serves (Barksdale et al., 2014). For example, by better understanding the changing demographics and disparities of its workforce and community (CPEHN, 2018; Turner, 2016) an organization can responsively adapt and advocate for the people it serves (Aby, 2020).

Comprehensive data collection and analysis should reflect the unique needs and experiences of BIPOC clients and communities. This data can then support organizations in ensuring equitable opportunities and outcomes for their diverse workforce. For example, agencies that provide child and youth mental health services can use race and ethnicity data to determine the types of services that are being accessed and identify which ones are successful among BIPOC communities (Barksdale et al., 2014).

In addition, disaggregated data — information that is broken down into subcategories — more appropriately measures diversity compared to data that combines race categories. Ontario's Standards provide guidance on collecting information of disaggregated race categories. For example, some surveys may include East/Southeast Asian as a single category or as two separate categories (for example East Asian and Southeast Asian) in instances where there is evidence that collecting data separately would be more responsive to clients' needs (Government of Ontario, 2020).

Ontario's Anti-Racism Directorate and Standards were developed for the child welfare, justice and education sectors. However, there are other resources available to help healthcare organizations collect data and evaluate anti-racism and EDI efforts that may be more relevant to child and youth mental health agencies.

We Ask Because We Care is a report on best practices for collecting socio-economic information and developing a standardized survey in a Canadian context. These are designed to help healthcare organizations begin collecting their own race-based data (Toronto Public Health, 2013). The report identified the following as promising approaches:

- using patient (client) self-reports
- collecting information at registration
- integrating data collection into existing workflow and spaces
- using integrated electronic systems for data capturing, storage and retrieval

Similarly, the OHRC report Count Me In! provides a step-by-step plan for organizations to collect, analyze and act on data related to race, disability, sexual orientation and other factors, and offers real-world examples in Canadian organizations (OHRC, 2009).

Progress should be continually evaluated. Ongoing evaluation allows organizations to identify strengths and areas for improvement and to increase accountability (Ontario Human Rights Commission [OHRC], 2009). This involves identifying key indicators and benchmarks and developing a framework for collecting, analyzing, sharing and acting on the information obtained. There are several assessment tools available related to cultural competency that address leadership, organizational culture, staff diversity and training, client and community engagement, service delivery, and data collection and assessment. However, there is a gap in those that use an anti-racism lens and demonstrate effectiveness. A valid and reliable anti-racism assessment tool for organizations would be an asset to evaluation efforts.

Sharing findings with the community is an important way to improve an organization's accountability, demonstrate commitment and measure progress toward racial equity. Positive practices to communicate findings with the community include the following (AISP and University of Pennsylvania, 2020):

- avoiding jargon
- sharing information in different formats
- reporting data in a way that leads to actionable items
- acknowledging structural racism embedded in the data
- documenting the data analysis process and retaining research files
- providing stories in conjunction with numbers to contextualize data analyses

Engaging the community in analyzing the collected data can result in more accurate interpretations of findings (The Annie E. Casey Foundation, 2014).

Every decision results in intended and unintended consequences. To avoid intensifying harm to BIPOC communities, a racial equity lens should be applied to decision-making, as well as to data collection, analysis, interpretation and sharing. The Ontario Ministry of Health developed the Health Equity Impact Assessment (HEIA) to be used by healthcare and non-healthcare organizations to support equity-based decision-making and policy, planning and program design (Ministry of Health and Long-Term Care, 2019).

The University of Pennsylvania's Actionable Intelligence for Social Policy has developed a toolkit to help organizations centre racial equity in the data life cycle (AISP and University of Pennsylvania, 2020). Similarly, the Government of Ontario's Anti-Racism Data Standards (Standards) for identifying and monitoring systemic racism — developed in response to the Government of Ontario's Anti-Racism Directorate (2017) — explicitly identifies the purpose of

data collection and analysis to address anti-racism. To effectively use information to achieve racial equity, the Standards ground data collection and analysis within the context of the historical and current realities that BIPOC communities face (Government Ontario, 2020).

Conclusion

The Centre conducted a review of current literature in the child and youth mental health sector and related sectors, to identify organizational practices that are working or showing promise in addressing systemic racism. The intent of the review was to identify practices that can be leveraged or adapted across Ontario's child and youth mental health agencies.

Our review identified five key areas that organizations have addressed when improving racial equity among staff and when providing services to racialized children, young people and families.

- Organizational leadership and development
- Inter-organizational and multi-sectoral partnerships
- Workforce diversity and development
- Client and community needs and engagement
- Continuous improvement

In the literature, there was recognition of the importance of addressing racism to improve opportunities and outcomes for racialized employees, clients and communities. This was most notable in recent recommendations by mental health professionals and experts to provide anti-racist mental healthcare or achieve racial equity or justice (Cénat, 2020; Svetaz et al., 2020) following the unrest in Canada resulting from high-profile instances of systemic racism. However, the availability of evidence-based organizational racial equity efforts was not as widespread.

Although there were recurring themes throughout the literature, there was a lack of consistent approaches and limited availability of rigorous evidence to addressing systemic racism in mental health care, particularly for children and youth (Gerlach & Varcoe, 2020). Research that was available focused primarily on adults and primary healthcare settings. In addition, there was a lack of research evaluating organizational changes and mental health outcomes for BIPOC communities following structural EDI and racial equity efforts (Hussain et al., 2020).

The lack of available and rigorous evidence presents opportunities for future research. More efforts are needed to evaluate recommended racial equity practices within organizations, such as:

- the role of Board leadership in advancing racial equity
- representation of BIPOC communities in Boards and consultations
- an organization's structure to impact policy, practice and resourcing
- effective retention strategies for BIPOC employees
- formal mechanisms to learn from BIPOC employees

Next steps

There is promising work being done in the mental health sector in Ontario and abroad to advance racial equity, and there is likely more work being done that was not accessible to our review.

Before we can further advance this work, we need to better understand the current state of these efforts across the sector in Ontario, the promising practices, and the gaps that remain.

Together with CMHO, the Centre is conducting a scan of current efforts related to racial equity, diversity and inclusion that are working or showing promise in Ontario's child and youth mental health agencies.

We believe that these and other efforts can inform ongoing equity work in child and youth mental health over time, and can identify specific activities that can be scaled up or adapted across the sector to work together to advance racial equity, diversity and inclusion.

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Appendix

Glossary

Anti-oppression

Anti-oppression refers to actions, theories, frameworks and strategies that challenge injustices and inequities that occur at different levels in society (for example interpersonal, institutional, systemic) and allow certain groups of people to overpower other groups of people.[1,2]

Anti-racism

Anti-racism is the active process of identifying individual, institutional and systemic racism. It seeks to challenge and change or eliminate racially inequitable outcomes and the structures that sustain inequity.[1,2,13]

Cultural competence

Cultural competence involves being aware of one's own culture and the culture of others, examining attitudes toward other cultures, and developing skills to communicate and interact with people across cultures.[3]

Cultural humility

Cultural humility involves engaging in self-reflection, acknowledging oneself as a learner and being open and willing to listen to others to understand their culture and experiences.[4,5]

Diversity

Diversity is the wide range of characteristics and attributes across which people differ. This includes visible ways (such as race, gender, ethnicity) and non-visible ways (such as language, intellectual ability, religion and so on).[2,3,6]

Equality

Achieving equality requires providing people with the same opportunities and achieving the same outcomes regardless of social, economic, demographic or geographic characteristics. Equality doesn't acknowledge that some people have different need and only works if everyone needs the same things.[7]

Equity

Achieving equity requires identifying and addressing unfair barriers to opportunity. Equity can be defined as both a process and an outcome. As a process, equity can be achieved in many ways, such as co-developing with communities the policies and practices that impact their lives, or applying an equity lens or framework to programs and services. As an outcome, equity is the absence of differential outcomes based on social, economic, demographic or geographic characteristics. It is important to note that equity is not the same as equality.[2,8]

Implicit bias

Implicit biases are the negative associations that occur automatically and affect our understanding, actions, and decisions. Implicit biases can result in behavior that does not align with explicit attitudes that support equity.[9]

Inclusion

Inclusion is the authentic action or state of including others. Inclusion involves appreciating the unique differences of others, their skills, experiences and thoughts. Inclusion results in a sense of belonging and empowers others to participate within a system or organization.[2,3,7,12]

Individual racism

Individual racism is the explicit and implicit beliefs, attitudes, and actions that support or sustain racism by individual people.[10]

Interpersonal racism

Interpersonal racism is the public expression of racism that occurs between people. This includes slurs, biases, or hateful words or actions.[10]

Institutional racism

Institutional racism is racial inequity within institutions and systems of power, such as workplaces and government agencies. It is carried out by individuals directed by prejudiced people or a prejudiced system. Institutional racism can be expressed through discriminatory treatment, policies and practices as well as inequitable opportunities and outcomes.[7,14]

Intersectionality

Intersectionality is a framework that recognizes that people are disadvantaged by many sources of discrimination that result in unique forms of oppression and harmful outcomes. Multiple identity markers do not exist independently, and they are not simply additive.[11]

Race

Race is the categorization of people based on physical characteristics, such as skin color and hair type. It is a socially constructed system of classification of socially dominant groups that reflects the cultural attitudes of colonial Europeans and is not considered to be determined by biology.[12]

Structural racism

Structural racism is racial inequity that occurs across society and is rooted in the operation of major social institutions that excludes people from certain groups. It differentiates people based on their race through laws, policies, institutional practices, cultural representations and other ways.[2,13,14]

Systemic racism

Systemic racism is the interplay between individual, institutional, and structural racism which functions as a whole system. It is a dynamic system that produces and replicates discrimination and exclusion of individuals across levels of society that creates unfair barriers and disadvantages access and opportunity for racialized people.[2,7,12,13]

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613-737-2297

613-738-4894

cymh.ca (EN)
smea.ca (FR)

cymhon

@CYMH_ON

CYMHOntario

695 Industrial Avenue, Ottawa Ontario
Canada K1G 0Z1

Ontario Centre of Excellence
for Child & Youth Mental Health
Centre d'excellence de l'Ontario en santé
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