

## **IWC Supports Toronto's First International Black Mental Health Day – An Overview**

On March 2, 2020 Toronto held its first Black International Mental Health Day (BMHD) with a series of events illuminating the need for systemic change to address the detrimental impact of everyday racism on the mental health of the region's black population. Many of the issues raised were ones regularly encountered by Toronto's black injured workers

### **Raising awareness of racism and mental health**

The ***In My Black Skin*** workshop featured Registered Social Worker Leo Edwards on the intergenerational trauma resulting from racism, the need for more culturally appropriate research and more culturally specific research. Police officer Christine Mitchell spoke of relentless harassment that caused her to resign from the workforce, and the impact of everyday microaggressions in the workplace.

Among speakers at ***Mental Health in the Black Community***, a two-hour community meeting organized by University of Toronto's Black Medical Student Union, Registered Social Worker Donna Alexander (Centre for Addiction and Mental Health) focused on the need for culturally centred treatment. This is also an issue that is discussed within the [Women of Inspiration](#) group meetings whenever the topic of psychological care comes up. Some women feel that the Eurocentric approach is in direct conflict with how they feel about treatment. For example, the injured workers in the group feel that doctors like to overmedicate. Some of the women in the group say that they would rather go for walks or spend time with family and use mindfulness techniques like meditation. Others mention that they are cautious about reporting psychological injury to their doctors because of the fear of being stigmatized.

Dr. Josia Osagie, the only black resident Psychiatrist in the University of Toronto's Faculty of Medicine, highlighted his experience with race as he navigated the medical program. On the impact of racism and mental health he noted that "experiences of discrimination are common. 67% of black people in the GTA feel they are frequently or occasionally experience unfair treatment because they are black and 8 in 10 report experiencing one of several forms of day-to-day microaggression".

### **The Sea of Sameness**

When racism impacts the mental health of black workers, these workers may seek compensation for these psychological injuries from the Workplace Safety & Insurance Board (WSIB). In doing so, most workers are met with cynicism and denial. The WSIB prides itself on treating all injured workers the same yet it is worth noting that perhaps this may be doing a disservice to those workers. Different tools can be used to approach workers who are

experiencing different situations in their respective workplaces. All injured workers come with a variety of issues and concerns, no two are the same. In dialogue with black workers, they feel that they can become lost in the sea of sameness. As research shows, in the workplace the black worker can be treated and held to a different set of standards than their white coworkers. When a black worker becomes injured and applies for benefits the sameness lens should not be used as an appropriate tool to measure the unique needs of these workers. The [Mental Health Commission of Canada](#) (MHCC) agrees that “Canada’s diverse population policies can be modernized” to consider that [black and racialized workers](#) come with a mixed bag of unique experiences and challenges and sometimes require greater support and different approaches.

### **Stigma and Mental Health**

When dealing with the WSIB injured workers all too frequently face [stigma](#). As gleaned through casework and speaking with injured workers, black workers are seen by some claims decision makers as “lazy, ignorant and faking their injury”. These stereotypes combine previously held societal prejudices of the black community’s [systemic poverty](#) with negative attitudes that injured workers are “milking the system, taking away tax payers money”. This stigma can lead to an injured worker suffering in silence while trying to navigate the systematic barriers such as WSIB’s [deeming](#) practices, usually the beginning of the downward spiral for the injured worker. In particular, when a black female worker becomes deemed this brings on more challenges: the challenge of not being able to provide the basic human rights such as housing and food for her children, dealing with harassment from institutions as child welfare and from other social structures and the associated stigma of being poor and not providing for the family. Due to systematic poverty and intergenerational trauma she often has [less access](#) to resources, financial support and care than her white counterpart, pushing her to increased levels of depression.

### **Discrimination and Mental Health Care**

In the case of a work-related mental injury black workers are less likely to report the injury because admitting to being mentally ill is a taboo topic in the black community. Additionally, mental health care from a Eurocentric approach to treatment fails to take into account the specificity of the patient’s ethnicity. Often having little or no understanding of the historical trauma endured by the black worker, these professionals label the worker as unintelligent, erratic or uncooperative. This lack of understanding with the care provider usually leaves the worker feeling powerless and hopeless. When this happens, the worker remains silent in hopes of avoiding any further trauma to their mental health and discontinue care.

### **Research Needed**

While work has begun to address mental health in the workplace, race-based research that focusses on the unique experience of the black worker/injured worker population would be valuable in addressing the specific challenges of a community facing persistent [systemic racism](#) at work and in society. According to Ontario Council of Agencies Serving Immigrants (OCASI) “more research needs to be done because despite Canada’s reputation of a first-class health

care system, the bodies, minds and well-being of black citizens reveal that there is a significant lack of resources in Canada's health care system for its black population". The MHCC agrees that "to support Canada's diverse population, mental health services need to be more accessible to all Canadians and complemented by better coordination between policy and research-based evidence ... the needs of some ethnocultural groups can be met by expanding existing services; in other cases, new approaches will be necessary." This type of research would shine a light on how being black with a history of intergenerational trauma and being an injured worker impacts overall economic status, health, and well-being of our community members. Specifically, we need to better understand how the WSIB's policies impact the population holding these identities – are they helpful or harmful, or could they be improved to achieve a more equitable outcome? Finally, we need to work together to find a comprehensive approach that will prevent the magnitude of harassment, marginalization, and discrimination – while working to dismantle the every-day structural barriers.

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#### References:

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