

Factors that contribute to the mental health of Black youth

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Abstract

Background: Black people are a growing population in Canada, but limited data are available on the factors that contribute to the mental health of Black youth in Canada. We sought to explore the factors that contribute to the mental health of Black youth in Alberta, Canada.

Methods: Using a youth-led participatory action research approach and an intersectional feminist theoretical perspective, we collected data from a diverse sample of Black youth (aged 16–30 yr) in Alberta. We conducted

individual interviews and conversation cafés with Black youth.

Results: We completed 30 individual interviews and 4 conversation cafés with a total of 99 Black youth. Participants identified the dominant factors contributing to mental health problems as racial discrimination, the intergenerational gap in families, microaggression and stigma, academic expectations, financial stress, lack of identity, previous traumatic events and religion. They also identified factors

that contributed positively to mental health, including a sense of accomplishment, openness about mental health, positive relationships, sense of community and spirituality.

Interpretation: Black youth in Alberta reported that anti-Black racism and intergenerational tensions are major factors that contribute to their mental health, which suggests a need to address anti-Black racism and ensure more equitable approaches for Black youth in Alberta.

In the 2016 Census, an estimated 1.2 million people in Canada reported being Black.¹ Abundant evidence suggests that Black people are uniquely vulnerable to numerous risk factors linked to mental health and wellness.^{2–4} In Canada, more than half of Black people are first-generation immigrants, of whom 40% came to Canada under the economic immigration program and 30% came as refugees.^{4,5} The Black population is younger than the general population (median age 29.6 yr v. 40.7 yr).¹ Alberta has the fastest growing population of Black people in Canada, with a fivefold increase between 1996 and 2016.¹ Addressing the health of Black youth in Alberta is important to achieving health equity and improving population health outcomes in Canada.

Beyond resettlement challenges, a risk factor that threatens the health outcomes of Black people is racism and discrimination.^{6,7} Black Canadians report worse overall self-rated health than white and self-identified biracial Canadians.⁸ For Black youth in the United States, repeated exposure to racial discrimination is associated with subsequent coping challenges and poor mental health;⁹ 86% report at least 1 experience of racism in their lifetime.¹⁰ This work suggests that racial discrimination accounts for increased levels of mental health conditions such as major depression and anxiety disorders. Although some studies

have reported the effects of racism in the American context, similar research in Canada is limited, especially among Black youth.¹¹ We sought to capture the perspectives of Black youth in Alberta regarding factors that contribute to their mental health.

Methods

Study design and setting

We used a community based participatory action research design. Community-based participatory action research requires knowledge of the community, which forms the basis for research and planning through an iterative process of field work, data collection, reflection and action.¹² It involves the co-creation of knowledge, developing a sense of community and mobilizing for social change.¹³

Community engagement

All but 1 of the initial research team members were Black African immigrants, motivated by the health challenges and desire to build capacity for mental health promotion among Black youth. Before study outset, we met with youth who identified a need to focus on their mental health; they were subsequently engaged in

all stages of the research process, consistent with a community-based participatory approach. We capitalized on the agency of Black youth as active participants in research aimed at improving their health and social conditions.

Theoretical framework

We used a feminist intersectional theoretical perspective. An intersectionality perspective concerns the convergence of diverse aspects of social locations and identities in ways that are complex and interdependent.^{14–16} Intersectionality has roots in Black feminism and challenges the notion of a universal gendered or racialized experience.^{17,18} It argues that an analysis of Black people's experience must consider their multiple intersecting identities (e.g., race, nationality, gender, social class, geography, age, migration status) and social locations. This perspective lets us move beyond cultural explanations of the health of Black youth to acknowledge how embedded societal inequities shape health outcomes.¹⁹

Participant recruitment and selection

Selection criteria were similar for both participants and advisory committee members. We invited Black youth to join a 10-member project advisory committee. We then purposively recruited Black youth of any gender identification who were of African, Caribbean and Black ethnicity and aged 16–30 years for individual interviews and 4 conversation cafés. We recruited participants through a Black youth organization affiliated with a leading community agency for Black populations (Africa Centre's The Come-Up Group), in person at sporting events (e.g., Africa Centre's yearly soccer tournament), via our email list of participants from previous projects and using our personal networks.

Data collection

We collected data from April 2019 (the first advisory committee meeting) to January 2020. A Black graduate student and Black youth advisory committee members (including co-authors Y.I., Y.A., L.C.) conducted interviews in July and August 2019, under the mentorship of the lead researcher (B.S.). Each Black youth who collected data attended a 4-hour training session and completed an online research ethics tutorial. They conducted interviews in person at the University of Alberta at a time convenient to participants. Interview questions are presented in Appendix 1, available at www.cmaj.ca/lookup/doi/10.1503/cmaj.212142/tab-related-content, and were modified based on emerging data. Demographic information collected included age, gender, immigration route, country of birth, parent's country of birth, number of years in Canada, educational level and language spoken at home (Appendix 2, available at www.cmaj.ca/lookup/doi/10.1503/cmaj.212142/tab-related-content).

Advisory committee members reflected on the data collected and subsequently held 4 conversation cafés for Black youth from September 2019 to January 2020. These focused on intersectionality, fundamentals of mental health, intergenerational family relations and mental health policy. We developed these sessions based on the emerging data, current social and political events of the time, and the advice of advisory committee members. These cafés were forums for people to discuss critical issues;

each featured a meal and guest speaker, smaller group discussions facilitated by Black youth, and a general discussion involving all participants to arrive at strategies for action. To ensure conversation cafés provided a safe environment for participants to discuss and find support on mental health issues, we did not record café discussions, although we did take notes, which were included in our analysis and action strategies.

Data analysis

We transcribed all interviews verbatim and thematically analyzed data. We integrated field notes from conversation cafés into our analysis. Two youth (including co-author Y.I.) received training and completed the data analysis via multiple readings of transcripts to identify emerging categories or constellations of meaningful statements. These youth coded categories using NVivo 12 and shared results with the advisory committee and research team, who discussed the emerging data and provided feedback. Guided by intersectionality theory, we reviewed, merged and renamed coding categories to develop themes, paying particular attention to the intersecting influences of race, gender, class and other social locations on participants' mental health experiences. After reviewing data from the January 2020 conversation café, we determined that data saturation had been reached.

Ethics approval

Ethics approval for this study was obtained from the University of Alberta Research Ethics Board.

Results

A total of 30 Black youth participated in individual interviews (about 1 hr) and 99 participated in cafés. Interview participants included 18 females, 10 males and 2 nonbinary Black youth. Conversation café participants included 76 females, 22 males and 1 nonbinary participant. Interview participants included 21 Christians, 4 Muslims and 5 participants who were nonreligious or who ascribed to another religion. Conversation café participants included 67 Christians, 24 Muslims and 8 participants who were nonreligious or who ascribed to another religion. Participants reflected on negative and positive factors that contributed to mental health among Black youth (Table 1).

Negative factors affecting mental health

Anti-Black racism and microaggression

Racism was the most frequent factor identified as contributing to the mental health of Black youth. Racism directed against Black people was described as extremely damaging to self-esteem and sense of self for Black youth. Participants reported internalizing anti-Black sentiments and developing self-hate. Self-esteem issues and the desire to distance themselves from Blackness and adopt Eurocentric features were often rooted in self-hate, which was a manifestation of the anti-Black rhetoric. Participants also expressed how anti-Black sentiments are perpetuated within the Black community through an emphasis on lighter skin as the standard of attractiveness or desirability.

Table 1: Participant quotes regarding factors affecting the mental health of Black youth

Negative factors affecting mental health	
Anti-Black racism and microaggression	<p>“I grew up with so much internalized anti-Blackness. God, I hated myself. I wanted to be white so bad. I wanted to have straight hair. I wanted to have lighter skin. You know, I wanted to have smaller lips.” (Participant 009, female)</p> <p>“In my community, it’s very easy, because obviously the community understands the struggles that are out there. Outside my community, there is, and I think I’ve subconsciously learned to do this, is to kind of ... start out with the notion that I’m not going to rob you [Laughs], right? ... Especially when I interact with white people, just kind of the first thing that I have to attack is the preconceived notion that I am Black, I’m a thug, or whatever.” (Participant 22, male)</p> <p>“Because that toxic masculinity is not a Black thing; it’s an everybody thing. It’s an every male thing. What separates us is we have an added thing called racism. Because now in terms of mental health, men, we’re not taking care of ourselves mentally, and now there’s this added... factor of hate from another group of males who more or less have the same struggle as you.” (Participant 22, male)</p>
Generational gap	<p>“Because I feel like in the Black community the previous generations have worked so hard to get where we’re at right now, that they didn’t have the time to worry about mental health. They had to put food on the table.” (Participant 001, female)</p> <p>“Yes, because I feel like most ... okay, not all parents, but most of them kind of have a narrowed point of view on mental health. So, they either have a white or Black point of view. They don’t have ... they’re not really open-minded to it, so yeah, they don’t ... and some of them don’t really care, too. So, they don’t ... if it doesn’t directly affect them, they don’t bother to learn about it.” (Participant 016)</p>
Academic expectations	<p>“My university career was very stressful. I think being a student can definitely have negative impacts on one’s mental health, especially if you do not ... if you’re not aware of how to take care of your mental health. I feel like just stress in general can have a very negative impact on one’s mental health.” (Participant 010, female)</p>
Financial stress	<p>“Finances are a big one ... and it’s alarming, actually, the number of people who I have spoken to who are international students, Black students, African students, who are in some way left like here to fend for themselves. And it’s nearly impossible. ... That takes like a toll on your mental health, I would say.” (Participant 039, male)</p>
Lack of identity	<p>“I am half [Black and half white], and people from my Spanish side called me a nigger. Being a Black person, I was [also] called white. Hearing about intersectionality makes me realize how I don’t know myself.” (Conversation café participant 3, female)</p>
Previous traumatic events	<p>“Because like it’s not something that just stems from those 2 situations; it’s like my childhood too; so, one of the situations in our childhood was that we were... our brother was like sexually abusing [pause], and we kind of blocked it out (crying).” (Participant 004, male)</p>
Religion	<p>“For a while, I almost felt, for lack of a better word, guilty about kind of seeking outside help, outside of religion, because you’re kind of taught that, you know, go to God with all your problems and it’s almost like you think looking outside of God is almost in some way renouncing your faith. Which now I know it isn’t, but at the time I was like, ‘Should I? Should I not? Am I a good Christian if I do?’ Such intense internal conflict.” (Participant 027, female)</p>
Positive factors affecting mental health	
Sense of accomplishment	<p>“Getting a good grade more, yeah. That has a positive effect on my mental health, definitely.” (Participant 002, female)</p>
Openness about mental health	<p>“It makes me feel like I’m on the way to healing, or that I’ve healed like some parts of myself. Like when I’m actually able to talk and open up and be vulnerable, and not just like ... because I’ll ... I could talk about mental health, like whatever [Yeah], but it’s like it depends on what I’ve overcome, and what I’ve like already healed.” (Participant 009, female)</p> <p>“Mental health is just normal for us, just talking about it. And just I’d say the environment that my parents created, just making sure that we know they are always there to listen to us, and not create that kind of gap between parents and children that we can sometimes observe. And yeah, I’d say just trust between us. That’s the main factor, us being able to talk about mental health issues or just generally talk about mental health.” (Participant 036, female)</p>
Positive relationships	<p>“I’m honestly just like really ... I’m just like blessed, lucky. I feel like I have really good people in my life. I have some sisters, like sister figures from my church that are like family to me, and they’re just really open and transparent with their whole journey of life, and I think, yeah, they’ve been through a lot. They don’t really have a lot of shame, because they’ve just been through a lot, and they’re very open. So I have people like that, that I can just talk to. They’re like my sisters.” (Participant 027, female)</p>
Sense of community	<p>“There’s just like if everyone gets on it, there’s just a sense of community, when everyone bands together, and like that will help. Because there’s not necessarily that in like other groups, if that makes sense.” (Participant 002, female)</p>
Spirituality	<p>“Most of my life I’ve been ... and it’s always been preached to me that everything happens for a reason. God puts you in certain situations for a reason, and you have to go through it. You have to turn to Him and go through it, with Him.” (Participant 022, male)</p>

Several participants recounted experiences of racial discrimination in workplace interactions. Racist confrontations are traumatizing experiences in which Black youth are dehumanized, degraded or treated unfairly based solely on the colour of their skin. Participants saw overt racism as easier to identify, recognize and react to than microaggressions, which can have an equally damaging effect on mental health.

Male participants identified how the prevailing bias that Black males are “thugs” or perceived as having negative masculinity had an impact on their mental health. They described always needing to prove themselves innocent, as the general perception is that they are always guilty. Race and gender thus intersected to shape the experience of Black males.

Generational gap

Participants reported a disconnect between themselves and their parents. Older generations in Black communities commonly came from dire situations in their home countries (e.g., civil wars). Youth described how this resulted in older generations’ ironic prioritization of physical well-being over mental wellness, despite their past experience of traumatic events. Participants in conversation cafés indicated that starting conversations about concern over their parents’ mental health would be very difficult, and feared they would be dismissed or even accused of being disrespectful. Overall, participants felt many older Black community members remain skeptical of the existence or impact of mental health issues. This prevented youth from speaking about mental health with their parents for fear of being misunderstood, judged because of stigma or disregarded completely.

Misconceptions and stigma

Several participants noted that mental health was not a well-defined or acknowledged concept within Black communities, which fuels the notion the Black demographic is exempt from mental illnesses and expected to overcome hardships through resilience. In addition, negative connotations associated with mental health were cited as a prominent factor that deleteriously affected youth mental health. Black communities commonly misconceive mental health issues as abnormalities, giving rise to labels such as crazy, lazy or weird. Participants in conversation cafés unanimously responded that associating with a mental health clinic was considered to be a weakness, evil or taboo, which can discourage individuals from speaking openly about mental health and can exacerbate existing mental health issues.

Academic expectations

Participants cited high levels of stress induced by academic expectations as a source of mental health problems. Many youth felt their parents put substantial pressure on them to perform to high standards and attain exceptional academic success; this attitude stems from the strong belief among many Black cultures and parents that this will guarantee success. Youth in conversation cafés reported that many parents preferred they pursue specific professions for the associated prestige and perceived reward. Some youth indicated opportunities for education were scarce before coming to Canada and the academic

standards difficult to achieve after transitioning; they also faced pressure to adapt to new educational demands and culture. Participants described how they often tied their worth and self-esteem to academic performance; therefore, poor performance coupled with high expectations negatively affected their mental health.

Financial stress

Participants viewed finances or lack thereof as a constant source of stress. In certain cases, families depended on their youth for financial assistance; for some participants, their obligation to contribute to household income took a severe toll on their mental health.

Lack of identity

Participants indicated a lack of or uncertainty about identity as a cause of mental distress. Tension between one’s ethnic upbringing and Canadian culture made navigating identity and differing ideologies challenging. Some youth resorted to code-switching (i.e., changing the way they communicated or expressed themselves to avoid microaggressions) and constant readjustment of their mannerisms to accommodate different cultural environments. The attempt to establish a balance between 2 identities was a constant source of tension, concern and psychological torment in different social contexts. Furthermore, biracial Black youth struggled to find a niche in which they fit well, which resulted in constant awareness of awkwardness within social settings.

Previous traumatic events

Participants noted the impact of previous traumatic events and the particular difficulty associated with coming to terms with mental health issues. Some reported that certain traumatic events were difficult to articulate and seek help for, even when healing was the goal (e.g., sexual abuse); they therefore remained repressed at the expense of an individual’s mental health.

Religion

Some participants expressed feelings of internal conflict and unfaithfulness associated with seeking help outside their religion, especially when it was a foundation of their core values. Other participants believed that a sole reliance on religion to remedy mental health issues without professional aid may result in issues being prolonged and neglected. By religion, we mean an organized set of beliefs and practices generally agreed upon by a group of people and often connected in some way to an institution. Of note, participants identified spirituality as a positive factor. Although religion is often an external process, spirituality is an internal process that includes a sense of peace and purpose.

Positive factors affecting mental health

Sense of accomplishment

Witnessing and being recognized for their achievements was important for participants’ mental health. Academic accomplishments were a source of affirmations that boosted self-esteem among participants. Education is a measure of success within Black communities, and youth confirmed the connection between good grades and good mental health.

Openness about mental health

Participants reported that the opportunity to be open and transparent about their mental health was extremely beneficial as openness ensured issues related to mental health were less stigmatized and that youth became accustomed to articulating the state of their mental health without fear of judgment. Normalizing conversations with parents about mental health can bridge the generational gap and provide an environment in which trust can be built.

Positive relationships

Positive relationships translated into strong support systems that youth relied on in adverse situations including mental health crises. Healthy relationships encouraged Black youth to be open about their mental health.

Sense of community

Participants found comfort in being surrounded by people who could relate to and understand their specific experiences as Black youth. Youth drew on this feeling of belongingness and connectedness for strength and support. A strong community foundation appeared to assist participants in finding their niche and a clear understanding of where they belong. Participants in conversation cafés suggested the creation of a hub with a variety of mental health services for Black individuals. Black youth felt a sense of community at the cafés and appreciated how they provided spaces for them to speak openly about mental health.

Spirituality

Some study participants felt that their spirituality allowed them to remain anchored in situations in which their mental health was compromised; it was a coping tool they could use when they lacked access to professional mental health services. They used their faith to ground themselves and described how they believed how any issues they faced were ordained by God.

Interpretation

In this study, Black youth in Alberta described a range of positive, negative and systemic factors that influenced their mental health experiences and outcomes. Participants identified the dominant factors that contributed to mental health problems as racial discrimination, the intergenerational gap in families, microaggression and stigma, academic expectations, financial stress, lack of identity, previous traumatic events and religion. Factors that participants reported to contribute positively to their mental health included a sense of accomplishment, openness about mental health, positive relationships, a sense of community and spirituality. Of these factors, anti-Black racism (followed by intergenerational tensions) was the most discussed influence on the mental health of Black youth. For Black males, anti-Black racism intersected with perceptions about masculinity to contribute to their mental health. Although religion was often seen as a constraint on mental health, participants perceived spirituality to contribute positively to mental health.

Our findings indicate a need to improve the mental health of Black youth by addressing racism, strengthening community

belonging, creating open forums to discuss mental health, addressing stigma related to mental health, addressing intersectional experience (including income, gender and race) and strengthening intergenerational relationships. We sought to begin tackling these issues by delivering a set of conversation cafés to address the mental health of Black youth, create a sense of community and provide a space for Black youth to discuss issues of concern to them. Our conversation cafés also provided concrete tools for youth to tackle some of the issues they face (e.g., intergenerational tensions). Our conversation cafés resulted in the creation of the first mental health clinic for Black people in Western Canada. We also presented our results widely to policy-makers.

Overt racism and racism expressed through microaggressions has a substantial and deleterious impact on Black youth, often manifesting as stress, anxiety, suicide and unequal access to treatment.^{20–23} Youth were unequivocal about how racism affected their advancement in academic, work and employment, and social settings. Other consequent maladaptive mental health effects of anti-Black or racist environments included negative self-perceptions, low self-esteem, rumination and stress. We also identified the need to attend to the family and community context.

Considerable research emphasizes the strong relationship between social support and mental health.²⁴ Youth in our study highlighted the positive influence of healthy peer relationships. The parent–child relationship dynamic also contributes to the mental health of Black youth, as negative beliefs and perceptions about mental health are started and partially shaped at home. The stigma surrounding mental health in most Black cultures, lack of mental health knowledge and resources available to parents, and intergenerational trauma are factors that reduce openness and can cause parent and child disconnect. Internal or community-based marginalization may be further aggravated for youth disadvantaged by other intersecting identities (e.g., women, LGBTQ2+). Social support theory, intersectionality theory and youth participant statements reflect the importance of community to mental health. Introducing initiatives that create spaces for open conversation and empathy between parents, children and peers could bridge this intergenerational gap. Such initiatives could also contribute to community healing and empower the advancement of Black communities from within.

Study participants provided insights on the intricate role of social determinants (e.g., education, income, cultural experiences) in degrading their mental health. Existing research mainly focuses on the benefits of higher-level education on health and the barriers faced by groups of low socioeconomic status and racialized groups with respect to attaining postsecondary education.²⁵ Participants of our study reported similar discourses, but also the negative mental health effects of sociocultural pressures that stem from immigrant cultures emphasizing academic achievement.

Considerable literature highlights the positive influence of spirituality and religion on mental health,^{26,27} but not with respect to Black youth. For some participants, tension between adhering to religious beliefs and using professional or orthodox supports to address mental health needs could be attributed to

the centrality of religion and spirituality in some Black and immigrant cultures.^{28,29} Furthermore, religious discrimination (e.g., Islamophobia) has widespread and negative impacts on the mental health of Black people³⁰ and could exacerbate the internal religious conflicts of Black youth. At the same time, participants mentioned that spirituality was a protective factor against mental health struggles, consistent with existing literature.^{30,31} Collaborative efforts between mental health professionals and religious institutions could address the stigma around mental health within Black communities while encompassing the multiple identities and religions represented by Black youth.

As the mental health experiences of Black youth are complex, the resulting implications for research, policy and practice require a holistic and intersectional approach. Policy-makers should develop specific youth-focused plans that provide a comprehensive range of services aimed at improving the mental health of Black youth, such as Black peer-support centres or youth counselling programs in Black communities. This is especially important as Black youth identified the need for safe spaces to address their mental health. Our findings suggest the importance of fostering safe spaces for community-based mental health discussions and education toward community healing.

Furthermore, more specific and supportive policies are required to address anti-Black racism and the mental health disparities it perpetuates, particularly within school and work environments. Mental health practitioners and service providers need to incorporate culturally competent frameworks within their practices to better understand the complex social positions of Black youth and associated challenges. For example, we found that spirituality positively contributed to the mental health of Black youth and could be further integrated into mental health services. Practitioners should also address the mental health of Black parents and tensions in relationships between Black parents and their children.

Limitations

Although we have provided contextual information and verbatim quotes to maximize the transferability of our results, our results cannot be generalized to Black youth across Canada. Our project is limited to only 1 province. In line with qualitative methods, our sampling approach was not random and we had a sample size of 99 participants. We had a higher representation of female participants in our sample, as well as university students. Thus, the distribution of our sample may not mirror the distribution of Black youth in the general Canadian sample.

Conclusion

Understanding the spectrum and intersectional relevance of factors that directly influence the mental well-being of Black youth is essential. This study begins to elucidate and address the intersecting and under-researched health challenges facing this population in Alberta.^{1,4} Our findings indicate the need to address anti-Black racism, promote community belonging, strengthen parent–youth relationships and create open and safe spaces that can promote the mental health of Black youth.

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