# HEALING TOGETHER

## A BLACK YOUTH-CENTERED TRAUMA SYMPOSIUM

wanasah

BLACK HEALTH ALLIANCE

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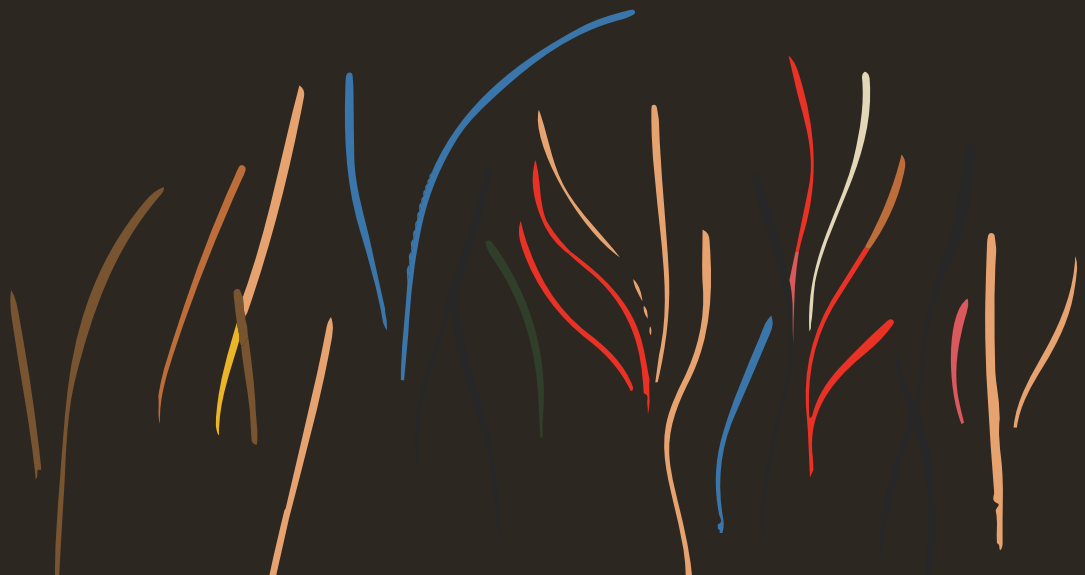
**For a complete list of speakers and panelists please visit:**

www.HealingTogetherSymposium.ca



# Acknowledgement

**We acknowledge the Indigenous Africans who were forcefully removed from their native lands and dispersed across the New World. This involuntary migration heavily contributed to the movement of African-descended people across the African diaspora to places like Canada. We deem it highly necessary to think deeper, and examine the processes that led to the dispossession of Indigenous peoples on this land and settler colonialism. Stolen people, on stolen land. In entering a conversation about anti-Black racism, it is important to centre the humanity of Black children and Black families and to examine systems, such as the [healthcare] system, that act upon them.**

*– Adapted from work by Natasha Henry, President, Ontario Black History Society; educational consultant; historian*

**A real land acknowledgement names not only where we are, but says, "We are in community together." It talks not only about what happened in the past but what is still happening today. It gives thanks for the land that we all share and use every day. Every place we visit in North America is Indigenous land.**

*– Adapted from the words of James Carpenter (Grey Cloud), Indigenous Elder and healer*

# Introduction

**On June 9 and 10, 2023, Wanasah and the Black Health Alliance (BHA) convened Healing Together, a two-day symposium aimed at creating a model of trauma care for Black youth and their families and communities living in Regent Park and in similar, under-served urban communities in Canada. The symposium was co-developed by youth and staff from both organizations.**

Held in Regent Park, the symposium brought together the community's youth and their caregivers, along with frontline mental-health and substance-use health-service providers, Wanasah and Black Health Alliance youth ambassadors, physicians, researchers, trauma specialists, thought leaders, religious and spiritual-care leaders, advocates, community organizers, educators, and other renowned experts to reflect upon the key values, principles, and practices supporting such a model. The symposium's objectives were to

- exchange knowledge on mental health interventions to support healing from trauma for Black youth and their families
- co-create a model of care to prevent and treat the negative health impacts of trauma experienced by Black youth and their families in Regent Park and surrounding areas
- identify key values, principles, and practices for mental health programs providing services for Black youth impacted by trauma.

The symposium was unique in its community-based approach, bringing together — and blurring the distinctions between — the consumers and providers of mental-health and substance-use healthcare. Healing Together understood and positioned community members as subject-matter experts whose knowledge, input, and co-creation are integral to creating a Black-centric model of youth trauma care.

A follow-up workshop was held on November 30, 2023, to review and revise the proposed model of care.

# Agenda

**The Healing Together symposium encompassed a variety of sessions, workshops, and activities.**


## Day 1:

Focused on exploration and learning from existing programs and resources.

## Day 2:

Focused on translating learnings into practice by co-creating a trauma program model for Black youth.

# Key Definitions

## The stages of trauma treatment

Trauma therapy commonly unfolds in three stages:

1. establishing safety and stabilization: learning skills to manage and reduce symptoms; understanding the impact of trauma before processing
2. remembrance and mourning: processing memories
3. integration and reconnection: moving beyond trauma

These stages are outlined by Judith Herman in the classic text Trauma and Recovery (Herman, 2015).

Participants generally agreed about the importance of adhering to these stages, noting that people needed to be housed, stable, and not in active addiction or very easily triggered in order to engage effectively in therapy.

Herman, J. L. (2015). Trauma and recovery (2015 edition). BasicBooks.

"We need to be careful of trauma dumping — this work requires a light touch. In the community, there is so much neglect and shame. It's important not to force anything to open that may take years to close."

– Julian Waithe, Wanasah

## Understanding Trauma

- Trauma-informed care recognizes the widespread impact of trauma on individuals and acknowledges the prevalence of traumatic experiences in society
- It emphasizes an awareness of the various forms of trauma, including physical, emotional, and psychological, and the potential long-term effects on a person's wellbeing

## Safety and Trust

- Prioritizes creating an environment that fosters physical and emotional safety for individuals who have experienced trauma
- Establishes trust as a fundamental component, recognizing that individuals who have experienced trauma may have difficulties trusting others and institutions

## Cultural Safety

- Trauma-informed care acknowledges and respects the cultural, historical, and social context of individuals, recognizing that trauma can be shaped by cultural factors.
- It promotes a culturally safe approach that considers diverse backgrounds and experiences, avoiding re-traumatization through culturally insensitive practices.

## What Is Trauma-Informed Care?

**Trauma-informed care is not a specific therapeutic intervention but rather a framework that informs the way services are provided, promoting an atmosphere of understanding, sensitivity, and empowerment for those who have experienced trauma.**


### Empowerment and Collaboration

- Focuses on empowering individuals to make choices and have control over their treatment and recovery process
- Encourages collaboration between service providers and individuals, recognizing the expertise of the person in their own life and healing journey

### Holistic Approach

- Takes a holistic view of individuals, addressing not only the immediate symptoms but also considering the broader context of their lives
- Integrates trauma-informed principles into various settings, including healthcare, education, and social services, to create a comprehensive and supportive approach to care

# Session 1
## Speaker Presentation

# Access to Mental Healthcare for Black Youth in Ontario

**Black Health Alliance researcher Tiyondah Fante-Coleman spoke about the need for Black-centred trauma care. Fante-Coleman drew on lessons learned from the BHA's comprehensive Pathways to Care project, which aims to increase access to mental healthcare for Black youth and children in Ontario, as well as to understand the impact of anti-Black racism (ABR) on their mental health and experience of mental-healthcare.**

INDIVIDUAL LEVEL

### ABR is a cause of mental illness and limits access to mental healthcare.

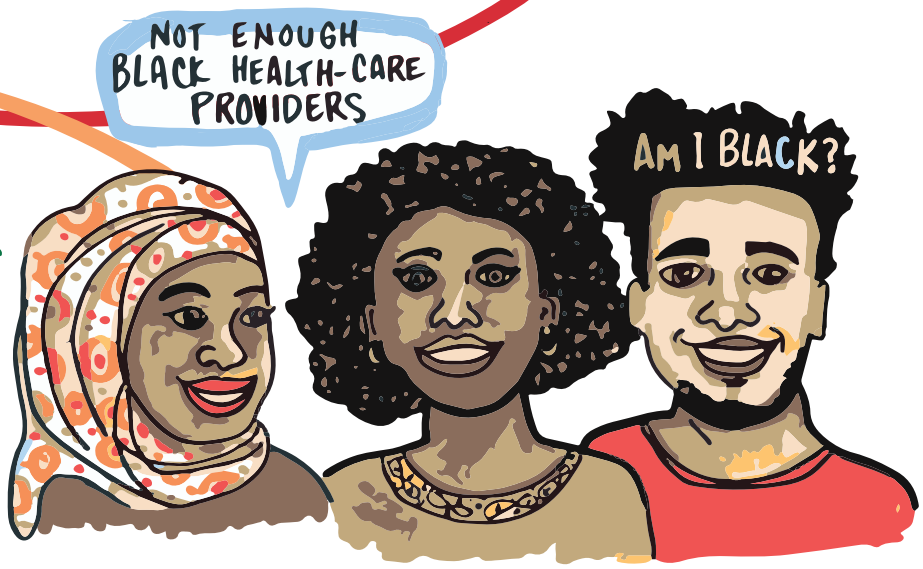
- ABR plays a significant role in Black youth's chronic stress and the development of conditions like depression, anxiety, and PTSD.
- Black youth face stigma and racism from non-Black providers. These, plus a lack of cultural awareness, contribute to a lack of trust in providers and the system.
- Among their age cohort, Black youth are the least likely group to access mental healthcare.

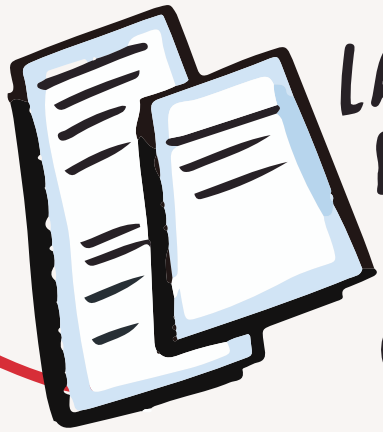
### ABR is a cause of mental illness for Black youth and children.

- Discrimination is associated with decreased mental and physical wellbeing.

### Black youth and trauma

- Black youth are impacted by multiple and reinforcing trauma (i.e., race-related, generational, neighbourhood surveillance, violence, migration, etc.).
- Black youth are often among the most complex patients in relation to trauma (PTSD, suicidality, substance use, etc.).





# Lack of Policies and Support

PROVIDER LEVEL

## Challenges for Black Providers

- Providers face challenges related to a lack of Black providers and Black-focused agencies, as well as poor commitment to cultural safety and systemic racism within organizations.
- Black providers face minority stress, microaggressions, and disproportionate workloads related to the above insufficiencies.

SYSTEM LEVEL

## Current mental-healthcare systems are not adequate to address the needs and concerns of Black youth.

- Current systems are characterized by lack: of funding, of community practice, of specific guidelines for caring for Black youth, of crisis support services, of services within Black communities, of comprehensive/integrated services, of services that are Black-focused and/or culturally safe, of Black clinicians and providers.
- Addressing Black-centred mental healthcare means addressing intersectionality and social determinants of health. To heal from trauma, people's basic needs (i.e., housing, food, addictions support) must also be met.
- Services are often too short in duration to meet the needs of Black youth, while wait times for Black youth are twice as long as those for their white peers; this effect is multiplied when services are culturally and/or clinically inappropriate.

## Solutions

- Address social determinants of mental illness and trauma.
- Increase numbers of — and retain — Black mental healthcare workers.
- Provide existing clinicians in the system with training on cultural safety and affirmation with Black communities.
- Create an overall environment of care.
- Increase funding to community-based participatory research on mental-health supports.
- Develop a Black-centred model for youth mental health.
- Increase availability of Black-focused services.

Accessing mental healthcare is made difficult by stigma on many levels. Peer support could help.

-Youth participant

## Key Theme

# The why of Black-centric trauma care

**Trauma-informed care encompasses safety, transparency, and trustworthiness; peer support, collaboration, and mutuality; empowerment, voice, and choice.**

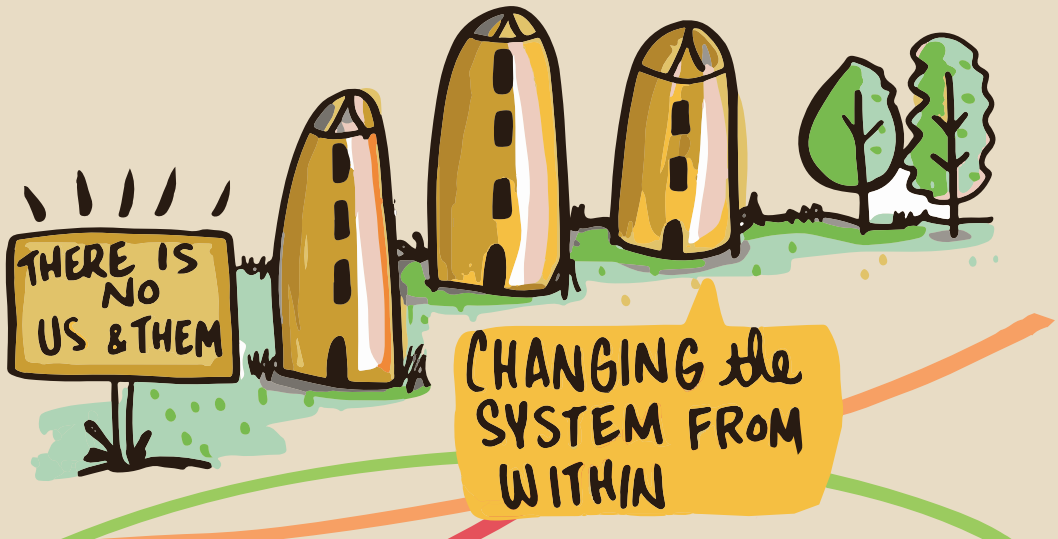
"Trauma is multigenerational. Changing multigenerational trauma takes multigenerational effort."

– Participant

### Black children and youth in Canadian urban centres experience specific, interrelated forms of trauma.

Black youth are impacted by different, multiple, and reinforcing kinds of trauma: e.g., race-related, generational, neighbourhood surveillance violence, trauma related to migration, Islamophobia, isolation, poverty, neglect, chaos. These experiences of trauma increase experiences of post-traumatic stress, suicidality, and substance use.

- "Trauma" is a circumstance, not a diagnosis: it must be qualified by a diagnosis of Post-Traumatic Stress Disorder (PTSD).
- Traumatic experiences may be chronic/ongoing or related to specific incidents.
- "Trauma" in the context of post-traumatic stress disorder (PTSD) describes the condition of being trapped and terrified.



## Black youth experience specific forms of adverse childhood experiences (ACEs).

- Adverse childhood experiences (ACEs) are directly related to negative mental and physical health outcomes.
- Black youth experience specific forms of ACEs that extend beyond the original understanding of such experiences to encompass factors such as being poorly treated because of one's identity, race, or ethnicity; or growing up in an unsafe neighbourhood.


## Existing trauma-care models must be modified to Black clients and communities.

- Even the "correct" modality is less/not helpful in an unsafe cultural context.
- How do we adapt standard CBT, EMDR, DBT, etc. to Black youth and communities? When and how do we include interventions beyond existing modalities, and which ones?
- To reach and retain Black youth, trauma care must be creative, adaptive, flexible, and immediate: clients need a reason to come back
- For example, sessions and services offered outside traditional office spaces; in community, via phone/text/; in 5- , 10- , 15-minute increments.
- How do we understand "evidence-based" in the context of Black mental-health interventions? When is evidence helpful and when is it limiting? Who creates the evidence base and who is left out?

## Trauma impairs a person's — and a community's — ability to tell their story.

- Creating a safe space where stories can be told and heard is one of the most effective therapeutic tools and is necessary to build a therapeutic alliance and the trust needed for treatment and retention.
- A racist system has limited capacity to hear or incorporate the stories of Black youth and communities, who therefore benefit less or not at all from the telling.
- Black people and communities who have experienced trauma may be blamed as "poor historians" for impaired storytelling capacities.
- LINK: Spirituality is one way for people to make sense of trauma and to relate it as a narrative.

"Intake was a major issue. People had a lot of struggle with intake not even ... getting to the root cause of the of the issue. Or they would go to an intake session and feel like, 'That was really invasive, and I don't want to continue on with sessions.'

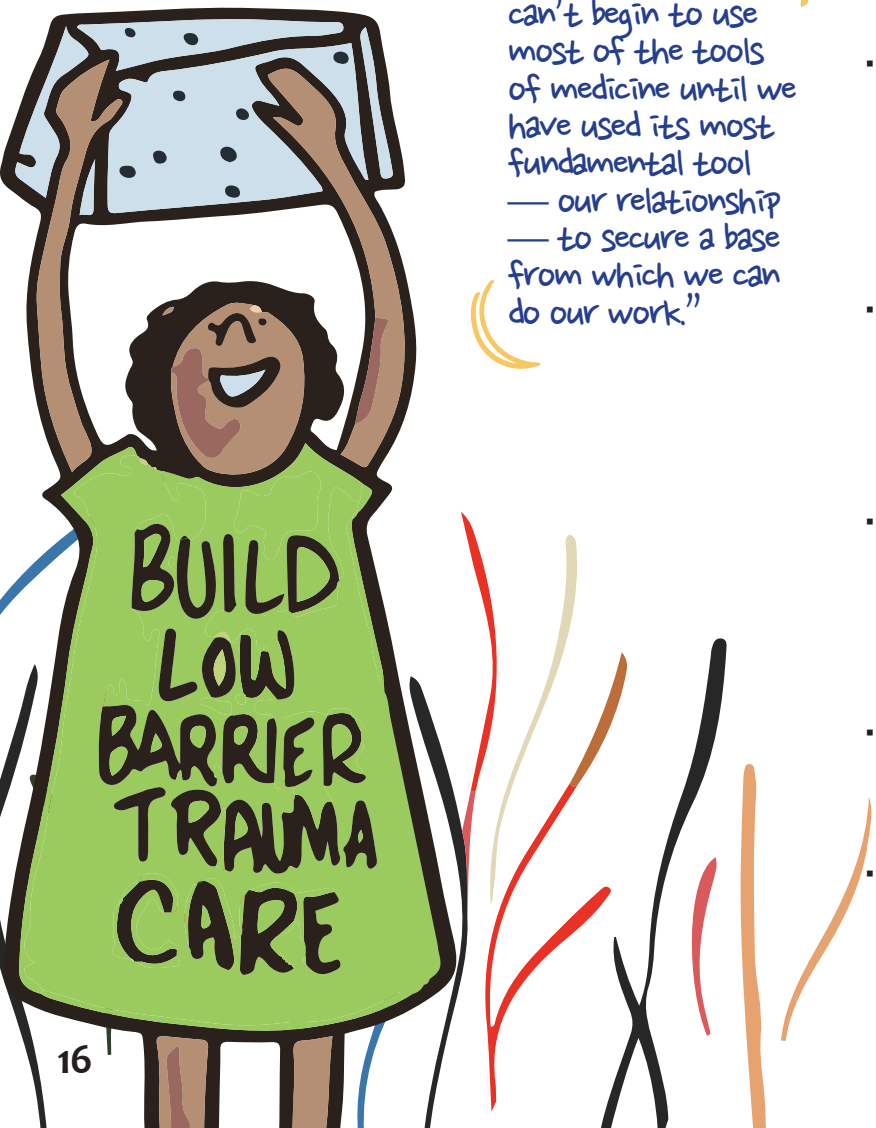
-Tiyondah Fante-Coleman

# Session 2
## Speaker Presentation

# Childhood trauma and the healthcare revolution

**Dr. Robert Maunder, a psychiatry professor at the University of Toronto and chair in Behaviour and Health at Sinai Health, gave a primer on adverse childhood experiences (ACEs) and their relation to adult health and why we need a healthcare revolution.**

> "A patient and I can't begin to use most of the tools of medicine until we have used its most fundamental tool — our relationship — to secure a base from which we can do our work."




## Adverse childhood experiences (ACEs)

- Researchers originally identified 10 ACEs: physical, emotional, and sexual abuse; physical and emotional neglect; and household dysfunction including mental illness, an incarcerated relative, witnessing one's mother being treated violently, substance abuse, and divorce.
- Since the original research, more ACEs have been identified, including:
  - being treated badly because of your identity, race, or ethnicity
  - not feeling safe in your neighbourhood
  - low socioeconomic status
  - having limited social networks
- ACEs are now understood to be directly related to poor physical (e.g., COPD, asthma, kidney disease, cancer, cardiometabolic diseases, early death) and mental health outcomes (e.g., depression, anxiety, substance use, suicidality). The more ACEs, the higher the risk for poor outcomes.
- ACEs also negatively impact how people relate to others. Childhood adversity complicates and damages people's abilities to tell their own stories and communicate their problems. "Good storytellers get better healthcare — but childhood trauma confuses the narrative."
- We need a healthcare revolution that incorporates trauma-informed care at all levels of the system: professionals, organizations, individuals, patients and families, and society.
- At the societal level, trauma-informed care means addressing barriers to quality, affordable housing and education, employment, harm reduction, increased mental health and addictions services.

## Key Theme

# What is Black-centric care?

**Key to creating a Black-centric trauma program for youth is co-creating an understanding and definition of "Black-centric care."**

- Black-centric care is care predominantly by and for the Black community.
- Black-centric care, however, extends beyond "a bunch of Black people doing mental health care" within existing Eurocentric systems to a distinctly Black-focused modality built on the premises that:
- Race — and specifically racial injustice — has an impact on health status.
- Addressing trauma within the Black community means addressing ABR and social determinants of health through a social-justice lens.
- Black-centric care addresses problems specific to individual communities (e.g., poverty, gang violence, addictions, guns).


## Black-centric care is strengths-based.

- Most Black youth are doing really well. What makes them so, and how do we get everyone there?
- It takes a curiosity mindset: Not "What's wrong?" but "What's happening?"
- Black-centric care incorporates flexibility, diversity, relationality, humour, and joy.
- Black-centric trauma care treats clients as reliable storytellers, subject-matter experts in their own health.


Ubuntu = Humanity/I am because we are (Nguni Bantu)

Wanasah = Dialogue (Arabic)

colonialism = I/Me  Decolonization = We/US

## Black-centric care incorporates a spirituality lens.

- Spirituality asks: what gives you meaning in life?
- Spirituality is our meaning-making mechanism — whether or not we believe in God. Religion can provide a framework to guide us in life.
- Black-centric care helps to supply "the light" in each person: to provide a belief of something beyond ourselves as individuals. You can't see the community if you can't see beyond self.
- Using the language of spirituality allows us to share what truly matters. It brings a nonjudgmental approach, a willingness to understand and accepts that everyone is on their own spiritual path.
- Spirituality allows an opening to healing the soul, rather than simply learning how to cope.

# LACK OF SUPPORT SERVICES IMPACT!

## Black-centric trauma care is family- and community-based and -focused.

- Black-centric care recognizes and addresses the multigenerational nature of trauma.
- It recognizes the central role of families/chosen families in supporting youth and therefore devotes resources towards supporting families.
- Recovery occurs within trusted community: not in hospital; not in privatized, individualized spaces.
- Community-focused care frames problems in terms of community. For example:
  - Addictions is framed as a problem of *isolation*
  - Gang involvement is framed as a problem of *belonging*
- Therapy is a means of building a community of care that extends beyond formal counselling to means and modalities including drop in-spaces, community events, volunteer opportunities, etc.
- Community members — lay leaders, religious leaders, youth ambassadors, elders, parents, caregivers — play a role in trauma care: they may be trained to provide culturally specific and culturally safe support, referrals, connections, and outreach, as well as physical and mental-health first aid.

"I think trauma is about broken bonds. It's about disconnection from those that we love, those that we care for. There is a disconnect between children, youth, and parents. I'm not sure that we're seeing a holistic approach that reflects this."

–Agency Participant


## What are the organizational values, philosophies, and principles of a Black-centred youth trauma program?

- Safety
- Community
- Authenticity
- Compassion
- Trust and Loyalty

# Session 3
## Panel Discussion

## Learning From Existing Trauma Programs

**Representatives from Centre for Addiction and Mental Health (CAMH)'s Woman & Trauma Program, Women's College Hospital's Trauma Therapy Program, and the George Hull Centre's R.I.T.E.S. program shared details of their programs' structures, successes, and challenges.**

**CAMH's Woman & Trauma Program** incorporates group work, individual sessions and psychiatric care as needed. It follows Judith Herman's three-stage trauma recovery model. Referrals come internally from CAMH.

**Women's College Hospital's Trauma Therapy Program** serves adult survivors of childhood trauma. It offers short-term, time-limited treatment following the three stages of trauma recovery.

**The George Hull Centre's R.I.T.E.S. program** is geared toward Black youth and staffed by Black mental-health workers. The program is not specifically geared toward trauma but is focused on wellbeing, cultural connection, and individual counselling.


## Speakers identified several factors key to their programs' success:

- Careful selection of participants to ensure readiness for trauma work
- A focus on psychoeducation, trauma education, and skill building (Stage 1) prior to the work of trauma processing
- The group format, which allows members to hear about others' experiences, challenges, learnings, and growth
- The creation of a safe space in which to share
- Skilled clinicians with training in different modalities (cognitive processing, sensorimotor, etc.) who are also open to learning through experience
- Clinical supervision of staff including checking in on them as people: "What's going on in your life?"
- Outcomes-based and hope-focused approaches: programs offer hope for recovery, better quality of life, and strategies for achieving life goals
- The predictability of the program structure helps promote feelings of safety
- Regular client feedback allows program adaptations

## Collectively, speakers and participants also identified several challenges to their work, including:

- How to support those not well enough for the program
- Making the space feel safe for everyone in the group, and the impact of this challenge on retention
- Lengthy wait lists; providing high-quality services while attempting to serve as many people as possible
- Siloed care, especially in the context of clients with complex trauma and multiple needs (e.g., addiction services) — there is a need for specialized trauma pathways that promote collaboration across services
- Meeting diverse needs:
- Trauma therapy is not one size fits all
- Not everyone is comfortable coming to a hospital. More community-based trauma support and partnerships amongst agencies is needed
- Diversity in staff hiring, incorporating EDI (equity, diversity, inclusion) lens in the program
- Need better approaches for those with ongoing trauma
- Spirituality and creative approaches need to be integrated in the program


**Dr. Clare Pain,** a psychiatry professor at the University of Toronto and a staff psychiatrist at Toronto's Mount Sinai Hospital, reflected on her experience developing trauma programs in Canada and in Ethiopia:

- **Dr. Pain** was influenced by Ignacio Martin-Baro, a Spanish Jesuit priest and psychologist working in El Salvador, one of the first "liberation psychologists," who believe that health was about community, and that people's mental health had to be taken in light of what was happening around them and society.
- Trauma affects not only the individual but also family and society. We need to recognize the effects of trauma on these wider circles, and to provide opportunities for justice and recognition that create conditions to initiate social reconciliation.
- We also need to commemorate and recognize "survivors who did not survive."
- The strongest resources we have are one another: connections, supports, community. We are more fragile when these links are broken.
- We think along modality lines (e.g., CBT), but young people who have been living in chaotic environments must be taught how to manage and understand those environments in pragmatic terms.

The strongest resources we have
are one another: connections,
supports, community.
We are more fragile when
these links are broken.

Dr. Clare Pain

# Session 4
## Panel Discussion

SHARING EXPERIENCES

# Black-Centric Care

**Representatives from TAIBU Community Health Centre, the Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) at CAMH, and Wanasah: Mental Health Services for Black Youth shared perspectives on Black-centric trauma care.**

### Donna Alexander,
**SAPACCY**

SAPACCY provides Afrocentric or Black-focused substance-use and mental-health services.

- A Black focus makes the care distinct. ("We aren't just a bunch of Black people doing mental health.")
  - The mental health system was set up for Europeans by Europeans, not Black people, so we try to centre the Black experiences.
  - Black-centric is inclusive to diverse Black identities (African, Canadian, and Caribbean youth, queer, gender-diverse identities)
- Social justice sets SAPACCY apart. The organization incorporates a social-justice approach because of the disproportionate wait times, poor mental health outcomes, higher suicidality and use of restraints, gang violence, and shootings faced by the Black community.
- At SAPACCY, Black-centric care:
  - focuses on service planning and provision, not coping practices to deal with symptoms
  - understands race-based trauma and systemic oppression as key drivers of substance-use and mental-health conditions
  - creates space for spirituality
  - understands recovery as collective and occurring in community, not as a private, individualized process. Belonging is central to healing.

### May Mohamed & Sabrina Morrison,
**TAIBU**

The TAIBU Community Health Centre is a child of the Black Health Alliance. It serves Black-identifying clients in the GTA. At TAIBU, Black-centric care:

- incorporates social prescriptions (strengthening the social health of the village and the collective) and nonclinical interventions: traditional African healing tactics, dance/movement, time in nature, the seven principles from Kwanzaa
- focuses on recovery and racial trauma as well as symptoms and addiction
- prioritizes belonging: if Black youth don't feel a sense of belonging, will they come back?
- TAIBU's Imara project involves Black youth as subject experts in their own mental health. Participants collaborate in developing a curriculum and actively engage in evaluations, working towards the creation of a First Aid Mental Health 101 training program.

## Shawnna Hunter,
**Wanasah**

Wanasah means "dialogue" in Sudanese Arabic. At Wanasah, Black-centric care:

- is creative, flexible, curious, and diverse. One size does not fit all. We attempt to embody cultural humility and avoid stereotyping or assuming that we know what somebody is going through because we are Black. We aim to be culturally humble rather than culturally competent.
- means that staff reflect Black diversity and offer youth the opportunity to receive care from someone who looks like them. Clients do not have to overexplain themselves.
- prioritizes youth voices. Youth understand the flow of the culture. Youth are "cultural brokers," connecting their lives in Toronto with their parents' and/or home countries' experiences and values.
- recognizes the value of community, incorporating community workers who can connect with community members and break down barriers between clients and service providers.
- prioritizes spirituality.

## Dr. Amy Gajaria
**Psychiatrist at CAMH**

Black-centric care:

- is person-focused, curious, humble, listening
- is kind, while also setting clear boundaries and limits
- recognizes that low-barrier trauma care requires stepping out of the clinical role and into community and family.
- understands that Black youth are often overmedicated, over-restrained, and over-criminalized within the mental health system
- knows that people need to feel a sense of belonging first before they can hear what you have to say

# Session 5
## Panel Discussion

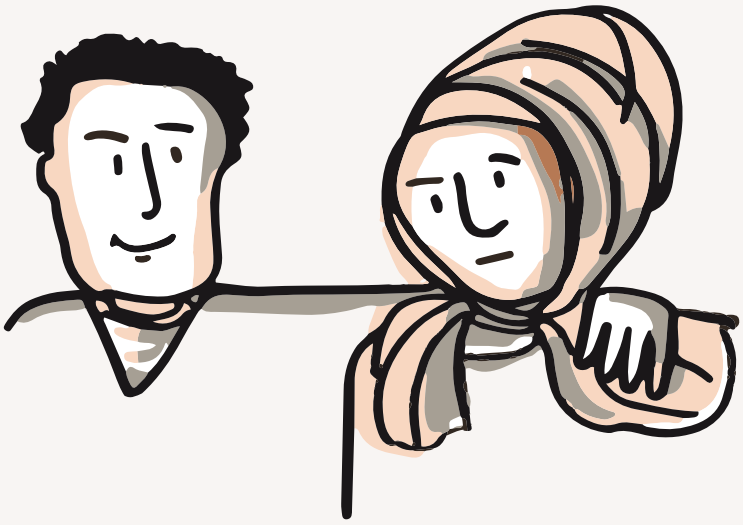
## Perspectives on Spirituality in Black-Centric Trauma Care

**Shaffni Nalir (spiritual care facilitator, Wanasah; imam at the Toronto Islamic Centre), Jessica Mootoo (minister and MA candidate, pastoral care), Imam Abdur Rasheed (spiritual leader, educator), Shannyah Weekes (Christian therapist)**

This panel discussed the role that spirituality can play in healing from trauma in Black communities, and ways to incorporate spirituality into a Black-centred trauma program.

## Spirituality is aligned with community and collective.

- Spirituality fulfils the need to belong. When we lose formal spiritual communities (i.e., churches, mosques) we need to replace them. When we don't, other entities — for example, gangs — can move in to fill that gap.
- When youth isolate themselves spiritually, they isolate themselves from community connections.
- Spirituality must be in service to the community, and vice versa.



## For many members of Black communities, spirituality is an integral part of wellness.

- Youth need something greater than themselves to believe in, in order to understand that they are not alone.
- At Wanasah, explained Shaffni Nalir, spirituality is a web that holds together the collective: it is understood as a bridge to healing from trauma.
- Spirituality and religion can be meaning-making tools to help Black youth make sense of their world and their experiences.
- LINK: Meaning-making and telling one's own story in a culturally safe space are key to processing and recovering from trauma.

## Mental health services must meet the religious and spiritual needs and backgrounds of Black and African youth.

- Definitions of spirituality must be flexible and inclusive: "If you attach meaning to something, then it's spiritual."
- How do we acknowledge when religious institutions or leaders [within and without community] have hurt people?
- How do we deal with perceived/actual judgement, Islamophobia, homophobia, sexism, inter-religious rifts?
- Spirituality must be in service to the community, and vice versa.

"In Islam, we view illness as purification as the prophet Mohammed, peace and blessings be upon him would say whenever he encountered someone who was ill, 'May this be a purification for you, Inshallah.' ... what an optimistic, positive view of illness and of wellness. ... we have a very rich legacy of treating mental illness within the Islamic civilization."

– Dr. Yusra Ahmad

PERSPECTIVE

# Indigenous Healing Practices

**James Carpenter (Grey Cloud),** an Indigenous traditional healer and Oshkabewis (helper) from the Anishnaabek/Mississauga, Oneida, and Cree ancestry, discussed Indigenous mental-health healing practices. He emphasized the crucial role of establishing safety and trust in communities that have traditionally experienced disproportionate harm.

The Elders' teachings emphasize the sacredness of each person. Practitioners must earn the trust of historically marginalized clients. Culturally specific and intentional community healing centres create a sense of safety in place for healing for these clients.

"We often look outside for a 'cure' to what ails us. We need to remember that healing comes from within ourselves We all come to earth with endless amounts of love. Loving ourselves and loving others is the ultimate healer.

Everyone has a special ability to heal ourselves and to help heal others. As a traditional Indigenous healer, I don't actually 'heal' anybody — I just put that little spark back in them, and fan the flame of love."

James Carpenter (Grey Cloud)

## Key Theme

# Caring for the carers: Building community and addressing burnout

"There is no 'us and them.' One in three people have experienced trauma, and this includes healthcare providers. Healthcare is a hazardous industry to work in. People experience vicarious trauma. They experience burnout. So, traumatized people are on both sides of that relationship, and they need to help each other. Introducing trauma-informed care to an organization applies to, and benefits, everyone in that organization."

– Dr. Robert Maunder

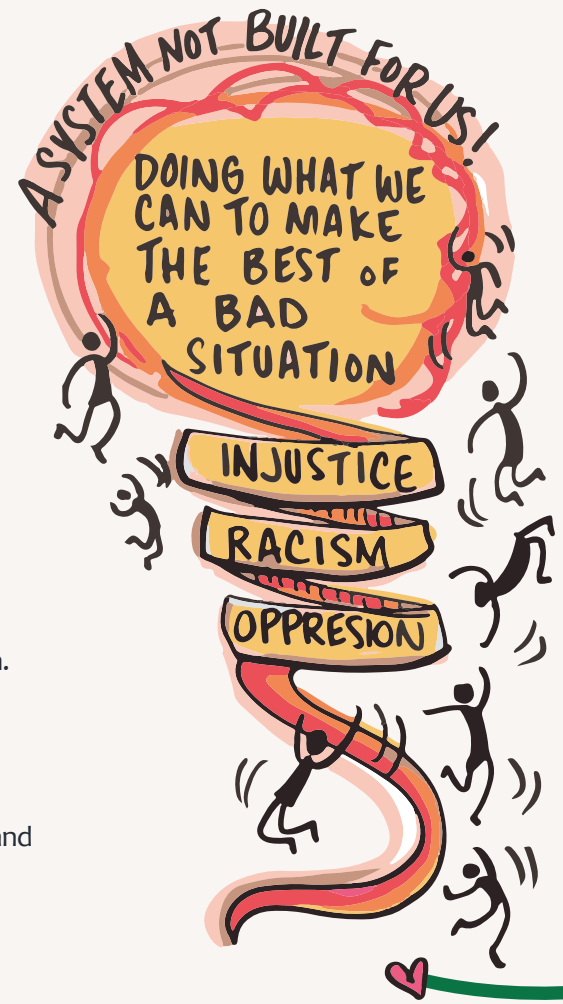
**Trauma may be described as helplessness in the face of something broken and hurting. Too often, this describes the experience of Black mental-healthcare workers.**

- Black service providers in this space often experience a "dual consciousness": one foot in the mental health establishment, and one foot in the community.
- Within mainstream organizations, Black mental-healthcare providers are often left to care for Black youth clients with complex needs, without organizational support, in the absence of Black-centred programs and services.
- As a result, Black mental-healthcare workers may experience vicarious trauma and burnout.

**Taking care of Black mental-healthcare workers is a form of personal and community treatment.**

- Making trauma and collective understanding of healing central in our communities. We can't do it alone. It's about connections.
- Focus on wellness that is relational or brings joy. We need to laugh.
- To build and maintain resilience, we need to build inter-agency and inter-professional support, collaboration, resources, and community: breaking bread together, taking walks, building relationships within and between agencies.
- We need clear communication and transparency between and among organizations and professionals.

# Healing the healer




**Dr. Suzanne Shoush** is a First Nations/Black physician, mother, advocate, and writer. She discussed the importance of self-care and self-compassion for healers in Indigenous and Black-focused health settings:

- Providers may allow themselves to become overwhelmed with work because needs are so great, and because it's scary to slow down and acknowledge trauma and vulnerability. It requires bravery to slow down.
- Trauma is rooted in helplessness in the face of brokenness and hurting; for BIPOC communities, brokenness stems from being excluded from political and economic power and influence.
- Healing — for community and for healers — is relational and requires time, friends, community, and external supports.
- We have much to learn from our Elders, our ancestors, our community, and the Earth.

# WORKSHOP #1

WORKSHOP SUMMARY

## Creating Trust and Safety

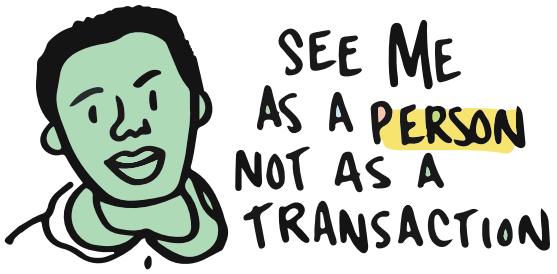
In this workshop, participants outlined characteristics of healthcare provision and providers that contributed to fostering trust and a sense of safety. Trust and safety were recognized as interdependent, contextual, and mutually necessary for the provision of effective healthcare. Trust, further, was not automatic but needed to be earned; breaking that earned trust is regarded as a devastating act.

Trustworthy and safe providers:

- do not weaponize vulnerability
- are transparent, consistent, engaged, accessible, collaborative, proactive, preventative, respectful and resourceful
- listen actively and create space for genuine conversation and exchange
- incorporate spirituality as appropriate
- develop a holistic program of care (and do not rely solely on medication), and follow up on that program
- work in/create a welcoming physical environment

Safety and trust for Black youth is built in the context of a diverse community. Trustworthy providers are part of and build that community, with a working knowledge of its resources and networks.

> I have to remember how sacred each and every person is ... If my doctor doesn't make me feel sacred, or feel safe, then I don't bring my sacredness near them.
>
> – James Carpenter (Grey Cloud)



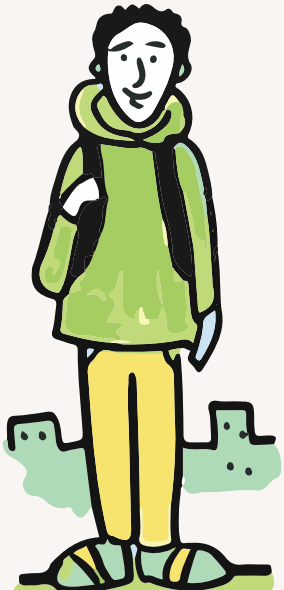

# WORKSHOP #2

WORKSHOP SUMMARY

## Pathways to and Retention in Care

In this workshop, participants discussed the factors necessary to encourage Black youth to engage in — and stick with — trauma programming (beyond issues of trust and safety discussed above). They identified several factors for engagement and retention:

- Public and community education, outreach, social media, open houses.
- Providing a welcoming, accessible, and open physical space, while being flexible about the location, length, and timing of services.
- Flexibility: Providing drop-in sessions; not requiring registration; tailoring treatments to individual clients and meeting them where they're at.
- Normalizing the program through youth ambassadors, social media, marketing that integrates it into the community.
- Unconditional positive regard: A positive, pleasant, person-focused, team-based environment that engenders hope.
- Get feedback at the end of each session
- Having providers who look like the clients they're serving
- Offering creative incentives to engage and return
- Foster a sense of belonging: Gangs work well because they are groups with leaders and a clear sense of belonging. How can we create this in the trauma program? Even beyond the end of therapy, can we create space for youth to come back via monthly check-in, mentoring new clients, groups, volunteering?



"We need to focus on spaces where elders and youth can work together and listen to each other. We need to build a space where the victimized and the perpetrators can dialogue."

–Julian Waithe, Wanasah

WORKSHOP #3

WORKSHOP SUMMARY

# Designing the Clinical Intervention

In this workshop, participants discussed the most appropriate and relevant therapeutic modalities — and in what form — to use with Black youth experiencing trauma. Takeaways from the session included:

- Flexibility is key. Do not be rigid with modalities. Decide based on what works for each individual client.
- Standard modalities (e.g., CBT, DBT) may need to be adapted to Black culture.
- Understand that evidence-based practices and modalities may not necessarily be culturally validated with Black youth. Look at the evidence base critically: Who created it? For whom?
- Follow the three stages of trauma treatment: people must be stabilized — housed, relatively safe, not actively or happily using substances, or still acute/triggered — before engaging in trauma processing.
- Exposure and desensitization are important; newer modalities, including skills-based and body-based work are emerging and important.


WORKSHOP #4

WORKSHOP SUMMARY

# Role of Community Members/Peer Support in Providing Trauma Care

**Q. Should we be training lay people from the community to provide mental health counselling?**
**A. Yes!**

Workshop participants discussed the key role of community members in providing trauma care. Community members are trusted and trustworthy, and can provide culturally sensitive support within the context of community. Such an approach destigmatizes mental health concerns, strengthens community, builds self-reliance, fosters connections between youth and elders, and eases some pressure on resources and providers. There is evidence to support community mental health training and support. Risks include re-traumatizing, stigmatization, confidentiality concerns.

My job is to help my children feel happy, to educate, and help support them. I want to be included, so that I can help support them, listen to them. If you are friends with them, they can tell you everything. If you are yelling at them all the time then they won't tell you anything.

– caregiver

WORKSHOP #5

WORKSHOP SUMMARY

## Responding to Community Crisis

Participants in this workshop recognized that they needed a definition of "crisis." Further, if crisis can be defined, variously, as a lack of basic resources, oppression, violence, pain, what happens when crisis is not acute but chronic? And if crisis is chronic, in what ways are communities and providers already responding to them and meeting needs? Existing advocacy and contributions of support workers must be acknowledged and affirmed.

The centring of trauma was also discussed: do services need to be centred around traumatic experience? Or can they address trauma while understanding and highlighting people's larger stories and strengths?

Participants identified mutual aid, personal check-ins, intergenerational healing spaces, and more cultural events and celebrations as needs.

WORKSHOP #6

WORKSHOP SUMMARY

## Effective Collaboration Between Community Agencies

Factors that enable collaboration between agencies include sharing common goals and having complementary strengths and needs so that different organizations can achieve more by working together.

Barriers to working together include competition for clients. Participants agreed that individual organizations must clearly understand their mandates, strengths, needs before they can effectively collaborate with others.

can we look at silos in mental health? We have SAPAccY, and then we have Wanasah, and then there's Black Health Alliance. Is there some way to look at those parts and how we can make sure that [our approach] is holistic, that we're all on the same wavelength?

# Dear caring Person

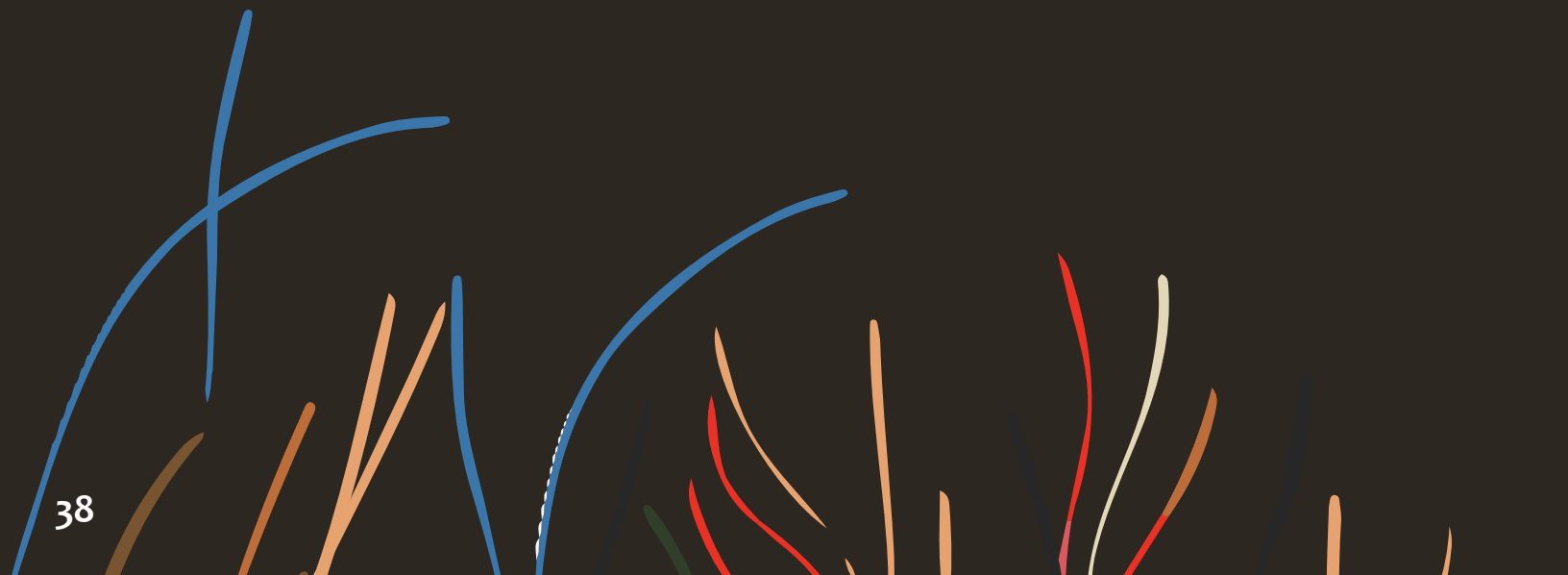
I trust you, and so does my heart
However
I need you to hear me out first

I have been through most of my hardest times alone
And now that God has brought you into my life
I no longer have to

You knew me when times were better
But now things have changed, and I need your words
I want us to be in each other's presence, so I can feel the reality
I ask that you hold my words tightly and the moment lightly

Once you've listened, please remember to see me
And handle me with care
See my shame and my weakness
But not treat me as weak or fragile

Remind me that each hardship is a test
And not a barrier
Don't lie to me
But it's okay to say it'll be okay



Dear Caring person
I know the feeling of loss and that **hurt** is **unbearable**
So please, tell me that you're **okay**
And that I'm not a **burden**

You have done and been everything I need in a **friend**
You sometimes know me better than I know myself
And that gives me a sense of **peace**
Because you know which side of you I need at any **moment**

You would never **share** what I come to you about
With someone else
You always **follow up** on me
But never do it in a way where it seems out of **pity**

So, my dear caring person
I may not **listen** to your **advice**
Or I may wait until the last **second** to ask for **help**
But I am afraid of being without a **person** like you
And I am **eternally grateful** for the space
that you **hold** for me

Sincerely,
Same Song Single Tear Drop

wanasah BLACK HEALTH ALLIANCE

*"Dear Caring Person" was a collaborative young adult effort which entailed writing a letter to someone outlining how to care for themselves in times of crisis or need. It was co-facilitated by two Wanasah staff, and highlighted youth voices impacted in various ways by complex trauma(s) in the community with a solution focused lens. Each line of the poem represents a part of their indiviidual and group narrative.*

**Reference:**
Narrative Reflective Process
(Schwind, 2014) for the approach used above.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