



# Social Network Analysis of Toronto's Mental Health Sector:

**A Report for Service Providers**

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## Social Network Analysis of Toronto's Mental Health Sector: A Report for Service Providers

September 2020

### ABOUT THE PATHWAYS TO CARE PROJECT

Pathways to Care is a community-driven and youth-led systems change project committed to transforming the mental healthcare system for Black children, youth, and their families.

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### ILLUSTRATION

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Data taken from: Booker, M. (2020). *Pathways to Care Social Network Analysis Survey* [Survey]. SurveyMonkey.

**How to cite this report:** Booker, M. (2020) *Social Network Analysis of Toronto's Mental Health Sector: A Report for Service Providers*. Toronto: Pathways to Care Project

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### PROJECT STAKEHOLDERS



### FUNDERS





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## GLOSSARY: KEY TERMS

- **Alpha ( $\alpha$ ):** In statistics, alpha is the cut off limit for rejecting the null hypothesis and accepting the alternative hypothesis. Alpha is traditionally set to 0.05. If statistical tests yield an alpha value less than the set cut-off alpha value, then we reject the hypothesis. If statistical test results yield an alpha value greater than the set cut-off value, we cannot reject the hypothesis, meaning our tests did not provide enough evidence to support that a relationship between the two variables being studied exists
- **Anti-Black Racism:** Prejudice and discrimination specifically directed at Black people which is rooted in centuries of slavery, colonization, and stereotypes. Anti-Black racism has been normalized in Canadian institutions so it has shaped laws, practices, and policies all of which contribute to the continued social, political, and economic marginalization of Black people. This marginalization manifests in the mass incarceration of Black people, under-representation in positions of power, and high unemployment rates
- **Barriers:** Factors that prevent a person from gaining access to something. In this case, factors that prevent access to mental health and addictions care
- **Black Organization:** An organization whose programs and services cater to Black communities and are primarily staffed/led by Black people
- **Bridge:** In Social Network Analysis, a Bridge is an organization that is very influential in the social network because information is often passed through that node. If a 'Bridge' was removed, the structure of the network would be damaged and it would take longer to deliver a message to other nodes in the network
- **Broadcaster:** In Social Network Analysis, a Broadcaster is an organization, group, or person that is able to communicate a message quickly to everyone else in a social network because they are close to them
- **Chi-squared Test:** A Chi-squared test is a statistical test performed to see if there is a relationship between two variables
- **Degree Centrality:** The total number of incoming and outgoing links a node has
- **Directed Network:** A directed network is a social network where direction matters, meaning the connection between nodes does not go both ways. In a Directed Network, the lines have arrows
- **Edge:** The line that connect nodes in a social network graph
- **Facilitators:** Factors that help a person to gain access to something. In this case, factors that improve access to mental health and addictions care
- **Graph:** A visual representation of social network data
- **H0:** is an abbreviation that refers to the null hypothesis which states there is no significant relationship between the variables being studied
- **HA:** is an abbreviation that refers to the alternative hypothesis which states there is a relationship between the variables being studied
- **In-degree Centrality:** The number of incoming links a node has

## GLOSSARY: KEY TERMS

- **Mainstream Organization:** An organization whose programs and services do not cater to Black communities specifically
- **Mental Health:** A state of emotional, social, and psychological well-being that helps a person to participate fully in their life. A person's ability to recognize and regulate their emotions. The ability to cope with challenges and meet the needs of their social roles
- **Mental Health Providers:** People who possess the skills and qualifications to treat others who face challenges with their mental health. This can include psychiatrists, psychologists, nurses, and social workers
- **Node:** In Social Network Analysis, nodes are typically people or organizations; in graphs, nodes are often represented as circular points
- **Out-degree Centrality:** The number of outgoing links a node has
- **Phi:** is a value calculated and used to interpret statistical test results; it tells us how strong the relationship between two variables is
- **P-value:** The probability that the statistical test results happened due to chance or because of a significant relationship between the variables being studied
- **Racism:** Racism is a system of oppression that is upheld by power and White Supremacy; this inequitable system functions by allowing White people to maintain social, political, and economic power and related advantages, while Black people and other people of color remain disadvantaged. Racism is also a set of beliefs about the biological and genetic superiority of White people. Racism occurs at all levels of society including at the institutional and interpersonal levels
- **Social Network Analysis:** The practice of analyzing and measuring relationships between people, organizations, and groups
- **Undirected Network:** An Undirected Network is a social network where direction does not matter, meaning the connection between nodes goes both ways so lines do not have any arrows. An example of an Undirected Network is a Facebook friendship between 2 people
- **White Supremacy:** the belief that White people are superior to other people of color because of their race. White Supremacy is also a political ideology that involves the maintenance of the political, social, economic, and institutional dominance of White people over other people of color

## ACRONYM LIST

- **ABR:** Anti-Black Racism
- **GTA:** Greater Toronto Area
- **PtC:** Pathways to Care Project
- **SNA:** Social Network Analysis



# PART I: THE SOCIAL NETWORK ANALYSIS SURVEY IN TORONTO

## Social Network Analysis Background

The Pathways to care (PtC) Social Network Analysis (SNA) has 2 main parts that will take place in each of the 6 cities we will collect data from. The first city we collected data from was Toronto, which included the Greater Toronto Area (GTA).

The first part is the SNA survey for mental health service providers followed by the creation of graphs to visualize social networks.

## Survey Purpose

The SNA survey was created so mental health service providers across Ontario could share information about the organization they work at as well as their knowledge and experiences about the following topics:

- 1) The location of their organization
- 2) Whether their organizations serve Black children and youth
- 3) The names of other organizations that may serve Black children and youth as well as referral patterns
- 4) Which organizations serve Black children and youth and whether organizations have a stated goal to serve them in their mission statement or whether the decision to serve them is related to another factor such as whether the Black population in that area is high or low
- 5) Organizational practices and policies that are related to serving Black children and youth. Some examples of organizational practices and policies are Black-specific mental health programs or mandatory Anti-Black Racism (ABR) training for all staff



# DATA SOURCES FOR SOCIAL NETWORK GRAPHS

We opened the survey on March 16, 2020 and closed it on May 2, 2020. We used the responses from certain survey questions to make the 3 SNA graphs. Each graph achieved a specific PtC goal.

*Table 1. Each PtC research goal and the corresponding graph.*

| Research Goal  | Social Network Graph # |
|--|------------------------|
| To determine which organizations are being relied on for resources and information in this sector; this will help us find future implementing partners for Pathways to Care. | 1                      |
| To improve our understanding of which organizations intend to collaborate on mental health initiatives and projects.   | 2                      |
| To learn about which organizations have been working together on mental health projects and initiatives in the past year.  | 3                      |



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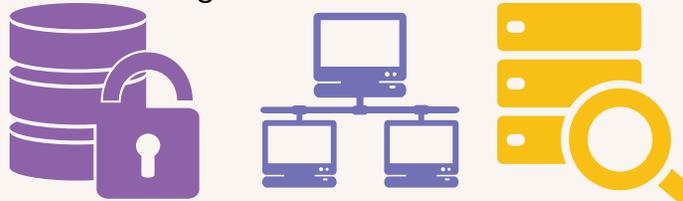
# METHODS

## Social Network Graph Visualization Software: Gephi

Gephi was used to make the social network graphs. Gephi was chosen because it is user-friendly and means users do not need advanced coding skills that would be required to use other SNA programs. Labels were not included for all nodes in graphs because this would have made the connections between organizations difficult to see.

## Overview of the Statistics Calculated

In Gephi, statistics can be calculated to help you learn more about the structure of your social network; the statistics we calculated were used to determine the node size and node color in all our graphs. Below is a list of SNA statistics we calculated along with information about what they measure and why it is important for PtC.



### Modularity

Modularity detects communities. In SNA, communities are groups of nodes that are clustered together; detected communities are often color-coded to make them easier to see. For the PtC SNA, nodes represent organizations.

### Degree Centrality

Degree Centrality measures how many one-step connections each node has. These connections are represented as lines connecting nodes in a graph. The higher the Degree Centrality score a node has, the higher the total number of incoming and outgoing connections it has, which means that node is popular in the network since it is connected to many other nodes. Degree Centrality can be divided into two types: In-degree and Out-degree Centrality. In-degree centrality is the number of incoming links to a node. While Out-degree Centrality is the number of outgoing links to other nodes.

### Betweenness Centrality

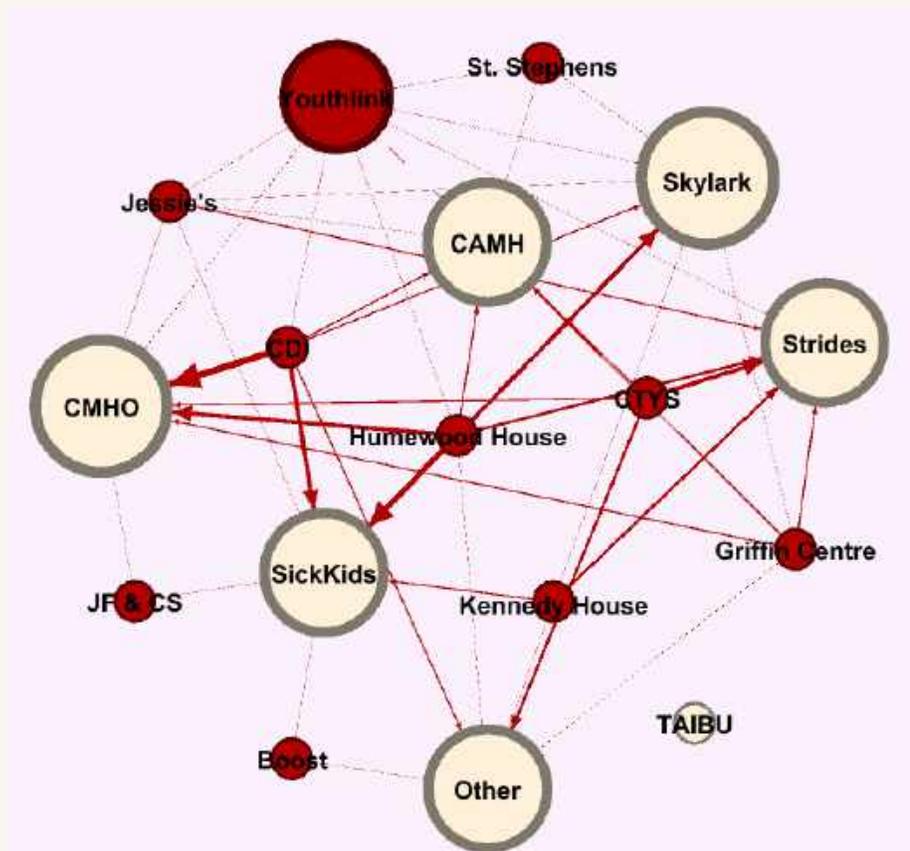
Betweenness Centrality measures how often a node lies on the path to all other nodes in a network. Betweenness Centrality was calculated as part of this SNA to show which organizations are acting as 'Bridges' in the network. In SNA, Bridges are nodes that are influential when it comes to the communication dynamics in a network. A high Betweenness Centrality score for a node indicates that information is more commonly passed through that node so that node has increased control over the flow of information throughout the network.

### Closeness Centrality

Closeness Centrality measures the degree to which nodes are close to all other nodes in a network; we calculated it to show which organizations are strong 'Broadcasters' that are well-suited to disseminate information throughout the network quickly. Broadcasters are organizations, groups, or people that are able to communicate a message quickly to everyone else in a social network because they are close to them in terms of distance.

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## SNA SURVEY RESULTS: GRAPHS



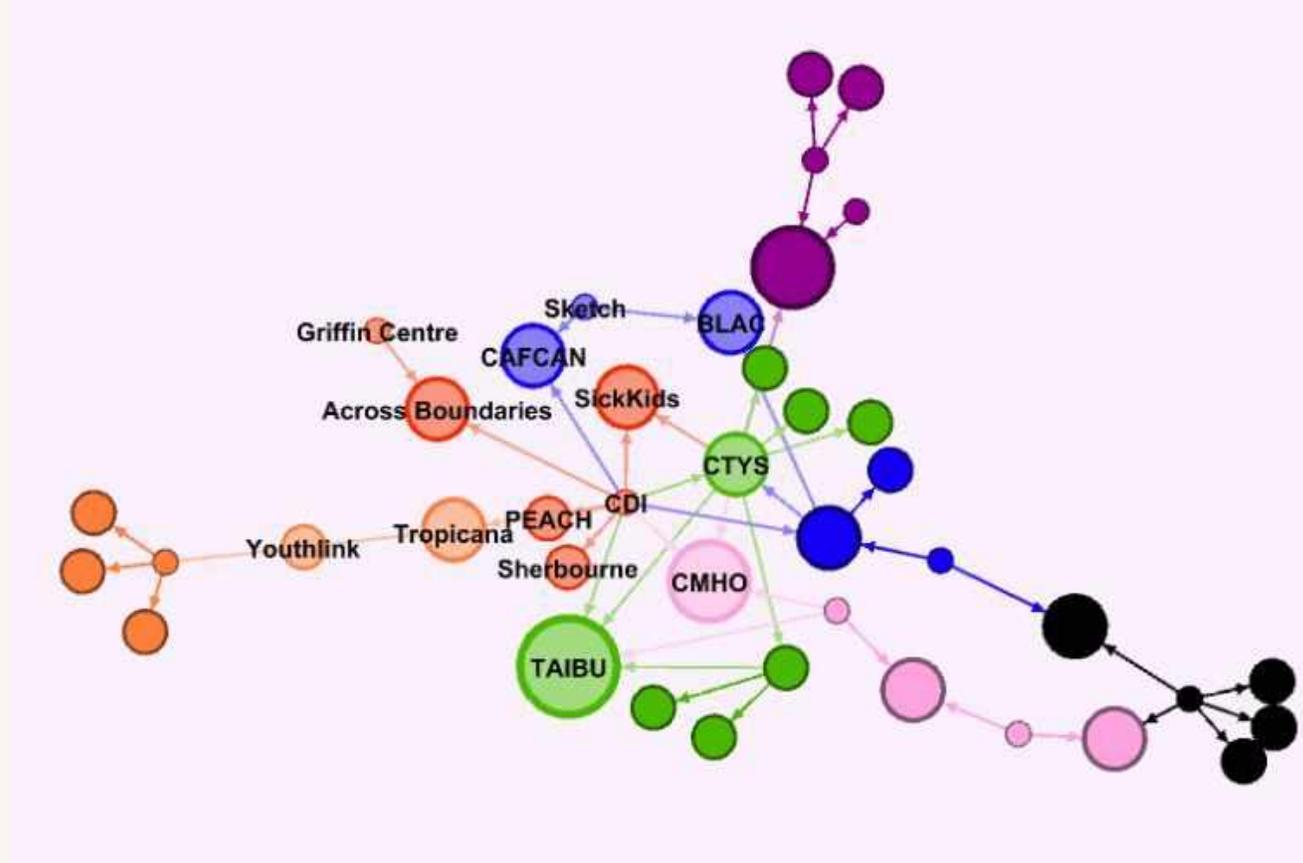
*Graph 1. The network of organizations that are relied on for information and/or advice to support the mental health and addictions work of organizations that responded to the survey.*

In graph 1, nodes were colored based on Closeness Centrality to gain a sense of who the Broadcasters were; the darker red nodes show that they have higher Closeness Centrality scores, while the lighter nodes have decreased Closeness Centrality scores. Node size was based on Degree Centrality since the focus of the associated survey question is which organizations participants rely on for advice/help in their work so incoming connections to those nodes are key. Nodes with many incoming connections are organizations that serve as knowledge hubs.

The larger the node, the higher the Degree Centrality. So Youthlink for example is an excellent Broadcaster, meaning it is very close to the other organizations in the network and able to communicate messages to everyone quickly. Youthlink and CAMH are two of the largest nodes in graph 1 because they have high Degree Centrality scores. This means they have higher numbers of the total links to other organizations. The total number of links includes incoming and outgoing links to organizations.

See Appendix A for a detailed list of all the organizations represented by the nodes in graph #1.

# SNA SURVEY RESULTS: GRAPHS



*Graph 2. The network of organizations in the mental health sector who want to collaborate with one another.*

Nodes were colored in graph 2 based on modularity class, each color represents a group of organizations. Modularity class is useful for detecting the clustering of nodes. The arrows in this graph represent the direction of the connection between organizations in this network. In-degree Centrality was used to determine node size because we wanted to know which organizations were commonly identified as key project partners for mental health and addiction issues.

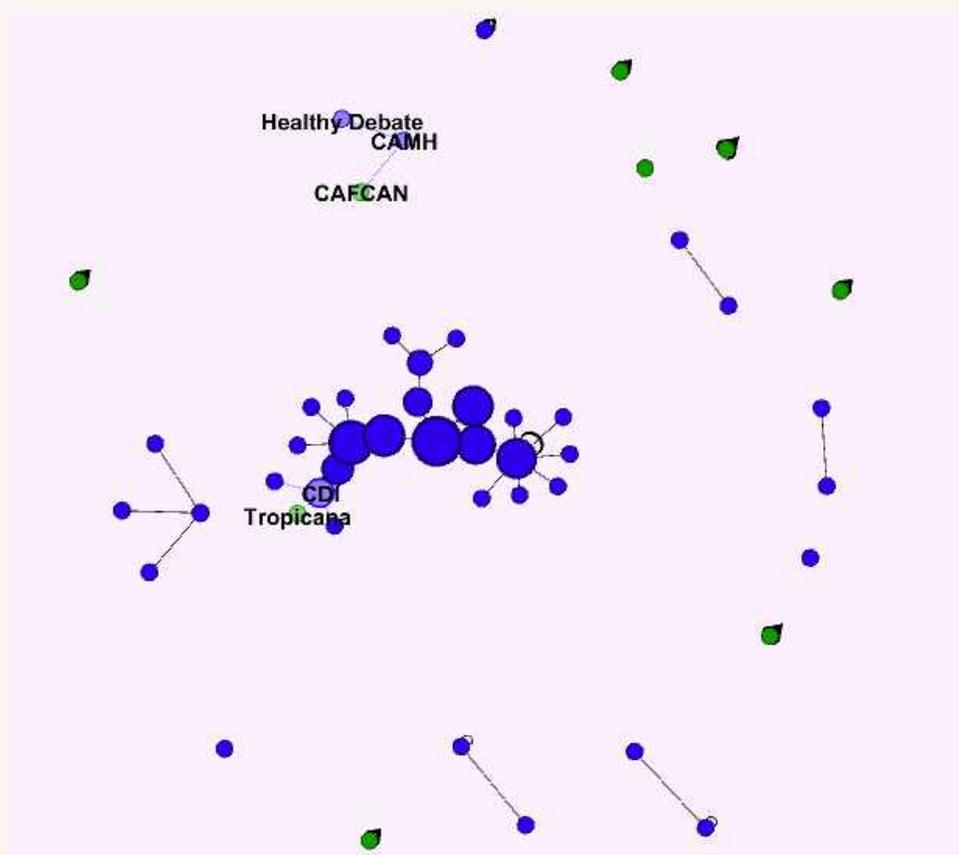
Most of the Black organizations are near the centre of the network, this means that many participants identified Black organizations such as TAIBU Community Health Centre as organizations they want to collaborate with, but never have.

Only a sample of organizations were labelled to avoid decreasing the readability of the graph. See Appendix B for a detailed list of all the organizations represented by nodes in graph #2.

# SNA SURVEY RESULTS: GRAPHS

The colour scheme for nodes in graph 3 was based on whether the PtC team classified each organization as Black or Mainstream. Green nodes represent Black organizations which lay on the outskirts of the network except for Tropicana and blue nodes represent mainstream organizations.

Mainstream organizations are clustered together in the centre of the network; this shows that in the past year, mainstream organizations were mostly collaborating with other mainstream organizations. Only survey participants from CDI and CAMH mentioned collaborating with Black organizations. Interestingly, the Black triangular attachments to the nodes represent organizations that are connected to themselves, meaning they listed themselves as collaborative partners for mental health projects in the past year. Seeing as all mainstream organizations likely serve Black children and youth, the lack of collaboration on mental health projects between mainstream and Black organizations is worrisome because it likely means providers at mainstream organizations are not learning about Black-specific facilitators and barriers to mental health and addictions care.



*Graph 3. The network of Black and mainstream organizations that have collaborated on projects within the past 1 year.*

Nodes were sized based on Betweenness Centrality since it is important to know which organizations serve as 'Bridges' in a network, meaning they are influential and were often contacted when organizations collaborated on mental health projects. The larger blue nodes represent mainstream organizations. These mainstream organizations are heavily clustered in the centre of the network, which means that they have increased control over information passed through that organization. If the large nodes were removed from the network, this would seriously disrupt communication and collaboration efforts. Organizations and service providers can use this information to create more focused outreach and community building efforts, particularly when it comes to better serving Black youth, children, and families.

Only a few organizations were labelled to highlight the lack of collaboration between mainstream and Black organizations. See Appendix C for a detailed list of all the organizations represented by the nodes in graph #3.

# CONCLUSION

The 3 graphs that were generated as part of the PtC SNA provide a snapshot of organizational partnerships in the mental health and addictions sector in Toronto. The graphs also help us think about the strength of relationships between organizations. Although conclusions about causation cannot be made from the graphs, they serve as effective visual tools to support the strengthening and building of partnerships between Black and mainstream organizations.



## Key Messages for Mental Health Providers



### Resource and Information Hubs

- Think about who your organization reaches out to when it needs information or advice
- Ask yourself: "Do any of those organizations cater to Black communities? Do any of those organizations have Black leadership?"



### Organizational Relationships

- Seek information and resources from Black organizations and give them credit for their work
- Build and sustain respectful and strong relationships with Black organizations by donating to and uplifting their work regularly, not only in times of crisis
- Suggest that leadership hire program evaluators to ensure projects and initiatives are serving Black communities in a culturally appropriate way
- Examine the diversity and inclusion when it comes to leadership and staff at all levels and make a strategic plan transparent to the community so you can be held accountable



# PART II: STATISTICAL DATA ANALYSIS

## Background and Purpose

To analyze the SNA survey data, Chi-squared tests were run in a data analysis software called SPSS. A Chi-squared test is a statistical test performed to see if there is a relationship between two variables. The alpha for all tests we ran was  $\alpha=0.05$ . Alpha is the cut-off level for statistical significance. Each time we run a Chi-squared test, SPSS calculates an alpha value. If the calculated alpha is less than 0.05, our results are significant and we can reject  $H_0$  and conclude that a relationship exists between the two variables being studied. These tests were run to determine whether relationships existed between certain variables. Phi is another statistical value that was also calculated in SPSS to tell us about the strength of the relationship between the variables tested.



## SUMMARY OF STATISTICAL TEST RESULTS

Table 2. A summary of the SNA Chi-squared test results.

| Chi-squared Test # | Alpha ( $\alpha$ ) | Phi    | P-value |
|--------------------|--------------------|--------|---------|
| 1                  | 0.05               | 0.015  | 0.378   |
| 2                  | 0.05               | -1.38  | 0.002   |
| 3                  | 0.05               | 0.484  | 0.0     |
| 4                  | 0.05               | 0.287  | 0.005   |
| 5                  | 0.05               | -0.207 | 0.00    |

# HOW TO INTERPRET PHI: STRENGTH OF ASSOCIATION



Since it is not possible to determine whether a causal relationship exists between two variables using a Chi-squared test, we calculated Phi so we could analyze the strength of the relationships we found between the variables we studied. The table below was used as a guide to understand how strong Phi was for each pair of variables we tested.

*Table 5. Phi values and rules about how to interpret the strength of relationships between variables (Akoglu, 2018).*

| Phi    | Strength of Association |
|--------|-------------------------|
| > 0.25 | Very Strong             |
| > 0.15 | Strong                  |
| > 0.10 | Moderate                |
| > 0.05 | Weak                    |
| > 0    | None or Very Weak       |

*Note.* Table adapted from Akoglu, H. (2018). User's guide to correlation coefficients. *Turkish Journal of Emergency Medicine*, 18(3), 91-93. Retrieved from <https://doi.org/10.1016/j.tjem.2018.08.001>

# EXPLANATION OF THE STATISTICAL TEST RESULTS

## Chi-squared Test 1

**H0:** There is no relationship between the type of organization a service provider works at and whether they use ABR frameworks/principles to engage with clients and/or patients.

**HA:** There is a relationship between the type of organization a service provider works at and whether they use ABR frameworks/principles to engage with clients and/or patients.

### Variables

- Type of organization
- Whether the service provider agrees with the following statement: “My organization uses Anti-Black racism frameworks or principles to engage with clients and/or patients”

### Results and Interpretation

**$\alpha=0.05$  |  $\Phi=0.015$  |  $P\text{-value}=0.378$**

The P-value is 0.378, which is much higher than the alpha level of 0.05 so we did not reject H0, this means there is not enough evidence of a relationship between organization type and whether or not a service provider believes their organization uses ABR frameworks/principles to engage with clients and/or patients.

## Chi-squared Test 2

**H0:** There is no relationship between the primary role of a service provider and whether or not they believe Mental healthcare for Black youth requires a specific set of standards.

**HA:** There is a relationship between the primary role of a service provider and whether they believe mental healthcare for Black youth requires a specific set of standards.

### Variables

- Primary role of the service provider at their organization
- Whether the service provider agrees with the following statement: “Mental healthcare for Black youth requires a specific set of standards given their unique social determinants of health”

### Results and Interpretation

**$\alpha=0.05$  |  $\Phi=-1.38$  |  $P\text{-value}=0.002$**

A P-value of 0.002 is less than 0.05, meaning there is enough evidence to reject the null hypothesis and conclude that there is a relationship between the primary role of a service provider and whether they believe mental healthcare for Black youth requires a specific set of standards.

# EXPLANATION OF THE STATISTICAL TEST RESULTS

## Chi-squared Test 3

**H0:** There is no relationship between organizations whose staff have received some ABR training and whether their organization is Black-led.

**HA:** There is a relationship between organizations whose staff have received some ABR training and whether their organization is Black-led.

### Variables

- Cultural sensitivity or ABR training for staff
- Whether the provider agrees with the following statement: "My organization is Black-led"

### Results and Interpretation

**$\alpha=0.05$  |  $\Phi=0.484$  |  $P\text{-value}=0$**

The P-value of 0 is less than 0.05, thus we can confidently reject the H0 and state there is sufficient evidence that a relationship exists between providers who work at organizations where staff have received some ABR training and whether their organization is Black-led or not.



## Chi-squared Test 4

**H0:** There is no relationship between providers whose staff have received some ABR training and whether the provider believes their organization needs a specific framework and treatment protocol for Black youth, children, and families.

**HA:** There is a relationship between providers whose staff have received some ABR training and whether the provider believes their organization needs a specific framework and treatment protocol for Black youth, children, and families.

### Variables

- Cultural sensitivity and ABR training for staff about Black populations
- Whether the provider agrees with the following statement: "My organization needs a specific practice framework and treatment protocol for Black youth, children, and families"

### Results and Interpretation

**$\alpha=0.05$  |  $\Phi=0.287$  |  $P\text{-value}=0.005$**

In this case, the P-value is 0.005 which is significantly less than 0.05 ( $\alpha$ ); this means it is possible to confidently reject the H0 and conclude there is strong evidence to state there is a relationship between participants whose staff have received some ABR training and whether the employee believes their organization needs a specific framework and treatment protocol for Black youth, children, and families.

# EXPLANATION OF THE STATISTICAL TEST RESULTS

## Chi-squared Test 5

**H0:** There is no relationship between a service provider's primary role in the organization and whether the service provider believes funding requirements limit innovation for programs and services at their organization.

**HA:** There is a relationship between a service provider's primary role in the organization and whether the service provider believes funding requirements limit innovation for programs and services at their organization.

### Variables

- Primary role of the service provider in the organization
- Whether the service provider agrees with the following statement: "Funding requirements limit innovation for programs and services at my organization"

### Results and Interpretation

$\alpha=0.05$  |  $\Phi=-0.207$  |  $P\text{-value}=0$

This test generated a P-value of 0 which is significantly less than 0.05, therefore the H0 can be rejected; this means that there is strong evidence that a relationship exists between a service provider's primary role in their organization and whether they believe funding requirements limit innovation for programs and services at their organization.



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## DISCUSSION

### Collaboration Between Black and Mainstream Organizations

The SNA graphs depict important and troubling relationships among Black and mainstream organizations. Graph 1 shows that very few respondents identified TAIBU Community Health Centre as a source of advice or information they relied on to support their work. It is worth noting that TAIBU was the only Black organization in the list of response options.

In contrast, graph 2 demonstrates that TAIBU Community Health Centre along with other Black organizations are clustered near the center of the graph, suggesting many of the survey respondents claimed they wanted to collaborate with these organizations, even though they never have. Most of the survey respondents were mainstream organizations. It is important to remember that data for SNA graph #1 is based on a multiple-choice survey question so there was a limited number of responses and an 'Other' open-ended response option, which was rarely used. SNA graph #3 shows that barely any Black organizations have collaborated with mainstream ones in the past 1 year, despite the fact we know mainstream organizations serve Black people.

This shows that there is a major disconnect between organizations' intent to collaborate with Black organizations and their actions. The survey's findings build on existing research about the barriers and facilitators for service providers when it comes to collaborating with Black organizations and implementing an ABR lens in their work. More research is required to understand what factors prevent or discourage providers and organizations from collaborating with Black organizations on mental health projects and issues. While this research gap continues to be filled, providers can take some actions now to make their workplaces and the care they give more accessible and responsive to Black communities' needs.

### Recommendations for Mental Health Service Providers

#### *Supporting Diversity and Inclusion at Your Workplace*

Providers can support their Black staff by ensuring that their voices are always present and suggestions seriously considered during decision-making processes, and that diversity and inclusion are prioritized at every level of staff, including environmental and food services, board members, advisory groups, administrators, and clinical staff.

Providers can also organize and demand that leadership create a coalition or paid positions dedicated to creating and monitoring the progress of diversity and inclusion practices and policies at each organization as this will motivate staff to prioritize these issues and hold them accountable to Black communities.

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# DISCUSSION

## **Black Representation Among Mental Health Providers**

Black youth undoubtedly experience barriers in accessing mental healthcare providers; however, youth have cited that having a 'connection' to providers as being crucial to them (Office of the Provincial Advocate for Children & Youth, 2018). To youth, a close 'connection' to mental health providers was considered a vital source of social support (Whitley et al., 2017). Without adequate representation, sustainable organization change will be impossible to achieve as Black clients will feel unable to trust providers without similar lived experiences. Inadequate representation of Black providers and Black leadership in the form of CEOs and directors means organizations will consciously or unconsciously avoid prioritizing the unique needs and systemic oppression faced by Black youth, children, and families because those issues are not directly part of their lived experience or viewed as systemic.

## **The Relationship Between Job Roles and Funding Priorities**

A disconnect exists between a service provider's primary role at an organization and whether a service provider believes that mental healthcare for Black youth requires a specific set of standards. Mental health organizations in Toronto must prioritize increasing Black leadership and ensuring ABR training is continuous and an essential part of their organization's mandate and acceptable conduct for mental health providers. ABR training for providers should provide an overview of systemic racism, microaggressions, and white supremacy and how they look at the organization level and the client-provider level for Black populations. Organizational leadership must ensure they hire skilled Black ABR facilitators that can apply key principles of ABR to the mental health sector and support organizations in working towards sustainable organizational change which will look different for each organization. This may lead senior leadership to truly understand the necessity of having Black-specific treatment protocols and clinical standards.

## **Addressing Organizational Funding Limitations**

Funding seems to be a major barrier to program and service innovation at mental health organizations, interestingly this seems to be related to a service provider's role in the organization. To hold staff and leadership accountable to the Black communities and one another, formal program evaluation and reporting systems need to be created and implemented at each organization. Providers can advocate for and support the hiring of an external contract or permanent evaluator to minimize bias. Bias in program evaluation can take the form of hiring a current employee as an evaluator which may increase the likelihood of overemphasizing the positive effects of the program, while neglecting to highlight its weaknesses in the program evaluation process (Harris, 2010). Funding transparency should also be part of that evaluation and reporting system to ensure that employees and Black communities are aware of how leadership at each organization prioritizes their needs and allocates funds to culturally appropriate services and programs. This information will assist Black communities in organizing, advocating for their needs, and assessing whether funding decisions are evidence-based and guided by their communities.

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# CONCLUSION

To support other Black organizations and foster meaningful relationships, providers can suggest the following to leadership: regular donations, ensure all events feature diverse talent, pay all creators, consultants, and speakers equitably for their expertise and time, and elevate their work via your outreach activities and social media. ABR training for providers should emphasize the importance of supporting Black organizations and communities without exception, not only in times of overt crisis for Black communities such as Black Lives Matter protests. If organizational leadership is resistant to change, staff can come together, and demand changes publicly from CEOs and directors so they feel less comfortable with maintaining the status quo and can be held accountable by communities.

## Areas Providers Can Target to Bring About Sustainable Organizational Change in Their Workplace



### Racism and Discrimination

Racism within society contributes to the hiring of a less diverse group of mental health providers and leaders



### Normalize Supporting Black Organizations

Regularly collaborate, donate, and elevate the voices of staff at Black organizations. Create a strategic plan to combat ABR at your workplace



### Lack of Organizational Support and Funding

Providers often face resistance when they try to implement anti-racist and innovative ideas

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## ADDITIONAL RESOURCES

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# ORGANIZATIONS REPRESENTED BY THE NODES IN GRAPH #1

- Centre for Addiction and Mental Health (CAMH)
- Children's Mental Health Ontario (CMHO)
- Strides Toronto
- Skylark Children, Youth & Families (Skylark)
- SickKids Hospital
- TAIBU Community Health Centre
- Other organizations: Surrey Place Centre, Etobicoke Children Centre, St. Stephen's Community House, Griffin Centre, Child Development Institute (CDI), Jewish and Family Child Service (JF & CS), Central Toronto Youth Services (CTYS), Kennedy House Youth Services Inc., The Junewood Call Centre for Young Women (Jessie's Centre)
- Youthlink

# ORGANIZATIONS REPRESENTED BY THE NODES IN GRAPH #2

Table 1. Organizations shown in graph #2, by the color of the node. The nodes in graph #2 were colored according to which community the node is in.

| Purple                                 | Green   | Blue   | Red   | Orange                                      | Pink                                      | Black                               |
|--|---|--|---|---|---|-------------------------------------|
| Skylark                                | TAIBU<br>Community<br>Health<br>Centre          | Sketch   | Griffin Centre  | Tropicana                                   | BlackCAP                                  | Black Health<br>Alliance            |
| Turning<br>Point                       | ArtStarts                                       | Caribbean<br>African<br>Canadian<br>Social<br>Services         | Across<br>Boundaries                                    | Youthlink                                   | Women's<br>Health in<br>Women's<br>Hands  | LGBT Youthline                      |
| St.<br>Stephen's<br>Community<br>House | COSTI   | Black<br>Legal<br>Action<br>Centre                             | Sherbourne<br>Health Centre                             | Community<br>Living<br>Toronto              | Children's<br>Mental<br>Health<br>Ontario | Collective of<br>Black Artists      |
| Jewish<br>Family &<br>Child<br>Service | Boost<br>Child &<br>Youth<br>Advocacy<br>Centre | Centre for<br>Addiction<br>and<br>Mental<br>Health             | SickKids  | Toronto<br>Police<br>Service                | Kennedy<br>House                          | Stella's Place                      |
| Strides<br>Toronto                     | Central<br>Toronto<br>Youth<br>Services         | Asset<br>Group<br>Consulting<br>and<br>Counselling<br>Services | Child<br>Development<br>Institute                       | Victim<br>Services<br>Program of<br>Toronto | Jessie's<br>Centre                        | Carea<br>Community<br>Health Centre |
|  | Toronto<br>District<br>School<br>Board          |  | Promoting<br>Education &<br>Community<br>Health (PEACH) | Humewood<br>House                           |   |                                     |
|  | George<br>Hull<br>Centre                        |  |   |   |   |                                     |
|  | Children's<br>Aid<br>Society<br>Toronto         |  |   |   |   |                                     |

# ORGANIZATIONS REPRESENTED BY THE NODES IN GRAPH #3

## Legend

 Black Organizations

 Mainstream Organizations

- 360° Kids
- Afri-Can Food Basket
- Alexander Park Community Centre
- Associated Youth Services of PEEL
- Birthmark Doula
- Boost Child and Youth Advocacy Centre
- Caribbean African Canadian Social Services
- Center for Discovery
- Central Toronto Youth Services
- Centre for Addiction and Mental Health
- Child Development Institute
- City of Toronto
- Community Care Access Centre
- Frontlines
- Griffin Centre
- Harriet Tubman Community Organization
- Healthy Debate
- Hope Christian Ministries
- Humewood House
- Jessie's-The Junewood Call Centre for Young Women
- Jewish Family and Child Service
- Kennedy House Youth Services Inc.
- Kingdom House Centre
- LGBT Youthline
- Mommy Monitors
- Mothercraft
- PEEL Children's Centre
- Rouge Valley Health Centre
- Scarborough Grace Hospital
- SickKids Hospital
- Sketch Working Arts
- Stella's Place
- Strides Toronto
- St. Stephen's Community House
- Skylark Children, Youth, and Youth
- TAIBU Community Health Centre
- The Boundless School
- Toronto Children's Services
- Toronto District School Board
- Tropicana Community Services
- Trust 15
- Turning Point
- West Neighbourhood House
- Wings of Passion
- Yonge Street Mission
- Young Parents No Fixed Address
- Youthdale
- Youthlink