



New Beginnings for Newcomers.

World Cafe: From Policing to Public Health

Dr. Gemechu Abeshu

Research Operations Lead

Access Alliance Multicultural Health and Community Services

Agenda

- 01** An overview of the project and preliminary findings.

- 02** World Café
 - Topic 1 - 2:00-2:30pm
 - Topic 2 - 2:30-3:00pm
 - Topic 3 - 3:00-3:30pm

- 03** Wrap-up & next steps

Project background

- Project Leads:
 - Akm Alamgir, PhD, Director, Organizational Knowledge and Learning
 - Gemechu Abeshu, PhD, Research Operations Lead
- Coordinating Staff:
 - Courtney Kupka, Research and Evaluation Coordinator
 - Marco Campana, Knowledge Mobilization and Social Action
- Access Alliance Project Team Members
 - Subrana Rahman, Research Assistant
 - Sanjana Jones, Peer Researcher
 - Anika Bather, Peer Researcher (Co-op)
 - Zain Husain, Peer Researcher (Volunteer)
 - Osezua Momoh, Peer Researcher
 - Ezza Jalil, Research Assistant
 - Eden Getahun, Peer Researcher (Co-op)
- Funding: Ontario Health
- Research Ethics Board approval obtained from CREO

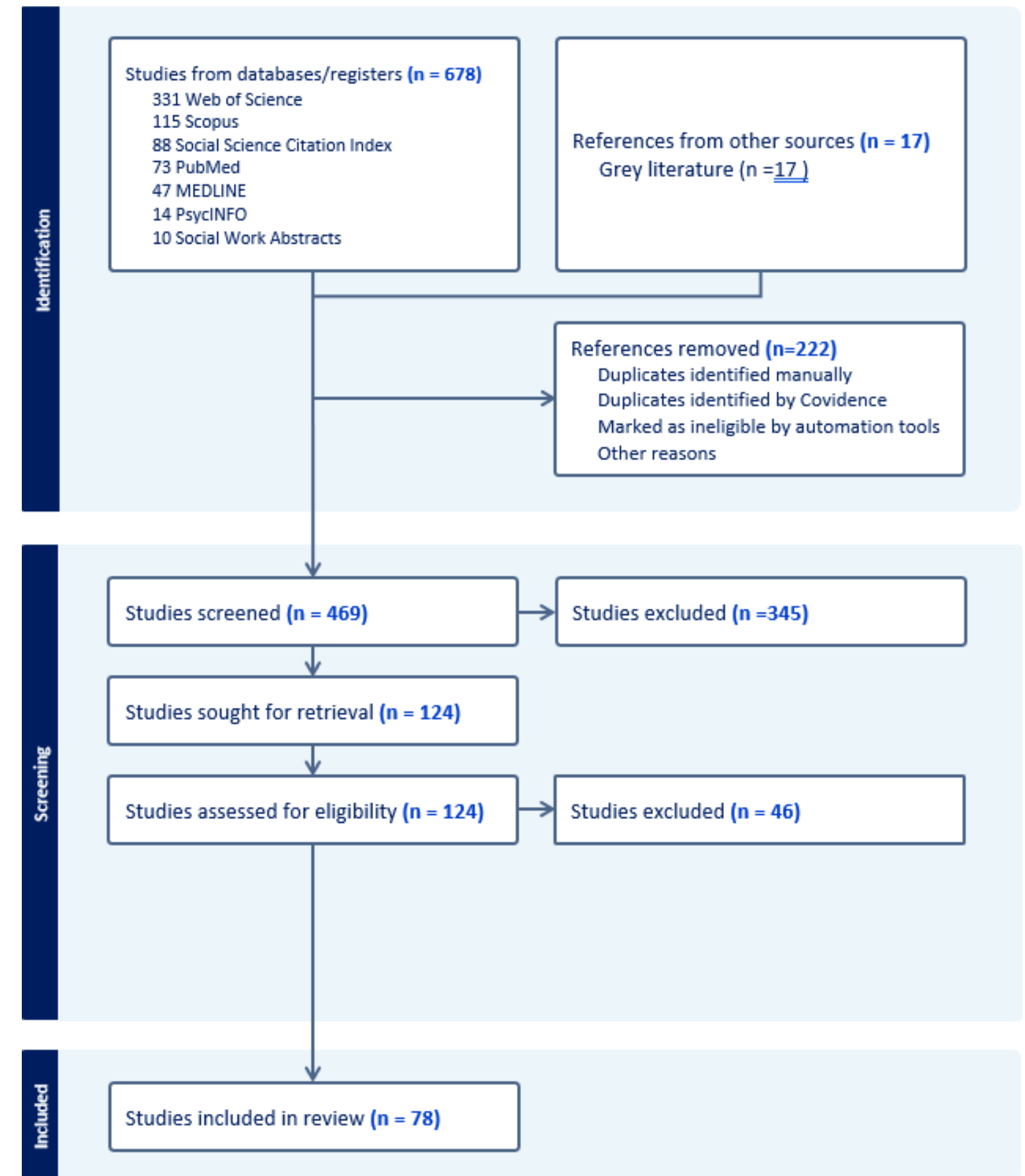
Objectives and Methodology

Objectives

- To understand how Black children and youth describe their mental health challenges
- Identify barriers that prevent Black children and youth from accessing care
- Identify gaps in culturally responsive mental health services across Toronto, and
- Explore alternatives to police led crisis response systems

Methodology

- Community-based research (CBR) model
- Peer-led research: Black peer researchers
- Qualitative methodology:
 - Scoping review
 - Environmental scan
 - Focus group discussions (3)
 - Interviews (12)



PRISMA Chart

Preliminary project findings

Access Barriers & Navigation Pathways

- Discrimination as a Chronic Stressor (Cénat et al., 2021).
- Pervasive Mental Health Impacts (Black Health Alliance, 2022).
- Data from Black Creek CHC:
 - youth mental health stressors are inseparable from structural poverty, unstable housing, unsafe schools, and exposure to gun violence.
- Pandemic & Identity Compounding:
 - During COVID-19, mental health conditions worsened drastically for Black youth experiencing homelessness, and newcomers or 2SLGBTQ+ (Noble et al., 2022).



Preliminary project findings

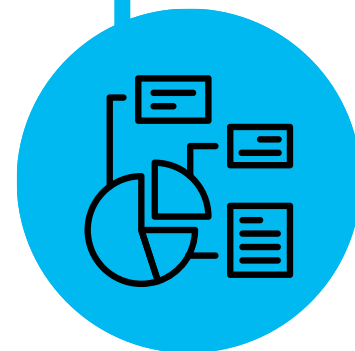
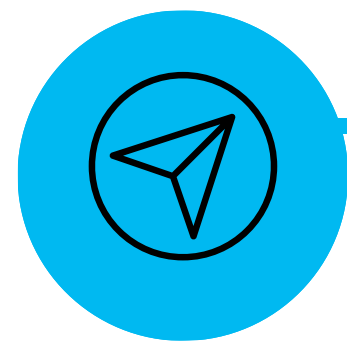
Access Barriers & Navigation Pathways

Black and newcomer families face steep hurdles before even reaching services.

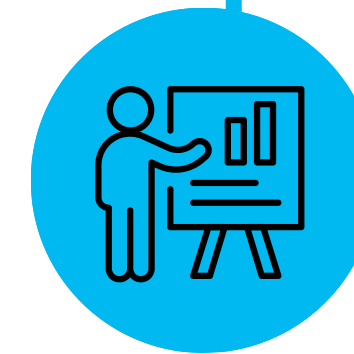
Critical **lack of culturally responsive care** (Regent Park CHC, 2020).

These systemic barriers worsen strictly for:

- refugee youth;
- newcomer families;
- non-English speaking households; and
- undocumented or precariously employed families.



Study of 178 youth revealed that **42.8%** lacked information on where to go, and **40%** did not know how to access mental health support at all (Regent Park CHC, 2020).



Access Alliance (2025) reports that long wait times, fragmented systems, inconvenient hours, and lack of nearby services are compounded by the **high cost** of private therapy.



Preliminary project findings

Systemic Inequalities & Intersectoral Barriers

Intersectoral Structural Oppression




Structural racism, colonialism, ableism, etc. embedded directly within the community child and youth mental health system (Children's Mental Health Ontario, n.d.).

Educational Streaming



Institutional racism in education disproportionately subjects them to harsher disciplinary measures (City of Toronto, 2017; Joseph Adu et al., 2025).

Structural anti-Black racism



Over-surveillance, high rates of family separation, and the routine placement of Black youth in culturally inappropriate environments (Akuoko-Barfi et al., 2025).

Preliminary project findings

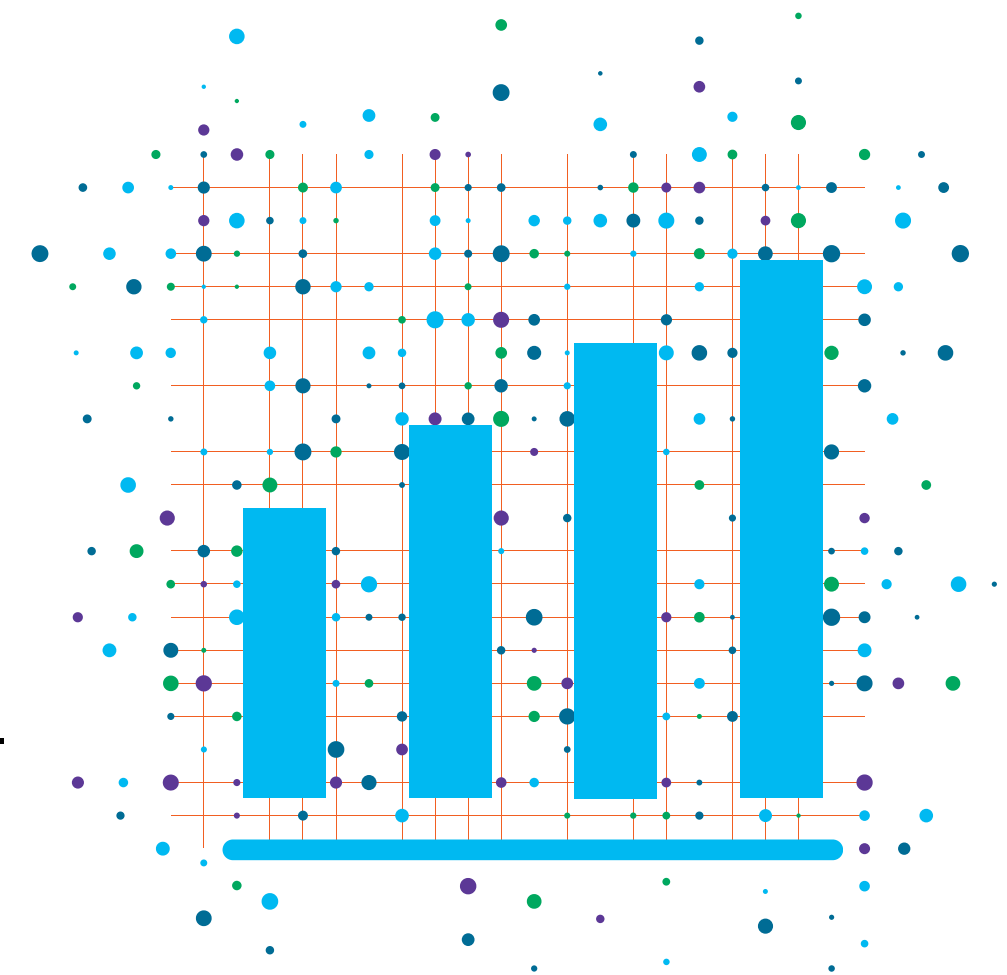
Systemic Inequalities & Intersectoral Barriers

The Reactive Crisis Pathway

Approximately **23%** of Black youth enter care involuntarily via law enforcement involvement or forced hospitalization (Fante-Coleman et al., 2022).

Data-Driven Accountability Deficits

Toronto operates on fragmented race-based data systems across divisions (Demeke & Fante-Coleman, 2026).



Preliminary project findings

Socio-Cultural Stigma & Help-Seeking Delays

- Stigma within Black, African, and Caribbean communities discourages open conversations about mental illness (Adu et al., 2025).
- Cultural beliefs minimize mental health struggles as a **"shake-it-off-and-go attitude"**
- Mental illness is sometimes stigmatized as being spiritually weak, a disconnection from faith, or a supernatural attack (Fante-Coleman et al., 2025; Joseph Adu et al., 2025)
- **48%** of youth identify stigma as a major active barrier to accessing local mental health supports (Regent Park CHC, 2020).



Preliminary project findings

Linguistic, Cultural, & Workforce Representation Deficits

- Some Black mothers avoid formal psychiatric services (Arraiz & Tabi, 2024).
- Black youth in care describe child welfare systems as spaces of "constraint" (Akuoko-Barfi et al., 2025).
- Black youth disengage from formal care because they feel "looked down on" (Fante-Coleman et al., 2022; Agbe et al., 2025; Sobers et al., 2025).
- Youth express significantly stronger trust in community-based, peer-led spaces (Goddard-Durant et al., 2023).



Preliminary project findings

Systemic factors affecting access to care

3x

Black families are about **three times** more likely to be living on low incomes than white families (City of Toronto, 2017:29)

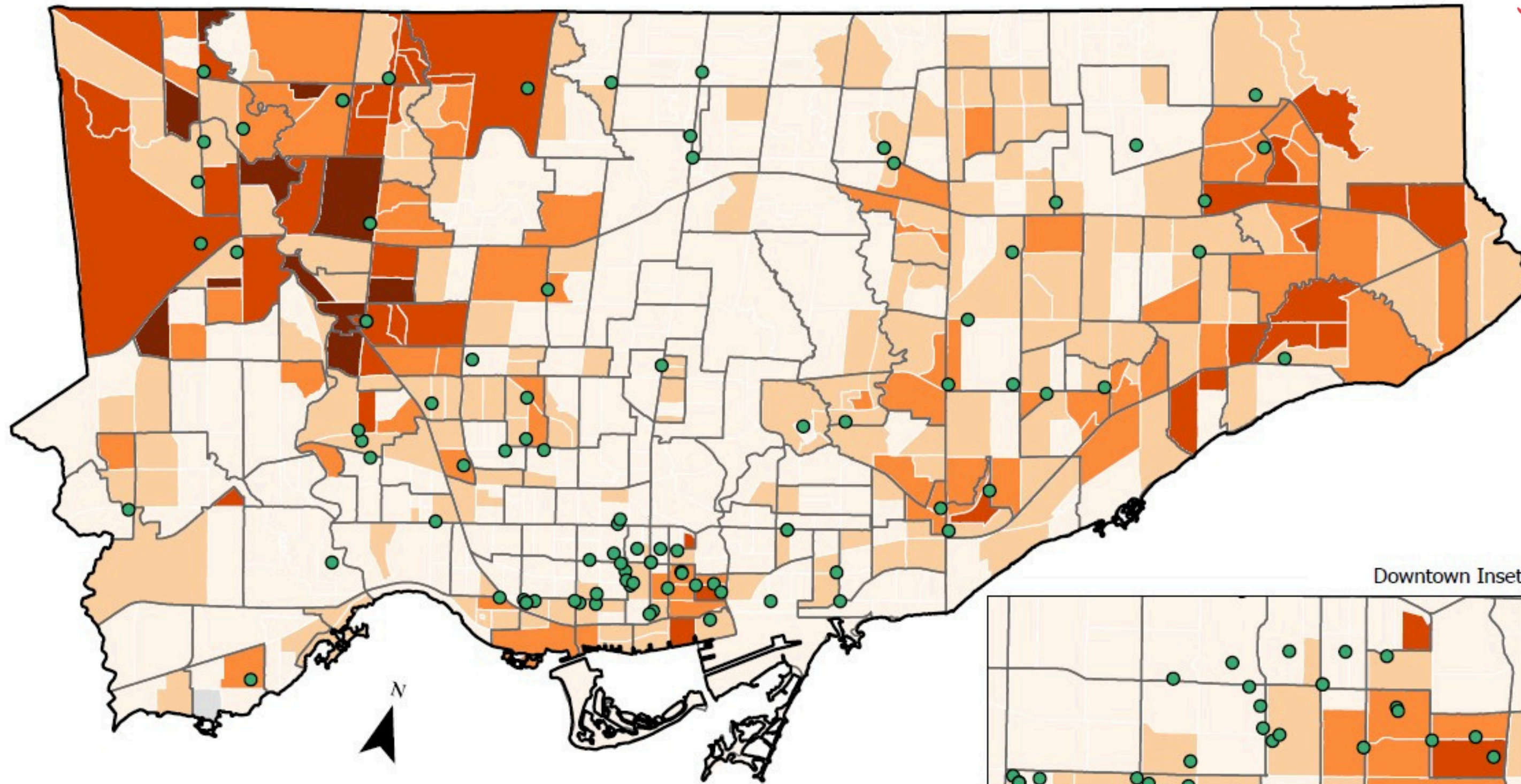
48%

48% of Black children live in families with incomes of less than \$30,000 a year compared to only 9% of non racialized children (City of Toronto, 2017:29)

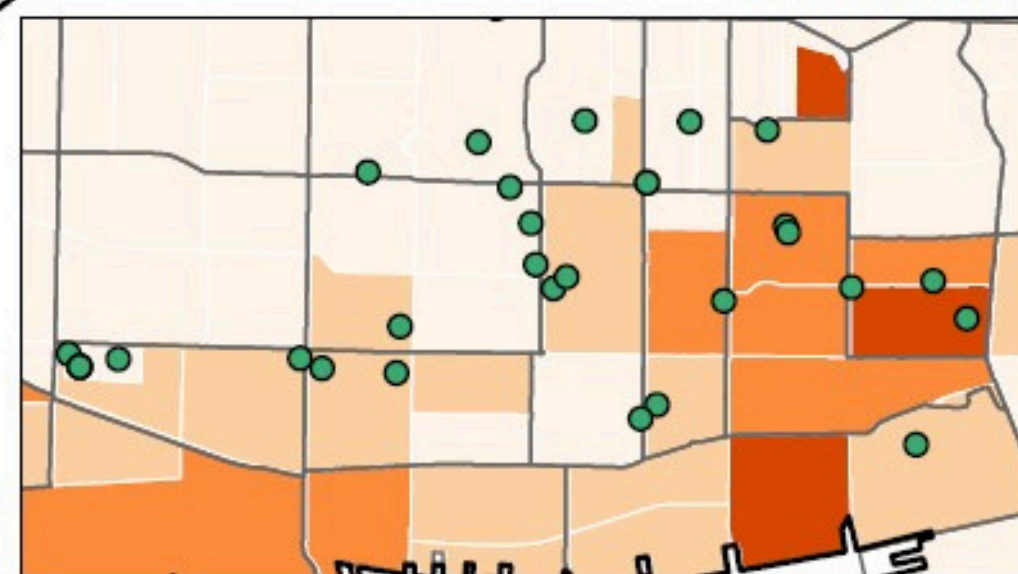
13%

Black Torontonians have an unemployment rate of **13%**, nearly two times the provincial rate (City of Toronto, 2017:29).

City of Toronto Black Population with Black Mental Health Focused Community Services



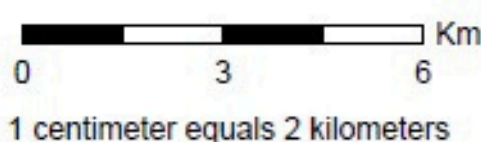
Downtown Inset



Black population (persons)

- 0 - 290
- 291 - 670
- 671 - 1,155
- 1,156 - 2,025
- 2,026 - 4,365
- Value suppressed

- City of Toronto boundary
- Neighbourhood with #
- Mental health service



Summary of the Map:
 The map shows the distribution of the Black population (Census 2021: "Visible Minority - Black" question) across Toronto's census tracts. Layered on top are green points representing the locations of mental health community services.

While the City of Toronto aims to provide fully accessible content, the content of this map, by nature may not be completely summarized textually. If you require assistance understanding this map, please contact the Social Policy, Analysis & Research Unit at spar@toronto.ca.



Source: City of Toronto, Social Data Analytics (map); Statistics Canada, 2021 Census (census data); Access Alliance Multicultural Health & Community Services (point locations); FindHelp Ontario, 211ontario.ca (point locations).
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 Published: May 2026.
 Version: 1.0 (future versions of this map may change).
 Prepared by: Social Data Analytics, City of Toronto.

Preliminary project findings

Police Involvement

- Police are often viewed as a source of concern (Cénat et al., 2021; Edwards et al., 2024).
 - Previous trauma from police contact stops families from seeking emergency help (City of Toronto, 2021, p. 6; OHRC, 2018).
- Black male youth describe police interactions as:
 - deeply traumatic experiences involving **harassment, violence, and intense fear**, leading to **deep distrust** of healthcare organizations during a mental health crisis (Edwards et al., 2024).



23% of Black youth encounter mental health care via law enforcement or forced hospitalization (Agbe et al., 2025).

Preliminary project findings

Alternative Crisis Response Models

1 Civilian-Led Diversion

The Toronto Community Crisis Service (TCCS) achieved a 78% diversion rate from police response.

2 Culturally Familiar Care

Programs that provide peer mentorship from staff with shared lived experiences (Goddard-Durant et al., 2023).

3 Peer-Based Healing

Use of arts-based healing, spoken word therapy, and mentorship are preferred

4 Faith-Based Infrastructure

Religious organizations act as trusted informal supports (Fante-Coleman et al., 2022).

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