Impact Analysis of COVID 19 on Mental Wellness of African, Caribbean, and Black People in Alberta

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Executive Summary

The COVID-19 pandemic has brought to light the pre-existing health inequalities and systemic racism that disproportionately affect marginalized communities, particularly those of Black and Indigenous backgrounds and people of color (BIPOC). These communities are at a heightened risk of experiencing adverse effects from the pandemic due to structural and systemic barriers in accessing healthcare (Phelan and Link, 2015). Racial discrimination exacerbates these health inequalities, as BIPOC individuals are more likely to experience higher rates of stress, anxiety, and trauma, which adversely affect their physical health (Kamp Dush et al., 2022). Therefore, it is imperative to develop targeted interventions that prioritize the health and well-being of marginalized communities and work towards creating a more equitable and just healthcare system for all.

Students of SOC 415 collaborated with the Ribbon Rouge Foundation (RRF) to examine the experiences of the African, Caribbean, and Black (ACB) community in Edmonton, Alberta during the COVID-19 pandemic. The Ribbon Rouge Foundation is a grassroots, not-for-profit organization based in Edmonton, Alberta that serves ACB people throughout the province by addressing the structural and social determinants of health inequity. The foundation uses the arts to promote health equity and social justice, as they focus on facilitating storytelling, community-engaged arts, and meaningful community conversations. They are committed to raising the voices of marginalized communities, particularly those experiencing health inequality, and to addressing the structural and social determinants that lead to poorer health outcomes.

Together with the Ribbon Rouge Foundation, we developed four research questions to guide the project:

1. How have African, Caribbean, Black (ACB) community members in Edmonton, Alberta been coping throughout the COVID-19 pandemic?

2. What types of mental health supports and services (broadly defined) have members of this community relied on during the pandemic?

3. What factors demonstrate resilience within this community?

4. How might access to supports and services be associated with racism and discrimination?

To address these research questions, 18 University of Alberta undergraduate students conducted an applied research project, under the supervision of instructor, Dr. Michelle Maroto, and teaching assistant, Lorielle Giffin. We first reviewed prior research to understand the conditions of healthcare for racial minority communities in Canada and used this information to inform the central research questions. We then used a mixed methods approach to quantitatively and qualitatively answer the research questions.

The study collected qualitative data through semi-structured interviews with members of the ACB community. The participants were contacted through RRF's email list, and the interviews were conducted by two students. The interviews were divided into five sections, which covered background, changes in the community due to COVID-19, support availability, support barriers, and support improvements. The interviews were transcribed and a flexible coding approach (Deterding & Waters, 2021) was used to analyze interview data using Dedoose, a quantitative data analysis software application. The analysis of the interview data resulted in the creation of nine main codes and 22 sub-codes that were then used to link participants' responses to the research questions.

We also collected quantitative data through the ACB Mental Wellness survey. This survey was conducted in collaboration with Dr. Maroto and the Ribbon Rouge Foundation, and covered demographic information, COVID-19 experiences, mental health supports and barriers, and perspectives on the community. Data were collected from February 9 to March 20, 2023, with 303 responses received from various sources. After removing incomplete responses, 294 responses were analyzed using R, a statistical software, with descriptive statistics obtained for each survey question. The survey data were organized and re-coded prior to analysis, and the results were presented using tables and graphs.

Key Findings

This project resulted in a trove of data from ACB community members regarding experiences with mental health during the pandemic, barriers to accessing traditional mental health services, different coping strategies used, commentary on the resilience of the larger ACB community, and descriptions of racism present within health systems. We describe our key findings below in relation to each research question.

1. How have African, Caribbean, Black (ACB) community members in Edmonton, Alberta been coping throughout the COVID-19 pandemic?

The COVID-19 pandemic has had a large impact on the ACB community in Edmonton, AB, affecting multiple aspects of their lives. Respondents reported declines in mental health and increased feelings of loneliness and anxiety throughout the pandemic. They also described struggling to meet expenses with the pandemic affecting financial wellbeing.

- 39% of survey respondents reported their physical health as worse off, 31% reported no change, and 29% reported improvement.
- 44% of survey respondents indicated that their mental health was worse off during the pandemic, 27% reported no change, and 28% reported it was better off.
- 38% of survey respondents indicated an increase in feelings of despair, 40% in feelings of fear, and 35% in feelings of loneliness.
- 59% of survey respondents indicated that they experienced increased feelings of anxiety and 50% reported increased feelings of stress, particularly related to health, finances, and stability.
- 86% of survey respondents claimed to have been partially financially affected by the COVID-19 pandemic and over 40% claimed to be financially worse off compared to the start of the pandemic.

- Beyond these individual situations, interview respondents described aspects of social disruption linked to COVID-19 changes in the community.

Despite these challenges, the community has shown resilience by developing innovative coping strategies to address their emotional, physical, mental, and financial well-being. This highlights the strength and resourcefulness of the ACB community in the face of adversity.

2. What types of mental health supports and services have members of this community relied on during the pandemic?

The utilization of traditional mental health services was limited among respondents, who reported that the primary barriers were cost and limited accessibility. Instead, participants emphasized the significance of self-care activities, such as exercise, meditation, and listening to music. They also described the importance of social networks and community and faith-based organizations for providing support.

- 35% of survey respondents reported accessing traditional mental health services.
- Among those who reported accessing traditional mental health services, 39% relied on talk therapy with a therapist or counselor and 28% received treatment from a doctor or hospital.
- Most participants who did not access these services reported not needing them. However, 31% reported cost as an issue, 29% indicated limited accessibility, 18% reported information barriers, 16% reported discomfort, and 10% indicated that their time was limited.
- Many survey respondents regarded engaging in self-care activities such as exercising (47%), meditation (22%), and getting enough sleep (36%) as an important step in taking care of their mental and physical health during the pandemic. The most common strategy was listening to music, with 62% of respondents indicating this as a vital coping mechanism.
- More broadly, community events and faith-based organizations helped respondents to maintain connections throughout the pandemic.

The results underline the importance of promoting alternative coping strategies and addressing the barriers to accessing traditional mental health services. They also emphasize the role of community and faith-based organizations in supporting individuals during tough times.

3. What factors demonstrate resilience within this community?

The ACB community has shown resilience during the pandemic by adapting to the circumstances through the availability of accessible and affordable programs. Furthermore, the community has made strides in increasing mental health awareness and discourse within their culture.

- Survey and interview results emphasize the supportive and welcoming nature of the ACB community, the importance of community initiatives and events, and cultural adaptations as a result of the pandemic.
- 57% of survey respondents agreed that their community was resilient and 51% of respondents agreed that their community was supportive.
- 40% of survey respondents indicated they felt comfortable talking about their own mental health with members of their community, but 25% of respondents indicated they did not feel comfortable discussing their own mental health in their community.
- 60% of survey respondents agreed that their community was welcoming to newcomers and 74% reported that they could at least sometimes count on their community.
- 55% of survey respondents reported relying on friends, 53% of respondents reported relying on their partner/spouse, and 48% of respondents reported relying on their extended family for support.
- Technology was also important for maintaining connections during the pandemic, especially through What'sApp and text messaging.

During the COVID-19 pandemic, resiliency often manifested as the ability to stay connected with one's community, engage in mental wellness activities, and access appropriate supports and services.

4. How might access to supports and services be associated with racism and discrimination?

We identified race-based prejudice as a major barrier to mental health support and services for ACB members in Alberta during the pandemic. Factors, such as the amount of support received by these groups, cultural competency of services, and discriminatory experiences when accessing support, were related to racism and discrimination.

- The ACB community faced both systemic barriers when accessing mental health supports, and experienced discrimination within their own community regarding seeking mental health care.

- Many individuals interviewed faced stigma and discrimination from within the ACB community, which acted as a significant barrier to accessing mental health support.

- Responses were also gendered. Participants shared that men in the community are taught to be strong, masculine, and self-sufficient, which often causes them to refuse the concept of seeking mental health assistance.

- Despite the increase in financial support for the ACB community during the pandemic, a portion of the respondents felt that they experienced discrimination in grants provided by the government as the eligibility for accessing these supports automatically excluded some members of the community.

- Many respondents identified the shortage of Black therapists and mental health professionals in Alberta as a major obstacle to accessing mental health services. Because culture and unique experiences of Blackness were crucial to these individuals, having

access to Black professionals was a non-negotiable factor, thereby creating a significant challenge to obtaining support for these groups.

● The information about mental health services and related support was often not culturally tailored nor accessible, especially for non-English speakers.

● Information regarding mental health resources and support was not easily accessible and was mainly shared through formal networks that only catered to individuals associated with specific community organizations or workgroups. This presented a challenge, as information was intended to circulate more broadly through informal networks within the community.

● Some participants in the study reported discriminatory experiences when interacting with mental health professionals, either in their own personal experiences or in the experiences of others. Participants described how their experiences of racism were dismissed and were wrongly attributed to other factors.

Addressing such barriers would help to address many of the challenges posed by COVID-19 that resulted in decreased physical and mental health and increased financial challenges for many individuals within the community.

Summary and Recommendations

This project focused on understanding the experiences of the African, Caribbean, and Black community throughout the COVID-19 pandemic. We examined aspects of health equity, barriers to accessing mental health care, racism and its effects on well-being, and the overall mental health impacts of the COVID-19 pandemic. By incorporating both quantitative survey data and semi-structured interviews with ACB community members, we were able to gain valuable insight into the areas of life that were most affected by the pandemic. These included individual and community coping mechanisms for dealing with mental health issues, the most prominent barriers to accessing supports and services, and perceptions of community resilience and resourcefulness.

Based on these findings, we make the following five recommendations:

1. Increase advocacy promoting ACB-led and culturally competent mental health services

2. Expand advertising for existing mental health services and programs

3. Provide opportunities for mental health practitioners (MHPs) to develop culturally responsive training

4. Expand mental health education in the ACB community

5. Support interaction across ACB subcultures and groups

We link these recommendations to specific barriers and issues that emerged from our findings. Lobbying for additional ACB-led and culturally competent mental health services will address the lack of culturally relevant or knowledgeable mental health services or service providers. Expanding advertising for existing programs helps to deal with the lack of knowledge concerning where or how to access mental health services that many participants expressed as a barrier to these services. Providing new opportunities for MHPs to develop culturally responsive training will create new career options and expand access to culturally competent providers. Expanding mental health education in the ACB community more broadly will help to reduce stigma around accessing traditional mental health services and provide opportunities for community to share their own support strategies. Finally, supporting cross-pollination across ACB subcultures by creating events and resources to increase interactions between ACB subcultures will address the perceived separation of ACB subcultures within the community.

In many cases, these recommendations, all based on the findings from this project, mean expanding the work the RRF is already doing within the community. They highlight the importance of RRF programs, such as the Knowledge Hub and OtherWise podcast, that emphasize education and spreading awareness. They also illustrate the need for more research on health equity, racism, and discrimination, which is central to the Ribbon Rouge Foundation's mission and values. Our research shows that even though many members of the ACB community in Edmonton struggled during the pandemic, community supports and organizations were important for supporting mental

health and keeping people connected. Expanding these and providing additional funding for them would greatly benefit the community.

Finally, the Executive Summary and Full Report outline broad findings across the ACB community in Edmonton, with a focus on the community as a whole. However, this is only the first step in addressing the key research questions behind our project. The ACB community is a large and diverse community and experiences likely diverged across individuals from different backgrounds. In addition to race and ethnicity, gender, immigration status, LGBTQ2S+ identification, and family structure are all likely linked to experiences with mental health and barriers to accessing services. They also intersect and overlap. Additional analyses that disaggregate these findings across groups and present a more intersectional discussion will help to expand our understanding around access to mental health in this community. We look forward to building on these in the future.

1. Introduction

The COVID-19 pandemic created significant and unpredictable challenges, contributing to the worsening mental and physical well-being of many. We are only now understanding the extent to which different groups have been impacted. For many groups, the onset of COVID-19 further exacerbated barriers to accessing mental-health-related services and supports. Inequality in accessing health care and mental health resources is linked to systemic barriers that are compounded by racism and experiences of discrimination. These existing barriers and experiences of prejudice mean that African, Caribbean, and Black (ACB) individuals in particular, may have experienced the mental health effects of the pandemic in unique and intersectional ways. We therefore conducted applied research with the Ribbon Rouge Foundation (RRF) to understand how the ACB community has coped with the pandemic.

The Ribbon Rouge Foundation is a non-profit grassroots organization that promotes social justice initiatives via the arts. The organization is centered on championing justice and health equity for ACB communities in Alberta. They are at the forefront of social change, giving specific consideration to gender, race, and sexuality in the structural and social determinants that lead to poorer health outcomes. Their aim is to change public perceptions through open and purposeful dialogue, provide impactful education, and create positive collective improvements for members of the ACB community in Alberta and abroad.

In collaboration with the RRF, Sociology 415 students at the University of Alberta conducted a research project to address the following four research questions:

1. How have African, Caribbean, Black (ACB) community members in Edmonton, Alberta been coping throughout the COVID-19 pandemic?
2. What types of mental health supports and services (broadly defined) have members of this community relied on during the pandemic?
3. What factors demonstrate resilience within this community?

4. How might access to supports and services be associated with racism and discrimination?

We used a mixed methods approach to answering these questions by collecting both survey and interview data. By gathering information through 303 surveys and 11 semi-structured interviews, our research represents a cross-section of the experiences and perceptions of the ACB community in Alberta during the COVID-19 pandemic. We learned of several specific barriers the ACB community faced in accessing mental health services including cost, lack of culturally competent coverage, stigma from community or family, racism, and discrimination. We also found variations in how the community coped with mental health. Self-care activities, such as physical exercise, mindfulness, staying connected with loved ones, and check-ins with community members and mental health professionals, were revealed as effective coping strategies. There was also an increased reliance on faith-based organizations for support and connection. Across all coping strategies, technology played a crucial role in connecting community members. Throughout, these findings show that the ACB community in Alberta has demonstrated resilience and resourcefulness in enduring the pandemic.

Based on our findings, we recommend increasing advocacy for investing in culturally competent mental health service providers and promoting ACB individuals in such roles. This investment could be multi-faceted, such as encouraging careers in mental health through mentors, education programs, and scholarships. We also suggest promoting existing mental health programs. This could be accomplished through creating an accessible guide that lists all culturally responsive mental health services in the community, and a central hub for different government support programs categorized by eligibility requirements. We also recommend considering discussions with governmental committees pertaining to eligibility requirements for access to social support programs, including citizenship status, region, education, experience, and language. Other recommendations include educating the ACB community about mental health, promoting conversations about mental health, starting discussions in schools, and promoting interactions

between ACB subcultures. Ideally, all of these recommendations will reduce the barriers affecting the ACB community, and will improve their mental health outcomes.

In the following sections, we discuss the background information of our research partner, health equity, previous research on barriers to accessing healthcare, and the effects of the COVID-19 pandemic on physical and mental health. We then explain our analytic strategy, methods, and our research questions. Themes of racism and other impediments are explored throughout this report, including in our findings section, in which we will establish the foundation for our recommendations. These recommendations provide a broad solution to the research questions and the issues discovered in our findings.

2. Background

2.1 Research Partner

The Ribbon Rouge Foundation is a non-profit grassroots organization that promotes social justice initiatives via the arts. Founded by students of the Kamit African Caribbean Society at the University of Alberta after a music, arts, and fashion exhibition to raise funds for HIV relief in African countries, the foundation has since grown into a globally recognized organization centered on championing health equity for African, Caribbean, and Black (ACB) communities in Alberta. The foundation "facilitates storytelling, community-engaged arts, and intentional meaningful community conversations" (Ribbon Rouge Foundation, 2023) through the provision of culturally-responsive services that recognize both the diversity of experience and the variety of needs within the ACB community. Their aim is to change public perceptions through open and purposeful dialogue, provide impactful education, and create positive social change for members of the ACB community in Alberta and abroad. Working within an intersectional framework, RRF is determined to be at the forefront of social change, giving specific consideration to gender, race, and sexuality in the structural and social determinants that lead to poorer health outcomes, particularly HIV-related racialized health disparities.

The organization consists of one Executive Director, seven members on the Board of Directors, and various volunteers. A central part of RRF is the ACB Caucus. The Caucus consists of members from different professional backgrounds, including law, healthcare, and business (RRF, 2023). The ACB Caucus develops and tests solutions to decrease the health gaps already present among ACB and non-ACB communities.

Ribbon Rouge is not a direct service provider. Instead, the foundation allows individuals to make informed decisions regarding their sexual and mental health by providing access to meaningful education and community-engaged resources. The Ribbon Rouge Foundation's programs include the Black Equity in Alberta Rainforest (BEAR), which utilizes data and research

to study why and where problems exist along with what can be done to address them. This research is done in collaboration with post-secondary institutions to understand how to use existing resources (RRF, 2023). Moreover, RRF engages in sexual health promotion initiatives, providing sexual health education in churches and cultural institutions. The organization also focuses on access to PrEP (pre-exposure prophylaxis) in Alberta for safer sex practices, and it recently started distributing HIV self-test kits. (RRF, 2023).

Their projects extend further. To continue their efforts toward achieving health equity, RRF supports an artist collective which includes a group of artists who listen to peoples' stories and translate them into art to advocate for equity and help the community heal. Ribbon Rouge's Knowledge Hub is a research database that covers projects around sexual and reproductive health, mental health disparities, and access to healthcare. The Photovoice Project focuses on illustrating experiences of discrimination and describing the HIV-related barriers associated with ACB Women with HIV seeking social and healthcare services. The project revealed that positive and strong relationships with healthcare providers facilitate supportive healthcare experiences, aiding these women in living a normal life with HIV. Finally, the organization's podcast, the OtherWise Show, shares the experiences of the community and highlights issues facing the community while advocating for solutions that could help bring social change. OtherWise was started as a response to the absence of awareness and information for ACB people in Edmonton and is focused on bringing cross-cultural conversations to build common understanding and work towards a more equal future (RRF, 2023).

Overall, RRF continues to advocate for its goal of achieving health equity for the ACB community. In doing so, its various programs play their own roles in advocating for marginalized people in Alberta. The organization aims to expand its outreach among all Canadians in order to achieve a society in which everyone has equal opportunity to access their healthcare needs.

2.2   Research Background

This section describes key research that contextualizes our project. We discuss health equity, barriers to accessing care, racism and its effects on well-being, and COVID-19 and mental health.

2.2.1 Health Equity

Health equity occurs when everyone has a fair and just opportunity to attain their highest potential for health and well-being (World Health Organization, 2023). Canada claims to possess a universal health care system, but access to mental health care is not readily available to the overall population (Fante-Coleman & Jackson-Best, 2020). Inequality in access to health care and mental health resources is linked to systemic barriers. Inequitable healthcare is compounded by racism, and experiences of discrimination have negative health outcomes for individuals. An example of this is the worsening of existing health concerns due to unequal access to services and the manifestation of additional health issues as a result of experiences with racism (Reskin, 2021).

Both systemic and institutional racism contribute to inequalities in accessing physical and mental health resources and supports. These obstacles include biases held by healthcare professionals, de-prioritization of health concerns for ACB individuals in the health care system, long wait times, and social stigma, all of which prevent individuals from seeking health services in the first place (Fante-Coleman & Jackson-Best, 2020). Systemic racism, or racism that is ingrained in social structures and institutions, significantly contributes to the health inequalities experienced by ACB individuals. ACB communities are systematically predisposed to poor health and receive worse healthcare services as a direct result of racism (Phelan & Link, 2015). The racism and inequality experienced by racial minority groups impact the social determinants of health, negatively influencing the health and well-being of individuals in these groups (Abdillahi & Shaw,

2020). These intersecting realities place ACB individuals at the lowest measures for health and increase health and social disparities between them and other groups.

A major barrier to attaining health equity is the lack of culturally competent mental health care services and providers that can help racial minority groups, especially the ACB community. To break down existing barriers, mental health services must be increased in availability and quality in Black-dominated communities, reshaped to be culturally appropriate, and workforces must be diversified (Salami et al., 2021). A lack of representation in healthcare and ignorance of diverse cultural needs highlights the necessity of culturally competent care.

Building bridges across social groups has the potential to reduce racial discrimination and build resilience (Yu & Mishra, 2020). Barriers often intersect and they "collectively perpetuate disproportional access to and uptake of mental health services" across individuals (Salami et al., 2021, p. 245). A way to combat barriers to mental health services and foster health equity is to promote strong support networks within ACB communities. Addressing systemic racism is necessary for attaining health equity. Anti-racism initiatives that prioritize these factors must be made at all social levels, including through personal, institutional, and structural change, to accomplish this.

2.2.2 Barriers to Accessing Care

The stress associated with the COVID-19 pandemic highlighted health inequality in Canada and has called into question the accessibility of mental health services for the ACB community. Barriers to accessing mental healthcare refer to the "reasons or obstacles that prevent individuals from seeking, obtaining, or completing mental health treatment," while facilitators are the "factors that aid entry to and retention within the mental healthcare system" (Fante-Coleman & Jackson-Best, 2020 p.117).

Black individuals face disproportionate barriers to accessing mental health care in Canada. Meta-analyses have identified these barriers as systemic, practitioner-related, personal, and

community-related barriers. On the systemic level, the structure of Canada's healthcare system poses significant financial, geographic, and conditional barriers to accessing mental healthcare for racial minorities, specifically Black individuals. Because mental health and addiction services in Canada require out of pocket payment or private insurance, this can prevent many unemployed or low-income individuals from accessing these services (Salami et al., 2021). Additionally, these services are often located outside Black communities and in neighborhoods where individuals may not feel comfortable accessing support. There is also the issue of lengthy wait times for appointments with mental health professionals that discourage people from accessing these services. These wait times, on average, are doubled for racialized patients when compared to white patients (Adeponle et al., 2012).

In terms of practitioner-related barriers, many practitioners lack intercultural training and use culturally inappropriate practices. These practices may not provide adequate help to Black patients and can deter Black individuals from accessing mental health services, especially given the importance of ethnicity and culture in their lives (Salami et al., 2021). Furthermore, although it was observed that having access to Black mental health specialists facilitated accessing mental healthcare (Fante-Coleman & Jackson-Best, 2020), there is still a shortage of Black practitioners in the mental healthcare field in Canada (Shahsiah & Ying Yee, 2006). These negative experiences often push ACB youth away from mental-health-related supports.

Further, a general lack of understanding of the nature of mental health and awareness of services can prevent Black people from seeking care. Internalized stigma of mental health, complex interactions of mental health and stigmas, and past experiences of racial prejudice within the healthcare sphere may cause ACB persons to disregard warning signals and symptoms of mental illness (Anucha et al., 2017; Ferrari et al., 2015; Shahsiah & Ying Yee, 2006; Whitley, 2016). Deeply connected is the stigma surrounding mental health in Black communities. Mental health struggles in Black communities are often seen as a sign of individual weakness or failure (Salami et al., 2021). This perception often creates the idea that these problems are "illusionary"

and that it is wrong to seek help, which only further worsens a person's struggle. This stigma can lead Black youth to ignore signs of poor mental health and contributes to a lack of discussion about seeking help from professionals among family and ACB community members (Fante-Coleman & Jackson-Best 2020).

Despite the presence of such barriers, the ACB community can also act as a facilitator of mental health and well-being. Specifically, family and friends provide emotional support and improve treatment adherence (Fante-Coleman & Jackson-Best, 2020). Social relationships and connectedness with friends and family are positively correlated with mental-health and wellbeing. Religious spaces and institutions provide a safe space for Black individuals to seek help, which can assist in patient recovery (Fante-Coleman & Jackson-Best, 2020). Additionally, resilience is present in ACB communities, which may explain lower mental health symptoms despite higher rates of stress and worse healthcare outcomes (Kamp Dush et al., 2022). These factors illustrate the complex relationship between racism and mental health outcomes, highlighting the need for culturally competent and sensitive approaches to mental health care that address systemic barriers and provide access to appropriate services and support.

2.2.3 Racism and Its Effects on Well-being

Race is a social construct based on perceived physical differences and is used to classify people into groups (Clair & Denis, 2015). This process, called racialization, can lead to racism when groups are organized within a hierarchy of superiority (Clair & Denis, 2015). Historically, the belief in a race's inherent inferiority or superiority was used to "justify the domination of Europeans over racialized others" and has become intertwined with Canadian history, national systems, laws, and organizations (Clair & Denis, 2015, p. 857). Racist beliefs persist as justification for the oppression of racial minority groups across social relationships, structures, and institutions today. On an interpersonal level, even subtle forms of racism that may not appear deliberate, like employees following a Black person around the store, can surely have a great impact on poorer

mental health. Such everyday forms of racism, known as microaggressions, make racial minorities more likely to exhibit poor mental health symptoms, including depression, anxiety, and negative affect (Nadal et al., 2014).

Structural or institutional racism involves the actual organizations that reinforce discrimination and inequalities (Braveman et al., 2022). Overtly, this form of racism can manifest as organizational policies that exclude certain groups from access to services or partnerships, but it also extends to less visible realities (Clair & Denis, 2015). In its subtlest form, structural racism is pervasive and involves the inequitable allocation of resources within a society that causes disparities in socio-economic status and quality of life between racial minority and non-racial minority groups (Clair & Denis, 2015). The amalgamation of such experiences is ingrained in social structures, institutions, and interpersonal relationships, as a social process to reproduce racial hierarchies inherent to the fabric of society (Clair & Denis, 2015), and is often invisible to those who do not experience racism.

Being subjected to chronic racial discrimination can cause racial trauma, a collective trauma that not only affects the particular racial group being victimized, but also society at large, and is associated with increased anxiety and depression (Kamp Dush et al., 2022). A current example of racial trauma is the murder of George Floyd and the pervasive practice of police brutality against Black people in the United States, which led to social disruption and psychological distress that reverberated internationally (Kamp Dush et al., 2022). The experience of racial trauma adds validity to the minority stress model, which suggests that because of structural marginalization and discrimination, individuals inhabiting identities less privileged in the racial and hetero-sexist hierarchy experience elevated and poorer mental health (Kamp Dush et al., 2022). Thus, the process of racialization subjects individuals to racism on macro and micro levels, causing disparities in life and health outcomes. These disparities have become even more apparent during the COVID-19 pandemic.

2.2.4 COVID-19 and Mental Health

The onset of COVID-19 further exacerbated the barriers to accessing mental-health-related services and supports. Throughout the pandemic, only 54% of Canadians reported having good mental health (Findlay et al., 2020). COVID-19 brought significant challenges that led to worsening mental and physical health with different outcomes by marriage status, education level, income, and living situation, among others (Findlay et al., 2020). In the Canadian context, women, younger people aged 14-25, and those struggling financially reported worse mental health during the COVID-19 pandemic (Findlay et al., 2020).

Individuals from racial minority groups recorded much poorer self-rated mental health during the pandemic compared to their White counterparts (Moyser, 2020). In the United States, pandemic stress was higher among ACB persons than other racial minority groups (Kamp Dush et al., 2022). This stress can be linked to both systemic and individual experiences of racism. The minority stress model indicates that because of structural discrimination, less-privileged persons experience more stress, which leads to poorer mental health. Moreover, Black and Latina/o/x peoples were more likely than non-racialized individuals to contract and die from COVID-19, arising from the enduring negative effects of racism on educational and occupational outcomes, thereby widening health disparities (Kamp Dush et al., 2022). This directly relates to the physical and mental health inequalities that minorities faced through the pandemic, leaving many feeling psychologically and physically isolated. Therefore, being part of a racial minority community that already faces anti-Black racism, police brutality, stigma, financial issues, and fewer mental health resources may compound this pandemic stress and further disadvantage these communities.

COVID-19 added to the pre-existing barriers to accessing mental health support and worsen their overall well-being (Findlay et al., 2020). The COVID-19 pandemic made the barriers that the ACB community was facing even more difficult. It increased the issues with accessing therapy and exacerbated mental and physical inequalities. Our project aims to uncover potential areas of

intersection between systemic racial inequality and access to mental health resources and highlight differences in mental health status for ACB individuals in Alberta during the pandemic.

3. Analytic Strategy

3.1 Research questions

Building on the literature on health equity, racism, and mental health during the pandemic, and in collaboration with the RRF, we developed four research questions that aimed to generate a comprehensive understanding of the ACB community's experience throughout the COVID-19 pandemic. RRF and the students of SOC 415 created the following four research questions to help guide the research project:

1. How have African, Caribbean, Black (ACB) community members in Edmonton, Alberta been coping throughout the COVID-19 pandemic?

    Literature shows that consistent stressors, such as COVID-19, can affect personal, psychological, and physical health, especially among members of disadvantaged social groups who are vulnerable to experiencing long-term stressors (Thoits, 1995). This research question aims to understand changes in physical and mental health among ACB community members, along with personal lifestyle changes and adaptations made in response to the impacts of COVID-19.

2. What types of mental health supports and services have members of this community relied on during the pandemic?

    This question aims to better understand the typical mental health services, broader supports, and coping mechanisms accessible to ACB community members. It considers the gaps in mental health support and the barriers to accessing certain services. We examine what kinds of services are still required in the ACB community and how to best implement them. Understanding

the available supports, the barriers to certain supports, and the lack of other services will help the RRF create policies to reduce this gap and increase mental health support in ACB communities.

3. What factors demonstrate resilience within this community?

This question explores how the ACB community perseveres through adverse circumstances. This includes experiences with racism or discrimination, mental stress, and hardships experienced during the COVID-19 pandemic. Findings inform how members of the community are coping and suggest areas of focus when developing resilience models.

4. How might access to support and services be associated with racism and discrimination?

The final question addresses ACB individuals' experiences with accessing mental health services. We studied how racism and discrimination exist within these services, if racism and discrimination contribute to ACB individuals' avoiding mental health help, and how racism and discrimination in mental healthcare can be addressed.

3.2   Methods

The project took a mixed methods approach to answering these questions by collecting both survey and interview data (Castro et al., 2010; Creamer, 2018; Pearce, 2012). By incorporating both qualitative and quantitative methods at each stage of the research process, we were able to build on the strengths of both methods to provide a deeper understanding of dimensions of mental wellness in the ACB community.

3.2.1 Survey Data

The Alberta Mental Wellness survey was created in collaboration with Dr. Maroto and the Ribbon Rouge Foundation with later input by students in SOC 415. The survey covered multiple

topics to help answer our research questions. The four sets of survey questions included demographic information, the respondents' COVID-19 experiences, the presence of mental health supports and barriers, and perspectives on their community. The survey data were collected from February 9, 2023 to March 20, 2023 using multiple collection methods and respondents were given a $20 honorarium for their participation. Respondents spent an average of 3,447 seconds (57.45 minutes) completing the survey, with survey length ranging between 79 seconds and 283,733 seconds (78.81 hours). This range, which was influenced by 11 participants who took longer than one hour to complete the survey, skews the 57.45-minute average duration of the survey making the median a more accurate measure of duration. The median response time to complete the survey was 387 seconds (6.45 minutes).

The survey was shared by the RRF network, over social media, through student and instructor networks, and by the Leger research firm. We obtained a total of 303 survey responses. Fifteen were from the first survey shared by the RRF and on social media, 8 were from the second survey shared through student and instructor networks, and the majority, 280, were from Leger online panel of respondents. After removing any surveys with missing data, we were able to conduct our analysis on 294 responses.

Prior to receiving the final data, the research team organized all survey questions according to their relevance to the research questions and respondent demographics. After receiving the final data from the survey, the group re-coded the different questions, which enabled greater accessibility and increased organization for data analysis. Re-coding included changing number values to description words, changing the arrangement of the data, and the creation of new/separate variables. Using the statistical software, R, we then analyzed each survey question and obtained their descriptive statistics, primarily frequencies and percentages, along with their subsequent tables and graphs to present our final results.

3.2.2 Interview Data

The qualitative aspect of data collection consisted of semi-structured interviews with members of the ACB community in Alberta. Participants were contacted through RRF's email list, which included ACB caucus and community members. Participants were also encouraged to share the invitation with their own networks. Potential participants then reached out to the instructor to partake in interviews. Students conducted these interviews through the application Zoom or by telephone. Two students conducted each interview, with one student primarily asking questions and the second student managing audio recording and taking notes. As a result, 11 interviews were conducted with 12 participants between February 13 to March 17, 2023. Interviews ranged in length from 13 to 59 minutes, with the average length of interviews being 39 minutes long.

The interview protocol was created by Dr. Maroto in collaboration with RRF, and was reviewed and finalized by students. Interview questions were divided into the following five sections: (1) background and role in the community, (2) changes in community during the pandemic, (3) support availability, (4) support barriers, and (5) support improvements.

The first set of questions had participants discuss their background and what they believed their role in the Alberta ACB community to be. The second section broadly examined perceived changes within the community as a result of COVID-19. The third focused on resources available to individuals during and after COVID-19, including both community and personal resources. The fourth section considered policies, practices or procedures that resulted in unequal access to these aforementioned resources. Finally, the fifth section concentrated on respondents' suggestions and recommendations for community rebuilding and ideas for organizations to improve accessibility and support for mental health. The protocol contained a total of 12 key questions, each with potential prompts/probing questions. In some cases, follow-up questions that were not part of the formal interview guide were also asked during the interviews.

Interview recordings were uploaded onto a secure folder and were then transcribed. Interviews were coded on the web application Dedoose to categorize the information and analyze

common themes found within each interview using a flexible coding approach (Deterding and

Waters 2021). Codes were identified collectively based on the themes of the various sections of the

interview questions, then sub-codes were identified based on more specific concepts that arose

within the transcripts. As a group, codes and sub-codes were mutually defined to provide a more

concrete idea of what was meant by each theme and to provide consistency across coders.

Ultimately, nine main codes were created with 22 subcodes. These appear in Appendix A1 of this

report. Interview data were then analyzed and grouped to observe any compelling patterns across

responses. In answering each research question, we then integrate findings from both types of

data.

4. Findings

The findings have been structured and presented according to each research question, combining and highlighting the key themes and insights across survey and interview responses.

4.1 Participant Demographics and Background

In this section, we discuss the demographic makeup of the respondents as revealed through survey responses and interviews. Concerning the survey, several demographic background questions were asked. These include the respondent's gender and LGBTQ2S+ identification, race and ethnicity, immigration status, first language, marital status, household structure, education, and employment. Interview questions were much broader and covered aspects of the respondent's background and work in the ACB community. Together, these questions help our research group understand how different identities and socio-economic factors can affect the ACB community's access to mental health services in Alberta.

4.1.1 Survey Respondent Demographics

Table 1 provides information regarding the frequency and percentage of respondents across different demographic variables. According to Table 1, of the 294 survey respondents, 57.48% respondents identified as female, 40.48% identified as male, and 2.04% identified as non-binary or another gender category. Regarding LGBTQ2S+ identity, 89.12% of respondents did not identify as LGBTQ2S+, and 10.88% of respondents identified as LGBTQ2S+.

Table 1   Descriptive Statistics for Survey Data

	Frequency	Mean or Percentage (%)
Age (mean years)		40.18
Gender		
Male	119	40.48
Female	169	57.48
Other	6	2.04
Member of LGBTQS2+ Community		
Yes	32	10.88
No	262	89.12
Birthplace		
Born in Canada	135	45.92
Born Outside Canada	159	54.08
Race/ethnicity		
Black	160	54.42
African	120	40.82
Caribbean	63	21.43
African Canadian	56	19.05
White	25	8.50
South Asian	4	1.36
Chinese	3	1.02
Filipino	5	1.70
Latin American	5	1.70
Mixed	18	1.70
Multiple race/ethnicity categories	108	36.73
Length of time in Canada		
Less than one year	23	7.82
1 to 5 years	54	18.37
6 to 9 years	31	10.54
10+ years	186	63.27

	Frequency	Percentage (%)
Immigrant Status in Canada		
Canadian citizen	198	67.35
Permanent resident or landed immigrant	63	21.43
Refugee claimant	4	1.36
Currently on a study visa	14	4.76
Currently on a temporary work visa	12	4.08
Other	3	1.02
English as the First Language		
Yes	262	89.10
No	32	10.90
Marital Status		
Cohabiting	26	8.80
Formerly Married	28	9.50
Married	151	51.40
Never Married	86	29.30
No Response	3	1.00
Number of Children		
None	133	45.20
One	81	27.60
Two	51	17.30
Three	24	8.20
Four or more	5	1.70
Education		
High School or Less	46	15.60
Some Post-Secondary	87	29.60
University	91	31.00
Graduate or Professional Degree	70	23.80
Employment Status		
Full Time	156	53.00
Part Time	49	16.70
Unemployed	27	9.20
Not Looking for Work	62	21.10

SOURCE: RRF UA AB Mental Wellness Survey, N = 294

NOTES: Results presented for categories with 3 or more responses.

Figure 1 describes the racial and ethnic make-up of respondents. According to Figure 1, 54.42% respondents considered themselves as ethnically/racially Black, 40.82% considered themselves to be ethnically/racially African, 21.43% of respondents considered themselves to be ethnically/racially Caribbean, 19.05% considered themselves to be ethnically/racially African Canadian, 8.50% considered themselves to be ethnically/racially White, 6.12% (18) of respondents considered themselves to] be ethnically/racially Mixed, 1.70% of respondents considered themselves to be ethnically/racially Filipino, 1.70% of respondents considered themselves to be ethnically/racially Latin American, 1.36% of respondents considered themselves to be ethnically/racially South Asian, and 1.02% of respondents considered themselves to be ethnically/racially Chinese. Among these responses, 36.73% of respondents had indicated multiple categories of race/ethnicity.

**Figure 1   Race and Ethnic Identification among Survey Respondents**
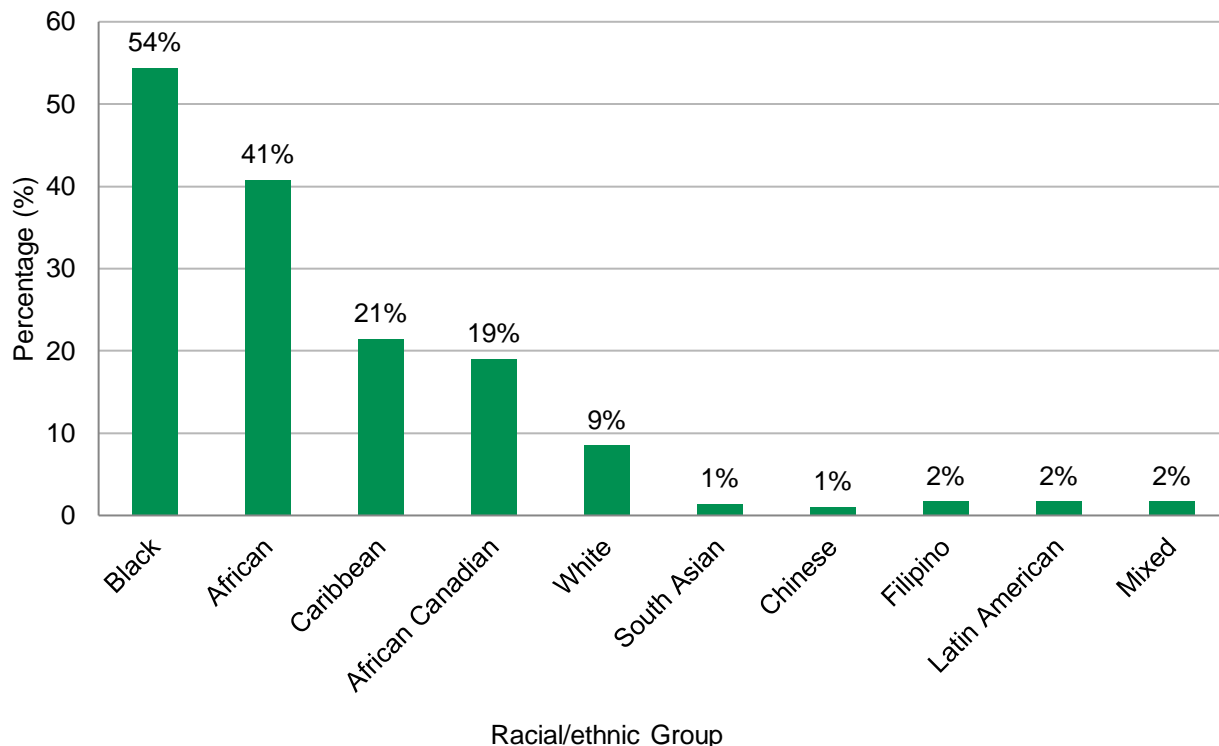
SOURCE: RRF UA AB Mental Wellness Survey, N = 294
NOTES: Results presented for racial/ethnic categories with 3 or more responses. Respondents were able to choose multiple categories.

The survey also included questions regarding immigration status. As shown in Table 1, 54.08% of respondents were born outside Canada, and 45.92% were born in Canada. Figure 2 depicts how long the respondents have been living in Canada. Approximately 63.27% of respondents have lived in Canada for 10+ years, 18.37% of respondents have lived in Canada for 1 to 5 years, 10.54% of respondents have lived in Canada for 6 to 9 years, and 7.82% of respondents have lived in Canada for less than one year. Even though more than half of respondents were most outside Canada, the vast majority had been living in the country for at least a decade.

**Figure 2   Length of Time Living in Canada**
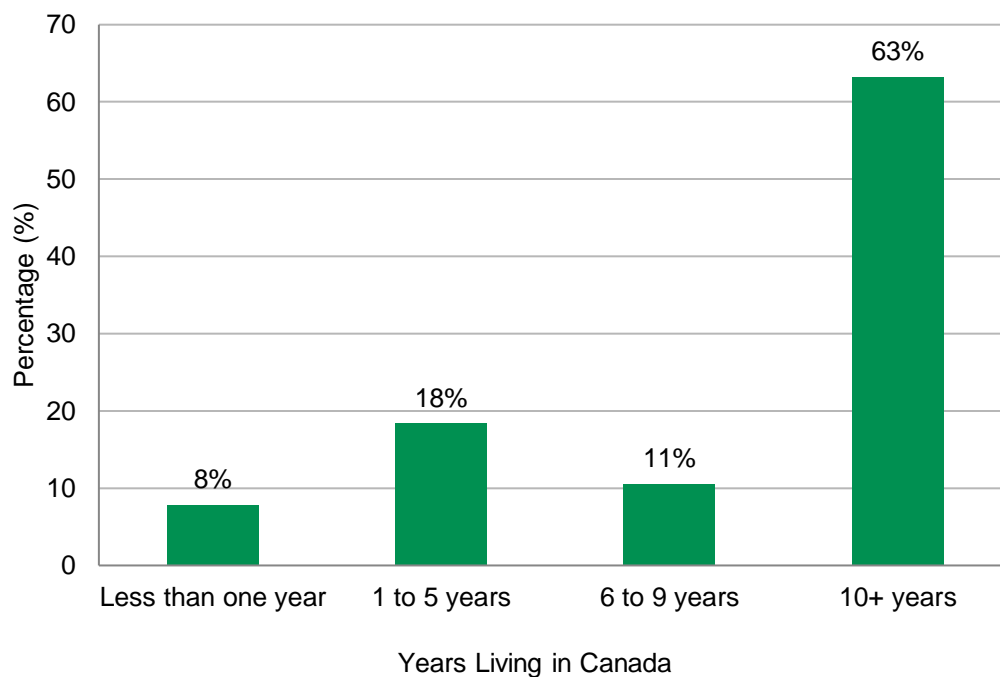
SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Expanding on these, Figure 3 depicts the respondent's status in Canada. In this case, 67.35% were Canadian citizens, 21.43% were either permanent residents or landed immigrants, 4.76% were currently on a study visa in Canada, 4.08% were currently on temporary work visas,

1.36% were refugee claimants, and 4.08% held other statuses in Canada. Most respondents were

Canadian citizens or permanent residents with smaller proportions on study and work visas.

Figure 3   Immigration Status in Canada
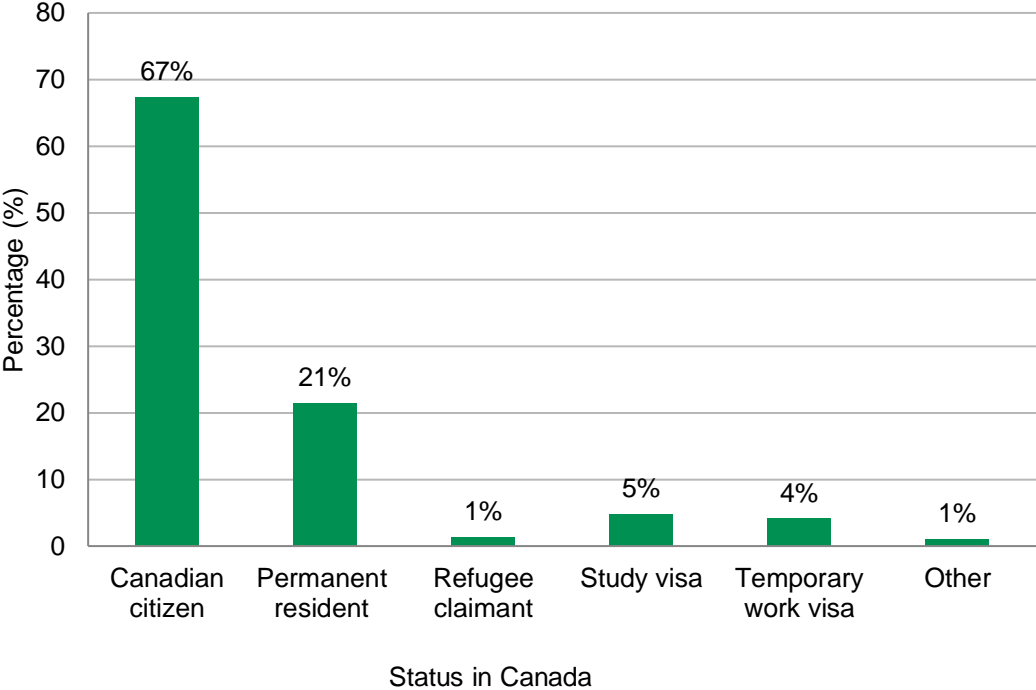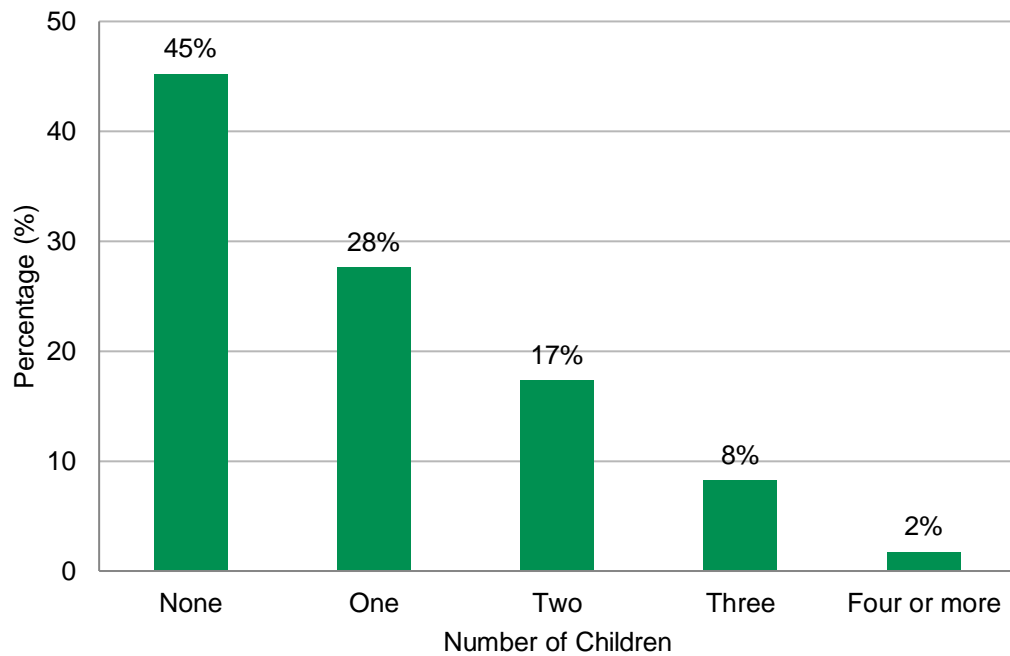

SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Respondents largely reported English as one of the first languages spoken at home. Table

1 shows that 89.1% of respondents reported speaking English as their first language. However,

10.9% chose other languages such as Yoruba or Swahili among others. Regarding marital status,

as depicted in Figure 4, 51.4% of respondents reported that they were married, 8.8% of

respondents claimed to be cohabiting, 9.5% of respondents were formerly married, 29.3% never

married, and 1% of respondents did not answer this question.

Figure 4 **Marital Status among Survey Respondents**
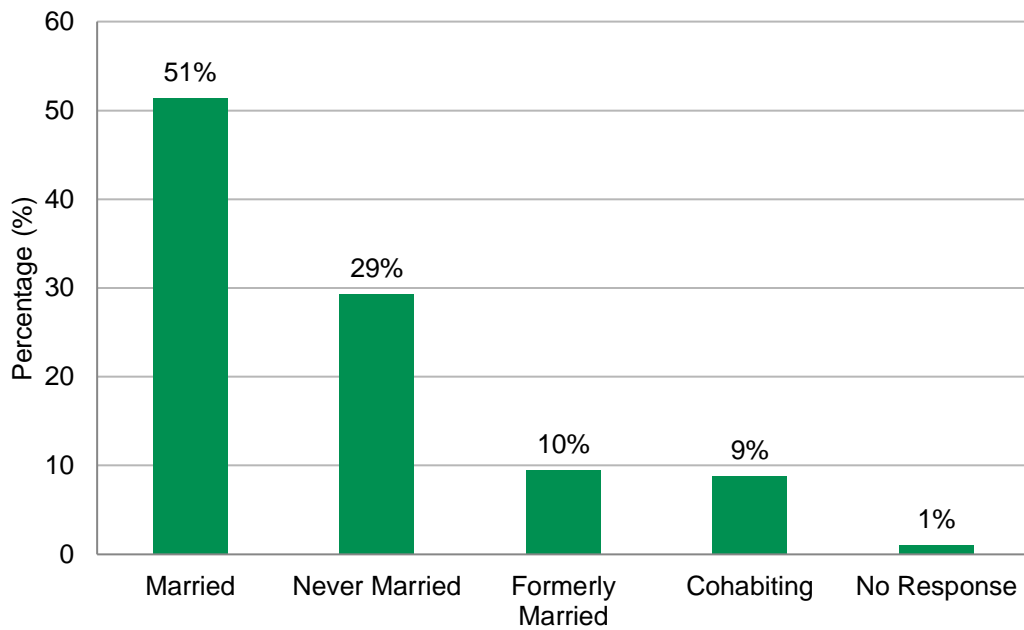
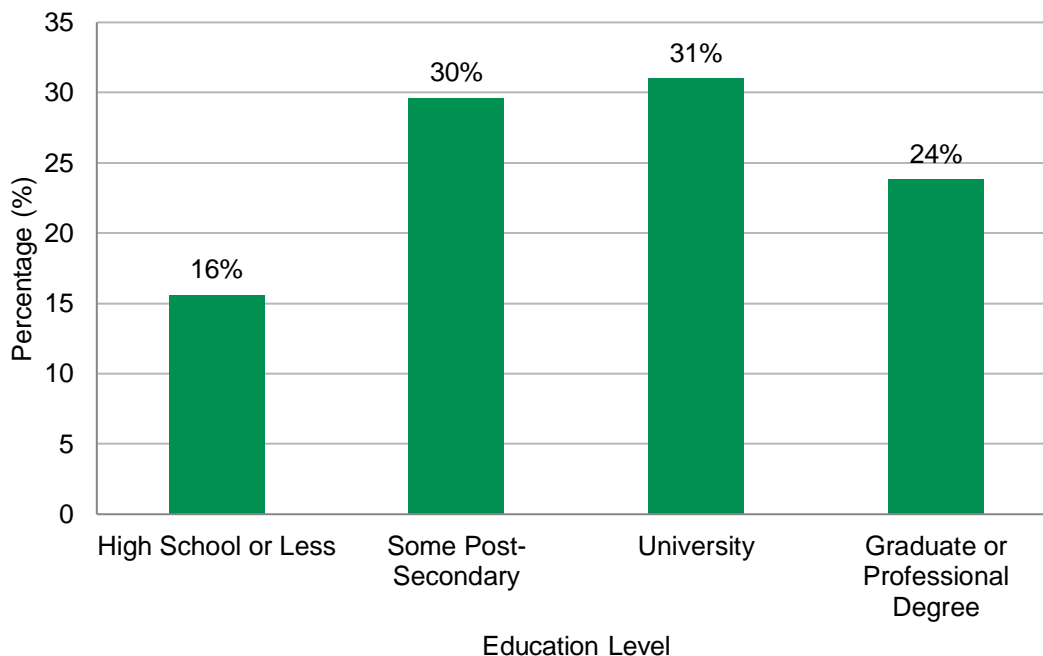SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Figure 5 **Number of Children per Household among Survey Respondents**

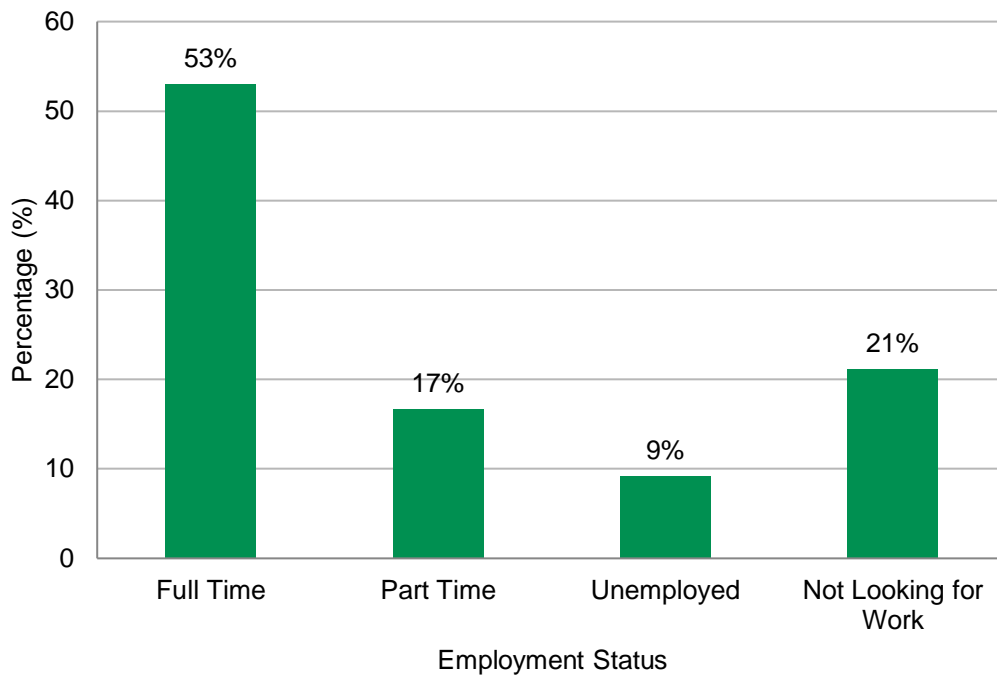SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Additionally, most respondents had at least one child living in their household. As shown in Figure 5, 45.2% of respondents reported having no children under 18, 27.6% reported having one child, 17.3% had two children, 8.2% had three children and 1.7% had four children or more. Figure 6 shows that 15.6% of respondents had a high school diploma or less, 29.6% had some post-secondary education, 31% had university degrees, and 23.8% had a graduate or professional degree. Most respondents were employed, either full- or part-time, as depicted in Figure 7. In total, 53.1% of respondents worked full-time followed by 16.7% working part-time. In addition, 9.2% of respondents were unemployed and 21% were not looking for employment.

Figure 6   **Highest Level of Education among Survey Respondents**

SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Figure 7   Employment Status among Survey Respondents

SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Overall, the survey reveals a diverse sample of respondents from the ACB community of Alberta. Respondents slightly skewed female in gender identity, and roughly 1 out of 10 respondents identified as LGBTQ2S+. More than half of respondents considered themselves Black, followed by African, Caribbean, and African-Canadian. A slight majority of respondents were born outside of Canada; however, most respondents had lived in Canada for more than a decade. Most were Canadian citizens or permanent residents with English as one of their first languages, employed either full- or part-time. Most respondents were married or cohabiting, and most households had at least one child living with them. Respondents' education varied between having completed some post-secondary education to holding a graduate or professional degree. Overall, responses suggest an ethnically diverse community of well-educated working people with families, a community distinct in their experiences of immigration to Canada.

4.1.2 Backgrounds of Interview Participants

Interview participants came from diverse backgrounds. Four participants were first generation Canadians and six described themselves as immigrants. The rest did not disclose this information. Communities that participants associated with included Nigerian, Caribbean, Barbados, Trinidadean, Ghanaian, South African, Kenyan, Togolese, and the Black community in general. All participants lived in Edmonton, AB. No data were collected regarding the age of participants, but all were adults.

In terms of employment, although survey data did not measure the job title or sector of respondents, five interview participants disclosed being frontline workers either in healthcare, at crisis intervention centers, or at shelters. Others worked in the mental health sector in various roles. This diversity provided us with the opportunity to observe a variety of experiences during the pandemic. Also present were marketing coordinators, artists, and students. Although five participants mentioned that they were involved with RRF, others named additional community organizations that they participate directly in, such as Habitat for Humanity. Overall, most participants mentioned that they either volunteered or worked with an ACB community organization, allowing us to gain insight into which organizations were important to the community and in what capacity. Other notable identities included a single mother, a gender-nonconforming individual, and an individual who self-identified as mixed race.
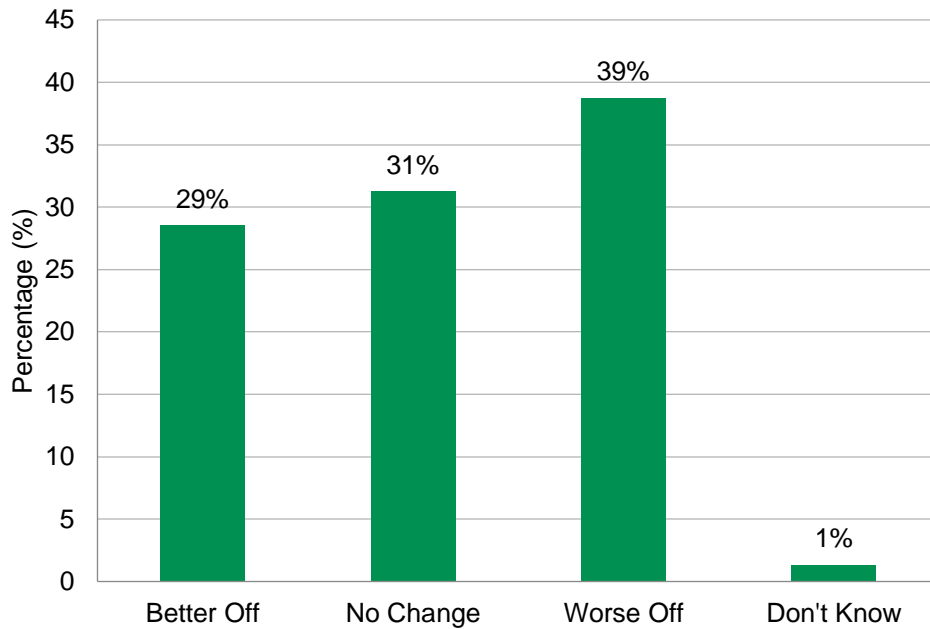
4.2   RQ #1: How have ACB community members been coping throughout the pandemic?

The COVID-19 pandemic has had a profound impact on communities around the world, and the African, Caribbean, Black community in Edmonton, AB, Canada is no exception. ACB community members have been coping with a range of challenges, including health concerns, economic hardship, social isolation, and increased racism and discrimination. Despite these difficulties, many ACB individuals and organizations have also demonstrated remarkable resilience and resourcefulness in responding to the pandemic, finding innovative ways to stay connected, support each other, and advocate for their rights and needs. This section explores how the ACB community in Edmonton has been coping with the COVID-19 pandemic, highlighting both the challenges and the strengths of this diverse community.

4.2.1 Changes in Self-Reported Health

Personal and lifestyle changes refer to how participants adapted to the struggles of the pandemic. As COVID shut down daily life routines and restricted people to their own homes, many community members' lives underwent drastic interruptions that forced people to adapt to their new surroundings and find meaning in their personal lifestyles and new routines. Figure 8 illustrates how survey respondents were asked to rate how their personal physical health compared to before the pandemic. Most (38.77%) respondents indicated that their health was worse off. In addition, 31.29% of respondents indicated there was no change and 28.57% indicated that it was better, as seen in Figure 8. This may suggest that there are more factors specific to the individual that affect their physical health and with these responses alone it is difficult to identify if the pandemic was an influencing factor.

Figure 8   Personal Physical Health Compared to Before Pandemic

Bar chart titled with y-axis "Percentage (%)" ranging from 0 to 45. Categories: Better Off 29%, No Change 31%, Worse Off 39%, Don't Know 1%.

SOURCE: RRF UA AB Mental Wellness Survey, N = 294

The self-reported data gathered from the survey highlight how the pandemic may have had a greater impact on the mental health of the respondents. Figure 9 illustrates that 43.88% of respondents indicated that their mental health was worse off during the pandemic, 26.87% reported no change, and 27.89% reported it was better off. These results are consistent with findings from the interviews, where many participants also discussed how the pandemic had affected their mental health. This suggests that the pandemic had a notable impact on the mental well-being of the respondents, as reflected in their self-reported data. It is important to consider these findings in conjunction with the interviews to gain a comprehensive understanding of the ACB community's experiences during the pandemic.

Figure 9   Personal Mental Health Compared to Before Pandemic
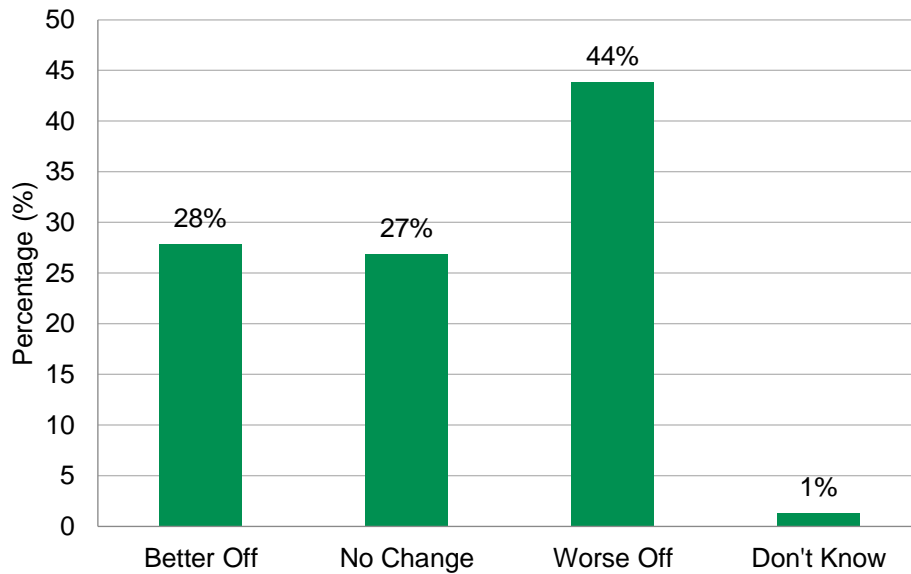
SOURCE: RRF UA AB Mental Wellness Survey, N = 294

The COVID-19 pandemic has caused unprecedented levels of stress. Individuals had to develop coping mechanisms as they navigate the uncertainties and challenges of the ongoing crisis. A noticeable pattern within interviews was the possible correlation between available support to coping with the stressors of the pandemic. One participant shared that she was more stressed at work during the pandemic due to increased COVID-19 precautions at her workplace as an essential worker (Interview_08). Although she did not have access to professional support to help her cope due to limited coverage for those services, she reported that her husband and friends were a support system for her, saying: "I'm fortunate enough to be able to bounce things off them. Right. And vice versa, right because we become one another's support. Right, but not everyone has that but for me, yeah, I had that and then there's your odd person at work you can confide in" (Interview_08).

Another participant described her increased anxiety and stress as a mother with children around the world with high COVID-19 infection rates. She stated:

I had my family members in different parts of the country. My children. And they were in countries where people were really dying. There were some of the hotbeds. In the world. They had to be quarantined. Strict, strict quarantine so. As a mother. That was, that was not a nice place to be in where you don't know whether you'll never see your children again (Interview_02).

When asked about the mental health supports used to cope with this, the same participant shared that she did not have the appropriate coverage to do so. She said:

You have to see a professional and that costs money. So for me, I can't remember the last time I had that access to professional services for counselling. Ever since I came off the federal health insurance, I've never, I've never been able to access because you have to pay for it and sometimes those sessions are like $200.00 a session. (Interview_02)

This participant did not mention reaching out to either friends or family for support. Her experiences affected her mental health, which led her to use alcohol to cope with the accumulated impact of the pandemic: "It was bad. It was bad because what happened is. That I, I noticed that I drank a lot. I started drinking. Started drinking wine. [laughs] I started drinking. That was [the] only solace that I could just sit down, sit with a bottle…Yeah, but at least. It was just for a short while" (Interview_02). This participant's experience highlights the impact of inadequate mental health support on individuals who are already struggling to cope with the effects of the pandemic, emphasizing the need for accessible and affordable mental health resources.

Continuing the discussion of mental health, Figure 10 illustrates respondents' experiences of feelings of anxiety, despair, fear, loneliness, and stress. Approximately, 38.44% of participants indicated an increase in feelings of despair, 39.8% in feelings of fear, and 35.03% in feelings of loneliness. This could suggest that they used coping mechanisms, such as virtual networks and community programming mentioned in interviews, to manage these emotions. However, 58.5% of the participants indicated they did experience increased feelings of anxiety and 50.0% increased feelings of stress, particularly related to health, finances, and stability.

Figure 10   Increase in Experience of Mental Health Challenges During the Pandemic
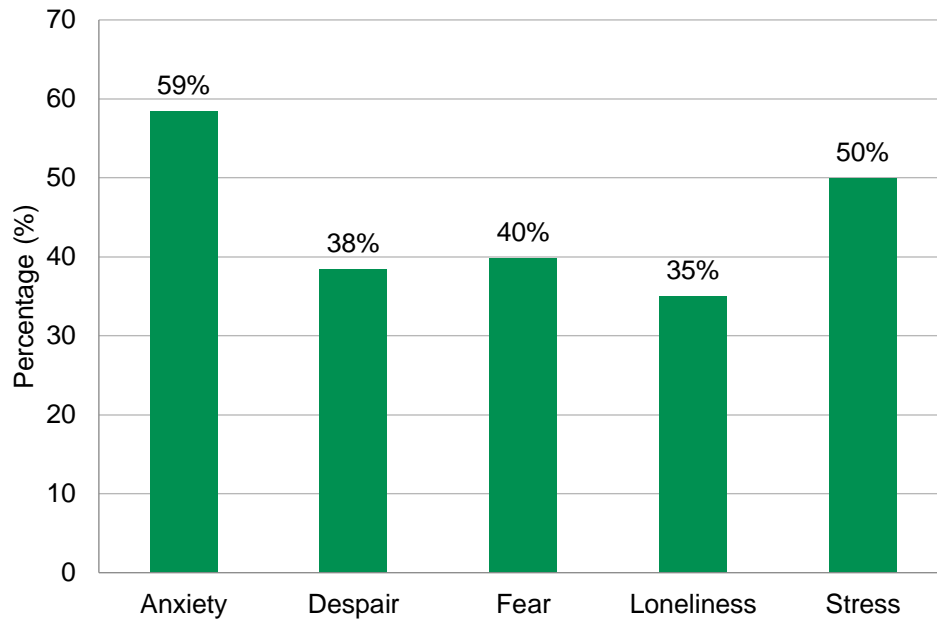
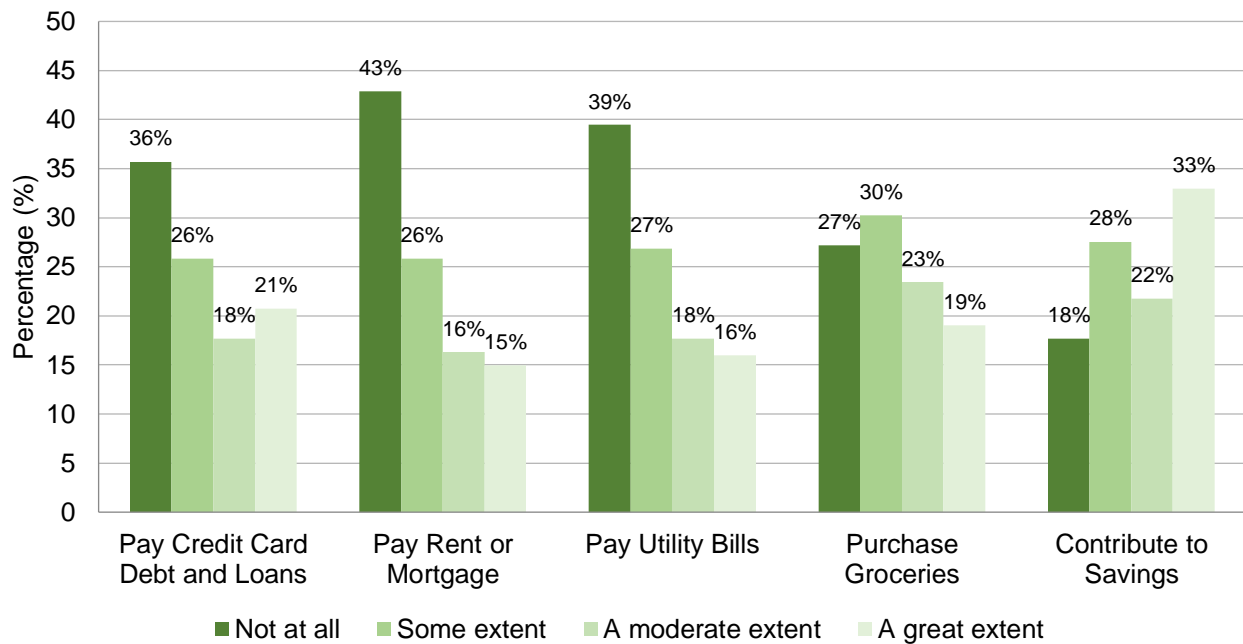SOURCE: RRF UA AB Mental Wellness Survey, N = 294

The pandemic has undoubtedly caused unprecedented levels of stress and anxiety. Many experienced interruptions in their daily routines and had to adapt to new lifestyles and routines. The survey results indicate that the pandemic may have had a greater impact on the mental health of respondents, with many individuals reporting worse mental health during the pandemic. The interview and survey data highlights the importance of having a support system in place, whether it be professional services, family, or friends to cope with. The lack of accessible and affordable mental health resources has had a significant impact on those struggling to cope with the pandemic's effects.

4.2.2 Changes in Finances

In addition to changes in physical and mental health, the financial impact of the pandemic influenced the ability of ACB community members to cope with the challenges posed by the pandemic. Financial strain was often associated with increased stress, anxiety, and difficulties in

accessing necessary resources and services. Figure 11 illustrates the extent in which COVID-19 impacted survey respondents' finances. The three most affected financial areas were contributing to savings, purchasing groceries, and paying credit card debt and loans.

Figure 11   Extent of COVID-19 Impact on Financial Ability

SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Figure 11 indicates that 82.31% of respondents reported being affected at least to some extent in their ability to contribute to their savings, with 32.99% greatly impacted, 21.77% moderately impacted, and 27.55% somewhat impacted. Respondents were least affected in their ability to pay rent or mortgage and pay utility bills, with 42.86% reporting no impact on their ability to pay mortgage and 39.46% reporting no difficulty in paying utility bills. Out of the 294 respondents, 86% claimed to have been at least partially affected financially by the COVID-19 pandemic.

More broadly, Figure 12 shows respondents' reflections on the pandemic's larger effects on their finances. Figure 12 demonstrates that over 41.16% of survey respondents claimed to be

financially worse off compared to the start of the pandemic, while 27.89% claimed to be doing better.

Figure 12   Financial Situation After COVID-10 Compared to Before the Start
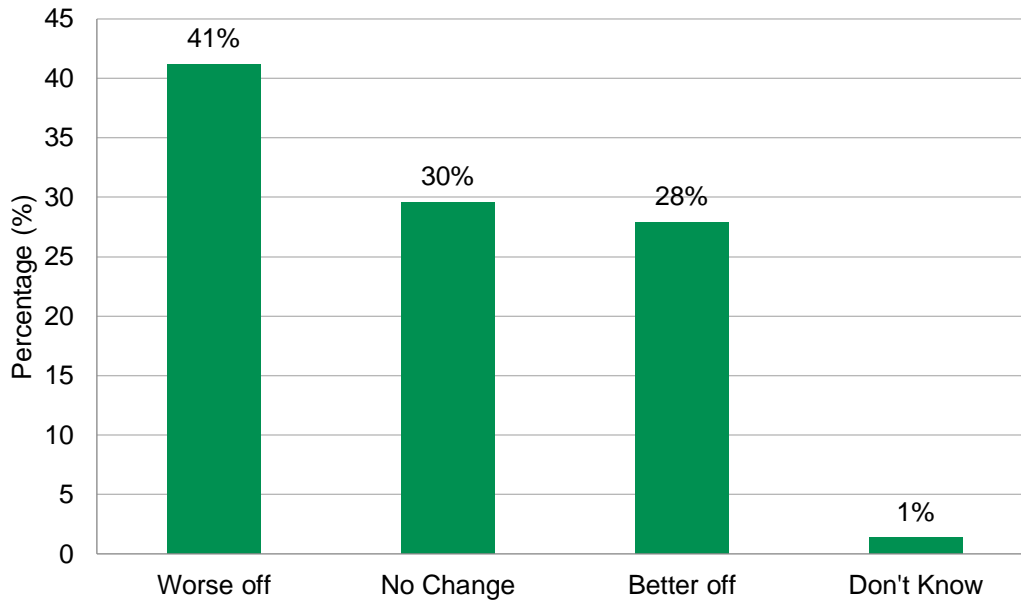
SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Overall, many individuals in the ACB community in Edmonton experienced financial insecurity as a result of the pandemic. It appears that contributing to savings was particularly affected as more immediate financial concerns and demands took priority during the pandemic. This suggests that many ACB community members experienced financial challenges during the pandemic, which may have had implications for their ability to cope with various challenges that arose. It is important to note that financial situations can play an important role in an individual's ability to cope with stressors and challenges, and addressing financial barriers is crucial in supporting the well-being of ACB community members during and after the pandemic.

4.2.3 Social Interruption

It is important to understand the circumstances that the pandemic brought upon the ACB community. All interviews highlighted various stressors during the pandemic related to job and finances, family stress, threats to culture and community, limited support and overall psychological well-being. For job and finance-related stress, several participants discussed heightened work demands, lay-offs, or difficulties finding jobs. Family stress involved taking care of children as a result of the shift to remote learning, worrying about family members (inside and outside Canada) becoming ill or dying, and arranging accommodations accordingly. One participant shared: "My dad passed away in the pandemic. He passed away in 2021, overseas… Now we have to deal with, you know, getting a body from overseas and having to deal with that" (Interview_09).

Threats to the culture and community were linked to the disruption of the cultural fabric in the ACB community as a result of the pandemic. As one participant mentioned, "the social part of it was cut off… it was killed. Literally and especially on the ACB community, 'cause social life is all that we have that, that make us to be who we are is all about social life" (Interview_02). Limited support describes the barriers to getting appropriate support to help cope with the pandemic, such as restrictions preventing access to a gym or other interests or being unable to seek peer or professional support. Psychological well-being refers to the mental health experiences of participants throughout the pandemic. Many participants described the isolation they faced due to government restrictions during the pandemic that affected their mental well-being.

A noticeable trend in interviews was the weakening of community bonds due to the pandemic. For example, in comparison to younger generations, older generations in the ACB community had a difficult time with technology when communicating with others either on WhatsApp or via video calls. One participant expressed: "There became a divide. Did you have technology? Did you know how to use it? And we lost like, a lot of intergenerational connections, right? Because like, the old people weren't sitting there on Zoom, or if they were, you're almost annoyed by them, because they hold their phone with it. Like staring at the fan" (Interview_04).

Additionally, the vaccine was controversial and affected relationships within the ACB community. Another participant noted, "Those who are vaccinated one side those who are not vaccinated one side and uh people used to visit each other and now we have to ask them are you vaccinated? If you are not vaccinated don't come" (Interview_02). In that same interview, participants described how COVID-19 restrictions affected the cultural habits of frequent get-togethers and the overall vibrancy of the ACB community, saying: "The Ubuntu [humanity] was killed…you have an issue you share it out you will meet each other you visited each other regularly you over a meal… and you are able to be assisted by the larger community, but you see all that was could not happen and even now I'm telling you people just lost along the way, you know" (Interview_02). These experiences demonstrate that although there were initiatives implemented to help the ACB community cope with the pandemic, the isolative restrictions and the anxiety, as a result, harmed the cultural fabric of the ACB community, which may take time to repair.

Throughout the pandemic, a discernible trend emerged indicating a weakening of community bonds within the African, Caribbean, and Black community. The use of technology and vaccine hesitancy caused a notable division and affected relationships among members of the community. Specifically, older members of the community experienced difficulties using technology, which hindered their ability to connect with others through virtual means. Furthermore, vaccine hesitancy led to a separation between those who had received the vaccine and those who had not, resulting in restricted social interactions. The cultural habits of frequent get-togethers were disrupted due to COVID-19 restrictions, resulting in a loss of community support and assistance. Despite the initiatives implemented to help the ACB community cope with the pandemic, the isolative restrictions and associated anxiety have had a negative impact on the cultural fabric of the ACB community. It is anticipated that the process of repairing and rebuilding these bonds may require a significant amount of time and effort

4.2.4 Summary

The COVID-19 pandemic significantly impacted the African, Caribbean, and Black (ACB) community in Edmonton, AB. Evidently, mental health emerged as a major concern during the pandemic, with many participants reporting increased stress and anxiety. The pandemic-induced restrictions disrupted daily routines and forced community members to adapt to their new surroundings. Self-reported data from the survey revealed that the respondents' mental health was more severely affected than their physical health. The study identified overarching themes derived from interviews, highlighting that the pandemic caused unprecedented levels of stress, and individuals developed coping mechanisms to navigate the uncertainties and challenges of the crisis. The availability of support emerged as a possible factor in coping with the pandemic's stressors, with participants who had access to professional help reporting better coping mechanisms. However, those who lacked the appropriate coverage to seek professional help reported increased anxiety and stress, leading them to adopt self-medication as a coping mechanism.

Additionally, the study identified financial strain as a significant issue among the ACB community during the pandemic. Financial difficulties often resulted in increased stress, anxiety, and challenges in accessing necessary resources and services. The three most affected financial areas were id contributing to savings, purchasing groceries, and paying credit card debt and loans, suggesting that income was most likely allocated to essential bills such as rent or mortgage payments. Consequently, the study highlights the crucial need for accessible and affordable mental health resources and financial support programs to help the ACB community navigate the challenges posed by the pandemic

4.3 RQ #2: What types of mental health support and services have community members relied on?

It is clear that impacts of the isolating COVID-19 restriction resulted in detrimental impacts on mental health. ACB community members, however, coped with the stressors of the pandemic in different ways. In both our survey and interview questions, we evaluated the participant's experiences with accessing personal, professional, and community supports and barriers to accessing them. Members of the ACB community experienced multiple barriers when accessing these supports and services. However, technology played an important role in accessing community supports and programs, and also connecting participants with loved ones.

4.3.1 Role of Traditional Mental Health Services

Over one-third of survey respondents used traditional mental health services during the pandemic. Figure 13 reports the percentage of survey respondents who accessed traditional mental health services during the pandemic. Approximately 35.03% accessed services with 62.93% reporting not accessing services and another 2.04% answering that they were "unsure" to this question.

Figure 13   Respondents Who Accessed Mental Health Services
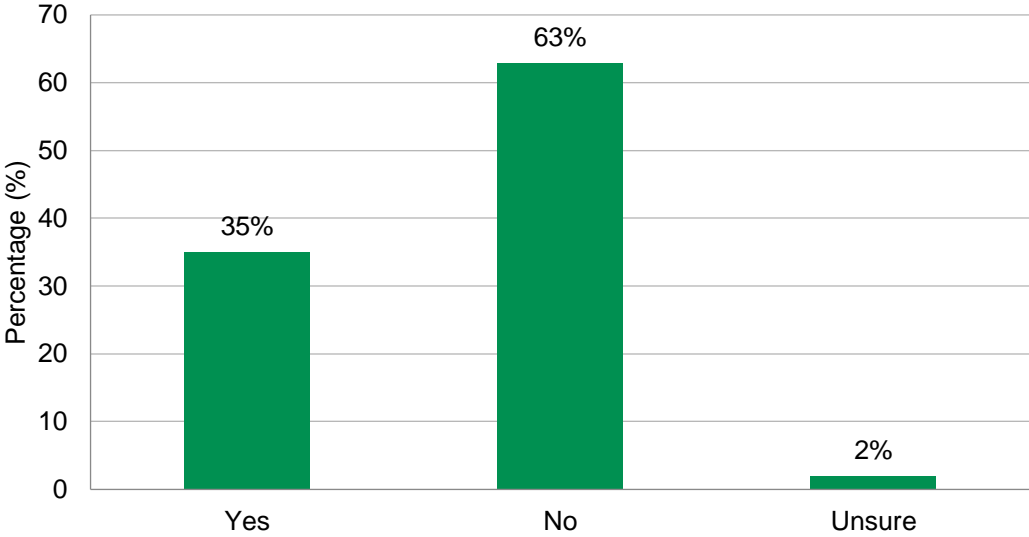
SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Figure 14 reports findings from a follow-up question that asked respondents to indicate the type of services they accessed. Figure 14 shows that among those who reported accessing traditional mental health services (N=102), 38.83% talked to a therapist or counselor and 28.16% received treatment from a doctor or hospital. A smaller percentage listed other types of services that include prescription drugs and alternative medical providers like chiropractors. Thus, survey results show that at least one-third of respondents accessed mental health services with therapists, counselors, and family doctors being important resources.

Figure 14   Type of Mental Health Services Accessed
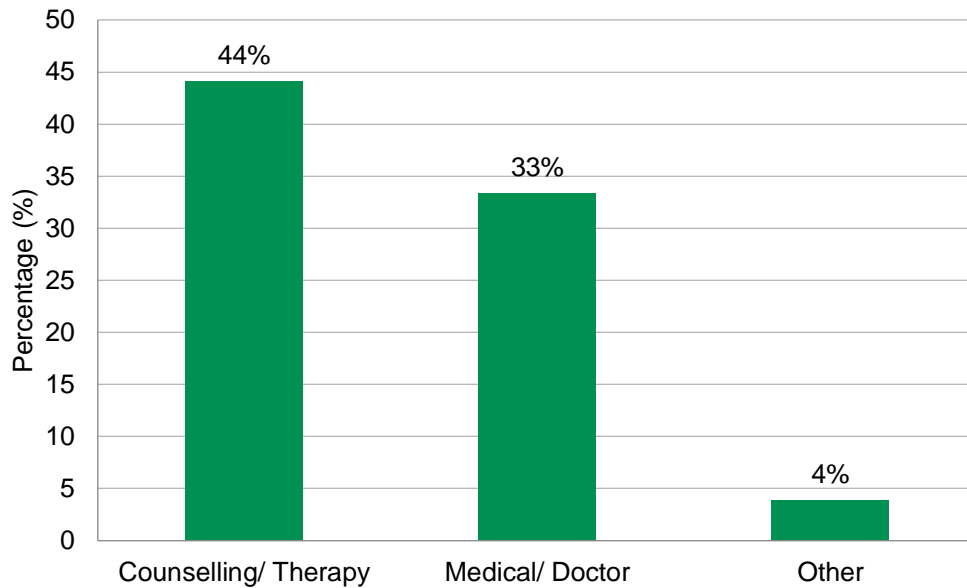
Interview participants also described therapy or counseling as important resources for traditional mental health services. Five participants expressed that they had sought out a therapist, and these individuals described this service as particularly helpful in supporting their mental health. Throughout the pandemic, numerous individuals in the ACB community experienced isolation from family and community members, requiring them to seek alternative means of staying connected. Regular check-ins with therapists or fellow community members played a crucial role in maintaining connections and alleviating the sense of isolation. The governmental restrictions imposed during the pandemic affected some individual's sense of control. One participant explained how taking control of their mental health helped with the loss of control.

Another thing is I feel a sense of control when—because everything was so chaotic, I get a sense of control when I plan and organize things, so, being able to do research around mental health and, y'know, decide on a project for instance and be like "Okay, these are the steps for me to follow through on that project" and have the checklist and cross them off,

um, that was really crucial to me, um, to help me feel like I had some sort of control over a

chaotic situation. (Interview_09)

The respondent shared how staying in touch with their therapist gave them a sense of control, as it

helped them maintain a sense of connection during an uncertain time. They continued:

Hmm, constant check-ins with my therapist and constant check-ins with my medical doctor

and just kinda like using those as a tag team kinda thing. I think that put me in a place to be

able to—I don't know if I was like, in a good place or just like "Okay, I'm in a place where I

can continue to, you know, like, parent my kids" [Laughs] and not be in this extreme

heightened stress, short, angry place with them. (Interview_09)

The respondent further highlighted how their check-ins served as an outlet, helping them practice

more patience while parenting their children amid the challenging circumstances.

Respondents also identified technology as a valuable tool for accessing therapeutic

services during the pandemic, despite barriers and challenges faced by some ACB community

members. Some participants mentioned using online therapy networks or platforms to connect with

Black therapists, indicating that technology served to overcome barriers to accessing mental health

services. One participant also described the emergence of mental health programs from ACB

community groups. They reported:

Yeah, I would definitely say there has been a lot of change, even though there has there is

still more work that can be done. I believe that there's been huge shift, so I've seen like the

black-I think it's like the Black Alberta therapist network. I don't know if it was created during

the pandemic, but I've seen that come up more. I've seen like I know Africa Center has like

a therapy like free therapy that they offer to individuals as well that also I definitely know that

popped up during the pandemic. Like I've seen, like, affordable therapy network, I've seen

more like mental health professionals and especially during the pandemic, there's been

more of a push of like mental health services that are available to black people, whether it's

like free or there's a certain amount of cost. But there's been that push for mental health. I

feel like emerged during the pandemic. (Interview_11)

Despite the initiatives from community groups to increase mental health supports, not all respondents had access to technology or were able to find culturally competent therapy services online, highlighting the disparities and challenges faced by the ACB community in accessing mental health support. Barriers expanded beyond these to include finances

Figure 15 reports findings from a question that asked respondents to indicate why they did not access services. Figure 15 shows that respondents who did not access traditional mental health services (N=165) had a variety of reasons for not doing so. The majority of respondents who did not access these services reported that they simply did not need them. However, 12% of respondents reported that cost or affordability kept them from accessing services. Eleven percent indicated that they had limited access to services during the pandemic, partly due to social distancing requirements and lockdowns. Seven percent did not access services because they had limited information about them -- they did not know where or how to find services. Additionally, 6% of respondents report that they were deterred from accessing services due to their discomfort with these services or providers. Some specifically said that they did not trust service providers. One respondent even said the following: "I am Black. White people just dismiss us as if we don't exist." Finally, 4% of respondents reported that they did not access services because they did not have time or were too busy.

Notably, among those respondents who needed services but did not access them (N=62), these percentages are much higher. Among these respondents, the corresponding percentages would be 31% reporting cost as an issue, 29% indicating limited access, 18% reporting information barriers, 16% describing discomfort, and 10% indicating that their time was limited.

Figure 15   Reasons for Not Accessing Mental Health Services
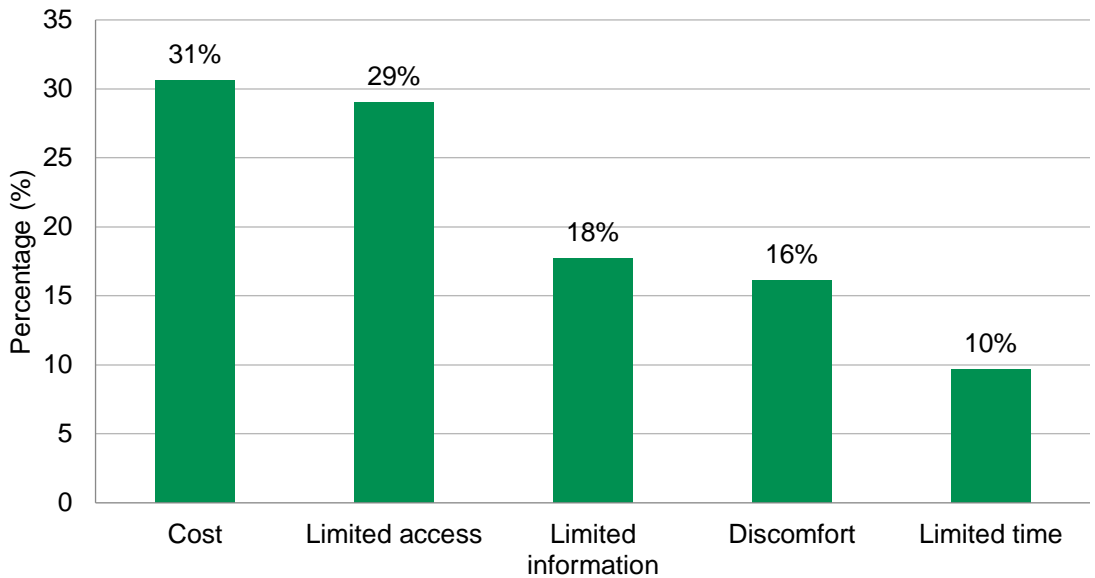
SOURCE: RRF UA AB Mental Wellness Survey, N = 294
NOTES: Results based on coding of qualitative response question. Percentages among individuals indicating that they did not access mental health services and answered a follow-up question regarding why (N = 165).

Interviews provided additional opportunities to analyze the perceived barriers or hindrances faced by the ACB community when attempting to seek mental health support throughout the pandemic. Similar to survey findings, interview respondents identified finances, racism and discrimination, physical inaccessibility, and a general lack of culturally competent service providers as central barriers. Financial barriers include expenses associated with mental health supports, the costs of services, and the availability of benefits or coverage. Racism and discrimination -- a category of barriers that will be elaborated on in the fourth research question -- contributed to an aversion to accessing resources and respondent's own negative experiences that are directly related to race-based prejudice. Physical inaccessibility led to an inability to access supports due to physical or locational limitations. Finally, the general lack of resources and services, a lack of cultural competency in services, and the ability for services to be culturally relevant to their clients also limited access for respondents. We noticed that this category of barriers were often linked with

the previous three barriers mentioned. Therefore, instead of writing separately on this category, we've interwoven it in the discussion of the other barriers.

Many respondents[1] cited financial stress as a major barrier to accessing mental health supports, with particular focus paid to a lack of health coverage for mental health care, either on the behalf of provincial services or private insurance firms. One participant expressed frustration with this lack of coverage, stating: "If you do not have insurance, then how do you pay for counseling? You have to see a professional and that costs money. So, for me, I can't remember the last time I had that access to professional services for counseling" (Interview_02).

These financial issues often intersected with other support barriers, such as a lack of access to culturally competent therapists that were covered by benefits or a lack of these resources altogether. As another participant noted: "What I am looking for is a Black therapist. Would I be able to afford to pay for them? Yes, if they were covered—if my insurance allowed me to be covered by them. I would gladly go see them if it was covered by my benefits" (Interview_05). Additionally, participants brought up how ACB organizations and services receive minimal funding, further preventing them from providing services. Participants also mentioned that COVID-19 enhanced these barriers as individuals were experiencing a higher amount of mental stress alongside lower financial means to access support.

The financial inability to take time off of work or to find childcare in order to access these services proved to be an issue across interviews. According to this respondent, "if they do offer coverage, they don't offer the time off for coverage. So that's an additional barrier, so, yes, I get it, but if my therapist's hours were only 9-5 but if I can't get time off to go then I guess I'm not seeing a therapist" (Interview_10). Another participant shared this sentiment in their interview, also criticizing the lack of resources outside typical office hours, stating, "I have a job now that's administrative with lots of flexibility—I can go to an appointment at noon. But if I was like, you know, [a] frontline workers that [many] ACB people are in, if they, when they need those resources, and these

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[1] Overall, the code of general financial barriers was accounted for 25 times over 9 different interviews

resources are nine to five they're now taking a day off work and losing money" (Interview_04). The issue of childcare also proved to be a poignant issue for one participant who stated that "these resources aren't [available on] evenings and not on weekends. They don't offer childcare when needed" (Interview_02).

Physical inaccessibility was another barrier that was often cited. The most common examples given were lack of reliable transportation, mobility issues, long distances, and weather-related barriers, such as snow and ice, as well as the various ways in which these issues intersect. Multiple interviews cited the current state of public transit as a major barrier to access. In one interview, the participant pointed to the "crappy bus system" as a reason why resources and services were unavailable to them, stating: "if you live on the South side, and a free tax clinic with free groceries and free mental health supports is all on the North side, well, you're now transporting for two hours to go and come back" (Interview_04). Distance and a lack of transportation were a key barrier here. Another participant also discussed how drastically their commute time increased due to "inadequate bus routes" after their car broke down during the height of the pandemic, and indicated that the "safety right now on public transit" could be a reason why some people might not feel comfortable utilizing the service in order to access mental health resources (Interview_02).

One respondent stated outright that "there just aren't many options here physically" (Interview_05) as they discussed the need to outsource culturally competent mental health services from areas where they were more readily available. Telehealth platforms that connected individuals to providers across the country, or in other countries, were cited as a particular resource that helped combat the general lack of resources in Alberta (Interview_05). Although Telehealth was a viable option for some participants, for others, the transition from in-person to online services deterred people from accessing services. Many individuals felt a level of discomfort between themselves and the therapist when meeting online (Interview_06). One participant mentioned how they felt that Alberta's geography acted as a barrier to accessing care, such as "the snow not being shoveled, all of these things, the coldness of it." They also pointed to a lack of sunlight in the winter

months as "probably [contributing] to a lot of mental health issues, especially when you're

somebody who's used to the sun and comes from a place where you get the sun at 6am every

morning" (Interview_07). Furthermore, they shared their reflections regarding how these barriers

would disproportionately affect Black individuals who are physically disabled: "There are physical

accessibility issues that need to be considered, especially considering that those that live with

disability probably need the most [support], cause they're most isolated" (Interview_07). During this

discussion they recalled a personal experience with the physical inaccessibility of some resources,

describing how a counselor they had previously accessed was located in "an old home" reachable

only by "just stairs up a hill and no [other] way to access it" (Interview_07).

Overall, the broad idea that services, particularly ones that were considered to be culturally

competent, were generally lacking due to an assortment of interconnected factors was mentioned

various times across multiple interviews. One participant cited long wait times for Black therapists,

some "up to 18 months," and specifically how discouraging this felt for their community in their

attempts to access these resources. They lamented that "If I need a therapist I need a therapist

now, I don't need to wait a year and half from now" (Interview_09). Another participant indicated a

knowledge gap in regards to how to go about accessing resources as a possible reason why these

resources are not being accessed in the first place, stating that "most people don't know how to get

in touch with someone they could talk to professionally" (Interview_06)

The lack of culturally competent therapists was a theme interwoven into almost all mentions

of barriers to mental health support. The lack of therapy that is tailored to the person receiving it

seems to be exacerbated by all other barriers, such as how even though Black *counselors* are

available, only *therapists* are covered by benefits, and available ones are hard to come by even if

you do have insurance (Interview_05; Interview_09). This frustrating paradox created further issues

when combined with other barriers such as the physical inaccessibility of these resources, or the

negative cultural ideas surrounding "the type of person who accesses therapy" (Interview_5).

Overcoming these barriers requires a collective effort from individuals, communities, governmental

organizations, and the healthcare system to create a more supportive environment for those in the ACB community who are seeking these services and resources. It is also a reason why many respondents relied on broader types of support and coping strategies throughout the pandemic.

## 4.3.2 Broader Types of Support and Coping Strategies

As our research project focuses on the mental health experiences of the ACB community during the COVID-19 pandemic, it is crucial to understand the various coping methods employed. In this context, coping refers to strategies used to adapt to the "stress, trauma, and overall effects of the pandemic." One respondent described how they relied on self-care during the pandemic, saying, "My outlets are my friends. I love TV. I love my science fiction… so it's just those things, taking the time for you" (Interview_08). Other participants also mentioned hobbies, such as reading, writing, or caring for plants. Reliance on friends and family was also important to many of the participants. Many mentioned that regularly communicating with loved ones provided great relief from mental stress. There seems to be an overall consensus among participants that practicing self-care and reaching out to friends and families greatly supported their mental health. This meant relying on larger community support networks, engaging in different self-care activities, participating in community events led by different organizations, and receiving support from faith-based organizations.

Community Support Networks

Figure 16 shows that friends, partners, and extended family provided important support during the pandemic. In total, 54.76% of respondents reported that friends were important supports. This was followed by 53.45% of respondents who said their partners were important and 48.3% of respondents reported extended family. They are the top three respondents considered as important support during the pandemic when they were experiencing stress, anxiety, or loneliness. Next, 36.05% of respondents reported children and 26.53% of respondents mentioned religion. At the

end, fewer proportions of respondents reported coworker, community organizations, and neighbors as important. These were all below 20%.

Figure 16   Supports Relied on During the Pandemic
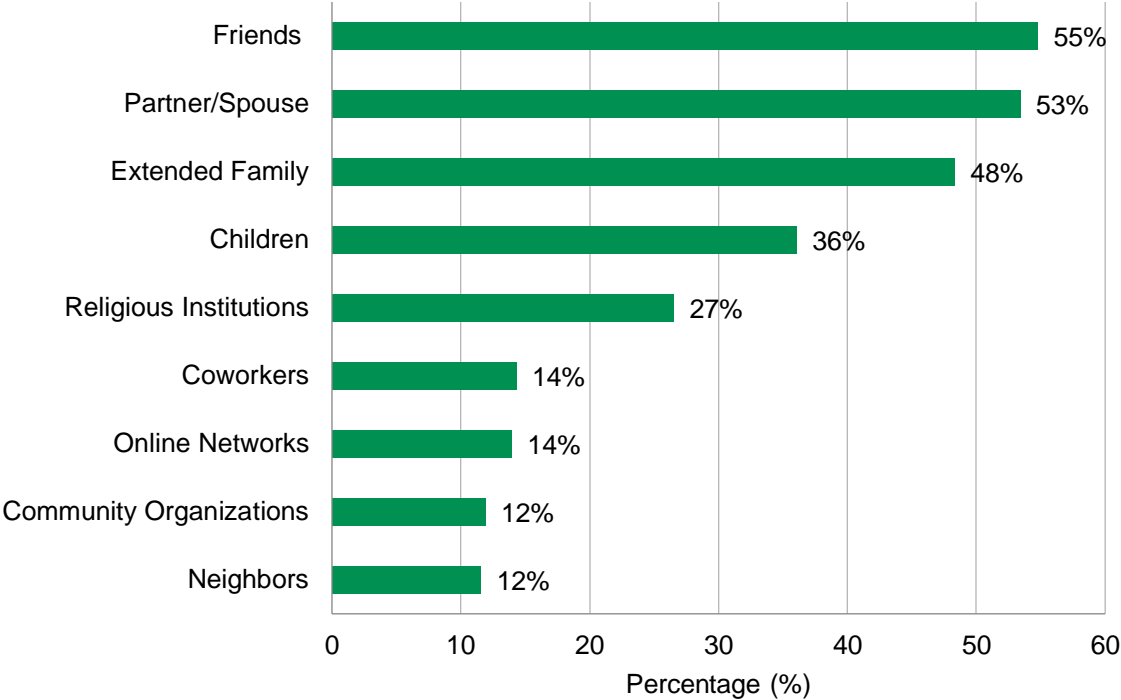
SOURCE: RRF UA AB Mental Wellness Survey, N = 294
NOTES: Categories are not mutually exclusive. Respondents could choose multiple options.

It appears as though people in a person's social network, partners, friends, and family, were the most important supports for ACB community mental health during the COVID-19 pandemic. For those who has children, they were also important supports. As for religion, we see a cultural support that allows the ACB community to be sheltered in. Lower proportions of coworker, online, and community organizations, and neighbors support indicate that, despite switching to online life during the pandemic restrictions and lockdowns, fewer ACB community members found them supportive. Community organizations also had to shut down their programs and reduce their accessibility during the pandemic, thus it is reasonable that only 11.90% of the ACB community

members considered it as a reliable support at the time. It is also worth noting that neighbor support was as low as community organization around 11.56%, as if there is not a sense of community-based support in general to the ACB members in Edmonton, Alberta during the pandemic around where they live. Finally, in terms of other supports, one respondent mentioned that pets were also important to them.

The interviews further emphasize networks, family, and friends as important supports during the pandemic. A key finding was that the ACB community often turned to other community members for support, rather than relying on professional mental health resources. A respondent described their experiences improving their mental health during the pandemic, saying:

There's some online games that we played together so we made sure that meet once or twice in the week, we do the group call and play and stay for one hour or stuff like that and sometimes we shared information we have and like okay 'this is what we can do, you can work out and get some sunshine, listen to music that you like' and I think at one point we organized a party, virtual party so that is what we did to cope. (Interview_03)

Moreover, certain members of the community thrived during the pandemic by transforming isolation into a positive experience. When asked about changes in their mental health during the pandemic, one respondent reflected:

I started writing more and just having more engaging conversations with people that I probably wouldn't have been able to speak to if it wasn't [for] the pandemic. So, whether it's people like [in] the States or Toronto, just like a lot of online conversations or mentorship calls. (Interview_11)

Respondents mentioned relying on other community members instead of professional services a total of 17 times, across 6 out of the 11 interviews. This observation strongly suggests that the ACB community turned to family, friends, and colleagues for coping during the pandemic, rather than relying on professional mental health services. This quote also highlights the ACB

community's resiliency, as it illustrates their willingness and ability to seek support beyond the confines of their community, demonstrating their adaptability in changing circumstances.

Activities and Self-Care

Interview participants also engaged in acts of self-care as a coping method during the pandemic. Small gestures like buying plants brought them a sense of happiness amid the stress and uncertainty. These acts serve as examples of why self-care was crucial during the COVID-19 pandemic, as they helped create positivity during a time when individuals felt a loss of control over their daily routine. One participant shared how practicing self-care became essential to their overall well-being and happiness.

> You just find ways to cope, this is where self-care becomes essential, doing things that I like to do. I've developed a little I remember before COVID, I had two plants, I have probably over 100 here now. [laughs] It's just crazy. But nevertheless, you just find ways to find your little piece of happiness in it. (Interview_08)

The survey results supported the findings from the interviews. Figure 17 reveals that many respondents reported engaging in self-care activities, such as exercising (47.27%), meditation (22.45%), and getting enough sleep (36.39%), to take care of their mental and physical health during the pandemic.

Figure 17   Mental Wellness Activities During the COVID-19 Pandemic
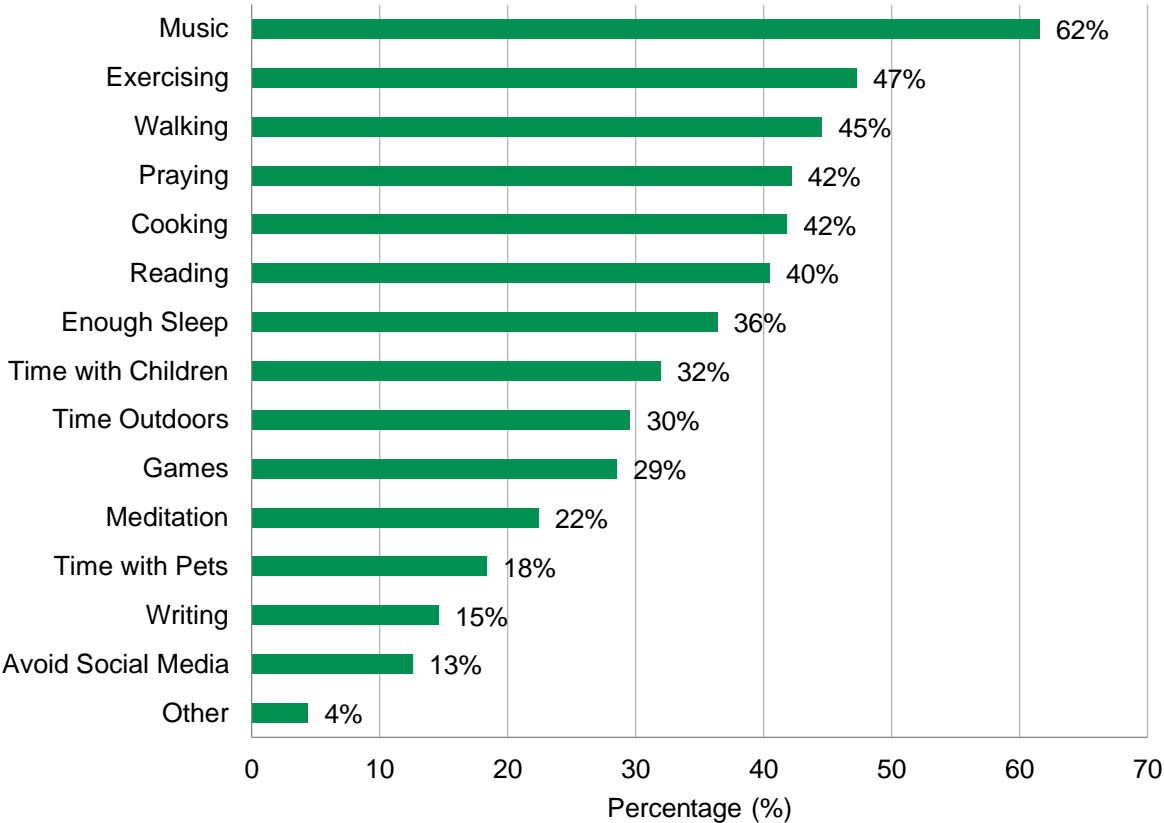
Activity	Percentage
Music	62%
Exercising	47%
Walking	45%
Praying	42%
Cooking	42%
Reading	40%
Enough Sleep	36%
Time with Children	32%
Time Outdoors	30%
Games	29%
Meditation	22%
Time with Pets	18%
Writing	15%
Avoid Social Media	13%
Other	4%

Percentage (%)

SOURCE: RRF UA AB Mental Wellness Survey, N = 294
NOTES: Categories are not mutually exclusive. Respondents could choose multiple options.

Figure 17 underscores the importance of self-care practices in coping for ACB individuals during the pandemic. Respondents were asked to select all coping strategies that they used during the pandemic. The most common strategy was listening to music, with 61.56% of respondents. For those who chose to disclose any extra activities that were not listed in the survey, included baking, night markets, DIYs, working, and avoiding the news. Only three respondents indicated no activities used to cope, suggesting that the vast majority of respondents employed some form of activity to cope with the mental and/or physical effects of the pandemic.

Community Engagement and Events

Community groups and events played an important role in how ACB members interacted and stayed connected with each other. Coping as a community was a major strategy to support ACB members during the pandemic, even when done remotely. Interview respondents explained that many ACB community members chose to create, organize, or join groups during the pandemic to engage and support each other. Community organizations that were often mentioned were the Ribbon Rouge Foundation (RRF), the Africa Center, and ACB women-founded groups. However, other organizations, such as Black Mental Health Canada and the Red Cross, were not frequently used by participants despite being known to them.

Likely due to the interview sample, RRF was identified as a major source of support in the community, along with the Africa Centre. Participants found these organizations highly beneficial as one respondent commented, "I keep going back to the African Centre, [they focus] on moving the needle and providing different mental health supports, and mentorship programs" (Interview_09). Participants also noted that the Africa Center was highly accessible as the organization prioritizes free services and therapists that are ACB themselves (Interview_09). They noted: "I know Africa Center was putting out webinars and different things with regards to connections with the Alberta Black Therapist Network, so I know they really worked hard to get that out there" (Interview_09).

One interview participant also mentioned that more women's groups emerged during the pandemic in the ACB community. These new women's groups provided support and helped ACB women cope during the pandemic by allowing them to lean on other women who were going through similar experiences. A respondent highlighted the importance of community groups in providing a source of support and resilience during difficult times, saying:

> I will say, I feel like there's more women's groups now. They, for some reason, during the pandemic, a lot more like ACB Women United support groups showed up unexpectedly… They're like, okay, like, as black women, what are we doing to work together, although I am finding, like post pandemic, they're kind of falling off. But during the pandemic, it was like,

these groups of black women working together and trying to make sure that anybody that they knew who needed supplies, came together and like, took care of things like very like home, like, you know, like mothers unite. (Interview_04)

Amid the pandemic, an unexpected rise in support groups for racialized women, such as ACB Women United, emerged, allowing Black women to collaborate and provide mutual aid, although post-pandemic, these groups may be dwindling.

Interview participants also mentioned the formation of other community groups initiated by community members to foster a strong sense of cohesion within the ACB community. One respondent, who served as the president of an organization, shared their experiences leading and organizing such a group during the pandemic. They stated:

"One of the areas that I know that some organizations responded was by – look, for example in my own community we called around when COVID first started in 2020 we call around, we maintain conversations with people, calling them from time to time to make sure everybody is okay. I mean, personally, I go from number one on the register on our database to the last person just to make sure to get in touch, to keep in touch with them. I show them that we're still together and things like that. And we also had some meetings where we came together just to reassure one another that we just need to pull through together. (Interview_01)

This highlights the proactive approach taken by community members in creating and maintaining support networks to cope with the challenges brought about by the pandemic. It underscores the resilience and adaptability of the ACB community in finding innovative ways to support each other and cope with the unique mental health challenges faced during this unprecedented time.

Community organizations and groups were central in supporting the ACB community during the pandemic. With 12 instances mentioned across 6 of the 11 interviews, it is evident that these organizations and groups played a crucial role in assisting community members during challenging times. Whether they existed prior to the pandemic or emerged during the pandemic, these

organizations and groups exemplify a strong and united community that coped well. They were created and provided by ACB members for ACB members, showcasing the supportive and resilient nature of the community.

Faith-Based Organizations

In addition to these community organizations, many respondents emphasized the importance of churches and faith-based organizations as valuable resources for the ACB community during the pandemic. As this interview respondent reported:

Churches, they step up most of church organization like faith-based organization, they really step up to help the community. But as you said, with all the protocol not on the social life part of it, but they try to keep feeding the community try to help special to sustain the life. I remember even Red Cross there was some iPad, if not tablets, that were given for free so that people maybe if those who doesn't have or maybe they don't have TV, they can use tablets to watch movies and all those things. So yeah. They as a faith-based community, Red Cross, they tried to step up to keep the community going if I may put that way. (Interview_02)

Faith-based institutions provided a sense of community and support for community members who attended church services. Two interviewees mentioned how the church provided food during the pandemic. Another individual mentioned the financial support churches offered. Participants described the church as "a support system for people that were in need" (Interview_06). These services helped to address food insecurity and fostered interactions among community members, reducing their sense of isolation. These acts of support further illustrate how faith-based organizations played a vital role in ensuring that ACB community members felt supported during the crisis

In terms of mental health support, a participant described how the church uplifted the community by facilitating communication throughout the pandemic. They ascertained that churches

played a large role in maintaining human connections during the pandemic by continuing to host meetings via Zoom. As a result, several participants relied on faith-based organizations to "keep the community going" (Interview_02) during times of isolation.

The Role of Technology

Beyond networks, self-care activities, and community organizations, the pervasive role of technology in coping and support within the ACB community during the pandemic was evident in many interviews. Participants highlighted how they relied on technology to connect with family and community members, despite physical restrictions. One participant succinctly summarized the prevailing sentiment by explaining how technology assisted them during these challenging times. They stated:

> Definitely, yeah. We definitely stayed in contact through WhatsApp and text messaging and video chat, Google video, Google Meets, or even Zoom, and that was important… But yeah I think overall they were definitely important even though it was rough, if I didn't have that I don't know if we would've pulled through, or if I would've pulled through as much as I did, so, yeah definitely technology was huge. (Interview_09)

As this respondent noted, "technology was huge." Text messaging apps and video conferencing software were especially important.

Another participant highlighted the use of technology as an asset to attend conferences and webinars. They mentioned how online conferences and webinars provided them with opportunities to connect with others in the ACB community through technology. This allowed them to gain valuable knowledge, insights, and social interaction during a time when in-person gatherings were limited due to the pandemic. A respondent explained how they used technology as a tool for maintaining community engagement and staying connected despite the physical distancing measures. They said:

Yeah, I believe there was a few online kind of Zoom webinars or conferences with conversation and networking that kind of popped up. I can't name them off the top of my head, but I remember Luck Connection all had one. So, they did like a seminar and they had different people speak and it was for a certain amount of days. So, even Africa Center, I believe they also had webinars. Just like a lot of online events were pushed more to kind of give people kind of that connection even though it's through a web platform. I think things like that were definitely created to help. (Interview_11)

The participant mentions that online events, such as webinars and conferences, hosted by organizations like Luck Connection and Africa Center aimed to provide people with support and maintain a sense of community during a time of social isolation.

Other respondents highlighted the importance of technology in facilitating education for students during the pandemic. A participant explained how many ACB community members, including students, relied on online platforms, virtual classrooms, and digital resources to continue their education remotely. They stated:

Well technology helped a lot during the... I mean, well, for technology how would student[s] have been able to continue their education during the pandemic and communicating with one another, having conversation, those virtual meetings that we had? I think technology really made that situation a little more bearable. Otherwise, it would have been worse. I can't imagine what people went through 100 years ago when there was no technology at this level, you know? (Interview_01)

Technology played a crucial role in bridging the gap caused by school closures and restrictions, allowing students to access educational materials, engage in virtual learning, and interact with teachers and classmates. This use of technology helped maintain a sense of normalcy and continuity in education, despite the challenges posed by the pandemic.

In the interviews, some participants viewed technology as inhibiting, and this sentiment was mentioned 11 times across 6 interviews. However, despite these challenges, most respondents still

utilized technology. In 9 interviews, technology was mentioned 23 times as being imperative to maintaining mental health and helping the community cope during the pandemic. These data suggest that technology played a significant role in keeping the ACB community connected and improving their overall experience during a challenging time.

Survey data support the interview findings that technology played an important role in the coping and support strategies used by the community. Figure 18 highlights how respondents used various technological tools, including WhatsApp, Text, and Video Chat (Zoom), to stay connected with loved ones.

Figure 18 Types of Technology Used to Keep Contact with Family and Friends
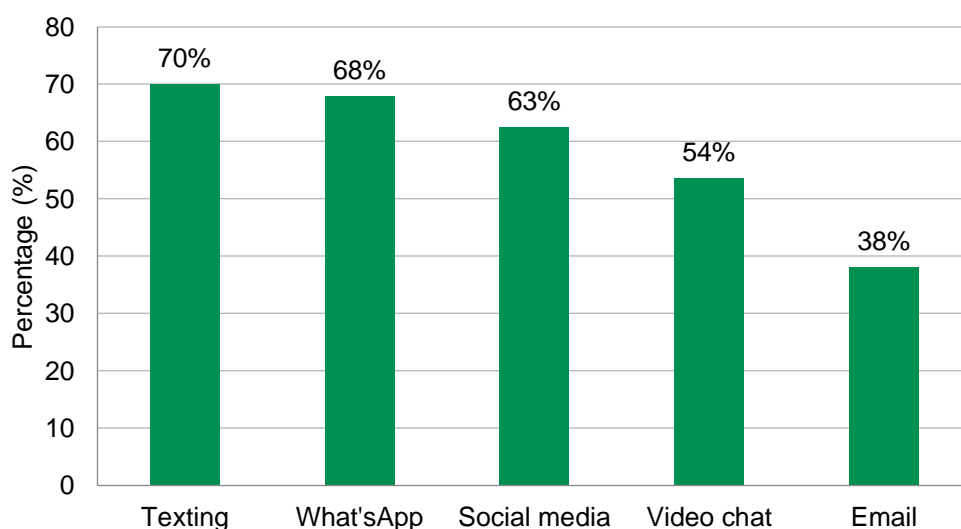
SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Among these, texting and WhatsApp were considered the most important technologies for respondents to stay connected with loved ones during the pandemic. This connectedness was perceived as crucial to maintaining mental well-being during the pandemic. Texting was used by the majority of respondents (70.07%) to stay in touch during the pandemic, which is consistent with previous research that suggests texting is an important communication tool, especially for young people.

Social media was also used by 62.59% of respondents, emphasizing the potential of social media platforms to serve as valuable tools for emotional support. During interviews, Facebook and Instagram were identified as sources of information regarding mental wellness and gave access to support groups. A participant noted, "One of the supports that was very helpful to me was having access to materials to truly understand what I was going through… So, at that point I [had] access to social media communities, social media pages, [such] that I got information about my mental health and it really helped me understand what I was going through" (Interview_10). Multiple participants also accessed mental wellness and Black therapy podcasts during the pandemic. A few individuals stated that they were supported by online webinars, conferences, and help pages that educated them on matters regarding mental health.

These thematic patterns across both survey and interview data emphasized the essential role of technology in maintaining connectedness and promoting mental well-being among the ACB community during the pandemic. Technological tools, such as WhatsApp, Text, Video Chat, and social media, highlight the importance of technology in supporting the ACB community's mental health during challenging times, particularly in the face of barriers to accessing mental healthcare. However, some interview respondents expressed concerns about the negative impact of technology on their mental health, possibly due to age, competency, or other factors, even though they still used technology as a support despite the challenges they faced.

4.3.3 Summary

Accessing traditional mental health services, such as therapists was important for the ACB community in coping with the pandemic. However, participants described several barriers to accessing these services, such as the high cost and lack of coverage, racism and discrimination, and services being physically inaccessible. Furthermore, the lack of culturally competent services repelled community members from accessing formal mental health services.

Looking at broader coping strategies, participants predominantly relied on their loved ones as an outlet of support throughout the pandemic. The pandemic also provided participants with the opportunity for self-care in the form of exploring various hobbies and interests. ACB community groups and faith-based organizations also played a key role in helping ACB individuals cope with the pandemic by keeping the community united by adapting to the conditions of the pandemic and providing free programs and services. Finally, technology was important for overcoming isolation from physical distancing measures by connecting people to loved ones in addition to being a tool to access community events. Many of these broader supports also contributed to resilience within the community.

4.4   RQ #3: What factors demonstrate resilience in the community?

Resilience is the ability to undergo disruptions for a brief period of time, with the goal to retain the necessary functionality of the community (Longstaff et al., 2010). For a community to be resilient, it must contain resources that are available to use and the ability to apply those resources to guarantee the necessary functionality throughout or after the disruption. Community resilience incorporates the methods community organizations and members used to stay connected to their culture and with each other, while adapting to the adversarial circumstances of the pandemic. When looking at factors in the interview and survey data that demonstrate community resiliency and assess strategies of coping, three major themes emerged: the supportive and welcoming nature of the ACB community, community initiatives and adaptations, and cultural adaptations as a result of the pandemic.

Demonstrations of resilience could include overcoming setbacks, maintaining a positive outlook despite adversity, or developing effective strategies to manage stress and anxiety. During the COVID-19 pandemic, resiliency often manifested as the ability to stay connected with one's community, engage in mental wellness activities, and access appropriate supports and services, as discussed above.

The survey sought to understand respondents' perceptions of their personal and community's resilience during the pandemic. We measured this concept with a set of questions regarding how well an individual can rely on their community. Survey respondents largely agreed that their community was welcoming to newcomers, that their community was resilient when faced with struggles, and that it was overall supportive.

4.4.1 Supportive, Resilient, and Welcoming Community

The survey encouraged respondents to reflect on the way they perceive their community by asking them to agree or disagree with statements about their community. They were asked to think of members of the ACB community who were not family members. The statements were:

1. My community is supportive.

2. My community is resilient when faced with struggles.

3. My community is welcoming to newcomers.

Responses to these three questions are depicted in Figure 19. Figure 19 demonstrates that 57.14% of respondents agreed that their community was resilient, 51.36% agreed it was supportive (51.36%), and 59.52% agreed that their community was welcoming to newcomers. Most respondents felt that their community was resilient through tough times, and they were able to bounce back when faced with struggles in their lives. This substantial percentage gave rise to the idea of how community resilience is important, and when there is an open door for anybody to join, it gives the opportunity for the community to expand their social connections and create meaningful relationships amongst members.

Figure 19   **Sense of Community Resilience, Supportiveness, and Welcomeness**
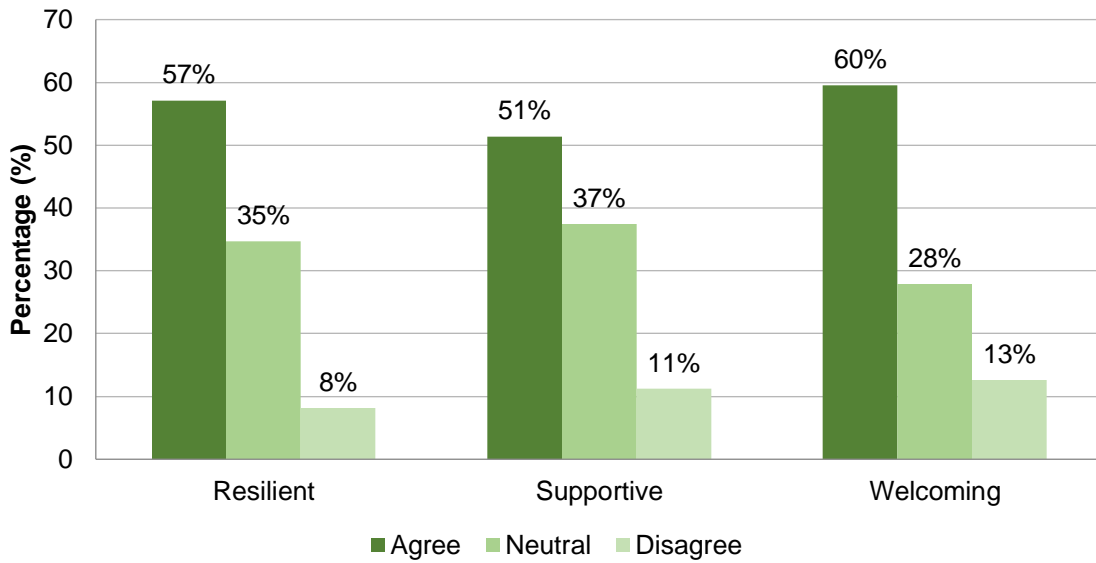
Figure 20 illustrates that 40.48% of respondents indicated they felt comfortable talking about their own mental health with members of their community, but 24.83% of respondents indicated they did not feel comfortable discussing their own mental health in their community.

Figure 20   **Ability to Talk about Mental Health within Community**
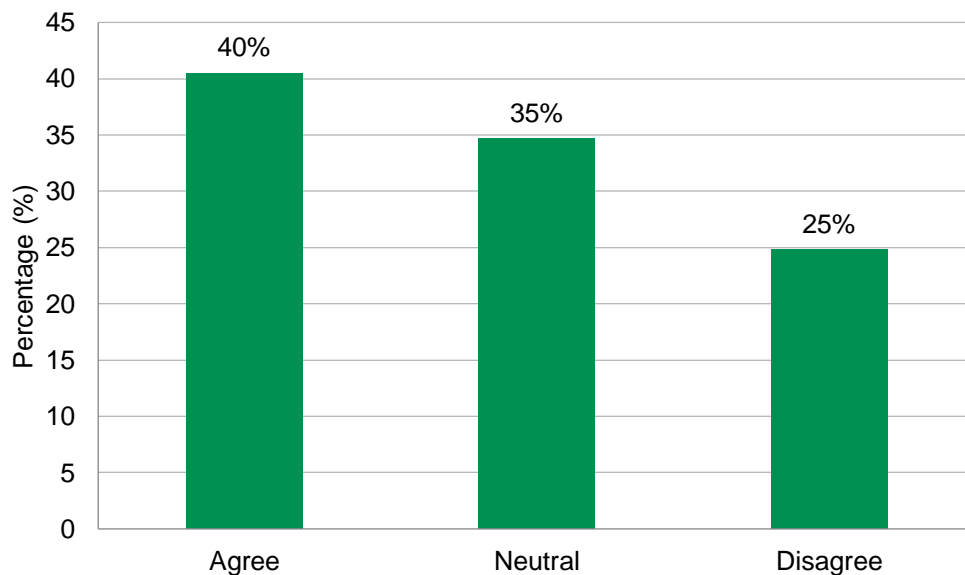
The respondents' evaluations of their community highlighted the sense of trust and connection within the ACB community in Edmonton, Alberta. It may suggest that many members view their community as individually capable of adapting and coping with challenges; however, less capable of providing emotional or social support needed to support one another.

Other factors that demonstrated community resilience were also identified. Community members being able to ask one another for health advice was one of these factors. Figure 21 indicates that 45.92% of respondents agreed that they can ask their community members for health advice with only 17.35% disagreeing. In addition, Figure 22 indicates that 35.03% of the respondents answered with the response option "sometimes" when asked if they can count on their community. Additional 21.77% said "often" and 17.01% said "almost always." This means that 73.81% of respondents could rely on community members at least sometimes.

Figure 21   Ability to Ask for Health Advice within Community
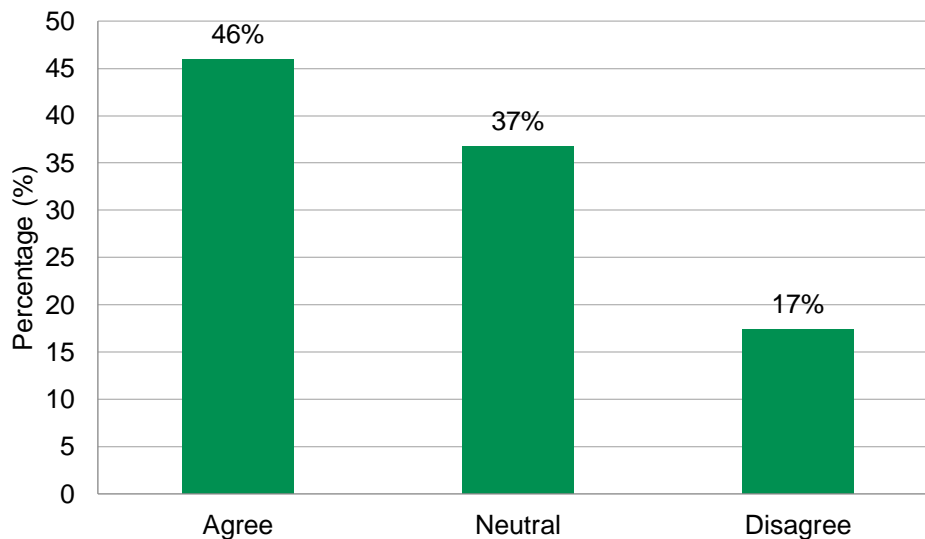
SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Figure 22   Ability to Count on Community
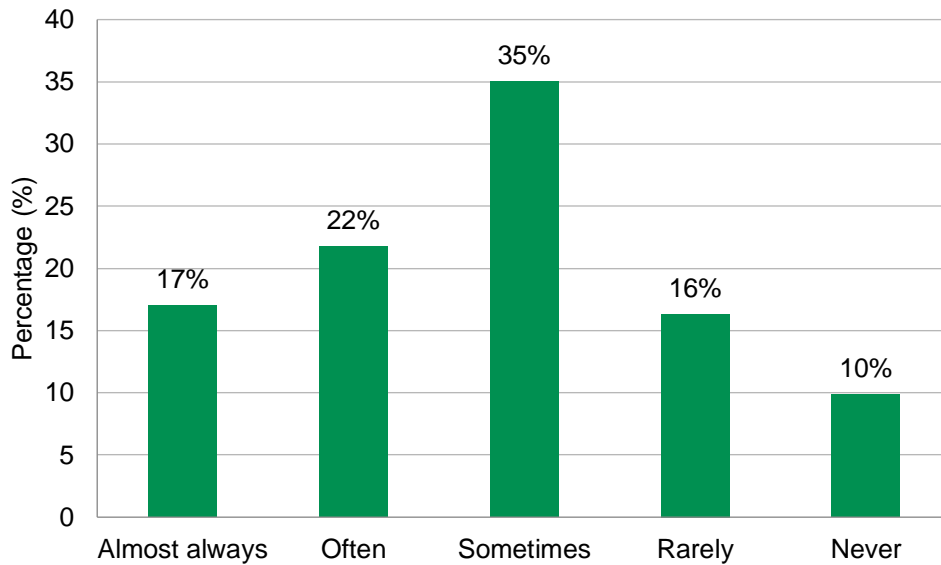
SOURCE: RRF UA AB Mental Wellness Survey, N = 294

Support systems are an essential component to resiliency as they enable individuals increased access to diverse resources during challenging periods. The survey asked respondents which type of supports were important to them during times of stress, anxiety, and loneliness during the pandemic. As illustrated in Figure 16, the top three supports were closely scored: friends, (54.76%), partner/spouse (53.4%), and extended family (48.3%). These relationships provided emotional support, companionship, and a sense of belonging. In Figure 16, respondents indicated they relied on their personal network more than their community network.

4.4.2 Community Initiatives and Adaptations

Resilience was also apparent in the creation of new community initiatives to adapt to changing situations. Community initiatives and adaptations refer to the programs created by community organizations in response to the pandemic. In terms of initiatives, interview participants often pointed to Africa Center, Black Therapists Network, and When African Women Talk for central programs. This demonstrates the strategies community organizations implemented to

support the community through the pandemic. As one participant expressed there has been an increase in mental health resources and services available to Black individuals. They stated: "I've seen like the black-I think it's like the Black Alberta Therapist network. I don't know if it was created during the pandemic, but I've seen that come up more" (Interview_11).

The pandemic has resulted in a greater push for mental health services accessible to Black people increasing supports such as a Black Alberta Therapist network, affordable therapy networks, and free therapy provided by organizations like Africa Center. Despite the pandemic creating some support that brought the ACB community together, there was a common sentiment among participants that there is a lack of interactions between subgroups of ACB individuals in such community events. As one participant shared: "it seems like the Caribbeans only go to Caribbean events. And like, depending on which part someone is from the continent of Africa, they like will only hang out with those people, right? And then and so we're not getting this like cross-pollination of the diversity that exists within black subcultures" (Interview_04). Although community organizations provided resources to support their community, there needs to be an increased effort to increase interactions between ACB sub-groups.

There were also government and corporate programs in response to the Black Lives Matter Movement to support black-owned businesses. One participant noted: "I mean something as simple as TD offering the Black Opportunity Fund, money to black entrepreneurs. That's been huge - different organizations providing grants, different initiatives that are focused to - focused on black families and the ACB community, which is awesome" (Interview_09). When looking at community adaptations, organizations used virtual events to their advantage by connecting individuals for mentorship opportunities or other community events. For example, a participant mentioned the Black Professional and Tech Network, an organization based in Toronto, which provided a virtual mentorship program with corporations (Interview_11). These initiatives demonstrate the strategies to support the ACB community by breaking financial and career barriers by providing reliable networks and financial programs.

4.4.3 Cultural Adaptations

Cultural adaptations refer to how the ACB culture evolved throughout the pandemic. Including arts, creative pursuits, and wider cultural concepts, for some ACB community members, engagement with ACB culture was a practice of resilience. As one participant mentioned, "In the ACB community, and there's no other community like that, if they see someone struggling, that's like their own kind, there's no discussion about it, they're coming through" (Interview_04). However, as mentioned previously, ACB culture was disrupted as a result of the isolating conditions of the pandemic.

As a result, one important change in the ACB community commonly noted in interviews was the increased awareness and discussion of mental health. A participant commented: "I think one of the things that's been lacking - like we've made strides when it comes to mental health - we've been really promoting it and talking about it more, but not as much as we should…I don't know if it's kind of mushroomed out and entered the mainstream, as it could, so, yeah" (Interview_09). This participant also stated that ACB women were often commended for their efforts to support their community: "But during the pandemic, it was like, these groups of like, black women working together and like trying to make sure that like, anybody that they knew who needed supplies, came together and like, took care of things like very like home, like, you know, like mothers unite" (Interview_09). These various support systems proved very important during the pandemic.

4.4.4 Summary

The findings represent community resilience in terms of being an open and welcoming community, with supporting each other in tough times. The majority of the respondents agreed that their community was a welcoming place for new members to join, and that they were able to rebound strongly when faced with difficult situations. Moreover, the majority of the respondents also concluded that their community is supportive. Thus, for a community to be successfully resilient,

there must be a welcoming and supportive environment and the ability to rebuild after facing difficulties.

Additionally, findings also showed trends within the community and ACB culture to adapt to the circumstances of the pandemic. For community adaptations, there is an increase in accessible and affordable programs and services from ACB community organizations. However, there is a need to increase efforts to spread this information across all ACB subcultures to increase awareness for these initiatives. Additionally, government and corporate initiatives catered to the needs of ACB individuals were helpful to overcome the financial and career challenges as a result of the pandemic. Lastly, when assessing the evolution of the ACB culture, respondents noted more awareness and conversation around the discussion of mental health. Despite this progress within the ACB community, increased efforts are needed to continue this progression and normalize mental health discussion.

4.5 RQ #4: How might access to supports be associated with racism and discrimination?

Several barriers to accessing mental health support and services during the pandemic were specific to the race and identity of ACB members in Alberta in our study. For this project, we defined racism and discrimination as respondents' negative experiences directly related to race-based prejudice. The amounts of support received for these groups, cultural competency of services, and discriminatory experiences when accessing support were some factors related to racism and discrimination.

4.5.1 Racism and Discrimination

Experiences of racism and discrimination — both in regard to how respondents felt that larger, institutionalized racism affected their ability to access mental health supports, and in discrimination from within their own community regarding accessing these services — created

barriers for accessing mental health care. One respondent spoke of racism and discrimination in terms of having to "kind of push to get the support and service you need," specifically citing the importance of culturally competent and racially appropriate therapists through how they felt the need to "advocate for [themself]" as "certain things may look different on a black person than somebody else, and the doctor may not know what it is" (Interview_11). Another furthered this point by explaining how:

> The experience they might relay to their counselor or their therapist might be seen as something that's internal and not racism, for example, which, you know [raises eyebrows]. Yeah, so, a lot of dismissing is a common thing which is why I'm adamant in finding someone who can tell me, like, 'you've faced what I've faced, tell me: is it racism or is it me?' kind of thing." (Interview_05)

Respondents underscored the significance of identifying a counselor or therapist who possessed an understanding and recognition of racism and discrimination. This is due to the possibility of dismissal or misinterpretation of the experiences of individuals from marginalized groups, which can result in inadequate support and services.

Stigma — and discrimination due to this stigma — from within the ACB community against accessing these resources also acted as a major barrier to support for many of the people interviewed. One participant attributed it to generational differences between older and younger members of the community, specifically with regards to an overarching idea that "mental health equals mental illness" (Interview_09), and the negative preconceived notions that this sentiment carries, such as being perceived as weak. Another felt discouraged from accessing resources like therapy because of concerns about upsetting their family due to these ingrained ideas about mental health vs mental illness. They indicated:

> Sometimes I feel like maybe my family will think that I'm almost betraying them by going to a therapist in that, they're like 'wait, we're here, why can't you talk to us about what you're

going through? People are gonna think that we're not a good family then, if you need to

access therapy that means that I've done something, what have I done? (Interview_05)

The theme of intersectionality was also brought up numerous times. Participants with

intersecting layers of identity and situations experienced more difficulty during the pandemic

depending on who they were. Even within the community, a participant explained how homophobic

experiences like constant misgendering and generalizations turned them away from Black mental

health professionals and often made them critical of accessing mental health services

(Interview_05). This remark expressed the importance of not just simply having more ACB mental

health professionals but professionals who do not demonstrate prejudiced thinking

Overall, there was much overlap between the themes and sub-codes of racism and

discrimination and the themes of stigma and cultural competency, with the intersections of these

themes proving to be a barrier within itself.

4.5.2 Financial Supports

Although more financial supports opened up for the ACB community during the pandemic,

some respondents also felt discriminated against in the number of grants provided by the

government. Two respondents expressed that if not for the forceful advocacy and the push for

many things Black-related during the pandemic, they would not have received grants (Interview_01;

Interview_09). One of these respondents said:

Not many of us were able to scale through when it comes to government grants but during

COVID, because of what happened and because of the way people kind of was forceful

about it, the government had to retrace its steps……those who were denied, most of them

were then given the grants and that continued during COVID. (Interview_01)

Additionally, the eligibility for accessing these supports automatically excluded some

members of the community from getting the support. One eligibility requirement identified in an

interview was citizenship. As one respondent noted,

Even though it's been made more explicit that it's for Black folks, this financial support,

many of them can't access it because the eligibility has not changed from pre-pandemic

which I think is something that was not fully considered when creating these programs, is

that 'Hey, a lot of folks that look like me don't actually carry citizenship', so who are you

really creating this for? And those that don't carry citizenship are often the people that need

this financial support more. (Interview_05)

This theme is related to racism and discrimination on a structural level because the financial

support from the government was not available to a percentage of this community because they

are immigrants without citizenship.

4.5.3 Cultural Competency of Services

Cultural competency refers to the ability for services to be culturally relevant to their clients

and for adapting strategies to relate to different cultural experiences. In our data, many

respondents described the lack of Black therapists and mental health professionals in Alberta as a

huge barrier to accessing mental health services. Given the importance of culture and distinct

experiences of Blackness in people's lives, speaking to Black professionals was a non-negotiable

factor and, thus, a significant barrier to support for these groups. For instance, one person noted, "I

would need for [the service provider] to be a Black person because the issues that I want to discuss

are around Blackness and how I navigate it." (Interview_05). Another noted, "There aren't a lot of

culturally competent therapists, and if you do let them know that's what you're looking for, they most

likely won't match you with one." (Interview_11).

The significance of Black mental health professionals was underscored by the African,

Caribbean, and Black community, given the importance of their culture and distinct experiences.

However, the scarcity of culturally competent therapists represents a significant barrier for these

groups. This discovery is congruent with prior survey data, which has highlighted the importance of

cultural competency and a therapist's race or ethnicity in facilitating effective mental health services for ethnic minority populations.

Furthermore, information on mental health services and other related supports was not disseminated in culturally accessible forms. Information about government-related supports was written in English, which was a barrier for non-English speakers or community members whose first language was not English. One respondent noted, "like in another language, there are just no forms…I'd rather see a form in French and have it maybe with a wrong couple of words than not have a form at all right. And so that's a barrier" (Interview_04).

Information on mental health resources and support was also difficult to navigate and was distributed through formal networks, which were only accessible to people affiliated with one community organization or workgroup. This was problematic because information spread widely in the community through informal networks. As one respondent noted, "You can expect most of the Black community to do the way they think it is in this world, you know, so bringing the information to the grassroots, I think that is the solution." (Interview_03). The participant explained that the community really behaves based on their thinking, much of which they get from informal and local networks. Another respondent also affirmed this idea, "I don't think anybody reached out to me until I became part of someone's mailing list, so you know, like if I attended an event or if I registered on Eventbrite kinda thing." (Interview_09). Overall, culturally competent professionals, information, and mediums were important for accessing mental health support for ACB people in Alberta.

4.5.4 Summary

During the COVID-19 pandemic, accessing mental health care services for the Alberta ACB community posed specific challenges. Racism, discrimination, and stigma proved to be major factors hindering the community's access to mental health care. These systemic biases resulted in a lack of culturally competent and racially appropriate therapists, which led to the dismissal or misinterpretation of the experiences of individuals from marginalized groups. Moreover, within the

ACB community, stigma, and discrimination against accessing mental health resources were

significant barriers. Additionally, financial support provided during the pandemic was not accessible

to some community members who are immigrants without citizenship. Accessing mental health

services was significantly impeded by the lack of Black therapists and mental health professionals

in Alberta, highlighting the importance of culturally competent healthcare.

5. Discussion and Recommendations

Our project focused on understanding the experiences of the African, Caribbean, and Black community throughout the COVID-19 pandemic. We examined aspects of health equity, barriers to accessing mental health care, racism and its effects on well-being, and the overall mental health impacts of the COVID-19 pandemic. By incorporating both quantitative survey data and semi-structured interviews with various ACB members of the community, we were able to gain valuable insight into which areas of life were most affected by the pandemic, including how individuals coped with mental health issues, the most prominent barriers to accessing supports and services, and perceptions of community resilience and resourcefulness.

5.1 Key Findings

Our first research question explored how ACB members coped throughout the pandemic. It is clear from our research that the COVID-19 pandemic had a unique effect on the lives of ACB community members in Alberta. Our data suggest that mental health was a major concern among the community with increased stress and anxiety. However, in addressing the second research question, we also found important supports present within the community, which often get overlooked. When looking at the survey and interview responses, many participants adopted coping strategies to mitigate the challenges of mental well-being. These included self-care activities, such as exercising and meditation, maintaining social networks with loved ones, relying on organizational supports, and receiving professional support from the community. Throughout, technology played a key role in fostering this social connection. The pandemic created a significant financial impact for many respondents, specifically in terms of savings, purchasing groceries, and paying credit card debt/loans. These challenges might have created a compounding effect on other challenges, such as mental health struggles and their ability to cope.

The second and fourth research question highlighted the various barriers ACB members encountered when accessing mental health services. Although traditional services like therapists were deemed valuable, the high costs and lack of coverage, racism and discrimination, physically inaccessible services, and the absence of culturally competent services all limited access to formal mental health services during the pandemic. Stigma and discrimination within the ACB community, especially from generational differences and gender-specific expectations, also acted as a barrier against accessing mental health services. Members were taught the idea of self-reliance without the need for mental health services. As a result, not only did stigma within the ACB community prevent members from accessing mental health support, but experiences of stigma dissuaded ACB individuals from pursuing careers in mental health, further contributing to a lack of ACB service providers.

Finally, the third research question examined the resilience of the ACB community throughout the pandemic. The community demonstrated strong resilience by being open and welcoming to new members, which increased their support for one another during the COVID-19 pandemic. However, we found that the culture within the ACB community adapted to the changes caused by the pandemic. Adaptations included increasing efforts for accessible and affordable programs and services from ACB community organizations and spreading awareness of these initiatives, including government and corporate services catered to ACB individuals overcoming their financial and career challenges as a result of the pandemic. Finally, our findings indicate that there needs to be more awareness and conversation around the discussion of mental health within the ACB community.

5.2 Limitations and Future Research

As with any study, this project faced several limitations in data acquisition and analysis. This project struggled with the amount of time dedicated to conducting the study, ability to recruit respondents from an over-surveyed population, and the resulting small sample sizes arising from these limitations. First, because it was linked to a course, our research took place over a short 14-week period of time, which affected recruitment of both survey and interview respondents. Second, although we included honoraria for participants to help with recruitment, we were still working with a marginalized population that has been over-surveyed, especially in recent years. It is likely that many potential participants were skeptical of this study, as participation is research does not always result in benefits for the community. As a result of both situations, we ended up expanding our recruit to our own social networks and the Leger online panel of respondents for the survey, rather than ACB community members known to the RRF. Additionally, it also meant that most respondents were from the Edmonton area.

This small number of interview and survey respondents limited our ability to generalize our findings to the broader ACB community in Alberta. Having more time to reach out to other ACB individuals across Alberta would ultimately increase the sample size, and make our findings more generalizable to the broader ACB community in Alberta. Not only would the findings be more statistically sound, more time and a larger sample size would allow us to conduct further research and different types of studies. For example, a representative sample would be ideal for comparing the overall effects of the COVID-19 pandemic to non-ACB individuals. A large comparative study such as this would benefit from a larger sample size as well as more time.

To further research in understanding the specific impacts experienced by ACB individuals, it would be beneficial to conduct additional studies in different cities across the country to better understand the potentially different outcomes ACB communities experienced. We were unable to assess differences within the ACB community, so we would recommend future studies to address this diversity by examining generational differences in mental health experiences throughout the

pandemic and observing specific intersectional factors such as sexuality, gender, age, and status, and how these impact an individual's accessibility to mental health supports and services.

5.3   Recommendations

We provide recommendations for the Ribbon Rouge Foundation based on the results of our research, as well as the mission, vision and values of the organization. As a whole, the goal of these recommendations is to reduce stigma around mental health and increase culturally responsive mental health care for the ACB community. Our five recommendations stand to increase advocacy of culturally responsive services, increase awareness of mental health support, encourage careers within the mental health field, improve education about mental health in the ACB community, and create opportunities for increased community cohesion after the COVID-19 pandemic.

1. Increase advocacy promoting ACB-led and culturally competent mental health services

Our first recommendation focuses on **lobbying in favor of the provincial government's investment in culturally competent mental health services**. Throughout our research, a significant barrier mentioned was the lack of culturally relevant or knowledgeable mental health services or service providers. Respondents cited significant difficulties in the provision of services and support that were considered to be culturally sensitive or relevant. Consequently, 16% of survey respondents who reported needing mental health support but not accessing it expressed doing so due to discomfort with available services. This widespread lack of cultural knowledge among existing service providers is often compounded with the financial barriers of accessing mental health support, posing a joint barrier to access for members of the ACB community. In order to increase the presence of culturally competent service providers in Alberta's mental health field, we recommend a heightened level of advocacy efforts that focus on incentivizing mental health career paths for ACB individuals. Additionally, we recommend that RRF push for the Government

of Alberta to establish cultural competency training for existing mental health service providers in order to address these issues of cultural access.

2. Expanding advertising regarding existing mental health services and programs

Throughout our research, a lack of knowledge about existing services arose as an experience of multiple respondents; 18% of survey participants indicated a lack of knowledge concerning where or how to access mental health services as the main reason why they did not utilize these services during the pandemic. In response to this, **we recommend RRF focus on increased advertisement of existing ACB led or culturally-competent mental health services**. We suggest this be accomplished through the creation of an exhaustive guide detailing local ACB and culturally-competent mental health services, including both private service providers (i.e., therapists or counsellors), and publicly available support programs. Additionally, it could provide information concerning access to governmental resources, such as eligibility requirements regarding citizenship, education, and language, among others. In order to ensure accessibility, this handout should be available in multiple languages, and obtainable for free in public settings such as schools and workplaces.

3. Increase career opportunities to access culturally responsive mental health careers

Our third recommendation is to **provide opportunities for mental health practitioners (MHPs) to develop culturally responsive training** for their clients and patients. Currently, there is no requirement for MHPs to complete culturally responsive training in order to be qualified to practice within communities. The consequences of this reality are evident in our data, with the lack of culturally responsive options being cited as a major barrier to seeking appropriate mental health treatment by over 50% of interview participants. Therefore, we recommend that RRF create opportunities for current or future mental health practitioners to integrate culturally responsive

training, either through the promotion of existing programs, or by building their own. Through this, MHPs will have an opportunity to curate their services to fit the needs of ACB patients.

Additionally, we recommend implementing programs for ACB individuals looking to pursue a career in mental health. This could be accomplished through the creation of a mentorship program for current culturally appropriate MHPs and prospective students, or scholarships for those entering the field. These supports could be advantageous in providing prospective students with vital knowledge and resources, and they would benefit the ACB community in the long run by increasing the number of culturally responsive mental health service providers. Overall, we hope that by increasing interest and opportunities to pursue this field, it can increase access to mental health services appropriate to the needs of the ACB community.

4. Expand mental health education in the ACB community

An increase in discussions around mental health in the ACB community was one interesting outcome of the pandemic mentioned by participants. Despite this increase, many respondents indicated that this change only occurred within a small portion of the community. Based on these observations, our suggestion relates to the **implementation of educational programs and services within RRF that serve to normalize conversations about mental health and reduce cultural stigmas**. This could be accomplished by hosting community events and initiatives that are centered specifically on breaking down cultural myths and stigmas surrounding mental health. Additionally, school-based educational outreach programs concerning mental health could be implemented with these community events to foster awareness of its importance from an early age. This, alongside our second recommendation of increased marketing for ACB-centric mental health resources would be beneficial to increase the likelihood of individuals feeling empowered to access them. The aim of this recommendation is to increase education and awareness around mental health to break down the cultural barriers, including stigma regarding mental health, that prevent ACB individuals from accessing mental health services.

5. Support interaction and cross-pollination across ACB subcultures

One viewpoint mentioned multiple times across various interviews was in regard to a perceived separation of ACB "subcultures" within the community. Interview participants expressed that this is often due to a lack of awareness regarding community events outside their own cultural groups. Based on this, our recommendation is to expand advertising efforts for events and resources to increase interactions between ACB subcultures. This includes the creation of a detailed marketing strategy for community events that focuses on the integration of multiple ACB subcultures to increase diversity of attendance and encourage "cross-pollination" within the community. Additionally, we suggest RRF collaborate with diverse groups of ACB organizations across the province to organize community events (e.g., festivals or cultural exchange nights) where all ACB subcultures feel represented. Our goal in this recommendation is to increase community connectedness after the pandemic by reducing barriers to interaction and involvement.

5.4 Conclusion

In partnership with the Ribbon Rouge Foundation, we used a mixed-method approach to generate a comprehensive understanding of the African, Caribbean, and Black community's experience throughout the COVID-19 pandemic. Our research provided insight into how the ACB community coped with mental health, their specific barriers to accessing mental health services, and their continuing resilience and resourcefulness to the impacts of the pandemic. Effective coping strategies included self-care activities, such as physical exercise, mindfulness, and staying connected through check-ins, events, and technology. Prominent community members and mental health professionals provided additional coping strategies employed by respondents. The ACB community faced several barriers in accessing mental health services including lack of culturally competent care, cost of services, stigma from various social networks, and racism and discrimination. Faith-based organizations were crucial in supporting and maintaining connections

between ACB individuals. Technology played a pivotal role in connecting ACB community members and building resilience.

Although time and small sample sizes were limitations to our project, we were still able to learn a lot about the effects of the pandemic on the ACB community in Alberta. We were also able to develop a set of recommendations based on these findings. In addition to continuing the important work they are already conducting, we recommend that RRF increase advocacy for the investment in culturally competent mental health services, help advertise existing services and programs, support the careers in mental health for community members, work to better educate the ACB community about mental health, and promote interaction between ACB subcultures, building more resilience and a stronger community. These recommendations build on the primary goals of RRF and some of their current initiatives that promote health equity and raise the voices of marginalized communities. Together, these recommendations will reduce the barriers to health equity for the ACB community, and improve their mental health outcomes.

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Appendices

A1. Interview Coding Themes

Coding Group	Coding Subgroup	Definition
Background	General	Respondent's culture and identifying information including age, sex, ethnicity, employment information, volunteer information
	Immigration Experience	Respondent's immigration story (e.g., first or second generation) in more general terms, what are their connections to their "country of origin"
Community	General	Respondent's interactions with and perceptions of the ACB community
	ACB Location	Geographical location of the community in Alberta and abroad
	Engagement	How involved participants are in the community, what organizations or activities do they normally participate in
	Organizations	Organizations including Ribbon Rouge believed to be important to the community, or actively involved in the community
Community Changes	General	Perceived changes within the community as a result of COVID-19
	Community Cohesion	Measures of social relationships within the community; extent of connectedness and solidarity with the community
	Community or organizational response to mental health	Strategies and programs implemented by the community or organizations, and the effectiveness of these solutions
	Community Rebuilding	To what extent the community adapted and showed resilience in response to the pandemic; how and when these solutions were implemented
	Lifestyle Adaptation	General day-to-day life choices and activities of the individual within the community impacted by the pandemic
Mental Health	General	Psychological and emotional well-being
	Personal mental health	How the respondent felt their own mental health was affected by the COVID-19 pandemic
	Other people's mental health	The respondent's perception of how the community's mental health was affected by the COVID-19 pandemic
	Stigma	Community's outlook on mental health and views on seeking treatment
	Isolation	Respondent's levels of separation (physical or perceived) from the community during and after the pandemic
	Methods of coping	Strategies (person or community) of handling with stress, trauma, and the effects of the COVID-19 pandemic

Coding Group	Coding Subgroup	Definition
Technology	General	Usage/access of electronics/apps during, before or after the COVID-19 pandemic
	Pro	The positives experiences of using and accessing technology during COVID-19
	Con	The negative experiences of using and accessing technology during COVID-19
Support Availability	General	Resources available to the individual to utilize during and after COVID-19
	Community Resources Accessed	Resources available and used by the community
	Personal Resources Accessed	Personal supports available and used by the individual
Support Barriers	General	Anything that hinders or prevents an individual from seeking mental health support
	Financial	Expenses associated with mental health supports; costs of services; availability of benefits or coverage
	General lack of resources/services	Insufficient supply of supports and resources
	Cultural competency	Ability for services to be culturally relevant to their clients, adapting strategies to relate to different cultural experiences
	Physical inaccessibility	Inability to access supports due to physical or locational limitations
	Racism and discrimination	Respondent's negative experiences that are directly related to race-based prejudice
Support Improvements	General	Respondents' suggestions and recommendations for their community/organizations to improve accessibility and support for mental health
Wrap-up	General	Any other information or comments provided by respondents deemed to be of value to research