

The Effects of the COVID-19 Pandemic on Afro-Caribbean Canadian Youth's Mental Health and Well-being

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Abstract: The Black community has been disproportionately affected by the COVID-19 pandemic, both economically and mentally. In addition, Black youth have had the added burden of coping with anti-Black racism (ABR) in conjunction with school closures, social distancing, and isolation — all of which profoundly disrupted their everyday lives. This study investigates, from their own perspectives and experiences, how the pandemic has impacted the mental health and well-being of Afro-Caribbean Canadian youth (ACCY) between the ages of 16 and 18 in urban southern Ontario. The findings from this article are drawn from a doctoral dissertation project which identified the mental health experiences of ACCY and examined the ways in which these experiences shape their use of mental health services. The ACCY in this study lived in urban areas in southern Ontario, were using mental health services, and were accessing spiritual and religious supports. An interpretative phenomenological analysis (IPA) approach rooted in a Heideggerian hermeneutics was used, based upon six semi-structured interviews with three female and three male ACCY. Analysis of data followed IPA guidelines. The analysis of the interviews led to the identification of three major themes related to ACCY's sense of mental health: feelings of loneliness and isolation; self-awareness; and race consciousness of systemic anti-Black racism. The information gleaned from this research provides important insight into ACCY's mental health and the various barriers, including systemic ABR, that maintain disparities in their mental health. This knowledge has implications for mental health policies and practices with Black youth and can be used to reduce systemic inequity, promote good mental health, and better understand the needs of Black youth in future crisis situations.

Keywords: Mental health, well-being, COVID-19 pandemic, Black youth, systemic inequity.

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Introduction

On March 11, 2020, the World Health Organization classified COVID-19 as a global pandemic (World Health Organization, Europe, n.d.). Statistics Canada reported that, in January 2021, the Mental Health Commission of Canada revealed that over 700,000 Canadians had been diagnosed with COVID-19, with the youth population affected at a rate of 18.7% (Garriguet, 2021). To combat the rapid spread of this highly contagious and deadly virus, public health measures were implemented, including stay-at-home orders and school closures. These measures profoundly disrupted people's daily lives. As a result of school closures, "youth experienced disruptions to their academic, social, and emotional support systems" (Krause et al., 2022, p. 703). The pandemic significantly worsened mental health issues worldwide (Fegert et al., 2020), further damaging the mental health of Canadian youth, which was already considered poor (Garriguet, 2021). For these reasons, scholars referred to the pandemic as a global mental health crisis as well as a physical one (Thakur et al., 2023).

The pandemic has had a disproportionately negative impact on Black communities, with Black individuals experiencing higher rates of COVID-19 infection, hospitalization, and mortality (Sostre et al., 2023). Black, Indigenous, and racialized youth experienced increasing mental health concerns during the pandemic compared to their White counterparts (Castro-Ramirez et al., 2021; Kaar et al., 2023). Among the most affected groups, Black youth have faced significant challenges during the pandemic (Banks, 2022). However, concerns about the mental health of Black youth existed long before the pandemic. Their mental health was recognized as a public health issue even prior to COVID-19. This concern arises not only from the prevalence of mental health issues but also from the systemic and structural inequalities that hinder efforts to promote mental well-being in Black youth (Kemei & Salami, 2022).

Systemic barriers to mental health care for Black youth include poor funding and the lack of suitable mental health services to respond to their needs as Black youth

(Fante-Coleman et al., 2022). Due to these disparities, it can be argued that the mental health of Black youth is not sufficiently prioritized. Scholars (Fante-Coleman et al., 2022; Salami et al., 2022) suggest that systemic inequalities and barriers negatively influence the mental and physical health of Black youth, creating adverse conditions that prevent them from thriving in a society structured around the dominance of whiteness, which perpetuates racial oppression. Additionally, these youth experience systemic anti-Black racism (ABR) and are overrepresented in various institutions, including the youth justice and child welfare systems (Anucha et al., 2017). In educational settings, their experiences are characterized by disproportionately harsher disciplinary measures than those experienced by White youth (Rose et al., 2017).

Historically, the voices of Black youth have been marginalized and silenced in mental health research in Canada (Fante-Coleman & Jackson-Best, 2020; Salami et al., 2022). This article aims to address this omission by taking the experiences of Black youth seriously. Specifically, this study uses the perspectives of a small sample of Afro-Caribbean Canadian Youth (ACCY) to investigate how the pandemic has impacted their mental health and well-being. The findings presented in this article are drawn from a doctoral research project, which is a phenomenological study exploring the lived mental health experiences of ACCY who utilize mental health services in urban southern Ontario (Edwards, 2025). Additionally, these youth have been accessing spiritual and religious supports. In this study, an interpretative phenomenological analysis (IPA) approach, rooted in Heideggerian hermeneutics, is employed to capture how ACCY understand their experiences during the pandemic. Critical race theory (CRT) and the concept of ABR are used to contextualize the experiences of ACCY. This article addresses the lack of studies on Black youth mental health and discusses implications for mental health policies and practices for these youth—during "normal" times and during times of profound crisis, such as that presented by COVID-19.

Theoretical Framework

Critical race theory emerged from critical legal studies in America, focusing on the examination of laws and policies that perpetuate racism (Bell, 1995; Crenshaw et al., 1995). This theoretical framework aligns closely with an anti-racism approach. CRT critically analyzes the subtle and normalizing effects of racism embedded within dominant institutions and structures (Delgado & Stefancic, 2023). Scholarly work in this field places race at the center, highlighting the experiences of Black and racialized individuals (Bell, 1995; Delgado & Stefancic, 2023). In its examination of race, CRT helps us understand how racism sustains the dominance of whiteness in the distribution of power and resources (Abrams & Moio, 2009), while simultaneously excluding members of Black communities from full participation in society.

Key tenets of CRT include counterstories, intersectionality, differential racialization, and interest convergence (Delgado & Stefancic, 2023). Counterstories amplify the voices and perspectives of Black youth by providing them with opportunities to share their experiences, thereby countering racist ideologies. Intersectionality examines the overlapping powers of oppression, including gender, class, and sexual orientation (Solórzano & Yosso, 2002). Differential racialization addresses the unique ways in which Black individuals are racialized (Delgado & Stefancic, 2023). Interest convergence suggests that the benefits offered to racialized individuals often align with the interests of the dominant White race (Delgado & Stefancic, 2023). The tenets of CRT are essential for social justice work aimed at dismantling established power structures and achieving racial justice. In summary, CRT seeks to transform society and its institutions to ensure fairness and justice (Solórzano & Bernal, 2001).

In addition to CRT, this article utilized the concept of ABR. ABR originates from the legacy of slavery and the legal segregation of Black people from White spaces (Hogarth & Fletcher, 2018). This concept focuses on the unique experiences of Black individuals and aims to inform practices that combat systemic ABR. Such racism disproportionately impacts Black people within dominant institutions — including education, criminal

justice, and employment — leaving Black communities vulnerable to racial oppression (Clarke et al., 2018; Lewis, 1992). Black youth encounter experiences of ABR (Anucha et al., 2017) during a critical developmental phase, which can trigger psychological issues and lead to poor mental health outcomes. Both CRT and the concept of ABR are relevant for researching racial oppression and its effects on Black youth.

Research Approach and Method

An interpretative phenomenological analysis (IPA) rooted in Heideggerian hermeneutics guides this study as it seeks to gain knowledge from the lived experiences of ACCY. IPA is grounded in three theoretical underpinnings: phenomenology; hermeneutics; and ideography. Phenomenology is concerned with prioritizing first-hand accounts of the phenomenon being investigated (Kolnes & Rodriguez-Morales, 2016; Larkin et al., 2006; Pietkiewicz & Smith, 2014; Smith et al., 2009). Such an approach centers the voices of ACCY, thus giving them the opportunity to speak for themselves. Therefore, it is salient for phenomenological researchers to access the world of individuals to comprehend their lived experiences.

Hermeneutics, or the theory of interpretation, is the second element of IPA. It enables researchers to interpret participants' accounts (Larkin et al., 2006) and has the potential to deeply penetrate into the lived world of "human experience and trace the essence of the phenomenon and explicate it in its original form as experienced by the individuals" (Kafle, 2013, p. 183). Consequently, context is significant in Heideggerian hermeneutics as it aims to provide understanding of how people make meaning in their world (Smith et al., 2009). Through a process called double hermeneutic, the researcher and participant are given the opportunity to make sense of how the participants experienced a phenomenon (Smith et al., 2009).

Ideography, the third element of IPA, is centered on meaning-making to capture participants' personal accounts and perspectives of a phenomenon (Smith et al., 2009). For example, it "is concerned with the particular and focuses on grasping the meaning of something for a given person ... in a particular context" (Kolnes & Rodriguez-Morales, 2016, p.50). To achieve

this focus, ideography allows for a close, in-depth analysis of each participant's experiential accounts before conducting a cross-case analysis to search for similarities and differences from the themes that are generated from all participants' narratives (Pietkiewicz & Smith, 2014). Once this is done, the researcher is able to make a general claim about the phenomenon investigated by presenting verbatim quotes from the participants (Smith et al., 2009). In a nutshell, the overarching aim of phenomenology is to uncover how a person's experiences contribute to their knowledge and understanding of their world and the meaning they attach to the experience (Kafle, 2013; Pascal, 2010).

Participants, Sample, Recruitment

Within the boundaries of IPA, a homogeneous and small sample size is recommended (Pietkiewicz & Smith, 2014). To recruit participants for a semi-structured interview, a purposeful sampling strategy with criterion sampling was employed (Patton, 2002). Key mental health contacts played a crucial role in the recruitment process by connecting me with interested participants. Additionally, flyers were used as a recruitment tool, and I promoted the study at mental health events. Data were collected from six ACCY (three females and three males) aged 16 to 18, who were interviewed as part of my doctoral research. The participants were secondary school students living at home with their parents, and they were accessing both mental health services and the spiritual and religious supports. These services were accessed virtually and by phone during the height of the COVID-19 pandemic. This research has received ethical approval from the York University Ethics Review Board. Written informed consent was obtained from all participants before the interviews. Pseudonyms were used for all participants in this study.

Data collection

The collection of data for the larger doctoral dissertation occurred from March 2020 to March 2022. Within this study, ACCY were asked how the pandemic had impacted their mental health and well-being. Interviews were conducted in-person and virtually. Adhering to hermeneutic tradition, I rejected bracketing (Engward &

Goldspink, 2020). Heidegger argues that "to bracket our experience we must shed our experiences, therefore losing our capacity to understand through shared experiences and meaning" (Pascal, 2010, p. 3). Consequently, I actively engage with my own experiences, values, and beliefs throughout the research process. By not bracketing my experiences, I was able to identify and explore themes that emerged from the interviews and to ask relevant follow-up questions.

Participants were assigned a pseudonym to maintain anonymity. Interviews were conducted in English, audio-recorded, and transcribed by a professional with the participants' consent. The transcriber signed a confidentiality agreement to ensure confidentiality of the data. Participants received an honorarium of \$20.00.

Data analysis

The work of Larkin and Thompson (2012), Pietkiewicz and Smith (2014), and Smith et al. (2009) guided the data analysis process. These authors' step-by-step guides include the following steps: reading the transcripts many times, transferring notes into emerging themes, examining the emerging themes for relationships, and clustering the various themes (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; Smith et al., 2009). These steps were employed throughout the data analysis phase. NVivo, a computer-assisted program, was used to manage the data. The analytical process began with reading the data and listening to the transcripts multiple times to familiarize myself with the participants' narratives (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014) and writing memos. This was followed by free coding for identifying statements and emerging themes and patterns (Saldaña, 2013).

In addition, a close line-by-line analysis was conducted in an effort "to identify 'objects of concern'... and then [to] look for 'experiential claims' (these are linguistics and narrative clues as to the meaning of these objects)" (Larkin & Thompson, 2012, p. 106). This was followed by three types of exploratory notes and comments—descriptive, linguistic, and conceptual—that are crucial to phenomenological data analysis (Smith et al., 2009). Descriptive notes and comments give a description of the events and circumstances integral to a person's experience (Smith et al., 2009). Linguistic notes and

comments focus on the use of language. And finally, conceptual notes and comments focus primarily on participants' awareness and meaning-making of their experiences (Smith et al., 2009). Emerging themes were examined "for patterns and connections" and were clustered together (Kolnes & Rodriguez-Morales, 2016; Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; Smith et al., 2009). Individual interviews were analyzed for patterns and themes, and theoretical connections were identified across cases.

Rigor, credibility, and trustworthiness were maintained by ensuring that the quality and validity of the research met the guidelines specified by IPA (Larkin & Thompson, 2012). This entailed transparency of the research, coherent analysis, and sufficient sampling (Kolnes & Rodriguez-Morales, 2016). In an effort to maintain transparency, the steps taken to conduct the research and the analytical process are clearly outlined as well as the use of verbatim quotation marks to present the participants' voice. Continuous reading, listening, and engaging with the data helps attain trustworthiness. The principal investigator also engaged in critical self-reflection of her social location and peer debriefing to achieve rigor, credibility, and trustworthiness. According to Tracy (2010), self-reflexivity enables researchers to remain authentic with their data while being aware of their own limitations and expertise. However, engaging in reflexivity during the analytical phase can be a challenging and time-consuming task. Tracy (2010) also notes that the emotional labor involved in IPA is not uncommon and researchers must continually interact with the data to identify participants' concerns and understand the messages conveyed through their personal narratives.

Findings

ACCY responded to the question that explored the effects of the pandemic on their mental health and well-being. Three themes relating to mental health were identified in the study: feelings of loneliness and isolation; self-awareness; and race consciousness of systemic ABR. Adhering to the elements of IPA, including phenomenology and ideography, the participants' meaning-making of the pandemic are presented using

direct quotation from their personal accounts of how they have experienced the phenomenon.

Feelings of Loneliness and Isolation

ACCY indicated that the pandemic has negatively affected their mental health and well-being due to the precautionary measures they had to follow, such as school closures and remote learning. These measures triggered feelings of loneliness and isolation among the youth. Ron, a 16-year-old male participant, shared his experience of isolation during the pandemic:

Well right now, corona has impacted me a lot because I'm not able to see as many people as I used to, and I can't hang out with my friends or attend in-person school and church. I feel kind of locked in.

Ron described himself as someone who enjoys being with friends, whom he sees as a source of support. However, during the pandemic, he found himself spending a lot of time in his room and away from the activities he loves. He mentioned, "I do sing in school and am part of the school's gospel choir." Not being able to engage in this activity during the pandemic contributed to Ron's feelings of isolation.

Spencer, an 18-year-old female participant who had been diagnosed with depression and anxiety, detailed her experience with the pandemic. At the early stages of the pandemic, she said, "I would hang out with my friends who were close [to me] because it was the allowed thing to do." However, as the pandemic became prolonged with rising infection rates and deaths, Spencer felt increasingly isolated from her social circle and missed out on opportunities at school due to the stay-at-home order. She shared that "because of COVID everything was shut down so I couldn't get a placement." Furthermore, Spencer expressed fear of contracting the virus, which led her to limit her social interactions, thus exacerbating her feelings of loneliness and isolation.

Jade, a 16-year-old female participant who is self-diagnosed with anxiety, delineated her experiences with the pandemic. She stated that "COVID impacted my mental health in multiple ways. Since everything has been online, it makes you feel more alone and closed in from the world." Emphasizing the impact of the

pandemic on her mental health, Jade highlighted, “It’s fun being alone but it’s not fun feeling alone. There’s a big difference between being alone and feeling alone ... Feeling alone is more of an emotion. Being alone is more physical.” Jade elaborated, “Feeling alone makes you feel like you have no one to talk to, like nobody cares.”

The experiences of ACCY with feelings of loneliness and isolation have significantly impacted their mental health and well-being. Limited social interaction resulting from the pandemic created and magnified new challenges for the youth participants as they adapted to a new reality.

Self-awareness

The new reality presented by the pandemic heightened ACCY’s level of self-awareness. During this time, Jade realized that transitioning from in-person to online schooling improved her academic performance. She shared that:

With everything being online, it impacted me in a good way because being online it’s easier to grasp concepts. Sometimes you can record, or a teacher would leave a recording of the meeting and you can go back and listen to it.

Jade’s experience indicated that in-person schooling was not meeting her learning needs. Additionally, she has had several encounters with systemic ABR within the school setting. She was placed in the Applied program and faced multiple suspensions throughout her educational experience, starting from elementary school. Jade expressed that being racialized as Black contributed to the differential treatment she received at school. Despite these negative experiences, Jade continued to pursue her secondary education and became more aware of her learning needs, which helped her believe in her ability to succeed academically.

Ron reported that “during corona I probably learned to be more independent than I usually was.” He took on more responsibilities at home, such as making his own breakfast and cleaning up after himself. As ACCY became more self-aware, the pandemic allowed them time for self-regulation. Spencer stated, “At first, I was doing a lot of activities I enjoy, a lot more art, a lot more crafting and stuff” which she found useful to address her mental

health struggles. In terms of self-regulation, Jade reported:

COVID-19 also showed me who I really am healing-wise. It showed me that I don’t need specific people around me. I don’t always need to be around people, that sometimes it’s okay to be by yourself. It’s okay to be alone and find happiness within yourself.

The ACCY participants in the study were all accessing mental health services and benefited from having a mental health provider who shared their racial background and culture. During the pandemic, mental health services were accessed virtually or by phone. However, this method resulted in mixed reactions, as Spencer reported:

All my services were online or through Zoom. It just felt a lot less personal. I did benefit from them, but I would have benefited a lot more if I were to be able to go to an office and I could have a face-to-face conversation.

Jade also emphasized the disadvantages she experienced from online therapy:

I personally think there’s no positivity to receiving therapy online because when you receive therapy online it’s like a phone call, so you won’t really be able to express how you’re feeling. They won’t be able to see how you’re feeling. Because sometimes even when being on Zoom calls and meets and stuff like that, you don’t want to turn on your camera because of how you’re looking in the moment. It’s like they’re just looking at an icon. They don’t see your face. So yeah, that’s why I think doing therapy online has no positivity to it.

Irrespective of the method of therapy, Russell, a 17-year-old male participant, shared that:

Receiving counseling during the pandemic opens up a different side of my mind. It makes me think more and during this time, the pandemic and stuff like that, I feel like I need times like this because even though it might not be school it’s still a time where I have to use my brain.

ACCY experienced personal growth during the pandemic and spent more time engaging in self-reflection, a practice that helped them make sense of their new reality and adapt to the changes occurring in their environment.

Race Consciousness of Systemic ABR

ACCY have experienced systemic ABR. Similar to Jade and Russell, 16-year-old male participant Andy and 16-year-old female participant Solani were enrolled in the Applied program and have had interactions with the criminal justice system. The killing of George Floyd and the pandemic created two significant crises for Black youth. The mobilization of the Black Lives Matter movement in response to systemic ABR heightened the youth's awareness of their Black identity and the treatment of Black individuals. According to Jade:

The impact that [the Black Lives Matter movement] had on me was it really opened my eyes more to being who I am and with my skin tone. It really opened my eyes more how people treat people of color and different privileges.

ACCY expressed their fears regarding ABR and the lack of support that the Black community receives in combating this injustice. Solani remarked, "The oppression that we deal with, the systematic racism that comes with it, that's what they [White people] don't want to deal with. That's what they [White people] would rather stay away from." During the pandemic, exposure to systemic ABR, particularly in the form of police violence, was a significant concern for the mental health of Black youth and they required meaningful support to help process the emotional and psychological impact of these experience. Spencer reported:

I just wanted to talk to someone who understood how that whole thing [the killing of George Floyd] would impact my mental health, like the fear and the sense of responsibility and the anxiety that just comes with existing [as a Black youth] without having to explain it to them.

Due to their race, ACCY do not feel fully supported in society and experience differential treatment. Nevertheless, they value their racial identity. As Ron puts

it, "Black lives matter but also that we shouldn't be treated as a different person or a different being. We should be treated the same as anybody else should be."

ACCY encountered several challenges during the pandemic, including feelings of loneliness and isolation, as well as the exposure of systemic ABR manifested through racial violence. These factors had a negative impact on their mental health. However, ACCY engaged in self-reflection, which helped them better understand their needs, coping mechanisms, and racial identity, as well as the consequences of systemic ABR.

Discussion, Implications and Conclusion

This study captured the perspectives of ACCY on the effects of the COVID-19 pandemic on their mental health and well-being. The findings reveal both negative and positive effects of the pandemic and the associated impact on ACCY's mental health and well-being. A significant finding is that ACCY experienced feelings of loneliness and isolation, largely due to a lack of connectedness with their peers resulting from prolonged COVID-19 restrictions. This finding aligns with a survey published by the Mental Health Commission of Canada (2020) and research from the United Kingdom (Lenoir & Wong, 2023; McKinlay et al., 2022) and the United States (Banks, 2022). According to the HEADSTRONG COVID-19 survey conducted between April and June 2020 in Canada, some of the major challenges reported by youth include feelings of isolation and loneliness (MHCC, 2020).

The impact of the pandemic was felt worldwide with deleterious consequences for youth mental health. Research has shown a rise in mental health concerns among youth during the pandemic (Hawke et al., 2021; Kourgiantakis et al., 2022). However, COVID-19 disproportionately affected the mental health of Black youth (Osman et al., 2024), as many experienced psychological distresses, including increased levels of stress and worry (Eboigbe et al., 2023). A study conducted in West London (Lenoir & Wong, 2023) examined the effects of the COVID-19 pandemic on Black and mixed-ethnic groups aged 12 to 17. It utilized IPA and found that loneliness was a significant issue for this population (Lenoir & Wong, 2023). Another qualitative study in the UK, focusing on youth and young adults, suggested that quarantine measures resulted in social

isolation, which limited their social interactions with peers (McKinlay et al., 2022). School closures also contributed to this social isolation, leading to increased mental health concerns among children and youth (Messias et al., 2023). Mood disorders are most often reported as mental health problems associated with social isolation (Brandt et al., 2022).

Although COVID-19 disrupted the lives of Black youth and negatively impacted their mental health and well-being, a key finding from the study indicates that ACCY experienced some positive personal growth. They reported an increased awareness of themselves and their mental health. This aligns with existing studies that highlight the positive effects of the pandemic (Bank, 2022; Fergert et al., 2020). Ron, a 16-year-old male participant, shared that he became more independent, while Jade, a 16-year-old female participant, discovered that virtual schooling improved her academic performance. Through self-reflection, ACCY realized that they benefited more from in-person mental health services than they did from virtual ones, which often felt impersonal. They also learned to self-regulate their emotions and behaviors. This self-awareness among ACCY can be viewed as a protective factor. Scholars argue that the protective factors demonstrated by youth should be incorporated into intervention strategies to promote positive mental health and well-being within this population (Kaar et al., 2023). Despite these benefits, Fergert et al. (2020) assert that the negative consequences of the pandemic may overshadow the positive aspects.

Another key finding from the study is ACCY's awareness of systemic ABR and its impact on their mental health. ACCY experience systemic ABR, which is a common reality for Black youth due to their racial identity. The Black Lives Matter movement played a crucial role in raising ACCY's awareness of race relations, highlighting instances of racial violence against Black communities (Hendricks et al., 2021). The combined effects of COVID-19 and systemic racism are often referred to as a "dual pandemic" (Eboigbe et al., 2023; Osman et al., 2024). The stressors related to COVID-19, alongside experiences of racism and the vicarious trauma from the brutal killing of George Floyd, have contributed to declines in mental health among Black youth (Eboigbe et al., 2023). ACCY

reported feelings of anxiety which negatively affected their emotional and psychological well-being due to exposure to systemic ABR. Research indicates that Black youth tend to report poorer mental health outcomes as they perceive higher rates of racial discrimination (Mpofu et al., 2022). A study conducted across Canada, examining the intersection of this dual pandemic on Black youth's mental health, found it to have a detrimental effect (Osman et al., 2024). The intersecting challenges of the dual pandemic have led to increased feelings of fear, grief, stress, and trauma (Osman et al., 2024).

During this dual crisis, Black youth faced the additional burden of enduring the profound racial trauma associated with the brutal killing of George Floyd. According to Sostre et al. (2023), marginalized groups experienced heightened levels of racial discrimination and health disparities during the pandemic. Research indicates that exposure to racism and lived experiences of racial discrimination can lead to significant psychological harm, including racial trauma and post-traumatic stress disorder (PTSD) (Williams et al., 2022). Overall, Black youth reportedly have less mental health support in society, largely due to systemic and structural racism embedded within the healthcare system (Offiong, 2021). Understanding the connection between racism and mental health necessitates policies that address systemic ABR and the implementation of informed ABR practices to promote optimal mental health and well-being for Black youth, including those from the Afro-Caribbean community.

The self-awareness, resilience, strengths, and agency demonstrated by ACCY in crisis situations must be acknowledged as protective factors in mental health and education practices. Furthermore, to enhance resilience and foster a sense of belonging in Black youth, it is essential for dominant institutions to provide ongoing ethnic-racial socialization. This can help these youth develop a positive ethnic and racial identity to mitigate the effects of racial discrimination (Harris-Britt et al., 2007). Research indicates that the onset of mental health concerns typically occurs during adolescence (Kessler et al., 2007), a period when young people spend a significant amount of time in the education system. Developing policies to combat systemic ABR within

educational institutions can lead to improvements in mental health for Black youth.

This study, though limited by the criteria established in keeping with IPA, focuses on the perspectives of ACCY regarding their personal experiences of the pandemic's impact on their mental health and well-being. Understanding their experiences is essential for developing a better response to their needs during crisis situations. For more appropriate and effective responses during crises, it is important to recognize the youth's emotions, strengths, and agency and the various barriers that contribute to disparities in mental health. Such an understanding aims to reduce systemic inequities and promote positive mental health among Black youth.

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References

- Abrams, L. S., & Moio, J. A. (2009). Critical race theory and the cultural competence dilemma in social work education. *Journal of Social Work Education*, 45(2), 245–261. <http://www.jstor.org/stable/23044308>
- Anucha, U., Srikanthan, S., Siad-Togane, R. & Galabuzi, G. E. (2017). *Doing right together for Black youth: What we learned from the community engagement sessions for the Ontario Black Youth Action Plan*. Youth Research and Evaluation eXchange (YouthREX). <https://doi.org/10.15868/socialsector.33742>
- Banks, A. (2022). Black adolescent experiences with COVID-19 and mental health services utilization. *Journal of Racial and Ethnic Health Disparities*, 9(4), 1097–1105. <https://doi.org/10.1007/s40615-021-01049-w>
- Bell, D. A. (1995). Who's afraid of critical race theory? *University of Illinois Law Review*, 1995(4), 893–910. https://heinonline.org/HOL/Page?handle=hein.journals/unilllr1995&div=40&g_sent=1&casa_token=&collection=journals
- Brandt, L., Liu, S., Heim, C., & Heinz, A. (2022). The effects of social isolation stress and discrimination on mental health. *Translational psychiatry*, 12, Article 398. <https://doi.org/10.1038/s41398-022-02178-4>
- Castro-Ramirez, F., Al-Suwaidi, M., Garcia, P., Rankin, O., Ricard, J. R., & Nock, M. K. (2021). Racism and poverty are barriers to the treatment of youth mental health concerns. *Journal of Clinical Child & Adolescent Psychology*, 50(4), 534–546. <https://doi.org/10.1080/15374416.2021.1941058>
- Clarke, J., Hasford, J., Gudge, L., & Mills-Minster, S. (2018). Imagining a community-led, multi-service delivery model for Ontario Child Welfare: A framework for collaboration among African Canadian community partners. *Journal of Law and Social Policy*, 28(1–2), 42–66. <https://digitalcommons.osgoode.yorku.ca/jlsp/vol28/iss2/3>
- Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (Eds.). (1995). *Critical race theory: The key writings that formed the movement*. The New Press.
- Delgado, R., & Stefancic, J. (2023). *Critical race theory: An introduction* (4th ed.). New York University Press.
- Eboigbe, L. I., Simon, C. B., Wang, Y. S., & Tyrell, F. A. (2023). The compounded effect of the dual pandemic on ethnic-racial minority adolescents' mental health and psychosocial well-being. *Current Opinion in Psychology*, 52, Article 101626. <https://doi.org/10.1016/j.copsyc.2023.101626>
- Edwards, F. (2025). A phenomenological study exploring the lived mental health experience of Afro-Caribbean Canadian youth utilizing mental health services [Doctoral dissertation, York University]. YorkSpace. <https://yorkspace.library.yorku.ca/items/6af8bb9b-c028-4358-99c0-75d36beb9d41>
- Engward, H., & Goldspink, S. (2020). Lodgers in the house: Living with the data in interpretive

- phenomenological analysis research. *Reflective Proactive*, 21(1), 41–53.
<https://doi.org/10.1080/14623943.2019.1708305>
- Fante-Coleman, T., Booker, M., Craigg, A., Plummer, D., & Jackson-Best, F. (2022). *Factors that impact how Black youth access the mental healthcare system in Ontario*. Black Health Alliance, Pathways to Care Project. <https://blackhealthalliance.ca/wp-content/uploads/pathways-to-care-focus-groupenglish-web-lu-6TF.pdf>
- Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review*, 5(2), 115–136.
<https://doi.org/10.1007/s40894-020-00133-2>
- Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14, Article 20.
<https://doi.org/10.1186/s13034-020-00329-3>
- Garriguet, D. (2021, February 1). *Portrait of youth in Canada: Data report; Chapter 1: Health of youth in Canada*. Statistics Canada, Catalogue no. 42-28-0001. <https://www150.statcan.gc.ca/n1/pub/42-28-0001/2021001/article/00001-eng.pdf>
- Harris-Britt, A., Valrie, C. R., Kurtz-Costes, B., & Rowley, S. J. (2007). Perceived racial discrimination and self-esteem in African American youth: Racial socialization as a protective factor. *Journal of Research on Adolescence*, 17(4), 669–682.
<https://doi.org/10.1111/j.1532-7795.2007.00540.x>
- Hawke, L. D., Hayes, E., Darnay, K., & Henderson, J. (2021). Mental health among transgender and gender diverse youth: An exploration of effects during the COVID-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity*, 8(2), 180–187. <https://doi.org/10.1037/sgd0000467>
- Hendricks, L., Edwards, W., Tietjen-Smith, T., & Reysen, S. (2021). College students’ awareness and familiarity with modern activism: Prosocial involvement in Black Lives Matter. *Journal of Human Behavior in the Social Environment*, 32(4), 534–547.
<https://doi.org/10.1080/10911359.2021.1924914>
- Hogarth, K., & Fletcher, W. L. (2018). *A space for race: Decoding racism, multiculturalism, and post-colonialism in the quest for belonging in Canada and beyond*. Oxford University Press.
- Kaar, J. L., Bowen, A. E., Simon, S. L., Dademathews, A., Chandrasekhar, J. L., Musci, R., & Pangelinan, M. (2023). A call to create evidence-based mental health promotion interventions for youth that are equitable across ethnic/racial subgroups: Advocates 4-ALL youth. *Frontiers in Public Health*, 11, Article 1139921.
<https://doi.org/10.3389/fpubh.2023.1139921>
- Kafle, N. P. (2013). Hermeneutic phenomenological research method simplified. *Bodhi: An Interdisciplinary Journal*, 5(1), 181–200.
<https://doi.org/10.3126/bodhi.v5i1.8053>
- Kemei, J., & Salami, B. (2022). Understanding the health and well-being of Canadian Black children and youth during the COVID-19 pandemic: A review. *International Health Trends and Perspectives*, 2(1), 118–128. <https://doi.org/10.32920/ihtp.v2i1.1622>
- Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Üstün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359–364.
<https://doi.org/10.1097/YCO.0b013e32816ebc8c>
- Kolnes, L.-J., & Rodriguez-Morales, L. (2016). The meaning of compulsive exercise in women with anorexia nervosa: An interpretative phenomenological analysis. *Mental Health and Physical Activity*, 10, 48–61.
<https://doi.org/10.1016/j.mhpa.2015.12.002>
- Kourgiantakis, T., Markoulakis, R., Hussain, A., Lee, E., Ashcroft, R., Williams, C., Lau, C., Goldstein, A. L., Kodeeswaran, S., & Levitt, A. (2022). Navigating inequities in the delivery of youth mental health care during the COVID-19 pandemic: Perspectives of youth, families, and service providers. *Canadian Journal of Public Health*, 113, 806–816.
<https://doi.org/10.17269/s41997-022-00670-4>

- Krause, K. H., Mpofu, J. J., Underwood, J. M., & Ethier, K. A. (2022). The CDC's adolescent behaviors and experiences survey: Using intersectionality and school connectedness to understand health disparities during the COVID-19 pandemic. *Journal of Adolescent Health, 70*(5), 703–705. <https://doi.org/10.1016/j.jadohealth.2022.02.001>
- Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis. In A. Thompson & D. Harper (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 99–116). John Wiley & Sons.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*(2), 102–120. <https://doi.org/10.1191/1478088706qp0620a>.
- Lenoir, R., & Wong, K. K.-Y. (2023). Impact of the COVID-19 pandemic on young people from black and mixed ethnic groups' mental health in West London: a qualitative study. *BMJ Open, 13*(5), Article 071903. <https://doi.org/10.1136/bmjopen-2023-071903>
- Lewis, S. (1992, June 9). *Report of the advisor on race relations to the Premier of Ontario, Bob Rae*. https://www.siu.on.ca/pdfs/report_of_the_advisor_on_race_relations_to_the_premier_of_ontario_bob_rae.pdf
- McKinlay, A. R., May, T., Dawes, J., Fancourt, D., & Burton, A. (2022). “You're just there, alone in your room with your thoughts”: A qualitative study about the psychosocial impact of the COVID-19 pandemic among young people living in the UK. *BMJ Open, 12*(2), Article 053676. <https://doi.org/10.1136/bmjopen-2021-053676>
- Mental Health Commission of Canada (MHCC). (2020). Lockdown life: Mental health impacts of COVID-19 on youth in Canada. Health Canada. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/lockdown_life_eng.pdf
- Messias, E., Ugarte, L., Azasu, E., & White, A. J. (2023). A tsunami of concern: The lasting impacts of COVID isolation and school closures on youth mental health. *Missouri Medicine: The Journal of the Missouri State Medical Association, 120*(5), 328–332. <https://digitaleditions.walsworth.com/publication/?i=804777&p=6&view=issueViewer>
- Mpofu, J. J., Cooper, A. C., Ashley, C., Geda, S., Harding, R. L., Johns, M. M., Spinks-Franklin, A., Njai, R., Moyse, D., & Underwood, J. M. (2022). Perceived racism and demographic, mental health, and behavioral characteristics among high school students during the COVID-19 pandemic — Adolescent behaviors and experiences survey, United States, January–June 2021. *Morbidity and Mortality Weekly Report, 71*(3), 22–27. <https://stacks.cdc.gov/view/cdc/116625>
- Offiong, A. (2021). A new normal is paramount for public health research and practice: A student perspective on COVID-19. *American Journal of Public Health, 111*(1), 83–84. <https://doi.org/10.2105/AJPH.2020.306020>
- Osman, S., Aiello, O., Brouillette, K., Taylor, M., McKenzie, K., Renzaho, A. M. N., Henderson, J., Hamilton, H., & Salami, B. (2024). “Dual pandemics”: Intersecting influences of Anti-Black racism and the COVID-19 pandemic on the mental health of Black youth. *Canadian Journal of Nursing Research*. Advance online publication. <https://doi.org/10.1177/08445621241253116>
- Pascal, J. (2010). Phenomenology as a research method for social work contexts: Understanding the lived experience of cancer survival. *Currents: Scholarship in the Human Services, 9*(2). <https://journalhosting.ucalgary.ca/index.php/currents/article/view/15905>
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage.
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal, 20*(1), 7–14. <https://doi.org/10.14691/CPPJ.20.1.7>
- Rose, T., Lindsey, M. A., Xiao, Y., Finigan-Carr, N. M., & Joe, S. (2017). Mental health and educational experiences among Black youth: A latent class analysis. *Journal of youth and adolescence, 46*(11),

- 2321–2340. <https://doi.org/10.1007/s10964-017-0723-3>
- Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Sage.
- Salami, B., Idi, Y., Anyieth, Y., Cyuzuzo, L., Denga, B., Alaazi, D. A., & Okeke-Ihejirika, P. (2022). Factors that contribute to the mental health of Black youth. *Canadian Medical Association Journal*, 194(41), E1404–E1410. <https://doi.org/10.1503/cmaj.212142>
- Smith, J. A., Larkin, M., & Flowers, P. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.
- Solórzano, D. G., & Bernal, D. D. (2001). Examining transformational resistance through a critical race and latcrit theory framework: Chicana and Chicano students in an urban context. *Urban Education*, 36(3), 308–342. <https://doi.org/10.1177/0042085901363002>
- Solórzano, D. G., & Yosso, T. J. (2002). Critical race methodology: Counter-storytelling as an analytical framework for education research. *Qualitative Inquiry*, 8(1), 23–44. <https://doi.org/10.1177/107780040200800103>
- Sostre, J. P., Abreu, R. L., Vincent, D., Lockett, G. M., & Mosley, D. V. (2023). Young Black trans and gender-diverse activists’ well-being among anti-Black racism and cissexism during the COVID-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://doi.org/10.1037/sgd0000627>
- Thakur, H., Stutts, M., Choi, J. W., Temple, J. R., & Cohen, J. R. (2023). Adolescent loneliness during the COVID-19 pandemic: The role of pre-pandemic risk factors. *Child Indicators Research*, 16, 617–639. <https://doi.org/10.1007/s12187-022-09984-8>
- Tracy, S. J. (2010). Qualitative quality: Eight “Big-Tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837–851. <https://doi.org/10.1177/1077800410383121>
- Williams, M. T., Khanna Roy, A., MacIntyre, M.-P., & Faber, S. (2022). The traumatizing impact of racism in Canadians of colour. *Current Trauma Reports*, 8, 17–34. <https://doi.org/10.1007/s40719-022-00225-5>
- World Health Organization, Europe. (n.d.). Coronavirus disease (COVID-19) pandemic: Overview. Retrieved November 20, 2024 from <https://www.who.int/europe/emergencies/situations/covid-19#>

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