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Program/ Policy Article

The Substance Abuse Program for African-Canadian and Caribbean Youth (SAPACCY): An Innovative Program Serving the Mental Health Needs of African, Caribbean, and Black Youth

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Abstract: Black youth experience disproportionately poor health outcomes throughout Ontario's healthcare system, including the mental health and addictions system. The Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) at the Centre for Addiction and Mental Health (CAMH) seeks to address this disparity by providing clinical services to youth who identify as Black and/or as having African and/or Caribbean heritage, and their families, who are struggling with problematic substance use and/or mental health concerns. The clinical team works from an Afrocentric, culturally responsive lens to promote recovery and support Black youth in working through their mental health and addiction concerns. The program offers mental health and addictions counselling and psychotherapy, psychiatric consultation, psychoeducation, resource navigation, advocacy, and case management services to assist youth and their families/caregivers in reducing harm, moving toward recovery, and making healthy choices for themselves and their family. This paper will discuss SAPACCY's approach to helping clients build resilience and resistance to anti-Black racism.

Keywords: Mental Health, Youth, Substance Use Disorders, Racism, Cultural Safety, Black populations

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Introduction

Black youth in Canada experience multiple structural factors that affect their health and well-being and limit their access to effective mental health services. In response, the Substance Abuse Program for African-Canadian and Caribbean Youth (SAPACCY) was created in 1993 by members of the Black community. The Black community is heterogenous and made up of a diversity of individuals. SAPACCY works with Black-identified youth and families who have origins in continental Africa, the Caribbean, and/or Canada and for the remainder of this paper the term "Black" will be used to refer to this diverse group of communities. SAPACCY was originally located in the Little Jamaica neighbourhood in the City of Toronto and moved in 1998 within the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada where it remains to this day. SAPACCY is a unique program, and to our knowledge is the only service of its kind in Canada. In this paper, we will discuss the conditions facing Black youth that make a mental health program specifically targeting Black youth necessary, and will discuss the principles of how we provide mental health care in SAPACCY that builds resilience and resistance. Finally, we will discuss the impacts of this program and suggestions for other providers who wish to better provide mental healthcare to Black youth.

The condition of childhood and adolescence is different for Black youth, both in Canada and in other countries. While systemic racism – defined as discrimination against people of colour embedded within the major structures in society such as the criminal justice system, employment, and healthcare – affects all racialized people in Canada, anti-Black racism should receive specific attention. Anti-Black racism is systemic racism specifically targeting Black individuals; this recognizes that Black people in Canada experience specific kinds of racism and exclusion, and acknowledges that Black individuals also experience lateral racism from other racialized people. Black children in Canada experience discrimination in multiple sectors, including disproportionate rates of involvement in the child protection system, increased rates of exclusionary discipline in school settings and decreased access to pathways leading to post-secondary education operationalized through academic streaming and other means (Adjei & Minka, 2018; Codjoe, 2001; Gajaria, Guzder, & Rasasingham, 2021; One Vision, One Voice, OACS, 2016). Black youth also experience increased police contact due to disproportionate rates of "carding" by police, as well as living in communities subject to increased police surveillance (Rankin & Winsa, 2012; Khenti, 2013). As a result of a combination of decreased educational opportunities and increased police surveillance, Black youth are overrepresented in the criminal justice system (Salole & Abdulle, 2015). Additionally, the current COVID-19 pandemic has brought to light the ways in which inequity within the social determinants of health create and exacerbate health disparities within Black communities. For example, in the Greater Toronto Area in July 2020, 83% of confirmed COVID-19 cases were found among Black and racialized people, with clear links to the overrepresentation of poverty, overcrowded housing and precarious employment in these communities (Cheng, 2020 CBC).

The above paints a stark picture of the conditions facing many Black youth today. It is important to note that the lens of systemic racism does not place the blame for such conditions upon individual factors. As Ta-Nehsi Coates asserts, "Racism is not merely a simplistic hatred. It is, more often, broad sympathy toward some, and broader skepticism toward others" (Coates, T, 2012). This "broad skepticism" towards Black youth has effects on their mental health, with clear links between experiences of racism and poor mental health, and a recent notable increase in suicide rates among Black youth, which had previously been lower than the general population (Price & Khubchandani, 2019; Paradies et al, 2015). Black people also have higher levels of psychological stress and lower levels of subjective well-being (Williams, Yu, Jackson & Anderson, 1997). Despite this need, Black youth in Canada have decreased access to mental healthcare and particularly lack culturally safe anti-racist mental healthcare (Fante-Coleman & Jackson-Best, 2020). It is as a result of the specific challenges facing Black youth that a program such as SAPACCY which specifically targets the mental health needs of Black

youth was created, and remains vitally important to this day.

Consideration of Racial Trauma in Trauma-Informed Care

The Black community has a unique story that includes the forced passage from Africa to other continents and islands; the global institutions of slavery; the legally forced racial segregation and discrimination based on skin colour; and the persistent lower-class status relative to Whites and other minority groups (Harrington, 2013). Additionally, persistent European cultural domination and attitudes of anti-blackness in North America and globally have contributed to a "crisis of identity" and lack of racial pride among Black youth. Structural racism and institutional practices have normalized historical, cultural, institutional, and interpersonal European ways of being, while delegitimizing and devaluing other sources of knowledge. Many contemporary systems overtly or covertly maintain anti-Black racist practices, and uphold a hierarchy characterized by ideologies that place Eurocentric perspectives, material needs, and desires over the perspectives, needs, and desires of other communities. In fact, the core conception of Black inferiority created during the time of slavery has been persistent in North American societies ever since, with racism being its strongest legacy (Simon-Aaron, 2008). A Eurocentric worldview posits that European culture and values are pre-eminent to the exclusion of the wider world. It suggests that how Europeans see and order the world must be, or ought to be, the way all rational beings should see and organize their world. This approach can reinforce stereotypes, prejudice, and biases about racialized people that can be counterproductive to clinical interventions.

Consequently, negative experiences continue to exist for Black youth and communities across systems including health care, education, employment, child welfare services, and the criminal justice system. Over time, such racial discrimination acts as a source of chronic stress, which is linked to the development of health and mental health problems (James, 2010). Growing clinical and empirical research indicates that experiences with racism, discrimination, and microaggressions affect the mental and physical health of Black populations and other racialized groups (Alvarez, Liang & Neville, 2016), including an association between experiences of racial discrimination and depression, and the development of posttraumatic stress disorder (PTSD) (Sibrava et al., 2019). The chronic race-based stress faced by Black youth, alternately termed "racial trauma", or "race-based traumatic stress", is the experience of pervasive psychological and physical symptoms as a result of repeated exposure to racism and microaggressions, threats of harm and injury, humiliating and shaming events, and witnessing harm to racialized individuals because of real, or perceived racism (Carter, 2007). Additionally, intersecting identities held by Black clients (i.e. gender, sexual orientation, class etc.), in addition to other confounding variables (i.e. mental or physical health symptoms or issues), add to multiple sources of oppression and distress, and further contribute to the cumulative effects of racial trauma (Comas-Díaz, Hall & Neville, 2019). As such, care for these youth should be trauma-informed in a manner that considers racism in conceptions of what constitutes traumatic experience (Jernigan & Daniel, 2011; Jones et al, 2020).

Racial trauma outcomes such as hypervigilance to threat, flashbacks, nightmares, avoidance, suspiciousness, and somatic expressions, are similar to PTSD symptoms. However, racial trauma also consists of ongoing injuries due to the dynamic levels of micro, mezzo and macro exposure (direct or vicarious), as well as re-exposure to race-based stress throughout the life course (Comas-Díaz, Hall & Neville, 2019). Researchers and practitioners need to contextualize their work with Black clients who present with racial trauma symptoms by using culturally responsive and racially informed interventions that consider the contributions to trauma from these multiple levels (Helms, Nicolas & Green, 2012).

Understanding Resilience

Given the anti-Black racism and oppression that Black youth contend with in society and the racial trauma that often results from it, a major focus of service provision for Black youth is to work with clients to build their resilience and resistance to support them in coping with anti-Black racism. Resilience is a broad conceptual

umbrella, covering many concepts related to positive patterns of adaptation in the context of adversity (Masten & Obradović, 2006). Within much of the literature, three kinds of resilience are identified. As asserted by Masten, Best, and Garmezy (1990), the first, "overcoming the odds," denotes the notion of resilience as a characteristic of personal strength within a person. The second conception of resilience is coping, or continuous, competent functioning in the presence of chronic or acute major life stressors (i.e. racism), and the third refers to recovery from trauma.

Resilience is generally operationalized as the outcome of specific protective factors that may be external to the individual (i.e. a close community) or internal qualities (i.e. a strong sense of hope) that can be influenced by external circumstances. In the context of coping with anti-Black racism for Black youth, resilience is considered the ability to "bounce back" from adversity and to adapt in the face of trauma or significant sources of stress. Using a strength or asset-based perspective, as opposed to a deficit-oriented approach, in clinical work helps to promote young people's resiliencies. Additionally, an approach that utilizes protective factors rooted in ancestral achievements and legacies can also build resilience in Black youth.

The SAPACCY Program and Approach

Service Model

SAPACCY serves Black clients, between the ages of 13-24 experiencing mental illness, substance dependence, or who are struggling with a concurrent disorder. The service model consists of individual therapy and goals-based counselling provided by clinical social workers, group therapy, family counselling, case management, access to psychiatric care and family support groups. SAPACCY clinicians are mindful of the need to promote a safe, equitable, and non-stigmatizing collaborative space. For this reason, assessments are viewed as an ongoing process until the end of the therapeutic relationship, because it can often take time for clients to build trust and share crucial information.

The SAPACCY team aims to ease the burden of navigating the mental health system for youth in multiple ways. The service does not require a physician referral; clients can self-refer or can be referred by any trusted member of their community. Understanding the multiple barriers that Black youth face in accessing mental healthcare, attempts are made to shorten the time between referral and initial contact with a member of the team. All SAPACCY clinical staff are intentionally members of the diverse Black communities, or if not possible, are racialized providers, as the program believes in the importance of racialized representation within the context of care, and to facilitate greater comfort for clients in discussing complex issues related to race and racism. All clinical staff work from an Anti-racist, Anti-oppressive framework in providing care. Anti-racist and Anti-oppressive mental health care is an active process, operationalized by continuous attention to the effects of racial trauma, openly discussing the effects of racism in our clients' lives, and by ongoing attention to how power and sociopolitical forces adversely affects clients' wellbeing.

The SAPACCY team aims to provide both direct mental health services and to facilitate connection to other supports both within CAMH and in the community. This includes practitioners providing community outreach with respect to referrals and having the resources to provide care within the community. This allows clients to better access care in communities that they are most comfortable in, which may be outside of the traditional medical model utilized within hospital settings. The SAPACCY model is also consistent with working outside of a Eurocentric model in that the approach particularly values connection to community and conceptualizes the relationship between provider and client as existing not only within the walls of an institution. Additionally, consistent with an anti-oppressive treatment model, this approach considers power dynamics that are amplified for Black clients when interacting with societal structures and acknowledges that these interactions may not feel safe for Black youth given the effects of systemic racism on their lives.

SAPACCY clinicians have built relationships with public health agencies, various child protection agencies, the

judicial system, public schools and community health centres in neighbourhoods with a large population of Black youth. After a process of engagement and trust-building, SAPACCY clinicians will also work with youth to connect them to alternate levels of care within the mental healthcare system, both within and outside of CAMH. In terms of promoting system capacity, the SAPACCY team provides consultation and interprofessional education services to programs within and outside of CAMH.

A Holistic Vision for Trauma-Informed, Culturally Responsive Care that Promotes Resistance and Resilience

SAPACCY clinicians utilize a trauma-informed lens in their delivery of mental health and substance use care and consider not only the traditional conceptions of trauma and its impact on mental health, but also how racially-connected traumatic experiences can affect mental health and impede access to mental health care for Black youth. This work is integrated within all aspects of treatment, with particular attention given to supporting clients in cultivating racial and cultural pride, building a sense of self, developing stronger ties to their communities, and engaging in actions to combat the erosion of self-worth and self-confidence that is characteristic of internalized racism and racial trauma. This could be considered consistent with "phase three" of traditional trauma treatment approaches, where healing is associated not only with processing traumatic experiences, but also finding a way to reconnect meaningfully to one's community (Cloitre et al., 2012).

SAPACCY brings a culturally responsive approach to care, recognizing that cultural beliefs are important in understanding psychopathology and presentations of concurrent disorders for many young people. These beliefs influence all aspects of service provision, including help-seeking and engagement behaviours, building a therapeutic alliance, and interventions (Regehr & Glancy, 2014). As asserted by Grills (2006), culturally sensitive models of care start with acknowledging that culture is highly relevant in people's everyday lives and proceeds by a) recognizing shared history, experience, values, social context, racism, racial trauma, and identity issues, b) respecting the cultural heterogeneity of Black communities, c) understanding how culture facilitates resolution of personal and social problems, and d) affirming that clients do not exist in isolation, but within family (biological or chosen), and supportive community. It is important to work with the recognition that cultural norms, mores, and practices also influence outcomes, and that religion and spirituality can be important factors in care. SAPACCY clinicians also recognize that an individual's background can be a source of support or a source of stress depending on the circumstance, hence the use of this cultural context lens when working with Black youth.

Culturally safe models of care include a necessary self-reflexive component where providers are willing to examine their own cultural identities and attitudes, and willing to be open-minded about cultures other than their own (O'Hara, Weber & Levine, 2016). SAPACCY clinicians understand the need to continuously re-evaluate the impact of our own cultural attitudes and beliefs on the care being provided to clients. The team facilitates this not only by engaging in our own self-reflexive practice, but also with regular team meetings that foster discussion of clinical issues, paying attention to our own responses in providing care in consideration of systemic issues.

SAPACCY's Approach to Building Resistance and Resilience

Black communities have a history rich in collective resistance against systems of inequality, inequity, and oppression. Due to cultural appropriation, erasure of history, colonialism and cultural subversion, Black youth often experience a cultural erosion and a "Crisis of Identity." Simply by choosing to engage in a program such as SAPACCY, which centres the experiences and needs of Black youth and Black providers, clients are already engaging in an "act of resistance" by seeking support from practitioners who use culturally relevant and affirming treatment approaches. SAPACCY works with youth from an Afrocentric framework to draw young people's attention to how Afrocentric and

Eurocentric frames differ, to discuss how Eurocentrism as a dominant narrative affects society's conceptions of Black youth, and to help Black youth develop pride in their identity as they move towards recovery. Such an approach, informed by anti-racist and anti-oppressive practice, is essential to the development of skills to resist dominant narratives about Black youth and involves encouraging clients to both identify the ways in which oppressive structures have impacted their lives, and to learn how to resist these oppressive structures. Helping clients to develop a "critical consciousness" is seen as an essential part of the therapeutic approach (Freire, 2000). SAPACCY's clinical approach incorporates challenging Eurocentric social theory as the defining reality within practice, and recognizes the need to foster critical thinking and consciousness-raising among Black clients to support recovery.

Afrocentric frameworks incorporate the philosophies of *NTU* (pronounced "into"), which is a Bantu concept of a universal unifying force, *Kawaida* (Swahili for "tradition" or "reason") and the associated *Nguzo Saba* (the seven principles): *Umoja* (Unity), *Kujichagulia* (Self-determination), *Ujima* (Collective Work and Responsibility), *Ujamaa* (Cooperative Economics), *Nia* (Purpose), *Kuumba* (Creativity), and *Imani* (Faith) (Karenga, 1998). Afrocentricity is the actualizing of African agency within the context of history and culture. It is an orientation where reality and activities are viewed and understood from the perspective of an African person (Asante, 2003). Working with clients from an Afrocentric perspective seeks to reframe Eurocentric notions of social arrangements, values, and priorities. For example, inclusion of the family and connection with community are integral parts of intervention because Afrocentric worldviews posit that survival of the group is more important than survival of the fittest, and that one's self is complementary to others and not distinct from others as understood from a Eurocentric perspective.

To provide anti-racist, culturally affirming care, mindful of the racial trauma affecting the lives of many of our clients, SAPACCY employs Afrocentric worldviews that posit the deep and rich values, ways of knowing, rituals, and life affirming practices possessed by African, Caribbean and Black communities. Clinicians culturally adapt evidence-based clinical treatments, using Black identity-affirming principles as a foundation. Clients are also supported in moving away from self-destructive, fatalistic beliefs, towards optimism, self-respect and Afrocentric values. A major part of cultivating resilience with clients is also working from an asset- or healing-centered framework that focuses on the objectives of wellbeing, rather than the symptoms we are trying to mitigate. This represents a shift from a deficit-centered approach that views young people through the lens of suffering and trauma, towards attending to and building upon their strengths, creativity, knowledge, and tenacity, leading towards long-term recovery (Ginwright, 2018).

Due to the impact of internalized racism, the promotion of resilience and resistance in an anti-racist treatment model also involves teaching clients both about the history of racism experienced by ancestors, and about the legacy of achievement and progress that has been made, despite efforts to suppress, appropriate and distort Black contributions. Another critical component of building resilience in Black youth involves strengthening their understanding of how racial socialization has impacted their belief systems and actions. Racial socialization is defined as the process by which parents or caregivers convey implicit or explicit messages about race (Anderson, Jones, Anyiwo, McKenny & Gaylord-Harden, 2018). SAPACCY clinicians practice a form of racial socialization by teaching clients about the meaning of being of African descent, and providing tools and strategies on how to cope with and challenge racism. Clients are also supported in understanding that their value and competence as human beings is to be acknowledged, regardless of how they have been treated by systems of oppression (Brown & Ford-Smith, 2015). Effective racial socialization is known to be a crucial component in mitigating the deleterious impact of racism, because viewing one's race as important to one's identity and feeling positive about Afrocentricity can serve as a buffer against the many negative impacts of racism (Jones & Neblett, 2017).

Lessons Learned with a Focus on Youth Integration

There are several valuable lessons that have been learned through providing clinical interventions through this practice paradigm. These lessons may help to inform providers who are considering developing or providing ethno-specific services to thoughtfully ensure they are most effectively meeting the needs of diverse clients. Additionally, such lessons may help general clinical services effectively integrate diverse clients into their programs. Promoting an inclusive yet culturally safe approach to mental health care for Black youth aims to facilitate the inclusion and reintegration of Black youth in their communities as they heal from mental health difficulties and the effects of chronic race-based trauma.

Micro-, Mezzo-, and Macro- Level Intervention

Ethno-specific interventions focused on supporting youth of African, Caribbean and Black heritage must be consciously rooted within the community contexts by which the clients they seek to serve live. Pragmatically, this cannot be accomplished through direct service provision alone. Effective culturally responsive services require a comprehensive understanding of interventions at micro, mezzo, and macro levels. Black youth face numerous systemic and structural barriers throughout intersecting systems that affect both their presentations of illness and their access to care. As such, clinical conceptions and interventions must be multidimensional and consider the diverse contexts in which clients live to be most effective.

Micro-level interventions are what are commonly thought of when one conceptualizes healthcare intervention. These interventions largely encompass direct service delivery to clients and families. To provide effective culturally responsive, micro-level interventions, services must serve a dual focus of being both evidence-based and conducive to the development of a healthy and positive racial identity for Black youth, which promotes resilience and resistance. Culturally responsive interventions at the mezzo-level must support system access and integration and may include activities such as supporting clients in maneuvering through the healthcare system and other intersecting systems through clinical navigation, advocacy, community education and outreach, to help reduce barriers to accessing services. Marco-level healthcare interventions target the larger system and practice context and are often directed in response to social health determinants that impact a client's wellbeing on a systemic level. Examples of such interventions undertaken by SAPACCY team members have included system-level advocacy through strategic participation on boards, committees, advisory panels and working groups in the community.

Approaches to Resiliency Building and Community Integration

SAPACCY's 'Strengths and Resilience' based approach is based on three principles: (a) resourcefulness and resilience exists in each person and people can grow, change, and have a range of abilities, (b) each person's solution to a perceived problem will look different and clients should be actively engaged in identifying their own goals to build resilience, and (c) individuals live in communities, families and societies that are protective factors in supporting them and their wellbeing. For African, Caribbean and Black Canadian youth, resilience and strength are often rooted in community, spirituality, visual and performance arts, music, religion and traditional African ancestral practices. Consequently, clinicians should aim to understand the importance of these forms of healing as part of the recovery journey and incorporate this into an approach that affirms a strong sense of identity from which clients can grow. When providing care to diverse youth, the individual should not be conceived as separate from their community and sociohistorical context, and instead effective approaches should see the integration of youth in these contexts as a possible source of strength; thus providing interventions using a strengths-based, culturally safe framework.

Health Service Integration and the Importance of Interprofessional Collaboration

Interprofessional collaboration refers to a partnership and commitment between various healthcare providers to share decision making around healthcare issues, understanding the bio-psycho-social contexts by which they arise (Goldman, 2011; Bridges et al., 2011). The practice is routed in shared responsibility and decision-making, mutual accountability, effective communication, respect for diverse perspectives and autonomy (Bridges et al., 2011). As there is increasing evidence that interprofessional collaboration improves health outcomes, it is essential that culturally responsive healthcare services are also rooted in this model of care (Institute of Medicine, 2001; Pecukonis, Doyle & Bliss, 2008).

It is imperative that clinicians working from an ethno-specific model of care do not practice in siloes, so as not to deprive clients of the rich interdisciplinary and interprofessional knowledge that exists in other areas of their practice context and in the community-at-large. It is also equally important to acknowledge that no one provider or team of providers has the capacity to provide clinical services to the entire cohort of clients that fall within their clinical mandate. Clinicians must consciously seek opportunities to provide interprofessional education to their peers about best practice as it relates to working with Black youth, to help improve the capacity to provide culturally responsive care throughout the entire healthcare system.

The Importance of Critical Reflexivity and the Necessity of Peer Supervision

Understanding the importance of critical reflexivity is imperative to providing effective ethno-specific healthcare interventions. Culturally responsive models of care require providers to acknowledge and examine their social location using an intersectional perspective. While the concept of countertransference is a well-documented phenomenon within clinical literature, the concept of cultural countertransference, which involves a clinician's theoretical beliefs impacting their practice orientation, adds another layer of complexity to this phenomenon, as cultural values and norms are likely to elicit countertransference reactions (Rosenberger & Hayes, 2002).

Ethno-specific clinical interventions attempt to mitigate the effects of cultural countertransference on the therapeutic relationship; however, this can only be accomplished through the thoughtful practice of critical reflexivity, as this requires the provider to be aware of their culturally-related conflicts and the potential impact on the provision of effective clinical care. A shared clinician-client racial identity can allow clients to feel a sense of increased safety in the therapeutic relationship, which is a necessary component in discussing the many challenging and nuanced factors which may be confounding their current state of mental wellness, similarly to the provider-client relationship built through peer support models of care. However, it is also important to note that the diverse Black communities are not a homogeneous entity as there is very rich cultural diversity within these groups. As such, superficially matching clinicians and clients merely based on the perception of a shared cultural identity does not in itself eliminate cultural countertransference from the therapeutic relationship. It is imperative that those providing ethno-specific care to members of the diverse Black communities employ a peer supervision model of care, in which providers meet regularly to discuss challenging clinical cases and practice contexts, in a safe space, which encourages providers to actively challenge and examine the potential impact of culturally-rooted implicit biases on clinical care, which is conducive to better understanding and meeting the needs of this client population.

Conclusion

Given the numerous systemic and structural barriers that Black youth must navigate to survive and thrive within Western societies, the need for culturally responsive, evidence-based intervention is glaring. It is imperative to recognize that clinicians do not practice and provide clinical services within a vacuum, shielded from the implications of systemic oppression and marginalization. Clinicians must continually learn to navigate these challenges in various spaces, while skillfully promoting

client recovery using evidence-based clinical interventions, self-disclosure and a comprehensive understanding of critical and post-structural theory. The influence of Western colonialism and its role in precipitating and perpetuating interpersonal and structural anti-Black racism has created a collective wound shared by members of the diverse Black communities, which forms the basis of a shared experience interwoven with intergenerational race-based trauma, and a diminished sense of a healthy and positive racial identity for many Black youth. Continued development of effective interventions that support the mental health of Black youth is imperative.

SAPACCY is an example of a program that demonstrates how culturally responsive, trauma-informed care that actively works from a perspective of integration can facilitate mental health care for racialized young people. Further programs may consider the lessons learned from SAPACCY's approach when considering not only how to build ethno-specific models of care, but also to re-envision a mental healthcare system for youth inclusive of diversity with a vision of healing, that prioritizes the reintegration of youth into the fabric of their communities. It is essential to also consider how care provision should be reconceived not only as between client and provider but integrated within communities of practice and society-at-large. Such work should be a priority for all mental health services that aim to respond to the current political climate, in which discussions of racial justice, inclusion and the essential need to consider anti-racist approaches in clinical care continue to become increasingly apparent.

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