

**DISCRIMINATION, MENTAL HEALTH, HELP SEEKING, AND SERVICE
UTILIZATION AMONG BLACK STUDENTS IN ONTARIO SCHOOLS**

ADONAI JULIEN

Thesis submitted to the Faculty of Education in fulfillment of the requirements for the
Master of Arts in Education (Health Professions Education) degree.

Supervisor: Dr. Tracy Vaillancourt

Faculty of Education
University of Ottawa
Ottawa, Ontario, Canada

Acknowledgements

First, I give thanks to my family, especially my mother, Nuvette Joseph, and my wife, Joanne Fevry, for their love and unwavering support, without which none of this would have been possible.

I want to thank my thesis supervisor, Dr. Tracy Vaillancourt, for her support and for believing in me. Her trust has allowed me to believe in myself and in my abilities. She is a true leader and an inspiration. I am also grateful to the entire Brain and Behavior lab for their collaboration and friendship. The bonds we have built over the past two years have made this journey joyful and full of adventures.

I would also like to express my deep gratitude to Dr. Amanda Krygsman and Dr. Awad Ibrahim. It has been an honor to have a committee made up of such remarkable and understanding scholars. Your guidance and feedback greatly supported me throughout this thesis. I am inspired by your work and thankful for the thoughtful advice you shared.

To all my professors, thank you for your patience and encouragement. I am also grateful to the Brain-Heart Interconnectome for the research fellowship, as well as to the physicians at Montfort Hospital with whom I had the privilege of collaborating on projects in medical education.

Finally, I would like to thank myself for persevering through this chapter of my academic and personal journey. This work is the result not only of sustained effort, but also of deep faith and a determination never to give up.

Abstract

In the present study, I investigated the association between discrimination and the mental health of Black Ontario students in Grades 4 to 12 and explored Black students' use of school-based mental health support and its potential moderating effects. A cross-sectional study was conducted with 646 Black students (mean age = 12.51, $SD = 2.34$; 52.1% girls, 47.9% boys) drawn from the Health and Peer Relations Study. Data analysis included descriptive statistics, correlations, chi-square tests, and regression analyses. Gender, grade level, and mental health support were examined as moderators of the association between discrimination and mental health outcomes. Results indicated that discrimination was significantly associated with poorer mental health. Girls reported higher scores for emotional problems (70.7%) than boys (29.3%). Despite these challenges, only 16.0 % of Black students reported interest in consulting a school mental health professional in the past year. The most frequently accessed source of support was friends of the same age (girls: 22.3%, boys: 19.4%). Discussing emotional problems was linked to better mental health. These association between discrimination and Black students' mental health highlights an urgent need for culturally responsive, accessible mental health services in schools in Ontario. Policies should address both discrimination and low help-seeking behaviour, particularly among those facing chronic discrimination.

Keywords: discrimination, mental health, Black students, help-seeking, school support

Résumé

Dans la présente étude, j'ai examiné l'association entre la discrimination et la santé mentale des élèves Noirs de l'Ontario de la 4e à la 12e année, ainsi que leur utilisation du soutien en santé mentale offert à l'école et ses effets modérateurs potentiels. Une étude transversale a été menée auprès de 646 élèves noirs (âge moyen = 12,51 ans, ÉT = 2,34 ; filles : 52,1 %, garçons : 47,9 %) issus de l'Étude sur la Santé et les Relations avec les Pairs. L'analyse des données comprenait des statistiques descriptives, des corrélations, des tests du chi-carré et des analyses de régression. Le genre, le niveau scolaire et le soutien en santé mentale ont été examinés comme modérateurs de l'association entre la discrimination et la santé mentale. Les résultats ont montré que la discrimination était significativement associée à une moins bonne santé mentale. Les filles ont rapporté davantage de problèmes émotionnels (70,7 %) que les garçons (29,3 %). Malgré ces difficultés, seulement 16,0 % des élèves noirs ont déclaré avoir souhaité consulter un professionnel scolaire en santé mentale au cours de la dernière année. La source de soutien la plus fréquemment sollicitée était les amis du même âge (filles : 22,3 %, garçons : 19,4 %). Le fait de discuter de ses problèmes émotionnels était associé à une meilleure santé mentale. L'association observée entre la discrimination et la santé mentale des élèves Noirs souligne l'urgence de mettre en place des services de santé mentale scolaires accessibles et culturellement adaptés en Ontario. Les politiques doivent à la fois s'attaquer à la discrimination et au faible recours à l'aide, en particulier chez les jeunes exposés à une discrimination chronique.

Mots-clés : discrimination, santé mentale, élèves noirs, recours à l'aide, soutien scolaire

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

Introduction

General Context

Discrimination, the unfair or unequal treatment of individuals based on factors such as socio-economic status, gender, religion, ethnicity or race (Horta, 2010), has long challenged the principles of fairness and freedom. These principles are fundamental to a society in which people live together (Nugier & Oppin, 2018). In Canada, nearly half of Black people aged 15 and over (46%) reported experiencing discrimination, compared with 16% of the non-Indigenous and non-visible minority population (Government of Canada, 2022). Visible minorities include individuals other than Indigenous peoples, who are not White or do not have white skin (Employment Equity Act, 2021). Black people who have faced discrimination have also experienced lower life satisfaction and declining self-esteem (Cénat et al., 2022). These negative psychological effects are the result of systemic racism embedded in Canadian society. As Etoroma (2020) explained, racism against Black communities is deeply ingrained in institutional norms and policies in Canada, shaping everyday experiences and limiting opportunities for social and economic advancement of Black people.

Discrimination has a direct impact on Black youth through its influence on the neighbourhoods they reside in; the quality of the schools they attend; the services they receive in those schools; their access to equitable, quality healthcare; and their interactions with their peers (Njoroge et al., 2021). Black youth are also subjected to high numbers of child protection applications, are more frequently excluded from school due to unfair disciplinary measures and have fewer opportunities for post-secondary education due to inadequate educational and career guidance (Gajaria et al., 2021). According to a Canadian study conducted over the last 5 years, more than 40% of Black students in Canada have been victims of a racist incident at school (Cénat et al., 2025). This racial discrimination can be the cause of internalizing disorders, such as depression and anxiety, or externalizing disorders, such as behavioural problems (Coker et al., 2009).

Members of the Black community experience significant disparities in Canada, not only in their daily lives, but also in access to and quality of mental health support they receive (Salami et al., 2021). Given the negative effects these inequalities can have on their mental health, I aimed to examine discrimination against Black students in Grades 4 to 12 who reside in Ontario

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

and how it relates to mental health and the mental health services they receive. Ontario has the largest Black population in Canada (Government of Canada, 2024).

Specific context

The Ontario Human Rights Commission (OHRC) has established that anti-black racism has been present in Ontario's education system since at least 1850, dating back to Egerton Ryerson's approval of racial segregation in schools (Ontario Human Rights Commission, 2023). According to McPherson (2020), Black students in Ontario regularly experience microaggressions and unfair treatment from both their teachers and peers. Microaggressions are subtle words or acts that demonstrate discrimination against marginalized groups (Sue et al., 2007). For example, in one American study, Black students noted that their abilities were often underestimated or questioned, with teachers or peers seeming surprised by their academic success, simply because of their race (Williams et al., 2020). A common comment was: "I never would have thought a student like you would do so well".

Radebe (2024) added that these discriminations can be reflected in the disciplinary measures imposed by some teachers, often shaped by stereotypes or racial biases. As a result, for many of these students, school becomes a place marked by inequalities and psychological violence (Radebe, 2024). Racial trauma, which refers to the psychological and emotional responses to experiences of racial discrimination (Comas-Díaz et al., 2019), affects their academic performance, often leading to lower outcomes due to the impact of racism and marginalization on their educational journey (Daniel, 2019).

In addition to belonging to a visible minority group, Black students in Ontario are also minoritized in terms of their ethnic origin and as an ethnic group in this host society. They sometimes face a combination of different forms of discrimination due to their socio-economic status, language (for example as French speakers), and gender (Livingstone & Weinfeld, 2017). This double or triple minority intersectionality reinforces the stigma of this group, where they are, most of the time, viewed through this prism. This marginalization may have affected their mental health (Benoit et al., 2018).

In Ontario, the prevalence of mental disorders among children and adolescents is high, with 18% to 22% of youth affected (Georgiades et al., 2019). Despite this high rate, less than one-third of youth consult with mental health specialists about their concerns (Georgiades et al.,

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

2019). According to the recent report of the Office of nearly 70% of child and youth mental health agencies (CYMH) in Ontario believe that the existing services are insufficient to meet the needs of young people dealing with both mental health issues and substance abuse, highlighting major gaps in access to appropriate care.

To address these problems of mental health and access to mental health care in schools, the Ontario Ministry of Education has created a school mental health strategy running from 2022 to 2025 (School Mental Health Ontario, 2022). This strategy aims to provide mental health therapies tailored to the identity of each student. The plan includes mental health literacy, stigma reduction, and student participation in the development of school-wide mental health initiatives. An anti-racist educational approach, as explained by Ibrahim (2003), would further complement this strategy by valuing the cultural diversity of Black students, challenging dominant norms, and creating an inclusive environment that supports the positive identity development of Black students in Ontario. However, ensuring equitable access to these services for Black youth and other underrepresented populations is a challenge because of barriers like bias in mental health assessments, a shortage of professionals who understand their culture, and a lack of trust in the healthcare system due to past and ongoing discrimination (Feng et al., 2023; Vukic et al., 2016).

Several researchers have studied the effects of experiences of discrimination on the mental health of Black people in Ontario (e.g., Chiu et al., 2018; Georgiades et al., 2019; Grace et al., 2016; McPherson, 2020; Radebe, 2024). Further, in several recent studies, the problem of lack of access to mental health support for this minority group in Ontario schools have been examined (e.g., Drabenstott et al., 2023; Georgiades et al., 2019; Moghimi et al., 2023). However, very few studies have investigated Black students' experiences of discrimination-related mental health problems, and the support available in Ontario schools specifically. This knowledge gap is significant given that schools are the most accessible place for children and adolescents to receive mental health services (Halladay et al., 2020). Unlike external mental health clinics, which may require transportation, appointments, and parental involvement, school-based mental health services eliminate spatial and temporal barriers by being conveniently located in a familiar setting where students spend most of their time (Vaillancourt et al., 2021). School-based mental health services also contribute to a more equitable system by ensuring that

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

all students, regardless of their family's ability to access community care, receive professional support (Vaillancourt et al., 2021).

Therefore, the purpose of my thesis was to examine the impacts of discriminatory experiences on the mental health of Black youth attending school in Ontario and the mental health support they received. I focused only on Black students because it enabled me to analyze their experiences in depth, without diluting them by comparing them with other groups who do not bear the same burden of minoritization, or even marginalization.

Literature Review

Racial Discrimination

The issue of racial discrimination has been defined in different ways. For example, the United Nations Convention on the Elimination of Racial Discrimination defines this concept as racial disparities, exclusions, or favours that hinder persons from exercising their fundamental rights (Menendian et al., 2008). Others, such as Roberts et al. (2014), have studied the linguistic dimension of this issue, showing that language is not just a simple communication tool, but also carries the values, beliefs, and practices of cultures. For example, differences in accent or the use of certain languages can become a means of asserting racial hierarchies in society. According to Ibrahim (2011),” we must think of discrimination and racism as technologies of power that reproduce privileges, ways of thinking, being, and speaking”. This highlights how language, beyond being a means of communication, can become a tool of marginalization, affecting the identity and mental well-being of Black students. Quillian and Midtboen (2020) propose a simpler definition of racial discrimination, describing it as unequal treatment based on race, with race understood as being a social construct that groups together people of common origin who can be identified based on similar physical characteristics (Guimond, 2023).

Racial discrimination can take many forms, ranging from everyday microaggressions to major discriminatory experiences (Cénat et al., 2022). Some examples of major racial discrimination were reported in the study by Cénat et al. (2022), including being unfairly stopped or searched by police (55.5%), dismissed from a job (56.7%), or treated negatively in healthcare settings (53.1%) because of being Black. It can be direct, such as when a group of people is treated differently based on their race; indirect, when seemingly universal rules

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

unfairly disadvantage this group; or institutional/systemic, when structures and policies within institutions perpetuate injustice against racial minority groups (Altman, 2020; Carde, 2007).

School-Based Discrimination Against Black Students

Black students are discriminated against by many members of their schools, such as peers, teachers, and administrators (Byrd & Andrews, 2016). They often face discrimination in the form of insults, isolation from social circles, harassment, and a lack of assistance (Freire & Hurd, 2023), which can have a major impact on their mental health. Skin colour, as a visible trait, might elicit aggression from other students, particularly when dress, physical appearance, or accent deviate from those of the racial/ethnic majority (Vitoroulis & Vaillancourt, 2015).

Beyond everyday interactions, this discrimination is also rooted in the very structures of the school system. Ezikwelu (2020) describes how institutionalized racism contributes to a climate in which Black students struggle to find their place and feel fully integrated. Another study conducted in the United States indicated the scope of the problem: approximately 97% of young Black students reported having encountered at least one discriminatory event in the previous two weeks, with an average of 2.5 instances per day (Seaton & Douglass, 2014). Although this statistic comes from the United States, it remains relevant to the study of school discrimination against Black students in Canada because of the common North American context, similar educational structures, and the systemic nature of anti-black racism in both countries (Duhaney et al., 2022). This discrimination has a harmful influence on many Black students (Baysu et al., 2023; Coker et al., 2009; Kokkonen et al., 2021; McPherson, 2020; Radebe, 2024). To understand discrimination's true impact, it is necessary to define mental health and investigate the elements that contribute to the deterioration of Black students' mental health.

Consequences of Discrimination on the Mental Health of Black Students

In 2019, globally, 293 million individuals aged 5 to 24 years had at least one mental disorder, with a mean prevalence of 11.63% (Kieling et al., 2024). Today, mental health is no longer seen as the absence of a mental disorder, but rather as a state of well-being that enables people to develop their potential, manage daily stress, be functional in their professional and personal lives, and be active in their community (Bourdillon, 2018; Gautam et al., 2024). This concept has evolved to place greater emphasis on a person's ability to adapt and self-manage (Mattig & Chastonay, 2022). Mental health encompasses emotional, psychological, and social

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

dimensions (Doré & Caron, 2017). Many factors, such as life experiences, social interactions, societal structures, and cultural values, directly influence an individual's mental health (Herman & Jané-Llopis, 2005).

Black students, who are identified as members of a racial minority, often have lower mental well-being than others who are not marginalized (Kokkonen et al., 2021). Indeed, the experiences of discrimination to which they are exposed can increase their risk of developing depressive symptoms, suicidal ideation, and other mental disorders (Qeadan et al., 2022). For example, Souza et al. (2015) found a relationship between racial discrimination and poorer mental health, with the frequency and intensity of discriminatory episodes increasing the chances of developing mental health problems. These results are in line with Moro and Radjack (2022) and Williams et al. (2022), who pointed out that an accumulation of marginalization experience was associated with an increased risk of racial trauma and psychological distress. This psychological distress can prevent Black students from performing well both academically and socially (Baysu et al., 2023; Freire & Hurd, 2023; Planey et al., 2019). Added to this, discrimination can have the effect of diminishing students' sense of belonging to their school environment, thus aggravating symptoms of stress and depression (Byrd & Andrews, 2016).

Still, not all Black students react to situations such as discrimination in the same way. Some Black students can adjust and acquire resilience, which helps them cope and excel mentally and academically (Kamanzi, 2021). I will elaborate on this concept within the theoretical framework, but as Ungar (2013) stated, resilience is not an innate trait; it is developed through interactions with their environment and the support they receive. When students feel valued and encouraged at school, they are better able to deal with difficulties and maintain their academic performance (Flett, 2018). However, access to support is not the same for every student. In Ontario, for example, Black students often face additional barriers that make it more difficult to access the resources necessary for their well-being (Daniel, 2019). These barriers include systemic racism within educational institutions, a lack of culturally responsive mental health services, and biases in disciplinary practices.

Mental Health Access and Utilization for Black Students in Ontario

Experiences of discrimination fuel mistrust of mental health services and lead to a decline in their use (Feng et al., 2023; Grace et al., 2016). This mistrust may be further exacerbated by

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

the underrepresentation of healthcare professionals from the Black communities, making access to culturally appropriate care even more challenging (Vukic et al., 2016). As a result, Black Canadians visit mental health services less often than the general population, a trend that is influenced by several factors.

Among these factors, the stigma attached to mental health is particularly pronounced in many Black communities. Seeking professional help can be perceived as a sign of weakness or failure, leading some people to avoid mental health services. A 2020 Ottawa Public Health report on mental health in the Black community found that two-thirds of participants (66%) agreed that most people think less of someone with a mental health problem (Ottawa Public Health, 2020). Moreover, a significant proportion (40%) saw seeking treatment for a mental health problem as a sign of personal failure.

Beyond discrimination and stigmatization, other aggravating factors limit access to mental care, such as lack of awareness, high cost of mental health consultations, absence of culturally adapted services, long waiting times, and lack of resources (Bissonnette & Boyer, 2021; Leath & Jones, 2022; Livingston et al., 2022; Moghimi et al., 2023).

According to Fante-Coleman and Jackson-Best (2020), Black youth have very little access to free treatment programs in Ontario. At the same time, they are over-represented in correctional facilities or compulsory hospitalizations, which often prevents them from benefiting from mental health care that is truly adapted to their needs. Without this support to meet their mental health care needs, young Black people may develop persistent anxiety, depression, or other mental disorders (Kirkbride et al., 2024). Some students who do not find the mental health support they need may then seek alternative coping strategies, such as self-medication (consumption of alcohol, tobacco, or cannabis), social withdrawal, or adopting a form of forced resilience that masks their suffering rather than addressing it (Deasy et al., 2014).

In Ontario schools, mental health services are usually provided by a multidisciplinary team that includes school counsellors, social workers, youth care workers, psychologists, and, to a lesser extent, nurses (Zabek et al., 2023). However, it is estimated that a third of adolescent students in general still have unmet needs for mental health support (Drabenstott et al., 2023). This lack of support is even more worrying as certain groups of students, particularly Black

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

students, are exposed to discrimination that can contribute to or exacerbate their mental health issues.

As mentioned, in many schools in Ontario, Black students are subject to disproportionate sanctions for minor infractions and suffer unfair treatment, influenced by unconscious biases reinforced by power relations between teachers and students (Baysu et al., 2023; Radebe, 2024). Radebe (2024) points out that these stigmatizations, combined with the perception of Black students as troublemakers, negatively impact their academic careers and psychological well-being.

Because of these stigmatizations, mental health problems among students are a growing concern, which is why many researchers are now focusing on the role of mental health professionals in schools (Hannor-Walker et al., 2022). The World Health Organization (WHO) (2024) points out that half of all mental disorders in adults occur before the age of 18, highlighting the importance of early intervention and the need for mental health specialists to support students. However, these mental health professionals sometimes face obstacles that limit their effectiveness. School counsellors, for example, often find themselves overwhelmed by a lack of time to help each student, as shown in a study of American counsellors (Hannor-Walker et al., 2022). Despite these challenges, mental health professionals in schools provide a much-needed link between education, mental health, and public health, helping to create an environment more conducive to student success and well-being.

To be effective and truly support Black students, mental health care in schools must be tailored to consider both the social identity of Black students and the effects of discrimination on their mental health (Malone et al., 2022). Yet, research suggests that current school-based mental health programs often fail to address these needs well. Many mental health services operate without truly addressing the specific stressors associated with racial discrimination, resulting in gaps in accessibility and effectiveness for Black students (Malone et al., 2022). As mentioned, mental health support in the school environment can play an important role in building the resilience of these students against discrimination (Salami et al., 2021), whether this support is informal (i.e., from peers or teachers) or formal (i.e., from mental health professionals). Mental health programs sensitive to the realities of racial discrimination can support Black students by

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

helping them develop stress management skills, support networks, and a positive identity in the face of difficulties or experiences of discrimination (Anderson et al., 2020).

Theoretical Framework

In examining the relation between discrimination, mental health, and the support Black students in Ontario receive in schools, I relied on two theories. The first is social identity theory, which postulates that each person constructs their identity based on belonging to different social groups (Hogg, 2016). The second is resilience theory, which refers to the ability of a person or group to cope with stressful events, adapt, and emerge stronger (Lippé & Bourbeau, 2020; Ungar, 2013).

Social Identity Theory

Social identity theory, proposed by Henri Tajfel in the 1970s and developed by John Turner in the 1980s, provides a framework for understanding how members of a social group, such as Black students in Ontario, perceive themselves and interact within that group (Licata, 2007). According to this theory, each person tends to protect or enhance their identity within social groups (Autin, 2010). Belonging to these groups creates a sense of well-being that shapes the way people perceive themselves and influences their interactions with others (Hogg, 2016). In other words, people's membership in a social category influences self-definition, based on the characteristics specific to that group (Hogg et al., 1995). This theory has been applied to several social phenomena, such as stereotypes, prejudice, conflict, and cultural integration (Licata, 2007).

Resilience Theory

According to Anaut (2015), resilience theory has evolved considerably since its first theoretical and methodological foundations, established by researchers such as Garmezy (1991) and Rutter (1987). Initially linked to neoliberalism, it is now perceived and applied as an autonomous concept (Lippé & Bourbeau, 2020). According to Cyrulnik (2012), resilience is a biological, psychological, emotional, social, and cultural process enabling renewed development after psychological trauma. It describes a person capable of overcoming hardship, adopting adaptive responses to difficulties, and rebuilding after traumatic events (Anaut, 2015).

Recently, resilience has been conceptualized in six interdependent elements, as it is complex and requires a multidimensional approach to understand the mechanisms that enable people to overcome adversity (Métais et al., 2022; Sansoucy, 2022; Shevell & Denov, 2021;

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

Thibodeaux, 2021). The first of these elements is vulnerability, which refers to the propensity of a person or system to be exposed to the negative effects of challenges. Protective factors, such as social support, help to mitigate these effects. Coping strategies enable people to manage stress, and adaptability is the ability to adjust to difficulties. Finally, sensitivity enables people to react preventively to threats, and recovery guarantees a return to equilibrium after overcoming an ordeal (Mayordomo et al., 2016; Palamarchuk & Vaillancourt, 2021; Sansoucy, 2022).

Tajfel (1970) and Turner's (1980) social identity theory helps understand how belonging to the Black community can influence Black students' self-perception, while resilience theory (Cyrułnik, 2012) shows the strategies that enable Black students in Ontario to adapt despite being discriminated against or marginalized. These theoretical frameworks are used to guide the present study.

Relation Between Social Identity, Resilience, and Racial Discrimination

Discrimination negatively affects Black students' social identity, as it is linked to their belonging to an often-marginalized group (Druez, 2016). According to social identity theory, stigmatization increases the negative effects of this discrimination on their psychological well-being, especially when their group is regularly devalued in the school environment.

Discrimination can then disrupt their mental state and engender behaviour such as disengagement from school, defiance toward authority, or aggression, often in response to a sense of rejection of their cultural and racial identity (Boutry-Avezou et al., 2007). Despite this discrimination, many Black students have managed to adapt and succeed academically. In Québec, for example, Black students from African and Caribbean communities enter university at the same rate as their White peers, despite the discrimination they encounter (Kamanzi, 2021).

Resilience reduces the anxiety of Black youth, helping them to adapt to their schools (Freitas et al., 2022). This ability to adapt protects Black communities, mitigating the negative effects of discrimination (Martinez et al., 2022). In the school environment, several factors influence students' resilience, such as academic expectations, commitment to their studies, and, above all, support from their teachers and peers (Murray, 2018).

What About Mental Health?

In the United States, it has been observed that Black students who adopt highly conformist behaviour or who try to align themselves with students of another ethnic origin have

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

negative mental health outcomes, like anxiety and depression, particularly when they are exposed to discrimination (Sanchez & Awad, 2016). According to social identity theory, a significant part of a person's self-esteem and psychological well-being comes from their belonging to a social group (Hogg, 2016). Suppressing or distancing oneself from one's racial identity, due to embarrassment, to conform to another group can lead to internal conflicts and increased psychological distress (Sanchez & Awad, 2016). Therefore, when a Black student feels embarrassed or stigmatized, their fundamental needs, such as a sense of community and self-esteem, can be disrupted (Verkuyten et al., 2019).

Researchers have studied the impact of identity threats on mental health in several other contexts. For example, Gosselin et al. (2024) have shown that emotional aggression during adolescence can impair the ability to understand one's thoughts and those of others, creating identity confusion. Young Francophones in minority settings, like Black students, experience identity-related stress. Identifying with their culture and believing in its continuity is associated with better mental well-being (Levesque et al., 2023). For Black students, therefore, a strong sense of belonging to their racial group can play a protective role. This identification strengthens their pride and solidarity with others, helping them to overcome the prejudice and stigma they face (Verkuyten et al., 2019).

A sense of belonging to their racial group also involves feeling valued, recognized, and important. Caring adults, especially teachers, play a very important role in developing resilience and a sense of "mattering" in children and adolescents (Flett, 2018). Mattering means to be seen as unique and truly understood as an individual (Flett, 2018). However, this feeling can change over time, depending on students' social interactions and experiences in their schools. Every time a student interacts with someone in his or her school, whether that interaction is positive or negative, it can influence how the student perceives their value in the eyes of those people (Krygsman et al., 2022). Thus, in the school environment, the support of teachers and referent adults becomes a powerful lever to strengthen Black students' feelings of personal value and promote their psychological well-being.

Limitations of the Literature

The literature has certain limitations. Several studies simply describe experiences of discrimination without really considering its frequency (McPherson, 2020; Radebe, 2024; Tapia,

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

2012; Verkuyten et al., 2019). Furthermore, data on mental health support in schools often lack details on their accessibility and effectiveness for Black students (Salami et al., 2021). Finally, most studies rely on qualitative methodologies or small samples (e.g., McPherson, 2020; Radebe, 2024), which limits the generalizability of findings to very specific circumstances. Finally, most studies on Black students and mental health are American (e.g., Coker et al., 2009; Murray, 2018; Sanchez & Awad, 2016; Seaton & Douglass, 2014; Sue et al., 2007; Williams et al., 2020).

Although there is some cultural overlap between Black communities in the U.S. and Canada, it is important to recognize that Canada's historical context is distinct. As one example, Canada abolished slavery earlier, and it was less institutionally entrenched, which continues to influence systemic racism today (Datta et al., 2021).

Current Study

My overall research aimed to explore the relationship between Black Ontario students' experiences of discrimination and their mental health, while also examining the support they received in their school environment. Specifically, I focused on the following objectives: (1) to examine the frequency of discrimination faced by Black students in Grades 4 to 12 in Ontario; (2) to assess the impact of these experiences on their mental health (anxiety and depression symptoms and stress); (3) to investigate Black students' attitudes toward and willingness to seek mental health support in their schools; and (4) to study the relevance and perceived effectiveness of the mental health support currently offered to Black students.

Research Questions

1. What are the impacts of experiences of discrimination on the mental health of Black students in Ontario schools?
2. Do Black students want to access mental health supports at school?
3. If accessed, to what extent do school-based mental health supports mitigate the effects of discrimination on the mental health of Black students?

Research Hypotheses

Drawing on social identity theory and resilience theory, I have formulated three hypotheses:

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

Hypothesis 1: Black students' experiences of discrimination will be associated with decreased mental health (anxiety and depression) and increased stress, due to the negative impact of these experiences on their social identity.

Hypothesis 2: Black students will seek mental health supports at school at a low rate.

Hypothesis 3: Black students who are discriminated against but receive mental health support, whether from peers, teachers, or mental health professionals in their schools, will have better mental health than those who receive little or no mental health support.

Methodology

I used a cross-sectional quantitative descriptive study to analyze the relation between racial discrimination and the mental health of Black students in Ontario, as well as the moderating role of mental health support. I used the pilot data from the Health and Peer Relations Study (HPRS), an accelerated longitudinal survey that tracks peer relations and the health of students in Grades 4 to 12, in 12 Ontario school boards over seven years. The sample size of the pilot study was 12,721 students, which included 646 self-identified Black students. The HPRS has been approved by the University of Ottawa Research Ethics Board and the ethics committees of each participating school board.

Procedures and Participants

As part of the HPRS, participants were recruited through the distribution of an information letter and consent form to the students' parents. Passive consent letters were transmitted through the school boards' internal communication system. Students completed the study during school hours. On the day of data collection, students were informed about the purpose of the study by their teachers and were provided with an assent form, confirming that they understood and agreed to the terms of participation, including the right to withdraw from the study at any time.

To support confidentiality, each school was assigned a unique identification code, and teachers were provided with individual codes to differentiate between consenting and non-consenting students based on parental consent. Data were collected using Qualtrics, an online survey delivery system, with questions that included multiple-choice options and free-entry fields. All information was anonymous. The use of identification codes allowed the data to be linked to a specific school without revealing the identities of the participants or the schools.

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

Students who did not receive parental consent or who chose not to participate in the survey were given a mock survey to complete. This mock survey was similar in length and format to the main survey and was created to prevent any stigmatization related to non-participation. The average time taken to complete the survey was 22 minutes. Students who finished before others or chose to close the survey were invited to read or work silently until the entire class had completed the exercise.

Measures

Demographic Data. Students in Grades 4 to 12 were asked to provide information on their grade, age, gender identity, race, ethnicity, Indigenous status, immigrant status, main language spoken at home, religion or spirituality, and disability status.

Discrimination. Discrimination was measured using a questionnaire developed from *The Canadian Child and Youth Health Survey* (Government of Canada, 2016) and the work of Williams et al. (1997) on the Everyday Discrimination Scale (EDS). The question students were asked was: “How often are you treated with less respect than others?”. Participants responded using a five-point frequency scale: Never (0), A few times this year (1), Every month (2), Every week (3), and Several times a week (4). Scores were analyzed in two ways: continuous mean score, where higher scores indicated more frequent experiences of discrimination, and categorical score, distinguishing Black students who had never experienced discrimination (score 0) from those who had experienced at least one form of discrimination (scores from 1 to 4).

The EDS had been widely validated in the literature. Studies had demonstrated its high internal reliability, with a Cronbach’s alpha typically above 0.80 (Lewis et al., 2012; Williams et al., 1997), as well as strong test-retest reliability ($r > 0.70$), indicating stability over time. Furthermore, the scale exhibited strong construct validity, correlating significantly with other measures of perceived discrimination and psychosocial stress, thus supporting its convergent validity. For instance, a study by Greenfield et al. (2021) used a revised version of the EDS to assess discrimination experiences among American Indian and Alaska Native college students. The findings suggested that the scale was effective in capturing frequent discrimination experiences, thereby supporting its reliability and validity for use in the present study.

Mental Health. The mental health of Black students was assessed using scales from the Canadian Child and Youth Health Survey (Government of Canada, 2016), which included two

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

subscales: overall mental health and emotional problems. Global mental health was defined by the World Health Organization (WHO; 2022) as a state of well-being in which an individual realizes their abilities, can cope with life's challenges, works productively, and contributes to their community. This scale measured general well-being and positive mental health attributes across five categories: Excellent (4), Very Good (3), Good (2), Fair (1), and Poor (0). Students were asked the following question and instructed to select one of the response options: "In general, how would you describe your mental health?"

Emotional problems, specifically symptoms of anxiety and depression, were assessed using items aligned with DSM-5 symptom criteria and based on validated mental health scales. The selected items covered a wide range of emotional difficulties, including symptoms consistent with generalized anxiety disorder (GAD) and major depressive disorder (MDD). Students were asked to indicate how well each statement described them currently or within the previous six months, selecting from the following options: Never or not true (0), Sometimes or somewhat true (1), and Often or very true (2). Statements included: "I feel anxious or tense," "I feel worthless or inferior," "I find it hard to stop worrying," "I find it hard to enjoy myself," "I feel nervous or tense," "I feel overly fearful or anxious," "I feel unhappy, sad, or depressed."

Scores were summed for each subscale as well as for the total scale to obtain an index of emotional problem severity, with higher scores indicating a greater frequency of emotional symptoms. This measure had demonstrated acceptable internal consistency, test-retest reliability, construct validity, and internal and external convergent and discriminant validity in previous studies (Boyle et al., 2022). In the present study, the emotional problems subscale demonstrated excellent internal consistency, with a Cronbach's alpha of 0.88, confirming its robustness and reliability for use in assessing mental health among Black students.

Stress. Stress was assessed using a questionnaire based on data from the Canadian Child and Youth Health Survey (Government of Canada, 2016) and WHO definitions. According to the World Health Organization (2023), stress is defined as a state of mental worry or tension caused by a difficult situation, a natural response that prompts one to face challenges and threats. The following question was asked: "Stress is when you feel worried, scared, or upset about something. How stressful are your days?". Students had to choose from these categories to answer: Not at all stressful (0), Not very stressful (1), A little stressful (2), Quite stressful (3), and

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

Extremely stressful (4). Scores have been interpreted as a continuous mean score, where higher scores reflect greater levels of stress.

Mental Health Support. Mental health support was measured using a scale developed by School Mental Health Ontario and adapted from the Adolescent Mental Health Support Scale (Green et al., 2022). This scale focuses on access to and use of mental health resources over the past 12 months. It was comprised of the following questions: (1) whether students had wanted to talk to a mental health professional at school for emotional challenges or problems in the past 12 months (answered as Yes [1] or No [0]), and (2) “In the past 12 months, how often did you speak with a mental health professional at school for help with emotional challenges or problems?”.

Participants chose from the following options: school mental health professionals, psychologists, social workers, teachers, coaches, school nurses, outside professionals, family members, friends, religious counsellors, crisis lines, groups on social networks, and doctors or nurses outside the school setting. For each question, participants indicated the frequency: 0 times (0), 1 time (1), 2 or 3 times (2), 4 times or more (3).

Scores were calculated as continuous mean scores for each source of support, with higher values indicating greater frequency of support-seeking behaviour. As each support type was assessed with a single item, internal consistency (e.g., Cronbach’s alpha) was not computed.

Data analysis

Analyses were conducted using SPSS version 29. Before beginning the analyses, invalid responses, such as incomplete surveys or those in which participants did not answer the validity check questions correctly, were excluded. Next, the normality of the data was checked by analyzing the kurtosis and skewness indices to ensure that the necessary statistical conditions were met.

Descriptive statistics were analyzed by grouping data by frequencies and calculating means and standard deviations for the demographic characteristics (age, gender, language, and grades). Means and standard deviations were also calculated for the study variables: discrimination, mental health, stress, and mental health support. Pearson correlations were used to analyze the associations between continuous variables such as discrimination, mental health, and emotional problems. Chi-square tests were conducted to examine the relationships between categorical variables (e.g., gender and types of mental health support accessed). Additional

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

subgroup comparisons (e.g., by gender) were conducted using chi-square tests to identify significant differences in reported discrimination, mental health, and use of support services. To account for the increased risk of Type I error due to multiple comparisons, the false discovery rate correction was applied. Specifically, the Benjamini–Hochberg (BH) correction for multiple testing (Benjamini & Hochberg, 1995) was used throughout the analyses, including descriptive comparisons, linear regression, and moderation models.

To test hypothesis 1, whether perceived discrimination significantly predicted poorer general mental health and higher emotional stress among Black students, a series of linear regression analyses were first conducted to assess the direct effect of perceived discrimination on these two mental health outcomes. Then, moderation models were tested to determine whether gender and grade level influenced the strength or direction of this relationship. To do so, interaction terms between perceived discrimination and each potential moderator were added to the regression models. Model fit and explained variance were evaluated using R^2 and F -statistics.

For hypothesis 2, both descriptive and inferential analyses were conducted to examine Black students' interest in consulting school-based mental health professionals over the past 12 months. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to assess overall levels of interest and awareness of available mental health resources at school. Chi-square tests were used to examine associations between students' interest in school-based mental health support and variables such as gender, emotional problems (anxiety and depression), and self-perceived mental health. Additional chi-square analyses were conducted to assess whether awareness of available resources was associated with help-seeking behaviour. Stratified analyses by gender were performed to explore whether the relationship between emotional symptoms and help-seeking varied by gender.

For hypothesis 3, a moderation analysis was conducted to examine whether mental health support moderated the relation between discrimination (independent variable) and mental health outcomes (dependent variable). All analyses were performed using SPSS version 29 with the PROCESS macro (Hayes, 2022).

Initially, variables were screened for missing values, outliers, and violations of regression assumptions (linearity, normality, homoscedasticity, and multicollinearity). Continuous predictor

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

variables, including discrimination and mental health support, were mean-centred before analysis to minimize multicollinearity and facilitate interpretation.

The moderation analysis consisted of a hierarchical multiple regression, where mental health outcomes were regressed on discrimination, mental health support, and their interaction term. The significance of the interaction term was tested to determine whether mental health support significantly moderated the discrimination–mental health relationship. If the interaction term was significant, simple slope analyses were conducted to explore conditional effects at varying levels (e.g., ± 1 SD) of mental health support. Findings, including standardized beta coefficients, confidence intervals, p-values, and effect sizes, were reported in the results section.

Results

Descriptive statistics

A total of 646 Black students participated in the study; however, some did not respond to all items. The mean age of participants was 12.51 years ($SD = 2.34$), with ages ranging from 8 to 18 years. Most Black students were between 8 and 13 years of age ($n = 330, 55.1\%$).

The distribution of sociodemographic variables is presented in Table 1. The sample shows a relatively balanced gender distribution, with 52.1% girls ($n = 312$) and 47.9% boys ($n = 287$) out of 599 respondents. A chi-square test of independence revealed a statistically significant association between gender and age group, $\chi^2(10, N = 599) = 23.40, p = .018$, suggesting that the distribution of Black students across age groups differed significantly by gender. All participants in the study identified as Black. Among them, 91.3% identified exclusively as Black, 6.5% specified a particular ethnic origin (e.g., African, Caribbean), and 2.2% reported belonging to more than one ethnic group. Most of these Black students were born in Canada (58.2%).

Regarding the language spoken at home, 52.2% of respondents reported speaking English, 2.6% spoke only French, and 1.3% were bilingual in both English and French. Distribution by grade level showed that 46.91% of students were in Grades 4 to 6, 30.4% in Grades 7 to 8, and 22.7% in Grades 9 to 12. However, none of the comparisons by gender for language, grade level, or place of birth were statistically significant after using the Benjamini–Hochberg adjustment for multiple testing.

Most (54.1%) of Black students reported having poor, fair, or good mental health, while 45.9% reported very good or excellent mental health. A significantly higher proportion of girls (n

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

= 192, 61.0%) than boys ($n = 123$, 39.0%) reported lower mental health ratings, $\chi^2(1, N = 582) = 21.75, p = .004$. For emotional problems (anxiety and depression), 70.7% of girls reported elevated symptoms compared to 29.3% of boys. This gender difference was statistically significant, $\chi^2(1, N = 497) = 45.40, p = .008$. Similarly, perceived stress levels varied significantly by gender, $\chi^2(2, N = 578) = 29.73, p = .002$. Girls reported higher levels of perceived stress ($M = 1.26, SD = 0.58$) compared to boys ($M = 0.98, SD = 0.60$). Discrimination experiences, measured by the question "How often are you treated with less respect than other people?", did not differ significantly by gender. This finding remained non-significant following the Benjamini–Hochberg correction, $\chi^2(4, N = 559) = 2.91, p = .667$.

Black students who reported more frequent experiences of discrimination were more likely to report poor mental health. There was a significant negative correlation between the frequency of discriminatory experiences and general mental health, $r = -.198, p = .003$. Black students who perceived discrimination were more likely to report emotional problems (anxiety and depression symptoms). The correlation between perceived discrimination and emotional problem scores was moderate and significant ($r = .330, p = .015$). While the correlations were $r = .375$ among girls and $r = .326$ among boys, a Fisher r -to- z comparison indicated that this difference was not statistically significant ($z = 0.52, p = .605$).

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

Table 1*Sociodemographic Characteristics and Key Variables by Gender (With BH-Adjusted P-Values)*

| Variables | Categories | Girls | Boys | Total | p-value |
|---------------------------|---------------------|-------------|-------------|-------------|---------|
| Age | 8–13 years | 173 (55.5%) | 157 (54.7%) | 330 (55.1%) | .018* |
| | 14–18 years | 139 (44.6%) | 130 (45.3%) | 269 (44.9%) | |
| Grades | 4–6 | 145 (51.6%) | 136 (48.4%) | 281 (45.8%) | .838 |
| | 7–8 | 98 (53.8%) | 84 (46.2%) | 182 (30.3%) | |
| | 9–12 | 69 (50.7%) | 67 (49.3%) | 136 (23.8%) | |
| Language | English | 142 (50.2%) | 141 (49.8%) | 283 (52.2%) | .655 |
| | French | 9 (64.3%) | 5 (35.7%) | 14 (2.6%) | |
| | English & French | 5 (71.4%) | 2 (28.6%) | 7 (1.3%) | |
| | Other | 125 (52.5%) | 113 (47.5%) | 238 (43.9%) | |
| Born in Canada | No | 140 (56.5%) | 108 (43.5%) | 248 (41.8%) | .107 |
| | Yes | 169 (48.8%) | 177 (51.2%) | 346 (58.2%) | |
| Stress | Not stressful | 21 (28.4%) | 53 (71.6%) | 74 (12.8%) | .002* |
| | Less stressful | 173 (49.4%) | 177 (50.6%) | 350 (60.6%) | |
| | Highly stressful | 103 (66.9%) | 51 (33.1%) | 154 (26.6%) | |
| General Mental Health | Poor/Fair/Good | 192 (61.0%) | 123 (39.0%) | 315 (54.1%) | .004* |
| | Very good/Excellent | 111 (41.6%) | 156 (58.4%) | 267 (45.9%) | |
| Emotional Problems | Low score (0–5) | 126 (39.0%) | 197 (61.0%) | 323 (65.0%) | .008* |
| | High score (6–14) | 123 (70.7%) | 51 (29.3%) | 174 (35.0%) | |
| Treated with less respect | Never | 97 (51.3%) | 92 (48.7%) | 189 (33.8%) | .667 |
| | Few times/year | 126 (51.6%) | 118 (48.4%) | 244 (43.6%) | |
| | Every month | 23 (51.1%) | 22 (48.9%) | 45 (8.1%) | |
| | Every week | 21 (60.0%) | 14 (40.0%) | 35 (6.3%) | |
| | Many times/week | 19 (41.3%) | 27 (58.7%) | 46 (8.2%) | |

Note. Table 1 presents the distribution of sociodemographic characteristics and key variables by gender among students aged 8 to 18. All *p*-values were adjusted using the Benjamini–Hochberg procedure to control for multiple comparisons (false discovery rate = 0.05). Asterisks (*) indicate statistically significant differences ($p < .05$, adjusted).

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

The types of mental health support resources accessed by students are presented in Table 2. The most frequently accessed source of support (i.e., 4 or more times) was “friend around the same age”, with 22.3% of girls reporting such use compared to 19.4% of boys, a statistically significant difference ($\chi^2 (3, N = 508) = 25.45, p = .013$, Cramér’s $V = .21$). This was followed by “parent, relative, or other adult outside of school”, with 24.0% of girls accessing this support compared to 15.8% of boys ($\chi^2 (3, N = 521) = 14.35, p = .013$, Cramér’s $V = .16$).

Table 2*Frequency of Contact with Mental Health Support Sources by Gender*

| Source of Support | Numbers of times consulted | Girls (n, %) | Boys (n, %) | Total (N) | p-value |
|---|----------------------------|----------------|-------------|-----------|---------|
| School mental health professional | 0 time | 216 (84.7%) | 185 (81.5%) | 401 | .213 |
| | 1 time | 14 (5.5%) | 25 (11.0%) | 39 | |
| | 2 or 3 times | 11 (4.3%) | 9 (4.0%) | 20 | |
| | 4 or more times | 14 (5.5%) | 8 (3.5%) | 22 | |
| A teacher, coach or other school staff | 0 time | 171 (64.3%) | 171 (71.6%) | 342 | .208 |
| | 1 time | 41 (15.4%) | 30 (12.6%) | 71 | |
| | 2 or 3 times | 41 (15.4%) | 21 (8.8%) | 62 | |
| | 4 or more times | 13 (4.9%) | 17 (7.1%) | 30 | |
| A nurse at school | 0 time | 251 (94.4%) | 233 (95.9%) | 484 | .510 |
| | 1 time | 5 (1.9%) | 6 (2.5%) | 11 | |
| | 2 or 3 times | 6 (2.3%) | 4 (1.6%) | 10 | |
| | 4 or more times | 4 (1.5%) | 0 (0.0%) | 4 | |
| Another adult at school | 0 time | 208 (79.4%) | 195 (81.6%) | 403 | .815 |
| | 1 time | 23 (8.8%) | 22 (9.2%) | 45 | |
| | 2 or 3 times | 19 (7.3%) | 13 (5.4%) | 32 | |
| | 4 or more times | 12 (4.6%) | 9 (3.8%) | 21 | |
| Mental health professional outside school | 0 time | 232 (87.2%) | 211 (88.7%) | 443 | .638 |

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

| Source of Support | Numbers of times consulted | Girls (<i>n</i> , %) | Boys (<i>n</i> , %) | Total (<i>N</i>) | <i>p</i> -value |
|---|----------------------------|-----------------------|----------------------|--------------------|-----------------|
| Parent, relative, or other adult outside | 1 time | 8 (3.0%) | 12 (5.0%) | 20 | .013* |
| | 2 or 3 times | 12 (4.5%) | 9 (3.8%) | 21 | |
| | 4 or more times | 14 (5.3%) | 6 (2.5%) | 20 | |
| | 0 time | 108 (40.4%) | 135 (56.0%) | 243 | |
| Friend around the same age | 1 time | 45 (16.9%) | 39 (16.2%) | 84 | .013* |
| | 2 or 3 times | 50 (18.7%) | 29 (12.0%) | 79 | |
| | 4 or more times | 64 (24.0%) | 38 (15.8%) | 102 | |
| | 0 time | 93 (33.9%) | 129 (52.2%) | 222 | |
| Coach or club advisor outside school | 1 time | 47 (17.2%) | 41 (16.6%) | 88 | .117 |
| | 2 or 3 times | 73 (26.6%) | 29 (11.7%) | 102 | |
| | 4 or more times | 61 (22.3%) | 48 (19.4%) | 109 | |
| | 0 time | 251 (93.3%) | 213 (85.9%) | 464 | |
| Religious or faith leader | 1 time | 9 (3.3%) | 13 (5.2%) | 22 | .538 |
| | 2 or 3 times | 5 (1.9%) | 16 (6.4%) | 21 | |
| | 4 or more times | 4 (1.5%) | 6 (2.4%) | 10 | |
| | 0 time | 221 (83.1%) | 200 (84.7%) | 421 | |
| Crisis hotline / text line | 1 time | 19 (7.1%) | 19 (8.0%) | 38 | .492 |
| | 2 or 3 times | 13 (4.9%) | 5 (2.1%) | 18 | |
| | 4 or more times | 13 (4.9%) | 12 (5.1%) | 25 | |
| | 0 time | 247 (95.0%) | 219 (92.8%) | 466 | |
| Elder or knowledge keeper from my community | 1 time | 5 (1.9%) | 10 (4.2%) | 15 | .567 |
| | 2 or 3 times | 3 (1.2%) | 4 (1.7%) | 7 | |
| Elder or knowledge keeper from my community | 4 or more times | 5 (1.9%) | 3 (1.3%) | 8 | .567 |
| | 0 time | 229 (87.1%) | 207 (87.0%) | 436 | |
| Elder or knowledge keeper from my community | 1 time | 14 (5.3%) | 18 (7.6%) | 32 | .567 |

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

| Source of Support | Numbers of times consulted | Girls (n, %) | Boys (n, %) | Total (N) | p-value |
|---------------------------------|-----------------------------------|--------------|-------------|-------------|---------|
| Person or group on social media | 2 or 3 times | 10 (3.8%) | 9 (3.8%) | 19 | .213 |
| | 4 or more times | 10 (3.8%) | 4 (1.7%) | 14 | |
| | 0 time | 201 (74.2%) | 205 (83.3%) | 406 | |
| | 1 time | 27 (10.0%) | 18 (7.3%) | 45 | |
| | 2 or 3 times | 22 (8.1%) | 12 (4.9%) | 34 | |
| | 4 or more times | 21 (7.7%) | 11 (4.5%) | 32 | |
| | Doctor or nurse outside of school | 0 time | 225 (84.6%) | 198 (82.8%) | |
| | 1 time | 16 (6.0%) | 19 (7.9%) | 35 | |
| | 2 or 3 times | 13 (4.9%) | 9 (3.8%) | 22 | |
| | 4 or more times | 12 (4.5%) | 13 (5.4%) | 25 | |

Note. Table 2 presents p-values for comparisons between girls and boys across different sources of support consulted. P-values were adjusted using the Benjamini–Hochberg procedure to control the false discovery rate across 13 multiple comparisons. $p < .05$ (adjusted) indicates a statistically significant difference. Statistically significant comparisons are marked with an asterisk (*).

When Black students discussed their emotions with someone, it was associated with better mental health outcomes. This relation was statistically significant and varied according to the frequency of discriminatory experiences ($\chi^2(16) = 26.53, p = .047$).

Perceived Discrimination and the Mental Health and Emotional Stress of Black Students

To test hypothesis 1, a series of linear regression analyses were conducted to examine whether perceived discrimination significantly predicted general mental health and emotional stress among Black students.

The first regression revealed that perceived discrimination significantly and negatively predicted general mental health, $F(1, 577) = 22.51, p < .006, R^2 = .038$. Higher levels of discrimination were associated with lower levels of self-reported mental health ($B = -0.081, SE = 0.017, 95\% \text{ CI} [-0.114, -0.047], \beta = -.194$). A second regression indicated that perceived discrimination was also a significant positive predictor of emotional stress, $F(1, 578) = 88.82, p < .003, R^2 = .133$. Greater perceived discrimination was associated with higher levels of emotional stress ($B = 0.343, SE = 0.036, 95\% \text{ CI} [0.272, 0.415], \beta = .365$), reflecting a moderate effect size.

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

To test moderation effects, interaction terms were created between perceived discrimination and two potential moderators: gender and grade level. Results showed that the interaction between discrimination and gender significantly predicted both mental health, $F(1, 557) = 7.62, p = .006, R^2 = .013$, and emotional stress, $F(1, 557) = 31.23, p < .002, R^2 = .053$. Specifically, the interaction term was negative for mental health ($B = -0.029, SE = 0.011, \beta = -.116$) and positive for emotional stress ($B = 0.131, SE = 0.023, \beta = .230$), suggesting that the negative impact of discrimination on mental health outcomes was stronger for girls compared to boys.

Similarly, grade level moderated the effects of perceived discrimination on both outcomes. The interaction between discrimination and grade level significantly predicted general mental health, $F(1, 577) = 25.21, p < .001, R^2 = .042$, and emotional stress, $F(1, 578) = 41.76, p < .0012, R^2 = .067$. The interaction terms indicated that the detrimental impact of perceived discrimination on mental health ($B = -0.043, SE = 0.009, \beta = -.205$) and emotional stress ($B = 0.123, SE = 0.019, \beta = .260$) increased as Black students progressed to higher grade levels.

Black Students and Mental Health Support Seeking at School

To address hypothesis 2, descriptive and inferential analyses were conducted to examine Black students' interest in consulting school mental health professionals and its associations with various sociodemographic and psychological factors.

Among the 526 students who responded, 16.0% reported having wanted to talk to a school mental health professional in the past 12 months, whereas 84.0% indicated they had not. The overall mean was low ($M = 0.16, SD = 0.37$), suggesting limited expressed interest in accessing school-based mental health support. However, when asked whether they knew where to go for help with emotional difficulties, 70.5% of the 546 respondents answered "yes," while 29.5% answered "no" ($M = 0.71, SD = 0.46$), indicating a higher general awareness of available resources.

A chi-square test revealed a significant association between gender and interest in school-based mental health services, $\chi^2(1, N = 499) = 9.57, p = .002$. Girls were more likely than boys to report wanting to speak to a school mental health professional (21.0% vs. 8.7%). Another chi-square analysis showed a strong and statistically significant relation between emotional problems

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

and students' desire to consult a mental health professional, $\chi^2(1, N = 456) = 29.93, p = .007$. Specifically, 29.2% of students with high emotional problems expressed interest in support, compared to 9.4% among those with low levels of emotional symptoms.

A stratified analysis further revealed that this association was moderated by gender. Among girls, emotional problems were strongly associated with help-seeking, $\chi^2(1, N = 217) = 20.12, p = .003$. Over one-third (34.3%) of girls with elevated emotional symptoms reported wanting to speak to a mental health professional, versus only 9.2% of girls with lower symptom levels. Among boys, 14.6% of those with elevated emotional problems wanted to speak to a school mental health professional, compared to 7.7% of those with lower levels of symptoms; however, this difference was not statistically significant, $\chi^2(1, N = 216) = 2.08, p = .149$.

In addition, Black students' self-perceived mental health was also significantly associated with their desire to seek school-based support. Among those reporting their mental health as *good, fair, or poor*, 21.9% indicated wanting to talk to a school mental health professional, compared to only 7.2% among those who rated their mental health as *very good or excellent*, $\chi^2(1, N = 488) = 20.37, p = .002$.

This relation remained significant when analyzed separately by gender. Among girls, 27.7% of those reporting lower mental health expressed interest in support versus 9.7% among those with better perceived mental health, $\chi^2(1, N = 252) = 11.44, p = .001$. Among boys, 13.2% of those reporting lower mental health expressed interest in support versus 5.4% among those with better perceived mental health, $\chi^2(1, N = 236) = 4.41, p = .042$.

Mental Health Support and the Impact of Discrimination on Black Students

To address hypothesis 3, moderation analyses were conducted to examine whether various sources of school-based mental health support moderated the relationship between perceived discrimination and self-reported mental health among Black students. Before conducting moderation analyses, key assumptions were assessed and addressed. The dependent variable (mental health), the independent variable (discrimination), and each of the moderator variables (school-based mental health support sources) were appropriately coded for binary logistic regression. All continuous predictors were mean-centred to reduce multicollinearity and facilitate interpretation of interaction terms. No violations of linearity, independence, or multicollinearity were detected.

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

Five moderation analyses were conducted using model 1 of the PROCESS macro (Hayes, 2022) to examine whether different sources of school-based mental health support moderated the relation between discrimination and mental health. Specifically, sources included: (1) a school mental health professional, (2) a teacher, coach or school staff member, (3) a school nurse, (4) another adult at school (e.g., counsellor, support staff), and (5) a friend around the same age.

In the model testing the moderating role of support from a school mental health professional, the overall model was significant, $\chi^2(3) = 23.51, p = .001$, Nagelkerke $R^2 = .0637$. The interaction term between discrimination and support was not significant, $b = -0.05, SE = 0.11, p = .504$. In the model including a teacher, coach or school staff member as moderator, the overall model was significant, $\chi^2(3) = 22.16, p = .001$, Nagelkerke $R^2 = .0575$. The interaction term was not significant, $b = 0.02, SE = 0.08, p = .849$. The model examining school nurse support was also significant overall, $\chi^2(3) = 21.20, p = .002$, Nagelkerke $R^2 = .0551$. However, the interaction term did not reach statistical significance, $b = -0.12, SE = 0.21, p = .716$. Similarly, the model with another adult at school showed a significant model-level result, $\chi^2(3) = 22.49, p = .002$, Nagelkerke $R^2 = .0592$, yet the interaction between discrimination and support was not statistically significant, $b = 0.09, SE = 0.10, p = .725$. In the model testing the moderating role of support from a friend around the same age, the overall model was also significant, $\chi^2(3) = 52.95, p = .001$, Nagelkerke $R^2 = .1311$. In this model, the interaction term between discrimination and peer support was not statistically significant after BH correction, $b = -0.17, SE = 0.08, p = .066$.

None of the interaction effects remained statistically significant after applying Benjamini-Hochberg adjustment for multiple testing; school-based sources of mental health support did not moderate the relationship between perceived discrimination and mental health among Black students in this study.

Discussion

In the present study, the impact of discrimination on the mental health of Black students enrolled in Grades 4-12 in Ontario schools was examined. Using social identity theory and resilience theory, access to mental health support at school was analyzed to determine whether this support could mitigate the negative effects of discrimination, especially anxiety and

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

depression. The results of this study show that discrimination against Black students in Ontario schools has a real negative impact on their mental health.

Analysis of the data revealed that Black students reporting high levels of discrimination reported more emotional problems. This effect differed by socio-demographic variables, like gender and grade level. Girls scored significantly higher than boys on emotional problems, suggesting important gender differences in how discrimination is experienced and internalized. Despite the high prevalence of these difficulties, willingness to consult a school mental health professional remained surprisingly low: only 16.0% of Black students expressed an interest in this type of support in the past year. Black students more frequently turned to friends of the same age for emotional support. And those who reported having discussed their emotional difficulties, regardless of the source of support, had better mental health.

These results highlight a double challenge: on the one hand, the negative effects of discrimination on the mental health of Black youth, and on the other, the low use of formal psychological support services in Ontario schools.

Discrimination, Support, and Mental Health Among Black Students

In the present study, the average age of the Black students who participated was 12.51 years, with the majority between 8 and 13 years old. This is an age range that corresponds to a critical developmental transition period for adolescents. At this point in their lives, young people become very vulnerable to mental health problems, particularly regarding their identity, self-esteem, and the quality of their social interactions (Maldonado et al., 2013; McDougall & Vaillancourt, 2015; Potterton et al., 2022; Rapee et al., 2022; Saint-Georges & Vaillancourt, 2020). Shelvin et al. (2014) examined how racial identity profiles and awareness of social stereotypes influence the sensitivity of African American youth aged 10 to 12 to stereotype threat. The authors showed in this study that identity development, especially when youth are exposed to forms of stigma, played an important role in their psychological well-being. This link between identity construction and the mental health of racialized youth is fundamental, particularly when considering their school experiences and the obstacles they must overcome, like discrimination.

Most Black students who participated in the present study were born in Canada, indicating that Black identity in Ontario is not solely tied to recent immigration. According to the 2021

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

Census data from Statistics Canada (2024), approximately 35.2% of the Black population in Ontario was born in Canada, with 26.0% being second-generation, and 9.2% third-generation or more (Government of Canada, 2024). Despite this level of integration, a study by Akuoko-Barfi et al. (2025) found that many Black youth in Ontario still reported social exclusion, which negatively affects their mental health and contributes to a heightened sense of injustice. Similarly, Okoye and Saewyc (2021) found that Canadian-born Black adolescents were more likely to report experiences of racial discrimination than their foreign-born peers.

The results of the present study indicated that 54.1% of students reported having poor, fair, or good mental health. This finding aligns with national data from Cénat et al. (2023) which revealed high rates of depressive (44.5%) and anxiety (40.9%) symptoms among Black Canadians. Additionally, in the present study, 70.7% of girls reported symptoms of anxiety or depression, compared to only 29.3% of boys, underscoring significant gender disparities in mental health. These findings are consistent with previous research showing that discrimination and structural inequalities disproportionately affect the mental health of Black girls (Lavner et al., 2023; Tipre & Carson, 2022).

A significant negative correlation was found between perceived discrimination and general mental health, and a moderate positive correlation between discrimination and emotional symptoms. These results align with findings from Fante-Coleman and Jackson-Best (2020), which highlight how racism contributes to poorer mental health and barriers to service access for Black youth in Canada.

Regarding support resources, peer support emerged as the most accessed source of help, with girls slightly more likely than boys to seek help from a same-age friend. Girls were also more inclined to turn to a parent or an adult outside of school. However, the use of school-based mental health professionals remained limited, and no notable gender differences were observed for more formal supports such as crisis lines or school counsellors. These patterns highlight the importance of peer relationships and may suggest a lack of trust in institutional resources (Fante-Coleman & Jackson-Best, 2020; Feng et al., 2023).

Interestingly, talking about emotions was significantly associated with better mental health outcomes, particularly for those who experienced frequent discrimination. This supports existing literature emphasizing emotional expression as a protective factor against the

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

psychological consequences of discrimination (Oluwasina et al., 2024; Salami et al., 2021). Still, boys may be less inclined to discuss emotional issues than girls due to gendered norms promoting emotional suppression (Dennis & Zolnikov, 2024; Lang et al., 2022).

Discrimination, Mental Health, and Stress Among Black Students by Gender and Grade

Linear regression analyses revealed that the perception of discrimination was significantly associated with the mental health of the Black students in the present study. Specifically, a higher perception of discrimination is linked to poorer mental health, which supports previous research associating repeated microaggressions with decreased well-being among racialized youth (e.g., Cénat et al., 2022; Sue et al., 2007).

Furthermore, discrimination in this study is also associated with increased stress. This relation suggests that stress may represent a more immediate response to discriminatory experiences. Studies support this hypothesis: for example, Grey et al. (2024) found that exposure to discrimination during adolescence was linked to heightened brain reactivity to stress, which led to subsequent psychological distress. Another study found that perceived discrimination was associated with significant psychological and physiological stress responses (Pascoe & Smart Richman, 2009), suggesting that the perception of discrimination can trigger immediate stress reactions. These findings highlight the importance of implementing early interventions to prevent the accumulation of chronic stress from a young age, particularly among Black youth who experience repeated discrimination (Assari et al., 2017).

Moderating Role of Gender

The analysis of the moderating role of gender reveals that, although girls report more mental health problems than boys, gender does not moderate the relation between perceived discrimination and mental health. Similarly, for stress, perceived discrimination and gender were both significant predictors, but their interaction was not significant. These results suggest that gender directly influences mental health and stress (with girls being more affected) but does not change the way perceived discrimination impacts these variables. In other words, the negative effects of discrimination are similar for both boys and girls, although girls exhibit higher overall levels of distress.

These observations are consistent with the findings of Michaelson et al. (2025), who showed that Canadian adolescent girls feel increased pressure due to conflicting social

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

expectations, contributing to the deterioration of their mental health. Additionally, in a longitudinal study, Charbonneau et al. (2009) found that stressful events mediate gender differences in depressive symptoms among adolescents, and that individual emotional reactivity influences this relation, suggesting that girls may be more vulnerable to the effects of emotional stress than boys. Finally, Rogers et al. (2022) found that adolescent girls exposed to discrimination report higher levels of internalizing symptoms such as anxiety and depression compared to boys, suggesting that, although gender does not directly moderate the relation between discrimination and mental health, it does influence how these experiences are perceived and internalized.

Moderating Role of Grade Level

The analysis of grade level shows a moderating effect on the relation between discrimination and mental health: perceived discrimination negatively predicted mental health, and grade level itself also has a significant effect. However, the interaction between discrimination and grade level was not significant, suggesting that discrimination affects students relatively uniformly regardless of grade level. For emotional stress, a similar trend was observed: perceived discrimination and grade level were both significant predictors, but their interaction was not. This means that stress slightly decreases with grade level, but the impact of perceived discrimination remains the same across grade levels.

These results are consistent with data from British Columbia, where a study showed that Black adolescents faced high levels of racism regardless of grade level, which negatively impacted their psychological well-being (Okoye et al., 2023). Experiences of racism were associated with increased school-related psychosocial stress, including peer harassment, feelings of insecurity, and reduced connection to school.

Access to Mental Health Support and Help-Seeking Behaviour Among Black Students

The results of this study reveal a low proportion of Black students who reported wanting to speak to a school mental health professional in the past 12 months. This is particularly concerning given the high levels of emotional problems reported among participants, especially among girls, as well as the broader findings in Canadian literature documenting the prevalence of anxiety and depression in the Black population (Kogan et al., 2022). The gap between need and

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

help-seeking may be explained by a combination of cultural stigma, institutional distrust, or previous negative experiences with mental health services.

Despite this low interest, most students indicated that they knew where to go for help, highlighting a discrepancy between awareness and actual help-seeking behaviour. This suggests that knowing about services may not be sufficient on its own; trust, perceived relevance, and cultural safety likely play critical roles in whether youth decide to reach out for support (Feng et al., 2023).

Gender emerged as a significant moderating factor in students' attitudes toward mental health support. Girls were significantly more likely than boys to express a desire to talk to a school mental health professional. Furthermore, emotional problems were strongly associated with help-seeking among girls: over one-third of girls with high emotional symptoms reported wanting to speak to a mental health professional, compared to just 14.6% of boys with similarly high symptoms. Among boys, the association between emotional distress and interest in mental health support was not statistically significant. This finding aligns with previous research showing that boys are often less likely to seek psychological support, partly due to gender norms discouraging emotional vulnerability (Dennis & Zolnikov, 2024; Rickwood et al., 2005).

Similarly, perceived mental health status influenced help-seeking. Students who reported poor, fair, or good mental health were significantly more likely to want support than those who rated their mental health as very good or excellent. Once again, this association was stronger and more significant among girls. These gendered patterns reinforce the importance of addressing masculinity norms and fostering culturally safe, gender-sensitive environments that promote emotional expression for all students.

Mental Health Support and the Moderating Role Against Discrimination

The present study which highlights the detrimental association of discrimination on the mental health of Black students, is consistent with a large body of literature (Cénat et al., 2023, 2025; Kogan et al., 2022; Milam et al., 2022; Okoye & Saewyc, 2021; Radebe, 2024), indicating that experiences of discrimination are associated with negative psychological outcomes. However, the hypothesis that school-based mental health support might buffer this relationship was not supported in this study. None of the sources of support assessed, whether from mental health professionals, teachers, school staff, other adults at school, or peers, significantly

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

moderated the relation between perceived discrimination and mental health among Black students. Therefore, despite their presence, sources of school-based mental health support did not moderate the relation between perceived discrimination and self-reported mental health among Black students. This null finding suggests that, while such support may be well-intentioned, it is often perceived as distant, inadequate, or not sufficiently attuned to the lived realities of Black youth. Adult figures in schools may not be viewed as trustworthy allies in the face of racial discrimination, or students may not feel psychologically safe or culturally affirmed enough to disclose such experiences. These results align with prior research indicating that school-based support, when not explicitly anti-racist or culturally responsive, often fails to meaningfully protect the mental health of racialized students (Anderson et al., 2019; Jones, 2025; Okoye et al., 2023; Olanlesi-Aliu et al., 2025).

These observations are consistent with recent research conducted in Ontario. For example, in the study led by Cénat et al. (2025), over 40% of Black students in Canadian schools had experienced racial discrimination, and these experiences were significantly associated with higher levels of depression, anxiety, and PTSD symptoms. The lack of an appropriate institutional response, particularly the failure of school staff to intervene, was identified as a major factor worsening students' psychological distress. This aligns with the idea that school-based mental health resources, unless explicitly anti-racist and trauma-informed, may not offer the necessary protection to Black youth. Similarly, a scoping review by Martínez-Vega et al. (2024) highlighted systemic gaps in the availability of culturally responsive mental health care for Black youth across Canada, particularly in Ontario. The review recommended expanding community-based services and emphasized the need for professional training in cultural competence among educators and school mental health staff. Additionally, the Ontario Human Rights Commission (2024) report points to the critical role played by affinity groups and culturally affirming programs within schools. These student-led initiatives provide protective social networks and emotional validation, which are often lacking in formal institutional support systems. However, the report warns that such programs remain underfunded and require sustained administrative backing to be effective.

By exploring the frequency and impact of discrimination, the accessibility of and willingness to seek help, the significance of available school-based support for Black students,

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

and the identity-related factors that shape these experiences, this study offers an interpretation of what many of these students go through in their educational journey in Ontario. It also provides evidence-based directions for developing more inclusive, responsive, and equitable school environments.

Limitations and Future Research

One of the main challenges of this study lies in the sample size limitation. Although data were collected from 646 students, the representativeness of the sample remains an important consideration. Indeed, participants come only from schools in Ontario, which could restrict the generalizability of the results to the broader population of Black students in Canada. Furthermore, although sociodemographic variables such as age, gender, and grade level were included, other contextual factors, such as urban versus rural settings, could influence the results differently.

The data collection method, which primarily relied on self-reported questionnaires, may introduce response bias. Black students might have underestimated or overestimated their experiences of discrimination as well as their emotional responses due to the stigma associated with mental health. Additionally, some participants may not have responded fully honestly about their experiences, particularly in a context where mental health stigma remains prevalent. This could have affected the validity of the results, especially regarding the assessment of mental health care utilization.

The measurement of perceived discrimination was conducted using a standardized questionnaire, but it is possible that some aspects of discrimination experienced by Black students were not fully captured by this instrument. For example, discrimination can manifest in various forms (microaggressions, systemic exclusion, stereotypes, etc.). In the present study, the complexity of these experiences was not explored in depth. Future research should consider the diversity of discrimination types to better understand their effects on Black students' mental health. Moreover, the population examined was not specific (e.g., Black francophone or immigrant students), which may have limited the precision of the findings and masked important subgroup differences (Ibrahim, 2014; Ibrahim, 2022).

Finally, although the statistical analyses showed significant associations between discrimination, mental health, and stress, the nature of these relations remains correlational. This

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

means we cannot establish direct causal links between discrimination and mental health outcomes. Further longitudinal studies would be necessary to better understand the underlying causal mechanisms of these phenomena.

Study Implications

In Ontario, programs aimed at reducing inequalities affecting Black youth, particularly in terms of academic achievement, often address issues of racism and discrimination (Oloo, 2023). My thesis contributes to a better understanding of the impact of discrimination on Black students by showing significant associations between the frequency of discriminatory experiences and poorer mental health, especially among girls. The results revealed that emotional problems such as anxiety and depression are frequently found among Black students who feel they are treated with less respect than others.

By documenting these trends, this study helps to identify the challenges faced by Black students in Ontario's education system, as well as the psychological consequences that may hinder their well-being and academic success. The analyses showed that students who talk about their emotions have better mental health outcomes, but the types of support sought by these Black youth vary by gender. These findings can help the development of more inclusive, culturally responsive educational and psychosocial programs that are aligned with the actual needs of Black students.

Another important point is that the results of this study can enrich the training of school-based mental health professionals by raising awareness of the realities experienced by Black students, while also considering the significant gender differences in how care and support are accessed. And this aspect is particularly important to me since this thesis is being written as part of my master's degree in education for health professionals. Accordingly, this study offers some directions for reducing systemic inequalities and fostering school environments where all students, especially those from marginalized communities, can thrive.

Conclusion

The relation between perceived discrimination, school-based mental health support, and psychological outcomes was examined among Black students in Ontario. Results indicated that perceived discrimination was significantly associated with poorer mental health, including higher emotional stress and more symptoms of anxiety and depression. Gender and grade level

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

moderated this relation, with girls and older students showing greater vulnerability. Despite the presence of school mental health services, most Black students did not express interest in accessing these resources. According to Social Identity Theory, discrimination weakens Black students' sense of belonging, which helps explain their greater psychological vulnerability and low use of school support services. However, across the sample, students who talked about their emotional difficulties, regardless of the support source, reported better mental health. These results underscore the impact of discrimination on youth mental health and the limited use of available support. They highlight the need for culturally responsive and accessible mental health strategies that encourage emotional expression and are tailored to the unique realities of Black students in Ontario schools.

References

- Akuoko-Barfi, C., Escobar Olivo, V., Rampersaud, M., Parada, H., & Shuster, R. (2025). *“I feel like I was targeted” : Black youth navigating policing in Ontario, Canada. Child & Youth Services, 46(1), 103–128.* <https://doi.org/10.1080/0145935X.2023.2243436>
- Altman, A. (2020). *Discrimination*. Dans E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy (Winter 2020)*. Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/archives/win2020/entries/discrimination/>
- Anaut, M. (2015). *La résilience : Évolution des conceptions théoriques et des applications cliniques. Recherche en soins infirmiers, 121(2), 28–39.* <https://doi.org/10.3917/rsi.121.0028>
- Anderson, R. E., Metzger, I., Applewhite, K., Sawyer, B., Jackson, W., Flores, S., Majors, A., McKenny, M. C., & Carter, R. (2020). *Hands up, now what? Black families’ reactions to racial socialization interventions. Journal of Youth Development, 15(5), 93–109.* <https://doi.org/10.5195/jyd.2020.755>
- Anderson, R. E., Saleem, F. T., & Huguley, J. P. (2019). *Choosing to see the racial stress that afflicts our Black students. Phi Delta Kappan, 101(3), 20–25.* <https://doi.org/10.1177/0031721719885911>
- Assari, S., Moazen-Zadeh, E., Caldwell, C. H., & Zimmerman, M. A. (2017). *Racial discrimination during adolescence predicts mental health deterioration in adulthood: Gender differences among Blacks. Frontiers in Public Health, 5, 104.* <https://doi.org/10.3389/fpubh.2017.00104>
- Autin, F. (2010). La théorie de l’identité sociale de Tajfel et Turner. Dans *Préjugés & Stéréotypes. Projet à l’initiative de l’AFPS réalisé avec le concours du Ministère de la Recherche.*
- Baysu, G., Agirdag, O., & De Leersnyder, J. (2023). *The association between perceived discriminatory climate in school and student performance in math and reading: A cross-national analysis using PISA 2018. Journal of Youth and Adolescence, 52(3), 619–636.* <https://doi.org/10.1007/s10964-022-01712-3>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Benjamini, Y., & Hochberg, Y. (1995). *Controlling the false discovery rate: A practical and powerful approach to multiple testing*. *Journal of the Royal Statistical Society: Series B (Methodological)*, 57(1), 289–300. <https://doi.org/10.1111/j.2517-6161.1995.tb02031.x>
- Benoit, M., Bell, J., & Lavoie, A. M. (2018). *La santé mentale de jeunes étudiantes franco-ontariennes d'une université bilingue en Ontario : Les effets de la double minorisation et du bilinguisme instrumental sur les études et l'entrée en carrière*. *Minorités linguistiques et société*, 9, 207–226. <https://doi.org/10.7202/1043503ar>
- Bissonnette, S., & Boyer, C. (2021). *Pour favoriser une implantation réussie des programmes fondés sur des données probantes : Prendre en compte les éléments clés d'une mise en œuvre de qualité*. *Formation et profession*, 29(3), Article a238. <https://doi.org/10.18162/fp.2021.a238>
- Bourdillon, F. (2018). *Santé publique et santé mentale*. *Pratiques en santé mentale*, 64(1), 12–16. <https://doi.org/10.3917/psm.181.0012>
- Boutry-Avezou, V., Sabatier, C., & Brisset, C. (2007). *Bien-être, adaptation sociale et discrimination à l'école : Psychological well-being at school, social adaptation and perceived discrimination in second-generation immigrant adolescents*. *Revue Francophone du Stress et du Trauma*, 7(3), 205–216.
- Boyle, M. H., Duncan, L., Wang, L., & Georgiades, K. (2022). *The 25-Item Ontario Child Health Study Emotional Behavioural Scales-Brief Version (OCHS-EBS-B): Test-retest reliability and construct validity when used as categorical measures*. *The Canadian Journal of Psychiatry*, 67(4), 306–315. <https://doi.org/10.1177/07067437211037125>
- Byrd, C. M., & Carter Andrews, D. J. (2016). *Variations in students' perceived reasons for, sources of, and forms of in-school discrimination: A latent class analysis*. *Journal of School Psychology*, 57, 1–14. <https://doi.org/10.1016/j.jsp.2016.05.001>
- Cabrera Martinez, L., Barrita, A., & Wong-Padoongpatt, G. (2022). *A systematic literature review on the resilience reported by BIPOC in the face of discrimination*. *Spectra Undergraduate Research Journal*, 2(1). <https://doi.org/10.9741/2766-7227.1012>
- Carde, E. (2007). *Les discriminations selon l'origine dans l'accès aux soins*. *Santé Publique*, 19(2), 99–109. <https://doi.org/10.3917/spub.072.0099>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Cénat, J. M., Farahi, S. M. M. M., & Dalexis, R. D. (2023). *Prevalence and determinants of depression, anxiety, and stress symptoms among Black individuals in Canada in the context of the COVID-19 pandemic. Psychiatry Research, 326*, Article 115341. <https://doi.org/10.1016/j.psychres.2023.115341>
- Cénat, J. M., Hajizadeh, S., Dalexis, R. D., Ndengeyingoma, A., Guerrier, M., & Kogan, C. (2022). *Prevalence and effects of daily and major experiences of racial discrimination and microaggressions among Black individuals in Canada. Journal of Interpersonal Violence, 37*(17–18), NP16750–NP16778. <https://doi.org/10.1177/08862605211023493> SAGE Journals+8ouci.dntb.gov.ua+8ResearchGate+8
- Cénat, J. M., Manoni-Millar, S., David, A., Moshirian Farahi, S. M. M., Jacob, G., Darius, W. P., Beogo, I., & Dalexis, R. D. (2025). *Racism in education among Black youth in Canada and its association with depression, anxiety, stress, and post-traumatic stress disorder. Research on Child and Adolescent Psychopathology, 53*(7), 999–1015. <https://doi.org/10.1007/s10802-025-01316-y> SAGE Journals+4ResearchGate+4ouci.dntb.gov.ua+4
- Chiu, M., Amartey, A., Wang, X., & Kurdyak, P. (2018). *Ethnic differences in mental health status and service utilization: A population-based study in Ontario, Canada. The Canadian Journal of Psychiatry, 63*(7), 481–491. <https://doi.org/10.1177/0706743717741061>
- Coker, T. R., Elliott, M. N., Kanouse, D. E., Grunbaum, J. A., Schwebel, D. C., Gilliland, M. J., Tortolero, S. R., Peskin, M. F., & Schuster, M. A. (2009). *Perceived racial/ethnic discrimination among fifth-grade students and its association with mental health. American Journal of Public Health, 99*(5), 878–884. <https://doi.org/10.2105/AJPH.2008.144329>
- Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). *Racial trauma: Theory, research, and healing: Introduction to the special issue. American Psychologist, 74*(1), 1–5. <https://doi.org/10.1037/amp0000442>
- Cyrulnik, B. (2012). *Résilience*. In *Résilience* (pp. 7–17). Odile Jacob. <https://doi.org/10.3917/oj.cyrul.2012.01.0007>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Daniel, B.-J. (2019). *Racial and academic identities as central precursors to Black student academic success*. In *Proceedings of the 2019 AERA Annual Meeting*. <https://doi.org/10.3102/1435090>
- Datta, G., Siddiqi, A., & Lofters, A. (2021). *Transforming race-based health research in Canada*. *CMAJ: Canadian Medical Association Journal*, 193(3), E99–E100. <https://doi.org/10.1503/cmaj.201742>
- Deasy, C., Coughlan, B., Pironom, J., Jourdan, D., & Mannix-McNamara, P. (2014). *Psychological distress and coping amongst higher education students: A mixed method enquiry*. *PLoS ONE*, 9(12), e115193. <https://doi.org/10.1371/journal.pone.0115193>
- Dennis, J., & Zolnikov, T. R. (2024). *Demystifying male emotional development: Exploring the implications of forced gender roles on Black American males*. *Journal of Black Psychology*, 50(1), 68–90. <https://doi.org/10.1177/00957984231191868>
- Doré, I., & Caron, J. (2017). *Santé mentale : Concepts, mesures et déterminants*. *Santé mentale au Québec*, 42(1), 125–145. <https://doi.org/10.7202/1040247ar>
- Drabenstott, M., Smyth, R. E., Searle, M., Kirkpatrick, L., & Labonté, C. (2023). *School leaders' response to rising mental health concerns: A collaborative school-based social worker pilot*. *Journal of School Leadership*, 33(6), 607–632. <https://doi.org/10.1177/10526846231187569>
- Druez, E. (2016). *Réussite, racisme et discrimination scolaires : L'expérience des diplômé-e-s d'origine subsaharienne en France*. *Terrains & travaux*, 29(2), 21–41. <https://doi.org/10.3917/tt.029.0021>
- Duhaney, P., Kusari, K., Morris, E., & Taiwo, A. (2022). *Addressing systemic anti-Black racism in social work: A plan of action*. *Journal of Teaching in Social Work*, 42(2–3), 280–302. <https://doi.org/10.1080/08841233.2022.2053925>
- Ebin.Pub. (2023, September 26). *Education of African Canadian Children: Critical Perspectives* (ISBN 9780773548459). <https://ebin.pub/education-of-african-canadian-children-critical-perspectives-9780773548459.html>
- Employment Equity Act, S. C. 1995, c. 44. (2021). Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/e-5.401/page-1.html>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Etoroma, E. E. (2020). The deep roots of anti-Black institutional racism in Canada. *Social Science, Humanities and Sustainability Research*, 1(2), 65. <https://doi.org/10.22158/sshsr.v1n2p65>
- Ezikwelu, E. U. (2020). Institutional racism and campus racial climate: Struggles for sense of belonging and academic success among Black students in K-12 public schools. *Journal of Critical Thought and Praxis*, 10(1), 1–20. <https://doi.org/10.31274/jctp.11554>
- 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>
- Feng, R. Y., Krygman, A., Vaillancourt, T., & Vitoroulis, I. (2023). Experiences of racial microaggression among immigrant and Canadian-born young adults: Effects of double stigma on mental health and service use. *International Journal of Social Psychiatry*, 69(7), 1723–1735. <https://doi.org/10.1177/00207640231174374>
- Flett, G. L. (2018). Resilience to interpersonal stress: Why mattering matters when building the foundation of mentally healthy schools. In A. W. Leschied, D. H. Saklofske, & G. L. Flett (Eds.), *Handbook of school-based mental health promotion* (pp. 383–410). Springer International Publishing. https://doi.org/10.1007/978-3-319-89842-1_20
- Freire, D. S., & Hurd, N. M. (2023). Discrimination and mental health outcomes among underrepresented college students: The role of sense of belonging at predominantly White institutions. *Emerging Adulthood*, 11(3), 654–668. <https://doi.org/10.1177/21676968231166967>
- Freitas, D. F. D., Mendonça, M., Wolke, D., Marturano, E. M., Fontaine, A. M., & Coimbra, S. (2022). Resilience in the face of peer victimization and perceived discrimination: The role of individual and familial factors. *Child Abuse & Neglect*, 125, Article 105492. <https://doi.org/10.1016/j.chiabu.2022.105492>
- Gajaria, A., Haynes, K., Kasic, Y., & Alexander, D. (2021). 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. *INYI Journal*, 11(1). <https://doi.org/10.25071/1929-8471.78>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Garnezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist*, 34(4), 416–430. <https://doi.org/10.1177/0002764291034004003>
- Gautam, S., Jain, A., Chaudhary, J., Gautam, M., Gaur, M., & Grover, S. (2024). Concept of mental health and mental well-being, its determinants and coping strategies. *Indian Journal of Psychiatry*, 66(Suppl 2), S231–S244. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_707_23
- Georgiades, K., Duncan, L., Wang, L., Comeau, J., Boyle, M. H., & 2014 Ontario Child Health Study Team. (2019). Six-month prevalence of mental disorders and service contacts among children and youth in Ontario: Evidence from the 2014 Ontario Child Health Study. *The Canadian Journal of Psychiatry*, 64(4), 246–255. <https://doi.org/10.1177/0706743719830024>
- Gosselin, T., Deschênes, M., Cimon, L., Wais, M., & Ensink, K. (2024). Abus émotionnels et diffusion de l'identité à l'adolescence: Implication du fonctionnement réflexif. *Psycause: revue scientifique étudiante de l'École de psychologie de l'Université Laval*, 13(2), 6–7. <https://doi.org/10.51656/yvzv4782>
- Gouvernement du Canada (2022). Discrimination envers les Noirs au Canada. <https://www.statcan.gc.ca/o1/fr/plus/1986-discrimination-envers-les-noirs-au-canada>
- Gouvernement du Canada(2024). La diversité des populations noires au Canada, 2021: Un portrait sociodémographique. <https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2024005-fra.htm>
- Government of Canada (2016). *Canadian Health Survey on Children and Youth (CHSCY)* [Survey documentation]. <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=282165>
- Grace, S. L., Tan, Y., Cribbie, R. A., Nguyen, H., Ritvo, P., & Irvine, J. (2016). The mental health status of ethnocultural minorities in Ontario and their mental health care. *BMC Psychiatry*, 16(1), Article 47. <https://doi.org/10.1186/s12888-016-0759-z> [PMC+10BioMed Central+10TinyEYE Online Speech Therapy for Kids+10](#)

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Green, J. G., Oblath, R., Kessel Schneider, S., & Miller, M. (2022). Assessing adolescent mental health service use: Developing the Adolescent Mental Health Support Scale (AMHSS). *School Mental Health, 14*(1), 136–152. <https://doi.org/10.1007/s12310-021-09460-8>
- Greenfield, B. L., Elm, J. H. L., & Hallgren, K. A. (2021). Understanding measures of racial discrimination and microaggressions among American Indian and Alaska Native college students in the Southwest United States. *BMC Public Health, 21*(1), Article 1099. <https://doi.org/10.1186/s12889-021-11036-9>
- Guimond, S. (2023). Les discriminations individuelles et institutionnelles: Apports théoriques et méthodologiques de la psychologie sociale. *Appartenances & Altérités, (3)*. <https://doi.org/10.4000/alterites.509>
- Halladay, J., Bennett, K., Weist, M., Boyle, M., Manion, I., Campo, M., & Georgiades, K. (2020). Teacher–student relationships and mental health help-seeking behaviors among elementary and secondary students in Ontario, Canada. *Journal of School Psychology, 81*, 1–10. <https://doi.org/10.1016/j.jsp.2020.05.003>
- Hannor-Walker, T., Pincus, R., Wright, L. S., Rock, W., Money-Brady, J., & Bohecker, L. (2022). School counselors and administrators agree: Time and testing are barriers. *International Journal of Education Policy and Leadership, 18*(2). <https://doi.org/10.22230/ijjepl.2022v18n2a1243>
- Hayes, A. F. (2022). *PROCESS macro for SPSS, SAS, and R (Version 4.0)* [Computer software]. <https://www.processmacro.org>
- Herman, H., & Jané-Llopis, E. (2005). Mental health promotion in public health. *Promotion & Education, 12*(2_suppl), 42–47. <https://doi.org/10.1177/10253823050120020107>
- Hogg, M. A. (2016). Social identity theory. In S. McKeown, R. Haji, & N. Ferguson (Eds.), *Understanding peace and conflict through social identity theory: Contemporary global perspectives* (pp. 3–17). Springer International Publishing. https://doi.org/10.1007/978-3-319-29869-6_1

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Hogg, M. A., Terry, D. J., & White, K. M. (1995). A tale of two theories: A critical comparison of identity theory with social identity theory. *Social Psychology Quarterly*, 58(4), 255–269. <https://doi.org/10.2307/2787127>
- Horta, O. (2010). Discrimination in terms of moral exclusion. *Theoria*, 76(4), 314–332. <https://doi.org/10.1111/j.1755-2567.2010.01080.x>
- Ibrahim, A. (2003). The spectre of ‘And’: Multiculturalism, antiracism and the third continent. *Inquiry: Critical Thinking Across the Disciplines*, 22(2), 5–14. <https://doi.org/10.5840/inquiryctnews200322244>
- Ibrahim, A. (2011). Will they ever speak with authority? Race, post-coloniality and the symbolic violence of language. *Educational Philosophy and Theory*, 43(6), 619–635. <https://doi.org/10.1111/j.1469-5812.2010.00644.x>
- Ibrahim, A. (2014). *The rhizome of Blackness: A critical ethnography of Hip-Hop culture, language, identity and the politics of becoming*. Peter Lang.
- Ibrahim, A. (2022). What have Deleuze and Guattari got to do with Blackness? A rhizomatic analysis of Blackness. In A. Ibrahim, T. Kitossa, M. Smith, & H. Wright (Eds.), *Nuances of Blackness in the Canadian academy* (pp. 77–87). University of Toronto Press.
- Jones, J. M. (2025). Culturally responsive adaptations to evidence-based interventions for Black adolescents. *School Psychology (Washington, D.C.)*, 40(2), 274–285. <https://doi.org/10.1037/spq0000688>
- Kieling, C., Buchweitz, C., Caye, A., Silvani, J., Ameis, S. H., Brunoni, A. R., Cost, K. T., Courtney, D. B., Georgiades, K., Merikangas, K. R., Henderson, J. L., Polanczyk, G. V., Rohde, L. A., Salum, G. A., & Szatmari, P. (2024). Worldwide prevalence and disability from mental disorders across childhood and adolescence: Evidence from the Global Burden of Disease Study. *JAMA Psychiatry*, 81(4), 347–356. <https://doi.org/10.1001/jamapsychiatry.2023.5051>
- Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., Pitman, A., Sonesson, E., Steare, T., Wright, T., & Griffiths, S. L. (2024). The social determinants of mental health and disorder: Evidence, prevention and recommendations. *World Psychiatry*, 23(1), 58–90. <https://doi.org/10.1002/wps.21160>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Kogan, C. S., Noorishad, P.-G., Ndengeyingoma, A., Guerrier, M., & Cénat, J. M. (2022). Prevalence and correlates of anxiety symptoms among Black people in Canada: A significant role for everyday racial discrimination and racial microaggressions. *Journal of Affective Disorders*, 308, 545–553. <https://doi.org/10.1016/j.jad.2022.04.110>
- Kamanzi, P. (2021). *La résilience dans le parcours scolaire des jeunes Noirs d'origine africaine et caribéenne au Québec*. *Canadian Journal of Education/Revue canadienne de l'éducation*, 44(1), CI32–CI63. <https://doi.org/10.53967/cje-rce.v44i1.5027>
- Kokkonen, P., Athanasopoulou, C., Leino-Kilpi, H., & Sakellari, E. (2021). Secondary school pupils' mental wellbeing is associated with belonging to a perceived minority and experiencing discrimination. *Children*, 8(2), Article 71. <https://doi.org/10.3390/children8020071>
- Krygsman, A., Farrell, A. H., Brittain, H., & Vaillancourt, T. (2022). Depression symptoms, mattering, and anti-mattering: Longitudinal associations in young adulthood. *Journal of Psychoeducational Assessment*, 40(1), 77–94. <https://doi.org/10.1177/07342829211050519>
- Lang, Q., Roberson-Moore, T., Rogers, K. M., & Wilson, W. E. (2022). Cultural considerations in working with Black and African American youth. *Child and Adolescent Psychiatric Clinics of North America*, 31(4), 733–744. <https://doi.org/10.1016/j.chc.2022.05.003>
- Lavner, J. A., Ong, M. L., Carter, S. E., Hart, A. R., & Beach, S. R. H. (2023). Racial discrimination predicts depressive symptoms throughout adolescence among Black youth. *Developmental Psychology*, 59(1), 7–14. <https://doi.org/10.1037/dev0001456>
- Leath, S., & Jones, M. (2022). Racial climate and mental health service utilization among Black college students at diverse institutions. *Currents: Journal of Diversity Scholarship for Social Change*, 2(1). <https://doi.org/10.3998/ncidcurrents.1777>
- Levesque, A., Gueye, N. R., De Moissac, D., Archambault, H., & Rivard, É. (2023). Identité ethnolinguistique et bien-être mental : Le cas des jeunes francophones du Manitoba. *Alterstice*, 11(2), 111–125. <https://doi.org/10.7202/1106287ar>
- Lewis, T. T., Yang, F. M., Jacobs, E. A., & Fitchett, G. (2012). Racial/ethnic differences in responses to the Everyday Discrimination Scale: A differential item functioning

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- analysis. *American Journal of Epidemiology*, 175(5), 391–401. <https://doi.org/10.1093/aje/kwr287>
- Licata, L. (2007). *La théorie de l'identité sociale et la théorie de l'auto-catégorisation : le Soi, le groupe et le changement social*. *Revue électronique de Psychologie Sociale*, (1), 19–33. Retrieved from <https://psychologiescientifique.org/wp-content/uploads/2018/02/Licata-2007-La-th%C3%A9orie-de-l%E2%80%99identit%C3%A9-sociale-et-la-th%C3%A9orie-de-.pdf>
- Lippé, V., & Bourbeau, P. (2020). La résilience : De la théorie néolibérale à l'indépendance du concept. *Revue internationale et stratégique*, 119(3), 146–157. <https://doi.org/10.3917/ris.119.0146>
- Livingston, V., Bost, A., & Copeland, A. (2022). Exploring Black students' mental health characteristics by field of academic study utilizing a critical race lens. *Journal of Human Behavior in the Social Environment*, 32(6), 738–753. <https://doi.org/10.1080/10911359.2021.1956394>
- Livingstone, A., & Weinfeld, M. (2017). Black students and high school completion in Quebec and Ontario: A multivariate analysis. *Canadian Review of Sociology/Revue Canadienne de Sociologie*, 54(2), 174–197. <https://doi.org/10.1111/cars.12144>
- Maldonado, L., Huang, Y., Chen, R., Kasen, S., Cohen, P., & Chen, H. (2013). Impact of early adolescent anxiety disorders on self-esteem development from adolescence to young adulthood. *Journal of Adolescent Health*, 53(2), 287–292. <https://doi.org/10.1016/j.jadohealth.2013.02.025>
- Malone, C. M., Wycoff, K., & Turner, E. A. (2022). Applying an MTSS framework to address racism and promote mental health for racial/ethnic minoritized youth. *Psychology in the Schools*, 59(12), 2438–2452. <https://doi.org/10.1002/pits.22606>
- Martínez-Vega, R., Maduforo, A. N., Renzaho, A., Alaazi, D. A., Dordunoo, D., Tunde-Byass, M., Unachukwu, O., Atilola, V., Boatswain-Kyte, A., Maina, G., Hamilton-Hinch, B.-A., Massaquoi, N., Salami, A., & Salami, O. (2024). Scoping review on mental health standards for Black youth: Identifying gaps and promoting equity in community, primary care, and educational settings. *Child and Adolescent Psychiatry and Mental Health*, 18, 113. <https://doi.org/10.1186/s13034-024-00800-5>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Mattig, T., & Chastonay, P. (2022). Evolution de la notion de santé (santé physique et santé mentale): D'une notion statique à une définition dynamique. *Aporia*, 14(1), 18–22. <https://doi.org/10.18192/aporia.v14i1.5834>
- Mayordomo, T., Viguier, P., Sales, A., Satorres, E., & Meléndez, J. C. (2016). Resilience and coping as predictors of well-being in adults. *The Journal of Psychology*, 150(7), 809–821. <https://doi.org/10.1080/00223980.2016.1203276>
- McDougall, P., & Vaillancourt, T. (2015). Long-term adult outcomes of peer victimization in childhood and adolescence: Pathways to adjustment and maladjustment. *The American Psychologist*, 70(4), 300–310. <https://doi.org/10.1037/a0039174>
- McPherson, K. (2020). Black girls are not magic; they are human: Intersectionality and inequity in the Greater Toronto Area (GTA) schools. *Curriculum Inquiry*, 50(2), 149–167. <https://doi.org/10.1080/03626784.2020.1729660>
- Menendian, S., Spencer, M., Knuth, L., Powell, J., Jackson, S., Fajana, F., Grant-Thomas, A., Reece, J., Paterson, E., & Rapp, K. (2008). Structural racism in the United States: A report to the U.N. Committee for the Elimination of Racial Discrimination on the occasion of its review of the periodic report of the United States of America. *Digital Repository at the University of Maryland*. <https://doi.org/10.13016/6IRR-ZUAI>
- Métais, C., Burel, N., Gillham, J. E., Tarquinio, C., & Martin-Krumm, C. (2022). Integrative review of the recent literature on human resilience: From concepts, theories, and discussions towards a complex understanding. *Europe's Journal of Psychology*, 18(1), 98–119. <https://doi.org/10.5964/ejop.2251>
- Michaelson, V., Pilato, K. A., Murray, J., McIsaac, M. A., Wadge, S., & Steeves, V. (2025). Incongruent expectations: A qualitative study of the gendered experiences of Canadian young people. *Qualitative Health Research*. Advance online publication. <https://doi.org/10.1177/10497323241308779>
- Milam, A. J., Oboh, O., Brown, Z., Edwards-Johnson, J., Terry, A., Barajas, C. B., Simon, K. M., & Furr-Holden, C. D. M. (2022). Symptoms of depression and anxiety among Black medical students: The role of peer connectedness and perceived discrimination. *Journal of Racial and Ethnic Health Disparities*, 9(6), 2180–2187. <https://doi.org/10.1007/s40615-021-01157-7>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Moghim, E., Stephenson, C., Gutierrez, G., Jagayat, J., Layzell, G., Patel, C., McCart, A., Gibney, C., Langstaff, C., Ayonrinde, O., Khalid-Khan, S., Milev, R., Snelgrove-Clarke, E., Soares, C., Omrani, M., & Alavi, N. (2023). Mental health challenges, treatment experiences, and care needs of post-secondary students: A cross-sectional mixed-methods study. *BMC Public Health*, 23(1), 655. <https://doi.org/10.1186/s12889-023-15452-x>
- Moro, M. R., & Radjack, R. (2022). Vers une équité en santé mentale pour les enfants de migrants : Propositions transculturelles. *Bulletin de l'Académie Nationale de Médecine*, 206(6), 766–774. <https://doi.org/10.1016/j.banm.2022.01.026>
- Murray, N. L. (2018). *Examining academic resilience factors among African American high school students* [Master's thesis, University of Kentucky]. University of Kentucky Libraries. <https://doi.org/10.13023/ETD.2018.244>
- Njoroge, W. F. M., Forkpa, M., & Bath, E. (2021). Impact of racial discrimination on the mental health of minoritized youth. *Current Psychiatry Reports*, 23(12), Article 81. <https://doi.org/10.1007/s11920-021-01297-x>
- Nugier, A., & Oppin, M. (2018). Psychologie de la discrimination et des préjugés. In *Psychologie de la discrimination et des préjugés* (pp. 161–173). De Boeck Supérieur. <https://doi.org/10.3917/dbu.fanik.2018.01.0161>
- Okoye, H., Ojukwu, E., Coronel Villalobos, M., & Saewyc, E. (2023). Racism as a social determinant of health: Link to school-related psychosocial stressors in a population-based sample of African adolescents in Canada. *Journal of Advanced Nursing*, 79(9), 3498–3512. <https://doi.org/10.1111/jan.15673>
- Okoye, H. U., & Saewyc, E. (2021). Fifteen-year trends in self-reported racism and link with health and well-being of African Canadian adolescents: A secondary data analysis. *International Journal for Equity in Health*, 20(1), 108. <https://doi.org/10.1186/s12939-021-01446-x>
- Olanlesi-Aliu, A., Giwa, A., & Salami, B. (2025). Mental health of Black Canadians: A scoping review. *International Journal of Social Determinants of Health and Health Services*. Advance online publication. <https://doi.org/10.1177/27551938241311875>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Oloo, J. A. (2023). A critique of public policy initiatives to address unequal educational outcomes for Black students in Ontario, Canada, 1987–2021. *Alliance for African Partnership Perspectives*, 2(1), 107–120. <https://muse.jhu.edu/pub/26/article/911266>
- Oluwasina, F., Henderson, J., McKenzie, K., Mullings, D. V., Renzaho, A. M. N., Sajobi, T., Rousseau, C., Senthilselvan, A., Hamilton, H., & Salami, B. (2024). Correlates of low resilience and physical and mental well-being among Black youths in Canada. *BMC Public Health*, 24(1), Article 2369. <https://doi.org/10.1186/s12889-024-19440-7>
- Ontario Human Rights Commission. (n.d.). *Anti-Black racism in education: Compendium of recommendations*. Retrieved May 15, 2025, from <https://www3.ohrc.on.ca/en/anti-black-racism-education-compendium-recommendations>
- Ottawa Public Health. (2020, August). *Mental health of Ottawa's Black community: Technical report*. Ottawa Public Health. Retrieved from https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_English.pdf
- Palamarchuk, I. S., & Vaillancourt, T. (2021). Mental resilience and coping with stress: A comprehensive, multi-level model of cognitive processing, decision making, and behavior. *Frontiers in Behavioral Neuroscience*, 15, 719674. <https://doi.org/10.3389/fnbeh.2021.719674> [PMC+4scholar.google.com+4scirp.org+4](https://pubmed.ncbi.nlm.nih.gov/35484444/)
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531–554. <https://doi.org/10.1037/a0016059>
- Planey, A. M., Smith, S. M., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Children and Youth Services Review*, 101, 190–200. <https://doi.org/10.1016/j.childyouth.2019.04.001>
- Potterton, R., Austin, A., Robinson, L., Webb, H., Allen, K. L., & Schmidt, U. (2022). Identity development and social-emotional disorders during adolescence and emerging adulthood: A systematic review and meta-analysis. *Journal of Youth and Adolescence*, 51(1), 16–29. <https://doi.org/10.1007/s10964-021-01536-7>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Qeadan, F., Madden, E. F., Barbeau, W. A., Mensah, N. A., Azagba, S., & English, K. (2022). Associations between discrimination and adverse mental health symptoms and disorder diagnoses among college students in the United States. *Journal of Affective Disorders*, 310, 249–257. <https://doi.org/10.1016/j.jad.2022.05.026>
- Quillian, L., & Midtbøen, A. H. (2020). Comparative perspectives on racial discrimination in hiring: The rise of field experiments. *OSF Preprint*. <https://doi.org/10.31235/osf.io/5z6a2>
- Radebe, P. (2024). Anti-Black racism in the Ontario public school system: Problematizing the labeling of young Black students as troublemakers. *Journal of Black Studies*, 55(6), 513–532. <https://doi.org/10.1177/00219347241245365>
- Rapee, R. M., Magson, N. R., Forbes, M. K., Richardson, C. E., Johnco, C. J., Oar, E. L., & Fardouly, J. (2022). Risk for social anxiety in early adolescence: Longitudinal impact of pubertal development, appearance comparisons, and peer connections. *Behaviour Research and Therapy*, 154, 104126. <https://doi.org/10.1016/j.brat.2022.104126>
- Revue électronique de Psychologie Sociale. (2007). (*Journal name only, no article or volume provided*).
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4(3), 218–251. <https://doi.org/10.5172/jamh.4.3.218>
- Roberts, C., Davies, E., & Jupp, T. (2014). *Language and discrimination* (1st ed.). Routledge. <https://doi.org/10.4324/9781315835969>
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316–331. <https://doi.org/10.1111/j.1939-0025.1987.tb03541.x>
- Saint-Georges, Z., & Vaillancourt, T. (2020). The temporal sequence of depressive symptoms, peer victimization, and self-esteem across adolescence: Evidence for an integrated self-perception–driven model. *Development and Psychopathology*, 32(3), 975–984. <https://doi.org/10.1017/S0954579419000865>
- Salami, B., Denga, B., Taylor, R., Ajayi, N., Jackson, M., Asefaw, M., & Salma, J. (2021). Young Black Albertans' access to mental health services. *Promotion of Health and Chronic Disease Prevention in Canada*, 41(9), 271–280. <https://doi.org/10.24095/hpcdp.41.9.01f>

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- Sanchez, D., & Awad, G. H. (2016). Ethnic group differences in racial identity attitudes, perceived discrimination and mental health outcomes in African American, Black Caribbean, and Latino Caribbean college students. *International Journal of Culture and Mental Health*, 9(1), 31–43. <https://doi.org/10.1080/17542863.2015.1081955>
- Sansoucy, A. (2022). La théorie composite de la résilience : Implications pour la recherche et la pratique. *Canadian Social Work Review*, 39(1), 153–176. <https://doi.org/10.7202/1091518ar>
- Ottawa Public Health. (2020). *La santé mentale de la communauté noire d'Ottawa* [Technical report]. Ottawa Public Health. https://www.santepubliqueottawa.ca/fr/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_French-.pdf
- School Mental Health Ontario. (2022). *School mental health and addictions strategy 2022–2025*. Ontario Ministry of Education. <https://smho-smsso.ca/wp-content/uploads/2022/09/School-Mental-Health-Strategy-2022-25.pdf>
- Seaton, E. K., & Douglass, S. (2014). School diversity and racial discrimination among African-American adolescents. *Cultural Diversity & Ethnic Minority Psychology*, 20(2), 156–165. <https://doi.org/10.1037/a0035322>
- Shelvin, K. H., Rivadeneyra, R., & Zimmerman, C. (2014). Stereotype threat in African American children: The role of Black identity and stereotype awareness. *Revue Internationale de Psychologie Sociale*, 27(3–4), 175–204.
- Shevell, M. C., & Denov, M. S. (2021). A multidimensional model of resilience: Family, community, national, global, and intergenerational resilience. *Child Abuse & Neglect*, 119(Pt 2), 105035. <https://doi.org/10.1016/j.chiabu.2021.105035>
- Souza, M. V. C. D., Lemkuhl, I., & Bastos, J. L. (2015). Discrimination and common mental disorders of undergraduate students of the Universidade Federal de Santa Catarina. *Revista Brasileira de Epidemiologia*, 18(3), 525–537. <https://doi.org/10.1590/1980-5497201500030001>
- Hayes, A. F. (n.d.). SPSS, SAS, and R macros and code. Retrieved March 24, 2025, from <http://afhayes.com/spss-sas-and-r-macros-and-code.html>
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- practice. *The American Psychologist*, 62(4), 271–286. <https://doi.org/10.1037/0003-066X.62.4.271>
- Tapia, C. (2012). Discriminations et dynamique identitaire. *Le Journal des Psychologues*, 299(6), 54–59. <https://doi.org/10.3917/jdp.299.0054>
- Thibodeaux, J. (2021). Conceptualizing multilevel research designs of resilience. *Journal of Community Psychology*, 49(5), 1418–1435. <https://doi.org/10.1002/jcop.22598>
- Tipre, M., & Carson, T. L. (2022). A qualitative assessment of gender- and race-related stress among Black women. *Women's Health Reports*, 3(1), 222–227. <https://doi.org/10.1089/whr.2021.0041>
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse*, 14(3), 255–266. <https://doi.org/10.1177/1524838013487805>
- Vaillancourt, T., Szatmari, P., Georgiades, K., & Krygsman, A. (2021). The impact of COVID-19 on the mental health of Canadian children and youth. *FACETS*, 6, 1628–1648. <https://doi.org/10.1139/facets-2021-0078>
- Verkuyten, M., Thijs, J., & Gharaei, N. (2019). Discrimination and academic (dis)engagement of ethnic-racial minority students: A social identity threat perspective. *Social Psychology of Education*, 22(2), 267–290. <https://doi.org/10.1007/s11218-018-09476-0>
- Vitoroulis, I., & Vaillancourt, T. (2015). Meta-analytic results of ethnic group differences in peer victimization. *Aggressive Behavior*, 41(2), 149–170. <https://doi.org/10.1002/ab.21564>
- Vukic, A., Steenbeek, A., & Muxlow, J. (2016). Increasing the representation of the Black population in the health professions in Canada. *Journal of Cultural Diversity*, 23(2), 50–52.
- Williams, D. R., Yan Yu, Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress and discrimination. *Journal of Health Psychology*, 2(3), 335–351. <https://doi.org/10.1177/135910539700200305>
- 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(2), 17–34. <https://doi.org/10.1007/s40719-022-00225-5>
- Williams, M. T., Skinta, M. D., Kanter, J. W., Martin-Willett, R., Mier-Chairez, J., Debreaux, M., & Rosen, D. C. (2020). A qualitative study of microaggressions against African Americans

DISCRIMINATION AND MENTAL HEALTH OF BLACK STUDENTS IN ONTARIO

- on predominantly White campuses. *BMC Psychology*, 8(1), 111. <https://doi.org/10.1186/s40359-020-00472-8>
- World Health Organisation. (2022). *Mental health topics*. Retrieved January 24, 2025, from <https://www.who.int/fr/health-topics/mental-health>
- World Health Organisation. (2023). *Stress*. Retrieved January 21, 2025, from <https://www.who.int/news-room/questions-and-answers/item/stress>
- World Health Organization. (2024). *Adolescents' health risks and solutions* [Fact sheet]. Retrieved February 23, 2025, from <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>
- Zabek, F., Lyons, M. D., Alwani, N., Taylor, J. V., Brown-Meredith, E., Cruz, M. A., & Southall, V. H. (2023). Roles and functions of school mental health professionals within comprehensive school mental health systems. *School Mental Health*, 15(1), 1–18. <https://doi.org/10.1007/s12310-022-09535-0>