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visions

systemic racism

confronting anti-Black racism in mental health care in Canada

racism, police violence and mental health

visions

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letters to the editor

I'm reading your Covid-19 issue, which I plan to leave on my work kitchen table for my colleagues. There are lots of great, gentle, non-judgmental tips and positive perspectives on Covid-19. My favourite articles were by J.B.W and Saa Hill Thut. The 6 'Rs' in his story pained me a great deal. I'm glad he is getting up each day and choosing to be healthy and free. Like he says, "there are no hopeless cases, only hopeless methods." I'm glad he's developed methods that help many people and make our world a better place.

—T. O'Donnell, Langley

editor's message

I am thrilled to have the opportunity to not only serve as *Visions*' new Editor, but to have the first issue under my leadership focus on systemic racism, a topic dear to my heart.

I grew up in a Sikh household. The men and boys in my family keep their hair long and wear pagri, or turbans. My childhood experiences were marked by my family's ethnic difference. I have witnessed and experienced a wide variety of racist acts, from microaggressions (everyday acts of racism such as assuming I cannot speak English) to more serious acts such as being excluded from job opportunities and verbal and physical assaults. As an adult, I began to experience different forms of racism when I entered an interracial partnership. Yet, despite these encounters, I know what I have experienced pales in comparison to anti-Indigenous and anti-Black racism in BC.

Racism is systemic because it affects all of the systems that exist in our society—health care, education, the judicial system, and more. Systemic racism means that the very institutions that claim to protect our well-being are deeply embedded with racist thinking, whether the system's actors realize it or not. We know that racism affects mental health in a kind of feedback loop: racism can contribute to mental health problems, and, when one seeks help for mental health concerns, they are often faced with further racism from the health care system. In the most extreme cases, this can lead to the disproportionate deaths of BIPOC* during police wellness checks. The recent Black Lives Matter protests and the anti-Indigenous "alcohol guessing game" in some BC hospitals show that racism is far from over.

Our guest editors for this issue, Meenakshi Mannoe, Betty Mulat, and Sharon Thira, discuss what systemic racism is, how it affects mental health care in Canada, and how racism is embedded in policing. The other contributors in this issue have shared their own experiences with and reflections on racism in their lives and in their work.

This issue of Visions may bring up many emotions for you. It may remind you of racism you've experienced in your own life or witnessed in the life of a loved one. It may prompt you to question if you hold any racial biases. I encourage you to be gentle with yourself as you read the stories and perspectives within. Knowledge is power, and the more we know, the more we can work towards a more just society for all. V

Kamal Arora, PhD

Kamal Arora is Visions *Editor and Leader of Health Promotion and Education at the Canadian Mental Health Association's BC Division*

**Black, Indigenous, and People of Colour*

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Rethinking Wellness

BEYOND POLICING AND CRIMINALIZATION

MEENAKSHI MANNOE, MSW, RSW

This issue of *Visions* highlights systemic racism, inviting readers to identify, understand and dismantle its impact on the mental health system. I am honoured to contribute to this issue as a guest editor, applying the lens of my role as the Criminalization and Policing Campaigner at Pivot Legal Society.

Meenakhi Mannoe | Photo credit: Erin Flegg Photography

Meenakshi is the Criminalization and Policing Campaigner at Pivot Legal Society. She has been working in social services and advocacy organizations for nearly a decade. She finds motivation in social justice work and is constantly inspired by her peers, who look for solutions outside the lines

Pivot is a non-profit based on unceded territories of the xʷməθkʷəy̓əm (Musqueam), sə̓lílwətaʔɬ (Tsleil-Waututh) and Sḵwx̱wú7mesh (Squamish) Nations, colonially known as Vancouver. At Pivot, we use tools such as strategic litigation, public legal education and policy analysis to identify how systems of oppression amplify the most harmful and dangerous impacts of the criminal justice and mental health systems.

Systemic racism is an incredibly broad concept. In a 2020 CBC interview, scholars Akwasi Owusu-Bempah and Robyn Maynard discuss the term, pointing out systemic inequities and negative outcomes across numerous institutions, including child welfare, education, employment and the criminal justice system.[1] While systemic racism impacts Black, Indigenous and People of Colour (BIPOC), the inequalities are egregious for Black and Indigenous people. Examples include higher rates of incarceration, higher rates of street stops and higher rates of fatal police encounters.

Systemic racism is also shaped by various overlapping systems of oppression, such as socioeconomic status, gender and housing stability,

Throughout 2020, the impact of systemic racism was obvious—evident in health inequities such as deaths from the toxic drug supply and COVID-19 infections. Systemic racism clearly underpins policing, again made evident in the racist practice of street stops.

as well as urban, rural and remote geographies. In my work at Pivot, it's clear that BIPOC folks who use substances, live with mental health issues and experience poverty are effectively trapped within these unjust systems. Pivot's research in the areas of homelessness, sex work, drug policy and police accountability illustrates that the relationships between mental health and substance use, poverty, race, criminalization and policing are too complex, numerous and far-reaching to ignore.

Throughout 2020, the impact of systemic racism was obvious—evident in health inequities such as deaths from the toxic drug supply[2] and COVID-19 infections.[3] Systemic racism clearly underpins policing, again made evident in the racist practice of street stops. CBC's Deadly Force database, which compiles information on police-involved killings across Canada, showed that in 2020 (as in previous years), Black and Indigenous people were disproportionately killed during police-involved fatal encounters. Across Canada, data from the Deadly Force database show that Black and Indigenous people are disproportionately represented among the victims of police violence, as are people impacted by mental illness and substance use.[4]

In 2020, the practice of "wellness checks" was also widely criticized—following numerous injuries and deaths during the course of these checks. For BIPOC folks, the police are not a safe option when someone is experiencing mental distress—there are far too many stories of people killed by police during a wellness check. While the term "wellness check" is not defined in criminal law, mental health law or policing policy, the practice remains widespread, as police remain the only option for 24/7 in-person emergency response.

The grief of survivors of these violent incidents is heart-wrenching. Imagine making a frantic call to 911 on behalf of a loved one, seeking emergency support or crisis intervention, and then learning later that the call had taken a fatal turn when armed officers showed up. That fatal turn must be examined in the context of oppression—including prejudice against people who experience mental distress or have psychiatric diagnoses. Psychiatric labels are powerful, and they can produce stigmatizing beliefs and attitudes. For racialized people, this stigma overlaps with racism—and when police attend a crisis, this can lead to escalating, fatal encounters.

We need to do better for BIPOC folks. We need more than quick fixes: we need a systems overhaul. In the realm of mental health, psychiatric survivors and people living with substance use or in recovery have so much lived knowledge and experience. These folks have been at the forefront of systemic change in BC—creating peer-support phone lines, drop-in centres, advocacy programs and crisis supports.[5] Today, these supports remain vital, as do affordable and permanent housing and safe supply and decriminalization of illicit substances.

These interventions are known as "upstream" solutions—designed to address inequalities upstream, or at the source—meant to address social determinants of health and wellness instead of focusing on crisis response. For BIPOC folks who experience mental distress, upstream solutions include access to culturally safe healing practices, including ancestral medicines, treatment by anti-racist health practitioners and the opportunity to safely speak out against oppressive care.

In our current mental health paradigm, emergency services take a cookie-cutter approach, and we expect every person experiencing distress to conform to the dominant system. If we take a step back and focus on addressing social determinants of health and eradicating inequality, we have the opportunity to totally reframe "safety," starting with establishing and implementing proactive responses to mental health crises rather than relying on police intervention.

In recent months, calls to defund the police have gained traction, and

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they have remained in the public eye. Family members, survivors of police violence, grassroots organizers and even policy-makers have been in the news, speaking out against racist policing and demanding new approaches. These calls reveal how many people recognize that too often police take on inappropriate roles, acting as social workers or mental health workers, despite limited training and lack of expertise. If we continue to rely on police in these situations, we are sanctioning the harms that they perpetuate against racialized communities, particularly Black and Indigenous folks. If we, as a society, want to support BIPOC folks who experience mental distress, we also need to look at systemic racism in health care and social services. There are far too many examples of fatal encounters with police or clinicians at emergency rooms, and piecemeal reforms won't stop the harm.

As you read through this issue of Visions, I hope you will challenge yourself with fundamental questions about policing, mental health and systemic racism. These questions include

- What biases and prejudices do you hold about people experiencing mental distress?
- What are your limitations in addressing racism?
- Does your organization actively address and challenge systems of oppression?
- Does our current mental health system provide appropriate care?
- What are the alternatives to policing and criminalization?
- How do we develop upstream interventions that prevent crises?

For some folks, this shift around policing and safety feels reckless, or reactionary. Some of us may have had positive experiences with the police—perhaps we had a positive encounter in the midst of a loved one's mental health crisis or during an emergency. Despite individual or anecdotal experiences, there is ample evidence to illustrate the impact of racism and how it intersects with mental health. This issue of Visions is an opportunity to think about safety, care and wellness in new and expansive ways. Imagine what you would do to take care of yourself, loved ones, patients or even strangers on the street if you had access to all the resources and funding that you needed.

With this perspective, hopefully you can begin to unpack what defunding the police could lead to in your own community. Defunding the police is about reducing our reliance on criminalizing and shifting public dollars to upstream solutions and community-led safety initiatives. For me, defunding the police is about working with experts: people who intimately and personally understand the impacts of mental distress, racism, the War on Drugs, poverty and other systems of oppression. Working with peers, we can collectively develop crisis de-escalation skills, advocacy and navigating systems like income assistance or housing.

While there is no simple fix for systemic racism, we can all find a place to start this work in our respective communities—with our co-workers, our governments, our friends and our family. As you read through the articles in this issue, I invite you to think creatively about how we can address systemic racism in the mental health sector and identify harmful approaches that we must move away from. It's an honour to write alongside both Betty Mulat (Vancouver Black Therapy & Advocacy Foundation) and Sharon Thira (Office of the Human Rights Commissioner), who are also doing vital work for BIPOC folks. I am glad this issue includes the story of Kyaw Naing Din and humbled by his family's tireless fight for justice. As we unpack the role of systemic racism in our mental health system, it is essential that we remember the beloved members of our communities who did not survive the systems that we entrusted with their safety.

I want to recognize the tireless fight for justice that families, friends and community members have taken up, as they fight to end police violence against people experiencing mental distress. This work is meant to bring justice to our communities, including those who grieve the loss of loved ones. V

Confronting Anti-Black Racism in Mental Health Care in Canada

BETTY MULAT

When images of the deaths of Black folks at the hands of law enforcement go viral on social media, Black suffering becomes the subject of endless memes—despite the fact that the viral circulation of these images was meant to call for justice.

Betty is an artist, producer and community organizer. She is the founder and Director of the Vancouver Black Therapy & Advocacy Foundation, an initiative that connects Black Vancouver residents with mental health resources. She has also worked in the Downtown Eastside as a frontline worker in harm reduction. Betty is the co-founder of NuZi, a music collective providing a platform for Black women, queer women of colour and trans folks within the Vancouver music scene

Betty Mulat

Recent events in the United States, reported in the news and shared across social media, have shone a spotlight—yet again—on racial inequities inherent in American social and political structures and on the systemic racism that shapes how American society functions and how Black folks in American society are treated. Each time a video that exposes racial violence is shared on social media, it reopens a centuries-old wound that is unable to heal.

After each violent death is exposed, Black folks all over the world are forced to relive the same trauma over and over again. And while the awareness and support for the Black Lives Matter movement have gained momentum in the past year, this has come at the expense of the murders of George Floyd, Breonna Taylor and Ahmaud Arbery, among others. Demonstrations held across the globe have sparked a racial reckoning, as people everywhere denounce police brutality and fight to dismantle systemic racism. But the constant, never-ending struggle for recognition and equity—in every area, from our political systems to our health care systems—takes a toll on the mental health of Black folks.

Many people in Canada are quick to deny the existence of systemic racism in this country. By pointing fingers

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at America as a prime example of a country challenged by racial violence, Canadian policy-makers have been able to avoid acknowledging the history and experiences that have made systematic racism not only possible in Canada but a key founding principle of many of our social and political systems. The familiar tongue-in-cheek "Meanwhile, in Canada" quip is inappropriate. In Canada, just as in the US, anti-Black racism and systemic discrimination are deeply rooted in history, culture and politics, with very real and painful current-day implications.

The mental health toll of being "invisible"

The history of Black slavery in Canada has been greatly disregarded, partly because Canada played a smaller role in the trans-Atlantic slave trade than other regions did; consequently, Canada's participation has been overshadowed by the gruesome forms of slavery experienced in the rest of the continent.[1]

In *Policing Black Lives*, Canadian writer and academic Robyn Maynard chronicles the history of anti-Blackness in Canada through slavery to segregation, pointing out that slavery was practised in Canada for more than two centuries. This history and the reality of hostility towards Black populations in Canada are not part of most Canadian school and university curricula: "Slavery in Canada is a topic that remains under-taught and under-researched." Maynard goes even farther, however, in drawing the links between historical slavery, our lack of education on the subject and our current-day situation: "It is the practice of slavery that set the stage for the subsequent centuries of dehumanization of Black life across Canada. Social amnesia about slavery… makes it impossible to understand anti-Black policing in the current epoch."[2]

It is far easier to engage in myth-making than to acknowledge the painful reality of the land theft, genocide and oppression of Indigenous peoples on which this country has been and continues to be built. This collective silence makes things all the more isolating for the Black community in Canada: historian Afua Cooper claims it contributes to the "erasure of Blackness."[3, 4]

Anti-Black racism is insidious; the prolonged experience of anti-Black racism gradually permeates an individual's well-being—in some cases, to the point of detrimental effect. Research shows that witnessing or being the target of anti-Black racism throughout our lifespan can have adverse effects on both our mental health and physical well-being. Black Canadians often deal with scrutiny on a daily basis in the workplace, schools and public places. This triggers distress, which results in the need to practise extra vigilance in order to safeguard the individual's well-being.[5]

The effects of being under frequent scrutiny and remaining vigilant can add to Black folks' existing mental health issues, such as depression and anxiety, and can exacerbate the risk of other illnesses that Black communities already face, such as hypertension, stroke and heart disease.[5] Black folks are continually witnessing people who look like them being brutalized, humiliated and turned into a spectacle. Seeing your kin being lynched—metaphorically and literally—in real time acts as a painful reminder of how disposable Black lives are.[6]

The toll that the race war is having on the mental health and well-being of Black folks erodes our stability and sense of safety. Black folks are drained mentally, emotionally, physically and spiritually. On top of that, to witness the Black Lives Matter movement being appropriated and co-opted by corporations for social capital and financial gain causes racial trauma.

Although Vancouver today is a diverse and multicultural metropolis, there is a long history of anti-Black racism in the city, where anti-Black racism is often covert. The city has consistently failed to properly recognize its role in the erasure of Black community and Black culture. Consider the history of Hogan's Alley, the Strathcona neighbourhood that was once the hub for the vibrant Black community in Vancouver. According to the Vancouver Heritage Foundation, the Black population endured efforts by the city to rezone Strathcona by making it difficult to obtain mortgages for home improvements. One strategy the city used was to depict Hogan's Alley as a centre of squalor, immorality and crime. Then, in early 1967, the city began levelling the western half of Hogan's Alley to construct a freeway through Hogan's Alley and Chinatown.[7]

Writer and activist Wayde Compton claims that the dismantling of Hogan's Alley is a lesson in displacement: "putting a highway right on

top of this small Black community" was an example of "institutional racism, targeting the community that they [the city] thought could least oppose them."[8] Once the freeway was constructed, the Black community was displaced. When a community is denied a venue to come together, then other emblems of culture—food, faith, music, language, shared history—are also denied and erased.

The history of Hogan's Alley is an example of the systemic silence that (ironically) amplifies the notion that the Black community does not belong to the historical British Columbia landscape. We have been conditioned to see more potential for community connection and resources in cities where Blackness is more prevalent and normalized, such as Toronto and Montreal. According to Statistics Canada, only 3.5% of Canadians identify as Black, with the majority of the population in Ontario. Meanwhile, in British Columbia, Canadians who identify as Black make up only 1% of the provincial population.[9]

Mental health care and the Black community

There is a false narrative that Black people have no interest in attending therapy because of the stigma behind mental health in the community. In my experience, race and racism affect Black folks' susceptibility to mental health challenges and their reluctance to seek mental health care.

Black folks are often portrayed as "strong." However, this expectation of strength harms Black folks and often prevents us from seeking support. For example, the trope of the "strong Black woman" implies that Black women do not need systemic change because they are strong enough to cope with trauma. Within this environment, emotional pain has become so normalized that Black folks are labelled as weak when they are vulnerable or negatively impacted by their traumas.

The lack of discussion about the mental health and well-being of Black folks contributes to the scarcity of socially responsive mental health resources. Research shows that Black folks seeking therapy are more likely to continue therapy beyond the first few sessions when seeing a Black therapist.[10]

Most of the therapists in Vancouver are non-Black; it can be alienating and unhealthy for Black communities to seek solace and support with non-Black therapists. In order to make comprehensive psychiatric care available in public and community mental health facilities, white therapists must begin to understand the influence of race, socioeconomic status and culture on the therapeutic process. Conversations about mental health and wellness in Vancouver are often Eurocentric, and Eurocentric ways of knowing are widespread throughout the Western mental health system. To sustain Black lives and support the mental well-being of Black folks, we need to focus on collective healing and Black cultural ways of knowing.

As the other guest editors in this issue of Visions have also pointed out, healing from the trauma of systemic racism demands that we identify the barriers that Black, Indigenous and People of Colour face in accessing culturally sensitive resources and adequate health care in our communities—including racism, sexism, ableism, classism and heterosexism. In order to create sustainable change, we must hold health care organizations and systems accountable for their systemic racism and insist on reform. True wellness in the Black community will be achieved only through the creation of safety networks for Black folks struggling with mental health issues, and the fostering of collective healing.[v]

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Systemic Racism and Human Rights

A CHICKEN AND EGG STORY

SHARON THIRA, MA

The law, in its majestic equality, forbids the rich as well as the poor to sleep under bridges, to beg in the streets, and to steal bread. – Anatole France, 1894[1]

Photo credit: chee gin tan at ©iStockphoto.com

Sharon considers herself fortunate to have, for 25 years, worked with and learned from people and colleagues in the areas of crisis intervention, Indigenous suicide response, residential school trauma, Indigenous health research and education and human rights. She is currently the Executive Director of Education and Engagement with BC's Office of the Human Rights Commissioner

I like to buy brown eggs. I never really thought about it until I started to write this article about systemic racism and human rights.

Meenakshi Mannoe, one of the other guest editors for this issue, notes that there is "no easy fix" for racism. This is even more true for systemic racism, which is harder to recognize and hold onto. It's like trying to hold onto the yolk when separating eggs: one second you have it, the next, it has slipped through your fingers. Separating systemic racism from our everyday systems can be just as slippery. But we have to first crack open the egg before we get to separating it out. Here's a part of my journey in "egg separation."

When I was little, I looked up to my big brother. To me, he was magical. He had this way of folding into the natural surroundings. He would wake each day knowing exactly where he was going and what he wanted to do—whether it was a day to build, or a day to play. I was more aware of what others expected of me, and more controlled. I admired his sense of purpose, of belonging. I would follow him, watching as he faded into the trees that surrounded our house. He was never lonely because animals would be with him. He could talk to

them—and not always with words. They would come to live near him, near our house—a wild parrot for a time, wild ducks, assorted dogs and cats, snakes, birds, and at one point some red chickens. When he talked to the chickens, they would cock their heads and listen intently, or so it seemed to seven-year-old me. He could ask a chicken to lay an egg, and after huffing and puffing and clucking, the chicken would drop a brown egg right into his hand.

Turns out, red chickens lay brown eggs. White chickens lay white eggs. While there are some slight differences (in size, thickness of shell), neither type of egg is less nutritious than the other. Nonetheless, 40 years later, when I go to the grocery store, I still choose brown eggs over white. My childhood experiences resulted in my unintentional, unconscious leaning, or "implicit bias," towards brown eggs.

An implicit bias is an attitude or stereotype that can affect our understanding, actions and decisions—at an unconscious level. These attitudes and stereotypes are unique in every individual (we all form them as we grow). They affect what we think and believe about almost everything, from our favourite food to our favourite music, our ideas, our choices in movies and politics and so on. They also affect how we feel about people from other places, or communities or religions, and they can lead to individual and interpersonal racism.

Most of us understand how this kind of interpersonal racism or discrimination can harm other people. Our society understands it, too. In 1973, BC enacted the Human Rights Code (the Code), which speaks to how we treat each other and upholds one of the fundamental principles of human rights: that we are all equal.[2] Straightforward, right? But this fundamental principle does not help us understand how the systems that we engage with every day can be discriminatory. To do that, we have to crack open these systems. Our first clues are the disparities we see between groups of people. If all people are equal, then all people should be able to participate in the positive and negative aspects of society in equal ways.

Systemic racism can help us understand why this is not the case. Systemic racism occurs when individual and group biases get built into our social structures, leading to lack of access for (or provision of unjust service to) distinct groups of people.

Many people have difficulty with the notion of systemic racism because they do not think of themselves as racist and because they believe in equality. How can BC's health system be systemically racist if many of the people working in it are not racist?

Many people have difficulty with the notion of systemic racism because they do not think of themselves as racist and because they believe in equality. How can BC's health system be systemically racist if many of the people working in it are not racist?

The narrative of the brown eggs is useful here. My family came to believe that brown eggs were better than white eggs because that is what we were used to: they were part of our family story. If we were to have judged others based on our belief in the superiority of brown eggs, we could easily have judged other families for eating "inferior" white eggs; we may even have judged those families as inferior themselves.

We can see how quickly implied biases can lead to judgement and misunderstandings—and eventually patterns of racism that target those we think of as "Other." When my bias becomes expressed in a choice to buy brown eggs, for example, my actions can lead to other system-wide actions. I may influence my friends to buy brown eggs. Someone else may write about making the "healthy" switch to brown eggs. Perhaps the idea makes it onto the evening news and my local grocery store begins to stock more brown eggs to meet demand. Brown eggs are then placed on the top shelf of the display case, where they are easier to reach.

Now stores may start to buy from suppliers who have red chickens. As a consequence, more farms shift to stocking red chickens. Feed producers grow food for red chickens rather than food for white chickens. Labour may be affected: now the farms are looking to hire "red chicken experts"

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rather than "white chicken experts." Soon, choices that favour brown eggs are being made throughout the egg production system. This is another condition necessary for systemic racism to occur—unintentionally, we can and do build our biases and stereotypes into the systems that serve our society.

Altogether, this cascading pattern might make brown eggs more expensive, leading to judgements about customer actions. When store patrons choose white eggs, they might face stereotypes based on perceptions about their not being able to afford brown eggs or not making healthy food choices. Thus stigma is born: even the white-egg buyers may begin to think of themselves as "inferior" because of their egg choices.[3]

In this issue of Visions, you will find discussions of racism in health care and mental health care systems in BC and beyond. The impacts of systemic racism are profound. They include poorer mental health for racialized people, such as increased rates of depression, anxiety and psychological stress, as well as general and physical health problems.[4] We also know, for example, that Indigenous people suffering under the weight of the chronic trauma of colonization and residential schools are over-diagnosed with mental illnesses—a process Oneida psychologist Roland Chrisjohn calls "pathologization."[5, 6]

What should we do? Crack open the systems that we live and work in. Become aware. As we read the articles in this issue, we should be asking ourselves about our own biases, our own attitudes. Then we should look at the places we work. Ask the fundamental human rights questions: Are all people being treated equally in this system? Are some people doing better than others?

Individuals in BC can make a discrimination or harassment complaint to the BC Human Rights Tribunal (the Tribunal) in the areas that include services, employment and housing. Since the Tribunal is a quasi-judicial process, it can require the help of a lawyer to navigate this process. The Tribunal itself is now looking at how its processes might be reinforcing systemic discrimination in terms of who can access it. At BC's Office of the Human Rights Commissioner, we are tasked with looking at systemic discrimination. We hope to launch our first inquiry this year as we begin our work on systemic discrimination. Let's crack open these systems together.

For systemic racism to exist, individual factors (such as implicit bias), societal factors (such as cultural superiority) and organizational factors (such as systemic policies and procedures) all come into play. History, too, plays a role. Systems are not built overnight, and we need to acknowledge historical wrongs in the ongoing dismantling of systemic racism.

My brother became ill in his twenties, and from time to time, our family has needed to request, on his behalf, the help of the police and the health care system. Some individuals within these systems have been wonderful and kind to my brother. But increasingly, when we call for help for him now, I don't watch from the treeline anticipating magic (like that little girl who watched in awe as her brother coaxed warm, brown eggs from a chicken). Instead, I hide behind a worry that never leaves me: that the colour of my brother's skin—rather than being a source of wonder—makes him a target of systemic racism. V

related resources

For more on stigma, discrimination and mental health care, see the following online resources:

- ontario.cmha.ca/documents/stigma-and-discrimination/
- mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477

Two journal articles are also particularly relevant:

- Corrigan, P. (2004). How stigma interferes with mental health care. *American psychologist*, 59(7), 614-625
- Major, B. & O'Brien, L.T. (2005). The social psychology of stigma. *Annual review of psychology*, 56, 393-421

Racism, Police Violence and Mental Health

RUBY DHAND, MA, LLB, LLM, PHD, AND KENDRA MILNE, LLB

In recent months, activists and racialized communities have continued to shine a light on ongoing racial discrimination and unacceptable use of force by police against BIPOC community members.

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Kendra is a lawyer whose career has been dedicated to using her legal skills to create positive social change. She is especially interested in the intersections of health equity, human rights and the social determinants of health. She is the Executive Director of Health Justice. You can learn more about Health Justice at www.healthjustice.ca

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The role of state institutions and white supremacy in reinforcing inequities and harming well-being has been front of mind for many in 2020. BIPOC communities have been working to bring attention to this issue for decades, but several recent high-profile deaths in North America have sparked a very public conversation about the role of police and the use of violence.

A focus of the conversation in Canada has been related to what are referred to as "mental wellness checks" (where police attend in response to a reported health concern that does not involve any criminal activity) and the role of armed police in responding to mental health needs, particularly the needs of BIPOC community members.

Although it is important to focus on the role, misconduct and accountability of police in this context, it is also important to recognize that BIPOC experiences of systemic racism as related to mental health are not limited to interactions with the police.[1] Systemic racism is present in many institutions that impact the lives and well-being of members of BIPOC communities every day, particularly those who need, or who are believed to need, mental health supports. The overlapping experiences of BIPOC as they interact with various

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institutions create ongoing harm and inequity.

Racism and inequity harm mental health

To understand the impact of racism within institutions like the police and the health systems, we must realize that when a member of BIPOC communities comes into contact with those systems, they have already experienced the health inequity caused by racism in our society more generally.

Racism and white supremacy create systemic barriers and discrimination in employment, income, health care, housing, education and other crucial necessities that can negatively impact health and well-being and lead to life-long and intergenerational inequities.[2] As a result of racism, racialized people are at an increased likelihood of experiencing a mental health difficulty. Indigenous peoples and communities in Canada experience higher rates of mental health challenges as a result of complex intergenerational trauma caused by decades of colonialism, oppression and discrimination, which continue to this day.[3]

In addition, the ongoing and cumulative impacts of racism often create trauma, whether it's in the form of a "big life event," like a discriminatory firing, or continuous, unrelenting microaggressions (everyday subtle interactions or behaviours that communicate some sort of bias towards BIPOC individuals).[4]

Police are too often the first responders in a mental health crisis

While racism creates health inequity and leads BIPOC communities to experience heightened mental health harms, the systems designed to respond to those harms often exacerbate the problems.

Currently, when someone experiences a mental health crisis or reports that another person may be in crisis, the system often relies on armed police to respond. When police are involved, the intersection of institutional racism and policing can have catastrophic impacts on BIPOC communities.

There are too many very recent examples in Canada where police responded to a BIPOC community member with potential health issues by using force—often with fatal results. Chantel Moore died on June 4, 2020, when she was shot by Edmundston police during a so-called wellness check.[5] D'Andre Campbell was shot by Peel Regional Police in April 2020 after calling the police himself to request mental health services.[6] Kyaw Naing Din was shot by the RCMP in Maple Ridge during a mental health crisis in August 2019.[7]

According to provincial statistics, the reality of police-related deaths is stark: Indigenous people and those experiencing a mental health crisis disproportionately die in police interactions. Two-thirds of all people killed by police use of force in BC between 2013 and 2017 were experiencing mental health symptoms when they died.[8] Investigations by Canadian news organizations have found that Black and Indigenous people are over-represented in incidents of police use of deadly force.[9, 10]

Our mental health system perpetuates racism

When BIPOC community members are able to access mental health services, either via police or through a safer route, they encounter a system that often fails to recognize or acknowledge systemic racism as a cause of health issues and trauma. By focusing on individualized causes and treatment, our services fail to address root causes or validate experiences of oppression. Instead, as one of the authors has pointed out before, "the mental health system frequently 'mirrors systemic discrimination' by not acknowledging how racism and other oppressions affect racialized people."[2] For example, a recent report on Indigenous-specific racism in BC's health care system found that Indigenous people were often stereotyped as less worthy of

The recent conversations around racism and policing are crucial to the safety and well-being of racialized people—their lives are literally at stake. But we must also recognize that police forces are just one example of the varied institutions that can perpetuate racism in ways that threaten the health and well-being of racialized people.

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BIPOC with mental health issues often experience barriers when it comes to accessing culturally appropriate treatment.

care, more non-compliant and less capable than non-Indigenous people.[11]

BIPOC with mental health issues often experience barriers when it comes to accessing culturally appropriate treatment. They are also more likely to be admitted involuntarily to treatment facilities and are more likely to be diagnosed with psychosis than non-BIPOC. BIPOC experience within the mental health care system also includes increased use of seclusion, restraint and emergency medication.[12] Various countries have documented that BIPOC community members are more likely to experience coercive, involuntary mental health treatment against their wishes.[13] British Columbia, along with most other Canadian provinces and territories, does not track data on the race and ethnicity of those subject to coercive health care, making it impossible for us to bring systemic patterns to light, let alone address them.

If we want to support mental wellness, we must combat racism and white supremacy

The recent conversations around racism and policing are crucial to the safety and well-being of racialized people—their lives are literally at stake. But we must also recognize that police forces are just one example of the varied institutions that can perpetuate racism in ways that threaten the health and well-being of racialized people.

All institutions, services and individuals make choices every day about whether they will reinforce or dismantle systemic racism. Even after the public focus on police violence and mental health has shifted, the harmful impacts on BIPOC communities will remain for a long time. If we want to eliminate mental health inequities and support BIPOC individuals to have an equal right to their best mental health, taking action to dismantle racism must be part of the conversation. V

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Ending Systemic Racism and Building a System of Justice

NORM LEECH

Across the country and around the world, people are debating whether systemic racism exists in our nations and communities and institutions. And then each side of the argument tries to prove themselves right and the other side wrong. What a waste of time! All that time and effort defending positions and making personal attacks when everyone already agrees the system is far from perfect and needs improvement.

Norm Leech

Norm has been the Executive Director for the Vancouver Aboriginal Community Policing Centre since May 2016. He has worked his entire life on issues that affect Indigenous people directly, as an Indigenous chief, manager, facilitator, executive director, board member, president, teacher, student, father, son, grandfather, brother, cousin, colleague and friend

Our work at the Vancouver Aboriginal Community Policing Centre (VACPC) involves helping urban Indigenous Peoples deal with the many difficulties they face in the city, including poverty, housing insecurity, culture shock, discrimination, violence, alcohol, drugs and mental health challenges like stress, loneliness, grief and anxiety. It might surprise you to learn that there are more than 50,000 Indigenous Peoples living in Metro Vancouver, and hardly any of them are actually *from* here. Most of them are a long, long way from their home territories. But they are a different kind of settler on these lands.

The dangers in the city for urban Indigenous Peoples are growing more and more acute and life-threatening every day, with more homelessness, a poisoned drug supply, a deadly pandemic and a colonial system of imposed written laws that was never intended or designed to prevent

The people who wrote the laws and social rules on which the current system is based were not a very diverse group. They were almost exclusively old white men, and they wrote the laws based on their own limited experience and perspective. After all, the best way to commit an injustice is to make it legal first.

or heal the harms that Indigenous Peoples endure. The more we learn about colonization, the more we know that these injustices are rooted in the intergenerational trauma suffered by Indigenous Peoples throughout colonial history and continuing uninterrupted into present-day laws and policies.

We know clearly that the system is biased against Indigenous Peoples because the colonial system (on which our contemporary system is based) is designed to advance and complete colonization, not provide justice to Indigenous Peoples or heal the generations of harm due to colonization. But the colonial systems are so pervasive and have been in place for so long that much of the general population views them as having always been this way, or as being the best end result of some evolutionary process. At its heart, colonization is a process of controlling power: where a very few people control what is acceptable for the rest of us. Maintaining the status quo protects the few people in power, not the individuals who make up the broader community.

The wider population seems largely unaware of alternative solutions or systems.

But Indigenous Peoples are aware that there are better solutions and systems. After all, it was barely 200 years ago when settlers began arriving here, which is a relatively short time in Indigenous Peoples' history. We know that our Indigenous systems reflected a worldview that understood and prevented the harms caused by a colonial worldview. We can clearly see the imbalances entrenched in colonized systems. Racism is just one of the results of this imbalance.

Indigenous systems understood and maintained the balance among genders and different peoples—even between humans and everything else. Indigenous systems were not perfect (both war and captives are documented), but they worked pretty well for at least 15,000 years, as archeological evidence has proven our continuous occupancy. Certainly, they avoided many of the messes that colonized society has created, like threatened wild salmon stocks, loss of old growth forests and climate change.

Today is the perfect opportunity to decolonize, to re-evaluate the flawed foundation principles that underpin colonial expansion and contrast them with the principles of balance and connection that typify Indigenous systems. The current multiple threats to society—like the COVID-19 pandemic, the opioid emergency and widespread use of other substances, poverty, homelessness, wealth imbalance, racialized violence, sexism, systemic racism, environmental damage and climate change—are revealing the flaws and imbalances in the colonial system. The current system is long overdue for a complete rebuild—or even replacement. Here is why.

The people who wrote the laws and social rules on which the current system is based were not a very diverse group. They were almost exclusively old white men, and they wrote the laws and established social rules based on their own limited experience and perspective—the perspective of the white male colonizer. This has been a common process of law-making since humans first began writing down laws. And it has been the most effective—almost perfect—tool of colonization and controlling power ever invented.

After all, the best way to commit an injustice is to make it legal first. Write a law that justifies the injustice you wish to commit! In fact, write a law that makes *not* committing the injustice illegal. Then you will be *in violation of the law* if you don't commit injustice. This sort of thinking enabled the colonizers to turn women, children and people of other races into property—to turn the whole world into property. And the people who write the laws and control the enforcement of those laws are the people who own the property. Anyone who objects or resists the laws is labelled a criminal, a threat to the "rule of law." This legal system is

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still in place; all the new laws are built on the foundation of the old laws and the old system.

This system is a system of power, not a system of justice. It was never actually intended or designed to provide or deliver justice to women, children, people of other races, Indigenous Peoples, animals, rivers or the earth. The system's first priority is to protect the power and property rights of the people who write the laws.

Now, I have to admit, if I had the opportunity and privilege to write the laws myself, they would likely benefit me and my interests and the interests of my own family and community. A certain amount of that seems to be human nature. I will also say that Indigenous systems did not include written laws and perhaps avoided many of the systemic problems resulting from the colonized world-view in part because laws weren't written down. The oral tradition meant that everyone needed to know and understand the skills and responsibilities to be a good human being. Any dispute required a conversation to resolve it—no reference to some law written in some distant land or ancient times or other languages. The oral tradition relied on relationship and responsibility and relevance to the present situation. Written laws become archaic and stagnant while oral laws adapt and adjust.

So the beauty and freedom of looking at systemic racism is that it provides an opportunity to find and root out many of the other injustices built into all the systems in our lives. Systemic racism is the broken window that will allow everyone to get into the basement and start rooting out all the cracks in the foundation of all the colonized systems.

The VACPC continues to assist Indigenous Peoples to overcome the injustices inherent in the colonial systems with projects focused on action around MMIWG (Missing and Murdered Indigenous Women and Girls), overdose prevention, homelessness, street youth, sex worker safety and more. We are also educating more and more people about the inherent wisdom in the ancient ways that ensured our survival for thousands of years. The traditional ways are the greatest source of strength and healing for Indigenous Peoples and we know that if we can survive colonization, then we can also heal it. If you want to learn more, or learn how to help, then please contact us by phone at 604-678-3790 or by email at info@vacpc.org, or visit us at www.vacpc.org, and we can share more information and put you in contact with other agencies doing similar work. V

White Allyship

AN EXERCISE IN FEARLESSNESS

SHARANJIT KAUR SANDHRA MA, PHD CANDIDATE

Since March 2020, much has happened to us as a world, a community, a humanity. While the pandemic has played a role in my personal life, it has not impacted me as much as other events (which speaks volumes about my privilege in terms of my economic stability, my access to resources, my emotional well-being and so much more).

Sharanjit is Coordinator at the South Asian Studies Institute at the University of the Fraser Valley (UFV) and a sessional faculty member in UFV's history department. She co-curates exhibits at the Sikh Heritage Museum in Abbotsford, BC and is also currently a board member of the Pacific Canada Heritage Centre – Museum of Migration Society

Sharanjit Kaur Sandhra

What has impacted me more since March are traumas that I have experienced as a Punjabi woman, a Sikh woman, an anti-racist advocate and a professional in many white spaces.

I've been attacked on social media by a white city councillor in my hometown of Abbotsford for calling out another white city councillor on the subject of their business's #AllLivesMatter offensive social media post. The attack on me had incredibly racist undertones. I've called out the museum world for its silence on power and white privilege and had the BC Museums Association in turn issue a public apology for their dismissiveness and for ignoring my concerns. I've publicly called out racism at the university where I work.

Throughout all of these experiences, I have learned one thing about white allyship: the power of fearlessness. The power of fearlessness that Indigenous, Black and People of Colour (IBPOC) have is the same power of fearlessness that white allies need to demonstrate.

Fearlessness comes in many shapes and forms. Fearlessness as it relates to anti-racism has taken a new and rejuvenated shape and form since

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March 2020. Fearlessness is when Seth Cardinal Dodginghorse (Tsuut'ina and Cree on his mother's side and Amskapi Piikani [Blackfeet] on his father's side) stood in front of a national news station and cut his hair in protest of the opening of a road that traversed Tsuut'ina Nation lands in southwest Calgary. As Sikhs, we understand and deeply empathize with the incredible fearlessness and power embodied in the act of cutting one's hair because hair is sacred to us. Fearlessness is when students email their supervisors, their vice principals and their deans, calling out their experiences of racism. Fearlessness is when the only IBPOC in a meeting room, boardroom, corporation or department speaks out on issues related to racism, oppression, discrimination and institutional or corporate responsibility.

Since becoming particularly vocal around issues of race, racism and anti-racism, I have learned three things about the work yet to do and the enactment of change:

First, we stand on the shoulders of mentors and giants: mentors, historical figures and unnamed heroines and heroes who have been doing this work for centuries. However, the forms that activism takes change and diverge generationally and over time. And as forms of activism change and diverge, they should be allowed to do so, even if this means those different forms might conflict with each other. Activism on the streets, activism in the boardrooms and around equity, diversity and inclusion (EDI) tables, activism through public discourse, activism on social media, activism in the form of one-on-one email correspondence aimed at influencing people in power: these forms of activism are all important and work in tandem with each other.

Second, mistakes can and will happen. These will often result in awkward and tense conversations. If this is a pathway to growth and growth of relationships, there must be an accountability about the systems of power that are at play and how those systems of power are built upon the oppression, erasure and dismissal of IBPOC. These systems of power exist *everywhere*.

Third, there is a disconnect within organizations that continue to uphold systems of colonialism and white supremacy. This disconnect stems from the same social and political structures and systems that delay, delay and delay. As IBPOC, we eat, sleep, think and dream of change on a daily basis. Our skins, our hearts—our adrenaline—are in a race to see change. We do not have the privilege of time.

Every day, adults, children and youth are dying as a result of systems of colonialism and white supremacy. In September 2020, an Indigenous youth died and media were told by the Abbotsford Police Department that there was no cause for suspicion hence no need for investigation.[1] Again in September, an international student from India living and going to school in Surrey died by suicide.[2,3]

We are in a racist health crisis around the province, around the country, around this continent, around the world. Your work towards allyship needs to feel the same sense of urgency that we—as IBPOC—are feeling in this moment.

My call to you is to become fearless. Become fearless allies by speaking out publicly. Become fearless allies by saying aloud the word *racism*. Become fearless leaders in believing in the Indigenous, Black, People of Colour around you and empowering them to grow. Become fearless by admitting when we make mistakes; commit to learning, growing and changing.

If you are silent as a white person, you are culpable. That includes the one-on-one private calls and emails we get from you in support. That is a form of white violence and flexing your white power and privilege. We don't want private support. We want public support. If Seth Cardinal Dodginghorse can stand in front of a national news station and cut his hair, you all can learn to speak up as allies instead of allowing us to resign and quit or worse.[4] V

If you are silent as a white person, you are culpable. That includes the one-on-one private calls and emails we get from you in support. That is a form of white violence and flexing your white power and privilege. We don't want private support. We want public support.

A Person of Colour in Recovery

PERSONAL PERSPECTIVES ON FINDING ACCEPTANCE AND SUPPORT

RAY

I was born in 1957. A lot of times I say I'm Mulatto. My dad is Black and my Mom is white. I had loving parents. I live in Campbell River. But I grew up in Vancouver, on the East Side.

Ray lives in Campbell River and is a peer worker with the Mobile Outreach Unit for Health and Support Services (MOUHSS), which provides community health harm reduction and mental health care, and the Campbell River Community Action Team (CAT), which works on overdose prevention and stigma reduction

As told to Kamal Arora

Ray

I was a pretty rambunctious kid. I had a lot of anger. The reason why I would get angry and go off is because people were always against me, fighting me, wouldn't help me or wouldn't listen to me because of my colour. It first started with my Grade 2 teacher. I was defensive all the time and I felt like the only way I could get noticed was by being aggressive and difficult. My Grade 6 teacher took me in: she listened and treated me fairly and she was the best teacher I ever had. She put up with my stuff and joked around with me.

But elementary school was terrible. I was accused of things I did not do, and kids would pick fights with me. Teachers were leery of me because of my personality and because of my father: he has a strong Black-man mentality and can come across a good man, but he would dome down heavy if a person hurt or insulted him or his family. This caused some apprehension in how people dealt with me.

By the time I was 13, I was hanging out with people who were older than me and started using drugs. I remember when I was 15, a friend (who was 17) and I had a couple of pellet guns. We were shooting birds when someone called the cops. They came and arrested me and charged me with

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possession of firearms but they gave [my friend] back his guns and didn't charge him. Because my friend was white and wealthy, the friend did not have any trouble with the police, and this did not surprise me.

Racism definitely affects me. I remember my dad would take us for Sunday evening drives in Stanley Park or the West End of Vancouver. My mom, sister and I would be in the back seat. We would get pulled over. Not just for something like speeding or a burnt-out light. We would be driving down the road and the police would drive past looking into our car and pull a big U-turn and then pull us over just to check on what we were doing and who was in the car. This was my introduction to learning how Black people can be targets of racism, because they may have figured my dad was up to no good because he drove nice cars and my mom was white: maybe they thought he was a pimp? He was a big, proud, well-built Black male who looked good, dressed nice.

My dad would say, I can't even take my family out for a drive without being pulled over because I'm Black. It happened all the time. Back then it was terrible. Indians, Chinese, Blacks—they never got treated the same as white people.

When I left school at age 14 or 15, I started to hang out with people who did not go to school. These people were in a tough scene and this was the only place I felt accepted, so I continued to hang out with them and get into more trouble with them. You know, with all the racism and stuff, it was bullshit. Sure, I made decisions about my life, but I wasn't able to thrive. I was drinking at 16 years old. I grew up really fast. I've been excluded in my life almost all the time. It has to do with my skin tone for sure. It was like no matter what I do, I get shit on. Don't get me wrong, I did f**k up some things because of my addiction, and there's people that actually helped me. Not everyone was awful towards me.

All my life I felt like I had to be defensive, with police officers, principals, because the racism was bad. In Campbell River too: when I came, there was only two black families here. But my NA group and sponsors did not treat me with racist behaviours.

My drug usage kind of played into my psyche. I thought I was a normal person until I came here to Campbell River at the age of 46. I went into recovery because I OD'd six times and went on methadone. Once I completed the recovery program, I joined Narcotics Anonymous (NA). One of the sponsors helped me see that my behaviours were not healthy and that I was delusional on dope most of the time.

That is when I realized I had a substance use issue; it was not just recreational. I was not ready to admit this, but I knew deep down that his words made sense. Now I admit I'm an addict, but I never thought that before. I thought I was just a weak person. After that program, I started a mental health care program in Campbell River.

When I was in my early recovery, I went to NA and mental health [appointments], and I had a few sponsors. I was also in contact with a worker at AVI [Health Centre] who supported my recovery and mental health. I learned about self-reflection and how to manage my anger with my mental health worker and with AVI supports. Now I have a small support system with the MOUHSS [Mobile Outreach Unit for Health and Support Services] staff, my dog, and the community I am involved in.

I've been here in Campbell River for 18 years. I came out here because I knew I had to address my addiction. I stayed here because the cost of living is cheaper. And I like it here and the supports were here for me. They [the mental health and addictions team at Island Health] had awesome counsellors. They taught me life skills and taught me how to manage myself. All my life I felt like I had to be defensive, with police officers, principals, because the racism was bad. In Campbell River too: when I came, there was only two Black families here. But my NA group and sponsors did not treat me with racist behaviours. When I came out to Campbell River, I got help. Now I'm at a good spot where I don't go off like I did.

The first time I got stopped by the cops in Campbell River, I was just walking the neighbourhood and clearing my head. It was like 11:00 or 11:30 at night. I'm walking in a neighborhood probably a mile or three-quarters of a mile from my house. Suddenly a cop car with lights on comes over and a female police officer comes out and yells, "What are you doing? We have reports that you're trying to break into houses." I told her I was doing no such thing. So she calls another cop. She was really throwing her weight around and raising her voice.

That was my first encounter here—I get accused of breaking and entering just because I'm walking down the street. If a white person was walking, the cops wouldn't pull over and say that. I've done nothing illegal and I get jacked up by the cops. I was treated badly because of my addiction and because I was Black: I think people were fearful of my attitude and because I was a different race and that was not common. Some of the police treated me fairly and equally (like they would a white person), or fairly for the situation I was in. A judge gave me a chance and I realized I needed to stop the stealing and driving impaired, although I still used drugs.

Not all cops are the same. A couple of cops are human beings, but the other cops make assumptions about me. I mean, there are good cops, but the majority of them, it's like a gang mentality as soon as there's two cops.

Photo credit: shapecharge at ©iStockphoto.com

I did not look for this. It came to me. I'm finding out my role in this peer work is valuable. Like, you can spend millions of dollars on education and counsellors and doctors. But with my experience, it's like 45 years of research! So I'm pretty valuable.

People of Colour [experience] systemic racism. I feel it. Even out here in Campbell River. It's not as bad as it is in Vancouver because people here are more compassionate. You can't teach compassion. You have to learn it on your own. But you can educate people [about racism].

People get away with [racism]. You see videos on TV [of people being beat up by cops]. They always make excuses. There's no guilt. There's never accountability. Who do you complain to? There's nothing that gets done about it. It's bullshit.

So, for change, I think the people at the top have to recognize that their policies are wrong. They're killing people. And then they get away with it.

I work at MOUHSS, an outreach program for the Campbell River community. We have a doctor on board, mental health counsellors. We care about harm reduction. We supply sandwiches, drinks to people who need it. I'm also a peer leader for the Community Action Team. I go around the neighbourhood, I engage myself and talk to people. This is pretty cool for me and it's something that I don't need training for because it's my knowledge and my wisdom. I love it. I feel like I have a purpose during this journey.

I have been working with the MOUHSS for six months. I am proud of my ability to help people, my community and give back. I also know

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that sometimes I can connect with people who live outside or are using, differently from "professionals," because people who are homeless know I have been in that world and feel safe talking to me. This helps them to get the help or things they need in a non-judgemental way that feels safe for them.

I did not look for this. It came to me. I'm finding out my role in this peer work is valuable. Like, you can spend millions of dollars on education and counsellors and doctors. But with [my experience], it's like 45 years of research! So I'm pretty valuable. It's healthy for me to just be accepted by these professional workers.

I got accepted for me being me for the first time. I didn't have to be defensive. But I know racism is still here, like against the Native [Indigenous] people more than me, it's pretty bad out here. I wouldn't be where I'm at today without my mental health counsellors. I had good counsellors and sponsors. I feel like for the first time, I am a part of something; I can really let my guard down. I don't have to be defensive because the people are like me; they didn't look at me as a colour. So that was our common ground. V

It's Time for Change

SPEAKING OUT ABOUT RACISM IN BC'S HEALTH CARE SYSTEM

DANIEL FONTAINE

Seeking health care, especially in an emergency, puts us all in a vulnerable position. We put our bodies, our minds, and—often—our lives in the hands of strangers. We are told we can trust these strangers because they are medical professionals trained to help and held to a high standard of patient care, above the influence of social biases.

Daniel is the Chief Executive Officer and Deputy Minister of Métis Nation BC (MNBC). He joined MNBC in the spring of 2020, after 25 years working in the private, government and not-for-profit sectors. Daniel is of Métis heritage and regularly speaks with the media about the issues facing Métis citizens today

Photo credit: FG Trade at ©iStockphoto.com

But what happens when racism and stigma rear their ugly heads in a hospital emergency room?

This is a reality that our Métis people face regularly. Recently, as CEO, I joined with other MNBC representatives to do something about that reality.

Recent reports of racism

Shocking reports of racist games played by emergency room staff in a British Columbia hospital were brought to our attention in June 2020, at the tail-end of BC's first wave of COVID-19. The global pandemic magnified the challenges in accessing health resources faced by First Nations, Métis and Inuit peoples, highlighting the difficulty so many Indigenous people encounter getting the care they need.

During the first wave of the pandemic, MNBC and the Aboriginal Friendship Centre in Surrey, BC, were told that nurses and staff made a game out of guessing the blood alcohol levels of Indigenous people coming into the hospital emergency room.[1] This raised serious concerns

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about racism impacting the quality of care Indigenous peoples receive in BC's health care system. This game was only the tip of the iceberg, bringing to light the continued systemic racism against Indigenous people in the health care system.

MNBC, along with the Aboriginal Friendship Centre, quickly reported the allegations to BC's Minister of Health, Adrian Dix. He quickly commissioned an independent investigation based on our recommendations to find out just how deep these currents of systemic racism run in BC's health care system.

In June 2020, during a phone call with Adrian Dix, representatives from MNBC suggested the BC government establish an anonymous tip line to provide a safe way for racism to be reported.[2, 3] Thankfully, this was instituted in a matter of weeks.[4] Now, anyone who has witnessed or experienced racism while seeking care has a safe space to report it.

But this was just the first step.

Investigating the health care system

Indigenous lawyer and judge Dr. Mary Ellen Turpel-Lafond was asked to undertake the investigation into the allegations of racism. On November 30, 2020, she presented her findings and released a summary of the investigation. The results were shocking but not unexpected.

According to Dr. Turpel-Lafond's report, 84% of Indigenous people have experienced discrimination related to health services, while roughly half of Indigenous health care workers experienced racism at work.[5, 6]

MNBC was pleased to work on this report with Dr. Turpel-Lafond and the review team to emphasize the effect systemic racism in BC's health care system has on BC's Métis population. The Métis Nation makes up one-third of the Indigenous population in BC and needs to be recognized as a distinct nation for the improvement of the mental health and wellness of our citizens. By working with MNBC on eliminating racism from the health care system in the province, our citizens see themselves recognized as a distinct people and included in the policies and recommendations put forward in Dr. Turpel-Lafond's report at a provincial level.

In giving MNBC a seat at the table and consulting me and other MNBC representatives, Dr. Turpel-Lafond addresses in her report the issues that uniquely affect Métis in BC when it comes to racism in the health care system.

Although the report was not able to prove the allegations of the racist "Price is Right" game allegedly played in BC hospitals, it found substantial evidence of Indigenous people profiled because of stereotypes around addictions in Indigenous populations. In a news report detailing Dr. Turpel-Lafond's findings, an Indigenous nurse practitioner discussed how she believes systemic racist stereotypes in the health care system led to the sudden death of her aunt.[7] Tania Dick told the CBC that her aunt went to the hospital after hitting her head but, because of her Indigenous heritage, was presumed drunk. By the time anyone realized the seriousness of her head injury, she'd suffered a brain bleed. She died en route to a larger hospital.

The experience of Tania Dick's aunt is just one example of how damaging—and potentially deadly—the racism we, as Indigenous individuals, face when simply trying to get help.

Calling for change

The report presented the BC government with 24 recommendations that we were pleased to help develop. I and the rest of MNBC believe the recommendations will help to tackle the issue of systemic racism in BC's health care system.[1]

The provincial government must act on this report and its recommendations in an expedited timeframe. The report can't simply sit on the shelf and gather dust. With the one-year anniversary of the Declaration of the Rights of Indigenous Peoples recently passed, now is the time for the province to move forward. This includes implementing the recommendation "that the Ministry of Health establish a structured, senior level health relationship table with MNBC, and direct health authorities to enter into Letters of Understanding with MNBC and Métis Chartered Communities that establish a collaborative relationship with clear and measurable outcomes."[8, 9]

Dr. Turpel-Lafond's report found that BC needs to expand Métis participation in health decision-making. MNBC has called on the Ministry of Health and Adrian Dix to establish the BC–Métis Nation Health Leadership Table in the first six months of 2021

to tackle the issues preventing Métis people from seeking appropriate and equitable health care.

Health care is a basic right for everyone

Adequate and appropriate health care is a basic right of all people in BC and across Canada. As Dr. Turpel-Lafond's report proves, Métis, First Nations and Inuit disproportionately experience systemic racism when trying to use medical care services in this province, preventing them from accessing this basic right.

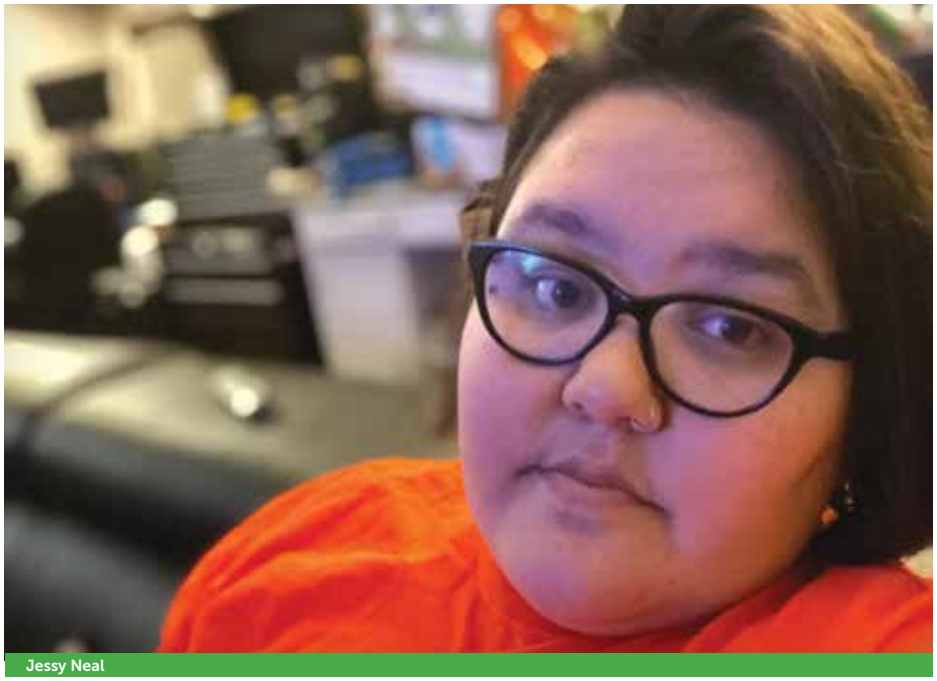
Mental health conditions, diabetes and tuberculosis, among other health conditions, continue to affect Indigenous people in Canada at a much higher rate than non-Indigenous Canadians, yet racism prevents us from seeking proper care.[10] The situation is worsened by the current COVID-19 pandemic, which has put Indigenous communities, including Métis, at an increased risk of contracting and dying from the virus. Racism in health care prevents education on good health practices aimed at reducing risk because it creates distrust between those experiencing racism and the health officials who are trying to manage the situation.

It is more important than ever for such racism to stop, to give Métis and other Indigenous people the option of trusting Canadian health officials. But we need to do more. I believe we need to continue to pressure those who are able to actively tackle the racism faced by MNBC citizens and other Indigenous people. I appreciate the steps taken by the BC government so far, but the fight against racism in our health care system is far from over. V

Random Journey in the Life of an Indigenous Former Foster Child

JESSY NEAL, BSW

I am a status Cree and Métis (and Heinz-57) woman. I grew up in the small town of Quesnel, BC. I think it is a little funny that I was asked by *Visions* to write a piece about my experience with racism at around the same time that many Canadians celebrate Thanksgiving, a holiday that likely originates in the 17th century and really marks the beginning of the cultural genocide of the First Peoples to populate North America.



Jessy Neal

Jessy is a Cree and Métis (and Heinz-57) woman who grew up in BC's Cariboo region. She is a program coordinator with the Federation of BC Youth in Care. She is completing her master's degree in social work. A former youth in care herself, Jessy and her husband are currently taking care of her young nephew

Over several centuries, the Canadian government tried to abolish the history, culture, language and practices of the First Peoples of this land. I am a generational survivor of this series of state-sponsored genocidal events. This article is just a glimpse into the world I have experienced.

I grew up in a home that was fractured a couple of generations before I even entered the world. My maternal grandfather was taken to residential school at the age of three. My maternal grandmother grew up in a home environment that did not provide her with the love and support that she needed in order to be able to provide the same for my mother and aunt in a stable and happy home.

My grandparents and my great-grandparents grew up in a time when acknowledging any sort of First Nations heritage in your background made you somehow less than human. This did not make it easy for my ancestors to know how to take care of their own children. There was a lot of hurt, anger and, I believe, unintended

My love of books, my intelligence and the independence I learned from my mother as I was growing up gave me the power to learn for myself what right and wrong was and it gave me the power to speak up and ask for what was best for me.

abuse passed on to my mother from her mother due to alcohol addiction and other mental health challenges. My mother's father was largely absent from her life; when he was present, the damage caused to him by his experiences in the residential school affected her as well. I believe that intergenerational trauma experienced by both sides of my mother's family was passed down to her generation. These things had a big impact on the mental health and sub-par upbringing that my mother had.

As a child and as a young woman, my mother experienced a lot of trauma. I forgive her for the way that she has raised us—it's pretty hard to keep things stable and healthy for your children when you are broken yourself. I know my mother's choices regarding my sisters and me were always made out of love. She strived to give us a better upbringing than she had herself; she told me that on more than one occasion. I am grateful for the experiences I had with her, both bad and good, even when they were very hard and damaging to the soul. My life without those experiences would be very different, but I would not be the strong woman I am today.

My mother's choices had a huge impact on me; my brain had to start processing things at an earlier age. Her choices helped me understand and interpret the world and engage my critical thinking—sooner, perhaps, than many children have to. Her choices were mostly influenced by her trauma response and her intense emotions, which unfortunately were passed on to all three of her daughters.

What I am trying to get at is that if I hadn't grown up the way I did, I would not have been able to carve out the life path I chose for myself. My love of books, my intelligence and the independence I learned from my mother as I was growing up gave me the power to learn for myself what right and wrong was and it gave me the power to speak up and ask for what was best for me.

I was first in a care-like situation when I was about three months old. My mother had given me to my aunt and uncle to raise while she was figuring out some of her own life stuff. My earliest memory of going into government care was when I was five years old, and my sisters were two and three. My sisters and I were all in and out of government care multiple times. Once, we were separated because of one foster parent's inability to deal with my youngest sister's anger issues. That was quite devastating to my sisters and me: all we had was each other, and I had taken on a kind of parenting role with them.

One day, while I was out with a child and youth care worker, I saw my mother out in the community and accidentally told her what had happened. My mother immediately burst into hysterics and I just remember feeling awful that I had hurt her; I felt like everything was my fault. I believe a lot of my anxiety comes from those years of being placed into care and not knowing what was happening, feeling like everything was always my fault. At the age of 11, I asked to be granted a continuing custody order so that I could live full-time with my aunt instead of continuing the cycle of going in and out of government care. My mother respected my decision.

I was given an opportunity to attend a youth camp specifically dedicated to improving the lives of youth in and from care across BC. Through this camp, run by the Federation of BC Youth in Care Networks, I first learned about advocacy and activism, which nurtured my growing passion for making changes in the lives of children and youth who have experienced care or have grown up in traumatic home environments. Not only did I develop friendships with people who had experienced similar childhood challenges but the organization also showed me the power of the voice that young people bring to the table and how our actions could directly impact the future for other young people who grew up in care. It was those experiences—learning the

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stories of others and getting involved in activism and advocacy—that led me to believe a bit more in my own abilities. I graduated from high school and eventually went on to get my degree in social work.

Throughout elementary and secondary school, I faced racism—from teachers, students, principals and others. For example, I had a heated argument with a boy in high school who stated that all Native people were welfare bums and couldn't graduate high school, and that all their women were having babies and growing up on welfare. I also remember playing with a friend when I was in about Grade 1, and both she and I being called into the principal's office. One of the staff had noticed that I had eczema. But the staff member assumed it was scabies—and also assumed that I had given scabies to the other child.

I remember being constantly taken out of class in both elementary and secondary school in order to participate in "Aboriginal Activities." But there was no thought given to the fact that separating Indigenous children from their classmates singles them out and also affects their education. Incorporating Indigenous activities and teachings in class would have been a more useful and inclusive way to have everyone learn together. In college and university, although my experiences of racism did not end, I did learn a lot more about the real history of First Nations peoples in the land we call Canada—history that was mostly glossed over during my elementary- and secondary-school years.

As I got into social work, my eyes were further opened—to the government practices and systems than sustain the cycles of oppression and racism that Indigenous peoples continue to face. I remember countless times when I felt like the token "Indian," whose opinion was asked for solely because I'd been born with Indigenous heritage. I remember having a frank discussion with a leadership development organization that I was applying to join and learning that I had been chosen for the opportunity expressly because I was Indigenous, and the organization needed to meet its "representation" quota—I was a box they could tick off.

I know that I grew up on the wrong side of statistics: I am Indigenous, I am female, I was raised in the care system. Growing up in an unstable family life, without access to my Indigenous culture until I became an adult, left me with an extreme lack of self-esteem. Despite this, I have started to learn more about my culture and my heritage, and I am seeking support to help heal the

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I remember being constantly taken out of class in order to participate in "Aboriginal Activities." But there was no thought given to the fact that separating Indigenous children from their classmates singles them out and also affects their education. Incorporating Indigenous activities and teachings in class would have been a more useful and inclusive way to have everyone learn together.

So, when I'm asked for advice and support, I say, if the odds are stacked against you, just bulldoze right on through. It also helps to have some people who love you and who you trust—who will be there to help you rebuild your sense of self

trauma and baggage that comes with the "Jessy package."

Now, as a program coordinator with the Federation of BC Youth in Care, I try to be an example for the young people I work with, by being a support and letting them know that yes, life is hard—even pretty f**ked up at times—but you can still make something of yourself even if you don't always believe it's true. The system has made lots of positive changes to improve lives of children and youth while they are in care, but we are still struggling to implement other changes. Unfortunately, the number of Indigenous youth in care continues to rise. For those youth, the rates for high school graduation are still low. The rates for teen pregnancy and the rates for apprehension of Indigenous children (taking Indigenous children from their families and putting them in care) are still high. Much work has been done to try to remedy these situations and connect youth with their culture, but it is still not enough.

So, when I'm asked for advice and support, I say, if the odds are stacked against you, just bulldoze right on through. It also helps to have some people who love you and who you trust (like my Federation family, my husband and a handful of bio family members who genuinely care about my well-being)—who will be there to help you rebuild your sense of self—after you bulldoze through the negative statistics, expectations and stereotypes that were holding you back in the first place.

If you know of any youth who have experienced being in government care or using government services, the Federation of BC Youth in Care Networks is an amazing organization to connect them with. It has given me and countless others a sense of chosen family. It has also connected me with like-minded individuals who helped me to no longer feel alone in the world.

Thank you for reading about a little slice of me. V

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The Police Senselessly Shot and Killed our Beloved Brother, Kyaw Naing Din, in His Own Bedroom

YIN YIN HLA DIN

Kyaw Naing Din was born and grew up in Rangoon (Yangon), Burma (Myanmar). On August 14, 1990, at the age of 25, Kyaw immigrated to Canada with his father, Hla Din, mother, Hnin Myaing Din, three brothers, me, and another sister. We are a very close family, and we take care of one another. We came to Canada with the hope of starting a peaceful new life. Sadly, my father died in August 2014, and my mother died in February 2017.

Kyaw Naing Din

Yin Yin Hla Din is Kyaw's sister. She is writing this article on behalf of Kyaw's family members, who provided him with strong family support. Yin Yin accompanied Kyaw to every one of his medical appointments and acted as his next of kin and Power of Attorney

Unfortunately, upon our arrival, Kyaw was mistreated by border guards at the airport. He was kept in a secluded area, made to wait, and interrogated with only me as his translator. He was accused of being an imposter, of fraudulently immigrating to Canada. None of their accusations had any merit, and eventually, they allowed Kyaw into Canada, but the experience was traumatizing for him and the rest of the family.

We initially lived in Abbotsford, BC, before we moved to Burnaby and then Coquitlam. Because Kyaw spoke and understood very little English, he attended English as a Second Language classes at the University of the Fraser Valley in Abbotsford. One day, while coming home from class, Kyaw was harassed by local police, who handcuffed him and drove him around for quite a while before letting him go, admitting they had falsely

arrested him. This incident so discouraged Kyaw that he stopped attending ESL classes. His shock at his treatment by the Canadian authorities, and the trauma that resulted from those encounters, had severe effects on his mind and body.

Kyaw began to suffer from pains in his body. He told us that he heard voices once in a while, and heard voices talking to him specifically. Neither Kyaw nor his family members understood what was happening to him; he had never experienced these symptoms before.

Kyaw first saw a psychiatrist when he was in his early thirties. He was diagnosed with schizophrenia when he was about 35 years old and prescribed psychiatric medications, which can have very serious and dangerous side effects. Kyaw often experienced side effects from his medications, including tremors, slurred speech, involuntary movements, and facial twitches. He also became pre-diabetic. Kyaw was well as long as he was taking medication, but when he forgot to take it regularly and sometimes stopped taking it, he would experience mild mental confusion.

Kyaw was always appreciative of the people he dealt with in his life—like his physicians, his psychiatrist, his dentist, the nurses he saw at the hospitals and home, and the police officers and paramedics who transported him to the hospital.

As a poor immigrant, Kyaw both relied on public health care and experienced racism through it. Kyaw was not treated fairly because of his cultural and ethnic background. I would like to share how systemic racism blocked our beloved brother, Kyaw's access to mental health care he needed from his psychiatrist. A few months before his death, Kyaw told his psychiatrist that he would like to change from a monthly injection to daily oral medication as he no longer wanted to take injections due to too much pain at the injection site. Both Kyaw and I greatly appreciated that she allowed the change. However, she denied my request that Kyaw take his medication at the pharmacy. The reason she gave was that it would be too expensive to have a pharmacy dispense medication daily.

My heart pounded and sank as I knew that without appropriate support, Kyaw would not take his medication regularly and, at some point, stop taking it and end up at the hospital again. We had always appreciated Kyaw's psychiatrist for her care, but I felt that her decision was patronizing. I felt that, because of Kyaw's ethnic background, he was not listened to or taken seriously.

Caring for Kyaw was not difficult because our family is close and we all loved him. He always brought joy and laughter to the people around him. When he suffered from mental confusion as a result of not taking his medication regularly, we would help him get to the hospital for a few days to get stabilized.

On August 11, 2019, I called the Ridge Meadows RCMP for help to take him to the hospital—he was suffering from mild mental confusion as he was not taking his medication. Kyaw did not have any problem going to the hospital with police assistance in the past.

I clearly explained to the dispatch in my initial 911 phone call that day, that although Kyaw said that he wanted to hit me, he had never hit me or anyone else and I and everyone at home were safe. I communicated that I was asking for police assistance to transport my brother to the hospital. I also explained that Kyaw was having some mild mental confusion as he had not taken medication for a few days. I explained that this kind of confusion had happened to him in the past, and he would become normal and well again within a few days once he gets to the hospital and back on his medication.

The two police officers who arrived saw that Kyaw's situation was not urgent as he was peaceful—not violent, not shouting, not harming himself or anyone. One of the police officers said that they would call an

Police officers are supposed to be trained in responding to people with mental health issues, without causing harm. However, the police officers did not de-escalate the situation. The police did not bring a mental health practitioner with them nor an interpreter.

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ambulance and told me to take my brother to the hospital by myself. An ambulance with two paramedics arrived quickly. I again went to Kyaw's room where he was quietly and peacefully seated in the chair by his bed. I opened the door and told him that an ambulance had arrived and asked if he would like to go to the hospital. He replied that he did not like to go to the hospital at that time. I closed Kyaw's bedroom door and explained to the paramedics and the police that Kyaw did not want to go.

I called my older sister, Hla Myaing Din, and two older brothers, Hla Shwe Din and Thant Zin Din, who were on the way. They suggested asking the police officers and the paramedics to leave for the time being and to call them when Kyaw was sleeping if necessary. I explained to the police officer that our older siblings were on the way and would arrive in five to ten minutes—that everything would be okay as Kyaw would listen to his older siblings and go to the hospital after they spoke to him. One of the police officers while talking on the cell phone (police radio) asked me the language Kyaw speaks. I told him that it was Burmese.

Within a few minutes, two additional police officers arrived. These additional officers insisted that they go and talk to Kyaw in his room. I told them that I was concerned that he might throw a bottle at them if he got upset. I openly requested the police officers not to shoot my brother. I told them that Kyaw is a good person, peaceful and not violent. One police officer said, "We don't need to wait for your sister and brothers to arrive. We won't shoot your brother. We know how to handle people like him who have mental health issues. We deal with them all the time." The police officer said that he did not even have a gun, in a laughing voice.

I feel strongly that Kyaw was killed by the police for no justifiable reason. In the end, it was the helpers that we needed to be worried about, the ones who are supposed to serve and protect the public.

Despite my repeated requests that they wait until Kyaw's older siblings could arrive and help de-escalate the situation peacefully, the police entered Kyaw's room and fatally shot him with a taser gun and a firearm in the face, head, and chest. They did not try to talk to him or warn him that they were entering his bedroom. The high-ranking police officer afterwards stated that he was informed Kyaw was suicidal, and that is why they did not wait for our siblings. But we were the ones to call 911, and we never said he was suicidal then, or when the police were at the house. I feel strongly that Kyaw was killed by the police for no justifiable reason. In the end, it was the helpers that we needed to be worried about, the ones who are supposed to serve and protect the public.

My siblings and I were kept outside of the house for hours after Kyaw was killed, with no news about whether he was alive or dead. As we cried in the front yard, I remember the paramedics and police laughing. To me, it seemed that they acted as if Kyaw's life was unimportant.

Police officers are supposed to be trained in responding to people with mental health issues, without causing harm. However, the police officers did not de-escalate the situation. The police did not bring a mental health practitioner with them nor an interpreter. If the police officers had listened to my request not to enter Kyaw's bedroom, Kyaw would be alive and well today.

My brother is gone, and the officers who were responsible for his death faced no consequences for their reckless actions. The Independent Investigations Office (the IIO, a civilian-led agency that conducts investigations when death or serious injury results from the actions of a police officer) refused to send the file to Crown Counsel for consideration of criminal charges against the police officers who caused my brother's death. The IIO accepted the police officers' versions of events at face value and did not believe the other witnesses' accounts. They found that it was reasonable for police officers to refuse to wait for my siblings to arrive and talk to Kyaw, and found that there was no reason to suspect they could have been helpful. My family has been devastated by the IIO's decision.

Kyaw was a kind, loving, and generous person. He had deep

related resources

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sympathy for marginalized and oppressed peoples. When he saw people asking for money on the streets, he always wanted to give them money. Our family always said that Kyaw was the best son and brother. Kyaw enjoyed and valued his everyday life. He used to spend time reading our mother's Bible, drawing, listening to music, and watching movies. He loved his little dog and took care of her very well. He did a lot of daily chores for our family, such as washing dishes, cleaning the kitchen, doing the laundry, taking the garbage out, and so on. Kyaw was never tired of doing household chores for his aging parents when they were still with us.

My family and I are traumatized, shocked, and broken-hearted by Kyaw's sudden and violent death. We cannot find words to express our agonizing pain and suffering for the irreplaceable loss of our beloved brother. I cannot describe in words the grief that smothers me whenever I think about Kyaw. I have wept countless times over his untimely and horrendous death. We still do not know the names of the police officers who killed our brother.

According to a 2018 report by the CBC, 461 people died through encounters with the police between 2000 and 2017.[1] All of us, including people in the mental health care system, the criminal justice system, and the public, need to work together to stop police brutality and to get justice for all victims. The police officers who commit crimes and other forms of wrongdoing need to be held accountable for their actions. We, Kyaw's grieving and traumatized family, hope that the public will help us to get a public inquiry into his death. Please help us to get justice for our beloved brother, Kyaw, who died so suddenly and unexpectedly in this horrendous way.

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Parenting During a Pandemic

SARAH*

My nine-year-old son, the oldest of my three children, was diagnosed with an unspecified anxiety disorder presenting as generalized anxiety disorder (GAD) and obsessive compulsive disorder (OCD) at the age of three.

Photo credit: damircudic at ©iStockphoto.com

Sarah is the mother of three children, one of whom was diagnosed at an early age with an anxiety disorder. She lives in the Lower Mainland, is a registered social worker and works to support parents and caregivers who have a child living with a mental health concern

**pseudonym*

Over the years, we have been able to manage his mental health challenges effectively with the support of an extraordinary mental health and school team. Before the COVID-19 pandemic, he was steadily coping and functioning. When he had difficult periods, he responded well to support and treatment. We knew the pandemic would affect him; we just weren't sure how.

While the declaration of the public health emergency in mid-March 2020 brought feelings of grief and fear, the retail, school and service closures around the province were the easiest part for my son because everyone had the same rules: *Stay home, stay safe*. Outside there is life-threatening risk; home is safe.

Spending two and a half months in isolation while homeschooling was extremely challenging. However, we managed as best we could, acknowledging that our feelings were understandable, given the circumstances.

Things shifted in June 2020 because the public health rules became more individualized, which was hard for my nine-year-old to understand. For years we used the "real danger versus false alarm" analogy to help him decide if his anxiety was helpful or harmful. Usually the situation we were assessing with him was a false alarm, but COVID-19 confirmed there was real danger everywhere. Even I found myself overwhelmed with making

decisions because I really didn't know what was safe; I did not feel confident in my choices.

It was exhausting to carefully educate my child in ways that wouldn't trigger his longstanding anxiety around death or his OCD around germs—both things that the pandemic made a central focus. Seeing his desperate need for normalcy, we began cautiously leaving the house. My child had a physically distant playdate outside with a neighbourhood kid, he successfully went to the dentist and he once went to an empty playground. His anxiety appeared under control and he even wanted to go to school during the voluntary return. Seeing how well he was coping, we thought we had dodged a bullet.

The downhill slide

Two weeks later, things deteriorated. I took my kids to the playground—but this time, there were strangers there. My son said there were too many people. I reassured him that it was safe if we kept our distance. The closer we got, the more he panicked. He started hyperventilating, crying and physically jumping back when another person came close. He said he was going to run home. I felt confused because he hadn't shown this type of fear response with the neighbour or the dentist.

When we got home, the panic attack escalated into anger, rage and aggression. Finally, when things settled, he expressed to us that he was terrified of others being infected and getting him sick. After that, the panic attacks were a regular occurrence. He would leave the house only to see the neighbour, who he had decided was safe. Any trip to a public space where there was risk of seeing unfamiliar faces—like a walk outside or an outing to the park—was out of the question. It became clear that the time we had spent at home during the pandemic had brought on symptoms of agoraphobia. For him, this meant going outside was so unbearable it would cause him to panic and feel like there was no escape. He became housebound.

My son's low mood quickly followed. He saw groups of kids playing outside, and the neighbour child started having sleepovers. From my son's perspective, everyone was behaving like they had done before the pandemic, and he was left out. Our isolation over the previous months had intensified for him the importance of social inclusion and peer validation. His sense of self-worth became so tightly woven with socialization that the thought of social exclusion sent him into a downward spiral. For the first time, we heard him say, "I don't deserve to live." In a few weeks, he went from experiencing manageable anxiety to fighting a dangerously low mood and feelings of low self-worth, debilitating agoraphobia, panic and generalized anxiety.

As parents, we were faced with difficult decisions. My son desperately wanted to go back to school in the fall. Should we let him go, knowing the mental and social benefits, despite the risk of a rage-filled panic attack and, possibly, his running home?

Our previous experience treating my son's anxiety had helped us identify that he needed exposure therapy. However, because this entails gradual exposure to the situation that causes anxiety (in this case, going out in public), a consequence was increased risk of contracting the virus. Because we have a high-risk grandparent we were hoping to visit, we were torn. Furthermore, how do we even do gradual exposure, intentionally getting closer to strangers, when we are supposed to practise physical distancing? After taking several deep breaths, we got out our calendars and started planning.

When the US–Canada border closed in the spring, we'd been abruptly separated from my parents. We knew that by the time they were able to cross back into Canada and complete their mandatory two-week quarantine, it would be August. If our goal was to go to school in September and not have the grandparents' visit overlap with school or my son's treatment, we knew we had July to do as much exposure as my son could tolerate.

Taking control of the situation

We worked quickly with our psychologist to design a program that would work. We also decided with my son and his paediatrician to increase his medication. As a parent, I tried to suspend my own fears and discomfort for what we were about to embark on; in July, we went out as often and as safely as we could. We began with brief walks outside and eventually worked our way up to entering a store with narrow aisles and strangers. Our exhausting and emotional efforts began to pay off: my son's intense anxiety and low mood began to fade. We were able to visit with grandparents for the month of August and my son was able to successfully return to school in September without any panic attacks.

But the visit with grandparents in August seems far away now. Months

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later, the pandemic continues to feel like we are having to make impossible choices about whose needs are more important. It's exhausting, scary and heartbreaking since there is always someone who doesn't get their needs met. Throughout all of this, we had also been keeping a wary eye on the impact of the pandemic on the mental health of our two younger children. My middle child went from being a friendly, sociable toddler to yelling at people for not physically distancing or crying to go home because he was afraid of others. Our youngest was seven months old when the pandemic was first declared; by the time he interacted with people outside our household, the equivalent of almost half his life had passed.

We continue to see my nine-year-old's mental health team virtually, helping to maintain his anxiety at a manageable level. So far, so good: his sense of self-worth has improved and we get to hear him laugh again. My other two children have also improved. The regularity of seeing familiar faces when we drop off and pick up my oldest child at school has had a significant impact. What we are doing now is preparing and bracing for the possibility that in-person school classes will be suspended. The pandemic has taught me how quickly my children's mental health can turn; therefore, I constantly watch for signs that their stress level is increasing; I try to soak up the moments of calm because I don't know what's around the corner.

Keeping an eye on the long-term goal

Seeing the negative consequences of the pandemic on my children and our family dynamics forced me to look forward. I wondered how this time in their lives will influence who they become in the future. I asked myself, What do I want for my kids after the pandemic? If I want them to be able to go to school, socialize with friends and participate in all the other things that life has to offer, then we had to focus on their mental wellness, and—oddly enough—help them develop a healthier relationship with the virus. Once I realized this, even though our choices were painful, decision-making became easier.

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For us, this meant allowing our son to attend school in person, even though that meant an increased risk to COVID-19 and no more visits with the grandparents until there is a vaccine or in-person classes are suspended for a significant time.

Using a forward-thinking lens has helped me play the long game, adjust expectations and centre my family's lives around our mental health. Despite the rising case numbers in the fall and winter, I decided to continue taking my two younger kids to the grocery store and to the playground so that they continue feeling comfortable around people. I am careful to use hand sanitizer when we need to, while being cautious not to instill fear. My long-term goal of minimizing the negative mental health impact of the pandemic on my children helps ground me when I'm making hard decisions.

Some days, the best I can offer is normalizing my emotions, reminding myself that everyone is riding the same anxiety-provoking rollercoaster. I try to show my children how I care for myself. I say what I'm feeling—whether I am anxious or overwhelmed—and then I tell them how I intend to care for those feelings. I might let them know I'm going to take a few moments to myself on the couch, or that I'm going to try to go to bed early and get a little extra sleep.

How I think, feel and behave influences how my kids make sense of the world. This serves as my motivation to intentionally take care of myself. I don't always get it right, and I can't always protect my children from struggling with their mental health. What I can do is show them what it looks like when I care for my feelings. Hopefully, this helps them to build their own resilience, reinforcing the skills they need to get through this. V

The Politics of "Feeling Fat"

LAYLA CAMERON, BJ, MA, PHD CANDIDATE

The role of "fatness" and the perception of fatness in our society are changing.

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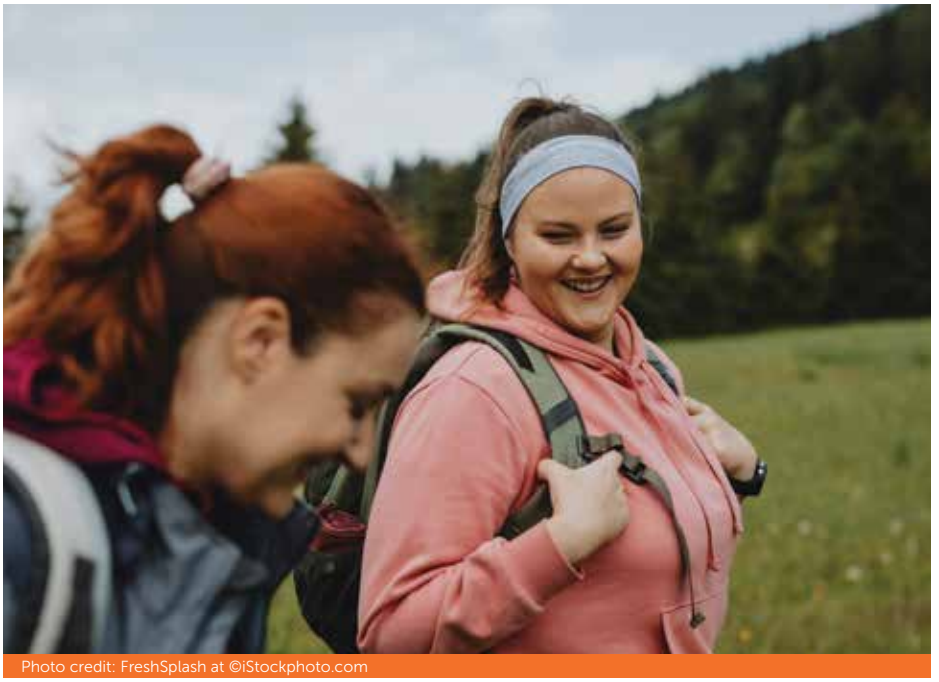

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For some, being fat can be a source of negative feelings. Someone who is fat may feel unattractive, for example. Feelings of unattractiveness may be in response to a range of oppressive and discriminatory behaviours that fat people are often subjected to. But increasingly, many people are beginning to feel positively towards their fatness. Being fat can feel liberating, empowering and beautiful. Inhabiting a larger body can make one feel strong—both physically and in character.

However, fat itself is not a feeling: one cannot "feel fat." I often enjoy asking my students, "What do you mean when you say you 'feel fat'?" Their answers often reveal the implicit biases they hold about fatness and—by extension—fat people. Their responses reflect a combination of various physical and emotional sensations: feelings of laziness, bloat, discomfort, indulgence, worthlessness, a sense of being "weighted down" or, simply, a sense of feeling "bad."

Using "fat" as a synonym for any of these sensations reveals the grip that "fatphobia" can have on our minds.

In short, "fatphobia" refers to a cultural fear of fat. Like racism or sexism, fatphobia is an identity-based form of oppression that manifests in many ways and that impacts everyone, particularly people who inhabit bigger bodies. Fatphobic language and imagery is used across

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many industries and social arenas to perpetuate harmful misconceptions about fat people, which in turn has severe consequences for their lived experiences. For example, when fictional villains are consistently animated as having fat bodies, we begin to associate fat people with the negative characteristics these villains possess. Or, when fat bodies are perceived as "lazy," this contributes to discrimination that fat people may experience in the workplace.

Fatphobia helps to perpetuate the common cultural presumption that fat people have bigger bodies because they have made the wrong choices. For example, we might assume that fat people do not have the self-control required to stick to a diet. We might think that fat people do not exercise. We might think that fat people should prioritize doing anything that could help make them not fat, even if those things are harmful to their bodies, such as self-starvation, overexercising or use of medications or other substances without a physician's guidance. Because of fatphobia, we do not pay much attention to these harms or think about what they might be.

Notice that I have not yet used the word "obese." My omission is deliberate. By avoiding the word, I make an intentional effort to acknowledge the harm that pathologizing fatness as a disease can have on fat people. In this article, I use the word "fat" as a neutral descriptor, much like I would use the words "short" or "tall." Arguably, efforts to classify fat bodies as "obese" is an unnecessary categorization of naturally occurring body diversity; some people, for a variety of reasons, have larger bodies than others. The categorization of fat people as "obese"—the pathologizing of "fatness" as a medical condition—encourages violent responses towards those deemed by the observer to be "overweight" or "obese."[1,2] But studies have revealed inconsistencies when fatness is pathologized in this way; often, research contradicts medical assumptions, providing a more nuanced view of the impact of weight on one's health.[2] Furthermore, research and opinions about body fat tend to reveal more about the social, political and economic context of a specific time period and culture rather than a scientific truth about fatness itself. At various points in history and in various cultures, for example, fat bodies have been seen as beautiful, or as a sign of wealth and contentment.[3-6]

The relationship between body size and mental health is complicated. However, fat people are statistically more likely to suffer from mental health issues. Fat children are more likely to be bullied and excluded at school, and they are also more likely to consider suicide. Fat teenagers are more likely to develop depression and other mental health issues. Eating disorders often transpire from a fear of becoming fat or from being teased about one's weight. Fat adults experience workplace discrimination, such as being paid less or being passed over for positions in favour of thin applicants with the same qualifications.[2]

These factors shape other scenarios, which can lead to life-or-death situations, such as the poor treatment that fat people often experience in medical settings. For example, doctors may prescribe weight loss to fat patients rather than considering other treatments or conditions; significant health conditions may go undiagnosed due to fatphobic attitudes held by doctors and other medical professionals.[7-9] In many ways, fatphobia acts as a gatekeeper to our health care system, determining who has access to health care and what kind of health care is provided.

In 2013, the American Psychiatric Association added "obesity" to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), further pathologizing some body diversity as a kind of mental disorder.[10] This addition to the DSM reflects the implicit bias in our health care system that being fat is physically and mentally unhealthy.

This issue is made more complex by many people's ableist and healthist attitudes rooted in a belief that certain body shapes are "healthy" and that everyone should strive to be as "healthy" as possible. The fact is that a person can be fat for many

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reasons, including genetics, disability or a physical or mental health issue. While it is problematic to categorize fatness as a mental disorder in and of itself, the insistence that fatness is *not* a physical or mental disorder or disability is equally problematic. Creating a divide between fatness and physical or mental disorders or disabilities alienates some people who—for a variety of reasons—may not be able to or may not want to maintain certain health standards, or who may be fat *and* living with a disability. A person's fatness is individual to them, and regardless of cause, their fatness should not change how they are treated.

Two areas in which fat people are treated poorly are the legal and medical systems. Fatphobia is embedded in the legal system; weight discrimination is missing from most human rights codes, while other identity markers—such as age, race and gender—are frequently protected. Does this mean that fat people are not as worthy of protection as others? If anything, various policies seem designed to ensure that fat people feel even more burdensome: consider, for example, the Body Mass Index (BMI) modifier—a "fat tax" paid to surgeons in British Columbia who perform procedures on fat bodies.[11]

This is why fatphobia needs to be addressed in ways similar to efforts to combat other forms of identity-based oppression. As long as we live in a society where people are punished for being fat, those who inhabit bigger bodies will continue to suffer needless stigma.

If you have ever said or thought the words "I feel fat," I encourage you to explore what that really means. How does the relationship between your physical and emotional sensations and the way you express those sensations in words impact your opinions about not just your own body but the bodies of the people around you? V

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glossary

Adapted with permission from the Canadian Race Relations Foundation, crrf-fcrr.ca/en/resources/glossary-a-terms-en-gb-1

Ally: A member of a different group who works to end a form of discrimination for a particular individual or designated group.

Anti-racism: An active and consistent process of change to eliminate individual, institutional and systemic racism.

BIPOC: Black, Indigenous and People of Colour.

Colonialism: The policy or practice of acquiring full or partial political control over another country, occupying it with settlers, and exploiting it economically. In the late 15th century, the British and French explored, fought over, and colonized places within North America which constitutes present day Canada.

Individual racism: Individual racism is structured by an ideology (set of ideas, values and beliefs) that frames one's negative attitudes towards others; and is reflected in the willful, conscious/unconscious, direct/indirect, or intentional/unintentional words or actions of individuals. This is one of the three levels that make up systemic racism.

Institutional racism: Institutional Racism exists in organizations or institutions where the established rules, policies, and regulations are both informed by, and inform, the norms, values, and principles of institutions. These in turn, systematically produce differential treatment of, or discriminatory practices towards various groups based on race. It is enacted by individuals within organizations, who because of their socialization, training and allegiance to the organization abide by and enforce these rules, policies and regulations. It essentially maintains a system of social control that favours the dominant groups in society (status quo). This is one of the three levels that make up systemic racism.

Internalized oppression: Patterns of mistreatment of racialized groups and acceptance of the negative messages of the dominant group become established in their cultures and members assume roles as victims.

Intersectionality: The experience of the interconnected nature of ethnicity, race, creed, gender, socio-economic position etc. (cultural, institutional and social), and the way they are imbedded within existing systems and define how one is valued.

Structural/societal racism: Structural or Societal Racism pertains to the ideologies upon which society is structured. These ideologies are inscribed through rules, policies and laws; and represents the ways in which the deep rooted inequities of society produce differentiation, categorization, and stratification of society's members based on race. Participation in economic, political, social, cultural, judicial and educational institutions also structure this stratification. This is one of the three levels that make up systemic racism.

Systemic racism: This is an interlocking and reciprocal relationship between the individual, institutional and structural levels which function as a system of racism. These various levels of racism operate together in a lockstep model and function together as whole system. These levels are:

- Individual (within interactions between people)
- Institutional (within institutions and systems of power)
- Structural or societal (among institutional and across society)

Please see *individual racism*, *institutional racism*, and *structural/societal racism*

White: A social colour. The term is used to refer to people belonging to the majority group in Canada. It is recognized that there are many different people who are "White" but who face discrimination because of their class, gender, ethnicity, religion, age, language, or geographical origin. Grouping these people as "White" is not to deny the very real forms of discrimination that people of certain ancestry, such as Italian, Portuguese, Jewish, Armenian, Greek, etc., face because of these factors.

White privilege: The inherent advantages possessed by a white person on the basis of their race in a society characterized by racial inequality and injustice. This concept does not imply that a white person has not worked for their accomplishments but rather, that they have not faced barriers encountered by others.

resources

Black Health Alliance
blackhealthalliance.ca
An Ontario-based organization that works to improve the health and well-being of Black Canadians by addressing inequities and racism in health care systems. Learn more about strategies for Black health and well-being and find reports on Black experiences in health care.

Canadian Race Relations Foundation
crrf-fcrr.ca
The Canadian Race Relations Foundation aims to eliminate racism and racial discrimination in Canada. Learn more about racism and best practices to support all Canadians, find webinars and other events, and connect with community anti-racism organizations across the country.

Healing in Colour
healingincolour.com
Healing in Colour is a Vancouver-based organization that offers a directory of BIPOC therapists and allied professionals, and resources like community organizations, podcasts, and articles.

Kelty Mental Health Resource Centre
keltymentalhealth.ca/mental-health/cross-cultural-mental-health
Find translated and mental health and medication information for families as well as education opportunities, and resources for health, school, and other professionals who work with diverse or newcomer children and families.

Multicultural Mental Health Resource Centre
multiculturalmentalhealth.ca
The Multicultural Mental Health Resource Centre helps people with diverse backgrounds access quality and reliable mental health information and health care. Individuals, families, and care providers will find information about mental health, accessing culturally appropriate services, and navigating Canadian health systems in 25 languages. Mental health professionals will find clinical tools and resources as well as webinars, courses, and other education opportunities.

Resilience BC Anti-Racism Network
hatecrimesinbc.resiliencebcnetwork.ca/take-action/
This province-wide network promotes safe, inclusive communities through education, outreach tools and the distribution of a community incident response protocol.

San'yas Indigenous Cultural Safety Training
phsa.ca/health-professionals/education-development/sanyas-indigenous-cultural-safety-training
San'yas Indigenous Cultural Safety Training offers seven courses to educate people on Indigenous history, help people reflect on their own biases and assumptions, and help people provide culturally safe care and services to Indigenous peoples. San'yas is administered by the Provincial Health Services Authority.

Vancouver Black Therapy & Advocacy Foundation
vancouverblacktherapyfoundation.com
The Vancouver Black Therapy & Advocacy Foundation connects participants with advocates and covers service fees so participants can access mental health care from Black service providers. Check out the Resources section for mental health resources, mutual aid, and service providers.

This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.

heretohelp
Mental health and substance use information you can trust

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