IBPOC Youth Perspectives on Anti-Racist and Mental Wellness Programming in Schools

by

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B.A., MacEwan University, 2020

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We acknowledge and respect the Lək̓ʷəŋən speaking Peoples (Songhees and Esquimalt) on whose territory the university stands, and the Lək̓ʷəŋən and W̱SÁNEĆ Peoples whose historical relationships with the Land continue to this day.

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Abstract

IBPOC youth in the Canadian settler colonial context face mental health concerns related to experiences with racism and discrimination. The school setting can be a space where IBPOC youth are exposed to racism and discrimination, which can be associated with mental health conditions (i.e., anxiety, depressive symptoms, etc.), feeling alienated, a lack of safety, disempowerment, low self-concept, and low collective self-esteem. Conversely, the school setting can empower IBPOC students and address mental health concerns by employing anti-racist approaches. However, research focused on addressing racism and IBPOC youth mental health within the school setting are minimal in the Canadian settler colonial context.

To help address this gap, this study is situated in a critical race theory approach (Crenshaw, 1995, 2011, 2019; Solórzano & Yosso, 2002; Thomas, 2009) and employs qualitative methodology to inquire about IBPOC youths' recommendations for programming. Using a needs assessment approach and reflexive thematic analysis (Braun & Clarke, 2006), I constructed seven themes from the semi-structured interviews with five individuals: (a) Recognize that Mental Wellness for IBPOC Youth is Deeply Connected to Culture and Identity, (b) Need for an Intersectional Approach, (c) Understand that Family and Cultural Community are Central, (d) Make Programming Accessible for IBPOC Youth, (e) Importance of IBPOC Representation, (f) Need for Various Hands-on and Experiential Activities Focused on Identity and Mental Wellness, and (g) Implement IBPOC Programming and Schoolwide Intervention. These findings add to the burgeoning research on anti-racism, IBPOC youth mental health, and school-based programming.

Keywords: BIPOC youth mental health, BIPOC youth voices, anti-racism and youth mental health, anti-racism in schools, mental health supports for IBPOC students.

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Dedication

This work is dedicated to my dear gong gong (公公). Your persistence, strength, resilience, and humour will forever be an inspiration.

CHAPTER ONE: INTRODUCTION

Youth mental health concerns have risen in the Canadian settler colonial context. This includes youth who identify as Indigenous, Black, and/or Persons of Colour (IBPOC) and have experienced exacerbated racial inequities and mental health challenges (The New Mentality, 2022; Fante-Coleman & Jackson-Best, 2020). There is a growing awareness of the pertinence of anti-racism work with IBPOC communities, which can be defined as a social movement focused on addressing racism (Paradies, 2016). An anti-racism approach has the potential to mitigate the mental health conditions associated with racism (Cooper et al., 2022; Ezell et al., 2022; Freire, 1970; Lac et al., 2021; Paradies, 2016; Uink et al., 2022; Williams et al., 2022). Although school-based mental health programs exist, few focus primarily on employing an anti-racist approach to meet the mental health needs of IBPOC youth in the Canadian settler colonial context. Moreover, youths' perspectives on what is required to meet their needs within a school-based mental health program have been minimally explored and represented in the literature. This is especially pertinent to do with IBPOC youth as they have been underrepresented and excluded in research (Halgunseth et al., 2022; Lac et al., 2021; Milner, 2007). As such, this study aimed to explore the rich and nuanced perspectives of IBPOC youth and elevate their recommendations for school-based anti-racism and mental wellness programming.

Context and Problem Statement

This study is situated in British Columbia, one of the most racially diverse provinces in Canada with approximately 1,689,485 individuals who identified as a visible minority or racialized person in the 2021 census for British Columbia residents (Statistics Canada, 2022). This recent report outlined that visible minorities represented 34.4% of the population in British Columbia, and Indigenous folks represented five percent of the population (Statistics Canada,

2022; The Government of British Columbia, 2024). Hou et al. (2023) has noted that there was a 130% increase of the racialized population in Canada between 2001 and 2021, with the numbers rising from 3.85 million to 8.87 million. British Columbia remains as one of the Canadian provinces with a high percentage of visible minorities alongside Ontario, Quebec, and Alberta, and it continues to grow as a racially diverse place (Statistics Canada, 2023). Despite being a racially diverse place, IBPOC folks experience racism and discrimination (Claxton et al., 2021; Turpel-Lafond, 2020). Calls to action toward the anti-racism movement bellowed tenfold across North America as systemic racism has become more notably acknowledged as a force that exacerbates inequities and mental health symptoms (Cooper et al., 2022; Ezell et al., 2022; Halgunseth et al., 2022; Patel et al., 2022; Williams et al., 2022). The Government of British Columbia has attempted to meet these calls to actions.

An example of anti-racism programming in British Columbia includes the Resilience BC Anti-Racism Network, which was introduced by the Government of British Columbia in 2019. This program connects communities, shares information and resources, coordinates anti-racism initiatives, and assists with service delivery. Additionally, the Government of British Columbia introduced its new Anti-Racism Data Act on May 2, 2022, to address the systemic racism faced by ethnoculturally diverse communities, which became law on June 2, 2022. This act intends to identify the gaps in programs and services and seeks more impactful ways to meet the needs of these communities. The Ministry of Education has also made efforts to integrate preventative strategies (i.e., the erase strategy) and develop an anti-racist action plan (Government of British Columbia, 2012, 2020). These efforts build on existing policies that are meant to promote diversity and inclusion in school settings, such as the Diversity in B.C. Schools (Government of British Columbia, 2017), Constitution Act (1867), and Canadian Multiculturalism Act (1985).

Despite these attempts, IBPOC communities in Canada continue to face psychosocial stressors and disparities, which have been found to be associated with adverse mental health conditions (i.e., anxiety, depression, and suicidality) and feelings of isolation, alienation, disempowerment, low self-esteem, and low collective self-esteem (The New Mentality, 2022; Del Toro & Wang, 2023; Elkassem et al., 2018; Fante-Coleman & Jackson-Best, 2020; Khan et al., 2018; Miconi et al., 2020; Pumariega et al., 2022; Tynes et al., 2019; Uink et al., 2022). These mental health concerns can potentially be addressed and mitigated using anti-racism strategies. However, using an anti-racism approach to address youth mental health is an emerging field and remains underrepresented within existing literature (Halgunseth et al., 2022; Lac et al., 2021).

Although school-based mental health promotion programs exist, these interventions must be specifically tailored to meet the needs of its population and reduce negative mental health outcomes (Malone et al., 2021; O'Reilly et al., 2018). Previous studies have discussed the potential benefits of employing school-based mental health programming that incorporates cultural components for specific ethnic groups (Langdon et al., 2016; Montañez et al., 2015). To my knowledge, youths' recommendations for developing a school-based anti-racism and mental health program for IBPOC youth in the Canadian settler colonial context has yet to be researched. As such, this study aims to determine what is required within an anti-racism and mental wellness program to address the needs of youth who identify as IBPOC.

Research Question and Objectives

The following research question guided this research project: *what are IBPOC youths' recommendations for developing an effective school-based anti-racism and mental wellness*

program? Situated in the United Nation's (1981) definition of the youth age group, anyone between the ages of 15 and 24 were considered youth for this study.

The overarching goals of this project were to (a) understand youths' mental health experiences with racism in the high school setting, (b) gain insight into their perspectives on what is required to combat racism in high schools, and (c) provide guidance for the development of a school-based anti-racism and mental health program that incorporates these recommendations. This project also aimed to raise awareness of IBPOC youths' needs, advocate for culturally responsive school-based mental health promotion programs, and center youths' voices through qualitative research methodologies. Qualitative research is conducive to capturing the nuanced, rich, and complex experiences of IBPOC students, which is especially pertinent for a population that remains invisible and excluded from research (Halgunseth et al., 2022; Lac et al., 2021; Milner, 2007). Employing this exploratory method yielded fulsome and invaluable perspectives of what is required to meet the unique needs of IBPOC students experiencing racism and adverse mental health outcomes.

Inquiring about topics centered on racism, anti-racism, ethnic identity, and mental health can pave the way for the development of a program that fosters youth resiliency, enhances coping capacity, raises awareness of the mental health challenges associated with racism, and creates more opportunities for positive ethnic identity development (Elkassem et al., 2018; Islam et al., 2017; Khan et al., 2018; Uink et al., 2022). As a researcher of colour, I wanted to create a space for youth to voice their needs and honour their perspectives as well. Centering IBPOC youth voices is especially pertinent to me as an individual with a personal connection to this inquiry and plentiful years of experience working alongside IBPOC children and youth. Both my personal and professional experiences have allowed me to witness the profound healing that is

facilitated through advocacy work and collective endeavours within IBPOC communities. These connections and experiences have also led me believe that representing IBPOC voices within research can be a form of anti-racism and a powerful act of resistance (Bonnett, 2000; Girgrah, 2024; Tabron & Thomas, 2023; Taylor, 2023). Given the pertinence and my positionality, this project aimed to explore IBPOC youth perspectives on anti-racist and mental wellness programming.

This study will begin with a review of the current literature on settler colonialism and racism, IBPOC youth mental health, anti-racism and school-based mental health promotion, and the pertinence of prioritizing IBPOC youth voices. The next chapter will outline my rationale for situating the study in critical race theory methodologies (Crenshaw, 1995, 2011, 2019; Solórzano &Yosso, 2002; Thomas, 2009), the importance of a needs assessment approach, the data collection and analysis methods used, and the ethical considerations taken to ensure trustworthiness. Following this, the results chapter will provide an overview of the seven themes co-generated by the participants and me using Braun and Clarke's (2006) reflexive thematic analysis, which centre the importance of integrating culture, identity, intersectionality, family and cultural community, accessibility, experiential components, and broader change to promote IBPOC youth mental wellness in the school setting. Lastly, the final chapter will discuss these themes within the context of current literature, notable participant reflections that add depth to this emerging research area, implications for practice, strengths and limitations, and concluding remarks.

CHAPTER TWO: LITERATURE REVIEW

This chapter will provide an overview of the literature as it relates to exploring the perspectives of IBPOC youth. This involves the following areas: (a) defining settler colonialism and racism in the Canadian context, (b) discussing IBPOC youth mental health, (c) anti-racism and mental health promotion for youth, and (d) rationale for centering IBPOC youth perspectives. These areas highlight the importance of developing interventions to support IBPOC youth mental wellness and centering their voices within research.

Defining Settler Colonialism and the Social Construction of Race and Racism

The context of settler colonialism in Canada must be named when considering the role of racism for the IBPOC community, particularly the Indigenous population. *Settler colonialism* is rooted in the historical and ongoing influence of colonization, which Barker (2012) defined as the "consumption of a whole array of spaces by settler collectives that claim and transform places through the exercise of their sovereign capacity" (Introduction section, para. 1). As such, the *settler colonial context* is a space where settlers live, breathe, and play; they occupy a space they call home despite having origins elsewhere. The settler colonial context captures the invasive nature of colonialization, which has been normalized and woven throughout structures and institutions within Canada (Barker, 2012, 2014; Wolfe, 1999). Colonialism takes form spatially (i.e., geographical segregation of Land), culturally (i.e., assimilation into the dominant culture), and racially (i.e., the extermination of Indigenous communities). Settler colonialism is upheld by colonial powers who have their own political interests, such as the Canadian government (Barker, 2012). As a settler colonial state, Canada continues to be a place comprised of settler collectives who have taken over the Land, transform spaces, redistribute parts of the Land, and utilize these spaces and the Land's resources for their own capital.

The phrase *settler colonial context* is used in this study with the intention of defining *colonialism* as a structure instead of an event because colonial invasion is not a singular incident of the past. This positionality considers a more realistic and critical perspective of the historical stories and intergenerational challenges associated with anti-Indigenous and racially discriminatory policies (Barker, 2012, 2014). Viewing Canada as merely a place of global and cultural connection benefitting all individuals dismisses the ongoing impacts of colonialism (Barker, 2012). Colonialism is power, violence, oppression, displacement, and elimination. Moreover, naming Canada as a settler colonial state reveals settler folks' relationships to the Land while centering Indigenous resistance and resurgence. In spite of its prevailing and pervasive nature, those who created and promoted the settler colonial agenda have failed to silence and rid Indigenous efforts (Barker, 2014).

As a settler, I name the settler colonial context to deviate from dominant discourses held in the Canadian context and in allyship of Indigenous communities within the anti-racism discussion. It was my hope that by doing so, I continue to hold an awareness of my positionality and make intentional efforts to avoid implementing research practices that exclude, silence, and misrepresent IBPOC folks within the Canadian settler colonial context, particularly Indigenous communities (Halgunseth et al., 2022; Lac et al., 2021; Milner, 2007).

Race, Culture, Ethnicity, and Ethnocultural Background

In dissecting what racism is within this settler colonial context, other relevant concepts must be divulged to foster a common understanding of race, culture, ethnicity, and ethnocultural background. Notably, these terms are social constructions upon which identity and intersubjectivity are negotiated (Moodley & Palmer, 2006). Each of these terms are constructed socially, culturally, and politically. As such, there is the potential to question and shift one's

understanding of these terms as the constructed meanings are fluid, dynamic, and multiplicitous in nature (Moodley & Palmer, 2006).

Race can be defined as perceived differences in appearance, language, ethnicity, culture, ancestry, and religious affiliation (American Psychological Association, 2022; Paradies, 2016). However, race has further been distilled as a concept rooted in ill-defined and equivocal beliefs around inherent biological differences, which serve to reify power structures (Hage, 2016; Haeny et al., 2022; Paradies, 2016). Despite its roots, it has become the heart of what fosters a sense of belonging, community, solidarity, and social action (Ezell et al., 2022; Khan et al., 2018). Although racial distinctions have traditionally been used in a derogatory manner as a tool for segregation and alienation, racial identity can simultaneously empower young people by generating a felt sense of connection and acceptance with their ethnic group (Elkassem et al., 2018; Khan et al., 2018; Uink et al., 2022). Race can intersect with other threads of identity, falling under the realm of culture and cultural diversity (Paradies, 2016). The American Psychological Association (2023) defined *culture* as a set of unique values, concepts, and practices within a community or a specific group of individuals. *Cultural diversity* is an all-encompassing term that accounts for the vast array of identities, including age, gender, sexuality, ability, and socioeconomic status, to name a few (Khan et al., 2018).

Ethnicity has been used interchangeably with race and can be defined as one's subjective sense of self or individual membership to a cultural group (American Psychological Association, 2023; Moodley & Palmer, 2006). This term was received more openly when race became recognized as problematic within political and scientific discourses (Moodley & Palmer, 2006). Moreover, ethnicity was more widely accepted as a term that was inclusive of all minorities outside of what was defined as race. However, ethnicity became yet another term to justify the

political sciences, domestic conflicts, and foreign government interventionism (Moodley & Palmer, 2006). Despite this, ethnicity, or ethnic identity, have also been sources of strength and resiliency (Elkassem et al., 2018; Uink et al., 2022).

IBPOC is used as term in this study to reflect the experiences, sentiments, injustices, and histories shared amongst those who identify as Indigenous, Black, and People of Colour (Wright, 2022). Other terms, such as ethnocultural background and racialized people, similarly defines racially diverse folks. The term *ethnocultural background* captures young people's racial identities, ethnic minority experiences, and developmental processes within a racist and colonial society (Cooper et al., 2022). The cultural aspect of this term encapsulates the traditions and practices that distinguish young people's ethnic identities, such as food, language, and clothing (Haeny et al., 2022). Similarly, the term *racialized* similarly refers to racial or ethnic minorities in the Canadian settler colonial context, specifically non-White folks (Statistics Canada, 2022; Souissi & Ma, 2022). However, The Government of Canada (2016) and the Employment Equity Act (1995) specify that this term does not include Indigenous folks.

Thus, while the term *ethnocultural* and *racialized* will be used in reference to the studies reviewed and when discussing the participants' perspectives in this study, the term *IBPOC* will be emphasized more in this research project as it speaks to Indigenous and racial or ethnic minorities. Moreover, the term *IBPOC* more uniquely captures the nuanced and complex relationship that IBPOC folks hold with the dominant culture as ethnic minorities. Although experiences differ and vary across all groups and individuals, this term highlights the overlapping experiences of those with non-White ethnic backgrounds within the anti-racism discourse (Wright, 2022). IBPOC can also be used interchangeably with the term *BIPOC*;

however, given the Canadian settler colonial context, IBPOC will be used throughout this project to honour the Indigenous lives and Land upon which it is situated.

Racism and its Manifestations

Racism continues to persist in present times and can be witnessed on social, cultural, political, and economic levels (Eizadirad, 2019; Tastsoglou & Petrinioti, 2015). Acts of racism can occur more covertly (i.e., microaggression) or overtly (i.e., prejudice, stereotyping, discrimination, and violent acts). Although there may be a distinction, racism serves to reify oppressive, hegemonic, and White narratives regardless of how it emerges (di Tomasso, 2012; de Finney & di Tomasso, 2015; Dumas & Ross, 2016; Eizadirad, 2019; Haeny et al., 2021; Paradies, 2016). Racism manifests in various forms, including structural racism (i.e., policy, law, procedures, etc.), institutional racism (i.e., inequal distribution and access to resources and opportunities), scientific racism (i.e., mistreatment, silencing, and exclusion of the ethnoculturally diverse population), environmental racism (i.e., lack of care for communities forced to live in poor and dangerous conditions), and cultural racism (i.e., emphasis on Western values and assimilationist practices). Haeny et al. (2021) summarized the research on manifestations of racism in their study and found that the disproportionate rates of unemployment, incarceration, low socioeconomic status, underfunded schools, and associated increase of health concerns in ethnic enclaves are a reflection of racism.

A way of understanding the structural dimensions of racism is through critical race theory (CRT; Crenshaw, 1995, 2011, 2019), which has guided this current study's focus on IBPOC youth mental health and anti-racism.

Understanding Race Through Critical Race Theory

CRT originated within the legal field by Crenshaw (1995, 2011, 2019), who perceived racial inequities at the legal, political, and structural levels. CRT describes racism as a force that emerged from an institutional battle between those who hold power (i.e., policymakers) and those who criticize their use of power. According to Crenshaw (1995, 2011, 2019), racism is often perceived as an individual matter or practice. However, individual acts of racism can be more accurately perceived as a reflection of the political forces that rationalize racial inequities and normalize unequal power distribution. Thus, racism can be described as "a system that structures our institutions and relationships" (Vaught & Castagno, 2008, p. 96). Although expressions of racism shift across time and space, it remains persistent and pervasive in our current system.

Crenshaw (1995, 2011, 2019) and other critical race scholars have sought to deconstruct White supremacy, which privilege norms centered on Whiteness and oppressed those who did not meet the same standards (Bell, 1980; Crenshaw, 1995, 2011, 2019; Crossing et al., 2022; Ladson-Billings & Tate, 1995; Taylor, 2023). These critical race scholars have summarized the basic tenets of CRT, which highlight racism as an ongoing concern:

1. Racism is an enduring force that is normalized within our society.
2. The historical and ongoing context of racism is often glossed over, concealed, or made to be an artifact of the past.
3. Racial justice is considered acceptable when it converges with the interests of White folks.
4. White identity and culture are privileged.

5. Counternarratives are acts of resistance that can “redirect the dominant gaze” (Taylor, 2023, p. 6).

Other tenets were later added, including the importance of considering intersectionality to validate people of colour and utilizing an anti-essentialist approach (recognizing that groups are not monolithic and should not be treated in such a manner; Crenshaw, 1989, 1991; Crossing et al., 2022; Iftikar & Museus, 2018; Yoo et al., 2022).

CRT eventually expanded to other fields that are also steeped in White norms, such as education (Edirmanasinghe et al., 2022). A CRT approach within the educational field can look like challenging school policies and practices from an IBPOC lens. For instance, including IBPOC voices in curriculum can be one way of challenging White narratives within schools (Edirmanasinghe et al., 2022). Thus, CRT lends itself well as a foundational theory for a study focused on anti-racism and uplifting IBPOC youths’ voices.

Youth Mental Health

Adolescence is marked by a phase of transition and change, characterized by concerns with identity and the potential onset for mental health outcomes (Malla et al., 2018; Wiens et al., 2020). Developmental considerations must be accounted for when considering childhood and adolescence as crucial periods when young people are especially vulnerable to the challenges and changes experienced. Although this study is not focused on exploring youth mental health during the recent Coronavirus Disease 2019 pandemic (COVID-19), youth mental health will be discussed within this context given the emerging research during this study period that highlighted existing and worsening youth mental health concerns.

Studies have found a worsening trend in self-reported mental health conditions and increased use of mental health-related services among youth over the pandemic (Friesen et al.,

2024; Roumeliotis et al., 2024; Tombeau Cost et al., 2021; Zandy et al., 2023). According to Tombeau Cost et al.'s (2021) study, 70.2% of children and adolescents in Canada ages six to 18 were doing worse in at least one mental health domain during the pandemic (i.e., depression, anxiety, etc.). Service needs began to exceed capacity over the pandemic, leading to longer wait times, persisting mental health challenges, difficulty accessing psychiatric services, higher attrition rate among mental health workers, and mental health worker shortage (Kaoser et al., 2022; Government of British Columbia, 2019). The worsening trend and exceeding service needs raised urgent concerns about what youth are experiencing over the pandemic and following pandemic years.

Roumeliotis et al.'s (2024) cross-sectional study found an overall increase of hospitalization and emergency department visit rates for anxiety, eating disorders, suicide, and self-harm among young people ages 12 to 17 in Canada when comparing pre-pandemic and pandemic rates. This study looked at health administrative data on those ages six to 20 from April 2016 to March 2023 and found that the rate of mental health-related hospitalization among youth in the 12 to 17 age range raised from 65.8% four years prior to 68.4% during the three-year period. Notably, female youth represented 69.0% of young people who have been hospitalized. Other studies with the same research design, such as Friesen et al.'s (2024) study in British Columbia, similarly found increased physician service rates related to anxiety, depression, attention deficit hyperactivity disorder, and eating disorders among young people, particularly among female youth. Although Friesen et al. (2024) found some decreases in hospitalization, emergency department visits, emergency admissions, outpatient physician visits, and prescription medication dispensations at the onset of the pandemic, these decreases likely represented the disruptions to health care service delivery in its early months. That being said,

their study outcomes in later months reflected overall increases for mental health-related treatment during the pandemic (Friesen et al., 2024). These results are consistent with another study in British Columbia reporting the increase of treatment use and reported mental health conditions among youth (Zandy et al., 2023).

These studies highlight the increasing mental health needs of youth in the Canadian settler colonial context during pandemic years. The results shed light on the need to address the rising trends of treatment use and reported mental health conditions, particularly when considering the challenges with accessing mental health services (i.e., long wait times; Kaoser et al., 2022; Government of Canada, 2019). Additionally, these studies highlighted the presence of mental health challenges for youth before the pandemic as well, suggesting that there has always been a need to address youth mental health. As mentioned, Roumeliotis et al.'s (2024) study found that youth were already accessing mental health care services prior to the pandemic (i.e., mental health-related hospitalization rate of 65.8% four years prior). As of May 2023, the World Health Organization declared that COVID-19 "no longer constitutes a public health emergency of international concern" (para. 3). Although there is no longer a global pandemic occurring, it is likely that youth mental health and treatments options continue to be issues that need to be addressed. However, further research is needed to determine what youth mental health and treatment use trends look like post-pandemic and over a longer period of time. Nonetheless, these studies offer strong cases that demonstrate ongoing youth mental health concerns and the importance of supporting our youth after notable increases of reports and treatment use.

Conversely, the studies discussed consist of gaps. For instance, these studies only highlight treatment use and what has been reported in hospitals and clinics. The studies do not include data on youth who went elsewhere for services (i.e., private counsellor) and experienced

mental health but did not or could not seek services, which is a major limitation (Gadermann et al., 2022; Zandy et al., 2023). Moreover, these studies do not provide detailed reports of the youths' background. Although Friesen et al. (2024) included rates for Indigenous youth, their communities or bands were unclear in the study. The other studies either did not mention or provided minimal details of ethnic background as well (i.e., "Non-Indigenous"). As such, the results do not accurately represent the diversity of IBPOC communities. Although the study did not intend to explore individual experiences, pan-Indigenizing and othering remains an issue in research that does not honour the unique and diverse experiences of different IBPOC communities during the pandemic (Akbulut & Razum, 2022; Schmidt, 2019).

These studies raise implications for what youth mental health trends look like for certain populations that face greater barriers to accessing mental health services, such as IBPOC communities (Lucente et al., 2022; Ng et al., 2023). Existing studies on IBPOC youth mental health during COVID-19 are few but telling of the pre-existing mental health conditions that were exacerbated during the pandemic years (The New Mentality, 2022; Fante-Coleman & Jackson-Best, 2020; Miconi et al., 2020). This will be further divulged in the following subsection.

IBPOC Youth Mental Health

As mentioned, this study does not focus on exploring IBPOC youths' perspectives or mental health during the pandemic, but it is pertinent that COVID-19 is discussed as studies on racism and IBPOC youth mental health were emergent during and after this period. Before speaking to IBPOC youth mental health in the current context, pre-pandemic rates of mental health among IBPOC youth must be discussed.

Gadermann et al.'s (2022) study on the prevalence of mental health disorders among children and youth (birth to 19) in British Columbia examined health administrative records (i.e., physician billings, hospitalization visits, and prescription dispensations) from 1996 to 2016. There was an overall increase in concerns across immigrant, refugee, and non-immigrant children and youth over these two decades, but the diagnostic prevalence of mental health disorders in immigrant and refugee children and youth were lower than non-immigrant children and youth. Similarly, Friesen et al.'s (2024) study examining health administrative data in British Columbia from September 2016 to March 22 highlighted the low rates of service usage amongst non-Indigenous families that do not speak English at home. These studies do not accurately represent IBPOC youth, which is demonstrated by the missing rates of Indigenous children and youth in Gadermann et al.'s (2022) study and the overall lack of clarity of who comprised the immigrant or "non-Indigenous" populations. Although rates were reportedly lower in these studies, Friesen et al. (2024) and Gadermann et al. (2022) recognized the potential barriers that may affect service usage (i.e., language skills, stigma or discrimination, etc.). These potential barriers are especially important to consider as the lower rates are much more likely to reflect these barriers rather than actual rates of mental health conditions experienced. This is consistent with studies in the Canadian settler colonial context that focus specifically on IBPOC youths' mental health experience during the pandemic (The New Mentality, 2022; Fante-Coleman & Jackson-Best, 2020; Miconi et al., 2020).

The New Mentality's Youth Action Committee (2022) explored IBPOC youths' experiences with the mental health care system during the pandemic using a survey (consisting of multiple choice and open-ended questions) and consultations. In their study, 234 youth participated in the survey and 11 IBPOC youth committee members partook in the consultations.

This study found that racial inequities were exacerbated by the pandemic and influenced IBPOC youths' experiences with mental health care services. These racial inequities included racism, discrimination, cultural insensitivity, and a lack of understanding of intergenerational trauma and internalized cultural stigma. For instance, 48% of the youth reported that the supports they accessed inadequately met their needs and 78% felt judged by mental health service providers (The New Mentality, 2022). Moreover, youth preferred not to seek help, accessed community-based or helpline services, and relied on themselves or their friends for mental health support because of their internalized cultural stigma and mistrust towards mental health care services. Notably, 69% of youth preferred to rely on themselves and 83% of youth relied on their companions during a mental health crisis, which can explain the lower rates of treatment usage and reported diagnostic prevalence of mental health in studies previously discussed (Friesen et al., 2024; Gadermann et al., 2022).

Although other barriers to accessing services have also made it difficult for IBPOC youth to use services during the pandemic (i.e., economic disparities, wait times, etc.; Fante-Coleman & Jackson-Best, 2020; Miconi et al., 2020), racism and discrimination are perhaps the most significant ones to consider. These studies suggest that the lower rates aforementioned are not a matter of IBPOC youth experiencing less mental health challenges. Rather, the rates reflect a problem of IBPOC youth facing mental health challenges, often related to racism and discrimination, and not being able to get adequate services, being hesitant and fearful to access services, not knowing what is available and how to access services, and not trusting the mental health care system (The New Mentality, 2022; Fante-Coleman & Jackson-Best, 2020). Overall, these studies showcased how COVID-19 was a significant period that exacerbated inequities for IBPOC folks and highlighted underreported mental health concerns in other studies.

This raises a significant implication for practice: if IBPOC youth face mental health adversities but are not receiving mental health support, then how are their mental health-related concerns and struggles being addressed? There is a clear gap in service delivery and usage that needs to be addressed, particularly within spaces where exclusion and mistrust have been most strongly bred. The New Mentality (2022) found that the school setting in particular was a place where IBPOC youth were often exposed to microaggressions and macroaggressions, which has contributed to a majority of youth not feeling safe within the school setting. This finding led to one of the six recommendations in The New Mentality's (2022) report: "provide effective anti-racist education and anti-oppressive practices within schools" (p. 12). However, what this looks like in practice remains an emerging field in the literature and, thus, served as this current study's focus.

Racism and Youth Mental Health

The previous subsection discussed IBPOC youths' experiences with mental health care services, highlighting the exacerbated inequities related to racism and discrimination during the pandemic. Racism and discrimination will be further discussed in this subsection to highlight the specific mental health challenges that youth experience. In an attempt to avoid generalizing and othering IBPOC groups, I will be discussing findings from studies that illustrate some of the reported mental health challenges associated with experiences of racism.

Uink et al. (2022) conducted a scoping review with 32 studies on racism on Indigenous youth and found that racism in the school setting was associated with later development of mental health conditions (i.e., substance use, conduct disorder, depression, suicidality, and overall poorer mental health) and the development of coping strategies (i.e., challenging racism and substance use). Notably, Uink (2022) found inconsistencies across studies for identity and

self-esteem among Indigenous youth. Some studies noted that there was no strong association between self-esteem and discrimination for youth, whereas others reported the opposite alongside difficulties with celebrating their identities. However, this inconsistency may reflect internalized racism amongst Indigenous youth and underreported experiences due to a mistrust towards researchers (Goodman et al., 2018). As highlighted in this scoping review, schools are a central location where Indigenous youth can experience racism, identity, and mental health concerns. Particularly, school settings can be dangerous places for Indigenous youth and their mental health when considering how schools have long been (and continue to be) a way of removing children from their cultures and assimilating them (i.e., Canada's history of Residential Schools; Milne & Wotherspoon, 2020).

Studies that center the experiences of Black and Latinx youth situated in the United States shed light on community violence exposure and polyvictimization, which entails repeated and cumulative exposure to violence across various contexts (Del Toro & Wang, 2023; Njoroge et al., 2021; Pumariega et al., 2022; Tynes et al., 2019). Tynes et al. (2019) found that exposure to race-related traumatic online events for Black and Latinx adolescents were related to increased levels of depressive and PTSD symptoms using data from a national online survey and mental health measures. This study only reported causal outcomes, but it illuminated the role of social media in youths' lives and the racism or discrimination that can be experienced within the virtual space. Similarly, Del Toro and Wang (2023) found that 45% of the Black youth (n=158) involved with their study experienced an average of two online racial discriminations during the study period and subsequently reported same-day and next-day anxiety, depressive, and stress-related symptoms. However, youth are exposed to many spaces where they experience racism.

As such, these results are likely to reflect the mental health symptoms from both online and offline experiences with racism.

Elkassem et al. (2018) explored the impacts of Islamophobia by interviewing school-age children on their experiences growing up Muslim in Ontario. Islamophobia can be loosely defined by the negative stereotypes and beliefs associated with those who identify as Islamic or Arabic. These negative perceptions often led to prejudice and violence and are demonstrated through verbal and physical assault by teachers and peers within the school system (Elkassem et al., 2018). The 25 students who participated in the study shared their overall experiences with internalization, disempowerment, alienation, and low self-concept. The young students spoke about the disconnect between their self-perception and how others perceive them, negative media portrayal of their identity (in race and religion), and how racism also compounds the existing developmental challenges of transitioning into adolescence. Additionally, witnessing microaggressions and macroaggressions against family and community members contributed to feeling alienated, lack of safety, and disempowerment. However, youth also talked about their feelings of pride in faith and cultural identity, which simultaneously coexisted with feeling fearful, unsafe, judged, overwhelmed, threatened, and powerless (Elkassem et al., 2018). This creates a fuller understanding IBPOC youth mental health, suggesting that while racism can exacerbate mental health conditions, cultural identity may strengthen youths' mental health.

Khan et al.'s (2018) scoping review reported causal findings across 14 studies, discussing how post-migration stressors and experiences of discrimination can be related to determinants of youth mental health, mediating factors that helped maintain youths' mental health, and perceived discrimination as a strong predictor of emotional and behavioural concerns. Specifically, youth were found to experience challenges related to school adjustment, the parent-child relationship,

and identity conflict. In particular, a lack of congruence between the school system and cultural values was a source of stress for youth, leading to feelings of isolation, intimidation, frustration, being 'different,' and lowered self-worth (Khan et al., 2018). Youth also struggled with maintaining their ethnocultural identity (i.e., language and ways of life), especially when cultural values and practices differed from the dominant society. This was associated with lowered collective self-esteem, family cohesion, and perceptions of Canada (Khan et al., 2018). Moreover, experiences with racism in the form of labeling, stereotyping, and microaggressions were found as stronger predictors for emotional and behavioural challenges and social and mental health outcomes compared to prolonged separation from family in host countries. This study further reported that immigrant and refugee youth would 'fit in' with the dominant Canadian context by anglicizing their names, silencing or minimizing themselves, concealing their ethnocultural identity, and justifying or excusing racist comments made by teachers and classmates to avoid discrimination and lessen perceived identity differences (Khan et al., 2018). This was associated with poorer mental health and made it difficult for youth to experience a sense of belonging. However, youth also found strength through their ethnic identity and national identity when they maintained their sense of ethnic membership while adapting to the larger society, which engendered a stronger sense of belonging, positive views of self-identity, emotional wellbeing, and sense of agency. Similar to Elkassem et al. (2017), perceived racism was associated with poorer mental health and cultural identity was found to be a potentially mediating factor for youth mental health.

The identified literature is not meant to encourage a siloed perspective of IBPOC groups but to provide a broad overview how mental health can show up among youth who reported experiences with racism. Of importance is noting the heterogeneity both across and within all

ethnocultural groups (Uink et al., 2022). Although these differences exist, the studies also illuminated the common mental health conditions associated with racial discrimination across the different groups (i.e., anxiety, depression, feeling isolated, etc.; Del Toro & Wang, 2023; Elkassem et al., 2018; Khan et al., 2018; Tynes et al., 2019; Uink et al., 2022). Racism and discrimination are experienced across systems, but youth are particularly exposed in schools, highlighting the importance of addressing racism in a place where they spend a majority of their time as students (Elkassem et al., 2018; Khan et al., 2018; Uink et al., 2022). In discussing these studies, it became clear that addressing racism could be a way of also addressing youth mental health given that (a) racism was associated with poorer mental health and (b) connection to cultural identity was related to a stronger sense of belonging, self-esteem, and agency.

The Anti-Racism Movement and Mental Health Promotion in Schools

Anti-racism is defined as a social movement toward acknowledging and addressing internalized, interpersonal, and institutionalized racism via an array of social change approaches (Paradies, 2016). For instance, engaging in anti-racism work can include partaking in bystander action, social marketing, and popular movements. Moreover, it can include incorporating anti-racism into the educational curricula (Ezell et al., 2022; James & Howard, 2021), conducting anti-racist clinical research (Haeny et al., 2021), enforcing strength-based narratives of ethnocultural communities (Cooper et al., 2022; Goitom, 2017), and intentionally utilizing culturally responsive and sensitive approaches (Ladson-Billings & Tate, 1995). Anti-racism efforts range from small-scale to large-scale actions, and it does not equate with a “non-racist” stance or (in)action towards subtle and/or blatant acts of racism (Kendi, 2019). Rather, it is an active form of rejecting racial injustices and reforming one’s attitudes and practices.

Anti-racism has persisted for as long as colonial and racial injustices have existed, and just as racism takes multiple forms, anti-racism is defined by its multiplicitous nature (Ezell et al., 2022; Hage, 2016; Paradies, 2016). It lends itself as a versatile means for resisting racial inequality. However, it is important to note that racism and anti-racism are inextricable; neither are separate, distinct entities that exist in isolation and often accompany one another (Bonnett, 2000; Kendi, 2019). Although the "anti-racism" term was not coined until the twentieth century, its development can be traced back to expansionist and nationalist attempts across various societies (Bonnett, 2000). For instance, *mestizaje* (i.e., race mixing to promote racial hybridization) in Latin America is one example of what colonialism looks like beyond the Canadian settler colonial space. Race mixing was encouraged as a way to have the "inferior" race absorbed, which is quite similar to the assimilation of Indigenous folks on Turtle Island (Uink et al., 2022).

These anti-racism efforts have been particularly relevant within the scientific field and political landscape, highlighting the ways in which the promotion of otherness and human difference (i.e., eugenics) has been confronted historically (Bonnett, 2000; Paradies, 2016). Anti-racism continually evolves and expands as it transcends time, with concepts such as Du Bois' (1903) *pan-Africanism* and *double consciousness* coming to fruition in the 1900s and further developing the anti-racism construct. Bonnett (2000) illuminated the expansive nature of anti-racism, which has existed across various contexts:

> The roots of anti-racism reach away in many different directions, branching and tangling with myriad traditions. They certainly cannot be potted neatly into sentimental cliché: resistance and struggle are part of the prehistory of anti-racism but so are complicity and conservatism (p. 44).

The following two subsections will outline what anti-racism can look like in action and the potential for anti-racism to be embedded in school-based mental health promotion programs.

Anti-Racism in Action

Anti-racism work entails building an awareness of systemic racism and challenging racist policies to disrupt existing structures of power, privilege, and oppression (Cooper et al., 2022). Anti-racism work can begin with consciousness-raising to reduce biases and increase understanding of historical and ongoing impacts of racism (Cooper et al., 2022; Freire, 1970). Consciousness-raising can be achieved through exposure to consistent messaging around anti-racist principles and implementing ongoing lessons on inclusion, equity, and diversity across contexts. When considering the trickling effects of macrosystemic influences, instilling anti-racism as policy and employing anti-racist teachings and trainings across contexts may be the most salient means for addressing the impacts of racism on an individual level (Cooper et al., 2022). Anti-racism work further involves equity-based and power-equalizing processes beyond the consciousness-raising phase to disrupt power imbalances. Yet, there remains minimal research on anti-racism constructs and how it can be modelled to achieve effective and enduring change (Haeny et al., 2021; Hage, 2016).

Hage (2016) identified six central functions to anti-racism work: (a) reducing racist practices on a societal and structural level; (b) creating a non-racist culture as an initial step; (c) protecting and supporting survivors of racism; (d) uplifting and empowering racialized folks; (e) reconstructing race relations; and (f) cultivating an anti-racist culture. In elucidating these central functions, Hage (2016) sought to promote an a-racial environment with racial indifference as the defining factor for mutual coexistence. Yet, the goal of achieving racial indifference seems to dismiss the value in taking a strength-based positionality towards promoting resistance,

resurgence, revitalization, and reclaiming of ethnocultural identity. Moreover, Hage's (2016) central functions may not suffice in addressing the impacts of colonialism experienced by Indigenous communities as it focuses on eliminating and decentering intracultural differences. Anti-racism strategies and models are often not developed to address colonial narratives that aim to erase Indigenous populations, which continues to be perpetuated specifically within school settings (Chrona, 2022). Ezell et al. (2022) and Paradies (2016) illuminated what remains absent in anti-racist pedagogy and policies: the indispensable and fundamental power of love, empathy, care, respect, admiration, and celebration in bolstering the anti-racism movement.

Seeking racial indifference as a means for mutual coexistence ironically amplifies the loud, intense, and crude sources of discriminatory attitudes and beliefs. Utilizing love, empathy, care, respect, admiration, and celebration as vehicles for change allows for a shift in deficit-based narratives of ethnoculturally diverse communities. Rather, it focuses on recognizing, uplifting, empowering, and acknowledging their lived experiences to promote an anti-racist culture and equalize power relations (Ezell et al., 2022; Lac et al., 2021; Paradies, 2016). Thus, rather than seek racial indifference, an environment where cultural humility and responsiveness are the norm directly opposes racial beliefs, actions, practices, and policies (Abe, 2019; French et al., 2020; Ladson-Billings & Tate, 1995). As opposed to silencing and excluding the voices of ethnoculturally diverse folks, spaces that allow for the witnessing of one's personal and nuanced stories can further engender racial empathy and, consequently, a racially equitable environment (Ezell et al., 2022). Although scholars have grown more attuned to the concept of witnessing and practicing relationally, existing cultural frameworks of healing have long established these tenets as foundational. For instance, Indigenous concepts of situated relatedness, respectful listening,

and reflective witnessing promote healing, interconnectedness, and relationality by creating opportunities for meaningful and relational dialogue (Barkaskas & Gladwin, 2021).

Anti-racism work further involves promoting collective action and collective responsibility, which also fosters collective identity and collective healing amongst ethnoculturally diverse communities (French et al., 2020; Williams et al., 2022). Anti-racism work is often limited to prescriptive campaigns or educational interventions at the individual level (i.e., diversity training). Anti-racism initiatives do not often integrate multitiered intervention (Berman & Paradies, 2010; Came & Griffith, 2018). These individual level interventions have failed to account for the value of collective action, which can facilitate community healing on a broader level and influence members of marginalized communities. By focusing on collective action, there is a shift from the individual to the larger collective and systems of power that anti-racism movements have long sought to address (Moradi & Grzanka, 2017).

In this current study, I sought to incite collective action through gathering the perspectives of IBPOC youth and sharing their recommendations with schools and program developers. Although programming itself can be considered an individual level intervention, the act of elevating IBPOC voices, consulting with community stakeholders during the research process, and providing recommendations to schools is a way of cultivating collective action. Moreover, IBPOC communities have been fragmented at times due to the 'Oppression Olympics,' which describes the competitiveness amongst oppressed groups to determine who is most oppressed (Deo, 2023; Hancock, 2011; Yuval-Davis, 2012). Copeland (2021) best described the downfalls of falling into the Oppression Olympics trap, stating, "systems of oppression and its participants succeed when we fight against one another. We do the job of

oppression for them" (para. 6). Thus, bringing together community voices can also be an anti-racist approach as it challenges current structures that pit IBPOC folks against each other.

School-Based Mental Health Promotion Programs for IBPOC Youth

Mental health promotion can be defined as actionable efforts to support mental wellness by bolstering individual, familial, and community living conditions and socioemotional capacities (Cavioni et al., 2020; O'Reilly et al., 2018; Weist & Murray, 2008). This includes addressing social factors that may negatively impact minority youths' mental wellness and creating an environment that fosters positive mental wellness. More specifically, mental health promotion in schools entails bolstering youths' protective factors (i.e., social relationships, emotional competencies, and personal resilience), preventing adverse mental health outcomes (i.e., internalizing and externalizing symptoms), training staff to apply a culturally responsive approach, addressing unmet mental health needs, reducing barriers for ethnocultural minority youth (i.e., increasing availability of and access to services), utilizing an inclusive and collaborative approach with families and communities, and providing support from a multitiered approach (Cavioni et al., 2020; Malone et al., 2021; O'Reilly et al., 2018; Weist & Murray, 2008). These universal strategies promote a systemic approach to mental health promotion. Specific recommendation for school-based mental health promotion programs includes enhancing the competencies of youth and adults, building youths' coping capacity to manage stress and other mental health outcomes, promoting staff's ability to respond appropriately to youth, and coordinating efforts across all school staff (Cavioni et al., 2020; O'Reilly et al., 2018; Weist & Murray, 2008).

The school setting can be ideal for promoting IBPOC youth mental health. Schools can raise awareness, decrease stigma, and address mental health concerns by creating a positive

climate where racial identity can be affirmed (Malone et al., 2021; O'Reilly et al., 2018). Additionally, school-based mental health services can decrease barriers to accessing services for ethnocultural minority youth (i.e., cost, stigma, and transportation), making it a sensible and convenient location to address mental health-related concerns (Sanchez et al., 2018).

School-based mental health promotion also involves identifying the needs of those who require support (Malone et al., 2021). Cultural considerations for mental health promotion include reducing negative beliefs and attitudes about ethnocultural diversity within the school setting and providing an ethnoculturally affirming climate where experiences with racism are validated. Furthermore, mental health promotion for IBPOC youth involves addressing topics on power, privilege, and social justice while incorporating capacity-building to help youth respond to racism (Malone et al., 2021). Overall, schools play a significant role in influencing youths' sense of collective belonging; it is a space that can engender a sense of connectedness or insecurity for ethnoculturally diverse youth (Khan et al., 2018; O'Reilly et al., 2018).

Previous studies evaluating the effectiveness of school-based programs for Latino, Black, and American Indian youth have shown promising improvements in mental health (Langdon et al., 2016; Montañez et al., 2015). These studies found that adverse mental health outcomes were reduced through increasing awareness and competencies of youth and adults (i.e., providing psychoeducation and training), cultivating collaborative relationships (i.e., family, community, and schools), involving IBPOC workers and community members, and providing an ethnoculturally affirming environment (Cavioni et al., 2020; Langdon et al., 2016; Malone et al., 2021; Montañez et al., 2015; O'Reilly et al., 2018; Sanchez et al., 2018). Notably, these strategies replicate aspects of anti-racism work, such as consciousness-raising, ethnic identity

development, and cultural involvement (Freire, 1970; Langdon et al., 2016; Montañez et al., 2015).

Given the negative impacts of racism and the value of mental health promotion programs for IBPOC youth, there is promise in integrating anti-racism work within school settings. However, there are a lack of programs that promote cross-cultural engagement, and opportunities for IBPOC youth to directly inform program development have also been scarce (Aldana et al., 2016). Furthermore, centering IBPOC youth voices in research is important as their perspectives have not been honoured or acknowledged due to a larger emphasis on adult-centred and Eurocentric perspectives (Aldana & Richards-Schuster, 2021; Bornstein et al., 2013; Liebel, 2007; Lohmeyer, 2020; Okun, 2020; Shelbe et al., 2015; Syed et al., 2018; Winston, 2020a, 2020b). Given this, I situated my study on IBPOC youth perspectives to prioritize and center IBPOC youth. As mentioned, this is one way of engaging in anti-racism work within the research world (Edirmanasinghe et al., 2022).

Rationale for Centering IBPOC Youth Perspectives

Adult-Centred Perspectives

Young people have been perceived as incapable, incompetent, and unreliable beings, and they are often represented by proxy sources that speak for them (i.e., parents, guardians, teachers, youth workers, etc.; Aldana & Richards-Schuster, 2021; Lohmeyer, 2020; Shelbe et al., 2015). This is seen in studies where parents, caregivers, and service providers speak on young people's behalf while their perspectives remain unexplored or excluded. As highlighted by Lohmeyer (2020) and Shelbe et al. (2015), adult-centered perspectives do not fully represent young people's rich, nuanced, and idiosyncratic experiences. Young people have insider knowledge of

their own experiences, which adults cannot presume nor interpret through their observations or prior experiences (Dockett & Perry, 2007).

The emphasis on adult-centered perspectives can be linked to protection laws meant to safeguard children, which can be understood in the context of paternalism (Aldana & Richards-Schuster, 2021; Liebel, 2007; Okun, 2020; Schelbe et al., 2015). *Paternalism* can be defined as the act of giving those in power the decision-making authority for those who do not hold power (Okun, 2020). This assumes that those without power do not have the capabilities of making decisions themselves, nor do they necessarily have to understand what or how the decisions are made. Even if these efforts were made to protect young people, this leaves young people with no choice or voice in decisions concerning their wellbeing (Aldana & Richards-Schuster, 2021).

Although protecting children remains an ethical duty, centering their voices does not mean removing the adult researcher's responsibilities to reduce the risk of harm (Aldana & Richards-Schuster, 2021; Lohmeyer, 2020; Schelbe et al., 2015). Rather, research can be a space for the co-creation of knowledge; youth voices can be prioritized in the discussion while adult researchers maintain their responsibilities to manage potential risks. In this study, I sought IBPOC youths' reflections on what they would like to see in future programming rather than assume what they needed or wanted to reduce the risk of paternalism. Moreover, I set parameters around the discussion to protect the individuals (i.e., a focus on their recommendations and not on their racial wounds). This approach allowed for a fruitful discussion that prioritized their perspectives within the parameters of the study.

Eurocentric Focus

Research has been heavily informed by White supremacy, which Aldana and Richards-Schuster (2021) defined as "the amalgamation of dominant beliefs, values, social norms, and

practices embedded in every facet of life that upholds White hegemony and structures the many manifestations of racism" (p. 655). These beliefs have implicated research practice, as demonstrated by the history of research on eugenics, racial categories, crime/heritability statistics, Black/Indigenous inferiority, and unfair intelligence scoring (Winston, 2020a, 2020b). These research practices have been used to rationalize and normalize the oppression of IBPOC folks while uplifting their White counterparts. For instance, Jensen (2013) promoted findings on Black-White racial differences (i.e., intelligence scoring, brain size, etc.), referring to findings from their previous studies and commending similar 'discoveries' made by other scholars. Jensen (2013), among other scholars, attributed these findings to hereditary rather than environmental factors.

These dominant beliefs have also extended to developmental science. This can be most clearly witnessed in the lack of appropriate ethnic representation in research studies (Aldana & Richards-Schuster, 2021; Bornstein et al., 2013; Syed et al., 2018). For instance, Bornstein et al. (2013) examined five high-profile developmental journals from 2007 to 2011 in the United States and found that, out of 2122 studies, 41.4% failed to report ethnicity appropriately. Ethnicity was either not mentioned, reported as predominantly White, or lacked detail (i.e., "other"). This exemplified the clear exclusion and misrepresentation of young people who identify as IBPOC in developmental research. Other scholars have also noted the historical exclusion and invisibility of IBPOC voices in research, such as Syed et al. (2018), who also emphasized the importance of diversifying science, ensuring marginalized voices are being represented, and utilizing 'non-typical' research methods to translate policy into practice to disrupt dominant narratives (Aldana & Richards-Schuster, 2021).

Paternalism emerged from White colonial patriarchy as well, which deems those without power "as subordinates that require paternal control (often in the guise of protection) and discipline" (Aldana & Richards-Schuster, 2021, p. 669; Liebel, 2007). This includes women, young people, racialized folks, and individuals with diverse gender identities. IBPOC youth face compounded challenges in spaces that privilege adult-centered and Eurocentric perspectives. The focus on White perspectives have resulted in research that is done *on* young people rather than *with*, which goes against liberatory, emancipatory, and critical race approaches that seek to shift power imbalances for marginalized communities (Abe, 2019; Lohmeyer, 2020; Montero et al., 2017; Schelbe et al., 2015). These approaches emphasize empowering youth, bringing forth their insights, equalizing power, and enforcing just and fair treatment of marginalized groups. Research must intentionally integrate an anti-racism praxis to achieve this, which involves listening to their perspectives or counter-narratives (Aldana & Richards-Schuster, 2021). This belief is grounded in CRT (Crenshaw, 1995, 2011, 2019), which guided the current study and resulted in a research topic focused on creating opportunities for IBPOC individuals to use their voices and challenge dominant narratives.

As mentioned, exploring IBPOC youth perspectives on anti-racism and mental wellness is an emerging research area. Few studies have emphasized the importance of centering IBPOC youths' perspectives and culturally safe programming. Youths' perspectives from the identified studies will be divulged in the following subsection.

BIPOC Youth Perspectives on Anti-Racism and Mental Health Promotion

Youths' perspectives on what is needed for culturally safe school-based mental health promotion programming have been previously explored. These studies focused on culture-specific recommendations. Across these studies, youth were asked questions about their

understanding of mental health, how it manifests within their community, barriers to accessing and using services, and health practice recommendations. The recommendations that were common among all the studies includes (1) cultural exposure to enhance ethnic identity and connection to community, (2) increasing awareness of the importance of mental health and existing school-based programs to reduce stigma, (3) identifying and reducing barriers to accessing school-based mental health services, (4) selecting and training culturally safe mentors, (5) employing a collaborative approach to developing culturally safe programming, (6) allocating mental health resources and services to spaces where there is a high concentration of racialized youth, (7) including culturally relevant resources into programming, and (8) developing relationships between youth and school-based mental health providers (Arora & Algios, 2019; Chartier et al., 2022; Jardim et al., 2023; Salami et al., 2021; Sasakamoose et al., 2016). Other youth recommendations that were more unique to certain studies included tailoring mental health language to be culturally appropriate and teaching about the history of racism/colonialism (Arora & Algio, 2019; Chartier et al., 2022).

Although not stated explicitly, these recommendations align with an anti-racism framework. Particularly, the studies based in the North American context with Indigenous youth emphasized the importance of bolstering youths' connection to their community, which acts as a protective factor and source of strength and resiliency (Chartier et al., 2022; Sasakamoose et al., 2016). The first- and second-generation Asian American immigrant youth in Arora and Algios' (2019) study expressed the importance of maintaining privacy and confidentiality as mental health is stigmatized within their community. The youth also discussed the importance of mentors raising awareness and providing psychoeducation to parents to help reduce stigma and normalize mental health concerns.

The recommendations provided by youth in these different studies were similar, highlighting the significance of these needs and ongoing negligence of service providers who do not meet effectively these needs. Furthermore, these studies demonstrate that youth can provide innovative ideas and powerful perspectives on what is needed to develop effective programming. Youth input can help program developers better understand, facilitate conversations, and create strategies that meet their unique needs (Aldana & Richards-Schuster, 2021). Researchers and program developers may harm participants when they assume what a marginalized group needs and leave them out of decision-making processes that directly impact them (Aldana & Richards-Schuster, 2021; Kohfeldt et al., 2011; Warren & Marciano, 2018). This consideration is especially pertinent for IBPOC youth as current mental health services are not being accessed, cannot be accessed, or do not adequately address their needs. As such, consultation with IBPOC youth is necessary to provide them the opportunity to have a say in what would make services more accessible and beneficial for them.

There has been some recent movement within the research world that begins to fill the gap on IBPOC youth voices and anti-racism. Hurd et al. (2023) sought to shed light on youth-led anti-racist efforts in the past three years over the pandemic, noting that anti-racism momentum has been developing in educational settings, out-of-school programs, and youth-led participatory action research. Specifically, research on anti-racism in the school setting has focused on having curriculum that teaches young people how to identify racial injustice and biases, determine ways to engage in social action, develop positive social identities, and address injustices and stand up for others. Other examples of what anti-racism in schools can look like according to the study included teaching White students to identify their privileges, studying how the pandemic has exacerbated racial inequities, having teachers support youth anti-racism through scaffolding (i.e.,

by providing emotional support, appraisal support, and informational support), and framing social activism as academic work to better facilitate teachings on anti-racism (Hurd et al., 2023). These findings were also similar to out-of-school programs, but there was a greater focus on reclaiming cultural practices, developing relevant skills for the type of social action that a youth wishes to take (i.e., communication, planning, etc.), and using a variety of methods for social change (i.e., art) in programming. For youth-led anti-racism research, youth researchers expressed their appreciations for being able to engage in research and share their findings to enact change in meaningful ways. Overall, Hurd et al. (2023) discussed how racism was better identified and addressed when anti-racism was centred, and young people felt more confident and empowered to engage in social action when adults helped scaffold the process. As highlighted by Hurd et al.'s (2023) study, the burgeoning research on youth anti-racism shows that there is promise in promoting anti-racism efforts, specifically within schools, programming, and research. However, there remains minimal research on youths' perspectives on how anti-racism programming in schools can be facilitated to address mental health concerns. Hence, this study aims to add to the burgeoning research on anti-racism and IBPOC youth mental health by exploring youth recommendations for programming in the school setting.

Chapter Summary

The intersection of racism and mental well-being was elucidated by defining the settler colonial context and discussing IBPOC youth mental health, anti-racism and mental health promotion, and the importance of centering IBPOC youth voices. Given the increased prevalence of adverse mental health outcomes amongst IBPOC youth, it is clear that there is an urgent need to provide opportunities to foster resilience, enhance coping capacity, raise awareness, and support ethnic identity development (Elkassem et al., 2018; Islam et a., 2017; Khan et al., 2018;

Uink et al., 2022). An anti-racism approach is needed to create these opportunities, address racism, and empower IBPOC youth (Hurd et al., 2023). Schools should actively work towards weaving anti-racism into curriculum and programming, particularly as IBPOC youth are exposed to racism and discrimination in this setting (The New Mentality, 2022). However, youths' perspectives must be centered first and foremost prior to developing interventions as they are often left out of decision-making processes on matter that affect them most (Aldana & Richards-Schuster, 2021; Kohfeldt et al., 2011; Warren & Marciano, 2018). Youth can provide input on what is needed to meet their mental health needs and offer recommendations for school-based mental health care service delivery (Aldana & Richards-Schuster, 2021; Aldana et al., 2016; Kohfeldt et al., 2011; Warren & Marciano, 2018). Giving youth the opportunity to voice their concerns empowers them to partake in processes that have traditionally excluded their perspectives. This aligns with the tenth fundamental right and freedom in the *United Nations Convention on the Rights of the Child* (UNCRC; 1989), which emphasizes children's "right to participate in decisions that affect them." Thus, this study aimed to fulfill the need to continue uplifting IBPOC youths' voices within research and fill a gap in current literature on anti-racist and mental wellness programming for IBPOC youth.

CHAPTER THREE: METHODOLOGY

This section will outline three major components of my methodology approach: my qualitative research position, research methods positions, and methods in action. The first section will discuss the four philosophical elements, the critical-ideological paradigm, and my positionality statement. The next section will describe my rationale for a needs assessment approach, online semi-structured qualitative interviews, and Braun and Clarke's (2006) reflexive thematic analysis. The last section will outline my participants, data collection methods, data analysis, standards of quality, and ethical considerations.

Qualitative Research Positioning

Four Philosophical Elements

Before delineating my methods, it is important to explain the research approach that I have situated myself in when designing this study. This is pertinent to discuss at the onset as my research approach provides a rationale for why I chose to engage in research the way that I did and how I made sense of the results (Azzarito, 2023; Ponterotto, 2005). Research paradigms are a set of assumptions about the world that form our philosophical framework, and this philosophical framework guides our research process (Denzin & Lincoln, 2000; Filstead, 1979; Ponterotto, 2005). Paradigms are anchored in four philosophical elements: *ontology*, *epistemology*, *axiology*, and *methodology*.

Ontology refers to how reality is perceived in the natural world and what can be known about reality (Ponterotto, 2005). *Epistemology* considers the relationship between the participant and researcher and how knowledge is generated. *Axiology* is our ethical positioning in research, which looks at how our values and beliefs guide the research process and our interpretations of the outcomes (Ponterotto, 2005). *Methodology* outlines the specific strategies, methods,

procedures, and plans within our research designs that reflect the researcher's ontological, epistemological, and axiological lenses (Farias et al., 2016).

Ponterotto (2005) identified four major research paradigms in counselling psychology research, including positivism, post-positivism, constructivism-interpretivism, and critical-ideological. Each paradigm comprises its own set of philosophical assumptions about the nature of the world. Although there may be some overlap between some of the paradigms (i.e., constructivism and critical-ideological), each conceptualizes reality and the nature of knowledge in its own unique way (Ponterotto, 2005). This study is grounded in a critical-ideological paradigm, which informed my conceptualization of the research topic and approach to addressing the inquiry.

Critical-Ideological Paradigm

The critical-ideological paradigm focuses on empowerment, emancipation, and transformation of oppressed groups (Ponterotto, 2005, 2013). From an ontological perspective, this paradigm conceptualizes reality within the sociocultural and historical contexts. Specifically, it considers how reality is "shaped by [one's] ethnic, cultural, gender, social, and political values" (Ponterotto, 2005, 2013). As such, researchers who subscribe to the critical ideological paradigm work from an assumption that inequities, injustices, and power relations affect minority groups. The researcher and participant relationship can be described as subjective and dialogical from an epistemological lens, where knowledge is constructed from the interactions between the researcher and participant (Ponterotto, 2005). This is similar to the constructivist-interpretivist paradigm, but it differs in that the relationship is meant to incite change, empowerment, and emancipation. The axiological aspect of the critical-ideological paradigm involves intentionally bringing in researcher values when designing and conducting research.

Lastly, critical methodologies include engaging with the community and interviewing participants as a way to explore and centre their experiences. Kincheloe et al. (2018) outlined the basic assumptions of the critical-ideological paradigm:

1. Our thoughts are influenced by existing power relations, which reflect our sociocultural and historical contexts.
2. The personal (i.e., values) cannot be separated from the research process or ideological inscriptions.
3. Social relations of capitalism (production and consumption) shape our relationships (i.e., concept-object and signifier-signified); just as the social relations of capitalist production and consumption are ever-shifting, so are our relationships.
4. Language is significant in representing the conscious and unconscious subjective experience.
5. Some groups are privileged, while others are simultaneously oppressed. This dynamic is most prevalent and potent in societies where oppression has been normalized.
6. Therein exists various forms of oppression, all of which are interrelated.
7. Mainstream research practices are rooted in capitalism and reflect dominant discourses in harmful ways.

These assumptions guided the research process. As highlighted by Ponterotto (2005, 2013), those who subscribe to the critical-ideological paradigm enter the research space knowing that minorities experience inequities and strive to utilize research to demand social change. As such, my social justice values and knowledge of historical and structural racism compelled me to develop a study that focused on challenging the ways that research has excluded IBPOC youth voices (Halgunseth et al., 2022; Lac et al., 2021; Milner, 2007). Moreover, these assumptions led

me to choose methodologies that were conducive for engaging with IBPOC youth and allowed me to bring in my values and insight to explore their perspectives (i.e., semi-structured interviews). From a critical-ideological paradigm, centering their voices was important and necessary as elevating these perspectives is one way of approaching anti-racism work (Edirmanasinghe et al., 2022).

There are a variety of critical theories that fall under the critical-ideological paradigm and share these common assumptions. As mentioned in the first chapter, one of the critical theories that this study is guided by is critical race theory (CRT; Crenshaw, 1995, 2011, 2019).

Critical Race Theory Methodologies

Research that is grounded in CRT methodology focus on being inclusive and justice-oriented when identifying research issues, framing research questions, reviewing relevant research, collecting and analyzing the data, and forming conclusions and recommendations based the findings (Thomas, 2009). CRT methodologies emphasize giving voice to participants and offering equity-based recommendations in hopes of inciting change. According to Solórzano and Yosso (2002), CRT methodology has five key ethical implications for research:

1. Centre race, intersectionality, and other oppressed identities in research.
2. Challenge dominant scientific research approaches by centering race.
3. Align research with social justice issues and the current, ongoing efforts in communities experiencing these concerns.
4. Make experiential knowledge the focus of the study and connect the findings to existing research on topics related to race, racism, and other forms of oppression.
5. Highlight the value of other perspectives based in other disciplines and fields that also enhance our understanding of racism and discrimination.

These five tenets guided this current study. For instance, racism and IBPOC youth mental health were made the central focuses of the study as exemplified in the guiding research inquiry: *what are IBPOC youths' recommendations for developing an effective school-based anti-racism and mental wellness program?* This study was situated in the literature on racism and IBPOC youth mental health to emphasize the importance of addressing these topics. With this knowledge base, I decided to explore and elevate their perspectives using semi-structured interviews as this is a way of challenging dominant scientific practices promoting White-settler paternalism (Aldana & Richards-Schuster, 2021; Liebel, 2007). Additionally, this study sought to share youths' recommendations for practice to centre their needs and voices in school programming. These findings were then described in the context of existing research on similar topics and situated in perspectives in other disciplines to further bolster understandings of racism and youth mental health (i.e., law, education, mental health services, youth perspectives in research, and community members' perspectives; Aldana & Richards-Schuster, 2021; Crenshaw, 1989, 1991; Deo, 2023; Eli-Sabawi & Fields, 2021; González Castro et al., 2009; Hernández et al., 2017; Hurd et al., 2023; Liebel, 2007). These tenets allowed me to create and conduct a study using methodologies that aligned with a CRT approach (Crenshaw, 1995, 2011, 2019; Solórzano &Yosso, 2002; Thomas, 2009).

Paradigm Shift as Resistance

The critical-ideological paradigm and CRT approach (Crenshaw, 1995, 2011, 2019; Solórzano &Yosso, 2002; Thomas, 2009) were well-suited for this research as it invited IBPOC youths' perspectives on a matter that directly affects or affected them (Aldana & Richards-Schuster, 2021; Schelbe et al., 2015). This is a shift from a positivist lens in research and aligns with an anti-racism approach as it recognizes IBPOC youths' voice, creativity, expertise,

strengths, and capabilities as monumental in developing programs and services that meet their mental health needs. Moreover, this shift is consistent with UNCRC's (1989) tenth fundamental right and freedom emphasizing children's "right to participate in decisions that affect them." A critical research approach is a form of resistance necessary as the research world in particular embodies racism (Tabron & Thomas, 2023). As such, it was my hope that their powerful, distinctive, and unique perspectives have been more accurately represented within the research world through this study.

Researcher Positionality

In alignment with the CRT approach and methodologies (Crenshaw, 1995, 2011, 2019; Solórzano &Yosso, 2002; Thomas, 2009), I intend to share my positionality as an immigrant settler and researcher of colour to acknowledge that my positioning shapes how I interpret and co-construct knowledge alongside the participants. Although my lived experiences as a racialized woman provide insight into issues related to oppression, marginalization, social injustices, and cultural complexities, I still hold assumptions and blind spots that can mislead me and potentially harm others if left unexamined. As Milner (2007) highlighted, what remains unknown, unseen, and unanticipated can result in risks and dangers that impact marginalized communities. Engaging in ongoing critical reflexivity is required to unlearn racist, settler-colonial, and norms-based narratives that influence my perspectives and work with young people. Hence, I present my positionality statement to situate myself within my topic of interest:

I am a second-generation Chinese immigrant settler with ties to my family's place of origin, Toisan (台山). My intimate connections with my cultural heritage remain indelibly powerful and profound, strewn by the family stories, cultural meals, and celebrations and traditions that continue to be integral to my lifestyle. My racial and cultural heritage cannot be

understood apart from my parents' immigration story – an account of their hardships and aspirations – which gave birth to their new lives and a daughter who inevitably became entrenched in two worlds. I can speak to the strengths of my cultural identity now, but this ethnic pride comes fraught with difficulties claiming an Asian identity for fear of 'not fitting in' with the dominant culture throughout my life, particularly during childhood and adolescence. I consider the value of uplifting their voices as an individual who was once a young person seeking to be heard in White-dominated spaces and now holds power as an adult, counsellor, and researcher.

As a POC counsellor and child and youth care practitioner, I have witnessed how services are not tailored to IBPOC youth. Often, "multicultural" practice is limited to specific organizations or programs, and many of the youth I have encountered have named these inequities and desire to have an IBPOC helper. In these instances, my racial identity is a powerful tool for connecting with and understanding IBPOC youth. My racial identity heavily informs my interpretations, social interactions, counselling practice, and research approaches in a way that has led to meaningful connections. I can establish a point of connection with IBPOC youth as a POC counsellor with insider knowledge of what it is like to experience racial disparities. However, I am cognizant of my position as an outsider. The privilege I hold as an adult, researcher, and POC in a position of power may create distance between myself and youth. Moreover, I risk assuming that I understand youths' experiences when individual and cultural differences exist. Simply having a POC identity does not remove my biases and blind spots.

I am also an uninvited guest in Amiskwaciywâskahikan Territory, the Lands of Lək̓ʷəŋən speaking peoples (known as the Esquimalt and Songhees Nations), and W̱SÁNEĆ bands (Malahat First Nation, Pauquachin, Tsawout, Tsartlip, and Tseycum First Nation). I hold

privilege as a settler and benefit from the opportunities available to me on these Lands, which continue to be steeped in settler colonial practices, structures, and policies that normalize the disenfranchisement of Indigenous communities (Patel, 2015). As a previous child and youth care practitioner, I witnessed the shortfalls of our systems of care and ongoing harm towards Indigenous children, youth, families, and communities. However, as a current counsellor working within an Indigenous organization, I have seen the profoundly meaningful work that Indigenous folks have done to reconnect youth with their cultures and communities. These work experiences has taught me how important it is to build relationships with communities and center youths' voices in ways that honour their agency, power, and identities. Although there is much to do to achieve Indigenous sovereignty, I begin my work with naming the settler colonial context and seek to uplift Indigenous perspectives in the anti-racism conversation to improve services. Within this study, I sought Indigenous perspectives as culturally safer practices have long been advocated by Indigenous communities (Beaulieu & Reeves, 2022; Brockie et al., 2022). I was compelled to engage in research in this way as it allows me to bring in my social justice values and honour community insights. This helped inform my role as a co-constructor of knowledge and inspired me to place a heavy emphasis on centering IBPOC youth voices.

Examining my positionality allows me to actively consider the existing power differentials, seek ways to build on youths' capacities, and intentionally practice from a critical lens. Furthermore, this showcases the lens I am taking and how my positionality shapes my approaches, insights, reflections, and construction of knowledge through dialogue with the participants. Critical reflexivity alone is not sufficient, but it is integral in anti-racism work.

Research Methods Positioning

Rational for a Needs Assessment Approach

As highlighted, research approaches that allow for the exploration and representation of lived experiences are crucial in uplifting youth voices. In particular, a qualitative research approach was used in this study to validate subjective experiences, allow for collaboration, and reduce power imbalances as this aligns with the critical-ideological paradigm (Aldana & Richards-Schuster, 2021; Lohmeyer, 2020; Ponterotto, 2005; Schelbe et al., 2015). More specifically, a needs assessment was conducted to gather their perspectives.

A needs assessment is the "systematic process of collecting information and data analysis regarding the type, depth and scope of a problem" (Rossi & Freeman, 1993; Borba et al., 2016, p. 58). These assessments aid in prioritizing what needs to be addressed, particularly with groups where there are a variety of concerns to be tackled. This approach has been found to be beneficial for culturally diverse communities in previous community needs assessment studies. For instance, Torres Stone et al. (2020) found that their community needs assessment with low-income and ethnoracial communities more accurately revealed the existing mental health barriers, the need for culturally competent workers, the importance of improving mental health literacy, and ways to provide culturally relevant strategies. These findings were identified through a specific focus and examination of particular communities.

Similarly, Collier (2012) worked alongside the Hmong-American community to identify their mental health needs, ways to reduce barriers, and more culturally relevant interventions. This involved using a multi-informant approach with community members, which was effective in revealing the ethnoracial disparities in mental health care delivery. This information provided

potential pathways for culturally responsive program development under the direct guidance of the Hmong-American community.

Other studies utilized a Community-Based Participatory Research (CBPAR) approach to determine a community's needs, such as Feuerherm and Oshio (2020). This approach allowed the researchers to partner with the community, build a trusting relationship, understand their culture, and design the research process to align with the community's values, identities, languages, and lived experiences. Feuerherm and Oshio (2020) found that a community needs analysis effectively highlighted current inequities community members face and fostered their capacities to engage in social change.

As highlighted, the advantages of using a needs assessment includes the identification of needs, guidance on program development, reduction of mental health barriers, and development of cost-effective programming (Borba et al., 2016; Collier et al., 2012; Feuerherm & Oshio, 2020; Torres Stone et al., 2020). Given the clear benefits of a community needs analysis with culturally diverse communities, a needs assessment approach was utilized to identify IBPOC youths' mental health needs and recommendations.

Semi-Structured Qualitative Interviews

Qualitative interviews range from highly structured to unstructured protocols. These interviews are often dialogical, allowing for an exchange or interaction between the researcher and the participant (Magaldi & Berler, 2020). Whereas one can be characterized as a more formalized set of questions, the other can be described as an evolving protocol that changes with each interviewee (Magaldi & Berler, 2020; Ruslin et al., 2022). Qualitative interviews can also be facilitated in a semi-structured format, which consists of a general framework and permits researcher flexibility (MacIntosh & Morse, 2015; Magaldi & Berler, 2020; Ruslin et al., 2022).

Semi-structured interviews are known for their flexible, fluid, adaptable, and exploratory approach. These are comprised of pre-determined questions or prompts that allow researchers to explore a topic of interest. However, this is only a general guide, and researchers can use additional prompts or follow-up questions to deepen the conversation. As an open-ended approach, it can be utilized with adolescents to help them explore and clarify their experiences (MacIntosh & Morse, 2015). Semi-structured interviews align well with critical theories as it invites diverse, nuanced perspectives into the research space (MacIntosh & Morse, 2015; Ponterotto, 2005). Moreover, semi-structured interviews allow for researcher reflexivity; it considers how researchers are neither neutral nor detached from the process, using researcher subjectivity as a valuable tool for asking probing questions and validating youths' perspectives from one's value standpoint. This also aligns with the critical-ideological paradigm as it considers the role of the researcher's values in facilitating discussions.

For this study, I conducted semi-structured interviews with participants. This interview format provided some structure for the participants and me, which was helpful when either of us went off topic. At the same time, the semi-structured nature allowed us to go beyond the questions and discuss relevant topics not included on the list of original interview questions. For instance, intersectionality came up for some individuals during the interviews and ended up being one of the main themes.

Online Interviews

Online semi-structured interviews via videoconferencing technology were conducted in this study, particularly due to funding limitations and the project's time-limited nature. There were some benefits to utilizing online interviews, particularly with the normalization of videoconferencing amidst the COVID-19 pandemic (Braun et al., 2021). For instance, online

interviews allowed for greater access to a range of diverse perspectives and experiences beyond my location. This is particularly useful in under-researched areas, such as IBPOC youths' mental health needs. This wide-reaching approach also offered a more affordable and accessible option for those who may not have been able to participate in in-person meetings (Braun et al., 2017; Braun et al., 2021). Furthermore, it is likely that some of the participants may have preferred to meet online (Braun et al., 2017; Braun et al., 2021). Lastly, the participants had control over the research environment, including the day, time, and location of our meetings. The online format allowed us to schedule interviews at times that were most convenient for them.

Although there were clear benefits, there were also some limitations to conducting semi-structured interviews online. For instance, the online interview may not have been inclusive of those with limited access to internet, technology, and private spaces (Braun et al., 2017; Braun et al., 2021). As such, there may have been individuals who would have been interested in participating but were unable to do so due to limited resources. Additionally, this format requires youth to feel comfortable with online spaces in the locations they can access. The participants shared that they had access to a private space for the interview, but there was the risk of outside interruption as all the participants were presumably in their family homes where complete privacy could not be guaranteed. The participants were all informed of these limitations..

Reflexive Thematic Analysis

Reflexive thematic analysis is a methodological tool that has been widely used to analyze data within the counselling and psychology field (Braun & Clarke, 2006; Clarke & Braun, 2018; Terry et al., 2017). It is a method that can provide nuanced, rich, complex, and comprehensive information. This method involves identifying, analyzing, organizing, and reporting themes across a data set. According to Braun and Clarke (2006), themes do not simply emerge from the

research process. Rather, themes are conceptualized through the researcher's active role. This aligned with CRT (Crenshaw, 1995, 2011, 2019; Solórzano &Yosso, 2002; Thomas, 2009) and my positionality, whereby my social justice values and insights helped with co-constructing the themes with participants. Furthermore, reflexive thematic analysis is an iterative and recursive process that allows for dialogue between the researcher and participants (Braun & Clarke, 2006; Terry et al., 2017). Through this iterative process, the themes were repeatedly reviewed and refined to represent youths' perspectives and lived experiences.

The reflexive component of the method emphasizes the pertinence of using researcher subjectivity as a resource, which requires the researcher to be immersed and engaged throughout the research process (Braun & Clarke, 2021). For this study, researcher subjectivity can be best defined as the values, experiences, and knowledge that helped me respond to participants from a place of knowing and curiosity. For instance, I held insights that allowed me to respond with statements that helped deepen discussions on intersectionality and cultural nuances. In these instances, I was able to draw on my counselling skills to probe, clarify, acknowledge, and validate their experiences. This aligns with the critical-ideological paradigm and CRT approach (Crenshaw, 1995, 2011, 2019; Solórzano &Yosso, 2002; Thomas, 2009), which focuses on validating the experiences of oppressed groups and bringing attention to the issues raised (Farias et al., 2016; Ponterotto, 2005). Moreover, I was able to interpret the findings and co-generate the themes using my values, experiences, and insights. This was done through member checks with participants and ongoing consultations with my supervisor and community stakeholders to ensure that the co-generated themes accurately reflected the IBPOC participants' perspectives and current knowledge of anti-racism and youth mental health. Overall, researcher subjectivity

was a valuable resource that helped deepen discussions, co-generate themes, and present the findings within the context of existing research.

This flexible method is not assigned to any particular theory but is neither an atheoretical method. Reflexive thematic analysis should be employed using a theoretical framework and methodological approach to help guide the process, as there are no fixed steps to utilizing this process (Braun & Clarke, 2006; Braun & Clarke, 2021; Clarke & Braun, 2018; Terry et al., 2017). Although there are no fixed steps, Braun and Clarke (2006) provided their six-phase process to outline the procedure they used with participants. This six-phase process was used to analyze the data elicited from the online interviews as it aligns well with the critical approach being taken. These steps will be described in detail in the following section.

Methods in Action

Participants

Initially, the targeted population for recruitment was IBPOC youth ages 15 to 19 as the high school experience and programming were the focus of the interview questions. However, due to recruitment issues, the study expanded to include two target populations: (a) IBPOC youth ages 15 to 19 and (b) IBPOC folks who have graduated in the last five years and attended high school in British Columbia during the implementation of the new curriculum from 2016 to 2019 (British Columbia Teacher's Federation; BCTF, 2019). The age range was broadened to include those who experienced the redesigned curriculum, can recall their experiences as IBPOC students, and have input on programming for future students. Additionally, this age range fits within the United Nations' (1981) definition of the youth age group, which is between 15 and 24.

Inclusion Criteria

The inclusion criteria for this project included the following:

1. Youth who are between the ages of 15 and 19 or have graduated in the past five years and attended high school in British Columbia.
2. Youth who identify as IBPOC. This can include those who identify as biracial or multiracial.
3. Youth who are willing to participate in the study and commit to the online semi-structured interviews.
4. Youth who have access to internet and videoconferencing technology.
5. Youth who have experienced mental health concerns related to racism and are willing to share their perspectives on what is needed to develop an anti-racist and mental wellness program. Youth will not be examining their racial experiences specifically, but these may be referenced as a way to contextualize their responses to the inquiry (see the *Data Collection* section for more information on the ethical considerations).
6. Youth who reside in the province of British Columbia due to convenient access to personal and professional contacts in this location.

Due to limited access to additional resources, those proficient in English were preferred for this study as there were no translated versions of the questions and for ease of communication on research-related matters (i.e., informed consent, confidentiality, the purpose of the research, etc.). As such, this study only consisted of those who could speak and understand English fluently.

Recruitment

The size of the participant group can depend on a variety of factors (i.e., the research inquiry, the theoretical framework informing the researcher, the study design, the type of data being gathered by the researcher, and resources and time) and the research paradigm informing

the researcher and their process (Boddy, 2016; Malterud et al., 2016). As such, the size of the participant group can vary across studies, with some requiring a large number of participants and others requiring a single or a few individuals. In qualitative studies, generalizability is not one of the goals as the focus is on providing specific, in-depth, and detailed understandings of the topic at hand until the point of saturation (the point where no new ideas or insights are raised; Boddy, 2016; Malterud et al., 2016). Qualitative research has generally been guided by this saturation approach when it comes to determining the appropriate sample size. However, this saturation approach mirrors a positivist position as it assumes that once a certain number of participants have responded to an inquiry, no further insights can be added to the discussion (Malterud et al., 2016).

The concept of saturation seems to assume that general understandings of a phenomenon or case can be achieved at some point. This goes against a critical-ideological paradigm and CRT approach (Crenshaw, 1995, 2011, 2019; Ponterotto, 2005; Solórzano &Yosso, 2002; Thomas, 2009), which emphasizes the pertinence of avoiding assumptions, acknowledging all the nuanced experiences across cultures, and validating all experiences with oppression. From this lens, all stories of oppression and resistance should be honoured and recognized. As such, there was no maximum desired number of participants for this study. The number of participants depended on however many were willing to share their perspectives within the data collection phase, which ended up being five IBPOC individuals. For the sake of developing themes, a minimum of two participants were desired as the research question sought to explore recommendations for group programming. However, from a critical standpoint, this was not essential as themes could have still been co-generated with a single participant (Farias et al., 2016).

This research study used purposive and snowball sampling methods to intentionally select participants who met the criteria and establish a source with direct contact with IBPOC students (Bhardwaj, 2019). The purposive sampling method allowed me to gather perspectives exclusively from the IBPOC community. As highlighted by Malterud et al. (2016), it is crucial that I am intentional about selecting who can speak in-depth about a particular phenomenon. Hence, youth who identify as Indigenous, Black, and/or Persons of colour, including those who are biracial or multiracial, were intentionally recruited to discuss their perspectives on what is needed for an anti-racism and mental wellness promotion program.

The snowball sampling method was beneficial as I had limited ties to IBPOC youth. Using my personal and professional contacts, I was able to recruit through a school board in Richmond, British Columbia and mental health professionals in the community. Additionally, I used Instagram to share information about my study, which was posted on Dr. Fred Chou's Growth and Solidarity Laboratory account. All sources were provided with recruitment material to share with current and former students, which included my contact information and directions for interested folks to contact me directly. Particularly, having one reliable source situated in a location where IBPOC students normally convene (i.e., schools) supported the recruitment process (Shelbe et al., 2015). The five participants consisted of three who had connections to the school board, and two who heard about the study via my contacts.

Data Collection

Procedures

As highlighted above, the study began with recruitment. Following this, Zoom or phone call screening interviews were scheduled and conducted with those who expressed interest to determine if they met the criteria. Those who met the criteria were informed of the next steps. In

the event that someone did not meet the criteria, I was prepared to send them a list of community mental health services that I created to direct them to supports that may better fit their current needs (i.e., suicidality; see Appendix). Following the screening interviews, semi-structured interviews were scheduled and conducted via videoconferencing technology (Zoom) with each individual. Informed consent and confidentiality were reviewed at the beginning of the screening and semi-structured interviews, and the participants were given the opportunity to ask questions. Additionally, the individuals were informed and reminded of the study's parameters, including what will be discussed, potential risks and benefits of the study, limits to confidentiality, voluntary participation, and what will not be discussed (i.e., abuse and suicidality) to ensure their safety. The semi-structured questions were used to guide the interviews, which were reviewed by community stakeholders as per the *Cultural Safety Protocol* (see *Ethical Considerations* subsection for more details on this protocol). The one-hour interviews were recorded, transcribed, and analyzed using Braun and Clarke's (2006) reflexive thematic analysis.

Transcription

Transcriptions of the video recordings were used to review, interpret, and represent participants' responses (Magaldi & Berler, 2020; Ruslin et al., 2022). The videos were transcribed by myself, which allowed me to familiarize myself with the data and make notes of my reflections in reviewing the recordings. According to Lapadat and Lindsay (1999), "transcripts are positioning" (p. 75) that can represent the sociocultural contexts and conditions influencing youth. These showed up in the ideas and reflections that arose during the interviews and while I was transcribing, most of which were constructed into themes.

Some potential issues that could have arisen include the following: (a) difficulties understanding or representing nuanced or unclear expressions, which results in a loss of meaning

when translating speech to written language; (b) transcripts lacking attributes of oral language production and non-verbal communication, which can significantly alter meaning (i.e., intonation, grammar, physical gestures, etc.); (c) logistical errors that impact the video recordings (i.e., internet and technological issues) and (d) miscommunications and/or misunderstandings between the researcher and participants (i.e., pronunciation, difficulties hearing, cultural differences, etc.; Lapadat, 2000; Lapadat & Lindsay, 1999; Mero-Jaffe et al., 2011; Oliver et al., 2005). For this study, internet issues were experienced during one of my interviews. However, this caused a very brief disruption to the interview and did not interfere with the transcription process.

As somebody who was the researcher, transcriber, and analyst, it was essential that the transcriptions accurately reflected the interview discussions. From a critical paradigmatic approach, these transcripts present co-constructed ideas from our dialogical interactions (Ponterotto, 2005). As highlighted previously, the critical stance allows me to use my subjectivity in research, which involves bringing in my values, beliefs, and perspectives to the interviews and when transcribing the recordings. Throughout the transcription process, I was aware of how my values, beliefs, assumptions, and perspectives informed my interpretations of the data. This showed up in how I transcribed the recordings. For instance, I made sure to reflect all nuances of speech in the transcripts, including the utterances, paraverbals (i.e., intonation, grammar), nonverbals (i.e., silence), and variations in communication (i.e., deep breaths, chuckles). Additionally, I reviewed video recordings and parts of it multiple times to ensure that I included all these nuances and how I interpreted them (i.e., “softly” expressed).

Overall, the efforts made during the transcription process made for a greater degree of trustworthiness, allowing me to enter the data analysis phase with transcripts that were meticulously created and thoroughly reviewed.

Data Analysis

For this study, I analyzed the transcriptions using Braun and Clarke's (2006) iterative and recursive six-phase process for coding and developing themes. The phases included the following:

1. Acquainting oneself with the data through repeated and active reading and informally noting initial reflections.
2. Initial coding of the raw data; these coded extracts should be broader in nature.
3. Searching for potential themes by sorting and combining patterned responses, which should result in drafted themes and subthemes.
4. Reviewing and refining themes to ensure that each theme meaningfully and distinctively strings together within the larger thematic map.
5. Defining and naming each theme. Themes should be organized and coherently fit with the overall narrative.
6. Telling the narrative by producing a report outlining themes and describing how each theme related to the research inquiry.

Data Familiarization. This first phase involved building a sense of familiarity with the data. To do so, I immersed myself in the data through listening to the recordings and reading the transcripts repetitively. This act of listening and reading was not passive; rather, it was an interpretive act where I was actively making notes of my reflections, the patterns I was seeing, and my interpretations (Braun & Clark, 2006; Bird, 2005). For this study, data familiarization

began even before the transcription process, where I listened to the recordings and made brief notes. During the transcriptions, I listened to the recordings again and replayed various parts of the interviews to ensure that I was transcribing accurately. At the same time, I made notes of additional reflections, patterns, and interpretations. This also helped me to become more acquainted with the data. After completing the transcriptions, I listened to the audio recordings again before beginning the initial coding phase.

Initial Coding. Following the data familiarization phase, the transcriptions were uploaded onto NVivo, a computer software that helps with creating, organizing, and combining codes in qualitative research. Using this software, I began to generate initial codes from the transcriptions. Codes are used to bring focus to pieces of raw data that appear interesting and can be meaningfully assessed (Braun & Clarke, 2006; Boyatzis, 1998). Codes are more specific ideas about the data extracts, which are later used for organizing the data. During this phase, I worked through each transcript and coded all the individual data items using the coding function on NVivo. This process follows Braun and Clarke's (2006) recommendation for paying attention to all pieces of data and coding as many items as possible to help with later theme development. In consultation with my thesis supervisor, Dr. Fred Chou, my coding process was facilitated by the following guidelines to maintain consistency: (a) use codes that closely resemble or mirror what was said so that the meaning of the data is not lost, (b) keep codes as specific and detailed as possible, and (c) avoid using codes that are broad or general in nature as this can misrepresent the meaning of the text.

Searching for Potential Themes. In this phase, I began to sort the codes by grouping similar ones together, re-coding some, discarding others, and creating higher level codes. Initially, I utilized a general coding framework based on the questions asked to create the higher-

level codes. This led to further sorting, grouping, re-coding, and discarding, and this eventually helped me form overarching themes. Themes are central ideas of concepts that can meaningfully summarize the key points in a data set (Braun & Clarke, 2006). These themes were defined based on what codes were most recurring and what participants themselves emphasized. From a critical standpoint, the specific and unique ideas expressed by an individual from a marginalized background are just as important as the recurring ideas raised by multiple community members. As such, the codes that represented the topics or recommendations that participants spoke extensively to and directly expressed were important to them were maintained and formed into themes.

Reviewing and Refining Themes. After searching for potential themes, I began to refine them through two levels of review. In the first level, themes were reviewed and refined based on coherence, distinctiveness, and consistency. I focused on reading through all the data extracts for each theme, assessing whether a coherent pattern has been formed, and determining if there are clear distinctions between the different themes (Braun & Clarke, 2006). Here, I found that the themes formed were not as distinct and clear, which led me to rework some themes, collapse relevant themes together, make two separate themes from one, and re-code extracts to fit them into more suitable themes. After another review for coherence and distinctiveness, I moved onto level two.

Level two involved reviewing how the themes fit with the entire data set. Here, I assessed whether the themes were consistent with what participants expressed to ensure accuracy. Additionally, I reviewed the transcripts again and coded additional data that was missed in earlier stages.

Re-coding and refining can be an endless process, but I decided to end this step after ascertaining that the themes cohesively and distinctively fit well with the data set and each other, telling a story of the data being represented (Braun & Clarke's, 2006). This was done in consultation with Dr. Chou.

Defining and Naming Themes. After reviewing and refining the themes, the next phase was to define and name the themes. In this phase, I wrote detailed analyses of the themes, describing the story that each one told and how they all fit within the context of the entire data set. The goal of this phase was to identify the essence of each theme and relate them to the research question. Additionally, these descriptive summaries were written with considerations of current literature and accompanied by excerpts of data as well. The theme names were also refined and reworked to accurately reflect the essence of the theme.

The process of defining and naming themes was also done through consultations with Dr. Chou, which was central to ensuring that the themes remained coherent, distinctive, and consistent. Additionally, the community stakeholders were consulted with to determine whether the themes fit together and the context of the research question. These consultations helped determine when it was appropriate to halt modifications and discuss the themes with the participants. At this point, I completed the member checks with participants to assess whether the themes accurately represented their perspectives and recommendations. During the member checks, I asked the participants if the themes accurately reflected their perspectives, if there was anything they would like to add, if there were any discrepancies, and if they would like to speak more to a theme they did not endorse initially. All the participants engaged in the member checks and shared that the themes were accurate and representative of their perspectives, with two providing post-hoc endorsements and one adding additional reflections.

Producing a Report. After member checking was completed, I began to writer a final report of the analysis. The final report was meant to provide a detailed story about the data in relation to the question (Braun & Clarke, 2006). Thus, the report was written with the intention of highlighting the themes co-constructed, amplifying youth voices via exemplar quotes, describing the significance of each theme and how they fit within the literature, and making an argument for social change via the youth recommendations, which align with the CRT approach (Crenshaw, 1995, 2011, 2019; Solórzano &Yosso, 2002; Thomas, 2009) taken in this study.

Overall, the data collection and analytic procedures helped address this study's inquiry: *what are IBPOC youths' recommendations for developing an effective school-based anti-racism and mental wellness program?* Establishing trustworthiness and ensuring an ethical approach was integral to the data collection and analysis processes as well, which will be discussed next.

Standards of Quality

Methodologies rooted in biomedical, positivist, and evidence-based approaches rely on validity and reliability when assessing the quality of a study (Noble & Smith, 2015). However, methodologies situated in social constructivist, critical theory, health equity, and cultural humility approaches rely on trustworthiness instead. *Trustworthiness* refers to the researcher's integrity in ensuring that the results accurately reflect the data (Moss, 2004). Trustworthiness is a way of ensuring transparency, consistency, fidelity, and accuracy of the data being presented in qualitative research. These are all integral aspects to trustworthiness that were used to assess the current study.

From the start, transparency and consistency guided the research process. Transparency was established by making the research procedures clear to the participants from the very beginning, sending them the research questions ahead of time, and being explicit about my

research approach. This level of transparency communicated to youth what they could expect, their role in the research process, my role as a researcher, and the focus and purpose of the study. It was my hope that this would create a space where the participants can partake in the study without feeling judged for sharing their perspectives. These decisions were influenced by and consistent with my philosophical assumptions as a critical researcher. Additionally, consistency was established through bi-weekly to monthly consultations with Dr. Chou, who helped me maintain a consistent approach to analyzing the data, reviewed the themes for consistency (across the data as a whole and with each other), and ensured that the themes were consistent with current literature. My community stakeholders also helped with reviewing the themes for consistency, which was a part of my *Cultural Safety Protocol*. This was built into my protocol and contributed to the trustworthiness of the data collection and analysis phases. Furthermore, involving my community stakeholders as part of my methodology aligns with CRT (Crenshaw, 1995, 2011, 2019) as it centers the knowledge of the community.

The fidelity of findings was achieved through using direct quotes from IBPOC participants in the theme descriptions. *Fidelity* refers to the preservation of participants' perspectives in research (Blumenfeld-Jones, 1995; Moss, 2004). This was established by preserving the ideas and sentiments during the data analysis phase, which can be seen in all the unique ideas presented within each of the themes. From a critical standpoint, this aspect recognizes that all ideas and perspectives are valid and need to be centred in the themes. Similarly, this aspect recognizes participants as the strongest sources of trustworthiness.

Accuracy is another key aspect of trustworthiness that was established through the meticulous transcription process, reviewing and refining themes, and member checking. During member checks, I asked the participants to speak to the accuracy of the themes and if they would

like to talk about the themes discussed in other interviews. As mentioned, all the participants confirmed that the themes were accurate of their perspectives, with two offering post-hoc endorsements during the member checks. Even though efforts were made to ensure accuracy of the themes, it is important to note that the participants may not have resonated with some themes during the verification process or may have untruthfully agreed because of social desirability (Bergen & Labonté, 2019; Birt et al., 2016). Participants may have felt pressured to agree with the themes to appear agreeable and to 'fit in' with the other participants. Although I prefaced the member checks to address these concerns (i.e., emphasizing that they do not have to agree with all the themes), this remains a potential limitation.

In addition to the participants, I asked the community stakeholders to review the themes and provide their feedback on whether the results fit with their experiences and knowledge as IBPOC working with communities. The community stakeholders consisted of one multi-racial, Indigenous individual with a counselling background and an active role as a professor and researcher, and the other is a POC who works with young people and families in an Indigenous organization. These community stakeholders were not asked to 'critique' the themes as the results are direct recommendations from youth that should be preserved. However, they were asked to reflect on whether the themes consistently and accurately reflected what they have seen in their work as a counsellor, professor, researcher, child and youth care worker, or social worker with IBPOC folks. Similar to comparing the findings to current research, I wanted to see how the themes fit with community members' direct experiences and knowledge in their fields. This also contributed to the trustworthiness of the themes.

Lastly, trustworthiness was established through ongoing reflexivity. The reflexive nature of this thematic analysis process led to a continual process of questioning, reflecting, reviewing,

and refining. This process guided me in designing the research, conducting the interviews, and establishing trustworthiness during the member checks.

Ethical Considerations

Special considerations for maintaining ethical and just practice according to the Tri-Council Policy Statement's (TCPS2; 2022) *Ethical Conduct for Research Involving Humans* were taken into account. This section will outline the ethical considerations in this study, including the efforts made to ensure confidentiality, mitigate possible risks of harm, address power imbalances, and work with IBPOC youth from a culturally responsive approach.

Confidentiality

The TCPS2 (2022) outlines the duties of researchers to maintain participants' confidentiality. This is done by implementing safeguards to protect confidential material and information in the event of "unauthorized access, use, disclosure, modification, loss, or theft" (TCPS2, 2022, p. 78). Informed consent and confidentiality were all thoroughly reviewed at the onset of the screening and semi-structured interviews to ensure that participants were aware of their privacy rights and the safeguards that would be implemented throughout the research process to protect their information. This study implemented the following safeguards to protect the participants' information: physical safeguards, administrative safeguards, technical safeguards, and research design safeguards.

Physical Safeguards. Data was stored as computerized files, which were kept on my personal laptop. Data containing identifying information was password protected. Additionally, the laptop was also password protected and kept locked in the home office when it was not in use.

Administrative Safeguards. Although other parties were involved with the recruitment and data analysis process (i.e., school board, personal and professional contacts, and community stakeholders), only Dr. Chou and I had access to the participants' personal information. When the themes were sent to the community stakeholders to review, the themes did not contain any identifying information. Similarly, a final report of the study was sent to the school board, but this also did not contain any identifying information.

Technical Safeguards. As mentioned, the digital files were password encrypted and kept on a password-protected laptop. These files were also stored in an encrypted password-protected shared drive in the University of Victoria's Virtual Private Network (VPN). Only Dr. Chou and I had access to these files.

Research Design Safeguards. Lastly, other design-specific measures were taken to ensure that privacy was maintained. This included anonymizing participants' information (i.e., using pseudonyms), removing direct identifiers (i.e., excluding information about specific locations and schools), transcribing and analyzing data as soon as possible, and permanently deleting all files with sensitive information from all virtual locations upon completion of the study.

Possible Risks of Harm

There were some potential risks of harm that should be noted. First, the participants shared their perspectives and recommendations, which may have been a new experience for some individuals. Regardless of whether this was a new experience for folks, sharing one's perspectives with someone they do not know well can bring up emotional discomfort. Secondly, their experiences with racism may have been evoked despite my efforts to mitigate this risk, which may have created more emotional discomfort. This emotional discomfort could have been

internalized or unintentionally expressed (i.e., crying) during the interview, which could elicit feelings of embarrassment, shame, anxiety, and/or uneasiness in participants. Moreover, there was a risk of further retraumatizing those with racial traumas (Comas-Díaz et al., 2019), which will be discussed more in detail in the *Cultural Safety Protocol* section. Several measures were taken to minimize, mitigate, and prevent the possible risks of harm.

Minimizing Risks. The first measure was ensuring that the entire research process was made transparent and straightforward for the participants. The research questions were previously reviewed by community stakeholders and sent to the participants before their interviews. This was done in hopes of reducing anxieties around not knowing what to anticipate and so that participants knew what was going to be asked of them. These semi-structured research questions also helped minimize risks, as the conversations centred on these prompts, and participants were often able to redirect themselves during the interviews as they had access to these questions. I was also able to use these questions to redirect the conversation if we were going off topic.

Secondly, the youth were made aware of the possible risks mentioned previously, the limits to confidentiality (i.e., suicide, harm to self or others, and abuse and neglect), and parameters of the study (i.e., focus on recommendations and not a counselling session) when reviewing informed consent and confidentiality. These were reviewed at the onset of the screening and semi-structured interviews, with an emphasis on discussing the research purpose, methods, and safeguards. The participants were also informed and reminded of their right to withdraw with no consequences. These were all communicated to the participants through written and verbal means.

Lastly, a *Community Mental Health Resource List* (See Appendix) was created with the intention of providing these to participants who discussed racial woundings despite the parameters and showed signs of emotional distress. This list was also available upon request. However, this list did not end up being sent to participants as racial traumas were not discussed, there were no signs of external emotional distress, and most of the participants reported having supports in place (i.e., counsellors).

Power Imbalances

As highlighted by the Tri-Council Policy Statement (TCPS2; 2022), power imbalances are most prominent in research with certain populations, such as young people and ethnocultural minorities. This power imbalance is especially pertinent to note, as I hold power in multiple ways (i.e., adult, researcher, middle-class, cisgendered, etc.). Power exists in the ways that decisions are often made for young people, ethnoculturally diverse populations have limited access to supports and opportunities, research excludes youth voices and ethnoculturally diverse voices, and research centres Eurocentric and adult-centred perspectives (Aldana & Richards-Schuster, 2021; Lohmeyer, 2020; Shelbe et al., 2015; TCPS2, 2022). Recognizing the role of power is also central to CRT (Crenshaw, 1995, 2011, 2019) and CRT methodology (Solórzano &Yosso, 2002; Thomas, 2009).

To address these power imbalances, I drew on my experiences and training as a counsellor of colour who works with IBPOC children and youth. Although I made it clear that I was not taking on the role of a counsellor, I used counselling-related skills to help build rapport with the participants. In hopes of creating a welcoming space where individuals do not fear being misunderstood, I made sure to use humour, empathy, curiosity, and compassion throughout our time together. Moreover, I would summarize, clarify, validate, and normalize responses as a way

to communicate my desire to understand them. Power imbalances were also taken into consideration when developing the *Cultural Safety Protocol*, which will be discussed below.

Working with IBPOC Youth

The TCPS2 (2022) emphasizes considerations for just practice with ethnocultural minorities and Indigenous peoples. A *Cultural Safety Protocol* was created for this purpose, which outlines the strategies that were taken to maintain ethical and just practice with the IBPOC individuals involved.

Cultural Safety Protocol. As mentioned, a *Cultural Safety Protocol* was implemented to prioritize IBPOC youths' wellbeing, mitigate the risk of harming them, and avoid perpetuating racist/colonial research practices (Brockie et al., 2022). Culturally safer practice is often promoted when working alongside Indigenous communities (Beaulieu & Reeves, 2022; Brockie et al., 2022). The term 'safer' is used with the recognition that only those on the receiving end can determine what is 'safe' and the inherently racist and colonial nature of research that will never make it completely safe (N. Caverley, personal communication, July 10, 2023). Culturally safer practice can be applicable to any culturally diverse community as it entails centering cultural knowledge systems, employing culturally appropriate research methodologies, and prioritizing the community's wellbeing (Brockie et al., 2022).

First and foremost, I emphasized the parameters of the research to the youth participants. Although I had entered the research space as an individual with a counselling psychology background, I was not taking on the role of a counsellor for this project. As such, I would not be able to support youth in processing racial wounds, nor did I intend to ask them to divulge these experiences to mitigate the potential risk of harm to their well-being (TCPS2, 2022). Given that the project focused on their perspectives of what is needed, I outlined what would not be the

focus of the conversation: detailed accounts of their racial trauma. *Racial trauma* is defined as "the events of danger related to real or perceived experience of racial discrimination" (Comas-Díaz et al., 2019). However, these experiences may be inevitably evoked, and some details will likely be shared in the context of responding to the research inquiry. If participants showcased signs of distress or began to divulge their traumas in detail, participants would have been gently reminded of the focus of the study and redirected to the prompts. Moreover, I had a list of community mental health resources prepared to send to participants who would have benefited from seeking support in processing their racial wounds. This aligns with a trauma-informed research approach as well, which entails mitigating the risk of retraumatizing trauma-exposed populations (Comas-Díaz et al., 2019; Voith et al., 2020). Retraumatization was further mitigated by emphasizing the risks involved with participating at the onset and ensuring that participants were screened properly. In this study, the participants did not divulge many details of their personal experiences and spoke more generally of what their experiences taught them. As such, follow-up on this matter was minimal.

Other strategies were implemented as well to maintain cultural safety, which included providing youth the opportunity to review the interview question beforehand, allowing the participants to review the themes and the exemplar quotes that were going to be used, censoring or altering details to maintain confidentiality, ensuring that the research was communicated in a developmentally and culturally relevant manner, working from a position of reciprocity and cultural humility (i.e., meaningful engagement to allow for a trusting relationship to development), collaborating with community stakeholders (i.e., having them review and provide feedback on the semi-structured questions and having them review the themes for consistency

and accuracy), and debriefing with my committee members throughout the research process (F. Chou, personal communication, May 26, 2023; Irish et al., 2023; Milner, 2007).

Per the TCPS2 (2022), research involving Indigenous youth should involve a plan for community engagement with the relevant community to ensure that research is conducted collaboratively and to respect the diverse communities involved. I reached out to Indigenous workers with whom I had professional connections via email to inquire about their interest in acting as a community member I can consult with throughout the research process. One agreed to be a community stakeholder whereas the other community stakeholder was a POC who worked in an Indigenous organization. These community stakeholders were honoured for their contributions via an acknowledgment in the dissemination phase, a customary gift (i.e., sage), and a $50 gift card or donation to an organization of their choice. Additionally, I was prepared to connect with communities specific to a participants' Indigenous identity for consultation (see Appendix F for the email communication script). These community members would have been asked to review and provide feedback on the interview questions and research data (i.e., themes and subthemes). Additionally, the community members would have been honoured for their labour via an acknowledgment in the dissemination phase, a customary gift (i.e., sage), and a $50 gift card or donation to an organization of their choice. However, no Indigenous youth showed interest for this study. As such, there was no involvement from Indigenous community members asides from one of the community stakeholders involved with the research project.

Lastly, some scholars speak to the importance of honouring the contributions of IBPOC scholars, workers, and leaders (Buchanan et al., 2021; Wright et al., 2021). However, it is also important to acknowledge the contributions of IBPOC participants, particularly when they are sharing valuable insights and perspectives. Given the importance of honouring IBPOC youths'

willingness and efforts to aid this research project, youth were offered a gift of acknowledgement for their time and emotional labour (i.e., $100 gift card or a donation to an organization of their choice).

Chapter Summary

As highlighted, research with youth can and should be conducted in ways that uplift and center their voices. The section outlined the importance of naming my positioning and using a CRT approach (Crenshaw, 1995, 2011, 2019; Solórzano &Yosso, 2002; Thomas, 2009), which are necessary for conducting research in a way that honours IBPOC youth voices. The data collection and data analysis phases were guided by a needs assessment approach and reflexive thematic analysis (Braun & Clarke, 2006), which allowed me to explore youths' needs and co-generate themes. Efforts were made to ensure that the these accurately reflected their perspectives, and an ethical and culturally safer practice guided this entire research process.

CHAPTER FOUR: RESULTS

The five IBPOC participants involved with the study participated in individual semi-structured interviews, where they reflected on their experiences as IBPOC and provided recommendations for program development. As described in the methodology section, the participants and I co-constructed the themes based on the reflexive thematic analysis process (Braun & Clarke, 2006). The themes or suggestions directly answers this study's research question: *what are IBPOC youths' recommendations for developing an effective school-based anti-racism and mental wellness program?*

These themes are based on participants' suggestions for effective programming, which were influenced by their lived experiences and critical reflections. As such, the themes will describe some of the contextual factors that participants reflected on, particularly racism, which remains an enduring force (Bell, 1980; Crenshaw, 1995, 2011, 2019; Crossing et al., 2022; Ladson-Billings & Tate, 1995; Taylor, 2023). Moreover, these themes will include participants' understandings of mental health/mental wellness and cultural identity, which arose from the critical and reflexive interactions between the participants and I as we discussed their perspectives and lived experiences. Thus, these constructed themes are both contextual and relational.

Theme Names and Descriptions

The subsequent subsections are descriptions of the study's overarching themes, accompanied by exemplar quotes made by the five IBPOC participants who partook in the study. The subsections will also outline the number of endorsements during the interview and post-hoc endorsements received during the member check. Participants and their quotes will be distinguished by the following pseudonyms to protect their confidentiality: Carina, Evelyn,

Amina, Roxanne, and Avery. The participants' demographics will be broadly summarized in Table 1 below.

Table 1

Participant Demographic Table

Characteristic	**n**
Age Range	
16 to 19 years of age	4
19 to 24 years of age	1
Student Status	
High school student	1
Post-secondary student	4
Ethnicity	
Biracial (Indian-African; Indian and White)	2
Chinese	1
Filipino	2
Generation Status	
First-generation Immigrant Children	1
Second-generation Immigrant Children	4
Gender Identity	
She/her pronouns	3
She/they	1
He/they	1

The seven themes include (a) Recognize that Mental Wellness for IBPOC Youth is Deeply Connected to Culture and Identity, (b) Need for an Intersectional Approach, (c) Understand that Family and Cultural Community are Central, (d) Make Programming Accessible for IBPOC Youth, (e) Importance of IBPOC Representation, (f) Need for Various Hands-on and Experiential Activities Focused on Identity and Mental Wellness, and (g) Implement IBPOC Programming and Schoolwide Intervention. These themes, the number of endorsements, and post-hoc endorsements are summarized in Table 2.

Before divulging these themes, it is important to note that mental health and mental wellness will be used interchangeably throughout the subsections as the participants used both

terms in such a nature. I will be utilizing and referring to whichever term participants used in their exemplar quotes to best represent their perspectives in each subsection.

Table 2

Summary of Themes

Theme	Initial # of Endorsements	# of Post-hoc Endorsements
1. Recognize that Mental Wellness for IBPOC Youth is Deeply Connected to Culture and Identity	5	
2. Need for an Intersectional Approach	3	2
3. Understand that Family and Cultural Community are Central	5	
4. Make Programming Accessible for IBPOC Youth	3	2
5. Importance of IBPOC Representation	5	
6. Need for Various Hands-on and Experiential Activities Focused on Identity and Mental Wellness	5	
7. Implement IBPOC Programming and Schoolwide Intervention	5	

Theme One: Recognize that Mental Wellness for IBPOC Youth is Deeply Connected to Culture and Identity

All five of the participants talked about how their mental wellness was deeply connected to culture and identity. When asked to reflect on what mental wellness meant to them, the participants all defined mental wellness as being themselves as IBPOC and embracing their culture and ethnicity within a racist climate, which often looks like experiencing community acceptance and engaging in cultural activities. Evelyn summarized the sentiments of the other participants in one of her responses:

> …As a BIPOC person, mental wellness means doing social justice work as a form of resistance. Like just existing with joy and embracing who you are in all of your skin color, in your culture, [and] in your language…because in a society that tries to push all of us down and tries to erase who we are and whitewash us, I think it's just so powerful to just exist

> and…[not] conform to standards…I think for us, mental health and mental wellness is honestly just resisting society by being ourselves.

Evelyn highlighted how embracing herself and existing with joy as a racialized individual is mental wellness. However, she also mentioned that being oneself comes with having to resist a society that attempts to erase IBPOC identities. Similarly, Roxanne commented on how "anti-racism and mental wellness is just…wanting to be yourself but finding it hard to do so because of certain environmental factors." Roxanne also described how mental wellness is being oneself while mentioning that environmental factors can make it difficult to do so as IBPOC. This includes being treated unfairly based on race, appearance, background, and assumptions, which was commonly spoken about amongst all the participants.

Amina recalled their experiences around being treated unfairly as IBPOC, saying, "it happened to me a lot…where [teachers] like to pick White students for everything. Like I was in theatre and literally 80% of the main roles were given to White people all the time…" Like the others, Amina recalled moments where they were in an unfavourable position and noticed the differences in how they were treated compared to their non-IBPOC counterparts. Other examples of unfair treatment provided by the participants included being judged for their appearance, having less opportunities, hearing other students or teachers make racist remarks, and not having anyone to advocate for them or the other IBPOC students. All the participants shared how they were affected as a result, which can be best summarized by Carina, who commented on how being "…treated based on physical appearances and assumptions can really lead to a lot of hurt on the inside."

When talking about mental wellness being connected to culture and identity, the participants also mentioned how being with their family and cultural community can be both a

healing and difficult experience as IBPOC. Their connection to family and cultural community has at times been helpful for their mental wellness as this created a sense of belonging and acceptance. Carina shared how community has been helpful for her mental wellness:

> A lot of times [we] find a lot of like help in just being with each other and, you know, all of us being together and going out and like, with our mosque, we have a youth group, and we always go do fun things. So that I think really helps people feel a bit more connected to each other and to the rest of the community.

Conversely, there was plenty of discussion on how being with family and cultural community has been hard on the participants at times, which can be best explained by Avery, who expressed, "attending like cultural events like is really healing…but also the most traumatic." Although family and community have been helpful for the participants, they have also recognized that navigating their mental wellness has not always been easy; in fact, it was quite difficult for participants to navigate their mental wellness within their family and cultural community.

Overall, the participants talked about how their mental wellness is connected to experiencing a deep appreciation for their ethnocultural identity, the challenges with being themselves as IBPOC, the impacts of being treated unfairly on their mental wellness, the joy and beauty of being connected to culture, and the complexities of being with family and cultural community.

Theme Two: Need for an Intersectional Approach

Three of the participants emphasized the need for an intersectional approach when developing programming in the interviews, with the remaining participants offering their post-hoc endorsements for the theme. Although the topics centered on race and mental health, these

participants talked extensively about how multiple intersecting identities can affect mental health. For instance, Roxanne highlighted the intersection of religion, race, and mental health:

> There are some things that are hard to speak up about…family is really important to me. What they think of me…it really affects me, so it's like…they're very religious [and] if they have certain thoughts on certain things, that affects my mental health.

Other important intersections were highlighted by these participants, including physical ability, neurodivergence, and body image Avery described another intersection:

> …Cost of living, housing…the kind of racist system that makes it really hard to even get housing if you're BIPOC but even worse when you're poor…the same systems that keep BIPOC people like poor…When I think of mental health, I think of like how do we address like our basic material needs…like the barriers that like BIPOC face like in society…that really prevent them from like having good like living conditions and a quality of life.

Here, Avery mentioned housing and cost of living, naming how socioeconomic status can be difficult to navigate within a system that is also racist. Avery further shared that even within the IBPOC community, there is a difference in how certain communities are treated:

> …I think for me…it's really impacted my mental health…my experiences of being like Filipino and then having more like…middle-class East Asian circles…[and] the way like teachers would treat Indigenous and Black students in my high school [were] super different…it's so intersectional… it really, I think, requires a lot of critical like perspective.

Avery added a nuanced layer, recognizing that being treated unfairly can look different even across different IBPOC identities. Although the conversations centred on specifically the IBPOC identities, these participants were steadfast and adamant in advocating for an intersectional approach, particularly as they perceived mental health as deeply connected to not

just race, but also to all the cultural identities one holds. These participants also noted how even within one particular identity (i.e., race), there are differences in how each individual and the specific identities they hold is treated. Thus, taking an intersectional approach to developing a program was highly encouraged by these three participants.

Theme Three: Understand that Family and Cultural Community are Central

The participants talked about the importance of centering conversations on mental health in family and cultural community, and they talked about the importance of working alongside them when creating effective programming. Initially, all the participants talked about the need to consider the mental health stigma within their families and communities. Carina shared what she noticed in general when it came to asking for help and being vulnerable about mental health and wellness:

> I think a lot of cultures have some stigma around mental health and asking for help in general, not just about mental health things, but just asking for help and being in a vulnerable spot might be hard for some people because they might have been taught by their parents that…you need to present your best self to the rest of the world and can only kinda show your vulnerabilities at home.

Like all the other participants, Carina spoke to the mental health stigma that is prevalent within her community and other communities, which make it difficult to reach out for help. The participants also talked about their hesitations around involving parents, especially with this stigma present. Evelyn shared, “I feel like with us, it's kind of navigating like how do you connect with your parents in a way that's not gonna be uncomfortable or like stigmatizing, hurtful to you when you talk about mental health?” All the participants illuminated how parent

involvement cannot be facilitated lightly when working alongside IBPOC students' and their families, especially when mental health is stigmatized.

Despite the prevalence of the mental health stigma within their families and communities, the participants believed in the value of bridging the gap between IBPOC youth and their families/communities. Specifically, participants emphasized the importance of working alongside parents and finding ways to help them understand mental health so that they can better support their children. Amina shared, "including parents more into these discussions [is important] because the one thing that parents most fear is not knowing what's going on and are like caught in the dark." Although there is fear and hesitation around including family and cultural community, the participants suggested that the fear and hesitancy around seeking support could be better addressed by providing family and cultural communities with mental wellness education, incorporating parent groups focused on learning about their child's mental health, using appropriate language to teach them (i.e., avoiding jargon), and being mindful of the barriers some parents face that may get in the way of showing up in the same ways that other families can afford (i.e., work hours for some immigrant parents do not allow for as much flexibility). During the member checks, one participant added an additional idea of supporting families with understanding the generational differences around mental health, which further adds to what mental wellness education with families can include.

Theme Four: Make Programming Accessible for IBPOC Youth

As highlighted in the previous theme, the participants found it difficult to navigate mental health supports and the mental health stigma within their families and communities. This led to three of the participants wanting an anti-racist and mental wellness program that was accessible with this consideration in mind, particularly in the times it could be made available to IBPOC

youth. The other two participants offered their post-hoc endorsements for this theme as well during the member checks. Although these participants held different ideas for how to make programming more accessible, they were unanimous in wanting the program to be held at times that honoured the familial and cultural pieces. Carina provided the following suggestion, which the others also recommended:

> …Keeping it during instructional time would be great because then people don't have to explain why they need to get to school early or stay after school late…and they can kind of do their own thing without having to explain everything to their family.

Roxanne and Avery broadened the discussion on accessibility, adding that the program should be accessible at varied times or all times to account for those who may need support at different times throughout the school day. Roxanne shared, "I like when there are like support programs and like gatherings or whatever with times that can be like varying…having like different programs taking place at different times would definitely be better." Avery shared their perspective for why the program should be available at any time during school rather than just as a once-a-week type of intervention:

> I think physical like safe space that can like be a place for them to just stay in like when they're not like feeling like comfortable to be in the high school environment would be like something that's like really crucial…it would be like really like feeling like…you have a place where you can show up and there aren't any expectations for what like that looks like.

Although there was some variation in the suggestions around time and space, all the participants shared similar sentiments and values around making a program that considers what would be most accessible for IBPOC students who do not want their family to be involved yet and may require support throughout the school day. Moreover, all the participants believed that

the program should be held in schools to reduce the barriers associated with having families involved and dealing with transportation.

Theme Five: Importance of IBPOC Representation

All five of the participants talked about the importance of IBPOC representation and having IBPOC create and facilitate programming in the interviews. Carina shared her perspectives on this topic:

> …Well people of ethnic [backgrounds] and minorities [should be running the groups]. A lot of times we have like some…presentations done by the librarians who are all White ladies about anti-racism and stuff like that so it's a bit like…what would you know about this kind of thing? I mean, I know that they're just trying their best and they're just doing their jobs, but it would be nice to have it come from someone who's experienced it personally…[and] a lot of the people like up top [that are] running these programs…are not minorities, and so it's kinda just a bit like, well, why are you running a program on anti-racism? Like, I appreciate that you're doing this, but, you know, maybe leave it to someone and leave that opportunity for someone else.

Roxanne also shared her personal experiences, stating, “it’s like I didn't really see a lot of people like me in areas of, you know, support…same for friends.” She shared who she thought should be running the program, stating, “the people running it would obviously be like diverse. So, it's like they all come from different backgrounds and stuff like that, so it's like easier to just try to get to know each other.”

As highlighted in these quotes, the participants believed that it was important to provide opportunity for IBPOC folks to run programs, hire representative figures within schools, and include community when creating programs. The participants also discussed what representation

looks like to them: IBPOC presence and accessibility. Roxanne's quote best exemplifies these two aspects of representation as she describes what it is like to see a lack of IBPOC representation and her desire to access IBPOC staff who come from similar backgrounds. Similarly, the other participants noted that they would not have to explain the IBPOC experience or cultural nuances to other IBPOC individuals the same way that they have to with non-IBPOC folks, which can be quite the labourious task. Roxanne talked about her thoughts around not feeling understood as IBPOC and being hesitant to seek support as a result:

> …During high school…a lot of the adults or like the people that you were supposed to like talk to…if you needed help from something or support or whatever, they were usually all just the same kind of people with the same kind of backgrounds and the same kind of experiences, and they wouldn't understand where you came from…I remember if you like went to one person for support and they couldn't help you, they just pass you on to a different person. And if that person didn't understand or…it didn't work out, they just pass you off to another person, and it just kind of went around like that…it's like…they can never really get it.

Here, Roxanne explained the labour of having to explain the IBPOC experience, being unable to seek appropriate support, and going through multiple counsellors. The other participants spoke to this arduous task as well and the unwanted responsibility of having to teach their White teachers, counsellors, and peers about these nuanced experiences. To counter this, the participants advocated for IBPOC folks to be in charge of creating and facilitating programing, as well as more IBPOC staff members who can better understand IBPOC students' experiences.

Theme Six: Need for Various Hands-on and Experiential Activities Focused on Identity and Mental Wellness

The five participants provided various hands-on and experiential activities that they believe should be incorporated into programming. As highlighted by Carina, a hands-on and experiential approach can be beneficial for young people:

> I wish there was something a bit more hands-on…rather than just kinda sitting there and listening to people talk. It does get a bit boring…maybe going on a field trip to learn about different people's backgrounds and ethnicity and different things like that. Like, you know, visiting a church or visiting a mosque or visiting a temple of some sort would be really interesting and hands-on and engaging…also, helping within minorities and communities…protests, something like that…the youth can organize and do with each other…we could maybe go and help some of the older people in our communities…something that we could do that is just helpful and like within the community.

Here, Carina provided various suggestions, including attending a cultural event or place, helping different communities, engaging in youth-led initiatives, and assisting Elders within their communities. Evelyn added another suggestion, sharing, "I think ideally the program would help us with learning more about ourselves…maybe just like activities on like recognizing your identity…" She went on to recommend the following:

> I think just like helping students recognize like their own place in like racial identity. Like…what's your race? What's your ethnicity? Like have you ever experienced discrimination because of it? Like do you have privilege because of it? Like…some people have lighter skin, some have darker skin, even if they're both people of color…just like recognizing intersectionality.

Amina recommended incorporating arts and crafts into the programming, suggesting that "adding like a craft and talking about struggle…but also taking care of your wellness" would be helpful. Roxanne had a similar recommendation but added that some movement-based and nature-based activities that would be beneficial for improving mental wellness. She shared the following:

> Activities like going out into the world maybe; just going for like a walk in the park or like just a little sightseeing around like a small area…like little group activities may be like just…doing art, which can be done basically anywhere I would think.

Avery suggested activities that focused on exploring privilege, identity, and mental wellness as well:

> I know there's like this cool exercise that I've heard other like high school like teachers like run where they kind of…get students to like line up in a straight line and then they address like all the privileges…Like the privilege wheel I think exercise…just also doing things that are like healing, like learning skills or like learning hobbies for yourself, learning different ways to take care of yourself when you're in crisis and…building your toolkits.

The participants reflected on what was missing, what they wished they had more of, and what they thought would be beneficial for IBPOC students. Although there was some variation, it was clear that all the participants were advocating for various hands-on and experiential activities to be incorporated into an anti-racist and mental wellness program. This included a wide range of activities, such as organizing field trips, supporting youth-led initiatives, promoting community engagement, facilitating identity exploration, having students explore privilege, using arts and crafts, incorporating movement and nature, and creating a mental wellness toolkit.

Theme Seven: Implement IBPOC Programming and Schoolwide Intervention

All five participants were open to the idea of having IBPOC-specific groups focused on mental wellness and anti-racism. Evelyn shared why she believed this would be important:

> I think definitely sometimes you just need that safe space of like BIPOC…it's like not trying to be exclusive, but it's like, okay, these people understand me…I don't need to explain myself. I don't need to like be fragile with my words. It's kind of like you guys all have experiences too.

Amina echoed these sentiments, sharing what they wished they had in high school:

> I wish I had that in the eighth grade where I can learn how to regulate myself and talk to my own community… having a safe place is really important because you want to have an area where you don't feel like an alien…also knowing that you have a safe place, and you have that area with the people that look like you or have the same experiences as you.

All the participants agreed that an IBPOC group would be helpful, but they placed a greater emphasis on the importance of going beyond IBPOC-specific groups. In fact, the participants talked about the pertinence of not just having an IBPOC-specific group; this needs to be paired with schoolwide changes to allow IBPOC groups to thrive. Avery pointed out the implications with creating solely an IBPOC-specific program:

> …How do we like help BIPOC…go through their trauma without necessarily kind of creating an intervention that might potentially make things like worse for them? Because I felt like in high school, like all of the kind of anti-racist and mental wellness like programming just felt like for the 'troubled youth'… I feel like it's time to like kinda shift away from that, like obviously still like addressing the needs of like why like youth are in trouble in the first place…but also…you don't have to necessarily be in like the most precarious like living

> situation…like you [can] just like want to like heal or you want to celebrate yourself, like you want to be joyous…that kind of programming and space…I have my own like hesitation sometimes of those type of programs, especially in a majority White school and kind of the possibilities of just continuing to like isolate like BIPOC kids when they're already isolated.

As highlighted by Avery and the other participants, there are implications with just implementing an IBPOC-specific program, which may in turn isolate IBPOC students even more. Instead, the participants emphasized the importance of going beyond IBPOC-specific groups to create stronger connections across all communities and help with building an awareness and understanding of different cultural groups. According to the participants, some examples of what going beyond group intervention could look like included incorporating race and mental wellness into the educational curriculum and advocating for school staff to be properly trained to support students. The participants wanted interventions that went beyond programming for other reasons, including (a) racism was not addressed and normalized in schools, (b) they were often left uncertain with how to address racism in the larger school setting, (c) they had to access external supports because of the lack of culturally responsive supports in schools, and (d) there was a lack of connection amongst different groups. Amina shared their observations around racism being normalized:

> …In high school, racism and homophobia, or anything to make fun of someone, is super natural…like I remember in the eighth grade, all the people in my class [would] just call each other slurs or they made stereotypes about other people…if the people of colour joined…it kind of put them into the crowd, and I kind of got caught [in] it, because I…didn't want to be out of the joke and let people make fun of me.

Here, Amina described the complexities of being mistreated and internalizing racism. They went on to describe how racism was normalized by teachers and school curriculum as well, stating, “teachers are also a big thing where they use racism in their teachings…they teach racism is bad, but then they [are] racist in class and then students catch on to that.”

Roxanne talked about not knowing how to address racism in high schools, especially when racial issues were not taken seriously:

> It was hard to speak up or even just talk about any kind of issues we had ‘cause…no one can fix them. Even if we talked about it, we just get like brushed off or something. So…we kinda just had to deal with it. I think that's what most of…the people I knew kind of felt. People that were around me.

Like the others, Roxanne found it difficult to raise the issue as there was an overall assumption and agreement in the IBPOC student community that issues related to racism would just be brushed off. The other participants added other challenges that made it hard to raise the issue, including the power dynamics between a teacher and student, not recognizing a racist encounter until much later, not knowing how to address racism when they saw it happening to others, and a lack of proper education on race and racism for the general school population. The participants ended up accessing external supports instead due to these challenges and a lack of culturally responsive supports. They used support services such as anonymous chats, online resources, and resource centres among others.

Given all these reasons, the participants believed that both an IBPOC group and schoolwide intervention would be most effective. An IBPOC group would allow IBPOC youth to connect and have community, whereas schoolwide change would help IBPOC youth feel supported in the larger school setting.

Chapter Summary

This chapter provided an overview of the seven themes constructed from the five semi-structured interviews with the young IBPOC participants who partook in the study. These results respond to the study's research inquiry: *what are IBPOC youths' recommendations for developing an effective school-based anti-racism and mental wellness program?* The study's findings will be further discussed within the context of existing literature in the next chapter.

CHAPTER FIVE: DISCUSSION

This discussion chapter highlights how the study results fit within and add to the existing literature on anti-racism and IBPOC youth mental health. As mentioned in the previous chapter, the study results include the following seven themes: (a) Recognize that Mental Wellness for IBPOC Youth is Deeply Connected to Culture and Identity, (b) Need for an Intersectional Approach, (c) Understand that Family and Cultural Community are Central, (d) Make Programming Accessible for IBPOC Youth, (e) Importance of IBPOC Representation, (f) Need for Various Hands-on and Experiential Activities Focused on Identity and Mental Wellness, and (g) Implement IBPOC Programming and Schoolwide Intervention.

This chapter will begin with a discussion on how these themes inform the current literature. Afterwards, there will be a discussion on the implications for practice, strengths and limitations of the study, recommendations for future research, and concluding remarks.

Themes that Inform the Literature

All the themes fit within the existing literature, further bolstering current findings in the anti-racism and IBPOC youth mental health research fields. The themes aligned with and amplified current contributions that focus on raising awareness, calling to action, and implementing culturally responsive strategies (Abe, 2019; Ezell et al., 2022; French et al., 2020; Lac et al., 2021; Ladson-Billings & Tate, 1995; Paradies, 2016). However, there were some nuanced perspectives offered by the participants that expand the current literature on racism, anti-racism, and IBPOC youth mental health. As well, there was one particular finding in this study that answered the research inquiry in a different manner, which adds a unique and enriching contribution. These themes and nuanced perspectives will be discussed below.

Recognize that Mental Wellness for IBPOC Youth is Deeply Connected to Culture and Identity

One of the most uncontested points that all the participants drove home was how their mental wellness was deeply rooted in culture and identity, which also encompasses their relationship to family and cultural community. When discussing the connection to culture and identity, the participants highlighted both sides of coin; mental wellness can be bolstered when there is pride in one's cultural identity and mental wellness can be negatively affected when racism and a lack of acceptance within their family and/or community are experienced. This finding is no different from what other scholars have discussed and advocated for in anti-racism and IBPOC mental wellness research fields (Elkassem et al., 2018; Khan et al., 2018; Uink et al., 2022).

When discussing their experiences, the participants reported experiencing the unfairness, uncertainty, hurt, anger, sadness, and traumatizing effects of racism on their mental wellness, regardless of whether they experienced it directly or indirectly through family or community members. Here, the participants spoke about witnessing community violence and its influence on their mental wellness, which fits with how racism has been conceptualized as violent, disempowering, alienating, overwhelming, and threatening (Del Toro & Wang, 2023; Elkassem et al., 2018; Njoroge et al., 2021; Pumariega et al., 2022; Tynes et al., 2019; Uink et al., 2022).

Some participants described mental wellness as being themselves despite these challenges, which can be described as having ethnic pride. Castro et al. (2009) defined ethnic pride as the "affirmation of dignity, affection and self-respect that is expressed towards one's ethnic or cultural heritage" (p. 2), which captures participants' feelings of appreciation for their cultural identity. One participant in particular talked about the joy of being able to embrace their

racial identity and feel a sense of belonging within their cultural community, which has been a healing experience for them. Relatedly, Hernández et al. (2017) discussed how ethnic pride can be a valuable developmental resource for those who feel a sense of belonging and acceptance within their ethnic group.

Others were not yet at a place of celebrating their ethnic identity, but they also acknowledged that mental wellness is being oneself as IBPOC. For these individuals, they mentioned wanting this experience through their cultural community or IBPOC role models. The participants talked about how difficult it was to navigate their mental wellness when they did not feel a sense of connectedness, belonging, or acceptance within their schools, family, or cultural communities. Likewise, previous studies have discussed how racism was associated with low self-concept, lowered collective self-esteem, depressive symptoms, and a lack of a sense of belonging (Elkassem et al., 2018; Khan et al., 2018; Rivas-Drake et al., 2019; Uink et al., 2022).

This theme also relates to studies on ethnic identity development for adolescents. For instance, Rivas-Drake et al. (2019) have found that positive ethnic and racial identity have positive associations with higher levels of self-esteem, positive self-concept, less depressive symptoms, perceived ability to cope with issues, use of positive coping strategies, prosocial behaviours, and academic outcomes (i.e., school achievement and perceived value of education) among minority youth (i.e., African America, Latino, Asian American and Pacific Islander, and Native American). These were all measured based on youths' internalization of positive racial identity, ethnic identity achievement (high levels of exploration and commitment), ethnic affirmation, and identity exploration and resolution. Similar to what the participants in this study voiced, mental wellness is deeply connected to how youth experience and identify with their ethnic and racial identity. This idea is best expressed by Rivas-Drake et al. (2019), who stated

that “the construction of an ethnic or racial identity is thought to be one important means by which ethnicity and race influence normative develop and promote positive youth adjustment” (p. 2).

However, the participants in this current study did not want to have ethnic pride or a positive ethnic identity be the ‘silver lining’ to their experiences with racism. Ethnic pride and their mental health struggles (related to experiencing racism) coexisted and cannot be understood apart from the other. Likewise, Shen’s (2018) study on understanding positive ethnocultural identity in visible minority youth in Alberta discusses this difficult balance of embracing identity while facing the dominant culture and its racial issues. Thus, mental wellness for these IBPOC participants can be best defined as embracing oneself and recognizing the difficulties of doing so as a racialized individual. This is one of the nuanced perspectives provided that expands the current literature on IBPOC youth mental health.

Need for an Intersectional Approach

The participants expressed a need for an intersectional approach, emphasizing the importance of recognizing multiple identities that intersect with race and mental health when discussing the IBPOC identity. This finding echoes existing literature on intersectionality, which was a later addition to critical race theory (CRT; Crenshaw, 1989, 1991, 1995, 2011, 2019). These participants shared that much more movement is needed to acknowledge intersectionality within the school setting capacity, which is integral in understanding and validating the unique and nuanced experiences of each IBPOC individual. CRT scholars emphasized the importance of recognizing intersectionality in relation to privilege and oppression as well (Crenshaw, 1989, 1991; Crossing et al., 2022; Iftikar & Museus, 2018; Sodhi, 2024; Yoo et al., 2022). Notably, intersectionality showed up in the activity recommendations provided by the participants (i.e.,

identity exploration and identifying privilege) and in other discussion points around cultural identity (i.e., not all IBPOC identities are treated the same), highlighting its salience when discussing culture, identity, and mental health.

One of the main discussion points highlighting the need for an intersectionality approach was the difference in what racism can look like across the different IBPOC identities. Deo (2023) also discussed how the experiences of IBPOC can vary vastly, illuminating the importance of recognizing that each community experiences unfair treatment differently and knowing when to center certain voices. For instance, Indigenous voices should be centered when discussing 'Canada's' settler colonial history (past and living), whereas BPOC voices should be highlighted when the topic at hand is more relevant to their experiences (i.e., anti-Black violence witnessed in the community and xenophobic attitudes towards those with immigrant backgrounds; Barker, 2012; 2014; Deo, 2023; Sodhi, 2024; Wolfe, 1999). The participants challenge us to consider the uniqueness of each IBPOC individual, not in a way that facilitates competitiveness in who is more oppressed, but by avoiding overgeneralizations and emphasizing the different experiences and histories (Deo, 2023; Dumas & Ross, 2016; Sodhi, 2024).

When talking about how IBPOC students are treated within the school setting, the participants identified how the Indigenous and Black students were often treated differently and absent from school. The participants noted that this absence was likely due to them being mistreated, having additional barriers (i.e., lower socioeconomic status), experiencing a lack of acceptance and belonging, and feeling unseen in the school curriculum. This is congruent with what scholars such as Uink et al. (2022) and Dumas and Ross (2016) have discussed, who highlighted the ways that Indigenous and Black students do not see themselves accurately reflected in school curricula, receive harsher consequences and more punitive punishments when

disciplined, and experience feelings of alienation and disempowerment in school settings. Given this, some of the participants wanted to see certain voices centred more depending on the topic, such as Indigenous voices in history classes. Others spoke more generally to the need to centre all intersections of identity in the school setting.

Notably, the participants provided more unique and nuanced experiences where they felt unseen and received unfair treatment as IBPOC with intersectional identities (i.e., lower-class South Asian folks being treated differently compared to middle-class East Asian folks; Muslim students being judged for wearing their hijabs; and the intersection of religion, race, and sexuality). These perspectives and experiences exemplify how intersectionality is layered and deeply connected to mental health (Crenshaw, 1989, 1991; Deo, 2023; Sodhi, 2024).

Understand that Family and Cultural Community are Central

Initially, the participants talked about concerns with involving family in conversations about mental health for IBPOC students. Salami et al. (2021) and Arora and Algios (2019) noted youths' concerns around parent involvement due to family/cultural beliefs of mental health as shameful and a sign of weakness, which made it difficult for youth to seek help in their studies. Likewise, the participants in this study shared that mental health and help seeking were stigmatized within their families and cultural communities. According to the participants, this was a major barrier for IBPOC students in their schools and for themselves when it came to seeking mental health support. Hence, the participants expressed that asking for consent and maintaining their privacy are especially important for IBPOC students, especially when involving family can cause more harm. The participants' perspectives on this matter speaks to the policies that schools have around mental health, which may not be supportive of the mature

minor provision (British Columbia Centre for Disease Control, 2022) nor the unique needs of IBPOC students.

Although involving families and cultural communities was difficult to navigate for participants, there was no doubt in their minds that programs should work alongside them. Similarly, previous studies that have explored IBPOC youths' perspectives on school-based mental health promotion programming presented family engagement, community collaboration, and providing psychoeducation to parents as suggestions for best practice (Arora & Algios, 2019; Chartier et al., 2022; Jardim et al., 2023; Salami et al., 2021; Sasakamoose et al., 2016). For instance, the youth in Arora and Algios's (2019) study recommended teaching parents about the common misconceptions of school-based mental health services (i.e., that it is only for extreme cases), the importance of mental health, and the role of mental health on academic functioning as a way of engaging them. Furthermore, studies that have evaluated the effectiveness of school-based programs found that youths' internalizing and externalizing mental health symptoms were reduced by working alongside families and communities (Cavioni et al., 2020; Langdon et al., 2016; Malone et al., 2021; Montañez et al., 2015; O'Reilly et al., 2018; Sanchez et al., 2018). In this particular study, family involvement for the participants looks like providing mental wellness education, incorporating parent groups, avoiding jargon in conversations about mental health, and being mindful of the barriers some families experience.

Additionally, the participants advocated for changing how parent involvement is facilitated in schools. Those who were forced to inform their parents of their mental health struggles shared that the process of how their parents were informed (i.e., by the school and without their consent) and the lack of support in helping youth navigate their parents' reactions could have been approached differently. Rather, they believed that parents could have been

educated by their school supports and better relationships could have been developed through ongoing engagement with families, which mirrors what previous studies have recommended (Cavioni et al., 2020; Langdon et al., 2016; Malone et al., 2021; Montañez et al., 2015; O'Reilly et al., 2018; Sanchez et al., 2018). As highlighted by the participants, only focusing on the youth as an individual without involving the family is problematic when considering how IBPOC mental health is rooted in culture, identity, family, and community (Causadias et al., 2022). This relates to the first theme discussed. Although working with family and cultural community can be complicated at times, understanding students' relationships with them and finding ways to work alongside them is central to addressing IBPOC youth mental health in schools.

Make Programming Accessible for IBPOC Youth: Specific Recommendations

Making programming accessible for IBPOC in ways that honour family and cultural understandings of mental health has been recognized in existing literature (Arora & Algios, 2019; Cavioni et al., 2020; Chartier et al., 2022; Jardim et al., 2023; Langdon et al., 2016; Malone et al., 2021; Montañez et al., 2015; O'Reilly et al., 2018; Salami et al., 2021; Sanchez et al., 2018; Sasakamoose et al., 2016). Common ways to reduce barriers that have been broadly discussed in the literature includes addressing the cost of services, access to transportation, time and location, mental health stigma, and lack of awareness of available services.

The participants provided suggestions for what accessibility can look like when it comes to accommodating IBPOC students' varying needs. Their suggestions for this were similar to how other studies have structured their programs, including (a) keeping programming during instructional time for those who do not want family to know they are accessing services, (b) having programs held at varying times throughout the day to accommodate different schedules and provide different options to students, and (c) having a program that is available at any time

of the day for those to access whenever needed (i.e., Montañez et al., 2015). These ideas reflect the needs of the IBPOC student population specific to each participants' school. Specifically, these ideas exemplify what accessible scheduling can look like (i.e., having a variety of programs or a program that is available throughout the day). Furthermore, these suggestions highlight the need for schools and program developers to conduct a needs assessment when evaluating ways to make programming accessible for the particular IBPOC population they are working alongside (Borba et al., 2016; Collier et al., 2012; Feuerherm & Oshio, 2020; Torres Stone et al., 2020).

Importance of IBPOC Representation

When talking about who should create and run the program, the participants were certain that IBPOC folks should be the ones in charge. Two of the participants talked about how being educated on matters related to racism and colonialism by White teachers or librarians did not feel appropriate. These participants pointed out that these school staff members did not have insider knowledge of what it is like to be IBPOC, they were speaking on behalf of communities when IBPOC folks can speak for themselves, and White voices were still being centred in the conversation (Dockett & Perry, 2007; Syed et al., 2018). This mirrors White-settler paternalism, where anti-racism efforts are being addressed on behalf of IBPOC folks out of well-meaning intentions but do not involve IBPOC folks in meaningful ways (Aldana & Richards-Schuster, 2021; Liebel, 2007).

At the same time, the participants believed that the responsibility to address racism should not solely lie on IBPOC folks and that White folks should be a part of the solution. Similarly, White and Castleden (2022) discussed how wilful settler ignorance of issues and evasions against making changes maintains settler colonial power dynamics. Within the context

of Truth and Reconciliation in Canada (Truth and Reconciliation Commission of Canada, 2015), White and Castleden (2022) emphasized that the "work of reconciliation is settler work" (p. 651). Change cannot be fully realized if those who hold colonial power is not involved; rather, colonial power dynamics are reproduced when settler colonials do not implement calls to action. Maintaining this status quo decelerates decolonization movements (White & Castleden, 2022), and this can be applicable to anti-racism movement as well. As such, the participants were compelled to advocate for involvement from both White folks and IBPOC representatives. However, what they have witnessed when White people were involved did not feel appropriate (i.e., speaking on behalf of IBPOC without seeking direction of guidance from IBPOC). To this end, the participants all mentioned that White folks should still be in the conversation, but anti-racism efforts cannot exist without IBPOC involvement.

The participants believed that IBPOC folks would better understand the IBPOC experience and cultural nuances when it came to discussing mental health concerns. Moreover, they talked about the labourious task of having to explain their experiences to White folks. El-Sabawi and Fields (2021) defined this experience as the "discounted labour" (p. 19) of IBPOC folks. This phrase describes the burdens placed on IBPOC to explain their experiences. Although Eli-Sabawi and Fields (2021) spoke more specifically to law students and faculty, this idea of "discounted labour" is applicable to the IBPOC participants' experiences around having to essentially create inclusive spaces for themselves when interacting with White teachers, counsellors, and peers. Unsurprisingly, the participants wanted IBPOC folks to lead the program so that they do not have to bear this weight on their own.

Sánchez et al. (2020) illuminated the value of incorporating adults with a healthy ethnic/racial identity who can act as positive role models for youth. These ethnic role models can

facilitate positive ethnic identity development by modeling what youths' future selves can look like and influence how they see themselves (Gordon et al., 2009; Kaplan et al., 2009; Oyserman et al., 2015; Rhodes, 2005; Sánchez et al, 2020). Some of the participants expressed that they wished they had IBPOC models, whereas others were grateful to have IBPOC role models to look up to in high school. One participant in particular expressed how thankful she was for having an IBPOC counsellor who taught her to see the beauty in her culture, which profoundly articulates how meaningful and significant IBPOC representation is to IBPOC students. Not only can ethnic role models better understand the IBPOC experience, but they can remove some of the burdens around explaining cultural nuances and help model ethnic identity development for youth. Given that the participants saw mental wellness as being themselves, developing a positive ethnic identity through culturally relevant supports would be imperative for programming and in school settings. However, White folks must also be involved in conversations about racism and anti-racism to avoid burdening IBPOC communities and ensure that everyone is working towards creating a racially affirming school environment. According to the participants, White folks should be involved in some capacity even if programming is specific to IBPOC youth (i.e., learning through school curriculum).

Need for Various Hands-on and Experiential Activities Focused on Identity and Mental Wellness: Specific Recommendations

Current studies have described the value of incorporating opportunities for cultural exposure, ethnic identity exploration, and mental health activities and lessons into programming for culture-specific programs (Arora & Algios, 2019; Chartier et al., 2022; Jardim et al., 2023; Salami et al., 2021; Sasakamoose et al., 2016). Similarly, the participants in this study talked about incorporating these aspects and what that can look like in programming. Notably, the

participants talked about wanting to be involved with communities by engaging in cultural activities and events as a way to improve mental wellness. This suggestion has parallels with studies such as Langdon et al. (2016), who used cultural activities as a vehicle for bolstering Lumbee youths' self-esteem and to address suicide concerns. Indigenous communities have long advocated for cultural exposure as this is one of the key aspects of wholistic healing (Duran, 2019; Indigenous Child and Family Services Directors Our Children Our Way Society, n.d.; Linklater, 2014). Wholistic healing refers to the idea of healing the whole being, which is comprised of the social, emotional, cultural, physical, and spiritual aspects of an individual's health. Culture as healing is no novel concept as demonstrated by this Indigenous model of healing, and this can be applied to BPOC as well. The participants suggested incorporating activities that focus on exploring identity and privilege to better understand themselves and the experiences of other IBPOC. When considering their definition of mental wellness, activities focused on exploring identity and examining privilege could be a viable way of addressing youth mental health concerns.

Other activities and ideas included opportunities for youth-led initiatives, mental health lessons, mental health activities. Kelly (2023) and Rombalski (2022) discussed the benefits of youth-led initiatives and youth activism, which can be empowering, healing, and builds a sense of togetherness amongst IBPOC youth. Although this is the case, not all the participants mentioned youth-led initiatives. Spearheading anti-racism initiatives as IBPOC can be exhausting and labourious, particularly when attempting to create more inclusive spaces in non-inclusive settings (Eli-Sabawi & Fields, 2021). Likewise, some of the participants mentioned the unwanted responsibility of educating White folks and wanted the onus to be on them to learn about racism.

One of the main barriers to accessing supports according to the participants and existing literature is their lack of awareness and knowledge of mental health in general (Fante-Coleman & Jackson-Best, 2020). This led the participants to advocate for ongoing lessons and courses on mental health on both a program and schoolwide level. However, there was a larger emphasis on addressing mental health through art, movement, and nature in the interviews. These creative and embodied mediums can help IBPOC access joy, connect with their internal world, share their personal narrative, challenge dominant narratives, express themselves, and connect with community, family, ancestors, and Land (Coles & Player, 2024; Girgrah, 2023; Stewart, 2024). Girgrah (2023) describes IBPOC healing and joy as resistance to dominant narratives that judge and stereotype IBPOC folks. As such, there may be benefit in incorporating hands-on, experiential, and creative activities as this can help IBPOC youth access joy and healing.

Implement IBPOC Programming and Schoolwide Intervention

One of the most prominent recommendations in this study was the need to implement IBPOC programming *and* schoolwide intervention. The participants did not believe that IBPOC programming alone would suffice in supporting IBPOC students and, instead, suggested that it should be paired with schoolwide intervention to ensure that racism and mental health were being addressed on a larger scale. This was a stand-out recommendation as the participants spoke most extensively to this theme, it was a recurring topic, and discussions often circled back to this idea in all the interviews. Although aspects of this theme parallel the current literature on anti-racism and IBPOC youth mental health, this theme added a unique contribution as it emphasizes a greater need for schoolwide change compared to IBPOC programming.

Implementing schoolwide interventions fit with the current literature on the multitiered approach to mental health promotion in schools, which focuses on implementing strategies

beyond the individual level to facilitate collective action and community healing (Berman & Paradies, 2010; Came & Griffith, 2018; Cavioni et al., 2020; Edirmanasinghe et al., 2022; French et al., 2020; Malone et al., 2021; Moradi & Grzanka, 2017; O'Reilly et al., 2018; Weist & Murray, 2008; Williams et al., 2022). These studies specifically noted the role of schools in enhancing the competencies of students and adults, building youths' coping capacity, training staff to respond appropriately to youth, working alongside families and communities, raising awareness and decreasing stigma, decreasing barriers to accessing services for IBPOC youth, and creating a racially affirming school environment. These perspectives are no different from what the participants discussed. In this recommendation, the participants suggested that racism needs to be addressed by everyone, and it should be addressed by everyone.

The participants raised a point about how it appears that racism is normalized in their schools, which is congruent with how CRT (Crenshaw, 1995, 2011, 2019) conceptualizes racism. Specifically, CRT describes how (a) racism is an enduring force, (b) racism is often dismissed, and (c) White identity and culture are privileged (Bell, 1980; Crenshaw, 1995, 2011, 2019; Crossing et al., 2022; Ladson-Billings & Tate, 1995; Taylor, 2023). Due to its presence and prevalence, the participants were not sure how to respond to racism, had to access external supports (i.e., helplines and mental health organizations), and felt disconnected from others in their schools. Given these reasons, creating an overall school environment that is racially affirming and culturally responsive makes sense, and this can only be done when schools, families, and communities work together to address racism and mental health (Abe, 2019; Ezell et al., 2022; French et al., 2020; Lac et al., 2021; Ladson-Billings & Tate, 1995; Paradies, 2016). Moreover, as highlighted by one of the participants, there is a risk of exacerbating existing messages of IBPOC students being "at-risk" or "troubled youths" with individual level

interventions, which decentres racism as a systemic issue (Halgunseth, 2022; Wray-Lake et al., 2022). As identified by the participants, implementing only programming further harms or isolates IBPOC individuals.

The participants did not object to IBPOC programming, but it was clear that a multitiered approach is required to ensure that racism and IBPOC mental health are appropriately addressed at all levels. This perspective adds a unique contribution as it answers the research inquiry in a different manner. Instead of only providing recommendations for what they would like to see in a program, the participants talked about wanting change on a larger scale. Ultimately, this was the main message that the participants wanted to convey as programming itself cannot address the racism experienced in the wider school setting.

Implications for Practice

The current study aimed to explore IBPOC youths' recommendations for a school-based anti-racism and mental wellness program. Seven main recommendations were co-constructed from the interviews, all of which should be considered for program development and by schools. These results also direct us to four specific implications for practice: (a) Promote Youth's Ethnic Identity Development, (b) Opportunities and Readiness for Exploring Culture and Identity, (c) IBPOC Joy as Resistance, and (d) Go Beyond Programming. As I divulge these implications, I will be engaging in the discussion as a clinician reflecting on the results and how one may incorporate these into practice and programming.

Promote Youths' Ethnic Identity Development

It was clear that youths' connection to culture was integral in the discussion on mental wellness. Mental wellness was deeply connected to culture, identity, community, and family for the participants involved, suggesting that promoting ethnic identity development via cultural

activities, cultural exposure, and anti-racism approaches could be effective ways to address mental health (Rivas-Drake et al., 2019). Culture is a healing tool that can inadvertently address youths' mental health struggles. Ways to incorporate culture includes exploring identity and incorporating family, community members, and IBPOC facilitators and school personnel (Arora & Algios, 2019; Indigenous Child and Family Services Directors Our Children Our Way Society, 2022; Langdon et al., 2016; Sánchez et al., 2020).

As a POC who did not come to these realizations until much past my high school years, I am in awe of these strong and unmoving voices that have identified what needs to be changed in such insightful and critical ways. When reflecting on the participants' recommendations for exploring identity and cultural exposure, I was left with this idea of culture being unnegotiable. When developing and implementing interventions with IBPOC communities, there should be no excuses as to why culture has not been considered or integrated. Efforts should be made to ensure that IBPOC students have access to cultural opportunities and can attend school in a racially affirming environment, which is how every helper working alongside IBPOC communities should operate. This aligns with anti-racism approaches that emphasize uplifting, empowering, celebrating, and centering IBPOC folks (Ezell et al., 2022; Lac et al., 2021; Paradies, 2016).

Opportunities and Readiness for Exploring Culture and Identity

Some had expressed what it was like to explore their culture and identity, whereas others have not yet had the chance to. This led me to reflect on how opportunities to engage in culture and explore identity are not as available to all IBPOC folks. IBPOC youth who are exposed to racial/ethnic socialization (i.e., family members passing on cultural values, beliefs, attitudes, and information about their culture) and engage in symbolic cultural practices can more easily learn

about their cultures and feel ethnic pride (Castro et al., 2009; Sansbury et al., 2023). However, this is not the same for some youth, and they may not be ready to explore culture and identity due to feelings of shame and embarrassment towards their ethnic identity (Khan et al., 2018).

Although somewhat antithetical to the first implication, I name both of these points to highlight that culture, as an integral part of healing for IBPOC, should be integrated in ways that honour where the person is at in their identity journey. As highlighted by the participants, culture can be addressed in ways that may feel safer to youth and does not involve directly exploring identity (i.e., incorporating IBPOC role models, training school staff, etc.). As such, program developers and school staff should be aware of how connected youth are with their culture, understand that not all IBPOC youth are ready to explore culture and identity, and increase opportunities for them to experience culture in ways that fit where the youth is at in their journey.

IBPOC Joy as Resistance

One of the prominent points that was discussed when talking about mental wellness was IBPOC joy. For some, IBPOC joy came up when talking about connecting with cultural community, feeling a sense of belonging, and embracing oneself as a racialized person. Others who have not yet experienced IBPOC joy also talked about wanting to experience this through community connection. One of the participants defined mental wellness in this context as "resistance," which aligns with how Girgrah (2024) perceives IBPOC joy. This idea of IBPOC joy being a form of resistance emphasizes the importance of not just talking about the hardships experienced. In congruence with anti-racism approaches, IBPOC peoples' strengths, resiliencies, and joys should be celebrated as well (Ezell et al., 2022; Lac et al., 2021; Paradies, 2016). Although it is important not to dismiss these hardships, it is just as pertinent to facilitate

opportunities for IBPOC to experience joy through community connection and liberatory activities (i.e., art, movement, nature, etc.). Future program developers and school staff should consider ways to help IBPOC youth experience joy via these channels.

Go Beyond Programming

Lastly, one of the main recommendations that came out of the interviews is the importance of going beyond programming to address racism and mental health in high schools. The participants talked about the need for schools in general to be more inclusive and justice-oriented, which cannot be achieved solely through an IBPOC group. Specifically, the participants spoke to a fundamental need for transformative change in school systems. Similar to Datnow et al.'s (2023) study, the participants were advocating for schools to rethink and reorganize its structure, promote collective endeavours (i.e., involving students, community members, researchers, practitioners, policymakers, and etc.), make ongoing commitment to change, and employ actionable pathways to establish new standards and practices.

For the participants, this looked like integrating anti-racism and mental wellness into the curriculum as ongoing lessons for students rather than having these topics addressed occasionally (i.e., through guest speakers, assemblies, etc.). As well, the participants believed that the other themes should act as recommendations for schools in general. Given the need for a more fundamental need for transformative change, going beyond programming in actionable ways is critical for practice. Having an awareness and understanding of these pieces is not sufficient; schools need to enact changes in their curriculum, staffing, and school structures to support IBPOC students (Datnow et al., 2023).

Strengths and Limitations

This study has strengths and limitations. These will be discussed to highlight the importance of culturally safer research methods and acknowledge the potential shortfalls of this study.

Strengths

There are several strengths identified in this study. First, this study sought to explore and help address the gap in the literature on anti-racism, IBPOC youth mental health, and school-based programming in the Canadian settler colonial context. The recommendations discussed adds to the burgeoning literature that aims to address this gap. As highlighted initially, there is a need to centre IBPOC youth voices when creating interventions meant to address their needs. This study centred and prioritized IBPOC youth voices, which remains underrepresented and excluded from research (Halgunseth et al., 2022; Lac et al., 2021; Milner, 2007; UNCRC, 1989). Their suggestions helped construct a list of recommendations based on anti-racism and cultural responsivity, and this can act as a general framework for future program development and school settings. Specifically, the list of recommendations provides concrete direction for future anti-racism and mental wellness program development. Notably, this study uniquely centres IBPOC youth voices on the intersecting topics of racism, anti-racism, and youth mental health in the Canadian settler colonial context, which remains minimally researched.

Secondly, there was a focus on prioritizing cultural perspectives and community knowledge in this study. This was done primarily through elevating IBPOC youth voices and seeking the expertise of IBPOC folks working alongside communities (i.e., Dr. Chou and the community stakeholders). These ongoing efforts were made to ensure that cultural and community knowledge was embedded throughout the process and in the final results. Due to the

efforts to centre cultural and community knowledge, this study was able to reflect participants' nuanced perspectives, stay true to its intention of elevating IBPOC voices, and situate itself in existing community knowledge.

An additional strength of this study is that the youths' input paralleled the current literature on youth perspectives on racism, anti-racism, mental health, and mental health care services. The shared experiences of IBPOC youth across different contexts emphasize how widespread and common issues with racism are in school settings (Arora & Algios, 2019; Chartier et al., 2022; Jardim et al., 2023; Salami et al., 2021; Sasakamoose et al., 2016). Additionally, the recurring ideas amongst all five participants and across the different literature suggests that there are ongoing gaps and needs to address in mental health care service delivery and school-based mental health programs for IBPOC youth. Overall, the consistent findings call attention to the persisting and legitimate needs of IBPOC youth in the school setting.

Lastly, the efforts made to ensure a culturally safer approach to research is a strength of the study. These efforts consisted of creating a *Cultural Safety Protocol* and ongoing consultations with Dr. Chou and the community stakeholders. This approach to research was necessary considering how IBPOC youth have long been excluded and underrepresented in research (Halgunseth et al., 2022; Lac et al., 2021; Milner, 2007). Unfortunately, there is minimal research on practical ways to conduct culturally safer research. As such, I relied on the expertise of Dr. Chou to help me develop a protocol outlining the specific measures taken to ensure cultural safety within this study's parameters. Although there is always much more to be done to ensure culturally safer practice with IBPOC communities in inherently racist and colonial structures, the additional labour put into conducting culturally safer research is a unique strength of this study.

Limitations

There are several limitations to consider for this study. Firstly, there were difficulties with the recruitment phase, which led to changes in the targeted population. Initially, this study intended to work alongside youth ages 15 to 19, but this range was expanded in an attempt to gather participants (ages 15 to 19 or anyone who graduated in the last five years). Although proven to be effective in gathering participants, there was only one participant who was actively attending high school. Even though generalizability was not the goal, nor does it fit within the critical lens of this study, it is still important to note that the diverse voices of youth currently attending high school are not being represented in this study. Rather, former high school students were speaking to what they wished they had and recommendations to help future students. As such, this study does not include many participants who are current insiders.

However, it is important to note that the perspectives shared remain reflective of young IBPOC voices who have had the time to think about their high school experiences. For instance, Amina shared the following:

> …It takes a long time to identify if it was wrong or not, and that's what sucks about it, you only identify it and get the education to it after a high school and you're like, oh, wait a minute. That was racism in high school.

As highlighted, some individuals may not have had the awareness or knowledge to name their experiences until after high school, which would have made it difficult for them to offer their perspectives and recommendations for programming. Thus, some of the participants were able to provide the reflections that arose for them after they had some time to think about and identify what they had experienced. These perspectives represented the lingering sentiments and thoughts reflective of their past encounters. Hope et al. (2015) talked about how responses to

racial discrimination can linger long after the event and especially in anticipation of future racist encounters (Brosschot et al., 2006; Hoggard et al., 2015; Utsey et al., 2013; Williams & Mohammed, 2009). Although, the lack of current high school student voices was initially unideal for this study, the inclusion of post-high school student voices ended up yielding rich data and important insights. This could be considered an emergent design feature, which is a change in initial plans for data collection or data analysis procedures (Hammersley, 2022). These changes were made as a response to what was learned during the research process and to accommodate to the unpredictable circumstances that arose. As such, the lack of current high schoolers can be considered both a limitation and strength of this study; there remains a lack of current student voices, and powerful insights were shared by those who had the opportunity to reflect on their experiences.

Similarly, this study is not at all representative of the entire IBPOC youth experience. Specifically, there were no Indigenous youth involved. All the participants had South or East Asian ancestry (i.e., Chinese, Indian, Filipino; n=5), two had mixed ancestry (i.e., including African and White backgrounds; n=2), four identified as second-generation immigrant settlers (n=4), one identified as first-generation (n=1), three identified with she/her pronouns (n=3), one identified with she/they pronouns (n=1), and one identified with he/they pronouns (n=1). Additionally, all the youth resided in British Columbia. This small group of participants does not represent all the IBPOC communities and the unique intersections that exist within the Canadian settler colonial context. Rather, this study only highlights the nuanced perspectives of those who participated.

Deo (2023) critiqued the term “IBPOC” as it dismisses the distinctive experiences of each community. Likewise, I want to acknowledge the limitations of using the term IBPOC and

exploring IBPOC perspectives. The term IBPOC decentres certain voices, which can make folks aversive to this term. This is likely what occurred for this study as there are a lack of certain voices. For instance, Indigenous youth were not represented in this study. One reason why this study might not have enticed them is because the term IBPOC does not acknowledge the unique struggles and experiences that Indigenous peoples experience (Deo, 2023). Moreover, youth may simply prefer to engage in culture-specific programs. The lack of certain voices in this study may allude to a greater need for culture-specific groups or programs.

Although there is a lack of Indigenous youth voices for this particular study, I continue to use the term IBPOC for this study. Namely, I included the "I" to honour the Indigenous youth who have shared their perspectives in other studies to acknowledge that their voices have shaped this study's research question and design (Sasakamoose et al., 2016; Uink et al. 2022). As well, other Indigenous voices helped inform this research project, such as one of my community stakeholders and various Indigenous scholars (Barkaskas & Gladwin, 2021; Beaulieu & Reeves, 2022; Blanchet-Cohen et al., 2023; Chartier et al., 2022; Coles & Player, 2024; Goodman et al., 2018; Indigenous Child and Family Services Directors of Our Children Our Way Society, n.d.; Milne & Wotherspoon, 2020). Additionally, the "I" is included to recognize that this way of doing research is not entirely novel; working alongside communities in culturally responsive, anti-oppressive, and decolonial ways has long been advocated by Indigenous peoples. Thus, I acknowledge the presence of Indigenous voices in influencing this study and the clear absence of Indigenous youth voices in the results portion as a major limitation.

Lastly, the participants may not have actually resonated with the themes during the verification process but untruthfully agreed due to social desirability (Bergen & Labonté, 2019; Birt et al., 2016). Although I attempted to mitigate this, participants may still have agreed with

the themes so that they 'fit in' with the other participants' and/or to remain agreeable with me. This is especially pertinent to note as the desire to "fit in" with the majority to avoid being different can be a common IBPOC experience that may have played out in this study given that there was a high number of endorsements for most themes during the initial interviews (Khan et al., 2018). Additionally, I set parameters to avoid harming participants (i.e., no exploration of racial wounds), but this may have led participants to feel silenced or unheard. Although this parameter was set to protect them, I acknowledge that this may have replicated the ways other adults failed to listen to them and their needs.

Suggestions for Future Research

There are three main areas for future research that arose from this study and may be beneficial to explore. The first area is the implementation of these recommendations to design and pilot an anti-racist and mental wellness program for IBPOC students in high schools. These pilot programs can be evaluated to determine whether an anti-racism approach is effective in addressing IBPOC youths' mental health concerns.

The second area is the implementation of these recommendations to redesign school structures. As highlighted by the participants, schoolwide change is needed alongside IBPOC programming. As such, future research can focus on implementing these recommendations into schools and evaluating changes in IBPOC students' mental health concerns.

Lastly, the impacts of COVID-19 on youths' mental wellness and ethnic identity exploration may be beneficial to explore. Two participants mentioned COVID-19 in their interviews, but this was not a recurring topic that they spoke extensively about during our time together. This may have been because of the nature of the interview questions, which did not include prompts specific to COVID-19. Additionally, this may be due to COVID-19 being an

event that brought more attention to racism as an overarching issue influencing existing mental health concerns rather than the pandemic itself being the main reason for increased mental health concerns amongst IBPOC youth (The New Mentality, 2022; Fante-Coleman & Jackson-Best, 2020). The participants talked about racism as an experience they have encountered their whole lives, which may have compelled them to speak more to their entire experiences rather than solely during the pandemic. As such, COVID-19 may not have been discussed in detail despite the potential influence on their mental health. Future research focused specifically on this matter is needed to determine how COVID-19 may have influenced and shaped IBPOC youths' understandings of culture, identity, and mental health.

Conclusion

This study contributes IBPOC youth voices in the anti-racism and youth mental health research fields using qualitative research methodologies. Using semi-structured interviews and Braun and Clarke's (2006) reflexive thematic analysis, IBPOC youth provided seven recommendations for program development. The study's findings indicate the value of recognizing mental wellness as being deeply connected to culture and identity for IBPOC youth. Secondly, the participants believed that an intersectional approach was required to address mental health concerns. Following this, participants suggested that programming should be developed in ways that honour the complexities and potential healing capacities of family and cultural community. Accessibility was also important to the participants when discussing ways to reduce barriers for IBPOC students. When conceptualizing effective programming, the participants advocated for IBPOC program developers and facilitators. Furthermore, the participants wanted programs to incorporate various hands-on and experiential activities focused on promoting identity exploration and bolstering mental wellness. Most saliently, the participants

believed that both IBPOC programming and schoolwide intervention was needed to address racism and mental health in schools.

The participants added great depth to the anti-racism and IBPOC youth mental health literature, but many of these concepts, ideas, and suggestions echoed what has already been expressed by IBPOC community members. Although this is the case, these recommendations are still worthy of attention as they elevate IBPOC youth voices. Moreover, these recommendations continue to be put forward by IBPOC folks despite communities and existing literature advocating for the same changes. This suggests that more long-term change needs to be witnessed and experienced by IBPOC communities and their young people. In providing these recommendations, it is my hope that these IBPOC youth voices become a guide to help program developers and academic institutions create more racially affirming spaces and interventions.

References

Abe, J. (2019). Beyond cultural competence, toward social transformation: Liberation psychologies and the practice of cultural humility. *Journal of Social Work Education, 56*(4), 696-707. https://doi.org/10.1080/10437797.2019.1661911

Adler, R. H. (2022). Trustworthiness in qualitative research. *Journal of Human Lactation*, *38*(4), 598–602. https://doi.org/10.1177/08903344221116620

Akbulut, N., & Razum, O. (2022). Why othering should be considered in research on health inequalities: Theoretical perspectives and research needs. *SSM - Population Health*, *20*, Article 101286. https://doi.org/10.1016/j.ssmph.2022.101286

Aldana, A., Richards-Schuster, K., & Checkoway, B. (2016). Dialogic pedagogy for youth participatory action research: Facilitation of an intergroup empowerment program. *Social Work with Groups, 39*(4), 339–358. https://doi.org/10.1080/01609513.2015.1076370

Aldana, A., & Richards-Schuster, K. (2021). Youth-led antiracism research: Making a case for participatory methods and creative strategies in developmental science. *Journal of Adolescent Research, 36*(6), 654–685. https://doi.org/10.1177/07435584211043289

American Psychological Association. (n.d.). Culture. In *APA dictionary of psychology*. Retrieved May 30, 2023, from https://dictionary.apa.org/culture

American Psychological Association. (n.d.). Ethnicity. In *APA dictionary of psychology*. Retrieved May 30, 2023, from https://dictionary.apa.org/ethnicity

American Psychological Association. (n.d.). Race. In *APA dictionary of psychology*. Retrieved May 30, 2023, from https://dictionary.apa.org/race

Anti-Racism Data Act, SBC c. 18 (2022). https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/22018

Arora, P. G., & Algios, A. (2019). School-based mental health for Asian American immigrant youth: Perceptions and recommendations. *Asian American Journal of Psychology, 10*(2), 166–181. https://doi.org/10.1037/aap0000142

Azzarito, L. (2023). "Reimagining education" in the current neoliberal era: Creative visual methods for social change. In L. Azzarito (Ed.), *Visual methods for social justice in education* (pp. 19-37). Palgrave Macmillan.

Barker, A. J. (2012). Locating settler colonialism. *Journal of Colonialism & Colonial History, 13*(3). https://doi.org/10.1353/cch.2012.0035

Barker, A. J. (2014). 'A direct act of resurgence, a direct act of sovereignty': Reflections on Idle No More, Indigenous activism, and Canadian settler colonialism. *Globalizations, 12*(1), 43-65. https://doi.org/10.1080/14747731.2014.971531

Barkaskas, P., & Gladwin, D. (2021). Pedagogical talking circles: Decolonizing education through relational Indigenous frameworks. *Journal of Teaching and Learning, 15*(1), 20-38. https://.doi.org/10.22329/jtl.v15i1.6519

Beaulieu, T., & Reeves, A. (2022). Integrating Indigenous healing and Western counseling: Clinical cases in culturally safe practice. In D. Danto & M. Zangeneh (Eds.), *Indigenous knowledge and mental health: A global perspective* (pp. 255-281). Springer Cham. https://doi.org/10.1007/978-3-030-71346-1

Bell, D. A. (1980). Brown v. board of education and the interest-convergence dilemma. *Harvard Law Review, 93*(3), 518–533. https://doi.org/10.2307/1340546

Bergen, N., & Labonté, R. (2020). "Everything is perfect, and we have no problems": Detecting and limiting social desirability bias in qualitative research. *Qualitative Health Research, 30*(5), 783–792. https://doi.org/10.1177/1049732319889354

Berman, G., & Paradies, Y. (2010). Racism, disadvantage and multiculturalism: Towards effective anti-racist praxis. *Ethnic and Racial Studies, 33*(2), 214–232. https://doi.org/10.1080/01419870802302272

Bhardwaj, P. (2019). Types of sampling in research. *Journal of the Practice of Cardiovascular Sciences, 5*(3), 157–163. https://doi.org/10.4103/jpcs.jpcs_62_19

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802–1811. https://doi.org/10.1177/1049732316654870

Blanchet-Cohen, N., Picard, V., Robert-Careau, F., & Gray-Lehoux, C. (2023). 'We are slowly reclaiming for ourselves': The generative possibilities of Indigenous youth voices. *Journal of Youth Studies*, 1–17. https://doi.org/10.1080/13676261.2023.2248916

Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research*, *19*(4), 426–432. https://doi.org/10.1108/QMR-06-2016-0053

Bonnett, A. (2000). Roots of resistance: The antecedents and ambivalences of anti-racism. In A. Bonnett (Eds.), *Anti-racism* (1st ed., pp. 9-46). Routledge.

Borba, C. P. C., Ng, L. C., Stevenson, A., Vesga-Lopez, O., Harris, B. L., Parnarouskis, L., Gray, D. A., Carney, J. R., Domínguez, S., Wang, E. K. S., Boxill, R., Song, S. J., & Henderson, D. C. (2016). A mental health needs assessment of children and adolescents in post-conflict Liberia: Results from a quantitative key-informant survey. *International Journal of Culture and Mental Health, 9*(1), 56–70. https://doi.org/10.1080/17542863.2015.1106569

Bornstein, M. H., Jager, J., & Putnick, D. L. (2013). Sampling in developmental science: Situations, shortcomings, solutions, and standards. *Developmental Review, 33*(4), 357–370. https://doi.org/10.1016/j.dr.2013.08.003

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., Clark, V., & Gray, D. (2017). Innovations in qualitative methods. In B. Gough (Ed.), *The Palgrave handbook of critical social psychology* (pp. 243-266). Palgrave Macmillan London.

Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2021). The online survey as a qualitative research tool. *International Journal of Social Research Methodology, 24*(6), 641–654. https://doi.org/10.1080/13645579.2020.1805550

British Columbia Centre for Disease Control. (2022, July 20). *The Infants Act, mature minor consent and immunization.* ImmunizeBC, HealthlinkBC. https://www.healthlinkbc.ca/healthlinkbc-files/infants-act-mature-minor-consent-and-immunization#:~:text=A%20child%20who%20is%20assessed,considered%20capable%20to%20give%20consent.

Brockie, T. N., Hill, K., Davidson, P. M., Decker, E., Krienke, L. K., Nelson, K. E., Nicholson, N., Werk, A. M., Wilson, D., & Around Him, D. (2022). Strategies for culturally safe research with Native American communities: An integrative review. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 58*(1), 8–32. https://doi.org/10.1080/10376178.2021.2015414

Brosschot, J. F., Gerin, W., & Thayer, J. F. (2006). The perseverative cognition hypothesis: A review of worry, prolonged stress-related physiological activation, and health. *Journal of*

Psychosomatic Research, 60, 113–124. http://dx.doi.org/10.1016/j.jpsychores.2005.06.074

Buchanan, N. T., Perez, M., Prinstein, M. J., & Thurston, I. B. (2021). Upending racism in psychological science: Strategies to change how science is conducted, reported, reviewed, and disseminated. *The American Psychologist, 76*(7), 1097–1112.

Came, H., & Griffith, D. (2018). Tackling racism as a "wicked" public health problem: Enabling allies in anti-racism praxis. *Social Science & Medicine, 199*, 181–188. https://doi.org/10.1016/j.socscimed.2017.03.028

Canadian Multiculturalism Act, RSC c. 24 (1985). https://laws-lois.justice.gc.ca/eng/acts/C-18.7/page-1.html

Castro, F. G., Stein, J. A., & Bentler, P. M. (2009). Ethnic pride, traditional family values, and acculturation in early cigarette and alcohol use among Latino adolescents. *The Journal of Primary Prevention*, *30*(3–4), 265–292. https://doi.org/10.1007/s10935-009-0174-z

Causadias, J. M., Alcalá, L., Morris, K. S., Yaylaci, F. T., & Zhang, N. (2022). Future directions on BIPOC youth mental health: The importance of cultural rituals in the COVID-19 pandemic. *Journal of Clinical Child and Adolescent Psychology*, *51*(4), 577–592. https://doi.org/10.1080/15374416.2022.2084744

Cavioni, V., Grazzani, I., & Ornaghi, V. (2020). Mental health promotion in schools: A comprehensive theoretical framework. *The International Journal of Emotional Education, 12*(1), 65–82. https://files.eric.ed.gov/fulltext/EJ1251771.pdf

Chartier, M. J., Phanlouvong, A., Weenusk, J., McCulloch, S., Ly, G., Boyd, L., Murdock, N., Turner, F., Martinson, A., Munro, G., & Sareen, J. (2022). Evaluating the strengths and challenges of PAX dream makers approach to mental health promotion: Perspectives of

youth and community members in Indigenous communities in Manitoba, Canada. *International Journal of Circumpolar Health, 81*(1), 1-15. https://doi.org/10.1080/22423982.2022.2089378

Chrona, J. (2022). Yes, you have a role: Reconciliation through education. In J. Chrona (Ed.), *Wayi wahi! Indigenous pedagogies: An act of reconciliation and anti-racist education* (pp. 31-56). Portage & Main Press.

Clarke, V., & Braun, V. (2018). Using thematic analysis in counselling and psychotherapy research: A critical reflection. *Counselling and Psychotherapy Research, 18*(2), 107–110. https://doi.org/10.1002/capr.12165

Claxton, N. X., Fong, D., Morrison, F., O'Bonsawin, C., Omatsu, M., Price, J., & Sandhra, S. K. (2021). *Challenging racist "British Columbia": 150 years and counting*. University of Victoria and the Canadian Centre for Policy Alternatives (BC Office). http://hdl.handle.net/1828/12776

Coles, J. A., & Player, G. D. (2024). Black Indigenous and People of Colour arts as a premise of/for methodological theories of justice. *International Journal of Qualitative Studies in Education*, 1-18. https://doi.org/10.1080/09518398.2024.2318294

Collier, A. F., Munger, M., & Moua, Y. K. (2012). Hmong mental health needs assessment: A community-based partnership in a small mid-Western community. *American Journal of Community Psychology, 49*(1-2), 73–86. https://doi.org/10.1007/s10464-011-9436-z

Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *The American Psychologist, 74*(1), 1–5. https://doi.org/10.1037/amp0000442

Constitution Act, RSC c. 3 (1867). https://laws-lois.justice.gc.ca/eng/const/

Cooper, S. M., Hurd, N. M., & Loyd, A. B. (2022). Advancing scholarship on anti-racism within developmental science: Reflections on the special section and recommendations for future research. *Child Development, 93*(3), 619-632. https://doi.org/10.1111/cdev.13783

Copeland, T. (2021, August 2). *Oppression Olympics: The game that needs to end.* Central Indiana Community Foundation. https://www.cicf.org/2021/08/02/oppression-olympics-the-game-that-needs-to-end/

Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, Feminist Theory and antiracist politics. *University of Chicago Legal Forum, 1989*, 139-168.

Crenshaw, K. W. (1991). Mapping the margins: Intersectionality, identity, politics, and violence again women of color. *Stanford Law Review, 43*(6), 1241-1299. https://doi.org/10.2307/1229039

Crenshaw, K. W. (1995). *Critical race theory: The key writing that formed the movement.* New Press.

Crenshaw, K. W. (2011). Twenty years of critical race theory: Looking back to move forward. *Connecticut Law Review, 43*(5), 1253-1352.

Crenshaw, K. W. (2019). *Seeing race again: Countering colorblindness across the disciplines.* University of California Press. https://doi.org/10.1525/9780520972148

Crossing, A. E., Gumudavelly, D., Watkins, N., Logue, C., & Anderson, R. E. (2022). A critical race theory of psychology as praxis: Proposing and utilizing principles of PsyCrit. *Journal of Adolescent Research, 0*(0). https://doi.org/10.1177/07435584221101930

Datnow, A., Yoshisato, M., Macdonald, B., Trejos, J., & Kennedy, B. C. (2023). Bridging educational change and social justice: A call to the field. *Educational Researcher*, *52*(1), 29–38. https://doi.org/10.3102/0013189X221138837

de Finney, S., & di Tomasso, L. (2015). Creating places of belonging: Expanding notions of permanency with Indigenous youth in care. *First Peoples Child & Family Review, 10*(1), 63-85. https://fpcfr.com/index.php/FPCFR/article/view/246

Del Toro, J., & Wang, M.-T. (2023). Online racism and mental health among Black American adolescents in 2020. *Journal of the American Academy of Child and Adolescent Psychiatry, 62*(1), 25–36. https://doi.org/10.1016/j.jaac.2022.07.004

Deo, M. (2023). Better than BIPOC. *Law and Inequality: A Journal of Theory and Practice, 41*(71), 71-130. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4381823

di Tomasso, L. (2012). More equal than others: The discursive construction of migrant children and families in Canada. *International Journal of Child, Youth, and Family Studies, 2*(2-3), 331-348. https://doi.org/10.18357/ijcyfs32-3201210874

Dockett, S., & Perry B. (2007). Trusting children's accounts in research. *Journal of Early Childhood Research, 5*(1), 47-63. https://doi.org/10.1177/1476718X07072152

Du Bois, W. E. B. (1903). *Souls of Black folk*. Routledge.

Dumas, M. J., & Ross, K. M. (2016). "Be real Black for me": Imagining BlackCrit in education. *Urban Education, 51*(4), 415-442. https://doi.org/10.1177/0042085916628611

Duran, E. (2019). *Healing the soul wound: Trauma-informed counseling for indigenous communities* (2nd ed.). Teachers College Press.

Edirmanasinghe, N., Goodman-Scott, E., Smith-Durkin, S., & Tarver, S. Z. (2022). Supporting all students: Multitiered systems of support from an antiracist and critical race theory

lens. *Professional School Counseling, 26*(1). https://doi.org/10.1177/2156759X221109154

Eizadirad, A. (2019). Inequality of opportunity: Experiences of racialized and minoritized students. In A. Eizadirad (Eds.), *Decolonizing educational assessment: Ontario elementary studies and the EQAO* (1st ed., pp. 41-63). Springer International Publishing.

El-Sabawi, T., & Fields, M. (2021). The discounted labor of BIPOC students and faculty. *California Law Review Online, 12*, 17-29. https://ecollections.law.fiu.edu/faculty_publications/443/

Elkassem, S., Csiernik, R., Mantulak, A., Kayssi, G., Hussain, Y., Lambert, K., Bailey, P., & Choudhary, A. (2018). Growing up Muslim: The impact of Islamophobia on children in a Canadian community. *Journal of Muslim Mental Health, 12*(1). https://doi.org/10.3998/jmmh.10381607.0012.101

Employment Equity Act, SC c. 44 (1995). https://laws.justice.gc.ca/eng/acts/e-5.401/page-1.html

Ezell, J. M., Torres-Beltran, A., & Hamdi, S. (2022). Defining and finding an endgame in education on race. *Power and Education, 14*(1), 82-100. https://doi.org/10.1177/17577438211052643

Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review, 5*, 115–136. https://doi.org/10.1007/s40894-020-00133-2

Farias, L., Laliberte Rudman, D., & Magalhães, L. (2016). Illustrating the importance of critical epistemology to realize the promise of occupational justice. *OTJR (Thorofare, N.J.)*, *36*(4), 234–243. https://doi.org/10.1177/1539449216665561

Feuerherm, E., & Oshio, T. (2020). Conducting a community-based ESOL programme needs analysis. *ELT Journal, 74*(3), 327-337. https://doi.org/10.1093/elt/ccaa011

Freire, P. (1970). *Pedagogy of the oppressed*. Continuum.

French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist, 48*(1), 14–46. https://doi.org/10.1177/0011000019843506

Friesen, J., Krauth, B., & Wilmer, B. (2024). COVID-19 and the mental health of adolescents in British Columbia. *Canadian Public Policy*, *50*(2), 256–276. https://doi.org/10.3138/cpp.2023-024

Gadermann, A. M., Gagné Petteni, M., Janus, M., Puyat, J. H., Guhn, M., & Georgiades, K. (2022). Prevalence of mental health disorders among immigrant, refugee, and nonimmigrant children and youth in British Columbia, Canada. *JAMA Network Open*, *5*(2), 1-12. https://doi.org/10.1001/jamanetworkopen.2021.44934

Goodman, A., Morgan, R., Kuehlke, R., Kastor, S., Fleming, K., & Boyd, J. (2018). We've been researched to death: Exploring the research experiences of urban Indigenous peoples in Vancouver, Canada. *International Indigenous Policy Journal*, *9*(2), 1–20. https://doi.org/10.18584/iipj.2018.9.2.3

Girgrahm, R. (2023). *BIPOC communities in the outdoors: Insisting, resisting, and persisting* [Master's thesis, University of Victoria]. UVicSpace. http://hdl.handle.net/1828/15723

Goitom, M. (2017). "Unconventional Canadians": Second-generation "Habesha" youth and belonging in Toronto, Canada. Global Social Welfare: Research, Policy, & Practice, 4(4), 179-190. https://doi.org/10.1007/s40609-017-0098-0

Gordon, D. M., Iwamoto, D., Ward, N., Potts, R., & Boyd, E. (2009). Mentoring urban Black middle school male students: Implications for academic achievement. *Journal of Negro Education, 78*, 277–289. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2850445/

Government of British Columbia. (2012). *Erase = expect respect & a safe education*. Ministry of Education. https://www2.gov.bc.ca/gov/content/erase

Government of British Columbia. (2017). *Diversity in B.C. Schools*. Ministry of Education. https://bccpac.bc.ca/index.php/resources/39-inclusive-education/104-diversity-in-bc-schools-a-framework

Government of British Columbia. (2019). *A pathway to hope: A roadmap for making mental health and addictions care better for people in British Columbia*. Ministry of Mental Health and Addictions. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf

Government of British Columbia. (2020, July 24). *New community roundtable to tackle racism in B.C. school* [Press Release]. https://news.gov.bc.ca/releases/2020EDUC0051-001372

Government of British Columbia. (2020). *Child and youth mental health supports* [Fact sheet]. Ministry of Children and Family Development. https://news.gov.bc.ca/factsheets/child-and-youth-mental-health-supports#:~:text=Child%20and%20youth%20mental%20health%20statistics%3A&text=An%20estimated%2012.7%25%20of%20children,before%20the%20age%20of%2025

Government of British Columbia. (2022, June 3). *Anti-racism data legislation becomes law* [Press release]. https://news.gov.bc.ca/releases/2022AG0084-000872

Government of British Columbia. (2024, March 20). *Multicultural B.C.* https://www.welcomebc.ca/choose-b-c/explore-british-columbia/multicultural-b-c

Government of Canada. (2016). *Employment equity.* Public Service Commission of Canada. https://www.canada.ca/en/public-service-commission/jobs/services/gc-jobs/employment-equity.html

Gunstone, R. (2015). *Encyclopedia of science education*. Springer Dordrecht. https://doi.org/10.1007/978-94-007-2150-0

Haeny, A. M., Holmes, S. C., & Williams, M. T. (2021). The need for shared nomenclature on racism and related terminology in psychology. *Perspectives on Psychological Science, 16*(5), 886–892. https://doi.org/10.1177/17456916211000760

Hage, G. (2016). Recalling anti-racism. *Ethnic and Racial Studies, 39*(1), 123–133. https://doi.org/10.1080/01419870.2016.1096412

Halgunseth, L. C., Witherspoon, D. P., & Wray-Lake, L. (2022). Dismantling systems and improving contexts to support the development of BIPOC youth. *Journal of Research on Adolescence, 32*(2), 386-397. https://doi.org/10.1111/jora.12773

Hammersley, M. (2022). Emergent design. In U. Flick (Ed.), *The SAGE handbook of qualitative research design* (pp. 55-68). SAGE Publications.

Hancock, A.-M. (2011). *Solidarity politics for millennials a guide to ending the oppression Olympics*. Palgrave Macmillan.

Hernández, M. M., Robins, R. W., Widaman, K. F., & Conger, R. D. (2017). Ethnic pride, self-esteem, and school belonging: A reciprocal analysis over time. *Developmental Psychology*, *53*(12), 2384–2396. https://doi.org/10.1037/dev0000434

Hoggard, L. S., Hill, L. K., Gray, D. L., & Sellers, R. M. (2015). Capturing the cardiac effects of racial discrimination: Do the effects "keep going"? *International Journal of Psychophysiology, 97*, 163–170. https://doi.org/10.1016/j.ijpsycho.2015.04.015

Hope, E. C., Hoggard, L. S., & Thomas, A. (2015). Emerging into adulthood in the face of racial discrimination: Physiological, psychological, and sociopolitical consequences for African American youth. *Translational Issues in Psychological Science*, *1*(4), 342–351. https://doi.org/10.1037/tps0000041

Hou, F., Schimmele, C., & Stick, M. (2023). *Changing demographics of racialized people in Canada*. Statistics Canada. https://doi.org/10.25318/36280001202300800001-eng

Hurd, N. M., Brence, M., & Armstrong, C. (2023). Youth advancing anti-racism in the 2020s. *Current Opinion in Psychology*, *52*, Article 101612. https://doi.org/10.1016/j.copsyc.2023.101612

Iftikar J. S., Museus S. D. (2018). On the utility of Asian critical (AsianCrit) theory in the field of education. *International Journal of Qualitative Studies in Education, 31*(10), 935–949. https://doi.org/10.1080/09518398.2018.1522008

Indigenous Child and Family Services Directors Our Children Our Way Society. (n.d.). *Culture is healing: An Indigenous child and youth mental wellness framework.* https://ourchildrenourway.ca/resources/category/practice-our-way/

Irish, T., Genz, J. H., & Storie, M. (2023). *Facilitating culturally affirming research experiences for undergraduate Pacific Islander students.* Research Square. https://dx.doi.org/10.21203/rs.3.rs-2787581/v1

Islam, F., Multani, A., Hynie, M., Shakya, Y., & McKenzie, K. (2017). Mental health of South Asian youth in Peel Region, Toronto, Canada: A qualitative study of determinants,

coping strategies and service access. *BMJ Open, 7*(11), 1-11. https://doi.org/10.1136/bmjopen-2017-018265

James, C. E., & Howard, P. S. S. (2021). The education system of Canada: Multiculturalism, multicultural education, and racialized students in Canada. In S. Jornitz & M. P. Amaral (Eds.), *The education systems of the Americas* (pp. 313-326), Springer. https://doi.org/10.1007/978-3-319-93443-3_44-1

Jardim, P. T. C., Dias, J. M., Grande, A. J., Veras, A. B., Ferri, É. K., Quadros, F. A. A., Peixoto, C., Botelho, F. C. S., Oliveira, M. I. M. G., Dias, I. M. A. V., O'Keeffe, M., Elia, C., Dazzan, P., Wolfe, I., & Harding, S. (2023). Co-developing a health promotion programme for indigenous youths in Brazil: A concept mapping report. *PloS One, 18*(2), 1-18. https://doi.org/10.1371/journal.pone.0269653

Jensen, A. R. (2013). Rushton's contributions to the study of mental ability. *Personality and Individual Differences, 55*(3), 212–217. https://doi.org/10.1016/j.paid.2012.03.008

Kaoser, R. (2022). Using novel methodology to estimate the prevalence of mental disorders in British Columbia, Canada. *Social Psychiatry and Psychiatric Epidemiology, 58*(1), 1-10. https://doi.org/10.1007/s00127-022-02366-z

Kaplan, C. P., Turner, S. G., Piotrowski, C., & Silbert, E. (2009). Club Amigas: A promising response to the needs of adolescent Latinas. *Child & Family Social Work, 2*, 213–221. http://dx.doi.org/10.1111/j.1365- 2206.2009.00625.x

Katapally, T. R. (2020). Smart Indigenous youth: The smart platform policy solution for systems integration to address Indigenous youth mental health. *JMIR Pediatrics and Parenting, 3*(2), 1-10. https://doi.org/10.2196/21155

Kelly, L. L. (2023). “It’s what we’re about”: Youth epistemologies in the design of social and educational futures. *Equity & Excellence in Education*, *56*(3), 323–336. https://doi.org/10.1080/10665684.2023.2187897

Khan, A., Khanlou, N., Stol, J., & Tran, V. (2018). Immigrant and refugee youth mental health in Canada: A scoping review of empirical literature. In S. Pashang, N. Khanlou, & J. Clarke (Eds.), *Today’s youth and mental health* (pp. 3–20). Springer International Publishing. https://doi.org/10.1007/978-3-319-64838-5_1

Kendi, I. X. (2019). *How to be an antiracist* (1st ed.). One World.

Kincheloe, J. L., McLaren, P., Steinberg, S. R., & Monzó, L. D. (2018). Critical pedagogy and qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed., pp. 235-260). Sage Publications.

Kohfeldt, D., Chhun, L., Grace, S., & Langhout, R. D. (2011). Youth empowerment in context: Exploring tensions in school-based yPAR. *American Journal of Community Psychology, 47*(1-2), 28–45. https://doi.org/10.1007/s10464-010-9376-z

Lac, V. T., Antunes, A. C., Daniel, J., & Mackey, J. (2021). What is the role of adult facilitators in critical participatory action research? Employing affective labor while navigating the politics and the perils alongside minoritized youth researchers. *Educational Policy, 36*(1), 142-168. https://doi.org/10.1177/08959048211059200

Ladson-Billings, G., & Tate, W. F. (1995). Toward a critical race theory of education. *Teachers College Record, 97*(1), 47–68. https://doi.org/10.1177/016146819509700104

Langdon, S. E., Golden, S. L., Arnold, E. M., Maynor, R. F., Bryant, A., Freeman, V. K., & Bell, R. A. (2016). Lessons learned from a community-based participatory research mental

health promotion program for American Indian youth. *Health Promotion Practice, 17*(3), 457–463. https://doi.org/10.1177/1524839916636568

Lapadat, J. C. (2000). Problematizing transcription: Purpose, paradigm and quality. *International Journal of Social Research Methodology, 3*(3), 203–219. https://doi.org/10.1080/13645570050083698

Lapadat, J. C., & Lindsay, A. C. (1999). Transcription in research and practice: From standardization of technique to interpretive positionings. *Qualitative Inquiry, 5*(1), 64–86. https://doi.org/10.1177/107780049900500104

Liebel, M. (2007). Paternalism, participation and children's protagonism. *Children, Youth and Environments, 17*(2), 56–73. https://www.jstor.org/stable/10.7721/chilyoutenvi.17.2.0056

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Linklater, R. (2014). *Decolonizing trauma work: Indigenous stories and strategies*. Fernwood Publishing.

Lohmeyer, B. A. (2020). "Keen as fuck": Youth participation in qualitative research as "parallel projects." *Qualitative Research, 20*(1), 39–55. https://doi.org/10.1177/1468794118816627

Lucente, G., Kurzawa, J., & Danseco, E. (2022). Moving towards racial equity in the child and youth mental health sector in Ontario, Canada. *Administration and Policy in Mental Health and Mental Health Services Research*, *49*(2), 153–156. https://doi.org/10.1007/s10488-021-01153-3

Magaldi, D., & Berler, M. (2020). Semi-structured interviews. In V. Ziegler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of personality and individual differences* (pp. 4825-4830). Springer Cham.

Malla, A., Shah, J., Iyer, S., Boksa, P., Joober, R., Andersson, N., Lal, S., & Fuhrer, R. (2018). Young mental health should be a top priority for health care in Canada. *The Canadian Journal of Psychiatry, 63*(4), 216-222. https://doi.org/10.1177/0706743718758968

Malone, C. M., Wycoff, K., & Turner, E. A. (2022). Applying a MTSS framework to address racism and promote mental health for racial/ethnic minoritized youth. *Psychology in the Schools, 59*(12), 2438–2452. https://doi.org/10.1002/pits.22606

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research, 26*(13), 1753–1760. https://doi.org/10.1177/1049732315617444

Mero-Jaffe, I. (2011). "Is that what I said?" Interview transcript approval by participants: An aspect of ethics in qualitative research. *International Journal of Qualitative Methods, 10*(3), 231–247. https://doi.org/10.1177/160940691101000304

Miconi, D., Li, Z. Y., Frounfelker, R. L., Santavicca, T., Cénat, J. M., Venkatesh, V., & Rousseau, C. (2020). Ethno-cultural disparities in mental health during the COVID-19 pandemic: A cross-sectional study on the impact of exposure to the virus and COVID-19-related discrimination and stigma on mental health across ethno-cultural groups in Quebec (Canada). *BJPsych Open*, *7*(1), 1-10. https://doi.org/10.1192/bjo.2020.146

Milne, E., & Wotherspoon, T. (2020). Schools as "really dangerous places" for Indigenous children and youth: Schools, child welfare, and contemporary challenges to reconciliation. *The Canadian Review of Sociology*, *57*(1), 34–52. https://doi.org/10.1111/cars.12267

Milner, H. R. (2007). Race, culture, and researcher positionality: Working through dangers seen, unseen, and unforeseen. *Educational Researcher, 36*(7), 388–400. https://doi.org/10.3102/0013189X07309471

Moodley, R., & Palmer, S. (2006). *Race, culture and psychotherapy: Critical perspectives in multicultural practice.* Routledge.

Montañez, E., Berger-Jenkins, E., Rodriguez, J., McCord, M., & Meyer, D. (2015). Turn 2 Us: Outcomes of an urban elementary school–based mental health promotion and prevention program serving ethnic minority youths. *Children & Schools, 37*(2), 100–107. https://doi.org/10.1093/cs/cdv004

Montero, M., Sonn, C. C., & Burton, M. (2017). Community psychology and liberation psychology: A creative synergy for an ethical and transformative praxis. In M. A. Bond, I. Serrano-García, & C. B. Keys (Eds.), *APA handbook of community psychology: Theoretical foundations, core concepts, and emerging challenges* (pp. 149-167). American Psychological Association. https://doi.org/10.1037/14953-007

Moradi, B., & Grzanka, P. R. (2017). Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. *Journal of Counseling Psychology, 64*(5), 500-513. https://doi.org/10.1037/cou0000203

Moss, G. (2015). Provisions of trustworthiness in critical narrative research: Bridging intersubjectivity and fidelity. *Qualitative Report*, *9*(2), 359-374. https://doi.org/10.46743/2160-3715/2004.1933

Ng, L. C., Miller, A. N., Bowers, G., Cheng, Y., Brigham, R., Tai, M.-H., Smith, A. M., Mueser, K. T., Fortuna, L. R., & Coles, M. (2023). A pragmatic feasibility trial of the primary care intervention for PTSD: A health service delivery model to reduce health disparities

for low-income and BIPOC youth. *Behaviour Research and Therapy*, *165*, Article 104310. https://doi.org/10.1016/j.brat.2023.104310

Njoroge, W. F. M., Forkpa, M., & Bath, E. (2021). Impact of racial discrimination on the mental health of minoritized youth. *Current Psychiatry Reports, 23*, Article 81. https://doi.org/10.1007/s11920-021-01297-x

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*, *18*(2), 34–35. https://doi.org/10.1136/eb-2015-102054

Okun, T. (2000). *White supremacy culture*. White Supremacy Culture. Retrieved May 30, 2023, from https://www.whitesupremacyculture.info/uploads/4/3/5/7/43579015/okun_-_white_sup_culture_2020.pdf

Oliver, D. G., Serovich, J. M., & Mason, T. L. (2005). Constraints and opportunities with interview transcription: Towards reflection in qualitative research. *Social Forces, 84*(2), 1273–1289. https://doi.org/10.1353/sof.2006.0023

O'Reilly, M., Svirydzenka, N., Adams, S., & Dogra, N. (2018). Review of mental health promotion interventions in schools. *Social Psychiatry and Psychiatric Epidemiology, 53*(7), 647–662. https://doi.org/10.1007/s00127-018-1530-1

Oyserman, D., Destin, M., & Novin, S. (2015). The context-sensitive future self: Possible selves motivate in context, not otherwise. *Self and Identity, 14*, 173–188. http://dx.doi.org/10.1080/15298868.2014.965733

Paradies, Y. (2016). Wither anti-racism? *Ethnic and Racial Studies, 39*(1), 1-15. https://doi.org/10.1080/01419870.2016.1096410

Patel, S. S., Robb, K., Pluff, C., Maldonado, E., & Tatar, G. (2021). Elevating mental health disparities and building psychosocial resilience among BIPOC children and youth to

broaden the climate and health discourse. *Journal of Applied Research on Children: Informing Policy for Children at Risk, 12*(1), 1-21. https://doi.org/10.58464/2155-5834.1457

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126–136. https://doi.org/10.1037/0022-0167.52.2.126

Pumariega, A. J., Jo, Y., Beck, B., & Rahmani, M. (2022). Trauma and US minority children and youth. *Current Psychiatry Reports, 24*(4), 285–295. https://doi.org/10.1007/s11920-022-01336-1

Rhodes, J. E. (2005). A model of youth mentoring. In D. L. Du Bois & M. J. Karcher (Eds.), *Handbook of youth mentoring* (pp. 30-43). Thousand Oaks. http://dx.doi.org/10.4135/9781412976664.n3

Rivas-Drake, D., Seaton, E. K., Markstrom, C., Quintana, S., Syed, M., Lee, R. M., Schwartz, S. J., Umaña-Taylor, A. J., French, S., & Yip, T. (2014). Ethnic and racial identity in adolescence: Implications for psychosocial, academic, and health outcomes. *Child Development*, *85*(1), 40–57. https://doi.org/10.1111/cdev.12200

Rombolski, A. (2022). From youth activism to youth-powered curriculum. *Berkeley Review of Education, 12*(1), 51-59. https://escholarship.org/uc/item/5n60q5ss

Rossi, P. H., Peter H., & Freeman, H. E. (1993). *Evaluation: A systematic approach* (5th ed.). Sage Publications.

Roumeliotis, N., Carwana, M., Trudeau, O., Charland, K., Zinszer, K., Benigeri, M., Diop, M., Papenburg, J., Ali, S., Yaskina, M., Wahi, G., Forgeot d'Arc, B., Côté, S., Sadarangani, M., Basta, N. E., Fontela, P. S., Gantt, S., Klassen, T. P., Quach, C., & Doan, Q. (2024).

Mental health hospitalizations in Canadian children, adolescents, and young adults over the COVID-19 pandemic. *JAMA Network Open*, *7*(7), 1-15. https://doi.org/10.1001/jamanetworkopen.2024.22833

Ruslin, R., Mashuri, S., Sarib Abdul Rasak, M., Alhabsyi, F., & Syam, H. (2022). Semi-structured interview: A methodological reflection on the development of a qualitative research instrument in educational studies. *Journal of Research and Method in Education, 12*(1), 22-29. https://doi.org/10.9790/7388-1201052229

Salami, B. B., Denga, B. B., Taylor, R. R., Ajayi, N. N., Jackson, M. M., Asefaw, M. M., & Salma, J. J. (2021). Original qualitative research - Access to mental health for Black youths in Alberta. *Health Promotion and Chronic Disease Prevention in Canada, 41*(9), 245–253. https://doi.org/10.24095/hpcdp.41.9.01

Sanchez, A. L., Cornacchio, D., Poznanski, B., Golik, A. M., Chou, T., & Comer, J. S. (2018). The effectiveness of school-based mental health services for elementary-aged children: A meta-analysis. *Journal of the American Academy of Child and Adolescent Psychiatry, 57*(3), 153–165. https://doi.org/10.1016/j.jaac.2017.11.022

Sánchez, B., Anderson, A. J., Carter, J. S., Mroczkowski, A. L., Monjaras-Gaytan, L. Y., & Du Bois, D. L. (2020). Helping me helps us: The role of natural mentors in the ethnic identity and academic outcomes of Latinx Adolescents. *Developmental Psychology*, *56*(2), 208–220. https://doi.org/10.1037/dev0000878

Sánchez, B., Anderson, A. J., Weiston-Serdan, T., & Catlett, B. S. (2021). Anti-racism education and training for adult mentors who work with BIPOC adolescents. *Journal of Adolescent Research, 36*(6), 686-716. https://doi.org/10.1177/07435584211043288

Sansbury, A. B., Stutesman, M. G., & Varier, D. (2024). Conceptual review of symbolic cultural practices in children's racial/ethnic identity: Making room for mixed methods inquiry. *Family Relations*, *73*(1), 561–577. https://doi.org/10.1111/fare.12985

Sasakamoose, J., Scerbe, A., Wenaus, I., & Scandrett, A. (2016). First Nation and Métis youth perspectives of health: An Indigenous qualitative inquiry. *Qualitative Inquiry, 22*(8), 636–650. https://doi.org/10.1177/1077800416629695

Schelbe, L., Chanmugam, A., Moses, T., Saltzburg, S., Williams, L. R., & Letendre, J. (2015). Youth participation in qualitative research: Challenges and possibilities. *Qualitative Social Work, 14*(4), 504–521. https://doi.org/10.1177/1473325014556792

Schmidt, H. (2019). Indigenizing and decolonizing the teaching of psychology: Reflections on the role of the non-Indigenous ally. *American Journal of Community Psychology*, *64*(1–2), 59–71. https://doi.org/10.1002/ajcp.12365

Shen, E, D. (2019). *Resilient resistance: Understanding the construction of positive ethnocultural identity in visible minority youth* [Master's thesis, University of Alberta]. ERA: Education and Research Archive. https://doi.org/10.7939/r3-885e-5j89

Sodhi, P. K. (2024). *Trauma-Informed Psychotherapy for BIPOC Communities : Decolonizing Mental Health*. Routledge.

Souissi, T., & Ma, C. (2022, August 19). *Racialized minorities.* The Canadian Encyclopedia. https://www.thecanadianencyclopedia.ca/en/article/racialized-minorities#:~:text=People%20seen%20as%20belonging%20to,refers%20to%20non%2D white%20people.

Statistics Canada. (2022, December 16). *Focus on geography series, 2021 census of population: British Columbia, province*. https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=10&dguid=2021A000259

Statistics Canada. (2023, June 21). *Visible minority by gender and age: Canada, provinces and territories.* https://doi.org/10.25318/9810035101-eng

Stewart, C. (2024). Anti-oppressive pedagogy in dance/movement therapy education: Embodied experiences of Black, Indigenous, and students of colour. *The Arts of Psychotherapy, 89*, 1-11. https://doi.org/10.1016/j.aip.2024.102151

Syed, M., Santos, C., Yoo, H. C., & Juang, L. P. (2018). Invisibility of racial/ethnic minorities in developmental science: Implications for research and institutional practices. *The American Psychologist, 73*(6), 812–826. https://doi.org/10.1037/amp0000294

Tabron, L. A., & Thomas, A. K. (2023). Deeper than Wordplay: A Systematic Review of Critical Quantitative Approaches in Education Research (2007–2021). *Review of Educational Research*, *93*(5), 756-786. https://doi.org/10.3102/00346543221130017

Tastsoglou, E., & Petrinioti, S. (2015). Multiculturalism and the forging of identities by Lebanese-origin youth in Halifax. In S. Guo, & L. Wong (Eds.), *Revisiting Multiculturalism in Canada: Theories, policies, and debates* (1st ed., pp. 189-205). Sense Publishers.

Taylor, E. (2023). The foundations of critical race theory in education. In E. Taylor, D. Gillborn, & G. Ladson-Billings (Eds.), *Foundations of critical race theory in education* (3rd ed., pp. 1-10). Routledge.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic Analysis. In C. Willig & W. Stainton Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 17-37). SAGE Publications. https://doi.org/10.4135/9781526405555

The New Mentality. (2022). *Adjusting the spotlight: Re-centering neglected BIPOC youth voices surrounding mental health.* Children's Mental Health Ontario. https://www.thenewmentality.ca/adjusting-the-spotlight/

Thomas, V. G. (2009). Critical race theory: Ethics and dimensions of diversity in research. In D. M. Mertens & P. E. Ginsberg (Eds.), *The handbook of social research ethics* (pp. 54-68). Sage Publications. https://doi.org/10.4135/9781483348971

Tombeau Cost, K., Crosbie, J., Anagnostou, E., Birken, C. S., Charach, A., Monga, S., Kelley, E., Nicolson, R., Maguire, J. L., Burton, C. L., Schachar, R. J., Arnold, P. D., & Korczak, D. J. (2022). Mostly worse, occasionally better: Impact of COVID-19 pandemic on the mental health of Canadian children and adolescents. *European Child & Adolescent Psychiatry*, *31*(4), 671–684. https://doi.org/10.1007/s00787-021-01744-3

Torres Stone, R. A., Cardemil, E. V., Keefe, K., Bik, P., Dyer, Z., & Clark, K. E. (2020). A community mental health needs assessment of a racially and ethnically diverse population in New England: Narratives from community stakeholders. *Community Mental Health Journal, 56*(5), 947–958. https://doi.org/10.1007/s10597-020-00562-2

Tri-Council Policy Statement. (2022). *Ethical conduct for research involving humans.* https://ethics.gc.ca/eng/documents/tcps2-2022-en.pdf

Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the truth and reconciliation commission of Canada.* https://ehprnh2mwo3.exactdn.com/wp-content/

Turpel-Lafond, M. E. (2020). *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care*. Government of British Columbia. https://engage.gov.bc.ca/addressingracism/

Tynes, B. M., Willis, H. A., Stewart, A. M., & Hamilton, M. W. (2019). Race-related traumatic events online and mental health among adolescents of color. *Journal of Adolescent Health, 65*(3), 371–377. https://doi.org/10.1016/j.jadohealth.2019.03.006

United Nations Convention on the Rights of the Child (UNCRC), November 20, 1989, https://www.unicef-irc.org/portfolios/crc.html

United Nations. (1981). *International youth year: Participation, development, peace.* UN General Assembly. https://digitallibrary.un.org/record/27015?ln=en&v=pdf

Uink, B., Bennett, R., Bullen, J., Lin, A., Martin, G., Woods, J., & Paradies, Y. (2022). Racism and Indigenous adolescent development: A scoping review. *Journal of Research on Adolescence, 32*(2), 487–500. https://doi.org/10.1111/jora.12754

Utsey, S. O., Belvet, B., Hubbard, R. R., Fischer, N. L., Opare-Henaku, A., & Gladney, L. L. (2013). Development and validation of the prolonged activation and anticipatory race-related stress scale. *Journal of Black Psychology, 39*, 532–559. http://dx.doi.org/10.1177/0095798412461808

Vaught, S. E., & Castagno, A. E. (2008). "I don't think I'm racist": Critical race theory, teacher attitudes, and structural racism. *Race Ethnicity and Education, 11*(2), 95-113. https://doi.org/10.1080/13613320802110217

Voith, L. A., Hamler, T., Francis, M. W., Lee, H., & Korsch-Williams, A. (2020). Using a trauma-informed, socially just research framework with marginalized populations:

Practices and barriers to implementation. *Social Work Research, 44*(3), 169–181. https://doi.org/10.1093/swr/svaa013

Warren, C. A., & Marciano, J. E. (2018). Activating student voice through youth participatory action research (YPAR): Policy-making that strengthens urban education reform. *International Journal of Qualitative Studies in Education, 31*(8), 684–707. https://doi.org/10.1080/09518398.2018.1478154

Weist, M. D. & Murray, M. (2008). Advancing school mental health promotion globally. *Advances in School Mental Health Promotion, 1*(1), 2-12. https://doi.org/10.1080/1754730X.2008.9715740

White, I., & Castleden, H. (2022). Time as an instrument of settler evasion: Circumventing the implementation of truth and reconciliation in Canadian geography departments. *The Canadian Geographer*, *66*(4), 639–652. https://doi.org/10.1111/cag.12793

Wiens, K., Bhattarai, A., Pedram, P., Dores, A., Williams, J., Bulloch, A., & Patten, S. (2020). A growing need for youth mental health services in Canada: Examining trends in youth mental health from 2011 to 2018. *Epidemiology and Psychiatric Sciences, 29*, 1-9. https://doi.org/10.1017/S2045796020000281

Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: Evidence and needed research. *Journal of Behavioral Medicine, 32*, 20 – 47. http://dx.doi.org/10.1007/ s10865-008-9185-0

Williams, M. T., Khanna Roy, A., MacIntyre, MP, & Faber, S. (2022). The traumatizing impacts of racism in Canadians of colour. *Current Trauma Reports, 8*, 17-34. https://doi.org/10.1007/s40719-022-00225-5

Winston, A. S. (2020a). Scientific racism and North American psychology. *Oxford Research Encyclopedias, Psychology*, 1-24. https://doi.org/10.1093/acrefore/9780190236557.013.516

Winston, A. S. (2020b). Why mainstream research will not end scientific racism in psychology. *Theory & Psychology, 30*(3), 425–430. https://doi.org/10.1177/0959354320925176

Wray-Lake, L., Halgunseth, L., & Witherspoon, D. P. (2022). Good trouble, necessary trouble: Expanding thinking and research on youth of color's resistance to oppression. *Journal of Research on Adolescence*, *32*(3), 949–958. https://doi.org/10.1111/jora.12789

Wright, J. (2022). The deep roots of inequity: Coloniality, racial capitalism, educational leadership, and reform. *Educational Administration Quarterly, 58*(5), 693–717. https://doi.org/10.1177/0013161X211029483

Wright, K. C., Carr, K. A., & Akkin, B. A. (2021). Whitewashing of social work history: How dismantling racism in social work education begins with an equitable history of the profession. *Advances in Social Work, 21*(2/3), 274–297. https://doi.org/10.18060/23946

Wolfe, P. (1999). *Settler colonialism and the transformation of anthropology: The politics and poetics of an ethnographic event.* Cassell.

World Health Organization. (2023, May 5). *Statement on the fifteenth meeting of the IHR (2005) emergency committee on the COVID-19 pandemic* [Press release]. https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

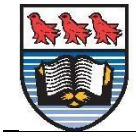
Yuval-Davis, N. (2012). Dialogical epistemology – An intersectional resistance to the "oppression Olympics." *Gender & Society*, *26*(1), 46–54. https://doi.org/10.1177/0891243211427701

Yoo, H. C., Gabriel, A. K., & Okazaki, S. (2022). Advancing research within Asian American psychology using Asian critical race theory and an Asian Americanist perspective. *The Journal of Humanistic Psychology, 62*(4), 563–590. https://doi.org/10.1177/00221678211062721

Zandy, M., El Kurdi, S., Samji, H., McKee, G., Gustafson, R., & Smolina, K. (2023). Mental health-related healthcare service utilisation and psychotropic drug dispensation trends in British Columbia during COVID-19 pandemic: A population-based study. *General Psychiatry*, *36*(1), 1-8. https://doi.org/10.1136/gpsych-2022-100941

Appendices

Appendix A: Informed Consent Form (High School Version)



University of Victoria

Participant Consent Form

IBPOC Youths' Perspectives on School-Based Anti-Racist and Mental Wellness Programming

You are invited to participate in a study entitled *IBPOC Youth and Former Youths' Perspectives on School-Based Anti-Racist and Mental Wellness Programming*.

My name is Irene, and I am a graduate student in the department of Educational Psychology and Leadership Studies at the University of Victoria. As a graduate student, I am required to conduct research as part of the requirements for my Master's degree in Counselling Psychology. I will be conducting this study, which will be supervised by Dr. Fred Chou.

You may contact me imai@uvic.ca if you are interested in participating or have any questions. You can also contact Dr. Chou at fchou@uvic.ca.

Purpose and Objectives

This research project aims to inquire about youth and former youths' perspectives on school-based anti-racist and mental wellness program development, specifically those who identify as Indigenous, Black, and/or Persons of Colour (IBPOC). The intention is to translate their perspectives into practical recommendations for future program development and other mental health care providers serving IBPOC youth.

Importance of this Research

Your perspectives and expertise are needed to create effective and relevant services for IBPOC youth. The question we are exploring is: *What are IBPOC youth and former youths' recommendations for developing an effective school-based anti-racist and mental wellness program?* Your perspectives will help guide future program development and contribute to the anti-racism and youth mental health research fields.

Participant Selection

You are being asked to participate in this study because:

1. You are interested and open to providing your perspectives on developing a school-based anti-racism and mental wellness program.
2. You are 15 to 19 years of age and attend high school in British Columbia.
3. You are willing to volunteer for an hour-long interview over Zoom.

What is Involved?

If you consent to participate in this research project, your participation will include a minimum of three steps. These steps will be outlined below.

The first step involves a 10–15-minute phone call or online meeting (via Zoom Video Communications) to ensure that you fit the study's inclusion criteria.

The second step involves a 60-minute interview over Zoom at your convenience. Here, you will be asked to share your perspectives and engage in a conversation about your recommendations for program development. The interview will include questions around (a) your understanding of mental wellness and/or your community's understanding of mental wellness, (b) available school supports that you are aware of and your recommendations for improving school-based mental health services, and (c) ways to decrease barriers to accessing school-based mental health supports. These interviews will be audio recorded and transcribed. See the *Disposal of Data* section for more details on the audio recordings.

Approximately 4-6 weeks following your interview, I will send the study's thematic analysis to you via password-encrypted email and arrange an additional phone/video call. You will be asked if the themes created from the interview and data analysis are representative of your perspectives. This additional call/meeting will take about 15 to 30 minutes depending on the time needed to review the themes.

If changes are made to the analysis, you will be contacted again to confirm your approval of the changes. These phone call or online meetings will also vary in length.

Inconvenience

Participation in this study may cause some inconvenience to you, including the time and labour required to arrange the interviews, partake in the interviews, reflect on your perspectives, and approve the theme. You will be offered a $10 gift of acknowledge for your contributions, which can either be provided as a gift card or a donation to an organization of your choice.

Risks

There are some potential risks of harm for those who choose to participate in this study. These risks include experiencing emotional or psychological discomfort around sharing your perspectives. While we will not be focusing on detailed accounts of your personal experiences related to racism/colonialism, these experiences may inevitably be brought up, given the nature of the topic. Instead, you will be asked to reflect on what mental health means to you and your community, what supports are available to you, your recommendations/suggestions, and how to reduce barriers to accessing services. However, given the mental health stigma in their community, some may experience some hesitation and discomfort around sharing. Potential participants are informed of these risks so that they can consider whether they would like to volunteer and share their perspectives on this research project.

The following steps will be taken to address the associated risks:

1. You will be reminded that you can discontinue and withdraw at any time without explanation or negative consequences.
2. You can pause the interview at any time and arrange to complete it on a different date/time.
3. The questions have been reviewed by professionals and community members well-versed in culturally responsive work.
4. Participants are provided the questions beforehand to review and prepare for.
5. You will be reminded of the parameters of the study: a focus on their recommendations/suggestions. You will ***not*** be asked to discuss any racial wounding or traumas in detail. All participants will be provided a community mental health resource sheet if additional support to process any wounding or traumas is needed. This will be appended to the informed consent form. Parents/guardians may also be notified if the participant's distress appears overwhelming and/or persistent (upon consent of the participant).
6. My training in culturally responsive practice will aid in identifying and managing disclosures that may appear harmful.

Benefits

The potential benefits of participating in this research project includes the following:

1. Opportunity to share your perspective on what is missing, what is working well, and how to improve school-based mental health programs.
2. Opportunity to provide your suggestions/recommendations for future program development.
3. Previous studies have shown that youth experience a sense of appreciation for their own perspectives, experiences, and contributions to research. These types of studies have also allowed youth to feel supported and gain a sense of confidence in sharing their perspectives/experiences.
4. Opportunity to meaningfully contribute to a large gap in research and improve mental health support for IBPOC youth. Your recommendations will be made accessible to communities and organizations serving IBPOC populations, which can help de-stigmatize conversations about mental health.

Voluntary Participation

Your participation in this research is completely voluntary, which means that you may withdraw at any time without any explanation or negative consequences. You may also decline to answer specific questions during the interview.

Should you choose to withdraw during the study, your data will not be used unless you provide your consent to include your contributions. Otherwise, the audio recordings, text files, paper notes, forms/documents associated with your contributions will be destroyed or shredded.

I _____, have chosen to withdraw from the study described herein, but I consent to the use of the data I have contributed to this point.

Participant Signature Upon Decision to Withdraw	Date

Ongoing Consent

I will be reviewing this consent form at the beginning of your interview and theme-approval meeting/phone call. This is meant to give you the opportunity to review and ask questions about this form. I am also willing to discuss your consent at any time during the project.

Anonymity

Identifying information such as you name, age, appearance, and school will only be known by myself and Dr. Fred Chou. Staff members working at your school or other district sites will not be informed of your participation. I ask that you do not provide identifying information of others to avoid accidentally revealing their identity. This includes your friends, teachers, or family members. I ask that you use unrelated names for people you might discuss during your interview. All these features will be removed from the analysis and final report (unrelated names/pseudonyms may be used). Audio recordings will not be used in the dissemination of the results.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected in two ways:

1. All recordings, transcriptions, documents, and forms with identifying information will be securely stored in the University of Victoria's Private Network (VPN).
2. The audio recordings and electronic transcriptions will be password encrypted and kept on a computer with a password in a secure location.

Exceptions to Anonymity and Confidentiality

Exceptions to anonymity and confidentiality that you need to be aware of include the following:

1. The researcher may share portions of your interview recording and associated transcript with her thesis supervisor, Dr. Fred Chou, who will be providing guidance and support for the data analysis phase. Both the researcher and Dr. Chou will abide by the ethical standards of their respective professional associations and colleges, as well as those of the University of Victoria.
2. The researcher will be reviewing the themes with community members with expertise on culturally safe practices as well. This will be to provide additional support and ensure that

the research process remains culturally safe. These community members will ***not*** be shown the recordings or transcripts or provided with identifying information.

3. There are three legal limits to confidentiality that you must be aware of. I may be obliged to make a report to the appropriate authority if the following situations were to occur:
    a. When a disclosure is required to prevent clear and imminent danger to you or others;
    b. When legal requirements demand that confidential material be revealed;
    c. When a child is in need of protection.
4. Should you choose to interact with the researcher through her University of Victoria e-mail account, the security of this communication may be limited. While every effort will be made to ensure that the messages are error and virus-free, full security of email communication cannot be ensured as the data included could be infected, intercepted, or corrupted. If this were to occur, others may become aware of your participation in the study.
5. As a student, you can receive 'service hours' for your participation. If you express interest in using your participation towards your service hours, a letter will be written to your teacher confirming your participation and hours spent in service. However, if you choose this option, you will be made aware that this requires the disclosure of your participation in this research project.

Dissemination of Results

The results of this study will include excerpts of interview transcriptions and a summary of the themes created from the transcriptions, and an analysis of the themes. It is anticipated that the results of this study will be shared with others in the following ways:

1. The oral defense of my thesis dissertation and subsequent publication on the publicly available database: UVicSpace.
2. The final results will be shared in academic publications and conferences.
3. The final results will be summarized and shared with the participants.
4. The findings will be shared with the Richmond School District No. 38 and the SD 38 Diversity, Equity, and Inclusion Advisory Committee prior to publication. Please note that pseudonyms will be used for participants. As well, pseudonyms will be used for the district and district sites in the publication.
5. The final results will be shared with other schools and/or programs running within schools.

Disposal of Data

Data from this study will be securely stored through encryption practices described above for a maximum of 5 years. At this time, or upon completion of the study, all digital and paper files will be erased and destroyed.

Contacts

If you have any questions or concerns about this study, you can contact Ms. Irene Mai and Dr. Fred Chou, whose contact information is at the beginning of this form.

In addition, you may verify the ethical approval of this study or raise any concerns you might have by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, had the opportunity to have your questions answered by the researchers, and consent to participate in this research project.

Name of Participant	Participant Signature	Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix B: Informed Consent Form (Post-High School Version)

University of Victoria

Participant Consent Form

IBPOC Youths' Perspectives on School-Based Anti-Racist and Mental Wellness Programming

You are invited to participate in a study entitled *IBPOC Youth and Former Youths' Perspectives on School-Based Anti-Racist and Mental Wellness Programming*.

My name is Irene, and I am a graduate student in the department of Educational Psychology and Leadership Studies at the University of Victoria. As a graduate student, I am required to conduct research as part of the requirements for my Master's degree in Counselling Psychology. I will be conducting this study, which will be supervised by Dr. Fred Chou.

You may contact me imai@uvic.ca if you are interested in participating or have any questions. You can also contact Dr. Chou at fchou@uvic.ca.

Purpose and Objectives

This research project aims to inquire about youth and former youths' perspectives on school-based anti-racist and mental wellness program development, specifically those who identify as Indigenous, Black, and/or Persons of Colour (IBPOC). The intention is to translate their perspectives into practical recommendations for future program development and other mental health care providers serving IBPOC youth.

Importance of this Research

Your perspectives and expertise are needed to create effective and relevant services for IBPOC youth. The question we are exploring is: *What are IBPOC youth and former youths' recommendations for developing an effective school-based anti-racist and mental wellness program?* Your perspectives will help guide future program development and contribute to the anti-racism and youth mental health research fields.

Participant Selection

You are being asked to participate in this study because:

4. You are interested and open to providing your perspectives on developing a school-based anti-racism and mental wellness program.
5. You are 15 to 19 years of age and attend high school in British Columbia OR you have graduated in the last 5 years (ages 19 to 24) and attended high school in British Columbia
6. You are willing to volunteer for an hour-long interview over Zoom.

What is Involved?

If you consent to participate in this research project, your participation will include a minimum of three steps. These steps will be outlined below.

The first step involves a 10–15-minute phone call or online meeting (via Zoom Video Communications) to ensure that you fit the study's inclusion criteria.

The second step involves a 60-minute interview over Zoom at your convenience. Here, you will be asked to share your perspectives and engage in a conversation about your recommendations for program development. The interview will include questions around (a) your understanding of mental wellness and/or your community's understanding of mental wellness, (b) available school supports that you are/were aware of and your recommendations for improving school-based mental health services, and (c) ways to decrease barriers to accessing school-based mental health supports. These interviews will be audio recorded and transcribed. See the *Disposal of Data* section for more details on the audio recordings.

Approximately 4-6 weeks following your interview, I will send the study's thematic analysis to you via password-encrypted email and arrange an additional phone/video call. You will be asked if the themes created from the interview and data analysis are representative of your perspectives. This additional call/meeting will take about 15 to 30 minutes depending on the time needed to review the themes.

If changes are made to the analysis, you will be contacted again to confirm your approval of the changes. These phone call or online meetings will also vary in length.

Inconvenience

Participation in this study may cause some inconvenience to you, including the time and labour required to arrange the interviews, partake in the interviews, reflect on your perspectives, and approve the theme. You will be offered a $100 gift of acknowledge for your contributions, which can either be provided as a gift card or a donation to an organization of your choice.

Risks

There are some potential risks of harm for those who choose to participate in this study. These risks include experiencing emotional or psychological discomfort around sharing your perspectives. While we will not be focusing on detailed accounts of your personal experiences related to racism/colonialism, these experiences may inevitably be brought up, given the nature of the topic. Instead, you will be asked to reflect on what mental health means to you and your community, what supports are available to you, your recommendations/suggestions, and how to reduce barriers to accessing services. However, given the mental health stigma in their community, some may experience some hesitation and discomfort around sharing. Potential participants are informed of these risks so that they can consider whether they would like to volunteer and share their perspectives on this research project.

The following steps will be taken to address the associated risks:

7. You will be reminded that you can discontinue and withdraw at any time without explanation or negative consequences.
8. You can pause the interview at any time and arrange to complete it on a different date/time.
9. The questions have been reviewed by professionals and community members well-versed in culturally responsive work.
10. Participants are provided the questions beforehand to review and prepare for.
11. You will be reminded of the parameters of the study: a focus on their recommendations/suggestions. You will ***not*** be asked to discuss any racial wounding or traumas in detail. All participants will be provided a community mental health resource sheet if additional support to process any wounding or traumas is needed. This will be appended to the informed consent form. Parents/guardians may also be notified if the participant's distress appears overwhelming and/or persistent (upon consent of the participant).
12. My training in culturally responsive practice will aid in identifying and managing disclosures that may appear harmful.

Benefits

The potential benefits of participating in this research project includes the following:

5. Opportunity to share your perspective on what is missing, what is working well, and how to improve school-based mental health programs.
6. Opportunity to provide your suggestions/recommendations for future program development.
7. Previous studies have shown that youth experience a sense of appreciation for their own perspectives, experiences, and contributions to research. These types of studies have also allowed youth to feel supported and gain a sense of confidence in sharing their perspectives/experiences.
8. Opportunity to meaningfully contribute to a large gap in research and improve mental health support for IBPOC youth. Your recommendations will be made accessible to communities and organizations serving IBPOC populations, which can help de-stigmatize conversations about mental health.

Voluntary Participation

Your participation in this research is completely voluntary, which means that you may withdraw at any time without any explanation or negative consequences. You may also decline to answer specific questions during the interview.

Should you choose to withdraw during the study, your data will not be used unless you provide your consent to include your contributions. Otherwise, the audio recordings, text files, paper notes, forms/documents associated with your contributions will be destroyed or shredded.

I _____, have chosen to withdraw from the study described herein, but I consent to the use of the data I have contributed to this point.

Participant Signature Upon Decision to Withdraw	Date

Ongoing Consent

I will be reviewing this consent form at the beginning of your interview and theme-approval meeting/phone call. This is meant to give you the opportunity to review and ask questions about this form. I am also willing to discuss your consent at any time during the project.

Anonymity

Identifying information such as you name, age, appearance, and high school will only be known by myself and Dr. Fred Chou. I ask that you do not provide identifying information of others to avoid accidentally revealing their identity. This includes your friends, teachers, or family members. I ask that you use unrelated names for people you might discuss during your interview. All these features will be removed from the analysis and final report (unrelated names/pseudonyms may be used). Audio recordings will not be used in the dissemination of the results.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected in two ways:

3. All recordings, transcriptions, documents, and forms with identifying information will be securely stored in the University of Victoria's Private Network (VPN).
4. The audio recordings and electronic transcriptions will be password encrypted and kept on a computer with a password in a secure location.

Exceptions to Anonymity and Confidentiality

Exceptions to anonymity and confidentiality that you need to be aware of include the following:

6. The researcher may share portions of your interview recording and associated transcript with her thesis supervisor, Dr. Fred Chou, who will be providing guidance and support for the data analysis phase. Both the researcher and Dr. Chou will abide by the ethical standards of their respective professional associations and colleges, as well as those of the University of Victoria.
7. The researcher will be reviewing the themes with community members with expertise on culturally safe practices as well. This will be to provide additional support and ensure that

the research process remains culturally safe. These community members will ***not*** be shown the recordings or transcripts or provided with identifying information.

8. There are three legal limits to confidentiality that you must be aware of. I may be obliged to make a report to the appropriate authority if the following situations were to occur:
    a. When a disclosure is required to prevent clear and imminent danger to you or others;
    b. When legal requirements demand that confidential material be revealed;
    c. When a child is in need of protection.
9. Should you choose to interact with the researcher through her University of Victoria e-mail account, the security of this communication may be limited. While every effort will be made to ensure that the messages are error and virus-free, full security of email communication cannot be ensured as the data included could be infected, intercepted, or corrupted. If this were to occur, others may become aware of your participation in the study.
10. For youth participants, you can receive 'service hours' for your participation. If you express interest in using your participation towards your service hours, a letter will be written to your teacher confirming your participation and hours spent in service. However, if you choose this option, you will be made aware that this requires the disclosure of your participation in this research project.

Dissemination of Results

The results of this study will include excerpts of interview transcriptions and a summary of the themes created from the transcriptions, and an analysis of the themes. It is anticipated that the results of this study will be shared with others in the following ways:

6. The oral defense of my thesis dissertation and subsequent publication on the publicly available database: UVicSpace.
7. The final results will be shared in academic publications and conferences.
8. The final results will be summarized and shared with the participants.
9. The final results will be shared with other schools and/or programs running within schools.

Disposal of Data

Data from this study will be securely stored through encryption practices described above for a maximum of 5 years. At this time, or upon completion of the study, all digital and paper files will be erased and destroyed.

Contacts

If you have any questions or concerns about this study, you can contact Ms. Irene Mai and Dr. Fred Chou, whose contact information is at the beginning of this form.

In addition, you may verify the ethical approval of this study or raise any concerns you might have by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, had the opportunity to have your questions answered by the researchers, and consent to participate in this research project.

Name of Participant	Participant Signature	Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix C: Recruitment Poster

University of Victoria Research Project

IBPOC Youth and Former Youth Perspectives on Anti-Racism and Mental Health Programming

University of Victoria | Educational Psychology & Leadership Studies

Project supervised by: Dr. Fred Chou, Principal Investigator and Assistant Professor

PARTICIPANTS NEEDED

We want youths' and former youths' perspectives to create recommendations for a school-based anti-racism and mental wellness program. If you:

1. Identify as IBPOC* (this can include biracial or multiracial identities),
2. Are between the ages of 15 and 19 OR graduated in the past 5 years (19-24 years of age),
3. Currently attend OR attended high school in British Colombia,
4. Are willing to participate in a 60-minute online interview,
5. Are willing to share your perspectives on what is needed to develop an anti-racist and mental wellness program, and
6. Have basic proficiency in written and spoken English

*IBPOC: Indigenous, Black, and/or Persons of Colour

WE NEED YOUR HELP!

Receive a $100 gift card or a $100 value donation to an organization of your choice for participating!

If you have any questions and/or are interested in participating, please contact:

Irene Mai
imai@uvic.ca
(780) 920-8038

Include your name, contact information, and message, and we will follow-up with you ASAP!

***Note: the person sharing this poster may not be a part of the research team. Please use only the contact information provided.

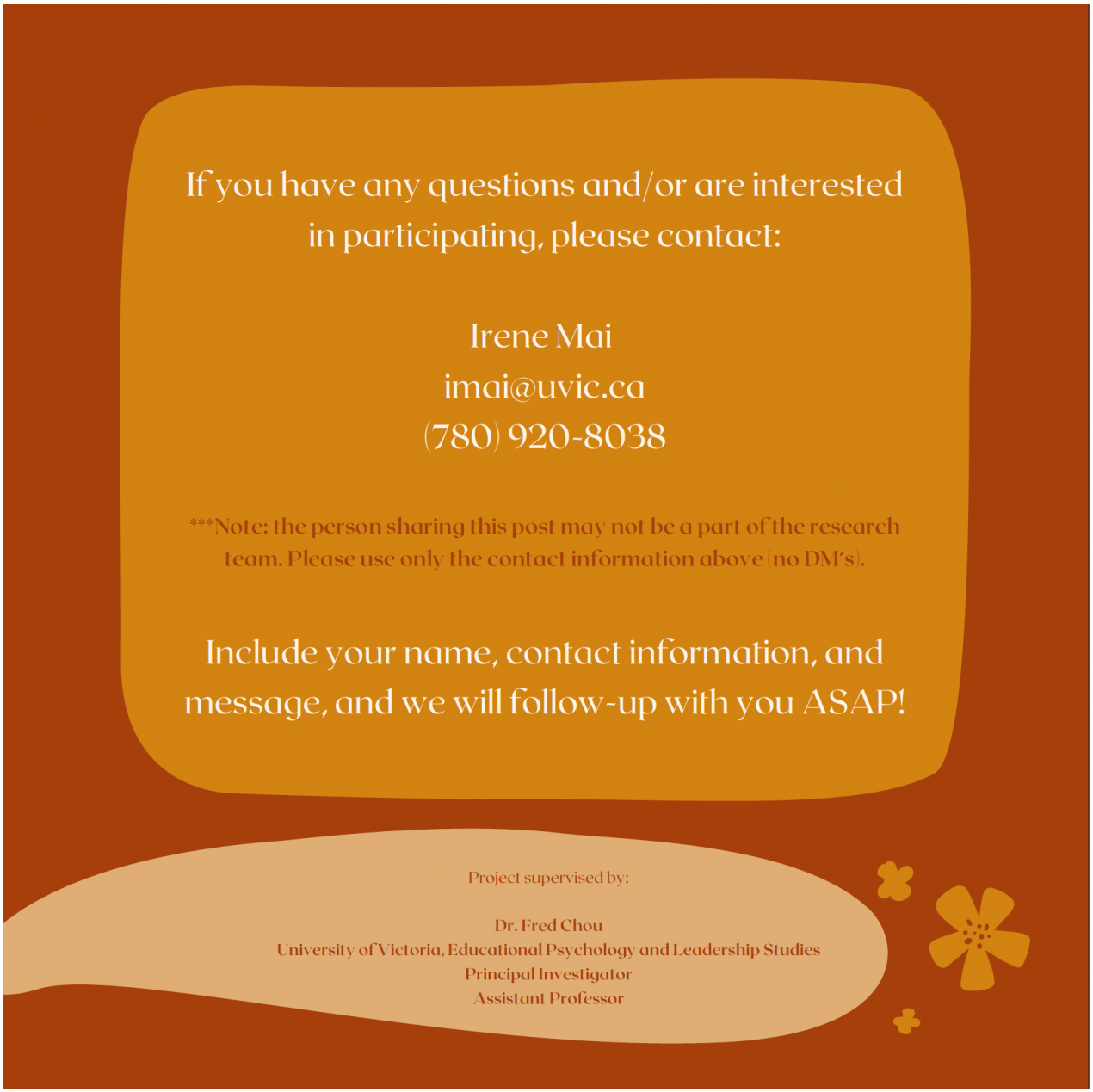
Appendix D: Recruitment Post (Instagram)

We want youths' perspectives to create recommendations for a school-based anti-racism and mental wellness program.

If you:

1. Identify as IBPOC (this can include biracial or multiracial identities),
2. Are between the ages of 15 and 19,
3. Attend high school and live in British Colombia,
4. Are willing to participate in a 60-minute online interview,
5. Are willing to share your perspectives on what is needed to develop an anti-racist and mental wellness program, and
6. Have basic proficiency in written and spoken English

WE NEED YOUR HELP!


If you have any questions and/or are interested in participating, please contact:
Irene Mai
imai@uvic.ca
(780) 920-8038
***Note: the person sharing this post may not be a part of the research team. Please use only the contact information above (no DM's).
Include your name, contact information, and message, and we will follow-up with you ASAP!
Project supervised by:
Dr. Fred Chou
University of Victoria, Educational Psychology and Leadership Studies
Principal Investigator
Assistant Professor

Appendix E: Recruitment Email

Dear [parent of participant, teacher, coach, etc.],

******Note: this email is to be forwarded on behalf of the researcher to youth or former youth who meet the criteria and may be interested in participating in this research study.***

My name is Irene Mai, and I am completing my Master's in Counselling Psychology at the University of Victoria. I am writing to ask if you know any youth or former youth who may be interested in participating in my thesis project.

The purpose of this study is to explore youth and former youths' perspectives on their recommendations/suggestions for what should be incorporated into a school-based anti-racism and mental wellness group, specifically those who identify as Indigenous, Black, and/or Persons of Colour (IBPOC or BIPOC). The objective is to better understand IBPOC/BIPOC youth and former youths' perspectives and translate these into practical recommendations for school-based programs and helpers working alongside these communities within school settings.

I am hoping to conduct brief interviews with youth between the ages of 15 and 19 or those who have graduated in the last 5 years and attended high school in British Columbia. If you know someone who may be interested, ***please forward them this email and have them contact me directly***. I kindly ask that you refrain from sending me the names and/or contact information of any potential participants to protect their confidentiality. See below for information about the research project:

PROJECT INFORMATION FOR YOUTH

Purpose of the research study:

To explore IBPOC/BIPOC youth's and former youths' perspectives, recommendations, and suggestions on developing a school-based anti-racism and mental wellness group/program.

If you are a youth or former youth who has received this email, please be aware that:

1. The research team has not been given any names and/or contact information of potential participants;
2. The person who shared this email with you is not a research team member and will not know whether or not you have chosen to participate or not; and
3. There will be no impact to services and/or relationships between you and the person sharing this email regardless of your decision.

Additional information about the study:

1. To be eligible for participation, you must meet the following criteria:
    a. Be between the ages of 15 and 19 and attend high school in British Colombia.

   b. OR have graduated in the past 5 years (ages 19 to 24) and attended high school in British Columbia.
   c. Identify as IBPOC. This can include those who identify as biracial or multiracial.
   d. Be willing to volunteer and participate in an hour-long online semi-structured interview. These will be audio -recorded for the data analysis (recordings will be deleted upon withdrawal or completion of the project).
   e. Be willing to share your perspectives on what is needed to develop an anti-racist and mental wellness program.
2. The interview is ***not*** a counselling sessions, and participants will ***not*** be examining their racial experiences specifically. However, these may be referenced in the discussion.
3. Participation in the study must be completely voluntary. Participants may withdraw at any time without any explanation or consequences.
4. Participants must have access to internet and video conferencing technology (i.e., Zoom).
5. Community members will be consulted with to ensure that the interview questions and data analysis are culturally appropriate and safe. However, your personal information and audio recordings will ***not*** be shared with these members.

Contact information:

To any youth or former youth who has received this information and is interested or has any questions, please contact me directly at imai@uvic.ca or (780) 920-8038.

END OF PROJECT INFORMATION

Thank you for your time and consideration!

Kind regards,

Irene Mai

Appendix F: Email Script to Mental Health Professionals/Community Members

Dear [mental health professional/community member],

I hope this email finds you well. My name is Irene Mai, and I am a graduate student in the Counselling Psychology program at the University of Victoria. As per my program, I am required to complete a research project. I am writing to you in recognition of your expertise and wisdom in working alongside IBPOC/BIPOC youth and to ask if you would be interested in acting as a community stakeholder for this project.

My project focuses on exploring the perspectives of youth and former youth who identity as Indigenous, Black, and/or Persons of Colour (IBPOC/BIPOC). Particularly, I am interested in exploring their recommendations/suggestions for what should be incorporated into a school-based anti-racism and mental wellness group. The objective is to better understand IBPOC/BIPOC youth and former youths' perspectives and translate these into practical recommendations for future program development and community members working alongside these communities. This study also aims to elevate IBPOC/BIPOC voices and contribute to the emergent research on anti-racism and youth mental wellness.

Given the importance of ensuring culturally safe practice for IBPOC/BIPOC communities, I am looking for individuals to consult with and help refine the research process. As a community stakeholder, you will partake in reviewing the youth interview questions and the themes/subthemes extracted from the data analysis. You will be receiving a gift and acknowledgement for your time and labour as a contributor. Once the study is completed, I will be sharing the results to all community stakeholders.

If you are interested in becoming a community stakeholder for this project, please contact me at imai@uvic.ca or (780) 920-8038. It would be an honour to meet and connect with you. As this is a unique study, your engagement will help with elevating and uplifting IBPOC/BIPOC youth voices. However, I understand the additional time and labour required to support this project, particularly for IBPOC/BIPOC helpers. As such, I will understand if you choose not to partake as a community stakeholder.

Please do not hesitate to reach out if you have any questions about the project. Thank you in advance for your time.

All the best,

Irene Mai

Appendix G: Letter to Parent/Guardian

Dear [parent/guardian of prospective participant],

I hope this email finds you well. My name is Irene Mai, and I am a graduate student in the Counselling Psychology program at the University of Victoria. As per my program, I am required to complete a research project.

I have had the opportunity to work alongside diverse communities as a counsellor of colour, which has lent me a deep understanding of the barriers experienced by ethnic groups. Ethnic youth in particular may face additional challenges that impact their mental wellness. As such, I am interested in exploring ways to improve current services and programming.

My project focuses on exploring the perspectives of youth who identity as Indigenous, Black, and/or Persons of Colour (IBPOC). The question I am exploring is: *What are IBPOC youths' recommendations for developing an effective school-based anti-racist and mental wellness program?* The overall goal is to translate their perspectives into practical recommendations for future school-based program development.

I am looking to recruit youth who meet the following criteria:

1. Are between the ages of 15 and 19 and attend high school in British Colombia.
2. Identify as IBPOC. This can include those who identify as biracial or multiracial.
3. Are willing to volunteer and participate in an hour-long online semi-structured interview. These will be audio -recorded for the data analysis (files will be deleted upon withdrawal or completion of the project).
    a. Participants must have access to internet and video conferencing technology (i.e., Zoom).
4. Are willing to share their perspectives on what is needed to develop an anti-racist and mental wellness program.
5. Are willing to participate with the knowledge that community members will be consulted with to ensure that the interview questions and data analysis are culturally appropriate and safe. The youth's personal information (i.e., name, age, appearance, etc.) and audio recordings will ***not*** be shared with these members.

The research study will include a minimum of three steps:

1. A 10-15 minute phone call or online meeting (via Zoom) to ensure that they fit the study's inclusion criteria.
2. A 60-minute interview over Zoom to discuss the youth's perspectives and engage in a conversation about their recommendations for program development. These interviews will be audio recorded and transcribed. These interviews will take place at your child's convenience.
3. Approximately 4-6 weeks following your interview, I will contact your child to review the study themes for the third step. You child will be asked if the themes created from the interview transcripts and data analysis are representative of their perspectives. These

meetings or Zoom calls will take between 15 to 30 minutes depending on the time needed to review the analysis. Once the study is completed, the final results will be shared to your child and presented to the public (i.e., schools and programs running within schools).

If your child has any questions or meets the criteria and is interested in participating, please have them contact me at imai@uvic.ca or (780) 920-8038. It would be an honour to meet and connect with them. As this is a unique study, their participation will provide powerful and valuable knowledge to those working alongside IBPOC communities. In addition, you or your child may verify the ethical approval of this study or raise any concerns by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Thank you for your time and consideration.

All the best,

Irene Mai

Appendix H: Cultural Safety Protocol

This cultural safety protocol will outline considerations, strategies, and a community engagement plan that will be implemented to prioritize IBPOC participants' well-being, mitigate the risk of harming them, and avoid perpetuating racist/colonial practices (Beaulieu & Reeves, 2022; Brockie et al., 2022). These components will be outlined below.

Interview Considerations

Achieving cultural safety begins with tailoring the research process to ensure that IBPOC participants' well-being is placed above the researcher's agenda/interests. Below are some considerations that will be implemented:

1. The research parameters will be emphasized at the onset and throughout the research process. This involves a focus on their perspectives, recommendations, and/or suggestions. Participants will not be asked to provide detailed accounts of their racial wounds/trauma. While the interview questions will inevitably evoke some details given the relevancy to the topic, participants will be discouraged from elucidating these experiences as the interview is not a counselling session.
2. The risks involved with participating, including the emotions/psychological discomfort around sharing one's perspectives, will be emphasized at the onset and throughout the research process as well.
3. Should participants showcase signs of distress or begin to divulge their traumas in detail, they will be gently redirected to the focus of the study and research prompts. Participants will be given the option to take a brief moment to themselves before continuing or re-arrange the meeting to a different date/time if needed.
4. A community mental health resource list will be provided to participants who may benefit from seeking support in processing their racial wounds. This will be attached to the informed consent form.

Cultural Safety Strategies

Additional strategies will be implemented to ensure the participants' cultural safety (F. Chou, personal communication, May 26, 2023; Irish et al., 2023; Milner, 2007):

1. Participants will be sent the interview questions beforehand via email. This will allow them to review, prepare, and ask any additional questions before the interview.
2. Participants will have the opportunity to decide how their perspectives are represented and shared in the data dissemination phase.
3. Some details/perspectives will be censored or altered during dissemination to maintain the participants' confidentiality. This is especially pertinent for those from communities where mental health is stigmatized.
4. The research process will be communicated in a developmentally and culturally relevant manner; scientific jargon will be avoided, and the researcher will utilize the participants' 'mental health' terminology during the interview.

5. The researcher will work from a place of reciprocity and cultural humility, which looks like building a trusting relationship, power sharing, and entering the research space from a place of care, curiosity, and accountability.
6. The researcher will collaborate with community stakeholders to ensure the research process remains culturally safe. These members will act as community stakeholders to this research project. These community stakeholders will be consulted with and asked to review the interview questions and themes/subthemes. Community advisors will be intentionally chosen based on their expertise and wisdom around working with IBPOC communities and adolescents.
7. The researcher will debrief with her committee members throughout the research process to discuss reflections and maintain her cultural safety.
8. The community stakeholders and IBPOC participants will be offered a gift of acknowledgment for their time, contributions, and emotional labour (i.e., a $100 gift card or a donation to an organization of their choice).

Community Engagement Plan

Per the TCPS2 (2022), research involving Indigenous peoples should include a plan for community engagement with the relevant community to ensure that research is conducted collaboratively and to respect the diverse communities involved. Below are the steps that will be taken to ensure the cultural safety of Indigenous participants:

1. I will contact Indigenous counsellors/social workers/support workers with whom I have professional connections via email to inquire about their interest in acting as a community advisor I can consult with throughout the research process.
2. I will ask school administrators about the specific Indigenous communities and organizations involved with their schools and email community members accordingly to inquire about their interest in supporting the research process. This will be done once a connection to a school or schools is established to ensure that processes are tailored specifically to the youths' Indigenous identity (see Appendix F for the email script).
3. The community members who choose to be involved with the project will be asked to review and provide feedback on the interview questions and research data (i.e., themes and subthemes).
4. All community members will be honoured for their labour via an acknowledgment in the dissemination phase, a customary gift (i.e., sage), and a donation to an organization of their choice ($50 for each community member).

References

Beaulieu, T., & Reeves, A. (2022). Integrating Indigenous healing and Western counseling: Clinical cases in culturally safe practice. In D. Danto & M. Zangeneh (Eds.), *Indigenous knowledge and mental health: A global perspective* (pp. 255-281). Springer Cham. https://doi.org/10.1007/978-3-030-71346-1

Brockie, T. N., Hill, K., Davidson, P. M., Decker, E., Krienke, L. K., Nelson, K. E., Nicholson, N., Werk, A. M., Wilson, D., & Around Him, D. (2022). Strategies for culturally safe research with Native American communities: An integrative review. *Contemporary*

Nurse: A Journal for the Australian Nursing Profession, 58(1), 8–32. https://doi.org/10.1080/10376178.2021.2015414

Irish, T., Genz, J. H., & Storie, M. (2023). *Facilitating culturally affirming research experiences for undergraduate Pacific Islander students.* Research Square. https://dx.doi.org/10.21203/rs.3.rs-2787581/v1

Milner, H. R. (2007). Race, culture, and researcher positionality: Working through dangers seen, unseen, and unforeseen. *Educational Researcher, 36*(7), 388–400. https://doi.org/10.3102/0013189X07309471

Tri-Council Policy Statement. (2022). *Ethical conduct for research involving humans.* https://ethics.gc.ca/eng/documents/tcps2-2022-en.pdf

Appendix I: Community Mental Health Resource List

Lands of Lək^{w}əŋən and W̱SÁNEĆ speaking peoples (Victoria/Vancouver Island)
Foundry Victoria Youth Clinic: "Foundry Victoria offers young people 12-24 access to mental health and substance use support, primary care, peer support and social services." Telephone: (250) 383-3552 Address: 818 Douglas Street, Victoria BC, V8W 2B6
Hulitan Family and Community Services Society: "Hulitan preserves, unifies and advocates for Indigenous families by supporting healing and fostering resilience through culturally rooted programs, services and collaboration with community partners." Telephone: (250) 384-9466 Address: 104-731 Station Avenue, Victoria BC, V9B 5R5
Pacific Centre Family Services Association: "Association (PCFSA) has been promoting dignity and quality of life for families and individuals across South Vancouver Island, with a focus on the Westshore and Sooke, through education, counselling, and creative programming. In June 2022 we expanded our services to include the Westshore Community Health Centre, which, with the addition of family physicians, Nurse Practitioners, Registered Nurses, and other allied healthcare providers, offers primary healthcare services to members of the community who have experienced barriers to accessing healthcare." Counselling and Social Services Reception Telephone: (250) 478-8357 Counselling Intake and Referrals Telephone: (250) 940-4373 Westshore Community Health Care: (250) 480-7333 Sooke Address (appointment only): 6672 Wadams Way, Sooke BC, V9Z 0H3 Langford Address (appointment only): 211-2840 Peatt Road, Victoria BC, V9B 3V4
Vancouver Island Counselling Centre for Immigrants and Refugees (VICCIR): "VICCIR provides mental health counselling to immigrants and refugees living in Canada. We offer our services on a sliding fee scale, based on clients' ability to pay. We work with specially trained interpreters as required." Telephone: (778) 404-1777 Address: 100-850 Blanshard Street, Victoria BC, V8W 2H2
Victoria Native Friendship Centre: "Culturally safe services woven into the needs and wants of the community."

Telephone: (250) 384-3211 Address: 231 Regina Avenue, Victoria BC, V8Z 1J6
Province-wide Resources
Black Youth Helpline (Nationwide): "Black Youth Helpline serves all youth and specifically responds to the need for a Black youth specific service, positioned and resourced to promote access to professional, culturally appropriate support for youth, families and schools." Telephone: (416) 285-9944 Toll Free Number: 1-833-294-8650
Child and Youth Mental Health: "The Ministry of Children and Family Development's Child and Youth Mental Health (CYMH) teams located across B.C. provide a range of mental health assessment and treatment options for children and youth (0-18 years of age) and their families at no cost. Our clinics are staffed by mental health clinicians, psychologists, and psychiatrists." *Note: There is a multicultural program that services youth of various ethnocultural backgrounds and Indigenous CYMH services. See website to find a CYMH clinic near you.
Healing in Colour (AB, BC, SK, MB, ON): "For BIPOC, finding a therapist who understands our lived experiences can feel next to impossible. Healing in Colour strives to make that search easier. We offer a directory of BIPOC therapists who are committed to supporting BIPOC— in all our intersections." Website (Directory): https://www.healingincolour.com/directory
Helpline for Children: "If you are a child or youth and would like to talk to someone call the Helpline for Children at **310-1234**. You do not need an area code. You can call at any time of the day or night and you do not have to give your name."
Hope for Wellness Helpline (Nationwide): "Whether you prefer to talk to someone on the phone or online, we're here to support you anytime. Hope for Wellness Helpline is available 24/7 to all Indigenous people across Canada." Telephone: 1-855-242-3310 Website (Online Chat): https://www.hopeforwellness.ca/
Kids Help Phone: "Kids Help Phone is available 24/7 to help boost understanding of mental health so you can feel more empowered to talk about it."

Telephone (call): 1-800-668-6868 Telephone (text): 686868
1-800-SUICIDE: "Call 1-800-784-2433 or dial 9-8-8 if you are experiencing feelings of distress or despair, including thoughts of suicide." Telephone: 1-800-784-2433 or 9-8-8 Website: https://helpstartshere.gov.bc.ca/resource/1-800-suicide-0
YouthInBC: "YouthInBC.com is a program of the Crisis Centre of BC. It connects youth with support, information and resources." 1-800-SUICIDE Telephone: 1-800-784-2433 Mental Health Support Telephone: 310-6789 Greater Vancouver Telephone: 604-872-3311 Online Service for Youth Website: www.YouthinBC.com
Online Resources
Anxiety Canada: "Our mission is to reduce the barrier of anxiety so you can live the life you want. We offer trusted resources and programs to help people better understand and manage anxiety—and find the relief they need." Source: https://www.anxietycanada.com/
Cultivating Growth and Solidarity: An Anti-Racism Zine for Asian Youth (and Adults too!): "We wanted to create this zine because of the particular time and place we are in now with the COVID-19 pandemic, as well as related anti-Asian racism, Black Lives Matter uprisings, and Indigenous land and water defenders asserting their rights and sovereignty. The world is changing quickly, but the foundation is centuries deep and people have been dreaming of change for many years. We also want to reduce and mend some of the harm perpetuated towards and by Asian people. This zine is a part of how we can cultivate our individual and collective healing and growth." Source: https://www.growthandsolidarity.ca/zine/
Trans Care BC: "Trans Care BC supports the delivery of equitable and accessible care, surgical planning, and peer and community support for trans people across the province." Source: http://www.phsa.ca/transcarebc/

Appendix J: Screening Interview Script

Hello. My name is Irene, and I am a researcher. Thank you for your interest in participating in this study. Is now a good time to talk? (If yes: proceed/If no: arrange a time to call again).

Wonderful. I am a Chinese immigrant settler who migrated here from Amiskwaciywâskahikan (Edmonton). I am also a graduate student in Counselling Psychology at the University of Victoria and a counsellor of colour who works alongside children, youth, and families. This study is a part of my degree. Today's conversation will be fairly brief as it is simply a chance for us to connect and see if this is the right fit. It is also a chance for you to ask any questions you might have for me.

Before we get started, I want to go over some important things for you to know about. Your identity, personal information, and what you share with me today will be kept confidential/private. What that means is that what is said here stays here. However, there are three instances where I will have to break confidentiality and report to the appropriate authority. This includes:

1. When I have reason to suspect that you or someone else are at risk of imminent harm;
2. My obligation to follow legal requirements to release confidential material (i.e., subpoenaed notes).
3. When I have reason to believe that a child is in need of protection for reasons related to abuse and/or neglect.

Knowing these limitations to confidentiality, are you willing to continue?

If YES: Proceed
If NO: I understand, no explanation necessary.

Do you have any questions about these? [respond accordingly] Okay, let's move forward and see if this study will be the right fit:

1. Are you between the ages of 15 and 19 and currently attend school OR have graduated in the last 5 years (19 to 24 years of age) and attended high school in British Columbia?
2. Do you identity as Indigenous, Black, and/or a Person of Colour? This includes bi- or multi-racial identity.
3. Are you willing and able to commit to an hour-long, audio-recorded interview? Do you have access to internet and videoconferencing technology?
4. Are you interested in discussing topics related to racism, anti-racism, mental wellness, and mental health promotion in schools? This involves sharing your perspectives/recommendations/suggestions for an anti-racist and mental wellness program.

*Note: guidelines for providing clarifications racism, anti-racism, mental wellness, and/or school-based mental health promotion is included at the end of the script.

If YES to all: Great – it looks like you meet the inclusion criteria. You have the option to take part in this study if you choose to do so. Do you have any questions for me? [respond accordingly]
If NO: Unfortunately, this study is not a good fit for you as it is not focused on [reasons for exclusion]. I will not be able to include you in this study. However, these local resources may be a better fit for you [provide community resource list]. Do you have any questions for me?

*Note: The community mental health resource list will be appended to the informed consent form.

Since you meet the criteria, we can set up a time to connect for the interview. This will take about 60 minutes and will begin with reviewing the informed consent form. This is to ensure that you understand what your participation involves and to make sure that you want to move forward with participating. If you decide to move forward with participating, we will start the interview portion and discuss your perspectives on what is needed for culturally safe program development and delivery.

This interview will be audio recorded and take place over Zoom. These files will only be used for the data analysis phase; the files will be discarded immediately if you choose to withdraw or once the study has been completed.

Around four to six weeks after your interview, I will reach out to review the analysis results to see if it makes sense to you and is representative of your perspective.

How does that sound to you? Do you have any questions for me? [respond accordingly]

[Arrange time for the interview]

END OF SCRIPT

Inclusion Criteria Clarification Guidelines:

- Racism can be defined as covert (indirect) or overt (direct) acts of discrimination due to one's ethnic/racial identity. This can involve more 'minor' or 'subtle' acts (which usually occurs more frequently and can be more difficult to identify). This can also involve more clear and obvious acts (i.e., violent acts). Racism can include stereotyping, prejudice (negative attitudes), etc. We may have experienced this on a personal level or witnessed this happening to others.

*Note: As this interview is not a counselling session, discussions will focus primarily on youths' perspectives/recommendations/suggestions for program development. However, their racial experiences may be referenced as a way to contextualize their perspectives.

- Anti-racism is a social movement toward acknowledging and addressing racism. It is a direct stance against racism. This can occur through a wide range of social action (i.e., social marketing, social events, etc.).
- Mental health/wellness can be defined as one's emotional, psychological, mental, relational, and/or spiritual well-being. This might be signified through the

signs/symptoms one may be experiencing. This term is also synonymous with mental health. Some cultures may define mental wellness differently as well (i.e., some Indigenous models of healing define wellness as wholeness).

- School-based mental health promotion refers to efforts to integrate actionable efforts to support students' mental wellness. This can include the curriculum, staff training, the school environment (i.e., décor, representative novels, etc.), after school programming, etc. In this study, the focus is on after school programming.

Appendix K: Semi-Structured Interview Questions (High School Version)

Note: the additional sub-questions (i.e., labelled a, b, c, etc.) are only to help if you cannot think of a response. You ***do not need to answer all the sub-questions. The ***highlighted questions*** are the main prompts that will be asked during the interview.

1. Briefly introduce yourself.
    a. What is your preferred name, ethnoracial background, gender pronouns, grade/age, where do you live, where were you born, and the name of the high school you attend?

2. As a person who identifies as IBPOC, what does mental wellness/mental health mean to you?

3. How does it uniquely impact you? Some communities understand mental wellness/mental health differently and in unique ways. If you know, what does mental wellness/mental health mean to your ethnic/racial community?
    a. How do you know? (i.e., family discussions, attending cultural events, etc.)
    b. What are some examples of how mental wellness/mental health shows up in your community?
    c. How have these experiences/perspectives influenced your understanding of mental health/mental wellness?
    d. How does mental wellness/mental health uniquely impact your ethnic/racial community?
    e. How do you think mental wellness/mental health has uniquely impacted other IBPOC students at your high school?

4. From your perspective, what is the number one issue related to IBPOC-specific mental health supports and programming that you feel your high school should address?

5. If any, what types of mental health supports are available at your high school?
    a. What do you think is helpful and works for IBPOC students?
    b. What isn't helpful or is missing?
    c. Some IBPOC students may hesitate to use these mental wellness/mental health supports. What might stop you or other IBPOC students from accessing these supports or asking for help?
    d. What could your high school do to make you feel more comfortable with accessing these supports or asking for help?

6. What does the term anti-racism mean to you?
    a. Are there any programs at your high school that incorporate anti-racism?

7. If there was an anti-racism and mental wellness program available at your high school, what would you want it to look like?
    a. For example, consider the following:

   i. What is something you wish you knew more of? What is something you would want to gain from this program?
   ii. Who would you want to be involved with creating and running the program?
   iii. What would you want the program to help you/others with?
   iv. When and where should it take place?

8. What activities or lessons would you incorporate, and what would help you navigate your mental health? What would help other IBPOC students in high school navigate their mental health?

9. Some may still be fearful to engage in a program like this due to mental health stigma in their family/community. What would help with reducing these potential barriers within the school setting?

10. Is there anything else about IBPOC-specific mental health supports and programming in high school settings that you would like to add or recommend before we end today's discussion?

Definitions:

- IBPOC refers to Indigenous, Black, and/or Persons of Colour.
- Ethnoracial heritage and background refers to the perceived differences in appearance, language, ethnicity, culture, ancestry, and religious affiliation. This has been used to define one's membership to a cultural group.
- Anti-racism is a social movement toward acknowledging and addressing racism. It is a direct stance against racism. This can occur through a wide range of social action (i.e., social marketing, social events, etc.).
- Mental health supports can include school counsellors and clubs or programs that address mental health/wellness (i.e., teach mental health literacy, coping strategies, etc.).

Appendix L: Semi-Structured Interview Questions (Post-High School Version)

Note: the additional sub-questions (i.e., labelled a, b, c, etc.) are only to help if you cannot think of a response. You ***do not need to answer all the sub-questions. The ***highlighted questions*** are the main prompts that will be asked during the interview.

11. Briefly introduce yourself.
    a. What is your preferred name, ethnoracial background, gender pronouns, grade/age, where do you live, where were you born, and the name of the high school you attend or attended?

12. As a person who identifies as IBPOC, what does mental wellness/mental health mean to you?

13. How does it uniquely impact you? Some communities understand mental wellness/mental health differently and in unique ways. If you know, what does mental wellness/mental health mean to your ethnic/racial community?
    a. How do you know? (i.e., family discussions, attending cultural events, etc.)
    b. What are some examples of how mental wellness/mental health shows up in your community?
    c. How have these experiences/perspectives influenced your understanding of mental health/mental wellness?
    d. How does mental wellness/mental health uniquely impact your ethnic/racial community?
    e. How do you think mental wellness/mental health has uniquely impacted other IBPOC students when you were in high school?

14. From your perspective, what is the number one issue related to IBPOC-specific mental health supports and programming that you felt your high school should've addressed?

15. If any, what types of mental health supports were available at your high school?
    a. What do you think was helpful and worked for IBPOC students?
    b. What wasn't helpful or was missing?
    c. Some IBPOC students may hesitate to use these mental wellness/mental health supports. What might stop other IBPOC students from accessing these supports or asking for help?
    d. What could your high school have done to make you feel more comfortable with accessing these supports or asking for help?

16. What does the term anti-racism mean to you?
    a. Were there any programs at your high school that incorporated anti-racism?

17. If there was an anti-racism and mental wellness program available at your high school, what would you have wanted it to look like?
    a. For example, consider the following:

   i. What is something you wish you knew more of? What is something you would want to gain from this program?
   ii. Who would you want to be involved with creating and running the program?
   iii. What would you want the program to help you/others with?
   iv. When and where should it take place?

18. What activities or lessons would you incorporate, and what would help you navigate your mental health? What would help other IBPOC students in high school navigate their mental health?

19. Some may still be fearful to engage in a program like this due to mental health stigma in their family/community. What would help with reducing these potential barriers within the school setting?

20. Is there anything else about IBPOC-specific mental health supports and programming in high school settings that you would like to add or recommend before we end today's discussion?

Definitions:

- IBPOC refers to Indigenous, Black, and/or Persons of Colour.
- Ethnoracial heritage and background refers to the perceived differences in appearance, language, ethnicity, culture, ancestry, and religious affiliation. This has been used to define one's membership to a cultural group.
- Anti-racism is a social movement toward acknowledging and addressing racism. It is a direct stance against racism. This can occur through a wide range of social action (i.e., social marketing, social events, etc.).
- Mental health supports can include school counsellors and clubs or programs that address mental health/wellness (i.e., teach mental health literacy, coping strategies, etc.).

Appendix M: University of Victoria Human Research Ethics Board (HREB) Approval

University of Victoria

Office of Research Services | Human Research Ethics Board
Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada
T 250-472-4545 | F 250-721-8960 | uvic.ca/research | ethics@uvic.ca

Certificate of Approval - Amendments

PRINCIPAL INVESTIGATOR:	**Fred Chou** (Supervisor)	**ETHICS PROTOCOL NUMBER** Expedited review - delegated	**22-0512**
PRINCIPAL APPLICANT:	**Irene Mai** **Master's student**	ORIGINAL APPROVAL DATE:	12-Sep-2023
		APPROVED ON:	26-Jan-2024
UVIC DEPARTMENT:	**Educational Psychology and Leadership Studies EPLS**	APPROVAL EXPIRY DATE:	11-Sep-2024

PROJECT TITLE: **IBPOC Youths' and Former Youths' Perspectives on School-Based Anti-Racist and Mental Wellness Programming**

RESEARCH TEAM MEMBERS:
Tim Black - Thesis Committee Member, University of Victoria

DECLARED PROJECT FUNDING: **None**

DOCUMENTS INCLUDED IN THIS APPROVAL:
tcps2_core_certificate.pdf - 19-Jun-2023
Email Script to Mental Health Professionals V1.docx - 04-Aug-2023
Research Project Instagram Post.pdf - 11-Sep-2023
Letter to ParentGuardian V2.docx - 11-Sep-2023
Irene Mai Approval Letter.pdf - 14-Dec-2023
Participant Consent Form V3.docx - 14-Dec-2023
Invitation to Participate in Research.docx - 14-Dec-2023
Community Mental Health Resources V2.docx - 21-Jan-2024
Screening Interview Script V3.docx - 21-Jan-2024
Recruitment Email V3.docx - 21-Jan-2024
Research Project Poster 2023 V2.pdf - 21-Jan-2024
Interview Questions V3.docx - 21-Jan-2024
Cultural Safety Protocol V2.docx - 21-Jan-2024
Participant Consent Form V5.docx - 21-Jan-2024

Conditions of approval

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

Amendments
To make changes to the approved research procedure in your study, please submit "Amendments" or "Annual renewal with amendments" form. You must receive research ethics approval before proceeding with your amended protocol.

Renewals
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

Project Closures
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria's policies for research involving human participants.