Toward Holistic and Community-Based Interventions in the Mental Health of Black and Filipino Youth

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Abstract

The field of social work needs critical education on how colonialism and oppression have impacted the mental health experiences of Black and Filipino youth. The psychological and socio-political factors impacting these particular youth have been examined in the literature, and we highlight the need for transformative change within service provision and interventions. Our article proposes an alternative model based on culturally relevant, decolonial, intersectional, holistic, and community-based interventions within the Region of Peel, Ontario, Canada. Situated within a settler colonial nation-state, we maintain that our proposed interventions have the potential to engage in decolonization and the building of solidarities with other marginalized groups, specifically other racialized communities and Indigenous Nations, going beyond the dominant clinical models in youth mental health. We propose that these interventions centre the particular and respective experiences of Black and Filipino youth in this geographical location, dismantling settler colonialism using intersectional and decolonial frameworks.

Keywords: intersectionality, decolonization, racialized youth, holistic, community-based interventions, child and youth mental health

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Introduction

Our article examines how colonialism has impacted the mental health experiences of Black and Filipino youth in Peel Region, Ontario, Canada. We define *Black* as referring to those whose ancestral background originated in Africa. Rather than focusing exclusively on a specific ethnic group of Black youth, we treat the category "Black" as a collective identity to demonstrate that slavery affected Blacks as a whole race. For *Filipino* youth, we focused on this specific ethnicity as this Southeast Asian community was the leading wave of migration from 2011 to 2016, comprising 15.58% of the total immigration to Canada during that time period (Embassy of the Philippines, 2016). Approximately 90% of transnational Filipina caregivers are or were participants in the Live-in/Caregiver Program (Pulitzer Centre, 2021), a program within Canada's Temporary Foreign Worker Program, whereby Canadian employers hire migrant workers, and these migrant workers may then sponsor their families as permanent residents upon completion of their contracts (Immigration, Refugees and Citizenship Canada, 2020). In this article, we propose alternative holistic, community-based interventions to address the specific mental health needs of Black and Filipino youth, which cannot be universally applied from one community to another. Additionally, we

utilize decolonization and intersectional frameworks to come to deeper understandings of the model. Therefore, it is important to provide an overview of youth mental health services and the gaps in service provision for racialized youth within the Region of Peel.

Overview of Mental Health Services in the Region of Peel

We chose to focus on the Region of Peel as it is characterized by its growing racialized population of im/migrants (Social Planning Council of Peel, 2007), and the Black population is the second largest racialized group in the region (James & Turner, 2015). According to the Social Planning Council of Peel (2007), the Region of Peel is comprised of people from different cultural, linguistic, and faith groups. However, Peel human service agencies have not been reflective of the changes in their population demographics and their clients' mental health needs due to the lack of culturally appropriate services and funding for ethno-racial agencies (Social Planning Council of Peel, 2007). Moreover, a shortage of funding puts these agencies at risk. While we have observed several agencies providing youth mental health services, including Associated Youth Services of Peel and EveryMind, the leading mental health agency serving children and youth in Peel, these mainstream mental health agencies have not focused primarily on Black and Filipino youth's mental health needs, and they adhere to a universal clinical model of care.

A study conducted by the Social Planning Council of Peel (2015b) reported 14 Black agencies in the Region of Peel, including two Black youth-focused agencies that address mental health, namely African Community Services of Peel and Afrikan Canadian Youth Substance Abuse Prevention and Health Promotion Program. However, there are at least four known agencies as of 2022, including Root Community Services (n.d.).

There are no known culturally relevant mental health services for Filipino youth in the Region of Peel. With regard to serving the needs of the broader Asian community, there are 16 South Asian agencies in Peel Region and six that specifically serve youth (Social Planning Council of Peel, 2015a). As there is a lack of services specifically for Filipino youth, we propose the need for holistic, community-based interventions for these particular youth in order to address the gaps and barriers within service provision for racialized youth.

Gaps and Barriers Within Youth Mental Health Services

Barriers and gaps exist within the mental health system in the Region of Peel, and this remains an issue for racialized youth and their communities. A qualitative study of the mental health of South Asian youth in the Region of Peel found that they faced systemic, community, and family barriers to accessing mental health services (Islam et al., 2017). According to the study, systemic barriers included a lack of mental health awareness and education; limited access to mental health support workers at school; long wait times; and unaffordable fees for specialized services (Islam et al., 2017). Mental health stigma within the South Asian community represented a major barrier, leading families to conceal mental illness (Islam et al., 2017). Additionally, this mental health stigma impacts help-seeking behaviours and attitudes (Corrigan et al., 2006).

Though existing literature shows a positive correlation between racism and mental health problems (David, 2010, 2013; David & Nadal, 2013; David & Okazaki, 2006; Phinney, 1990; Quintana, 1998; Sellers et al., 1998; Umaña-Taylor et al., 2014), race and its contingencies are often neglected in clinical interventions with ethno-racial populations. We acknowledge race as a significant gap within youth mental health services that needs to be addressed in clinical interventions to better support the needs of racialized youth and their families.

According to David (2010), cultural mistrust, which refers to when there is an absence of trust in people in authority, is one of the barriers to accessing mental health services among the Filipino community. Moreover, cultural mistrust becomes exacerbated when service providers lack education around how colonization and oppression have impacted the mental health of racialized communities (David, 2010). Filipino communities and other racialized groups tend to access forms of support other than mental health services, such as community members and leaders, family members, friends, and faith and spiritual leaders (David, 2010; Islam et al., 2017).

Varied meanings of "youth" represent another barrier to accessing child and youth mental health services. For example, Peel Children's Centre provided service to children and youth from birth to 18 years old (eMentalHealth.ca, 2019b), while other agencies, including Nexus Youth Services (eMentalHealth.ca, 2019a), worked with youth from 14 to 24 years old. These services have now merged into one agency, EveryMind, that serves children and youth up to the age of 25 (EveryMind, 2020). Due to age restrictions, specialized programs offered through one agency may not be available in another, which has likely limited the service options available to youth who may not meet the age criteria. For instance, prior to the amalgamation of these mental health services into EveryMind, youth over the age of 18 could not access services at Peel Children's Centre (eMentalHealth.ca, 2019b), while youth younger than 14 years of age and older than 24 were not able to obtain services from Nexus Youth Services (eMentalHealth.ca, 2019a). In response to these mental health service gaps and barriers, we propose holistic, community-based interventions that go beyond the dominant clinical model. We address the situated colonial legacies and the intersections of race, ethnicity, and culture that impact the mental health experiences of Black and Filipino youth in this specific model.

Theorizing Holistic and Community-Based Interventions

Our framework of decolonization and intersectionality involves both psychological and social processes that impact the mental health care of Black and Filipino youth. We recognize the impact of colonization on mental health as well as the need to stand in solidarity and social justice with other marginalized groups, specifically racialized communities and Indigenous Nations. We recognize that the Region of Peel is situated in Canada, a white settler colonial nation-state, and acknowledge that this region is located on stolen land that belongs to the Anishinabek, Huron-Wendat, Haudenosaunee, Ojibway/Chippewa peoples, the Metis, and the Mississaugas of the Credit First Nation, the descendants of Mississaugas of the Credit (Region of Peel, n.d.).

The development of our proposed holistic, community-based interventions has been impacted by our positionalities as Black and Filipina women who belong to our

respective racialized communities, and as academics, counsellors, and social service providers and educators. Furthermore, through our work with Black and Filipino communities, the specific experiences of Black and Filipino youth have strongly informed our proposed interventions. We maintain that Black and Filipino youth have nuanced and specific experiences with colonization, and we do not intend to represent monolithic socio-cultural histories among these two communities.

On the contrary, we aim to showcase the complexities of Black and Filipino youth's experiences of colonial legacies while proposing a holistic, community-based intervention that dismantles white supremacy, settler colonialism, and the psychological effects of colonization within Black and Filipino youth's daily lives. While the holistic, community-based interventions will look different for each community, our article proposes how the interventions *could* look within a white settler colonial context such as in the Region of Peel.

While debates exist regarding whether people of colour are settlers, we position ourselves as racialized women and, while implicated in settler colonialism, we also seek to dismantle it (Basu & Fiedler, 2017; Bhatia, 2013; Phung, 2011; Sehdev, 2011; Villegas et al., 2019). Ultimately, our proposed decolonial and holistic community-based interventions attempt to address service provision for racialized communities, specifically Black and Filipino youth. Our analysis goes beyond the clinical context and into the community where marginalized people and their allies can engage in social-justice action through solidarity to dismantle settler colonialism, which displaces Indigenous Peoples from their land(s) and oppresses racialized communities (Amadahy & Lawrence, 2009; Basu & Fiedler, 2017; Bhatia, 2013; de Costa & Clark, 2011; Dhamoon, 2015; Dua, 2007; Jafri, n.d.; Lawrence & Dua, 2005; Phung, 2011; Sehdev, 2011; Sharma & Wright, 2008; Tuck & Yang, 2012; Villegas et al., 2019).

Intersectional and Decolonial Frameworks

Our proposed holistic, community-based interventions utilize intersectional frameworks. *Intersectionality* emerged from the social and legal concerns of women of colour, specifically from Black women's social movements (Anthias, 2011; Collins, 1990; Crenshaw, 1991; Lorde, 1984). Intersectionality refers to how forms of oppression, such as race and gender, intersect and cannot be conflated with one another (Anthias, 2011; Collins, 1990; Collins & Chepp, 2013; Crenshaw, 1991; Yuval-Davis, 2006). These forms of oppression work together to produce injustice (Collins, 2000). Our proposed interventions seek to "disrupt the cacophonies of power that interact across subjects and local and global contexts in the service of consolidating and extending a matrix of domination" (Dhamoon, 2015, p. 34).

Collins (2000) explained how the following domains of power have been organized into a *matrix of domination*:

(a) structural: "encompasses how social institutions are organized to reproduce Black women's subordination over time" (p. 227);
(b) disciplinary: "manages power relations" (p. 280);
(c) hegemonic: "shapes the consciousness via the manipulation of ideas, images, symbols, and ideologies" (p. 285); and

(d) interpersonal: "functions through routinized, day-to-day practices of how people treat one another (e.g., micro-level of social organization). Such practices are systematic, recurrent, and so familiar that they often go unnoticed" (p. 287).

The interventions we propose utilize decolonization, intersectionality, and the matrix of domination in our model to "disrupt the interacting multiplicities of gendered racisms and colonialisms that aggregately consolidate white supremacy, colonialism, racism, heteropatriarchy, and capitalism through such systems as migration and settler colonialism" (Dhamoon, 2015, p. 34).

We propose that service providers look at how racial discrimination and context influence the racial- and ethnic-identity development and mental health experiences of Black and Filipino youth. For example, examining the representations of social inequities such as images and symbols of racial and ethnic discrimination (McCall, 2005) may help Black and Filipino youth understand their intersectional identities and the impact of racism and colonialism on their mental health experiences. Gathering the perspectives of Black and Filipino youth through experiential analysis (McCall, 2005) constitutes a collaborative approach to mental health services for these youth and would provide them opportunities to conduct representational investigations by using symbols and images to depict their experiences with forms of oppression (McCall, 2005). Our framework provides an intersectional and decolonial understanding of how to dismantle the dominance of Western psychiatric and psychological interventions (Fernando, 2014; Ocampo & Pino, 2014) by foregrounding the mental health experiences of Black and Filipino youth.

Literature on the Mental Health of Racialized Youth

The current literature on the mental health of Black and Filipino youth has focused mainly on psychological models, we extend this important knowledge through our theorization of decolonial, holistic, community-based interventions, presenting potential applications within mental health care for racialized youth. Existing psychological models have provided significant understanding(s) of how social factors influence racial and ethnic identity among racialized youth. For example, Umaña-Taylor et al. (2014) developed an ethnic and racial identity (ERI) model, which consists of content and process across the developmental lifespan. *Content* refers to ethnic and racial labelling, attitudes, beliefs, and categorizations in relation to others outside of their group membership, whereas *process* refers to the exploration, development, and maintenance of ethnic and racial identity (Umaña-Taylor et al., 2014). Although the ERI model links individual experiences to social relations, our proposed holistic, community-based interventions seek to disrupt the oppressive systems that impact the mental health experiences of Black and Filipino youth. Moreover, our proposed interventions identify the power and agency among these youth rather than solely focusing on their experiences of damage and pain (Guishard & Tuck, 2014, p. 190).

The context and the social relations within a particular space (Sellers et al.,1998), specifically that of the settler colonial nation-state of Canada, are important factors in situating the specific intersectional identities of Black and Filipino youth in relation to other marginalized groups and Indigenous Nations. *Public regard*, i.e., how society views specific ethnic groups, affects the development of ethnic and racial identity (Sellers et al.,

1998; Umaña-Taylor et al., 2014). Moreover, public regard influences how youth perceive discrimination between specific ethnic and racial groups. From early to late adolescence, youth tend to be engaged in the exploration and internalization of their ethnic and racial group's values (Quintana, 1998). Such processes are critical in understanding their intersectional identities and how colonization has impacted their mental health experiences (David, 2010, 2013; David & Nadal, 2013; David & Okazaki, 2006).

Adolescence is the period during which youth explore ethnic identity because, amongst other things, they are possibly exposed to diverse groups and experiences of discrimination (Phinney, 1990), which is why we have chosen to explore the identities of Black and Filipino youth specifically. Racialized groups, including Black adolescents, experience higher vulnerability during adolescence as "the major development task for minority youth is the achievement of an identity which serves as the basis for the development of a competent self" (Spencer et al., 1991, p. 372). Moreover, a strong racial and ethnic identity protects against racial discrimination and supports the development of a positive sense of self in racialized youth (Harris-Britt et al., 2007). We maintain that having a positive sense of self challenges the effects of colonial mentality and builds stronger foundations to build solidarities with diverse racialized groups and Indigenous Nations.

The Impact of Colonialism on Racialized Youth

Colonialism has impacted the particular mental health experiences and intersectional identities of Black and Filipino youth (Ticar, 2017; 2018). A decolonial understanding of intersectionality seeks to dismantle the effects of colonization, from redressing colonial mentality to the repatriation of Indigenous land (Tuck & Yang, 2012). In critical psychiatry, colonialism and slavery are critiqued for the purpose of dismantling their psychological effects, aiming for the liberation and transformation of racialized communities (Fernando, 2014). We view the disruption of colonial mentality to be just as important as political advocacy and solidarity with other racialized groups and Indigenous Nations.

The Impact of Colonialism on the Mental Health of Black Youth

Our main critique of the dominant psychiatric and mental health model is that its origins lie in anti-Black racism, colonialism, and white supremacy (Fernando, 2014; Ocampo & Pino, 2014). Colonial processes used skin colour to differentiate people along the lines of race, whereby those categorized as Black were considered inferior and were oppressed by the dominant Eurocentric culture (Fanon, 1967). A discussion of the effects of colonialism on the mental health of Black youth must begin with how race was taken up during the slavery era. Historically, the concept of race has been conflated with biological factors, primarily brain size and phenotypes, which has perpetuated the notion of Black people as mentally and physically inferior to those who are white (Carter, 1995; McDowell & Jeris, 2004; Meerai et al., 2016; Turner & Collison, 2003). Biological conceptualizations of race are largely refuted by opponents of race science, who view race as a social construction bearing social, cultural, economic, and political significance (Fanon, 1967; Said, 1978). The endorsement of a superior race produces a hierarchy that gives rise to racialization and racism, which fosters inequalities and unequal treatment

based solely on race. Contextualizing the experiences of Black people within a historical frame of reference calls for an examination of colonialism and its systems of oppression, specifically, slavery.

Slavery, a colonial project, and its legacy continue to negatively impact the lives of Black people today. Although Black people have been in Canada since before Confederation, they continue to experience racism (Hogarth & Fletcher, 2018), namely through *anti-Black racism*, a form of racism unique to Black people that is rooted in slavery. Today, this form of racism is deeply embedded in key systems of domination, policies, and practices (Anucha et al., 2017; James & Turner, 2015; Lewis, 1992). It creates racial inequalities that span multiple sectors including health care, education, employment, the justice system, and child welfare (Anucha et al., 2017; Lewis, 1992). The occurrence of anti-Black racism in these areas is often rendered invisible due to the normalizing effects of Eurocentric norms, values, and systems of knowing in the everyday lives of Black people.

The school as a colonial system plays a significant role in the psychological development, values, belief systems, and mental health of Black youth (Jernigan & Daniel, 2011). Yet the education system remains a site where Black youth experience anti-Black racism (Pesta, 2018; United Nations Human Rights Council Working Group on People of African Descent, 2017; Welch & Payne, 2010; Wun, 2016). Due to the centralization of the Eurocentric curriculum and lack of regard for Black history, Black teachers and staff have been underrepresented within the school system. Racial disparities in the schooling expectations of Black students, who are more likely to be streamed into lower-level academic programs and to face harsher punishments that involve contact with law enforcement, perpetuate the frequency of anti-Black racism among Black youth (Chadha et al., 2020). According to Adjei (2018), the school engages in the act of pathologizing Black students with disabilities, leading to their assignment to special education programs. Black bodies constructed as being deficient is not new; historically, racialized bodies have been seen as the host of mental illness (Fernando, 2014). For example, during the era of slavery, enslaved persons were diagnosed with *drapetomia*, a mental health condition said to afflict those having the desire to escape (Torkington, 1991).

Today, Black bodies are still gazed upon as being suspicious (Hogarth & Fletcher, 2018). Scholarship on race and mental health shows that racism produces race-based trauma (Jernigan & Daniel, 2011; Mosley, et al., 2021). For Black youth, "racial trauma is a viable experience that continues to emerge as a significant concern for this population given its negative psychological implications" (Jernigan & Daniel, 2011, p. 124). During the adolescent development stage, Black youth may not be fully equipped psychologically to cope with race-based trauma (Jernigan & Daniel, 2011), which can compromise their sense of safety. Race-based trauma, however, is not acknowledged in Eurocentric mental health models as a mental health problem. Despite this lack of recognition, race-based trauma is historical and intergenerational due to the perpetuity of acts of discrimination (Bryant-Davis & Ocampo, 2005; Carter, 2007; Thompson-Miller & Feagin, 2007).

Experiences of anti-Black racism devalue the self-esteem of Black youth since they may internalize negative racial and ethnic messages. The internalization of racist

beliefs is reported to trigger psychological injuries (Carter, 2007; Speight, 2007; Thompson-Miller & Feagin, 2007). Further, "the internalization of racist beliefs within the larger culture can lead to negative self-evaluations that can adversely affect psychological well-being" (Williams et al., 2010, p. 286). A strong self-identity serves as a protective factor for maintaining a high level of well-being (Spencer et al., 1991), whereas clinical diagnoses of stress, anxiety, and depression are associated with negative self-esteem. Black youth immersed in the dominant white culture may likely have experienced what W. E. B. Du Bois (1903) called a *double consciousness*, meaning they evaluate themselves through the lenses of both their culture and that of the dominant white culture.

Although Black youth are at a disadvantage in society, Black males are at a greater risk of anti-Black racism. They are more likely to be seen as dangerous, which translates into higher rates of contact with law enforcement through acts of carding and racial profiling (Hogarth & Fletcher, 2018). The impact of anti-Black racism on the mental health of Black youth is made visible when their behaviour is diagnosed as the result of mental health problems, meaning that their mental health is misunderstood and misdiagnosed. A lack of resources and culturally appropriate services to respond to the mental health needs of Black youth is a consequence of anti-Black racism.

The Impact of Colonialism on the Mental Health of Filipino Youth

While currently an "independent" country, the Philippines, a subjugated nation under Spanish domination for over 300 years, and then under American and Japanese rule, is still experiencing the effects of colonization (Constantine & Constantine, 1975; David & Nadal, 2013; de Leon, 2014; Strobel, 2015; Ticar, 2017). Due to colonial rule, Filipino youth have experienced the traumas of family separation and reunification, global migration, social marginalization, downward mobility, and living on lands where Indigenous Peoples have been displaced (de Leon, 2014; Kelly, 2015; Lawrence & Dua, 2005; Pratt, 2010, 2012; Ticar, 2017, 2018; Tuck & Yang, 2012). Poverty has affected the lives of many transnational Filipino communities who have migrated to meet their economic needs, mainly to settler colonial nation-states (Strobel, 2015). This migration has its roots in white supremacy and colonization, which has impacted the psychological, political, and economic well-being of Filipino (Strobel, 2015) youth. Moreover, the legacy of colonialism is an important psychological construct when working with Filipino communities, though clinicians need to look at the impact of colonization on the individual rather than assuming it is the same experience for all Filipinos (David & Nadal, 2013; Strobel, 2015).

On a psychological level, colonial mentality can be violent, as it constitutes denigration toward self and one's culture (David & Nadal, 2013). Denigration of self manifests in low self-esteem, while denigration of one's culture shows itself in feelings of inferiority with regard to the colonizer's culture and discrimination against those less acculturated to the dominant culture (David & Nadal, 2013). David (2013) posited that colonization has done damage to Filipino psychology for generations, and without intervention colonial mentality can pass on from one generation to the next. Strobel (2015) argued that colonialism was both epistemically and psychically violent. Psychic violence means that emotional and psychological factors have impacted colonized

communities, while epistemic violence refers to the understanding and deeper knowing of this reality. Furthermore, Strobel (2015) proposed that the relationship between the colonizer and the colonized "reveals a pattern of objectification" (p. 59), as the colonized become dehumanized and internalize the colonizer's values. The colonized cannot become the colonizer, so the colonized become reduced to an object (Strobel, 2015).

We have drawn from Filipino-American psychological frameworks of colonial mentality, as they provide insight into how our proposed decolonial, intersectional framework could be developed. Nevertheless, these psychological models consider neither the Canadian context nor the settler colonial frameworks that solidify the white supremacy that impacts the intersectional identities of Filipino youth and the solidarities among racialized groups and Indigenous Nations. Social work educators and service providers need to consider the impact of colonization when developing holistic, community-based interventions that use decolonial and intersectional frameworks for and with Filipino youth. First, it is important to acknowledge the specific ways in which colonization has impacted the psychology of Filipino youth. Second, the decolonial and intersectional framework needs to also look at how Filipino youth can engage in acts of solidarity with other marginalized communities without disregarding the importance of healing from their own colonial mentalities. Therefore, it is important to look at the lived experiences of Filipino youth that influence their mental health experiences when developing holistic and community-based interventions.

Decolonizing Interventions

Within clinical settings, decolonization is an important intervention that addresses colonial mentality (Nadal, 2011). The mental health experiences of Black and Filipino youth are central to decolonizing social service provision and to our proposed holistic, community-based interventions. We maintain that decolonizing interventions within clinical and community spaces lead to resistance by and empowerment (Akom et al., 2014; Collins, 2000) of marginalized groups and Indigenous Nations, while recognizing the intersections of oppression and domination unique to each community and Nation (Akom et al., 2014). Decolonization entails the "elimination of racism, sexism, poverty … [and] building a strong … community" (Akom et al., 2014, p. 158). Within a clinical context, this means dismantling racism, colonialism, and white supremacy through anti-racist and anti-oppressive practices, which also eradicates other forms of oppression such as sexism, classism, and heterosexism (Fernando, 2014; Ocampo & Pino, 2014). Community interventions include engaging in healing cultural practices: "what is summoned from the depths of one's soul comes from the wounded collective memory of colonized peoples, but so does the healing power that comes from that woundedness" (Strobel, 2015, p. 60). On a global level, colonization erased Indigenous languages and disrupted social and cultural systems and identities (Strobel, 2015). Thus, decolonization is the "unraveling of this construction process largely through the aid of one's memory and the reconstruction of the historical and Indigenous narrative" (Strobel, 2015, p. 61).

We situate these meanings of decolonization within our proposed decolonial, holistic, and community-based interventions, as this approach may assist in mobilizing social-justice actions that target oppressive systems such as settler colonialism. Moreover, we seek to facilitate appropriate, culturally relevant mental health treatment,

addressing the colonial mentalities and the oppressive structures impacting Black and Filipino youth. Within social-service organizations, equitable policies could include the implementation of culturally relevant interventions that meet the needs of racialized youth, such as Black and Filipino youth, as well as learning from Indigenous Nations about decolonization (Akom et al., 2014; Friedel, 2014; Guishard & Tuck, 2014) in Canada, a settler colonial nation-state.

Decolonizing the Worker-Client Relationship

We envision decolonization within the clinical setting beginning from the worker-client relationship. We propose that it is crucial for mental health service providers to understand how historical and socio-political factors influence clients' psychological distress and mental health experiences (David & Nadal, 2013). Building rapport may help in working through cultural mistrust (David, 2010). Therefore, developing culturally specific interventions that have been informed by clients' socio-political histories may assist with addressing the underutilization of mental health services (David & Nadal, 2013). To develop our proposed decolonial, holistic, and community-based interventions, it is important to understand the underlying reasons for the underutilization of mental health services among Black and Filipino youth in the Region of Peel. We argue that clinicians must make space for youth's power and agency to challenge colonial theories that locate power outside of oppressed communities and focus solely on their "damage and pain" (Guishard & Tuck, 2014, p. 190). We maintain that the cultures, power, and agency of Black and Filipino youth are salient factors within our holistic, community-based interventions.

Dismantling Settler Colonialism

We address decolonization within the Region of Peel, situated on the land of Indigenous Peoples. Dismantling settler colonialism entails "disrupting repressive ideas about Indigenous peoples [and where youth] actions resonate deeply with the longstanding, fluid, sovereign Indigenous pathways of their Ancestors" (Friedel, 2014, p. 203). We posit that these actions are ethical obligations (Guishard & Tuck, 2014) for psychotherapists, social work educators, counsellors, and mental health care workers. Additionally, we propose that social service systems centre the situated and cultural knowledges of Black and Filipino youth, facilitating the ways in which they can creatively engage in solidarity with Indigenous Nations.

Conclusion

Utilizing intersectionality and decolonial frameworks within our proposed holistic, community-based interventions may effectively address the mental health needs of Black and Filipino youth. While it is imperative that their lived experiences of social oppression and colonial histories are acknowledged in mental health treatment, it is just as important to engage with their respective power, agency (Guishard & Tuck, 2014), and particular cultures.

We recommend the decolonization of interventions and worker-client relationships in service provision and in clinical settings, facilitating engagement and solidarities with Indigenous communities in challenging settler colonialism (Friedel, 2014) and with other

racialized groups in dismantling white supremacy and oppression (Dhamoon, 2015; Villegas et. al, 2019). We recommend that the provincial government fund the establishment of mental health agencies that focus on Black and Filipino youth in Peel, as well as programs that promote a strong sense of identity and self-esteem in these particular youth. The recruitment of staff members from the cultures of the youth they work with is essential for combatting the underutilization of mainstream mental health services, based on the notion that cultural mistrust is a barrier to help-seeking behaviour (David, 2010). Continuous and collaborative engagement with mental health professionals and Black and Filipino communities may reduce the stigma of mental illness and increase knowledge exchange. The development of youth-focused programs within Black and Filipino communities can provide a platform for these youth to be more involved in community-building and matters that affect their mental well-being.

In terms of limitations, we did not explore the intersections of gender and sexuality in the mental health of Black and Filipino youth. These constructs need to be further addressed in future studies and research. Also, the focus of this article is the mental health of Black and Filipino youth in the Region of Peel, and the experiences of these groups may be different in other parts of Canada and in a global context. Moreover, our proposed holistic, community-based interventions are only theoretical at this point. Our model would benefit from qualitative studies that centre the voices of Black and Filipino youth and their mental health experiences in the Region of Peel for deeper understanding(s). Furthermore, we propose research that explores mental health and spirituality in Black and Filipino communities, as this has significant implications for social work education, social service provision, as well as intersectional and decolonial frameworks.

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