



**SAMUEL CENTRE
FOR SOCIAL
CONNECTEDNESS**



Community Violence, Trauma and Healing in the Jane and Finch Community

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ABSTRACT

The Jane and Finch community is situated within a region located in the Northwest region of the city of Toronto, and is one that experiences systemic racism, state violence and oppression. This manifests in the form of community violence, community trauma and mental illness in the community. Grassroots initiatives like the Mental Health First Aid training, conducted by community members for community members, as well as other peer led initiatives such as the *Community Healing Project*, are programs and initiatives that exemplify the power of healing and resilience building from within the community itself.

This report will examine these community led initiatives and use narrative data derived from MHFA, Community Healing Project as well as the City of Toronto's *Community Safety Forums* as a source of knowledge for building and increasing the ability of the City of Toronto to implement successful programming that is culturally appropriate, and to build a plan to create a trauma informed response to community safety and community violence.

Key words: community violence, community trauma, healing, youth engagement, capacity building, mental health.

City of Toronto: Land Acknowledgment

It is fundamental to acknowledge that the work conducted this summer in the City of Toronto is on land that is the traditional territory of many nations including the Mississauga's of the Credit, the Anishinabek, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. Members of the team at the City of Toronto also acknowledge that Toronto is covered by Treaty 13 with the Mississauga's of the Credit.

Community Violence and Community Trauma

Community violence, as defined by Toronto Public Health, is “intentional acts of interpersonal violence often committed in public areas by individuals who are not intimately related to the victim.”¹ Common types of community violence could include individual or group conflicts such as fights among gangs and other groups, use of weapons, and shootings in public areas and this can be caused due to various circumstances, including retaliation or fights in relation to illicit activity.² Evidence collected by Toronto Public Health shows that community violence often occurs among young people (particularly men) and is a health equity issue that disproportionately affects communities facing socioeconomic disadvantage.³

Local data for the City of Toronto shows that since 2017, police-reported community violence has increased in recent years, such that firearm-related violent crime in Toronto has increased among youth and adults.⁴ Community violence is the by-product of many intersecting social and economic factors and is a primary concern for the City of Toronto as it has extensive physical and mental health impacts on members spanning from the victim, perpetrator, family, friends, neighbors to the entire city.⁵

Root Causes of Community Violence

The root causes of community violence can be traced back to the intersection between poverty, racism, racial/ethnic inequalities, and gender inequalities; other causes might also include discriminatory and stigmatizing educational practices (i.e.

¹ Medical Officer of Health, “HL11.1 Report for Action: Community Violence in Toronto: A Public Health Approach”, City of Toronto, October 23, 2019, <https://www.toronto.ca/legdocs/mmis/2019/hl/bgrd/backgroundfile-139315.pdf>.

² *Ibid.*

³ *Ibid.*

⁴ *Ibid.*

⁵ *Ibid.*

zero tolerance), criminal justice policies, over-incarceration, lack of economic opportunity, and other broad societal norms that support and perpetuate violence.⁶

Two recent studies that examined Toronto homicide rates from 2004 to 2014 among Black residents and Somali-Canadian youth found that **community violence in Toronto is racialized** and disproportionately affects young Black males, and in particular, young Somali Canadians.⁷

There are also different risk and protective factors that span the societal, community, interpersonal, and individual level that create pathways that increase or decrease the risk for people to engage in community violence in society.⁸ Specifically, there is evidence that shows that the experience of trauma and early trauma as a result of Adverse Childhood Experience - which might include material deprivation, exposure to violence in the home, and repeated exposure to community violence – negatively impact brain development and lead to poor health and mental health outcomes across the lifespan.⁹ These outcomes may include substance use, broken relationships, self-injury, depression, anxiety, or post-traumatic stress disorder, and can affect an individual's social and economic opportunities and create risks of victimization or violent behavior, which ultimately perpetuates the cycle of violence and trauma.

⁶ Roy McMurtry & Alvin Curling, "The Review of the Roots of Youth Violence", Government of Ontario, 2008, <http://www.children.gov.on.ca/htdocs/English/documents/youthandthelaw/rootsofyouthviolence-vol1.pdf>.

⁷ Khenti, Akwatu Alleyne. "Three Decades of Epidemic Black Gun Homicide Victimization in Toronto: Analyzing Causes and Consequences of a Criminological Approach." (2018); Aden, M. I. A., S. Rayale, and L. Abokor. "Another Day, Another Janazah: An Investigation Into Violence, Homicide and Somali-Canadian Youth in Ontario." Toronto, ON: Youthleaps (2018).

⁸ Abt, Thomas P. "Towards a framework for preventing community violence among youth." *Psychology, health & medicine* 22, no. sup1 (2017): 266-285.

⁹ Lynn-Whaley, Jennifer. *The relationship between community violence and trauma: How violence affects learning, health, and behavior*. Violence Policy Center, 2017; Pinderhughes, Howard, Rachel Davis, and Myesha Williams. "Adverse community experiences and resilience: A framework for addressing and preventing community trauma." (2015); Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, and James S. Marks. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of preventive medicine* 14, no. 4 (1998): 245-258.

Preventing Community Violence through the Community Safety and Wellbeing Plan

In light of the rise in community violence in Toronto, the municipal government is undertaking a rigorous programming upheaval in order to find solutions from within the community, and build capacity for positive change *by* the community, *for* the community. Many initiatives and programs executed this summer included trauma informed strategies to help promote mental health literacy and increase mental health supports to youth and community members through mechanisms that were created and delivered by community members.

The City's Community Safety and Well-Being Plan (CSWB) was led by the City of Toronto's Social Development, Finance and Administration division (SDFA), who is the partner of this Fellowship research project. The City has hereby been tasked and legislated to identify and prioritize risk factors and appropriate interventions, and develop an outcomes framework to assess impact.¹⁰ The CSWB Plan offers an opportunity for cross-sector collaboration that considers the intersections among different forms of violence. Through the Community Safety and Well-Being Plan, the City of Toronto will be responsible for defining and addressing priority risks in the community through proactive, integrated strategies that ensure vulnerable populations receive the help they need from the providers best suited to support them.¹¹ Community Safety and Well-Being Plans are to be completed by most municipalities by January 1, 2021, two years after the legislation adding Community Safety and Well-Being Plans to the Police Services Act received royal assent.¹²

¹⁰ *Supra* note 1.

¹¹ Executive Director, Social Development, Finance and Administration, "C6.12 Report for Action: City of Toronto Community Safety and Wellbeing Plan", City of Toronto, June 12, 2019, <https://www.toronto.ca/legdocs/mmis/2019/ec/bgrd/backgroundfile-134598.pdf>.

¹² *Supra* note 1.

Research Methodology

The recommendations for the City of Toronto were created using data collection from multiple sources, including literature review of international models of community mental health initiatives and responses; narrative data from resident interviews conducted over the phone due to COVID-19; narrative data collected from the *Community Safety Forums* by leading experts in the field of mental health, transformative healing and recovery; and finally, from the community engagement initiative conducted with the youth from the Jane and Finch community. All interviews conducted were done so anonymously in order to protect the confidentiality of the youth and residents of the Jane and Finch community.

Looking to Other International Community Mental Health Models

THRIVE Model – London

A study was conducted to examine the lives of diverse Londoners and to highlight their mental health experiences through an intersectional lens.¹³ Four main pillars were established, which highlighted that in order to keep people well: 1) there is a need to better deal with the difficulties people face when they are young, 2) there is a need to grow social networks, 3) there is a need to broaden opportunities, and 4) there is a need to promote acceptance and inclusion.

The case studies were used for the research and participants were recruited from all over London. Intersectionality found in the case studies included Black, Asian and

¹³ Thrive LDN, "Right to Thrive: Keeping Londoners Well," *Research Report*, October 2019, https://www.thriveldn.co.uk/wp-content/uploads/2019/10/Thrive_report_Final.pdf.

minority ethnic (BAME) people and lesbian, gay, bisexual, transgender and queer (LGBTQ+) people, and people who experience physical and learning disabilities. The study highlighted the fact that broader social inequalities impact people's mental health and wellbeing and have a substantial impact on their life outcomes.¹⁴ The disadvantage could be material, social or political in nature, and has a compounding effect across a person's lifetime. This finding was substantiated by a growing body of research that illustrates that inequalities have different kinds of psychological consequences,¹⁵ however there is a lack of research into developing programs at the local, community level.

The study recommends the following 'Community initiatives' recommendations:

- Offer people 'safe spaces', but not narrow their social worlds.
- Support and sustain people when they are most in need, but then help them to move forward.
- Engage people from a young age, establishing their wider community as something they can always turn to as a source of resources and support.
- Support the wider community to be more proactively accommodating, breaking down boundaries that exist along identity lines.

CAHOOTS Model

CAHOOTS, or Crisis Assistance Helping Out on the Streets, is a community policing initiative that is unique to the City of Eugene in Oregon, United States. Initially

¹⁴ *Ibid.*

¹⁵ World Health Organization. "Social determinants of mental health." (2014); Kramer, Teresa L., Jacob D. Lindy, Bonnie L. Green, Mary C. Grace, and Anthony C. Leonard. "The comorbidity of post-traumatic stress disorder and suicidality in Vietnam veterans." *Suicide and Life-Threatening Behavior* 24, no. 1 (1994): 58-67; Marmot, Michael, Jessica Allen, Peter Goldblatt, Tammy Boyce, Di McNeish, Mike Grady, and Ilaria Geddes. "The Marmot review: Fair society, healthy lives." *Strategic review of health inequalities in England post-2010*. London: *The Marmot Review* (2010).

launched in 1989, it is a known to be a community based public safety system to provide mental health first response for crises that involve mental illness, homelessness, and addiction.¹⁶ The basis of the program is comprised of two person teams consisting of medical personnel (nurse, paramedic or EMT) and a crisis worker with training and experience in the mental health field. What is crucial about this approach is that CAHOOTS staff are not law enforcement officers and do not carry weapons; instead, the training and experience they utilize include tools to reach a non-violent resolution of crisis situations.

The CAHOOTS Model was featured in the Wall Street Journal in 2018 entitled *When Mental Health Experts, Not Police, Are the First Responders*. This article presented CAHOOTS as an innovative model for reducing the risk of violent civilian/police encounters. CAHOOTS hones in on the medical and mental health needs of the community, making it a more cost-effective solution and in terms of outcomes, more effective than traditional models involving agencies with a much larger scope of responsibility – such as the police. The CAHOOTS model also safeguards that medical and behavioral health care are integrated from the inception of the intervention and treatment.

CAHOOTS respond to about 20,000 MH calls a year (Toronto has about 30,000 that Toronto Police Service currently responds to) and operates using a budget of just over 2 million. Out of all those calls they have only called Police for support in 150 of them – meaning they have appropriately dealt with 99.4% of all calls without needing to involve police. As a program, they work with, but entirely independent of, police. By

¹⁶ White Bird Clinic, Eugene, Oregon “CAHOOTS Crisis Assistance: Helping Out on the Streets,” Media Guide, (2020).

implementing this program, they were able to reduce the Police call volume by around 20%, save the City \$8.5 million in police costs per year, and \$14 million in ER/Ambulance costs per year.

Community Engagement Initiative: Youth Mental Health in Jane and Finch

In order to implement community-based approaches to community violence and trauma, the City of Toronto created the Community Healing Project for Crime Prevention and Intervention. This intervention takes a trauma-informed and peer-based approach to addressing the impact of exposure to community violence on youth. The City of Toronto does this in partnership with community agencies in order to address root causes of youth violence and gang involvement. This is done by hiring youth from communities, to train other youth in the areas of young people's mental health literacy and resiliency to trauma, anxiety, post-traumatic stress disorder (PTSD) and hypersensitive flight or fight responses developed due to community violence. Sessions this summer ran for 9 weeks, from the end of June to the end of August. Each weekly session focused on an area of mental health and facilitators would aim to make the content as interactive as possible.

In light of the content and context of these sessions, I decided to carry out my *Community Engagement Initiative* by creating content and presenting for one of these weekly peer led sessions. Given my background in health and law, I tailored my content to reflect a broader and more holistic understanding of mental health that was informed by the social determinants of health, as well as how the law shapes youth rights and access to justice – which in turn affects trauma and responses to violence.

The feedback obtained from the community engagement initiative was eye opening to get a grasp of what were the current challenges and struggles facing youth right now.

The first question asked was: *what are you struggling with right now?*

Question: <i>What are you struggling with right now?</i>
Participants: 24 youth from the Jane and Finch neighborhood
Date: August 12 th , 2020
Responses: 1. Boredom 2. Motivation 3. Financial problems 4. Life, unknown future 5. Financial pressure 6. Being tired 7. Using time wisely 8. Isolation, no connections 9. Overcoming fear 10. Physical pain 11. What to do after I graduate 12. Anxiety 13. Laziness 14. Building ambition 15. Sticking with plans 16. People and judgement

17. Family ties breaking
18. Procrastination
19. Being consistent
20. Mental spiraling
21. Studying
22. Weight
23. Maintaining friendships
24. Finding a passion in life
25. Studying
26. Being healthy, exercise
27. Eating healthy
28. Feeling helpless, COVID
29. Breakup
30. Sadness
31. Self-growth
32. Indecision future

Upon receiving the anonymous results, I aimed to contextualize the responses of the youth within a larger interconnected web that comprised the social determinants of health of the youth, so as to decentralize the issues as being personally motivated and blameworthy. When delving into youth healing, it was fundamental that the youth knew that healing should be contextualized as a collective, and not solely an individual process; even though trauma and healing can be addressed at an individual level, this

individual work is embedded in a broader structural work.¹⁷ I also highlighted that healing work requires youth to develop and strengthen their critical consciousness about the systemic causes of individual hardships and take steps to challenge and change these conditions that are unjust. One step might be standing against individuals adversities that are the result of systemic oppression; this will help youth learn not to blame themselves and to take action to achieve their potential.¹⁸ Finally, healing practices must be culturally safe for youth so that they can rediscover, reinvent and reconnect with their cultural identities, traditions, beliefs, values, and customs.¹⁹

Ultimately, I reinforced the following core tenets of healing: healing is in response to the needs of the community, healing is political, healing and organizing intersect, and healing is found in culture and spirituality.²⁰ This places healing – defined as a “process that is inclusive of the mind, body, and spirit and that aims to restore and renew the individual and collective emotional and spiritual well-being”²¹ – at the centre of activities to promote social justice.

Healing was put at the forefront when I asked the youth to offer suggestions for *what changes in the Jane and Finch community would promote healing, joy and peace:*

Question: <i>What changes in the Jane and Finch community would promote healing, joy and peace?</i>

Participants: 24 youth from the Jane and Finch neighborhood

¹⁷ Ginwright, Shawn A. "Peace out to revolution! Activism among African American youth: An argument for radical healing." *Young* 18, no. 1 (2010): 77-96.

¹⁸ Ginwright, Shawn A. "Peace out to revolution! Activism among African American youth: An argument for radical healing." *Young* 18, no. 1 (2010): 77-96.; Kumsa, Martha Kuwee. "Wounds of the Gut, Wounds of the Soul." *Settlement of Newcomers to Canada* 12 (2010): 123.

¹⁹ *Ibid.*

²⁰ Chavez-Diaz, M., and N. Lee. "A conceptual mapping of healing centered youth organizing: Building a case for healing justice." *Urban Peace Movement* (2015).

²¹ *Ibid.*

Date: August 12th, 2020

Responses:

1. "More jobs and more youth employment."
2. "Normalizing mental health and providing more access to mental health facilities."
3. "More jobs and mentorship for youth, more positive community role models should be showcased so youth can have more positivity to look up to, more mental health support, more widespread community bonding programs and events."
4. "In my community we share when it comes to celebration, workload, culture etc but not so much for health or violence."
5. "Creating spaces for young children and youth promoting education and physical activity."
6. "More upstream thinking meaning more things to help with prevention rather than treatment."
7. "More homeless shelters."
8. "Getting rid of internalized shame and making other resources available. Often times we fear sharing because we think people will judge but if we need help we should reach out regardless. If you can't find support in one place, seek out other resources."
9. "Money."
10. "Creating spaces where youth feel safe to socialize and be themselves."
11. "Letting community define the issue so that they can solve it themselves."

12. “More human basic communication like saying ‘hello’ to strangers.”

General themes that emerged from the conversation included safe spaces, community agency and autonomy, increased jobs and opportunities for youth, getting rid of stigma and shame around mental health, more housing and homeless shelters, more resources (money), normalizing mental health and increasing access to resources for supports and help and putting the emphasis on violence prevention.

Community Engagement

Community Safety Forums – Key Messages

This year, the City of Toronto hosted its 5th Annual Community Safety Forum and the theme was **transformative healing and recovery**. From July 17 to August 14, members of the public, City of Toronto staff, and members of the community were invited to participate in weekly virtual discussions about community violence and healing, youth engagement, capacity building, and responsiveness to community violence every Friday at 10 a.m. There were five sessions total through which narrative data was collected, as seen in the following sections. The emphasis was on collective healing, integrating the voice of young people, grassroots organizations, and the City of Toronto – bringing together grassroots organizations and mainstream organizations to create change.

1. Community Violence & Impact on Community – July 17th, 2020

Description: Community violence has impacted and shaped communities across the city for many years. In this session, the conversations focussed on the historical

context, the causes of community violence, its impact on communities, community resilience, and new ways forward.

Speakers:

- Wayne Black - PEACH
- Phillip Howard – McGill University
- Kenneth Slater – Dixon Hall
- Moderator: Darren Bonnick – MCCSS

In a time where communities worldwide are protesting against oppression and injustice, it is time for change – sessions that mobilize the community like these are the catalysts for this change. We still live in settler colonial conditions that normalize violence and it is fundamental to attend to the histories and complexities of violence. Community violence focuses on the individuals who commit these crimes (i.e. shootings, stabbings, gang violence) that occur between individuals, and that also occur in low income neighborhoods that are disproportionately Black, Indigenous, and racialized. Solutions have historically focused on relationships with police, as well as better policing and strategies that steer young people away from violence. Ultimately, solutions are framed in a way that *these* communities are to blame, and solutions are found in what will cause less violence.

Yet, community violence encompasses broader social relations, from housing, food insecurity, lack of resources, and policing. The report on the *Roots of Youth Violence* identified poverty, racism, community design, issues in the education system, approaches in school discipline, health and mental health, youth voice, lack of economic opportunities, and the youth criminal justice system as reasons for youth violence. The

conditions of state violence are the root of recklessness and desperation that caused people to get involved with violence – this is due to **social neglect by the state**, or state violence. This is embedded within a longer history of colonial violence of Black, Indigenous, racialized and poor individuals and their treatment by the state.

Solutions are complex; they cannot be narrow and reactive but instead must recognize, name, and address state violence and neglect which exacerbated conditions. Solutions cannot be simplistic that focus on policing or coping mechanisms that build resilience. The conditions of neglect and state violence must be eliminated in the first place – from community housing to education and health care.

There is also a need to create systemic change in order to build the innate drive of youth and young adults through peer mentorship *within* the community for young people to have relationships and trust. This is of extreme importance especially with those who have lived experience of the justice system and community violence.

Furthermore, services must be designed *by* the people who need them, as opposed to being designed to for further oppression. There is a need to increase mental health literacy, have resources and supports to unpack and process trauma, and support youth in communities. There needs to be a multi prong and holistic approach created such that the solution supports the shifting of power and shift of resources.

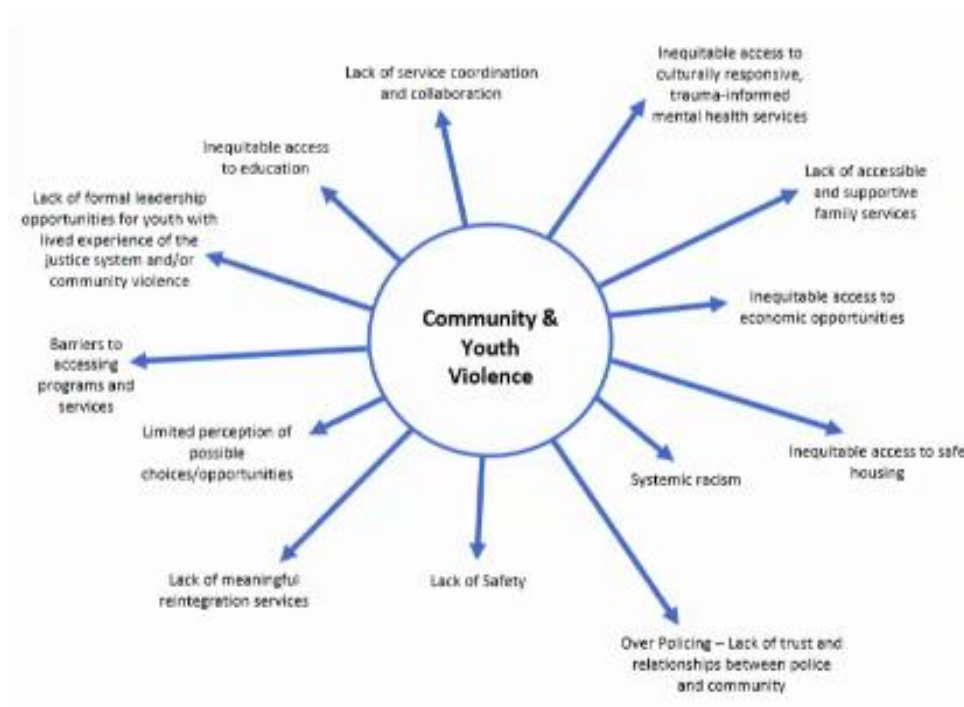


Figure 1: Christina Alexiou, City of Toronto, July 17th, 2020.

Finally, there is a need to create spaces outside of the home for youth and adults to share and create meaningful relationships. These spaces could be created around activities that everyone does, for example cooking meals together and where people can talk organically which they cook or clean. For youth, after they engaged in cooking sessions, they spoke about what was happening to them in the community. They talked, cried and were supported during times where they lost a friend. Art can also be a means of commemorating intergenerational violence. It is important for government workers to *show up*, for example in the community, and at gathering and funerals.

2. Innovative Youth Engagement & Social Media – July 24st, 2020

Description: Over the years, the ways in which youth connected and are engaged with one another and agencies has shifted. This session focussed on new and innovative ways to engage and connect with young people in the community. Topics discussed

included innovative youth programming, social media engagement, and how community violence plays out in the online realm.

Speakers

- Christian Epistola – Kick Back & Co.
- Kimberley Moore – East Scarborough Boys & Girls Club/TAIBU
- Raamla Adan - Hope*Hustle*Heights

The main way in which youth programming has changed or shifted in recent times is the lack of access and ability for programming, delivery, and knowledge sharing: the main constraint being space. Another issue is that youth programming is monetized, whereby high-level experiences are brought to youth and brought to community organizations; however they are not created *by and for* the community.

An example of innovation and designing in programs with a slight incentive attached was the recording studio space in the Weston Dennis community. It is important for youth organizations to be driven based on what the youth of today want. There is a need for more autonomy and more freedom of choice where youth want to create their own social hubs; currently examples of self-created youth hubs include libraries, McDonald's, and parking lots. Overall there is a lack of resources for racialized youth. In the example of the Scarborough community, it is important for government and youth workers to meet youth where they are already, in their own social hub and not impose rules like teachers, workers, or parents would. This might include a recording studio or gym, since currently youth do not want to go into drop-in centres with couches and video games.

Another aspect of youth work currently is greater focus around mental health. Before there was not much conversation about mental health, and the assumption was that these conversations were not happening. With social media now, information is widely available but the real work remains in contextualizing this information for young Black and racialized folk so as not to perpetuate assumptions about conversations that are or are not happening in the communities.

Strategies to connect with the hardest to reach youth in the community include maintaining engagement inside and outside community centres, going to court, creating ongoing relationships and engaging youth, checking in and showing that there is someone for youth to talk to whenever they want. Having conversations over cards and food and playing games relieves community and peer pressure. However, eating as an activity has made it harder to have meaningful dialogue. Additional strategies include offering free services, such as cutting hair for free, while having conversations with youth that foster mentorship and one-on-one interactions. It is important to take a love-based approach, appreciating youth for their skills and talents. It is fundamental to not take a savior complex and see youth as projects, but instead to make services culturally relevant and ask youth themselves what they would like to see.

It is also important to give youth experiences such as traveling, which allows youth to step outside their comfort zone and see the world outside the confines of their community and be exposed to communities across the city even. Not staying in the confines of one's community allows the youth to escape violent dynamics of fear for safety, and simply flourish and explore who they are and what they enjoy.

3. Community Healing & Cultural Appropriateness – July 31st, 2020

Description: Studies have shown there is a direct correlation between exposure to community violence and impacts on mental health and wellbeing. In this session, discussions focused on the various ways individuals, families, and community heal and support one another; mental health stigma; and approaches that communities can use to better understand mental health and coping from a variety of diverse cultural backgrounds.

Speakers:

- Munira Abdulwasi – York University
- Chris Lenard – BlackCAP
- Lindsay Kretschmer – TASSC
- Haran Vijayanathan – Alliance for South Asian AIDS Prevent (ASAAP)/Fierté Canada Pride
- Moderator: Diane Longboat – Soul of the Mother & CAMH

When studying mental and physical health, it is imperative to use personal experiences as informing research. There is a need to acknowledge the interconnectedness of our lived experiences and their impact on mental and physical health. For example the experience of being of African or Indigenous decent, of being a daughter, mother, Muslim and the impact of coming from a collectivist culture where through faith or culture each person has obligations to each other and ethical obligations to their community. Places of prayer can be effective locations to implement mental health workshops and programming while encompassing the element of spiritual healing. Stigma is the twin sibling of oppression: those that are stigmatized feel they do not have

a voice or the power to speak out. It is crucial to break the silence of stigma and make collective space for everyone. Finding safe spaces is fundamental; however, there is a struggle to speak openly about sexual health in faith-based institutions because of the layer of shame and stigma. Collective history, colonization, and slavery means it will take time to work with communities and continue to work in spaces where we want to implement more change and bring voice to allow people to come together to speak about issues that are highly stigmatized in communities – from sexual health to mental health.

A panelist emphasized that within the queer community, there are added dimensions that culture and ethnicity bring where communities who have been traumatized and immigrated from post-war countries have a hard time accepting queer members of their community. It is a struggle to belong and achieve mental health and wellbeing as certain individuals face more barriers versus others. To be LGBTQIA+ was up until recently seen as a mental illness and was illegal until 1984. There is still the struggle in many cultures to destigmatize and to undo the trauma of being put on treatments to become “normal”. It is fundamental to look at systems and what maintains stigma; within the LGBTQIA+ community, the historical labeling necessitates more work to undo.

Another panelist shared that the experience of being a Black person living in the west carries internalized trauma that people may not even be aware of from the experience of people stolen from Africa. It is important that children who are Black are not stepping into spaces where they are diminished and where light and spirit is taken away. There is a high representation of Black folks who come to CAMH in Toronto, and

they are restrained and treated differently. White supremacy and the impact of anti-Black racism is what is impacting their mental, emotional, physical, and spiritual wellbeing. Stigma and shame is part of what is affecting the community and healing and wellbeing is connected to reclaiming and relearning that which will help hold community together as a people and connect to culture and traditions. There must be a process to find community and create identity.

Another panelist focused on Indigenous healing and the importance of looking at the roots of racism and oppression. We are on Turtle Island, which are stolen lands, and Canada and the North American continent are built from people who were stolen from their homelands, through a process of historic indigenizing. Oppression creates class and economic systems that rewards a certain segment of society at the top and that worked on the back of the communities. Oppression has been legalized in Canada and now within Indigenous communities, there is intergenerational and historical trauma which necessitates powerful ceremonies of healing to put generations to rest and heal the oppression such that it is not passed down onto children and grandchildren.

One panelist highlighted the power of storytelling, and traditions that take pride in our identity as well as our collective history. He found success in creating spaces that were linked to cookouts and informal cooking together over traditional ethnic food. This setting allowed for having conversations and addressing mental health and stigma through sharing stories and through talking about sexual health, trauma, PTSD, and the overall mistrust in the medical system. Funders may not see this as a form of therapy, however there is cultural relevance in having these informal spaces where people can also grieve together following a violent incident in the community, whether or not they

have been directly impacted or not. This form of creating safe spaces for healing that are culturally appropriate was echoed by all panelists. The importance of connecting with people who share similar backgrounds as a person is so fundamental in alleviating stigma, removing shame, and allowing for collective healing to occur. Knowledge is power as well as knowing the signs and having the language to understand trauma.

4. Transformative Healing and Recovery: A Collaborative Approach for Grassroots Organizations and Agencies – August 7th, 2020

Description: This session provided a training to agencies, residents, and grassroots leaders regarding how grassroots agencies and larger community agencies can work better together.

Speaker/Facilitator:

- Gary Newman

Collaborative solutions entail doing together that which we cannot do alone.

Collaboration is a group of individuals and organizations who work together towards a common goal. Isolated impacts are organizations that work separately and compete with each other (for funding) as opposed to collective impact, where multiple partners work together.


Complex health challenges

Tackling complex social and health problems

Traditional approaches are not solving our most complex social problems

- Funders select **individual grantees**
- Organizations **work separately** and **compete**
- Corporate and government sectors are often **disconnected** from foundations and nonprofits
- Evaluators attempt to measure an organization's **isolated impact**
- Large scale change is assumed to depend on **scaling organizations**

Isolated Impact



Tomás Aragón, Health Officer (SFDPH) | What is Collective Impact? | July 5, 2016 | 6 / 18

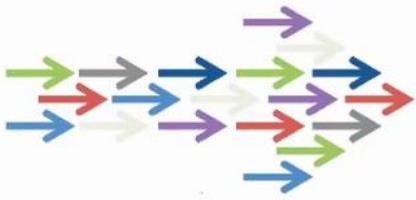
Figure 2: City of Toronto, August 7th, 2020.

Complex health challenges

Tackling complex social and health problems

Imagine a different approach: Multiple partners working together to solve complex issues

Collective Impact



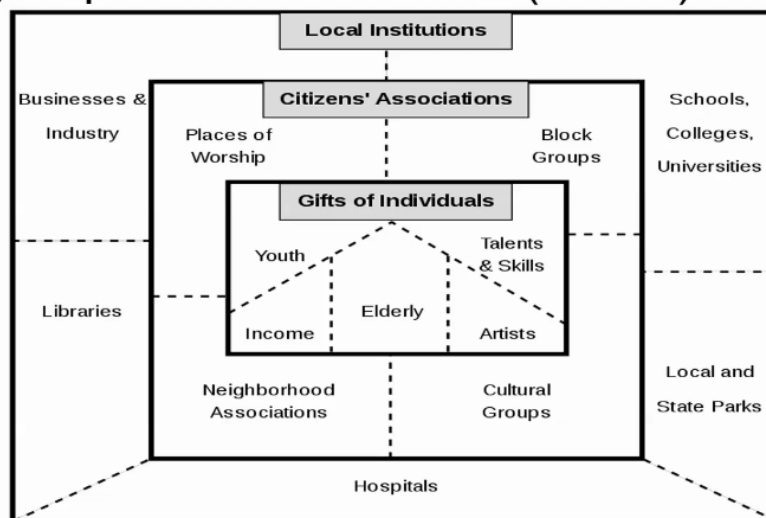
- Problems solving and solutions arise from **interaction of many partners within larger system**
- Cross-sector alignment** with government, nonprofit, philanthropic and corporate sectors as partners
- Organizations actively coordinating** their action and sharing lessons learned
- All working toward the **same goal** and measuring the **same indicators of success**

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Figure 3: City of Toronto, August 7th, 2020.

Coordinated actions create a feedback loop which demonstrates indicators of success. This is in line with an Asset Based Community Development approach, whereby communities are not dependant on external initiatives but use and capitalize on inherent gifts and resources within the community to grow and prosper. This approach encourages and inspires transformative healing and recovery between agencies and grassroots organizations. However, this approach makes imperative to start with people's gifts, with the elders, in community talents and skills; and after the community vision is established, to connect with local institutions to help community achieve their goals.

Mapping Capacities and Assets (ABCD)



Source https://en.wikipedia.org/wiki/Asset-based_community_development#/media/File:Asset_map.svg

Figure 4: City of Toronto, August 7th, 2020.

5. City of Toronto Responsiveness – August 14th, 2020

Description: This session focused on the initiatives, programming and data collected by the City of Toronto. Speakers were from various departments in the City of Toronto

and explored various responses their teams have led to promote and ensure transformative healing and recovery in vulnerable communities.

Speakers:

- Scerena Officer - Community Safety & Wellbeing Unit, City of Toronto
- Scott McKean - Community Safety & Wellbeing Unit, City of Toronto
- Stefany Hanson - Youth Development Unit, City of Toronto
- Anthony Morgan - Confronting Anti-Black Racism Unit, City of Toronto

There has been an increase in the structural, system, and socioeconomic vulnerabilities to violence and crime in Toronto. From 2014 to 2019 the City has tried to implement different programs and policies across Toronto – from parks and recreation, to employment to public libraries – to enhance the services they offer. This has also encompassed stepping into a youth violence prevention framework. Outreach to youth has become a serious challenge during COVID-19, despite the fact that pre-existing outreach efforts needed to be enhanced.

The *Community Healing Program* was introduced by the Youth Development Unit, and focuses on mental health of young people who are exposed to community violence. This has been operationalized through recruiting young people in the community to modernize curriculum and bring in elements of work that are meaningful to the youth population. It is important to also bridge the gap and work with employers such that they give youth meaningful job opportunities and where prior criminal activity is also not a barrier.

There is a disproportionate experience of violence in Black and Indigenous youth, as they have diminished social determinants of health. The Community Safety

and Wellbeing Unit's core activities are: intervention, interruption, prevention, and system innovation. The team provides immediate response to gun and gang related activities and stabbings, and involves and engages the wider community. Up to \$3,000 is given to communities following a critical event for the recovery and healing of communities. There is a need for integrated interventions that are not just through one agency.

There is a prevailing culture of emergency response as a system as opposed to examining the social determinants of health that manifest in society. Further, there lacks an examination of how to creatively use risk intervention models to move towards peace, and how to use prevention and longer term social development and policy shifts to reduce reliance on emergency responses. Areas of risk include community trauma, community violence, harm and victimization, and community justice. The task is how to become a trauma-informed and responsive city, how to mobilize services to be trauma informed and preventative, as well as how to engage the community in these responses.

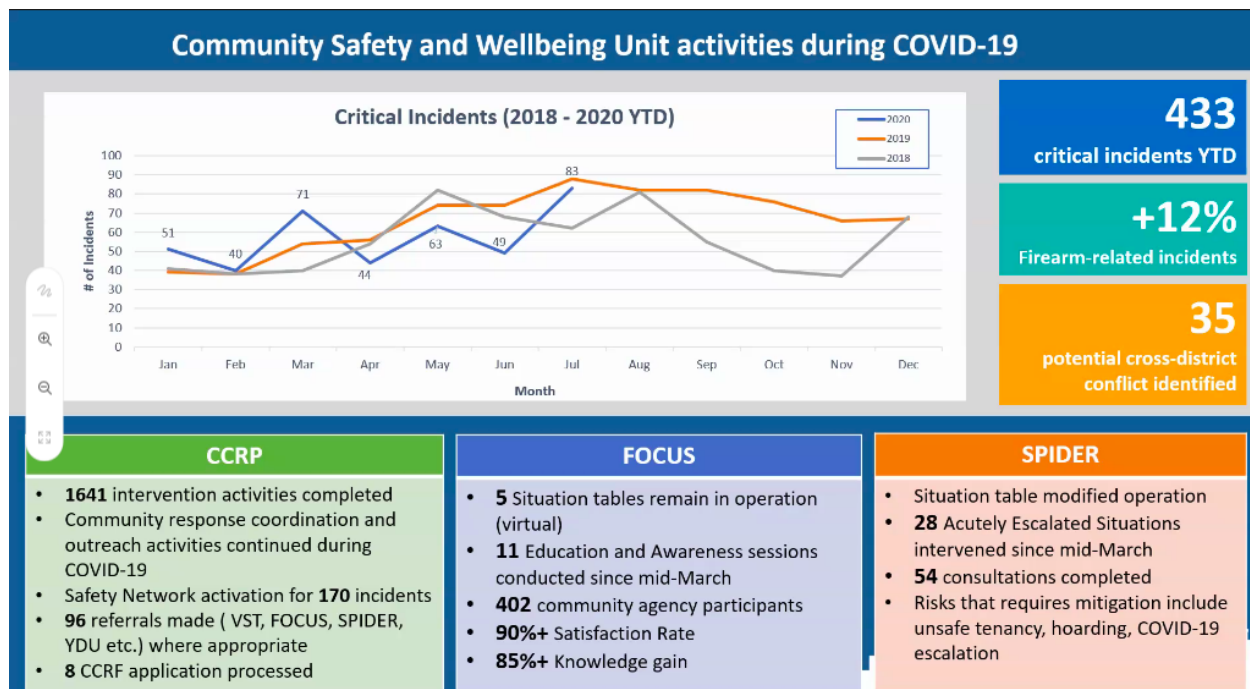


Figure 5: City of Toronto, August 14th, 2020.



Figure 6: City of Toronto, August 14th, 2020.

Resident Interviews – Mental Health First Aid in Jane and Finch

Mental Health First Aid (MHFA) is an initiative that has been operating in the Jane and Finch community since 2018, when the first resident interviewed for this research report became an instructor. This came at a time when there were instructors from outside the community training community members in mental health. However, these trainers were disconnected from the actual needs and struggles of members from the Jane and Finch community, which include eviction, gun violence, police violence, and racial targeting. Once the resident became an instructor and received the MHFA training course, they gave back to the community by giving free trainings in mental health literacy. Since 2018, this instructor has certified over 600 members in the Jane and Finch community in MHFA. The mental health training course delivered by the instructor covers the basics of mental health including mood disorders, bipolar disorder, eating disorders, schizophrenia, anorexia, substance abuse, and depression.

When interviewed, the instructor said she got involved as the previous trainer was out of touch with the needs of the residents in the community, came from a different neighbourhood and could not resonate with the problems the youth and adults faced. As an instructor from the community, she has experienced the challenges within Jane and Finch community and her opening up during her training has helped residents feel comfortable, at ease, and trust her in her delivery.

The main challenges in providing the MHFA to residents in Jane and Finch is the lack of space for programming especially during the time of COVID-19; the lack of childcare for parents in order to do the two day training; and the lack of mental health

personnel to help individuals who may be triggered during the course and need to speak to someone about their own mental health experiences.

Additional Resources and Supports for Jane and Finch

When asked what other supports does the Jane and Finch community need, the resident instructor spoke about the need for subsidized housing, as many community members are struggling to pay rent and cannot afford to save at the current rates of rent. It is hard to find subsidized units in Jane and Finch - the wait time is about 10 years. There is the need for more jobs and more employment opportunities to keep the youth busy. Another support youth specifically need is help to receive a pardon for their criminal record; youth who have criminal records find it hard to get employment and a pardon gives them a chance to work in the community. Furthermore, there is a need for increased spaces for youth to just hang out, such as recreation centres, community hubs, etc. Other supports include the opportunity for children to have activities and trips outside of Jane and Finch – such as going to sports games, swimming, and traveling to other parts of the city of Toronto.

There is a lack of quality grocery stores in Jane and Finch, and people have to travel farther out to get good quality food, as well as vegan and vegetarian products. This transportation and increased costs may not be feasible for many households.

A lot of older people lack services that promote interactions with others. There are many older people in Jane and Finch who do not know how to read, and thus they cannot understand important notices that come for them in the mail.

The JF MHFA project has three goals:

1. To address mental health/trauma issues experienced by Jane Finch residents on an ongoing basis.
2. To empower residents through the provision of first aid mental health training which will provide them with certified skills to use themselves, with their families and within the wider Jane Finch community, and that can also be used to enhance their resumes/employment opportunities.
3. To create a community of practice for residents certified in mental health first aid in order to provide peer-to-peer support, resources and new opportunities to enhance their capacity around mental health issues/wellbeing resources.

At the December 2019 meeting of the JF MHFA Community of Practice, Jane Finch residents and service providers acknowledged the community faces many barriers to accessing mental health services including stigma as well as the lack of local services that people are comfortable accessing. JF MHFA Community of Practice recognized the need to provide more peer mental health support in high priority areas of the community where there is an increased incidence of violence, trauma, lack of suitable housing, and poverty, and to gather data about what mental health supports would be best for the Jane Finch communities.

Recommendations

1. Investing in Youth Mobilizers

One element that became clear when conducting the *Community Engagement Initiative* was that youth voices are powerful, and they are informed. Initiatives that go straight to the core of youth engagement by having sessions, workshops and events led

by *youth themselves*, will be powerful in engaging the larger community and spreading the message of violence prevention, mental health literacy and transformative healing.

More creative methods need to be used to engage the youth of Jane and Finch as mobilizers for mental health. This could include collaborations with the Toronto District School Board to have presentations and recruitment sessions publicized during school breaks, lunches and assemblies. Other creative methods could include physically going to youth hubs and meet up spots in order to chat with youth about programming and mental health literacy and create buy-in through establishing long term relationships with the youth. Other considerations include:

- i. High priority should be established with youth from low-income neighbourhoods, racialized youth, and newcomer youth.
- ii. Platforms should include in person and online spaces.
- iii. Financial resources should include grants, stipends and scholarships for partaking in sessions and should promote pursuing post-secondary education.

2. Investing in Jane and Finch Community Spaces and Hubs

There is a dire need to invest in a community centre or social hub for the Jane and Finch community. This will provide a safe space for youth to spend their free time, as well as a space for transformative healing and recovery initiatives and mental health training for children, youth, adults, and seniors.

This recommendation is coming at a time when Metrolinx, a government agency, is attempting to renege on its pledge to community benefits, which was part of the Finch Light Rail Train project. Metrolinx had promised to commit a piece of land for an arts

and services hub as part of its plan for transit development; yet now, wants to ask for 'market value' of this land instead.²²

The Jane and Finch community is in need of a community centre because there is a lack of social and recreational infrastructure in the area; the impacts of COVID-19 have exacerbated an already under-served and under-resourced area, such that a significant increase of social infrastructure investments in the community is urgently needed.²³ There are already safety issues around lack of decent housing and transit, precarious employment, racialized poverty, anti-Black racism, and police brutality that Jane and Finch residents are facing.²⁴ Further considerations include:

- i. Spaces created should be neutral territory for gang related matters.
- ii. Spaces should be established in partnership with pre-existing NGOs, school boards, etc.

3. Cross Cultural Training and Relevancy of Programming

Training and programming conducted by the City of Toronto must be created and executed by the community it seeks to support. Communities such as those located in the Jane and Finch area are rich in diversity and immigrant concentrated. This requires programming that pays attention to the complexities and stigma surrounding mental health from the cultures of origin of residents of the area.

Some suggestions offered by expert panelists during the *Community Safety Forum* included cultural cooking and get-togethers that meet residents and community members where they are, and engaging in activities of bonding such as eating, playing

²² Jane Finch Centre, "Message to Metrolinx: Keep Your Promise to the Community", Jane Finch Centre, July 24th 2020. <https://www.janefinchcentre.org/news/message-to-metrolinx-keep-your-promise-to-the-community>.

²³ Nick Westoll, "Jane and Finch neighbourhood rallies in support of community hub, urges Metrolinx land commitment", Global News, July 27th, 2020. <https://globalnews.ca/news/7222082/jane-finch-community-hub-rally-metrolinx/>.

²⁴ *Ibid.*

cards, etc. These events should be led and hosted by members of the community so as to not create a parachute programming that is not tailored and suited to the diverse culture and ethnicities of the neighbourhood.

There is also a need for a culture shift within the City of Toronto that integrates cultural competency and awareness training and experiences for all staff members. It should change the way our municipal and provincial government “does business”, and engage and hire people from the community to lead initiatives for targeted communities. This should also include hiring newcomers and hiring translators to help onboard and adapt.

4. Increase in Peer-to-Peer Capacity

Initiatives such as *Mental Health First Aid* (MHFA), which is conducted by a member of the community for members of the community – who then go on to educate and spread knowledge and awareness in their own circles and peer counsel members of the community – is a great example of building peer-to-peer capacity. This methodology is suited to create solutions from within the community for the community, and has a greater chance of success as community members. This is because the community is more likely to seek support and validation from individuals who can understand the complex challenges they face as members of the Jane and Finch community, as well as stigma and shame that comes with the subject of mental health within different ethnic and immigrant communities.

Peer-to-peer capacity can be increased by recruiting individuals and community members to train as leaders or program directors, facilitators and educators in the realms of MHFA, healing and recovery, holistic healing, etc. These leaders can then go

on to spread the message in community centres, places of worship, grocery stores, etc. in order to engage the community and increase access and awareness of community programming, mental health supports, and overall mental health literacy.

An example of this already occurring is through the “Neighborhood Pods” initiative introduced by the City of Toronto, which aims to promote and enhance mental health and wellbeing through enabling neighbours to support each other by leveraging, deepening and expanding existing social networks and building grassroots social infrastructure.

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