

**Unequal Burdens: A Literature Review on COVID-19's Impact on Black Mental Health in
Canada**

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Abstract

Introduction: For the Black community, pre-existing challenges in the Social Determinants of Health (SDOH) were further stressed by COVID-19 pandemic-related stressors. With poor access to healthcare resources and inequitable social circumstances, the mental health of the Black community continues to deteriorate. **Objectives:** The purpose of this study is to elucidate how the COVID-19 pandemic impacted the mental health of the Black community within Canada through the exacerbation of social stressors. **Methods:** A literature review was conducted using PubMed, Google Scholar, and broad Google searches relating to the mental health state of Black Canadians during the pandemic. Searches were limited to 2019-2025, yielding four articles meeting the inclusion criteria. **Results:** The literature review produced four articles, all of which identified compounding effects that placed strain on SDOH and were found to be associated with poor mental health outcomes within the Black community. Some of these effects create obstacles that hinder efforts to improve poor mental health outcomes. **Conclusion:** Historically strained SDOH made the Black community more susceptible to the negative impacts of pandemic-related stressors, and there are structural and systemic barriers in place that require intervention. Clinicians can provide culturally competent care to address specific concerns in the Black community. Community initiatives can also integrate Black advocates and organizations to ensure applicability and cultural sensitivity to the particular needs of the Black community and increase utilization.

Introduction

Social Determinants of Health (SDOH), defined by the World Health Organization (WHO), are the conditions in which people are born, develop, live, earn, and age¹. These determinants also encompass the broader systems and circumstances that dictate our lives². Examples of these determinants/systems include conditions of work, education, structural discrimination, and access to health services². Thus, these non-medical factors collectively play a critical role in shaping individual and population health outcomes. However, it is evident that not all individuals, and especially populations, share similar health outcomes. The reality for many Black Canadians is that their health is generally poor, an unfortunate truth that originates from systemic historical disadvantages (enslavement, colonialism, discrimination, et cetera)³.

Background

Black communities encounter a range of unique health challenges that vary across different aspects. For instance, Black Canadians face increased rates of hypertension and diabetes, as well as increased mortality rates due to HIV and various cancers (prostate, breast, endometrial, stomach, etc.) compared to their white counterparts^{4,5}. However, despite elevated rates of disease, illness, and mortality, Black Canadians encounter difficulty procuring a primary physician/clinician and inadequate access to care at disproportionate rates^{3,6}. The strain on the health of Black Canadians is further exacerbated by poor social SDOH. The disproportionately poor health outcomes they experience can be attributed to their disadvantaged SDOH⁶.

Focusing on the COVID-19 pandemic period, many of the measures implemented to reduce virus transmission also had unintended, widespread effects on communities. Such measures included lockdowns, closures of non-essential services, travel bans, and mandatory self-isolation or quarantine⁷. However, for the Black community, pre-existing negative SDOH

were further stressed by the COVID-19 pandemic⁸. Limited access to healthcare and social inequities have caused the physical and mental well-being of the Black community to deteriorate. As specified by the biopsychosocial model⁹, one must also consider the social factors that play a significant role in the well-being of individuals. This framework is strengthened by recent investigations, which have gathered that the health of Canadians is most impacted by SDOH (50%), followed by healthcare (25%) and biology (15%)¹⁰. Therefore, a clear connection exists between SDOH and an individual's state of health. This connection is further supported by Boden et al., who illustrate the interaction of SDOH, social risk factors, and pandemic-related stressors and their subsequent mental health outcomes (Figure 1)¹¹.

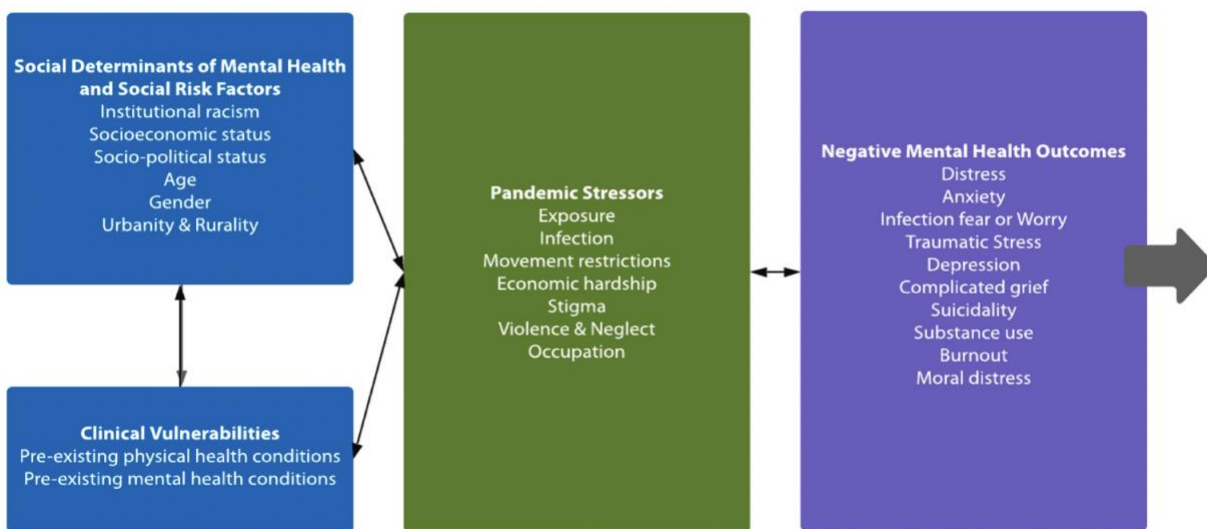


Figure 1: Conceptual framework illustrating the relationship between social determinants of health, social risk factors, pandemic stressors, and mental health outcomes, as per Boden¹¹.

Research Question

During the COVID-19 pandemic, various limitations emerged that significantly impacted SDOH, creating difficulty in day-to-day life for many nationwide. The Black community was not spared and also faced additional hardship. The key question is how this community managed to cope during this difficult time, especially since it has faced historical disadvantages due to social

factors that impact health. This study aims to illuminate how the mental health of the Black community was affected during the COVID-19 pandemic, a period of hardship. The effects of the COVID-19 pandemic have created long-lasting difficulties that cannot be resolved unless the influences and consequences of that period are understood. To better grasp the state of health of Black people in a post-pandemic era, we need to understand their circumstances during the pandemic. Therefore, the purpose of this study is to elucidate how the COVID-19 pandemic impacted the mental health of the Black community within Canada through the exacerbation of social stressors. This study acknowledges that numerous social factors have an impact on health. Thus, for this literature review, the Healthy People 2030 definition of SDOH - Education Access and Quality, Health Care Access and Quality, Social and Community Context, Neighbourhood and Built Environment, and Economic Stability - will be utilized (Figure 2)¹². Through this evaluation, we hope to strengthen the capacity of clinicians to effectively support the Canadian Black community in addressing growing mental health concerns.



Figure 2: Framework for the Five Domains of Social Determinants of Health (SDOH) as per Healthy People 2030¹²

The Objectives of this Study

- Illustrate how the COVID-19 pandemic influenced the outlined social determinants of health (SDOH).
- Understand the lived experiences of the Canadian Black community during the COVID-19 pandemic.
- Understand the state of health among the Black population in Canada.
- Understand resource availability for Black communities and barriers that prevent them from supporting their mental well-being.
- Provide effective strategies for clinicians to serve the Black community better.

Methods

Search Strategy: A literature review was conducted from August 2024 to January 2025. To allow a comprehensive search of peer-reviewed literature relevant to the topic of study, PubMed and Google Scholar were utilized as the primary databases, with supplementation by broad Google searches for academic/peer-reviewed texts and content. Primary terms and Mesh terms utilized include "Black People," "Black Canadians," "COVID-19," "Pandemic," "Social Determinants of Health," and "Mental Health." Searches were restricted to a timeline from 2019 to the present to ensure applicability to the COVID-19 period and, thus, relevance to the current study. Inclusion criteria: The inclusion criteria were as follows: focus on Black Canadian health, investigate the impact of at least two SDOH (i.e., Economic instability or Health Care Access and Quality, etc.), highlight COVID-19-associated stressors (i.e., closure of community services, quarantine, etc.), extrapolate descriptive data on mental health, and studies published in English.

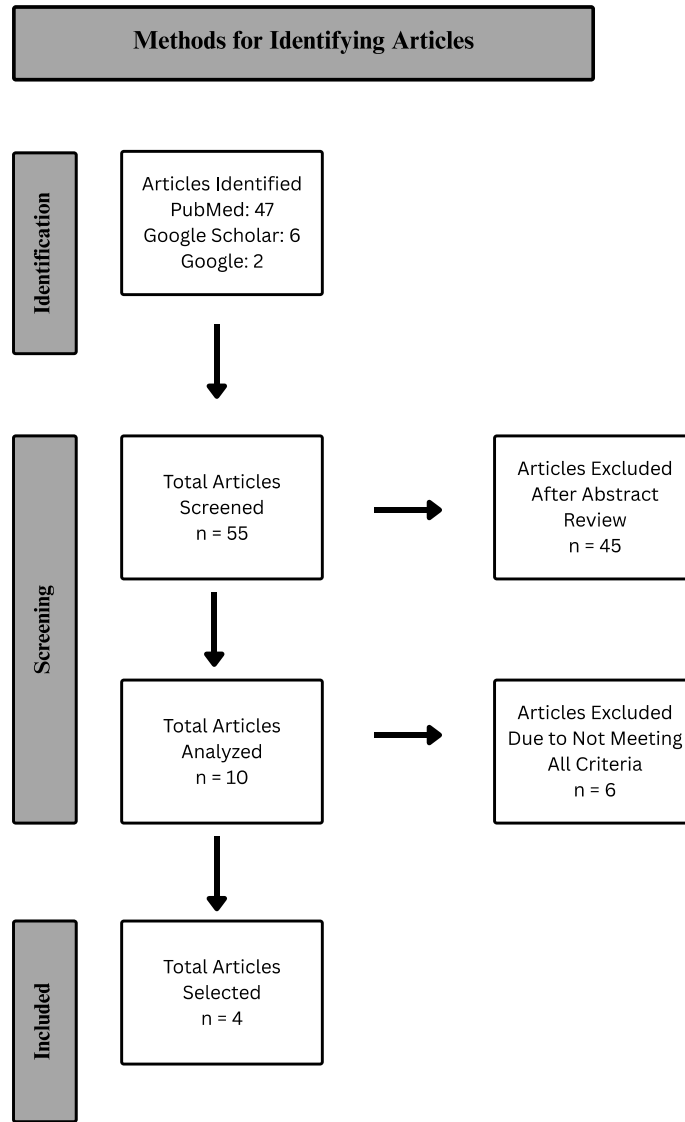


Figure 3: Flowchart of Methods for Identifying and Screening Articles

Results

A comprehensive search initially yielded 10 articles relevant to the research question. Following a thorough review, only 4 of the 10 met the inclusion criteria and aligned with the objectives of this paper. Common reasons for excluding articles included a non-Canadian focus, not attributable to COVID-19 stressors, and examining mental health outcomes without

analyzing SDOH and their effects. Table 1 provides an overview of the research articles analyzed and topics of focus.

Table 1: Overview of Analyzed Articles and Social Determinants of Health (SDOH) Explored

Author(s)	Population Studied	Age	Number of Participants	Methodology
Brouillette et al.	Black youth, residing in Canada	16 - 30	48	Semi-Structured Interviews
Boatswain-Kyte et al.	Black Adults in Montreal, Quebec	18+	Survey: 724 Focus Group: 10 Interviews: 10	Survey, Focus Group, Individual Interviews
Baidoobonso et al.	African, Caribbean, Black (ACB) adults residing in Canada, able to read English or French	18+	1556	Self-administered Survey
Salami et al.	Black youths	16 - 30	48	Community-based participatory (CBP) approach

Employment & Financial Instability

Both economic instability at the community level and financial hardship at the individual/personal level were consistent stressors evaluated throughout the studies. Through a semi-structured interview methodology, Brouillette et al. found that most participants described issues affording their basic needs, such as food¹³. One participant shared, "I wouldn't have money like the last week or the last two weeks of the month. I'd usually just like – it was the summer so I would usually just go to random places and sometimes they'd be like giving out free pizza"¹³. Participants also voiced unstable employment as another pandemic stressor contributing to financial instability¹³. One participant stated, "I think it has been stressful ...but I feel like the pandemic affected several youths, and some lost their job, some lost their means of livelihood"¹³. In addition to precarious employment, participants also mentioned the absence of financial resources/support as a compounding pandemic stressor leading to poorer mental health¹³. "If you

don't have access to CERB then you have a lot of worries and like a lot of like mental health-related problems, you know, stemming from like, you know, worrying about your financial situations"¹³.

Similarly, Boatswain-Kyte et al. also found that their participants grappled with pandemic-related economic struggles. From the survey portion of the study, 35.8% of participants aged 18 - 30 reported income loss¹⁴. Financial difficulties were also evident in the focus group and individual interviews. For example, a primary concern expressed was the abrupt and increased financial burden on Black adults supporting children, grandchildren, and their adult children¹⁴. Participants also voiced that this financial strain was further exacerbated by the loss of income from their adult children who, pre-pandemic, were contributing to costs¹⁴.

Baidoobonso et al. also found similar themes of economic hardship in their nationally distributed survey. Approximately 43% of respondents indicated that the pandemic moderately or severely impacted their ability to cover bills, while 25% reported experiences of food insecurity during the same period¹⁵. These findings suggest that economic instability, coupled with intensified personal financial hardship, significantly increased the financial burden on Black Canadians during the pandemic. The relationship between these financial stressors and mental health outcomes will be explored later.

Housing Affordability

Housing instability and displacement emerged as another pandemic-related stressor among Black Canadians. As previously mentioned, Brouillette et al. established that most participants struggled to afford necessities, including housing¹³. One participant expressed the effects, especially for Black youths - "some even lost their homes, because of not being able to

keep up with rent"¹³. Another participant shared these sentiments - "A lot of people lost their jobs and couldn't keep up with rent. Some even lost their homes because they couldn't afford to stay"¹³.

Research by Boatswain-Kyte et al. reflected comparable themes within their study. Participants expressed that having extended family moving in during the pandemic (even temporarily) had worsened financial, health, and mental burdens¹⁴. A participant shared, "My boy...He came to live with me at home with his kids. Lots of problems! It's been taking a lot out of me...Because I live with the kids I see a difference, because before I was paying my rent at \$800...plus electricity...But now I pay the house a little bit more"¹⁴.

These findings were echoed in the research by Salami et al., as interviewees reported housing issues such as experiencing homelessness, inability to afford rent, and general loss of housing¹⁶. Respondents also specifically attribute these concerns to Black youth who had established pre-pandemic economic disadvantage and financial strain worsened by pandemic-related factors¹⁶. Cumulatively, these findings suggest that financial strain contributed to a range of housing challenges for Black Canadians during the pandemic.

Housing Safety

In addition to affordability, housing emerged as a central theme in the literature concerning decreased safety. Baidoo-Obonso et al. reported that 17.2% of participants became less safe at home¹⁵. Although participants did not elaborate on the specific safety concerns at home, this topic also emerged within the other studies.

Boatswain-Kyte et al. reported shared living and the inability to socially isolate as a stressor for fear of contracting the COVID-19 virus¹⁴. One participant shared, "I was panicking!

When I saw the children. I was obliged, because the house is small, to be close to them... but I tried not to get too close to them because I was afraid. I was afraid of catching the disease"¹⁴.

Alternatively, participants from Salami et al. highlighted the issue of 'toxic households' where, due to pandemic-related restrictions, participants were more likely to spend prolonged time in physically and emotionally harmful environments¹⁶. One interviewee said, "if we're thinking about Black youth or the Black population in general, certain people who do not live in safe home environments, or live in toxic households, or have parents who are abusive, or— situations like that, which Black youth and Black individuals would be more likely to be in"¹⁶. Thus, beyond financial challenges, the home was another stressor for participants due to decreased emotional and physical safety concerns.

Education & Schooling

Education/schooling-linked challenges also emerged as a pandemic-related stressor in the studies. Brouillette et al. found that participants identified the sudden shift to online learning, unreliable internet, inadequate/limited devices, and no access to in-person support as stressors¹³. The absence of in-person support compounded the challenges endured by participants, as in-person interactions are integral for maintaining motivation in students from marginalized backgrounds¹³. One participant expressed, "it's impossible to learn online. Like there's just so much...that not having like a face to face, like raise my hand, ask the question, it's just a lot harder online... It's definitely been stressful school-wise."¹³. Additionally, derailed academic progress/pathways emerged as a pandemic-related stressor, as one participant voiced, "I feel it derailed me from going to do my Master's immediately right after."¹³.

The prior findings were mirrored by Salami et al., as respondents highlighted the abrupt switch to virtual learning as a stressor¹⁶. Additionally, respondents voiced associated issues with virtual learning, such as diminished teacher support and lack of educational support¹⁶. One participant noted, concerning the lack of educator support, "some teacher's kind of just take advantage of it because they say we at home will for sure have nothing to do since it is online to give assignments in class."¹⁶. These intersecting challenges contributed to decreased academic motivation and poor academic performance among participants¹⁶.

Community & Wellness Resources

Lastly, pandemic-related restrictions impeding access to community and wellness resources have also emerged as a stressor among the Black community. Brouillette et al. found that pandemic measures made integral community and social resources inaccessible, thus creating an absence of cultural and emotional support for participants¹³. Pandemic-related restrictions were further compounded by a profound lack of social interaction, which reinforced feelings of isolation from the community¹³.

Salami also highlights the lack of community resources as participants voice the inaccessibility of community/recreational centers, such as courts, fitness centers, and other gathering spaces, as a pandemic-related stressor¹⁶. Such restrictions prevented participants from accessing critical coping mechanisms. A particular participant notes, "I do know that in the basketball community and where there is a lot of young Black youth that was harshly affected...sport is a vector of change through these certain underserved communities and basketball, it was basically all they had or the main thing that was driving them to wake up in the morning and go play hard and yeah, I'll do school also."¹⁶. These findings suggest that pandemic-

related restrictions removed access to healthy coping strategies and diminished sources of resilience for the Black community. While Baidoo-Boonso and Boatswain-Kyte do not comment on resilience specifically, they both present data associated with this theme. In addition, Salami and Brouillette present compelling data that will be explored further in a subsequent section.

Cumulative Mental Health Impact

A consistent trend throughout the studies was that strain on specific markers of SDOH had significant and deleterious effects on the mental health of the Black community. A summary of these trends can be found in Table 2.

Employment and financial-related stressors - such as the inability to pay rent or the loss of a job - were associated with increased stress and anxiety among increased mental health burdens^{13,14,16}. Participants voiced that precarious employment and job insecurity were key factors that induced stress due to imminent concerns of loss of housing/increasing housing costs^{13,14,16}. One participant shared, "A lot of people lost their jobs and couldn't keep up with rent. Some even lost their homes because they couldn't afford to stay. The financial stress just kept piling up."¹³. Exacerbated financial instability, particularly those not supported by Government relief programs such as the Canada Emergency Response Benefit (CERB) - was consistently highlighted as a stressor amongst studies leading to poorer mental health outcomes among those without these mitigating resources^{13,14,16}.

Unsafe and unaffordable housing, as introduced previously, was identified as a key precipitating factor of stress and anxiety for participants. More specifically, the primary stressors examined included cohabitation (such as taking in additional family members), social distancing in intergenerational homes, and the ability to afford housing¹³⁻¹⁶ - presented as primary sources

of stress and fear. A key theme that emerged was the rising anxiety linked to prolonged isolation periods or unsafe environments, highlighting the profound psychological effects these situations can have. One participant expressed, "I think having so many lockdowns, not just for Black youth, but in general, is really hard on mental health, right? Because you're at home. You're socially isolated...being in a lockdown probably could be, like physically unsafe for them [Black youth], to be in that home environment for such an extended period of time, but also negatively impact their mental health"¹⁶. From both physical health (contraction of the virus) and economic perspectives, participants voiced increasingly deteriorating mental health due to pandemic-related pressures on their housing^{13,14,16}.

Education/schooling also showed patterns of increased stress, depression and anxiety among participants. The primary stressor for participants regarding education was technological inequities, such as lack of internet access^{13,14,16}. One participant expressed, "it's just a lot harder online.... It's definitely been stressful school-wise"¹³. Additionally, another participant shared, "it derailed me from going to do my Master's immediately right after. I felt so discouraged. I was very depressed – my last year I was very, very, extremely depressed, in terms of school"¹³. Both Brouillette and Salami found that technological disadvantages and lack of in-person support compounded and contributed to worsening self-esteem, decreased motivation, poorer academic performance, and overall deteriorating mental health for participants^{13,16}.

Lastly, the heightened restrictions/closures of community resources emerged as a significant stressor for participants and were linked to poorer mental health outcomes. Brouillette et al. found that without community resources, participants expressed worsening depressive symptoms stemming from a loss of critical community connection¹³. The study also argued that

depression was compounded by factors related to the Black community, such as a sense of helplessness and pervasive isolation¹³. Similarly, Salami’s findings showed that participants reported limited access to community and wellness resources, which contributed to feelings of hopelessness, solitariness, and worsening depressive symptoms¹⁶. Regarding community wellness, one participant noted, "At least they have basketball, and that was definitely one sort of aspect of life for these young Black youth that I know took a hit and probably took a toll on their mental health"¹⁶. Cumulatively, these findings link a lack of community spaces to a decrease in coping mechanisms and sources of support, thereby amplifying mental health challenges.

Table 2: Summary of Social Determinants of Health (SDOH) Analyzed, Associated Impacts and Mental Health Outcomes

Social Determinant Category	Impacts	Mental Health Outcomes
Economic Stability	Loss of income Precarious employment Food insecurity Inability to pay rent Loss of family income	Stress, Anxiety
Health Care Access and Quality	Inability to afford services No access to resources Culturally incompetent care	Stress, Anxiety
Neighborhood and Built Environment	Cohabitation Toxic households Increased Cost of housing Loss of housing Onset of homelessness	Fear, Stress, Panic
Education Access and Quality	No in-person supports Technological divide Lack of educational supports	Stress, Depression, Anxiety, Lower Self Esteem
Social and Community Context	Closure of community resources Inaccessibility of coping mechanisms	Isolation, Hopelessness

Discussion

This literature review explores how the COVID-19 pandemic negatively influenced the SDOH, which disadvantages the Black community within Canada. Furthermore, it highlights systemic barriers that burden the Black community, contributing to the increasing mental health challenges that they encounter.

Firstly, it is critical to recognize that the effects of the exacerbated SDOH were not isolated; they interacted and compounded one another significantly. Selected articles expressed participant-identified themes - including financial instability, loss of employment, and lack of in-person support¹³⁻¹⁶. Brouillette et al., Boatswain-Kyte et al., and Baidoobonso et al. emphasize economic loss, while Salami et al. mirror the theme of financial instability by describing housing affordability challenges¹³⁻¹⁶. However, many of these themes intersect, and their resulting outcomes should be analyzed as a compounded effect¹³. For instance, many participants voiced financial instability as an enormous pandemic-related stressor¹³⁻¹⁶. Baidoobonso et al. associated it with inability to pay bills, whereas Brouillette and Boatswain-Kyte respondents reported more of a focus on loss of income/employment¹³⁻¹⁵. However, financial instability is better categorized as an umbrella term that reflects the broader impacts of the pandemic. Analysis of articles revealed negative impacts on factors such as employment, income (independent and household), and cost of housing¹³⁻¹⁶. While the previously listed factors are associated with financial outcomes and stability, they do not solely stem from economic SDOH. Instead, it is the interplay of multiple SDOHS (in this case, housing, employment, and finances) which accumulate and result in financial instability for the Black community. These effects intensified the negative emotional state of participants; as per Baidoo, 33.1% of participants voiced worse mental

health¹⁵. Brouillette et al. support that the compounding adverse effects stemming from strained SDOH resulted in poor mental health outcomes for the Black community¹³.

Secondly, to effectively address the challenges faced by the Black community in Canada, it is essential to acknowledge the deprived state of the SDOH prior to the pandemic, which the articles clearly demonstrate. This understanding will assist in identifying how placing further stress on the SDOH contributed to the mental health challenges that became more pronounced during the COVID-19 pandemic. The SDOH for Black Canadians prior to the pandemic were markedly poorer not only in comparison to their white counterparts but also relative to other minority groups. For instance, twice as many Black Canadians live in rented dwellings compared to the national average, and 30% of Black renters reside in unsuitable housing or poor living conditions^{6,13}. Such disparities in SDOH are well-established for Black Canadians and have been well-evaluated. It was evident that Black Canadians facing disadvantages in the SDOH were predisposed to poorer mental health outcomes when these inequalities were exacerbated. This notion is further strengthened by Baidoobonso et al., which showcases links to increased debt and minimal savings pre-pandemic, with poor mental health outcomes and increased financial worry during the pandemic¹⁵. When this association is put in the context of Black Canadians who disproportionately experience increased rates of poverty (more than other minorities)^{15,17}, then it can be inferred that the Black community would face increased distress during the pandemic.

Resiliency

It should be noted that community-based support emerged as a positive predictor of mental health within the Black community¹⁴. Participants shared that they formed networks to help one another through volunteerism, running errands, wellness checks, and more¹⁴. Such adaptability among the Black community acted as a coping mechanism for the loss of already

limited resources and as a buffer against the heightened feelings of isolation. Thus, this review highlights the necessity of community resources and spaces to curb poor mental health and promote community wellness.

Future Directions & Provider Actions

The compounding effects of strained SDOH need to be considered and mitigated to best serve and address the increasing mental health concerns of the Black community. Clinicians, especially in primary care, are in an optimal position to reduce poor mental health outcomes for the Black community. Firstly, there is a clear need for culturally competent care, one that considers the well-established challenges of the Black community and works within their circumstances to improve their health outcomes. By committing to ongoing learning of community and cultural practices, clinicians will be better equipped to work with the Black community in tackling long-standing mental health concerns such as underdiagnosis, incorrect diagnoses, stigmatization, misinterpretation of patient experiences, and incorrect prescribing^{13,18}.

Secondly, 80% of Canadians rely on family clinicians as their first network to access mental health resources¹⁸, thus highlighting general practitioners as key access points. Despite underscoring the importance of access to providers, Black Canadians disproportionately face challenges in acquiring family clinicians³. Furthermore, when access to mental health resources is obtained, wait times for Black Canadians are double that of their white counterparts³. Thus, to alleviate the mental health burdens on the Black community, effective interventions need to be implemented to mitigate identified barriers to accessing care. Clinicians can support positive mental health outcomes by undergoing training for cultural competency¹⁶, allowing providers to decrease the likelihood of misinterpreting experiences and better understand their patients, creating connections to encourage and motivate them further to return.

At the community level, when creating programs to combat poor mental health, it is integral to integrate Black advocates to ensure culturally competent care is being combined into such initiatives, improving applicability to the Black community and use^{3,19}. As highlighted through this review, the Black community formed networks to address their community's specific needs when further strained by the lack of community spaces and resource closures. Appropriately utilizing Black representatives will create programs that effectively tackle their community-specific issues and translate them into positive mental health outcomes.

American Context

While this study focused on the Canadian perspective, similar findings can also be found in the American context. For instance, Okoro et al. found similar themes of increased anxiety, depression, and isolation among participants linked to the previously outlined pandemic-related stressors such as loss of income, cohabitation, and food insecurity²⁰. One participant voiced “I’m very isolated. If you wanna know the truth, I am getting depressed” and another “Some parents can’t afford the cable and the internet for their children anymore because they no longer working’, so they don’t have the extra income. Now, their children are outside, trying’ to find food”²⁰. In addition to mirroring outcomes within this study, American-centred articles also shared similar barriers and future directions for mitigating poor mental health outcomes in their Black communities. These recommendations particularly highlight clinicians practicing ‘cultural humility’ (to understand better, empathize, effectively treat and build trust with Black patients), further integration of tele-health (to increase flexibility and accessibility of services), and ensuring policies/community-based health promotion efforts are culturally competent^{21,22}. Thus, despite the limitations of the data from the Canadian perspective, our findings and associations

are further supported by American data, highlighting a pattern of social hardship across Black communities in North America.

Limitations

This literature review aimed to provide insight into the mental health impact of COVID-19 on Black Canadians; however, there are limitations. A significant limitation was the small number of available studies applicable to the Canadian landscape. Additionally, peer-reviewed research surrounding the mental health of Black Canadians, specifically during the pandemic, is very minimal. Therefore, the scope of this literature analysis is restricted. Lastly, the data available is primarily qualitative and based on smaller cohorts, which may limit generalizability.

Conclusion

To fully understand the state of mental health for the Black community and the factors that contribute to its state, we need to extrapolate the compounding effect of SDOH and apply it to the past, present, and future. This literature review showcased an association between strained SDOH and poor mental health within a community with prior established inequitable SDOH. Increased anxiety, fear, depression, and overall poor mental health were consistently linked to social stressors. In addition to worsened mental states, this review was also able to highlight barriers to improving mental health and access to support. Most notably, participants voiced the cost of resources, limited access to mental health resources, and absence of culturally competent care as key barriers^{13,15,16}.

Regardless, this review was also able to highlight protective factors of mental health in the Black community. Community networks and support were identified as protective factors against barriers, minimizing feelings of isolation and poor mental health while also fostering

resilience. Additionally, our findings emphasize the need for healthcare providers to strive for ongoing culturally competent care to address systemic issues. The pandemic revealed more areas to change and evolve within the Canadian healthcare system. However, it is imperative to better grasp the current state and variables contributing to the health of Black Canadians. This, in turn, will contribute to a health system that appropriately addresses their concerns and unique needs. Through these efforts, this is how, in a post-pandemic era, we can improve accessible and culturally competent mental health care for Black Canadians.

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