

**MIGRATION AND MENTAL HEALTH AMONG SUB-SAHARAN AFRICANS IN
CANADA: A CULTURALLY SAFE COUNSELLING PERSPECTIVE**

by

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Abstract

Sub-Saharan African migrants often experience unique mental health challenges shaped by the complex interplay of migration, cultural identity, systemic barriers, and historical trauma. These experiences are frequently misunderstood or overlooked within dominant Western counselling frameworks. This project examines the mental health needs of Sub-Saharan African migrants living in Canada through a culturally safe counselling lens. Grounded in literature and critical theory, the project emphasizes the importance of culturally responsive, anti-oppressive, and strengths-based approaches in therapeutic practice. The final deliverable, a practitioner-focused handbook, provides guidance for counsellors seeking to engage more effectively with Sub-Saharan African clients. The handbook includes culturally grounded adapted Western therapeutic approaches, reflections on power and identity, and tools for integrating spiritual, communal, and contextual elements into care, with the goal of fostering more inclusive and affirming mental health support for sub-Saharan Africans in Canada.

Table of Contents

Contents

Abstract.....	ii
Table of Contents	iii
Acknowledgements	vi
Chapter 1: Introduction	1
Background & Context	1
Rationale of the Project	6
Significance of the Project	8
Personal Location	9
Project Overview	12
Chapter 2: Literature Review.....	14
Sub-Saharan Africa: Culture, Identity, and Mental Health	14
Cultural Perceptions of Mental Health in Sub-Saharan Africa	15
Pre- and Post-Migration Experiences of Sub-Saharan Africans in Canada	18
Mental Health Impacts of Colonial Legacies and Intersectionality Among Sub-Saharan African Migrants in Canada	23
Resilience and Coping Mechanisms Among Sub-Saharan African Migrants	37
Barriers to Mental Health Care for Sub-Saharan African Migrants in Canada	42
Culturally Sensitive Counselling Approaches	46
Chapter Summary	60
Chapter 3: Project Plan.....	65
Introduction	65
Description of Proposed Project	66
Ethical Considerations	67
Chapter Summary	69
References.....	71
Chapter 4: Handbook.....	i
List of Figures	i
Glossary	ii

Dedication	iv
Land Acknowledgement.....	v
Introduction.....	1
Purpose and Scope of the Handbook	1
Importance of Cultural Competence and Cultural Safety	2
Overview of Sub-Saharan African Migrants Experiences in Canada	3
Chapter 1: Understanding Sub-Saharan Africa	6
Demographics and Geographical Overview of Sub-Saharan Africa	6
Common Misconceptions and Stereotypes: Impacts on the Mental Health of Sub-Saharan African Migrants	8
Chapter 2: Migration and Mental Health	10
Mental Health Experiences in Pre-Migration Contexts	10
Mental Health Experiences in Post-Migration Contexts	11
Chapter 3: Systemic Barriers to Mental Health Services	22
Structural and Institutional Barriers	22
Cultural Disconnects and Mistrust of Services	22
Economic Hardship and Underemployment	23
Experiences of Racism and Discrimination	23
Undocumented and Precarious Status Migrants	24
Common Therapists' Gaps and Responsive Practices	24
Chapter 4: Cultural Beliefs and Mental Health.....	26
Traditional Understandings of Mental Health and Illness	26
Stigma and its Impact on Help-Seeking Behaviour	27
Chapter 4: Culturally Responsive Adaptations of Therapeutic Approaches.....	31
Importance of Culturally Informed Counselling	31
Integrating Afrocentric Practices into Therapy	31
Summary	35
Chapter 5: Culturally Responsive Techniques in Counselling Sub-Saharan Africans....	37
Understanding Power Dynamics and Client Expectations	37
Establishing Cultural Safety and Trust	37
Building Rapport	37

Effective Communication Across Cultural Differences	37
Recognizing and Addressing Unconscious Bias	38
Managing Complex Cases Involving Trauma and Loss	38
Chapter 6: Promoting Resilience and Coping Among Sub-Saharan African Clients.....	40
Recognizing Strengths and Resilience Factors	40
Leveraging Cultural, Spiritual and Community-Based Coping Mechanisms	40
Encouraging Positive Reframing and Adaptive Coping Strategies	41
Enhancing Social Support Networks	41
Summary	41
Chapter 7: Clinical Supervision and Peer Support	43
The Role of Clinical Supervision in Promoting Culturally Competent Care	43
Peer Supervision and Reflective Practice	43
Addressing the Counsellor's Wellbeing and Burnout	43
Recommendations for Supervisors and Supervisees	44
Chapter 8: Conclusion.....	46
Closing Reflection: The Ubuntu Philosophy (I Am Because We Are).....	49
Appendices.....	51
Appendix A: Resources for Counsellors and Clients	51
Appendix B: Recommendations for Further Learning	53
Appendix C: Suggested Client Intake Questions	54
Appendix D: Reflection Worksheet	55
References	56
Notes	60

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Chapter 1: Introduction

Background & Context

Migration has been a constant throughout human history, influencing the development of societies and shaping cultures worldwide. Humans have moved from one location to another, often across international borders but also within countries, for various reasons such as economic and educational opportunities, political instability, search for better living conditions, environmental factors or social reasons like family reunification. A report by the International Organization for Migration [IOM] (2024) estimated that 281 million people, or 3.6 percent of the world's population, were international migrants in 2020. Of this number, 19.5 million Africans reside in Europe, Asia and North America.

Sub-Saharan Africans migrate both within the continent and internationally, with North America being a key destination. The United States and Canada are the primary choices in North America for African migrants, primarily due to the U.S. Diversity Visa Lottery and Canada's skilled immigration programs and welcoming policies. Canada, in particular, attracts many African professionals through its structured pathways for skilled workers. (Flahaux & de Haas, 2016; Capps et al., 2011). Conflict and violence are the primary drivers of migration among sub-Saharan Africans. Millions of individuals from countries such as the Democratic Republic of the Congo, Ethiopia, Somalia, Nigeria, and South Sudan have been forced to flee due to ongoing conflicts and/or disaster-related events. (IOM, 2024).

According to the 2021 Census, the number of Canadians identifying with the African heritage population reached 1.5 million, accounting for 4.3% of the total population, which is expected to more than double by 2041. Among Black immigrants, 54.8% were born in Africa, with Nigeria, Ethiopia, and the Democratic Republic of the Congo (DRC) being the top source countries from the continent, all located in sub-Saharan Africa. Other significant

contributors to Canada's Black population from the region include Cameroon, Somalia, Eritrea, Ghana, and Kenya (Domey & Patsiurko, 2024).

In addition to fleeing conflict and violence, many sub-Saharan Africans migrate to Canada for economic opportunities, with skilled professionals attracted by better job prospects and higher wages. Education is another key driver, as many students pursue post-secondary studies in Canada, sometimes following an earlier education in Europe. For refugees from politically unstable nations such as Somalia, Ethiopia, and the Democratic Republic of the Congo, Canada provides safety and stability. Family reunification is a significant factor, as many migrants move to join relatives already settled in Canada. The country's high quality of life, including accessible healthcare and education, makes it a desirable destination for families. Canada's official bilingualism (English and French) also appeals to francophone African immigrants. At the same time, its more flexible immigration pathways, particularly for international students, offer a more straightforward route to permanent residency compared to some European countries. While not always a direct cause, environmental challenges in sub-Saharan Africa contribute to economic and social instability, indirectly influencing migration decisions (Veronis & McLeman, 2014; Domey & Patsiurko, 2024; Okeke-Ihejirika et al., 2020; Woodgate et al., 2017).

As the number of sub-Saharan African immigrants arriving in Canada continues to grow, understanding their experiences remains limited. Many of these newcomers leave their home countries due to a range of challenges, yet little is known about the specific hardships they face before migration. Political instability, economic struggles, conflict, and environmental factors often shape their decision to leave, but the full extent of these pre-migration experiences remains underexplored. Upon arriving in Canada, these immigrants encounter new difficulties as they work to rebuild their lives. Adjusting to a different cultural landscape,

securing employment, and navigating social systems present significant hurdles. Many must also overcome language barriers, discrimination, and the emotional toll of leaving behind their families and communities. Despite these challenges, sub-Saharan African immigrants develop various strategies to adapt and integrate into Canadian society. However, how they navigate these transitions and overcome obstacles is not well-documented, leaving gaps in research and understanding (Okeke-Ihejirika et al., 2020; Pannetier et al., 2017; Makwarimba et al., 2015).

Over the past three decades, many regions across Africa have been deeply affected by ongoing conflict and instability. Civil wars have torn through countries such as Eritrea, Côte d'Ivoire, Rwanda, Sierra Leone, Somalia, and Sudan, leaving behind a trail of destruction and displacement. In other nations like Nigeria, the Central African Republic, and Kenya, political unrest and violence rooted in ethnic and religious divisions have fueled further instability. For millions of people, these conflicts have had devastating and lasting consequences. Entire communities have been uprooted, forcing individuals to endure unimaginable hardships. Many have found themselves caught in the crossfire of war, witnessing scenes of violence that have left deep emotional and psychological scars. Families have been torn apart, with countless people losing loved ones to conflict and brutality. Others, particularly women and children, have suffered the horrors of sexual violence and exploitation, further compounding their trauma. As these crises persist, the impact continues to shape the lives of those affected, forcing many to seek refuge and rebuild their lives in unfamiliar lands like Canada (Fazel et al., 2005, as cited in Yohani & Okeke-Ihejirika, 2018; Woodgate & Busolo, 2018).

The process of resettling in a new country presents significant challenges for immigrants, often affecting their mental health and overall well-being. The circumstances surrounding

their migration, coupled with the complexities of adapting to a new environment, can leave them vulnerable to emotional and psychological distress. Although there is increasing awareness of the impact of post-migration factors and the importance of culturally sensitive support, there remains a gap in understanding how immigrants perceive and manage their own mental health. Research on the coping strategies they use to navigate stress is minimal, making it difficult for healthcare providers, including counsellors, to offer services that effectively address their unique needs (King et al., 2017).

For many immigrants, stress accumulates over time, shaped by both the conditions in their home countries and the realities they face in their new environment. Among sub-Saharan African migrants, in particular, mental health outcomes are often deeply connected to their migration experiences and their ability to adjust to life in their host countries. Without a deeper understanding of these experiences, support systems may fail to adequately address the challenges sub-Saharan African migrants face in rebuilding and stabilizing their lives (Pannetier et al., 2017).

For mental health services such as counselling to be effective, they must account for the unique cultural perspectives and lived experiences of sub-Saharan African immigrants. However, many existing support systems rely on Western-centric models that do not fully align with how African communities understand and manage mental well-being (Whyte, 2024; Khenti et al., 2024). These frameworks often emphasize individualism and biomedical approaches to mental health, overlooking the communal, spiritual, and narrative-based healing traditions that are deeply embedded in many African cultures (Khenti et al., 2024). As a result, sub-Saharan African immigrants may struggle to engage with services that feel disconnected from their experiences, leading to gaps in care and unmet mental health needs (Mental Health Commission of Canada, 2024).

A key barrier to effective mental health support is the lack of culturally safe and inclusive services. Many Black youths of sub-Saharan African descent report feeling alienated within the mental health system, which often fails to acknowledge their cultural identities and lived realities. This issue is further compounded by the underrepresentation of mental health providers from similar racial or cultural backgrounds, making it difficult for many immigrants to find professionals who understand their unique challenges. The stigma surrounding mental health, reinforced by both cultural norms and experiences of racism and discrimination, further discourages individuals from seeking professional support (Whyte, 2024; Salami et al., 2021).

Even when sub-Saharan African immigrants attempt to access mental health services, they often encounter structural barriers. Financial and geographic limitations can make therapy inaccessible, particularly for those outside major urban centers. Additionally, the growing shift toward digital mental health resources has created further disparities, as limited internet access and low digital literacy make online counselling services impractical for some (Ontario Agency for Health Protection and Promotion [Public Health Ontario] et al., 2023; Salami et al., 2021).

To address these challenges, mental health services, specifically counselling approaches, must be adapted to be more culturally responsive and inclusive. Integrating African-centered healing practices such as storytelling, faith-based interventions, and peer support networks can create a more accessible and effective mental health framework. Additionally, diversifying the mental health workforce and training counsellors in culturally competent care can help bridge the gap between service providers and the communities they aim to support. By rethinking traditional mental health approaches and embracing culturally informed models of care, Canada can build a more equitable and supportive system for sub-

Saharan African immigrants as they navigate the complexities of migration, adaptation, and resilience (Public Health Ontario, 2023; Mental Health Commission of Canada, 2021).

Rationale of the Project

Many sub-Saharan African migrants in Canada face significant barriers in accessing appropriate mental health support, mainly due to cultural differences and systemic barriers. This project seeks to address these challenges by exploring culturally responsive counselling approaches tailored to the unique needs of this demographic. Research has shown that sub-Saharan African migrants often experience trauma, stress from cultural adaptation, and identity conflicts (Kirmayer et al., 2011). These complexities demand specialized knowledge and skills from mental health professionals to ensure effective care.

To improve mental health outcomes, counsellors need to understand cultural diversity and its impact on well-being. An intersectional framework offers a valuable perspective by acknowledging how multiple identities, such as race, ethnicity, gender, sexual orientation, disability and immigration status, intersect with social systems to shape mental health experiences. For sub-Saharan African migrants, navigating these intersecting identities and systems significantly influences their mental health and overall well-being. Counsellors must, therefore, validate and address these intersecting identities in sub-Saharan African clients, recognizing that race is only one aspect of their complex lived experiences (Khenti et al., 2024).

Current research underscores the effectiveness of grounding mental health supports for Black populations, including sub-Saharan Africans, in frameworks led by local leadership and rooted in community strengths (Public Health Ontario, 2023). These strengths include strong community ties, histories of resilience, Afrocentric values, and Black feminist

principles. Such a strengths-based approach shifts the focus from deficits to solutions already present within these communities. However, it is equally essential to recognize the diversity within Black populations in Canada, including variations in language, ethnicity, ancestry, and culture (Mental Health Commission of Canada, 2022). A "one-size-fits-all" approach is ineffective; meaningful engagement with communities to understand their specific needs is critical for creating equitable and impactful services.

This project aims to bridge existing gaps by focusing on culturally informed counselling techniques and equipping counsellors with the skills to effectively apply a culturally sensitive and intersectional approach, fostering health equity and improving treatment outcomes for sub-Saharan Africans. By engaging in ongoing self-reflection, continuous education and meaningful collaboration with clients, counsellors can better address the challenges many sub-Saharan Africans encounter in seeking mental health care (Khenti et al., 2024).

A 2022 report revealed that over 60% of African, Caribbean, and Black Canadians experience discrimination in healthcare settings (Mental Health Commission of Canada, 2022). To address these disparities, this project explores how sub-Saharan African cultural practices, beliefs, and ways of knowing and being can be effectively integrated into Western counselling approaches. These efforts align with global calls for equity in mental health services.

This project is important because it aims to:

1. Examine practical counselling techniques that honour and respect African cultures and intersecting identities.

2. Equip counsellors with the skills to support sub-Saharan African immigrants in Canada effectively.
3. Contribute to creating a more inclusive and equitable mental health care system in Canada.

Significance of the Project

This project has the potential to make meaningful contributions to both academic research and practical mental health care by addressing the unique needs of sub-Saharan African immigrants in Canada. Studies show that immigrants, particularly those from sub-Saharan Africa, report lower levels of self-reported mental health compared to Canadian-born populations due in part to systemic barriers and cultural mismatches in mental health services (Ng & Zhang, 2021). By addressing these gaps, this project offers critical insights for counsellors, mental health professionals, social workers, health care workers, educators, policymakers, and community organizations to understand better and respond to migration-related mental health challenges.

A primary outcome of this project is the development of a handbook for Canadian counsellors designed to enhance cultural competence and promote cultural safety in delivering mental health services to sub-Saharan African clients. Research has shown that cultural competence training equips mental health professionals with the skills to deliver culturally sensitive care by incorporating clients' cultural backgrounds and lived experiences into treatment approaches (Substance Abuse and Mental Health Services Administration, 2014). Furthermore, culturally adapted interventions such as integrating spiritual practices and community-based support have effectively improved engagement and outcomes for marginalized populations (Chu et al., 2023). This handbook will provide counsellors with

guidance on effectively supporting sub-Saharan African migrants as they navigate complex challenges, such as trauma, acculturation stress, and identity-related conflicts.

In addition to professional development for counsellors, this project advocates for systemic changes to create more inclusive and accessible mental health care. Research highlights that refugees and recent immigrants often face structural barriers, such as financial constraints, geographic isolation, and the lack of culturally appropriate services (Statistics Canada, 2020). Addressing these barriers through policy reforms and community partnerships can help reduce disparities in mental health care access and outcomes.

In summary, the significance of this project lies in its ability to empower counsellors with practical tools while driving improved mental health outcomes for sub-Saharan African migrants in Canada. This project aligns with broader efforts to reduce mental health disparities and enhance care for underserved populations by promoting cultural competence and advocating for systemic equity.

Personal Location

My interest in this research project is deeply rooted in my personal and professional journey, which has shaped my understanding of migration, mental health, and cultural diversity. As someone from Ghana, I grew up witnessing how mental health is deeply embedded in cultural beliefs, community connections, spirituality, and collective resilience. These values often contrast sharply with Western mental health frameworks, prioritizing individualism and biomedical approaches (Letsoalo et al., 2024).

Western mental health frameworks are primarily based on Euro-American values that emphasize individualism, diagnostic classification, and evidence-based talk therapies such as Cognitive Behavioural Therapy (CBT) and psychodynamic approaches (Fernando, 2010).

These models often operate from a medicalized lens, viewing mental distress as a disorder located within the individual (Watters, 2010). While effective for many, they can overlook the relational, spiritual, and communal dimensions of mental health valued in non-Western cultures, including those of Sub-Saharan Africa (Kirmayer & Pedersen, 2014). As a result, Western approaches may unintentionally pathologize culturally normative expressions of distress or healing practices (Summerfield, 2008). Scholars and practitioners have called for more inclusive and culturally attuned mental health systems that universally recognize the limitations of applying Western models (Fernando, 2010; Kirmayer & Pedersen, 2014).

Even the language used to describe mental health experiences varies significantly between Western and African perspectives. For example, while Western terminology often medicalizes conditions like depression or anxiety, African cultures frequently contextualize these experiences within spiritual, relational, or community-based frameworks (Res & Kaduyu, 2023; Letsoalo & Ally, 2024). These differences highlight the complexity of addressing mental health across cultural boundaries.

As an international student at the University of Northern British Columbia (UNBC), I have encountered the harsh realities of acculturation stress, loneliness, and depression. Being far away from my family, I struggled to navigate a new cultural environment while grappling with isolation and the pressures of adapting to life in Canada. During this time, I sought counselling services but found that the approaches offered often failed to take into account my identity, cultural values, spirituality, or lived experiences as an African. The highly individualistic nature of these counselling models felt disconnected from the communal and spiritually grounded values I was raised with, leaving me feeling unseen and unsupported.

Similarly, friends I encouraged to seek counselling for their mental well-being echoed my frustrations. Many found the approaches unrelatable and ineffective as they failed to address their unique cultural and lived realities as African migrants.

My professional journey has further illuminated the importance of culturally responsive counselling approaches. While working with victims of child trafficking in Ghana, homeless children and youth in Rwanda, genocide survivors, and other vulnerable clients, I often struggled to adapt Western-based counselling models to their cultural contexts. These models not only failed to address the deeply communal and spiritual frameworks that shaped my clients' understanding of their experiences but also overlooked how mental health conditions like depression, anxiety, and trauma are experienced and expressed differently by Africans. For many African clients, these conditions manifest through somatic symptoms or spiritual interpretations that are often not recognized or understood within Western mental health frameworks (Omonzejele, 2008). This disconnect posed significant challenges to providing effective and meaningful care and deepened my commitment to bridging these gaps.

This project reflects my dedication to addressing these issues by advocating for culturally relevant counselling practices that integrate Afrocentric principles such as storytelling, community-based support, spirituality, and an intersectional lens. I hope this project will be relevant to counsellors in Canada and serve as a valuable resource for counsellors worldwide who work with people of sub-Saharan African origin. By addressing how migration-related challenges, cultural differences, and systemic inequities impact mental health, this project seeks to contribute to a global understanding of culturally responsive mental health care.

My position as a writer and someone with lived experience informs my sensitivity to the ethical considerations required for this work. I am committed to ensuring this project is academically rigorous, culturally respectful, and genuinely beneficial to the communities it

seeks to serve. For me, this is not just an academic endeavour but a deeply personal mission to contribute to a more inclusive and equitable mental health care system globally, specifically in Canada: a mission that honours the unique identities, experiences, and histories of sub-Saharan African clients.

Project Overview

This project focuses on creating a handbook designed to strengthen Canadian counsellors' cultural competence and promote cultural safety in the delivery of mental health services by providing practical tools for effectively supporting sub-Saharan African clients. Through integrating Afrocentric practices, this project offers counsellors strategies to tailor their approaches to the specific needs of sub-Saharan African clients, thereby addressing significant gaps in culturally responsive mental health care. Culturally relevant counselling services that acknowledge the complexities of being a sub-Saharan African immigrant can enhance the therapeutic alliance, reduce barriers to care, and enhance mental health outcomes (Siddiqi et al., 2017).

Chapter 1 introduces the project by outlining its purpose, rationale, significance, and the author's positionality. Chapter 2 offers a comprehensive literature review, examining the mental health impacts of migration, cultural perceptions of mental health shaped by traditional beliefs, barriers to accessing care, and culturally informed counselling approaches tailored to sub-Saharan African migrants in Canada.

The core of this project, detailed in Chapter 3, is the development of a handbook titled *"Counselling Sub-Saharan African Migrants: Techniques for Canadian Counsellors."* This handbook aims to improve the cultural competence of Canadian counsellors by equipping them with practical tools to support clients of sub-Saharan African origin seeking counselling

while integrating Afrocentric practices into their work. Waldron (2010) emphasizes the importance of culturally grounded interventions to bridge gaps created by Western-centric models, which often fail to reflect African cultural values and lived experiences.

The handbook, presented in Chapter 4, provides an in-depth exploration of culturally responsive counselling practices, an emphasis on traditional values, and an intersectional framework. The handbook will highlight the unique challenges faced by sub-Saharan African migrants, including acculturation stress, trauma, and systemic discrimination. It will offer evidence-based strategies to address these issues within a counselling context. With an emphasis on cultural competence and safety, this handbook will be a valuable resource enabling counsellors to deepen their understanding of sub-Saharan African clients' diverse identities and experiences, fostering more equitable and inclusive mental health care services in Canada.

Ultimately, this project seeks to improve mental health outcomes for sub-Saharan African migrants by equipping counsellors with practical tools to provide inclusive, culturally responsive care. It aims to advance equity and inclusivity within Canada's mental health care system while promoting a deeper understanding of this underserved population's diverse identities and lived experiences by exploring how culturally safe counselling practices can be developed to support the mental health of Sub-Saharan African migrants.

Chapter 2: Literature Review

Sub-Saharan Africa: Culture, Identity, and Mental Health

Sub-Saharan Africa refers to the geographical area of the African continent situated south of the Sahara Desert, comprising 49 countries, including prominent nations such as Nigeria, Ghana, Kenya, Ethiopia, and South Africa (World Bank, 2022). The region is characterized by diverse landscapes, ranging from deserts and expansive savannahs to dense rainforests and mountainous terrains, each contributing uniquely to the region's geographic and ecological richness (Collins & Burns, 2013).

Sub-Saharan Africa exhibits remarkable cultural diversity, reflected in its more than 3,000 ethnic groups and over 2,000 languages (Appiah et al., 2018). This diversity translates into various cultural expressions, including unique art, music, dance, religion, storytelling, and folklore traditions. Historical, social, economic, and ecological factors shape these cultural practices significantly, creating distinct regional identities (Collins & Burns, 2013).

National identities within Sub-Saharan Africa frequently involve a complex interplay between traditional ethnolinguistic identities and contemporary nation-building efforts. Although distinct national cultures exist, local ethnic identities often remain more salient, resulting in multifaceted cultural dynamics within countries and influencing national governance and social structures (Pinxteren, 2020).

Despite its rich cultural heritage, Sub-Saharan Africa faces significant challenges related to mental health, mainly due to limited culturally sensitive mental health services. Current mental health interventions in the region often rely on Western models that do not fully align with local beliefs, traditions, and community structures, resulting in gaps in service uptake and effectiveness (Anakwenze, 2022). Additionally, socioeconomic factors, health

inequalities, stigma around mental illness, and insufficient infrastructure further compound these mental health disparities, making access to adequate care challenging for many people in the region (World Bank, 2022).

Addressing mental health needs in Sub-Saharan Africa requires a nuanced understanding of the interplay between geography, cultural diversity, and local social determinants of mental health. Integrating culturally informed and community-based approaches can significantly improve mental health outcomes by enhancing the relevance, acceptance, and effectiveness of interventions. Recognizing and valuing local cultural and historical contexts promotes culturally safe and responsive mental health care and lays a foundation for sustainable mental health strategies and overall well-being in the region (Anakwenze, 2022; World Bank, 2022).

Cultural Perceptions of Mental Health in Sub-Saharan Africa

In Sub-Saharan Africa, understandings of mental health conditions are deeply influenced by traditional, spiritual, and supernatural frameworks, shaping how these conditions are perceived and managed. Many communities view mental illness as stemming from spiritual phenomena, such as possession by malevolent spirits, ancestral curses, or divine punishment. For instance, research conducted in Ife Central LGA, Ogun State, Nigeria, revealed prevalent perceptions linking mental illness to drug abuse, spiritual possession, curses, or divine retribution (Shipurut, 2024). Similarly, Jidong et al. (2021) found that cultural beliefs in Nigeria often attribute mental health conditions to spiritual curses, emphasizing supernatural explanations. This perspective is not limited to Nigeria; in South Africa, traditional healers frequently describe mental illnesses as arising from spiritual, sociocultural, psychosocial, and physical factors, with spiritual interpretations notably prominent (Shange & Ross, 2022). Likewise, in Zimbabwe, mental health conditions are

commonly associated with witchcraft or other supernatural causes, leading individuals to prefer traditional healers over biomedical care (Kajawu et al., 2019; Kajawu, 2016).

These traditional beliefs often guide the use of spiritual and religious practices as primary responses to mental illness in Sub-Saharan Africa. In Ghana, for instance, individuals experiencing mental health concerns typically consult traditional and faith-based healers before considering biomedical treatments, highlighting cultural preferences that align interventions with local understandings (Adeyemi et al., 2024). Additionally, mental health is frequently viewed as a communal issue, reflecting the collective orientation of many African societies. This communal perspective significantly shapes how mental health conditions are perceived and managed within families and communities. In Kenya, traditional healers often include extended family members and community leaders in mental health-related decisions, underscoring a collective belief that individual well-being cannot be separated from community welfare (Ombok, 2024). While such community support systems can offer valuable resources and emotional strength, they may also perpetuate stigma and discrimination. Mental illness can be highly stigmatized, resulting in social exclusion or marginalization within communities (Shipurut, 2024; Jidong et al., 2021). For example, in South Africa, traditional healers' focus on spiritual or ancestral causes for mental illness sometimes reinforces stigmatizing beliefs, leading to delays in seeking formal mental health services (Shange & Ross, 2022).

Cultural healing practices remain central to mental health care in Sub-Saharan Africa. These practices often involve traditional and religious healers, rituals, and spiritual interventions that reflect the cultural beliefs and values of the community. In Ghana, for example, traditional healers commonly use herbal remedies, spiritual rituals, and other indigenous practices to treat mental illness (Berhe et al., 2024; Lambert et al., 2020). In South

Africa, diagnostic and treatment methods such as “throwing the bones” are used alongside herbal and spiritual interventions (Shange & Ross, 2022). Despite their prominence, these traditional healing methods are not without challenges. Some practices, including shackling, flogging, and forced fasting, have been criticized for their potential to exacerbate mental health problems (Lambert et al., 2020). Furthermore, traditional healers' lack of formal training and regulation raises concerns about inconsistent and potentially harmful practices (Ndeti et al., 2018). These issues can significantly affect therapeutic engagement, as clients may feel mistrustful, fearful, or ambivalent about seeking support from both traditional and biomedical systems (Herman et al., 2018). However, there is growing recognition of the potential benefits of collaboration between traditional and biomedical mental health care. In Liberia, traditional healers have expressed willingness to work alongside biomedical practitioners to enhance mental health services, though barriers such as limited training and resources remain (Herman et al., 2018). Similar openness to collaboration has been noted in Ghana, suggesting the potential for integrated approaches to mental health care (Lambert et al., 2020).

Western influences and colonial legacies have also shaped mental health perceptions in Sub-Saharan Africa. The introduction of Western biomedical frameworks during the colonial period significantly impacted mental health care, with foreign mental health concepts imposed on locals without consideration for cultural beliefs and practices (Otu, 2024; Galvin et al., 2024). Westernization contributed to the marginalization of traditional healers, further exacerbating the treatment gap for mental health conditions (Ndeti et al., 2018). In some cases, traditional healers have been excluded from formal mental health care systems despite their important role in addressing mental health concerns within their communities.

In summary, sub-Saharan Africa's cultural perceptions of mental health are deeply intertwined with traditional beliefs, community values, and historical influences. These perceptions shape how mental health conditions are understood, addressed, and treated within African societies. While traditional healing practices and communal support structures provide crucial resources for mental health care, they must be complemented by biomedical interventions to enhance treatment outcomes. The integration of traditional and biomedical approaches, alongside efforts to address stigma and promote culturally sensitive mental health services, remains essential for improving mental health care in sub-Saharan Africa.

Pre- and Post-Migration Experiences of Sub-Saharan Africans in Canada

Pre-Migration Trauma and Stress

Sub-Saharan African migrants often arrive in Canada with significant pre-migration traumas. Many come from regions affected by war, violence, or persecution, leading to exposure to life-threatening events and loss of loved ones pre-migration. Such experiences contribute to elevated rates of mental health problems like post-traumatic stress disorder (PTSD) and depression (Sim et al., 2023; Simich et al., 2010). Meta-analyses by Sim et al. (2023) estimate that up to one-third of refugees in high-income countries meet the criteria for depression or PTSD. In their research, Simich et al. (2010) confirm that these pre-migration hardships leave deep psychological impacts. For example, in interviews with Sudanese refugees in Canada, participants spoke of “signs of depression and trauma” linked to memories of violence and displacement. However, it is important to note that refugees do not experience trauma in a vacuum. Pre-migration trauma often intertwines with their hopes and fears during the journey and is carried into their new lives in Canada. Persistent fear, grief, and uncertainty from past events can shape how migrants perceive and respond to challenges after resettlement. Simich et al. (2010) found that while Sudanese newcomers acknowledged

their traumatic pasts, they were often more immediately concerned with the ongoing stresses of rebuilding their lives. In other words, the psychological wounds from premigration trauma set the stage for later mental health struggles, even as day-to-day resettlement pressures sometimes overshadow the past in migrants' narratives.

Post-Migration Adjustment Challenges

Arriving in Canada does not automatically resolve the stressors that Sub-Saharan African migrants face. On the contrary, new challenges in the post-migration environment can significantly affect mental well-being, resulting in migration stress. Migration stress refers to the emotional and psychological strain that arises during the process of relocation, often due to disruptions in identity, social roles, and access to familiar support systems (Li & Anderson, 2016). A scoping review by George et al. (2015) highlighted three major settlement-related stressors for immigrants and refugees in Canada: acculturative stress, economic uncertainty, and ethnic discrimination. Studies focusing on African migrants echo the impact of these factors, showing that everyday settlement difficulties often compound earlier trauma, placing them at greater risk for emotional distress and social isolation. Key post-migration stressors include:

Acculturative Stress. Upon arriving in Canada, sub-Saharan African migrants must learn to adapt to a very different cultural environment that can be disorienting and stressful. Migrants must learn new languages, social norms, and systems, which can lead to feelings of anxiety and alienation. For example, African newcomers frequently struggle with “how to behave in a manner that gives pride to [both] immigrants... and Canadians,” reflecting pressure to fit in without losing their identity. This cultural adjustment burden, learning “how do I adapt myself with the Canadian people?” is a common source of mental strain, especially

when migrants worry about meeting the expectations of Canadian society and their own families back home (Woodgate & Busolo, 2021).

Economic Hardship. Many sub-Saharan African immigrants face unemployment or underemployment, financial instability, and difficulty getting credentials recognized when they arrive in Canada. Simich et al. (2010) reported that Sudanese refugee families in Canada experienced serious economic hardships and “family adaptation challenges” that adversely affected their mental well-being. Among sub-Saharan Africans, uncertainty about income and housing adds chronic stress to pre-existing stressors that can manifest as depression or anxiety.

Discrimination and marginalization. Being a Black immigrant in Canada often means encountering racism or subtle forms of exclusion. Experiences of ethnic or racial discrimination (e.g. in workplaces, schools, or public spaces) undermine newcomers’ sense of belonging and self-esteem (George et al., 2015). Qualitative interviews with African immigrants have described feeling “excluded, isolated, and distanced by others” due to race (Ermansons et al., 2024). Such experiences of othering can heighten stress, contribute to depressed moods, and complicate identity formation in the new country.

Family Separation and Role Changes. Post-migration life can also be stressful due to disrupted family dynamics. Some migrants arrive alone or in fragmented family units, leaving spouses, children, or parents behind. Ongoing worry about loved ones abroad and delays in family reunification weigh heavily on mental health (Simich et al., 2010). In a study of African refugee youth, many talked about the emotional toll of being separated from their parents during migration. The youth reported feeling “ill-fated, lonely, and sad” when cut off from family support. Even when families reunite in Canada, roles may have shifted (e.g.

women taking on new responsibilities or changes in parental authority), which can cause stress and conflict during resettlement (Woodgate & Busolo, 2021).

All these post-migration stressors can significantly impact mental health. There is evidence that such resettlement stressors not only increase the risk of mental disorders but can also prolong or intensify the effects of earlier trauma. For instance, daily struggles with finances, adaptation, and discrimination may trigger or exacerbate symptoms of anxiety and depression that originated from past trauma. Over time, unresolved post-migration stresses can compound, leading some migrants to experience deteriorating mental health a few years after arrival if support is inadequate (Sim et al., 2023). This underscores that migration is an ongoing process: the journey to mental well-being continues long after physical resettlement.

Identity Struggles in a New Culture

Establishing a stable sense of identity is a central part of migrants' mental health experiences. Sub-Saharan African migrants frequently find themselves negotiating between two worlds: their culture of origin and the Canadian culture. This can lead to feelings of identity conflict or culture shock that affect self-esteem and emotional well-being. Woodgate and Busolo (2021) conducted interviews with African refugee youth in Canada and vividly described a "*push and pull*" experience of identity. Youth reported feeling torn between keeping their heritage values and adopting Canadian norms, often unsure how to balance them.

Practical social challenges accompany these identity struggles. Migrants may feel that they do not fully "belong" in Canadian society, yet they also feel changed from who they were back home over time. For example, language can become an identity battleground: some African youth feel compelled to maintain their native languages as a link to their heritage, even as English or French dominates daily life in Canada. Participants in Woodgate

and Busolo's (2021) study described trying to speak their African dialects with friends and relatives abroad to preserve that part of themselves but finding few opportunities to do so in Canada. This loss of linguistic and cultural expression can contribute to a sense of rootlessness.

Another common theme is difficulty forming social connections in the new culture. Many immigrants struggle to build friendships with Canadians, which can feed loneliness and marginalization. A youth in Woodgate and Busolo's (2021) study noted that it is "difficult to make friends here. Canadians are different..." highlighting feelings that peers do not share or understand their background. Migrants often seek out friends from similar cultural backgrounds in Canada as a coping mechanism, yet still, find it challenging to establish the same close community ties they had back home. Overall, identity and belonging issues, feeling neither fully African nor wholly Canadian, can lead to stress, confusion, and sometimes generational conflicts within families as parents and children adapt at different paces. These struggles are a normal part of acculturation, but when prolonged or coupled with discrimination, they may contribute to anxiety, depression, or behavioural problems. Qualitative evidence consistently shows that finding one's place in a new country is an emotional journey for African migrants, impacting their mental health in nuanced ways (Woodgate & Busolo, 2021).

Summary

In summary, the mental health experiences of sub-Saharan African migrants in Canada are shaped by a continuum of factors from pre-migration trauma to post-migration stressors. Studies focusing on African immigrants and refugees consistently highlight the dual burden of past horrors (such as war and persecution) and present challenges (acculturation, discrimination, economic strains) on psychological well-being (George et al., 2015; Simich et

al., 2010). At the same time, this section also underscores themes of resilience, identity negotiation, and adaptive coping. Whether through faith, family and community, cultural retention, or personal determination, African migrants actively engage in strategies to protect their mental health in the face of adversity. The research to date provides a nuanced understanding that, for these individuals, mental health is deeply connected to the migration journey itself. Feelings of loss, stress, and struggle are balanced with hope, meaning-making, and growth. Such insights are vital for informing culturally responsive mental health supports in Canada. Interventions that acknowledge pre-migration experiences, address post-migration social determinants (like employment and inclusion), and build upon the inherent coping strengths of sub-Saharan African migrants are recommended to improve outcomes (Sim et al., 2023; Ibrahim, 2024). By listening to migrants' stories and centring their lived experiences, counsellors can better understand the complex interplay between migration and mental health in this population (Simich et al., 2010; Woodgate & Busolo, 2021; Ibrahim, 2024).

Mental Health Impacts of Colonial Legacies and Intersectionality Among Sub-Saharan African Migrants in Canada

The legacy of colonialism and the intersectionality of gender, identity, underemployment and mental health is a critical area of study for migrants in Canada, such as sub-Saharan African migrants who face unique challenges shaped by cultural, social, and economic factors. The overlapping influences of gender roles, cultural expectations, and identity formation create complex mental health experiences for this population. Migrants, especially youth, women, and LGBTQ+ individuals from sub-Saharan Africa, often encounter distinct pressures related to societal norms, discrimination, and adaptation to new

environments. Understanding how these intersecting factors shape mental health outcomes is essential for developing effective and culturally responsive support systems.

Western Stereotypes, Colonial Narratives and Their Impact on African Identity and Well-Being

Western depictions of Africa have long been characterized by reductive and monolithic stereotypes that overlook the continent's vast cultural and national diversity. The notion of a "single story" of Africa, predominantly emphasizing poverty, conflict, and primitiveness, emerged during the colonial era and continues to permeate contemporary media and educational frameworks (Harth, 2009). This one-dimensional portrayal has significant psychological consequences for people of African origin, particularly those in the diaspora. Research shows that exposure to racism and stereotyped perceptions is linked to higher risks of anxiety, depression, and psychological stress among African immigrants (Motley et al., 2024). The constant strain of being viewed only through negative stereotypes can erode self-esteem and well-being, contributing to chronic mental health issues.

Africans in the diaspora frequently report feeling alienated and othered in Western societies due to ignorant stereotypes. For example, a study by Stoll et al. (2022) found that Black students in the UK describe feeling the need to "censor themselves" in academic settings to avoid being perceived as loud, disruptive, or confrontational. Although this strategy may improve classroom experiences, it comes at the expense of the mental well-being of these students. Some university students recall African and Black people being openly stereotyped as "bad people, criminals, or having lower intellectual ability," with these prejudices at times being reinforced by course materials. These experiences lead to feelings of exclusion, distress, and demotivation, which negatively impact mental health and academic performance (Stoll et al., 2022).

Constant exposure to derogatory stereotypes can also lead to internalized racism. Children of African descent often encounter depictions of Africa as backward or uncivilized, which may cause them to distance themselves from their African heritage. Psychologists have noted that this type of identity denial or shame is a harmful coping mechanism that can lead to identity crises and low self-worth. Educators have reported that Black youth, bombarded with negative images of Africa, sometimes express relief at “not being African,” a sign of internalized stigma (Learning for Justice, 2008). When Africans are persistently viewed through a homogenizing Western lens rather than being recognized for their distinct cultural and national identities, it contributes to minority stress, feelings of invisibility or misrecognition, and broader mental health challenges.

Colonial-era narratives about Africa and African identity have played a central role in shaping Western perceptions. European imperialists justified their domination with paternalistic claims that Africa was “less civilized” and needed Western guidance (Glyn, 2022). These colonial myths, including the image of Africa as the “Dark Continent,” created a foundation of stereotypes that persisted long after the end of formal colonialism (Harth, 2009). Historians note that Africa’s story was long “defined and told from the perspective of the West,” focusing on a vision of a needy, primitive continent while ignoring Africa’s complex histories and contributions (Hinojo, 2016). Frantz Fanon and other postcolonial thinkers have described how colonization alienated Africans from their identities. Fanon argued that the colonized came to see themselves through the colonizer's derogatory lens, a phenomenon one scholar described as the “colonially motivated alienation of the African mind” (Egunlusi, 2017). This alienation, which undermined cultural pride and self-concept, continues to affect African identity formation today.

Additionally, colonial-era depictions of Africans as “sub-human” and the African continent as “underdeveloped” or “without history” were internalized over generations, reinforcing a pervasive sense of inferiority (Nwobodo, 2024). Colonial rhetoric deliberately weakened the self-worth of African populations, creating a distorted self-concept that many Africans subconsciously absorbed. Over time, these imposed narratives became a filter through which Africans viewed themselves, contributing to a psychological phenomenon known as colonial mentality or *self-denigration*, which is the adoption of the colonizer’s stereotypes about one’s group. Postcolonial scholars have described this as a “crisis” of African identity that stems from the long shadow of colonialism (Eegunlusi, 2017). However, Africans have never been passive recipients of these labels. Throughout history, African individuals and communities have resisted, negotiated, and redefined their identities in response to colonial definitions. The flawed Western model of “Africanness” reduces the rich diversity of cultures and societies across Africa into a single, inferior category. Consequently, the formation of African identity has involved both reclaiming and redefining what it means to be African (Larsen & Jensen, 2024; Nwobodo, 2024; Eegunlusi, 2017).

Moreover, Western mass media has often faced criticism for its simplistic and reductive portrayals of Africa. News outlets and popular culture typically emphasize issues like wars, famines, corruption, and safaris while neglecting to represent the broader spectrum of everyday life and successes in African nations. Scholars note that the myths from the colonial era have not been adequately challenged by Western media, resulting in the continued recycling of outdated stereotypes. Nigerian novelist Chimamanda Ngozi Adichie has referred to this phenomenon as “the danger of a single story,” which creates a one-dimensional narrative that diminishes a people’s identity and “robs people of their dignity.” For instance, Western news often addresses African conflicts or issues only in relation to Western interests, framing these events through an external perspective rather than through

local viewpoints (Adichie, 2009; Harth, 2009). Positive or nuanced stories about Africa's political, economic, and social progress are often underreported, reinforcing a public perception of Africa as a problem-ridden monolith. This type of media framing, sometimes called "Afro-pessimism," contributes to a Western public psyche that views Africa as a continent defined by crisis, instability, and need (Nothias, 2013).

The effects of a one-dimensional portrayal of Africa extend beyond media representation; they also impact interpersonal relationships and social structures. Social psychologists highlight that images of Africa perpetuated by the media can influence behaviour and foster unconscious biases. This leads many Westerners to approach Africans with pity, suspicion, or a sense of superiority rather than seeing them as equals (Eberhardt & Fiske, 1998). Such paternalism often emerges in everyday interactions, including professional and educational settings, where Africans and African immigrants frequently encounter prejudice and misunderstanding. Members of African diaspora communities regularly face ignorant inquiries and biased attitudes that stem from media and educational stereotypes. For instance, African immigrants often receive questions like, "Do you have lions in your backyard?" or are subjected to mockery that dehumanizes them, such as comments like, "Show us your tail" (Learning for Justice, 2008). This kind of bigotry and lack of awareness can hinder social inclusion and create psychological distress.

African immigrants and second-generation African Westerners often struggle against assumptions that they come from a uniformly poor, rural background or lack sophistication or education (Michira, 2002). Professionally and socially, they may feel pressure to counter these stereotypes by being extra cautious to avoid confirming laziness or intellectual inferiority tropes. This added psychological burden can contribute to anxiety and feelings of alienation (Johnson, 2022).

Furthermore, internal community dynamics are often affected; some African diaspora youth report feeling caught between identities, especially when peers ridicule African accents, clothing, or names based on Western norms. When Western media portrays Africa primarily through crises, diaspora communities often respond by attempting to correct misperceptions and provide more balanced representations of their homelands. However, the burden of correcting these stereotypes and educating others about African diversity and identity disproportionately falls on Africans themselves (Hamilton, 2025).

Changes in Family Dynamics and its Psychological and Emotional Consequences on Sub-Saharan African Migrants

One key aspect of acculturation is the transformation of gender roles within immigrant families. Migrants often carry traditional expectations about men's and women's duties, but the realities of adjusting to foreign cultures frequently compel shifts in these roles (Onyango et al., 2024). Adapting to a new culture and social system is inherently stressful, especially when coupled with challenges like unemployment or language barriers (Robert & Gilkinson, 2012) therefore, changes in gender dynamics can add another layer of stress affecting mental well-being.

Migration to new cultures like Canada often disrupts traditional gender roles that were taken for granted in sub-Saharan African societies. In many African cultures, men are expected to be the primary breadwinners and authority figures, while women handle domestic chores and childcare. New social norms and practical necessities challenge these expectations upon resettlement. Studies document that African immigrant families must adjust to a more gender-egalitarian context in Canada, leading to notable role shifts. For example, African men in Canada may find themselves performing household tasks that would be rare in their home countries (Onyango et al., 2024). At the same time, women often gain more autonomy

and voice in decision-making. A qualitative study on African immigrants captures this dramatic shift with the phrase “men become baby dolls and women become lions,” meaning that men often feel their traditional power and control wane. In contrast, women become more assertive and take charge (Okeke-Ihejirika & Salami, 2018). Even though such changes can be positive in promoting gender equality, they also create cultural dissonance as immigrants navigate between the patriarchal norms they grew up with and the more egalitarian norms in Canada. Men may struggle with a perceived loss of respect or authority, while women may feel empowered and burdened by new responsibilities. Adjusting preconceived gender roles can be difficult and sometimes sparks marital disagreements or tension as couples renegotiate duties (Onyango et al., 2024). In some cases, if one partner clings to traditional expectations and the other embraces Canadian norms, conflicts arise that may even threaten the stability of marriages (Okeke-Ihejirika & Salami, 2018). Overall, the post-migration environment pushes many sub-Saharan African families toward more fluid gender roles, which requires significant psychological adjustment from both men and women.

Beyond individual role changes, migration reshapes family dynamics in sub-Saharan African immigrant households, with intergenerational relationships being another critical piece of the puzzle. Parent-child dynamics often evolve as children acculturate faster to Canadian society (through school, peers, and language) while parents hold on to certain traditional values. Immigrant parents frequently face a gap between the upbringing they experienced and the Canadian norms their children are exposed to. For instance, disciplinary methods or expectations of obedience that are common in African cultures might clash with Canada’s more youth-autonomy and child-rights-focused culture. Parents report feeling that the individualized style of Canadian parenting contrasts with the more collectivist, community-supported style they know (Salami et al., 2020). For instance, research with African immigrant families in Alberta found that major parenting challenges included

“cultural incompatibility” in childrearing and government interference, such as frequent child welfare investigations for discipline methods that Canadian authorities view as too harsh (Salami et al., 2020). Some African parents feel under scrutiny, fearing that traditional discipline such as strict punishment could be misinterpreted as abuse in Canada (Salami et al., 2021). This creates stress and may force parents to adjust their parenting techniques, sometimes feeling a loss of authority. Furthermore, children of immigrants often adopt Canadian social norms that empower them to voice opinions or challenge parental decisions more than they would back home in their African countries, potentially leading to intergenerational conflict. Men in focus groups cited “tensions in the parent-child relationship” as a key stressor in their adjustment (Okeke-Ihejirika & Salami, 2018). Adolescents may push back against expectations to follow all cultural traditions, and parents worry about losing their cultural heritage. Role reversals sometimes occur; children translate the language for parents or teach them about Canadian customs, subtly shifting the parent’s position of guide and leader. These family dynamic changes can strain familial bonds and contribute to emotional turmoil. However, many families also find new ways to bond, blending the positive aspects of both cultures. For example, parents might engage in more open communication with their kids, or couples might find newfound mutual respect through sharing roles (Cook & Waite, 2016). Regardless, the period of renegotiating family roles post-migration is a delicate one, deeply influencing the mental health of each family member.

Adjusting to new gender roles and family dynamics can have profound psychological effects on sub-Saharan African immigrants. The stresses of migration, such as finding employment, learning a new culture, and possibly facing discrimination, combined with changing household roles, often lead to increased mental health strain. Both men and women may experience feelings of stress, anxiety, depression, or identity loss as they navigate these transitions. In general, recent immigrants show notable levels of emotional distress, as shown

in a Canadian government survey, which found about 29% of newcomers reporting emotional problems and 16% reporting high stress within a few years of arrival (Robert & Gilkinson, 2012).

For sub-Saharan African immigrants specifically, studies highlight the emotional toll of role changes. Men commonly feel a blow to their self-esteem and identity if they cannot fulfill the provider/protector role that they believe is expected of them (Olawo et al., 2019). Olawo et al. (2019) observed that African immigrant men in Canada face “acculturation stress related to gender roles” and the pressure to appear strong and unemotional, which together put them at risk of poor mental health outcomes. Cultural norms discouraging men from showing vulnerability can exacerbate issues. For example, a man suffering from unemployment or loss of status might bottle up his frustration, potentially leading to depression, anger or substance dependency. Women also face mental health challenges as they juggle expanded responsibilities. Many African immigrant women report feeling overwhelmed, especially those balancing work, childcare, and extended family obligations, often without the support networks they had back home (Odekina, 2024). The isolation of living in a new country without close relatives, along with experiences of racism or underemployment, can contribute to feelings of loneliness and despair. Research indicates that a significant number of immigrant women suffer from depression, anxiety, and emotional distress after moving to Canada (Delara, 2016). For example, some women develop postpartum depression or heightened anxiety due to a lack of familial support and cultural differences in maternity care (Odekina, 2024). Both genders can experience a sense of role confusion: men might ask themselves, “Who am I if I am not the sole provider?” just as women wonder, “How do I balance these new roles expected of me?” This internal conflict can spur an identity crisis or feelings of inadequacy. Participants in Odekina’s (2024)

research described the myriads of migration-related stresses as “burdensome” and admitted feeling depressed or hopeless when challenges piled up.

Additionally, marital tensions and intergenerational conflicts discussed earlier can be emotionally draining. Constant arguments or a breakdown in communication at home may lead to chronic stress, which is known to manifest in symptoms like insomnia, irritability, or somatic complaints. In severe cases, unresolved tensions have led to family breakdowns or domestic violence, further harming mental health (Okeke-Ihejirika & Salami, 2018).

However, it is also important to note that not all outcomes are adverse. Some immigrants find personal growth in overcoming these struggles, but the journey is often psychologically taxing. In sum, the emotional well-being of sub-Saharan African immigrants is deeply intertwined with how successfully they adapt their gender roles and family relations in Canada. Unaddressed stress can lead to clinical issues such as anxiety disorders and depression, highlighting the need for supportive resources and culturally sensitive mental health services for these communities (Odekina, 2024; Robert & Gilkinson, 2012).

Underemployment of Educated Sub-Saharan African Migrants and its Mental Health Impacts

Another area that has a psychological impact on sub-Saharan Africans in Canada and other Western countries is employment challenges. Highly educated sub-Saharan African migrants in Canada and other Western countries often confront significant employment barriers. Even with undergraduate or advanced degrees, many find that their foreign credentials are not recognized or only partially valued by employers and professional bodies (Osaze, 2017). For example, African-trained professionals may be required to retrain extensively or pay for costly licensing exams before practicing in regulated fields (Osaze, 2017). Employers also frequently demand “Canadian experience,” creating a no-win situation

for newcomers who cannot get hired without a local work history. Systemic issues such as racial discrimination and bias further hinder equal opportunity. Studies note that African immigrants face racial stereotypes and prejudice in hiring, contributing to higher unemployment and underemployment rates. African-born immigrants in Canada have the highest unemployment rates of any immigrant group (Osaze, 2017; Yssaad & Fields, 2018). This combination of credential devaluation, lack of networks, and systemic barriers often force highly skilled African migrants to accept “survival jobs” far below their qualifications to make ends meet (Oreopoulos, 2011; Yssaad & Fields, 2018).

The chronic underemployment and “deskilling” of highly educated African migrants exact a heavy psychological toll. Qualitative studies reveal a pattern of stress, frustration, and depression stemming from the inability to find appropriate work. Many experience a profound loss of professional identity and self-worth. Being forced into low-skilled roles after having a respected career back home can trigger feelings of humiliation and an “identity crisis” as former doctors, engineers, or academics can no longer practice their vocations (Özlem et al., 2022; Shankar et al., 2024).

Unable to work in one’s trained profession can cause a profound loss of professional identity and self-worth. Skilled immigrants often derive their sense of identity from their careers; when forced into low-skill jobs, they experience identity loss, devaluation, and humiliation. A Canadian qualitative study found that migrants who could not secure jobs in their field felt a “loss of identity and social status,” leading to unhappiness, frustration, and anxiety (Shankar et al., 2024). Similarly, a narrative inquiry with skilled immigrants described how the disruption of their careers triggered feelings of frustration, hopelessness, and depression. Many feel a sense of betrayal, having been recruited for their skills but unable to use them (Marulanda, 2021). Researchers also report that immigrants feel worthless

and angry at being overqualified and underutilized (Okeke-Ihejirika & Salami, 2018). In short, underemployment erodes migrants' confidence and dignity, inflicting an intense emotional toll. For sub-Saharan Africans, underemployment and downward mobility can culminate in deep mental health struggles from chronic stress and anxiety about the future to major depression when hopes for a better career remain unfulfilled (Marulanda, 2021).

Mental Health Challenges Faced by Sub-Saharan African Migrant Youth

Sub-Saharan African migrant youth face unique mental health challenges tied to identity formation and educational stress. Identity formation is a critical challenge for sub-Saharan African migrant youth navigating multiple cultural and social identities. Many young migrants experience a sense of displacement and confusion as they try to integrate their African cultural heritage with the values and norms of their new environment. This identity conflict can lead to anxiety, depression, and a weakened sense of belonging (Olawo et al., 2019). Young people who identify as LGBTQ+ face even greater difficulties in forming their identities due to societal stigma and discrimination. The pressure to conform to both African cultural expectations and Western norms around gender and sexuality creates significant emotional strain. Research shows that LGBTQ+ migrant youth frequently experience internalized homophobia and transphobia, which further exacerbates mental health challenges (Zulu et al., 2024; Harper et al., 2024).

Educational stress also represents a significant mental health challenge for sub-Saharan African migrant youth. High academic expectations from families, driven by the desire to improve socio-economic status, often result in anxiety and burnout (Olawo, 2018; McCann et al., 2016). Migrant youth frequently face additional barriers in accessing education, including language barriers, cultural differences, and discrimination. These factors

create pressure to succeed while navigating unfamiliar social and academic systems, which can compound mental health difficulties (McCann et al., 2016; Olawo et al., 2021).

Mental Health Challenges Faced by LGBTQ+ Sub-Saharan African Migrants

LGBTQ+ individuals from sub-Saharan Africa face particularly severe mental health challenges due to cultural and societal stigmatization. Homophobia and transphobia remain widespread in many African societies, contributing to discrimination, violence, and social marginalization. This hostile environment fosters depression, anxiety, and post-traumatic stress disorder (PTSD) among LGBTQ+ individuals' pre-migration (Zulu et al., 2024; Harper et al., 2024; Mogotsi et al., 2024). Traditional African gender roles and norms often position same-sex relationships and gender non-conformity as taboo, leading to widespread rejection and marginalization of LGBTQ+ individuals. In some African countries, same-sex relationships are criminalized, further contributing to feelings of vulnerability and isolation (Mogotsi et al., 2024; Dada et al., 2024). The lack of legal protections exposes LGBTQ+ individuals to increased risks of violence and discrimination, exacerbating mental health struggles before and after migration. LGBTQ+ sub-Saharan African migrants face significant barriers in accessing mental health care. Stigma, discrimination, and a lack of culturally competent care discourage many from seeking support, leaving mental health needs unmet (Sweileh, 2023; McCann et al., 2016). The lack of culturally informed LGBTQ+ affirmative mental health services means that many LGBTQ+ individuals lack safe spaces to address their mental health concerns. This exclusion contributes to higher rates of suicidal ideation and suicide attempts within the LGBTQ+ migrant population (Zulu et al., 2024; Harper et al., 2024; Mogotsi et al., 2024).

The mental health challenges faced by sub-Saharan African migrants, especially women, youth, and LGBTQ+ individuals, highlight the need for culturally tailored mental

health interventions. Mental health care models that rely solely on Western frameworks often fail to address the complex sociocultural and political realities faced by sub-Saharan African migrants. Counseling and mental health services must integrate African perspectives on mental health, including the role of community, spirituality, and collective healing. Targeted interventions that address the mental health challenges faced by sub-Saharan African migrants, particularly those tied to gender roles, identity, and societal stigma, can create more equitable and effective mental health support systems.

Summary

The mental health challenges faced by sub-Saharan African migrants discussed above highlight the need for culturally tailored mental health interventions. Mental health care models that rely solely on Western frameworks often fail to address the complex sociocultural and political realities faced by sub-Saharan African migrants. Counselling and mental health services must integrate African perspectives on mental health, including the role of community, spirituality, and collective healing.

Targeted interventions that address the mental health challenges faced by sub-Saharan African migrants, particularly those tied to gender roles, identity, employment and societal stigma, can create more equitable and effective mental health support systems. Increasing the representation of African and LGBTQ+ mental health providers can also foster trust and engagement within these communities. Effective mental health care for sub-Saharan African migrants requires a shift from a Western-centric approach to one that recognizes and respects African cultural perspectives, lived experiences and existing coping mechanisms used by this demographic to manage their mental health and emotional well-being.

Resilience and Coping Mechanisms Among Sub-Saharan African Migrants

Studies reveal that sub-Saharan African migrants in Canada draw on a range of personal and social resilience strategies to cope with mental health challenges. Many emphasize inner strength and determination. For example, African immigrant women described using self-motivation, nurturing hope, and “making up their minds” to overcome adversity (Rashid & Gregory, 2014; Odekina, 2024). In their research, Rashid and Gregory (2014) described how African women migrants often spoke of “strength through adversity,” highlighting how they deliberately cultivate a positive mindset and confidence in their capabilities to cope with stressors.

Community and family ties also play a critical role: even in the absence of immediate family in Canada, sub-Saharan African migrants often build new support networks of friends, coworkers, and fellow church members, effectively creating an “extended family” to help them adapt. These social connections provide emotional support and practical help, which is therapeutic in easing loneliness and stress for this demographic. Many sub-Saharan Africans keep in close contact with relatives back home as well while simultaneously forging bonds in diaspora communities, which offers a sense of belonging and continuity during resettlement (Odekina, 2024; Rashid & Gregory, 2014; Taylor et al., 2015; Donnelly et al., 2011).

Pursuing education and career opportunities is another notable coping mechanism for Sub-Saharan Africans. Some migrants channel their resilience into obtaining additional certifications, learning new skills, or working multiple jobs to regain control and improve their situation. For instance, women in one study obtained further training and balanced several jobs to meet family and societal demands post-migration (Hyman et al., 2008; Okeke-Ihejirika & Salami, 2018; Okeke-Ihejirika et al., 2018, as cited in Odekina, 2024). These efforts reflect a proactive form of coping, leveraging hard work and personal agency as tools for resilience.

However, the strong emphasis on resilience has a complex side. For example, culturally, many sub-Saharan African women uphold an ideal of the “strong Black woman” or generally stoic figure who handles problems without complaint. This ethic of self-reliance can be double-edged: it serves as a psychological defence and source of pride, but it may also lead women to mask their distress and avoid seeking help, potentially worsening outcomes. Researchers have noted that constantly “presenting as a strong Black woman” may inadvertently heighten the risk of unaddressed mental health issues (Botchway-Commey et al., 2024). Resilience is a prominent theme in African migrants’ narratives, manifested through hope, hard work, faith, and community, yet overreliance on stoicism can sometimes hinder the acknowledgment of mental health needs.

Culturally Specific Coping Mechanisms Among Sub-Saharan African Migrants

Culture and heritage profoundly shape the coping mechanisms of sub-Saharan African migrants. Faith and spirituality emerge as central pillars of coping in many personal narratives. Studies have shown that religious belief is critical to the mental well-being of most sub-Saharan Africans: prayer, reading scripture, attending church, and listening to faith-based messages were common ways to find hope and strength among this demographic. Many explained that their faith in God allowed them to view challenges as “just a phase that would pass,” instilling optimism and meaning in the face of hardship. This spiritual coping not only provides individual comfort but is often practiced collectively. Some migrants join prayer groups or church communities where they can pray about challenges together and seek counsel from religious leaders, creating a communal form of resilience rooted in shared beliefs (Odekina, 2024). Such spiritual support networks offer emotional solace and practical advice, reinforcing a sense of hope and self-worth. Prior research on African diaspora communities affirms that spirituality has historically been a crucial resource for survival: a means of liberation,

transformation, and healing in the sub-Saharan African experience (Mattis, 2002, as cited by Odekina, 2024). In the Canadian context, sub-Saharan African immigrants continue this tradition, often perceiving spiritual well-being as inseparable from overall mental health.

Beyond formal religion, other culturally specific practices are used to cope with mental distress. Some migrants turn to traditional healing practices or community healers in lieu of Western mental health services. For example, one study noted that Black immigrants tend to seek help through community resources like traditional healers rather than clinical professionals, especially when stigmatizing beliefs about mental illness prevail (Bamgbose Pederson et al., 2021). Furthermore, consulting a healer, elder, or spiritualist who understands their cultural background can feel safer and more acceptable than seeing a psychiatrist or counsellor. Likewise, traditional or cultural explanations for mental health problems are common: difficulties might be attributed to spiritual causes such as witchcraft, curses, or moral weakness, reflecting indigenous belief systems as observed by Botchway-Commey et al. (2024). Individuals may find meaning or justify non-medical coping strategies by viewing symptoms through a cultural or spiritual lens.

Many sub-Saharan Africans also tend to seek help via social means or community support instead of formal mental health treatment in alignment with their cultural context. Community support itself is a culturally anchored coping resource. Collectivist values mean that many African newcomers lean on ethnic community associations, extended family networks, and mutual aid (e.g. rotating credit groups or community gatherings) for emotional and financial support during tough times. Even cultural activities like preparing familiar foods, celebrating traditional festivals, or engaging in African music and dance can serve as coping outlets, helping reduce homesickness and affirm cultural identity as a source of strength. Overall, culturally grounded coping, whether through faith, traditional healers, or reframing

distress, provides sub-Saharan African migrants with familiar frameworks to handle mental health challenges in a new land (Baiden & Evans, 2021).

Role of Systemic Factors in Mental Health and Coping Among Sub-Saharan Africans

Systemic factors like discrimination, socioeconomic marginalization, and immigration policy significantly shape the mental health outcomes of sub-Saharan African migrants in Canada and, in turn, influence how they cope. Racism and discrimination emerge as pervasive stressors in many personal accounts. Migrants often encounter prejudice in daily life and systemic bias in institutions, which can erode mental well-being over time. For instance, qualitative research in Alberta found that African immigrants face various forms of racial discrimination in both educational and professional settings, from children being teased or excluded at school to adults being passed over for jobs (Odekina, 2024; Olawo et al., 2019). Another common experience is the non-recognition of foreign credentials and skills, a form of systemic barrier that forces many highly educated African newcomers into unemployment or underemployment. This underutilization of their capacities, which is essentially institutionalized marginalization, leads to financial strain and a loss of professional identity, which are linked to depression and demoralization in migrant narratives. Racially biased hiring practices (where “white is preferred”) funnel African immigrants into low-wage jobs regardless of their qualifications, constraining their economic opportunities and fostering feelings of injustice (Okeke-Ihejirika & Salami, 2018; Olawo, 2019; Salami et al., 2021; Odekina, 2024).

These systemic pressures shape coping strategies in pragmatic ways. Many African migrants respond to employment barriers by working long hours or multiple jobs to make ends meet, which can induce chronic stress and leave little time for rest or family life. African Women in a study described an “unstable socioeconomic status” that required them to sacrifice time with their children in order to pay the bills, illustrating how double burdens of racism and

economic pressure force difficult trade-offs that strain mental health and relationships (Okeke-Ihejirika et al., 2019). On the other hand, some respond by seeking to improve their situation through education or retraining, demonstrating resilience in the face of systemic obstacles. As mentioned, migrants often enroll in Canadian courses or certifications to overcome credential barriers, and while this is a positive coping action, it adds to their workload and stress in the short term (Hyman et al., 2008; Okeke-Ihejirika & Salami, 2018). Discrimination also affects help-seeking: negative encounters in the healthcare system (such as feeling one's concerns were dismissed due to race) can reinforce mistrust and deter individuals from seeking further help, effectively limiting their coping options.

Moreover, systemic support (or lack thereof) plays a role. Migrants who find culturally appropriate community services or settlement programs may cope better, but inconsistent funding and reach of such programs mean that not everyone benefits. Some systemic factors are protective; for example, being part of a strong immigrant community or having access to an inclusive workplace can buffer stress, but many systemic factors are risk-inducing for sub-Saharan Africans. Social exclusion and marginalization can lead to isolation, so migrants often cope by turning inward or sticking strictly within their ethnic community, which can limit integration. (Yohani & Okeke-Ihejirika, 2018; Alaazi et al., 2018).

In sum, systemic discrimination and structural barriers create added mental health challenges for sub-Saharan African migrants, requiring them to develop adaptive coping mechanisms like extraordinary perseverance, collective support, and advocacy for themselves beyond what might be needed for those not facing such hurdles. Addressing these systemic issues through anti-racist policies, credential recognition, employment equity, and culturally safe healthcare is widely recommended as essential to improving mental health outcomes for African immigrants in general. Research consistently demonstrates that when systemic factors

are improved or when services are tailored to be more inclusive, African migrants are more likely to seek assistance and utilize positive coping resources, resulting in better overall mental health resilience (Salami et al., 2021; Botchway-Commey et al., 2024).

Barriers to Mental Health Care for Sub-Saharan African Migrants in Canada

Sub-Saharan African migrants in Canada encounter numerous obstacles that hinder their access to mental health care. These challenges stem from systemic, structural, economic, and cultural factors that shape their migration and resettlement experiences. Research has consistently highlighted how these barriers affect their willingness and ability to seek mental health support, ultimately contributing to significant disparities in mental health outcomes.

A key barrier faced by Sub-Saharan African migrants is the lack of culturally competent mental health services. Many mental health professionals in Canada are not adequately trained to understand or integrate the cultural beliefs and practices of these migrants into their care. Traditional healing practices and spiritual beliefs, fundamental to many Sub-Saharan African cultures, are often dismissed or misunderstood by Western-trained mental health providers (Boukpepsi et al., 2021; Soares et al., 2024). This cultural disconnect fosters distrust in mental health services and discourages individuals from seeking or continuing care. The reluctance to engage with mental health professionals is further exacerbated by the perception that Western approaches to mental health treatment do not align with their cultural perspectives on wellness and illness.

Economic instability presents another critical obstacle. Many Sub-Saharan African migrants in Canada struggle with financial insecurity due to precarious employment, the high cost of living, and limited access to affordable mental health services. A study examining African immigrants in Canada found that financial constraints, coupled with long waiting times, were among the primary reasons for avoiding mental health care (Boukpepsi et al.,

2021). The financial burdens associated with migration, including the cost of resettlement and the responsibility of supporting family members in their home countries, further compound this issue (Alaazi et al., 2021). Even when services are available, the economic strain of migration often makes mental health care a lower priority than more immediate financial concerns such as housing and employment stability.

Structural challenges, including long wait times, the limited availability of services, and geographic inaccessibility, also significantly impact access to mental health care. These barriers are particularly pronounced for migrants living in rural or remote areas, where specialized mental health services are often scarce (Williams et al., 2024). Additionally, the complexity of navigating Canada's healthcare system poses a challenge for newly arrived migrants, who may struggle to understand what services are available and how to access them (Pandey et al., 2021; Faulk et al., 2021). The bureaucratic nature of the healthcare system can be overwhelming, particularly for those unfamiliar with its structure, further deterring engagement with mental health services.

Language barriers also play a substantial role in limiting access to mental health care. Many Sub-Saharan African migrants experience difficulties articulating their mental health concerns in either English or French, which are not their first languages. This challenge is compounded by cultural differences in the way mental health symptoms are expressed. In many Sub-Saharan African cultures, psychological distress is often communicated through physical symptoms such as fatigue or headaches, which may be misinterpreted by Western-trained practitioners, leading to misdiagnosis or inadequate treatment (Soares et al., 2024; Faulk et al., 2021). The availability of interpreters does not always resolve this issue, as cultural nuances may still be lost in translation, and concerns about confidentiality may prevent individuals from fully disclosing their symptoms (Soares et al., 2024).

Stigma continues to be a significant barrier to mental health care for Sub-Saharan African migrants. In many Sub-Saharan African communities, mental illness is heavily stigmatized. It is often viewed as a result of spiritual or moral failings rather than being recognized as a genuine medical condition. This stigma can lead to social isolation, discrimination, and even rejection by family and community members. (Boukpepsi et al., 2021; McCann et al., 2016). A study of African immigrants in Canada found that fear of stigmatization was one of the most significant deterrents to seeking mental health services (Boukpepsi et al., 2021). In addition to community-level stigma, societal discrimination also contributes significantly. Racial bias, xenophobia, and microaggressions further marginalize Sub-Saharan African migrants, deterring them from seeking help (Williams et al., 2024; Alaazi et al., 2021). Negative labels such as being perceived as "weak" or "crazy" further reinforce the reluctance to access mental health care (McCann et al., 2016; Fauk et al., 2021).

The internalization of stigma is another significant concern. Many Sub-Saharan African migrants view mental illness as a personal failure, leading to self-blame and hesitancy to seek help (Boukpepsi et al., 2021; McCann et al., 2016). This internalized stigma is often deeply ingrained in cultural and social norms, making it difficult to overcome. The combination of external and internal stigma creates a cycle in which individuals experiencing mental health challenges do not seek support, further exacerbating their distress.

Help-seeking behaviours among Sub-Saharan African migrants are influenced by cultural perceptions of mental health, which often prioritize familial and community support over professional intervention. In many Sub-Saharan African cultures, mental illness is regarded as a private matter that should be addressed within the family rather than through external mental health services (Boukpepsi et al., 2021; McCann et al., 2016). Many sub-Saharan Africans adhere to the value of self-reliance and privacy in handling personal

problems, meaning they only consider professional help as a last resort. Interview findings indicate that some individuals would rather “solve it within the family” or use willpower and prayer than see a psychologist unless the situation becomes critical (Botchway-Commey et al., 2024; Bamgbose Pederson et al., 2022). Community expectations can reinforce this behaviour; for example, youth may feel pressure to be “as resilient as the parents” who survived war or hardship, leading them to downplay their need for help (Salami et al., 2021). Consequently, many migrants delay seeking professional care, allowing mental health issues to worsen before treatment is considered (Pandey et al., 2021). Traditional healing and spiritual guidance are also preferred by many Sub-Saharan African migrants over Western psychiatric care. Beliefs that mental illness results from spiritual imbalances or ancestral displeasure often lead individuals to consult traditional healers or religious leaders rather than mental health professionals (Boukpessi et al., 2021; McCann et al., 2016). While these practices can offer emotional and spiritual support, they may not be sufficient for addressing more severe mental health conditions (Soares et al., 2024).

Among specific subgroups of Sub-Saharan African migrants, international students face unique mental health challenges. Academic pressures, cultural isolation, and financial difficulties create a particularly vulnerable environment for these students (Dombou et al., 2023; Forbes-Mewett & Sawyer, 2016). The need to succeed academically while adjusting to a new educational system can lead to high levels of stress and anxiety. Cultural isolation further compounds these pressures, as students often lack the social support networks they had in their home countries (Dombou et al., 2022). Limited awareness of available mental health services, language barriers, and concerns about cost further discourage international students from seeking help (Dombou et al., 2023; Dombou et al., 2022). Additionally, discrimination and xenophobia experienced by some Sub-Saharan African students in Canada

contribute to feelings of exclusion and distress, exacerbating mental health issues (Williams et al., 2024; Park & Francis, 2024).

Collectively, these factors- stigma, cultural/religious interpretations, distrust of the system, practical barriers, and a norm of self-reliance- result in markedly lower utilization of mental health services by sub-Saharan African migrants. The personal narratives consistently show that many “suffer in silence” or rely on informal support for far longer than is optimal, often only reaching formal services when problems have significantly escalated. This highlights the importance of culturally sensitive outreach and trust-building in mental health care for this population (Botchway-Commey et al., 2024).

Overall, the barriers to mental health care for Sub-Saharan African migrants in Canada are complex and multifaceted. Addressing these challenges requires targeted interventions that focus on increasing culturally competent care, reducing stigma, and improving the accessibility and affordability of mental health services. Improving mental health literacy among healthcare providers and migrant communities could foster a more inclusive and supportive environment. Additionally, initiatives tailored to subgroups such as international students are necessary to mitigate their unique stressors. By addressing these barriers, Canada can move toward a more equitable mental health care system that better serves the needs of all migrant populations.

Culturally Sensitive Counselling Approaches

Introduction

Conventional approaches to delivering counselling and psychotherapy services often fall short of meeting the needs of diverse populations, such as sub-Saharan Africans. In response, terms like cultural competence and cultural safety have emerged to describe the

ability of health institutions/agencies and service providers to offer effective care to individuals from different cultural backgrounds. Cultural competence refers to the combination of knowledge, skills, and attitudes that enable clinicians and services to effectively address clients' distinct needs from diverse backgrounds (Khenti et al., 2024). On the other hand, cultural safety focuses on recognizing and respecting cultural identities while addressing power imbalances between dominant and marginalized groups. It is defined as an outcome where individuals receiving care feel that their cultural identity is acknowledged and valued rather than diminished, demeaned, disempowered or disrespected (Wilson et al., 2022). This perspective highlights that clinical interactions take place within broader social and historical contexts, which can inadvertently reinforce racialized experiences and associated anxieties. Therefore, creating a culturally safe environment is essential for promoting equity in both the experience and outcomes of mental health treatment (Khenti et al., 2024).

Developing cultural safety requires counsellors to acknowledge how their past and present practices contribute to racial stereotypes that hinder effective communication and client relationship-building (de Leeuw, 2016). According to Khenti et al., the concept of cultural safety addresses several critical factors in healthcare, such as:

1. Power imbalances stemming from systemic racism
2. The prevalence of Eurocentric perspectives in healthcare institutions
3. Underrepresentation of certain racial groups among healthcare providers
4. Historical and ongoing power dynamics related to colonialism

At its core, cultural safety confronts issues of power and privilege in healthcare settings, as racial biases from service providers such as counsellors and psychotherapists can lead to

inaccurate assessments and interventions based on stereotypes about emotions, pain tolerance, and intelligence. Even when counsellors come from marginalized backgrounds, their association with the healthcare system can implicate them in existing inequities, making cultural safety an important aspect of counselling for all counsellors regardless of race or background (Khenti et al., 2024).

For racialized populations like sub-Saharan Africans, a lack of culturally safe care can result in reluctance to seek services or premature termination of treatment due to feelings of alienation or perceived racism. This underscores the importance of counsellors examining their own assumptions and considering how their approach might negatively impact certain groups (Abbasi, 2023).

De Leeuw (2016) encourages counsellors to include cultural safety in their practice by:

Recognizing power dynamics. It is important for counsellors to acknowledge and work collaboratively with clients after engaging in a thoughtful process of institutional and personal reflection on power dynamics.

Empowering clients. Clients should feel able to express their sense of safety or risk when engaging with a service. If an individual feels unsafe, they may be less likely to benefit fully from the service and could eventually require more intensive and serious intervention.

Enhancing cultural awareness. Counsellors should develop an understanding of the diversity within their own cultural framework and consider how this shapes their interactions with individuals from different cultural backgrounds.

Incorporating human interaction principles. Effective counselling practice goes beyond completing technical tasks; it requires building meaningful connections and

responding appropriately to clients' diverse needs and strengths. Counselling should be delivered in a way that clients experience as secure and supportive.

Canadian counsellors are increasingly working with diverse populations, including immigrants and refugees from sub-Saharan Africa, prompting a need for culturally informed techniques in therapy where treatment and interventions are adapted to clients' cultural worldviews, community or spiritual practices are integrated with interventions and clients' own narratives of resilience are valued.

In this section, I will highlight how Canadian counsellors can adapt mainstream approaches like Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), Person-Centred Therapy, Jungian Therapy, Emotionally Focused Therapy (EF) and Trauma-Informed Therapy to align with the cultural backgrounds and expectations of sub-Saharan African clients. These adaptations emphasize trust, respect and shared understanding, which research identifies as key to effective counselling with African diaspora clients (Venner & Welfare, 2019). Furthermore, I will explore counsellor-client dynamics, cultural responsiveness and client perspectives on what makes therapy effective for sub-Saharan African migrants in Canada.

Adapting Behavioural Therapies (CBT and DBT)

Cognitive Behavioral Therapy (CBT) is widely used and effective, but without adaptation, it may not fully resonate with African immigrants/refugees. Culturally adapted CBT (CA-CBT) retains core CBT techniques while modifying language, metaphors, and content to honour clients' cultural contexts. For instance, Canadian practitioners working with African and Caribbean clients incorporate discussions of racism and oppression into CBT psychoeducation and case formulation. This means acknowledging the impact of

discrimination on the client's mental health and identifying cultural strengths and coping skills in treatment (Khenti et al., 2024). Counsellors also use the client's language, stories, proverbs and metaphors to explain CBT concepts (like the link between thoughts, feelings and behaviours), which helps clients connect with the material. Such tailoring makes therapy feel more relevant and "welcoming" to clients, improving engagement and outcomes (Naeem et al., 2024; Khenti et al., 2024). Indeed, research in Canada has found that culturally adapted CBT can be more effective than standard CBT for racialized groups. In one qualitative study developing a CBT program for immigrants, participants stressed that "therapy as usual" was insufficient and that counsellors needed to "include a cultural framework" rather than proceed with generic Western models (Huo et al., 2023). The resulting adaptations (e.g. flexible questioning, attention to spiritual beliefs, and involving family when appropriate) made CBT more accessible and acceptable to these clients.

Dialectical Behavior Therapy (DBT), another cognitive-behavioural modality, has likewise been applied with cultural sensitivity for diverse clients, though specific qualitative studies with African refugees in Canada are limited. Practitioners report that DBT's emphasis on mindfulness and emotion-regulation can be reframed in culturally relevant ways, for example, by integrating mindfulness with prayer or traditional calming practices or adjusting skills training to respect cultural norms around emotional expression. As with CBT, flexibility in communication is key: one clinician noted that she had to "see things from the client's point of view" and avoid imposing her default therapy model (Huo et al., 2023). By tuning in to the client's worldview (for instance, understanding that family interdependence might be valued over Western individualism), counsellors using CBT or DBT can collaboratively set goals and solutions that make sense to the client. Feedback from immigrants in a study indicates that when cognitive-behavioural techniques are delivered in a culturally responsive manner, clients feel more comfortable and show greater trust in the

process. They are less likely to drop out and more likely to report improvement, as the therapy is seen as “speaking the same language,” both literally and metaphorically (Venner & Welfare, 2019; Khenti et al., 2024). Adapting CBT/DBT involves updated knowledge for counsellors about the client’s culture and lived realities, ensuring the “touch and feel of therapy” resonates with sub-Saharan African clients.

Narrative and Meaning-Centred Therapies (Narrative & Jungian)

Narrative Therapy (NT) is a qualitative, client-centred modality well suited for sub-Saharan African clients because it centres on personal stories and lived experiences. NT views clients as the experts on their own lives, helping them “re-author” their stories in empowering ways. Studies show that many sub-Saharan African immigrants/refugees respond positively to narrative approaches that validate their history, trauma, and resilience in a culturally familiar storytelling format. A paper by Grams (2024) found that NT techniques like life storytelling, artwork, drawing, and letter writing provided real support to refugees of all ages, including sub-Saharan African refugees. These expressive methods transcend language barriers; for example, clients with limited English could write or speak in their native language as part of therapy. One major finding in Grams’ (2024) study was that narrative interventions helped newcomers familiarize themselves with their new environment while keeping their cultural identity intact. Refugee participants in this study described NT as collaborative and non-pathologizing, meaning the counsellor works with the client to frame problems in context (e.g. as external challenges they have faced) rather than as personal failings. By honouring the client’s cultural values and experiences through storytelling, narrative therapy often leads to improved engagement, reduced trauma symptoms, and a restored sense of identity. Counsellors also learn from these stories, gaining insight into

cultural concepts of distress (like spiritual meanings of suffering or community perspectives on healing) that can inform treatment (Bovey et al., 2025).

Counsellors working with sub-Saharan African clients can adapt analytical psychology, such as Jungian therapy, to the clients' cultural backgrounds. These adaptations include incorporating African cultural symbolism, folklore, spirituality and ancestral or historical themes into classic Jungian techniques such as dream analysis, active imagination and meaning-making. Such approaches aim to make therapy more resonant and healing for sub-Saharan African clients by honouring their cultural narratives and collective history (Vaughn, 2019). Sub-Saharan African clients often bring rich spiritual and ancestral beliefs into therapy, and it is important that counsellors strive to honour these in treatment by connecting clients with their ancestors and cultural spirituality as a bridge to healing trauma. Jungian therapy's focus on the "collective unconscious" makes it well-suited to explore how personal issues may reflect the client's ancestral past or communal wounds. Brewster (2013) described using active imagination and visualization to help African clients "speak" with ancestral figures or engage in culturally meaningful rituals within the therapeutic space (e.g. imagining an encounter with an ancestor or symbolically addressing an injustice from the past). Such approaches treat African spiritual traditions like honouring ancestors and attending to dreams as messages from the spirit world as valid and therapeutically useful rather than dismissing them. When counsellors welcome discussions of faith, spirit guides or ancestral dreams, clients feel greater trust and engagement in therapy. By expanding counselling interventions and treatment to include African spiritual cosmologies, using them in dream work or visualization, for example, viewing a dream figure as an ancestor or invoking an African deity as an image of the Self, counsellors will help clients find meaning and healing rooted in their heritage (Vaughn, 2019).

Person-Centred and Relational Approaches (Client-Centred and EFT)

A consistent finding across qualitative studies is that the therapeutic relationship itself is paramount for African immigrant and refugee clients. Person-centred Therapy naturally supports culturally safe care with its core tenets of empathy, unconditional positive regard, and genuineness. Clients from sub-Saharan African cultures often come from communal, relationship-oriented backgrounds, and they tend to value therapists who are warm, respectful, and truly listening over those who are overly formal or strictly technique-focused (Tondora et al., 2018). In a study by Ziyachi and Castellani (2024), African clients reported that feeling "on a level playing field" with the counsellor, that is, not talked down to and not having their culture stereotyped, was critical to building trust. The clients appreciated "*respectful inquisitiveness*" from the counsellor about their cultural identity and migration journey rather than assumptions (Ziyachi & Castellani, 2024). Being invited to share about their background, for example, a therapist mentioning some knowledge of the client's home culture or asking about their traditions, helped clients feel seen and welcomed (Chu, 2024). Even when therapist-client ethnic matching is not possible, as there is a shortage of African therapists in Canada, research suggests that a culturally self-aware therapist can compensate by demonstrating curiosity, humility, and willingness to learn (Kizilhan, 2022). One community consultation noted that "someone who does not approach their life stories with preconceived notions" is often more important to clients than finding a therapist of the same race (Sue et al., 2009). Thus, a person-centred stance: listening, validating, and adapting to the client's communication style, fosters the mutual respect that sub-Saharan African clients identify as the most beneficial element of therapy. Counsellors may need to be a bit more active or directive at times (if that aligns with the client's expectations of a helper), but without compromising the collaborative, empowering spirit of person-centred work. The goal

is a strong working alliance where the client feels safe, understood, and involved in guiding their healing process (Khairat et al., 2023).

Emotionally Focused Therapy (EFT) for couples is another modality that can be culturally attuned to African immigrants and refugees. EFT focuses on creating secure emotional bonds between partners, which resonates with many collectivist cultures' emphasis on family unity. However, counsellors must navigate cultural norms around gender roles, communication, and seeking outside help for marital issues. As discussed earlier on in this chapter, sub-Saharan African immigrant couples find that cultural stigma and gender dynamics can be barriers to seeking therapy. For instance, some families discourage airing private family matters, and traditional gender norms may discourage vulnerability, for example, men expressing emotion (Ting & Panchanadeswaran, 2009). Therefore, an effective culturally informed EFT would include acknowledging and normalizing these hesitations and perhaps incorporating elders or faith leaders when appropriate (with the couple's consent) to bridge cultural acceptance. Counsellors working with, for instance, a Sudanese refugee couple might first explore each partner's cultural expectations of marriage and communication during the intake or as part of the process of conceptualizing the case. They may learn that one partner fears that Western-style therapy will be biased against traditional values while the other partner may be more open to a Western-style of therapy. The therapist can then explicitly affirm respect for the couple's values and adapt the EFT process accordingly. Another related example is using culturally relevant analogies for attachment, such as comparing the marital bond to a well-known proverb or story from their culture about teamwork or trust. Through gentle, culturally sensitive guidance, EFT can help couples express their needs and emotions in ways that feel safe. A qualitative case study of Chinese immigrant couples in Canada (the population is different, but it is similar in terms of adapting EFT) showed that when therapists adjusted the model to honour cultural values, couples

reported improved relationship satisfaction and emotional security post-therapy (Sandberg et al., 2024). Sub-Saharan African couples could experience similar benefits when therapy is delivered in a culturally responsive manner. In practice, this could mean allowing extended family discussions if relevant, addressing external stressors like racism or immigration challenges as part of the couple's emotional context, and being mindful of how power imbalances or gender-role expectations shaped by culture play out in the relationship. By doing so, counsellors create a setting where sub-Saharan African immigrant couples feel their whole reality is understood, not just the presenting problem. This culturally attuned EFT can strengthen the couple's bond and their trust in the therapeutic process as a resource that respects their way of life.

Trauma-Informed and Holistic Practices

Many sub-Saharan African immigrants and refugees have survived significant trauma from war and persecution to arduous migration journeys; thus, trauma-informed therapy is essential in counselling this population, and it must be tailored to cultural contexts. Bovey et al. (2025) underscore that culture shapes how people experience, express, and heal from trauma-related distress. A systematic review of trauma narratives in African and Middle Eastern communities found that individuals often attribute distress to not just personal trauma but also structural, social and spiritual factors. Effective interventions, therefore, must extend beyond the individual client to address broader community and spiritual needs (Bovey et al., 2025). In practical terms, culturally informed trauma-informed therapy might involve:

Cultural Concepts of Distress. Counsellors could educate themselves on local idioms of distress (e.g., somatic symptoms like headaches or the concept of “thinking too much” as expressions of trauma). Rather than applying a narrow PTSD checklist, counsellors could validate the client's description of their suffering, which may

include cultural syndromes or beliefs. For instance, a client might believe their nightmares are caused by spiritual unsettledness. Integrating these beliefs into treatment can aid healing (Bovey et al., 2025).

Safety and Trust. Given many sub-Saharan Africans' past experiences of trauma pre- and post-migration, establishing an environment of cultural safety is paramount. This means the typical principles of trauma-informed care (physical and emotional safety, trustworthiness, choice, collaboration and empowerment) and cultural humility on the counsellor's part. Clients should feel that their cultural identity is an asset in therapy, not something they have to "leave at the door" (Khenti et al., 2024).

Holistic Healing and Community. Trauma-informed therapy with sub-Saharan African clients often extends to family and community. Many sub-Saharan African cultures view healing as a collective process; thus, support groups, community ceremonies, or family sessions can complement individual therapy. For instance, some Rwandan and Sudanese refugees in Canada have found healing in community storytelling circles or church-based counselling, which provide a familiar, affirming context that standard therapy offices may lack. Trauma-informed counsellors collaborate with such natural supports and may play roles beyond traditional psychotherapy, including advocating for social resources, helping clients navigate immigration systems, etc., and recognizing that "effective interventions must extend beyond individual-focused approaches" (Bovey et al., 2025).

Culturally responsive trauma-informed therapy requires flexibility and learning. Counsellors are encouraged to adapt their techniques to align with clients' belief systems, for example, using grounding techniques that draw on the client's spiritual practices like prayer, chanting, or connection with ancestors (Bovey et al., 2025).

In summary, trauma-informed counselling for sub-Saharan African immigrants/refugees involves viewing the client in their full cultural and socio-political context by honouring their resilience, understanding their trauma through their eyes, and engaging all layers of support; individual, family, and community to foster healing (Salami et al., 2021; Bovey et al., 2025). Such culturally grounded trauma therapy has been shown to increase clients' sense of safety and empowerment, making them more willing to participate in treatment and more likely to experience relief from trauma symptoms.

Therapist-Client Dynamics and Culturally Safe Practices

Providing counselling to sub-Saharan African immigrants requires a flexible approach rather than a one-size-fits-all solution. It is essential for counsellors to adapt cultural considerations thoughtfully and to develop a deep understanding of the individual client and the specific social and cultural context they navigate. Possessing these skills plays a significant role in enhancing the therapeutic alliance between the counsellor and the client.

Cultural competence and the quality of the therapeutic alliance are critical factors across all therapy modalities. Studies have consistently shown that African immigrants and refugees respond best when counsellors demonstrate cultural responsiveness, acknowledging cultural differences, avoiding stereotypes, and actively accommodating the client's cultural context. Rogers-Sirin et al.. (2015) conducted interviews with immigrant clients about what makes a therapist culturally competent. The clients described culturally competent therapists as those who asked about their background, listened without judgment, and were willing to learn rather than assuming expertise. Concrete behaviours like correctly pronouncing the client's name, inquiring about the role of family or faith, and not reacting defensively when clients brought up race helped build trust. In contrast, clients felt disrespected or disengaged when therapists were "colourblind" or minimized cultural experiences (e.g. dismissing a

client's report of discrimination as paranoia). One participant in Rogers-Sirin's study said, "*I could tell when my therapist was not comfortable talking about my being African... it made me hold back*" (p. 264). This illustrates that therapist self-awareness and openness are key qualities that mirror person-centred ideals.

From the therapist's side, research by Khalsa et al. (2023) using interviews with 11 clinicians found that adapting counselling for refugees was a developmental process for the therapist themselves. Therapists described early experiences of cultural missteps or uncertainty. Over time, they learned to engage in reflective practice by examining their cultural identities and biases, improving their work with clients.

Schweitzer et al. (2015) highlighted the importance of supervision and training in multicultural counselling as essential supports for therapists. Regular supervision is essential when working with racialized populations, including sub-Saharan African clients, as it aids therapists in applying techniques that reflect an understanding of how anti-Black racism and adverse social determinants affect client attitudes and behaviours. This guidance is especially beneficial for less-experienced therapists, ensuring that counselling methods are applied effectively and that culturally safe care is maintained. While experienced supervisors are ideal, peer supervision, where therapists collaborate and reflect on client cases, can also provide meaningful support (Khenti et al., 2024).

Schweitzer et al.'s (2015) study identified two key themes regarding therapist-counsellor dynamics: "therapy as a relational experience" and "the role of context in informing therapeutic work." Effective therapists do not only focus on the individual client but also consider the broader social and historical context, including factors such as family, community, and migration history. For example, a therapist working with a survivor of the Rwandan genocide may need to understand how feelings of survivor's guilt and a strong

sense of responsibility to their community influence the client's therapy goals. In these cases, the client might prioritize family reunification or community advocacy as part of their healing process. This contextual awareness enhances the therapist's ability to provide culturally sensitive and effective care.

Another study by St. Vil et al. (2017) found that mistrust of mental health professionals is a barrier rooted in clients' historical and personal experiences of racism. Participants in the study suggested that when therapists take on advocacy roles or show awareness of systemic issues, it improves trust. For example, a therapist who helped a refugee client navigate immigration paperwork or wrote a support letter for housing demonstrated allyship that went a long way in building a strong alliance (Alaazi et al., 2022). This blurring of traditional roles might seem unusual in Western therapy. However, for many African clients, the therapist is seen as a helper in a broad sense, not only for psychological issues but sometimes for practical life challenges. Culturally responsive counselling may thus include a bit of social work: connecting clients to community resources and being attuned to social determinants such as employment, language classes, etc., impacting mental health (Alaazi et al., 2022).

Ultimately, clients define what "effective therapy" means to them. Feedback from African immigrants highlights feeling understood and empowered as effective therapy. In a study by Guruge et al. (2015), one refugee said that the best session was when "my counsellor finally understood my loss of family back home, and she cried with me. I knew then I was not alone." Such testimonials underline that beyond techniques (CBT, narrative therapy, etc.), it is the human connection and cultural humility that clients value. Clients also appreciate when therapy yields tangible outcomes: improved mood, better family communication, or even the ability to sleep at night without nightmares. In a narrative

analysis of well-being among African immigrants, many interviewees noted that being able to “share my story freely” and have it reframed positively by the therapist made them more optimistic and confident in daily life (Guruge et al., 2015). Thus, effective culturally informed therapy merges technique with culture and compassion, tailoring interventions to each client’s worldview and needs.

Conclusion

Over the last decade, qualitative research has shed light on how Canadian counsellors are evolving their practices to serve sub-Saharan African immigrants and refugees more effectively. Whether through culturally adapted CBT, the healing power of narrative therapy, the empathetic stance of person-centred therapy, the bonding focus of EFT, or trauma-informed care that respects spiritual coping, the common thread is cultural responsiveness. Therapists who engage with clients’ cultural narratives, validate their experiences of migration and racism, and flexibly integrate community and spiritual resources tend to facilitate more meaningful therapeutic experiences. Clients across diverse groups (adults, youth, children, families, couples) have voiced that such approaches make therapy feel safer and more relevant to them. These findings reinforce that culture is central, not peripheral, to mental health and that counselling must be a two-way learning process. Continued qualitative inquiry, including client-centred research, will further refine these techniques, ensuring that mental health support in Canada is accessible, effective, and respectful for sub-Saharan Africans in the diaspora.

Chapter Summary

The findings from the literature reviewed highlight the critical need for culturally sensitive counselling approaches when working with sub-Saharan African clients in Canada.

Migration, mental health challenges, and systemic barriers all shape the lived experiences of this population, necessitating counselling interventions that acknowledge cultural, historical, and social contexts. The importance of integrating culturally relevant frameworks into mental health care is underscored by key themes emerging from the literature, including the role of cultural values, spirituality, traditional healing practices, stigma, and systemic barriers. These findings provide the foundation for developing a counsellor's handbook aimed at equipping mental health practitioners with the necessary skills to effectively support sub-Saharan African clients (Garang, 2022; Banks, 2020; Ofonedu et al., 2023; Shabazz, 2017).

A recurring theme in the literature is the significant impact of cultural identity on mental health and help-seeking behaviours among sub-Saharan African clients. Many individuals from this population come from collectivist societies where mental health is understood within the context of family and community (Garang, 2022; Banks, 2020). Western individualistic counselling models often fail to accommodate these cultural perspectives, leading to misunderstandings and disengagement in therapy. This underscores the need for mental health practitioners to adopt culturally adapted approaches that incorporate collectivist values, family involvement, and community-based interventions (Ofonedu et al., 2023; Shabazz, 2017).

Furthermore, spirituality is a fundamental aspect of well-being for many sub-Saharan Africans. The literature shows that many clients may view mental distress through a spiritual lens, resulting in them seeking guidance from religious leaders or engaging in traditional healing practices before considering professional psychological services (Ofonedu et al., 2023; Hinton & Jalal, 2014). This emphasizes the necessity of incorporating spiritual beliefs into counselling interventions, enabling practitioners to acknowledge and validate these perspectives instead of dismissing them as incompatible with Western mental health frameworks.

Additionally, the systemic barriers faced by sub-Saharan African clients, including racial discrimination, immigration stress, and limited access to culturally competent care, create further challenges in mental health support (Garang, 2022; Banks, 2020). The literature indicates that historical legacies, such as colonialism and systemic racism, have contributed to mistrust in mainstream mental health services. Addressing these barriers requires a decolonized counselling approach that prioritizes cultural humility, advocacy, and systemic change to make mental health services more accessible and inclusive (Khalsa et al., 2023; Olawo, 2018).

The insights gained from the literature provide a strong rationale for developing a culturally sensitive handbook for counsellors working with sub-Saharan African clients in Canada. This handbook should be structured around key principles derived from the literature, ensuring that practitioners gain theoretical knowledge and practical skills to enhance their cultural competence.

The handbook should educate counsellors on the cultural identity of sub-Saharan African populations, their migration experiences, and the associated mental health challenges. This would involve discussions on acculturation stress, racial discrimination, and systemic barriers that impact help-seeking behaviours (Garang, 2022; Banks, 2020).

Given the strong influence of spirituality and traditional healing practices, the handbook should provide strategies for incorporating these elements into counselling. Counsellors would learn to engage in culturally sensitive conversations about spirituality, collaborate with religious and community leaders when appropriate, and adapt Western models to align with cultural worldviews (Ofonedu et al., 2023; Hinton & Jalal, 2014).

Western counselling models such as CBT, DBT, EFT, Jungian therapy, person-centred therapy, trauma-informed therapy and narrative therapy should align with cultural expectations and practices to be effective for sub-Saharan African clients. The handbook should introduce

approaches and techniques aligning with oral traditions and strategies incorporating traditional healing practices (Menon, 2023; Naeem, 2018; Hinton & Jalal, 2014).

The literature highlights that mental health stigma is a significant barrier for sub-Saharan African clients, often leading to delayed help-seeking and reluctance to engage in therapy (Olawo, 2018; Shabazz, 2017). The handbook should focus on stigma reduction strategies, including community outreach, peer mentorship programs, and culturally tailored psychoeducation initiatives. Counsellors should be equipped with tools to normalize mental health discussions within the cultural framework of their clients.

One of the most critical aspects of culturally sensitive counselling is establishing trust and rapport. The literature emphasizes that sub-Saharan African clients may experience mistrust toward Western mental health institutions due to historical and systemic factors (Garang, 2022; Banks, 2020). The handbook should emphasize the principles of cultural humility, active listening, and shared decision-making as fundamental components of effective counselling. Counsellors should also be encouraged to engage in self-reflection and continuous learning to enhance their cultural competence (Khalsa et al., 2023; Olawo, 2018).

Given the collectivist nature of many sub-Saharan African cultures, the handbook should train counsellors on how to involve families and communities in the mental health process. This may include strategies for family counselling, community-based interventions, and collaboration with cultural leaders to facilitate mental health awareness and acceptance (Ofonedu et al., 2023; Whitfield, 2016).

The challenges faced by this population, ranging from migration-related stressors and systemic barriers to cultural and spiritual influences on mental health, highlight the importance of tailored interventions. Counsellors can provide more effective mental health support by

incorporating culturally adapted counselling models, recognizing the role of spirituality, addressing stigma, and engaging families and communities.

Developing a handbook based on these findings will ensure that Canadian counsellors have the necessary skills to deliver culturally competent interventions and treatment. The handbook will enhance therapeutic outcomes for sub-Saharan African clients and contribute to Canada's more inclusive and responsive mental health system. Future research should continue to refine these approaches and explore additional strategies for improving mental health access and support for sub-Saharan African populations.

Chapter 3: Project Plan

Introduction

This project will take the form of a culturally grounded handbook aimed at supporting Canadian counsellors in providing competent, respectful, and effective counselling to sub-Saharan African migrants in Canada. The handbook is informed by the findings and insights in the literature review presented in Chapter Two. It is rooted in principles of cultural humility, anti-oppressive practice, and trauma-informed care. It also draws on my experiences as an immigrant and international student in Canada and my professional background as a counsellor and mental health practitioner in various regions of sub-Saharan Africa.

This chapter outlines the rationale, structure, and guiding principles behind the handbook, developed in response to the growing need for culturally informed counselling practices. The handbook will address the growing need for culturally informed counselling practices that reflect sub-Saharan African communities' lived experiences, values and mental health frameworks. Sub-Saharan African migrants often face significant pre- and post-migration stressors, which impact their mental health and access to services (Fenta et al., 2007; Yohani, 2013). These challenges are compounded by the misalignment between Western biomedical models of mental health and many sub-Saharan African worldviews that emphasize spirituality, community, and collective well-being (Kirmayer et al., 2011; Yohani, 2013).

I hope the handbook will serve as a resource for counsellors and mental health practitioners in Canada to provide culturally safe and responsive therapeutic care to Sub-Saharan African clients. The content of the handbook will focus on the current gap in Canadian counselling practice where African worldviews, migration realities, and culturally rooted expressions of distress are often overlooked or misunderstood, leading to under-engagement and unmet mental health needs.

Description of Proposed Project

The handbook, “Counselling Sub-Saharan African Migrants: Techniques for Canadian Counsellors,” is approximately 50 to 60 pages long. It is designed for counsellors, therapists, counselling students, educators, and supervisors. The content is accessible, written in a non-academic tone, and focuses on practical applications in the field.

The chapters in this handbook are intentionally sequenced to move from foundation to application, supporting a thoughtful and culturally informed learning process. The early chapters contextualize Sub-Saharan African cultures, migration experiences, and mental health beliefs, laying the groundwork for meaningful engagement. Once this foundation is in place, the later chapters focus on practical adaptations, clinical techniques, resilience-building, and supervision, allowing counsellors to apply their knowledge in culturally safe and responsive ways. This progression supports self-reflection and skill development, ensuring that practice is grounded in understanding, not assumption.

The first chapter will provide an overview of sub-Saharan Africa, highlighting the region’s vast cultural, linguistic and geographic diversity. This chapter will examine prevailing homogenizing narratives and emphasize the importance of understanding that shapes sub-Saharan African worldviews on wellness and suffering.

The second chapter will explore migration and mental health, examining pre-migration and post-migration stressors. The chapter is intended to help counsellors understand how these layered experiences influence clients’ emotional, psychological and social well-being.

The third chapter will delve into cultural beliefs and mental health, focusing on how many sub-Saharan African communities understand mental distress through spiritual or relational lenses, and the fourth chapter will present culturally responsive adaptations of

therapeutic interventions, offering practical suggestions for modifying mainstream modalities such as CBT, DBT and narrative therapy to align with Afrocentric and collectivist values.

Chapter five will focus on culturally responsive counselling techniques, equipping counsellors with tools for building trust, navigating power dynamics, and communicating effectively across cultural differences. It will also address the importance of recognizing and challenging unconscious bias, especially when working with clients whose worldviews may differ from those embedded in Western therapeutic paradigms.

The sixth chapter will highlight resilience and coping among sub-Saharan African migrants. Chapter seven will examine the role of clinical supervision and peer support in fostering cultural humility and reflective practice. This section will provide guidance for supervisors and supervisees on addressing cultural complexity, processing emotional labour, and preventing burnout when working cross-culturally.

The handbook will conclude with a final chapter that suggests future research and professional development while grounding its closing message in the Ubuntu philosophy, which emphasizes interconnectedness, dignity, and collective healing.

Overall, this handbook will function as both a practical guide and a reflective tool, supporting the development of culturally safe and responsive counselling practices that honour the identities, values, and strengths of Sub-Saharan African migrants in Canada.

Ethical Considerations

The handbook will be developed with careful ethical reflection, especially given its focus on the mental health experiences of sub-Saharan African migrants. This population often faces systemic marginalization, cultural misrepresentations and barriers to care in Canadian society. Core ethical considerations that will guide the creation of the handbook include:

Cultural Representation and Respect

A key ethical priority is ensuring that sub-Saharan African communities' cultural knowledge, belief systems and experiences are portrayed with respect, accuracy and sensitivity. I will actively avoid stereotyping by highlighting the region's cultural, linguistic and geographic diversity. Concepts such as Ubuntu will be approached with cultural humility and a recognition that no single framework can represent the entire continent or its diaspora.

Use of Literature and Publicly Available Data

This handbook will be based on an extensive review of existing literature and publicly available resources. No primary data collection involving human participants will occur during the development of the handbook. Care will be taken to ensure that sources are appropriately cited and that the lived experiences described in academic works of literature are not extracted or decontextualized in ways that erase the voices or agency of those represented (Smith, 2012).

Confidentiality and Anonymity

Although the project does not involve interviews or direct participant data collection, any practice reflections or case examples included in the handbook will be fictionalized or adapted composites. This aligns with ethical counselling guidelines regarding confidentiality and client dignity (Canadian Counselling and Psychotherapy Association, 2020).

Community Impact and Accessibility

The handbook is intended to support more equitable access to mental health care for sub-Saharan African migrants by increasing the cultural responsiveness of counsellors. To ensure the handbook benefits the communities it is designed to serve, the creation of the handbook will be guided by the ethical principle of beneficence, where I will focus on

prioritizing the well-being of clients and communities by helping therapists avoid harm and build trust in cross-cultural contexts (Corey et al., 2019).

Commitment to Cultural Humility and Ongoing Learning

Finally, the handbook will be written with the understanding that cultural competence is not a fixed achievement but an evolving process. As such, readers will be encouraged to approach the material with cultural humility and continue learning beyond the handbook. While I share cultural roots and lived experiences with many Sub-Saharan African migrants, I also recognize my outsider position within the Canadian mental health system. This dual perspective has shaped my understanding and approach, allowing me to bridge cultural knowledge with clinical practice while remaining open to learning and accountable to the communities I serve.

The ethical responsibility of acknowledging what we do not know and remaining open to correction and community-led insight will be emphasized in the handbook.

Chapter Summary

This chapter has outlined the proposed structure, purpose, and ethical foundation for developing the handbook “Counselling Sub-Saharan African Migrants: Techniques for Canadian Counsellors.” Drawing on relevant literature and my personal and professional experience, the handbook will address gaps in service provision by offering practical techniques, adapted therapeutic models, and reflective strategies for working across cultural differences.

The chapter has also emphasized the importance of ethical practice in developing the handbook, including respectful cultural representation, the responsible use of literature, and a commitment to client dignity and beneficence. Rather than presenting a universal model, the

handbook will encourage readers to engage in ongoing learning, self-reflection, and culturally attuned supervision as part of a lifelong journey toward more inclusive and effective mental health care.

Ultimately, this handbook is envisioned as both a professional resource and a relational offering that honours the strength, complexity, and wisdom within Sub-Saharan African communities and supports Canadian mental health practitioners in building bridges of understanding and care. It is grounded in evidence-informed research while remaining deeply connected to the lived realities, voices, and values of the communities it represents. The handbook invites practitioners to move beyond cultural competence toward cultural humility by weaving together academic insight and cultural knowledge. It is both a guide and an invitation to listen differently, respond more meaningfully, and walk alongside clients with greater respect and care.

References

- Abbasi, K. (2023). Decolonising medicine and health: Brave, hopeful, and essential. *The BMJ*, 383, p2414. <https://doi.org/10.1136/bmj.p2414>
- Adeyemi, S., Baldeh, M., Bah, A. J., Rakotomalala, D., & Adeniyi, Y. C. (2024). Pathways to mental health services across local health systems in Sub-Saharan Africa: Findings from a Systematic Review. <https://doi.org/10.1101/2024.01.11.24301103>
- Adichie, C. N. (2009, July). *The danger of a single story* [Video]. TEDGlobal. https://www.ted.com/talks/chimamanda_ngozi_adichie_the_danger_of_a_single_story
- Alaazi, D. A., Salami, B., Ojakovo, O. G., Nsaliwa, C., Okeke-Ihejirika, P., Salma, J., & Islam, B. (2022). Mobilizing communities and families for child mental health promotion in Canada: Views of African immigrants. *Children and Youth Services Review*, 139, 106553. <https://doi.org/10.1016/j.childyouth.2022.106553>
- Anakwenze, O. (2022). The cultural sensitivity continuum of mental health interventions in Sub-Saharan Africa: A systematic review. *Social Science & Medicine*, 306, 115124. <https://doi.org/10.1016/j.socscimed.2022.115124>
- Appiah, E. K., Arko-Achemfuor, A., & Adeyeye, O. P. (2018). Appreciation of diversity and inclusion in Sub-Sahara Africa: The socioeconomic implications. *Cogent Social Sciences*, 4(1), 1521058. <https://doi.org/10.1080/23311886.2018.1521058>
- Baiden, D., & Evans, M. (2021). Black African Newcomer Women's Perception of Postpartum Mental Health Services in Canada. *Canadian Journal of Nursing Research*. <https://doi.org/10.1177/0844562120934273>

- Bamgbose Pederson, A., Waldron, E. M., & Fokuo, J. K. (2022). Perspectives of Black immigrant women on mental health: The role of stigma. *Women's Health Reports*, 3(1), 307-317.
- Banks, N. (2020). *Cultural Competencies in Delivering Counselling and Psychotherapy Services to a Black Multicultural Population: Time for Change and Action*. Emerald Publishing Limited.
<https://doi.org/10.1108/978-1-83909-964-920201014>
- Berhe, K. T., Gesesew, H. A., & Ward, P. (2024). Traditional healing practices, factors influencing to access the practices and its complementary effect on mental health in sub-Saharan Africa: a systematic review. *BMJ Open*, 14. <https://doi.org/10.1136/bmjopen-2023-083004>
- Botchway-Commey E.N, Adonten G-Kissi O, Meribe N, Chisanga D, Moustafa AA, Tembo A, et al. (2024) Mental health and mental health help-seeking behaviors among first-generation voluntary African migrants: A systematic review. *PLoS ONE* 19(3): e0298634.
<https://doi.org/10.1371/journal.pone.0298634>
- Boukpepsi, T. B., Kpanake, L., & Gagnier, J.-P. (2021). *Why are African Immigrants in Canada Reluctant to Use Mental Health Services? A Systematic Inventory of Reasons*.
<https://doi.org/10.21203/RS.3.RS-435556/V1>
- Bovey, M., Hosny, N., Dutray, F., & Heim, E. (2025). Trauma-related cultural concepts of distress: A systematic review of qualitative literature from the Middle East and North Africa, and Sub-Saharan Africa. *SSM - Mental Health*, 5, 100298. <https://doi.org/10.1016/j.ssmmh.2024.100298>
- Brewster, F. (2013). Wheel of Fire: The African American Dreamer and Cultural Consciousness. *Jung Journal*, 7(1), 70–87. <https://doi.org/10.1080/19342039.2013.759074>

Canadian Counselling and Psychotherapy Association (CCPA). (2020). *Code of Ethics*.

<https://www.ccpa-accp.ca/wp-content/uploads/2020/11/CCPA-Code-of-Ethics-2020-EN.pdf>

Capps, R., McCabe, K., & Fix, M. (2011). *New streams: Black African migration to the United States*. Migration Policy Institute.

Chu, H. (2024). Migrant and person-centered approach. In *Proceedings of the 2024 2nd International Conference on Language, Innovative Education and Cultural Communication (CLEC 2024)* (pp. 81–86). Atlantis Press. https://doi.org/10.2991/978-2-38476-263-7_11

Chu, W., Wippold, G. M., & Becker, K. D. (2022). A systematic review of cultural competence trainings for mental health providers. *Professional Psychology: Research and Practice*, 53(4), 342-355. <https://doi.org/10.1037/pro0000469>

Collins, R. O., & Burns, J. M. (2013). *A History of Sub-Saharan Africa: The historical geography of Africa* (pp. 7–22). Cambridge University Press.
<https://doi.org/10.1017/CBO9781139795333.003>

Cook, J., & Waite, L. (2016). 'I think I'm more free with them'—Conflict, negotiation and change in intergenerational relations in African families living in Britain. *Journal of Ethnic and Migration Studies*, 42(8), 1388-1402. <https://doi.org/10.1080/1369183X.2015.1073578>

Corey, G., Corey, M. S., & Callanan, P. (2019). *Issues and ethics in the helping professions* (10th ed.). Cengage Learning.

Dada, D., Abu-Ba'are, G. R., Turner, D., Mashoud, I. W., Owusu-Dampare, F., Apreku, A., Ni, Z., Djiadeu, P., Aidoo-Frimpong, G., Zigah, E. Y., Nyhan, K., Nyblade, L., & Nelson, L. E. (2024). Scoping review of HIV-related intersectional stigma among sexual and gender

minorities in sub-Saharan Africa. *BMJ Open*, 14. <https://doi.org/10.1136/bmjopen-2023-078794>

de Leeuw, S. (2016, February 17). *Cultural safety for Indigenous peoples: A determinant of health* [Webinar]. National Collaborating Centre for Indigenous Health. https://www.nccih.ca/495/Webinar_Cultural_safety_for_Indigenous_peoples_A_determinant_of_health.nccih?id=162

Delara, M. (2016). Mental health consequences and risk factors of physical intimate partner violence. *Aggression and Violent Behavior*, 29, 120-130. <https://doi.org/10.1016/j.avb.2016.08.012>

Dombou, C., Omonaiye, O., Fraser, S., Cénat, J. M., & Yaya, S. (2022). Barriers and facilitators associated with the use of mental health services among immigrant students in high-income countries: a scoping review protocol. *Systematic Reviews*, 11(1). <https://doi.org/10.1186/s13643-022-01896-6>

Dombou, C., Omonaiye, O., Fraser, S., Cénat, J. M., Fournier, K., & Yaya, S. (2023). Barriers and facilitators associated with the use of mental health services among immigrant students in high-income countries: A systematic scoping review. *PLOS ONE*, 18(6), e0287162. <https://doi.org/10.1371/journal.pone.0287162>

Domey, N., & Patsiurko, N. (2024). *The diversity of the Black populations in Canada, 2021: A sociodemographic portrait* (Catalogue No. 89-657-X2024005). Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2024005-eng.htm>

Donnelly, T. T., Hwang, J. J., Este, D., Ewashen, C., Adair, C., & Clinton, M. (2011). "If I was going to kill myself, I wouldn't be calling you. I am asking for help": Challenges influencing

immigrant and refugee women's mental health. *Issues in Mental Health Nursing*, 32(5), 279-290. <https://doi.org/10.3109/01612840.2010.550383>

Eberhardt, J. L., & Fiske, S. T. (1998). *Confronting racism: The problem and the response*. SAGE Publications.

Egunlusi, T. R. E. (2017). Mental alienation and African identity: Exploring historical perspectives in response to the crises of African societies. *Open Journal of Philosophy*, 7(1), 1-12. <https://www.scirp.org/journal/paperinformation?paperid=73724>

Ermansons, G., Kienzler, H., & Schofield, P. (2024). Somali refugees in urban neighborhoods: An eco-social study of mental health and wellbeing. *Frontiers in Psychiatry*, 15, Article 1307509. <https://doi.org/10.3389/fpsyt.2024.1307509>

Fauk, N. K., Ziersch, A., Gesesew, H. A., Ward, P., Green, E., Oudih, E., Tahir, R., & Mwanri, L. (2021). Migrants and Service Providers' Perspectives of Barriers to Accessing Mental Health Services in South Australia: A Case of African Migrants with a Refugee Background in South Australia. *International Journal of Environmental Research and Public Health*, 18(17), 8906. <https://doi.org/10.3390/IJERPH18178906>

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in Western countries: A systematic review. *The Lancet*, 365(9467), 1309–1314. [https://doi.org/10.1016/S0140-6736\(05\)61027-6](https://doi.org/10.1016/S0140-6736(05)61027-6)

Fenta, H., Hyman, I., & Noh, S. (2007). Health service utilization by Ethiopian immigrants and refugees in Toronto. *Journal of Immigrant and Minority Health*, 9(4), 349-357. <https://doi.org/10.1007/s10903-007-9047-9>

Fernando, S. (2010). *Mental health, race and culture*. Palgrave Macmillan.

- Flahaux, M.-L., & de Haas, H. (2016). African migration: Trends, patterns, drivers. *Comparative Migration Studies*, 4(1), 1–25. <https://doi.org/10.1186/s40878-015-0015-6>
- Forbes-Mewett, H., & Sawyer, A.-M. (2016). International Students and Mental Health. *Journal of International Students*, 6(3), 661–677. <https://doi.org/10.26180/5EE8016AB569A>
- Galvin, M., Coetzee, L., Leshabana, P., Masebe, N., Lebepe, S., Moolla, A., Tarullo, A. R., Rockers, P. C., & Evans, D. (2024). Perceptions of HIV and mental illness as “Western” or “Traditional” illnesses: a cross-sectional study from Limpopo Province, South Africa. *BMC Complementary Medicine and Therapies*, 24(1). <https://doi.org/10.1186/s12906-024-04700-1>
- Garang, K. ë. (2022). Back to ‘things themselves’: breaking the cycle of misrepresentation when serving African Canadian youth. *Critical and Radical Social Work*, 10(3), 506–517. <https://doi.org/10.1332/204986021x16521779031727>
- George, U., Thomson, M. S., Chaze, F., & Guruge, S. (2015). Immigrant Mental Health, A Public Health Issue: Looking Back and Moving Forward. *International Journal of Environmental Research and Public Health*, 12(10), 13624. <https://doi.org/10.3390/ijerph121013624>
- Glyn, A. (2022, August 15). *Countering ignorance: Why Africa must be included in the national curriculum* [Blog post]. University of Bath, Centre for Development Studies. <https://blogs.bath.ac.uk/cds/2022/08/15/countering-ignorance-why-africa-must-be-included-in-the-national-curriculum/>
- Grams, G. W. (2024). *Practical applications of narrative therapy: Supporting refugee populations* [Unpublished master's capstone project]. Athabasca University. <https://auspace.athabascau.ca/handle/2149/3697>

- Guruge, S., Thomson, M. S., George, U., & Chaze, F. (2015). Social support, social conflict, and immigrant women's mental health in a Canadian context: A scoping review. *Journal of Psychiatric and Mental Health Nursing*, 22(9), 655-667. <https://doi.org/10.1111/jpm.12216>
- Hamilton, K. (2025). The educative burden: African diaspora communities and media representation counter-narratives. *Journal of African Diaspora Studies*, 18 (2), 45-67. <https://doi.org/10.1016/j.jads.2025.03.002>
- Hamilton, P. R. (2025). The African diaspora and its influence on Africa's self-identity crisis and global image. *Journal of Global Identity Studies*, 5(1), 45-62. <https://doi.org/10.69778/2710-0073/2025/5.1/a3>
- Harper, G. W., Hong, C., Jáuregui, J. C., Odhiambo, E. O., Jadwin-Cakmak, L., Olango, K., Amico, K. R., Tucker, H. M., Lyons, M., Odero, W., & Graham, S. M. (2024). Proximal and distal minority stressors and mental health among young gay and bisexual men and other men who have sex with men (GBMSM) in Kisumu, Kenya. *American Journal of Community Psychology*. <https://doi.org/10.1002/ajcp.12767>
- Harth, A. E. (2009). *Representations of Africa in the Western news media: Reinforcing myths and stereotypes*. [Master's thesis, Tiffin University]. <https://www.scirp.org/reference/referencespapers?paperid=1073894>
- Herman, A. R., Pullen, S. J., Lange, B. C. L., Christian-Brathwaite, N., Ulloa, M., Kempeh, M. P., Karnga, D. G., Johnson, D., Harris, B., Henderson, D. C., & Borba, C. P. C. (2018). Closing the Mental Health Treatment Gap through the Collaboration of Traditional and Western Medicine in Liberia. *International Journal of Culture and Mental Health*, 11(4), 693–704. <https://doi.org/10.1080/17542863.2018.1556715>

- Herman, A., Kermode, M., Macintyre, M., Amaladas, M. R., & Grimwood, P. (2018). The perceived acceptability of traditional and biomedical mental health care and the role of practitioners in a conflict-affected African setting. *International Journal of Mental Health Systems*, 12(1), 1–10. <https://doi.org/10.1186/s13033-018-0203-0>
- Hinojo, À. (2016, July 5). *Africa from the West: A biased view* [Blog post]. <https://www.alexhinojo.cat/2016/07/05/africa-from-the-west-a-biased-view/>
- Hinton, D. E., & Jalal, B. (2014). Guidelines for the implementation of culturally sensitive cognitive behavioural therapy among refugees and in global contexts. *Intervention*, 12, 78–93. <https://doi.org/10.1097/WTF.0000000000000069>
- Hyman, I., Guruge, S., & Mason, R. (2008). The impact of migration on marital relationships: A study of Ethiopian immigrants in Toronto. *Journal of Comparative Family Studies*, 39(2), 149–163.
- Ibrahim, M. (2018). *Medical returnees: Somali Canadians seeking psychosocial and spiritual care in East Africa* [Doctoral dissertation, Simon Fraser University]. Summit Institutional Repository. <https://doi.org/10.7939/r3-9q3z-0w47>
- International Organization for Migration. (2024). *World migration report 2024*. United Nations. <https://doi.org/10.18356/9789292685980>
- Jidong, D. E., Bailey, D., Sodi, T., Gibson, L., Sawadogo, N., Ikhile, D., Musoke, D., Madhombiro, M., & Mbah, M. (2021). Nigerian cultural beliefs about mental health conditions and traditional healing: a qualitative study. *The Journal of Mental Health Training, Education and Practice*, 16(4), 285–299. <https://doi.org/10.1108/JMHTEP-08-2020-0057>

- Johnson, J. (2022). *The psychological toll of stereotype threat: How racial bias impacts Black professionals*. *Journal of Social Issues*, 78(3), 512-530. <https://doi.org/10.1111/josi.12512>
- Kajawu, L. (2016). Why do people use traditional healers in mental health care in Zimbabwe. *Journal of Psychiatry*. <https://doi.org/10.4172/2378-5756.C1.005>
- Kajawu, L., Chiweshe, M., & Mapara, J. (2019). Community Perceptions of Indigenous Healers and Mental Disorders in Zimbabwe. *Open Journal of Psychiatry*, 09(3), 193–214. <https://doi.org/10.4236/OJPSYCH.2019.93015>
- Khairat, M., Hodge, S., & Duxbury, A. (2023). Refugees' and asylum seekers' experiences of individual psychological therapy: A qualitative meta-synthesis. *Psychology and Psychotherapy: Theory, Research and Practice*, 96(3), 819-835. <https://doi.org/10.1111/papt.12470>
- Khalsa, G. S., Softas-Nall, B., & Razo, J. T. (2023). Cross-cultural adaptation of counseling treatments for refugee clients: The experiences of mental health service providers. *Journal of Multicultural Counseling and Development*, 51(3), 178-192. <https://doi.org/10.1002/jmcd.12285>
- Khenti, A., McKenzie, K., & Vidal, C. (2024). *Culturally Adapted Cognitive Behavioural Therapy (CA-CBT) for Black populations: A manual for mental health practitioners* (2nd ed.). Centre for Addiction and Mental Health. <https://www.camh.ca/-/media/professionals-files/cacbt-for-black-populations--a-manual-for-mental-health-practitioners-2024-pdf.pdf>
- King, R. U., Heinonen, T., Uwabor, M., & Adeleye-Olusae, A. (2017). The psychosocial well-being of African refugees in Winnipeg: Critical stressors and coping strategies. *Journal of Immigrant & Refugee Studies*, 15(4), 345–365. <https://doi.org/10.1080/15562948.2016.1186770>

- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, 183(12), E959-E967. <https://doi.org/10.1503/cmaj.090292>
- Kirmayer, L.J., & Pedersen, D. (2014). *Toward a new architecture for global mental health*. *Transcultural Psychiatry*, 51(6), 759–776.
- Kizilhan, J. I. (2020). Transcultural aspects in the treatment of posttraumatic and situational distress among Middle Eastern refugees. *Journal of Transcultural Psychiatry*, 12(3), 45-62.
- Kuo, B. C. H., Rodriguez Rubio, B. R., & Chang, Y.-Y. (2023). A qualitative study of therapist trainees' multicultural counselling development through working with refugee clients: Implications for theory-building, research, and practice. *Canadian Journal of Counselling and Psychotherapy*, 56(3-4), 274–299. <https://doi.org/10.47634/cjcp.v56i3.73238>
- Lambert, J. E., Nantogmah, F., Dokurugu, A. Y., Alhassan, H., Azuure, S. S., Yaro, P. B., & Kørner, J. (2020). *The treatment of mental illness in faith-based and traditional healing centres in Ghana: perspectives of service users and healers*. 7. <https://doi.org/10.1017/GMH.2020.21>
- Larsen, R., & Jensen, S. (2019). The imagined Africa of the West: A critical perspective on Western imaginations of Africa. *Critical African Studies*, 11(3), 323-336. <https://doi.org/10.1080/21681392.2019.1660155>
- Learning for Justice. (2008). I didn't know there were cities in Africa: Challenging children's—and adults'—misperceptions about the African continent. *Learning for Justice Magazine*, 35. <https://www.learningforjustice.org/magazine/fall-2008/i-didnt-know-there-were-cities-in-africa>

- Letsoalo, D. L., Ally, Y., Tsabedze, W. F., & Mapaling, C. (2024). Challenging the nexus: Integrating Western psychology and African cultural beliefs in South African mental healthcare. *Psychology in Society*, 66(2), 45-66.
<https://doi.org/10.57157/pins2024Vol66iss2a6320>
- Li, S. S. Y., & Anderson, J. G. (2016). The influence of discrimination and acculturative stress on the mental health of immigrant and refugee populations. *Community Mental Health Journal*, 52(3), 281–293. <https://doi.org/10.1007/s10597-015-9963-1>
- Marulanda, D. (2021). *A narrative inquiry into the professional identity shifts of skilled immigrants* [Master's thesis, University of Calgary]. PRISM Repository. <https://prism.ucalgary.ca/items/b9950ca8-ea4b-42ab-97b5-03d416aaeb96>
- McCann, T. V., Mugavin, J., Mugavin, J., Renzaho, A. M. N., Lubman, D. I., & Lubman, D. I. (2016). Sub-Saharan African migrant youths' help-seeking barriers and facilitators for mental health and substance use problems: a qualitative study. *BMC Psychiatry*, 16(1), 275.
<https://doi.org/10.1186/S12888-016-0984-5>
- Menon, S. (2023). *The Effectiveness and Acceptability of Culturally Adapted Cognitive Behavioural Therapy (CA-CBT) for Traumatized Refugees and Asylum Seekers: A Systematic Review*.
<https://doi.org/10.31234/osf.io/vwhpb>
- Mental Health Commission of Canada. (2021). *Shining a light on mental health in Black communities* [Fact sheet]. <https://mentalhealthcommission.ca/resource/shining-a-light-on-mental-health-in-black-communities/>
- Mental Health Commission of Canada. (2022). *The case for diversity: Equity and inclusion in mental health* [Report]. <https://mentalhealthcommission.ca/resource/the-case-for-diversity/>

- Mental Health Commission of Canada. (2024). *Experiences with suicide: African, Caribbean, and Black communities in Canada*. <https://mentalhealthcommission.ca/resource/experiences-with-suicide-african-caribbean-and-black-communities-in-canada/>
- Michira, J. (2002). *Images of Africa in the Western media*. https://web.mnstate.edu/robertsb/313/images_of_africa_michira.pdf
- Mogotsi, I., Otubea Otchere, Y., Botchway, I., Muthoni, Y., Gariseb, R., & Manthibe Ramalepe, L. (2024). Psychosocial correlates of LGBTIQ+ experiences in selected African countries: Reimagining LGBTIQ+ research. *Journal of Social Issues*. <https://doi.org/10.1111/josi.12640>
- Motley, R. O., Walker, D. T., Willock, J., & Byansi, W. (2024). Health Impact of Racism-Based Experiences Among Black African Immigrant Adults in the United States: An Integrative Review. *Trauma, Violence, & Abuse*, 25(5), 3585-3596. <https://doi.org/10.1177/15248380241253827> (Original work published 2024)
- Naeem, F., Phiri, P., Rathod, S., & Ayub, M. (2023). Culturally adapted cognitive behaviour therapy (CaCBT) to improve community mental health services for Canadians of South Asian origin: A qualitative study. *Canadian Journal of Psychiatry*, 68(6), 439-448. <https://doi.org/10.1177/07067437231178958>
- Ndeti, D. M., Musyimi, C. W., Nandoya, E. S., Matoke, L. K., & Mutiso, V. N. (2018). *Working with traditional healers to reduce the mental health treatment gap in low- and middle-income countries* (pp. 559–566). Oxford University Press. <https://doi.org/10.1093/MED/9780198792994.003.0059>
- Ng, E., & Zhang, H. (2021). *Access to mental health consultations by immigrants and refugees in Canada* [Health Reports, 32(6)]. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/82-003-x/2021006/article/00001-eng.htm>

Nothias, T. (2013). Definition and scope of Afro-pessimism: Mapping the concept and its usefulness for analysing news media coverage of Africa. *Lucas Journal of African Studies*, 1(1), 27-

42. <https://lucas.leeds.ac.uk/article/definition-and-scope-of-afro-pessimism>

Nwobodo, R. E. E. (2024). Voices from the other side: Reclaiming Africa's story through social media. *Universal Library of Innovative Research and Studies*, 1(1), 25-

33. <https://doi.org/10.70315/uloap.ulirs.2024.0101005>

Nwobodo, R. E. E. (2024). Voices from the other side: Reclaiming Africa's story through social media. *Universal Library of Innovative Research and Studies*, 1(1), 25-

33. <https://doi.org/10.70315/uloap.ulirs.2024.0101005>

Odekina, H. I. (2024). *Mental health and well-being of African immigrant women in southern Alberta, Canada* [Master's thesis, University of Lethbridge].

OPUS. <https://hdl.handle.net/10133/6745>

Ofonedu, M. E., Turner, E. A., Franklin, A. J., & Breland-Noble, A. M. (2023). Promoting Positive Mental Health Outcomes for Black Youth of African Descent: Applying the Family as Host Model for Culturally Responsive Practice. *Evidence-Based Practice in Child and Adolescent Mental Health*, 8(2), 166–180. <https://doi.org/10.1080/23794925.2023.2169969>

Okeke-Ihejirika, P., & Salami, B. (2018). Men become baby dolls and women become lions: African immigrant men's challenges with transition and integration. *Canadian Ethnic Studies*, 50(3), 91–110. <https://doi.org/10.1353/ces.2018.0020>

Okeke-Ihejirika, P., Salami, B., & Karimi, A. (2019). African immigrant women's transition and integration into Canadian society: expectations, stressors, and tensions. *Gender, Place & Culture*, 26(4), 581–601. <https://doi.org/10.1080/0966369X.2018.1553852>

- Okeke-Ihejirika, P., Yohani, S., Salami, B., & Rzeszutek, N. (2020). Canada's Sub-Saharan African migrants: A scoping review. *International Journal of Intercultural Relations*, 79, 191–210. <https://doi.org/10.1016/j.ijintrel.2020.10.001>
- Olawo, O. O. (2018). *Exploring the Attitudes, Beliefs and Practices Concerning Mental Health Amongst African Immigrant Youth Living in Canada: An Interpretive Description Study*. <https://yorkspace.library.yorku.ca/xmlui/handle/10315/35557>
- Olawo, O., Pilkington, B., & Khanlou, N. (2019). Identity-related factors affecting the mental health of African immigrant youth living in Canada. *International Journal of Mental Health and Addiction*, 17(6), 1331-1345. <https://doi.org/10.1007/s11469-019-00177-z>
- Ombok, C. A. (2024). *Influence of Cultural Perspectives on Caregivers' Approaches to Seeking Health Care for Mentally Ill Patients in Uasin Gishu County, Kenya*. 1–26. <https://doi.org/10.9734/bpi/dhrni/v11/2599>
- Omonzejele, P. F. (2009). African concepts of health, disease, and treatment: An ethical inquiry. *African Journal of Reproductive Health*, 13(3), 15-24. https://www.ajrh.info/vol13_no3/omonzejele.pdf
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Phillips, C., Simeoni, S., Noza, A., Bennett Abuayyash, C., Abdi, S., & Walji, T. (2023). *Rapid review: Mental health services and programs with, and for, Black communities*. King's Printer for Ontario. <https://www.publichealthontario.ca/-/media/Documents/M/2023/mental-health-services-programs-black-communities.pdf>
- Onyango, E., Olukotun, M., Olanrewaju, F., Kapfunde, D., Chinedu-Asogwa, N., & Salami, B. (2022). Transnationalism and hegemonic masculinity: Experiences of gender-based violence

among African women immigrants in Canada. *Women*, 4(4),

33. <https://doi.org/10.3390/women4040033>

Oreopoulos, P. (2011). Why do skilled immigrants struggle in the labor market? A field experiment with thirteen thousand resumes. *American Economic Journal: Economic Policy*, 3(4), 148–171. <https://doi.org/10.1257/pol.3.4.148>

Osaze, E. D. (2017). *The non-recognition or devaluation of foreign professional immigrants' credentials in Canada: The impact on the receiving country (Canada) and the immigrants* [Master's thesis, York University].

YorkSpace. <https://yorkspace.library.yorku.ca/items/08722302-a26a-4361-8a6f-464236568c44>

Otu, M. S. (2024). Literature Review on Psychosis in Sub-Saharan Africa. *Psikoislamika*, 21(2), 320–335. <https://doi.org/10.18860/psikoislamika.v21i2.29446>

Özlem, O., Kaya, M. T., & Demir, A. (2022). The impact of international labor force on labor force participation, gross domestic product (GDP), and productivity in OECD countries. *Journal of 19 Mayıs Social Sciences*, 3(2), 123-140. <https://doi.org/10.52835/19maysbd.1023850>

Pandey, M., Kamrul, R., Michaels, C. R., & McCarron, M. (2021). Perceptions of mental health and utilization of mental health services among new immigrants in Canada: A qualitative study. *Community Mental Health Journal*, 1–11. <https://doi.org/10.1007/S10597-021-00836-3>

Pannetier, J., Lert, F., Jauffret Roustide, M., & Desgrées du Loû, A. (2017). Mental health of sub-Saharan African migrants: The gendered role of migration paths and transnational ties. *SSM - Population Health*, 3, 549–557. <https://doi.org/10.1016/j.ssmph.2017.06.003>

- Park, H., & Francis, M. (2024). "People Would Just Say, 'That Doesn't Exist'": An Analysis of the Experiences of Racialized International Students as Settler Colonial, Racial, and Gendered Violence. *Comparative and International Education*, 53(3). <https://doi.org/10.5206/cie-eci.v53i3.16855>
- Rashid, R., & Gregory, D. (2014). 'Not giving up on life': A holistic exploration of resilience among a sample of immigrant Canadian women. *Canadian Ethnic Studies*, 46(2), 83-104. <https://doi.org/10.1353/ces.2014.0020>
- Reyes, J., & Kaduyu, M. (2023). *Mental health interventions for university students in low-resource settings: A scoping review*. *African Journal of Psychology*, 12(3), 45-67. <https://doi.org/10.xxxx/ajp2023.12345>
- Robert, A.-M., & Gilkinson, T. (2012). *Mental health and well-being of recent immigrants in Canada: Evidence from the Longitudinal Survey of Immigrants to Canada* (Report No. Ci4-105/2012E). Citizenship and Immigration Canada. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/reports-statistics/research/mental-health-well-being-recent-immigrants-canada-evidence-longitudinal-survey-immigrants-canada-lsic.html>
- Rogers-Sirin, L., Melendez, F., Refano, C., & Zegarra, Y. (2015). Immigrant perceptions of therapists' cultural competence: A qualitative investigation. *Journal of Counseling Psychology*, 62(4), 638-652. <https://doi.org/10.1037/cou0000111>
- Salami, B., Alaazi, D. A., Okeke-Ihejirika, P., Yohani, S., Vallianatos, H., Tetreault, B., & Nsaliwa, C. (2020). Parenting challenges of African immigrants in Alberta, Canada. *Child & Family Social Work*, 25(1), 126-135. <https://doi.org/10.1111/cfs.12725>

- Salami, B., Yohani, S., Okeke-Ihejirika, P., Vallianatos, H., & Nsaliwa, C. (2021). Access to mental health for Black youths in Alberta. *Health Promotion and Chronic Disease Prevention in Canada*, 41(9), 245–253. <https://doi.org/10.24095/hpcdp.41.9.01>
- Sandberg, J. G., Calatrava, M., Andrade, D., Lybbert, R., Mazo, S., & Rodríguez-González, M. (2024). Toward a culturally sensitive application of Emotionally Focused Couples Therapy: A qualitative study of therapists' experience using EFT in Spanish-speaking countries/cultures. *Family Process*, 63(2), 648-666. <https://doi.org/10.1111/famp.12982>
- Schweitzer, R., van Wyk, S., & Murray, K. (2015). Therapeutic practice with refugee clients: A qualitative study of therapist experience. *Counselling and Psychotherapy Research*, 15(2), 113-123. <https://doi.org/10.1002/capr.12018>
- Schweitzer, R., Van Wyk, S., & Murray, K. (2015). Therapeutic practice with refugee clients: A qualitative study of therapist experience. *Counselling and Psychotherapy Research*, 15(2), 109-118. <https://doi.org/10.1002/capr.12018>
- Shabazz, J. (2018). *An Identity Healing: Socialization and African-Centered Practices with At-Risk Youth*. https://digitalcommons.lesley.edu/cgi/viewcontent.cgi?article=1077&context=expressive_the_ses
- Shange, S., & Ross, E. (2022). “The Question Is Not How but Why Things Happen”: South African Traditional Healers’ Explanatory Model of Mental Illness, Its Diagnosis and Treatment. *Journal of Cross-Cultural Psychology*, 53(5), 503–521. <https://doi.org/10.1177/00220221221077361>

Shankar J, Chen S-P, Lai DWL, Joseph S, Narayanan R, Suleman Z, Ali HMA and Kharat P (2024)

Mental health challenges of recent immigrants in precarious work environments — a qualitative study. *Front. Psychiatry* 15:1428276. <https://doi.org/10.3389/fpsyt.2024.1428276>

Shipurut, G. N. (2024). Traditional and Religious Beliefs on Mental Illness and Help-Seeking

Behaviour in Ife Central LGA, Ogun State. *International Journal of Humanities Education and Social Sciences*, 2(3), 450–465. <https://doi.org/10.58578/ijhess.v2i3.4195>

Siddiqi, A., Shahidi, F. V., Ramraj, C., & Williams, D. R. (2017). Associations between race,

discrimination and risk for chronic disease in a population-based sample from Canada. *Social Science & Medicine*, 194, 135-141. <https://doi.org/10.1016/j.socscimed.2017.10.009>

Sim, A., Puffer, E., Ahmad, A. *et al.* Resettlement, mental health, and coping: a mixed methods

survey with recently resettled refugee parents in Canada. *BMC Public Health* 23, 386 (2023). <https://doi.org/10.1186/s12889-023-15300-y>

Simich, L., Este, D., & Hamilton, H. (2010). Meanings of home and mental well-being among

Sudanese refugees in Canada. *Ethnicity & Health*, 15(2), 199-212. <https://doi.org/10.1080/13557851003615560>

Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous peoples* (2nd ed.). Zed Books.

Soares, M. R., Cameira, M., Belmonte-de-Abreu, P., & Pereira, E. (2024). Cultural Diversity and

Mental Health Care: A Case Study. *European Psychiatry*, 67(S1), S522. <https://doi.org/10.1192/j.eurpsy.2024.1084>

- St Vil, N. M., Sabri, B., Nwokolo, V., Alexander, K. A., & Campbell, J. C. (2017). A Qualitative Study of Survival Strategies Used by Low-Income Black Women Who Experience Intimate Partner Violence. *Social Work*, 62(1), 63. <https://doi.org/10.1093/sw/sww080>
- Statistics Canada. (2020). *Longitudinal Immigration Database: Immigrant income and mobility* [Report]. <https://www150.statcan.gc.ca/n1/pub/11f0019m/11f0019m2020017-eng.htm>
- Stewart, M., Makwarimba, E., Letourneau, N. L., Kushner, K. E., Spitzer, D. L., Dennis, C.-L., & Shizha, E. (2015). Impacts of a support intervention for Zimbabwean and Sudanese refugee parents: "I am not alone." *Canadian Journal of Nursing Research*, 47(4), 113–140. <https://doi.org/10.1177/084456211504700403>
- Stoll, N., Yalipende, Y., Byrom, N. C., Hatch, S. L., & Lempp, H. (2022). Mental health and mental well-being of Black students at UK universities: A review and thematic synthesis. *BMJ Open*, 12(2), e050720. <https://doi.org/10.1136/bmjopen-2021-050720>
- Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence* (Treatment Improvement Protocol [TIP] Series, No. 59). U.S. Department of Health and Human Services. <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA14-4849>
- Sue, S., Zane, N., Hall, G. C. N., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology*, 60, 525–548. <https://doi.org/10.1146/annurev.psych.60.110707.163651>
- Summerfield, D. (2008). *How scientifically valid is the knowledge base of global mental health?*. *BMJ*, 336(7651), 992–994.

- Sweileh, W. M. (2024). Analysis and mapping of research on barriers to mental health service utilization in minority and underserved groups (1993-2022). *Mental Health and Social Inclusion*. <https://doi.org/10.1108/mhsi-10-2023-0109>
- Ting, L., & Panchanadeswaran, S. (2009). Barriers to Help-Seeking Among Immigrant African Women Survivors of Partner Abuse: Listening to Women's Own Voices. *Journal of Aggression, Maltreatment & Trauma*, 18(8), 817–838.
<https://doi.org/10.1080/10926770903291795>
- Tondora, J., O'Connell, M., Miller, R., Dinzeo, T., Bellamy, C., Andres-Hyman, R., & Davidson, L. (2010). A clinical trial of peer-based culturally responsive person-centered care for psychosis for African Americans and Latinos. *Clinical Trials*, 7(4), 368–379. <https://doi.org/10.1177/1740774510374159>
- van Pinxteren, L. M. C. (2020). National Culture and Africa Revisited: Ethnolinguistic Group Data From 35 African Countries. *Cross-Cultural Research*, 54(1), 73–91.
<https://doi.org/10.1177/1069397119835783>
- Vaughan AG. African American cultural history and reflections on Jung in the African Diaspora. *J Anal Psychol*. 2019 Jun;64(3):320-348. <https://doi.org/10.1111/1468-5922.12501>. PMID: 31070251.
- Venner, H., & Welfare, L. E. (2019). Black Caribbean Immigrants: A Qualitative Study of Experiences in Mental Health Therapy. *Journal of Black Psychology*, 45(8), 639-660.
<https://doi.org/10.1177/0095798419887074> (Original work published 2019)
- Veronis, L., & McLeman, R. (2014). Environmental influences on African migration to Canada: Focus group findings from Ottawa-Gatineau. *Population and Environment*, 36(2), 234–251. <https://doi.org/10.1007/s11111-014-0213-4>

- Waldron, I. R. G. (2010). The impact of inequality on health in Canada: A multi-dimensional framework. *Diversity in Health & Care*, 7(4), 261-271. <https://doi.org/10.xxxx/dhc2010.7.4.261>
- Watters, E. (2010). *Crazy Like Us: The Globalization of the American Psyche*. Free Press.
- Whitfield, L. (2017). *Culturally Specific Interventions to Support Adolescent Immigrant and Refugee Mental Health*.
https://sophia.stkate.edu/cgi/viewcontent.cgi?article=1809&context=msw_papers
- Whyte, K. (2024). Perspectives on cultural competency and Black Canadians' access to mental health care in Canada: A thematic analysis. *Health Promotion Journal*, 4(1). <https://doi.org/10.15273/hpj.v4i1.11996>
- Williams, M. T., Osman, M., Kaplan, A., & Faber, S. C. (2024). *Barriers to care for mental health conditions in Canada*. 1(4), e0000065. <https://doi.org/10.1371/journal.pmen.0000065>
- Wilson, L., Wilkinson, A., & Tikao, K. (2022). Health professional perspectives on translation of cultural safety concepts into practice: A scoping study. *Frontiers in Rehabilitation Sciences*, 3, Article 891571. <https://doi.org/10.3389/fresc.2022.891571>
- Woodgate, R. L., & Busolo, D. S. (2021). African refugee youth's experiences of navigating different cultures in Canada: A "push and pull" experience. *International Journal of Environmental Research and Public Health*, 19(4), 2063. <https://doi.org/10.3390/ijerph19042063>
- World Bank. (2022). *Sub-Saharan Africa overview: Development news, research, data*. <https://www.worldbank.org/en/region/afr/overview>

- Yohani, S., & Okeke-Ihejirika, P. (2018). Pathways to help-seeking and mental health service provision for African female survivors of conflict-related sexualized gender-based violence. *Women & Therapy*, 41(3–4), 380–405. <https://doi.org/10.1080/02703149.2018.1430326>
- Yssaad, L., & Fields, A. (2018). *The Canadian immigrant labour market: Recent trends from 2006 to 2017* (Catalogue no. 71-606-X). Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/71-606-x/71-606-x2018001-eng.htm>
- Ziyachi, M., & Castellani, B. (2024). A 'cultural models' approach to psychotherapy for refugees and asylum seekers: A case study from the UK. *International Journal of Environmental Research and Public Health*, 21(5), Article 650. <https://doi.org/10.3390/ijerph21050650>
- Zulu, J. M., Budhwani, H., Wang, B., Menon, A., Kim, D., Zulu, M., Nyamaruze, P., Cowden, R. G., & Armstrong, R. A. (2024). Living a private lie: intersectional stigma, depression and suicidal thoughts for selected young key populations living with HIV in Zambia. *BMC Public Health*, 24(1). <https://doi.org/10.1186/s12889-024-19278-z>

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COUNSELLING SUB-SAHARAN AFRICAN MIGRANTS

TECHNIQUES FOR CANADIAN COUNSELLORS



Pomaa
Arthur
2025

Chapter 4: Handbook

List of Figures

Figure 1	2
Figure 2	5
Figure 3	6
Figure 4	7
Figure 5	8
Figure 6	9
Figure 7	10
Figure 8	11
Figure 9	30
Figure 10	36
Figure 11	39
Figure 12	42
Figure 13	45
Figure 14	48
Figure 15	50

Glossary

Term	Definition
Acculturation stress	The emotional and psychological strain experienced when adapting to a new culture, often caused by language barriers, cultural differences, discrimination, or loss of familiar support systems.
Afrocentric	An approach or perspective that centres on African values, cultures, histories, and worldviews, often used to affirm the identity, experiences, and contributions of people of African descent.
Assimilation	The process by which individuals or groups gradually adopt the customs, values, and behaviours of a dominant culture, sometimes at the expense of their original cultural identity.
Bad-eye	A cultural belief found in many Sub-Saharan African communities that misfortune, illness, or bad luck can be caused by envy or negative spiritual energy directed toward someone's success or well-being, often linked to the idea of spiritual jealousy or the "evil eye."
Deskilling	The experience of being unable to use one's education, qualifications, or professional skills in a new country, often resulting in underemployment or taking jobs below one's training and experience.
Microaggression	Subtle, often unintentional comments or actions that express bias or discrimination toward marginalized and racialized groups, causing harm or reinforcing stereotypes.

Cultural dislocation	A sense of disconnection or loss experienced when a person is separated from their cultural roots, values, or familiar way of life, often due to migration or major cultural change.
Code-switching	The act of changing one's language, behaviour, or appearance to fit into a different cultural or social context, often to gain acceptance or avoid judgment.

Dedication

I dedicate this handbook to all Sub-Saharan African migrants in the diaspora, those who have left behind familiar soil in search of safety, opportunity, or belonging. This work is for those who carry the weight of multiple identities, who, navigate new worlds while holding tightly to the wisdom, strength, and beauty of their roots.

To those whose stories are often misunderstood or unheard, may this handbook serve as a small step toward more compassionate, culturally grounded care. Your resilience, courage, and commitment to healing inspire this work.

I would also like to express my deepest gratitude to the faculty and students in the Counselling Department at the University of Northern British Columbia, Prince George. Your teachings, encouragement, and thoughtful conversations have shaped not only the content of this handbook but also the heart behind it. Thank you for creating space for critical reflection, cultural dialogue, and personal growth.

This is also for the practitioners, elders, ancestors, and community members in the diaspora and back home in the motherland who continue to make space for collective healing, one story, one session, one connection at a time. May we always remember Ubuntu: *"I am because we are."*

Land Acknowledgement

I respectfully acknowledge that this handbook was created on the traditional and unceded territory of the Lheidli T'enneh people, where the University of Northern British Columbia is situated. Studying at UNBC has provided me with the opportunity and resources to develop this handbook, which promotes respectful counselling practices and cultural safety. I honour the Lheidli T'enneh Nation's deep connection to these lands and waters and deeply value their rich cultural heritage and ongoing stewardship.

Introduction

Purpose and Scope of the Handbook

This handbook has been created as part of a Master of Education in Counselling research project titled *"Migration and Mental Health Among Sub-Saharan Africans in Canada: A Culturally Safe Counselling Perspective."* The project explores the pre- and post-migration mental health experiences of sub-Saharan African migrants and examines the barriers they face in accessing culturally informed and equitable counselling services. Additionally, it examines counselling techniques and approaches that therapists can use when working with this demographic.

The purpose of this handbook is to assist Canadian therapists in providing culturally competent and culturally safe mental health care to immigrants and refugees from sub-Saharan Africa. Grounded in research and informed by my own experiences and those of sub-Saharan African immigrants in the diaspora, this handbook aims to deepen understanding of the cultural, historical, and social factors that influence mental health within this community.

Offering practical guidance for working with individuals, couples, youth, and families, the handbook addresses the complex intersections of migration, identity, trauma, and resilience. It discusses culturally informed adaptations of therapeutic models, including CBT, DBT, narrative therapy, person-centred therapy, Jungian therapy, emotionally focused therapy, and trauma-informed care.

The scope of the handbook includes:

- 🚩 An overview of sub-Saharan African cultures and migration experiences
- 🚩 Pre- and post-migration mental health challenges
- 🚩 Cultural beliefs, stigma, and help-seeking behaviours
- 🚩 Strategies for building trust and cultural safety in counselling relationships
- 🚩 Culturally responsive adaptations of mainstream therapeutic modalities
- 🚩 Recommendations for supervision, reflective practice, and community collaboration

This handbook is intended for mental health professionals, clinical supervisors, counselling students, and educators committed to advancing equity and inclusivity in therapeutic practice, focusing on sub-Saharan African immigrants and refugees in Canada.

Importance of Cultural Competence and Cultural Safety

Cultural competence and cultural safety are essential in ethical counselling, especially for sub-Saharan African immigrants and refugees who face trauma and systemic inequities. These individuals often navigate complex experiences of trauma, displacement, and systemic inequities; therefore, culturally sensitive care is crucial in fostering therapeutic relationships that promote healing rather than harm.

Cultural competence involves developing the knowledge and skills to understand and respond to cultural differences.

It requires self-reflection on personal biases and power dynamics in the counselling relationship.

However, it is not enough on its own. Cultural safety enhances this by prioritizing clients' experiences and acknowledging how power systems like racism and colonization impact mental health. It creates a therapeutic environment where clients feel respected and empowered in their cultural identity.

For sub-Saharan Africans, integrating these approaches is crucial for building trust, reducing barriers to care, and improving mental health outcomes.

This handbook highlights their importance and encourages Canadian therapists to embrace continuous learning and self-reflection to serve these communities better.

Figure 1

Image of a sub-Saharan African family in therapy



Note. Image generated using OpenAI from the prompt sub-Saharan African family in therapy.

Overview of Sub-Saharan African Migrants Experiences in Canada

Many individuals from Sub-Saharan Africa leave their home countries for various reasons. Some migrate voluntarily in search of better opportunities, while others are forced to flee due to unsafe or unstable conditions. Common push factors include political instability, conflict, poverty, and limited access to education or employment. Additionally, some people leave to escape discrimination, violence, or persecution.

On the other hand, Canada presents several pull factors: safety, access to quality education and healthcare, family reunification, and opportunities for personal and professional growth. Canada's multicultural reputation, bilingualism (English and French), and pathways for skilled immigration make it particularly appealing to newcomers from across the continent.

Over the past ten years, there has been a notable increase in immigration from Africa to Canada. Between 2006 and 2011, approximately 145,700 immigrants arrived from Africa, accounting for 12.5% of newcomers during that period, up from 10.3% in the previous five-year span. The top five source countries from Sub-Saharan Africa for migrants arriving in Canada have typically included Nigeria, Ethiopia, Ghana, Somalia, and the Democratic Republic of Congo. Major Canadian destinations for these migrants have primarily included urban centres such as Toronto, Montreal, Ottawa, Edmonton, Calgary, and Vancouver, regions known for their diverse populations, employment opportunities, and supportive diasporic communities.

Canada has increasingly become a destination for Sub-Saharan African migrants looking for safety, stability, and new opportunities. However, the journey does not begin or end at arrival. Many migrants carry the weight of difficult experiences from home. Once in Canada, these pre-migration challenges are often compounded by new stressors such as adjusting to a different culture, facing racism, underemployment, and trying to navigate unfamiliar systems like health care, education, or housing.

Sub-Saharan African migrants often face barriers to accessing culturally appropriate mental health care. Western mental health models may overlook the holistic and communal values central to many African cultures, leading to mistrust of services, underutilization, and unaddressed psychological distress.

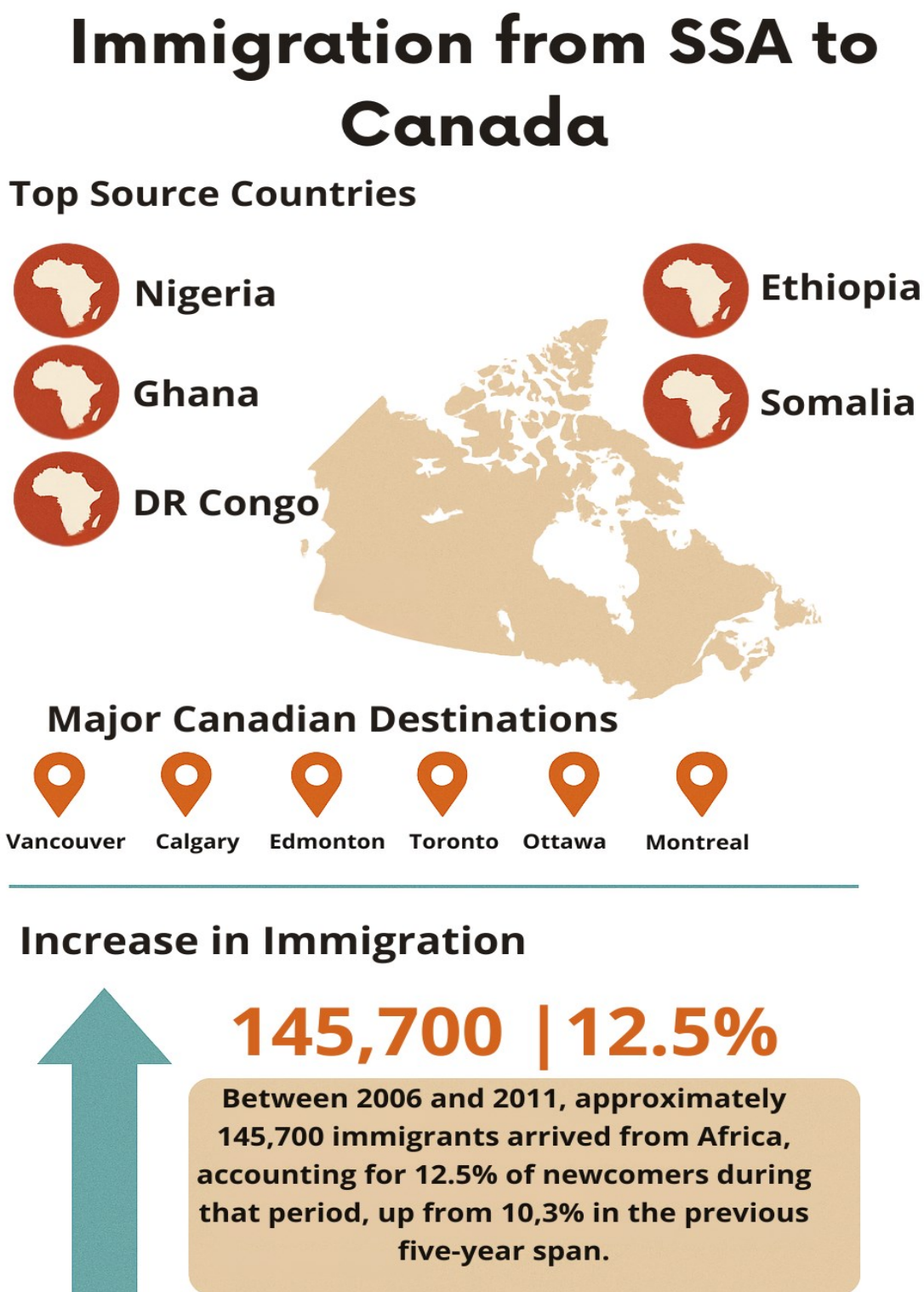
Additionally, migrants often encounter shifts in family dynamics and gender roles, which may contribute to stress within households. Youth, in particular, may struggle to reconcile their cultural heritage with Canadian norms, leading to identity conflicts and intergenerational tension.

Despite these obstacles, sub-Saharan African migrants also demonstrate tremendous resilience. Cultural continuity, faith, strong community ties, and personal determination are often key sources of strength and coping. Recognizing and building on these strengths is essential for providing effective and culturally safe mental health support.

The decision to migrate is not straightforward for many sub-Saharan Africans; it involves sacrifice, resilience, and hope for a more stable future. As therapists, understanding what clients have left behind and what they are striving toward can enhance our empathy and enable us to provide more effective support.

Figure 2

Infographic on sub-Saharan migration trends to Canada



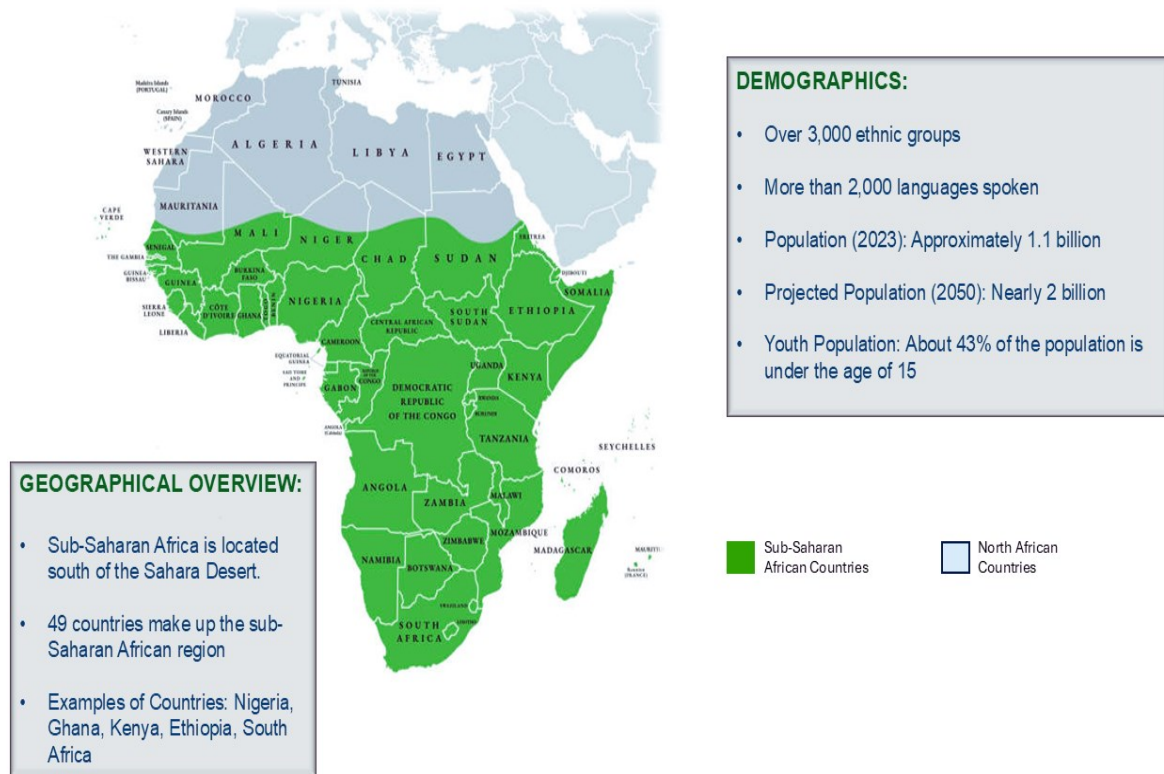
Note. Image created by author using PowerPoint, OpenAI and Canva

Chapter 1: Understanding Sub-Saharan Africa

Demographics and Geographical Overview of Sub-Saharan Africa

Figure 3

Infographic on the demographics and geography of sub-Saharan Africa

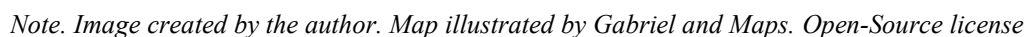


Note. Image created by the author. Sub-Saharan Africa, political map. Also known as Sub-Saharan or Non-Mediterranean Africa. The area and regions of the continent Africa that lie south of the Sahara Desert. Map illustration by Peter Hermes Furian. The image of the map is used with a standard license from Getty Images.

The region is defined by its ecological and geographical diversity, featuring expansive savannahs, rainforests, mountain ranges, and deserts that shape not only the environment but also the lifestyles and cultures of its people. This diversity influences various aspects of life, including religious practices, storytelling traditions, music, art, and social structures.

Despite its rich cultural heritage and demographic vitality, sub-Saharan Africa faces significant challenges in addressing mental health needs. A combination of limited infrastructure, health inequalities, stigma, and the widespread application of Western mental health frameworks, often misaligned with local beliefs, undermines the accessibility and effectiveness of care.

Infographic of the linguistic and cultural diversities of sub-Saharan Africa



7

Common Misconceptions and Stereotypes: Impacts on the Mental Health of Sub-Saharan African Migrants

Sub-Saharan Africans in Canada and other Western countries frequently encounter damaging misconceptions rooted in colonial narratives that continue to be perpetuated by contemporary media. These stereotypes often depict Africa as a homogenous region characterized by poverty, conflict, and primitiveness while neglecting its rich cultural diversity, historical depth, and significant intellectual contributions.

Figure 5

Image depicting the alienation of the African mind



Note. Image generated with Open AI from the prompt alienation of the African mind

reality and exerts psychological pressure on Africans living abroad.

These stereotypes manifest socially as prejudiced assumptions and microaggressions. African immigrants often report experiences of being treated as inferior, facing demeaning questions (e.g., "Do you have lions in your backyard?"). Alternatively, they are mocked for their accents and appearance. In educational environments, African students may feel compelled to "censor" their self-expression to avoid being perceived as overly loud or confrontational, which negatively impacts their mental health and academic performance.

The continual reinforcement of these stereotypes can lead to internalized racism, particularly among young people. Children of African descent might distance themselves from their heritage out of shame, undermining their cultural identity and self-esteem.

Western media significantly reinforces these negative perceptions by underreporting positive or nuanced stories from the continent. Coverage often emphasizes crises such as wars, famines, and diseases, leading to a public perception that views Africa primarily as a location of suffering. This phenomenon, articulated by Nigerian author Chimamanda Ngozi Adichie as "the danger of a single story," distorts

Psychologists have noted that this internalized stigma can result in identity crises and depressive symptoms as individuals struggle to reconcile their self-perception with societal expectations.

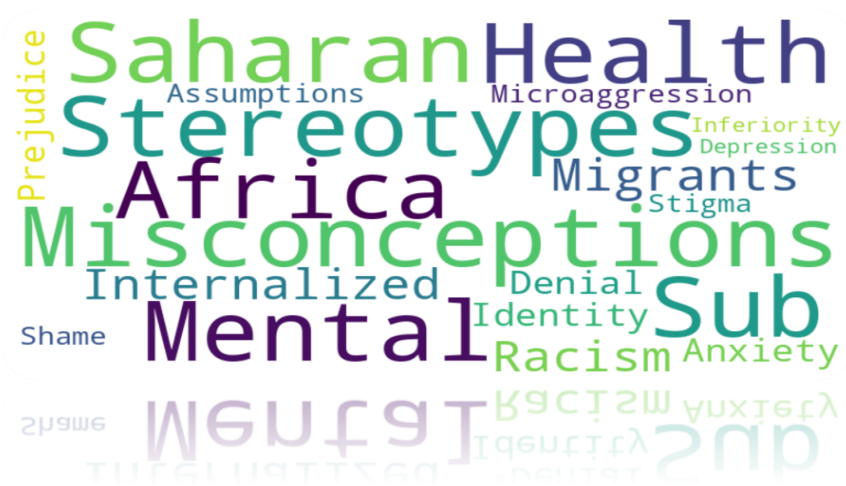
The roots of these attitudes can be traced back to colonial ideologies that depicted Africans as inferior and uncivilized, justifying Western intervention. Scholars like Frantz Fanon describe this as the “alienation of the African mind,” where Africans begin to view themselves through the lens of their colonizers. The repercussions of this alienation continue to impact how Africans are perceived, both externally and internally.

Many African immigrants also feel the pressure to counter stereotypes regarding laziness or intellectual inferiority in their professional lives. This expectation can lead to chronic anxiety and feelings of estrangement, complicating their efforts to settle and integrate into their new environments.

In conclusion, persistent stereotypes and misconceptions about Sub-Saharan Africa significantly shape public perceptions, interpersonal relationships, and individual self-identity. For mental health practitioners working with African clients, it is essential to recognize and actively challenge these harmful narratives. Culturally safe counselling must involve understanding the historical and social contexts of these biases while validating the client’s lived experiences of exclusion, misrecognition, or identity conflict. This approach supports mental health and fosters a more nuanced understanding of African identities in diverse settings.

Figure 6

Image of a word cloud showing themes of the research



Note. Image generated using Canva from the prompt "make a word cloud from the following words."

Chapter 2: Migration and Mental Health

Mental Health Experiences in Pre-Migration Contexts

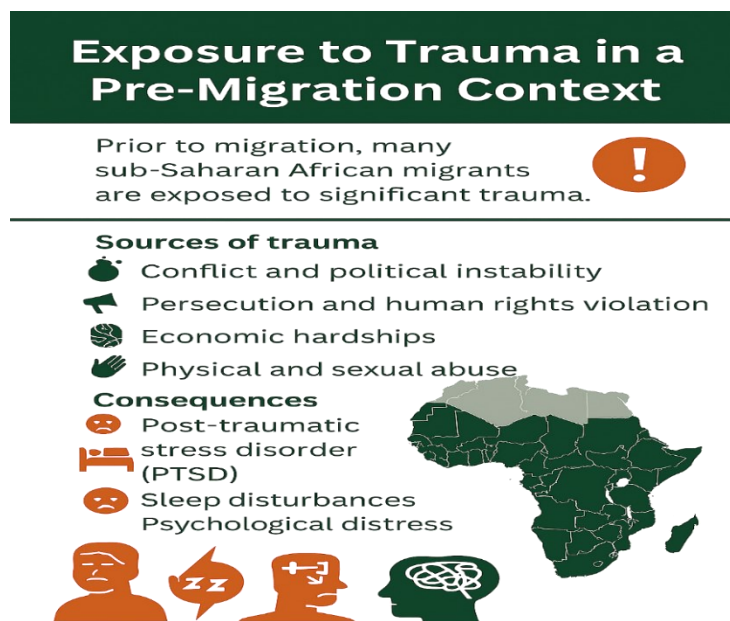
Many sub-Saharan African migrants arrive in Canada with a history of significant trauma, often rooted in their experiences prior to migration. This trauma can arise from various sources, including civil conflict, war, political violence, persecution, forced displacement, economic hardship, violation of human rights or immigration bureaucracies. Certain regions have been particularly affected by systemic violence and instability, with events such as the Rwandan genocide leaving profound psychological effects on individuals and communities.

The migration journey often adds to this trauma. Many migrants endure long and perilous routes, facing additional stressors like food insecurity, physical violence, and the risk of human trafficking. Others experience stressors related to the immigration process, including financial stress, prolonged wait times regarding visa decisions and the fear of the unknown. These challenges can exacerbate pre-existing mental health issues and lead to the development of further psychological struggles post-resettlement.

As a result, many migrants may experience lasting mental health concerns, such as post-traumatic stress disorder (PTSD), chronic anxiety, sleep disturbances, and other forms of psychological distress after they arrive in Canada. Understanding these factors is crucial for providing appropriate support and resources to help them adapt and heal in their new environments.

Figure 7

Infographic on pre-migration trauma of sub-Saharan African migrants

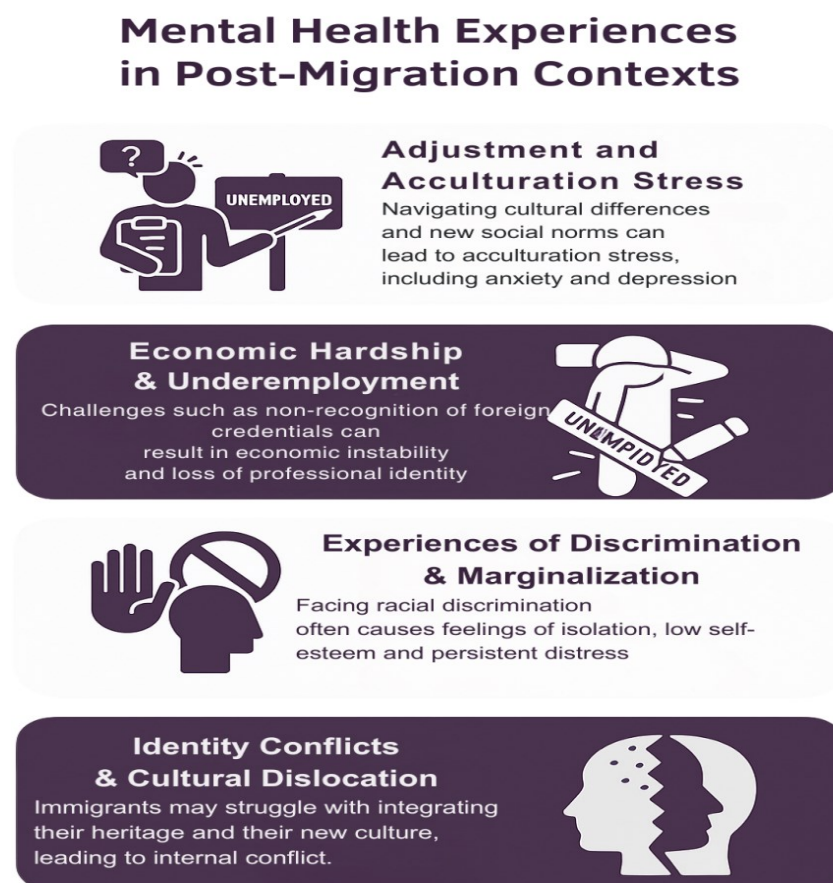


Note. Image created by the author using Canva and PowerPoint

Mental Health Experiences in Post-Migration Contexts

Figure 8

Infographic showing the post-migration mental health experiences of sub-Saharan African migrants



Note. Image generated by the author using PowerPoint and Canva

It is important to recognize that different migration pathways significantly shape the mental health experiences of Sub-Saharan African migrants. The context in which a person migrates, whether through refugee resettlement, international education, family reunification, or skilled worker programs, can lead to various emotional and psychological challenges.

For instance, individuals who arrive as refugees may carry the burden of complex trauma related to war, political violence, or forced displacement. These experiences can result in symptoms of PTSD, grief, and distrust in institutions or systems. On the other hand, skilled migrants or international students may struggle with feelings of isolation, credential devaluation, underemployment, or loss of social status, which can lead to depression, anxiety, or a sense of cultural dislocation.

Understanding these differences is essential for providing culturally safe and effective care. Counsellors should take the time to explore each client's migration story and tailor their approach accordingly, taking into account not only psychological symptoms but also the broader socio-political, relational, and spiritual dimensions that influence healing within Sub-Saharan African worldviews.

Some mental health challenges sub-Saharan Africans might experience post-migration include:

Adjustment and Acculturation Stress

Sub-Saharan African immigrants often experience significant psychological adjustments as they navigate the cultural landscape of Canadian society. This process involves learning new social norms, adapting to differences in language and communication, and adjusting to unfamiliar systems in work, health care, and education. These transitions can lead to "acculturation stress," which causes emotional strain as immigrants try to balance their original cultural identity with the expectations of a new environment. Gender roles are particularly affected in this context. African men may face challenges related to losing their traditional provider status. At the same time, women often feel the increased burden of greater autonomy, work responsibilities, and family obligations, especially in the absence of their usual support networks. Such disruptions to familiar roles and structures can contribute to emotional distress, including anxiety, identity confusion, and depression.

Case Vignette- Ama and Kwame's Story: Adjusting to New Norms in a New Land. Ama and Kwame immigrated to Canada from Ghana with their two young children through the skilled worker immigration program. In Ghana, Kwame was a civil engineer and the primary provider, while Ama worked part-time and depended on extended family for childcare and support.

Since arriving, their lives have changed significantly. Kwame has struggled to find work in his field due to credentialing issues and now works part-time in a warehouse. Ama has taken a full-time job as a care aide, which leaves her feeling isolated and exhausted as she balances work and parenting responsibilities.

Both are experiencing emotional distress, with Kwame feeling shame and frustration over his new role and Ama feeling overwhelmed and guilty for not spending enough time with their children. They have difficulty navigating Canadian systems and adapting to new parenting norms.

During counselling sessions, the counsellor explores how migration has affected their roles and cultural identities, introducing coping strategies such as connecting with community organizations and fostering open communication, helping them find balance in their new lives.

Example Questions for Counsellors to Explore with Ama and Kwame

Exploring Identity and Role Changes.

- ✚ “How have your roles in the family changed since moving to Canada? What has that been like for each of you?”
- ✚ “What did it mean to you, Kwame, to be the main provider before you migrated? What are you noticing about how that role has shifted?”
- ✚ “Ama, how has taking on more work and responsibility outside the home impacted your sense of balance or well-being?”

Understanding Acculturation Stress:

- ✚ “Are there ways in which life in Canada feels very different from home? What has been hardest to adjust to?”
- ✚ “What are some cultural values you both hope to maintain or pass on to your children?”
- ✚ “How do you experience being heard and respected in your workplace, parenting, or relationship?”

Validating Strengths and Coping:

- ✚ “What helps you stay grounded when things feel overwhelming?”
- ✚ “Where have you found moments of joy, connection, or pride since arriving in Canada?”
- ✚ “What traditions, practices, or routines from home have helped you manage stress or stay connected as a family?”

Addressing Disconnection and Emotional Strain:

- ✚ “Have you been able to speak openly with each other about how you are feeling during this transition?”
- ✚ “What would support look like for you right now from each other, your community, or this space?”

Culturally Responsive Interventions

- ✚ ***Cultural Genogram or Migration Timeline.*** Help the couple explore their family history and migration journey visually, highlighting losses, transitions, and sources of resilience.
- ✚ ***Storytelling and Reflective Dialogue.*** Encourage them to share stories of how they have faced difficult times in the past, drawing out cultural values and strengths that may still serve them.
- ✚ ***Reconnect with Cultural Identity.*** Explore ways to reintroduce culturally meaningful practices such as prayer, community events, music, or food into daily life.

- ✚ ***Psychoeducation about Acculturation Stress.*** Normalize their experiences by helping them understand acculturation as a process. Use metaphors or culturally relevant analogies (e.g., “walking with one foot in two worlds”).
- ✚ ***Couples Work: Roles and Communication.*** Use emotionally focused or person-centred approaches to facilitate conversations about unmet needs, shifting expectations, and shared hopes.
- ✚ ***Referral to Community Resources.*** Connect them with African or immigrant community associations, faith groups, or peer support networks for culturally affirming social support.

Reflective Questions for Counsellors

- ✚ How might my own cultural background shape how I view gender roles, autonomy, or family responsibility in this case?
- ✚ Am I taking time to explore how migration has changed this couple’s roles, values, and sense of identity?
- ✚ What assumptions might I hold about parenting, employment, or independence that differ from my clients’ worldview?
- ✚ How can I support my clients in naming their strengths while acknowledging the challenges of acculturation?
- ✚ Have I explored with them the role of community, spirituality, or traditional practices in their adjustment process?

Economic Hardship and Underemployment

Even highly educated African immigrants often encounter significant barriers in the Canadian labour market. These barriers include the non-recognition of foreign credentials, systemic racism, and the requirement for “Canadian experience.” As a result, many face underemployment or are forced to accept survival jobs far below their qualifications. Studies indicate that this economic instability and “deskilling” lead to frustration, loss of identity, depression, and anxiety. Many immigrants have expressed feeling “like a nobody” or experiencing “a painful descent” from their professional status in their home countries. This economic disempowerment is not solely a financial issue; it also has psychological repercussions, eroding self-worth and straining family relationships.

Case Vignette. “From Doctor to Delivery Driver.” Olamide, a 42-year-old physician from Nigeria, immigrated to Canada with permanent residency through the skilled worker program. Back home, he practiced medicine for over a decade and was regarded with high respect in his community. Upon arriving in Canada, Olamide quickly realized that his medical credentials were not recognized. He would need to complete several costly and time-consuming certification exams before being allowed to practice.

With limited savings and a family to support, Olamide took a job as a food delivery driver while working night shifts in a warehouse. Over time, he began to withdraw

from social connections, had trouble sleeping, and expressed a growing sense of hopelessness. He avoided calls from family in Nigeria, ashamed to share that he was no longer working as a doctor.

In counselling, Olamide shared feelings of humiliation and worthlessness, stating, “It is like I do not exist here. Back home, people listened when I spoke. Now, I am invisible.” He reported that these experiences were affecting his relationship with his partner and his sense of identity as a father and provider. Over several sessions, the counsellor worked with Olamide to process grief related to the loss of professional identity and to identify internal strengths, reconnect with his purpose, and explore community support and alternative career pathways that aligned with his values.

Example Questions for Counsellors to explore with Olamide

Exploring Identity and Grief

- ✚ “What did your work mean to you back home? How did it shape how you saw yourself?”
- ✚ “What emotions come up when you think about the transition you have had to make here?”
- ✚ “Are there ways you continue to use your skills or knowledge, even if not in the same professional setting?”

Reframing Strengths and Coping

- ✚ “You have taken on a lot to support your family; what has helped you keep going?”
- ✚ “What personal qualities helped you succeed in your home country? How might they help you here, too?”
- ✚ “What would it look like to reconnect with that part of you who was once so proud of your work?”

Addressing Isolation and Shame

- ✚ “What do you think makes it hard to share your experience with others?”
- ✚ “Who in your life reminds you of your worth, even when things are tough?”
- ✚ “How might we work together to challenge that voice that says you are a ‘nobody’?”

Culturally Responsive Interventions

- ✚ ***Narrative Therapy Approaches.*** Invite the client to “re-author” their story by highlighting skills, values, and contributions across different stages of life and migration. This can help externalize shame and reclaim identity.

- ✚ **Migration Grief Acknowledgement.** Provide space for mourning the loss of professional identity, status, and social capital by normalizing this as a legitimate form of grief.
- ✚ **Community Engagement & Mentorship.** Connect clients with cultural or professional associations to reduce isolation and create opportunities for skill-sharing.
- ✚ **Values Clarification Exercises.** Help the client reconnect with their core values (e.g., service, education, family) and explore new or parallel pathways where those values can still be lived.
- ✚ **Cultural Strengths Reflection.** Collaborate with clients to identify culturally appropriate strength-based tools that help them reflect on perseverance, adaptability, and collective pride rooted in their cultural backgrounds.

Reflective Questions for Counsellors

- ✚ How might my own professional status or cultural values influence how I understand Olamide's experience of loss and deskilling?
- ✚ Am I attuned to the emotional impact of underemployment and how it intersects with migration, gender roles, and cultural expectations?
- ✚ What assumptions might I hold about success, productivity, or ambition that differ from my client's experience?
- ✚ In what ways can I affirm the dignity and expertise my client brings, even if it is not formally recognized in Canada?
- ✚ How can I gently explore grief and loss around professional identity while fostering hope and possibility?

Experiences of Discrimination and Marginalization

Sub-Saharan African migrants in Canada often face racial discrimination in various forms, including hiring biases and interpersonal microaggressions. These experiences can lead to feelings of isolation, exclusion, and distress. Many individuals report being stereotyped or misunderstood in professional and educational environments. As a result, these daily challenges can create chronic stress and contribute to mental health issues, such as low self-esteem and depressive symptoms. The pressure to continually "prove oneself" or suppress cultural expressions in order to fit in further adds to this psychological strain.

Case Vignette: “Trying to Fit In, but Still Standing Out.” Zuri, a 27-year-old woman from Kenya, moved to Canada as an international student to complete her graduate degree. She later transitioned into full-time work in a corporate office. Despite her qualifications and strong work ethic, Zuri feels that she is often overlooked for leadership roles. She notices that her ideas are sometimes dismissed until repeated by colleagues, and she frequently receives unsolicited comments about her accent or hairstyle.

Though she works hard to “act professionally,” Zuri reports feeling emotionally drained by the need to constantly self-monitor her tone, clothing, and word choices. She describes a growing sense of invisibility at work and admits that she avoids speaking in meetings because “they already assume I do not belong.”

In counselling, Zuri struggles to name her pain, often downplaying incidents by saying, “Maybe I am just being too sensitive.” She also shares that she does not always feel safe speaking about race or cultural issues with supervisors and that most people around her “just do not get it.”

Over time, the counsellor helps Zuri identify and name her experiences of racial microaggressions, validate her emotional responses, and reconnect with her cultural strengths and identity. Together, they explore strategies for self-advocacy, boundary-setting, and affirming community connection.

Example Questions for Counsellors to Explore with Zuri

Naming and Validating Experience

- 🚦 “Can you tell me about a time recently when you felt dismissed or misunderstood at work or school?”
- 🚦 “What was the impact of that moment on how you felt about yourself?”
- 🚦 “Have there been times where you have had to hold back part of who you are to feel accepted?”

Reclaiming Voice and Identity

- 🚦 “What does authenticity look like for you in professional spaces?”
- 🚦 “When do you feel most like yourself, most powerful or grounded?”
- 🚦 “What are some cultural values, traditions, or memories that remind you of your strength?”

Building Resilience and Safety

- 🚦 “Who or what helps you stay connected to your cultural identity?”
- 🚦 “Have you found any spaces online or in person where you feel affirmed and understood?”

- ✚ “What would it mean to protect your energy while still staying true to who you are?”

Culturally Responsive Interventions

- ✚ ***Microaggression Education & Naming.*** Introduce language around microaggressions and racial trauma to help clients name their experiences and break the cycle of internalized blame.
- ✚ ***Strength-Based Identity Work.*** Use tools like cultural genograms, storytelling, or expressive arts to help clients reclaim and affirm cultural identity in the face of marginalization.
- ✚ ***Validation Through Psychoeducation.*** Normalize the psychological impact of discrimination and discuss common symptoms of racial trauma, emphasizing that their reactions are human and valid.
- ✚ ***Community Resource Connection.*** Refer clients to culturally affirming spaces, e.g., Black therapist directories, diaspora support groups, or organizations like [Black Mental Health Canada](#) (refer to Appendix A for more resources).
- ✚ ***Empowerment and Boundary Work.*** Support clients in identifying safe ways to advocate for themselves, set boundaries, or disengage from harmful spaces without self-blame.

Reflective Questions for Counsellors

- ✚ How comfortable am I talking about race, power, and systemic discrimination in the counselling space?
- ✚ Do I recognize microaggressions and their cumulative psychological impact, even when they are subtle or normalized?
- ✚ What biases or assumptions about professionalism, communication styles, or emotional expression might I carry?
- ✚ How do I ensure that my counselling space is one where clients feel seen, affirmed, and safe to name experiences of marginalization?
- ✚ Am I balancing validation of distress with empowerment without placing the burden of change on the client alone?

Identity Conflicts and Cultural Dislocation

Migration often triggers a renegotiation of identity. Many immigrants struggle to integrate their African heritage with Canadian societal norms, especially when the two are perceived as conflicting. This can result in identity confusion and cultural dislocation. In family contexts, intergenerational conflicts are common, as younger members acculturate faster than parents, creating rifts in parenting expectations and cultural values. These challenges can manifest in internal tension, a sense of cultural rootlessness, and feelings of not belonging fully in either culture.

For sub-Saharan immigrants and refugees, cultural dislocation can happen when:

- ✚ Their traditional ways of life, language, religious practices, or family roles are not recognized or valued in the host society.
- ✚ They struggle to reconcile their cultural identity with dominant Western norms.
- ✚ They feel they must “let go” of aspects of their heritage to be accepted or to succeed.
- ✚ They experience internal conflict about belonging, not feeling fully part of either their culture of origin or the new one.

Cultural dislocation can lead to:

- ✚ Identity confusion
- ✚ Anxiety or depression
- ✚ Feelings of loss, grief, or not belonging
- ✚ Intergenerational conflict within families (e.g., children adapting quickly while parents struggle)

Case Vignette: “In-Between Worlds.” Mbemba is a 17-year-old high school student who moved to Canada with his family from the Democratic Republic of the Congo when he was 15. In his home country, he enjoyed a close-knit familial environment and a strong sense of cultural identity. However, in Canada, he finds it challenging to balance his identity as a Congolese young man with the cultural norms of Canadian society.

At school, Mbemba has struggled to adapt to a different education system, language barriers, and subtle forms of exclusion. He often feels compelled to minimize parts of his culture to fit in, avoiding speaking French or Lingala, and altering his dress and social interactions. His parents, on the other hand, stress the importance of discipline, humility, and maintaining their cultural values, frequently reminding him, “You are not like them; you are Congolese.”

He describes his experience as “living a double life.” Whenever he attempts to express his feelings about these challenges, he is met with responses like, “This is not how we do things,” or “You are forgetting who you are.” Consequently, he has become withdrawn, retreating from interactions with both family and peers. In counselling sessions, he often grapples with questions like, “Where do I belong?” and “Do I have to sacrifice one part of myself to be accepted?”

The counsellor assists Mbemba in exploring the grief and confusion that accompany his cultural dislocation and shifting identity. Through narrative techniques and identity mapping, Mbemba begins to envision a version of himself that honours his Congolese heritage while also embracing the person he is becoming in Canada.

Example Questions for Counsellors to Explore with Mbemba

Exploring Identity and Belonging

- ✚ “What does it mean to be Congolese now, compared to when you lived back home?”
- ✚ “Are there parts of Canadian culture that you connect with or feel pressured to adopt?”
- ✚ “Have you ever felt like you had to hide or change something about yourself to be accepted?”

Navigating Internal Conflict

- ✚ “What are some of the values or expectations your family holds that feel hard for you to meet?”
- ✚ “Do you feel like different parts of yourself show up in different spaces like school versus home?”
- ✚ “When you think about your future, do you imagine it being rooted more in one culture or a mix of both?”

Supporting Identity Integration

- ✚ “What would it look like to honour your Congolese identity while also being true to who you are becoming here?”
- ✚ “Are there people in your life or stories you have heard of others who have found a balance between cultures?”
- ✚ “How would you describe your identity if no one else’s expectations were involved?”

Processing Emotional Impact

- ✚ “How do you feel when you are told you are forgetting where you come from?”
- ✚ “Do you ever feel like you do not fully belong anywhere? What is that like for you?”
- ✚ “What helps you stay grounded or connected to yourself when you feel pulled in different directions?”

Culturally Responsive Interventions

✚ **Bicultural Identity Mapping**

Create a visual map of values, customs, and practices from both cultures (home and Canadian) that Mbemba identifies with, feels conflicted about, or wishes to blend.

✚ **Cultural Dialogue Exercises**

Role-play or reflective journaling to explore how Mbemba might have open, respectful conversations with his parents about their differing worldviews.

✚ **Strength-Based Identity Work**

Help Mbemba recognize that holding two cultural identities can be a strength, not a weakness. Use language that affirms hybridity and flexibility.






Use of Cultural Metaphors

Draw from proverbs or cultural stories (e.g., “a tree with two roots” or “walking with two shoes”) to reflect the duality of belonging and identity formation.

Involve Mentors or Role Models

If appropriate, connect Mbemba with older youth or professionals from similar backgrounds who have navigated cultural integration and can share their stories.

Reflective Questions for Practitioners

-  How do I understand cultural identity, and how might my worldview shape the way I view bicultural tension?
-  Am I creating space for clients to express grief around cultural loss or feelings of alienation?
-  What messages do I send (intentionally or not) about assimilation, integration, or “fitting in”?
-  Do I affirm clients' right to define their identity in a way that reflects both cultural heritage and lived experience?
-  How do I respond to intergenerational conflict without positioning one generation's values as more valid than the other's?

Chapter 3: Systemic Barriers to Mental Health Services

Sub-Saharan African migrants in Canada encounter significant systemic barriers when trying to access appropriate and culturally safe mental health care. These challenges stem from structural inequalities, cultural misunderstandings, economic instability, and vulnerabilities related to immigration. For many, mental health challenges are rooted in migration journeys and exacerbated by structural inequities within Canadian systems. These inequities include:

Structural and Institutional Barriers

Sub-Saharan African migrants often struggle to access services due to:

- ✚ Long wait times and shortage of culturally competent providers, especially outside urban centres.
- ✚ Language barriers, especially for newcomers unfamiliar with English or French.
- ✚ Health system complexity, which is difficult to navigate, especially for those unfamiliar with referral systems or lacking digital literacy.
- ✚ Underrepresentation of Black and African-identifying therapists, which fosters distrust and discourages ongoing engagement with services.

How can therapists practice differently?

Therapists can advocate for institutional changes by:

- ✚ Participating in or organizing cultural competency training specific to African diaspora populations.
- ✚ Partnering with community organizations, churches, or grassroots groups trusted by African communities.
- ✚ Using plain language, visual tools, and trauma-informed approaches to demystify the counselling process for clients unfamiliar with Canadian mental health systems.

Cultural Disconnects and Mistrust of Services

Western models of care often fail to align with the holistic, communal, and spiritual frameworks through which many Sub-Saharan African clients understand mental wellness. This results in:

- ✚ Dismissal of traditional healing practices or spiritual explanations for distress.
- ✚ Misinterpretation of somatized symptoms that may express emotional pain.
- ✚ Reluctance to seek help due to stigma or belief that counselling is “not for us.”

How can therapists practice differently?

- ✚ Acknowledge and affirm traditional healing and spiritual beliefs when appropriate.
- ✚ Incorporate cultural storytelling, proverbs, or community values in the therapeutic dialogue.
- ✚ Engage in cultural supervision and reflexive practice to interrogate one's biases and develop humility around what is not yet known.

Economic Hardship and Underemployment

Many sub-Saharan African migrants are unable to access counselling due to:

- ✚ Low-paying jobs, precarious work, or unemployment caused by systemic racism and non-recognition of foreign credentials.
- ✚ Limited public coverage for private counselling services, especially for newcomers or those without extended health benefits.

How can therapists practice differently?

- ✚ Offer sliding scale fees, support clients in accessing community-based services, or refer to low-cost, Black-led mental health programs (e.g., TAIBU Community Health Centre, Across Boundaries, etc.).
- ✚ Validate the emotional impact of deskilling and loss of professional identity.
- ✚ Help clients reclaim strengths by identifying transferable skills and reinforcing narratives of resilience and perseverance.

Experiences of Racism and Discrimination

Sub-Saharan African migrants frequently report:

- ✚ Hiring bias, classroom discrimination, and microaggressions in everyday life (
- ✚ Internalized shame or the burden of "code-switching" to assimilate.
- ✚ Medical mistrust stemming from being stereotyped or dismissed in previous healthcare encounters.

How can therapists practice differently?

- ✚ Practice anti-racist and trauma-informed counselling.
- ✚ Create a space where racialized clients can name and process racism safely.
- ✚ Explore identity, belonging, and dual consciousness (e.g., "I am both African and Canadian") without forcing assimilation or erasure of cultural roots.

Undocumented and Precarious Status Migrants

Individuals with unstable immigration status, such as asylum seekers, those with expired visas, or refugee claimants, encounter increased mental health challenges and obstacles to accessing care.

Barriers include:

- ✚ Fear of legal exposure or deportation.
- ✚ Exclusion from provincial health plans or insurance (except in emergencies).
- ✚ Isolation, housing insecurity, and inability to work legally contribute to chronic anxiety, depression, and trauma.

Ethical Considerations for Counsellors:

- ✚ Uphold strict confidentiality and reassure clients that accessing therapy does not impact immigration status.
- ✚ Understand policies and limits of service eligibility for uninsured clients and connect them with non-status-friendly organizations (e.g., Canadian Centre for Victims of Torture, FCJ Refugee Centre).
- ✚ Acknowledge their strength in survival while recognizing ongoing legal vulnerability to avoid retraumatization.

Table 1

Common Therapists' Gaps and Responsive Practices

Barriers	Responsive Practices
Lack of cultural knowledge	<ul style="list-style-type: none">✚ Seek training in African mental health paradigms✚ Consult cultural mentors✚ Read lived-experience narratives
Language barriers	<ul style="list-style-type: none">✚ Consult or use (when appropriate) trained interpreters familiar with mental health✚ Learn basic cultural expressions

Economic inaccessibility

✚ Offer sliding scale or pro-bono sessions

✚ Connect clients with subsidized services

Cultural stigma or spiritual beliefs

✚ Affirm and explore rather than dismiss

✚ Integrate traditional practices when appropriate

Precarious legal status

✚ Prioritize safety and confidentiality

✚ Know referral pathways for uninsured clients

Chapter 4: Cultural Beliefs and Mental Health

Traditional Understandings of Mental Health and Illness

Among many sub-Saharan African communities, mental health is often understood through cultural and spiritual frameworks that differ significantly from Western biomedical models. Mental illness is not always viewed as an individual disorder but rather as a disruption in spiritual, communal, or ancestral harmony.

Spiritual and Supernatural Frameworks

Sub-Saharan African interpretations of mental illness frequently draw on spiritual and supernatural explanations. Conditions such as anxiety, depression, or psychosis may be attributed to causes such as spirit possession, ancestral punishment, witchcraft, or curses. For example, studies in Nigeria, Zimbabwe, and South Africa show that many individuals associate mental illness with divine retribution or spiritual imbalance. These beliefs shape how symptoms are interpreted and often influence the first point of contact for support.

The Role of Traditional Healers and Religious Leaders. Traditional and faith-based healers play a crucial role in mental health care. Traditional healers, such as herbalists, diviners, and spiritualists, are often the first contact for individuals seeking help. They provide healing rituals, herbal remedies, and spiritual cleansing practices that are deeply rooted in the community's belief systems. In a similar vein, religious leaders, such as pastors and imams, are often consulted for prayer, deliverance, or counselling based on religious teachings. For many migrants from sub-Saharan Africa, these traditional healing methods remain preferred even after relocating to Canada. This preference may stem from a distrust of Western mental health systems or the belief that formal services do not resonate with their cultural perspectives.

Case Vignette: “Spiritual First, Then Clinical.” Namazzi is a 39-year-old woman originally from Uganda. She was referred to counselling by her primary care physician after experiencing sleep difficulties, persistent fatigue, and frequent feelings of fear. During her intake session, Namazzi shared that before moving to Canada, she had consulted a traditional healer back home, who performed a cleansing ritual and provided herbal remedies to help "remove spiritual blockages."

After settling in Canada, she began attending a local church led by a pastor from her home country, who prayed with her and encouraged her to continue fasting. When asked about counselling, Namazzi expressed uncertainty, saying, "I'm not sure this can help. What I'm going through is spiritual." She admitted that she agreed to attend therapy mainly out of respect for her doctor, but she felt torn between the advice of her pastor and the recommendations from her medical team.

The counsellor, recognizing the importance of traditional and faith-based healing practices in many Sub-Saharan African communities, took the time to understand Namazzi's worldview. Instead of dismissing her spiritual beliefs, the counsellor

explored ways to integrate her practices, such as prayer and ritual meaning-making, into the therapeutic process. Over time, Namazzi began to view counselling not as a replacement for her faith but as a complementary space to process her emotions and navigate her healing journey in a culturally respectful manner.

Implications for Counsellors. Therapists working with sub-Saharan African clients in Canada should approach these beliefs with cultural humility. Rather than pathologizing spiritual explanations, therapists can respectfully explore how these beliefs shape the client's understanding of distress and healing. Culturally safe counselling creates space for dialogue about spiritual or traditional interpretations without judgment, and it affirms the client's worldview as a valid starting point for care.

This may include:

- ✚ Asking open-ended questions about the client's beliefs regarding the cause of their distress. E.g. "Can you tell me how you understand what you are going through right now?" "In your view, what do you think might be contributing to how you have been feeling lately?"
- ✚ Inquiring about the use of traditional healing or religious practices.
- ✚ Respecting clients' spiritual frameworks, even if they differ from clinical models.
- ✚ When appropriate and with consent, integrating culturally relevant practices or collaborating with spiritual supports.

Acknowledging and engaging with traditional views on mental health is respectful and can improve therapeutic outcomes by fostering trust and cultural connection in the counselling relationship.

Stigma and its Impact on Help-Seeking Behaviour

Among sub-Saharan African immigrants and refugees, stigma is a significant factor shaping how individuals understand and respond to mental health challenges. It influences whether individuals seek support, how they interpret symptoms, and the kinds of care they consider appropriate.

Social Exclusion and Self-Stigma

In many sub-Saharan African cultures, mental illness is often perceived as a form of spiritual punishment, ancestral displeasure, or moral failure. These interpretations can result in social exclusion, where individuals experiencing mental health challenges are isolated or feared by their community. The stigma attached to mental illness can be profound, contributing to silence, shame, and the denial of distress. One striking example is the Gambaga witches camp in northern Ghana, where women accused of witchcraft, often due to symptoms of mental illness, grief, or age-related vulnerability, are banished from their homes and forced to live in isolation. Some were labelled as witches after exhibiting behaviours such as hallucinations, incoherent speech, or withdrawal, which may have been linked to

untreated mental health conditions. Rather than receiving care, they were stigmatized, feared, and socially excluded. This example illustrates how mental illness when viewed through the lens of supernatural belief, can result in profound social rejection and personal shame. Individuals internalize this stigma, coming to believe they are dangerous or cursed, which severely discourages help-seeking and can deepen psychological distress.

Self-stigma, which is the internalization of negative societal beliefs, can have equally damaging effects. Many individuals feel embarrassed to admit their struggles, fearing they will be perceived as weak, cursed, or dangerous. This shame can delay or prevent them from accessing mental health care. Some studies suggest that when individuals attribute their mental health issues to supernatural causes, they experience higher levels of self-stigma and are less likely to seek formal mental health support.

Case Vignette: “Carrying It Alone.” Amahoro, a 33-year-old woman from Rwanda, was referred to counselling by a local settlement agency after several missed shifts at her cleaning job and increasing isolation. During the first few sessions, Amahoro appeared guarded and avoided eye contact. When asked about how she had been feeling, she hesitated, then quietly shared that she often felt a “heavy spirit” and sometimes heard whispers when alone. She believed she might be cursed or that her ancestors were punishing her for something she did not understand.

Back in her village, Amahoro explained, people who heard voices or withdrew from others were believed to be possessed or spiritually tainted. She recounted seeing neighbours publicly shamed, whispered about, and even abandoned. “If you speak of these things, people get scared,” she said. “They think you bring misfortune.”

Amahoro had told no one about her struggles, not her employer, not her pastor, and not even her cousin, with whom she shared a basement suite. She feared being judged or cast out. “It is better to suffer quietly,” she explained. “At least then, no one knows what kind of person you are.”

The counsellor, recognizing the deep shame Amahoro carried, responded with compassion and cultural sensitivity. Rather than challenging her beliefs directly, the counsellor acknowledged the pain of feeling alone and helped Amahoro name the emotional toll of silence. Over time, Amahoro began to explore alternative understandings of her experience and slowly opened up to the possibility that what she was feeling was not a curse but a sign that she deserved support, not shame.

Implications for Counsellors. Culturally safe counselling requires understanding how internal and external stigma affects help-seeking behaviour. Counsellors are encouraged to:

- 🌈 Normalize conversations about mental health by acknowledging cultural beliefs and fears.

- ✚ Explore the client's explanatory model of illness, including spiritual or supernatural interpretations.
- ✚ Use clear and simple language, avoiding clinical jargon when possible.
- ✚ Validate the client's emotional experience, even if their explanation of symptoms differs from Western models.
- ✚ Offer flexibility and openness around integrating faith-based or traditional practices if the client desires.

Understanding the profound impact of stigma on help-seeking behaviours is essential for creating therapeutic environments that are not only accessible but also affirming and culturally responsive.

Figure 9

Infographic on stigma and help-seeking behaviour among sub-Saharan African Migrants

STIGMA & HELP-SEEKING BEHAVIOUR



SOCIAL EXCLUSION & SELF STIGMA

- Mental illness linked to curses, punishment, or evil spirits
- Fear of shame leads to silence and delayed help-seeking
- Internalized stigma: "Something is wrong with me"
- Clients often hide symptoms to avoid judgement



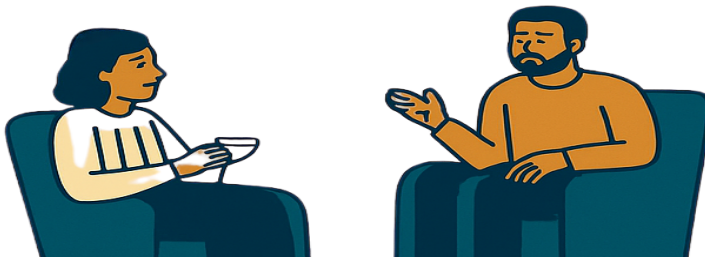
BARRIERS TO !! ACCESSING CARE

- Language barriers → difficulty describing symptoms, navigating services
- Preference for traditional or faith-based healers



IMPLICATIONS

- Acknowledge cultural & spiritual beliefs about mental illness
- Use simple, clear language-avoid jargon
- Validate the client's experiences without pathologizing their explanations.



Note. Image created by author using PowerPoint and Canva

Chapter 4: Culturally Responsive Adaptations of Therapeutic Approaches

Importance of Culturally Informed Counselling

Culturally informed counselling is crucial when working with sub-Saharan African immigrants and refugees in Canada. Standard Western therapeutic approaches often overlook the cultural, historical, and communal contexts that shape mental health experiences within African communities. Sub-Saharan African clients typically understand mental health through spiritual, relational, and collective lenses rather than individualistic perspectives. Therefore, culturally responsive counselling helps build trust, validates cultural identity, and enhances therapeutic outcomes.

Integrating Afrocentric values such as community, spirituality, storytelling, and respect for elders can bridge the gap between Western psychological models and African worldviews. These adaptations are not about discarding established methods but enhancing them with culturally grounded practices that resonate with the lived realities of African clients. When clients feel culturally understood, they are more likely to participate actively, disclose personal experiences, and stay engaged in the therapeutic process, leading to more effective clinical work overall.

Integrating Afrocentric Practices into Therapy

The therapeutic approaches discussed in this handbook are examples of modalities that can be adapted to better assist sub-Saharan African migrants in Canada. This list is not exhaustive or prescriptive; instead, it illustrates how Western counselling frameworks can be enhanced by incorporating Afrocentric values, cultural beliefs, and collective worldviews. Given the diversity of sub-Saharan African cultures and individual experiences, not all relevant therapeutic approaches are covered in this handbook. Counsellors are encouraged to continue learning, remain flexible, and collaborate with clients to ensure culturally safe, relevant, and responsive care. Equally important is the need for therapists to reflect on their own cultural lens and potential biases. All counsellors bring their own values, assumptions, and social positioning into the therapeutic space. Taking time to examine how these perspectives may influence the therapeutic relationship and staying open to being challenged or corrected can support a deeper connection and more culturally attuned practice.

Narrative Therapy

Narrative therapy resonates deeply with sub-Saharan African migrants because of its alignment with storytelling traditions. Storytelling is a central cultural practice in sub-Saharan Africa. In therapeutic contexts, it can serve as a powerful tool for processing trauma, reinforcing identity, and reconnecting clients with cultural roots. Narrative therapy allows clients to re-author their experiences using metaphors and stories that reflect their values and resilience, articulate their struggles in their own words and reconstruct empowering identities. This modality validates their past, honours resilience, and supports the re-authoring of their migration stories with dignity and cultural grounding.

Case Vignette: Reclaiming the Story. Mohammed, a 42-year-old man from Sierra Leone, sought counselling after carrying unresolved grief and shame related to his experiences of war and displacement for years. Now living in Canada with his wife and two children, Mohammed works as a security guard but often feels disconnected from others, haunted by memories he rarely discusses. He once expressed, “There is no point in talking. What I went through, people will not understand.”

In the early sessions, Mohammed spoke quietly, offering fragmented details about his past. The therapist, trained in narrative therapy, introduced the concept of using storytelling to honour his experiences without reliving the painful details. “In many cultures,” the therapist suggested, “stories carry lessons, strength, and memory. Would it feel okay for us to explore your story in a way that helps you hold both the pain and the power you carry?”

Over time, Mohammed began to frame his journey through metaphor. He described himself as a tree, once struck by lightning during a storm, now growing again in unfamiliar soil. This metaphor became a focal point in therapy. Together, he and the therapist explored the chapters of his life: Before the Storm, During the Storm, and After the Storm. They revisited moments of courage and survival that he had previously overlooked. He reflected on the people who had supported him, the values that kept him going, and the legacy he wanted to pass on to his children.

Using storytelling helped Mohammed make sense of his past and reclaim a sense of dignity and authorship in his life. The therapist’s respectful use of narrative techniques, drawing from cultural traditions instead of imposing clinical language, allowed Mohammed to feel acknowledged rather than pathologized.

By the end of their work together, Mohammed shared that he no longer saw himself as broken. “I am still that tree,” he said. “I did not fall!”

Culturally Adapted CBT

Cognitive Behavioural Therapy (CBT) can be adapted to reflect sub-Saharan African belief systems by integrating spiritual frameworks and collective reasoning. For example, therapists might contextualize automatic thoughts within family or community narratives, explore how colonial trauma shapes core beliefs, or incorporate faith-based reflections as part of cognitive restructuring. Cultural idioms of distress should be recognized and validated rather than pathologized.

Case Vignette: Thoughts in the Context of Community. Ayo, a 29-year-old man from Nigeria, sought counselling after experiencing panic attacks and ongoing worry that something bad was going to happen to his family. He had recently moved to Canada for graduate studies, leaving behind his wife and younger siblings. Ayo shared that he often felt guilty for being away and was haunted by the thought that being abroad, which is viewed as success and progress in Nigeria, might attract spiritual envy from others back home. “Sometimes,” he said, “I think my progress is putting my family in danger. Maybe this is God warning me.”

In therapy, Ayo’s counsellor used a culturally adapted CBT approach. Rather than challenging his thoughts as irrational, the therapist first explored the spiritual and cultural meaning behind his concerns. They talked about “*bad eye*” and spiritual jealousy concepts familiar to Ayo and how these beliefs were passed down in his community as a way of explaining misfortune or sudden illness.

As their work progressed, the therapist helped Ayo identify the automatic thoughts that emerged when he felt anxious (“I’m not safe here,” “I’ve abandoned my family,” “This success will come at a cost”). Instead of disputing them outright, the therapist invited Ayo to explore the origin of those beliefs and whether they were fully his own or inherited from family and cultural narratives shaped by past hardship and colonial history.

They created thought records that included spiritual reflections, such as how Ayo’s faith views protection, purpose, and grace. The therapist also invited Ayo to consider the collective strength of his family, who had encouraged him to travel abroad in the first place. Together, they reframed his core belief from “I am alone and vulnerable” to “I am supported, and my progress honours the sacrifices of my family.”

By grounding CBT in Ayo’s cultural, spiritual, and relational worldview, the therapist was able to support meaningful change without dismissing deeply held beliefs. Ayo later shared that counselling felt different than he expected: “You did not make me leave my culture at the door. You helped me bring it in.”

Trauma-Informed Therapy

Given the high prevalence of pre- and post-migration trauma among sub-Saharan African migrants, trauma-informed therapy must be culturally grounded. This includes acknowledging the impact of war, forced migration, and intergenerational trauma while respecting cultural expressions of grief, loss and resilience. A trauma-informed therapist working with sub-Saharan African clients should be attuned to how trauma intersects with spirituality, community obligations, and unspoken histories.

Case Vignette: Holding What Cannot Be Spoken. Nyiraneza, a 48-year-old woman from Rwanda, was referred to counselling by her community doctor after frequent unexplained headaches and sleep disturbances. When asked about her health, she responded that she was “carrying too many memories.” Over time, it became clear that Nyiraneza had survived the 1994 Genocide against the Tutsi and had since lost multiple family members to conflict and displacement. Now in Canada, she lived with her adult daughter and rarely spoke about the past even with those closest to her.

In their initial sessions, Nyiraneza expressed concern that talking about trauma would “open wounds that are better left closed.” She also shared that in her culture, strength was shown through endurance and silence. “We survive by moving forward,” she said. “Not by looking back.”

Recognizing the impact of cultural values around privacy, dignity, and collective survival, the therapist adopted a trauma-informed and culturally grounded approach. Rather than asking Nyiraneza to retell traumatic events, the therapist focused on creating a sense of emotional safety, normalizing the physical symptoms of trauma, and affirming the importance of her resilience.

The therapist asked gentle, open-ended questions that allowed space for spiritual and symbolic expression, such as: “*What helps you feel anchored when the pain comes?*” or “*What has helped your spirit carry so much?*” Over time, Nyiraneza spoke about her late grandmother’s prayers, the songs they used to sing during mourning, and the weight she still carried for those who did not survive.

By respecting her pace and her cultural expressions of grief, the therapist helped Nyiraneza process her loss without re-traumatization. They explored body-based grounding techniques that aligned with her spiritual practices and emphasized her role as a protector and caregiver, acknowledging that her trauma was not just personal but historical and communal.

Near the end of their work, Nyiraneza reflected, “You did not force me to remember everything, but you helped me find space for the sadness I have been holding.”

Person-Centred Therapy

Person-centred therapy is effective when working with sub-Saharan African clients due to its emphasis on respect, empathy, and the therapist's unconditional positive regard. This approach allows clients to feel seen and valued without judgment, which is essential for countering the invalidating experiences many migrants face during their settlement process. When adapted to incorporate collectivist values, such as family interdependence and spiritual connections, person-centred therapy fosters trust and relational safety. It encourages clients to explore their emotions and decision-making while considering the impact of cultural expectations and community roles.

Emotionally Focused Therapy (EFT for Couples and Families)

Emotionally Focused Therapy, especially when used with couples and families, is relevant for sub-Saharan African clients dealing with relational strain post-migration. Many African families face changes in roles, power dynamics, and expectations as they adapt to Canadian culture. EFT helps promote emotional expression and bonding by enabling couples and family members to identify unmet attachment needs and patterns of disconnection. Deeper emotional engagement can be achieved by examining attachment needs through the lens of cultural expectations regarding masculinity, femininity, and relational obligations. In African collectivist cultures, where the family unit is crucial to one's identity, EFT offers a framework for strengthening emotional connections and addressing disruptions that may arise during migration and resettlement.

Jungian Therapy

Although less documented, Jungian therapy's focus on archetypes and symbols can be culturally adapted by integrating African folklore, dreams, and proverbs. Some therapists working with African clients have successfully incorporated ancestral symbols and mythologies as pathways to meaning-making and spiritual integration. For example, dream interpretation may draw from cultural or religious motifs significant to the client's background.

Summary

This section has demonstrated how familiar therapeutic approaches can be adapted to honour the cultural beliefs, communal values, and spiritual traditions of Sub-Saharan African clients. These adaptations ensure cultural relevance and enhance therapeutic engagement by incorporating storytelling in narrative therapy, faith-informed cognitive restructuring, and culturally sensitive trauma care. When clients feel seen and understood, they are more likely to share openly, remain engaged, and experience meaningful change. The vignettes included here provide real-life examples of how this can be practiced. Therapists are encouraged to approach this work with openness, cultural humility, and a readiness to co-create safe and affirming spaces where clients do not have to choose between healing and preserving their identity.

Figure 10

Summary of adapted culturally informed counselling approaches



Note. Image created by author using PowerPoint

Chapter 5: Culturally Responsive Techniques in Counselling Sub-Saharan Africans

Understanding Power Dynamics and Client Expectations

Establishing cultural safety with sub-Saharan African clients begins with recognizing how power dynamics shape the therapeutic relationship. Many clients from this region may not be familiar with counselling as a space for emotional processing; rather, they may come expecting directive advice, reflecting experiences with authority figures such as elders, religious leaders, teachers or managers in work environments. As a result, the counsellor may be perceived as an expert or authority rather than a collaborative partner. Early in the process, it is essential to explore the client's expectations of counselling: what brought them to therapy, what they hope to gain, and what they believe the therapist's role should be. Creating space for this discussion builds trust and can correct misconceptions while setting a culturally sensitive foundation for therapeutic work. Recognizing how the therapist is perceived and what the client needs from the relationship can help reduce power imbalances and foster meaningful engagement.

Establishing Cultural Safety and Trust

Cultural safety extends beyond just being culturally aware or competent; it involves ensuring that clients feel respected, understood, and not judged based on their cultural background. Clients from sub-Saharan Africa may approach counselling with hesitation or mistrust due to negative past experiences, cultural stigma, or unfamiliarity with Western therapeutic approaches. Building trust takes time and requires openness and transparency about the counselling process. Recognizing the client's strengths, cultural values, and resilience in facing challenges related to migration can also help foster trust and reduce power imbalances within the therapeutic relationship.

Building Rapport

Sub-Saharan Africans often place a high value on warmth, respect, and relationship-building. For some individuals, therapy may be more effective when it resembles familiar relational dynamics. This could mean adopting a conversational approach rather than being overly clinical and allowing space for storytelling and non-linear narratives. Therapists who show genuine interest in a client's background, family structure, and community connections are more likely to establish strong relationships. Building rapport may also involve gently dispelling myths about therapy and emphasizing that seeking help is not a sign of weakness but rather an act of strength.

Effective Communication Across Cultural Differences

Language barriers can impede trust, particularly when therapeutic concepts do not translate well into a client's primary language. Even when clients speak proficient English or French, certain emotional or cultural expressions may still be challenging to convey. Counsellors should engage in active listening, clarify meanings, and remain sensitive to non-

verbal communication. Avoiding idioms, metaphors, and Western psychological jargon can enhance clarity and comfort. Additionally, it is crucial to recognize differences in communication styles; some clients may prefer indirect communication or take pauses before responding, which should not be interpreted as avoidance.

Recognizing and Addressing Unconscious Bias

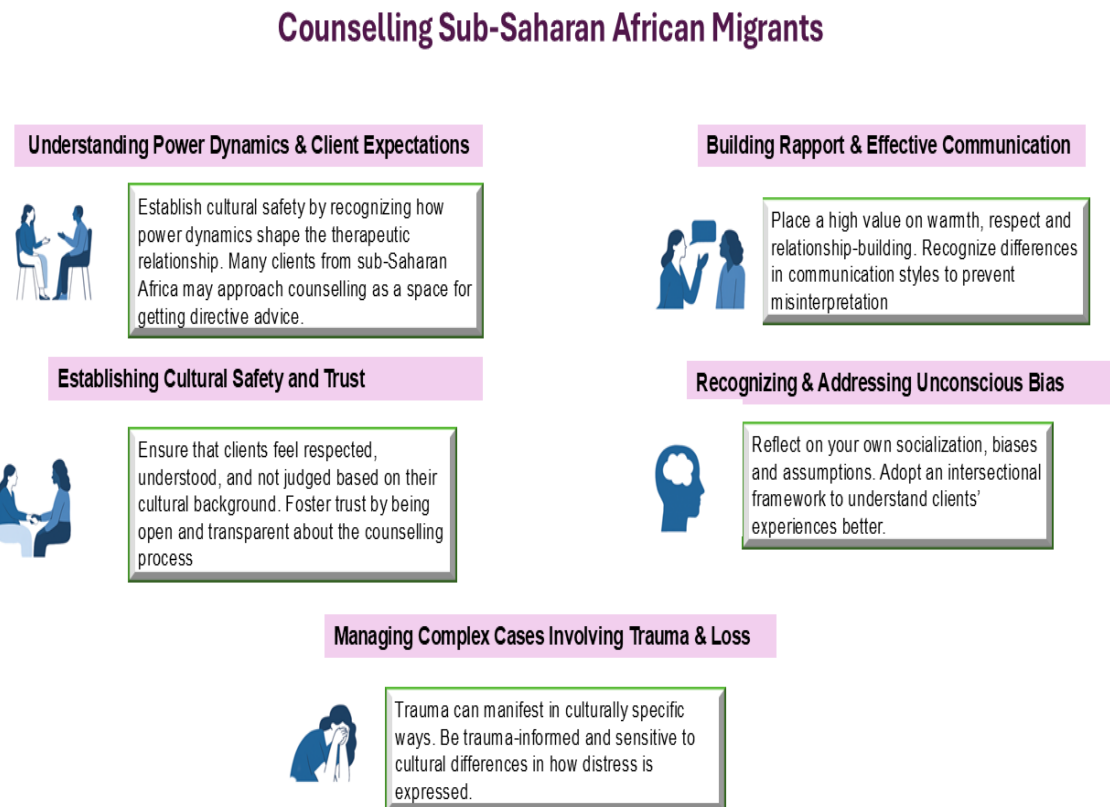
Therapists need to reflect on how their own socialization, assumptions, and biases can affect the counselling relationship. Western education and media often portray Africa through a deficit-based lens, which can unconsciously shape attitudes toward African clients. Unexamined biases can result in microaggressions, misdiagnoses, or ineffective support. Therefore, supervision, peer consultation, and ongoing cultural education and humility practices are essential for identifying and addressing biases. Adopting an intersectional perspective also helps therapists understand how factors such as race, migration status, gender, sexuality and social class intersect in a client's experience.

Managing Complex Cases Involving Trauma and Loss

Many migrants from sub-Saharan Africa have faced various forms of trauma, including experiences of war, persecution, gender-based violence, abuse, food insecurity, economic hardships, and separation from family members during their journeys. This trauma can manifest in culturally specific ways, such as through physical symptoms, sleep disturbances, or spiritual distress. Counsellors need to be trauma-informed and sensitive to cultural differences in how distress is expressed. For instance, in Ghana, individuals often express psychological distress through physical symptoms rather than by directly mentioning emotional struggles such as anxiety or depression. A Ghanaian client dealing with grief or trauma might say, "My heart feels heavy," "I feel heat in my head," or "My whole body is tired all the time." These expressions serve as culturally acceptable ways to communicate distress and seek help. It is important to explore how grief, loss, or trauma is perceived within the client's culture, as well as whether traditional or faith-based coping strategies are being employed. In some cases, unresolved trauma may coincide with post-migration stress, complicating the clinical picture. Supporting these clients requires patience, culturally relevant psychoeducation, and, when appropriate, a collaborative approach that involves family members or community leaders.

Figure 11

An infographic showing counselling techniques for building therapeutic relationships with sub-Saharan African migrants



Note. Image created by the author using PowerPoint

Chapter 6: Promoting Resilience and Coping Among Sub-Saharan African Clients

Sub-Saharan African migrants move to Canada with remarkable resilience, influenced by their historical, communal, personal, and spiritual strengths. Despite facing challenges pre- and post-migration, including cultural displacement and systemic barriers, many migrants show a strong ability to adapt, cope, and maintain their psychological well-being. Here are several ways therapists can support resilience and coping among Sub-Saharan clients within the therapeutic relationship:

Recognizing Strengths and Resilience Factors

Sub-Saharan African migrants often draw strength from their personal experiences, cultural heritage, spirituality, family values, and collective identity. Instead of focusing solely on trauma or pathology, therapists need to recognize clients' survival skills, adaptability, and inner resources. Migrants who have experienced war, loss, or displacement frequently demonstrate high levels of perseverance and resourcefulness, which can be utilized in the therapeutic process. Therapists working with this population should explore clients' narratives of strength and survival, including how they have coped in the past and what has helped them move forward. These insights can form a foundation for recovery-oriented and strengths-based counselling, fostering a sense of agency and control.

Examples of strength-based questions:

- 🌍 “What personal strengths or values have helped you get through difficult times in the past?”
→ Encourages reflection on inner resources and reinforces a sense of capability.
- 🌍 “Can you share a time when you overcame something you once thought was impossible?”
→ Highlights past resilience and creates space for clients to reframe themselves as survivors.
- 🌍 “Who or what in your life has given you strength when you needed it most?”
→ Brings attention to community, spiritual, or familial support.
- 🌍 “What traditions, teachings, or beliefs from your culture have guided you during hard times?”
→ Connects coping strategies to cultural identity and pride.
- 🌍 “When you think about how far you have come, what are you most proud of?”
→ Invites clients to claim their accomplishments and reconnect with a sense of agency.

Leveraging Cultural, Spiritual and Community-Based Coping Mechanisms

Coping strategies among sub-Saharan African immigrants are strongly influenced by cultural and spiritual frameworks. Many individuals turn to prayer, religious practices, and communal rituals to manage psychological distress. Faith-based coping can provide hope, meaning, and comfort, especially during trauma or loss. Traditional support networks,

including elders, family, and ethnic associations, are crucial in providing emotional and practical support. In Canada, some migrants continue to use these coping mechanisms through diasporic churches and cultural associations, which replicate the communal support systems of their home countries. Therefore, therapists must take the time to explore the spiritual or community-based coping strategies that clients currently rely on or hold in high regard. For instance, some clients may seek guidance from faith leaders, participate in community groups, or engage in culturally specific healing practices, such as drumming circles or storytelling. When appropriate, validating and integrating these approaches into therapy can reinforce a sense of cultural continuity and belonging for clients.

Encouraging Positive Reframing and Adaptive Coping Strategies

Reframing adversity from a strengths-based perspective can be an effective strategy when working with clients from sub-Saharan Africa. In many African cultures, suffering is not viewed solely as a burden but as a test of faith or a pathway to spiritual growth. This belief system can be beneficial when reframing trauma or migration-related loss, as it helps individuals find meaning in their experiences, which can act as a buffer against hopelessness and emotional despair. Therapists can assist clients in identifying their past sources of resilience and exploring how to apply these strengths to their current challenges. Additionally, encouraging adaptive coping involves gently addressing unhelpful behaviours, such as social withdrawal, overworking, or self-blame, and collaboratively identifying culturally appropriate and emotionally supportive alternatives.

Enhancing Social Support Networks

Migration can often disrupt family and community connections, leading to an increased vulnerability to isolation and mental health issues. Migrants in Canada need to rebuild these networks. Sub-Saharan African migrants, in particular, may benefit from culturally affirming spaces, such as ethno-cultural organizations and faith communities, which provide emotional and practical support. Counsellors can assist clients in identifying and accessing these networks and exploring group-based interventions when individual therapy feels unfamiliar or insufficiently relational.

Summary

Supporting resilience among clients from Sub-Saharan Africa involves recognizing that their strength is both personal and deeply rooted in their cultural, spiritual, and communal identities. Therapists can enhance the therapeutic relationship by acknowledging clients' histories of survival, integrating familiar cultural and faith-based coping strategies, and creating space for narratives of strength, not just narratives of suffering.

When we explore what has helped clients cope in the past and invite them to bring those tools into the counselling space, we foster a sense of agency, cultural continuity, and emotional healing. Practical steps include asking strengths-based questions, validating collective and spiritual coping practices, reframing adversity in ways that align with the

client's values, and helping to rebuild support systems that may have been disrupted by migration. These approaches honour the client's identity, improve therapeutic outcomes, and create pathways for sustainable growth.

Figure 12

An infographic showing how counsellors can promote resilience and coping among sub-Saharan African migrants



Note. Image created by the author using PowerPoint

Chapter 7: Clinical Supervision and Peer Support

Working with immigrants and refugees from sub-Saharan Africa requires more than just therapeutic skills; it also demands continuous reflection, cultural humility, and support for the emotional labour involved. This makes clinical supervision and peer support essential in helping therapists navigate the complexities of cross-cultural counselling. These counselling support systems not only promote culturally competent and safe practices but also protect the well-being of counsellors.

The Role of Clinical Supervision in Promoting Culturally Competent Care

Clinical supervision is critical in ensuring therapists working with sub-Saharan African clients provide culturally safe and responsive care. Supervision allows counsellors to examine their biases, process emotional reactions to client work, and refine their therapeutic skills in line with cultural competence standards. For Canadian therapists, this process becomes even more essential when navigating complex cultural dynamics, such as colonial histories, language differences, and intergenerational trauma experienced by sub-Saharan African migrants.

Therapists supporting this population must reflect on their clinical approach and the broader sociopolitical context that shapes clients' lives. This includes awareness of anti-Black racism, systemic inequality, and the ongoing impact of migration stressors on mental health. Clinical supervisors can guide this process by helping therapists understand how these systemic factors influence the therapeutic alliance and treatment outcomes. Culturally attuned supervision is especially vital when therapists are unfamiliar with African belief systems around mental illness, healing, or help-seeking.

Peer Supervision and Reflective Practice

While formal supervision is invaluable, peer supervision and reflective practice groups are powerful tools for professional growth. These spaces allow therapists to debrief, share challenges, and learn from one another in a collaborative setting. Reflective practice groups promote critical self-awareness and encourage therapists to ask important questions, such as: How does my cultural background influence my response to this client? Am I making assumptions based on Western norms of wellness?

The collaborative nature of peer discussions helps therapists recognize their blind spots and broaden their cultural perspectives, reducing the risk of unintentionally harmful practices.

Addressing the Counsellor's Wellbeing and Burnout

The emotional toll of working with clients who have experienced complex trauma, discrimination, and cultural displacement can be significant for therapists. Feelings of helplessness, moral distress, and burnout may arise, especially if therapists do not receive

adequate support. Supervision and peer consultation can help manage these emotional responses and ensure practitioners remain effective, self-aware, and resilient.

Preventing burnout should be a key focus in both individual and systemic practices. For therapists engaged in cross-cultural work, it is crucial to recognize how emotional labour, role strain, and cultural misunderstandings can lead to feelings of inadequacy or fatigue. Encouraging reflective journaling, regular supervision check-ins, and wellness practices that align with the therapist's cultural framework can promote sustainability in their work. For example, a counsellor might integrate mindfulness, nature walks, or creative expression such as painting or music as a form of release and reflection. Others may draw from African-informed practices like gathering in communal spaces, participating in storytelling circles, prayer, or reconnecting with ancestral wisdom through music or ritual. Whether drawing from Western or African traditions or blending both, therapists benefit from intentionally cultivating practices that nourish their spirit, reconnect them with meaning, and sustain their ability to care for others.

Recommendations for Supervisors and Supervisees

Supervisors working with therapists who support sub-Saharan African clients must cultivate humility, openness, and cultural curiosity. They should:

- ✚ Encourage discussion of power dynamics in therapy sessions.
- ✚ Support supervisees in learning about African worldviews, family structures, and healing practices.
- ✚ Help therapists integrate cultural humility, intersectionality, and anti-oppressive frameworks into their practice.

At the same time, supervisees should be encouraged to:

- ✚ Bring forward cultural dilemmas or uncertainties without fear of judgment.
- ✚ Engage in ongoing learning about African cultures and migration experiences.
- ✚ Use supervision for case management and critical reflection on their beliefs, assumptions, and growth areas.

In summary, clinical supervision and peer support are essential components of culturally safe counselling. When therapists work with Sub-Saharan African clients, supervision provides a space to reflect on cultural differences, unexamined biases, and the broader systemic forces that influence the therapeutic relationship. It offers an opportunity to build awareness of anti-Black racism, colonial legacies, and migration-related trauma, all of which affect how care is given and received.

Peer and clinical supervision also enable therapists to enhance their capacity to adapt interventions, process emotional labour, and remain aligned with culturally responsive values. In this context, supervision is not separate from culturally safe practice; rather, it is what sustains it. For therapists committed to ethical and effective work, particularly in cross-

cultural settings, engaging in meaningful and reflective supervision serves as both a safeguard and a tool for growth.

Figure 13

Image showing the importance of supervision in counselling sub-Saharan African migrants

SUPERVISION IS NOT SEPARATE FROM



CULTURALLY SAFE PRACTICE

Note. The Image was created by the author using PowerPoint

Chapter 8: Conclusion

This handbook offers practical insights, culturally relevant tools, and accessible resources to assist mental counsellors working with Sub-Saharan African migrants in Canada, especially in Prince George and British Columbia. It is important to acknowledge that mental health care is not static; it evolves alongside communities, cultures, and contexts.

There remains a significant need for research that centres on African worldviews, migration stories, and intergenerational narratives of resilience and healing. Future research could explore the following:

- ✚ The impact of migration stress on Sub-Saharan African families in rural and northern Canadian communities.
- ✚ How traditional healing practices can be respectfully integrated into Western therapy models.
- ✚ The long-term outcomes of culturally responsive mental health interventions among African migrants.
- ✚ Mental health experiences of African youth navigating bicultural identities in school and community settings.

For practitioners, ongoing development should include:

- ✚ Engaging with anti-oppressive, trauma-informed, and culturally affirming training.
- ✚ Participating in supervision or peer consultation that invites reflection on power, identity, and bias.
- ✚ Collaborating with African-led organizations and listening deeply to lived experiences within migrant communities.
- ✚ Pursuing language learning or cultural immersion, when possible, to better connect with clients from diverse backgrounds.

Best practices for counsellors include:

- ✚ Practice Cultural Humility. Approach each client as the expert of their own experience. Stay open, curious, and willing to learn from cultural perspectives different from your own.
- ✚ Build Relationships Before Interventions. Prioritize trust, warmth, and relational safety. Healing often begins with connection, not technique.
- ✚ Validate Cultural Beliefs and Expressions. Honour spiritual, communal, and traditional frameworks for understanding distress, healing, and identity.
- ✚ Adapt Therapeutic Models Thoughtfully. Integrate Afrocentric values—such as storytelling, spirituality, family, and collective resilience—into familiar modalities like CBT, EFT, narrative, or trauma-informed therapy.

- ✚ Recognize Strengths and Resilience. Focus on resilience, not just trauma. Invite clients to reflect on what has helped them survive, adapt, and find meaning in their journey.
- ✚ Use Strength-Based and Context-Aware Language. Avoid pathologizing cultural expressions of distress. Instead, use language that reflects dignity, resourcefulness, and context.
- ✚ Collaborate and Empower. Co-create goals, acknowledge power dynamics and support autonomy, especially in systems that may have disempowered the client.
- ✚ Reflect on Your Own Lens. Engage in ongoing self-reflection and supervision. Ask: *How does my background, training, or identity shape how I show up in cross-cultural work?*
- ✚ Include Community and Natural Supports. Encourage connection to faith leaders, cultural associations, and family support when appropriate.
- ✚ Prioritize Your Own Wellness. Stay grounded through supervision, culturally meaningful self-care, and supportive networks. Doing this work well requires sustainability.

Working with diverse populations, particularly those whose histories involve colonization, displacement, and systemic racism, requires more than just clinical skills; it demands compassion, humility, and a willingness to learn. Cultural humility encourages us to approach others not as experts on their lives but as empathetic learners who respect and honour each person's unique story, wisdom, and strength.

Figure 14

An infographic showing the key takeaways from the handbook



Note. Image created by the author using PowerPoint

Closing Reflection: The Ubuntu Philosophy (I Am Because We Are)

“When we have Ubuntu, we recognize that our pain and our joy are shared; so, we lift each other up, not because it is noble, but because it is necessary.”

— Contemporary interpretation of Ubuntu

In many ways, this quote embodies the spirit of this handbook. Working with Sub-Saharan African migrants in mental health care is not simply a task of applying knowledge or technique; it is an invitation into a relationship. Ubuntu reminds us that healing is not a solitary act but a collective journey where we are shaped by one another’s stories, struggles, and strengths.

As someone who has journeyed through both the personal and professional landscapes of migration and mental health, I am continually reminded that healing does not happen in isolation. It happens in relationships, in storytelling, and in shared moments of humanity. Writing this handbook has been a way to bring together the knowledge I have gained through my training, my work, and most importantly, the voices of those I have walked alongside: clients, families, friends and colleagues who teach me every day what resilience and hope look like in practice. I hope this resource serves as a stepping stone for those seeking to support African migrants with greater empathy, cultural awareness, and integrity.

As therapists, educators, and allies, we are called to move beyond individualism and toward interconnection, recognizing that in supporting others, we, too, are transformed. Let our work be rooted in humility, compassion, and a shared commitment to justice and cultural care. Not because it makes us good professionals but because it makes us more fully human.

Take a moment to reflect:

- 🌍 How does the Ubuntu philosophy challenge or expand your current approach to counselling?
- 🌍 In what ways do you recognize interdependence in your therapeutic relationships?
- 🌍 How can you integrate the values of Ubuntu, such as shared humanity, dignity, and relational care, into your daily practice?
- 🌍 What stories or moments in your work have reminded you that healing is a collective experience?
- 🌍 How are you also being shaped and changed by the people you support?

These questions are not meant to be answered quickly but to be carried, returned to, and allowed to evolve as your practice grows. Ubuntu is not only a philosophy. It is an invitation to do this work differently. Together.

Figure 15

Image showing the philosophy of Ubuntu



















"We are because you are, and since you are, definitely I am."

When we have Ubuntu (humanity to others), we are able to
come together as a community and
achieve great things.

Note. Image created by the author using Canva, OpenAI and PowerPoint

Appendices

Appendix A: Resources for Counsellors and Clients

-  Across Boundaries: Mental Health Services for Racialized Communities
Offers holistic, community-based mental health and addiction services for Black and racialized communities in Ontario. Some virtual services are available Canada-wide.
 Website: acrossboundaries.ca
-  Black Mental Health Canada (BMHC)
Provides culturally relevant mental health education, advocacy, and resources for Black individuals and communities across Canada.
 Website: blackmentalhealth.ca
-  TAIBU Community Health Centre
A Black-led organization offering virtual and in-person health services, mental health support, and wellness programming for the Black community.
 Website: taibuchc.ca
-  Black Youth Helpline (BYH)
A culturally appropriate support line for Black youth and their families. Services include prevention, crisis support, and mental health referrals.
 Phone: 1-833-294-8650
 Website: blackyouth.ca
-  Healing in Colour
An online directory of BIPOC therapists across Canada committed to anti-oppressive and culturally affirming therapy.
 Website: healingincolour.com
-  Mindful Black Girl Canada
A community wellness platform for African and Black women offering group sessions, affirmations, and mental health education.
 Instagram: [@mindfulblackgirlcanada](https://www.instagram.com/mindfulblackgirlcanada)
-  FCJ Refugee Centre (Toronto-based with national resources)
Supports migrants with precarious or undocumented status by offering housing, legal support, settlement counselling, and access to trauma-informed mental health care.
 Website: fcjrefugeecentre.org
-  MOSAIC (British Columbia)
A multilingual, multicultural organization offering counselling, employment, legal, and

settlement services for newcomers, including trauma-informed and refugee-specific support.

🔗 Website: mosaicbc.org

🌈 Moving Forward Family Services (BC-based, including virtual counselling)

Provides low-cost counselling and culturally sensitive mental health services to underserved and racialized communities, including immigrants and refugees.

🔗 Website: movingforwardfamilyservices.com





🌈 Options Community Services (Surrey & Fraser Valley, BC)

Offers trauma-informed mental health and settlement services for immigrants, refugees, and vulnerable populations.



🔗 Website: www.options.bc.ca

Appendix B: Recommendations for Further Learning

Books:

-  *Africa: A Biography of the Continent* by John Reader
An introduction to Africa's history.
-  *The State of Africa: A History of the Continent Since Independence* by Martin Meredith
A comprehensive narrative covering political and demographic shifts across the continent post-independence.
-  *African Religions and Philosophy* by John S. Mbiti
A foundational work on African cosmologies, belief systems, and the communal nature of life in many African societies.
-  *African Cultural Values* by Raphael Chijioke Njoku
Offers insight into shared values, norms, and worldviews among various African cultures with a focus on the Igbo culture of Nigeria.

Videos:

-  TEDGlobal - Chimamanda Ngozi Adichie: The Danger of a Single Story
https://www.ted.com/talks/chimamanda_ngozi_adichie_the_danger_of_a_single_story
An essential watch on how narratives shape understanding and misunderstanding of African identity and diversity.
-  TEDxTalks- Etheldreda Nakimuli-Mpungu: Why Africa needs culturally sensitive talk therapy
<https://www.youtube.com/watch?v=Frechg09FsF8>

Appendix C: Suggested Client Intake Questions

These intake questions are intended to support culturally safe conversations and help therapists understand the migration journey, worldview, and support systems of Sub-Saharan African clients. These questions are suggestions and are not meant to be exhaustive.

Migration & Background

- ✚ Can you tell me a bit about your journey to Canada?
- ✚ What was life like for you before coming here?
- ✚ What do you miss most about home?

Cultural Identity & Values

- ✚ How do you describe your cultural background?
- ✚ Are there cultural practices or values that are especially important to you?
- ✚ What role does faith or spirituality play in your life?

Mental Health & Coping

- ✚ How do you usually handle stress or difficult emotions?
- ✚ Have you used any traditional, spiritual, or community-based healing practices?
- ✚ What does mental health mean to you?

Family & Community

- ✚ Who are the most important people in your life right now?
- ✚ How has migration affected your relationships with your family or your community?
- ✚ Do you feel connected to a community here in Canada?

Therapy Expectations







- ✚ Have you accessed counselling or support services before?
- ✚ What would a helpful experience in therapy look like for you?
- ✚ Would anything make you feel more comfortable during our sessions?

Appendix D: Reflection Worksheet

This reflective worksheet aims to help therapists analyze their sessions from a cultural perspective and utilize it in clinical supervision and peer consultation sessions.

Client Case Overview (2–3 sentences):




Cultural or Migration Context Noted in Session:

-  Migration trauma
-  Language or communication barrier
-  Spiritual/cultural beliefs
-  Family or community dynamics
-  Stigma or shame
-  Systemic oppression or racism

Other: _____

Personal Reactions or Challenges in Session:

Questions or Areas for Reflection:

-  How did I respond to the client's worldview or expressions of distress?
-  Where did I feel unsure or uncomfortable?
-  Were there any assumptions I may have made?

Support or Guidance Needed from Supervisor:

Steps for Continued Learning or Cultural Humility Practice:

 _____

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References

- ActionAid Ghana. (2012). *Condemned without trial: Women and witchcraft in Ghana* [Report].
ActionAid. https://www.actionaid.org.uk/sites/default/files/publications/condemned_without_trial_women_and_witchcraft_in_ghana_report_september_2012.pdf
- Adinkrah, M. (2004). *Witchcraft accusations and female homicide victimization in contemporary Ghana*. *Violence Against Women*, 10(3), 325–356.
- Agyekum, B., & Newhouse, L. (2012). Exploring pastoral care with African immigrants and refugees in Canada. *Journal of Pastoral Care & Counseling*, 66(3), 1–11.
<https://doi.org/10.1177/154230501206600302>
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong II, I. (2003). *Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care*. *Public Health Reports*, 118(4), 293–302.
<https://doi.org/10.1093/phr/118.4.293>
- Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015). *We left one war and came to another: Resource loss, acculturative stress, and caregiver–child relationships in Somali refugee families*. *Cultural Diversity and Ethnic Minority Psychology*, 21(1), 114–125. <https://doi.org/10.1037/a0037538>
- Canva (2025). Canva Pro. [AI Image creator and editor]. www.canva.com
- Chapman, E. N., Kaatz, A., & Carnes, M. (2013). *Physicians and implicit bias: How doctors may unwittingly perpetuate health care disparities*. *Journal of General Internal Medicine*, 28(11), 1504–1510. <https://doi.org/10.1007/s11606-013-2441-1>
- Creese, G. (2011). *The new African diaspora in Vancouver: Migration, exclusion, and belonging*. *University of Toronto Press*.
- Creese, G., & Wiebe, B. (2012). *‘Survival employment’: Gender and deskilling among African immigrants in Canada*. *International Migration*, 50(5), 56–76.
<https://doi.org/10.1111/j.1468-2435.2009.00531.x>
- Dei, G. J. S. (1996). *Anti-racism education: Theory and practice*. Fernwood Publishing.
- Elemo, A. S., Karaman, M. A., & Clawson, T. W. (2020). *The role of cultural values on mental health help-seeking attitudes among Ethiopian origin immigrants in the U.S.* *International Journal for the Advancement of Counselling*, 42, 303–320.
<https://doi.org/10.1007/s10447-020-09396-7>

- Ellis, B. H., Miller, A. B., Baldwin, H., & Abdi, S. (2010). *New directions in refugee youth mental health services: Overcoming barriers to engagement*. *Journal of Child & Adolescent Trauma*, 4(1), 69–85. <https://doi.org/10.1080/19361521.2011.545047>
- Falicov, C. J. (2009). *Culture in family therapy: Guidelines for respectful and effective practice*. Guilford Press.
- Hermes Furian, P. (2024). [Stock illustration ID:2158905264] [Stock illustration]. Retrieved from [<https://www.istockphoto.com/vector/sub-saharan-africa-subsahara-or-non-mediterranean-africa-political-map-gm2158905264-579523008>], Austria.
- Jidong, D. E., Husain, N., & Dandaura, E. S. (2021). *Understanding indigenous perspectives of mental health and help-seeking among the Tiv people of Nigeria*. *Transcultural Psychiatry*, 58(2), 275–289. <https://doi.org/10.1177/1363461520967816>
- Killian, K. D., & Hegtvedt, A. (2003). *Cross-cultural couple counseling: Identity and role conflict in African immigrant couples*. *The Family Journal*, 11(2), 150–158.
- Kirmayer, L. J. (2012). Rethinking cultural competence. *Transcultural Psychiatry*, 49(2), 149–164. <https://doi.org/10.1177/1363461512444673>
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, 183(12), E959–E967. <https://doi.org/10.1503/cmaj.090292>
- Lee, E., & Ayon, C. (2004). *Mentoring as a component of culturally responsive practice*. *Journal of Human Behavior in the Social Environment*, 9(1–2), 117–132.
- McKenzie, K., Emechebe, N., & Ali, A. (2024). *Therapist reflections in multicultural supervision: Supporting relational awareness and contextual sensitivity*.
- Moodley, R., & Palmer, S. (2006). *Race, culture and psychotherapy: Critical perspectives in multicultural practice*. Routledge.
- Odekina, F. (2024). *Cultural dislocation and the mental health of African women in Canada*.
- Ogueji, I. A., & Okoloba, M. M. (2022). Mental health help-seeking behaviour among African migrants in Western countries: A narrative review. *Journal of Public Health in Africa*, 13(1), 2584. <https://doi.org/10.4081/jphia.2022.2584>
- Okeke-Ihejirika, P., & Salami, B. (2018). Negotiating identities: African immigrant professionals and emotional struggles in Canada. *Journal of International Migration and Integration*, 19(3), 643–659.

- Okeke-Ihejirika, P., & Yohani, S. (2018). Gendered experiences of African immigrants in Alberta, Canada. In *Gender and immigration* (pp. 111–126). Palgrave Macmillan.
- Okeke-Ihejirika, P., Salami, B., & Karimi, A. (2020). African immigrant women's experiences in western host societies: A scoping review. *Journal of Gender Studies*, 29(4), 428–444. <https://doi.org/10.1080/09589236.2019.1664612>
- Ombok, M. (2024). *Community and care: Family involvement in mental health decision-making in Kenya*. Nairobi Mental Health Research Institute.
- OpenAI. (2025). ChatGPT 4o. [AI image generator]. <https://openai.com>
- Osafo, J., Knizek, B. L., Akotia, C. S., & Hjelmeland, H. (2011). Attitudes of psychologists and lay persons towards suicide in Ghana: The role of cultural beliefs and conceptions of mental illness. *Transcultural Psychiatry*, 48(5), 707–728. <https://doi.org/10.1177/1363461511408066>
- Phinney, J. S. (1990). *Ethnic identity in adolescents and adults: Review of research*. *Psychological Bulletin*, 108(3), 499–514. <https://doi.org/10.1037/0033-2909.108.3.499>
- Polaschek, N. R. (1998). Cultural safety: A new concept in nursing people of different ethnicities. *Journal of Advanced Nursing*, 27(3), 452–457. <https://doi.org/10.1046/j.1365-2648.1998.00547.x>
- Gabriel & Maps. (2019, November 14). [OC] Major African Languages in 2019 [Map]. Reddit. https://www.reddit.com/r/MapPorn/comments/dw9kdr/oc_major_african_languages_in_2019/
- Saleebey, D. (2006). *The strengths perspective in social work practice* (4th ed.). Allyn & Bacon.
- Salifu, A., & Tia, A. T. (2015). Mental illness and the use of the witchcraft narrative in northern Ghana. *Journal of African Studies and Development*, 7(8), 214–223.
- Schweitzer, R. D., Brough, M., Vromans, L., & Asic-Kobe, M. (2011). Mental health of newly arrived Burmese refugees in Australia: Contributions of pre-migration and post-migration experience. *Australian & New Zealand Journal of Psychiatry*, 45(4), 299–307. <https://doi.org/10.3109/00048674.2010.543412>
- Schweitzer, R., Brough, M., Vromans, L., & Asic-Kobe, M. (2015). Experiences of African refugees in Australian health care: Exploring the impact of trauma. *Health*, 19(6), 611–627. <https://doi.org/10.1177/1363459314567787>

- Shankar, M., Fikreyesus, A., & Aboagye, E. (2024). *Clinical supervision for racialized counsellors: A pathway to culturally safe practice*.
- Shipurut, F. (2024). *Perceptions of mental illness in rural Nigeria: An ethnographic exploration*. University of Lagos Press.
- Statistics Canada. (2017). *Immigration and ethnocultural diversity: Key results from the 2016 Census*. Ottawa: Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.htm>
- Stuart, J., & Ward, C. (2011). *A question of balance: Exploring the acculturation, integration, and adaptation of Muslim immigrant youth*. *Psychosocial Intervention*, 20(3), 255–267.
- Sue, D. W., & Sue, D. (2015). *Counseling the culturally diverse: Theory and practice* (7th ed.). Wiley.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). *Racial microaggressions in everyday life: Implications for clinical practice*. *American Psychologist*, 62(4), 271–286. <https://doi.org/10.1037/0003-066X.62.4.271>
- Tummala-Narra, P. (2015). *Cultural identity, immigration, and mental health: The role of the counselor*. *Professional Psychology: Research and Practice*, 46(3), 220–227.
- Yohani, S. (2013). *Educational cultural brokers and the school adaptation of refugee children and families: Challenges and opportunities*. *International Journal of Intercultural Relations*, 37(6), 739–749.

Notes