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"Somebody Is Watching, Somebody Still Loves You:" Spirituality and Religion in Mental Health and Substance Use Care for Youth of African Descent

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Abstract

Spirituality and religion are underrecognized components of mental health and substance use (MHSU) care for youth of African descent. This study explores the dual role of spirituality and religion in influencing the help-seeking behaviors, recovery journeys, and care outcomes of youth of African descent aged 18 to 25 residing in Nova Scotia, Canada. Drawing on findings from a Canadian Institutes of Health Research (CIHR) funded community-based study using mixed methods, including interviews, focus groups, and arts-based approaches, the research highlights both the supportive and ambivalent roles spirituality plays in MHSU care. Participants shared themes such as spiritual reflection as a turning point, the assurance of a higher power, the culturally responsive support of faith-informed providers, and the significance of meditation and unseen connection as healing tools. While the narratives of research participants attested to the role of spiritual and religious practices in offering a sense of belonging, hope, and culturally aligned care, they may also reinforce stigma or act as a barrier to accessing formal MHSU services. These themes were derived from qualitative analysis of in-depth interviews with 60 youth participants. Through the lens of Ubuntu and Afrocentric paradigms, this paper calls for a more holistic and culturally inclusive approach to care, one that respects or honors the spiritual and communal lives of youth of African descent. It also reinforces the importance of training MHSU care providers to recognize, respect, and integrate spirituality as a legitimate component of wellness and recovery for help-seeking youth of African descent.

Keywords: Afrocentricity; black church; spirituality; religion; mental health; substance use; youth of African descent; ubuntu; stigma; help-seeking behavior

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1. Introduction

Spirituality and religion are often overlooked, ignored, or at best marginalized from the treatment plan within White or Western European healthcare institutions [1–4]. The same applies to mental health and substance use (MHSU) care, where spirituality is often relegated to a secondary form of social support or an informal practice unworthy of further study [5] for assimilation into the formal modalities of care within mainstream health care systems. However, as a form of healthcare delivery, spirituality is intrinsic to the social, emotional, and mental well-being of service users in general [4], and particularly for persons of African descent [6–10]. Further, many youth of African descent are religious [11], spend a portion of their day in religious activities, such as praying, reading scriptures or attending church programs or services [11,12]. The paper will examine the role of spirituality, religion,

and the Black Church in delivering MHSU care to youth of African descent, drawing on previous literature on the duality in the relationship between spirituality and MHSU care-seeking behaviors among persons of African descent. Religiosity within the paper refers to the belief in God or a Higher, Supreme authority and adhering or partaking in the doctrines or practices (such as prayer, church attendance) of an organized religion as indication of faith, while spirituality refers to an individual's quest for meaning and connection to a higher presence that could be found within or external to a formal religion. Furthermore, our paper builds on the limited research on the experiences of youth of African descent in accessing MHSU services in Canada and Nova Scotia, as well as their likelihood or willingness to access and receive MHSU services, as moderated by their relationships to spirituality, the Black Church, and their collective ways of being and knowing.

1.1. Integration of Spirituality and the Black Church

Existing research attests that people of African descent especially African Americans, have higher rates of self-reported religious affiliation and spirituality than other demographics [11,13]. The Pew Research Center found in a 2009 study that 80% of African Americans hold religion as socially important, which is striking compared to 56% of the general US adult population [11,14]. As a result, MHSU care providers working with people of African descent, require knowledge and cultural responsiveness related to spirituality, where the role of the Black Church is foundational [8,10,15–17]. Relatedly, some researchers have identified the Black Church as the most significant social institution for seeking help in times of need among people of African descent [9,13,18,19]. Others acknowledge the longstanding cultural, community, and social traditions surrounding spirituality and religiosity that also play a part in MHSU care [7,9]. Furthermore, they provide examples such as church and worship attendance, prayer, and reading the Bible, as included components of spirituality that broadly integrate mental wellness and health [3,17], while turning to the church community is often done prior to placing their trust in mental healthcare professionals [1]. Churches are also considered spaces of refuge from racism, discrimination and other stressors that youth of African descent encounter in their environment [7,15].

The literature outlines a variety of explanations why spirituality plays an integral role in the social and cultural wellbeing of people of African Descent [2,20]. As people of African Descent belong to large diasporic populations, particularly following migration experiences from the Global East and South into the Global North and West, Black Churches have become vital community hubs through which the African diaspora have connected, built relationships, and supported each other [21]. The centrality of the Black Church enables it to maintain high levels of influence and serve as a social coordinator of behaviors, norms, and ideals [21,22]. The Black Church also provides a place of refuge for those facing daily adversities, poverty, homelessness [23], family disruptions, unemployment, and neighborhood violence. It supports low-income families through community-based, and resilience building programs targeting youth liable to risky behaviors and practices, such as substance use [24–26]. The significant impact of the Black Church can and does have ramifications for the mental health of those who attend these institutions, particularly in giving individuals a sense of belonging, community, and social support. This could be linked to studies reporting that persons of African descent who trust in God and attend religious activities at least once a week, are less likely to have suicide ideation and have more positive life satisfaction than their counterparts [27–29]. Relatedly, Rose et al. [30] report that Caribbean and African diasporic populations utilize the Black Church within North America as a means of socialization within the new country they have immigrated to. Further, these Churches offer both formal and informal opportunities for immigrants of African descent to gain their footing in their new homes [30].

1.2. Spirituality and Religion as Pathway and Barrier to Mental Health and Substance Use Care

African Nova Scotians represent one of Canada's oldest Black communities, with roots tracing back to the arrival of Black Loyalists after the American Revolution in 1783 [31]. While African Americans often draw from a U.S. civil rights legacy, African Nova Scotians have developed under a Canadian context that involved centuries of systemic exclusion—including segregated schools, racialized labor markets, and limited access to land and justice [32]. The African United Baptist Association (AUBA) became a central institution supporting spiritual, educational, and social needs within Black communities. This distinct history informs the present study's emphasis on spirituality and mental health, grounded not in U.S.-centric frameworks but in the lived realities and cultural foundations of Black life in Nova Scotia.

While the spiritual and religious traditions of persons of African descent offer pathways to healing and positive mental health [14,33–35], sometimes acting as linkages or referrals to formal mental health care [36], they can also introduce complex tensions when it comes to accessing mainstream MHSU services [37]. Literature suggests that these dual realities are shaped by the ways spirituality and religion both affirms and sometimes constrains youth seeking MHSU care. Stigma is a critical dimension in this duality [35]. For example, mental illness is stigmatized in several communities of African descent [35,38], with a negative view of those seeking formal mental health services [32], and the likelihood to cope with their MHSU issues by falling back on prayer and other religious activities [37,39]. Fante-Coleman et al. [2] conducted a study on the interactions between religion and spirituality and youth experiences with mental health. Their findings identified that stigma and the stigmatization of mental health deeply impacted youth of African descent; however, they viewed concepts such as 'madness' or symptoms of psychosis as supernatural in causation. Furthermore, both Fante-Coleman et al. [2] and Parker et al. [38] identify the importance of the age category of youth to the relationship between spirituality and mental health. As these researchers contend, youth is a profoundly impactful time in terms of identity construction and development, making it a time in which: mental health challenges can become more pronounced; and when religiosity or spirituality can be increasingly important to a person's sense of self and culture [2,40].

There is also the tension identified by youth of African descent between the ideals of their church or spiritual community and their feelings and desires, making them feel that their spirituality and the church that they belong to may make accessing more mainstream MHSU care more challenging or less socially acceptable. For instance, mental illness is frequently misinterpreted within some religious communities as a moral failing or lack of faith [35,41,42]. This framing can lead to internalized shame and delayed help-seeking [2,10,43]. It is essential to acknowledge that unmet social, health, and care needs are often addressed through the Black Church and spirituality [6]. As such, the same structures that may sometimes stigmatize mental illness, such as prayer groups, spiritual mentorship, or faith-based gatherings, can also provide networks of accountability, belonging, and psychological safety. However, the social connections between spirituality and mental health are not unidirectional or universal [10], with many people experiencing spirituality and the Black Church as a gateway to better care [1,15,40]. For youth of African descent, spirituality is not simply a coping tool; it shapes how they understand themselves and their healing or recovery.

1.3. Theorizing Ubuntu in Mental Health and Spirituality

A key observation in the literature on mental health and spirituality is that mental health, especially for people of African descent, is often understood as a communal experience. Many African nations have cultures that promote a communal approach to all aspects

of life, including mental health issues, as such experiences of MHSU care are not viewed as strictly an individual healthcare 'problem' situated within a biomedical model [2]. One traditional African concept applied to this communal lens is Ubuntu [44,45]. Afrocentricity has increasingly demonstrated an awareness of the importance of family and community to overall social and mental wellbeing. With this awareness, Ubuntu is a powerful tool to ensure that the connections and power of family and community are realized and leveraged for the benefit of service users of African descent. Sekgobela et al. [46] explain that "Ubuntu is an African philosophy that is characterized by humility, respect, dignity, and humanity" (p. 195). Incorporating Ubuntu into MHSU service provision entails advocating for and accepting spiritual factors in working with and for service users. Researchers have acknowledged that Ubuntu and other connected African philosophies and paradigms are ancient and have served as a foundation for collectivism and social support, particularly in Sub-Saharan Africa [45,47,48]. As Chigangaidze [47] argues, while Ubuntu emphasizes the interconnectivity of human experience, it also serves as a precursor to contemporary human rights discourses that center on the dignity, humanity, and justice of advocacy, safeguarding social, spiritual, and mental well-being.

1.4. Research Aims

This study seeks to understand the role of spirituality and religion in the help-seeking journey of youth of African descent accessing mental health and substance use (MHSU) services in Nova Scotia. The study is collectively framed within Afrocentricity and Ubuntu by centering the voices of participating youth to generate knowledge that challenges dominant health care interventions while advocating for culturally inclusive models of care. The study is guided by these questions:

1. What is the role of spirituality and religion in youth participant's experiences with MHSU care in Nova Scotia?
2. Are youth participants able to identify the role that spirituality and religion play in enabling or acting as a barrier in their help-seeking journeys?

2. Methods

The ongoing CIHR-funded research centers on the experiences of youth of African descent as service users receiving mental health and substance use (MHSU) services within the province of Nova Scotia. The design and processes for this study employ a theoretical framework that incorporates both Afrocentricity and Critical Race Theory (CRT), serving two key functions. First, that Afrocentricity positions the voices, experiences, traditions, and cultures of people of African descent at the forefront, centering African philosophies and values such as spirituality and collectivism [49,50]. Second, CRT posits that race and racism are deeply embedded in all institutions, policies, and systems [51]. Therefore, CRT is equally important in understanding why and how participants experience care in the ways they do within MHSU care systems in Nova Scotia.

This mixed-methods research project reflects alternative ways of expression in line with Afrocentric ways of knowing by providing multiple platforms to give voice to the experiences of youth, whose voices are often overlooked or deprioritized in the analysis of MHSU service provision. At its core, this project is a community-based participatory research effort conducted with and for youth of African descent to understand their MHSU problems, challenges in accessing healthcare in Nova Scotia and recommendations for more culturally inclusive service delivery. Research participants include approximately 60–80 youth of African descent between the ages of 18 and 25 who have either received MHSU services, attempted to access services, or are currently working to access services within the province of Nova Scotia. The three components of research participation in-

clude personal (semi-structured) interviews, focus groups, and art-based methods (such as drawing, rap, videos, music, dance). However, the current paper builds exclusively on interactions with youth participants during personal interviews.

The research was approved by the Nova Scotia Health Research Ethics Board (REB FILE #: 1029346). Consent forms were shared with all participants. The consent forms were signed before youth participants could engage in each of the three stages of data collection for the study. Research participants used pseudonyms as a way of protecting their identity. Some research participations chose to identify themselves using numbers, and their choice was respected as a reflection of their agency and in line with the Ubuntu worldview. Participants were also informed that they are free to opt out of the research at any time without penalties. All interviews which lasted between 30 and 60 min, were audio-recorded, transcribed, and manually coded by the research team to identify common themes shared across participating youth. As such, this study draws on elements of phenomenological data analysis, as it focusses on the described experiences of the participants [52,53].

From its inception, this project has been deeply collaborative, and partnership based, with consultations, from communities, associations, and representatives of people of African descent, the Nova Scotia Brotherhood and Sisterhood, the People's Clinic, Nova Scotia Health Authority (Mental Health and Addictions), the Nova Scotia College of Social Workers, Izaak Walton Killam (IWK), the Delmore "Buddy" Daye Learning Institute, LOVE Nova Scotia. These partners informed project design, recruitment, data collection and knowledge dissemination. As the knowledge holders or keepers, youth of African descent and their caregivers have been involved throughout all stages of the project—from interviews to focus groups to arts-based methods—making youth, and families the core of this research process.

3. Findings and Discussion

The data analysis generated several themes centered on the interaction of youth of African descent with religion and spirituality during their MHSU journey. Participants shared their experiences with the role of spirituality in their turnaround, the assurance of hope for the future, reliance on support within healthcare facilities, the assurance of a Higher Authority that understands, and the ability to share and offload through meditation.

3.1. Instigating the Turnaround, Separating Good from Bad

No. 6, a 22-year-old male, youth of African descent, believed that in his most trying moment with MHSU, the turning point came through his sister's constant reminder that he can make it by retracing his steps to a time in his past, when they were kids, with the dedicated family practice of church attendance and family prayers:

> I was encouraged to pray by my elder sister, my family. Because we used to go to church, you know when we were kids. And we come from a very religious background, but I deviated in that period, and for a long time, I wasn't going to church, I wasn't praying that much.

His sister reminded him of what he needed to do for that deep reflection to begin and for change to happen:

> But at that moment I realized that. . .she told me that I need prayers. When they see you going astray, the first thing they tell you is that you need prayers. But I think it really helped. . .in convincing me that what I was doing was not right. The ritual around, you know, you start acknowledging things like sin and you see that this is not right. Sometimes you know, the separation from good from bad. Yeah, that really helped in a way because I started now convincing myself to be on the good side. No. 6 (22-year-old male, personal interview)

Upon deep reflection, No. 6 found that he had not been praying, and he needed to start. Through renewed prayer and church attendance, he regained the ability to reflect on his past, his journey, and began to differentiate right from wrong. No. 6's turning point did not rest solely on prayers but in his internal process of conviction that he was doing the right thing.

3.2. Assurance of Hope and Trust in a High Authority

Another 22-year-old male, No. 21, described the most beneficial aspect of his MHSU journey, occurring during his residency period, where he took solace in the one-hour chaplaincy session of sharing the scriptures and praying with residents:

> You see, they had a chaplaincy department, whereby at the hour. . .we called it the hour for the ward. They would come along, read us verses, pray for us, and give us hope. That's how it went. . .and I actually think it's one of the best things that any center. . .or treatment center that has such issues should adopt. Because I think, whether you're religious or not, there is a part of us that needs somebody. . .leave alone the treatment and how you should live, there is a part that gives you hope that somebody is watching, somebody is going to do 1, 2, 3, somebody loves you, still loves you. You see? No. 21 (22-year-old male, personal interview)

For No. 21, that one-hour period was a moment of hope and upliftment, where he felt part of 'somebody' that loved him for who he was, regardless of what he might have indulged in. The youth participant indicated that the treatment was simply a process that one needed to partake in, but achieving success with it required a different sort of support that is not defined by one's religiosity. In essence, for No. 21, while treatment itself was procedural, the spiritual connection was transformative.

3.3. Supporting MHSU Care from Service Providers

Desmond is a 24-year-old male who fled his country of origin with his older brother due to persecution over their sexual orientation. He reflected on how his spiritual practices shaped his recovery:

> I've been able to change how I think and being faithful with everything. . .until now, like, I'm attending those services. I go for prayers, deliverances, praise and worship. Desmond (24-year-old male, personal interview)

Desmond attributed his adjustment in Canada, following struggles with substance use, to his religious beliefs and practices. He highlighted a deepening of his faith and dedication to prayer, including the impact of Pentecostal forms of prayer, such as deliverance rituals and attending praise and worship sessions, as central to his recovery and transformation.

3.4. Recovery and Walking the Path with Someone Who Understands

Similar to other youth participants who shared about the aspects of their spirituality or religious practices, scripture reading, and partaking in faith-based practices that supported their recovery, Jacob, a 21-year-old male, shared the experience of walking the path with someone who understood his needs:

> . . .reading the scriptures helped me a lot to relieve the burdens that I had carried. . .it has really helped in the recovery journey. Okay, at first, my mother introduced me to it, and it was good. . .then I went to my therapist [a person of color], and I told him of the idea, and he took it seriously. Jacob (21-year-old male, personal interview)

While Jacob was attending to his MHSU needs and enrolling in health services at his mother's prompting, he also recalled that his life of prayer and scripture reading had been previously introduced and awakened by her. He felt the urge to return to that time in his life, where that met his needs. He shared his need for spiritual interventions with his therapist, another person of color. He was pleased that he not only welcomed the idea but also validated and integrated his faith-based preferences into his recovery plan. Jacob's healing was motivated, not only by applying an intervention grounded in a shared collective experience with his mother, but also by the respect and support of a therapist who acknowledged that Jacob understood his MHSU needs better than anyone else. His experience emphasized the significance of culturally responsive care that affirms spiritual agency.

3.5. Recovery as Meditation and Offloading

The female participant, No. 45, a 21-year-old international student, like Jacob, felt the need for a different type of support while undertaking her journey to recovery, which she opted to access online. She describes the feeling of waking up and having the urge to talk to someone out there who was listening to her, without saying a word. The silence and the non-judgmental aspect of the relationship aided her healing:

> . . .sometimes in the middle of the night, I would wake up, and then I would just like talk, just as if someone were listening and all of that. Well, I wouldn't really say it was very helpful but, you know ordinarily there are times when you have pains in your chest that you want to, even if you're not speaking to someone personally, you know just saying these things into the air kind of lets out this huge burden off your chest. Well, it's discussed [with therapist] as some form of meditation. No. 45 (21-year-old female, personal interview)

These interactions, of simply speaking aloud in solitary moments, in a personal manner to someone unseen, reduced the weight of her concerns and offered emotional relief. She was pleased that when she discussed her needs with her therapist, he was not dismissive but instead, helped her redefine them by exploring a suitable clinical practice that would likely encompass her needs. By discussing her needs with the therapist, this was mutually narrowed down to a culturally affirming and emotionally responsive form of meditation or meditative release.

3.6. Interpretation Through Ubuntu and Afrocentricity

The themes shared by participants align closely with Ubuntu and Afrocentricity, though youth rarely named these frameworks directly. Their references to "not walking alone," "being surrounded," and "spiritual connection" reflect a worldview where healing is communal and rooted in shared responsibility. This mirrors the view that Black youth in Nova Scotia often view mental wellness through relational and cultural lenses [54,55]. In this study, spirituality was not separated from care but emerged as an integral part of cultural identity and resilience—echoing Afrocentric values around heritage, interconnection, and the spiritual dimensions of health.

3.7. Summary of Findings

Youth participants shared how their religious or spiritual practices provided meaningful forms of cultural affirmation, emotional relief, and healing. This included practices such as prayer and reflection that became tools for navigating distress, regaining a sense of clarity, and discerning right from wrong. While one youth shared that a sibling encouraged them to return to prayer as a way of reconnecting with their collective family values and practices, this form of intervention, anchored in faith, supported introspection and gave af-

fected youth a renewed ability to separate themselves from destructive behavior and move toward the path of healing. A youth participant described the support they received from their therapist by recognizing their need for spiritual intervention, which was incorporated into their treatment plan. For example, the youth expressed appreciation to their therapist for validating their spiritual needs by including scripture reading and other practices in their wellness plan. Another participant spoke positively about the presence of chaplaincy services during their residency and how the shared time in prayer fostered a sense of hope. The youth narratives described faith-based practices such as praise and worship sessions, reading religious texts, or simply speaking aloud during moments of solitude as affirming and offering emotional relief. These youth narratives align with literature on the forms of spirituality commonly favoured by youth of African descent seeking MHSU.

While spirituality was often a source of support, some participants described the tension between their spiritual beliefs and the likelihood of seeking formal healthcare services. For example, family or community encouragement of youth participants to focus on prayer or spiritual practices was sometimes interpreted as the only appropriate response to their MHSU problems, thus creating internal conflict about whether they should seek formal MHSU services or not. These conflicts align with studies suggesting that spirituality can be both a source of support and a source of stigma [10]. Additionally, the findings highlight a dual reality, whereby spirituality and religion often contributed to healing, cultural integration, and youth resilience, but may complicate the help-seeking behavior of affected youth when framed as the only valid form of intervention. Youth participants who were able to access care from healthcare providers who understood both the psychological and spiritual dimensions of their MHSU needs reported more positive outcomes.

While participants referenced Christianity most often, their narratives also reflected a broader spiritual worldview, such as unseen support, divine presence, and spiritual reflection, that went beyond specific religious affiliation. These expressions align with African-informed values transmitted through family, cultural norms, and intergenerational beliefs about resilience and guidance. Even when not named as "African spirituality," these elements shaped how youth made meaning of distress and recovery.

These youth narratives call for holistic approaches that incorporate spiritual or religious frameworks, cultural safety, family, and communal support when framing MHSU interventions for youth of African descent. They also emphasize the need to train healthcare practitioners who are able to engage with the spiritual, religious, and structural dimensions of care when working with youth of African descent.

3.8. Limitations and Future Research

This study offers important insights into how youth of African descent in Nova Scotia interpret and experience spirituality and religion as part of their mental health and substance use (MHSU) journeys. One of its strengths lies in the use of a community-based approach that allowed youth to speak on their own terms and in culturally grounded ways. The use of Afrocentric and Ubuntu frameworks also ensured that interpretations were rooted in relational and spiritual worldviews often absent from dominant care models.

A limitation of the study is the focus only on youth of African descent who were willing and able to participate in recorded interviews. Those who declined participation or who preferred other forms of expression may have had different experiences with their MHSU journeys. The study also focused primarily on spirituality as understood by youth participants themselves, rather than exploring the role of religious institutions or specific faith communities on youth interaction with health care services. Finally, while themes emerged across interviews, the study did not seek to compare responses by gen-

der, migration background, or denomination. These are areas that could be explored by future research.

4. Conclusions

The research explored the role of religion and spirituality in shaping the MHSU care-seeking behavior of youth of African descent in Nova Scotia. Participant narratives, gathered through personal interviews revealed that spirituality is not a secondary but central part of how youth interpret their MHSU problems, identity, resilience, recovery and interactions with health service providers. Much of the time spiritual care came from belonging to a church community and participating in faith-based activities such as prayer, reading scripture, attending ceremonies and worship. It also came from their caregivers, family members, and church-based support groups. These practices align with Afrocentric values, suggesting that for people of African Descent, spiritual well-being, like mental well-being, is not something that can or should be achieved in isolation, but rather must be a communal and collective process.

For some participants, religious or spiritual institutions and practices represent sites for critical self-reflection about deviating from family-sanctioned paths, the shame of disappointing their loved ones, or internal struggles regarding their MHSU problem. At the same time, these spiritual practices did not always sit well within clinical care settings. Some youth felt shamed or misunderstood when seeking mental health support, while others found that their healing deepened only when providers took the time to understand, not erase, their spiritual lives.

Grounded in Afrocentric and Ubuntu perspectives, the study argues for a departure from solely individualistic, biomedical approaches to care. As evident from the study, healing for youth of African descent cannot be separated from who they are, where they come from, and their hopes for the future, which involves a blend of family, culture, values, beliefs, spirituality, and healthcare interventions. Spirituality is not separate from care; it is care in the language and lives of many youth of African descent. It is therefore important that future research deepen understanding of how spirituality and collective healing approaches can be meaningfully integrated into mainstream MHSU care, and how practitioners can recognize and incorporate spirituality when working with people of African descent.

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References

1. Curtis-Boles, H. Clinical strategies for working with clients of African Descent. *Best Pract. Ment. Health* **2017**, *13*, 61–72. [CrossRef]
2. Fante-Coleman, T.; Jackson-Best, F.; Booker, M.; Worku, F. Organizational and practitioner challenges to Black youth accessing mental health care in Canada: Problems and solutions. *Can. Psychol.* **2023**, *64*, 259–269. [CrossRef]
3. Jabeen, T.; Snowden, A. Can mental healthcare for Muslim patients be person-centred without consideration of religious identity? A concurrent analysis. *Nurse Educ. Pract.* **2022**, *64*, 103449. [CrossRef] [PubMed]
4. Wedgeworth, M.; Cody, S. Spirituality and health outcomes within the context of social determinants of health. *Nursing* **2023**, *53*, 41–45. [CrossRef]
5. Cho, E.D. Migration, trauma, and spirituality: Intercultural, collective, and contextual understanding and treatment of trauma for displaced communities. *Pastor. Psychol.* **2023**, *72*, 403–416. [CrossRef]
6. Balkin, R.S.; Neal, S.A.; Stewart, K.D.; Hendricks, L.; Litam, S.D.A. Spirituality and relational health among Black Americans. *J. Couns. Dev.* **2022**, *100*, 412–420. [CrossRef]
7. Edwards, B.; Wilkerson, P. The role of spirituality in fostering resilience in African American children: Implications for social work practice. *J. Cult. Divers.* **2018**, *25*, 46.
8. Oladipo, S.E.; Adedoyin, A.C.; Owoyele, J.W.; Adeoye, H. Nigerian women, mental and physical health, COVID-19, and Spirituality. In *Racialized Health, COVID-19, and Religious Responses*; Routledge: London, UK, 2022; pp. 237–244. [CrossRef]
9. Steers, M.L.N.; Chen, T.A.; Neisler, J.; Obasi, E.M.; McNeill, L.H.; Reitzel, L.R. The buffering effect of social support on the relationship between discrimination and psychological distress among church-going African-American adults. *Behav. Res. Ther.* **2019**, *115*, 121–128. [CrossRef]
10. Waldron, I.; Senger, B.; Cookey, J.; Crown, M.; Tibbo, P. Addressing stigma and promoting help-seeking among African Nova Scotian youth experiencing psychosis and other mental health problems. *Can. J. Psychiatry* **2023**, *68*, 200–207. [CrossRef]
11. Diamant, J.; Mohamed, B. *Black Millennials Are More Religious than Other Millennials*; Pew Research Center: Washington, DC, USA, 2018. Available online: https://www.pewresearch.org/short-reads/2018/07/20/black-millennials-are-more-religious-than-other-millennials/ (accessed on 9 August 2025).
12. Pew Research Center. *A Religious Portrait of African Americans*; Pew Research Religion and Public Life Project: Washington, DC, USA, 2009. Available online: https://www.pewresearch.org/religion/2009/01/30/a-religious-portrait-of-african-americans/ (accessed on 9 August 2025).
13. Campbell, R.D.; Littleton, T. Mental health counselling in the Black American Church: Reflections and recommendations from counsellors serving in a counselling ministry. *Ment. Health Relig. Cult.* **2018**, *21*, 336–352. [CrossRef]
14. Bullock, M.; Nadeau, L.; Renaud, J. Spirituality and religion in youth suicide attempters' trajectories of mental health service utilization: The year before a suicide attempt. *J. Can. Acad. Child Adolesc. Psychiatry* **2012**, *21*, 186–193. [PubMed]
15. Pederson, A.B.; Pederson, N. Black people, spirituality, and mental health. *Psychiatr. Ann.* **2023**, *53*, 540–544. [CrossRef]
16. Turner, N.; Hastings, J.F.; Neighbors, H.W. Mental health care treatment seeking among African Americans and Caribbean Blacks: What is the role of religiosity/spirituality? *Aging Ment. Health* **2019**, *23*, 905–911. [CrossRef]
17. Woods-Giscombe, C.; Robinson, M.N.; Carthon, D.; Devane-Johnson, S.; Corbie-Smith, G. Superwoman schema, stigma, spirituality, and culturally sensitive providers: Factors influencing African American women's use of mental health services. *J. Best Pract. Health Prof. Divers.* **2016**, *9*, 1124.
18. Adkison-Bradley, C.; Johnson, D.; Sanders, J.L.; Duncan, L.; Holcomb-McCoy, C. Forging a collaborative relationship between the Black Church and the counseling profession. *Couns. Values* **2005**, *49*, 147–154. [CrossRef]
19. Hays, K. Black churches' capacity to respond to the mental health needs of African Americans. *Soc. Work Christ.* **2015**, *42*, 296–312.
20. Brome, D.R.; Owens, M.D.; Allen, K.; Vevaina, A. An exploration of spirituality and identity in Black men living with HIV/AIDS. *J. Health Psychol.* **2000**, *5*, 255–264. [CrossRef]
21. Brown, R.K.; Brown, R.E. Faith and works: Church-based social capital resources and African American political activism. *Soc. Forces* **2003**, *82*, 617–641. [CrossRef]
22. Giger, J.N.; Appel, S.J.; Davidhizar, R.; Davis, C. Church and spirituality in the lives of the African American community. *J. Transcult. Nurs.* **2008**, *19*, 375–383. [CrossRef]
23. Kim, S.; Esquivel, G.B. Adolescent spirituality and resilience: Theory, research, and educational practices. *Psychol. Sch.* **2011**, *48*, 755–765. [CrossRef]
24. Ceasar, J.; Peters-Lawrence, M.H.; Mitchell, V.; Powell-Wiley, T.M. The communication, awareness, relationships and empowerment (CARE) model: An effective tool for engaging urban communities in community-based participatory research. *Int. J. Environ. Res. Public Health* **2017**, *14*, 1422. [CrossRef]
25. Crawford Sullivan, S.; Aramini, V. Religion and positive youth development: Challenges for children and youth with autism spectrum disorder. *Religions* **2019**, *10*, 540. [CrossRef]
26. Fowler, P.J.; Ahmed, S.R.; Tompsett, C.J.; Jozefowicz-Simbeni, D.M.; Toro, P.A. Community violence and externalizing problems: Moderating effects of race and religiosity in emerging adulthood. *J. Community Psychol.* **2008**, *36*, 835–850. [CrossRef]

27. Johnson, V.E.; Carter, R.T. Black cultural strengths and psychosocial well-being: An empirical analysis with Black American adults. *J. Black Psychol.* **2020**, *46*, 55–89. [CrossRef]
28. Taylor, R.J.; Chatters, L.M.; Joe, S. Religious involvement and suicidal behavior among African Americans and Black Caribbeans. *J. Nerv. Ment. Dis.* **2011**, *199*, 478–486. [CrossRef]
29. Wright, A.W.; Yendork, J.S.; Kliewer, W. Patterns of spiritual connectedness during adolescence: Links to coping and adjustment in low-income urban youth. *J. Youth Adolesc.* **2018**, *47*, 2608–2624. [CrossRef]
30. Rose, T.; Hope, M.O.; Thurman, D.; Forrester, P.; Rose, R. Nonorganizational religious involvement and psychosocial well-being among African American and Caribbean Black youth. *J. Black Psychol.* **2020**, *46*, 388–422. [CrossRef]
31. Este, D.; Bernard, W.T. Spirituality among African Nova Scotians: A key to survival in Canadian society. *Crit. Soc. Work* **2006**, *7*. [CrossRef]
32. Beagan, B.L.; Etowa, J.; Bernard, W.T. "With God in our lives he gives us the strength to carry on": African Nova Scotian women, spirituality, and racism-related stress. *Ment. Health Relig. Cult.* **2012**, *15*, 103–120. [CrossRef]
33. Boyd-Franklin, N. Incorporating spirituality and religion into the treatment of African American clients. *Couns. Psychol.* **2010**, *38*, 976–1000. [CrossRef]
34. Parker, J.S.; Jackson, T.; Haskins, N.; Wright, D.; Harris, J.A. Young Black American's use of Afrocentric and Black liberation spiritual based practices to thrive amid racism: A meta-synthesis. *J. Cross Cult. Psychol.* **2025**, *56*, 83–104. [CrossRef]
35. Planey, A.M.; Smith, S.M.N.; Moore, S.; Walker, T.D. Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Child. Youth Serv. Rev.* **2019**, *101*, 190–200. [CrossRef]
36. Smith Hatcher, S.; King, D.M.; Barnett, T.M.; Burley, J.T. Mental health for youth: Applying an African-centered approach. *J. Hum. Behav. Soc. Environ.* **2017**, *27*, 61–72. [CrossRef]
37. Breland-Noble, A.M.; Wong, M.J.; Childers, T.; Hankerson, S.; Sotomayor, J. Spirituality and religious coping in African-American youth with depressive illness. *Ment. Health Relig. Cult.* **2015**, *18*, 330–341. [CrossRef]
38. Garssen, B.; Visser, A.; Pool, G. Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies. *Int. J. Psychol. Relig.* **2021**, *31*, 4–20. [CrossRef]
39. Taggart, T.; Powell, W.; Gottfredson, N.; Ennett, S.; Eng, E.; Chatters, L.M. A person-centered approach to the study of Black adolescent religiosity, racial identity, and sexual initiation. *J. Res. Adolesc.* **2019**, *29*, 402–413. [CrossRef]
40. Parker, J.S.; Purvis, L.; Williams, B. Religious/spiritual struggles and mental health among Black adolescents and emerging adults: A meta-synthesis. *J. Black Psychol.* **2023**, *49*, 153–199. [CrossRef]
41. Arthur, C.; Hickling, F.; Robertson-Hickling, H.; Haynes-Robinson, T.; Abel, W.; Whitley, R. "Mad, sick, head nuh good": Mental illness stigma in Jamaican communities. *Transcult. Psychiatry* **2010**, *47*, 252–275. [CrossRef] [PubMed]
42. Lim, A.; Hoek, H.W.; Ghane, S.; Deen, M.; Blom, J.D. The attribution of mental health problems to jinn: An explorative study in a transcultural psychiatric outpatient clinic. *Front. Psychiatry* **2018**, *9*, 89. [CrossRef] [PubMed]
43. Rivenbark, J.G.; Ichou, M. Discrimination in healthcare as a barrier to care: Experiences of socially disadvantaged populations in France from a nationally representative survey. *BMC Public Health* **2020**, *20*, 31. [CrossRef]
44. Kpanake, L. Cultural concepts of the person and mental health in Africa. *Transcult. Psychiatry* **2018**, *55*, 198–218. [CrossRef]
45. Mbakogu, I.; Quarshie, Q.; Odiyi, L.; Okonkwo, F. Equity, Diversity, and Inclusion: The Gateway to Retention of Students of African Descent in Nova Scotia. *Can. J. Educ. Soc. Stud.* **2025**, *5*, 154–172. [CrossRef]
46. Sekgobela, T.; Budeli, N.J. The role of social work intervention in promoting mental health and resilience in communities: Ubuntu perspective. *Int. J. Res. Bus. Soc. Sci.* **2024**, *13*, 195–201. [CrossRef]
47. Chigangaidze, R.K. Defending the African philosophy of ubuntu and its place in clinical social work practice in mental health: The biopsychosocial and ecological systems perspectives. *Soc. Work Ment. Health* **2021**, *19*, 276–288. [CrossRef]
48. Mbakogu, I.; Odiyi, L. Child Sexual Abuse, Disclosure and Reintegration: Too Late or Too Soon. *J. Soc. Work. Educ. Pract.* **2021**, *6*, 8–24.
49. Asante, M.K. *Afrocentricity*, New rev. ed.; Africa World Press: Trenton, NJ, USA, 1988.
50. Asante, M.K. Africology, Afrocentricity, and what remains to be done. *Black Sch.* **2020**, *50*, 48–57. [CrossRef]
51. Delgado, R.; Stefancic, J. *Critical Race Theory: An Introduction*, 4th ed.; NYU Press: New York, NY, USA, 2023.
52. Moustakas, C. *Phenomenological Research Methods*; Sage: Thousand Oaks, CA, USA, 1994.
53. Van Manen, M. *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*; Althouse Press: London, ON, Canada, 1997.
54. Bernard, W.E.T.; Berry, K.; Willis, R. Path to empowerment: Strategies to remedy barriers to care for African Nova Scotians caught at the intersection of race and (dis)ability. *Underst. Dismantling Privil.* **2022**, *12*, 50–67.
55. Mbakogu, I. "Without Them I Wouldn't Be Here": Parenting Practices and Access to Mental Health and Substance Use Care Among Immigrant and Refugee Youth of African Descent in Nova Scotia. *Youth* **2025**, *5*, 100. [CrossRef]

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