



Healing Justice: Racial Bias, Healthcare Access & Mental Health Support for Youth Education

(Based on anti-racism principles, Canadian healthcare law, current research on racial bias in healthcare, and insights from Ariane K. Métellus, social entrepreneur, consultant, and Aude Exertier, lawyer in Partenariats médico-juridiques discussion summary.)

1. Introduction

Healthcare is a fundamental human right, but not everyone experiences the healthcare system equally. Across Canada, racialized communities continue to face:

- Unequal access to care
- Longer wait times
- Dismissal of symptoms
- Misdiagnosis
- Language and cultural barriers
- Fear or mistrust of healthcare institutions
- Higher rates of preventable illness

This toolkit helps youth understand:

- What racial bias in healthcare looks like
- How systemic racism affects health outcomes
- How to advocate for themselves and others
- How to recognize discrimination in medical settings
- How to access healthcare resources safely
- How to report mistreatment
- How to support peers experiencing healthcare discrimination

2. Understanding Healthcare Inequity

2.1 What Is Healthcare Access?

Healthcare access means:

- Being able to see a doctor when needed
- Receiving accurate diagnosis and treatment
- Having access to medication

- Being treated with dignity and respect
- Receiving care in your language or with interpretation
- Being believed when describing symptoms

When any of these are denied or limited, healthcare access is unequal.

2.2 What Is Racial Bias in Healthcare?

Racial bias occurs when healthcare providers:

- Make assumptions based on race
- Dismiss or minimize symptoms
- Provide lower-quality care
- Delay treatment
- Use stereotypes to guide decisions
- Fail to provide culturally safe care

Bias can be implicit (unconscious) or explicit (intentional).

Both cause harm.

3. Systemic Racism in Healthcare

Systemic racism refers to the ways healthcare systems, policies, practices, and institutions, produce unequal outcomes for racialized groups.

Examples include:

- Lack of culturally competent care
- Fewer clinics in racialized neighborhoods
- Language barriers without interpretation services
- Medical research based on white populations
- Stereotypes about pain tolerance
- Underdiagnosis of conditions in Black and Indigenous patients
- Over-policing of Indigenous patients in hospitals
- Fear of child protection involvement for racialized families

These patterns are not accidents, they are the result of long histories of exclusion and discrimination.

4. How Racial Bias Shows Up in Healthcare

4.1 Not Being Believed

Patients of color often report that doctors:

- Don't take their pain seriously
- Assume they are exaggerating
- Delay tests or treatment

4.2 Misdiagnosis

Symptoms may be misinterpreted because medical training often uses white bodies as the "default."

Examples:

- Skin conditions look different on darker skin
- Signs of infection may be missed
- Mental health symptoms may be labeled as "behavioral issues"

4.3 Language & Communication Barriers

Without interpretation services, patients may:

- Misunderstand instructions
- Be unable to describe symptoms
- Receive incorrect treatment

4.4 Cultural Insensitivity

Healthcare providers may:

- Ignore cultural practices
- Misunderstand family dynamics
- Make assumptions about lifestyle or beliefs

4.5 Fear of Authority

Some racialized communities avoid healthcare due to:

- Past discrimination
- Fear of police involvement
- Fear of child protection services
- Negative experiences with institutions

5. Impact of Racial Bias on Health

Racial bias leads to:

- Higher rates of chronic illness
- Delayed diagnosis
- Increased maternal mortality for Black and Indigenous women
- Higher rates of mental health distress
- Lower life expectancy
- Avoidance of healthcare systems
- Trauma and mistrust

These outcomes are preventable, but require systemic change.

6. Youth Rights in Healthcare (Québec & Canada)

Youth have the right to:

- Be treated with dignity and respect
- Receive care without discrimination
- Access interpretation services
- Consent to certain medical treatments (depending on age and capacity)
- Confidentiality
- Ask for a second opinion
- Bring a trusted adult to appointments
- File a complaint if mistreated

Healthcare providers must not discriminate based on:

- Race
- Ethnicity
- Religion
- Language
- Gender
- Sexual orientation
- Disability
- Immigration status

7. How to Advocate for Yourself in Healthcare Settings

7.1 Before the Appointment

- Write down symptoms
- Bring a trusted adult or friend
- Bring medication lists

- Bring questions

7.2 During the Appointment

- Speak clearly about symptoms
- Ask for clarification
- Ask for interpretation if needed
- Ask: “Can you explain why you are recommending this?”
- Ask: “What are my options?”

7.3 If You Feel Dismissed

You can say:

- “I feel like my concerns aren’t being taken seriously.”
- “Can you explain your reasoning?”
- “I would like a second opinion.”
- “Can you document my symptoms in my file?”

8. What To Do If You Experience Healthcare Discrimination

- Stay calm and take notes
- Ask for the provider’s name and role
- Request a different provider
- Bring a support person
- File a complaint with the hospital or clinic
- Contact the Québec Ombudsman
- Contact the Human Rights Commission
- Seek community support

9. Scenarios for Healthcare Access & Racial Bias

Scenario 1: Pain Dismissed in the ER

A Black teen arrives at the ER with severe abdominal pain. Staff assume it’s “anxiety” and delay treatment.

Questions:

- What biases are present?
- What should the patient say or do?
- What systemic issues are involved?

Scenario 2: Language Barrier

A newcomer youth tries to explain chest pain but no interpreter is provided. The doctor misdiagnoses the issue.

Questions:

- What rights were violated?
- How could the situation be improved?

Scenario 3: Indigenous Youth & Mistrust

An Indigenous teen avoids going to the clinic because of past discrimination. Their condition worsens.

Questions:

- How does systemic racism create fear?
- What supports could help?

Scenario 4: Mental Health Bias

A racialized student reports depression. The provider dismisses it as “normal teenage behavior.”

Questions:

- What stereotypes are at play?
- What should the youth do next?

Scenario 5: Parental Assumptions

A doctor assumes a newcomer parent “doesn’t understand” and speaks only to the child.

Questions:

- How does this impact trust?
- What is culturally safe care?

Scenario 6: Gender & Race Bias

A Black girl reports menstrual pain. The provider assumes she is exaggerating and refuses further testing.

Questions:

- What biases are present?
- What recourse does she have?

10. Mental Health Debrief Sessions (if it's possible)

Debrief Sessions Led by Trained Professionals

- Trauma-informed
- Confidential
- Non-judgmental

What Happens in a Debrief Session

- Emotional check-ins
- Guided reflection
- Processing difficult content
- Identifying triggers
- Building coping strategies
- Connecting to mental health resources

Why Debriefing Matters

- Prevents emotional overwhelm
- Supports healing
- Builds resilience
- Helps youth integrate learning
- Creates a safe space for difficult conversations

11. Glossary (Plain Language)

Healthcare Access: Ability to get medical care when needed.

Racial Bias: Judgments based on race that affect decisions.

Systemic Racism: Racism built into institutions and policies.

Implicit Bias: Unconscious stereotypes that affect behavior.

Cultural Safety: Care that respects identity and avoids harm.

Discrimination: Unfair treatment based on identity.

Interpreter Services: Language support for patients.

Ombudsman: Independent office that investigates complaints.