Disability Visibility Podcast

Episode 65: Black Mental Health

Guests: Imade Nibokun

Host: Alice Wong

Transcript by Cheryl Green

For more information: DisabilityVisibilityProject.com/podcast

Introduction

[hip-hop beat with radio static]

LATEEF MCLEOD: This is the *Disability Visibility Podcast* with your host, Alice Wong.

ALICE WONG: Hey there, my friends! Welcome to the *Disability Visibility Podcast*, conversations on disability politics, culture, and media. I'm your host, Alice Wong. Today's episode is about Black mental health with Imade Nibokun. Imade is a mental health advocate and the creator of Depressed While Black, a website featuring mental health stories from a Black lens. She's currently working on a book, and you can read a short excerpt of it at DepressedWhileBlack.com. You'll hear Imade talk about her experiences in the mental health system, missing narratives in Black mental health, and the need for culturally competent and peer-led care. Please note the following content warnings for this episode: you'll hear mentions of forced medication, restraint, eugenics, medical trauma, coercion, suicidal ideation, and hospitalization. Are you ready? Away. We. Go! [electronic beeping]

ELECTRONIC VOICE: 5, 4, 3, 2, 1.

Introduction to Imade and Depressed While Black

ALICE: So, Imade, thank you so much for being on my podcast today!

IMADE NIBOKUN: Yeah! It's a honor. I'm so happy to be here. Thank you!

ALICE: For our listeners, if you don't mind, just introduce yourself.

IMADE: My name is Imade. I am the founder of Depressed While Black. I'm a 31-year-old Black woman. I'm a communications professional at a mental health non-profit in San Francisco. And also, I write, and I'm a mental health advocate.

ALICE: So, can you tell me a little bit about Depressed While Black—

IMADE: Yeah!

ALICE: —and how did you start it and why did you start it?

IMADE: Yeah, it was around 2013. I was in Columbia, their creative writing Masters of Fine Arts program, and I really didn't know what to write about. I knew that I had to write a non-fiction piece. And I didn't think that I came from kind of a traumatic background. I really thought that, you know, I was just like everybody else and didn't have much of a story. Because in the Black community, typically for you to say, "Hey, I had a rough background," typically it's pretty grim.

It's like *Precious* or a lotta really, really dark films like that. So, I didn't think that anything bad happened to me. I didn't think I really went through any challenges. But then I thought about the year before, in 2012, when I was speeding on a highway in Los Angeles, wanting to die. And soon after that, I was diagnosed with Major Depressive Disorder. And I didn't really have a community. I didn't know anyone who was Black and depressed, and so I wanted to write about my experiences in the hopes of finding a community. And so, I started writing pretty much a thesis for my MFA program called *Depressed While Black* about my experiences. And then I started sharing it online, and then it became like a online community. And then now, it's kinda blossoming into working on a in-progress book called *Depressed While Black*.

ALICE: Mmhmm.

What's missing in mental health narratives for Black people and people of color?

ALICE: And what do you think is missing in the narratives when it comes to mental health, especially for Black people and people of color?

IMADE: Yeah. I think that the narrative, historically, has been that Black people are either too strong to have mental health challenges because there's this assumption that Black people have survived slavery. We survived so much oppression in this country that we don't need mental health treatment. That all we need is to just pray it away and then be fine. And then you have the other narrative that Black people don't have kinda the intellectual complexity to have a robust mental health life that incorporates or includes mental health challenges. And this traces its way all the way back to slavery where one of the first mental health, I guess, quote-unquote "challenges" that was quote-unquote "diagnosed" by a slave doctor called Dr. Samuel (I think) Cartwright. He said that Africans who were enslaved, that they dealt with mental health challenges, that in order for them to improve, they need to work more, or they need to be whipped. And so, it kinda comes from that place of Black people are not human enough to have, to hurt and to have mental wounds. And so, we're still, even today, trying to make up for that. It took me a very long time for me to understand that I have the right to be sick, and I have the right to be depressed. And that it's OK, and that it's part of being human.

ALICE: Mmhmm. And there's also, I think, some really toxic and—

IMADE: Mmhmm.

ALICE: —destructive ideas about, number one, that Black people don't feel pain as much.

IMADE: Right. Absolutely.

ALICE: And again, like that trope of the strong Black woman.

IMADE: Yes.

ALICE: Which is so poisonous because I think a lotta people just feel like, is it weak of me to ask for help?

IMADE: Right. That's how I felt. Yeah.

ALICE: So, how has that impacted you in terms of how you were able to get help or at least find, seek out?

IMADE: Yeah, I come from a really strict Pentecostal background, and so I thought that being a strong Black woman meant praying away problems and having faith and God and that's it, and not utilizing help. And I suffered for a really long time, and I didn't really get on medication until maybe six months or so after I got diagnosed. And it was because I was at pretty much like a church, and the minister there was like, "Get on medication because when my dad got on medication, I got my dad back." And so, it's that kind of feeling that if you're a strong Black woman, it means completely relying on yourself or completely relying on your community and not relying on any type of professional help. And I feel like there's a sense of unworthiness that's kind of the backbone of being a strong Black woman, which is, "I'm not worthy to be weak. I'm not worthy to be catered to and be nurtured because it's my job to nurture everyone else." And so, I think for me, I had to kinda create space for myself to be weak and to not see it as something to fix with more work, but to actually fix with rest.

[R&B music break]

The harms of stereotypes and toxic concepts

ALICE: And what do you think are some of the consequences of, I guess, stereotypes or really toxic concepts in terms of people you know as well who also struggle? What are some of the real harms to the Black community?

IMADE: Well, I think probably one of the biggest consequences is that we're dying. You know, a lot of Black people, we're dying of heart attacks, strokes, stress-related illnesses at such a young age, and we're also dying of suicide as well. And that was what I was experiencing. I dealt with a lot of suicidality because I felt hopeless, and I felt like I was beyond help because that's what I was told. I was told that if prayer doesn't help you, then there's something wrong with you. That it's not something wrong with maybe there's a chemical imbalance, or maybe there's something in your environment that needs to change. I was told that, "Oh, you're the problem." And internalizing that self-hatred and that self-shame, it caused me to want to end my life. And I think that's the main thing that I'm trying to do with Depressed While Black is just trying to keep us alive. Because a lotta times, getting help can be the difference between life and death.

And then also, that you deal with the structural consequences where a lot of us cannot get the right diagnosis. Some of us are going to our doctors, and we're saying we're having all these problems. And we're not being heard. Or it swings the other way: we're being criminalized and we're thrown into psychiatric hospitals against our will and we're not being part of the treatment process. So, you have kinda this pendulum that's happening. It's either doctors are completely apathetic, and they're not actively listening to our concerns, or they're kinda over-treating us, and they're giving us very harsh medication that makes it difficult to advocate for ourselves. Either we're drooling on ourselves, we have a difficulty to speak because they're over-prescribing medications, or we're just locked up, and we're taken away from our families. We're taken away from the people that love us the most, and we're put into psychiatric facilities and even jail because our mental health is deemed criminal.

So, it's a lot that we're up against, and it does make sense that there is a stigma of, "I don't wanna go to the doctor," or "I don't want to tell anybody what I'm going through" because there is, yeah. We have historically, and even in present day, have been exploited by the medical system. So, it's a lotta things to address and to talk about when it comes to being depressed while Black.

ALICE: Yeah. I think there's definitely an element of eugenics and racism.

IMADE: Mm, yes.

ALICE: People don't like to think about eugenics or genocide.

IMADE: Yeah.

ALICE: But I think underlying all of that, that's been the, very much the kind of function of—

IMADE: Yes!

ALICE: —all these systems that are just set up to really want to destroy, oppress, and eradicate Black folks.

IMADE: Yes.

ALICE: Not just in America, but everywhere.

IMADE: Mmhmm, mmhmm.

ALICE: So, think about clearly, medical racism is a thing. Institutionalization against people's consent is a thing.

IMADE: Mmhmm. Yes.

Systemic changes needed

ALICE: What are some systemic changes that you think are necessary just based on your understanding of how we live in these conditions that are present right now?

IMADE: Yeah. I mean, I think that we need to go from a school-to-prison pipeline to a school-to-therapy pipeline. We don't have enough Black therapists. We don't have enough Black professionals. I'm thinking maybe 2%. I mean, it's a pretty low number. And I think the main thing we need to do is expose children to therapy at a young age so that it's normalized to get therapy for themselves, and it's normal for them to want to be a therapist. Because I really want to see the day when kids say they wanna be a therapist like they say they wanna be a basketball player or a football player. But it takes representation, and it takes exposure to pretty much fix the pipeline that's happening where kids are being funneled to prison. Kids are saying, "Hey, you know, I need to, I'm anxious. I'm having issues," and they're being put on medication that keeps them actually restrained. So, I think the main thing is it's really fixing the pipeline towards mental health professionals and that career, that career path.

I think also what needs to take place is that we need to have more peers in the mental health system. Where I work at right now, at the Mental Health Association in San Francisco, it's a 90% peer-run organization, so the majority of us at our organization has a mental health challenge. And we do have services where we work in the actual medical system and help guide people with case management and help them get through the system when they're having acute problems. And I do think Black folk that are in the system, that are hospitalized, that are in the emergency rooms, they need to see themselves. They need to see people who've been through what exactly they've been through to help navigate setting up appointments, navigate picking up medication from the pharmacy, navigating going to support groups and out-patient, and helping them explain to their boss, "I have to take some time off because I have a mental health challenge." We need more people that look like us in the system to advocate for us. And I think that's what it's gonna have to take, is kind of us advocates on the outside saying, "Hey, we

need to totally change this whole system." And then in the meanwhile, like us working in the system to kinda change it.

ALICE: Yeah, and I feel like again, this is like that very common motto—

IMADE: Yes.

ALICE: —nothing about us without us.

IMADE: Right.

ALICE: Because it does feel like the mental health system is primarily composed of these experts.

IMADE: Yeah.

ALICE: And very often, they do not experience mental health disabilities.

IMADE: Yes.

ALICE: You know, people who experience mental health disabilities can be both, the experts, the professionals, and the peer supports.

IMADE: Right.

ALICE: What are your thoughts about that in terms of just people who've, especially people who've been through hospitalization and who have been institutionalized, those are the folks who really should be designing—

IMADE: Yes!

ALICE: —and administering services 'cause they know what it's like.

IMADE: Yeah. I mean, I think even out here in San Francisco, there's talks about this legislation called SB-1040, where local legislators are wanting homeless people to be conserved for up to a year if they have eight psychiatric holds in one year. And you know, as a person that's been hospitalized twice, part of me is like, have you been to a psychiatric hospital? Do you know what it's like to have those doors lock behind you, and you're away from your friends and your family? And you don't know if you're gonna be safe. You don't know if you're actually gonna get the treatment that you need, and it can be a very traumatic experience. And it is frustrating when you're being given something that the practitioner wouldn't want for themselves.

You know, when I was hospitalized, I couldn't leave. I couldn't leave the facility. I was inside all day, all day long. I was in a frenetic atmosphere: constant screaming, constant yet, constantly people getting restrained. I was forced on medication I didn't wanna take. I was told—I was misdiagnosed because—I was told by a psychiatric doctor that because I was laughing with my friends when they visit me, and I was writing in my book, that pretty much, I'm bipolar. And so, there's so many traumatic situations that happen in psychiatric hospitals. And I don't understand. There's this confusion of like, we put you in a psychiatric hospital, and you're not getting better. Well, because I'm in the traumatic, high-stress environment where I'm still reeling from the suicide attempt, or I'm still reeling from this trigger that got me in here, and then I have to deal with all these triggers that are happening in the actual hospital.

So, yeah. We need to have more peers, more people with mental health challenges running the actual hospitals so that it's an actual therapeutic environment, and that it's not just a place to contain people and to pretty much punish them for being sick.

[R&B music break]

Being open about therapy and getting to therapy for all

ALICE: You've been really open about experiences with therapy.

IMADE: Yeah.

ALICE: And I was wondering, can you tell me what it's like for you to find the right therapist that understands your culture and your lived experiences?

IMADE: Yeah. I mean, it's like a breath of fresh air when you find a therapist that understands the music that you listen to, understands the slang that you use to describe depression. Because you know, different cultures describe depression differently, and it's not always described as, "Oh, I'm in bed, crying." Everybody has different phrases and different words and different vernacular around mental health. And so, to feel as if you and your therapist are speaking the same language, I mean, it's a really beautiful thing to happen. But it's also so hard, you know. A lot of us have to jump through a lot of hoops to get a therapist that's in our network, get a therapist that can treat our particular condition, and then get a therapist that's culturally competent. And I think what we're seeing with therapy for Black girls, and a lot of these Black therapist directories cropping up, I think more Black people are aware that not only do we need really high-quality mental health treatment, we need to go into the room and feel like we can bring our most authentic self. And what happens in the past for me when I had non-Black therapists is I constantly felt like the other therapist was playing kinda the devil's advocate. When I said, "This felt racist to me. This felt like this was a microaggression," I felt like I had to constantly prove the worthiness of my culture and the worthiness of my perspective as a Black woman. And so, to go into a therapy room and not have to fight is just such a refreshing thing and such a needed thing for a lot of us. Because a lot of us that are Black folks that are dealing with Trump's America, and a lotta people of color, we're fighting all the time. And I just feel like the therapy room doesn't need to be a place where we're fighting.

ALICE: And there's still these kind of like, you know, therapy's for white people.

IMADE: Yeah.

ALICE: How do we get to a place where therapy's for everyone?

IMADE: I mean, I think the structural barriers of therapy really has to be lowered. I think one of the main reasons why I thought that therapy was for white people was because therapy was expensive, and the only people that I saw that were rich growing up were white people. And I think once we lower the barriers to therapy, and we start making it accessible, just as accessible as it is to get [chuckles] an unhealthy meal in the hood, you know, just as easy it is to pick up some Frito's, I think once we make it so accessible that it becomes a part of our daily life, I think that stigma can end. And then also, just to representation and exposure, just us talking openly, "Oh, I gotta see my therapist today. Can I talk to you after therapy?" Just kinda putting it naturally in conversations in our culture, it's becoming a natural part of a lot of television we watch of therapy sessions when it comes to *Insecure*. So, I think we can break it down, but I think the first is gonna have to be access and then after that, it's gonna be representation and exposure.

ALICE: Yep. And I think that making it an organic part of the neighborhood—

IMADE: Yes.

ALICE: —and the community life is really important. And when you just said that, I was just like, I had this image of a 7-11, but for therapy.

IMADE: Yes! It's that simple. Like getting a bag of chips. [laughs] Yeah.

ALICE: Wouldn't that be awesome? It's like a bodega, yeah, yeah.

IMADE: Yeah.

ALICE: Get your coffee, and then you can talk to your community therapist.

IMADE: Absolutely. And I mean, I think that's what makes sicknesses or things like colds, things like flu, I think the reason why there isn't much of a stigma around it is because the treatment for it is everywhere. You can go to a bodega to get treatment for a cold. You can go to 7-11 and different places like that. We need to make it, make mental health treatment that accessible.

ALICE: Yeah. That's a dream one day.

IMADE: Mmhmm.

ALICE: We need to do that.

IMADE: Yeah! Yeah, we should do that. [laughs]

ALICE: Yeah. We can call it something like Imade's Corner or something.

IMADE: Right, right. Therapy Corner, something like that. Yeah, yeah.

[R&B music break]

Mental health and disability communities coming together

ALICE: So, is there anything else you'd like to talk about in terms of Black mental health before we wrap up?

IMADE: I mean, I think I just have a question for you in the sense of, what can mental health advocates do to support your movement? How can we support you?

ALICE: Wow! I never thought about that, but I think I'd love for all of us to kind of think of ourselves as a part of a larger movement.

IMADE: Yeah.

ALICE: Like I know that our distinct histories and that it's not to erase the very particular movement and history of mental health advocacy, but I feel like there's just so many interconnections.

IMADE: Yeah. Mmhmm.

ALICE: For example, like getting behind stuff like the Affordable Care Act or Medicaid.

IMADE: Yes.

ALICE: You know, the idea that we need to show more solidarity, I think.

IMADE: Yes, we do.

ALICE: I think it's interesting that it is good that there are these different communities, but I also feel like we should really think about how do we leverage each other's power?

IMADE: Yes.

ALICE: Because a lotta times, there is this really bizarre hierarchy, right?

IMADE: Yes, there is.

ALICE: And I feel like that's really also poisonous within the larger disability rights movement, is that we often forget about mental health, or we often forget about intellectual disabilities or cognitive disabilities. Because I think again, this speaks to this very narrow perception of what is disability.

IMADE: Yeah.

ALICE: And the fact that there are people with mental health disabilities that don't think about themselves as a disabled person.

IMADE: Right.

ALICE: So, that's also really interesting too in terms of identity. I think that's really interesting. I would love to have more conversations with people who, you know, it doesn't matter to me whether they identify as a disabled person or not. But it's because I know they are part of this larger family, and I really do hope that people feel like they are part of it. But again, there is this history of people being very much about their own little turf, you know?

IMADE: Yeah.

ALICE: So, I think it's a really interesting kind of conversation to have in terms of just like how do we identify? And also, how do we really welcome each other even with our differing perspectives on how we see ourselves, and what do we have in common in terms of what are we fighting for? And I think again, this idea that it's part of the system, but healthcare, mental health has been such a separate, carved-out system from primary care.

IMADE: Mmhmm.

ALICE: And I feel like also, it sets up this silo, right?

IMADE: Yeah.

ALICE: In conversations about healthcare somehow, mental health is like this separate conversation to be had because there's the programs and services all come out of a different kind of stream. And that itself is also, I think, a very clear example of this kind of separate thing.

IMADE: Yeah.

ALICE: So, I think in a lotta ways, the way the system is set up already makes us kind of feel like there are these artificial divisions.

IMADE: Yes, there is.

ALICE: I think we're all behind the ideas of fighting inequality and also really talking about the ways that saneism and ableism and really racism are all interlinked.

IMADE: It is all inter-related. And I do think that you touched on so many great points. I think for me, the challenge that I had is am I disabled? I definitely have that in mind, but I think it was…. We live in a society that rewards people who aren't disabled.

ALICE: Mmhmm.

IMADE: And I think there's ableism within the mental health movement because the most visible people in the mental health movement are typically the most quote-unquote "respectable" illnesses: the anxiety, the depression, quote-unquote "high functioning." And I think we need to eradicate the ableism in our movements, to be quite honest, so that everyone has representation, including people who deal with paranoia and psychosis. And I think I was tainted because I felt like I am not disabled, so if someone invited me to be a part of a disability action, I was like, "Oh, you know, I don't feel like I have a right to take up space."

ALICE: Mmhmm.

IMADE: But I think we don't have a wide enough lens to really understand that our oppression is interlinked, and our identities are interlinked in that being disabled or having that identity can be very empowering. And I think because I live in this society, I kind of internalize oh, it's the bad thing, so I don't wanna be that. And I think I'm still trying to eradicate that ableism, and you're movement, disability movement to me, is one of the most instructive movements out there right now. I'm learning so much. I might not be the most vocal, but I'm learning the ways in which I've been ableist. And I'm learning the ways in which I've been silent when I saw something wrong, but I just didn't speak up. And so, I just, I thank you so much because I feel like what you're doing is gonna take the mental health movement to the total next level. If we really grab hold onto a lotta the tenets that you have already known forever [chuckling] even though, but we're kinda, I feel like in the mental health movement, we're just starting to learn issues around access. But yeah, I just again, I'm just so grateful for you, and I thank you so much because I feel like there's no way that you can be a good mental health advocate if you don't understand the larger disability movement. And so, yeah, I'm learning that.

ALICE: Well, I appreciate that. I think that we're all in it together, you know. I really believe that. I think part of that is really acknowledging we each have our own implicit bias, right?

IMADE: Yeah.

ALICE: We all know certain things better than other people, but yet, that doesn't make us the expert.

IMADE: Right.

ALICE: And I feel like that's the kinda humility and kind of just acknowledgement that we should just acknowledge and that it's OK. That is completely OK. 'Cause I think if we don't bring up everyone, what is the point, you know?

IMADE: Yes, yes.

ALICE: I think that's what's really hopefully the values that people come away with: that everybody's welcome and that you are enough.

IMADE: Mmhmm.

ALICE: That come as you are, right?

IMADE: Right.

ALICE: Imade, thank you so much for being on my podcast today!

IMADE: It's been a pleasure and an honor! Thank you so much for having me!

ALICE: The pleasure was all mine.

IMADE: [laughs]

ALICE: I feel like these conversations really give me life. I hope you enjoyed it.

IMADE: Oh yes. I did. I loved, loved this.

Wrap-up

[hip hop music]

ALICE: This podcast is a production of the *Disability Visibility Project*, an online community dedicated to creating, sharing, and amplifying disability media and culture. All episodes, including text transcripts, are available at DisabilityVisibilityProject.com/Podcast.

You can also find out more about Imade's work on my website.

The audio producer for this episode is produced by me, Alice Wong. Introduction by Lateef McLeod. Theme music by Wheelchair Sports Camp.

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Thanks for listening, and see you on the Internets! Byeee!!