

## Mental health and minority communities: Interview with Dexter J. Nyuurnibe

By Diana Castillo

One key aspect in the discussion of how teen librarians can promote mental health and assist patrons who may have a mental illness is being aware of the different needs various communities may have. Mental health needs are not one-size-fits-all, and different groups may have different needs and different access to resources. For ethnic and racial minority teens, mental health issues intersect with other issues, such as institutional racism, cultural stigmas, class, and various traumas (Patel, 2015). A recent study found that Black and Latino youth in the United States receive less mental health care than white youth, despite similar rates of prevalence (Marrast, Himmelstein, & Wooldhandler, 2016). Not only that, but depictions of mental illness in popular media almost always centres around white people, perpetuating stereotypes that mental health issues are not a concern for communities of colour.

Below is an interview with Dexter J. Nyuurnibe, an African-Canadian mental health advocate based out of Halifax, discussing his experiences with mental health and what changes could be made to better meet the needs of minority youth.

### Can you tell me a little bit about yourself and your background?

I'm a second generation Canadian with parents of origin based in Ghana, Jamaica and Scotland. I've been a mental health advocate and public speaker for four years, with strong involvement with a national youth focused mental health organisation (Jack.org), the Mental Health Commission of Canada (sitting as a youth member for a national consensus document on the mental health of emerging adults) and having delivered a speech to a joint session of the World Bank and WHO in Washington DC (On Making Mental Health a Global Development Priority).

My mental health story has been featured through various media platforms (interviews on CBC, CTV, Global Halifax, The Mighty) and has allowed for me to keynote various student leadership summits and mental health weeks at high schools and universities across Nova Scotia in the hope to continue the conversation on mental health.



Stop the stigma by Geralt, retrieved from <https://pixabay.com/en/board-chalk-psychology-1030589/>

I was a youth Ambassador for Bell Let's Talk Day (2017) and am currently one of the Canadian Alliance of Mental Illness and Mental Health's (CAMIMH) national Faces of Mental Illness.

### **How did you get involved in mental health advocacy?**

It all really started when I was first hospitalized after an attempt to end my own life back in 2012. After contemplating why no one talked about mental health and those living with a mental illness, I decided then to share my story through the campus student newspaper, the Xaverian Weekly.

Through sharing and relating to the struggles of many fellow youth, other opportunities to help shine a bright light on an issue that has been, since time in memorial, relegated to silence and shame came my way, and I never said no to advancing the need for federal and provincial level support for those living with a mental illness.

### **What are some common misconceptions you've encountered surrounding mental health?**

I believe that we've come a long way over the last five years with regards to many misconceptions that surround mental illness and those living with it.

The belief that somehow not everyone is affected by a mental illness is one that is being slowly debunked, as one in five may suffer with a mental illness, but five in five of us have mental health, and it's about ensuring that we have all the necessary resources and support networks available to us to allow for us to live healthy lives.

The belief that men shouldn't be open about their mental health or seek health because of a flawed definition and socialization of how men are supposed to emotionally act is one that is still strongly there, but is slowly being worked on.

These are just a couple of examples I've noticed!

### **What were some barriers you found in receiving mental health care?**

Stigma, or fear of the perception from others that I live with a mental illness was a huge factor in why I didn't get help at first. Cultural barriers were just as bad, considering how people who live with a mental illness have always been seen as being dangerous and lazy, and the belief within my community too that mental illnesses are a 'white people problem' that can sometimes be misconstrued as an excuse for laziness and lack of resiliency.

On top of that, access to care is a huge issue. With waiting times to see an appropriate medical practitioner sometimes taking months, and the common knowledge that it does take this long can make those who want help feel like there is no point as they won't get timely care.

Navigation of the mental health system is also a major barrier, along with ensuring that a continuum of care is established from high school to life beyond, leading to a gap which many fall through when transitioning to life thereafter (post-secondary school, work life).

**What resources do you think would be helpful in supporting minority youth who may need mental health care?**

Relatability is key. What I have commonly heard and experienced from other minority youth who live with a mental illness has been cultural relatability and actually having medical practitioners that we can identify with (POC, LGBTQ2+ etc).

Ensuring that those who help treat us can connect with us on a deeper level, whilst ensuring that that visibility is promoted to the wider public, is a necessary step with regards to allow more people to feel as though they can get the care that they need without judgment and in a culturally competent environment.

Peer support programs like the ones found on campuses in Halifax, Nova Scotia (Stay Connected Mental Health Project) are absolutely vital to ensuring that youth feel like they can open up to people they relate to, which then, should the need arise, can help lead to follow up appointments with professional services.

**What are ways public institutions like libraries could promote mental health in minority communities? What changes might they have to make?**

I believe that having community outreach liaisons who have been given basic guidance on mental health first aid training and programming could be highly beneficial.

What would be critical of these liaisons would be that they themselves are members of minority communities, in order to ensure that programming stays relevant, relatable, safe and sustainable.

I strongly think that investments in having managers in all forms and levels of business receive continuous mental health training, and ensuring that the workforce knows of this competency is shift that needs to happen. Mental Illness costs businesses in Canada billions of dollars in loss due to failed workplace support systems.

Having company-wide mental health plans for employees with management mental health training, as seen through Bell Canada, would go a long way in helping those who live with a mental illness.

References

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