Université de Sherbrooke

LET'S TALK ABOUT MENTAL HEALTH... Really?

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CONTEXT OF THE CHALLENGE

Mental health has become an overheard subject over the past few years and even more during the COVID-19 pandemic. Burnouts, depression and anxiety have become common issues. People feel more and more comfortable exposing their experience of mental health issues through social media and trendy videos[2,3,4]. This is consistent with many mental health awareness and prevention campaigns providing the importance of talking about mental health issues.

Statistics show that 1 out of 5 Canadians lives with psychological distress. Moreover, it has been stated that 50% of Canadians have already encountered mental health issues before the age of 40[1].

Almost every human being will either experience mental health issues or support someone affected over the course of their life.

" I was encouraged to talk about it until I did ... "

Although, for a lot of people experiencing psychic suffering, shame is still the predominant feeling when they're asked to talk about it. Many don't feel heard for what they say and they feel judged, which leads them to experience stigma.

PROBLEMATIC

As we all know someone or have ourselves struggled with mental health issues, we wanted to understand:

Why the solution brought up by the system, that is openly talking about our mental health issues, contributes to stigmatization around mental health?

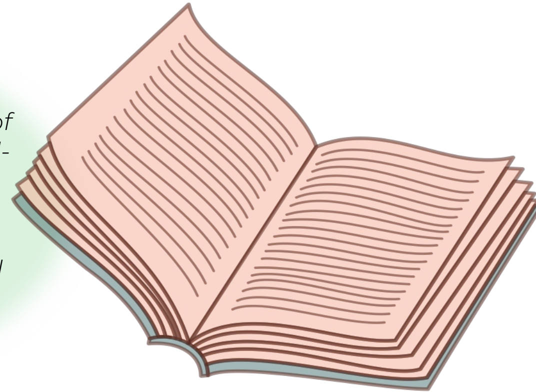
BRIEF HISTORY AND ROOT CAUSES

During the twelfth century, Europeans started being interested in mental health issues and epilepsy. Due to the Bible influence at this time, “madness” was most of the time associated with demonic possession[9].

Many years later, in 1840, the first census identifying “crazy” people is established in the United States. It led in 1880 to the first classification of mental health disorders : the well-known Diagnostic and Statistical Manual of Mental Disorders (DSM)[10]. Since then, five versions of this “mental health disorders bible” have been made available to researchers and clinicians to support their work and their understanding of human psychic suffering. The last version came out in 2015, but the scientific reliability and the validity of the DSM are still overly criticized[11-15].

Allen Frances,

an American psychiatrist, co-editor of the DSM-IV and one of the most well-known critics of the current practice around DSM-V once said that it was a “flawed process and reckless product” and that it was “discredited and scientifically unsound”[12].



However, the use of pathological terms determined by the DSM is predominant in the fields of health, education, popular culture, pharmacology and even in the insurance business where it can justify access to a policy.

It is surprising that a book having such poor scientific validity has spread to the point that it has infiltrated popular culture and has practically become the ultimate reference to understanding mental health suffering nowadays in Canada.

IMPLICATED STAKEHOLDERS

During our research, we were able to identify four linked key stakeholders implicated in the system that perpetuates the stigma on mental health:

The healthcare system

Including healthcare professionals who mainly refer to DSM-V in order to understand and intervene on mental health issues.

Our entourage

Who often feels poorly equipped to accompany the person suffering and refers to the healthcare system for better support.

Workplaces

Which encourage a high-level of performance capacity and efficiency as social value criteria.

Insurance companies

Which primarily refer to the history of the people suffering through the healthcare system in order to grant them or not insurance policies as financial support for future health care services.

ASPECTS OF THE CHALLENGE

LACK OF WORDS

Whenever people experience psychic suffering, they need to organize and construct their thoughts so that they can communicate what they are going through.

To do so, they use the vocabulary and the words they know. Currently, the most commonly used lexicon about mental health is highly influenced by terms defined in the DSM-V, which structures and classifies psychic states and behaviors into symptoms related to categorized labels, pathologies and illnesses. The lexicon has been created and revised by psychiatrists who are considered “specialists” of mental health issues[16,17]. As outsiders of the lived experience of psychic suffering, they can only base their knowledge on an external point of view.

Epistemic injustices

People suffering from mental health issues often encountered epistemic injustice[16]. Epistemic injustice designates the systematic distortion or misrepresentation of one's meanings or contributions to the elaboration of collective knowledge.

« La note de ma vie sonne faux dans la mélodie du monde * »

The DSM-V is currently being overused by health professionals when they establish a diagnosis[12,18,19]. This practice doesn’t always lead to relief for the person receiving the diagnosis as it can exacerbate the suffering and stigmatization[20-22]. As was expressed by those interviewed, sometimes the diagnosis itself can give an impression of liberation when it is given. However, in most social areas, workplaces and in the healthcare system, diagnoses are perceived as a negative label, something that needs to be healed, that is abnormal[23,24]. It often sticks to the person and sometimes, it merges with their identity, what defines who they are. This labeling associated with the negative perception it bears in social spaces corresponds to the process of stigmatization[25,26].

So, when people try to talk about their mental suffering, not only do they have to use words created by people outside their reality, but they are often quickly given a label that stigmatizes them because it crystallizes a perception of self as “sick”.

OVERMEDICALIZATION

We are witnessing an increase in the number of prescriptions for antidepressants and anxiolytics, exacerbated by the numerous social upheavals caused by the COVID-19 pandemic[19]. In Quebec, frontline services responding to mental health issues consist mainly of hospital emergency rooms or family doctors, for those who have one[27]. Thus, the majority of people who seek help will meet with a doctor who, like the vast majority, uses the DSM-V to analyze the experience of psychological suffering.

Currently, the health care system is under pressure and is struggling to meet demands[28,29]. In order to relieve the pressure, many doctors are opting for practices that favor medication as a cure for mental health problems. This practice provides an instant form of well-being for some, while for those with so-called serious mental disorders, it means long periods of trial and error that can perpetuate the suffering[30].

Medication is therefore a common practice, considered as a quick solution highly used in current medical approaches, even though scientific evidence has demonstrated that the use of medication alone is not as effective as when used in conjunction with therapy[31]. This practice is associated with biomedical approaches, which are predominant in our current healthcare system[15,32]. Indeed, as the emphasis is on productivity in both society and the workplace, it is often perceived as an effective solution despite the fact that it can lead to physical dependence[33].

** « The musical note of my life does’nt resonate properly with the melody of the World anymore» .*
Those words were expressed to represent the experience of the psychic suffering of a person interviewed, in an idiosyncratic way.

ASPECTS OF THE CHALLENGE

The physician fee-for-service payment system as well as the close relationships those professionals maintain with the pharmaceutical industry may also exacerbate and encourage this type of practice[34,35]. In fact, since it requires less time than opening a space for listening and discussing, it becomes more profitable for professional physicians[36].

Thus, since the healthcare system is under pressure, since physicians rely mostly on their medical training, since the fee-for-service system is doubled with close bonds to the pharma industry, our current first-line services are pushing towards medicalisation and pathologization of mental health problems[37]. This generates a loop that perpetuates a pathologizing view of mental health issues and contributes to the stigmatization of individuals by giving them a negative label, that of being "ill"[38].

LACK OF ACCESS TO THERAPY

What people with mental health issues are looking for is a place that welcomes the expression of their suffering without judgment, a place that applies active listening and caring and that is entirely dedicated to their need for help.

In our society, such places are found within the therapeutic space held by trained professionals. Even if some people find comfort in being listened to by their close ones, they often require the support of a professional in order to unravel the mechanisms that perpetuate their suffering. Family members and friends tend therefore to refer them to help services. Thus, people with a mental health problem may end up consulting the first lines of our healthcare system or private therapeutic spaces.

As explained above, when a mentally ill person goes to frontline healthcare, they will be seen by a physician and most often be offered a medicalization option for quick effect. In the case of a mental illness considered as more serious or urgent, referrals for psychotherapy may be considered. However, waiting list time (up to several months) and lack of qualified personnel reduce access to such services[39]. In fact, many psychologists avoid working for the public system because fees are much lower than in private clinics[39]. Since the public service is unable to offer enough therapeutic space, people with mental suffering will be tempted to turn to another option: private services.

Private therapy services are very expensive and also have long waiting lists, which may induce people who are suffering to turn to medicalisation options for the quick relief it offers[40,41]. For those who would like to access private therapies, many will seek support from their insurance companies to absorb the high costs they represent[42]. However, insurance companies operate on a risk assessment basis, and a person who has used mental health support services in the past is at risk of not being eligible for coverage[43].

People suffering from mental health issues are encouraged to talk about it and seek help, but when they do, they have to pay a lot of money or be put on a waiting list. Besides, if they have seeked help before, they may be less likely to get financial support toward future help, which creates a loop where it is harder to have access to therapy. The system is aimed at perpetuating stigmatization; on the one hand, it encourages you to seek help and on the other hand, it makes it hard for you to get therapy.

KEY INSIGHT

Through the aspects we explored, we got to understand that the system encourages people with mental health suffering to talk about their challenges, but at the same time, leads them to a stigma where they're labeled as «ill». We observe a phenomenon of otherization, distancing people that live with mental suffering ("them") from those who do not ("us"). This is what led us to realize that the stigmatization of mental health "issues" could then directly be linked to the fact that we perceive them as issues or illnesses.

EXISTING SOLUTIONS LANDSCAPE

AND ITS LIMITS

RAISING AWARENESS THROUGH EDUCATION

The existence of mental health months (USA, Canada, Australia) and a mental health week in Canada shows an interest in educating the population about these issues and offering a space of expression for those who experience them.

Concerned celebrities try to use their influence to raise awareness within their fan base. For example, in Canada, Margaret Trudeau is one of the most renowned advocates for mental health as a bestselling author who has been writing about mental health issues. In the US, Selena Gomez is known for producing the show Thirteen reasons why that depicts mental health issues in American youth. Lady Gaga and her mother created the Born this way foundation that offers a certificate to identify signs of depression (Be there) in association with the jack.org organism, a Canadian charity offering training on mental health. However, most of the time, those interested in this type of action are already aware of the issues in a certain way.

As explored in our research, talking and educating about mental health isn't a problem in itself, but it is the way it is talked about that could contribute to perpetuating the stigmatization. We believe it is then important to raise awareness and have people understand how we can change the perception of psychic suffering and mental health, and how to start talking about it in a way that transforms the system from within.

LEVERS OF CHANGE
AND INTERVENTION OPPORTUNITIES

• Lack of words •
Reappropriation and creation of a lexicon based on experiential knowledge

The lexicon bears great weight in the stigmatization of mental health. To ensure a non-stigmatizing lexicon, it is more than necessary to include people with experiential knowledge in its elaboration.

Take pride from distinctive experiences
We deeply believe that these kind of changes will happen thanks to social movements as it has been done in the past by homosexual, transgender and autistic communities. Terms that were once perceived as pathological are now used as personal characteristics or have given way to new terms issued from the communities themselves, reflecting a certain pride in their identity (e.g. LGTBQIA2SP+, neurodiversity).

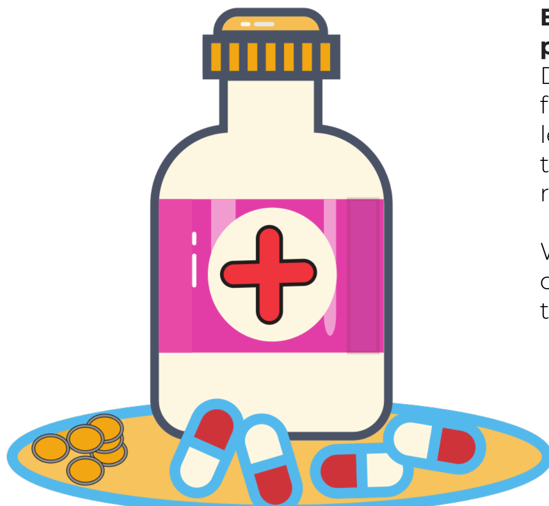
Be open to emergent vocabulary and « beyond words » communications
As mental models evolve, new words will emerge to communicate the experience of psychic suffering. We can think of eco-anxiety and solastalgia, neologisms brought up a few years ago by Glenn Albrecht, that are more and more commonly used to express a distress felt according to climate changes and loss of natural environnement [46, 68].

Other kinds of techniques also exist to express mental health issues : for example, Hannah Blum's poetry[47], the author Lou Lubie's new words for expressing bipolarity's mixed states[48]. But also the canadian artist Nadia Myre's Scar Project[49], that is a way to access the experience beyond words.

Lead a radical revision of the DSM-V and its utilization in the healthcare system
A radical revision of the DSM-V should also be considered. As suggested by several psychiatric reviewers, the book should acquire greater scientific validity before it is used as a diagnostic tool[11-15,18].

• Overmedicalization •
Frames to limit economic power interests

We believe that the medicalization of people living with psychological suffering should be more regulated.



Establish clearer frame and boundaries between doctors and pharma companies
Doctors are often approached by pharmaceutical companies right from the start of their practical training[76-77]. There is very little Canadian legislation governing the relationship between these actors. Doctors therefore rely on their own judgment to determine the ethics of their relationship with pharmaceutical companies. [69-70]

We believe our governments can take action by legislating how doctors and pharmaceutical companies can interact and collaborate together.

LEVERS OF CHANGE
AND INTERVENTION OPPORTUNITIES

• Lack of access to therapy •
Valorization of psychosocial approaches on a structural and economic level

People in the system who experience psychic suffering need spaces to be heard and people willing to listen to them. They need easier access to those safe spaces.

Re-humanize services for people with psychic suffering
The health system should modify frontlines services for mental health by offering inviting reception areas with trauma-informed trained staff. Those types of services are already offered for children in the community: they are called social pediatrics[55]. A similar approach could be implemented for mental health services and provide a place outside of hospitals, with an inviting physical layout and directly available in the community.

Enhance recognition of the psychosocial professionals in the healthcare system
We also think our governments should invest into accessibility of mental health services using a psychosocial approach in our healthcare systems by offering better conditions and recognition to therapists that work in the public field [71] .

Establish gobal coverage and a shorter right to oblivion for insurance policies
The health system should invest into accessibility of mental health services by offering global coverage[50] for the population, as proposed by the World Health Organization[51,52]. The shortage of therapists is a global problem, even for wealthy countries in which 40–60% of people with severe mental disorders don't have their needs answered[53].

• Mental health challenge: a system into a bigger one •

Mental health problems as a planetary health symptoms
As we have become more interested in the topic of mental health stigma, we have unavoidably reflected on the context surrounding the reality of this issue. We live in an era where it is commonly agreed that climate change will be a problem for the equilibrium between human social and economic systems[73].

The problem of mental health, which is considered one of the biggest public health issues upcoming for the next few years [75] , is not unrelated to climate issues. The Rockefeller Foundation-Lancet Commission on Planetary Health recognizes that human health is fundamentally linked to the health of our planet[74] . Thus, if our natural environments are destroyed at a rapid rate, human health is directly affected and endangered. This notion of planetary health, well known to indigenous nations, puts into perspective the immense interconnections between our systems.

LESSONS LEARNED

We learned that it is emotionally taxing to focus on social injustices even though it is important to do so. Indeed, dwelling on systemic issues makes us feel powerless and angry about persistent injustices. We learned the importance of words, the power they have when they reflect a lived reality. We appreciated the experience of opening a space that allowed us to listen to all the people we interviewed. Many of them even mentioned how good it felt to be able to discuss and reflect on the subject.

Our biggest lesson is that we can learn to put words on our own experience, as people who have had or are still living with a mental health problem. We hope that our experience and our analysis of the system will have the effect of opening people's awareness and, eventually, of creating a more inclusive world.

With our acquired knowledge, we were able to point out what our own actions were and what the local actions in our city are. Sharing our learnings, gathering experience in our entourage, undertaking training, supporting mental health resources at the university, challenging new ways to raise awareness, and participating in Map The System: this is where we are starting in our advocacy for mental health.

We dream of ...

a world where psychodiversity[72] is a norm. A place where differences in our human psychic experience is seen as on a spectrum of color, neither better or worse, something that allows differences to be fundamentally seen and valued .

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- Anonymous insurance advisor, telephone interview with Camille Brière, February 4, 2022.
- Anonymous occupational therapist, in person interview with Camille Brière, February 24, 2022.
- Anonymous social worker from Sherbrooke Cégep, Zoom interview with Camille Brière, March 3rd, 2022.
- Anonymous physician, in person interview with Camille Brière, March 6, 2022.

People having or that had an experience associated with mental health issues

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