# PORTRAIT OF CANADIANS MENTAL HEALTH ISSUES

- By the age of 40, **50%** of Canadians have experienced a mental health problem.

- More than **50%** of people aged 15+ with unmet mental health needs say they need **relationship therapy**.

- Almost **all of us** will experience or accompany someone with a mental health problem in our lives.

People with **mental suffering** are encouraged to...

Talk!

And still... **Many** don't talk about it...

« I'm ashamed... »

...**Why is that so?**

What if *talking* wasn't only helping?

What if it could also perpetuates *suffering*?

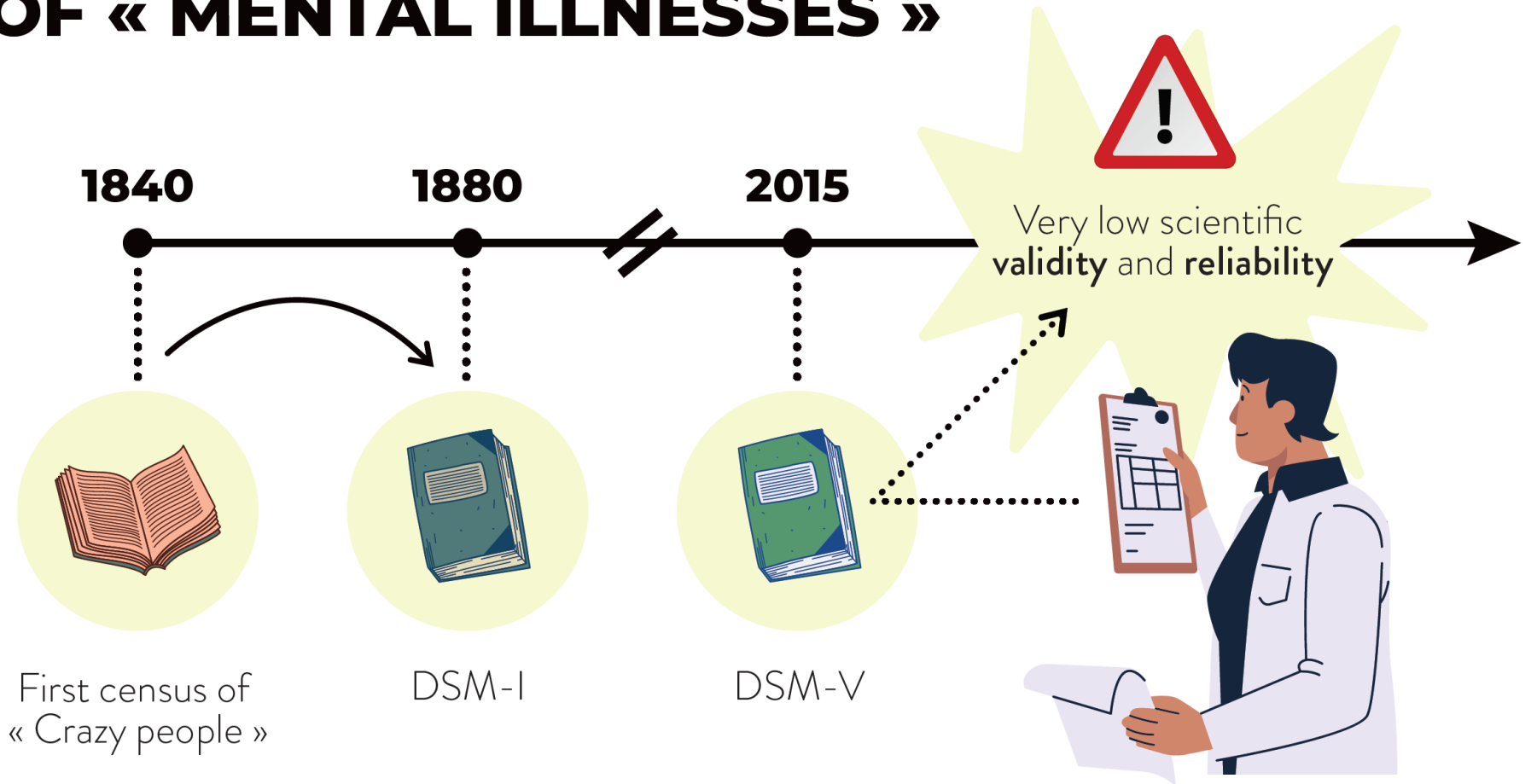" *I was encouraged to talk about it... Until I did.* "

**Why**

does the system encourage to **talk** as a **solution** when it seems to **perpetuate** the mental health **stigmatization**?

# A BRIEF HISTORICAL PERSPECTIVE OF « MENTAL ILLNESSES »

1840     1880     2015

Very low scientific **validity** and **reliability**

First census of
« Crazy people »

DSM-I

DSM-V

ACTORS INVOLVED

HEALTH PROFESSIONALS

Listening

DSM-V

CLOSE ONES

INSURANCES

Performance

Productivity

WORKPLACES

# 1st ASPECT • LEXICON

We need **words** to express ourselves, communicate and understand each other...

HEALTH PROFESSIONALS

create and use

DSM-V

influences

want to understand

MENTAL HEALTH LEXICON

has a

communicates with

LIVED EXPERIENCE OF SUFFERING

doesn't represent

LOW RELIABILITY AND VALIDITY
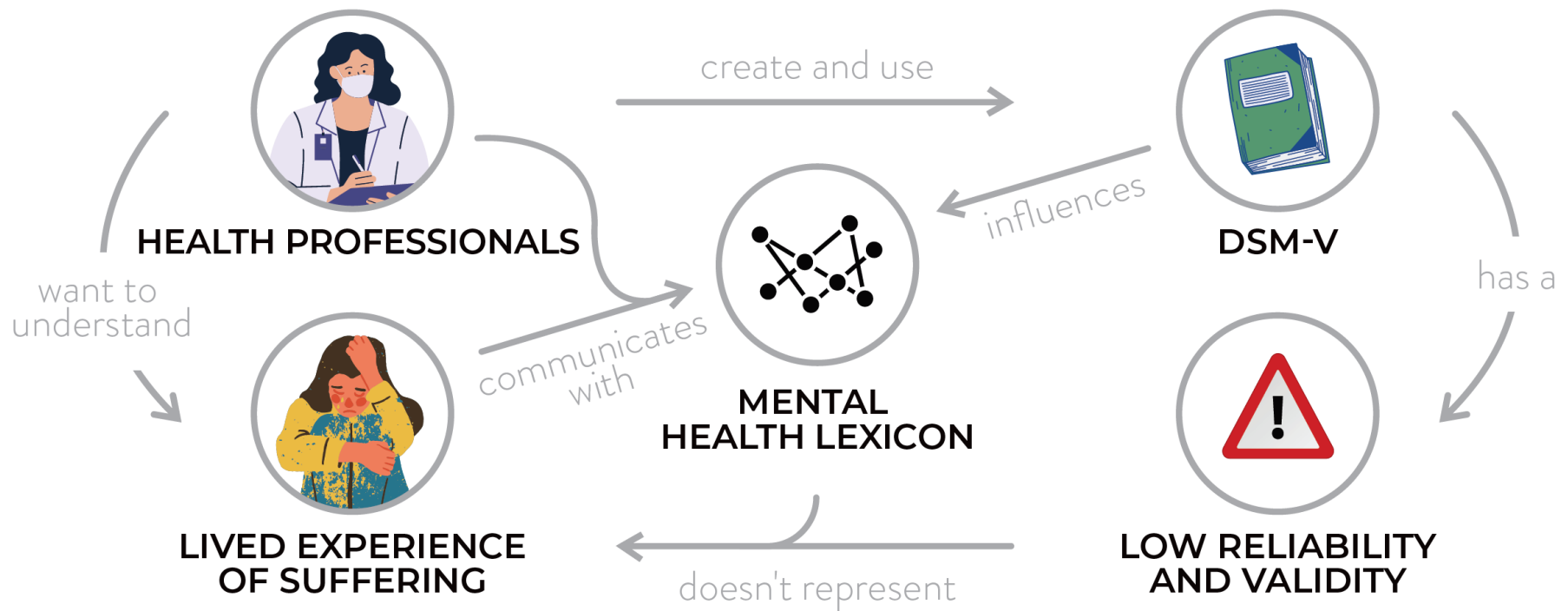
But the ones we have doesn't always correspond to the **reality** of the lived experience.

## 2nd ASPECT • OVERMEDICALISATION

We seek and demand **durable relief** from our suffering...

**SUFFERING**

*seeking for* →

**QUICK RELIEF**

*visits* →

**HEALTH PROFESSIONALS**

← *influence*

**BIOMEDICAL APPROACHES**

*prescribe* ↓

**MEDICATION**

← *encourages*

**LACK OF ACCESS TO THERAPY**

← *causes*

**SIDE EFFECTS**
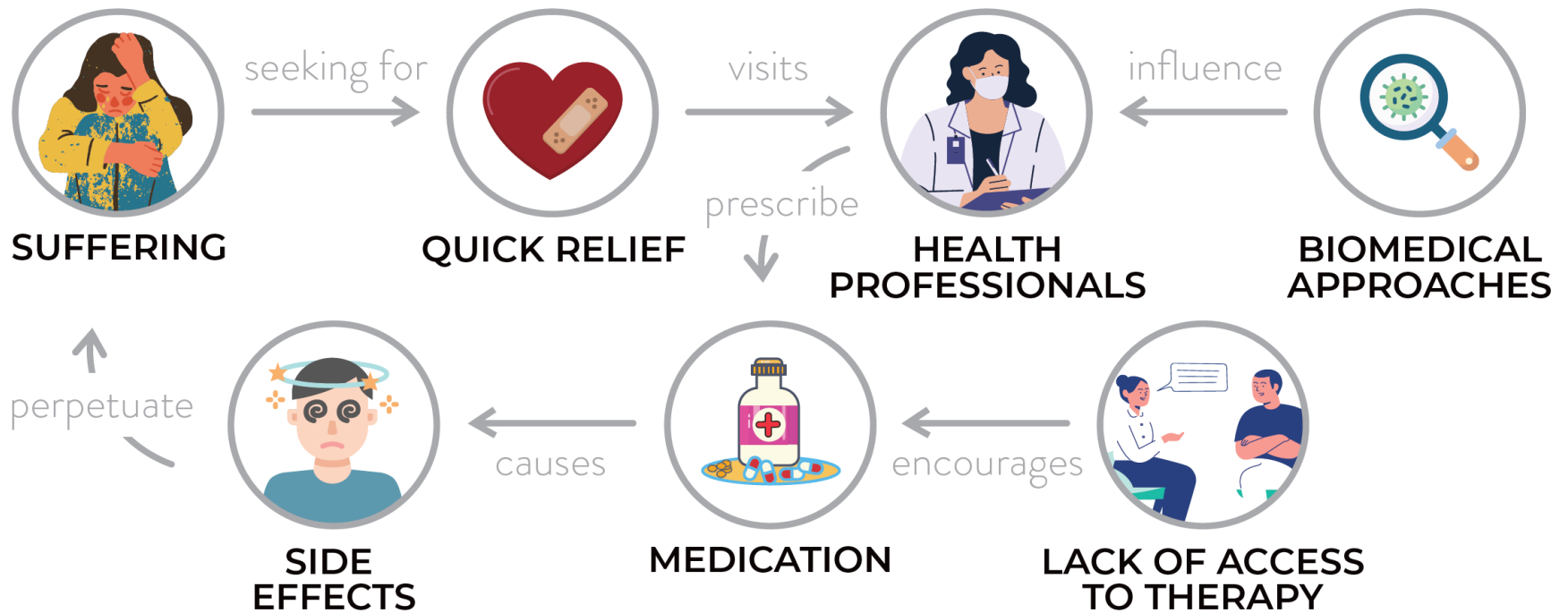
↑ *perpetuate*

But we sometimes perpetuate it by using **quick solutions**.

Talking about mental health contributes to stigmatise **people suffering** from mental health issues because of the system that fuels the marginalization.



BIOMEDICAL
APPROACHES

influence

HEALTH
PROFESSIONALS

talks to

has no
access to what
is behind
the wall

STIGMATIZATION

use

creates

DSM-V

INSURANCE
POLICIES

prevent
access to

THERAPY

LOW ACCESS
TO SERVICES

helps for

SOCIAL
INTEGRATION

MENTAL HEALTH
LEXICON

Valorisation of
performance

linked to

# MAP OVERVIEW
## OF MENTAL HEALTH STIGMA



**LEGEND**

Actors
Cultural elements
Proposed solutions
Consequences

→ Overmedicalisation
→ Lack of words
→ Lack of services
⚲ Potential solutions
⚡ Levers of change

People with mental health suffering

Talk

Lived experience of suffering

Close ones

Workplaces

Quick relief

Medication

Mental health lexicon

Stigmatization

Performance capacity

Side effects

Long waiting list (public & private)

Lack of accessibility to services

Therapies

First line services

Pharmaceutical industries

Health professionals

Contribute to sensibilise about mental health lexicon and give other solutions than medication

DSM-V

Mental health diagnosis

Negative perception

Low social value

High cost (private)

Should be the main solution in particular for ponctual issues because it provides a listening space that helps the healing

Insurance policies

have a
are encouraged to
go to
perpetuate
with
created by
use
use
increases
brings a
valued by
gives back
doesn't represent
gives access to
highly influences
leads to
if absent leads to
can lead to
leads to
leads to
visit
influence
create
attribute
classifies
limits access to
gives access to
could help to reduce

# SYSTEM ANALYSIS
## *OF MENTAL HEALTH STIGMA*



DSM-V

BIOMEDICAL APPROACHES

DIAGNOSIS

*maintains*

ILL LABEL

*maintains*

MEDICALIZATION

MENTAL MODELS

*through*

*seeks relief*

*can perpetuates*

STIGMA

Talk

DELAY ACCESS TO

*influence*

SUFFERING

*can heal*

*needs*

*mainly leads to*

HEALTHCARE SYSTEM PRACTICES

THERAPEUTIC SPACES
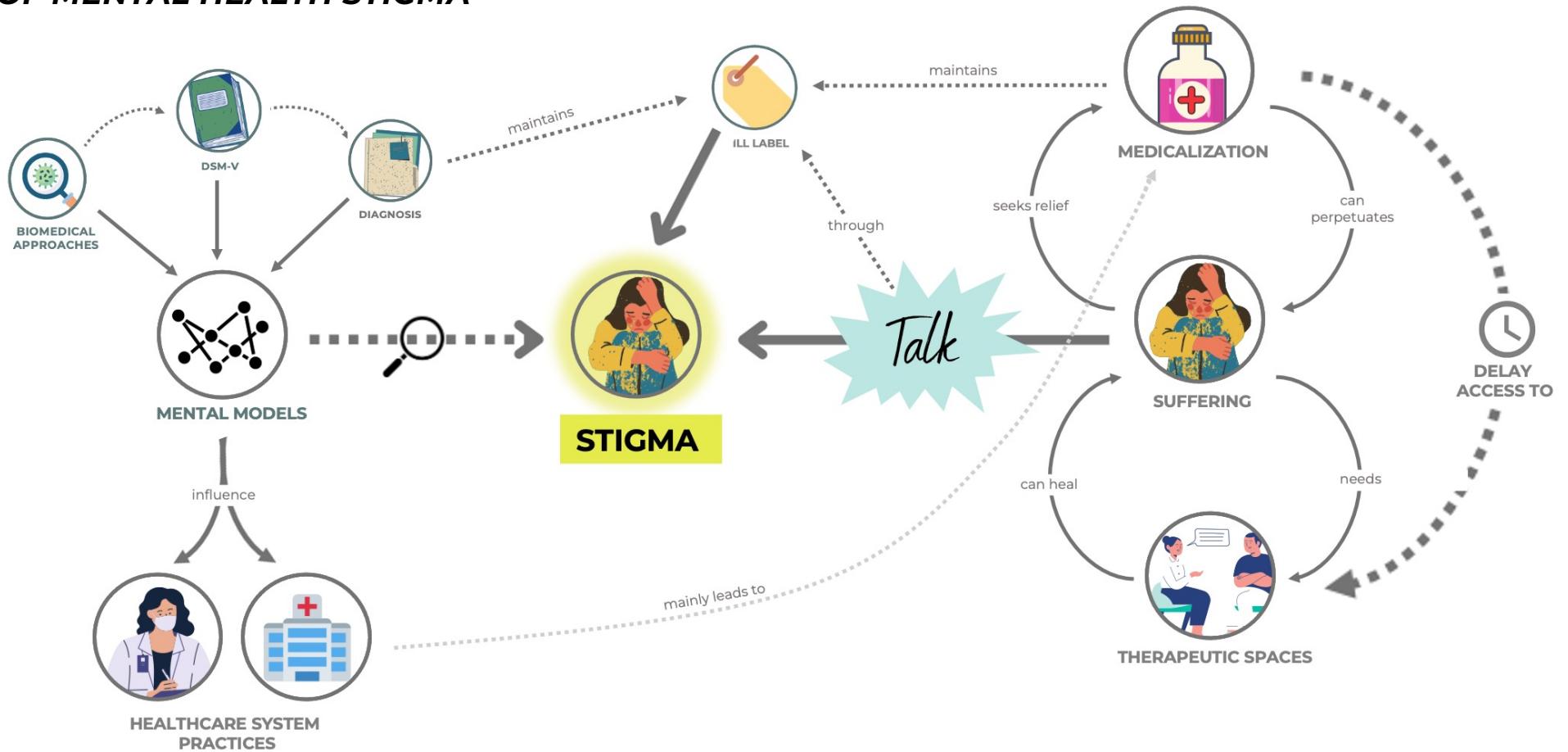
# SHIFTING OF THE BURDEN
### *A SYSTEMIC PHENOMENON*
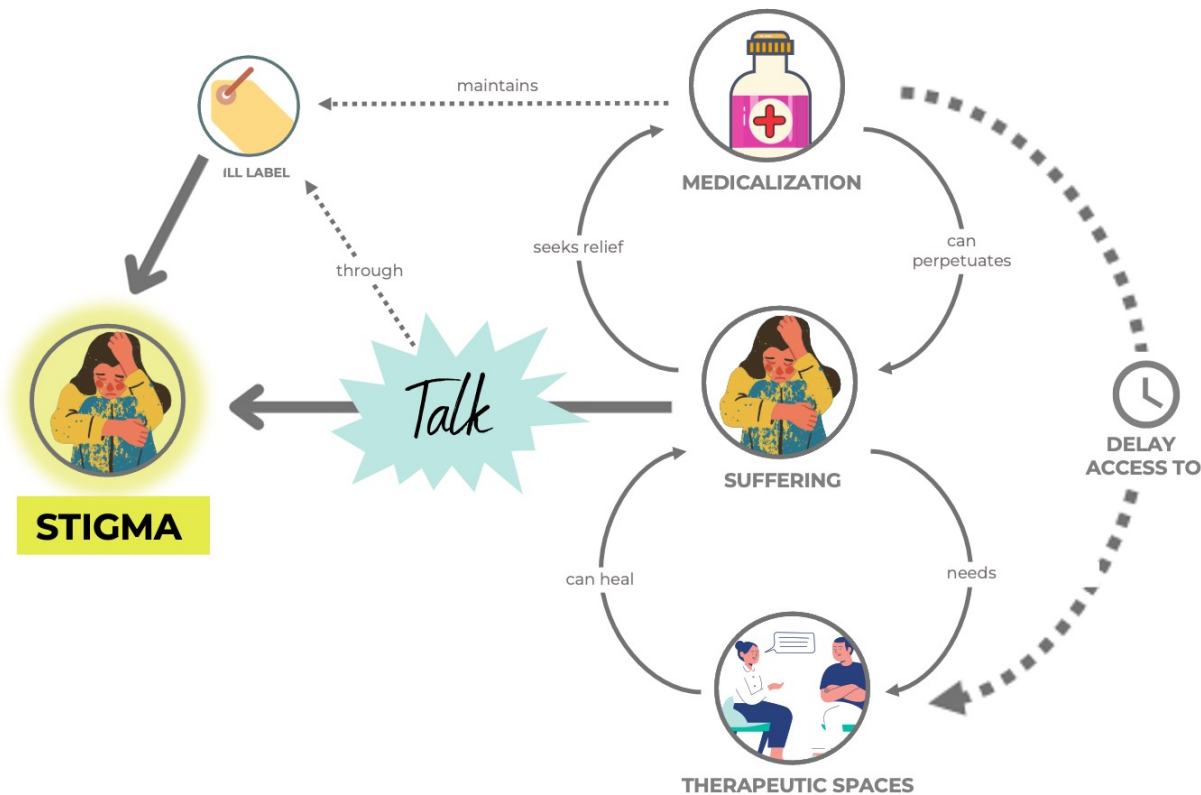


What we observed is a "shifting-of-the-burden" systemic phenomenon where medicalization is a symptomatic solution for psychic suffering, while in fact, it:

➡️ **perpetuates the stigma** (maintaining the «ill etiquette»),

➡️ **can accentuate suffering** (through side effects, long trials and errors and medicine-addiction)

➡️ **makes it less urgent in appearance** (patching the problem) to look to roots of the systemic problems (the fact that the system itself creates the suffering due to the vision it perpetuates).
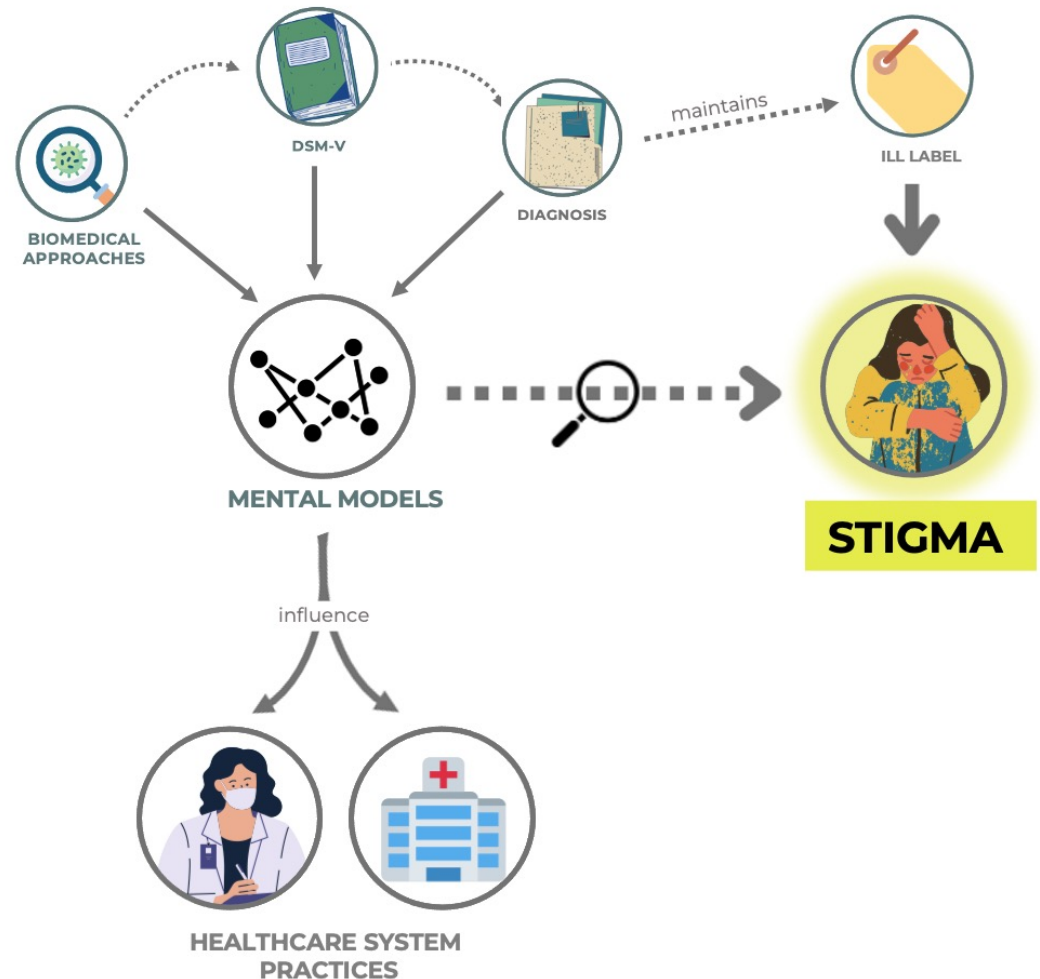
# MENTAL MODELS
## *AT THE BASIS OF THE PROBLEM*

At the basis of this systemic problem are **mental models** where we tend to classify and organize the complex human experience and reality into small chunks over which one has power and control.

Those mental models in turn influence the structures of our healthcare systems, the common practice of health professionals and ultimately, the lived experience of people suffering.

The **DSM plays a significant role** in this mental model as it is the main tool to which people refer in order to simplify and organize their thoughts around the complex reality of mental health suffering. They help perpetuate the duality of a «right/healthy» and a «wrong/unhealthy» position, based on feelings or behavior.

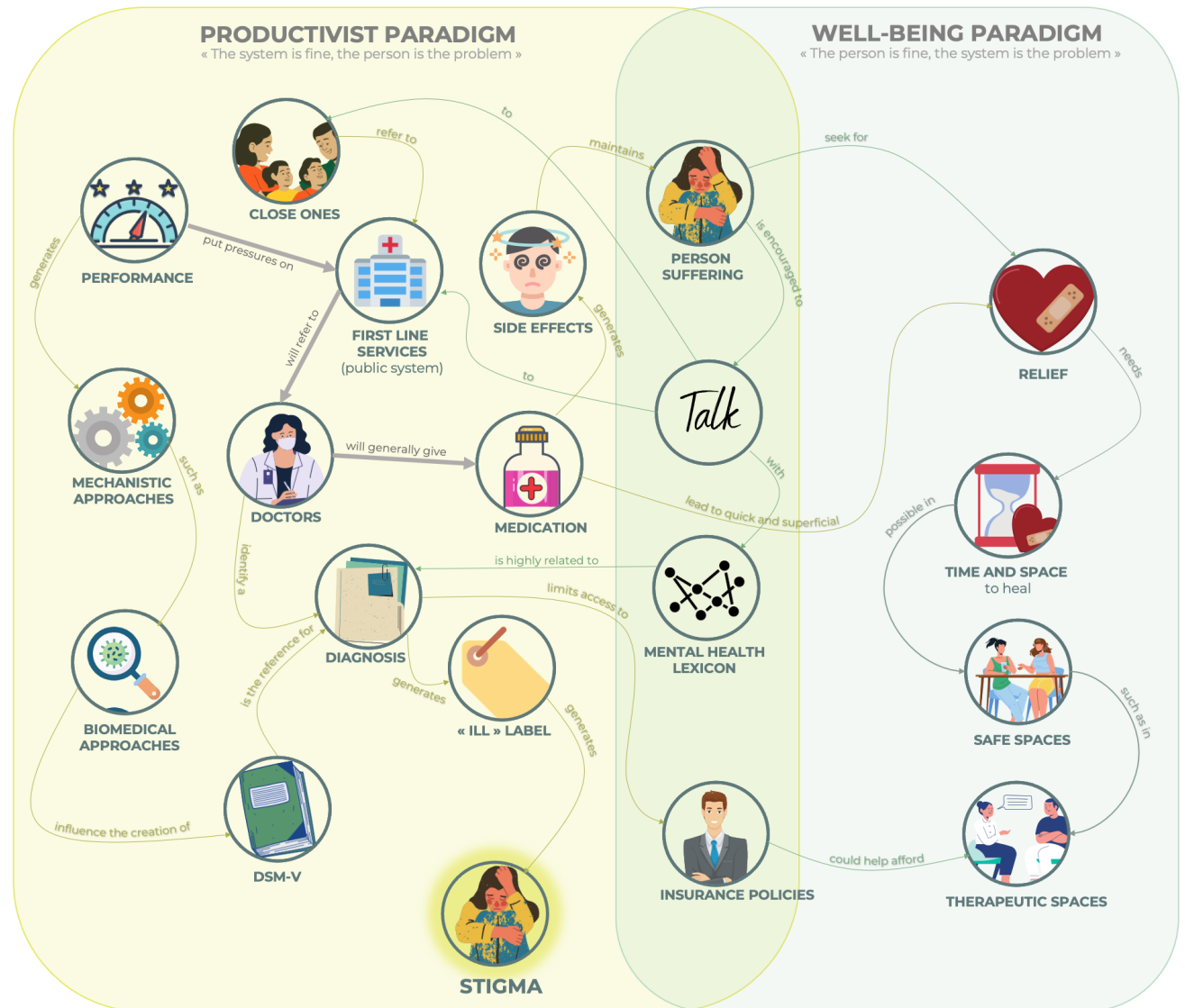This leads to practices where we reach for "quick-fix" solutions to actual symptoms of a much deeper problem.



DSM-V

BIOMEDICAL APPROACHES

DIAGNOSIS

maintains

ILL LABEL

MENTAL MODELS

STIGMA

influence

HEALTHCARE SYSTEM PRACTICES

# METAMAP
## *PARADIGMS INVOLVED*

If we take a closer look at the issue, we realize that the origin of the problem lies in the paradigm through which we collectively navigate the reality of psychic suffering.

Indeed, through a **productivist paradigm**, certain personal characteristics or states of being are considered less useful for society. Thus, we will aim to "heal" those parts of ourselves that are perceived as maladjusted in a context where performance is hyper-valued.

On the other hand, to affirm that a paradigm exists is also to affirm that it **co-exists** with others. Thus, the same elements of the system can be perceived and experienced in very different ways depending on the paradigmatic lens chosen.



**PRODUCTIVIST PARADIGM**
« The system is fine, the person is the problem »

**WELL-BEING PARADIGM**
« The person is fine, the system is the problem »

CLOSE ONES

PERFORMANCE

MECHANISTIC APPROACHES

BIOMEDICAL APPROACHES

DSM-V

FIRST LINE SERVICES (public system)

DOCTORS

DIAGNOSIS

SIDE EFFECTS

MEDICATION

« ILL » LABEL

PERSON SUFFERING

Talk

MENTAL HEALTH LEXICON

INSURANCE POLICIES

STIGMA

RELIEF

TIME AND SPACE to heal

SAFE SPACES

THERAPEUTIC SPACES

generates
refer to
to
maintains
seek for
put pressures on
will refer to
is encouraged to
with
will generally give
to
lead to quick and superficial
such as
identify a
is highly related to
limits access to
possible in
needs
is the reference for
generates
generates
such as in
influence the creation of
could help afford

It would be interesting to see mental health "issues" as neutral as colors :
**nor good, nor bad. A part of the human diversity.**

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