# CanadaWatch

PRACTICAL AND AUTHORITATIVE ANALYSIS OF KEY NATIONAL ISSUES

#### **CRITICAL PERSPECTIVES ON MENTAL HEALTH/MAD STUDIES**

## Director's introduction

The Robarts Centre for Canadian Studies at York University is one of the university's 27 organized research units (ORUs), providing a home for research outside traditional academic units and moving research beyond departments and disciplines. At York, the Robarts Centre is the research engine for the collaborative and critical study of Canada. In its 2015–2020 charter, the centre linked its strategic research priorities to the growth and development of its research clusters. A central focus of Robarts has been on expanding research capacity through the development of new and dynamic clus-

#### BY GABRIELLE SLOWEY



Gabrielle Slowey is an associate professor in the Department of Politics at York University and director of the Robarts Centre for Canadian Studies. ters. Robarts has indeed become a hub for research, with the research clusters akin to airlines operating out of a central terminal. The clusters reflect the diversity of Canadian studies in their scope, subject, and methodology, and they have become a significant source of growth for the centre in attracting grants, participation, and attention. As it has responded to researchers' requests to meet the centre's mandate, Robarts has become something of a research broker, connecting faculty, students, and the community under the rubric of research. Its focus

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#### **CO-EDITORS' INTRODUCTION**

## Introduction to Canada Watch: Critical Perspectives on Mental Health/Mad Studies

n 2019 the Robarts Centre for Canadian 1 Studies invited us to establish a research cluster on Critical Perspectives on Mental Health/Mad Studies. The Robarts Centre had already been a generous supporter of our research on the Madness Canada/ Folie Canada website, our online education site, History in Practice, the 2018 Mad Cities past-present exhibit in Vancouver's Downtown Eastside, and our 2013 documentary The Inmates Are Running the Asylum (all available on madnesscanada. com). The time was ripe to pull in York's critical mental health/Mad Studies community more broadly. And thus the cluster was born.

## BY MARINA MORROW, CINDY JIANG, SIMON ADAM, AND MEGAN DAVIES

Marina Morrow is a professor at the School of Health Policy and Management in the Faculty of Health at York University. Cindy Jiang is a research associate at the Robarts Centre for Canadian Studies. Simon Adam is a social scientist in nursing. Megan Davies is an associate professor in the Department of Social Science at York University.

Our cluster is intended to mobilize and facilitate York research that examines mental health using critical theoretical approaches and social justice paradigms. Working in conjunction with and in support of the Madness Canada/ Folie Canada website and its associated projects, the cluster privileges perspectives of people with lived experience of mental health services, user advocacy and activism, and holistic forms of support that mobilize an intersectional analysis. In this spirit, in February 2020, we held our inaugural Dialogue, Research, Inquiry, Action: Critical Perspectives on Mental Health/Mad Studies Cluster meeting. That meeting brought together more than 40 participants from across the York

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community to listen to ten short research talks and engage in a dialogue on a range of topics. It also gave us time to discuss how best to use the cluster to advance research and knowledge mobilization on critical mental health and Mad Studies. During this meeting there was strong support for showcasing the work of cluster researchers in the Robarts Centre for Canadian Studies publication Canada Watch.

This issue of Canada Watch comes together at an unprecedented time. We are in the midst of a worldwide coronavirus pandemic, and discussions about mental health have been on the public and political agenda in ways not seen before. Predictably, many of the conversations circulating and the government resources committed to address increased mental distress (that is, online platforms for support) have served to reinscribe individualistic and biomedical understandings of mental health (e.g., Flanagan, 2020). However, there has also been some state recognition that the pandemic is disproportionately impacting the mental health of women, Black, Indigenous, and people of colour communities (e.g., Prime Minister's Office, 2020). The pandemic has also spawned a surge of innovations in supports and services that are due in large part to the ingenious work of community-based mental health service providers and those that provide supports to homeless people. If the pandemic has taught us anything, it is that existing social and structural inequities as experienced through racism, poverty, sexism, heterosexism, ageism, and ableism have shaped people's experiences with the virus, the economic impact of the pandemic, and the accompanying mental health stresses.

This societal recognition of mental health has arguably helped to reduce the stigma associated with mental distress. However, it has done very little to shift the paradigm away from understanding mental distress through the lens of biomedicine and the psychological sciences, or to create policies and resources to help address the many



Inaugural meeting of the research cluster on Critical Perspectives on Mental Health/Mad Studies, York University, February 2020.

social and contextual factors that impact mental well-being. This is despite the fact that for generations now people with lived experience and their allies have been actively resisting simplistic understandings of mental well-being and have challenged the domination of psychiatry and the pharmaceutical industry in mental health (Breggin, 2008; Burstow, 2015; Fabris, 2011; Healy, 2012; Whitaker, 2002). The rich history of the psychiatric survivor movement in Canada is one exemplar—psychiatric survivors have told their stories of trauma and abuse within Canadian mental health institutions and at the hands of the psychological helping professions (Capponi, 1992, 2003; Shimrat, 1997); have staged Mad Pride events and conferences to reclaim mad identities and expose society's sanist practices; and have lobbied the Canadian government to review its legal practices that allow for mandatory detention and treatment (Crawford et al., 2019). Indeed, Mad Studies is now an established area of activism, scholarship, and teaching (see, e.g., LeFrançois et al., 2013; Burstow et al., 2014; Daley et al., 2019; Snyder et al., 2019).

Mad Studies overlaps and intersects with the work of critical mental health scholars. These scholars are diverse

and come from a wide range of disciplines, but at the heart of their work is the questioning of psychiatric power and its manifestations in service provision and associated professions (psychology, nursing, social work) (Morrow & Halinka Malcoe, 2017). Critical mental health studies such as Mad Studies work to unseat biomedical dominance in mental health with the goal of social iustice.

In this issue of Canada Watch we feature scholars who utilize critical mental health and Mad Studies frameworks alongside critical social theory, feminist, and intersectional approaches to explore a range of themes. These include the ways in which psychiatric power operates through structural forms of oppression such as sexism, racism, heterosexism, poverty, ableism, and sanism and how it may be resisted; new frameworks and community-based practices that foster equity and social justice in mental health; and the importance of Mad scholarship and grounding research, practice, and policy in lived experiences.

In "Human Rights and Equity in Mental Health Services," Morrow explores governmental silences regarding human

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rights abuses and discriminatory practices that are both overtly (through mental health laws and policies) and tacitly (through day-to-day practices in mental health) supported and overlooked on a routine basis. Her article holds out hope for more organized resistance and community-based initiatives that are led by people with lived experience and that work to eliminate coercive practices.

In "Demedicalizing Mental Health: Toward Community-Based Approaches," Adam provides us with an overview of his research, which explores the implications of medicalization of mental health using a range of critical theorists as a way to reimagine nursing care. In detailing the consequences of biomedical psychiatric hegemony in the health professions, he inspires a move toward psychiatric abolition and community-based alternatives to psychiatry.

Following on the theme of biomedical dominance in mental health, Joseph in "Psychiatric Power and the ADHD Experience" uses the example of the diagnosis of ADHD (attention deficit hyperactivity disorder) to uncover the ways in which psychiatric power operates to shape the conceptualization, diagnosis, and treatment of mental distress. By centring an analysis of power and its many dimensions, Joseph's work advocates for similar analyses to be applied to other important areas in public health to unearth the ways in which power shapes policy and practice.

In "Constructing Psychiatric Certainty," Gold traces the emergence of biological psychiatry in the era following the Second World War in Canada and how psychiatry, despite a lack of concrete evidence for its theories and practices, came to carry such strong scientific and medical legitimacy. This historical examination sheds light on current trends in psychiatric sciences and challenges us to unseat psychiatric certainty in favour of more relational and non-pathological approaches to mental distress.

In "Mapping a Black Feminist Psychology Framework: Charting Courses

This societal recognition of mental health ... has done very little to shift the paradigm away from understanding mental distress through the lens of biomedicine and the psychological sciences, or to create policies and resources to help address the many social and contextual factors that impact mental well-being.

to Care," Sraha-Yeboah follows on the renewed discussions of anti-Black racism and the dire consequences of police violence for Black communities, often in the context of responding to mental distress calls. Foregrounding the impact of anti-Black racism on mental health, Sraha-Yeboah notes that patterns of helpseeking in Black communities are poorly understood owing to a lack of acknowledgment of the profound impact of racism, psychology's colonial history, and Black cultural practices on wellbeing and health care preferences. Sraha-Yeboah offers a Black feminist psychology (BFP) framework as a means of advancing culturally appropriate mental health supports in Black communities.

Landry's Mad archival work, "'In the Business of Changing Lives': Examining the Activist Knowledge-Practices of Consumer Businesses," seeks to better understand how psychiatric survivor activist knowledges are mobilized for change in the context of businesses run by consumers/survivors. Using archival data and interviews, her research seeks to uncover important local (Ontario) activist histories and to honour the work of Mad activists to ensure that these histories do not go undocumented and can be made accessible to Mad communities.

In "I've Disclosed, Now What? Exploring How Racialized Women with Invisible Disabilities Navigate Stigma and Disclosure in the Workplace," Jiang grounds her work in the concept of "nothing about us

without us," wherein lived experiences are used to provide insight into what it is like to navigate disability disclosures in the workplace. Jiang's work illustrates the intersectional nature of multiple social positions and how power operates to silence racialized women with invisible disabilities. Her work is meant to better inform equity, diversity, and inclusion policies and practices.

In "Depathologizing Self-Harm: The Politics of Survival," Redikopp uses feminism, critical mental health, and Mad Studies frameworks to reconceptualize self-harm as an act of survival. Exploring the gendered and racialized dimensions of distress, her account of self-harm stands in contrast to pathologizing biomedical framings, which often problematically position self-harmers as manipulative attention seekers. Rather than understanding self-harm as a symptom of illness to be dealt with through psychiatric intervention, Redikopp posits that self-harm must be understood in its broader social and economic context as resulting from structural violence and, as such, requires political solutions.

In "Decolonizing Western Psychedelic Consciousness: The Therapeutic and Social Implications of Indigenous Plant Medicine Knowledge," Rose explores the renaissance in the use of psychedelics in mental health as a form of treatment and the current interest in incorporating

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psychedelics into Western psychiatric practice. Rose reminds us that the deep knowledge of psychedelics and psychedelic consciousness comes to Western practitioners through Indigenous healing practices, and he cautions against knowledge appropriation. He advocates a deep respect for Indigenous healing traditions, reflection, and humility on the part of Western mental health practitioners. Ultimately, Rose argues, any use of psychedelics in the Western context must be approached cautiously with a recognition that treatments are embedded in larger historical, social, and cultural contexts.

Collectively, these works represent some of the exciting Canadian scholarship emerging in critical mental health and Mad Studies that is shaping the ways in which we think about psychiatric biomedical dominance and posing viable social justice-oriented alternatives. In the wake of the pandemic, now is the moment to bring these alternative perspectives from the margins to the mainstream. Burgeoning enrolments in Mad Studies and Mad history courses and the strong presence of graduate students in this issue attests to a wide interest in approaches to mental health that go beyond biomedicine. This issue of Canada Watch marks a strong beginning from the Critical Perspectives on Mental Health/Mad Studies cluster.

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on facilitating research has proved to be an effective strategy for breaking down research(er) silos and fostering productive research collaborations.

Critical Perspectives on Mental Health/ Mad Studies is an example of a new research cluster that fulfills the centre's mandate to tackle issues that are important to Canadians and Canada. As the country—and, we hope, the world emerges from a period of COVID-19 lockdowns, conversations about mental health have risen to the surface and make this issue of *Canada Watch* so very timely. Indeed, the first meeting of the cluster occurred just one month before the first national lockdown was instituted, and the topics covered reflect the researchers' thoughts at the time. It is exciting to see the cluster collect the scholarship presented at its first meeting into this issue of *Canada Watch*, and it is our hope that future issues will similarly showcase the work of other research clusters.

For more on the other nine research clusters housed at Robarts, including the History of Indigenous Peoples Network,

Women and Inclusivity in Sustainable Energy Research Network [WISER], and the Groupe de recherche sur le Canada francophone, Canada francophile et les Études sur Canada en français, go to robarts.info.yorku.ca/research-clusters/.

With that, I wish you all happy reading as you peruse this latest issue of *Canada Watch*.